Honesty Equality Accountability Respect Teamwork

Putting **patients** at the **HEART** of everything we do

NHS

London North West University Healthcare

NHS Trust

Annual Report 2018/19

The information in this report is available in large print by calling 020 8869 3552.

If you would like a summary of this Annual Report in your own language please call 020 8869 3552 and state clearly in English the language you need and we will arrange an interpreter to speak to you.

Haddii aad jeclaan lahayd warka ku qoran warbixintaan gacan qabsiga loogu talogalay oo kooban oo luqaddaada ku qoran, fadlan soo wac 020 8869 3552 ka dibna si cad Ingiriis, ugu tilmaan, luqadda aad u baahan tahay waxaan markaas kuu diyaarin doonnaa turjumaan kula hadla.

இந்த ஆண்டறிக்கையில் இடம்பெற்றுள்ள விவரங்களின் தொகுப்பு உங்கள் மொழியில் உங்களுக்குத் தேவைப்படுமானால், தயவுசெய்து 020 8869 3552 என்ற எண்ணை தொடர்பு கொண்டு, ஆங்கிலத்தில், தெளிவாக உங்களுக்குத் தேவைப்படும் மொழியை குறிப்பிட்டால், உங்களுடன் பேசுவதற்கு நாங்கள் ஒரு மொழிபெயர்ப்பாளரை ஏற்பாடு செய்வோம்.

આ વાર્ષિક અહેવાલમાં સમાવિષ્ટ માહિતીનો સારાંશ જો તમને તમારી ભાષામાં જોઈતો હોય તો, કૃપા કરીને 020 8869 3552 પર કોલ કરો અને તમારે જે ભાષાની જરૂર હોય તે સ્પષ્ટ રૂપે અંગ્રેજીમાં જણાવો અને તમારી જોડે વાત કરવા અમે દુભાષિયાની વ્યવસ્થા કરી આપીશું.

إذا كنت ترغب في الحصول على ملخص للمعلومات التي وردت في هذا التقرير السنوي بلغتك، اتصل على رقم 020 8869 3552 واذكر بوضوح، باللغة الإنجليزية، اللغة التي تحتاجها، وسوف نقوم بتوفير مترجم ليتحدث إليك.

چنانچه تمایل دارید که خلاصه اطلاعات موجود در این گزارش سالانه را به زبان خود داشته باشید، لطفا با شماره تلفن 020 8869 3552 تماس حاصل نمود و بطور واضح و با زبان انگلیسی، زبان مورد نیاز خود را اعلام فرمائید. بر این اساس ما ترتیب حضور یک مترجم همزمان را بمنظور صحبت با شما خواهیم داد.

It should be noted that throughout the document there are links to the websites of external organisations and information outside London North West University Healthcare NHS Trust. These are added to provide further background for readers who want to access it. This information should not be interpreted as having been read by our auditors.

London North West University Healthcare NHS Trust

Annual Report 2018/19

Contents

Performance Report

A word from our Chief Executive and Chairman

Dame Jacqueline Docherty, Chief Executive

Peter Worthington, Chairman

It has been another busy year for the Trust, and we look back in pride on a number of great achievements.

Central Middlesex Hospital is now a European leader in robotic knee surgery and a training centre for visiting surgeons around the world.

St. Mark's is developing its own robotic centre of excellence for bowel cancer, and is now training other members of other specialties, such as urology, to use the new robot.

Ealing Hospital has set up a heart failure day care clinic helping keep patients out of hospital.

The West London Vascular and Interventional Centre has had a £1.5m donated investment to help us deliver comprehensive vascular services at Northwick Park Hospital to our boroughs and beyond.

The investment is the largest single donation that London North West Healthcare Charity has made. The modern, state of the art facilities mean our patients who require vascular treatment can do so in one location. With our surgeons and interventional radiologists working together under one roof, patients can now receive seamless care for a range of complex conditions with the added benefit of shorter inpatient stays.

Mortality across all of our sites is lower than expected. On the Summary Hospital-level Mortality Indicator (SHMI), our mortality is the 10th lowest nationally, reflecting a top quartile ranked national safety performance. This reflects the Trust's clear focus on patient safety which is so vital to providing high quality care.

Our A&E performance improved, notwithstanding record patient presentations, advancing from one of the lowest performing trusts in the country three years ago to 21st nationally in April 2019.

We are also proud that UNICEF has again recognised Northwick Park as a 'baby friendly' hospital.

While we achieved many successes, they were of course tempered by the Care Quality Commission 'requires improvement' rating which we received earlier in the year.

Although this was a disappointing outcome, we have responded positively and with a sense of urgency with our ambitious Transformation Programme, which is designed to improve the way we work and deliver care and to return the Trust to a 'good' rating within two years. It is also designed to improve the Trust's operating efficiency.

The programme's ethos is one of continuous improvement and is built on five areas of work:

- Change for patients
- Innovation and improvement
- Safe and sound
- Connected care
- Fit for the future.

A network of 'improvement fellows' has been developed to help teams to make changes locally using the expertise of frontline staff, and we have been proud to see the ownership our staff have shown, both training in and enacting improvements.

The commitment of our staff both in accomplishing our achievements and working to improve our care continues to be inspiring. They are the heart of our organisation and their welfare is a great priority for us, along with their right to speak up and express their views. We have introduced a number of important wellbeing initiatives this year, from appointing two Freedom to Speak Up Guardians, to our new Combat Bullying commitments and toolkit, to introducing an Employee Assistance Programme.

Recognition is also an important part of staff wellbeing, and we recently celebrated our most outstanding people and teams at our annual Staff Excellence Awards. This ceremony always offers a wonderful opportunity to explore the depth

and quality of people working across all levels of the organisation.

We would like to single out our volunteers for a special mention because they selflessly give back to the community and help keep our busy services running.

The social and economic climate remains demanding. We delivered a better than planned deficit position for 2018/19. However, the financial position for the coming year looks very challenging for the Trust as well as across the sector, and we continue to plan rigorously so that we can maintain our financial sustainability through this period. The Trust's underlying material long term financial deficit will be the subject of intensive recovery initiatives over the next three years, as part of the focus on reducing the identified operational, strategic and structural drivers of the deficit.

Our activity has continued to climb this year, with an increase of 7% in emergency ambulances attending our Emergency Departments compared to last year. On average, this means that the A&E team at Northwick Park now receive 123 emergency ambulances every day, rising to more than 140 on their busiest days. Our team at Ealing receive an average of 50 emergency ambulances per day. These patients also tend to be more unwell, requiring greater levels of support from our clinical teams.

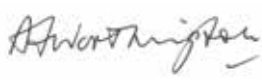
Despite this increase, our A&E performance is the most improved in London and the third most improved across the country. We have also recently made significant improvements to our performance against cancer targets and while our Referral to Treatment (RTT) targets have proved challenging, our teams are working hard to improve our position.

We cannot do this alone. The importance of partnership working to the NHS was of course highlighted once again earlier this year with the publication of the Long Term Plan. In the last year we have been working closely with our public sector colleagues, in local authority, primary care and the voluntary sector to deliver integrated and compassionate services.

In March 2019, the Secretary of State for Health and Social Care confirmed that the north west London strategy 'Shaping a Healthier Future' would be drawn to a conclusion. One result is that Ealing's A&E will remain an important part of the sector's emergency pathway capacity and the necessary adjacent clinical provision will be retained and, if appropriate, developed. The NHS in north west London has come together as a sector in order to respond to the direction of travel as identified in the NHS Long Term Plan, this will require closer working across primary, acute, mental health and community services. Our Trust is at the centre of many initiatives across the sector and next year will be actively participating in these partnerships as well as developing our sector's response to the Long Term Plan.

We have no doubt that a challenging year lies ahead for us, but it will also be an exciting one. It offers a great opportunity for us to advance and truly provide outstanding care.

Dame Jacqueline Docherty, Chief Executive



Peter Worthington, Chairman

Who we are

This section provides an overview of who we are and what we do. We summarise the services we provide; our vision, purpose and values; and performance in 2018/19. We set out some of the key risks and challenges we face later in the report.

We are London North West University Healthcare NHS Trust (LNWH), one of the largest integrated healthcare trusts in the country, providing hospital and community services to the people of Brent, Ealing, Harrow and beyond.

Our team of more than 8,000 clinical and support staff serve a diverse population of approximately one million people. We are a university teaching hospital, in recognition of the important role we play in training clinicians of the future and bringing the benefits of research to the public.

We are proud to be a research active organisation, with more than 5,000 patients participating in ground-breaking research programmes every year.

As well as delivering community services across four London boroughs from multiple sites including community hospitals, hospices and health centres, we run acute hospital services at:

- Northwick Park Hospital: Home to one of the busiest Accident and Emergency departments (A&E) in the country. The hospital provides a full range of services including a regional rehabilitation unit for patients with additional ongoing acute medical needs
- St. Mark's Hospital: An internationally renowned specialist centre for colorectal disease, based at Northwick Park Hospital
- Ealing Hospital: A busy district general hospital providing a range of clinical services, as well as a 24/7 Emergency Department and Urgent Care Centre
- Central Middlesex Hospital: Our planned care site, which also offers a range of outpatient services and a 24/7 Urgent Care Centre.

Our vision

Our vision is to provide excellent clinical care in the right setting.

Our six corporate objectives guided all our work in 2018/19.

1. Improving our focus on safety and quality
2. Improving patient experience, satisfaction and engagement
3. Create a sustainable workforce that is engaged in developing and improving services
4. Ensure financial sustainability
5. Plan for our future
6. Continuing the journey to becoming an excellent integrated care organisation.

At our Trust

- We see more than **1,000 patients** a day in our two emergency departments and three urgent care centres
- We are home to St. Mark's, an **internationally renowned** specialist bowel hospital
- We are home to a **specialist centre** for head and neck surgery
- We deliver more than **4,500 babies** every year
- We are home to the country's **top-rated hyper-acute stroke unit**
- We provide specialist palliative care at **Meadow House Hospice**, one of London's first NHS hospices
- We are **one of only** three hyper-acute rehabilitation units in the UK, for people with complex physical disabilities who are medically unstable
- We care for **3,500 children** and young people each year in our children's ward, Jack's Place
- We are a **world-renowned** centre for the treatment of sickle cell disease and thalassemia
- Our community healthcare teams have **800,000 contacts** with people in Ealing, Harrow, Brent and beyond
- We are home to a **highly specialised vascular** and interventional surgical centre
- We play a vital role in the **education and training** of doctors, nurses and other healthcare professionals
- We are a research active Trust with more than **5,000 patients** taking part in clinical trials each year
- We are the country's first hospital pharmacy to introduce **bilingual medication labels**.

Our strategy

In January 2018, we published our new clinical strategy outlining our plans for the coming years. Designed to meet local and national needs, our strategy frames our forward priorities around three key pillars. These are:

- emergency and ambulatory care
- end to end integrated care
- specialist services.

Alongside these pillars the clinical strategy sets out our ambitions to:

- improve outcomes and experiences for frail older people
- to integrate cancer care
- to play a greater role in north west London's goals around prevention and wellbeing.

During the first full year of implementation of our clinical strategy we have made some good progress on our short term priority projects, namely:

- significantly improving our A&E performance
- expanding ambulatory care pathways
- implementation of the north west London frailty model across all sites
- key participant in developing Brent and Harrow integrated care system
- expanding access of digital technology for staff and patients.

Our intention has always been for our organisation's clinical strategy to be aligned to the wider north west London sector strategy 'Shaping a Healthier Future' as part of the north west London sustainability and transformation plan. In March 2019, the Secretary of State for Health and Social Care confirmed that the north west London strategy 'Shaping a Healthier Future' programme would be drawn to a conclusion.

Therefore in 2019/20 we will refresh our clinical and service strategy to reflect our approach to delivery of the NHS Long Term Plan. Our response will be developed and informed by the wider work of the whole north west London health sector response to the Long Term Plan and will identify a range of programmes to improve patient care, service responsiveness and efficiency to underpin delivery of the strategy.

Collaboration in 2019/20 will centre on supporting borough-based integrated care partnerships (ICPs) and our Trust is at the centre of many other initiatives across the north west London sector which include improvements to outpatients, same day care and digitisation of health records. The ongoing role of the Trust in the Ealing Integrated Care System will be influenced by the award of community services to a partnership led by West London NHS Trust, but we remain an active partner in Ealing as the acute provider of services, aiming to ensure seamless care to patients as they transition between hospital, community and home.

Our clinical strategy 2018-2023

Why do we need a new strategy?

Our clinical strategy sets out our ambitions for the future and is our delivery plan to address a number of challenges facing our organisation. The strategy is designed to improve clinical outcomes and patient experience and ultimately to achieve our vision of excellent clinical care in the right setting, delivered through our values by putting patients at the HEART of everything we do.

Our Vision

To provide excellent clinical care in the right setting

Delivered by:

Putting **patients** at the **HEART** of everything we do

Our Values

Honesty Equality Accountability Respect Teamwork

Our strategic pillars

In developing our clinical strategy with our clinical divisions and leaders, we have identified three key areas of activity (or pillars) around all of our core services which will shape the future of our organisation

Emergency & ambulatory care

End to end integrated care

Specialist services & centres of excellence

Our clinical priorities

We also recognised three overarching priorities that cut across the pillars

Frailty (achieving better outcomes for frail older people)

Cancer Care (providing excellence in delivering integrated cancer care)

A stronger role in **prevention & wellbeing**

Our planned developments

- Expanding critical care facilities
- Creating a respiratory failure unit

- Expanding ambulatory care pathways
- Implementation of North West London frailty model across all sites

- Developing future local hospital model for Ealing
- Open new clinical trials facility

- Expanding endoscopy services
- Greater access and use of digital technology for staff and patients

- Relocate Regional Hyper-acute Rehabilitation Unit to support expansion of capacity
- Expand Trust role in out of hospital network of care

- New community based and cross-pathway roles with focus on nursing and therapy staff

Next steps and implementation

We will be engaging our staff, partners and the wider public in the clinical strategy

1 **Phase one 2017/18 to March 2019**
Improving quality and outcomes across all Trust services and progressing priority projects in the short term

2 **Phase two 2019-2022**
Supporting teams to improve services by working with our partners on system-wide transformation

3 **Phase three 2022-23 and beyond**
Delivering major improvements in estates and digital technology

Enabling strategies

Estates Strategy | **Financial Strategy** | **People Strategy** | **Digital Strategy** | **Business Intelligence** | **Partnership Strategy** | **Academic, Research & Development**

Our 2018 CQC inspection

In June 2018, the Care Quality Commission (CQC) visited a number of our sites and services:

- six core services at Northwick Park
- four core services at Ealing Hospital
- Clayponds Community Hospital
- Willesden Community Rehabilitation Hospital
- community dental services.

In the report published August 2018, the CQC continued to rate our organisation as **Requires Improvement**.

In addition to six 'must-do' areas, which are outlined below, the report identified 74 areas where the Trust can make improvements, including mandatory training rates for nursing and medical staff, and the completion of nutrition and hydration assessments.

We immediately developed a wide-reaching action plan which will provide us with the framework to make lasting changes to the quality of our care.

In particular, the Trust's Transformation Programme forms the basis for embedding a culture of continuous quality improvement across the organisation. Further information about this programme can be found in the next section.

The CQC also noted several elements of good practice, rating our care as **Good** overall, and described staff as respectful and helpful. Community services were rated **Good** overall, as were critical care services at both Ealing and Northwick Park Hospitals. Inspectors found that staff involved patients and those close to them in decisions about their care and treatment.

Inspectors also identified effective team working on our wards, and structured discharge planning. Children and carers commented that they felt fully involved in their care, and doctors and nurses were reported to explain procedures in a relaxed and child-friendly way.

Warning notices

In addition to their report, the CQC issued us with four Section 29A Warning Notices and one Section 31 Enforcement Notice. The Section 31 Enforcement Notice was rapidly withdrawn following submission of further evidence.

The Trust immediately took action to address the concerns raised in these notices, and to provide this assurance to the CQC.

Following a follow-up visit in January 2019, the CQC confirmed that they **"had judged that the requirements of the warning notice had been met".**

Quality Summit

In November, the Trust held a Quality Summit to reflect on the findings of the CQC report, and explore the best approach to improving our services.

The Summit was attended by a number of our staff, as well

as representatives from key stakeholders, including the CQC, NHS Improvement, NHS England, and Healthwatch.

At the summit, we examined five key themes which had arisen within the report:

- leadership, culture, patient experience and staff engagement
- maternity
- Ealing Hospital
- continuous quality improvement and transformation
- patient flow.

The attendees developed a set of pledges for each theme, each of which will support the Trust to move forward with its quality improvement agenda.

Quality Improvement Plan

We are currently using the themes and pledges developed during the Quality Summit to develop a new Quality Improvement Plan.

This will be a new document which will summarise the various strands of improvement work occurring across the Trust in one place.

It will also incorporate key workstreams from our Transformation Programme, which are helping to drive quality improvement across the Trust.

The Trust has already undertaken engagement with both staff and patients in the development process for the Quality Improvement Plan, in order to ensure that it accurately reflects the issues they experience on a regular basis.

CQC findings, January 2019

The CQC returned to the Trust in January 2019 in order to visit those areas subject to a Warning Notice. They published their subsequent report in March 2019.

During that visit, they found a series of improvements. In particular, they recognised that "significant steps" had been taken to improve care at Ealing Hospital, and noted how detailed the Trust improvement plan is in this area. They also commented on the changes to the physical environment that we have made in our maternity and critical care units and noted the difference that these changes have made for our patients.

This offers reassurance in confirming that our improvement action plans are delivering anticipated changes.

* A year of innovation

Pioneering robotic surgery in knee replacement

Central Middlesex Hospital has become the European leader in robotic knee surgery having completed more than 150 procedures in the past year.

Surgeons from Europe and the rest of the world visit the hospital to learn more about the two hour procedure which is more accurate than the traditional 'jig' technique.

A hand-held device employs the use of 3D technology so surgeons can 'virtually' position the knee, cut bones and reposition tissue with pinpoint accuracy.

Orthopaedic surgeon Simon Jennings explained: "We're talking about a procedure which is a huge step forward and will hopefully see better patient outcomes and faster recovery times.

"Patients stay in hospital for up to three days after surgery but we are hoping to reduce that moving forward. The benefits to patients and cost savings to the hospital through quicker discharge are substantial."

The NHS carries out more than 70,000 traditional knee replacements a year.

"The accuracy with which we can insert and position the replacement knee is fantastic," added Simon Jennings.

Together with surgical colleagues Ian Holloway and Matthew Bartlett, Simon travelled to the US last year where the robotic assisted procedure is widely used.

The team's first complete knee surgery procedure using the NAVIO system had some unexpected competition in the shape of a private hospital in Hertfordshire which was also undertaking the same operation at the same time. "They pipped us to the post being a European first by 30 minutes but it was still a great achievement at the time," Simon added.

The Central Middlesex team has now carried out more total knee replacements using the NAVIO procedure than anywhere else in Europe.

Our Transformation Programme

The Transformation Programme forms a vital part of the Trust's approach to improving the quality of our services and care.

It aims to bring about a change in our culture to one of continuous quality improvement, and to put the real experiences of staff and patients at the heart of these changes.

The Medical Director and Deputy Chief Executive for Transformation offers leadership at an executive level, while the Chief Executive has also become an Improvement Champion for the Trust.

The programme prioritises the skills, experience and commitment of frontline staff, and promotes the need for them to own improvement within their day to day roles. The team work closely with individual services to identify opportunities for change, develop new models, and support implementation. The ultimate goal is to empower services to make improvements locally where they are needed, embedding a culture of measurement and improvement across the Trust.

The programme is formed of five key workstreams:

- **Innovation and improvement:** Developing leadership and a culture of continuous improvement.
- **Safe and sound:** Ensuring and improving patient safety and experience.
- **Change for patients:** Improving clinical outcomes and ensuring our care is as effective as possible.
- **Connected care:** Improving integration, developing a seamless outpatient experience, and digital transformation.
- **Fit for the future:** Ensuring sustainability and safeguarding our Trust for the future.

The programme has achieved a number of notable successes, which are outlined overleaf.

Specialty reviews and gold standard pathway redesign

Specialty reviews are clinically-led programmes which support clinical teams in developing their local vision. This includes developing detailed strategic insights to provide supporting analysis, testing proposed models to check their sustainability, and examining local workforce transformation plans.

In March, the team had already supported 16 specialty clinical vision sessions, and 11 sustainability sessions.

These sessions then support teams to redesign their pathways to the highest possible ('gold') standard.

The team focuses on a range of core principles:

- problem solving by improving quality and eliminating waste along a specific clinical pathway
- using a continuous improvement approach and tools, including addressing systems issues
- understanding the 'voice of the customer'
- carrying out work within an agreed timeframe.

The team continues to work with clinical services on a range of pathways, from streamlining the gynaecology pathway for those patients who require urgent care, to refreshing the pathway for patients who need day surgery for hernias.

Enhanced recovery at St. Mark's

St. Mark's surgical wards have refreshed their approach to an enhanced recovery care model using the gold standard pathway redesign approach, with notable success.

The team has safely reduced the amount of time patients need to stay in hospital by an average of 5.9 days.

This dramatic improvement offers patients a better and safer experience. It also helps our teams to more rapidly treat those patients who are still awaiting our care.

Improvement fellows

The Trust has developed a formal fellowship programme for staff interested in becoming improvement champions.

Each fellow plans and enacts their own improvement project, undertaking a series of training days which provide them with the skills and experience needed to make the project a success.

Thirty fellows have already completed training in the first cohort, with a second cohort opening for applications in April 2019.

The first cohort of fellows completed their programme by outlining their improvement project for a formal poster competition, judged by representatives from both the North West London Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and the Trust.

Improvement training

Over 1,950 staff received some level of formal improvement training between the beginning of October 2018 and the end of March 2019. This has included:

- training in 'lean' methodology (increasing value while decreasing waste)
- bite-size improvement sessions (short, daily sessions, covering topics ranging from measurement for improvement to process mapping)
- targeted training for individual teams who request it, such as the Emergency Department teams
- improvement labs (monthly drop-in sessions for staff who have improvement ideas but need advice on how to progress them or overcome potential obstacles).

This training is designed to provide staff with the skills and confidence to identify and undertake improvements in their local areas. It will also improve methodology and measurement techniques when staff are undertaking such projects.

Productive Series

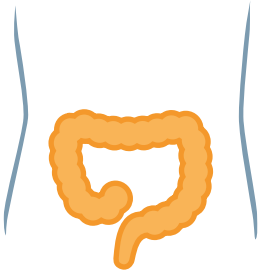
The Trust has become the first in London, and one of only five in the country, to launch the new national productive ward scheme for improving ward processes.

While wards at our Trust had seen success in using an earlier version of the productive ward method, the updated scheme now includes more training and improvement techniques for ward staff to follow so that they can make long-term, sustainable changes.

Five wards are involved with the new pilot from sites across the Trust. Staff working in these areas aim to make processes such as ward rounds or patient discharge as consistent and structured as possible, leaving them with more time to provide face to face care for patients.

The pilot is already proving successful, with positive feedback from ward managers, matrons, and front-line staff. It should conclude in July, and the Trust would then look to roll out these principles across the organisation, having shared learning across all five pilot wards.

We are home to St. Mark's, an **internationally renowned** specialist bowel hospital



The Trust is also actively exploring opportunities to participate in other Productive Series programmes, including using the principles for corporate services and for the pre-assessment process prior to surgery.

A culture of continuous quality improvement

The Transformation Programme supports the development of a culture of continuous improvement at a range of levels and through a variety of methods across the whole organisation.

Its commitment to clinically and service-led change is proving a key element of its success, not only in delivering improvements in individual areas, but in embedding the culture and methodology of continuous improvement within teams.

The work being undertaken by the Transformation Programme is one of the ways in which the Trust is responding to its most recent CQC inspection, and is described in the Trust's new Quality Improvement Plan, which will be published this year.

Quality and patient experience initiatives

We have undertaken a range of other quality and patient experience initiatives over the last year. We outline some of the most notable below, but a more detailed exploration can be found in our annual Quality Account for 2018/19.

Managing medicines

Our pharmacy team has:

- developed a local electronic medication safety dashboard which can provide relevant and real-time information to our clinical teams
- introduced 'home for lunch', where pharmacists transcribe discharge medications so that patients don't have to wait so long for their medication before they can go home
- trained over 250 nurses on inpatient wards across Ealing Hospital in medicines management with a programme which will now be rolled out to our other sites, and which is being used for new starters.

We are **one of only three hyper-acute rehabilitation units** in the UK, for people with complex physical disabilities who are medically unstable

Safer staffing

The CQC inspection identified concerns around vacancy rates, use of temporary staff and feedback on some of the areas reviewed was negative.

The Trust introduced an Imperial Innovations Safer Nursing Care Tool (SNCT) to calculate and report six-monthly establishment and staffing levels. National Quality Board guidance on safe staffing has also been adopted. Services and wards capture staffing levels, patient acuity and data on quality nurse sensitive indicators twice a day.

The data is reported to the Trust Board along with national and peer organisation benchmarking analysis provided through the Model Hospital dashboard (a digital information service designed to help NHS providers improve their productivity and efficiency).

Ward managers report on a daily and weekly basis, escalating areas where staffing levels are in exception, any variance and reasons for this. Daily safety briefs/safety huddles are conducted across bedded units and district nursing services where staffing resources are managed based on patient acuity, dependency and caseloads.

Infection prevention and control

In 2018/19, NHS Improvement set us a challenging objective to have no more than 36 healthcare acquired cases of Clostridium difficile.

We have reviewed and refreshed all our control measures and benchmarked these against three other acute London Trusts. This has provided us with the assurance that we are applying the same control measures as our peers.

Unfortunately, Clostridium difficile infection can be an unintended consequence of treating a serious life threatening infection / sepsis with antibiotics. At the end of the year we reported 46 cases (one fewer case than the previous year). We continue to do full multidisciplinary team (MDT) reviews for each case to understand the nuances of what occurred and to ensure that full learning can be shared across our clinical teams. The ongoing work around compliance with the Trust's antibiotic guidelines will support us to reduce hospital associated cases.

The Trust reported a total of six Meticillin-Resistant Staphylococcus Aureus (MRSA) bloodstream infections. This is significantly higher than the previous year, but there was no link between any of the cases. We continue to screen all our emergency patients for MRSA in order to minimise risk for those patients who test positive on admission.

Summary Hospital Mortality Index (SHMI)

Mortality across all of our sites is lower than expected. On the Summary Hospital-level Mortality Indicator (SHMI), our mortality rate is the 10th lowest nationally. This reflects the clear focus on patient safety which is so vital to providing high quality care.

Specialist unit celebrates its 25th anniversary

One of Northwick Park Hospital's most respected units has celebrated its 25th anniversary.

The regional hyper acute rehabilitation unit is one of only a handful of specialist units in the UK helping patients recover from the most severe brain injuries and other significant acquired neurological conditions.

The 24 bed unit has helped more than 2,000 patients since it opened its doors in 1993 and is recognised a centre of excellence with RHRU staff travelling as far afield as Australia and the United Arab Emirates to share their skills.

Head of Therapies Hilary Rose said: "The unit has grown in size and takes patients with more complex needs. Our job is to help those with significant impairments to recover as much as possible, to maximise their abilities and improve their quality of life.

"We take people with a wide range of neurological conditions from stroke patients to people involved in serious road accidents helping them regain basic skills that we all take for granted like speech, movement and the ability to swallow and eat."

Patient Ben Spires was studying to complete a degree in maths and economics after a stroke cut short his university education. The 18 year-old was enjoying his first summer break when he collapsed at the family home in Harlow, Essex.

Ben said: "I felt like someone flicked a switch in my head. One second I was fine, the next it was like someone had driven a nail through my head. Everything was a blur after that."

Ben was rushed to the specialist stroke unit at Queen's Hospital, Romford. He underwent four life-saving procedures before being transferred to Northwick Park.

Ben added: "It was frustrating but I learnt to take it a step at a time. I moved from a wheelchair to a walking frame within a few weeks and they had me going down to the shop and buying stuff as part of my therapy."

Staff said Ben's positive attitude aided his recovery and he was later allowed home at weekends. "It was a great incentive to get better. The team were always there for me and my psychologist really helped me come to terms with what had happened and focus on where I wanted to be moving forward."

Identifying deteriorating patients for early treatment

By identifying patients who are at risk of becoming very unwell early in their deterioration, we can provide rapid treatment and therefore provide safer care.

One way we do this is to use a tool that helps to identify if a patient is becoming unwell, known as the National Early Warning Score 2 (NEWS2).

In 2018/19, we:

- monitored the number of cardiac arrest and Medical Emergency Team (MET) calls
- reviewed cardiac arrest calls which took place outside critical care, and identified themes and areas where we could improve
- launched a NEWS eLearning module
- implemented NEWS2 in line with national guidance
- improved the use of our sepsis care bundle
- reviewed our acute kidney injury care bundle, and improved its use
- monitored the number of patients who had an acute kidney injury and who therefore needed to be admitted to ITU for treatment, as well as identifying areas for improvement
- improved the number of staff completing the standardised Trust fluid chart.

Our Quality Account identifies further work planned in this area as part of our quality priorities for the coming year.

Sepsis

We achieved the national standards for screening and initiating antibiotics within an hour of assessment for both emergency departments and inpatient departments this year.

In 2019/20, our priority will be to focus on community teams to optimise early recognition and timely escalation in line with national standards.

Reducing pressure ulcers

We made significant progress this year in reducing the number of our patients affected by pressure ulcers in both hospital and community settings:

- We did not record any Trust attributed grade 3 and 4 pressure ulcers in our acute units
- We recorded a 50% reduction in Trust attributed grade 3 and 4 pressure ulcers in community services
- We saw a 50% reduction in patients with Trust acquired grade 2 pressure ulcers.
- We attribute this improvement to a number of factors, including:
- more staff having completed training
- reviewing and implementing the DHSC Safeguarding Adults and Pressure Ulcer Protocol
- continuing to take part in the national Stop the Pressure campaign, and
- daily monitoring on our wards.

Nutrition and hydration

We recognise the importance of our patients eating and drinking well during their care, and have undertaken a range of initiatives to make improvements in this area this year.

We have:

- promoted protected mealtimes for patients, and monitored that they are taking place through regular audits
- introduced a standardised food chart
- invited Healthwatch to carry out an external review on our wards
- recorded an improvement in staff completing the nutritional screening assessment for patients who are being admitted.

Our community dietetics teams have also been very active this year. Nutrition and Dietetics Brent was involved in running an exercise and diet advice programme for morbidly obese patients in the community. This helped attendees to achieve:

- average weight loss of 3%
- reduced blood pressure
- improved conscious eating and self-reported health outcomes.

Registry tracks cancer carrying genes

A 100 year old research project is still saving lives at St Mark's Hospital.

The Polyposis Registry tracks successive generations of families affected by a group of cancer carrying genes. Genetic testing is now at the forefront of the fight against Familial Adenomatous Polyposis, along with several surgical procedures pioneered by our surgeons.

St Mark's Hospital is home to the world's first Polyposis Registry which monitors and treats successive generations of families carrying a group of cancer carrying genes.

A dedicated team of surgeons, nurses and counsellors look after more than 1,000 patients on the registry as well as testing other family members for signs of the condition collectively known as Familial Adenomatous Polyposis (FAP).

The pioneering work dates back to the early 1900s when surgeon Percy Lockhart Mummery suspected a cross generational killer was stalking his patients.

Lockhart-Mummery had begun noticing a link between polyps found inside the large intestine of some colorectal cancer patients and a high incidence of cancer in their families' histories. He began keeping a patient register of people with multiple polyps starting with 'Patient One,' a 31 year-old woman whose extended family included eight deaths attributed to bowel cancer.

A pattern began to emerge and Lockhart-Mummery enlisted the help of pathologist Cuthbert Dukes to take a closer look. The pair began putting together the missing pieces of the jigsaw and established the world's first Polyposis Registry in 1924. The registry still keeps track of successive generations of families carrying the inherited condition of cancer carrying polyps known as FAP. The offspring of a gene carrier has a 50 per cent chance of inheriting the condition themselves and the risk of cancer increases dramatically with age from seven per cent in 21 year-olds to 93 per cent in the over 50s.

In response, St Mark's surgeons pioneered two procedures still in use today. The first involves removing the large intestine but leaving the rectum in place. The second removes the large intestine including the rectum replacing it with a 'pouch' created from the small intestine.

Subsequent investigations by Dukes and successive pathologists revealed several types of polyposis. The registry subsequently gained international recognition for its ground-breaking work and most of the current guidelines are thanks to the extensive research and meticulous records that have been kept by staff. As well as pioneering work in surgery, the registry was an early adopter of nurse-led clinics, houses an endoscopic screening service, and appointed the world's first paediatric nurse practitioner in 2014.

Today, the registry remains one of the only medical institutions in the world where patients with a polyposis syndrome receive genetic counselling and testing, surgery, endoscopic management and lifelong care from a dedicated team of experts.

Patient Peter Grainger said:

"The Polyposis Registry is my seat belt, my life belt, my parachute, my insurance policy. My daughter can enjoy this protection too."

* A year of innovation

World Health Organisation (WHO) surgical checklist

We improved our compliance with the WHO surgical checklist this year by developing and monitoring compliance in the following services:

- maternity
- endoscopy
- ophthalmology
- interventional radiology
- inpatient wards
- cardiology (specifically within the cath lab setting)
- emergency department.

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. They calculate the health gains after surgical treatment using pre- and post-operative surveys.

They currently cover four procedures:

- hip replacements
- knee replacements
- groin hernia
- varicose veins.

In 2018/19, the Trust recorded improved performance across all four clinical procedures, and developed an improvement plan for continuous quality improvement.

Award for online sexual health project

An initiative that allows people to be tested and treated for sexually transmitted infections in the privacy of their own homes has won a national award for its work in Hillingdon.

The free service makes it easier for people to get tested for chlamydia, gonorrhoea, herpes and syphilis which are the four most common sexually transmitted infections.

The Trust delivers the service in a partnership with an online not-for-profit company SH:24, which won a Queen's Award for Enterprise for the work in helping make sexual health services more accessible and user friendly.

Improving care for patients with mental health conditions

We worked with the mental health team, Healthy London Partnership, to train emergency department staff on the Mental Health Act, the Mental Capacity Act and London's s136 Pathway.

In addition, we have worked closely with neighbouring Central and North West London Foundation NHS Trust, which provides mental health services, to swap skills between their staff and nurses in our Emergency Department.

Our nurses teach their colleagues in mental health about assessing patients with physical health conditions.

In return, A&E staff learn how to undertake risk assessments as well as how to better communicate with and manage patients with mental health conditions during five two-hour training sessions.

Saving babies' lives care bundle

This national initiative aims to make giving birth safer and reduce stillbirth rates. It forms one of our quality priorities in our Quality Account.

In 2018/19, we:

- reviewed the care bundle with a view to adopting it across our Trust
- monitored our compliance with the care bundle to reduce our stillbirth rate
- monitored and benchmarked maternity service performance on caesarean sections.

Unit unveiled for new born premature babies

A new three-bed unit has opened at Northwick Park Hospital, giving mothers the chance to bond with their new born babies.

More than 250 prematurely born babies are born in the hospital every year and will often spend time in the neonatal unit where they receive extra care before returning home. The period of separation can last from several days to several months, despite round-the-clock visiting hours, and the new unit allows mothers to sleep next to their babies encouraging them to bond.

End of life care

We are committed to delivering high quality, equitable and compassionate end of life care to all patients.

In 2018/19, we:

- increased the percentage of patients who had a Last Days of Life Care Agreement which guided their care
- improved the use of the Last Days of Life Care Agreement in our acute hospitals
- increased the percentage of patients on pilot wards for whom we have completed ReSPECT or Treatment Escalation Planning documentation (this is documentation which records what level of treatment a patient prefers if their condition deteriorates)
- increased the percentage of patients known to the palliative care team who had a Coordinate My Care record when they were discharged from hospital
- collated and analysed complaints relating to a patient on an end of life pathway, including reporting the results to the end of life group
- learned from the ongoing survey of bereaved, including reports to the end of life group.

We also took part in the national end of life care audit. We plan to use these findings to develop an action plan, which will help us further strengthen the care we provide to patients, carers and families.

Neonatal bereavement suite

We unveiled a new bereavement suite at Northwick Park Hospital this year, which gives parents time to spend with their babies before saying goodbye.

The new Myrtle Suite was funded by Sands, a stillbirth and neonatal death charity, and by the Trust. It is a valuable addition to the maternity unit, providing a supportive and private haven for parents and families to mourn the loss of their baby.

UK first for end of life care

* A year of innovation

We have employed the first hospital based End of Life Assistant Practitioners in the UK thanks to a new partnership with Macmillan Cancer Support.

The two practitioners - Mary Bura and Nisanthan Mahalingham - are helping deliver our End of Life Care Strategy by helping identify and supporting patients and their families during their last days of life.

Working rotationally across the Trust's hospital sites, the pair have been instrumental in helping raise awareness of the issue among nursing staff as well as ensuring dying patients are cared for using the Last Days of Life Care Agreement (LDLCA).

Randall Jones, Senior Palliative and End of Life Care Nurse at Northwick Park Hospital said: "They've done a fantastic job and since their appointment, there has been a marked improvement in ward

documentation surrounding end of life symptom assessment, ongoing discussions with family members and meeting spiritual needs."

"The number of patients dying within the Trust who are meeting the five Priorities of Care through the use of the LDLCA has risen from 16 per cent to 42 per cent in the past year and Mary and Nisanthan have been on hand to offer expert advice on the physical and psychological care of the dying and their carers."

Their hard work was recognised as finalists for Healthcare Assistant of the Year at the RCNi Awards.

Our operational performance

Performance against national standards

Working together, our teams are focused on delivering high quality services to the people we care for. Many of the key areas for delivery are measured by national standards and we have listed these together with our performance below.

Performance	The standard	Our results 2017/18	Our results 2018/19
Emergency access	95% of all patients attending our Emergency Departments to be treated, admitted or discharged within a maximum of four hours	Not achieved at 84.8%	Not achieved but improved to 89.0%
Ambulance handovers: >30 mins	Number of patients waiting over 30 minutes from time of arrival to handover between ambulance crew and ED	7,779 of 55,219 conveyances (14.1%)	Improved to 5,230 of 59,993 conveyances (8.7%)
Ambulance handovers: >60 mins	Number of patients waiting over 60 minutes from time of arrival to handover between ambulance crew and ED	2,148 of 55,219 conveyances (3.9%)	Improved to 869 of 59,993 conveyances (1.4%)
Cancer: Urgent referrals	93% of our patients to be seen in two weeks following an urgent referral from their GP	Not achieved at 91.7%	Not achieved at 91.2%
Cancer: 31 days	96% of our patients to have a diagnosis and first treatment within 31 days of the decision to treat	Achieved at 97.6%	Achieved: 97.4%
Cancer: 62 days	85% of patients receiving first treatment from the date of GP referral	Not achieved at 81.5%	Not achieved but improved to 84.9% and achieved in Q1,Q3, and Q4
Referral to treatment: 18 weeks	92% of patients should wait no longer than 18 weeks from GP referral to treatment	Not achieved at 81.6% (at year end)	Not achieved but improved to 83.4% (at year end)
Referral to treatment: 52 weeks	No patient should wait longer than 52 weeks for treatment from receipt of referral	Not achieved with 9 breaches (at year end)	Not achieved with 18 breaches (at year end)
Stroke: Stroke unit stay	90% of eligible patients spending 90% of their stay on a stroke unit	Achieved at 96.8%	Achieved at 96.1%
Stroke: Transient ischaemic attack	90% of high risk stroke patients to be treated within 24 hours	Achieved at 100%	Achieved at 100%
Maternity	90% of mothers-to-be given one-to-one care in active labour	Achieved at 99.7%	Achieved at 99.2%
Inpatient care: Venous thromboembolism (VTE)	95% of patients to receive an assessment for VTE	Achieved at 95.7%	Not achieved at 89.4%

Top three most improved A&E performances in England

Analysis of Accident & Emergency performance data revealed the Trust as the most improved for A&E performance in London and the third most improved in England over the last two years.

This improvement comes despite rising numbers of patients attending A&E departments at Northwick Park and Ealing hospitals, which peaked in January 2019 when 13,025 Type 1 patients (the most critically ill patients) were treated.

Northwick Park Hospital is one of the busiest A&E departments in the country, with an average of 123 emergency ambulances a day, rising above 140 on the busiest days. The total number of emergency ambulances arriving at Northwick Park increased by 7 per cent between December 2017 and December 2018.

In common with other A&E departments across the country, the Trust recorded increased demand over winter.

The Emergency Care Improvement Programme (ECIP) supported a project around the streaming, registration and triage of patients to ensure effective patient pathways through the emergency department. Work was led by the Emergency Department Matron and Advanced Clinical Practitioner, who provided feedback and training sessions for staff.

New technology improves audits

Pharmacists at Ealing Hospital are using tablets and smart phones to improve the accuracy and speed of quarterly controlled drugs audits.

Previously audits included a check list of 30 questions that had to be manually recorded onto a spreadsheet before the introduction of new software. The electronic solution, developed across all three hospital sites, means faster more accurate audits that quickly highlight potential problems and can be recorded via a tablet or smartphone.

Information is available in real time to swiftly identify which audits need to be completed and raise issues quickly.

New hope for cancer patients

St Mark's is the first hospital in London to pioneer the use of a new surgical procedure that removes cancer from inside the stomach.

Cytoreductive surgery - coupled with another procedure that washes the stomach out with chemotherapy - offers far better survival rates for patients whose cancer has spread.

So far, 11 patients have successfully undergone the six-hour procedure.

Supporting physiotherapy at home

Over the winter of 2018/19, our adult physiotherapy team introduced a pilot scheme to help patients safely go home sooner. With some additional resources, the acute team were able to provide these patients with enhanced therapy at home. We know that this is both safer for patients and improves their experience, as they are more familiar with and comfortable in their own home. It has also supported us to improve our performance, saving about 700 bed days between August 2018 and February 2019. This in turn means that our teams then have the capacity to treat other patients who require inpatient care.

Our community healthcare teams have **800,000** contacts with people in Ealing, Harrow, Brent and beyond

Financial summary

The Trust delivered a retained deficit of £21.0m for the financial year 2018/19 which was significantly better than the plan of a £31.4m deficit agreed with NHS Improvement (NHSI). See 'Statement of Comprehensive Income' in the financial statements.

From 2009/10 onwards, NHS Trusts have been required to account and report financial information in accordance with International Financial Reporting Standards (IFRS). This requires Trusts to revalue their assets periodically and the impact of this was a charge for impairment and reversal of impairment of £11.8m in 2018/19. A change of accounting treatment for donated and government grant reserve adjustment of £0.45m and income associated with donated assets of £2.3m was also adjusted from the retained deficit.

These three adjustments have been applied to the reported £30.9m income and expenditure account deficit, resulting in an adjusted retained deficit of £21.0m which is used to measure the Trust's financial performance.

The Trust disposed of two plots of land, one at Northwick Park Hospital and one at Central Middlesex Hospital. This generated a gain on disposal of £17.7m. A further enhanced value, which will be determined upon planning consent, will be due to the Trust in 2020/2021.

Our deficit in the current year was achieved after delivering £38.8m of financial benefits through a combination of cost improvements, contribution from increased trading income, and gain on asset disposal. This represented 5% of total expenditure including finance costs in 2018/19.

A significant contribution (£17.7m) to delivering these financial benefits was the sale of land both at Northwick Park Hospital and Central Middlesex Hospital.

The area of land disposed at Northwick Park Hospital was identified as suitable for disposal in 2017 as part of the Trust's work with One Public Estate (OPE) as part of a residential–led regeneration to increase affordable housing in the area. The sale allowed the Trust to meet its in year financial position and will also fund, in part, much needed capital investment in priority schemes.

Provider Sustainability Funding (PSF) of £38.6m is included in the position which also includes the finance and incentive bonus earned but not received at the end of the financial year of £11.4m.

The Trust has not met its cumulative statutory break even duty target. The Trust is working towards achieving its statutory duty through continued efficiencies via the Trust's Transformation Programme, continual planned service changes in line with our Clinical Strategy and working with the North West London Sustainability and Transformation Partnership (STP) on system wide recovery and transformation.

The table below shows the financial performance of the Trust over the last two years:

Summary of results	Period ended 31 March 2019 2018/19 £000s	Period ended 31 March 2018 2017/18 £000s
Income	729,022	701,443
Expenditure	(766,137)	(735,137)
Operating surplus/(deficit)	(37,115)	(33,694)
Net finance costs including dividends payable	(11,446)	(12,027)
Other gains	17,641	15
Surplus/(deficit) for the year	(30,920)	(45,706)
Donated / government grant reserve, donated asset income and impairments	9,922	6,620
Adjusted (deficit) re statutory break even duty	**(20,998)**	**(39,086)**

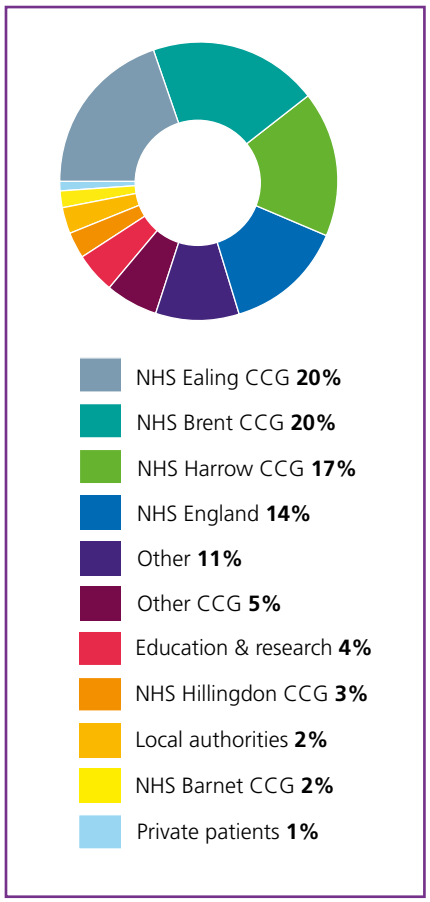
Income

The Trust's income was £729.0m in 2018/19 compared to £701.4m in 2017/18.

The graph below shows that 57% of the Trust's income is derived from three main commissioners - Ealing CCG (20%), Brent CCG (20%) and Harrow CCG (17%). The Trust also provides services to Hillingdon and Barnet patients, who account for 4% of our income.

NHS England accounts for 14% of the Trust's income and this largely relates to specialist patient healthcare. Research and education makes up 4% of our income. The category of 'Other' income has increased from 8% to 11% since last year, as a result of additional PSF and Agenda for Change funding.

The Trust derives only a small level of income from private patient activity, at less than 1% of total income.



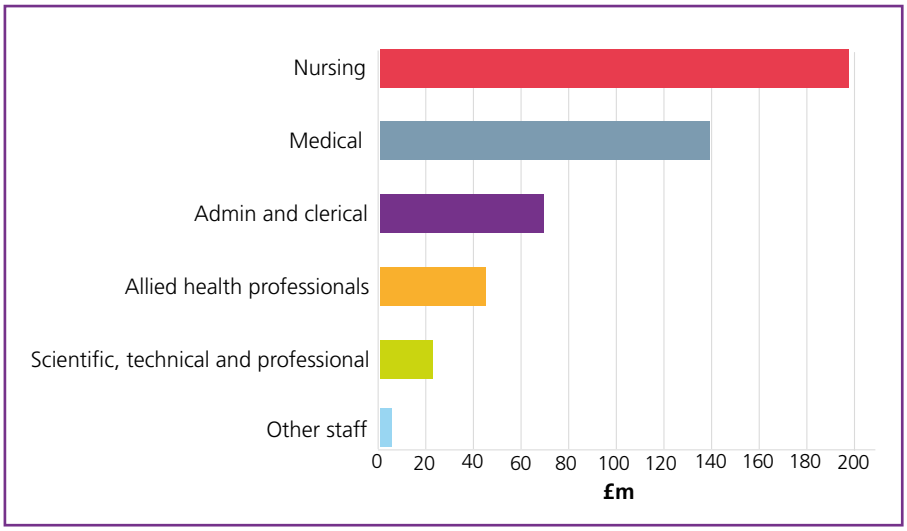
Expenditure

The Trust's total operating expenditure for the year was £766.1m compared to £735.1m in 2017/18.

Pay Expenditure

The Trust spent £481.3m on pay in the year, of which 70% was spent directly on medical and nursing staff.

How much we spend on our staff - £481.3m:

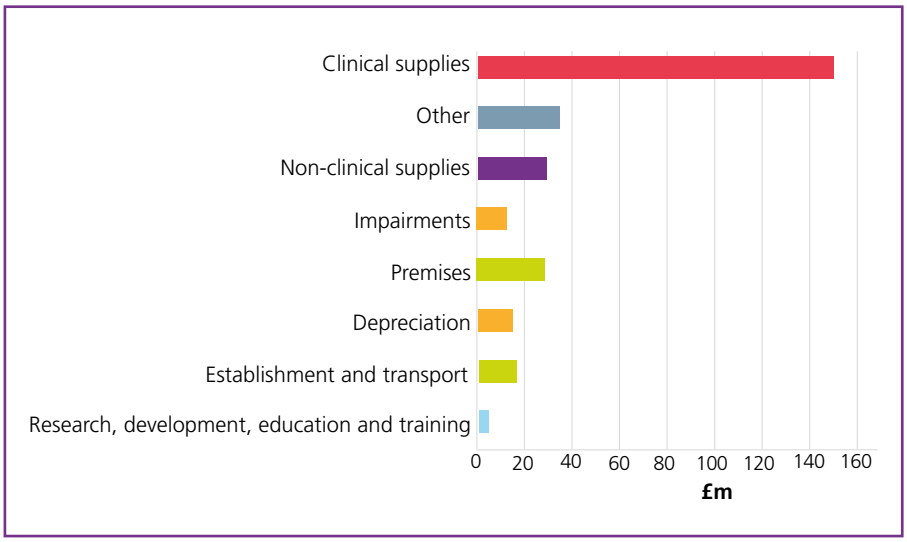


Non-pay expenditure

Non-pay expenditure was £284.9m, the make-up of which is illustrated by the chart below. The largest category of non-pay spend was on clinical supplies which supports direct patient care on our wards and within our services.

Impairments in the year were £11.8m as a result of the revaluation of the Trust's estate assets based on an alternative site valuation methodology. This is excluded from the Trust's reported deficit relevant to the Trust's break even duty.

Non pay expenditure 2018/19 - £284.9m:



Capital investment

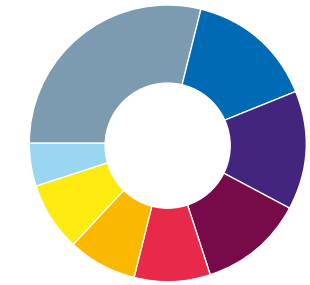
The Trust invested £21.2m in its capital programme in 2018/19. This investment has helped us to continue with our programme to improve facilities and equipment for patient care and address some of the key risks at the Trust. The capital programme was financed by £12.7m of internally generated funds, £1.5m Private Finance Initiative (PFI) allocation, £4.7m Public Dividend Capital (PDC) and £2.3m in assets funded by the London North West Healthcare Charity to establish a new Vascular Unit at Northwick Park Hospital – The West London Vascular Intervention Centre (WeLVIC) and the Outpatients project.

The Trust has maintained capital expenditure within the Capital Resource Limit (CRL) agreed with NHSI for the year.

The chart below shows how our capital was spent (addressing some of our key risks) and comprised of the following larger schemes:

- Fire safety works across the Trust sites, including the provision of new fire doors, fire breaks in ceiling voids and emergency lighting along fire exit routes.
- Investment in IT infrastructure to minimise existing and future cyber-attack vulnerability.
- Medical equipment including diagnostics equipment such as ultrasounds and mobile X-ray units, theatre equipment, pharmacy dispensing system and endoscopes within the Trust.
- Investment in winter resilience schemes and improvement in patient flow, such as the haematology ward.
- Vascular Unit – A fully integrated care concept that will see both consultant vascular surgeons and consultant interventional radiologists work side-by-side, providing a seamless and comprehensive vascular service to our patients.

The balance of remaining capital spend consisted of smaller schemes under the following categories – infrastructure, IT, equipment, health and safety and PFI (lifecycle replacement cost).



IT and IT infrastructure **£5.5m**
Developments **£2.8m**
Medical equipment **£2.7m**
Health and safety **£2.4m**
West London vascular intervention **£1.8m**
Fire safety schemes **£1.5m**
PFI **£1.5m**
Haematology **£1m**

The recent announcement by the Secretary of State for the Department of Health and Social Care around concluding the Shaping a Healthier Future (SaHF) programme and focusing on the NHS Long Term Plan has informed our capital investment programme for the next five years, which was submitted to NHSI in April 2019. The programme is linked to our clinical and digital strategies, focussing on investment to enable transformation, improve quality and patient experience and improve the infrastructure of our hospitals and community sites to enable the Trust to continue to offer our patients high quality, sustainable care.

The Trust plans to invest in schemes such as expanding endoscopy and critical care facilities dependent upon securing funding from the Department of Health and Social Care.

Cash and Liquidity

The Trust received in cash an uncommitted revenue term loan of £44.6m in 2018/19 from the Department of Health and Social Care to support the financing of the Trust's planned deficit and advance cash receipts of PSF funding for quarter 3 and 4 prior to actual cash receipts which are expected in early 2019/20.

The Trust also received Provider Sustainability Funding (PSF) to the value of £38.6m, made up of core payments of £27.3m received in year and a bonus incentive payment of £11.4m to be paid in 2019/20.

The Trust retained £5.2m cash at the end of the year and has managed its cash within the minimum allowable cash balance, the External Financing Limit (EFL).

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay 95% of undisputed invoices by the due date or within 30 days of the receipt of goods and services or a valid invoice, whichever is later. The Trust paid 89.5%, a decrease from 95.2% in 2017/18, by value of its Non-NHS suppliers within 30 days. This was due to the cash constraints during the year prior to the land sale cash receipts materialising in March 2019.

The table opposite shows the Trust's BPPC performance.

Better payment practice code 2017/18

	2018/19 number	2018/19 £000	2017/18 number	2017/18 £000
Non-NHS payables				
Total non-NHS trade invoices paid	154,137	426,028	134,103	371,004
Total non-NHS trade invoices paid within target	114,887	381,286	116,717	353,331
Percentage of non-NHS trade invoices paid within target	74.5%	89.5%	87%	95.2%
NHS payables				
Total NHS trade invoices paid	3,476	14,992	3,380	15,990
Total NHS trade invoices paid within target	2,822	13,815	2,765	14,177
Percentage of NHS trade invoices paid within target	81.2%	92.1%	81.8%	88.7%

Challenging financial environment

The major financial concern for the Trust was to deliver a challenging savings programme and maintain financial stability while also meeting the demands of increased activity, the national operational performance targets and to manage the capital requirements of the Trust within the significant capital constraints in the NHS.

The Trust has delivered £38.8m of financial benefits from a combination of cost improvement programmes (£14.5m), contribution from an increase in trading income (£6.6m), and gain on disposal of assets through the sale of land at Northwick Park Hospital and Central Middlesex Hospital (£17.7m). However, the financial benefits included a number of non-recurrent savings which will need to be recovered in 2019/20.

Even though significant progress was made in reducing our costs in 2018/19 it is expected that the coming year will be another very challenging year in terms of our finances. The Trust has been advised of a control total deficit of £30.7m for 2019/20 which includes Provider Sustainability funding of £13.5m and £14.8m Financial Recovery funding.

There were a number of discussions at the Finance and Performance Committee and Trust Board to discuss the NHSI advised control total. As a result, the Trust was unable to sign up to its control total and submitted a plan of £81.7m deficit with a Cost Improvement plan of £29.0m, or 3.9% of its expenditure base. This includes the loss of all Sustainability and Financial Recovery Funding, including the Marginal Rate Emergency Threshold (£32.2m). The planned deficit will require cash support. NHSI has supported the Trust's application for cash deficit support in previous years, therefore the Trust anticipates that NHSI will continue to support the Trust's application for deficit support in 2019/20, subject to monthly approval processes as set by NHSI. As a result, the Trust will have adequate resources to continue in operational existence for the foreseeable future, underlining the Trust's ability to continue as a going concern.

Taking the significant risks explained above, the Trust's Auditors have issued a qualified adverse value for money opinion.

The Trust commissioned a review to understand and produce a report outlining how structural, strategic and operational drivers have each contributed to the Trust's current financial position in order to enable the Trust's management team to develop a multi-year Trust Recovery Plan 2019/20 made up of projects and/or themes aligned to transformation and Cost Improvement Plans.

The Trust has an agreement with the Department of Health and Social Care for the necessary funding to cover the cash impact of its expected deficit position, to be provided through an uncommitted revenue loan facility.

Financial accountability

Grant Thornton UK LLP is the appointed external auditor to the Trust. During 2018/19, the fees payable to Grant Thornton for its statutory external audit, including Quality Accounts audit, were £70k excluding VAT. There were no other fees paid to Grant Thornton in 2018/19.

Counter fraud and corruption

The Trust is committed to promoting and maintaining an absolute standard of honesty and integrity and to eliminating fraud and illegal acts committed within the Trust. The Trust has adopted best practice, as recommended by the NHS Counter Fraud Authority (NHSCFA), and is also involved in the National Fraud Initiative.

We have widely publicised our procedure for staff to report any concerns about potential fraud and corruption. Any concerns raised are investigated by our local counter-fraud specialists or the NHSCFA as appropriate and all investigations are reported to the Audit Committee.

Jon Bell
Chief Financial Officer

May 2019

Our staff

Our staff are our greatest asset and we have continued to invest to improve their working lives and to listen to what matters most to them. At the end of 2018/19 we employed 8,687 staff (7,962 whole time equivalents) from a wide range of professional groups and support staff.

Equality and diversity

The diversity of our staff continues to reflect the communities we serve, with over 60 per cent of our workforce coming from Black, Asian and Minority Ethnic (BAME) backgrounds.

We have a diverse mix of staff from across the globe – from over 100 countries - and our ethnic diversity indicates the richness of the talent across the Trust. Our active BAME and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) staff networks offer a forum where staff can network, offer each other support, and contribute valuable insight into relevant issues and campaigns. Our new BAME leadership development programme further supports staff to develop into more senior roles by offering dedicated input to help increase resilience and confidence, and exposing staff to career enhancing opportunities.

We continued to deliver our pledge to be a flexible employer, with an increase in the number of staff working part time totalling 21 per cent from 15 per cent the previous year.

A concerted drive to fill vacancies and retain existing staff means that we have continued to reduce our vacancy rate to 9.5 per cent, a reduction of three percentage points in the year.

The Trust has a predominately female workforce with women representing 76 per cent, and strongly represented in upper and lower quartiles of gender pay. Information about the pay gap and our approach to addressing it can be found the Staff Report.

Freedom to Speak Up initiative

We have appointed two Freedom to Speak Up Guardians to protect patient safety and quality of care, improve the experience of staff and promote learning and improvement.

Freedom to Speak Up Guardians aim to foster a positive culture of speaking up and address any barriers that may prevent staff from doing so. In October, we celebrated National Speaking Up month with a series of roadshows across the Trust.

Guardian of Safe Working Hours

The role of the Guardian of Safe Working Hours is to ensure that rotas and working conditions are safe for doctors and patients. The Guardian oversees the work schedule review process and addresses any concerns about hours worked and access to training opportunities. The role reports to the Trust Board.

We play a vital role in the **education and training** of doctors, nurses and other healthcare professionals

Issues are raised via the exception reporting system, which generated 1,564 reports about 5,890 hours of work carried out over and above that which was contracted for the year. Breaches can result in fines for the Trust, which are then invested in making improvements for junior doctors in the workplace. Junior doctors are able to comment on and influence these improvements through the Trust's monthly junior doctor forums.

The Trust's success in delivering high quality and compassionate patient care continues to be attributed to the dedication of our staff. In turn, we are committed to ensuring our workforce is well supported and personal development and wellbeing is a major focus for us. The Trust is unique in having a full time equivalent Guardian of Safe Working Hours role.

Improving staff health and wellbeing

Improving staff wellbeing has been a priority and many initiatives have been introduced to support this objective. This is reflected by staff sickness levels which remained below the national target of four per cent.

During the year, free onsite eye sight testing has been made available to all Trust staff with a negotiated discount on frames and lenses if required. This is in addition to the contribution made by the Trust towards glasses for visual display screen users only.

Participation in the Virgin Global Challenge brought about key benefits for staff, with 65 per cent reporting a decrease in stress levels at work or home. 56 per cent of employees reported becoming more aware of our commitment to health and wellbeing at the end of the challenge.

A new Employee Assistance Programme provides a 24-hour telephone support line for counselling, face to face counselling and advice on subjects including financial, legal, childcare, alcohol and drugs.

An online health portal is also available to staff and their families, providing advice and webinars on health and wellbeing. Quarterly reports are received and a programme of promotional activities is planned for 2019.

The Trust also:

- held a series of health promotion activities which were well attended and supported by local organisations such as gyms to provide advice on the benefits of exercise and discounts for staff
- teamed up with on-site contract suppliers, such as Medirest, to promote healthy eating options
- offered cholesterol, blood pressure and BMI checks with health advice.

A new Dignity and Respect at Work policy was introduced to support staff at work and change in the way the Trust handles formal complaints and increase the role of mediation during investigations. The policy is supported by a toolkit for managing bullying and harassment, including the re-launch of the Bullying and Harassment Advisory Service.

Education and training

The Trust continues to invest in delivering education and training to its workforce, ensuring staff have the skills to deliver excellent

We are 'One'

A sexual revolution is sweeping across north west London as a new service encourages young people to 'respect and protect' themselves.

The North West London Sexual Health and Contraception Services are responsible for delivering services across Brent, Ealing, Harrow and Hillingdon. More than 12,000 sexually transmitted infections (STIs) were treated in the boroughs last year with one in four of all STIs in the UK originating in the capital.

The service, which is branded 'One' to reflect the new unified approach to contraception and sexual health, is planning to move hospital services out into the community and bring services together under one roof.

Dr Gary Brook, sexual health consultant, said: "It makes sense to offer a 'one stop' service for people which is convenient and discreet. We're asking people to use condoms to protect themselves and respect others. It's the most effective way of safeguarding against STIs."

The service is also heavily investing in postal test kits and is helping sexual health partners Brook and the Terrence Higgins Trust spread the word. The most common STIs are Chlamydia, Gonorrhoea, Genital Herpes and Syphilis, while the number of people with HIV remains low with the once fatal condition now comfortably managed by drugs.

Dr Brook added:

"The most important thing to remember is that STIs are all treatable so the sooner you seek treatment, the quicker we can put things right."

care. This is reflected in the staff survey results and remains a strong mechanism for attracting highly skilled staff.

We hold a strong reputation in London for the work we are doing to develop the next generation of healthcare workers, collaborating with local schools and universities to deliver work experience programmes and pre-registration training. The Project Search initiative which develops young people with learning difficulties has continued to grow, with some of the interns going on to find employment in our Trust.

We are also committed to providing apprenticeships and recognise this is an important route for nurse education training for the future.

Staff survey 2018

The annual survey provides an opportunity for the NHS to build a picture of staff experience in the workplace. Getting and acting on feedback from staff is a priority for us: It is vital to transforming working lives and to improving both as a provider of care and as an employer.

A total of 3,510 members of staff took part in the annual staff survey, which took place in October and November 2018. This gives us an above average response rate of 43 per cent compared to other similar organisations.

The results indicate that we continue to improve in a number of key areas, particularly in creating a culture of development and learning. This equips staff across the organisation to deliver excellent patient care.

The survey also showed improvements in appraisal completion rates and staff satisfaction with their level of pay. Staff also told us that we are continuing to recognise and value the important work that they do.

When comparing our performance against the 90 questions to data from the previous year, we showed:

- improved scores in seven questions
- unchanged scores in 64 questions
- lower scores in 11 questions.

Our recent successes

These are areas where the Trust compared favourably with 2017 and other NHS trusts.

In general, staff reported:

- satisfaction with recognition for good work
- satisfaction with the support they receive from their manager
- satisfaction with the value the organisation places on their work
- satisfaction with their level of pay
- that time passes quickly when working
- that training helps them improve how they do their work
- that training helped staff identify training needs and clarified their work objectives
- that fewer staff were putting themselves under pressure to come to work when they were unwell
- that our HEART values (Honesty, Equality, Accountability, Respect, and Teamwork) were discussed as part of the appraisal process
- that appraisals included identification of learning and development needs
- that training helped staff to improve their job
- that training helped staff to agree clear objectives for their work.

Of note, our investment in training and development continues to be reflected in strong staff survey scores in this area. We have developed an excellent reputation for supporting training and staff development, and this has been of great importance in recruiting new staff to the Trust.

Areas for improvement

The staff survey highlighted areas where staff said the organisation needed to improve and where we did not perform as well as compared with the previous year and other with trusts. These areas are outlined in the following sections.

Errors and incidents

Whilst a higher proportion stated that they witnessed potential harm than at other, similarly sized organisations, the percentage of staff reporting errors and incidents is consistent with figures both from the 2017 survey and the national average. We continue to share learning from incidents across our teams and divisions, and to emphasise the need for high levels of reporting from staff.

Violence, harassment and bullying

Like other NHS Trusts, too many of our staff continue to experience bullying, harassment and aggression in the workplace.

We recently launched a new combat bullying toolkit, offering staff a range of resources to:

- identify bullying and harassment
- understand what steps to take, from informal challenge to formal reporting
- look after themselves if they are being bullied.

The toolkit also includes resources to support managers in creating a more supportive workplace, and some checklist resources to encourage all staff to honestly

challenge themselves about their own behaviours. The toolkit was launched with new combat bullying pledges from the organisation, which were signed by the Chief Executive and representatives from our partnership group, Staffside, to represent partnership working.

In addition, targeted work is taking place within our divisions to address issues of violence and abuse from members of the public.

Staff health, wellbeing and safety at work

Staff wellbeing at work is a high priority for our Trust, and we were disappointed to see that we did not score favourably in this area of the survey, with results falling by two per cent compared to the 2017 survey.

We have invested in a number of health and wellbeing initiatives, which we have outlined in the section on staff wellbeing.

We are in the process of refreshing our staff health and wellbeing strategy, and this will remain an important area of focus for us over the coming year.

Next steps

The staff survey results offer a framework around which we develop both Trust-wide and targeted divisional action plans.

Developing these plans involves interacting with staff at all levels through focus groups, discussions and meetings, and we work with managers across the Trust to ensure that local issues identified within survey data are addressed at a departmental or team level.

Finally, we are launching our conversations for action initiative, providing staff with a further forum for engagement with senior leaders across the organisation.

Recognising the achievements of our staff

Over the last year, a number of our staff have accomplished remarkable achievements.

- **St. Mark's Hospital's colorectal cancer team** were shortlisted for the Specialist Service category in the Health Service Journal Value Awards.
- **Sandhya Hannay**, an administrator in the tuberculosis team at Central Middlesex Hospital, was nominated for Administrator of the Year in the national Unsung Hero awards.
- Volunteer and Staff Excellence Awards winner **Beryl Jones** was nominated for Volunteer of the Year in the national Unsung Hero awards.
- Our joint work with Central and North West London NHS Foundation Trust on **alcohol withdrawal management** was shortlisted for a National Institute for Health and Care Excellence (NICE) Shared Learning Award.
- Disability lead nurse **Chloe Donovan** continued to work with the Certitude team TreatMeRight!, which offers learning disability and autism awareness training, delivered by people with learning difficulties and autism. The team won the prestigious Michael Rosen Award in 2018.
- Our **facilities team** collected the Green Apple award for Environmental Best Practice, in recognition for their partnership work with our waste management contractor, Grundon.
- Our **HR team** reached the finals of the Engage Awards in the 'Best use of voice of the employee' category for their partnership working with staff to introduce and embed our HEART values.
- Theatre nurse **Annette Bodden-Whisker** was awarded a long service medal as a reservist in the Territorial Army. Annette, who works at Central Middlesex Hospital, is attached to the 256 City of London Field Hospital and served in Afghanistan during the height of the conflict.
- **Alison Culkin**, Lead Intestinal Failure Dietitian in the Nutrition and Dietetic Department at St. Mark's Hospital, is the well-deserved Outstanding Achievement Award winner in this year's Complete Nutrition Awards.
- **Kathy Abernathy**, Associate Director and Senior Nurse Specialist of our Menopause Clinic and Research Unit, was shortlisted for the 'Nurse leader of the year' category at the 2018 Nursing Times Awards.
- Consultant Gastroenterologist **Dr Ayesha Akber** was appointed Chair of the Education Committee of British Society of Gastroenterology.
- Clinical Director of St. Mark's Hospital, **Omar Faiz**, has become Professor of Practice for Colorectal Surgery at Imperial College London.
- Ealing district nurse **Nicola Wahl** has been awarded the Roy Darby Award for Educational Excellence in a graduation ceremony at Bucks New University.
- Our Chief Executive, **Dame Jacqueline Docherty**, won the London Lifetime Achievement category in NHS70 Parliamentary Awards.

In addition, we also honoured nurses, volunteers, administrators, physiotherapists and doctors at our own annual Staff Excellence Awards ceremony.

A total of 14 awards were made during the ceremony, which was funded by London North West Healthcare Charity as well as external sponsors.

The event celebrates our staff and their contributions to improving patient care. This year's Staff Excellence Awards were the biggest yet, with hundreds of nominations received from patients, carers, family and staff – the highest number of nominations received since the awards began in 2015.

Among the winners were the respiratory team at Central Middlesex Hospital and Ward 3 North at Ealing Hospital, named Team of the year.

A special lifetime achievement award, which recognises the outstanding contribution made by a member of staff who has served more than 15 years at the Trust, was awarded to A&E Consultant Dr John Knottenbelt at Northwick Park.

Congratulations to all the winners:

Divisional awards

- Emergency and Ambulatory Care: Therese Barrett, Ealing Hospital
- Integrated Clinical Services: Dr Virginia Clowes, St. Mark's Hospital
- Integrated Medicine: Respiratory Team, Central Middlesex Hospital
- Surgery: Mr Nagaraj Prashanth, Ealing Hospital
- Women's and Children's Services: Sivapathalingam Jeyashanker, Northwick Park Hospital.

Fundraiser of the year

- Lynne May, Meadow House Hospice

HEART Hero

- Elena Nabre, Central Middlesex Hospital

Learner of the year

- Alex Stavrou, Brent community

Quality and improvement award

- Sophie Russell, Northwick Park Hospital

Unsung Hero

- Finance team – all sites

Volunteer of the year

- Beryl Jones, Northwick Park Hospital
- Mr and Mrs Saib, Ealing Hospital

Lifetime achievement

- John Knottenbelt, Northwick Park Hospital

Team of the year

- Ward 3 North, Ealing Hospital.

Recognising the voluntary contribution

We are extremely grateful to the 500 dedicated volunteers for the time and skills they freely donate to help our patients and staff. Overall, our volunteers contribute more than 900 hours a week in all areas, including dementia and maternity support.

Amongst many other activities, in 2018/19 volunteers supported a recruitment campaign for mealtime assistants, took part in our Open Day, attended Harrow College Volunteer's Fair and Education Department careers event, providing students with information on careers in the NHS and how to become involved through the Young Volunteer Programme.

As part of national Volunteers' Week celebrations, we held a coffee morning 'appreciation station' thank you event for volunteers. We also hosted our annual awards, presenting 23 volunteers with long service awards.

Listening to our patients

Our Trust values were developed with our patients and staff, and affirm our commitment to putting patients at the heart of everything we do.

Patients should be treated with respect, dignity and courtesy, and therefore we strive to ensure they are well informed and involved in decisions around their care at all times. Listening and responding to patient feedback is an essential aspect to achieving this, and of providing high quality care more generally.

We offer a number of ways in which patients and members of the public can provide feedback.

We seek to use this information so that patients feel that their voices are being heard and understood. We aim to ensure that our patients know that their feedback has been acted upon to improve experience for all.

We collect patient feedback in many ways, including:

- engagement forums
- stakeholder events
- face to face discussion
- informal feedback
- the Friends and Family Test
- websites (NHS UK, Care Opinion)
- social media
- letters.

These sources offer a wealth of information which we use to improve patient care and overall experience.

Our Patient Advice and Liaison Service (PALS) continues to be a first point of contact for feedback from patients and members of the public using our services. The PALS team are available to respond to general questions, concerns and queries about our care, treatment and services. Dedicated advisors are based at both Northwick Park and Ealing Hospitals, and are available to support and advise patients. This can be done in person, on the phone, or electronically, depending on patient preference.

The PALS service aims to resolve concerns within 48 hours. When required, they will help to escalate any unresolved issues of a more complex nature. This may involve offering guidance and signposting patients, relatives or carers to the patient relations team should concerns warrant a more detailed or formal investigation process.

In 2018/19, PALS responded to 4,357 enquiries compared to 4,900 the previous year.

The following table outlines common themes arising from PALS enquiries over the last three years.

Most frequent PALS concern themes

2018/19	2017/18	2016/17
Communication (written/verbal): 32.69%	Communication (written/verbal): 26.4%	Communication (written/verbal): 31.86%
Outpatients: 22.22%	Outpatients: 21.37%	Delays: 18.64%
Clinical: 9.49%	Signposting: 15.73%	Clinical: 12.2%
Delays: 6.85%	Clinical: 8.2%	Nursing care: 10.50%
Signposting: 6.79%	Delays: 5%	Outpatients: 8.81%

Our response to these concerns is outlined in the 'Learning from patient feedback' section.

Complaints

There will of course be times when we don't get everything right, or where we do not meet patients' expectations. We encourage patients, carers and loved ones to let us know how they feel about the care they received, so that we can learn from their experiences and address any areas for improvement.

As caring professionals, it is important for us to understand where the quality of care or service provision has fallen below expectations. We value the opportunity to be able to learn from the experience and improve our practice, while also acknowledging the need to apologise and offer an explanation of events.

In 2018/19, we received 1,091 formal complaints, slightly below the 1,119 complaints recorded the previous year. Work is ongoing to make our complaints investigation process as straight forward as possible for our patients, while also ensuring that it is thorough.

We aim to respond to complaints in a timely manner. It is also important that we respond appropriately to each aspect of concern highlighted in the complaint, and that we provide a clear account of events.

For appropriate or particularly complex cases, we may also facilitate face to face meetings to discuss the findings of the investigation process, as well as any recommendations or actions which we have taken as a result.

During 2018/19, we responded to 65 per cent of complaints on time; this represents an improvement of 16 per cent on the previous year.

Most frequent complaint themes by percentage per year:		
2018/19	2017/18	2016/17
1. **Clinical treatment: 28.6%**	Clinical treatment: 25.02%	Clinical treatment: 29.12%
2. **Communication (written & verbal): 12.09%**	Appointments (delays/ cancellations): 15.37%	Staff values and behaviour: 16.48%
3. **Staff values and behaviour: 11.27%**	Staff values and behaviour: 2.33%	Delays: 11.42%
4. **Appointments (delays/cancellations): 10.81%**	Communication (written and verbal): 9.29%	Verbal communications: 10.92%

Our response to these concerns is outlined in the 'Learning from patient feedback' section.

Should complainants remain unhappy following the end of the Trust's own complaints process, they have the option to ask the Parliamentary and Health Service Ombudsman (PHSO) to independently review the complaint and the investigation.

During 2018/19, the PHSO carried out eight investigations, of which they reported on seven. They did not fully uphold any complaints, partially upheld three, and did not uphold four.

Compliments

It is always pleasing to hear when we hear that our patients are happy with their care and it is heart-warming to receive feedback on staff that do well. We strive to ensure that positive feedback is passed on to our teams. It is also important that staff are appropriately recognised and rewarded through our HEART values when they receive positive feedback from our patients.

Last year we received 283 compliments which were either written directly to the Trust or were shared by the wards with the teams or individuals involved in the patient's care. Patients are able to nominate staff for an award category in our annual Staff Excellence Awards.

We also receive positive feedback through websites such as NHS UK and Care Opinion, and our wards and departments receive a range of other types of expressions of appreciation.

More people than ever before engage with us on social media, using platforms such as Facebook and Twitter to share their views on the quality of our services.

Friends and Family Test

A total of 79,727 people provided feedback using the Friends and Family Test during the year, with 94 per cent saying they would recommend our services.

97 per cent said they were treated with kindness and compassion and dignity and respect, which reflects staff commitment to our HEART values.

Patients also told us that they wanted to be more involved in decisions about their care. In response to this, the Patient Experience team engaged in an Always Event™ with patients and staff on a care of the elderly ward at Northwick Park.

The pioneering project aims to understand what matters to patients and families when it is time to leave the hospital and to create solutions which improve communication for patients, families and staff.

Area	Responses	Recommended
A&E	12,835	91.47%
Outpatient	24,223	93.41%
Inpatient	33,811	94.75%
Maternity	3,589	92.20%
Community	5,269	95.07%

Looking ahead, plans are in place to work with patients, families and voluntary organisations on the implementation of our revised Patient Experience Improvement Strategy. This focuses heavily on patient and carer engagement, involvement and co-design of aspects of service delivery.

From ward to Board

To ensure our patients' voice is heard from ward to Board, all Trust Board meetings begin with a patient story. Patients and their families who consent to provide feedback in this way are filmed talking about their experience. They describe how it made them feel, often taking the opportunity to outline what may have been done differently to meet expectations and improve their care. Staff members who were involved in the patient's care have the opportunity to present any changes and improvements which have been made as a result.

Learning from these stories has proven to be an extremely powerful way of messaging the patient perspective and allows professionals to connect directly with the patient's experience. As a result, this connection with the patient experience is driving service improvements across the organisation.

Working with patient groups

In addition to receiving direct feedback from patients, we also work with a number of patient groups who are actively involved with services across the Trust. Among them are:

- Maternity Voices Partnership (MVP)
- Ealing Heartlink

- Inflammatory Bowel Disease (IBD) Patient Panel
- Inside Out (stoma support) and the Red Lion Group
- Pulmonary fibrosis support group
- REAL Group (rheumatology at Northwick Park) and the Central Middlesex rheumatology group.

These groups often work directly with the individual services to bring about improvements. For example, the Maternity Voices Partnership has worked with our maternity unit to introduce partners staying overnight, in response to direct patient feedback.

The Trust also works closely with the Healthwatch teams from Brent, Ealing and Harrow. Healthwatch routinely visits our services across the boroughs, and provides reports to the Trust which are shared with the relevant services for action to improve patient experience. The final reports are also shared more broadly for discussion and learning at the Patient Experience Executive Committee and publicised on the Healthwatch websites.

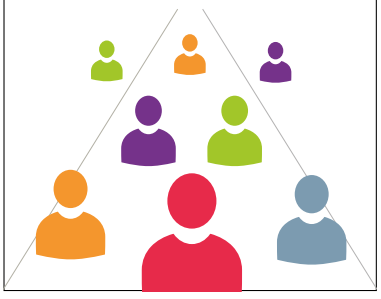
Learning from patient feedback

Feedback enables us to improve patient experience. We know from the common themes identified from PALS and complaints that communication and staff behaviour is a frequent concern. In order to address this, we have introduced a values based behaviour review as part our annual appraisal and performance development process for all staff and have introduced HEART values based recruitment. Where concerns or a complaint about an individual have been raised, appropriate action is taken by their line manager, this could be in the form of reflective learning, a period of supervision or a refresher course on a particular task.

Where issues are identified that require ward or service level intervention, then specialist teaching and training is arranged. For example caring for patients with a lack of mobility or patients with dementia, staff with specific expertise in these areas will ensure the wards become better compliant following concerns that have been raised through the process of patient feedback.

In summary, delivering high quality care to ensure a positive patient experience is the driver for all we do: It is pivotal to our success and enhances our improvement processes, in a way which promotes learning and development both organisationally and professionally. Promoting a positive patient experience is underpinned by our Trust values and professional standards. It remains our common goal and serves to generate a sense of pride and achievement in all we do.

We see more than **1,000 patients** a day in our two emergency departments and three urgent care centres



A research-active organisation

We have a track record in research and development ensuring this turns into improved treatments and outcomes for patients. Our performance puts us in the top 10 per cent of research-active NHS organisations, with an increase in quality improvement and service evaluation projects.

Exceeding expectations

Research has played a significant role in improving patient care through innovation and new treatments.

It is our goal that every NHS patient in north west London who wants to can be a research participant. This will significantly improve patient outcomes and the services we provide, helping our Trust to make informed decisions for our patients.

Research and development aims to:

- deliver the National Institute for Health Research (NIHR) and Trust research agendas
- identify research priorities for our population
- establish a new supportive network in which our researchers can work
- develop and screen research proposals for scientific rigour and ethics evaluation
- promote and encourage our patients to be an integral part of our research activity.

Research trials

We have continued to grow and exceed our expectations for both commercial and non-commercial research. During the year we supported the recruitment of 3,028 patients into 115 NIHR portfolio adopted studies, of which 2,941 patients were recruited into non-commercial sponsored studies.

A total of 2,213 patients were recruited into observational based studies and 815 into interventional trials.

Overall recruitment has decreased from 2017/18 due to a pause into a high recruiting Trust sponsored programme study. However, we remain on par with similar size NHS organisations and are the fourth highest recruiting partner organisation within north west London.

In meeting the NIHR national Higher Level Objective 04, the Trust has achieved 84 per cent of NHS set up at all sites within 40 calendar days (from 'Date Site Selected' to 'Date Site Confirmed') against a target of 80 per cent.

- 46 service evaluations
- 30 quality improvement projects.

Top 10 recruiting studies

Study short title	Clinical Speciality	Recruitment 2018/2019
100,000 Genomes Project Bio-resource (main phase)	Genetics	852
NICE FIT	Cancer	307
LOLIPOP follow-up study	Cardiovascular disease	241
IBD Bio-resource	Gastroenterology	155
Evaluation of a point-of-care whole blood viral load test for HIV	Infection	130
PrEP Impact Trial	Infection	104
Colorectal breath analysis (COBRA)	Surgery	75
IMAGINE	Genetics	67
Microbial immunity in inflammatory bowel disease and colorectal cancer	Gastroenterology	64
I-CARE - IBD cancer and serious infections in Europe	Gastroenterology	60
Total of top 10 recruiting studies	(68% of overall Trust recruitment)	**2,055**

We have continued to build our research infrastructure by promoting training with external and in-house training programmes.

We work with our partners and forge new partnerships to develop our research portfolio. This is part of a major collaboration between the Clinical Research Network and Trust senior research management teams.

Commercial research

We have seen a decrease in commercial research recruitment activity, although we have been successful in the number of active open recruitment trials in the year, placing the Trust in third position in the North West London Clinical Research Network. This is anticipated to significantly increase in our commercial research portfolio going forward.

Researchers work collaboratively with commercial partners and continue to attract new and innovative research projects. 87 participants were recruited into commercially sponsored studies in 2018/19, compared to 322 the previous year. A paediatric based commercial trial 'Drug Utilisation Study on the Risk Minimisation Tools for Sialanar' recruited the first patient internationally, a significant achievement and supports the NIHR and Clinical Research Network strategic drive to support commercial research.

Networking

We continue to work with our Clinical Research Network to encourage more specialties and researchers including nursing staff and Allied Health Professionals to become active in research. A Trust support group works closely with nurses and AHPs to encourage them to undertake research and service improvement projects.

We actively contribute to research activity across the UK and have undertaken international research with our global partners.

Innovation forum

A new innovation forum will capture ideas and contributions for research and improvement programmes from our staff and patients. We encourage and support innovation in clinical areas that have the potential to improve the way we deliver care across north west London.

Our R&D Award winners

We held our annual Research and Development Awards in November 2018. This is a competitive event with a strong field, and this year, our winners in both the Research and Service Development categories were from St. Mark's Hospital.

Dr Ibrahim Al Bakir won the Research category with his project *Shallow Whole Genome Sequencing Predicts the Future Cancer Risk of Low Grade Dysplastic Lesions Arising in Ulcerative Colitis.*

With support from Professor Ailsa Hart at the St. Mark's Hospital IBD Unit, and Professor Trevor Graham at the Barts Cancer Institute, he aims to develop a molecular marker for cancer risk. This would provide patients who have inflammatory bowel disease with individualised cancer risk predictions, improving their clinical management plan.

Dr Rishi Fofaria won the Service Development Category with his project, Using patient co-production to improve the quality of care and experience for IBD outpatients at St. Mark's Hospital.

The project goal was to provide better care for more than 1,000 patients with inflammatory bowel disease in two main ways:

- by not requiring lower risk patients to come into hospital when in remission through the use of nurse-led telephone clinics
- by providing a rapid access clinic for those who were experiencing symptoms, so that they could access care and advice more quickly.
- The project led to high levels of patient satisfaction, and has been recognised at awards including:
- the national BMJ Awards 2018, where it came highly commended
- the CLAHRC Brian Turley Award for Patient and Carer Involvement, where it won.

Our Research and Development challenges ahead

Our main challenges in 2019/20 are sustainability and further increasing our commercial portfolio.

As a large NHS Trust, serving a diverse population of one million, we aim to increase our research capability funding income by focusing on opening studies to more clinical specialties and identifying research studies that will benefit our large population. We will continue to work closely with the North West London Clinical Research Network to identify appropriate research studies.

Our continued collaboration with our commercial partners will see new partnerships and growth in our commercial activity.

New hope for HIV patients

Samba II can be used in remote areas to test for HIV

A sexual health expert at Central Middlesex Hospital has helped develop a portable testing machine that could save the lives of thousands of people living with HIV in Africa.

Dr Gary Brook is part of a team which has developed a portable fridge-sized device that can check if an individual has dangerously high levels of the virus in their blood and require further medication.

It is designed to be used in remote areas of the continent and can deliver results within an hour, compared to the current practice of several weeks where patients' condition could worsen or they have simply got fed up of waiting and not turned up for the results.

Dr Brook said: "This technology is the most significant project I've been involved in during more than 35 years of research. Initial results show that its accuracy using finger-prick samples matches that of expensive time consuming laboratory based tests.

"A lot of these patients simply can't come back for their results given the wait and subsequently see their health deteriorate leading to poor care, anti-viral resistance and ineffective treatment. More than 1,000 HIV patients in the UK voluntarily gave blood to test the machine's effectiveness. Samba II can be used in remote areas to test for HIV."

Improving our environment

We pride ourselves on maintaining a clean, comfortable and welcoming environment for our patients, visitors and staff.

Patient Led Assessments of the Care Environment (PLACE) are the measure and annual assessment of a range of non-clinical services which contribute to the healthcare environment.

During 2018, PLACE assessments were undertaken nationally between February and June.

Assessments are unannounced and teams make judgements based entirely on observations made at the time. Patient assessors make up at least 50 per cent of the assessment team, providing an effective and independent voice.

PLACE is an integral part of our Quality Account, which demonstrates our commitment to continuous, evidence-based quality improvement.

On top of this, each year we develop a PLACE Improvement Plan that helps us concentrate on areas where improvement can be made and, where possible, supported by investment.

Hospital cleaning

Since March 2017, hospital cleaning services have been provided by Medirest as part of a contract for soft facilities management. Specific PLACE responsibilities and key performance indicators are included in the contract, which concentrate on high quality cleaning standards.

Supervisors have designated areas of responsibility and carry out joint technical cleaning audits with matrons, ward managers and service heads in line with NHS cleaning standards.

Independent and unannounced audits are undertaken by our Infection Prevention and Control and Facilities teams. In addition, the Trust's Excellence Assessment Tool (ward accreditation) and the Perfect Ward Application include modules on cleaning.

Food for thought

Patient catering services are also provided by Medirest. We were disappointed to see a fall in PLACE scores; although patients were satisfied with the quality of food, the score was reduced this year because of non-conformance with protected mealtimes.

In response, a nutrition and hydration task and finish group will oversee a plan to ensure standards are not only achieved, but continuously maintained.

Nutritional screening tools and food charts have been standardised across our wards and departments, and compliance is monitored through walkabouts and matrons' audits. Peer and external reviews of patient nutrition and hydration continue to be carried out across our inpatient areas.

Site name	Cleanliness	Food	Organisational food	Ward food	Privacy, dignity, and wellbeing	Condition, appearance, and maintenance	Dementia	Disability
National average	98.4%	90.1%	90.1%	90.1%	84.1%	94.3%	78.8%	84.1%
Northwick Park and St. Mark's Hospitals	97.6 4%	84.23%	94.33%	80.53%	70.64%	92.84%	85.44%	80.78%
Central Middlesex Hospital	99.10%	87.43%	94.72%	84.10%	72.08%	93.22%	77.44%	75.00%
Ealing Hospital	98.26%	95.21%	96.32%	94.71%	62.88%	94.04%	78.25%	79.69%
Willesden Centre For Health and Care	97.42%	88.17%	84.94%	90.49%	74.60%	91.13%	80.54%	78.59%
Clayponds Hospital	99.65%	90.04%	96.66%	85.38%	80.00%	95.97%	83.04%	85.55%

Key

Red	More than 5% fall in score
Amber	Less than 5% fall in score
Green	Score the same
Blue	Improved score

Non-emergency patient transport services

In October 2017, our non-emergency patient transport provider went into liquidation. Bears ATL Healthcare LLB stepped in to provide business continuity arrangements at that time. Since then, improvements across the delivery of our non-emergency patient transport services have resulted in a sustained and better quality service.

Feedback from patients, clinical teams, and ambulance crews has resulted in the design of a new fleet of vehicles, tailor made to enhance patient experience, mobility, comfort, and safety.

Consideration has also been given to patients with dementia, with features including:

- dementia friendly flooring and lighting
- extra wide inclination seats
- fully adaptable head rests
- climate control
- hearing loops and two-way communications
- double width automated side steps.

Working closely with our clinical commissioning group partners, we are pleased to confirm that Ambulance Transfers Limited (ATL) has been appointed as our new service provider from May 2019.

Our partnership with ATL will provide more streamlined access to services, a daily review of vehicle use and demand, continued investment in the fleet and the introduction of new technology, providing patients with real time journey information through a bespoke patient app.

Sustainability

We have a duty to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the efficient use of natural resources, and building healthy, resilient communities.

Climate change brings new challenges, both in direct effects to our environment, but also to patient health. We have identified the need for a Board approved plan for future climate change risks affecting our area.

Our work contributes towards the ambitious target set in 2014 of reducing the carbon footprint of the NHS, public health and social care by 34 per cent.

We are committed to achieving the reduction targets using new technology such as combined heat and power, energy efficient lighting, heat recovery as well as renewal technologies such as photovoltaic solar panels.

Our new energy strategy will provide direction and efficiencies going forward. The strategy outlines our sustainable energy initiatives, such as Building Management System and critical ventilation optimisation.

We can improve local air quality and improve the health of our community by promoting active travel – both to our staff and the people that use our services. This was one area of focus during NHS Sustainability Day. We have installed electric vehicle charging points across all three sites.

Taking part in NHS Sustainability Day, we reported our most recent consumption data and promoted staff engagement and behavioural change to increase sustainability awareness and drive down energy consumption.

Waste management

2018/19 saw our total waste management service provider, Grundon Waste Management Limited, achieve a number of successes in support of our sustainability programme.

With a focus on better management of waste and recycling, meeting the landfill diversion target, improving communications, training and waste education and correct segregation of waste, our key achievements are:

- a year-on-year 60 per cent increase in the amount of cardboard segregated and baled on site before being sent to recycling
- zero waste to landfill, as general waste is now processed at Grundon's Energy from Waste Facility, where it generates green electricity for export to the National Grid
- segregating offensive waste from the infectious waste stream

- the introduction of toner and ink cartridge recycling
- new corridor boxes for mixed recycling and general waste and separating food waste from the general waste
- Grundon's carbon neutral vehicle fleet, which helps contribute to our overall CO2 reduction.

These results have gained us a Bronze Green Apple Award, an annual international campaign that recognises, rewards, and promotes environmental best practice.

Engagement is a critical part of this success story and the Waste Management team is extremely proactive via regular auditing, supporting staff, being available to offer advice and running training awareness programmes and roadshows to reinforce the message regarding the responsible disposal of all waste products.

Fire, and health and safety

We implemented a Memorandum of Understanding (MoU) with the London Fire Brigade in 2016/17, designed to monitor and enhance fire safety throughout London hospitals. The MoU continued during the year and enables us to work closely with the fire brigade, carrying out regular meetings and inspections, promoting co-operation and partnership working and enhancing fire safety throughout our hospitals and locations.

Our progress, both in terms of physical precautions and the way we monitor and manage risk, is shared with the London Fire Brigade.

During 2018/19, we completed the majority of fire systems upgrades throughout wards at Northwick Park Hospital, which includes:

- additional sub-compartmentation
- installation of fire and smoke dampers
- firestopping and fire door upgrades
- provision of fire alarm repeater panels in every ward.

At Ealing Hospital, firestopping has been completed in various levels and some emergency lighting has been upgraded.

Keeping our people safe

We remain committed to keeping our patients and staff safe, and this is reinforced by our continued membership to the British Safety Council.

The Accountability Report

Corporate Governance Report

The Directors' Report

1. The Trust Board is accountable, through the Chairman, to NHS Improvement and is collectively responsible for the strategic direction and performance of the Trust. It has a general duty, both collectively as a unitary Board, and individually, to act with a view to promoting the success of the organisation. It has overall responsibility for ensuring delivery of safe and effective services in accordance with legislation and the principles of the NHS Constitution.

2. The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time. In accordance with the Single Oversight Framework the Trust is required to self-certify on compliance with certain conditions equivalent to the NHS provider licence including that it has established and implemented:

    - an effective Board and Committee structure
    - clear responsibilities for the Board, for committee reporting to the Board and for staff reporting to the Board and those committees; and
    - clear reporting lines and accountabilities throughout the organisation.

3. The members of the Trust Board possess a broad range of skills. The executive directors are recruited by the Board with a process overseen by the appointments and remuneration committee. The non-executive recruitment is overseen by NHSI who have a specific role in appointing and supporting NHS trust chairs and non-executives which does not apply to foundation trusts. These are public appointments made using powers delegated by the Secretary of State for Health

4. In compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, all Trust Board directors have been assessed as being fit and proper persons to be directors of the Trust.

5. The performance of all directors is reviewed in an annual appraisal which forms the basis of their individual development plan: for executive directors, by the chief executive; for non-executive directors and the chief executive by the chairman; and for the chairman, by self-assessment with sign-off by NHS Improvement.

Our Board

Peter Worthington
Chairman

Dame Jacqueline Docherty
Chief Executive

Executive directors

Dr Martin Kuper
Medical Director

Lisa Knight
Chief Nurse

Arshiya Khan
Chief Operating Officer

Jon Bell
Chief Financial Officer

Claire Gore
Director of Human Resources

Mark Trumper
Director of Estates and Facilities

Simon Crawford
Director of Strategy and Deputy Chief Executive

David Searle
Director of Corporate Affairs

Non-executive directors

Desmond Johnston

Professor David Taube

Andrew Farrell

Dr Vineta Bhalla

Janet Rubin

Andrew van Doorn

- Barbara Beale replaced Amanda Pye 3 July 2018
- Mark Trumper replaced Gary Munn 1 February 2019

Peter Worthington, Chair

Peter has significant experience in the NHS and the commercial sector and held various non-executive positions in commissioning with NHS North West London.

He joined us prior to our merger in 2012 and was confirmed as Chair of London North West University Healthcare NHS Trust in September 2014. Peter is also Chairman of The Epilepsy Society, a charity focused on research, clinical assessment and care, and advocacy related to epilepsy.

Peter's private career focused on the international energy and natural resources sector. He is a co-founder of a small African focused oil and gas exploration and development venture. Previously he spent more than 30 years in senior management, commercial and legal positions with global natural resource companies BHP Billiton and Rio Tinto (CRA), and in private legal practice and various business ventures.

Dame Jacqueline Docherty, Chief Executive

Dame Jacqueline joined us in April 2015. Prior to her appointment, she spent six years as Chief Executive of West Middlesex University Hospital.

Initially qualifying as a nurse, Dame Jacqueline held a variety of posts including theatre sister at the Royal Free Hospital and senior nurse for acute services at Glasgow Royal Infirmary, before being appointed Deputy Director of Nursing at West Lothian NHS Trust.

In 1996, Dame Jacqueline joined King's College Hospital as Executive Director of Nursing and in 2001 became Director of Operations. In 2007 she was appointed Deputy Chief Executive.

Dame Jacqueline was Acting Chief Executive at King's from May to November 2008, before taking the position of Chief Executive at West Middlesex University Hospital in 2009. During her career Dame Jacqueline spent four years as a member of the management executive at the Department of Health at the Scottish Office. She is currently chair of the London Social Partnership Forum and senior responsible officer for patient safety at Imperial College Health Partners.

In 2004 Jacqueline was made a Dame Commander of the British Empire for her services to nursing and the NHS.

Dr Vineta Bhalla, Non-executive director

Vineta is a medical doctor and public health expert. Her special interest is in long term conditions and community care. She has held senior roles within the Department of Health and the NHS. She has previously served as the Executive Director for hospitals at the Singapore Ministry of Health and held positions on various national and international boards.

Janet Rubin, Non-executive director

Janet was Deputy Group Human Resources Director of FTSE 100 company WHSmith and was Human Resources and Board Director of B&Q. She also held director positions with the European Bank for Reconstruction and Development and ten other organisations. As well as her current coaching commitments, Janet is a consultant to a major bank, adding to the number of financial sector organisations she has been involved with, including the Association of British Insurers.

Andrew Farrell, Non-executive director

Andrew has more than 30 years' experience in senior finance and operational roles, most recently during the past 12 years as Finance Director and Chief Financial Officer at the London School of Economics (LSE). He has been involved in significant organisational, operational, estates/facilities, and IT development and transformation projects at Xerox Corporation and the LSE.

Professor David Taube, Non-executive director

Professor Taube joined us as a university nominated Non-executive director in 2013. He is Professor of Transplantation Medicine at Imperial College Academic Health Science Centre and one of the UK's leading renal physicians. Educated at Oxford and Cambridge universities, Professor Taube has pioneered new models of renal medicine and transplantation and has led the development of the West London Renal and Transplant Centre.

Andrew van Doorn, Non-executive director

Andrew is the Chief Executive of the Housing Association Charitable Trust (HACT), a national innovation charity, social enterprise and industry-focused think/do tank established by the housing association sector. He is the lead for all of HACT's work on integrating housing and health, working with NHS trusts and housing associations to develop new community based healthcare partnerships.

Andrew has worked nationally and internationally in housing and vulnerable people, supported housing and care, community development and wider social policy and practice for 26 years.

Ruwan Weerasekera, Non-Executive Director

Ruwan joined the Trust in September 2015.

Ruwan is the Senior Independent Non-Executive Director for ICBC Standard Bank Plc. He chaired the Remuneration committee and sits on the Board Audit and Risk Committees. Ruwan is also Chair of Governors of The Bridge Academy in Hackney. Ruwan works closely with clients as a consultant on conduct and culture as well as an expert witness on financial crime. Ruwan is a local resident in Pinner, Harrow.

Until 2015, Ruwan was a Managing Director of UBS in London and was the Chief Operating Officer for Securities. He also had a variety of group wide roles focussed on culture and risk management. He was deeply involved in remediation post the financial crisis as well as leading investigations and remediation. Ruwan originally joined Arthur Andersen Management Consultants after studying computer science at Manchester University. He was previously a commissioned officer in the Royal Air Force and later became a Partner at Accenture prior to re-joining UBS.

Ruwan left the Trust in March 2019.

Professor Desmond Johnston, Non-executive director

Professor Desmond Johnston was educated at the University of Edinburgh where he attained his MB ChB. He obtained his PhD from the University of Southampton. Professor Johnston joined our Trust as a Non-executive director in 2018. He is a consultant endocrinologist at Imperial College Healthcare NHS Trust.

Arshiya Khan, Chief Operating Officer

Arshiya joined us in November 2017 from Gloucestershire Hospitals NHS Foundation Trust, where she was Chief Operating Officer. Arshiya has many years of operational experience at director and board level and has worked in a number of complex multi-site acute trusts, as well as director of primary care and as a regulator.

Arshiya is responsible for the day to day operational delivery of our services and ensuring that they are provided in an efficient and productive manner. She has shared responsibility for the overall strategic direction, performance and success of the Trust.

Barbara Beal, Interim Chief Nurse

Barbara is a registered nurse and midwife who has worked for the NHS for 48 years. She is currently a Non-executive Director for University Hospitals Coventry and Warwick, and has experience working across a range of healthcare sectors, from acute to commissioning, as well as the community, mental health and learning disability.

Barbara left the Trust in April 2019, following the permanent appointment of Lisa Knight.

Dr Martin Kuper, Medical Director

Martin trained at Oxford University Medical School, qualifying in 1993. He subsequently obtained clinical experience and postgraduate qualifications in medicine (MRCP), anaesthesia (FRCA) and intensive care (EDIC), and obtained dual certification as a Consultant in Anaesthesia and Intensive Care in 2007. Between 2007 and 2014, he worked at Whittington Health NHS Trust as a Consultant in Anaesthesia and Intensive Care, becoming the Director of Research and Innovation in 2009. In 2012, he was appointed Executive Medical Director at Whittington Health NHS Trust. In 2014, he became Executive Medical Director, Responsible Officer and Caldicott Guardian at Homerton University Hospital.

Martin was medical lead of a 'deteriorating patient' quality improvement collaborative to reduce cardiac arrests across 17 'UCL Partner' hospitals in London, Essex and Hertfordshire, from 2010 to 2016. Martin helped the Whittington to achieve the lowest Summary-level Hospital Mortality Indicator nationally for three years, and the Homerton to achieve the lowest national rate of cardiac arrest occurring on the ward.

Martin led implementation of evidence based enhanced recovery surgical pathways across London, that help patients recover quicker from surgery. In 2009 he was appointed as National Clinical Advisor (Anaesthesia), a role he carried out until 2013. In 2015, he received the Royal College of Anaesthetists 'Humphrey Davy Award'.

Martin was appointed as Medical Director, Responsible Officer and Deputy Chief Executive for Transformation for London North West University Healthcare in 2018.

Simon Crawford, Director of Strategy and Deputy Chief Executive

Simon took on the role of Director of Strategy in October 2015. Prior to this he was Finance Director and Senior Responsible Officer for the merger of Ealing Hospital NHS Trust

and North West London Hospital NHS Trust in April 2011.

He started his career in the NHS in Wales in 1985 where he worked for five years on the external audit of the NHS. This role involved undertaking audits of hospitals and health bodies throughout Wales during which time he qualified as an accountant. On qualification he joined East Dyfed Health Authority. He joined Broadmoor Special Health Authority as Finance Director in 1997 and became Finance Director of West London Mental Health NHS Trust in 2001. He was appointed Chief Executive in 2004.

In 2009 Simon joined NHS London in a wider strategic role to support NHS trusts in their progress towards foundation trust status.

Jon Bell, Chief Financial Officer

Jon joined the Trust in 2015 from West Middlesex University Hospital. He has over 20 years' experience in the NHS, as well as more than four years' experience as a Management Consultant with Arthur Andersen.

Claire Gore, Director of Human Resources and Organisational Development

Claire joined us in 2015 from The Hillingdon Hospitals NHS Foundation Trust, where she was Director of People for five years. Prior to joining the NHS, Claire worked for the Metropolitan Police, where she held a number of human resources positions and the London Borough of Brent as Strategic HR Manager for corporate services and children and families. Claire holds a post-graduate certificate in strategic HR and training and development and a master of science in sociology and social administration.

Mark Trumper, Director of Estates and Facilities

Mark took on the role of Director of Estates and Facilities in February 2019. He joined us from Semperian PPP Investment Partners, a private firm who invest in UK social infrastructure providing essential public services to local communities, mainly in health and education.

As Managing Director, Mark managed £8.5bn of public infrastructure, including 35 hospitals across the UK and Ireland.

Before joining Semperian, Mark spent seven years in the NHS, most recently at Oxford University Hospitals as Director of Estates. He directly supported its successful applications to become both a Foundation Trust and an Academic Health Science Centre.

Sandra Adams, Director of Corporate Affairs (Trust Secretary)

Sandra joined the Trust in April 2017 from the London Ambulance Service NHS Trust (LAS) where she had held the role of Director of Corporate Governance since 2009. Sandra started in the NHS as a management trainee and her career has spanned the ambulance, specialist services, acute and community sectors as well as commissioning and strategy development. Sandra's first director role was at Moorfields Eye Hospital NHS Foundation Trust from 2003 to 2009 before taking on the role at the LAS and she brings extensive corporate governance and Board Secretary experience to the role here. Sandra has been responsible for the Board Secretary role, legal services and communications, and for ensuring the Trust has sound systems of corporate governance in place and meets its statutory and regulatory responsibilities. Sandra left the Trust in February 2019.

Declarations of interest

Trust Board members are required to declare any interests. The register is available on the Trust's website (www.lnwh.nhs.uk).

Peter Worthington
Chairman

- Chairman - Epilepsy Society
- LP Origination Limited
- Chesilton Consultancy Limited
- Charter House (Flat Owners Limited)
- MRI Management Company LLP
- Medway Resources International

Andrew Farrell
Non-executive director

- Trustee - Epilepsy Society
- Trustee and Treasurer - Freedom for Torture charity
- Director of Finance and Corporate services at The British Academy

Andrew van Doorn
Non-executive director

- Chief Executive and Company Secretary - Housing Association Charitable Trust (HACT)
- Chief Executive and Company Secretary - HACT Housing Action Limited

Janet Rubin
Non-executive director

- Director - Janet Rubin Resource Consultancy Limited
- Partner - Praesta Partners International Management Consultancy and Coaching Firm
- Director - Borrum Partners, Business Management Consultant and Strategic Investment Firm
- Independent Member General Pharmaceutical Council

Professor David Taube
Non-executive director

- Trustee - St Mary's Kidney Patients Association
- Advisor - National Kidney Federation
- Consultant Nephrologist, Imperial College Healthcare NHS Trust
- Partner of Transplant Medicines IC Consultant Nephrologist (Honorary), Royal Brompton
- Consultant Nephrologist (Honorary), Lister Hospital Stevenage

Ruwan Weerasekera
Non-executive director

- Director - Weera Consulting Limited
- Chair of Governors and Director - The Bridge Academy Hackney
- Non-executive Director - ICBC Standard Bank PLC
- Non-executive Director - RegTek Solutions

Vineta Bhalla
Non-executive director

- Health System Dynamic Limited

Professor Desmond Johnston
Non-executive director

- Diabetes UK
- Department of Health
- NIHR

Dame Jacqueline Docherty

- Director - Imperial College Health Partners
- Director - Royal Marsden Partners
- Director - Hereford House Management Limited

Simon Crawford
Director of Strategy and Deputy Chief Executive

- Director - Imperial College Health Partners

Jon Bell
Chief Financial Officer

- Trustee - Association of Coloproctology of Great Britain and Ireland

Arshiya Khan
Chief Operating Officer

- Partner in Cambridge Global Advisors LLP

Barbara Beal
Interim Chief Nurse

- Non-executive Director - University Hospitals Coventry and Warwick NHS Trust
- Griffis-Beal Healthcare Consultancy Limited

Amanda Pye
Chief Nurse

- Head Heart and Hands Consultancy Ltd

Sandra Adams
Director of Corporate Affairs

- Nil

Claire Gore
Director of Human Resources and Organisational Development

- Nil

Dr Martin Kuper
Medical Director

- Nil

Mark Trumper
Director of Estates and Facilities

- Nil

Nadia Bukhari
Associate non-executive Director

- Nil

Personal data related incidents

This is described in more detail in the Annual Governance Statement (see page 55).

Attendance at Board and Board committee meetings

Attendance at Trust Board meetings and Board Committee meetings for the period 1 April 2018 to 31 March 2019:

Name	Position	Trust Board Meeting	Appointments and Remuneration Committee	Audit Committee	Charitable Funds Management Committee	Finance and Performance Committee	Quality & Safety	Clinical Excellence Committee	Integrated Governance Committee	Patient and Staff Committee	Workforce and Equality
		9	8	6	5	10	4	3	3	4	3
								Replaced by Quality Safety meeting from November 2018			
Mr Peter Worthington	Chairman	9	7	1	1	9	3	2	3	2	3
Professor David Taube	Non-Executive Director	8					3	3			
Professor Desmond Johnston	Non-Executive Director	2		0	0		1				
Mr Andrew Farrell	Non-Executive Director	8	6	6		8	3		3		
Mr Ruwan Weerasekera	Non-Executive Director	6	5	3	2	10					
Mrs Janet Rubin	Non-Executive Director	7	8			8				2	3
Dr Vineta Bhalla	Non-Executive Director	9		3	5	4	2	2	2		1
Mr Andrew van Doorn	Non-Executive Director	7		4	5			3	3	4	2
Dame Jacqueline Docherty	Chief Executive	8	7		3	9	1	3	3	3	2
Mr Simon Crawford	Director of Strategy & Deputy Chief Executive	9	1		0	4	3				1
Dr Charles Cayley	Medical Director				1			3			
Dr Martin Kuper	Medical Director	8			1	3	3	3	3	2	2
Ms Arshiya Khan	Chief Operating Officer	8				8	1	2	2		1
Mr Jon Bell	Chief Financial Officer	8			5	9	1		1		
Ms Amanda Pye	Chief Nurse	0								1	
Mrs Barbara Beal	Interim Chief Nurse	4					0				
Ms Claire Gore	Director of HR and Organisational Development	9	6			9				3	3
Mr Gary Munn	Acting Director of Estates and Facilities	8				6	2		1	3	
Mark Trumper	Director of Estates and Facilities	2				2					
Ms Sandra Adams	Director of Corporate Affairs (Trust Secretary)	8	5		4	3	3	0	2	1	1
Ms Nadia Bukhari	Associate Non-Executive Director	1									

Directors' statement in respect of the annual accounts

The directors have been responsible for preparing this annual report and the associated financial accounts and each director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and; has taken all the steps that he or she ought to have taken to make himself or herself aware of any such information and to establish that the auditors are aware of it.

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Dame Jacqueline Docherty,
Chief Executive

May 2019

Jon Bell,
Finance Director

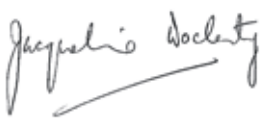
May 2019

Statement of accountable officer's responsibilities

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

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Dame Jacqueline Docherty,
Chief Executive

May 2019

Governance statement

Dame Jacqueline Docherty, Chief Executive

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of London North West University Healthcare NHS Trust (LNWH), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in LNWH for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership and accountability

A number of changes have been made to the Trust Board and its committee structure during the year.

Non-executive Directors:
Professor Desmond Johnston joined the Board on 1 October 2018 and Ruwan Weerasekera left the Board on 29 March 2019. An associate Non-executive Director joined the Board in January 2018 on secondment through the NExT Director Scheme for NHSI, and left in March 2019.

Executive Directors:
Barbara Beal was appointed interim Chief Nurse with effect from 3 July 2018, replacing Amanda Pye, who left on 28 February.

Gary Munn was interim Director of Estates and Facilities until 31 January 2019 and was substantively replaced by Mark Trumper on 1 February 2019.

Sandra Adams (Director of Corporate Affairs) left the Board on 22 February 2019.

Leadership arrangements for risk management are documented in the Risk Management Strategy and Policy, and further supported by the Trust's objectives and individual job descriptions. As Chief Executive, I have overall responsibility, and delegate to named executive directors and clinical and divisional directors. Risk leadership is further embedded by ownership at a local level by managers taking responsibility for risk identification, assessment and analysis. In addition, the risk management system provides a holistic approach to risk, and terms of reference clearly outline the responsibilities.

Governance statement

All new members of staff are required to attend a mandatory induction that covers key elements of risk management. This is further supplemented by local induction. The organisation provides mandatory and statutory training that all staff are required to attend, and in addition to this, specific training appropriate to individuals' responsibilities as detailed within the Risk Management Strategy and Policy, is also provided. Mandatory and statutory training compliance levels are reported. The Trust seeks to learn from good practice including through the incident reporting procedures, complaints and pro-active risk assessment. This information is shared across the organisation via training, themed learning sessions, revision to guidance and policy, the intranet, Trust and directorate reports and team briefing.

I am accountable to the Chairman of LNWH for my performance and to NHS Improvement (NHSI) for the performance of the Trust. I lead the Trust's Executive Team in developing positive relationships with stakeholder partners, including clinical commissioning groups, local authorities, and other partner organisations across Brent, Ealing and Harrow and other north west London boroughs in order to provide high quality patient care within the resources available.

As Chief Executive, I have overall responsibility for ensuring effective risk management arrangements are in place. I have used the Board Assurance Framework (BAF), risk register, internal audit, the Local Counter Fraud Service (LCFS), and

Table 1.

Role	Executive lead	Non-executive director lead
Accountable Officer	Chief Executive Officer	
Allegations Against Professionals	Director of Human Resources	
Caldicott Guardian	Medical Director	
Children's Services	Chief Nurse	
Controlled Drugs	Medical Director	
Counter Fraud	Chief Financial Officer	Andrew Farrell / Andrew van Doorn
CQC	Chief Nurse	
Doctors in Difficulty	Medical Director	Professor David Taube
Emergency Planning	Chief Operating Officer	
End of Life	Medical Director	Professor David Taube
Equality and Diversity	Chief Nurse: Patients Director of Human Resources: Staff	Janet Rubin
Fire Safety	Director of Estates and Facilities ***	
Guardian for Safe Working	Medical Director	Dr Vineta Bhalla
Health and Safety	Director of Estates and Facilities	Andrew Farrell
Infection Prevention and Control	Chief Executive Officer	
Learning from avoidable/preventable deaths	Medical Director	Professor David Taube
Patient safety	Medical Director and Chief Nurse	Professor David Taube
Responsible Officer	Medical Director	
Safeguarding adults	Chief Nurse *	Peter Worthington
Safeguarding children	Chief Nurse *	Peter Worthington
Security	Director of Estates and Facilities	
Senior Information Risk Owner	Director of Strategy / Deputy Chief Executive Officer	
Whistleblowing / Freedom to Speak Up	Director of Human Resources	Janet Rubin

external audit to ensure proper arrangements are in place for the discharge of statutory functions, as well as to detect and act upon any irregularities found and to ensure that the Trust is able to discharge its statutory functions in a legally compliant manner.

As Chief Executive, I have delegated key responsibilities to other executive directors as shown in Table 1. All executive directors report to me and the Executive team is held to account for its performance through regular meetings with me and individual annual performance reviews.

The Trust has worked closely with NHSI, which is responsible for overseeing the performance management, clinical quality and governance of NHS trusts. Performance against the national priorities set out in the Single Oversight Framework for NHS Providers is discussed at the monthly provider oversight meetings held between the Trust and NHSI covering the themes of quality of care; finance and use of resources; operational performance; strategic change; and leadership and improvement quality.

We are home to the country's **top-rated hyper-acute stroke unit**

The NHS has a key role in responding to large scale emergencies and major incidents. We have in place plans that are fully compliant with the requirements of NHS England Emergency Planning Resilience and Response Framework 2015 and associated guidance.

The risk and control framework

The risk and control framework is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can, therefore, only provide reasonable and not absolute assurance of effectiveness. The system is based on an ongoing process designed to identify and prioritise the risks to the achievement of the objectives of LNWH to evaluate the likelihood of risks to those objectives being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Trust's risk management strategy and policy contains details of how risks are identified, evaluated, and controlled. One of the objectives of the policy is to ensure a risk management culture is embedded at all levels across the Trust, which contributes towards achieving the aims of a learning organisation.

The Trust deploys a standardised approach to risk evaluation across the entire organisation to ensure consistency and operates a single and combined risk register which includes local, divisional and Trust risks. The Trust's risk management strategy and policy seeks to ensure that risks to which it is exposed are effectively managed. Any major change at strategic or operational level is underpinned by an assessment of the risks. The key elements of the Trust's operational procedures for managing risks are risk identification, risk assessment, risk controls and identifying gaps in control, assurance measures and identifying gaps in assurance, implementing actions, risk review, risk escalation and the risk register.

Risks will be identified from both internal and external sources. The Trust aims to be as proactive as possible.

Risk control measures are implemented to minimise a risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both. The Trust is working to ensure that gaps in control measures are clearly identified with actions identified to mitigate the risk.

Risk rated at 15 or above this are reported to the relevant executive committee. Risks which are validated at this level will be escalated to the Trust Risk Register and then reviewed at Board Committee level and the Trust Board.

To support the objective of sharing learning, information is shared in performance reports at specialist monthly learning from serious incident publications and the development of the new Learning from Serious Incident web pages. The Trust regularly reviews its Learning from Patient Deaths and publishes quarterly data on all inpatient deaths (and those classified as 'unexpected' in line with policy).

The Board of Directors, collectively and individually, ensures that systems of internal control and management are in place. The Board receives assurance through scrutiny of the Board Assurance Framework (BAF) and the receipt of reports to the Board from Board committees, in particular, the Audit Committee and the Quality and Safety committee.

These committees receive exception reports from other sub-committees that closely monitor relevant areas of risk. The Trust aims to facilitate a proactive approach to risk management and learning from incidents and good practice through investigating incidents and learning from what went wrong, staff training and other awareness raising initiatives.

The Trust Board and its committees reviewed the strategic and principal risks during 2018/19 and these now inform the BAF. The Trust's major risks affecting delivery of its strategic objects are outlined in the table 2.

The Trust's governance reporting is managed through the Board's Assurance and Accountability committee structure. This was reviewed by an external party under NHSI's guidance for well-led developmental governance reviews. As a result of this, the board governance structure was reviewed and updated to better reflect the business of the organisation and good practice from elsewhere in the NHS.

The actions to address the recommendations from the external well-led governance review undertaken in February 2018 were incorporated into an action plan that has been regularly reviewed and updated by the Executive team and shared with NHSI in the latter part of the year.

Table 2.

Ref.	Strategic objective	Ref.	Strategic risk
SO1	Improving our focus on quality and safety	SR1	NWP Site Bed Capacity Constraint: The risk that patients will not be able to access the appropriate bed in a timely manner and therefore the most appropriate level of care.
SO2	Improving patient experience, satisfaction and engagement	SR2	-
SO3	Creating a sustainable workforce that is led and engaged in developing and improving services	SR3	Trust is unable to compete in the workforce market and recruit and retain skilled staff which drives up temporary staffing costs and impacts on quality of services.
SO4	Ensuring financial stability	SR4	Failure to achieve financial targets and eliminate annual trading deficits over a reasonable timeframe.
SO5	Planning for our future	SR5	Lack of capital investment in priority business cases and/or replacement programme/backlog maintenance impacts on the effective operation of the Trust and increases operating costs.
SO6	Continuing the journey to become an excellent integrated care organisation	SR6	Ealing Hospital and Acute Services Future Sustainability - will be compromised due to the continued demand for A&E services and admissions to the Ealing Hospital site, whilst SaHF is still being implemented. In addition there is the potential impact of the outcome of the (Ealing Out of Hospital) EOOH provision tender.

Care Quality Commission inspection

LNWH NHS Trust is registered with the Care Quality Commission (CQC), and there are Warning Notices attached to the CQC registration as detailed below.

The full report of the CQC formal inspection of LNWH NHS Trust undertaken in June 2018 was published and provided to the Trust in August 2018. The Trust was rated as 'requires improvement' and was issued with 4 warning notices. A Quality Summit was held in November 2018 and was attended by stakeholders including local CCGs, NHSI, CQC, local councils, to consolidate the CQC action plan.

Progress of the CQC action plan is monitored within the strengthened governance and monitoring processes as well as Board oversight through the Quality and Safety Committee. It is reviewed monthly at an Executive Team Meeting (ETM) dedicated to the CQC Improvement and Transformation Programme.

Following a further CQC inspection published 25 March 2019, the CQC confirmed that they "had judged that the requirements of the warning notice had been met".

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

Undertakings given to NHSI

The Trust has given formal undertakings to NHSI to address its failure to comply with the conditions FT4(4)(a) and (b); and FT4(5)(a), (b),(c), (d) and (f), covering in particular finance, operational performance and governance, and

quality. The Trust has established an action plan to oversee progress with the undertakings and these are monitored through the Trust Board and the monthly Performance Oversight Meeting between NHSI and the Trust Executive.

Roles of Committees

The formal committees of the Board are as follows:

- Appointments and Remuneration Committee
- Audit Committee
- Charitable Funds Management Committee
- Clinical Excellence Committee – until 30 September 2018
- Integrated Governance Committee – until 30 September 2018
- Finance and Performance Committee
- Patient and Staff Committee – until 30 September 2018
- Quality and Safety Committee – from 1 October 2018
- Strategy Committee – until June 2018
- Workforce and Equality Committee – from 1 October 2018.

Board committees are chaired by nominated non-executive directors. The executive committees are chaired by nominated executive directors and report upwards to provide assurance to the Board committees. All committees have a programme of work for the year.

The range of mechanisms available to provide assurance that systems are robust and effective include utilising internal and external audit reports, peer review assessments, management reporting, clinical audit, and the Board Assurance Framework (BAF).

Appointments and Remuneration Committee

This committee oversees the process of appointment, remuneration, suspension, termination and succession planning for all executive directors and any other senior management personnel that report directly to the Chief Executive as delegated by the Board. The committee also considers the recommendations for awards under the Clinical Excellence Awards Scheme to the Advisory Committee on Clinical Excellence Awards.

Audit Committee

The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management, and internal control, across the clinical and non-clinical activities that support the achievement of the organisation's objectives. The committee primarily utilises the work of the internal and external auditors and other assurance functions. It seeks reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management, and internal control, together with indicators of their effectiveness, including the Quality Account.

The committee has effective relationships with other committees as part of its integrated approach. It monitors the integrity of the financial statements before submission to the Board. The Committee receives regular reports on the work and findings of the internal and external

auditors (including considering the appointment and performance of the external auditors making recommendations to the Board when appropriate) and LCFS.

Charitable Funds Management Committee

The Trust Board acts as Trustee to the London North West Healthcare Charitable Fund and has established a Charitable Funds Management Committee with delegated authority to manage the charitable funds on its behalf. The committee provides oversight, scrutiny and challenge to all aspects of the activities of the fund associated with the Trust and encourages cooperation and optimisation of the use and application of resources wherever practical. The committee ensures that charitable funds are managed and invested properly in accordance with the Charities Act and with the LNWH Standing Financial Instructions (SFIs).

Clinical Excellence Committee

The primary purpose of the committee was to support the Board in the objective scrutiny and challenge of all aspects of clinical safety, quality and effective performance and patient experience. It provided assurance that the Trust was delivering safe, effective and high quality care. The committee made recommendations to clinical teams for formal review/ audit where concerns or issues had been identified and made recommendations to the Audit Committee of areas the committee would like to be reviewed. The committee was superseded by the Quality and Safety Committee from 1 October 2018.

Integrated Governance Committee

This committee had an oversight role for the improvement in quality and safety through learning from events and monitored governance within the Trust, acting on behalf of the Trust Board to make recommendations as a result of the treatment, management and mitigation of risks. The committee was superseded by the Quality and Safety Committee from 1 October 2018.

Finance and Performance Committee

This committee oversees and evaluates the development of the Trust's financial and performance strategy to deliver the service objectives as set out in the Annual Plan and to ensure delivery of financial and performance targets through a comprehensive financial and performance management control framework.

The committee provides assurance to the Trust Board that the financial strategy, financial policies and efficiency plans effectively support the organisational strategy and undertakes, on behalf of the Trust Board, objective scrutiny of the Trust's annual financial plans, long-term financial strategy, investment policy, estates strategy and major investment decisions, including those relating to the Trust's estate and information technology. The committee also gives consideration to the workforce implications of its financial plans. The committee scrutinises the development of the Trust's contractual regime including contract portfolios and contracting processes.

We are a research active Trust with more than **5,000** patients taking part in clinical trials each year

Patient and Staff Committee

The committee's purpose was to ensure that there is a culture of continuous, positive improvement and engagement with patients and users through initiatives including positive engagement with staff and external stakeholders to make a difference to patients'/users' experience in receiving high quality care. The committee ensured the Trust has a robust approach to the recruitment and retention of staff and that the Trust continued to fulfil requirements as determined by the Care Quality Commission and other regulators. The committee provided oversight, challenge and scrutiny regarding activity relating to equality, diversity, complaints and workforce.

The committee was superseded by the Quality and Safety and Workforce and Equality Committees from 1 October 2018 (see below).

Quality and Safety Committee

This is a new committee, established from 1 October 2018 and superseding the work of the following Board committees: Integrated Governance, Patient and Staff (the patient aspects), and Clinical Excellence.

The primary purpose of the committee is to support the Board in the objective scrutiny and challenge of all aspects of clinical safety, quality, patient experience, clinical effectiveness and outcomes, health and safety, security and fire management, information governance.

The committee works closely with the Finance and Performance Commission to ensure there is no detrimental impact on the quality and safety of services as a result of financial and operational performance-related decisions and to ensure that related risks are regularly reviewed, updated and escalated to the Audit Committee as appropriate to the risk rating. This committee has oversight of the corporate and organisational risks rated 15+ as escalated to the Trust risk register and for the Board Assurance Framework. The role of the committee is to provide assurance to the Audit Committee concerning the effective oversight and scrutiny of Trust risks in line with the Risk Management Strategy and Policy.

Strategy Committee

This committee was responsible for overseeing the development of the organisational strategy and supporting strategies and their periodic review to ensure they remained aligned to the priorities of the Trust. The committee provided strategic direction, scrutiny and challenge around strategy development and implementation, including clinical, financial, workforce, estate and IT. The committee also raised awareness of issues of strategic importance and encourages engagement in strategy development through facilitating seminars and inviting external subject matter experts to talk to the Trust. Following the review of board governance structures it was dis-established in June 2018.

Workforce and Equality Committee

This is a new Board committee, established from 1 October 2018 and superseding the work of the Patient and Staff Committee from the workforce perspective. The committee ensures the Trust has a robust and strategic approach to the recruitment and retention of staff, organisational development

and learning and development, and oversees the equality and diversity and Health and Wellbeing agendas on behalf of the Trust Board. The committee will also seek assurance on the management of the relationship with staff side through the JNCC to the Workforce and Development Committee.

The committee oversees the Transformation Programme workstream where it relates to workforce matters.

Board and Board committee effectiveness reviews

All Board committee terms of references have been reviewed as part of the annual effectiveness review of each Board committee and this process was informed by the outcome of the external well-led governance review and the NHSI review of governance of Referral To Treatment (RTT) and cancer.

Workforce strategies and staffing systems

The Trust launched its five year People Strategy in 2016, which reflects the key workforce challenges and actions that were required to ensure that the Trust has engaged staff, at the right cost, and with the right skills to deliver high quality care to our patients.

In May 2018, a review of the achievements against the key actions together with a refresh of action for the next three years was undertaken to ensure that the strategy and actions remain fit for purpose.

The outcome of the review and the updated strategy was presented to the Patient and Staff Committee in June 2018.

Workforce information is presented to the Trust Board and relevant sub-committees regularly to ensure that the Board has oversight of the key issues.

The Trust's Guardian of Safe Working Hours is designed to reassure junior doctors and employers that rotas and working conditions are safe for doctors and patients. The Guardian oversees the work schedule review process, and will seek to address concerns relating to hours worked and access to training opportunities.

The Guardian of Safe Working hours provides regular reports to the Workforce and Equality Committee (formerly to the Patient and Staff Committee), and to the Trust Board.

The workforce strategies and staffing systems are in line with the 'Developing Workforce Safeguards' recommendations.

Freedom to Speak Up

In May 2018, the Trust re-launched the role of Freedom to Speak Up Guardian by appointing two Guardians.

The role of the Guardian is to protect patient safety and the quality of care; improve the experience of our staff; and promote learning and improvement. The aim is to foster a positive culture of speaking up and address any barriers that prevent this.

The Guardians provide regular quarterly reports to the Trust Board which summarises their work to date and provides details of the number of contacts made and concerns raised in the reporting period.

At the September Board meeting, a self-assessment of the FTSU process was presented which acted as a baseline for the Board to monitor progress with actions being taken. The self-assessment was subsequently submitted to NHSI.

The Trust has published an up-to-date register of interests for decision-making staff within the past 12 months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Pension Scheme

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

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

We care for **3,500** children and young people each year in our children's ward, Jack's Place

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust Board has overarching responsibility for ensuring that the organisation has appropriate arrangements in place to exercise its functions effectively, efficiently and economically, and in accordance with the Trust's principles of good governance.

The Chief Financial Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. The Trust Board receives regular reports summarising the financial performance of the Trust. In addition, the Finance and Performance Committee, and the Audit Committee have important roles to play in assuring the Trust Board on the arrangements in place to secure economic, efficient, and effective use of resources.

The Finance and Performance Committee receives and scrutinises regular detailed reports on the financial, quality, and performance of the Trust, including updates on the delivery of our Cost Improvement Programme.

The Audit Committee receives and reviews the work and opinions of our internal and external auditors, along with regular reports from our LCFS provider.

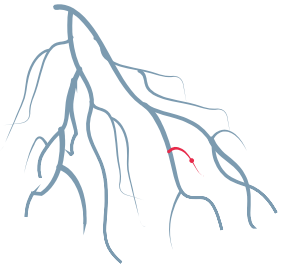
The Trust is committed to promoting and maintaining an absolute standard of honesty and integrity, and to eliminating fraud and illegal acts committed within the Trust. It undertakes rigorous investigations and disciplinary action where appropriate, and seeks recovery of any losses where possible. The Trust has adopted best practice, as recommended by the NHS Counter Fraud Authority, and has an Anti-fraud and Bribery policy.

The Trust widely publicises the procedure for staff to report any concerns about potential fraud and corruption. Any concerns raised are investigated by local counter fraud specialists or NHS Protect as appropriate, and all investigations are reported to the Audit Committee and the Integrated Governance Committee.

Information Governance

The Data Security and Protection (DSP) toolkit has replaced the Information Governance (IG) toolkit. The assessment measures compliance, and provides commissioners and the public assurance that the organisation handles information correctly, protects against unauthorised access, loss, damage and destruction of data and now has an increased focus on cyber and information security alongside the evidence of the good information governance practice we already have in place. The Trust was not able to meet the mandatory requirements of the DSP Toolkit but has had its action plan approved by NHS Digital in regards to meeting the set standard required. The Trust did not meet the six mandatory assertions which were related to information governance training compliance (reached 90 per cent for substantive staff but not the 95 per cent target), information asset transfer registers (data flow

We are home to a **highly specialised vascular** and interventional surgical centre



mapping) as a new format has been introduced which is more detailed but not completed by all areas, publication of data protection impact assessments which is in the pipeline, and confirmation of security clauses in contracts with third parties and suppliers which is ongoing.

Data security incidents relating to the information are actively managed and monitored through the Trust's Information Governance and Cyber Security Group, which meets bi-monthly and reports to the Risk and Assurance Committee. The Trust takes a risk-based approach to information governance and a risk register is in place for each of the key areas covered by the DSP Toolkit including: Information security, records management and data quality. This approach allows clear and unambiguous day to day management with a framework for reporting upwards and escalation. Any risks that are scored 12 or greater using the NHS 5 x 5 risk matrix are submitted for entry onto the Corporate Risk Register. The Senior Information Risk Owner (SIRO) and a Deputy Senior Information Risk Owner with responsibility for information governance, work closely with the Trust's Caldicott Guardian. Incidents are rated according to severity as defined by NHS Digital, and reported via the portal on the DSP Toolkit system. Only incidents that meet a set threshold, set by the Information Commissioner's Office (ICO) are reported on this portal. Incidents which are below this threshold are investigated and concluded internally.

During 2018/19, the Trust reported four incidents which met the set threshold. The ICO investigated all of these incidents and were satisfied in the Trust's response and that lessons had been learnt internally. Two of the above incidents were reported as a section 170 offence under the Data Protection Act. One of these was a member of staff who had looked up a patient without a lawful or legitimate reason on multiple occasions. The staff member in question admitted this, had their system access removed and left the Trust. The ICO felt that all appropriate steps had been taken to secure the information we hold and did not take any further steps in regards to prosecution of the staff member. The other section 170 offence was where a patient removed paper patient data from the site. This information has not been returned, but the ICO were satisfied with the steps taken in this incident and have taken no further action.

Table 3: Summary of personal data related incidents in 2018/19 showing the number of Level 2 incidents by defined category for the London North West University Healthcare NHS Trust from April 2018 to March 2019.

Category	Nature of incident	Total
1	Loss of inadequately protected electronic equipment devices or paper documents from secured NHS premises	1
2	Loss of inadequately protected electronic equipment devices or paper documents from outside secured NHS premises	1
3	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	
4	Unauthorised disclosure	1
5	Other	1

Annual Quality Account

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

The Quality Account is developed in accordance with relevant national guidance and best practice including broad stakeholder input which is then developed by the Chief Nurse for review both internally and externally. The Quality Account is approved by the Trust Board before publication. Data provided is consistent with reporting during the year. Compliance of the Trust's Quality Account with the requirements above is reviewed and reported on by external auditors.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, and Quality Safety and Finance, and Performance Committees, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust faced a number of challenges in terms of operational performance during the year, but has made significant improvements. The Trust continues to work to maintain the quality of services provided, and continue to build on the safety culture.

The plans in place to deliver on the undertakings given by the Trust to NHSI have robust governance and oversight. The Trust has taken significant action to meet the requirements of the warning notices issued by the CQC, who have judged that the requirements of the warning notice had been met.

The Board reviews the Board Assurance Framework and objectives, and monitors actions to address gaps in control and assurance.

The annual Quality Account describes key priorities the Trust intends to meet during the year ahead, and these are subject to consultation with key stakeholders. Both draft and final versions of the document are seen by the Board for comment and approval.

The Trust has a serious incident and incident reporting policy which outlines criteria for the reporting of incidents and uses the Datix risk management web-based system across the organisation. The Trust Board receives a report on incidents at each meeting held in public.

Serious incidents and never events are reported in line with national guidance and deadlines. These are overseen by both the Trust Board and the Quality and Safety Committee on behalf of the Board. The Quality and Safety Committee also monitors progress with action plans related to serious incident reports. The Trust meets regularly with the clinical commissioning groups (CCGs) to discuss serious incident reports and emerging themes and trends where relevant. The Trust responds to feedback from the CCGs on the final reports and actions.

The Quality and Safety Committee receives reports and provides oversight on the national and local clinical audit programmes.

The Audit Committee receives and reviews the internal audit reports and progress against actions.

The Trust has participated in all national clinical audits listed within the Quality Accounts list for Trusts 2018/19. Of the 73 listed, 60 were applicable to the Trust. For both National Clinical Audits and NICE Guidance, compliance is monitored and action plans tracked until assurance has been reached that all relevant actions have been completed, and recommendations have been put into practice.

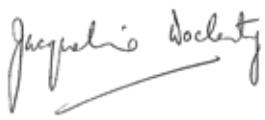
The Board will continue to review progress and ensure there is continuous improvement following the committee effectiveness reviews, Board development outcomes, audit reviews, and external peer assessment recommendations.

The Head of Internal Audit has provided me with an opinion that for the areas reviewed during the year, the Trust has reasonable and effective risk management, control, and governance processes in place.

The financial position of the Trust has remained challenging, with a significant underlying deficit in 2018/19, a planned deficit of £81.7m for 2019/20 and the Trust has not been able to accept its control total for 2019/20. As a consequence, the Trust's external auditors have issued an adverse value for money conclusion.

Conclusion

In conclusion, as Accountable Officer, my review of the effectiveness of the system of internal control has identified no significant control issues.



Dame Jacqueline Docherty,
Chief Executive

May 2019

London North West University Healthcare NHS Trust

Remuneration report

Remuneration report for year ended 31 March 2019 (Audited)

			A Salary (bands of £5000) £000	B Expense Payments (taxable)* (nearest £100) £00	C Performance pay and bonuses (bands of £5000) £000	D Long term performance pay and bonuses (bands of £5000) £000	E All pension - related benefits (bands of £2500) £000	F TOTAL (bands of £5000) £000
Executive directors								
Docherty	Jacqueline	Chief Executive	230-235	0	0	0	0	230-235
Khan	Arshiya	Chief Operating Officer	150-155	0	0	0	130-132.5	280-285
Pye	Amanda	Chief Nurse (to 28/02/19)	160-165	0	0	0	70-72.5	230-235
Bell	Jonathan	Chief Financial Officer	180-185	0	0	0	0	180-185
Gore	Claire	Director of Human Resources	125-130	7	0	0	47.5-50	175-180
Crawford	Simon	Director of Strategy	165-170	0	0	0	0-2.5	165-170
Kuper	Martin	Medical Director	185-190	0	0	0	0-2.5	185-190
Adams	Sandra	Director of Corporate Affairs (to 22/02/19)	95-100	0	0	0	0-2.5	95-100
Munn	Gary	Acting Director of Estates and Facilities (from 01/04/19 to 31/01/19)	105-110	0	0	0	0-2.5	105-110
Trumper	Mark	Director of Estates and Facilities (from 01/02/19)	20-25	0	0	0	0-2.5	20-25
Beal	Barbara	Interim Chief Nurse (from 03/07/19)	70-75	0	0	0	0-2.5	70-75
Non-executive Directors								
Worthington	Peter	Chairman	20-25	0	0	0	0	20-25
Rubin	Janet	Non-Executive Director	5-10	0	0	0	0	5-10
Farrell	Andrew	Non-Executive Director	5-10	0	0	0	0	5-10
van Doorn	Andrew	Non-Executive Director	5-10	0	0	0	0	5-10
Bhalla	Vineta	Non-Executive Director	5-10	0	0	0	0	5-10
Weerasekera	Ruwan	Non-Executive Director	5-10	0	0	0	0	5-10
Johnson	Desmond	Non-Executive Director	0-5	0	0	0	0	0-5
Taube	David	Non-Executive Director	0-5	0	0	0	0	0-5

Pension report for year ended 31 March 2019 (Audited)

		Real increase in pension at age 60 (bands of £2500) £000	Real increase in pension lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2019 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000	Total Pension entitlement at 31st March 2019 (bands of £5000) £000
Jacqueline Docherty	Chief Executive	0	0	0	0	0	0	0	0	0
Arshiya Khan	Chief Operating Officer	5-7.5	7.5-10	20-25	50-55	424	280	136	22	75-80
Amanda Pye	Chief Nurse (from 01/09/15 until 28/02/19)	2.5-5	0-2.5	40-45	85-90	618	482	111	23	125-130
Martin Kuper	Medical Director	0	0	0	0	0	855	0	0	0
Jonathan Bell	Chief Financial Officer	0	0	0	0	0	0	0	0	0
Gary Munn	Acting Director of Estates and Facilities (from 01/01/2018 until 31/01/2019)	45-47.5	25-27.5	55-60	165-170	1,310	0	0	15	220-225
Claire Gore	Director of Human Resources	0-2.5	0-2.5	5-10	0-5	112	66	44	18	5-10
Simon Crawford	Director of Strategy	0	0	0	0	0	1,577	0	11	0-5
Sandra Adams	Director of Corporate Affairs (to 22/02/19)	0	0	0	0	0	0	0	0	0
Mark Trumper	Director of Estates and Facilities (from 01/02/2019)	0	0	0	0	0	0	0	0	0
Barbara Beal	Interim Chief Nurse (from 03/07/2019)	0	0	0	0	0	0	0	0	0

No lump sum will be shown for senior managers who only have membership in the 2015 scheme or 2008 Section: J Docherty, C Cayley, and J Bell opted out of pension scheme prior to 2017/18. S Crawford opted out in 2017/18. M Kuper, M Trumper, and B Beal opted out immediately after they commenced their employment with the Trust in 2018/19.

No CETV is available for J Docherty & C Cayley as they are over 60.

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

Fair pay disclosure (Audited)

Reporting bodies are required to disclose the relationship between the salary of the most highly-paid individual in their organisation and the median earnings of the organisation's workforce.

The banded renumeration of the highest paid director in London North West Healthcare in the financial year 2018/19 was 230-235 (230-235 in 2017/18). This was 7.40 (7.44 in 2017/18) times the median salary of the workforce, which was £31,656.96 (31,204.45 in 2017/18).

In 2018/19 one employee received renumeration in excess of the highest paid director.

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

	2018/19
Band of highest paid director renumeration (£'000)	230-235
Median total	31,656.96
Ratio	**7.40**

Staff report

Staff costs (audited)

	Permanent £000	Other £000	2018/19 total £000	2017/18 total £000
Salaries and wages	369,842	-	369,842	352,741
Social security costs	40,468	-	40,468	42,831
Apprenticeship levy	1,836	-	1,836	1,777
Employer's contributions to NHS pensions	40,190	-	40,190	41,515
Pension cost - other	20	-	20	15
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	201	-	201	534
Temporary staff	-	30,816	30,816	24,223
Total gross staff costs	452,557	30,816	483,373	463,636
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	452,557	30,816	483,373	463,636
Of which				
Costs capitalised as part of assets	1,304	578	1,882	2,283

Average number of employees (audited)

	Permanent number	Other number	2018/19 total number	2017/18 total number
Medical and dental	1,253	186	1,439	1,320
Ambulance staff	-	-	-	-
Administration and estates	1,515	264	1,779	1,732
Healthcare assistants and other support staff	1,316	268	1,584	1,590
Nursing, midwifery and health visiting staff	2,538	582	3,120	3,141
Nursing, midwifery and health visiting learners	9	-	9	45
Scientific, therapeutic and technical staff	1,018	97	1,115	962
Healthcare science staff	25	1	26	171
Social care staff	-	-	-	-
Other	-	-	-	-
Total average numbers	7,674	1,398	9,072	8,961
Of which:				
Number of employees (WTE) engaged on capital projects	21	-	21	42
Medical and dental	1,253	186	1,439	1,320

Exit packages (audited)

Exit packages 2018/19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number
£10,000 - £25,000	1	1	2
£25,001 - 50,000	1	1	2
£50,001 - £100,000	3	-	3
Total number of exit packages by type	5	2	7
Total cost (£)	251,000	49,000	300,000

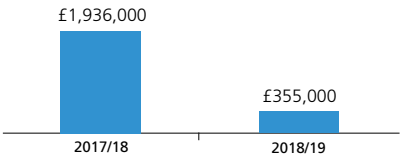
Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number
£50,001 - £100,000	4	-	4
Total number of exit packages by type	4	-	4
Total cost (£)	287,000	-	287,000

Expenditure on consultancy

In 2018/19 the Trust incurred £0.4m (2017/18 £1.936m) of consultancy costs which included procurement support, operational performance and a number of smaller projects across the Trust.

Year	Cost (£)
2018/19	355,000
2017/18	1,936,000



Staff sickness absence

	2018/19	2017/18
Total days lost	58,715	58,679
Total staff years	7,842	7,849
Average working days lost	7	7
Workforce data on gender		

The Trust analysed gender and pay data for its workforce on 31 January 2019 (the snapshot date) when its workforce consisted of 8,621 employees. In common with most NHS organisations, the Trust has a predominantly female workforce. When compared with the previous year, our gender split remained static at 76 per cent women. Whilst male employees are 24 per cent of the workforce, they represent 64 per cent of the upper pay percentile within the organisation. This is mainly due to the remuneration of doctors with the historical award of Clinical Excellence Awards (CEAs).

During the reporting period, the Trust had a mean gender pay gap of 22.54 per cent and a median gender pay gap of 13.57 per cent. Overall, 6.4 per cent of male employees in the organisation received bonus pay when compared with 1.2 per cent female employees. The difference in mean bonus pay is 11 per cent, while the median difference is 11.4 per cent. Bonus pay refers to the local Clinical Excellence Awards, referred to previously. In response to the nationally required Gender Pay Gap report, the Trust actively encouraged female consultants to apply for CEAs in the latest round of awards. This resulted in a five per cent increase in applications from female consultants and a 15 per cent increase in the number of successful applications from women. It is hoped that this will have a positive impact on the gender pay gap going forward.

Staff policies

Staff policies for equal opportunities and sickness absence are in place and have been applied during the financial year:

- for giving full and fair consideration to applications for employment by the company made by disabled persons, having regard to their particular aptitudes and abilities
- for continuing the employment of, and for arranging appropriate training for, employees of the company who have become disabled during the period when they were employed by the company
- otherwise for the training, career development and promotion of people with disabilities employed by the company.

The Financial Report

The Financial Report includes the Independent auditor's report and the annual accounts.

London North West University Healthcare NHS Trust

Annual accounts

for the year ended 31 March 2019

Statement of Comprehensive Income

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3.1	**632,159**	620,655
Other operating income	4	**96,863**	80,788
Operating expenses	5.1	**(766,137)**	(735,137)
Operating deficit from continuing operations		**(37,115)**	(33,694)
Finance income	10	**150**	58
Finance expenses	11.1	**(9,946)**	(8,920)
PDC dividends payable		**(1,650)**	(3,165)
Net finance costs		**(11,446)**	(12,027)
Other gains	12	**17,641**	15
Deficit for the year from continuing operations		**(30,920)**	(45,706)
Deficit for the year		**(30,920)**	(45,706)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	**(1,395)**	(301)
Revaluations	16	**4,613**	476
Total comprehensive expense for the period		**(27,702)**	(45,531)
Adjusted financial performance (control total basis):			
Deficit for the period		**(30,920)**	(45,706)
Net impairments		**11,801**	6,316
I&E impact of capital grants and donations		**(1,879)**	304
Adjusted financial performance deficit		**(20,998)**	(39,086)

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	13.1	**18,398**	20,060
Property, plant and equipment	14.1	**391,847**	397,483
Total non-current assets		**410,245**	417,543
Current assets			
Inventories	17	**10,315**	11,000
Receivables	18.1	**76,074**	57,874
Cash and cash equivalents	19	**5,211**	1,913
Total current assets		**91,600**	70,787
Current liabilities			
Trade and other payables	20.1	**(83,697)**	(90,015)
Borrowings	22.1	**(156,227)**	(80,644)
Provisions	24.1	**(1,927)**	(1,042)
Other liabilities	21	**(8,748)**	(8,845)
Total current liabilities		**(250,599)**	(180,546)
Total assets less current liabilities		**251,246**	307,784
Non-current liabilities			
Borrowings	22.1	**(159,273)**	(193,369)
Provisions	24.1	**(5,001)**	(4,479)
Total non-current liabilities		**(164,274)**	(197,848)
Total assets employed		**86,972**	109,936
Financed by			
Public dividend capital		**370,841**	366,103
Revaluation reserve		**6,414**	3,196
Income and expenditure reserve		**(290,283)**	(259,363)
Total taxpayers' equity		**86,972**	109,936

The notes on pages 77 to 112 form part of these accounts.

The financial statements on pages 73 to 76 were approved by the Audit Committee and adopted by the Board on 29 May 2019 and signed on its behalf by

Jacqueline Docherty DBE
Chief Executive
Date: 29 May 2019

Jon Bell
Chief Financial Officer
Date: 29 May 2019

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

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	**366,103**	**3,196**	**(259,363)**	**109,936**
Deficit for the year	**-**	**-**	**(30,920)**	**(30,920)**
Impairments	**-**	**(1,395)**	**-**	**(1,395)**
Revaluations	**-**	**4,613**	**-**	**4,613**
Public dividend capital received	**4,738**	**-**	**-**	**4,738**
Taxpayers' equity at 31 March 2019	**370,841**	**6,414**	**(290,283)**	**86,972**

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	361,697	3,021	(213,657)	151,061
Taxpayers' equity at 1 April 2017 - restated	361,697	3,021	(213,657)	151,061
Deficit for the year	-	-	(45,706)	(45,706)
Impairments	-	(301)	-	(301)
Revaluations	-	476	-	476
Public dividend capital received	4,406	-	-	4,406
Taxpayers' equity at 31 March 2018	366,103	3,196	(259,363)	109,936

Public dividend capital (PDC)

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

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating deficit		**(37,115)**	(33,694)
Non-cash income and expense:			
Depreciation and amortisation	5.1	**15,513**	15,159
Net impairments	6	**11,801**	6,805
Income recognised in respect of capital donations	4	**(2,329)**	-
Increase in receivables and other assets		**(17,707)**	(24,731)
(Increase) / decrease in inventories		**685**	(72)
Increase / (decrease) in payables and other liabilities		**(4,451)**	17,217
Increase in provisions		**601**	177
Net cash generated (used in) operating activities		**(33,002)**	**(19,139)**
Cash flows from investing activities			
Interest received		**150**	58
Purchase of intangible assets		**(4,517)**	(1,933)
Purchase of property, plant, equipment and investment property		**(15,757)**	(15,351)
Sales of property, plant, equipment and investment property		**22,250**	25
Net cash generated from / (used in) investing activities		**2,126**	**(17,201)**
Cash flows from financing activities			
Public dividend capital received		**4,738**	4,406
Movement on loans from the Department of Health and Social Care		**42,844**	44,758
Capital element of finance lease rental payments		**(164)**	(144)
Capital element of PFI, LIFT and other service concession payments		**(1,859)**	(1,346)
Interest on loans		**(3,346)**	(2,663)
Interest paid on finance lease liabilities		**(79)**	(95)
Interest paid on PFI, LIFT and other service concession obligations		**(5,817)**	(5,965)
PDC dividend (paid)		**(2,143)**	(3,688)
Net cash generated from financing activities		**34,174**	**35,263**
Increase / (decrease) in cash and cash equivalents		**3,298**	**(1,077)**
Cash and cash equivalents at 1 April - brought forward		**1,913**	**2,990**
Cash and cash equivalents at 31 March	19	**5,211**	**1,913**

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board (FRAB). Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

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

Note 1.2 Going concern

The Trust recorded an adjusted retained deficit of £21.0m for the year ended 31 March 2019, £10.4m better than originally planned.

The financial statements have been prepared on a going concern basis. In accordance with IAS 1, management has made an assessment of the Trust's ability to continue as a going concern. For the financial year commencing 1 April 2019, the Trust has forecast a deficit of £81.7m after a savings requirement of £29.0m and this is the plan submitted to NHS Improvement. The Trust does have access to an Uncommitted Term Loan on a monthly basis up to £81.7m. This funding will be required for the financial year 2019/20. NHSI has supported the Trust's application for cash deficit support in 17/18 and 18/19; therefore the Board of Directors anticipates that NHSI will continue to support the Trust's application for deficit funding support in 19/20, subject to the monthly application approval process.

The Trust had a working capital facility of £76.9m which matured in February 2019. This loan was extended for a further year. An additional loan of £58.4m is due to be repaid in January 2020. However it is expected, as with the previous loan, this will either be extended or refinanced. Arrangements for repayment or refinancing will need to be agreed with NHSI and the Department of Health and Social Care. The maturity of this facility and the process to refinance generates uncertainty.

The Sustainability and Transformation plan (STP) provides an opportunity for health and local government organisations in North West London to work in partnership with North West London STP that sets out clear plans for the health and care system for the next five years whilst increasing local accountability. It is an opportunity to transform the way we provide health and social care for our population and to maximise opportunities to provide excellent quality care in the right place and when its needed. The STP process also provides the drivers to close the funding shortfalls and develop a balanced and sustainable financial system.

Although these factors represent material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern, the directors, having made appropriate enquiries, still have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the 2018/19 Department of Health and Social Care Group Accounting Manual, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future. On this basis, the Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

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

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability.

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

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirement of measuring expected credit losses over the lifetime of the asset, currently at 21.89%, a decrease from last year's rate of 22.84%.

Note 1.3.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

Note 1.5 Expenditure on other goods and services

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

Note 1.6 Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.6.2 Measurement

Valuation

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

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

The Trust have engaged Cushman and Wakefield, an external independent body who are RICS qualified practitioners, to carry out a desktop valuation of the Trust's Land and Buildings including Dwellings. The calculated value was £361.2m.

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

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where

these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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

Note 1.6.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

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

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

Note 1.6.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to

be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.6.5
Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Note 1.6.6
Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	2	86
Dwellings	62	63
Plant & machinery	5	15
Information technology	5	10
Furniture & fittings	5	15

The Royal Institute for Chartered Surveyors issued a guidance note, effective 1st January 2019, which further clarified in detail, guidance in relation to useful life for depreciation accounting purposes. As a result of this clarification, the estimated useful life of buildings has reduced significantly. The revised lives indicated in the table above will be applied from 2019/20 for depreciation accounting purposes.

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Note 1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

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

Note 1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.7.3 Useful economic life of intangible assets

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

	Min life Years	Max life Years
Software licences	5	15

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

Note 1.9 Cash and cash equivalents

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

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

Note 1.10 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

As a result of the merger of Ealing Hospital NHS Trust and North West London Hospitals NHS Trust, London North West University Healthcare NHS Trust was exempt until March 2019.

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

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

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

Note 1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified at fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value trough income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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

Contract and other receivables are reviewed as at 31 March 2019 for expected credit losses. Credit losses in relation to NHS bodies are not normally recognised. Non NHS receivable are adjusted for credit losses based on amounts due greater than 90 days. Other receivables, such as overseas visitors Income, are assessed each year end to determine the level of credit losses attributable.

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

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

Note 1.11.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.12.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at

which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property, plant, and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12.2 The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 28 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

Note 1.15 Public dividend capital

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

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%)

on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

(i) donated assets (including lottery funded assets),

(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility,

(iii) any PDC dividend balance receivable or payable.

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

Note 1.16 Value added tax

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

Note 1.17 Foreign exchange

The functional and presentational currency of the Trust is sterling.

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

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts (note 21.1) in accordance with the requirements of HM Treasury's FReM.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

Note 1.20 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Following Treasury's agreement to apply IFRS 10 to NHS Charities from 1 April 2013, London North West University Healthcare has established that as the Trust is the corporate Trustee of the London North West Healthcare Charity, charity number 1083634, it effectively has the power to exercise control so as to obtain economic benefits.

Total income received by the charity during the period 1 April 2018 to 31st March 2019 was £0.9m, which is only 0.12% of London North West University Healthcare NHS Trust's Exchequer Income. There were no substantive legacies or grant income received during this period.

IAS 1, Presentation of Financial Statements, says that specific disclosure requirements set out in individual standards or interpretations need to be satisfied if the information is not material and is reiterated in the NHS Manual for Accounts 2017-18.

In line with IAS 1, charitable funds are not consolidated into London North West University Healthcare Trust accounts on grounds of materiality.

Note 1.21 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

A model provided by the Department of Health and Social Care has been used to calculate the effect of bringing the PFI scheme on to the Trust's balance sheet. This is not expected to yield a result that is materially different from other means of calculation.

Assets relating to land and buildings were subject to a formal valuation as at 31st March 2019, completed on an 'alternate modern equivalent asset' basis. An existing use value alternative was used which assumes the assets would be replaced with a modern equivalent, i.e. not a building of identical design - but with the same service provision as the existing asset. The alternative modern equivalent asset may well be smaller (reduced Gross Internal Area, than the existing asset which reflects the challenges Healthcare Providers face when utilising historical NHS Estate). The net impact in year was £8.6m, of which £11.8m was charged to the Income and Expenditure account and £1.4m was absorbed by the Trusts revaluation reserve. There was an upward revaluation of £4.6m, a gain taken to the revaluation reserve. The Trust's revaluation reserve has a closing balance of £6.4m.

The valuation and review of the remaining lives of the Trust's estate was conducted by professional Chartered Surveyors Cushman and Wakefield using data from BCIS (Building Cost Information Services) and RICS (Royal Institute of Chartered Surveyors).

The methodology adopted meets the requirements of International Accounting Standards (IAS) 16; Property, Plant and Equipment and does not deviate from the principles therein.

The Trust has used this valuation in its 2018/19 accounts. The impact of the assessment of the Trust's estate will be an overall decrease in the valuation as at 31st March 2019 and will result in a depreciation profile that is a more accurate reflection of the useful economic life of the land and buildings.

Provisions for credit losses have been made in order to ensure that any charges arising from subsequently cancelling disputed NHS invoices or refunding SLA contractual and over performance values are chargeable against the correct financial period and are included within the amounts disclosed for NHS payables and receivables.

Data for the pension provision is provided by NHS Pensions and uses data tables of expected lives for males and females provided by the National Statistics Office. The provision has been discounted at a rate of 0.29%.

Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

The following table presents a list of recently issued IFRS Standards that have not yet been adopted within the HM Treasury Financial Reporting Manual, and are therefore not applicable to DHSC group accounts in 2018-19.

IFRS 14 Regulatory Deferral Accounts - Not EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

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

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

Note 2 Operating Segments

The nature of the Trust's services is the provision of healthcare. Similar methods are used to provide services across all locations, as all policies, procedures and governance arrangements are Trust-wide. As an NHS Trust, all services are subject to the same regulatory environment and standards. Accordingly, the Trust operates as one segment.

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

Note 3.1 Income from patient care activities (by nature)

	2018/19 £000	2017/18 £000
Elective income	**74,874**	71,217
Non-elective income	**162,470**	153,913
First outpatient income	**41,868**	38,181
Follow up outpatient income	**36,418**	36,566
A & E income	**25,596**	22,940
High cost drugs income from commissioners (excluding pass-through costs)	**31,434**	33,366
Other NHS clinical income	**156,041**	153,663
Community services		
Community services income from CCGs and NHS England	**69,856**	79,503
Income from other sources (e.g. local authorities)	**6,405**	14,733
All services		
Private patient income	**5,080**	5,152
Agenda for Change pay award central funding	**5,825**	-
Other clinical income	**16,292**	11,421
Total income from activities	**632,159**	620,655

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000
NHS England	**104,275**	105,831
Clinical commissioning groups	**491,975**	481,432
Department of Health and Social Care	**5,856**	-
Other NHS providers	**2,128**	1,956
NHS other	**148**	130
Local authorities	**15,890**	20,275
Non-NHS: private patients	**5,080**	5,152
Non-NHS: overseas patients (chargeable to patient)	**2,822**	2,421
Injury cost recovery scheme	**1,383**	795
Non NHS: other	**2,602**	2,663
Total income from activities	**632,159**	620,655
Of which:		
Related to continuing operations	**632,159**	620,655

Note 3.3 Overseas visitors (relating to patients charged directly by the Trust)

	2018/19 £000	2017/18 £000
Income recognised this year	**2,822**	2,421
Cash payments received in-year	**787**	752
Amounts added to provision for impairment of receivables	**1,198**	651
Amounts written off in-year	**212**	227

Note 4 Other operating income

Other operating income from contracts with customers:	2018/19 £000	2017/18 £000
Research and development (contract)		
Education and training (excluding notional apprenticeship levy income)	**25,414**	26,533
Non-patient care services to other bodies	**2,712**	2,889
Provider Sustainability Fund / Sustainability and Transformation Fund income (PSF / STF)	**38,638**	26,045
Other contract income	**16,535**	15,301
Other non-contract operating income		
Receipt of capital grants and donations	**2,329**	-
Rental revenue from operating leases	**6,957**	6,031
Total other operating income	**96,863**	80,788
Of which:		
Related to continuing operations	**96,863**	80,788

Other contract income includes funding for various projects in addition to income for corporate and estate services provided to third party organisations.

Note 5.1 Operating expenses

	2018/19 £000	2017/18 £000
Staff and executive directors costs	**481,290**	460,819
Remuneration of non-executive directors	**56**	63
Supplies and services - clinical (excluding drugs costs)	**82,134**	81,753
Supplies and services - general	**28,225**	26,010
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**65,051**	66,614
Inventories written down	**324**	431
Consultancy costs	**355**	1,936
Establishment	**6,919**	5,825
Premises	**25,920**	26,335
Transport (including patient travel)	**8,476**	7,995
Depreciation on property, plant and equipment	**12,071**	12,947
Amortisation on intangible assets	**3,442**	2,212
Net impairments	**11,801**	6,805
Movement in credit loss allowance: contract receivables / contract assets	**783**	-
Movement in credit loss allowance: all other receivables and investments	**-**	(34)
Change in provisions discount rate(s)	**9**	5
Audit fees payable to the external auditor		
Audit services- statutory audit	**63**	63
Other auditor remuneration (external auditor only)	**7**	7
Internal audit costs	**167**	154
Clinical negligence	**18,916**	26,555
Legal fees	**453**	572
Insurance	**478**	463
Research and development	**1,250**	1,144
Education and training	**1,990**	1,693
Rentals under operating leases	**1,954**	2,233
Redundancy	**201**	534
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	**1,708**	1,666
Car parking & security	**126**	100
Hospitality	**62**	94
Other	**11,906**	143
Total	**766,137**	735,137
Of which:		
Related to continuing operations	**766,137**	735,137

Other expenditure includes £6.2m for IT, £2.8m for professional fees, £1.1m subscription fees, and £0.9m for interpreting services

Note 5.2 Other auditor remuneration

	2018/19 £000	2017/18 £000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	**7**	7
Total	**7**	**7**

Note 5.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

Note 6 Impairment of assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / (deficit) resulting from:		
Over specification of assets*	**-**	489
Changes in market price	**11,801**	6,316
Total net impairments charged to operating surplus / (deficit)	**11,801**	6,805
Impairments charged to the revaluation reserve	**1,395**	301
Total net impairments	**13,196**	7,106

* High volatage and low voltage electrical works project valuation corrected as a result of management review in 17/18.

Note 7 Employee benefits

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	**369,842**	352,741
Social security costs	**40,468**	42,831
Apprenticeship levy	**1,836**	1,777
Employer's contributions to NHS pensions	**40,190**	41,515
Pension cost - other	**20**	15
Termination benefits	**201**	534
Temporary staff (including agency)	**30,816**	24,223
Total staff costs	**483,373**	463,636
Of which		
Costs capitalised as part of assets	**1,882**	2,283

Note 7.1 Retirements due to ill-health

During 2018/19 there were no early retirements from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £0k (£101k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9 Operating leases

Note 9.1 London North West University Healthcare NHS Trust as a lessor

This note discloses income generated in operating lease agreements where London North West University Healthcare NHS Trust is the lessor.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	**6,957**	6,031
Total	**6,957**	6,031

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	**6,957**	6,031
- later than one year and not later than five years;	**-**	-
- later than five years.	**-**	-
Total	**6,957**	6,031

Note 9.2 London North West University Healthcare NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where London North West University Healthcare NHS Trust is the lessee.

London North West University Healthcare holds operating leases under land, buildings, equipment, cars and printers.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	**1,954**	2,233
Total	**1,954**	2,233

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	**3,118**	2,233
- later than one year and not later than five years;	**6,430**	3,580
- later than five years.	**170**	-
Total	**9,718**	5,813
Future minimum sublease payments to be received	**-**	-

Note 10 Finance income

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

	2018/19 £000	2017/18 £000
Interest on bank accounts	**150**	58
Total finance income	**150**	58

Note 11.1 Finance expenditure

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

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	**3,493**	2,852
Finance leases	**79**	95
Main finance costs on PFI and LIFT schemes obligations	**3,780**	3,825
Contingent finance costs on PFI and LIFT scheme obligations	**2,571**	2,141
Total interest expense	**9,923**	8,913
Unwinding of discount on provisions	**14**	7
Other finance costs	**9**	-
Total finance costs	**9,946**	8,920

Note 12 Other gains / (losses)

	2018/19 £000	2017/18 £000
Gains on disposal of assets	**21,620**	15
Losses on disposal of assets	**(3,979)**	-
Total gains on disposal of assets	**17,641**	15
Total other gains	**17,641**	15

The Trust disposed of two plots of land, one at the Northwick Park Hospital site and the other at the Central Middlesex Hospital site and the associated buildings within the land areas.

The Government Accounting Manual allows the sale of an asset to be concluded without the need for an interim valuation. It is not necessary to reflect theoretical intermediate stages, for instance to consider an asset to become surplus between being in use and being sold if there is no appreciable time gap. There is therefore no requirement to revalue an asset immediately prior to sale or immediately prior to reclassification to Non-Current Assets Held for Sale

IAS 16 para 41 allows all directly attributable costs of disposals, such as professional fees, removal costs, relocation costs, to be netted off against gross sale proceeds. Therefore all costs associated with vacant possession have been netted off against the gross sale proceeds received in 2018/19.

The Trust received £16.1m for the sale of land at Northwick Park Hospital and £6.2m for Central Middlesex Hospital.

The net gain from the sale of land included in the numbers above is £17.7m.

Sale Proceeds		2018/19 £000
Less:		**22,250**
Net book value of assets sold	Note 14.3	**(3,451)**
Costs associated with sale included in operating expenditure	Note 5.1	**(307)**
Provisions arising as a result of asset sale (other provisions)	Note 24.1	**(792)**
Profit on Sale		**17,700**

Note 13.1 Intangible assets - 2018/19

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	27,867	1,549	**29,416**
Additions	2,090	548	**2,638**
Reclassifications	386	(392)	**(6)**
Disposals / derecognition	-	(852)	**(852)**
Valuation / gross cost at 31 March 2019	**30,343**	**853**	**31,196**
Amortisation at 1 April 2018 - brought forward	9,356	-	**9,356**
Provided during the year	3,442	-	**3,442**
Amortisation at 31 March 2019	12,798	-	**12,798**
Net book value at 31 March 2019	17,545	853	**18,398**
Net book value at 1 April 2018	18,511	1,549	**20,060**

Note 13.2 Intangible assets - 2017/18

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	18,019	-	**18,019**
Valuation / gross cost at 1 April 2017 - restated	18,019	-	**18,019**
Additions	3,567	485	**4,052**
Reclassifications	6,281	1,064	**7,345**
Valuation / gross cost at 31 March 2018	27,867	1,549	**29,416**
Amortisation at 1 April 2017 - as previously stated	7,144	-	**7,144**
Amortisation at 1 April 2017 - restated	7,144	-	**7,144**
Provided during the year	2,212	-	**2,212**
Amortisation at 31 March 2018	9,356	-	**9,356**
Net book value at 31 March 2018	18,511	1,549	**20,060**
Net book value at 1 April 2017	10,875	-	**10,875**

Note 14.1 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	31,509	332,404	5,521	209	103,540	52,279	5,501	530,963
Additions	-	10,961	-	394	2,829	4,224	113	18,521
Impairments	(3,401)	(13,953)	(720)	-	-	-	-	(18,074)
Revaluations	2,420	1,020	-	-	-	-	-	3,440
Reclassifications	-	8	-	(63)	61	-	-	6
Disposals / derecognition	(630)	(3,875)	-	-	(59)	-	-	(4,564)
Valuation/gross cost at 31 March 2019	**29,898**	**326,565**	**4,801**	**540**	**106,371**	**56,503**	**5,614**	**530,292**
Accumulated depreciation at 1 April 2018 - brought forward	-	1,008	-	-	82,314	45,800	4,358	133,480
Provided during the year	-	6,009	89	-	4,099	1,577	297	12,071
Impairments	-	(4,789)	(89)	-	-	-	-	(4,878)
Revaluations	-	(1,173)	-	-	-	-	-	(1,173)
Disposals / derecognition	-	(1,055)	-	-	-	-	-	(1,055)
Accumulated depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**86,413**	**47,377**	**4,655**	**138,445**
Net book value at 31 March 2019	29,898	326,565	4,801	540	19,958	9,126	959	391,847
Net book value at 1 April 2018	31,509	331,396	5,521	209	21,226	6,479	1,143	397,483

Note 14.2 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - restated	31,509	333,445	5,520	10,466	99,583	48,586	5,470	534,579
Additions	-	10,767	5	154	2,764	2,716	-	16,406
Impairments	-	(12,664)	(18)	-	-	-	-	(12,682)
Revaluations	-	95	-	-	-	-	-	95
Reclassifications	-	761	14	(10,411)	1,283	977	31	(7,345)
Disposals / derecognition	-	-	-	-	(90)	-	-	(90)
Valuation/gross cost at 31 March 2018	31,509	332,404	5,521	209	103,540	52,279	5,501	530,963
Accumulated depreciation at 1 April 2017 - restated	-	247	-	-	77,946	44,354	4,023	126,570
Provided during the year	-	6,632	86	-	4,448	1,446	335	12,947
Impairments	-	(5,490)	(86)	-	-	-	-	(5,576)
Revaluations	-	(381)	-	-	-	-	-	(381)
Disposals / derecognition	-	-	-	-	(80)	-	-	(80)
Accumulated depreciation at 31 March 2018	-	1,008	-	-	82,314	45,800	4,358	133,480
Net book value at 31 March 2018	31,509	331,396	5,521	209	21,226	6,479	1,143	397,483
Net book value at 1 April 2017	31,509	333,198	5,520	10,466	21,637	4,232	1,447	408,009

14.3 Note 14.3 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	29,898	245,203	4,801	540	19,320	-	8,655	855	309,272
Finance leased	-	-	-	-	397	-	-	-	397
On-SoFP PFI contracts and other service concession arrangements	-	69,650	-	-	-	-	-	-	69,650
Owned - government granted	-	3,304	-	-	8	-	-	-	3,312
Owned - donated	-	8,408	-	-	233	-	471	104	9,216
NBV total at 31 March 2019	**29,898**	**326,565**	**4,801**	**540**	**19,958**	**-**	**9,126**	**959**	**391,847**

14.4 Note 14.4 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	31,509	250,514	5,521	209	20,555	-	6,479	1,116	315,903
Finance leased	-	-	-	-	496	-	-	-	496
On-SoFP PFI contracts and other service concession arrangements	-	69,387	-	-	-	-	-	-	69,387
Owned - government granted	-	3,287	-	-	15	-	-	-	3,302
Owned - donated	-	8,208	-	-	160	-	-	27	8,395
NBV total at 31 March 2018	31,509	331,396	5,521	209	21,226	-	6,479	1,143	397,483

Note 15 Donations of property, plant and equipment

The Trust received donated assets to the value £2.3m in the year, predominantly from the London North West Healthcare Charity. This value is included in Other non contract operating income (Note 4). This income is removed from the financial performance of the year to arrive at the adjusted retained deficit.

The charity funded £1.3m in 18/19 for the Vascular building project, a fully integrated care concept providing a seamless and comprehensive vascular service to our patients.

A further £0.9m was received from the charity to improve our patients outpatient experience by investing in technology and IT infrastructure to enable an efficient outpatient service.

Due to a change in accounting requirement, elimination of donated and government grant reserve and donated assets, has resulted in net income of £0.450m. Therefore, the reduction of income resulting from the application of change to donated and government grant account treatment, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. This is not considered part of the organisation's operating position.

Note 16 Revaluations of property, plant and equipment

The Trust's land's and buildings were revalued at 31 March 2019 by the Trust's appointed valuers, Cushman and Wakefield, adopting the Modern Equivalent Valuation technique.

This has resulted in a net impairment of its buildings and land by £8.6m, of which £1.4m was available to be absorbed by the revaluation reserve, with a further £4.6m gain being recognised as a gain by the revaluation reserves. The net impact of this is an increase in the Trust's revaluation reserve by £3.2m. An impairment of £11.8m has been recognised in the Statement of Comprehensive income as a result of change in market price, which under NHS accounting guidance, will be excluded from measurement of the Trust's financial performance. The net impairment for Trust owned buildings and land is £8.2m and an impairment in valuation of £0.4m for PFI buildings. The decrease in valuation on the PFI has been debited to the Statement of Comprehensive income in line with IAS 36, whereby a reversal of an impairment loss on the same asset to the extent that it reverses that was recognised previously in the Statement of Comprehensive income.

Of the totals as at 31 March 2019, £29.9m related to land valued at open market and £4.8m related to dwellings valued at open market value.

The fair value of buildings excluding Dwellings is £326.6m

The Royal Institute for Chartered Surveyors issued a guidance note, effective 1 January 2019, which further clarified in detail, guidance in relation to useful life for depreciation accounting purposes. As a result of this clarification, the estimated useful life of buildings has reduced significantly. The revised lives indicated in the accounts under note 1.6.6 will be applied from 2019/20 for depreciation accounting purposes. The revised lives assumption was not adjusted in 2018-19 as the difference was not material.

The valuation was undertaken by surveyors who were suitably experienced and qualified members of the Royal Institute of Chartered Surveyors.

The valuation was carried out in accordance with the RICS Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury.

Note 17 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	**4,890**	4,613
Consumables	**5,297**	6,265
Energy	**128**	122
Total inventories	**10,315**	11,000

Inventories recognised in expenses for the year were £66,343k (2017/18: £66,614k). Write-down of inventories recognised as expenses for the year were £324k (2017/18: £431k).

Note 18.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	**74,816**	
Trade receivables*		53,329
Accrued income*		3,994
Allowance for impaired contract receivables / assets*	**(6,606)**	
Allowance for other impaired receivables	**-**	(5,823)
Deposits and advances	**6**	-
Prepayments (non-PFI)	**4,463**	3,662
PDC dividend receivable	**1,177**	684
VAT receivable	**2,218**	2,028
Total current trade and other receivables	**76,074**	57,874
Of which receivables from NHS and DHSC group bodies:		
Current	**60,045**	51,150
Non-current	**-**	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income.IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 18.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		5,823
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	5,823	(5,823)
New allowances arising	803	-
Reversals of allowances	(20)	-
Allowances as at 31 Mar 2019	6,606	-

Note 18.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 Apr 2017 - restated	6,097
Increase in provision	(34)
Amounts utilised	(240)
Unused amounts reversed	-
Allowances as at 31 Mar 2018	5,823

Note 18.4 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Note 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19 £000	2017/18 £000
At 1 April	**1,913**	2,990
Net change in year	**3,298**	(1,077)
At 31 March	**5,211**	1,913
Broken down into:		
Cash at commercial banks and in hand	**19**	122
Cash with the Government Banking Service	**5,192**	1,791
Total cash and cash equivalents as in SoFP	**5,211**	1,913
Total cash and cash equivalents as in SoCF	**5,211**	1,913

Note 19.1 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	**4**	4
Total third party assets	**4**	4

Note 20.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	**23,502**	42,973
Capital payables	**8,891**	10,335
Accruals	**20,159**	30,503
Receipts in advance (including payments on account)	**268**	-
Social security costs	**549**	5,684
Accrued interest on loans*	**-**	520
Other payables **	**30,328**	-
Total current trade and other payables	**83,697**	90,015
Of which payables from NHS and DHSC group bodies:		
Current	**14,495**	12,361
Non-current	**-**	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note. IFRS 9 is applied without restatement therefore comparatives have not been restated.

**Other payables includes £10.9m for goods or services received not yet invoiced, £8.6m expenditure incurred with other NHS organisations and £7.7m accrued expenditure with Non-NHS organisations.

Note 21 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	**8,748**	8,845
Total other current liabilities	**8,748**	8,845

Note 22 Borrowings

The Trust received support loans to the value of £44.6m of which £31.4m related to funding for it's planned deficit. The balance of £13.2m related to PSF funding in advance of actual payment expected in 2019/20. This will be paid back in the second half of 2019/20.

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	**154,126**	78,619
Obligations under finance leases	**184**	165
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	**1,917**	1,860
Total current borrowings	**156,227**	80,644
Non-current		
Loans from the Department of Health and Social Care	**108,871**	140,867
Obligations under finance leases	**678**	861
Obligations under PFI, LIFT or other service concession contracts	**49,724**	51,641
Total non-current borrowings	**159,273**	193,369

Note 22.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2018	219,486	1,026	53,501	274,013
Cash movements:				
Financing cash flows - payments and receipts of principal	42,844	(164)	(1,859)	40,821
Financing cash flows - payments of interest	(3,346)	(79)	(3,781)	(7,206)
Non-cash movements:				
Impact of implementing IFRS 9 on 1 April 2018	520	-	-	520
Application of effective interest rate	3,493	79	3,780	7,352
Carrying value at 31 March 2019	**262,997**	**862**	**51,641**	**315,500**

Note 23 Finance leases

Note 23.1 London North West University Healthcare NHS Trust as a lessee

Obligations under finance leases where London North West University Healthcare NHS Trust is the lessee.

	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**1,020**	1,263
of which liabilities are due:		
- not later than one year;	**247**	243
- later than one year and not later than five years;	**773**	1,020
- later than five years.	**-**	-
Finance charges allocated to future periods	**(158)**	(237)
Net lease liabilities	**862**	1,026
of which payable:		
- not later than one year;	**184**	165
- later than one year and not later than five years;	**678**	861
- later than five years.	**-**	-
	862	1,026

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2018	678	4,050	174	456	163	5,521
Change in the discount rate	1	8	-	-	-	9
Arising during the year	67	802	275	371	792	2,307
Utilised during the year	(76)	(256)	-	(185)	-	(517)
Reversed unused	(1)	-	(134)	(271)	-	(406)
Unwinding of discount	2	12	-	-	-	14
At 31 March 2019	**671**	**4,616**	**315**	**371**	**955**	**6,928**
Expected timing of cash flows:						
- not later than one year;	79	207	315	371	955	1,927
- later than one year and not later than five years;	316	825	-	-	-	1,141
- later than five years.	276	3,584	-	-	-	3,860
Total	**671**	**4,616**	**315**	**371**	**955**	**6,928**

The Early departure cost relating to staff refers to pension payments for staff retiring early through ill health. These figures are provided by NHS Pensions Authority. The discount rate for pensions relating to other staff has decreased from 0.10% to 0.29% in line with HM Treasury and Department of Health guidelines. Settlements of these claims are determined using statistics provided by The Office of National Statistics (ONS).

*In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within early departure costs.

Legal Claims refer to Public and employers liability claims and also provisions in relation to ongoing employment cases. Value of these claims will be subject to the relevant judgements or subsequent settlements made by the relevant employment tribunals.

The redundancy provision relates to potential management redundancies.

Other provisions are as a result of the land sale and the legal obligation to provide vacant possession of the site sold.

Note 25 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	**(52)**	(61)
Employment tribunal and other employee related litigation	**(214)**	(140)
Redundancy	**-**	-
Other	**-**	-
Gross value of contingent liabilities	**(266)**	(201)
Amounts recoverable against liabilities	**-**	-
Net value of contingent liabilities	**(266)**	(201)
Net value of contingent assets	**-**	-

Note 26 Clinical negligence liabilities

At 31 March 2019, £329,395k was included in provisions of NHS resolutions in respect of clinical negligence liabilities of London North West University Healthcare NHS Trust (31 March 2018: £280,930k)

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

Under the PFI contract, which ends on 16 March 2036, the Trust's PFI provider ByCentral Limited has constructed the Brent Emergency Care and Diagnostic (BECaD) on the site of Central Middlesex Hospital and provides facilities management of existing and new premises for the duration of the contract. At the conclusion of the contract, ownership of the asset will revert to the Trust. Under IFRIC 12, the asset is treated as an asset of the Trust.

Note 27.1 Imputed finance lease obligations

London North West University Healthcare NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI scheme:

	31 March 2019 £000	31 March 2018 £000
Gross PFI, LIFT or other service concession liabilities	**89,681**	95,262
Of which liabilities are due		
- not later than one year;	**5,505**	5,581
- later than one year and not later than five years;	**20,449**	20,504
- later than five years.	**63,727**	69,177
Finance charges allocated to future periods	**(38,040)**	(41,761)
Net PFI, LIFT or other service concession arrangement obligation	**51,641**	53,501
- not later than one year;	**1,917**	1,860
- later than one year and not later than five years;	**7,283**	6,852
- later than five years.	**42,441**	44,789
	51,641	53,501

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019 £000	31 March 2018 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**126,092**	133,382
Of which liabilities are due:		
- not later than one year;	**7,255**	7,289
- later than one year and not later than five years;	**27,899**	27,772
- later than five years.	**90,938**	98,321
	126,092	133,382

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19 £000	2017/18 £000
Unitary payment payable to service concession operator	**11,428**	10,998
Consisting of:		
- Interest charge	**3,780**	3,825
- Repayment of finance lease liability	**1,859**	1,346
- Service element and other charges to operating expenditure	**1,708**	1,666
- Capital lifecycle maintenance	**1,510**	2,020
- Revenue lifecycle maintenance	**-**	-
- Contingent rent	**2,571**	2,141
Total amount paid to service concession operator	**11,428**	10,998

Note 28 Financial instruments

Note 28.1 Financial risk management

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

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. For the financial year commencing 1 April 2019, the Trust has forecast a deficit of £81.7m. The plan submitted to NHS Improvement requires additional support through loan funding.

Note 28.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analysis.

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI*	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	68,080	-	-	68,080
Other investments / financial assets	-	-	-	-
Cash and cash equivalents at bank and in hand	5,211	-	-	5,211
Total at 31 March 2019	**73,291**	**-**	**-**	**73,291**

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non financial assets	52,184	-	-	-	52,184
Cash and cash equivalents at bank and in hand	1,913	-	-	-	1,913
Total at 31 March 2018	54,097	-	-	-	54,097

*Other Comprehensive Income

Note 28.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through the I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	262,997	-	262,997
Obligations under finance leases	862	-	862
Obligations under PFI, LIFT and other service concession contracts	51,641	-	51,641
Trade and other payables excluding non financial liabilities	79,019	-	79,019
Total at 31 March 2019	**394,519**	**-**	**394,519**

	Other financial liabilities	Held at fair value through the I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	219,486	-	219,486
Obligations under finance leases	1,026	-	1,026
Obligations under PFI, LIFT and other service concession contracts	53,501	-	53,501
Trade and other payables excluding non financial liabilities	79,324	-	79,324
Total at 31 March 2018	353,337	-	353,337

Financial assets and financial liabilities are held at carrying value. Difference between carrying and fair value is immaterial.

Note 28.4 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	**235,245**	159,830
In more than one year but not more than two years	**57,064**	75,989
In more than two years but not more than five years	**55,954**	43,164
In more than five years	**46,256**	74,354
Total	**394,519**	353,337

Note 29 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	**112**	**221**	98	241
Stores losses and damage to property	**78**	**324**	73	431
Total losses	**190**	**545**	171	672
Special payments				
Ex-gratia payments	**22**	**14**	33	14
Total special payments	**22**	**14**	33	14
Total losses and special payments	**212**	**559**	204	686
Compensation payments received		**-**		-

Note 30 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently on 1 April 2018 borrowings increased by £520k and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £0k.

Note 30.1 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 31 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with London North West University Healthcare NHS Trust.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example:

The significant transactions were with NHS Brent CCG, NHS Ealing CCG and NHS Harrow CCG.

The Trust Chief Executive and the Director of Strategy and Deputy Chief Executive are Board members of Imperial College Health Partners. The Trust has incurred transactions with Imperial College Health Partners during 2018/19. Invoices to the value of £121k have been received and paid. No monies are outstanding at the end of the current financial year.

The Trust has also received revenue and capital payments from a number of charitable funds, of which the Trustees are also members of the Trust board. The amounts due or to be paid at the end of the financial year are;

	Receipts from Related Party	Amounts due from Related Party
	£000s	£000s
London North West Healthcare Charitable Funds	300	96

The Charity also donated non-current assets in to the Trust. These included purchases of equipment and buildings works related to the West London Vascular Centre and the Outpatients projects.

Note 32 Events after the reporting date

There were no adjusting events after the reporting period.

Note 33 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	**154,137**	**426,028**	134,103	371,004
Total non-NHS trade invoices paid within target	**114,887**	**381,286**	116,717	353,331
Percentage of non-NHS trade invoices paid within target	**74.5%**	**89.5%**	87.0%	95.2%
NHS Payables				
Total NHS trade invoices paid in the year	**3,476**	**14,992**	3,380	15,990
Total NHS trade invoices paid within target	**2,822**	**13,815**	2,765	14,177
Percentage of NHS trade invoices paid within target	**81.2%**	**92.1%**	81.8%	88.7%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing

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

	2018/19 £000	2017/18 £000
Cash flow financing	**42,261**	48,751
External financing requirement	**42,261**	48,751
External financing limit (EFL)	**44,740**	49,164
Under spend against EFL	**2,479**	413

Note 35 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	**21,159**	20,458
Less: Disposals	**(4,361)**	(10)
Less: Donated and granted capital additions	**(2,329)**	-
Charge against Capital Resource Limit	**14,469**	20,448
Capital Resource Limit	**18,620**	20,488
Under spend against CRL	**4,151**	40

The underspend on Capital expenditure is as a result of the net book value of the assets sold as part of the land sale transaction which completed in March 2019.

Note 36 Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance (deficit) (control total basis)	**(20,998)**
Breakeven duty financial performance (deficit)	**(20,998)**

Note 37 Breakeven duty rolling assessment

	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance	-	(24,935)	(88,245)	(61,098)	(38,597)	**(20,998)**
Breakeven duty cumulative position	-	(24,935)	(113,180)	(174,278)	(212,875)	**(233,873)**
Operating income	-	346,730	666,125	681,059	701,443	**729,022**
Cumulative breakeven position as a percentage of operating income	0.0%	(7.2%)	(17.0%)	(25.6%)	(30.3%)	**(32.1%)**

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, London North West University Healthcare NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

The Trust did not meet its breakeven duty in 2018-19.

The NHS Five Year Forward view sets out a vision for the future of the NHS. Our Clinical Strategy and plans for the coming years are part of a five-year Sustainability and Transformation Plan (STP) which we are creating with local commissioners, GPs, social services and other partners. The aim of this STP is to improve the health and wellbeing of people across North West London through a vision of a proactive model of care which will reduce the costs of meeting the care needs of the local population to enable the system to be financially, as well as clinically, sustainable.

The Trust commissioned an external review to gain an insight into how Strategic, Structural and Operational factors have each contributed to the Trust's deficit position. Subsequently, the Trust is working with NHS Improvement in developing a five year financial recovery plan addressing strategic and operational factors with the aim of closing the gap between the current financial position and the financial recovery position.

Staff costs

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	369,842	-	**369,842**	352,741
Social security costs	40,468	-	**40,468**	42,831
Apprenticeship levy	1,836	-	**1,836**	1,777
Employer's contributions to NHS pensions	40,190	-	**40,190**	41,515
Pension cost - other	20	-	**20**	15
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	201	-	**201**	534
Temporary staff	-	30,816	**30,816**	24,223
Total gross staff costs	452,557	30,816	**483,373**	463,636
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	452,557	30,816	**483,373**	463,636
Of which				
Costs capitalised as part of assets	1,304	578	**1,882**	2,283

Average number of employees (WTE basis)

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	1,253	186	**1,439**	1,320
Ambulance staff	-	-	**-**	-
Administration and estates	1,515	264	**1,779**	1,732
Healthcare assistants and other support staff	1,316	268	**1,584**	1,590
Nursing, midwifery and health visiting staff	2,538	582	**3,120**	3,141
Nursing, midwifery and health visiting learners	9	-	**9**	45
Scientific, therapeutic and technical staff	1,018	97	**1,115**	962
Healthcare science staff	25	1	**26**	171
Social care staff	-	-	**-**	-
Other	-	-	**-**	-
Total average numbers	7,674	1,398	**9,072**	8,961
Of which:				
Number of employees (WTE) engaged on capital projects	21	-	**21**	42

Reporting of compensation schemes - exit packages 2018/19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	1	1	2
£25,001 - 50,000	1	1	2
£50,001 - £100,000	3	-	3
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**5**	**2**	**7**
Total cost (£)	£251,000	£49,000	£300,000

Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	4	-	4
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	4	-	4
Total cost (£)	£287,000	£0	£287,000

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	**1**	**14**	-	-
Exit payments following Employment Tribunals or court orders	**1**	**35**	-	-
Non-contractual payments requiring HMT approval	**-**	**-**	-	-
Total	**2**	**49**	-	-
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary.	**-**	**-**	-	-

Independent auditor's report to the Directors of London North West University Healthcare NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of London North West University Healthcare NHS Trust (the 'Trust') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

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

Material uncertainty related to going concern

We draw attention to note 1.2 in the financial statements, which indicates that the Trust recorded an adjusted retained deficit of £21.0 million during the year ended 31 March 2019, and has forecast a deficit of £81.7 million for the financial year commencing 1 April 2019, after a savings requirement of £29.0 million. In 2019/20, the Trust will require funding in the form of an uncommitted term loan on a monthly basis up to £81.7 million.

As stated in Note 1.2, the Trust has a working capital facility of £76.9 million which matured in February 2019 and was extended for a further year, and another loan of £58.4 million that is due to be repaid in January 2020. Arrangements for repayment or refinancing of these facilities need to be agreed with NHS Improvement and the Department of Health and Social Care.

These events or conditions, along with the other matters as set forth in note 1.2, indicate that a material uncertainty exists that may cast significant doubt about the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial

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

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

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

We have nothing to report in respect of the above matters except on 17 May 2019 we referred a matter to the Secretary of State under section 30(b) of the Local Audit and Accountability Act 2014 in relation to London North West University Healthcare NHS Trust's ongoing breach of its break-even duty for the three year period ending 31 March 2019. In our letter we also reported a planned ongoing breach of the breakeven duty in 2019/20 under section 30(a) of the Local Audit and Accountability Act 2014.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Director's Responsibilities set out on page 62, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Adverse conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2017, because of the significance of the matters described in the basis for adverse conclusion section of our report, we are not satisfied that, in all significant respects London North West University Healthcare NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Basis for adverse conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

- The Trust's adjusted retained deficit for 2018/19 was £21.0 million, ahead of the Trust's 2018/19 financial plan and forecast outturn of a £31.4 million deficit reported to the Board during the financial year. However, this outturn included the receipt of £38.6 million of Provider Sustainability Funding for the year, and a non-recurrent gain on disposal of Trust property of £17.7 million. The Trust's underlying deficit for the year was £77.3 million.
- The Trust did not achieve its breakeven duty in 2018/19 and had a cumulative retained deficit of £233.9 million at 31 March 2019.
- As at month 1 the Trust is forecasting a further deficit in 2019/20 of £81.7 million and does not have a clear financial recovery plan in place. This plan includes an efficiency savings target of £29.0 million, of which £16.0 million is rated as high risk.
- The Trust has loans repayable during 2019/20 totalling £135.3 million.

These matters identify weaknesses in the Trust's arrangements for setting a sustainable budget with sufficient capacity to absorb emerging cost pressures. These matters are evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

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

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

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

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of London North West University Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's 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 Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Dossett

Paul Dossett, Key Audit Partner

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

London

29 May 2019

Our Trust covers:

- Central Middlesex Hospital
- Ealing Hospital
- Northwick Park Hospital
- St. Mark's Hospital
- Community services across Brent, Meadow House Hospice and the Willesden Community Rehabilitation Hospital

Contact and follow us at:

Trust HQ
London North West University Healthcare
NHS Trust
Northwick Park Hospital
Watford Road
Harrow, HA1 3UJ

T. 020 8864 3232

E. lnwh-tr.trust@nhs.net (general enquiries)

@LNWH_NHS

London North West University Healthcare NHS Trust

www.lnwh.nhs.uk

@lnwh_nhs