Lewisham and Greenwich NHS Trust

Annual report: 2014/15

Serving our local communities
Trust values

Respect our patients and colleagues
- Actively engage patients, carers and staff in decision making at every level

Commitment to quality of care
- Provide high quality, safe and effective care
- Use resources effectively and efficiently to deliver excellent patient experience
- Be open and transparent in terms of our performance

Compassion
- Put patients, their families and carers at the heart of everything we do
- Listen and respond to feedback from patients, GPs and other stakeholders

Improving lives
- Deliver the right care in the right place at the right time
- Encourage innovation in all that we do
- Work together for patients
- Work creatively with local partners to secure benefits for local people
- Support our staff and make sure they have access to the education, training and development opportunities they need to do their job well

Everyone counts
- Be respectful of everyone’s views
- Ensure we are open minded and willing to change and do things differently
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1. Chair’s introduction

Welcome to the 2014/15 annual report for Lewisham and Greenwich NHS Trust.

The past 12 months have been particularly busy and challenging and so, on behalf of the Board, I would like to thank all our staff for their ongoing hard work. It is a testament to their commitment that there are so many positive stories about patient care in the following pages.

This was our first full year as a new Trust and we have had a busy workload. I am proud of the way that our staff have responded to the increasing demand for local services whilst managing major projects, such as the introduction of electronic patient records at Queen Elizabeth Hospital and University Hospital Lewisham.

We are committed to learning from best practice within the organisation and celebrating success, so I was delighted by the response to our first staff awards scheme last year. We had nominations for over 300 members of staff who had gone above and beyond the call of duty, making the judging process extremely difficult. The awards highlighted the large number of staff who exemplify the values of our Trust (see inside front cover). You can read more on page 27.

Our Trust values were identified when Lewisham and Greenwich NHS Trust was formed, following staff and patient engagement on how we can best serve our local communities. Over the last year, we have worked to ensure that the values are not just nice words but are embedded in the way we work. The “Living our Values” project was launched on a number of inpatient wards and has enabled staff to identify what the values mean to them and to patients. Over 2015/16, we will be rolling out the project more widely in the organisation (see page 11 for more information).

Over 2014/15, we have also expanded our engagement programme to ensure we gain the views of more patients, partners and members of the public. One of the ways we do this is through offering local people the chance to join the Trust as members, so they can receive updates from the Trust directly and attend a range of membership events. We now have over 8,000 external members across Lewisham, Greenwich and Bexley and we hope to recruit more over 2015/16. Membership is free; to find out more, please see page 25.

Since I have been involved in the NHS, I have seen many changes. However, the dedication of staff and the support of patients and partners has remained constant. I look forward to working with you over the next year as we continue to focus on serving our local communities as effectively as possible.

Elizabeth Butler, Chair
2. Chief Executive’s foreword

I hope that you find this annual report a useful guide to Lewisham and Greenwich NHS Trust.

There have been a number of major areas of work over the last year, including the development of our quality improvement plan following the publication of the Care Quality Commission (CQC) inspections in May 2014. Our plan addresses all the areas raised by the CQC and is about ensuring we provide safe, well run services which meet the needs of local people. As part of the plan, we have been running a major recruitment campaign to increase the number of permanent staff on the wards. We have also made significant progress in a number of other areas, including infection control and waste management (see page 7 for more details).

We continue to work with partners to improve the pathway for patients who require emergency services. Over 2014/15, we took a number of steps to address quality and safety issues, such as opening new wards and increasing the number of beds for patients treated at Queen Elizabeth Hospital (QEH). I am pleased to note that over 2015 so far we have seen a significant improvement in meeting waiting targets. Of course, there is more to do and we will continue our drive to provide timely care which aids recovery and reduces the need for hospital admissions.

We have managed major change by introducing new systems of electronic patient records at QEH and University Hospital Lewisham (in July 2014 and June 2015 respectively). The new systems free up healthcare professionals’ time, giving them vital information at the touch of a button so they can focus on providing front-line services. Through our Connect Care project, we are also working closely with partners to improve how we share important information. This will enable us to provide more timely care (see page 23).

There have been many achievements over the last 12 months and it is important to put our financial performance into this context. Like most Trusts, we delivered a deficit in 2014/15. However, this is not a sign of failure: we always knew that we faced challenges and the way in which we have coped with them gives me confidence for the long term future. We will work closely with GPs, patients and partners as we look to build on recent developments and focus on becoming a high performing and sustainable organisation.

I would like to thank staff and partners for your ongoing support and hard work.

Tim Higginson, Chief Executive
3. About us
Our services and background

Lewisham and Greenwich NHS Trust was established on 1 October 2013. The Trust is responsible for:

- Queen Elizabeth Hospital in Woolwich
- University Hospital Lewisham
- A range of community services in Lewisham
- Some services at Queen Mary’s Hospital in Sidcup.

The services in Lewisham were previously provided by Lewisham Healthcare NHS Trust. Queen Elizabeth Hospital and the services at Queen Mary’s Hospital were previously run by South London Healthcare NHS Trust (SLHT). In January 2013, the Secretary of State announced his decision to dissolve SLHT and for each of its hospitals to be taken over by neighbouring hospital Trusts. This led to the formation of Lewisham and Greenwich NHS Trust, which has not inherited any of SLHT’s debts and has been given additional financial support for SLHT’s excess PFI costs.

Lewisham and Greenwich NHS Trust provides a comprehensive range of high quality acute healthcare services to more than 526,000 people living across the London Boroughs of Lewisham, Greenwich and Bexley. Our community services are used primarily, but not exclusively, by those living in Lewisham.

Queen Elizabeth Hospital provides hospital services for the populations of Greenwich, Bexley and other neighbouring boroughs. The hospital provides a wide range of inpatient and outpatient services, as well as emergency and planned care. University Hospital Lewisham provides elective and emergency healthcare to residents of Lewisham and other local boroughs, including Greenwich, Bexley and Bromley.

The Trust is a centre for the education and training of medical students enrolled with King’s College London’s GKT School of Medical Education.

In Lewisham, our health professionals also provide care to adults and children across a range of health centres, community clinics, and in patients’ own homes. Adult services include community matrons, district nurses, the diabetes team, the home enteral nutrition team and the sexual and reproductive health team. Services for children and young people include health visiting, occupational therapy, physiotherapy and speech and language services.

In Greenwich, community services are provided by Oxleas NHS Foundation Trust (www.oxleas.nhs.uk).

Academic activities and research

Lewisham and Greenwich NHS Trust has an established partnership with King’s Health Partners (KHP), the Academic Health Science Centre for South East London. The Trust works closely with KHP in the delivery of local clinical services, research, education and training activities.

Lewisham and Greenwich NHS Trust is part of the London (South) Comprehensive Local Research Network and the South London Academic Health Science Network. The Trust plays a part in a range of clinical networks across South East London, predominantly for specialist services including cancer, cardiac, stroke, maternity and neonatal services. Participating in these networks provides local people with access to specialist and local care.

Trust vision, values and strategic objectives

Our vision is to be one Trust, serving our local communities. The Trust’s values are listed on the inside front cover of this publication, and we have five strategic objectives:

- Provide consistently safe, high quality, patient-focused services
- Create a strong, unified, sustainable and well-governed organisation
- Strengthen and extend effective relationships with all our partners for the benefit of local people
- Promote a caring workforce through good quality leadership and excellence in education
- Secure the future of the organisation as a clinically-led, independent, and commercially viable Foundation Trust

More information on how we are building for the future is on page 29.

Key facts

In 2014/15, the Trust provided:

- Over 520,000 outpatient appointments
- Over 60,000 emergency admissions and 5,000 elective admissions
- Over 8,200 births

We also had around 600,000 face-to-face contacts with patients in the Lewisham community.
4. Performance
Care Quality Commission rating

Lewisham and Greenwich NHS Trust was inspected by the Care Quality Commission (CQC) in February 2014 and the results were published in May 2014.

The CQC asked if services are safe, effective, caring, responsive and well led. The Trust was given an overall rating of “requires improvement” in each category. However, the emergency department at Queen Elizabeth Hospital was not deemed to be fit for purpose. Following this, Lewisham and Greenwich NHS Trust launched a quality improvement plan in June 2014, addressing all the issues raised by the CQC. Work has included:

- Making improvements to the emergency department at QEH to address safety issues. This has included the creation of a new clinical decisions unit, a surgical assessment centre and a discharge lounge, along with the provision of more medical beds for patients who require admission. More information is on page 11.
- Our ongoing staff recruitment and retention campaign, which has increased the number of permanent nursing staff by over 200 since the Trust was formed.
- Introducing new ways to improve hand hygiene compliance, such as new hand hygiene foam or gel dispensers in public areas around our hospitals. We have also mounted gel dispensers on the door handles in units such as critical care, so all visitors receive hand gel automatically when opening the door. In addition, we have launched a major campaign to promote best practice around hand hygiene for patients and staff, labelled “clean hands save lives”.
- Improving how we share information from incidents and complaints.
- Ensuring audits are carried out on all our medical equipment.
- Introducing more robust processes for dealing with medical waste.

Emergency department four hour wait

The standard is to ensure that 95 per cent of patients are treated within four hours of entering our emergency departments. This has been a challenge for the Trust and the pressures on emergency departments throughout the country have been well documented.

Following the addition of new wards and beds for patients who require emergency treatment, we have continued to work with partners in health and social care to improve the patient pathway. Over the first three months of 2015, we have had the biggest improvement in emergency department waiting times of any Trust in London.

Over 2015/16, we will be increasing the level of support for older patients and will be expanding the Trust’s ambulatory care services – so more people receive early treatment which aids recovery and reduces the need for hospital admissions. Our health and social care partners will be working to improve services outside hospital and reduce the time it takes to discharge patients from hospital.

Infection control

We were set a target of having no Trust attributable MRSA bacteraemia cases in 2014/15. The Trust reported three cases of MRSA bacteraemia – one at Queen Elizabeth Hospital and two at University Hospital Lewisham. These were all reported as serious incidents and investigated thoroughly. The investigations found no lapses in care in two of the cases. In one case, we found areas for improvement in terms of how we document the monitoring of arterial lines (when a catheter inserted into an artery) for infection control. Following the incident, the documentation in patients’ care records has been changed to address this issue.

Over 2014/15 we reported 37 cases of C. Difficile against a target of no more than 44. Although we have not breached our target, we continue to investigate each Trust attributable case so we can take appropriate action.

Performance against key targets

The Trust is measured by performance against a number of national and local targets. Information on key targets is below and performance is displayed in the table overleaf. Up-to-date performance data is available on our website: www.lewishamandgreenwich.nhs.uk/performance.

Performance against key targets

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Cancer targets

There are a range of targets around waiting times for cancer patients. Over 2014/15, the Trust met the target around ensuring treatment within 31 days from diagnosis. Thanks to work to meet the increasing demand for these services, such as introducing additional clinics, we have met the target for two week waits since October 2014. Performance against the two week wait target for patients with symptoms of breast cancer has also improved.

Over 2014/15, we failed to meet the target for ensuring patients receive treatment within 62 days of referral. The target has been a challenge due to the complexity of the patient pathway: some cancers are more challenging to diagnose and treat than others, and following diagnosis a number of patients require specialist treatment from other specialist hospitals. As a result, we have been working with the NHS Cancer Intensive Support Team to develop and implement an action plan to improve performance. Work has included appointing a number of additional staff to coordinate the care that patients receive for suspected cancer. We are also working to ensure patients are
diagnosed earlier, so that we can carry out treatment or refer to other centres in a timely manner. This will continue to be a priority in 2015/16.

Safer staffing
The safer staffing target was introduced in May 2014 and looks at the number of nursing and midwifery staff needed to deliver high quality patient care. We met the target consistently over 2014/15 and have been running an ongoing recruitment and retention campaign to make sure we have the right number of staff in place.

Referral to treatment targets
The NHS standard is for patients to receive day case or inpatient treatment within 18 weeks of being referred.

We met this target for day case patients over most months; however we narrowly breached it between October and December 2014.

There was a national drive to clear the backlog of patients requiring inpatient treatment who had waited longer than 18 weeks between July and November 2014, and again between February and March 2015. To enable NHS provider to focus on these patients, the target for inpatients was relaxed for these months. The Trust has met the target in all other months.

We narrowly breached the target for patients yet to be treated (marked ‘incomplete’ in the table overleaf) between October 2014 and January 2015. The Trust met this target in all other months.

Following the introduction of a new system of electronic patient records at Queen Elizabeth Hospital in July 2014, we did not capture referral-to-treatment data for day case patients or patients yet to be treated in this month. However, we started reporting on performance just one month after the implementation of the new system, which other Trusts have not been able to do.

VTE
We consistently met the targets for screening patients upon admission for Venous Thromboembolism, more commonly known as VTE. VTE is the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE) – a significant cause of mortality, long-term disability and chronic ill-health problems.

Childhood obesity
Measuring a child’s height and weight is part of the Government’s strategy to tackle obesity and this initiative is led by The National Child Measurement Programme (NCMP). The first set of measurements are taken from children aged 4 to 5 in reception class and the second in year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools.

The Trust’s community services in Lewisham met all the targets for measuring children so early action can be taken to detect and treat obesity. This is not a target in Greenwich as the Trust only directly provides community services in Lewisham.

Breastfeeding
The health benefits of breast feeding are well documented and the Department of Health recommends breastfeeding for at least a year, as it continues to provide both significant nutrition and protection from illnesses.

The Trust has UNICEF Baby Friendly accreditation. The Baby Friendly standards aim to improve the information, support and encouragement provided in order to promote, protect and support breastfeeding and appropriate introduction to solid foods. This means that all Lewisham midwives, health visitors and other health and children’s centre professionals will have Baby Friendly training in supporting breastfeeding effectively.

Our community team in Lewisham have met all targets for ensuring that the majority of infants are fully or partially breast fed at 6 – 8 weeks.

Mortality data
We review data on the mortality of our patients so we can see if services are safe and take action to improve where necessary.

The Summary Hospital-level Mortality Indicator (SHMI) is a mortality measure that takes account of a number of factors. It includes patients who have died while having treatment in hospital or within 30 days of being discharged. The SHMI score is measured against the NHS average – which is 100. A score below 100 denotes a lower than average mortality rate and therefore indicates good, safe care.

To help understand the SHMI data, Trusts are categorised into one of three bands:

- Where Trust’s SHMI is “higher than expected” – Band 1
- Where the Trust’s SHMI is “as expected” – Band 2
- Where the Trust’s SHMI is “lower than expected” - Band 3

Over 2014/15, Lewisham and Greenwich NHS Trust score was “as expected” (band 2) in the SHMI. This is in line with the vast majority of NHS Trusts and indicates that we provide a good level of care.
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<td>96.9%</td>
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<td>Did not report*</td>
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<td>92.0%*</td>
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<tr>
<td>95% of inpatients should receive a VTE assessment</td>
<td>95.4%</td>
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<tr>
<td>Breastfeeding:</td>
<td>Quarter (Q) 1: 96.8%</td>
<td>Q2: 96%</td>
<td>Q3: 96.5%</td>
<td>Q4: 96.5%</td>
<td>96.5%</td>
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<td>Breastfeeding:</td>
<td>Q1: 75.1%</td>
<td>Q2: 73.1%</td>
<td>Q3: 74.9%</td>
<td>Q4: 73.47%</td>
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<td>Childhood obesity:</td>
<td>Ensure that 87% of children in Reception are measured as part of the Government’s National Childhood Measurement Programme</td>
<td>Annual figure of 95.5%</td>
<td>Annual figure of 931%</td>
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<td>Standardised Hospital Mortality Indicator (SHMI)</td>
<td>1.01</td>
<td>0.99</td>
<td>1.03</td>
<td>1.06</td>
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* As outlined on page 8:
- The referral to treatment target was relaxed over some months to enable Trusts to focus on clearing the backlog of patients who had waited longer than 18 weeks for treatment.
- We did not report on referral to treatment targets for outpatients or patients who had not been treated yet in July 2014, following the introduction of electronic patient records at Queen Elizabeth Hospital.
5. Acute and emergency services
Improving emergency services and reducing waiting times

Due to the increased demand for emergency services, the Trust has developed enhanced daily command centres at Queen Elizabeth Hospital (QEH) and University Hospital Lewisham (UHL). This is so senior staff can monitor performance and take early action to resolve any issues causing delays for patients requiring emergency treatment.

Over the winter of 2014, we opened new wards and carried out a major reconfiguration of the estate at QEH to address safety issues. This included provision of 28 medical beds at the hospital following a pilot to move stroke rehabilitation services to UHL (see below for more information). In addition, the Trust opened a new 12 bed clinical decisions unit, a new discharge lounge and a new surgical assessment unit at QEH.

At UHL, we opened a winter pressures ward with 20 escalation beds and a new surgical assessment unit. A new discharge lounge opened at the hospital in April 2015.

Over the first three months of 2015, we have had the biggest improvement in emergency department waiting times of any Trust in London. We are continuing to work with partners to improve the patient pathway and to develop specialist services which help people recover sooner and reduce the need for hospital treatment.

New stroke ward

In November 2014, we opened Maple Ward, a new 24 bed stroke rehabilitation unit at University Hospital Lewisham. Maple Ward is a purpose-built unit with a special gym and other facilities to help recovery.

Dr David Sulch, Divisional Director for Acute and Emergency Medicine, said: “The opening of Maple Ward has improved care for patients who were previously treated at Queen Elizabeth Hospital for stroke rehabilitation. The new ward offers improved facilities and by having all our stroke rehabilitation services on one site, we can ensure that patients receive more care from senior doctors.”

The pilot to move stroke services has received positive feedback from patients and their families and will be formally evaluated in 2015.

Living our values

Over 2014/15, we have been running a project to ensure that the Trust’s values (described on the inside front cover) are embedded within the organisation.

The “Living our Values” programme has been piloted in a number of clinical areas across University Hospital Lewisham and Queen Elizabeth Hospital and will be rolled out across the organisation this year.

Deepak Kutwaroo, Charge Nurse on Cedar Ward, took part in the pilot and commented: “All staff on the ward were supported in devising and implementing our own ideas for improving patient care and we had real successes, including reducing the number of falls on the ward. We did this by implementing a few simple procedures, such as measuring fluid intake, regular monitoring of patients’ blood pressure and by improving handovers when shifts change. This has given us the confidence we need to identify more ways of improving patient care in the future.”

Improvements to community nursing

Following a review of services, the Trust launched an improvement plan for community based nursing in October 2014. There have been a range of developments over 2014/15, such as strengthening the team structure through the appointment of more senior nurses to provide leadership and manage staff.
6. Children and young people’s services
Improved allergy services across the Trust
In 2014, we set up a one-stop-shop clinic at Queen Elizabeth Hospital (QEH) for children who suffer from allergies. The clinic enables patients to see a consultant, a clinical nurse specialist and a dietician in just one visit. Within this appointment, the child has a skin prick test which enables rapid diagnosis to identify the cause of any allergies. The patient and their family are then taught how to manage the condition, which may involve administering medications.

Tiger Ward’s new kitchen for parents
A new kitchen for the parents and guardians of patients on Tiger Ward, the paediatric cancer unit at Queen Elizabeth Hospital, opened in 2015. Funded by donations from the Chartwell Cancer Trust, the kitchen gives patients’ families a space to make their own hot drinks and snacks so they feel more comfortable during long stays in hospital.

Hand hygiene is child’s play
In July 2014, children from the children’s wards at Queen Elizabeth Hospital helped the Trust to promote hand hygiene by designing a series of eye-catching posters to remind staff, patients and their families to wash their hands.

All of the posters were entered into a competition and the winning designs are now displayed across all of the Trust’s children’s departments. Shelley Mieres, Matron for Children’s Acute Services, said: “We would like to thank all the children and young people who took part in the competition for helping us to produce such an effective campaign. Visitors have told us that the posters really drive home the importance of good hand hygiene.”

New dedicated recruitment microsite for children’s nursing staff
In 2015, we launched a recruitment website to give newly qualified and experienced nurses an insight into how the Trust can offer career development opportunities.

The website – www.berrisstory.com – engages users in the journey of a young girl, Berri, who has used the majority of children’s services offered by the Trust. The site also features interviews with staff from various specialties including the neonatal intensive care unit, acute nursing, health visiting, children’s therapies and school nursing.

Dr Tina Sajjanhar, Director of Children and Young People’s Services, said: “It’s important we continue to get the best staff and this website is helping us to recruit top nurses to join our team.”

Children’s Community Team developing health services for young people
We have set up a school nursing drop-in clinic at the New Generation Youth Club (TNG) in Sydenham to help young people who otherwise may not receive help for their health-related concerns and questions.

Elizabeth Guy, Children’s Services Manager, said: “The youth club is a popular setting where young people feel comfortable, so by having our services on-site in the evenings we can engage with people who may otherwise not access services. We provide a range of services such as sexual health advice, health screening and tips on healthy living.”

Leading the way in preventing accidents
Over 2014/15, the Trust worked with Public Health England to develop guidelines on bath safety for babies.

Sarah Panjwani, Consultant Community Paediatrician, said: “Our staff devised safety alerts and newsletters to ensure parents are aware of the dangers of leaving a child unattended in a bath or near water to avoid accidental drowning. Public Health England has sent out this guidance widely, advising NHS workers and the public that bathing aids, such as bath seats, should not be seen as safety devices. We are pleased we have been able to raise awareness that babies in the bath need uninterrupted supervision.”
7. Women’s and sexual health services
Greenwich Birth Centre – Delivering Now

We opened a new Birth Centre at Queen Elizabeth Hospital (QEH) in April 2015.

The new Birth Centre has been designed based on feedback from users of the popular Lewisham Birth Centre and features four en-suite birthing rooms, and private postnatal rooms that women can move to if they need to stay overnight after the birth.

Like the Lewisham Birth Centre, the new Birth Centre at QEH is staffed entirely by midwives who specialise in assisting with natural labour and birth. The centre provides a comfortable and caring environment for healthy pregnant women to have their baby.

We have also enhanced our home birthing service so local women can benefit from a range of equipment, including portable home birthing pools.

Helping more people to have a normal birth

Over 2014/15, we helped more women to have a normal birth, reducing the number of elective caesarean sections at University Hospital Lewisham and at Queen Elizabeth Hospital.

Jackie Moulla, Consultant Midwife, said: “Much of this is about making sure that expectant mothers have the right information to make an informed choice on how and where they would like to give birth. In addition, we are training staff in a wide range of modern and natural labour techniques, such as hypnobirthing – which uses self-hypnosis for a drug free birth.”

Fibroid surgery at University Hospital Lewisham

Lewisham residents can now receive state-of-the-art pinhole treatment for the removal of fibroids at University Hospital Lewisham. This innovative procedure was previously (and is still) available at Queen Elizabeth Hospital and has now been expanded to enable more women to be treated closer to home.

This procedure ensures that women can go home the following day and back to work after a week or two – compared to an eight week recovery time if treatment is by hysterectomy.

The Alexis Clinic awarded ‘Clinic of the Year’

In November 2014, a sexual health and HIV clinic at University Hospital Lewisham was named ‘Clinic of the Year’ by NAZ, a sexual health charity working with black, Asian and minority ethnic groups.

The Alexis Clinic was selected following positive feedback from service users and partner agencies. The clinic staff were also praised for delivering high quality services to a large number of patients with complex needs.

Maternity team awarded for excellence across two key services

The Supervisors of Midwives team won the 2014 ‘Supervisory Team of the Year’ award for ‘Excellence in Supervision’. The team of supervisors work with our midwives to improve standards and ensure we are meeting best practice.

In addition, the Time Team – a team of specialised midwives who support women living with mental illness before and after pregnancy – received a 2014 parliamentary award for the best example of a mental health service for expectant and new mothers. A recent survey showed that everyone who had used the Time Team service would recommend it to their friends and family.

Electronic maternity services prove big hit

We have been working to be more responsive to the needs of younger women used to accessing information online.

In December, 2014, we launched a self referral form on our website: www.lewishamandgreenwich.nhs.uk/self-refer.

“Edie the E-midwife” is also continuing to prove popular. The social media midwife was developed to engage with local women and answer queries on maternity. Edie can be contacted by email (lg.e-midwife@nhs.net), Twitter (@e-midwife) or Facebook (search for “Edie E-Midwife”).

Enhanced sexual health services in the Lewisham community

A dedicated clinic to meet the needs of men who have sex with men has been introduced at the Waldron Health Centre. The New Cross clinic is open every Monday evening from 4pm to 7pm with a walk-in and appointment service.

As well as offering counselling and advice on all aspects of sexual health and well-being, the clinic provides Hepatitis A and B testing, HIV testing, vaccination and post exposure prophylaxis.
8. Surgery
Expanded Critical Care Unit
Over 2014/15, the Critical Care Unit at Queen Elizabeth Hospital has been expanded from 15 to 18 beds following a review of patient admissions and occupancy levels. The unit provides intensive treatment and monitoring for people in critically ill or unstable conditions.

Reducing long waits
Over 2014/15, we have been carrying out a range of additional surgery sessions to reduce waiting times and ensure that all patients are treated within 18 weeks of referral. This has involved staff running extended theatre sessions and weekend lists. As a result, we have improved performance and met the target for treating people within 18 weeks (see the section on performance on page 9).

Improving patient flow
Surgical assessment units have been established at Queen Elizabeth Hospital and University Hospital Lewisham to improve the flow of patients through the hospital and alleviate pressure on emergency services.

The units provide dedicated areas for patients to receive early access to tests and treatment from specialist surgical teams before being discharged home or admitted to a ward.

Phil Briggs, Head of Nursing for Surgery, commented: “In the past, patients who came through the emergency departments may have had to spend time waiting for assessment and diagnostics and may even have been admitted before tests or interventions were carried out. This new model reduces unnecessary delays and inpatient attendances, meaning that patients can be treated on the same day and return home sooner.”

Expanding services at University Hospital Lewisham
A new purpose-built surgical ward, Linden Ward, opened at University Hospital Lewisham in November 2014, expanding capacity by 20 beds. The development has allowed the Trust to consolidate surgical services and successfully transfer elective surgical cases from Queen Mary’s Hospital, Sidcup.

Reducing hospital visits for patients
Over 2014/15, we have improved the pathway for patients who receive gynaecology surgery at University Hospital Lewisham. Where possible, patients are now assessed for surgery on the same day that they are assessed for whether they need treatment.

Mr Midhat Siddiqui, Director of Surgery, said: “This reduces the number of visits that local women have to make to the hospital before surgery and we have received excellent feedback so far. Over 2015/16, we will be extending this approach to other areas of surgery to benefit more patients.”

New support group for weight loss surgery patients
Last year, we set up a monthly support group to assist people who are planning to have, or have recently undergone, weight loss surgery. The group provides important information about what patients can expect when they go in for treatment. It is also a valuable place of support where patients can share their experiences with people who face the same challenges and get advice on how best to move forward. For more information on the group visit our website: www.lewishamandgreenwich.nhs.uk/bariatric-support-group.

Reducing cancellations
Over 2014/15 we have set up a new confirmation service to ensure fewer patients miss their appointments for surgery. Patients are now called two days before their scheduled procedure to remind them of the appointment and to make sure they have all the information they need. It also allows the service to assess if the patient has any symptoms of illness that would prevent surgery from taking place, such as a cold or flu.

Laura Wilkinson, Service Manager, said: “The new service gives patients a useful reminder and lets us know in advance when they are unable to attend. This means we can free up any newly available slots for other patients.”
9. Long term conditions
New MRI scanner improving care

We have invested in a brand new MRI scanner at University Hospital Lewisham (UHL), introduced in April 2014. The new machine is part of Lewisham and Greenwich NHS Trust's £2.2 million investment in radiology facilities that will improve the quality of diagnosis available to patients and create a more calming environment during their care.

MRI scanners can be used to examine almost any part of the body and the results help healthcare staff diagnose medical conditions. The new scanner at UHL has been installed in a newly refurbished clinic that will enhance and streamline the patient experience, offering greater privacy and comfort. The scanner itself is specially designed with the patient in mind, including built-in ambient lighting and music that the patients can choose themselves. It is also more spacious and open to reduce feelings of claustrophobia.

New blood clotting prevention service
in the community

The Trust is providing two new community clinics where people at risk of blood clotting can receive anticoagulation medication. The new clinics are at Plumstead Health Centre and Royal Arsenal Medical Centre in Greenwich.

The new clinics will benefit around 1,000 people, providing treatment closer to home. The Trust continues to provide anticoagulation services at Queen Elizabeth Hospital and University Hospital Lewisham.

New clinic providing specialist
drug treatment

We are developing a new clinic at Queen Elizabeth Hospital for patients who require specialist drug treatment to manage conditions like multiple sclerosis and various inflammatory diseases.

The ‘Infusion Suite’ will open in 2015 and will provide a comfortable environment for patients to receive specialist medications under clinical supervision. Claire Miller, Senior Matron, said: “We are always looking to improve the patient experience and this will make a big difference. It’s important that people who require very specialist treatment receive it in the right environment.”

Award winning community services

The Lewisham Community Health Improvement Team have won ‘Team of the Year’ in the NHS Health Check Programme. They beat eight other teams to win the prize and were also nominated for ‘Most Improved Team’.

The team provides free NHS Health Checks at locations throughout the borough to help identify the risk of developing preventable diseases such as diabetes. They can also help people get (or stay) fit by offering a series of healthy walks. To find out more, call 0808 1410 118 or email: LH.healthimprovement@nhs.net.

Community education programme
on diabetes

We have launched a new scheme to educate local people about diabetes. The free programme trains local people to understand more about type 2 diabetes, how it affects everyday life and how it can be controlled.

Training is available for anyone with an interest in diabetes. Once someone has been trained, they can deliver classes and spread the word in the local community. For more information, call 0116 258 5881 or email: desmondweb@uhl-tr.nhs.uk.

Extending hours to improve access

Over 2014/15, we piloted extended chemotherapy services at Queen Elizabeth Hospital, with clinics for patients on Saturdays. In addition, the Trust piloted a seven day a week diabetes service at University Hospital Lewisham, including access to specialist assessments and treatments by the Diabetes Specialist Nurses (DSN) team.

Following positive feedback on both pilots, we are planning to run extended services in 2015/16.
10. Clinical business unit
Helping people with medicine management

The pharmacy department at University Hospital Lewisham is pioneering a service that supports patients in the management of medicines. The service won a 2015 ‘Patient Safety Award’ and was shortlisted for a Health Service Journal award.

When people have long term conditions they may need to take a range of medicines, and failure to do so can have a major impact on their health. As a result, we have launched a new service called the “Lewisham Integrated Medicines Optimisation Service”, or LIMOS for short.

Under LIMOS, an individual pharmaceutical care plan is developed and agreed with each patient and the professionals involved in their care. This is backed up by regular follow-up by phone or visits to the patient’s home, to ensure that interventions continue to meet the patient’s needs.

“Hub and spoke” system for pathology services

Over 2015/16, we will be changing the way pathology services operate across the Trust by implementing a “hub and spoke” system. Currently, both Queen Elizabeth Hospital (QEH) and University Hospital Lewisham (UHL) operate a full service, providing the complete range of pathology tests. The new system will see the majority of samples analysed at the QEH site, whilst maintaining a specialist service at UHL. This will enable the Trust to streamline pathology services so that it can meet increased demand whilst also providing full support to the services provided at both hospitals.

This will not result in any changes to where patients undertake blood testing and other pathology tests.

More efficient pathology tests

As part of our ongoing improvement plan in phlebotomy, changes have been made to blood test services at Erith and District Hospital. Instead of the clinics operating as a walk-in service, pre-bookable appointments are now available from Monday to Friday between 08:00 and 12:45.

By introducing an appointment system, we can make the service more efficient and reduce waiting times for patients.

We have also been working with local GPs to improve pathology services. Over the last year, 29 GP practices across Greenwich and Bexley have started using a live electronic order communication and results service for pathology tests. This replaces a paper-based system and ensures a faster and better quality service. There are plans to expand the service further across more GP practices in 2015/16.
11. Improving care through IT systems
Improving patient care through better systems

We launched new systems of electronic patient records at Queen Elizabeth Hospital (QEH) in July 2014 and at University Hospital Lewisham (UHL) in June 2015.

Known as “iCareQEH” and “iCareUHL” respectively, the new systems improve how important patient information is recorded and shared within the organisation.

Dr John O’Donohue, Consultant Gastroenterologist and Clinical Director for IT, commented: “As a clinician, I can see the benefits of the system first hand. Previously, QEH and UHL used a number of systems and healthcare professionals would have to spend a lot of time searching through paper notes for the right information on patients. Now we can get vital information at the touch of a button.”

The implementation of iCareQEH and iCareUHL was praised by Tim Higginson, Chief Executive, who said: “This was a major project, with staff undertaking training and working extra hours to make sure they could use the new system. Thanks to their hard work, we were able to introduce iCareQEH and iCareUHL successfully and focus on continuing to improve patient care.”

Enhancing how we work with other providers

In the past, health and social care workers from different organisations in Lewisham and Greenwich have not had a system in place to share important information about the care of local people automatically. This means that GPs, hospital staff, district nurses and social workers have not always had immediate access to all the information they need to provide the most timely and efficient care.

To address this problem, we have launched a new system of local electronic records, called “Connect Care”. Connect Care is a system which allows existing information to be securely viewed quickly and safely by staff directly involved in someone’s care.

In future, if you go to the emergency department, the staff who treat you will no longer have to spend time contacting other organisations (such as GPs) to obtain relevant information about you, but will be able to view this information through the Connect Care system. This will enable them to make more informed decisions about your care and treatment in an emergency situation.

For more information, please visit: www.lewishamandgreenwich.nhs.uk/connectcare.
12. Working with patients
Trust membership and engagement programme
Over 2014/15, we recruited over 3,000 local people as members of Lewisham and Greenwich NHS Trust. The Trust now has over 8,000 public members in Lewisham, Greenwich and Bexley.

Membership is free and gives people the chance to:

- Receive regular updates from the organisation
- Take part in focus groups to give their views
- Attend health information events

In future, members will have the chance to stand for election as governors, who will work closely with the Trust Board. To find out more, visit the members section of our website: www.lewishamandgreenwich.nhs.uk/member.

Friends and Family Test
All NHS Trusts are required to survey patients to find out if they would recommend their services to their friends and family.

Since April 2014, 21,779 people who have used our emergency, adult inpatient and maternity services have completed a Friends and Family Test form. In December 2014, the survey was expanded to include patients using community services. It was introduced for patients in outpatients and day surgery in January 2015.

We have received positive results so far with over 90 per cent of respondents saying they would recommend our services to friends and family.

Working with patient groups
The Trust works with a range of organisations which represent patients, including the local Healthwatch organisations. In addition, we work with the Patient User Group at Queen Elizabeth Hospital and the Patient Welfare Forum at University Hospital Lewisham. These are voluntary organisations set up and run by a growing group of dedicated volunteers.

The Patient Welfare Forum has produced its own review of activities over 2014/15, which is published on the Trust’s website (visit www.lewishamandgreenwich.nhs.uk/patient-welfare-forum).

Volunteering in the community
In January 2015, over 40 members of staff took part in a volunteering project with members of the local community. The week-long scheme sought to help 32 people who have faced homelessness by building their confidence and giving them the skills to take steps towards employment.

Working with local homeless charity Thames Reach, our staff led coaching sessions and team building activities. The graduates from the programme are now receiving ongoing mentoring support from the volunteers.

Elizabeth Butler, Chair of Lewisham and Greenwich NHS Trust, attended the graduation service for people on the course and commented: “It was an amazing and humbling occasion. I had the privilege of meeting a number of participants on the course; they were unanimous in saying how the programme helped them in the face of enormous disadvantages.”

PALS and complaints
The Trust runs a Patient Advice and Liaison Service (PALS) which seeks to assist patients and their carers. Assistance from PALS’ staff can include providing relevant information, liaising with healthcare staff to sort out problems or providing help in making a complaint.

Over 2014/15, the PALS team handled 1,077 formal complaints. As 2014/15 was the first full year for Lewisham and Greenwich NHS Trust we do not have a comparative figure for the previous year.

We made a number of changes in response to concerns and issues raised last year, including:

- Moving the district nurses shift to 8:00am, instead of 9:00am, so diabetic patients can have their insulin administered earlier
- Providing additional training for junior doctors on managing back pain, following a complaint from a patient
- Providing additional wheelchairs for patients
- Enabling partners to stay on the labour ward in recliner chairs
- Improving information for patients who have had day surgery, giving them a letter with details of who to contact if they need clinical advice.

We encourage feedback on our services. Complaints received from or on behalf of patients in no way affect how they are treated and we take into account the six “principles for remedy” as defined by the Parliamentary and Health Service Ombudsman:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

More information on the principles can be found through this website: www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-for-remedy.
13. Developing a thriving and adaptable workforce
Our staffing profile

At the time of writing, we have around 5,800 full time members of staff. A total of 1,447 employees work part-time, which represents 25% of the Trust’s permanent workforce.

In January 2015, the Trust published a workforce equalities report, which is available on our website (www.lewishamandgreenwich.nhs.uk) or upon request (tel: 020 8333 3297). We regularly analyse our staffing profile so we can take action where there are groups which are under-represented.

By gender, the breakdown of the Trust’s workforce is as follows:

- Around 80 per cent of the Trust’s overall workforce is female
- 60 per cent of all senior managers are female
- 57 per cent of directors in the organisation are female.

The composition of the Trust’s permanent workforce is ethnically diverse which reflects the diversity of the local population:

- 55% of the Trust’s staff are white
- 27% of the Trust’s staff are black
- 9.5% of the Trust’s staff are Asian
- 4% of the Trust’s staff are Chinese or other ethnic group
- 2.6% of the Trust’s staff are of mixed race
- The remaining members of staff (around 1.6%) chose not to state their ethnicity when joining the Trust.

In general, there is a lack of black and ethnic minority (BME) representation amongst staff at higher pay grades. This is an issue that the Trust is committed to addressing and one of our corporate objectives for the coming year is to promote and enhance diversity in our management structure.

Equality statement

We recognise that everyone has different needs in relation to public services, and that in both the workplace and as service users, certain individuals or groups of individuals can experience unfair and unequal outcomes. To assist us in understanding and taking action where necessary, the Trust has implemented the Department of Health’s Equality Delivery System (EDS) for the NHS.

Implementing this system has helped us to meet the commitment set out above as well as those contained within the Equalities Act 2010.

Health and wellbeing of staff

Our analysis shows that over 2014/15, a total of 49,308 days were lost due to staff sickness in the Trust. This equates to an average of 914 sickness days per member of staff, which is a slight increase on the previous year (when the average was 8.6 days of sickness per member of staff).

We are working with staff to identify how we can best support health and wellbeing. In addition, we promote a range of initiatives including regular health and wellbeing days, ongoing provision of free physiotherapy, occupational health services, confidential counselling and flexible working options.

Staff survey

The national staff survey is undertaken annually by all NHS organisations enabling comparisons between similar Trusts. The 2014 survey was carried out between late September and December 2014.

The results were slightly less positive than last year for most NHS providers, including Lewisham and Greenwich NHS Trust. Our top results were:

- Effective team working
- Percentage of staff able to contribute towards improvements at work
- Percentage of staff not feeling under pressure to attend work when feeling unwell
- Percentage of staff having equality and diversity training
- Percentage of staff reporting good communication between senior management and staff.

The results indicated that we need to address a number of areas including:

- Increasing the number of staff receiving regular appraisals
- How staff view the Trust as a place to work
- Discrimination at work
- Provision of equal opportunities for career progression or promotion
- Percentage of staff working extra hours
- Percentage of staff agreeing that they would feel secure about raising concerns about unsafe clinical practice.

We are working with staff to explore these issues and draw up an action plan for improvement.

Staff awards

We launched a staff awards scheme in 2014 to celebrate success. In the public “healthcare hero” category, Joanne Golding, Best Beginnings Midwife, was chosen as the winner after being nominated by local resident Nicola Holdren.

Nicola said: “Joanne was outstanding and the most stable, supporting factor in my life during my pregnancy. Jo was very firm but caring and really prepared me for every eventuality.”

The list of all the award winners is available on the Trust’s website: www.lewishamandgreenwich.nhs.uk/award-winner.

NHS pensions scheme

Past and present employees are covered by the provisions of the NHS pensions scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. For further detail, please refer to page 43.
14. Looking to the future
Our objectives
Lewisham and Greenwich NHS Trust has five strategic objectives:

- Provide consistently safe, high quality, patient-focused services
- Create a strong, unified, sustainable and well-governed organisation
- Strengthen and extend effective relationships with all our partners for the benefit of local people
- Promote a caring workforce through good quality leadership and excellence in education
- Secure the future of the organisation as a clinically-led, independent, and commercially viable Foundation Trust.

Our approach to improving services
Like all NHS Trusts, we need to make general savings each year and we have a target around this. We also need to reduce costs to create funds so we can make a significant investment in improving quality and meeting standards.

To enable this (and as part of our efficiency target), we plan to make savings by:

- Making clinical improvements, so we can provide better, safer and more affordable services. This includes providing more care on a day-visit basis so fewer patients stay in hospital overnight
- Better use of technology
- Making savings in how we procure supplies and goods
- Better use of our estate
- Efficiency savings, such as reducing spend on agency staff.

Improving services for patients who require emergency care
Over 2015/16 we will continue to work with partners to improve services for patients who require emergency services.

This includes expanding ambulatory medical care given in an outpatient setting for patients who, in the past, would have needed to stay in hospital overnight. For example, patients may receive blood transfusions or certain treatments for pain, such as epidural injections, in an ambulatory care setting. Over 2015/16, the Trust will be developing the ambulatory care unit at Queen Elizabeth Hospital and setting up a dedicated ambulatory unit at Lewisham Hospital.

We are also developing enhanced specialist teams for older patients who are treated in the emergency departments.

Other initiatives to improve services
We have a range of other initiatives to improve services over 2015/16, including:

- Improving outpatient and planned care through modern technology and innovative models of care
- Working with our partners to improve access to urology services for local people
- Improving the quality and accessibility of endoscopy and screening services
- Working jointly with adult and social care teams to provide early support in the community which keeps people healthy and out of hospital.
- Working with Guy’s and St Thomas’ NHS Foundation Trust to develop an inpatient centre for renal patients.

Further detail is available on the Trust’s operating plan, which is published on our website: www.lewishamandgreenwich.nhs.uk.
15. Emergency planning and data protection
Emergency planning
We continue to work closely with staff, patients and other stakeholders to ensure we can respond effectively to major incidents and disruptions both internally and externally. We achieved ‘substantial assurance’ in the NHS England annual emergency planning audit 2014, an improvement from the previous year.

In 2014/15, our emergency planning training programme continued to focus on ensuring the Trust can respond to some of the most challenging risks, such as incidents involving chemical, biological, radiological or nuclear material. There are now over 130 trained response staff across both sites for these eventualities, with ongoing training for both emergency department staff and volunteers.

Over 2015/16, we will comprehensively test our emergency and business continuity plans and ensure staff are trained. This will help to raise awareness and embed resilience planning within the organisation, as required by the Civil Contingencies Act (2004).

Data protection
The Health and Social Care Information Centre (HSCIC) requires all NHS providers to publish details of information governance breaches – for example if patient notes have been lost.

In February 2015, we reported a serious breach of information governance (deemed as a “level 2” incident by the HSCIC). The school nursing service sent out 176 letters about school children’s measurements to the wrong parent addresses. The letters contained information relating to the National Child Measurement Programme (NCMP), namely:

- The name of the child
- The weight, height and body mass index of the child
- Details of whether the child was obese or underweight.

All affected parents, schools and occupants who received the letter incorrectly were notified by post. The incident was due to how the London Borough of Lewisham uploaded data from schools to the national NCMP system. Controls and procedures have now been put in place to prevent this type of incident happening again.

There were a number of less serious breaches which did not result in harm to patients (and are deemed as “level 1” incidents by the HSCIC). These were all investigated in line with the Trust’s policies to ensure that lessons are learnt to reduce similar incidents occurring in the future. These level 1 incidents are summarised in the table below:

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<thead>
<tr>
<th>Breach Type</th>
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<tr>
<td>Lost or stolen paperwork</td>
<td>6</td>
</tr>
<tr>
<td>Stolen hardware</td>
<td>1</td>
</tr>
<tr>
<td>Unauthorised access/disclosure</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>
16. Sustainability report
Introduction

Sustainability has become increasingly important as the impact of people's lifestyles and business choices are changing the world in which we live. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 80% by 2050, using 2014/15, the first full year of Lewisham and Greenwich NHS Trust, as the baseline year.

Embedding sustainability within the organisation

Over 2015/16, we will be recruiting an Energy and Sustainability Manager and establishing a Sustainability Steering Group to monitor and improve performance. We will also be developing a Sustainable Development Management Plan (SDMP) to embed sustainability within the organisation.

To mark NHS sustainability day on 26 March 2015, we launched an awareness campaign with staff to help create a sustainable future. All staff were given energy saving tips – such as advice on turning off computers and lights – and invited to sign pledges on how they would save energy in the future. In addition, a number of energy champions were appointed across the organisation to promote best practice.

Performance

In 2009 the Carbon Reduction Strategy outlined an ambition to reduce the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2015.

Lewisham and Greenwich NHS Trust spent over £4 million on energy in 2013/14. There is no comparative figure for previous years, as this was the first full year for the Trust. We will therefore use this figure as a baseline and will measure future performance against this.

Total energy use for 2014/15 is captured in the table below:

<table>
<thead>
<tr>
<th>Resource</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gas</strong></td>
<td></td>
</tr>
<tr>
<td>Use (kWh)</td>
<td>36382379</td>
</tr>
<tr>
<td>tCO2e</td>
<td>763313237</td>
</tr>
<tr>
<td><strong>Oil</strong></td>
<td></td>
</tr>
<tr>
<td>Use (kWh)</td>
<td>0</td>
</tr>
<tr>
<td>tCO2e</td>
<td>0</td>
</tr>
<tr>
<td><strong>Coal</strong></td>
<td></td>
</tr>
<tr>
<td>Use (kWh)</td>
<td>0</td>
</tr>
<tr>
<td>tCO2e</td>
<td>0</td>
</tr>
<tr>
<td><strong>Electricity</strong></td>
<td></td>
</tr>
<tr>
<td>Use (kWh)</td>
<td>27378576</td>
</tr>
<tr>
<td>tCO2e</td>
<td>1694862689</td>
</tr>
<tr>
<td><strong>Total Energy CO2e</strong></td>
<td>2458175926</td>
</tr>
<tr>
<td><strong>Total Energy Spend</strong></td>
<td>£4,157,868</td>
</tr>
</tbody>
</table>

Our use of water is in the table below. As this is the first full year for Lewisham and Greenwich NHS Trust, we will use 2014/15 as a benchmark and will measure future performance against this. We are working with our PFI partners to review ways in which we can reduce water usage, whilst continuing to provide a safe and effective service.

<table>
<thead>
<tr>
<th>Water</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mains</td>
<td>m³</td>
</tr>
<tr>
<td></td>
<td>173191</td>
</tr>
<tr>
<td>tCO2e</td>
<td>158</td>
</tr>
<tr>
<td>Water &amp; Sewage Spend</td>
<td>£370,974</td>
</tr>
</tbody>
</table>
17. Trust Board
Background
Executive directors are full time employees of Lewisham and Greenwich NHS Trust. Non executive directors are appointed by the Trust Development Authority (TDA).

Executive directors manage the day-to-day running of Lewisham and Greenwich NHS Trust whilst the Chair and the non-executive directors provide strategic and Board level guidance. The members of the Board have a wide range of skills and bring experience gained from NHS organisations, other public bodies and private sector organisations.

Details of Board members, including the positions they hold in other organisations, are published on our website. We also publish the dates of our Board meetings and Board papers: www.lewishamandgreenwich.nhs.uk. Alternatively, please call 020 8333 3000 (extension 8131) for more information.

Our Board over 2014/15

- Elizabeth Butler, Chair
- Tim Higginson, Chief Executive
- John Ballard, Non Executive Director
- Professor Stuart Carney, Non Executive Director
- Val Davison, Non Executive Director
- Sukhvinder Kaur-Stubbs, Non Executive Director
- Joanna Knowles, Non Executive Director
- Russell Manley, Non Executive Director
- Veronika Simons, Non Executive Director
- Claire Champion, Director of Nursing and Clinical Services
- Janet Lynch, Director of Workforce and Education (co-opted Board member)
- Lee McPhail joined the Trust as Director of Service Delivery (co-opted Board member) on 30 March 2015.

The following served on the Board over 2014/15 and have since left the organisation:

- Judith van den Broek, Non Executive Director (left in June 2014)
- Joy Ellery, Director of Knowledge, Governance and Communications – co-opted board member (left in December 2014)
- Angela Amadi, Non Executive Director (left in March 2015)
- Bruce Hendry, Non Executive Director (left in April 2014)

Board committees
There are a range of committees which report directly to the Board and are chaired by non executive directors. These include the audit committee, which meets five times a year and approves the annual accounts and annual report. Over 2014/15, membership of the audit committee included:

- John Ballard – Chair
- Joanna Knowles
- Judith Van den Broek (until June 2014)
- Angela Amadi (from October 2014)

The other Board committees are the finance and investment committee, remuneration committee, workforce and education committee, commercial committee and integrated governance committee.

Remuneration
Remuneration for executive directors is set and agreed by the Trust’s remuneration Committee. Other senior managers’ pay is in line with Agenda for Change.

All executive directors report to the Chief Executive and, like other staff, have regular appraisals to set and assess performance against objectives. There is no performance related pay within the Trust.

All our directors were appointed as permanent employees. The notice period for executive directors is six months. If applicable, termination payments would be made in line with contractual entitlements.
18. Summary Financial Statements
- How we spend your money

- Insurance payments (Clinical Negligence)
  - £13,696K
  - 3%

- Establishment & Premises
  - £76,882K
  - 15%

- Employee Costs
  - £319,732K
  - 63%

- Supplies and services - Clinical
  - £80,502K
  - 16%

- Service from Other NHS
  - £345K
  - 0%

- Supplies and services - General
  - £2,290K
  - 0%

- Other
  - £12,647K
  - 3%
How we spend your money

The Trust’s external auditors are Grant Thornton. During the financial year, Grant Thornton carried out work in relation to the statutory audit. The cost of these services in 2014/15 was £174k. No other non-audit services were provided to the Trust in 2014/15.

To ensure that the Trust has proper arrangements for securing economy, efficiency and effectiveness in use of resources, our Grant Thornton carry out an annual audit – known as the "Value for Money (VfM) conclusion". The VfM conclusion is based on whether the Trust:

- Has robust systems and processes to manage financial risks and opportunities effectively, and to secure a stable financial position that enables the organisation to operate for the foreseeable future.
- Is prioritising its resources within tighter budgets, for example by achieving cost reductions and by improving efficiency and productivity.

The VfM conclusion is included on page four of the full accounts.

The Trust is a signatory to the Prompt Payment Code. The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The table on page 44 shows the Trust’s performance.

Counter fraud services

Counter fraud services are provided via the Trust’s internal audit contract and the Trust has a counter fraud strategy, as well as counter fraud and corruption and whistle-blowing policies. The counter fraud service provides advice and support to the Trust, and gives guidance on appropriate best practice initiatives. The counter fraud service carries out proactive reviews and is available to carry out any ad-hoc investigations if required.

Disclosures to auditors

The Trust’s Directors confirm that, as far as they are aware, there is no relevant audit information of which the auditors are unaware, and that they have taken all the steps that they ought to have taken as the Trust’s Directors in order to make themselves aware of any relevant audit information and to establish that the Trust’s auditors are aware of that information.

How we did in 2014-15

This was the first full year following the merger with Queen Elizabeth Hospital Woolwich (QEH) in October 2013 and the Trust had planned to breakeven. However, due to legacy issues associated with the merger and the challenging financial environment across the wider NHS, the Trust reported a deficit of £8,482k for the year.

This is the first time in nine years that the Trust has reported a breakeven deficit.

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’s policies, aims and objectives, whilst safeguarding the quality standards and public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the Accountable Officer Memorandum.

The system of internal control has been in place at Lewisham and Greenwich NHS Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

My review is informed in a number of ways:

- The Head of Internal Audit provides 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.
- Clinical audit and the executive directors and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.
- I have drawn on the content of the quality report and other performance information available to me.
- The Assurance Framework provides evidence of the effectiveness of the controls that manage the risks to the organisation achieving its principal objectives.

The full Governance Statement can be obtained from the Board Secretary, Lewisham and Greenwich NHS Trust, Lewisham High Street, London SE13 6LH.

Tim Higginson
Chief Executive
As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members in the table below.

**Remuneration Reports**

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

### Remuneration Report: Salary and Pension Entitlements of Senior Managers - Remuneration

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>2014/2015 Salary (bands of £5000)</th>
<th>2014/2015 Other Remuneration (bands of £5000)</th>
<th>2014/2015 All pension related benefits (bands of £25000)</th>
<th>2013/2014 Salary (bands of £5000)</th>
<th>2013/2014 Other Remuneration (bands of £5000)</th>
<th>2013/2014 All pension related benefits (bands of £25000)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tim Higginson</td>
<td>Chief Executive</td>
<td>195 - 200</td>
<td>0</td>
<td>120 - 122.5</td>
<td>0</td>
<td>120 - 122.5</td>
<td>315 - 320</td>
<td>300 - 305</td>
</tr>
<tr>
<td>John Hennessey</td>
<td>Director of Finance, Information &amp; Performance</td>
<td>155 - 160</td>
<td>0</td>
<td>35 - 37.5</td>
<td>140 - 145</td>
<td>67.5 - 70</td>
<td>210 - 215</td>
<td></td>
</tr>
<tr>
<td>Claire Champion</td>
<td>Director of Nursing &amp; Clinical Quality and Deputy CEO</td>
<td>150 - 155</td>
<td>0</td>
<td>102.5 - 105</td>
<td>0</td>
<td>155 - 157.5</td>
<td>290 - 295</td>
<td></td>
</tr>
<tr>
<td>Jane Linsell</td>
<td>Medical Director (L 30/09/13)</td>
<td>0</td>
<td>0</td>
<td>45 - 50</td>
<td>35 - 40</td>
<td>0 - 2.5</td>
<td>225 - 230</td>
<td></td>
</tr>
<tr>
<td>Gabrielle Kingsley</td>
<td>Director of Clinical and Academic Strategy</td>
<td>100 - 105</td>
<td>130 - 135</td>
<td>0</td>
<td>100 - 105</td>
<td>115 - 120</td>
<td>225 - 230</td>
<td></td>
</tr>
<tr>
<td>Other members of the Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joy Ellery</td>
<td>Director of Knowledge, Governance &amp; Communications (L 28/12/14)</td>
<td>90 - 95</td>
<td>0</td>
<td>67.5 - 70</td>
<td>105 - 110</td>
<td>0</td>
<td>225 - 230</td>
<td></td>
</tr>
<tr>
<td>Lynn Saunders</td>
<td>Director of Business Development and Planning</td>
<td>120 - 125</td>
<td>0</td>
<td>57.5 - 60</td>
<td>105 - 110</td>
<td>85 - 87.5</td>
<td>195 - 200</td>
<td></td>
</tr>
<tr>
<td>Keith Howard</td>
<td>Director of Facilities &amp; Estates</td>
<td>120 - 125</td>
<td>0</td>
<td>47.5 - 50</td>
<td>105 - 110</td>
<td>65 - 67.5</td>
<td>175 - 180</td>
<td></td>
</tr>
<tr>
<td>Janet Lynch</td>
<td>Director of Workforce &amp; Education</td>
<td>120 - 125</td>
<td>0</td>
<td>17.5 - 20</td>
<td>85 - 90</td>
<td>65 - 67.5</td>
<td>150 - 155</td>
<td></td>
</tr>
<tr>
<td>Chairman &amp; Non Executive Directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Butler</td>
<td>Chairman</td>
<td>25 - 30</td>
<td>0</td>
<td>20 - 25</td>
<td>0</td>
<td>25 - 30</td>
<td>20 - 25</td>
<td></td>
</tr>
<tr>
<td>Anthony Downham</td>
<td>Non-Executive Director (L 30/09/13)</td>
<td>0</td>
<td>0</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
<td>0 - 5</td>
<td></td>
</tr>
<tr>
<td>Bruce Hendry</td>
<td>Non-Executive Director (L 30/04/14)</td>
<td>0 - 5</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>Joanna Knowles</td>
<td>Non-Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>Veronica Simons</td>
<td>Non-Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>John Ballard</td>
<td>Non-Executive Director (F 01/03/13)</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>Judith Van den Broek</td>
<td>Non-Executive Director (L 30/06/14)</td>
<td>0 - 5</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>Angela Amadi</td>
<td>Non-Executive Director (F 01/04/14)</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>Stuart Carney</td>
<td>Non-Executive Director (F 08/09/14)</td>
<td>0 - 5</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
<tr>
<td>Val Davison</td>
<td>Non-Executive Director (F 06/10/14)</td>
<td>0 - 5</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>5 - 10</td>
<td>5 - 10</td>
<td></td>
</tr>
</tbody>
</table>
The method for calculating the value of the pension benefits are calculating the increase in the annual pension compared to the previous year (these figures have been inflated in line with inflation) multiplying by a factor of 20 plus any increase in the lump sum minus the amount of pension contributions made by the employee during the year.

## Remuneration Report: Salary and Pension Entitlements of Senior Managers – Pension Benefits

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

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase/ (decrease) in pension at age 60 (bands of £2500)</th>
<th>Real increase/ (decrease) in pension lump sum at age 60 (bands of £2500)</th>
<th>Total accrued pension at age 60 at 31 March 2015 (bands of £5000)</th>
<th>Total accrued pension lump sum at age 60 at 31 March 2015 (bands of £5000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2015</th>
<th>Cash Equivalent Transfer Value at 31 March 2014</th>
<th>Real Increase in Cash Equivalent Transfer Value</th>
<th>Employers Contribution to Stakeholder Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Higginson  - Chief Executive</td>
<td>5 - 7.5</td>
<td>17.5 - 20</td>
<td>75 - 80</td>
<td>230 - 235</td>
<td>1,688</td>
<td>1,462</td>
<td>226</td>
<td>0</td>
</tr>
<tr>
<td>John Hennessey - Director of Finance, Information &amp; Performance</td>
<td>2.5 - 5</td>
<td>7.5 - 10</td>
<td>35 - 40</td>
<td>105 - 110</td>
<td>706</td>
<td>620</td>
<td>86</td>
<td>0</td>
</tr>
<tr>
<td>Claire Champion - Director of Nursing &amp; Clinical Quality and Deputy CEO</td>
<td>5 - 7.5</td>
<td>15 - 17.5</td>
<td>45 - 50</td>
<td>135 - 160</td>
<td>889</td>
<td>738</td>
<td>151</td>
<td>0</td>
</tr>
<tr>
<td>Gabrielle Kingsley - Director of Clinical and Academic Strategy / Medical Director</td>
<td>0 - 2.5</td>
<td>-2.5 - -5</td>
<td>75 - 80</td>
<td>160 - 165</td>
<td>1,391</td>
<td>1,315</td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>Janet Lynch - Director of Workforce and Education</td>
<td>0 - 2.5</td>
<td>2.5 - 5</td>
<td>40 - 45</td>
<td>125 - 130</td>
<td>770</td>
<td>703</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>Joy Ellery - Director of Knowledge, Governance &amp; Communications</td>
<td>2.5 - 5</td>
<td>10 - 12.5</td>
<td>35 - 40</td>
<td>115 - 120</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lynn Saunders - Director of Business Development</td>
<td>2.5 - 5</td>
<td>10 - 12.5</td>
<td>30 - 35</td>
<td>90 - 95</td>
<td>713</td>
<td>600</td>
<td>113</td>
<td>0</td>
</tr>
<tr>
<td>Keith Howard - Director of Estates &amp; Facilities</td>
<td>2.5 - 5</td>
<td>7.5 - 10</td>
<td>20 - 25</td>
<td>70 - 75</td>
<td>529</td>
<td>438</td>
<td>91</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

## Reporting of Exit Packages for Staff Leaving in 2014/15

<table>
<thead>
<tr>
<th>Exit package cost band (including any special payment element)</th>
<th>Number of compulsory redundancies</th>
<th>Number of other departures agreed</th>
<th>Total number of exit packages by cost band</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0 - £10,000</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>£10,000 - £25,000</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>£25,001 - £50,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>£50,001 - £100,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>£100,001 - £150,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>£150,001 - £200,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&gt;£200,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total number of exit packages</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total resources</td>
<td>0</td>
<td>39</td>
<td>39</td>
</tr>
</tbody>
</table>

Exit packages were paid for 8 staff departures during the year at a cost of £39K.
The disclosure covers the following off-payroll engagements:

- The banded remuneration of the highest paid director in Lewisham and Greenwich NHS Trust in the financial year 2014-15 was £233,945 (2013-14 £219,290). This was 7.03 times (2013-14 6.35 times) the median remuneration of the workforce, which was £33,258 (2013-14 £34,524). The director is the medical director and a senior academic.

In 2014-15 no employees received remuneration in excess of the highest-paid director (none in 2013-14). Remuneration ranged from £14,294 to £233,945 (2013-14 £14,294 to £219,290).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments, where appropriate. The highest-paid director also has a clinical excellence award. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

**Remuneration Report: Median Pay & Highest Paid Director**

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Pay</th>
<th>Highest Paid Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>£33,258</td>
<td>£233,945</td>
</tr>
<tr>
<td>2013-14</td>
<td>£34,524</td>
<td>£219,290</td>
</tr>
</tbody>
</table>

**Median as Multiple of Highest Paid Director**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014-15</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.03</td>
<td>6.35</td>
</tr>
</tbody>
</table>

**Highest Paid Director and Median Pay of Workforce**

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.

**Review of Tax Arrangements of Public Sector Employees - Off-Payroll Engagements**

Reporting bodies are required to disclose details in respect of the tax arrangements of public sector employees relating to off-payroll engagements under Treasury PES(2012)17.

The disclosure covers the following off-payroll engagements:

**Details of all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months Number**

- The total number of existing engagements as of 31 March 2015 = 1
- The number that have existed for less than one year at time of reporting = -
- The number that have existed for between two and three years at time of reporting = -
- The number that have existed for between three and four years at time of reporting = -
- The number that have existed for four or more years at time of reporting = 1
- Declaration that all existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought = 1

The Trust has had no new off-payroll engagements that have reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day.

The Trust has had no off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2014 and 31 March 2015.

**Statement of Comprehensive Income for the year ended 31 March 2014**

<table>
<thead>
<tr>
<th>Description</th>
<th>2014/15</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>Note</td>
<td>£000</td>
</tr>
<tr>
<td>Gross employee benefits</td>
<td>8.1</td>
<td>(319,732)</td>
</tr>
<tr>
<td>Other operating costs</td>
<td>6</td>
<td>(190,405)</td>
</tr>
<tr>
<td>Revenue from patient care activities</td>
<td>3</td>
<td>459,503</td>
</tr>
<tr>
<td>Other Operating revenue</td>
<td>4</td>
<td>58,019</td>
</tr>
<tr>
<td>Operating Surplus/(Deficit)</td>
<td></td>
<td>7,385</td>
</tr>
<tr>
<td>Investment revenue</td>
<td>10</td>
<td>48</td>
</tr>
<tr>
<td>Other gains and (losses)</td>
<td>11</td>
<td>(31)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>12</td>
<td>(18,751)</td>
</tr>
<tr>
<td>Surplus/(Deficit) for the financial year</td>
<td></td>
<td>(11,349)</td>
</tr>
<tr>
<td>Public dividend capital dividends payable</td>
<td></td>
<td>(9,401)</td>
</tr>
<tr>
<td>Transfers by Absorption - Gains</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Transfers by Absorption - Losses</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Retained Surplus/(Deficit) for the year</td>
<td></td>
<td>(20,750)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairments and reversals taken to the Revaluation Reserve</td>
<td>*</td>
<td>(35,187)</td>
</tr>
<tr>
<td>Net gain/(loss):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- on revaluation of property, plant &amp; equipment</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>- on revaluation of intangibles</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>- on revaluation of financial assets</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>- other gain/(loss)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>- on revaluation of available for sale financial assets</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>- on pension schemes</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>- on other pension remeasurements</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td></td>
<td>(35,187)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairments (excluding IFRIC 12 impairments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** IFRIC 12 adjustment (including IFRIC 12 impairments)</td>
<td>8,512</td>
<td>7,667</td>
</tr>
<tr>
<td>Impairments (excluding IFRIC 12 impairments)</td>
<td>***</td>
<td>3,661</td>
</tr>
<tr>
<td>Adjustments in respect of donated govt grant asset reserve elimination</td>
<td>95</td>
<td>(6)</td>
</tr>
<tr>
<td>Adjustment re absorption accounting</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Adjusted retained surplus/(deficit)</td>
<td></td>
<td>(8,482)</td>
</tr>
</tbody>
</table>

* The reported net impairment of £35,187K arises from the quinquennial full “fair value” revaluation of land and buildings carried out in line with DH guidance - See Note 131 Property Plant and Equipment.

** The IFRIC 12 adjustment removes the revenue impact of PFI assets treated as balance sheet under International Financial Reporting Standards (IFRS) as the related costs are not considered part of the Trust’s operating position for the purposes of the financial performance “breakeven” measure (Note 33.1). The Trust’s PFI assets include the Riverside building on the Lewisham Hospital site, QEH buildings and the Toshiba Managed Equipment Contract.

*** The adjustment for Non-IFRIC 12 impairment gains is to offset the gain from the reversal of prior period impairments as a consequence of the quinquennial full “fair value” revaluation of land and buildings carried out in 2014-15 - See Note 6 Operating Expenses.

Further details can be found in the notes on pages 5 to 43 of the annual accounts.
### Statement of Financial Position as at 31 March 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2014/15</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>£000</td>
<td></td>
</tr>
</tbody>
</table>

#### Non-current assets
- Property, plant and equipment * 13.1 400,727 437,198
- Intangible assets 14 6,411 2,187
- Investment property - -
- Other financial assets - -
- Trade and other receivables 19 2,821 2,821

**Total Non-current assets** 409,959 442,206

#### Current Assets
- Inventories 18 5,662 5,527
- Trade and other receivables 19 42,045 54,064
- Other financial assets - -
- Other current assets - -
- Cash and cash equivalents 20 1,027 16,101

**Sub-total Current Assets** 48,734 75,692

**Non-current assets held for sale** - -

**Total Current Assets** 458,693 517,898

#### Current Liabilities
- Creditors: Amounts falling due within one year 22-23 (62,348) (70,649)
- Provisions for liabilities and charges 26 (1,863) (2,994)

**Total Current Liabilities** (64,211) (73,643)

**Net Current Assets/(Liabilities)** (15,677) 2,049

#### Total assets less current liabilities
- Creditors: Amounts falling due after more than one year 22-23 (128,813) (127,241)
- Provisions for liabilities and charges 26 (4,552) (5,175)

**Total Assets Employed** 261,117 311,839

- **Taxpayers Equity**
  - Public dividend capital 183,014 177,799
  - Retained earnings (61,875) (41,125)
  - Revaluation reserve* 139,915 175,102
  - Other reserves 63 63

**Total Taxpayers Equity** 261,117 311,839

---

* Restated: See Note 13.2 Property, Plant and Equipment

---

### Operating Expenses

<table>
<thead>
<tr>
<th>Operating expenses comprise:</th>
<th>2014/15</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>£000</td>
<td></td>
</tr>
</tbody>
</table>

#### Purchase of healthcare from non-NHS bodies 345 118
#### Trust Chair and Non-executive Directors 62 58
#### Supplies and services - clinical 80,502 56,729
#### Supplies and services - general 2,290 1,641
#### Consultancy services 7,651 8,068
#### Establishment 5,999 3,237
#### Transport 1,851 582
#### Service charges - ON-SOFP PFIs and other service concession arrangements 17,191 9,126
#### Business rates paid to local authorities 3,169 2,472
#### Premises 33,949 28,038
#### Hospitality 121 95
#### Insurance 99 80
#### Legal Fees 167 73
#### Impairments and Reversals of Receivables 1,194 984
#### Inventories write down 85 -
#### Depreciation 16,288 12,427
#### Amortisation 808 302
#### Impairments and reversals of property, plant and equipment 3,216 4,933
#### Audit fees 174 145
#### Clinical negligence 13,696 7,811
#### Education and Training 1,506 712
#### Change in Discount Rate (7) (29)
#### Other 49 14

**Total Operating expenses (excluding employee benefits)** 190,405 137,616

#### Employee benefits

- Employee benefits excluding Board members 318,676 233,421
- Board members 1,056 1,059

**Total employee benefits** 319,732 234,480

**Total operating expenses** 510,137 372,096
Statement of Cash Flows for the Year Ended 31 March 2014

<table>
<thead>
<tr>
<th>Cash flow from operating activities</th>
<th>2014/15 £000</th>
<th>2013/14 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating surplus/(deficit)</td>
<td>7,385</td>
<td>10,001</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>17,096</td>
<td>12,729</td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>3,216</td>
<td>4,933</td>
</tr>
<tr>
<td>Other Gains / (Losses) on foreign exchange but non-cash</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Government Granted Assets received credited to revenue but non-cash</td>
<td>-</td>
<td>(60)</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(18,751)</td>
<td>(11,794)</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(10,103)</td>
<td>(4,790)</td>
</tr>
<tr>
<td>Release of PFI/deferred credit</td>
<td>135</td>
<td>257</td>
</tr>
<tr>
<td>(Increase)/decrease in inventories</td>
<td>12,721</td>
<td>(31,375)</td>
</tr>
<tr>
<td>(Increase)/decrease in current assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Increase/(Decrease) in trade and other receivables</td>
<td>(8,104)</td>
<td>(35,269)</td>
</tr>
<tr>
<td>Increase/(Decrease) in other current liabilities</td>
<td>(14,321)</td>
<td>-</td>
</tr>
<tr>
<td>Provisions utilised</td>
<td>853</td>
<td>3,777</td>
</tr>
<tr>
<td>(Increase)/Increase in provisions</td>
<td>856</td>
<td>(2,656)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from operating activities</strong></td>
<td>1,574</td>
<td>(786)</td>
</tr>
</tbody>
</table>

Cash flows from investing activities

| Interest received                   | 10           | 48           |
| (Payments) for property, plant and equipment | (21,353) | (13,918) |
| (Payments) for intangible assets     | 141          | 1,810        |
| (Payments) for investments with DH   | -            | -            |
| (Payments) for other financial assets | - | - |
| (Payments) for financial assets      | -            | -            |
| Proceeds from disposal of assets held for sale (PPE) | - | 119 |
| Proceeds from disposal of assets held for sale (Intangible) | - | - |
| Proceeds from disposal of investments with DH | - | - |
| Proceeds from disposal of other financial assets | - | - |
| Proceeds from disposal of other financial assets (LIFT) | - | - |
| Loans made in respect of LIFT        | -            | -            |
| Loans repaid in respect of LIFT      | -            | -            |
| Rental Revenue                       | -            | -            |
| **Net cash inflow/(outflow) from capital expenditure** | (23,115) | (14,087) |

Cash flows from financing activities

| Public dividend capital received*   | 22,157       | 40,611       |
| Public dividend capital paid **     | (16,942)     | (10,500)     |
| Loans received from the DH - New capital investment loans*** | 4,723 | - |
| Loans received from the DH - New revenue support loans | - | - |
| Other loans received                | -            | -            |
| Loans repaid to the DH - Capital investment loans repayment of principal | (472) | (472) |
| Loans repaid to the DH - working capital loans/revenue support loans repayment of principal | - | - |
| Other loans repaid                  | (30)         | -            |
| Cash transferred to NHS Foundation Trusts or on dissolution | - | - |
| Capital element of payments in respect of finance leases and On-SoFP PFI | (3,008) | (2,396) |
| Capital grants and other capital receipts | - | - |
| **Net cash inflow/(outflow) from financing** | 6,467 | 27,213 |

Net increase/(decrease) in cash and cash equivalents | (15,074) | 12,340 |
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year | 16,101 | 3,761 |
Effect of exchange rate changes on the balance of cash held in foreign currencies | - | - |
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year | 1,027 | 16,101 |

**Net cash inflow/(outflow) from operating activities** | 1,574 | (786) |
**Net cash inflow/(outflow) from capital expenditure** | (23,115) | (14,087) |
**Net cash inflow/(outflow) before financing** | (21,541) | (14,873) |

What We earned (Income)

| NHS Trusts and Foundation Trusts | £5,467k | 11% |
| NHS England                     | £88,616k | 17% |
| Clinical Commissioning Groups   | £355,241k | 68.6% |
| Other                           | £26,081k | 5.0% |
| Non-NHS patient care            | £10,149k | 2.0% |
| Education, training and research | £27,189k | 4.2% |
| NHS Other                       | £122k | 0.02% |

Revenue from patient care activities

<table>
<thead>
<tr>
<th>2014/15 £000</th>
<th>2013/14 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Trusts</td>
<td>526</td>
</tr>
<tr>
<td>NHS England*</td>
<td>88,616</td>
</tr>
<tr>
<td>Clinical Commissioning Groups</td>
<td>355,241</td>
</tr>
<tr>
<td>Foundation Trusts</td>
<td>4,941</td>
</tr>
<tr>
<td>NHS Other (including Public Health England and Prop Co)</td>
<td>122</td>
</tr>
<tr>
<td>Non-NHS:</td>
<td></td>
</tr>
<tr>
<td>Local Authorities</td>
<td>7,746</td>
</tr>
<tr>
<td>Private patients</td>
<td>44</td>
</tr>
<tr>
<td>Overseas patients (non-reciprocal)</td>
<td>695</td>
</tr>
<tr>
<td>Injury costs recovery</td>
<td>1,365</td>
</tr>
<tr>
<td>Other</td>
<td>287</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>459,503</td>
</tr>
</tbody>
</table>

* PDC Received comprised capital funding (£9,572k) primarily for IT investment at QEH, revenue cash support (£6,585k) and temporary revenue cash support (£4,000k) that was ultimately repaid in year.
** PDC Repaid included the repayment of residual working capital received (£12,942k) as part of the QEH merger and South London Healthcare Trust (SLHT) dissolution, together with the repayment of temporary revenue cash support (£4,000k) received during the year.
*** New Capital Investment Loans of £14,732k were received to fund investment in additional “Winter Pressure” ward capacity.
Related Party Transactions

During the year none of the Department of Health Ministers, Trust Board members or members of key management staff, or parties related to them, has undertaken any material transactions with Lewisham and Greenwich NHS Trust.

The Trust maintains a Register of Interests that can be viewed by contacting the Trust Board Secretary.

The members of the Trust Board are also the Trustees of the Lewisham Hospital NHS Trust Charitable Fund (Registered Charity No. 1050522). The Charity’s objectives are to provide support both generally and in certain areas of the Trust’s activities.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the 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 the scheme liability is carried out annually by the scheme actuary 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015 is based on valuation data as 31 March 2014, updated to 31 March 2015 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Accounts, published annually. These accounts can be viewed on the NHS Pensions website. 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 scheme (taking into account recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained.

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

### Other Operating Revenue

<table>
<thead>
<tr>
<th></th>
<th>2014/15 £000</th>
<th>2013/14 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recoveries in respect of employee benefits</td>
<td>3,123</td>
<td>2,235</td>
</tr>
<tr>
<td>Patient transport services**</td>
<td>1,118</td>
<td>-</td>
</tr>
<tr>
<td>Education, training and research</td>
<td>21,789</td>
<td>16,393</td>
</tr>
<tr>
<td>Receipt of donations for capital acquisitions - charity</td>
<td>-</td>
<td>60</td>
</tr>
<tr>
<td>Non-patient care services to other bodies</td>
<td>10,149</td>
<td>11,022</td>
</tr>
<tr>
<td>Income generation</td>
<td>3,329</td>
<td>1,841</td>
</tr>
<tr>
<td>Rental revenue from operating leases</td>
<td>1,151</td>
<td>3,165</td>
</tr>
<tr>
<td>Other revenue ***</td>
<td>15,360</td>
<td>6,975</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td><strong>58,019</strong></td>
<td><strong>41,691</strong></td>
</tr>
</tbody>
</table>

* This includes several elements of funding totalling £37,600K concerning the continuing financial implications of the QEH merger. These include revenue support for exceptional running costs at QEH (£22,000K) and additional operational services and reconfiguration (£14,600K).

** The comparator figure for patient transport services is included in non-patient care services to other bodies.

*** This includes two sums of funding totalling £15,345K relating to the QEH care services to other bodies.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual Report 2014/15 | 43
Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. The Consumer Price Index (CPI) has been used instead of the Retail Prices Index (RPI) since 2011-12.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC’s run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Better Payment Practice Code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The table below shows the Trust’s performance.

<table>
<thead>
<tr>
<th>Better Payment Practice Code - Measure of Compliance</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Total Non-NHS trade invoices paid in the year</td>
<td>113,841</td>
</tr>
<tr>
<td>Total Non NHS trade invoices paid within target</td>
<td>72,876</td>
</tr>
<tr>
<td>Percentage of Non-NHS trade invoices paid within target</td>
<td>64.02%</td>
</tr>
<tr>
<td>Total NHS trade invoices paid in the year</td>
<td>3,479</td>
</tr>
<tr>
<td>Total NHS trade invoices paid within target</td>
<td>1,525</td>
</tr>
<tr>
<td>Percentage of NHS trade invoices paid within target</td>
<td>43.83%</td>
</tr>
</tbody>
</table>

Auditor

The Trust’s Auditor is:
Darren Wells
Director
Grant Thornton UK LLP
Fleming Way, Manor Royal
Crawley
RH10 9GT

The fee for services in 2014-15 was £174,000 (including VAT)

Copies of Accounts

Full copies of the Annual Accounts are available from:

The Director of Finance and Information
Lewisham and Greenwich NHS Trust
University Hospital Lewisham
Lewisham High Street
London
SE13 6LH

They are also available on the Trust website at: www.lewisham.nhs.uk
Financial Statements - Glossary

The accounts have been produced in line with the International Financial Reporting Standards (IFRS). The main features of IFRS, as compared with the previously applied UK GAAP rules, are that fixed assets are valued at fair value; normally open market value (OMV) or depreciated replacement cost (DRC) in the case of most Trust assets, assets covered by finance leases as the case of the Riverside (PFI) building are shown on balance sheet and potential staff costs relating to untaken annual leave are included in expenditure.

The Statement of Comprehensive Income (SoCI) records the income and the costs incurred by the Trust during the year in the course of running its operations. It includes cash expenditure on staff and supplies as well as non cash expenses such as depreciation (a charge that reflects the consumption of assets used to deliver services). It is the equivalent of what may be referred to as the “profit and loss account” in the private sector. If income exceeds expenditure, the Trust has a surplus that can be re-invested in new equipment or services. Conversely, if expenditure exceeds income, a deficit is incurred which the Trust will have to recover. Unrealised gains and losses from changes in the value assets during the year which have not yet had any cash consequences, such as those arising from the revaluation of property, are now also summarised here as part of Other Comprehensive Income.

The Statement of Financial Position (SoFP) provides a balance sheet snapshot of the Trust’s financial condition at the end of the financial year. It summarises assets held (everything the Trust owns that has monetary value), liabilities (money owed to external parties) and taxpayers’ equity (public funds invested in the Trust). The sum of assets less liabilities is matched by an equal amount of taxpayers’ equity.

The Statement of Cash Flows (SoCF) summarises the amount of cash received and paid out by the Trust during the year in the delivery of its operational services, investment activities, capital transactions and payment of financing cost. A surplus in the SoCI will not always lead to an increase in cash. Similarly, a deficit would not necessarily translate into a reduction in cash held. This is because the SoCI has expenditure in the form depreciation which does not involve actual cash payments, and cash flow includes payments for investments, capital and financing cost that are not shown in the SoCI because they are non-operational (greater than one year). The impact of an organisation’s operating performance on its cash position can only be gleaned from the SoCF and SoFP.

Revenue from patient care activities relates primarily to income for services commissioned by PCTs. It also includes income received for joint care arrangements with local authorities or for delayed discharges, and income from treating overseas visitors from countries where there is no reciprocal healthcare agreement in place. Reciprocal arrangements exist with most European countries - meaning healthcare is delivered free to patients and costs funded by the Department of Health via PCTs. The NHS Injury Costs Recovery Scheme enables trusts to recover the cost of treating patients injured in a road traffic accident by charging a standard fee for an accident and emergency attendance or claiming actual costs (up to a set limit), through the private insurance system, if inpatient care was provided.

Other Operating Income includes education, training and research funding, income from non-patient care services to other bodies, and rental income from other NHS and Non NHS bodies that use Trust property to deliver patient care related services. Funds to cover the costs of providing education and training come from Medical and Professional Education and Training (MPET) levies. The levies comprise Service Increment for Teaching undergraduate medical students (SIFT), Medical and Dental Education Levy for postgraduate medical training (MADEL) and Non Medical Education and Training (NMET). These funds are generally allocated by the Department of Health via SHAs. Organisations undertaking research can also receive funding through a research and development levy.

Non patient care services to other bodies - examples include laundry and pathology.

Income Generation is income from non patient care activities such as car parking, pharmacy and accommodation charges.

Other Income covers income not reported in the categories above and include Riverside PFI support.

Operating Expenses:
- Services from other NHS Trusts, PCTs, other NHS Bodies and Foundation Trusts is Trust expenditure under contracts with other NHS Trusts, Foundation Trusts and other NHS bodies (including PCTs).
- Establishment includes items such as printing, postage, telephone, advertising and travel expenses.
- Transport includes vehicle insurance, fuel and oil, maintenance equipment and hire of transport.
- Premises include all the trust’s utility costs, furniture and other property related revenue expenditure such as rates, rent and insurance.
- Provision for impairment of receivables is the amount of outstanding Non NHS debt charged to expenditure on the basis that it is unlikely to be recovered. These debts are pursued and only written-off after they are 3 years old.
- Depreciation is an accounting charge recognising that capital assets are ‘consumed’ over their useful lives. For instance, IT equipment may be depreciated over 5 years on a straight line basis, meaning one fifth the purchase cost is assigned to each of the 5 years of the assumed asset life.
- Impairments of property, plant and equipment is where the net book value of an asset is charged to expenditure due to the consumption of economic benefit in full or a reduction in value not matched a positive revaluation reserve balance. The Department of Health excludes the impact of impairments from a trust’s breakeven duty.
- Clinical Negligence is the annual premium payment to the NHS Litigation Authority (NHSLA) as part of the Clinical Negligence Scheme for Trusts. Premium levels are influenced by a range of factors, including the type of trust, the specialties it provides and the number of clinical staff it employs. Discounts are available to those trusts that achieve the relevant NHSLA risk management standards and to those with a good claims history.
- Employee Benefits - are the total employment costs. These are analysed into:
  1. ‘Employee benefits excluding board members’. This includes employer’s national insurance, pension contributions, early retirement, termination and agency staff costs.
  2. ‘Directors’ costs’. This is the total paid to Executive and Non Executive directors including employer’s national insurance and employer’s pension costs.

Fair Value – Open Market Value (OMV) for non specialised properties is the estimated amount for which a property should exchange on the date of valuation between a willing buyer and a willing seller in an arm’s length transaction after proper marketing wherein the parties had each acted knowingly, prudently and without compulsion.

Fair Value – Depreciated Replacement Cost (DRC) is the current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation.
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