Questions to the Board meeting in public on 23 July 2026

Mr Richards, a local resident and patient, has submitted four questions for this Board meeting which are shown below together with the Trust's response which will be shared with him.

The first question in the table below will be considered under item 12 on the agenda tomorrow, and will be answered by Terry Whittle.

	Question	Trust answer
1.	Agenda item 3 - Draft minutes (Page 3 of 9) - CEO's report re: single patient record in general - What is the Whittington's policy for those patients who do not wish their records to be relayed to other NHS/Care organisations e.g. London Care Records. Is there a patient opt-out and what would be the consequences?	Patients do have the right to object to their information being shared through joined-up care records, including the London Care Record. These systems are designed to support safer and more coordinated care by allowing professionals involved in a patient's direct care to see relevant information when they need it. If a patient chooses to opt out, care will still be provided by Whittington Health. However, other organisations involved in that patient's care may not be able to see information that would otherwise be available through the shared record. That may mean clinicians need to obtain information through other routes, and in some circumstances, care may be less efficient or less joined up. For our area, the practical route is for the patient to complete the joined-up care record opt-out form, including their NHS number, and submit it through the published process. We can signpost patients to that route and support them to understand the implications. It is also important to be clear about the limitation of Whittington Health's role. We can only act in relation to information we hold or share as a Trust. A patient's objection may not automatically apply to information held by other organisations or to other national or London-wide information-sharing programmes. There may also be exceptional circumstances, such as safeguarding, emergency care or patient safety, where information sharing may still be necessary and legally justified.

	Question	Trust answer
2.	Agenda item 5 - CEO's report - (Page 4 & 5 of 11) Minimum standards of patient experience - electives. What plans, if any, are there for introducing the standards at the Whittington?	Through the Outpatient Transformation Project, Whittington Health will establish an executive-led programme using a combination of operational processed, digital changes, performance management and clinical ownership. The executive lead will be the Chief Operating Officer and there will be oversight already established forums such as the patient experience committee and monthly performance review meetings with our clinical divisions. The initial phase will be at the start of the pathway where patients GP will be informed within 28 days if their referral has been accepted or rejected. Patients will receive updates every 12 weeks while they wait, the operational process to enable this will include reviewing waiting lists and strengthening appointments notices. The current patient administration system does not have the automatic flagging capability. Therefore, a dashboard will be required to help identify these patients. We are already improving on our automated communications by reintroducing two-way texting. This process could take up to 12 months as we work through various stages.
3.	Page 7 of 11 CEO's report - Neighbourhood Health. Are there any other boroughs/neighbourhoods for which the Whittington has been nominated as a lead partner?	Whittington Health will work as an integrator in Haringey in partnership with the Haringey GP Federation the local authority. In Islington, Whittington Health will be an integrator in partnership with University College London Hospitals NHS Foundation Trust, the Islington GP Federation and the local authority.
4.	Annual Report (Page 84 of 179) "The Patient Experience team.....are needed" How did the Patient Experience team try to contact the targeted groups who don't have online access ? This question also	We shared the survey through trusted community partners, including Help on Your Doorstep, Healthwatch, and other public voice networks, to reach a wider and more representative group of residents.

	Question	Trust answer
	relates to all patients who don't have online access? **The extract from page 84 of the Annual Report is shown below:** *"The Patient Experience team ran an online survey – translated into the Trust's five most-used languages – to understand the experience of patients who speak English as a second language. Despite wide promotion and an extended deadline, responses were low, which indicates that while efforts were made to reach diverse communities, more targeted and culturally appropriate approaches are needed."*	An online survey was chosen as the most accessible initial approach, allowing people to complete it in their own time and language, with support from family members, friends, or carers if needed. Alongside this, the Patient Experience Team engaged with community groups, including Islington Council's refugee support group, worked with faith and community organisations, and held pop-up sessions outside the Community Diagnostic Centre. Despite these efforts, response rates were low and all completed surveys were submitted in English, even though the survey was translated into the Trust's five most commonly used languages. This reinforces the need for more targeted and culturally appropriate engagement approaches. We recognise that digital and traditional engagement methods alone are not enough. To build trust and hear from seldom-heard communities, we need to engage with people in the settings and networks they already use, ensuring our approach is more inclusive, accessible, and community-led.