



### Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Wednesday, 21 May 2025** from **9.15am to 10.50am** held at rooms A1 and A2 of the Whittington Education Centre, Highgate Hill, London N19 5NF

Item	Time	Title	Action
<b>Standing agenda items</b>			
1.	0915	<b>Welcome, apologies, declarations of interest</b> <i>Julia Neuberger, Trust Chair</i>	Note
2.	0916	<b>Patient experience story</b> <i>Sarah Wilding, Chief Nurse &amp; Director of Allied Health Professionals</i>	Note
3.	0930	<b>Draft minutes 20 March 2025 meeting</b> <i>Julia Neuberger, Trust Chair</i>	Approve
4.	0932	<b>Chair's report</b> <i>Julia Neuberger, Trust Chair</i>	Note
5.	0940	<b>Acting Chief Executive's report</b> <i>Clare Dollery, Acting Chief Executive</i>	Note
<b>Quality and safety</b>			
6.	0950	<b>Quality Assurance Committee Chair's report</b> <i>Amanda Gibbon, Committee Chair</i>	Note verbal report
7.	1000	<b>Eliminating Mixed Sex Hospital Inpatient Accommodation Statement of Assurance</b> <i>Sarah Wilding, Chief Nurse &amp; Director of Allied Health Professionals</i>	Approve
8.	1005	<b>Annual Safeguarding Adults and Children Declaration</b> <i>Sarah Wilding, Chief Nurse &amp; Director of Allied Health Professionals</i>	Approve
<b>People</b>			
9.	1010	<b>2024 NHS Staff Survey</b> <i>Liz O'Hara, Chief People Officer</i>	Approve
10.	1020	<b>Annual workforce disability and race equality submissions</b> <i>Liz O'Hara, Chief People Officer</i>	Note

		<b>Finance and Performance</b>	
11.	<i>1030</i>	<b>Integrated Performance Report</b> <i>Jonathan Gardner, Chief Strategy, Digital &amp; Improvement Office</i>	Note
12.	<i>1045</i>	<b>Finance report</b> <i>Terry Whittle, Acting Deputy Chief Executive &amp; Chief Finance Officer</i>	Note
13.	<i>1050</i>	<b>Questions to the Board on agenda items</b> <i>Julia Neuberger, Trust Chair</i>	Note
14.	<i>1055</i>	<b>Any other urgent business</b> <i>Julia Neuberger, Trust Chair</i>	Note



**Whittington Health**  
NHS Trust

**Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 20 March 2025**

<b>Present:</b>	
Baroness Julia Neuberger	Non-Executive Director & Trust Chair
Dr Clare Dollery	Acting Chief Executive
Dr Junaid Bajwa	Non-Executive Director (via MS Teams)
Amanda Gibbon	Non-Executive Director
Dr Charlotte Hopkins	Acting Medical Director
Professor Mark Emberton	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
Terry Whittle	Acting Deputy Chief Executive & Chief Finance Officer
Sarah Wilding	Chief Nurse & Director of Allied Health Professionals
<b>In attendance:</b>	
Tara Egan	Clinical Nurse Specialist Gynaecology Oncology (item 2)
Jonathan Gardner	Chief Strategy, Digital and Improvement Officer
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Marcia Marrast-Lewis	Assistant Trust Secretary (via MS Teams)
Charlotte Pawsey	Deputy Director of Workforce
Nicola Sands	Deputy Chief Nurse (item 2)
Andrew Sharratt	Director of Communication & Engagement
Mirela Sidor	Patient Experience Manager (item 2)
Swarnjit Singh	Joint Director of Inclusion & Trust Company Secretary
Antoinette Webber	Head of Patient Experience (item 2)
The minutes of the meeting should be read in conjunction with the agenda and papers	

No.	Item
<b>1.</b>	<b>Welcome, apologies and declarations of interest</b>
1.1	The Chair welcomed everyone to the meeting. She congratulated Chinyama Okunuga, who had become a grandmother the day before. Apologies were noted for Nailesh Rambhai, Non-Executive Director, and Liz O'Hara, Chief People Officer. The Chair also welcomed Charlotte Pawsey, Deputy Director of Workforce.
1.2	The Chair reported that she, Dr Junaid Bajwa, Professor Mark Emberton and Rob Vincent were Non-Executive Directors at University College London Hospitals NHS Foundation Trust (UCLH) and that Amanda Gibbon was a Non-Executive Director at the Royal Free London NHS Foundation Trust. There were no new declarations of interest reported.

2.	<b>Patient story</b>
2.1	<p>Sarah Wilding introduced the patient, Ms X, who attended the meeting to talk about her experience as an inpatient at the hospital and highlighted the following points to Board members:</p> <ul style="list-style-type: none"> <li>• She was referred to gynaecology outpatients with a suspected urinary tract infection, following a course of antibiotics which did not resolve the complaint. Ms X was seen at the hospital by Dr Sangeeta Khinder, Consultant Obstetrician and Gynaecologist, who performed a biopsy on a growth located in her uterus.</li> <li>• She was subsequently diagnosed with uterine cancer and told she would require a hysterectomy. Ms X stated that her initial referral was made in late June, and her operation took place in late October. Throughout the process, Dr Khinder took great care to explain what was happening to her, throughout her pre-operative assessments and additional diagnostic testing on her ovaries to ensure that the cancer had not spread.</li> <li>• Dr Khinder performed the hysterectomy via keyhole surgery, which meant that her recovery time was shorter and less painful. Ms X said that she was advised to take analgesics to manage any post-operative pain but found that her pain was minimal and did not need them as much as first thought.</li> <li>• Ms X was discharged from hospital after two days into the care of her daughter, as she was advised to stay with family for at least one week. However, Ms X felt well enough to return to her own home after two days as she wanted to be in her own surroundings.</li> <li>• There was some concern that cancer cells might have penetrated the uterine walls and she was therefore referred to UCLH for chemotherapy. She decided to decline treatment, citing a 25% chance of cancer recurrence and believing that, at the age of 91, chemotherapy would be too exhausting and would not enhance her quality of life. Instead, she would continue to be monitored and would undergo a CT scan every six months.</li> <li>• Ms. X praised the attentive and compassionate care provided by all the clinicians she interacted with. She specifically acknowledged Dr. Khinder and Tara Egan, Clinical Nurse Specialist, for their exceptional kindness, and found all the staff to be extremely thorough. She felt well informed and considered herself fortunate to receive such excellent care.</li> </ul>
2.2	<p>Clare Dollery recalled being part of the interview panel that appointed Dr. Khinder in May 2020 and reflected that it was truly rewarding to hear how much of a positive impact Dr. Khinder had made to Ms X's experience as a patient.</p> <p><b>The Trust Board thanked Ms X for her patient story</b></p>
3.	<b>Minutes of the previous meeting</b>
3.1	<p>The Board approved the draft minutes of the meeting held on 31 January 2025 as a correct record and noted the updated action log. There were no matters arising.</p>



<b>4.</b>	<b>Chair's report</b>
4.1	<p>The Chair took the report as read. She explained that the 2025/26 planning round had entailed an extremely busy period of meetings at the North Central London Integrated Care Board (NCL ICB) and at provider trusts.</p> <p><b>The Trust Board received and noted the Chair's report.</b></p>
<b>5.</b>	<b>Chief Executive's report</b>
5.1	<p>Clare Dollery summarised her report and drew Board members' attention to the following issues:</p> <ul style="list-style-type: none"> <li>• An NHS leadership event took place on 13 March 2025, which Chief Executives and Chairs had attended, where the decision to amalgamate NHS England (NHSE) into the Department of Health and Social Care was announced. Sir Jim Mackey had been appointed to lead the transition and would formally take over from Amanda Pritchard on 1 April 2025. David Probert had been appointed Deputy Chief Executive officer and would manage this appointment on a part time basis, while retaining his role as Chief Executive of University College London Hospitals NHS Foundation Trust.</li> <li>• As part of the national announcements, the NCL ICB was expected to reduce 50% of their running costs by the start of quarter three. This was likely to impact significantly on staff and programmes of work.</li> <li>• Consultation on the 0-year plan for NHS had taken place with NHS organisations, the voluntary sector and the public. A national summit was planned to take place during the spring to finalise the plan.</li> <li>• There was a growing shift towards developing neighbourhood health teams, moving patients from hospital into community care. The Trust was working closely with local boroughs and NCL ICB colleagues to co-design this work and solidify its position as an active partner.</li> <li>• Significant pressures in the emergency department had been experienced since early December. This was driven by winter pressures, an upsurge in flu, respiratory infections and high numbers of patients arriving either by ambulance or on foot.</li> <li>• The Trust welcomed Pete Landstrom, Chief Executive officer of the Royal Free London NHS Foundation Trust, who visited the emergency department on 19 March.</li> <li>• A detailed improvement plan was implemented to address the findings of the Patient-Led Assessment of the Care Environment (PLACE), which had been undertaken in October 2024. Progress on the improvement plan would be monitored by the Trust's Management Group and the Quality Assurance Committee.</li> <li>• The Trust hosted a long service awards event for staff who had celebrated their 10 and 15 year anniversaries. The Chair and Chief Executive would host an event for those who had worked for the Trust for 20 and 25 years at a future date.</li> <li>• She wished Eid Mubarak to observant Muslim colleagues and patients.</li> </ul>
5.2	<p>The Chair thanked Clare Dollery and Charlotte Hopkins for their service during their interim appointments as the Acting Chief Executive and Acting Medical</p>

	<p>Director. She confirmed that Selina Douglas would start formally as Chief Executive on 2 June 2025.</p> <p><b>The Trust Board noted the Acting Chief Executive Officer's report.</b></p>
<b>6.</b>	<b>Quality Assurance Committee Chairs Assurance Report</b>
6.1	<p>Amanda Gibbon presented the report of the meeting held on 12 March 2025 and highlighted the following items:</p> <ul style="list-style-type: none"> <li>• The Committee had introduced a new item at the beginning of each meeting to consider key emerging issues. The topics considered at the meeting for this item included one Never Event, which would be investigated and reported at a future meeting, waiting list issues that had been recently discovered during improvement work, and a discussion on ongoing pressure in emergency care.</li> <li>• The Committee received a helpful; presentation on a project to design and deliver a psycho-educational intervention to identify and reduce breathlessness from Sarah Lund, the Head of Clinical Psychology.</li> <li>• The Board Assurance Framework was reviewed and it was decided that risk scores for the entries discussed would remain the same. The Committee also approved a slight change to the Quality 2 risk descriptor to include "Demand on cancer services and not meeting key cancer performance indicators."</li> <li>• Consistent improvements made to the Barnet 0-19 Service since the Trust took over the service in April 2024.</li> <li>• The Chair's report of the Quality Governance Committee for the meeting held on 11 February.</li> <li>• The maternity services report outlined the findings of the latest Care Quality Commission patient survey and which ranked the Trust in the top five London trusts for three sections.</li> <li>• The Committee had agreed to monitor progress against the PLACE action plan, especially the scores around food and cleanliness.</li> </ul>
6.2	<p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• In reply to a question about the NHS staff survey, Charlotte Pawsey explained a detailed report on the outcomes would be brought to the 21 May Board meeting. She also highlighted the improvement in the response rate and improved scores which ranked Whittington Health as 7<sup>th</sup> out of 17 NHS trusts in London as the best place to work.</li> <li>• Terry Whittle reported that the PLACE assessment was undertaken in October 2024 and that a programme of work was in place to improve the fabric of the estate. He provided assurance that the estate improvements would be reflected in the next PLACE assessment. The Chair observed that some of the improvements were evident already and that the estate was considerably cleaner. She asked that a note from the Board be sent to Estates and Facilities colleagues to thank them for their hard work in ensuring that cleaning standards improved at the Trust.</li> </ul> <p><b>The Board noted the Chair's assurance report for the Quality Assurance Committee meeting held on 12 March 2025 and approved the proposed</b></p>

	<b>change in the risk descriptor for the Quality 2 Board Assurance Framework entry. The Board also agreed that a note be sent to estates and facilities teams thanking them for their hard work.</b>
<b>7.</b>	<b>Workforce Committee Chair's Report</b>
7.1	<p>Rob Vincent presented the report on the meeting held on 10 February 2025, at which the Committee took good assurance on the agenda items discussed. Rob Vincent outlined the following items:</p> <ul style="list-style-type: none"> <li>• There had been a significant rise in the number of violence and aggression incidents against frontline staff and the Committee had carried out a deep dive into this area and the immediate and longer term impact on staff.</li> <li>• The report on the activities of the Guardian of Safe Working Hours highlighted that the principal reason for reporting to the Guardian was about workload pressures experienced by resident doctors.</li> <li>• The Committee reviewed an update on pillar two (staff retention) of the People Strategy. It was observed that the overall age profile of staff at the Trust was well-balanced and evenly split across the organisation and that staff turnover had reduced. The Committee welcomed the ongoing work to ensure that staff retention was good, particularly with new starters, and noted that a working group had been established to identify areas across the trust to trial “stay conversations”.</li> <li>• The apprenticeship levy was well utilised at the Trust and a wide range of programmes were available.</li> <li>• There was a helpful update on the positive impact of Staff Wellbeing initiatives over the previous 12 months.</li> <li>• The Committee had reviewed a report on the annual medical appraisal and revalidation of doctors and noted the challenge to find more appraisers.</li> </ul>
7.2	<p>During discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> <li>• Amanda Gibbon advised that violence and aggression had also been discussed by the Quality Assurance Committee where assurance was provided that staff felt safer with an increased Security team presence across the hospital.</li> <li>• Amanda Gibbon asked about who would initiate the proposed “stay conversations” with staff who were contemplating resignation from the Trust. Charlotte Pawsey confirmed that these conversations would be handled by their respective line managers</li> <li>• Glenys Thornton affirmed the importance of the apprenticeship programme, as she had had first hand experience of the excellent care she received from two apprentices while an inpatient at the Trust.</li> <li>• Mark Emberton questioned whether the number Consultant appraisers required had been modelled on the number of appraisals or programmed activities required. Charlotte Hopkins explained that there was a shortfall of c.40 appraisers, based on a ratio of one appraiser to five Consultants. She also confirmed that the shortage of appraisers had not yet affected the number of appraisals conducted and the appraisal rate remained above 85%. Charlotte Hopkins added that a short-term solution was being</li> </ul>

	<p>considered, whereby existing appraisers would be offered an additional payment to take on extra appraisals.</p> <ul style="list-style-type: none"> <li>• Junaid Bajwa queried whether GPs were permitted to carry out Consultant appraisals. Clare Dollery stated that the cost of a GP appraiser was likely to be high and NHS organisations were not allowed to charge. She would investigate and feed back to Charlotte Hopkins.</li> </ul> <p><b>The Trust Board noted the Chair's Assurance report for the meeting held on 10 February 2025</b></p>
<b>8.</b>	<b>Charitable Funds Chair's report</b>
8.1	<p>Amanda Gibbon presented the report for the meeting held on 26 February 2025. She reported on the following items:</p> <ul style="list-style-type: none"> <li>• The month nine finance report, including fund balances</li> <li>• A charity budget was approved, based on the previous year's income and expenditure and the forecast fundraising targets</li> <li>• The Charity report had highlighted fundraising activities undertaken, including work with families to fundraise for the Ifor ward and the Sanctuary Garden project. The report also highlighted the donations received from Parkinson's UK to fund another nursing post. A legacy pledge of £1m plus £10k a year had been received for the Michael Palin Centre. Michael Palin would host another fund raising event at Cadogan Hall for the Michael Palin Centre</li> <li>• The Committee approved a bid from the Surgery and Cancer Clinical Division for £11,740 to fund an away day for staff. The Committee agreed that charitable monies were not usually used to meet the cost of a staff away day. However, the money had been donated to the Critical Care Unit by the wife of a former patient, with the express wish that it should be used to support the wellbeing of staff in the unit.</li> </ul> <p><b>The Trust Board noted the Chair's assurance report for the meeting held on 26 February.</b></p>
<b>9.</b>	<b>Quarter three Corporate 2024/25 Objectives</b>
9.1	<p>Jonathan Gardner presented the report on progress against the Trust's corporate objectives and highlighted the following areas of progress:</p> <ul style="list-style-type: none"> <li>• For the delivery of safe and effective care, the Trust achieved a score of 91%, well above the NHS 85% target, whilst maternity services achieved compliance with the Maternity Incentive Scheme.</li> <li>• The staff engagement road show had been launched with reflective sessions for leaders. The second cohort of Band 8A and above development programme had taken place and the launch of apprenticeship week happened during early February.</li> <li>• In terms of integration objectives, the virtual ward had been expanded from 28 beds to 44 beds and the integrated front door model had progressed to phase 2, which aimed to support social care services to help local people live independently. The Trust had also continued to collaborate with system partners on the Start Well decision-making business case. A joint response with UCLH was planned for the</li> </ul>

9.2	<p>procurement of a new NCL musculoskeletal model, with the Trust as lead provider.</p> <ul style="list-style-type: none"> <li>For the sustainable objectives, good progress had been achieved on the outpatient transformation programme. Work on the urology pathway had seen a significant decrease in did not attend (DNA) rates and an increase in appointment utilisation rates from 80% to 97%. In addition, elective activity had increased by 7% in December 2024 and January 2025, compared with 12 months' previously. Furthermore, the Trust had delivered £13m of efficiency savings against a target of £16m and a new power transformer had been installed. The Whittington Health Green Group had been established to promote environmental initiatives and the fire rectification outline business case had been submitted to NHSE.</li> </ul> <p>During discussion, the following points were raised:</p> <ul style="list-style-type: none"> <li>Amanda Gibbon asked why the number of patients who did not meet criteria to reside that had increased, despite an improvement in the average length of stay. Chinyama Okunuga explained that the Trust usually had an average of 40 patients each day who did not meet the criteria to reside, which was driven by the availability of social care places. Jonathan Gardner mentioned that some work would be taken forward to explore the relationship between patient acuity and length of stay. He explained that, during winter periods, patient acuity typically increased and resulted in a longer average length of stay. However, this winter had seen an increase in patient acuity without the usual rise in length of stay.</li> <li>Mark Emberton commended the successful installation of the power transformer against the backdrop of a global shortage of transformers.</li> </ul> <p><b>The Board noted the progress made in Q3 on the delivery of corporate objectives</b></p>
<b>10.</b>	<b>Integrated Performance Report</b>
10.1	<p>Jonathan Gardner presented the report and highlighted the following areas:</p> <ul style="list-style-type: none"> <li>At the end of February, performance against the 18 week referral-to-treatment standard had fallen slightly by 0.3% to 62.7%.</li> <li>Performance against the 4-hour emergency care access standard was 66.8%.</li> <li>Waiting times for autism assessments remained challenged. Additional investment had been provided the NCL ICB to focus on supporting family knowledge, internal demand and capacity, strengthening relationships and improved digital tools.</li> </ul>
10.2	<p>Sarah Wilding reported that the incidence of clostridium difficile remained a concern. During February, there were three health care associated infections of clostridium difficile. She gave assurance that a range of infection prevention measures had been implemented, including a "back to the floor" programme, and the re-emphasising of hand hygiene protocols to help reinforce the importance of infection prevention. Sarah Wilding also reported that work was taking place to refurbish flooring in Meyrick ward.</p>

10.3	Sarah Wilding reported that, while the number of overall pressure ulcers decreased in February, there had been an increase in grade four pressure ulcers in the community, which was a source of considerable concern.
10.4	Jonathan Gardner confirmed that performance for the 28 day faster diagnosis cancer standard fell in January to 54.8% against a target of 75%. He reported that there had been an improvement in February and the current unvalidated position for that month was 71.1%.
10.5	Jonathan Gardner also outlined the following areas: <ul style="list-style-type: none"> <li>• DMO1 diagnostic waiting times had increased to 96.5% against a target of 99%.</li> <li>• The outpatient transformation programme had had a positive impact on DNA rates, which were now at the lowest they had been for years. However, it was recognised this they were still higher than we would wish.</li> <li>• The number of maternity births fell to 193 in February.</li> <li>• Outpatient first appointments were at 126% of 2019/20 levels and elective activity was at 107% compared with 2019/20, which would impact positively on income.</li> <li>• Staff appraisal rates had slipped slightly from 77.6% to 76.3%, against a target of 85%</li> <li>• Staff sickness absence had increased by 0.4% to 5.5% in January</li> </ul>
10.6	In discussion, Board members raised the following issues: <ul style="list-style-type: none"> <li>• Chinyama Okunuga reported that performance had improved in the emergency department following the closure of Meyrick Ward and the opening of Eddington ward, although the number of 12-hour trolley waits was still an issue.</li> <li>• In reply to a question from Amanda Gibbon on appointment slot issues, Jonathan Gardner advised that the number of appointment slot issues would increase in the short term as patient referrals were moved from the e-referral system through robotic process automation on to waiting lists. Chinyama Okunuga provided assurance that all referrals on waiting lists were being clinically validated.</li> </ul> <p><b>The Trust Board noted the Integrated Performance Report</b></p>
<b>11.</b>	<b>Finance Report</b>
11.1	Terry Whittle presented the month nine finance report and highlighted the following points: <ul style="list-style-type: none"> <li>• At the end of February, the Trust reported a year-to-date deficit of £15.7m, £1.5m adverse to plan. The variance to the plan had decreased due to the receipt of an additional £2.3m of funding to support system mutual aid and additional winter costs</li> <li>• The Trust had achieved 90% of its 2024/25 cost improvement programme savings target. There was a focus on increasing the level of recurrent savings schemes in 2025/26.</li> <li>• Elective income performance was £0.4m better than plan and was forecast to overachieve by £2m by 31 March.</li> </ul>

	<ul style="list-style-type: none"> <li>Capital expenditure was £13.2m and the Trust was expecting to conclude the year with over £18m spent on capital investment works.</li> </ul> <p><b>The Trust Board noted the finance report.</b></p>
<b>13.</b>	<b>Questions from the public</b>
13.1	<p>Three questions from Shirley Franklin, Chair of the Defend the Whittington Hospital Coalition, were received, as follows:</p> <p>What is the future of Simmons House? As the parent of a child with mental health issues, she felt locally accessed child and adolescent mental health services were essential. Her child was now accessing services out of the local area as she thought that Barnet and Edgware were not local.</p>
13.2	<p>In response, Sarah Wilding explained that:</p> <ul style="list-style-type: none"> <li>Simmons House was temporarily closed in December 2023, following a serious incident. Since then, children and young people across North Central and North East London had been able to access the care and treatment they need and no child or young person has needed to be transferred out of the area unless appropriate for the individual patient.</li> <li>There were three local inpatient units that were seeing and treating more children and young people than they were prior to the closure of Simmons House. Some patients are having to travel further to receive the care they needed. This meant the current temporary arrangements for services commissioned by North Central East London Provider Collaborative (NCELPC), were unsustainable. They would need to make additional arrangements for the short to medium term until a permanent solution can be found.</li> <li>Proposals for an interim solution have been developed by a team of senior clinical leaders, including colleagues from Whittington Health brought together by NCELPC. They included: <ul style="list-style-type: none"> <li>commissioning three additional beds at The Beacon Centre in Barnet</li> <li>extending outreach teams to help children and young people avoid being admitted to hospital</li> <li>recruiting more specialists to support those with learning disabilities and autism at home and with outreach teams</li> </ul> </li> <li>The proposed arrangements would be for the short-to-medium-term – for approximately the next 18 months – while NCELPC develop a long-term solution for how these important services are organised.</li> <li>These proposals were subject to a 6-week engagement period during which NCELPC heard from service users, stakeholders. The public. NCELPC have published an independent feedback report on their website.</li> </ul> <p>Please provide details of the work taking place to reduce dependency on agency/temporary staff.</p>
13.3	<p>Charlotte Pawsey advised that there were a range of actions being taken across the Trust which included:</p>

	<ul style="list-style-type: none"> <li>• The implementation of an executive panel to review and approve all requests for temporary staffing.</li> <li>• Reviewing bank and agency usage and expenditure across the Trust</li> <li>• The removal of all off-framework agency staff.</li> <li>• The removal of Agenda for Change band 2 and 3 agency staff across all staff groups.</li> <li>• Continued support for staff retention to reduce the reliance on the temporary workforce.</li> <li>• A review of administrative and clerical temporary staffing requests which would only be approved by exception.</li> </ul> <p>What is the Trust's Better Payment Practice Code (BPPC)</p>
13.4	<p>Terry Whittle explained that the BPPC initiative was introduced to ensure that suppliers were paid within 30 days. He confirmed that, at the end of February 2025, the Trust's BPPC performance for invoices from NHS organisations was 96.55% by volume and 93.82% by value. He also confirmed that the BPPC performance for invoices received from non-NHS organisations was 96.80% by volume and 94.57% by value.</p>
<b>14.</b>	<b>Any other business</b>
14.1	There were no other items of business reported.



## Trust Board, action log

### 20 March meeting

Agenda item	Action	Lead(s)	Progress
Quality Assurance Chairs report	<ul style="list-style-type: none"> <li>On behalf of the Trust Board write a letter of thanks to Estates and Facilities to thank them for their diligent work to ensure that cleaning standards were improved across the Trust.</li> </ul>	Terry Whittle	Completed

### Carried forward actions

Agenda item	Action	Lead(s)	Progress
Patient Story	<ul style="list-style-type: none"> <li>Review arrangements for combining women with complicated pregnancies on labour recovery wards.</li> <li>Review the aesthetics of shower rooms on Murray and labour-recovery wards.</li> <li>Review the temperature controls in the side rooms on Murray and labour recovery wards</li> <li>Ensure the learning and feedback from Ms X was shared with staff.</li> <li>Provide an update on the information governance breach</li> <li>Bring back an update on the progress of the actions taken to the May Board meeting.</li> </ul>	Sarah Wilding  Terry Whittle  Terry Whittle  Sarah Wilding/Charlotte Hopkins Sarah Wilding  Sarah Wilding	Updates on these are actions will be provided for the 21 May Board meeting in public.
QAC Chair's Assurance report	<ul style="list-style-type: none"> <li>Consider a patient story on violence and aggression at a future board meeting.</li> <li>Consider arranging a listening event for staff on violence and aggression</li> </ul>	Sarah Wilding  Liz O'Hara	These actions will take place in Q1



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 21 May 2025</b>
<b>Report title</b>	<b>Chair's report</b>	<b>Agenda item: 4</b>
<b>Non-Executive Director lead</b>	Julia Neuberger, Trust Chair	
<b>Report authors</b>	Swarnjit Singh, Trust Company Secretary, and Julia Neuberger	
<b>Executive summary</b>	This report provides an update and a summary of activity since the last Board meeting held in public on 20 March 2025.	
<b>Purpose</b>	Noting	
<b>Recommendation</b>	Board members are asked to note the report.	
<b>Board Assurance Framework</b>	All entries	
<b>Report history</b>	Report to each Board meeting held in public	
<b>Appendices</b>	1: 2025/26 Board members' declarations of interest	

## **Chair's report**

This report updates Board members on activities undertaken since the last Board meeting held in public on 20 March 2025.

First of all, I would like to thank all of our staff and volunteers for their hard work in delivering safe and quality services and a good experience for our patients during a time of very busy demand.

### **Private Board meeting, 1 May 2025**

The Board of Whittington Health held a private meeting on 1 May. The items considered at the meeting included the 2025/26 business plan submission to the North Central London system, along with updates on Simmons House, on performance in the urgent and emergency care pathway and on health care acquired infections. The meeting approved Whittington Health's 2025/26 corporate objectives and reviewed Committee Chairs' reports from the Audit and Risk, Finance and Business Development and Workforce Assurance. In addition, the Board reviewed our monthly performance and finance reports and considered an update on the outline business case for the procurement of a new electronic patient record. Following the private meeting, Board members attended a seminar and discussed the outcomes from the 2024 NHS staff survey.

### **Partnership Development Committee-in-Common**

On 28 April, I chaired a meeting of the partnership development committee-in-common between University College London Hospitals NHS Foundation Trust (UCLH) and Whittington Health NHS Trust. The committee-in-common received a presentation on the excellent collaborative work taking place in nuclear medicine, a collaboration which began back in 2015 between the two organisations. The Board heard about the vision held across the two providers to continue to enhance growth and performance. The meeting also reviewed a report from the Programme Director which provided updates on the collaboration taking place in urology services, between the two human resources teams and about a joint approach for research. The committee-in-common also learnt that the first meeting of a new nursing, midwifery and allied health professionals' forum, co-chaired by both organisations' Chief Nurses, had taken place and was greeted with huge enthusiasm in both teams.

### **Long Service Awards**

On Thursday 8 May, I was delighted to celebrate, with Clare Dollery, acting CEO, those colleagues who have been with our organisation for over 25 years. This took place at a special afternoon tea held at the Wellcome Trust. Nineteen staff who had reached their 25, 30, 35, 40 and 45 year milestones at the trust were invited to enjoy a cream tea and sandwiches and to share their reflections from their many years with us. The longest-serving colleague was Pearl Ryan, who has worked across our decontamination services at Whittington Health (or one of our predecessor organisations) for 45 years.



### Annual appraisals

In line with guidance issued by NHS England, I have carried out the appraisal of the Acting Chief Executive and plans are in place for me to complete the appraisals of other Non-Executive Directors in June and July and for my own appraisal, carried out by the Senior Independent Director, to take place on 4 June.

### Consultant appointment panels

Since the despatch of papers for the last Board meeting held in public, the following recruitment panels have been held and I am grateful to Non-Executive Director colleagues who participated in them:

Post title	Non-Executive Director	Panel date
Diabetes/Endocrinology	Julia Neuberger	19 March
Emergency Medicine	Nailesh Rambhai	25 March
Geriatric Medicine/WSI Surgical	Amanda Gibbon	4 April

### Board changes

There are changes taking place to the executive director Board membership from next month. Clare Dollery is coming to the end of her time as Acting Chief Executive and will return to her substantive post of Medical Director. She has done a superb job and, on behalf of all Board members, I would like to thank her for her excellent service in the role, and we welcome Selina Douglas as our Chief Executive from 2 June. In addition, Charlotte Hopkins is ending her secondment as Acting Medical Director. Board members would also like to thank her for her service and we wish her well.

### Declarations of interest

Board members' declarations of interest have been reviewed and updated and are shown in appendix 1 to this report.

### **Other meetings**

I have also participated in the following meetings and events:

- Additional Board meetings held on 25 and 27 March to agree our 2025/26 financial plan submission
- Regular Friday morning meetings with other Non-Executive Director colleagues on the Board of the NCL Health Alliance.
- On 10 April, I met with the Head of the Whittington Charity.
- I attended corporate induction events for new starters in both April and May.
- In addition, I have had regular 1:1 meetings with the Chief Executive Officer and the Chief Strategy and Population Health Officer at the North Central London system.
- 1:1s with executive team members and the Acting Chief Executive
- 1:1s with Non-Executive Directors

I have also continued my informal walkabouts in the many corridors and public areas of Whittington Health. I am delighted to say that I am almost universally greeted by staff with a smile, and that the general atmosphere, despite intense pressure on services, is good.

**Appendix 1: 2025/26 Board members' declarations of interest**

Voting Board members	Declared interests
Baroness Julia Neuberger DBE, Trust Chair and Non-Executive Director	<ul style="list-style-type: none"> <li>Independent, Cross Bench Peer, House of Lords</li> <li>Chair, University College London Hospitals NHS Foundation Trust</li> <li>Member of NCL ICB Strategy and Development Committee</li> <li>Partnership Development Committee-in-Common</li> <li>Occasional broadcasting for the BBC</li> <li>Rabbi Emerita, West London Synagogue</li> <li>Trustee, The Walter and Liesel Schwab Charitable Trust</li> <li>Trustee, Rayne Foundation</li> <li>Trustee, Leo Baeck Institute Academic Study of German Jewish relationships</li> <li>Trustee, Yad Hanadiv Israel (Charitable Foundation)</li> <li>Consultant, Clore Duffield Foundation (on Jewish matters)</li> <li>Chair, Oversight Committee, City of London Centre</li> <li>Public Voice Representative, Jewish Community's BRCA Testing Programme</li> <li>Member of the Science and Technology Committee House of Lords</li> <li>Vice Chair All-Party Parliamentary Group on Faith and Society</li> <li>APPG Dying Well – Member</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Junaid Bajwa, Non-Executive Director	<ul style="list-style-type: none"> <li>Senior Partner, Head of UK &amp; Science Partner, Pioneering Intelligence, Flagship Pioneering</li> <li>GP (locum)</li> <li>NHS England (GP appraiser)</li> <li>Essential Guides UK Limited (Shareholder, GP locum services and educational work)</li> <li>Non-Executive Director, University College London Hospitals NHS Foundation Trust</li> <li>Non- Executive Director, Medicines and Healthcare products Regulatory Authority</li> <li>Governor, Nuffield Health</li> </ul>

Voting Board members	Declared interests
	<ul style="list-style-type: none"> <li>• Non- Executive Director, Nahdi Medical Corporation</li> <li>• Non-Executive Director Ondine</li> <li>• Visiting Scientist, Harvard School of Public Health</li> <li>• Trustee of the Board of Health Data Research UK (HDR UK)</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Amanda Gibbon, Non-Executive Director	<ul style="list-style-type: none"> <li>• Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers into research in their disease areas. This post is currently unremunerated.)</li> <li>• Senior Independent Non-Executive Director, Royal Free London NHS Foundation Trust</li> <li>• External member of the Audit and Risk Assurance Committee of the National Institute for Health and Care Excellence</li> <li>• UCLH: Chair of the Biobank Ethical Review Committee for the UCL/UCLH Biobank for Studying Health and Disease and Chair of the UCLH Organ Donation Committee</li> <li>• Director, The Girls Education Company Limited</li> <li>• Director, Garthgwynion Estate Limited</li> <li>• Director of Wycombe Abbey Services Limited</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• My four (adult) children each have personal shareholdings in AstraZeneca, Intuitive Surgical, Novo Nordisk, Thermo Fisher Scientific, Roche and Smith &amp; Nephew</li> </ul>
Baroness Glenys Thornton, Non-Executive Director	<ul style="list-style-type: none"> <li>• Chair and Trustee, Phone Co-op Foundation for Co-operative Innovation</li> <li>• Senior Associate, Social Business International</li> <li>• Senior Fellow, The Young Foundation</li> <li>• Council Member, University of Bradford</li> <li>• Emeritus Governor, London School of Economics</li> <li>• Trustee, Roots of Empathy UK</li> <li>• Patron, Social Enterprise UK</li> </ul>

Voting Board members	Declared interests
	<ul style="list-style-type: none"> <li>British Council All Party Parliamentary Group</li> <li>Officer Sickle Cell &amp; Thalassaemia APPG</li> <li>Honorary Secretary Social Enterprise APPG</li> <li>Vice Chair Dalits All Party Parliamentary (APPG)</li> <li>Vice Chair APPG Media</li> <li>Vice Chair APPG Parks and Green Spaces</li> <li>Member of the Advisory Committee on Business Appointments (ACOPA),</li> <li>Fellow of Social Innovation Cambridge centre for Social Innovation, Judge Business School, University of Cambridge.</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>Daughter is employed at Whittington Health.</li> </ul>
Rob Vincent CBE, Non-Executive Director	<ul style="list-style-type: none"> <li>Non-Executive Director, University College London Hospitals NHS Foundation Trust</li> <li>Trustee of Kilmarnock Community Trust</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Nailesh Rambhai, Non-Executive Director	<ul style="list-style-type: none"> <li>Non-Executive director, Pension Protection Fund</li> <li>Non-Executive director, Birmingham Women's and Children's NHS FT</li> <li>Non-Executive director, University College London Hospitals NHS Foundation Trust</li> <li>Non-Executive director, Newbury Building Society</li> <li>Director, Cholmeley Court Ltd</li> <li>Member, Finance &amp; Performance Committee, Birmingham &amp; Solihull Integrated Care Board</li> <li>Trustee, United Way UK</li> <li>Assessor, Solicitors Qualifying Exam</li> <li>Solicitor – non-practicing</li> </ul>



Voting Board members	Declared interests
	<p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Mark Emberton, Non-Executive Director	<p>Consultancy advice to:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director University College London Hospitals NHS Foundation Trust</li> <li>• Sonacare Medical</li> <li>• Angiodynamics</li> <li>• NINA Medical Profound Medical</li> <li>• Exact Imaging</li> <li>• Minomic Medical</li> <li>• Proteomix</li> <li>• Prostate cancer care undertaken at King Edward VII Hospital (London Urology Specialists)</li> <li>• All current research is Grant Council sponsored. Within the MRC / CRUK</li> <li>• Re-IMAGINE trial we receive £8million of in-kind industry contribution managed through the MRC MICA process</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Dr Clare Dollery, Acting Chief Executive	<ul style="list-style-type: none"> <li>• Member of the Senior Management Board NCL Integrated Care Board</li> <li>• Ordinary shareholder of Smith and Nephew</li> <li>• Ordinary shareholder of Astra Zeneca</li> <li>• Ordinary shareholder of Unilever</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Sister-in-law, Dr Caroline Dollery, is a Non-Executive Director on the board of the North East London NHS Foundation Trust</li> </ul>

<b>Voting Board members</b>	<b>Declared interests</b>
Chinyama Okunuga, Chief Operating Officer	<ul style="list-style-type: none"> <li>• Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	<ul style="list-style-type: none"> <li>• Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Terry Whittle, Acting Deputy Chief Executive and Chief Finance Officer	<ul style="list-style-type: none"> <li>• Chair of Whittington Pharmacy, Community Interest Company</li> <li>• Vice-chair Healthcare Financial Management Association's Policy &amp; Research Committee</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>• Wife is a Divisional Director at West Hertfordshire Teaching Hospitals NHS Trust</li> </ul>
Charlotte Hopkins Deputy Medical Director	<ul style="list-style-type: none"> <li>• Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>• Father is an outpatient in dermatology clinics at the Trust.</li> </ul>
<b>Non-voting Board members</b>	<b>Declared interests</b>
Jonathan Gardner, Chief Strategy, Digital and Improvement Officer	<ul style="list-style-type: none"> <li>• Director, Whittington Pharmacy Community Interest Company</li> <li>• Senior Responsible Officer for NCL Community Diagnostic Centres</li> <li>• Member NCL Diagnostic Board</li> <li>• Member NCL Digital Board</li> <li>• Member of Haringey Brough Partnership</li> <li>• Chair of the Haringey Neighbourhoods &amp; Inequalities Board</li> </ul>

Voting Board members	Declared interests
	<p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes	<ul style="list-style-type: none"> <li>• Honorary lecturer at City St George's University</li> <li>• Member of the NCL Workforce Development Delivery Board</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Sister-in-law is employed at the Trust's pathology services</li> </ul>
Liz O'Hara, Chief People Officer	<ul style="list-style-type: none"> <li>• Director, Pineapple Equity</li> <li>• Chief of People, University College London Hospital NHS Foundation Trust</li> <li>• Member of the NHS National Staff Council Executive</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Sister is the publishing director at the Lancet Group</li> </ul>
Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary	<ul style="list-style-type: none"> <li>• Secretary to the North Central London Alliance's Chief Executives' Group</li> <li>• Management Side Co-Chair of the Equality, Diversity, and Inclusion subgroup of the NHS Staff Council Executive</li> <li>• Member of the North Central London Integrated Care Board's Population Health and Health Inequalities Steering Group.</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 21 May 2025</b>
<b>Report title</b>	<b>Chief Executive report</b>	<b>Agenda item 5</b>
<b>Executive lead</b>	Dr Clare Dollery, Acting Chief Executive	
<b>Report authors</b>	Swarnjit Singh, Trust Company Secretary, and Clare Dollery	
<b>Executive summary</b>	This report provides Board members with an update on key developments nationally, regionally and locally since the last the Board meeting held in public on 20 March 2025.	
<b>Purpose</b>	Noting	
<b>Recommendation</b>	Board members are invited to note the report.	
<b>BAF</b>	All Board Assurance Framework entries	
<b>Appendices</b>	1: Use of Trust seal during 2024/25	

## **Acting Chief Executive's report**

### **Model Integrated Care Board (ICB) Blueprint**

NHS England has shared the version of the Model ICB Blueprint with ICB leaders. This document is intended to help ICBs produce plans by the end of May to reduce their running costs by 50%. It sets out an initial vision for ICBs as strategic commissioners, and the role they will play in realising the ambitions of the 10 Year Health Plan. The blueprint provides an additional level of detail on how ICBs are expected to evolve and sets out which of their functions may in future be transferred to providers. It defines the system leadership role of ICBs in improving population health, reducing inequalities, and ensuring access to high-quality care. The refreshed role for ICBs is set out as part of a refreshed system architecture in which the Department of Health and Social Care/NHS England provide national leadership and functions, regional teams provide oversight and performance management of ICBs and providers and take on functions such as strategic workforce planning and digital provision, ICBs becoming strategic commissioners, and providers being responsible for the delivery of care. NHS England expects to carry out further engagement over the coming weeks, including with providers to embed local plans.

### **2025/26 NHS Performance Assessment Framework**

As part of its Board meeting papers published on 27 March 2025, NHS England set out an updated NHS performance assessment framework for 2025/26, which was approved for consultation and engagement during May 2025. It is expected that the final framework will be published at the end of Q1 2025/26.

NHS England's assessment will measure the delivery against an agreed set of metrics and will identify where improvement is required. The metrics proposed in the new assessment framework include both short-term, priorities as and medium-term strategic transformational goals. The framework seeks to enhance accountability and clarify the roles and responsibilities of providers, integrated care boards and NHS England. As part of the assessment process, NHS England will assess leadership capability, continuing the focus upon the importance of leaders in delivering the 10-year health plan and better health and care for patients.

### **NHS leadership event**

On 29 April, I attended an event hosted by NHS England where presentations from Jim Mackey, NHS England; Chief Executive Officer, Elizabeth O'Mahoney, Chief Financial Officer, and Glen Burley, Financial Reset and Accountability Director, updated attendees on the priority areas for action. They included: implementing medium-term planning arrangements, simplifying the NHS operating model, finalising the urgent and emergency care delivery plan and continuing to work on the 10-year Health Plan.

### **Start Well**

The North Central London Integrated Care Board (ICB) and NHS England met on 25 March to consider recommendations set out as part of the Start Well programme to change how maternity and neonatal services will be delivered across north central London (NCL). The recommendations were that:

- Services will remain open on the Whittington Hospital site.

- Maternity and neonatal services will be consolidated here and three other hospital sites: Barnet Hospital, North Middlesex University Hospital and University College London Hospitals.
- A minimum of level two neonatal care will be provided at all these sites.
- To eventually close maternity and neonatal services at the Royal Free Hospital and the birthing suites at Edgware Birth Centre and expand antenatal and postnatal care at Edgware Community Hospital.

These recommendations were supported by a £67m capital investment to improve buildings and facilities. Local specialist doctors, midwives and NHS managers have been working on the current Start Well programme for over three years, to inform decisions about how best to deliver sustainable, high-quality, clinically excellent services, improving health outcomes for all. The programme has involved a comprehensive programme of planning, research and population modelling, together with engagement and consultation with thousands of people including key community groups, service users, parents, the public and staff. At the meeting, the recommendations were approved. Work has now commenced to deliver the recommendations, although there are no immediate changes, and all services remain open.

### **North Central, East London Provider Collaborative**

Following extensive engagement, North Central East London Provider Collaborative (NCEL) has agreed and is implementing the interim plans that will ensure service continuity whilst final decisions are made about a long term service model following the temporary closure of Simmons House. Broadly, the interim arrangements include increased bed capacity at the Beacon inpatient unit, increased capacity to support young people with a learning disability and autistic young people and an expanded provision by the North Central London Home Treatment Team. NCEL will carefully evaluate the interim plans over the 18 months they will be in place. Over the course of the engagement process, stakeholders; families, carers, young people and professionals in both inpatient and community-based services provided helpful feedback to NCEL about a range of aspects of service provision which NCEL have summarised in a “you said, we did” document available from their website.

### **Haringey Borough Partnership**

It was my pleasure to chair the Haringey borough partnership on 14/5/25. The Chair of the North Central London ICB joined the meeting and spoke about the ICBs future plans for strategic commissioning. The meeting discussed how collaboration between partners from NHS providers, Haringey Council, primary care, the ICB and the voluntary sector currently delivers and could plan to deliver neighbourhood based services in the future.

### **University College London Hospitals and Whittington Health Partnership**

On 28 April, the Partnership Development Committee-in-Common of both providers held its quarterly meeting. A key item on the agenda was the collaborative work on nuclear medicine that had taken place since 2015 and the future vision to build on the work already in place to support and enhance growth, performance and productivity across both sites by standardising protocols for efficiency and quality, having staff rotation to provide flexibility and resilience and to consolidate the recruitment and retention so that there is a better staff and patient experience.

## Dr Charlotte Hopkins

I would like to pay tribute to Dr Charlotte Hopkins who has been acting Chief Medical Officer since June 2024 for her service and contribution to the senior leadership at the Trust. She has made material contributions to patient safety and refreshing the Trust's clinical strategy. On behalf of the executive team, I would like to wish her well on her return to Barts Health NHS Trust.

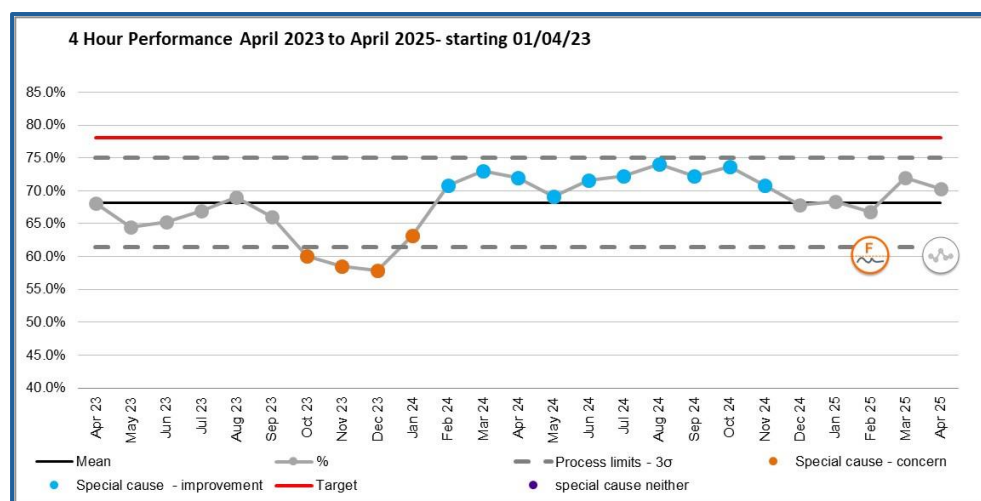
## Emergency Department

The Emergency Department has continued to experience significant pressures. Compared to March 2025, April saw a slight reduction in performance against the four-hour access standards and there continued to be progress in flow improvements despite the re-opening of some closed beds in March.

The number of London Ambulance Service (LAS) conveyance diverts from other providers has reduced by approximately 50% between December 2024 and April 2025. April in comparison to March saw a slight reduction in urgent and emergency care performance from 72% to 70% despite improved flow.

The number of 12-hour trolley breaches had been on a downward trend in February and March but saw an increase in April. It is important to note that we have seen an increase in 72 hour mental health breaches due to a lack of available mental health beds which equated to approximately 10% of the breaches. Although regular escalations are in place to mental health partners, there has not been a significant reduction in the numbers of patients waiting.

Although the Trust was able to close additional beds in March the increased pressures in April have meant all our core bed capacity has been re-opened. Winter escalation beds, however, continue to be closed which is positive. Opportunities to reduce beds further are being explored but will need to be balanced against safety and performance. There has been improvement in the numbers of patients who do not meet the criteria to reside and in our patient length of stay.



## Human Tissue Authority and Care Quality Commission inspections

Whittington Health has had inspections of its mortuary by the Human Tissue Authority and of its nuclear medicine department by the Care Quality Commission.

The written outcomes of both inspections are awaited and will be reported at the next Board meeting.

### **St Anne's**

On 18 March, I had the pleasure of visiting St Ann's to meet colleagues from our Physiotherapy and Audiology teams. I would like to thank both teams for their dedication to improving lives and breaking down barriers to care. It is always inspiring to see the impact of their work firsthand.



### **Theatres' reopening post-ventilation works**

On 24 April, a ribbon-cutting ceremony (see overleaf) was held to mark the completion of our theatre 1 and 2 ventilation project's and to thank the multidisciplinary team and estates colleagues for their collaborative efforts to improve our environment and continue patient services. This complex project involved many moving parts taking place in a very busy, and critical service.





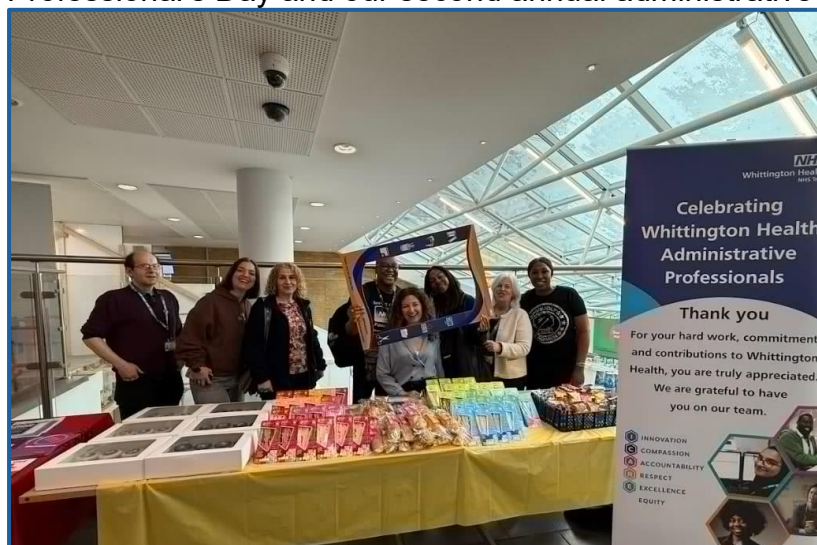
### Midwifery Day and International Nurses Day

On 7 May, our Chief Nurse hosted an event which acknowledged the invaluable work that midwifery and nursing colleagues do every day to support our patients and their families. The event concluded with a nursing and midwifery awards ceremony to acknowledge individuals and teams who had gone above and beyond in delivering services to patients. We were pleased to host the Chief Nurse and Chief Midwife for London region at the awards ceremony., for which the individual winners are shown below:

Award	Winner
Patient Choice award	Derek Franklin, Ifor ward
Nursing Associate of the year	Abdul Shamaad Furjun, Multi Agency Care and Coordination Team- MACC team
Healthcare Assistant of the year	Eduardo Simple 'Kuya Ed', Theatres
Student of the year	Felix Peachey, Student Nursing Associate, Mary Seacole South ward
Specialist Nurse/Midwife of the year	Danielle Hammar, Perinatal Mental Health Specialist Midwife
IPC champion of the year	Niamh Murphy, Emergency & Integrated Medicine Clinical Division
Educator of the year	Naomi Luogon, Midwifery
Team of the year	Barnet 0-19 Team
Midwife of the year	Jasmine Adams, Labour ward/ Community Midwife
Nurse of the year	Jack Woellhaf, Emergency & Integrated Medicine Clinical Division
Chief Nurse Award	Sandra Glynn, Nurse Consultant in Parkinson's Disease, Adult Community Services Clinical Division

### Administrative Professionals Day and Awards

On 23 April, our Chief Operating Officer hosted the Trust celebration of Administrative Professionals Day and our second annual administrative awards.



There were over 140 nominations across six categories, each one highlighting the incredible work of our admin colleagues across Whittington Health. I would like to congratulate everyone who was nominated. The winners selected were:

Award	Winner
Best Admin Professionals Team	Ambulatory Care Team
Best Admin Professional – Individual	Sophie Dorman
Above the Call” Award	Charley Greenwood
Team Achievement Award	Multi-Agency Care and Co-ordination Teleconference Administration Team
Leadership Award	Ailish Hoey
Outstanding Contribution Award	Olga Raymond
Special recognition award	Elf Karik

### **Community services’ roadshow at Highbury Grange**

On 30 April, I had the pleasure of visiting Highbury Grange Health Centre to attend our Community Engagement Roadshow, a fantastic initiative that brings together colleagues working in wellbeing and staff support across the Trust.

From our staff networks and See ME First initiative, to Mental Health First Aiders and our staff unions, the room was filled with the people behind Whittington Health services that help colleagues feel seen, heard and supported at work. I would like to thank Eva Tinka, Head of Wellbeing for making the day such a success.



### **Willesden Centre for Health visit**

On 3 April, I had the privilege of visiting our incredible Community Dental Service team at the Willesden Centre for Health. This team provides dental care for people with complex needs, which can include individuals with severe learning disabilities, physical disabilities, or mental health conditions. For many people, visiting a typical

Beyond treatment, the wider dental team is also actively promoting oral health within the local community, helping people keep their mouths healthy, and, of course, smiling. I would like to thank Kate Ferry, Operations Manager, and the team for showing me around and for the difference they make every day.



### **Mary Seacole**

I was grateful to be invited by Sylvia Morgan, chair of our staff race, ethnicity and nationality network, to join her in cutting the ribbon to unveil our new Mary Seacole Board outside our Mary Seacole wards. Mary Seacole was a British nurse and businesswoman. She was famous for her nursing work during the Crimean War and for publishing the first autobiography written by a black woman in Britain. She helped to break down barriers for ethnic minority nursing colleagues and we are pleased to remember and honour her achievements in this way.





### **All staff briefings**

Since the last Board meeting in public, there had been four CEO All staff briefing events held on 21 March, 3 April, 16 April and 1 May. At the most recent briefing, there was a focus on the operational and financial targets in our 2025/26 plan, including the need to reduce expenditure on temporary staffing and to deliver value for money by balancing the requirement for quality, delivery of services patients need and financial sustainability.

### **Extra Mile Awards**

Each month we give out an award to one or two colleagues or teams that have gone the extra mile for patients or colleagues and really demonstrated our ICARE values. I would like to congratulate the following winners:

#### **The Palliative Care Team**

The nomination for this ward recognised the work of the whole palliative care team, particularly the nursing team who support our patients and staff. The team was thanked for always find a way to help, even if they are overstretched or the situation is particularly challenging. They are incredibly supportive to patients and families but moreover, they support the nurses and resident doctors in a compassionate and caring way, picking up on cues that they have found the situation to be difficult.

#### **Paul MacPherson**

Paul was recognised for being the Complaints Manager of a large team of hard working staff who deal with a huge variety of complex concerns and complaints and do their very best to try and resolve the issues, going above and beyond. Paul is always kind, supportive, empathetic and shows his willingness to help and engage with staff and families, therefore always going the extra mile."



### **Trust seal**

In line with our standing orders, the use of the Trust's seal during the last financial year is shown in appendix 1.

## Appendix 1: Record of the use of the Trust Seal

Transaction	Parties	Executed by	Date
Partnership agreement relating to the commissioning of health and social care services	Whittington Health NHS Trust and the London Borough of Barnet	Jonathan Gardner and Terry Whittle	23.04.2024
Lease of part of level 5 K Block	Whittington Health NHS Trust and Health Services Laboratories	Terry Whittle and Clare Dollery	07.10.2024
Licence to Underlet part of the second floor Winston House 2-4 Dollis Park London N3 1HF	Finchley Developments C&G Limited (1) Solutions 4 Health Ltd (2) Whittington Health NHS Trust (3)	Terry Whittle and Clare Dollery	02.01.2025
Underlease by reference to superior lease of Part of Winston House 2-3 Dollis Park London N3 1HF	Solutions 4 Health Ltd and Whittington Health NHS Trust	Terry Whittle and Clare Dollery	02.01.2025
Lease relating to the Car Park at Furnival Building, The Archway Campus, 2-10 Highgate Hill	Seven Capital (Highgate Hill) Ltd (1) Whittington Health NHS Trust (2)	Terry Whittle and Clare Dollery	07.02.2025
Transfer of the whole registered title of the Transformer Chamber forming part of Whittington Hospital	London Power Networks PLC (transferor) Whittington Health NHS Trust (transferee)	Terry Whittle and Clare Dollery	07.02.2025
Lease relating to Unit 309, Part of Third Floor, Winston house 2-4 Dollis Park London N3 1HF	Finchley Developments C&G Ltd (1) Whittington Health NHS Trust (2)	Terry Whittle and Sarah Wilding	27.03.2025



Meeting title	Trust Board – public meeting	Date: 21.05.2025
Report title	Eliminating Mixed Sex Hospital Inpatient Accommodation Statement of Assurance 2024-25	Agenda item: 7
Executive lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report author	Deborah Clatworthy, Deputy Chief Nurse	
Executive summary	<p>The Board is asked to annually to agree the statement of assurance that patients who require inpatient/day case care are cared for in single gender accommodation.</p> <p>The previous statements, policy and terms were in keeping with then current legislation and guidance from NHS England, including the NHS Constitution, which have remained unchanged for several years. The principles of separating all male and female patients have followed the principles below:</p> <p><i>Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust is committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.</i></p> <p><i>Patients who are admitted to hospital or come in for a planned day case should only share the room or ward bay where they sleep, with members of the same gender, and use same gender toilets and bathrooms which are close to their bed area.</i></p> <p><i>There are some exceptions to this where sharing with people of the opposite gender maybe necessary. This should only happen by exception and will be based on clinical need in areas such as critical care units, emergency care areas and some high dependency observation bays.</i></p>	

	<p><i>In addition to clinical need, other reasons for exceptions would be, during a major incident, pandemic or to maintain infection prevention and control isolation. The requirement to ensure patients are appropriately isolated due to infection prevention continues. This, coupled with a small bed base, has resulted in a higher number of mixed gender breaches on the adult wards.</i></p> <p><i>The consistently high bed occupancy has also meant that the Critical Care Unit has not been able to transfer patients to the in-patient beds within the optimum timeframe.</i></p> <p><i>In these instances, every effort is made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.</i></p> <p>There are currently a series of changes to the NHS Constitution that are under consultation. One of which is the emphasis on biological sex and not gender. If agreed, this sets out that placing transgender patients in a single room is permissible under the Equality Act (2010) when it is appropriate, such as respecting a patient's wish to be on a single sex ward. Should these changes be included in the new NHS Constitution, the policy and statement of assurance will need to be updated to reflect this.</p> <p>There has also been a recent ruling from the UK Supreme Court that women are defined by biological sex for the Equality Act to be consistent. This has implications for transgender patients, in particular, biological men who identify as women. NHS England is currently reviewing guidance on same sex accommodation, considering all relevant legislation.</p> <p>With this in mind, the Board is asked:</p> <ol style="list-style-type: none"> <li>1. To note the recent changes and updates in law relating to mixed sex accommodation.</li> <li>2. To agree that following further, detailed guidance from NHS England, the policy and statement of assurance are reviewed and updated to reflect these changes.</li> <li>3. The policy is ratified through the relevant committees, prior to publication.</li> </ol> <p>The assurance statement is presented to the Board when the changes are reflected in the policy and statement.</p>
<b>Purpose</b>	Approval

<b>Recommendation(s)</b>	<p>The Board of Directors is asked to agree:</p> <ul style="list-style-type: none"> <li>i. the update and requirement to update both policy and statement of assurance when detailed guidance is available from NHS England; and</li> <li>ii. any monthly reporting of breaches is contained within the Trust Board Performance report, as reported to commissioners.</li> </ul>
<b>Risk Register or Board Assurance Framework</b>	<p>Board Assurance Framework risk <b>Quality 1</b> - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.</p> <p><b>Quality 2</b> - Due to a lack of capacity, capability, and clinical attention and continuing pressures from the pandemic, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage.</p>
<b>Report history</b>	Annual declaration
<b>Appendices</b>	None





<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 21.05.2025</b>
<b>Report title</b>	<b>Safeguarding Adults and Children Annual Declaration 2023/2024</b>	<b>Agenda item: 8</b>
<b>Executive lead</b>	Sarah Wilding Chief Nurse & Director of Allied Health Professionals	
<b>Report authors</b>	Linda Salt, Interim Head of Children's Safeguarding, and Therese Renwick, Head of Vulnerable Adults	
<b>Executive summary</b>	<ul style="list-style-type: none"><li>• Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national regulation, standards, and guidance to ensure that children, young people, and vulnerable adults are cared for in a safe, secure, and caring environment</li><li>• The Chief Nurse and Director of Allied Health Professionals holds the position as Executive Lead for safeguarding children and adults. The Head of Safeguarding Children and Head of Vulnerable Adults report directly to the Chief Nurse</li><li>• A Bi-Annual Safeguarding Report is produced which is reviewed by the Safeguarding Committee, Quality Governance Committee and Quality Assurance Committee.</li><li>• Whittington Health is an active member of two local Safeguarding Children's Partnerships in Haringey and Islington. The Section 11 (Children Act 2004) audits into safeguarding compliance across the Trust are completed, as required.</li><li>• The Trust is a member of the local Safeguarding Adults' Boards in Haringey and Islington. The safeguarding adult partnership audit tool is completed for both Boroughs.</li><li>• The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, use of Mental Capacity Act, Deprivation of Liberty Safeguards, the Prevent strategy and monitors Local Safeguarding Practice Reviews/Rapid review/Safeguarding Adult Review and Domestic Homicide Review recommendations. A new post, Head of Vulnerable Adults, has been created to reflect the increasing awareness of the safeguarding adult agenda, and will initially be focussing on creating mental health and domestic abuse pathways within the</li></ul>	

	<p>Trust.</p> <ul style="list-style-type: none"> <li>• WH operates a Safer Recruitment Policy to ensure the workforce is appropriately safe to discharge its safeguarding responsibility.</li> <li>• A revised Safeguarding Allegations Policy was launched in October 2023, to ensure a robust process is in place for allegations made by patients, families and/or carers and other professionals, against Trust staff.</li> </ul>
<b>Purpose</b>	Approve the annual statement of assurance
<b>Recommendation(s)</b>	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> <li>i. read and understand the Trust's responsibility for safeguarding children, young people and vulnerable adults;</li> <li>ii. be assured that the Trust continues to follow statutory requirements (Children's Act 2004, Local Safeguarding Children Boards procedures and Pan London Safeguarding Children Procedures) to protect children at risk of abuse and neglect; and</li> <li>iii. be assured that the Trust follows its statutory requirements in relation to the Care Act 2014 and Mental Capacity Act 2005 working in partnership with local and our neighbouring social care services</li> </ol>
<b>Risk Register or Board Assurance Framework</b>	Board Assurance Framework risk quality entry 1 - 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 may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
<b>Report history</b>	Annual declaration
<b>Appendices</b>	None

## **Annual Safeguarding Declaration 2023-2024**

### **1. Summary declaration**

- 1.1. Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding standards and guidance to ensure that children, young people, and adults are cared for in a safe, secure, and caring environment.
- 1.2. The WH Safeguarding Children team works closely with the Safeguarding Adults lead to ensure a collaborative 'Think Family' approach exists to safeguard the entire population the Trust serves. This includes fully embedding strategies linked to protection from domestic abuse, child sexual exploitation and adhering to the Prevent strategy in protecting vulnerable groups from radicalisation. This approach also includes a focus on transition from child to adulthood which is often a period of increased vulnerability for young people.
- 1.3. Safeguarding and promoting the welfare of children and vulnerable adults is of paramount importance to the organisation. Their welfare is embedded across every part of the Trust and in every aspect of our work. The Trust has controls and arrangements in place through audit, review and quality improvement led by skilled and competent named professionals, supported and challenged by the Trust Board and the NCL ICB.
- 1.4. The Board Director responsible for safeguarding is the Chief Nurse and Director of Allied Health Professionals. Joint Safeguarding Committee meetings are held quarterly with accountability to the Trust Board through to the Quality Assurance Committee. The committee reviews the Trust's responsibility across children and vulnerable adults.

### **2. Systems and processes**

- 2.1. Disclosure and Barring Service (DBS) checks are carried out on all staff commencing employment. Staff working with children and/or vulnerable adults require an enhanced level of check.
- 2.2. A Designated Officer (currently the Head of Safeguarding Children post holder) is employed to investigate and advise regarding safety within the workforce.
- 2.3. The Designated Officer works closely with Local Authority Designated Officers (LADO) in Local Authorities Children's Social Care to escalate concerns regarding staff behaviour in respect of potential risks posed by their behaviour in relation to their employment.

### **3. Policies**

- 3.1. The Trust has child protection and safeguarding adult's policies and systems which are reviewed regularly. These are overseen by the WH Quality Assurance Committee and Joint Safeguarding Committee, both of which report into the Trust Board.
- 3.2. The Trust has a specific process in place for following up children and young

people who miss appointments and systems for identifying children where there are safeguarding concerns. A policy called 'Was Not Brought' Policy supports staff in this area.

- 3.3. Safeguarding training is a priority for all staff, with various levels of training depending on their role. Training is provided in accordance with the Safeguarding Children Intercollegiate Document (2019) and the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). They are designed to ensure staff possess the correct knowledge, skills, and competencies to carry out their duties in relation to safeguarding children and adults.

#### **4. Assurance**

- 4.1. The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the Heads of Safeguarding report to the Chief Nurse.
- 4.2. A Safeguarding Annual Report is produced which is reviewed by the Trust Board. This report covers both children and vulnerable adults.
- 4.3. Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.
- 4.4. The Trust is a member of the local safeguarding adult's partnerships in Haringey and Islington and attends the annual Board challenge sessions.
- 4.5. The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, and the committee monitors external case review recommendations to ensure they are implemented and embedded in the WH safeguarding processes.,

#### **5. Declaration**

- 5.1. This summary provides the Trust Board with assurance that the trust is meeting its statutory requirements in relation to safeguarding children, young people, and adults in its care.



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date:</b> 21 May 2025
<b>Report title</b>	<b>Staff Survey 2024 Results</b>	<b>Agenda item:</b> 9
<b>Executive lead</b>	Liz O'Hara, Chief People Officer	
<b>Report author</b>	Astrid von Volckamer, Head of Talent & Development	
<b>Executive summary</b>	<p>Every year NHS England commission a national NHS staff survey to be run in every NHS organisation. This is the fourteenth year for Whittington Health as an integrated care organisation (ICO), and the seventh in which all staff have been invited to respond.</p> <p>To ensure confidentiality, NHS England require that an approved, independent company manages the survey process and data. Whittington Health used Picker to run the 2024 staff survey, to protect confidentiality Picker do not release results where the response group received less than ten responses.</p> <p>The Trust, along with other Integrated Care Organisations (ICOs), is benchmarked with 'acute and acute and community' trusts. The results are organised into themes aligned to the People Promise.</p> <p>This report provides a detailed summary of the results and compares them under the People Promise theme headings with results from previous years, where available. The report looks at progress made against the three focus areas chosen by the Trust following last year's survey and recommends focus areas for the year ahead based on the 2024 results.</p> <p>Finally, the Trust asked a local question in the 2024 staff survey: 'What would make Whittington Health an employer of choice?' and a brief analysis of the results are included in this report.</p>	
<b>Purpose:</b>	This paper is for information, discussion, and decision	
<b>Recommendation(s)</b>	<p>Members of the Trust Board are asked to:</p> <ol style="list-style-type: none"><li>note the content of this report following the results of the 2024 NHS Staff Survey; and</li><li>agree the Trust-wide priorities for 2025/26 which will increase morale, engagement, and support staff retention. These priorities will be the themes for Trust-wide listening events.</li></ol> <p>The recommended areas of focus are:</p> <ul style="list-style-type: none"><li><b>Disability:</b> In particular around making reasonable adjustments for people with long term conditions or illness;</li><li><b>Health &amp; Wellbeing:</b> In particular, improving management support when staff are unwell and improving the prevention of Muscular Skeletal (MSK) problems and taking regular breaks;</li></ul>	

	<ul style="list-style-type: none"> <li>• <b>Career development:</b> particularly by improving appraisal completion rates and quality as well as by promoting apprenticeship opportunities and career pathways;</li> <li>• <b>Staff Experience:</b> focusing on promoting civility and respect.</li> </ul>
<b>BAF entries</b>	<ul style="list-style-type: none"> <li>• People 1 - staff recruitment and retention</li> <li>• People 2 - staff wellbeing, engagement and equity, diversity and inclusion</li> </ul>
<b>Report history</b>	Trust Management Group, 8 April 2025 Workforce Assurance Committee, 14 April 2025
<b>Appendices</b>	Appendix 1 – Response Rate Appendix 2 – Respondent Details Appendix 3 – People Promise elements and themes by Staff Group Appendix 4 – Communications Plan Appendix 5 – Four step guide for managers

## Staff Survey 2024 Results

### 1.0 Introduction

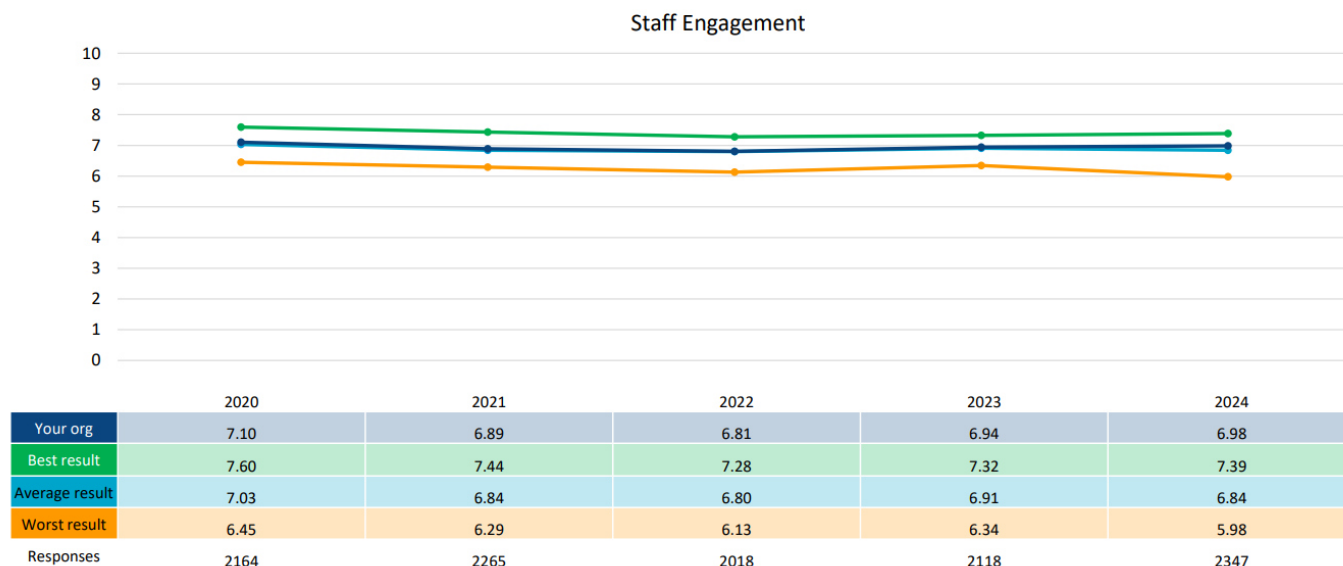
- 1.1 This is the 14<sup>th</sup> year in which Whittington Health as an Integrated Care Organisation (ICO) has conducted the national staff survey and the seventh year all eligible staff were invited to give their voice. It is the third year the organisation opted to run the survey entirely paper free, via a personal link sent by email.
- 1.2 The 2024 National Staff Survey ran between September and November 2024. Participation was mandatory for all 210 NHS Trusts, and all staff directly employed as of 1<sup>st</sup> September 2024, were eligible to take part. To enable meaningful comparisons, Trusts are grouped by organisation type, with Whittington Health classified under the 'Acute and Acute & Community' group. This group comprises 122 Trusts, and in 2024, a total of 532,587 staff from these Trusts responded to the survey, with a median response rate of 49%. For national comparisons, this paper will specifically use this benchmark group as the reference point.
- 1.3 The 2024 survey underwent minimal change compared to 2023, with only one new question asked nationally: Q24f: *"I am able to access clinical supervision opportunities when I need to"*. However, Whittington Health also opted to ask an additional question for free text comment: *'What would make Whittington Health an employer of choice'*.
- 1.4 This is the fourth year the survey results are aligned to the People Promise. There are seven People Promise elements. A total of 119 questions were asked in the 2024 survey, of these, 113 can be compared to 2023 and 101 can be positively scored. The results include every question where Whittington Health received the required minimum of at least ten responses.
- 1.5 For the 2024 survey, the Trust commissioned the Picker Institute to run its survey, as did a further 58 other Acute and Acute & Community Trusts. In addition to the national comparisons, we have access to reports at division, directorate and individual service levels for a more detailed and local analysis.
- 1.6 This paper summarises the results of the survey, draws out key comparative data and provides details of the proposed steps for updating staff and developing action plans. The findings from this NHS survey will be considered alongside the progress made on the three Trust-wide improvement areas from the 2023 Staff Survey. The analysis of these results will be discussed with the Trust Management Group (TMG) to agree priorities and the overall approach to the development of a staff survey action plan.

### 2.0 Response Rate and Respondent Details

- 2.1 A total of 2351 staff from Whittington Health's 5234 eligible employees completed the survey, resulting in a response rate of 45%. While this is 4% below the median response rate of 49% for Acute and Acute & Community Trusts, it reflects a 1% improvement compared to the 2023 response rate. (appendix one).
- 2.2 Details on the respondents' demographics and occupational groups can be found in appendix two.

### 3.0 Staff Engagement Indicator

- 3.1 Whittington Health achieved a staff engagement score of 6.98, showing a slight increase from the 2023 score of 6.94. This result also puts the Trust above the 6.84 average for the benchmark group.



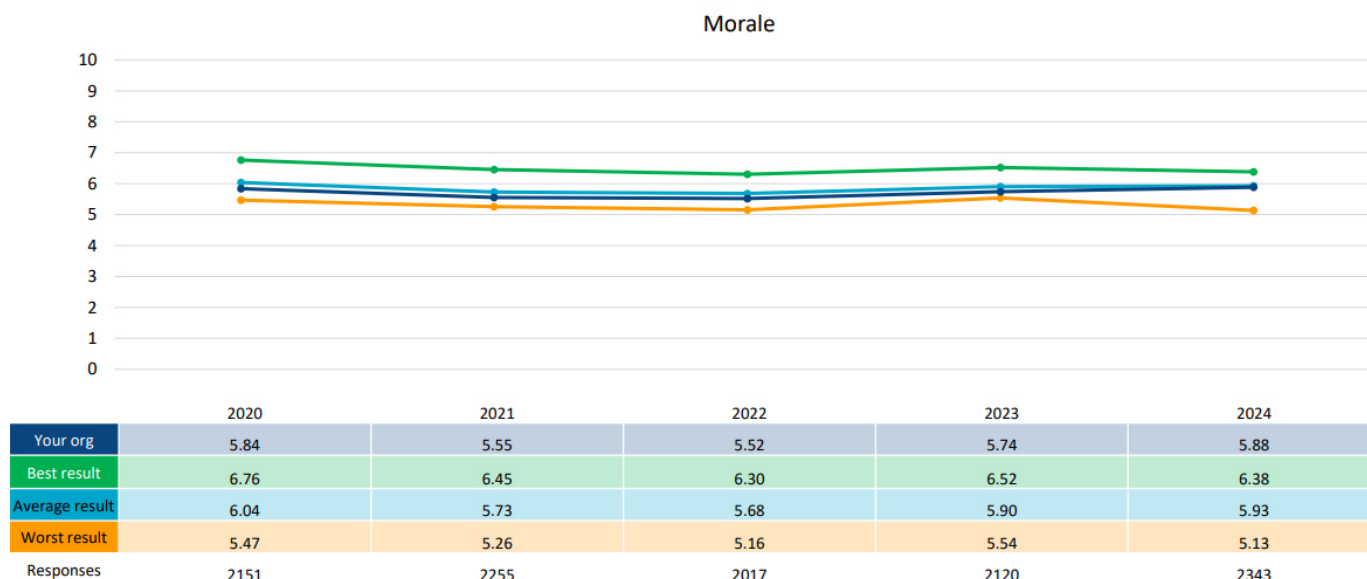
**Figure 1: Staff Engagement theme trendlines – Whittington Health against national average**

3.2 The three key findings that make up the staff engagement score are:

- Advocacy: Staff recommendation of the trust as a place to work or receive treatment
- Motivation: Staff motivation at work
- Involvement: Staff ability to contribute towards improvements at work

### 3.3 Morale Indicator

3.4 Whittington Health achieved a score of 5.88 for the theme of 'Morale'. This is not only a significant improvement from the 2023 result of 5.74, but also the organisation's highest result since the introduction of the indicator in 2020. While slightly below the benchmark group average of 5.93, this positive trend demonstrates meaningful progress, that should be built on further.



**Figure 2: Morale theme trendlines – Whittington Health compared to national average**

3.5 The key findings that make up the morale score are:

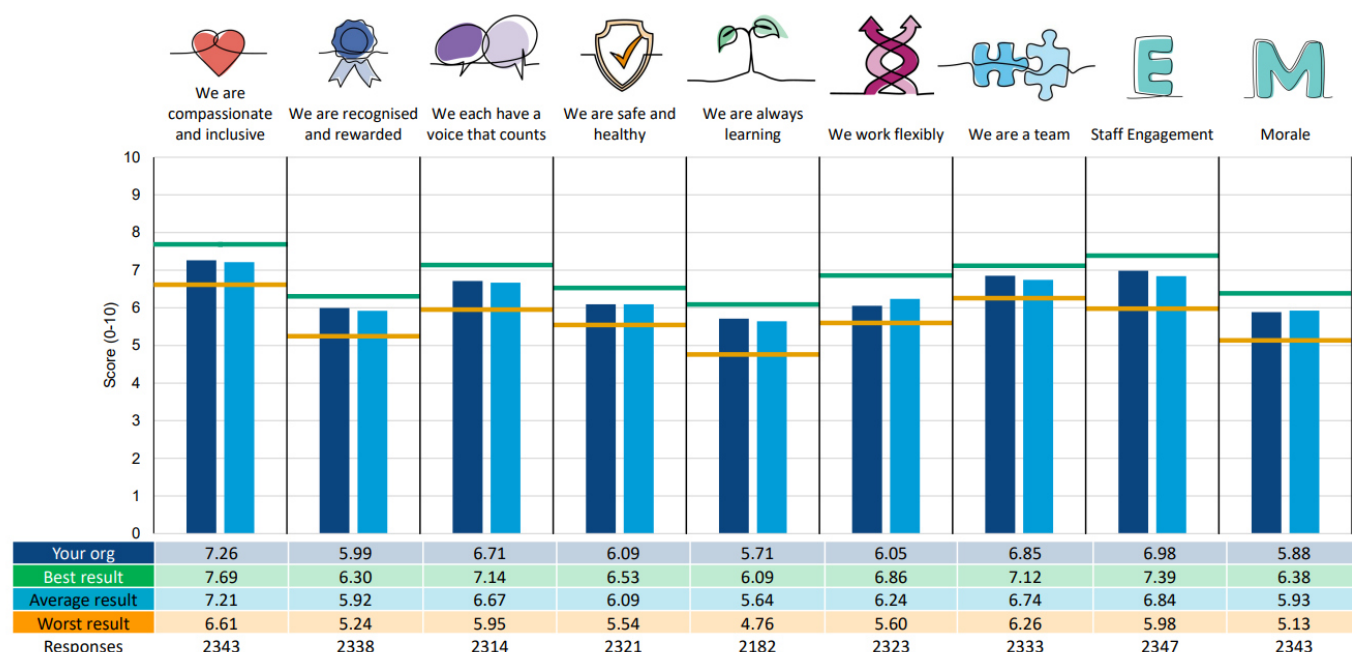
- Thinking about leaving
- Work pressure
- Stressors



### 3.6 Ranking Scores for Acute and Acute & Community Trusts

The reporting shows Whittington Health results against the seven 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.

### 3.7 Whittington Health – 2024 Overall People Promise Results



**Figure 3:** Whittington Health People Promise and theme results against national average

3.8 When compared to the benchmark group, Whittington Health is not ranked as 'worst' or 'best' in any of the themes in 2024. The Trust is slightly above average for six people promise elements: 'we are compassionate and inclusive'; 'we are recognised and rewarded'; 'we each have a voice that counts'; 'we are always learning'; 'we are a team' as well as for the theme of 'Staff Engagement'. The Trust is average for: 'we are safe and healthy'; but scored slightly below average for: 'we work flexibly' as well as the theme of 'Morale'.

3.9 Compared to its own performance in 2023, Whittington Health saw positive movement in eight out of nine indicators, with only one showing a slight decline. Notably, 'We Are Safe and Healthy' and 'Morale' showed statistically significant improvement, aligning with key priorities identified in the 2023 staff survey. 'We Work Flexibly,' previously highlighted as an area requiring action, remains a focus for further improvement. These results demonstrate the Trust's commitment to continuous progress and fostering a positive workplace environment.

4.0 The following section highlights the executive summary of findings, with the top and bottom scores for Whittington Health (WH) in comparison to the average of the benchmark group of Acute and Acute and Community Trusts, as well as the most improved and most declined questions since 2023.

4.1 Questions with Significant Change (improved or declined scores)

4.2 Most Declined Scores since 2023

The below table shows the questions with the most declined scores in comparison to the 2023 staff survey results. Q31b is also highlighted in the results that fall below the average

for the benchmark group and featured in the staff survey notable results in 2022 and 2023 (see point 5.6). Q11b, Q11e and Q24a were also below the benchmark results. However, whilst Trust performance for Q10b declined, it is still well above the benchmark.

**Table 1:** Most declined scores since 2023

People Promise Element or theme	Question	Org 2024	Org 2023
Question is not themed	q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work.	63%	66%
We are safe and healthy	q11b. In last 12 months have not experienced musculoskeletal (MSK) problems as a result of work activities.	68%	71%
Question is not themed	q11e. Not felt pressure from manager to come to work when not feeling well enough.	76%	78%
We are always learning	q24a. Organisation offers me challenging work.	66%	68%
Question is not themed	q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours.	72%	74%

#### 4.3 Most Improved Scores since 2023

The table below shows the top five most improved scores for 2024 in comparison to 2023. The organisation also performed above average against the benchmark group for Q14d *Last experience of harassment/bullying/abuse reported* and Q8a *Teams within the organisation work well together to achieve objectives*, demonstrating trust in teamwork and in the effectiveness of reporting bullying/harassment incidents. However, Q26c *I am unlikely to look for a job at a new organisation in the next 12 months*, Q11a *Organisation takes positive action on health and wellbeing* and Q26b *I am unlikely to look for a job at a new organisation in the next 12 months* are still below the benchmark group.

**Table 2:** Most improved scores since 2023

People Promise element or theme	Question	Org 2024	Org 2023
Morale (Thinking about leaving sub-score)	q26c. I am not planning on leaving this organisation.	55%	51%
We are safe and healthy (Health & Safety climate sub-score)	q11a. Organisation takes positive action on health and wellbeing.	54%	50%
We are safe and healthy (Health & Safety climate sub-score)	q14d. Last experience of harassment/bullying/abuse reported.	54%	50%
Morale (Thinking about leaving sub-score)	q26b. I am unlikely to look for a job at a new organisation in the next 12 months.	48%	45%
We are a team (Teamworking sub-score)	q8a. Teams within the organisation work well together to achieve objectives.	59%	55%

#### 4.4 Top five Scores compared to the National Average

Whittington Health scored above average in many of the questions. The below table shows five questions and scores where the organisation performed most favourably against the national average.

**Table 3:** Top five scores compared to the National Average.

People Promise element or theme	Question	Org 2024	National Average
We are always learning (Appraisal sub-score)	q23b The appraisal helped me to improve how I do my job.	33%	26%
Question is not themed	q10b Don't work any additional paid hours per week for this organisation, over and above contracted hours.	69%	63%
We are compassionate and inclusive (Compassionate culture sub-score)	q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	68%	62%
We are safe and healthy (Burnout sub-score)	q12c Never/rarely frustrated by work	70%	64%
We are a team (Team working sub-score)	q7b The team I work in often meets to discuss the team's effectiveness.	67%	62%

#### 4.5 Bottom Five Scores compared to the National Average.

The table below shows the bottom five scores for Whittington Health in comparison to the national average. As mentioned above, Q31b *Disability: organisation made reasonable adjustment(s) to enable me to carry out work* also features in the organisation's most declined scores. However, Whittington Health scores have improved in the other four questions since 2023.

**Table 4:** Bottom five scores compared to the National Average.

People Promise element or theme	Question	Org 2024	National Average
Question is not themed	q31b Disability: organisation made reasonable adjustment(s) to enable me to carry out work.	63%	74%
Question is not themed	q10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours.	44%	49%
We are compassionate and inclusive (Diversity and equality sub-score)	q15 Organisation acts fairly: career progression	51%	56%
Morale (Thinking about leaving sub-score)	q26c I am not planning to leave the organisation.	80%	84%
Question is not themed	q23a In the last 12 months, had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review	81%	85%

## **5.0 Workforce Equality Standards - Indicators from the Staff Survey**

### **5.1 WDES (Workforce Disability Equality Standard) Indicators Reported in the Staff Survey for Whittington Health**

- 5.2 Now in its sixth year, the Workforce Disability Equality Standard (WDES) categorises staff into two groups—"with" or "without" a disability—based on their response to the question: *"Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?"* Results in table five below are based on unweighted data.
- 5.3 There was a year-on-year improvement in four of the questions that feed into the WDES indicators, a decline in a further four and no movement in the staff engagement score (see table 5 for detail). Encouragingly, the percentage of people with a LTC or illness who felt the organisation provides equal opportunities for career progression or promotion rose. Equally encouragingly, people with LTC or illness were less likely to have experienced bullying, harassment or abuse from patients/the public or from colleagues compared to 2023. They, or a colleague were also more likely to have reported harassment or bullying when it had occurred compared to the previous year.
- 5.4 However, the percentage of staff with a LTC or illness saying they had experienced bullying, harassment or abuse from their manager rose, as did the percentage of staff in this group who reported to have felt pressured by their manager to come to work when unwell. The percentage of staff with LTC or illness who said their employer had made adequate adjustments to enable them to carry out their work fell significantly and less people in this group felt the organisation valued their work. These scores appear to be related and seem to indicate a decline in the way staff with LTC or illness feel their manager treats and supports them.
- 5.5 The organisation performed significantly worse than the national average for making reasonable adjustments (see table 4 above). On further analysis, divisions/directorates below the organisational average on this indicator were 'Adult Community', 'Estates & Facilities' and 'Surgery & Cancer'. Staff from 'Administration and Clerical' as well as 'Additional Clinical Services' staff groups were also more likely to report negatively against this indicator as did younger staff (between the ages of 21-40 years old). Staff from 'Black/African/Caribbean/Black British groups', 'Mixed/Multiple ethnic groups' and 'Other ethnic group' were also less likely to have had reasonable adjustments made for them.
- 5.6 'Reasonable adjustments' was identified as one of the priority areas for improvement following the 2022 staff survey results. Subsequently, the Inclusion team put significant effort into improving awareness of reasonable adjustments among staff and managers, including improving training and guides. A central budget to pay for equipment was created and this budget has been effectively used during 2024/25. The Inclusion team also acts as a central point of advice and guidance to support both staff and managers, and we did see an improvement in the 2023 staff survey result. It is possible that the work done by the Inclusion team has significantly increased staff awareness which has raised expectations beyond what is currently being met.

**Table 5: Staff Survey WDES indicators 2021 – 2024**

WDES	Staff Survey		2021		2022		2023		2024	
Indicator	Question #	Description	LTC or illness	WITHOUT LTC or illness	LTC or illness	WITHOUT LTC or illness	LTC or illness	WITHOUT LTC or illness	LTC or illness	WITHOUT LTC or illness
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	33.4%	27.4%	37.4%	28%	32.4%	26.1%	31.4%	24.3%
	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	22.7%	13.8%	22.3%	11.2%	16.9%	10.0%	17.8%	9.2%
	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	27.7%	19.9%	26.5%	17.3%	23.7%	15.8%	22.9%	16.3%
4b	Q14d	Percentage of saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	44.7%	48.6%	47.1%	48.9%	45.9%	51.5%	50.3%	55.5%
5	Q15	Percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion	38.5%	49.2%	40.1%	51.8%	39.4%	54.2%	42.0%	54.6%
6	Q11e	Percentage of staff who felt pressure from their managers to come to work, despite not feeling well enough to perform their duties	28.5%	22.0%	29.5%	20.7%	29.2%	19.2%	34.4%	20.7%
7	Q4b	Percentage of staff satisfied with the extent to which the organisation values their work	33.8%	46.5%	34.7%	45.6%	38.4%	49.6%	36.2%	51.8%
8	Q31b	Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	-	-	64.7%	-	66.1%	-	62.9%	-
9a	E_4	Staff engagement score (0-10)	6.5%	7.0%	6.3%	7.0%	6.4%	7.1%	6.4%	7.2%

\*The 2024 results for people with Long-Term Conditions (LTC) or illness have been colour-graded: green indicates an improvement, and red indicates a decline in comparison to the previous year.

## **5.6 WRES (Workforce Race Equality Standards) Indicators Reported in the Staff Survey Results 2024**

- 5.7 Now in its seventh year, the Workforce Race Equality Standard (WRES) bases four of its indicators on results for questions from the staff survey, and by comparing the experience of Black, Minority, Ethnic (BME) staff with that of white staff. The relevant WRES indicators are shown in table 6 below. Each 2024 indicator is graded in green if there has been an improvement for B.M.E staff; or red, if there has been a decline compared to the previous year. Results are based on unweighted data.
- 5.8 The WRES indicators show a mixed picture for BME staff. Over the past year, the percentage of BME staff experiencing bullying, harassment, or abuse from colleagues has slightly decreased, and more BME staff now believe the organisation provides equal opportunities for career progression or promotion – this is a continuation of the improvement trend we have seen in the last number of years. However, there has been an increase in the percentage of BME staff facing bullying, harassment, or abuse from patients, relatives, or the public. Additionally, reports of discrimination from managers, team leaders, or colleagues have risen significantly – up by 2.6%.
- 5.9 A comprehensive Inclusion action plan has been developed and put in place to support inclusion which encompasses recruitment, eliminating pay gaps with respect to race, disability and gender, addressing health inequalities within workforce, induction, and onboarding of internationally recruited staff and eliminating conditions and environment in which bullying and harassment may occur.

**Table 6:** Staff Survey WRES Indicators 2021 - 2024

WRES		Staff Survey Question	2021		2022		2023		2024	
Indicator	Question #	Description	BME staff	White staff	BME staff	White staff	BME staff	White staff	BME staff	White staff
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	28.6%	27.9%	29.3%	30.4%	28.1%	26.3%	28.3%	23.0%
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	27.7%	25.7%	25.4%	24.3%	24.2%	20.6%	24.1%	20.9%
7	Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	39.9%	54.4%	41.2%	57.5%	46.3%	56.4%	46.9%	59.0%
8	Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	15.2%	8.3%	15.0%	9.4%	11.8%	7.4%	14.4%	7.9%

**Note:** 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

## 6.0 Whittington Health Directorate/Division Report

6.1 The directorate/division results for Whittington Health against People Promise elements and themes for the 2024 NHS Staff Survey are displayed in table seven below. Division/Directorate results are compared to the unweighted average for the organisation.

**Table 7:** Directorate/Division People Promise and Theme results for 2024 Staff Survey

Theme	WH Overall	ACW	ACS	COO	CYP	EIM	Facilities	Finance	IM&T	Medical Dir.	Nursing & Patient Exp.	Procurement	S&C	Trust Secretariat	Workforce
We are compassionate and inclusive	7.3	7.1	7.5	7.1	7.6	7.1	6.7	6.9	7.6	7.9	7.4	7.5	7.1	7.3	8.0
We are recognised and rewarded	6.1	5.8	6.0	6.3	6.3	5.9	5.7	6.1	6.4	7.1	6.5	6.6	5.7	6.1	6.8
We each have a voice that counts	6.8	6.4	6.9	6.9	7.0	6.7	6.6	6.5	6.8	7.3	7.0	7.1	6.5	6.8	7.0
We are safe and healthy	6.1	5.9	6.1	5.6	6.3	5.8	6.2	6.4	6.6	7.0	6.3	6.9	5.9	6.2	7.0
We are always learning	5.8	5.3	6.0	5.9	5.8	5.9	5.5	5.4	5.3	6.0	5.6	6.5	5.5	6.2	5.8
We work flexibly	6.2	5.3	6.2	6.6	6.6	5.8	5.9	6.1	7.2	7.1	6.5	6.9	5.8	6.7	7.7
We are a team	6.9	6.7	7.0	6.9	7.2	6.7	6.2	6.5	7.4	7.7	7.3	7.2	6.6	7.2	7.6
Staff Engagement	7.0	6.7	7.1	7.1	7.2	7.0	7.0	6.6	6.7	7.5	7.2	7.2	6.9	6.8	7.3
Morale	5.9	5.7	5.9	5.5	6.1	5.8	6.0	5.7	6.0	6.9	5.9	6.5	5.8	5.7	6.2

\*Results are unweighted and may therefore vary to those in figure 1 above. Each People Promise element or theme score is graded in green where the score is above organisational average and red where the score is below organisational average. Where a division or directorate has scored the same as the organisation's average it is graded black.



## 7.0 London Trusts – ranked by staff recommendation as place of work

- 7.1 In comparison to 16 other London Trusts, Whittington Health ranked 8<sup>th</sup> in 2024 with 65% of staff either 'agreeing' or 'strongly agreeing' they would recommend it as a place to work. Whittington Health has seen a year on year improvement for the past two years and showed the fourth most improved results (see table eight below).

**Table 8:** London Trusts – ranked in order of staff 'agreeing' or 'strongly agreeing' they would recommend it as a place to work

Organisation	2020	2021	2022	2023	2024		Change 2023-24		Response rate 2024
University College London Hospitals	78%	74%	75%	77%	79%		2.2		39%
Guy's and St Thomas'		73%	71%	70%	73%		2.7		57%
Chelsea and Westminster Hospital	71%	67%	65%	70%	72%		2.0		52%
Imperial College Healthcare	71%	64%	66%	69%	71%		2.0		65%
Kingston Hospital	75%	62%	63%	68%	71%		2.7		64%
Royal Free London	69%	61%	60%	65%	66%		1.0		57%
Homerton Healthcare	69%	66%	62%	64%	66%		1.8		47%
Whittington Health	66%	59%	59%	61%	65%		4.4		45%
St George's University Hospitals	67%	58%	59%	60%	63%		3.6		47%
London North West University Healthcare	59%	55%	53%	58%	63%		4.5		58%
Barts Health	66%	60%	56%	62%	63%		1.1		49%
Lewisham and Greenwich	60%	56%	58%	61%	61%		0.3		53%
North Middlesex University Hospital	60%	53%	53%	57%	58%		1.5		64%
Croydon Health Services	61%	55%	56%	58%	57%		-1.8		51%
Barking, Havering and Redbridge University	54%	49%	47%	51%	55%		3.3		55%
The Hillingdon Hospitals	50%	46%	44%	53%	54%		1.0		52%
King's College Hospital	60%	55%	56%	56%	53%		-3.5		49%

Source: HSJ 17 March 2025

## 8.0 Local question – qualitative findings

- 8.1 Becoming an employer of choice forms part of the organisation's People Strategy 2024-2027 and on this basis a free text question was added to the 2024 staff survey to elicit staff input to the question: *What would make Whittington Health an employer of choice?*
- 8.2 Answers can be grouped into themes and highlight key areas for improving staff experience at Whittington Health. **Employee wellbeing and work-life balance** were top priorities, with staff calling for better mental health support, flexible working arrangements, and improved break facilities. **Fair pay and benefits** were also widely noted, particularly around inner London weighting, and enhanced perks to reflect the cost of living.
- 8.3 **Career development and workload management** emerged as critical concerns, with staff seeking clearer progression pathways, leadership training, and additional recruitment to ease workloads and prevent burnout. Many also stressed the need for a **modern, well-equipped work environment**, including IT upgrades and improved facilities.
- 8.4 **Leadership, communication, and inclusivity** were recurring themes, with calls for more visible, supportive management, fairer promotion opportunities, and stronger diversity initiatives. Additionally, staff valued **recognition programs** to boost morale and reinforce a positive workplace culture.
- 8.5 Some of the specific suggestions made by staff include: Improved employee support services including priority access to medical appointments; ability to carry over or buy/sell leave; a Christmas bonus; paid for Christmas party; more internship/secondment and apprenticeship opportunities; improved physical working environments; access to physiotherapy and confidential counselling.
- 8.6 Many staff also simply praised the organisation as a great place to work, highlighting its supportive teams, ICARE values, and existing positive initiatives.

## 9.0 Free text comments – qualitative findings

Below is a summary of the themes of the free text comments provided by staff. In total there were 575 comments.

### 9.1 Management, Leadership, and Communication

Staff report widespread dissatisfaction with leadership, describing it as distant, unsupportive, and in some instances, favouritism or bullying. Decision-making is often perceived as top-down, with limited staff input and little accountability. Communication is frequently cited as inadequate, with poor transparency and a lack of timely updates contributing to confusion and exclusion from key developments.

### 9.2 Staffing levels and workload

There is a strong consensus around chronic understaffing, leading to excessive workloads, burnout, and poor work-life balance. Concerns include unrealistic patient-to-staff ratios, delayed overtime payments, and ineffective resource allocation, which together amplify stress and reduce the quality of care.

### 9.3 Physical Environment and Facilities

The physical working environment is a recurring concern, with many citing deteriorating infrastructure, outdated buildings, and insufficient amenities (e.g. broken toilets, lack of kitchen space). IT systems and equipment are frequently described as outdated or malfunctioning, with platforms such as NHS RIO singled out for inefficiency. These issues hinder productivity and contribute to low morale.

#### 9.4 **Flexible working and work-life balance**

Flexible working arrangements are inconsistently applied, leaving some staff feeling anxious and unfairly treated. While a small number of respondents praised flexible working where well-implemented, the general sentiment was that inequity in access undermines trust and affects wellbeing.

#### 9.5 **Training, career progression, and recognition**

Access to training and development opportunities was a significant concern, with staff citing poor communication, scheduling issues, and limited availability. Many feel there are unclear or inequitable pathways to promotion, with favouritism and band-related restrictions playing a role. Additionally, lack of recognition for staff efforts has been linked to low morale and disillusionment.

#### 9.6 **Workplace culture, bullying and discrimination**

A toxic workplace culture was reported by many, with frequent references to bullying, harassment, and discrimination—particularly on the grounds of race, gender, and health. Several staff expressed fear of speaking up or described being dismissed when raising concerns. However, a minority did note the presence of supportive colleagues and managers, suggesting variability in team culture across the organisation.

#### 9.7 **Administrative, human resources, and process issues**

HR and administrative processes are often described as slow, inconsistent, and overly bureaucratic. Staff report difficulties with appraisals, leave policies, and securing reasonable adjustments. Policy inconsistency—across areas such as training, flexible working, and funding—fuels frustration and perceptions of unfairness.

#### 9.8 **Positive comments**

Amidst the challenges, some staff highlighted the value of supportive teams and compassionate line managers. A few also expressed appreciation for specific training opportunities and internal initiatives aimed at improving team wellbeing. These pockets of positive experience indicate that change is possible and can be scaled across the organisation.

#### 9.9 **Discrimination themes**

Discrimination was reported on several fronts:

- **Employment Terms and Banding:** Staff on different contracts or in lower bands report being excluded from training or benefits available to others.
- **Race and Nationality:** Discrimination based on race, skin colour, nationality, and accent were noted, often manifesting in exclusion or being overlooked for promotion.
- **Gender and Parenthood:** Stereotyping in gendered roles (e.g. nursing), and disadvantage linked to maternity leave or parental responsibilities were described.
- **Disability and Neurodivergence:** Staff with disabilities or neurodivergent conditions report inadequate support and lack of reasonable adjustments, despite occupational health recommendations.

#### 10.0 **Communications, and developing action plans**

10.1 The Organisational Development Team along with the Communications Team have a proposed timeline for internal and external communications and developing action plans across the Divisions and Directorates (appendix four).

10.2 These plans will continue to be supported by organisational-wide initiatives such as: the ICARE Leadership training; Career Development programmes; the Inclusion Steering Group; Coaching; listening events and staff engagement initiatives such as roadshows as well as wellbeing support through the Wellbeing team.

- 10.3 The Organisational Development (OD) team has recognised that interpreting the results and data from the Staff Survey can be challenging for busy managers and have produced a guide to support managers. The ask is to focus on improving one people promise theme in every team.
- 10.4 The OD team provide ongoing support to divisions in relation to their staff survey results and action plans and have already delivered a variety of interventions. These include team coaching sessions to address specific departmental needs, action planning workshops to help identify and prioritize key actions, away days to foster team collaboration and strategic thinking, community engagement roadshows to enhance communication and involvement, and presentations of survey results to ensure transparency and alignment within the teams. To date, work with the following divisions has been done: Surgery & Cancer, Emergency and Integrated Medicine, Pharmacy, and Estates & Facilities, offering tailored support to drive meaningful improvements based on their unique survey findings.




## 11.0 Performance against 2023 priorities and improvements made

11.1 Last year, the Trust focussed on the three priorities below:

- 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 the reasons for staff thinking about leaving the organisation.

11.2 As a result of the focus on these priorities, we have seen improvements in three areas (see table nine).

**Table 9:** Priority improvement areas following 2023 survey and outcomes in 2024 survey

Five Trust-Wide Improvement Area	People Promise theme	Staff Survey 2023 Results	Staff Survey Results 2024
Organisation takes positive action on health and well-being	We are safe and healthy – Health & Safety Climate sub score	49.0% of staff believed the organisation was taking positive action on health and well-being.	53.5% of staff believe the organisation takes positive action on health and well-being 
Organisation is committed to helping me balance my work and home life	We work flexibly – support for work life balance	45.9% of staff believed the organisation was committed to helping them balance work and home life	48.2% of staff believe the organisation is committed to helping them to balance work and home life. 
Thinking about leaving the organisation	Morale – Thinking about leaving sub score	Sub score: 5.57 based on three survey questions (Q26a, Q26b & Q26c).	Sub Score: 5.84 this means less staff were thinking about leaving the organisation. 

## 12.0 Improvements made and actions taken against the 2023 priority areas

12.1 **Organisation takes positive action on health and well-being:** the organisation appointed a wellbeing team (1.8 FTE); introduced a wellbeing strategy; ran community roadshows; team wellbeing interventions; supported with critical care incident sessions; ran reflective practice groups; trained several cohorts of mental health first aiders in-house; introduced a healthy-eating/fruit stall; promoted Employee Assistance Programme and other available wellbeing resources; supported team wellbeing leads with community of practice sessions; massage sessions for staff; supported with mediation.

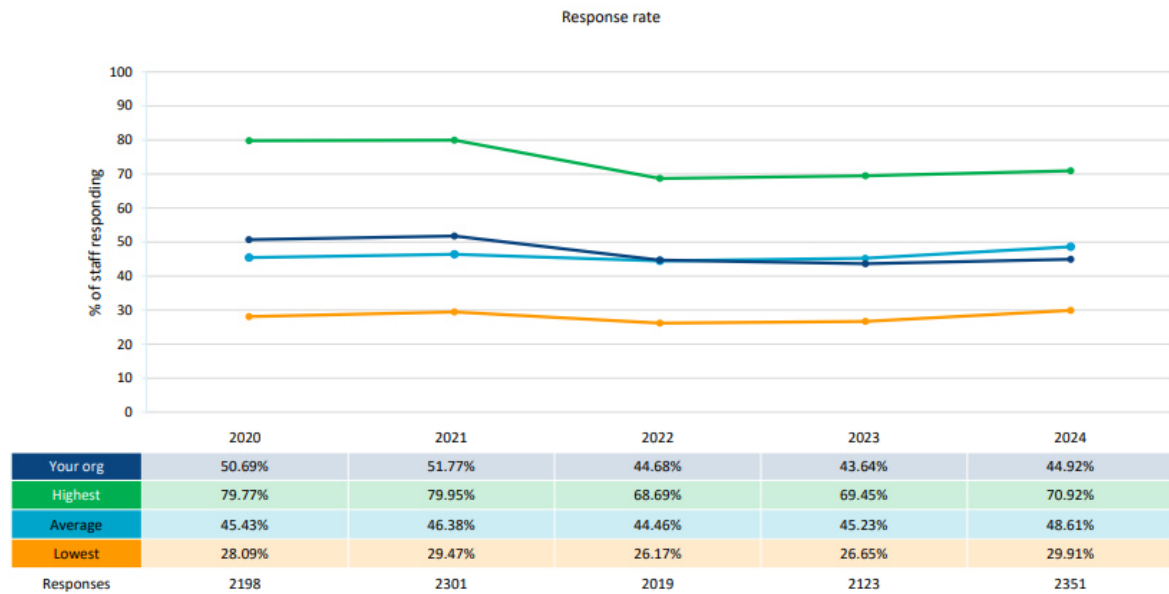
- 12.2 **Organisation is committed to helping me balance my work and home life:** the organisation began work on the flexible working policy and introduced face to face training and an eLearning module for managers on elev8.
- 12.3 **Thinking about leaving/retention:** a combination of the above actions, as well as initiatives such as the 'too hot to handle' forum, admin forum, leadership conference focusing on staff voice; career development programmes, leadership programmes and increased apprenticeship opportunities will all have contributed.

### 13.0 Recommendations

13.1 Board members are asked to:

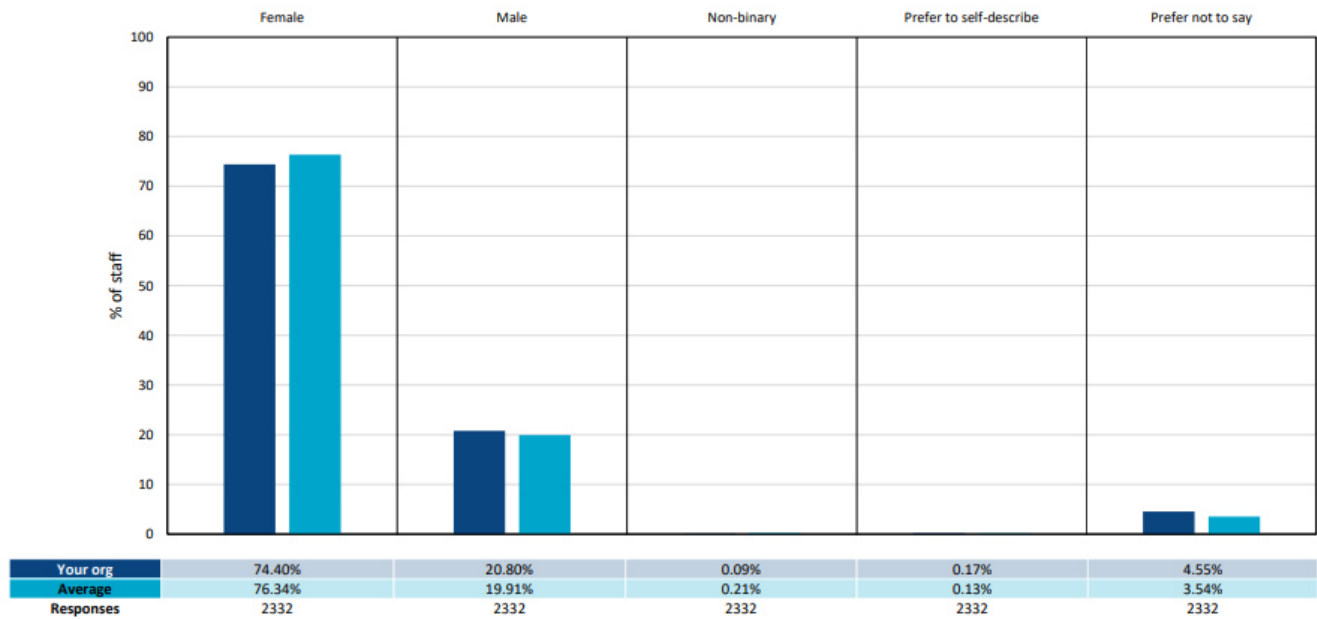
- Note the content of this report following the results of the 2024 NHS Staff Survey
- Agree the Trust-wide priorities for 2025/26 which will support staff retention and increase morale and engagement. These improvement areas will form the themes for Trust-wide listening events.
- The People Promise themes and areas of focus include:
  - **Disability and reasonable adjustments:** making reasonable adjustments for people with LTC or illness by increasing awareness, promoting existing resources and training;
  - **Career development:** particularly by improving appraisal completion rates and quality as well as by promoting apprenticeship opportunities and career pathways
  - **We are safe and healthy:** and in particular, improving management support when staff are unwell and improving the prevention of musculoskeletal problems and taking regular breaks and
  - **Improving staff experience:** by promoting civility and respect

## Appendix 1 – Response Rate

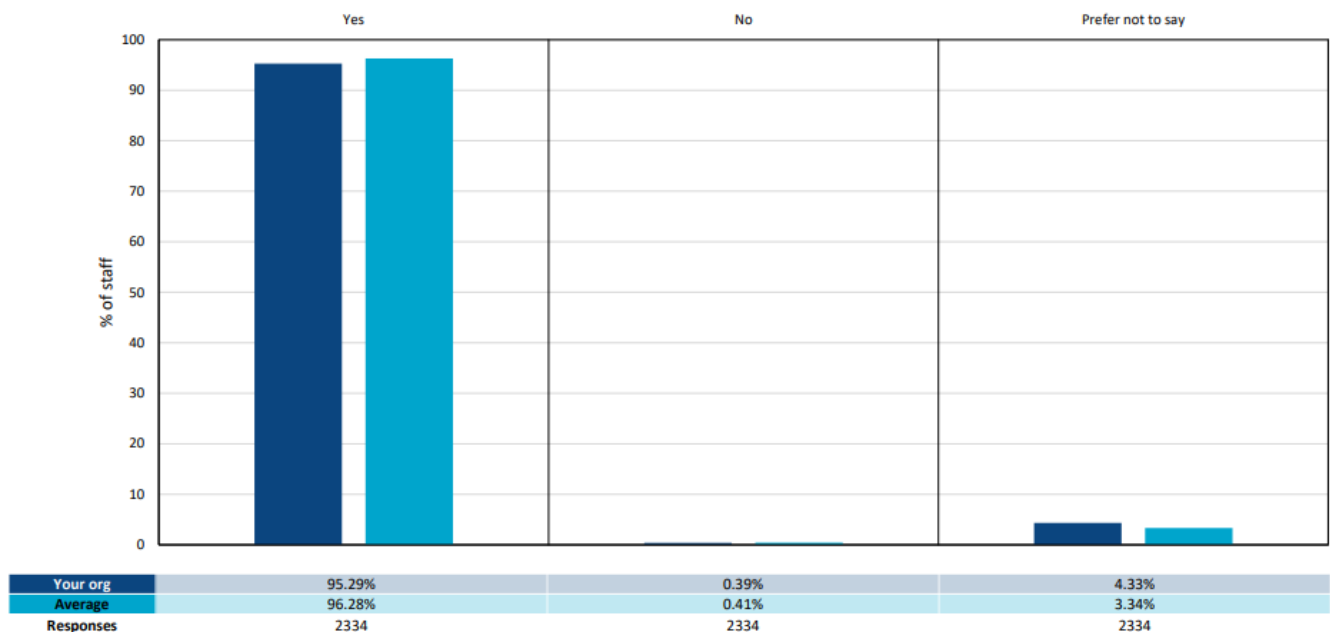


## Appendix 2 – Respondent Demographics

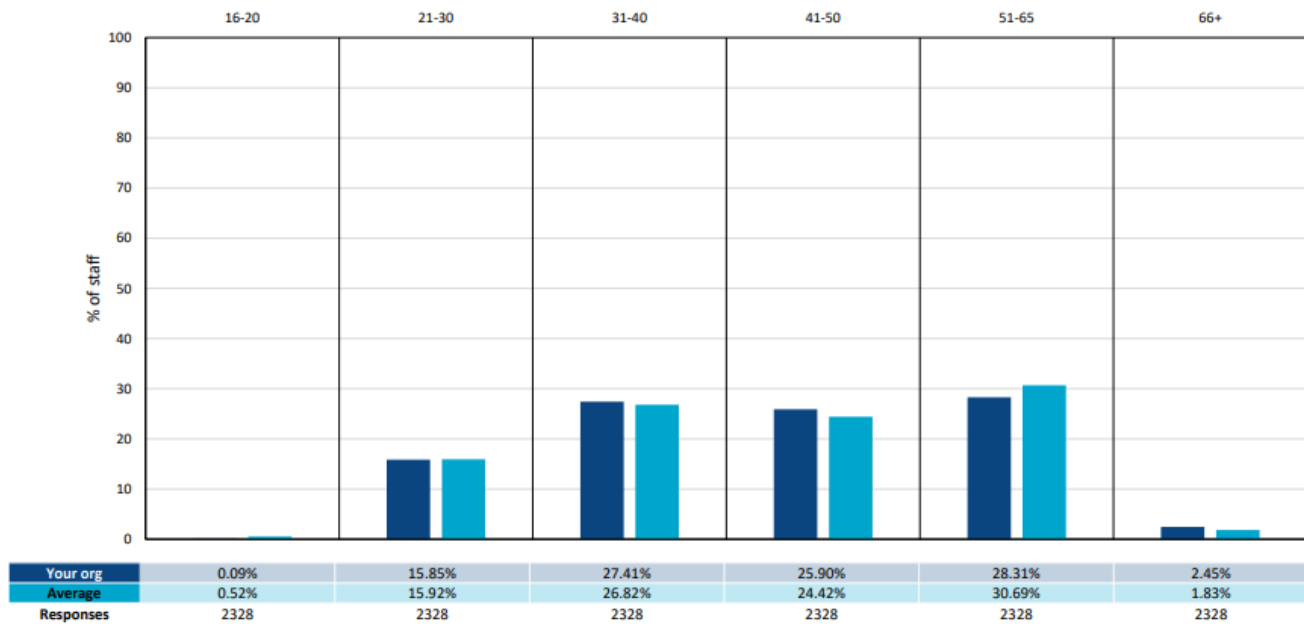
### Demographics – Gender



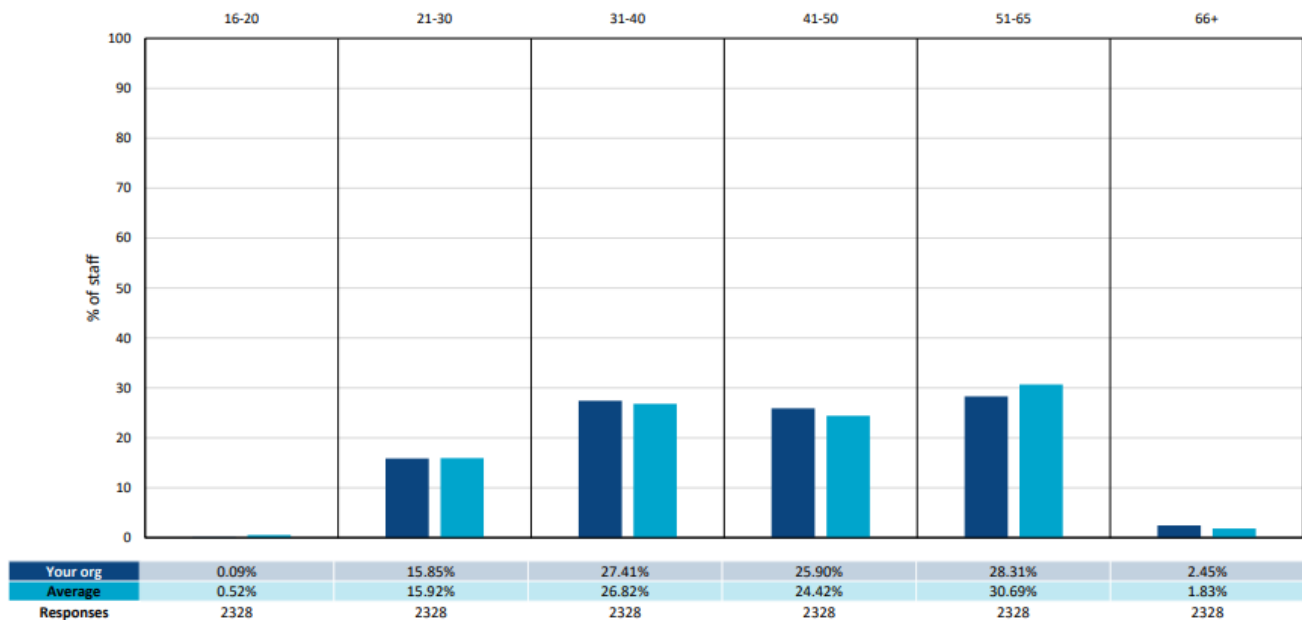
### Demographics – Is your gender identity the same as the sex you were registered at birth?



## Demographics – Age

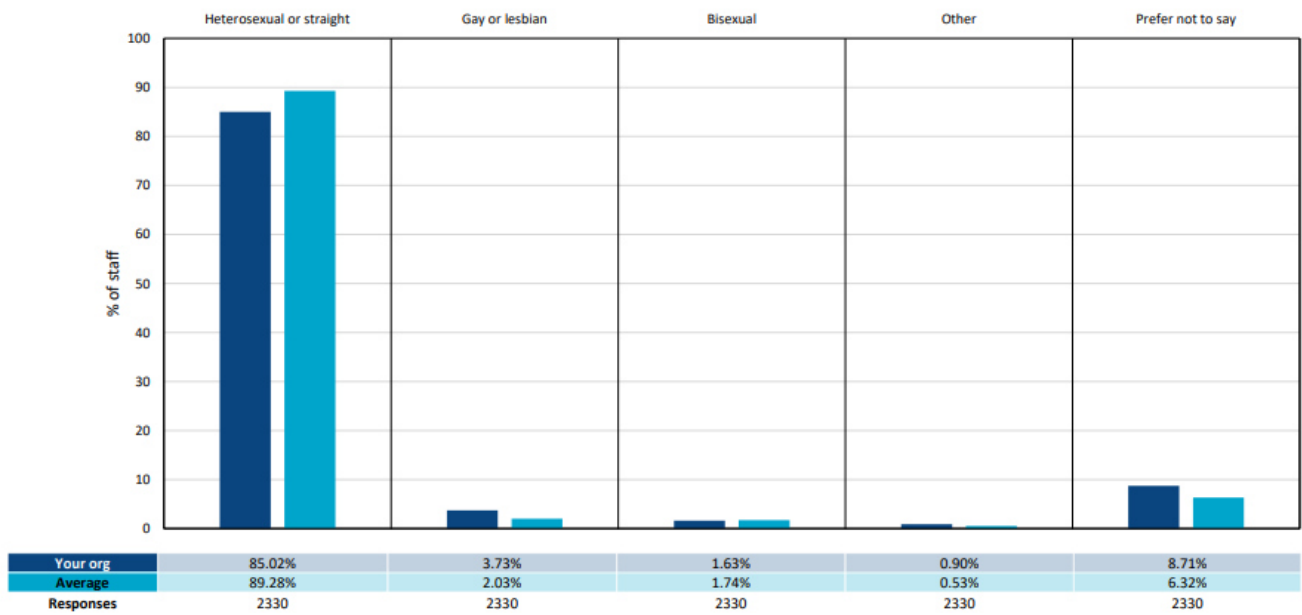


## Demographics – Ethnicity

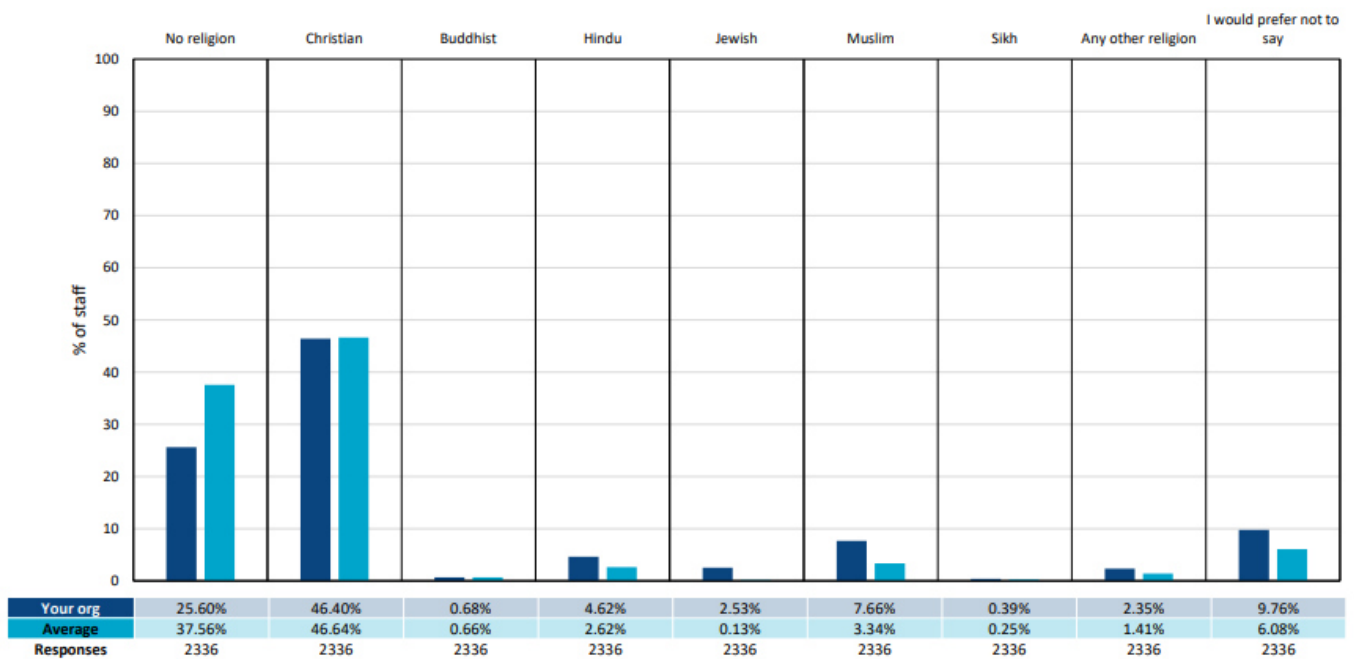




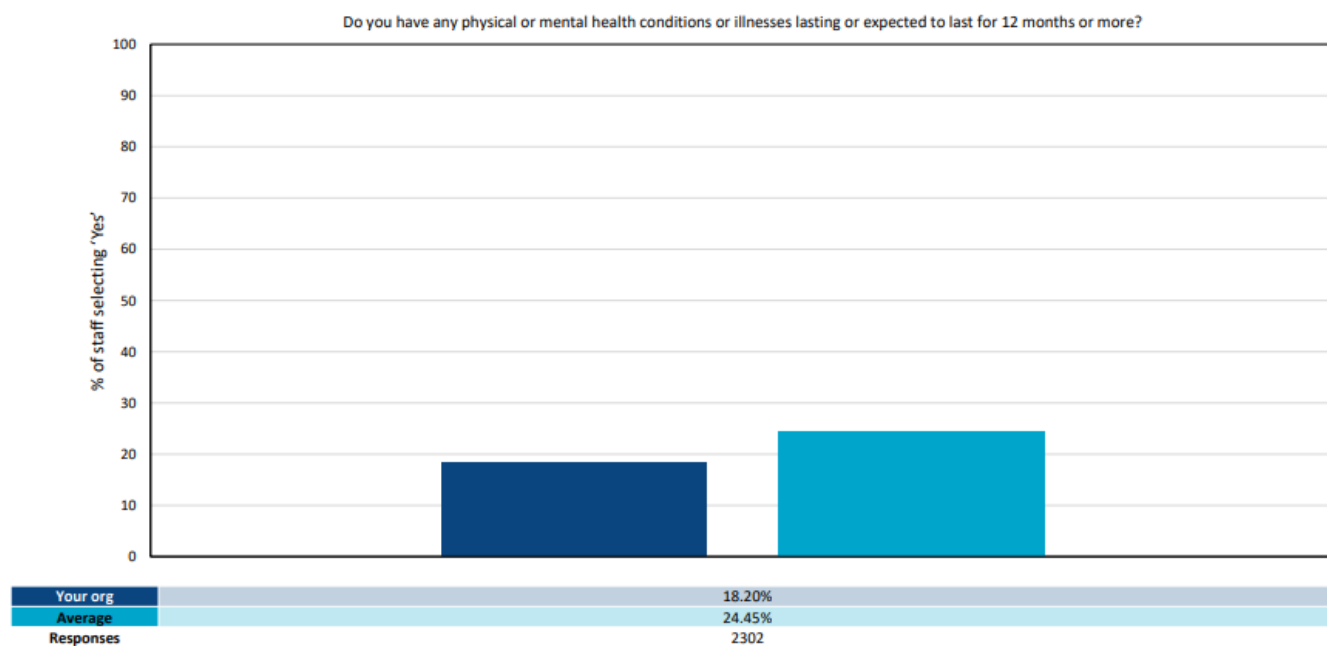
## Demographics – Sexual Orientation



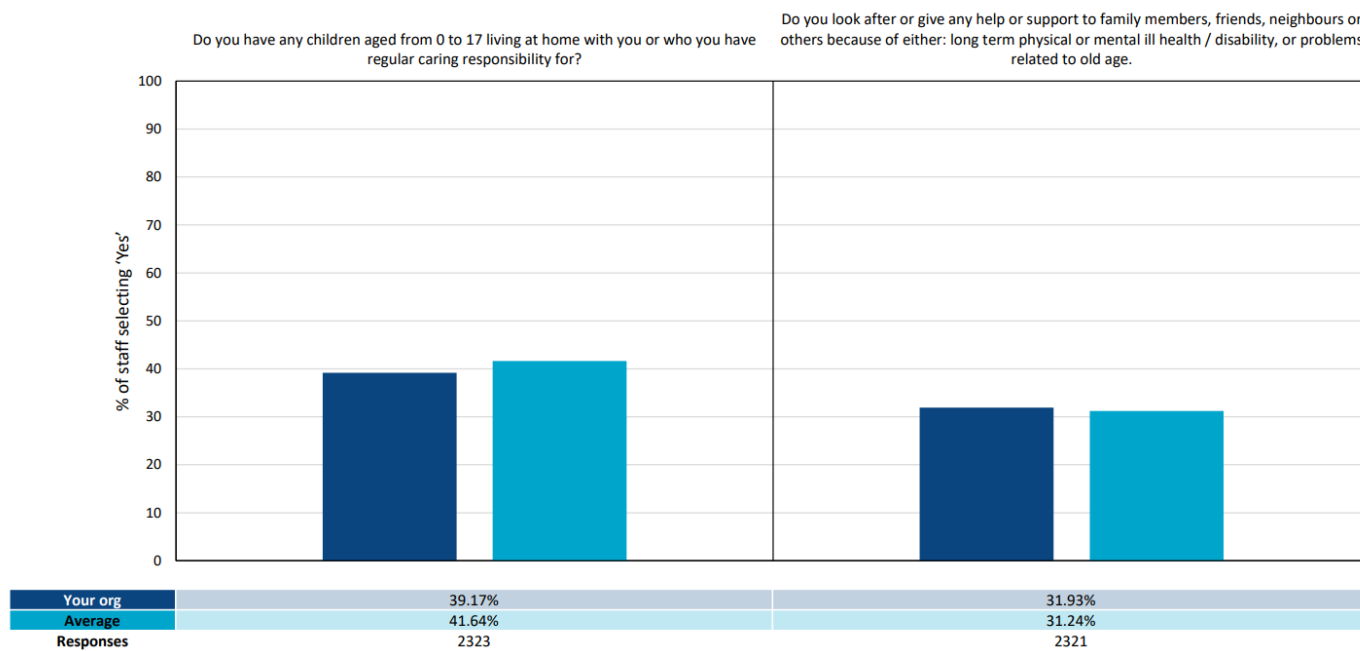
## Demographics – Religion



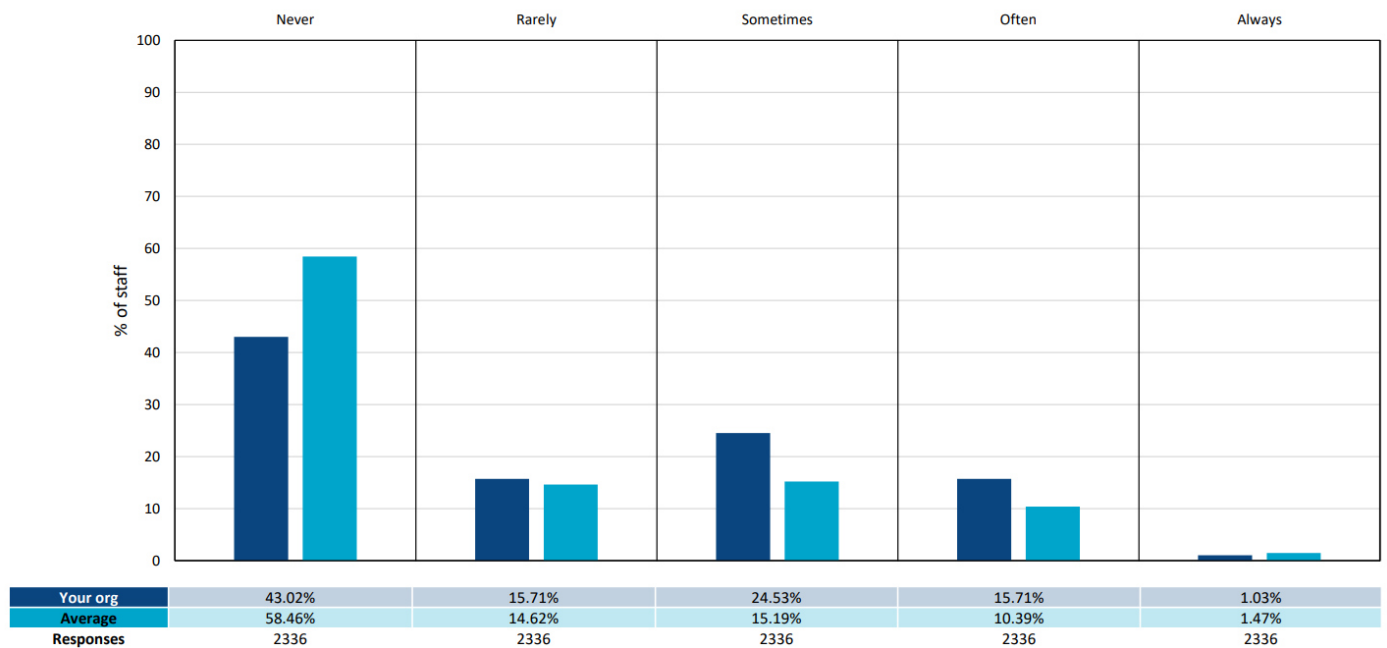
## Demographics – Long lasting health conditions



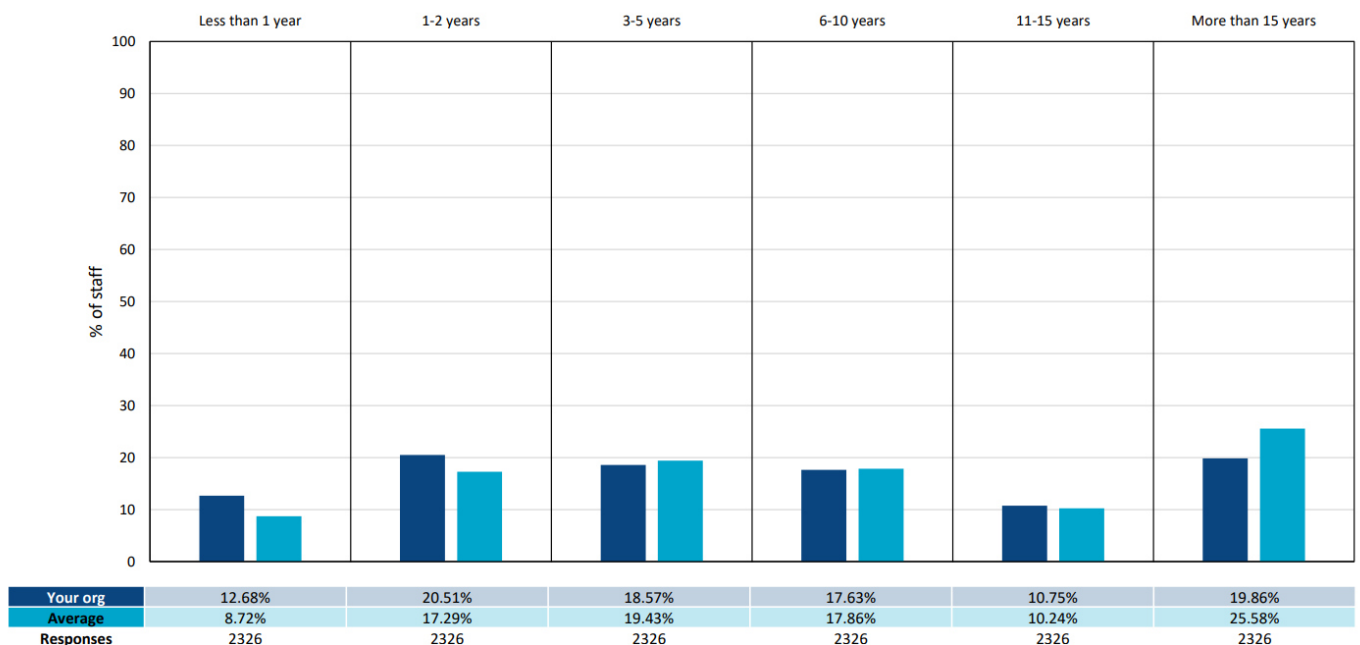
## Demographics – Parental/caring responsibilities



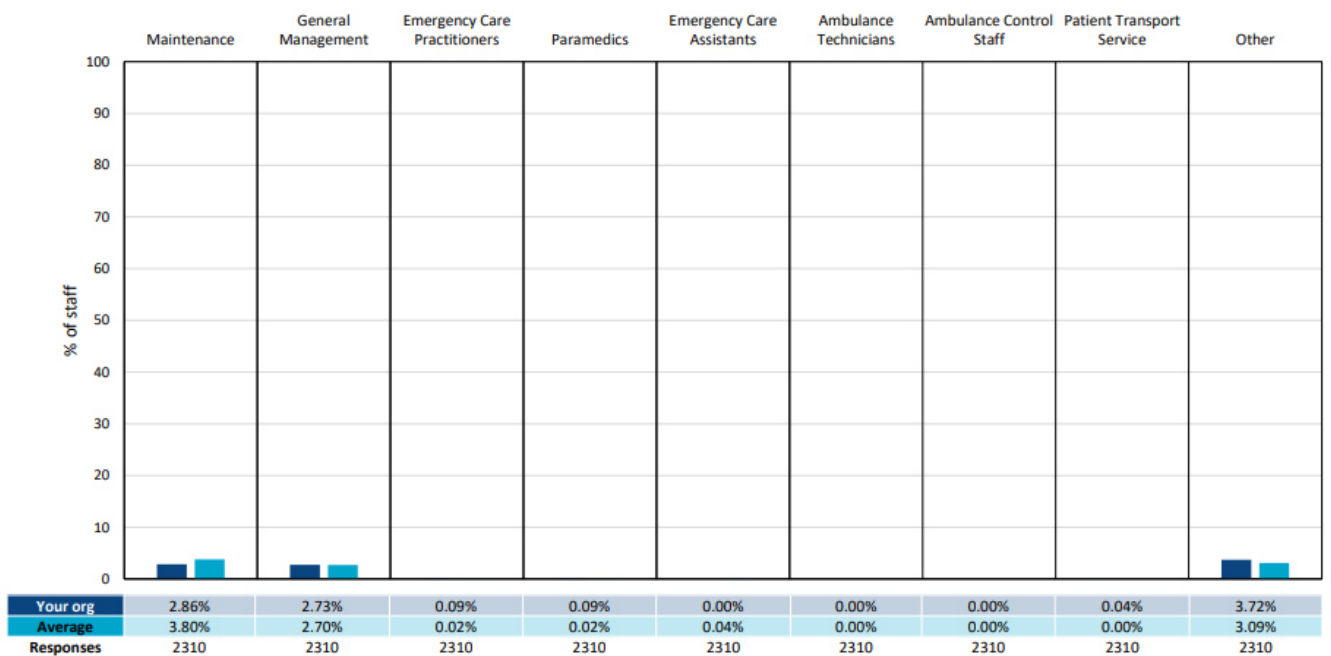
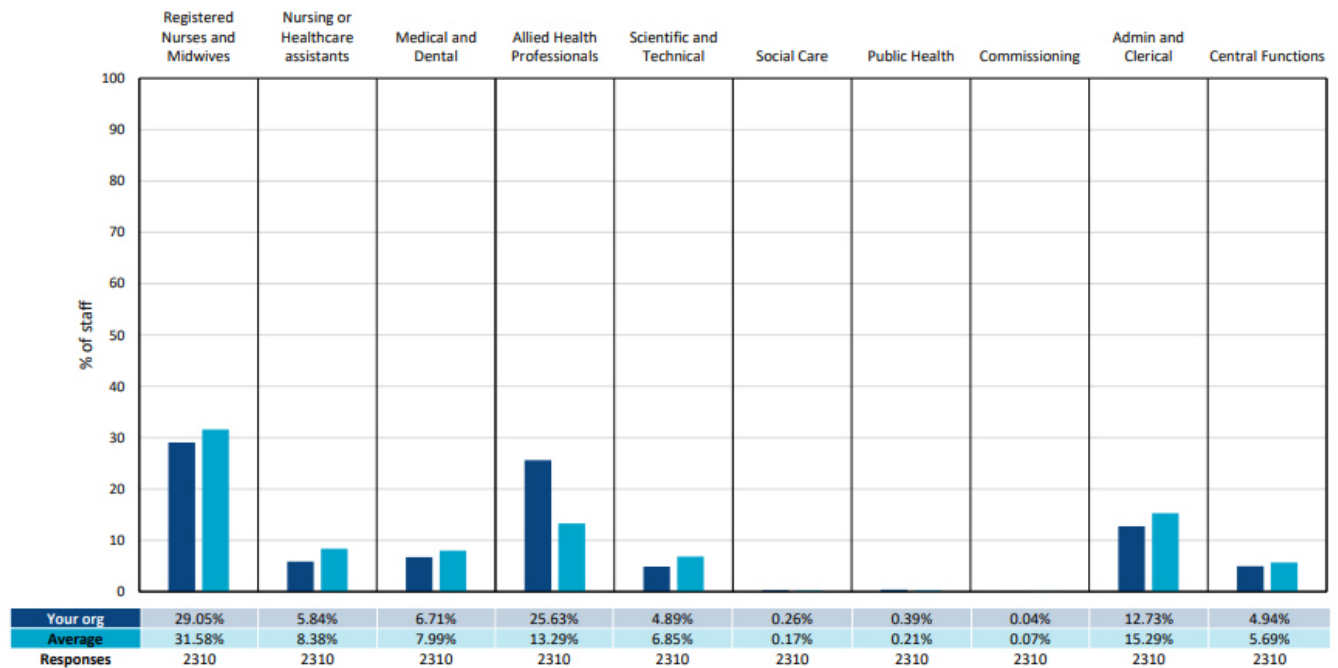
## Demographics – How often do you work at/from home?



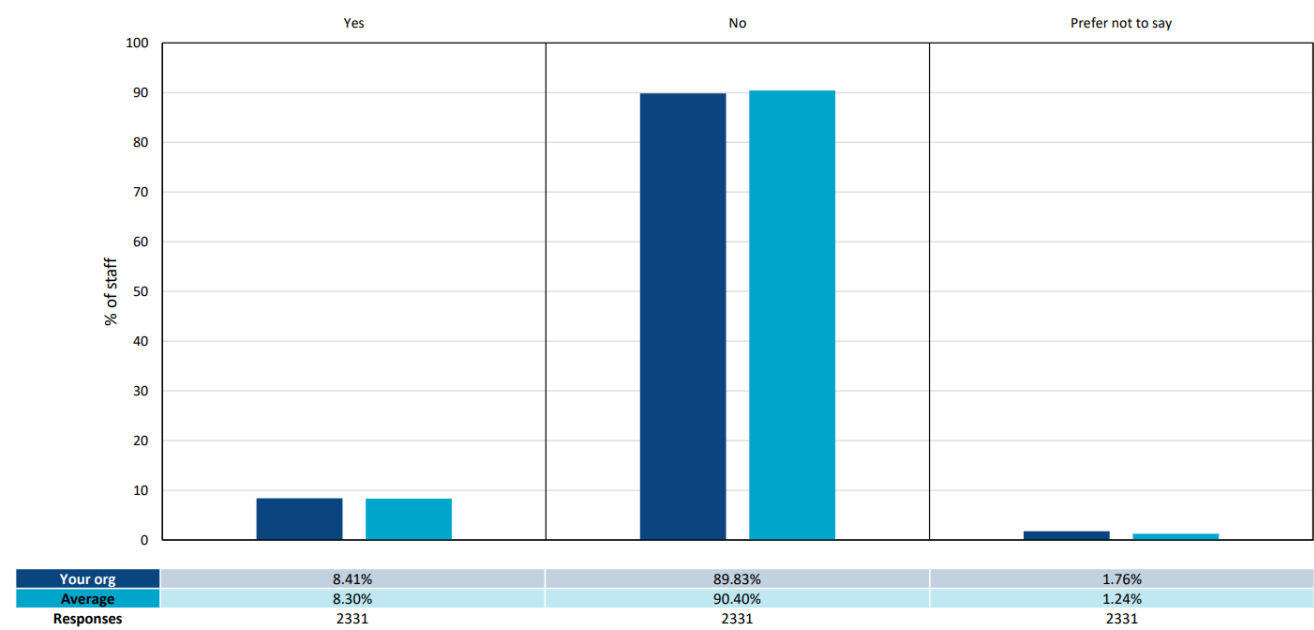
## Demographics – Length of service



## Demographics – Occupational group



Demographics – When you joined this organisation, were you recruited from outside the UK?



## Appendix 3 – PPE and themes by Staff Group

**Table 9:** Breakdown of People Promise Element and Themes results by Staff Group

Theme	WH Overall	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Students
We are compassionate and inclusive	7.3	7.6	7.4	7.3	7.7	6.7	*	7.1	7.1	*
We are recognised and rewarded	6.1	6.4	6.0	6.2	6.3	5.6	*	5.9	5.8	*
We each have a voice that counts	6.8	6.8	6.8	6.8	7.1	6.5	*	6.5	6.6	*
We are safe and healthy	6.1	6.1	6.4	6.5	6.0	6.2	*	5.6	5.7	*
We are always learning	5.8	5.8	5.7	5.5	6.0	5.5	*	5.5	6.0	*
We work flexibly	6.2	6.2	6.0	6.4	6.6	6.0	*	5.6	5.9	*
We are a team	6.9	7.3	6.9	7.0	7.2	6.0	*	6.2	6.8	*
Staff Engagement	7.0	7.1	7.2	6.9	7.1	6.9	*	6.8	7.0	*
Morale	5.9	6.0	6.2	6.0	5.8	5.9	*	5.7	5.7	*

\* Results are unweighted and may therefore vary to those in figure 1 above. Each People Promise element or theme score is graded in green where the score is above organisational average and red where the score is below organisational average. Where a division or directorate has scored the same as the organisation's average it is graded black.

## Appendix 4 – Communications Plan

Timeline and Activity	Timing	Audience	Lead on content creation
Full & Directorate Whittington Health reports received and sent to senior leaders - EMBARGO STILL IN PLACE	Friday 7 March '25	Senior WH leaders	OD
Embargo lifted – NSS Results out – Comms on intranet, CEO email and notice board	Wednesday 13 March '25	All Staff	Comms
Reactive media lines signed off	TBC	Public	Comms
Social media highlighting any positives	Monday 17 March '25	Public	Comms
CEO Brief – results out & brief summary	Friday 21 March '25	All Staff	Comms
Staff Survey report to Executive	Monday 31 March '25	Executive	OD
Staff Survey report discussed at TMG and priority focus areas agreed	Tuesday 8 April '25	TMG	OD
Staff Survey to be shared at Workforce Assurance Committee	Monday 14 April '25	WAC	OD
CEO Brief – focus on staff survey results & Trust wide areas for improvement	Wednesday 16 April '25	All Staff	OD
Staff Survey Report to be presented at Trust Board	Wednesday 21 May '25	Trust Board/Public	OD
Staff Survey Report presented at Partnership Group	TBC	PG	OD
WH Managers guide for using staff survey data: sent to all Division/ Directorates	March/April	Senior WH leaders	OD & HRBPs
Division/Directorate leads to cascade information via relevant Boards including 'We Said We Did' template. HRBPs to support and ensure placed on agendas.	August/September	All staff	Dir of Workforce
Division/Directorate leads to present draft staff survey action plan at next Quarterly Performance Review		Leads	Division Directorate leads
Design/deliver/ commission interventions in Divisions	From April '25 onwards	Leads	HRBPs/ Inclusion / OD / OH
Division/ Directorate leads to review interventions and report to QPR Boards		Leads	Division/ Directorate leads
Review of interventions/Trust wide listening events with executives shared with all staff – 'Your voice matters'	March ready for April	All staff	Comms

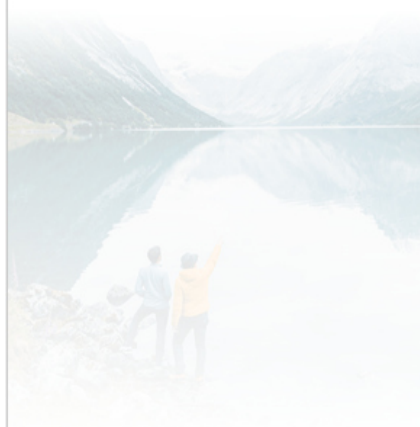
### Step 1 – Deep Dive into your Data

1. Open your RAG report (the excel spreadsheet that has been sent to you)
2. Within the excel spreadsheet, find either:
  - o Your **directorate** in **Locality 1** tab
  - o Your **departments** in **Locality 2** tab, or
  - o Your **team** in **Locality 3**
3. The RAG report will show whether you are green, amber or red for the survey questions
  - o **Green** = better than organisation average
  - o **Amber** = in between organisation average
  - o **Red** = below organisation average
4. Use these results and encourage open discussions in teams to address specific concerns and strengths

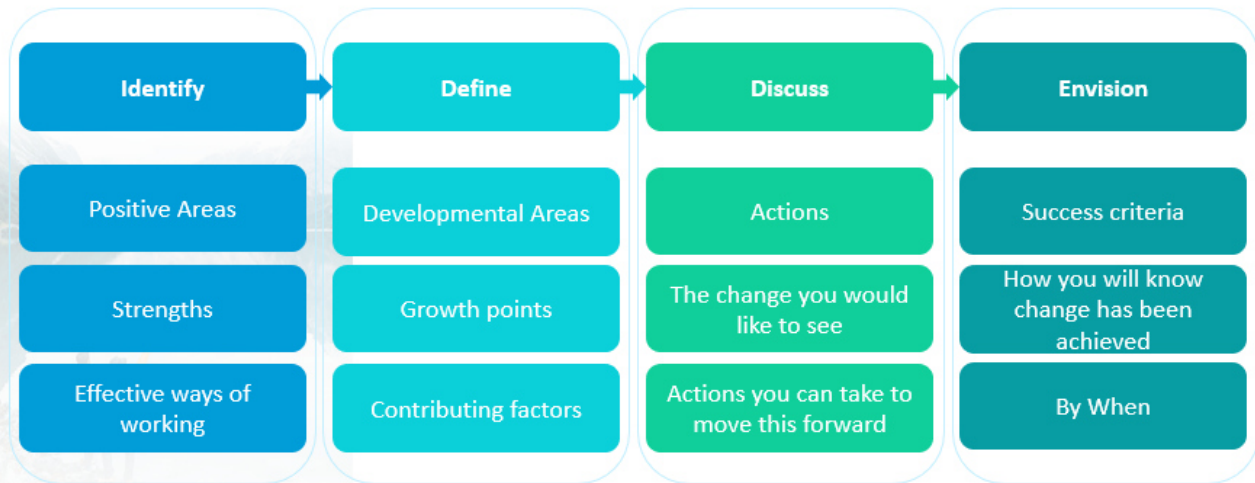


### Step 2 – Reflect and Discuss

- What **reflections** have you had about your data?
- What areas have been **positive** and show **effective** ways of working?
- What has contributed to these **strengths**?
- What are the **developmental areas** – the things that need to change and improve?
- What do you think has contributed to this?
- What might **you do to change this** and **move forward**?
- How will you know you have **achieved this**?
- **When do you want to achieve it by?**







## Step 3 – Staff Survey Improvement Plan

Use this Worksheet to categorise next steps towards bringing your vision to life

1. Consider your **People Promise** theme for improvement based on the data.
2. Use the **model** to help shape your plans and identify those actions necessary for success.
3. Once each key box is complete it will be impactful.





## Step 4 – Communicate improvement plan and success stories

- **Report back** to your Division Leads/Senior Management Team what your improvement area is for your team by May 2024 (share your 4-grid model)
- **Celebrate** your achievement using the below model when improvement has been made. Display it in your department:



**TIP for Division Leads:** Make this an ongoing part of your conversations and check-ins



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date:</b> 21.05.2025
<b>Report title</b>	<b>Annual Workforce Race and Disability Equality Standard submissions</b>	<b>Agenda item:</b> 10
<b>Executive lead</b>	Liz O'Hara, Chief People Officer	
<b>Report author</b>	Tina Jegede, ad Swarnjit Singh, Joint Directors of Inclusion, and Simon Anjoyeb, Inclusion Lead	
<b>Executive summary</b>	<p>This report presents the outcome of the annual workforce disability (WDES) and race equality (WRES) standards before submission to NHS England by 31 May. The outcomes from both the WRES and WDES (see tables 1 and 3) will also be publicised on our intranet and on our external web pages.</p> <p>The NHS's workforce standards for both disability and race contain indicators which look at the outcomes in areas such as recruitment, access to training and development, formal disciplinary processes and representation on the Board. In addition, both standards have several indicators which are drawn from the snapshot contained most recent NHS staff survey covering harassment from patients and staff and fairness in career progression.</p> <p>Headlines for this year's WRES results show:</p> <ul style="list-style-type: none"><li>• an increase in black and minority ethnic (BME) staff representation from 45% to 49.2%. The proportion of staff from a white background in the organisation was 37% and there is unrecorded staff ethnicity for 13.8% of the workforce.</li><li>• There have been some improvements in several indicators: bullying and harassment from staff (indicator 6) and equal opportunities for progression (indicator 7).</li><li>• However, there has been a deterioration in indicators covering recruitment outcomes, disciplinary processes, bullying and harassment from patients and experiences of discrimination from staff.</li><li>• BME representation on the board) remains unchanged.</li></ul> <p>The 2025 WDES results show the following:</p> <ul style="list-style-type: none"><li>• While there has been improvement, there remains an unknown disability status recorded on the electronic staff record for 28.2% of staff.</li><li>• Over the ten metrics, staff with a disability fare less well in terms of work experience when compared with staff with no disability.</li><li>• Improvements were seen in several indicators particularly around recruitment, capability processes, bullying and harassment from patients, and staff believing there are equal opportunities for career development.</li><li>• There was a small decline in the indicator for bullying and harassment from managers</li></ul>	

	<ul style="list-style-type: none"> <li>The gap in experience between disabled and non-disabled staff appears to be widening in indicators for bullying and harassment from managers and other colleagues, and for presenteeism and feeling valued.</li> </ul> <p>The priority actions identified for both disability and race equality standard submissions are outlined in section 3 of this report.</p>
<b>Purpose</b>	Approval
<b>Recommendation(s)</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>note the outcomes from this year's WRES and WDES which will be publicised on our external webpages and intranet;</li> <li>continue to support the ongoing work arising from these results; and</li> <li>approve the WDES and WFRES outcomes for submission to NHS England by the deadline of 31 May.</li> </ol>
<b>BAF</b>	People 1 and People 2 entries
<b>Report history</b>	Annual equality submissions to NHS England
<b>Appendices</b>	<p>1: 2019/23 WRES outcomes summary</p> <p>2: 2019/25 WDES outcomes summary</p>

## **Annual Workforce Race and Disability Equality Standard submissions**

### **1. Workforce Race Equality Standard (WRES)**

- 1.1 Collecting data on diversity and inclusion enables organisations to focus on specific areas for improvement to create and sustain a more inclusive culture. The Trust has accumulated ten years of data, and some parameters and reporting requirements have changed over that period (for example, for indicators nine and seven). However, seeing the data together provides an overview of progress.
- 1.2 The WRES outcomes are drawn from data held in the Trust's Electronic Staff Record (ESR) and other systems:
- Indicator 1: Data is taken from ESR with a snapshot date of 31 March 2025.
  - Indicator 2: Data is taken from the Trust's TRAC Recruitment Software with a data collection period of 1 April 2024 to 31 March 2025.
  - Indicator 3: Data is taken from internal the internal employee relations database with a data collection period of 1 April 2024 to 31 March 2025.
  - Indicator 4: Data is taken from the Trust's Elev8 learning management system with a data collection period of 1 April 2024 to 31 March 2025.
  - Indicators 5-8: Data is taken from the 2024 NHS Staff Survey.
  - Indicator 9: Data is taken from ESR with a snapshot date of 31 March 2025.
- 1.3 Table 1 overleaf summarises the Trust's WRES results since 2019. More detailed data, including a gap trend, is available in Appendix 1.

**Table 1: Summary of WRES Indicators, 2019-2025**

WRES Indicator			2019	2020	2021	2022	2023	2024	2025	7 Year Trend
1	Workforce ethnicity	BME	41.6%	40.2%	40.0%	38.2%	41.5%	45.0%	49.2%	
		White	42.6%	37.8%	37.0%	37.7%	37.4%	37.4%	37.0%	
		Unknown	15.8%	22.0%	23.0%	24.1%	21.1%	17.6%	13.8%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.65	1.55	1.64	1.42	1.51	1.63	1.79	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.44	0.85	1.57	3.75	0.68	1.11	2.51	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development compared to BME		0.94	0.91	1.26	1.01	0.93	0.84	1.09	
5	Percentage of staff experiencing harassment, bullying or abuse from the public in last 12 months	BME	35.9%	32.5%	30.3%	28.6%	29.3%	28.1%	28.3%	
		White	30.5%	30.6%	28.9%	27.9%	30.4%	26.3%	23.0%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	36.2%	31.9%	29.7%	27.7%	25.4%	24.2%	24.1%	
		White	31.4%	29.9%	24.2%	25.7%	24.3%	20.6%	20.9%	
7	Percentage of staff who believe that trust provides equal access to career progression or promotion	BME	35.8%	39.7%	39.7%	39.9%	41.2%	46.3%	46.9%	
		White	56.2%	58.2%	56.4%	54.4%	57.5%	56.4%	59.0%	
8	Percentage of staff who experience discrimination at work from a manager or other colleagues	BME	20.3%	16.1%	16.9%	15.2%	15.0%	11.8%	14.4%	
		White	9.5%	7.8%	8.2%	8.3%	9.4%	7.4%	7.9%	
9	Percentage membership of Board		20.0%	16.7%	16.5%	17.6%	26.7%	26.7%	26.7%	
	Representation of BME in Board membership compared to the workforce		-21.8%	-23.0%	-16.5%	-20.6%	-14.8%	-18.3%	-22.5%	

1.4 Commentary on the results and trends is shown below for each of the nine WRES indicators.

**Indicator 1 (Trust profile: white, black, and minority ethnic (BME) staff at different pay bands)**

1.5 In many NHS trusts, including Whittington Health, a typical workforce representation shows that the proportion of white staff increased with bandings and the proportion of BME staff decreased, the higher the pay band. At Whittington Health, band 7 (clinical) and band 7 (non-clinical) is the point where BME underrepresentation becomes a declining trend. It is hoped that the Trust will be able to use these analyses to focus ongoing efforts on making career progression more equitable for BME employees in specific roles and pay bands where significant disparities exist.

1.6 Declaration rates for workforce ethnicity have increased since 2023, Currently, 49.2% of the workforce is from a BME background (+4.2% compared to 2024), 37.0% of the workforce is from a white background (-0.4% compared to 2024) and 13.8% of the workforce's ethnicity is unknown (-3.8% compared to 2024).

1.7 This was one of the key drivers for the NHS England (London) setting Model Employer targets for individual NHS organisations. The suggested targets are for the proportion of BME staff expected at senior levels (band 8A and above) over ten years (2018-28), to help achieve improved equity and to demonstrate that they are an employer more reflective of the communities served at all organisational levels. The targets do not, however, align with the proportion of BME staff within the organisation, however.

1.8 The table below shows that the suggested targets are being met, and the majority of pay bands exceed targets, as shown in Table 2 (below). This data will continue to be reviewed to ensure accurate information is available on senior staff bandings in Clinical Divisions and corporate departments.

**Table 2: Progress against the NHS Model Employer suggested targets**

	2021 Actual	2021 Goal	2021 Gap	2022 Actual	2022 Goal	2022 Gap	2023 Actual	2023 Goal	2023 Gap	2024 Actual	2024 Goal	2024 Gap	2025 Actual	2025 Goal	2025 Gap
<b>Band 8A</b>	62	75	-13	80	81	-1	101	87	+14	129	93	+36	136	98	+38
<b>Band 8B</b>	21	25	-4	29	27	+2	34	29	+5	38	31	+7	43	33	+10
<b>Band 8C</b>	5	7	-2	8	9	-1	9	10	-1	10	11	-1	16	13	+3
<b>Band 8D</b>	3	3	0	5	3	+2	6	3	+3	4	4	0	5	4	+1
<b>Band 9</b>	1	1	0	1	1	0	1	1	0	1	2	-1	2	2	0

**Indicator 2 (Relative likelihood of being appointed)**

1.9 Since 2022, the relative likelihood of white applicants being appointed compared to BME applicants has increased from 1.42 to 1.79 in 2025, showing a decline in performance in this indicator. The 1.79 ratio means that white applicants are more likely than BME applicants to be appointed from shortlisting. This outcome is outside the target range of 0.80-1.25, suggesting there is a statistical adverse impact for BME applicants.

**Indicator 3 (Relative likelihood of entering a formal disciplinary process)**

1.10 In 2022, the relative likelihood was at an all-time-high of 3.75, which showed that BME staff were more likely to enter formal disciplinary processes than white staff. After the introduction of fairness panels this dropped to 0.68 in 2023 (indicating white staff were slightly more likely than BME to enter a formal disciplinary process).

In 2024, the likelihood increased to 1.11 but was within the target range of 0.8 to 1.25 for this indicator. However, in 2025 this increased to 2.51, highlighting a decline in performance.

The following summarises the results of the formal review process.

	<b>BME</b>	<b>White</b>	<b>Unknown</b>
Summary Dismissal	3	3	0
Resignation	4	1	1
Informal Resolution	2		1
Formal written warning	3	0	0
No further Action	2	2	0

1.11 In total, 22 cases went through a formal disciplinary process, with 11 involving BME staff, 6 presenting as white and 2 unknown ethnicities. The analysis indicates that dismissal outcomes were equal for both BME and White staff. However, a significant proportion of those who resigned before the case concluded were from a BME background, for which there are no additional details.

1.12 The cases that were resolved informally and those that received no further action suggest a need to evaluate the effectiveness of the fair treatment process. The Trust is currently implementing a Restorative Just Culture, which will help further reduce the likelihood of similar cases in the future.

#### **Indicator 4 (Access/uptake of continuing professional development and non-mandatory training)**

1.13 In 2024, the relative likelihood of was 0.84 indicating that BME staff were slightly more likely to access training than white staff. In 2025, the relative likelihood increased to 1.09, indicating that BME staff are slightly less likely to access non-mandatory training than white staff; however, the 2025 score is closer to equity (1.00), and remains well within the target range of 0.8 to 1.25.

#### **Indicator 5 (Experiences of bullying, harassment and abuse from the public)**

1.14 Performance for this indicator improved between 2019-2022, and the gap in experience between BME and white staff narrowed. Performance decreased during 2023-24 and 2025 to 28.3% (by -0.2%); the gap in experience between BME and white staff has increased from -2.8% in 2024 -5.3% to 2025. The performance for this indicator for acute/community trusts in England was 23.2% for white staff (0.2% worse compared to the Trust's score), and 28.3% for BME staff, indicating the Trust has similar performance compared to the national average for both groups.

#### **Indicator 6 (Experiences of bullying, harassment and abuse from colleagues)**

1.15 Since 2019, this indicator has been on a downward trend for BME staff. The results show an improvement in BME staff experiences, decreasing from 24.2% in 2024 to 24.1% (-0.1%) and white staff decreasing from 21.6% in 2024 to 20.9% (-0.7%) in 2025. The gap in experience between BME and white staff also increased from -2.6 in 2024 to -3.2% in 2025. The average scores for acute/community services in England for BME staff is 24.8% (0.7% worse compared to the Trust's score) and white 21.5% (0.6% worse than the Trust's score), indicating the Trust has a higher performance compared to the national average.



**Indicator 7 (Percentage of staff believing there are equal opportunities for career development)**

- 1.16 The experience of the Trust's BME staff has been increasing since 2019. In 2025, the experiences of BME staff increased 0.6%, from 46.3% in 2024 to 46.9%. For white staff, this increased by 2.6%, from 56.4% in 2024 to 59.0%; the gap in experience increased from 10.2% in 2024 to 12.1% in 2025.

However, the acute/community average in England is 49.7% for BME (2.8% better than the Trust's score) and 58.8% for white staff (0.2% worse than the Trust's score). This suggests that the Trust has a lower performance for BME staff and a slightly higher performance for white staff compared to the national average.

**Indicator 8 (Percentage of staff who have experienced discrimination from their managers and other colleagues)**

- 1.17 The experience of the Trust's BME staff experiencing discrimination decreased between 2020-2024. However, in 2025 this increased to 14.4% from 11.8% in 2024 (+2.6%); for white staff this increased to 7.9% in 2025 from 7.4% in 2024 (+0.5%). The gap in experience between BME and white staff increased from -4.4% to -6.5% in 2025. Compared to the national average for acute/community trusts, the BME staff score was 15.7% (1.3% worse than the Trust's score) and 6.9% (1% better than the Trust's score) indicating the Trust has a higher performance for BME staff and a lower performance for white staff compared to the national average.

- 1.18 The number of responses to the staff survey from estates and facilities staff more than doubled from 25 BME colleagues in 2023 to 72 in 2024, resulting in a difference of +47. This significant rise, along with reports of concerns regarding supervision in the department, may have contributed to the current outcome on this indicator.

**1.19 Indicator 9 (Board representation)**

The Board's composition of BME members has been consistently 26.7% since 2023. The minus 22.5% shows an under-representation on the Board compared to the organisational profile, which represents an increase in under-representation compared to 2024. This pertains to the increase in the representation of BME staff within the workforce, as well as a significant proportion of BME staff being recruited to the organisation. This has remained a consistent trend since 2022 (as the ethnicity declaration rate of the workforce has improved over the same period).

**2. Workforce Disability Equality Standard (WDES)**

- 2.1 The first report submitted at the end of July 2019 was based on 2018/19 data. The 2025 submission is based on data for 2024/25, drawn from data held in the Trust's Electronic Staff Record (ESR) and other systems, as follows (gap trends are shown in Appendix 2):

- Indicator 1: Data is taken from ESR with a snapshot date of 31 March 2025.
- Indicator 2: Data is taken from the Trust's TRAC Recruitment Software with a data collection period of 1 April 2024 to 31 March 2025.
- Indicator 3: Data is taken from internal the internal employee relations database with a data collection period of 1 April 2024 to 31 March 2025.
- Indicators 4-9: Data is taken from the 2024 NHS Staff Survey.
- Indicator 10: Data is taken from ESR with a snapshot date of 31 March 2025.

**Indicator 1 (Trust profile for staff with and without disabilities at different bands)**

- 2.2 Since 2021, there has been an annual increase in the number of staff who declared that they have a disability: in 2025, 5.9% of staff declared a disability - a 1.6% increase from 2024. There also has been a 8.8% reduction from 2024 in staff for whom the disability status is unknown. Increasing the workforce's disability declaration will remain a high priority for the Trust as there is a big disparity (-12.3%) between data held on the ESR (5.9%) and the NHS staff survey response rate for disabled staff (18.2%) which corresponds with the

representation of disabled people in the local community. This disparity between disabled staff respondents in the staff survey and ESR data is a recurrent finding and demonstrates that there is still a stigma for some staff to feel comfortable about disclosing their disability.

**Indicator 2 (Relative likelihood of being appointed)**

- 2.3 In 2024, the relative likelihood was 1.28, meaning that disabled candidates were less likely than non-disabled candidates to be appointed from shortlisting. In 2025, this dropped to 1.16. This still means that non-disabled candidates are more likely to be appointed. However, it is within the target range of 0.80–1.25, which shows that there is not a statistically adverse impact on disabled candidates for this indicator.

**Indicator 3 (Relative likelihood of entering formal capability process)**

- 2.4 In 2023, the relative score for this indicator was 5.37. This means that disabled staff were more likely to enter a formal capability process than non-disabled staff (over a two-year rolling average period). In 2024, this rose to 6.74, and in 2025, it fell to 4.44 showing an improvement in performance over a two-year rolling average period but remains outside the target range of 0.80-1.25. Within the two-year rolling average, one case involved a member of staff with a disability, three involved members of staff without a disability and five cases involved staff where their disability status was unknown. This metric is impacted by the low levels of declaration and the low number of cases on capability performance and is an issue that has been highlighted nationally by NHS Mandated Standards team for all NHS trusts.

**Indicator 4a (Relative percentage of staff experiencing bullying from patients)**

- 2.5 In 2025, the performance for this indicator improved for disabled staff to 31.4% (-1.0%), and for non-disabled staff 24.3% (-1.8%) compared to the previous year. The gap in experience between both groups has also increased from -5.2% in 2024 to -7.1% in 2025. The national average for acute/community trusts in England is 29.4% for disabled staff (2% better than the Trust's score) and 22.7% for non-disabled staff (1.6% better than the Trust's score).

**Indicator 4b (Relative percentage of staff experiencing bullying from managers)**

- 2.6 Between 2019-24, there was an improvement on this indicator. In 2024, the performance for this indicator for disabled staff was 16.9%, and in 2025, it rose to 17.7% (+0.8%) and decreased for non-disabled staff (-0.8%) compared to the previous year.

The gap in experience between both groups also increased to -8.6% compared to -6.7% in 2024. The national average is 15.1% (2.6% better than the Trust's score) for disabled staff, and 8.1% (1.1% better than the Trust's score) for staff without disabilities.

**Indicator 4c (Relative percentage of staff experiencing bullying from colleagues)**

- 2.7 Since 2020, the performance for this indicator improved for disabled staff. In 2025, the performance improved for disabled staff to 22.9% (-0.8%) and non-disabled staff to 16.3% (-0.7%) compared to 2024. The gap in experience also reduced by 1% to -6.5% in 2025, from -7.5% in 2024. The average for acute/community Trusts in England for disabled staff is 25.2% (2.3% worse than the Trust's score), and for non-disabled staff at 16.2% (0.1% better than the Trust's score) indicating that the Trust has a higher performance for disabled staff and a slightly lower for non-disabled staff.

**Indicator 4d (Reporting bullying and harassment when experienced)**

- 2.8 In 2025, the performance for this indicator increased to 50.3% (+4.4%) for disabled staff and improved for non-disabled staff to 55.5% (+4.9%) compared to 2024. The gap in experience between the two groups also increased from 4.7% (2024) to 5.2% (2025). The national average for acute/community trusts in England is 51.8% for disabled staff (1.5% better than the Trust's score), and 51.7% for non-disabled staff (3.8% worse than the Trust's score). This indicates the Trust has a lower performance for disabled staff and higher performance for non-disabled staff compared to the national average. For all indicators (indicators 4a-d)

relating to bullying and harassment, disabled staff reported a higher incidence than non-disabled staff.

**Indicator 5 (Percentage of staff believing there are equal opportunities for career development)**

- 2.9 In 2025, the performance for this indicator increased for disabled staff to 42.0% (+2.6%) and increased for non-disabled staff to 54.6% (+0.4%) compared to 2024. The gap in experience between both groups also decreased from 14.8% in 2024 to 12.6% in 2025. The national average for acute/community trusts in England for disabled people is 51.3% (9.3% better than the Trust's score) and 57.6% for non-disabled staff (3% better than the Trust's score), indicating the Trust has a lower performance than the national average for both groups.

**Indicator 6 (Experiences of feeling pressure from manager to work when not well)**

- 2.10 In 2025, the performance for this indicator declined for disabled staff to 34.4% (+5.2%) and for non-disabled staff to 20.7% (+1.5%) compared to 2024. However, the gap in experience between both groups rose from 10.1% in 2024 to 13.7% in 2025. The national average for acute/community services in England is 20.7% (13.7% better than the Trust's score) for disabled staff and 18.7% (2% better than the Trust's score) for non-disabled staff. This indicates the Trust's performance is lower for both groups compared to the national average. The Trust score for this indicator may also be influenced by the high percentage of BME colleagues within the organisation as reflected in the WRES outcome (indicator 8) and the effects of intersectionality.

**Indicator 7 (Staff satisfaction of how much the Trust valued their work)**

- 2.11 In 2025, the performance for this indicator decreased for disabled staff scoring 36.2% (-2.2%) and increased for non-disabled staff at 51.8% (+1.2%), compared to 2024. However, the gap in experience between the two groups increased from 11.2% in 2024 to 15.6% in 2025. The national average for acute/community trusts is 34.7% (1.5% worse than the Trust's score) for disabled staff and 47.0% for non-disabled staff (4.8% worse than the Trust's score); this indicates that the Trust has a higher performance than the national average for both groups.

**Indicator 8 (Percentage saying employer made reasonable adjustments)**

The performance for this indicator has decreased in 2025 with 62.9% of disabled staff stating that they had adequate reasonable adjustments, compared to 66.1% in 2024 (-3.2%). Compared to the national average for acute/community trusts of 74.0% (11.1% better than the Trust's score) indicates the Trust has a lower performance than the national average. However, the individuals who have received adequate reasonable adjustments in the 2023/24 staff survey rose by 42 staff, representing a 18% increase from the 2022/23 staff survey.

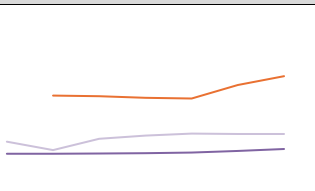


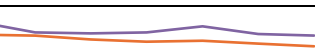
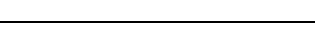




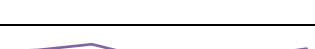



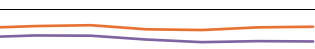
**Indicator 9 (Engagement scores)**

- 2.13 In 2025, the Trust's performance for this indicator remained at 6.4 for disabled staff and 7.2 (+0.1) for non-disabled staff, compared to 2024. The national average for acute/community trusts in England is 6.4 (equal to the Trust) for disabled staff and 7.0 (0.2 lower than the Trust) indicating the Trust has similar performance for disabled staff and slightly higher for non-disabled staff compared to the national average.

**Indicator 10 (Board representation)**

- 2.14 This metric relates to the representation of Board members in comparison to the Trust's overall workforce profile. Given the level of staff disclosure throughout the Trust, the results have limited meaning. The 2025 results show that the gap of 6.6% between representation on the Board and in the workforce (5.9%) continues to close which has been the case since 2022.

**Table 3: Summary of performance on each WDES indicator**

WDES Metric	Indicator Description		2019	2020	2021	2022	2023	2024	2025	7-Year Trend
1	Workforce Profile	Disabled	2.0%	2.0%	2.1%	2.5%	3.0%	4.3%	5.9%	
		Non-Disabled		50.0%	49.4%	48.1%	47.5%	58.7%	65.9%	
		Unknown		48.0%	48.5%	49.4%	49.5%	37.0%	28.2%	
		Disabled Staff Survey Resp.	12.0%	5.0%	14.2%	17.0%	18.6%	18.3%	18.2%	
2	Recruitment		1.24	0.96	1.02	0.84	1.18	1.28	1.16	
3	Formal Capability Processes		1.74	0.00	0.00	2.44	5.37	6.74	4.44	
4a	Bullying, harassment and abuse from patients/public	Disabled	40.3%	33.4%	32.8%	33.4%	37.4%	32.4%	31.4%	
		Non-Disabled	32.0%	31.3%	28.8%	27.4%	28.0%	26.1%	24.3%	
4b	Bullying, harassment and abuse from managers	Disabled	27.3%	24.1%	29.5%	22.7%	22.3%	16.9%	17.7%	
		Non-Disabled	19.3%	16.3%	13.5%	13.8%	11.2%	10.0%	9.2%	
4c	Bullying, harassment and abuse from other colleagues	Disabled	27.5%	32.9%	30.1%	27.7%	26.5%	23.7%	22.9%	
		Non-Disabled	24.5%	23.5%	19.0%	19.9%	17.3%	15.8%	16.3%	
4d	Reporting Bullying, harassment and abuse.	Disabled			43.8%	44.7%	47.1%	45.9%	50.3%	
		Non-Disabled			47.2%	48.6%	48.9%	50.6%	55.5%	
5	Equal opportunities for career development	Disabled	42.3%	46.6%	41.8%	38.5%	40.1%	39.4%	42.0%	
		Non-Disabled	47.8%	50.2%	49.7%	49.2%	51.8%	54.2%	54.6%	
6	Presenteeism	Disabled	32.0%	33.5%	37.4%	28.5%	29.5%	29.2%	34.4%	
		Non-Disabled	23.7%	22.0%	21.6%	22.0%	20.7%	19.2%	20.7%	
7	Feeling valued	Disabled	36.8%	39.3%	37.1%	33.8%	34.7%	38.4%	36.2%	
		Non-Disabled	48.4%	51.6%	53.7%	46.5%	45.6%	49.6%	51.8%	
8	Reasonable Adjustments	Disabled	62.5%	68.1%	67.0%	62.3%	64.7%	66.1%	62.9%	
9a	Engagement Scores	Disabled	6.6	6.7	6.7	6.5	6.3	6.4	6.4	
		Non-Disabled	7.1	7.2	7.3	7.0	7.0	7.1	7.2	
10	Board representation (Disability)		0.0%	13.0%	20.0%	20.0%	11.1%	11.1%	12.5%	
	Comparison to Disabled Workforce		-2.0%	11.0%	18.0%	17.5%	8.1%	6.8%	6.6%	

### 3. Priorities and next steps

- 3.1 The following areas have been identified from 2024-25 WRES data reporting as areas requiring our greatest focus through deep dives:
- recruitment outcomes from shortlisting
  - reviewing the cases going through formal disciplinary processes and their outcomes
  - fairness in career progression
  - discrimination from a manager or colleagues
  - Board membership
- 3.2 Further work will take place to understand and help to equalise the experiences of BME staff compared to white staff relating to:
- bullying, harassment and abuse from patients, public and service users
  - bullying, harassment and abuse from staff
- 3.3 The following table outlines some of the interventions that are planned and included in the Whittington Health's Inclusion plan 2024-26 which aligns with NHS England's Equality Diversity & Improvement Plan, which aims to promote workforce diversity, encourage inclusivity and reduce discrimination across the NHS workforce in England through six high-impact actions.

WRES indicator	Action areas
1 –Percentage of BME staff representation in senior level	<ul style="list-style-type: none"><li>• Enhance our information and coverage of the workforce to reduce the number of employees with unknown ethnicities.</li><li>• Secure positions for BME staff at Band 8A and above in national and sectoral talent management programs. This includes promoting the NHS Leadership Academy development programs such as Elizabeth Garrett, Edward Jenner, and Nye Bevan etc.</li><li>• Identify leadership development programs specifically designed for BME employees to help them build the skills and confidence necessary for career advancement.</li><li>• Implement individual development schemes within divisions and corporate departments to diversify their senior leadership positions.</li><li>• Continue offering external mentoring and coaching.</li><li>• Provide access to networking opportunities and increase visibility for employees within the organisation and in NCL</li></ul>
2 – Recruitment outcomes	<ul style="list-style-type: none"><li>• Continue efforts to enhance data access and quality.</li><li>• Review the recruitment and selection policy to ensure it aligns with guidance on inclusive and diverse panels.</li><li>• Maintain ongoing training for inclusive and diverse panels.</li><li>• Evaluate the effectiveness of inclusive and diverse panels and identify steps to fully integrate into the interview process.</li></ul>
5 – Bullying & Harassment	<ul style="list-style-type: none"><li>• Monitor incidents on a quarterly basis, creating targeted action plans for areas with a high number of reported incidents.</li><li>• Evaluate the Managing Violence and Aggression Policy based on the results of the staff survey.</li></ul>

WRES indicator	Action areas
	<ul style="list-style-type: none"> <li>• Implement focused interventions to tackle the increased reports of bullying and harassment among disabled staff compared to their non-disabled peers.</li> <li>• Develop and implement a civility and respect policy, along with guiding principles, throughout the organisation.</li> </ul>
7 – Career Progression	<ul style="list-style-type: none"> <li>• Create and implement a talent management plan to enhance staff diversity across all pay bands and track the progress of this implementation (by 2026).</li> <li>• Expand our talent management approach to include competency-based career progression paths for all levels of staff, not just executives.</li> <li>• Work alongside the Organisational Development team to fulfil our obligations for the Once4London Band 2-7 development program across London.</li> <li>• Develop and implement group supervision for staff from Black and Minority Ethnic (BME) backgrounds to help them progress in their careers and engage with development and career advancement opportunities.</li> <li>• Identify and support senior leaders from ethnic minority backgrounds to advance beyond their specific areas of expertise and move into executive roles through leadership programs, such as the Nye Bevan programme.</li> </ul>
9 – Board membership	<ul style="list-style-type: none"> <li>• Identify and support senior leaders from ethnic minority backgrounds to move beyond leadership within their area of expertise to executive roles through Leadership programmes such as the Nye Bevan</li> <li>• Develop proposals to help increase diversity on the Board through the NExT Director programme with NHS England's Non-Executive Director Appointments team.</li> </ul>

### Priority areas for action on disability

- 3.4 The most important priority for WDES improvement continues to be the disclosure rate. This is being encouraged through the WhitAbility staff network, line management, in training programmes, and through monthly performance reviews for our Clinical Divisions. In addition, work is also focussed on the use of health passports and Whittington Health's first policy on reasonable adjustments, including clear guidance for staff and their managers on the Department for Work and Pension's Access to Work scheme. It is envisaged that embedding the Reasonable Adjustment policy will help current efforts to improve the Trust's disability disclosure rate.
- 3.5 The Trust's promotion of reasonable adjustments will continue to ensure that staff and managers are aware of how health can impact work life and will publicise the ways in which support can be provided. The Inclusion team will continue to provide training, manage the centralised reasonable adjustment budget, and provide one-to-one support and engage with the workforce to support this aim. Case studies highlighting the reasonable adjustments that have helped several staff will also be used to promote the policy and this initiative.
- 3.6 Other aspects of WDES data comparing the experiences of staff with and without disabilities highlights that there is a big gap in experience particularly around bullying, harassment and abuse, presenteeism, etc. Further work to engage staff through the WhitAbility Network will be undertaken to identify core issues that may lead to experiential difference between both groups of staff.

- 3.7 The Trust has introduced a 'Just and Learning Culture' to enhance various aspects of workplace culture. This initiative aims to reduce bullying, promote inclusion, and foster staff engagement. It will also support the benefits of programs like reciprocal mentoring and reverse mentoring.

#### **4. Recommendations**

4.1 The Trust Board is asked to:

- i. note the outcomes from this year's WRES and WDES which will be submitted to NHS England and publicised on our external webpages;
- ii. continue to support the ongoing work arising from these results; and
- iii. approve the WDES and WFRES outcomes for submission to NHS England by the deadline of 31 May.

**Appendix 1 – summary of WRES indicators for from 2019 to 2025, including the gap between white and BME staff**  
(Colour coding is based on movement from the previous year: red is a fall in performance; green is an improvement)

WRES Indicator	2019		2020		2021		2022		2023		2024		2025	
	White	BME	White	BME	White	BME	White	BME	White	BME	White	BME	White	BME
1.Ethnic Profile	42.6%	41.6%	37.8%	40.2%	37.5%	39.7%	37.7%	38.2%	37.4%	41.5%	37.4%	45.0%	37.0%	49.2%
2.Likelihood of being appointed	1.65		1.55		1.64		1.42		1.51		1.63		1.79	
3.Likelihood of entering a formal process for disciplinary	1.44		0.85		1.57		3.75		0.68		1.11		2.51	
4.Take-up of non-mandatory training	0.94		0.91		1.26		1.01		0.93		0.84		1.09	
5.Experience of bullying from public	31.0%	36.0%	31.0%	33.0%	28.9%	30.3%	27.9%	28.6%	30.4%	29.3%	27.2%	28.1%	23.0%	28.3%
Gap	-5.0%		-2.0%		-1.4%		-0.7%		1.1%		-0.9%		-5.3%	
6.Experience of bullying from colleagues	31.0%	36.0%	30.0%	32.0%	24.2%	29.7%	25.7%	27.7%	24.3%	25.4%	20.6%	24.2%	20.9%	24.1%
Gap	-5.0%		-2.0%		-5.5%		-2.0%		-1.1%		-2.6%		-3.2%	
7.Career development	56.2%	35.8%	58.2%	39.7%	56.4%	39.7%	54.4%	39.9%	57.5%	41.2%	56.4%	46.3%	59.0%	46.9%
Gap	20.4%		18.5%		16.7%		14.5%		16.3%		10.1%		-12.1%	
8. Experience of discrimination	9.0%	20.0%	8.0%	16.0%	8.2%	16.9%	8.3%	15.2%	9.4%	15.0%	7.4%	11.8%	7.9%	14.4%
Gap	-11.0%		-8.0%		-8.7%		-6.9%		-5.6%		-4.4%		-6.5%	
9.Board / Trust comparative representation	-23.0%		-16.5%		-20.6		-27.2%		-14.8%		-18.3%		-22.5%	
Basic % of Total	20.0%		16.7%		12.5%		17.6%		26.7%		26.7%		26.7%	



## Appendix 2 – Summary of WDES indicators from 2019 to 2025, including the gap between disabled/non-disabled staff

Colour coding is based on movement from the previous year: red is a fall in performance; green is an improvement)

WDES Metric	Indicator Description		2019	2020	2021	2022	2023	2024	2025
1	Workforce Profile	Disabled	2.0%	2.0%	2.1%	2.5%	3.0%	4.3%	5.9%
		Non-Disabled		50.0%	49.4%	48.1%	47.5%	58.7%	65.9%
2	Recruitment		1.24	0.96	1.02	0.84	1.18	1.28	1.16
3	Formal Capability Processes		1.74	0	0	2.44	5.37	6.74	4.44
4a	Bullying, harassment and abuse from patients/public	Disabled	40.30%	33.4%	32.8%	33.4%	37.4%	32.4%	31.4%
		Non-Disabled	32.00%	31.3%	28.8%	27.4%	28.0%	26.1%	24.3%
		Gap	-8.30%	-2.10%	-4.00%	-6.00%	-9.40%	-6.30%	-7.10%
4b	Bullying, harassment and abuse from managers	Disabled	27.30%	24.1%	29.5%	22.7%	22.3%	16.9%	17.7%
		Non-Disabled	19.30%	16.3%	13.5%	13.8%	11.2%	10.0%	9.2%
		Gap	-8.00%	-7.80%	-16.00%	-8.90%	-11.10%	-6.90%	-8.50%
4c	Bullying, harassment and abuse from other colleagues	Disabled	27.50%	32.9%	30.1%	27.7%	26.5%	23.7%	22.9%
		Non-Disabled	24.50%	23.5%	19.0%	19.9%	17.3%	15.8%	16.3%
		Gap	3.00%	-9.4%	-11.1%	-7.8%	-9.2%	-7.9%	-6.6%
4d	Reporting Bullying, harassment and abuse.	Disabled			43.8%	44.7%	47.1%	45.9%	50.3%
		Non-Disabled			47.2%	48.6%	48.9%	50.6%	55.5%
		Gap			3.4%	3.9%	1.8%	4.7%	5.2%
5	Equal opportunities for career development	Disabled	42.30%	46.60%	41.80%	38.50%	40.10%	39.40%	42.00%
		Non-Disabled	47.80%	50.20%	49.70%	49.20%	51.80%	54.20%	54.60%
		Gap	-5.50%	-3.60%	-7.90%	-10.70%	-11.70%	-14.80%	-12.60%
6	Presenteeism	Disabled	32.00%	33.50%	37.40%	28.50%	29.50%	29.20%	34.40%
		Non-Disabled	23.70%	22.00%	21.60%	22.00%	20.70%	19.20%	20.70%
		Gap	-8.30%	-11.50%	-15.80%	-6.50%	-8.80%	-10.00%	-13.70%
7	Feeling valued	Disabled	36.80%	39.30%	37.10%	33.80%	34.70%	38.40%	36.20%
		Non-Disabled	48.40%	51.60%	53.70%	46.50%	45.60%	49.60%	51.80%
		Gap	11.60%	12.30%	16.60%	12.70%	10.90%	11.20%	15.60%
8	Reasonable Adjustments	Disabled	62.50%	68.10%	67.00%	62.30%	64.70%	66.10%	62.90%
9a	Engagement Scores	Disabled	6.6	6.7	6.7	6.5	6.3	6.4	6.4
		Non-Disabled	7.1	7.2	7.3	7.0	7.0	7.1	7.2
		Gap	0.5	0.5	0.6	0.5	0.7	0.7	0.8
10	Board representation (Disability)		0.00%	13.00%	20.00%	20.00%	11.10%	11.10%	12.5%
	Comparison to Disabled Workforce		-2.00%	11.00%	18.00%	17.50%	8.10%	6.80%	6.60%



<b>Meeting Title</b>	<b>Trust Board – public meeting</b>	<b>Date: 21 May 2025</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>	<b>Agenda Item: 11</b>
<b>Executive lead</b>	Jonathan Gardner, Chief Strategy, Digital and Improvement Officer	
<b>Report Owner</b>	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
<b>Executive Summary</b>	<p>Board members should note that all metrics are shown in summary, but only certain measures have been highlighted for further analysis and explanation based on their trajectory, importance, and assurance.</p> <p><b>Infection Prevention and Control</b> During April 2025 there were 2 HCAI C Difficile infections and 0 MRSA Bacteraemia bringing the total number of MRSA Bacteraemia's to 0 for the year (April 2025 – March 2026).</p> <p><b>Emergency Care Flow</b> During April 2025 performance against the 4-hour access standard was 70.3% and there were 223 12-hour trolley breaches. <i>*12-hour trolley breaches show the numbers of patients who waited longer than 12 hours to be admitted to the ward following a decision to admit (DTA)</i></p> <p><b>Cancer: 28-Day Faster Diagnosis Standard (FDS) March Performance – 80.3%</b> This is an improvement of 4.2% compared to February's performance of 76.1%.</p> <p><b>Cancer: 31 Days to First &amp; Subsequent Treatment March Performance – 97.9%</b> This is an improvement of 1.7% compared to February's performance of 96.2%.</p> <p><b>Cancer: 62-Day Combined Treatments March Performance – 84.4%</b> This is an improvement of 14.1% compared to February's performance of 70.3*%. At the end of April 2025, the Trust's position against the 62-day backlog was 44 patients. (*Due to a data error February's published figure of 66.9% is incorrect, this has been escalated and will be corrected during the 6-month data review.</p> <p><b>Referral to Treatment: 52+ Week Waits</b> Performance against 18-week standard for April 2025 was 63.3%, this is an improvement of 0.6% from March's performance of 62.7%. The Trust position against the 52-week performance has improved from 301 patients waiting more than 52-weeks for treatment in March 2025 to 293 in April 2025. The Trust had 30 patients waiting over 65 weeks and 5 patients waiting over 78-weeks at the end of April 2025.</p> <p><b>Complaints</b> Complaints Responded to Within 25 or 40 Working Days has worsened from 60.6% in March 2025 to 59.4% in April 2025 and remains below the required</p>	

	<p>standard of 80%. The Complaints Team continue to work closely with the Divisions to support with the completion of these and all complaint investigations.</p> <p><b>Workforce</b>  Appraisal rates for April 2025 were at 76.4%, this is an improvement of 0.7% from March's performance of 75.7%. Workforce continues to support service areas to improve overall compliance.</p>
<b>Purpose:</b>	Review and assurance of Trust performance compliance
<b>Recommendation</b>	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan
<b>Board Assurance Framework</b>	Quality 1; Quality 2; People 1; and People 2.
<b>Report history</b>	Trust Management Group
<b>Appendices</b>	1: Integrated Performance Report 2: Key Performance Targets by March 2026

# Whittington Health NHS Trust

## Performance Report

**May 2024**  
Month 1 (2025-2026)



# Community - Performance Dashboard

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2025-2026	Activity
IAPT Moving to Recovery	50.0%	48.1%	56.9%	54.2%	49.5%	48.4%	43.0%	52.0%	48.5%	47.9%	51.5%	54.6%			
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	94.4%	94.6%	95.0%	94.4%	96.9%	96.9%	97.0%	96.3%	96.1%	97.2%	97.1%			
% of MSK pts with a significant improvement in function (PSFS)	>75%	78.7%	79.6%	88.1%	72.7%	76.6%	77.6%	79.1%	81.0%	80.9%	82.1%	86.8%	78.2%	78.2%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	90.0%	100.0%	100.0%	91.7%	100.0%	92.3%	100.0%	85.7%	100.0%	80.0%	100.0%	100.0%	100.0%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	76.3%	72.4%	69.9%	78.3%	87.3%	71.8%	85.6%	77.3%		74.3%	81.2%	76.9%	76.9%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	84.1%	83.5%	93.1%	95.4%	90.9%	90.4%	89.9%	91.2%		84.0%	81.7%	93.8%	93.8%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	














# Adult Community - Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Feb-25	Mar-25	Apr-25	Average Wait (Latest Month)	No. of Patients Seen
Community Matron	>95%	6	89.3%	90.9%	100.0%	2.4	49
Adult Wheelchair Service	>95%	8	100.0%	98.1%	100.0%	9.2	34
Community Rehabilitation (IILT)	>95%	12	70.7%	76.1%	70.6%	6.8	3326
Community Rehabilitation (ICTT)	>95%		72.5%	69.1%	60.8%	11.5	30
Home-based Intermediate Care Service	>95%		58.1%	35.0%	16.7%	3.4	3
Paediatric Wheelchair Service	>95%	8		100.0%	100.0%	6.3	133
Bladder and Bowel - Adult	>95%	12	94.1%	95.6%	94.0%	7.1	625
Musculoskeletal Service - CATS	>95%	6	76.1%	72.3%	53.3%	8.1	1046
Musculoskeletal Service - Routine	>95%	6	80.7%	80.4%	57.1%	3.4	109
Nutrition and Dietetics	>95%	6	96.5%	92.9%	93.6%	12.3	324
Podiatry (Foot Health)	>95%	6	28.2%	20.1%	19.4%	3.5	15
Lymphoedema Care	>95%	6	26.3%	76.9%	86.7%	1.6	56
Tissue Viability	>95%	6	100.0%	100.0%	100.0%	1.5	56
Cardiology Service	>95%	6	92.9%	94.5%	100.0%	4.1	118
Diabetes Service	>95%	6	90.0%	76.9%	86.4%	3.1	60
Respiratory Service	>95%	6	98.0%	100.0%	98.3%	3.8	62
Spirometry Service	>95%	6	88.5%	93.2%	95.2%	2.5	152
Integrated MDT	>95%	6	96.3%	90.6%	87.5%	4.0	22
Self-Management	>95%	12	90.9%	44.4%	86.4%	4.5	13
Covid	>95%	6	90.0%	95.5%	76.9%	8.1	166
Community Rehabilitation HART General Rehab	>95%		72.2%	89.8%	78.9%	15.7	27
Community Rehabilitation HART Neuro			0.0%	12.1%	25.9%	4.8	9
Community Rehabilitation HART Stroke			100.0%	100.0%	100.0%		0
Indicator (Urgent Appointments)							
Adult Wheelchair Service	>95%	2	100.0%			16.2	19
Community Rehabilitation (IILT)	>95%	2	0.0%	21.9%	36.8%	1.5	2213
Community Rehabilitation (ICTT)	>95%		12.8%	12.2%	13.6%	1.3	128
Home-based Intermediate Care Service	>95%	2	86.5%	83.3%	78.9%		0
Musculoskeletal Service - CATS	>95%	2	42.1%	52.0%	21.7%	4.4	123
Musculoskeletal Service - Routine	>95%	2	27.1%	18.6%	16.3%		0
Nutrition and Dietetics	>95%	2		100.0%		3.2	2
Podiatry (Foot Health)	>95%	2		50.0%	0.0%		0

# Children's Community – Waiting Times















Indicator (Routine Appointments)	Target	Target Weeks	Feb-25	Mar-25	Apr-25	Average Wait (Latest Month)	No. of Patients Seen
CAMHS	>95%	4	60.9%	67.9%	71.5%	6.1	291
Community Children's Nursing	>95%	6	80.9%	79.7%	75.5%	3.2	53
Community Paediatrics - Haringey	>95%	18	70.0%	53.5%	54.4%	12.9	68
Community Paediatrics - Islington	>95%	18	92.3%	95.7%	92.3%	4.2	13
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	62.9	19
Islington SCT (0-5s)	>95%	20	16.7%	13.0%	0.0%	70.0	23
CLA Initial Assessments - Haringey	>95%	4	42.9%	100.0%	88.9%	2.9	9
CLA Initial Assessments - Islington	>95%	4	44.4%	66.7%	20.0%	8.0	5
Occupational Therapy - Barnet	>95%	18	94.1%	100.0%	100.0%	7.0	22
Occupational Therapy - Haringey	>95%	18	100.0%	100.0%	92.0%	9.4	25
Occupational Therapy - Islington	>95%	18	100.0%	87.5%	100.0%	14.9	2
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	90.9%			0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	93.9%	96.0%	8.7	25
Physiotherapy - Barnet	>95%	18	95.8%	100.0%	100.0%	5.7	31
Physiotherapy - Haringey	>95%	18	100.0%	91.7%	85.7%	11.2	70
Physiotherapy - Islington	>95%	18	93.5%	97.7%	98.6%	5.8	72
PIPS	>95%	12	100.0%	100.0%	40.0%	10.1	5
SALT - Barnet	>95%	18	57.4%	66.4%	64.2%	15.2	109
SALT - Camden	>95%	6	68.0%	80.0%	81.5%	5.5	27
SALT - Haringey	>95%	13	57.5%	34.3%	38.2%	15.6	55
SALT - Islington	>95%	13	76.9%	82.8%	85.7%	8.4	28
SALT - MPC	>95%	18	100.0%	100.0%	72.7%	10.5	11
School Nursing - Haringey	>95%	12	98.4%	98.1%	94.2%	4.1	103
School Nursing - Islington	>95%	12	100.0%	98.9%	100.0%	1.0	30

Indicator (Urgent Appointments)	Target	Target Weeks	Feb-25	Mar-25	Apr-25	Average Wait (Latest Month)	No. of Patients Seen
CAMHS	>95%	2	100.0%	100.0%	100.0%	0.4	2
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.0	5
SALT - Barnet	>95%	6	100.0%	100.0%	100.0%	2.6	8
SALT - Haringey	>95%	2	0.0%	0.0%	33.3%	13.0	3
Indicator			Target	Current Month	Previous Month	2025-2026	
Haringey New Birth Visits - % Seen Within 2 Weeks			>95%	Mar	90.9%	92.3%	91.7%
Islington New Birth Visits - % Seen Within 2 Weeks			>95%	Mar	93.2%	96.2%	96.4%

Indicator	Target	Current Month		Previous Month	2025-2026	Variation	Assurance
HCAI C Difficile	<22	Apr	2	3	2		
Actual Falls	400	Apr	28	23	28		
Category 3 or 4 Pressure Ulcers	64	Apr	19	31	19		
Medication Errors causing serious harm	0	Apr	0	0	0		
MRSA Bacteraemia Incidences	0	Apr	0	0	0		
Patient Safety Incident Investigations	N/A	Apr	1	0	1		
VTE Risk Assessment %	>95%	Apr	96.7%	95.8%	96.7%		
Mixed Sex Accommodation Breaches	0	Apr	11	5	11		
Summary Hospital Level Mortality Indicator (SHMI)	1	Jan 24 - Dec24	0.93	0.93	0.97		



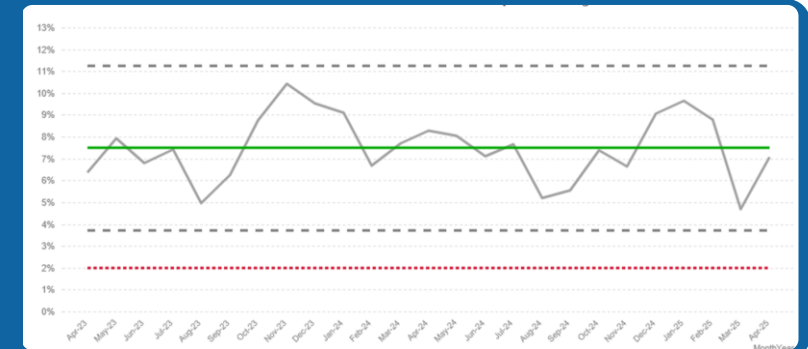
# Responsive - Access

Indicator	Target		Current Month	Previous Month	2024-2025	Variation	Assurance
Cancer - 62 Days Combined Treatments	>85%	Mar	84.4%	70.3%	67.7%		
Cancer - % Pathways Received a Diagnosis Within 28 Days of Referral	>75%	Mar	80.3%	76.1%	69.8%		
Cancer - 31 Days to First & Subsequent Treatment	>96%	Mar	97.9%	96.2%	94.9%		
DM01 - Diagnostic Waits (<6 Weeks)	>99%	Apr	90.4%	94.4%	94.1%		
RTT - Incomplete % Waiting <18 Weeks	>92%	Apr	63.3%	62.7%	64.7%		
Referral to Treatment 18 Weeks - 52 Week Waits	0	Apr	293	301	4329		
% Seen <=48 Hours of Referral to District Nursing Service	>95%	Apr	93.9%	93.3%	96.6%		
% Of Rapid Response Urgent Referrals Seen Within 2 Hours of Referral		Apr	84.0%	75.6%	68.8%		

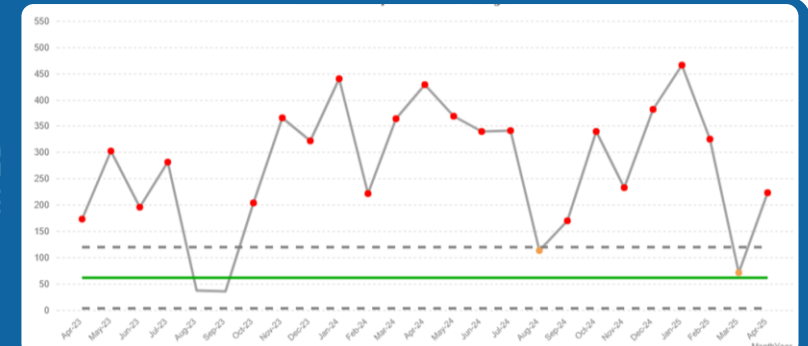
# Responsive - Emergency Care

Indicator	Target		Current Month	Previous Month	2025-2026	Variation	Assurance
Las Patient Handover Times - 30 Mins	0	Apr	72	55	72		
Las Patient Handover Times - 60 Mins	0	Apr	2	4	2		
% Streamed to an Onsite Service	>7.5%	Apr	5.3%	6.2%	5.3%		
Median Wait for Treatment (Minutes)	< 60 min	Apr	103 Mins	100 Mins	103 Mins		
% Of ED Attendance Seen by Clinician Within 60 Mins of Arrival		Apr	35.0%	36.5%	35.0%		
Median Time From Arrival to Decision to Admit		Apr	03:50	03:53	03:50		
12 Hour Trolley Waits in ED	0	Apr	223	71	223		
Total ED Attendances in Dept for More Than 12 Hours (Arrival to Dept)		Apr	623	722	623		
% Of ED Attendances Over 12 Hours From Arrival to Departure	<2%	Apr	7.1%	4.7%	7.1%		
ED Waits (4 Hrs Wait)	>95%	Apr	70.3%	72.0%	70.3%		
% Left ED Before Being Seen		Apr	10.4%	9.3%	10.4%		
% ED Re-Attendance Within 7 Days		Apr	9.7%	10.5%	9.7%		

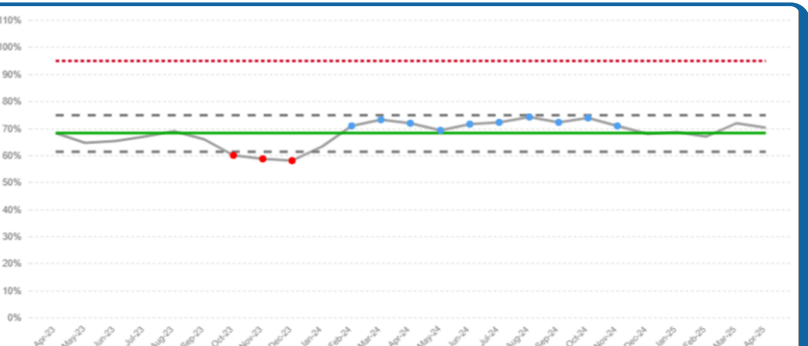
ED Attendances Over 12 Hours



12-Hour Trolley Waits in ED
















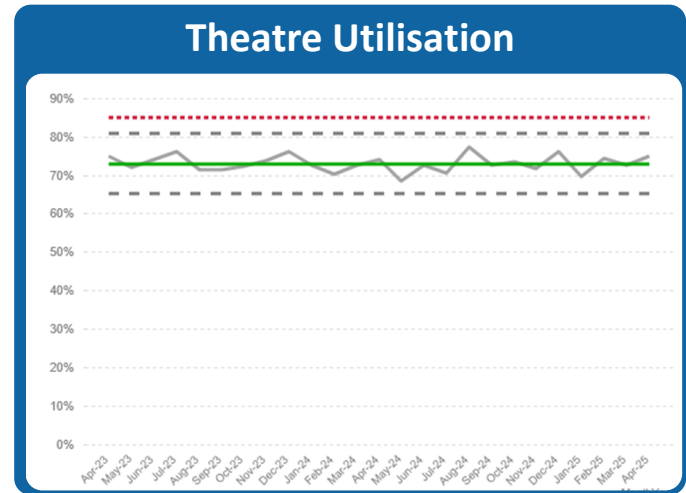
ED 4-hour Waits















# Activity

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Activity
ED Attendances		9522	9125	9386	8258	8903	9208	9302	9389	9061	8215	9282	8831	
ED Admission Rate %		9.9%	9.7%	9.7%	10.2%	10.9%	12.9%	14.4%	11.7%	10.9%	11.3%	13.1%	13.5%	
Elective and Daycase		2576	2231	2596	2201	2281	2599	2492	2203	2534	2350	2404	2629	
Emergency Inpatients		1727	1563	1715	1570	1644	1947	2046	1804	1696	1562	1927	1773	
GP Referrals to an Acute Service		9950	8955	10040	8965	9650	11059	10654	8887	10609	9835	9830	9900	
% Of GP Referrals Completed via eRS		55.7%	54.1%	50.0%	49.7%	48.5%	47.6%	43.9%	36.5%	44.4%	38.1%	34.1%	29.8%	
Maternity Births	320	218	192	218	212	218	225	243	228	202	193	193	165	
Maternity Bookings	377	275	246	275	231	242	309	268	249	292	237	284	259	
Outpatient DNA Rate % - New	<10%	11.5%	11.7%	11.6%	12.3%	11.7%	11.5%	11.0%	11.4%	10.8%	10.4%	10.6%	10.5%	
Outpatient DNA Rate % - FUP	<10%	9.7%	10.4%	10.4%	10.8%	10.4%	10.3%	10.3%	10.4%	10.2%	10.2%	9.7%	9.9%	
Outpatient New Attendances		11311	9860	11480	9251	9729	10959	10328	9009	10795	10334	10759	10165	
Outpatient FUP Attendances		19012	17552	20225	16644	17861	20095	18441	17009	19082	17032	17878	17721	
Outpatient Procedures		7423	6258	7312	5808	5340	6590	5790	5203	5937	5358	5592	5203	

Indicator	Target	Current Month	Previous Month	2025-2026	Variation	Assurance
Cancelled Ops Not Rebooked <28 Days	0	Mar	3	3	0	 
Hospital Cancelled Operations	0	Mar	13	8	0	 
Theatre Utilisation	>85%	Apr	74.9%	72.5%	74.9%	 
Community DNA % Rate	<10%	Apr	6.6%	6.4%	6.6%	 
Acute DNA % Rate	<10%	Apr	10.2%	10.2%	10.2%	 
Outpatients New:Follow Up Ratio	2.3	Apr	1.74	1.66	1.74	
Non Elective Re-Admissions Within 30 Days	<5.5%	Apr	3.9%	3.6%	3.9%	 
Rapid Response - % Of Referrals With an Improvement in Care		Apr	75.3%	70.9%	75.3%	



Indicator	Target	Current Month		Previous Month	2025-2026	Variation	Assurance
ED - FFT % Positive	>90%	Apr	80.5%	83.2%	80.5%		
ED - FFT Response Rate	>15%	Apr	8.6%	8.4%	8.6%		
Inpatients - FFT % Positive	>90%	Apr	95.9%	92.8%	95.9%		
Inpatients - FFT Response Rate	>25%	Apr	22.4%	22.2%	22.4%		
Maternity - FFT % Positive	>90%	Apr	100.0%	99.4%	100.0%		
Maternity - FFT Response Rate	>15%	Apr	10.2%	20.7%	10.2%		
Outpatients - FFT % Positive	>90%	Apr	88.3%	86.7%	88.3%		
Outpatients - FFT Response Rate	400	Apr	247	218	247		
Community - FFT % Positive	>90%	Apr	93.9%	97.5%	93.9%		
Community - FFT Response Rate	1500	Apr	1179	868	1179		
Complaints Responded to Within 25 or 40 Working Days	>80%	Apr	59.4%	60.6%	59.4%		
Complaints (Including Complaints Against Corporate Division)		Apr	32	33	32		

Indicator	Target	Current Month		Previous Month	2025-2026	Variation	Assurance
Appraisals % Rate	>85%	Apr	76.4%	75.7%	76.4%		
Mandatory Training % Rate	>85%	Apr	87.0%	86.7%	87.0%		
Permanent Staffing WTEs Utilised	>90%	Apr		93.6%			
Staff Sickness Absence %	<3.5%	Mar	4.3%	4.5%			
Staff Turnover %	<13%	Apr	9.6%	9.3%	9.6%		
Vacancy % Rate Against Establishment	<10%	Apr		6.4%			
Average Time to Hire	<=63	Apr	63	56	63		
Safe Staffing Alerts - Number of Red Shifts		Apr	1	0	1		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Apr	4.3	10.7	0.6		



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 21 May 2025</b>
<b>Report title</b>	<b>Finance Report - April (Month 1) 2025/26</b>	<b>Agenda item: 12</b>
<b>Executive lead</b>	Terry Whittle, Chief Finance Officer	
<b>Report author</b>	Jerry Francine, Director of Operational Finance	
<b>Executive summary</b>	<p>The Trust is reporting a deficit of £3m for April, which is £1.4m adverse to plan. The variance is attributed to pay overspends and slippage in delivery of financial efficiency savings.</p> <p>Capital expenditure in April was £0.4m against a plan of £0.8m. The Trust is awaiting confirmation of funding for system and national programmes for delivery in 2025/26.</p> <p>The Trust's cash balance on 30<sup>th</sup> April was £46.4m, which is £3.8m favourable to plan.</p>	
<b>Purpose</b>	To note financial performance.	
<b>Recommendation</b>	To note the financial performance for April 2025.	
<b>Board Assurance Framework</b>	BAF risks S1 and S2	
<b>Report history</b>	To be discussed with Finance and Business Development Committee (29/5/2025)	
<b>Appendices</b>	None	



**Trust is reporting a deficit of £3m at end of April. This is £1.4m adverse to plan.**

The Trust is reporting a deficit of £3m for April, this is £1.4m adverse to plan. Key drivers for the adverse variance are pay overspends and slippage in delivery of financial efficiency schemes.

There is a modest overperformance (£0.3m) on total income reported, additional income has been received to offset costs incurred. Elective Recovery Funding performance was £0.1m above plan, however this benefit is not reflected in the April position because of the system affordability constraints on elective activity.

The Trust delivered £0.5m (27%) of savings against a target of £1.8m.

**Cash of £46.4m as at end of April**

The Trust's cash balance at 30th April was £46.40m, which is £3.82m favourable to plan and an increase of £0.12m from March's closing balance.

**Capital plan for 2025-26 is £17.93m**

The core capital allocation for 2025-26 has been confirmed as £17.93m, which includes £5.47m Right use of Asset Remeasurement. Capital expenditure in April was £0.40m against in-month plan of £0.83m. Capital is forecast to be in-line with plan for the year.

**Better Payment Practice Performance – 96.01% for non-NHS by value**

Overall, the Trust's Better Payment Practice Code (BPPC) is 97.78% by volume and 95.72% by value. The BPPC for non-NHS invoices is 97.93% by volume and 96.01% by value.

**Deficit plan of £1.4m for 2025-26**

The Trust submitted a deficit plan of £1.4m for 2025-26. This includes £22m of efficiency target for 2025-26. The internal financial efficiency target (managed via the Financial Efficiency Programme) is £27m to account for a non-recurrent carry forward from 2024/25.



## 1. Summary of Income & Expenditure Position (April)

	In Month			Annual Budget £'000
	Plan	Actual	Variance	
	£'000	£'000	£'000	
<b>Income</b>				
NHS Clinical Income	29,050	29,114	64	346,294
High Cost Drugs - Income	949	1,070	121	11,441
Non-NHS Clinical Income	1,657	1,701	44	19,881
Other Non-Patient Income	2,387	2,440	53	28,649
Elective Recovery Fund	4,987	4,987	0	62,321
	<b>39,031</b>	<b>39,313</b>	<b>282</b>	<b>468,586</b>
<b>Pay</b>				
Agency	(8)	(882)	(873)	(102)
Bank	(60)	(2,250)	(2,190)	(718)
Substantive	(29,030)	(28,208)	822	(346,266)
	<b>(29,099)</b>	<b>(31,340)</b>	<b>(2,241)</b>	<b>(347,086)</b>
<b>Non Pay</b>				
Non-Pay	(8,186)	(7,805)	381	(82,260)
High Cost Drugs - Exp	(1,003)	(1,060)	(58)	(12,034)
	<b>(9,189)</b>	<b>(8,866)</b>	<b>323</b>	<b>(94,295)</b>
<b>EBITDA</b>	<b>744</b>	<b>(893)</b>	<b>(1,636)</b>	<b>27,206</b>
<b>Post EBITDA</b>				
Depreciation	(1,906)	(1,768)	138	(22,869)
Interest Payable	(73)	(52)	21	(876)
Interest Receivable	158	196	39	1,185
Dividends Payable	(506)	(506)	0	(6,072)
P/L On Disposal Of Assets	0	0	0	0
	<b>(2,327)</b>	<b>(2,130)</b>	<b>197</b>	<b>(28,632)</b>
<b>Reported Surplus/(Deficit)</b>	<b>(1,584)</b>	<b>(3,023)</b>	<b>(1,439)</b>	<b>(1,427)</b>
Impairments	0	0	0	0
IFRS & Donated	(5)	(6)	(1)	(60)
<b>Reported Surplus/(Deficit) after Impairments and IFRIC12</b>	<b>(1,589)</b>	<b>(3,029)</b>	<b>(1,440)</b>	<b>(1,487)</b>

- The Trust reported a deficit of £3m for April, £1.4m adverse to the plan.
- Total income reported was £0.28m above plan, due to variable income received to offset variable expenditure incurred (e.g., High Cost Drugs). The Trust has reported Elective Recovery Funding (ERF) income in-line with plan; an additional £0.1m of ERF activity was performed, but this has not been recognised in the position as it exceeds the value of commissioned activity.
- The Trust continues to incur pay cost pressures despite a material reduction in April on expenditure for bank and agency staff. Total pay expenditure is £2.2m overspent compared to the plan, this includes unachieved recurrent pay CIP of £1m. Key drivers of pay overspends are noted below:
  - Overspend in medical wards £0.24m
    - Thorogood Ward £61k adverse due to an additional four beds.
    - Enhanced nursing care of £113k.
    - Sickness and maternity leave backfill costs and safer staffing levels.
  - Pay overspend within A&E - £0.32m
    - Temporary escalation care cost of £29k
    - Paediatric A&E cost pressure £31k.
  - ITU nursing overspend £64k.
  - Anaesthetics - £61k
  - Overspend in District Nursing £53k
  - Overspend on Domestic staff - £64k
- The non-pay position is £0.3m underspent in month, however this includes cost pressures for the following items (excluding variance associated with CIP shortfall):
  - Minerva (winter step-down) costs of £83k
  - Software overspends of £52k and telecoms overspends of £134k (further analysis being carried out)
  - Overspend on HSL pathology £85k
  - Incontinence pads cost pressure of £35k
- Work is progressing with all clinical and corporate divisions on management of cost pressures brought forward from 2024/25 and those arising in 2025/26. An extrapolation of the cost pressure position for the year would represent a significant risk to achievement of the financial plan. The constrained 2025/26 funding settlement (after adjusting for national pay awards) severely restricted funds available for cost pressures. Teams are developing plans to mitigate cost pressures, this work will report to Trust Management Group and Finance and Business Development Committee.

## 2. Financial Efficiency

The CIP (Cost Improvement Programme) target in the Trust plan for 2025–26 is £22m. The internal target set for clinical divisions, and corporate services, is £27m to account for a proportion of the brought forward liability associated with non-recurrent savings schemes in the prior year (2024/25). The increased internal efficiency target (of £5m) has been set to target improvement in the Trust underlying financial position, which will otherwise deteriorate due to unfunded growth in the recurrent cost-base.

As of Month 1, £16.5 million (75% of the plan requirement and 61% of the internal target) has been identified. This includes 80% of the schemes currently under development, which are being worked on by Divisions, but have not yet received full approval (e.g., completed Project Initiation Document and Quality Impact Assessment).

The unidentified efficiency gap is £5.5m to the plan requirement and £10.5m when measured against the internal target.

In April, the Trust has delivered £0.47m in financial efficiency against a plan requirement of £1.8m (or £2.3m monthly target compared to the internal target).

Divisions	25/26 CIP Target '£000	Total YTD Plan '£000	Total Actual YTD '£000	Variance to target '£000
ADULT COMMUNITY	3,560	297	29	(268)
CHILDREN & YOUNG PEOPLE	4,464	372	57	(315)
EMERGENCY & INTEGRATED MEDECINE	4,830	403	10	(393)
SURGERY & CANCER	4,651	388	13	(375)
ACW	4,968	414	16	(398)
<b>DIVISIONS TOTAL</b>	<b>22,473</b>	<b>1,873</b>	<b>125</b>	<b>(1,748)</b>
CORPORATE DIRECTORATES	2,585	215	26	(189)
ESTATES AND FACILITIES	2,272	189	9	(180)
CENTRAL	0	0	309	309
<b>TRUST TOTAL</b>	<b>27,330</b>	<b>2,278</b>	<b>469</b>	<b>(1,809)</b>

### 3. Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as of 30th April 2025 is £210.56m, £3.03m lower than 31st March 2025, as shown in the table below.

Statement of Financial Position as at 30 April 2025	2024/25 M12 Balance	2024/25 M12 Balance	2025/26 M01 Balance	Movement in Month
	£000	£000	£000	£000
<b>NON-CURRENT ASSETS:</b>				
Property, Plant And Equipment	242,623	242,623	241,446	(1,177)
Intangible Assets	4,079	4,079	3,887	(191)
Right of Use Assets	36,104	36,104	35,681	(423)
Assets Under Construction	18,227	18,227	18,667	440
Trade & Other Rec -Non-Current	805	805	565	(240)
<b>TOTAL NON-CURRENT ASSETS</b>	<b>301,837</b>	<b>301,837</b>	<b>300,247</b>	<b>(1,590)</b>
<b>CURRENT ASSETS:</b>				
Inventories	1,308	1,308	1,320	11
Trade And Other Receivables	25,217	25,217	19,630	(5,587)
Cash And Cash Equivalents	46,276	46,276	46,401	125
<b>TOTAL CURRENT ASSETS</b>	<b>72,801</b>	<b>72,801</b>	<b>67,350</b>	<b>(5,451)</b>
<b>CURRENT LIABILITIES</b>				
Trade And Other Payables	(94,855)	(94,855)	(87,751)	7,104
Borrowings: Finance Leases	(1,025)	(1,025)	(1,025)	0
Borrowings: Right of Use Assets	(4,370)	(4,370)	(4,370)	0
Borrowings: Dh Revenue and Capital Loan - Current	(116)	(116)	(116)	0
Provisions for Liabilities and Charges	(227)	(227)	(222)	5
Other Liabilities	(2,216)	(2,216)	(5,793)	(3,578)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(102,809)</b>	<b>(102,809)</b>	<b>(99,277)</b>	<b>3,531</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(30,007)</b>	<b>(30,007)</b>	<b>(31,927)</b>	<b>(1,919)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>271,830</b>	<b>271,830</b>	<b>268,320</b>	<b>(3,510)</b>
<b>NON-CURRENT LIABILITIES</b>				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,392)	(1,392)	(1,392)	0
Borrowings: Finance Leases	(1,282)	(1,282)	(1,157)	125
Borrowings: Right of Use Assets	(32,055)	(32,055)	(31,644)	411
Provisions for Liabilities & Charges	(23,510)	(23,510)	(23,565)	(56)
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>(58,239)</b>	<b>(58,239)</b>	<b>(57,758)</b>	<b>481</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>213,591</b>	<b>213,591</b>	<b>210,562</b>	<b>(3,029)</b>
<b>FINANCED BY TAXPAYERS EQUITY</b>				
Public Dividend Capital	138,320	138,320	138,320	0
Retained Earnings	1,634	1,634	(1,395)	(3,029)
Revaluation Reserve	73,637	73,637	73,637	0
<b>TOTAL TAXPAYERS EQUITY</b>	<b>213,591</b>	<b>213,591</b>	<b>210,562</b>	<b>(3,029)</b>

The most significant movements in the month to 30<sup>th</sup> April 2025 were as follows:

### Non-current assets

Non-Current assets closed at £300.25m on 30<sup>th</sup> April 2025, a net decrease of £1.59m from previous month due the following:

- Capital expenditure for owned assets £0.44m
- Monthly depreciation: Owned assets (£1.37m)
- Monthly depreciation: Right of Use assets (£0.42m)
- Reduction of Non-current Receivable (£0.24)

### Current assets

Current assets closed at £67.35m in April 2025, a net decrease of £5.45m from the previous month. Principal movements comprised Trade and Other Receivables decrease £5.59m and Cash increase of £0.13m as analysed below.

### Current liabilities

Current liabilities decreased by £3.58m in month. A decrease of £7.10m in Trade and Other Payables of which £6.9m relate to capital accrual mostly spend in the last quarter of the year end is partially offset by a £3.58m increase in Deferred Income (other Liabilities).

### Non-current liabilities

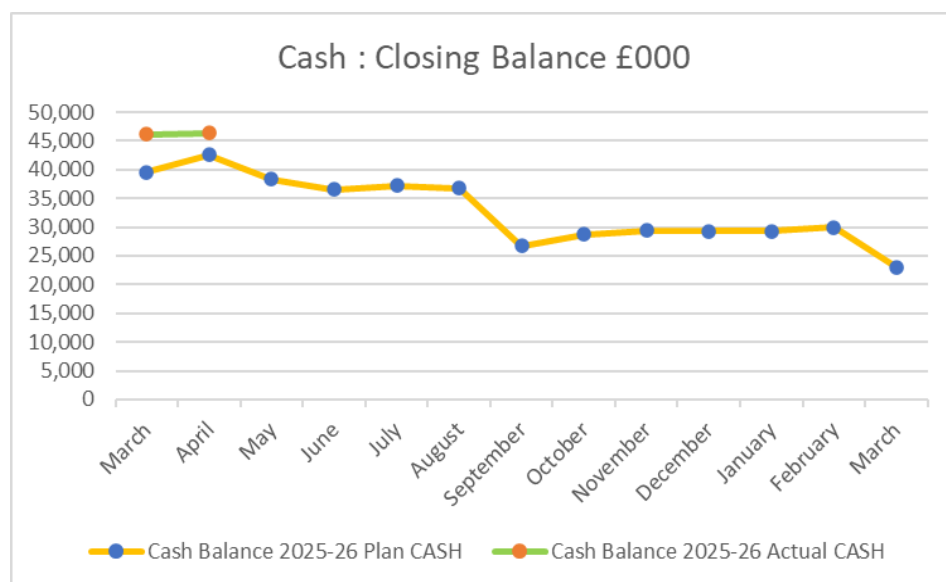
Non-Current liabilities closed at £57.76m in April 2025, a net decrease of £0.48m from previous month due predominantly to the repayment of Right of Use finance lease liabilities and other finance lease liabilities.

### Retained earnings

Retain Earnings closed at (negative) (£1.40m) in April 2025, a net decrease from the previous month's figure of £1.63m, equating to April's reported deficit of £3.03m.

### Cash

The Trust's cash balance at 30th April was £46.40m, which is £3.82m favourable to Plan, and an increase of £0.12m from March's closing balance.



The stable in-month position results from the settlement of several significant, long-standing debts, which offsets the reduction which would have resulted from the deficit of £3.03m reported in-month.

The 2025/26 Plan encompasses a reduction of £16.57m of cash over the 12 months to 31st March 2026. The Trust forecasts and closely monitors its cash position against Plan.

## Interest received

The interest received in April 2025 £0.19m is 0.03m above Plan, which was set with an opening interest rate of 4.30% reducing to 3.50% from August. Following the recent base rate reduction, the first rate reduction takes effect in May, reducing the actual rate to 4.14%.

## 4. Capital Expenditure

The core capital allocation for 2025/26 has been confirmed as £17.93m, which include £5.47m Right use of Asset Remeasurement and addition in totals. The plan phased to appear in the 4 quarters of the year as follows:

Capital Summary Month 01: 30th April 2025							
all figures: £000	Allocation			Total Programme	In Month		
	Allocation	Subsequent Allocation	Total Allocation		In-Month Forecast	Actual	Variance
ESTATES AND STRATEGIC PROJECTS CAPITAL PROGRAMME 2025/26	8,955		8,955	8,955	0	404	404
ICT	1,500		1,500	1,500	0	0	0
PACS	400		400	400	0	0	0
Equipment	500		500	500	0	0	0
Divisions	200		200	200	0	0	0
Contingency	500		500	500	0	0	0
Pharmacy Robot	402		402	402	0	0	0
Total Owned Assets	12,457		12,457	12,457	0	404	404
PDC funded	0	0	0	0	0	19	19
Total PDC funded	0	0	0	0	0	19	19
RoU assets (new leases)	0		0	0	0	0	0
RoU assets (remeasures)	5,470		5,470	5,470	0	0	0
Total Right of Use	5,470	0	5,470	5,470	0	0	0
Total	17,927	0	17,927	17,927	0	423	423

The current year-to-date expenditure at M01 is £0.40m against in-month plan of £0.83m.