NHS
Whittington Health
NHS Trust

Annual Report 2022/23

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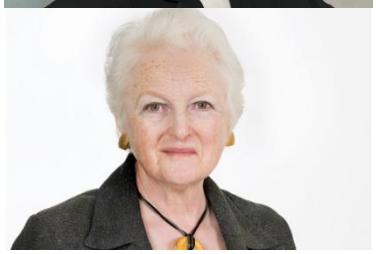
INTRODUCTION



Helen Brown, Chief Executive, (Top)

Baroness Julia Neuberger DBE, Chair (Bottom)

Welcome to our 2022/23 annual report which outlines how, over the past 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.

The year was encapsulated by the following key themes where we continued to:

- provide safe care to our patients as we progressed plans to tackle the post-COVID-19 backlog in some services
- work collaboratively with our partners in the North Central London Integrated Care System, the University College London Healthcare Alliance and in the third sector
- support the health and wellbeing and resilience of our brilliant and dedicated staff who have maintained their excellent resilience in the face of considerable pressures
- progress improvements in our workplace culture
- improve our partnership work with local authority partners to tackle local health inequalities
- plan mitigating actions for the impact of industrial action

There were several changes to our board and senior leadership team in 2022/23. We welcomed Helen Brown as our new Chief Executive, Sarah Wilding as Chief Nurse and Director of Allied Health Professionals, and Chinyama Okunuga as Chief Operating officer. We said goodbye to executive directors, Siobhan Harrington, Michelle Johnson and Carol Gillen, and to non-executive directors, Anu Singh and Tony Rice.


HELPING local people LIVE longer healthier lives!
NHS
Whittington Health
NHS Trust
I RECEIVE GREAT CARE!
I AM TREATED AS A PERSON!
IMPROVED PATIENT EXPERIENCE
COMPASSION
self management
I AM FULLY INVOLVED IN DECISION MAKING ABOUT MY CARE!
RESPECT
SAFETY
IT'S OUR PRIORITY IN EVERY ENCOUNTER!
WE WORK AS A TEAM TO HELP YOU NAVIGATE YOUR JOURNEY!
We are building LONG TERM RELATIONSHIPS
We have a VIBRANT & COMPLEX community
CO-ORDINATED CARE
INNOVATIVE EDUCATION & RESEARCH
SOCIAL CARE
LOCAL COUNCILS

PERFORMANCE REPORT

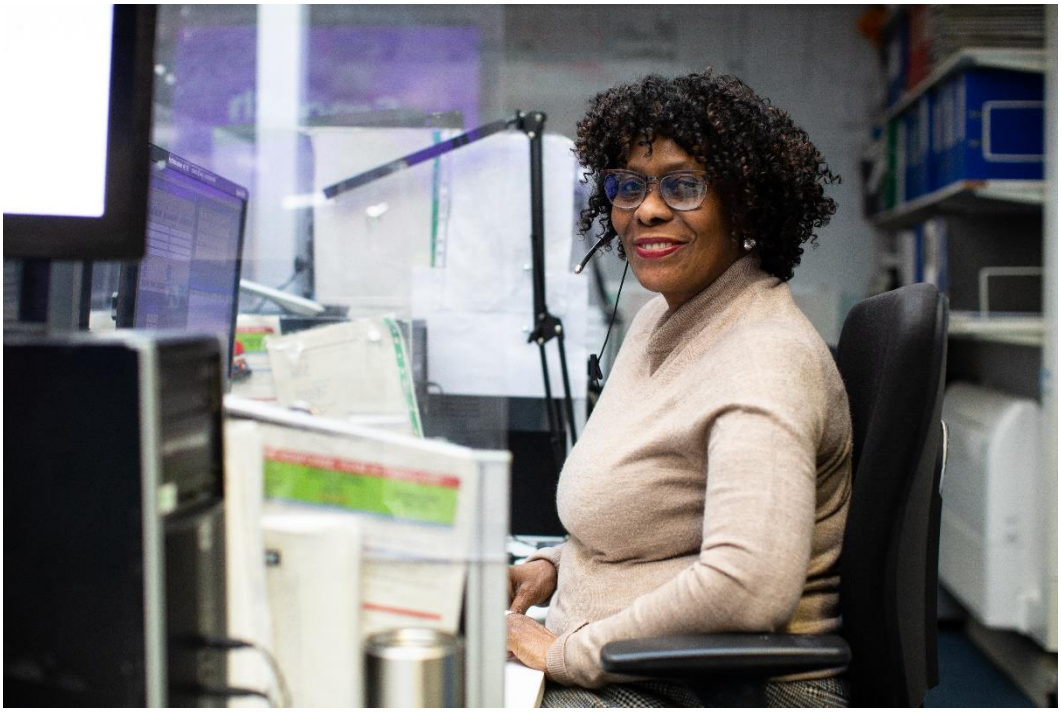
Overview

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 2022/23. 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

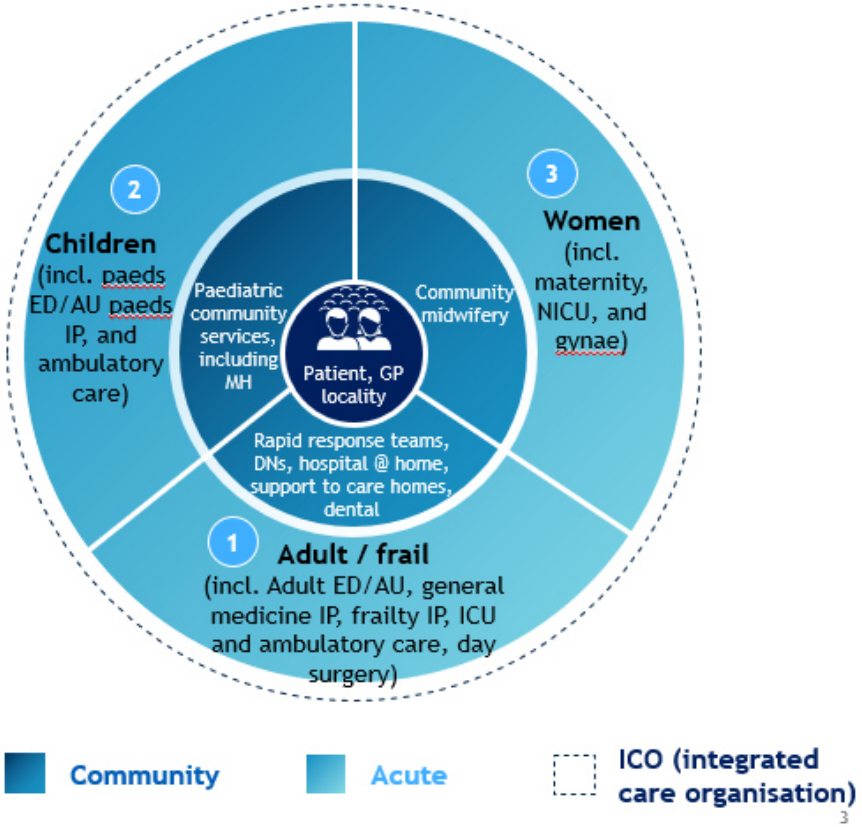
We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population and for leading the way in the provision of integrated community and hospital services. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients, with a clear focus on integrating care for women, children, and the adult frail.



2019/24 Trust strategy

SERVICE STRATEGY

integrating care in all settings supporting population needs across three core pillars to deliver outstanding community and hospital services



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

Strategic objective	**Deliver outstanding safe, compassionate care in partnership with patients**
Annual corporate objectives	
• **Improve trust safety rating to "good" by completing our Care Quality Commission action plan and:** ➢ Embed the role and function of learning from deaths with medical examiners ➢ Improve learning from serious incidents and never events ➢ Improve medicine management ➢ Implement recommendations within the Ockenden Review (two reports published) of Maternity services ➢ Enhance our Better Never Stops programme following our QI strategy, and listening to patients and staff	
• **Recover backlogs efficiently by:** ➢ Working with the system in surgical hubs to rapidly build capacity, focussing on reducing inequalities. ➢ Maintaining expanded rapid response services across adult and children and young people's services	
• **Deliver quality (year 3) and patient experience (year 1) priorities:** ➢ Improve communication (between staff and patients, and across multi-disciplinary teams) ➢ Reduce harm from hospital- acquired deconditioning ➢ Improve blood transfusion safety culture at the hospital ➢ Improve understanding of human factors and making healthcare as safe as possible ➢ Reduce health inequalities in our local population	
Strategic objective	**Empower, support and develop an engaged staff community**
Annual corporate objectives	
• **Continually improve morale:** ➢ In line with the People Promise to implement a new workforce strategy ➢ By continuing with the cultural action plan focussing on engagement and bullying and harassment ➢ Promoting inclusive, compassionate leadership, accountability and team working ➢ Caring for staff and supporting staff recovery through a range of offerings including mental health support, celebrations, and time to reflect and recuperate	
• **Recruit, develop and retain talent through:** ➢ Working with North Central London Integrated Care System and the University College London Healthcare Alliance	

- Improving occupational health services across the ICS
- Improving the diversity of our senior workforce in line with our Model Employer targets
- Developing and supporting clinical leads and managers
- Improving professional standards and ways of working in the hospital and the community through Practice Development Practitioners and leadership development for Clinical Nurse Specialists
- Recruiting locally and developing new roles

Strategic objective	**Integrate care with partners and promote health and wellbeing**

Annual corporate objectives

- **Be a beacon for integrated care by:**
  - Leading on new models in NCL,
  - Expanding and improving the new model of care in localities with our primary care, PCN, council and voluntary sector partners
  - Proactively care for vulnerable people in the community

- **Play our role as an anchor institution to reduce inequalities and improve population health by:**
  - Making every contact count
  - Engaging with the community
  - Becoming a source of health advice and education

- **Make the most of our strengths for system benefit through:**
  - Implementing a joint oncology model with University College London Hospitals NHS Foundation Trust
  - Delivering the general surgery, urology, dermatology and gynaecological hub models for the North Central London system
  - Supporting any system changes in paediatrics and maternity
  - Working with Camden & Islington NHS Foundation Trust on development of new hospital
  - Shaping and steering borough partnerships, the integrated care board and the provider alliance.
  - Leading the transformation of children's community and rapid response / virtual ward services in North Central London
  - Hosting the Community Diagnostic Centre in Wood Green
  - Maintaining the strength of the orthopaedics collaboration with University College London Hospitals NHS Foundation Trust

Strategic objective	Transform and deliver innovative, financially sustainable services
Annual corporate objectives	
• **Deliver productivity gains to achieve cost improvement plan targets**	
• **Design and deliver financial recovery plan by:** ➢ Working with system partners to achieve financial sustainability ➢ Delivering in-year financial targets	
• **Deliver hospital and community estate transformation plans (maternity and neonatal services and the Wood Green community hub)**	
• **Deliver year one of the new digital strategy through:** ➢ Rolling out agile and hybrid working and ensuring that we support working safely in offices, at home and clinical environments ➢ Progressing the Outline Business Case (OBC) for a new electronic patient record system ➢ Improving and innovating in digital, data, and analytics, using data to transform services	
• **Conclude the private finance initiative (PFI) deal and continue rectification of the PFI building**	
• **Develop education and research and make the most of our participation in the biomedical research centre**	

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

- the Trust's annual operational plan
- the accountability framework for integrated clinical service units (ICSUs)
- ICSUs' business plans
- annual staff and team appraisals
- individual and team objectives

Values

The Trust's ICARE values were developed through staff engagement and consultation and continue to be fundamental to everything we do at Whittington Health. They are underpinned by an overarching value of equity and form the basis of expected staff behaviours.

Our services

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

A year at Whittington Health

ED attendances

106,462

Community Nursing

221,726

Births

2,983

Dental Appointments

45,456

Physio Appointments

63,535

Virtual Appointments

166,591

Day cases

25,343

School Appointments

56,977

Day in the life at Whittington Health

ED attendances

291

Community Nursing

607

Births

8

Dental Appointments

124

Physio Appointments

174

Virtual Appointments

456

Day cases

69

School Appointments

156

Highlights and achievements

We are proud of our staff and their commitment to delivering safe and high-quality care every day of the year. During the last financial year, our community and hospital teams have once again been impressive in their professionalism. 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:

Adult Community Services
• Our district nursing team successfully moved from paper notes in patient homes onto a single electronic patient record visible across the organisation increasing patient safety and improving communication between teams • We expanded our successful virtual ward at the Whittington Hospital and implemented remote monitoring pilots which are being evaluated • We are leading the virtual ward expansion for North Central London and working with our system partners to design the best models and align clinical pathways across the region • We piloted a successful co-produced race equity development programme for our senior leaders resulting in 50% securing promotions during the pilot • Alongside the trust launch of the new 'Managing Challenging Behaviour Policy', we designed and delivered bespoke community-based training on managing challenging behaviour on home visits which was delivered to over 200 people • We also rolled out discreet 'People Safe' devices to provide real time support to our staff members if they feel unsafe on community visits • We co-designed and delivered a bespoke development programme for our care Group Leads • Together with our system partners, we are delivering health inequalities projects for early recognition of heart failure and culturally appropriate diabetes management • We provided mental health outreach sessions in local community centres, including mosques, through our Improving Access to Psychological Therapies team to improve local residents' health. We also ran community-based long term conditions drop-in centres to provide education and support to local residents • 43,372 vaccines (COVID-19, flu and polio) were delivered to local residents, including more than 7,000 local housebound residents • We embedded a bookwise room booking system to significantly improve clinic room utilisation to free up space, allowing us to support primary care with GP practice relocation • We worked with Islington partners for an integrated front door offer for urgent services. This service will launch in May 2023 for our community services and social care and will be expanded to cover mental health and housing over the next 12 months • We launched a 'trial without catheter' programme to allow Whittington Hospital patients to be discharged home sooner with community services support
Children and Young People's Services
• We successfully led the North Central London Children and Young People's Therapies recovery programme. This involved delivery of additional initial

assessments and interventions in all boroughs to support the reduction of long waiting times for speech and language therapy and occupational therapy services

- Our neonatal team achieved Silver Baby Bliss accreditation. The scheme recognises neonatal units caring for premature and sick babies that deliver consistent high-quality family-centred care, placing parents at the centre of their baby's care
- The Islington Health Visiting service achieved the United Nations' Children's Fund's baby-friendly silver accreditation and are now working towards achieving gold accreditation in 2023/24
- Following the North Central London Community Services Review, we continued to lead the North Central London Children and Young People's Community Services Transformation Programme. This included working with system partners - commissioners, local authority representatives and parent/carers - to agree priorities for investment for Children and Young People's community services and to develop a plan for service transformation across the North Central London sector in 2023/24
- We completed a Getting It Right First Time review of the neonatal unit which highlighted many areas of great practice
- The paediatric nursing team and paediatric occupational therapy successfully recruited international nurses and allied health professionals for the first time to strengthen our workforce
- In our role as lead provider across North Central London on the recovery of autism and attention deficit hyperactivity disorder services, we developed the North Central London neurodevelopmental hub. This included recruiting a staff team to deliver additional assessments and to reduce long waiting times across North Central London
- We significantly reduced waiting times for the Barnet and Enfield paediatric audiology service
- The Barnet Children's Therapy Service transferred to Whittington Health in February 2022. Over the past year the service has significantly reduced the number of children and young people waiting for appointments and successfully recruited into a number of vacant roles
- Haringey Children and Young People's services have worked effectively with local stakeholders to progress actions in response to the 2021 Local Area inspection for children with special educational needs and/or disabilities (SEND), including work in co-production with families to improve communication linked to autism assessments and in engaging universal services
- We created supportive work placements and internships for local young people with neurodiversity or a learning disability (16 – 25) in Tynemouth Road Health Centre
- Children and young people's services in Haringey and Islington played a key role in the development of local plans for family hubs
- Clare Grodon had a research article published on whether the use of a robotic rehabilitation trainer changed the quality of life, range of movement and function in children with cerebral palsy
- Haringey Children and Young People's services collaborated with partners in a multi-agency practice week which focused on domestic abuse and its impact on

children – this included partnership visits, multi-agency auditing of records and bite size lunch time learning sessions
- The Haringey Health Visiting service improved systems to ensure new birth visits are allocated equally across the health visiting workforce, increasing the equitable timeliness of the offer to families regardless of postcode
- In Haringey School Nursing services, we implemented an electronic system for the distribution and collation of results for health questionnaires to approximately 6,000 children (reception and year 6). This enabled the service to respond to health needs in a speedier, more systematic way while also highlighting areas of need
- The child and adolescent mental health services' neurodevelopmental team developed an online post-diagnostic webinar offer for parents and carers which improved the efficiency of delivery, increasing accessibility for families.
- Our child and adolescent mental health therapies team developed their therapeutic offer to include Tics and Tourette's groups to help support children and young people on cognitive behavioural therapy waiting list post-pandemic.
- Child and adolescent mental health services' therapies team developed therapeutic group offer for children and young people with a diagnosis of autism, or on the waiting list for an assessment of autism who are suffering from anxiety.
- The child and adolescent mental health services' neurodevelopmental team rolled out training to other child and adolescent mental health teams on screening and assessing neurodiversity in girls, adapting interventions for children and young people with a diagnosis of autism to address increased presentations across the service
- The child and adolescent mental health service successfully rolled out training in autism assessment in the crisis team to enable children and young people to be assessed in a timely way to support treatment planning
- We continued the roll out of specialist neurodevelopmental team joining child and adolescent mental health clinicians working with vulnerable children and young people (e.g. in youth Justice/pupil referral unit) to add on child autism assessment to the broader assessment being carried out, to reduce waits for this cohort
- Child and adolescent mental health services in early years increased its therapeutic offer to include compassion focused therapy groups for parents

Acute patient access, clinical support services and women's health

The Pathology team:

- Made improvements to our oral parenteral antibiotic therapy service widening its scope to enable us to treat more people and more complex patients. This service means that patients can go home and not have to stay in hospital for prolonged periods while they have intravenous antibiotic treatment
- Installed a new remote blood culture analyser in the neonatal intensive care unit providing a more cost-effective service that also provides quicker test turnaround of results to support teams in their decision making
- Launched the public health initiative of the Blood Born Viruses screening programme
- Successfully transitioned our histopathology services over to the Health Services Laboratory and to University College London Hospitals NHS

Foundation Trust which resulted in a more robust and sustainable clinical service for our patients
- Enabled our phlebotomists to work extra shifts and wider areas of the Trust to support teams during bust winter pressures

The Imaging team:
- Successfully opened the community diagnostic centre in Wood Green providing access to x-ray, ophthalmic services, ultrasound scans and phlebotomy services
- Won the Allied Health Professionals Team of the Year award
- Successfully recruited four new members of the team via the Capital Allied Health Professionals International Recruitment program.

The Outpatient team:
- Improved the environment for the patients and staff with redecoration
- Purchased robotic process automation to improve the processing of referrals
- Increased digital working across outpatients
- Centralised phlebotomy services within the area to help support more space for clinics

The Women's Health team:
- Achieved all the immediate and essential actions laid out by the Donna Ockenden report into maternity services
- Had a Care Quality Commission inspection in January 2023
- Upgraded the birth centre with new equipment and refurbishment
- Held Ockenden Cafes which promoted multidisciplinary team working
- Held a very successful recruitment drive for consultant obstetricians and gynaecologists ensuring we have a service that meets all the needs of our local population
- Increased our capacity and tackle the backlog we have by opening a third colposcopy room
- Added menopause awareness training to the elev8 training system to support staff awareness
- Launched the Essential Parenting app on the International Day of the Midwife

The Pharmacy team:
- Worked closely with the community teams in the roll out of the virtual ward ensuring safe medicine management arrangements in this new innovative service
- Developed joint and integrated pharmacist and pharmacy technician roles working across Whittington Hospital and local primary care networks to support seamless care and to develop a workforce for the future
- Promoted health of the population by improving vaccination access through the hospital hub, Hornsey mass vaccination centre, the school vaccination roving team, care homes and housebound community services, with a total of 28,000 doses of COVID-19 vaccines and 2,800 influenza vaccines administered
- Implemented prefilled syringes of emergency drugs in theatres and obstetric theatres. This reduced the need to draw up medication just in case, reduces waste, minimises risks around medication errors when preparing medicines in

an emergency, as well as supports governance of storing medication in tamperproof containers
- Partnered with the Haringey GP Federation in a cross-sector pre-registration for the Trainee Pharmacist Technician training programme
- Progressed implementation of the 'Discharge Medicines Service' in North Central London, whereby patient discharge summaries are digitally communicated to a patient's community pharmacist as well as to their GP each month
- Met the target to complete venous thromboembolism (VTE) risk assessments for 95% of all admitted patients
- Increased chemotherapy production by 20% supporting the treatment of significantly more patients with cancer
- Expanded outpatient parenteral antimicrobial therapy provision significantly alongside the virtual ward increasing the provision of complex care being provided to patients in their own home, preventing hospital admissions and enhancing quality of care/patient outcomes
- Appointed a consultant pharmacist, as pharmacist lead for antimicrobial stewardship across the North Central London sector.
- Established and expanded the complex oral outpatient antimicrobial therapy service in ambulatory care to enhance monitoring of high-risk antimicrobials in patients treated in the community setting
- Implemented an enhanced digital solution for the auditing and oversight of the safe and secure handling of medicines across the organisation
- Supported medicines management related aspects of virtual wards as these developed and expanded across the sector
- Developed joint and integrated pharmacist and pharmacy technician roles working across Whittington Hospital and the local Primary Care Network sectors to support seamless care and develop a workforce for the future.
- Successfully implemented a major upgrade to the trust-wide electronic prescribing and medicines administration system.
- Developed a digital pharmacy prioritisation tool to assist clinical pharmacy teams to prioritise care especially for patients taking high risk medicines and those requiring more intensive pharmaceutical care.
- Implemented robust clinical processes including setting up COVID-19 multidisciplinary team and electronic referral systems to ensure hospitalised patients with severe COVID-19 infections or high-risk patients who acquired COVID infection have equitable and timely access to COVID-19 antiviral and monoclonal antibody treatments

Emergency and Integrated Medicine

Speech and Language Therapy

- The adult speech and language therapy team designed and implemented an outpatient video fluoroscopy (VFSS) clinic run by community speech and language therapists - a first for North Central London
- The acute speech and language therapy team implemented a new fibreoptic endoscopic evaluation of swallow (FEES) kit to allow faster instrumental bedside swallow assessments and help reduce the possible complications of dysphagia

- The adult speech and language therapy team designed and ran a successful dysphagia course for newly qualified speech and language therapists. This was a very popular training course and will be run twice in 2023/24
- Together with the ear, nose and throat service implemented a joint cough clinic
- The paediatric speech and language therapy team worked to provide online patient education videos for new parents and carers (Tiny Talks)
- All speech and language therapy teams contributed into various North Central London speech and language therapy working groups on collaborative projects e.g., risk management of swallowing.
- Increased the number of student placement offer numbers

Nutrition and Dietetics

- Implemented a quality improvement approach to patient dining through new menus, patient experience audits and weekly mealtime audits to check safety and quality issues at ward level
- The adult acute dietetic team successfully implemented the nutritional core care plan on wards. This supported improvement in patients' nutritional intake and increased nurses' awareness of ward-based interventions to optimise patient's nutritional intake
- The paediatric team implemented online electronic paediatric growth charts and facilitated training for this
- Continued the successful joint paediatric speech and language therapy and dietetic weaning talks for parents of preterm babies, in response to positive feedback from parents
- Undertook a large project to ensure all diet sheets had quick response codes which parents welcomed. This work will be presented nationally later in 2023/24

Clinical Nutrition Nursing Team

- Implemented a new student placement which has been nominated for Nursing Times award

Neurophysiology

- Launched a brand-new home-video telemetry service for patients with epilepsy/suspected seizures so that patients no longer needed to go to Great Ormond Street Hospital for this investigation
- Installed new medical equipment for our peripheral neurophysiology investigations which allowed us to add further testing to our standard peripheral neurophysiology investigations

Cardiac physiology

- A fourth portable echo machine was installed in April 2022 and an additional echo scanner increased inpatient echo capacity to help with increasing demand
- Helped move closer to a paperless system as resting electrocardiograms can now be requested on our ICE system
- Replaced old scanners with new echo scanners which provide a better diagnostic image quality for diagnosis of complex congenital abnormalities.
- Replaced old Holter monitors to allow for better rhythm recognition

Surgery and cancer

Resuscitation and Simulations service

- The incidence of cardiac arrest continued to be kept low at 0.3 per 1000 admissions
- Established a trust-wide simulation teaching faculty to improve the quality and quantity of simulation across the organisation. This faculty links into the London simulation network
- The Team hosted a successful paediatric resuscitation conference sponsored by Zoll medical. There were international speakers on resuscitation, major incident and human factors
- The Service ran its first advanced trauma life support course since 2019 and is preparing to introduce four new nationally accredited courses over the next two years. One of the two courses, Maternal Obstetric Emergencies and Trauma will start in June 2023 as a collaboration between Whittington and University College London Hospitals NHS Foundation Trust

General and Bariatric Surgery

- Mr. Bhan was appointed as the colorectal lead for North Central London collaborative work and helped us address issues of large backlogs in surgery due the pandemic (including colorectal cancer and elective work)
- Mr Parmar has been elected as the voting council member of the British Obesity & Metabolic Surgery Society
- The bariatric team developed educational bariatric videos so that the patients could educate themselves about different bariatric surgeries from the comfort of their homes. This saved clinic spaces, nursing time, clinician time and travel for patients. Team received positive feedback from the patients
- While coping with the challenges the pandemic brought us and trying to deal with the backlog, the general surgery department has also been active academically. The aim was to provide/establish evidence for safely performing surgery in patients. We had multiple collaborations to develop an evidence base during this challenging time and this led to number of publications which will help nationally and internationally in the following areas:
    - for patients with gallbladder/gallstones pathology/surgery (Laparoscopic cholecystectomy)
    - for the treatment of patients with pancreatitis as part of a national multicentre project
    - we resumed our bariatric surgery and performed bariatric surgery safely in 2 blind patients. We are the first team in the world to report this
    - we also collaborated to develop the consensus exercise for surgical ward rounds in the UK
    - emergency general surgery is an upcoming sub-specialty in the surgical field in the UK and Whittington Health was amongst the first few in the UK who adopted and implanted a modified Delhi model approach
    - established guidelines for patients with obesity and type 1 diabetes mellitus who needed bariatric surgery
    - we collaborated internationally and looked at the American registry of bariatric surgery to see whether we could provide some evidence for revisional bariatric surgery after failed gastric bands

- we collaborated internationally to develop expert guidelines for revisional bariatric surgery after failed sleeve gastrectomy
- The RECOVERY Trial produced evidence of the role of steroids (dexamethasone) in treatment of Covid which led to saving millions of lives worldwide. This was the largest randomised controlled trial in the world.

Corporate support services

- Siobhan Harrington, our former Chief Executive was named in the top 50 NHS Chief Executives by the Health Service Journal for the second year running
- Nadine Jeal, Clinical Director for Adult Community Services and an MSK Advanced Practice Physiotherapist, took on an additional role as Clinical Director for the Haringey Borough Partnership, part of the North Central London Integrated Care System
- Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes received her Member of the Order of the British Empire medal in recognition of her services to social care
- Jessica Horne, Clinical lead, respiratory services, was awarded a British Empire Medal for her service to the NHS as a respiratory physiotherapist during the pandemic
- The high performance of the Whittington Health Orthopaedic Team was further shown by winning the Hospital of the Year Award 2022
- Kate Wilson, Deputy Director of Workforce, was one of three successful deputy directors at the 2022 Healthcare People Management Association (HPMA) awards as Deputy Director of the year
- At the same HPMA awards, Serena Wilshire, Human Resources Business Partner, was recognised as a Rising Star for her outstanding work, contribution and integrity
- Huda Mohamed, Specialist Midwife, received the Gold Chief Midwifery Officer award for her local, regional and national work and expertise in female genital mutilation
- Vicki Cornish won the 'Nurse of the year' award from Islington Council following her nomination by the staff and residents of an independent living care home
- Paul Abdey, Resuscitation Lead, received a medal for over 20 years frontline service from the South East Coast Ambulance Service.
- The Whittington Health Oral health team in Brent won the Public Health Nursing Award at the Nursing Times Awards 2022 for their 'Better Health on your Doorstep' initiative.
- Matty Asante-Owusu, Community Matron for complex patients with sickle cell, was awarded the Queen's Nurse award for nurses who have demonstrated exceptional commitment to patient care and nursing practice
- Liz Thomas was shortlisted for the Mariposa Trust Bereavement Midwife of the Year award
- The Wood Green Community Diagnostic Centre won the 'Best Consultancy Partnership' award from the Health Service Journal partnership awards. The panel of judges recognised the collaborative efforts and dedication of our teams and our partner Capital and Regional
- The See ME First initiative won Outstanding Achievement of the Year at the National BAME Health & Care Awards 2022 and were shortlisted in the annual

Parliamentary Awards. The SeeMEFirst team also won the NHS Confederation's Innovate award and were also shortlisted in two categories of the 2022 Health Service Journal awards

- Michelle Lee, one of our midwifery team was accepted onto the Shuri Network Digital Fellowship, an award-winning initiative developed with NHS England specifically to support nurses and midwives interested in health technology
- Staff from Whittington Health who are part of the North Central and East London provider collaborative won the Provider Collaborative of the year award at the Health Service Journal awards for their work on commissioning child and adolescent mental health services
- We had our sixth cohort for trainee nurse associates about to start their apprenticeship journey
- We helped to ensure the successful transition of occupational health staff to North London Partners Shared Services – a collaboration with nine other NHS North Central London organisations
- We received wonderful performances of "In our Own Words", a verbatim theatre performance illuminating Whittington Health staff experiences throughout the pandemic, delivered by our staff support psychology team and the Wake the Beast theatre company
- Our exciting plans for the significant refurbishment to our maternity and neonatal facilities were approved and included over £80 million of improvements to be spent over several years to transform the Kenwood Wing of our hospital
- We said thank you and farewell to Project Wingman which was praised by our hospital staff as a special place for them to recharge throughout the pandemic
- We introduced a pilot for a new collaborative bank between ourselves and other Trusts within the North Central London region. This enabled bank staff to work more flexibly, have a greater choice of bank shifts and to work where their skills are needed the most
- Dr Ruth Law, consultant geriatrician, was appointed as a censor at the Royal College of Physicians with responsibility for examining and maintaining standards and education
- We completed the Willesden Dental project to provide four dental surgeries, a decontamination room, an orthopantomogram room, a storeroom, a staff room and a compressor room in the refurbished facilities
- Five young people with a learning disability secured permanent jobs at the Trust following an 18-month internship
- We created a Financial Wellbeing Hub to help provide advice and support to staff during the cost of living crisis
- With our system partners, University College London Hospitals NHS Foundation Trust and North Middlesex University Hospital NHS Trust, we took part in an NHS Summer sickle cell event at the new Tottenham Hotspur stadium
- Dara Cormican, Deborah Eicher, Kerry Gilroy, Mojisola Idowu, Nick Kelman, Varda Lassman, Aine Ruttledge and Sazia Samad completed the London Marathon in aid of Whittington Health Charity
- Following a successful trial in early 2023, we rolled out a patient portal, Zesty, to all outpatient appointments

- We launched a Management of Violence and Aggression policy in response to increasing incidences of inappropriate behaviours faced by our staff with a yellow card warning when a patient acts aggressively towards a staff member

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.

2022/23 Performance outcomes

Table one: At-a-glance performance against national targets in 2021/22 and 2022/23

	Actual	Actual	% Difference
Admissions	**2021/22**	**2022/23**	**% Difference**
Non-Elective Admissions	15,333	12,624	-17.7%
Elective Admissions	1,379	2,178	57.94%
Day Case	21,406	23,158	8.18%
ED attendances	107,703	106,462	-1.15%

Face to Face Patient Contacts	**2021/22**	**2022/23**	**% Difference**
At our hospital	444,423	475,465	6.98%
In the community	532,341	572,191	7.49%
Total	**976,764**	**1,047,656**	7.26%

Community	**2021/22**	**2022/23**	**% Difference**
Community Nursing Visits	236,495	221,726	-6.24%
Physio Appointments	31,755	63,535	100.08%
Health and School Nurse Visits	53,872	56,977	5.76%
Dental Appointments	44,143	45,456	2.97%

Safe – people are protected from abuse and avoidable harm	2021/22		2022/2023	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Admission to adult facilities of patients aged under 16	0	0	0	0
Incidence of Clostridium Difficile	0	10	<16	20
Actual falls	400	344	400	381
Medication errors causing serious harm	0	0	0	0
Incidence of MRSA	0	0	0	2
Never Events	0	2	0	0
Safety Incidents	N/A	25	N/A	12
VTE risk assessment (%)	>95%	80.40%	>95%	95.50%
Mixed sex accommodation breaches	0	34	0	109

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2021/22		2022/2023	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Breastfeeding initiated	>90%	91.60%	>90%	93.46%
Smoking at delivery	<6%	4.06%	<6%	4.23%
Non-elective re-admissions within 30 days	<5.5%	4.92%	<5.5%	3.88%
Mortality rate per 1000 admissions in-months	14.4	7.63	14.4	8.4
IAPT Moving to Recovery	>50%	51.89%	>50%	50.20%
% seen within 2 hours of referral to district nursing night	>80%	97.37%	>80%	94.47%
% seen within 48 hours of referral to district nursing night	>95%	95.48%	>95%	93.21%
% of MSK patients with a significant improvement in function	>75%	89.79%	>75%	86.26%
% of podiatry patients with significant improvement in pain	>75%	95.26%	>75%	86.68%
Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	**2021/22**		**2022/2023**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department – FFT % positive	>90%	77.70%	>90%	76.00%
Emergency department – FFT response rate	>15%	10.90%	>15%	11.50%
Inpatients – FFT % positive	>90%	95.80%	>90%	93.50%
Inpatients – FFT response rate	>25%	17.30%	>25%	19.30%
Maternity - FFT % positive	>90%	98.50%	>90%	63.00%
Maternity - FFT response rate	>15%	11.50%	>15%	14.80%
Outpatients - FFT % positive	>90%	93.40%	>90%	90.30%
Outpatients - FFT responses	4800	591	4800	1268
Community - FFT % positive	>90%	97.70%	>90%	96.50%
Community - FFT responses	18,000	5527	18,000	8469
Complaints responded to within 25 working days	>80%	59.90%	>80%	55.40%

Responsive - organising services so that they are tailored to people's needs	2021/22	2022/2023

KPI description	Target	Outcome	Target	Outcome
Emergency department waits – 4 hours	>95%	78.30%	>95%	68.40%
Median wait for treatment (minutes)	<60 mins	93	<60 mins	110
Ambulance handovers waiting more than 30 minutes	0	646	0	1175
Ambulance handovers waiting more than 60 minutes	0	283	0	566
12 hour trolley waits in A&E	0	83	0	2208
Cancer – 14 days to first seen	>93%	73.00%	>93%	46.70%
Cancer – 31 days to first treatment	>96%	94.90%	>96%	89.90%
Cancer – 62 days from referral to treatment	>85%	67.60%	>85%	47.70%
Diagnostic waits (<6 weeks)	>99%	94.10%	>99%	85.89%
Referral to treatment times waiting <18 weeks (%)	>92%	74.40%	>92%	67.80%

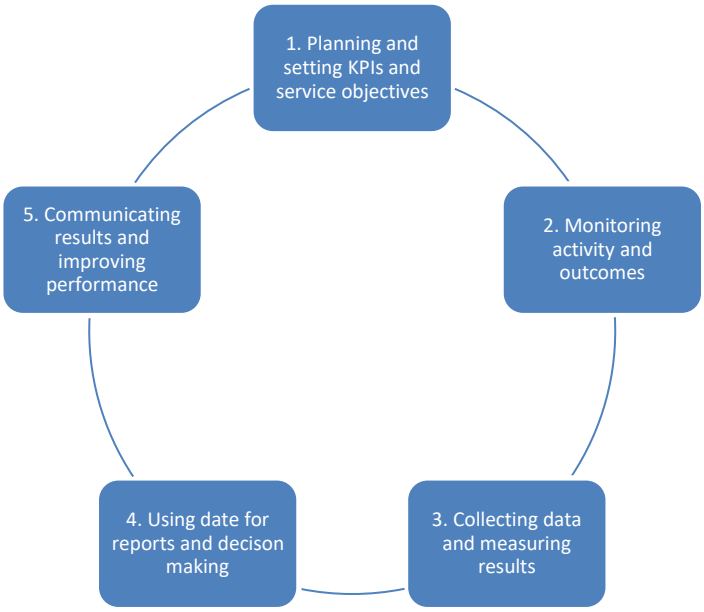
Well led - leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture	**2021/22**		**2022/2023**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Staff appraisal rate (%)	>90%	67.70%	>90%	73.00%
Mandatory training rate (%)	>90%	78.90%	>90%	84.80%
Permanent staffing WTEs utilised	>90%	88.00%	>90%	87.40%
Staff sickness rate (%)	<3.5%	4.30%	<3.5%	4.13%
Staff FTT – recommending the Trust as a place to work	>50%	58.00%	>50%	51.10%
Staff turnover rate (%)	<13%	12.20%	<13%	14.20%
Vacancy rate against establishment (%)	<10%	12.00%	<10%	12.60%

Key trends this performance shows

These performance and activity figures show the organisation emerging from COVID-19 throughout the course of the year. Clear improvements in the activity numbers of elective and day case work are shown, along with reducing numbers of non-elective admissions. However, increasing length of stay and the high acuity of patients meant that beds remained full and pressure in the hospital in fact got worse leading to worsening of emergency flow targets. Increasing referrals and backlog of patients from Covid also meant that most of our waiting time targets also worsened. Good improvements can be seen in most of the workforce measures.

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 monthly 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 (£0.1m) for 2022/23. The Trust delivered a £6.6m surplus for 2022/23 after adjustments for fixed asset impairments and Covid-related donations of assets and inventory. This was £6.8m 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

	2022/23	2021/22
	£000	£000
Operating income from patient care activities	400,191	379,593
Other operating income	31,366	29,355
Operating expenses	(420,749)	(403,416)
Operating surplus/(deficit) from continuing operations	**10,808**	**5,532**
Finance income	1,922	41
Finance expenses	(2,364)	(540)
PDC dividends payable	(5,385)	(5,151)
Net finance costs	**(5,827)**	**(5,650)**
Other gains / (losses)		15
Surplus / (deficit) for the year from continuing operations	**4,981**	**(103)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	-	-
Surplus / (deficit) for the year	**4,981**	**(103)**
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(5,936)	(220)
Revaluations	6,749	8,312
Total comprehensive income / (expense) for the period	**5,794**	**7,989**
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	4,981	(103)
Add back impairments / (reversals)	1,565	295
Remove I&E impact of capital grants and donations	92	106
Remove net impact of inventories received from DHSC group bodies for COVID response	-	213
Adjusted financial performance surplus / (deficit)	**6,638**	**511**

Going concern and value for money

As with previous years, the 2022/23 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 2023, 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.

Cash

The Trust continued to be in a strong cash position and maintained this throughout 2022/23 and ended the financial year with £73.0m in cash. This was £8.4m lower than at the end of 2021/22, the reduction driven primarily by capital expenditure during the year. The Trust received £6.9m of public dividend capital to support capital schemes and programmes.

The Trust is not anticipating any significant cash issues in 2023/24 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 £29.0m, which matched our Capital Resource Limit. Notable schemes within these levels of spend were investments in the Whittington Education Centre which opened in year, Wood Green Community Diagnostics Centre which also opened in-year, scoping of the Power Upgrade and Maternity projects, and updates to information technology and hardware.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £25.7m. This was £12.9m higher than in 2021/22, with accrued income making up £10.6m of the increase. Of this, £8.5m was accrued income relating to Agenda for Change pay offer funding

Payables (creditors)

The Trust's payables at the end of the financial year were £80.8m. This was £14.1m higher than in 2021/22. The combined creditor performance remains strong, with the Trust reporting payment of 88.5% of the value of invoices within 30 days, compared with 90.6% in 2021/22.

Adoption of IFRS16

A new International Accounting Standard, IFRS16, was adopted in the NHS for the first time in 2022/23. This new Standard requires a reassessment of the leases held by the Trust. In common with other NHS organisations, a number of the Trust's leases have been reclassified as finance leases. This has given rise to £38.4m of Right of Use Assets, with associated Finance Lease Liabilities of the same amount being recognised on 1st April 2022.

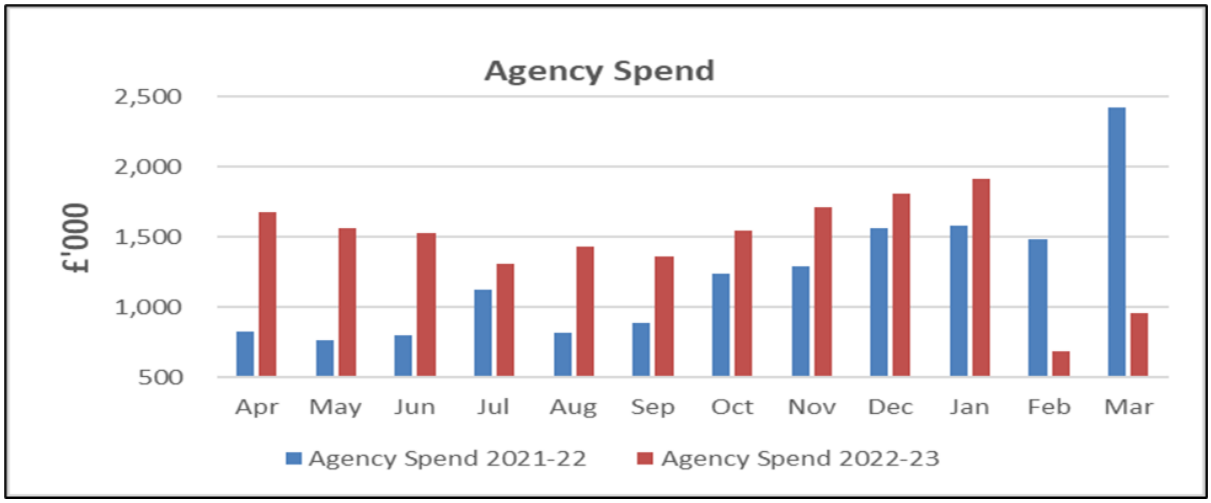
Spending on agency and temporary staff

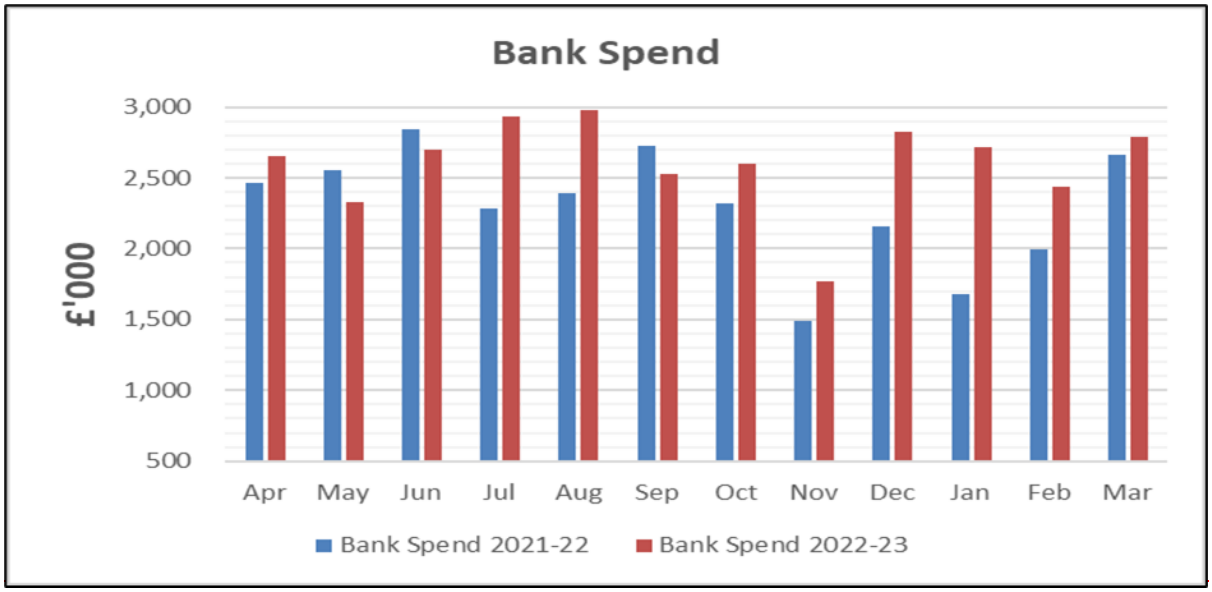
The Trust spent £17.5m on agency staff for 2022/23, which was £2.7m higher than agency expenditure in 2021/22. In addition to agency spend the Trust spent £31.2m on bank staff which was £3.7m higher than the previous financial year. The additional staffing requirements for new non-recurrent investments, escalation beds, enhanced care and the support of elective recovery schemes were the main drivers for this increase. Some of these increased costs were partially 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 show the level of expenditure on bank and agency staff during 2022/23 and include a comparison for 2021/22.

Spending on agency and temporary staff




Bank Spend
£'000
3,000
2,500
2,000
1,500
1,000
500
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Bank Spend 2021-22
Bank Spend 2022-23

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement. For the purposes of this annual report, the key risks on our 2022/23 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	Due to a lack of capacity, capability, and clinical attention and continuing pressures from the pandemic, there is an inability to meet elective recovery and clinical performance targets, resulting 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 COVID-19 pandemic booster and winter flu vaccination programmes
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

BAF entry	Principal risk(s)
	• a failure to secure staff support, buy-in and delivery of North Central London (NCL) system workforce changes
Integration 1 – ICS and Alliance changes	Changes brought about by the NCL system and the 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, resulting in continued high demand for services which is 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	A failure to not invest effectively in cyber security, and continual improvement of software (electronic patient record) and hardware and workforce, there is a possibility of catastrophic downtime due to ransomware attacks or contracts running out, and the inefficiency of operational processes continues, hampering transformation and cost savings delivery and resulting in reduced levels of integration with system partners.

Each of these risks has a clear mitigation plan and assurance process in place.

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 carried out two inspections of the Trust during 2022/2023. One was conducted in maternity services and the other was a 'mental health act monitoring inspection' of Simmons House, our child specialist community mental health service for children and young people.

The final report for Maternity services was received on 28 April 2023. Only two domains were inspected during the Maternity inspection, and these were 'Safe' and 'Well-led'. The Trust received a rating of requires improvement for 'Safe' and a rating of Good for the 'Well-led' domain which gave maternity services a rating of 'Requires improvement'. The previous 'good' ratings for the other three domains of effective, caring and responsive were not taken into account as they were inspected jointly with gynaecology services back in 2017. An action plan is being developed to address the findings in the report.

The Mental Health Act monitoring report following the inspection of Simmons House was received on 30 March 2023. Concerns were raised by the young people to the inspectors about the hot water temperature, medication errors and the anti-barricade doors. An action plan has been developed to address these actions and sent to the CQC.

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, our critical care, community health services for children and 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. The overall rating of the Trust has not changed following the CQC inspection of maternity services in 2023 and remains 'Good' overall.

	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

	Safe	Effective	Caring		Responsive	Well-led	Overall
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 Integrated Clinical Service Unit at their Quality meetings and through the Trust's Better Never Stops programme.

The CQC moved to a more risk-based approach for service inspection since the COVID-19 pandemic began which focused 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 2023 to support this. Regular meetings were held with our CQC relationship manager during 2022/2023 and covered on the following areas:

- Staff wellbeing and support
- Innovation at Whittington Health NHS Trust
- Elective services provision
- COVID-19 updates on outbreaks
- Serious incident investigations and CQC enquiries
- Victoria Ward concerns
- Outpatients and diagnostic services – Core service focus
- Community nursing – core service focus
- Cancer waiting times – core service focus
- National audit program outlier status
- Maternity staff concerns raised to the CQC
- Pharmacy (direct monitoring activity conversation)

The most recent CQC engagement meeting was held in January 2023 and focused on recent leadership changes at the Trust and the current operational situation with impact on cancer performance and referral to treatment times due to COVID-19 and flu challenges. Our CQC relationship manager was given significant assurance on the areas highlighted 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. Priorities were set as part of a three-year improvement plan 2020/23. Given these priorities were initially developed before the onset of the pandemic in 2020, 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 for 2023 onwards.

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 2023/24.

Key achievements from 2022/23 included:

- 65% of patients in hospital had an assessment of functional status within 24 hours
- 70% of patients in hospital were mobilised within 24 hours
- Blood Transfusion training compliance has improved and they achieved the 60% target that was set for the year 2022/23
- 70% of next of kin (NOK) details were checked within 24hrs of admission to hospital.
- 70% of NOKs were contacted within 24 hours of a patient admission to hospital.
- The Zesty patient portal was introduced in all outpatient clinics, with further functionality roll out planned for 2023/24

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 preferred face-to-face appointments than was the case before the pandemic started.

The Guardian 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). 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, the healthcare support worker (HCSW) development programme and in medical education induction to explain how to raise concerns safely and confidentially, raising the profile of FTSU. The guardian continues to attend the Trust's corporate induction for all new starters.

The collaboration between the FTSUG and the organisational development team and the workforce team 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 inclusion and all the staff equality networks to listen to staff concerns, promote a healthy and positive speak up culture and help to 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's 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 standard (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 black and minority ethnic 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

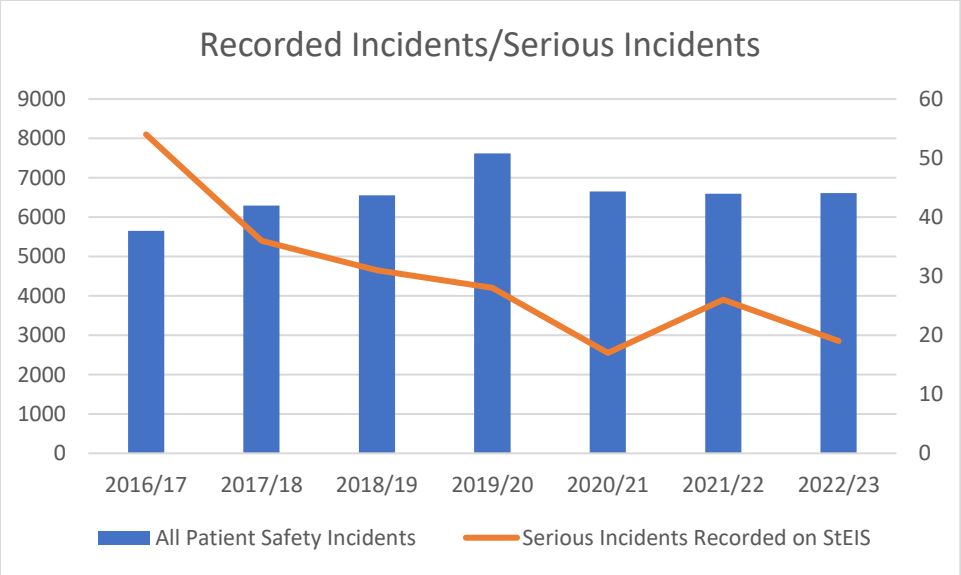
Serious incidents

The Serious Incident 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 new incidents and serious incident investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations with recommendations and actions are monitored and reviewed by the Panel.

All serious incidents 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. All serious incidents are uploaded to the national reporting and learning system.

During 2022/23, there were 19 serious incidents 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 2016. 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 1: Serious Incidents declared, as a proportion of all patient safety incidents 2016-2023



In preparing for the new patient safety incident response framework (PSIRF), Whittington Health reviewed processes 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. The SIEAG supported the use of alternative tools, such as after-action reviews, a multidisciplinary team approach, quality improvement projects and audits, to drive change.

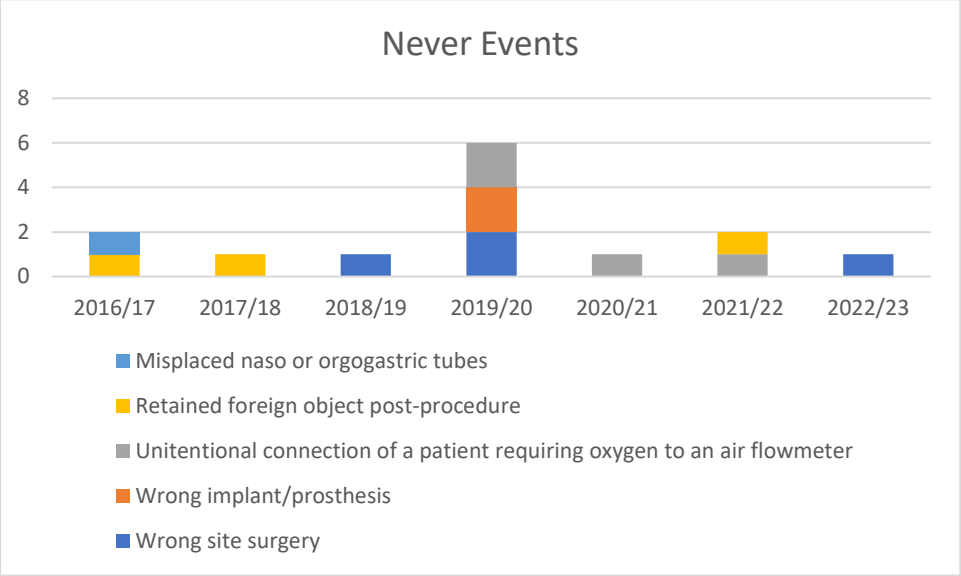
Completed investigation reports with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member with an offer of a meeting with the Trust to discuss the findings.

Lessons learned following each investigation were shared with all staff and Integrated clinical service units (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 Trustwide multimedia such as a regular patient safety newsletter, as well as at local ICSU Quality & Risk meetings and other internal media sources.

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.

Figure 2: The number of Never Events reported by Whittington Health from 2016 to 2023



During 2022/23, the Trust reported one never event which was wrong site surgery.

A patient who was admitted to Whittington Health NHS Trust for an elective shoulder procedure in the day treatment centre. As part of the anaesthetic plan, the patient was to be given a general anaesthetic and a nerve block. Unfortunately, the nerve block was performed on the incorrect side. This was immediately noted. Surgery was cancelled and rebooked for the following day. Subsequent surgery (and correct side block) occurred uneventfully on the following day.

Learning from the incident was as follows:

- Consistent completion of the World Health Organisation surgical list with the anaesthetist undertaking the procedure present

- Consistent use of ‘Stop Before You Block’ for all anaesthetic team members involved in the procedure
- To ensure patients are not asked leading questions about their procedures

Healthcare Safety Investigation Branch 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.

From 1 April 2022 to March 2023, Whittington Health referred five cases to the HSIB for investigation. The reasons for referral were potential hypoxic ischaemic encephalopathy (HIE) and intrapartum stillbirth. Two of the families declined for HSIB to review the care received. One case was not investigated by the HSIB as, on further review, the case did not meet HIE criteria.

Two HSIB reviews for intrapartum stillbirths have now been completed. One report concluded that appropriate care was provided and no safety recommendations were made. The other had two safety recommendations – one with respect to maternity triage telephone access and clinical prioritisation which has been part implemented to date and one regarding a fetal wellbeing mandatory study day including Intelligent Intermittent fetal monitoring auscultation as part of the programme. The Intelligent Intermittent fetal monitoring auscultation guideline is under review.

As of the March 2023, the Trust has no active investigations being undertaken by HSIB. Also, no new referrals have been made as no cases met HSIB criteria.

Perinatal Mortality Review Tool (PMRT)

The perinatal mortality review tool (PMRT) supports systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death, and babies who die in the post-neonatal period having received neonatal care. The PMRT provides a structured process of review, learning, reporting and actions to improve future care.

In 2022, ten cases met the eligibility criteria for PMRT review. The eligible cases were stillbirths. From those, seven reviews have been completed and three are ongoing. The progress is within maternity incentive scheme (MIS) timeframes. For five of the cases, there were no care and or service delivery problems identified. For two cases, care and service delivery problems were identified. For the first case, this was related to staff not accessing available information regarding the woman’s mental health history. This, however, did not impact on the outcome. For the second case, the low dose aspirin pathway was not adhered to and the review panel found that this may have contributed to the outcome. For all cases, the families have been involved in the PMRT reviews.

Learning from deaths

During 2022/2023, there were 459 inpatient deaths at the Trust (this figure excludes patients who died in the emergency department) with the following distribution across the year:

- 105 In the first quarter
- 117 In the second quarter
- 123 In the third quarter
- 114 In the fourth quarter

Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published 9 March 2023) covers the period November 2021 to October 2022

Whittington Trust SHMI score:	0.88	Compared to 0.88 reported for October 2020 to September 2021 period
Lowest National Score:	0.71	Chelsea and Westminster Hospital NHS Foundation Trust
Highest National Score:	1.18	Epsom and St. Helier University Hospitals NHS Trust.

13 Trusts were graded as having a lower-than-expected number of deaths.

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

98 Trusts, including Whittington Health, were graded as showing the number of deaths in line with expectations.

The SHMI 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 (MRG) 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 MRG 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

Of 452 deaths in the year, 92 were identified as meeting the criteria for a structured judgement review. Of the 92 identified deaths, 39 case record reviews had been completed by the end of the financial year with others from more recent deaths in progress.

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 2022/23	Quarter 2 2022/23	Quarter 3 2022/23	Quarter 4 2022/23
Number of structured judgement reviews	15	7	10	7
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 required prompt surgical intervention for large bowel obstruction with learning around patients needing to be counselled carefully about the benefits of early intervention.

Summary of themes, learning and actions from case record reviews

From the deaths reviewed in 2022/23 the main themes, learning and actions were:

Care of patients with co-existing physical and mental health illness - regular mental health review was important in those patients with both mental and physical illness acknowledging the potential interplay between two conditions and the importance of ensuring their mental health needs were not overlooked whilst their physical needs were being intensively managed. It was also noted that patients may be having infrequent depot injections as part of their mental health care and the schedule of administration needs to be considered and where appropriate maintained during inpatient admission for physical illness. The benefits of a collaborative approach with the mental health liaison service were highlighted particularly where frequent reassessment of a patient's mental capacity was needed if they were choosing to decline treatments.

Good practice was identified in the care of patients with a learning disability. Early contact with the learning disability team following admission is advised with the access of the patient passport, to help improve communication with the patient.

The early recognition of swallowing difficulties in patients with a learning disability, with the benefit from the speech and language teams as well as input from family members resulted in an improvement in oral intake of food and fluids in one patient.

End of life care (EoLC)

There were many examples of excellent end of life care. The following factors were identified over the year as contributing to this:

- respecting the wishes of patients who have capacity
- consistent multiple iterative treatment escalation planning conversations with relatives

- early identification of a dying patient allows for early involvement with palliative care and gives families valuable time to spend with their loved one
- a side room being available for the dying where bed pressures allowed
- the anticipatory medicines should be prescribed and utilised when needed
- hypoglycaemia in elderly non-diabetic patients is seen as a poor prognostic indicator and may be part of the dying process
- the use of morphine as a treatment for breathlessness at the end-of-life care, was emphasised as beneficial where oxygen levels are at baseline. High flow nasal oxygen and oxygen are not indicated in this situation
- one mortality meeting discussed that some patients without a confirmed diagnosis of cancer do not always require a biopsy if the picture is one of terminal disease. This might apply to patients who are unlikely to be fit for intervention. The acute oncology service can be contacted to provide support for complex decision making and a second opinion in such cases
- patients presenting with a low sodium should be referred to the critical care outreach team as they often require close fluid balance monitoring on the high dependence unit. There are Trust guidelines available on the intranet on the management of this condition
- respiratory care: avoiding the risk of oxygen toxicity can be done by adjusting oxygen therapy target levels to avoid type 2 respiratory failure in patients with chronic respiratory disease or an elevated bicarbonate. Oxygen prescribing guidelines are available on the intranet for guidance. Teams were asked to check for oxygen alerts on Careflow with the recommended target saturation. Introducing an oxygen alert for a patient can be done by a referral on ICE (oxygen alert) to the respiratory team, who will create one
- patients with signs of an upper gastro intestinal bleed should be fully examined and reviewed. Underlying causes for the bleeding should be considered. If the patient is on anticoagulation, a reversal agent should be promptly used to reduce the bleeding if it is safe to do so

Medical Examiners Service

The medical examiners department continues to flourish. This department provides reviews of case notes, discussions with members of clinical teams, supportive discussions with bereaved families and issues an accurate medical certification cause of death.

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, an audit person 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 such as influenza and sars-cov-2 (COVID-19) across the Trust.

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

Health Care Acquired Infections (HCAI)

Nosocomial or HCAIs 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)

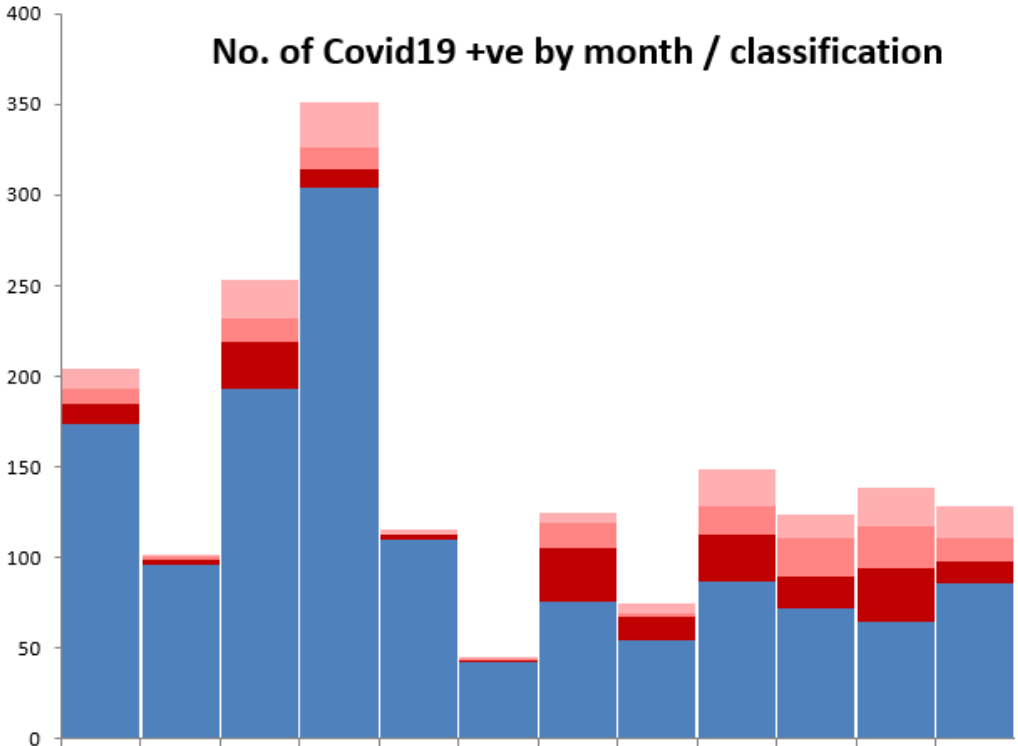
The UK Health Security Agency (UKHSA) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

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

2022-23 Covid surveillance continues, anticipating a drop of reported infections in line with August 2022 guidance pausing routine asymptomatic testing in a number of NHS settings (e.g. emergency, trauma). The Trust reports daily on all HCAI COVID-19 infections. There were 182 definite COVID-19 HCAI cases during 2022/23. Wherever known transmission occurred, appropriate IPC measures were implemented, individual cases were reviewed and, when necessary, the closure of beds recommended. There was 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 social care and NHS England changes.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2022									2023		
Intermediate HAI	11	1	21	25	2	1	6	6	21	13	22	17
Probably HAI	8	2	13	12		1	14	2	15	21	23	13
Definite HAI	11	3	26	10	3	1	29	13	26	18	29	12
Community Acquired	174	96	193	304	110	42	76	54	87	72	65	86

Health Care Acquired Infections – other infections

The IPC team continued 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 acquired a HCAI. This included 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; cases being reported at infection prevention and control committee meetings to ensure Trustwide sharing and learning and an appropriate platform for escalating outstanding actions.

2022/23 saw an increase in clostridium difficile (C. Diff) cases compared with previous years which may be a threefold consequence of:

- increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic
- the altered surveillance definitions of health or community acquisition
- the C. difficile threshold is calculated during the 12 months ending with November 2021 data. If an NHS trust had more than ten cases, the threshold would be one less than the count. Up until February 2023, Whittington Health reported zero cross infection in relation to this infection. March 2023 cases remain outstanding on referencing two sample strains to rule out cross contamination of two cases found in the same ward at the same time

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

Infection	Outcomes
MRSA (Methicillin Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI). Unfortunately, there were two reported cases in the reporting year. The first case (February 2023) was from an unclear source and a possible contaminant. The second case's probable source is thought to be line related. There are Trustwide learning outcomes identified, and dedicated work streams underway through audit and education.

Clostridium Difficile Infections (CDI)	The UKHSA CDI trajectory recommended for 2022/23 within the Trust was set at 14 and Whittington Health reported 21 cases of CDI (Hospital onset, healthcare associated (Day 2 or later since admission HOHA) above the target. All of these cases were robustly investigated under collaboration with microbiology, pharmacy, IPC, nursing and the medical teams. There were no lapses in care related to cross-transmission or antibiotic choices until February 2023 and March cases continue to be investigated.
	
	The recurring themes from post infection reviews were:
	• missed opportunity to send stool on time (making a Community Acquired Infection (CAI) a Hospital Acquired Infection (HAI)
	• not isolated
	  ○ as no side room
	  ○ not recognising infectious diarrhoea
	• poor documentation
	  ○ not being able to isolate not recorded
	  ○ no pre-admission bowel habit recorded
	  ○ no cause of diarrhoea assessment undertaken
	
	The IPC team worked alongside the electronic patient record program team to ensure documentation on the frontline was intuitive, clear and simple. Rapid patient clinical assessment is

Infection	Outcomes
	essential for providing appropriate IPC management and reducing the spread of infection.
E.Coli Bacteraemia	Under the 2022/23 NHS standard contract, NHS trusts are required to minimise rates of both C. difficile and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England. There were 17 Trust-attributed E. coli blood stream infections (BSI) this year of a trajectory set at 35. 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 and Whittington Health remains on target to achieve this.
Respiratory other than C19	During winter, there were 36 acquired cases of influenza within the hospital, no HCAI deaths were associated. Currently, Whittington Health is seeing a slight increase in cases of influenza B which is consistent with seasonal picture. Influenza A and respiratory syncytial virus cases are occurring in low numbers.
Surgical Site Infections (SSI)	National mandatory SSI reporting is one quarter / one orthopaedic surgical procedure. Whittington opted to report three quarters in 2022/23 on large bowel and repair of neck of femur fracture surgery, as follows: • April to June 2022 large bowel surgery and repair of neck of femur fracture surgery • July to September 2022 no SSI surveillance was undertaken • October to December 2022 repair of neck of femur fracture surgery – data is being finalised • January to March 2023 repair of neck of femur fracture surgery The Trust reported: • 7 large bowel surgery SSIs • 0 repair of neck of femur fracture surgery The SSI risk is above the national 90th percentile in both above operations, although the number of operations occurring are small and could distort percentages. It is recommended by the UK Health Security Agency (UKHSA) that surveillance should be undertaken in more than one consecutive period or continuously so that 'more precise rates can be estimated from a larger set of cumulative data' (UKHSA 2013 – Protocol for the Surveillance of Surgical Site Infection). Large bowel surgery is complex and often with urgency therefore considered an increased risk of infection and therefore will cease surveillance in 2023/24. Surveillance on reduction of long bone fracture surgery will be considered as a replacement of neck of femurs in 2023/24, given the low number of operations performed.

Winter flu and COVID-19 vaccinations

The Trust ran vaccination programmes for both COVID-19 and flu using a variety of approaches at the hospital and community sites. The vaccination campaigns were 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 40.9%. Staff were encouraged to have a COVID-19 booster to help protect themselves, patients and their colleagues and 41.1% took this up.

PATIENT EXPERIENCE

Learning from national patient surveys

The Trust received the results for the following three national patient experience surveys during 2022/23:

- 2021 Adult Inpatient Survey (published September 2022)
- 2022 Maternity Survey (published January 2023)
- 2021 Cancer Patient Experience Survey (published July 2022)

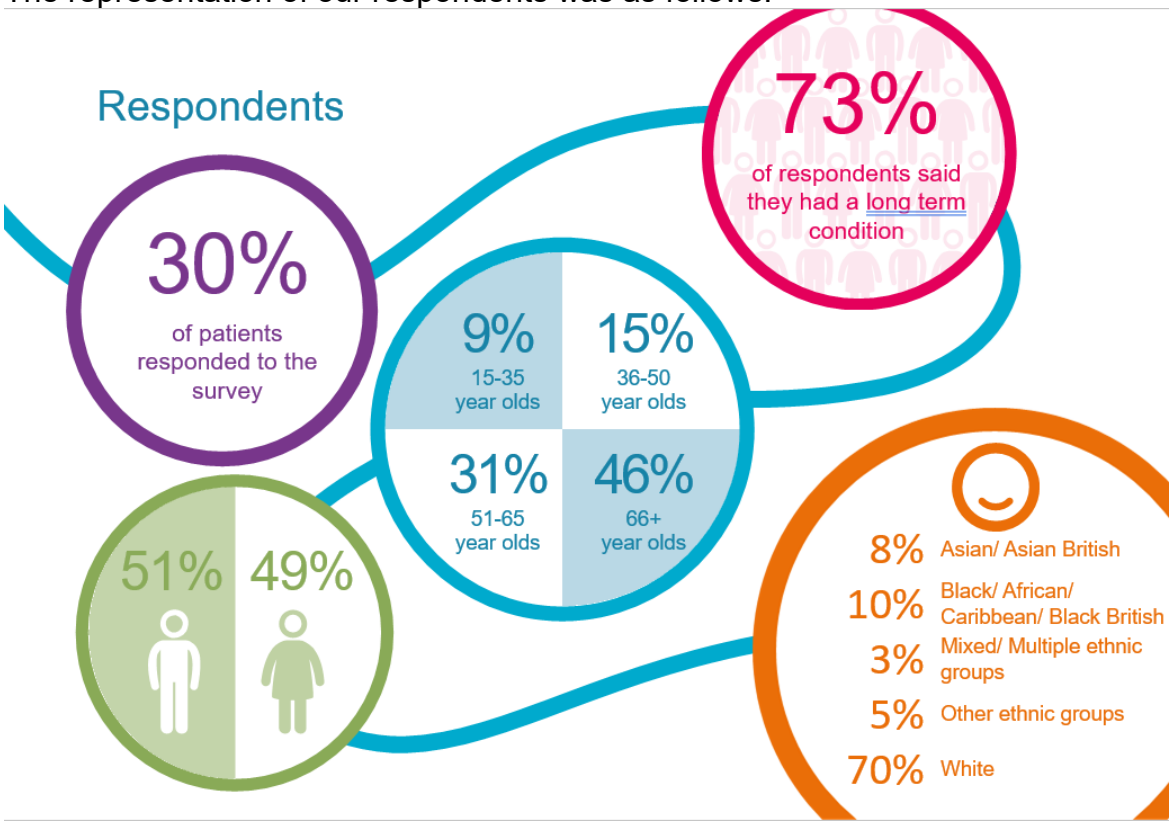
Adult Inpatient Survey 2021

1,250 people, who stayed in hospital for at least one night during November 2021, were invited to take part in the survey. 30% of people responded, with a reduction of 3% response rate in comparison to our previous survey conducted in 2020. This percentage sits below the average response rate for similar organisations of 39%.

The survey, carried out by Picker on behalf of the Trust, used a mixed-mode data collection of both online and paper-based surveys, in addition to using a range of contact for invitation and reminders for completion, via letter and text message format.

The survey was made available in a range of accessible formats, including braille, easy read, British sign language, non-English languages, telephone-assisted completes and a screen-reader compatible online questionnaire. In addition to this, a freephone language line service was available to provide translation services.

The representation of our respondents was as follows:



In comparison to the previous year, the following changes were noted within the demographics of respondents:

- An increased percentage response from those with a long-term condition (70% to 73%)
- A closer matched ratio of male to female participants (43/55% to 51/49%)

The key improvements and issues to address are summarised below:

Most improved scores since 2020		
	**98%**	Staff helped when needed attention
	**96%**	Room or ward very or fairly clean
	**91%**	Got enough to drink
	**79%**	Staff discussed need for additional equipment or home adaptation after discharge
	**98%**	Had confidence and trust in the doctors

Top scores vs the Picker Average		
	**90%**	Given information about medicine at discharge
	**16%**	Asked to give views on quality of care during stay
	**97%**	Questions before procedure were answered well
	**98%**	Staff helped when needed attention

Focus on Inpatient views	
77%	Rated overall experience as 7/10 or more
97%	Treated with respect and dignity overall
98%	Had confidence and trust in the doctors

Bottom 5 scores vs the Picker Average		
	**52%**	Food was very good or fairly good
	**56%**	Able to get food outside of mealtimes

	**64%**	Told who to contact if worried after discharge
	**39%**	Not prevented from sleeping at night
	**58%**	Staff did not contradict each other about care and treatment

Key successes include people getting help when they needed attention (Q30), increasing from 95% to 98% (above the national average of 97%). We maintained our scores for 98% of respondents having confidence and trust in their doctors (Q17), and 97% for answering questions before procedure well (Q32). These positive results are testament to the hard work and care of our clinical staff, and we will aim to maintain and even exceed these scores in future years.

96% of respondents reported that their room or ward was very or fairly clean (Q8), an increase on the previous score of 95%, in comparison to national results which saw a decrease in positive results since 2020.

When considering discharge from hospital, there was discussion about additional equipment or home adaption (Q37) for 79% of respondents (an increase from 78% in 2020), and their medications (Q41) for 90% of respondents (decreasing from 93% in 2020, remaining above the Picker average of 87%).

Looking at nutrition and hydration questions, there were both positive and negative results. We have increased our score for getting enough to drink (Q15) from 90% to 91%, matching the national average. This coincides with work done with staff to ensure patients are regularly asked whether they would like more to drink, and making water more readily available with the use of water dispensers on wards. However, our food score (Q12) has fallen to 52% from 55%. As the survey was conducted prior to the roll out of fully plated meals in January 2022 across all areas, allowing for increased patient choice at each mealtime, we hope to see a positive change in these scores in future patient surveys.

We continue to ask patients on their views on the quality of care during their stay, scoring 16%, 3% above the Picker average. However, this score has seen a downward trend since 2017 from 22%, showing our need to focus on accessing patient opinion more regularly during their stay. The patient experience and volunteering team are currently working on ways to increase feedback received, and this area will be a goal to look to improve over the next year. The implementation of the patient safety incident response framework (PSIRF) will support an increase in accessing patient views, as it has a key focus on engaging those with a lived experience of NHS care as a key part of incident responses and improvement work.

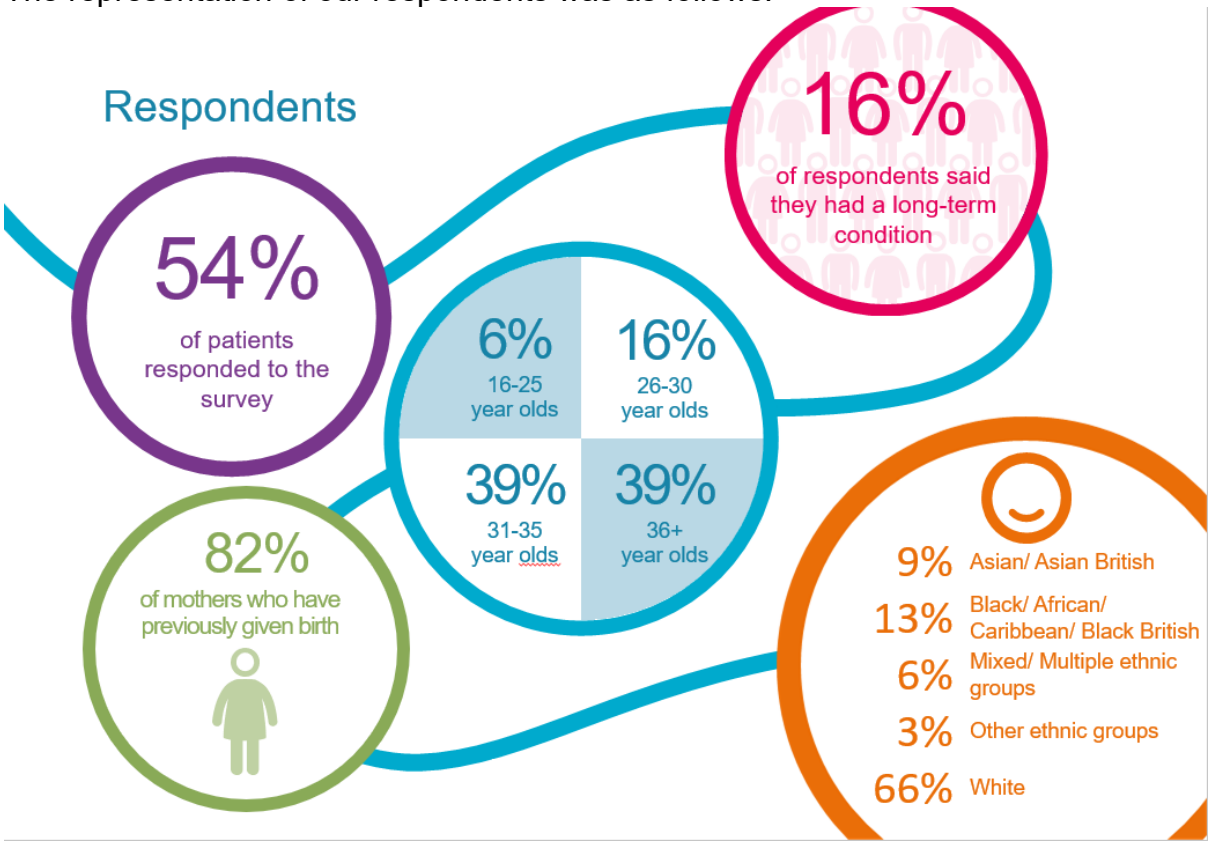
2022 Maternity Survey

300 people, aged 16 or older who had a live birth during the month of February 2022, were invited to take part in the survey. 54% of people responded, with a reduction of 7% response rate in comparison to the previous survey conducted in

2021. Although reduced, this response rate is above the average rate for similar NHS organisations (48%).

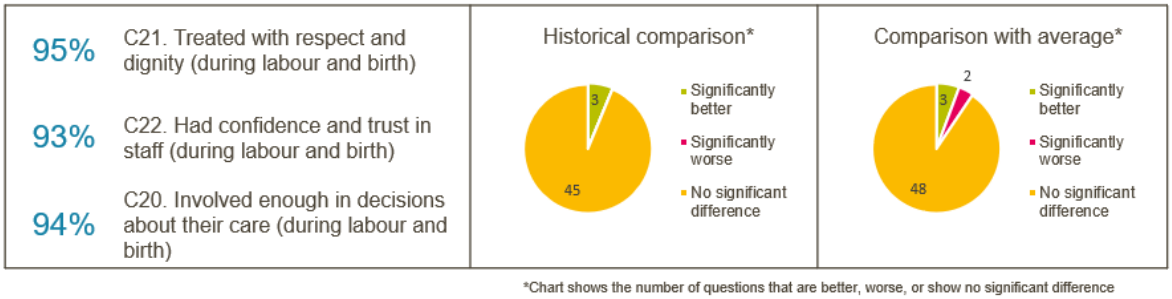
The survey, conducted by Picker on behalf of the Trust, used a mixed-mode data collection of both online and paper-based surveys, in addition to using a range of contact for invitation and reminders for completion, via letter and text message format. The online survey was available in nine non-English languages and included accessibility formats.

The representation of our respondents was as follows:



The number of respondents reporting a long-term condition remained static at 16%, as did the percentage of mothers who have previously given birth (82%). The percentage of respondents from ethnic minority groups increased from 29% to 31%.

Key findings, improvements and issues to address are summarised below:



Most improved scores since 2021		
	**70%**	Saw the midwife as much as they wanted (postnatal)
	**71%**	Felt GP talked enough about mental health during postnatal check-up
	**69%**	Felt GP talked enough about physical health during postnatal check-up
	**84%**	Given enough support for mental health during pregnancy
	**72%**	Felt midwives aware of medical history (postnatal)

Top scores vs the Picker Average		
	**91%**	Found partner was able to stay with them as long as they wanted (in hospital after birth)
	**85%**	Given enough information about coronavirus restrictions and any implications for maternity care
	**70%**	Saw the midwife as much as they wanted (postnatal)
	**90%**	Involved enough in decision to be induced
	**81%**	Able to ask questions afterwards about labour and birth

Most declined scores		
	**73%**	Felt they they were given appropriate advice and support at the start of labour
	**83%**	Given information about changes to mental health after having baby
	**93%**	Had confidence and trust in staff (during labour and birth)
	**80%**	Given enough information about their own physical recovery
	**94%**	Involved enough in decisions about their care (during labour and birth)

Bottom 5 scores vs the Picker Average		
	**72%**	Provided with relevant information about feeding their baby

	**73%**	Felt they they were given appropriate advice and support at the start of labour
	**63%**	Received suppport or advice about feeding their baby during evenings, nights or weekends
	**80%**	Given enough information about their own physical recovery
	**82%**	Received help and advice about feeding their baby (first six weeks after birth)

Key highlights to note include the excellent feedback that **91%** felt their partners were able to stay for as long as they wanted (D7), in comparison to a national average of 41%, reflecting the Trust's proactive approach to risk assessing partner visiting during the Covid pandemic to allow this to continue safely. This score was in the top 10 out of 121 Trusts who conducted the survey.

The survey results indicate that further work can be done to improve provision of information, advice and support in maternity services (B16, F15 & F16: feeding information – 63% - 82%; C7: start of labour – 73%, F14: physical recovery – 80%; F12: mental health - 83%). Following the survey, an Ockenden visit took place in June 2022, which found that the service worked closely with the Maternity Voices Partnership to drive improvement, including co-design of patient information. Additional quality improvement projects are currently underway looking at improving education and information for maternity service users, which we hope will be reflected in future positive survey results regarding information provision, advice, and support.

National Cancer Patient Experience Survey 2021

228 patients (with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2021) were invited to take part in the survey, and 88 responses (39%) were received.

The survey was conducted in both paper and online form, with respondents from 10 different tumour groups. Age distribution was from 25-85+, with 15% of total respondents from ethnic minority groups.

The executive summary is displayed below:

Questions Above Expected Range	Case Mix Adjusted Scores			
	2021 Score	Lower Expected Range	Upper Expected Range	National Score
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	86%	64%	85%	75%

Questions Below Expected Range	Case Mix Adjusted Scores			
	2021 Score	Lower Expected Range	Upper Expected Range	National Score
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	69%	75%	93%	84%
Q18. Patient found it very or quite easy to contact their main contact person	74%	77%	93%	85%
Q19. Patient found advice from main contact person was very or quite helpful	89%	91%	100%	96%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	94%	95%	100%	99%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	35%	42%	79%	61%
Q34. Patient was always able to get help from ward staff when needed	54%	61%	91%	76%
Q35. Patient was always able to discuss worries and fears with hospital staff	44%	50%	84%	67%
Q37. Patient was always treated with respect and dignity while in hospital	68%	78%	100%	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	70%	77%	100%	89%
Q41_1. Beforehand patient completely had enough understandable information about surgery	78%	80%	99%	89%
Q42_1. Patient completely had enough understandable information about progress with surgery	65%	74%	95%	85%
Q59. Patient's average rating of care scored from very poor to very good	8.4	8.6	9.2	8.9

To put this into context, the results came during a period of extreme challenges for the delivery of patient centered care for Whittington Health cancer patients. Whilst it is accepted that many of the scores are below the lower expected range, cancer services valued the opportunity to learn and develop its services to ensure that these concerns are reduced in the future.

In response to the results, an action plan was drawn up to address some of the issues highlighted in the survey. The actions included:

- building a stronger working relationship with other hospitals in order to enable better understanding of the needs of those with cancer or where cancer may be suspected
- ‘Ten at Ten’ sessions were organised from September 2022 onwards giving the opportunity for the clinical nurse specialist (CNS) team to engage with other healthcare professions to support their learning and understanding about issues that might affect cancer patients. These included topics such as neutropenic sepsis and spinal cord compression which may be the cause of an acute admission. The CNSs also provide expert advice and guidance during

a hospital admission, as their expertise and good practice is essential to the development of ward staff, which in turn enhances patient care

- training for frontline staff, including ward clerks and administrative staff around patient engagement. This was delivered by 'Wingfactors' (aviation experts) during Q2 and Q3 of 2022. This helped to promote and improve better communication with patients, their families and carers, especially during periods when a hospital stay was required. During the time of the survey, hospital visiting was very limited due to ongoing COVID-19 restrictions, which created further problems with access to information, especially for a patient's family and carers
- work is currently underway to increase the support available in cancer specific outpatient settings using volunteers. This is to improve the patient experience, but also gives the opportunity to engage with the patients to further support the collection of friends & family feedback (FFT)
- face-to-face health and wellbeing events have also increased during the latter part of 2022. These help to increase engagement with different patient groups. This then supports patients to gain further information and awareness of support mechanisms, which helps to manage some of the concerns and anxieties that occur because of a cancer diagnosis and ongoing treatment. An example of this was the highly successful prostate cancer event held in September 2022. This focused on a patient group that had been poorly serviced in relation to ongoing support (men and in particular black men who have a disproportionately higher chance of being diagnosed with prostate cancer). The event brought patients and healthcare professionals together, provided access to information, personal testimonies of living with this condition and explored the need for ongoing support.

Family & Friends Test (FFT)

Response Rates

A total of 29,577 Family & Friends Tests were completed for the year, with an average of 2,465 per month. This is an increase on the previous year's average of 2,067 per month.

August 2022 received the highest volume of submissions, coinciding with focused intervention of the patient experience team and maternity services to increase response rates, going from a response rate of 202 in July, up to 517 in August. Whilst this improved rates for that month, the subsequent months did not maintain this rate, dropping to 167 the following month, demonstrating that further work is required to embed the practice of services proactively requesting service user feedback.

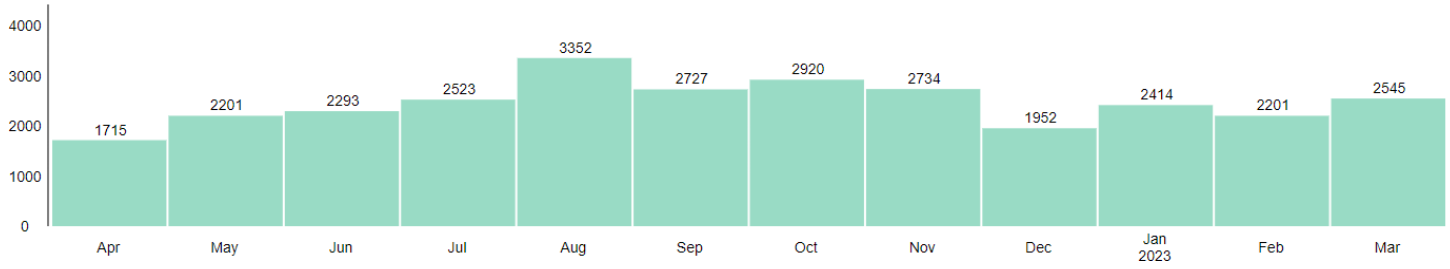


Figure 1: Number of FFT Surveys completed in the Trust by month

Work continued within the patient experience team and voluntary services to promote and collect FFT responses. This includes the ongoing work of collecting handwriten postcards to upload to the electronic reporting system. A new project was commenced in quarter 4 of 22/23, with patient experience staff and volunteers regularly visting Outpatient waiting areas to promote completion of FFTs, making electronic tablets available for patients to complete.

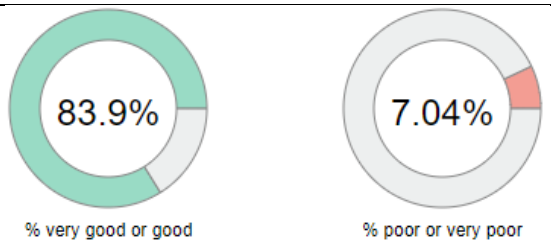
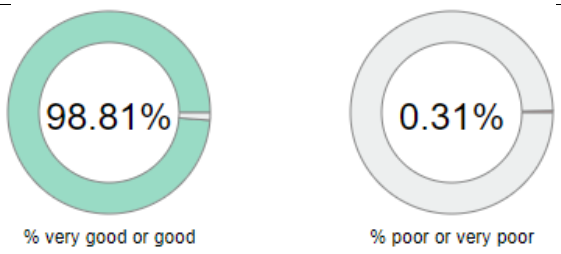
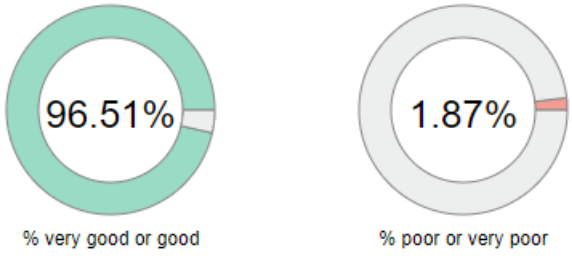
FFT responses are received from a range of sources, including:

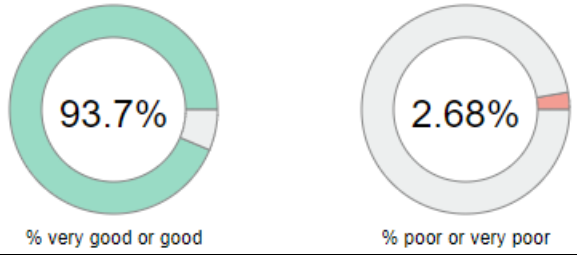
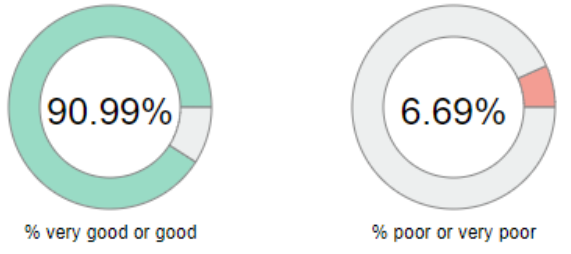
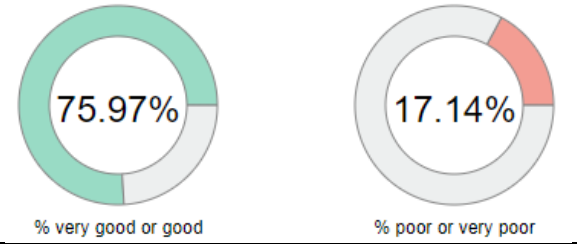
- SMS/text (12,329 responses)
- Smartphone app/tablet/kiosk (7,710 responses)
- Postcards (6,161 responses)
- Online survey after discharge/appointment (1,781 responses)
- Telephone survey after discharge of appointment (5 responses)

Quick response codes have been introduced across the Trust, enabling patients to provide feedback from their own devices, as well as reducing the need for manual collection and inputting of data. The automated SMS/text message is in place, with the largest number of SMS/text responses being received for the emergency department FFT (9,388).

Scoring

The below charts demonstrate the percentages of “very good/good” versus “poor/very poor” responses.

FFT - All	
FFT – Birth	
FFT - Community	

FFT - Inpatient	
FFT - Outpatient	
FFT – Emergency Department	

The overall average has fallen from 89% to 84%, with lowest scoring noted within the emergency department and uutpatient FFTs. On further analysis, it is noted that this drop in responses were during quarter 2 and 3, with an uplift in scoring during quarter 4, reflecting a proactive response of patient experience and individual services to improve based on feedback received.

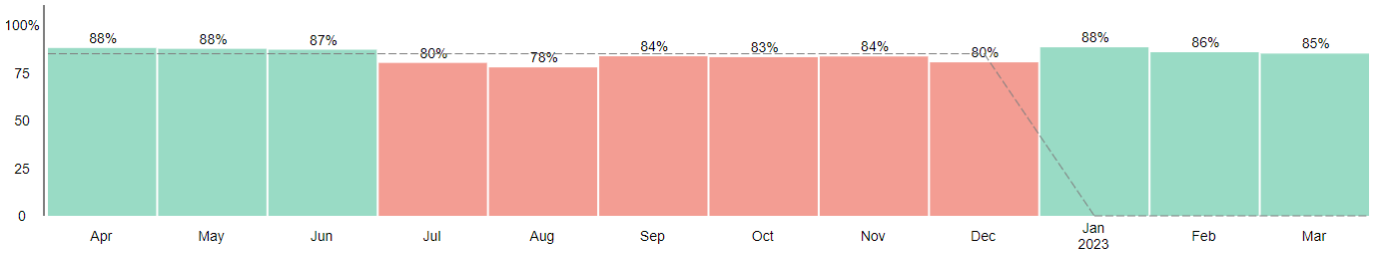


Figure 2: Very good and good responses for all FFTs

The patient experience and engagement strategy for 2023-2025 was written and an action plan drawn up. Goals included the following:

- To expand methods used to receive feedback to engage with a wider audience that is representative of the community we serve
- To increase our FFT responses to baseline response rate seen prior to the Covid pandemic
- To engage and recruit patient representatives to be present and able to contribute at Trust meetings, playing an active role in improvements and learning from incidents

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, continued to strengthen the clinical effectiveness agenda. Regular reports on clinical effectiveness, including national and local audits, National Institute for Health and Care Excellence (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 Trust Board.

Key achievements during 2022/23 included:

- Clinical effectiveness was subject to an external review with auditing across six key domains. The Trust received significant assurance across the board.
- Improvement work commenced around national audits to include a new response template which prioritises assurance levels
- Pragmatic response to the backlog of clinical guideline reviews subsequent to the COVID-19 pandemic
- GIRFT: successful cardiology and neonatology GIRFT visits which have informed local service development
- Quality improvement (QI): new allied health professional QI programme delivering many successful projects impacting on patient care at the same time as developing our staff in clinical leadership

Despite significant pressures, the Trust continued to submit clinical data to mandated national audits and ensure the timely review of published reports to make recommendations for quality improvement as appropriate. Such audits included:

- National prostate cancer audit
- Royal College of Emergency Medicine (RCEM) national audit on fractured neck of femur
- National audit of paediatric diabetes care

National audits

During 2022/2023, 53 national clinical audits including five national confidential enquiries covered relevant health services that Whittington Health provided. Whittington Health participated in 98% of national clinical audits and 100% of national confidential enquiries.

The single national audit to which the Trust did not participate: an end of life care (EoLC) audit, was discussed widely with North Central London EoLC colleagues as well as our full multi-disciplinary team at Whittington Health. Our rationale for non-participation was communicated to Healthcare Quality Improvement Partnership: that the work involved for small teams is significant, and the action plans extensive. The Trust requested consideration to moving the audit to a bi-annual undertaking which will allow our clinical team to implement the findings of each report.

The Trust also registered an additional 17 non-mandatory national audits for completion.

Our local audit and effectiveness programme has retained 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, facilitated by regular multidisciplinary audit and effectiveness afternoons and bespoke training of staff.

The Trust have made it easier for our clinicians to respond to national audit results by introducing a new response template which focuses upon assurance and remain committed to the celebration of areas of excellence and shared learning.

The Trust also continued to develop our patient and carer representation in national audit, and this year has introduced an expert patient representative to join our chronic obstructive pulmonary disease and asthma care quality review group.

RESEARCH

Context

The impact of the COVID-19 pandemic saw changes to the national and local portfolio of research including the National Institute for Health and Care Research (NIHR) Reset programme. The Reset programme seeks to identify studies that will not meet their aims within the original, or reasonably revised timelines and make plans to close or revise studies accordingly. Research & development (R&D) offices, having had consistent exceptionally high workloads have struggled to remain fully staffed and meet demand which has certainly had an impact on the number of studies opening locally and therefore on the number of patients recruited into trials. Regardless of the reduction in volume, there has been a sustained effort within the Trust to get back to (and exceed) pre-pandemic levels of activity.

Staffing and Staff Engagement

Whittington Health currently employ 12.7 whole time equivalent (WTE) research staff: a reduction of 1.0 WTE on the previous year (as 1.5 WTE is linked to now completed grant funding) but there was growth among the research delivery team of 0.5WTE.

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/3lOiRYH) reveals a steady rise in publications year on year, with in excess of 90 such papers published in the 12 months to 1 January 2023.

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 (April 2023), 540 patients were recorded as having been recruited into studies during 2022/23 with a small number of additional accruals expected. This figure is lower than recent years (19/20 848, 20/21 1241, 21/22 921). In the context of low COVID-19 admissions, a return to non-COVID-19 studies many with amended protocols, and the NIHR Reset programme detailed above it is a pattern seen across the UK. Bottlenecks within R&D offices (that provide the administrative oversight for setting up studies), have impacted the number of studies that were able to open during the year and there are plans in place to address this challenge during 2023/24 and increase the number of studies and volume of recruits.

	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**	**27**	**5**
2022/23	**540**	**30**	**4**

Factors influencing the data shown here include that non-COVID-19 trials were suspended for much of 2020/21 and into 2022, with further disruption over the winter of 2020/21 and with Omicron surge in the winter of 2021/22.

Completed trials and outcomes

Publication of a selection of trials (performed or recruiting at Whittington Health) in the last year are described below:

- Oesophageal and gastric malignancies after bariatric surgery: a retrospective global study. *Surgery for Obesity and Related Diseases*
- Palin parent-child interaction therapy with children with autism spectrum disorder and stuttering. *Journal of Communication Disorders*
- Comparative effectiveness of a second-line biologic in patients with ulcerative colitis: Vedolizumab followed by an anti-TNF versus anti-TNF followed by vedolizumab. *Frontline Gastroenterology*
- Reduction in transfer of micro-organisms between patients and staff using short-sleeved gowns and hand/arm hygiene in intensive care during the COVID-19 pandemic: A simulation-based randomised trial. *Journal of the Intensive Care Society*

GUARDIAN OF SAFE WORKING HOURS

In 2022/23, there continued to be a significant emphasis on the safety of junior doctors' working hours. This was reflected in the ongoing engagement with the exception reporting process by both junior doctors and their supervisors. These clearly document the extra hours worked over and above their rostered hours, as well as the breaks that are missed. The time accrued through exception reports continue to be reimbursed with either time off in lieu or payment. The reasons for extra hours worked are analysed to try and effect change to prevent this from recurring where possible.

This year has seen ongoing issues with significant staff shortages across all training grades due to high levels of sickness coupled with high levels of acuity of patients, as we have seen across the wider NHS. There also continues to be high levels of fatigue and burnout amongst all staff and the hard work and resilience of junior doctors 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 and a particular emphasis on those at higher levels of training where low levels of exception reporting is typically seen. The reasons for this are being explored.

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. This is also where the spending of monies generated from exception reporting is discussed and decided. This process will continue.

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 continues 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 and we are the NCL lead for virtual wards and virtual monitoring.

We continue to run multidisciplinary teams in the community, both in Islington through the Integrated Care Teams "INCs", and in Haringey, through the multi-agency anticipatory care (MAAC) team. These bring many different specialties together to help solve problems for patients and residents to prevent admissions or ensure a speedier discharge.

Primary Care Networks and GP Federations

During 2022/23 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 musculoskeletal 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 North Central London 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 Chief Executive co-chairs the Haringey Borough Partnership.

North London Partners' Integrated Care System

We continue to play an instrumental role in the North Central London Integrated Care System. We have 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 the 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 chief executive group have continued to be crucial parts in the system along with other operational and corporate groups. We have been represented on all the critical committees. Our Chair, Chief Executive and other executives have also been instrumental in the set up and running of the University College London Health Alliance (provider collaborative).

Community Diagnostic Centre

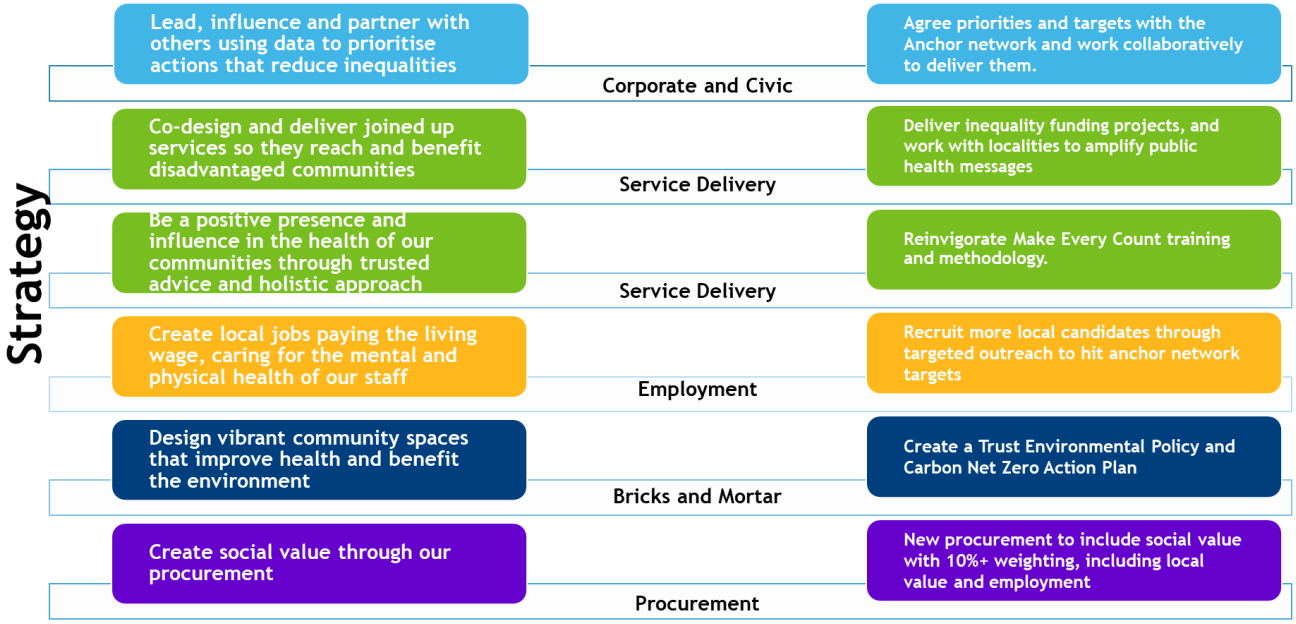
This year we were delighted to open the first phase of the Community Diagnostic Centre in the heart of Haringey in the Wood Green Shopping City. Good collaborative working with the landlord led to opening the centre on time and on budget (and won the HSJ Partnership of the Year award). We are now open with ophthalmology, ultrasound, x-ray and blood tests in the shopping centre. We were also successful in the bid 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 community diagnostic centres 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. Orthopaedic and oncology services also continue to work well together. This year also saw the beginnings of a more formal relationship with UCLH in the creation of a committee-in-common subcommittee of both boards and the recruitment of some advisory support to make the most of the collaboration.

Population Health and Anchor institution

This year saw continuation of our population health and anchor institution action plans. 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 included:

- becoming a **living wage accredited organisation**
- **working with Islington to set up a mentorship programme**
- **linking the allied health professionals' 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
- working with Islington in supporting people who are finding difficult to get into work and those with autism.
- advertising roles through the Islington network and tracking those we have been employing from the local population.
- ensuring social value is part of all procurement specifications

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

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
As well 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

We employ just under 5,000 staff, all of whom contribute to providing high quality patient care in our hospital and across community sites. The majority of our staff are permanent clinical staff, directly involved in delivering patient care. We also employ a significant number on non-clinical 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 2022/2023

Staff group	Employee headcount 1 April 2021	Employee headcount 2022	Employee headcount 2023
Professional Scientific &Technical	302	326	**353**
Additional Clinical Services	664	677	**735**
Administrative and Clerical	947	969	**978**
Allied Health Professionals	542	559	**586**
Estates and Ancillary	202	195	**189**
Healthcare Scientists	104	99	**97**
Medical and Dental	565	580	**596**
Nursing and Midwifery registered	1228	1227	**1270**
Students	28	28	**20**
Grand Total	4582	4660	**4824**

Performance against workforce indicators overall remains consistent, with the Trust Board and integrated clinical service units and directorate management teams receiving monthly performance information.

Connecting with our people

The Trust is committed to involving staff in decision-making, engaging them in key developments, and keeping them informed of changes across the organisation. We work hard to ensure that all staff are aware of both internal and external developments that may affect the organisation, such as our pandemic response and recovery, or changes in the wider NHS.

We place great importance on staff engagement as there is a positive correlation with the quality of patient care. All our staff contribute to providing high quality patient care in our hospitals and in our community services.

Our range of well-established communications channels include regular briefings from the Chief Executive and senior leaders, with increased frequency during peaks of the pandemic, regular updates to all staff, daily messages on all desktops and laptops and an extensive intranet where staff can find policies, guidance and online tools.

We produce a popular regular e-newsletter. We work closely with the Chair of Staff Side and other staff representatives to ensure the voices of employees are heard. The Partnership Group and Medical Negotiation Subcommittee meet monthly, acting as a valuable consultative forum for key developments affecting staff, with sub-groups established to look at policy and pay issues.

We are always listening and want to learn from our staff and involve them in decisions to help us make the Trust an even better place to work and be cared for. Throughout the year, we have increased our pace of staff engagement to discuss our achievements and challenges to keep staff more informed and support our workforce. We have held a range of all staff webinar over the year covering topics including financial wellbeing and inclusion.

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
- People Committee
- Partnership Group
- Medical Negotiating Subcommittee
- Restorative Just Culture Group
- Inclusion Network Committee

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 Trustwide 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.

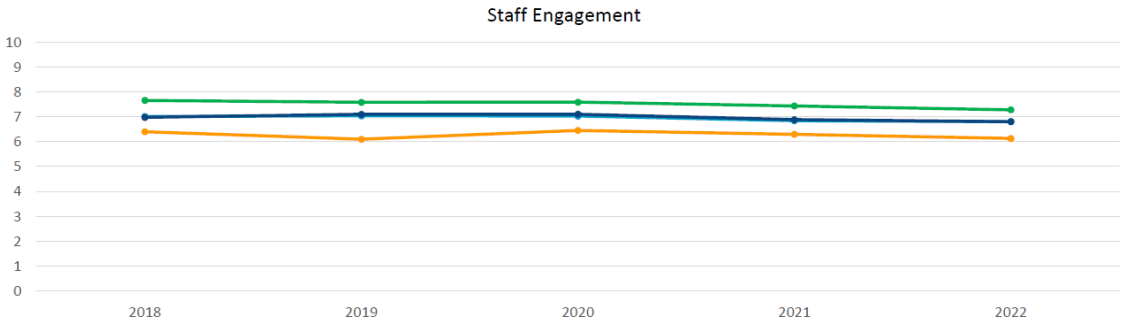
NHS staff survey 2022

Of Whittington Health's 4,519 eligible staff, 2,019 staff took part in this survey, a response rate of 45% which is 1% below the average response rate for acute and acute & community trusts using Picker. The Trust's response rate dropped by 7% since 2021. This is first time since 2017 that Whittington Health has experienced a response rate below 48%.

The purpose is to give staff a voice and provide managers with an insight into morale, staff engagement, wellbeing, culture and perception of service delivery. In 2020, NHS England and NHS Improvement took the decision to combine acute trusts and

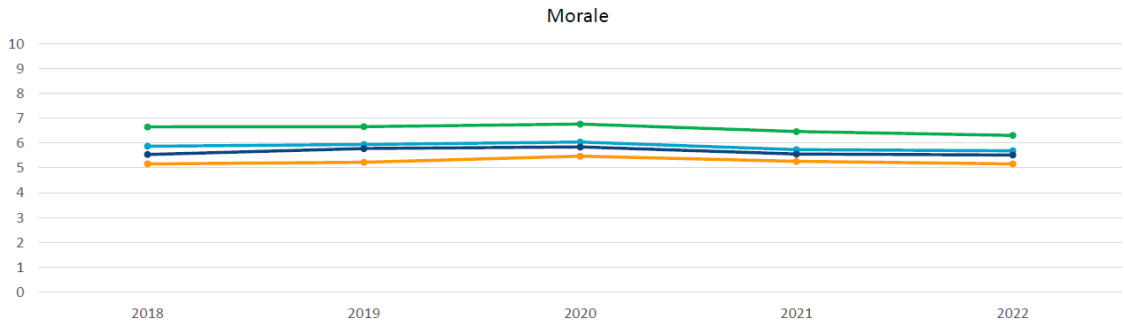
combined acute and community trusts into one benchmarking group after analysis of the 2019 survey showed no substantial difference in the occupation group profiles or the overall distribution of scores or the survey themes for the two types of organisation. Whittington Health has been part of this newly combined acute and Acute & Community Trusts Group since 2020.

Whittington Health's theme score of 6.8 for staff engagement is the national average 6.8 score and a reduction from the previous year which was 6.9.



	2018	2019	2020	2021	2022
Your org	7.0	7.1	7.1	6.9	6.8
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	1935	2334	2164	2265	2018

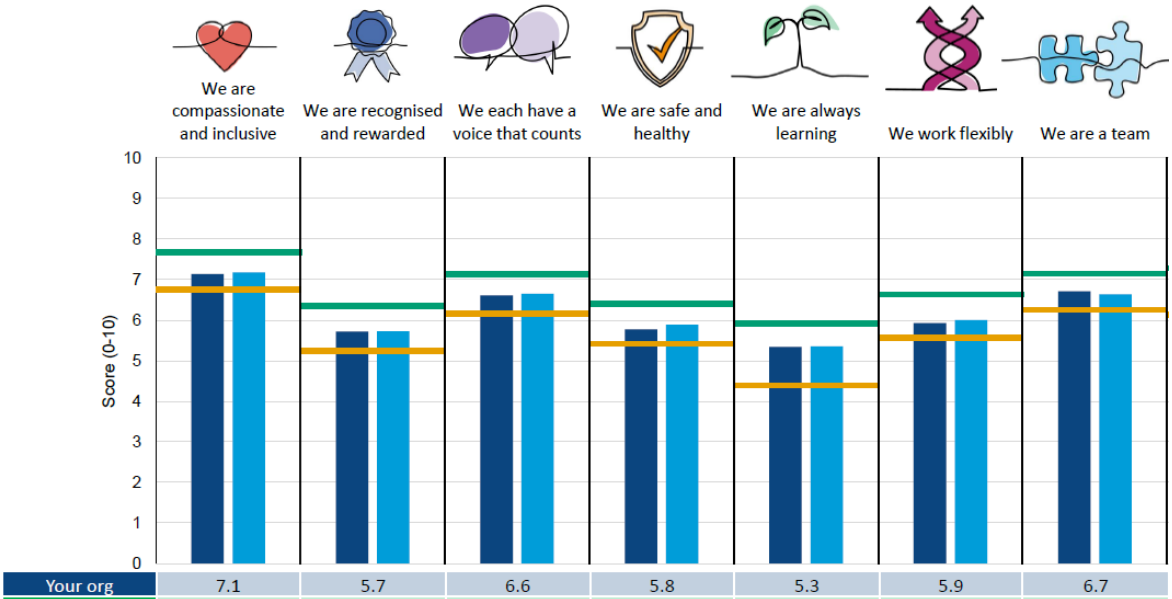
Whittington Health's theme score of 5.5 for staff morale is slightly below the national average of 5.7 and a reduction from last year where morale stood at 5.6. The reduction follows a similar trend with other acute and acute community trusts.



	2018	2019	2020	2021	2022
Your org	5.5	5.8	5.8	5.6	5.5
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	1914	2320	2151	2255	2017

The table below shows Whittington Health results against the seven NHS People Promise elements for 2022.

Results are presented in the context of the 'best', 'average' and 'worst' results for the total 124 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
Your org	7.1	5.7	6.6	5.8	5.3	5.9	6.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3
Responses	2016	2017	2006	2004	1927	2014	2016

In 2022 Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for one of the themes: We are a team; Average for two themes: We are recognised and rewarded, and We each have a voice that counts. The Trust has scored slightly below average in We are compassionate and inclusive, We are safe and healthy, We are always learning, We work flexibly.

This year, the recommended Trustwide priorities for 2023/24 which will support staff retention and increase morale and engagement across the organisation will be:

1. 'We are recognised and rewarded' particularly level of pay and having adequate material and recourses, and recognition are priorities.
2. 'We are safe and healthy' and particularly negative experiences, and;
3. 'We are compassionate and inclusive' and career progression and providing reasonable adjustments for staff with long-term conditions.

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.

- 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 new financial wellbeing hub was created under CFTWC to support staff through the cost-of-living crisis, along with various listening events held in the organisation
- patient Behaviour & Staff Safety has also been added to the CFTWC hub with a new policy, guidelines and training piloted on managing violence and aggression at work policy
- 'disability in the workplace' provides employees with an understanding of staff experience and invited people to be more inclusive in their behaviours
- The organisation launched the restorative just culture programme, which included revised policies and training for managers to support restorative conversations

Staff Health and Wellbeing

2022/23 saw the various organisational groups overseeing staff health and wellbeing, working even more closely together, within the Trust and the local healthcare system, to coordinate health and wellbeing support, including financial wellbeing. The Trust focused efforts on both practical staff support, and psychological support. Additionally, the organisation has designed a new staff wellbeing and engagement model which is being implemented:

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 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 are on continuous offer 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
- critical incident stress debriefing continues

External routes of support included:

- the keeping well North Central London Hub, 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

Statutory and mandatory training

The Trust continued to deliver the majority of core mandatory training skills via online learning which staff access through the inhouse learning management system “elev8”. The platform was introduced in 2021 and has been accessed by over 95% of staff. It provides users with a clear overview of their current compliance status and an easy, accessible way to either complete eLearning or book onto courses that require attendance. New starters are given access to the platform once the offer has been accepted and are able to complete learning prior to starting.

While the Trust compliance target is set to 90%, compliance remained static between 84-85% throughout the year. This may in part be due to staff shortages created by the pandemic, winter pressures and strike actions, all of which had an impact on capacity to release staff for training.

Trust corporate induction continued to be run once a month as an online event, designed to welcome staff and provide key information to enable new starters integrate quickly into the organisation. The event is supported by the chair, chief executive, medical director, chief nurse, joint directors of inclusion as well as a great variety of other speakers, such as freedom to speak up guardian, library services, SeeMEFirst and a great many more.

Staff development

Whittington Health places great value on developing staff through courses, this year we have been able to do this using a hybrid approach of face-to-face and virtual delivery.

In the last year, the following was delivered by in-house staff and with partners:

- the bands 2-7 career development programme for staff from a black or minority ethnic background supported staff to undergo a tailored development programme for three months providing career development, personal development and insights into understanding Whittington Health’s recruitment and selection process. The programme consisted of a variety of modules to help build knowledge and confidence in career development
- British sign language, both tasters and 10-week course
- report writing (NHS Elect)
- minute taking (NHS Elect)
- I.CARE leadership development programme was delivered in-house and consisted of the following modules:
    - communicating effectively
    - workplace conflict
    - giving and receiving feedback
    - situational leadership
    - introduction to NHS finances
    - building inclusive cultures
- appraisal training for managers and appraisees
- advanced presentation skills for those who want to progress their careers
- mental health first aid training (MHFA England)

- critical incident stress debriefing (CISD) to become accredited facilitators
- coaching: foundation and practitioner level training, for individuals to support career development and working relationships (TPC Health)
- Middlesex University advanced management diploma
- Kings Fund: personal impact and influence training
- Staff College: leading self, others and systems
- bespoke workshops for teams that need support in developing team-working
- 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
- we also offer a variety of MS Office and information technology training via our digital learning solutions centre
- functional skills training in maths & english
  a variety of non-clinical and clinical apprenticeships, including physiotherapy, diagnostic radiotherapy, occupational therapy, nursing and leadership.

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

The inclusion team provides assurance on the development of staff equality networks, on compliance with statutory obligations and other key initiative sand returns to NHS England, as shown below:

- disability confident
- gender pay gap
- workforce race equality standard
- workforce disability equality standard

Staff engagement has been pivotal for achieving our goals. As part of our work in this area, the staff networks continue to act as a method of consultation to help deliver equity within the Trust policies, guidance and staff engagement. We have developed a network and staff mission statement to enable staff to connect with our Trust values. It conveys a message of supporting belonging and influencing team cohesiveness and inclusion in the organisation.

Key activities supporting inclusion goals and ambition include the following:

- A quarterly open forum for all staff
- Equality, diversity & human rights & black inclusion week, which included a presentation on female genital mutilation
- participation in national network events, including International Women's Day, Pride Month, South Asian Heritage Month, Black History Month, UK Disability History Month and Lesbian Gay Bisexual and Transgender History Month
- the introduction of a medical workforce equality standard role with an emphasis on improving the Trust's support and development of international medical graduates with adaptation and effective induction to their new role in a new environment
- the introduction of external mentoring programme involving senior black and minority ethnic colleagues working in other North Central London sectors to support mentorship and career progression

Care of patients with Sickle Cell disease

Whittington Health is part of the North Central London 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.

Allied Health Professionals Leadership Fellowship

Allied Health Professionals (AHPs) at Whittington Health 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 our Integrated Clinical Service Units.

Over the past 12 months, we have had our first cohort of AHP fellows complete the AHP leadership fellowship and due to its success, we have successfully recruited to a second cohort of fellows starting in April 2023. The aim of the programme is to develop confident, competent, and compassionate leaders of the future.

For the first time this year we have had a collaborative approach to international recruitment. We joined the London AHP Consortium as part of pilot project and have successfully recruited to 10 AHPs across occupational therapy and radiography. Work continues with the consortium to determine how this work continues and is expanded across other AHP areas.

Healthcare Support Workers project – what have we done and what are we doing?

Since June 2022, there has been a dedicated healthcare support worker (HCSW) development project team in place. The HCSW project team are members of the North Central London Integrated Care System HCSW networks across nursing midwifery and allied health professionals (AHPs), these networks are co-producing shared competency documents and updating job descriptions across this region.

A key aim for the HCSW project team was to identify where the gaps and barriers to progression were, alongside developing clear career development pathways underpinned by a competency framework. The team successfully ran the HCSW clinical development programme for the unregistered workforce in nursing, midwifery, and AHPs since October 2022 with cohorts mapped on to future dates for 2023 and further expansion on the way. Working in partnership with the nurse recruitment team, the HCSW team provide pastoral support for the clinical support workforce. The team visit HCSWs, hold listening and one-to-one sessions, ensure the care certificate teaching is booked and ensure the clinical development programme is forecasted into their pathway within three months of starting work. This is all done in conjunction with their clinical manager.

A key strategy moving forward is to expand the delivery of education development pathways for HCSWs that includes Level 2 – Level 5 and progression on to degree level apprenticeships to grow our own future clinical workforce. We are in the development phase of mapping the HCSW clinical development programme into an apprenticeship scheme of work at Level 2 and 3 and expect this to be ready September 2023. Taking this approach will ensure our experts are at the forefront of teaching and delivery alongside our chosen external provider. We are exploring all options available to ensure equity of access for HCSWs who wish to progress in their careers and to that end we will be engaging with key stakeholder across the Trust outlining options.

The overarching aim for the HCSW team is to provide targeted pastoral and clinical support for healthcare support workers, reduce the burden on clinical managers, develop opportunities to grow our future workforce through apprenticeships and engage with our key stakeholders at every step.

Excellence in Medical Education

Undergraduate Medical Education

Since the pandemic, Whittington Health has been the home placement for an entire year for several hundred University College London (UCL) medical students offering exemplary clinical placements using the apprenticeship model for 120 students in their first clinical year (year 4) and a similar number in the following year (year 5). Additionally, 24 students are hosted for the intercalated Bachelor of Science degree (iBSc) in paediatrics and child health (year 3 for UCL medical school) and numerous other students from the medical student for specially study components (in years 1, 2 and 6).

The students are taught by a large and committed faculty of clinical teachers who also attend to their pastoral care. Examinations are hosted in all years and provide all the examiners needed to assess in these high-stake clinical exams. Additionally, the students are supported by a dedicated administration team which includes three regularly visiting therapy dogs.

During the quality assurance visit in March 2022, the UCL medical school visiting team were impressed by the faculty's dedication, the involvement of those at Board level, the administration team who manage the complicated teaching timetable and the engagement of the students who felt at ease and able to voice their viewpoints. Whittington Health were asked to provide a guide to our apprenticeship model for dissemination throughout UCL medical school. This has been actioned.

In March 2022, Carly Fertleman, the undergraduate lead ran a hugely successful "Whittington Health Success Stories" event and of the 12 presenters, two were UCL medical students who undertook innovative projects, another presenter was the lead undergraduate administrator (who introduced an innovative induction to welcome all our students) and several others were from the undergraduate faculty who had been involved in other educational activities.

In the last year three clinicians at Whittington Health have won highly coveted awards for teaching. These were won by Irene Gafson, consultant in obstetrics and gynaecology as well as two teaching fellows, Anthony Zacharias and Emma Kelley.

Postgraduate Medical Education

Over the last year, the postgraduate medical education (PGME) faculty continued to provide excellence in educating our doctors-in-training, while addressing challenges and seizing opportunities.

Although the direct impact of COVID-19 has reduced, nationally there are significant levels of burnout affecting doctors-in-training. Our approach has been to provide additional support and training opportunities to our junior doctors. The Trust remains grateful for their tireless work in caring for our patients and the PGME team and colleagues work hard to ensure they feel valued.

Whittington Health again performed very well in the GMC national training survey for 2022. There were scores in the highest national group across various domains for four specialty training programmes: trauma & orthopaedic surgery, clinical radiology, obstetrics & gynaecology, and respiratory medicine. Overall, 9/10 of our trainees rate the quality of clinical supervision provided as good or very good and 8/10 report the working environment is fully supportive.

The high performance of the Whittington Health orthopaedic team was further shown by winning the Hospital of the Year Award 2022. This award specifically reflects training experience, being based on votes cast by trainees on the Percival Pott rotation. The award reflects the commitment to training shown by all the trauma & orthopaedic consultants, despite the post-pandemic pressures on healthcare.

The PGME team continued the Whittington Health PGME star awards. There were multiple nominations for the doctors-in-training working above and beyond usual practice across all specialties. Nominations included recognition of outstanding commitment to patient care whilst also showing great kindness and compassion to both patients and colleagues.

Over the last year, the Trust has been awarded additional funding from Health Education England (HEE) to further support education and training. For example, in August 2022, an additional seven foundation doctors join the Trust, to start medical training in their first two years. A new clinical teaching fellow in paediatrics with educational leadership was appointed, in collaboration with the workforce team of our North London Partners' Integrated Care Board and will work across the local healthcare sector.

Additional funding was received from HEE after successful bids to support various initiatives. For example, the team provided 'Good Clinical Practice' training and statistical processing packages for research or service improvement projects. The teaching programme for the Trust's chief registrars was sponsored and they were supported in providing a mentorship development programme for doctors-in-training. The Trust successfully bid for funding for simulation kit and locally delivered courses, including supporting colleagues who developed and provided novel multi-specialty training for critical care emergencies. The faculty of educational supervisors has been built up by providing courses in many aspects of PGME, including assessment, mentoring and support.

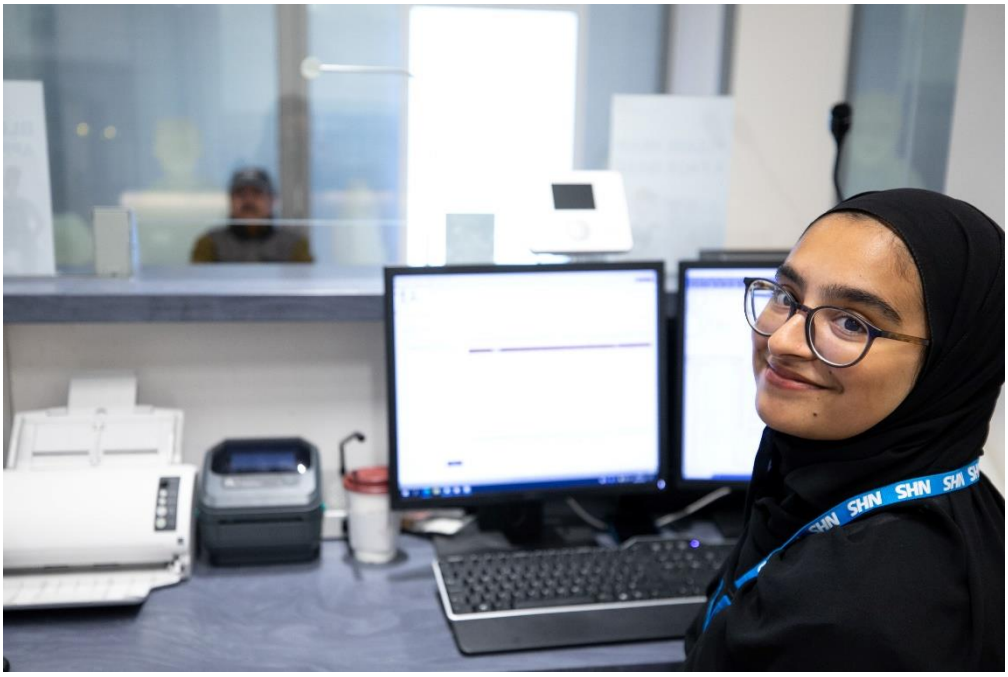
The PGME team were again awarded funding from HEE to support the continuing professional development (CPD) of specialty and locally employed doctors in the Trust. In 2020, a competitive Whittington PGME CPD award scheme was set up for this group of doctors, which proved highly successful. It was decided to run this again and to set-up a similar scheme for internal medicine trainees. Applications were very high-quality and the Trust was able to contribute towards 14 doctors undertaking courses in practical clinical skills training or effective teaching, professional examinations and certificate of eligibility for specialist registration (CESR).

Over this last year, new posts in the PGME support team have been embedded and have continued to attract high quality candidates establishing a very effective team. The Trust made two posts substantive: our medical education co-ordinator for

radiology, obstetrics & gynaecology, paediatrics, and childhood & adolescent mental health, and our part-time study leave co-ordinator. These new members are helping to ensure that our PGME support team is now very responsive to the needs of our trainees and is very efficient in helping them to navigate complex processes. Further, the Trust are delighted to have been able to attract and recruit skilled and able new education faculty members, including an interim foundation doctors' (year 2) training programme director, a new college tutor for surgery, a new champion for supported return to training and less than full-time training and a new joint college tutor for medicine.

In August 2022, our new Whittington Education Centre (WEC) opened for business. This bespoke training facility has a mix of smaller and lecture size teaching rooms, up to date audio-visual and IT equipment and a dedicated simulation suite. During the pandemic, teaching and education events were kept running initially online and, later, with some face-to-face training. The new WEC gave us the opportunity to relaunch in person teaching and allowed teams to come together again for joint learning and specialist training events.

The future will bring challenges. However, the Trust will continue to drive forward initiatives and support both our doctors-in-training and our faculty of excellent educators. Achievements will be built upon to further sustain and develop Whittington Health's reputation for excellence in postgraduate medical education.



COMMUNICATION AND ENGAGEMENT

This year saw a significant increase in communications and engagement activity beyond the pandemic. For example, although we maintained our commitment to promoting vaccination against COVID-19 and flu, we also played our role in regional and national public health protection campaigns around polio and measle, mumps and rubella vaccination programmes. Early in the year we dedicated a considerable level of resource to supporting our colleagues for the proposed introduction of COVID-19 vaccination as a condition of deployment.

It also saw us building on community engagement activity, including a public consultation into a proposal for an integrated health and wellbeing hub in Wood Green, following broader engagement in 2020 which informed our plans. We invited responses from a wide range of people, including sending consultation packs directly to over 30,000 patients and recent service users. We received 2,000 direct responses, hosted or attended 16 meetings to inform and listen directly to over 100 people and engaged with a range of stakeholders. Our activity was praised by the Haringey Overview and Scrutiny Committee. We followed this up with initial design and ways-of-working workshops and will be doing further engagement on more detailed plans as the project progresses.

Other projects where we have undertaken engagement this year include our Maternity and Neonatal Estate Transformation Project – this long-term project has focused on staff and our maternity voices partnership so far and we will be looking to engage more broadly on detailed plans as they are produced. We have supported the award-winning Wood Green Community Diagnostic Centre (CDC) with targeted engagement activities with Haringey residents and primary care colleagues. We organised several high-profile visits to the centre, including a formal opening by the then Secretary of State for Health and Social Care. As well as engagement, we have deployed communications and marketing support to the CDC, promoting the service to local people and encouraging patients to request any blood tests or x-rays at the CDC, including a bus advertising campaign on a large number of relevant local bus routes from January to March 2023. The CDC and our partners in the project, Capital and Regional Plc, won an HSJ Partnership Award. Finally, we have supported specific teams across the organisation to inform and engage with their staff over the case for change and developing proposals of the North Central London Start Well programme.

The Communications function has played a key role in supporting the organisation through a number of operational challenges over the course of the year. Along with the rest of the NHS, during this year we faced high levels of demand and acuity, leading to longer stays in hospital, which has a knock-on effect on where patients and service users arrive at the point of need, such as our emergency department. We have, alongside other trusts in North Central London and in partnership with the North Central London Integrated Care System (NCL ICS), used our channels to distribute messages about the various options for getting care and treatment, such as pharmacies and NHS 111. We also demonstrated our commitment to open and honest communication by supporting our urgent and emergency care colleagues to explain to patients what we were doing to ensure they were kept safe and being clear on how we were striving for the highest quality of care possible in challenging circumstances, when our emergency department was at its busiest.

We have broadened our use of social media, in particular greater promotion of activity in key priority areas. We have revitalised our presence on LinkedIn, with a new long-term staff spotlight campaign, and proactively supported recruitment campaigns for individual directorates based on organisational priorities. Feedback was that this increased use of professional social media to promote Whittington Health as a place to work and vacancies resulted in significantly higher quality of applications received.

Internally, we introduced the new values, which have the addition of 'Equity' underlining the existing ICARE (Innovation, Compassion, Accountability, Respect, Excellence) values. We held our first annual staff awards ceremony in person since before the pandemic, celebrating the Whittington Health stars which shine the brightest. We also introduced a new approach for all-staff briefings, with a format that focused on fewer key areas and designed to support managers to share key information with staff more easily, and an opportunity for staff to raise questions for a direct response from an executive or other senior leader. This has resulted in a significant increase in the number of staff regularly attending this session.

We launched a staff campaign to help colleagues to understand how the Trust's new management of violence and aggression policy supports them to avoid being a victim of abuse or violence and to ensures that robust action is taken against the perpetrators if they are. Under the strapline "don't push your feelings to one side" it emphasised that putting up with abuse, violence or aggression is not 'part of the job'. It encourages staff to always report incidents and to make use of new tools such as a 'yellow, orange, red card' warning system and the support offered by the police where a crime has taken place. Externally we used real life case studies in the media to demonstrate the impact that violence and aggression can have on our colleagues and the legal penalties we will push for where they are subjected to such unacceptable behaviour.

Work that has commenced this year and which we look forward to taking into next year includes supporting the organisation to communicate with staff about the possibility of greater collaboration with our key NHS partner, University College London Hospitals NHS Foundation Trust (UCLH). Working in partnership with our colleagues at UCLH, we planned clear communication to help staff to understand the clinical collaboration already in place, the aims of this programme and reassuring individuals about what it means for our future. We also supported our learning disability liaison nurse to produce a set of films designed to ensure people with learning disabilities to understand what hospital care may entail. This was done following co-design principles, engaging with patients with learning disabilities on the content. These will be launched in the first half of next year and we hope will be a helpful and supportive resource for people with a learning disability and their carers.

Twitter

10,104 Followers
607 new

1,100 Tweets

1.6 million impressions

Top Tweet

462,103 impressions

Response to a now deleted Tweet in which we were falsely accused of breaking COVID-19 guidelines.

Facebook

4,704 Followers
152 new

451 Posts

771,000 impressions

Top Post

3,064 impressions

131 reactions

LinkedIn

Launched July 2022

5,800 New Followers

47 Posts

106,229 impressions

Top Post

16,448 impressions

488 reactions

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34 Website stories

189 Intranet stories

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; hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulations 2016, UKGDPR 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. As a result, the Trust hopes to meet the majority of the mandatory assertions with an improvement plan in place for IG training which will likely be below the target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at www.dsptoolkit.nhs.uk and www.igt.hscic.gov.uk.

All staff are required to undertake IG training. In 2022, the Trust ended the year at 86% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. 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 manage classroom-based sessions at induction.

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.

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

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

During 2022/23, technology has continued to play a core element in providing the best possible care to the citizens of Islington, Haringey, Barnet, Camden, Wembley and Uxbridge.

Technology and real-time information support our clinical staff to provide direct care. We also work with neighbouring NHS Trust through the London shared care record so that patient care is joined-up across London providing citizens with safe care wherever they go.

Information and connected devices help our staff be effective in what we do. We also ensure that information is safe and secure with robust information governance and cyber security.

Our new patient portal now enables us to share information to patients and we will expand on this to help manage expectations, give assurance on care and provide a better means of communication with care providers.

Over the last year we have achieved some great improvements, as illustrated below:

- enabled electronic observations in accident and emergency
- moved from paper to digital in emergency trauma
- enabled electrocardiogram ECGs to be digital so information can be shared with clinical staff securely
- introduced a patient portal managing patient appointment and paperless communications
- oncology outpatients went paperless
- London care record now has all our activity in both the acute and community context
- electronic outcoming of outpatient appointments
- radiology went paperless for requests
- upgrade to webclient of Careflow medicines management enabling wider access
- supporting the go live of the community diagnostic centre in Haringey
- secured access to community data when out with patients via virtual smart cards
- virtual ward go live for heart failure patients, enabling care at home
- new electronic document management system with improved integration with electronic patient record applications
- Barnet children's and young people's therapy service migration to our 'RIO' instance
- the district nursing service moved off 'e-community' and fully onto 'RIO'.

We will continue to pursue technology to help make the lives of our residents and staff easier to manage and help them provide the best possible care. Our commitment is to stay relevant with new technologies that are proven effective and safe while helping to reducing the administrative burden.

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 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.

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 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.

Since November 2022, the architect and design team have commenced the Royal Institute of British Architects stage 3 design work with a number of individual departments within the maternity and neonatal service on general floor layouts, detailed room layouts and construction phasing. In parallel to this design work, the architect and design team progressed pre-planning application discussions with the London Borough of Islington and submitted a hybrid planning application for the project in July 2022. The hybrid planning application was approved by the London Borough of Islington on 8 November 2022.

This year saw the sign off of the 1:200 designs of the refurbished building, along with the board sign off of the outline business case. Much of the year was spent continuing negotiations to get funding for the whole project whilst progressing with phase one

which will give us a new entrance, triage and a few ensuite labour rooms. We were delighted to receive formal planning permission for the build this year also. In the meantime, we also developed the Birthing Centre and that will reopen by the end of the financial year.

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. Full consultation with the public concluded last year with massive support for the project.

Community Diagnostic Centre

We were delighted to open the Community Diagnostic Centre this year, and it has already conducted over 14,000 tests. It has three opthalmology lanes, two x-ray rooms and three phlebotomy chairs. Next year, a CT and an MRI will be added in the basement. The team have been shortlisted for a Health Service Journal Partnership award and have featured on Channel 4 News.

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 a national and global level.

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 by 2050. In the UK, approximately 20% of carbon emissions arise from energy use in buildings. At present, this is roughly split 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 January 2020, the Chief Executive 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

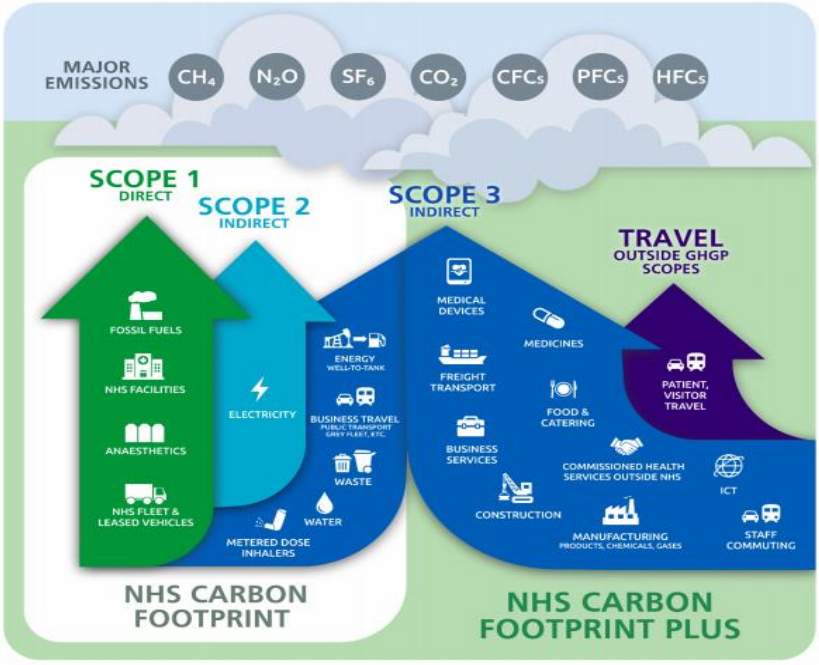


Figure 3: NHS Carbon Footprint Scope Definition (Delivering a ‘Net Zero’ National Health Service, 2020)

In 2021, the UK government committed to fully decarbonising the electricity system by 2035. This means that the major challenge for public sector bodies 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.

As a provider of healthcare and a publicly funded organisation, Whittington Health is committed to ensuring the long-term sustainability of the natural environment to deliver sustainable healthcare and to safeguard human health. We will continue to help local people live longer and healthier lives, even in the context of rising utility costs, by ensuring we utilise environmental, financial, and social assets in a sustainable manner.

While there is an enormous challenge for the us 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 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.

The Trust has already demonstrated this by completing its own Green Plan and has utilised the low carbon skills fund (LCSF) to develop its heat decarbonisation plan in April 2022. Furthermore, using the recommendations laid out in the heat decarbonisation plan, we have been awarded Phase 3b Salix public sector decarbonisation scheme funding to decarbonise four of the Trust's satellite buildings.

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. The key aims of the Green Plan are:

- an improved approach to monitoring and reporting sustainability key performance indicators
- a qualitative assessment of our performance in several 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 Health, 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 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).

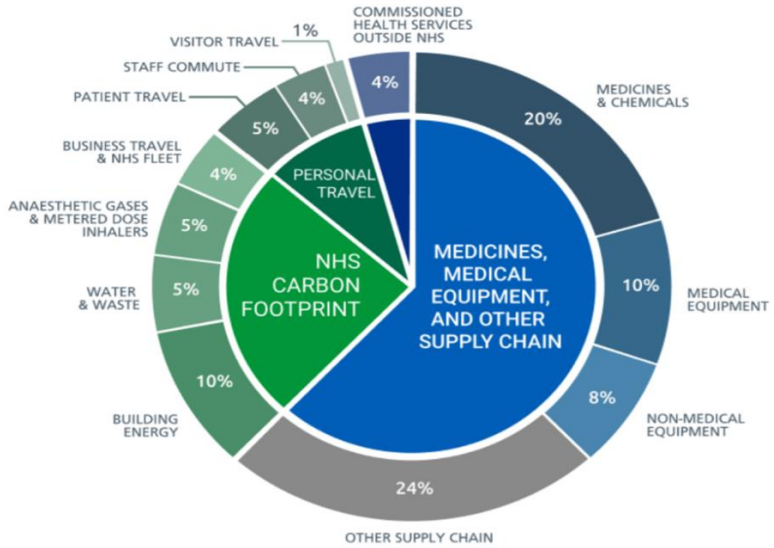


Figure 4: NHS Average Emissions Breakdown by Source

Carbon Impact

Teams across our Trust have been focused on reducing our direct emissions for many years. Figure 5 shows that to date, we have reduced our emissions by over ½ (58% reduction) since our baseline year of 2016/17. This has been driven by efforts to reduce energy consumption and significantly by electricity grid decarbonisation. In 2022, another phase of LED lighting was implemented at seven of the Trust's Community sites.

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.

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). 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.

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. 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.

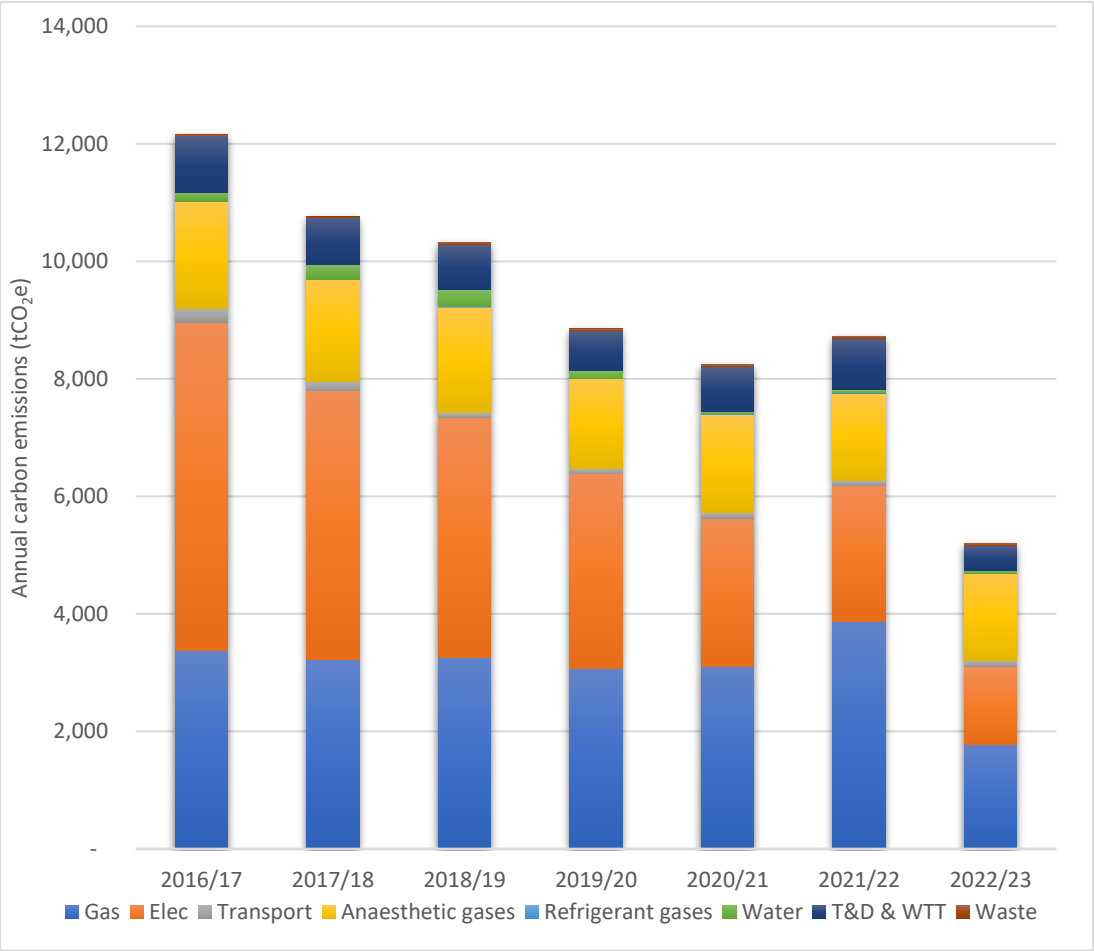


Figure 5: Annual NHS Carbon Footprint Emissions (MDIs & Business Travel Data Missing)

Energy Usage

Due to the changeover of utilities under Inspired Energies in April 2022, obtaining the utility data has been a challenge this financial year and thus, some of the data is not complete.

For instance, the 2022/23 electricity consumption only covers April 2022 to January 2023. Figure 4 shows that, in 2022/23, 85% of our energy-related emissions were from our acute site - Whittington Hospital.

Furthermore, with regards to water usage, the Trust is meant to be moving from Castle Water to Advanced Demand Side Management but currently a portal has not been created. As such, the bills from Castle Water are only to June 2022. Therefore, the water usage for 2022/23 had to be estimated based on the usage from the previous two years.

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.

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. From Figure 3, emissions from energy use currently represents 66% 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.

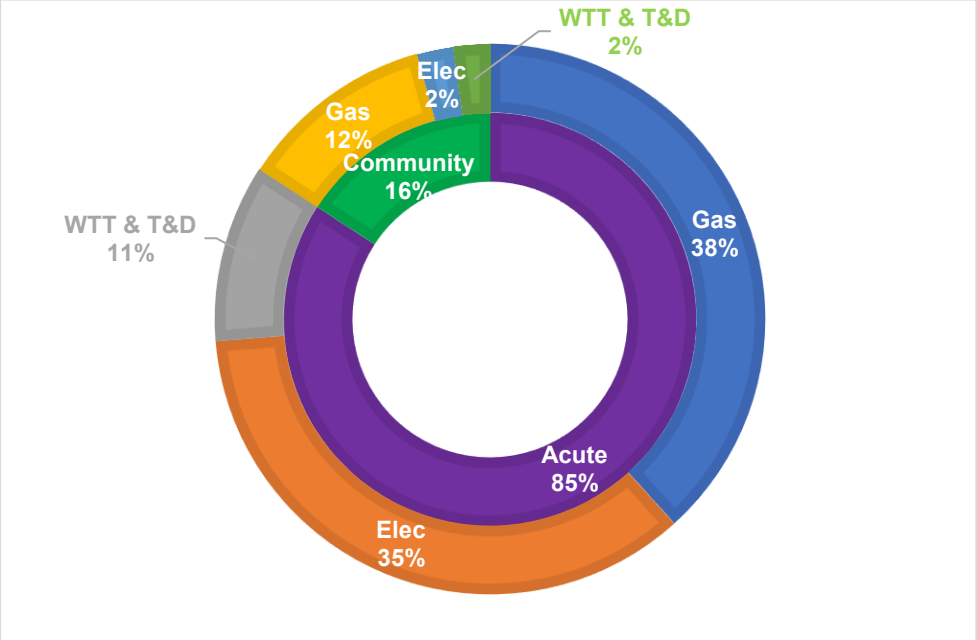


Figure 6: Breakdown of Emissions for Building Energy Use 2022/23

There is an equal split between gas and electricity consumption at the acute site with the remaining arising from Well-To-Tank (WTT) and Transmission & Distribution (T&D). On the community side, the majority of emissions is from gas consumption accounting for 73%

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.

One way in which we aim to do this is by decarbonising four of our buildings: H Block (nursing accommodation & physiotherapy) at the acute site, and three community sites: Hornsey Rise, Northern and River Place Health Centre. The Trust has been granted Salix funding to replace the current gas boilers in these buildings to low-carbon heating.

The Trust could improve its energy management through continuation of our smart meter and Automated Meter Readings (AMR) rollout programme and by implementing a system to automatically monitor consumption and identify opportunities to make savings. This would eliminate problems we are facing with receiving our data from utility companies and instead collecting our data in real-time. 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.

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 is over 10%.

The significant contribution of clinical waste is due to 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.

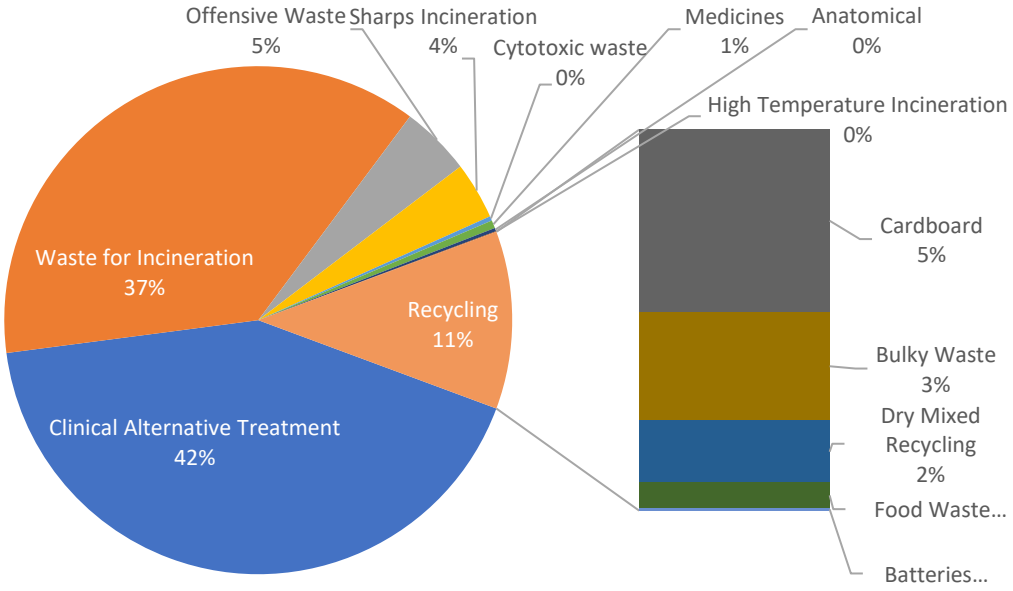


Figure 7: Whittington Hospital Waste Breakdown by Type 2022/23

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 Usage

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.

As mentioned previously, the Trust is meant to be moving suppliers, but currently a portal has not been created. As such, the bills are only to June 2022. Therefore, the

water usage for 2022/23 had to be estimated based on the usage from the previous two years.

Figure 6 shows that overall the site has reduced its water usage from 2016/17 to 2022/23 by 20%, where the lowest consumption in 2020/21 arose due to the pandemic as 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.

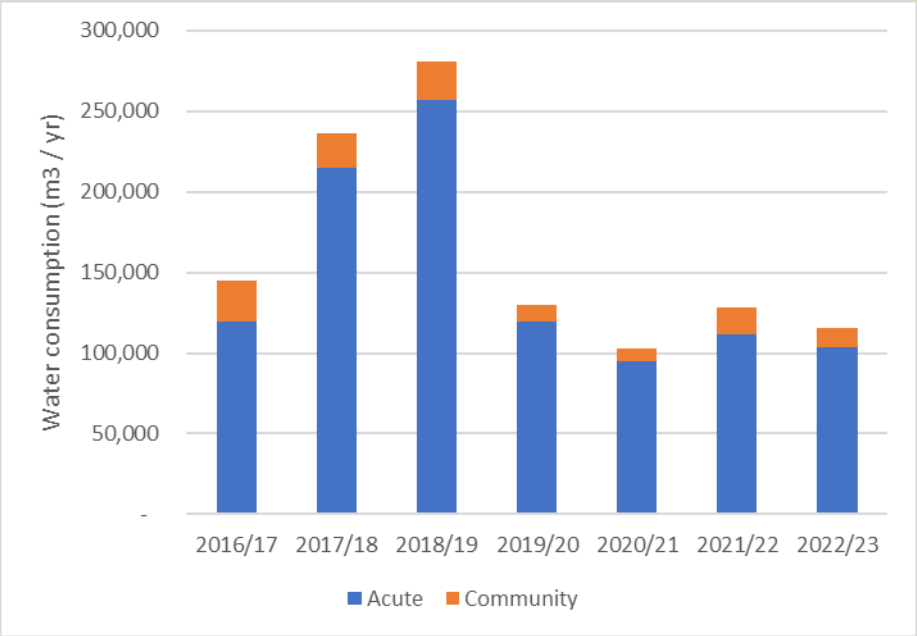


Figure 8: Site Water Consumption from 2016 to 2023

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.

Up until this point, our focus has primarily been on reducing our 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 focus will need to shift to the quantification of our NHS carbon footprint plus, for which we are currently collating data.

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 16 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

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 8 November 2022, by the North Central NHS England Assurance Team. The EPRR assurance requirements stipulated those providers self-assess compliance against the NHS core standards.

SUBSTANTIALLY COMPLIANT: EPRR and CBRN (chemical, biological, radiological, and nuclear) assurance outcome in accordance with standards achieved in 2022. The one amber score pertained to data protection and information governance. The trust received amber ratings for core standard 10: incident response and core standard 49: data protection and security toolkit. The EPRR 2022/2023 action plan, is in place in response to the two amber standards.

NHS England Core Standards	Core Standards total	Assessment outcome Red	Assessment outcome Amber	Assessment outcome Green
EPRR	55 (1-55)	0	2	53
CBRN	14 (56-68)	0	0	14

In 2022, NHS England, decided to conduct a deep dive into *Evacuation and Shelter.* The organisation was recognised as having *good practice* in relation to core standard 16: Evacuation and Shelter.

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 2022/23. As the CEO I believe this represents an accurate and full picture of the Trust for the year.

Signed .  .....Chief Executive

Date: 29th June 2023

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 *(Tony Rice left the Trust Board on 20 February 2023 and Anu Singh left the Trust Board on 13 April 2022)*

Directors

Siobhan Harrington, Helen Brown, Kevin Curnow, Clare Dollery, Norma French, Jonathan Gardner, Carol Gillen, Sarah Humphery, Tina Jegede, Michelle Johnson, Chinyama Okunuga, Swarnjit Singh, Sarah Wilding. *(Siobhan Harrington left the Trust on 31 May 2022, Carol Gillen left on 29 July 2022 (Carol was also Acting Chief Executive from 1 to 19 June), Michelle Johnson left on 30 June 2022, Sarah Humphery left on 31 December 2022. In 2022, Helen Brown, Chinayama Okunuga and Sarah Wilding joined as new Board members on 20 June, 26 September and 22 August respectively)*

Membership of Board committees

The following committees reported to the Board:

Audit and Risk Committee

Non-Executive Directors: Rob Vincent, Amanda Gibbon, Glenys Thornton, Naomi Fulop*
* *Naomi Fulop left the Committee on 21 February 2023*

Charitable Funds' Committee

Non-Executive Directors: Tony Rice, Julia Neuberger, Amanda Gibbon
Executive Directors: Kevin Curnow, Clare Dollery, Jonathan Gardner, Siobhan Harrington/Helen Brown, Michelle Johnson/Sarah Wilding

Finance & Business Development Committee

Non-Executive Directors: Tony Rice, Naomi Fulop, Amanda Gibbon, Rob Vincent
Executive Directors: Kevin Curnow, Carol Gillen/ Chinyama Okunuga, Siobhan Harrington/Helen Brown, Jonathan Gardner

Innovation, Digital and Transformation Assurance Committee

Non-Executive Directors: Junaid Bajwa, Tony Rice, Naomi Fulop*
*Naomi Fulop joined from 21 February 2023
Executive Directors: Jonathan Gardner, Kevin Curnow

Quality Assurance Committee

Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Glenys Thornton
Executive Directors: Michelle Johnson/Sarah Wilding, Clare Dollery, Carol Gillen/ Chinyama Okunuga

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, Junaid Bajwa
Executive Directors: Kevin Curnow, Norma French, Michelle Johnson/ Sarah Wilding, Carol Gillen/ Chinyama Okunuga

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 2022/23 are shown below:

Voting member	Declared interests
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, Board of Trustees, Independent Age • Occasional broadcasting for the BBC • Rabbi Emerita, West London Synagogue • Trustee, The Walter and Liesel Schwab Charitable Trust • Trustee, Rayne Foundation • Trustee, Leo Baeck Institute Academic Study of German Jewish relationships • Trustee, Yad Hanadiv Israel (Charitable Foundation) • Trustee, Lyons Learning Project (independent education charity dedicated to all aspects of Jewish Learning • Consultant, Clore Duffield Foundation (on Jewish matters) • Commissioner, Commission on the Integration of Refugees • Bereavement Commissioner, UK Commission on Bereavement

	• Chair, Oversight Committee, City of London Centre • Public Voice Representative, Jewish Community's BRCA Testing Programme • Member of the Science and Technology Committee House of Lords • Vice Chair All-Party Parliamentary Group on Faith and Society <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
Helen Brown, Chief Executive	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
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 Ondine • 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
Kevin Curnow, Chief Finance Officer	• Non-Executive Director, Whittington Pharmacy Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement • Nil
Dr Clare Dollery, Medical Director	• Chair of the NCL Cancer Alliance Program board • Member of NCL Clinical Advisory Group 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 • Non -Executive Director, COVID Bereaved Families for Justice (CBF4J) • CBF4J is a core participant in modules 1 & 2 of the Covid Inquiry, represented by Broudie, Jackson & Canter solicitors and I am also individually represented by them. Conflicts of interests that may arise out of any known immediate family involvement • Nil
Amanda Gibbon, Non-Executive Director	• Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers into research in their disease areas. This post is currently unremunerated.) • Lay member, NHS Blood and Transplant's National Organ Donation Committee and Regional Chair for London NHSBT Regional Collaborative • Non-Executive Director, Royal Free London NHS Foundation Trust • External member of the Audit and Risk Assurance Committee of the National Institute for Health and Care Excellence • UCLH: Chair of the Biobank Ethical Review Committee for the UCL/UCLH Biobank for Studying Health and Disease and Chair of the

	UCLH Organ Donation Committee • Director, The Girls Education Company Limited • Director, Garthgwynion Estate Limited <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • My four (adult) children each have personal shareholdings in GlaxoSmithKline and Smith & Nephew
Carol Gillen, Chief Operating Officer	• Non-Executive Director, Whittington Pharmacy Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • 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
Chinyama Okunuga, Chief Operating Officer	• Non-Executive Director, Whittington Pharmacy Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Tony Rice, Non-Executive Director	• Senior Independent Non-Executive Director, Halma Plc • Chair of Maiden Voyage Plc • Chair of Shields Environmental Plc <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 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 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
	• British Council All Party Parliamentary Group
	  ○ Vice Chair Social Enterprise
	  ○ Vice Chair Dentistry & Oral Health
	  ○ Vice Chair Domestic Violence & Abuse
	  ○ Vice Chair Get Refusal
	  ○ Vice Chair Homelessness
	  ○ Co-Chair Respiratory Health
	  ○ Officer Sickle Cell & Thalassaemia
	  ○ Honorary Secretary Social Enterprise
	  ○ Vice Chair Dalits
	
	<u>Conflicts of interests that may arise out of any known immediate family involvement</u>
	• Daughter is employed at Whittington Health

Rob Vincent CBE, Non-Executive Director	• Non-Executive Director, University College London Hospitals NHS Foundation Trust • Commissioner: UK Electoral Commission <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	• Non-Executive Director, Whittington Pharmacy Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Non-voting members	**Declared interests during 2021/22**
Norma French, Director of Workforce	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • 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 at the Trust as a Research Assistant
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 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 Inclusion and Trust Secretary	• Secretary to the University College London Health Alliance Board and Chief Executive's Group • Member of the North Central London People Board • 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) <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 2023 are shown in the table 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 2022/23 AUDITED

		2022-23					
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- left 13th April 2022		0-5					0-5
Tony Rice- left 20th February 2023		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 CBE		10-15					10-15
Junaid Bajwa		10-15					10-15
Executive							
Siobhan Harrington - Chief Executive Left 31st May 2022		30-35				2.5-5	35-40
Helen Brown - Chief Executive Started 20th June 2022		140-145				0	140-145
Kevin Curnow - Chief Finance Officer, and Deputy CEO from 1st November 2022		140-145				20-22.5	165-170
Clare Dollery - Medical Director		215-220				0	215-220
Norma French - Director of Workforce		135-140				17.5-20	155-160
Jonathan Gardner - Director of Strategy and Corporate Affairs		125-130				17.5-20	145-150
Carol Gillen - Chief Operating Officer Left 29th July 2022		45-50				5-7.5	50-55
Chinyama Okunuga - Chief Operating Officer from 26th September 2022		60-65				7.5-10	65-70
Sarah Humphery - Executive Medical Director : Integrated Care Left 31st December 2022		30-35				2.5-5	35-40
Michelle Johnson - Chief Nurse and Director of Patient Experience Left 30th June 2022		30-35				2.5-5	30-35
Sarah Wilding - Director of Nursing and Clinical Development Started 22nd August 2022		75-80				10-12.5	85-90
Swarnjit Singh - Director of Race, Equality, Diversity and Inclusion and Trust Corporate Secretary(from 1.9.21)		55-60				7.5-10	65-70
Tina Jegede Director of Race, Equality, Diversity and Inclusion and Lead Nurse, Islington Care Homes (from 1.9.21)		50-55				7.5-10	55-60

Salaries and allowances 2021/22 AUDITED

		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 and Lead Nurse, Islington Care Homes (from 1.9.21)		25-30				2.5-5	30-35

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.

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 2022/23 AUDITED

Name		Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2023 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2023 (bands of £5,000)	Cash equivalent transfer value at 31 March 2023 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2022 (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	65-70	150-155	1,467	1,396	24	4
Tina Jegede	info awaited- last year pension figures?	2.5-5	2.5-5	35-40	105-110	901	804	52	8
Swarnjit Singh		2.5-5	2.5-5	35-40	80-85	756	662	73	9
Kevin Curnow		5-7.5	0	30-35	0	349	300	19	20
Clare Dollery		0	0	0	0	0	0	0	0
Norma French		5-7.5	0-2.5	45-50	75-80	858	782	32	20
Jonathan Gardner		5-7.5	0	25-30		328	275	26	18
Carol Gillen		0-2.5	0-2.5	55-60	165-170	0	0	0	7
Sarah Humphery		0-2.5	0	10-15	15-20	230	265	0	5
Michelle Johnson		2.5-5	7.5-10	50-55	145-150	0	0	0	4
Helen Brown		0	0	0	0	0	0	0	18
Sarah Wilding	info awaited- last year pension figures?	0-2.5	0	50-55	110-115	949	888	24	9
Chinyama Okunuga		15-17.5	0	20-25	5-10	289	248	26	8

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 2022/23.

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 2022/23 was £184,380 (2021/22: £184,380). This was 5.2 times the median remuneration of the workforce, which was £35,572 (2021/22: 5.1 times, £36,371).

In 2022/23, there was one employee (one in 2021/22) who received remuneration exceeding that of 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 onwards, the FReM has also required the disclosure of top to median, lower quartile and upper quartile staff pay multiples (ratios) as part of the Remuneration Report. These additional requirements for the 2022/23 and 2021/22 financial years are reported below.

The percentage change in remuneration of the highest paid director

In 2022/23, there was no increase 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 2022-23, (£ nil in 2021/22).

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

In 2022-23, permanent staff on NHS Agenda for Change Terms and Conditions received a national pay award ranging from 7.4% for Bands 1 and 2 to 1.3% for Band 9.

The range of staff remuneration

The remuneration of all staff ranged from the bands £10k-£15k to £200k-£205k.

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.

	2022/23	**2021/22**
	£	**£**
25th percentile	26,282	25,655
Median	35,572	36,371
75th percentile	48,526	47,335

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

	2022/23		**2021/22**	
	£	**Highest Paid Director: Ratio**	**£**	**Highest Paid Director: Ratio**
25th percentile	26,282	6.9	25,655	7.3
Median	35,572	5.1	36,371	5.2
75th percentile	48,526	3.8	47,335	4.0

The highest paid director

In 2022/23, one individual received remuneration in excess of the highest paid director (one in 2021/22). Remuneration ranged from the bands £15k-£20k to £210k-£215k (2021-22: £5k-£10k to £220k-£225k).

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
- 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 2022-23	Temporary Staff 2022-23	Permanent Staff 2021-22	Temporary Staff 2021-22
Medical and dental	492	61	479	55
Administration and estates	1,032	249	1,046	173
Healthcare assistants and other support staff	643	154	638	154
Nursing, midwifery and health visiting staff	1,081	246	1,071	232
Scientific, therapeutic and technical staff	809	119	757	87
Total	**4,057**	**829**	**3,991**	**701**

Cost analysis of temporary and permanent staff members

Staff Group	2022/23 (000)	2021/22 (000)
Permanent Staff		
Administration & Estates	63,399	48,243
Medical & Dental	52,605	50,769
Nursing & Midwives	67,717	66,179
Scientific, Therapeutic & Technical	53,356	47,663
Healthcare Assistants & Other Support Staff	25,014	23,513
Apprentice Levy	1,105	1,156
Permanent Total	**263,195**	**237,523**
Temporary Staff		
Administration & Estates	10,223	6,702
Medical & Dental	10,737	10,118
Nursing & Midwives	15,931	15,599
Scientific, Therapeutic & Technical	6,020	4,430
Healthcare Assistants & Other Support Staff	5,838	5,534
Temporary Total	**48,749**	**42,383**
Total of Trust Funded Permanent & Temporary Staff	**311,944**	**279,906**

Consultancy spend

The Trust spent £1.0m on consultancy in 2022/23 (£0.1m in 2021/22). The majority of this expenditure was incurred in demand and capacity planning, development of the Trust's Cost Improvement Programme, and the Trust's premises and estates programmes.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2023 for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2022/23

	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					0	0		
£10,000 - £25,000	1	15			1	15		
£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	**1**	**15**	**0**	**0**	**1**	**15**	**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: 29th June 2023

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 it 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 considers 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 the quality and safety of patient care
    - 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 is provided to 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

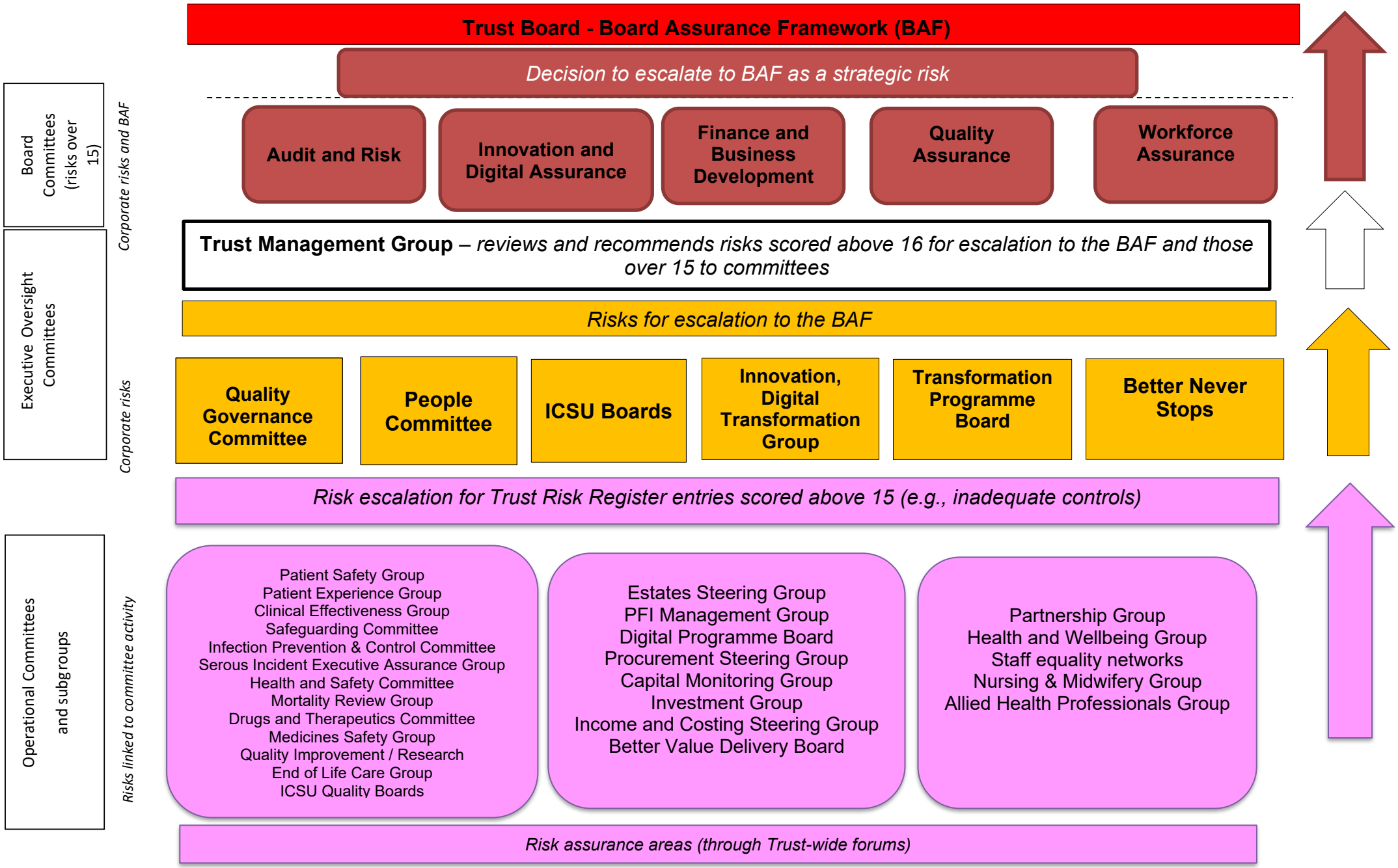
The aim of the Trust's risk management strategy is to support the delivery of organisational aims and objectives through the effective management of risks across all of the Trust's functions and activities through effective risk management processes, analysis and organisational learning.

The Trust's approach to risk management aims to:

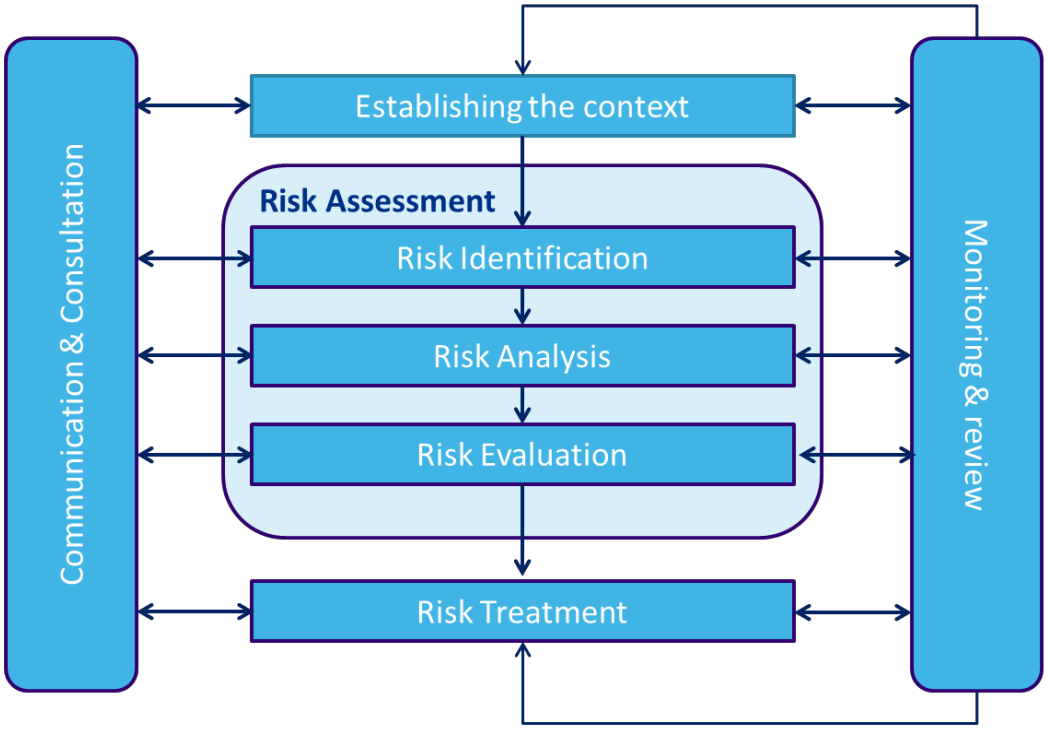
- embed the effective management of risk as part of everyday practice
- support a culture which encourages continuous improvement and development
- focus on proactive, forward looking, innovative and comprehensive rather than reactive risk management
- support well thought out decision-making

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 and Digital 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
Better Never Stops
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)

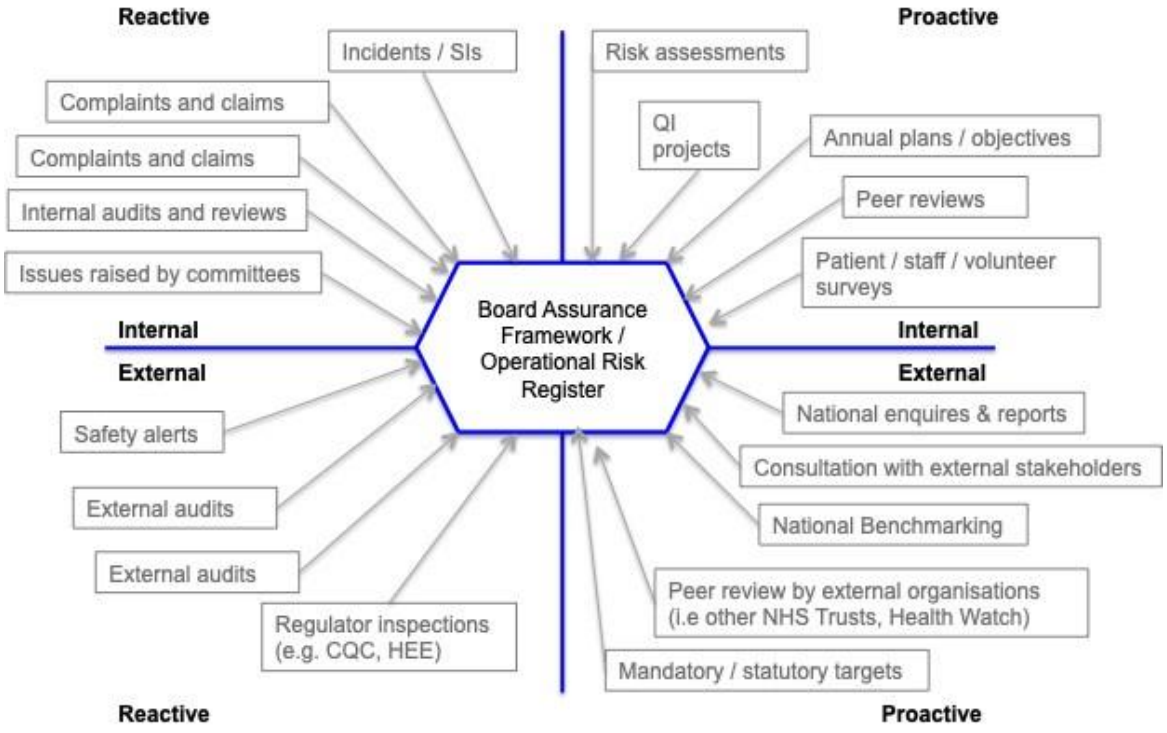
A snapshot of the Trust's risk management process is highlighted overleaf



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 reactively and proactively. Examples of a few of these are displayed in the diagram below:



Trends identified from 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. 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 taken to reduce the likelihood or consequence of a risk being actualised, or to reduce the severity of the impact 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 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 March 2023, RSM's internal audit team completed a review of the Board Assurance Framework and of risk management arrangements at Whittington Health. The review concluded a positive assessment of moderate assurance required. The key changes recommended – the inclusion of escalation and – de-escalation arrangements to the Board Assurance Framework and the Trust Risk Register have been included in our updated risk management strategy which will be discussed in quarter one by the Trust Board.

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 is reviewed regularly throughout the 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 2022/23, there was a review and consolidation of the 2021/22 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	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

Strategic objective	Board Assurance Framework entry
safety of services	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 • a failure to secure staff support, buy-in and delivery of NCL system workforce changes
Integration 1 - ICS and	Changes brought about by the NCL system and Provider Alliance such as corporate services' rationalisations, the review

Strategic objective	Board Assurance Framework entry
Alliance changes	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 was approved as the Trust Board's risk appetite. 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 on the Committee's agenda
- 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 held meetings in public 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	5
Non-Executive Director, Amanda Gibbon	5
Non-Executive Director, Tony Rice	3/5
Non-Executive Director, Anu Singh	Not applicable as left in early April 2022
Non-Executive Director, Glenys Thornton	6
Non-Executive Director, Rob Vincent	6
Associate Non-Executive Director, Junaid Bajwa	6

Job title and name	Public Board meetings attended (out of 6 unless stated)
Chief Executive, Siobhan Harrington	0/1
Chief Executive, Helen Brown	5/5
Medical Director, Clare Dollery	6
Chief Finance Officer and Deputy Chief Executive, Kevin Curnow	5
Chief Operating Officer, Carol Gillen	2/2
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	0/1
Director of Workforce, Norma French	5
Director of Strategy and Corporate Affairs, Jonathan Gardner	6
Medical Director, Integrated Care, Sarah Humphery	0/4
Joint Director of Inclusion and Lead Nurse, Islington Care Homes, Tina Jegede	6
Joint Director of Inclusion and Trust Company Secretary, Swarnjit Singh	6

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, and digital 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 assurance 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 2022/23, 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 2022/23, 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 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 and RSM as part of the annual internal audit work plan on control mechanisms which may need reviewing
- the Head of Internal Audit's opinion 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 England'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
The Trust's Access Centre accidentally sent a Physiotherapy service appointment information email message to 235 patients using the 'to' field as opposed to the 'bcc' field. This resulted in the email addresses of all 235 individuals being visible to each other.	June 2022	June 2022	No further action
Following a request for a patient's records by her ex-husband, the records were subsequently disclosed to the ex-husband. The patient contacted the Trust at a later date to state that she has not given her consent for us to share records with her ex-husband.	June 2022	August 2022	No further action
Email sent in error to patient with a spreadsheet attached which contained the personal information of many patients + emergency contact details.	August 2022	October 2022	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 Trust 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. The 2022/23 Quality Account will show year three of priorities agreed in the published 2020/21 Quality Account.

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.

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. The 2022/23 Quality Account will show year three of priorities agreed in the published 2020/21 Quality Account.

Conclusion

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

Signed

Chief Executive

Date: 29th June 2023

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

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

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, 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: 29th June 2023

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 and
- 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

29th June 2023..... .... Chief Executive

29th June 2023..... .... Chief Finance Officer

The Whittington Health NHS Trust

Annual accounts for the year ended 31 March 2023

The notes on pages 5 to 49 form part of these accounts.

Statement of Comprehensive Income

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3	400,191	379,593
Other operating income	4	31,366	29,355
Operating expenses	6, 8	(420,749)	(403,416)
Operating surplus/(deficit) from continuing operations		**10,808**	**5,532**
Finance income	10	1,922	41
Finance expenses	11	(2,364)	(540)
PDC dividends payable		(5,385)	(5,151)
Net finance costs		**(5,827)**	**(5,650)**
Other gains / (losses)	12	-	15
Surplus / (deficit) for the year from continuing operations		**4,981**	**(103)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
Surplus / (deficit) for the year		**4,981**	**(103)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(5,936)	(220)
Revaluations	16	6,749	8,312
Total comprehensive income / (expense) for the period		**5,794**	**7,989**

Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	8,397	9,711
Property, plant and equipment	14	260,614	246,194
Right of use assets	18	36,445	-
Receivables	20	772	316
Total non-current assets		**306,228**	**256,221**
Current assets			
Inventories	19	942	788
Receivables	20	25,693	12,841
Cash and cash equivalents	21	72,990	81,416
Total current assets		**99,625**	**95,045**
Current liabilities			
Trade and other payables	22	(80,778)	(66,577)
Borrowings	24	(2,920)	(334)
Provisions	25	(622)	(906)
Other liabilities	23	(2,701)	(1,859)
Total current liabilities		**(87,021)**	**(69,676)**
Total assets less current liabilities		**318,833**	**281,590**
Non-current liabilities			
Borrowings	24	(39,259)	(6,357)
Provisions	25	(33,113)	(41,420)
Total non-current liabilities		**(72,372)**	**(47,777)**
Total assets employed		**246,460**	**233,813**
Financed by			
Public dividend capital		120,707	113,854
Revaluation reserve		98,778	99,487
Income and expenditure reserve		26,975	20,472
Total taxpayers' equity		**246,460**	**233,813**

The notes on pages 5 to 49 form part of these accounts.

Name Helen Brown

Position Chief Executive Officer

Date 29 June 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**113,854**	**99,487**	**20,472**	**233,813**
Surplus/(deficit) for the year	-	-	4,981	**4,981**
Impairments	-	(5,936)	-	**(5,936)**
Revaluations	-	6,749	-	**6,749**
Public dividend capital received	6,853	-	-	**6,853**
Other reserve movements	-	(1,522)	1,522	**-**
Taxpayers' and others' equity at 31 March 2023	**120,707**	**98,778**	**26,975**	**246,460**

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**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2021 - restated	**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**

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.

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

The notes on pages 5 to 49 form part of these accounts.

Statement of Cash Flows

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		10,808	5,532
Non-cash income and expense:			
Depreciation and amortisation	6.1	17,143	11,372
Net impairments	7	1,565	295
(Increase) / decrease in receivables and other assets		(12,654)	5,382
(Increase) / decrease in inventories		(154)	1,407
Increase / (decrease) in payables and other liabilities		15,425	12,783
Increase / (decrease) in provisions		(10,007)	5,322
Net cash flows from / (used in) operating activities		**22,126**	**42,093**
Cash flows from investing activities			
Interest received		1,633	41
Purchase of intangible assets		(1,347)	(2,262)
Purchase of PPE and investment property		(25,772)	(21,896)
Sales of PPE and investment property		-	15
Net cash flows from / (used in) investing activities		**(25,486)**	**(24,102)**
Cash flows from financing activities			
Public dividend capital received		6,853	7,663
Movement on loans from DHSC		(116)	(116)
Other capital receipts		-	855
Capital element of lease liability repayments		(5,353)	(925)
Interest on loans		(53)	(54)
Other interest		(3)	(3)
Interest element of lease liability repayments		(894)	(483)
PDC dividend (paid) / refunded		(5,500)	(5,037)
Net cash flows from / (used in) financing activities		**(5,066)**	**1,899**
Increase / (decrease) in cash and cash equivalents		**(8,426)**	**19,890**
Cash and cash equivalents at 1 April - brought forward		**81,416**	**61,527**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**81,416**	**61,527**
Cash and cash equivalents at 31 March	21	**72,990**	**81,416**

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 2022/23 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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

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.

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. Assets are revalued and depreciation commences when the assets are brought into use.

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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 upon 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 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 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

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.

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

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

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 leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost or fair value through income and expenditure 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.
The notes on pages 5 to 49 form part of these accounts.
Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. 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.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

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

Income from operating leases is recognised on a straight-line basis or another systematic 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.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

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 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

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 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 34 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 35 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 35, 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.

The notes on pages 5 to 49 form part of these accounts.

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.

The notes on pages 5 to 49 form part of these accounts.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.21 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 cashflows 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 34 to the Accounts.

Note 1.22 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 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 25 Provisions.

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.

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 have commenced. There will be a significant cost of rectifying building deficiencies not appropriately addressed by WFL.

In the judgement of the Trust, a provision remains appropriate as at 31 March 2023 to cover relevant potential liabilities. The Trust has reviewed the level at which the provision is held as at 31st March 2023, 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.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2023, 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)	2022/23 £000	2021/22 £000
Income from commissioners under API contracts*	265,617	227,171
High cost drugs income from commissioners (excluding pass-through costs)	11,324	9,641
Other NHS clinical income	3,210	-
Services delivered under a mental health collaborative	2,747	2,185
Income from commissioners under API contracts*	76,041	75,641
Income from other sources (e.g. local authorities)	12,080	11,440
Private patient income	60	58
Elective recovery fund	7,891	2,494
Additional pension contribution central funding**	10,861	10,181
Agenda for change pay award central funding ***	8,495	-
Other clinical income	1,865	40,782
Total income from activities	**400,191**	**379,593**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**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.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England	54,063	40,750
Clinical commissioning groups	76,636	320,371
Integrated care boards	249,530	
Other NHS providers	5,957	5,230
Local authorities	12,080	11,440
Non-NHS: private patients	60	58
Non-NHS: overseas patients (chargeable to patient)	488	374
The notes on pages 5 to 49 form part of these accounts.	532	354
Non NHS: other	845	1,016
Total income from activities	**400,191**	**379,593**
Of which:		
Related to continuing operations	400,191	379,593
Related to discontinued operations	-	-

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

	2022/23	2021/22
	£000	£000
Income recognised this year	488	374
Cash payments received in-year	147	117
Amounts added to provision for impairment of receivables	-	445
Amounts written off in-year	962	-

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	443	-	**443**	595	-	**595**
Education and training	17,205	-	**17,205**	15,774	-	**15,774**
Non-patient care services to other bodies	7,275		**7,275**	6,770		**6,770**
Reimbursement and top up funding	1,204		**1,204**	1,468		**1,468**
Charitable and other contributions to expenditure		694	**694**		762	**762**
Revenue from operating leases		874	**874**		849	**849**
Other income	3,671	-	**3,671**	3,137	-	**3,137**
Total other operating income	**29,798**	**1,568**	**31,366**	**27,744**	**1,611**	**29,355**
Of which:						
Related to continuing operations			31,366			29,355
Related to discontinued operations			-			-

Note 5 Operating leases - Whittington Health NHS Trust as lessor

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

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 5.1 Operating lease income

	2022/23	2021/22
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	874	849
Variable lease receipts / contingent rents	-	-
Total in-year operating lease income	**874**	**849**

Note 5.2 Future lease receipts

	31 March 2023
	£000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	874
- later than one year and not later than two years	801
- later than two years and not later than three years	801
- later than three years and not later than four years	801
- later than four years and not later than five years	801
- later than five years	4,005
Total	**8,083**

	31 March 2022
	£000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	838
- later than one year and not later than five years;	3,008
- later than five years.	3,409
Total	**7,255**

Note 6.1 Operating expenses

	2022/23 £000	2021/22 £000	
Purchase of healthcare from NHS and DHSC bodies	-	-	
Purchase of healthcare from non-NHS and non-DHSC bodies	1,118	2,717	
Purchase of social care	-	-	
Staff and executive directors costs	311,944	279,906	
Remuneration of non-executive directors	126	141	
Supplies and services - clinical (excluding drugs costs)	28,233	27,631	
Supplies and services - general	6,786	6,112	
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	15,242	15,225	
Inventories written down	-	-	
Consultancy costs	1,004	144	
Establishment	8,024	10,967	
Premises	23,800	24,710	*
Transport (including patient travel)	2,544	2,093	
Depreciation on property, plant and equipment and right of use assets	14,482	9,063	
Amortisation on intangible assets	2,661	2,309	
Net impairments	1,565	295	
Movement in credit loss allowance: contract receivables / contract assets	(763)	1,912	
Movement in credit loss allowance: all other receivables and investments	-	(685)	
Increase/(decrease) in other provisions	(10,101)	3,871	*
Change in provisions discount rate(s)	-	-	
Fees payable to the external auditor			
audit services- statutory audit	136	82	
other auditor remuneration (external auditor only)	-	-	
Internal audit costs	88	86	
Clinical negligence	9,902	9,951	
Legal fees	513	458	
Insurance	254	234	
Research and development	554	586	
Education and training	1,645	1,505	
Expenditure on short term leases (current year only)	235		
Operating lease expenditure (comparative only)	-	3,639	
Redundancy	-	18	
Car parking & security	-	41	
Other	757	405	
Total	**420,749**	**403,416**	
Of which:			
The notes on pages 5 to 49 form part of these accounts.	420,749	403,416	
Related to discontinued operations	-	-	

* prior year figures reclassified between these two headings to ensure consistent presentation between years of provisions-related transactions.

Note 6.2 Other auditor remuneration

	2022/23	2021/22
	£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 6.3 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 (2021/22: £0.5m), aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,565	295
Total net impairments charged to operating surplus / deficit	**1,565**	**295**
Impairments charged to the revaluation reserve	5,936	220
Total net impairments	**7,501**	**515**

Note 8 Employee benefits

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	234,672	210,144
Social security costs	23,887	21,146
Apprenticeship levy	1,103	1,155
Employer's contributions to NHS pensions	35,411	33,485
Pension cost - other	14	63
Termination benefits	15	-
Temporary staff (including agency)	17,506	14,820
Total gross staff costs	**312,608**	**280,813**
Recoveries in respect of seconded staff	-	-
Total staff costs	**312,608**	**280,813**
Of which		
Costs capitalised as part of assets	664	907

Note 8.1 Retirements due to ill-health

During 2022/23 there were 2 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £112k (£391k in 2021/22).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 10 Finance income

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,922	41
Total finance income	**1,922**	**41**

Note 11.1 Finance expenditure

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

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	51	54
Interest on lease obligations	894	483
Interest on late payment of commercial debt	3	3
Total interest expense	**948**	**540**
Unwinding of discount on provisions	1,416	-
Other finance costs	-	-
Total finance costs	**2,364**	**540**

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2022/23	2021/22
	£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	3
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 12 Other gains / (losses)

	2022/23	2021/22
	£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	-	-
Gains/(losses) on remeasurement of finance lease receivables (lessor)	-	-
Gains/(losses) on termination of finance leases (lessor)	-	-
Other gains / (losses)	-	-
The notes on pages 5 to 49 form part of these accounts.	**-**	**15**

Note 13.1 Intangible assets - 2022/23

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**17,164**	**-**	**17,164**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	**-**
Transfers by absorption	-	-	**-**
Additions	-	1,347	**1,347**
Impairments	-	-	**-**
Reversals of impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	1,347	(1,347)	**-**
Transfers to / from assets held for sale	-	-	**-**
Disposals / derecognition	-	-	**-**
Valuation / gross cost at 31 March 2023	**18,511**	**-**	**18,511**
Amortisation at 1 April 2022 - brought forward	**7,453**	**-**	**7,453**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	**-**
Transfers by absorption	-	-	**-**
Provided during the year	2,661	-	**2,661**
Impairments	-	-	**-**
Reversals of impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
Transfers to / from assets held for sale	-	-	**-**
Disposals / derecognition	-	-	**-**
Amortisation at 31 March 2023	**10,114**	**-**	**10,114**
Net book value at 31 March 2023	**8,397**	**-**	**8,397**
Net book value at 1 April 2022	**9,711**	**-**	**9,711**

Note 13.2 Intangible assets - 2021/22

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**14,925**	**8**	**14,933**
Prior period adjustments	-	-	**-**
Valuation / gross cost at 1 April 2021 - restated	**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**
The notes on pages 5 to 49 form part of these accounts.			
Amortisation at 1 April 2021 - as previously stated	**5,144**	**-**	**5,144**
Prior period adjustments	-	-	**-**
Amortisation at 1 April 2021 - restated	**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 14.1 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**47,283**	**169,480**	**20,481**	**24,176**	**12,967**	**281**	**274,668**
Additions	-	-	25,519	-	-	-	**25,519**
Impairments	-	(5,936)	-	-	-	-	**(5,936)**
Revaluations	1,300	5,449	-	-	-	-	**6,749**
Reclassifications	(695)	14,608	(15,429)	1,324	192	-	**-**
Valuation/gross cost at 31 March 2023	**47,888**	**183,601**	**30,571**	**25,500**	**13,159**	**281**	**301,000**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**13,972**	**-**	**9,881**	**4,433**	**188**	**28,474**
Provided during the year	-	4,719	-	3,504	2,087	37	**10,347**
Impairments	-	1,565	-	-	-	-	**1,565**
Accumulated depreciation at 31 March 2023	**-**	**20,256**	**-**	**13,385**	**6,520**	**225**	**40,386**
Net book value at 31 March 2023	**47,888**	**163,345**	**30,571**	**12,115**	**6,639**	**56**	**260,614**
Net book value at 1 April 2022	**47,283**	**155,508**	**20,481**	**14,295**	**8,534**	**93**	**246,194**

Note 14.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**45,474**	**159,537**	**7,582**	**20,986**	**9,535**	**259**	**243,373**
Prior period adjustments	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2021 - restated	**45,474**	**159,537**	**7,582**	**20,986**	**9,535**	**259**	**243,373**
Transfers by absorption	-	-	-	-	-	-	**-**
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**

The notes on pages 5 to 49 form part of these accounts.

Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**9,794**	**-**	**6,678**	**2,789**	**150**	**19,411**
Prior period adjustments	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2021 - restated	**-**	**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 14.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	47,888	162,547	30,571	11,982	6,639	56	**259,683**
Owned - donated/granted	-	798	-	133	-	-	**931**
Total net book value at 31 March 2023	**47,888**	**163,345**	**30,571**	**12,115**	**6,639**	**56**	**260,614**

Note 14.4 Property, plant and equipment financing - 31 March 2022

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
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**
Total net book value at 31 March 2022	**47,283**	**155,508**	**20,481**	**14,295**	**8,534**	**93**	**246,194**

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	874	-	-	-	-	-	**874**
Not subject to an operating lease	47,014	163,345	30,571	12,115	6,639	56	**259,740**
Total net book value at 31 March 2023	**47,888**	**163,345**	**30,571**	**12,115**	**6,639**	**56**	**260,614**

Note 15 Donations of property, plant and equipment

The Trust received donations of capital assets from Royal Free Hospital originally donated to Royal Free Hospital from DHSC as part of the coronavirus pandemic response in 2022/23. This donation was of nil net book value hence does not appear on the Donated Assets section of relevant notes to these Accounts.

Note 16 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2023 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”.

A summary of the Impairments and revaluations with comparatives as shown in the table below -

	31 March 2023 £000	31 March 2022 £000
Impairments		
Taken to Reserves	5,936	223
Taken to SoCI	1,565	295
	7,501	**518**
Revaluations		
	6,749	**8,312**
Net (Impairment) / Revaluation	**(752)**	**7,794**

Note 17 Leases - Whittington Health NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 18 Right of use assets - 2022/23

	Property (land and buildings) £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	38,398	**38,398**	35,684
Transfers by absorption	-	-	-
Additions	2,182	**2,182**	-
Remeasurements of the lease liability	-	-	-
Movements in provisions for restoration / removal costs	-	-	-
Impairments	-	-	-
Reversal of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Disposals / derecognition	-	-	-
Valuation/gross cost at 31 March 2023	**40,580**	**40,580**	**35,684**
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	-	-
IFRS 16 implementation - adjustments for existing subleases	-	-	-
Transfers by absorption	-	-	-
Provided during the year	4,135	**4,135**	3,571
Impairments	-	-	-
Reversal of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Disposals / derecognition	-	-	-
Accumulated depreciation at 31 March 2023	**4,135**	**4,135**	**3,571**
Net book value at 31 March 2023	**36,445**	**36,445**	**32,113**
Net book value of right of use assets leased from other NHS providers			676
Net book value of right of use assets leased from other DHSC group bodies			31,437

Note 18.1 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	2022/23
	£000
Carrying value at 31 March 2022	**4,833**
IFRS 16 implementation - adjustments for existing operating leases	38,777
Transfers by absorption	-
Lease additions	2,182
Lease liability remeasurements	-
Interest charge arising in year	894
Early terminations	-
Lease payments (cash outflows)	(6,247)
Other changes	-
Carrying value at 31 March 2023	**40,439**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 18.2 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	2,804	-
- later than one year and not later than five years;	37,635	33,065
- later than five years.	-	-
Total gross future lease payments	**40,439**	**33,065**
Finance charges allocated to future periods	-	-
Net lease liabilities at 31 March 2023	**40,439**	**33,065**
Of which:		
Leased from other NHS providers		700
Leased from other DHSC group bodies		32,365

Note 18.3 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the Trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	31 March 2022 £000
Undiscounted future lease payments payable in:	
- not later than one year;	738
- later than one year and not later than five years;	5,725
- later than five years.	664
Total gross future lease payments	**7,127**
Finance charges allocated to future periods	(2,294)
Net finance lease liabilities at 31 March 2022	**11,960**
of which payable:	
- not later than one year;	216
The notes on pages 5 to 49 form part of these accounts.	4,411
- later than five years.	206
Total of future minimum sublease payments to be received at the reporting date	-

Note 18.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	3,639
Contingent rents	-
Less sublease payments received	-
Total	**3,639**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	3,639
- later than one year and not later than five years;	14,304
- later than five years.	14,574
Total	**32,517**
Future minimum sublease payments to be received	-

Note 18.3 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 13.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	**32,517**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**31,067**
Less:	
Commitments for short term leases	(34)
Other adjustments:	
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	2,530
Finance lease liabilities under IAS 17 as at 31 March 2022	4,833
Other adjustments	5,214
Total lease liabilities under IFRS 16 as at 1 April 2022	**43,610**

Note 18.4 Investments in associates and joint ventures

The Trust is a member of the UCL Health Alliance Limited. The UCL Health Alliance is a provider alliance comprising 14 members within the NCL Health economy. UCL Health Alliance Limited (company registration 14534913) was incorporated as a company limited by guarantee on 12th December 2022. Income of UCL Health Alliance Limited for the 12 months to 31st March 2023 was £378k with expenditure of £289k.

Note 19 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	942	788
Total inventories	**942**	**788**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £15,936k (2021/22: £17,077k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £0k).

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 2022/23 the Trust received £694k of items purchased by DHSC (2021/22: £762k).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 20.1 Receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables	24,887	11,605
Allowance for impaired contract receivables / assets	(3,948)	(4,711)
Allowance for other impaired receivables	(647)	(647)
Prepayments (non-PFI)	3,375	3,744
Interest receivable	289	-
PDC dividend receivable	115	-
VAT receivable	775	1,611
Other receivables	847	1,239
Total current receivables	**25,693**	**12,841**
Non-current		
Contract receivables	439	316
Other receivables	333	-
Total non-current receivables	**772**	**316**
Of which receivable from NHS and DHSC group bodies:		
Current	16,581	5,871
Non-current	333	-

Note 20.2 Allowances for credit losses

	2022/23		2021/22	
	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	**4,711**	**647**	**2,799**	**1,332**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**4,711**	**647**	**2,799**	**1,332**
Transfers by absorption	-	-	-	-
New allowances arising	330	-	1,912	97
Changes in existing allowances	-	-	-	(782)
Reversals of allowances	(1,093)	-	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2023	**3,948**	**647**	**4,711**	**647**

Note 21 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.

	2022/23	2021/22
	£000	£000
At 1 April	**81,416**	**61,527**
Prior period adjustments		-
At 1 April (restated)	**81,416**	**61,527**
Transfers by absorption	-	-
Net change in year	(8,426)	19,889
At 31 March	**72,990**	**81,416**
Broken down into:		
Cash at commercial banks and in hand	52	204
Cash with the Government Banking Service	72,938	81,212
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**72,990**	**81,416**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**72,990**	**81,416**

Note 21.1 Third party assets held by the Trust

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 2023	31 March 2022
	£000	£000
Bank balances	7	7
Monies on deposit	-	-
Total third party assets	**7**	**7**

Note 22.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	13,229	12,933
Capital payables	5,630	5,633
Accruals	51,165	37,970
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	3,431	3,217
VAT payables	-	-
Other taxes payable	3,459	3,085
PDC dividend payable	-	-
Pension contributions payable	3,703	3,488
Other payables	161	251
Total current trade and other payables	**80,778**	**66,577**
Non-current		
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	7,334	6,853
Non-current	-	-

Note 23 Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income: contract liabilities	2,701	1,859
Total other current liabilities	**2,701**	**1,859**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 24.1 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Loans from DHSC	116	118
Lease liabilities*	2,804	216
Obligations under PFI, LIFT or other service concession contracts	-	-
Total current borrowings	**2,920**	**334**
Non-current		
Loans from DHSC	1,624	1,740
Lease liabilities*	37,635	4,617
Total non-current borrowings	**39,259**	**6,357**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 17.

Note 24.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC	Other loans	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2022	**1,858**	**-**	**4,833**	**-**	**6,690**
Cash movements:					
Financing cash flows - payments and receipts of principal	(116)	-	(5,353)	-	**(5,469)**
Financing cash flows - payments of interest	(53)	-	(894)	-	**(947)**
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022	-	-	38,777	-	**38,777**
Additions	-	-	2,182	-	**2,182**
Application of effective interest rate	51	-	894	-	**945**
Carrying value at 31 March 2023	**1,740**	**-**	**40,439**	**-**	**42,178**

Note 24.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Other loans	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2021	**1,974**	**-**	**4,936**	**-**	**6,910**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2021 - restated	**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 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2022	**634**	**11**	**1,322**	**435**	**-**	**-**	**39,925**	**42,326**
Change in the discount rate	-	-	-	-	-	-	(293)	**(293)**
Arising during the year	1,145	235	-	-	-	-	1,535	**2,915**
Utilised during the year	(185)	(29)	(25)	-	-	-	(8)	**(247)**
Reversed unused	-	-	(1,034)	(435)	-	-	(10,920)	**(12,389)**
Unwinding of discount	6	-	(27)	-	-	-	1,444	**1,423**
At 31 March 2023	**1,600**	**217**	**236**	**-**	**-**	**-**	**31,683**	**33,735**
Expected timing of cash flows:								
- not later than one year;	184	29	236	-	-	-	173	**622**
- later than one year and not later than five years;	1,416	188	-	-	-	-	31,510	**33,113**
- later than five years.	0	0	0	-	-	-	0	**1**
Total	**1,600**	**217**	**236**	**-**	**-**	**-**	**31,683**	**33,735**

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 have commenced. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL. This provision has been reviewed and revised in line with the most up to date legal and other professional advice.

Note 25.1 Clinical negligence liabilities

At 31 March 2023, £139,998k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Whittington Health NHS Trust (31 March 2022: £153,809k).

Note 26 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	15	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**15**	**-**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**15**	**-**
Net value of contingent assets	**2,046**	**1,997**

The legal position is not concluded on the PFI claim and the final outcome is not yet known. The current provision is based upon the Trust's best estimate, but the final settlement of the PFI claim could be higher or lower than estimated. Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2023, 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 (21/22 £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 2023 £000	31 March 2022 £000
Property, plant and equipment	8,426	3,939
Intangible assets	-	-
Total	**8,426**	**3,939**

Note 28 Financial instruments

Note 28.1 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 Integrated Care Board (ICB) and the way the ICB is 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 Northern Care Alliance NHS Foundation Trust (trading as East Lancashire Financial Services) in conjuntion with 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 2023 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.

The notes on pages 5 to 49 form part of these accounts.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	21,867	**21,867**
Other investments / financial assets	-	**-**
Cash and cash equivalents	72,990	**72,990**
Total at 31 March 2023	**94,857**	**94,857**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Total book value
	£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**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,740	**1,740**
Obligations under leases	40,439	**40,439**
Obligations under PFI, LIFT and other service concession contracts	-	**-**
Other borrowings	-	**-**
Trade and other payables excluding non financial liabilities	72,728	**72,728**
Other financial liabilities	-	**-**
Provisions under contract	-	**-**
Total at 31 March 2023	**114,907**	**114,907**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,858	**1,858**
Obligations under leases	4,833	**4,833**
Obligations under PFI, LIFT and other service concession contracts	-	**-**
Other borrowings	-	**-**
Trade and other payables excluding non financial liabilities	51,585	**51,585**
Other financial liabilities	-	**-**
Provisions under contract	-	**-**
Total at 31 March 2022	**58,276**	**58,276**

Note 28.4 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 2023 £000	31 March 2022 £000
In one year or less	75,649	52,441
In more than one year but not more than five years	38,103	6,189
In more than five years	1,160	1,940
Total	**114,912**	**60,570**

Note 29 Losses and special payments

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	4	6	4	1
Bad debts and claims abandoned	263	962	-	-
Total losses	**267**	**968**	**4**	**1**
Special payments				
Ex-gratia payments	2	6	1	211
Total special payments	**2**	**6**	**1**	**211**
Total losses and special payments	**269**	**974**	**5**	**212**

Compensation payments received

Note 30 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.

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 (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
NHS North Central London ICB	238,048	250	1,997	101
NHS North Central London CCG	72,800	0	0	0
NHS England	46,077	35	348	0
Health Education England	15,765	0	146	1,456
NHS North East London ICB	6,291	4	2	0
Royal Free London NHS Foundation Trust	4,276	2,295	3,153	226
East London NHS Foundation Trust	2,909	0	338	0
NHS North West London ICB	2,596	0	0	0
University College London Hospitals NHS Foundation Trust	2,069	3,697	751	2,559
NHS North East London CCG	1,971	0	0	0
North Middlesex University Hospital NHS Trust	1,206	65	447	9
NHS North West London CCG (Y05)	843	0	0	0
Moorfields Eye Hospital NHS Foundation Trust	828	1,288	26	713
Camden and Islington NHS Foundation Trust	826	0	0	0

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 London Borough Council	7,520	520	0	0
Hackney London Borough Council	1,548	0	7	0
Haringey London Borough Council	860	0	0	0
NHS Blood & Transplant	0	2,544	0	72

Note 31 Prior period adjustments

No adjustments have been made to prior period audited figures.

Note 32 Events after the reporting date

No events after the reporting date of 31 March 2023 have been recorded.

Note 33 Better Payment Practice code

Non-NHS Payables	2022/23 Number	2022/23 £000	2021/22 Number	2021/22 £000
Total non-NHS trade invoices paid in the year	65,671	206,804	61,110	178,065
Total non-NHS trade invoices paid within target	60,988	186,089	56,317	166,847
Percentage of non-NHS trade invoices paid within target	92.9%	90.0%	92.2%	93.7%
NHS Payables				
Total NHS trade invoices paid in the year	3,766	19,968	4,189	19,720
Total NHS trade invoices paid within target	2,953	14,541	2,874	12,274
Percentage of NHS trade invoices paid within target	78.4%	72.8%	68.6%	62.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing limit

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

	2022/23 £000	2021/22 £000
Cash flow financing	15,595	(13,268)
External financing requirement	**15,595**	**(13,268)**
External financing limit (EFL)	15,595	(13,268)
Under / (over) spend against EFL	**-**	**-**

Note 35 Capital Resource Limit

	2022/23 £000	2021/22 £000
Gross capital expenditure	29,048	25,729
Charge against Capital Resource Limit	**29,048**	**25,729**
Capital Resource Limit	29,048	25,790
Under / (over) spend against CRL	**-**	**61**

Note 36 Breakeven duty financial performance

	2022/23 £000
Adjusted financial performance surplus / (deficit) (control total basis)	6,638
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)	**6,638**

Note 37 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		139	508	1,120	3,614	1,165	(7,342)	(14,788)
Breakeven duty cumulative position	3,971	4,110	4,618	5,738	9,352	10,517	3,175	(11,613)
Operating income		176,853	186,300	278,212	281,343	297,397	295,007	294,211
Cumulative breakeven position as a percentage of operating income		2.3%	2.5%	2.1%	3.3%	3.5%	1.1%	(3.9%)

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Breakeven duty in-year financial performance	(3,670)	6,158	29,362	1,568	2,370	511	6,638
Breakeven duty cumulative position	(15,283)	(9,126)	20,237	21,805	24,175	24,686	31,324
Operating income	309,255	323,394	348,646	350,183	395,340	408,948	431,557
Cumulative breakeven position as a percentage of operating income	(4.9%)	(2.8%)	5.8%	6.2%	6.1%	6.0%	7.3%

Staff costs

	Permanent £000	Other £000	2022/23 Total £000	2021/22 Total £000
Salaries and wages	209,312	25,360	**234,672**	210,144
Social security costs	23,887	-	**23,887**	21,146
Apprenticeship levy	1,103	-	**1,103**	1,155
Employer's contributions to NHS pension scheme	35,411	-	**35,411**	33,485
Pension cost - other	-	14	**14**	63
Termination benefits	-	15	**15**	-
Temporary staff	-	17,506	**17,506**	14,820
Total gross staff costs	**269,713**	**42,895**	**312,608**	**280,813**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**269,713**	**42,895**	**312,608**	**280,813**
Of which				
Costs capitalised as part of assets	471	193	**664**	907

Average number of employees (WTE basis)

	Permanent Number	Other Number	2022/23 Total Number	2021/22 Total Number
Medical and dental	492	61	**553**	534
Administration and estates	1,032	249	**1,281**	1,219
Healthcare assistants and other support staff	643	154	**797**	792
Nursing, midwifery and health visiting staff	1,081	246	**1,327**	1,303
Scientific, therapeutic and technical staff	809	119	**928**	844
Total average numbers	**4,057**	**829**	**4,886**	**4,692**
Of which:				
Number of employees (WTE) engaged on capital projects	7	9	**16**	14

Reporting of compensation schemes - exit packages 2022/23

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
The notes on pages 5 to 49 form part of these accounts.			
<£10,000	-	-	**-**
£10,000 - £25,000	1	-	**1**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**1**	**-**	**1**
Total cost (£)	£15,000	£0	**£15,000**

Reporting of compensation schemes - exit packages 2021/22

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	5	**5**
£10,000 - £25,000	-	3	**3**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**8**	**8**
Total resource cost (£)	£0	£64,000	**£64,000**

Exit packages: other (non-compulsory) departure payments

	2022/23		2021/22	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	8	64
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**-**	**-**	**8**	**64**
Of which:				

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 2023 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 2023 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 for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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 either cease the Trust's services or dissolve the 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 associated with the continuity of services provided by the Trust 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; and
- 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, the Audit and 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 financial performance targets delegated to the Trust by NHS England.
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading 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 in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

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 the completeness of 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, material post close journals which reduce the accruals and journals with other unusual characteristics.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Identified expenditure invoices recognised and payments made in the period 1 March 2023 to 31 May 2023, 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.

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 financial reporting aspects of NHS 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, recognising the regulated nature of the Trust's activities. 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 Directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, 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.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") 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 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 133, 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 either cease the services provided by the Trust or 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 132 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 resources.

We have nothing to report in this respect.

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

As explained in the statement set out on page 132, 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(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We have planned our work and 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.

We have nothing to report in this respect.

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 2023 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

29 June 2023

NHS

Whittington Health

NHS Trust

www.whittington.nhs.uk

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