Promoting hope
and wellbeing
together

NHS
West London Mental Health
NHS Trust

Annual Report 2017/18

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This report
This report was produced by the communications and engagement team.

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About the Trust

Mental health and wellbeing services are a vital part of the NHS in West London and of great value to the communities we serve. Mental health is also key to good physical health and professionals and patients are taking a much more joined-up approach to health and wellbeing.

At West London Mental Health Trust we offer one of the most diverse ranges of mental and physical health services in England. We know from research, over many decades, that people with mental health problems commonly experience poorer physical health. Long term severe mental health is associated with higher levels of physical illness and significantly reduced life expectancy. Around 30% of people with a long term physical health condition also have a mental health problem.

Up to 18% of all NHS expenditure on long term conditions is linked to poor mental health and wellbeing (£13 billion in England a year).

Our services cover a spectrum from talking therapies to helping young people with eating disorders, to supporting new mothers suffering post-natal depression; from working with people detained by the police under Section 136 of the Mental Health Act, to managing mentally disordered offenders transferred to a high security hospital setting from the courts or prison. Our high secure service, Broadmoor Hospital in Crowthorne, Berkshire, is one of only three such facilities in England and we offer medium and low secure centres at the Three Bridges Medium Secure Unit in Ealing.

In addition, we offer a specialist personality disorder service at the Cassel Hospital in Ham, near Richmond.

We are proud to provide a comprehensive community and inpatient care services across three of the most diverse boroughs in London. In Ealing, Hounslow and Hammersmith & Fulham, there are some 800,000 residents from a wide range of cultural, ethnic and religious backgrounds. Around 52 per cent of our patients come from an ethnic minority background and the diversity of the communities we serve is also reflected in the diversity of our staff, of whom 48 per cent are from black and minority ethnic (BME) backgrounds.

We also provide a range of services across a much wider geographical area and altogether we support 99,000 patients. These comprise children and young people, adults of working age and older people over the age of 65. Our patient numbers have increased considerably this year because we have expanded our community services and we now offer the Single Point of Access helpline. We are pleased that our work to transform our services means that we are able to provide care to more people.

We work in partnership with a wide variety of partner organisations – ambulance services, carers' representatives, the Care Quality Commission, charities, courts, GP federations, NHS England, NHS Improvement, local authorities, the Ministry of Justice, North West London Clinical Commissioning Groups, the Police, the prison service, service user groups, other trusts, and voluntary organisations.

We are responsive to the needs of our commissioners who procure our services and, increasingly, we are offering an integrated mental and physical health service, in collaboration with other partners.

As well as our core specialist children and adolescent mental health services (CAMHS), we have specialist CAMHS clinicians embedded in the local authority teams in Brent, Hammersmith & Fulham, Hounslow and Ealing.

We have a strong dementia research portfolio, and a dedicated unit to facilitate clinical trials and studies examining biomarkers (biological molecules in blood or tissues, which can indicate medical details about a patient's condition) that predict dementia. In addition to our dementia research, the research portfolio has diversified to offer more patients across the trust the opportunity to be involved in research, including those in forensic, acute mental healthcare and physical healthcare settings. We have an academic health science network partnership with Imperial College London, as well as links with University College London, King's College London, Buckinghamshire New University, the University of West London and the University of Surrey and industry partners such as Oxehealth. You can read more about these academic partnerships later in this report.

Working with commissioners, local authorities, service users in Ealing, Hammersmith and Fulham and Hounslow, the Trust has established a productive Transformation Programme focusing on improving local mental health services in these three boroughs. The programme has resulted in a range of new services established including the Single Point of Access helpline (0300 1234 244) and the Perinatal Mental Health Service. It has contributed to improvements in bed management on our inpatient wards and a reorganisation of our primary care teams to align better with the needs of patients.

Career development opportunities for our staff include: leadership programmes for nurses, clinicians and black and minority ethnic (BME) staff, as well as numerous training and development opportunities. In addition, nurses on the band 5 to 6 career pathway have access to enhanced skills training and we actively engage our staff in developing their skills. We have a comprehensive programme of mandatory training and a good compliance rate. This ensures our staff keep their knowledge current and key business processes are embedded in the organisation such as infection control, information governance, diversity and inclusion.

We are also one of the leading trusts taking part in the Capital Nurse programme, which enables nurses in London to experience, via rotation, a range of settings such as assessment, recovery, psychiatric intensive care or high dependency wards. Capital Nurses can also access significant development opportunities such as mentorship and they have a guaranteed post at the end of the programme.

We also help healthcare assistants (HCAs) move up the career pathway via apprenticeships; progression to a health and social care diploma; and a nursing qualification if they wish.
All new clinical staff receive induction training that is focused on recovery and involves patients and carers.

We have been keen to enhance our clinical leadership across the organisation. Our clinical leadership model is now successfully embedded. The Trust is structured into seven clinical service lines, each of which is headed by a Clinical Director. Clinical practice and leadership guides our work, as does seeking the best evidence and outcomes for patients.

Performance report

Overview

Welcome from the Chief Executive, Carolyn Regan

2017/18 has been an exciting year for West London Mental Health NHS Trust with much to celebrate.

I am proud of the way the Trust has developed and improved outcomes for patients, service users and carers over the last 12 months. The work set out in this annual report and accounts and the evidence of its impact stands as testament to the dedication of staff to quality improvement and care. This year has also seen some real momentum build behind the challenge to mental health stigma and people seeing the importance of treating mental and physical health in an integrated way.

FOCUS ON QUALITY

As a Trust, this last year has seen us continue our relentless focus on the quality of our services. We have established a Quality Service Improvement and Redesign (QSIR) programme to focus on improving quality improvement skills and project delivery within the Trust. The programme has seen over 150 staff trained in the NHS Improvement approved methodology. We are seeing the training bearing fruit in a consistent approach to improvement and a shared language of quality across the Trust, which is guiding our decision making.

IMPROVING HOW WE INVOLVE CARERS

The last year has seen us start to make radical improvements in how we support our patients' carers. We have made good progress in rolling out the Carers Trust's Triangle of Care scheme, which requires us to implement six core standards across all of our services. The next step is to implement the six standards in our community settings and to ensure we can measure our progress.

CARE QUALITY COMMISSION (CQC) INSPECTIONS

The CQC carried out a re-inspection of our acute wards and psychiatric intensive care unit this year. As this was a focused inspection, the service was not re-rated. As well as areas for improvement and learning, the report highlights good practice and notes that "good progress had been made in some key areas". The CQC also re-inspected Broadmoor Hospital. They found improvements in the amount of therapeutic activity made available to patients and in the number of substantive nurses employed at the hospital.

Describing the improvements as significant, they lifted the Warning Notice from the previous year on these aspects of Broadmoor's operations. This is a fantastic achievement in a relatively short space of time and against the known challenges of staff recruitment and retention in the NHS.

CELEBRATING SUCCESS

The last year has seen the Trust take big steps forward in being recognised externally for its successes.

Our men's medium secure service, based in the modern Thames Lodge facility, won the patient safety award at the 2017 Health Business Awards for their impressive work to reduce restrictive practices.

Karen Spick, Team Secretary at Broadmoor Hospital, won the award for administration and clerical Leader of the Year at the prestigious national Unsung Hero Awards. The Portering Team at St Bernard's Hospital were shortlisted as the ancillary staff Team of the Year in the same award scheme.

We have also continued to build on how we recognise the efforts of our own staff. Our annual quality awards have gone from strength to strength, with over 400 nominations and good support from sponsors.

The last year also saw us relaunch our long service awards for staff who have served the Trust for 25 years or longer. The celebration of long service, with some staff members having over 40 years' of service was a real highlight this year.

We were also very honoured and proud in March 2018 when the High Sheriffs from the Royal County of Berkshire and the counties of Oxfordshire and Buckinghamshire chose to recognise staff at Broadmoor in a special ceremony including individual awards for outstanding patient care and service.

MODERNISING OUR ESTATE

We have continued to work to modernise our estate and buildings in line with our Estates Strategy. The last year has seen work progress on the new, state of the art, Broadmoor Hospital, which we expect to open next financial year. Our Recovery College has moved into the new Brentford Lodge building in Isleworth. We expect some other services to move in to this facility later next year.

DIVERSITY

The diversity of our people is one of our greatest strengths. We are one of the most diverse trusts in the country in terms of both patients and staff and this year we continued work to empower our black and minority ethnic (BME) staff to develop and achieve at all levels. We run a successful programme to develop leadership skills among our BME staff, with 15 leaders graduating from the programme being promoted to a more senior role. Our staff survey scores and Workforce Race Equality Standard (WRES) reports also show demonstrable improvements in our diversity initiatives.

We have become Stonewall Champions, recognised by the charity Stonewall, and have a rainbow lanyards initiative to identify staff who are open to discussions about sexuality. I was listed in the Financial Times 2017 OUTstanding Global Leading Public Sector LGBT+ Executives list – recognition of the whole organisation's work, not just of one person.

It became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap. Our data shows that women are being paid less than their male counterparts.

The picture is more encouraging for equal pay at very senior levels, where we currently have more senior women, including myself as Chief Executive, but this of course represents only a very small proportion of our workforce. This reporting, in common with other NHS providers, has shone a light on gender pay gaps and given us greater evidence and data to really fine tune our pay policies and practice to mitigate pay gap areas. You can read more about what action we plan to take in the performance summary section of this report.

TRANSFORMING SERVICES

Our work to transform local services in Ealing, Hammersmith & Fulham and Hounslow has continued at pace. We have made huge steps forward in improving our bed management and patient flow within our inpatient services. We have developed better working practices with our local authority partners to reduce delayed transfers of care and introduced a process called Red2Green. This is a visual system to reduce internal and external delays, which has proved very successful by reviewing daily activities to improve patient flow. This is linked to a number of other initiatives in bed management and effective care, strong clinical engagement and involvement, ensuring the path to safe discharge is smooth and timely.

We are continually reviewing our newly transformed services and the evaluations show that the Single Point of Access, Perinatal Mental Health Service and our Recovery House in Ealing are doing good work and providing a more responsive service to patients. Our service transformations are planned and evidence based, and aligned with the NHS England Five Year Forward View for Mental Health.

NAME CHANGE AND CORPORATE STRATEGY

The Trust delivers a range of physical health, rehabilitation and public health services to over 10,000 patients each year.

We lead the Home ward Ealing partnership delivering integrated intermediate care, and are a partner in the Community Independence Service across Westminster and the Royal Borough of Kensington and Chelsea, as well as in Hammersmith and Fulham, where we also directly deliver these out of hospital services. In 2017 the Trust was also awarded a contract, working alongside London Central and West Unscheduled Care Collaborative, to develop an innovative model to provide telemedicine support to nursing homes across all eight North West London boroughs.

Additionally, the Trust is the lead provider for the One You Ealing public health services.

We are in a unique position to offer whole-person, patient-centred care to our local populations which recognises the complex interplay between physical and mental health, and which draws upon the experience of mental health trusts in delivering care closer to patients' homes.

Therefore, following public and staff consultation on our five year strategy and renaming options, during 2018/19 we will become West London NHS Trust. I am excited about what this next chapter holds as we seek to provide more integrated care in West London with a name that fully reflects the range of healthcare we provide.

MONEY

The last year has been a challenging one as the NHS nationally continues to see a relatively flat funding settlement with a large number of providers struggling to break even. We have continued to work hard to deliver a balanced financial position and we have achieved a small surplus during the last year.

We generated income from land sales and in recouping revenue from treating overseas and out of area patients. Meanwhile, our Cost Improvement Plans (CIPs) fully delivered the £9.4m savings we planned – a significant and hard-won result. However, we need to go further to embed CIPs and consolidate the gains we have made with clear delivery milestones in our strategic financial plans.

BREXIT

Around 10 per cent of our staff are from the EU and over the last year we have taken what steps we can to reassure our staff their work is invaluable. The Government's provisional agreement with the EU is a helpful step in reassuring these staff that they can continue to live and work in this country. However further work is needed to make the case to these staff that they should remain in this country and continue to care for some of our most vulnerable and unwell members of society. For my own part, I have written and spoken publicly on the vital business driver to value diversity and skills – including the significant clinical expertise of our EU staff.

RESPONSE TO MAJOR INCIDENTS

The last year has seen Londoners and the UK respond with courage and fortitude to some shocking and tragic events. Since April 2017, London has seen three separate terrorist attacks as well as the Grenfell Tower fire in a borough bordering our Trust.

We were also impacted by the cyber-attack on other parts of the NHS and major UK institutions in May 2017 and took action to protect our systems. And following widespread flooding in Hammersmith and Fulham caused by a burst water mains, we were forced to temporarily and urgently move a small cohort of patients from our Hammersmith and Fulham Mental Health Unit until running water was restored.

All of these incidents have tested our planning for major incidents and given us learning to improve our plans further. On each occasion, staff have gone above and beyond the call of duty to ensure that colleagues are supported and that patient care remains of the highest possible standard.

The last year has seen us respond to some significant challenges and mark some fantastic successes along the way.

We are looking forward to 2018/19 – the 70th anniversary year of the NHS – which will see further progress with our transformation of local services, the launch of our new name and identity, and the opening of the new Broadmoor Hospital: truly a landmark year for the Trust.

I would like to thank our staff, patients, service users, carers, stakeholders, NHS partners and regulators, the Board and my executive colleagues for all their support towards our achievements this year.

Carolyn Regan
Chief Executive

Performance summary

This section sets out our progress and challenges over the last year by each of our Trust values: togetherness, responsibility, excellence and caring.

Togetherness

Five year corporate strategy and name change

In defining West London Mental Health NHS Trust's corporate strategy, the Trust reaffirmed its decision to broaden the range of services it provides, to include a range of community physical health and public health services.

The Trust became responsible for SmokeFree Ealing in 2013, and subsequently tendered successfully for the One You Ealing and Home ward Ealing contracts in 2015, the Community Independence Service in 2016 and a North West London Care Home Telemedicine Initiative in 2017, in each case working together with trusted NHS, local authority, third sector and other partners, to deliver innovative integrated services.

We anticipate bidding to retain these services and to expand our portfolio of physical health provision in the near future and, while maintaining our position as major provider of comprehensive mental health care, we seek to position ourselves as a leading provider and partner for integrated whole person care.

In the context of the strategy, staff, stakeholders, partners and the public (including patients and service users) were asked to give their views on the name change options of:

- West London Partnership NHS Trust
- West London NHS Trust
- Other.

The Trust received nearly 100 responses with West London NHS Trust the favoured option.

Subsequently this has been endorsed by the Board and the Trust will be renamed in a phased approach during 2018.

Long service awards

In 2017, the Trust relaunched its long service awards, celebrating the contributions of 170 staff, many of whom who had served the Trust for 25 years or longer.

Staff were joined by the Chair and Chief Executive and feedback about the event was very positive. The long service awards are an important staff retention measure and will be combined with the annual quality awards event in 2018/19.

Staff survey

We were delighted that we maintained or improved our results across the board in the NHS 2017 staff survey. For the first time, we achieved above average for overall staff engagement in mental health trusts.
Staff engagement is measured across three themes and our responses to all three improved:

- Advocacy – would you recommend the Trust as a place to work or receive care?
- Motivation – do you look forward to coming to work?
- Involvement – do you have opportunities to contribute to improvements at the Trust?

Our results are significantly better than average for:

- Good communication between senior management and staff:
- Staff satisfaction with the quality of work and care they are able to deliver
- Effective use of patient/service user feedback.

We need to improve in the following areas:

- Experiencing discrimination at work
- Believing that the Trust provides equal opportunities for career progression or promotion
- Witnessing potentially harmful errors, near misses or incidents
- Experiencing physical violence, harassment, bullying or abuse.
- Perceived fairness of allocating work shifts.

We are already tackling the areas where we need to improve at a Trust-wide level, through our workforce strategy.

Diversity

Diversity in healthcare is one of our greatest strengths and should be celebrated. At West London Mental Health NHS Trust, we know that diversity enriches and enhances our services.
As a prominent public service, it is crucial that we reflect the communities we serve. Of our staff, 48 per cent are from a black and minority ethnic (BME) background and 52 per cent of our patients come from a BME background.

The Trust aims to improve year on year in our performance against the NHS Workforce Race Equality Standard (WRES). This year, we have improved against two elements of the standard: we have decreased the likelihood of black and minority ethnic (BME) staff being involved in disciplinary cases compared to other racial groups; and decreased the likelihood of white staff being appointed from shortlisting relative to the numbers of BME staff appointed. These key areas of data show how we are addressing potential unconscious biases in disciplinary processes and recruitment.

A key contribution to this improvement has our highly successful BME leadership programme which was previously aimed at staff from Band 6 and above. This year we recruited the fourth cohort and made it more inclusive by including applicants from lower bands with high potential who are referred by a line manager or other senior manager.

The programme has resulted in 12 promotions so far, two external and 10 internal. Staff on the programme report that they have greater confidence and belief in equal opportunities and feel more empowered and able to influence the Trust’s agenda.

We have become Stonewall Champions and have put in place a rainbow lanyards initiative to identify staff who are open to discussions about sexuality. Our Chief Executive was listed in the

2017 OUTstanding Global Leading Public Sector LGBT+ Executives list in the Financial Times – recognition of the whole organisation's work, not just of one person.

We are one of the few trusts who have a strong presence at the annual PRIDE march in London.

We have robust guidance in place for staff caring for transgender patients and a commitment to ensuring they are fully supported. We have an LGBTQ+ user group within Hounslow children's and adolescent mental health services (CAMHS) where young people, as service users, have produced narratives of their experience of coming out and formed a voluntary support group. This group provides valuable insight on how we can improve the information we make available about our services.

We are also committed to encouraging more adults with learning disabilities to work in healthcare. From September 2018, we will welcome 12 young adults with learning disabilities for work experience placements. The aim will be to support these young people to gain knowledge and skills, with a view to them ultimately entering full-time paid employment.

Public sector organisations with over 250 employees are now required to report annually on their gender pay gap. Our data shows that women are being paid less than their male counterparts; our mean gender pay gap is 9.19%.

The Trust will carry out further analysis and rigorous gender diversity monitoring in relation to a number of issues, for example, the proportion of men and women still in post a year on after a return to work following maternity, parental or other extended leave.

We will also continue reviewing shift allocations, allowances for additional responsibility and 'acting up' and ensure that there is equity and fairness, that arrangements for flexible working are clear – with all staff being encouraged to apply, as well as ensuring that adequate monitoring systems are in place so that all groups are fairly accessing opportunities to develop and increase their remuneration.

As part of our work to reach black and minority ethnic communities who may need our services and to break down the stigma which can be associated with mental health issues, we secured interviews for our staff in a range of targeted media. These included features on Zee TV – the largest South Asian broadcaster in the UK; the Voice of Islam radio station; Westside Radio – a community radio station in West London; and Desi Radio – a Punjabi radio station.

Recruitment and retention

Recruiting and retaining the best staff, particularly qualified nurses, continues to be a challenge across the whole of the NHS. However there are steps trusts can take and we have a wide ranging package of incentives to join the Trust and benefits to support retention. These include:

- The Capital Nurse foundation programme where recently qualified nurses undertake six monthly rotations in different areas following a specific pathway alongside access to significant development opportunities, such as funded mentorship.
- Nurse degree apprenticeships
- Accelerated progression through pay bands
- Relocation allowance
- A range of benefits and discounts
- Help with travel and childcare
- A car lease scheme

- Development pathways for healthcare assistants
- BME leadership development courses
- Vocational development courses.

These measures have had a good effect and we now have an improved staffing situation at Broadmoor Hospital. Challenges remain, however, and in our Local Services we still have significant vacancies for registered nurses.

We continue to develop new ways of retaining staff based on feedback from exit interviews and from new starters, including launching a talent management programme to encourage personal growth and career progression. Our staff survey results show that effective line managers are crucial to retaining and motivating the best staff so we are also expanding our popular '2 Hours to Learn' series of short courses supporting middle managers with their day to day management and with leadership skills. Our 'Aspire' programme for middle managers also goes from strength to strength providing a structured approach to management and leadership education.

Partnership working

Partnership working

We have a strong track record of working collaboratively with a range of partners from within the NHS and outside of it, both in formal arrangements for joint working (such as our integrated health and social care services, and services run jointly with or embedded within other organisations), and as we develop New Models of Care (for CAMHS and Forensic Services) and future Integrated Care Partnerships.

Academic partners:

- Imperial College London
- Buckinghamshire New University
- University of Surrey
- King's College London
- University of West London
- Brunel University
- Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Northwest London (NWL)

NHS partners:

- Central and North West London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- London Ambulance Service NHS Trust
- London North West University Healthcare NHS Trust
- Frimley Health NHS Foundation Trust
- Hounslow and Richmond Community Healthcare NHS Trust
- Barnet, Enfield and Haringey NHS Foundation Trust
- East London NHS Foundation Trust

Commissioners:

- NHS England

- Ealing Clinical Commissioning Group
- Hammersmith and Fulham Clinical Commissioning Group
- Hounslow Clinical Commissioning Group
- North West London Collaboration of Clinical Commissioning Groups

Regulators:

- The Care Quality Commission (CQC)
- NHS Improvement (NHSI)
- Other regulators such as the Health and Safety Executive and local fire bodies

Local authorities:

- London Borough of Hammersmith and Fulham
- London Borough of Hounslow
- London Borough of Ealing
- Bracknell Forest Borough Council
- London Borough of Brent

Other partners:

- London Central and West Unscheduled Care Collaborative (LCW UCC)
- We Coproduce (formerly West London Collaborative)
- Positive Practice in Mental Health Collaborative
- Public Health England
- Healthwatch
- Metropolitan Police
- Ministry of Justice
- Hammersmith and Fulham Integrated Care Partnership
- Imperial College Healthcare Partners
- Mind
- Dementia Concern Ealing
- ToHealth

Freedom to Speak Up Guardian

Professor Sally Glen took up the role of Freedom to Speak Up Guardian in October 2016. Since April 2017, Professor Glen, also a non-executive director at the Trust, has provided assistance to seven members of staff with a range of requests.

Professor Glen, as Freedom to Speak Up Guardian, produces an annual report and takes part in best practice sharing with other Speak Up Guardians across NHS England.

Listening events for staff

During 2017/18, the Chief Executive hosted 24 listening events with staff to update them on the latest developments and take questions on anything of interest to staff. An update from each listening event is published on the Trust's intranet, The Exchange, for all staff to view. The Exchange has well-used feedback comment mechanisms, including for the CEO's monthly blog.

In January 2018, The Secretary of State for Health, Rt Hon Jeremy Hunt MP, joined around 100 members of staff at a special listening event. Mr Hunt thanked staff at the Trust for keeping patients safe, saying we had “made terrific progress despite facing many pressures.” In particular, he was impressed by the Trust’s reduction in out of area placements to zero, and added that other NHS Trusts should learn from this. He said: “You cannot underestimate the impact of this on patients.”

The Health Secretary also commented on the Trust’s CQC rating: “I am very impressed with how the Trust’s CQC rating has been talked about today – it is treated like a ladder of improvement. Good managers are those who take a trust that is inadequate or requires improvement and turn it around to something that is outstanding.”

Responsibility

Transformation programme

The Trust has continued to pursue its ambitious transformation programme over the last year in its local services in West London.

The West London Mental Health Local Service Transformation Programme brings together clinical and management leaders from the NHS, people with lived experience, including families, friends and carers, voluntary and community service representatives and local authority representatives from across West London to share best practice and work together to deliver improved local mental health services, through coproduction.

The transformation covers six key areas:

- Adult Services – Access and Urgent Care
- Adult Services – Primary and Planned Care
- Adult Services – Rehabilitation Service
- Children and Young People’s Services – Children and Adolescent Mental Health Services (CAMHS)
- Adult Services – Cognitive Impairment and Dementia
- Perinatal Mental Health.

This year we have made big strides in improving our bed management processes and have used a wide package of measures including Red2Green – a visual management system to reduce internal and external delays. This has enabled us to proactively plan patients’ discharge from across our services with staff working in a multi-disciplinary way. We are one of the first mental health trusts in London to launch the Red2Green initiative.

We have also implemented standards for the first seven days of patients’ admission, setting our expectations in terms of proactive discharge planning from the start of their stay. Other steps have included increased medical staffing, joint planning with local authorities on how to resolve delayed discharges and transfers of care – with ownership and strong leadership from the senior clinical and management teams.

We wrote a case study to spread our learning on effective bed management which NHS Improvement shared with the wider NHS on their website and Twitter feed. Our targeted initiatives have been successful in increasing bed capacity for patients who most need our care and the

number of patients in out of area private sector beds has reduced dramatically. This has achieved significant benefits for our patients in improved quality and sustainability of services.

We have also seen work to improve the way that we deliver our services in Planned and Primary Care develop at pace. We are in the process of moving from services that are delivered by more general teams to what are called 'pathway' teams, which provide the most appropriate services for people with specific needs. The new pathways are:

- complex depression, anxiety and trauma
- personality disorder
- psychosis.

Our newly established Perinatal Mental Health Service provides specialist assessment, treatment and support for women with current or previous moderate to severe mental illness who are pregnant or have given birth within the last six months.

A comprehensive evaluation of the first eight months demonstrated a high quality service with very positive feedback from service users as well as from professionals in primary care, maternity services, health visitors and other secondary care mental health services. This positive evaluation led to recurrent funding being agreed in 2017.

A second Royal College of Psychiatrists' Perinatal Quality Network Peer Review took place in December 2017. The review praised the service for being accessible, responsive, cohesive, providing high quality care and having very good leadership. It described overwhelmingly positive feedback from service users who described staff as excellent, accessible, very caring and highly knowledgeable. Professionals from other services commented on excellent training and joint working, particularly for women with complex mental health problems.

Our Crisis Assessment and Treatment Teams (CATT), which were established in 2016, have added value by providing coordinated, prompt support at the right time and in the right place to people who have an emerging or existing crisis presentation. Meanwhile our Single Point of Access (SPA) helpline goes from strength to strength and this year answered 49,848 calls, with 80% of those within 30 seconds. We also received a positive evaluation from the NHS North London Like Minded transformation initiative team on the whole urgent care pathway and will be working on implementing the recommendations of the evaluation through 2018/19.

We continue to lead the way in the development of New Models of Care for Children and Young People's Mental Health Services. This year we have launched a new integrated 24/7 crisis service that aims to provide children and young people with inpatient care closer to home. The new crisis pathway improves the quality of care by supporting early discharge, better care planning and preventing unnecessary admission.

The CAMHS Out of Hours service is now an integrated part of the crisis pathway. The phase 2 coproduced (future) crisis pathway design aims to shape our long term vision to develop a North West London outreach and intensive community treatment team.

Our work to reduce out of area placements under the New Models of Care programme has also been a success. The Tier 4 budget includes acute CAMHS (children and adolescents), eating disorder, secure and psychiatric intensive care unit (PICU) from 1 April 2017 for a two year period. We succeeded in reducing the overall length of stay from 107 days to 90 days in a Tier 4 bed. By supporting patients earlier in the community, we have also avoided unnecessary admissions.

Although there are monthly fluctuations, we have reduced the number of admissions by around a third.

The CAMHS clinicians and Tier 4 providers have reported back that the focus at admission on discharge planning has improved the length of stay for the majority of young people. Also, this process has involved social care teams at admission (so much earlier in the pathway) rather than at discharge, which previously led to delayed discharges.

We have decreased CAMHS eating disorder bed occupancy from 14 last year to nine in 2017/18, demonstrating a significant improvement in managing to care for more complex and vulnerable young people in the community without the need for longer term inpatient treatment.
Finally, one of the key goals of the transformation programme is to ensure that patients and carers are at the centre of everything we do and that coproduction is genuinely embedded in the fabric of the way services are provide.

Using a truly collaborative approach, West London Mental Health NHS Trust and West London Collaborative have coproduced Standards of Care to describe what excellent patient-centred care on inpatient wards looks like. The standards were developed with patients, carers, third sector organisations, commissioners, GPs and staff from across the Trust.

Some we are already doing well, others are aspirational and will require work over a number of months and years to achieve, but it represents a bold statement and vision that we all share and can work together to achieve.

Mandatory training

Improving the Trust's compliance with mandatory training has been a key focus for the Trust over the last year. Mandatory training is not just a tick box, but an effective way of ensuring that everyone has the same basic competencies. We have ensured that managers are aware when training is not completed and send reminders to individuals and their line managers. We achieved 90% compliance with mandatory training in 2017/18 compared to 84% last year.

Physical healthcare

Improving the physical healthcare we provide to our patients is a priority for the Trust and central to our quality improvement work.

Increasingly, we are offering an integrated mental and physical health service, in collaboration with other partners. Our physical healthcare services include Home ward Ealing (which helps people during a period of severe or sudden illness, or when they have been discharged from a general hospital, so they can recover and remain well at home), the Community Independence Service (which brings together different health and social care professionals to provide integrated care for patients who experience acute illness or need support to rehabilitate and improve independence) and One You Ealing (which promotes healthy lifestyle choices).

During the last year we have developed the Trust's physical healthcare policy, which among other things, reduces the target timescale for a patient's initial assessment. We have trained 462 staff this year in the use of the National Early Warning System (NEWS), to alert staff when there has been deterioration in a patient's physical condition. Physical healthcare was also a topic at our annual Nursing Conference in March 2018. Our performance has significantly improved such that we are consistently exceeding our target of 95% of patients having a physical healthcare check within 24 hours of admission.

In addition to these measures, we are exploring the use of new digital monitoring technologies to care better for patients' physical healthcare needs.

Reducing restrictive practice

Staff in West London Forensic Services (WLFS) and Broadmoor Hospital have continued their work around reducing restrictive practices with a Trust-wide strategy also developed for each Clinical Service Unit across Local Services. The overall aim has been to reduce unnecessary restrictive practices such as physical restraint, unnecessary restrictions on wards, the use of rapid tranquilisation and seclusion.

The work of our Prevention and Management of Violence and Aggression (PMVA) teams and the implementation of our 'Safewards' model has supported the reduction of restrictive practices. Safewards is a model that explains why variation in conflict and containment on psychiatric wards occurs. Our PMVA teams are recognised nationally and internationally for their expertise in the delivery of high-quality training in this field. Their training has been designed in collaboration with service users and the training manual has become the only one of its kind to be endorsed by the National Institute for Health and Care Excellence (NICE).

Following the launch of a pilot programme to reduce long-term segregation at Broadmoor Hospital, we can now clearly demonstrate that patients are spending less time segregated in their bedrooms and have more access to facilities and activities. Specialised training has helped staff understand what constitutes restrictive practice and how they can minimise it.

In December 2017, WLFS won a 'Patient Safety' Award at the Health Business Awards 2017 for their work to reduce restrictive practice.

Major incidents

During 2017/18 London faced a range of terrible major incidents and the Trust has had a role to play in responding to each one.

Londoners experienced terror attacks at Westminster Bridge, London Bridge, Finsbury Park Mosque and Parsons Green tube station. The escalation of the nation's threat level also resulted in actions and learning for the Trust. On each occasion staff across the Trust, particularly our Psychiatric Liaison and Community Independence Service in Hammersmith & Fulham acted quickly to support our acute colleagues to free up space in A&E and on wards so that casualties could be treated quickly.

Our staff were also profoundly affected by the tragic Grenfell Tower fire in June 2017, with our Community Independence Service working hard to ensure patients could be cared for at home and that inpatients could be discharged rapidly. Staff also volunteered to help people in the support centres near Grenfell Tower and have continued to work closely with Central and North West London NHS Foundation Trust, who are providing the main mental health response to those directly affected.

The Trust was also affected by the cyber-attack on the NHS and other major institutions and businesses in May 2017. While the Trust wasn't targeted, we took preventative measures to protect the Trust's systems which had a short term impact on our IT systems. Thanks to the swift action of staff who implemented local contingency arrangements, patient care was maintained and we are learning lessons to improve our resilience in the face of a loss of IT in the future.

Finally, widespread flooding and water mains issues in Hammersmith and Shepherds Bush in January and February caused significant disruption at our Hammersmith and Fulham Mental Health Unit, resulting in a lack of running water for around 12 hours. This meant we had to move a small number of patients to alternative locations around the Trust. The moves went smoothly and ensured that patient care was maintained. As with the other incidents this year, the Trust took learning away from the incident and we reviewed our resilience and processes to respond to this kind of loss of utility event.

Listening and acting on feedback

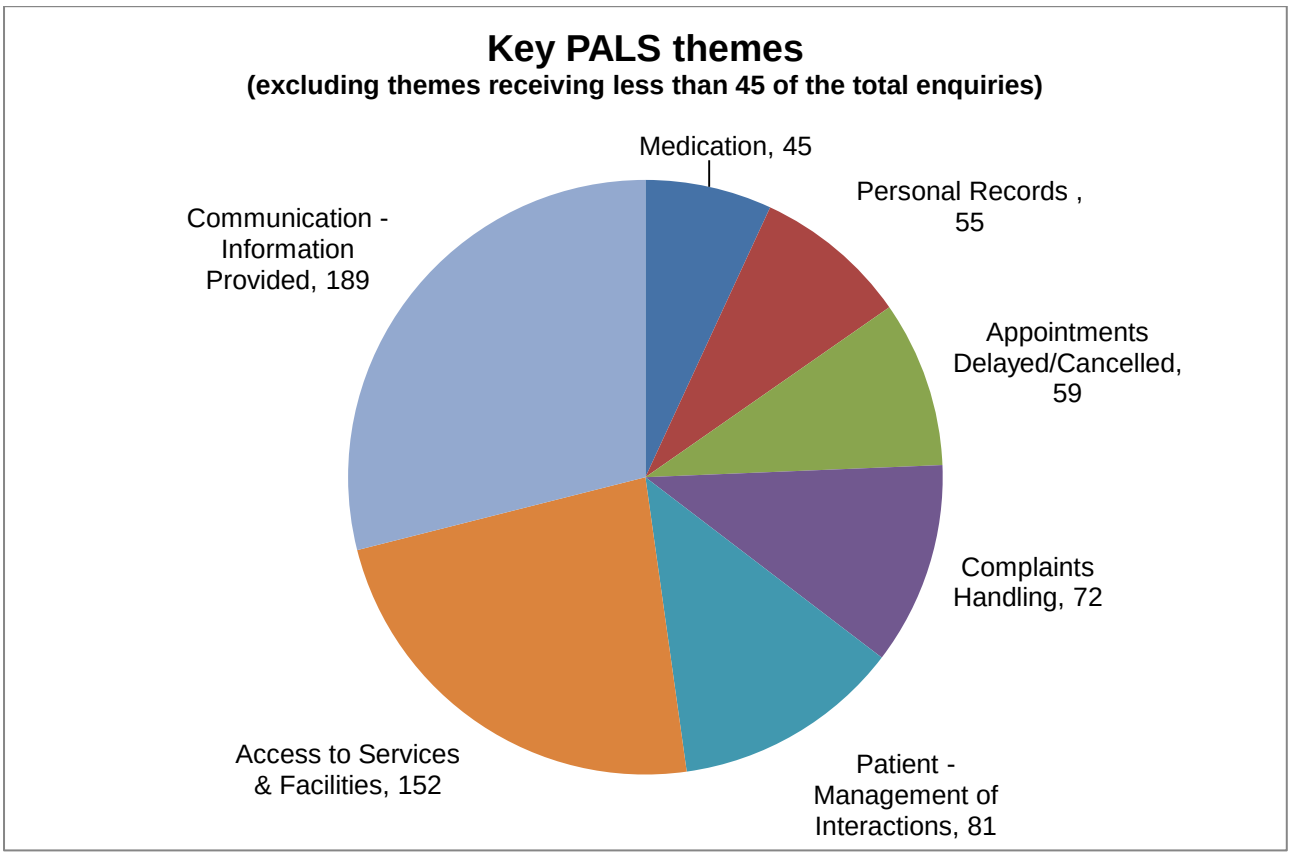
Feedback comes into the Trust via numerous avenues; the main sources are the Patient Advice and Liaison Service, complaints, Care Opinion and the Friends and Family Test.

Patient Advice and Liaison Service (PALS)

Our Patient Advice and Liaison Service works with service users, carers, families and the general public to provide advice and support and to help answer their questions. From 1 April 2017 to 31 March 2018 we received 891 PALS enquires. This is a decrease of 484 compared with the same reporting period last year.

The decrease is largely due to the planned transfer of the Gender Identity Clinic to Tavistock and Portman NHS Foundation Trust, as we previously received the highest number of enquiries from these patients.

Communication and information is the top theme accounting for 29% of the total PALS enquiries received. This is as we would expect given that one of the key roles for PALS is to provide accurate information to patients, carers and families about the Trust's services.



Friends and Family Test

A total of 686 Friends and Family Test cards have been completed and returned, a decrease of 279 compared with last year. An online version of the card has now been created which should help increase the number of returns.

Of the cards completed, 86% of respondents would be extremely likely or likely to recommend our services to their family and friends. The information on completed cards is recorded and circulated in the Trust to make sure actions are followed up and good practice is shared.

Complaints

During 2017/18 the Trust received 382 complaints, a decrease of 90 compared with the previous year when 472 complaints were raised.

The key theme of complaints was ‘All aspects of Clinical Treatment’ which accounted for 125 of the total complaints raised. The majority of these related to ‘access to services and facilities’. During the year, 378 complaints have been investigated and closed; 255 of these were closed within the agreed timescale and 120 were closed over the agreed timescale. The outcomes of the complaints investigated were: 62 upheld, 167 partially upheld, 146 not upheld and three are on hold. In addition, 27 complaints were withdrawn.

We have focussed senior management and clinical leadership on complaints and serious incident reports so that we improve our responses, timeliness and our learning. We commissioned a thematic review of serious incidents, by renowned patient safety expert Dr Jane Carthey, in order to identify and address Trust-wide issues. Responding to and resolving complaints and incidents are areas we will continue to address to improve our performance and outcomes.

Care Opinion

We encourage people to use Care Opinion, which is independent from the NHS, to share their experiences of using Trust services. The Care Opinion website and free telephone option provides a very open and easy way of giving feedback which can lead to learning and change.

Care Opinion enables people to share honest feedback; stories are directed to wherever they can help make a difference and everyone can see how and where services are listening and changing in response.

During the year, 181 stories relating to the Trust have been published which is an increase of 31 compared with the previous year. To date, these stories have been viewed 14,843 times.

All stories have received a response from a nominated professional within the Trust.

Compliments

We record all verbal and written compliments and circulate a summary in the Patient Experience quarterly report. During 2017/18 a total of 178 compliments were logged, a decrease of 18 compared with last year.

Research

We have a strong dementia research portfolio and a dedicated unit to facilitate clinical trials and studies examining biomarkers (biological molecules in blood or tissues, which can indicate medical details about a patient's condition) which predict dementia. The research portfolio has diversified to offer more patients across the Trust the opportunity to be involved in research, including those in forensic settings, acute mental health settings and physical healthcare domains.

During the year, 442 patients receiving relevant health services provided or sub-contracted by the Trust were recruited to participate in research approved by a research ethics committee. The Trust was involved in 40 research studies; 28 were funded – of which six were commercial trials, and 12 were unfunded. Researchers associated with the Trust have published 61 articles in peer reviewed journals.

Two prestigious National Institute of Health Research Network (NIHR) grants to fund clinically driven research have been awarded in the Trust, including a study to establish the evidence for de-escalation techniques in acute and forensic settings and examination of mindfulness based therapy to promote long term physical and psychological health after bariatric surgery.
We have an academic health science network partnership with Imperial College London, as well as links with University College London, King's College London, Buckinghamshire New University, the University of West London and the University of Surrey and industry partners such as Oxehealth.

Hammersmith and Fulham Integrated Care Partnership

This year our Board approved the formal means to be full participants in the Hammersmith and Fulham Integrated Care Partnership, which numbers Imperial College Healthcare and The Hammersmith and Fulham GP Federation among its membership.

The chosen vehicle to deliver greater collaboration across the health and social care system in Hammersmith and Fulham is for each of the member organisations to form 'Committees in Common' which we did this year.

The Integrated Care Partnership aims to design a practical joined-up approach to population-based healthcare – collectively looking after the whole health needs of local people, from the beginning to the end of life, rather than providing separate aspects of treatment, as distinct provider organisations, and only when they are sick.

Excellence

Care Quality Commission

Over the past year, we have been formally inspected by the Care Quality Commission (CQC) twice, and while each visit has identified learning and improvements we can and will put in place, each has also shown how much we have improved in a short space of time.

The CQC visited Broadmoor Hospital in July 2017 to follow up their December 2016 inspection. They found an improved staffing situation, particularly with regard to qualified nurses; and that the vast majority of patients were being offered 25 hours of therapeutic activity a week.

They also found that further work was required to improve the staffing situation. Since July, the staffing position at Broadmoor Hospital has continued to improve and at the end of March we had 46 registered nurses and 10 unregistered nurses in post. We also recruited to occupational therapy and allied health professional posts.

The CQC also published a re-inspection report on our acute wards and psychiatric intensive care unit in February 2018. As this was a focused inspection, the service was not re-rated. As well as areas for improvement and learning, the report highlights good practice and notes that "good progress had been made in some key areas".

The CQC noted that we had improved our bed management, creating additional capacity; strengthened our physical health screening; made sure our risk assessments are comprehensive and up to date; and that we focused on supporting our staff with regular supervision and reflective practice groups.

The CQC also highlighted areas where we need to make further improvements. Notably, like many other trusts, recruiting and retaining registered nurses continues to be a challenge and we have put in place a wide range of measures to tackle this.

Quality improvement programme

Over 150 staff have now completed Quality Service Improvement and Redesign (QSIR) training – the main vehicle for our overall quality improvement programme. The initiative, developed by NHS Improvement (NHSI) helps staff to think differently, lead improvements more effectively and apply the QSIR methodologies to projects.

The Trust secured specialist training with the Institute for Healthcare Improvement to train Quality Improvement Advisors who act as mentors to projects across the Trust.

Projects this year included an initiative to reduce violence on Lillie Ward in the Hammersmith & Fulham Mental Health Unit. Before the improvement project, this female assessment ward had one of the highest rates of violence and aggression in the Trust. Our strategic aim is to reduce harm through the reduction of restrictive practices, such as the use of restraint, enforced treatment and seclusion to manage violence and aggression. After attending QSIR, a team from Lillie Ward introduced several changes including team safety huddles every morning, buying outdoor furniture for the enclosed terrace, having drinks and snacks freely available at all times, and increasing reading material for patients.

The following measures were used to monitor the impact of these changes: incidents of violence, incidents resulting in a restraint, patients with a length of stay over 50 days, staff sickness and incidents resulting in enforced treatment. The QSIR project successfully achieved a reduction in all of these elements. There was a 50% reduction in violence and aggressive incidents, double the project aim. The team has reflected that they now have a more therapeutic ward environment and they are able to communicate effectively about violence with fewer hierarchal barriers.

Our Medical Director Dr Jose Romero-Urcelay led a 'Hospital at Night' quality improvement project. This project looked at the safety and efficiency of our services at night, such as handover processes, use of personal alarms and junior doctor workload at night. The project team's recommendations included creating junior doctor on-call handbooks, ensuring consistent liaison and out of hours supervision for trainees across the Trust, and providing adequate rest facilities for trainees.

Unsung Hero Awards

Karen Spick, Team Secretary at Broadmoor Hospital, won the award for administration and clerical Leader of the Year at the prestigious national Unsung Hero Awards. The Portering Team at St Bernard's Hospital were shortlisted as the ancillary staff Team of the Year. Both teams were also recognised at the Trust's annual Quality Awards.

Health Business Awards

The Men's Medium Secure Service in West London Forensic Services (WLFS) won the Patient Safety Award at this year's Health Business Awards for their work to reduce restrictive practices. The Health Business Awards recognise and celebrate the significant contributions made each year by organisations and individuals that work inside and alongside the NHS. Awards are presented in 19 different categories, focusing on facilities, specialisms and innovation.

The Men's Medium Secure Service have been recognised for developing measures that reduced the use of restrictive practice such as physical restraint, medication, seclusion, and the incidence of violence within adult secure services. The project was carried out to improve service user experience, maintain safe services, and focussed on improving the experience of safety for patients and staff, while minimising the need for the detrimental and criticised use of restrictive interventions.

As a result, since 2016, the service has showed a 60% reduction in medication-led restraint, with 238 reported episodes of restraint in 2015/16, and 209 in 2016/17 – a 12% reduction.

High Sheriffs' Awards

We were also very honoured and proud in March 2018 when the High Sheriffs from the Royal County of Berkshire and the counties of Oxfordshire and Buckinghamshire chose to recognise staff at Broadmoor in a special ceremony including individual awards for outstanding patient care and service.

Team of the month and employee of the month

During 2017/18, the Trust continued to focus on recognising staff achievement and making awards to employees of the month and teams of the month.

Both employee and team of the month are chosen using a voting system by the executive team and are often competitive with up to 10 nominations a month.

Quality Awards

This year, we relaunched a revised and expanded Quality Awards programme. The annual fixture, now in its thirteenth year, recognises outstanding staff achievements, shares best practice across the Trust and with stakeholders and gives us an opportunity to celebrate just a fraction of the excellent work from the last year.

It was a record breaking year with over 430 nominations for staff, teams, carers and patients. The new format event saw us welcome 300 staff and stakeholders to the Garden Rooms at Syon Park in Isleworth for an informal barbeque and awards ceremony, which was positively received.

Broadmoor Hospital security audit

Broadmoor Hospital achieved the highest possible rating in NHS England's 2017 annual security audit. The annual security audit has given Broadmoor a 'green – substantial assurance' rating. The audit was carried out by staff from Rampton and Ashworth High Secure Hospitals in 2017 and means Broadmoor has the highest possible score for its security procedures.

Electronic patient record

Significant development work has taken place this year to improve the electronic patient record (EPR), for staff, patients and carers. This will continue during 2018/19. The main aim is to ensure that enhancements to the EPR embed and enhance good clinical practice. This is being taken forward by the Clinical Design Group, chaired by the Medical Director and the Deputy Director of Nursing, reporting to the Clinical Governance Group and the Strategic Technology Investment Group.

A standard operating procedure (SOP) is being developed with the aim of making practice consistent and, more importantly, ensuring information is available to develop sophisticated processes (such as alerts regarding combinations of medication) and to share with other organisations, patients and carers. In parallel, the EPR training has moved from being primarily technical to a practice based approach.

Our current EPR, RiO, has been reconfigured to improve key areas such as recording of both physical health and seclusion. This supports the wider Trust drive to integrate mental and physical health. The next initiative will focus on adding a core clinical summary for each patient including a change to the risk assessment process, a standard formulation and improvements to care planning.

Meanwhile, integration with the EPRs of other health organisations is taking place, in order to share information more effectively. This is at a relatively early stage at present, although a great deal of technical work has taken place. The North West London (NWL) region is considered to be relatively advanced with respect to integration and the Trust Chief Clinical Information Officer co-chairs the main NWL governance group, the Technical Design Authority.

We are continuing to review the EPR to consider whether RiO and other associated systems deliver the best solution to our needs.

Improving Access to Psychological Therapies (IAPT)

Our IAPT services are borough-based covering Hounslow, Hammersmith & Fulham, and Ealing. This year the IAPT teams have all launched online platforms to enable patients to access cognitive behavioural therapies 24/7. This new resource offers patients evidence-based treatments at a time that is convenient to them.

The treatments address issues such as depression, low self-esteem, stress and other anxiety disorders. The teams have also created or adapted modules in response to patient feedback including tackling worry and breathlessness. So far, 400 people have benefitted from this online treatment option and the feedback has been overwhelmingly positive.

Our IAPT services are among the national 'early implementer' sites working with NHS England on integrating psychological therapies into physical healthcare. The aim is to improve the care offered to people who are suffering poor mental health due to their physical health condition.

Our teams have created better links with services like cardiology, diabetes and respiratory services and provided training for specialists. This means that patients attending these physical health care appointments now have more support and can be more easily referred to IAPT groups.

Hammersmith & Fulham IAPT (known as Back on Track) received some impressive recognition during the year. Saeed Khalilirad, a clinician with the team, won a Trust Quality Award for Diversity in 2017. This recognised Saeed's work to engage the Iranian community in the borough, including providing workshops and written materials in Farsi.

Meanwhile, the work of the wellbeing team in Hammersmith & Fulham IAPT was highlighted as an example of best practice by NHS England who featured it on their website and Twitter feed.

Community mental health survey

At the Trust we are constantly looking to evaluate the impact of our quality improvement programme, and the CQC's 2017 Community Mental Health Survey demonstrated a significant improvement across a wide range of measures.

The National Service User Survey was undertaken for the Trust between February and June 2017, and the findings are based on 199 responses from service users in the community. This year's results found 85% of service users felt they had been treated with dignity and respect by the Trust, and 81% felt the person they had seen listened to them carefully – both figures have shown an increase of 5% from 2016.

70% of people also said they knew who to contact out of hours if in a crisis – compared to 63% in 2016. Overall, 24% of service users rated their experience as 'Good' and 53% as 'Very Good'. Only 6% rated their experience as 'Poor' – and this has reduced by 4% from last year. However, only 43% of service users said they knew who was in charge of their care if the people they saw for care and services had changed in the last 12 months, and in 2016, more service users felt informed (48%).

As well as this, 73% said they felt treatments or therapies that did not involve medicine were explained in a way they could understand, but more service users understood these aspects in 2016 (85%). 65% said they were involved as much as they wanted in deciding on treatments or therapies, whereas more had felt involved in 2016 (77%).

The survey feedback provides valuable information on areas of focus for improvement.

Gold standard work experience

Fair Train, a national charity and owners of the national Work Experience Quality Standard accreditation, awarded our Learning and Development Team (L&D) with the highest level of accreditation, Gold, for its work experience programme.

The Trust's delivery of work experience was praised for meeting the needs of different applicants, as well as providing interviewing skills and employability skills training to prepare individuals for their future career.

As well as this, Fair Train praised the L&D Team for its work experience application process, personalised programmes and production of an interactive work experience booklet, describing it as an innovative and engaging way of communicating with young people.

Growing our own nurses

This year we launched a new nursing degree apprenticeship in partnership with Buckinghamshire New University and Central and London NHS Foundation Trust, to give healthcare support workers a new route to pursue a career in nursing. The fully funded programme is one of the first

of its kind in London and means that staff who want to make the leap into nursing will receive the very best possible support and education.

Nursing Conference 2018

Our annual nursing conference, held at the home of English rugby in Twickenham, was an opportunity to celebrate achievements and to share good practice. The most powerful moment of the day was when two patients from the Cassel Hospital shared their personal journeys. Their aim was that nursing staff should hear how to help other people, like them, more effectively.

The nursing conference received very positive feedback from attendees and demonstrates our commitment to continuous improvement and learning.

Caring

Triangle of Care

The Trust is committed to putting the Carers Trust's Triangle of Care in place. The Triangle of Care sets out how carers, service users and professionals should work together to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers.

The six standards of the Triangle of Care are:

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

Work on implementing the Triangle of Care is ongoing and we hope to have achieved our membership by the end of 2018.

King's Fund Collaborative Pairs Scheme

We also worked with We Coproduce on a 'collaborative pairs' initiative where Trust senior leaders have worked on a joint improvement project with a patient or carer under the supervision of the King's Fund.

Carers' Champion on the Board

Our Director of Nursing and Patient Experience, Stephanie Bridger, took on the role of Carers' Champion at Board level and brings the carers' perspective into the Boardroom. The Board also regularly hears from patients, service users and carers at a specially convened session prior to each Board meeting. This enables board members to hear and see at first hand the good work and the challenges faced by patients and carers. The Board also meet with patients and carers at Broadmoor.

Safeguarding children and adults

The Trust is represented on all Local Safeguarding Children and Adults Boards and their sub-groups, which continue to enhance and support a multi-agency approach to safeguarding. The function of these boards is under review nationally and this may affect future Trust responsibilities. Trust representation at specific panels such as MARAC (Victims of Domestic Abuse) and Channel (clients who are seen to be engaged in radicalising activity) has been strengthened to provide a consistent contribution by the Trust.

During 2017/18 the Trust focused on a number of key safeguarding concerns. Firstly, we increased our safeguarding children level 3 specialist training from 60% at the beginning of the year to 86% by the end of the year. This training is for staff who work directly with children and young people, mainly our CAMHS teams, but also includes liaison and perinatal teams.

Secondly, we focused on the national initiative to prevent violence against women and girls and the safeguarding of both adult women and girls. We had secured a voluntary, time-limited contract with Standing Together against Domestic Violence (STADV). STADV provided additional training to staff who expressed a commitment to tackle domestic abuse and we now have a number of Domestic Violence Champions within clinical services. The training will be supported by establishing and maintaining relationships with external domestic abuse agencies.

Safeguarding children

In March 2018 our CAMHS and adult services in Ealing were reviewed as part of a CQC inspection of children's safeguarding and 'looked after' services in the borough. The early feedback is good: our partnership with children's social care was found to be strong. Ealing CAMHS were commended as strong contributors to early help services in Ealing, enhancing support to children and their parents and ensuring emotional health and wellbeing. Children are seen in a timely way by our CAMHS 'out of hours' service; and a new protocol for transitions to adult services was seen to work effectively.

The adult team was commended for a strong 'Think Family' approach to their work with clients, where children are considered right through from the Single Point of Contact (SPOC) and assessments. Processes to consider risks were highlighted: "There is good management oversight of children of adults, the daily Zoning board and safeguarding activity" and our perinatal services were good, with robust and consistent services that safeguard children.

We are awaiting the draft report. There are areas where we know we can improve, such as in our internal processes in support and supervision with staff, and we look forward to receiving the full inspection report.

Safeguarding adults

The Safeguarding Adults Named Professional's principal role is to establish and develop structures, pathways and relationships internally and externally to support safeguarding adult practice Trust-wide. An additional resource to support practice is the availability of both the Named Professional and Advisor/Practice Development Lead to provide advice to practitioners with individual cases.

To understand further how the Trust responds to safeguarding and concerns raised, the data is reviewed monthly. As a consequence, we are delivering bespoke training to address identified needs and to ensure all practitioners are equipped with knowledge and tools to respond to the concerns. Feedback on the data and safeguarding needs is circulated and discussed in each of the service's governance forums.

To reinforce the chief principle of Making Safeguarding Personal, the safeguarding team attends the Local Services' community teams. This provides inpatients with the opportunity to discuss safeguarding, their views and experiences of this directly to the safeguarding team.

We have also set up safeguarding clinics in the three London boroughs covered by the Trust to make the team more available to clinical staff for the same purpose.

Safeguarding is embedded within the Trust Serious Incidents and Complaints team. We have developed 'Think Incident, Think Safeguarding' guidance to remind the governance team and practitioners of the requirement to consider safeguarding.

Safeguarding key development plans

In 2018 to 2021 our development plans include:

- Strengthening safeguarding governance and assurance. A Trust-wide safeguarding group has been created, chaired by the Medical Director (executive lead for safeguarding), to give oversight to safeguarding matters across the Trust. Stronger pathways will be established between the safeguarding team and internal governance structures.

- Developing a strategic response to domestic abuse (policy, procedures and training).

- Formalising the learning from CQC visits and recommendations from local and national serious case reviews and safeguarding adult reviews.

Consensus statement on personality disorder

Dr Oliver Dale, Consultant Psychiatrist and the Trust's clinical lead on personality disorder and the Cassel Hospital, contributed to the creation of a consensus statement calling for improvements in care for people with personality disorder. The diagnosis of personality disorder can be described as a long standing pattern of emotional and cognitive difficulties which interferes with many parts of a person's everyday life including their relationships, work and social situations.

The consensus statement was created by a group of leading experts in this complex field and was launched at Westminster by The Rt Hon Norman Lamb MP. It is hoped that the statement will lead to the development of a national personality disorder strategy.

Service User and Carers Committee (SUCE)

We seek to closely involve service users, patients, carers, advocacy groups, charities and support networks in the work of the Trust. One of the ways we do this is through the quarterly Service User and Carer Committee, which is facilitated by the Director of Nursing and Patient Experience, who (as previously noted) is also the Carers' Champion on our Board.

Work this year has included the major project to embrace and embed the Carers' Trust's Triangle of Care. The Committee also received updates from advocates including Healthwatch and from local branches of charities such as Mind.

The Committee is co-chaired by service users and a number of the members are current or former patients, service users and carers. This structure enables the Trust to regularly and meaningfully engage with service users and carers.

Patient Led Assessment of the Care Environment (PLACE)

The annual PLACE scores were published in August 2017. We were pleased to note that we are scoring highly for privacy, dignity and wellbeing and dementia-friendly environments. We very much welcome patient, service user and carer feedback and the PLACE audits are a key tool in seeking to improve patient experience.

Under PLACE, all NHS funded healthcare providers in the UK are required to undertake an in-depth assessment of all qualifying inpatient settings as part of a national programme.

The assessments focus on how the environment supports service provision and patient care, looking at non-clinical aspects such as cleanliness, food and maintenance and the extent to which the environment supports privacy, dignity, dementia and disability compliance.

Hounslow Hawks FA award win

Hounslow Hawks Football Club (FC), managed by our Occupational Therapy Service and partly funded by the Trust's charity, won a 'Best Inclusive Project' Football Association (FA) Community Award for encouraging participation from all regardless of age, sex, race or disability, as well as for championing social inclusion schemes within the Hounslow community.

The FA Community Awards recognise and reward grassroots clubs, coaches and volunteers across the country who keep the spirit of football alive. Categories are initially judged at a county and regional level before a national shortlist is announced.

Hounslow Hawks FC, which provides football as therapy for service users living with a mental illness and, has been running under the guidance of the Trust's Occupational Therapy Technician Michelle Nielson for 10 years. Service users receive weekly football training and attend monthly league matches, and the project aims to reduce stigma surrounding mental health, maintain psychological wellbeing and help prevent re-admission to acute services.

Suicide prevention strategy

The Trust launched an updated suicide prevention strategy in December 2017. Based on key policy documents and current research on suicide and suicide prevention, the policy has been rolled out to service lines which are now developing action plans based on the key recommendations most relevant to their area of practice.

We were one of the first trusts to sign up to the Zero Suicide Alliance in November 2017. The Alliance aims to use the best prevention evidence to immediately reduce the number of suicides in the UK; and we worked collaboratively with our three boroughs' Health and Wellbeing Boards on their suicide prevention initiatives.

Blue plates

From February 2018, all patients in The Limes, Southall, begun to receive meals on blue plates as part of an initiative to serve dementia-friendly meals.

Research demonstrates that changing from white to blue plates enables patients with dementia to see food better, as sometimes they experience difficulties with their sight and perception.

For example, chicken, mashed potatoes, porridge, white bread and other typically pale-coloured foods stand out more on blue plates and encourage individuals to eat more. This will both reduce food wastage and improve patients' nutrition.

The use of blue plates has also been introduced at other NHS Trusts. As part of the pilot, the Trust's dietitians and catering suppliers, Outsourced Client Solutions (OCS), will be measuring food wastage over the next three months to monitor improvement.

Mental Health Awareness Week

Chief Executive Carolyn Regan launched a week long self-care campaign to mark Mental Health Awareness Week in May 2017 by saying "It's OK to talk about mental health and say I need help".

The Trust took part in the Mayor of London's green ribbon campaign to raise funds and awareness of mental health issues. We also worked with the Wellbeing Network in Hounslow to launch the Human Library project based on the idea of borrowing a book from a library, but instead 'borrowing' a human. Your 'borrowed human' tells you their story which you then discuss together. The aim is to connect, get people talking within the community and to challenge stereotypes.

The Trust ran a social media campaign on Twitter throughout the week including self-care messages, as well as information about getting support and the services available. In addition, we highlighted the beneficial role activities such as gardening play in patients' recovery by showcasing the allotment club in our Thames Lodge medium secure unit.

World Mental Health Day

The Trust marked World Mental Health Day in October with events including a music evening with We Coproduce (formerly West London Collaborative), 'Walk and Talk' – a sponsored walk, a football tournament, 'Tea and Talk', a reflective art project channelling positive thoughts, and again ran 'The Human Library' – the scheme described earlier where people can borrow a 'human' as a book to hear their stories.

The music event at the Grange in Ealing was organised by We Coproduce and featured poetry, music and rap, including a catchy novel rap penned by people who use our services – with a title that summed up the evening 'Music is my therapy'.

The Mayor of Hounslow, Councillor Sue Sampson, joined local residents to take part in 'Walk & Talk' – a free 10km walk organised by the Trust and Brentford Football Club Community Sports Trust. The event aimed to tackle the stigma around mental health and promote the benefits of being active.

Staff and service users in the Orchard women's unit volunteered to be a 'human book' as part of the Human Library experience. Staff and service users 'borrowed' a book for five minutes to share thoughts and experiences on this year's theme Mental Health and the Workplace.

Mental Health First Aid

This year has seen the Trust significantly develop its Mental Health First Aid (MHFA) offer. Ealing Council commissioned the Trust to include MHFA among the range of services it provides in the borough, following the award of additional funds from Health Education North West London in 2017.

Following this development, the Trust offered to host a bespoke training event for the staff of local MPs. The training, which was delivered in partnership with One You Ealing, aimed to support staff in their work with local constituents.

By the end of the course, participants could:
• Identify the discrimination surrounding mental health issues
• Define mental health and some common mental health issues
• Relate to people's experiences
• Help support people with mental health problems
• Look after their own mental health.

Mental Health First Aid Lite courses are now available to all staff and do not require any prior clinical knowledge or experience.

Food and drink strategy

In June 2017, the Trust launched a new three-year food and drink strategy which has been developed to benefit all of the Trust's service users, visitors and staff. The facilities team worked alongside the dietetics service and catering contractor Outsourced Client Solutions (OCS), as well as service users and carers to promote healthier food choices.
The aim of the strategy is to provide a range of food options that reflect the Trust's diverse community. Service users will have the opportunity to obtain roles in purchasing, stocking, selling and producing food to not only make healthier choices but as part of their recovery.

We have highlighted the impact that food and drink choices have on both physical and mental health and wellbeing. Specifically, we have taken action to reduce consumption of sugary drinks. We asked our vending machine suppliers and our contractors to reduce sales of sugar sweetened drinks and all agreed. This topic is also being discussed at patient forums.

One You Ealing

In its first year, One You Ealing – a primary care physical health service delivered by West London Mental Health NHS Trust – saw a stream of successes, including setting over 2,000 quit dates through its 'Smokefree Ealing' initiative.

The national 'One You' campaign from Public Health England is designed to help people improve their health, and One You Ealing encourages local residents to rethink their lifestyle choices through providing services such as a smoking cessation programme, community health checks, healthy walks and tuberculosis (TB) awareness sessions.

In addition to a 91% service user satisfaction rating, Smokefree Ealing also achieved a 47% quit rate. Its Child Weight Management programme has also generated positive outcomes: 86% of children who completed the programme maintained or reduced their weight, as measured by their BMI Z-score, and 69.3% achieving these outcomes were from minority ethnic groups.

West London Mental Health Trust Charity

During the year we took some more steps to make the Trust's charity more visible and accessible. We set up a Virgin Money Giving page so that we can take online donations, we redeveloped the

web pages, and we publicised the charity more widely through press releases on projects and via @WestLondon, our magazine.

The charity made donations to support a sensory garden room at the Limes inpatient unit for dementia patients in Southall and to install an all-weather sports pitch at the Wells Unit, Ealing, for adolescent young men. Some fundraising activities took place but more needs to be done now to raise the profile of the charity and stimulate fundraising initiatives. We plan to use the NHS 70th birthday in 2018 as a springboard for further charity fundraising.

Future plans

24/7 Psychiatric Liaison Service

Following a successful bid in 2017 to NHS England for funding to extend our Psychiatric Liaison Service, we negotiated with local commissioners to release funding and to make an ongoing commitment to support this service. This is a huge milestone for the Trust in terms of developing services in line with the Five Year Forward View, providing a more seamless service for service users and their carers. This development, which will also release Crisis Assessment and Treatment Team (CATT) colleagues from the night time role to be able to extend their service provision in other areas, will go live during 2018/19.

Southall Sport England

Following a successful bid for funding by Ealing Council, supported by West London Mental Health NHS Trust and its primary care physical health service One You Ealing, Sport England has selected Southall as a pilot site to help residents become more physically active.

Southall will receive a share of £100m National Lottery funding as part of the pilot scheme, which will run over the next four years. The scheme aims to build healthier communities and increase access to sport and physical activity. As well as Ealing Council and local NHS services, the pilot involves many community organisations, businesses, charities and faith groups.

Estates Strategy

Our Estates Strategy is designed to radically upgrade our facilities and invest in new accommodation and services for the benefit of our patients.

The last year has seen work progress on the new, state of the art, Broadmoor Hospital, which we expect to open in the next financial year. The redevelopment is behind schedule on some key milestones such as the patients' move, but it is vital we get the new hospital right before patients and staff transfer. We have strengthened the governance on the Redevelopment Programme Board by appointing an independent director with a background in major capital healthcare projects to provide additional oversight and scrutiny as well as technical expertise.

The new high secure hospital is designed to ensure patients are cared for in a fit for purpose environment which will encourage and support their recovery journey. The current hospital's disjointed layout means staff spend a great deal of time escorting and observing patients. The layout of the new hospital reduces this need, releasing more time for therapeutic activities. The business case for the new hospital is also predicated on reducing maintenance costs, freeing up investment for patient care.

Patients, the local community and carers have been kept updated on the development via local stakeholder forums, patient forums and regular carers' meetings. Patients have been actively involved in designing art installations and booklets about the new building and communicating its emphasis on hope and recovery.

We hosted a number of high level visits including the local Bracknell MP Dr Philip Lee, Chief Executive of the CQC Sir David Behan, Chief Executive of the NHS Sir Simon Stevens, the founders of Positive Practice in Mental Health Tony and Angie Russell, the High Sheriffs from the Royal County of Berkshire and the counties of Oxfordshire and Buckinghamshire, High Court

Judges, and others who have all been impressed by the vastly improved quality environment the new hospital offers compared to its current facilities.

In August 2017, we marked the tenth anniversary of The Orchard, our women's forensic unit based at St Bernard's Hospital, Ealing. The women from the Orchard, their occupational therapists, nurses and other health professionals put on a great display of artwork and music. Henna hand designs, bespoke t-shirt printing, displays and a barbeque were enjoyed by over 100 guests. They were joined by Chief Executive of the CQC Sir David Behan who joined in the celebrations and declared himself "positively uplifted" by the stories of hope and recovery and the atmosphere at the Orchard.

This year our Recovery College moved into the new Brentford Lodge building in Isleworth. We expect some other services, including the Hounslow Wellbeing Network, some aspects of Improving Access to Psychological Therapies (IAPT), and some of our primary care mental health care team to move in later next year. The new accommodation has been refurbished and will provide a much better environment for our patients, as well as being very convenient for local transport links.

We approved our next major capital project in our West London Forensics Service, the £8m development of Medway Lodge on the St Bernard's Hospital site. We are planning to relocate services in The Limes and Jubilee Ward into a brand new secure building with modern, fit for purpose facilities in line with our Estates Strategy.

Values Based Growth

We will continue to deliver our five year strategy for the organisation which sets out our vision for West London Mental Health Trust to be a leading provider of outstanding health and social care in West London and beyond. We conducted a public consultation on our strategy in autumn 2018 and finalised it in December 2018.

The Trust has adopted a Values Based Growth approach to the assessment of commercial opportunities. When considering opportunities to tender for new business, we will ensure that these opportunities are assessed critically and in line with our values. Our approach is to work with services which complement our current portfolio in terms of service, clinical expertise and geographic footprint.

Performance analysis

Key operational standards

The Trust monitors a range of key performance indictors (KPIs) which focus on the main areas of concern; these may change during the year. In 2017/18 these included:

• **KPI001:** Inpatient admissions gatekept

• **KPI002:** Delayed transfers of care

• **KPI008:** New complaints received in period

• **KPI009:** Number of Complaints not responded to within agreed timeframe

• **KPI014:** Level 2 incidents commissioned

• **KPI019:** Care Programme Approach 7 day follow up

• **KP022A:** Physical health assessment within 24 hours of admission

The Trust is generally performing well against the quarterly targets and indicators within the Single Oversight Framework, Mental Health Services Data Set (MHSDS) and NHS England key performance indicators.

The Trust's performance on the Early Intervention Psychosis (EIP) intervention target has improved during the year but the data should be caveated with the fact that the Trust is only funded by commissioners to treat patients who are under age 35, whereas the national target is for up to age 65. This funding gap results in a reduced ability to meet the demand across all ages and within the national target timeframe.

During 2017/18, the Trust worked closely with partners including local authorities and has managed to significantly reduce delayed transfers of care (DTOCs).

The Trust monitors its key performance indicators (KPIs) on a monthly basis through the Board, supported by its sub-committees. These KPIs are presented alongside the Trust's key strategic risks contained in the Board Assurance Framework. This provides additional assurance that key risks are being managed effectively.

The performance indicators are reviewed annually to ensure reporting continues to monitor the most relevant monitor key performance indicators and enables the Board to focus on key areas of service quality and effectiveness. Underpinning this is the Trust's governance structure which monitors performance and activity in further detail. All clinical service units have localised scorecards that monitor key targets and performance.

Balanced scorecard

KPI #	Access and Waiting Time Standards	Plan	Quarterly Performance Trend			
			Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI079	% of People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - **overall Trust level**	50%	50.8%	53.2%	48.7%	59.3%
KPI079A	Number of People waiting more than two weeks to enter the Suspected First Episode Psychosis Pathway – **EIS (no.waiting >2 weeks/no.waiting to enter treatment)**				2/8	3/6
KPI079B	Number of People waiting more than two weeks to enter the Psychosis Pathway - **CAMHS**				0	0
KPI079C	Number of People waiting more than two weeks to enter the Psychosis Pathway – **Recovery (no.waiting >2 weeks/no.waiting to enter treatment)**				8/8	8/8
KPI080	IAPT - % of referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral	95%	99.7%	99.9%	99.7%	99.7%
KPI081	IAPT - % of referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral	75%	90.5%	93.5%	93.7%	92.6%
KPI082	Avg Waiting times Referral to Assessment (Routine) - Local Services (Weeks)	4 wks	5.5	4.9	4	4.3
KPI050	Elective Inpatient: Broadmoor Referral to admission >12 wks (No. of patients)	12 wks	3	2	0	7
KPI084	Number of referrals accepted to the service (Ealing Home ward)		1068	1098	1286	1341
KPI085	Number of claimed avoided admissions (Ealing Home ward)		851	820	645	627

KPI #	Quality - Clinical Effectiveness indicators	Plan	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI001	% Admissions CRHT Gatekeeping	95%	97.3%	99.6%	99.5%	99.4%
KPI002	% Delayed Transfer of Care (Sitrep) - All reasons	<7.5%	9.2%	8.4%	5.0%	3.5%
KPI005	Data completeness: identifies MHSDS	>=97%	99.2%	99.2%	99.2%	99.0%
KPI006	Data completeness MHSDS: Outcomes for Pts on CPA	>=50%	51.3%	50.8%	49.6%	49.0%
KPI011	% Overall Trust Community DNA rate (All HCPs)	<15%	14.5%	15.0%	14.9%	12.6%

KPI013	% Inpatient Readmission Rate for Acute Local CSU (All ages and wards) (30 Days)	<8.1%	3.8%	6.1%	6.8%	8.0%

KPI #	Quality - Patient Experience	Plan	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI008	Number of new Complaints received in period (Trust)	Reduce	107	103	82	88
KPI009	Number of complaints not responded to within agreed timeframe (Open)	0	7	2	4	3
KPI010	Number of complaints responded to outside agreed timeframe (closed)	0	46	32	17	25
KPI012	% Overall Trust Cancellation rate (All HCPs)	<5%	3.0%	2.4%	2.6%	4.0%

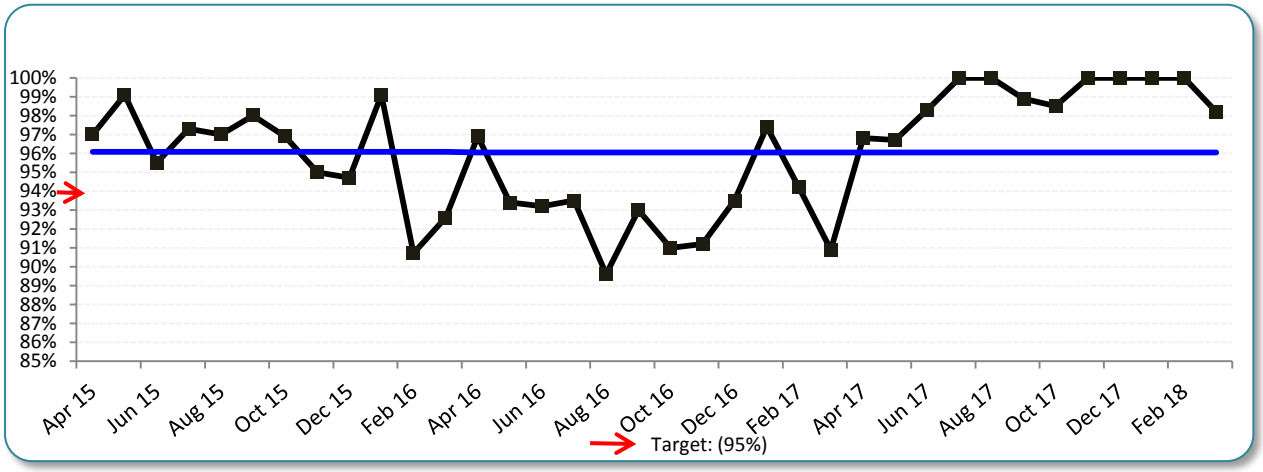
KPI #	Quality - Patient Safety indicators	Plan	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI014	Number of Level 2 Incidents commissioned	Reduce	4	13	4	6
KPI015	Number of Level 1 Incidents commissioned	Reduce	20	13	15	17
KPI016	Number of Level 2 incidents reports overdue	0	15	8	9	9
KPI017	Number of Level 1 incidents reports overdue	0	39	5	5	8
KPI018	Number of Community Suicides	0	3	5	2	4
KPI019	CPA 7 day follow up	>95%	94.9%	95.0%	95.7%	95.9%
KPI020	Service user CPA review 12 months	>95%	95.5%	94.7%	93.4%	94.0%
KPI021	% of Inpatient Risk Assessment within 72 hrs admission	>95%	96.5%	98.1%	96.7%	97.8%
KPI022A	% of Inpatients Physical health assessment within **24hrs** of admission	>95%	70.1%	80.7%	94.0%	94.8%
KPI023	Number of Safeguarding Adult Referrals made to Local authorities		141	135	141	160

KPI #	Workforce Indicators	Plan	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI024	% staff who have Objectives Set for the financial year	90%	38%	87%	88%	61%
KPI025	% Vacancy rate	<=10%	17.0%	16.3%	15.8%	16.0%
KPI026	% Sickness rate	<=4.1%	3.7%	4.1%	4.1%	4.6%
KPI027	% Spend Agency	<=5%	9.3%	8.7%	8.0%	8.0%
KPI028	Compliance Overall Mandatory Training	>85%	86%	89%	88.9%	90%
KPI029	Dignity at Work reported (new cases)	0	0	1	1	1
KPI030	Turnover rate (rolling 12 months)	12%	14.9%	14.7%	14.9%	14.8%
KPI031	Average Number of Weeks to fill a vacancy	15 wks	11.1	11.8	11.1	15.7

KPI #	Finance Indicators	Plan	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI032	Financial Efficiency - I&E Surplus Margin (%)	1.5%	-1.4%	-0.8%	0.2%	3.2%
KPI033	Cash position versus plan	+/- 10%	51%	32%	58%	60%
KPI034	Capital spend v plan ratings	+/- 10%	-35%	-43%	-46%	-37%

KPI #	External Assessment indicators	Plan	Qtr1 17/18	Qtr2 17/18	Qtr3 17/18	Qtr4 17/18
KPI037	NHSI - Financial Risk Rating	≤3	3	3	2	2
KPI083	CQC - Warning notices (Enforcement Actions)	0	1	0	0	0
KPI041	Compliance with Information Governance Toolkit (IGT)	74%	75%	75%	75%	75%

KPI001
Admissions CRHT gatekeeping

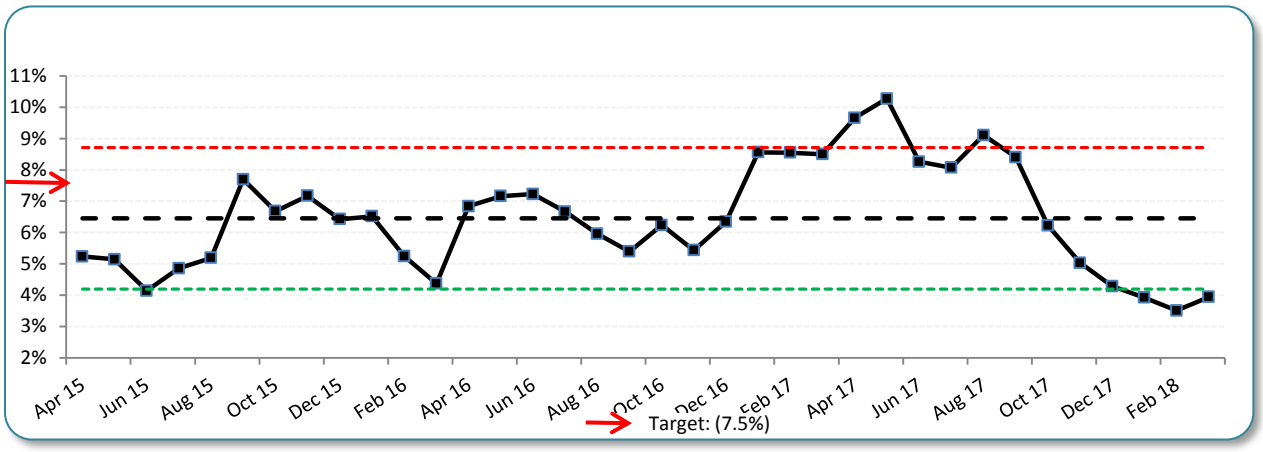


Crisis Resolution Home Treatment gatekeeping is a key target within the NHS Improvement Single Oversight Framework with a target of 95%.

As a result of reporting and recording improvements, we have achieved a sustained shift in performance with an average compliance of 99% in 2017/18.

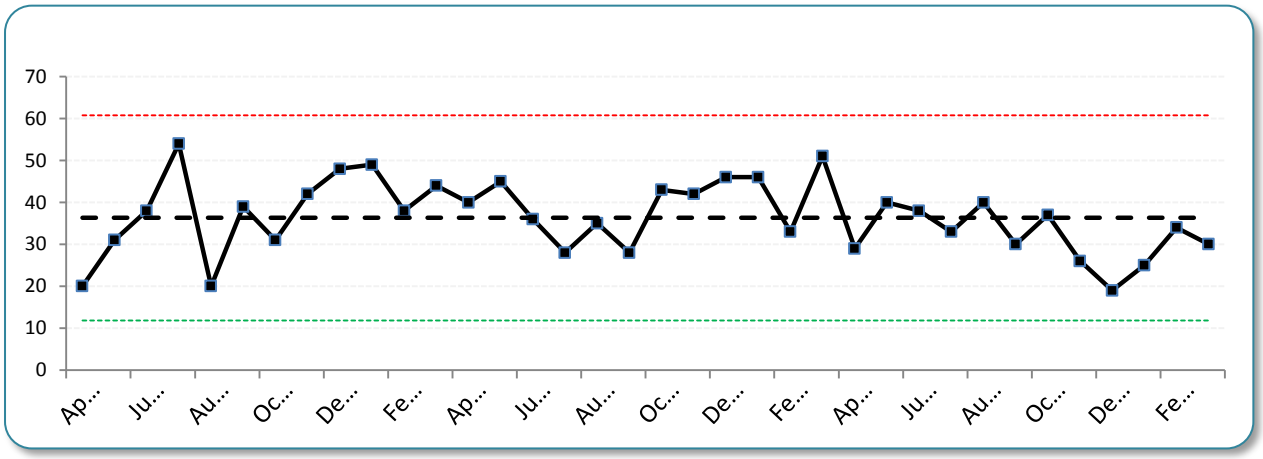
A new dashboard has been developed and is being rolled out allowing management and frontline staff to monitor this Key Performance Indicator.

KPI002
Delayed transfer of care



In its 2017/18 mandate to NHS England, the Department of Health set a delayed discharge target of no more than 3.5% of all beds by September 2017. The Trust has been operating above this mandated target for most of 2017/18 with the percentage of delayed discharges peaking between January and September 2017. However, in collaboration with local authorities and clinical commissioning groups, and following a more rigorous approach to reporting and management of delays, a significant reduction can be observed since August 2017. The Trust's Q4 2017/18 delayed discharge performance is 3.5%.

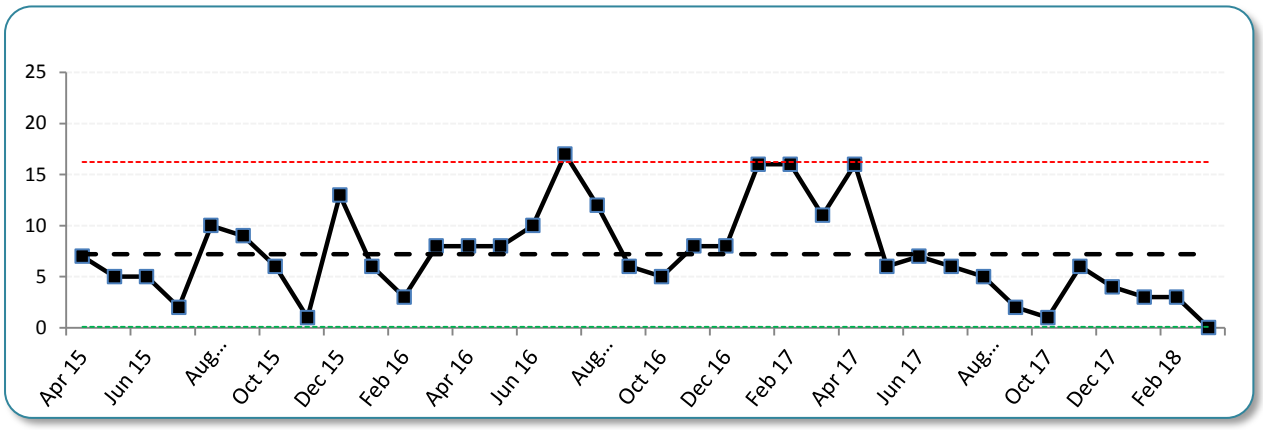
KPI008
Complaints



A total of 381 new complaints were raised in 2017/18, a drop of 24% compared to 2016/17.

Complaints about High Secure Services made up 32% of the total complaints received this year. The number of new complaints received per month ranged between 19 and 40 with an average of 32. The largest categories were 'All aspects of clinical treatment', and 'Attitude of staff'.

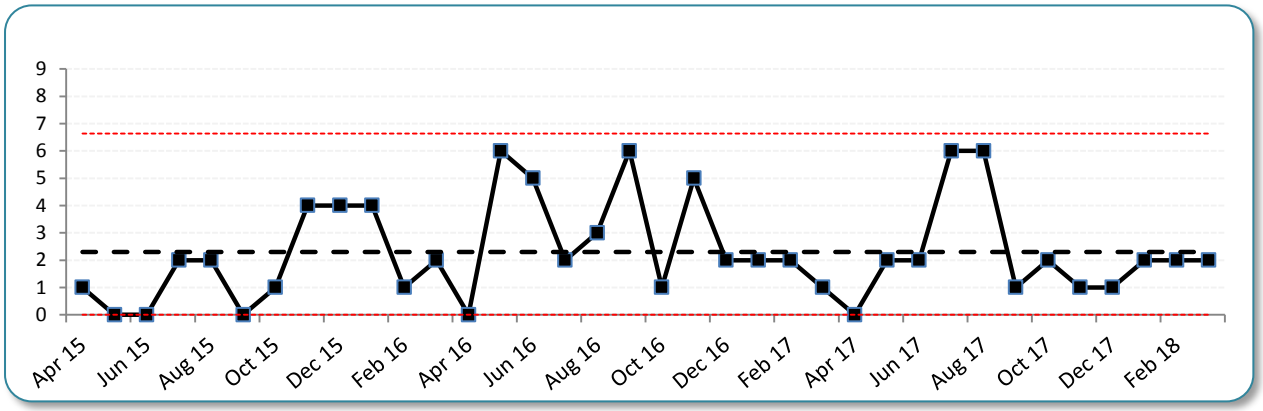
KPI009
Number of complaints not responded to within agreed timeframe



A total of 59 complaints were not responded to within the agreed timeframe during 2017/18 compared to 125 in the previous year. The largest contributors were the Access and Urgent Care and Planned and Primary Care service lines.

KPI014

Level 2 Incident investigations commissioned

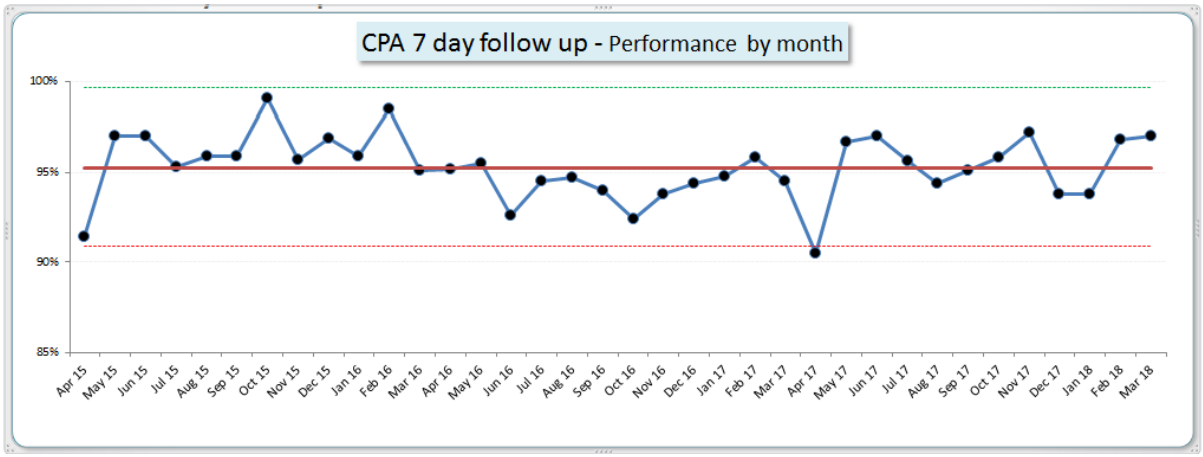


Level 2 incidents involve complex issues with moderate to severe levels of harm. These are managed by a multi-disciplinary team, involve experts and/or specialist investigators and include all the elements of a credible investigation.

A total of 27 level 2 incident investigations were commissioned in 2017/18 with an average of two incidents a month. Patient death (22) and patient self-injury (3) were the top two themes during the year, accounting for 81.5% and 11.1% of total incidents commissioned respectively.

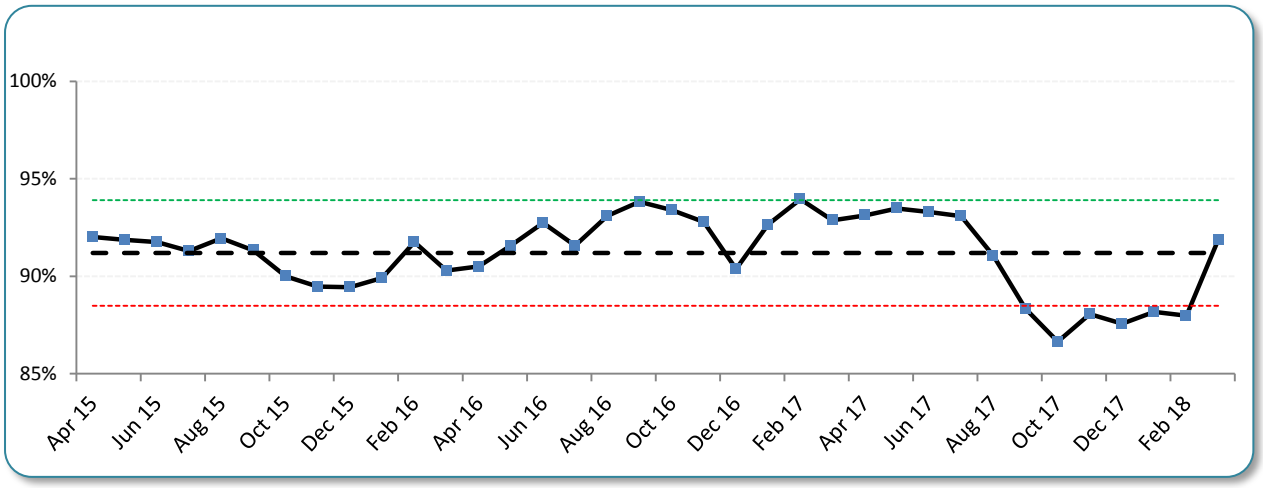
KPI019

Care Programme Approach (CPA): 7 Day Follow Up



The national target for CPA 7 day follow up is set at 95%. This indicator is monitored internally on a monthly basis and reported to NHS England on a quarterly basis. The Trust has performed above 95% in Q2 to Q4 and at 94.9% in Q1 2017-18. A comprehensive review of our data recording and clinical processes has contributed to this performance improvement.

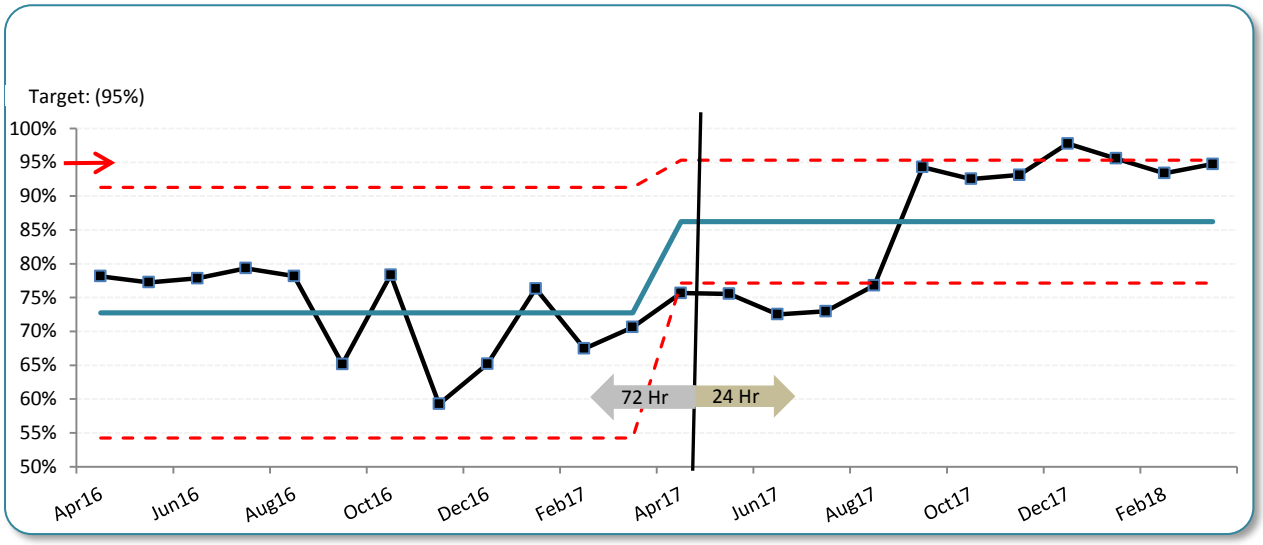
Bed occupancy (excluding leave)



The bed occupancy target (excluding leave) for 2017/18 was set by Royal College of Psychiatrists at 85%. In 2017/18 the Trust bed occupancy was 90.1% average, varying between 86.7% in October 2017 and 93.5% in February 2017.

Occupancy across the Trust has been varied with annual averages ranging from 77.5% (Magnolia ward) to 88.1% in Access and Urgent Care.

KPI022A
Physical Health Assessment



Every patient admitted to a Trust bed will have a full physical health assessment on admission. The Trust sets ourselves a target of assessing 95% of all inpatients within the first 24 hours.

The target was changed from 72 hours to 24 hours in April 2017 and the wards have worked hard to come in line with the new policy. In Q4 2017/18 we achieved 94.6 %.

2017/18 Financial performance

In April 2017 the Trust Board approved a 2017/18 annual financial plan that would deliver a £5.2m surplus. This included an anticipated profit on land sale of £3.2m, and Sustainability and Transformation Partnership (STP) funding of £1.4m.

Financial performance

For 2017/18 the Trust's audited accounts report a trading surplus of income over expenditure of £12.8m for the financial year ending 31 March 2018. This is against a planned position of £5.2m surplus. The trading position of £12.8m surplus excludes the impact of impairment, as the Trust's overall performance for NHS reporting purposes is measured net of impairment. Impairments arise as a result of a reduction in the value of an asset on the balance sheet where there is no compensating value in the revaluation reserve. The surplus does, however, include additional Sustainability and Transformation Partnership (STF) incentive and bonus income (£4.6m) received at year end as a result of the Trust exceeding the original surplus target; this income had not been assumed in the financial plan at the start of the year.

The Trust statement of comprehensive income (page 84) shows a surplus of £6.2m which reflects the financial performance of Trust for the 2017/18 including impairments (£6.6m) and STF funding.

The Trust has embarked on comprehensive transformation programmes that will alter the way services are provided. The focus remains on improving the quality of services, which will in turn improve both patient experience and deliver the required efficiencies. These include reducing the usage of private placements for patients in our care and a further reduction in agency usage and proactive recruitment to vacancies. Progress to date on these programmes has enabled the Trust to improve its financial position going forward.

There have been a number of one-off measures which have allowed the Trust to exceed its planned position including receiving a higher surplus than planned on the land sale completed in 2017/18 and capital charges on assets being lower than planned owing to delays in capital projects.

Cost improvement programme

The Trust cost improvement plan target was £9.4m in 2017/18 and we delivered £9.5m of savings, however only 57% was delivered recurrently, which means that plans to deliver the balance recurrently will need to identified in 2018/19, in addition to plans to deliver the 2018/19 efficiency target. One main area of focus for quality cost improvement plans in 2017/18 was the reduction in bank and agency staff usage. The reduction of agency staffing relied on the Trust being able to improve its recruitment and retention rates. Although the Trust did not meet the agency target set by NHS Improvement for 2017/18, we did reduce expenditure on temporary staffing in year by £6.5m compared to 2016/17. This financial saving was offset in part by the recruitment of permanent staff.

All of the quality cost improvement programmes (QCIPs) were reviewed by both the Medical Director and the Director of Nursing and Patient Experience to provide assurance that they would not be detrimental to the quality of care provided. Not all schemes were fully realised in 2017/18, so they will need to be addressed in 2018/19.

Capital

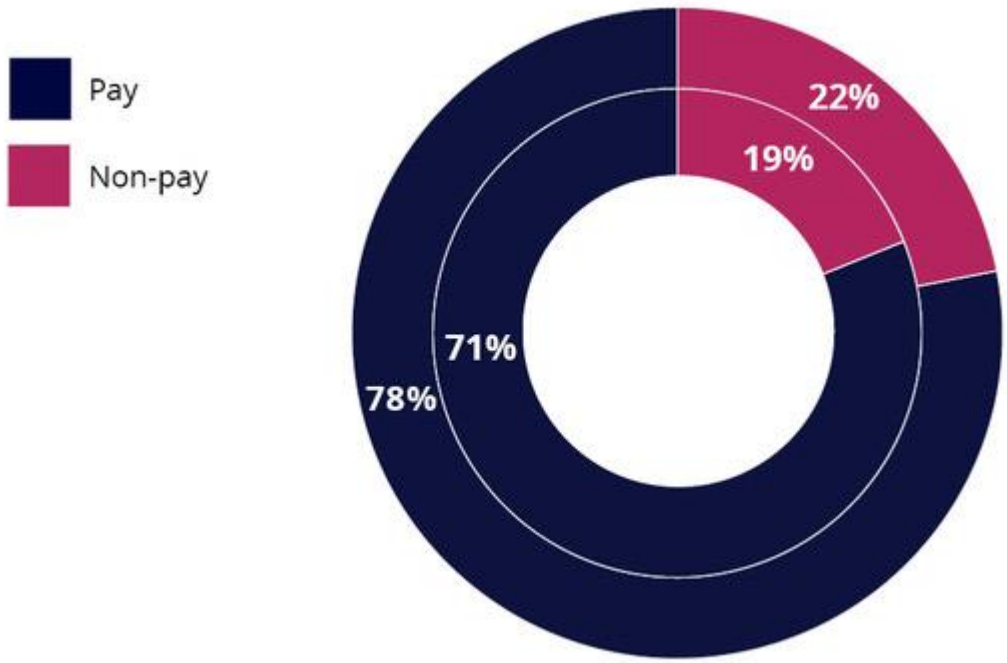
The Trust invested £22m in improving our estate in 2017/18, which related to the Broadmoor redevelopment plus investment in new medium secure services, reducing backlog maintenance, improving IT and patient environment improvements.

How we spend our revenue

The chart below compares the 2017/18 expenditure to that of the previous year. It shows that for both 2016/17 and 2017/18 the majority of revenue expenditure relates to staff pay costs. Staff costs account for 81% (£185.8m) of total operating expenditure in 2016/17 compared to 78% (£183.9m) for 2017/18.

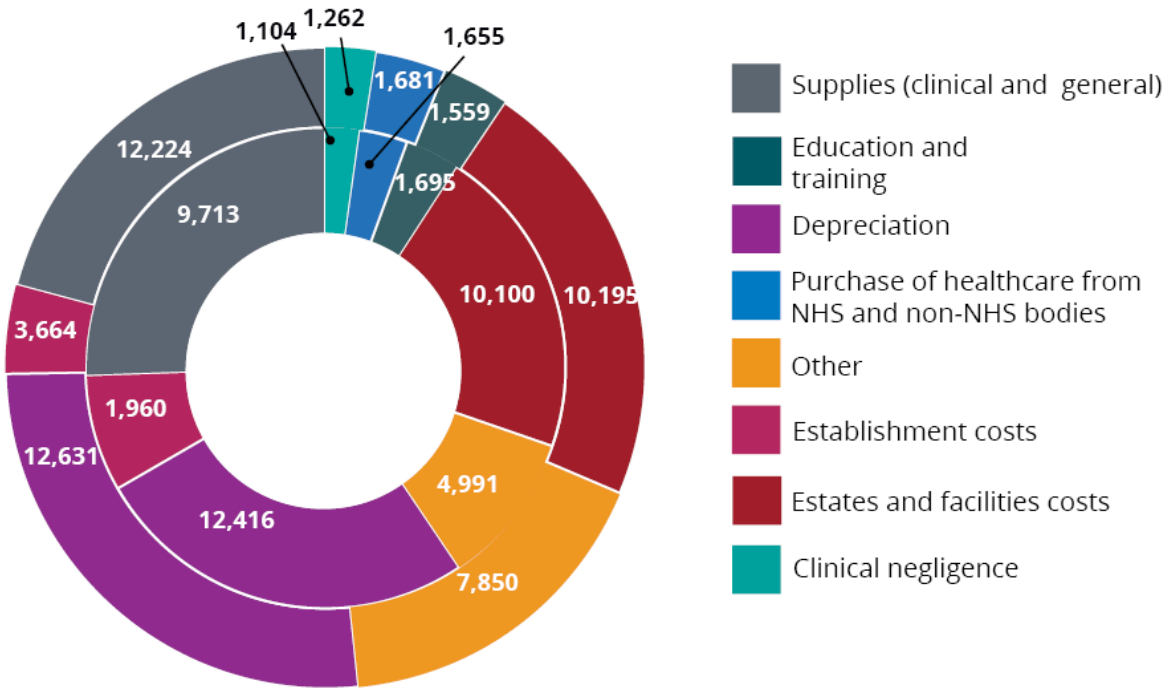
There has been an overall reduction in pay expenditure, as a result of a reduction in agency usage and an increase in substantive posts. However, the actual number of staff employed has remained similar for both years. For 2016/17 an average 3,835 whole time equivalent staff were employed compared to 3,816 in 2017/18.

Pay and non-pay comparison 2017/18 (outer) and 2016/17 (inner)



Non-pay comparison 2017/18 (outer) and 2016/17 (inner)

The year on year comparison by type of non-pay spend, under prescribed headings, is shown graphically below, with more detailed information on individual headings:



The main movements in expenditure between 2017/18 and 2016/17 are as follows.

There has been a general reduction in Estates and Facilities costs across various areas. However, this has been offset by a substantial increase in rates in 2017/18, which has resulted in an overall increase in Estates and Facilities cost.

The increase in “other” relates to a number of items, including the revenue impact of the Broadmoor capital programme such as professional and legal fees for expert advice and governance scrutiny, as well as costs associated with land sales. In addition to this there has been an increase in subscription costs including increased Care Quality Commission (CQC) membership fees, some expenditure that the Trust recharges other organisations for, and a correction to classification of expenditure compared to 2016/17.

The increase in establishment cost relates to expenditure on IT equipment as part of the modernisation plan and the move to Windows 10, as well as the move to the new high secure building. This has meant incurring expenditure on updated PCs and data circuits.

The increase in the cost of supplies (clinical and general) expenditure in the graph above relates to contracts that the Trust has been awarded that involve collaborative and partnership working with other providers for which the Trust in effect subcontracts work and incurs expenditure, but receives funding for, and is therefore offset by income.

Better Payment Practice Code

The trade creditor payment policy of the NHS is to comply with both the Confederation of British Industry (CBI) prompt payment code and the government accounting rules. The Government accounting rules stipulate that, unless otherwise stated, all invoices should be paid within 30 days of receipt of goods or services.

The Trust is measured against a 95% compliance rate target in terms of both value and number of invoices. Our performance (rounded to the nearest whole number) against this target is shown below;

BPPC Compliance	2016/17 Number	2016/17 Value	2017/18 Number	2017/18 Value
NHS Trade Invoices	97.3%	99.4%	97.3%	99.3%
Non NHS Trade Invoices	92.6%	96.4%	92.6%	97.3%

Going Concern

The Trust's directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these financial statements.

Forward View

Revenue

The Trust exceeded the required control total surplus for 2017/18 and this has resulted in a revised surplus target for 2018/19 and also increased STP funding. Therefore, the proposed plan for 2018/19 is for the Trust to deliver a £4.4m surplus (including £2m STP funding). This remains a challenging target as it assumes full QCIP delivery of £8.6m (which includes a further reduction in agency expenditure), and requires all CSUs/corporate areas to address any non-recurrent CIPs relating to previous years and relies on CSUs/corporate areas managing within their set control budgets.

These increased financial risks and efficiency saving requirements, together with very financially challenged NHS commissioners, means improvements in productivity and efficiency will remain a significant point of focus for the management team. Clearly, this will have to be achieved while national and local quality standards are maintained and increasingly this will require the continued transformation of Trust services. The continued rigorous assessment of the clinical impact of all significant Trust plans will therefore remain a vital focus for management.

Emergency Preparedness, Resilience and Response

Each year the Trust is subject to an Emergency Preparedness, Resilience and Response (EPRR) assurance process carried out by NHS England and in liaison with peer reviewers, to assess our performance in relation to NHS England's EPRR core standards.

Each of the 66 core standards are given a Red Amber Green (RAG) rating and the Trust receives an overall rating ranging from non-compliance to full compliance. There is also a 'deep dive' section which gives a detailed inspection into a specific area; this year the deep dive was on corporate governance. An action plan to address areas for improvement is agreed between the Trust and NHS England and is kept under review by NHS England through quarterly performance meetings.

During this year's assurance process the Trust was been assessed as being 'substantially compliant' against the NHS EPRR core standards which apply to mental health trusts. We scored: 46 Greens, 1 Amber, 0 Reds, with 1 core standard not RAG rated. These scores are an improvement on the previous year and NHS England commended the Trust for completing a range of EPRR exercises and training in the last 12 months.

Sustainability report

Strategic approach

The Trust is committed to continually improving the way we operate our services and processes to make sure our patients receive the very best care every day. A key concern for us is climate change: how we can help conserve the planet's resources and to deliver sustainable and fit for purpose healthcare services. So we focus on seeking new ways to create a positive impact in all areas of our operation while improving working conditions, embracing new technology, and protecting the environment with proven sustainability strategies.

Paul Stefanoski, Director of Finance and Business, is responsible for delivering sustainability.

Our Sustainability Management Strategy Plan has three core elements:

1. Environmental Impact

   Reducing any activities that cause a negative environmental impact.

2. Social Impact

   Creating a positive social impact that benefits service users and local communities by helping to address health and social inequalities.

3. Financial Impact

   Contributing to a sustainable financial position and intelligently distributing savings to drive efficiency. Actively seeking to improve our service offering and build resilience into our services for years to come.

Modernising and improving our estates

In 2017 the Trust launched a five year estates strategy to modernise and improve our estate to meet the needs of our service users and patients now and in the future.

The strategy highlights the challenges some of our staff face in providing care from outdated and poor quality buildings, and sets out the context in which we are transforming services with our health and social care partners.

We are nearing the completion of building a brand new Broadmoor hospital replacing the old Victorian hospital with efficient fit for purpose buildings, equipped with the latest technological advances and sustainability improvements.

Other ongoing work includes reinstating Medway Lodge at our St Bernard's site with refurbished wards and offices completed to a minimum BREEAM (Building Research Establishment Environmental Assessment Method) standard of very good or higher for energy efficiency to accommodate patients moving out of our old Victorian buildings.

Brentford Lodge is back in use for staff and service users, including the Recovery College, incorporating sustainable improvements to prolong the life of the building.

Canal Mews at St Bernard's has been upgraded to a high standard to offer a better training facility which can also be used as an emergency contact centre.

St Bernard's gym facilities have been updated to an impressive standard that we hope will attract more members open to the local public, patients and staff.

Performance monitoring

Climate change brings new challenges to the Trust, the risk from extreme weather conditions or events that impact on our buildings and the healthcare of our patients has been assessed for the possible effects of heatwaves, prolonged periods of cold, floods, droughts or interruptions in energy supplies.

The Trust holds internal monthly meetings featuring updates on the sustainability performances of our buildings, below is a list of areas covered and schedule.

Sustainability Performance Monitoring	Reviewed
Energy (carbon emissions)	Monthly
Waste	Monthly
Water	Monthly
Social Impact	Annual
Weather conditions	Quarterly
Transport and Travel	Annual
Staff and Patient engagement	Annual
Estate refurb/redevelopment projects	Monthly
Procurement	Quarterly
Risk	Quarterly
Patient care impacts (from estates activities)	Monthly

We have continued to demonstrate our commitment to sustainable development, improving social sustainability in the community, reducing carbon emissions and minimising our impact on the environment and climate change.

We continue to work in line with HTM 07-02 – EnCO2de to ensure that the drive to reduce impact on the environment and sustainability is aligned with the requirements set by the Department of Health.

The Trust conducts a number of internal surveys throughout the year to map out the condition and the energy performance of our buildings. Each report will highlight the efficiency improvement opportunities, compliance requirements, payback period from investment, expectation on energy reduction (kWh) and cost savings for each project.

Sustainability action plan

Our sustainable management action plan is interlinked with the delivery of safe, high quality healthcare by protecting our environment and striving to conserve resources. Financial gains can be made from achieving efficiency savings through environmental and social projects and from embedding carbon reduction into our financial mechanisms. Reducing demand and increasing the efficiency of the resources used will keep costs down. Resources saved by such actions can be reinvested in direct patient care.

Energy and carbon reduction

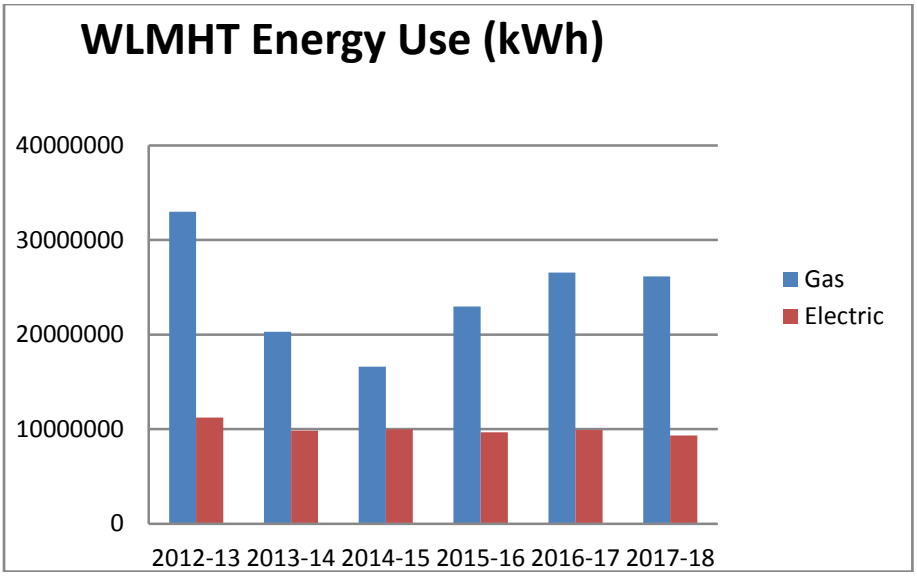
We aim to continually reduce our carbon emissions from the buildings we use by procuring greener, cleaner, cost effective supplies.

In 2017 the Trust appointed Laser as its main supplier for gas for all sites and electricity to our local community sites. The Trust is still in contract with Crown Commercial Services (CCS) as the main supplier of electricity to four of our largest sites; we are currently assessing both suppliers to find out which one has the superior service and added value to the Trust. Our aim is to select a single supplier for gas and electricity by 2019 when both contracts are due to end.

Under the Carbon Reduction Commitment (CRC) Energy Efficiency Scheme, the Trust pays for carbon emissions from its buildings energy use each year. For our baseline year 2012/2013 the Trust reported our total measured CRC greenhouse gas emission as 13,067 tons of CO2. For 2017/18 the final figure has not yet been finalised, but it is estimated to be in the region of 9,051 tons of CO2 at an estimated CRC cost of £160,202.70.

We have implemented an annual review of our carbon reduction strategy. We are on target to reduce our carbon footprint beyond 28% by 2020 from our 2012/13 baseline as specified by the NHS England Carbon Reduction Strategy.

The chart below shows the annual energy consumption trends for gas and electricity over the past six years. This year we expect to report a decrease in the consumption of both gas and electricity in comparison to the 2016/17 CRC data. Trust future plans are to continue focusing on reducing our use of energy yearly by 3.5% to achieve our overall targets in line with The Climate Change Act targets for 2020 and 2025.



Water

We aim to reduce leaks and internal water wastage, using minimum quantities and complying with or exceeding statutory requirements concerning the quality of discharges. Currently our water supply is from Castle Water. We seek to continually improve and in 2018 we will go through a procurement process to appoint a new water supplier that offers better value and benefits such as leak detection.

At present we have not set any targets for water reduction as we are in the process of gathering 24 months' data to make our monitoring process more structured. We use the AquaFund scheme to support the Trust challenges in managing our water consumption more efficiently in line with requirements set out in the HTM07-04 .

Waste and recycling

Our aims in relation to waste and recycling are to minimise the generation of waste, promote re-use and recycling, and apply best practice in managing the disposal of our waste to reduce our impact on the environment. We also comply with all related waste regulations for the disposal of our waste and carry out yearly audits and inspections of internal and external waste service.

In total 544,889 kgs of waste was generated by the Trust in 2017/18; 100% of this waste has been recycled into two main categories: recyclables and waste to energy. This breaks down to 106,860kgs (20%) of our waste which has been turned into new reusable products saving 948 trees and 438,030kgs (80%) which has been used to generate 293.47 MWh of electricity.

The Trust's rate of recycled waste in 2017/18 is 20% compared to 21% last year. The total volume of waste recycled as resources amounted to 106,860 tonnes for 2017. Disposal of waste as a recyclable resource will reduce overall waste cost and provide better protection to the environment.

The Trust has diverted 438,030 tonnes of its general waste from landfill to an Energy from Waste (EfW) plant where all of our general waste has been converted to electricity for the grid. This has resulted in a 100% diversion from landfill and a reduction in our emissions associated with waste disposal.

The sustainability team is working on a feasibility plan to improve Trust target for waste to reduce our carbon footprint. Our aim is to achieve a 50:50 balance between waste to energy and recyclables re-used as a resource by 2020.

Rolling year eco Savings	
Trees Saved	948
CO2 saved (Kg)	174,330
Power generated (MWh)	293.48

Transport

The Trust is aware of the impact to the environment and the wellbeing of local communities from the use of vehicles using fossil fuel. We promote sustainable transport for Trust business travel and encourage staff to use cleaner, greener alternatives to driving to work such as cycling, car sharing, walking, or using electric vehicles. We have installed new bike stands across our sites and we have a number of electric car points.

The Trust is in the process of reviewing its three year Travel Plan setting out alternative methods of getting to its sites for staff, patients and visitors at St Bernard's Hospital and Broadmoor Hospital. We have not set any targets to reduce staff parking at sites; the number of spaces available will reduce over the coming years as the Trust continues with our estates redevelopment plans for land space to provide more sustainable healthcare service buildings on our sites.

Procurement

We have a sustainability plan in place to identify and select goods and services doing least harm to the environment in production, delivery, packaging, use, reuse, recycling and disposal. The Trust procurement policy has embedded sustainability in its procedure to achieve value for money on the whole life cycle of products and services purchased. The Trust takes into account the impact our decisions have on our society and economy, and where possible ensure that materials are ethically and sustainably sourced to minimise our impact on the environment and climate change.

Currently the Trust has a mix of new construction and major refurbishment projects under way. We aim to achieve a BREEAM rating between very good and excellent as part of our sustainability procurement requirements.

Implementation of Trust refurbishment standards is in line with HTM 07-07 guide for sustainable design, construction and refurbishment of health and social care facilities to build resilience into our buildings to remain operationally useful throughout their structural life. Improvements include innovative energy saving efficiencies for lighting, heating and cooling to meet our energy savings targets. Once handover of a building is completed the social value and energy performance of the building is measured and reported in the Trust Sustainability Development Management Plan (SDMP).

Procurement of new Trust vehicles will give us the opportunity to improve our fleet with efficient vehicles producing less harmful emissions.

At the end of 2017 Grundon was awarded a new three year waste contract by tender. Grundon offer zero waste to landfill from our general waste and recycling collections, as well as the safe disposal of our clinical waste.

Fire safety

It is a mandatory requirement under Health Technical Memorandum 05 (Firecode) and the Regulatory Reform (Fire Safety) Order 2005 that organisations demonstrate a suitable and sufficient level of fire safety management, fire risk assessments and fire training is in place. During 2017/18 we recruited additional staff in the fire safety team which has helped to improve all elements of fire safety.

Accountability report

Corporate governance report

Directors' report

Chairman

Mr Tom Hayhoe

Non-Executive Directors

Professor Paul Aylin

Ms Moriam Bartlett

Ms Sarah Cuthbert

Professor Sally Glen

Mr Hassaan Majid

Mr Neville Manuel

Ms Elizabeth Rantzen

Executive Directors

Ms Carolyn Regan
Chief Executive

Mr Paul Stefanoski
Director of Finance and Performance

Ms Wendy Brewer
Director of Workforce and Organisational Development

Ms Stephanie Bridger
Director of Nursing and Patient Experience

Dr Jose Romero-Urcelay
Medical Director

Ms Sarah Rushton
Director of Local and Specialist Services

Ms Leeanne McGee
Director of High Secure and Forensic Services

Board meetings

The board held 11 business meetings during 2017/18 which were open to the public, with agendas and papers available on our website.

Audit Committee	
Mr Hassaan Majid, Chair	Non-Executive Director
Ms Sarah Cuthbert	Non-Executive Director
Professor Sally Glen	Non-Executive Director
Mr Neville Manuel	Non-Executive Director
Dr Jose Romero-Urcelay	Medical Director

Charitable Funds Committee	
Ms Elizabeth Rantzen, Chair	Non-Executive Director
Ms Stephanie Bridger	Director of Nursing & Patient Experience
Mr Tom Hayhoe	Trust Chairman
Mr Paul Stefanoski	Director of Finance and Business

Corporate Services Committee	
Professor Sally Glen, Chair	Non-Executive Director
Ms Moriam Bartlett	Non-Executive Director
Ms Wendy Brewer	Director of Organisation Development & Workforce
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Mr Tom Hayhoe	Trust Chairman
Ms Leeanne McGee	Director of High Secure Services
Mr Trevor Nelms	Director of Information Management and Technology
Ms Sarah Rushton	Director of Local Services
Mr Paul Stefanoski	Director of Finance and Business

Finance Oversight Leadership Group	
Ms Carolyn Regan	Chief Executive
Ms Wendy Brewer	Director of Organisation Development & Workforce
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Mr Trevor Nelms	Director of Information Management and Technology
Miss Leeanne McGee	Director of High Secure Services
Dr Jose Romero-Urcelay	Medical Director
Ms Sarah Rushton	Director of Local Services
Mr Paul Stefanoski	Director of Finance and Business
The following non-Board members also sit on Finance Oversight Leadership Group: Clinical Director, CAMHS and developmental services Clinical Director, Access & Urgent Care Clinical Director, Planned & Primary Mental Health Clinical Director, Cognitive Impairment and Dementia Services Clinical Director, Liaison & Long Term Conditions	

Finance & Performance committee	
Mr Neville Manuel (Chair)	Non-Executive Director
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Ms Sarah Cuthbert	Non-Executive Director
Mr Tom Hayhoe	Trust Chairman
Mr Hassaan Majid	Non-Executive Director
Miss Leeanne McGee	Director of High Secure Services
Ms Elizabeth Rantzen	Non-Executive Director
Dr Jose Romero-Urcelay	Medical Director
Ms Sarah Rushton	Director of Local Services
Mr Paul Stefanoski	Director of Finance and Business
All board members have an open invitation to attend the meetings of this committee	

Quality Committee	
Professor Paul Aylin, Chair	Non-Executive Director
Ms Carolyn Regan	Chief Executive
Dr Robert Bates	Clinical Director - High Secure Services
Dr Chris Bench	Clinical Director – Primary & Planned Mental Healthcare
Ms Wendy Brewer	Director of Organisation Development & Workforce
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Dr Nevil Cheesman	Clinical Director – Cognitive impairment and Dementia
Dr Claire Dillion	Clinical Director – West London Forensic Services
Mr Tom Hayhoe	Trust Chairman
Ms Gillian Kelly	Deputy Director of Nursing
Dr Fin Larkin	Clinical Director – Access & Urgent Care
Mr Neville Manuel	Non-Executive Director
Ms Leeanne McGee	Director of High Secure Services
Dr Vijay Parkash	Clinical Director – CAMHS Service
Dr Jose Romero-Urcelay	Medical Director
Ms Sarah Rushton	Director of Local Services
Dr Angharad Ruttley	Clinical Director for Liaison & Longterm Conditions
Ms Samantha Scholtz	Director of Research & Development
Mrs Sally Sykes	Director of Communication and Engagement
All board members have an open invitation to attend	

Remuneration Committee	
Professor Paul Aylin	Non-Executive Director
Ms Moriam Bartlett	Non-Executive Director
Professor Sally Glen	Non-Executive Director
Mr Tom Hayhoe	Trust Chairman
Mr Hassaan Majid	Non-Executive Director
Mr Neville Manuel	Non-Executive Director
Ms Elizabeth Rantzen	Non-Executive Director

Trust Board	
Mr Tom Hayhoe	Trust Chairman
Ms Carolyn Regan	Chief Executive
Professor Paul Aylin	Non-Executive Director
Ms Moriam Bartlett	Non-Executive Director
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Ms Sarah Cuthbert	Non-Executive Director
Professor Sally Glen	Non-Executive Director
Mr Hassaan Majid	Non-Executive Director
Mr Neville Manuel	Non-Executive Director
Ms Leeanne McGee	Director of High Secure Services
Ms Elizabeth Rantzen	Non-Executive Director
Dr Jose Romero-Urcelay	Medical Director
Ms Sarah Rushton	Director of Local Services
Mr Paul Stefanoski	Director of Finance and Business

Trust Management Team	
Ms Carolyn Regan	Chief Executive
Ms Wendy Brewer	Director of Organisation Development & Workforce
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Ms Leeanne McGee	Director of High Secure Services
Mr Trevor Nelms	Director of Information Management and Technology
Dr Jose Romero-Urcelay	Medical Director
Ms Sarah Rushton	Director of Local Services
Mr Paul Stefanoski	Director of Finance and Business
The following non-Board members also sit on the Trust Management Team: Clinical Director, CAMHS and developmental services Clinical Director, Access & Urgent Care Clinical Director, Planned & Primary Mental Health Clinical Director, Cognitive Impairment and Dementia Services Clinical Director, Liaison & Long Term Conditions	

Workforce and Development Committee	
Professor Sally Glen, Chair	Non-Executive Director
Ms Moriam Bartlett	Non-Executive Director
Ms Wendy Brewer	Director of Organisation Development & Workforce
Ms Stephanie Bridger	Director of Nursing and Patient Experience
Ms Katie Lynn Harfield	High Secure Services Manager
Ms Dawn Harwood	West London Forensic Services – Head of Service
Mr Tom Hayhoe	Trust Chairman
Ms Iscelyn Richards	Trust Secretary
Dr Jose Romero-Urcelay	Medical Director
Ms Jo Smith	Deputy Finance Director

Register of members' interests

It is a requirement that the chairman and all Board members should declare any conflicts of interest that arise in the course of conducting NHS business.

During the year, none of the Trust Board members or parties related to them have undertaken any material transactions with the Trust.

The register of Board members' interests is available here:

http://www.wlmht.nhs.uk/about-wlmht/corporate-information/register-of-interests/

Statement of accountable officer's responsibilities

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.

I am accountable to the Chairman of West London Mental Health NHS Trust for my performance and to NHS Improvement and NHS England for the performance of the Trust. I work in partnership with clinical commissioning groups, local authorities and the police, through local partnership boards and agreements, to deliver objectives that cut across organisational boundaries. There are also separate performance reviews with NHS England for the services provided by the high secure hospital, Broadmoor and within national, specialist services.

As Chief Executive, I have overall responsibility for ensuring effective risk management arrangements are in place. As Accountable Officer I have delegated the following lead responsibilities to other executive directors:

- **Director of Nursing and Patient Experience** – overall responsibility for patient experience and quality governance, including patient safety, carers, risk management and the board assurance framework, responsibility for infection control, application of the Mental Health Act and is the nominated individual for the CQC.
- **Medical Director** – responsibility for medicines management, research and development, medical education, medical revalidation and safeguarding, Caldicott Guardian.
- **Director of Finance and Business** – responsibility for financial and business risk including the management of procurement, capital, estates and facilities and business technology.
- **Director of Workforce and Organisation Design** – responsibility for human resources, recruitment and resourcing risks.
- **Two Executive Directors** are operationally accountable for service delivery via the **clinical service lines** and for ensuring significant risks are identified, assessed, and effectively controlled within their area of responsibility.

Together, the Medical Director and Director of Nursing and Patient experience have responsibility for the Trust's quality improvement programme.

All Executive Directors report to me and the Executive Team is held to account for its performance through team and individual objectives. The Executive Team meets on a fortnightly basis, and in addition on a monthly basis to review and discuss strategy.

During the year the Trust has worked with NHS Improvement on our improvement and development agenda.

Governance statement

The Trust's governance framework is designed to manage risk to a reasonable level rather than to eliminate all risk of failing to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. Governance and internal control of the organisation is an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's aims, objectives and policies of West London Mental Health NHS Trust
- evaluate the likelihood of those risks being realised and their impact should they occur
- manage the risks efficiently, effectively and economically.

The Board has been fully involved in agreeing the strategic aims and the underpinning corporate objectives of the Trust, which are set out in the Trust's business plan. The system of internal control is structured around the high level risks that are deemed to be the most significant to delivering the aims and objectives set out in the business plan.

The Board 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 it ought to have taken to make itself aware of any such information and to establish that the auditors are aware of it.

Trust Board

The Trust Board meets 11 times a year, each month except August, and consists of a Chairman, seven Non-Executive Directors and seven Executive Directors including the Chief Executive. During the year we have seen a number of changes in Board membership:

- Sarah Cuthbert, Non-Executive Director, stepped down from her role in December 2017, with Janice Barber appointed to replace her from 1 April 2018
- Stephanie Bridger was appointed to the role of Director of Nursing and Patient Experience in July 2017.

To support the Board in carrying out its duties effectively, it delegates some of its decision-making to committees and relies on the assurance provided by those committees in respect of key elements of the system of internal control. The terms of reference of those committees are summarised below. These terms of reference are reviewed annually and each committee completes a review of its own effectiveness annually, with the aim of ensuring robust governance and assurance and legally compliant processes.

Audit Committee
Reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities. It gains assurance that effective systems of internal control are in place and monitors the integrity of the Trust's financial information. The committee also secures assurance in relation to counter fraud local security management.

Quality Committee
Reviews evidence of clinical quality and safety, including clinical effectiveness, patient safety and patient experience. It approves and monitors the implementation of clinical governance delivery plans, including the quality strategy and quality account. It receives information relating to learning, for example, from serious incident reviews, including those of other organisations. It scrutinises the risks it has been given responsibility for, approves and monitors the risk management processes for these, and reports on such matters to the audit committee and the Board.

Finance and Performance Committee
Provides assurance on all performance aspects relating to finance including major capital or revenue expenditure, service expansion or major service change. Oversees operational performance and ensures compliance with statutory and regulatory requirements regarding such matters. It scrutinises a number of risks it has responsibility for, approves and monitors the risk management processes and provides assurance on these processes to the Audit Committee.

Workforce and Development Committee
Provides assurance to the Trust Board that there are processes and plans in place to agree and achieve the Trust's workforce objectives, including:

- Implementing a recruitment and retention strategy that enables the Trust to compete successfully for shortage occupations including reviewing ways of working
- Ensuring a diverse and representative workforce at all levels of the organisation
- Implementing a simple engagement plan
- Focusing on leadership and development that strengthens middle management and enhances the Trust's reputation as a place to thrive
- Identifying opportunities for workforce productivity, focusing on gaining the benefits available from the full implementation of electronic rostering and enhancing the operational efficiency and size of the staff bank.

Trust Management Team
Oversees the effective operational management of the Trust, including the achievement of statutory duties, standards, targets and other obligations, and the delivery of safe, effective, high quality patient care**.**

Financial Oversight Leadership Group (FOLG)
The FOLG meets on a monthly basis with the aim of ensuring senior level commitment to our quality cost improvement targets (QCIPs). While the monitoring of QCIPs has always been in place, the management team has recognised that we needed more senior management leadership input into the delivery of these going forward.

Each member identified at least one QCIP they are prepared to be accountable for and take responsibility for its delivery. Colleagues support and challenge their peers on the progress and delivery against their QCIP plan. Although the focus is on delivering financial viability, the need to ensure that schemes are clinically safe still stands and all plans will continue to be approved by

the Medical Director and the Director of Nursing and Patient Experience, with regular reports on this to the Quality Committee.

In addition to the FOLG, I instituted regular monitoring at Executive Director meetings of progress on delivering against the financial trajectory for the year and for the use of agency staff.

Each committee receives a set of regular reports as outlined in its terms of reference and provides its draft minutes and a chair's report to the next meeting of the Trust Board.

During the year all board and sub-committee meetings have been quorate.

Committee	Average attendance of members
Trust Board	89%
Audit Committee	87%
Quality Committee	83%
Finance & Performance Committee	82%
Workforce & Development Committee	84%

In addition the Board is supported by the:

- Remuneration Committee
- Charitable Funds Committee
- Mental Health Act Law and Deprivation of Liberty Standards Committee
- Mental Health Act managers' committee
- Trust Partnership Forum
- Broadmoor Hospital Redevelopment Programme Board
- Local Services Transformation Programme Board (jointly accountable to the CCGs' governing boards)
- Children and Adults' Safeguarding annual reports
- Independent Freedom to Speak Up Guardian.

Independent scrutiny and oversight for governance and programme management at the Broadmoor Redevelopment Programme Board was strengthened following an independent review commissioned by the Trust carried out by specialist consultants Arcadis. Simon Waters, who has a wealth of major project experience, joined the Programme Board as an independent member, to provide further expertise in addition to the governance provided by attendance of NHS Improvement and specialist commissioning from NHS England.

The governance arrangements in clinical service units and at directorate level complement the governance arrangements at Board and Board sub-committee level. These have been reviewed and refreshed in-year to ensure an embedded, consistent approach to quality governance from ward to Board.

The risk and control framework

The Trust's risk assessment and management arrangements are described in detail in the Trust's risk management policy, which complements the Trust's risk management strategy. These risk management arrangements enable risks to be identified, assessed, and controlled consistently and effectively.

Risks can be managed in different ways including risk transfer and developing systems to mitigate risks. All staff within the organisation have a responsibility for risk management and the Trust has in place a programme of training and education for staff which includes risk management and clinical risk training.

Significant risks in the organisation are monitored and evaluated through the use and review of risk registers and action plans are in place to manage those risks.

Risks that cannot be managed wholly within the clinical service units or the corporate departments are escalated to the Trust-wide (level 1) risk register. There may be some residual risk that cannot reasonably be eliminated that the Board will choose to accept where this is necessary to deliver its objectives.

New risks identified for inclusion on the risk register are assessed for their likelihood and impact using a 5 x 5 risk matrix in accordance with the risk management strategy.

Sharing the learning from risk related issues is an essential part of maintaining and improving the risk management culture throughout the Trust. Learning is shared through the Trust-wide Clinical Governance Group, and through our clinical service units' and service lines' governance meetings. Learning is acquired from a number of sources, including analysis of incidents, complaints and claims and acting on the findings of investigations; external inspections; internal and external audit reports; clinical audits and the outcome of inspections relating to other organisations.

The Trust has a unique risk profile due to the diversity of the services provided which range from community through to acute inpatient wards as well as secure settings, including high secure services.

The level 1 risk register is reviewed in its entirety by the Trust Board and the Trust Management Team. In addition, each committee of the Board reviews the risks within its remit at each meeting. At least once per year, the committees will review one of the risks on the level 1 risk register in more detail – a risk 'deep dive' – to consider and challenge the management actions being taken to control the risk, the current, forecast and tolerated risk ratings and the assurances available as to the effectiveness of the management actions.

Highest risks

Currently, the highest-rated risks to the Trust concern:

- The proposed works to Medway Lodge will take longer than expected and commissioners have supported an extension of the derogation to the Tony Hillis Wing until March 2019. This delay will have a financial impact on the Trust in terms of resources and may impact on patient safety and experience for patients in the Tony Hillis Wing at St Bernard's Hospital.
- If we do not move patients into the redeveloped Broadmoor hospital in 2018 /19, there will be an adverse impact on patient progress, and an impact on the Trust's overall financial position and the North West London CCGs' control total.
- If local services are unable to deliver the transformation plans this would have a significant impact on the financial sustainability of the Trust and on service quality for the local community.

New risks 2017/18

In 2017/18 there has been one new risk added to the level 1 risk register:
"There is a risk of regulatory intervention and financial penalties if the Trust is not compliant with the General Data Protection Regulations (GDPR) by 25 May 2018."

The Trust Board identified the risk of non-compliance with the requirements of the new regulations from an internal audit review of compliance with the Information Governance Toolkit and the level of Trust preparedness. The Board agreed management actions to control the risk including the appointment of an interim Information Governance Manager to provide project management resource and the establishment of an Information Governance Steering Group, chaired by the Trust's Medical Director and Caldicott Guardian, to oversee preparations.

Capacity to handle risk

The Trust has in place a comprehensive and recently reviewed structure for both corporate and quality governance and through this structure we identify, evaluate and control our risks. Risk management is embedded through:

- the sub-committees of the Board
- the Board assurance framework
- the risk review and escalation process
- risk registers
- compliance with registration with the Care Quality Commission under the Health & Social Care Act 2008
- internal performance management processes
- standing orders and standing financial instructions.

The Trust's risk control framework includes the provision to staff of appropriate induction and refresher training covering key risk areas such as clinical risk, counter-fraud, human resources, and health and safety. The Trust-wide level of compliance by staff with their mandatory training requirements is monitored monthly by the Trust Management Team.

All Trust staff have a responsibility for risk management. Service managers are required to record on their service risk register (and, subsequently, manage effectively) any significant risks affecting their service. The risk escalation process means that risks which cannot be managed entirely within one clinical service unit or directorate are escalated to the Trust-wide risk register.

On a regular basis (at least every other month), the Trust Management Team, an executive group which I chair, reviews the level 1 risks. It is responsible for approving additions to and deletions from the level 1 risk register and for ratifying any risk rating changes that have been recommended by the individual Executive Director who is responsible for managing that risk. In approving the addition of a new risk to the board assurance framework, the Trust Management Team allocate the risk to a Board sub-committee, which will be required to provide assurance to the Board regarding the effective management of the risk.

Therefore, Board sub-committees, which are chaired by non-executive directors routinely scrutinise the risks that have been allocated to them and, in the process, receive from the risk owner detailed information about the nature, severity and management of the risk. Following the risk scrutiny exercise, the Board sub-committee provides the Board with its opinion regarding how effectively the risk is being managed.

The Audit Committee has the primary responsibility for overseeing the development and implementation of risk management throughout the Trust. It reviews the adequacy of the Trust's risk management arrangements, including that the board assurance framework is fit for purpose, and ensures the maintenance of an effective system of integrated governance and internal controls across all the Trust's activities.

The Audit Committee is assisted in its work by the internal audit service which, over the course of the year, performs the detailed scrutiny of selected Trust-wide risks. Internal audit reports its findings to the audit committee, commenting, for example, on the appropriateness of the risk key controls, the validity of the assurances provided for that risk and the appropriateness of the planned additional risk-mitigating actions.

During the year, the internal auditors reviewed the Board Assurance Framework and level 1 risk register and made the following recommendations:

- Remind risk owners to review the assurances in place against controls.
- Ensure where an assurance has not been identified, a gap in assurance is identified and a corresponding action is documented with appropriate implementation dates.
- Ensure that all risks with supporting actions are implemented appropriately by the deadlines stated. Where these are not met, revised deadlines should be stipulated including the rationale for the delay in implementation.
- Ensure that all forecasted risk ratings specify the target quarter/date when the aim is to achieve the risk rating.

In addition to the management actions implemented, as above, the Audit Committee and Board agreed some additional actions to strengthen the Trust's approach to assurance reporting and mapping, including:

- The revision of the reporting template for risk 'walk throughs' to ensure a focus on the different levels of assurance and the identification of action plans to address gaps in assurance
- The categorisation of sources of assurance using the three lines of assurance, to assess the strength of assurances
- The development of a committee map for the Trust so committees can track the assurances they should be receiving from subgroups
- The introduction of a chair's report from each group or committee reporting to the Board or sub-committee of the Board.

The Committee also agreed to a recommendation to introduce Board-level assurance statements every six months, adopting the Key Lines of Enquiry (KLOE) template used for self-assessment within the well-led review which the Board commissioned during the year. This is designed to support the Board's assurance in respect of the overall control framework for the Trust and therefore the Board's approval of the Annual Governance Statement.

Review of the effectiveness of risk management and internal control

Generally, the Trust's risk management arrangements have been effective, enabling the Trust to identify potentially significant risks at an early stage and take suitable action to either prevent those risks developing further or, if necessary, control those risks. However, we continually seek to improve our processes further.

Board members are supported in their role by a Board development programme which is informed both by individual and collective appraisals of board members and feedback from external sources.

In carrying out its annual audit programme, looking at various activities and services across the Trust, internal audit provides assurance on the effectiveness of certain risk controls. This year the following areas were examined by internal audit:

Audit	Opinion
Information Governance Toolkit follow up (1.17/18)	**N/A**
Fire Safety (2.17/18)	**Partial Assurance**
Complaints performance management (3.17/18)	**Reasonable Assurance**
Procurement and operational effectiveness (4.17/18)	**Partial Assurance**
Location Visits – Night Time Confinement (5.17/18)	**Reasonable Assurance**
Temporary Staffing and Bank & Agency usage (6.17/18)	**Partial Assurance**
Clinical Nursing Supervision - Follow up (7.17/18)	**Good Progress**
Governance/Risk Management / Board Assurance Framework (8.17/18)	**Advisory**
Information Governance Toolkit (9.17/18)	**Advisory**
Cash Handling (10.17/18)	**Reasonable Assurance**
Payments to Staff (11.17/18)	**Reasonable Assurance**
Financial Ledger and Financial Feeder Systems (12.17/18)	**Substantial Assurance**
CSU Financial Management (13.17/18)	**Reasonable Assurance**

Where the audits reveal areas for improvement, these are fed back to the director or service manager via presentations to the Executive Directors meetings so suitable action can be taken and monitored. The Audit Committee takes a robust approach to ensuring this is completed in a timely way.

Quality governance

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

The CQC has continued with the schedule of unannounced Mental Health Act compliance visits, safeguarding people who are detained under the Act and providing the Trust with assurance and learning about application of the Mental Health Act.

Broadmoor Hospital had a focused re-inspection on the two warning notices relating to staffing and activities in July 2017. These notices were lifted and changed to requirement notices; monthly updates relating to progress against these are provided to the CQC. A full and comprehensive re-inspection of Broadmoor Hospital will take place week commencing 4 June 2018.

Our acute wards and psychiatric intensive care unit were re-inspected in January 2018. The CQC noted that the improvements around bed management were significant and that there was overall improvement in the pace of change. There remain five regulatory notices relating to this service.

A Quality Improvement Plan (QIP) to address the findings has been developed, and the quality priorities have been reviewed to ensure they are in line with the QIP and other key strategies. The

QIP will be independently assessed to ensure it addresses the recommendations. The Trust has a well-developed governance process to monitor and measure the impact of implementation.

The Trust's focus is on the areas for quality improvement which have the most significant impact across the largest range of improvement actions, linked to regulatory "must do" actions. These remain the highest priority with the greatest scrutiny through our CQC workgroup and Trust Management Team Meeting.

These key areas are:

- the transformation of our local services
- ensuring we have the right staff with the right skills at the right time
- improving physical healthcare offered to service users
- improving clinical environments.

Many individual actions underpin these themes and our progress is monitored by external stakeholders, such as NHS Improvement, NHS England and commissioners, who can attend our Trust Management Team Meetings which I chair, and by the Trust Board which is updated monthly.

As well as its continued commitment to quality assurance, the Trust Board understands the vital importance of placing a focus on quality improvement in order to take our services to the next level. To this end, we continue to implement a focussed quality improvement (QI) methodology. During the year we have supported a cohort of staff to become fully trained improvement advisors and we have an emerging strategy to take forward QI.

Capital programmes

The Trust has two major capital redevelopment projects, one relating to the redevelopment of Broadmoor Hospital and the other to the redevelopment of the medium secure campus on the St Bernard's site in Ealing (Medway Lodge). These present a risk in terms of capital resources and delivery. I gain assurance that this risk is adequately managed through the associated programme boards, which report to the Board. I chair the Broadmoor Redevelopment Programme Board.

Information Governance

In my role as Chief Executive I am the executive lead for information governance, reporting through the Trust Secretary. The Medical Director is the Trust's Caldicott Guardian. The Director of Finance & Business is the senior responsible officer for information (SIRO).

Part of the Trust's obligations as a data controller is to ensure that information governance incidents are appropriately reported, recorded and investigated. During 2017/18 there were no serious information governance incidents reported to the Information Commissioner's Office.

The Trust undertook an assessment against version 14.1 of the information governance self-assessment published by Connecting for Health in March 2017. To get a 'satisfactory' score, the Trust is required to get level 2 across all 45 requirements. This year, the Trust scored 75% overall, with 40 requirements at level 2 and 4 at level 3 compliance (last year, we were 68% with 40 requirements at level 2 and 15 at level 3 compliance). The Trust met the mandatory information governance training target for staff (requirement 112) of 95%.

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Total Requirements	Overall Score	Self-assessed Grade
Version 14.1(2017/18)	Published	0	1	40	4	45	**75%**	Satisfactory

The Medical Director, as Caldicott Guardian, offers advice and assistance for all Caldicott and data protection issues.

There were no significant data breaches specific to the Trust during 2017/18.

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

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

The annual Workforce Related Equality Standards (WRES) data has been considered by Trust Board and Workforce and Development Committee, and the Trust reported its gender pay gap data in March 2018.

The Government published its response to a report from the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (ECPT) Prevention of Torture on a visit to Broadmoor Hospital. The Trust is committed to implementing the findings of the report and has already addressed many of them through our existing quality improvement programme. The new Broadmoor Hospital will transform the settings patients are cared for in and create a much more therapeutic environment. It will also enable us to put in place a new clinical model that will further enhance the care and treatment that patients receive.

Carbon Reduction Delivery Plans
The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the Trust's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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.

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 other Board committees, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

I have relied on assurance provided by the following sources:

1. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal audit work.

Head of Internal Audit Opinion 2017/18

The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

2. Executive Directors in the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

3. The assurance framework itself provides me with evidence that the effectiveness of controls to manage risks to the organisation achieving its principal objectives have been reviewed.

4. Registration with the CQC – the Trust currently has five regulatory notices but, through the work we are undertaking, the updates provided by our workgroup and the assurances sought by the programme board, I have evidence of good progress to address the areas of non-compliance.

5. The Trust has a monthly Performance Oversight Meeting with NHS Improvement and this provides me with independent external assurance regarding the Trust's performance and the effectiveness of the Trust's system of internal control. During 2017/18 the Trust has agreed a number of voluntary undertakings with NHS Improvement.

6. Re-licensing – the Trust is licensed, against Department of Health criteria, to continue to provide high secure mental health services. In addition, we have regular meetings of the National Oversight Group (NOG) at which all high secure hospitals meet to review common themes and best practice.

I have been advised on the effectiveness of the system of internal control by the following committees within the Trust:

- Audit Committee
- Quality Committee
- Finance & Performance Committee;
- Workforce and Development Committee
- Trust Management Team
- Financial Oversight and Leadership Group.

Well-led review

The Trust has undertaken an externally-facilitated well led developmental review of leadership and governance during 2017/18, using the NHS Improvement well-led framework. The review has included a review of the Trust's governance arrangements in the following eight key lines:

1. Is there the leadership capacity and capability to deliver high quality, sustainable care?
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
3. Is there a culture of high quality, sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
5. Are there clear and effective processes for managing risks, issues and performance?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?
7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
8. Are there robust systems and processes for learning, continuous improvement and innovation?

The Board considered the feedback from this review at its meeting in April 2018 and will follow up on actions taken in response to the recommendations arising from the review during 2018/19.

Conclusion

There have been no significant control issues in the Trust during 2017/18 and we have made real and sustainable improvements to our governance arrangements, although we recognise that this remains work in progress.

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

I confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Board will continue to review progress and ensure that a process of continuous improvement is in place in the Trust in 2017/18, including:

- implementing the recommendations arising from the well led review
- continued robust financial management and a focus on cost improvement plans, including continued focus on reducing our expenditure on agency staff, and
- implementing our quality improvement plan, to ensure regulatory compliance and improve the safety and quality of services.

These issues will be reflected within the level 1 risk register and their management monitored through the board assurance framework.

The Trust will also continue to ensure the timely implementation of any internal and external audit recommendations.

The system of internal control has been in place at West London Mental Health Trust for the year ended 31 March 2108 and up to the date of approval of the annual report and accounts.

I believe that this annual governance statement contains full and sufficient information for its purpose and includes all of the key elements that are required of this document.

Remuneration and staff report

The remuneration committee determines the salaries of the chief executive and executive directors by considering market rates. All executive directors are appointed on permanent contracts with the chief executive having a six month notice period and executive directors three months.

Compensation on early retirement or loss of office

There is no performance-related pay and no compensation for early termination is provided. Any non-contractual termination payment would require HM Treasury approval. Redundancy payments are calculated in accordance with NHS Agenda for Change.

Senior managers' contracts are also permanent, with a three month notice period. Expenses for directors are in line with the Trust policy on expenses for staff.

For the financial year 2017/18, the non-executive directors who sat on the Remuneration Committee were:

Mr Tom Hayhoe, Chair

Professor Paul Aylin

Ms Moriam Bartlett

Ms Sarah Cuthbert (to 29.12.2017)

Professor Sally Glen

Mr Hassaan Majid

Mr Neville Manuel

Ms Elizabeth Rantzen

Between 1 April 2017 and 31 March 2018 there was one meeting of the remuneration committee. NHS Improvement sets the remuneration for non-executive directors. All benefits in kind payments relate solely to travel expenses. As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

A cash equivalent value transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.
The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.
CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Pay multiples commentary

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

The banded remuneration of the highest paid director at West London Mental Health Trust in the financial year 2017/18 was £209,404 (2016-17 was £209,483). This was 6.2 times (2016/17, 6.1) the median remuneration of the workforce, which was £33,639 (2016/17, £34,368).

In 2017-18, no employees received remuneration in excess of the highest paid director (2016/17, 0). Remuneration ranged from £6,200 to £190,000 (2016/17, £6,200 to £189,000)

Total remuneration 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.

During the financial year 2017/18 there was little change in average staffing levels, though there was a reduced reliance on agency staff.

Directors' remuneration

Salary and pension entitlements of senior managers

	2017/18						2016/17					
Name and Title	Salary (bands of £5,000)	Expense Payments (taxable) (rounded to £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All Pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense Payments (taxable) (rounded to £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All Pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
Carolyn Regan, Chief executive	185-190	200	-	-	47.5-50	230-235	185-190	100	-	-	35-37.5	225-230
Paul Stefanoski, Director of Finance & Business	150-155	-	-	-	-	150-155	150-155	-	-	-	292.5-295	445-450
Stephanie Bridger, Director of Nursing & Patient Experience (from 17/07/2017)	80-85	-	-	-	-	80-85	-	-	-	-	-	-
James Noak, Acting Director of Nursing & Patient Experience (to 16/07/2017)	30-35	-	-	-	20-22.5	55-60	0-5	-	-	-	0-2.5	0-5
Leeanne McGee, Director of High Secure and Forensic Services	120-125	300	-	-	35-37.5	160-165	120-125	100	-	-	27.5-30	150-155
Jose Romero-Urcelray, Medical Director	160-165	-	-	-	257.5-260	420-425	155-160	-	-	-	295-297.5	455-460
Sarah Rushton, Director of Local Services	120-125	-	-	-	77.5-80	200-205	120-125	-	-	-	-	120-125
Wendy Brewer, Director of Organisational Development and Workforce	135-140	100	-	-	155-157.5	290-295	100-105	100	-	-	-	100-105
Tom Hayhoe, Chairman	35-40	200	-	-	-	35-40	30-35	100	-	-	-	30-35
Sarah Cuthbert, Non-executive director (to 31/12/2017)	0-5	-	-	-	-	0-5	5-10	-	-	-	-	5-10
Sally Glen, Non-executive director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Elizabeth Rantzen, Non-executive director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Neville Manuel, Non-executive director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Paul Aylin, Non-executive director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Moriam Barlett, Non-executive director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Hassaan Majid, Non-executive director	5-10	-	-	-	-	5-10	0-5	-	-	-	-	0-5

Directors' pension benefits

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash equivalent transfer value at 31 March 2018 £000	Cash equivalent transfer value at 31 March 2017 £000	Real increase in cash equivalent transfer £000	Employer's contribution to stakeholder pension £000
Carolyn Regan, Chief executive	2.5-5	-	5-10	-	130	76	53	27
Paul Stefanoski, Director of Finance & Business	-	-	35-40	85-90	596	535	56	19
Stephanie Bridger, Director of Nursing & Patient Experience (from 17/07/2017)	-	2.5-5	25-30	75-80	495	447	31	12
James Noak, Acting Director of Nursing & Patient Experience (to 16/07/2017)	0-2.5	2.5-5	35-40	110-115	746	573	27	5
Leeanne McGee, Director of High Secure and Forensic Services	2.5-5	-	10-15	-	137	104	32	18
Jose Romero-Urcelray, Medical Director	10-12.5	32.5-35	85-90	260-265	1973	1619	338	24
Sarah Rushton, Director of Local Services	2.5-5	10-12.5	40-45	120.125	841	694	140	18
Wendy Brewer, Director of Organisational Development and Workforce	0-2.5	137.5-140	50-55	150-155	1131	1025	95	32

Exit Packages agreed in 2017/18

The following is a summary of exit packages agreed by the Trust during the financial year, as can be seen below there has been one redundancy in 2017/18 compared to two in 2016/17.

	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	-	-	**-**
£10,001 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	1	-	**1**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**1**	**-**	**1**
Total resource cost (£)	£73,000	0	**£73,000**

Reporting of compensation schemes - exit packages 2016/17

	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	-	-	**-**
£10,001 - £25,000	1	-	**1**
£25,001 - 50,000	1	-	**1**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**2**	**-**	**2**
Total resource cost (£)	£41,369	£0	**£41,369**

Staff costs

					2017/18		2016/17
	Permanent		Other		Total		Total
	£000		£000		£000		£000
Salaries and wages	140,813		-		**140,813**		121,971
Social security costs	12,583		1,540		**14,123**		13,661
Apprenticeship levy	662		-		**662**		-
Employer's contributions to NHS pensions	14,324		1,752		**16,076**		15,609
Termination benefits	73		-		**73**		41
Temporary staff			15,332		**15,332**		36,991
Total gross staff costs	**168,455**		**18,624**		**187,079**		**188,273**
Recoveries in respect of seconded staff	-		-		**-**		-
Total staff costs	**168,455**		**18,624**		**187,079**		**188,273**
Of which							
Costs capitalised as part of assets	3,100		-		**3,100**		2,473

Average number of employees (WTE basis)

					2017/18		2016/17
	Permanent		Other		Total		Total
	Number		Number		Number		Number
Medical and dental	206		41		**247**		252
Administration and estates	797		88		**885**		916
Healthcare assistants and other support staff	636		261		**897**		918
Nursing, midwifery and health visiting staff	855		229		**1,084**		1,075
Scientific, therapeutic and technical staff	531		52		**583**		566
Other	86		17		**103**		100
Total average numbers	**3,111**		**688**		**3,799**		**3,827**
Of which:							
Number of employees (WTE) engaged on capital projects	97		44		**141**		108

Staff report

West London Mental Health NHS Trust employs 3,368 staff. Staff numbers have increased over the year by 43. The average headcount was 3,300.

During 2017/18 the Trust employed 15 senior managers. This comprises the chief executive, chair, six executive directors and seven non-executive directors.

Month	Headcount	Whole time equivalent
April 2017	3281	3133.9
May 2017	3299	3134.7
June 2017	3320	3148.9
July 2017	3317	3144.3
August 2017	3324	3152.0
September 2017	3319	3144.2
October 2017	3351	3176.3
November 2017	3352	3175.4
December 2017	3340	3166.1
January 2018	3342	3168.7
February 2018	3350	3176.0
March 2018	3368	3187.1

Gender makeup

The gender split of our senior directors is 54% female and 46% male. The gender makeup of other senior managers is shown below.

Banding Group	Gender	Total	%
Band 7 - 8C	Female	490	67.9%
	Male	232	32.1%
Locally agreed or ad hoc pay scale	Female	9	64.3%
	Male	5	35.7%

Sickness absence rates

Our sickness absence rates have remained relatively low. The rates varied slightly during the year, but in later months our absence rate has fallen back to 4.06%.

Month	Sickness rate (Target = 4.1%)
April 2017	3.64%
May 2017	3.97%
June 2017	3.84%
July 2017	4.46%
August 2017	3.92%
September 2017	4.17%
October 2017	4.24%
November 2017	4.30%
December 2017	4.68%
January 2018	5.25%
February 2018	4.50%
March 2018	4.06%

Staff sickness absence	Total	Total 2016/17
Total Days Lost	29,225	29,816
Total Staff Years	3,147	3,141
Average working Days Lost	9	9

Public sector equality duty actions 2017/18

The Trust has an active diversity and equality committee and has prioritised a focus on disability issues in 2017/18. There has been a longstanding programme of work to ensure that black and minority ethnic (BME) members of staff thrive in the workplace with a well evaluated development programme and the introduction of BME champions in 2017/18 who hold interview panels to account.

The Trust has a history of working well with trade unions and is embarking on a series of wellbeing audits in partnership. The following table contains a list of some of the actions we have taken to meet the public sector equality duty over the last year – we have highlighted the associated part of the general duty that the action applies to.

Action	Eliminate discrimination harassment and victimisation	Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.	Foster good relations between people who share a relevant protected characteristic and persons who do not share it
Launching supported internships for young people with learning disabilities starting in September 2018	✓		✓
Disability Policy (draft produced)	✓	✓	✓
Fourth cohort of BME Leadership Development Programme – a positive action programme to address the under-representation of BME staff in senior management	✓	✓	✓
Diversity Champions on interview panels for senior posts	✓	✓	
Quarterly BME Consultative Forum	✓	✓	
Second year of participation in Pride Parade	✓		✓
Transgender Policy (caring for patients)	✓		✓
LGBT wristbands for patients (pilot) – enables patients to demonstrate their support for LGBT community. We plan to make these available to all patients after the review of the pilot	✓		✓

Dignity at work sub-group continues to review our practices and processes for tackling bullying and harassment to improve experiences of those involved in formal processes Reviewed Dignity at Work Policy to make it transparent, user friendly, also includes additional safeguards for staff	✓	✓	
LGBT lanyard initiative – approximately 1,700 lanyards are being worn by staff across the Trust to show respect and support to those that have a perception of homophobic or any other form of bullying	✓		✓
Befriending scheme –befrienders provide support for staff experiencing workplace difficulties	✓		
Broadmoor calendar of cultural/religious celebrations included Burns Night, Eid, LGBT and Black History Month	✓		✓
Unconscious Bias in Recruitment training now mandatory for senior managers and those that sit on interview panels for senior posts	✓	✓	✓
Gender pay gap reporting – Full report was published on our website in March 2018	✓	✓	✓
The Department of Spirituality and Pastoral care continues to provide multi-faith support for in-patients and staff and provides a programme of awareness raising events across the Trust	✓		✓

The following table highlights the outcomes to date that have arisen as a consequence of our interventions to date.

Quantitative & qualitative outcomes from our inclusive practices	Eliminate discrimination harassment and victimisation	Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.	**Foster good relations between people who share a relevant protected characteristic and persons who do not share it**
BME Leadership Development Programme – positive Action programme to address the under-representation of BME staff in senior management	✓ Increase in number of BME delegates promoted on programme from start of programme in 2015 to current date: **15 out of 53**	✓ Increase in proportion of BME staff that believe in equal opportunities for career progression has risen from **63%** in 2014 to **73%** in 2017	

Diversity Presence on Interview Panels – Diversity Champions on interview panels for senior posts	✓ Highlighted our practices and has enabled us to be more rigorous in ensuring consistency in addressing bias. Improved WRES reduction in gap between white and BME staff in recruitment from 1.91(2016) to 0.66 (2017)	✓ Increase in proportion of BME staff that believe in equal opportunities for career progression from **63%** in 2015 to **73%** in 2017	
Quarterly BME Consultative Forum	✓ Led to the introduction of Diversity Champions on Interview panels	✓ Alumni from BME Leadership Development Program form the majority of Diversity Champions and are improving their understanding of interview processes and decision-making	
Second year of participation in Pride Parade	✓	Led to recruitment of Doctor into a field that we find difficult to fill. (Saw our banner at Parade and decided to join our Trust)	
LGBT wristbands for patients (pilot) – Enables patients to demonstrate their support for LGBT community. We plan to make these available to all patients after the review of the pilot	✓ Patients' request demonstrates some attitudinal change on wards. Patients feel more comfortable coming out to staff that are wearing lanyards		✓ Patients saw staff wearing lanyards and requested a symbol that could demonstrate their support
LGBT lanyard initiative – approximately 1,700 lanyards are being worn by staff across the Trust to show respect and support to those that have a perception of homophobic or any other form of bullying	✓	Staff have chosen to apply to our Trust on seeing our use of rainbow lanyards	✓
Broadmoor calendar of cultural/religious celebrations included Burns night, Eid, LGBT and Black History Month	✓ Increase in number of patients attending LGBT/Pride session over last two years, may indicate possible change in attitudes		✓
Quantitative and qualitative outcomes from our inclusive practices	Eliminate discrimination harassment and victimisation	Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.	**Foster good relations between people who share a relevant protected characteristic and persons who do not share it**

Unconscious Bias in Recruitment training now mandatory for senior managers and those that sit on interview panels for senior posts			✓ Evaluation responses demonstrate that our managers have a better understanding of their own bias and on how bias can occur

Auditor's opinion

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF WEST LONDON MENTAL HEALTH NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of West London Mental Health NHS Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

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

Going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

Other information in the Annual Report

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

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

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health Group Accounting Manual 2017/18. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health Group Accounting Manual 2017/18.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 85, the directors are responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on page 84 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

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

We have nothing to report in this respect.

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

As explained in the statement set out on page 84, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

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

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

We have nothing to report in these respects.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of West London Mental Health NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Fleur Nieboer
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
London

25 May 2018

Financial statements and notes

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of NHS Improvement has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of NHS Improvement. 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 for 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 with the approval of the Treasury 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.

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

I confirm that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Signed

Chief Executive

Date: 23 May 2018

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 the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, 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.

● assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and

● use 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 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 such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and 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.

By order of the Board

Signed

Chief Executive

Date: 23 May 2018

Signed

Director of Finance and Business

Date: 23 May 2018

FOREWORD TO THE ACCOUNTS

WEST LONDON MENTAL HEALTH NHS TRUST

These accounts for the period 1 April 2017 to 31 March 2018 have been prepared by the West London Mental Health NHS trust, under the direction of the Department of Health Manual of Accounts 2017-18, and in accordance with the 2006 National Health Service Act.

Signed

Chief Executive

Date: 23 May 2018

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3.1	245,888	241,564
Other operating income	4	17,238	11,486
Operating expenses	5.1	(241,638)	(230,927)
Operating surplus/(deficit) from continuing operations		**21,488**	**22,123**
Finance income	10	157	87
Finance expenses	11	(2,589)	(2,537)
PDC dividends payable		(16,573)	(16,152)
Net finance costs		**(19,005)**	**(18,602)**
Other gains / (losses)	12	3,717	-
Surplus / (deficit) for the year		**6,200**	**3,521**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(4,714)	(1,601)
Revaluations	14.1	22,952	9,931
Other reserve movements		(219)	-
Total comprehensive income / (expense) for the period		**24,219**	**11,851**

Financial performance for the year			
Retained surplus/(deficit) for the year		6,200	**3,521**
Impairments (excluding IFRIC 12 impairments)	6	6,593	**1,493**
Adjustments in respect of government grant asset	13	28	**24**
Adjusted retained surplus/(deficit)		**12,821**	**5,038**

Financial performance has been adjusted for the impact of in year impairments to arrive at the adjusted retained surplus position. This is calculated as part of NHS trusts' statutory break even requirement, see note 31.1.

Adjustments in respect of impairments

Impairments relate to several Trust properties, see note 14.1.2.

PDC dividend: balance payable at 31 March 2018	**(947)**
PDC dividend: balance receivable at 31 March 2017	**352**

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	13.1	268	111
Property, plant and equipment	14.1	587,364	567,970
Trade and other receivables	17.1	2,667	-
Total non-current assets		**590,299**	**568,081**
Current assets			
Inventories	16	638	551
Trade and other receivables	17.1	20,849	14,178
Non-current assets held for sale / assets in disposal groups	19	-	7,350
Cash and cash equivalents	20.1	66,117	57,829
Total current assets		**87,604**	**79,908**
Current liabilities			
Trade and other payables	21	(27,957)	(16,534)
Borrowings	24	(3,576)	(3,576)
Provisions	25	(1,776)	(2,193)
Other liabilities	23	(4,888)	(4,347)
Total current liabilities		**(38,197)**	**(26,650)**
Total assets less current liabilities		**639,706**	**621,339**
Non-current liabilities			
Borrowings	24	(81,816)	(85,392)
Provisions	25	(1,618)	(1,430)
Total non-current liabilities		**(83,434)**	**(86,822)**
Total assets employed		**556,272**	**534,517**
Financed by			
Public dividend capital		389,980	392,444
Revaluation reserve		187,834	190,741
Income and expenditure reserve		(21,542)	(48,668)
Total taxpayers' equity		**556,272**	**534,517**

The notes on pages 93 to 121 form part of this account.

The financial statements on pages 88 to 121 were approved by the Board on 23 May 2018 and signed on its behalf by

Chief Executive: Date:

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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**392,444**	**190,741**	**(48,668)**	**534,517**
Surplus/(deficit) for the year	-	-	6,200	**6,200**
Impairments	-	(4,714)	-	**(4,714)**
Revaluations	-	22,952	-	**22,952**
Transfer to retained earnings on disposal of assets	-	(21,145)	21,145	**-**
Public dividend capital received	-	-	-	**-**
Public dividend capital repaid	(2,464)	-	-	**(2,464)**
Other reserve movements	-	-	(219)	**(219)**
Taxpayers' equity at 31 March 2018	**389,980**	**187,834**	**(21,542)**	**556,272**

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2016 - brought forward	**352,258**	**182,411**	**(52,189)**	**482,480**
Surplus/(deficit) for the year	-	-	3,521	**3,521**
Impairments	-	(1,601)	-	**(1,601)**
Revaluations	-	9,931	-	**9,931**
Transfer to retained earnings on disposal of assets	-	-	-	**-**
Public dividend capital received	40,186	-	-	**40,186**
Public dividend capital repaid	-	-	-	**-**
Other reserve movements	-	-	-	**-**
Taxpayers' equity at 31 March 2017	**392,444**	**190,741**	**(48,668)**	**534,517**

Information on reserves

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

Available-for-sale investment reserve
This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

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

Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		21,488	22,123
Non-cash income and expense:			
Depreciation and amortisation	13.1 & 14.1	12,659	12,440
Net impairments	6	6,593	1,493
(Increase) / decrease in receivables and other assets	17.1	(6,801)	(3,524)
(Increase) / decrease in inventories	16	(87)	(8)
Increase / (decrease) in payables and other liabilities	21.1 & 23	13,349	(673)
Increase / (decrease) in provisions		(228)	(1,420)
Net cash generated from / (used in) operating activities		**46,973**	**30,431**
Cash flows from investing activities			
Interest received	10	157	87
Purchase of intangible assets	13.1	(185)	-
Purchase of property, plant, equipment and investment property	14.1	(24,114)	(59,459)
Sales of property, plant, equipment and investment property		9,361	-
Net cash generated from / (used in) investing activities		**(14,781)**	**(59,372)**
Cash flows from financing activities			
Public dividend capital received		-	40,186
Public dividend capital repaid		(2,464)	-
Movement on loans from the Department of Health and Social Care		(3,576)	9,935
Other interest paid	11	(2,590)	(2,533)
PDC dividend paid		(15,274)	(16,532)
Net cash generated from / (used in) financing activities		**(23,904)**	**31,056**
Increase / (decrease) in cash and cash equivalents		**8,288**	**2,115**
Cash and cash equivalents at 1 April - brought forward		**57,829**	**55,714**
Prior period adjustments			**-**
Cash and cash equivalents at 1 April - restated		**57,829**	**55,714**
Cash and cash equivalents at 31 March	20.1	**66,117**	**57,829**

Notes to the Accounts

1 Accounting policies and other information

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 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

1.1.1 Accounting convention

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

1.1.2 Going concern

The Treasury's Financial Reporting Manual (FReM) provides the following interpretation of the going concern requirements set out in IAS1: The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern.

The Trust's directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust continues to adopt the going concern basis in preparing these financial statements.

1.2 Critical judgements in applying accounting policies

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

The notes to the accounts sets out the critical judgements, apart from those involving estimations (see 1.2.1) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Key areas where management estimates have been made within the accounts are provisions (note 25), accruals (note 17.1 and 21), property, plant and equipment economic lives (note 14.3.2) and the valuation of the Trust's estate.

Management has made judgements regarding the impairment of receivables (note 18). These judgements are based on a line by line assessment of the recoverability of individual receivables balances.

1.2.1 Sources of estimation uncertainty

The Trust's management determines the estimated useful lives and depreciation charges for all property, plant and equipment assets (with the exception of land). These estimates are based on past experience and practice across the health sector, as well as drawing on the technical expertise within the Trust. Management will increase the depreciation charges where useful lives are less than previously estimated lives, or it will write off or write down assets that are obsolete, abandoned or sold. Useful lives for land, buildings and dwellings are determined by the District Valuer and management reviews these for reasonableness.

Provisions cover a number of areas and are estimated as below;
● Pension provision is calculated based on individuals total estimated pension payments with reference to actuarial life expectancy tables and discounted cash flows.
● Legal claim provision values are provided by our service providers based on outstanding cases.
● Redundancy provision is calculated based on payroll information in respect of the commitment agreed as at 31 March 2018.
● The Carbon Reduction Commitment (CRC) scheme provision is calculated based on utility usage during the previous financial year.

Accruals are based on the value of invoices relating to the 2017-18 financial year received after 31 March 2018; orders receipted; previous invoice values when relating to an ongoing supplier of products or services; and costs directly advised by the supplier.

1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred. Such revenues are held within deferred income in trade and other payables (note 23).

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

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. The schemes are accounted for as though they are defined contribution schemes.

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.

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.

1.6 Property, plant and equipment

1.6.1 Recognition

Property, plant and equipment is capitalised if:
- 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 will be supplied to the NHS Trust;

- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and either
- the item cost at least £5,000; or
- Collectively, a number of items have a total cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

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.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:
- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Subsequent expenditure

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

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic 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' ceases to be depreciated upon the reclassification.

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) (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.

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 dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are 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 economic life is adjusted. The asset is derecognised when scrapping or demolition occurs.

1.6.4 Donated and grant funded assets

Government grant funded assets are capitalised at their fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.6.5 Useful economic lives of property, plant and equipment

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

	Min life	Max life
	years	years
Land		
Buildings, excluding dwellings	1	89
Dwellings	10	40
Plant & machinery	1	15
Transport equipment	3	9
Information technology	1	3
Furniture & fittings	1	40

Finance-leased assets (including land) are depreciated over the shorter of the useful economic 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.

1.7 Intangible assets

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.

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.

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. Gains, losses and impairments identified on revaluation 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 economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7.3 Useful economic lives of intangible assets

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

	Min life Years	**Max life Years**
Software licences	1	7
Internally generated information technology	1	7

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation of fair value due to the high turnover of stocks.

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.

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.

1.11 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Derecognition
All financial assets are derecognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are derecognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as “fair value through income and expenditure”, loans and receivables or “available-for-sale financial assets"

Financial liabilities are classified as “fair value through income and expenditure” or as “other financial liabilities”.

Financial assets and financial liabilities at “fair value through income and expenditure
Financial assets and financial liabilities at “fair value through income and expenditure” are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The Trust’s loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and “other receivables”.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities, except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at “fair value through income and expenditure” are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset’s carrying amount and the present value of the revised future cash flows discounted at the asset’s original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

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.

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 as an item of property plant and equipment.

The annual rental 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 derecognised 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.

1.12.2 The Trust as lessor

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.

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 25 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

1.14 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 where an inflow of economic benefits is probable. Contingent liabilities are not recognised, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public Dividend Capital

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, and
(iii) any PDC dividend balance receivable or payable

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

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.

1.17 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 in accordance with the requirements of HM Treasury's FReM.

1.18 Losses and special payments

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

1.19 Subsidiaries

In accordance with IAS27 requirements NHS bodies should consolidate the results of its Charitable Funds over which it considers it has the power to exercise control if classified as material.

The registered name of the Charitable Fund of the Trust is The West London Mental Health NHS Charitable Fund. The funds are managed and utilised for a number of initiatives predominantly with the purpose of improving patient welfare. Income is received via donations, legacies and investment income.

At the end of the financial year the Trust held capital and reserves of £666k, this represented an in year increase in the net assets after all expenditure of £32k.

As the Charitable Funds of the Trust are not of material value the decision has been taken by the Trust not to consolidate the NHS Charitable Funds for which it is the corporate Trustee.

1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2017/18.

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

IFRS 9 Financial Instruments will replace IAS 39 Financial Instruments: Recognition and Measurement and related IFRIC interpretations. The standard will be adopted from 1 January 2018, and will commence in the public sector with effect from 1 April 2018.

IFRS 15 Revenue from Contracts with Customers will replace IAS 18 Revenue, IAS 11 Construction Contracts and related IFRIC and SIC interpretations. The standard will be adopted from 1 January 2018, and will commence in the public sector with effect from 1 April 2018. The standard does not apply to revenue from leases, insurance contracts, and financial instruments, where the existing standards will continue to apply.

The new standard IFRS16 Leases will be adopted from 1 January 2019, and is expected to commence in the public sector with effect from 1 April 2019. The standard will require most operating leases to be brought onto the balance sheet for lessees. All entities that lease assets for use in their business will see an increase in reported assets and liabilities. Accounting by lessors will remain predominantly unchanged.

2. Operating segments

The Chief Operational Decision Maker is the trust board. At monthly board meetings key operational decisions are reached following scrutiny of performance and resource allocation across the trust operating segments. West London Mental Health NHS trust has two reportable segments in line with its Clinical Service Unit (CSU) structure; Forensic CSU and Specialist and Local services CSU. Financial performance against budget for each segment is presented on a monthly basis. All accounting during the year is done on an IFRS basis. The year-end figures for each operating segment can be seen in the table below which reconciles to the Statement of Comprehensive Income.

Reportable Segments	**2017-18 £000**			**2016-17 £000**		
	Income	**Expenditure**	**(Deficit)**	**Income**	**Expenditure**	**(Deficit)**
Specialist & Local Services CSU	122,571	(101,766)	**20,805**	123,439	(103,835)	**19,604**
Forensic CSU	126,147	(76,888)	**49,259**	119,706	(76,676)	**43,030**
Total of reportable segments	248,718	(178,654)	70,064	243,145	(180,511)	62,634
Corporate (see note below)	18,282	(52,915)	**(34,633)**	9,992	(40,512)	**(30,520)**
Interest, dividend, depreciation	0	(29,231)	**(29,231)**	0	(28,593)	**(28,593)**
Trust total	**267,000**	**(260,800)**	**6,200**	**253,137**	**(249,616)**	**3,521**
Reported retained surplus for the year			**6,200**			**3,521**

Corporate services includes all the costs of the Board, Central Finance, Central IT, Organisational Development & Workforce, Central Nursing, Central Medical, Estates and Facilities, Research & Development and the Cost of capital.

Total assets are not reported to the board by segment as all costs and activities relating to property, plant and equipment assets are managed centrally. Other statement of financial position items, including current assets and current liabilities are also managed centrally.

Types of products and services that the trust generates its income from can be summarised below:

Specialist & Local Services CSU: The trust provides full range of mental health services for children, young people and families and adults and older people living in the boroughs of Ealing, Hammersmith and Fulham and Hounslow. Within local services, the trust also provides the Cassel rehabilitation service, a Tier 4 Personality Disorder Service, this is the only NHS inpatient therapeutic community service. In 2017/18 the Gender Identity Clinic transferred over to Tavistock and Portman NHS FT.

Forensic CSU: The trust provides a comprehensive range of forensic mental services including high secure services at Broadmoor Hospital for men within London and South of England and medium and low secure services including Forensic community/outreach services primarily for patients with the North West London sector. The CSU also provides a national enhanced medium secure service for women and a national secure forensic mental health service for male adolescents.
The majority of the trust's income (90%) is received from Clinical Commissioning Groups (CCGs) and NHS England. Local service income is received through CCGs including Ealing (19%), Hammersmith & Fulham (10%) and Hounslow (10%) through service agreements.

3 Operating income from patient care activities

3.1 Income from patient care activities (by nature)	2017/18 £000	2016/17 £000
Mental health services		
Cost and volume contract income	57,209	45,555
Block contract income	180,776	186,715
Clinical partnerships providing mandatory services (including S75 agreements)	4,276	5,302
Clinical income for the secondary commissioning of mandatory services	3,091	3,250
Other clinical income from mandatory services	536	742
Total income from activities	**245,888**	**241,564**

3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18 £000	2016/17 £000
NHS England	127,097	123,790
Clinical commissioning groups	110,888	108,660
Other NHS providers	3,091	3,250
NHS other	201	387
Local authorities	4,276	5,302
Non NHS: other	335	175
Total income from activities	**245,888**	**241,564**
Of which:		
Related to continuing operations	245,888	241,564

4 Other operating income

	2017/18 £000	2016/17 £000
Research and development	674	760
Education and training	5,749	5,987
Sustainability and transformation fund income	6,065	-
Rental revenue from operating leases	379	384
Income in respect of staff costs where accounted on gross basis	-	236
Other income	4,371	4,119
Total other operating income	**17,238**	**11,486**
Of which:		
Related to continuing operations	17,238	11,486

Other operating revenue includes car park, shop and catering income, student nurse funding and salary recharges to other organisations.

5.1 Operating expenses

	2017/18	2016/17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	172	316
Purchase of healthcare from non-NHS and non-DHSC bodies	1,509	1,339
Staff and executive directors costs	182,963	185,759
Remuneration of non-executive directors	80	81
Supplies and services - clinical (excluding drugs costs)	1,421	1,592
Supplies and services - general	7,624	4,843
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,179	3,278
Inventories written down	36	-
Consultancy costs	414	482
Establishment	3,664	1,960
Premises	7,554	7,457
Transport (including patient travel)	1,149	1,101
Depreciation on property, plant and equipment	12,631	12,416
Amortisation on intangible assets	28	24
Net impairments	6,593	1,493
Increase/(decrease) in provision for impairment of receivables	(58)	152
Audit fees payable to the external auditor		
audit services- statutory audit	61	82
other auditor remuneration (external auditor only)	10	12
Internal audit costs	68	69
Clinical negligence	1,262	1,104
Legal fees	1,424	70
Insurance	296	315
Research and development	943	-
Education and training	1,559	1,695
Rentals under operating leases	2,641	2,643
Redundancy	73	41
Hospitality	74	79
Other	4,268	2,524
Total	**241,638**	**230,927**
Of which:		
Related to continuing operations	241,638	230,927

The increase in 'Other expenditure' relates to a number of in year movements. This includes £898k of expenditure recharged to other organisations for services provided on behalf of external bodies (2016-17, £0) and subscription fees of £473k (2016-17, £322k). In addition, there are a number of one off revenue items in relation to the Broadmoor redevelopment such as professional fees, 196k (2016-17, £90k) and costs associated with land sales, £236k (2016-17, £0).

5.2 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	10	12
Total	**10**	**12**

5.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5m (2016/17: £5m).

6 Impairment of assets

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	6,593	1,493
Total net impairments charged to operating surplus / deficit	**6,593**	**1,493**
Impairments charged to the revaluation reserve	4,714	1,601
Total net impairments	**11,307**	**3,094**

During the year the Trust recognised a downward movement of £15.3m. £10.6m recognised as impairments (£4m reversal of previous impairments), the remaining £4.7m was charged to the revaluation reserve. £1.8m of the impairment relates to sites that have been recognised as non-operational (this includes K Block, Cassel- Original Mansion, Plant room 19, Activities Centre Building), or partially operational.

7 Employee benefits

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	140,813	121,971
Social security costs	14,123	13,661
Apprenticeship levy	662	-
Employer's contributions to NHS pensions	16,076	15,609
Termination benefits	73	41
Temporary staff (including agency)	15,332	36,991
Total gross staff costs	**187,079**	**188,273**
Recoveries in respect of seconded staff	**-**	-
Total staff costs	**187,079**	**188,273**
Of which		
Costs capitalised as part of assets	3,100	2,473

7.1 Retirements due to ill-health

During 2017/18 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £66k (£64k in 2016/17).

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

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 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

c) Alternative Qualifying Pension Scheme

The trust is compliant with the Pensions Act 2008 in its requirement for employers to automatically enrol all eligible jobholders into a workplace pension scheme.

The trust was required to provide an alternative pension scheme for staff who are not eligible to join the NHS Pension Scheme by 1st July 2013. This is the date on which automatic enrolment duties came into force for the trust, referred to as the 'staging date'. The trust was required to register with the alternative pension scheme three months before the staging date. From 1st July 2013 the national employment saving trust (NEST) has been in place as an alternative qualifying pension scheme (AQPSP) for WLMHT employees. Details of the benefits payable under these provisions can be found on the NEST website at www.nestpensions.org.uk.

9 Operating leases

9.1 West London Mental Health NHS Trust as a lessor

This note discloses income generated in operating lease agreements where West London Mental Health NHS Trust is the lessor.

Lease income relates to freehold and leased properties where the trust has let / sublet all or part of the property to Local Authorities and other NHS bodies for the provision of healthcare and social services. Properties include 729 London Road, O Block at Lakeside, Cardinal Centre, Claybrook Centre, The Limes, Avenue House and Cherrington House as well as telecommunications at Broadmoor let to mobile phone companies.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	379	384
Total	**379**	**384**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	379	385
- later than one year and not later than five years;	1,517	1,535
- later than five years.	-	-
Total	**1,896**	**1,920**

9.2 West London Mental Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where West London Mental Health NHS Trust is the lessee.

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	2,641	2,643
Total	**2,641**	**2,643**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	2,141	2,156
- later than one year and not later than five years;	8,278	5,725
- later than five years.	10,212	11,532
Total	**20,631**	**19,413**

10 Finance income

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

	2017/18 £000	2016/17 £000
Interest on bank accounts	157	87
Total	**157**	**87**

11.1 Finance expenditure

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

	2017/18 £000	2016/17 £000
Interest expense:		
Loans from the Department of Health and Social Care	2,590	2,492
Total interest expense	**2,590**	**2,492**
Unwinding of discount on provisions	(1)	4
Other finance costs	-	41
Total	**2,589**	**2,537**

12 Other gains / (losses)

	2017/18 £000	2016/17 £000
Gains on disposal of assets	3,770	-
Losses on disposal of assets	(53)	-
Total gains / (losses) on disposal of assets	3,717	-
Total other gains / (losses)	**3,717**	**-**

During the year the trust disposed of Old Oak Road, Kentigern House, Nursery Crèche & Cricket Field Grove.

Note 13.1 Intangible assets - 2017/18

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	**186**	**12**	**198**
Additions	-	185	**185**
Gross cost at 31 March 2018	**186**	**197**	**383**
Amortisation at 1 April 2017 - brought forward	**87**	**-**	**87**
Provided during the year	28	-	**28**
Amortisation at 31 March 2018	**115**	**-**	**115**
Net book value at 31 March 2018	**71**	**197**	**268**
Net book value at 1 April 2017	**99**	**12**	**111**

Note 13.2 Intangible assets - 2016/17

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**186**	**-**	**186**
Valuation / gross cost at 1 April 2016 - restated	**186**	**-**	**186**
Additions	-	12	**12**
Valuation / gross cost at 31 March 2017	**186**	**12**	**198**
Amortisation at 1 April 2016 - as previously stated	**63**	**-**	**63**
Amortisation at 1 April 2016 - restated	**63**	**-**	**63**
Provided during the year	**24**	**-**	**24**
Amortisation at 31 March 2017	**87**	**-**	**87**
Net book value at 31 March 2017	**99**	**12**	**111**
Net book value at 1 April 2016	**123**	**-**	**123**

The trust purchased software systems for costing, RiO & EDMS in 2017/18.

Note 14.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	**94,795**	**267,589**	**1,516**	**202,219**	**4,728**	**263**	**2,676**	**6,374**	**580,160**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	2,879	-	17,283	634	30	737	-	**21,563**
Impairments	(223)	(4,488)	(3)	-	-	-	-	-	**(4,714)**
Reversals of impairments	-	2,470	-	-	-	-	-	-	**2,470**
Revaluations	92	(5,884)	(63)	-	(1,119)	(83)	(1,562)	(2,313)	**(10,932)**
Reclassifications	620	(560)	-	(359)	-	-	299	-	**-**
Transfers to/ from assets held for sale	-	(741)	-	-	-	-	-	-	**(741)**
Disposals / derecognition	-	-	-	(436)	-	(6)	-	-	**(442)**
Valuation/gross cost at 31 March 2018	**95,284**	**261,265**	**1,450**	**218,707**	**4,243**	**204**	**2,150**	**4,061**	**587,364**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**9,390**	**54**	**-**	**592**	**43**	**769**	**1,342**	**12,190**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**-**	**10,236**	**64**	**-**	**527**	**40**	**793**	**971**	**12,631**
Impairments	-	10,577	-	-	-	-	-	-	**10,577**
Reversals of impairments	-	(1,514)	-	-	-	-	-	-	**(1,514)**
Revaluations	-	(28,689)	(118)	-	(1,119)	(83)	(1,562)	(2,313)	**(33,884)**
Accumulated depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net book value at 31 March 2018	**95,284**	**261,265**	**1,450**	**218,707**	**4,243**	**204**	**2,150**	**4,061**	**587,364**
Net book value at 1 April 2017	**94,795**	**258,199**	**1,462**	**202,219**	**4,136**	**220**	**1,907**	**5,032**	**567,970**

Note 14.2 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	**92,179**	**344,860**	**1,911**	**154,315**	**9,447**	**694**	**9,634**	**13,517**	**626,557**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2016 - restated	**92,179**	**344,860**	**1,911**	**154,315**	**9,447**	**694**	**9,634**	**13,517**	**626,557**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions	-	2,545	-	48,440	82	34	181	382	**51,664**
Impairments	15	(3,337)	2	-	-	-	-	-	**(3,320)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	3,451	(77,012)	(397)	-	(4,801)	(465)	(7,139)	(7,528)	**(93,891)**
Reclassifications	-	533	-	(536)	-	-	-	3	**-**
Transfers to / from assets held for sale	(850)	-	-	-	-	-	-	-	**(850)**
Disposals / derecognition	-	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 31 March 2017	**94,795**	**267,589**	**1,516**	**202,219**	**4,728**	**263**	**2,676**	**6,374**	**580,160**
Accumulated depreciation at 1 April 2016 - as previously stated	**-**	**83,307**	**582**	**-**	**4,801**	**465**	**7,139**	**7,528**	**103,822**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2016 - restated	**-**	**83,307**	**582**	**-**	**4,801**	**465**	**7,139**	**7,528**	**103,822**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**-**	**9,616**	**54**	**-**	**592**	**43**	**769**	**1,342**	**12,416**
Impairments	-	(226)	-	-	-	-	-	-	**(226)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(83,307)	(582)	-	(4,801)	(465)	(7,139)	(7,528)	**(103,822)**
Accumulated depreciation at 31 March 2017	**-**	**9,390**	**54**	**-**	**592**	**43**	**769**	**1,342**	**12,190**
Net book value at 31 March 2017	**94,795**	**258,199**	**1,462**	**202,219**	**4,136**	**220**	**1,907**	**5,032**	**567,970**
Net book value at 1 April 2016	**92,179**	**261,553**	**1,329**	**154,315**	**4,646**	**229**	**2,495**	**5,989**	**522,735**

14.2.1

A full revaluation exercise was performed by the District Valuer as at 31 March 2018. As a result of property market price rises, the land increased in value by £92K and buildings rose in value by £18,324k (£22,805k - £4,490k), while dwellings also rose in value by £55k.
The method of valuation used is current value in existing use.

14.2.2
During the year the Trust recognised a downward movement of £15,291k. £10,577k recognised as impairments with £3,984k reversals of previous impairments. The remaining £4,714k was charged to the revaluation reserve. £1,751k of the impairment relates to sites that have been recognised as non-operational (this includes K Block, Cassel- Original Mansion, Plant room 19, Activities Centre Building), or partially operational.

Note 14.3 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	95,284	260,174	1,450	218,707	4,243	204	2,150	4,061	**586,273**
Owned - donated	-	1,091	-	-	-	-	-	-	**1,091**
NBV total at 31 March 2018	**95,284**	**261,265**	**1,450**	**218,707**	**4,243**	**204**	**2,150**	**4,061**	**587,364**

Note 14.4 Property, plant and equipment financing - 2016/17

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017									
Owned - purchased	94,795	257,222	1,462	202,219	4,136	220	1,907	5,032	**566,993**
Owned - donated	-	977	-	-	-	-	-	-	**977**
NBV total at 31 March 2017	**94,795**	**258,199**	**1,462**	**202,219**	**4,136**	**220**	**1,907**	**5,032**	**567,970**

15 Revaluations of property, plant and equipment

15.1
There are no assets held for sale as at 31 March 2018.

The method of valuation used is current value in existing use.

15.2
Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust respectively. Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset.

The table below shows the current range of remaining economic lives of property, plant and equipment:

- Buildings excluding Dwellings - 1 to 89 years
- Dwellings - 10 to 40 years
- Plant and Machinery - 1 to 15 years
- Transport Equipment - 3 to 9 years
- Information Technology - 1 to 3 years
- Furniture and Fittings - 1 to 40 years

All trust assets are owned by the trust and the majority of land, buildings and dwellings are owned by the trust and are held under freehold. A small number of buildings which the trust holds under lease agreements have been subject to capital improvements. Leased properties are Armstrong Way, Fulham Palace Road, 729 London Road, Elm Lodge and The Limes.

16 Inventories

	31 March 2018	31 March 2017
	£000	£000
Drugs	157	139
Consumables	129	116
Energy	27	-
Other	325	296
Total inventories	**638**	**551**
of which:		
Held at fair value less costs to sell	-	-

17.1 Trade receivables and other receivables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade receivables	12,925	7,974
Accrued income	6,644	4,550
Provision for impaired receivables	(869)	(1,049)
Prepayments (non-PFI)	1,071	1,041
PDC dividend receivable	-	352
VAT receivable	332	652
Other receivables	746	658
Total current trade and other receivables	**20,849**	**14,178**
Non-current		
Capital receivables	**2,667**	**-**
Total non-current trade and other receivables	**2,667**	**14,178**
Total trade and other receivables	**23,516**	**14,178**
Of which receivables from NHS and DHSC group bodies:		
Current	15,404	9,227
Non-current	-	-

17.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	**1,049**	**1,348**
Prior period adjustments	-	-
At 1 April - restated	**1,049**	**1,348**
Increase in provision	869	(151)
Amounts utilised	(122)	(451)
Unused amounts reversed	(927)	303
At 31 March	**869**	**1,049**

When determining if a receivable is impaired the following factors are considered:

- Age of debt
- Type of organisation
- Any previous impairment in respect of the debtor

No collateral is held in respect of these receivables.

18 Credit quality of financial assets

	31 March 2018 Trade and other receivables	31 March 2017 Trade and other receivables
Ageing of impaired financial assets	**£000**	**£000**
0 - 30 days	502	-
30-60 Days	40	-
60-90 days	174	1,322
90- 180 days	32	157
Over 180 days	121	95
Total	**869**	**1,574**

19 Non-current assets held for sale and assets in disposal groups

	2017/18	2016/17
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**7,350**	**6,500**
Assets classified as available for sale in the year	741	**850**
Assets sold in year	(8,091)	**-**
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**7,350**

As at 31 March 2018 there are no assets held for sale.

20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	**57,829**	**55,714**
Net change in year	8,288	2,115
At 31 March	**66,117**	**57,829**
Broken down into:		
Cash at commercial banks and in hand	65	63
Cash with the Government Banking Service	66,052	57,766
Total cash and cash equivalents as in SoFP	**66,117**	**57,829**
Total cash and cash equivalents as in SoCF	**66,117**	**57,829**

20.2 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 2018	31 March 2017
	£000	£000
Bank balances	1,058	1,182
Total third party assets	**1,058**	**1,182**

21.1 Trade and other payables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade payables	9,777	4,402
Capital payables	1,936	4,269
Accruals	14,792	7,490
Social security costs	59	18
Other taxes payable	-	59
PDC dividend payable	947	-
Accrued interest on loans	126	125
Other payables	320	171
Total current trade and other payables	**27,957**	**16,534**
Of which payables from NHS and DHSC group bodies:		
Current	3,165	2,847

22.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2018	31 March 2017
	£000	£000
Outstanding pension contributions	18	21

23 Other liabilities

	31 March 2018	31 March 2017
	£000	£000
Current		
Deferred income	4,888	4,347
Total other current liabilities	**4,888**	**4,347**

24 Borrowings

	31 March 2018	31 March 2017
	£000	£000
Current		
Loans from the Department of Health and Social Care	3,576	3,576
Total current borrowings	**3,576**	**3,576**
Non-current		
Loans from the Department of Health and Social Care	81,816	85,392
Total non-current borrowings	**81,816**	**85,392**

25.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2017	**1,092**	**288**	**58**	**2,185**	**3,623**
Arising during the year	829	312	14	168	**1,323**
Utilised during the year	(137)	(102)	-	(1,312)	**(1,551)**
Unwinding of discount	(1)	-	-	-	**(1)**
At 31 March 2018	**1,783**	**498**	**72**	**1,041**	**3,394**
Expected timing of cash flows:					
- not later than one year;	165	498	72	1,041	**1,776**
- later than one year and not later than five years;	658	-	-	-	**658**
- later than five years.	960	-	-	-	**960**
Total	**1,783**	**498**	**72**	**1,041**	**3,394**

Amount included in the Provisions of the NHS Resolution in Respect of Clinical Negligence Liabilities:

	£000s
As at 31 March 2018	11,367
As at 31 March 2017	760

Early Departure Costs
The provision for pensions is based on actuarial estimates as the true liability will not be known until the death of the former member of staff and any widow / widower.

Legal Claims
This provision is based on the legal advice received on the likely outcome of each case, timing of payment and the trust's liability on all cases outstanding as at 31 March 2018. In addition to this provision, contingent liabilities for legal cases totalling £155k (31 March 2017 £142k) are included in note 26.
This details the maximum estimated liability not already provided in the note above.

Redundancy
This provision relates to one notified redundancy as at 31 March 2018.

Other
Other provisions relate to potential future liabilities in respect of injury benefits and the estimated liability to be paid in relation to the Carbon Reduction Commitment (CRC) scheme.

26 Contingent assets and liabilities

	31 March 2018	31 March 2017
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(155)	(142)
Net value of contingent liabilities	**(155)**	**(142)**

27 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	33,080	26,276
Total	**33,080**	**26,276**

28.1 Carrying values of financial assets

	Loans and receivables £000	Total book value £000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	19,392	**18,656**
Cash and cash equivalents at bank and in hand	66,117	**66,117**
Total at 31 March 2018	**85,509**	**84,773**

	Loans and receivables £000	Total book value £000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non-financial assets	12,524	**12,524**
Cash and cash equivalents at bank and in hand	57,829	**57,829**
Total at 31 March 2017	**70,353**	**70,353**

28.2 Carrying value of financial liabilities

	Other financial liabilities £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018		
Borrowings excluding finance lease and PFI liabilities	85,392	**85,392**
Trade and other payables excluding non-financial liabilities	26,505	**26,505**
Total at 31 March 2018	**111,897**	**111,897**

28.3 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000

In one year or less	21,559	19,737
In more than one year but not more than two years	3,576	3,576
In more than two years but not more than five years	10,728	10,728
In more than five years	71,088	71,088
Total	**106,951**	**105,129**

29 Losses and special payments

	2017/18		2016/17	
	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	18	404	-	-
Total losses	**18**	**404**	**-**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	67
Ex-gratia payments	77	8	89	18
Total special payments	**77**	**8**	**90**	**85**
Total losses and special payments	**95**	**412**	**90**	**85**

30 Related party transactions

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 West London Mental Health NHS Trust.

The following board members were identified as being key management personnel for the following related parties during the 2017-18 financial year:

	Income £000s	**Expenditure £000s**	**Receivables £000s**	**Payables £000s**
Leeanne McGee - Special Advisor (SPA) for the CQC	1	246	-	-
Sarah Cuthbert - Husband is a partner in Deloitte LLP	-	29	-	-
Paul Stefanoski - HFMA Ltd	-	13	-	-
Paul Aylin - Imperial College London	8	-	-	-

The Department of Health is regarded as a related party. During the year West London Mental Health NHS 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. Entities with transactions in excess of £1m are listed below:

NHS Commissioning Board
Ealing CCG
Hammersmith & Fulham CCG
Hounslow CCG
Health Education England
Central and North West London Foundation Trust
NHS Resolution
North West London Healthcare NHS Trust
West London CCG
Imperial College Healthcare NHS Trust
Richmond CCG
Central London (Westminster) CCG

In addition, the trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions are in relation to HM Revenue & Customs or with Local Authorities in respect of partnership working. These entities are listed below;

NHS Pension Scheme
London Borough of Ealing
HM Revenue & Customs

The trust has also received revenue from a charitable fund (The West London Mental Health NHS Charitable Fund), the trustees for which are also members of the Trust board.

31 Better Payment Practice code

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	30,225	104,962	27,591	97,947
Total non-NHS trade invoices paid within Target	27,978	102,095	25,562	94,434
Percentage of non-NHS trade invoices paid within target	92.57%	97.27%	92.65%	96.41%
NHS Payables				
Total NHS trade invoices paid in the year	692	6,611	633	6,255
Total NHS trade invoices paid within target	673	6,564	616	6,217
Percentage of NHS trade invoices paid within Target	97.25%	99.29%	97.31%	99.39%

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.

32 External financing

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

	2017/18 £000	2016/17 £000
Cash flow financing	(14,328)	48,006
External financing requirement	(14,328)	48,006
External financing limit (EFL)	(6,529)	64,679
Under / (over) spend against EFL	7,799	16,673

33 Capital Resource Limit

	2017/18 £000	2016/17 £000
Gross capital expenditure	21,748	51,676
Less: Disposals	(8,533)	-
Charge against Capital Resource Limit	13,215	51,676
Capital Resource Limit	13,652	62,178
Under / (over) spend against CRL	437	10,502

34 Breakeven duty financial performance

	2017/18 £000
Adjusted financial performance surplus / (deficit) (control total basis)	12,821
Breakeven duty financial performance surplus / (deficit)	12,821

35 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Breakeven duty in-year financial performance		1,167	3,970	4,881	3,834	5,668	9,381	5,069	5,038	12,821
Breakeven duty cumulative position	6,340	7,507	11,477	16,358	20,192	25,860	35,241	40,310	45,348	58,169
Operating income		251,788	253,744	244,907	233,729	231,518	226,463	233,089	253,050	263,126
Cumulative breakeven position as a percentage of operating income		2.98%	4.52%	6.68%	8.64%	11.17%	15.56%	17.29%	17.92%	22.11%

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. 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.