NHS
Whittington Health
NHS Trust

Annual Report

2023 / 2024

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NHS Trust

Final
2023/24 Annual Report

INTRODUCTION

Welcome to our annual report for 2023/24 which details 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.

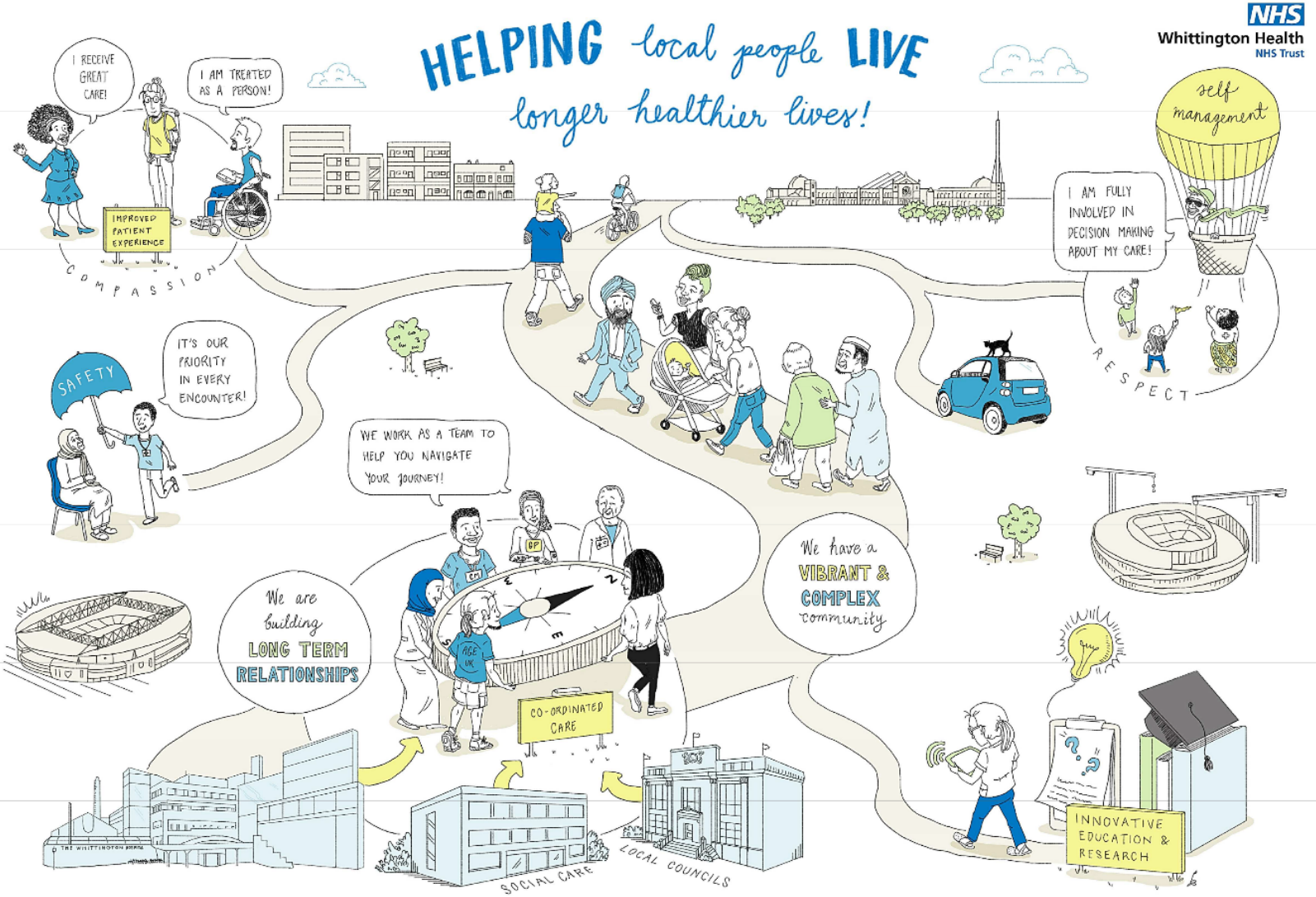
The year was encapsulated by the following key themes: recovery, service improvement and celebrating and supporting our staff. During the year, we continued to:

- improve performance in our emergency department, particularly in the last quarter of the year against the four-hour access standard
- 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 the third sector
- support the health and wellbeing of our brilliant and dedicated staff who have maintained their excellent resilience in the face of considerable pressures
- recognise and celebrate the achievements of staff through diverse awards schemes – our annual staff awards, monthly awards for people who demonstrated excellence in line with our values, and awards for our allied health professionals. We also celebrated those staff who have given long service to Whittington Health, as well as key events, such as International Nurses' Day
- deliver 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.

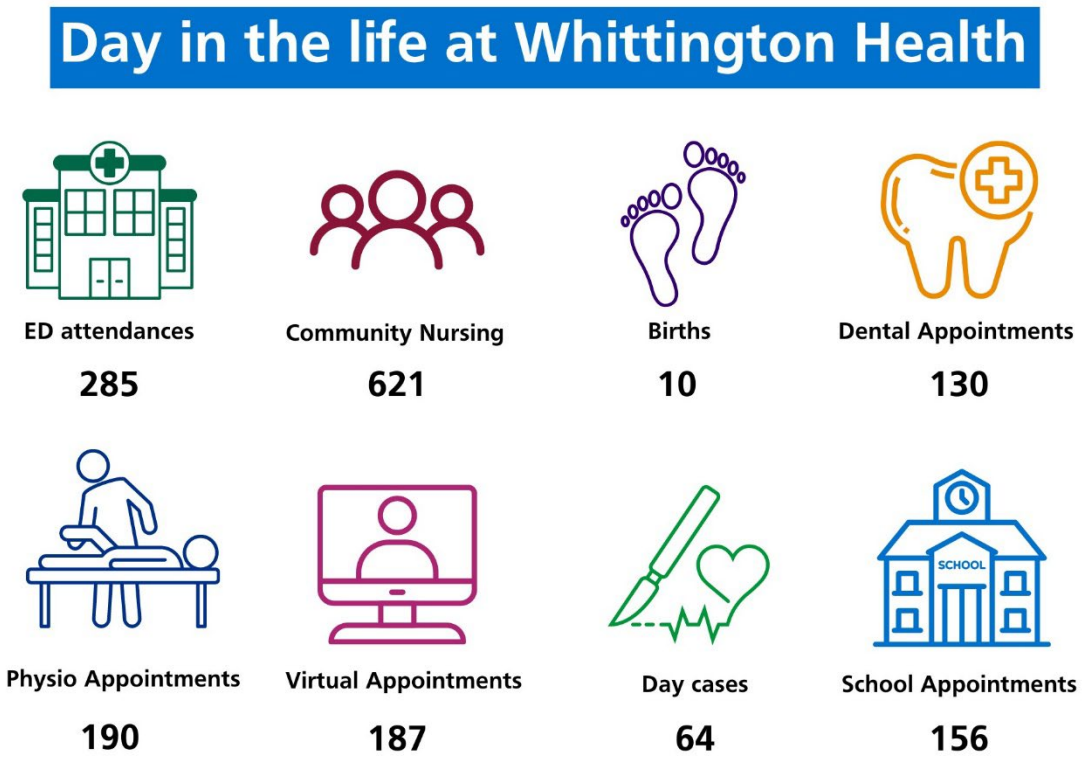
There were several changes to our board and senior leadership team during 2023/24. We welcomed Nailesh Rambhai as a Non-Executive Director of the Board, Terry Whittle as our new Chief Finance Officer, Matthew Shaw as an Interim Accountable Officer and Clare Dollery as our Acting Chief Executive. We also said goodbye to executive directors, Helen Brown, Kevin Curnow and Norma French.

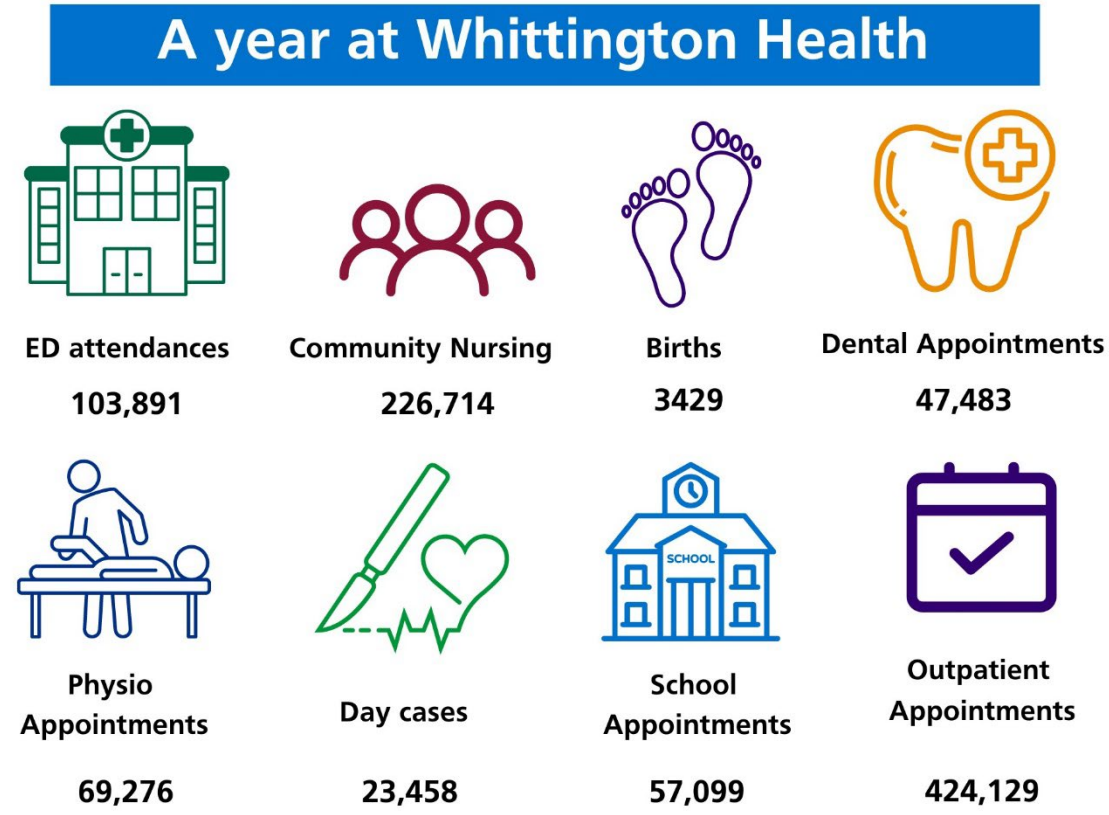
Baroness Julia Neuberger, Chair

Dr Clare Dollery, Acting Chief Executive


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
SOCIAL CARE
LOCAL COUNCILS
INNOVATIVE EDUCATION & RESEARCH

Activity at Whittington Health over the year and in a normal day





PERFORMANCE REPORT

Overview

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

Whittington Health provides 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. During 2023/24, we provided over 40 acute and 60 community health services. 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, flexible and responsive 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 we 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.

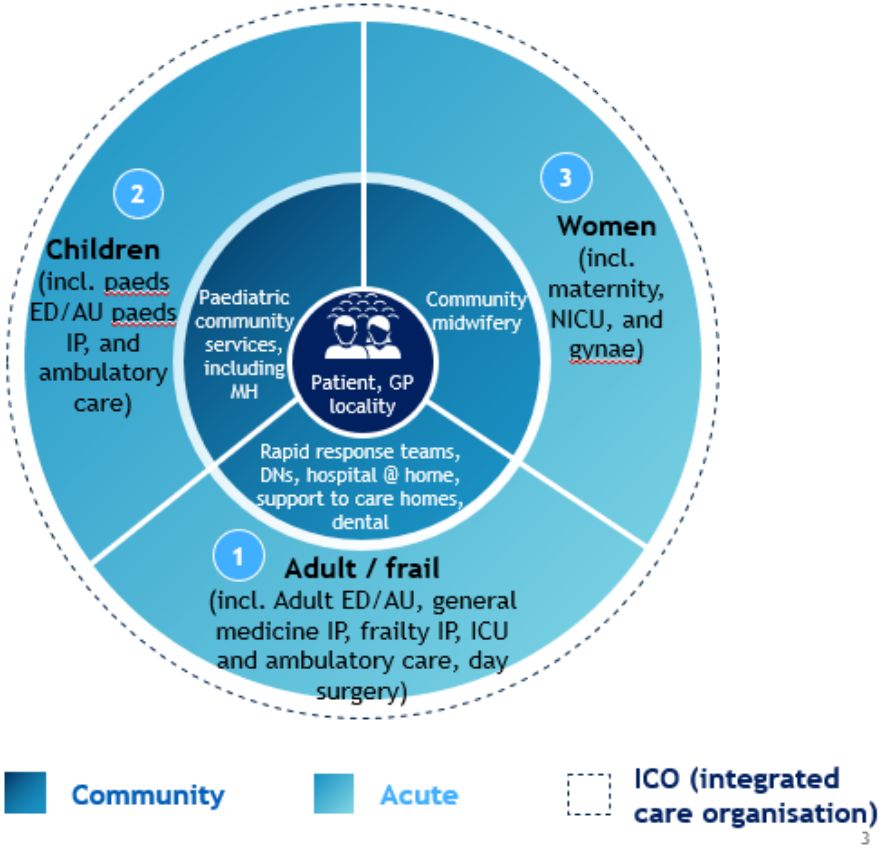
2019/24 Trust strategy

The Trust's four strategic objectives and underpinned by linked annual corporate aims (see pages 9-11), whose delivery is monitored each quarter by the Board.

Service strategy

SERVICE STRATEGY

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



Long term strategic objectives and annual corporate objectives

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

Strategic objective	**Deliver outstanding safe, compassionate care in partnership with patients**
Annual corporate objective 1	**Deliver safe & effective care – continuous improvement in safety culture & delivery of best practice care:**
➢ Implement the new NHS Patient Safety Incident Response Framework (PSIRF), with a focus on learning and human factors ➢ Develop and implement a quality governance recovery plan (including complaints, incidents, duty of candour, policies) ➢ Embed back to the floor programme, and improve medicines management to support delivery of harm free care ➢ Develop a plan which focuses on our most vulnerable adult patients with learning disabilities, and mental health needs ➢ Implement national maternity services recommendations and local priorities ➢ Reduce harm from hospital acquired deconditioning ➢ Improve care and treatment related to blood transfusion ➢ Continue to build our research portfolio research and make the most of our participation in the Biomedical Research Centre	
Annual corporate objective 2	**Deliver Caring and Responsive services:**
➢ Improve performance - emergency care standards & reduced overcrowding in the emergency department ➢ Improve performance - planned care standards (Referral to treatment and cancer waiting times) ➢ Improve communication between clinicians and patients ➢ Implement our patient experience strategy year 1	
Annual corporate objective 3	**Improve population health & addressing health inequalities:**
➢ Work to reduce health inequalities in our local population ➢ Develop the use of the CORE20PLUS5 metrics for adults and children to evidence improved outcomes	
Annual corporate objective 4	**Ensure Board Governance is fit for purpose:**
➢ Commission an external well-led review and associated action plan ➢ Strengthen estates governance & implementation of the premises assurance model development / delivery	

Strategic objective	Empower, support and develop engaged staff
Annual corporate objective 5	**Improve Staff Engagement & Wellbeing:**
➢ Develop a local listening strategy & improvement plan that responds to priorities identified by staff to improve their working lives ➢ Deliver equalities & inclusion programmes to actively tackle disparities in staff experience	
Annual corporate objective 6	**Recruit, develop and retain talent:**
➢ Through the updated people strategy, deliver recruitment and retentions strategies for our hard to recruit clinical workforce; ➢ Medical education & workforce planning – develop strategies to mitigate risk from reductions in training grade posts ➢ Identify non-clinical workforce development priorities and work programme through comprehensive leadership development programmes and support ➢ Improve the diversity of our senior workforce in line with our NHS Model Employer targets	

Strategic objective	Actively collaborate to deliver integrated, joined up care for our communities:
Annual corporate objective 7	**Transform community services & place-based care:**
➢ Actively participate in borough-based partnership forums & proactively seek opportunities to integrate care to maximise benefit for our communities ➢ Expand and improve the new model of care in localities with our primary care, primary care networks, council and voluntary sector partners – focus on long term conditions and proactive, preventative care models ➢ Lead the North Central London virtual ward and remote monitoring programme ➢ Lead the North Central London community children's transformation programme ➢ Expand the Community Diagnostic Centre at Wood Green and promote direct access pathways for primary care	
Annual corporate objective 8	**Collaborate with providers and the system:**
➢ Establish a joint board committee to support collaborative care delivery with University College London Hospitals NHS Foundation Trust (UCLH) ➢ Establish a joint 'case for collaboration' with UCLH & clearly set out current and future areas for collaboration to support delivery of excellent local secondary care for our residents.	

- Actively participate in the North Central London Integrated Care System & University College London Health Alliance support

Strategic objective	Transform and develop sustainable and innovative services
Annual corporate objective 9	**Deliver best value care:**

- Develop & deliver a robust multi-year productivity & cost improvement plan
- Strengthen transformation and delivery capability and capacity
- Deliver in year financial targets

Annual corporate objective 10	Achieve net zero NHS:

- Finalise the Greener Whittington Health plan & deliver year one priorities

Annual corporate objective 11	Deliver hospital and community estate transformation plans:

- Finalise capital programme & maximise delivery
- Progress key strategic capital investment priorities
- Private Finance Initiative building rectification: finalise the fire remediation business case & explore/secure funding
- Maternity and neonates redevelopment: secure system support & agree a funding strategy for phase 1 delivery & phase 2 planning
- Wood Green Integrated Health Hub: secure system support & agree a funding strategy
- Power improvement programme: phase 1 delivery, phase 2 planning (internally funded, subject to confirmation of capital allocation)

Annual corporate objective 12	Digital transformation & data driven decision making:

- Progress the final business case for a new electronic patient record
- Strengthen business intelligence
- Use real time data to support operational delivery
- Have data driven planning and decision making
- Implement the digital strategy's year 2 priorities

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 an 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

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 (ACS)
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: • We held our first ever Administrative Away Day in July 2023. • We held the ACS Long Service Tea Party in November 2023 for members of staff in ACS who have worked in the trust for longer than 10 years. District Nurse Professional Development lead, Rhea Edes Martins, presented the patient safety improvement work at the international forum for quality and safety about the move from paper notes onto electronic patient records. • In partnership with Turkish speaking residents living in Haringey, we co-designed a programme for those living with persistent pain, which will now be piloted. • We worked with partners in North Central London (NCL) to bid for, co-design and set up a community service for patients living with Red Cell disease (sickle cell, thalassaemia and rare inherited anaemias). • The vaccination team administered 7,453 housebound and flu vaccinations over the past year. The housebound vaccinations were made up of 3,165 Covid-19 and 1,536 flu. Inc are homes, there were 2,085 Covid-19 vaccines administered along with 667 for flu. • The Self-Management Team ran the Sickle Cell Expert Patient Programme (SCEPP). This provided long-term condition supported self-management to build confidence in managing sickle cell and thalassemia for patients living in Islington and Haringey. The programme was delivered by trained tutors who were living with the long-term condition. The SCEPP was well received and due to high demand, we are delivering another cohort of the programme. • We launched the Islington Complex Virtual Ward, which delivered high-acuity, hospital-level care in the community, in collaboration with University College London Hospitals NHS Foundation Trust, to provide better integrated care. • We launched the remote monitoring pathway overseen by the Acute Whittington Virtual Ward. This work also resulted in a nomination for a Health Service Journal Digital Award. • We participated in a local consultation which proposed a move to localised borough-based working, aligning with the expectations of the Fuller Review into integrated primary care.

- Whittington Health has led the expansion of virtual wards within NCL which had sector bed base of 185 beds in April 2024 (an increase from 104 beds in March 2023).
- We successfully recruited an Advanced IV Skills Clinical Nurse and Allied Health Professionals Specialist who will support the organisation and the rest of NCL with the development of advanced IV Skills in the community, to support better outcomes to our patients.
- The Community Respiratory Team started clinics in drug and alcohol services for Islington residents.
- The Tottenham Clinic opened for a CORE service in pulmonary rehabilitation, resulting in a 33% increase in availability.
- A Diabetes Inequality Project was created with the goals for the prevention and management of type 2 diabetes in a deprived community (East Haringey), This initiative targeted people from Black African, Black Caribbean, Asian and East European communities with the aims of better engagement with patient groups, the embedment of holistic care and reduced admissions. The project saw 37% of participants have an improvement in their diabetes management and there was a 59% improvement in HbA1C in Black African/Caribbean patients.
- A Heart Failure Health Inequalities Project was created with a goal to address deprivation amongst identified areas within Haringey, as part of the CORE20PLUS agenda, through GP list reviews, medication optimisation, social prescribing, regular multi-disciplinary team meetings with a cardiologist, did not attend data, emergency department attendances and inpatient admission screening. The project's aims included engagement with service users who had been lost to follow-ups and treatment, while addressing symptomatic patients who might struggle with appointments due to language barriers. This was achieved by holding patient-led community events to make the service more accessible. It has since reviewed five GP surgeries. Benefits included a notable reduction in emergency department attendances and cost, improved medication optimisation, and improved GP engagement with a well-established community involvement in partnership with local groups from the GP Federation.
- The NCL Pulmonary Rehabilitation Project was created with the aim of reducing health inequalities by developing a pulmonary rehabilitation pathway that supported disadvantaged groups to start and complete pulmonary rehabilitation programmes. The NCL Integrated Care Board employed two Pulmonary Rehabilitation Health Inequality Leads to identify and improve access to this service. The drug misuse service offered direct access to a sustainable pulmonary rehabilitation referral pathway and 90% of patients referred through this pathway were never offered pulmonary rehabilitation before. A Pulmonary Rehabilitation Assessment Clinic was set up in the Misuse centre and a 3-day Consultant-led diagnostic clinic exclusively to improve access to tests outcomes.
- Our musculoskeletal service (MSK) held two Community Appointment Days at the Tottenham Green Leisure Centre, to support patients on the waiting list with and beyond their MSK condition. Representatives from different Trust services and external service partners, such as MIND, attended to provide support. The feedback from patients was positive with 383 patients seen over two days, of which 173 (45%) were able to come off the waiting list.

- The Community Appointment Day initiative was a success for the Nutrition and Dietetics service. Two Dieticians attended and spoke to patients about their dietary needs and concerns related to health including weight management, diabetes, nutrition support, irritable bowel syndrome and arthritis.0 Patients set goals with the Dietitians. They were advised how to refer into our service if they wished and signposted to other relevant community services too. Attendees were provided with a QR code which linked to the service website and to the British Dietetic Association website, for further information.
- The Whittington Health Podiatry Service topped the London rankings in the National Diabetic Foot Care Audit (NDFA) for 2022/23. The results were as follows:
  - 79% less severe ulcers at presentation (against a London average of 46% & a national average of 57%). This outcome ranked first London.
  - 65% were self-referrals (the London average was 35% & the national average was 32%). This outcome ranked second in London.
  - 75% were seen within 0-13 days after their first presentation (the London average was 65% and the national average was 66%).
  - 41% were alive & ulcer free at 12 weeks after presentations (against a London average of 34% & 41% nationally).
  - These outcomes indicate that healthcare professionals and patients are promptly referring to the service, without waiting for wounds to deteriorate.
- in partnership with Arsenal Football Club, we ran a successful walking football programme, for patients affected by Parkinson's disease. This helped with the management of Parkinson's by improving the health, gait, strength, mood and wellbeing of the participants who were highlighted on the Match of the Day programme on BBC1.
- We trialled remote monitoring for patients with Parkinson's disease which has helped to improve their lives in the community. Giving direct access to patients activities throughout the day to facilitate timely intervention and enabling clinicians to assess, monitor and adjust medication accordingly and prevent unplanned healthcare events/admissions.
- During Learning Disability Week 2023, we launched a co-created education video which featured our service users as actors. The objective of video is to support patients with learning disabilities navigate hospital/outpatients attendance treatments/appointments, better understand the procedure and alleviate some of their fears and anxieties.
- It was pleasing that many of our community administrative staff were finalists for the Administrative Professional Awards, including the Multi Agency Care and Co-ordination Team, District Nursing and Continuing Healthcare.

Children and Young People's Services (CYP)

Islington

- The Islington School Nursing Service successfully ran an Asthma Transition Workshop, supporting all Year 6 children to have a full understanding of asthma. They learnt how support a friend, how to listen to breath sounds with a stethoscope, and measure a pulse rate using oximeters. Children with asthma are also supported with managing their inhalers as they transition into secondary school.

- The Children Looked After Nursing Team in Islington introduced a new nurse role focused on young adults leaving care, supporting health needs and the transition into adult health services.
- The Health Visiting team in South Islington won the Extra Mile Award in April 2024 for the compassion and support they offered to a new team member who suffered a bereavement.
- The Islington Health Visiting service developed a healthy weight pathway for under-5s to support our goal to reduce obesity and supporting health outcomes.
- The Islington Health Visiting team successfully won a bid to implement the Start for Life Workforce Pilot. Only five bids were approved nationally. Family Health Advisors (FHAs) in the Islington Health Visiting service embraced a practice change in implementing an additional screening tool to assess speech, language and communication at the one-year review. They will also offer interventions for babies following the assessment. FHAs also actively participated in a four-day Practice Element Training to gain evidence-based intervention skills and knowledge, to enable them to provide individualised interventions, to improve outcomes for local children and families. The pilot is supported by a Speech and Language Therapist and new roles, including a Therapy Assistant and Community Development Workers from Somalian and Turkish communities.
- Islington Family Hubs are now all open. Islington has three Family Hubs that all families with children aged 0-19 (or 0-25 for people with special educational needs and disabilities (SEND)) can access for help and support and receive important Start for Life services.
- As part of the Islington Family Hub Start for Life programme, The Islington team expanded its universal early years therapies offer to include Occupational Therapy and Physiotherapy as well as the well-established Speech and Language service. The project offered families a single point of reference to access preventative, health promotion services.
- The Family Hub and Start for Life project aims to reduce health inequalities and target communities who have traditionally not engaged with universal services. Additional resource helped to strengthen infant feeding support, as well as preventing speech, language and communication needs by enhancing early identification and enriching the home learning environment. The universal therapies team are offering patients who previously were in a neo-natal intensive care unit, a stepping stone into universal services. This cohort of babies, who have had a difficult start to life, are at a higher risk in terms of developmental outcomes and maternal mental health. Under the new service, these parents are being offered a home visit and a baby massage group at their local family hub, supporting parental competence, confidence and engagement with the universal offer.
- Bright Start Islington launched an updated integrated perinatal mental health pathway to support professionals and a parent service navigation leaflet to improve early access to support for local parents.
- In the mainstream speech and language therapy team, a vacant assistant post was converted to a bilingual co-worker post and there was a successful recruitment of a Bengali speaker, who will start working with us in May. This role will support us to carry out assessments and, in some cases, therapy for

those children who speak Bengali at home, in line with the new Health and Care Professions Council's requirements for the profession.

- The Occupational Therapy team introduced a new upper limb pathway for children with cerebral palsy and upper limb needs. We worked hard to share resources, staff time and expertise across the service to ensure equity in our offer. We are now running consistent assessment clinics (biannually for ages 2-6 and annually for children aged 6 or over). It has resulted in a significant improvement in the functional goals we support children to set and achieve, and more timely interventions such as splinting or liaison with tertiary services regarding botox injections.
- The Social Communication Team (SCT) have developed a new stay & play in collaboration with Bright Start. This means families on the waiting list for assessments can now access direct support from the SCT. This is a welcoming, inclusive place for children with social communication differences and their parents and carers.
- In April 2023, the SCT introduced a new fast track assessment pathway which has helped to increase the number of assessments completed from an average of 19 per month to 30 per month
- The Richard Cloudesley School therapy team introduced a new approach to school staff called Person Centred Active Support (PCAS). This is a way of supporting children with learning disabilities to engage in meaningful activity and relationships as active participants. All school staff were trained and therapists support school staff to use the approach in the classroom. It has been a huge success, with embedding universal and targeted therapy provision, and has led to significant improvement in some children's participation and quality of life.

Haringey

- Work to develop the borough's graduated response to support children with speech, language and communication needs has been ongoing and led, in September 2023, to the launch of the new pathway in primary schools and, in November 2023, the implementation of an early years' pathway. This model strengthened the universal and targeted offer, providing support to children before they are referred to speech and language therapy services. This has resulted in changes in the way children are referred to speech and language therapy services and the ways that intervention is offered, with the Haringey Local Authority Language and Autism support team expanding to support mainstream schools.
- SEND Power have now been established as the parent/carer forum for people with special educational needs and disabilities in Haringey. We worked in partnership with them and with other bodies, including Markfield, to develop the voice of parents in our services and to communicate more effectively with them about our service offer.
- Additional funding has been made available to enhance the current autism assessment and support pathway, by employing a clinical psychologist and additional therapist.
- Development of the Universal Therapy team in Haringey included funding for new posts: speech and language therapists, occupational therapists and assistants.

- This year, a new speech and language therapy post was developed with the Haringey Youth Justice service.
- The SEND inspection in late January and early February 2024 in Haringey resulted concluded successfully with the highest rating possible under the inspection framework and an assessment that services *"typically lead to positive experiences for children and you g people with SEND"*.
- The Children in Care Health team continued to see children for their initial and review health assessments, travelling to see where the children live for reviews throughout England. The team also liaised with the professional network to advocate for our children in care, to ensure their health needs were highlighted and referrals to other professionals were completed.
- Haringey Children and Young People's services worked with partners on the Family Hub programme, delivering services from the new Triangle Family Hub since it opened in June 2023. They have also worked on the development of the offer at new sites in Northumberland Park and in Muswell Hill.
- Haringey Universal services has focused on growing their workforce by training five student Health Visitors and one student School Nurse on placements in our teams.
- The Haringey Health Visiting service continues to provide the Maternal Early Childhood Sustained Home-visiting programme to vulnerable families and are recruiting to two specialist roles to support delivery of the offer.
- Haringey Children and Young People's services welcomed Dame Ruth May, Chief Nursing Officer for England, to Tynemouth Road Health Centre. She met nursing staff from our teams, including Health Visiting, School Nursing, Children in Care and Parent Infant Psychology, who shared their experiences of working to support children, young people and families.
- A new team within Haringey Health Visiting started booking new birth visits centrally, to ensure equity of allocation across the service and increase the capacity of Health Visiting Assistants in teams to carry out health promotion activities. This centralised approach increased the uptake of reviews within timeframe and improved performance against the service's key performance measures.
- The Haringey Health Visiting service launched an Instagram account, @haringeyhv, to reach more families and to share key public health messages.
- Haringey Universal Children's Services introduced a new role of Professional Development Lead, to support staff with their training and development needs. The postholder has established a staff newsletter to share the latest information and training opportunities.
- The Haringey School Nursing service developed a new video to explain their role to children/young people and families. The video is embedded within the electronic child health questionnaire and is available from the service website.
- The Haringey School Nursing service implemented centralised medical conditions training for staff.
- For the Parent Infant Psychology Service, the big achievement was to successfully receive Start for Life investment for parent infant relationships in the Family Hubs. This service recruited some brilliant practitioners, who are passionate about parent infant work, and have developed a number of new therapeutic groups for parents and their babies.

- The Parent Infant Psychology service trained our Start for Life team in Video Interaction Guidance and will be offering this to families shortly too. It is a powerful video-based therapy that strengthens the parent infant relationship.
- The Community Paediatrics service in Haringey increased friends and family feedback with the addition of QR codes on appointment letters and availability of 'friends and family' cards at health centres.
- This service has also identified and created a priority follow up appointment process and introduced a Child Protection audit capability on RiO
- A new phlebotomy pathway was introduced which allows the accurate recording of the service and flexible patient choice for appointments

Child and Adolescent Mental Health Services (CAMHS)

- The NCL CAMHS Dialectical Behaviour Therapy (DBT) service, commissioned by the North Central and East London collaborative and provided by the Whittington to children and young people across North Central London, celebrated its first birthday and obtained recurrent funding. DBT is a therapeutic programme with a good evidence base for the treatment of recurrent self-harm and emotional dysregulation.
- The CAMHS neurodevelopmental team (5–18 years) developed a post diagnostic workshop, "Understanding me", to support neurodivergent children and young people, to find out more about their diagnosis and connect with other neurodivergent young people.
- The neurodevelopmental team re-launched their face-to-face post-diagnostic psychoeducation offer for parents and carers who cannot access the online webinars.
- CAMHS have been part of launching the Back on Track Collaborative, a pilot project to support autistic children and young people who struggle to engage with education.
- CAMHS are working on improving access for learning disabled children to CAMHS support and have a new post in the Adolescent Autistic Outreach team to support this work.
- The CAMHS Parent and Baby Psychology service successfully increased its age limit of babies seen to the age of two following investment in the Family Hubs which enabled families with more complex needs to continue to benefit from specialist parent-infant support following a child's first birthday. Compared with the previous year, the number of fathers referred into the parent and baby psychology service doubled and the waiting time reduced to 4.5 weeks. The service was also able to expand its offer of a compassion-focused therapy group for parents and infants. A presentation on this therapy group will be delivered at the National Parent-Infant Network conference.
- Islington's Trauma Informed Practice programme continued to deliver Trauma Informed Practice (TIP) training to community providers in Islington. A number of the youth provisions (hubs, youth centres, community centres) enrolled and have undertaken training, as well as considering what TIP looks like in day-to-day interactions. The Family Hubs in each of the three localities are also undertaking TIP training and developing shared understanding and language about behaviour and childhood experiences. The School Safety Officers are also engaged in the project with wider conversations about TIP with the Metropolitan police in Islington.

- The CAMHS Youth Justice service supported the roll out of the Your Choice programme, supporting case workers to offer cognitive behaviour therapy - informed interventions for young people under supervision. They also delivered training to newly recruited police officers in Islington and Camden around the trauma experiences of young people in the Youth Justice service.
- The CAMHS Therapies Team introduced a new series of groups and workshops as a treatment offer. These included an anxiety group for adolescents with autism and a secondary school aged obsessive compulsive disorder group. The new groups were attended by primary school aged children and their parents. These initiatives have received positive feedback, improved outcomes and helped us see people more quickly, thereby reducing the waiting list.
- We developed a tics/Tourette's pathway where children and young people are assessed within a couple of months and offered a psycho-educational workshop. The feedback from families who attended the workshops has been extremely positive.
- The Islington CAMHS Specialist Clinician for Unaccompanied and Separated Young People completed 44 mental health screens in the last financial year and this role has received funding from the North Central London Integrated Care Board for 2024/25 to make it permanent.
- The Islington CAMHS delivered an innovative therapeutic intervention called I-Box, a group intervention for young people aged 12-15 years old, which combines boxing skills with emotional wellbeing.

Barnet

- Occupational Therapy waiting times reduced to within 18 weeks, physiotherapy waiting times were consistently within the 18 weeks target over the past year.
- The Occupational Therapy team is now delivering a range of parent workshops for families of children in early years through to primary and secondary school which focus on improving independence skills, using a coaching model to promote parents ability to support these skills in children and young people.
- Multiple Quality Improvement (QI) projects were undertaken, including improving the confidence of staff members working in dysphagia, improving our integrated working, training teachers to support hearing impaired children in mainstream school, and the creation of joint physiotherapy/health visiting drop in clinics in children's' centres.
- Our physiotherapy/occupational therapy motor skills' programme for mainstream schools was piloted in 16 schools.
- Barnet is one of the nine pathfinders in England to receive funding from Department for Education and NHS England as part of the Early Language Support for Every Child initiative. Barnet successfully recruited a Clinical Coordinator and a Specialist Speech and Language Therapist. We are now recruiting a team of speech and language therapy assistants to support the project.
- Barnet piloted a new format of stammering groups for children under the age of seven, with a range of parent education group sessions, 1:1 focused work and group modelling sessions. Feedback following the pilot was 100%

positive, with pre and post-measures showing improvements in the child's confidence when speaking. The sessions are being rolled out across the year and a group is being developed for children aged seven or older.
- The early years language team recently set up and are running new language and communication groups for children with Down's syndrome. The team targeting functional communication and early vocabulary development and provided advice and targets for children in the Year 1-2 academic year.
- Following feedback from service users, Barnet expanded its universal training package. There are now a wider range of topics, and sessions are being offered at varied times, to allow for parents and carers to attend more easily. We successfully recruited to a new Universal Coordinator role. Universal language and communication groups are also being run throughout the borough at children centres and local community hubs, such as libraries and places of worship. These groups are providing advice around early language development, play and how to support a child's early communication.

Camden

- The Barnet and Camden speech and language therapy teams attended a graduate recruitment fair and were successful in identifying several staff who due to graduate in September 2024.
- The Camden Complex Needs team worked well with adult services around the transition and preparations for adulthood agenda, to ensure smoother processes and a better experience for young people.
- The Camden Deaf service amalgamated services across Camden, Islington and Haringey to ensure a more consistent offer for children and young people and greater development opportunities for staff.
- The London Borough of Camden provided a further £300k of funding to enhance the graduated therapy offer in Camden primary schools, to ensure children with and without education health and care plans can access specialist advice.
- Camden Kids Talk, a North Central London system wide, universal approach to speech, language and communication needs, led by the Camden Early Years speech and language therapists received recognition from Camden families, and practitioners will be presenting its outcomes data at an upcoming Health Visitor conference in Manchester
- The Camden speech and language service is working with colleagues in the London Borough of Camden in order to deliver the Camden SEND and Camden Neurodiversity Strategies, with a clear focus on improving the lived experience of children, young people and their families. This involves clearer information on websites linked to the thresholds and offer available to families in Camden.

North Central London Neurodevelopment Assessment Hub

- To address long waits and a backlog of diagnostic assessments for children referred with autism and attention deficit hyperactivity disorder, Whittington Health developed a hub service to provide additional capacity for diagnostic services on behalf of the five boroughs of North Central London and our partner providers. The hub was commissioned to provide 970 assessments over 18 months (November 2022 to March 2024). The Trust was successful in delivering the assessments by employing a multi-disciplinary team of clinicians

and sub-contracting support from a virtual-based provider. The achievements of the hub also go beyond service provision. The closer relationships formed with our neighbouring provider organisations will support further transformation work, as we continue to develop our neurodiversity pathways for local children and young people in North Central London.

Michael Palin Centre (MPC)

- At the MPC, the Trust developed and implemented a new clinical pathway for parents of preschool children who stammer, in order to address the high numbers of referrals and longer waiting times. Parents were included in four two-hour group sessions, with data being collected over a one-year period, to compare outcomes with the previous individual therapy service model. Initial findings indicate high levels of user satisfaction.
- Two MPC staff, Ali Berquez and Martha Jeffery, published a clinical book, Solution Focused Brief Therapy with Children and Young People who Stammer and their Parents.
- Elaine Kelman, Head of the MPC, appeared on ITV's 'This Morning' to talk about stammering.

Acute Patient Access, Clinical Support Services and Women's Health

- Acute Patient Access, Clinical Support Services and Women's Health (ACW) is a diverse clinical division that provides gynaecology and maternity services to the local population, as well as imaging, pharmacy, pathology and outpatient services to the Trust across its acute and community services. It has been a busy year for the teams.

Acute Patient Access team

- Acute Patient Access Services' new acting service manager ran a 'Celebrating Our Difference' day where all the staff in outpatients celebrated different heritages by sharing traditional food, wearing traditional dress and presenting the aspects of these countries they are most proud of.

Pharmacy

- The pharmacy team embraced the green agenda and implemented an inhaler sustainability programme, promoting greener inhaler options and the correct disposal of inhalers.
- The Outpatient Antimicrobial Therapy team who provide specialist antimicrobial treatments that patients can have at home rather than in hospital, won a Trust Quality Improvement award, recognising the development of a new role of an advanced pharmacist practitioner and how this has improved the service.
- The team successfully collaborated with multidisciplinary teams and with colleagues at University College London Hospitals NHS Foundation Trust to improve access to COVID-19 and influenza vaccines through the hospital hub, care homes, the housebound community and maternity services.
- The team worked closely with primary care services by training and upskilling staff through a pre-registration trainee pharmacist placement with Camden GPs and University College London undergraduate placements in wider primary care sites. Other work with primary care included achieving the commissioning for quality and innovation target by ensuring the timely communication of discharge information to community pharmacies.
- Through collaboration with our colleagues in the adult community services clinical division, a pharmacist post was put in place to provide medicines management and safety advice for the virtual ward.

Imaging

- Workforce is a challenge in the imaging service. Over the last two years, it has been incredibly challenging for radiographers, as there have been consistent vacancies. The teams have worked hard, including working with the overseas recruitment team, to recruit more staff. Their work has been phenomenally successful, and the radiographer workforce is now fully established. This will have a huge positive impact on the delivery and the morale of the teams.
- The second stage of the Community Diagnostic Centre (CDC) was opened. This means the Wood Green CDC now offers both magnetic resonance imaging (MRI) and computed tomography (CT) scans. In order to deliver this, the Trust required new consultant radiologists. Although as with radiographers, there is a shortage of radiologists nationally, there was a successful recruitment to six new consultants for the CDC. The team have been looking at alternative ways to grow the workforce and, this year, our first radiography apprentice will be qualifying.

Pathology

- The national driver is for pathology services to join wider laboratory networks. During 2023/24, Whittington Health conducted a procurement exercise and awarded the contract to Health Services Laboratories. In 2024/25, a new emergency service laboratory will be built on the Whittington Hospital site to provide service to the Trust and our local GPs.

Women's Health

- These teams provide both maternity and gynaecology services. A number of initiatives and personal achievements by our colleagues are highlighted below.

- The baby tagging system, to keep babies safe, is now in place. The Maternity Incentive Scheme requirements that ask for audits and data over ten domains as an assurance for safety was once again achieved.
- Collaborating with our colleagues in the neonatal unit, Whittington Health was the first Trust in the UK to implement the Concord Neonatal Trolley, a mobile trolley equipped with all the necessary devices to support monitoring and treatment of babies in need of extra support during transition.
- During cervical cancer screening awareness week, a cervical self-referral was launched for staff due to have their screen.
- We are continuing to trial new Virtual Reality headsets in fetal medicine and gynaecology to help reduce women's anxiety during procedures and to support their mental health and wellbeing.
- Our midwife, Huda Mohamed, was awarded a Member of the Order of the British Empire medal in the New Years honour list for services to midwifery, and our obstetric and gynaecology consultant, Benjamin Black, won the 2023 More prize for his book, Belly Woman, an account of his experience of working in maternal healthcare during the ebola pandemic in Sierra Leone.
- One of our clinical nurse specialists achieved British Society for Colposcopy and Cervical Pathology accreditation for colposcopy, thus enabling us to see more patients.

Emergency and Integrated Medicine (EIM)

Speech and Language Therapy

- The adult speech and language therapy team designed and implemented an outpatient video fluoroscopy 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 kit to allow faster instrumental bedside swallow assessments and to 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, a joint cough clinic was implemented.
- 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 to various North Central London speech and language therapy working groups on collaborative projects e.g. risk management of swallowing.
- We successfully increased the number of student placement offer numbers.

Nutrition and Dietetics

- The Trust 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 an 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
- In response to positive feedback from parents, we continued the successful joint paediatric speech and language therapy and dietetic weaning talks for parents of preterm babies.
- A large project was completed to ensure all diet sheets had quick response codes, which parents welcomed. This work will be presented nationally.

Physiotherapy
- Alfred Williams, a physiotherapy apprentice, was nominated Apprentice of the year category in the 2023 Multicultural Apprenticeship award.

Clinical Nutrition Nursing
- The team implemented a new student placement, which was nominated for a Nursing Times award

Neurophysiology
- The team launched a brand-new home-video telemetry service for patients with epilepsy/suspected seizures so that patients no longer need to go to Great Ormond Street Hospital for this investigation
- The Trust new medical equipment for our peripheral neurophysiology investigations. This allowed us to add further testing to our standard peripheral neurophysiology investigations.

Cardiac physiology
- This service moved closer to a paperless system as resting electrocardiograms can now be requested on our ICE system
- Old scanners were replaced with new echo scanners which provide a better diagnostic image quality for the diagnosis of complex congenital abnormalities.
- We replaced old Holter monitors, to allow for better rhythm recognition.
- The service ran effective Saturday Echo and 24-hour Holter clinics in order to deal with the significant increase in demand.
- Implementation of triaging system for inpatient echo requests, that allows for the most clinically urgent patients to have echos and treatment efficiently.

Cardiology
- Following successful pilots in 2023, in 2024, the service started two Cardiology virtual ward pathways (facilitated discharge for acute heart failure and community intravenous diuretic therapy for heart failure). These pathways should permit the safe delivery of acute heart failure care at home and help to reduce the average inpatient length of stay.
- In collaboration with the Haringey GP Federation, this service won a bid to NHS England for the Heart Failure@Home project, a telemonitoring pilot for heart failure care in the community. Whittington Health was the only London site to obtain funding for this from NHS England. The project has just completed and data is being analysed before submission to NHS England.

- In collaboration with the Barts Heart Centre, we started the ATLAS pathway, an early outpatient coronary angiography pathway for patients with low-risk acute coronary syndromes Patients are discharged early with an outpatient coronary angiogram appointment within a week and monitoring via a digital platform. This has safely reduced average inpatient length of stay for patients with low risk acute coronary syndromes.
- With the Barts Heart Centre, we jointly appointed a locum consultant cardiologist with subspecialty interest in pacing and cardiac MRI. This has started to facilitate the referral of Whittington Health patients who need permanent pacemaker insertion to Barts and has also expanded consultant teaching in cardiology for medical students.

Endoscopy

- A straight to test pathway has been set up on the NHS e-referral service that allows for endoscopy referrals to be made directly from a GP.

Neurology

- This service launched a Community Parkinson's Monitoring Device pilot

Emergency Department

- There was a significant improvement in performance against the four-hour access standard, going from 52% in December 2023 to 73% in March 2024.
- An Emergency Care Pathway Improvement Group was established, incorporating multi-specialty input, to increase partnership working and further support patient safety, quality and performance.
- The team successfully piloted a majors ambulant stream, reducing waiting times in the urgent treatment centre, and making sure patients have access to the right care at the right time.
- The two mental health suites were refurbished to provide a better environment for patients.
- There was improved streaming to same day emergency care services.
- The team reintroduced the 'pebbles in shoes' initiative, to support staff moral and wellbeing.

Ambulatory Emergency Care

- The Trust expanded and rebranded its ambulatory emergency care pathways which are also accessible via the EOLAS Medical app.
- The waiting area was refurbished and resulted in an increase in capacity from 24 to 37 patients.

Surgery and Cancer (S&C)

Pre-operative assessment (POA)

Lifebox

- This is a digital platform that enables our patients to complete a large part of their surgical pre-assessment online. The system also gives the patient an opportunity to watch a video related to their surgery and uploads any relevant patient information, related to the surgery. It means that many patients can avoid a trip to hospital and can be better prepares and triaged. Patients who

are identified as high risk will have a face-to-face POA or review by the high-risk anaesthetic multidisciplinary team. This is expected to reduce surgery cancellations due to preassessment concerns. Following much preparation and training throughout the year, Lifebox went live in March 2024.

Sip til send in Day Treatment Centre (DTC)

- Sip til send commenced in August 2023 in the DTC. This allows patients to sip water up to a maximum 170ml (a standard NHS cup) per hour, up until the time they are sent for surgery. Patients may also have a tea/coffee (with up to 15ml/3tsp of milk) on the morning of surgery (at least 2 hours prior to induction). The 6-hour rule for food remains unchanged. The evidence shows that this makes for a much improved patient experience with reduction in anxiety, hunger, thirst and post operative nausea and vomiting. This is now embedded as business as usual in DTC and will be rolled out to emergency patients in the coming months. Data collection is underway to capture patient experience following implementation of this project to compare directly with data collected prior to the project.

Spinal service

- The first day case lumbar microdiscectomy in London for the NHS was carried out at Whittington on 6 March 2024, with a happy and pain free patient. The patient was seen in clinic by his consultant, Mr Ramsey Chammaa, and the options of traditional surgery with an overnight stay were discussed alongside the possibility of opting into the new service, giving patients the potential to return home the same day as surgery, if all prerequisite safety checks were met.

Chronic Pain service

- Whittington Health has been the first chronic pain service in the UK to offer the Basi Vertebral Nerve (BVN) ablation procedure. BVN ablation targets the basilar vertebral nerve, providing a minimally invasive solution for chronic pain associated with degenerative disc disease. By precisely ablating the nerve, pain signals can effectively be disrupted, offering patients long-term relief.
- Historically, the only option for these patients was spinal fusion surgery, which is not routinely offered nowadays because of the associated risks. This will have a positive impact on the lives of patients, providing them with a new option for managing their pain.

General Surgery

- There are now clinical pathways in place for the management of small and large bowel obstruction in adults.

Critical Care Unit (CCU)

- The Intensive care national audit and research centre results show that Whittington Health's CCU is in the 20% of units with no mis-triaged patients on the wards and is now also back to being very low in the number of non-clinical transfers, which had been high for the last few years due to the pandemic. The unit also is very low on unplanned readmissions. The Kaplan-Meier curve for mortality is excellent.

Cancer

- The 2022 National Cancer Patient Experience Survey results for Whittington Health NHS Trust showed an overall improved score from 8.4 to 8.9, placing it within the expected range for a trust of its size. The survey highlighted positive experiences of care but emphasised the need for more personalisation and support outside of hospital settings.

Port-a-cath pathway

- In October 2023, this pathway went live and is offered through collaboration with University College London Hospitals NHS Foundation Trust (it was previously provided by the private sector). A joint standard operating procedure, bridging plan and patient leaflet are in place. Patient feedback on this service has been positive.

Urology

- The service has been working in collaboration with a group of prostate cancer patients following receipt of an open letter from the group on co-designing patient pathways, patient education leaflets, and the Trust's urology intranet pages, In February 2024, members of the group met with the Surgery and Cancer clinical divisions' senior leadership triumvirate team, to further discuss these issues. Infographics based on a "You said, we did" approach for prostate cancer patients was created in response to demonstrate the changes made.

Uro-oncology pathway

- Following collaboration with our University College London Hospitals NHS Foundation Trust colleagues, the uro-oncology pathway commenced on 6 May. This means that patients on a suspected cancer pathway will have their diagnosis confirmed at the local Whittington multi-disciplinary team and then patients suitable for treatment will be referred to University College London Hospitals NHS Foundation Trust for specialist multi-disciplinary team discussions and surgical and oncological treatments.

Welfare Benefits Advice @ Whittington

- Citizens Advice Barnet (in partnership with Macmillan cancer support) are now providing welfare benefits advice to people affected by cancer (including patients or their family members). Patients are referred by the cancer team. This service began January 2024 and is delivered in a hybrid format in the Macmillan pod at Whittington Health, and remotely over the telephone. The scope of this is to assist people affected by cancer if they live, work, study, or receive treatment in the London boroughs of Barnet, Enfield, Haringey and Islington.

C Factor

- C Factor restarted following funding from charitable funds. The C Factor project combines psychology, storytelling and theatre in its approach to support cancer patients. The *Wake The Beast Theatre* company provide the theatrical narrative through actors and musicians. The sessions offer some psychological tools and hints to help with managing the emotional challenges

of living with cancer. Patients find the experience energising, uplifting and empowering, and it has resulted in improved confidence.

Oncology physiotherapist

- The North Central London Cancer Alliance funded 12 months of oncology physiotherapy at Whittington Health and the Oncology physiotherapist started in February 2024. This role supports patients with cancer-related fatigue, chemotherapy-induced peripheral neuropathy, loss of strength or balance, scarring and deconditioning.

Massage therapist

- The Whittington Charity funded a massage therapist who started in February 2024 for 12 months. There has been an overwhelming amount of positive feedback regarding the service. Studies have shown that massage in cancer patients can reduce anxiety, depression, and fatigue.

Chemotherapy unit

- A wine and cheese evening held in December 2023 with the unveiling of a mural in the chemotherapy unit raised £961.50 for the Whittington Charity. The mural was painted by a local artist and has greatly improved the environment in the waiting area in the chemotherapy unit. It was a fabulous evening and provided an opportunity for staff to meet with some service users and families and hear about their experiences in the chemotherapy unit. One new dual scalp cooling machine (to reduce hair loss during chemotherapy) has been purchased and delivered to the Chemotherapy Unit. Staff have undertaken training and are due to start administering the treatment to patients.

Surgical Wards

- The surgical wards continue to complete 'DrEaMing' (supporting patients with drinking, eating, and mobilising following surgery). This is a simplified programme of care intended to revitalise efforts to improve patients' recovery after surgery. Supporting patients through 'DrEaM' is expected to reduce how long patients stay in hospital and their risk of complications.

Medicines management

- Improvements have been made in the storage of patient medication across the clinical areas. Patients' own drugs lockers are now in place at the bedside and in use since July 2023. A new air conditioning system was installed in the ward clinical treatment room to ensure the effective temperature control of medications.
- New medicine and controlled drug cupboards were installed throughout all theatres and recovery areas improving medication storage. In November 2024, Omincell, a medicine management system was installed in the critical care unit.

Community Dental service

- The Community Dental service was shortlisted under the Modernising Diagnostics Award category in the 2023 Health Service Journal Awards. The dental teams had identified a lack of access to specialist paediatric dentistry support in local communities and came together to find solutions. Normally,

children requiring specialist dental treatment or consultations would have to be put on a waiting list and travel to and from a series of appointments with different health care professionals. ‘The Paediatric Dentistry Advice Clinic’ project helps to bring this specialist support closer to home by upskilling the local dental workforce through monthly teaching and support. This training was provided through online meetings, pre-recorded instruction videos, leaflets, step by step guides, and question and answer sessions.

- The collaboration has enabled every child seeking specialist dental treatment access to the full range of complex paediatric dentistry expected in hospital services, locally in the community. For a patient waiting on an orthodontic opinion on their treatment plan, the team saw their waiting time reduce from nine months to less than one week.

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.

2023/24 Performance outcomes

Table one: At-a-glance performance against national targets during the period 2021/2024

Safe – people are protected from abuse and avoidable harm	**2021/22**		**2022/2023**		**2023/2024**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	**Target**	**Outcome**
Admission to adult facilities of patients aged under 16	0	0	0	0	0	0
Incidence of Clostridium Difficile *	0	10	<16	20	<13	22
Actual falls	400	344	400	381	400	334
Medication errors causing serious harm	0	0	0	0	0	1
Incidence of MRSA *	0	0	0	2	0	2
Never Events*	0	2	0	0	0	2
Safety Incidents	N/A	25	N/A	12	N/A	12
VTE risk assessment (%)	>95%	80.40%	>95%	95.50%	>95%	95.10%
Mixed sex accommodation breaches *	0	34	0	109	0	102

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**		**2023/2024**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	**Target**	**Outcome**
Breastfeeding initiated	>90%	91.60%	>90%	93.46%	>90%	92.50%
Smoking at delivery	<6%	4.06%	<6%	4.23%	<6%	3.80%
Non-elective re-admissions within 30 days	<5.5%	4.92%	<5.5%	3.88%	<5.5%	3.85%
Mortality rate per 1000 admissions in-months	14.4	7.63	14.4	8.4	14.4	8.3
IAPT Moving to Recovery	>50%	51.89%	>50%	50.20%	>50%	47.80%
% seen within 2 hours of referral to district nursing night	>80%	97.37%	>80%	94.47%	>80%	92.70%
% seen within 48 hours of referral to district nursing night	>95%	95.48%	>95%	93.21%	>95%	91.40%
% of MSK patients with a significant improvement in function	>75%	89.79%	>75%	86.26%	>75%	79.20%
% of podiatry patients with significant improvement in pain	>75%	95.26%	>75%	86.68%	>75%	79.20%

Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	**2021/22**		**2022/2023**		**2023/2024**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department – FFT % positive	>90%	77.70%	>90%	76.00%	>90%	78.50%
Emergency department – FFT response rate	>15%	10.90%	>15%	11.50%	>15%	10.90%
Inpatients – FFT % positive	>90%	95.80%	>90%	93.50%	>90%	92.80%
Inpatients – FFT response rate	>25%	17.30%	>25%	19.30%	>25%	16.10%
Maternity - FFT % positive	>90%	98.50%	>90%	63.00%	>90%	97.80%
Maternity - FFT response rate	>15%	11.50%	>15%	14.80%	>15%	10.20%
Outpatients - FFT % positive	>90%	93.40%	>90%	90.30%	>90%	90.70%
Outpatients - FFT responses	4800	591	4800	1268	4800	3934
Community - FFT % positive	>90%	97.70%	>90%	96.50%	>90%	95.70%
Community - FFT responses	18,000	5527	18,000	8469	18,000	9123
Complaints responded to within 25 working days	>80%	59.90%	>80%	55.40%	>80%	53.90%
Responsive - organising services so that they are tailored to people's needs	**2021/22**		**2022/2023**		**2023/2024**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department waits – 4 hours	>95%	78.30%	>95%	68.40%	>95%	65.30%
Median wait for treatment (minutes)	<60 mins	93	<60 mins	110	<60 mins	103
Ambulance handovers waiting more than 30 minutes	0	646	0	1175	0	905
Ambulance handovers waiting more than 60 minutes	0	283	0	566	0	196
12 hour trolley waits in A&E	0	83	0	2208	0	2940
Cancer – 14 days to first seen	>93%	73.00%	>93%	46.70%	>93%	53.20%
Cancer – 31 days to first treatment	>96%	94.90%	>96%	89.90%	>96%	93.50%
Cancer – 62 days from referral to treatment	>85%	67.60%	>85%	47.70%	>85%	53.90%
Diagnostic waits (<6 weeks)	>99%	94.10%	>99%	85.89%	>99%	86.86%
Referral to treatment times waiting <18 weeks (%)	>92%	74.40%	>92%	67.80%	>92%	66.20%
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**		**2023/2024**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	**Target**	**Outcome**
Staff appraisal rate (%)*	>90%	67.70%	>90%	73.00%	>85%	78.20%
Mandatory training rate (%)*	>90%	78.90%	>90%	84.80%	>85%	87.60%
Permanent staffing WTEs utilised	>90%	88.00%	>90%	87.40%	>90%	89.70%
Staff sickness rate (%)	<3.5%	4.30%	<3.5%	4.13%	<3.5%	3.77%
Staff turnover rate (%)	<13%	12.20%	<13%	14.20%	<13%	12.60%
Vacancy rate against establishment (%)	<10%	12.00%	<10%	12.60%	<10%	10.30%

Activity

	Actual	Actual	% difference	Actual	% difference (2022/23 vs 2023/24)
Admissions	**2021/22**	**2022/23**	**% Difference**	**2023/24**	**% Difference**
Non-Elective Admissions	15,333	12,624	-17.67%	12,525	-0.78%
Elective Admissions	1,379	2,178	57.94%	2,554	17.26%
Day Case	21,406	23,158	8.18%	23,458	1.30%
ED attendances	107,703	106,462	-1.15%	103,891	-2.41%

Face to Face Patient Contacts	**2021/22**	**2022/23**	**% Difference**	**2023/24**	**% Difference**
At our hospital	444,423	475,465	6.98%	500,799	5.33%
In the community	532,341	572,191	7.49%	605,768	5.87%
Total	**976,764**	**1,047,656**	7.26%	**1,106,567**	5.62%

Community	**2021/22**	**2022/23**	**% Difference**	**2023/24**	**% Difference**
Community Nursing Visits	236,495	221,726	-6.24%	226,714	2.25%
Physio Appointment	31,755	63,535	100.08%	69,276	9.04%
Health and School Nurse Visit	53,872	56,977	5.76%	57,099	0.21%
Dental Appointment	44,143	45,456	2.97%	47,783	5.12%

Waiting times

Overleaf, on pages 32-36, in line with NHS England's statement on health inequalities, the next few pages set out waiting times disaggregated by age, deprivation, ethnicity and sex, particularly for

- Elective recovery
- Urgent and emergency care
- Mental health (where applicable)
- Smoking cessation
- Oral health (children and young people)

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Diagnostic Waits

Ethnicity	Percentage of Diagnostic Waits By Ethnicity
Not Stated	35.78%
White - British	22.44%
White - Other	13.41%
Any other ethnic group	7.98%
Black - African	5.29%
Black - Caribbean	4.35%
Black - Other	2.09%
Asian - Indian	1.61%
White - Irish	1.56%
Mixed - Other	1.46%
Asian - Other	1.31%
Asian - Bangladeshi	1.23%
Mixed - White and Black Caribbean	0.42%
Chinese	0.35%
Mixed - White and Black African	0.24%
Mixed - White and Asian	0.24%
Asian - Pakistani	0.23%
Grand Total	100.00%

Age Group	Percentage of Diagnostic Waits By Age Group
[Age 45 - 64]	37.16%
[Age 18 - 44]	34.10%
[Age 65 - 74]	10.75%
[Age 75 - 84]	8.40%
[Age 0 - 17]	6.21%
[Age 85+]	3.38%
Grand Total	100.00%

Gender	Percentage of Diagnostic Waits By Gender
Female	65.47%
Male	34.53%
Grand Total	100.00%

Deprivation (Decile)	Percentage of Diagnostic Waits By Deprivation (Decile)
2	20.31%
3	19.89%
4	12.81%
5	10.96%
6	9.79%
1	6.18%
8	5.81%
7	5.53%
9	4.15%
0	3.99%
10	0.58%
Grand Total	100.00%

Deprivation (Decile) Key:
1
10
0

RTT Waits							
Ethnicity	Percentage of RTT Waits By Ethnicity		Age Group	Percentage of RTT Waits By Age Group		Deprivation (Decile)	Percentage of RTT Waits By Deprivation (Decile)
Not Stated	42.25%		[Age 45 - 64]	34.90%		3	19.11%
White - British	20.22%		[Age 18 - 44]	33.98%		2	18.31%
White - Other	12.42%		[Age 65 - 74]	12.98%		4	14.01%
Any other ethnic group	6.83%		[Age 75 - 84]	8.89%		6	10.86%
Black - African	4.36%		[Age 0 - 17]	6.52%		5	10.04%
Black - Caribbean	3.72%		[Age 85+]	2.72%		8	6.62%
Black - Other	2.06%		Grand Total	100.00%		7	6.31%
Asian - Other	1.74%					1	5.56%
White - Irish	1.66%					9	4.56%
Mixed - Other	1.16%					0	3.65%
Asian - Indian	1.09%		Gender	Percentage of RTT Waits By Gender		10	0.96%
Asian - Bangladeshi	0.90%		Female	58.02%		Grand Total	100.00%
Chinese	0.45%		Male	41.96%			
Asian - Pakistani	0.39%		Not Stated	0.01%			
Mixed - White and Black Caribbean	0.38%		Indeterminate	0.01%			
Mixed - White and Asian	0.19%		Grand Total	100.00%			
Mixed - White and Black African	0.17%						
Grand Total	100.00%						

IPWL							
Ethnicity	Percentage of IP Waiting Time By Ethnicity		Age Group	Percentage of IP Waiting Time By Age Group		Deprivation (Decile)	Percentage of IP Waiting Time By Deprivation (Decile)
Not Stated	39.14%		[Age 45 - 64]	46.58%		2	19.01%
White - British	26.51%		[Age 18 - 44]	22.63%		3	17.69%
White - Other	10.73%		[Age 65 - 74]	16.79%		4	13.05%
Any other ethnic group	8.14%		[Age 75 - 84]	7.33%		6	10.78%
Black - African	3.39%		[Age 0 - 17]	5.62%		5	10.33%
White - Irish	2.94%		[Age 85+]	1.05%		8	7.56%
Black - Caribbean	2.68%		Grand Total	100.00%		7	6.77%
Asian - Other	1.44%					9	5.56%
Mixed - Other	1.35%					1	4.36%
Black - Other	0.97%					0	3.35%
Asian - Bangladeshi	0.96%		Gender	Percentage of IP Waiting Time By Gender		10	1.53%
Asian - Indian	0.54%		Male	50.30%		Grand Total	100.00%
Chinese	0.33%		Female	49.70%			
Mixed - White and Black Caribbean	0.31%		Grand Total	100.00%			
Mixed - White and Asian	0.20%						
Asian - Pakistani	0.20%						
Mixed - White and Black African	0.17%						
Grand Total	100.00%						

Cancer Waits							
Ethnicity	Percentage of Cancer Waiting Time By Ethnicity		Age Group	Percentage of Cancer Waiting Time By Age Group		Deprivation (Decile)	Percentage of Cancer Waiting Time By Deprivation (Decile)
Not Stated	35.83%		[Age 45 - 64]	36.88%		3	16.17%
White - British	27.37%		[Age 18 - 44]	23.09%		2	15.64%
White - Other	13.32%		[Age 65 - 74]	20.54%		6	13.32%
Any other ethnic group	6.98%		[Age 75 - 84]	15.25%		4	12.91%
Black - Caribbean	4.86%		[Age 85+]	4.08%		5	12.23%
Black - Other	2.93%		[Age 0 - 17]	0.16%		8	7.93%
White - Irish	2.57%		Grand Total	100.00%		7	7.27%
Black - African	1.62%					9	5.69%
Asian - Other	1.60%					1	4.84%
Mixed - Other	1.10%					0	3.64%
Mixed - White and Black Caribbean	0.51%		Gender	Percentage of Cancer Waiting Time By Gender		10	0.35%
Chinese	0.31%		Male	50.27%		Grand Total	100.00%
Mixed - White and Black African	0.30%		Female	49.51%			
Asian - Bangladeshi	0.26%		Not Stated	0.22%			
Mixed - White and Asian	0.19%		Grand Total	100.00%			
Asian - Indian	0.15%						
Asian - Pakistani	0.11%						
Grand Total	100.00%						

ED Waits

Ethnicity	Percentage of ED Waiting Time By Ethnicity
White - British	27.61%
White - Other	19.00%
Not Stated	14.52%
Any other ethnic group	9.02%
Black - African	8.50%
Black - Caribbean	4.89%
Black - Other	4.72%
Asian - Other	2.57%
White - Irish	2.21%
Mixed - Other	2.15%
Asian - Indian	1.22%
Asian - Bangladeshi	0.97%
Mixed - White and Black Caribbean	0.88%
Chinese	0.55%
Asian - Pakistani	0.45%
Mixed - White and Black African	0.40%
Mixed - White and Asian	0.33%
Grand Total	100.00%

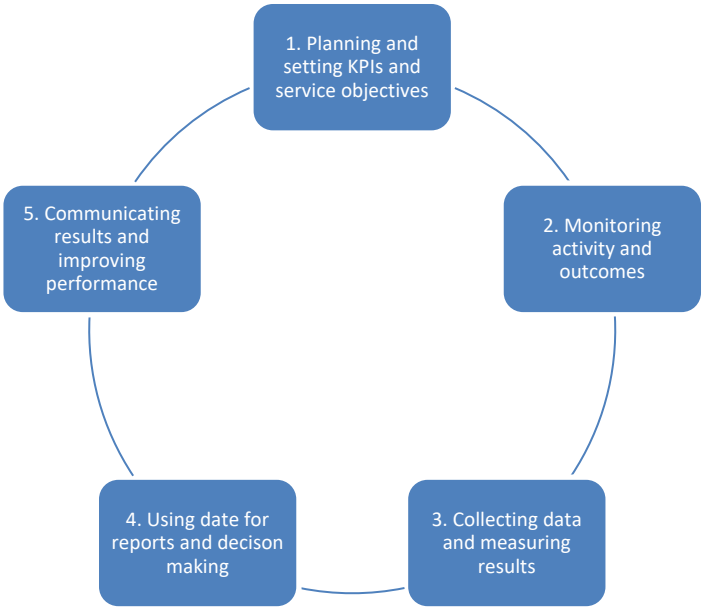
Age Group	Percentage of ED Waiting Time By Age Group
[Age 18 - 44]	36.00%
[Age 45 - 64]	23.46%
[Age 0 - 17]	14.49%
[Age 65 - 74]	9.75%
[Age 75 - 84]	9.68%
[Age 85+]	6.61%
Grand Total	100.00%

Gender	Percentage of ED Waiting Time By Gender
Female	53.88%
Male	46.10%
Indeterminate	0.02%
Grand Total	100.00%

Deprivation (Decile)	Percentage of ED Waiting Time By Deprivation (Decile)
3	20.08%
2	18.05%
4	12.40%
6	11.06%
5	10.38%
1	7.07%
7	5.68%
0	5.44%
8	4.79%
9	4.52%
10	0.52%
Grand Total	100.00%

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 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.

Review of performance

On 11 April 2024, NHS England released figures across several key performance metrics including access to timely cancer diagnosis, performance against Emergency Department standards and reducing long waits for planned care.

When comparing this national data directly against the figures for Whittington Health NHS Trust, it showed that, in several key areas, local people can be confident that their NHS is doing what is needed to ensure that everyone who needs care receives it as quickly and safely as possible.

Monthly statistics showed that the Emergency Department (ED) in hospitals across England reported that March 2024 was the busiest month ever with 2.35 million attendances, an increase of 8.6% from the number of attendances in March 2023 (2.17

million). At Whittington Hospital, nearly 10,000 people sought urgent and emergency care in March (9,562) up by more than the national overall average at 9% compared to March 2023. Of those patients, the decision was taken that an admission to hospital was required in 977 cases. This was an increase of 7.5% on the previous year, reflecting the fact that we saw more unwell patients present at ED who required a hospital stay.

2023/24 was a very busy year for ED services in England overall, with figures showing 26.2 million patients coming through the hospital front door during the period 1 April 2023 to 31 March 2024.

Despite this significant pressure, and thanks to local staff delivering the improvements set out in the NHS urgent and emergency care recovery plan, there have been improvements in performance with 73% of people coming to the emergency department spending less than four hours in Whittington Hospital's ED department last month. Nearly 10% (8.8%) more patients this March were seen, treated and admitted or discharged within 4 hours than in the same month in 2023.

This progress comes on the back of robust winter planning. This has seen the Trust expand its virtual ward/remote monitoring service to enable more people to be cared for safely in the familiarity of their own home. We also opened 43 additional beds as part of the winter plan to create capacity for the increase in admissions over the winter period. Faster admission to hospital has also been possible thanks to the hard work and support of our local authority partners. They have worked to ensure that more people who require social care are able to leave hospital when they are fit enough to do so, freeing up beds for those arriving at the front door of the hospital.

Thanks to the hard work of Whittington Health staff, almost four fifths (77.7%) of people received a definitive cancer diagnosis or all clear within four weeks – this compared to 78.1% nationally.

Whittington Health staff have delivered well above the national level of improvements for activity, compared to 2019, prior to the COVID-19 pandemic. In February 2024, we delivered over 5,570 planned treatments in total.

In April 2024, NHS England published analysis of the direct impact of industrial action on the waiting list in England, estimating it would be around 430,000 lower without the long period of strike disruption since December 2022, and that 157,127 treatments would have avoided waits of more than 65 weeks. Given this impact, the NHS announced that it was pushing back its target to virtually eliminate waits of 65 weeks from March 2024 to September 2024, at the latest.

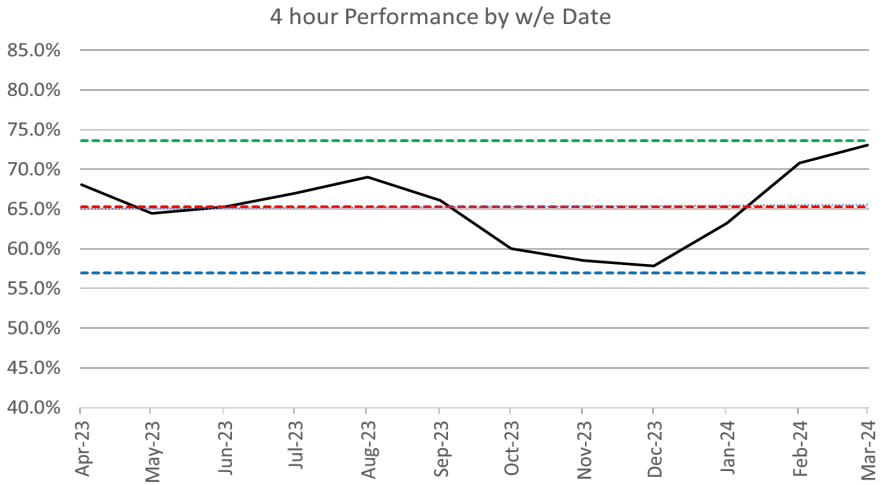
However, at Whittington Health between January and February, the number of people waiting over 65 weeks for planned treatment dropped by over a quarter (26%) equating to over 50 fewer people waiting longer than 65 weeks for a procedure.

February 2024 saw a record number of diagnostic tests and checks delivered for that month – 2.24 million – across England. Over 11,400 of these were delivered by Whittington Health (11,414) and, of these, over 4,600 were provided at the Trust's new Community Diagnostic Centre (CDC) in the Mall Shopping centre in the heart of Wood Green.

It first opened its doors in August 2022, bringing diagnostic testing to the high street making it quicker and easier for people across Haringey and North Central London to access diagnostic testing. It is one of 40 CDCs across England, and the first to be placed within a shopping centre, a central Haringey location. It offers blood tests, ultrasound, x-ray, and ophthalmology testing and, as of the start of 2024, MRI and CT scanning.

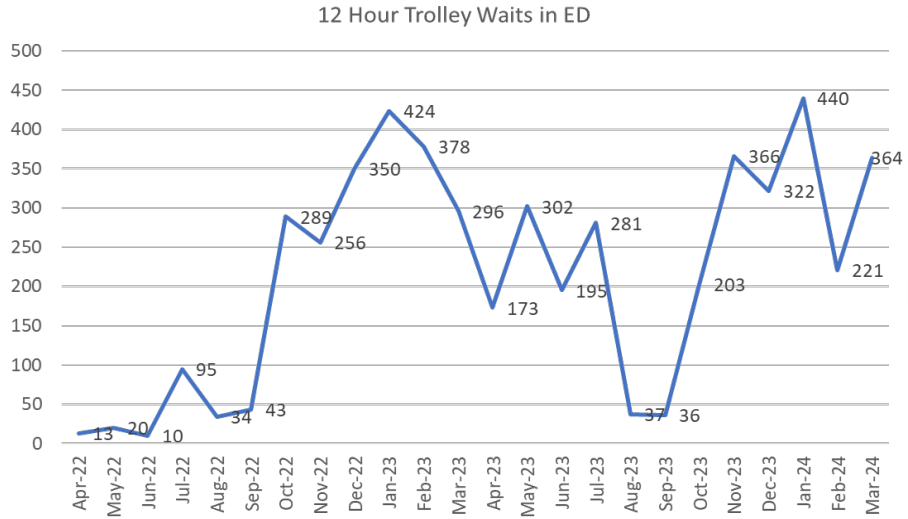
More details of our performance during 2023/24 are shown on the following pages.

Emergency Department

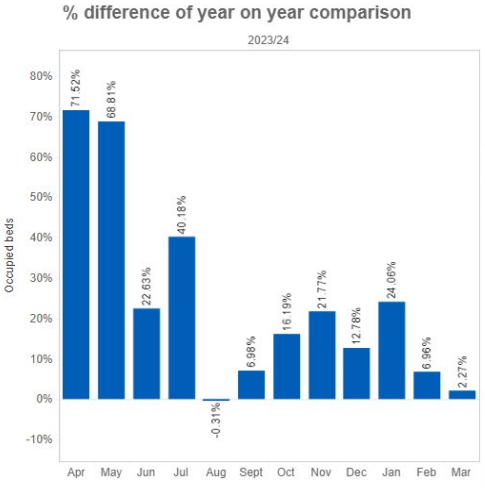


Performance against the 4-hour ED standard averaged at 65% through 2023/24. The Trust has delivered one of the most improved performances improvements in the country moving from 57.8% (December 2023) to 73.1% (March 2024).

12-hour trolley breaches continued to remain high throughout 2023/24. The main contributory factors for this have been high numbers of medically optimised patients, discharge delays due to a lack of capacity in community and social care settings and an overall increase in the average inpatient length of stay.



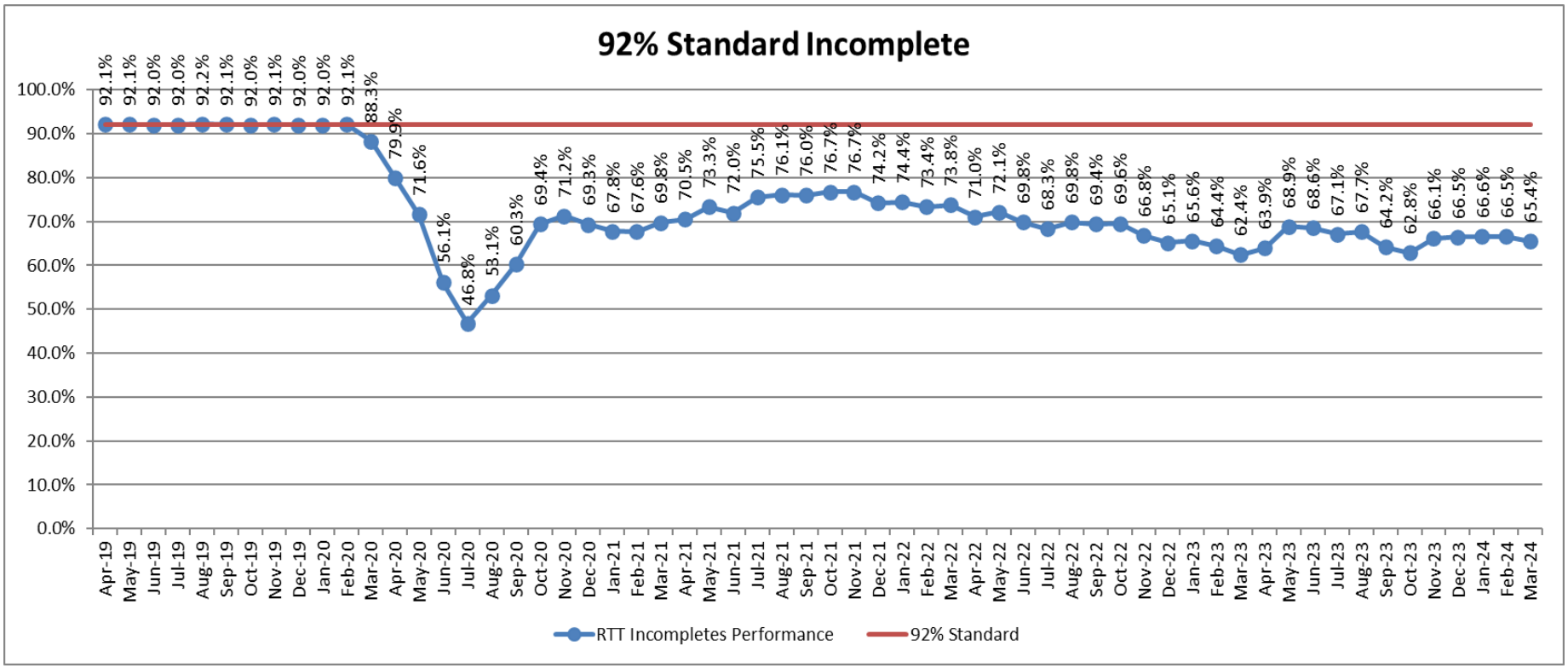
Monthly average of beds occupied by adult patients in an acute hospital for 21+ days



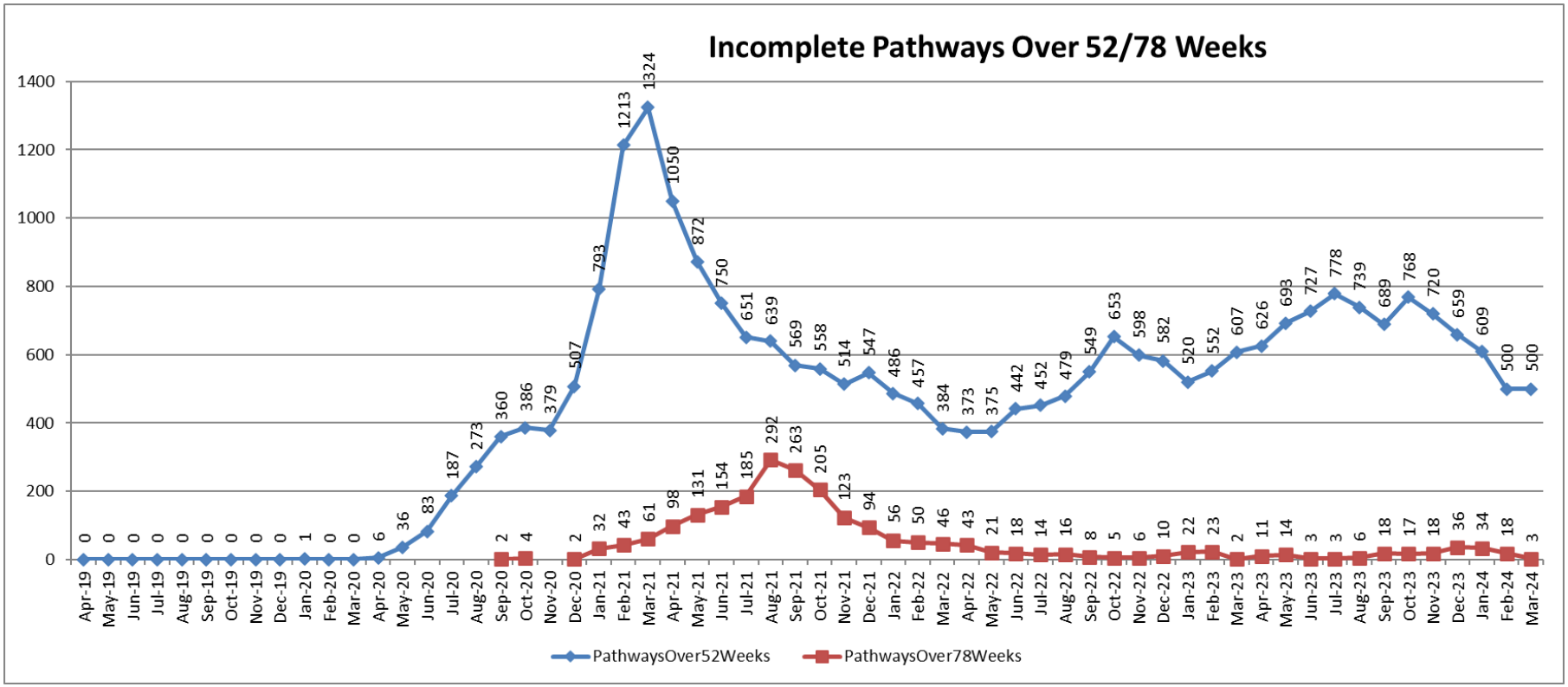
Year on year comparison data table

	2022/23	2023/24	Monthly avg difference	Monthly avg difference %
Apr	34.77	59.63	24.87	71.52%
May	41.06	69.32	28.26	68.81%
Jun	45.37	55.63	10.27	22.63%
Jul	43.06	60.37	17.30	40.18%
Aug	52.84	52.68	-0.16	-0.31%
Sept	46.33	49.57	3.23	6.98%
Oct	43.87	50.97	7.10	16.19%
Nov	51.30	62.47	11.17	21.77%
Dec	42.16	47.55	5.39	12.78%
Jan	47.87	59.39	11.52	24.06%
Feb	59.61	63.76	4.15	6.96%
Mar	54.10	55.32	1.23	2.27%

Referral To Treatment – 78 weeks

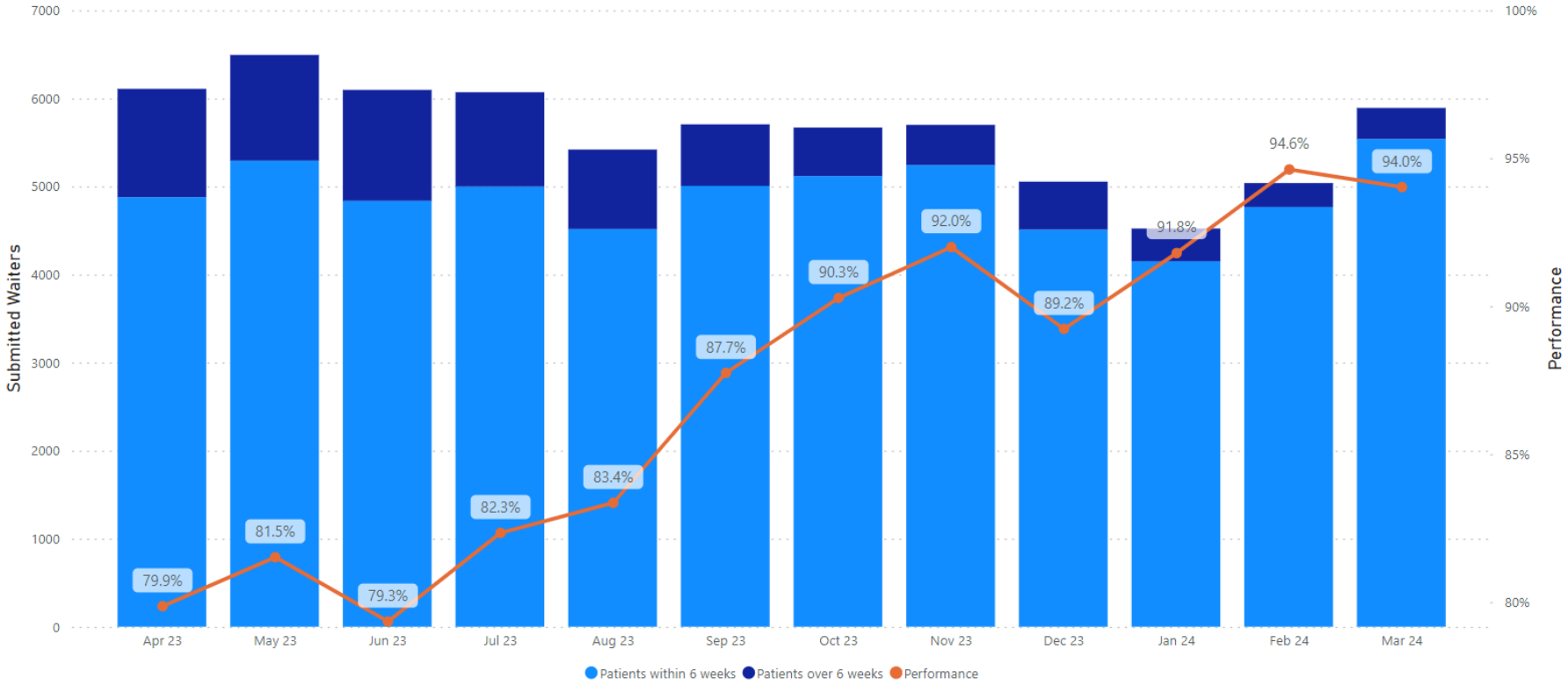


The Trust has not achieved the 92% referral to treatment standard since before the pandemic. Performance through 2023/24 remained consistent with an average performance of 66.2%.



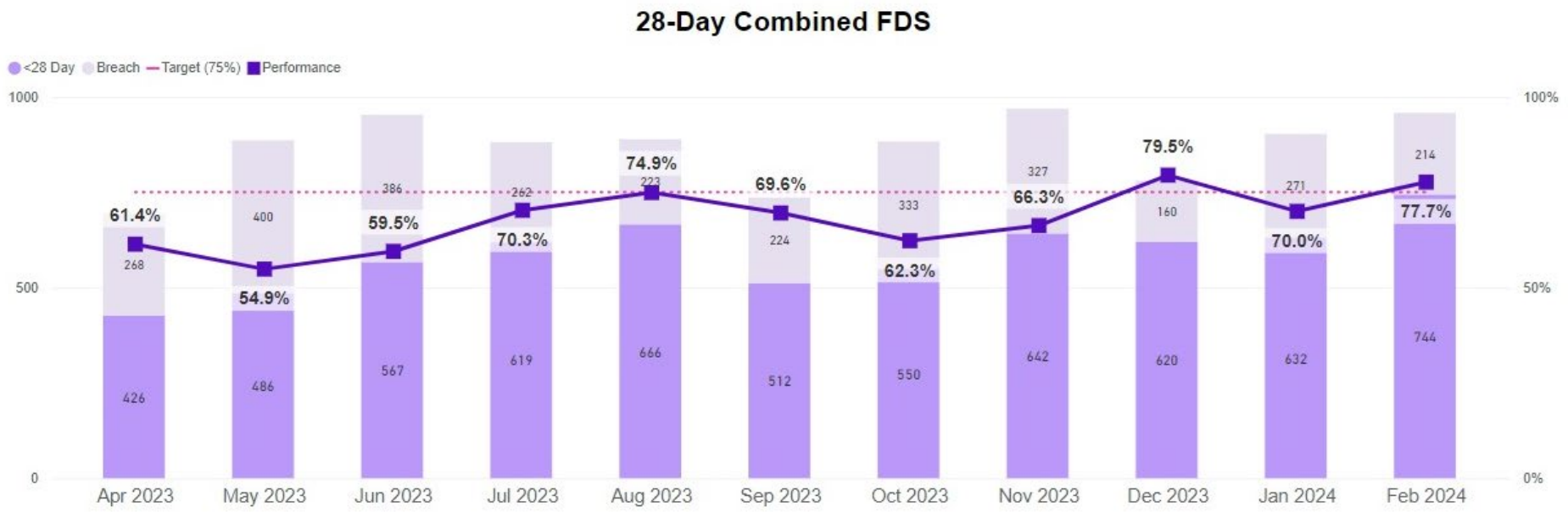
The Trust ended 2023/24 with three 78-week breaches against the national ask of zero 78-week breaches. Ongoing plans are in place to mitigate the next required standard of zero patients waiting more than 65 weeks by the end of September 2024.

Diagnostics – DM01



Performance against the DM01 standard that patients should wait less than six weeks for a diagnostic test significantly improved during 2023/24 for the Trust. Our imaging services was a consistent high performer against the standard. The main speciality contributing to overall improvement has been in Audiology services where performance was at 42.6% in April 2023 and achieved 93.74% in March 2024.

Cancer – Faster Diagnosis

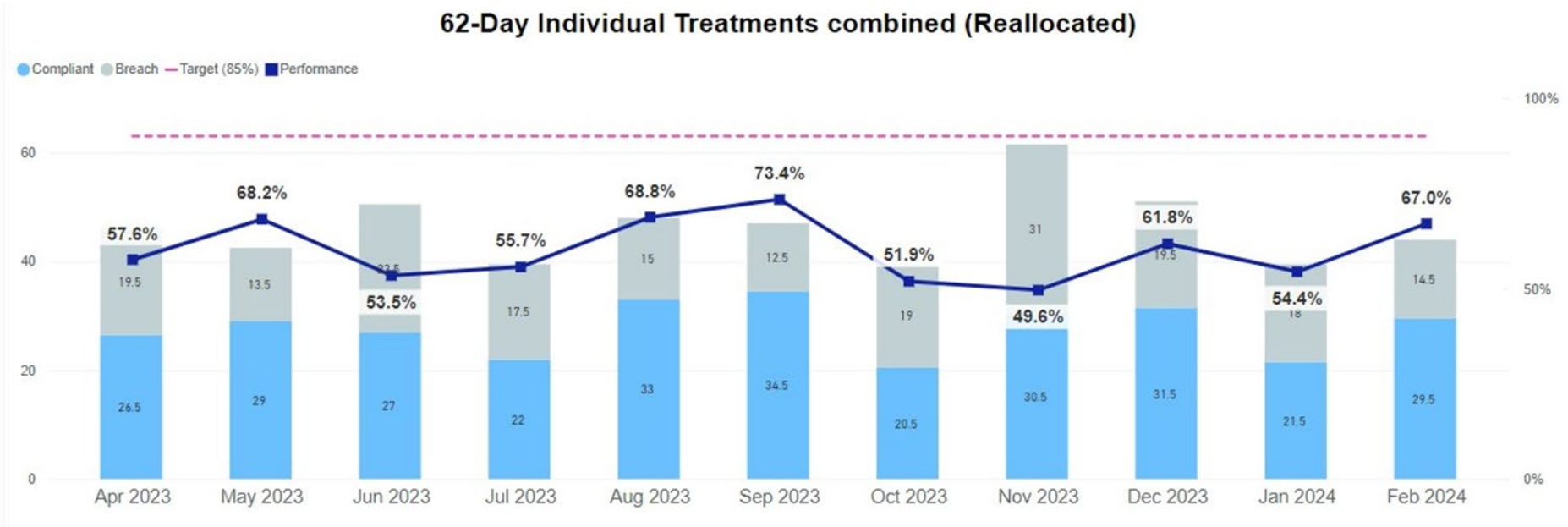


Cancer Faster Diagnosis Standard performance for 2023/24 averaged out 68.3% against standard of 75%. The two tumour groups that consistently did not meet the standard was Gynaecology and Urology predominately because of capacity constraints. Industrial Action has also impacted overall delivery throughout this period.

In October 2023, an improvement plan was implemented to improve overall performance in Gynaecology, Dermatology and Breast Services. Following implementation overall performance improved and the standard was achieved in December 2023 and February 2024.

The standard required for 2024/25 is to increase performance against the 28-day FDS to 77% by March 2025. All services will have demand and capacity models developed to ensure services can deliver the required standard and forecasted targets.

Cancer – 62 days performance



National Standard for 2023/24 for 62 days performance was 85%.The average performance for 2023/24 has been 60.2% against a combined allocation.

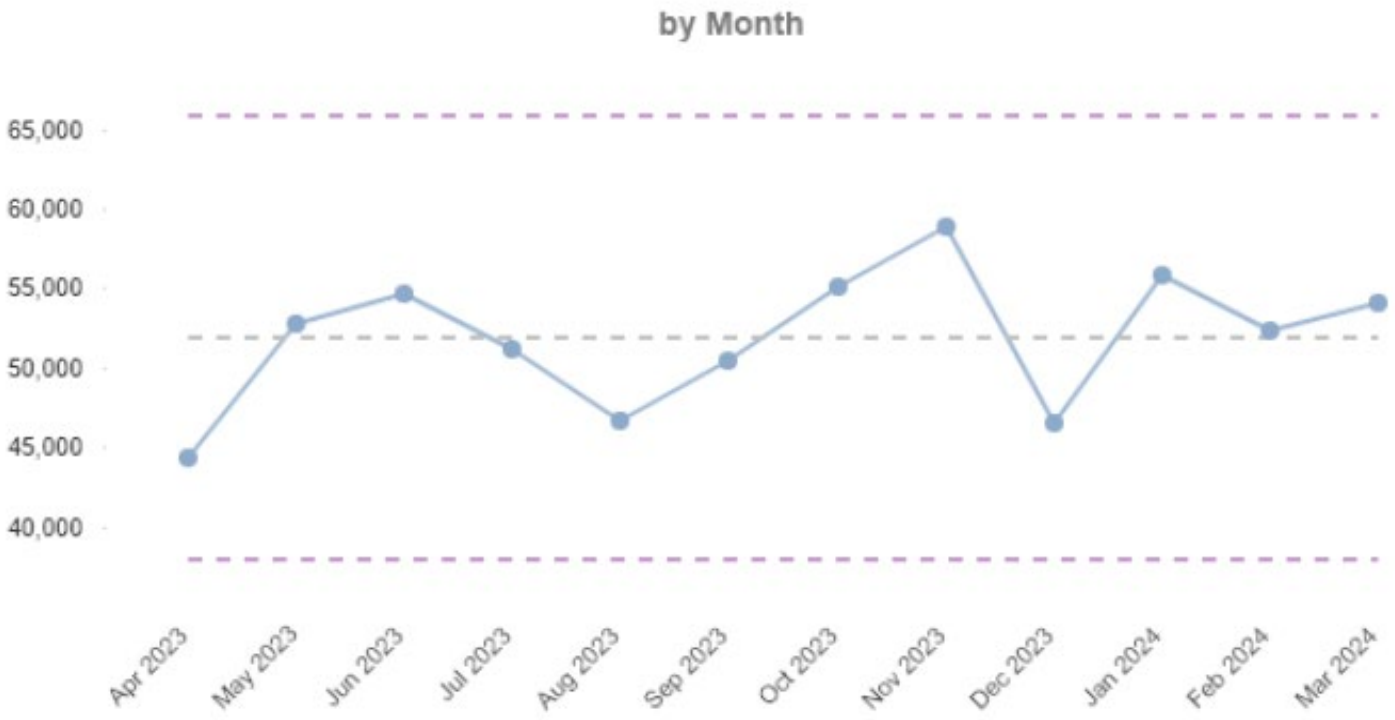
Industrial action as also impacted the delivery of this standard throughout the year

As per national guidance, since October 2023 all providers are expected to report against a combined 62-day performance i.e. include GP referrals, upgrades, screening and breast symptomatic. The introduction of a combined performance has improved the Trust's compliance against the 62-day standard. There has been a month-on-month improvement since November 2023, apart from January 2024 which saw a greater impact from strike action

Community Performance

Total Contacts

51,866	65,809	37,923
Baseline Mean	Upper Control Limit	Lower Control Limit



The total number of contacts for community services remained consistent throughout 2023/24. Highlighted services to note are:

- **Podiatry services** maintained their waiting times which are below 30 weeks
- **Islington Community Neuro-Rehabilitation** Community Rehabilitation has backlogs for speech and language therapy and for occupational therapy services. There have been longstanding vacancies and long-term sickness which impacted on this small service. Recruitment to a permanent role has been successful and this should see the waiting list start to come down.
- **Bladder and Bowel service** This is a fragile service. Although recovery plans have been implemented, significant staffing issues remain. Demand and capacity work in 2023 with Kingsgate showed that the backlog would slowly reduce if the service was fully staffed. There are significant vacancies in North Central London for bladder and bowel services and it is difficult to find specialist staff across London.
- **The Musculoskeletal service** continued to improve their overall back log. The biggest impact was in physiotherapy services which was the area with the largest backlog. It saw seeing a reduction of 1,426 patients in March 2024. The reduction in the waiting list continued as a result of initiatives such as the use of Super Saturdays, the GetUBetter app, and a Community Appointment Day held in February 2024 in the London Borough of Haringey.
- **Community Children's Nursing** has some waits in this service relating to primary care nursing cases but all been triaged. A shortage of administrative support has caused a delay in updating notes and ensuring appointments are outcome after patients are seen. Support had been put in place and further improvement is expected throughout 2024/25.
- **Looked After Children:** timeframes for completion of initial health assessments are monitored closely. The small numbers mean that a few delays have a significant impact on reported performance. Providers across NCL are discussing the challenge of completing initial reviews within the required timeframe, aiming to agree actions with local authority partners to improve performance.
- **Autism Assessments** There has been a sustained increased demand for assessments continues to have an impact on waiting times in Haringey and Islington. Providers across North Central London (NCL) are working to improve and ensure consistency of the assessment model and are also working with commissioners to secure additional investments in assessment services to help support a reduction in waiting times.
- **Therapy services**. Occupational Therapy waiting times in Islington rose due to increases in demand for the service. Work with the local authority is progressing to roll out a universal training offer to schools to help reduce referrals and options to increase the capacity of the service are being explored. In Barnet, the speech and language therapy service is working to capacity with staffing available for assessment. The universal training offer may lead to a decrease in referral rates over time. In the meantime, non-recurrent funding will be used in 2024/2025 to provide additional assessment capacity.
- **Islington Child and Adolescent Mental Health Services (CAMHS)**. The majority of CAMHS teams continue to offer first contacts within the 8-week waiting time target. Although long waiting times continue to be seen in the CAMHS Therapies team, they have improved faster than predicted, following recurrent investment from the NCL Integrated Care Board in 2023/2024 and the implementation of a revised model.

FINANCIAL REVIEW

The financial plan at the beginning of 2023/24 was a surplus of £2m. However, in response to the unplanned impact of industrial action during 2023/24, NHS England undertook a national re-forecasting exercise, mid-year, as part of changes made to the funding regime. During this exercise, the Trust agreed a revised surplus plan of £1.1m for 2023/24. The Trust delivered a surplus of £0.606m for 2023/24, after adjustments for fixed asset impairments. In previous years, the Trust had either delivered or performed better than plan for seven consecutive years.

Like other NHS providers, the Trust is operating in a constrained financial environment, with financial pressures attributed to price inflation, capital funding availability, and the cost of service provision given changes in demand for services (e.g., acuity of urgent and emergency care presentations and difficulties with discharging patients for onward care). These challenges, amongst other factors, have placed pressure on the underlying financial position of the Trust. The Trust is continuing to work towards improving its underlying financial performance, with partners, so that the longer-term financial sustainability of the organisation is secured.

Statement of comprehensive income

	2023/24		2022/23
	£000		£000
Operating income from patient care activities	436,160		400,191
Other operating income	29,658		31,366
Operating expenses	(470,061)		(420,749)
Operating surplus/(deficit) from continuing operations	**(4,243)**		**10,808**
Finance income	3,592		1,922
Finance expenses	(2,179)		(2,364)
PDC dividends payable	(5,881)		(5,385)
Net finance costs	**(4,468)**		**(5,827)**
Other gains / (losses)			
Surplus / (deficit) for the year from continuing operations	**(8,711)**		**4,981**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	-		-
Surplus / (deficit) for the year	**(8,711)**		**4,981**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	(19,055)		(5,936)
Revaluations	581		6,749
Total comprehensive income / (expense) for the period	**(27,185)**		**5,794**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period	(8,711)		4,981
Add back impairments / (reversals)	9,257		1,565
Remove I&E impact of capital grants and donations	60		92
Adjusted financial performance surplus / (deficit)	**606**		**6,638**

Going concern and value for money

As with previous years, the 2023/24 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 2024, 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, maintained throughout 2023/24 and ending the financial year with £68.5m in cash. This was £4.4m lower than at the end of 2023/24, the reduction driven primarily by capital expenditure during the year, and the Trust's income and expenditure deficit. The Trust received £17.2m of Public Dividend Capital to support capital schemes and programmes.

The Trust is not anticipating any significant cash issues in 2024/25.

Property, plant and equipment

During 2023/24, the Trust made significant capital investment totalling £43.1m fully utilising the Capital Resource Limit. Notable schemes for 2023-24 included Phase 2 of the Wood Green Community Diagnostics Centre, upgrading power infrastructure, fire remediation project, and investments to improve elective recovery. It is a priority for the Trust to continue investing in capital schemes that replace and upgrade our assets during 2024/25. Particular areas of focus are power infrastructure upgrades, fire remediation, mortuary facilities and strategic service developments in maternity and neonatal care.

Capital Expenditure 2023/24	**£000**
Fire Safety	9,065
Wood Green Community Diagnostics Centre	7,695
Power Upgrade	6,779
Targeted Investment Fund: theatres, ICT and eq	4,238
Estates Critical Infrastructure	3,598
ICT	2,476
Maternity and Neonatal	2,198
Medical Equipment	1,859
Enabling works for CT replacement	1,041
All other capital expenditure	4,196
TOTAL capital expenditure 2023/24	**43,145**

Receivables (debtors)

The Trust's receivables at the end of the financial year were 27.0m. This was £1.3m higher than in 2022/23, with accrued income comprising £0.9m of the increase.

Payables (creditors)

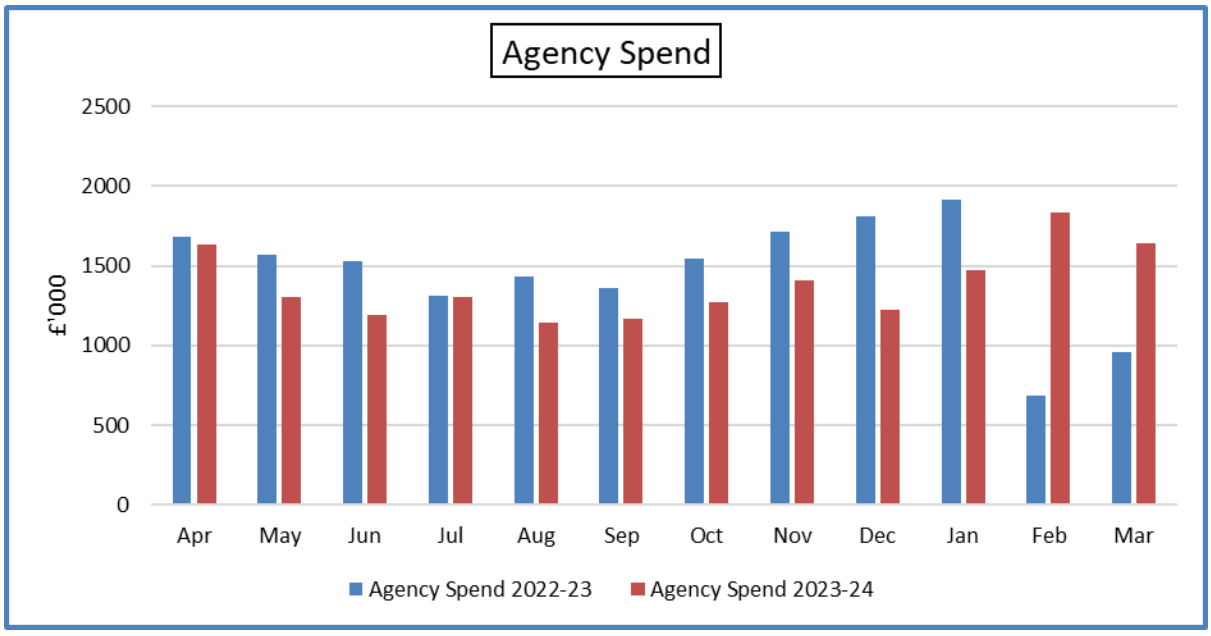
The Trust's payables at the end of the financial year were £93.0m, which was £12.2m higher than in 2022/23. Of the increase, £9.7m relates to trade payables including invoice register accruals, the balance relating to capital creditors including capital accruals. The combined creditor performance has improved further during the financial year, the Trust now reporting payment of 95.6% of the value of invoices within 30 days, compared with 88.5% in 2022/23.

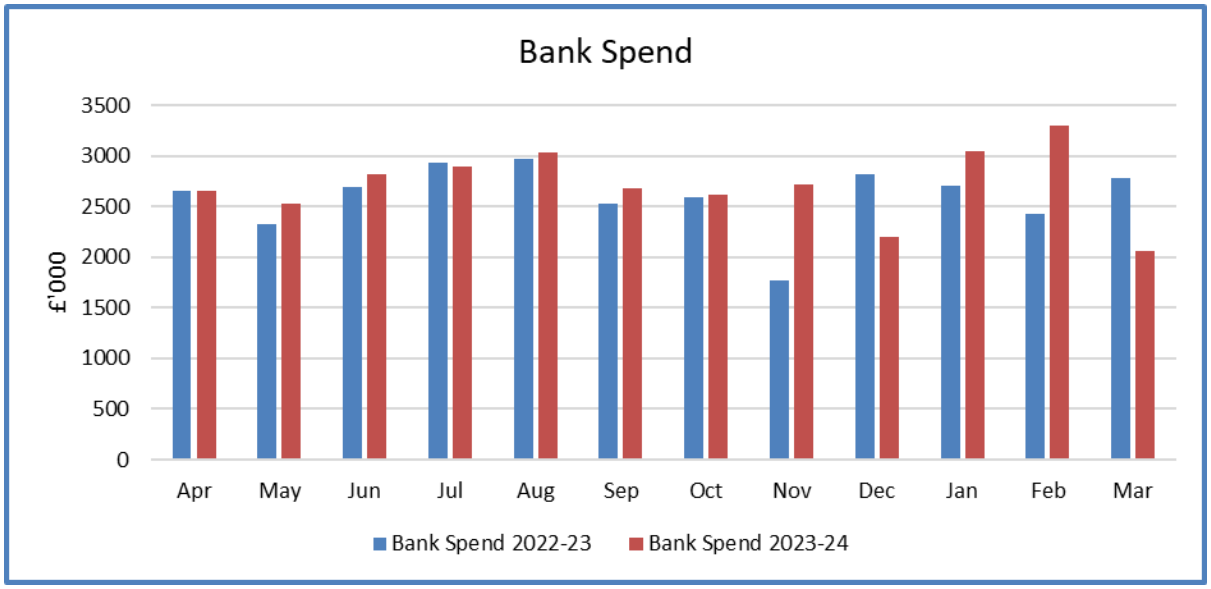
Spending on agency and temporary staff

The Trust spent £16.6m on agency staff for 2023/24, which was £0.9m lower than agency expenditure in 2022/23. This represented 5% of total pay costs. In addition to agency spend the Trust spent £32.6m on bank staff which was £1.3m higher than the previous financial year. The additional staffing requirements for new non-recurrent investments, escalation beds, industrial action, 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 graphs below show the level of expenditure on bank and agency staff during 2023/24 and include a comparison for 2022/23:




Bank Spend
3500
3000
2500
2000
1500
1000
500
0
£'000
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Bank Spend 2022-23
Bank Spend 2023-24

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement. The key risks on our 2023/24 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 and a lack of a quality improvement focus, 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, clinical attention and continuing pressures (e.g. industrial action), 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 to appropriate beds • patients not receiving the timely elective care they need across acute 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
People 1 – staff recruitment and retention	Lack of sufficient substantive staff, due to increased staff departures and absence, and difficulties in recruiting and retaining sufficient staff, results in further pressure on existing people, 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, diversity and inclusion, empowerment, and morale, due to the continuing post-pandemic pressures, and the restart of services, poor management practices, and an inability to tackle bullying and harassment and behaviours unaligned with the Trust's values result in: • a deterioration in organisational culture, morale and the psychological wellbeing and resilience • 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 NCL system workforce changes and an increased potential for unrest
Integration 1 – ICS and Alliance changes	Lack of system clarity, or specific changes brought about by national policy, a still maturing ICB, and an emerging provider alliance, (such as corporate services' rationalisations, Fuller report, community services review, "Start Well" review, and pathway reconfiguration), may result in unclear governance decisions and difficulty in strategic planning which 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 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 deterioration in the 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	Risk that if we do not invest effectively in our digital strategy and in keeping technology hardware updated, cyber security solutions current and configured correctly, enable interoperability and testing of continual improvement of software (e.g. electronic patient record), ensure contracts are managed and supported and maintain the ability to report and enable clinicians to

BAF entry	Principal risk(s)
	have access in a timely manner, with enough sufficient skilled workforce, then there is a possibility of catastrophic downtime. This could lead to inaccessibility of information, inefficiency of operational processes, hampering operational flow, transformation with efficiencies and cost improvement programme delivery and reduced levels of integration with system partners.

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

Anti-corruption and anti-bribery

Whittington Health directly employed Binder Dijker Otte (BDO) LLP to provide its anti-fraud service during 2023/24 which reviewed any allegations of fraud related to our function and ensured that appropriate anti-fraud arrangements were in place. The Chief Finance Officer is the executive lead for anti-fraud work. The Trust's annual functional return was completed at year-end and submitted to the NHS Counter Fraud Authority who gave an overall green rating. In February 2024, Trust Board members held a seminar where they received expert external advice on corruption and the provisions of the Bribery Act 2020, including coverage of gifts and hospitality, facilitation payments, and declarations of conflicts of interest.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued its journey to improve the quality of our services and the experience of the people who use our services through the Learn, Innovate and Improve initiative (previously called Better Never Stops). 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 are registered with the Care Quality Commission (CQC) without any conditions. The CQC did not inspect the trust during 2023/24.

A CQC executive visited the Trust in July 2023. This was an opportunity for CQC executives to meet with the Trust executive team, and the CQC executives visited the following areas: same day emergency care (SDEC), virtual ward, maternity, and the nursing recruitment teams. The visit was well received and the CQC Executives were very positive about the areas that they visited on the day.

There were three CQC relationship meetings held in 2023/2024. These focussed on Simmons House and medicines management. In October 2023, two serious related incidents at Simmons House were declared. This remains a focus for the CQC, and investigations into the incident are currently ongoing. The unit has been temporarily closed to admissions since December 2023. The medicines management engagement meeting is an annual meeting between the CQC pharmacy and Trust pharmacy team. This was a positive meeting which focussed on the pharmacy electronic prescribing and medicines administration system and insulin management. The CQC raised no issues following the meeting and were assured regarding the processes for electronic prescribing and medicines management at the Trust.

The table below provides the rating summary for the CQC's final report, published in March 2020, following an inspection in December 2019 of four core services (surgery, urgent and emergency care services, 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 this 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
Overall trust	Requires Improvement	Good	Outstanding		Good	Good	Good

The CQC action plan remains a focus for improvement. Closed actions have been reviewed with the responsible Integrated Clinical Service Unit (ICSU) in 2024 to ensure that they are still relevant, and reflective of the current Trust position and they are monitored at the ICSU Quality meetings and via the Learn, Innovate, and Improve programme.

The CQC has moved away from multiple assessment frameworks to a single assessment framework, using a constant ongoing assessment of quality and risk, gathering evidence at multiple points in time rather than the previous single point in time.

Quality statements will underpin the assessments, rather than the previous key lines of enquiry (KLOEs); however, the quality statements are still named after the previous KLOEs.

Quality priorities

Our quality priorities, as set out in the Quality Account, are aligned to the Trust's commitment to help local people live longer, healthier lives and build on factors such as quality performance, clinical or public health proposals and our 'Learn, innovate and improve' ambition, to continually improve and provide even better care.

Quality priorities for 2024 onwards have been developed following a range of engagement events with the public and our stakeholders. They are aligned to the Trust's corporate objective to "Deliver outstanding safe and compassionate care in partnership with patients".

- Ensuring patients are seen by the right person in the right place at the right time.
- Access and attendance.
- Reducing health inequalities in our local population.
- Improving the Trust environment to improve patient experience.

The Trust held several engagement events across the Trust and community sites to gather feedback from people who use our services and from 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 to help establish the priorities.

Key Quality Account achievements from 2023/24:

- In Q4 23,214 registration invitations were sent to patients to sign up to Zesty. 8,558 of these were a first invite to register for the application and the average sign-up rate for the first invitations was 85.87%.
- Between October 2023 and December 2023 70.2% of Sickle Cell patients received analgesia within 30minutes of admission to the Emergency Department.
- For those patients that had a "What Matters to Me" document, 100% had clear food preferences recorded that were personalised to the individuals.
- Of 25 patients diagnosed with dementia in Q3, 24 had recorded next of kin (NOK) contact details.
- Contact with NOK within 24 hours of admission was achieved for 64% of patients.

- There was a reduction in complaints relating to DHL transport services since the eligibility criteria were extended to 12 weeks.
- A website for accessible information for those with learning disabilities (LD) is now live. It includes information such as the hospital passport, posters for wards on LD and autism, patient stories on how their visits to hospital were from their point of view, Stopping the Over-Medication of children and young People with a learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) leaflets.

Freedom to Speak up Guardian

The Freedom To Speak Up Guardian referred to as the 'Guardian' 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 offering face-to-face and online appointments.

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 the Guardian. The Guardian continues to attend the Trust's corporate induction for all new starters.

The collaboration between the Guardian and the organisational development team and the workforce team continues to be fundamental to reinforcing 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 unobtrusive 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 Guardian 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 Guardian 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 seasonal pressures, 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 Guardian 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

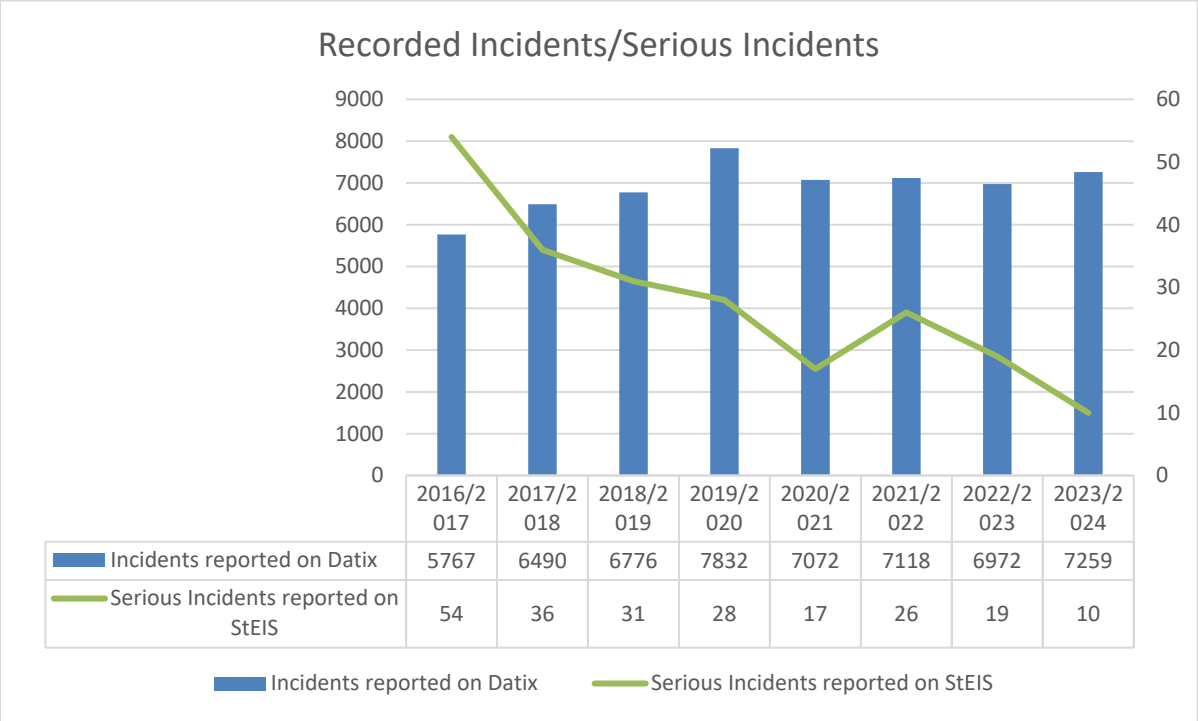
During 2023/24 the Trust intensively prepared for its transition from the Serious Incident Framework (SIF) to the new Patient Safety Incident Response Framework (PSIRF). This is a statutory requirement for all NHS provider organisations. An executive-led implementation group has been established to drive this forward and additional project management support has been procured to ensure the Trust's transition is both effective and timely. Currently, the Trust is in the latter stages of its implementation plan and has recently provided the first tranche of required training to specific staff groups in human factors and systems methodologies, which are central to the PSIRF approach. The Serious Incident Executive Action Group (SIEAG) has been reconfigured to align with the requirement of PSIRF and is now the Whittington Improvement & Safety Huddle (WISH), so there is a greater focus on learning, improvement, compassionate engagement, and supportive oversight. The Trust is in the process of completing the transition, in agreement with the ICB, and will no longer be investigating incidents under the SIF.

Under the PSIRF, the Trust will no longer be required to declare serious incidents based on predefined thresholds. Instead, the Trust must select incidents that provide the greatest opportunities for new learning. utilising the most appropriate learning response tool. The Trust will have improvement plans and workstreams in place in relation to types of incidents where causal and contributory factors are well understood from analysis of multiple historic data sources (such as pressure related skin damage, falls and medication safety). This will ensure the Trust can focus more time and resource on learning and improving, and less on repetitive investigations; this is the very essence of the PSIRF. The PSIRF represents a significant culture shift for NHS organisations, and it is recognised that the Trust's approach and arrangements will take time to evolve and mature.

During 2023/24, there were 10 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.

The table overleaf provides more details on serious incidents declared in the last financial year and since 2016.

Figure 1: Serious Incidents declared, as a proportion of all patient safety incidents 2016-2024



In preparing for the new Patient Safety Incident Response Framework (PSIRF), Whittington Health have reviewed processes to ensure that the identification of systems issues and human factors remain at the forefront of the Trust's work with a focus on learning and improving practice. WISH have supported the use of alternative tools, such as After-Action Reviews, SWARMS, and a Multidisciplinary team (MDT) approach, Quality Improvement (QI) projects and audit projects, to drive change.

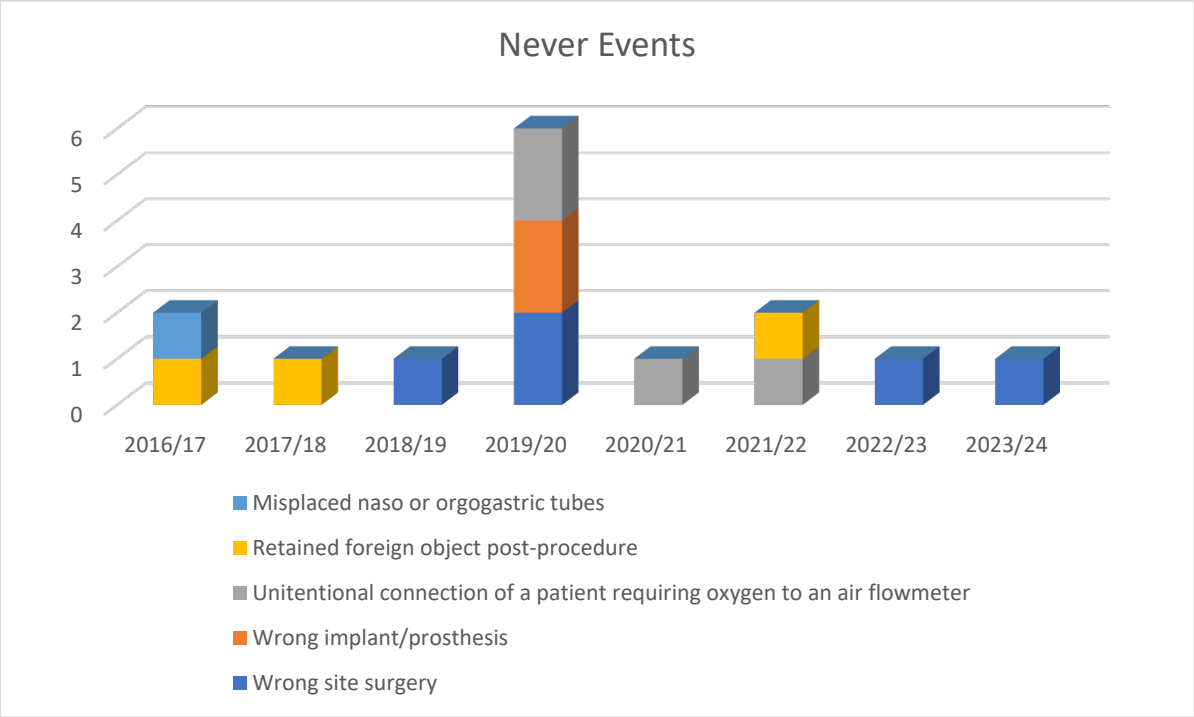
Completed investigation reports, with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member with an offer of a meeting with the Trust to discuss the findings.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the 'Big 4' in theatres, and 'message of the week' in Maternity, Obstetrics, and other departments. Learning from incidents is shared through Trust-wide multimedia 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; there is a list of specific events defined nationally.

Figure 2: The number of Never Events reported by Whittington Health from 2016 to 2024



During 2023/24, the Trust reported one Never Event, which was wrong site surgery. A patient underwent ureteric stenting and was discharged. An x-ray was used as a guide for the stent insertion procedure, but the imaging appears to have been inverted at some point, as it showed that the stent was seemingly in the correct position.

The patient returned via the emergency department with pain and abnormal renal function. Imaging showed that the stent was in the left ureter while the consent and intention of the original procedure was to stent the right ureter. The stent was removed, and the correct ureter stented. Although this was a rare occurrence, there is learning that can be embedded to mitigate the risk of recurrence:

- Urologists and theatres team embedded a process whereby it is ensured that both ureteric orifices are located prior to stent insertions.
- A second check is carried out intraoperatively before the insertion of the guide in order to review the patient's imaging and correlate it with the surgical site.

Maternity and Newborn Safety Investigations (MNSI) former Healthcare Safety Investigation Branch (HSIB) Maternity incidents

The Maternity and Newborn Safety Investigations (MNSI) programme is part of a national action plan to make maternity care safer. MNSI 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 MNSI.

MNSI investigates incidents that meet the criteria as previously defined within the Each Baby Counts programme or MNSI defined criteria for maternal deaths. During the

investigations MNSI investigates all clinical aspects of the incident, as well as aspects of the workplace environment and culture surrounding the incident.

On 17 July 2023, the Trust received updates on the HSIB maternity programme, the Maternity and Newborn Safety Investigation (MNSI) programme's transition to the Care Quality Commission (CQC):

- The MNSI transitioned to new hosting arrangements with the Care Quality Commission (CQC) on 1 October 2023.

Between 1 April 2023 and 31 March 2024, Whittington Health had one incident of potential ischaemic encephalopathy which met MNSI criteria. The family consented for MNSI to undertake the investigation. Following an initial internal multidisciplinary review care and service delivery problems were identified – inconsistent, inaccurate or absence of documentation of fluid input/output/totals between practitioners.

To prevent a recurrence, the following immediate actions were instigated:

- Professional Development Midwifery team undertaking daily ward rounds / spot checks – this allowed individual feedback and 1:1 training.
- A rolling monthly MEOWS, Fluid Balance, Fresh Eyes Audit was presented as a standing agenda item at the Maternity Clinical Governance and Safety Champions meeting.
- The use of helicopter review stickers which require two hourly fluid balance documentation on the sticker.
- MEOWS/fluid balance charts were checked as part of a holistic review.

The MNSI final report for this patient safety incident made one safety recommendation: *"The Trust to ensure that staff are supported to follow the guidance for fluid balance in labour and the maternity pathway for sodium monitoring to reduce the risk of hyponatraemia in a mother and baby".* This aligned with the findings of the internal review and the actions to address this recommendation were already implemented as described above.

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.

Between 1 April 2023 and the 31 March 2024, twelve cases met the eligibility criteria for a PMRT review. The eligible cases were:

- Four stillbirths (24 weeks and 6 days; 35 weeks and 5 days; 34 weeks and 6 days and 27 weeks and 1 day gestational age)
- Two pregnancy loss at 22 weeks and 5 days and at 23 weeks and 4 days gestational age. The first baby was diagnosed with trisomy 15 following genetic testing after birth. The second baby was diagnosed antenatally with severe

intrauterine growth restriction (IUGR) and had been cared for under the Fetal Monitoring Unit (FMU) team.

- Three neonatal deaths – These babies were known to have fetal abnormalities antenatally, and a poor outcome was inevitable. The antenatal care was led by the FMU with input from the neonatal and palliative care teams. All cases underwent a PMRT review.
- Three terminations of pregnancy for fetal abnormalities detected antenatally.

Overall for the year, both the Trust's stillbirth and neonatal death rates were higher than for 2021 but they still remained within the national stillbirth and neonatal death rates as shown in the table below:

Table 1: Still birth rates

Classification	Total Numbers	Possible exclusions	Total Rate 2023	Total Rate 2021	Rate with exclusions 2023	Rate with exclusions 2021	England Rates for 2021
24+0 weeks and over – Stillbirth	10	1 x TOP 2 x known anomalies. 1 x not booked, not delivered but counted in figures.	3.5 per 1000	2.47 per 1000	3.17 per 1000 2.81 per 1000 2.46 per 1000	2.47 per 1000	3.52 per 1000
Neonatal Death any gestation	5	2 x extreme prem 3 x known anomalies antenatally	1.76 per 1000	0.83 per 1000	0.7 per 1000	0.55 per 1000	1.60 per 1000

The use of the PMRT is a requirement for the Safety Action 1 of the Maternity Incentive Scheme (Year 5). The Trust are currently on target for all PMRT reviews and families have been involved in them.

Learning from deaths

During 2023/2024 there were 460 inpatient deaths at the Trust (this figure excludes patients who died in the emergency department) with the following distribution seen across the year:

Quarter 1	108
Quarter 2	123
Quarter 3	118
Quarter 4	111

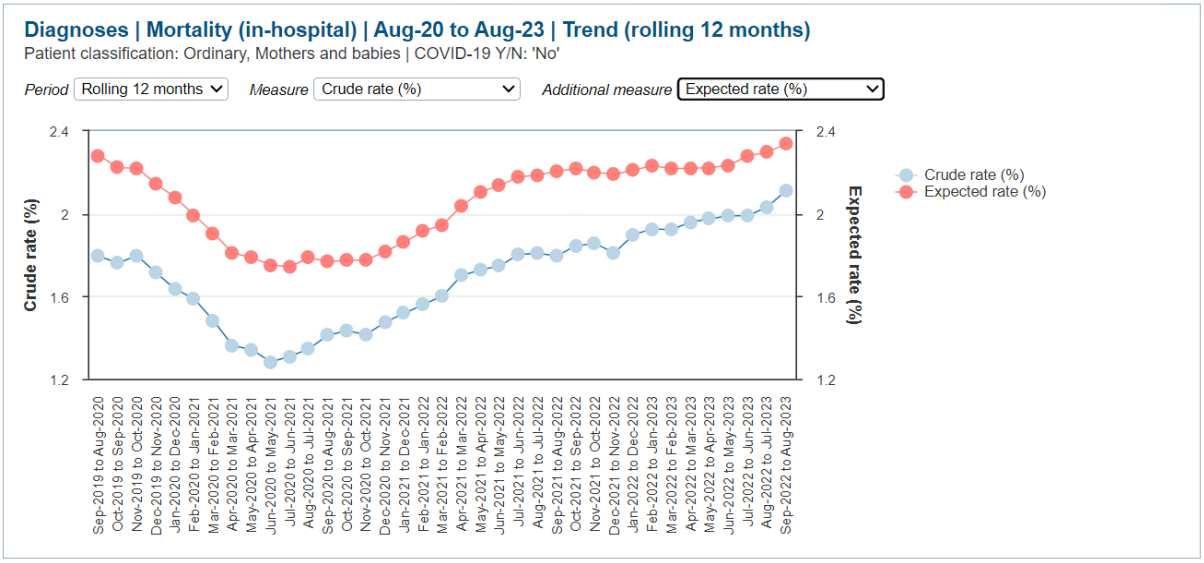
Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published 8 February 2024) covers the period October 2022 to September 2023

Whittington Trust SHMI score:	0.99	Compared to 0.94 reported for July 2022 to June 2023 period
Lowest National Score:	0.62	Royal Surrey County Hospital NHS Foundation Trust
Highest National Score:	1.18	Norfolk and Norwich University NHS Foundation 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.
96 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 1.0 and values significantly below 1.0 indicate a lower-than-expected number of mortalities (and vice versa for values significantly above). Historically the Whittington had a lower SHMI, shown in the graph below. Factors which may have influenced the increase in SHMI are an increase in crude death rates, potential under-coding which is currently being audited, an overall decrease in hospital admissions but increase in complexity and delays in discharging patients.



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

51 out of 460 deaths for the year were identified as meeting the criteria for a structured judgement review. Of the 51 identified deaths, 38 case record reviews had been completed by the end of the financial year with others from more recent deaths still in progress.

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

	Quarter 1 2023/24	**Quarter 2 2023/24**	**Quarter 3 2023/24**	**Quarter 4 2023/24**
Number of structured judgement reviews	11	10	21	9
Number of deaths judged probably avoidable (more than 50:50)	0	0	0	0

In Q2 there was one SJR where the death avoidability score was judged to be 3 (Probably avoidable (more than 50:50)). This is not included in the above table, as the death occurred in another hospital after transfer.

Summary of themes, learning and actions from Case Record Reviews

From the deaths reviewed in 2023/24, the key themes, learning and actions were:

- The ongoing importance of recognition of impending death and good communication to patients and families by clinicians. There were many comments in reports regarding thorough multispecialty reviews of patients with complex problems and high risk of death, and regular senior reviews of patients.
- Multidisciplinary and multispecialty discussions were frequently commented on.
- The learning from end-of-life care and treatment escalation planning and do not attempt cardiopulmonary resuscitation decisions was that early opportunities to have sensitive conversations, during the admissions, prior to the actual end of life phase, could be helpful, and that near end-of-life anticipatory medicines should be actively considered to avoid any delays in relief of patients' symptoms and prioritisation of their comfort.
- The importance of ensuring that staff review treatment escalation plans prior to starting new treatments was also noted. Additionally, it was important to ensure good communication with actively dying patients, including the use of a translator where necessary. There was evidence of excellent communication with mental health teams for patients with serious mental health problems.
- Reviews of patients with learning disabilities highlighted the importance of multi-team advanced planning for complex patients with hospital passports being reviewed.

- Learning disability specialist nurse referrals were made promptly with unrestricted access to carers/support workers and family visiting and referral to palliative care were commented on.
- Second opinions are helpful to some families coming to terms with a relative at end of life, alongside pastoral and palliative care support.
- Scoring system use is important and now regularly used, but also important to reflect that scoring systems may not encompass all risks such as frailty.
- Evidence of appropriate referrals to the Specialist Nurse for organ donation and timely identification of brain stem death.

Other themes included:

- Ensuring long stay surgical patients with multiple medical comorbidities are referred to the liaison care of the elderly team.
- Ensuring samples are collected and sent as promptly as possible for analysis.
- Ensuring patients are aware of the risks of discharge/ leaving ward areas.
- Recognising that all patients readmitted to hospital need reassessment including observations.
- Teams must have in place recommendations when to call a consultant.
- Clarity about an assigned responsible consultant for all patients is required.
- The importance of using the MicroGuide app to access antibiotic guidance and seeking advice from the Microbiology team.
- Documenting safety netting for patients being discharged from hospital.
- Ensuring that there is clear documentation regarding all patient reviews.
- Ensuring that referrals are received.
- There were also many comments in reviews on excellent medical care delivered including management of acute medical problems, good perioperative care, and good adherence to resuscitation guidelines.

Medical Examiners Service

The Medical Examiners department is now well established and fully staffed and ready for the statutory changes coming in 2024 around the death certification process. This department provides reviews of case notes, discussions with members of clinical teams, supportive discussions with bereaved families and ensures accurate completion of the medical certificate of cause of death.

Infection prevention and control

The head nurse for infection prevention and control (IPC) services, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, (who is also the Director of Infection Prevention and Control), provide an IPC service to the hospital, dental and community services across Whittington Health. This is provided Monday to Friday, with an out of hours support from microbiology services and the site team.

Operationally, the IPC team is made up of senior IPC nurses, and an IPC support team consisting of administrative support, an auditor and an information analyst who, while supporting national, regional and local reporting on health care acquired infections (HCAI), ensure the focus is firmly on infection prevention through surveillance, audit, education, training. Wherever incidence of acquired or known transmission of a high-profile (e.g., MRSA bacteraemia) and / or communicative pathogen (e.g. COVID-19) occurs, transmission-based precautions are applied, cases are reviewed and when necessary, closure of beds recommended.

The IPC team perform post infection reviews which survey all aspects of the patient journey from pre-admission through to discharge, when the patient acquires a HCAI. This often includes a multi-disciplinary team review with rapid feedback of shared learning with the aim to identify how a case occurred and to identify actions that will prevent similar cases reoccurring in the future. The Infection Prevention and Control Committee (IPCC) meets quarterly to review, gather and evaluate the HCAI data, and related information (tables below) to ensure Trust-wide shared learning and to provide an appropriate platform for escalating outstanding actions.

Management of healthcare associated infections

Whittington Health's IPC policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents namely: Trust attributable bacteraemia's such as Methicillin Resistant Staphylococcus Aureus (MRSA and MSSA) and Escherichia Coli (E. Coli), Clostridium Difficile infection (CDI), HCAI outbreaks, Acute Respiratory Infections (ARI) (e.g., Influenza and COVID-19) across the Trust. 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.

Nosocomial, or HCAI infections, 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.

Whittington Health, alongside other NHS commissioned services, refer to the NHS England National infection prevention and control manual (NIPCM) for England for best practice of IPC in both the acute and community settings. The Trust follows, among other important national mandatory and recommended guidance:

- Mandatory UKHSA Data Capture System, this is an integrated data reporting and analysis system for the mandatory surveillance of Staphylococcus aureus, Escherichia coli, Klebsiella spp., Pseudomonas aeruginosa bacteraemia and Clostridioides difficile infections, with the intention of reducing such infections through building better evidence base and allowing us to target problem areas.
- Acute Respiratory Infection (ARI), this guidance is consistent with the approach of managing COVID-19 increasingly in line with other ARIs, made possible by high vaccination coverage, high immunity amongst the population, and increased access to COVID-19 treatments.
- NHS Standard Contract 2023/24: Minimising Clostridioides difficile and Gram-negative bloodstream infections, set out the requirements to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England.
- Surgical Site Infection Surveillance Service, jointly run by UKHSA healthcare associated infection and antimicrobial resistance department (HCAI & AMR) this service helps hospitals in England record and follow up incidents of infection after surgery and use results to review or change practice as necessary. This service supports both the mandatory surveillance of SSI in 4 categories of orthopaedics and voluntary surveillance in 13 categories of surgical procedures.

2023/24 Summary of healthcare acquired infections

Methicillin Resistant Staphylococcus Aureus (MRSA)

Notwithstanding, NHS England's Patient Safety document, to deliver zero tolerance on MRSA bloodstream infections (BSI), the Trust experienced two bacteraemias during 2023/24. Case one in was an unavoidable BSI in a very unwell intensive care unit patient, who was previously not known to the Trust as colonised with MRSA. The blood culture, screening and treatment was carried out well. The source of the second MRSA BSI was from an infected peripheral vascular device site with delayed suppression treatment given. This case was deemed avoidable.

There is an extensive peripheral vascular device (PVD quality improvement (QI)) project under way in the Trust, incorporating education, training, audit and feedback around PVD care, communication through posters, reminders in handovers, and huddles to reinforce PVD care standards. This work will have implications for all blood stream infections acquired through a PVD. More work is planned for suppression therapy and compliance with it in 2024/25.

Methicillin Sensitive Staphylococcus Aureus (MSSA)

There were six healthcare-acquired cases of MSSA in 2023/24. There is no NHS standard contract for MSSA. However, there has been a 50% decrease in cases over the last five financial years.

Gram-negative bacteraemias

Due to the national rise in Gram-negative bloodstream infections (GNBSIs); namely E. coli, Pseudomonas aeruginosa and Klebsiella spp., and their increasing resistance to key antibiotics, the NHS long-term plan aims to reduce GNBSIs by 50% by 2024/25.

The national increase is reflected in our Trust levels of healthcare acquired GNBSIs. Year-end 2023/24 figures for Whittington Health Trust against the NHS standard contract thresholds are as follows:

- In 2023/24, there were three healthcare-acquired cases of pseudomonas aeruginosa against an annual threshold of two cases. There has been a 40% decrease in cases over the last five financial years.
- The Trust saw 21 healthcare-acquired cases of E. coli against an annual threshold of 19. There has been an 16% decrease in cases in the last five financial years.
- There were 13 healthcare-acquired cases of klebsiella spp. against an annual threshold of 13. In the last five financial years, there has been a 16% increase in cases.

Although they were over the annual threshold for pseudomonas aeruginosa e. coli cases and equal to the threshold for klebsiella spp. as set by the NHS standard contract, the overall numbers were low.

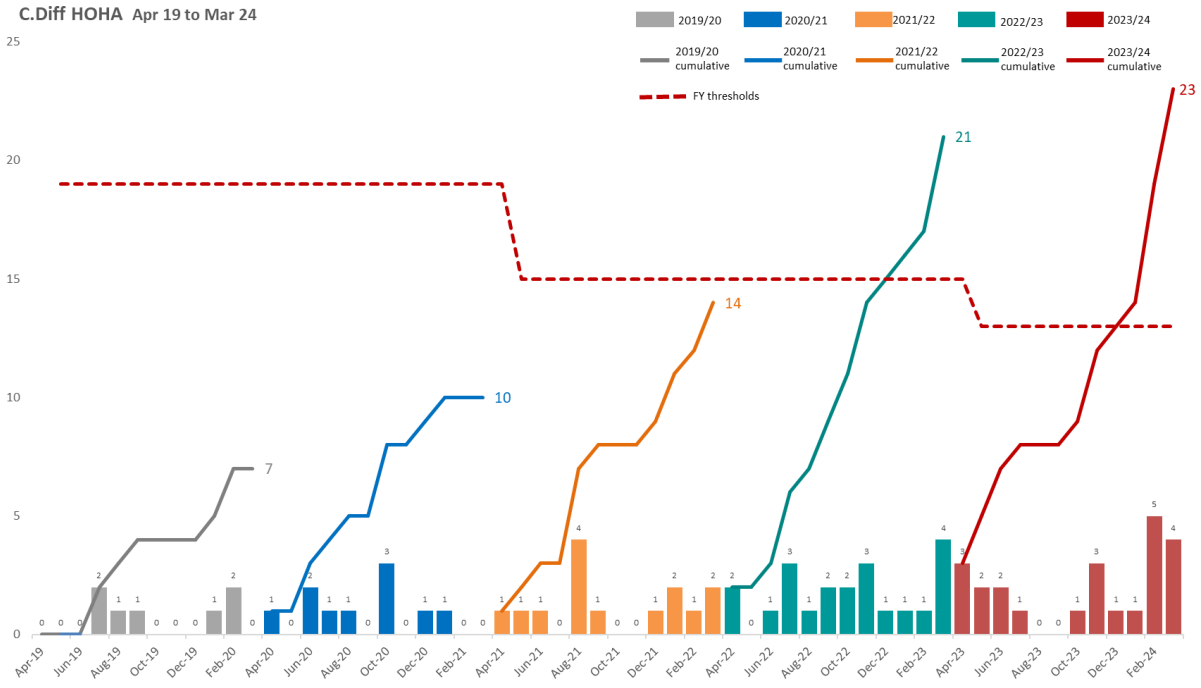
Clostridium difficile Infection (CDI)

Whittington Health exceeded the hospital acquired toxin+ Clostridium *difficile* infection (CDI) trajectory of 13, with 23 cases. At year end, with one case pending, there were 10 different ribotypes from 16 cases, and six could not be tested (unviable). Ten cases, who shared the same ribotype(s) (002, 015, 014, 106, 023) were not linked in time or location, illustrating very low patient-to-patient transmission in hospital. However, a care of the elderly ward was the same location for the latter (023) which may indicate environmental transmission. There has been one probable transmissible infection (076) linked to a lapse in policy (delay to isolate a relapse case of CDI). Unprecedented unviable samples may indicate local processing issues. The Whittington Health microbiology laboratory is currently undertaking a review of standard operating procedures for Clostridium *difficile* testing.

GDH (Glutamate dehydrogenase)) positive, toxin negative cases (meaning Clostridioides difficile carriage), coupled with GDH positive, toxin positive (meaning infection and reportable) was represented in seven (n=19 cases) individually reported outbreaks to the UKHSA.

UKHSA stated ‘Since January 2021 there has been an increase in Clostridioides *difficile* infections (CDI) for which there is no clear explanation”. In addition to this national increase, a local change to testing in November 2022, resulted in more testing and is reflected in our Trust levels of hospital onset, healthcare associated (HOHA) CDI toxin+ cases, as demonstrated in table one.

Table one. Trust levels of hospital onset, healthcare associated (HOHA) CDI toxin+ cases over five years. Whittington Health. 2019 – 2023.



A CDI exception review was carried out in July 2023 and again in February 2024. Key findings indicated that the speed of diagnosis is important for the efficient use of isolation facilities, and that clinicians should ensure that stool specimens are sent for toxin testing as soon as infective diarrhoea is suspected. The latter potentially preventing HOHAs if within the first 48 hours of admission. In addition to these findings, a hypothesis around poor compliance of environment and patient equipment cleanliness is currently under Trust review.

Acute Respiratory Infection, including COVID-19

Acute respiratory infection (ARI) is defined as the acute onset of one or more of the respiratory symptoms listed at People with symptoms of a respiratory infection including COVID-19 and a clinician's judgement that the illness is due to a viral acute respiratory infection (for example COVID-19, influenza A and B, respiratory syncytial virus (RSV)).

COVID-19. There were 89 definite COVID-19 HCAI cases and a reduced number of COVID-19 outbreaks (n=30) requiring management. Also, as seen nationally, there was a reduced level of COVID-19 hospitalisations and mortality, and a reduced clinical severity of COVID-19 infection.

Influenza A and B. 25 patients acquired influenza A from a of total 308 (276 type A and 34 type B) influenza cases in the hospital. With the 'flu season' starting in December (n=73), January 2024 peaked with 107 cases falling in February (n=55) and March (n=21) and reporting a total four outbreaks of influenza A (December 2023 – March 2024).

Respiratory Syntical Virus (RSV). Year end 23/24, 25 patients acquired RSV from a of total 279 RSV cases in the hospital. Incidence of RSV began in November (n=105), December (n=94), dropping in January (n=30). There were no outbreaks.

Surgical Site Infection Surveillance Service (SSISS)

It is recommended by 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).

Whittington opted to report four quarters in 2023/24 on repair of neck of femur fracture surgery, with zero reported infections in quarters one (operations n=20), two (operations n=20) and four (operations n=21). There was one infection reported in quarter three from 31 operations performed.

A sample review of caesarean section operations (n=123) was undertaken in October 2023 for consideration to opt into the voluntary surveillance category of surgical procedures in 2024/25. This data is under review with key stakeholders.

PATIENT EXPERIENCE

Learning from national patient surveys

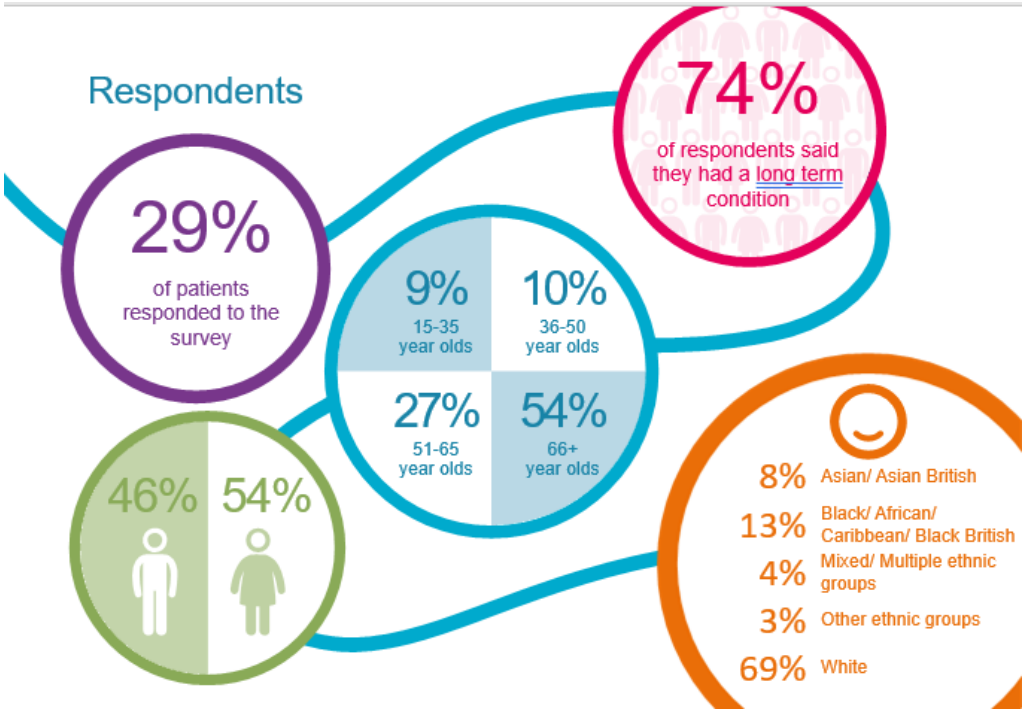
The Trust received the results for four national patient experience surveys during 2023/24. These were:

- 2022 Adult Inpatient Survey (published September 2023)
- 2022 Urgent & Emergency Care (UEC) (published July 2023)
- 2022 Cancer Patient Experience Survey (published July 2023)
- 2023 Maternity Survey (published February 2024)

Adult Inpatient Survey 2022

The national adult inpatient survey is held every year. The patient cohort for the 2022 survey is people who spent one or more nights in hospital during November 2022, and fieldwork took place from January to April 2023. The findings were published nationally on 12 September 2023.

1,250 people were invited to take part in the survey. 29% of people responded, a reduction of 1% response rate in comparison to our previous survey conducted in 2021. This percentage sits below the average response rate for similar organisations of 40%.



The survey, carried out by the Picker Institute 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 SMS format.

The survey was made available in a range of accessible formats, including Braille, Easy Read, 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.

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

- A decreased percentage response from those who were white from 70% to 69%
- An increase of 5% of women in comparison to 2024 survey (49%)
- 74% said they had a long-term condition, an increase of 1% from the 2021 survey.

99% had confidence and trust in the doctors

The key improvements and issues to address are summarised below:

Most Improved Scores			
	Question	2022	2021
↑	Q12. Food was very good or fairly good	**62%**	52%
↑	Q13. Got enough help from staff to eat meals	**85%**	76%
↑	Q11. Offered food that met dietary requirements	**94%**	85%
↑	Q41. Told who to contact if worried after discharge	**72%**	64%
↑	Q7. Staff explained reasons for changing wards at night	**84%**	76%

Top 5 Scores Against Picker Average			
	Question	2022	Picker Avg
↑	Q11. Offered food that met dietary requirements	**94%**	90%
↑	Q47. Asked to give views on quality of care during stay	**16%**	13%
↑	Q7. Staff explained reasons for changing wards at night	**84%**	81%
↑	Q13. Got enough help from staff to eat meals	**85%**	82%
↑	Q10. Able to take own medication when needed to	**89%**	87%

Key successes include people being offered food that met their dietary requirements (Q11), increasing from 85% in 2021 to 94% (above the picker average of 90%). Other

successes were doctors included patients in conversation (Q18) at 97%, 1% above the Picker average and an increase of 3% on our 2021 results of 94% and (Q41) told who to contact if worried after discharge, at 72%, 8% increase on our 2021 results.

96% treated with respect and dignity overall

99% of respondents have confidence and trust in the doctors (Q17), and 96% of our patients were treated with dignity and respect (Q45). These positive results are testament to the hard work and care of our clinical staff, and we aim to improve on these scores and on the experience of our patients.

Bottom 5 scores vs the Picker Average		
	**60%**	Able to get meals outside of mealtime
	**46%**	Did not mind waiting as long as did for admission
	**38%**	Not prevented from sleeping at night
	**55%**	Staff did not contradict each other about care and treatment
	**73%**	Rated overall experience as 7/10 or more

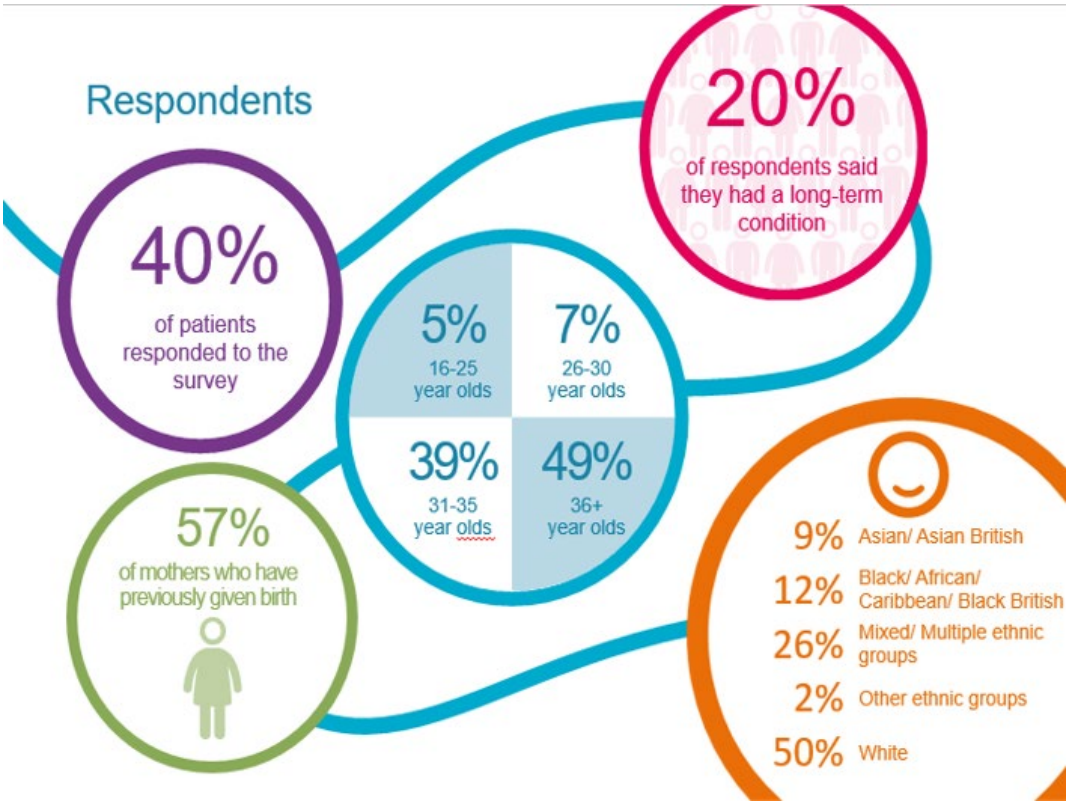
You said, we did.....

- Patient Experience and Volunteering team are currently supporting a number of areas to increase the feedback we receive, and this area will be remaining a focus for the teams.
- Implemented Inpatient Ward Leaflets – at the side of each inpatient which provides information on how to obtain food outside of mealtimes, help with sleeping at night, carers charter and who to speak to if you are worried.
- Developed Welcome to the Ward Board - which comprises of a suite of three boards detailing information on compliments, complaints and FFT data, alongside you said we did, as result of our patients' feedback.
- You said, we did – intranet and internet page to provide transparency and learning – updated quarterly.
  Proactively recruiting volunteers to support obtaining feedback and ward befrienders.
- Re-introduced sleep well packs and sleep well postcards, with tips and tricks on how to have a restful night's sleep.
- Developed a survey page for staff, to raise awareness of national survey programmes and survey results.

2023 Maternity Survey

The Picker management report itemised 296 Whittington Health mothers who were invited to undertake the survey, 118 responded (40%). The CQC benchmark report detailed 300 invited to take part, with 119 completed, this remains at a 40% response rate. The CQC report benchmarks us against all other trusts within our region (England), so our areas for improvement may differ against those highlighted in the Picker Institutes report which compares us against those Trusts who work with the Picker Institute. The CQC use a weighting methodology for all trust nationally which differs from the positive/negative percentage methodology used by the Picker Institute. Picker benchmark us against 60 Trusts who commission the Picker Institute to undertake their surveys.

The representation of our respondents was as follows:



Methodological changes to the survey since 2022:

- The survey now allows for people to complete the questionnaire online, after which they are sent a paper survey.
- Patients are sent a reminder by post and SMS.
- A fourth reminder was included.
- Online surveys have increase accessibility options as it is available in other languages.

Historical trend for our organisation (Picker Institute):

- 50 questions were similar to our 2022 survey results.
- 1 was better.
- 1 was worse.

Of the 60 organisations (Picker Institute)

- 51 questions were similar.
- 1 was better.
- 4 were worse.

We have made a very slight improvement on the previous year of 0.7% for average positive score change at 47% and were positioned 36 out of 61.

Of all Trusts nationally (CQC)

- 4 better or somewhat better than expected.
- 44 about the same.
- 4 worse or somewhat worse than expected.

89% involved enough in decisions about their care (postnatal)

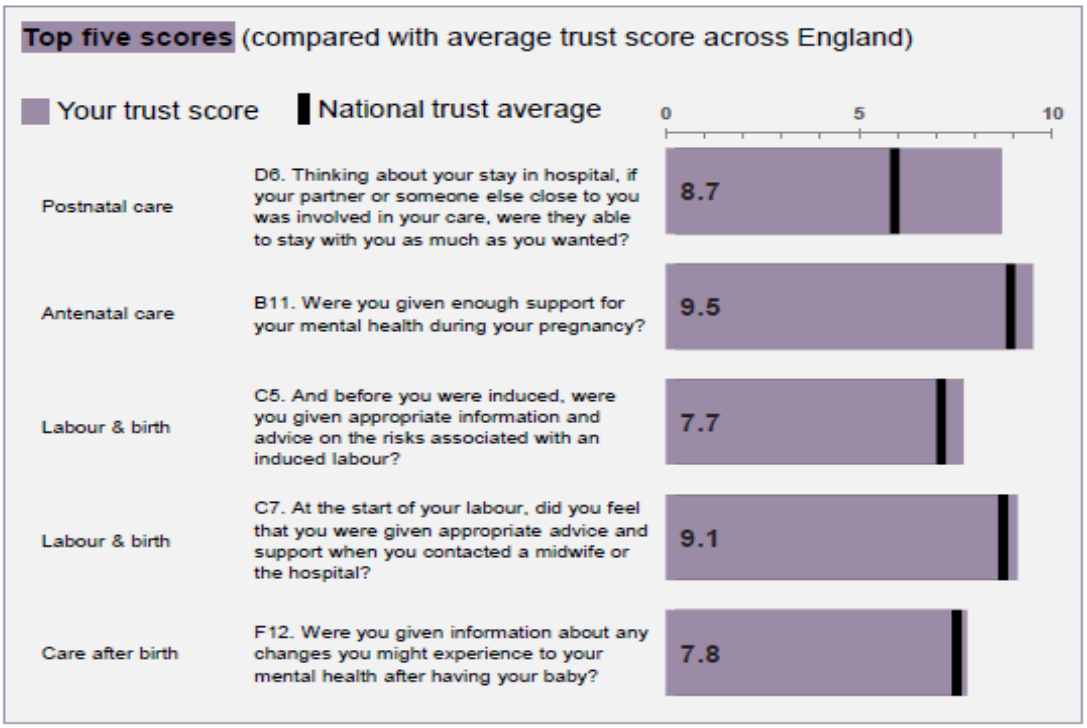
Top 5 scores (Picker):

- 89% F1 Involved enough in decisions about their care (postnatal)
- 81% B4 Given enough information about where to have baby
- 75% F20 Felt GP talked enough about mental health during postnatal check-up
- 72% F19 Felt their GP talked enough about physical health during postnatal check-up
- 54% F5 Saw the midwife as much as they wanted (postnatal)

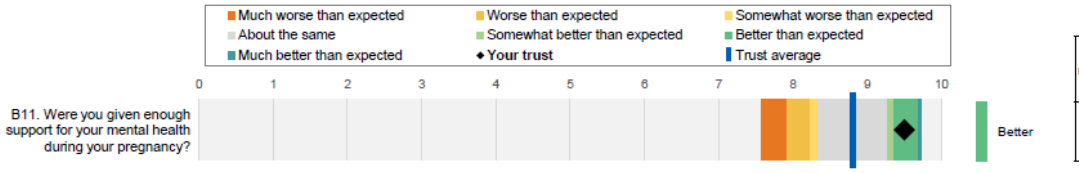
Most improved scores since 2022 (Picker):

- C7. Felt they were given appropriate advice and support at the start of labour
- C5. Given information/advice on risks of induced labour
- F14.Given enough information about their own physical recovery
- C13. Felt concerns were taken seriously (during labour and birth)
- C12. Not left alone when worried (during labour and birth)

Top five Scores (CQC):



Question B11 – WH score 9.5 against a trust average of 8.8

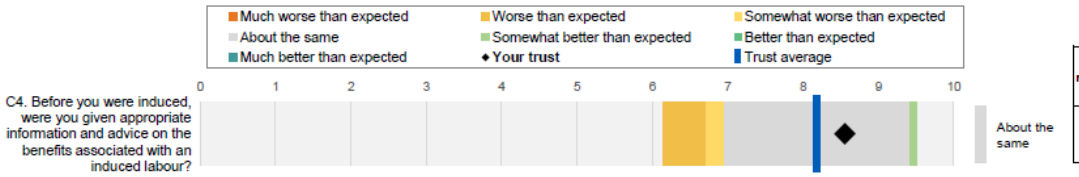


		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
63	9.5	8.8	7.6	9.7

Question B13 – WH score 9.6 against a trust average of 9.4

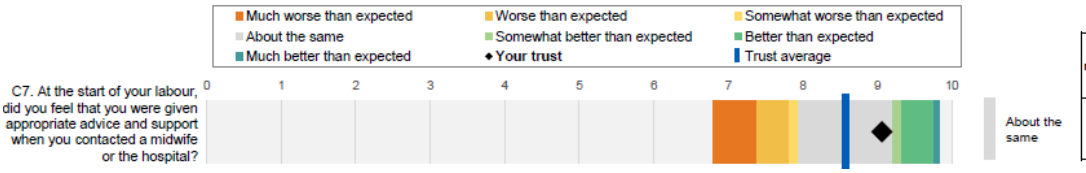
109	9.6	9.4	8.8	9.9

Question C4 – WH score 8.6 against a trust average of 8.2



		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
32	8.6	8.2	6.1	9.5

Question C7 – WH score 9.1 against a trust average of 8.6

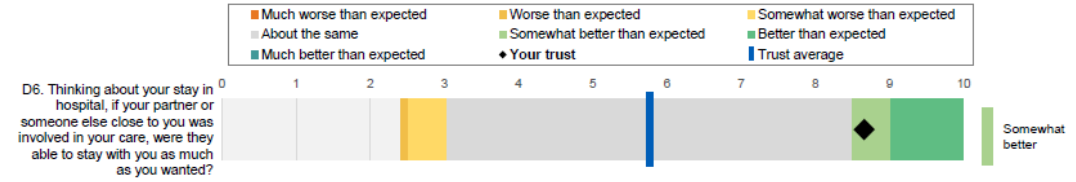


		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
65	9.1	8.6	6.8	9.8

Question C9 – WH score 9.8 against a trust average of 9.4

111	9.8	9.4	8.4	9.9

Question D6 – WH score 8.7 against a trust average of 5.8



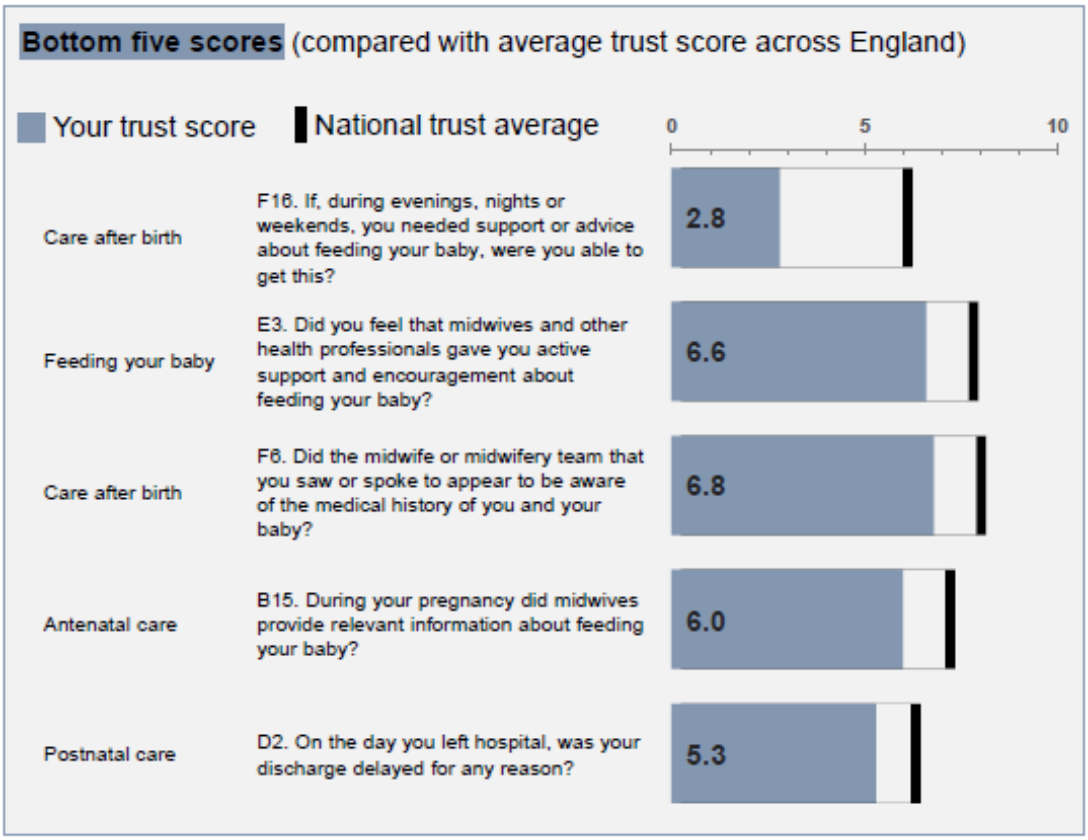
		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
105	8.7	5.8	2.4	10.0

Bottom five scores (Picker):

Of our bottom five from our Picker report with the exception of 1 (D2), all are in line with the CQC benchmarking report for bottom 5.

- F16 – Received support or advice about feeding their baby during evenings, nights or weekends.
- F6 – Felt midwives aware of medical history (postnatal)
- B15 – Provided with relevant information about feeding their baby.
- E3 – Felt midwives gave active support and encouragement about feeding.
- F15 – Received help and advice about feeding their baby (first six weeks after birth)

Bottom five scores (CQC):



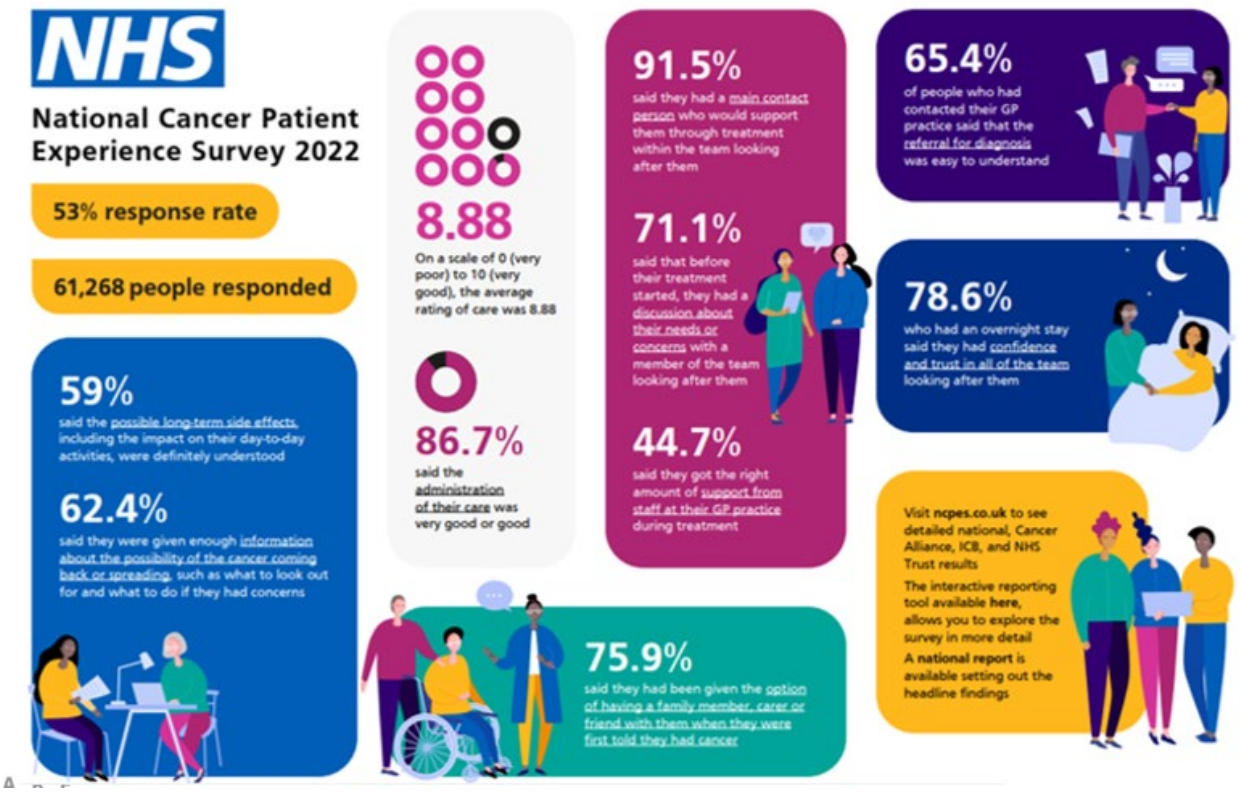
Section	Highest	Lowest	WH
The start of your care during pregnancy?	6.0	4.8	5.1
Antenatal check-ups?	8.9	7.7	8.3
During your pregnancy	9.1	8.0	8.4
Your labour and birth	9.0	7.8	8.4
Staff caring for you	8.7	7.7	7.9
Care in the ward after birth	8.4	7.1	7.3
Feeding your baby	8.9	7.6	7.6
Care at home after birth?	8.3	7.2	7.2

2022 Cancer Patient Experience

The Cancer Patient Experience survey is undertaken annually and conducted by NHS England and involves 133 NHS Trusts. The survey focuses on various aspects of cancer care, including diagnosis process, treatment options, communication with healthcare professionals, and overall support. The 2022 survey involved 133 NHS Trusts. Out of 115,662 people, 61,268 people responded to the survey, yielding a

response rate of 53%. The survey aims to gather feedback and evaluate the experiences of individuals diagnosed with cancer.

The representation of our respondents is shown below.



The National Cancer Patient Experience Survey 2022 is the 12th iteration of the survey which was first undertaken in 2010. It has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. Among the 133 Trusts that took part, the lowest score was 7.87, highest 9.26.

Whittington Health scored 8.8585 an increase from 8.4 in the previous year

Questions Below Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	**88%**	89%	100%	**95%**
Q19. Patient found advice from main contact person was very or quite helpful	**90%**	91%	100%	**95%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	**52%**	53%	86%	**70%**
Q37. Patient was always treated with respect and dignity while in hospital	**73%**	76%	100%	**88%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	**78%**	78%	94%	**86%**

Questions Above Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	**89%**	69%	88%	**78%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	**90%**	69%	88%	**78%**

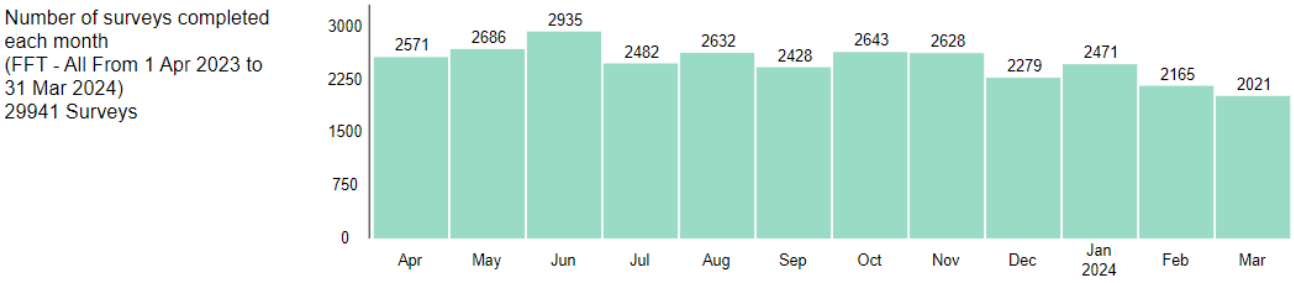
Friends & Family Test (FFT)

Response Rates

A total of 29,941 Friends & Family Tests (FFT) were completed for the year, this is an increase on the previous year of 1,269 (28,672)

June 2023 received the highest volume of submissions of 2,935, coinciding with focused intervention from the patient experience team to support the completion of FFTs with the help of volunteers.

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



Work continues within the patient experience team and voluntary services to promote and collect FFT responses, with a focus for 2024-25 on recruiting ward befriender and FFT volunteers to support the completion of FFTs and improve on our patients 'experience. This includes the ongoing work of collecting handwritten postcards to upload to the electronic reporting system. Volunteers provide additional support with FFTs in outpatients, maternity, and imaging with face-to-face collections.

The patient experience team secured an additional seven iPads to support volunteers in obtaining feedback, with one loaned to imaging for 2024-2025. The patient experience team introduced QR cards attached to staff lanyards to acts as a reminder to staff to encourage feedback from patients. The QR cards are scanned, and the

patient is then taken to an online survey. Our Day treatment centre has added their QR code to the appointment letters, and posters informing patients of our FFT's have been reintroduced in outpatient clinics ensuring placements in a prominent positions.

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

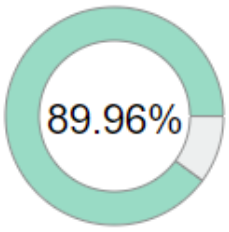
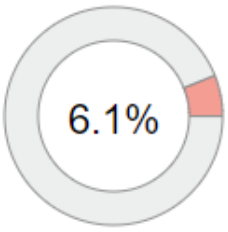
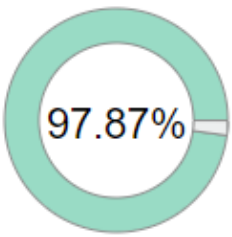
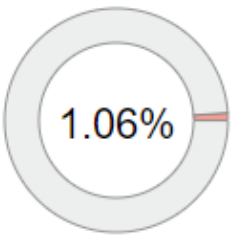
- SMS/text (11,138 responses)
- Smartphone app/tablet/kiosk before or at point of discharge or at appointment (7,285) responses
- Paper/postcards at the point of discharge (6,471 responses)
- Online survey after discharge/appointment (5,044 responses)
- Telephone survey after discharge of appointment (3 responses)

QR codes have been introduced across the Trust for each service, 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 7,767.

Scoring

Overall positive scoring has increased by 6% from 84% to 89.96%, above the 85% NHS benchmark, and we have seen a decrease in negative responses from 7% to 6%. It is noted that the lowest scoring is within the Emergency Department and Outpatient FFTs, which has been significantly impacted by operational pressures, OPEL 4 and industrial action throughout the year. On further analysis, a success is that the Trust has maintained a level above the 85% NHS benchmark month on month.

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

FFT - All	 % very good or good  % poor or very poor
FFT – Maternity Combined	 % very good or good  % poor or very poor

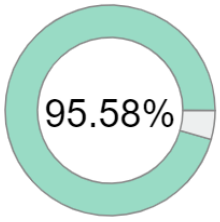
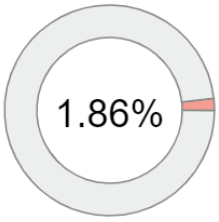
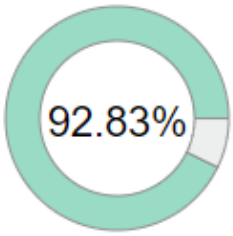
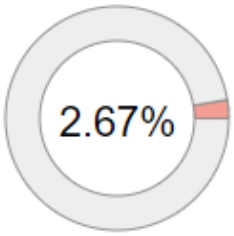
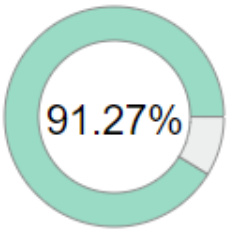
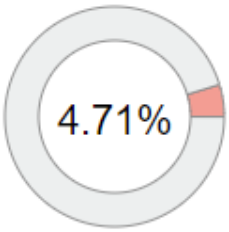
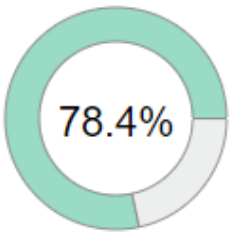
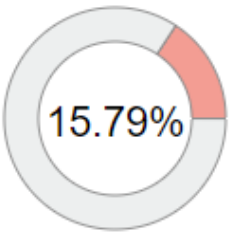
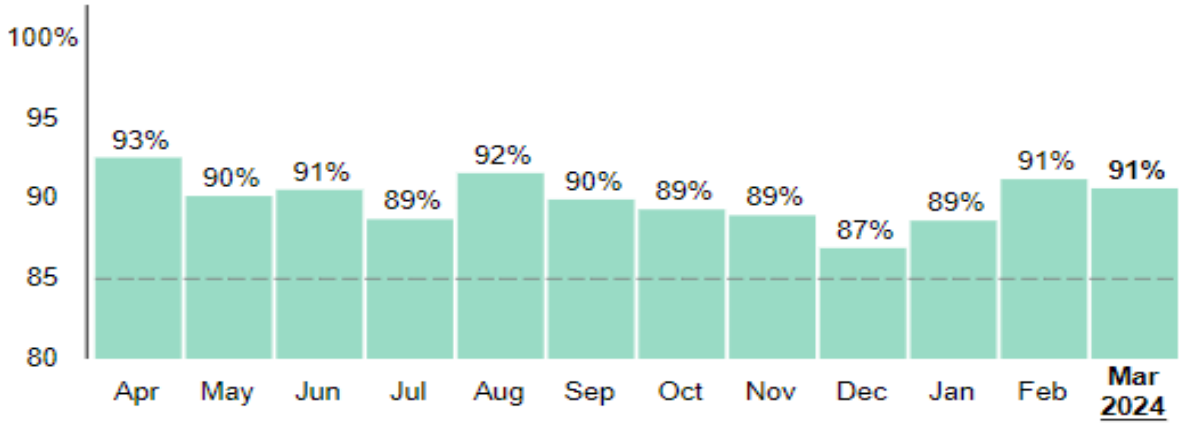
FFT - Community	 % very good or good	 % poor or very poor
FFT - Inpatient	 % very good or good	 % poor or very poor
FFT - Outpatient	 % very good or good	 % poor or very poor
FFT – Emergency Department	 % very good or good	 % poor or very poor

Figure 2: Very good and good responses for all FFTs



The Patient Experience and Engagement Strategy for 2023-2025 has been written and an action plan drawn up which includes:

Ambition 1: Ensure that FFT questions are accessible to as many patients and carers as possible to ensure the responses reflect the diverse patient population.

Year 1 target: Return to baseline response rate from pre-COVID, ensuring that each area has the questions available in a range of languages and formats to maximise accessibility.

The FFT survey is available in 14 other languages and in easy read

Ambition 2: To increase active patient involvement and participation throughout the Trust at all levels.

Year 1 target: Recruit patient experience and safety partners and evidence of co-design in QI projects; create a page on the patient facing internet for 'You Said We Did' which will be updated at least quarterly.

Ambition 2: Create a toolkit for staff around how to engage with patients and with advice about different forms of patient engagement

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 in a culture of continuous improvement with learning, innovation 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 (QI) and Clinical Effectiveness, continues to strengthen the clinical effectiveness agenda. Regular reports on clinical effectiveness, including national and local audits, National Institute for Health and Care Excellence (NICE) recommendations, local clinical management guidelines, clinical policies and quality improvement initiatives are discussed at the CEG, alongside updates from Multidisciplinary Team (MDT) Trauma and Organ Donation Groups. Reports are summarised for view at the Quality Governance Committee (QGC) with further inclusion in the quality report to Trust Board.

Clinical effectiveness builds upon the significant assurance commendation from our 2022/23 external review, and across the six key effectiveness domains.

Key achievements during 2023/24 included:

- The successful implementation of the new and improved national audit response template which determines assurance levels via a Red Amber Green (RAG) rated clinical review.
- The inaugural joint Clinical Audit and QI training session was undertaken in October. This collaborative presentation entitled *'Everything you wish to know about QI & Clinical Audit',* was first delivered to the Obstetrics speciality, then shared across the Trust via MS Teams during the month of December.
- Quality Improvement (QI): The second cohort of AHP Leadership Fellowship (following on from Preceptorship Year) will be completed in March 2024, with each candidate presenting their QI projects at the Celebration events.
- Following abstract submissions, two Whittington QI Projects were invited to present Posters at the upcoming International Forum on Quality & Safety in Healthcare: Leading Change and Improvement in Antenatal Education at Whittington Health and District Nursing Service moving from paper to electronic record keeping.
- Medical Emergencies Document Library Guidelines (MEDL Guidelines) have been developed and approved for use. These key pathways are intended to support decision making for doctors through appropriate interpretation in the clinical context. Our current MEDLs include those for: Bradycardia,
- Decompensated liver disease, Hypercalcaemia and Lumbar puncture.

Despite a lack of resource capacity across both clinical and administrative teams, ongoing clinical pressures and industrial action, the Trust have 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 include:

- National Audit of Dementia.
- National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Asthma Paediatric in Secondary Care.
- Royal College of Emergency Medicine: Care of Older People.
- National Emergency Laparotomy Audit.
- Sentinel Stroke National Audit Programme

National audits

During 2023/2024, 60 national clinical audits including 8 national confidential enquiries covered relevant health services that Whittington Health provides. Whittington Health participated in 98% national clinical audits and 100% of national confidential enquiries.

The single national audit in which the Trust did not participate was the Society for Acute Medicine Benchmarking Audit (SAMBA). This decision was taken at senior clinician level and the rationale provided is as follows:

‘’We are awaiting any result from anticipated changes in the GIM rota which should impact in time to consultant review, but this will not occur before this year’s audit window. As no change in performance is currently expected, the time and effort (approximately 2 full days’ time of reg/consultant time) required to complete the audit is not justified.”

‘’The Trust is further awaiting an updated benchmarking tool from SAMBA which is less time consuming.”

The Trust also registered an additional 20 non-mandatory national audits for completion.

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 organisational multidisciplinary audit and effectiveness afternoons, clinical audit workshops, QI training sessions and bespoke training of staff cohorts. We also remain committed to the celebration of areas of excellence and shared learning.

The Trust has further made it easier for our clinicians to respond to guideline recommendations from the National Institute for Health and Care Excellence (NICE) by introducing a NICE action plan for completion. This action plan is for use if and when the clinical response indicates significant actions to be taken forward to achieve full guideline implementation.

RESEARCH

Context

The last year has seen progress in return to a 'business as usual' research landscape as delivery of COVID-19 research become an additional area for research activity rather than a primary focus. However, 2023-2024 still saw pressures and changes in service delivery that have prevented a 'new stable baseline' to be reached, as follows:

(i) The Covid era generated residual systemic impacts on 'research process' for all providers (e.g. commercial trial focus; 'research resets' across portfolios; and patient appetite for engagement.

(ii) Significant changes to the national infrastructure of the National Institute for Health and Care Research (NIHR) began and continue into 2024/25. These have required dynamic development of strategic partnerships and fiscal planning.

(iii) Whittington Health brought in-house the Research & Development (R&D) office function during the year, having outsourced this for circa eight years. The newly formed 'Research Support Service' provides a robust yet responsive service to ensure study set-up is proportionate and works with the Trust's developing priorities in an efficient and cost-effective way. A further benefit of insourcing the service has been the ability of the Trust to act as sponsor for research developed by our own staff with far greater success than previously seen.

Staffing and staff engagement

Whittington Health currently has 16.9 whole time equivalent (WTE) research staff - an increase from 12.7 WTE in the previous year, of which we are proud. Of these WTEs, two support the in-house research and development office function, and two specialty specific research delivery roles (paediatrics and oncology) were also created.

The Trust already has established medical research fellow posts and consultant posts that incorporate research in job planning. However, these have been expanded. Facilitating protected time for research in three clinical services (the emergency department, CAMHS and The Michael Palin Centre), demonstrated an organisational commitment to furthering research capacity and capability.

We have made great efforts to increase links with University College London (UCL) and are proud that the Joint-Director for Research and Innovation, Chetan Parmar, has been appointed as Honorary Associate Professor at UCL.

Whether or not engaged directly through the Trust's Research Department, many other Trust clinicians remain research active. This is demonstrated by research publication records. A PubMed search for 'Whittington Health' OR 'Whittington NHS' reveals a steady rise in publications year on year, with more than 113 such papers published in the 12 months to March 2024.

The Trust currently holds 1 research grant; Professor Ibrahim Abubakar's £2.5 million NIHR Programme Grant for Applied Research: Research to Improve the Detection and Treatment of Latent Tuberculosis Infection (RID-TB) which has had a 'no-cost

extension' in response to delays in meeting milestones, predominantly due to the COVID-19 pandemic and import changes in response to Brexit.

There has been a significant advancement in finding academic partnerships via London Metropolitan University, which has supported clinical teams to begin developing their own research ideas. Currently physiotherapy, CAMHS, dietetics and haemoglobinopathy partnerships are underway.

The table below sets out the recruitment of patients to into NIHR portfolio studies during 2023/24. This figure is a positive return to previous levels of recruitment following a (Covid-recovery period) lower than usual figure in 2022/23 (see table) and substantial increase in open studies. This return to previous levels of recruitment is facilitated by the R&D office function coming in-house and therefore seeing a significant rise in the number of studies open to recruitment as well as the increase in staffing levels supporting study delivery. The R&D office have demonstrated a dynamic process with study set-up timelines taking on average 60 days to confirm capacity & capability with the outlying studies that cause that to be the average having significant sponsor generated delays. In addition, the first sponsored study under the new service was approved by the HRA within 48 hours and positive feedback has been received from colleagues that the process is simpler to navigate and more responsive. This is a significant step and a success of which we are proud.

	NIHR Portfolio		Non-Portfolio
	Patients recruited	**Number of recruiting studies**	**Number of recruiting studies**
Year			
2018-19	1077	49	7
2019-20	848	29	5
2020-21	1241	20	4
2021-22	921	27	5
2022-23	689	30	4
2023-24	832	53	5

Completed Trials and Outcomes

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

The 'heROIC' trial: Does the use of a robotic rehabilitation trainer change quality of life, range of movement and function in children with cerebral palsy? - Grodon - Child: Care, Health and Development Wiley Online Library

'Demonstrating the learning and impact of embedding participant involvement in a pandemic research study: the experience of the SARS-CoV-2 immunity and reinfection evaluation (SIREN) study UK, 2020-2023' BMC Part of Springer Nature
GWAS and meta-analysis identifies 49 genetic variants underlying critical COVID-19. Nature

Empagliflozin in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial. The Lancet – Diabetes and Endocrinology.

Children presenting with diabetes and diabetic ketoacidosis to Emergency Departments during the COVID-19 pandemic in the UK and Ireland: an international retrospective observational study. Archives of Disease in Childhood.

686 The Mental Health Interventions for children with epilepsy (MICE) trial: 6 month outcomes. Archives of Disease in Childhood.

The benefits of continuing patient and public involvement as part of a randomised controlled trial during the Covid-19 global pandemic. Research for All.

Evaluation of a quality improvement intervention to reduce anastomotic leak following right colectomy (EAGLE): pragmatic, batched stepped-wedge, cluster-randomized trial in 64 countries. Br J Surg

GUARDIAN OF SAFE WORKING HOURS

The Guardian of Safe Working Hours presents a quarterly report to the Workforce Assurance Committee and Trust Board with the aim of providing context and assurance around safe working hours for Whittington Health junior doctors. There continues to be a significant emphasis on the safety of junior doctors' working hours. This has been 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 covered a period of intermittent industrial action by most junior doctors. This, coupled with high levels of acuity of patients, has led to high levels of exception reporting over the year. Nationally, there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams very stretched. There continue to be high levels of fatigue and burnout amongst all staff across the NHS and this has affected the Trust's doctors and dentists in training. Despite these challenges, 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 multifactorial.

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 demonstrate 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 transformation lead for virtual wards and virtual monitoring.

We launched the Islington Complex Virtual Ward, which delivers high-acuity, hospital-level care in the community, a collaboration between Whittington Health and UCLH consultants to provide a cross-Trust integrated delivery of care

We continue to run multidisciplinary teams in the community, both in Islington through the Integrated Care Teams "INCs" and Integrated Care Aging Team (ICAT), 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.

We have worked with partners in North Central London to bid for, co-design and set up a community service for patients living with Red Cell disease (Sickle Cell, Thalassaemia and rare Inherited Anaemias) in North Central London. The new service will launch shortly.

Primary Care Networks and GP Federations

During 2023/24 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. We have been key leaders in the Borough Partnership Boards for Islington and Haringey, supporting new models of care. Our chief strategy officer chairs the Haringey Neighbourhoods and Inequalities 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 coordinating elective activity and recovery by providing capacity for other Trusts where they need it. Whittington Health 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 phase two of the Community Diagnostic Centre (CDC) in the heart of Haringey in the Wood Green Shopping City. Good collaborative working with the landlord led to opening of the basement of the centre on time and on budget. We are now open with ophthalmology, ultrasound, x-ray and blood tests and MRI and CT. 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.

Community Diagnostic Centre achievements

- Since opening over 77,000 patients have been seen at Wood Green CDC and 89,414 diagnostic tests have been completed.
- 77% of the people we have seen here live in the three areas of greatest deprivation in Haringey.
- We have proven that we are easier to access than the Hospital because for the most deprived patients, the rate of non-attended appointments is lower (6%) at the CDC compared to the Hospital (10%).
- We provide GP direct access for all our tests so patients can receive diagnostic imaging without having to attend a main hospital site or wait for a hospital referral.
- As of February 5, 2024, Wood Green CDC has commenced piloting its 'Straight to CT' pathway. This pathway is designed to detect primary lung cancer when a patient undergoes a chest X-ray. If any abnormalities are seen, the patient will receive a CT scan during the same appointment. This approach aims to minimise the need for multiple diagnostic appointments and mitigate potential delays in diagnosing primary lung cancer.

- We are converting a room to do lung function tests in a one stop shop.

The All-Party Parliamentary Group for Diagnostics report recognised Wood Green CDC for its exemplary engagement approach. “The success of Wood Green CDC highlights how personalised engagement is instrumental in shifting referral patterns to enhance integration between CDCs and primary care providers, thereby improving patient care”.

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 a formal report from our advisors on best next steps.

Population Health and Anchor institution

We continue to build our population health programme which forms an important part of our response to the inequalities in our populations and strengthens our aim to help local people live longer healthier lives.

Anchor institution

Our work as an anchor institution in partnership with local government, communities and local businesses aims to deliver improvements to the health and wellbeing of our population. The local Anchor Network have agreed five strategic objectives that we are committed to delivering against.

Strategic Objective	Current projects
Employment **Create local jobs paying the living wage, caring for the mental and physical health of our staff.**	• Local outreach – work experience opportunities are being looked at as part of the Network and include: ▪ A work placement scheme for schools ▪ A supported internship scheme - for young persons (18-25) with special educational needs • Work is ongoing with the Health and Social Care Academy to tackle focus on enrolment and shared practice • Appraisals are in place with staff to look at professional development with internal ICARE leadership courses and apprenticeship schemes • Flexible working policy has been renewed. • Work is ongoing and is moving in the right direction for positive working environments, open communication and recognition on work including better connections for lower grade staff and management • The merger of City, University of London and St George's, University of London will create a powerful multi-faculty institution which is part of our Anchor Network will increase capability for population health monitoring, workforce development and leadership, policy, and advocacy.
Procurement **Create social value through our procurement**	• On behalf of the Network WH hosted a procurement event for local partners in March 2024. • As an NHS trust WH will participate in the system led procurement programme.
Bricks and mortar **Design vibrant community spaces that improve health and benefit the environment.**	To reduce our carbon footprint: • Work is ongoing at WH regarding replacing gas boilers and finance options to pay this back over time • Work ongoing with the Treasury regarding restrictions on power purchase agreements and team ready to look at solutions • Work ongoing with high street banks co-op and Natwest looking at zero fossil fuel banking • Work is ongoing with moving to seasonal/vegan based food options and consultancy in place to map changes

Strategic Objective	Current projects
	and challenges. Information sharing with Guy's and St Thomas FT
Corporate and civic **Lead, influence and partner with others using data to prioritise actions that reduce inequalities.**	• **External civic role and partnerships:** Part of Islington Anchor network, Member of NHS London Anchor Strategy and Change Network. • **Internal anchor ownership:** We have allocated leads for each of the strategies within the local Anchor institute and track progress against these in our steering group.
Service Provision - This is covered in our Health Inequalities Programme of work. • Be a positive presence and influence in the health of our communities through trusted advice and holistic approach. • Co-design and deliver joined up services so they reach and benefit disadvantaged communities.	

Health Inequalities Programme

We have set up a Health Inequalities Steering Group to provide assurance to the Quality Assurance Committee on the monitoring, analysis and publication of health inequalities and population health data.

The objectives of the include;

- Provide support and enable different services to address Health Inequalities
- Sharing work and learning opportunities
- Identify cross ICSU opportunities
- Report on progress in addressing Health Inequalities CORE 20 PLUS 5 through service delivery, access and improved data quality

Strategy	Current projects
Core 20 **24% of Islington and 34% of Haringey's population live in the 20% most deprived neighbourhoods in England**	• Dashboard created where service user data is disaggregated by ethnicity, IMD deciles, age and gender. This will help services to ensure they are able to identify areas of greatest disparity. • Trust Board performance packs are to be disaggregated by deprivation and ethnicity. This intelligence will then inform the development of action plans to narrow the health inequalities gap.
Plus **Population groups experiencing**	• We have multiple services which treat some of the most deprived patients in our communities, these include: ○ Sickle cell service

Strategy	Current projects
poorer-than-average health access, experience and/or outcomes	○ Integrated frailty service, proactive frailty service. ○ Prevention and Management of type 2 diabetes in a deprived community in West Haringey- this project improved outcomes for patients.
Maternity Ensuring continuity of care for women from BME communities and from the most deprived groups	• Peri-natal mental health project • Continuity of care service in Haringey • Health visiting • Maternity dashboard curated and utilised in service meetings
Severe Mental Illness 22.5% of people aged 16+ have a common MH condition. One-in-three out-of-work benefit claims are due to mental illness	• The Trust provides medical input into Highgate West site to support physical health needs. We are keen to expand support into Highgate East. We are collaborating with their smoking cessation service to look at ways we can work together. We continue to support their staff development with access to our Library • In maternity we have a project to improve peri-natal mental health • CAMHs/Simmons House • Improving Access to Psychological Therapies in Haringey
Chronic Respiratory Disease Islington has higher than average mortality from respiratory diseases.	• The Adult Community Services clinical division undertook projects in the community which included respiratory outreach work in Haringey via well-being events with Somali and Turkish communities, and those living in sheltered housing. • Addressing inequalities in a chronic obstructive pulmonary disease project looking at pulmonary rehabilitation provision for substance misuse and homeless patients.
Early Cancer Diagnosis The number of cancer diagnoses in Haringey and Islington have increased since 2022	• Increased access to imaging through the Community Diagnostic Centre • Releasing capacity in the system through undertaking day cases at Whittington Health so that complex cancers were treated by University College London Hospitals NBHS Foundation Trust • Commissioned a health inequality survey for colposcopy with the Haringey Public Health team.

WORKFORCE

Workforce

Our people

Whittington Health employs just over 5,200 staff providing high quality care to our patients and across our local community sites.

The table below provides a breakdown across our clinical and non-clinical groups.

Professional Groups	Headcount
Prof Scientific and Technical	387
Additional Clinical Services	809
Administrative and Clerical	1056
Allied Health Professionals	638
Estates and Ancillary	248
Healthcare Scientists	107
Medical and Dental	621
Nursing and Midwifery Registered	1367
Students	24
Grand Total	**5257**

In 2023/2024, we recruited 93 internationally educated nurses, 11 midwives and 12 allied healthcare professionals. These staff were recruited from India, the Philippines, South Africa, the Caribbean and other parts of the world. These internationally educated staff have been additional to our UK recruited staff, they helped to improve our overall vacancy position in the hospital and community and added a richness of diverse cultures to our organisation. They have also come to us with a wealth of clinical experience. We recruited these internationally educated staff to care for adults, children, mothers, and families in both our hospital and in the community.

Our recruitment was part of the pan-London Capital Nurse International Recruitment Consortium. These staff are now working in many different areas and are very much part of Whittington Health. This recruitment was in part facilitated by our successful bid nationally for financial assistance for these individuals and support for them to undertake their objective structured clinical examination assessments. We continue to attract UK nurse graduates and offer apprenticeship programmes.

Winter flu and COVID-19 vaccinations

The Trust ran vaccination programmes for staff 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 focused on an updated digital campaign through screen savers, posters, weekly reference in the staff bulletin and clear and consistent visible in the staff canteen area. Flu vaccination uptake was at 37.5%. Staff were encouraged to have a

COVID-19 booster to help protect themselves, patients and their colleagues and 32.3% took this up.

Connecting with our People

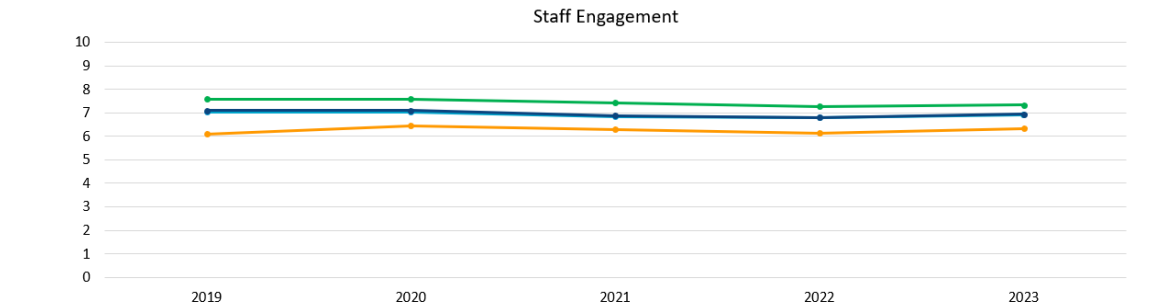
We have regular communications channels with staff at our Chief Executive briefings, electronic newsletters with daily messages on desktops. We work closely with staff side and other staff representatives and were supportive of all staff during the periods of industrial action during 2023.We continue to monitor our performance through a number of committees and involve staff through the following:

- Workforce assurance Committee
- People Committee
- Partnership group
- Medical Negotiating sub committee
- A range of staff network groups

NHS staff survey 2023

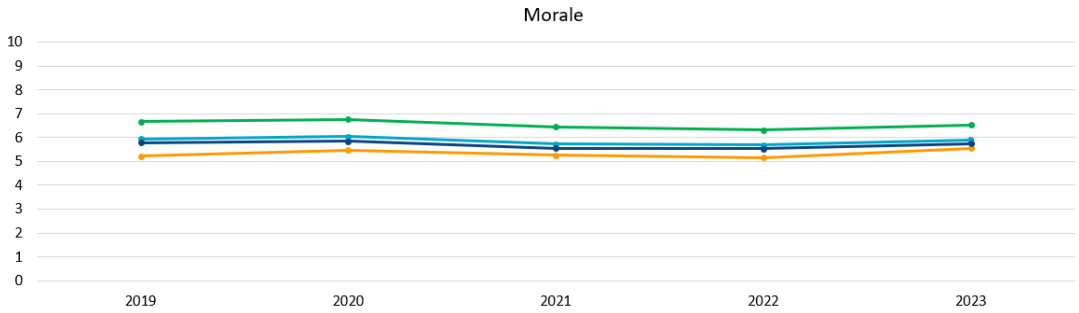
Of Whittington Health's 4,865 eligible staff in 2023, 2,123 took part in this survey, a response rate of 44%, which is 1% below the median response rate for the 122 acute and acute & community trusts in the benchmark group. Compared to the previous year, the Trust's own response rate dropped by 1% from 45% in the 2022 Staff Survey.
The survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. It gives staff a voice and provides organisations with an insight into morale, staff engagement, wellbeing, culture and perception of service delivery. Whittington Health is part of the Acute and Acute & Community Trusts.

Whittington Health's staff engagement score is 6.94, which is slightly above the national average of 6.91 and improvement on the previous two years scores, which were 6.89 in 2021 and 6.81 in 2022.



	2019	2020	2021	2022	2023
Your org	7.10	7.10	6.89	6.81	6.94
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	2334	2164	2265	2018	2118

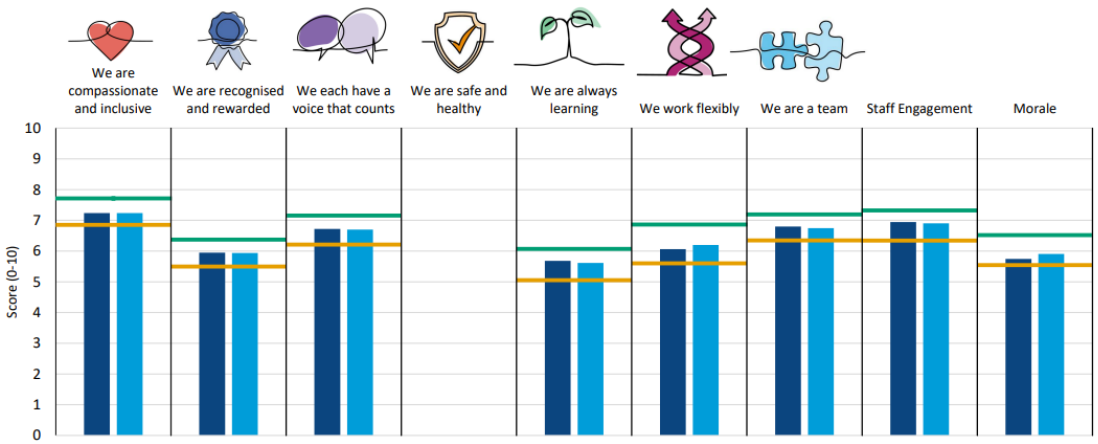
Whittington Health's score for staff morale is 5.74, slightly below the Picker average of 5.91. However, this result is an improvement from the morale score of the last two years, which was 5.56 in 2021 and 5.52 in 2022.



	2019	2020	2021	2022	2023
Your org	5.78	5.84	5.56	5.52	5.74
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	2320	2151	2255	2017	2120

The table below shows Whittington Health results against the People Promise elements and against the themes of staff engagement and morale.

Results are presented in the context of the 'best', 'average' and 'worst' results for the total 122 Acute and Acute & Community Trusts. This year, due to an issue with the questionnaire that affected the national data, the 'we are safe and healthy' People Promise national data has not been released at the point of writing the report.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.24	5.95	6.72	-	5.68	6.06	6.80	6.94	5.74
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	2118	2113	2091	-	1977	2103	2114	2118	2120

In 2023, Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for the themes of:

- We are recognised and rewarded,
- We each have a voice that counts,
- We are always learning,
- We are a team and Staff Engagement.

The Trust was average for one theme: We are compassionate and inclusive. The Trust has scored slightly below average for the themes of:

- We are safe and healthy,
- We work flexibly, and morale.

This year, the recommended Trust wide priorities for 2024/25 to support staff retention and increase morale and engagement across the organisation are:

- We are safe and healthy, particularly the view that the organisation is not doing enough to support health and wellbeing.
- We work flexibly, particularly around having support for better home and work life balance.
- Morale, particularly exploring the reasons for staff thinking about leaving the organisation.

Workforce Culture and "Caring For Those Who Care"

Through its Workforce Assurance Committee, the Board monitors culture and behaviours in workforce information reports (for example, employee relations cases), the annual equality workforce submissions on disability and race and ensures they are aligned with WH's values which are shown on page 12). 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.

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.
- The first programme of Trust-wide listening events took place following the results of the 2022 Staff Survey. These listening events were hosted by the Organisational Development team and the Executive team. All staff were invited to these events to share their perspectives and solutions to supporting improvement in the Trust. The listening space then led to meaningful actions taking place such as improvements in reasonable adjustment guidelines and the introduction to recruitment and selection training.
- A new recognisable Staff Survey brand called 'Your Voice Matters' was created which focused on increasing the faith in the survey for staff.
- The WhitAbility network worked alongside the Organisational Development team to refresh the Wellbeing Conversations paperwork.
- The Restorative Just Culture programme continued to take place across the organisation and further training dates have been secured for 2024-25.
- Professor Michael West was invited to be a keynote speaker at the Trust's Culture Conference. This event saw over 100 staff attend to hear the key issues facing the NHS nationally and how to drive an internal compassionate and inclusive culture

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 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.

Following a review, Whittington Health decided to move the compliance target from 90% to 85% for mandatory training compliance as a combined measure in line with other London Trusts. Compliance increased from 86% to 88/89%, where it has remained static during the second half of the year.

Working with our North Central London partners, the Trust introduced the Oliver McGowan Mandatory Training on Learning Disability and Autism to support a support a change in the experience of people with Learning Disabilities and Autism accessing healthcare services and to meet our statutory requirements. The training includes an eLearning module (part 1) and a live training session (part 2). Part 1 was introduced in January 2024 and by the end of March 2024 51% of staff had completed the eLearning module.

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

- Band 2-7 BME career development programme, there have been three cohorts of this programme. The programme supports BME staff in AFC bands 2-7 in Whittington Health Trust to undergo a tailored development programme for 3 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.
- A new Band 8A and above BME leadership programme has been designed called ‘Working Uphill’. This will be delivered by BRAP, a leading charity focusing on equality through learning, change, research, and engagement. This programme will explore the lived experiences of senior BME colleagues and will support them in navigating their career.
- I.CARE Leadership development was delivered in-house and consisted of the following modules:
    - Communicating Effectively
    - Workplace Conflict

    - Giving and Receiving Feedback
    - Situational Leadership
    - Assertiveness and Boundary Setting
    - Responding Positively to Change
    - Introduction to Finance
    - Building Inclusive Cultures
- The following modules were delivered by NHS Elect:
    - Interview Skills
    - Coaching Skills
    - Compassionate Leadership
    - Conflict and Difficult Conversations
    - Developing your Leadership Style to Support Culture Change
    - Leading Change
    - Confidence and Assertiveness
    - Resilient People in Compassionate Organisations
- Appraisal Training for Managers and Appraisal Training for Appraisees
- Reciprocal mentoring programme, this was delivered by TPC Health. The programme paired senior staff and junior staff to develop a shared learning approach which contributes to distributive leadership
- British Sign Language
- Mental Health First Aid Training Refresher (MHFA England)
- Critical Incident Stress Debriefing (CISD) to become accredited facilitators.
- Bespoke workshops and interventions for teams that need support in developing team-working and improving morale
- Affina Team Journey, this focused on the research and findings from Professor Michael West on effective team working
- Coaching for individuals to support career development and working relationships
- Mediation training for staff to become accredited mediators and to join the internal mediation service
- 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
- Functional Skills in maths and English to support staff developing via an apprenticeship
- Various apprenticeships in both clinical and non-clinical areas to support staff development, ranging from level 2 (GCSE's level) to level 7 (Masters level).

Staff Health and Wellbeing

2023/24 saw the new Staff Wellbeing and Engagement Model actualised by the recruitment of the Head of Staff Wellbeing and Engagement. This has brought renewed focus on Staff wellbeing and Engagement. Creating a vision where staff wellbeing is front and centre of everything we do.

This has enabled a holistic approach to staff wellbeing that is proactive and preventative at best and still offer that expedited reactive response when necessary. This model has enabled the Trust to mitigate the impact of the closure of regional wellbeing hubs. Enhancing availability and access to internal staff wellbeing support

that meets the recommendations of the NHS people promise while improving access to a wealth of support available regionally and nationally.

This renewed focus on staff wellbeing and engagement has seen increased availability, visibility, and access to staff wellbeing support across the organisation, both on the acute site and community sites.

The new internal staff wellbeing and engagement offer includes:

- In-house Employee Assistance Programme, 'People at Work', confidential direct access to counselling continues to be offered.
- Mental Health First Aiders (MHFAiders) continue to offer a listening ear and signpost professional support where required in a more structured and governed approach.
- In house training for Mental Health First Aiders is now available , to increase the number of trained MHFAiders to the recommended 10% of Trust staff that will see that cultural tipping points, this removes the stigma of mental health.
- An Increased cohort of Wellbeing Campions supported to develop and facilitate small but impactful peer wellbeing initiatives ensuring teams/departments prioritise staff well-being.
- Subsidised onsite physical activity classes such as pilates are available at the hospital site to improve physical wellbeing.
- Financial wellbeing resources are available on the intranet.
- A successful monthly menopause café has been established.
- There is access to specialist clinical psychology intervention for teams experiencing complex issues.
- Critical Incident Stress Debriefs are better coordinated.
- Team reflective sessions are offered to foster healthier and more cohesive teams.
- Manager training on facilitating reflective sessions is available.
- There is increased focus on health promotion and awareness via a continuous strong and proactive local promotion of national wellbeing campaigns such as Mental health Awareness week, Men's Health month, Movember, and stress awareness weeks.
- The Trust has an inhouse smoking cessation specialist.
- Regular wellbeing visits to teams across the Trust are conducted by the Head of Staff Wellbeing and Engagement.
- The increased cohort of mediators responds 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 that highlights the importance of rest as a cornerstone.

External routes of support include:

National and regional wellbeing support services are regularly promoted and made accessible. These include, but are not limited to:

- Bereavement Support Line: A confidential bereavement support line, operated by Hospice UK, free to access for NHS staff from 8:00am - 8:00pm, seven days a week.

- Haringey Talking Therapies (formerly IAPT Haringey): A free NHS, psychological therapy service offering support for a range of common mental health difficulties such as depression and anxiety, OCD, PTSD and more.
- Frontline19 UK: Service offering one off or weekly sessions as needed. Psychological support for frontline workers via phone or remote platform.
- Practitioner Health is a free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals.
- The BMA : Offers a free 24/7 counselling service to all doctors, their partners and dependents
- Switchboard LGBT+ Helpline : A safe space for anyone to discuss anything
- A host of staff wellbeing courses from NHS England and NHS Elect such as – Happier working lives initiative (aimed at creating happier, healthier, and more productive teams across the NHS.) are offered and promoted.
- Intercultural therapy is available to staff from Black, Asian, and Minority Ethnic backgrounds.

Allied Health Professionals

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 12% of our staff and are embedded within all our Integrated Clinical Service Units.

Apprenticeships

The Trust has been engaging in developing and embedding the apprenticeship pathway to develop future AHPs. This has aligned with national work to increase the apprenticeship pathway for all AHPs. The initial work has focussed on Physiotherapy, Occupational Therapy, and Diagnostic Radiotherapy.

To ensure equity a new AHP apprenticeship strategy is in development to ensure the growth of our workforce and engagement with local schools aiming to increase the diversity of our workforce.

In 2022/23 the Trust had 9 AHP apprentices employed with 1 person graduating from the Occupational Therapy programme. Over the past 12 months we have increased this number to 17 apprentices across Physiotherapy, Occupational Therapy, Podiatry, Diagnostic Radiography, and Speech & Language Therapy. 2024/25 will see the Trust continue to work to embed apprenticeships sustainably across the ICSU's.

Development opportunities

Whittington Health continues to offer the AHP leadership fellowship. In 2023/24 we had 8 people complete the programme. We have managed to recruit a further 10 AHPs to our 2024/25 cohort. Work is underway on how we continue to support this programme ongoing to ensure we develop confident, competent, and compassionate AHP leaders of the future.

We have also recently commissioned a Leadership Development Programme pilot aiming to support staff new to leadership roles. The structure of the programme will be a series of short modules that will be followed up with Action Learning Sets aimed at helping staff tackle real life issues in a confidential and supportive environment.

Healthcare Support Workforce (HCSW) Development Team

In 2024, the Healthcare Support Workforce Development team became substantive within the Clinical Education team. This cemented the support, clinical HCSWs across the Trust can expect on an ongoing basis, and from the North Central London HCSW networks. The team successfully delivered training and development programmes for HCSWs throughout 2023/2024, through a combination of existing and new training opportunities. Key to the work is the ongoing engagement of stakeholders and the dedication of the team to ensuring the highest level of service. A total of 288 healthcare support workers across the Trust received training and development opportunities whereas in the previous year this figure was ninety-five. Further to this, in 2023/2024 internal career progression of HCSWs also increased with sixty-one staff compared to thirty-three the year before.

The next phase in the HCSW strategy is to increase staff numbers going through the Level 3 Senior Healthcare Support Worker (Adult Nursing and AHP Therapies) apprenticeship. Expanding this programme will ensure staff have the necessary pre-requisites to progress through to degree apprenticeships. In addition to this, is the introduction of the Higher Development Award as we recognise not all HCSW wish to progress to registered professionals and therefore it is important to provide alternative training opportunities.

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 provided support for the development of staff equality networks, on compliance with statutory obligations and other key initiatives and returns to NHS England, as shown below:

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

Staff engagement was pivotal to help achieve 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 ambitions included the following:

- Open forum events for all staff
- Equality, diversity & human rights & black inclusion week
- participation in national network events, including International Women's Day, Pride Month, Black History Month, UK Disability History Month and Lesbian Gay Bisexual and Transgender History Month
- the development of preceptorship training and the issuing of a comprehensive induction and adaption guide for internationally recruited staff recruited to support them in their new roles in a new environment
- the introduction of reciprocal mentoring programme
- the implementation of a comprehensive guide on reasonable adjustments in the workplace
- Promoting the *See Me First* initiative across the Trust.

Recognising our people

Throughout the year, we held a number of events to recognise and reward the achievements of our colleagues and teams across the organisation. These included our monthly Extra Mile Awards which recognise colleagues who exceed normal expectations and 'go the extra mile' in their day-to-day work. They are open to all colleagues, including volunteers. These were relaunched this year having been previously known as the "CEO Excellence Awards".

Teams also hold professional or team-based awards, including those celebrating the achievements of our nursing and midwifery colleagues, which are held between the international days of the midwife (5 May) and the international days of the nurse (12 May). Awards were also held for our Allied Health Professionals (AHP) around the time of AHP Day and focussed on our vital estates and facilities team which includes our portering, housekeeping, engineering and domestic staff.

Towards the end of the year, we also opened nominations for our first Administrative Professionals Awards – without whom the organisation simply could not operate.
These all culminate with our annual staff awards which are open to all staff across a range of categories including Individual Commitment to Excellence in a Clinical and Non-Clinical Role Awards, Improving Patient Safety Award and Unsung Hero.

We also run a recognition scheme to thank those staff who have especially long service. Long serving colleagues receive a certificate and specially designed pin badge depending on whether they have hit 10, 15, 20, 25 30, 35 or over 40 years-service. This year our longest serving staff with more than 30 years' service were invited to a special afternoon tea party, hosted by our chair. Over 35 members of staff hit that milestone this year.

Case Studies

Extra Mile Award Winner: Clare Grodon

Physiotherapist and first-time academic researcher, Clare, has had a research study published in a national health journal. Clare's research investigated whether the quality of life of 25 children living with cerebral palsy would change after regularly using a specialised piece of equipment called the 'Innowalk Pro.'

The Innowalk Pro is a piece of equipment that has been specially designed to allow a child or young person, who has never been able to stand independently or walk, to have the experience of being upright and moving around. Clare has worked for Whittington Health NHS Trust as a physiotherapist for 11 years and for the last 8 has been based at Richard Cloudesley School in Islington, a special school for children and young people living with a severe and complex physical disability.

Clare saw the Innowalk Pro as an opportunity to help improve the quality of the lives of the students at Richard Cloudesley School, but found there was no research proving the equipment could be used effectively in a classroom. The 25 students who were recruited into the study used the Innowalk Pro in their classrooms for six weeks, four times a week and for 30 minutes at a time. Measuring the trial's success was done via a 'quality of life' questionnaire, designed specifically for those living with cerebral palsy. To help establish the students' baseline, parents were asked to fill in this questionnaire before the research started. The results showed an improvement in areas of the student's lives, including pain management, sleep, medication, and comfort. Their teachers also noted an improvement in their engagement in classroom activities.

Clare also saw an improvement in functional goals for the students on the trial, and was able to prove that when the intervention stopped, the students returned to their baseline levels after 3 months. Her study has now been published in Child: Care Health and Development Journal, which is open to health care professionals around the UK.

The Innowalk Pros used in Clare's trial were graciously loaned to the school by Made for Movement Global. They are priced at around £40,000 each. The success of Clare's research led to the school setting up a fundraiser and purchasing two Innowalks.

Clare Grodon said, “When you work in a special school, you are always working towards the goals of improving the quality of life of the students. I saw my research as an extension of my normal 9-5 duties so it did not feel in any way like ‘extra work’. Normally research studies are done as part of a person’s PhD or Master degree qualification. But I wanted to prove to the school and the parents that this equipment could help our kids with cerebral palsy.”

Nursing and Midwifery Awards: Bridget Akwa-Out, Specialist Nurse/Midwife of the year

Her nomination said: “Bridget has made a significant difference to patients and their experience in the dermatology clinics since starting several years ago. She has initiated, delivered, trained colleagues and students to ensure that patients get the best care possible. She is skilful, knowledgeable, kind and warm and clearly enjoys her work. For patients with a skin condition that requires ongoing treatment, or those undergoing treatment for cancer, Bridget is a constant support and key worker where continuity is so important. She is a brilliant educator and leader, who encourages her colleagues to develop themselves, to learn and is inspirational.”

Long Service Awards: The Whittakers of Whittington Health

Mandy and Jason Whittaker have collectively contributed 67 years of service to Whittington Health - a journey that began with an office romance.

Mandy Whittaker has been working in Whittington Health’s finance department since 1987. She was 23 years old and working in an office that she recalls being without computers so would meticulously complete all calculations by hand. Jason started his career at Whittington Health 30 years ago. He was 19 years old and started his first day cleaning the floors in the Emergency Department. Mandy remembers first meeting Jason when he came by the payroll team to drop off his timesheets. Soon, they would

begin dating and regularly meeting at the hospital's old social club. In January 2024, the Trust held a special event to acknowledge 40 members of staff, including the Whittakers, who had completed 30 years or more of long service at Whittington Health. And although long gone, the social club was a hot topic of conversation, fondly remembered as 'the place to be,' and apparently was responsible for many other Trust marriages – not just the Whittakers.

Now, Jason works as the Trust's Logistics Development Manager, overseeing procurement logistics for 11 NHS Trusts across North Central London. And as Mandy prepares to retire this year, the couple reflected on a lifetime of memories and experiences within the hospital's walls. Jason Whittaker said, "My mum and dad worked at the Whittington, I was born there, Mandy was born there. Our son was born there, and he, too, worked there for a bit! The place has just got bigger and bigger and it's always been there for us." Mandy Whittaker, reflecting on her long tenure, said: "I have seen so much change at Whittington Health through the years. The Whittington's helped me bring our son into the world, it helped me meet my husband - it has been a big part of our lives." Dr Clare Dollery, Acting Deputy Chief Executive of the Whittington, says "We feel really lucky to have people like the Whittakers as part of our Whittington family and are so thankful for the dedication and commitment they have shown to our organisation."

Annual Staff Awards: Mr Chetan Parmar, Chair's Special Award

In his nomination, Mr Parmar was described as "an example to us all, both as a person and a clinician. He defines going above and beyond both as a colleague and as a consultant for his patients. Mr Parmar embodies Whittington Health and the values it

prides itself upon; being innovative as a leader in the British Obesity & Metabolic Surgery Society and through research, compassionate in his kindness to patients and staff, accountable in his role as Clinical Lead for General Surgery and always being respectful.

A recent compliment from a patient summarises Mr Parmar's success as a clinician and in supporting an effective team around him: I had Bariatric Surgery with Mr Chetan Parmar in 2019 and have recently been discharged. I can honestly say its the best thing that has happened to me and has changed my life. Mr Parmar is amazing and every experience I have had with him has been great. The same goes for the nurses, dieticians and the whole team that have looked after me the last few years. I have lost over 50 kilos and although it was hard going at first I wouldn't change a thing, anyone who is considering bariatric surgery will be blessed to have Mr Palmer and his team look after them.

For excellence in a clinical role, patient testimony is the best form of evidence to provide. This is one of many examples but demonstrates the impact and excellence of Mr Parmar in his clinical role.

A full list of the winners of this year's Staff awards is shown below:

Award category	**Winners**
Outstanding Contribution to Ensuring Equity	Samina Ishaq
Individual Commitment to Excellence in a Clinical Role Award	Sandra Glynn
Individual Commitment to Excellence in a Non-Clinical Role Award	Sam Sleight
Team Commitment to BetterNeverStops	The Barnet and Enfield Paediatric Audiology Service
Improving Patient Safety Award	The Pharmacy Team
Paula Mattin – Emerging Leader Award	Zoe Broadhead
Patient Choice Award	Ayla Ozkan
Unsung Hero Award	The Mortuary Team
Chair's Special Recognition Award	The Whittington Health Volunteers
Chair's Special Living our Values Award	Chetan Palmer

Excellence in Medical Education

Undergraduate Medical Education

Whittington Health is one of the three central sites delivering clinical placements for University College London medical students in year 4 and 5 of the MBBS programme. The Trust provides placements in medicine, surgery, paediatrics, obstetrics and gynaecology and emergency medicine. In addition – the Trust also hosts popular 1st, 2nd and 6th year student selected components, Clinical and Professional Practice and the iBSc in paediatric and child health.

Whittington Health has a well-deserved reputation for excellence in medical education harnessed though close collaborative working. Innovative teaching practices – delivered by an enthusiastic and committed faculty of clinical teachers - enhances engagement in learning through, for example student-led multidisciplinary gastroenterology meetings and gamification of the induction Treasure Hunt. The addition of clinical teaching fellows in recent years has significantly improved local teaching, which now also includes simulation and formative exam preparation. Students also receive excellent formative preparation from the clinical skills team throughout the year.

Whittington Health excels at pastoral support of students through its Personal- and Student Education Tutor schemes. A safe and supportive learning environment is created by a dedicated faculty and Undergraduate Education and Management team, and students have access to teaching spaces 24-hours a day.

Examinations are hosted in all years. Examiners are recruited both locally and centrally; and examiners enjoy the friendly and supportive nature of clinical examinations hosted at The Whittington Hospital.

During the quality assurance visit in April 2023, the University College London medical school visiting team felt that Whittington Health was an exemplar site in the roll-out of the electronic timetabling system and commended the Whittington site for continuing to nourish undergraduate education despite national workforce challenges.

In August 2023, The Trust was delighted to appoint Dr Johnny Swart as Director of Undergraduate Education for Whittington Health. He is very much looking forward to continuing to promote excellence in undergraduate education by building on previous successes.

Postgraduate Medical Education

The Postgraduate Medical Education (PGME) Faculty continues to innovate and provide excellence in educating our doctors-in-training, while addressing challenges and seizing opportunities.

There is a recognition that burnout levels in doctors-in-training are on the rise, with two thirds of trainees across the UK being at high or moderate risk of burnout. The PGME Faculty are committed to addressing this problem, supporting, and valuing doctors-in-training across the Trust, on both a personal and group level. This focus on wellbeing enables doctors-in-training to feel valued by the organisation.

Once again Whittington Health performed very well in the GMC National Training Survey (NTS) for 2023. There were improvements in the scores for 14/18 domains the Trust was assessed against. The best performing domains were ‘educational supervision (most high green scores) and facilities (second most green scores). This reflects the skilled and supportive cohort of consultant trainers at the Whittington, and the new Whittington Education Centre being embedded, along with the continued excellent service provided by the library. Among the specialties, Haematology did well with 5 green scores. In addition, Acute Internal Medicine and Geriatric Medicine significantly improved their national rating (with 3 and 2 green scores awarded respectively). The PGME team are committed to maintaining this high performance and provided further training for consultant educational and clinical supervisors, both new and established.

The PGME team has been involved in setting up various novel training programmes. The PGME invited Professor Henry Potts (University College London) to teach on a four-module programme on statistics in medicine and clinical research. Furthermore, the PGME team designed, organised, and hosted an innovative Neurodiversity Awareness Event. It was noted that over the last 5 years, a small but growing number of doctors-in-training have been diagnosed with a neurodiverse condition during their placement at Whittington Health. In response, the PGME team invited both educational and clinical supervisors to attend a workshop which included discussions led by consultants specialising in neurodiversity. The afternoon covered how to recognise neurodiversity, supportive conversations, processes for formal diagnosis, workplace adaptations, addressing other underlying issues, and also featured a lived experience panel. The event was exceptionally well received by attendees and the PGME team aim to run this again, possibly with attendees from neighbouring trusts.

The PGME team continued the Whittington Health PGME Star Awards. There were multiple nominations for doctors-in-training working above and beyond usual practice across all specialties. Nominations included recognition of outstanding commitment to holistic patient care whilst also being an excellent team member.

Over the last year, the Trust has been awarded additional funding from NHS England (NHSE) to further support education and training. Part of this was to fund additional training posts. These included three additional Foundation Year 1 doctors who joined the Trust in August 2023, with a further three Foundation Year 2 doctors planned for August 2024. The Trust was also awarded a new permanent specialty registrar training post in Endocrinology & Diabetes and General Internal Medicine. In September 2023, the Trust welcomed its first Paediatric Dental specialty trainee.

In collaboration with the Workforce team of our North London Partners Integrated Care Board, the PGME team created a new post of Clinical Teaching Fellow in Paediatrics with Educational Leadership which was established with funding from Health Education England (HEE). The appointee has established paediatric and neonatal simulation and organised a mini-Advanced Paediatric Life Support (APLS) course. They publish a weekly teaching newsletter and facilitate weekly North Central London (NCL) Paediatric teaching.

The Trust, via the PGME team, continued to contribute funding towards the Trust’s Chief Registrars and offer continued guidance and advice around their work and

quality improvement projects. In turn, the chief registrars have been invaluable by supporting the doctors-in-training through chairing the junior doctors' forum and organising and facilitating various simulation days (practical procedures, human factors simulation, and foundation simulation). The Trust funded additional simulation kit and ultrasound devices to be used for practical training in the clinical environment. The Chief Registrars also led another successful mentoring programme for junior doctors-in-training, which provided pastoral support in addition to career coaching.

The PGME has extended this partnership working to the teams in the Whittington Education Centre (WEC) and the library. They collaborated with the Whittington Education Centre team to help provide the national PACES examination on behalf of the Royal College of Physicians. They supported the library team with the provision of access to major scientific journals for all staff across the Trust, and with access to examination preparation for doctors-in-training.

The PGME team were awarded funding from NHS England to support the continuing professional development (CPD) of specialty and specialist doctors and locally employed doctors in the Trust. The team used this funding to run a competitive CPD Funding Award scheme. Applications were of exceptional quality and the Trust has been able to contribute towards 12 doctors undertaking courses in practical clinical skills training, professional examinations, conferences, and a postgraduate academic degree in Medical Education. The PGME team organised a Celebratory Afternoon to congratulate the winners of these awards including presentations from winners on what they had learnt from their CPD event and how it had benefited their patients and the Trust. They also expressed their appreciation to the Trust for providing these awards, which were distributed on the day by the Medical Director, Dr Clare Dollery, and which made them feel a part of the Whittington family.

In the future, the Trust will continue to build on these successes in postgraduate medical education. The PGME team will continue to drive forward initiatives and educational projects to support both our doctors-in-training and our faculty of excellent educators. This will further sustain and develop Whittington Health's reputation for excellence in education and training.

COMUNICATION AND ENGAGEMENT

This year saw the appointment of Andrew Sharratt as the new Director of Communications and Engagement for the Trust, having previously worked at the trust as Head of Communications for around five years. He is supported by a small but skilful and highly professional team who are responsible for the full range of communications disciplines. As the year drew to a close, the team began the process of developing a new, four year communications strategy which will set out the ambitious aspirations for the improvements and developments the team want to deliver for the long-term.

At the start of the year, the team worked on what turned out to be one of our proudest moments. They collaborated closely with the learning disabilities and safeguarding teams and a number of Experts by Experience to develop 'Empathy in Motion: Unveiling Hospital Journeys'. This series of new films help people with a learning disability to better understand their visit to hospital.

One of the main barriers stopping people with a learning disability from getting good quality healthcare is the uncertainty and anxiety they might experience prior to coming to hospital – which means they may be reluctant to attend their appointments. We worked with leading national and local learning disability charities to find out how we could improve their experiences coming into our hospital. From this we identified areas of concern and created films to allow patients to see what they can expect when coming to an outpatients appointment, the Emergency Department, and having an operation.

These films aim to reduce the anxiety people may have before attending unfamiliar hospital environments. We want to ensure that all patients feel more confident and informed to access health care when they need it.

The team launched the films during Learning Disabilities' week with a special "film premiere". Following the screening, participants were each awarded a personalised trophy to recognise their contribution to the project. As part of the co-designed project, service users were involved throughout – with people sharing their experiences choosing what scenarios should be covered and featuring in the films.

This is a great example of the value that NHS communications can bring to improving the experiences and outcomes of our patients and service users as well as a great illustration of the benefits of coproduction alongside them.

The Communications team put considerable time and resource into supporting the organisation and our patients, service users and wider community for the several periods of industrial action which were a feature of the year. This included producing print and online advertising to ensure that our community knew what to expect and what to do if they required care during a strike period and ensuring that everyone within the organisation was aware of how services and processes would change.

Starting in late summer each year, they also produce considerable internal communications to encourage our colleagues to complete the annual NHS workforce survey. This year around 48% of our colleagues completed it, we have ambitious plans

to increase this next year to ensure that our results are as representative as possible and that everyone's voice is heard.

With this in mind, and based on the insight gained from engaging with colleagues that they found it difficult to make a link between the feedback they provide in the survey and the actions we take as a result, we created a year round communications plan, supporting our colleagues in the Workforce directorate.

The ''Your Voice Matters' campaign included a series of workshops and focus groups for staff, led by a member of our executive team, supported by the Communications and Engagement team working with the Organisational Development Team. Each focussed on a different area of theme where staff told us change or improvements were needed. They took a deep dive into the areas to try to crowdsource solutions that would address the concerns our staff highlighted in the survey results. The outputs from the workshops and the impact that feedback from colleagues had made as a result of the feedback from the survey were then communicated back across the organisation.

We continue to enjoy excellent and supportive relationships with our colleagues at the North Central London (NCL) Integrated Care Board and with our counterparts across other health and care organisations who make up the NCL Integrated Care System. We have worked as a system to keep our local community updated on the development of the Start Well programme to improve maternity care and care for children and young people. This included a huge effort to deliver a formal consultation on proposals to alter where maternity and neonatal care is provided across NCL.

In particular, our relationship with the UCLH communications team was further strengthened this year as we worked together to communicate our organisations' new partnership and what this will mean for our colleagues, patients and communities.

Our Community Diagnostic Centre in Wood Green continues to be a huge success and popular with local people. The Communications team has been central to supporting awareness of the centre, especially with GPs ensuring that local people know that they can choose to get their tests in the heart of Haringey, without the need to visit our hospital.

The team continued to communicate and engage with our staff. This has included support for our staff inclusion networks. During LGBT Pride month, a series of presentations were organised for staff around how we can support the healthcare needs of people who identify as LGBTQ+. More recently, we have supported the creation of a new forum specifically for the significant number of our colleagues who provide administrative support. Without them, the organisation simply could not function, so in response to feedback directly from administrative staff that they would value an opportunity and space specifically for them.

They also worked hard to ensure that our amazing colleagues are recognised and congratulated for their hard work. This has included another successful annual staff awards event which saw over 300 people from across the Trust nominated. The awards culminated in a special awards evening held at the Royal Colleague of Physicians.

Here are a few more of our highlights from our year on social media:

A Year at Whittington Health in terms of social media

Twitter/X

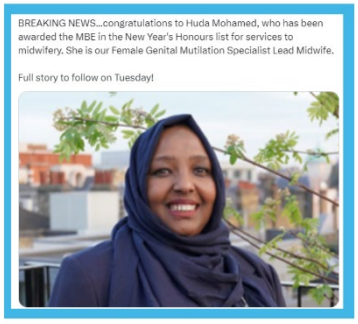
10,443 Followers

865 Tweets

1.1million Impressions

Top Tweet

49.7k impressions
687 likes



Facebook

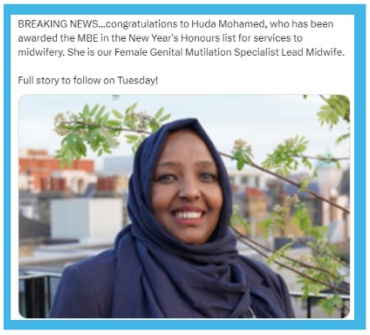
4,797 Followers

435 Posts

262k Impressions

Top Post

129 likes
30 comments



LinkedIn

7,027 Followers

141 Posts

143k Impressions

Top Post

283 likes
35 comments

61 website stories

152 intranet stories

INFORMATION GOVERNANCE AND CYBER SECURITY

Information governance (IG) is to do with the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and over the last five years has made significant improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health and Social Care; hosted and maintained by NHS England. It combines the legal framework including the UK General Data Protection Regulations (UK GDPR) and the Data Protection Act 2018, and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Records Management Code of Practice. 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 the areas of IG training and supplier assurance. 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.

Regarding IG training, all staff are required to this annually. The Trust ended 2023/24 with 88% of staff being IG training compliant. 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.

Regarding supplier assurance, a project is currently underway to obtain evidence of appropriate certification and contract clauses from the Trust systems suppliers.

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

During 2023/24, 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.

Over the last year we have achieved some great outcomes and some of the key ones are shown below:

Information management
We have invested in moving to new tools such as Power BI to provide staff users with a better experience and improved ability to access data in an agile manner. Dashboards such as Health Inequalities and Maternity have provided groundbreaking insight into health inequalities.

Partnering with Royal Brompton has ensured we continue to meet coding requirements given the competitive nature of securing good clinical coding resource. We have invested in an audit tool to facilitate efficient and more frequent internal clinical coding audit and continue to commission an annual external audit to identify areas of improvement within the service.

Infrastructure

- The service helpdesk received 22,118 calls and 15,838 tickets were logged via our system, totalling on 37,956 tickets
- 2,671 new network accounts were created
- 419 laptops were issued, 186 personal computers replaced, 113 monitors replaced, 66 computers on wheels replaced, 360 iPhones and 255 iPADs were issued
- Network cores have been replaced with state-of-the-art new servers enabling high-end service and resilience.
- Telephony services are also being upgraded with the replacement of legacy copper lines to session initiation protocol ((SIP) and internet protocol-based telephony for making and receiving calls). The current copper lines are due to be replaced in 2025. By then, we need to ensure that all inbound and outbound telephony is taking place over SIP rather than copper lines. This will bring benefits such as the ability to failover phones between sites if required; we will no longer be reliant on physical lines provided by BT/Virgin Media; Increased capacity for making and receiving calls; Less complex configuration and suppliers.
- The team have also supported with the implementation of technology within the Wood Green Community Diagnostic Centre

Patient systems:

- Successful migration of the electronic patient record onto a new cluster to ensure compliance with operating system support and cybersecurity standards, therefore achieving a successful system upgrade.
- Wayfinder (an NHS app) was enabled and allows service users to receive in-app notifications and messages.

- The contract for our incumbent EPR has agreed pricing for an extension to enable the pre-procurement with sufficient capital in three years' time.
- An upgrade of the Vitals eObservation system which allows for the effective management of indwelling devices such as catheters and cannulas.
- The strengthened models of care and delivery with 'Lifebox' software providing electronic pre-operative assessment.
- The implementation of Swiftqueue which allows more effective management of phlebotomy services
- An in context link between the electronic management system and the hospital based EPR workspace enabling quicker access to letter
- Maternity Services website redevelopment
- Realtime monitoring of A&E attendances, admissions and discharges to help manage patient flow

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

Our Trust is committed to investing in the estate to ensure we provide high quality care for our population and a modern working environment for our teams. The vision for our estate is “To provide high quality patient and staff focused environments that support our vision to help local people live longer, healthier lives”.

A key enabler to delivering this ambition is the availability of capital funding, providing the means to replace existing facilities and invest in new developments to realise our strategic objectives. Capital funding availability is a constraint for the NHS in England, and this is equally felt at Whittington Health. The Trust is focused on maximising the capital funds available for investment, as well as carefully prioritising where investment is made to across the estate.

In 2023/24, the Trust reported a record level of capital investment of £43.1m, of which £32.8m was targeted towards the estate. A summary breakdown of the capital investment is included on page 50 in this report.

Some key highlights of our estates and facilities work plan during 2023/24 are shown below.

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 but due to limited availability of funding, investment in our fire remediation and power infrastructure projects are now the Trust’s top priorities in its estate strategy.

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. .

With the re-engagement of the NCL ‘Start Well’ review last year on the re-configuration of maternity services within the ICB area of operation, the M&N design has been back through a 1:500 design review which has been accepted by the Trust and the 1:200 design is complete and awaiting submission to the Trust for approval. The following stage of the project will be detailed 1:50 design of phase 1 which would allow the project to be costed and for an agreed phased programme of works to be implemented as soon as funding is secured. The first phase to include the labour ward, neo-natal intensive care unit and special care baby unit.

Power Infrastructure Project

Following a high-level strategic review of the high voltage (HV) and low voltage (LV) systems at the hospital in 2023/24, it was identified that many of the systems are reaching the end of their working life. There are some risks associated with resilience and single points of failure. Investment in the power infrastructure on the acute hospital site is crucial as both an enabler for future strategic developments (e.g. maternity and neonatal services), as well as ensuring the Trust meets the power demands of their current estate development plan, including decarbonisation and the net zero carbon target of 2040.

In 2023, the Trust is working with a specialist contractor under the P22 Procurement regime to design and install a new 8.5 MVA power supply to the hospital site. The new power supply has been purchased from UK Power Networks and works are underway, via our contractor, to lay the new power cables to the hospital site and to construct a new incoming HV sub-station to connect the new supply into. At the same time, the Trust is replacing a transformer on the site, as a temporary measure, to reduce an overheating risk with the existing transformer layout. This will eventually be replaced at a later phase of the project which includes the design and construction of a new energy centre on the site of the Old Boiler House which will house a new HV switch room serving the entire hospital site, HV transformers and generators, a new ring main

and new replacement LV switch rooms to Blocks C and K, all required to reduce known risks with the existing power systems on the hospital site. The power infrastructure project is a multi-year programme of works which has allocated funding. The second phase of the project, starting this year, is the design of the new energy centre and the submission of planning permission so that works can commence on the construction of the new building in early 2025.

Fire Remediation Project

Following a fire at the hospital in January 2018, the Trust has been working to survey and identify fire safety deficiencies within Blocks A & L. To immediately mitigate the risk of a fire situation, a waking fire watch has been established within Blocks A & L patrolling the building out of working hours to provide an early warning and the Trust's Fire Team have reviewed, updated and trained staff on the fire policies and procedures in the event of a fire. Fire doors to Blocks A & L have been repaired or replaced and a new fire curtain has been installed within the entrance atrium to the hospital. Some containment and cabling for a new fire alarm system has been installed, subject to available funding, but the existing fire alarm system remains in operation but will require complete replacement. Partial fire remediation works have been undertaken to Thorogood Ward and a new decant ward has been designed and stripped out in advance of future building works when funding is available.

A new fire strategy has been produced for Blocks A & L; the Trust is working with London Fire Brigade to obtain the necessary assurances on the proposed engineered misting system. A draft Outline Business Case has been produced ready for submission to North Central London Integrated Care System partners, and NHS England London region.

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 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

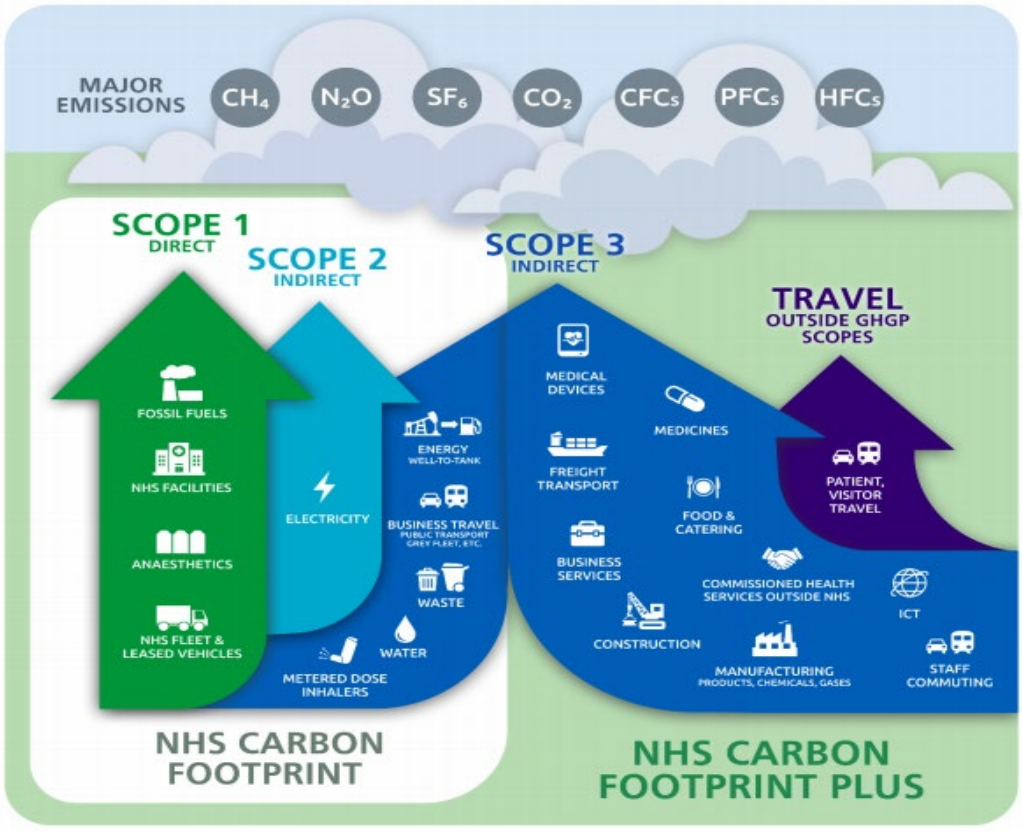


Figure 1: NHS Carbon Footprint Scope Definition (Delivering a ‘Net Zero’ National Health Service, 2020)

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 use environmental, financial, and social assets in a sustainable manner.

While there is an enormous challenge for 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 to develop its heat decarbonisation plan.

Our Green 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 an integrated 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).

2024/2025 Green Plan Initiatives

In the Trust's Green Plan, the following governance structure is outlined in Figure 2 below.

The focus is on recruiting a Sustainability Lead with recruitment commencing in 2024. The aim is for the Sustainability Lead to:

- Be accountable for the Trust's Green Plan and to update this annually to ensure the Trust is meeting its objectives.
- Work across the Trust to design initiatives to ensure that Whittington Health is on course to meet the ambitious 2040 and 2045 targets.
- Build up a network of Green Champions across the acute site and community to share best practice and to introduce local sustainability schemes.

Governance

Our sustainability governance structure:

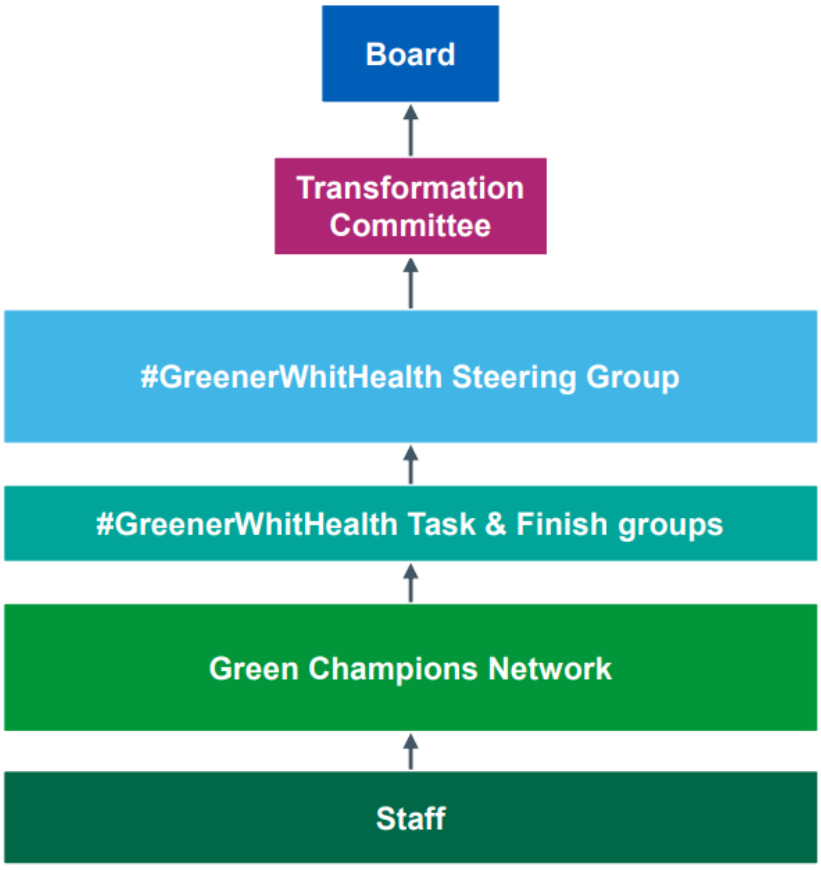


Figure 2: Proposed sustainability governance structure

Among other schemes, another focus for 2024/25 will be to finalise the strategy of decarbonising heat over the Trust's estate. The Trust is working in partnership with a sustainability consultant to update the Heat Decarbonisation Plan to present the solution for moving away from gas-

fuelled heating on site and steer towards low carbon alternatives such as Air Source Heat Pumps.

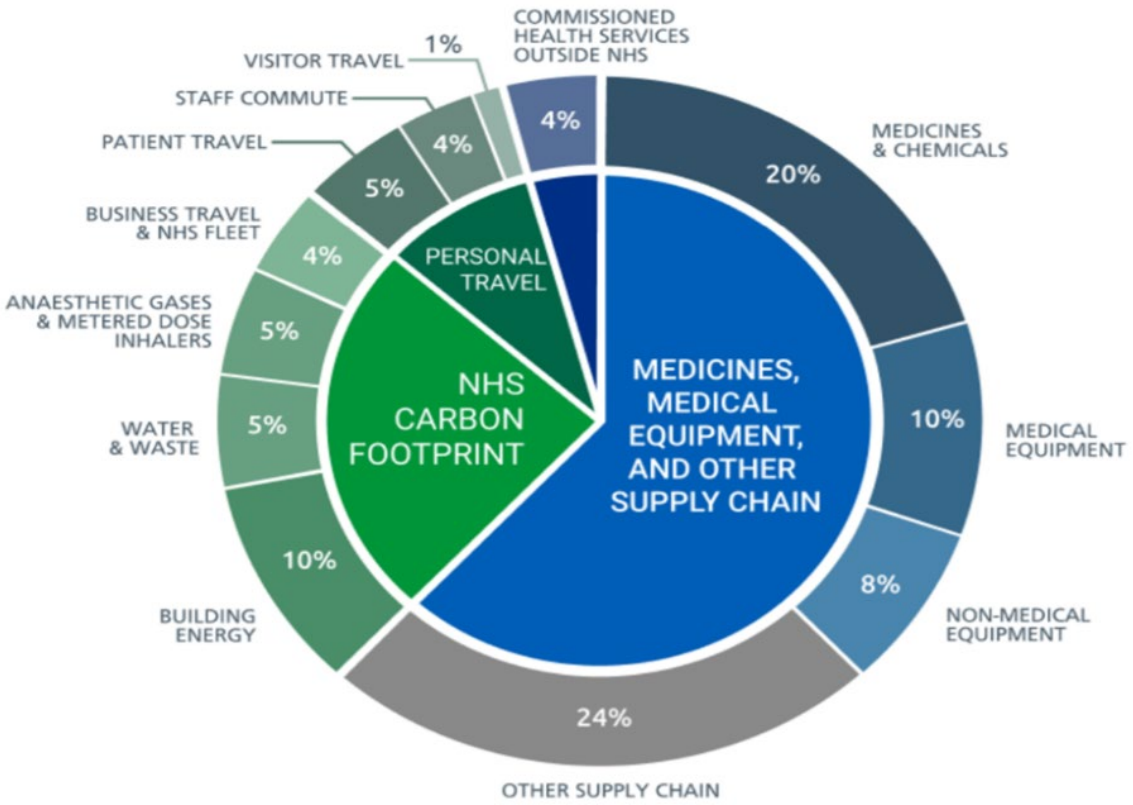


Figure 3: NHS Average Emissions Breakdown by Source

Carbon Impact

Teams across our Trust have been focused on reducing our direct emissions for many years. Figure 4 shows that to date, we have reduced our emissions by 45% since our baseline year of 2016/17. This has been driven by efforts to reduce energy consumption and significantly by electricity grid decarbonisation.

Following on from an initial phase of LED lighting installation in 2022, the Trust is focussed on rolling out further LED lighting in A & L Blocks and Highgate Wing. Considerable investment in the region of c£500k will be needed to achieve this, however, we estimate a payback over two years and a 900 MWh reduction in electricity consumption will be achieved. We are working up this proposal.

The Trust is also working on another scheme in collaboration with our Pharmacy Team to address nitrous oxide by making an assessment and collaborating with the supplier of our anaesthetic machines to enable retrofit of nitrous oxide cylinders, thereby reducing the requirement of piped nitrous oxide and facilitating the ultimate decommissioning of our manifold.

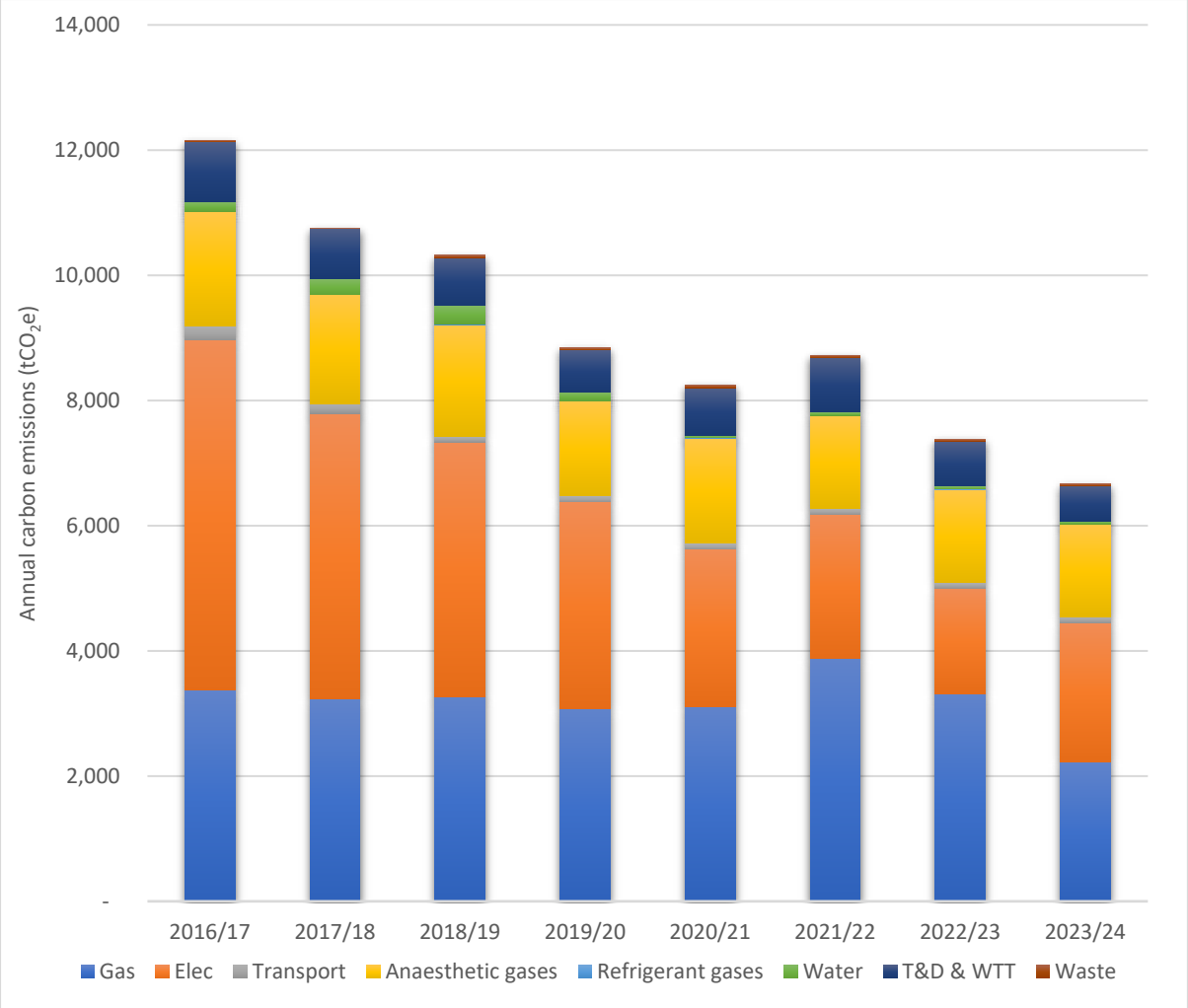


Figure 4: Annual NHS Carbon Footprint Emissions (MDIs & Business Travel Data Missing)

Energy Usage

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.

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.

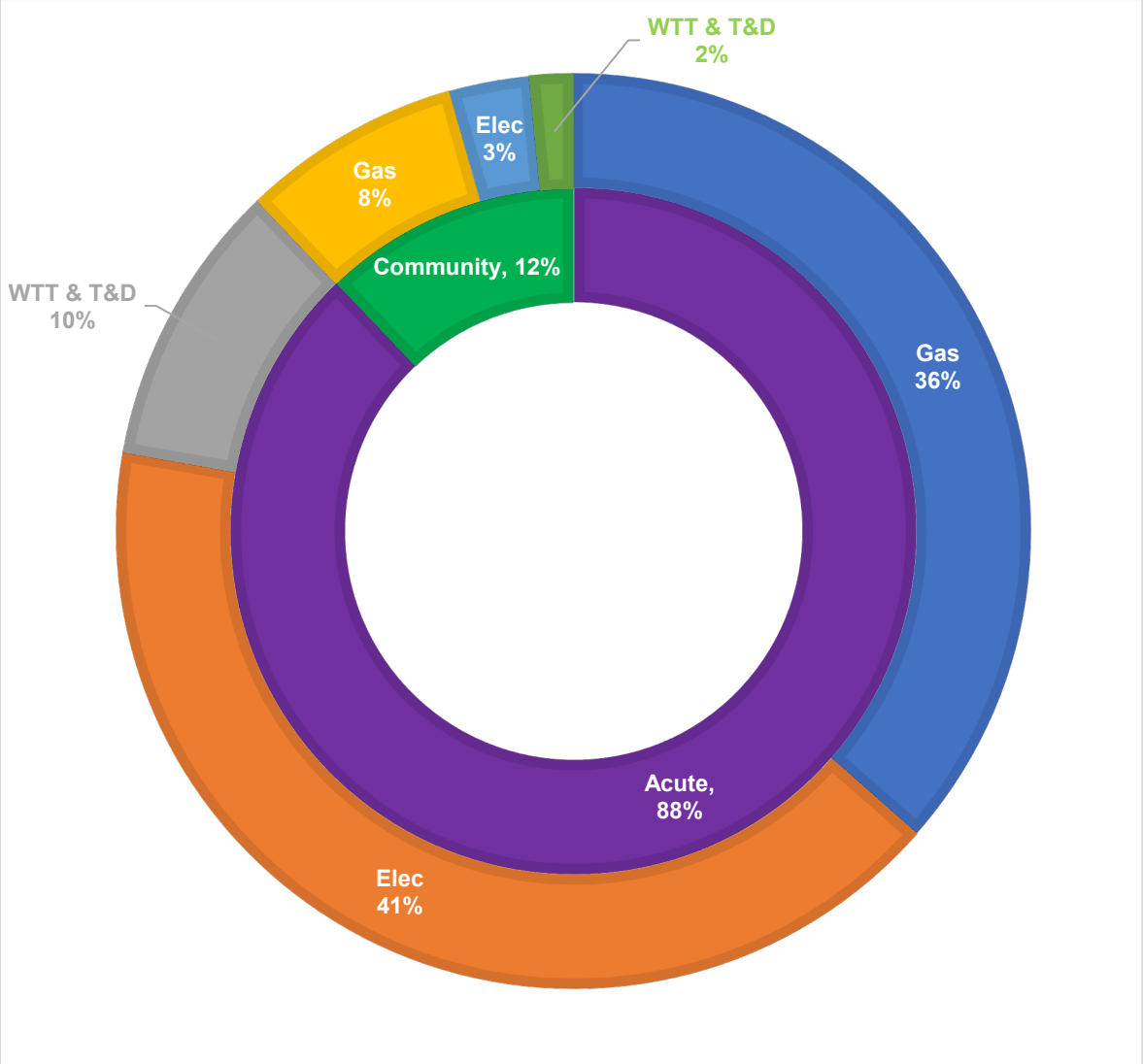


Figure 5: Breakdown of Emissions for Building Energy Use 2023/24

There is a similar 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 are 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.

The Trust is working with our sustainability consultant, to monitor energy usage and find opportunities for energy reduction works.

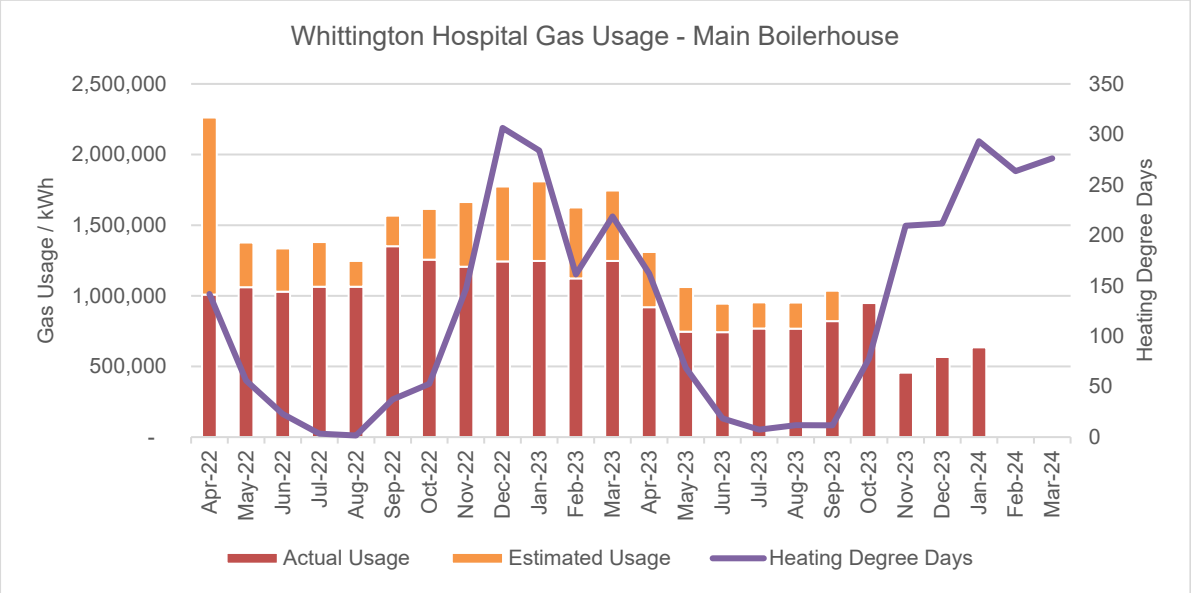


Figure 6: Breakdown of Gas usage 2023/24

Looking forward, our sustainability consultant has produced a Metering Strategy for the Trust which highlighted all the fiscal meters across the Trust's estate and the existing submetering on site at Whittington Hospital and outlined a route to collect this data into a cloud software.

The Trust is currently undertaking the first phase of meter data collection by raising invoices for automatic meter reading (AMR) rollout for all the gas and electrical billing meters at the acute site to collect the data in real-time. This will not only improve energy management but identify opportunities to make savings and eliminate problems of receiving actual data from utility companies.

To move towards more sustainable energy sources, within 2023/24, The Trust moved to a new electricity supplier, 'BrytEnergy' to supply zero carbon, 100% renewable electricity sourced solely from solar, wind and hydro power.

The Trust will improve its energy management over the next two years through continuation of our smart meter and AMR rollout programme and by implementing a system to automatically monitor consumption and identify opportunities to make savings. This will 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.

Sustainable Green Equipment Replacement

With significant large equipment replacements required across the Trust Estate and mindful of our carbon footprint, the Trust is working with our sustainability consultant to achieve some 'quick wins' reviewing 'aged' items for replacement for high efficiency alternatives; pumps and fans in A Block are currently under review on this basis, as is the capital programme that captures elements from all engineering disciplines.

Further focus will be made into optimising the buildings through their Building Management System. For example, ensuring that each community site has schedules on their boilers to ensure that heating is only enabled during hours of occupancy will reduce the gas usage in the buildings. Furthermore, adding passive infra-red sensors to lights will ensure lighting is only used when a room is occupied rather than on constantly throughout the day.

Waste Management

The Facilities' waste team continue 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 12%.

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 7 below shows the breakdown of the main hospital's waste streams last year.

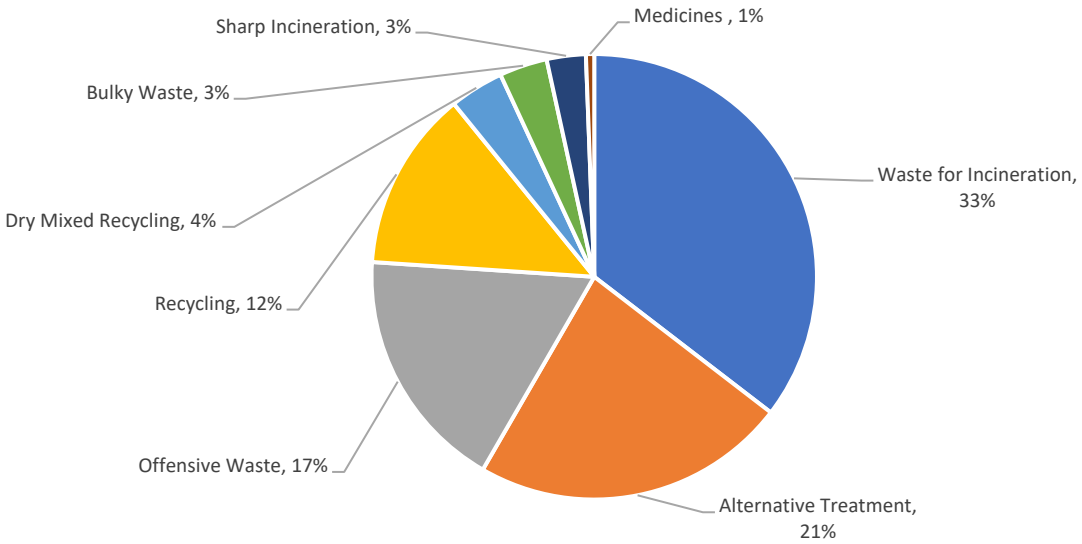


Figure 7: Whittington Hospital Waste Breakdown by Type 2023/24

Looking forward, we will continue to focus on driving 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 act now to mitigate these risks.

In the last financial year, the Trust moved away from Castle Water and signed up to an agreement with ADSM to manage our water usage. Figure 8 shows that overall, the site has reduced its water usage from 2016/17 to 2023/24 by 23%, 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 300,000m^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.

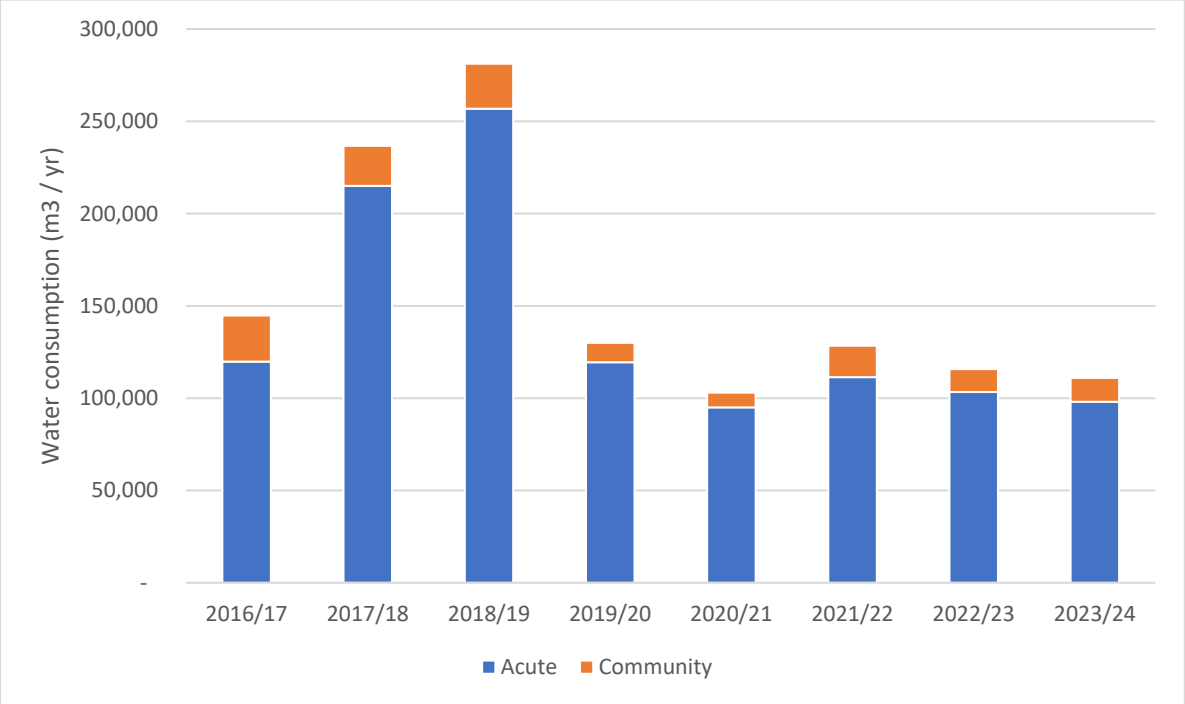


Figure 8: Site Water Consumption from 2016/17 to 2023/24

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, 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 2023/24. As the CEO, I believe this represents an accurate and full picture of the Trust for the year.

Signed

Acting Chief Executive: Dr Clare Dollery

Date: 20 June 2024

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors
Julia Neuberger, Junaid Bajwa, Naomi Fulop, Amanda Gibbon, Nailesh Rambhai, Glenys Thornton, Rob Vincent.

Directors
Clare Dollery, Matthew Shaw, Helen Brown, Kevin Curnow, Jerry Francine, Norma French, Jonathan Gardner, Tina Jegede, Liz O'Hara, Chinyama Okunuga, Swarnjit Singh, Sarah Wilding, Terry Whittle.

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

Audit and Risk Committee
Non-Executive Directors: Rob Vincent, Amanda Gibbon, Glenys Thornton

Charitable Funds' Committee
Non-Executive Directors: Amanda Gibbon, Julia Neuberger, Nailesh Rambhai
Executive Directors: Kevin Curnow, Helen Brown, Clare Dollery, Jonathan Gardner, Sarah Wilding, Terry Whittle

Finance & Business Development Committee
Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Rob Vincent, Nailesh Rambhai
Executive Directors: Clare Dollery, Kevin Curnow, Jerry Francine, Terry Whittle, Chinyama Okunuga, Helen Brown, Jonathan Gardner

Improvement, Performance and Digital Committee
Non-Executive Directors: Junaid Bajwa, Naomi Fulop, Nailesh Rambhai
Executive Directors: Jonathan Gardner, Kevin Curnow, Terry Whittle

Quality Assurance Committee
Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Glenys Thornton
Executive Directors: Clare Dollery, Chinyama Okunuga, Sarah Wilding

Remuneration Committee
Non-Executive Directors: Julia Neuberger, Junaid Bajwa, Naomi Fulop, Amanda Gibbon, Nailesh Rambhai, Glenys Thornton, Rob Vincent

Workforce Assurance Committee
Non-Executive Directors: Junaid Bajwa, Glenys Thornton, Rob Vincent
Executive Directors: Clare Dollery, Kevin Curnow, Norma French, Chinyama Okunuga, Sarah Wilding, Terry Whittle

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 2023/24 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 • 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 • Member, North Central London Integrated Care Board Strategy Committee • Member, North Central London Integrated Care Board Partnership Committee <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Clare Dollery, Medical Director and Acting Deputy Chief Executive	• Chair of the NCL Cancer Alliance Program board • Member of NCL Clinical Advisory Group <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, Medica Group 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 • Trustee of the Board of Health Data Research UK (HDR UK) <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • 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 individually represented by them).
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.) • Senior Independent 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 • Director, The Girls Education Company Limited • Director, Garthgwynion Estate Limited • Collaboration Tissue Directory and Co-ordination Centre • Director of Wycombe Abbey Services Ltd <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
Liz O'Hara, Chief People Officer	• Director of Workforce, University College London Hospitals NHS Foundation Trust • Director, Pineapple Equity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
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
Nailesh Rambhai, Non-Executive Director	• Non-Executive director, Pension Protection Fund • Non-Executive director, Birmingham Women's and Children's NHS FT • Non-Executive director, University College London Hospitals NHS Foundation Trust • Non-Executive director, Newbury Building Society • Director, Cholmeley Court Ltd • Member, finance & performance committee, Birmingham & Solihull Integrated Care Board • Trustee, United Way UK <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Baroness Glenys Thornton, Non-	• 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

Executive Director	• 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 • Officer of the All-Party Parliamentary Group on the British Curry Catering Industry • Shadow Minister for Culture Media & Sport <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
Terry Whittle, Chief Finance Officer	• Chair of Whittington Pharmacy, Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Jerry Francine, Interim Chief Finance Officer	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Nil
Helen Brown, Chief Executive	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Nil
Kevin Curnow, Chief Finance Officer	• Chair of Whittington Pharmacy, Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement • Nil
Matthew Shaw, Interim Accountable Officer	• Chief Executive, Great Ormond Street Hospital for Children NHS Foundation Trust • Director, University College London Partners • Executive Director and Board member, University College London Health Alliance Conflicts of interests that may arise out of any known immediate family involvement • Partner is a Consultant Anaesthetist at Great Ormond Street Hospital for Children NHS Foundation Trust
Non-voting members	**Declared interests**
Norma French, Director of Workforce	• Non-Executive Director of Whittington Pharmacy, Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement • Husband is a Consultant Physician at Central & North West London NHS Foundation Trust • A son is employed as a Business Analyst in the Procurement department at Whittington Health • A son is employed at the Trust as a Research Assistant
Jonathan Gardner Chief Strategy, Digital and	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Nil

Improvement Officer	
Tina Jegede MBE, 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 Company Secretary	• Secretary to the University College London Health Alliance Chief Executives' Group • Member of the North Central London People Board • Member of the North Central London Population Health and Health Inequalities Steering Group • Management Side Co-Chair of the Equality, Diversity, and Inclusion subgroup of the NHS Staff Council <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

REMUNERATION AND STAFF REPORT

The salaries and allowances of senior managers who held office during the year ended 31 March 2024 are shown in the table below. For the purposes of this report, senior managers are defined as the Chief Executive, Non-executive Directors and Executive Directors, and all Board members with voting rights.

Salaries and Allowances 2023/24					AUDITED	
Name and 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
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
Nailesh Rambhai Started 10th October 2023	5-10					5-10
Executive						
Helen Brown - Chief Executive, From 1.4.2023 to 3.12.2023	125-130				0	125-130
Matthew Shaw - Chief Executive, From 4.12.2023 to 31.3.2024	30-35				0	30-35
Kevin Curnow - Chief Finance Officer, and Deputy CEO, left 20th August 2023	55-60				0	55-60
Terry Whittle - Chief Finance officer started 15th November 2023	55-60				0	55-60
Jerry Francine, Acting Chief Finance Officer From 1.7.2023 to 14.11.2023	45-50				17.5-20	65-70
Clare Dollery - Medical Director and Acting Deputy CEO from 4.12.2023	215-220				0	215-220
Norma French - Director of Workforce, Left 31.3.2024	110-115				32.5-35	145-150
Liz O'Hara - Chief People Officer, from 27.3.2024	0				0	0
Jonathan Gardner - Director of Strategy and Corporate Affairs	135-140				5-7.5	140-145
Chinyama Okunuga Chief Operating Officer	120-125	15			47.5-50	170-175
Sarah Wilding Chief Nurse & Director of Allied Health Professionals	130-135				0	130-135
Swarnjit Singh-Joint Director of Inclusion and Trust Company Secretary.	100-105				0	100-105
Tina Jegede-Joint Director of Inclusion and Lead Nurse, Islington care homes	85-90				0	85-90

Liz O'Hara is substantively employed at UCLH NHS Foundation Trust. Liz O'Hara's total remuneration across the two NHS trusts was in the range £0k to £5k for the period 27th to 31st March 2024.

Matthew Shaw is substantively employed at Great Ormond Street Hospital NHS Foundation Trust. Matthew Shaw's total remuneration across the two NHS trusts was in the range £85k to £90k for the period 4th December 2023 to 31st March 2024.

Clare Dollery, Helen Brown and Matthew Shaw chose not to be covered by the pension arrangements during the reporting year

Salaries and Allowances 2022/23						AUDITED	
Name and 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 £2500)	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 Fulup		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					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					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 started 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		55-60				7.5-10	65-70
Tina Jegede-Director of Race,Equality,Diversity and Inclusion and Lead Nurse Islington care homes		50-55				7.5-10	55-60

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 2023/24 **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 2024 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2024 (bands of £5,000)	Cash equivalent transfer value at 31 March 2024 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2023 (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**
Terry Whittle	0	12.5-15	30-35	85-90	603	406	51	8
Tina Jegede	0	0	40-45	115-120	1,055	901	56	8
Swarnjit Singh	0	20-22.5	40-45	110-115	972	756	132	9
Kevin Curnow	0-2.5	0	30-35	0	502	349	38	8
Clare Dollery	0	0	0	0	0	0	0	0
Norma French	0-2.5	0-2.5	50-55	80-85	1,088	858	127	16
Jonathan Gardner	0-2.5	0	30-35	0	473	328	93	20
Jerry Francine	0-2.5	0	20-25	55-60	506	441	1	7
Matthew Shaw	0	0	0	0	0	0	0	0
Liz O'Hara	0	0-2.5	0-5	120-125	973	697	3	0
Helen Brown	0	0	0	0	0	0	0	0
Sarah Wilding	0	30-32.5	55-60	150-155	1,253	949	191	19
Chinyama Okunuga	2.5-5	0	25-30	5-10	419	289	85	18

The Trust's accounting policy in respect of pensions is described in Note 9 of the complete Annual Accounts document that will be uploaded to www.whittington.nhs.uk in September 2024. 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 England 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 2023/24.

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 2023/24 was £190,344 (2022/23: £184,380). This was 4.9 times the median remuneration of the workforce, which was £37,350 (2022/23: 5.2 times, £35,572).

In 2023/24, there was one employee (one in 2022/23) 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 now also requires the disclosure of top to median, lower quartile and upper quartile staff pay multiples (ratios) as part of the Remuneration Report.

These additional requirements are reported below.

The percentage change in remuneration of the highest paid director

In 2023-24, there was a decrease of 5.0% 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 2023-24, (nil in 2022-23).

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

In 2023-24, permanent staff on NHS Agenda for Change Terms and Conditions received a national pay award of 5%.

The range of staff remuneration

The remuneration of all staff ranged from the bands £15k-£20k to £240k-£245k.

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.

	2023-24	2022-23
	£	£
25th percentile	28,407	26,282
Median	37,350	35,572
75th percentile	50,952	48,526

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

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of total remuneration of the organisation's workforce. This is shown as a ratio of the highest paid director's remuneration as compared to the 25th percentile, median and 75th percentile salary.

The banded remuneration of the highest paid director / member of Whittington Health NHS Trust in the financial year 2023-24 was £190k to £195k (2022-23, £180k to £185k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

	2023-24		2022-23	
	£	Highest Paid Director: Ratio	£	Highest Paid Director: Ratio
25th percentile	28,407	6.8	26,282	6.9
Median	37,350	5.2	35,572	5.1
75th percentile	50,952	3.8	48,526	3.8

The highest paid director

In 2023/24, one individual received remuneration in excess of the highest paid Director (one in 2022/23). Remuneration ranged from the bands £15k-£20k to £240k-£245k (2022/23 £15k-£20k to £245k-£250k).

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.

Breakdown of temporary and permanent staff members (staff numbers)

Average Whole Time Equivalent (WTE)	**Permanent Staff 2023-24**	**Temporary Staff 2023-24**	**Permanent Staff 2022-23**	**Temporary Staff 2022-23**
Medical and dental	435	59	492	61
Administration and estates	1,135	298	1,032	249
Healthcare assistants and other support staff	720	145	643	154
Nursing, midwifery and health visiting staff	1,160	207	1,081	246
Scientific, therapeutic and technical staff	871	120	809	119
Total	**4,321**	**829**	**4,057**	**829**

Cost analysis of permanent and temporary staff members

Staff group	23-24 £000	22-23 £000
Permanent Staff		
Admin and estates	68,848	63,399
Medical and dental	62,367	52,605
Nursing and midwives	71,633	67,716
Scientific,Therapeutic and Technical	55,984	53,356
Healthcare assistants and other support staff	27,892	25,014
Aprentice Levy	1,282	1,105
Permanent Total	**288,006**	**263,195**
Temporary Staff		
Admin and estates	9,607	10,223
Medical and dental	13,030	10,737
Nursing and midwives	13,772	15,931
Scientific,Therapeutic and Technical	7,323	6,020
Healthcare assistants and other support staff	5,439	5,838
Temporary Total	**49,171**	**48,749**
Total of Trust Funded Permanent and Temporary	**337,177**	**311,944**

Consultancy expenditure :

The Trust spent £0.4m on consultancy in 2023/24 (£0.1m in 2022/23). The majority of this expenditure was incurred in demand and capacity planning and development of the Trust's recovery service provision.

Off-payroll engagements

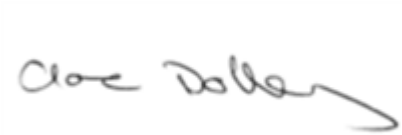
The Trust is required to disclose all off-payroll engagements as of 31 March 2024 for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2023/24

	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			4	20	**4**	**20**		
£10,000 - £25,000			3	47	**3**	**47**		
£25,001 - £50,000			0	0	**0**	**0**		
£50,001 - £100,000			1	95	**1**	**95**		
£100,001 - £150,000			0	0	**0**	**0**		
£150,001 - £200,000			0	0	**0**	**0**		
>£200,000			0	0	**0**	**0**		
Total	**0**	**0**	**8**	**162**	**8**	**162**	**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: ……

Acting Chief Executive: Dr Clare Dollery

Date: 20 June 2024

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

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

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 2024 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, demonstrated through leadership of the risk management process through the Board annually reviewing its risk management strategy and risk appetite and its risks, both emerging and principal, to the delivery of its strategic objectives, and also by the following:

- Leadership of the risk management process through:
  - executive risk leads for each Board Assurance Framework entry
  - Respective board committees reviewing their allocated Board Assurance Framework entries and reporting outcomes to the board and to the audit and risk committee through chair's assurance reports
  - Board members reviewing the Board Assurance Framework and key entries on the Trust Risk Register on a quarterly basis
  - A thorough review of entries on the Trust Risk Register by respective executive leads to ensure that entries were up-to-date and appropriately scored
- The Audit & Risk Committee has delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives and reviews the effectiveness of the Trust's systems of risk management and internal control
- It is supported in this by other Board Committees providing assurance to the board on the effective mitigation of strategic Board Assurance Framework entries and other key risks, as follows:
  - The quality assurance committee reviews and provides assurance to the board on the management of risks relating to *quality and safety strategic*

objective, 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 improvement, performance and digital committee considered risks to the delivery of the Trust's third *sustainability strategic objective* covering its digital strategy and interoperability with sector partners
    - The workforce assurance committee reviews all risks to the delivery of the organisation's *people strategic objective*, and their effective mitigation. It is supported in this by the quality assurance committee which also monitors those workforce risks related to patient quality and safety
    - The trust management group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
    - In addition, performance reviews for each Integrated Clinical Service Unit considered their key respective risks
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management is in place for all staff
- The chief executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from risk managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

The 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:

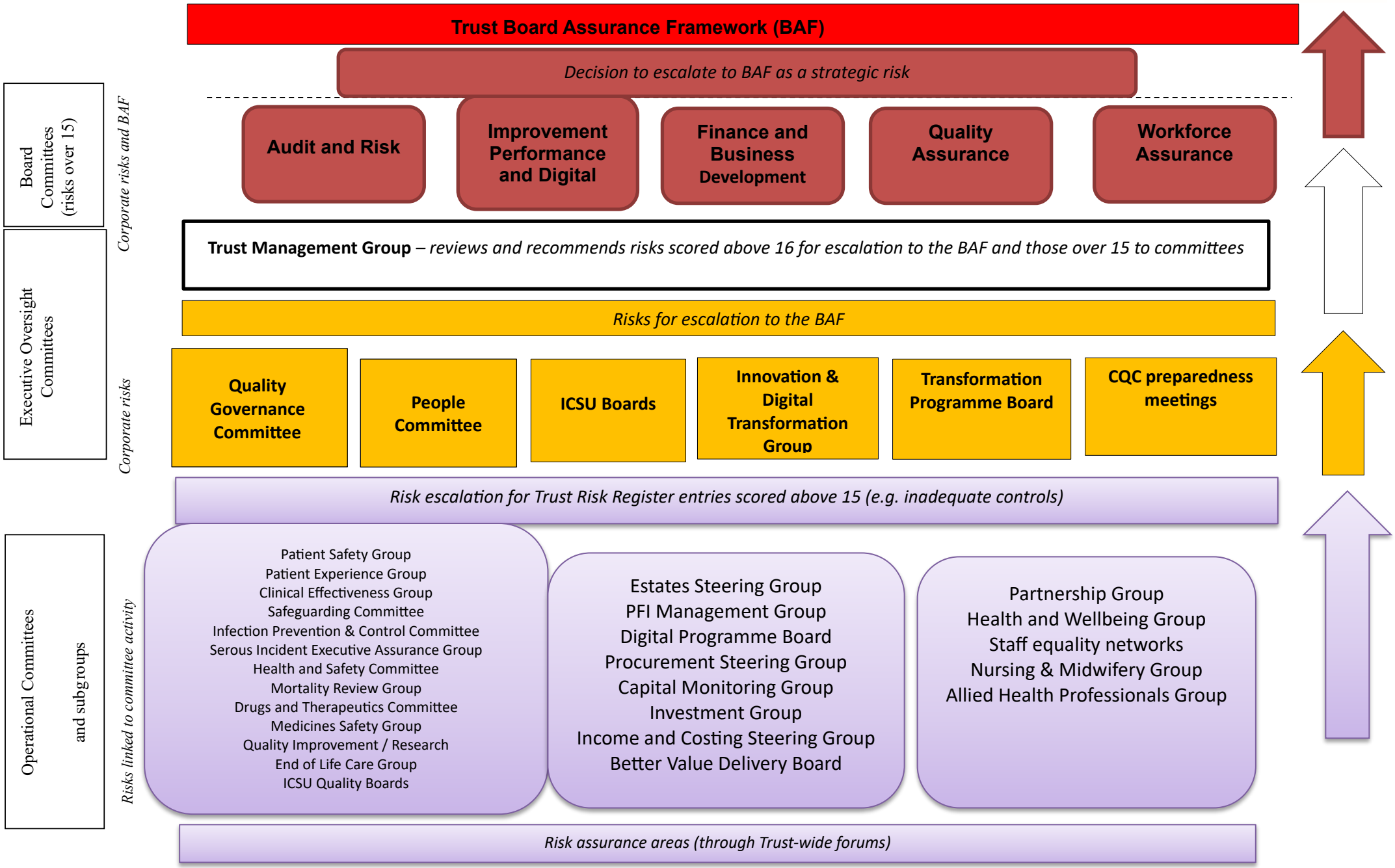
- embed the effective management of risk as part of everyday practice
- support a culture which encourages continuous improvement and development
- focus on proactive, forward looking, innovative and comprehensive rather than reactive risk management
- support well thought out decision-making

Risk management process

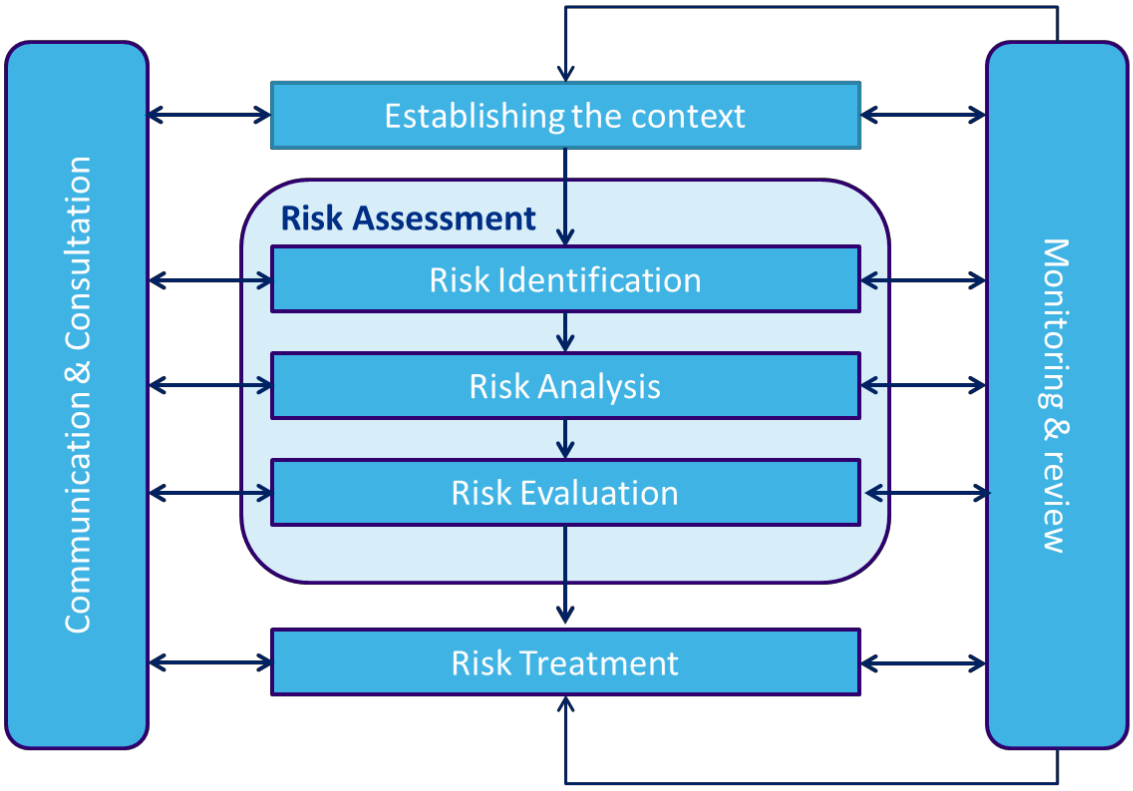
Whittington Health adopts a structured approach to risk management by identifying, analysing, evaluating and managing risks. Where appropriate, staff will escalate or de-escalate risks through the governance structures in place at the Trust as shown overleaf.

NHS
Whittington Health
NHS Trust

Trust-wide review and escalation of strategic risks



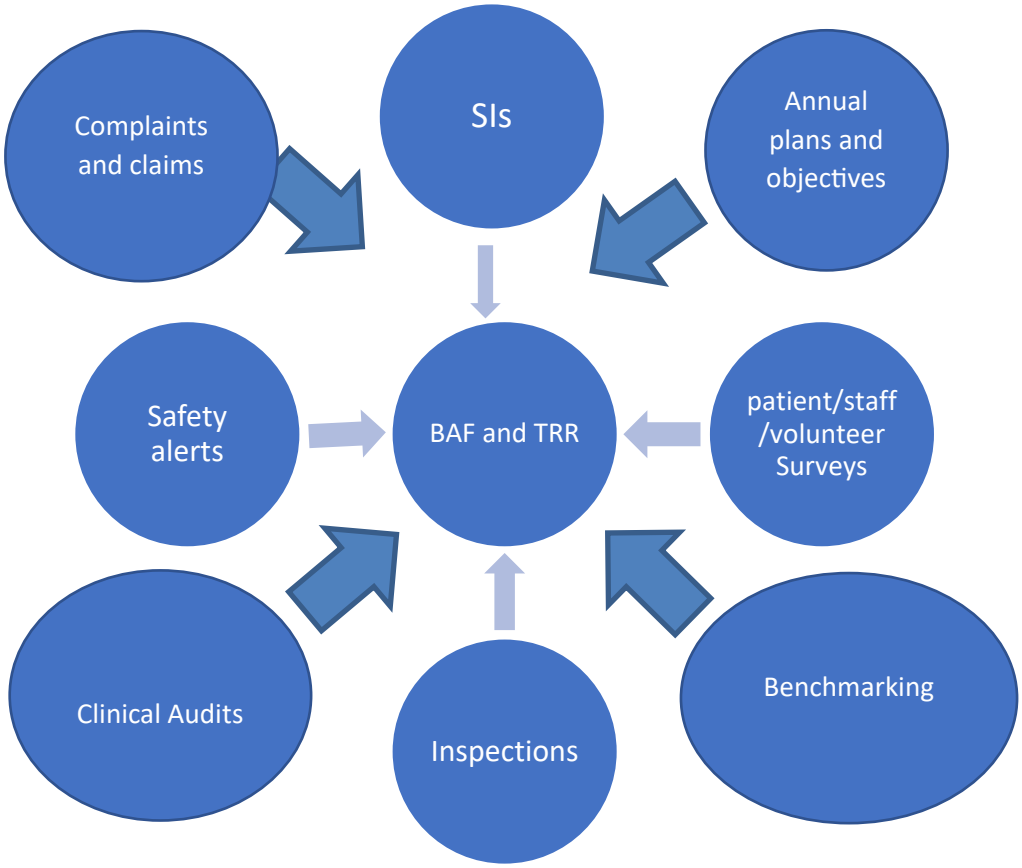
A snapshot of the Trust's risk management process is highlighted below



ISO 3000 Process Diagram

Risk identification

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



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

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

Risk assessment

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

Risk analysis and evaluation

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

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

Risk control – monitoring, review and resolution

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

There are four main ways to manage risks utilised by the Trust which 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 onto 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 at

the April 2023 Board meeting. RSM also completed a review of risk management arrangements in May 2024 and concluded that there was a good level of maturity and assurance within the risk management arrangements evidenced through the Board Assurance Framework and Trust Risk Register. In particular, the review highlighted the following good evidence:

- The Trust had a Risk Management Framework underpinned by a Risk Management Policy and Procedure. Both of these documents had recently been updated in line with the recommendations from previous internal audit reviews and actions raised which evidences the commitment by management for continuous improvement and development.
- The current Framework and Policies and Procedures in place provided sufficient foundation and guidance around the risk management processes of the Trust including risk appetite, risk methodology, risk assessment and identification of risks, the Board Assurance Framework, Trust Risk Registers, and training.
- The BAF provided the Trust Board and its Committees with assurances that the Trust is managing risks to delivery of its four strategic objectives - Quality, People, Integration and Sustainable.
- At the time of the audit, nine principal risks (BAF entries) had been identified across the four strategic objectives. Each had controls and assurances in place to demonstrate how risks are being mitigated and managed across a tiered assurance level.

Board Assurance Framework

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

Structure and presentation

The 2023/24 Board Assurance Framework (BAF) covers risks to the delivery of Whittington health's four strategic objectives: quality and safety, people, integration and sustainable. Its entries are detailed on pages 53-55 of this annual report.

Assurances and gaps

The BAF includes assurances and these were rated as relevant to the control/risk reported on. 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 director risk leads and key Board Committees review risks relevant to their terms of reference as set out previously).

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. 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, each quarter by the Trust Board

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

- The clinical governance agenda is led by the Trust's Chief Nurse and Director of Nursing Allied Health Professionals and the Medical Director. Monitoring arrangements are delivered through a structure of committees, supporting clear responsibilities and accountabilities from board to front line delivery
- The Quality Assurance Committee is a key committee of the Board, which affords scrutiny and monitoring of our risk management process and has oversight of the quality agenda. Serious incidents and the monitoring of the Corporate Risk Register is a standing item
- The Trust's clinical governance structure ensures there are robust systems in place for key governance and performance issues to be escalated from frontline services to the 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 work on the 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)

The Board of Directors

- Membership of the Board of Directors is currently made up of seven independent non-executive directors, including the Trust chair, and seven executive directors, of which five are voting members of the Board, and a Director of Inclusion, held jointly. In line with the code of governance for NHS provider trusts, the Board can confirm the independence of its non-executive directors as they have been appointed by NHS England and are not/have not been:

- an employee of the trust within the last two years
- has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust
- has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme
- has close family ties with any of the trust's advisers, directors or senior employees
- holds cross-directorships or has significant links with other directors through involvement with other companies or bodies
- has served on the trust board for more than six years from the date of their first appointment is an appointed representative of the trust's university medical or dental school.

The key roles and responsibilities of the Board are as follows to:

- set and oversee the strategic direction of the Trust
- review and appraisal of 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 high quality patient quality and safety 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 internal auditor's report and external auditor's report and to take decisions, as appropriate
- agree the Trust's annual budget and plan and submissions to NHS England
- approve the annual report and annual accounts
- certify against the requirements of NHS provider licence conditions

The Board of Directors met six times during the year. A breakdown of attendance for the Board's meetings held in 2023/24 is shown below:

Job title and name (*denotes non-voting member of the Board)	**Public Board meeting attended (out of 6)**
Chair and Non-Executive Director, Julia Neuberger	6
Non-Executive Director, Junaid Bajwa	3
Non-Executive Director, Naomi Fulop	6

Non-Executive Director, Amanda Gibbon	6
Non-Executive Director, Nailesh Rambhai (from 10 October 2023)	3 out of 3
Non-Executive Director, Glenys Thornton	6
Non-Executive Director, Rob Vincent	6
Chief Executive, Helen Brown (to 3 December 2023)	4 out of 4
Interim Accountable Officer, Matthew Shaw (4 December 2023 to 31 March 2024)	2 out of 2
Acting Deputy Chief Executive and Medical Director, Clare Dollery	5
Chief Finance Officer, Kevin Curnow (to 20 August 2023)	2 out of 2
Jerry Francine, Interim Chief Finance Officer (1 July 2023 to 14 November 2023)	1 out of 1
Chief Finance Officer, Terry Whittle (from 15 November 2023)	3 out of 3
Chief People Officer, Liz O'Hara (from 27 March 2024)	Not applicable as joined on 27 March 2024
Chief Operating Officer, Chinyama Okunuga	6
Chief Nurse & Director of Allied Health Professionals Sarah Wilding	6
Director of Workforce, Norma French* (to 31 March 2024)	6
Chief Strategy, Digital and Improvement Officer, Jonathan Gardner*	6
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 committees within the structure that provided assurance to the Board of Directors were audit and risk, charitable funds, improvement, performance and digital, quality assurance, finance and business development; remuneration, workforce assurance; and a partnership development committee with University College London Hospitals NHS Foundation Trust. There are 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. Following each board committee meeting, the chair submits an assurance report to the board escalating any areas of concern and also highlighting items from which good or reasonable assurance was taken at the meeting.

Audit and Risk Committee

The audit and risk committee is a formal committee of the Board and 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 on its assurance role by the finance & business development, quality 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. In 2023/24, the audit and risk committee met five times in 2023/24.

Charitable Funds Committee

This forum is a formal committee of the Board, to provide assurance to the Board on the management of charitable funds and its strategy for fundraising activities. The committee met four times during the year.

Improvement, Performance and Digital Committee

This forum is a formal committee of the Board with a remit to provide assurance to the Board on the delivery of the Trust's digital strategy and on performance against key national and local indicators. The committee met four times in 2023/24.

Quality Assurance Committee

The quality assurance committee is a formal committee of the Board and 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 has lead responsibility for clinical governance matters. 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. During quarter four, this committee took over responsibility for reviewing the mitigation of risks to the delivery of the Integration 2 BAF entry which relates to local health inequalities. The Committee met six times during the year, with its November 2023 meeting shortened due to emergency planning pressures and arrangements.

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. The committee held six meetings last year.

Partnership Development Committee

This forum was established with University College London Hospitals NHS Foundation Trust to increase the opportunities for collaboration between the two NHS organisations. This Committee met three times during 2023/24.

Remuneration Committee

The Trust's remuneration committee met twice during 2023/24. It is a standing committee of the board responsible for identifying and appointing candidates to fill executive director positions on the board and for determining their remuneration and other conditions of service and for reviewing succession planning arrangements.

Workforce Assurance Committee

The workforce assurance committee met four times during 2023/24 and 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 and the annual outcomes for Equality Standard submissions to NHS England. 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.

Independent review of leadership and governance using the NHS well-led framework

The Trust commissioned an external review, in line with good governance practice, which was carried out by Deloitte LLP. The review concluded that the board comprised high calibre non-executive directors and executive director with experience of in leadership and governance from a variety of NHS organisations and was operating to a good standard. The review also highlighted various areas of good practice in relation to governance and risk, digital, stakeholder engagement, and learning and development, as well as recommendations for further improvements. The trust board has agreed an action plan to implement the review's findings which is being taken forward.

Workforce planning

As in previous years, workforce assumptions were contained in our annual plan submission to the North Central London Integrated Care System. Our workforce planning process was aligned and integrated with the Trust's business planning process and 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 2023/24, 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
- High level risks were reported to Workforce Assurance Committee quarterly
- Safe nurse staffing levels were monitored continuously, supported by ongoing assessments of patient acuity.
- 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 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 the Trust's obligations under equality, diversity and human rights legislation are complied with. This includes oversight and assurance provided by the Trust Management Group and Workforce Assurance Committee and Trust Board. These corporate governance forums reviewed and approved the Trust's annual workforce disability and race equality standard submissions to NHS England. In addition, they also agreed the Trust's statutory annual public sector duty report for publication to demonstrate compliance with duties contained in the 2010 Equality Act.

The Trust undertook risk assessments on the effects of climate change and severe weather and have developed a Green Plan following the guidance of the Greener NHS programme. The Trust also ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with as part of our emergency planning and business continuity plans.

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

In 2020, 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 2023/24, Whittington Health had in place a range of processes which helped to ensure that it continued to use resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- adherence to guidance issued by NHS England and Improvement by establishing robust systems for the identification of additional costs incurred due to Covid-19 pandemic and for the delivery of operational priorities during set out for H1 and H2
- 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 RSM 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 committee
- an external audit of our accounts by KPMG LLP who also provided an independent view of the Trust's effective and efficient use of resources, particularly against value for money considerations
- good performance under NHS England's Oversight Framework for NHS providers

Information governance

During 2023/24, Whittington Health is pleased to confirm that there were no reportable incidents and outcomes of investigations in relation to information governance breaches.

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 (DQ) 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
- The integrated performance report uses statistical process control charts to help performance monitoring and accountability

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

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's Quality Assurance Committee provides assurance on the Quality Account and the quality priorities and along with other Board committees helps to ensure the maintenance of effective risk management and quality governance systems.

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 reasonably would 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

Code of governance for NHS provider trusts

With reference to code provisions, the Trust's current, independent external auditors, KPMG LLP, were appointed following a full competitive tender exercised for approved providers on the NHS framework. Their core contract tenure is from 1 April 2023 to 31 March 2026, with extension options available.

Whittington Health NHS Trust submitted its draft annual accounts in advance of the national deadline on 24th April. The Trust's policy is that its external auditor provider is not normally requested to provide any non-audit services.

Members of the Audit and Risk Committee met on 22 May specifically to consider the key points from the draft financial statements and noted a summary of audit progress as presented by KPMG in relation to the financial statements. The key points included: the reconciliation of the reported deficit of £8.7m with the adjusted financial performance surplus of £606k; changes in the value of land and buildings; a cumulative breakeven assessment; the closing cash balance which was £8.2m in excess of plan; the delivery of a capital expenditure programme totalling £43.1m; the review of the Trust's provisions; and the receipt of public dividend capital totalling £17.2m in 2023/24.

The annual report and accounts have been prepared with significant review, discussion and contributions from executive and non-executive director members of the Audit and Risk Committee. The executive team and trust management group members have reviewed and provided extensive input for the annual report iterations. The annual report and accounts are usually approved by the Trust's Board. However, as the deadline for submission of the annual report and accounts clashes with the Trust's normal Board meeting to approve them, the Board provided delegated authority to the Audit and Risk Committee to agree both documents for the submission on 28 June 2024. The assessments by the accountable officer and other directors that the annual report and accounts are fair, balanced and understandable and provide the necessary information for stakeholders to assess Whittington Health performance, business model and strategy are shown on the penultimate two pages of this Annual Report.

The Trust departed from the code of governance for NHS providers trusts, in relation to provision D2.1. There was a change in the chair of the audit and risk committee in February 2024, in response to the previous chair having to take on duties externally as acting chief executive of the Electoral Commission. The Trust's vice-chair then became chair of the audit and risk committee. This was agreed by the Board as a proportionate response. In July 2024, the Board will review the non-executive director members and chairs of its committees and once again be compliant with the code.

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.

Head of Internal Audit's Annual Opinion

In June 2024, RSM, the Trust's internal auditors confirmed that:

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

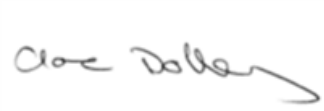
This opinion was based on the positive assessments of reasonable assurance for internal reviews completed during the financial year. This included a substantial assurance rating for the review of key financial controls. Ratings of reasonable assurance were given for reviews of incidents – controlled drugs, Covid-19 preparation for the public inquiry, payroll services, workforce information and Board Assurance Framework and Trust Risk Register. A rating of partial assurance was received for reviews of complaints, data quality, discharge management and the emergency and integrated medicine's clinical division's risk management.

The overall opinion is consistent with the those for preceding years which demonstrate a good level of effectiveness in the Trust's system of internal control.

Conclusion

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

Signed:



Acting Chief Executive: Dr Clare Dollery

Date: 20 June 2024

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

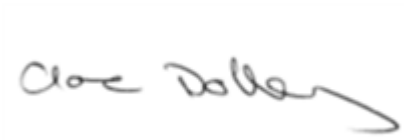
The Chief Executive of NHS England, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.*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



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Acting Chief Executive: Dr Clare Dollery

Date: 20 June 2024

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Date...20 June 2024...Acting Chief Executive: Dr Clare Dollery

Date....20 June 2024 Finance Director: Terry Whittle

Whittington Health NHS Trust

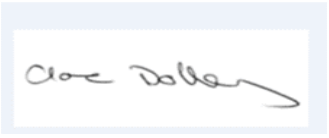
Annual Accounts for the year ended 31 March 2024

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	436,160	400,191
Other operating income	4	29,658	31,366
Operating expenses	6, 8	(470,061)	(420,749)
Operating surplus/(deficit) from continuing operations		**(4,243)**	**10,808**
Finance income	10	3,592	1,922
Finance expenses	11	(2,179)	(2,364)
PDC dividends payable		(5,881)	(5,385)
Net finance costs		**(4,468)**	**(5,827)**
Surplus / (deficit) for the year		**(8,711)**	**4,981**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(19,055)	(5,936)
Revaluations	15	581	6,749
May be reclassified to income and expenditure when certain conditions are met:			
Total comprehensive income / (expense) for the period		**(27,185)**	**5,794**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(8,711)	4,981
Remove net impairments not scoring to the Departmental expenditure limit		9,257	1,565
Remove I&E impact of capital grants and donations		60	92
Adjusted financial performance surplus / (deficit)		**606**	**6,638**

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	12	5,700	8,397
Property, plant and equipment	13	260,381	260,614
Right of use assets	17	36,114	36,445
Receivables	20	679	772
Total non-current assets		**302,874**	**306,228**
Current assets			
Inventories	19	1,090	942
Receivables	20	27,016	25,693
Cash and cash equivalents	21	68,548	72,990
Total current assets		**96,654**	**99,625**
Current liabilities			
Trade and other payables	22	(92,997)	(80,778)
Borrowings	24	(3,954)	(2,920)
Provisions	25	(220)	(622)
Other liabilities	23	(3,470)	(2,701)
Total current liabilities		**(100,641)**	**(87,021)**
Total assets less current liabilities		**298,887**	**318,833**
Non-current liabilities			
Borrowings	24	(37,105)	(39,259)
Provisions	25	(25,266)	(33,113)
Total non-current liabilities		**(62,371)**	**(72,372)**
Total assets employed		**236,516**	**246,460**
Financed by			
Public dividend capital		137,948	120,707
Revaluation reserve		80,304	98,778
Income and expenditure reserve		18,264	26,975
Total taxpayers' equity		**236,516**	**246,460**



Name

Position Acting Chief Executive

Date 20 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**120,707**	**98,778**	**26,975**	**246,460**
Surplus/(deficit) for the year	-	-	(8,711)	**(8,711)**
Impairments	-	(19,055)	-	**(19,055)**
Revaluations	-	581	-	**581**
Public dividend capital received	17,241	-	-	**17,241**
Taxpayers' and others' equity at 31 March 2024	**137,948**	**80,304**	**18,264**	**236,516**

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**

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.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(4,243)	10,808
Non-cash income and expense:			
Depreciation and amortisation	6.1	18,675	17,143
Net impairments	7	9,257	1,565
(Increase) in receivables and other assets		(1,281)	(12,654)
(Increase) in inventories		(148)	(154)
Increase in payables and other liabilities		9,267	15,425
(Decrease) in provisions		(9,639)	(10,007)
Net cash flows from / (used in) operating activities		**21,888**	**22,126**
Cash flows from investing activities			
Interest received		3,529	1,633
Purchase of intangible assets		-	(1,347)
Purchase of PPE and investment property		(35,652)	(25,772)
Net cash flows from / (used in) investing activities		**(32,123)**	**(25,486)**
Cash flows from financing activities			
Public dividend capital received		17,241	6,853
Movement on loans from DHSC		(116)	(116)
Capital element of finance lease rental payments		(4,909)	(5,353)
Interest on loans		(47)	(53)
Other interest		(11)	(3)
Interest paid on finance lease liabilities		(730)	(894)
PDC dividend (paid) / refunded		(5,635)	(5,500)
Net cash flows from / (used in) financing activities		**5,793**	**(5,066)**
Increase / (decrease) in cash and cash equivalents		**(4,442)**	**(8,426)**
Cash and cash equivalents at 1 April - brought forward		**72,990**	**81,416**
Cash and cash equivalents at 31 March	21	**68,548**	**72,990**

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 2023/24 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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England and NCL ICB based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within 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 differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

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 and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

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 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 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.
In discussion with the Trust, and having regard to guidance set out in the October 2023 RICS publication “Existing use value (EUV) valuations for UK public sector financial statements”, the Valuer formed the conclusion that a number of the community building assets should be classified as specialised and utilise a DRC method of valuation as shown in the paragraph above.
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 on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.
This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the Trust controls and from which it is obtaining economic benefits at the year end.

Private Finance Initiative (PFI) transactions

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 financialarrangements 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	49
Plant & machinery	5	15
Information technology	3	10
Furniture & fittings	5	10

Note 1.8 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	3	5

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of pharmacy drugs inventories is measured using the first in, first out (FIFO) method.

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.

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

Note 1.10 Cash and cash equivalents

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

Note 1.11 Financial assets and financial liabilities

Recognition

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.

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 are 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 as 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

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

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

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

Derecognition

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

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

Note 1.12 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 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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 in 2022/23

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

The standard was 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 were only 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 were not 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 was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were 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 had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

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

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

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 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 25.1 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 1.14 Contingencies

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

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

Note 1.15 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, 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 1.16 Value added tax

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

Note 1.17 Third party assets

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

Note 1.18 Losses and special payments

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

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

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.20 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made inthe 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. GeraldEve LLP, 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 inaccordance 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 areprepared. 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 suchdetermination is made. The carrying amounts and basis of the Trust's provisions are detailed in Note 34 to the Accounts.

Note 1.21 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 berelevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continuallyreviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if therevision affects only that period, or in the period of the revision and future periods if the revision affects both currentand 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 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 2024 to cover relevant potential liabilities. The Trust has reviewed the level at which the provision is held as at 31st March 2024, 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 2024, 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)	2023/24 £000	2022/23 £000
Acute services		
Income from commissioners under API contracts - variable element*	52,984	
Income from commissioners under API contracts - fixed element*	259,230	265,617
High cost drugs income from commissioners	12,057	11,324
Other NHS clinical income	3,733	3,210
Mental health services		
Services delivered under a mental health collaborative	3,100	2,747
Community services		
Income from commissioners under API contracts*	77,985	76,041
Income from other sources (e.g. local authorities)	13,336	12,080
All services		
Private patient income	29	60
Elective recovery fund	-	7,891
National pay award central funding***	168	8,495
Additional pension contribution central funding**	11,880	10,861
Other clinical income	1,658	1,865
Total income from activities	**436,160**	**400,191**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**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.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	34,859	54,063
Clinical commissioning groups		76,636
Integrated care boards	379,445	249,530
Other NHS providers	6,833	5,957
Local authorities	13,336	12,080
Non-NHS: private patients	29	60
Non-NHS: overseas patients (chargeable to patient)	436	488
Injury cost recovery scheme	419	532
Non NHS: other	803	845
Total income from activities	**436,160**	**400,191**

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

	2023/24	2022/23
	£000	£000
Income recognised this year	436	488
Cash payments received in-year	286	147
Amounts written off in-year	88	962

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	705	-	**705**	443	-	**443**
Education and training	17,645	-	**17,645**	17,205	-	**17,205**
Non-patient care services to other bodies	7,657		**7,657**	7,275		**7,275**
Reimbursement and top up funding				1,204		**1,204**
Charitable and other contributions to expenditure		181	**181**		694	**694**
Revenue from operating leases		893	**893**		874	**874**
Other income	2,577	-	**2,577**	3,671	-	**3,671**
Total other operating income	**28,584**	**1,074**	**29,658**	**29,798**	**1,568**	**31,366**

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.

Note 5.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	893	874
Total in-year operating lease income	**893**	**874**

Note 5.2 Future lease receipts

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	893	874
- later than one year and not later than two years	893	801
- later than two years and not later than three years	893	801
- later than three years and not later than four years	893	801
- later than four years and not later than five years	893	801
- later than five years	4,465	4,005
Total	**8,930**	**8,083**

Note 6.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	736	1,118
Staff and executive directors costs	337,177	311,944
Remuneration of non-executive directors	120	126
Supplies and services - clinical (excluding drugs costs)	35,163	28,233
Supplies and services - general	8,154	6,786
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	16,474	15,242
Consultancy costs	415	1,004
Establishment	11,406	8,024
Premises	25,178	23,800
Transport (including patient travel)	2,734	2,544
Depreciation on property, plant and equipment	16,004	14,482
Amortisation on intangible assets	2,671	2,661
Net impairments	9,257	1,565
Movement in credit loss allowance: contract receivables / contract assets	421	(763)
Increase/(decrease) in other provisions	(9,302)	(10,101)
Fees payable to the external auditor		
audit services- statutory audit	158	136
other auditor remuneration (external auditor only)	-	-
Internal audit costs	84	88
Clinical negligence	8,913	9,902
Legal fees	485	513
Insurance	252	254
Research and development	471	554
Education and training	2,086	1,645
Expenditure on short term leases	91	235
Other	913	757
Total	**470,061**	**420,749**

Note 6.2 Other auditor remuneration

	2023/24	2022/23
	£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 (2022/23: £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

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	9,257	1,565
Total net impairments charged to operating surplus / deficit	**9,257**	**1,565**
Impairments charged to the revaluation reserve	19,055	5,936
Total net impairments	**28,312**	**7,501**

Note 8 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	256,336	234,672
Social security costs	24,672	23,887
Apprenticeship levy	1,282	1,103
Employer's contributions to NHS pensions	38,894	35,411
Pension cost - other	-	14
Termination benefits	-	15
Temporary staff (including agency)	16,867	17,506
Total gross staff costs	**338,051**	**312,608**
Of which		
Costs capitalised as part of assets	874	664

Note 8.1 Retirements due to ill-health

During 2023/24 there were 5 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £459k (£112k in 2022/23).

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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%).

The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 10 Finance income

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts	3,592	1,922
Total finance income	**3,592**	**1,922**

Note 11.1 Finance expenditure

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

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	47	51
Interest on lease obligations	731	894
Interest on late payment of commercial debt	11	3
Total interest expense	**789**	**948**
Unwinding of discount on provisions	1,390	1,416
Total finance costs	**2,179**	**2,364**

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

	2023/24	2022/23
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	11	3

Note 12.1 Intangible assets - 2023/24

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**18,511**	**-**	**18,511**
Reclassifications	(26)	-	**(26)**
Valuation / gross cost at 31 March 2024	**18,485**	**-**	**18,485**
Amortisation at 1 April 2023 - brought forward	**10,114**	**-**	**10,114**
Provided during the year	2,671	-	**2,671**
Amortisation at 31 March 2024	**12,785**	**-**	**12,785**
Net book value at 31 March 2024	**5,700**	**-**	**5,700**
Net book value at 1 April 2023	**8,397**	**-**	**8,397**

Note 12.2 Intangible assets - 2022/23

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**17,164**	**-**	**17,164**
Additions	-	1,347	**1,347**
Reclassifications	1,347	(1,347)	**-**
Valuation / gross cost at 31 March 2023	**18,511**	**-**	**18,511**
Amortisation at 1 April 2022 - as previously stated	**7,453**	**-**	**7,453**
Prior period adjustments	-	-	**-**
Amortisation at 1 April 2022 - restated	**7,453**	**-**	**7,453**
Provided during the year	2,661	-	**2,661**
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 13.1 Property, plant and equipment - 2023/24

	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 2023 - brought forward	**47,888**	**163,345**	**30,571**	**25,500**	**13,159**	**281**	**280,744**
Additions	-	19,182	11,675	4,726	4,231	-	**39,814**
Impairments	(9,752)	(18,560)	-	-	-	-	**(28,312)**
Revaluations	-	581	-	-	-	-	**581**
Reclassifications	1,050	(737)	(313)	-	26	-	**26**
Disposals / derecognition	-	-	(573)	-	-	-	**(573)**
Valuation/gross cost at 31 March 2024	**39,186**	**163,811**	**41,360**	**30,226**	**17,416**	**281**	**292,280**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**-**	**-**	**13,385**	**6,520**	**225**	**20,130**
Provided during the year	-	5,396	-	3,727	2,618	28	**11,769**
Accumulated depreciation at 31 March 2024	**-**	**5,396**	**-**	**17,112**	**9,138**	**253**	**31,899**
Net book value at 31 March 2024	**39,186**	**158,415**	**41,360**	**13,114**	**8,278**	**28**	**260,381**
Net book value at 1 April 2023	**47,888**	**163,345**	**30,571**	**12,115**	**6,639**	**56**	**260,614**

Note 13.2 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 - as previously stated	**47,283**	**169,480**	**20,481**	**24,176**	**12,967**	**281**	**274,668**
Prior period adjustments	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2022 - restated	**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 - as previously stated	**-**	**13,972**	**-**	**9,881**	**4,433**	**188**	**28,474**
Accumulated depreciation at 1 April 2022 - restated	**-**	**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 13.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	39,186	158,182	41,360	13,035	8,278	28	**260,069**
Owned - donated/granted	-	233	-	79	-	-	**312**
Total net book value at 31 March 2024	**39,186**	**158,415**	**41,360**	**13,114**	**8,278**	**28**	**260,381**

Note 13.4 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 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 15 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2024 by qualified independent valuers Gerald Eve LLP. 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 -

	31st March 2024	31st March 2023
Impairments		
Taken to Reserves	19,055	5,936
Taken to SoCI	9,257	1,565
Total Impairments	**28,312**	**7,501**
Revaluations		
	581	**6,749**
Net (Impairment) / Revaluation	**(27,731)**	**(752)**

Note 16 Leases - Whittington Health NHS Trust as a lessee

The Trust has several leased premises which provide local healthcare facilities.

Note 17 Right of use assets - 2023/24

	Property (land and buildings) £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	**40,580**	**40,580**	**35,684**
Additions	479	**479**	-
Remeasurements of the lease liability	3,425	**3,425**	3,425
Valuation/gross cost at 31 March 2024	**44,484**	**44,484**	**39,109**
Accumulated depreciation at 1 April 2023 - brought forward	**4,135**	**4,135**	**3,571**
Provided during the year	4,235	**4,235**	3,599
Accumulated depreciation at 31 March 2024	**8,370**	**8,370**	**7,170**
Net book value at 31 March 2024	**36,114**	**36,114**	**31,939**
Net book value at 1 April 2023	**36,445**	**36,445**	**32,113**

Net book value of right of use assets leased from other NHS providers	562
Net book value of right of use assets leased from other DHSC group bodies	31,377

Note 17.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**
IFRS 16 implementation - adjustments for existing operating leases / subleases	38,398	**38,398**	35,684
Additions	2,182	**2,182**	-
Valuation/gross cost at 31 March 2023	**40,580**	**40,580**	**35,684**
Accumulated depreciation at 1 April 2022 - brought forward	-	**-**	-
Provided during the year	4,135	**4,135**	3,571
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 at 1 April 2022	**-**	**-**	**-**

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 17.2 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.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	**40,439**	**4,833**
Prior period adjustments		(0)
Carrying value at 31 March - restated	**40,439**	**4,833**
IFRS 16 implementation - adjustments for existing operating leases		38,777
Lease additions	479	2,182
Lease liability remeasurements	3,425	-
Interest charge arising in year	731	894
Lease payments (cash outflows)	(5,639)	(6,247)
Carrying value at 31 March	**39,435**	**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 17.3 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	3,838	-	2,804	-
- later than one year and not later than five years;	20,349	18,172	37,635	33,065
- later than five years.	15,248	13,790	-	-
Total gross future lease payments	**39,435**	**31,962**	**40,439**	**33,065**
Finance charges allocated to future periods	-	-	-	-
Net lease liabilities at 31 March 2024	**39,435**	**31,962**	**40,439**	**33,065**
Of which:				
Leased from other NHS providers		564		700
Leased from other DHSC group bodies		31,398		32,365

Note 18 Investments in associates and joint ventures

The Trust is a member of the all provider collaborative within North Central London. The collaborative comprises 14 partners (4 acute trusts, 3 specialist trusts, 2 community trusts, 3 mental health trusts, a GP provider alliance and UCL). The collaborative is funded through annual contributions from all 14 partners. At a Board meeting in September 2023, it was agreed that the UCL Health Alliance, previously a company limited by guarantee, would move into UCLP, effective 31st October 2023. The alliance was renamed from "UCL Health Alliance" to the "NCL Health Alliance".

Note 19 Inventories

	31 March 2024	31 March 2023
	£000	£000
Drugs	1,090	942
Total inventories	**1,090**	**942**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £16,507k (2022/23: £15,936k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £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 2023/24 the Trust received £181k of items purchased by DHSC (2022/23: £694k).

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

Note 20.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	26,163	24,887
Allowance for impaired contract receivables / assets	(4,188)	(3,948)
Allowance for other impaired receivables	(647)	(647)
Prepayments (non-PFI)	3,221	3,375
Interest receivable	352	289
PDC dividend receivable	-	115
VAT receivable	353	775
Other receivables	1,762	847
Total current receivables	**27,016**	**25,693**
Non-current		
Contract receivables	432	439
Other receivables	247	333
Total non-current receivables	**679**	**772**
Of which receivable from NHS and DHSC group bodies:		
Current	18,246	16,581
Non-current	247	333

Note 20.2 Allowances for credit losses

	2023/24		2022/23	
	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	**3,948**	**647**	**4,711**	**647**
Allowances as at 1 April - restated	**3,948**	**647**	**4,711**	**647**
New allowances arising	1,213	-	330	-
Reversals of allowances	(792)	-	(1,093)	-
Utilisation of allowances (write offs)	(181)	-	-	-
Allowances as at 31 Mar 2024	**4,188**	**647**	**3,948**	**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.

	2023/24	2022/23
	£000	£000
At 1 April	**72,990**	**81,416**
Net change in year	(4,442)	(8,426)
At 31 March	**68,548**	**72,990**
Broken down into:		
Cash at commercial banks and in hand	432	52
Cash with the Government Banking Service	68,116	72,938
Total cash and cash equivalents as in SoFP	**68,548**	**72,990**
Total cash and cash equivalents as in SoCF	**68,548**	**72,990**

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 2024	31 March 2023
	£000	£000
Bank balances	7	7
Monies on deposit	-	-
Total third party assets	**7**	**7**

Note 22.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	22,938	13,229
Capital payables	9,220	5,630
Accruals	48,442	51,165
Social security costs	3,574	3,431
Other taxes payable	3,557	3,459
PDC dividend payable	131	-
Pension contributions payable	4,100	3,703
Other payables	1,035	161
Total current trade and other payables	**92,997**	**80,778**
Non-current		
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	12,590	7,334
Non-current	-	-

Note 23 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	3,470	2,701
Total other current liabilities	**3,470**	**2,701**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 24.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Loans from DHSC	116	116
Lease liabilities	3,838	2,804
Total current borrowings	**3,954**	**2,920**
Non-current		
Loans from DHSC	1,508	1,624
Lease liabilities	35,597	37,635
Total non-current borrowings	**37,105**	**39,259**

Note 24.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**1,740**	**40,439**	**42,178**
Cash movements:			
Financing cash flows - payments and receipts of principal	(116)	(4,909)	**(5,025)**
Financing cash flows - payments of interest	(47)	(730)	**(777)**
Non-cash movements:			
Additions	-	479	**479**
Lease liability remeasurements	-	3,425	**3,425**
Application of effective interest rate	47	731	**778**
Carrying value at 31 March 2024	**1,624**	**39,435**	**41,058**

	Loans from DHSC	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2022	**1,858**	**4,833**	**6,691**
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 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	**1,600**	**217**	**236**	**31,683**	**33,735**
Change in the discount rate	-	-	-	(54)	**(54)**
Arising during the year	-	-	-	2,234	**2,234**
Utilised during the year	(189)	(32)	(30)	(4)	**(255)**
Reversed unused	-	-	-	(11,579)	**(11,579)**
Unwinding of discount	37	8	11	1,349	**1,405**
At 31 March 2024	**1,448**	**193**	**217**	**23,629**	**25,486**
Expected timing of cash flows:					
- not later than one year;	188	32	-	-	**220**
- later than one year and not later than five years;	1,260	161	217	23,629	**25,266**
- later than five years.	(0)	0	(0)	(0)	**(0)**
Total	**1,448**	**193**	**217**	**23,629**	**25,486**

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 2024, £122,767k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Whittington Health NHS Trust (31 March 2023: £139,998k).

Note 26 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	(18)	(15)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**(18)**	**(15)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(18)**	**(15)**
Net value of contingent assets	**-**	**2,046**

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 asat 31 March 2024, and should not be taken as admission of any liability on the part of the Trust.

Note 27 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	5,808	8,426
Total	**5,808**	**8,426**

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 Lancashire Teaching Hospitals 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 liabilitiesoriginating 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 England & 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 2024 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 (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Prudential Borrowing Limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	23,777	23,777
Cash and cash equivalents	68,548	68,548
Total at 31 March 2024	**92,325**	**92,325**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E
	£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**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,624	**1,624**
Obligations under leases	39,435	**39,435**
Trade and other payables excluding non financial liabilities	80,600	**80,600**
Total at 31 March 2024	**121,659**	**121,659**

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**
Trade and other payables excluding non financial liabilities	72,728	**72,728**
Total at 31 March 2023	**114,907**	**114,907**

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 2024 £000	31 March 2023 £000
In one year or less	84,554	75,649
In more than one year but not more than five years	20,813	38,103
In more than five years	16,292	1,160
Total	**121,659**	**114,912**

Note 29 Losses and special payments

		2023/24		2022/23	
		Total number of cases	Total value of cases	Total number of cases	Total value of cases
		Number	£000	Number	£000
	Losses				
	Cash losses	-	-	4	6
1	Fruitless payments and constructive losses	1	1,166	-	-
	Bad debts and claims abandoned	156	181	263	962
2	Stores losses and damage to property	1	296	-	-
	Total losses	**158**	**1,643**	**267**	**968**
	Special payments				
	Ex-gratia payments	2	13	2	6
	Total special payments	**2**	**13**	**2**	**6**
	Total losses and special payments	**160**	**1,656**	**269**	**974**
	Compensation payments received				

1 During the 2022/23 financial year, the Trust had commenced a capital project to develop an integrated health hub. Due to increasing capital and revenue costs, it was necessary to cancel the project, at which point £1,166k of costs had been incurred. The loss was reimbursed to the Trust by North Central London ICB.

2 A fire at one of the Trust's health centres during August 2023 resulted in a loss of £296k as shown above. The loss is the subject of an outstanding claim with NHS Resolution, and reimbursement of the loss is expected less an excess.

Note 30 Related parties

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 Health Charity. Neither organisation is consolidated within these Accounts. A number of Whittington Health board members have a related party interest within these subsidiaries. The following figures represent the draft financial positions of each entity: The Pharmacy CIC's income for the financial year 2023-24 was £3,463k and expenditure £3,452k. Total receivables balance was £747k and payables balance was £341k at 31st March 2024. The Charity's total income was £497k and expenditure £714k, total receivables £1k and payables £198k.

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
NHS North Central London ICB	354,359	1,002	13,067	1,047
NHS England - Core (now including expenditure and payables for all regions and central specialised commissioning)	40,534	-	269	7
NHS North West London ICB	12,124	-	107	61
NHS North East London ICB	8,732	-	2	-
East London NHS Foundation Trust	3,991		846	-
Royal Free London NHS Foundation Trust	3,915	4,747	1,139	4,449
University College London Hospitals NHS Foundation Trust	2,225	6,725	1,791	1,903
North Middlesex University Hospital NHS Trust	1,198	156	430	96
NHS Hertfordshire and West Essex ICB	1,115	-	-	-
Moorfields Eye Hospital NHS Foundation Trust	911	45	80	11
Camden and Islington NHS Foundation Trust	828	1,426	57	1,219
NHS South East London ICB	767	-	-	-
NHS South West London ICB	420	-	-	-
Central and North West London NHS Foundation Trust	244	249	84	125

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	7,922	1,490	616	0
Hackney London Borough Council	1,249	0	73	0
Haringey London Borough Council	1,169	0	2,153	0
NHS Blood & Transplant	3	2,828	0	8

Note 31 Events after the reporting date

No events after the reporting date of 31 March 2024 have been recorded.

Note 33 Better Payment Practice code

Non-NHS Payables	2023/24 Number	2023/24 £000	2022/23 Number	2022/23 £000
Total non-NHS trade invoices paid in the year	64,771	224,378	65,671	206,804
Total non-NHS trade invoices paid within target	63,474	215,865	60,988	186,089
Percentage of non-NHS trade invoices paid within target	98.0%	96.2%	92.9%	90.0%
NHS Payables				
Total NHS trade invoices paid in the year	3,747	19,902	3,766	19,968
Total NHS trade invoices paid within target	3,520	17,674	2,953	14,541
Percentage of NHS trade invoices paid within target	93.9%	88.8%	78.4%	72.8%

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

	2023/24 £000	2022/23 £000
Cash flow financing	16,658	15,595
Leases taken out in year		
Other capital receipts		
External financing requirement	**16,658**	**15,595**
External financing limit (EFL)	40,381	15,595
Under / (over) spend against EFL	**23,723**	**-**

Note 35 Capital Resource Limit

	2023/24 £000	2022/23 £000
Gross capital expenditure	43,718	29,048
Less: Disposals	(573)	-
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	-	-
Charge against Capital Resource Limit	**43,145**	**29,048**
Capital Resource Limit	43,145	29,310
Under / (over) spend against CRL	**-**	**262**

Note 36 Breakeven duty financial performance

	2023/24 £000
Adjusted financial performance surplus / (deficit) (control total basis)	606
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**606**

Note 37 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£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	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(3,670)	6,158	29,362	1,568	2,370	511	6,638	606
Breakeven duty cumulative position	(15,283)	(9,126)	20,237	21,805	24,175	24,686	31,324	31,931
Operating income	309,255	323,394	348,646	350,183	395,340	408,948	431,557	465,818
Cumulative breakeven position as a percentage of operating income	(4.9%)	(2.8%)	5.8%	6.2%	6.1%	6.0%	7.3%	6.9%

Staff costs

	Permanent £000	Other £000	2023/24 Total £000	2022/23 Total £000
Salaries and wages	227,332	29,004	**256,336**	234,672
Social security costs	24,672	-	**24,672**	23,887
Apprenticeship levy	1,282	-	**1,282**	1,103
Employer's contributions to NHS pension scheme	38,894	-	**38,894**	35,411
Pension cost - other	-	-	**-**	14
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	15
Temporary staff	-	16,867	**16,867**	17,506
Total gross staff costs	**292,180**	**45,871**	**338,051**	**312,608**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**292,180**	**45,871**	**338,051**	**312,608**
Of which				
Costs capitalised as part of assets	613	261	**874**	664

Average number of employees (WTE basis)

	Permanent Number	Other Number	2023/24 Total Number	2022/23 Total Number
Medical and dental	435	59	**494**	553
Ambulance staff	-	-	**-**	-
Administration and estates	1,135	298	**1,433**	1,281
Healthcare assistants and other support staff	720	145	**865**	797
Nursing, midwifery and health visiting staff	1,160	207	**1,367**	1,327
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	871	120	**991**	928
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	-	-	**-**	-
Total average numbers	**4,321**	**829**	**5,150**	**4,886**
Of which:				
Number of employees (WTE) engaged on capital projects	7	9	**16**	16

Reporting of compensation schemes - exit packages 2023/24

	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	-	4	**4**
£10,000 - £25,000	-	3	**3**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	1	**1**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**

Total number of exit packages by type	**-**	**8**	**8**
Total cost (£)	£0	£162,000	**£162,000**

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
Exit package cost band (including any special payment element)			
<£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 resource cost (£)	£15,000	£0	**£15,000**

Exit packages: other (non-compulsory) departure payments

	2023/24		2022/23	
	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	7	145	-	-
Exit payments following Employment Tribunals or court orders	1	17	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**8**	**162**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

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 2024 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 financial position of the Trust as at 31 March 2024 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 2023/24; 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 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 and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

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, 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 as a large proportion of the Trust's revenue was contracted on a block basis and there was not significant estimation uncertainty in the remaining elements at year end. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to the completeness and accuracy of non-pay NHS and non-NHS accrued expenses; focusing on manual, non-PO accruals and annual leave accruals. We consider there to be a completeness risk over non-NHS expenditure as there may be an incentive to under accrue expenditure at the year end to help improve the reported position.

We did not identify any additional fraud risks.

In determining the audit procedures we took into account the results of our evaluation of some of the Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts combinations and other unusual journal characteristics.
- Evaluating the business purpose of significant unusual transactions.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of expenditure in the period after 31 March 2024 to determine whether amounts have been recorded in the correct period.

Identifying and responding to risks of material misstatement related to 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 the following areas as those most likely to have such an effect: health and safety, data protection laws and employment law 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 Accounting Officer and other management 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 fraud 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 2023/24. 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 2023/24.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 170, 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 170 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.

Significant weakness – financial sustainability

The Trust has delivered a balanced financial position for 2023-24, however this has been achieved through the use of significant non-recurrent savings, including a £10m release from provisions.

The total Cost Improvement Programme (CIP) delivered in 2023-24 was £6m with £2m of CIP delivered on recurrent basis against a target of £18m. A significant proportion of the Trust's efficiencies delivered in year were non-recurrent and therefore the underlying financial position moving into 2024-25 is a deficit due to the need to catch up the non-recurrent savings delivered during 2023-24 and develop plans to achieve the 2024-25 savings.

Whilst work has been undertaken during 2024-25 to help improve the financial position the arrangements in place have been insufficient in identifying and delivering the CIP requirement and we consider there to be a significant risk of financial loss if the Trust is unable to deliver the savings and efficiency gains required.

We therefore conclude that there is a significant weakness over the arrangements that the Trust has in place to ensure financial sustainability.

Recommendation

We have raised a recommendation in our Auditors Annual Report for the trust to ensure that it develops a financial strategy that sets out how it will achieve a break-even position on a recurrent basis over the medium term.

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 169, 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 planned our work and undertook 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 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 Directors 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 Directors 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 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square

28 June 2024

NHS
Whittington Health
NHS Trust

Annual Report

2023/24

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