



**West London**  
NHS Trust

# 2019/20

## Annual Report & Accounts

**Promoting hope  
and wellbeing  
together**

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# 1. Introduction from the Chief Executive



**Carolyn Regan**, Chief Executive

This report has been prepared against the backdrop of the sudden and unprecedented challenge of Covid-19, which has also placed increasing demands on community and mental health services. I am immensely proud of the way in which people across the Trust have responded, working tirelessly to support patients, their families and carers, the wider community and each other during these difficult times.

The Trust's ability to respond quickly and effectively to Covid-19 reflects a number of significant improvements and achievements delivered during 2019/20.

There are many notable examples, including:

- the leading role the Trust is playing in developing innovative partnerships and piloting new models of care;
- the completion of vitally needed improvements to our buildings and facilities to create a more welcoming therapeutic environment for patients, carers and staff; and
- awards and recognition received by staff who have gone above and beyond in delivering clinical, community or support services.

The Trust received an overall inspection rating of 'Good' from the Care Quality Commission (CQC) for the second year running and a rating of 'Outstanding' for Caring, which is a testament to staff across the Trust. The CQC also highlighted a commitment to quality across our clinical service lines, positive engagement with patients and carers, and excellence in partnership working. We have developed strong, active partnerships with many other organisations, including community health providers, mental health trusts across London, the Metropolitan Police, London Ambulance Service and local authorities, to deliver more efficient and integrated services that enhance patient care.

## Leading and piloting new models of care

Over the past year the Trust has played a leading role in several collaborations to pilot new models of care:

- Ealing Community Partners (ECP) was formally launched on 1 July 2019. This initiative, which is led by West London NHS Trust, brings together local NHS organisations, Ealing Council and the voluntary sector to deliver community health and care services to local residents.
- The Provider Collaborative project for specialist Child and Adolescent Mental Health Services (CAMHS), delivered by West London NHS Trust in partnership with Central and North West London NHS Foundation Trust, has been expanded this year. This initiative has delivered reduced lengths of stay in hospital for young people requiring admission to an adolescent mental health unit.
- In Ealing, a Rapid Response Pathway pilot is enabling the Crisis Assessment and Treatment Team to enhance the way it responds to and supports calls from the ambulance service.

The Trust also won a £1.6m competitive bid from NHS England and Improvement to pilot a new model of integrated primary and community mental health care across 18 Primary Care Networks in Ealing, Hammersmith & Fulham and Hounslow over two years. We are also working with other organisations across North West London as we move towards creating a more integrated care system.

## Improving our estate and facilities

I am pleased to report that two major estate renewal projects have been completed this year. These will enhance and improve the environment for patients and staff for many years to come. In December 2019, more than 150 years after the world-renowned hospital was founded, the new Broadmoor Hospital opened. The hospital has been purpose built to provide a safe, therapeutic environment for the treatment and rehabilitation of patients who need psychiatric care in a high secure setting.

In the summer of 2019 Medway Lodge reopened following refurbishment. Together with Thames Lodge, which opened in 2016, this completes the Three Bridges Campus. All medium secure service users are now cared for in a modern, therapeutic environment. Care for male low secure service users continues to be provided in older buildings on the St Bernard's site, where we are committed to making improvements to the estate. Staff, patients and carers were closely involved in the design of the new hospital and in other refurbishment projects, epitomising the Trust's ethos of hope and recovery.

## Involving experts by experience

As highlighted by the CQC, the Trust is committed to involving service users, carers and families and to embedding coproduction into day-to-day practice across all clinical service lines. Examples of coproduction initiatives delivered in 2019/20 include:

- Service user input within our Child and Adolescent Mental Health and Developmental Services, which resulted in new joint care pathways for young people presenting with a first episode of psychosis and a smoother transition into adult services.
- Establishing coproduction groups within West London Forensic Services to consider different factors that influence peoples' wellbeing, including weight, nutrition, exercise, medications and psychological factors and empower people to make healthier choices.
- Input from patients and carers in Acute Mental Health Services to support continuing work on developing an inpatient service that aligns practice with coproduced service standards.

The Trust has also commissioned We CoProduce, a Hammersmith-based social enterprise, to take forward a number of coproduced projects. These include the development of service standards in Access and Urgent Care, open forums in Ealing, Hammersmith & Fulham and Hounslow to encourage conversations about mental health, and work to support the development of community services in Ealing.

## Recognising the contribution of all our staff

Our work is made possible by the outstanding contribution of staff across the Trust. Several prestigious awards received this year highlight the achievements many individuals and teams. Individual awards included recognition for Balraj Basra, Domestic Supervisor, who won the Leadership category at the national Unsung Heroes Awards, and for Neil Ragoobar, Service Director for Medium Secure Services, who received the national award for Nurse Manager of the Year at the Nursing Times Workforce Awards.

The eRostering Team was recognised for work on the Fair and Safe Shift Charter, winning the Allocate Award for Cultural Excellence, and the Hammersmith & Fulham IAPT team was shortlisted for Health Service Journal's Workforce Initiative of the Year award for work to improve staff wellbeing.

The Trust was shortlisted in the Health Service Journal Awards for Making Mandatory Meaningful, a Trust-wide programme that focuses on increasing and maintaining high levels of mandatory training compliance, and our LEAD by Example leadership programme was awarded Silver for Best Training Partnership at the Training Journal Awards.

As we carry on through 2020 unsure of when the Covid-19 crisis will end, I'd like to acknowledge the contribution of each and every staff member, service user and carer involved in the Trust. Much of our planned work has been put on hold and we have all had to learn to work and behave differently. The adaptability, commitment and resolve everyone has shown through these testing times has made me very proud. A big thank you to all of you.



**Carolyn Regan** Chief Executive



## Performance report



## 2. Overview

This section provides background information about West London NHS Trust, sets out progress made by the Trust during 2019/20 and highlights challenges faced.

### About West London NHS Trust

West London NHS Trust is one of the most diverse healthcare providers in the UK. It delivers a range of mental health, physical healthcare and community services for children, adults and older people living in the London boroughs of Ealing, Hammersmith & Fulham and Hounslow. It also delivers a number of regionally and nationally commissioned specialist and forensic mental health services. The Trust serves a local population of 800,000 residents and employs around 3,770 staff.

### Vision, values and objectives

The Trust's vision is to be an outstanding healthcare provider, committed to improving quality and caring with compassion. The Trust's values are:

**TogetherNESS   Responsibility   Excellence   Caring**

The Trust's strategy (2017-22) sets out five objectives. These are to be:

- Recognised as 'Good' or 'Outstanding'
- A preferred provider and employer
- A recognised provider of integrated physical, mental health and social care
- A lead provider or preferred partner
- Focused on services in North West London and Berkshire

### Structure of the Trust

During 2019/20 the Trust's Board consisted of 16 members: a non-executive Chairman, the Chief Executive, seven Executive Directors and seven non-executive Directors.

The Trust has eight main clinical service lines, each with its own clinical director:

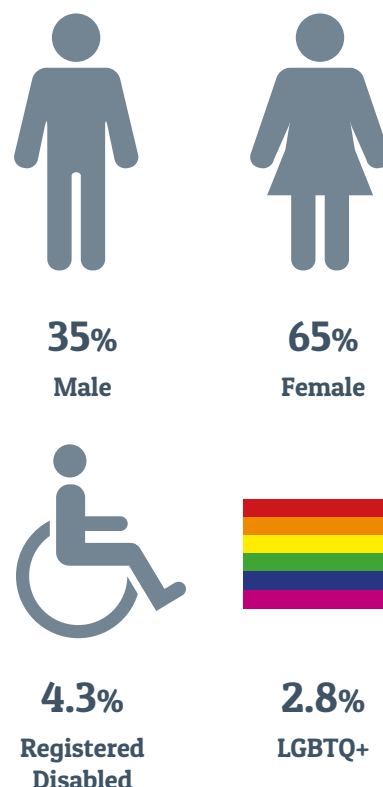
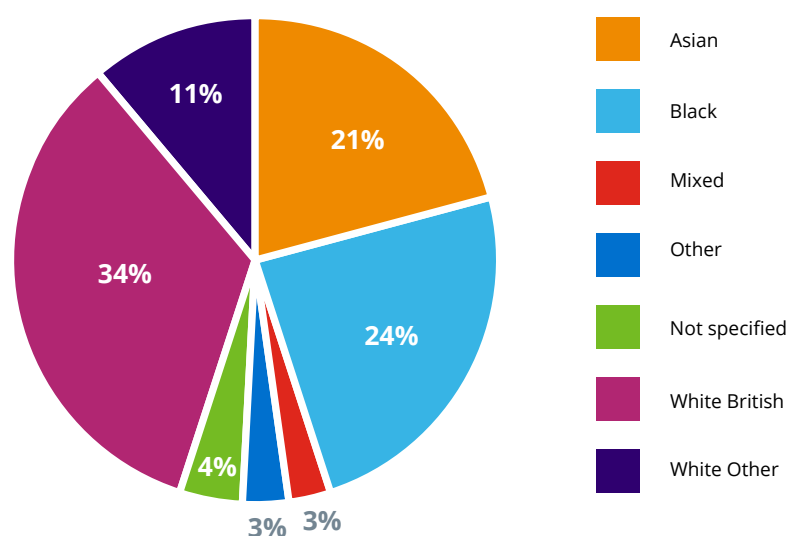
- Acute Mental Health Services
- Child and Adolescent Mental Health Services and Developmental Services
- Cognitive Impairment and Dementia Services
- Community and Recovery Mental Health Services
- High Secure Services
- Integrated Care Services
- Psychological Medicine Services
- West London Forensic Services

Summary information on progress within each of these eight areas during 2019/20 is provided in this report.

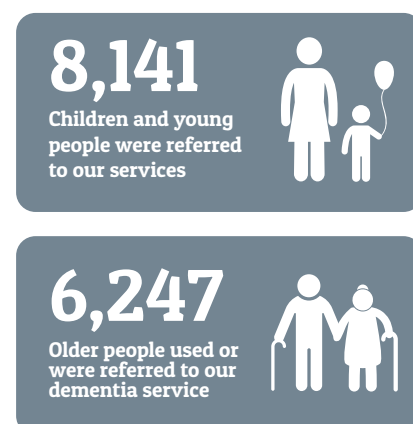
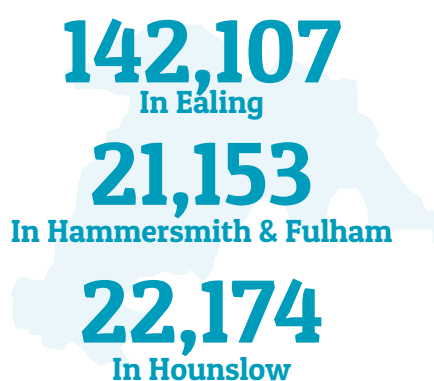
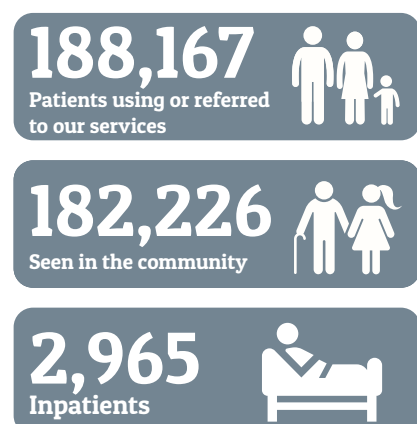
## Statistics

### Staff figures for 2019/20

3770 staff



### Patient figures for 2019/20





## Performance against key indicators

### Care Quality Commission

West London NHS Trust is registered with the Care Quality Commission (CQC). The CQC carried out inspections within a number of the Trust's services in 2019/20. The CQC's report on the Trust was published in June 2020.

Overall the Trust maintained its current rating of 'Good', with the Trust rated 'Outstanding' for being Caring, 'Good' for being Responsive, Well-led and Effective and 'Requires Improvement' for safety. The overall ratings awarded to the Trust's services by the CQC are shown in the chart below:

Overall rating	Inadequate	Requires improvement	Good	Outstanding
<b>Are services?</b>				
Safe?		Requires Improvement		
Effective?			Good	
Caring?				Outstanding
Responsive?			Good	
Well led?			Good	

Across the Trust safety remains a focus for improvements. These include continuing to refresh and improve the estate to provide the safest possible environment for patients and for staff. Ensuring safeguarding and risk management is embedded in clinical practice.

The Trust has developed a clear vision, which is to be an outstanding provider of health and social care, committed to improving quality and caring with compassion. Inspectors concluded that staff understood the vision and could explain how the organisation's values of togetherness, responsibility, excellence and caring underpins their work.

Inspectors praised the following:

- a commitment to quality demonstrated across all clinical service lines
- a continued focus on addressing staffing challenges, along with a creative approach to recruitment
- positive engagement with patients and carers
- excellence in partnership working

Inspectors also noted the need for improvements in some areas, including:

- addressing safety issues, with a specific focus on creating a safer environment for staff
- further improvements to the quality of the estate, particularly where these will improve safety, for example, ensuring adequate lines of sight on mental health wards
- achieving consistently safe staffing levels through rostering
- maintaining accurate records of staff supervision

The report acknowledged that the Trust was aware of the issues raised in the inspection and was making progress in addressing these.

Overall rating	Inadequate	Requires improvement	Good	Outstanding		
	Safe	Effective	Caring	Responsive	Well led	Overall
Forensic inpatient or secure wards	Good	Good	Outstanding	Good	Outstanding	Outstanding
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Outstanding	Good	Good
Perinatal levels	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Requires Improvement	Good	Good
Child and adolescent mental health wards	Requires Improvement	Outstanding	Good	Good	Requires Improvement	Requires Improvement
Community based mental health services for adults of working age	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Mental health crisis services and health based places of safety	Requires Improvement	Good	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Good	Good
High secure hospitals	Requires Improvement	Good	Outstanding	Good	Good	Good
Community based mental health services for older people	Good	Good	Outstanding	Good	Good	Good
Community health inpatient services	Good	Requires Improvement	Good	Good	Good	Good

## Operational performance

During 2019/20 the Trust performed well against a range of key performance indicators covering quality and safety measures, as well as KPIs outlined in the NHS England and NHS Improvement Single Oversight Framework (SOF). The SOF, which provides the framework for overseeing providers and identifying potential support needs, looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

There has been a significant improvement in Early Intervention Psychosis waiting times (above mean since March 2019) and the Trust has successfully continued to reduce the number of Delayed Transfers of Care, contributing to increased capacity within the wards and zero Out of Area placements since September 2019. Waiting time and access has been a particular focus for the Trust. This is covered in more detail in the Performance Analysis section of this report.

## Segmentation

Trusts are segmented under the Single Oversight Framework (SOF) based on the level of support a provider needs. Segments range from 1 ('Maximum Autonomy') to 4 ('Special Measures'). As at 31 March 2020, the Trust has maintained an overall segment rating of 1 ('Maximum Autonomy'), based on the above five themes and taking into account the overall SOF financial risk rating. Segmentation decisions are taken quarterly in the absence of any significant deterioration in performance.

## Finance and use of resources

The Trust ended the year with a reported underspend of £7,636k as at month 12, which included £2,191k in profit on the sale of assets. Performance under the theme of finance and use of resources is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance within the Single Oversight Framework. The scores are weighted to give an overall financial risk rating. The Trust was rated 2 at the end of 2019/20.

Further details on performance are set out in the Performance Analysis section of this report. Key issues and risks that could affect the Trust in delivering its objectives are noted in the Board Assurance Framework (p53), and detailed information on how the Trust reviews and manages key issues and risks can be found in the Annual Governance Statement (pp50-58).

## Improvements to the Trust's estate

Some of the Trust's estate is among the oldest in London. On the St Bernard's site in Ealing over half of the building stock is made up of the original Hanwell Asylum buildings dating from 1830 to 1880. The CQC has previously noted the quality of the estate as a limiting factor in the Trust's ability to deliver the highest possible care. Improvements to the estate have therefore been an important focus over the past year.

During 2019/20, the Trust completed two major building projects:

- The new Broadmoor Hospital opened in December 2019. The hospital provides a safe, therapeutic environment for the care, treatment and rehabilitation of patients who need psychiatric care in a high secure setting. Key features of the new facilities include:
  - Spacious ward areas, with plenty of natural light and access to ward gardens
  - A modern layout, which allows staff to observe patients effectively and maintain a safe environment
  - A multi-disciplinary team located on every ward
  - A central building housing a wide range of therapeutic, vocational, educational and healthy living activities and a multi-faith room
- Medway Lodge opened in the summer of 2019, following refurbishment. This follows the construction and opening of Thames Lodge in 2016, completing the Three Bridges Campus. These improvements mean that all medium secure service users are now cared for in a modern, therapeutic environment. Care for male low secure service users is still provided in older buildings on the St Bernard's site, where improvements continue.

## Review of the Trust's clinical services

### Acute Mental Health Services

Acute Mental Health Services provide early assessment and treatment for patients suffering from a wide range of acute mental disorders. Services include the Trust's 24/7 single point of access helpline, 186 acute beds across eleven inpatient wards, electro-convulsive therapy and community crisis, assessment and treatment teams.

Key developments during 2019/20 included:

- Completion of estate projects to improve patient safety and experience on inpatient wards. This included refurbishments and safely moving the most physically frail patients to a ground floor ward.
- Providing an acute bed to any patient in clinical need throughout 2019/20, despite national difficulties with acute bed availability.
- Doubling the number of matrons in inpatient services.
- Continued safeguarding of patients' physical health, consistently meeting key performance indicators for physical health, and successfully rolling out new training practices. Rolling audits demonstrate good escalation procedures and further training to manage medical emergencies.
- Ongoing work with NHS England and NHS Improvement to:
  - Reduce non-clinical delays in patient care pathways.
  - Produce a set of standards to improve sexual safety for mental health inpatient pathways.
- Becoming one of a small number of early adopter sites to successfully secure crisis care funding to further develop a community based crisis offer. This includes improving response times in emergencies, supporting current inpatients towards their safe discharge home, and increasing options as an alternative to hospital admission.
- Opening 'Safe Space in Hounslow' three evenings per week to provide additional support for patients experiencing a mental health crisis.
- Meeting all gatekeeping targets for Crisis Assessment and Treatment, ensuring that patients receive treatment appropriate to their needs in the least restrictive setting.
- Improving staff supervision figures by 30% and implementing a new system for assessing the quality of the supervision.

### Child and Adolescent Mental Health and Developmental Services

The Trust's Child and Adolescent Mental Health and Developmental Services (CAMHS) deliver community mental health support to children and young people up to the age of 18. The service provides a range of treatments and interventions for children and young people with mental health issues ranging from mild to severe in the three boroughs of Ealing, Hammersmith & Fulham and Hounslow.

Key developments during 2019/20 included:

- The continued expansion of the New Care Model project, developed with Central and North West London NHS Foundation Trust. The project has delivered reduced lengths of stay in hospital for young people using the Trust's mental health services who also required admission to an adolescent mental health unit. The project also maintained reductions in the use of out of area beds and reduced the number of admissions to adolescent psychiatric inpatient care. As a result, the Trust will lead a CAMHS Provider Collaborative across North West London. This will allow strategic and financial oversight of CAMHS inpatient admission units and also bring Eating Disorders and Learning Disability and Autism inpatient provision into scope for potential innovation along similar lines.

- The Hounslow Trailblazer project, which developed teams of mental health professionals in schools. This project was also rolled out in Ealing and has expanded to include over 60 staff delivering access to mental health support in schools.
- New joint care pathways have been developed for young people from the age of 14 years old presenting with a first episode of psychosis. This new process, developed as a result of service user input, aims to ensure a seamless transition into adult services.
- Working with commissioners in both Hounslow and Ealing to secure funding for projects to improve waiting times for children and young people who have neurodevelopmental difficulties, including autism and attention deficit hyperactivity disorder (ADHD). This has led to a reduction in waiting times for assessment for autism and an increase in number of assessments being conducted.
- Creating a practice development programme to recruit and train staff at lower bandings and to develop their skills to a benchmarked standard of competencies. This scheme has led to the recruitment of 14 professionals to date.
- CAMHS leads have strengthened links with professional training schemes. New placements for trainees in psychotherapy, family therapy and psychology will be implemented over the coming year, allowing developing professionals to experience the rich clinical environment of our services during their training. The aim is also to enhance recruitment through this scheme.

### Cognitive Impairment and Dementia Services

The Trust provides cognitive impairment and dementia services (CIDs) in the community and at inpatient settings at Jubilee Ward, St Bernard's, and The Limes nursing home in Southall.

Key developments during 2019/20 included:

- Embedding a dementia link worker service in Ealing, Hammersmith & Fulham and Hounslow to ensure all patients can continue to access appropriate services after discharge from secondary care.
- Hammersmith & Fulham CIDs beginning the process of becoming accredited by the Memory Service National Accreditation Programme. This accreditation gives assurance to patients, carers, frontline staff, commissioners, managers and regulators of the quality of the Trust's Memory Service. Hounslow and Ealing community services have already achieved accreditation.
- Enhancing feedback received. New friends and family feedback forms with additional questions for carers and patients are now in place, helping to ensure the service continues to be responsive to patients' needs.
- Waiting times for diagnosis are in line with national targets.
- A new career pathway for nurses is being developed. This will create a specialist nurse role to diagnose patients with dementia and independently prescribe appropriate treatment.
- Quality Improvement projects in wards and community services have helped in achieving a significant reduction in wait times and improved patient flow.
- There has been an increase in therapeutic activities available to patients and carers in the community, including music therapy and carers' groups.



## Community and Recovery Mental Health Services

The Trust's Community and Recovery Mental Health Services include recovery teams, primary care mental health services, early intervention in psychosis, specialist rehabilitation and eating disorder services for people in Ealing, Hammersmith & Fulham and Hounslow. This service line also includes the Cassel Hospital, which offers inpatient services and extensive outreach follow-up to people across the country with complex and severe personality disorder. In 2019 the caseload for the service line was just under 10,000 people, with around 130,000 patient contacts throughout the year.

Key developments during 2019/2020 included:

- Winning a £1.6m competitive bid from NHS England and NHS Improvement for investment to pilot a new model of integrated primary and community mental health care across 18 Primary Care Networks in Ealing, Hammersmith & Fulham and Hounslow. To be delivered over two years, the new model is based on NHS England and NHS Improvement's framework, which recommends that new community-based offers should include access to psychological therapies, improved physical health care, employment support, personalised care, medicines management and support for self-harm and coexisting substance use.
- Undertaking a maturity matrix evaluation of the Primary Care Mental Health teams. The evaluation was positive overall, identifying that teams are effective, offer evidence-based holistic care to patients and good value for money. The evaluation also made recommendations for enhancing the clinical offer, specifically psychotherapy, further strengthening relationships with GP practices, achieving integrated data sharing, and adopting a richer set of outcome measures.

## High Secure Services

The Trust's high secure service at Broadmoor Hospital in Berkshire is one of only three such hospitals in England. It provides assessment, care and treatment for men with severe mental illness and personality disorder who require care in conditions of high security.

Key developments during 2019/20 included:

- Completing a successful move into the new Broadmoor Hospital in December 2019. A total of 147 patients transferred to new wards. This was the culmination of many years of planning and hard work. Patients and staff have responded well to the new hospital, which provides the platform to further improve care.
- Installation of Oxehealth remote physical health monitoring equipment in all side rooms and seclusion rooms in the new hospital. This will improve monitoring of patients' physical wellbeing and patient safety.
- Continued work to reduce restrictive practices. A new associate clinical director post has been introduced, with a focus on patient safety and restrictive practices.
- The hospital has continued to reduce its nurse vacancies and recruitment remains a focus.

## Integrated Care Services

People experience better health and wellbeing when their mental and physical care needs are considered together and, where appropriate, treated in the same community setting near to home. The Trust's aim is to provide integrated care to people in the community, ensuring that people have their physical and mental health problems identified, assessed and treated in a coordinated way.

Led by West London NHS Trust, Ealing Community Partners (ECP) was formally launched on 1 July 2019 to deliver community health services in Ealing over a period of ten years to 2029. This innovative partnership spans several local NHS organisations, Ealing Council and the voluntary sector.

Key developments during 2019/20 included:

- Mobilising services: 44,000 episodes of care were transferred. A third of these patients were known to the Trust's mental health services, reflecting the importance of the Trust's ambitions to develop services further to deliver more joined-up physical and mental health care.
- Launching Ealing Community Referral Hub. The hub receives over 12,000 calls each month and provides a single point of access and advice for services, 24 hours a day.
- Reconfiguring intermediate care and community nursing services to improve productivity. This included:
  - Extending the hours of operation to 24/7
  - Moving to Clayponds Hospital to provide a more integrated service with intermediate care beds
  - Offering a more responsive Home First pathway to support people being discharged from hospital as soon as they are fit to leave.
- Working with London Ambulance Service to increase the number of referrals reaching the service directly without requiring an ambulance to be called, or the patient to be taken to hospital.
- Integrating the children's nursing teams, co-locating them in Carmelita House alongside the Ealing service for children with additional needs.
- Working with Marie Curie end of life care nurses to deliver systematic care planning for all nursing home residents in Ealing, with the aim of ensuring that more individuals die in their preferred place.

Integrated Care Services also oversee the Trust's contribution in Hammersmith & Fulham to the Community Independence Service partnership led by Central and North West London NHS Foundation Trust, and an alliance with the London Central and West Unscheduled Care Collaborative to deliver the North West London telemedicine initiative.

## Psychological Medicine Services

### Perinatal

Perinatal services support women with severe and complex mental illness before and after pregnancy and up until the end of the first postnatal year. In 2019/20 the service exceeded 500 patient contacts delivered and is working towards targets set in the NHS Long Term Plan to increase the range of support on offer to women and their families.

Key developments during 2019/20 included:

- Recruiting occupational therapists and social workers to increase the skill mix within the team.
- Expanding services, with psychology and activity based groups available in Ealing, Hammersmith & Fulham and Hounslow.
- Involving experts by experience in a number of projects, such as the design of a greeting card given to all women when they have their baby.
- Setting up a diversity and inclusion team and hosting road-shows in the local community.
- Producing a film in partnership with Improving Access to Psychological Therapies (IAPT) to raise awareness of the range of mental health support available to women and their partners in the perinatal period. The film has been shown in shopping centres in all three boroughs, promoted on the Trust website and through social media.

## Improving Access to Psychological Therapies (IAPT)

Key developments during 2019/20 included:

- Cost savings achieved through integrated services. The IAPT services in Ealing, Hammersmith & Fulham and Hounslow completed an NHS England and NHS Improvement funded project for integrated physical health services to provide seamless care to service users. The project exceeded its target, treating 1,602 services users, against a target of 1,450. Analysis has shown that individuals who received integrated IAPT care were less likely to use other NHS services, delivering cost savings of £350 per person.
- Ealing IAPT has been working to support many families from communities at risk of female genital mutilation (FGM). The service identified more women who have undergone FGM than any other service within the Trust this year and also identified and supported two individuals who were victims of modern slavery.
- Hammersmith & Fulham IAPT was shortlisted for a Health Service Journal award within the Workforce Initiative of the Year category for work to improve staff wellbeing within a high performing service.
- Hounslow IAPT received more referrals for women in the perinatal period than any other IAPT service in London. This is a result of ongoing collaboration with maternity units, midwives and health visitors and is an example of effective integrated working across organisational boundaries.

## Liaison Psychiatry Services

Key developments during 2019/20 included:

- Developing a range of education materials on diabetes;
- Co-writing two mental health e-learning modules in national diabetes training which have been completed by over 1000 people. 92% of people surveyed felt their skills had improved as a result.
- Training videos for health care professionals about mental health for people with diabetes and a short video for service users.
- The Hammersmith & Fulham Liaison Psychiatry Team worked with Imperial College Healthcare NHS Trust at Charing Cross Hospital to develop the following initiatives:
- The development of a section 136 pathway for A&E.
- Multi-agency mental health training and education days, delivered with Central and North West London NHS Foundation Trust.
- Improving handover communication during hospital transfers.
- Ealing Liaison Psychiatry hosted poster presentations at the Royal College of Psychiatrists' International Conference and the Liaison Psychiatry Annual Conference and had an article published in the Psychiatric Eye newsletter.

## Clinical Health and Neuropsychology

Key developments during 2019/20 included:

- Securing funding for two new posts to expand into pain management and stroke services, working with Imperial College Healthcare NHS Trust.
- Continuing to lead on psychology teaching at Imperial College School of Medicine and contributing to the development of a new module on Lifestyle Medicine for the School of Medicine.
- Further involvement in research, for example, supporting two international randomised controlled trials (RCT) and becoming a key collaborator on a UK RCT based at Imperial College.
- Friends and Family data for the outpatient service at Imperial College indicated that 92% of respondents would be 'Extremely Likely' to recommend the service.

## West London Forensic Services

West London Forensic Services care for 255 adult male, female and adolescent male service users in low, medium and women's enhanced medium secure services on the St Bernard's site. In addition, two forensic community teams care for approximately 180 outpatients moving out of inpatient care.

Key developments during 2019/20 included:

- The Forensic Child and Adolescent Mental Health Service went live, providing advice, consultation and training for local health, social care and youth justice professionals working with young people with complex needs.
- The North London Forensic Consortium is in the fast track to become a provider collaborative in 2020. The North London Forensic Consortium, which is made up of five mental health trusts, including West London NHS Trust, has continued to work successfully at repatriating and discharging cases. There are currently 72 cases remaining in out of area placements, following a further reduction of 10 this year. Savings made have been reinvested into each partner's community services. This has resulted in an increase in staffing within the Forensic Outreach Service and Forensic Community Service teams.
- In September 2019, West London Forensic Services was successful in a joint bid with Barnet, Enfield and Haringey Mental Health Trust to become part of the Wave 2 Specialist Community Forensic Team. This initiative is currently in the mobilisation phase, with a number of posts recruited to and suitable estate identified.
- While staff are committed to providing safe, compassionate care, the Tony Hillis Wing on the Bernard's site remains some of the worst mental health estate in London. The Trust is working with NHS England and NHS Improvement and the North London Forensic Consortium to develop an estates plan to meet the needs of service users and staff.

## Workforce strategy

The Trust's workforce strategy addresses the Trust's commitment to recruiting, developing and retaining a workforce that is engaged and motivated in providing caring, high-quality healthcare.

The workforce strategy aims to achieve the Trust's workforce objectives, as set out below:

- Implementing a recruitment and retention strategy that enables the Trust to compete successfully for occupations where there are shortages by marketing vacancies effectively, including through social media.
- Using a fast-track approach to manage the induction process for student nurses by taking into account prior learning from universities and mapping competences against the Trust's requirements.
- Ensuring a diverse and representative workforce at all levels of the organisation through a number of initiatives. These include having diverse representation on interview panels, leadership programmes for staff from black and minority ethnic (BME) backgrounds, and reviewing employment relation procedures and the process for approving acting up and secondment posts to ensure fairness.
- Implementing a simple engagement plan and a structured approach to engagement with staff across the Trust, led by the Chief Executive.
- 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, with a focus on gaining benefits from electronic rostering and enhancing the operational efficiency and size of the staff bank.

## Coproduction

Our vision as a Trust is to ensure that service development and improvements build on the experience of patients, service users, their families and carers to provide a collaborative, recovery orientated approach, with coproduction embedded into day-to-day practice.

Examples of coproduction across the Trust during 2019/2020 included:

### Involving patients

- Continuing work on developing inpatient services within Acute Mental Health Services, with input from patients and carers to align practice with coproduced service standards.
- Service user input within our Child and Adolescent Mental Health and Developmental Services, which has resulted in the development of new joint care pathways for young people presenting with a first episode of psychosis and a smoother transition into adult services.
- Establishing coproduction groups within West London Forensic Services to look at different factors that influence peoples' wellbeing, including weight, nutrition, exercise, medications and psychological factors. This initiative aims to empower people to make healthier choices.
- The Trust has also commissioned We CoProduce, a Hammersmith-based social enterprise, to take forward a number of coproduced projects, including the development of service standards in Access and Urgent Care, open forums in Ealing, Hammersmith & Fulham and Hounslow to encourage conversations about mental health, and work to support the development of community services in Ealing.



## Working with carers

The Trust is implementing the Triangle of Care, a national initiative led by the Carers Trust. The Triangle of Care refers to the three-way partnership between patients, carers and staff to support and look after patients more effectively.

Key milestones achieved in the implementation of the Triangle of Care during 2019/20 included:

- Recognition from the Carers Trust, with a first star received for the implementation of Stage 1
- Rolling out self-assessments against Triangle of Care standards throughout inpatient services, crisis teams and community mental health services
- Maintaining Triangle of Care champions roles within teams and wards
- Coproducing carer awareness training for staff
- Setting up a working group to coproduce a Carers' Council

## Research

In the past year the Trust's research department has focused on developing its strategy for ensuring service users are part of the research agenda-setting and have opportunities to be involved not only as participants, but also as researchers.

Key developments during 2019/20 included:

- Increasing support for new clinically-driven research originating in the Trust. Ten new research grants were submitted in which clinicians were co-applicants and three new clinical academic research career grant applications were made, supporting early career researchers with a pathway towards a clinical academic career.
- 530 patients were recruited to participate in research and the Trust was involved in 56 research studies. Of these, 26 were funded trials and 30 were unfunded.
- Researchers associated with the Trust have published 67 articles in peer reviewed journals.

The Trust maintains an academic health science network partnership with Imperial College London and is a member of Imperial College Healthcare Partners.

Other collaborations are maintained with University College London, King's College London, Brunel University, University of West London, Trinity College Dublin, University of Surrey and industry partners such as Oxehealth, ESAI Co, Allergan, Janssen, Sunovion and Novartis.

The Trust is also involved in the strategic development of Discover-NOW, one of the digital health networks in the UK, where the interface between mental and physical health will be a key area of future study.

## Trust charity

The Trust's charity raises funds to provide better facilities, purchase equipment and support engagement activities that would otherwise be unaffordable within NHS budgets.

During 2019/20, the charity funded a museum tour for service users, an animation project for patients in Broadmoor Hospital, a world mental health day football tournament for service users and staff, and a suicide prevention walk and talk event.

The Trust launched an appeal to help with the coronavirus (Covid-19) response. The first two donations were for £10,000 each.



*Tovertafel, funded by the Trust charity*

## Recruitment and retention

As is the case across the NHS, the Trust finds it challenging to recruit and retain clinical and non-clinical staff, particularly nurses. During 2019/20, the Trust introduced and embedded a wide range of interventions, aimed at recruiting and retaining nurses and other staff, including:

- Nursing degree apprenticeships, with a total of 21 apprentices now in training. The Trust was one of the first in London to launch this scheme. 14 students started their apprenticeship in April 2018 and a second cohort started in 2019.
- The launch of a new Staff Nurse to Clinical Leader programme, which received excellent reviews. A quarter of participants on this programme have been promoted within the year.
- The Trust has continued to support the Nursing Associate role, with 18 Nursing Associates in training.
- Building relationships with higher education providers of nursing degrees and boosting the Trust's presence at nursing recruitment fairs.
- Launching a dedicated guide designed to encourage nurses who are approaching retirement to consider staying in the profession and sharing their experience.
- Overseas recruitment, with the Trust recruiting 25 nurses from the Philippines following a targeted recruitment campaign.

## Broader interventions

- Continued success of the talent programme, which has enabled 60 people at different levels of seniority to access tailored personal development, including executive and career coaching.
- Focused support for managers, including coaching, 360 feedback and the LEAD by Example initiative, which aims to boost leadership capabilities.
- Project Choice, which involved providing work experience for over 20 students with learning disabilities.
- A Fair and Safe Shift Allocation Charter, which was launched in 2019 and aims to ensure that staff working shift patterns are treated equally and fairly when rosters are drawn up and shifts are allocated.
- The Trust received Fair Train Gold level accreditation for its work experience programme.
- In April 2019 the Trust launched its Restorative Resolution procedure.

The Trust has voiced its unequivocal support for members of staff who are European Union citizens, encouraging them to remain in the organisation and the UK, in the face of uncertainties created by the decision to leave the European Union. Support and guidance in applying for settled status has been provided to EU citizens.

The Trust has also reviewed its people practices. In response to recommendations from NHS England and NHS Improvement, the Workforce Committee receives a report of all formal disciplinary action and current suspensions at its quarterly meetings. In preparation for these meetings the Workforce Committee reviews an analysis of each case against a range of questions to ensure there is sufficient understanding of the issues or concerns, the circumstances relating to them and the justification for the initiation of formal action. A senior panel, which includes trade union representation and is supported by the Workforce Advisory Team, conducts the analysis and provides its recommendations to the Committee. The Workforce Committee reports its findings in summary to the Board.

## Staff survey

Results in the annual staff survey saw the Trust maintain improvements made in 2018/19. This was achieved in a year when 300 additional staff were welcomed into the Integrated Care Service line.

There has been an increase over the last four years in staff recommending the Trust as a place to work and as a place of treatment.

Participation in the staff survey has increased over the last three years with 55% of the workforce completing the 2019 staff survey compared with 43% in 2017.

Last 4 Year Picture	2016	2017	2018	2019
Staff recommendation as a place of work	55%	57%	63%	66%
Recommend as a place of treatment	53%	56%	61%	64%

## Awards and recognition of staff

The contribution and achievements of staff were reflected in a number of awards received by individuals and teams in 2019:

- Balraj Basra, Domestic Supervisor, won the Leadership category at the national Unsung Heroes Awards.
- Neil Ragoobar, Service Director for Medium Secure Services, won the national award for Nurse Manager of the Year at the Nursing Times Workforce Awards.
- A service user in the Orchard, a unit within West London Forensic Services, won the Outstanding Service User Involvement Award at a ceremony in Nottingham, which she attended with staff.

The High Sheriff of Berkshire recognised two members of staff at Broadmoor Hospital for outstanding contributions to the community. Awards were made to:

- Vincent Kanyi, Executive Chef, for improving the quality, choice and healthy options of food available to all patients and staff, and for building a highly functional, hardworking and dedicated catering team.
- Becky Martin, Redevelopment Service Transition Lead, for her enthusiasm and passion in ensuring a smooth transition into the new hospital for patients and staff.

The following teams were also recognised for their achievements:

- The eRostering Team won the Allocate Award for Cultural Excellence for their work on the Fair and Safe Shift Charter.
- The Trust's LEAD by Example leadership programme was awarded Silver for Best Training Partnership at the Training Journal Awards.
- The Trust was shortlisted in the Health Service Journal Awards for Making Mandatory Meaningful, an initiative that has increased and maintained high levels of mandatory training compliance.
- Hammersmith & Fulham IAPT was shortlisted for a Health Service Journal award for Workforce Initiative of the Year for work to improve staff wellbeing within a high performing service.

## Freedom to Speak up Guardian

Professor Sally Glen, a Non-Executive Director, is the Trust's Freedom to Speak Up Guardian. Her role is to promote a positive culture of speaking up to protect patient safety, improve the experience of colleagues at work and promote learning and development.

During 2019/20 three members of staff were appointed as Speak Up Champions. Speak Up Champions provide an alternative route to raising a concern in a confidential way, if an individual feels they do not want to go to their line manager, department head or other form of support. The Speak Up Champions are all trained mediators. Their role is not to get involved in investigations or complaints, but to help facilitate the process where needed, ensuring organisational policies in relation to raising concerns are followed correctly.

In recent years the staff survey shows that there has been an increase in staff feeling secure in raising concerns - up from 61% in 2017 to 70% in 2019. The survey also shows that, where concerns are raised, there has been an increase in confidence that the Trust will address these - up from 51% in 2017 to 60% in 2019.

## Diversity

Key developments during 2019/20 included:

- Revising policy to recognise a broader range of the transgender patient community and include additional good practice to support staff in improving the way the Trust cares for our patients.
- Participating in the Pride Parade for the fourth year running with over 50 staff from across the Trust attending.
- Encouraging staff living with disabilities to share their experiences. A film was produced highlighting the support four colleagues living with disabilities received to enable them to remain effective at work.
- Launching the Trust's network of Diversity Champions to provide peer support to staff.
- A sixth cohort embarked on the Trust's award-winning BME leadership programme. This was set up to address under-representation of BME staff in senior management and has resulted in 23 staff being promoted since its inception in 2015.

## Modern Slavery

West London NHS Trust is committed to upholding the provisions of the Modern Slavery and Human Trafficking Act 2015, and we expect our staff and suppliers to comply with the legislation and report concerns where they have them.

The Trust updates relevant Trust policies on a regular basis to highlight obligations where any issues of modern slavery or human trafficking might arise, particularly in our procedures for safeguarding adults and children, tendering for goods and services, and recruitment and retention.

All staff receive a comprehensive induction programme which includes information on, and guidance regarding, slavery and human trafficking. The Trust also requires all staff to complete safeguarding courses, which cover obligations under the Act.

All clinical and non-clinical staff have a responsibility to consider issues regarding modern slavery and incorporate their understanding of these into their day-to-day practices and to report any concerns they may have. As a result of following Trust guidance, in 2019/20 Ealing IAPT identified and supported two individuals who were the victims of modern slavery.

## 3. Performance analysis

### Key operational standards

The Trust has developed a portfolio of Key Performance Indicators (KPIs) based on the NHS Long Term Plan, NHS England and NHS Improvement Single Oversight Framework (SOF), contractual commissioning targets including Commissioning for Quality and Innovation (CQUIN) targets, and key quality and safety measures reflecting the outcomes of any CQC inspections.

The performance indicators are reviewed annually to ensure the most relevant indicators continue to be monitored. This enables the Board to focus on key areas of service quality, effectiveness and safety. The suite of selected KPIs are scrutinised by the Board and its sub-committees on a monthly basis and all clinical service lines have localised performance reports that monitor key targets and performance.

In 2019/20 the following KPIs received additional scrutiny. Individual statistical process control charts can be seen below:

#### 1 Delayed Transfers of Care

#### 2 Care Programme Approach - 7 Day follow up

#### 3 Patient experience - Early Intervention in Psychosis waiting times

#### 4 Restraints and Seclusion

#### 5 Supervision

The Trust continues to make improvements to the development of its online business intelligence dashboards, which empower staff to manage services at an operational level and identify areas of underperformance. This has not only helped to improve the functionality of the Trust's clinical systems and the way in which clinical data is captured, but also enabled staff to benchmark performance against other services.

Overall the Trust has performed well against the majority of its targets and continues to remain in Segment 1 of the NHS England and NHS Improvement Single Oversight Framework.

**Table 1 shows performance against the NHS England and NHS Improvement Quality of Care Outcome metrics.**

**Table 2 summarises a subset of the waiting times and access standards monitored by the Trust Board, with the majority of targets met.**

The new Clinically Led Review of NHS Access Standards is being piloted and evaluated nationally during 2019/20 and 2020/21, allowing for a period of transition between the use of the old and the new standards. The Trust is currently a pilot site for one of the standards: Expert assessment within 24 hours for urgent referrals in community Mental Health crisis services.



**Table 1: Trust performance against NHS England and NHS Improvement Quality of Care Outcome metrics**

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Trend
<b>General</b>														
CQC Rating	>Good	Good (latest rating at Jan 2020)												
Written Complaints - Rate(Complaints per 1000 staff)	↓	Qtr 1: 31.5			Qtr2 :19.4			Qtr3 -n/a			-			
Staff Friends and Family Test % recommended – care	>50%	Qtr 1: 70.9%			Qtr2: 76%			Qtr 3: n/a			-			
Occurrence of any 'Never Event'	0	0	0	0	0	0	0	0	0	0	0	0	0	
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Mental Health Providers</b>														
CQC community mental health survey	↑	Annual = 6.5 /10 (September 2018)												
MH Friends and Family Test – % positive Score	>=85%	97.7%	n/a	96.9%	93.5%	84.7%	95.0%	89.0%	61.0%	90.6%	90.9%	95.0%	90.6%	
Admissions to adult facilities of patients <16 yrs. old	0	0	0	0	0	0	0	0	0	0	0	0	0	
CPA 7 day follow-up	>=95%	95.6%	96.1%	95.9%	95.0%	94.1%	96.4%	93.6%	96.2%	95.6%	95.4%	87.7%	95.2%	
%Clients in settled accommodation	>60%	68%	66%	66%	66%	65%	64%	63%	64%	65%	65%	65%	65%	
% Clients in employment	>8%	6%	6%	7%	6%	7%	6%	6%	6%	6%	7%	7%	7%	
Potential under-reporting of patient safety incidents		No data available for 19/20. Latest period (Oct18-Mar19) -2.88												
EIP - 2 week Wait	>=56%	92.9%	81.0%	92.9%	75.0%	85.7%	93.0%	85.0%	84.0%	79.0%	81.0%	87.0%	92.0%	
MHSDS - Data Quality Maturity Index (DQMI)	>=95%	91.9%	92.1%	92.2%	92.1%	92.2%	92.2%	92.2%	92.2%	93.3%	96.0%	96.0%	96.0%	
IAPT proportion of people moving to recovery	>=50%	54.1%	50.1%	51.0%	50.7%	51.1%	51.2%	53.3%	48.2%	51.4%	52.9%	50.1%	50.4%	

Table 1 continued

IAPT - Treatment waiting time within 6 weeks	>=70%	95.9%	94.0%	93.1%	93.9%	96.2%	93.0%	94.8%	95.7%	95.3%	95.0%	94.5%	92.6%	
IAPT - Treatment waiting time within 18 weeks	>=95%	99.8%	99.9%	99.9%	99.7%	99.7%	99.2%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	
Inappropriate Out-of-area placements for adult MH services(days)	0 by 2021	115	45	30	0	15	0	0	0	0	0	0	0	
Community Providers														
Community Friends and Family Test – % positive Score	>85%	ECP - Service commenced 1/7/2019			91.9%	96.3%	95.2%	97.1%	99.1%	100%	90%	96%	94%	
18 week RTT (incomplete pathway)	>=92%				99.7%	99.8%	99.7%	99.5%	99.8%	99.9%	99.9%	99.6%	99.5%	
Max 6-week wait for diagnostic procedures (Audiology Service)	>=99%				99%	100%	100%	99%	100%	100%	100%	100%	92.7%	

Table 2: Subset of the waiting times and access standards monitored by the Trust Board

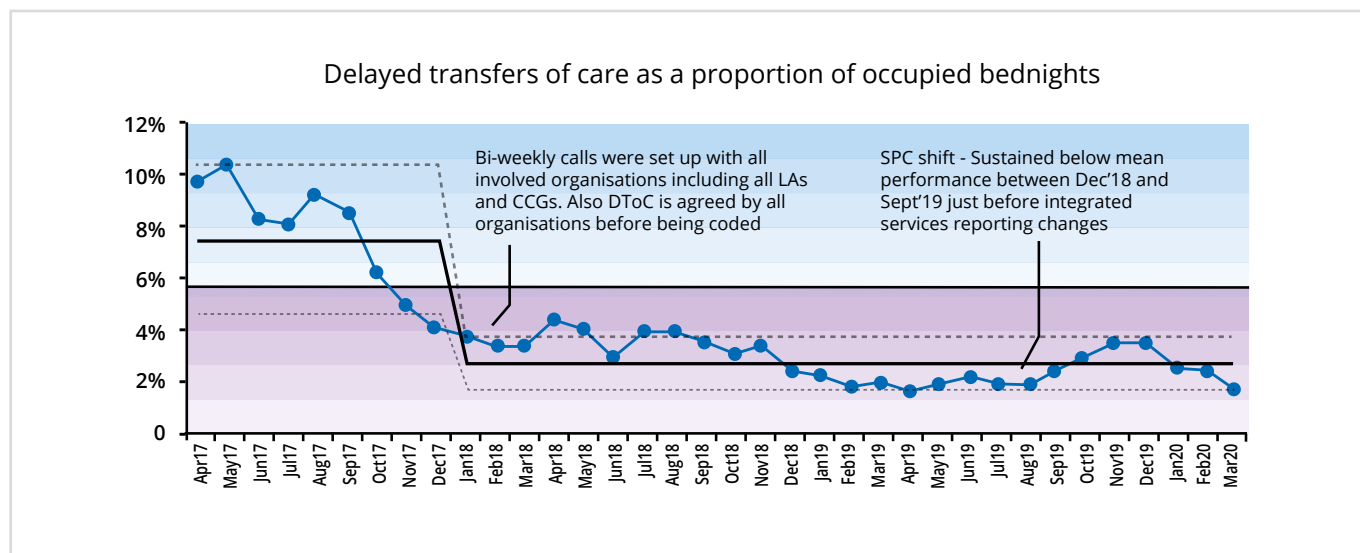
Indicator		Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Trend
IAPT	Improving Access to Psychological Therapy														
	IAPT: Proportion of people moving to recovery	>=50%	54.1%	50.1%	51.0%	50.7%	51.1%	51.2%	53.3%	48.2%	51.4%	52.9%	50.1%	50.4%	
	IAPT - Treatment waiting time within 6 weeks	>=75%	95.9%	94.0%	93.1%	93.9%	96.2%	93.0%	94.8%	95.7%	95.3%	95.0%	94.5%	92.6%	
	IAPT - Treatment waiting time within 18 weeks	>=95%	99.8%	99.9%	99.9%	99.7%	99.7%	99.2%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	
Mental Health	Early Intervention Psychosis														
	% of People experiencing a FEP entering treatment (completed) within 2 wks of referral - Trust	>=56%	92.9%	81.0%	92.9%	75.0%	80.0%	81.0%	85.0%	84.0%	79.0%	81.0%	87.0%	92.0%	
	% of People waiting more than 2 wks (incomplete) to enter the Psychosis Pathway - Trust	=<50%	72.7%	67.6%	79.1%	75.9%	83.3%	63.0%	88.9%	85.0%	85.7%	65.4%	75.0%	74.0%	

Table 2 continued

	CAMHS Eating Disorder														
Mental Health	National	% of Urgent CYP Eating Disorder referrals starting NICE-approved treatment within one week of referral	>=95% % (2020/21)	100.0%			100.0%			85.7%		-			
		% of Routine CYP Eating Disorder referrals starting NICE-approved treatment within four weeks of referral	>=95% % (2020/21)	96.0%			94.9%			91.1%		-			
	Children and Adolescent Mental Health Services - Tier 3														
	Internal	18 Week Referral To Treatment (Seen) - Tier3 CAMHS excl. NDT (Routine + Non Urgent referrals) *Non consultant led		94.4%	93.2%	91.1%	95.1%	96.4%	92.1%	100%	96.5%	100%	99.0%	100%	98.9%
		18 Week Referral To Treatment (Seen) - NDT only (Routine + Non Urgent referrals) *Non consultant led		57.5%	47.2%	56.3%	72.4%	77.8%	51.3%	35.4%	53.3%	53.5%	54.8%	51.9%	43.1%
	Adult & Older People														
	Internal	18 Week Referral To Treatment (Seen) - Recovery Teams (Routine + Non Urgent referrals) *Non consultant led		90.6%	81.1%	84.1%	82.0%	87.9%	92.2%	83.9%	87.1%	89.5%	85.4%	92.3%	95.1%
	Older Peoples Memory Services														
	CCG	Maximum of six weeks from referral to test, for diagnosis (Memory services)	95%	n/a	n/a	n/a	n/a	n/a	64.2%	60.6%	54.2%	56.6%	55.8%	54.7%	50.3%
Community	Community Services (ECP)														
	National	18 week RTT for Consultant Led Services (incomplete pathway)	>=92%	ECP - Service commenced 1/7/2019			99.7%	99.8%	99.7%	99.5%	99.8%	99.9%	99.9%	99.6%	99.5%
		Max 6-week wait for diagnostic procedures (Audiology Service)	>=99%				99.1%	100%	100%	99.1%	100%	100%	100%	100%	92.7%

## Delayed transfer of care

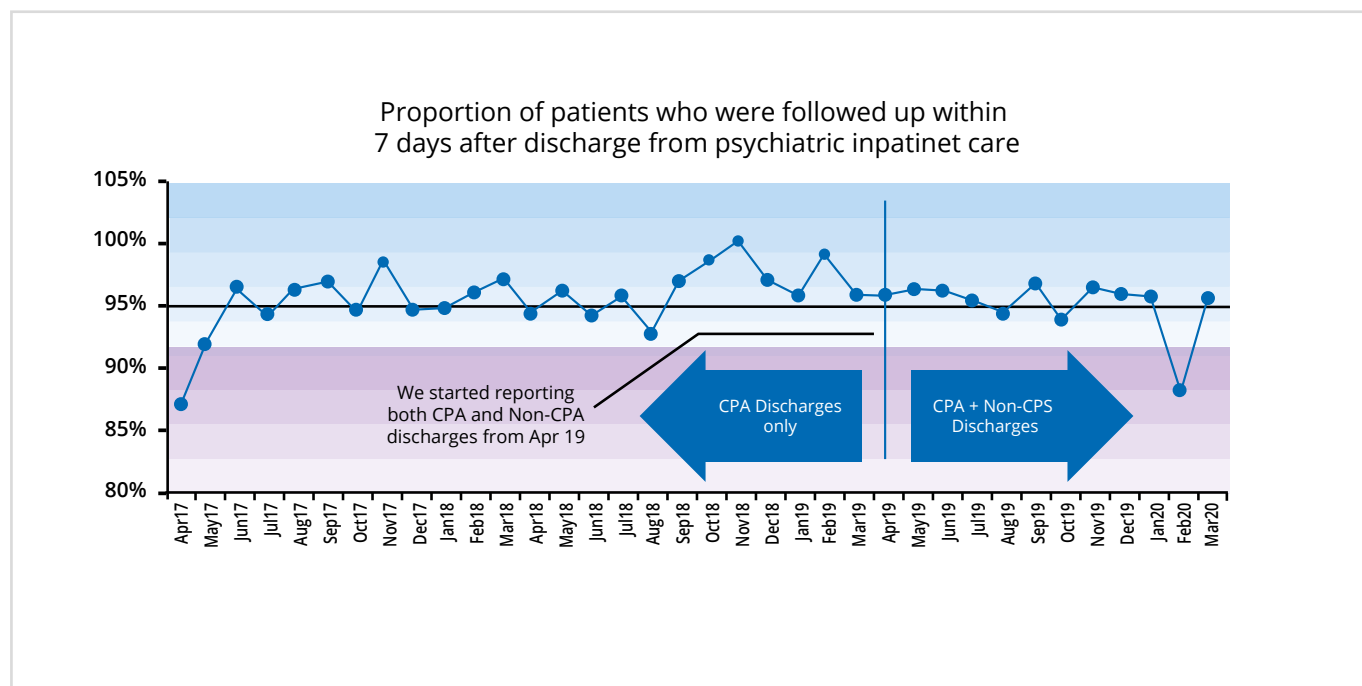
The Trust is working closely with local government and multi-disciplinary health teams on delayed transfers of care targets. The target for 2019/20 was set at 7.5%.



The Trust has been operating well within the 7.5% target since October 2017 and rates have reduced considerably since bi-weekly reviews were set up in January 2018. The equivalent of 6,104 bed nights were lost as a result of delayed discharge in 2019/20, compared with 7,597 in 2018/19. The main reason for delays is the availability of public funding for patients whose treatment is complete, but whose discharge has been delayed while waiting for local authority residential or home care, NHS nursing care or continuing healthcare.

## Care Programme Approach (CPA) 7 day follow up

The standard used by NHS England and NHS Improvement is that 95% of patients on CPA will be followed up within 7 days of discharge from an inpatient mental health setting. This is an important safety measure, showing the link between inpatient and community teams, as the immediate period after discharge is a time of significant suicide and self-harm risk.

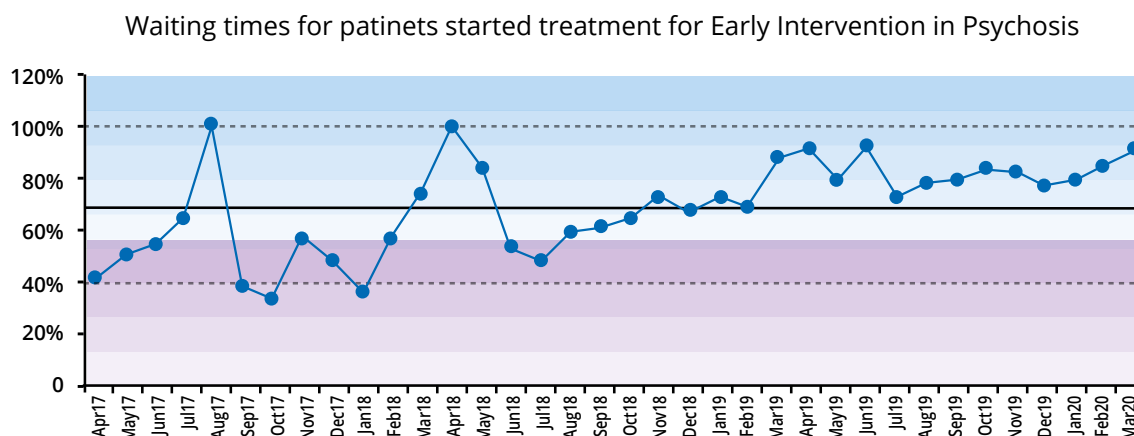


This indicator is monitored internally on a monthly basis and reported to NHS England and NHS Improvement on a quarterly basis. In 2019/20 the Trust's performance was stable and mostly above the target of 95%. A compliance review was carried out in late 2018/19 and as a result it was decided to start reporting both CPA and Non-CPA discharges.



## Early Intervention in Psychosis (EIP)

The NHS's Five Year Forward View states that, by 2020/21, 60% of people experiencing a first episode of psychosis should begin treatment with a NICE-approved care package within two weeks of referral. Evidence suggests that when EIP interventions are delivered in accordance with NICE standards, they can help people recover from a first episode of psychosis and have a good quality of life.

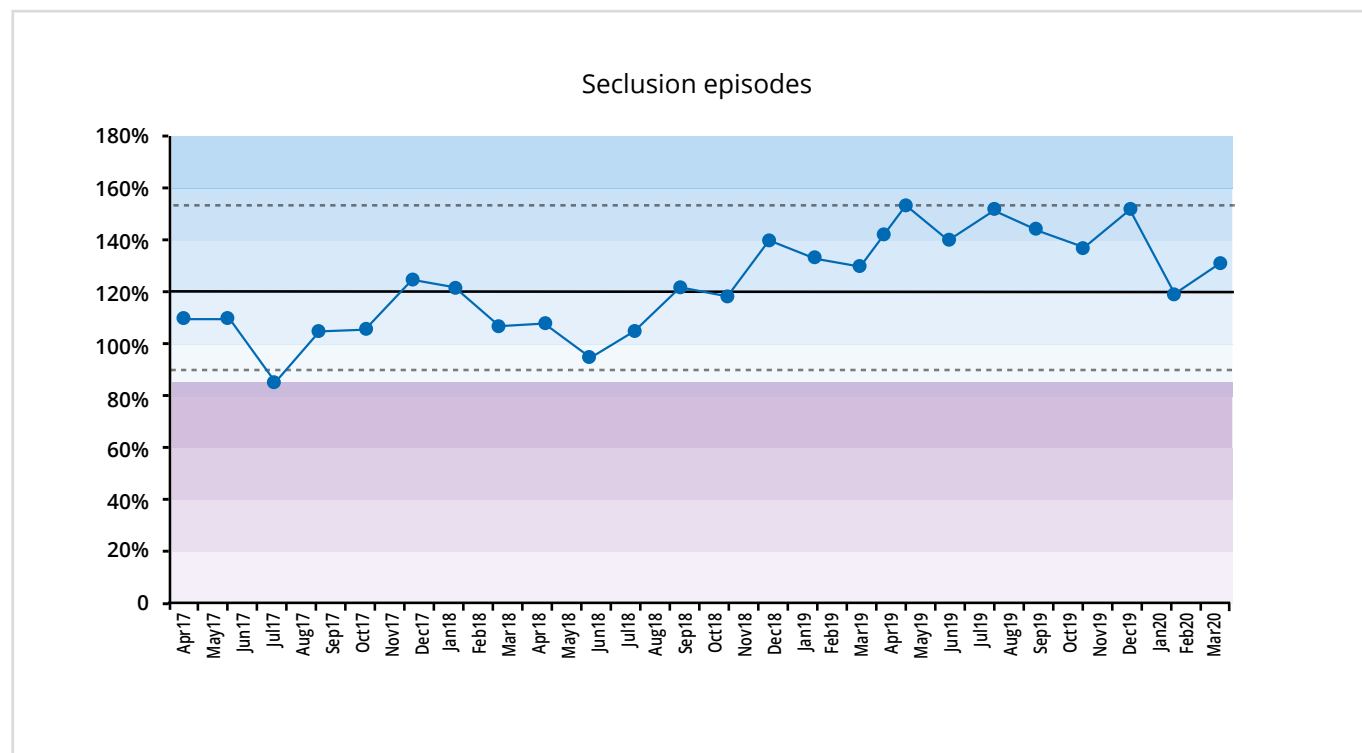


The standard is 56% for 2019/20 and the Trust has been compliant since August 2018. Following the presentation of a business case to Ealing, Hounslow and Hammersmith & Fulham Clinical Commissioning Groups, the Trust has been commissioned to provide EIP care to those aged 14-45. This includes the provision of interventions for those presenting with At Risk Mental States (ARMS).

## Seclusion

Although seclusion may be needed to manage acutely disturbed patients, the Trust has a strategy of reducing restrictive practices and closely monitors incidents of and the number of hours spent in seclusion.

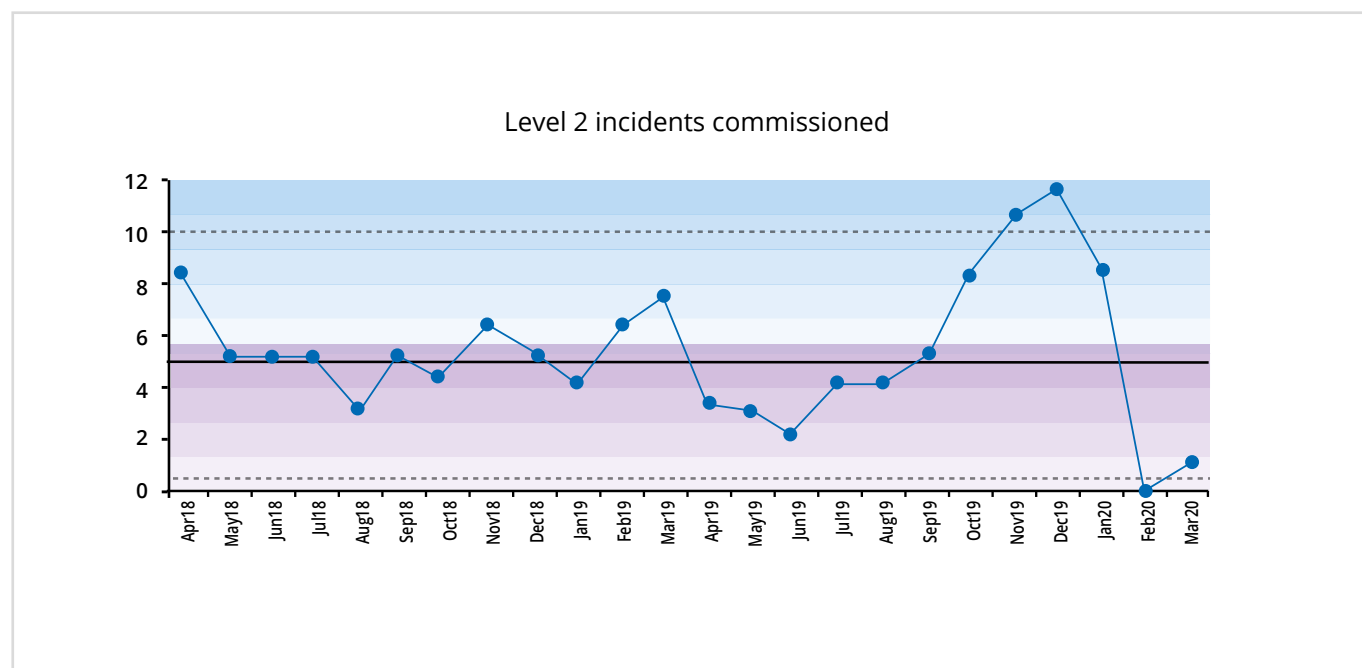
Seclusion review dashboards are available for staff to have oversight of the numbers of incidents of seclusion and compliance with the seclusion review standards across the service. There were 1,648 episodes of seclusion in 2019/20, compared to 1,276 episodes last year. Better recording of data following clinical system improvements has led to improved quality of information recording.



## Level 2 incidents commissioned

Level 2 incidents involve complex issues with moderate to severe levels of harm. These are investigated internally by a multi-disciplinary team from across the Trust and involve experts and/or specialist investigators.

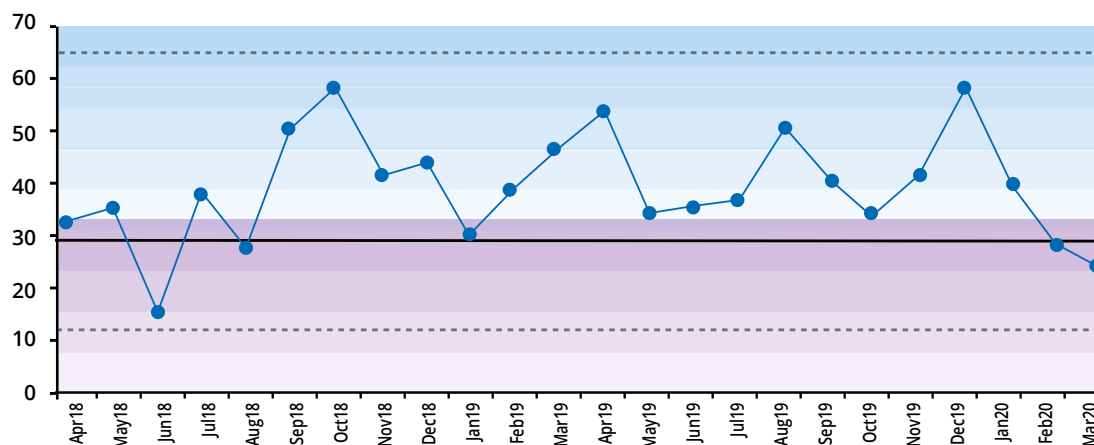
A total of 59 level 2 incidents were commissioned in 2019/20, averaging 4.9 incidents a month. In comparison, in 2018/19, 63 level 2 incidents were recorded, averaging 5.3 incidents per month.



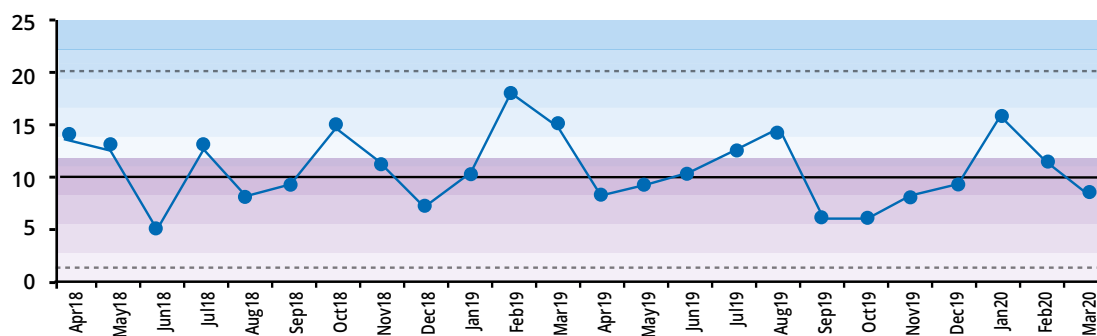
## Restraint

The Trust has a strategy in place to reduce the use of restraint. Performance relating to episodes of restraint, both prone and supine, is discussed and monitored within each clinical service line. There were a total of 588 cases of restraint recorded in 2019/20, compared to 586 in 2018/19.

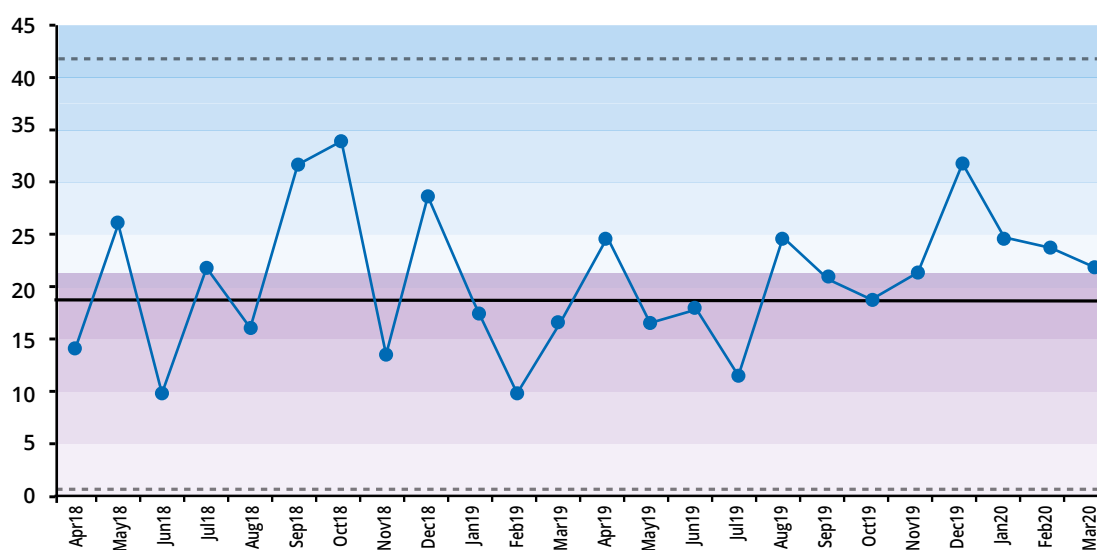
Physical prone restraints



Physical supine restraints



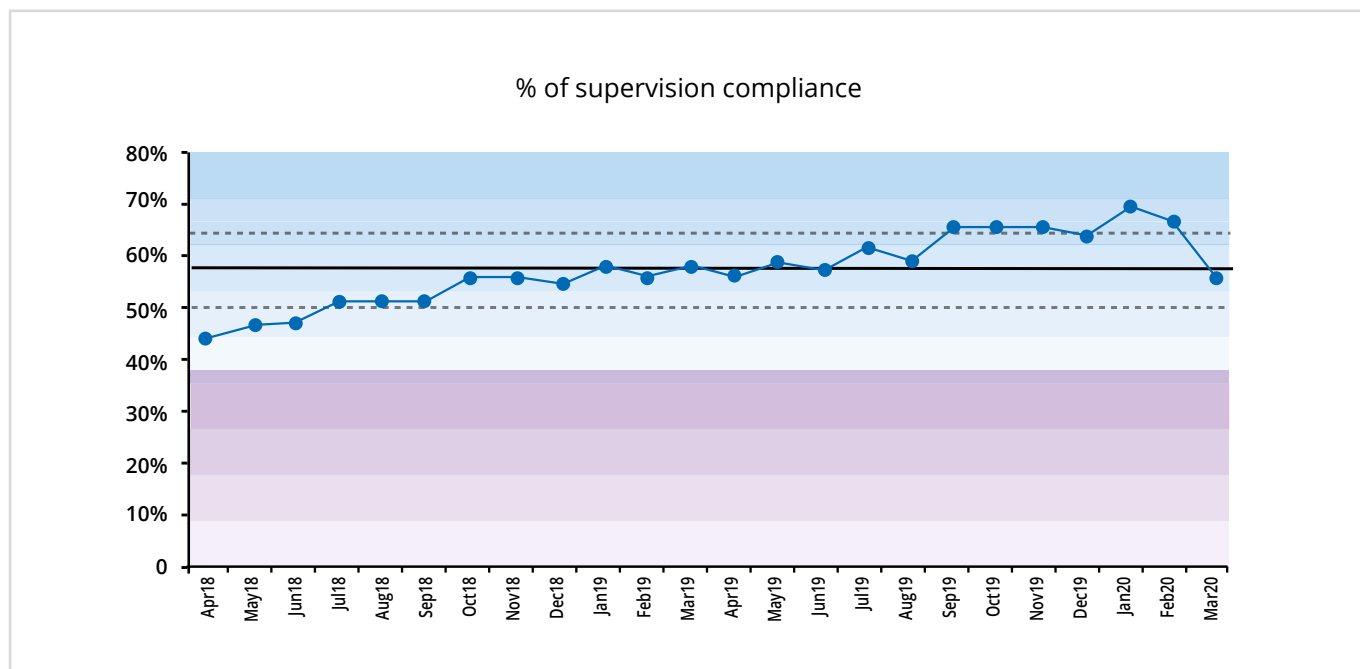
Chemical rapid tranquilisation



## Supervision

Supervision and appraisal are important clinical quality priorities. Good supervision should drive improvement and development in practice. This has been an area of scrutiny by both the Trust Board and Quality Committee. Performance related to supervision is monitored by each of the clinical services every month, where areas of poor performance are addressed. The Trust's supervision compliance is improving, including recording on the Trust's electronic system. In 2019/20, 61% of all clinical and administrative staff received monthly supervision, compared to 52% in the previous year.

This remains a key priority for the Trust and will be monitored regularly.



**Table 3: Quality – patient safety indicators**

indicator	Plan	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Level 1 Incidents commissioned	↓	2	5	3	5	5	4	1	6	2	2	1	2
Number of Level 2 incidents reports overdue	↓	3	3	2	4	4	5	8	10	11	8	6	9
Number of Level 1 incidents reports overdue	↓	5	5	4	4	6	5	5	6	6	5	5	9
Number of Community Suicides (IR1 Recorded)	↓	4	1	1	1	2	2	0	1	2	0	1	0
Total Number of Restraints (Physical/ Chemical/Mechanical)	↓	97	86	122	120	185	146	132	150	172	160	140	135
Number of Seclusion Episodes	↓	117	140	132	129	154	140	152	144	137	153	119	131
% Supervisions Compliance (Trust Wide)	↓	56%	58%	57%	62%	59%	64%	64%	65%	63%	68%	65%	55%
Safeguarding Children Referrals	–	51	48	50	75	46	67	72	69	40	43	30	21
Safeguarding Adult Referrals (concerns)	–	81	92	70	66	72	88	81	86	54	98	71	60
% of Inpatient Risk Assessment within 72 hrs admission	>=95%	94.3%	94.1%	95.3%	96.6%	96.0%	92.9%	91.7%	89.9%	92.6%	94.9%	95.8%	94.6%
% of Physical health assessment within 24hrs of Inpatient admission	>=95%	96.0%	94.2%	93.8%	94.3%	93.1%	97.1%	86.7%	92.4%	96.1%	91.7%	95.1%	91.1%
Service user CPA review 12 months	>=95%	96.4%	95.3%	95.3%	94.7%	93.8%	93.3%	92.4%	92.6%	92.6%	92.6%	90.7%	88.3%

**Table 4: Finance and uses of resources**

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
indicator	Plan	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Financial stability- Capital	1	2	2	2	2	2	3	3	3	3	3	3	3
Financial stability- Liquidity	1	1	1	1	1	1	1	1	1	1	1	1	1
Financial efficiency - Income & Expenditure Margin	1	1	1	1	1	1	1	1	1	1	1	1	1
Financial controls -Distance from financial plan	1	2	2	1	1	1	1	1	1	1	1	1	1
Financial controls - Agency Spend	1	1	1	1	1	1	1	1	1	1	1	2	2
Overall NHSI - Financial Risk Rating	1	1	1	1	1	1	2	2	1	1	1	2	2



## Patient experience

The Trust is committed to engaging in a positive way with patients. Feedback is used to inform developments and improvements across the Trust's services.

### Learning from patient and carer experience

Learning from patient and carer experience is drawn from a range of sources. These include feedback from the Trust's Patient Advice and Liaison Service, information received through complaints, and comments from the Friends and Family test.

In collecting feedback, the aim is to ensure that there is an understanding of the whole patient experience. This involves providing key quality indicators of the patient's journey from arrival, during their stay, and when they leave the Trust's services. These indicators include keeping patients informed, receiving joined up care and having individual needs met.

There are different ways in which learning is disseminated and shared internally, for example with the relevant wards and clinical service lines, as well as with the Trust's Board, Quality Committee, Clinical Governance Committee and Service User & Carer Experience Forums. Learning and feedback is also shared externally, for example with Clinical Commissioning Groups and local authorities across Ealing, Hammersmith & Fulham and Hounslow.

### Patient Advice and Liaison Service (PALS)

The Trust's PALS service provides non-clinical advice, information and support to patients, their families and carers. The service works collaboratively with clinical colleagues to resolve issues at the earliest opportunity, wherever possible.

### Complaints and investigations

During 2019/20, the Trust received 295 complaints. This is an increase of 8 complaints, compared with the previous year when 287 complaints were raised. The Patient Experience team works with clinical colleagues to support the management of complaints and concerns, ensure responses are delivered in a timely way and action plans are put in place, where appropriate.

Over the year, there has been an improvement in the timeliness of responses to complaints, along with an increase in more complex cases that need the input of several teams to investigate. Training sessions for staff on handling and investigating complaints are held regularly. This training helps staff completing investigations to identify good practice, as well as any issues that need to be addressed, and to make recommendations as to how improvements can be made for all patients and carers.

### Friends and Family Test (FFT)

The NHS Friends and Family Test is an important way for the Trust to hear what people think about services. The test asks whether people would recommend the services they have used to their friends and family and is designed to highlight good practice, as well as areas for improvement. In 2019/20 1,724 returns were received, compared with 991 in 2018/19.

Of the cards completed, 92% of respondents said they would be extremely likely or likely to recommend the Trust's services to their family and friends. Praised often focused on staff, with patients describing staff as understanding, friendly and caring.

## Care Opinion

The Trust has commissioned Care Opinion, an independent web based service for patients to offer feedback about their experiences of care. This allows the Trust to review and respond to patient concerns and compliments.

This service can also provide more detailed, qualitative information and enable a dialogue to take place. Feedback is shared with the appropriate service areas and contributes to overall learning about patient experience.

## Annual Community Mental Health Survey

This year the Trust again invited feedback from service users through the national mental health survey. The Trust received 207 responses, which equates to a response rate of 25%, compared with the national response rate of 27%. There was a general improvement in the results from the previous year. The average Overall Rating of Experience received by service users increased from 64% to 65%. The Trust values patient comments and feedback, whether positive, negative or neutral..

Where changes need to be made, action is taken. For example, in response to a complaint about activities, an activity coordinator was supported by the clinical nurse manager to review activities being provided on a specific ward. The review included asking patients for their views individually and at community meetings and changes were made to deliver activities that better suited the needs and interests of patients.

*"I have been treated with respect. Listening to my problems and helping me to find the light out of the tunnel."*

*Service user, Psychological Medicine Services.*

*"Very friendly place and my son enjoys the therapy and the art sessions."*

*Parent of an adult son with the Community Team for People with Learning Disabilities.*

**Table 5: Quality – patient experience**

Quality - Patient Experience	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of new Complaints received in month (Trust-wide)	↓	34	43	34	20	19	36	31	19	20	30	28	9
Number of complaints not responded to within agreed timeframe (Open)	↓	0	9	22	14	9	1	4	5	3	5	6	11
Number of complaints responded to outside agreed timeframe (closed)	↓	7	6	7	22	6	14	5	2	9	2	1	5
MH Friends and Family Test – % positive Score	≥85%	97.7%	n/a	96.9%	93.5%	84.7%	95.0%	89.0%	61.0%	90.6%	67.0%	95.0%	90.6%
Community Friends and Family Test – % positive Score	ECP - Service commenced 1/7/2019				91.9%	96.3%	95.2%	97.1%	99.1%	100.0%	100.0%	96.1%	94.4%

## Sustainability report

The Trust is committed to continually improving the way in which services operate and processes are managed and to making sure patients receive the very best care every day in an efficient and sustainable way. Our goals are set out in our 2019/20 Environmental and Sustainability Management Statement below.

The Trust:

- Is committed to continually improving its environmental performance, achieving yearly targets of reducing carbon emissions by at least 3.5%.
- Accepts its responsibility to minimise, wherever possible, its impact on the environment and to comply with statutory environmental legislation such as the Climate Change Act 2008 and additional environmental requirements that the Trust has committed to in its policies.
- Will contribute towards the protection of local, national and global climate change through the development and implementation of robust Sustainable Environmental Management Plans.
- Acknowledges that in taking forward the Environmental agenda, pollution prevention will be the preferred method for environmental improvements.
- Is committed to sustainable development, defined as having a sustainable health and care system that is fit-for-purpose by taking into account the environment, economic and social impacts from what it does, protecting scarce resources, building resilience to a changing climate, and improving health care now and for future generations.
- Is focused on seeking new ways to create a positive impact on the environment from its operation, improving working conditions, embracing new technologies and protecting the environment with a sustainability strategy.

## Outcomes

The new Broadmoor Hospital was designed and built to create a modern, safe and secure environment for staff and patients. From the initial design stage the Trust set out to achieve a BREEAM rating of 'Excellent' for the new hospital. This is an independent certification rating which assesses the sustainability performance of buildings.

The refurbishment and internal upgrade of Medway Lodge also used the latest technological advances in lighting, heating and cooling to make the building more efficient to run whilst improving comfort for patients.

The Trust's annual maintenance programme delivered many small scale projects during 2019/20, which included upgrading lighting to LEDs at every opportunity within planned refurbishments. The Trust also banned the use of single use plastic cups and containers to reduce the amount of plastic used.



*Multi-faith room, Broadmoor Hospital*

As part of the Trust's commitment to reducing its carbon foot print, from April 2020 electricity will be sourced from renewable electricity suppliers, all of which have zero emissions ratings. The Trust has also upgraded 14 electric vehicle charging points on the St Bernard's site to help encourage and support those currently using, or wanting to use cleaner environmental electric cars.

During 2019/20 the Sustainability team actively encouraged staff engagement with management, patients, clinical and non-clinical staff on issues relating to climate change and sustainability by holding a number of awareness events.

## Emergency preparedness, resilience and response

### Annual review

Each year the Trust is subject to an Emergency Preparedness, Resilience and Response (EPRR) assurance process carried out by NHS England and NHS Improvement, working through peer reviewers and the North West London Collaboration of Clinical Commissioning Groups, to assess performance in relation to EPRR core standards.

Each of the 54 core standards are given a Red, Amber, Green (RAG) rating and the Trust receives an overall rating of 'non-compliant', 'partially compliant', 'substantially compliant' or 'fully compliant'. There is also a more detailed deep dive inspection every year which looks into a specific area of the organisation.

Following this year's assurance process, the Trust was assessed as being 'substantially compliant' against all NHS England and NHS Improvement EPRR core standards which apply to mental health trusts. Within the main core standards, the Trust scored a total of 53 Greens, 1 Amber and 0 Reds. Within the deep dive element, which focused on severe weather, the Trust scored 18 Greens, 2 Ambers and 0 Reds.

### Responding to Covid-19

In March 2020, with the outbreak of Covid-19, the Trust implemented well-developed emergency response plans. Governance and management arrangements moved into a formal Gold, Silver and Bronze command structure. Within this structure key roles and responsibilities are as follows:

- The Gold (Strategic) Command group is responsible for determining the Trust's strategy, overseeing business continuity and coordinating the response to Covid-19. All Executive Directors are members of the Gold (Strategic) Command group.
- The Silver (Tactical) Command group is responsible for directly managing the Trust's response to Covid-19. This group ensures that the operational response is coordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency. A representative from the Gold Command Group also takes part in the Silver Group discussions to facilitate more robust cooperation and prevent silo-working.
- The Bronze (Operational) Command group is responsible for delivering the working elements of the response, taking direction from Silver Command group to undertake actions in the tactical plan.

## Audit by the Information Commissioner's Office

### Work programme

The Trust was visited by the Information Commissioner's Office (ICO) in December 2018 to audit compliance with data protection legislation and highlight any areas of risk. The Trust's Information Technology (IT) work programme follows ICO recommendations and aims to achieve compliance with the standards set out in the NHS Digital Data Security and Protection Toolkit. Key areas in which work is being delivered include:

- Accountability and transparency: updating all Information Governance (IG) related policies and transparency information and rolling out the wider adoption of Data Protection Impact Assessments.
- Assets, systems and data flow: reviewing existing asset registers and data flow maps, updating them accordingly.
- Audit and compliance: developing an approach to auditing suppliers of the Trust and performing data protection compliance checks within services.
- Business continuity and risk management: conducting a business continuity exercise to understand how the Trust would respond to cyber security incidents.
- Contracts and data processing agreements: reviewing all third party contracts to assess their compliance with the General Data Protection Regulation (GDPR).
- Data quality and records management: developing a robust records management function within the organisation, with associated processes and policies.
- Data security and organisational controls: meeting specific tasks required from the Trust, as outlined in the Data Security and Protection Toolkit.
- Incidents and complaints: establishing a comprehensive breach reporting system for managing IG-related incidents.
- Subject Access Requests: standardising the processing for completing subject access requests within a timely manner.
- Training: ensuring the Trust achieves 95% compliance with IG training.

### Incidents and reporting

Information Governance incidents are graded using the NHS Digital Breach Assessment Grid which is in line with the requirements of the GDPR and the Data Protection Act 2018.

Incidents are graded according to their impact on the individual or groups of individuals affected, with 1 being the least serious and 25 the most serious. Incidents graded 6 or above are reportable to the ICO via the Data Security and Protection Toolkit Incident Reporting Tool.

During the financial year 2019/20, a total of 5 incidents were reported to the ICO. Upon their review, these incidents were determined as warranting no further action and were managed and resolved locally.



# Accountability report





## 4. Corporate governance report

### Directors report

#### Board of Directors

The Trust Board of Directors has overall responsibility for setting the corporate and clinical strategy of the Trust, as well as overseeing performance, including finance.

The Board meets in public 10 times per year to discuss performance across the Trust, current and future challenges, and corporate and clinical strategy. When discussing issues of a confidential nature the Trust Board resolves to meet in private in accordance with the Public Bodies (Admissions to Meeting) Act 1960 s1 (2).

Details of public Board meetings and Public Board papers are available on the Trust website [www.westlondon.nhs.uk/about-west-london-nhs-trust/board/board-meetings/](http://www.westlondon.nhs.uk/about-west-london-nhs-trust/board/board-meetings/)

The Trust's Standing Orders for the Board of Directors / Standing Financial Instructions, which were last reviewed in July 2019 by the Audit Committee on behalf of the Trust Board, include the Scheme of Delegation & Reservation for the Trust Board.

#### Changes on the Trust Board

During 2019/20 Mr Paul Sahota served under the NExT Director Scheme

#### Board members

The full list of members of the Trust Board who served throughout 2019/20, is as follows:

#### Chairman

Mr Tom Hayhoe

#### Non-Executive Directors

Professor Paul Aylin

Ms Janice Barber

Professor Nick Barber

Professor Sally Glen

Mr Hassaan Majid

Mr Neville Manuel

Ms Elizabeth Rantzen

#### Executive Directors

Ms Carolyn Regan

*Chief Executive*

Ms Wendy Brewer

*Director of Workforce and Organisational Development*

Ms Stephanie Bridger

*Director of Nursing and Patient Experience*

Ms Henrietta Joy

*Director of Communications and Strategy*

Ms Leeanne McGee

*Director of High Secure and Forensic Services*

Dr Jose Romero-Urcelay

*Medical Director*

Ms Sarah Rushton

*Director of Local and Specialist Services*

Mr Paul Stefanoski

*Director of Finance and Business*

## Corporate governance framework

### Sub-committees of the Trust Board

The Trust Board has the following sub-committees:

- Finance & Performance Committee
- Quality Committee
- Audit Committee
- Workforce & Organisational Development Committee
- Remuneration Committee
- Fire, Health and Safety Welfare Committee
- Trust Management Team
- Broadmoor Hospital Redevelopment Programme Board
- Local Services Transformation Board
- Charitable Funds Committee

### Sub-committee membership

The table below details Board members' positions at 31 March 2020 on the Sub-Committees of the Trust Board. Profiles of Trust Board members are available at [www.westlondon.nhs.uk/about-west-london-nhs-trust/board/](http://www.westlondon.nhs.uk/about-west-london-nhs-trust/board/)

Non-Executive Board Members	Committee membership(* Chair)
Mr Tom Hayhoe	Trust Board* Remuneration Committee* Charitable Funds Committee Finance & Performance Committee Workforce & Organisational Development Committee Quality Committee Broadmoor Hospital Redevelopment Programme Board Audit Committee
Professor Paul Aylin	Trust Board Quality Committee* Remuneration Committee
Ms Janice Barber	Trust Board Audit Committee Remuneration Committee Workforce & Organisational Development Committee
Professor Nick Barber	Trust Board Charitable Funds Committee Workforce & Organisational Development Committee Quality Committee Remuneration Committee
Professor Sally Glen	Trust Board Workforce & Organisational Development Committee* Remuneration Committee Quality Committee
Mr Hassaan Majid	Trust Board Audit Committee* Finance & Performance Committee Remuneration Committee

Non-Executive Board Members	Committee membership(* Chair)
Mr Neville Manuel	Trust Board Finance & Performance Committee* Remuneration Committee Audit Committee Broadmoor Hospital Redevelopment Programme Board
Ms Elizabeth Rantzen	Trust Board (Vice-Chair) Charitable Funds Committee* Finance & Performance Committee Remuneration Committee Local Services Transformation Board

Executive Directors	Committee membership(* Chair)
Ms Carolyn Regan	Trust Board Charitable Funds Committee Broadmoor Hospital Redevelopment Programme Board Trust Management Team Finance & Performance Committee Workforce & Organisational Development Committee Quality Committee Audit Committee
Ms Wendy Brewer	Trust Board Workforce & Organisational Development Committee Trust Management Team Finance & Performance Committee Quality Committee
Ms Stephanie Bridger	Trust Board Finance & Performance Committee Quality Committee Workforce & Organisational Development Committee Trust Management Team Charitable Funds Committee Fire, Health & Safety Welfare Committee Audit Committee

Executive Directors	Committee membership(* Chair)
Ms Henrietta Joy	Trust Board Charitable Funds Committee Trust Management Team Broadmoor Hospital Redevelopment Programme Board Quality Committee
Ms Leeanne McGee	Trust Board Broadmoor Hospital Redevelopment Programme Board Trust Management Team Quality Committee Finance & Performance Committee Workforce & Organisational Development Committee
Dr Jose Romero-Urcelay	Trust Board Finance & Performance Committee Quality Committee Trust Management Team Audit Committee Charitable Funds Committee
Ms Sarah Rushton	Trust Board Finance & Performance Committee Quality Committee Workforce & Organisational Development Committee Trust Management Team Local Services Transformation Board
Mr Paul Stefanoski	Trust Board Charitable Funds Committee Finance & Performance Committee Trust Management Team Broadmoor Hospital Redevelopment Programme Board Workforce & Organisational Development Committee Audit Committee

Tom Hayhoe, Carolyn Regan, Stephanie Bridger, Jose Romero, Paul Stefanoski attend the Audit Committee regularly, but are not Audit Committee Members.

The Register of Interests of Executive and Non-Executive Directors is published on the Trust's website at [www.westlondon.nhs.uk/wp-content/uploads/2019/12/Register-of-Interests-2019/2020](http://www.westlondon.nhs.uk/wp-content/uploads/2019/12/Register-of-Interests-2019/2020)

## Summary of Board activities 2019/20

In addition to receiving regular reports from all Executive Directors at each Board meeting, including monthly Finance, Workforce and Quality reports, the Board routinely reviews the Board Assurance Framework / Level 1 Risk Register, Serious Incident reports, safer staffing reports and mortality data from across the Trust.

During the course of 2019/20 the Trust Board also received a range of annual reports focusing on specific areas. These included:

- Guardian of Safe Working Annual Report
- Safeguarding Annual Report
- Mental Health Act Law Annual Report
- Health & Safety Annual Report
- Annual Mechanical Restraint Report

In line with its remit, the Board also reviewed a range of submissions, including its Self-Certification declaration 2018-19, and the Trust's Modern Slavery & Human Trafficking statement.

As part of maintaining high levels of engagement with internal and external stakeholders, the Trust Board received a number of presentations in 2019/20, including a presentation from the North London Forensic Consortium, a Trust-wide review of serious incidents, quarterly reports on mortality, security updates for High Secure Services and quarterly reports on the use of long-term segregation in both High Secure and Forensic Services.

In June 2019 the Board held an away-day at which Professor Naomi Chambers presented a paper on Board Effectiveness and Behaviours. Further away-day discussions focused on service user participation and input across the Trust and the current context and external environment of the Long Term NHS Plan, Five Year Forward View and Integrated Care Systems.

The Board continued to maintain high levels of direct engagement with patients, carers and service users throughout the year, holding closed sessions with service users and carers from clinical service lines including Acute Mental Health Services, CAMHS, West London Forensic Services, the Eating Disorder Specialist Service, CARMHS, and Children's ECP Services & District Nursing ECP Services.

Board Development Sessions are held after each Board meeting. Topics considered in 2019/20 included:

- |  |   |
|--|---|
| ● Safe staffing  | ● CQC Focus Group with Non-Executive Directors          |
| ● Quality Improvement  | ● Digital Transformation                                |
| ● Transformation in Local Services   | ● Board Assurance Framework / Level 1 Risk Register     |
| ● Levels of harm   | ● Learning Disabilities                                 |
| ● Talent Management, Succession Planning & Developing our Leadership Capability                          | ● Forensic Child & Adolescent Mental Health Services    |
| ● Triangle of Care   | ● Forensic Outreach Services                            |
| ● Work Race Equality Standard  | ● The Managed Clinical Network for Personality Disorder |
| ● Model Hospital, Getting It Right First Time (GIRFT) and the Integrated Performance Report (IPR) Review | ● Criminal Justice Liaison & Diversion Service          |
| ● Overview of High Secure Services   |   |

The Board also held an Extra-ordinary meeting in May 2019 to review and approve the Trust's Annual Report 2018/19.

## Committee programmes during 2019/20

All sub-committees have an agreed programme of work for the year, which is cross-referenced to the Board Assurance Framework. Issues highlighted by sub-committees of the Board during the year include the following:

### Finance & Performance Committee

In addition to its core responsibilities, the Finance & Performance Committee focused on the following areas as part of its programme of work during 2018/19:

- Monthly reports on the financial position of the Trust as a whole and of individual service lines
- Capital and estates updates
- Integrated performance reports
- Cost Improvement Programme updates
- Agency expenditure 2018/19
- Ealing Community Services mobilisation – capital funding
- North West London CAMHS Provider Collaborative Application
- Deep Dive Presentation on Estates & Facilities

### Quality Committee

In addition to its core responsibilities, the Quality Committee focused on the following areas as part of its programme of work during 2019/20:

- Care Quality Commission action plan themes
- Quality deep dives into High Secure Services, Community & Recovery Mental Health Services, Integrated Care Services, Cognitive Impairment & Dementia Services, and Psychological Medicine Services
- Specific Board Assurance Framework risks
- Quality priorities
- Clinical governance monthly reports
- Physical Healthcare Strategy
- Patient experience quarterly and annual reports
- Suicide prevention
- Coproduction and Partnership Strategy
- Medicines Optimisation Annual Report
- Infection Control Annual Report
- Mental Health Community Survey
- Privacy and Dignity Assessment Annual Report
- Medical Revalidation and Responsible Officer annual reports
- Mortality Annual Report
- Safeguarding Adults & Children 2018/19 Annual Report
- Quality Account Annual Report

## Audit Committee

In addition to its core responsibilities, the Audit Committee focused on the following areas as part of its programme of work during 2019/20:

- Review of Annual Report & Accounts
- Review of Quality Accounts
- Board Self-Certification and Annual Governance Statement review
- External audit progress reports
- Internal audit progress reports
- Internal audit Annual Plan
- Local Counter Fraud Service quarterly updates and Annual Plan
- Local Services Security Management quarterly reports
- Tender waiver quarterly reports
- A report of the ICO's audit of the Trust
- Five Year Security Strategy
- Anti-Fraud & Bribery policy
- ICO Audit & Trust Action Plan progress report

## Workforce & Organisational Development Committee

In addition to its core responsibilities the Workforce & Organisational Development Committee focused on the following areas as part of its programme of work during 2019/20:

- Monthly reports on the Workforce Strategy Action Plan
- Learning & Development Year End Report
- E-rostering and e-job planning implementation plans
- Annual Diversity Activity Report
- Annual Staff Survey preparation and results reports
- Freedom to Speak-Up Guardian updates
- Update on Bullying & Harassment work streams & Diversity proposals to accelerate our increase in BME senior managers
- IAPT Turnover analysis
- Mental Health Workforce Strategy
- Response to violent incidents
- Employee Relations Cases Reports
- Workforce Performance Reports
- Workforce Age Profile Analysis
- Recruitment Programme Board reports: Learning Lessons to Improve People Practices

## Remuneration Committee

The Remuneration Committee met on one occasion in 2019/20 to discuss the implementation of changes to Non-Executive Director remuneration and Trust Chair appraisal, as required by NHS England and NHS Improvement. Consideration was also given to proposed changes to Non-Executive Director appraisal arrangements.



## Fire, Health and Safety Welfare Committee

In addition to its core responsibilities, the Fire, Health and Safety Welfare Committee focused on the following areas as part of its programme of work during 2019/20:

- Automatic Fire Detection and Warning Systems: All St Bernard's buildings have been upgraded to the L1 requisite standard. The Broadmoor Paddock building will be upgraded to the same minimum standard from March 2020. New builds are all at L1 standard.
- Fire Stopping Works: Permit to work procedure now implemented. A five-year programme commenced with Hammersmith & Fulham now complete. Work at Lakeside is due to be tendered. This will be followed by work on the remaining buildings at St Bernard's Hospital.
- Improved Means of Escape: External metal staircase maintenance works and installation of manual failsafe fire exit over-rides.
- Fire Risk Assessments: Trust total for re-inspections is currently achieving in excess of 90%;
- Training: Trust totals for statutory training is currently achieving between 87-92% in compliance. New Fire Warden and Fire Coordinator training is now being delivered.
- Fire Policy: Updated and currently in a consultation period.

## Trust Management Team

In addition to its core responsibilities, the Trust Management Team focused on the following areas as part of its programme of work during 2019/20:

- Climate Change Adaption Plan
- Finance reports
- Workforce Performance Reports
- Agency Expenditure Plan
- Integrated Performance Reports
- Research & Development Strategy and next steps
- Update on Quality Governance Quarterly Reports
- Apprenticeship Development of the Unregistered Healthcare Workforce & Nursing Associate Expansion Plan
- Workforce Race Equality Standard (WRES)
- Pharmacy Business Case
- Board Assurance Framework and Level 1 & 2 Risk Registers
- Recruiting & Retaining Talent Scheme
- Professional Lead updates
- Ratification of Standards of Business Conduct Policy
- Ratification of Safekeeping of Patients Property Policy
- Nursing Associate Delivery Plan

## Broadmoor Hospital Redevelopment Programme Board

In addition to its core responsibilities the Broadmoor Hospital Redevelopment Programme Board focused on the following areas as part of its programme of work during 2019/20:

- Design and construction
- Operational commissioning and transition planning, including estates and facilities readiness for service
- Budget
- Property and land sales
- Reports from the Patients' Forum
- Management of programme issues and oversight of associated Board Assurance Framework risks
- Communication with stakeholders

## Local Services Transformation Board

In addition to its core responsibilities the Local Services Transformation Board focused on the following areas as part of its programme of work during 2019/20::

- Review of CAMHS, inpatient, crisis and urgent care, specialist rehabilitation, planned and primary care, workforce, communications and engagement, and cognitive impairment and dementia service work streams
- Updates on the Like-Minded Programme, a strategy for improving mental health across North West London)
- Crisis and Urgent Mental Health Care Transformation
- Community and Recovery MH Services (CARMHS) Transformation
- Specialist Rehabilitation Transformation
- Inpatient Mental Health Services Transformation

## Charitable Funds Committee

In addition to its core responsibilities, the Charitable Funds Committee focused on the following areas as part of its programme of work during 2019/20:

- Consideration of bids for funding
- Bid updates
- Annual Charitable Trust Accounts
- Financial reports and Budget Review
- Fundraising proposal discussion
- Communications and Engagement Reports
- Charity Champion's Reports

## Board performance and development

During the course of 2019/20, Board members participated in self-assessments. The results were used to inform the Board's development plan to support Board effectiveness during 2019/20. Internal and external Board development in recent years has demonstrated a strong commitment to maintaining an engaged and effective Board.

Board development during 2020/21 will support the Trust's organisational strategy and the well-led CQC framework domains around appropriate and accurate information being effectively processed, challenged and acted on, and robust systems and processes for learning, continuous improvement and innovation. The Board is compliant with the Code of Conduct and Code of Accountability for NHS Boards.

A register of relevant and material Board member interests is maintained and published on the Trust's website. Board and Committee meeting agendas routinely include an opportunity for members to declare any interests in agenda items. Any such interests are recorded in the minutes of the meeting, as well as in a separate register maintained by the Trust Secretary. There have been no occasions during the year where a member has had to withdraw from the discussion or decisions taken at any Board or Committee meeting.

## Annual governance statement

### 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 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 acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

### The purpose of the system of internal control

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

Under the Health and Safety at Work Act, the Trust has a legal obligation to ensure that the safety and health of our workforce is protected. The development of the Trust's Safety Management System (SMS) closely follows the Health and Safety Executive's guide for managing health and safety (HSG65). The SMS methodology is based on Plan-Do-Check-Act (PDCA).

### Capacity to handle risk

#### The risk and control framework

The Trust is committed to the implementation of a holistic approach to risk management by bringing together good corporate governance and the full integration of our management systems.

The Trust has a Health and Safety Risk Management Policy which applies to all those who work for or on behalf of the Trust. Separate policies apply for undertaking clinical risk assessments and for health, safety and fire risk assessments.

The Trust's system for managing risk is premised on managers knowing what the predictable risks are, ranking them in order of importance and taking action to control them.

### Safety culture

Safety culture is widely regarded as a leading indicator of safety and health performance and as a measurement of the perceptions held by the workforce about safety and health. Safety culture in the Trust is determined by the priority given to safety and health, the quality of safety leadership, staff involvement, and how staff work together, as well as how the workforce engages with policies, processes and procedures. As such, it can provide deep insight into how the management of safety and health is perceived by staff, stakeholders, patients and others. For this reason, the Trust has adopted the Health and Safety Laboratory (HSL) Safety Climate Tool (SCT).

The HSL is one of the largest Human Factor Teams in Europe, a part of the Health and Safety Executive. The Trust is working in partnership with Trade Union colleagues to successfully embed the HSL SCT, focusing on common interests to further develop a trustful relationship.

## Risk management

The Trust defines risk management as a process by which to identify factors which may prevent the organisation from providing:

- an excellent, safe, efficient and effective place of work for staff
- the provision of service to our patients
- opportunities to develop and exploit new business opportunities and innovation

The Trust's risk management process aims to ensure that risks are identified, assessed, controlled, monitored and where necessary, escalated.

## Risk registers

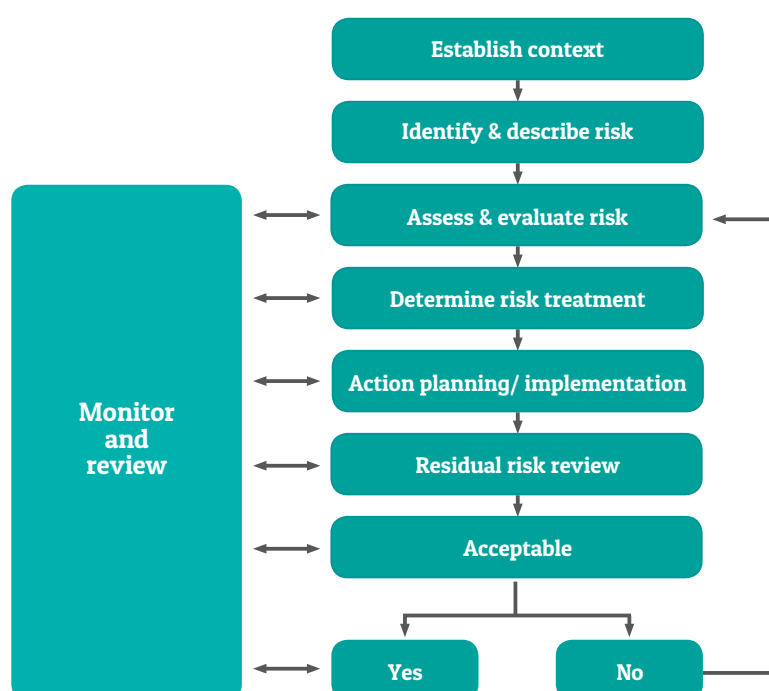
Where risks are of a significant concern or at a level that cannot be immediately resolved or easily managed through existing, 'business as usual' processes, they are recorded on the Trust Risk Register system. The purpose of the Risk Register system is to:

- assess, record and manage new risks in a consistent manner;
- identify risks and actions easily and visibly assign these for delivery;
- progress with mitigations and action plans which can be readily monitored, reviewed and updated; and
- produce management risk summary reports tailored to the areas of responsibility of individual managers, management teams or committees.

The Trust's Risk Register is operated on a hierarchical basis with four distinct but linked levels of organisational responsibility. Level 1 records the key strategic risks faced by the Trust.

Each risk recorded on the Board Assurance Framework (BAF) is assigned to an Executive Director and Governance Committee for management and oversight. The priority and resources required to manage risks will depend on the overall risk rating and risk appetite.

## Risk management process



## Risk escalation criteria

The following principles are used to identify any risks requiring consideration for escalation:

Risks rated with a Current Assurance Score of  $12 > 25$  will always be considered for escalation to the next risk register level and the relevant management team will be automatically notified.

Risks rated  $8 > 10$  must be escalated if:

- The risk rating has a catastrophic consequence - i.e. the risk has a consequence score of 5 or over;
- All mitigation measures have been fully implemented, but the risk rating remains high - i.e.  $8 > 12$ ;
- Mitigation measures have or will take more than 2 months to implement;
- The risk has a wider impact - i.e. on other Service Lines, departments, wards or teams;
- The risk owner or owners are not confident that the proposed risk control measures will reduce the risk to an acceptable level within 2 months;
- Mitigation measures require resources outside of those available to the manager or management team responsible for the Risk Register level it is currently on; or
- The manager or management team responsible escalate the risk where they think a senior manager should be made aware.

## Escalation procedure

As part of the existing monthly Level 2 Risk Register review undertaken by the Clinical Service Units (CSU) at their Senior Management Team (SMT) meetings, risks are considered for escalation to the BAF Level 1 Risk Register using the risk escalation criteria outlined above.

The CSU Level 2 Risk Registers are regularly reviewed by the Trust Management Team (TMT). The group decides if any risk should be escalated and recorded on the BAF.

## Directorate Service Line escalation procedure

As part of the existing Ward/Team monthly Risk Register review, risks are considered for escalation using the above criteria.

However, risks rated with a Current Assurance Score of  $12 > 25$  will always be considered for escalation i.e. from Level 4 to Level 3. The relevant management team will decide if the risk will be recorded at Level 3 or remain at Level 4.

## Risk appetite

The Trust's risk appetite is adjusted depending on the nature of the risk assessed. Risk appetite is the amount of risk that the Trust is willing to take and retain in pursuit of its objectives. Risk tolerance is the level of risk that the Trust is willing to accept in the knowledge that those risks recorded on the BAF are constantly changing and will therefore need to be closely managed. The Trust has greater risk appetite for innovation, commercial and partnership strategies than for statutory and regulatory compliance. The Risk Appetite Statement will be reviewed annually by the Board.

## Board assurance framework risks

BAF Risk	Risk description
8024	If the Trust does not adequately manage its estate portfolio this will compromise the safety and quality of service delivery.
7838	The Trust received an overall rating of 'good' from the CQC in December 2018. It has however been rated as 'requires improvement' for some services, including 'requires improvement' for safety. If the Trust fails to build on and move forward with the improvements it has made, the quality and safety of care will be impacted which ultimately will impact on the Trust's registration. The Trust remains subject to 5 regulatory notices.
8010	If clinicians do not conduct high quality clinical risk assessments which result in appropriate clinical risk management this may increase the risk of serious harm to patients, carers, staff and the public.
8252	The Trust may lose sensitive data and/or experience serious disruption of services as a result of a successful cyber-attack on its computer systems.
8428	If, as a consequence of a broad range of external factors, there is a reduction in supply of a qualified workforce.
8430	If the Trust cannot retain key staff – for example, nursing, AHPs, medical staff and some other groups of registered staff - this could lead to high use of agency staff and the inability to deliver services to patients.
8697	Inadequate arrangements to protect the personal data of service users or staff, or to allow them to exercise their rights as data subjects, may (i) undermine public and staff confidence in the Trust (ii) result in financial penalties or other regulatory action by the Information Commissioner's Office (iii) give rise to claims for damages from data subjects (iv) give rise to breaches under the Trust's service contracts with Commissioners or impact its ability to secure contracts from Commissioners.
8794	If the Trust does not adequately invest in its pharmacy service - i.e. staffing, technology and premises - this will compromise the safety and quality of medicines optimisation.
4182	If a major fire occurs, there is a risk that death or injury will occur and that there will be a major loss of service capacity and assets.
8023	If the trust does not maintain its financial sustainability it will not be compliant with its terms of authorisation and will risk its continued existence as an independent NHS organisation.
8922	The consequences of staff and/or patients exposed to Covid-19 and onward transmission may have a significant impact on the Trust's ability to deliver care. The Trust has therefore introduced BAF8922, which covers Covid-19 related risks and the range of control actions to be taken to mitigate against that risk.

## Board of Directors

The Trust Board of Directors has overall responsibility for setting the corporate and clinical strategy of the Trust, as well as overseeing performance.

The Board meets in public 10 times per year to discuss performance across the Trust, current and future challenges, and corporate and clinical strategy. When discussing issues of a confidential nature the Trust Board resolves to meet in private in accordance with the Public Bodies (Admissions to Meeting) Act 1960 s1 (2).

## Sub-committees of the Trust Board

The Trust Board has the following sub-committees:

- Finance & Performance Committee
- Quality Committee
- Audit Committee
- Workforce & Organisational Development Committee
- Remuneration Committee
- Fire, Health and Safety Welfare Committee
- Trust Management Team
- Programme Board
- Local Services Transformation Board
- Charitable Funds Committee

## The role of the Board's sub-committees

### Finance & Performance Committee

The Finance and Performance Committee is responsible for providing assurance on all matters relating to finance and operational performance. This includes reviewing and monitoring the performance of the Trust, not only in respect of its financial targets, but also with regard to the requirement to operate efficiently, effectively and economically. The Committee also monitors and coordinates all strategic investment planning, reviews capital programme information, and monitors the delivery of the Trust's Quality and Cost Improvement Programme.

### Quality Committee

The Quality Committee focuses on ensuring robust structures and processes are in place for governing the quality of clinical services and ensuring services are safe. The Committee's primary role is to provide assurance on clinical quality and safety, including clinical effectiveness, patient safety and patient experience. It also supports the Board in developing an integrated approach to risk, control and governance by ensuring its systems are robust, enabling the achievement of the Trust's objectives.

### Audit Committee

The Audit Committee is a standing Committee of the Board. The role of the Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities, both clinical and non-clinical, to support the achievement of the Trust's objectives.

### Workforce & Organisational Development Committee

The Workforce & Organisational Development Committee is responsible for providing assurance that there are processes and plans in place to agree and achieve the Trust's workforce objectives. It also oversees the implementation of a recruitment and retention strategy that enables the Trust to compete successfully for recruits in occupations where there is short supply. The Committee ensures that the Trust's workforce is diverse and representative at all levels, implements a simple engagement plan, focuses on leadership and development that strengthens middle management and enhances the Trust's reputation as a place to thrive, and identifies opportunities for workforce productivity.



### Remuneration Committee

The Remuneration Committee is a standing sub-committee of the Board and is responsible for determining the remuneration and terms of service for the Chief Executive and other Executive Directors. The duties of the Committee also include ensuring that staff are recruited in a fair, open and transparent way, monitoring and evaluating the performance of Executive Directors and overseeing their contractual arrangements, as well as ensuring that they remain compliant with 'Fit and Proper Person' requirements.

### Fire, Health and Safety Welfare Committee

The Fire, Health and Safety Welfare Committee fulfils the Trust's obligations under both the Health and Safety at Work Act 1974 and more specifically, the Health and Safety (Consultation with Employees) Regulations 1996. It is responsible for coordinating and overseeing the Trust's fire, health and safety management arrangements and the effective control of all health and safety risks arising from the Trust's activities.

### Trust Management Team

The 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. It informs and advises the Board in setting and delivering the Trust's strategic direction and priorities. It also promotes effective two-way communication between levels of senior management in the Trust and is the formal route to support the Chief Executive in effectively discharging her duties and responsibilities as the Accountable Officer for the Trust.

### Broadmoor Hospital Redevelopment Programme Board

The Broadmoor Hospital Redevelopment Programme Board oversees the delivery of the Broadmoor Hospital Redevelopment Programme, and is the Trust's decision-making body dealing with the strategic, high level operational aspects of the redevelopment of the Broadmoor Hospital site.

### Local Services Transformation Board

The Local Services Transformation Board's purpose is to oversee the delivery of key service line transformational work strands and ensure that the Trust focuses on benefits and risks. It also ensures that any such work on the part of the Trust is aligned with local commissioning intentions and the relevant strategies of the Trust's transformation partners.

### Charitable Funds Committee

The Charitable Funds Committee has been established by the Board to make and monitor arrangements for the control and management of Trust's charitable funds. Key duties of the Committee are to apply the charitable funds in accordance with the Charity's governing documents; to make decisions involving the sound investment of charitable funds in a way that both preserves their capital value and produces a return consistent with prudent investment; and to ensure the Charity's compliance with legal and regulatory requirements.

## Board and Committee attendance

Attendance of Board and sub-committee meetings by Executive and Non-Executive Board members during 2019-20 is shown below:

Name of Board or Sub-Committee	Attendance 2019-20
Trust Board	87%
Finance & Performance Committee	66%
Quality Committee *	74%
Audit Committee	67%
Workforce & Organisational Development Committee	69%
Remuneration Committee	75%
Trust Management Team	84%
Fire, Health and Safety Welfare Committee	100%
Broadmoor Hospital Redevelopment Programme	74%
Local Services Transformation Board **	39%
Charitable Funds Committee	86%

\* The attendance has been based on 10 meetings only in 2019/20

\*\* The attendance has based on 6 meetings only in 2019/20

## Clinical governance and risk

The Trust has structures, systems and processes in place to provide clinical governance assurance and deliver the Trust's key Quality Priorities. This includes sub-committees of the Board, and committees at clinical service unit, service line and team level. Clinical Governance arrangements are kept under regular review.

The Trust has robust arrangements in relation to performance reviews relating to clinical governance. For example, regular 'deep dive' presentations from service lines at monthly Quality Committees include key quality and clinical performance targets. In addition, comprehensive clinical governance arrangements for Ealing Community Partners (ECP) have been implemented, with the relevant service line reporting regularly on its performance to the Quality, Finance and Performance and the

### Workforce and organisational development sub-committees.

There are regular discussions about the latest integrated performance report (IPR) at the Trust Board. In addition, the key targets and metrics included in the IPR have been included in a newly developed patient safety dashboard that is reviewed monthly at both the Trust's Clinical Governance Group and Quality Committee. The IPR and the patient safety dashboard include quarterly information relating to the Commissioning for Quality and Innovation (CQUIN) framework, along with model hospital comparative targets, NHS Long Term Plan targets and seven day follow up performance, in addition to the Trust's agreed Quality Priorities.

The Trust Quality Committee receives monthly reports from the Trust-wide Clinical Governance Group which collates and reviews information from the clinical governance groups in each service line. Clinical governance meetings also take place at ward and team level, following a standard agenda to ensure information is shared throughout the organisation.

The Trust has robust and transparent arrangements in place to make sure that it can discharge its specific powers and duties according to the provisions of the Mental Health Act 1983 (MHA). The application of the MHA and Mental Capacity Act (MCA) across the trust is scrutinised by the Mental Health Law Committee which meets every two months. This committee reports to the Quality Committee and the Board.

There is a yearly Mental Health Law performance report and quarterly compliance reports which include analyses of trends over the previous year, and records incidents of unlawful detentions, unlawful treatment, and problems with MHA assessments. Operational Mental Health Law matters are overseen by the Clinical Governance Group.

Clinical risks which have been identified as having significant effect on the delivery of safe care across Trust services are included in the Board Risk Register. The executive ownership rests with the Director of Nursing and Patient Experience. Individual internal current assurance and actions to remove any gaps in assurance are described.

The key areas of risk managed in this way are:

### 1. Compliance with key policies covering aspects of assessment and care management:

- Clinical risk policy
- Care programme approach policy
- Incident reporting and management policy
- Complaints policy
- Therapeutic engagement and supportive observations policy.
- Clinical supervision policy

Mitigation includes policies reviews and updated as required in line with policy governance processes. There are monthly reports on the performance covering supervision. Through to roll out of mandatory training on Clinical Risk within service lines which carry enhanced risk. Compliance is monitored through internal audits.

### 2. Effective review, analysis and learning from incidents and, where necessary, consequent changes in practice.

A thematic review of all SIs (within LSS) over a 12-month period was undertaken by an external expert patient safety and human factors. The findings of the review were shared. Mitigation includes Make It Safe briefings circulated and published on Exchange. Presentation of incident lessons from Level 2 investigations up to Board of Directors. Service lines track the implementation of lessons through individual clinical governance meetings. Trust-wide 'Lessons Learnt' events include established partnership work with other Trusts. Trust-wide oversight is provided by the Quality Committee.

### 3. Suicide prevention.

New Strategy developed by Suicide Prevention Workgroup which aligns with the National Suicide Prevention Strategy (NSPS) this was launched in 2018 and is reviewed through board reporting. The strategy also reflects that the Trust has signed up to be a part of the Zero Suicide Alliance (ZSA).

### 4. Assessment of ligature anchor points to address ligature anchor points and inform work form 2019/20. This links to the current Trust capital programme.

Mitigation is through the annual ligature anchor point assessment (including lines of sight) has taken place since 2018. Workplace inspections including specific ligature risk floor plan and management arrangements summary produced for all wards. Training on ligature risk awareness is included in the Trust defibrillator / basic life support course that all new staff receive, on induction and through annual refresher training. The Trust capital programmes prioritise high risk ligature anchor points identified through monitoring assessments.

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

## Workforce planning

The Trust complies with the Developing Workforce Safeguards recommendations by ensuring there is a robust approach to workforce planning. The e-roster system (ESR) and financial systems are used to give a baseline for workforce planning. This is then adjusted in accordance with evidence based forecasting of activity levels, service changes, service developments and contract commissioning.

With regards to giving assurance in relation to safe staffing, the acuity process is done manually by collecting data from each individual service to ensure safe staffing adheres to the levels that have been set. This is signed off by the nursing director or medical director.

The governance structure at the Trust has been designed to ensure that key work streams feed into the workforce committee, which in turn provides assurance to the Trust Board.

The Trust has designed its structure and working practice in line with NHS England and NHS Improvement's well-led framework published at <https://improvement.nhs.uk/resources/well-led-framework/>

## Register of interests

A register of relevant and material Board member interests is maintained and published on the Trust's website. Board and Committee meeting agendas routinely include an opportunity for members to declare any interests in agenda items. Any such interests are recorded in the minutes of the meeting, as well as in a separate register maintained by the Trust Secretary. There have been no occasions during the year where a member has had to withdraw from the discussion or decision taken at any Board or Committee meeting.

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

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

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

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

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

The Trust recognises the importance of accurate data as a fundamental requirement for the effective, safe treatment of its service users and for the efficient operation of its business. Frequent reporting at relevant meetings and to committees outlines performance in relation to explicit quality expectations and provides assurance of adherence to internal and external data quality metrics. The use of benchmark data, nationally sourced and verified data quality metrics within internal assurance processes, and quality reporting systems strengthens local assurance of nationally acceptable levels of data quality.

The Trust has dedicated Data Quality Leads and Informatics staff who regularly investigate and quality assure performance and waiting time data. This is supported by operational business intelligence reporting tools that all staffs can access with the ability to drill down to team and client level where appropriate. Performance management meetings are held for each service line including 'deep dive' reviews by the Executive team. Regular internal and external audits provide additional assurance of the quality and accuracy of data to the Board.

## Information Governance

Information Governance (IG) incidents are graded using the NHS Digital Breach Assessment Grid which is in line with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018). Incidents are graded according to their impact on the individual or groups of individuals affected, with 1 being the least serious and 25 the most serious. Incidents graded a 6 or above are reportable to the Information Commissioner's Office (ICO) via the Data Security and Protection Toolkit Incident Reporting Tool. During the financial year 2019/20, a total of 5 incidents were reported to the ICO. Upon their review, these incidents were determined as warranting no further action and were managed and resolved locally.

## Information Governance work programme

The Trust was visited by the Information Commissioner's Office (ICO) in December 2018 to audit compliance with data protection legislation and highlight any areas of risk. The Trust's Information Governance (IG) work programmes focuses on the ICO's recommendations and on achieving compliance with the standards set out in the NHS Digital Data Security and Protection Toolkit. Key areas where work is being delivered includes:

- Accountability and transparency: updating all IG-related policies and transparency information and rolling out the wider adoption of Data Protection Impact Assessments.
- Assets, systems and data flow: reviewing existing asset registers and data flow maps and updating them accordingly.
- Audit and compliance: developing an approach to auditing suppliers of the Trust and performing data protection compliance checks within services.
- Business continuity and risk management: conducting a business continuity exercise to understand how the Trust would response to cyber security incidents.
- Contracts and data processing agreements: reviewing all third party contracts to assess their compliance with the General Data Protection Regulation (GDPR).
- Data quality and records management: developing a robust records management function within the organisation with associated processes and policies.
- Data security and organisational controls: meeting the specific tasks required form the Trust which are outlined in the Data Security and Protection Toolkit.
- Incidents and complaints: establishing a comprehensive breach reporting system for managing IG-related incidents.
- Subject Access Requests: standardising the processing for completing subject access requests within a timely manner.
- Training: ensuring the Trust achieves 95% compliance with IG training.

## 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.

Following reviews by the Trust Clinical Governance Group and Quality Committee, the Board discussed the Trust's Annual Quality Account for 2018/19 in June 2019 and received assurance that this presented a balanced view and that there were appropriate controls in place to ensure the accuracy of data.

## Review of effectiveness

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

### Head of internal audit opinion 2019/20 (Draft)

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. The internal auditors have undertaken several reviews and have provided a substantial or reasonable assurance opinion with no significant internal control issues.

These reviews have covered the following:

### Substantial assurance

- Models of care – CAMHS Local services transformation Board
- Financial feeder systems

### Reasonable assurance

- Clinical Risk Assessment (inpatients)
- Safeguarding Adults and Children
- Procurement and Contract Management
- Payment to staff
- Risk management and Board Assurance Framework

The Trust's internal auditors have also issued the following partial assurance reports in the following areas:

- Physical Healthcare – Service user under the Early Intervention in Psychosis Service
- Community Services Recovery Team Physical Healthcare Assessment
- West London Business Intelligence (WLBI) system & Seclusions Data Quality and Performance Management
- Health roster and Agency Payments
- Clinical Risk Assessments (Outpatients)

3. Executive Directors in the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
4. The Board 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.
5. Registration with the CQC – the Trust currently has no regulatory notices. .
6. The Trust has had regular Performance Oversight Meetings with NHS England and 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.
7. The Trust is licensed, against Department of Health and Social Care 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.
8. 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 and Performance Committee;
- Workforce and Organisational Development Committee
- Trust Management Team
- Financial Oversight and Leadership Group.

## Conclusion

There have been no significant internal control issues identified in the Trust during 2019/20. We have made real and sustainable improvements to our governance arrangements and recognise that this remains work in progress. The Board will continue to review progress and ensure that a process of continuous improvement is in place in the Trust in 2019/20, including:

- continued robust financial management and a focus on cost improvement plans, including a focus on reducing our expenditure on agency staff; and
- implementation of 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 NHS Trust for the year ended 31 March 2020 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.



**Carolyn Regan**

Chief Executive



## 5. Remuneration and staff report

### Remuneration policy

The Remuneration Committee determines the salaries of the chief executive and executive directors by following NHS England and NHS Improvement guidance. All Executive Directors are appointed on permanent contracts with a six-month notice period.

There is no performance-related pay and no compensation is made for early termination. The Trust follows NHS England and NHS Improvement requirements for any termination. 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 2019/20, the Non-Executive Directors who sat on the Remuneration Committee were:

**Mr Tom Hayhoe, Chair**

**Professor Paul Aylin**

**Professor Sally Glen**

**Mr Hassaan Majid**

**Mr Neville Manuel**

**Ms Elizabeth Rantzen**

**Ms Janice Barber**

**Professor Nick Barber**

Between 1 April 2019 and 31 March 2020, there was one meeting of the Remuneration Committee.

## Directors' remuneration

### Salary and pension entitlements of senior managers

	2019/20						2018/19					
	Salary	Expense Payments (taxable)	Performance pay and bonuses	Long term performance pay and	All Pension-related benefits	TOTAL	Salary	Expense Payments (taxable)	Performance pay and bonuses	Long term performance pay and	All Pension-related benefits	TOTAL
	(bands of £5,000)	(rounded to £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(rounded to £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
Carolyn Regan, Chief executive	185-190	200	-	42.5-45	225-230	<b>185-190</b>	200	-	40-42.5	225-230	40-42.5	<b>225-230</b>
Paul Stefanoski, Director of Finance & Business	150-155	-	-	-	200-202.5	<b>350-355</b>	150-155	-	-	-	195-197.5	<b>350-355</b>
Jose Romero-Urcelray, Medical Director	170-175	-	-	-	512.5-515	<b>680-685</b>	165-170	-	-	-	585-587.5	<b>750-755</b>
Leeanne McGee, Director of High Secure and Forensic Services	125-130	500	-	-	27.5-30	<b>150-155</b>	125-130	300	-	-	197.5-200	<b>325-330</b>
Stephanie Bridger, Director of Nursing & Patient Experience	115-120	-	-	-	177.5-180	<b>290-295</b>	115-120	100	-	-	27.5-30	<b>145-150</b>
Sarah Rushton, Director of Local Services	125-130	100	-	-	255-257.5	<b>380-385</b>	125-130	-	-	-	252.5-255	<b>380-385</b>
Wendy Brewer, Director of Organisational Development	125-130	-	-	-	325-327.5	<b>450-455</b>	135-140	-	-	-	317.5-320	<b>455-450</b>
Henrietta Joy, Director of Communication and Strategy (from 1st April)	120-125	200	-	-	107.5-110	<b>230-235</b>	-	-	-	-	-	<b>-</b>
Tom Hayhoe, Chairman	35-40	100	-	-	-	<b>35-40</b>	35-40	100	-	-	-	<b>35-40</b>
Sally Glen, Non-executive director	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
Elizabeth Rantzen, Non-executive director	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
Neville Manuel, Non-executive director	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
Paul Aylin, Non-executive director	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
Hassaan Majid, Non-executive director	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
Janice Barber, Non-executive Director (from 1 April 2018)	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
Nicholas Barber, Non-executive director (from 1 May 2018)	5-10	-	-	-	-	<b>5-10</b>	5-10	-	-	-	-	<b>5-10</b>
	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2020	Lump sum at pension age related to accrued	Cash equivalent transfer value at 1 April 2019	Real increase in cash equivalent transfer	Cash equivalent transfer value at 31 March	Employer's contribution to stakeholder pension				
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000'	£000'	£000'	£000'				
Carolyn Regan, Chief executive	2.5-5	-	20-25	-	284	67	358	27				
Paul Stefanoski, Director of Finance & Business	0-2.5	-	40-45	85-90	712	34	763	19				
Jose Romero-Urcelray, Medical Director	-	-	90-95	275-280	2287	-	-	8				
Leeanne McGee, Director of High Secure and Forensic Services	0-2.5	-	15-20	-	194	39	238	18				
Stephanie Bridger, Director of Nursing & Patient Experience	0-2.5	-	35-40	80-85	670	32	718	17				
Sarah Rushton, Director of Local Services	0-2.5	0-2.5	40-45	130-135	977	37	1037	18				
Wendy Brewer, Director of Organisational Development	0-2.5	2.5-5	55-60	165-170	1294	59	1384	30				
Henrietta Joy, Director of Communication and Strategy (from 1st April)	0-2.5	0-2.5	15-20	35-40	311	42	360	7				

## 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 2019/20 was £209,339 (£209,368 in 2018/19). This was 6.0 times the median remuneration of the workforce (6.1 in 2018/19), which was £34,900 (£34,148 in 2018/19).

In 2019/20 no employees received remuneration in excess of the highest-paid director (0 in 2018/19). Remuneration ranged from £10,200 to £181,000 (£6,200 to £189,000 in 2018/19).

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.

## Staff report

### Number of staff employed by the Trust

West London NHS Trust employed 3,771 staff at the end of March 2020. Staff numbers have increased over the year by 356 (339 WTE). The increase in staff numbers in July was as a result of the transfer in of Ealing Community Partners as part of the Integrated Care Service line. The inclusion of this service has led to an increase in staff headcount by 230 members of staff (213.4 WTE). The average headcount for the year was 3,658 (3,435 WTE).

During 2019-20 the Trust employed 16 senior managers. This comprises the Chief Executive, Chair, seven Executive Directors and seven Non-Executive Directors.

**Table 3: Leadership and workforce**

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>General</b>													
Staff sickness	<3.5% (internal)	4%	4%	4%	4%	4%	4%	4%	6%	5%	6%	5%	7%
Staff Turnover	<13% Internal	15%	14%	14%	13%	13%	13%	13%	14%	14%	14%	15%	15%
NHS Staff Survey													
Proportion of temporary staff	<5.5%	6%	6%	8%	8%	7%	8%	7%	8%	8%	7%	7%	5%

## Sickness absence

Staff sickness absence rates between April and October 2019 were comparable to the previous year. Since November 2019 sickness has been higher compared to the previous months. This is mainly due to improved accuracy of absence recording and to COVID-19 related sickness. These figures do not include self-isolation or carer leave related to COVID-19.

Staff sickness absence	2019-20	2018-19
Sickness rate	4.95%	4.19%
Total WTE Days Lost	62917.7	48931.0
Average staff number (WTE)	3464.2	3202.3
Average working Days Lost (per WTE)	18	15

## Gender split

The gender split of the Trust's senior directors is 59% female and 41% male. The gender split of other senior managers is shown below:

Banding Group	Gender	Total	%
Band 7 - 8C	Female	564	70.9%
	Male	231	29.1%
Locally agreed or ad hoc pay scale	Female	17	53.1%
	Male	15	46.9%

## Staff costs

			2019/20	2018/19
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	162,366	-	162,366	145,012
Social security costs	16,751	-	16,751	15,237
Apprenticeship levy	770	-	770	693
Employer's contributions to NHS pension scheme	26,475	-	26,475	16,681
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Termination benefits	30	-	30	-
Temporary staff	-	15,472	15,472	13,243
<b>Total gross staff costs</b>	<b>206,392</b>	<b>15,472</b>	<b>221,864</b>	<b>190,866</b>
Recoveries in respect of seconded staff	-	(310)	(310)	-
<b>Total staff costs</b>	<b>206,392</b>	<b>15,162</b>	<b>221,554</b>	<b>190,866</b>
<b>Of which</b>				
Costs capitalised as part of assets	3,056	-	3,056	3,235

## Average number of employees (WTE basis)

			2019/20	2018/19
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	229	44	273	259
Ambulance staff	-	-	-	-
Administration and estates	670	80	750	675
Healthcare assistants and other support staff	889	377	1,266	1,173
Nursing, midwifery and health visiting staff	931	258	1,189	1,082
Nursing, midwifery and health visiting learners	17	-	17	-
Scientific, therapeutic and technical staff	210	23	233	212
Healthcare science staff	392	33	424	385
Social care staff	22	8	30	16
Other	77	12	89	90
<b>Total average numbers</b>	<b>3,435</b>	<b>836</b>	<b>4,271</b>	<b>3,892</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	66	90	156	140

## Reporting of compensation schemes

### Exit packages 2019/20

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	1	-	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>1</b>	<b>-</b>	<b>1</b>
Total cost (£)	£30,000	£0	£30,000

### Exit packages 2018/19

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	-	-
£10,000 - £25,000	3	-	3
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	2	-	2
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>5</b>	<b>-</b>	<b>5</b>
Total cost (£)	£271,000	£0	£271,000

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

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



## Off-payroll engagements

Off payroll engagements relate to individuals employed by the Trust but not remunerated via the organisations payroll function. Typically, this would relate to self-employed individuals or those contracted via agencies. The Department of Health requires NHS bodies to report any off-payroll engagements as at 31 March 2019, for more than £245 per day and that have lasted longer than six months:

	Number
Number of existing engagements as of 31 March 2020:	21
<b>Of which, the number that have existed:</b>	
for less than one year at the time of reporting	13
for between 1 and 2 years at the time of reporting	2
for between 2 and 3 years at the time of reporting	5
for between 3 and 4 years at the time of reporting	0
for 4 years or more at the time of reporting	1

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020.	14
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	14
<b>Of which:</b>	
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

The 14 engagements reported above all relate to individuals contracted to work for the Trust via employment agencies and therefore the Trust have not been required to introduce contractual clauses. For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year.	0
Number of individuals that have been deemed "board members", and/or senior officers with significant financial responsibility" during the financial year. This figure includes off-payroll and on-payroll engagements.	16

## Expenditure on consultancy

The Trust spent £1,691k (2018-19 - £337k) on consultancy in the year ending 31 March 2019. This is detailed in note 5.1. Operating Expenses of the financial statements.

## Financial performance



In April 2019, the Trust Board approved an annual financial plan that would deliver a £3.2m surplus, consistent with the control target set by NHS England and NHS Improvement. This included Provider Sustainability Funding (PSF) of £2.1m.

## Financial performance

The Trust's audited accounts report a trading deficit of £135m for the financial year ending 31 March 2020. The reported position is significantly affected by a £143m 'Impairment', largely related to the Broadmoor Hospital site. 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. This tends to happen when a new asset is brought into operation, which has been the case with the opening of the new hospital in December 2019. Excluding the impact of this impairment, the Trust's overall performance for NHS reporting purposes is a £7.6m surplus, which includes one-off items and the benefit from a previous sale of assets. Excluding these specific, non-recurrent, items the Trust delivered a £4.5m surplus.

The delivery of community services within the borough of Ealing from July 2019 increased the Trust's turnover by £32m in 2019/20 (£46m projected in 2020/21). This service is a partnership with Central and North West London NHS Foundation Trust, The Hillingdon Hospitals NHS Trust, Ealing Council, and voluntary and specialist providers.

The strength of the underlying financial position has allowed the Trust to continue to focus 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 required efficiencies. These include the continued reduction in the use of private placements for patients in the Trust's care, a further reduction in the use of agency staff, and proactive recruitment to vacancies. Progress to date on these programmes has enabled the Trust to improve its financial position going forward.

## Cost improvement programme

The Trust delivered in full on its cost improvement target of £11.1m for 2019/20, with 80% of savings being achieved recurrently. The £2.2m of savings delivered non-recurrently will need to be addressed in 2020/21, in addition to any efficiency requirement for the year.

A key area of focus for quality cost improvement plans (QCIPs) in 2019/20 continued to be the reduction in bank and agency staff usage. Although the Trust exceeded its agency target set by NHS Improvement for 2019/20 by 7%, this was a significant improvement on previous years.

All of the 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.

## Capital

The Trust invested £37m in its estate in 2019/20, which related largely to the completion of Phase I of the Broadmoor Hospital redevelopment, which became operational in December 2019, and to investment in Medway Lodge, which became operational June 2019. Other capital expenditure has focused on reducing backlog maintenance, enhancing the Trust's Information Technology infrastructure and improving the patient environment.

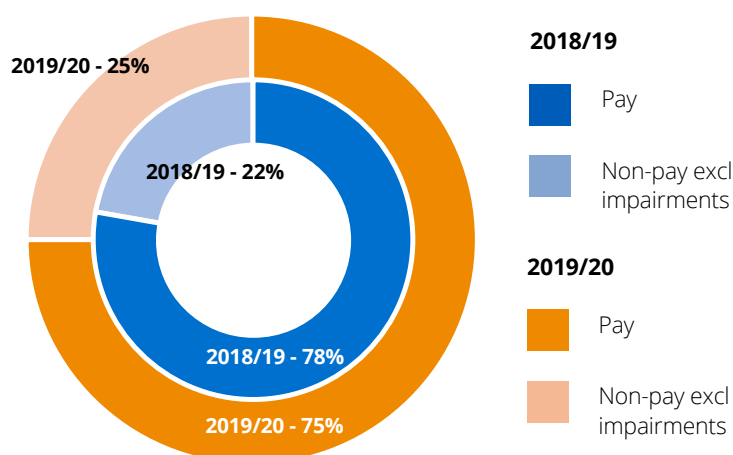
## How the Trust spends its revenue

The chart below compares 2019/20 expenditure with expenditure in the previous year. It shows that in both 2019/20 and 2018/19, the majority of revenue expenditure related to staff pay costs. Staff costs accounted for 75% (£217.9m) of total operating expenditure in 2019/20, a reduction from 78% (£186.4m) in 2018/19. This change reflects the addition of Ealing Community Partners to the Trust's service portfolio, with a number of the staff within the service employed by Central and North West London NHS Foundation Trust, and therefore included under 'purchase of healthcare from NHS bodies' rather than 'staff costs'.

There was an overall increase in pay expenditure, which was mainly as a result of the increase in services provided (Ealing Community Partners) and an increase in substantive and bank posts. The actual number of staff employed increased from an average 3,169 whole time equivalent substantive staff to 3,435.

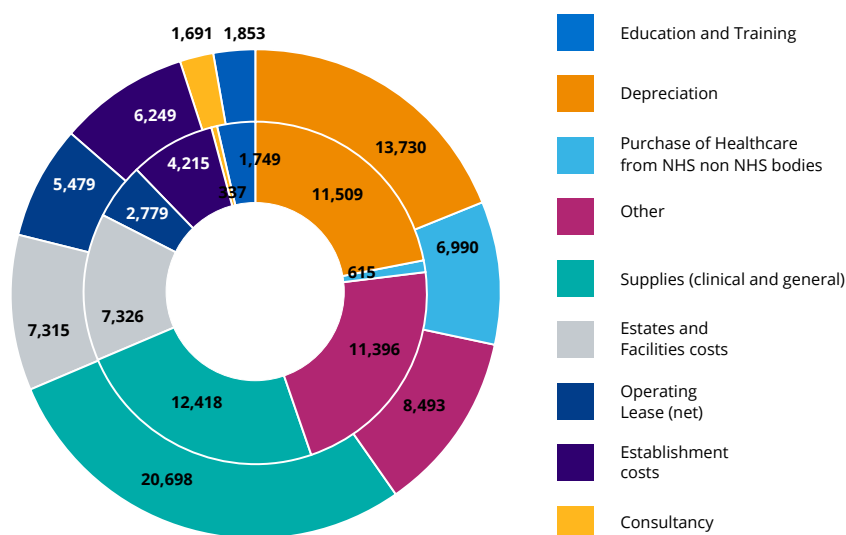
### Pay and non pay comparison

Pay and non-pay comparison 2019/20 (outer ring) and 2018/19 (inner ring)



The year-on-year comparison, broken down by type of non-pay spend, under prescribed headings, is shown graphically below:

### Non pay comparison 2018/19 (inner) and 2019/20 (outer)





Overall non-pay expenditure increased by £16m in 2019/20, compared to 2018/19, the key reason for this increase again being the impact of Ealing Community Partners. In addition, the Trust continued its roll out of IT modernisation, whilst making significant cost improvement savings on non-pay, in order to keep running costs to a minimum.

The main year-on-year movements within the non-pay categories were as follows;

- Depreciation increased by £2.2m, which reflects the new Broadmoor Hospital becoming operational late in 2019.
- Purchase of healthcare from NHS and non NHS bodies has increased by £6.4m to £7m, which is the impact of sub-contracting services to CNWL as part of the Ealing Community Partners.
- The impact of new services within Ealing Community Partners has also led to an increase in supplies and establishment costs by £8m and £2m respectively.
- The accounting treatment of operating leases has also changed, with these now shown as an independent item. Again the increase reflects the changes to the organisation as a result of providing Ealing Community Partners services.
- The reduction in 'Other' relates to a number of one-off items, and increased scrutiny on expenditure recorded to 'Other', so as to ensure only the appropriate spend is included.

### 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. Performance (rounded to the nearest 0.1%) against this target is shown below:

Better Payments Practice Code Compliance	2019-20 % of invoices paid on time	2019-20 % of invoice values (£) paid on time	2018-19 % of invoices paid on time	2018-19 % of invoice values (£) paid on time
NHS Trade Invoices	98.2%	99.7%	96.9%	99.5%
Non NHS Trade Invoices	95.7%	97.8%	94.0%	96.7%

### 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

#### Delivering integrated care

The Trust is committed to working collaboratively with commissioners and other local providers to continue redesigning services and optimising efficiencies at Sustainability and Transformation Partnership (STP) level and is already working in a number of formal partnerships to deliver integrated care. It will be seeking to develop these further in 2020/21 to support delivery in the context of the North West London Integrated Care System. The full year effect of this provision will be included within the 2020/21 plan.

## Revenue

The Trust exceeded the required control total surplus for 2019/20. The plan proposed for 2020/21 is for the Trust to deliver a £1.4m surplus. Due to the Covid-19 crisis, many planning and contracting negotiations were put on hold during the early months of the new financial year. At the time of writing, income is being received monthly, based on the income received in December 2019 plus inflation. The plan submitted prior to the crisis showed a QCIP target of £12m, including those met non recurrently in 2019/20. The revised position regarding QCIPs for when the NHS exits from the current crisis has yet to be clarified. However, the Trust's planning assumption is that it will be required to manage its own cost pressures and the implications of the new NHS landscape within its own resources to achieve a minimum break-even financial position.

## Annual accounts for the year ended 31 March 2020





## Statement of the Chief Executive's responsibilities as the accountable officer of the trust

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

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied 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.

Signed:



Carolyn Regan  
Chief Executive  
Date: 10 June 2020

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

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

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

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

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

By order of the Board

Signed:



Carolyn Regan  
Chief Executive  
Date: 10 June 2020

Signed:



Paul Stefanoski  
Director of Finance and Business  
Date: 10 June 2020

## Annual governance statement 2019/20 from the Chief Executive

### Scope of responsibility

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

### The purpose of the system of internal control

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

Under the Health and Safety at Work Act, the Trust has a legal obligation to ensure that the safety and health of our workforce is protected. The development of the Trust, Safety Management System (SMS) closely follows the Health and Safety Executive's guide for managing health and safety (HSG65). The SMS methodology is based on Plan-Do-Check-Act (PDCA).

### Capacity to handle risk

#### The risk and control framework

The Trust is committed to the implementation of a holistic approach to risk management by bringing together good corporate governance and the full integration of our management systems.

The Trust has a Health and Safety Risk Management Policy which applies to all those who work for or on behalf of the Trust. Separate policies apply for undertaking clinical risk assessments and for health, safety and fire risk assessments.

The Trust system for managing risk is premised on managers knowing what the predictable risks are, rank them in order of importance and take action to control them.

The Trust has acknowledged the importance of adopting a credible tool to measure its safety culture and this requirement was recorded in its Health and Safety Working Well Strategy (Theme 4, Tackling Ill Health and Working Well).

## Safety culture

Safety culture is widely regarded as a leading indicator of safety and health performance and as a measurement of the perceptions held by the workforce about safety and health.

Safety culture in the Trust is determined by the priority given to safety and health, the quality of safety leadership, staff involvement, and how staff work together, as well as how the workforce engages with policies, processes and procedures. As such, it can provide deep insight into how the management of safety and health is perceived by staff, stakeholders, patients and others.

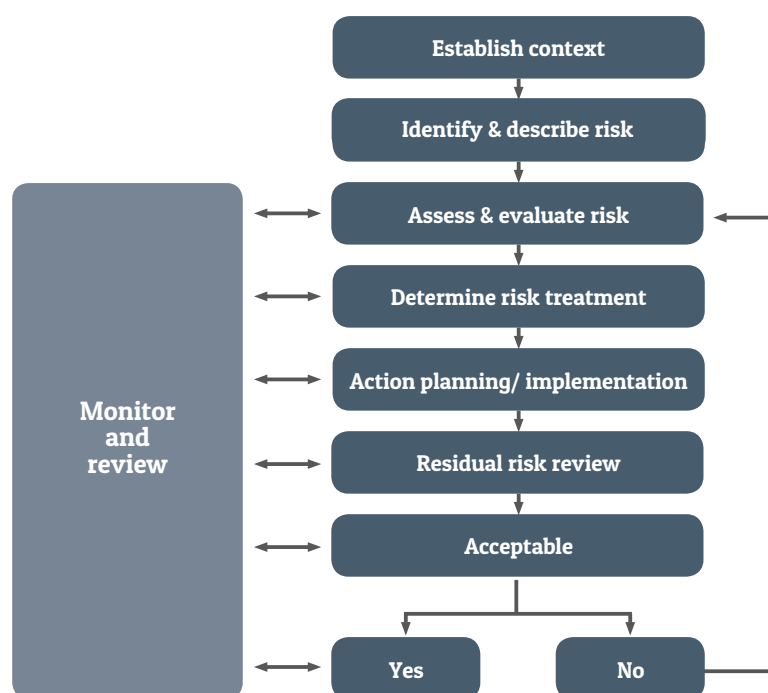
For this reason, the Trust has adopted the Health and Safety Laboratory (HSL) Safety Climate Tool (SCT). The HSL is one of the largest Human Factor Teams in Europe, a part of the Health and Safety Executive. The Trust is working in partnership with Trade Union colleagues to successfully embed the HSL SCT, focussing on common interests to further develop a trustful relationship.

The Trust is working in partnership with Trade Union colleagues to successfully embed the HSL SCT, focussing on common interests to further develop a trustful relationship.

## Risk management

The Trust defines risk management as a process by which to identify factors which may prevent the organisation from providing an excellent, safe, efficient and effective place of work for our staff, provision of service to our patients and exploiting new business opportunities and innovation. The Trust's risk management process aims to ensure that risks are identified, assessed, controlled, monitored and where necessary, escalated.

## Risk management process



## Risk registers

Where risks are of a significant concern or at a level that cannot be immediately resolved or easily managed through existing, 'business as usual' processes, they are recorded on the Trust Risk Register system.

The purpose of the Risk Register system is to:

- assess, record and manage new risks in a consistent manner;
- identify risks and actions easily and visibly assign these for delivery;
- progress with mitigations and action plans which can be readily monitored, reviewed and updated; and
- produce management risk summary reports tailored to the areas of responsibility of individual managers, management teams or committees.

The Trust's Risk Register is operated on a hierarchical basis with four distinct but linked levels of organisational responsibility. Level 1 records the key strategic risks faced by the Trust.

Each risk recorded on the Board Assurance Framework (BAF) is assigned to an Executive Director and Governance Committee for management and oversight. The priority and resources required to manage risks will depend on the overall risk rating and risk appetite.

## Risk escalation criteria

The following principles are used to identify any risks requiring consideration for escalation:

Risks rated with a Current Assurance Score of  $12 > 25$  will always be considered for escalation to the next risk register level and the relevant management team will be automatically notified.

Risks rated  $8 > 10$  must be escalated if:

- The risk rating has a catastrophic consequence - i.e. the risk has a consequence score of 5 or over;
- identify risks and actions easily and visibly assign these for delivery; • All mitigation measures have been fully implemented, but the risk rating remains high - i.e.  $8 > 12$ ;
- Mitigation measures have or will take more than 2 months to implement;
- The risk has a wider impact - i.e. on other Service Lines, departments, wards or teams;
- The risk owner or owners are not confident that the proposed risk control measures will reduce the risk to an acceptable level within 2 months;
- Mitigation measures require resources outside of those available to the manager or management team responsible for the Risk Register level it is currently on; or
- The manager or management team responsible escalate the risk where they think a senior manager should be made aware.

## Escalation procedure

As part of the existing monthly Level 2 Risk Register review undertaken by the Clinical Service Units (CSU) at their Senior Management Team (SMT) meetings, risks are considered for escalation to the BAF Level 1 Risk Register using the risk escalation criteria outlined above.

The CSU Level 2 Risk Registers are regularly reviewed by the Trust Management Team (TMT). The group decides if any risk should be escalated and recorded on the BAF.

### Directorate service line escalation procedure

As part of the existing Ward/Team monthly Risk Register review, risks are considered for escalation using the above criteria.

However, risks rated with a 'Current Assurance Score' of  $12 > 25$  will always be considered for escalation i.e. from Level 4 to Level 3. The relevant management team will decide if the risk will be recorded at Level 3 or remain at Level 4.

### Risk appetite

The Trust Board has a broadly cautious to open approach to risk, acknowledging that service development, innovation and improvements in quality require a level of risk taking.

Risk appetite is the amount of risk that the Trust is willing to take and retain in pursuit of its objectives. Risk tolerance is the level of risk that the Trust is willing to accept in the knowledge that those risks recorded on the BAF are constantly changing and will therefore need to be closely managed.

The Trust has greater risk appetite for innovation, commercial and partnership strategies than for statutory and regulatory compliance. The Risk Appetite Statement will be reviewed annually by the Board.

## Board Assurance Framework Risks

BAF Risk	Risk description
8024	If the Trust does not adequately manage its estate portfolio this will compromise the safety and quality of service delivery.
7838	The Trust received an overall rating of 'good' from the CQC in December 2018. It has however been rated as 'requires improvement' for some services, including 'requires improvement' for safety. If the Trust fails to build on and move forward with the improvements it has made, the quality and safety of care will be impacted which ultimately will impact on the Trust's registration. The Trust remains subject to 5 regulatory notices.
8010	If clinicians do not conduct high quality clinical risk assessments which result in appropriate clinical risk management this may increase the risk of serious harm to patients, carers, staff and the public.
8252	The Trust may lose sensitive data and/or experience serious disruption of services as a result of a successful cyber-attack on its computer systems.
8428	If, as a consequence of a broad range of external factors, there is a reduction in supply of a qualified workforce.
8430	If the Trust cannot retain key staff – for example, nursing, AHPs, medical staff and some other groups of registered staff - this could lead to high use of agency staff and the inability to deliver services to patients.
8697	Inadequate arrangements to protect the personal data of service users or staff, or to allow them to exercise their rights as data subjects, may (i) undermine public and staff confidence in the Trust (ii) result in financial penalties or other regulatory action by the Information Commissioner's Office (iii) give rise to claims for damages from data subjects (iv) give rise to breaches under the Trust's service contracts with Commissioners or impact its ability to secure contracts from Commissioners.
8794	If the Trust does not adequately invest in its pharmacy service - i.e. staffing, technology and premises - this will compromise the safety and quality of medicines optimisation.
4182	If a major fire occurs, there is a risk that death or injury will occur and that there will be a major loss of service capacity and assets.
8023	If the trust does not maintain its financial sustainability it will not be compliant with its terms of authorisation and will risk its continued existence as an independent NHS organisation.
8922	The consequences of staff and/or patients exposed to Covid-19 and onward transmission may have a significant impact on the Trust's ability to deliver care. The Trust has therefore introduced BAF8922, which covers Covid-19 related risks and the range of control actions to be taken to mitigate against that risk.



## Board of Directors

The Trust Board of Directors has overall responsibility for setting the corporate and clinical strategy of the Trust, as well as overseeing performance.

The Board meets in public 10 times per year to discuss performance across the Trust, current and future challenges, and corporate and clinical strategy. When discussing issues of a confidential nature the Trust Board resolves to meet in private in accordance with the Public Bodies (Admissions to Meeting) Act 1960 s1 (2).

## Sub-committees of the Trust Board

The Trust Board has the following sub-committees:

- Finance & Performance Committee
- Quality Committee
- Audit Committee
- Workforce & Organisational Development Committee
- Remuneration Committee
- Fire, Health and Safety Welfare Committee
- Trust Management Team
- Programme Board
- Local Services Transformation Board
- Charitable Funds Committee

## The role of the Board's sub-committees

### Finance & Performance Committee

The Finance and Performance Committee is responsible for providing assurance on all matters relating to finance and operational performance. This includes reviewing and monitoring the performance of the Trust, not only in respect of its financial targets, but also with regard to the requirement to operate efficiently, effectively and economically. The Committee also monitors and coordinates all strategic investment planning, reviews capital programme information, and monitors the delivery of the Trust's Quality and Cost Improvement Programme.

### Quality Committee

The Quality Committee focuses on ensuring robust structures and processes are in place for governing the quality of clinical services and ensuring services are safe. The Committee's primary role is to provide assurance on clinical quality and safety, including clinical effectiveness, patient safety and patient experience. It also supports the Trust Board in developing an integrated approach to risk, control and governance by ensuring its systems are robust, enabling the achievement of the Trust's objectives

### Audit Committee

The Audit Committee is a standing Committee of the Board. The role of the Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities, both clinical and non-clinical, to support the achievement of the Trust's objectives.

## **Workforce & Organisational Development Committee**

The Workforce & Organisational Development Committee is responsible for providing assurance that there are processes and plans in place to agree and achieve the Trust's workforce objectives. It also oversees the implementation of a recruitment and retention strategy that enables the Trust to compete successfully for recruits in occupations where there is a shortage of supply. The Committee ensures that the Trust's workforce is diverse and representative at all levels, implements a simple engagement plan, focuses on leadership and development that strengthens middle management and enhances the Trust's reputation as a place to thrive, and identifies opportunities for workforce productivity.

## **Remuneration Committee**

The Remuneration Committee is a standing sub-committee of the Board and is responsible for determining the remuneration and terms of service for the Chief Executive and other Executive Directors. The duties of the Committee also include ensuring that staff are recruited in a fair, open and transparent way, monitoring and evaluating the performance of Executive Directors and overseeing their contractual arrangements, as well as ensuring that they remain compliant with 'Fit and Proper Person' requirements.

## **Fire, Health & Safety Welfare Committee**

The Fire, Health and Safety Welfare Committee fulfils the Trust's obligations under both the Health and Safety at Work Act 1974 and more specifically, the Health and Safety (Consultation with Employees) Regulations 1996. It is responsible for coordinating and overseeing the Trust's fire, health and safety management arrangements and the effective control of all health and safety risks arising from the Trust's activities.

## **Trust Management Team**

The 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. It informs and advises the Trust's Board in setting and delivering the Trust's strategic direction and priorities. It also promotes effective two-way communication between levels of senior management in the Trust and is the formal route to support the Chief Executive in effectively discharging her duties and responsibilities as the Accountable Officer for the Trust.

## **Broadmoor Hospital Redevelopment Programme Board**

The Broadmoor Hospital Redevelopment Programme Board oversees the delivery of the Broadmoor Hospital Redevelopment Programme, and is the Trust's decision-making body dealing with the strategic, high level operational aspects of the redevelopment of the Broadmoor Hospital site

## **Local Services Transformation Board**

The Local Services Transformation Board's purpose is to oversee the delivery of key service line transformational work strands and ensure that the Trust focuses on benefits and risks. It also ensures that any such work on the part of the Trust is aligned with local commissioning intentions and the relevant strategies of the Trust's transformation partners.

## Charitable Funds Committee

The Charitable Funds Committee has been established by the Board to make and monitor arrangements for the control and management of Trust's charitable funds. Key duties of the Committee are to apply the charitable funds in accordance with the Charity's governing documents; to make decisions involving the sound investment of charitable funds in a way which both preserves their capital value and produces a return consistent with prudent investment; and to ensure the Charity's compliance with legal and regulatory requirements.

## Board and Committee attendance

Attendance of Board and sub-committee meetings by Executive and Non-Executive Board members during 2019-20 is shown below:

Name of Board or Sub-Committee	Attendance 2019-20
Trust Board	87%
Finance & Performance Committee	66%
Quality Committee *	74%
Audit Committee	67%
Workforce & Organisational Development Committee	69%
Remuneration Committee	75%
Trust Management Team	84%
Fire, Health and Safety Welfare Committee	100%
Broadmoor Hospital Redevelopment Programme Board	74%
Local Services Transformation Board **	39%
Charitable Funds Committee	86%

\* The attendance has been based on 10 meetings only in 2019/20

\*\* The attendance has based on 6 meetings only in 2019/20

## Clinical governance and risk

The Trust had structures, systems and processes in place to provide clinical governance assurance and deliver the Trust's key Quality Priorities. This included sub-committees of the board, and committees at clinical service unit, service line and team level. Clinical Governance arrangements are kept under regular review.

The Trust has robust arrangements in relation to performance reviews relating to clinical governance. For example, regular 'deep dive' presentations from service lines at monthly Quality Committees, which include key quality and clinical performance targets. In addition, comprehensive clinical governance arrangements for Ealing Community Partners (ECP), have been implemented with the relevant service line reporting regularly on its performance to the quality, finance and performance and the workforce and organisational development sub-committees. :

There are regular discussions about the latest integrated performance (IPR) report at the Trust Board. In addition the key targets and metrics included in the IPR have been included in a newly developed patient safety dashboard that is reviewed monthly at both the Trust clinical governance group and quality committee. Both the IPR and patient safety dashboard include quarterly information relating to the Commissioning for Quality and Innovation (CQUIN) framework, plus model hospital comparative targets, NHS long term plan targets and seven day follow up performance; in addition to the Trust's agreed Quality Priorities.

The Trust quality committee receives monthly reports from the trust-wide clinical governance group which collates and reviews information from the clinical governance groups in each service line. Clinical governance meetings also take place at ward and team level, following a standard agenda to ensure information is shared throughout the organisation.

The Trust has robust and transparent arrangements in place to make sure that it can discharge its specific powers and duties according to the provisions of the Mental Health Act 1983 (MHA). The application of the MHA and Mental Capacity Act (MCA) across the trust is scrutinised by the Mental Health Law Committee which meets every two months. This committee reports to the Quality Committee and the Board. There is a yearly Mental Health Law performance report and quarterly compliance reports which include analyses of trends over the previous year, and records incidents of unlawful detentions, unlawful treatment, and problems with MHA assessments. Operational Mental Health Law matters are overseen by the clinical governance group.

Clinical risks which have been identified as having significant effect on the delivery of safe care across Trust services are included in the Board Risk Register. The executive ownership rests with the Director of Nursing and Patient Experience. Individual internal current assurance and actions to remove any gaps in assurance are described.

The key areas of risk managed in this way are:

### 1. Compliance with key policies covering aspects of assessment and care management:

- Clinical risk policy
- Care programme approach policy
- Incident reporting and management policy
- Complaints policy
- Therapeutic engagement and supportive observations policy.
- Clinical supervision policy

Mitigation includes policies reviews and updated as required in line with policy governance processes. There are monthly reports on the performance covering supervision. Through to roll out of mandatory training on Clinical Risk within service lines which carry enhanced risk. Compliance is monitored through internal audits.

## 2. Effective review, analysis and learning from incidents and, where necessary, consequent changes in practice.

- A thematic review of all SIs (within LSS) over a 12-month period was undertaken by an external expert patient safety and human factors. The findings of the review were shared.

Mitigation includes policies reviews and updated as required in line with policy governance processes. There are monthly reports on the performance covering supervision. Through to roll out of mandatory training on Clinical Risk within service lines which carry enhanced risk. Compliance is monitored through internal audits.

## 3. Suicide Prevention

New Strategy developed by Suicide Prevention Workgroup which aligns with the National Suicide Prevention Strategy (NSPS) this was launched in 2018 and is reviewed through board reporting. The strategy also reflects that the trust has signed up to be a part of the Zero Suicide Alliance (ZSA).

## 4. Assessment of ligature anchor points to address ligature anchor points and inform work form 2019/20. This links to the current Trust capital programme.

Mitigation is through the annual ligature anchor point assessment (including lines of sight) has taken place since 2018. Workplace inspections including specific ligature risk floor plan and management arrangements summary produced for all wards. Training on ligature risk awareness is included in the Trust defibrillator / basic life support course that all new staff receive, on induction and through annual refresher training. The Trust capital programmes prioritise high risk ligature anchor points identified through monitoring assessments.

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

## Workforce planning

The Trust complies with the Developing Workforce Safeguards recommendations by ensuring that we have a robust approach to workforce planning. Our ESR, e-roster system and financial systems are used to give a baseline for workforce planning. This is then adjusted in accordance with evidence based forecasting of activity levels, service changes, service developments and contract commissioning

With regards to giving assurance in relation to safe staffing, the acuity process is done manually by collecting data from each individual service to ensure safe staffing adheres to the levels that have been set. It is signed off by the nursing director or medical director.

The governance structure at the Trust has been designed to ensure the key work-streams feed into the workforce committee, which in turn provides assurance to the Trust Board.

The Care Quality Commission (CQC) carried out inspections of services across the Trust in January 2020. Overall the Trust maintained its current rating of 'Good', with the Trust rated 'Outstanding' for being Caring, and 'Good' for being Responsive, Well-led and Effective. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has designed its structure and working practice in line with NHS Improvement's well-led framework published at <https://improvement.nhs.uk/resources/well-led-framework/>

## Register of interests

A register of relevant and material Board member interests is maintained and published on the Trust's website. Board and Committee meeting agendas routinely include an opportunity for members to declare any interests in agenda items. Any such interests are recorded in the minutes of the meeting as well as in a separate register maintained by the Trust Secretary. There have been no occasions during the year where a member has had to withdraw from the discussion or decision taken at any Board or Committee meeting.

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

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

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

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

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

The Trust recognises the importance of accurate data as a fundamental requirement for the effective, safe treatment of its service users and for the efficient operation of its business. Frequent reporting to relevant meetings and committee outlines performance in relation to explicit quality expectations and provides assurance of adherence to internal and external data quality metrics. The use of benchmark data; nationally sourced and verified data quality metrics within internal assurance processes and quality reporting systems strengthens local assurance of nationally acceptable levels of data quality.

The trust has dedicated Data Quality Leads and Informatics staff that regularly investigate and quality assures performance and waiting time data. This is supported by operational business intelligence reporting tools that all staff can access with the ability to drill down to team and client level where appropriate. Performance management meetings are held for each service line including 'deep dive' reviews by the Executive team. Regular internal and external audits provide additional assurance of the quality and accuracy of data to the board.

## Information Governance

Information Governance (IG) incidents are graded using the NHS Digital Breach Assessment Grid which is in line with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018).

Incidents are graded according to their impact on the individual or groups of individuals affected, with 1 being the least serious and 25 the most serious. Incidents graded a 6 or above are reportable to the Information Commissioner's Office (ICO) via the Data Security and Protection Toolkit Incident Reporting Tool.

During the financial year 2019-20, a total of 5 incidents were reported to the ICO. Upon their review, these incidents were determined as warranting no further action and were managed and resolved locally.

## IG Work Programme

The Trust was visited by the ICO in December 2018 to audit compliance with data protection legislation and highlight any areas of risk. The ICO intends to perform a review in March 2020 of the Trust's progress on the 95 recommendations which they provided following the audit. Additionally, the organisation is intending to achieve compliance with the standards set out in the NHS Digital Data Security and Protection Toolkit due at the end of March 2020. The key areas where work is being delivered includes:

- Accountability and transparency – updating all IG-related policies and transparency information and rolling out the wider adoption of Data Protection Impact Assessments.
- Assets, systems and data flow – reviewing existing asset registers and data flow maps and updating them accordingly.
- Audit and compliance – developing an approach to auditing suppliers of the Trust and performing data protection compliance checks within services.
- Business continuity and risk management – conducting a business continuity exercise to understand how the Trust would respond to cyber security incidents.
- Contracts and data processing agreements – reviewing all third party contracts to assess their compliance with the GDPR.
- Data quality and records management – developing a robust records management function within the organisation with associated processes and policies.
- Data security and organisational controls – meeting the specific tasks required from the Trust which are outlined in the Data Security and Protection Toolkit.
- Incidents and complaints – establishing a comprehensive breach reporting system for managing IG-related incidents.
- Subject Access Requests – standardising the processing for completing subject access requests within a timely manner.
- Training – ensuring the Trust achieves 95% compliance with IG training.

## 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.

Following reviews by the Trust Clinical Governance Group and Quality Committee, the Board discussed the Trust's Annual Quality Account for 2018-19 in June 2019 and received assurance that this presented a balanced view and that there were appropriate controls in place to ensure the accuracy of data.

## 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 West London 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 Trust Board, the Audit Committee 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 2019/20**

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.

The internal auditors have undertaken several reviews and have provided a substantial or reasonable assurance opinion with no significant internal control issues.

#### **Substantial assurance**

- Models of care – CAMHS Local services transformation Board
- Financial feeder systems

#### **Reasonable assurance**

- Clinical Risk Assessment (inpatients)
- Safeguarding Adults and Children
- Procurement and Contract Management
- Payment to staff
- Risk management and Board Assurance Framework

The Trust's internal auditors have also issued the following partial assurance reports in the following five areas:

- Physical Healthcare – Service user under the Early Intervention in Psychosis Service
- Community Services Recovery Team Physical Healthcare Assessment
- West London Business Intelligence (WLBI) system & Seclusions Data Quality and Performance Management
- Health roster and Agency Payments
- Clinical Risk Assessments (Outpatients)

- 2. Executive Directors within 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 no regulatory notices.**
- 5. The Trust has had regular 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.**

6. The Trust is licensed, against Department of Health and Social Care 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 Organisational Development Committee;
- Trust Management Team; and
- Financial oversight and leadership group.

## Conclusion

There have been no significant internal control issues identified in the Trust during 2019-20 and we have made real and sustainable improvements to our governance arrangements, although we recognise that this remains work in progress.

The Board will continue to review progress and ensure that a process of continuous improvement is in place in the Trust in 2019-20, including:

- continued robust financial management and a focus on cost improvement plans, including continued focus on reducing our expenditure on agency staff; and
- implementation of 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 NHS Trust for the year ended 31 March 2020 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.



Carolyn Regan  
Chief Executive  
Date: 10 June 2020

## Independent Auditor's Report to the Board of Directors of West London

### Report on the audit of the Financial Statements

#### Opinion

We have audited the financial statements of West London NHS Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 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 2020 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

#### Basis for opinion

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

#### Going concern

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

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

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

#### Other information in the Annual Report

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

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

### Annual Governance Statement

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

### Remuneration and Staff Report

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

### Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page Dir Statement 2, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page Dir Statement 1 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

### Auditor's responsibilities

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

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

### Report on other Legal and Regulatory Matters

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

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

#### **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 Dir Statement 1, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

### Statutory reporting matters

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

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

We have nothing to report in these respects.

### The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Board of Directors of West London 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 NHS Trust for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Richard Hewes for and on behalf of  
KPMG LLP, Chartered Accountants, London  
23 June 2020

## Foreword to the accounts

### West London NHS Trust

These accounts, for the year ended 31 March 2020, have been prepared by West London NHS Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

A handwritten signature in blue ink, appearing to read 'Carolyn Regan', with a horizontal line drawn underneath the name.

Name: Carolyn Regan  
Job title: Chief Executive  
Date: 10 June 2020

## Statement of Comprehensive Income

		2019/20	2018/19
	Note	£000	£000
Operating income from patient care activities	3.1	301,850	253,909
Other operating income	4	13,123	15,639
Operating expenses	6.1	(434,302)	(239,369)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>(119,329)</b>	<b>30,179</b>
Finance income	11	314	350
Finance expenses	12	(2,372)	(2,492)
PDC dividends payable		(15,816)	(17,289)
<b>Net finance costs</b>		<b>(17,874)</b>	<b>(19,431)</b>
Other gains / (losses)	13	2,191	-
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(135,012)</b>	<b>10,748</b>
<b>Surplus / (deficit) for the year</b>		<b>(135,012)</b>	<b>10,748</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(27,228)	(1,782)
Revaluations	14.1	43,748	4,575
<b>Total comprehensive income / (expense) for the period</b>		<b>(118,492)</b>	<b>13,541</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		(135,012)	10,748
Remove net impairments not scoring to the Departmental expenditure limit		142,839	135
Remove I&E impact of capital grants and donations		26	26
Remove 2018/19 post audit PSF reallocation (2019/20 only)		(217)	-
<b>Adjusted financial performance surplus / (deficit)</b>		<b>7,636</b>	<b>10,909</b>

## Statement of Financial Position

		31 March 2020	31 March 2019
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	14.1	194	220
Property, plant and equipment	15	505,232	608,485
Receivables	18.1	33	-
<b>Total non-current assets</b>		<b>505,459</b>	<b>608,705</b>
<b>Current assets</b>			
Inventories	17	697	674
Receivables	18.1	31,003	26,896
Cash and cash equivalents	21.1	35,006	52,140
<b>Total current assets</b>		<b>66,706</b>	<b>79,710</b>
<b>Current liabilities</b>			
Trade and other payables	22.1	(30,091)	(30,585)
Borrowings	24	(3,698)	(3,704)
Provisions	26	(3,051)	(1,562)
Other liabilities	23	(7,438)	(2,762)
<b>Total current liabilities</b>		<b>(44,278)</b>	<b>(38,613)</b>
<b>Total assets less current liabilities</b>		<b>527,887</b>	<b>649,802</b>
<b>Non-current liabilities</b>			
Borrowings	24	(74,664)	(78,240)
Provisions	26	(1,685)	(1,532)
<b>Total non-current liabilities</b>		<b>(76,349)</b>	<b>(79,772)</b>
<b>Total assets employed</b>		<b>451,538</b>	<b>570,030</b>
<b>Financed by</b>			
Public dividend capital		390,197	390,197
Revaluation reserve		206,991	190,627
Income and expenditure reserve		(145,650)	(10,794)
<b>Total taxpayers' equity</b>		<b>451,538</b>	<b>570,030</b>

The notes from p. 101 onwards form part of these accounts.



Name: Carolyn Regan  
Position: Chief Executive  
Date: 10 June 2020



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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2019 - brought forward</b>	<b>390,197</b>	<b>190,627</b>	<b>(10,794)</b>	<b>570,030</b>
Surplus/(deficit) for the year	-	-	-	(135,012)
Impairments	-	(27,228)	-	(27,228)
Revaluations	-	43,748	-	43,748
Transfer to retained earnings on disposal of assets	-	(156)	156	-
Public dividend capital received	-	-	-	-
Public dividend capital repaid	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2020</b>	<b>390,197</b>	<b>206,991</b>	<b>(145,650)</b>	<b>451,538</b>

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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2018 - brought forward</b>	<b>389,980</b>	<b>187,834</b>	<b>(21,542)</b>	<b>556,272</b>
Prior period adjustment	-	-	-	-
<b>Taxpayers' and others' equity at 1 April 2018 - restated</b>	<b>389,980</b>	<b>187,834</b>	<b>(21,542)</b>	<b>556,272</b>
Surplus/(deficit) for the year	-	-	10,748	10,748
Impairments	-	(1,782)	-	(1,782)
Revaluations	-	4,575	-	4,575
Transfer to retained earnings on disposal of assets	-	-	-	-
Public dividend capital received	217	-	-	217
Public dividend capital repaid	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2019</b>	<b>390,197</b>	<b>190,627</b>	<b>10,748</b>	<b>570,030</b>

## Information on reserves

### Public dividend capital

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

### Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

### Income and expenditure reserve

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

## Statement of Cash Flows

		2019/20	2018/19
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		(119,329)	30,179
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	14.1 & 15.1	13,803	11,573
Net impairments	7	143,045	135
(Increase) / decrease in receivables and other assets	18.1	(5,965)	(3,380)
(Increase) / decrease in inventories	17	(23)	(36)
Increase / (decrease) in payables and other liabilities	22.1 & 23	8,885	(4,385)
Increase / (decrease) in provisions	12 & 26	1,650	(306)
<b>Net cash flows from / (used in) operating activities</b>		<b>42,066</b>	<b>33,780</b>
<b>Cash flows from investing activities</b>			
Interest received	11	314	350
Purchase of intangible assets	14.1	-	(16)
Purchase of PPE and investment property	15.1	(39,803)	(25,965)
Sales of PPE and investment property	13	4,858	-
<b>Net cash flows from / (used in) investing activities</b>		<b>(34,631)</b>	<b>(25,631)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		-	217
Movement on loans from DHSC	23	(3,576)	(3,576)
Interest on loans	12	(2,374)	(2,486)
Other interest	12	(6)	-
PDC dividend (paid) / refunded		(18,613)	(16,281)
<b>Net cash flows from / (used in) financing activities</b>		<b>(24,569)</b>	<b>(22,126)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>(17,134)</b>	<b>(13,977)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>52,140</b>	<b>66,117</b>
Prior period adjustments		-	-
<b>Cash and cash equivalents at 1 April - restated</b>		<b>52,140</b>	<b>66,117</b>
<b>Cash and cash equivalents at 31 March</b>	21.1	<b>35,006</b>	<b>52,140</b>

## Statement of Cash Flows

### 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 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

##### 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.

#### 1.2 Going concern

These accounts have been prepared on a going concern basis.

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.

#### 1.3 Revenue

##### 1.3.1 Revenue from contracts with customers

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

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

### 1.3.2 Revenue from NHS contracts

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

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

### 1.3.3 Other forms of income

#### Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

#### Apprenticeship service income

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

## 1.4 Expenditure on employee benefits

### Short-term employee benefits

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

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

## 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 where:

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

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

### Subsequent expenditure

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

### 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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there

are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 (‘Red Book’), the valuer has declared a ‘material valuation uncertainty’ in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The valuer has stated in their valuation report “As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement.”

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

For specialised assets, current value in existing use is interpreted as the present value of the asset’s remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

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

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

## Depreciation

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

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

## Revaluation gains and losses

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

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

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

## Impairments

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

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

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

### 1.6.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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

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

### 1.6.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at current value in existing use. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

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



### 1.6.5 Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	5	90
Dwellings	5	35
Plant & machinery	1	20
Transport equipment	1	10
Information technology	1	5
Furniture & fittings	1	35

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

## 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.

#### Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### Software

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

### 1.7.2 Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale. Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

## Amortisation

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

### 1.7.3 Useful lives of intangible assets

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

	Min life Years	Max life Years
Internally generated information technology	1	7
Software licences	1	6

## 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.

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

## 1.10 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO<sub>2</sub> emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO<sub>2</sub> it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO<sub>2</sub> emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO<sub>2</sub> 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 assets and financial liabilities

### 1.11.1 Recognition

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

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

### 1.11.2 Classification and measurement

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

Financial assets 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.

### 1.11.3 Derecognition

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

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

### 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

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

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

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

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

## 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 a lessee

#### Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

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

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

## Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

## Leases of land and buildings

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

### 1.12.2 The trust as a lessor

## Finance leases

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

## Operating leases

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

### 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 HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

		Inflation rate
	Year 1	2.00%
	Year 2	2.00%
	Into perpetuity	2.10%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

## Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 26.

## 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

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

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated and grant funded assets,
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable

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

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

### 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.

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 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 £586k, this represented an in year decrease in the net assets after all expenditure of £67k.

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 early adopted in 2019/20.

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

#### IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.



IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

## 1.22 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 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 26) 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.

### 1.22.1 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.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 15.1.

## 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 NHS trust has two reportable segments in line with its Clinical Service Unit (CSU) structure; Forensic & High secure 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	2019-20			2018-19		
	£000			£000		
	Income	Expenditure	Surplus / (Deficit)	Income	Expenditure	Surplus / (Deficit)
Specialist & Local Services CSU	167,257	(136,888)	30,369	129,272	(103,799)	25,473
Forensic CSU	128,416	(82,353)	46,063	124,043	(79,100)	44,943
<b>Total of reportable segments</b>	<b>295,673</b>	<b>(219,241)</b>	<b>76,432</b>	<b>253,315</b>	<b>(182,899)</b>	<b>70,416</b>
Corporate (see note below)	21,588	(60,765)	(39,177)	16,583	(47,229)	(30,646)
Impairments, capital grants and post audit PSF allocation	217	(142,865)	(142,648)		(161)	(161)
Interest, dividend, depreciation		(29,619)	(29,619)		(28,861)	(28,861)
<b>Surplus / (deficit) for the year</b>	<b>317,478</b>	<b>(452,490)</b>	<b>(135,012)</b>	<b>269,898</b>	<b>(259,150)</b>	<b>10,748</b>
Remove: Impairments, capital grants and post audit PSF allocation	(217)	142,865	142,648		161	161
<b>Adjusted financial performance surplus / (deficit)</b>	<b>317,261</b>	<b>(309,625)</b>	<b>7,636</b>	<b>269,898</b>	<b>(258,989)</b>	<b>10,909</b>

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. The figures presented in the segmental shows the surplus including the impact of impairments. 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 and community 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. From 1st July the trust provided the Ealing Community Partnership service

Forensic & High Secure 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 (89%) is received from Clinical Commissioning Groups (CCGs) and NHS England. Local service income is received through CCGs including Ealing (25%), Hammersmith & Fulham (9%) and Hounslow (9%) through service agreements.

### 3. Operating income from patient care activities

#### 3.1 Income from patient care activities (by nature)

2019/20  
£000

2018/19  
£000

##### Mental health services

Block contract income	241,448	235,039
Clinical partnerships providing mandatory services (including S75 agreements)	4,596	4,160
Clinical income for the secondary commissioning of mandatory services	7,508	3,363
Other clinical income from mandatory services	93	500

##### Community services

Community services income from CCGs and NHS England	40,169	8,086
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##### All services

Agenda for Change pay award central funding*	-	2,761
Additional pension contribution central funding**	8,036	-

##### Total income from activities

301,850

253,909

\*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

### 3.2 Income from patient care activities (by source)

	2019/20	2018/19
	£000	£000
<b>Income from patient care activities received from:</b>		
NHS England	137,267	125,647
Clinical commissioning groups	152,386	117,478
Department of Health and Social Care	-	2,761
Other NHS providers	7,070	3,135
NHS other	439	228
Local authorities	4,596	4,160
Non NHS: other	92	500
<b>Total income from activities</b>	<b>301,850</b>	<b>253,909</b>
<b>Of which:</b>		
Related to continuing operations	301,850	253,909

### 4 Other operating income

	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	323	-	323	414	-	414
Education and training	6,384	404	6,788	5,934	-	5,934
Non-patient care services to other bodies	-	-	-	-	-	-
Provider sustainability fund (PSF)	2,335	-	2,335	6,565	-	6,565
Rental revenue from operating leases	-	770	770	-	758	758
Other income	2,907	-	2,907	1,968	-	1,968
<b>Total other operating income</b>	<b>11,949</b>	<b>1,174</b>	<b>13,123</b>	<b>14,881</b>	<b>758</b>	<b>15,639</b>
<b>Of which:</b>						
Related to continuing operations			13,123			15,639

Other income includes shop and catering income, student nurse funding and accommodation.

### 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,762	2,084

## 6.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	6,645	181
Purchase of healthcare from non-NHS and non-DHSC bodies	345	434
Staff and executive directors costs	217,859	186,374
Remuneration of non-executive directors	97	81
Supplies and services - clinical (excluding drugs costs)	1,592	1,873
Supplies and services - general	15,667	7,453
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,439	3,092
Consultancy costs	1,691	337
Establishment	6,249	4,215
Premises	7,315	7,326
Transport (including patient travel)	1,312	1,203
Depreciation on property, plant and equipment	13,730	11,509
Amortisation on intangible assets	73	64
Net impairments	143,045	135
Movement in credit loss allowance: contract receivables / contract assets	476	627
Movement in credit loss allowance: all other receivables and investments	12	36
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	339	(211)
Audit fees payable to the external auditor		
audit services- statutory audit	90	64
other auditor remuneration (external auditor only)	6	16
Internal audit costs	74	68
Clinical negligence	1,107	1,193
Legal fees	572	374
Insurance	341	368
Research and development	609	615
Education and training	1,853	1,749
Rentals under operating leases	5,479	2,779
Redundancy	30	271
Hospitality	59	77
Other	4,196	7,066
<b>Total</b>	<b>434,302</b>	<b>239,369</b>
<b>Of which:</b>		
Related to continuing operations	434,302	239,369

## 6.2 Other auditor remuneration

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
2. Audit-related assurance services	6	16
<b>Total</b>	<b>6</b>	<b>16</b>

### 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5m (2018/19: £5m).

## 7 Impairment of assets

	2019/20 £000	2018/19 £000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Loss or damage from normal operations	206	-
Changes in market price	142,839	135
Total net impairments charged to operating surplus / deficit	<b>143,045</b>	<b>135</b>
Impairments charged to the revaluation reserve	27,228	1,782
<b>Total net impairments</b>	<b>170,273</b>	<b>1,917</b>

During the year the Trust recognised a downward movement of £177m. £150m recognised as impairments and £27m charged to the revaluation reserve. The £150m recognised as impairments under changes in market price is offset by £7.4m reversal of impairments recognised in previous years. The impairments relate to £19m non operational high secure services, £123m new operational high secure services and £8m St Bernards and community sites.

## 8 Employee benefits

	2019/20 £000	2018/19 £000
Salaries and wages*	162,366	145,012
Social security costs	16,751	15,237
Apprenticeship levy	770	693
Employer's contributions to NHS pensions**	26,475	16,681
Termination benefits	30	-
Temporary staff (including agency)	15,472	13,243
<b>Total gross staff costs</b>	<b>221,864</b>	<b>190,866</b>
Recoveries in respect of seconded staff	(310)	(371)
<b>Total staff costs</b>	<b>221,554</b>	<b>190,495</b>
<b>Of which</b>		
Costs capitalised as part of assets	3,056	3,235

\* Salaries and wages have increased by £17.3m compared to 2018/19 in relation to the new Ealing Community Partners contract which commenced on 1 July 2019.

\*\* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

### 8.1 Retirements due to ill-health

During 2019/20 there were 3 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £238k (£76k in 2018/19).

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

## 9 Pension costs

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

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



### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

### **b) Full actuarial (funding) valuation**

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

### **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 West London NHS Trust employees. Details of the benefits payable under these provisions can be found on the NEST website at [www.nestpensions.org.uk](http://www.nestpensions.org.uk).

## 10 Operating leases

### 10.1 West London NHS Trust as a lessor

This note discloses income generated in operating lease agreements where West London 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, Avenue House, Fulham Palace Road and Cherrington House as well as telecommunications at Broadmoor let to mobile phone companies.

	2019/20 £000	2018/19 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	770	758
<b>Total</b>	<b>770</b>	<b>758</b>
	2019/20 £000	2018/19 £000
<b>Future minimum lease receipts due:</b>		
- not later than one year;	770	758
- later than one year and not later than five years;	3,079	3,032
- later than five years.	-	-
<b>Total</b>	<b>3,849</b>	<b>3,790</b>

## 10.2 West London NHS Trust as a lessee

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

	2019/20 £000	2018/19 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	5,479	2,779
<b>Total</b>	<b>5,479</b>	<b>2,779</b>
	<b>2019/20 £000</b>	<b>2018/19 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year;	5,479	2,866
- later than one year and not later than five years;	20,998	8,381
- later than five years.	21,231	9,809
<b>Total</b>	<b>47,708</b>	<b>21,056</b>

## 11 Finance income

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

	2019/20 £000	2018/19 £000
Interest on bank accounts	314	350
<b>Total finance income</b>	<b>314</b>	<b>350</b>

## 12 Finance expenditure

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

	2019/20 £000	2018/19 £000
Interest expense:		
Loans from the Department of Health and Social Care	2,374	2,486
Interest on late payment of commercial debt	6	-
Total interest expense	<b>2,380</b>	<b>2,486</b>
Unwinding of discount on provisions	(8)	6
Total finance costs	<b>2,372</b>	<b>2,492</b>

### 13 Other gains / (losses)

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

	2019/20 £000	2018/19 £000
Gains on disposal of assets	2,191	-
Losses on disposal of assets	-	-
<b>Total gains / (losses) on disposal of assets</b>	<b>2,191</b>	<b>-</b>
Other gains / (losses)	-	-
<b>Total other gains / (losses)</b>	<b>2,191</b>	<b>-</b>

Disposal gains of £2,191k relate to overage disposal proceeds from a prior year sale of land at St Bernards site. Further cash proceeds of £2,667k were received in relation to sale of Cricket Field Grove, income was recognised at point of sale in 2017/18 although payment was made 18 months later in 2019/20 as part of the sale agreement.

### 14.1 Intangible assets - 2019-20

	Software licences £000	Internally generated information technology £000	Total £000
<b>Valuation / gross cost at 1 April 2019 - brought forward</b>	<b>186</b>	<b>213</b>	<b>399</b>
Additions	-	-	-
Reclassifications	-	47	47
<b>Valuation / gross cost at 31 March 2020</b>	<b>186</b>	<b>260</b>	<b>446</b>
<b>Amortisation at 1 April 2019 - brought forward</b>	<b>141</b>	<b>38</b>	<b>179</b>
Provided during the year	24	49	73
<b>Amortisation at 31 March 2020</b>	<b>165</b>	<b>87</b>	<b>252</b>
<b>Net book value at 31 March 2020</b>	<b>21</b>	<b>173</b>	<b>194</b>
<b>Net book value at 1 April 2019</b>	<b>45</b>	<b>175</b>	<b>220</b>

Computer maintenance management and security software systems capitalised as part of high secure redevelopment.

## 14.2 Intangible assets - 2018-19

	Software licences £000	Internally generated information technology £000	Total £000
<b>Valuation / gross cost at 1 April 2018 - as previously stated</b>	<b>186</b>	<b>197</b>	<b>383</b>
Additions	-	16	<b>16</b>
Reclassifications	-	-	-
<b>Valuation / gross cost at 31 March 2019</b>	<b>186</b>	<b>213</b>	<b>399</b>
<b>Amortisation at 1 April 2018 - as previously stated</b>	<b>115</b>	<b>-</b>	<b>115</b>
Provided during the year	26	38	<b>64</b>
<b>Amortisation at 31 March 2019</b>	<b>141</b>	<b>38</b>	<b>179</b>
<b>Net book value at 31 March 2019</b>	<b>45</b>	<b>175</b>	<b>220</b>
<b>Net book value at 1 April 2018</b>	<b>71</b>	<b>197</b>	<b>268</b>

Computer maintenance management and security software systems capitalised as part of high secure redevelopment.

## 15.1 Property, plant and equipment - 2019-20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2019 - brought forward</b>	<b>96,789</b>	<b>258,438</b>	<b>1,665</b>	<b>241,140</b>	<b>4,382</b>	<b>352</b>	<b>2,156</b>	<b>3,563</b>	<b>608,485</b>
Additions	-	32,832	114	1,277	693	-	1,911	222	<b>37,049</b>
Impairments	(35)	(27,109)	(84)	-	-	-	-	-	<b>(27,228)</b>
Reversals of impairments	762	(7,578)	-	-	-	-	-	-	<b>(6,816)</b>
Revaluations	1,277	(105,096)	29	-	(554)	(55)	(968)	(844)	<b>(106,211)</b>
Reclassifications	-	232,896	-	(237,570)	637	84	2,544	1,362	<b>(47)</b>
<b>Valuation/gross cost at 31 March 2020</b>	<b>98,793</b>	<b>384,383</b>	<b>1,724</b>	<b>4,847</b>	<b>5,158</b>	<b>381</b>	<b>5,643</b>	<b>4,303</b>	<b>505,232</b>
<b>Accumulated depreciation at 1 April 2019 - brought forward</b>	-	-	-	-	-	-	-	-	-
Provided during the year	-	11,234	75	-	554	55	968	844	<b>13,730</b>
Impairments	-	150,461	-	-	-	-	-	-	<b>150,461</b>
Reversals of impairments	-	(14,232)	-	-	-	-	-	-	<b>(14,232)</b>
Revaluations	-	(147,463)	(75)	-	(554)	(55)	(968)	(844)	<b>(149,959)</b>
<b>Accumulated depreciation at 31 March 2020</b>	-	-	-	-	-	-	-	-	-
<b>Net book value at 31 March 2020</b>	<b>98,793</b>	<b>384,383</b>	<b>1,724</b>	<b>4,847</b>	<b>5,158</b>	<b>381</b>	<b>5,643</b>	<b>4,303</b>	<b>505,232</b>
<b>Net book value at 1 April 2019</b>	<b>96,789</b>	<b>258,438</b>	<b>1,665</b>	<b>241,140</b>	<b>4,382</b>	<b>352</b>	<b>2,156</b>	<b>3,563</b>	<b>608,485</b>

### Note 15.1.1

A desktop revaluation exercise was performed by the District Valuer as at 31 March 2020. The new completed buildings at Broadmoor Hospital were inspected on the 24th September 2019.

As a result of property market price rises, the value of land rose by £1.2m, buildings rose by £15.2m, while dwellings rose by £19k.

The majority of our buildings are specialised and therefore valued on a modern equivalent asset basis. A small number of buildings are valued at market value in existing use.

### Note 15.1.2

During the year the Trust recognised a downward movement of £177m. £150m recognised as impairments and £27m charged to the revaluation reserve. The £150m recognised as impairments under changes in market price is offset by £7.4m reversal of impairments recognised in previous years. The impairments relate to £19m non operational high secure services, £123m new operational high secure services and £8m St Bernard's and community sites.

## 15.2 Property, plant and equipment - 2018-19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2018 - as previously stated</b>	<b>95,284</b>	<b>261,265</b>	<b>1,450</b>	<b>218,707</b>	<b>4,243</b>	<b>204</b>	<b>2,150</b>	<b>4,061</b>	<b>587,364</b>
Additions	-	4,766	-	23,534	570	182	696	224	<b>29,972</b>
Impairments	(17)	(1,765)	-	-	-	-	-	-	<b>(1,782)</b>
Reversals of impairments	1,191	7	-	-	-	-	-	-	<b>1,198</b>
Revaluations	-	(6,121)	(2)	-	(505)	(34)	(710)	(895)	<b>(8,267)</b>
Reclassifications	331	286	217	(1,101)	74	-	20	-173	-
<b>Valuation/gross cost at 31 March 2019</b>	<b>96,789</b>	<b>258,438</b>	<b>1,665</b>	<b>241,140</b>	<b>4,382</b>	<b>352</b>	<b>2,156</b>	<b>3,563</b>	<b>608,485</b>
<b>Accumulated depreciation at 1 April 2018 - as previously stated</b>	-	-	-	-	-	-	-	-	-
Provided during the year	-	9,297	68	-	505	34	710	895	<b>11,509</b>
Impairments	-	1,758	-	-	-	-	-	-	<b>1,758</b>
Reversals of impairments	-	(425)	-	-	-	-	-	-	<b>(425)</b>
Revaluations	-	(10,630)	(68)	-	(505)	(34)	(710)	(895)	<b>(12,842)</b>
<b>Accumulated depreciation at 31 March 2019</b>	-	-	-	-	-	-	-	-	-
<b>Net book value at 31 March 2019</b>	<b>96,789</b>	<b>258,438</b>	<b>1,665</b>	<b>241,140</b>	<b>4,382</b>	<b>352</b>	<b>2,156</b>	<b>3,563</b>	<b>608,485</b>
<b>Net book value at 1 April 2018</b>	<b>95,284</b>	<b>261,265</b>	<b>1,450</b>	<b>218,707</b>	<b>4,243</b>	<b>204</b>	<b>2,150</b>	<b>4,061</b>	<b>587,364</b>

### 15.3 Property, plant and equipment financing - 2019-20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2020</b>									
Owned - purchased	98,793	383,884	1,724	4,847	5,158	381	5,643	4,303	<b>504,733</b>
Owned - government granted	-	-	-	-	-	-	-	-	-
Owned - donated	-	499	-	-	-	-	-	-	<b>499</b>
<b>NBV total at 31 March 2020</b>	<b>98,793</b>	<b>384,383</b>	<b>1,724</b>	<b>4,847</b>	<b>5,158</b>	<b>381</b>	<b>5,643</b>	<b>4,303</b>	<b>505,232</b>

### 15.4 Property, plant and equipment financing - 2018-19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2019</b>									
Owned - purchased	96,789	258,008	1,665	241,140	4,382	352	2,156	3,563	<b>608,055</b>
Owned - government granted	-	-	-	-	-	-	-	-	-
Owned - donated	-	430	-	-	-	-	-	-	<b>430</b>
<b>NBV total at 31 March 2019</b>	<b>96,789</b>	<b>258,438</b>	<b>1,665</b>	<b>241,140</b>	<b>4,382</b>	<b>352</b>	<b>2,156</b>	<b>3,563</b>	<b>608,485</b>



## 16 Revaluations of property, plant and equipment

### 16.1

There are no assets held for sale as at 31 March 2020.

Most of our assets are specialised assets thus valued using modern equivalent asset methodology. A smaller number are valued at market value in existing use.

### 16.2

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 - 5 to 90 years
- Dwellings - 5 to 35 years
- Plant and Machinery - 1 to 20 years
- Transport Equipment - 1 to 10 years
- Information Technology - 1 to 5 years
- Furniture and Fittings - 1 to 35 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 hold under lease agreements have been subject to capital improvements.

## 17 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	235	212
Consumables	70	70
Energy	33	33
Other	359	359
<b>Total inventories</b>	<b>697</b>	<b>674</b>
of which:		

## 18.1 Receivables

	31 March 2020	31 March 2019
	£000	£000
<b>Current</b>		
Contract receivables	27,783	21,897
Allowance for impaired contract receivables / assets	(1,657)	(1,323)
Allowance for other impaired receivables	(73)	(61)
Prepayments (non-PFI)	1,369	1,421
PDC dividend receivable	842	-
VAT receivable	1,644	1,430
Other receivables	1,095	865
<b>Total current receivables</b>	<b>31,003</b>	<b>24,229</b>
<b>Non-current</b>		
Capital receivables	-	2,667
Clinician pension tax provision reimbursement funding from NHSE	33	-
<b>Total non-current receivables</b>	<b>33</b>	<b>2,667</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	22,207	17,321
Non-current	-	-

## 18.2 Allowances for credit losses

	2019/20	
	Contract receivables and contract assets	All other receivables
	£000	£000
<b>Allowances as at 1 April - brought forward</b>	<b>1,323</b>	<b>61</b>
New allowances arising	-	-
Changes in existing allowances	1,657	73
Reversals of allowances	(1,181)	(61)
Utilisation of allowances (write offs)	(142)	-
<b>Allowances as at 31 Mar 2020</b>	<b>1,657</b>	<b>73</b>

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

## 19 Exposure to credit risk

	31 March 2020	31 March 2019
	Trade and other receivables	Trade and other receivables
	£000	£000
<b>Ageing of impaired financial assets</b>		
0 - 30 days	20	265
30-60 Days	622	-
60-90 days	14	2
90- 180 days	23	151
Over 180 days	1051	966
<b>Total</b>	<b>1,730</b>	<b>1,384</b>

## 20 Non-current assets held for sale and assets in disposal groups

	2019/20	2018/19
	£000	£000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	<b>-</b>	<b>-</b>
Assets classified as available for sale in the year	-	-
Assets sold in year	-	-
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	<b>-</b>	<b>-</b>

## 21.1 Cash and cash equivalents movements

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

	2019/20	2018/19
	£000	£000
<b>At 1 April</b>	<b>52,140</b>	<b>66,117</b>
Net change in year	(17,134)	(13,977)
<b>At 31 March</b>	<b>35,006</b>	<b>52,140</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	51	67
Cash with the Government Banking Service	34,955	52,073
<b>Total cash and cash equivalents as in SoFP</b>	<b>35,006</b>	<b>52,140</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>35,006</b>	<b>52,140</b>

## 21.2 Third party assets held by the trust

West London NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	1,041	1,062
<b>Total third party assets</b>	<b>1,041</b>	<b>1,062</b>

## 22.3 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
<b>Current</b>		
Trade payables	12,887	8,464
Capital payables	3,193	5,941
Accruals	9,162	9,787
Social security costs	2,006	1,257
Other taxes payable	2,543	2,935
PDC dividend payable	-	1,955
Other payables	300	246
<b>Total current trade and other payables</b>	<b>30,091</b>	<b>30,585</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	6,499	7,729
Non-current	-	-

Movement in payables in the Statement of Cash Flows that references note 21.1 and 22.1 excludes movements in capital payables (£2,748k) and PDC dividend payable (£1,955k)

Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 22.1. IFRS 9 is applied without restatement therefore comparatives have not been restated.

## 23 Other liabilities

	31 March 2020	31 March 2019
	£000	£000
Current		
Deferred income: contract liabilities	7,438	2,762
<b>Total other current liabilities</b>	<b>7,438</b>	<b>2,762</b>

## 24 Borrowings

	31 March 2020	31 March 2019
	£000	£000
Current		
Loans from DHSC	3,698	3,704
<b>Total current borrowings</b>	<b>3,698</b>	<b>3,704</b>
<b>Non-current</b>		
Loans from DHSC	74,664	78,240
<b>Total non-current borrowings</b>	<b>74,664</b>	<b>78,240</b>

## 25.1 Reconciliation of liabilities arising from financing activities - 2019-20

	Loans from DHSC	Total
	£000	£000
<b>Carrying value at 1 April 2019</b>	<b>81,944</b>	<b>81,944</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(3,576)	(3,576)
Financing cash flows - payments of interest	(2,374)	(2,374)
<b>Non-cash movements:</b>		
Application of effective interest rate	2,368	2,368
<b>Carrying value at 31 March 2020</b>	<b>78,362</b>	<b>78,362</b>

## 25.2 Reconciliation of liabilities arising from financing activities - 2018-19

	Loans from DHSC	Total
	£000	£000
<b>Carrying value at 1 April 2018</b>	<b>85,392</b>	<b>85,392</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(3,576)	(3,576)
Financing cash flows - payments of interest	(2,486)	(2,486)
<b>Non-cash movements:</b>		
Impact of implementing IFRS 9 on 1 April 2018	126	126
Application of effective interest rate	2,488	2,488
<b>Carrying value at 31 March 2019</b>	<b>81,944</b>	<b>81,944</b>

## 26 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
<b>At 1 April 2019</b>	<b>1,464</b>	<b>259</b>	<b>458</b>	<b>913</b>	<b>3,094</b>
Change in the discount rate	311	28	-	-	339
Arising during the year	-	-	383	1,682	2,065
Utilised during the year	(166)	(36)	(132)	(216)	(550)
Reversed unused	-	-	(177)	(27)	(204)
Unwinding of discount	(7)	(1)	-	-	(8)
<b>At 31 March 2020</b>	<b>1,602</b>	<b>250</b>	<b>532</b>	<b>2,352</b>	<b>4,736</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	140	60	532	2,319	3,051
- later than one year and not later than five years;	560	190	-	-	750
- later than five years.	902	-	-	33	935
<b>Total</b>	<b>1,602</b>	<b>250</b>	<b>532</b>	<b>2,352</b>	<b>4,736</b>

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

	£000s
<b>As at 31 March 2020</b>	9,956
<b>As at 31 March 2019</b>	10,074

### 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.

### Pension Injury Benefits

Relates to potential future liabilities in respect of injury benefits.

### 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 2020. In addition to this provision, contingent liabilities for legal cases totalling £102k (31 March 2019 £119k) are included in note 27. This details the maximum estimated liability not already provided in the note above.

### Redundancy

There were no redundancies in 2019-20

### Other

Other provisions relate to the estimated liability to be paid in relation to the Working Time Directive (WTD) overtime and Microsoft Office Licences.

## 27 Contingent assets and liabilities

Value of contingent liabilities
NHS Resolution legal claims
Gross value of contingent liabilities

31 March 2020	31 March 2019
£000	£000
(102)	(119)
(102)	(119)

## 28 Contractual capital commitments

Property, plant and equipment
<b>Total</b>

31 March 2020	31 March 2019
£000	£000
9,177	13,592
<b>9,177</b>	<b>13,592</b>

## 29.1 Carrying values of financial assets

### Carrying values of financial assets as at 31 March 2020

Trade and other receivables excluding non financial assets
Cash and cash equivalents
<b>Total at 31 March 2020</b>

Held at amortised cost	Total
£000	book value
£000	£000
26,053	26,053
35,006	35,006
<b>61,059</b>	<b>61,059</b>

### Carrying values of financial assets as at 31 March 2019

Trade and other receivables excluding non financial assets
Cash and cash equivalents
<b>Total at 31 March 2019</b>

Held at amortised cost	Total
£000	book value
£000	£000
23,180	23,180
52,140	52,140
<b>75,320</b>	<b>75,320</b>

## 29.2 Carrying values of financial liabilities

### Carrying values of financial liabilities as at 31 March 2020

Loans from the Department of Health and Social Care
Trade and other payables excluding non financial liabilities
<b>Total at 31 March 2020</b>

Held at amortised cost	Total
£000	book value
£000	£000
78,362	78,362
22,706	22,706
<b>101,068</b>	<b>101,068</b>

### Carrying values of financial liabilities as at 31 March 2019

Loans from the Department of Health and Social Care
Trade and other payables excluding non financial liabilities
<b>Total at 31 March 2019</b>

Held at amortised cost	Total
£000	book value
£000	£000
81,944	81,944
24,192	24,192
<b>106,136</b>	<b>106,136</b>

## 29.3 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	26,404	27,896
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	60,360	63,936
<b>Total</b>	<b>101,068</b>	<b>106,136</b>

## 30 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
<b>Losses</b>				
Bad debts and claims abandoned	-	-	12	185
<b>Total losses</b>	<b>-</b>	<b>-</b>	<b>12</b>	<b>185</b>
<b>Special payments</b>				
Ex-gratia payments	58	10	101	18
<b>Total special payments</b>	<b>58</b>	<b>10</b>	<b>101</b>	<b>18</b>
<b>Total losses and special payments</b>	<b>58</b>	<b>10</b>	<b>113</b>	<b>203</b>
Compensation payments received		-		-

## 31 Related parties

During the year none of the Department of Health Ministers, trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with West London NHS Trust.

The following board members were identified as being key management personnel for the following related parties during the 2019-20 financial year:

	Income	Expenditure	Receivables	Payables
	£000s	£000s	£000s	£000s
Hassaan Majid - EDF UK Renewables / EDF Energy	-	1,341	-	-
Wendy Brewer - Capsticks Solicitors LLP	-	245	-	-
Paul Stefanoski / Carolyn Regan - Imperial College Health Partners	-	114	-	-
Paul Aylin - Imperial College London	2	56	2	-
Paul Sahota - University of West London	9	47	9	17
Paul Sahota - Frimley Health NHS Foundation Trust	-	2	-	5



The Department of Health and Social Care is regarded as a related party. During the year West London 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;

**Department of Health and Social Care**

**NHS England**

**Ealing CCG**

**Hounslow CCG**

**Health Education England**

**Barnet, Enfield and Haringey Mental Health NHS Trust**

**Central and North West London Foundation Trust**

**NHS Resolution**

**London North West University Healthcare NHS Trust**

**West London CCG**

**Imperial College Healthcare NHS Trust**

**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 NHS Charitable Fund), the trustees for which are also members of the Trust board.

### 33 External financing limit

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

	2019/20	2018/19
	£000	£000
Cash flow financing	13,558	10,618
<b>External financing requirement</b>	<b>13,558</b>	<b>10,618</b>
External financing limit (EFL)	20,752	11,048
<b>Under / (over) spend against EFL</b>	<b>7,194</b>	<b>430</b>

### 34 Capital Resource Limit

	2019/20	2018/19
	£000	£000
Gross capital expenditure	37,049	29,988
Less: Disposals	-	-
<b>Charge against Capital Resource Limit</b>	<b>37,049</b>	<b>29,988</b>
Capital Resource Limit	38,225	31,465
<b>Under / (over) spend against CRL</b>	<b>1,176</b>	<b>1,477</b>

### 35 Breakeven duty financial performance

	2019/20
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	7,636
Remove impairments scoring to Departmental Expenditure Limit	206
Add back income for impact of 2018/19 post-accounts PSF reallocation	217
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>8,059</b>

## 36 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		1,167	3,970	4,881	3,834	5,668
Breakeven duty cumulative position	6,340	7,507	11,477	16,358	20,192	25,860
Operating income		251,788	253,744	244,907	233,729	231,518
<b>Cumulative breakeven position as a percentage of operating income</b>		3.0%	4.5%	6.7%	8.6%	11.2%

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	9,381	5,069	5,038	12,821	10,909	8,059
Breakeven duty cumulative position	35,241	40,310	45,348	58,169	69,078	77,137
Operating income	226,463	233,089	253,050	263,126	269,548	314,973
<b>Cumulative breakeven position as a percentage of operating income</b>	15.6%	17.3%	17.9%	22.1%	25.6%	24.5%

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.

## **West London NHS Trust**

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