Whittington Health 2021/22 Annual Report

Contents

INTRODUCTION

Welcome to our 2021/22 annual report which outlines how, over the past unprecedented year, the tremendous work of the staff and volunteers of Whittington Health NHS Trust has supported over 500,000 people living across North Central London and beyond to live longer, healthier lives.

As with last year's annual report, this year Whittington Health was one of the NHS trusts in England which was greatly impacted in the waves of COVID-19. also brought serious pressures caused by the COVID-19 pandemic. In April 2021, our key priorities were:

- continuing to manage services in a pandemic and also providing safe care as part of the restart of elective services
- working in partnership with our health and social care and third sector partners to vaccinate as many local people as possible
- providing our staff, who have been amazing during the pandemic, with support to help their wellbeing and resilience
- delivering further improvements in our organisational culture by addressing workplace and health inequalities
- collaborating with other local NHS providers and commissioners for the benefit of patients and starting the integration of back office corporate services to demonstrate value for money

We are pleased to highlight the following significant achievements:

- There has been tremendous resilience and dedication shown by staff in treating patients during the pandemic and during the restart of vital hospital and community services
- We successfully bid for and now provide children's integrated therapy services in the London Borough of Barnet
- Considerable work took place as part of our plans for maternity and neo-natal transformation, including the design and consultation phases and the approval of a business case. Furthermore, Whittington Health has implemented the recommendations arising from Dame Donna Ockenden's review of maternity services at Shrewsbury and Telford NHS Trust, achieving 100% compliance
- Whittington Health has been an engaged partner in the North Central London health and social care economy through its collaborative work with system providers and commissioners. This was evidenced during the response to the COVID pandemic and also through work for the establishment of a community diagnostic centre in Wood Green
- Teignmouth Road was developed into a hub for children's services in Haringey
- Whittington Health was also selected as a site to honour the contribution of Commonwealth and Windrush nurses
- Our staff networks continued to thrive and develop, and the See ME First initiative continued to spread both inside and outside this organisation
- In addition, through our anchor institution work with our local authority partners in Islington and Camden, we are tackling local health inequalities
- At the end of the financial year, despite considerable challenges, we were able to demonstrate value for money and delivered a small surplus of £500k

We also gratefully recognise the overwhelming help and response of our volunteers, as well as the charitable donations received from both local people and organisations to help support our patients and staff.

There were several changes to our board and senior leadership team in 2021/22. On the Trust Board, we welcomed Tina Jegede and Swarnjit Singh as Joint Directors of Race, Equality, Diversity and Inclusion, and Tawanda Maposa joined the executive team as Chief Information Officer.

Finally, from Julia Neuberger, I want to say that this is Siobhan's last annual report with Whittington Health. Her history with the Trust and with healthcare services in North Central London goes back 32 years since she was a practice nurse in Barnet in the 1990s. At the end of May 2022, she leaves to become the Chief Executive at University Hospitals Dorset NHS Foundation Trust. We will miss her immensely. In her own words, she said:

It has been a privilege to lead this organisation over the last four and a half years. Whittington Health is a special place with so many wonderful people and hospital and community services working together – not just under the same banner – helping to demonstrate how this can be achieved to provide person-centred care.

I am immensely proud of everything we have done – not least in the last two years with the challenges of a pandemic – and I am especially proud of the people that made it happen. While the pandemic may have tested our 'organisation with a soul' (as described by the Care Quality Commission), we kept that special connected caring feel. And as we have shown, the size and scale of Whittington Health means that we can be agile, we can adapt, teams can work together flexibly and support each other to grow and develop and keep providing the best care.

I have no doubt Whittington Health will continue to go from strength to strength, to build on the innovation which I have had the privilege to see, to continue the vital role it plays in the local health and care system and to remain outstanding for caring. I will always take a part of this organisation with me, including into my new role, where I will be using everything we have learned to also help local people live longer healthier lives – the Whittington Health vision that will stay with me and guide me forever.

Siobhan Harrington, Chief Executive, and Baroness Julia Neuberger DBE, Chair

At a meeting of the Council of the London Borough of Islington specially convened for the purpose and held in the Council Chamber at the Town Hall, Upper Street, N1, on Monday 18th October 2021

It was resolved, by virtue of the power vested in it by Section 249 of the Local Government Act 1972, that the Council do Admit

THE WHITTINGTON HEALTH NHS TRUST

AS

Honorary Freepersons

of the

London Borough of Islington

In recognition of the major and unique contribution made to the life of the Borough.

Since 1948, the nurses, doctors and all the staff of the Whittington Health NHS Trust have worked tirelessly, with constant dedication, to save the lives of local people and improve the health of the borough's residents. From all backgrounds and cultures, the bravery, professionalism, compassion, resilience and commitment they demonstrate each day, is an example to us all.

During the COVID pandemic they have put themselves at risk, without hesitation, to protect us and save lives. They are valued partners of the council and the pride of Islington.

— In witness —

whereof the Common Seal of the Mayor and Burgesses of the London Borough of Islington was hereunto affixed this 18th October 2021.

THE COMMON SEAL of ISLINGTON BOROUGH COUNCIL was hereunto affixed in the presence of:

Councillor Troy Gallagher
HW The Mayor

Linzi Roberts-Egan
Chief Executive

PERFORMANCE REPORT

Overview

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney. Whittington Health provided over 40 acute and 60 community health services in 2021/22. In addition, we provide dental services in 10 London boroughs. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our vision
We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients, with a clear focus on integrating care for women, children, and the adult frail.

Our vision is: Helping local people live longer, healthier lives

What we do: Lead the way in the provision of excellent integrated community and hospital services

Our 2019/24 strategy has four main objectives:

Within each of these objectives we have set out more specifically what we mean and what our ambition is:

Deliver outstanding safe, compassionate care in partnership with patients

- Complete the Care Quality Commission action plan and improving trust safety rating to “good”
- Develop an effective Better Never Stops programme
- Deliver on Year 2 objectives of 3-year quality priorities
- Deliver on Year 3 objectives of the Patient Experience Strategy
- Maintain expanded rapid response services across adult and children and young people’s services and re-start other community services in a safe way, prioritising the vulnerable and improving inequalities
- Deliver our part in the roll-out of the COVID-19 vaccine to staff and public
- Re-start and recover planned care

Empower, support and develop an engaged staff community

- Protect our staff by following National infection control and prevention guidance and using the right Personal Protective Equipment with a special focus on supporting vulnerable staff
- Continually improve our culture in line with the NHS People Plan by implementing the Cultural and Workforce Race and Disability Equality Standard action plans, focussing on engagement and bullying and harassment
- Promote inclusive, compassionate leadership, accountability and team working
- Work with North Central London partner organisations to continually improve recruitment, talent management and occupational health
- Care for staff and support staff recovery through mental health work, celebrations, and time to reflect and recuperate
- Develop and support clinical leads and middle managers, and improve professional standards and ways of working – hospital and community – Practice Development Nurse and Clinical Nurse Specialist leadership development
- Roll-out agile working and ensuring that we support working safely in offices, at home and clinical environments
- Resourcing and supporting our staff networks

Integrate care with partners and promote health and wellbeing

- Be a beacon for integrated care, leading models in North Central London, expanding and improving the new model of care in localities with our primary care, Primary Care Networks, council and voluntary sector partners to proactively care for vulnerable people in the community
- Play our role as an anchor institution to prevent ill-health and empower self-management by making every contact count, engaging with the community, becoming a source of health advice and education and tackling inequalities, including inequalities facing people with learning disabilities and/or autism and serious mental ill-health
- Deliver the orthopaedic hub with University College London Hospitals NHS Foundation Trust (UCLH), a joint oncology model with UCLH, and a joint dermatology model with North Middlesex University Hospital NHS Trust, support system changes in paediatrics, work with Camden & Islington NHS Foundation Trust on the development of a new hospital

- Shape and steer borough partnerships, Integrated Care Board and Provider Alliance, develop a response to the community services review

Transform and deliver innovative, financially sustainable services

- Transform maternity and neonatal services, including starting refurbishment and new models of care
- Transform outpatients, including virtual by default
- Continue to build on our strengths in community dentistry and our outstanding community services
- Design financial recovery plan with system partners to achieve financial sustainability
- Deliver in year financial targets
- Deliver community estate transformation plans (Tynemouth Road)
- Complete the fast follower programme, create a new digital strategy and deliver agile working
- Improve and innovate in digital, data, and analytics, using data to transform services
- Conclude the Private Finance Initiative (PFI) deal and begin rectification of PFI areas
- Full realisation of new WEC facilities to develop education and research

This strategy was created with the engagement of staff, the public and stakeholders. It was embedded throughout the organisation in the following ways:

- Trust operational plan
- Accountability framework
- Integrated Clinical Service Unit (ICSU) business plans
- Annual appraisals
- Individual and team objectives

Values

The ICARE values developed through staff engagement and consultation continue to be fundamental to everything we do at Whittington Health and form the basis of expected staff behaviours. In the last year, we supplemented the ICARE values with an additional overarching value of equity:

Our services

Our service priorities are focussed on our population needs: integrating care in all settings with emphasis on women, children and frail adult patents and residents.

Our priority is to deliver the right care, at the right time, and in the right place for our patients. We provide an extensive range of services from our main hospital site and run services from over 30 community locations in Islington and Haringey, and our dental services are run from sites across 10 boroughs.

As an integrated care organisation, we bring safe and high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience reducing admissions and speeding up discharge. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

Our organisation has a highly regarded educational role. We teach undergraduate medical students (as part of University College London Medical School) and nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals. We also have a growing research arm which is exceeding Clinical Research Network targets.

Highlights and achievements

We continue to be proud of our staff and their commitment to delivering safe and high-quality care every day of the year. During 2021/22, our community and hospital teams have once again been impressive in their professionalism. Through the pandemic, the integrated nature of our services was invaluable. Patients were supported to be at home where they could and only came to hospital when it was

necessary. Here are a few of the many highlights of the year and achievements of our staff:

- **Professor Hugh Montgomery, Director for Research and Innovation**, was awarded Officer of the **Order of the British Empire** for services to intensive care medicine and climate change
- We were a highly commended finalist in the Health Service Journal Partnership Awards for our work with **Meals for The NHS** providing 24/7 hot meals to staff from smart fridges
- We were a finalist in the Health Service Journal Partnership Awards for our work with Wingfactors creating **simulation and customer service training** around the country
- The **Tynemouth Road development** project was completed and created a hub for children's services in the London Borough of Haringey
- We were awarded funding and began work on a **community diagnostic centre** in **Wood Green Shopping City**

- All of Whittington Health's staff were made honorary freepersons of the London Borough of Islington at a special ceremony held on 18 October 2021 at Islington Town Hall. The title of Honorary Freeperson is the highest honour the council can bestow and is reserved for people and organisations who are exceptional in their service, to the public. The Freedom of the Borough award is a real tribute to our colleagues' dedication, strength and professionalism, at all times, but especially over the past months of the pandemic as they cared for Londoners in need

  Leader of the Council, Councillor Kaya Comer-Schwartz said: "It is a great privilege to award the Freedom of the Borough to Islington's heroes who have

done so much to improve the lives of local people. Our brilliant health workers are so richly deserving of this recognition. The last two years have shown just how massive their contribution is to life in the borough. They have worked so hard to keep us safe during the health crisis, which must have been exhausting and overwhelming at times. On behalf of Islington Council, I want to say that we are so grateful for their selfless service."

- The **Maternity Transformation Programme Board** oversaw a programme of work which invested in more staff, secured complete compliance with Ockenden standards, and transformed our culture and information technology capability
- We were successful in securing £13.4m of investment for phase 1 of the **Maternity and Neonatal Building programme**
- https://www.whittingtonhealthcharity.org/ A **new charity brand and website** was launched
- Produced our **first population health report and an anchor institution action plan**
- Our staff **vaccination programmes** for both COVID-19 and winter influenza were successful
- Against a backdrop of the second year of the pandemic and considerable staff fatigue, the **annual NHS staff survey saw an improved response rate**
- A **Managers' Forum was created** to engage front line managers
- A **comprehensive health and wellbeing plan** was delivered. It focussed on best practice wellbeing support, ensuring people's basic needs were met, that they received clear and useful communication and were provided with expert, tertiary psychological support when needed
- Our **four staff equality networks** were supported to develop as part of good staff engagement and helped to celebrate respective history months for disability, race and lesbian, gay, bisexual and transgender. We also celebrated international women's day
- A **pan-London Human Resources network for ethnic minority staff** was created and developed by one of our Human Resources Business Partners
- Whittington Health contributed to **improved system working** in North Central London (NCL) through the following roles:
    - The Medical Director was a member of the NCL Clinical Advisory Group and the Population Health Committee
    - The Chief Nurse and Director of Allied Health Professionals led on the Start Well Review for maternity and early years
    - The Director of Strategy and Corporate Affairs was the Senior Responsible Officer for community diagnostic centres
    - The Director of Workforce was the NCL Human Resources Director lead
    - The Deputy Director of Workforce chaired the NCL Human Resource Deputy Directors' network
    - Our Joint Directors of Inclusion chaired the NCL Equality, Diversity and Inclusion network and led task and finish groups reviewing a sector wide approach to recruitment and selection and on bullying and harassment
- Whittington Health was awarded the **National Kitemark Award for our Pastoral care to International Nurses**
- We were awarded **Disability Confident Level 3** status following our participation in a national pilot run by the Nursing Directorate at NHS England

and Improvement. We continued our excellent partnership with two external, third sector bodies – **Ambitious about Autism and the Autism Project** – to host internship placements and to help attract and retain disabled people in our workforce.

- A new system, **Elev8**, to manage mandatory training and appraisals was fully implemented and had a positive impact by making it easier for staff to complete mandatory training
- We **recruited three consultant oncologists** who were jointly appointed with University College London Hospitals NHS Foundation Trust
- We had **successful educational initiatives** funded via Health Education England. They included:
    - 1. Access to UpToDate on all trust computers (the best online resource for clinical patient management advice)
    - 2. Access to the best statistical analysis package for research and development work in the library and in the research team
    - 3. A procedural skills training kit
- Our brilliant teams have redesigned services and patient pathways to adapt to our new normal of hybrid appointments and covid safe classes to ensure our patients can access great care while keeping safe
- Our community teams delivered all of the COVID-19 vaccines in all **care homes and to housebound residents** across the London Boroughs of Haringey and Islington including second doses and boosters keeping these at risk patients safe and well in their home environments. More than 5,000 vaccines were delivered during this period to care home and housebound residents
- We continued to run a **hugely successful public vaccination centre in Hornsey Neighbourhood Health Centre** which has delivered more than 53,000 vaccines
- We launched new initiatives with our partners to **support local residents to avoid hospital admissions** and get them home safely as soon as possible. This has included implementing a falls' pick up service and a discharge delirium pathway via our Rapid Response team
- We worked with community colleagues in Barnet, Enfield and Haringey Mental Health NHS Trust and acute colleagues in North Middlesex Hospital to set up a **new Virtual Ward team** which looked after unwell patients at home as if they were in a hospital bed to help them get better quicker in a familiar environment
- To support our staff coping with another challenging year, we sponsored further community versions of **'In Our Own Words'** which created a theatrical performance and reflection space from interviews with our own staff. This year we focused on mental health and on staff who worked in care homes, and on our staff from an ethnic minority background, thanks to the Wake the Beat Theatre Company
- We **launched digital self-care support packages for patients** with chronic respiratory conditions, such as post-Covid and diabetes
- Alongside our new service for patients suffering from post-Covid syndrome, we piloted and rolled out the first **Expert Patient Programme** for patients in England. This was very well received by patients who reported an improvement in their confidence to manage their condition
- We worked with primary care partners to **launch Musculoskeletal First Contact Practitioners** working in some Islington GP practices and are about to

launch some shared roles between primary care and community services with paramedics working with our Rapid Response team in Islington and Nursing Associates working in both GP practices and our community nursing teams in Haringey

- We made huge progress in **agile working across community services** this year to enable our staff to access and update medical records more easily when out in the community keeping patients even safer
- We began a specific **recruitment campaign** to attract great staff to our Care Quality Commission-rated Outstanding Community Services, including videos and the piloting of recruitment incentives
- With partners, we launched a newly funded **multidisciplinary Enhanced Care Home Support Service** in West Haringey to align with the pre-existing service in East Haringey
- We celebrated our one-year anniversary for our **Haringey Anticipatory Care team**. This team has been recognised for its great work and has been approached by NHS England to share their learning.
- We **transitioned the acute paediatric department** back from the NCL South Hub and restored the nursing establishment back to full complement over 2021/22
- Acute paediatric services successfully **overperformed on elective activity** reducing the backlogs created by the pandemic
- Whittington Health has acted as **lead provider across North Central London on the recovery of children's therapy services post-pandemic**. This has led to additional workforce capacity in each of our teams to support seeing children waiting for speech and language therapy, occupational therapy and other paediatric services across the sector
- Whittington Health has also taken the role of **lead provider across NCL on the recovery of autism and attention deficit hyperactivity disorder services** post pandemic. This has led to the development of an NCL Diagnostic Hub which Whittington Health will host for 18 months
- Our teams were shortlisted for the **national Nursing Times Award for their work with women and families around perinatal mental health** in the London Borough of Islington
- Our **paediatric mental health team model** was recognised by the Royal College of Psychiatry as a best practice model at the Winter Institute
- We are now **delivering paediatric audiology and new-born hearing screening services across NCL** and the team has worked incredibly hard to improve the Barnet and Enfield service over the last 12 months.
- The tuberculosis (TB) department **achieved an annual treatment completion rate** of 90.2% across the NCL TB network. This was the highest in London and exceeded the national 85% target
- The Whittington South Hub team developed a **bespoke Clinical Noting Template** in Medway in conjunction with IT. This enables all nursing documentation to be captured as an electronic patient record, accessible to the MDT and able to generate letters. It can also be used to extract information to improve patient care
- The **Clinical Neurophysiology Department** cleared its outpatient backlog caused by the last COVID-19 lockdown within 3-4 months. This was faster than the average for Neurophysiology Departments across the UK

- This department started the process of expanding clinical services with the acquisition of **Home-Video Telemetry** equipment which would provide increased diagnostic capabilities for our patients with epilepsy
- We **extended our ambulatory emergency care hours** to see the increased number of patients referred from the emergency department
- We created a fast track pathway for **patients experiencing sickle cell crisis**, allowing them to come direct to ambulatory emergency care services and to receive analgesia faster
- The LGBTQ+ staff network rolled out regular updates across the trust educating staff on pronouns and **trans healthcare issues**
- The acute assessment unit provided **high dependency unit level care** throughout the pandemic to support the intensive care unit and elective surgery.
- Novel COVID-19 therapies were delivered through the acute medicine unit through screening and the administering of a range of therapies, rapid training and upskilling by acute nursing team
- The **endoscopy team recruited 18 new staff members** and managed to retain 90% of its staffing throughout the pandemic
- A **new endoscopy reporting tool** was introduced and improved patient flow and communication in the emergency department
- A **nurse-led discharge process** allowed patients to ask more questions and have enough time to understand their diagnosis
- The annual endoscopy patient satisfaction survey saw the best results in the last three years
- The endoscopy department successfully **opened their 4th endoscopy room** following the successful procurement of equipment to the value of £1.8 million and recruitment of additional endoscopy nurses
- Gastroenterology specialist nurses established a **monthly outreach liver clinic** in Seven Sisters. This is the **first UK-based nurse-delivered community liver cirrhosis outreach clinic** aimed to improve treatment and supportive medical care and offer a link to hospital cirrhosis services
- A wider choice of food has been made available each day to our inpatients, including cultural, ethnic and religious options. The new fully plated system also allows more time for nursing staff to complete tasks directly relating to patient care, support and comfort
- A **specialist diabetes dietitian created an online education and learning area** on our internet site for women with gestational diabetes, enabling them to gain access to vital information from a trusted source at any time
- The emergency department:
    - **launched new clinical standards** and a dashboard to monitor progress
    - **implemented COVID point of care testing**
    - **launched a pharmacy streaming pathway**
    - implemented a standard operating procedure for **London Ambulance Service handovers**
- Two of the inpatient therapy team support staff started degree apprenticeships in physiotherapy with the University of East London
- Whittington Health scored excellently with a 100% assessment in its annual peer review as part of the **North East London Trauma Network**.
- The lead physiotherapist for pelvic health led the successful expression of interest to provide **new perinatal pelvic health services** across North Central London.

This will provide midwifery support in both hospital and community settings and a bespoke physiotherapy service

- The in-patient therapy team successfully **increased its student numbers** by approximately 30% and this has also had a direct positive impact on staff recruitment
- We **successfully implemented the ten safety actions** agreed by the **national maternity safety champions** in partnership with the Collaborative Advisory Group established by NHS Resolution
- We played a significant role in the development of the North Central London Orthopaedic Elective Network by delivering day case surgery and providing mutual aid across the sector for long waiting patients as part of the South Hub with UCLH colleagues.
- During the pandemic, a large number of surgery & cancer staff were redeployed to critical care to support dental, theatres, administrative and medical staff of all specialities and grades. The Medical Physics team was instrumental in providing equipment and safety support throughout
- Whittington Health has played a major role across NCL with the recovery of elective work after the COVID-19 surges, and saw a significant reduction in the number of patients who had waited a long time since their initial referral for treatment
- The Trust also provided mutual aid for urology and general surgery cases from both University College London Hospitals NHS Foundation Trust and the Royal Free London NHS Foundation Trust respectively to support a reduction in long waiting times for patients
- Dental services worked collaboratively across NCL and beyond to generate additional capacity for patients waiting a long time for dental treatment
- Theatre teams organised training for registered nurses to also undertake the operating department practitioner training to support the delivery of anaesthetics in theatre. This increased the skills of the staff and was well received
- The oncology service appointed three new oncologists who are shared posts between Whittington Health and University College London Hospitals NHS Foundation Trust. This is a significant improvement in delivery of oncology service for patients. We also appointed a senior nurse to support acute oncology services. These appointments are part of a move to work more collaboratively with system partners for oncology patients across south NCL, with a view to increasing the capacity of chemotherapy services at Whittington Health

PERFORMANCE

How we measure performance

Our Board and its key committees use a performance scorecard which has been developed to include a suite of quality and other indicators at Trust and service level. This enables the centralised reporting of performance and quality data as well as the improved triangulation of information. The scorecard is based on the Care Quality Commission's five domains of quality: safe, effective, caring, responsive and well led. The selection of indicators is based on NHS England and Improvement's guidance for national outcome areas and the Trust's local priorities. On a quarterly basis, progress is also reviewed against our strategic objectives.

2021/22 Performance outcomes and analysis

As part of the response to Covid-19, NHS England and Improvement agreed to pause or stop collecting monitoring data for some national indicators. The impact of the pandemic on many performance indicators has been significant.

The year-end position against a suite of indicators used to measure performance is outlined in the following tables.

Table one: At a glance performance against national targets in 2020/21 and 2021/22

Admissions	Actuals 2020/21	2021/22 Adjusted (*some figures using M11 data again for M12) 2021/22	% Difference
Non-Elective Admissions	23,182	23,296	0.49%
Elective Admissions	986	1369	38.84%
Day Case	14,710	21,264	44.55%
ED attendances	83,478	107,706	29.02%

Face to Face Patient Contacts	2020/21	2021/22	% Difference
At our hospital	217,315	290,994	33.90%
In the community	385,373	468,970	21.69%
Total	**602,688**	**759,964**	**26.10%**

Community	2020/21	2021/22	% Difference
Community Nursing Visits	228,747	235,793	3.08%
Physio Appointment	2,600	31,696	1119.08%
Health and School Nurse Visit	31,707	54,178	70.87%
Dental Appointment	31,340	39770*	

Safe – people are protected from abuse and avoidable harm	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Admission to adult facilities of patients aged under 16	0	0	0	0
Incidence of Clostridium Difficile*	<16	12	<16	5
Actual falls	400	370	400	313
Medication errors causing serious harm	0	1	0	0
Incidence of MRSA	0	2	0	1
Never Events*	0	1	0	2
Safety Incidents	N/A	17	N/A	25
VTE risk assessment (%)	>95%	79.40%	>95%	80.40%

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Breastfeeding initiated	>90%	91.50%	>90%	91.60%
Smoking at delivery	<6%	5.20%	<6%	4.16%
Non-elective re-admissions within 30 days	<5.5%	6.17%	<5.5%	4.94%
Mortality rate per 1000 admissions in-months	14.4	11.3	14.4	7.6
IAPT Moving to Recovery	>50%	46.70%	>50%	52.00%
% seen within 2 hours of referral to district nursing night	>80%	93.50%	>80%	96.80%
% seen within 48 hours of referral to district nursing night	>95%	95.10%	>95%	95.50%
% of MSK patients with a significant improvement in function	>75%	91.50%	>75%	88.40%
% of podiatry patients with significant improvement in pain	>75%	94.70%	>75%	95.20%
% weight loss achieved at discharge	>65%	79%	>65%	62.20%

Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department – FFT % positive	>90%	87%	>90%	77.70%
Emergency department – FFT response rate	>15%	10%	>15%	10.90%
Inpatients – FFT % positive	>90%	96.60%	>90%	95.80%
Inpatients – FFT response rate	>25%	11.20%	>25%	17.30%
Maternity - FFT % positive	>90%	99.60%	>90%	98.50%
Maternity - FFT response rate	>15%	6%	>15%	11.50%
Outpatients - FFT % positive	>90%	95.80%	>90%	93.40%
Outpatients - FFT responses	4400	476	4,400	591
Community - FFT % positive	>90%	99.20%	>90%	97.70%
Community - FFT responses	16,500	789	16,500	5527
Trust Composite FFT - % recommend	>90%	92.00%	>90%	89.00%
Staff FFT - % recommend	>70%	74.80%	>70%	69.50%
Complaints responded to within 25 working days	>80%	80.30%	>80%	59.90%

Responsive - organising services so that they are tailored to people's needs	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department waits – 4 hours	>95%	87.40%	>95%	78.30%
Median wait for treatment (minutes)	<60 mins	45	<60 mins	93
Ambulance handovers waiting more than 30 minutes	0	143	0	408
Ambulance handovers waiting more than 60 minutes	0	26	0	184
12-hour trolley waits in A&E	0	20	0	83
Cancer – 14 days to first seen	>93%	94.80%	>93%	74.80%
Cancer – 31 days to first treatment	>96%	98%	>96%	95.30%

Cancer – 62 days from referral to treatment	>85%	69.90%	>85%	61.10%
Diagnostic waits (<6 weeks)	>99%	72.10%	>99%	94.10%
Referral to treatment times waiting <18 weeks (%)	>92%	65.20%	>92%	74.40%
Referral to treatment time over 52 weeks	0	1324	0	384

Well led - leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture	**2020/21**		**2021/22**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Staff appraisal rate (%)*	>90%	64.90%	>90%	67.70%
Mandatory training rate (%)*	>90%	79.40%	>90%	78.75%
Permanent staffing WTEs utilised	>90%	88.50%	>90%	88.00%
Staff sickness rate (%)	<3.5%	4.39%	<3.5%	4.28%
Staff FTT – recommending the Trust as a place to work	>50%	66.30%	>50%	58.00%
Staff turnover rate (%)	<10%	10.10%	<10%	12.10%
Vacancy rate against establishment (%)	<10%	11.50%	<10%	12.00%

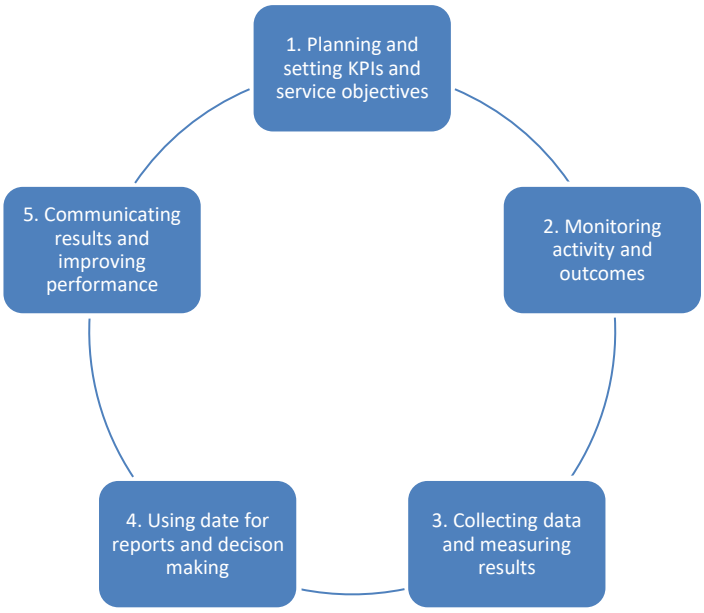
As shown above, outcomes against several targets were significantly affected by the COVID-19 pandemic. However, the following facts should be noted:

- Activity across all points of delivery saw significant improvements in numbers in comparison to 2020/21, with particular attention to day case admissions that almost doubled.
- Community services have seen an upturn in activity with significant improvements in MSK physiotherapy services, Health and School Nurse Visits and Dental appointments.
- The impact of Covid-19 adversely impacted all our community services which were stepped down during the first pandemic wave, following a national instruction from NHS England. Last year saw recovery in the backlog of patients and this continues to move in a positive direction.
- The number of never events increased by 1, compared to the previous year
- The number of safety incidents increased from 17 in 2020/21 to 26 in 2021/22
- Our mortality rate decreased and remained ahead of target
- The non-elective re-admission target was achieved in 2021/22
- Friends and family test saw a dip in positive performance from the Emergency Department

- Our emergency department saw a decline against performance of the 4-hour standard by 9.2% and there was an increase in the numbers of ambulance handover waits for both 30 minutes and 60 minutes.
- There were 83 12-hour trolley wait breaches in 2021/22. 23 of these were mental health breaches. The majority of the non-mental health breaches occurred during peak weeks of the pandemic and are related to poor bed flow
- Performance against the national diagnostic waiting target was not achieved. However, we saw an improvement compared to 2020/21 by 22% achieving 94.1% overall
- All three of the cancer performance indicators were not achieved due to an increase in referrals and pandemic impact on capacity
- There was a significant decrease in patients waiting over 52 weeks since their referral to treatment, seeing a fall from 1,324 to 384, by the end of the year. All patients waiting over 52 weeks were of clinical low priority and were clinically reviewed to ensure no patient came to harm
- The staff sickness absence rate was higher than the expected target with sickness, with the pandemic being the main contributor of the increase
- Staff turnover rates and vacancy rates have worsened. However, they are similar to those experienced by other local providers.

Monitoring performance

The Trust's performance management framework acknowledges the national context and addresses local quality and service priorities. Whittington Health has a culture of continuous improvement using the cycle of performance management and uses a system of performance reporting against agreed measures and quality priorities. The monthly performance scorecard allows continuous monitoring of specific datasets, such as quality and finance, service specific information and deviation from commissioned targets. This information is used to monitor compliance with service standards and contract review and to populate national external data sets.



Outcomes against key scorecard indicators are reported to the weekly executive team meeting, twice a month to the Trust's Management Group, monthly to respective Integrated Clinical Service Unit (ICSU) Boards, regularly to board committees, monthly to the Trust Board itself and are monitored and reviewed through quarterly performance reviews with the ICSUs. All reports are discussed at these meetings to identify reasons for any underperformance, as well as reviewing progress of any remedial action plans put in place. The Trust continues to review performance to ensure we continue to monitor the things that matter to the delivery of high-quality care.

STATEMENT OF FINANCIAL POSITION

Financial position

The Trust agreed a deficit plan of £2.57m for 2021/22. The Trust delivered a £0.5m surplus for 2021/22 after adjustments for fixed asset impairments and Covid-related donations of assets and inventory. This was £3.1m better than plan.

This means that the Trust has either delivered or performed better than plan for seven consecutive years. While the Trust has been able to meet its financial targets for the year, it needs to improve its underlying financial performance so that the longer-term financial security will be maintained.

Statement of comprehensive income

	2021/22	2020/21
	£000	£000
Operating income from patient care activities	379,593	350,040
Other operating income	29,355	45,301
Operating expenses	(403,416)	(391,213)
Operating surplus/(deficit) from continuing operations	**5,532**	**4,127**
Finance income	41	6
Finance expenses	(540)	(1,859)
PDC dividends payable	(5,151)	(6,059)
Net finance costs	**(5,650)**	**(7,912)**
Other gains / (losses)	15	-
Surplus / (deficit) for the year from continuing operations	**(103)**	**(3,785)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	-	-
Surplus / (deficit) for the year	**(103)**	**(3,785)**
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(220)	(8,189)
Revaluations	8,312	592
Total comprehensive income / (expense) for the period	**7,989**	**(11,382)**
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	(103)	(3,785)
Remove net impairments not scoring to the Departmental expenditure limit	295	3,961
Remove I&E impact of capital grants and donations	106	87
Remove net impact of inventories received from DHSC group bodies for COVID response	213	(213)
Adjusted financial performance surplus / (deficit)	**511**	**50**

Going concern and value for money

As with previous years, the 2021/22 annual accounts were prepared on the going concern basis. This is in line with the Department of Health & Social Care's accounting guidance, which states that the Trust is a going concern if continuation of services exists. We have detailed in the paragraph above the positive trend in the Trust's finances. This improvement means that the Trust continues to comply with the Department of Health & Social Care's duty to break even over a three-year period.

Financial performance and statement of financial position

Above, we detailed the Trust's financial position for the year ending 31 March 2022, which indicated effective arrangements in the use of resources and a positive trend in financial results. However, as a Trust with an underlying financial deficit, we continue to face a challenging financial future. Both pay and non-pay expenditure exceeded our budgeted levels due to the pandemic and other non-recurrent recovery schemes that were offset by additional income.

Cash

The Trust continues to be in a strong cash position and maintained this throughout 2021/22 and ended the financial year with £81.4m in cash. This was £19.9m higher than at the end of 2020/21 and is driven primarily by the continued successful collection of debts and non-cash transactions recognised where the cash movement will likely occur in future years.

The Trust received £7.6m of PDC to support capital schemes and programmes.

The Trust is not anticipating any significant cash issues in 2022/23 and has forecast to recycle cash holdings into capital programmes for future years, most notably into the Trust's estate and maternity redevelopment strategy.

Property, plant and equipment

The Trust's outturn capital expenditure for the year was £25.7m, which matched our Capital Resource Limit. Notable schemes within these levels of spend were investments in the Whittington Education Centre, refurbishment of the Tynemouth Road site, scoping of the Maternity Reprovision, updates to information technology and hardware, and assets relating to the Trust's Managed Equipment Service.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £12.8m. This was £5.4m lower than in 2020/21. This decreasing value continues to be driven by lower levels of NHS receivables from clinical commissioning groups as the Trust (and the wider NHS) remain on block contracts. There was also strong performance during the year in the collection of other old and current year debts.

Payables (creditors)

The Trust's payables at the end of the financial year were £66.6m. This was £14.2m higher than in 2020/21. The combined creditor performance has improved compared with the 2020/21 and the Trust is reporting payment of 90.6% of the value of invoices within 30 days, compared with 80% in 2020/21. These improvements were seen in both NHS & Non-NHS creditors:

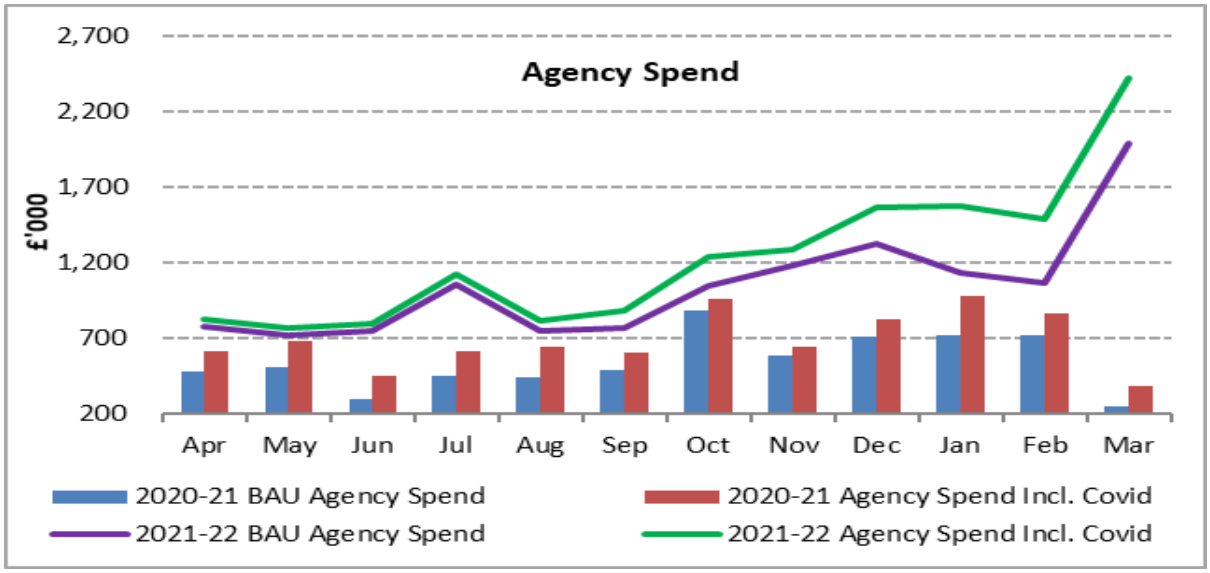
- NHS, 62.2 % (2020/21 30.4%)
- Non-NHS, 93.7% (2020/21 87.5%)

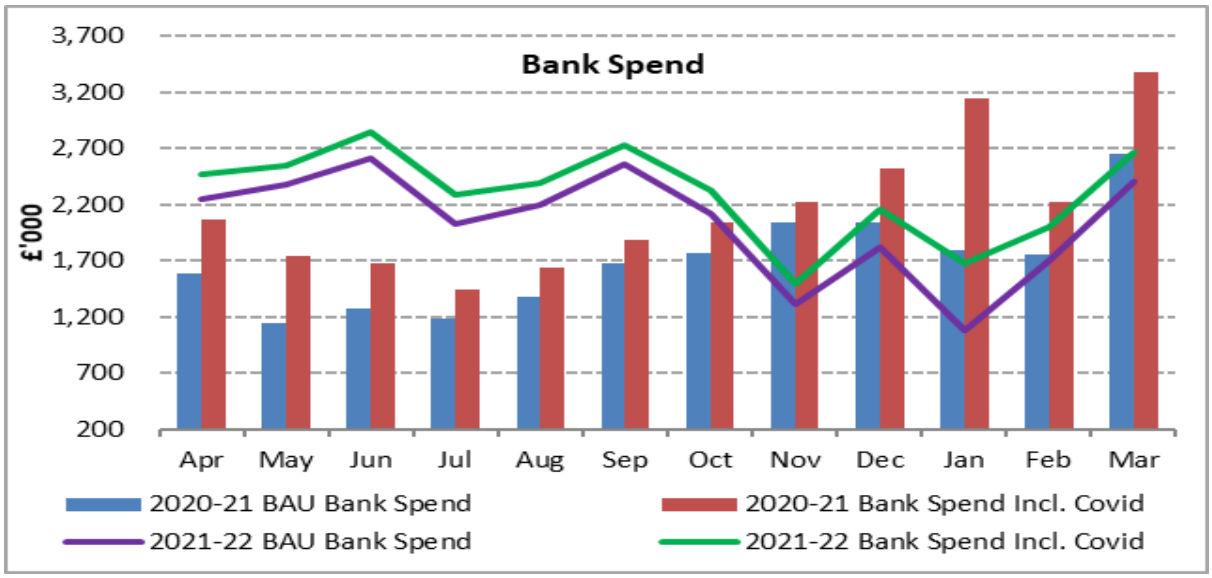
Spending on agency and temporary staff

The Trust spent £14.8m on agency staff for 2021/22, which was £6.5m higher than agency usage in 2020/21. In addition to agency spend the Trust spent £27.6m on bank staff which was £1.6m higher than the previous financial year. The ongoing impact of the pandemic and additional staffing requirements to support elective recovery schemes were the main drivers for this increase. The increased costs were offset by additional income.

The Trust is aware that maintaining and improving our performance in relation to the use of agency and temporary staff is fundamental to delivering high quality care and financial sustainability. The Trust has continued to develop other measures to monitor and control agency usage.

The tables (below and overleaf) show the level of expenditure on bank and agency staff during 2021/22 and include a comparison for 2020/21.




Bank Spend
£'000
3,700
3,200
2,700
2,200
1,700
1,200
700
200
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2020-21 BAU Bank Spend
2020-21 Bank Spend Incl. Covid
2021-22 BAU Bank Spend
2021-22 Bank Spend Incl. Covid

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement below. For the purposes of this annual report, the key risks on our 2021/22 Board Assurance Framework (BAF) were as follows:

BAF entry	Principal risk(s)
Quality 1 – quality and safety of services	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Quality 2 – capacity and activity delivery	A lack of capacity to restart elective and other key services, capability, and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • an unsuccessful rollout of the winter Covid-19 pandemic booster
People 1 – staff recruitment and retention	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting and retaining sufficient staff, results in increased pressure on staff, a reduction in the quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs
People 2 – staff wellbeing and equality, diversity, and inclusion	Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, and an inability to tackle bullying and harassment result in: • behaviours displayed which are out of line with Whittington Health's values • a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff • adverse impacts on staff engagement, absence rates and the recruitment and retention of staff

BAF entry	Principal risk(s)
	• poor performance in annual equality standard outcomes and submissions • a failure to secure staff support, buy-in and delivery of NCL system workforce changes
Integration 1 – ICS and Alliance changes	Changes brought about by the NCL system and Provider Alliance, such as corporate services' rationalisations, the review of community services, and the reconfiguration of pathways through lead provider arrangements impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust
Integration 2 – population health and activity demand	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, results in demand for services after the Covid-19 outbreak being considerably higher than pre-Covid-19 and insufficiently met
Sustainable 1 – control total delivery and underlying deficit	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a worse underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved
Sustainable 2 – estate modernisation	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital
Sustainable 3 – digital strategy and interoperability	Failure by the Trust to effectively resource and implement a digital strategy focussed on improving patient care through collaborative system working and efficient, digitally enabled processes, and underpinned by a modern secure, standards-based infrastructure, will adversely impact on key transformation projects across the organisation and our ability to be a system leader

Each of these risks has a clear mitigation plan and assurance process. The board considered other risks throughout the year as they arose, including for example the risk of losing staff.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued on its journey to continually improve the quality of our services and the experience of the people who use our services through the Better Never Stops initiative.

The accountable officers for quality are the medical director and the chief nurse and director of allied health professionals; for quality assurance, the lead officer is the chief nurse and director of allied health professionals.

Registration with the Care Quality Commission

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2021/22.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services (Surgery, Urgent and Emergency Care Services (ED), Critical Care, Community Health Services for Children Young People and Families and Specialist Community Mental Health Services for Children and Young People). The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's '*Caring'* domain.

	Safe	**Effective**	**Caring**		**Responsive**	**Well-led**	**Overall**
Acute	Requires Improvement	Good	Good		Good	Good	Good
Community	Good	Good	Outstanding		Good	Outstanding	Outstanding
Children's mental health services	Requires Improvement	Good	Outstanding		Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding		Good	Good	Good

The CQC action plan remains a focus for improvement; the actions are monitored by the responsible ICSU at their Quality Meetings and through the Trust's Better Never Stops programme.

The CQC have been consulting with the NHS since the start of the pandemic regarding changing their approach to monitoring and inspections. They are moving to a more risk-based approach for service inspection which will focus on reviewing data collected to trigger 'Direct Monitoring Activity' conversations. If there are still concerns or further action required after these conversations are held, then this would trigger inspection activity. There will be a new assessment framework released by the CQC in 2022 to support this. Regular meetings have been held with our CQC Relationship manager during 2021/2022. These have mainly focused on the following areas:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services post COVID-19
- Serious incident investigations and CQC enquiries

- Dental Services (Direct Monitoring Activity Conversation)
- Maternity Services – Core service focus
- Urgent and Emergency Care – Core service focus
- Pharmacy (Direct Monitoring Activity Conversation)

The most recent CQC Engagement meeting was held in February 2022 and focussed on Urgent and Emergency care and our CQC relationship manager was given significant assurance at the meeting.

Quality priorities

Our quality priorities, as set out in the Quality Account, are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public health proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care.

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term and effectively monitored. So priorities were set as part of a three-year improvement plan 2020/23. However, given these were initially developed before the onset of the pandemic, the Trust felt that a full review of intelligence, patient feedback and stakeholder consultation was needed to ensure that these priorities were still reflective of the current need

To this end, the Trust has held several engagement events across the Trust and community sites to gather feedback from people who use our services and staff. This feedback was combined with intelligence from a range of data and information, such as learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data and presented in a meeting with key stakeholders from Healthwatch and the Clinical Commissioning Group to help establish ongoing priorities and any new priorities to be added in 2022/23.

The outcome was to continue with the existing priorities as part of the 3-year plan, but with a specific project to improve care for sickle cell patients added under the health inequalities domain:

- Improving communication between clinicians and patients and their carers
- Reducing harm from hospital acquired de-conditioning
- Improving blood transfusion safety culture at the hospital
- Improving understanding of human factors and the impact on making healthcare as safe as possible
- Reducing health inequalities in our local population
    - Including a specific project to Improve care and treatment of patients with sickle cell anaemia

Key achievements from 2021/22 included:

- Blood Transfusion engagement improved especially in areas with historically low compliance like paediatrics and maternity
- Blood Transfusion modules are now on the new learning platform Elev8 which is user friendly in comparison to the electronic staff record system
- The QI lead delivered training to the wider MDT team on the 'Dear Patient' letter project - including clinical nurse specialists in different Integrated Clinical Service Units and physiotherapists
- A new measure, focusing on including practical advice for patients, was added in 2022 as part of the 'Dear Patient' letter project
- In November 2021, 100% of sampled respiratory letters explained medical language and used clear language which was excellent
- Human factors education was reflected in a more systems-based approach to learning from incidents. This included in-situ process mapping exercises which involved multi-disciplinary teams

Freedom to Speak up Guardian

The Freedom to Speak Up Guardian (FTSUG) for Whittington Health is continuously working to engage with teams and services across Community and Hospital departments and strengthen its relationships across the trust. The Guardian has adapted to meet the needs of staff over the course of the COVID-19 pandemic where there are less opportunities to meet staff face to face. As the year has ended, more people have been preferring face-to-face appointments as before the pandemic started.

The Guardian has worked closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. the Trust launched the new **Speak Up badges** to improve the visibility of the Speak up Advocates network and allies across the Trust. The new badges state '**Freedom to Speak Up, Speak to me**" encouraging people to approach the network. The Intranet page was improved, enabling everyone to access it through the main page on the site. An all-staff email was sent to everyone in the organisation about Freedom to Speak Up (what we do, who we are and how to contact us). Another email is scheduled to be sent Spring 2022 as a reminder that everyone can reach out in a safe confidential way. Posters across the community health sites are being updated displaying information about the Speak Up Advocates working on that site. The Guardian continues to be part of the Nurse, Midwives and Allied Health Professionals Preceptorship Study Day and Newly Qualified Nurses Orientation Training, Health Care Support Worker (HCSW) Development Programme and Medical Education Induction to explain how to raise concerns safely and confidentially, raising the profile of FTSU. The Guardian continues to attend the Trust Induction Day for all new starters.

The collaboration between the FTSUG and the Organisational Development team and Human Resources continues to be fundamental to reinforce learning and acting on the concerns received. This collaboration has allowed the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way.

The Guardian has offered regular supervision and support to consolidate the network of Speak Up Advocates. Currently the network, representing diversity, equality, and inclusion across the Trust, has 45 Advocates, across job roles and services. They are trained to actively listen to colleagues raising concerns and provide unobstructive emotional support for staff in difficult meetings.

Whittington Health has been working closely with the joint Directors of Race, Equality, Diversity & Inclusion and all the Staff Networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that staff may face in speaking up. Collaboration and mutual support are growing between the FTSUG and the Networks leadership, who have been escalating concerns and signposting accordingly to the Guardian some of the concerns raised within the network's members.

During this year, the FTSUG received 84 initial concerns that required action. These 84 concerns created 84 new opportunities for change and improvement. We always thank staff raising concerns for this valuable contribution. Considering the impact of COVID-19 and winter pressure, it is encouraging to see the number of concerns is returning to the levels seen prior to the Pandemic. Only two concerns were anonymous and have been reported internally and investigated. This hopefully represents a gradual change to an open and positive culture for raising concerns and suggests that staff are starting to feel more confident and safer to disclose their identities while speaking up. 54 concerns presented an element of bullying or harassment. 14 involved patient safety/ experience. Aligned with the National figures reported by the Guardians to the National Guardian office, the percentage of cases at Whittington Health involving an element of patient safety or quality of care has decreased, while cases involving elements of bullying and harassment have also dropped.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused on a new National Guardian's Office Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up. Also, following the National Workforce Race Equality Standards (WRES) in depth review of race equality and the WRES data at Whittington Health, there was feedback that some staff report still feeling cautious about speaking to the FTSUG or Advocates. Communication and work to support B.A.M.E staff gaining further confidence in the role will be a priority over the next 6-12 months. Proactive engagement with our temporary, agency and bank workers is also a priority for the next 12 months.

PATIENT SAFETY

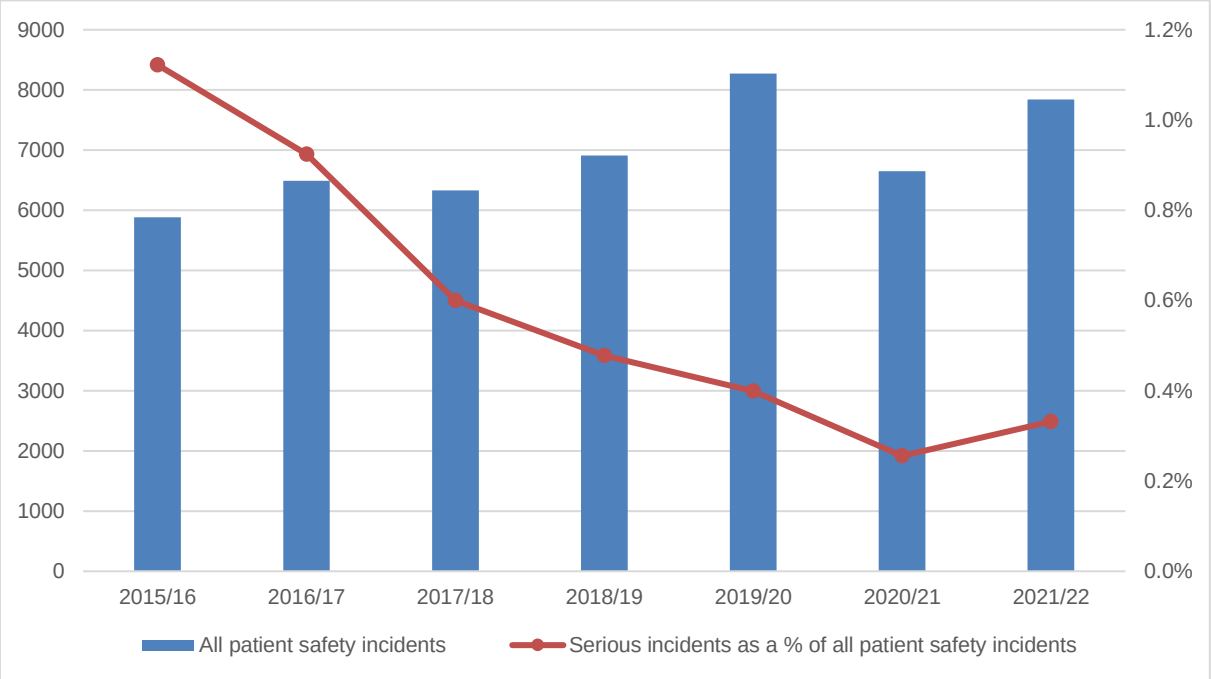
Serious incidents

The Serious Incident (SI) Executive Approval Group (SIEAG), comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Associate Director of Quality Governance and Serious Incident Coordinator, meets weekly to monitor and review SI investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations and resulting recommendations and actions are monitored and reviewed by the panel.

All SIs are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (STEIS) and a lead investigator is assigned by the Clinical Director of the relevant Integrated Clinical Service Unit (ICSU). All SIs are uploaded to the National Reporting and Learning System.

In 2021/22 there were 26 SIs reported on STEIS. As illustrated in the graph below, the number of Serious Incidents declared as a proportion of all patient safety incidents has been reducing since 2015. This is a positive trend, indicative of an open, transparent safety culture where reporting of incidents is encouraged, with a higher volume of incidents which are near misses or low harm incidents.

Figure 2: Serious Incidents declared, as a proportion of all patient safety incidents 2015-2021



In relation to maternity and neonatal incidents, the Healthcare Safety Investigation Branch (HSIB) published a report in September 2021, which conducted a thematic analysis of the first 22 national investigations. The analysis used a robust, scientific

approach and identified the following three recurring themes, which represent the most significant threat to patient safety:

- access to care and transitions of care (when patients move between care providers or care settings)
- communication and decision making
- checking at the point of care.

An analysis of Serious Incidents at Whittington Health in 2021/22 correlates with these findings, and these have been highlighted as areas for improvement in 2022/23, seeking to learn from national recommendations.

In preparing for the new Patient Safety Incident Response Framework, Whittington Health have reviewed processes in 2021-22 to ensure that the identification of systems issues and human factors remain at the forefront of our work with a focus on learning and improving practice. To that end, SIEAG have supported the use of alternative tools, such as process mapping, After Action Reviews and retrospective audits, to drive change.

Completed investigation reports with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member, generally accompanied with a telephone discussion, or face to face meeting when socially distancing rules allowed.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the 'Big 4' in theatres, and 'message of the week' in maternity, obstetrics and other departments. Learning from incidents is shared through Trust wide multimedia including a learning zone on the Trust intranet, a regular patient safety newsletter, the Chief Executive's monthly team briefing and the weekly, electronic all staff Noticeboard.

Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented; this is a list of specific events defined nationally.

During 2021/22, the Trust reported a total of two Never Events in 2021/22: one in the 'Retained foreign object post procedure' category and the other in the 'Unintentional connection of a patient requiring oxygen to an air flowmeter' category.

The first Never Event related to a retained swab following a forceps delivery at Whittington Health. The woman was from out of borough and consequently was not visited by the Whittington Health community midwifery and Health Visiting teams post-discharge. The patient attended a private clinic due to continued pain and discharge after initial treatment in primary care and a retained vaginal swab was identified and removed. Whittington Health were then alerted to the incident and an investigation undertaken. The number of swabs, needles and instruments documented was correct on count sheets, however several actions are needed to review the swab counting

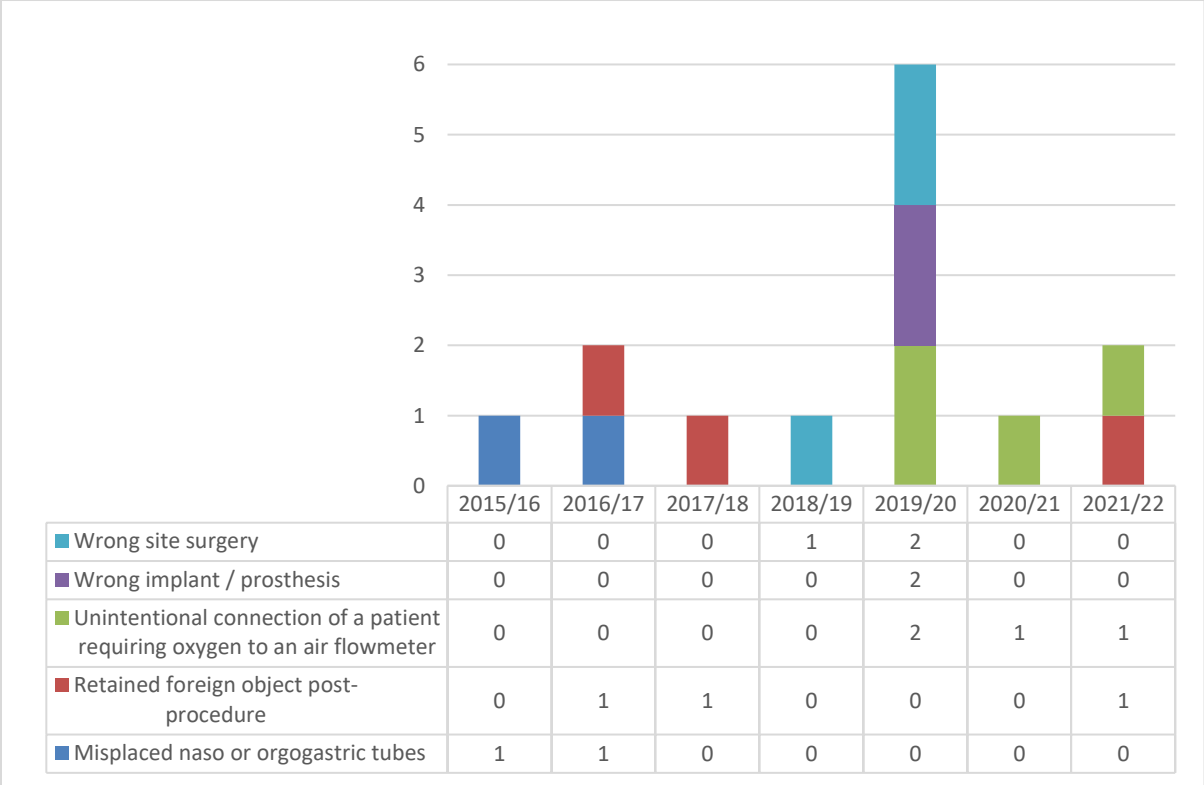
procedures, reintroduce training, documentation on white boards and amend SOPs to avoid staff changes at critical times.

A second Never Event related to inadvertent connection of a patient to air instead of oxygen, the patient was mobilizing independently and had kept their nasal cannula on when going to toilet (they were disconnected from the wall gas). The patient then reconnected themselves to the meter on the wall (inadvertently connecting to the air flowmeter which had been incorrectly left in situ, rather than oxygen). The incident was identified within five minutes and there was no harm to the patient.

The use of air flowmeters had been identified nationally as presenting a high risk of human error, noting that irrespective of mitigating controls in place, incidents were still occurring. The National Patient Safety Alert in June 2021 required all Trusts to replace the use of air flowmeters with alternative devices by 16 November 2021. This incident occurred during the risk assessment period while alternative devices were being considered. All air flowmeters have now been removed and replaced with compressor machines, removing the risk of reoccurrence.

A gap analysis of the Trust's risk mitigation controls to prevent Never Events occurring was completed in January 2022. This report was discussed at the Quality Governance Committee and highlighted the importance of ensuring checklists, including LocSSIPs were fit for purpose and of implementing physical barriers where possible (e.g., stopping usage of air flowmeters).

Figure 3: The number of Never Events reported by Whittington Health from 2015/16 to date by date declared



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Wrong site surgery	0	0	0	1	2	0	0
Wrong implant / prosthesis	0	0	0	0	2	0	0
Unintentional connection of a patient requiring oxygen to an air flowmeter	0	0	0	0	2	1	1
Retained foreign object post-procedure	0	1	1	0	0	0	1
Misplaced naso or orgogastric tubes	1	1	0	0	0	0	0

Maternity incidents

The Healthcare Safety Investigation Branch (HSIB) maternity investigation programme is part of a national action plan to make maternity care safer. HSIB undertakes approximately 1,000 independent maternity safety investigations a year to identify common themes and influence systemic change. All NHS trusts with maternity services in England refer incidents to HSIB.

HSIB investigates incidents that meet the criteria as previously defined within the Each Baby Counts programme or HSIB defined criteria for maternal deaths. The Each Baby Counts programme was the Royal College of Obstetricians & Gynaecologists' national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour. This programme is now closed and HSIB has retained their criteria for investigation. During the investigations HSIB investigates all clinical and medical aspects of the incident, as well as aspects of the workplace environment and culture surrounding the incident.

Eligible babies include all term babies (at least 37 completed weeks of gestation) born following labour, who have one of the below outcomes:

- Intrapartum stillbirth - Where the baby was thought to be alive at the start of labour but was born with no signs of life.
- Early neonatal death - When the baby died within the first week of life (0-6 days) of any cause.
- Potential severe brain injury - Potential severe brain injury diagnosed in the first 7 days of life, when the baby:
  - Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) - brain injury caused by the baby's brain not getting enough oxygen.
  - Was therapeutically cooled (active cooling only) - when the baby's body temperature was lowered using a cooling mattress or cap, with the aim of reducing the impact of HIE.
  - Had decreased central tone (was floppy) and was comatose and had seizures of any kind.

HSIB also investigates maternal deaths:

- Direct deaths include those resulting from obstetric complications of the pregnant state (pregnancy, labour and after the birth), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above.
- Indirect deaths include those from previous existing disease or disease that developed during pregnancy, and which was not the result of direct obstetric causes, but which was aggravated by the physiological effects of pregnancy in the perinatal period (during or within 42 days of the end of pregnancy).

From 1 April 2021 to 31 March 2022, Whittington Health referred six cases to the HSIB for investigation as they met the criteria for hypoxic ischaemic encephalopathy (HIE). Three reports referred in 2019/2020 were also published. All these investigations related to babies with HIE.

The findings of both HSIB investigations were that all appropriate care was provided, and, for two of the reports, safety recommendations were made.

One of the recommendations relates to neonatal care and it was recommended to the Trust to ensure that staff are supported and trained to use a standardised proforma tool for all assessments of suspected HIE and to support staff in its use, as it is a helpful trigger for carrying out assessments. This has now been completed. Another recommendation also related to neonatal care, and it was recommended to the Trust to ensure that National Early Warning Score charts are in line with national guidance. This has now been completed.

There was only one recommendation made regarding maternity care provision. HSIB recommended the Trust should ensure placentas are sent for pathological examination including histology in line with national guidance. Maternity has followed up this recommendation with the pathology department. The pathology department raised concerns regarding capacity for storage and analysis of the potential volume of placentas for examination and are exploring sending the placentas to another laboratory for analysis. Maternity staff have been informed of the criteria regarding which placentas need to be sent to histopathology for examination. A guideline to formalise the process is in draft, as further clarification regarding the processes is awaited.

As of the 31 March 2022, the Trust has four active investigations being undertaken by HSIB. For one of the cases, all antenatal care was provided by another London maternity unit. However, the mother and baby were transferred to this Trust following an unplanned and unattended home birth.

HSIB commended the Trust on having a maternity guideline for care of vulnerable women, including women that are not fluent in English.

Learning from deaths

During 2021/2022 there were 435 inpatient deaths at the Trust (this figure excludes patients who have died in the Emergency Department). This comprised the following number of deaths which occurred in each quarter of the 2021/2022 reporting period:

- 92 In the first quarter
- 115 In the second quarter
- 111 In the third quarter
- 117 In the fourth quarter.

Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published March 2022) covers the period November 2020 to October 2021

Whittington Trust SHMI score:	0.87	Compared to 0.90 reported for November 2020 to October 2021 period
Lowest National Score:	0.72	Chelsea And Westminster Hospital NHS Foundation Trust
Highest National Score:	1.19	Norfolk and Norwich University Hospitals NHS Foundation Trust

16 Trusts including Whittington Health NHS Trust were graded as having a lower-than-expected number of deaths.

14 Trusts were graded as having a higher-than-expected number of deaths.

92 remaining Trusts were graded as showing the number of deaths in line with expectations.

"The SHMI score represents a comparison against a standardised National Average. The 'national average' therefore is a standardised 100 and values significantly `below 100 indicate a lower-than-expected number of mortalities (and vice versa for values significantly above).

Oversight

The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Clinical Directorate has a mortality review process to undertake reviews on any appropriate deaths and to identify learning. The Mortality Review Group provides scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports to the Quality Governance Committee, cascading upwards to the Quality Assurance Committee and the Trust Board, via a Quarterly Learning from Deaths report, authored by the Associate Medical Director for Learning from Deaths and the Project Lead for Mortality.

Reviews

95/435 deaths for the year were identified as meeting the criteria for a structured judgement review. By 31 March 2022, of the 95 identified deaths, 53 case record reviews had been carried out.

The table below shows the number of case record reviews by quarter and the number of deaths judged more than likely than not to have been due to problems in care:

	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22
Number of case record reviews	17	13	13	10
Number of deaths judged probably avoidable (more than 50:50)	0	1	0	0

There was one death that was noted to be more than 50:50 likely to be avoidable. This concerned a patient who developed hospital acquired COVID-19. The patient was medically fit for discharge for 4 days prior to contracting COVID-19. The case identified an opportunity for them to leave hospital sooner – possibly but not definitely avoiding catching COVID-19. All care, allocation to wards and the subsequent isolation of this patient was in accordance with appropriate guidance.

Summary of themes, learning and actions from Case Record Reviews

From the deaths reviewed in 2021/22 the main themes, learning and actions are:
Care of patients with co-existing physical and mental illness - one patient with serious mental illness (SMI) showed that their death from physical illness was not influenced by their mental health condition. The review identified that the patient's mental health did not lead to a delay in investigations or treatment.

Good practice was also identified in care of a patient with learning difficulties particularly in team liaison with the hospital providing specialist care for an existing physical health problem

The Associate Medical Director for learning from deaths carried out a thematic review of deaths from sepsis. Following this and the appointment of a sepsis nurse, subsequent mortality reviews in Q3 have shown that the provision of care meets all timings for care and antibiotic administration.

Most mortality reviews identified good standards of care, with relatives expressing thanks for the care of their loved one. Early end of life care and palliative measures were taken in many cases. A joint mortality meeting between the Critical Care Unit, Respiratory and Rheumatology teams identified missed opportunities to review the treatment escalation plan decision in a complex patient but whose prognosis was likely to be poor and lessons have been learnt from this event.

Using hospital interpreters for treatment escalation plans and DNACPR decisions was identified as being important, when there are language barriers, to allow better understanding for patients and their relatives.

The licensing of new agents to reverse dual oral anticoagulants has been highlighted and may prevent deaths in the future.

Medical Examiners at Whittington Health

A Trust Lead Medical Examiner (ME) was appointed in April 2020 and four additional Medical Examiners were appointed in January 2021. A further recruitment process appointed three new MEs in March 2022. The ME provides independent scrutiny of all deaths in the acute hospital. The role includes a review of the case notes, discussion with the members of the clinical team, a supportive discussion with the bereaved family and issue of an accurate medical certificate of cause of death. The ME acts as a medical advice resource for the local coroner. The ME also advises on the selection of cases for a structured judgement review (SJR). A ME Officer was recruited and commenced employment in 2021.

The Lead Medical Examiner, and the Associate Medical Director with the responsibility for learning from deaths, are part of a larger, multi-disciplinary, Mortality Review Group.

This Group will continue to progress learning from deaths and provide quality assurance for case record reviews.

Infection prevention and control

A senior lead nurse leads the Trust Infection Prevention and Control (IPC) procedures, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust. Operationally, they are a team of senior IPC nurses, practice educators and an information analyst who support national, regional and local reporting on health care acquired infections (HCAI), Trust attributable bacteraemia such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Escherichia Coli (E. Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g., Influenza and Sars-Cov-2 (COVID-19) across the Trust.

The focus is on prevention of infection through education, training and surveillance. The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

Health Care Acquired Infections (HCAI)

Nosocomial or Health Care Acquired Infections (HCAI) are defined as those occurring:

- as a direct result of treatment in, or contact with, a health or social care setting
- because of healthcare delivered in the community healthcare-associated infections
- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

(NICE Quality Standard- 13 - 2016)

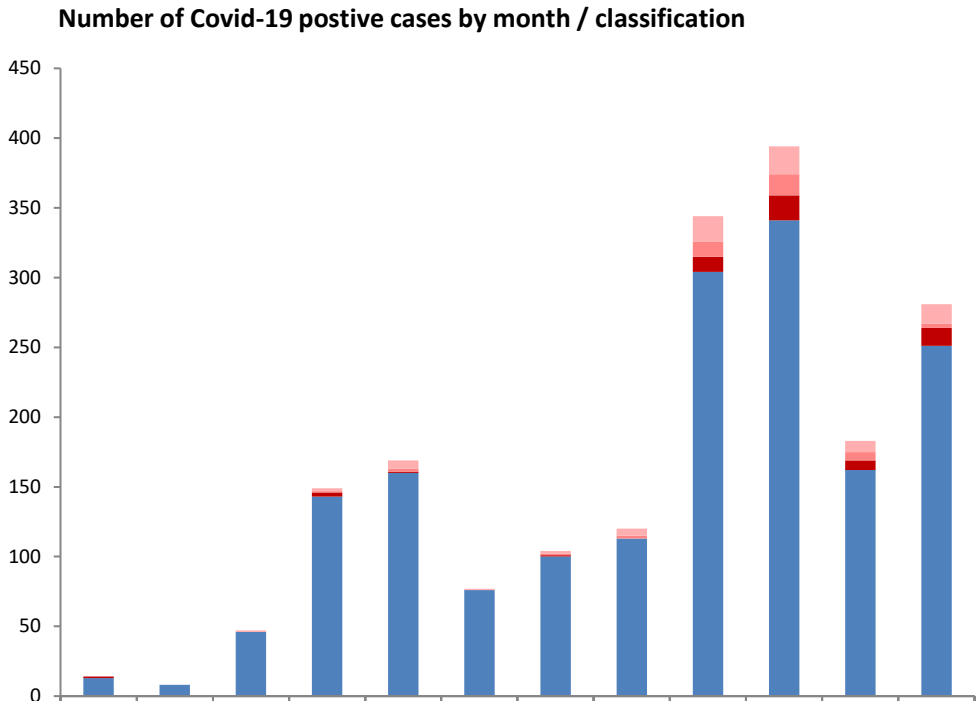
The UK Health Security Agency (UKHSA) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

Management of healthcare associated infections
Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents. This remains critical for inpatients who are at risk as they provide essential information on what and where the problems are and how well control measures are working.

Health Care Acquired Infections – COVID-19
The Trust has captured data on HCAI COVID-19 infections since March 2020 and have recorded 55 definite COVID-19 HCAI cases in the reporting period 2021/22. The Trust reports daily on all HCAI COVID-19 infections. The Trust tests and retests all admitted patients for COVID-19 in line with national guidance.

Rises in cases occurred in July-Aug 21 and again in Nov-March 2022.This occurred despite the focus and attention on safe infection control and prevention precautions and was linked to the increase in the significant community transmission rate of COVID-19 found in the local population.

Table: **Number of Covid-19 positive cases by month / classification 2021/22**



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2021									2022		
Intermediate HAI			1	2	6	1	2	5	18	20	8	14
Probably HAI				1	2		1	2	11	15	6	3
Definite HAI	1			3	1		1		11	18	7	13
Community Acquired	13	8	46	143	160	76	100	113	304	341	162	251

NB Definite HCAI COVID-19 infections are defined as patients who test positive on Day 15 or later of admission; Probable HCAI infections are defined as patients who test positive Day 8 – 14 admissions; Intermediate HCAI infections are defined as patients who test positive Day 3 – 7 admissions; and Community Acquired are defined as pre-admission or up to day 2 of admission.

To monitor compliance with Infection Prevention and Control during the pandemic, in May 2020 NHS England/Improvement (NHSEI) developed a Board Assurance Framework self-assessment. The framework covered 10 key lines of enquiry across IPC, environment, patient pathway and staff. The Trust has completed this self-assessment and it was reported to the Trust Board in July 21.

There is regular updating of the COVID-19 IPC guidance, and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health and NHSEI changes.

Health Care Acquired Infections – other infections

The Infection Prevention and Control team continue to support the hospital and community services by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge when the patient acquires a HCAI. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are discussed at the Infection Prevention and Control Committee (IPCC) meeting to ensure Trust-wide sharing and learning and an appropriate platform for escalating outstanding actions.

The increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic in combination with the altered surveillance definitions of health or community acquisition of infection may have resulted in an increase of cases of Clostridium Difficile (C. Diff) in 2021/22 compared with previous years. Importantly Whittington Health continues to report zero cross infection in relation to this infection.

The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

MRSA (Methicillin Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI). Unfortunately, there was one reported case in the reporting year. Trust wide learning outcomes identified are supported by the IPC education team and clinical teams.
Clostridium Difficile Infections (CDI)	The Public Health England (PHE) limit recommended for 2020/21 for CDI within the Trust was set at 10, Whittington Health reported 14 cases of CDI (Hospital onset, healthcare associated (Day 2 or later since admission HOHA) and 4 cases Community onset, healthcare associated (Up to 28 days since discharge COHA) which was above the target. This was challenging however the causes of all cases were investigated, and all considered unavoidable but there were learning opportunities from lapses in care. Two distinct themes from post infection reviews (PIR) were: 1) delay in sending stool occurring in the HOHA cases. This may have resulted in delayed treatment and a HOHA (hospital onset infection as opposed to community). 2) documentation lacking e.g. records of stool charts, patient's normal bowel habits
E. Coli Bacteraemia	There were 22 Trust-attributed E. coli blood stream infections (BSI) this year. The national objective in line with the UK five-year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024. The trust is striving to achieve this target. Issues identified are shared as learning. The annual E. coli work programme has been reviewed and requires refocus and trust wide engagement to help reduce these BSI's.

Influenza	This winter, there were 21 cases of admitted patients found to have Influenza. Cases have risen this year but still not a usual influenza season.
Surgical Site Infections (SSI)	Whittington Health met the mandatory reporting for SSI surveillance to UKHSA 'at least 1 orthopaedic category for 1 period in this reporting year'. **July to September 2021 SSI data:** 22 Repair of neck of femur operations – 2 surgical site infections 12 Large bowel surgeries – 4 surgical site infections **October to December 2021 SSI data:** 27 Repair of neck of femur operations – 0 surgical site infections. 12 Large bowel surgeries – 5 surgical site infections **January to March 2022 SSI data:** Data to be finalised and reconciled to UKHSA by 30th Jun 2022 The number of operations occurring are small and could distort percentages. Infections are reviewed by teams and are being monitored closely.

Winter flu and COVID-19 vaccinations

The Trust ran successful vaccination programmes for both Covid 19 and flu. This was a far-reaching campaign utilising many points of access for staff. The campaign was coupled with supporting all staff to make informed choices about vaccination.

We ran a series of webinars; team meetings; one-to one sessions along with a visible poster campaign. Flu vaccination uptake was at 83%. Staff were offered first, second and booster doses of COVID-19 and uptake was 92%, 88% and 80% respectively

PATIENT EXPERIENCE

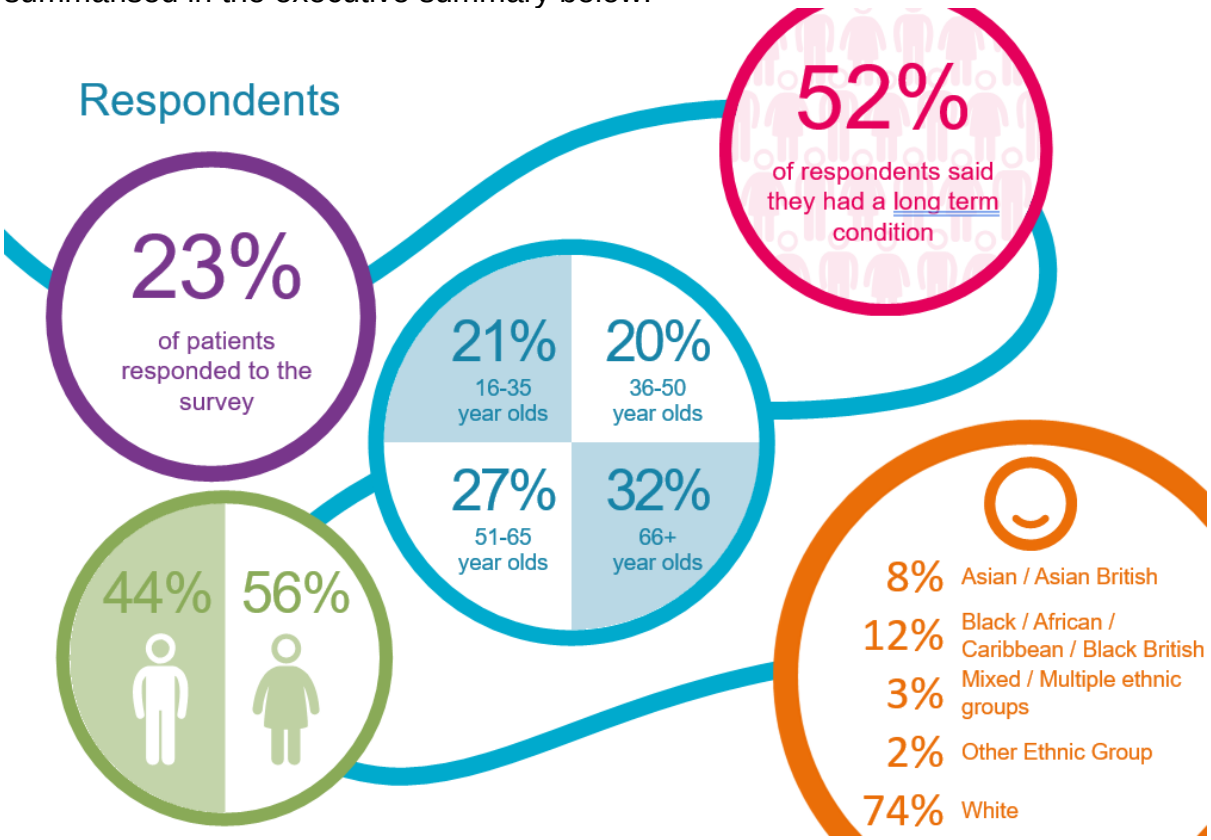
Learning from national patient surveys

The Trust received results for four national patient experience surveys during 2021/22. These were:

- 2020 Urgent and Emergency Care Survey (September 2021)
- 2020 Adult Inpatient Survey (October 2021)
- 2020 Children & Young People (December 2021)
- 2021 Maternity (February 2022)

Urgent and Emergency Care Survey 2020

23% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. The key improvements and issues to address are summarised in the executive summary below:



Urgent and Emergency Care Survey 2020 results

Top 5 scores vs Picker Average	Trust	Picker Avg
Q28. Received test results before leaving A&E	89%	80%
Q45. Expected care and support available after leaving A&E	84%	78%
Q42. Enough information to care for condition at home	91%	86%
Q39. Told side-effects of medications	64%	60%
Q21. Right amount of information given on condition or treatment	81%	78%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q43. Staff discussed transport arrangements before leaving A&E	26%	50%
Q35. Able to get suitable food or drink	58%	67%
Q33_5. Saw the cleaning of surfaces	67%	74%
Q5. Waited under an hour in the ambulance	92%	95%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%

Most improved scores	Trust 2020	Trust 2018
Q28. Received test results before leaving A&E	89%	78%
Q42. Enough information to care for condition at home	91%	82%
Q24. Staff did not contradict each other	87%	79%
Q32. A&E department was very or fairly clean	97%	89%
Q41. Told who to contact if worried	76%	70%

Most declined scores	Trust 2020	Trust 2018
Q35. Able to get suitable food or drink	58%	61%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%
Q12. Informed how long would need to wait	45%	47%
Q29. Understood results of tests	97%	99%
Q5. Waited under an hour in the ambulance	92%	93%

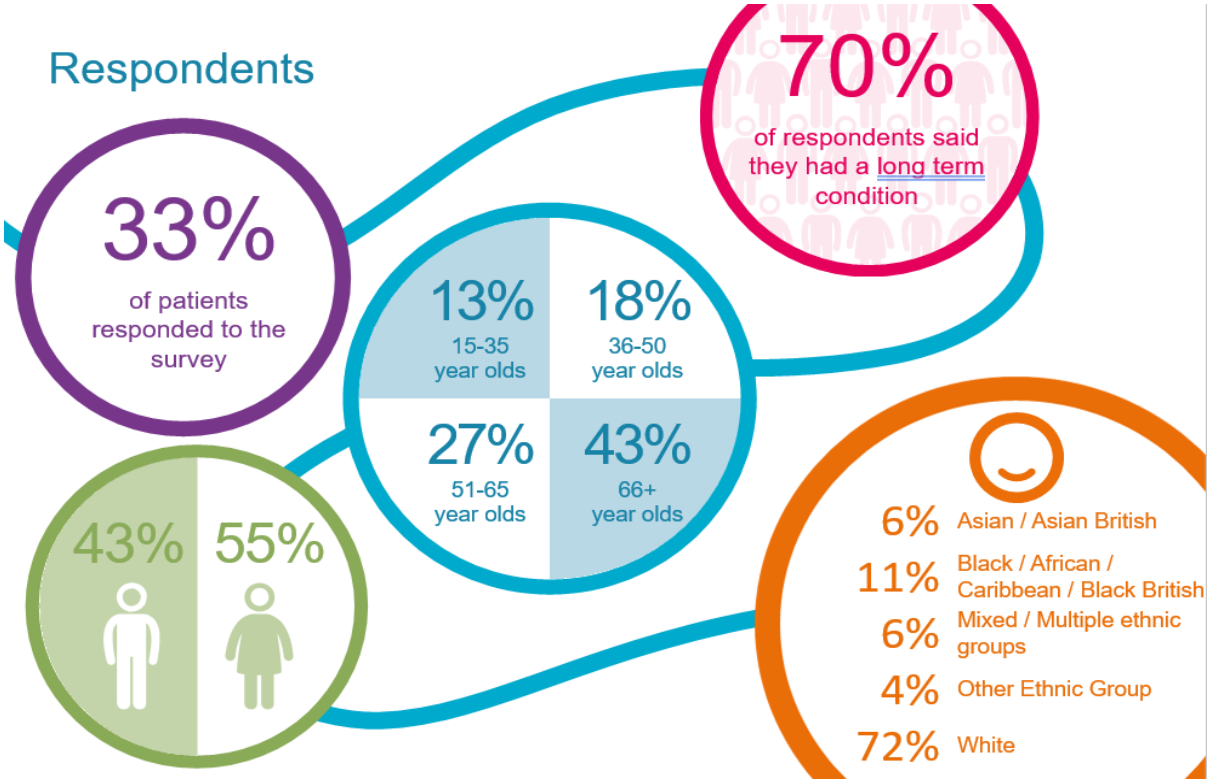
Regarding **Q35** (Able to get suitable food or drink), a new vending machine has been installed in ED, so we would expect to see this score improved in the upcoming survey. Work is ongoing to understand the issues surrounding staff discussing transport arrangements with patients before leaving the department.

Adult Inpatient Survey 2020

33% of patients responded to the 2020 survey, which was the same percentage as completed responses for 2019. Unfortunately, there were no completions in other languages, no completions over the telephone and no requests for paper accessible, which is something the Patient Experience Team are looking to address for the upcoming Inpatient Survey.

The adult inpatient survey changed from paper only to a mixed mode methodology including a push to online. The online survey was available in nine non-English languages and BSL. It also included accessibility options, such as automatic connection with screen readers, font and colour adaptability. Patients were sent reminders to complete via SMS (if we were provided with their mobile number) and by post. Respondents were also able to complete over the telephone (including access to other languages) and request braille, large print, or easy read versions of the questionnaire.

The key improvements and issues to address are summarised below:



Adult Inpatient Survey 2020 results

Most improved scores since 2019

55%	Q12. Food was very good or fairly good
87%	Q10. Able to take own medication when needed to
88%	Q40. Knew what would happen next with care after leaving hospital
75%	Q38. Given written/printed information about what they should or should not do after leaving hospital
90%	Q37. Given enough notice about when discharge would be

Top 5 scores vs the Picker Average

92%	Q33. Explained well how procedure had gone
93%	Q39. Given information about medicine at discharge
84%	Q26. Given enough privacy when discussing condition or treatment
17%	Q47. Asked to give views on quality of care during stay
88%	Q40. Knew what would happen next with care after leaving hospital

Our views

79%	Q46. Rated overall experience as 7/10 or more
97%	Q45. Treated with respect and dignity overall
98%	Q16. Had confidence and trust in the doctors

Bottom 5 scores vs the Picker Average

55%	Q12. Food was very good or fairly good
60%	Q2. Did not mind waiting as long as did for admission
79%	Q46. Rated overall experience as 7/10 or more
78%	Q36. Staff discussed need for additional equipment or home adaptation after discharge
78%	Q7. Staff completely explained reasons for changing wards at night

Key improvements are in our response to Q12 (Food was good or fairly good), up from **44%** to **55%** in comparison to 2019, however this is still far short of the national average of **70%**. Between January and mid-February 2022, a trial of a fully plated meal

service was introduced across all areas, and we hope these positive changes will be reflected in next year's annual patient survey results.

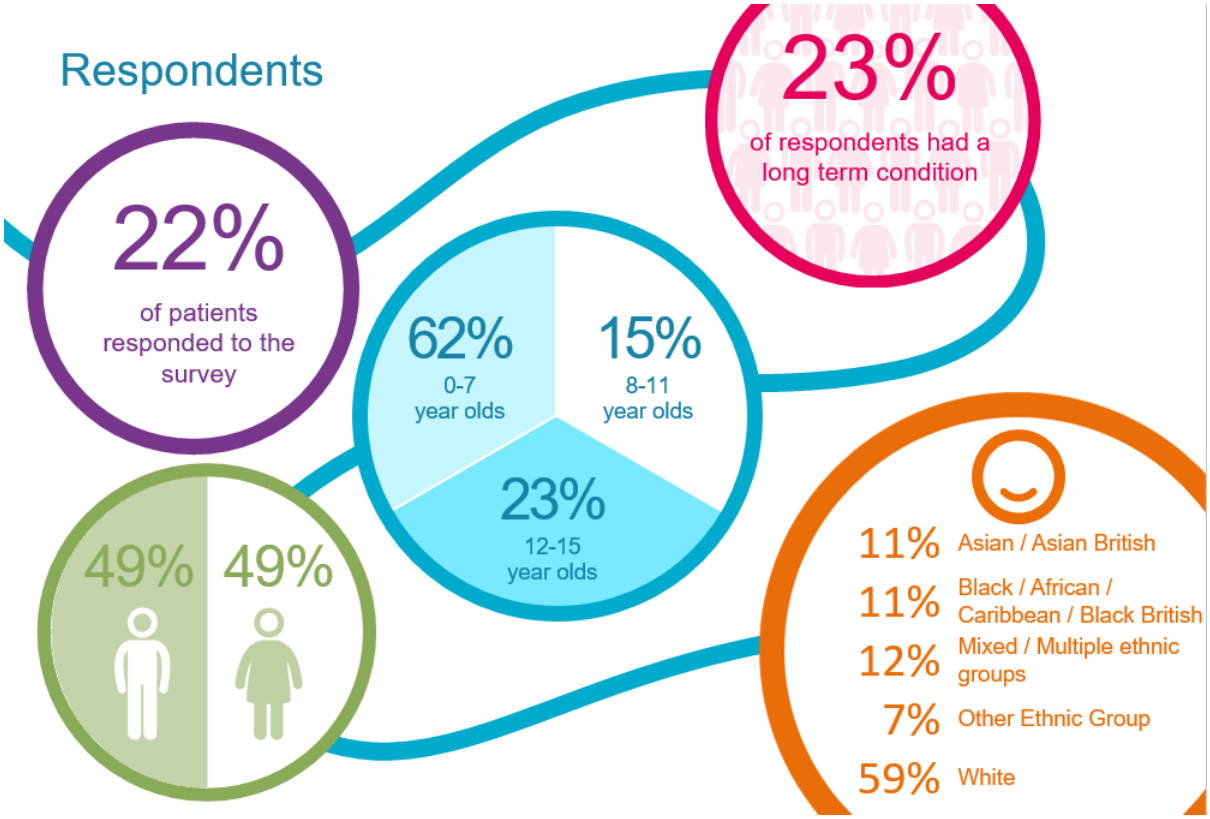
On a related note, only **90%** of patients felt they had enough to drink compared to a national average of **95%,** which has been looked at since the results of this survey were published in coordination with ward managers and matrons. In response to the findings, it was agreed that water should be made more readily available, staff should make a point to regularly ask patients whether they would like more to drink, and the Patient Experience Team are currently looking into the purchase and distribution of water dispenser points throughout the inpatient areas.

On a positive note, during visiting restrictions last year, **88%** of patients felt able to keep in touch with family and friends due to the successful roll-out of the '**Stay Connected**' Family Liaison programme which will continue with the help of Whittington Health charity funding. This provided families with access to communication services to keep in touch with their loved ones, such as 'With You' audio messaging, and 'Thinking of You' paper postcards. This was in combination with the facilitation of zoom calls and dealing with lost property requests. This is very welcome feedback considering the impact on hospital services during the COVID-19 pandemic.

In addition, there is an ongoing focus on discharge planning which is continuing to improve patient experience and feedback in these areas.

2020 Children & Young People's Survey

22% of patients responded to the 2020 survey, which was lower than the completed response rate in 2018 (27%). This may have been due to another patient experience survey being undertaken at the same time to establish parents and young people's experience of the north central London Southern children and young people inpatient Hub merged service as part of major incident planning during the second wave of the pandemic (COVID-19 Delta variant). An infographic of this survey's outcomes is shown overleaf:



Children & Young People's Survey 2020 results

Top 5 scores vs the Picker Average

100%	C16. Child felt that Wi-Fi was good enough for them to do what they wanted
76%	P15. Parent felt that Wi-Fi was good enough for child to do what they wanted
93%	C63. Child told what would happen next with their care
99%	P49. Parent thought that staff did everything to help ease child's pain
82%	P11. Parent felt that there was enough things for child to do

Most improved scores since 2018

76%	P43. Parent felt that child liked the hospital food
93%	C63. Child told what would happen next with their care
95%	P36. Parent felt staff were aware of child's medical history
99%	P49. Parent thought that staff did everything to help ease child's pain
99%	P9. Parent felt that child was given enough privacy for care and treatment

Our views

94%	P72. Parent felt well looked after by staff
88%	C71. Child felt well looked after in hospital
91%	P27. Parent felt staff agreed a plan with them for child's care

Bottom 5 scores vs the Picker Average

54%	P48. Parent rated overnight facilities as good or very good
71%	C44. Child liked the hospital food
76%	C19. Child felt hospital was quiet enough to sleep
76%	C61. Child told who to talk to if they were worried when home
88%	C39. Child could speak to staff about their worries

Key Improvements noted regarding food, with **76%** of parents reporting that their child liked the food provided, compared to the 2018 score of **66%,** although only **71%** of children reported liking the food (national average **85%**). This is likely to be the result

of the inpatient catering being brought back in-house as referenced in the response in the inpatient survey results above.

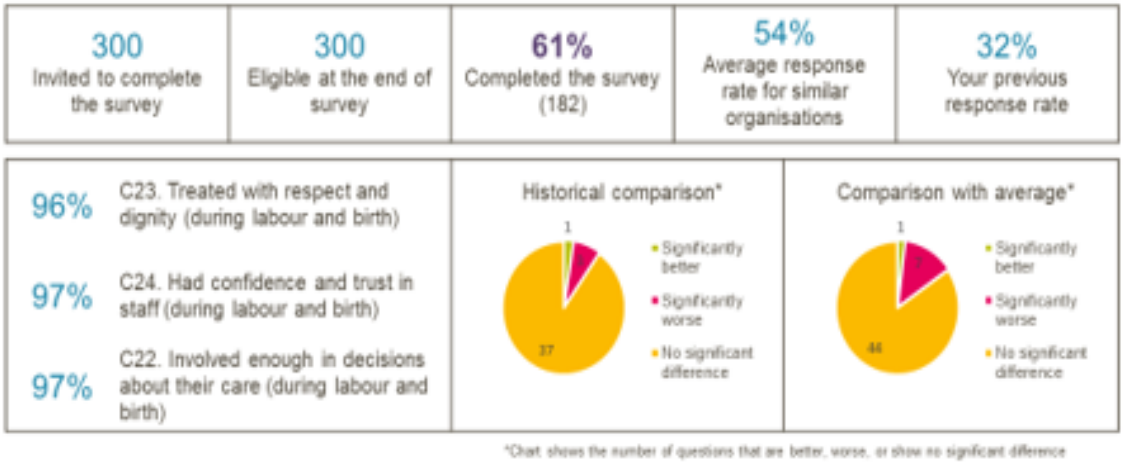
In contrast, there was a reduction in the response by parents when asked if they were able to prepare food in the hospital (36% compared to our 2018 score of 55%), which will have been impacted by changes in Infection Prevention and Control guidelines for the inpatient wards (including the children's wards) during the pandemic.

100% of children felt that the WIFI was good enough for them to do what they wanted (compared to 84% national average).

88% of children felt they could speak to staff about their worries (below national average of 94%).

The Patient Experience Team are in the process of arranging a consultation with Picker to go through these results and create an action plan to improve for the next survey.

2021 Maternity Survey



Further outcomes from the maternity survey are shown overleaf.

Top 5 scores vs Picker Average	Trust	Picker Avg
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	91%	33%
C10. Involved enough in decision to be induced	88%	83%
B4. Given enough information about coronavirus restrictions and any implications for maternity care	79%	74%
C14. Partner / companion involved (during labour and birth)	88%	85%
B3. Offered a choice of where to have baby	84%	80%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
F7. Felt midwives aware of medical history (postnatal)	63%	73%
B16. Provided with relevant information about feeding their baby	72%	81%
F17. Received suppport or advice about feeding their baby during evenings, nights or weekends	61%	70%
C9. Felt they were given enough information before induction	78%	87%
B12. Given enough support for mental health during pregnancy	74%	82%

Most improved scores	Trust 2021	Trust 2019
F12. Staff asked about mental health (postnatal)	95%	87%
F8. Felt midwives listened (postnatal)	98%	93%
D8. Found hospital ward very or fairly clean	95%	90%
F13. Given information about changes to mental health after having baby	87%	85%
D6. Treated with kindness and understanding (in hospital after birth)	94%	92%

Most declined scores	Trust 2021	Trust 2019
B5. Given enough information about where to have baby	75%	92%
C18. Not left alone when worried (during labour and birth)	67%	82%
F6. Saw the midwife as much as they wanted (postnatal)	56%	68%
C4. Felt staff created comfortable atmosphere during labour	84%	94%
C3. Felt they they were given appropriate advice and support at the start of labour	83%	89%

Key highlights to note include the excellent response rate of **61%** which compares to **32%** for the previous maternity survey 2019. This is due to the engagement work the Patient Experience Team undertook with Maternity management to promote the survey, as well as other forms of feedback such as Friends and Family Test surveys. Posters were put in visible areas, and clinical leads were placed in charge of promoting the survey directly to patients.

Whittington was the first hospital in London to risk assess safely to ensure that partners could continue to visit and join and stay during a baby's birth and post-delivery period during the pandemic; this is reflected in the positive response relating to feedback about partners' being able to stay (**91%** compared to national average of **33%**).

The CQC provided benchmarking reports for London from the 2020 survey and the Whittington achieved first best response in London for involvement of partners compared with average trust score across England.

National Cancer Patient Experience Survey 2020

The National Cancer Patient Experience Survey 2020 was made voluntary during the pandemic and unfortunately Whittington Health did not have the capacity to run it locally. Therefore there are no results for 2020. The Trust will be participating in the 2021 survey and questionnaires have gone out for this.

Family & Friends Test

In December 2020, NHS England updated guidance to reinstate the collection of FFT data after a pause in reporting due to the COVID-19 pandemic. Throughout 2021, FFT reporting has steadily recovered from the pandemic, although many challenges have

remained, including the second surge in January 2021 and various peaks throughout the year (i.e., Omicron variant in December 2021) affecting the ability of some services to report regularly.

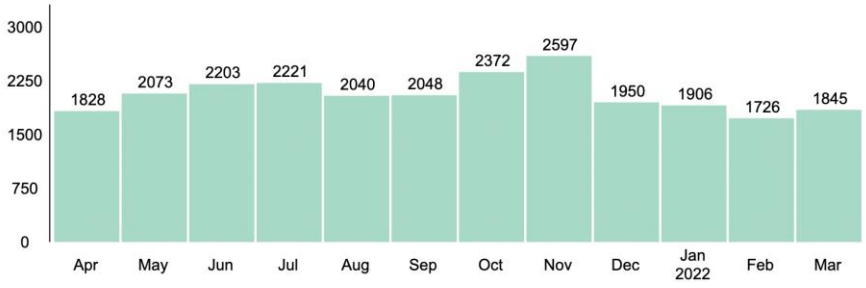
The Patient Experience Team have been working with Voluntary Services to ensure FFT results collected via handwritten postcards are uploaded to the electronic reporting system regularly, although many services upload the data locally. There has been a renewed focus on rolling out a digitisation of FFT collection methods, including automated SMS texting, which is currently used in the Emergency Department, and in the Day Treatment Centre, and which will be live in community physiotherapy services in mid-2022 following a successful pilot. iPads and devices have been used in various services to collect FFT data. Moving forwards, the introduction of trust wide QR codes will assist with the streamlined collection of data, allowing more patients to provide feedback from their own devices and minimising the need for physical collection over time.

The table below shows the average FFT score for the year 2021-2022, showing a small reduction in positive feedback from the previous year (89% down from 92%).

Percentages of Very good/good and poor/very poor
(FFT - All, 1/4/2021 to 31/3/2022)

The table below shows the total number of responses for 2021-2022 and highlights the steady increase in response rates across the Trust after the peak of the pandemic until the Omicron variant in Q4.

Number of surveys completed each month
(FFT - All From 1/4/2021 to 31/3/2022)
24809 Surveys



Over the past 24-month period, the low point was April 2020, which saw only 739 FFTs collected trust-wide, compared to the post-pandemic high-point in Nov 2021 which saw 2597 - an increase of over 250%, However, this is still slightly below the pre-pandemic high-point in January 2020 of 2,937.

CLINICAL EFFECTIVENESS

Driven by its vision of 'Helping local people live longer, healthier lives', Whittington Health is committed to continually improve the care it provides to its patients. Whittington Health believes that 'Better Never Stops' and this attitude is embedded within the Trust's two-way approach to Quality Improvement. A bottom-up approach encourages grass roots development and top-down actions use performance and outcome data to drive improvement.

The Clinical Effectiveness Group (CEG), chaired by the Associate Medical Director for Quality Improvement and Clinical Effectiveness, has continued to strengthen the clinical effectiveness agenda. Regular reports on clinical effectiveness, including national and local audits, NICE and local clinical management guidelines, Getting It Right First Time (GIRFT) progress as well as quality improvement are discussed at the CEG and the Quality Governance Committee, further included in the Quality Report to Quality Assurance Committee.

Key achievements during 2021/22 include:

- the success of our Covid-19 clinical guideline page on the Covid intranet hub, which provided a single point of access for new and rapidly changing guidance.
- our comprehensive Covid-19 audit programme with projects including the evaluation of brief COVID-19 psychological first aid intervention via Haringey IAPT, and an extension to the COVIDSurg 3 national audit in response to the emergence of the Omicron variant.
- the appointment of an expert patient representative to join our COPD and Asthma Care Quality Review Group
- Dental service abstract to the Clinical Audit for Improvement Summit 2022 entitled 'A service evaluation and audit of paediatric patients in the urgent dental hub'.
- A pilot audit of the Respiratory Outreach Case Finding Clinic at Better Lives (Islington Drug Service) submitted to the Mental Health Innovation HSJ Awards.

National audits

During 2021/2022, 50 national clinical audits, including 3 national confidential enquiries covered relevant health services that Whittington Health provides. Despite the continuing pressures on staff due to the Covid-19 pandemic, Whittington Health participated in 100% of national clinical audits and 100% of national confidential enquiries.

The Trust also registered an additional 23 non-mandatory national audits for completion, and our local audit and effectiveness programme has further developed to include both Covid-19 and general medical and surgical projects, and service evaluations.

Clinical audit reporting continues to provide a vital mechanism to capture care quality across the organisation. Learning from outcomes has remained a priority throughout

the COVID-19 pandemic, facilitated by regular multidisciplinary audit and effectiveness afternoons and bespoke training of staff.

Quality Improvement

A key aim of the Trust's Quality Improvement (QI) strategy is to empower our staff to drive change, with two key developments in 2021/22, the formation of the Whittington Improvement Faculty and the development of a QI toolkit.

The QI Toolkit was created to help staff undertake their own QI projects, outlining 14 commonly used QI tools which can be easily adapted to suit projects of any size.
The Whittington Improvement Faculty draws together staff who have an interest in and are actively working to improve care for our patients and includes a wide variety of staff across the Trust, including Research, IT, clinical staff, and project managers. The group's purpose is to provide support and advice to colleagues and they meet quarterly around a specific theme; Patient Involvement, Health Inequalities and 'Storytelling to drive change'. In order to share the learning from each meeting, the top 5 points are disseminated and circulated.

QI training has continued with both virtual and face to face sessions, for a wide variety of staff including new junior doctors, ICARE delegates, nurse and AHP preceptors, skin care ambassador nurses and groups of band 7 midwives. The sessions are designed to equip, empower and mobilise staff to lead projects in the areas they work in.

The annual QI celebration afternoon was held in July 2021, with submissions from a range of projects crossing different professions, and services. The two award winning projects (one voted for by attendees and one decided by the judges) were 'Watch the Oxygen' (the development of an oxygen usage dashboard during COVID-19); and a 5-year remote colorectal cancer surveillance programme. Other presentations included effective measures to reduce hospital pressure ulcers; increasing detection of domestic violence in the Emergency Department; the development of a pathway to standardise the management of Achilles tendon rupture; Attend Anywhere appointments; and projects on health and wellbeing for students and staff. There were also videos of staff members answering, 'what have you done to improve care, that you are most proud of?' and another of staff reading some of the compliments and 'Thank You' messages that patients sent in during the year.

Getting It Right First Time Programme
This year showed reduced GIRFT activity in terms of visits to our clinical services, impacted by the pandemic as well as the programme reaching the end of its first full cycle. Successful visits have happened in Rheumatology, Paediatric Trauma and Neurology with the teams showcasing examples of excellent care such as:

- innovative roles such as specialist physiotherapist as part of Inflammatory Arthritis service
- a safe networked service of specialist paediatric orthopaedic care between Whittington Health and Great Ormond Street Hospital.
- a neurology service providing excellent and efficient care.

Recommendations following the visits have highlighted opportunities to develop our Early Arthritis Service and Epilepsy support, emphasising the importance of specialist nursing roles which have been supported by ICSU business plans.

RESEARCH

Context

The impact of the COVID19 Pandemic continued to significantly distort the Research landscape in the year 2021/22. National research prioritisation through the National Institute for Health Research's (NIHR's) Urgent Public Health (UPH) process prevented progression of other 'non-covid research for some time and, when restrictions were lifted and recruitment targets reinstated, service delivery issues related to COVID19 care continued to have impact. Despite this, the R&D Department, led by the Research Portfolio Manager and Director of Research and Innovation, rose to the challenge, and performed well across relevant benchmarks.

Staffing and Staff Engagement

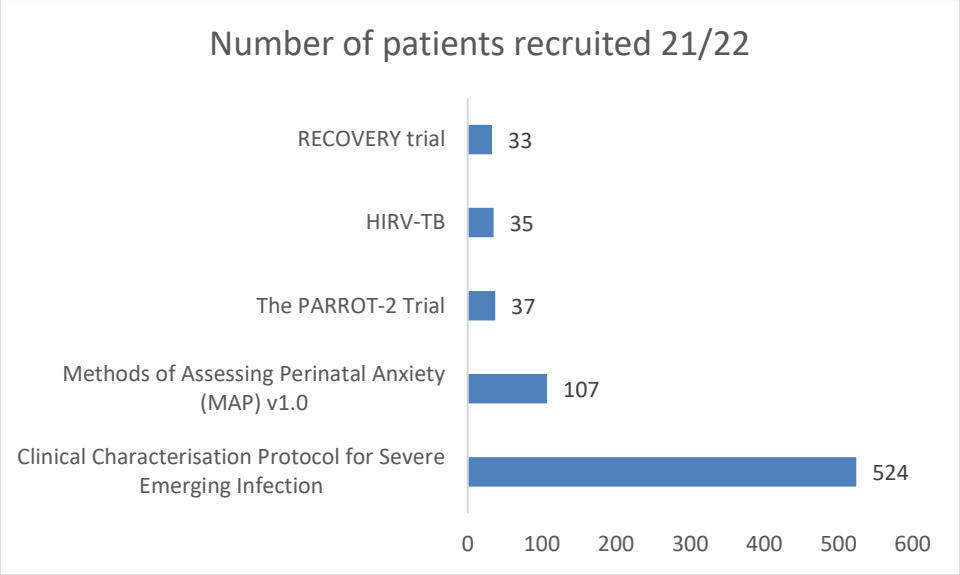
Whittington Health currently employ 13.7 WTE research staff (including 1.5 WTE funded via the Michael Palin Centre study grant) to deliver research; an increase of 1.5 WTE on the previous year.

Whether or not engaged directly through the Trust's Research Department, many Trust clinicians remain research active. This is demonstrated by research publication records. A PubMed search for 'Whittington Health' OR 'Whittington NHS' (https://bit.ly/3IOiRYH) reveals a steady rise in publications year on year, with 73 such papers published in the 12 months to 1 January 2022.

The Trust holds two research grants; Professor Ibrahim Abubakar's NIHR Programme Grant for Applied Research: Research to Improve the Detection and Treatment of Latent Tuberculosis Infection (RID-TB) and Dr Sharon Millard's NIHR Research for Patient benefit: Evaluating Palin Stammering Therapy for Children: a feasibility study.

Performance

At the time of writing (mid-March 2022), 921 patients have been recruited into studies, a figure favourably comparable to the 848 recruited in 19/20. Numbers were higher (1,241) in 20/21, largely due to recruitment into COVID-19 studies, supplemented by those in other studies as these restarted. The Trust recruits well when compared to similar Trusts, and the COVID-19 trials offered an opportunity to demonstrate this: against a target of 10% and a national average of 9.3%, the Trust recruited 13% of the eligible COVID-19 admissions to Urgent Public Health (UPH) studies (124 patients per 1000 admissions).



NIHR portfolio trials data are shown in the table below. Data for past years are shown, with the caveat (as above) that non-Covid trials were suspended for much of 2020/21 and into 2022, with further disruption over the winter of 2020/21 and with the Omicron surge in the winter of 2021/22.

	NIHR Portfolio		**Non-Portfolio**
	Patients recruited	**Number of recruiting studies**	**Number of recruiting studies**
Year			
2018-19	**1077**	**49**	**7**
2019-20	**803**	**29**	**5**
2020-21	**1198**	**20**	**4**
2021-22	**921 to date**	**27**	**5**

The team have begun the recovery from the UPH COVID-19 focus, having opened two commercial trials during the year with one further study confirmed in the pipeline.

Completed trials and outcomes

A number of trials (performed or recruiting at Whittington Health) have been completed, or have seen outcomes reported, in the last year.

The *TACKLE* Trial of dual monoclonal antibody treatment for COVID-19 disease reduced risk of death or hospitalisation by 67% if administered within 5 days of symptoms.

Whittington Health was a lead recruiter for the ***RECOVERY platform trial of Covid-19 treatments in hospitalised patients***. Of ten interventions trialled, several were shown to be ineffective (including aspirin, azithromycin, colchicine, hydroxychloroquine, antivirals Lopinavir-Rotinavir, and convalescent plasma). Monoclonal antibodies Cairivimab and Imdevimab were shown to offer benefit (in

seronegative individuals only). Also of benefit was JAK ½ inhibitor Baricitinib, the steroid dexamethasone, and the IL-6 receptor monoclonal antibody, Tocilizumab.

Example RECOVERY Trial results:

Association between administration of systemic corticosteroids and mortality among critically ill patients with Covid-19. A Meta-analysis RECOVERY Collaborative Group
Findings: In this prospective meta-analysis of clinical trials of critically ill patients with COVID-19, administration of systemic corticosteroids, compared with usual care or placebo, was associated with lower 28-day all-cause mortality.

Dexamethasone in hospitalised patients with COVID-19 RECOVERY Collaborative Group
Findings: In patients hospitalized with Covid-19, the use of dexamethasone resulted in lower 28-day mortality among those who were receiving either invasive mechanical ventilation or oxygen alone at randomization but not among those receiving no respiratory support.

Example SIREN results:

COVID-19: Past infection provides 83% protection for five months but may not stop transmission, study finds[12]
Findings: People who have previously been infected with covid-19 are likely to be protected against reinfection for several months but could still carry the virus in their nose and throat and transmit it to others, according to a study which regularly tested thousands of healthcare workers.

GenOMICC:

Genetic Mechanisms of critical illness in COVID-19 Nature
Findings: The GenOMICC study has found four genes that make people susceptible to life-threatening COVID-19. In some cases, these lead directly to therapeutic targets used in the RECOVERY trial[13]

Example ISARIC CCP Studies to which Whittington Health recruited:

Features of 20,133 UK patients in hospital with COVID-19 using the ISARIC WHO clinical characteristic protocol: prospective observational cohort study[14]
Findings: Participant mortality was high, independent risk factors were increasing age, male sex, and chronic comorbidity, including obesity. The study has shown the increasing importance if pandemic preparedness and the need to maintain readiness to launch studies in response to outbreaks.

6-month consequences of COVID-19 in patients discharged from hospital: a cohort study[18]
Findings: At 6 months after acute infection, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severe impaired pulmonary diffusion capacities and abnormal chest imaging

manifestations and are the main target population for intervention of long-term recovery.

Non-COVID research where the Trust recruited patients:

The ATTIRE study:
A randomised trial of albumin infusions in hospitalised patients with cirrhosis[19]
Findings: Inpatients hospitalised with decompensated cirrhosis, albumin infusions to increase the albumin level to a target of 30 g per litre or more was not more beneficial than the current standard care in the United Kingdom

The SUMMIT study:
Delivering low-dose CT screening for lung cancer: a pragmatic approach[21]
Findings: CT scanning meant that 70% of the growths detected in people's lungs were identified when the disease was at stage one or two – a huge increase in the usual rate of early diagnosis.

GUARDIAN OF SAFE WORKING HOURS

Despite the complexities and challenges that the COVID-19 pandemic has continued to bring to the training of junior doctors over the last year, there has also continued to be significant emphasis on the safety of their working hours. This has been reflected in the ongoing engagement with the process of monitoring the safe working hours of junior doctors through the exception reporting process. A large number of additional hours have been worked by doctors in training, over and above their rostered hours, and these have been recorded and reimbursed with time off in lieu or payment where it has been safe to do so.

This year has seen ongoing issues with significant staff shortages across all training grades due to high levels of sickness, as we have seen across the wider NHS. This year we have also seen a higher than ever number of trainees choosing to work less than full time. We have continued to call upon the flexibility and maturity of the trainees to engage with senior colleagues in working to meet the challenges the pandemic continues to present, and their hard work and resilience is to be commended.

There continues to be good engagement with the process of exception reporting as laid out in the 2016 terms and conditions. There has been an ongoing effort to encourage all specialities to promote and encourage the use of exception reporting.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. In areas which reported more than others, there has been work with trainees and consultants to try to review and change working practices where possible.

INTEGRATED CARE ORGANISATION AND SYSTEM WORKING

Integrated Care Organisation

As an integrated care organisation, we are demonstrating every day the value of collaborative working in multi-disciplinary and in multi-agency approaches to health and care. Our figures continue to show some of the lowest admission rates in North Central London.

The Trust is currently meeting its plan of reducing long length of stay (patients over 21 days in hospital) through the management of delayed transfers of care, frailty management and Multi Agency Discharge Events (MADE).

During Covid our integrated approach continued to be widely praised and in 2021/22 we continued to run the single discharge hub for ourselves and UCLH. We have also been instrumental in the setup of the virtual wards for both UCLH and North Middlesex. Our CEO chaired the non-acute Gold system leadership group, coordinating the community response to Covid across North Central London and leading on the review of community services for the longer term.

Primary Care Networks and GP Federations

During 2021/22 we continued to work closely with GPs and commissioners in Haringey and Islington. Examples of this included:

- Continuing to develop the integrated diabetes team that supports and trains GPs to keep patients' diabetes managed in the community
- Our team working with Age UK and the GPs to use an e-frailty index to find and support patients before they deteriorated
- Providing nurse associates and first contact MSK practitioners to the Primary Care Networks

Clinical Interface Group

We have a well-established monthly Clinical Interface Group. This is attended by GP representatives from the Local Medical Committee, North Central London Clinical Commissioning Group and GP Federations and representatives from the Trust's clinical and operational teams, to work on solving any issues and exploring how we can work in more innovative and efficient ways together for the benefit of our patients. The group has been used as an exemplar and replicated in the other acute Trusts in North Central London. These Trust clinical interface groups are now meeting monthly as the NCL Interface Steering Group to further enhance and improve sector working and consistency for the five boroughs at the interface between primary, community and secondary care.

Localities and Integrated Care Borough Partnerships

This year, Whittington Health continued to work even more closely with our colleagues in the councils, mental health trusts, GPs, and the voluntary sector to implement the vision for our joined-up services based around localities (three in Islington and three in Haringey). We have been key leaders in the Borough Partnership Boards for Islington and Haringey, supporting new models of care. Our Director of Strategy chairs the Haringey Place Board and our CEO co-chairs the Borough Partnership.

North London Partners' Integrated Care System

COVID-19 has been an impetus for much closer working together as a system. Whittington Health played a strong role in the system, and this is described throughout this document. In particular, at this point in the report, we would like to highlight the Non-acute Gold meeting that our CEO chaired, coordinating the community response to COVID-19. We also worked well in the Operational Implementation Group which coordinated elective activity and recovery and the use of the private sector. We have been working closely together, sharing elective capacity in the private sector, and Whittington has taken on a large number of Urology and General Surgery cases from Royal Free and UCLH to help spread the load and reduce the backlog of patients waiting as quickly as possible. The Clinical Advisory Group and the CEO group were crucial parts in the system along with other operational and corporate groups. We have been represented on all the critical committees. This has been crucial in the response to Covid-19 and created a positive route for mutual aid, collaboration and transformation. Our Chair, CEO and other executives have also been instrumental in the set up and running of the nascent University College London Health Alliance (provider collaborative).

Community Diagnostic Centre

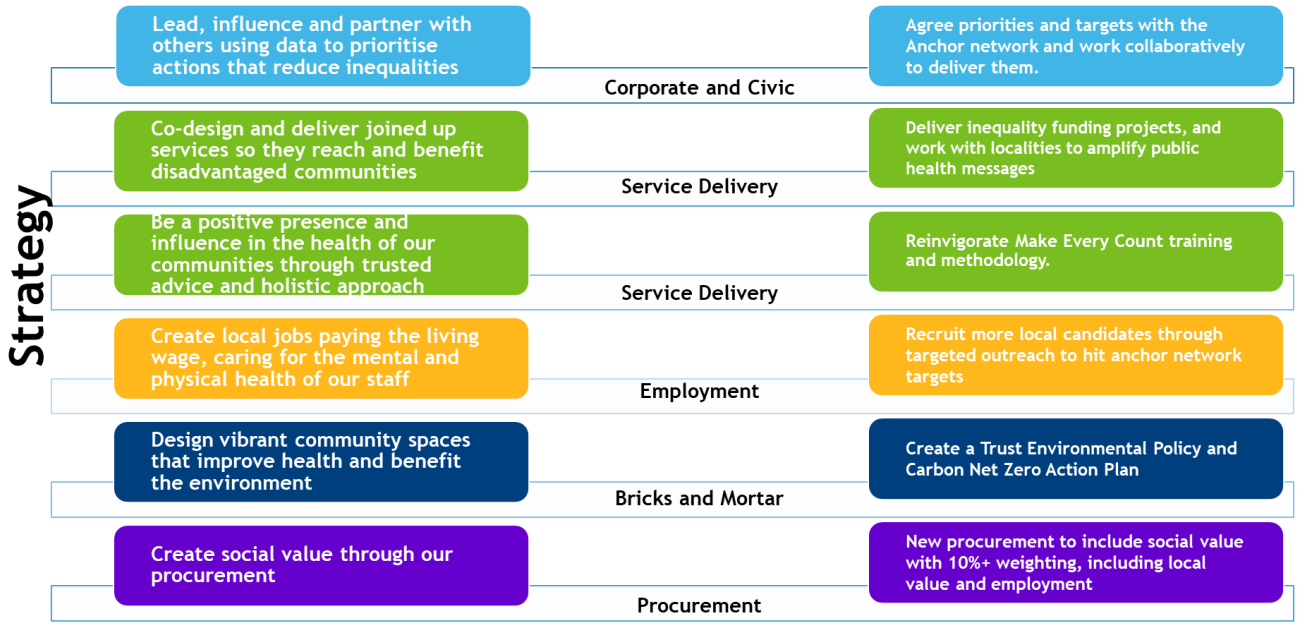
This year we were delighted to bid for and get awarded some central funding to set up a Community Diagnostic Centre in the heart of Haringey in the Wood Green Shopping City. Good collaborative working with the landlord has led to a solution where we are putting ophthalmology, ultrasound, x-ray and blood tests in the shopping centre. This is likely to open in August 2022. We are now bidding for further funding to put an MRI and a CT machine in the basement. We are excited about the opportunity to site more diagnostics in Haringey and, hopefully, to make them easier to access for our diverse population. This is one of two linked CDCs in North Central London, the other being run by the Royal Free London in Finchley Memorial Hospital.

University College London Hospitals NHS Foundation Trust

Throughout the year, we continued to work well with UCLH in various areas of collaboration, including breast services, maternity, nuclear medicine, and general surgery. In oncology we have appointed three new joint consultants between the two organisations, making our services much more resilient. In orthopaedic services, the Elective Orthopaedic Centre for the south of North Central London continued.

Population Health and Anchor institution

This year saw our first Population Health annual report and anchor institution action plan. Both form an important part of our response to the inequalities in our boroughs and strengthen our aim to help local people live longer healthier lives.



Successes this year linked to this programme include:

- Becoming a **living wage accredited organisation**
- **Working with Islington to set up a mentorship programme**
- **Linking the AHPs Leadership Fellowship Programme** to the Islington Apprenticeship programme
- **Starting a Salary Sacrifice Scheme**
- **Increasing social value scoring in procurement to 10%**
- **Creating a green plan**
- Successfully bidding for numerous inequalities projects in our boroughs
- Setting up **continuity of carer teams,** specifically in areas of higher deprivation
- Adding anchor institution and population health into our **business plans**
- Working with the councils on joined up metrics and actions

In addition to these successes, some specific health inequality projects we have worked on include:

Respiratory wellness:
The respiratory wellness programme is focused on adults already identified as having a higher rate of emergency hospital admissions in relation to their respiratory condition (Chronic Obstructive Pulmonary Disease), in the most deprived wards in Islington. We are aiming to deliver a personalised service that also addresses high levels of underlying mental health need and other physical comorbidities. We are

utilising peer coaches in partnership with Camden and Islington NHS Foundation Trust, who reflect the diversity of the local community, operate with a strength-based approach linking service users with community resources and build patient capacity to self-manage their long-term condition(s).

Continuity of carer
Our maternity continuity of carer programme aims to create Continuity of Carer Teams which support mothers from start to finish. Evidence suggests this can lead to better outcomes for women and their babies. We successfully recruited to two brand new teams. These teams are specifically focussed on our most deprived population areas within Haringey and Islington.

Employment
There is a lot we are doing in this area, such as being a London Living Wage accredited employer. We have an ethos of investment in our future workforce and a commitment to quality training and mentoring, such as our apprenticeship offer to local people. We have skills enhancement opportunities targeted at lower pay bands including provision for basic English for speakers of other languages, literacy and numeracy and softer/transferable skills, which are delivered in ways to avoid barriers to access such as shift patterns or location. Internal staff progression is supported and encouraged and skills are recognised as central to driving productivity.

Sickle cell improvement work
This is highlighted elsewhere in this report and is an example of focussed work on a particular segment of our population.

Long term conditions support in Haringey
We are giving enhanced support to residents in the deprived areas of Haringey who have multiple long term conditions.

WORKFORCE

Our people

People are our greatest asset, and it is well recognised that engagement and motivation of staff lead to better outcomes for our patients. Our staff are proud to work at Whittington Health and as we work to update our Workforce Strategy, our people will be involved and engaged in the design of this.

The number of staff directly employed by the Trust is around 4,600. This comprises clinical and non-clinical staff who continue to contribute to the delivery of high-quality patient care in both our hospital and community settings. The majority of the Trust's staff are permanently employed clinical staff directly involved in delivering patient care. We also employ a significant number of scientific, technical and administrative staff who provide vital expertise and support.

The table below provides a breakdown of our workforce. Our people are fundamental to the Trust's success in delivering high-quality patient care. We are proud of all our colleagues and recognise the important role they play in maintaining the health and wellbeing of the communities we serve. The people we employ reflect the diverse backgrounds of the local community and we have good representation of women and people from diverse ethnic backgrounds

Headcount 2021/2022

Staff group	Employee headcount 1 April 2020	Employee headcount 31-Mar-21	Employee headcount 31-Mar-22
Professional Scientific &Technical	294	302	326
Additional Clinical Services	619	664	677
Administrative and Clerical	905	947	969
Allied Health Professionals	536	542	559
Estates and Ancillary	212	202	195
Healthcare Scientists	96	104	99
Medical and Dental	547	565	580
Nursing and Midwifery registered	1244	1228	1227
Students	20	28	28
Grand Total	**4473**	**4582**	**4660**

Performance against workforce indicators overall remains consistent, with the Trust Board and ICSU and Directorate management teams receiving monthly performance information.

Throughout the year the Trust continued to respond to Covid-19 surges and built on the successes of the previous year in swiftly deploying staff across the Trust. The staff vaccination programme progressed throughout the year, ensuring the majority of our staff received first, second and booster doses.

Connecting with Our People

We are committed to involving staff in decision-making, engaging them in key developments, and keeping them informed of changes across the organisation. Publicly, the Trust regularly uses our social media channels – Facebook and Twitter – to share messages with both the public and our own staff.

Throughout the pandemic, the Trust has worked hard to ensure that our staff remain involved and engaged. Regular communication channels were expanded with regular emails and in person communication to all staff to ensure they remained informed of changes across the Trust. The CEO Team Briefing continues to be online, enabling greater attendance and participation. The intranet continues to act as a primary information source for staff and is kept up to date with new items and features on developments across the Trust. This is supplemented by regular daily updates.

We have a number of committees to monitor the performance and delivery of the workforce priorities and consult with trade union colleagues:

- Workforce Assurance Committee
- The People Committee
- Partnership Group
- Medical Negotiating Sub Committee
- Caring For Those Who Care Culture Group
- Inclusion Group

Staff feedback is also obtained from the national staff survey and from the quarterly people pulse surveys, results of which are used to develop action plans for improvement. Through our Trust-wide briefings we have adopted the use of Slido to obtain real-time feedback from our staff. All staff are encouraged to voice opinions, suggest improvements and share ideas, as well as raise concerns

NHS staff survey 2021

Of Whittington Health's 4,538 eligible staff, 2,317 staff took part in this survey, a response rate of **52%** which is the same average response rate for Acute and Acute & Community trusts in England and above the Trust's 51% response rate in 2020.

This is the first year the survey results are aligned to the People Promise. There are seven People Promise elements which replace the old themes, in addition to the existing elements of staff engagement and morale.

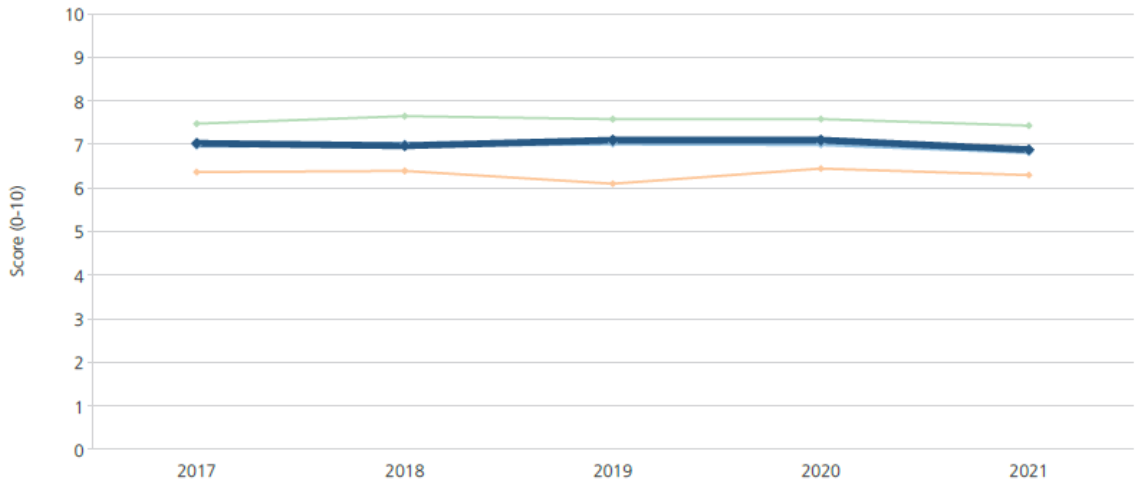
Whittington Health's theme score of 6.9 for staff engagement is slightly above the average 6.8 score and a reduction from the previous year, and it follows a similar trend

with other Acute and Acute Community Trusts, experiencing a reduction in staff engagement.

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > **Staff Engagement**

NHS



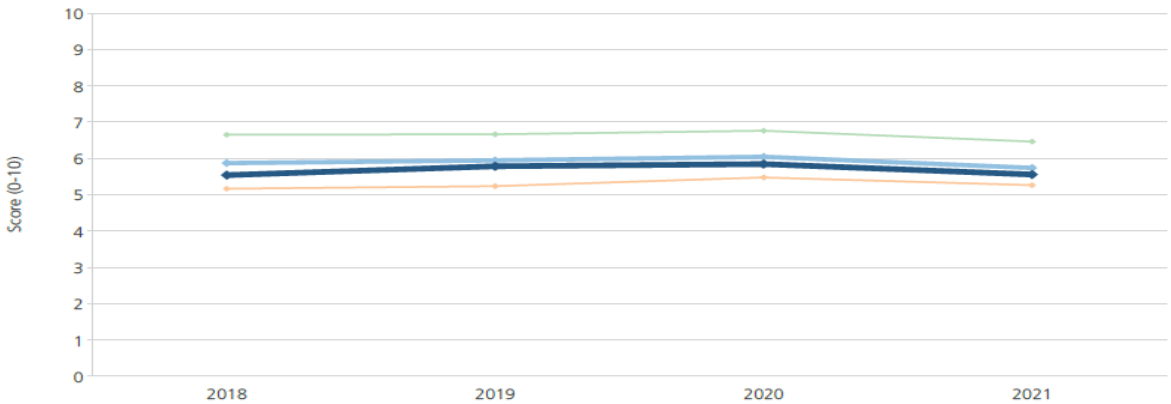
	2017	2018	2019	2020	2021
Best	7.5	7.7	7.6	7.6	7.4
Your org	7.0	7.0	7.1	7.1	6.9
Average	7.0	7.0	7.0	7.0	6.8
Worst	6.4	6.4	6.1	6.4	6.3
Responses	1,679	1,935	2,334	2,164	2,265

Whittington Health's theme score of 5.6 for staff morale was slightly below the average of 5.7 and a reduction from the previous two consecutive years, where morale stood at 5.8. The reduction follows a similar trend within other Acute and Acute Community Trusts, experiencing a reduction in staff morale, where best and worst scores in the group have seen a drop of 0.2 on average.

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > **Morale**

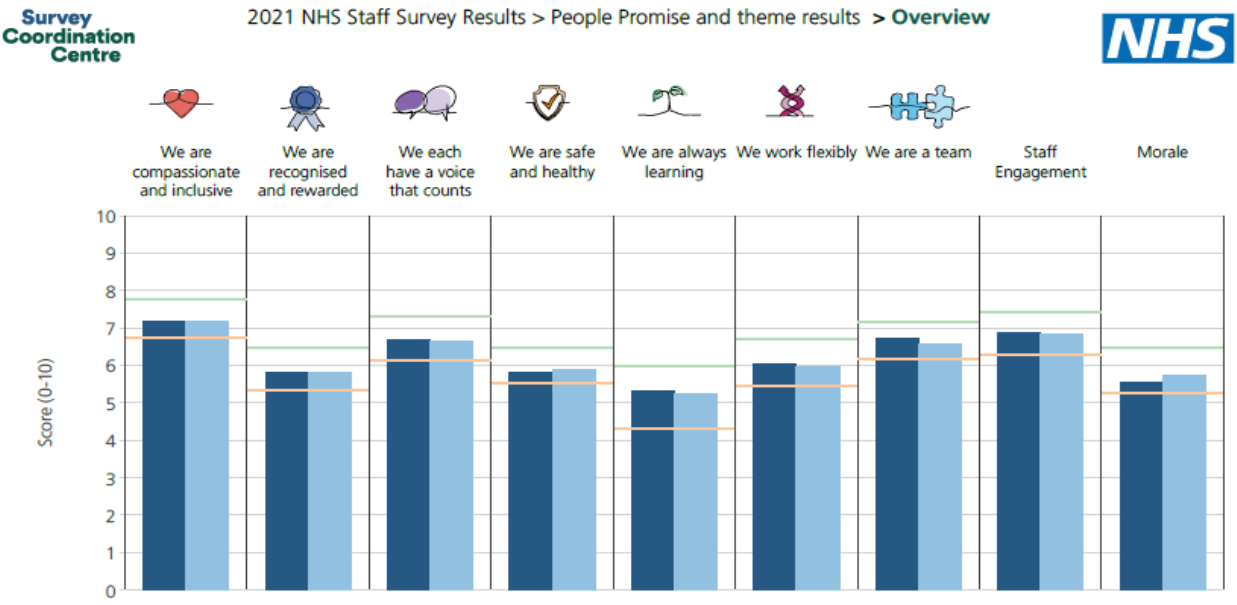
NHS



	2018	2019	2020	2021
Best	6.7	6.7	6.8	6.5
Your org	5.5	5.8	5.8	5.6
Average	5.9	5.9	6.0	5.7
Worst	5.2	5.2	5.5	5.3
Responses	1,914	2,320	2,151	2,255

The table below shows Whittington Health results against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).

Results are presented in the context of the 'best', 'average' and 'worst' results for the total 126 Acute and Acute & Community Trusts.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.2	5.8	6.7	5.8	5.3	6.0	6.7	6.9	5.6
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	2,203	2,257	2,166	2,189	2,093	2,237	2,218	2,265	2,255

In 2021, Whittington Health was not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for four of the themes, average for three themes and slightly below average for two themes. The Trust has made improvements this year in a number of areas, including immediate managers, raising concerns and bullying and harassment. Improvements have been made in the majority of the WRES indicators captured through the staff survey.

This year, the Trust has agreed that the entire organisation will focus on two areas for development and improvement across the entire organisation - "we are safe and healthy" and "morale". These two areas have been rated below average despite some positive movement in the domains of "bullying and harassment" and "immediate managers". Each ICSU/Directorate will be able to target improvement work in the agreed priority areas, in line with their own staff feedback.

Workforce Culture and "CaringForThoseWhoCare"

The Trust's work to support good working relationships, and to promote compassion and inclusion throughout the Whittington Health culture, has continued, alongside a focus on providing staff with rest and respite in short lunchtime sessions. Many initiatives are detailed below and in the following sections on health and wellbeing.

Below are some of the main changes, programmes and campaigns to enhance culture and workplace relationships and environments.

- A programme of ‘Managers’ Forum’ events were designed to improve culture, including sessions on ‘Just Culture’, ‘Debiasing Recruitment’, how to hold meaningful appraisals, holding ‘wellbeing conversations’, ‘managing inclusively’, and the benefits of early conflict resolution
- The success in engagement of the staff network for black, Asian, and minority ethnic (BAME) staff, and the importance of staff experience, resulted in the creation of a new team under the new Joint Directors of Race, Equality, Diversity and Inclusion, to oversee this important and growing agenda
- The ‘Bystander-to-Upstander’ workshop, commissioned to enable staff to develop an understanding of the impact made by witnesses and allies in our efforts to tackle bullying, harassment, and racism, continued into 2021. Staff learned to be ‘active bystanders’ and not simply observers, and how to intervene appropriately, or escalate
- The ‘anti-bullying’ training was rolled out to all staff and delivered virtually, with no loss of participation
- A programme called ‘Let’s Talk About Race in the Workplace’ was commissioned to challenge thinking and help staff consider experiences of their colleagues
- The range of services offered under the branded ‘Caring for Those Who Care’ or “#CFTWC” logo has been continuously augmented, with a range of new programmes and services offered in-house, within the integrated care system (ICS), and nationally, to provide staff with the widest choice of supportive opportunities
- A programme called ‘Building Inclusive Cultures’ widened understanding of how people can be marginalised and how to be more inclusive in our behaviours
- ‘Coaching Conversations’ is a programme to encourage managers to adopt a coaching approach to managing staff, which increases their autonomy and fosters confidence in their work
- ‘Disability in the Workplace’ provides employees with an understanding of staff experience and invited people to be more inclusive in their behaviours

Staff Health and Wellbeing

2021 saw the various organisational groups overseeing staff health and wellbeing, working even more closely together, within the Trust and the ICS, to coordinate health and wellbeing support. The Trust focused efforts on both practical staff support, and psychological support. The mental health support was provided from a variety of sources:

- From internal staff, these included:
  - Mental Health First Aiders received refresher training to enable them to continue to offer a listening ear and signpost professional support where required
  - The Clinical Health Psychology Team continue to offer ‘reflective practice sessions’ and manage a lunch-time ‘drop-in’ for hospital-based staff to talk and receive information and signposting to relevant support services

    - The increased cohort of mediators respond to mediation requests
    - The ‘Check-in and Check-out’ toolkit for managers to look after their staff continues to be promoted for use at the start and end of team meetings
    - A resilience workbook which highlights the importance of rest as a cornerstone
    - To support this, a number of sleep sessions were provided to staff struggling to rest, to learn techniques to use at home, and proved very popular
    - Seated yoga lunchtime sessions were offered to ensure people’s physical health supported their mental health, and again, were booked out
- From the in-house Employee Assistance Programme, ‘People at Work’, confidential direct access to counselling continues to be offered
- External routes including North Central London, national NHS provision, and specialist provision such as the Tavistock and Portman NHS Foundation Trust, offer a range of counselling and supportive psychological sessions
- Two local organisations offered counselling to targeted groups
- National and regional websites and online resources from advice to chat rooms provided a range of support including information
- Workbooks and worksheets were provided to help people assess their needs

All staff have been encouraged to notice when they are tired and need to take rest. Those on the acute site have access to the “Project Wingman” services in the “First Class Lounge”. This continues to be funded by the Charity until June 2022

The ‘vaccination as a condition for deployment’ (VCOD) was unsettling for many staff, and requests were made for a variety of types of support, including building CVs and interview practice for those who were decided on not being vaccinated; support for managers having to hold challenging conversations with staff; and those to whom the frustration at the law was directed. Support was provided in the form of open listening sessions; information, question and answer sessions; Schwartz Round; and critical incident stress debriefing.

Statutory and mandatory training

Especially during the pandemic, the majority of core and mandatory skills are delivered through the Trust’s new online training site “elev8”. The training modules and programmes are all tailored to meet the requirements of the organisation using software, voiceovers and videos to enable the e-learning to be interactive. The courses are visually engaging and are easily accessed by staff using the new system.

The Trust’s compliance target is 90%, and for five years it has hovered at the 80%-85% level. This was the case for last year, and it is thought that the pandemic may have hindered total engagement in the new system. Those who have logged into the new system are full of praise and the Trust is working on spreading this news.

In spite of the pandemic, the Trust continued to provide regular virtual corporate induction sessions throughout the year, to welcome and orientate new colleagues to the Trust. Induction includes key information such as the Trust’s values and objectives and specific information to prepare new starters to be effective members of the Whittington Health team. Each induction starts with a personal welcome at the start from the Trust Chair, Chief Executive and other executive directors.

Staff development

Whittington Health places great value on developing staff through courses, and during the pandemic, many of these were delivered virtually. In the last year, the following was delivered by in-house staff and partners:

- British Sign Language, both tasters and qualification courses
- Advanced Presentation Skills for those who wanted to progress their careers
- I.CARE Career" to support career development, for which a workbook is available
- I.CARE Leadership Development" (NHS Elect)
- The Right Amount of Conflict" (NHS Elect)
- Team Culture" (NHS Elect)
- Affina Team Journey
- Coaching for individuals to support career development and working relationships
- Myers Briggs Type Indicator reports and feedback sessions to support team dynamics
- 360-degree feedback for individuals to understand how they impact on others and to support career development

Because of the impact of the pandemic on staff health and wellbeing, the Trust invited participants from across the organisation to become accredited 'critical incident stress debrief' (CISD) facilitators, and has recently trained a second cohort

Modern Slavery Act

Whittington Health's aim is to provide care and services that are appropriate and sensitive to all. We always ensure that our services advance equality of opportunity, equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

Embracing equality, diversity and inclusion

Whittington Health serves diverse local communities across the population. This diversity is reflected in the profile of our patients and workforce and brings many benefits. Our overriding ambition is to be the employer of choice for local people in the very wide range of occupations and roles we provide and to reflect the local communities we serve at all organisational levels, particularly greater diversification in our senior roles.

The Trust remains committed to providing services and employment opportunities that are truly inclusive across all nine strands of equality: age, disability, gender re-

assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation in accordance with the Equality Act 2010 and our public sector equality duties. Our mission remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and employees.

During the past financial year, we continued work following Professor Duncan Lewis's culture report. When reviewing a deep dive diagnostic report into performance on the workforce race equality standard, the Board endorsed the following vision statement for race, equality, diversity and inclusion which was produced by our staff equality networks:

"A place you want to come to, a place that's fruitful and abundant with joy and laughter. It's a safe and warm place that values and appreciates everyone's difference.

All staff, managers and leaders enable, empower and encourage colleagues, regardless of background to be their best and to give of their best.

It's a place where we celebrate together the wonderful nature of our diversity and work together to deliver on our ambition of high-quality patient care for the people in our locality and beyond".

In addition, Board members committed to a five-year plan to improve performance on equality outcomes. As part of that undertaking, in August 2021 the Trust made a joint appointment to the role of Director of Race, Equality, Diversity and Inclusion. This role provides strategic and operational direction to help deliver improved outcomes. Reporting to the Board's Workforce Assurance Committee, this function has achieved a great deal in a relatively short space of time, helping to embed equality in all that we do. A new Trust policy on equality of opportunity has been agreed and improvements have been evidenced against the Model Employer targets set for us by NHS England and Improvement on increased diversity in senior roles.

As part of Race Equality Week in February 2022, there were stimulating and enlightening sessions held for staff which covered issues such as wellbeing and compassionate leadership, staff development and fairer recruitment. Furthermore, staff welcomed the insight and feedback provided by senior colleagues who attended the Kings Fund's Allyship programme.

A business case was developed and agreed to help support our staff networks to flourish by providing facility time for the network chairs and a small budget for activities planned for the year. There are four networks which continue to develop: black and minority ethnic, LGBTQ+, WhitAbility and WhitWomen.

Care of patients with Sickle Cell disease
Whittington Health is part of the North Central London (NCL) Centre for Sickle Cell. The Trust provides medical care for patients with acute symptoms who are unwell and require urgent and emergency care. The Trust's Management Group met and reviewed Whittington Health's response to the All-Party Parliamentary Group on Sickle Cell and Thalassaemia published inquiry findings into care for patients with sickle cell disease. In addition, Whittington Health has a Sickle Cell Improvement Working group in place. It meets monthly with representation from the multidisciplinary team and departments. There are five key areas of focus at the Trust which are aligned with the recommendations within the inquiry. Our focus remains on making improvements across the Trust on the pathways and care for these patients.

Honouring Commonwealth and Windrush nursing
On 10 September 2021, the Trust was honoured to be chosen as the site for a statute dedicated to all the Commonwealth and Windrush nurses who have worked for our NHS across the country. The granite sculpture of a woman holding a baby outside the Whittington hospital in Holloway was erected after a three-year campaign and crowdfunding effort by the Nubian Jak Community Trust and its founder, Jak Beula.

See ME First
The See ME First initiative, designed to reflect the diversity of people working at Whittington Health and in the NHS, is wholly in line with our Trust values. It echoes the sentiment of Dr Martin Luther King Jr that people should 'not be judged by the

colour of their skin, but by the content of their character' and has gone from strength to strength. By wearing the See ME First badge, staff send a message that we are an open, non-judgmental and inclusive organisation where our diverse workforce is treated with dignity and respect. Staff are on board to enable colleagues to bring their authentic selves to work and to be their best. See ME First is included within corporate induction for new starters and by 31 March 2022, over 1,600 individual staff (1 in 3 of our workforce) had made a pledge to show their commitment. This initiative has been adopted by many other NHS organisations and was shortlisted for "Outstanding Achievement of the year" for the 2022 Black and Minority Ethnic National Health & Care Awards.

Disability Confident

In December 2021, Whittington Health was accepted on a national pilot run by the Nursing Directorate at NHS England and Improvement. The focus was on the Disability Confident1 scheme to encourage employers to think differently about disability and to take action to make improvements to how they recruit, retain and develop people with disabilities. There were two elements to the pilot. First, NHS organisations carried out an assessment of current policies, procedures and practices and provided evidence for level three Disability Confident status which is then validated by an external disability charity, the Shaw Trust2. The second element focussed on employability, with an aim to ensure that disabled people secure more paid fixed term or permanent opportunities. Whittington Health was successfully awarded level 3 status as a Disability Confident Leader and looks forward to continuing its excellent partnership with two external, third sector bodies – Ambitious about Autism and the Autism Project – to host internship placements and to help attract and retain disabled people in our workforce.

International nurse recruitment pastoral care award

An award scheme was developed to support trusts to achieve a best practice set of standards in pastoral care, in line with a definitive set of standards to follow to protect the welfare of internationally educated nurses and midwives on arrival in the UK. Whittington Health participated, along with 11 other Trusts, in an early adopter scheme

[1] https://www.gov.uk/government/publications/disability-confident-employers-that-have-signed-up
[2] https://www.shawtrust.org.uk/

to be considered for the National Kitemark Award for our Pastoral care to International Nurses. Of the 12 trusts who were eligible, Whittington Health was one of only three successful NHS trusts and provided evidence that it had met all the minimum standards in the criteria assessment for pastoral care. Applications were evaluated by representatives from both regional and national NHS England and Improvement teams and diaspora associations. The award was presented to the nurse recruitment team, led by Deborah Tymms, and to several nurses, at a presentation with Duncan Barton, NHS England and Improvement's Nurse Lead for International Recruitment.

Allied Health Professionals Leadership Fellowship

In the last year, Whittington Health has invested in its Allied Health Professional (AHP) staff who provide system-wide care that spans all age groups. AHPs are the third largest workforce in the NHS and at Whittington Health make up approximately 20% of our staff and are embedded within all of our Integrated Clinical Service Units. It is recognised that AHPs, unlike nursing and medical professionals, have less structured career pathways. To help meet the increasing complex challenges facing the NHS has recognised that we need to have professionally diverse leadership teams that include AHPs. With the support of Health Education England's Workforce Supply Strategy Implementation Project funding, we invested in an AHP Leadership Fellowship. The fellowship is a one-year programme, with the aim of developing confident, competent, and compassionate leaders to act as role models and agents of change to transform person-centred services. The fellowship offers structured learning through courses provided by our internal teams and by NHS Elect, facilitated action learning sets, coaching and mentoring and Healthcare Leadership 3600 evaluations.

Excellence in Medical Education

Undergraduate Medical Education

Whittington Health is committed to delivering the very best education and training to UCL medical students on their clinical placement. This has been particularly hard in recent years because of the pandemic. Unlike many other university students, clinical medical students need to be taught face to face for the most part.

In September 2020 the education team arranged the safe return of UCL medical students to clinical placement. For that academic year there were about 200 students and many of them worked tirelessly through the second wave January to March 2021 as paid health care professionals (Medical Support Workers) taking on many paid shifts and this was very much appreciated by the Trust. Despite having the lowest numbers of students compared to our larger neighbouring teaching hospitals (Royal Free and UCLH) of the top 5 students in years 4 and 5, five of the 10 students were in placements at the Whittington, evidencing the excellent outcomes from training in the Trust.

In September 2021 250 students were welcomed for the new academic year. They are staying for the whole year. The team have again revamped the curriculum paying attention to footfall and clinical experience whilst maintaining safety for students, staff and patients. Students had an induction that was the envy of students not placed at the Whittington. This has made them very much part of the team and end of module sign off shows that the Whittington is the only hospital, in both clinical years and in each module where the students feel wholly identified with and part of the trust.

This has all been positive because of active engagement of the Whittington Faculty working tightly with administrators. Feedback from students is good overall, despite their placements being often altered depending on service delivery.

Whittington Health had two consultants receiving Excellence in Medical Education Awards from UCL (Dr CheeYee Loong and Mr Adrian O'Gorman).

Postgraduate Medical Education

It has been another very challenging year with further COVID-19 surges impacting on the medical education of doctors-in-training throughout the NHS. We remain incredibly grateful for the ongoing and tireless work of our Whittington Health junior doctors in caring for our patients.

One of our proudest achievements this year was the good Whittington Health results in the GMC National Training Survey (NTS). This measures and compares the performance of all trusts across the NHS in providing support and training to junior doctors. Despite the huge demands of the pandemic, the Whittington Health results were excellent across many different specialties, with notably higher scores than most other trusts in London. There were scores in the highest national group across various domains in the Foundation doctors programme, Cardiology, Geriatrics, Paediatrics and Intensive Care Medicine. Of particular note, the performance of the Whittington

Health Imaging team was excellent They achieved either the national top score or a score within the top three across multiple domains, reflecting a training programme of the highest quality.

The PGME team continued our Whittington Health Postgraduate Medical Education (PGME) Star Awards. There were multiple nominations for our doctors-in-training working above and beyond usual practice across all specialties. For our Foundation doctors, our Medical Director presented these PGME Stars in an awards ceremony that became the first graduation ceremony that these young doctors had attended, following the huge disruption caused by the pandemic.

The Trust has continued to provide postgraduate medical education and teaching, in a blend of online, recorded webinars and face-to-face training. The Foundation School previously recognised that Whittington Health had restarted this teaching earlier than other local Trusts. They also approached the team to provide training for additional Foundation doctors and, over the last year, there have been three extra F1 doctors working at Whittington Health, with a further programme of significant expansion over the next three years.

Over the last year, the Trust has been awarded additional funding from Health Education England (HEE) to further support education and training. For example, staff are using our Director for Medical Education Covid Recovery Fund for various initiatives, including training for new Educational Supervisors, Advanced Life Support training for doctors-in-training and to support human factors training. The team successfully bid for funding for access across the Trust to an evidence-based clinical resource and decision support tool (UpToDate). They also successfully bid for funding to support an innovative clinical procedural skills training project in intensive care and acute medicine.

The PGME team were again awarded funding from HEE to support the continuing professional development (CPD) of specialty and locally employed doctors in the Trust. Following the success of the Whittington CPD award scheme, which was set up in 2020-2021, this competitive scheme ran again. Applications were very high-quality and have been able to contribute towards eleven doctors undertaking clinical training courses, including practical clinical skills and teaching courses, professional examinations, higher qualifications and Certificate of Eligibility for Specialist R Registration.

This last year has seen a significant change over in staff within the PGME team. However, they have continued to attract and recruit high quality colleagues and have established a very effective team. The Trust funded a Medical Education Co-ordinator to focus on supporting specialties, including Paediatrics, Obstetrics & Gynaecology and Childhood and Adolescent Mental Health. A part-time Study Leave Co-ordinator was appointed who has been very responsive to the needs of the trainees and very efficient in overseeing this complex process. Further, the team are delighted to have been able to attract and recruit skilled and able new Education Faculty members, including a new FY Simulation Lead with much experience in this field.

The PGME team is very aware that the well-being of both our doctors-in-training and our Faculty of Educators has been significantly affected by the rigours and stresses

of the last two years of the pandemic. In the coming year, they hope to support their recovery and build on our achievements, to further sustain and develop Whittington Health's reputation for excellence in postgraduate medical education.

COMMUNICATION AND ENGAGEMENT

Over the course of the year, we worked hard to ensure we communicated the latest, trustworthy health and wellness advice, information and guidance as quickly as possible. Obviously, this year was another dominated by the pandemic. We continued to provide up-to-date advice and information to our colleagues and the community about how to protect themselves and those they care for or about and in particular, carried out a number of insight led internal communications bursts to encourage staff to receive all of their COVID-19 vaccinations. This included organising a series of webinars led by subject matter experts from across the Trust who could answer any questions anyone might have in order to feel confident to receive the vaccine.

For our patients and the public we supported national information campaigns, supplemented with more detailed local information, about how and where to get vaccinated.

Thankfully, towards the end of the year the number of cases declined, thanks to high rates of vaccination and new treatments developed thanks to research – some of which took place here at Whittington Health. At this point we supported the efforts to reduce the number of people waiting for planned care and continued to keep our patients and community updated about the hard work our staff are doing to treat everyone waiting for care as quickly and safely as possible.

We maintained a key focus on supporting our Caring for Those Who Care Programme, which aims to deliver a culture across the Trust where everyone feels valued and included, and everyone's voice is heard. This undoubtedly contributed to the scores Whittington Health received in the annual NHS staff survey. Despite our colleagues living through the toughest period of their professional lives, we continued to see above average scores for employee engagement overall.

Throughout the challenges presented by the pandemic, we also continued to support the Trust to engage with patients and service users where long-term changes to services were planned, to ensure that their voices are at the heart of our decision making. This included launching a major consultation on plans to develop a new Integrated Health Hub alongside NHS and Local Government Colleagues in the heart of Haringey, which saw us writing out to thousands of patients and local residents to seek their views to help us to shape this new activity.

We have strived to keep our local primary care colleagues up to date with any operational and clinical changes during COVID-19 and beyond. We have achieved this using the "traffic light system" for services via the Trust website (green = full service in operation, amber=amended services available, red= service paused). We produce a quarterly GP newsletter, called GP Connect, keeping GPs aware of any developments in services, to celebrate successful working together and to announce any changes.

Overleaf is an infographic showing what the communications and engagement team completed last year.

What we did last year:

748

Tweets

717
New Followers

207,500
The average number of times our tweets were seen each month

17,400
People Visited our Twitter profile each month

Our most viewed tweet of the year

215

Facebook Posts

771,000
People were reached by our Facebook posts during the year.

4,735
New Followers

17,400
People Visited our Twitter profile each month

Our most viewed Facebook post of the year

26
Web News Stories.

97
Internal intranet News Stories

4
Commercial Film Shoots - generating income

62,300
Views of our Videos on Vimeo

INFORMATION GOVERNANCE AND CYBER SECURITY

Information Governance (IG) is to do with the way organisations process or handle information. Cyber Security relates to the precautions the Trust takes to secure and protect the information it holds. The Trust takes its responsibilities to protect confidential data seriously and, over the last five years, has made significant improvements in many areas of information governance and cyber security, including technical security, data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health and Social Care, hosted and maintained by NHS Digital. It combines the legal framework, including the EU General Data Protection Regulation (2016) and the Data Protection Act (2018), the Freedom of Information Act (2000) and central government guidance, including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. The deadline for the 2021/22 Toolkit is 30 June 2022.

All staff are required to undertake IG training, which includes a cyber security component. In 2021/22, the Trust reached an annual peak of 84% of staff being information governance training compliant. As of 31 March 2022, the Trust's compliance figure was 84%. Two reviews by our internal auditors into the cyber security and the DSP had favourable outcomes of significant assurance with minor improvements recommended, as evidence of sound arrangements put in place.

Compliance rates and methods to increase them are regularly monitored by the IG Committee. The IG department continues to promote requirements to train and targets staff with individual emails, includes news features in the weekly electronic staff Noticeboard and manages classroom-based sessions at induction.

Further details relating to information governance incidents in the last year are referenced in the annual governance statement.

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

Having completed the Global Digital Exemplar programme in the preceding year the last year has seen Whittington Health optimise and embed additional functionality as well as extend this to additional services for example the introduction of Clinical Noting in Paediatric Nursing and electronic handovers in Maternity.

The Trust has continued to invest and develop the Information Technology infrastructure to support the enhanced model of remote working and service provision that has become more prominent since the start of the Covid pandemic. This investment has enabled the flexibility in the IT infrastructure to support a hybrid model of home an office working. There has been a significant roll out of devices to support an increasingly mobile workforce. More vital system upgrades have been done to provide a reliable and resilient IT infrastructure to support the Trust's clinical services both in acute and community settings.

In view of the ongoing cyber threats that face healthcare organisations and beyond, Whittington Health has continued to ensure best practice is maintained whilst undertaking a number of audits and assessments to ensure that the IT infrastructure is resilient to any malicious attacks. The reviews have included an assessment of current technology and the support available and where issues have been identified and plans for remedial action have been implemented or are underway.

Whittington Health commenced the onboarding process to the North London Partners Population Health analytics platform HealtheIntent which will see the Trust sharing data to this system and having access to healthcare information from different sources to enable clinicians to manage and plan care for patients and patient groups.
Health care professionals directly involved in a patient's care will be able to view a patient's joined-up record, showing information collected by different providers over time.

The implementation of virtual smartcard to enable real-time access to patient records has extended to more services within Children and Young people (CYP) as well as Adult Community Services (ACS).

The myCOPD application has been introduced to support patients in the community. This has enabled patient self-management, expert education, inhaler technique training and a complete pulmonary rehabilitation course on smartphones or tablets.

Finally, the use of CareFlow Connect has been extended to external partners such as the London Borough of Islington and London Borough of Haringey to support safer discharge planning.

To improve our governance, track progress and increase innovation, we have set up a new Innovation and Digital Group at executive level and Assurance Committee at board level.

ESTATE

Maternity and Neonatal Buildings

The Trust is fully committed to updating and improving the clinical services within the existing Maternity and Neonatal (M&N) Unit at the Whittington Hospital for the benefit of the local community. This has been a priority of the Trust for many years now and has been the subject of a number of previously worked up proposals. Investment in our maternity and neonatal services is currently the Trust's top priority under its Estates Strategy (2020).

The Trust has a clear strategy for our estate:

"To provide high quality, patient and staff focussed environments that support our vision to help local people live longer healthier lives"

Our strategy makes sure that we can deliver the right care in the right place and in the right environment both now and in the future, to deliver our vision of "Helping local people live longer healthier lives".

The current Maternity and Neonatal Unit located within Blocks D, E, N and P is not compliant with modern healthcare standards and requires substantial updating and refurbishment. The existing facilities are congested and do not meet patient or staff expectations of facilities for 21st century healthcare provision. For example, there is insufficient space for parents to sit alongside cots in the neonatal unit, there are currently no ensuite facilities in the Labour Ward delivery rooms, there are no dedicated bereavement facilities, and a significant proportion of inpatient beds are in bays with no ensuite facilities. In addition, there are unnecessary and unwanted clinical and patient crossovers and flows within the Unit, and adjacencies are sub-optimal, with no flexibility to increase the capacity of the Unit should the need arise.

RIBA Stage 2 concept plans were worked up by our architects, Ryder, in Q3 2021 and a costed programme of works was prepared for approval. The business case for funding of phases 0 and 1 of a five-phase construction programme for the M&N Project was submitted to the Trust Board and approved in November 2021. Since November, the architect and design team have commenced the RIBA Stage 3 design work with a number of individual departments within the M&N service on general floor layouts, detailed room layouts and construction phasing. In parallel to this design work, the architect and design team have progressed pre-planning application discussions with the London Borough of Islington with a view to submitting a planning application in Q2 for approval in Q4 2022.

In tandem with the design work on the M&N Project, the Estates Department have run a Procure22 tendering process for the selection of a Principal Supply Chain Partner (PSCP) which concluded in Q1 2022 with the selection of Graham Construction as the PSCP. The Trust will now seek to establish a long-term working relationship with Graham Construction for the design and construction of a number of major construction projects on the Acute site which, in addition to the M&N Project, include the power infrastructure project, backlog maintenance projects and a fire remediation project related to the Sustainable 2 section of the Board Assurance Framework.

These construction projects will be run concurrently and are likely to take a period of seven years to complete.

Tynemouth Road

This year saw a huge step towards our longer-term vision for estates and services in the community. Our aim is to create fewer but more easily accessible hubs aligned to localities, and to create a single children's hub in each borough. After a detailed and praised consultation with the public, we began and completed a transformation of the community site at Tynemouth Road. This is now operating as the children's hub for Haringey and is seen by staff and patients alike as a wonderful improvement on the previous buildings at St Ann's Hospital.

Wood Green Community Hub

Another part of the plan for our longer term vision is to create a hub in Wood Green, hopefully to work alongside the Community Diagnostic Centre at the Wood Green Shopping City. This year has seen continued negotiations and design work with the landlord of the shopping centre to see what options may be possible. In addition, a full consultation with the public is now under way.


Coming soon...
A new NHS Community Diagnostic Centre, due to open in summer 2022, will offer blood tests, x-rays, ultrasound and ophthalmology appointments.
We are bringing this centre to The Mall to help people live longer healthier lives.
Fire exit

SUSTAINABILITY

The United Nations describes climate change as “the defining issue of our time”. Climate change is a long-term shift in global and regional climate patterns, specifically relating to the increased level of atmospheric carbon dioxide produced from the use of fossil fuels. It is a risk to health at both the national and global level. As a provider of healthcare and as a publicly funded organisation, our Trust is committed to ensuring the long-term sustainability of the natural environment to deliver sustainable healthcare and to safeguard human health. By ensuring we utilise environmental, financial and social assets in a sustainable manner, we will continue to help local people live longer, healthier lives even in the context of rising utility costs.

In response to the developing crisis, the UK has set a legally binding target under the Climate Change Act 2008 to reduce emissions to reach Net Zero carbon by 2050. In the UK, approximately 20% of carbon emissions arise from energy use in buildings. At present, this is split roughly evenly between emissions for electrical power and heating. However, the UK’s electricity grid is decarbonising quickly, as reliance on fossil fuels for power generation is reduced and renewable forms of generation are increasingly installed. In 2021, the UK government committed to fully decarbonising the electricity system by 2035. This means that the major challenge for PSBs to reach net zero for direct emissions will be the decarbonisation of heat, which is still predominantly provided by combustion of fossil fuels such as natural gas and heating oil.

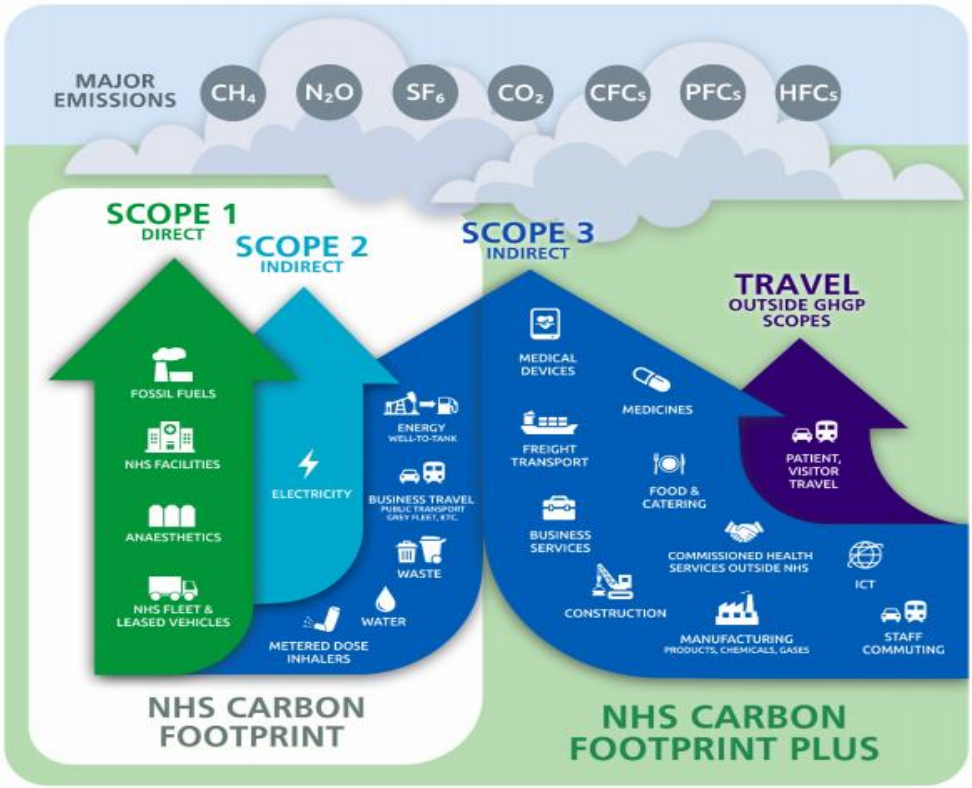


Figure 1: NHS Carbon Footprint scope definition (Delivering a 'Net Zero' National Health Service, 2020)

In January 2020, the CEO of the NHS, Sir Simon Stevens, launched the campaign *For a Greener NHS* which outlines a practicable, evidence-based route to a Net Zero National Health Service. The roadmap he set out includes the following targets:

- Net zero by 2040 for the *NHS Carbon Footprint*, with an ambition for an 80% reduction by 2028 to 2032
- Net zero by 2045 for the *NHS Carbon Footprint Plus*, with an ambition for an 80% reduction by 2036 to 2039.

Whilst it is clear that there is an enormous challenge for the Trust to reach the targets set out by *Greener NHS*, Whittington Health recognises that the most significant immediate challenge to reach net zero for our NHS Carbon Footprint is the decarbonisation of heat use in our buildings. It is for this reason that the Trust has completed its own Green Plan and has utilised low carbon skills fund funding to develop a Heat Decarbonisation Plan. It is crucial to take steps now to ensure that the Trust not only meets these net zero targets but is at the forefront of sustainability within the healthcare sector.

Our Plan

Our Green Plan outlines the national and local context of sustainability within the healthcare sector, discusses how sustainability aligns with our organisational vision and details how we intend to embed sustainability across our organisation. Key aims of the Green Plan are:

- An improved approach to monitoring and reporting sustainability Key Performance Indicators (KPIs)
- A qualitative assessment of our performance in a number of key *Areas of Focus* (as defined by the Sustainable Development Unit (SDU))
- A defined set of actions to progress the Trust's sustainable development
- An appraisal of the potential risk and opportunities associated with our wider sustainability strategy

Historically at Whittington, we have taken a holistic approach to sustainability, with a broad focus on energy reduction, tackling waste, improving local air quality and promoting green space. Whilst we will continue to ensure these areas are driven forward, we recognise that the scale of the challenge set out within the targets outlined above will mean that our primary focus for the future must be the drive to reach net zero for both these emissions we can control (NHS Carbon Footprint) and those which we can influence (NHS Carbon Footprint Plus). Up until this point, our focus has primarily been on reducing our direct (Scope 1 & 2) emissions. However, as shown in Figure 2, a greater proportion of our total emissions are likely to originate from our supply chain. As such, our primary initial focus will be quantification of our NHS Carbon Footprint Plus, for which we are currently collating data.

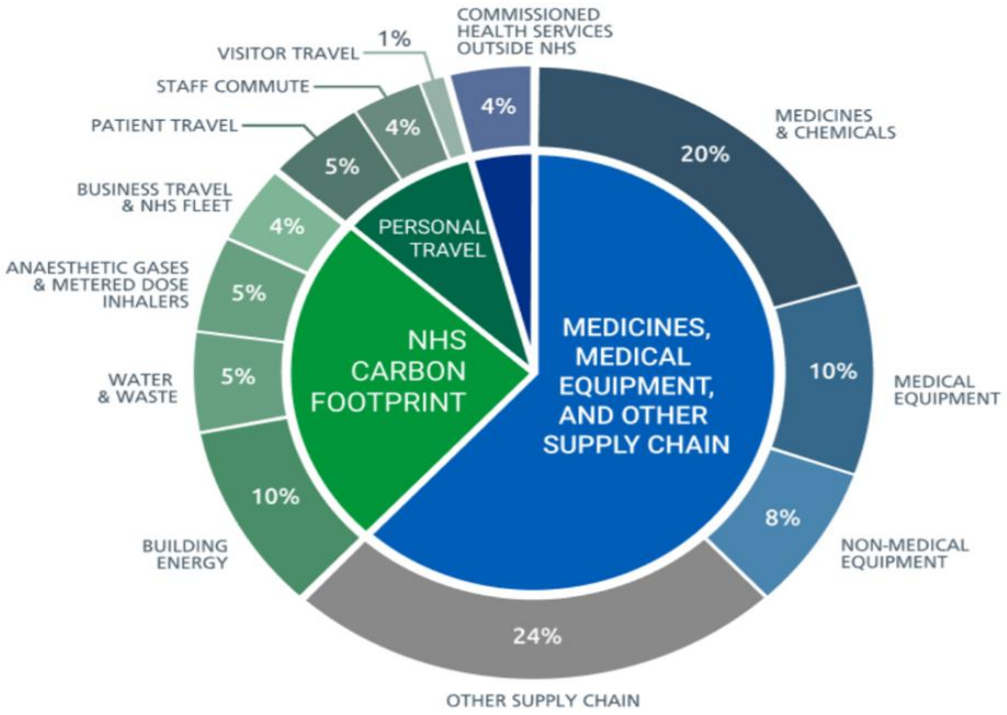


Figure 2: NHS Average Emissions Breakdown by Source

Carbon Impact

Teams across our Trust have been focused on reducing our direct emissions for many years. Figure 3 shows that to date, we have reduced emissions by almost ⅓ (27% reduction) since our baseline year 2016/17. This has been driven by efforts to reduce energy consumptions and, significantly, by decarbonisation of the electricity grid. It should be noted that we have not been able to collate the data necessary to quantify the impact of Metered-Dose Inhalers (MDIs) or the emissions from business travel (public transport and grey fleet). There was a slight increase in gas usage between 2020/21 and 2021/22 due to the relaxation of COVID-19 Guidelines, allowing more staff and visitors to return to the hospital in the past year.

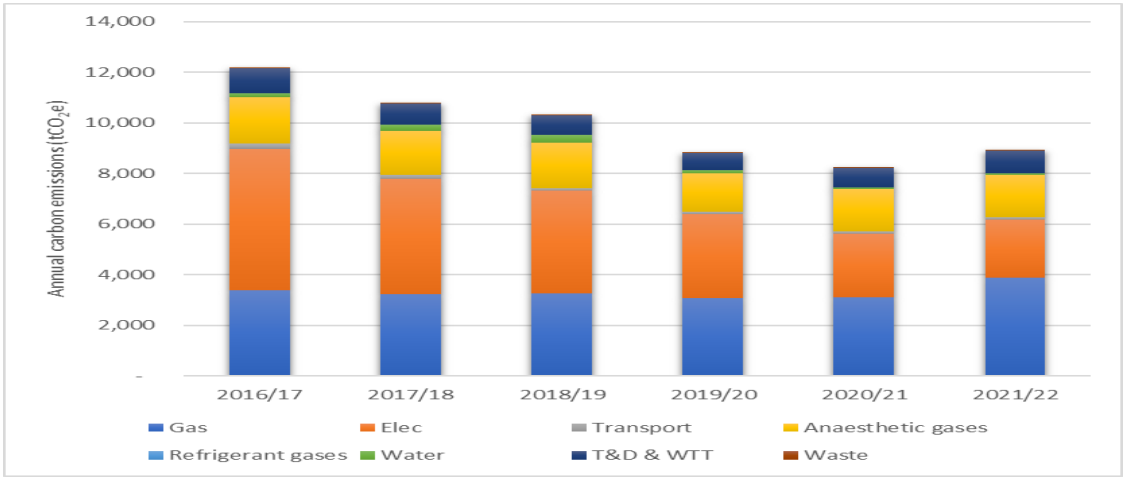


Figure 3: Annual NHS Carbon Footprint Emissions (MDIs & Business Travel Data Missing)

The positive trend shown in Figure 3 was influenced by the Trust's ongoing investment in energy efficiency and carbon reduction projects. In 2020, the second phase of an LED lighting project, for which the Trust successfully bid for funding from NHS Improvement, was implemented in multiple areas of the acute hospital. Inefficient fluorescent and halogen fittings in the Kenwood Wing, H block and the Jenner building were replaced with low energy LED alternatives. This project reduced our annual carbon impact by 200+ tCO_2e p.a. Following the success of this work, the estates team are investigating the potential for further rollout of LED lighting in other areas, including A & L blocks, and in community health clinics.

The Trust also invested in replacing secondary heating plant equipment in K block and improving the controls to this equipment to enable optimisation. Additionally, we replaced aged, inefficient boiler plant in several of our community sites with high efficiency alternatives. This reduced our gas consumption, saving 24 tCO_2e p.a. Looking forward, the Trust is planning a review of the hospital's long-term energy strategy to identify how to best supply utilities to the acute site in line with the estate transformation plans. We also have plans to improve our data collection and analysis process to incorporate a broader range of emissions sources as outlined in the NHS Carbon Footprint shown in Figure 1.

It is critical that we account for all emissions sources included within the NHS Carbon Footprint (Figure 1). This means that we must develop robust methods for collecting data for MDIs and business travel.

We also recognise that, although our historic performance has been good, a large contribution has been made by the reduction in carbon intensity of grid electricity. We cannot rely on the rate of grid decarbonisation to continue indefinitely and thus must develop our own roadmap to ensure we achieve our ambition for emissions reductions We have selected a baseline year of 2016/17 for our reduction targets as this is the earliest year for which we have high quality data. Our targets for NHS Carbon Footprint reductions are:

- 40% reduction by 2025
- 80% reduction by 2032
- Net Zero by 2040

Another key impact area for the Trust is our estate strategy, a key element of which involves a significant refurbishment of our Maternity & Neonates building. From the outset, we must incorporate Net Zero concepts into the design of our future estate.

Emissions from energy use currently represents 77% of our total NHS Carbon Footprint. On this basis, reducing energy consumption and transitioning to lower carbon technologies will be a key element of our pathway to achieving our reduction targets.

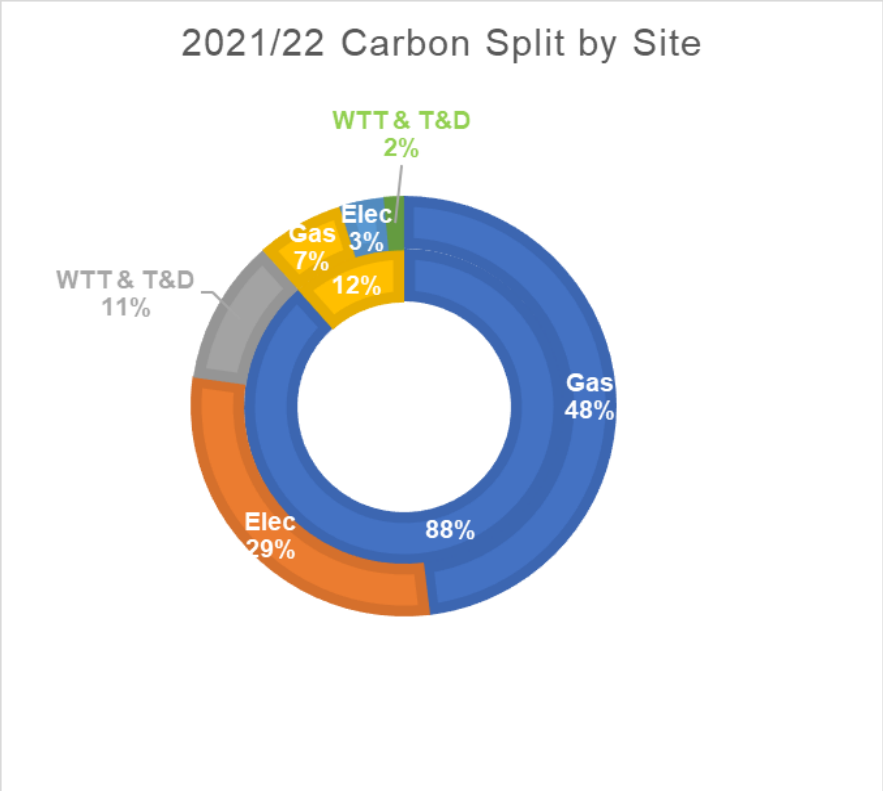


Figure 4: Breakdown of Emissions for Building Energy Use 2021/22

Figure 4 shows that, in 2021/22, 88% of our energy-related emissions were from our acute site - Whittington Hospital. Gas consumption drives the greatest portion of emissions at 48% across the estate, with electricity at 29% and the remaining arising from Well-To-Tank (WTT) and Transmission & Distribution (T&D). With more renewable energy being fed into the electricity grid and a reduced reliance on fossil fuels for power generation, we can expect gas to make up an ever-increasing proportion of our NHS Carbon Footprint. Eliminating the use of natural gas for heating our estate is a key long-term step to reaching net zero.

We have been successfully reducing our emissions from energy since 2016 through specific short and long-term plans for reducing demand, seeking out diverse funding options for improving energy efficiency, and regularly assessing the energy efficiency of buildings.

The Trust could improve our energy management through continuation of our smart meter and AMR rollout programme and by implementing a system to automatically monitor consumption and identify opportunities to make savings. We also need to work harder to educate and engage our workforce to make behavioural changes which will reduce demand for energy across our estate.

Additionally, it is critical that we understand the capital and operating cost impact of decarbonising heat in our buildings. To support this, we successfully secured grant funding from the Low Carbon Skills Fund (LCSF) to engage carbon experts to survey our buildings and develop Heat Decarbonisation Plans. This was completed at the end of March 2022.

Another area we intend to focus on is the long-term strategy for providing energy to Whittington Hospital. This is being reviewed in conjunction with our wider estate strategy programme.

Waste management

Despite the challenging circumstances of the pandemic, the facilities' waste team continued to drive improvement through Whittington hospital's in-house recycling centre. Having built upon the success of previous years, in which the main hospital became a zero waste to landfill site, the proportion of total waste recycled has been maintained at approximately 30%. This is a significant achievement, given that there was an enormous increase in clinical waste from the use of necessary personal protective equipment which needs disposal through incineration. The facilities' team also maintained the practice of baling and storing cardboard waste on-site until there is enough to fill a whole waste consignment. This minimises transport and external labour costs, as well as reducing the associated road miles. Figure 5 below shows the breakdown of the main hospital's waste streams last year.

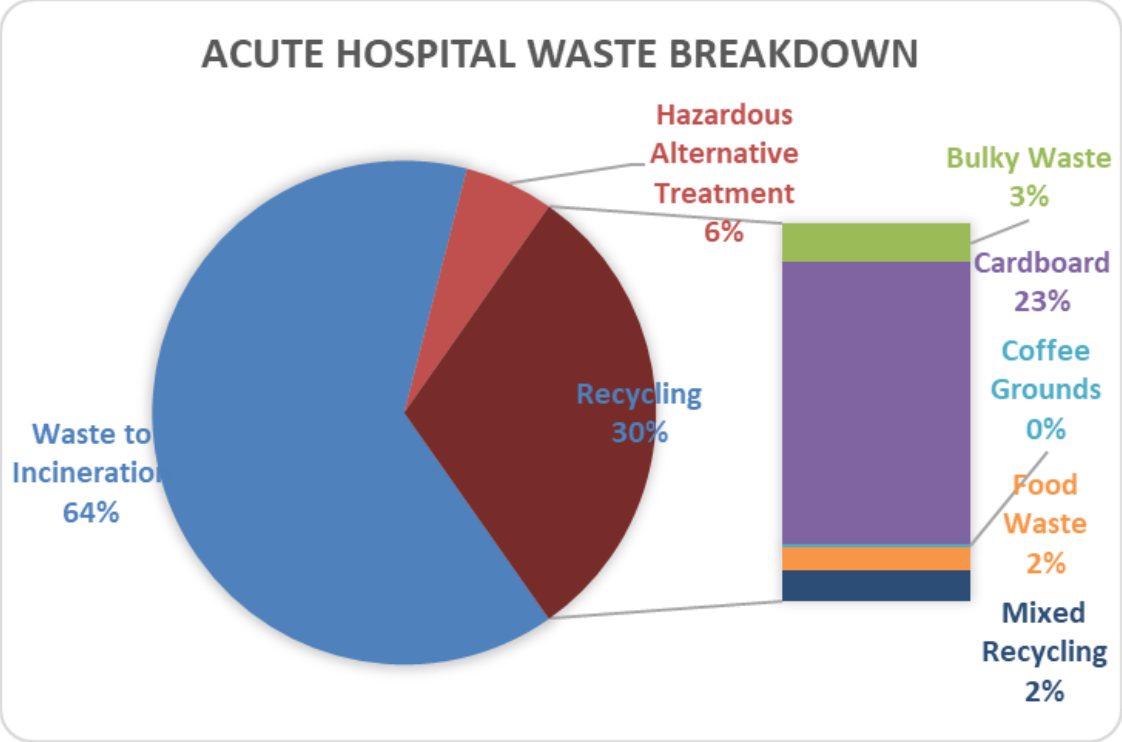


Figure 5: Whittington Hospital Waste Breakdown by Stream

Looking forward, we will focus on continuing to drive down total waste production whilst increasing the proportion sent for recycling. The Trust will also focus on improving the tracking of waste generation and recycling rates across our community sites.

Water use

Whittington Health Trust is aware that, although it may not appear to be critical at present, water scarcity is a growing concern in the UK. In 2019, the Chief Executive of the Environment Agency predicted that, with the impact of climate change and a

rising population, the UK may not have sufficient water to meet its needs in as little as 20-25 years. We are also aware that the supply and distribution of water has an intrinsic carbon cost which adds to the Trust's supply chain emissions. As a significant consumer of water, we recognise that we need to take action now to mitigate these risks.

Figure 6 shows that overall the site has reduced its water usage from 2016/17 to 2020/21 by 11%, where the low consumption in 2020/21 arose due to the pandemic, where fewer staff and visitors came to site. There was a rise in consumption from 2017/18 reaching nearly 300,000 m^3 in 2018/19. This resulted from a leak which went unidentified for several months. The reason it took so long to identify the issue was due to a lack of regular data monitoring on site, which further emphasises the importance of identifying abnormal consumption quickly.

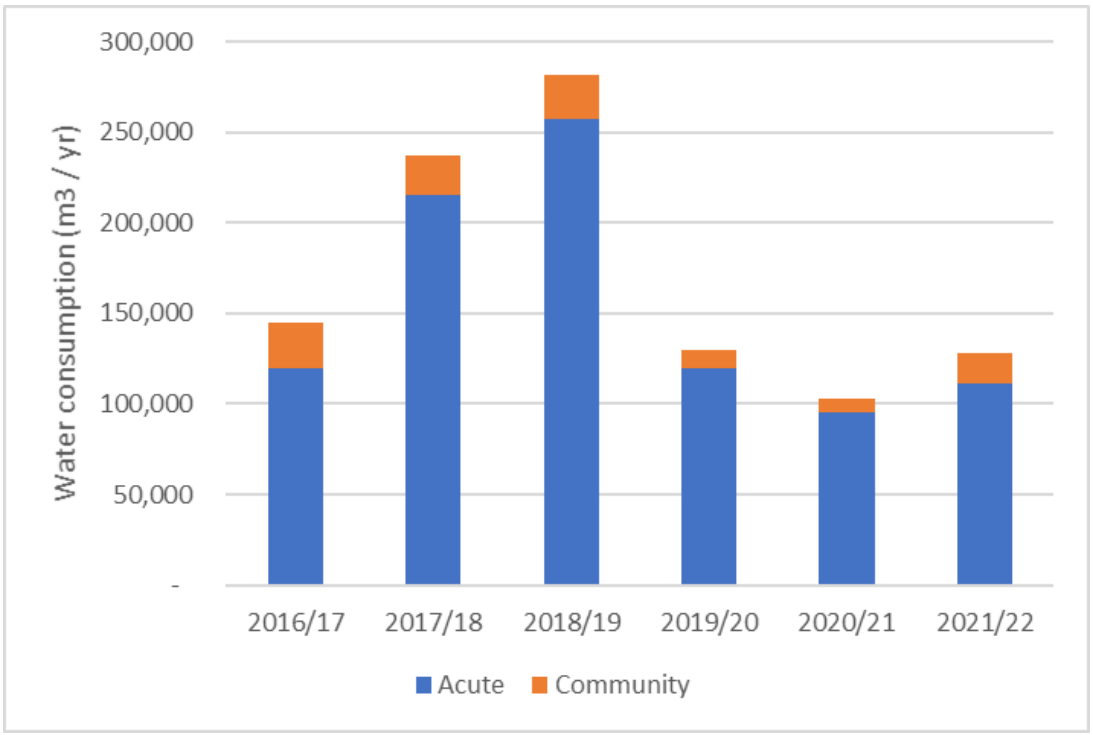


Figure 6: Site Water Consumption from 2016-2022

It is necessary to educate staff and patients about their role in water usage. Campaigning and raising awareness of the issue is a positive way of reducing waste at the point of use.

Procurement

We continue our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. Following completion of the SDU's Sustainable Development Assessment Tool, we have identified a number of areas where we can look to improve the sustainability of our procurement practices. Examples include investigating the financial impact of purchasing green energy, the inclusion of sustainability specific criteria within tenders for goods & services and improved data capture to enable tracking of the carbon impact of our supply chain. Furthermore, we have recently conducted an in-depth review of our current utilities procurement contracts and are now considering options for the future to ensure that, going forward, we receive a cost-effective, high-quality service that will not be at odds with our sustainability goals.

Travel & logistics

The Trust is engaged in a collaborative relationship with Islington Council to improve sustainable transport within the borough. We have a clear focus on greener travel with the intended aim both of reducing the carbon footprint of our business operations and supply chain and to improve the air quality of the local area.

Whittington operated a total of 13 electric fleet vehicles primarily for the purpose of business travel between community sites. This represents more than 50% of the Trust's vehicle fleet. Some larger petrol/diesel powered vehicles are retained for functions such as security and pharmaceutical deliveries. Business travel by car is conducted with the electric pool cars wherever possible. This has been facilitated through the Trust's investment of 6 electric vehicle (EV) charging points on the acute site, as well as several others across the community sites. In addition to our EVs, the Trust issued approximately 370 oyster cards to community staff to encourage the use of public transport instead of journeying by petrol/diesel cars.

In line with our clinical strategy, the estate strategy will reduce the number of locations we deliver clinical services from, ensuring they are demographically positioned to serve our community more efficiently. This will reduce the travel times of our patients and staff, therefore reducing the carbon impact of all associated journeys made.

Covid-19 impact

Throughout the previous financial year, the impact of the Covid-19 pandemic had a profound impact on the Trust's ways of working and the breadth and nature of care we deliver. Although the extent and duration of the effects will not be fully understood for some time, it is clear there will be a knock-on effect on our sustainability agenda. The pandemic and our response to it, will inevitably present challenges, particularly relating to our capacity to deliver energy efficiency and environmental improvement projects whilst maintaining priorities such as staff wellbeing and allocation of finances. However, the situation may also present some opportunities in the longer-term such as highlighting how different working practices can reduce energy, water use and the need to travel. As a Trust, we recognise the importance of ensuring our sustainable development commitment is not discarded as a result of the pandemic and that we

identify and make positive use of any opportunities that it may present in relation to sustainability.

EMERGENCY PREPAREDNESS

Whittington Health participated in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process led by NHS England. The core standards for EPRR are set out for NHS organisations to meet. The Trust's annual assessment was completed on 19 October 2021 by the North Central NHS England Assurance Team. The EPRR assurance requirements stipulated those providers self-assess compliance against the NHS Core standards.

SELF ASSESSMENT- SUBSTANTIALLY COMPLIANT: EPRR and CBRN (chemical, biological, radiological and nuclear) **2021** assurance outcome in accordance with standards achieved in 2019. The one amber score pertained to data protection and information governance.

NHS England Core Standards	Core Standards total	Assessment outcome Red	Assessment outcome Amber	Assessment outcome Green
EPRR	55 (1-55)	0	1	54
CBRN	14 (56-69)	0	0	14

In 2021, NHS England and Improvement decided to conduct a deep dive into *Oxygen Supply.* The organisation showed very good progress towards being fully compliant. The area of improvement related to the Health Technical Memorandum HTM02-01 Part B.

CONCLUSION TO THE PERFORMANCE REPORT AND STATEMENT OF FINANCIAL POSITION

The above document represents the performance report and statement of financial position of Whittington Health for the financial year 2021/22. As the CEO I believe this represents an accurate and full picture of the Trust for the year.

Signed ..  ...Chief Executive

Date: 20 June 2022

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors
Julia Neuberger, Junaid Bajwa, Naomi Fulop, Amanda Gibbon, Tony Rice, Anu Singh, Glenys Thornton, Rob Vincent

Directors
Siobhan Harrington, Kevin Curnow, Clare Dollery, Norma French, Jonathan Gardner, Carol Gillen, Sarah Humphery, Michelle Johnson. Tina Jegede*, Swarnjit Singh*
*joined 1 September 2021

Membership of board committees
The following committees reported to the Board:

Audit and Risk Committee
Non-Executive Directors: Rob Vincent, Amanda Gibbon, Naomi Fulop

Charitable Funds' Committee
Non-Executive Directors: Tony Rice, Julia Neuberger, Amanda Gibbon
Executive Directors: Kevin Curnow, Clare Dollery, Jonathan Gardner, Siobhan Harrington, Michelle Johnson

Finance & Business Development Committee
Non-Executive Directors: Tony Rice, Naomi Fulop, Amanda Gibbon, Rob Vincent (estate issues)
Executive Directors: Kevin Curnow, Carol Gillen, Siobhan Harrington, Jonathan Gardner

Innovation, Digital and Transformation Assurance Committee
Non-Executive Directors: Junaid Bajwa, Tony Rice
Executive Directors: Jonathan Gardner, Kevin Curnow

Quality Assurance Committee
Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Glenys Thornton
Executive Directors: Michelle Johnson, Clare Dollery, Carol Gillen

Remuneration Committee
Non-Executive Directors: Julia Neuberger, Naomi Fulop, Amanda Gibbon, Tony Rice, Anu Singh, Glenys Thornton, Rob Vincent

Workforce Assurance Committee
Non-Executive Directors: Anu Singh, Glenys Thornton, Rob Vincent
Executive Directors: Kevin Curnow, Norma French, Michelle Johnson, Carol Gillen

Non-executive director appraisal process

The chairman and non-executive directors annually evaluate their performance through appraisal and identify any areas for development. The appraisal of the non-executive directors is carried out by the chairman.

Trust Board of Directors' declarations of interest

In line with the Nolan principles of public life, Whittington Health NHS Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a register of interests which draws together declarations of interests made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests in respect of specific items on the agenda. The declarations for 2021/22 are shown below:

Voting member	Declared interests during 2021/22
Baroness Julia Neuberger DBE, Trust Chair and Non-Executive Director	‣ Independent, Cross Bench Peer, House of Lords ‣ Chair, University College London Hospitals NHS Foundation Trust ‣ Vice-Chair, University College London Health Alliance Board ‣ Chair, Independent Age ‣ Occasional broadcasting for the BBC ‣ Rabbi Emerita, West London Synagogue ‣ Trustee, Walter and Liesel Schwab Charitable Trust ‣ Trustee, Van Leer Group Foundation ‣ Chairman, Van Leer Jerusalem Institute ‣ Trustee, Rayne Foundation ‣ Vice President, Jewish Leadership Council ‣ Consultant, Clore Duffield Foundation ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Siobhan Harrington, Chief Executive	‣ Local Care lead, North Central London Integrated Care System Board ‣ Member, University College London Health Alliance Board ‣ Chair, North Central London People Board <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Daughter-in-law is employed by Whittington Health's Pharmacy department ‣ Son is employed by the Islington re-ablement service
Kevin Curnow, Chief Finance Officer	‣ Chair, Whittington Pharmacy, Community Interest Company

	Conflicts of interests that may arise out of any known immediate family involvement • Nil
Dr Clare Dollery, Medical Director	• Medical lead (secondary care) North Central London Integrated Care System • Medical Director, University College London Healthcare Alliance Board Conflicts of interests that may arise out of any known immediate family involvement • Nil
Professor Naomi Fulop, Non-Executive Director	• Honorary contract, University College London Hospitals NHS Foundation Trust • Professor of Health Care Organisation & Management, Department of Applied Research, University College London • Trustee, Health Services Research UK (Charitable Incorporated Organisation) • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Amanda Gibbon, Non-Executive Director	• Personal shareholdings in Merck and AstraZeneca • Member, Human Tissue Authority • Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers to promote research into their disease areas. This post is currently unremunerated, and the company has not yet begun trading) • Lay member, NHS Blood and Transplant's National Organ Donation Committee • Trustee, Whittington Health Charity • Associate Non-Executive Director, Royal Free London NHS Foundation Trust • External member of the Audit and Risk Assurance Committee of the National Institute of Health and Clinical Excellence Conflicts of interests that may arise out of any known immediate family involvement • My four (adult) children each have personal shareholdings in GlaxoSmithKline
Carol Gillen, Chief Operating Officer	• Non-Executive Director, Whittington Pharmacy Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement

	‣ Nil
Michelle Johnson MBE, Chief Nurse & Director of Allied Health Professionals	‣ Trustee on Board of Roald Dahl Marvellous Children's Charity ‣ Independent member of NHS Professionals' Quality Committee ‣ Chief Nurse, Camden & Islington NHS Foundation Trust <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Son and daughter are volunteers at Whittington Health
Tony Rice, Non-Executive Director	‣ Senior Independent Director (Non-Executive Director), Halma Plc ‣ Chair, Ultra Electronics ‣ Chair of Maiden Voyage Plc ‣ Chair of Shields Environmental Plc ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Anu Singh, Non-Executive Director	‣ Non-Executive Director at Parliamentary and Health Service Ombudsman ‣ Non-Executive Director at Camden and Islington Foundation Trust & Barnet, Enfield & Haringey Mental Health NHS Trust ‣ Member of NDPB Committee on Fuel Poverty ‣ Non-Executive Director Designate Board Member at South East London and Birmingham & Solihull Integrated Care Boards ‣ Independent Chair, Lambeth Safeguarding Adults Board <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service
Baroness Glenys Thornton, Non-Executive Director	‣ Member of the House of Lords, Opposition Spokesperson for Health and Women and Equalities ‣ Member, Advisory Group, Good Governance Institute ‣ Chair and Trustee, Phone Co-op Foundation for Co-operative Innovation ‣ Chair, Advisory Board of Assistive Healthcare Technology Association ‣ Senior Associate, Social Business International ‣ Senior Fellow, The Young Foundation

	‣ Council Member, University of Bradford ‣ Emeritus Governor, London School of Economics ‣ Trustee, Roots of Empathy UK ‣ Patron, Social Enterprise UK ‣ Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Rob Vincent CBE, Non-Executive Director	‣ Director, New Ing Consulting ‣ Chair, Kirklees Cultural Education Partnership ‣ Trustee, Whittington Health Charity ‣ Associate Non-Executive Director, University College London Hospitals NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Non-voting members	**Declared interests during 2021/22**
Junaid Bajwa, Associate Non-Executive Director	‣ Chief Medical Scientist, Microsoft ‣ Essential Guides UK Limited (Shareholder, GP locum services and educational work) ‣ Merck Sharp and Dohme (shareholder and ex-employee) ‣ NHS England (GP appraiser) ‣ GP, Operose Health ‣ Non-Executive Director, University College London Hospitals NHS Foundation Trust ‣ Non-Executive Director, Medicines and Healthcare products Regulatory Authority ‣ Non-Executive Director, MedicaGroup Plc ‣ Governor, Nuffield Health ‣ Non- Executive Director, Nahdi Medical Corporation ‣ Non- Executive Director, eConsult ‣ Non- Executive Director, Visionable ‣ Visiting Scientist, Harvard School of Public Health ‣ Associate Professor, University College London Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Norma French, Director of Workforce	‣ Director of Workforce, North Central London Integrated Care System Conflicts of interests that may arise out of any known immediate family involvement ‣ Husband is a Consultant Physician at Central & North West London NHS Foundation Trust

	‣ A son is employed as a Business Analyst in the Procurement department at Whittington Health ‣ A son is employed through Bank Partners in the Research team
Jonathan Gardner Director of Strategy and Corporate Affairs	‣ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Dr Sarah Humphery, Medical Director – Integrated Care	‣ GP Partner Goodinge Group Practice, Goodinge Health Centre, 20 North Road, London N7 9EW: General Medical Services ‣ The Goodinge Practice is part of WISH, the GP service in the Whittington Health emergency department and also the Islington N1 Primary Care Network <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Tina Jegede, Joint Director of Race, Equality, Diversity and Inclusion and Lead Nurse, Islington Care Homes	‣ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Swarnjit Singh, Joint Director of Race, Equality, Diversity and Inclusion and Trust Secretary	‣ Secretary to the University College London Health Alliance Board ‣ Secretary to the University College London Health Alliance Chief Executive's Group ‣ Management Side Co-Chair of the Equality, Diversity, and Inclusion subgroup of the NHS Staff Council ‣ Trustee and Board member of a learning disability charity, CASPA, (Children on the Autistic Spectrum Parents Association) in Bromley <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil

REMUNERATION AND STAFF REPORT

The Remuneration and Staff Report has been audited by the Trust's external auditors.

The salaries and allowances of senior managers who held office during the year ended 31 March 2022 are shown in Table 1 below. The definition of 'Senior Managers' given in paragraph 3.71 of the Department of Health Group Accounting Manual (GAM) 2021/22 is: …. persons in senior positions having authority or responsibility for directing or controlling major activities within the group body". For the purposes of this report, senior managers are defined as the Chief Executive, Non-executive Directors and Executive Directors, all Board members with voting rights.

Salaries and allowances 2021/22

Name & Title	Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	Pension–related benefits (in bands of £2,500)	Total (in bands of £5,000)
	£000	£00	£000	£000	£000	£000
Non-Executive						
Julia Neuberger	40-45					40-45
Anu Singh	10-15					10-15
Tony Rice	10-15					10-15
Amanda Gibbon	10-15					10-15
Naomi Fulop	10-15					10-15
Glenys (Dorothea) Thornton	10-15					10-15
Rob Vincent	10-15					10-15
Junaid Bajwa	10-15					10-15
Executive						
Siobhan Harrington - Chief Executive	185-190				25-27.5	215-220
Kevin Curnow - Chief Finance Officer	140-145				17.5-20	160-165
Clare Dollery - Medical Director	200-205				0	200-205
Norma French - Director of Workforce	130-135				17.5-20	150-155
Jonathan Gardner - Director of Strategy and Corporate Affairs	120-125				15-17.5	135-140
Carol Gillen - Chief Operating Officer	140-145				17.5-20	160-165
Sarah Humphery - Executive Medical Director :Integrated Care	45-50				5-7.5	50-55
Michelle Johnson - Chief Nurse and Director of Patient Experience	140-145				17.5-20	160-165
Swarnjit Singh - Director of Race, Equality, Diversity and Inclusion and Trust Corporate Secretary(from 1.9.21)	50-55				5-7.5	55-60
Tina Jegede Director of Race, Equality, Diversity and Inclusion	25-30				2.5-5	30-35

and Lead Nurse, Islington Care Homes (from 1.9.21)							

Salaries and allowances 2020/21

		2020-21					
Name & Title		**Salary and fees (bands of £5,000)**	**Taxable benefits (total to the nearest £100)**	**Annual performance-related bonuses (in bands of £5,000)**	**Long-term performance-related bonuses (in bands of £5,000)**	**Pension–related benefits (in bands of £2,500)**	**Total (in bands of £5,000)**
		£000	**£00**	**£000**	**£000**	**£000**	**£000**
Non-Executive							
Julia Neuberger - Chair	Start 1/04/20	25-30					25-30
Anu Singh		10-15					10-15
Tony Rice		10-15					10-15
Amanda Gibbon	Start 01/05/20	10-15					10-15
Naomi Fulop		10-15					10-15
Glenys (Dorothea) Thornton	Start 01/05/20	10-15					10-15
Robert Vincent	Start 01/05/20	10-15					10-15
Junaid Bajwa	Start 01/07/20	5-10					5-10
Wanda Goldwag	From 1/07/20 to 31/12/20	5-10					5-10
Deborah Harris-Ugbomah	Left 30/04/20	1-5					1-5
Executive							
Siobhan Harrington - Chief Executive		180-185		0-5		35-37.5	225-230
Kevin Curnow - Chief Finance Officer		130-135				45-47.5	180-185
Clare Dollery - Medical Director		190-195				0	190-195
Norma French - Director of Workforce		130-135				27.5-30	160-165
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120				25-27.5	140-145
Carol Gillen - Chief Operating Officer		135-140				5-7.5	140-145
Sarah Humphery - Executive Medical Director : Integrated Care		40-45				5-7.5	50-55
Michelle Johnson - Chief Nurse and Director of Patient Experience		125-130				77.5-80	205-210

Statement of the policy on senior managers' remuneration

The Remuneration Committee follows national guidance on the salary of senior managers. All elements of remuneration, including 'annual cost of living increases', when applicable, continued to be subject to performance conditions. Other decisions made by the Committee are reflected in the tables above. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions, last updated in March 2022.

In line with the requirements of the NHS Codes of Conduct and Accountability, the purpose of the Committee is to advise the Trust Board about appropriate remuneration and terms of service for the chief executive and other executive directors including:

- all aspects of salary (including any performance-related elements/bonuses)
- provisions for other benefits, including pensions and cars
- arrangements for termination of employment and other contractual terms

Board members' pension entitlements for those in the pension scheme 2021/22

Name	Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2022 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent transfer value at 31 March 2022 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2021 (to the nearest £1,000)	Real increase in cash equivalent transfer value (to the nearest £1,000)	Employer contribution to stakeholder pension
Executive Directors	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Siobhan Harrington	2.5-5	0-2.5	60-65	150-155	1,396	1,298	65	27
Tina Jegede	10-12.5	32.5-35	40-45	125-130	983	693	267	4
Swarnjit Singh	5-7.5	10-12.5	30-35	75-80	662	552	107	7
Kevin Curnow	0-2.5	0	25-30	0	300	262	16	20
Clare Dollery	0	0	0	0	0	0	0	0
Norma French	2.5-5	0	40-45	70-75	782	720	40	19
Jonathan Gardner	0-2.5	0	20-25		275	242	15	17
Carol Gillen	0-2.5	2.5-5	55-60	165-170	0	0	0	20
Sarah Humphery	0-2.5	0	15-20	15-20	265	246	12	6
Michelle Johnson	5-7.5	20-22.5	50-55	155-160	1,187	998	164	20

The Trust's accounting policy in respect of pensions is described in Note 8 of the complete Annual Accounts document that will be uploaded to www.whittington.nhs.uk in September 2022. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a 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 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 the other pension details include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement guidance for appointing non-executive directors. The terms of the contract apply equally to all non-executive directors with the exception of the Chair, who has additional responsibilities and accountabilities. The remuneration of a non-executive director is £13,000. The Chair received remuneration of £41,100 for 2021-22.

Salary range

The Trust is required to disclose the ratio between the remuneration of the highest-paid director in their organisation and the median remuneration of the workforce.

The mid-point remuneration of the highest paid director at Whittington Health in 2021/22 was £184,380 (2020/21: £184,380). This was 5.2 times the median remuneration of the workforce, which was £36,371 (2020/21: 5.5 times, £31,365).

In 2021/22, we had one employee (none in 2020/21) who received remuneration more than the highest-paid director.

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

Fair pay and pay ratio disclosure

For several years, the Government Financial Reporting Manual (FReM) has required NHS trusts to disclose the median remuneration and the ratio between median remuneration, and the banded remuneration of the highest paid director.

From 2021-22, the FReM now also requires the disclosure of top to median, lower quartile and upper quartile staff pay multiples (ratios) as part of the Remuneration Report. The additional requirements for the 2021-22 financial year are reported below.

The percentage change in remuneration of the highest paid director

In 2021-22, there was an increase of 0.28% from the last financial year in the remuneration of the highest paid director. The highest paid director was not paid performance pay or bonuses in 2021-22, (£0-5k in 2020-21).

The average percentage change in the remuneration of employees of the entity, taken as a whole

In 2021-22, permanent staff on NHS Agenda for Change Terms and Conditions received a national pay award of 3%.

The range of staff remuneration

The remuneration of all staff ranged from the bands £5k-£10k to £185k-£190k.

The 25th percentile, median and 75th percentile of staff remuneration

The 25th percentile, median and 75th percentile of total remuneration of the reporting entity’s staff (based on annualised, full-time equivalent remuneration of all staff at the

reporting date, are shown below. The figures are the same for the **salary component** of remuneration of the reporting entity's staff (based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) as at the reporting date.

	2021-22	2020-21
	£	£
25th percentile	25,655	24,157
Median	36,371	33,176
75th percentile	47,335	44,503

The 25th percentile, median and 75th percentile of staff remuneration, compared to the highest paid director

	2021-22		2020-21	
	£	Highest Paid Director: Ratio	£	Highest Paid Director: Ratio
25th percentile	25,655	7.3	24,157	7.6
Median	36,371	5.2	33,176	5.5
75th percentile	47,335	4.0	44,503	4.1

The highest paid director

In 2021-22, one individual received remuneration in excess of the highest paid Director (none in 2020-21). Remuneration ranged from the bands £15k-£20k to £195k-£200k (2020-21: £15k-£20k to £180k-£185k).

Staff numbers and composition

To comply with the requirements of NHSI's Group Accounting Manual, the Trust is also required to provide information on the following:

- staff numbers and costs
- staff composition by gender
- sickness absence data
- expenditure on consultancy
- off-payroll arrangements; and
- exit packages.

This information is shown overleaf.

Breakdown of temporary and permanent staff members (staff numbers)

Average Whole Time Equivalent (WTE)	Permanent Staff 2021-22	Temporary Staff 2021-22	Permanent Staff 2020-21	Temporary Staff 2020-21
Medical and dental	479	55	477	74
Administration and estates	1,046	173	1,030	163
Healthcare assistants and other support staff	638	154	630	110
Nursing, midwifery and health visiting staff	1,071	232	1,080	181
Scientific, therapeutic and technical staff	757	87	753	57
Total	**3,991**	**701**	**3,969**	**585**

Cost analysis of temporary and permanent staff members (£000)

Staff Group	2021/22 (000)	2020/21 (000)
Permanent Staff		
Administration & Estates	48,243	47,411
Medical & Dental	50,769	51,460
Nursing & Midwives	66,179	65,215
Scientific, Therapeutic & Technical	47,663	47,126
Healthcare Assistants & Other Support Staff	23,513	22,879
Apprentice Levy	1,156	967
Permanent Total	**237,523**	**235,058**
Temporary Staff		
Administration & Estates	6,702	7,145
Medical & Dental	10,118	9,315
Nursing & Midwives	15,599	10,968
Scientific, Therapeutic & Technical	4,430	2,736
Healthcare Assistants & Other Support Staff	5,534	4,134
Temporary Total	**42,383**	**34,298**
Total of Trust Funded Permanent & Temporary Staff	**279,906**	**269,356**

Consultancy spend

The Trust spent £0.1m on consultancy in 2021/22 (£0.5m in 2020/21). The majority of this expenditure was incurred to the Trust's premises and estates programmes.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2022 for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2021/22

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	No.	**£000**	**No.**	**£000**	**No.**	**£000**	**No.**	**£000**
<£10,000			5	12	**5**	**12**		
£10,000 - £25,000			3	52	**3**	**52**		
£25,001 - £50,000					**0**	**0**		
£50,001 - £100,000					**0**	**0**		
£100,001 - £150,000					**0**	**0**		
£150,001 - £200,000					**0**	**0**		
>£200,000					**0**	**0**		
Total	**0**	**0**	**8**	**64**	**8**	**64**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where Whittington Health has agreed early retirements, the additional costs are met by the Trust.

Signed .  .....Chief Executive

Date: 20 June 2022

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Whittington Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Whittington Health NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a robust approach to risk management. This can be demonstrated by the following:

- Leadership of the risk management process through:
  - the Board annually reviewing its risk management strategy and risk appetite
  - executive risk leads for each Board Assurance Framework entry
  - Board members reviewing the Board Assurance Framework and key entries on the Trust Risk Register on a quarterly basis
- The Audit & Risk Committee has delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives and reviews the effectiveness of the Trust's systems of risk management and internal control
- It is supported in this by other Board Committees providing assurance to the Board on the effective mitigation of strategic Board Assurance Framework entries and other key risks, as follows:
  - The Quality Assurance Committee reviews and provides assurance to the Board on the management of risks relating to quality and safety, including all risk entries scored above 15 on individual Integrated Clinical Service Units' (ICSUs) and corporate areas' risk registers
  - The Finance & Business Development Committee provides assurance to the Board on the delivery of the Trust's integration strategic objective and two of

its sustainability strategic objectives and reviews risks scored higher than 15 which relate to finance, information governance, estates
    - The Innovation, Digital and Transformation Assurance Committee considered risks to the delivery of the Trust's third sustainability strategic objective covering its digital strategy and interoperability with sector partners
    - The Workforce Assurance Committee reviews all risks to the delivery of the organisation's People strategic objective, and their effective mitigation. It is supported in this by the Quality Assurance Committee which also monitors those workforce risks related to patient quality and safety
    - The Trust Management Group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
    - In addition, quarterly performance reviews for each Integrated Clinical Service Unit considered their key respective risks
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management, is in place for all staff
- The Chief Executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named Directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from Risk Managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

The Care Quality Commission positively identified a clear culture of risk identification and reporting throughout the organisation.

The risk and control framework

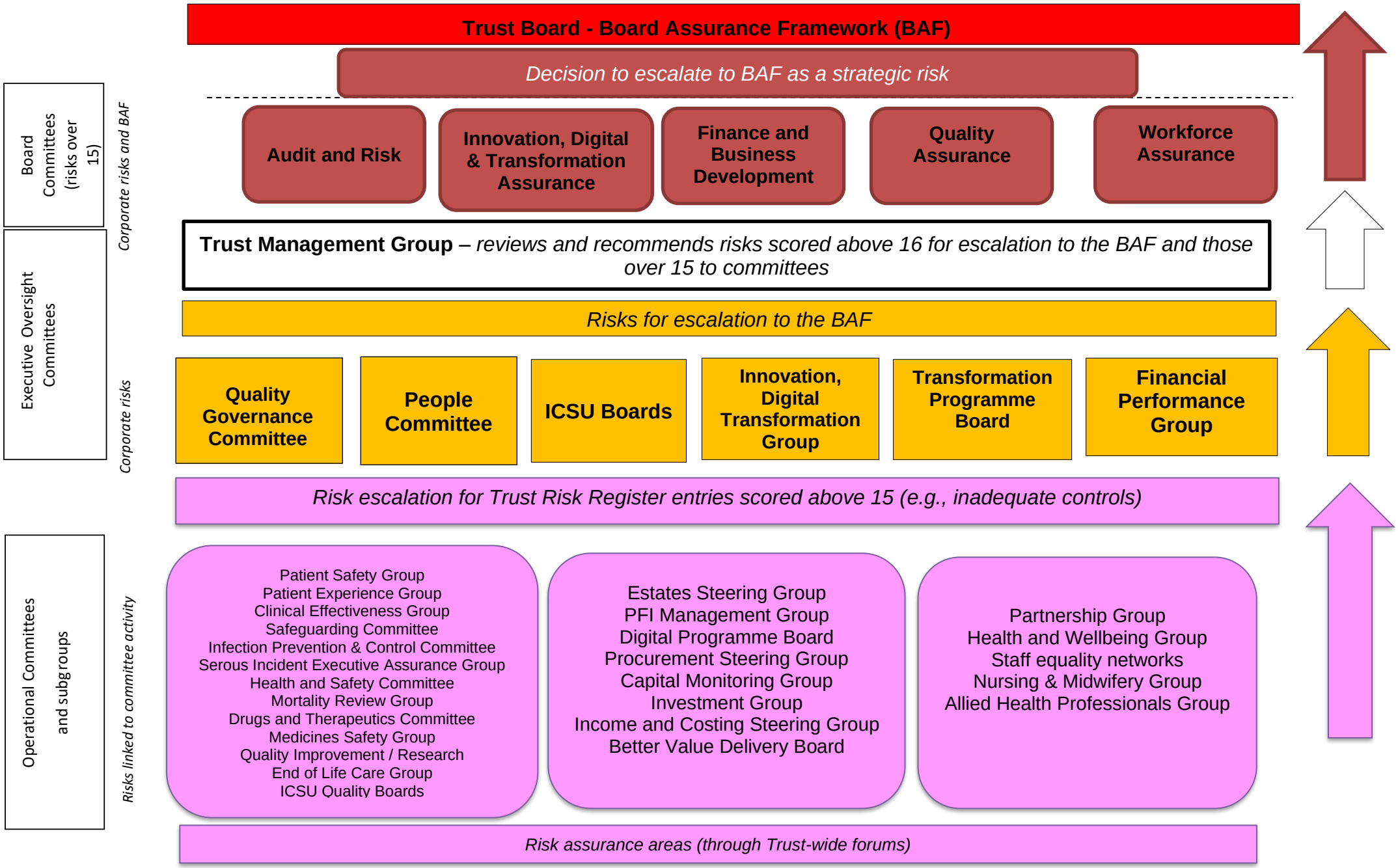
The aim of the Trust's risk management strategy is to support the delivery of organisational aims and objectives through the effective management of risks across all of the Trust's functions and activities through effective risk management processes, analysis and organisational learning.

The Trust's approach to risk management aims to:

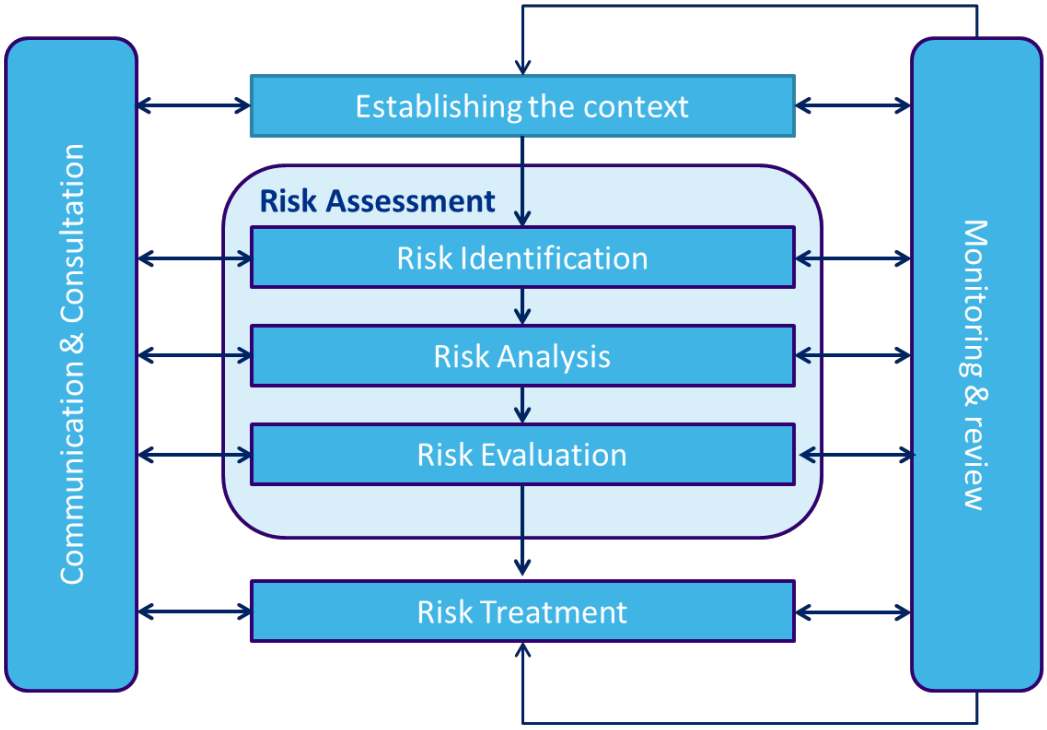
- embed the effective management of risk as part of everyday practice
- support a culture which encourages continuous improvement and development
- focus on proactive, forward looking, innovative and comprehensive rather than reactive risk management
- support well thought out decision-making

Risk management process

Whittington Health adopts a structured approach to risk management by identifying, analysing, evaluating and managing risks. Where appropriate, staff will escalate or de-escalate risks through the governance structures in place at the Trust as shown overleaf.


Trust Board - Board Assurance Framework (BAF)
Decision to escalate to BAF as a strategic risk
Board Committees (risks over 15)
Corporate risks and BAF
Audit and Risk
Innovation, Digital & Transformation Assurance
Finance and Business Development
Quality Assurance
Workforce Assurance
Executive Oversight Committees
Trust Management Group – reviews and recommends risks scored above 16 for escalation to the BAF and those over 15 to committees
Risks for escalation to the BAF
Corporate risks
Quality Governance Committee
People Committee
ICSU Boards
Innovation, Digital Transformation Group
Transformation Programme Board
Financial Performance Group
Risk escalation for Trust Risk Register entries scored above 15 (e.g., inadequate controls)
Operational Committees and subgroups
Risks linked to committee activity
Patient Safety Group
Patient Experience Group
Clinical Effectiveness Group
Safeguarding Committee
Infection Prevention & Control Committee
Serous Incident Executive Assurance Group
Health and Safety Committee
Mortality Review Group
Drugs and Therapeutics Committee
Medicines Safety Group
Quality Improvement / Research
End of Life Care Group
ICSU Quality Boards
Estates Steering Group
PFI Management Group
Digital Programme Board
Procurement Steering Group
Capital Monitoring Group
Investment Group
Income and Costing Steering Group
Better Value Delivery Board
Partnership Group
Health and Wellbeing Group
Staff equality networks
Nursing & Midwifery Group
Allied Health Professionals Group
Risk assurance areas (through Trust-wide forums)

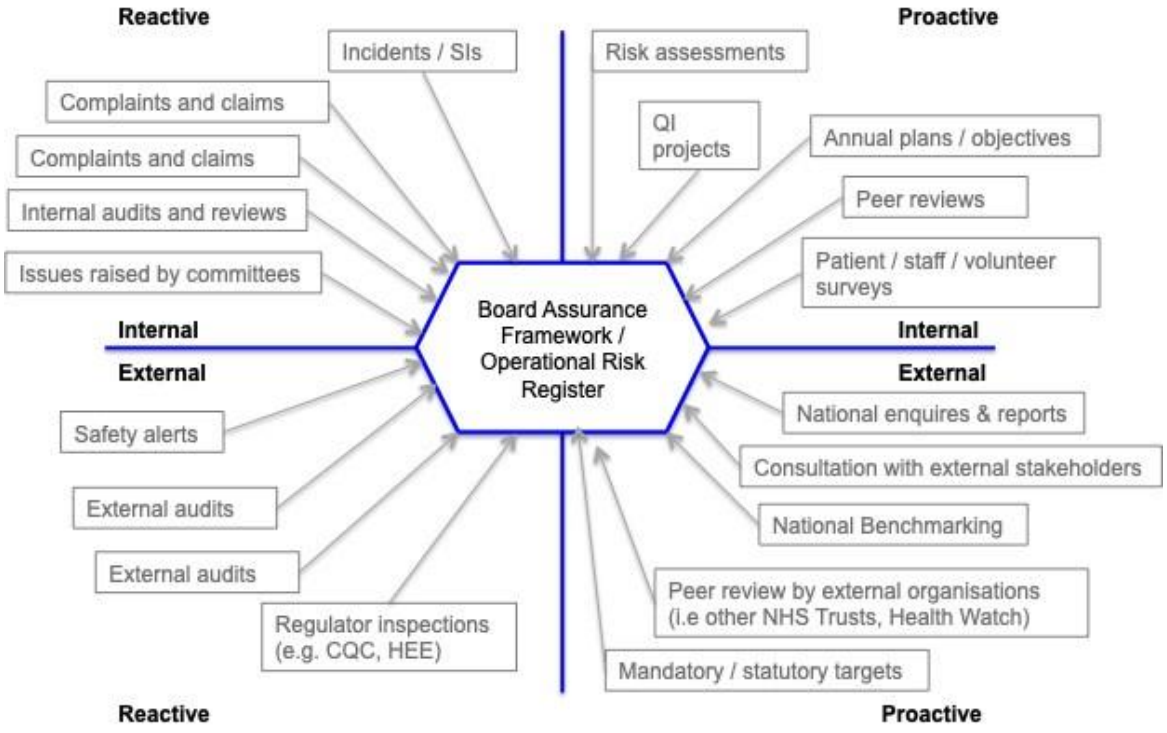
A snapshot of the Trust's risk management process is highlighted overleaf



ISO 3000 Process Diagram

Risk identification

A hazard or threat is a source or issue of potential harm to the Trust achieving its objectives. Risk identification is the process of determining what, where, when, and why something could occur. Risks to the Trust can be identified from a number of sources, both reactive and proactively. Examples of a few of these are displayed in the diagram below:



Trends between incidents, complaints and claims are regularly scrutinised via the Trust's quarterly aggregated learning report, which is reviewed by the Patient Safety and Quality Assurance Committees to identify any risks to the Trust.

Managers must ensure that their risk registers are reviewed monthly and, where new sources of risk are identified, that these are documented and responded to appropriately.

Risk assessment

When a new risk is identified a Risk Assessment Consideration form is completed and presented to the relevant committee/Board for approval. The assessment should clearly state the likelihood for the risk to cause harm and what preventative or control measures are required to respond effectively to the risk. Once approved by the appropriate group this should then be added to Datix with an identified review date established.

Risk analysis and evaluation

An analysis of each risk is required to be undertaken to establish the initial grading of the risk by assessing the likelihood and consequences of the hazard if it did occur. The Trust utilises a risk grading matrix which incorporates a risk tolerance measure. This process aims to ensure that risks are assessed consistently across the Trust. Once the grading is known and recorded in the Risk Register, the risk can be compared with other risks facing the Trust and prioritised according to significance. The list of all risks facing the Trust, in order of significance, makes up the Trust-wide Risk Register.

Risk assessment is an integral part of the business planning process. Therefore, significant strategic risks will be identified by the Trust Board and managed through the Board Assurance Framework (BAF).

Risk control – monitoring, review and resolution

Controls are the actions utilised in order to lessen or reduce the likelihood or consequence of a risk being actualised, the severity of that risk if it does occur. The controls in place for each risk should be detailed on Datix and describe the steps that need to be taken in order to manage and/or control the risk. These should be updated as progress is made.

There are four main ways to manage risks utilised by the Trust. These are outlined in the table below:

Acceptance	The risk is identified and logged, and no action is taken. It is accepted that it may happen and will be responded to if it occurs.
Avoid	Where the level of risk is unacceptably high and the Trust cannot, for whatever reason, put adequate control measures in place the Trust Board will consider whether the service/activity should continue in the Trust.

Transfer	A shift in the responsibility or impact for loss to another party e.g., insurance for the risk occurrence or subcontracting. For a clinical risk transfer – a decision for a patient requiring a high-risk surgical procedure (where the expertise or equipment is unavailable in the Trust) to be transferred to a specialist centre for treatment. The risk of transferring the patient must be less than the risk of operating in the Trust environment.
Mitigation	The impact of the risk is limited, so if it does occur (and cannot be avoided) the outcome is reduced and easier to handle. Making and carrying out risk reduction action plans is the responsibility of a line manager and /or risk lead.

Local risk registers at ICSU and corporate level, along with the in-year operational risk register and board assurance framework (BAF), seek to present an overview of the main risks facing the organisation. The local risk registers are reviewed, updated and monitored regularly by the relevant ICSU Board and corporate services' leads and, if necessary, a risk can be escalated on to the corporate risk register, which is monitored by the Trust Management Group and Quality Assurance Committee. Respective BAF entries are monitored by executive director risk leads, who assess the status of their risk entry and its effective mitigation. The BAF is also monitored by the Audit and Risk Committee and Trust Board.

In the last two years, Grant Thornton LLP's internal audit team have completed two reviews of risk management arrangements at Whittington Health. In June 2020, the first review report considered the Board Assurance Framework and the strategic arrangements in place, and gave a favourable assessment of *significant assurance with minor improvement recommendations*. In quarter three 2021/22, the second review focussed on risk management at a divisional, corporate, and integrated clinical service unit (ICSU) level. It considered the Trust's risk management strategy and policy and looked at the effective management of risks scored at 15 and below. The outcome from the second was also a rating assessment of *significant assurance with minor improvement recommendations*.

Board Assurance Framework

The Board Assurance Framework (BAF) provides a structure for reporting of the principal strategic risks to the delivery of the Trust's business and was reviewed regularly last year. It identified the risk appetite and the controls and assurances in place to mitigate these risks, the gaps or weaknesses in controls and assurances, and actions required to further strengthen these mechanisms. The Audit and Risk Committee leads on oversight of the mitigation of risks to delivery of the Trust's strategic objectives and was supported by other relevant board committees and the Trust's Management Group.

Structure and presentation:

During quarter one of 2021/22, there was a review and consolidation of the 2020/21 BAF entries to the delivery of the Trust's four strategic objectives into the following:

Strategic objective	Board Assurance Framework entry
Quality 1 - quality and safety of services	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Quality 2 - capacity and activity delivery	A lack of capacity to restart elective and other key services, capability, and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • an unsuccessful rollout of the winter Covid-19 pandemic booster
People 1 - staff recruitment and retention	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting and retaining sufficient staff, results in increased pressure on staff, a reduction in the quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs
People 2 - staff wellbeing and equality, diversity, and inclusion	Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, and an inability to tackle bullying and harassment result in: • behaviours displayed which are out of line with Whittington Health's values • a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff • adverse impacts on staff engagement, absence rates and the recruitment and retention of staff • poor performance in annual equality standard outcomes and submissions

Strategic objective	Board Assurance Framework entry
	• a failure to secure staff support, buy-in and delivery of NCL system workforce changes
Integration 1 - ICS and Alliance changes	Changes brought about by the NCL system and Provider Alliance such as corporate services' rationalisations, the review of community services, and the reconfiguration of pathways through lead provider arrangements impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust
Integration 2 - population health and activity demand	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, results in demand for services after the Covid-19 outbreak being considerably higher than pre-Covid-19 and insufficiently met
Sustainable 1 - control total delivery and underlying deficit	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a worse underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved
Sustainable 2 - estate modernisation	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital
Sustainable 3 - digital strategy and interoperability	Failure by the Trust to effectively resource and implement a digital strategy focussed on improving patient care through collaborative system working and efficient, digitally enabled processes, and underpinned by a modern secure, standards-based infrastructure, will adversely impact on key transformation projects across the organisation and our ability to be a system leader

Assurances and gaps

The BAF includes assurances and these were rated as relevant to the control/risk reported against. The assurances are timely and are also updated over time.

Furthermore, there is allocated responsibility for submission and assessment. The BAF also highlights gaps within assurances which trigger the development of actions to improve them.

BAF review and update

The review and updating of BAF entries is led by Executive risk leads and key Board Committees review risks relevant to their terms of reference as set out previously). The Care Quality Commission cited the BAF as fit for purpose in its inspection feedback to the Trust.

Risk appetite

In line with good practice, the Trust completed an annual review of its risk appetite statement. This was discussed and endorsed by members of the Audit and Risk Committee and subsequently by the Board. The risk appetite range is included within Board Assurance Framework (BAF) reports presented to board and executive committees. Individual risks on the BAF are allocated a target score against which progress is reported in the BAF.

Embedding risk management

Risk management is embedded throughout the organisation in a variety of ways including:

- Face-to-face training for key risk managers
- Review of the risk register entries by the Quality Assurance Committee and the Trust Management Group
- Oversight of BAF entries by Board Committees and the Trust Management Group
- A review of the BAF every three months by the Trust Board (and more frequently this year, when required)

In addition, the Trust can highlight the following in its risk and control framework:

- The clinical governance agenda is led by the Chief Nurse & Director of Allied Health Professionals and the Medical Director. Monitoring arrangements are delivered through a structure of committees, supporting clear responsibilities and accountabilities from board to front line delivery
- The Quality Assurance Committee is a key committee of the Board, which affords scrutiny and monitoring of our risk management process and has oversight of the quality agenda. Serious incidents and the monitoring of the Corporate Risk Register is a standing item
- The Trust's clinical governance structure ensures there are robust systems in place for key governance and performance issues to be escalated from frontline services to Board and gives assurance of clinical quality. It gives a strong focus on service improvement and ensures high standards of delivery are maintained.
- The Board and the relevant committees use a performance scorecard which has been developed to include a suite of quality indicators at Trust and service level aligned to each of the Care Quality Commission's five domains of Quality
- The Trust's quality improvement strategy is encapsulated in our Better Never Stops (our journey to outstanding) programme. The programme is a structured quality improvement plan and we have quality improvement plans in all services

to monitor and demonstrate compliance with the CQC's fundamental standards and against each of the CQC's domains and Key Lines of Enquiry (KLOE)

Risk management during COVID-19

Actions taken by the Trust to respond to the COVID-19 crisis included reviewing and updating its BAF with particular reference to the impact of the pandemic, and also establishing a specific covid-19 local risk register. As part of its emergency planning arrangements, the governance structure allowed for the Gold Command forum and the wider Trust Management Group and Board to discuss and review the covid-19 risk register along with handling and mitigating actions being taken. These forums were key to the Trust maintaining control over decision-making and also displaying financial governance during the emergency response to the pandemic.

At various times throughout the year, we flexed our governance structure to suit the immediacies of the emergent situation. This included moving to daily Trust Management Group Gold meetings.

The Board of Directors

Membership of the Board of Directors is currently made up of the Trust chairman, five independent non-executive directors, and eight executive directors, of which five are voting members of the Board. The key roles and responsibilities of the Board are as follows to:

- set and oversee the strategic direction of the Trust
- review and appraise financial and operational performance
- review areas of assurance and concerns as detailed in the chair's assurance reports from its board committees
- discharge their duties of regulation and control and meet our statutory obligations
- ensure the Trust continues to deliver safe, high quality patient care as its primary focus, receiving and reviewing quality and patient safety reports and the minutes and areas of concern highlighted in board committees' minutes, particularly the Quality Assurance Committee, which deals with patient quality and safety
- receive reports from the Audit and Risk Committee, the annual Head of Internal Audit Opinion and external auditor's report
- agree the Trust's annual budget and plan and submissions to NHS Improvement
- approve the annual report and annual accounts
- certify against the requirements of NHS provider licence conditions

The Board of Directors met six times during the year. A breakdown of attendance for the Board's meetings held in 2021/22 is shown overleaf:

Job title and name	Public Board meetings attended (out of 6 unless stated)
Chair and Non-Executive Director, Julia Neuberger	6
Non-Executive Director, Naomi Fulop	6
Non-Executive Director, Amanda Gibbon	6
Non-Executive Director, Tony Rice	6
Non-Executive Director, Anu Singh	6

Job title and name	Public Board meetings attended (out of 6 unless stated)
Non-Executive Director, Glenys Thornton	6
Non-Executive Director, Rob Vincent	6
Associate Non-Executive Director, Junaid Bajwa	6
Chief Executive, Siobhan Harrington	6
Medical Director, Clare Dollery	6
Chief Finance Officer, Kevin Curnow	6
Chief Operating Officer, Carol Gillen	5
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	5
Director of Workforce, Norma French	5
Director of Strategy and Corporate Affairs, Jonathan Gardner	6
Medical Director, Integrated Care, Sarah Humphery	6
Joint Director, Race, Equality, Diversity & Inclusion and Leaf Nurse, Islington Care Homes, Tina Jegede*	4 out of 4
Joint Director, Race, Equality, Diversity & Inclusion and Trust Company Secretary, Swarnjit Singh*	4 out of 4

* appointed 1 September 2021

Board and Committee oversight and assurance

The Board of Directors leads on integrated governance and delegates key duties and functions to its sub-committees. In addition, the Board reserves certain decision - making powers including decisions on strategy and budgets.

In the last year, the key formal committees within the structure that provided assurance to the Board of Directors were audit and risk, charitable funds, innovation, digital and transformation assurance, quality assurance, finance and business development; and workforce assurance. There is a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include utilising internal and external audit, peer review, management reporting and clinical audit.

Audit and Risk committee

The audit and risk committee is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control. The Committee holds five meetings per annum at appropriate times in the reporting and audit cycle. This committee is supported in its assurance role by the finance & business development, quality assurance, innovation, digital and transformation assurance and workforce assurance committees in reviewing and updating key risks pertinent to their terms of reference.

This committee also approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from audits are actioned by executive management. The committee ensures the robustness of the underlying process used in developing the BAF. The board monitors the BAF and progress against the delivery of annual objectives each quarter, ensuring actions to address gaps in control and gaps in assurance are progressed.

Charitable Funds Committee

This forum provides assurance to the Board on the management of charitable funds and fundraising activities.

Innovation, Digital and Transformation Assurance Committee

This forum was established as a formal committee of the Board in quarter two. Its remit is to provide assurance to the Board on the delivery of the Trust's digital and transformation strategies.

Quality Assurance Committee

The quality assurance committee is accountable to the Board for reviewing the effectiveness of quality systems, including the management of risks to the Trust's quality and patient engagement strategic priorities as well as operational risks to the quality of services. The committee meets six times per year. It also monitors performance against quarterly quality indicators, the quality accounts and all aspects of the three domains of quality namely - patient safety, clinical effectiveness and patient experience.

Finance & Business Development Committee

The finance & business development committee reviews financial and non-financial performance across the Trust, reporting to the Board. It also has lead oversight for risks to the delivery of Trust's strategic priorities relating to sustainability, along with delivery of the Trust's strategy for information management and technology. The committee holds six full meetings each year.

Workforce Assurance Committee

The workforce and education committee leads on oversight of BAF risks which relate to the Trust's staff engagement and recruitment and retention strategic priorities. It reviews performance against the delivery of key workforce recruitment and retention plans, workforce education and development and the annual outcomes for equality standard submissions to NHS England and Improvement. In addition, the committee will also review those staff engagement actions taken following the outcome of the annual NHS staff survey and delivery of the Trust's workforce culture improvement plan.

Workforce planning

As in previous years, the workforce planning process was aligned and integrated with the Trust's business planning process, led by individual ICSUs. Throughout the process, ICSUs' Clinical and Operational Directors were supported by HR Business Partners who advised and challenged ICSUs on the workforce impact of their plans and ensured alignment with workforce and clinical strategies. This involved:

- Working with ICSUs to discuss workforce issues such as recruitment and retention, activity planning, education requirements and the delivery of key performance indicators
- Analysing and monitoring workforce changes at a local level (and at an aggregated Trust-wide position)

- Ensuring current and future workforce needs were represented in business plans, considering growth, as well as options to develop new roles, new ways of working, and associated training implications.
- Monthly 'run rate' meetings, to analyse temporary staffing to ensure long term recruitment strategies are in place
- A dedicated nurse recruitment team focusing on international and local recruitment opportunities
- Middle grade doctor recruitment working group focussed on the emergency department

In 2021/22, Whittington Health complied with the "Developing Workforce Safeguards" through the following assurances:

- The Medical Director and Chief Nurse and Director of Allied Health Professionals confirmed there are established processes to ensure that staffing is safe, effective and sustainable
- The nursing and midwifery staffing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) was reported to the Board by ward or service area twice a year
- All workforce risks were reviewed quarterly at the Performance Review Groups.
- Action plans for reducing amber and red rated risks were monitored on a quarterly basis by the Trust Management Group
- High level risks were reported to Workforce Assurance Committee quarterly
- Safe nurse staffing levels were monitored continuously, supported by ongoing assessments of patient acuity. As part of 'Showing we care about speaking up', we encouraged and supported all staff to complete nursing scorecards to triangulate workforce information with other quality metrics
- Workforce intelligence and key performance indicators were reported alongside quality metrics at the Trust Board each month and were standing items on Performance Review Group meetings (PRGs). The Workforce Assurance Committee received comprehensive corporate workforce information and analysis. Metrics included vacancy and sickness rates, turnover and appraisal compliance and temporary staffing
- Any changes and significant (over £50k) cost improvement plans had a quality impact assessment

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

The Trust published on its website a register of interests of Board members and for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance). The register was updated in line with further declarations made during the year.

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

Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS Programme. The Trust ensures that is obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust was rated by the Care Quality Commission (CQC) as good in its use of resources, as it had demonstrated a good understanding of areas of improvements with credible plans to achieve target performance. In particular, the CQC identified that the Trust has an excellent track record of managing its expenditure within available resources.

During 2021/22, Whittington Health had in place a range of processes which helped to ensure that it used resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- adherence to guidance issued by NHS England and NHS Improvement by establishing robust systems for the identification of additional costs incurred due to the COVID-19 pandemic and for the delivery of operational priorities during set out for the first and then the latter six months of the financial year
- a monthly review of performance by the Trust Management Group and additional review meetings where ICSUs and corporate directorates are held to account for financial and non-financial performance
- the production of annual reference costs, including comparisons with national reference costs
- benchmarking of costs and key performance indicators against other combined acute and community Trust providers
- standing financial instructions, standing orders and a treasury management policy
- a budget holder's manual which sets out managers' responsibilities in relation to managing budgets
- guidance on the declaration of conflicts of interest and standards of business conduct
- reports by Grant Thornton as part of the annual internal audit work plan on control mechanisms which may need reviewing
- the Head of Internal Audit's draft and final opinions being presented to the Audit and Risk committee
- an external audit of our accounts by KPMG LLP, who also provided an independent assessment of the Trust's effective and efficient use of resources, particularly against value for money considerations
- good performance under NHS Improvement's Single Oversight Framework for NHS providers

Information governance

The following are the incidents and outcomes of investigations in relation to information governance breaches this year:

Nature of incident	Incident date	ICO reported date	ICO outcome
Two data breaches in lower urinary tract service clinic: • Clinic newsletter emailed to patients without using the blind copy function • Clinic list emailed to patient in error Both incidents were declared simultaneously to the Information Commissioner's Office, who were satisfied with the actions carried out by the Trust.	July 2020	July 2021	No further action

Data quality and governance

Data governance is essential for the effective delivery of patient care and for improvements to patient care we must have robust and accurate data available.

Whittington Health completed the following actions in the last year towards improved data quality:

- Monthly monitoring of national data quality measures
- Reviews of specific data sets (e.g. Referral to Treatment Patient Treatment List) with specific regard to data quality. Regular spot checks were carried out by the Trust's Validation Team
- Weekly Referral to Treatment review meetings for cancer, community and acute services
- Our Data Quality Review Group ensured all aspects of data quality standards were maintained and reviewed
- Continuing to review the awareness of key staff of their responsibilities around data quality and proposing approaches to achieve improvement if necessary
- Reviewing the scope of material internal data sets with specific regard to data quality and summarise those known with their main characteristics, any known data quality issues and owners in overview

Whittington Health NHS Trust will continue to monitor and work to improve data quality by using the above-mentioned Data Quality Review Group, with the aim to work with ICSUs to improve awareness of responsibilities and to share learning to help improve data quality.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's Quality Assurance Committee provides assurance on the Quality Account and the quality priorities and ensures the maintenance of effective risk management and quality governance systems. Following national guidance from NHS England and Improvement, as part of the response to the covid-19 pandemic, the 2020/21 Quality Account was published in June 2021.

Provider licence conditions

In terms of the NHS provider license condition four, the Board confirmed that the Trust applies principles, systems and standards of good corporate governance which would reasonably be regarded as appropriate for a supplier of healthcare services. In particular, the Board is satisfied that the Trust has established and implements:

- an effective Board and Committee structure
- clear responsibilities for the Board and Committees reporting to the Board and for staff, reporting to either the Board or its Committees
- clear reporting lines and accountabilities throughout the organisation

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the committee and quality assurance committee, if appropriate, and a plan to address weaknesses and ensure continuous improvement of the system is in place. The board ensures the effectiveness of the system of internal control through clear accountability arrangements.

An annual Head of Internal Audit Opinion based on the work and audit assessments undertaken during the financial year stated that*, "Our overall opinion for the period 1 April 2021 to 31 March 2022 is that, based on the scope of reviews undertaken and the sample tests completed during the period, significant assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control with some improvements recommended."*

This rating is to be welcomed given the challenges imposed by the pandemic and reflects the effectiveness of the Trust's system of internal control.

Conclusion

I confirm that no significant internal control issues have been identified.

Signed

HELEN BROWN

Chief Executive

Date: 20/06/2022

Statement of the chief executive's responsibilities as the accountable officer of the Trust

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

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

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

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

Signed: .....Chief Executive

Date:

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

.....Date..... Chief Executive

.....Date..... Finance Director

The Whittington Health NHS Trust

Annual accounts for the year ended 31 March 2022

Statement of the chief executive's responsibilities as the accountable officer of the Trust

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

Signed:  .....Chief Executive

Date : 20/06/2022

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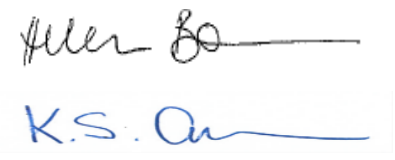
By order of the Board



Chief Executive	Date	20/06/2022
Finance Director	Date	20/06/2022

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF WHITTINGTON HEALTH NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Whittington Health NHS Trust ("the Trust") for the year ended 31 March 2022 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2022 and of its income and expenditure for the year then ended; and

- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2021/22.

Basis for opinion

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

Going concern

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

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;

- we have not identified, and concur with the Directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management and the Audit & Risk Committee as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.

- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve control totals delegated to the Trust by NHS Improvement.

- Reading Board and Audit & Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk that income outside of the Trust's block contract funding is accounted for in the incorrect financial period and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year end accruals.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included material post close journals which reduce reported income and journals with other unusual characteristics.

- Assessing significant estimates for bias.

- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

- Agreeing a sample of year end accruals to relevant supporting documents, including invoices after year end, where applicable.

- Identified income and expenditure invoices recognised in the period 1 March 2022 to 31 May 2022, to determine whether the income and expenditure is recognised in the correct accounting period, in accordance with the amounts billed to the corresponding parties.

- Assessed the outcome of the NHS agreement of balances exercise with CCGs and other NHS providers and investigated the cause of the variances identified.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and

from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified health and safety as an area most likely to have such an effect. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and inspection of regulatory and legal correspondence, if any. Therefore, if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

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

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion that report has been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 122, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 121 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of

We have nothing to report in this respect.

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

As explained in the statement set out on page 121, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use

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

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

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

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

We have nothing to report in these respects.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Whittington Health NHS Trust for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Fleur Nieboer

for and on behalf of KPMG LLP

Chartered Accountants

15 Canada Square

London

E14 5GL

22 June 2022

Statement of Comprehensive Income

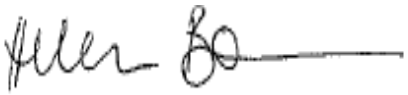
	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	379,593	350,040
Other operating income	4	29,355	45,301
Operating expenses	5, 7	(403,416)	(391,213)
Operating surplus/(deficit) from continuing operations		**5,532**	**4,127**
Finance income	10	41	6
Finance expenses	11	(540)	(1,859)
PDC dividends payable		(5,151)	(6,059)
Net finance costs		**(5,650)**	**(7,912)**
Other gains / (losses)	12	15	-
Surplus / (deficit) for the year from continuing operations		**(103)**	**(3,785)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
Surplus / (deficit) for the year		**(103)**	**(3,785)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(220)	(8,189)
Revaluations	17	8,312	592
Total comprehensive income / (expense) for the period		**7,989**	**(11,382)**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	14	9,711	9,789
Property, plant and equipment	15	246,194	223,962
Receivables	19	316	401
Total non-current assets		**256,221**	**234,152**
Current assets			
Inventories	18	788	2,195
Receivables	19	12,841	18,251
Cash and cash equivalents	20	81,416	61,527
Total current assets		**95,045**	**81,973**
Current liabilities			
Trade and other payables	21	(66,577)	(52,365)
Borrowings	23	(334)	(300)
Provisions	25	(906)	(769)
Other liabilities	22	(1,859)	(1,686)
Total current liabilities		**(69,676)**	**(55,119)**
Total assets less current liabilities		**281,590**	**261,006**
Non-current liabilities			
Trade and other payables	21	-	-
Borrowings	23	(6,357)	(6,610)
Provisions	25	(41,420)	(36,235)
Total non-current liabilities		**(47,777)**	**(42,845)**
Total assets employed		**233,813**	**218,161**
Financed by			
Public dividend capital		113,854	106,191
Revaluation reserve		99,487	91,395
Income and expenditure reserve		20,472	20,575
Total taxpayers' equity		**233,813**	**218,161**

The notes on pages 5 to 53 form part of these accounts.

Name Helen Brown
Position Chief Executive Officer
Date 20 June 2022



Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**106,191**	**91,395**	**20,575**	**218,161**
Surplus/(deficit) for the year	-	-	(103)	**(103)**
Impairments	-	(220)	-	**(220)**
Revaluations	-	8,312	-	**8,312**
Public dividend capital received	7,663	-	-	**7,663**
Taxpayers' and others' equity at 31 March 2022	**113,854**	**99,487**	**20,472**	**233,813**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**72,358**	**98,992**	**24,360**	**195,710**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2020 - restated	**72,358**	**98,992**	**24,360**	**195,710**
Surplus/(deficit) for the year	-	-	(3,785)	**(3,785)**
Impairments	-	(8,189)	-	**(8,189)**
Revaluations	-	592	-	**592**
Public dividend capital received	33,833	-	-	**33,833**
Taxpayers' and others' equity at 31 March 2021	**106,191**	**91,395**	**20,575**	**218,161**

Information on reserves

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

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

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

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

Statement of Cash Flows

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,532	4,127
Non-cash income and expense:			
Depreciation and amortisation	5.1	11,372	9,324
Net impairments	6	295	3,961
Income recognised in respect of capital donations	4	-	(91)
(Increase) / decrease in receivables and other assets		5,382	26,588
(Increase) / decrease in inventories		1,407	210
Increase / (decrease) in payables and other liabilities		12,783	723
Increase / (decrease) in provisions		5,322	10,191
Net cash flows from / (used in) operating activities		**42,093**	**55,034**
Cash flows from investing activities			
Interest received		41	6
Purchase of intangible assets		(2,262)	(2,517)
Purchase of PPE and investment property		(21,896)	(15,234)
Sales of PPE and investment property		15	-
Net cash flows from / (used in) investing activities		**(24,102)**	**(17,745)**
Cash flows from financing activities			
Public dividend capital received		7,663	33,833
Movement on loans from DHSC		(116)	(27,382)
Other capital receipts		855	-
Capital element of finance lease rental payments		(925)	(1,845)
Capital element of PFI, LIFT and other service concession payments		-	(201)
Interest on loans		(54)	(112)
Other interest		(3)	-
Interest paid on finance lease liabilities		(483)	(670)
Interest paid on PFI, LIFT and other service concession obligations		-	(451)
PDC dividend (paid) / refunded		(5,037)	(6,318)
Net cash flows from / (used in) financing activities		**1,899**	**(3,146)**
Increase / (decrease) in cash and cash equivalents		**19,890**	**34,143**
Cash and cash equivalents at 1 April - brought forward		**61,527**	**27,384**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**61,527**	**27,384**
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	20	**81,416**	**61,527**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

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

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

Revenue from NHS contracts
The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied.

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

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

Apprenticeship service income

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

Note 1.5 Expenditure on employee benefits

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

Pension costs

NHS Pension Scheme

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

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

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Where staff are not eligible for, or choose to opt out of, the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. NEST is a government-backed, defined contribution pension scheme.

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

Depreciation

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

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

Note 1.8 Property, plant and equipment

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

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

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

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

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

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

The Trust entered into a Private Finance Initiative (PFI) arrangement in 2003 to build and maintain the main hospital through construction firm Whittington Facilities Ltd (WFL). On the 28th July 2020 WFL filed for administration.

The collapse of WFL means that the main building elements transferred back into the ownership of the Trust during 2020/21, and the Trust is now responsible for the maintenance of the building. Further details of the financial arrangements and implications are discussed in further detail as part of the Provisions notes and policies.

Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	13	78
Plant & machinery	5	15
Information technology	3	10
Furniture & fittings	5	5

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

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Internally generated intangible assets

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

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

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Software licences	5	5

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation of fair value due to the high turnover of stock. The Trust records inventory values only for pharmacy drugs inventories for the 2021/22 financial year onwards. All other inventories are recorded at nil value, being expensed in the 2021/22 financial year on the basis of immateriality.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. The closing inventory is recorded at nil value on the basis of immateriality.

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income as appropriate.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure as appropriate.

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets measured at fair value through other comprehensive income

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

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

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

Impairment of financial assets

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

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

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

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

Derecognition

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

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

Note 1.13 Leases

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

The trust as a lessee

Finance leases

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

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

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

Operating leases

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

Leases of land and buildings

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

The trust as a lessor

Finance leases

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

Operating leases

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

Note 1.16 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

Note 1.17 Value added tax

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

Note 1.18 Third party assets

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

Note 1.19 Losses and special payments

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

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

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

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

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

Upon transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

In readiness for implementation of the new Standard, the Trust has created a lease register which captures existing leasing arrangements Trust-wide. The Standing Financial Instructions have been revised to promulgate awareness of IFRS16 and its impacts upon financial reporting and business planning.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	45,103
Additional lease obligations recognised for existing operating leases	(45,103)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(5,982)
Additional finance costs on lease liabilities	(696)
Lease rentals no longer charged to operating expenditure	6,372
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**(306)**
Estimated increase in capital additions for new leases commencing in 2022/23	**28,159**

Note 1.22 Critical judgements in applying accounting policies

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

Property, plant and equipment
The Trust's land and building assets are valued on the basis explained in note 16 to the accounts. Cushman & Wakefield (C&W), our independent valuer, provided the Trust with a valuation of land and building assets (estimated fair value and remaining useful life). The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, leads to revaluation adjustments. Future revaluations of the Trust's property may result in further changes to the carrying values of non-current assets.

Provisions

Provisions have been made for legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the accounts are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made. The carrying amounts and basis of the Trust's provisions are detailed in note 25 to the accounts.

Note 1.23 Sources of estimation uncertainty

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

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. We also refer to the following financial statement disclosure notes where further detail is provided on individual balances containing areas of judgement:

The following are estimation uncertainties which could could not lead to material misstatement:
- Notes 3: Revenue.
- Note 18: Provisions for credit notes and impairment of receivables.
- Note 20: Accruals.

The following are estimation uncertainties which could potentially give rise to material misstatement:
- Note 14 Property, plant & equipment.
- Note 24: Provisions not already covered in Note 18.

The values in the valuer’s report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer exercises professional judgement in providing the valuation and it remains the best information available to the Trust. However, the valuer uses informed assumptions regarding obsolescence, rebuild rates and the area of the sites required to accommodate modern equivalent assets with the same service potential which could change and have a material impact upon the valuation.

A reduction in the estimated values would result in reductions to the Revaluation Reserve and / or a loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to reduce by 10% this would result in a charge to the Statement of Comprehensive Income of approximately £20m, reduced by impairments taken to Revaluation Reserve. Depreciation of the assets in 2022/23 would be £0.6m lower.

An increase in estimated valuations of 10% would result in an increase to the Revaluation Reserve of approximately £20m. Depreciation of the assets in 2022/23 would be £0.6m higher.

A material addition to the provision was made during the 2020/21 financial year, in respect of implications arising from the collapse of Whittington Facilities Ltd (WFL).

The collapse of WFL meant that the main building transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

In the judgement of the Trust, a provision remains appropriate as at 31 March 2022 to cover relevant potential liabilities. The Trust has reviewed the level at which the provision is held as at 31st March 2022, and adjusted it according to the most up to date legal, and other professional, advice available.

The legal position is not concluded and the full costs of remediation are not yet known. The provision is based on the Trust's best estimate of the remediation costs, but the final settlement of the PFI claim could be higher if the remediation costs are lower than estimated. Conversely the final cost of the claim could be lower if the remediation costs are higher than estimated.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2022, and should not be taken as admission of any liability on the part of the Trust.

Note 2 Operating Segments

The Trust's chief decision maker has been defined as the Trust Board, and is responsible for allocating resources across the Trust. The Trust's operational management structure is delivered though five clinical integrated care service units (ICSU's) covering acute and community services across London.

In line with IFRS 8, the Trust has determined that these ICSU's are classed as a single segment with the agreed purpose of providing healthcare services.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	**2021/22**	**2020/21**	
	£000	**£000**	
Block contract / system envelope income	227,171	213,498	**
High cost drugs income from commissioners (excluding pass-through costs)	9,641	10,281	
Other NHS clinical income	-	-	
Mental health services			
Services delivered under a mental health collaborative	2,185	2,556	**
Community services			
Block contract / system envelope income	75,641	75,268	
Income from other sources (e.g. local authorities)	11,440	11,198	**
All services			
Private patient income	58	56	
Elective recovery fund	2,494	-	
Additional pension contribution central funding*	10,181	9,918	
Other clinical income	40,782	27,265	**
Total income from activities	**379,593**	**350,040**	

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

**As restated. The separate categorisation of Mental Health Collaborative income has necessitated restatement of the categorisation of 2020/21 patient care income. The Trust has taken the opportunity to restate Other Clinical Income and Community Services income to more accurately reflect correct categorisation.

Note 3.2 Income from patient care activities (by source)

	2021/22	**2020/21**
Income from patient care activities received from:	**£000**	**£000**
NHS England	40,750	44,684
Clinical commissioning groups	320,371	287,770
Department of Health and Social Care	-	-
Other NHS providers	5,230	4,477
NHS other	-	-
Local authorities	11,440	11,198
Non-NHS: private patients	58	56
Non-NHS: overseas patients (chargeable to patient)	374	623
Injury cost recovery scheme	354	296
Non NHS: other	1,016	936
Total income from activities	**379,593**	**350,040**
Of which:		
Related to continuing operations	379,593	350,040
Related to discontinued operations	-	-

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

	2021/22	2020/21
	£000	£000
Income recognised this year	374	623
Cash payments received in-year	117	109
Amounts added to provision for impairment of receivables	445	554
Amounts written off in-year	-	-

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	595	-	**595**	703	-	**703**
Education and training	15,774	-	**15,774**	15,173	-	**15,173**
Non-patient care services to other bodies	6,770		**6,770**	6,537		**6,537**
Reimbursement and top up funding	1,468		**1,468**	14,252		**14,252**
Income in respect of employee benefits accounted on a gross basis	-		**-**	32		**32**
Receipt of capital grants and donations		-	**-**		91	**91**
Charitable and other contributions to expenditure		762	**762**		5,180	**5,180**
Rental revenue from operating leases		849	**849**		884	**884**
Other income	3,137	-	**3,137**	2,449	-	**2,449**
Total other operating income	**27,744**	**1,611**	**29,355**	**39,146**	**6,155**	**45,301**
Of which:						
Related to continuing operations			29,355			45,301
Related to discontinued operations			-			-

Note 5.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	2,717	1,960
Purchase of social care	-	-
Staff and executive directors costs	279,906	269,356
Remuneration of non-executive directors	141	118
Supplies and services - clinical (excluding drugs costs)	27,631	28,453
Supplies and services - general	6,112	4,094
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	15,225	13,314
Inventories written down	-	23
Consultancy costs	144	492
Establishment	10,967	3,716
Premises	28,581	22,585
Transport (including patient travel)	2,093	278
Depreciation on property, plant and equipment	9,063	7,494
Amortisation on intangible assets	2,309	1,830
Net impairments	295	3,961
Movement in credit loss allowance: contract receivables / contract assets	1,912	1,872
Movement in credit loss allowance: all other receivables and investments	(685)	10
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	-	-
Fees payable to the external auditor		
audit services- statutory audit	82	84
other auditor remuneration (external auditor only)	-	-
Internal audit costs	86	86
Clinical negligence	9,951	10,164
Legal fees	458	1,279
Insurance	234	199
Research and development	586	575
Education and training	1,505	1,392
Rentals under operating leases	3,639	4,721
Early retirements	-	-
Redundancy	18	160
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	437
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	41	19
Hospitality	-	-
Losses, ex gratia & special payments	-	-
Grossing up consortium arrangements	-	-
Other services, eg external payroll	-	-
Other	405	12,541
Total	**403,416**	**391,213**
Of which:		
Related to continuing operations	403,416	391,213

Note 5.2 Other auditor remuneration

	2021/22	2020/21
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**-**

Note 5.3 Limitation on auditor's liability

The contract, signed during January 2022, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £0.5m (2020/21: £1m), aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Note 6 Impairment of assets

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	295	3,961
Total net impairments charged to operating surplus / deficit	**295**	**3,961**
Impairments charged to the revaluation reserve	220	8,189
Total net impairments	**515**	**12,150**

Note 7 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	210,144	210,034
Social security costs	21,146	18,694
Apprenticeship levy	1,155	967
Employer's contributions to NHS pensions	33,485	31,954
Pension cost - other	63	117
Other employment benefits	-	218
Termination benefits	-	-
Temporary staff (including agency)	14,820	8,297
Total gross staff costs	**280,813**	**270,281**
Recoveries in respect of seconded staff	-	-
Total staff costs	**280,813**	**270,281**
Of which		
Costs capitalised as part of assets	907	925

Note 7.1 Retirements due to ill-health

During 2021/22 there were 4 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £391k (£139k in 2020/21).

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

Note 8 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

Note 9 Operating leases

Note 9.1 The Whittington Health NHS Trust as a lessor

This note discloses income generated in operating lease agreements where The Whittington Health NHS Trust is the lessor.

	2021/22	2020/21
	£000	£000
Operating lease revenue		
Minimum lease receipts	849	884
Contingent rent	-	-
Other	-	-
Total	**849**	**884**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	838	894
- later than one year and not later than five years;	3,008	3,466
- later than five years.	3,409	4,322
Total	**7,255**	**8,682**

Note 9.2 The Whittington Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where The Whittington Health NHS Trust is the lessee.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	3,639	4,721
Contingent rents	-	-
Less sublease payments received	-	-
Total	**3,639**	**4,721**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	3,639	4,721
- later than one year and not later than five years;	14,304	18,026
- later than five years.	14,574	25,457
Total	**32,517**	**48,204**
Future minimum sublease payments to be received	-	-

Note 10 Finance income

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

	2021/22	2020/21
	£000	£000
Interest on bank accounts	41	6
Total finance income	**41**	**6**

Note 11.1 Finance expenditure

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

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	54	59
Finance leases	483	670
Interest on late payment of commercial debt	3	-
Main finance costs on PFI and LIFT schemes obligations	-	702
Contingent finance costs on PFI and LIFT scheme obligations	-	428
Total interest expense	**540**	**1,859**
Other finance costs	-	-
Total finance costs	**540**	**1,859**

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2021/22	2020/21
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	3	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 12 Other gains / (losses)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	15	-
Total gains / (losses) on disposal of assets	**15**	**-**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**15**	**-**

The gain on disposal above relates to the sale of a small portion of land which the Trust disposed to another NHS organisation during 2021/22. The amount of land transferred did not affect the valuation of the Trust's estate.

Note 14.1 Intangible assets - 2021/22

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**14,925**	**8**	**14,933**
Transfers by absorption	-	-	**-**
Additions	-	2,231	**2,231**
Impairments	-	-	**-**
Reversals of impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	2,239	(2,239)	**-**
Transfers to / from assets held for sale	-	-	**-**
Disposals / derecognition	-	-	**-**
Valuation / gross cost at 31 March 2022	**17,164**	**-**	**17,164**
Amortisation at 1 April 2021 - brought forward	**5,144**	**-**	**5,144**
Transfers by absorption	-	-	**-**
Provided during the year	2,309	-	**2,309**
Impairments	-	-	**-**
Reversals of impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
Transfers to / from assets held for sale	-	-	**-**
Disposals / derecognition	-	-	**-**
Amortisation at 31 March 2022	**7,453**	**-**	**7,453**
Net book value at 31 March 2022	**9,711**	**-**	**9,711**
Net book value at 1 April 2021	**9,781**	**8**	**9,789**

Note 14.2 Intangible assets - 2020/21

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**20,738**	**333**	**21,071**
Valuation / gross cost at 1 April 2020 - restated	**20,738**	**333**	**21,071**
Transfers by absorption	-	-	**-**
Additions	2,509	8	**2,517**
Reclassifications	333	(333)	**-**
Disposals / derecognition	(8,655)	-	**(8,655)**
Valuation / gross cost at 31 March 2021	**14,925**	**8**	**14,933**
Amortisation at 1 April 2020 - as previously stated	**11,969**	**-**	**11,969**
Provided during the year	1,830	-	**1,830**
Disposals / derecognition	(8,655)	-	**(8,655)**
Amortisation at 31 March 2021	**5,144**	**-**	**5,144**
Net book value at 31 March 2021	**9,781**	**8**	**9,789**
Net book value at 1 April 2020	**8,769**	**333**	**9,102**

Note 15.1 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**45,474**	**159,537**	**-**	**7,582**	**20,986**	**-**	**9,535**	**259**	**243,373**
Additions	-	-	-	22,643	855	-	-	-	**23,498**
Impairments	-	(515)	-	-	-	-	-	-	**(515)**
Revaluations	1,809	6,503	-	-	-	-	-	-	**8,312**
Reclassifications	-	3,955	-	(9,744)	2,335	-	3,432	22	**-**
Valuation/gross cost at 31 March 2022	**47,283**	**169,480**	**-**	**20,481**	**24,176**	**-**	**12,967**	**281**	**274,668**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**9,794**	**-**	**-**	**6,678**	**-**	**2,789**	**150**	**19,411**
Provided during the year	-	4,178	-	-	3,203	-	1,644	38	**9,063**
Accumulated depreciation at 31 March 2022	**-**	**13,972**	**-**	**-**	**9,881**	**-**	**4,433**	**188**	**28,474**
Net book value at 31 March 2022	**47,283**	**155,508**	**-**	**20,481**	**14,295**	**-**	**8,534**	**93**	**246,194**
Net book value at 1 April 2021	**45,474**	**149,743**	**-**	**7,582**	**14,308**	**-**	**6,746**	**109**	**223,962**

Note 15.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**45,638**	**161,791**	**50**	**16,579**	**35,741**	**-**	**14,621**	**228**	**274,648**
Additions	-	342	-	14,103	4,360	-	-	-	**18,805**
Impairments	(21)	(12,129)	-	-	-	-	-	-	**(12,150)**
Revaluations	-	592	-	-	-	-	-	-	**592**
Reclassifications	(143)	13,876	-	(23,100)	4,034	-	5,302	31	**-**
Disposals / derecognition	-	(4,935)	(50)	-	(23,149)	-	(10,388)	-	**(38,522)**
Valuation/gross cost at 31 March 2021	**45,474**	**159,537**	**-**	**7,582**	**20,986**	**-**	**9,535**	**259**	**243,373**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**10,427**	**50**	**-**	**27,509**	**-**	**12,349**	**104**	**50,439**
Provided during the year	-	4,302	-	-	2,318	-	828	46	**7,494**
Disposals / derecognition	-	(4,935)	(50)	-	(23,149)	-	(10,388)	-	**(38,522)**
Accumulated depreciation at 31 March 2021	**-**	**9,794**	**-**	**-**	**6,678**	**-**	**2,789**	**150**	**19,411**
Net book value at 31 March 2021	**45,474**	**149,743**	**-**	**7,582**	**14,308**	**-**	**6,746**	**109**	**223,962**
Net book value at 1 April 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**-**	**2,272**	**124**	**224,209**

Note 15.3 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022									
Owned - purchased	46,168	151,683	-	20,481	9,248	-	8,534	93	**236,207**
Finance leased	1,115	3,000	-	-	4,858	-	-	-	**8,973**
Owned - donated/granted	-	825	-	-	189	-	-	-	**1,014**
NBV total at 31 March 2022	**47,283**	**155,508**	**-**	**20,481**	**14,295**	**-**	**8,534**	**93**	**246,194**

Note 15.4 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	44,312	145,783	-	7,582	9,717	-	6,746	106	**214,246**
Finance leased	1,162	3,108	-	-	4,269	-	-	-	**8,539**
Owned - donated/granted	-	852	-	-	322	-	-	3	**1,177**
NBV total at 31 March 2021	**45,474**	**149,743**	**-**	**7,582**	**14,308**	**-**	**6,746**	**109**	**223,962**

Note 16 Donations of property, plant and equipment

The Trust received donations of capital assets from DHSC as part of the coronavirus pandemic response in 2021/22. These donations were not material to the Trust and were reflected in the Donated Assets section of relevant notes to these Accounts.

Note 17 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2021 by qualified independent valuers Cushman & Wakefield. The assets were valued on a depreciated replacement cost basis due to the specialised nature of the asset. The RICS Red Book defines specialised property as:

"a property that is rarely, if ever, sold in the market except by way of a sale of the business or entity of which it is part, due to the uniqueness arising from its specialised nature and design, its configuration, size, location or otherwise".

In line with the current valuation methodology, buildings have been re-categorised as 'blocks' and the various components within each block grouped as one. Each block is considered as an individual item and depreciated over its estimated useful economic life.

A summary of the Impairments and revaluations with comparatives as shown in the table below -

	31 March 2022 £000	**31-Mar-21 £000**
Impairments		
Taken to Reserves	223	8,189
Taken to SoCI	295	3,961
	518	**12,150**
Revaluations		
Taken to Reserves	8,312	592
	8,312	**592**
Net (Impairment) / Revaluation	**7,794**	**(11,558)**

Note 18 Inventories

	31 March 2022	31 March 2021
	£000	£000
Drugs	788	1,105
Consumables	-	670
Energy	-	45
Other	-	375
Total inventories	**788**	**2,195**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £17,077k (2020/21: £18,576k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £23k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £762k of items purchased by DHSC (2020/21: £5,180k).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.]

Note 19.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	11,605	16,482
Allowance for impaired contract receivables / assets	(4,711)	(2,799)
Allowance for other impaired receivables	(647)	(1,332)
Prepayments (non-PFI)	3,744	3,191
PDC dividend receivable	-	114
VAT receivable	1,611	621
Other receivables	1,239	1,975
Total current receivables	**12,841**	**18,251**
Non-current		
Contract receivables	316	-
Other receivables	-	401
Total non-current receivables	**316**	**401**
Of which receivable from NHS and DHSC group bodies:		
Current	5,871	10,651
Non-current	-	-

Note 19.2 Allowances for credit losses

	2021/22		2020/21	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**2,799**	**1,332**	**927**	**1,322**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**2,799**	**1,332**	**927**	**1,322**
New allowances arising	1,912	97	2,799	1,332
Changes in existing allowances	-	(782)	(927)	(1,322)
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2022	**4,711**	**647**	**2,799**	**1,332**

Note 20 Cash and cash equivalents movements

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

	2021/22	2020/21
	£000	£000
At 1 April	**61,527**	**27,384**
Prior period adjustments		-
At 1 April (restated)	**61,527**	**27,384**
Transfers by absorption	-	-
Net change in year	19,889	34,143
At 31 March	**81,416**	**61,527**
Broken down into:		
Cash at commercial banks and in hand	204	52
Cash with the Government Banking Service	81,212	61,475
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**81,416**	**61,527**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**81,416**	**61,527**

Note 20.1 Third party assets held by the trust

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

	31 March 2022	31 March 2021
	£000	£000
Bank balances	7	7
Monies on deposit	-	-
Total third party assets	**7**	**7**

Note 21.1 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	12,933	9,420
Capital payables	5,633	4,031
Accruals	37,970	29,098
Social security costs	3,217	3,058
Other taxes payable	3,085	2,825
Other payables	3,739	3,932
Total current trade and other payables	**66,577**	**52,365**
Non-current		
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	6,853	11,114
Non-current	-	-

Note 22 Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income: contract liabilities	1,859	1,686
Total other current liabilities	**1,859**	**1,686**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 23.1 Borrowings

	31 March 2022 £000	31 March 2021 £000
Current		
Loans from DHSC	118	118
Obligations under finance leases	216	182
Total current borrowings	**334**	**300**
Non-current		
Loans from DHSC	1,740	1,856
Obligations under finance leases	4,617	4,754
Total non-current borrowings	**6,357**	**6,610**

Note 23.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**1,974**	**4,936**	**-**	**6,910**
Cash movements:				
Financing cash flows - payments and receipts of principal	(116)	(925)	-	**(1,041)**
Financing cash flows - payments of interest	(54)	(483)	-	**(537)**
Non-cash movements:				
Additions	-	855	-	**855**
Application of effective interest rate	54	483	-	**537**
Other changes	-	(33)	-	**(33)**
Carrying value at 31 March 2022	**1,858**	**4,833**	**-**	**6,690**

Note 23.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2020	**29,409**	**2,034**	**25,183**	**56,626**
Prior period adjustment	-	-	-	**-**
Carrying value at 1 April 2020 - restated	**29,409**	**2,034**	**25,183**	**56,626**
Cash movements:				
Financing cash flows - payments and receipts of principal	(27,382)	(1,845)	(201)	**(29,428)**
Financing cash flows - payments of interest	(112)	(670)	(451)	**(1,233)**
Non-cash movements:				
Additions	-	462	-	**462**
Application of effective interest rate	59	670	702	**1,431**
Other changes	-	4,285	(25,233)	**(20,948)**
Carrying value at 31 March 2021	**1,974**	**4,936**	**-**	**6,910**

Note 24 Finance leases

Note 24 The Whittington Health NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2022 £000	31 March 2021 £000
Gross lease liabilities	**7,127**	**7,722**
of which liabilities are due:		
- not later than one year;	738	707
- later than one year and not later than five years;	5,725	5,082
- later than five years.	664	1,933
Finance charges allocated to future periods	(2,294)	(2,786)
Net lease liabilities	**4,833**	**4,936**
of which payable:		
- not later than one year;	216	182
- later than one year and not later than five years;	4,411	3,412
- later than five years.	206	1,342
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as expense in the period	-	-

The Trust leases the Stroud Green Health Centre. The least started in 1993 and is scheduled to last for 125 years.

The Trust also leases Crouch End Health Centre, which is scheduled to end in January 2084.

The Trust's main finance lease is for imaging equipment through the Managed Equipment Service (MES) contractor, Althea. This arrangement started in 2007 and is currently scheduled to run until 2027.

Note 25.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2021	**540**	**40**	**361**	**-**	**36,064**	**37,004**
Arising during the year	324	-	1,149	435	3,871	**5,779**
Utilised during the year	(230)	(29)	(188)	-	(10)	**(457)**
At 31 March 2022	**634**	**11**	**1,322**	**435**	**39,925**	**42,326**
Expected timing of cash flows:						
- not later than one year;	(0)	11	288	435	173	**906**
- later than one year and not later than five years;	634	-	1,034	-	39,752	**41,420**
- later than five years.	0	0	(0)	-	(0)	**(0)**
Total	**634**	**11**	**1,322**	**435**	**39,925**	**42,326**

Principal changes and additions in the financial year are as follows:

- The Trust entered into a Private Finance Initiative (PFI) arrangement in 2003 to build and maintain the main hospital through construction firm Whittington Facilities Ltd (WFL). On the 28th July 2020 WFL filed for administration.

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement. This provision has been reviewed and revised in line with the most up to date legal and other professional advice.

Contingent liabilities: At 31 March 2022, £153,809k was included in the provisions of NHS Resolution in respect of clinical negligence liabilities if the Whittington Health NHS Trust (31st March 2021 £122,579k.

Note 25.2 Clinical negligence liabilities

At 31 March 2022, £153,809k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Whittington Health NHS Trust (31 March 2021: £122,579k).

Note 26 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**-**	**-**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**-**	**-**
Net value of contingent assets	**1,997**	**2,001**

Contingent Liabilities

A material addition to the provision balance in 2021/22 concerns the implications arising from the collapse of Whittington Facilities Ltd (WFL) during the previous financial year.

The collapse of WFL meant that the main building transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

In the judgement of the Trust, a provision was deemed appropriate as at 31 March 2021 to cover relevant potential liabilities, and has been revised at 31st March 2022. The basis of this provision relied on professional legal advice (on the instruction of the Trust); while the administrators of WFL provided similar advice from their own legal advisors, the Trust relied on the aforementioned advice in prudently providing for potential future costs.

The legal position is not concluded and the full costs of remediation are not yet known. The provision is based upon the Trust's best estimate of the remediation costs, but the final settlement of the PFI claim could be higher if the remediation costs are lower than estimated. Conversely the final cost of the claim could be lower if the remediation costs are higher than estimated.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2022, and should not be taken as admission of any liability on the part of the Trust.

Contingent Assets

The Trust has disclosed a £2m contingent asset in recognition of its available apprenticeship levy fund(20/21 £2m). This a externally held training fund of monies, to which the Trust contributes on a monthly basis; the Trust applies to access this funding when appropriate to provide specific training for its employees.

Note 27 Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	3,939	2,560
Intangible assets	-	0
Total	**3,939**	**2,560**

Note 28 On-SoFP PFI, LIFT or other service concession arrangements

The Trust is involved in a contractual dispute with the Joint Administrators (JA) of Whittington Facilities Limited (WFL). Whittington Facilities Limited was responsible for the ownership, maintenance and delivery of hard facilities management services within the Trusts former Private Finance Initiative estate. WFL entered administration in the summer of 2020. Following the termination of the contract the JA's have issued a 'letter before claim' detailing what it believes the Trust owes WFL following the conclusion to the contract.

As the full extent of the claim has yet to be validated and discussed with the JA's, the Trust is unable to comment on its validity.

The provision which was made during the 2020/21 financial year has been reviewed and revised at 31st March 2022, and continues to reflect the latest legal and other professional advice. Accordingly, the Trust regards the provision in its financial position to be sufficient to cover any required settlement.

Note 29 Analysis of amounts payable to service concession operator
This note provides an analysis of the unitary payments made to the service concession operator:

	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	**-**	**2,093**
Consisting of:		
- Interest charge	-	702
- Repayment of balance sheet obligation	-	201
- Service element and other charges to operating expenditure	-	437
- Capital lifecycle maintenance	-	325
- Contingent rent	-	428
Total amount paid to service concession operator	**-**	**2,093**

Note 30 Financial instruments

Note 30.1 Financial risk management

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or charging the risks a body faces in undertaking its activities. As a result of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds, and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within the parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the Trust's internal auditors as part of a scheduled programme, and also by executive / non-executive / external audit colleagues as the need arises.

Currency risk

The Trust is principally a domestic UK-based organisation with the majority of transactions, assets and liabilities originating from the UK and denominated in Sterling. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

Borrowings are for 1 - 25 year in line with the associated assets, and interest is charged either at the rate set per the loan agreement, or at the National Loans Fund rate in the absence of such an agreement. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing, subject to approval by NHS Improvement & related bodies. Interest rates are confirmed by DHSC (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's revenue arises from contracts with other public sector bodies, therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the Trade & Other Receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups (CCGs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Prudential Borrowing Limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 30.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	6,026	-	-	**6,026**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	81,416	-	-	**81,416**
Total at 31 March 2022	**87,442**	**-**	**-**	**87,442**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	14,112	-	-	**14,112**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	61,527	-	-	**61,527**
Total at 31 March 2021	**75,639**	**-**	**-**	**75,639**

Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	1,858	-	**1,858**
Obligations under finance leases	4,833	-	**4,833**
Trade and other payables excluding non financial liabilities	51,585	-	**51,585**
Total at 31 March 2022	**58,276**	**-**	**58,276**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	1,974	-	**1,974**
Obligations under finance leases	4,936	-	**4,936**
Trade and other payables excluding non financial liabilities	36,562	-	**36,562**
Total at 31 March 2021	**43,472**	**-**	**43,472**

Note 30.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022 £000	31 March 2021 £000
In one year or less	52,441	37,387
In more than one year but not more than five years	6,189	5,546
In more than five years	1,940	3,325
Total	**60,570**	**46,258**

Note 31 Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	4	1	4	3
Total losses	**4**	**1**	**4**	**3**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Overtime corrective payments: nationally funded	1	211	-	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**1**	**211**	**-**	**-**
Total losses and special payments	**5**	**212**	**4**	**3**
Compensation payments received		-		-

The amount of £211k shown above for overtime corrective payments is obtained from an estimate provided by NHSI/E, and applicable across a number of staff.

Note 32 Related parties

During the year no Trust Board members or members of key management staff, or parties related to them, have undertaken any material transactions with the Trust.

Dr Sarah Humphery is both Executive Medical Director for Integrated Care for the Trust and a GP with Goodinge Group Practice. As at the 31 March 2022 the Trust had a net Debtor of £58.3k with Goodinge Group Practice (comprised of a debtor of £80.5k and a creditor of £22.2k).

The Department of Health & Social Care (DHSC) is considered a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is the parent Department. The table below shows the net result of the material transactions within the DHSC group.

The Trust has two wholly-owned subsidiaries, Whittington Pharmacy CIC and Whittington Charity. Neither organisation is consolidated within these accounts. A number of Whittington Health board members have a related party within these subsidiaries.

	Income	Expenditure	Receivables	Payables
NHS North Central London CCG	311,388	541	1,781	458
NHS England	32,522	2	267	0
Health Education England	15,305	15	126	0
NHS North East London CCG	6,437	0	62	0
Royal Free NHS FT	3,527	92	1,127	554
East London NHS FT	2,612	0	247	22
NHS North West London CCG	1,954	0	0	0
University College Hospitals London	1,618	969	384	1,638
North Middlesex University Hospital NHS Trust	1,100	60	120	62
Camden and Islington NHS Foundation Trust	1,087	1,166	992	475
Barnet, Enfield & Haringey Mental Health NHS Trust	39	974	17	169
NHS Resolution	0	10,141	0	18
Community Health Partnerships	0	3,645	0	636
NHS Property Services Ltd	0	1,217	0	1,131

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of the material transactions have been with:

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
Islington Borough Council	7,617	160	21	1,154
Hackney Borough Council	1,511	0	7	0
Haringey Borough Council	901	0	0	521
NHS Blood & Transplant	5	2,029	0	41

Note 33 Prior period adjustments

No adjustments have been made to prior period audited figures.

Note 34 Events after the reporting date

No events after the reporting date of 31 March 2022 have been recorded.

Note 35 Better Payment Practice code

	2021/22	2021/22	2020/21	2020/21
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	61,110	178,065	55,647	173,465
Total non-NHS trade invoices paid within target	56,317	166,847	50,535	151,752
Percentage of non-NHS trade invoices paid within target	92.2%	93.7%	90.8%	87.5%
NHS Payables				
Total NHS trade invoices paid in the year	4,189	19,720	4,931	25,279
Total NHS trade invoices paid within target	2,874	12,274	2,770	7,689
Percentage of NHS trade invoices paid within target	68.6%	62.2%	56.2%	30.4%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 36 External financing limit

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

	2021/22	2020/21
	£000	**£000**
Cash flow financing	(13,268)	2,317
External financing requirement	**(13,268)**	**2,317**
External financing limit (EFL)	(13,268)	2,317
Under / (over) spend against EFL	**-**	**-**

Note 37 Capital Resource Limit

	2021/22	2020/21
	£000	**£000**
Gross capital expenditure	25,729	21,322
Less: Disposals	-	-
Less: Donated and granted capital additions	-	(91)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**25,729**	**21,231**
Capital Resource Limit	25,790	21,249
Under / (over) spend against CRL	**61**	**18**

Note 38 Breakeven duty financial performance

	2021/22
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	511
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**511**

Note 39 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		139	508	1,120	3,614	1,165	(7,342)
Breakeven duty cumulative position	3,971	4,110	4,618	5,738	9,352	10,517	3,175
Operating income		176,853	186,300	278,212	281,343	297,397	295,007
Cumulative breakeven position as a percentage of operating income		2.3%	2.5%	2.1%	3.3%	3.5%	1.1%

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(14,788)	(3,670)	6,158	29,362	1,568	2,370	511
Breakeven duty cumulative position	(11,613)	(15,283)	(9,126)	20,237	21,805	24,175	24,686
Operating income	294,211	309,255	323,394	348,646	350,183	395,340	408,948
Cumulative breakeven position as a percentage of operating income	(3.9%)	(4.9%)	(2.8%)	5.8%	6.2%	6.1%	6.0%