NHS
Whittington Health
NHS Trust

Whittington Health 2019/20 Annual Report & Financial Accounts (ARA)

Contents

INTRODUCTION

Welcome to our 2019/20 Annual Report which outlines how the staff and volunteers of Whittington Health have supported over 500,000 people living across North Central London and beyond to live longer healthier lives.

We want to particularly highlight four significant developments and achievements this year:

- The overall "Good" rating following the Care Quality Commission's inspection in late 2019, with outstanding ratings for community services and caring
- The successful delivery of our control total in a challenging financial climate
- Continuing work to develop an inclusive workforce culture driven by compassionate leadership
- Finally, during the final quarter of the year, we would like to pay tribute to the tremendous and humbling response of staff alongside local people and organisations in tackling the coronavirus pandemic.

As an integrated care provider, Whittington Health has continued to play an active role in system leadership, driving progress towards an integrated care system for North Central London through borough partnerships, along with locality and primary care network working. Much greater collaborative and integrated working was also a key feature of the NHS's response to the coronavirus pandemic and we are proud to have played our part in this.

There were some changes to our board in 2019/20, including the very sad death of our previous Chair, Steve Hitchins. We also said goodbye to David Holt, Non-Executive Director, and to Yua Haw Yoe, Non-Executive Director. We would like to say a big thank you to David Holt and Anu Singh who covered the Chair arrangements until the end of March.

We would also like to acknowledge the continued professionalism and dedication of our staff who provided and continue to provide excellent caring and compassionate services for local people, despite the considerable challenges of the coronavirus pandemic.

Siobhan Harrington, Chief Executive

Baroness Julia Neuberger DBE, Chair


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

PERFORMANCE REPORT

Overview

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

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2019/20. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our vision
We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients. At the beginning of 2019 we reset our strategy for the next 5 years with the community, stakeholders and our staff.

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

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

Our 2019/24 strategy has four main objectives:

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

Deliver outstanding safe, compassionate care in partnership with patients

- Partner with patients to deliver outcomes that matter to them through the co-design of services and the objectives set out in the quality account
- Ensure timely and responsive care that is seamless between services
- Improve patient experience through delivery of the patient experience strategy ambitions
- Continually learn through our Quality Improvement strategy, building a curious workforce that strives to use evidence

Empower, support and develop an engaged staff community

- Provide outstanding inter-professional education and inclusive, fair development opportunities
- Focus on the health and wellbeing of staff including improving the environment
- Be the employer of choice recruiting, retaining and recognising the best.
- Create a kind environment of honesty and transparency where all staff are listened to and feel engaged
- Promote great leadership, accountability and team working where bullying and harassment is not tolerated

Integrate care with partners and promote health and wellbeing

- Partner with social, primary, mental health care and the voluntary sector around localities to make an impact on population health outcomes and reduce inequalities
- Improve the joining up of teams across and between community and hospital services
- By working collaboratively, coordinate care in the community to get people home faster and keep people out of hospital
- Prevent ill-health and empower self-management by making every contact count and engaging with the community and becoming a source of health advice and education

Transform and deliver innovative, financially sustainable services

- Transform patient flows and models of care (outpatients, same day emergency care, community localities, and children's pathways).
- Reduce system cost and improve clinical productivity and financial literacy everywhere.
- Transform our estates and information technology (IT)

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

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

Values
The ICARE values developed through staff engagement and consultation continued to be fundamental to everything we do at Whittington Health and form the basis of expected staff behaviours. They are:

Our services

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

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

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

Key themes and risks

Quality and safety: quality and safety has remained our top priority and we have made huge progress in many areas such as community waiting times where we have now received an 'outstanding' rating from the CQC. We have continued to struggle to maintain the four hour emergency department target, but have consistently met most other targets.

Culture and recruitment: on the back of concerning staff survey data in the previous couple of years, last year we conducted a thorough cultural survey and this year have put in place a number of interventions to reduce bullying and

harassment and improve staff engagement. This also contributes to reducing the risk of high vacancy rates. Notable progress in this area has been made by the community teams who have reduced their vacancy rate considerably. This year has seen small but significant positive changes in the staff survey as a result.

Systems working and integrated care: this year, we made huge progress with our collaborations with GP federations, Primary Care Networks, councils and mental health trusts to start changing how we work as a system. We have been working hard with North London partners to help design how North Central London integrated care system should look , as well as practically working with the councils on how we integrate council services and the voluntary sector around smaller localities. With our partners we have set up borough partnership boards, and multi-agency locality leadership teams.

Improvement and productivity: the quality improvement programme has grown this year and we are seeing projects across the organisation. Productivity has been a challenge as we continue to live within our means. We have seen a major improvement in our long length of stay and seen a reduction in the percentage numbers in line with the agreed national target.

Digital and estates: We also progressed our digital agenda with further investment in the Digital Fast Follower Programme with Bristol University NHS Foundation Trust. We installed and embedded electronic observation charts and a new electronic handover mechanism called "Careflow". During the last year we made much progress with regard to our estate long term plans and backlog maintenance including:

- Demolished the Waterlow Building and carried out the preparatory works for the new mental health unit on the site of the current education centre
- Refurbished Maternity and opened the 2nd obstetric operating theatre
- Refurbished our nurses accommodation building on the Archway site
- Refurbished the Northern Health centre

Below is a snapshot of the some of the activity we delivered last year:

Emergency admissions	**2018/19 actual**	**2019/20 actual**	**Year on year actual % difference**	**2019/20 pro-rated***	**% pro-rated difference outcome****
Non-elective admissions	18,256	16,423	-10.04% [1]	16,913	-7.4% [3]
Elective admissions	2,224	2,257	1.48%	2,340	5.2% [6]
Day cases	21,292	21,931	3.00%	22,484	5.6% [6]
ED attendances	108,651	107,600	-0.97% [1]	109,767	1.0%

Face-to-face patient contacts	**2018/19 actual**	**2019/20 actual**	**Year on year actual % difference**	**2019/20 pro-rated***	**% pro-rated difference outcome****
At our hospital	535,209	548,531	2.49%	551,461	3.0%
In the community	793,423	744,963	-6.11% [1]	748,445	-5.6% [4]

Face-to-face patient contacts	2018/19 actual	2019/20 actual	Year on year actual % difference	2019/20 pro-rated*	% pro-rated difference outcome**
Total	1,328,632	1,293,494	-2.64% [1]	1,299,906	-2.1%

Community	2018/19 actual	2019/20 actual	Year on year % difference	2019/20 pro-rated*	% difference outcome**
Community Nursing visits	325,129	296,462	-8.82% [2,4]	297,126	-8.61% [4]
Physiotherapy appointments	81,633	84,750	3.82% [2, 5]	87,922	7.7% [5]
Health and School Nurse visits	91,434	88,149	-3.59% [2]	90,511	-1.0%
Dental appointments	49,792	40,532	-18.6% [2]	41,432	-16.8%

2019/20 pro-rated* - due the impact of the covid-19 pandemic, the data for these impacted areas was calculated by pro-rating month 11 outcomes for month 12

% difference outcome** - this is the difference between the 2018/19 outcome and the pro-rated outturn for 2019/20

The references blow give explanations for the areas which showed actual falls in activity include:

1) the impact of the covid-19 pandemic which saw significant falls in activity, particularly the numbers of people attending the emergency department and those who would have been admitted during March.

2) in response to the coronavirus pandemic, we cancelled all non-urgent activity to free-up the maximum possible inpatient and critical care capacity to prepare for, and respond to, the anticipated large numbers of covid-19 patients who needed respiratory support.

3) a positive fall in admissions due to the recruitment to Frailty consultant post demonstrating again the value of being an Integrated Care Organisation (see page 41).

4) a duplication in recording resulted in the overstatement of district nursing and twilight nursing activity for 2018/19 meaning the comparison with this year does not work.

5) Expansion of our highly successful muscular-skeletal (MSK) one stop triage service.

6) Significant improvements were made during 2019/20 in the management of long length of stay patients as support for our overall bed optimisation programme.

HIGHLIGHTS AND ACHIEVEMENTS

We are proud of our staff and their commitment to delivering safe and high-quality care – over the past year our community and hospital teams have helped to pioneer new projects and secure numerous national professional awards and accolades. A few of the many highlights of the year and achievements of our staff are outlined below:

Care Quality Commission (CQC) inspection

Following a core services inspection in December 2019, a use of resources assessment and a well led review in early 2020, Whittington Health was given an overall quality rating of Good, with services rated as Outstanding for the caring domain. Our community health services were also rated as Outstanding. This is a tremendous achievement by our staff.

An initial action plan which was considered by the Trust Board in December 2019 was updated in response to the detailed findings and forms part of our Better Never Stops programme.

The CQC's report recognised that *"As an integrated care organisation, the trust was leading the way in the provision of well-integrated community, mental health and acute hospital services*". It also acknowledged the work undertaken to improve the culture across the organisation.

Overall rating: GOOD

Overall results:

Are our services safe?	Requires improvement
Are our services effective?	Good
Are our services caring?	Outstanding
Are our services responsive?	Good
Are our services well-led?	Good
Are our resources well-managed?	Good

Ratings by service were:

	Safe	**Effective**	**Caring**	**Responsive**	**Well-led**	**Overall**
Acute services						
Community health services						
Children's mental health services						

key	Outstanding	Good	Requires improvement

Highlights from the CQC's inspection report included:

- *Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff went the extra mile to make sure their approach was friendly and inclusive.*
- *The trust planned and provided care in a way that met the needs of local people and the communities served. It worked with others in the system and local organisations. The service treated concerns and complaints seriously, investigated them and shared lessons*
- *Most staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. The acute, community and mental health services the trust had a consistent culture and staff felt equally valued. The trust took appropriate learning and action as a result of concerns raised.*
- *Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. The trust had a clear vision and set of values with quality and sustainability as the top priorities. We found the vision to be simple, consistent and having continuity. Staff, patients, carers and external partners had the opportunity to contribute to discussions about the strategy, especially where there were plans to change services. Focus was around delivering for the patient.*
- *There was a robust and realistic strategy for delivering priorities and improving patient care. As an integrated trust for a number of years, the vision, strategy and approach was an excellent example of how integrated care can work for the benefit of patients. Local providers and people who use services had been involved in developing the strategy*
- *The trust embedded its vision, values and strategy in corporate information received by staff.*
- *The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub- board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures*
- *The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and took action to address them. All the board members had a good knowledge of the key issues within the trust, even when they were outside of their direct portfolios. It was clear that the board was acting as a whole with an ongoing comprehensive discussion continually taking place*
- *The trust has an excellent track record of managing its expenditure within available resources. This is evidenced by the fact that the trust has met its plan and control total (including provider sustainability funding) for each of the financial years from 2015/16*
- *The trust is implementing priority transformation programmes that have been developed in partnership with local commissioners such as bed optimisation, outpatient transformation, same day emergency care, theatre productivity and musculoskeletal pathway redesign*

Some of our other achievements and service developments this year

We continue to be proud of our staff and their commitment to delivering safe and high-quality care every day of the year. Over the past twelve months our community and hospital teams have once again stood out and won many national professional awards and accolades as well as pioneering new projects and continuing to work closely with the local community. Here are a few of the many highlights of the year and achievements of our staff:

- **Macmillan Professional Excellence Awards:** the cancer team won the 'Innovation Excellence Award'
- **The Rainbow Garden:** over £250k in charitable donations was raised to fund the new play area for children
- **Young Carers' ID Card:** we improved the visibility of young carers with a new ID card that young people helped to design which was piloted then launched at Whittington Health
- **NHS staff survey:** we had the highest number of colleagues taking part, increasing from 1,958 (2018) to 2,350 in 2019 and we significantly improved our outcomes in 7 out of the 11 themes
- **Ryhurst court case:** the judgement for the case found in favour of Whittington Health
- **Draft estate strategy:** key principles and priorities from sessions held with colleagues, local partners and patients were included in the latest version
- **Coronavirus relief fund raises over £100k:** the monetary donations received will support colleagues and patients who have been affected by the pandemic
- **Project Wingman:** we were the first Trust to trial the initiative that provides a 'first class lounge' which is a supportive space for our colleagues to switch off during covid-19
- We had our **busiest ever day in the Emergency Department** with 385 attendances
- **Whittington Health was announced as the winner of not one but two awards at the Nursing Times Awards 2019:** our teams took home the Child and Adolescent Service Award and the Respiratory Nursing Award
- **Worked with Islington Clinical Commissioning Group and The London Borough of Islington** to combine social, emotional and mental health services (SEMH) for Children and Young people into an integrated Central Point of Access, based at 222 Upper Street, Islington
- **Dr Johnny Swart, Consultant Physician and Geriatrician** won the prestigious Saad al-Damluji award for commitments to excellence in clinical teaching at this year's **Excellence in Medical Education Awards**
- **Student Nursing Times Awards:** James Shears, a Senior Nurse Practitioner working in the Haringey Learning Disability Partnership, scooped the Mentor of the Year award
- **Launched our refreshed strategy** which sets out our vision and ambition for the next five years
- **Nurse-led clinics in Gynaecology:** January 2020 saw the introduction of a nurse-led hysteroscopy service and post-menopausal bleed clinics for suspected cancer patients. The former created extra capacity in our outpatient diagnostic

services, enabling faster cancer diagnosis. The latter allowed for a more specialised approach and created more capacity for patients on two week waits

- **Pathology:** the Trust had a successful UKAS United Kingdom Accreditation Service) assessment for ISO 15189:2012. This included the screening pathway - Sickle cell and thalassemia-SCT and Infectious Diseases in Pregnancy Screening. Excellent technical feedback was received from UKAS assessors
- **Eighteen brand new Nursing Associates were among the first in England to successfully complete 2 years of clinical and academic training:** they are in posts in wards and community nursing teams across Whittington Health NHS Trust. The group are part a national pilot of 1,500 to be added to the Nursing and Midwifery Council's (NMC) register after the creation of the new role
- **We signed the Armed Forces Covenant** to show our commitment to supporting our employees as reservists and veterans
- **As part of work to help foster a compassionate leadership culture, we held 2 ICARE Conferences:** the first event heard from Professor Michael West and the second heard from Cherron Inko-Tariah MBE, author of the Incredible Power of Staff Networks and Prerana Issar, Chief People Officer for the NHS
- **We held our first Allied Health Professionals (AHPs) conference:** AHPs make up the second largest group of staff across Whittington Health. The theme of this year's event was "Caring for those who Care" and speakers included Kathryn Perera, Director of Programmes at NHS Horizons
- **Better frailty care across Haringey and Enfield:** colleagues from Whittington Health, North Middlesex University Hospital, Barnet, Enfield and Haringey Mental Health Trust, Enfield Clinical Commissioning Group (CCG) and Haringey CCG met for the first of a series of frailty network workshops which aimed to better working together by people involved in delivering services to elderly people across Enfield and Haringey
- **Discharge summary templates:** After feedback from patients and colleagues in primary and community care, improvements were being made to the Whittington Health discharge summary template
- **Transition collaborative:** the Trust was successful in its application to join the first cohort of the NHS Improvement's Children and Young People Transition Collaborative. This aims to support and improve clinical practice improvement by providing a structured programme, utilising quality improvement theory and methodology, and working with peer organisations.
- **ED Tea At About 3:** Commencing in April the Emergency Department have ran weekly afternoon tea for the whole team entitled 'Tea at about three'. The purpose of this is to create a space where the whole team can come together and also to remind people of the importance of taking a break.
- **Patient safety:** Whittington Health was one of five trusts awarded over £40,000 of funding by UCL Partners to develop new ways of improving patient safety. This project will aim to enhance the experience of care for patients and families as well as to develop the skills and autonomy of staff
- **Death Café:** During Dying Matters week 2019, a Death Café was launched as an open and relaxed space for conversation about death, dying and grief accompanied by tea and cake. It is confidential, non-judgemental and facilitated by our Palliative Care team
- **Shortlisting for a national CHKS quality of care award:** the CHKS Top Hospital awards celebrate excellence throughout the UK and are given to acute

sector organisations for their achievements in healthcare quality and improvement. Whittington Health is one of five NHS trusts shortlisted for the quality of care award, a national acknowledgement, given for excellence in high quality care to patients, appropriate to their diagnosis. It is based on a number of criteria including the length of time patients stay in hospital, the rate of emergency re-admissions and whether the care pathway proceeded as originally intended. The award is also based on an analysis of outcomes against 14 indicators and the data analysed by CHKS comes from information that is regularly submitted by hospitals to NHS Digital to help track performance

- **Enhanced Care Quality Improvement project:** NHS Improvement launched a collaborative initiative looking at improving enhanced care in hospitals and "move from a 'passive watching' role to an engaged person-centred relationship with the patient and their carers". Whittington Health's project focused on improving the way enhanced care is provided, by providing a specialist training programme to an 'enhanced care team'. Nine Care Of Older Persons healthcare assistants were the first cohort to receive the bespoke 3 days training programme which encompassed a strong focus on delirium, dementia, mental health and falls. The programme has been a huge success and has energised and given a renewed focus to the Trusts healthcare assistant colleagues in providing highly specialised care to a very vulnerable patient cohort
- **Forum Theatre:** in May, the Emergency Department ran a joint initiative with the 'Central School of Speech and Drama' and used this recognised form of theatre which looks at exploring and looking for solutions to longstanding problems which affect a community
- **Learning disability week:** learning disability week took place in June with a focus on getting people involved in inclusive sporting activities in local communities. Trust staff took part in a range of activities, including:
  - Specialist Speech and Language therapists running an introductory Makaton session
  - highlighting Hospital Passports across departments to raise the profile of patients with a learning disability
- **Healthcare People Management Association Rising Star award: Mala Shaunak,** Organisational Development Practitioner, was given a Guardian Rising Star Award at the annual Healthcare People Management Association Awards
- **20th anniversary of our first nurses from the Philippines:** a reunion was held in July to mark a very special milestone in the life of the Whittington Health family as it was 20 years since the first Whittington Hospital nurses recruited from the Philippines joined us. Since then they have all made an enormous contribution to caring for patients and have been wonderful colleagues. Eleven of these nurse recruits remain with Whittington Health, with the rest working elsewhere in the NHS or in the US and Canada
- **Department of cardiovascular medicine award:** the Department of Cardiovascular Medicine was accredited with an independently audited customer service excellence award for the twentieth consecutive year. The department has a tradition of developing high quality customer service in its field, having held successive charter mark awards since 1999
- **Kissing It Better:** the Emergency Department worked with the charity, Kissing It Better, on an initiative which involved inviting supervised and trained volunteers

from local schools to talk to, entertain, provide a little extra conversation and caring to waiting in the department, particularly, elderly patients. This initiative was recognised as outstanding by the CQC

- **Junior doctor wins gold in Tokyo:** congratulations went to Dr Kim Daybell, foundation doctor at Whittington Hospital, who is a Paralympic table tennis player. He has just returned from the Japan Open where he won a gold medal and the Thailand Open where he won a silver medal
- **Internships for people with autism/learning difficulties:** Whittington Health worked in partnership with Ambitious College and Springboard to offer job rotations for young people with autism/learning difficulties and to give then work experience at the Trust and the ability to identify permanent roles, particular as apprentices within either Whittington Health or the wider NHS
- **Speech & Language Therapy Dysphagia Intensive Course:** the acute Speech and Language Therapy team designed and ran a week's theoretical course aimed at Newly Qualified Speech and Language Therapists to upskill in the areas of dysphagia
- **Bright Start Islington reaccreditation:** this initiative is our name for services in Islington for families with children under five. It was reaccredited at the highest level, an excellent achievement. The United Nation's International Children's Emergency Fund (UNICEF) commented in their re-assessment report that "*The staff at Bright Start Islington are commended for their hard work in continuing to support mothers. It was clear to the assessor that, in most areas, pregnant women and new mothers received a high standard of care. Mothers spoke highly of the support they received in the breastfeeding support groups*"
- **Improvements in dementia care:** we recruited a dementia specialist practitioner and relaunched a dementia training programme for hospital and community staff and bespoke dementia and delirium sessions were being delivered to specific areas. In addition, Whittington Health made a public commitment to becoming dementia-friendly and dementia-friendly environments were delivered through refurbishment works on one of the Care of Older People wards
- **Capital Nurse Preceptorship Mark:** Whittington Health received its Capital Nurse Preceptorship Quality Mark for the second year in a row. This successful achievement meant the organisation is recognised as adhering to best practice standards set out by Capital Nurse and has been bench-marked against national and local frameworks. The Trust has been one of the forerunners in implementing change and seeing the Capital Nurse movement materialise. Capital Nurse is funded by Health Education England and has pulled together the resources from many nurse leaders and organisations to help steer nursing culture into a new era where continuous professional development is the norm, from when staff first start their career to the very end
- **Volunteer Services strategy:** Volunteer Services launched its new strategy outlining aspirations to develop and improve the services provided by volunteers, both within the hospital and in the community. Whittington Health is very proud of the growth in volunteer numbers and the vast and creative ways volunteers now support Trust services
- **Haemaglobinopathy Coordinating Centre (HCC) Accreditation – Sickle Cell Disease:** in partnership with University College London Hospitals NHS Foundation Trust and North Middlesex Hospitals NHS Foundation Trust,

Whittington Health was awarded Haemaglobinopathy Coordinating Centre status for Sickle Cell Disease. Along with its partners, Whittington Health support London and East Anglia's Specialist Haemaglobinopathy Teams in the provision and management of Sickle Cell Disease Services

- **North Central & East London (NCEL) Child & Adolescent Mental Health services:** the Trust is involved in this collaborative which brought together five leading community and mental health trusts from across the NCEL region to discuss working together as one system to allow for the development of safe, effective and quality care across child & adolescent mental health services
- **Joint Advisory Group (JAG) accreditation:** the Trust was awarded JAG accreditation, for the delivery of endoscopy services

PERFORMANCE

How we measure performance

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

2019/20 Performance outcomes and analysis

As part of the response to covid-19, NHS England agreed to the pause or stop collecting monitoring data for some national indicators.

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

Table one: Performance against national targets in 2018/19 and 2019/20, at a glance

Safe – people are protected from abuse and avoidable harm	**2018/19**		**2019/20**		Notes
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Admission to adult facilities of patients aged under 16	0	0	0	0	
Incidence of Clostridium Difficile *	<16	13	<16	6	See pages 32-33
Actual falls	400	432	400	409	
Harm Free Care (%)	>95%	92.60%	>95%	92.78%	
Non-Elective C-section rate (%)	<19%	21%	<19%	21.80%	
Medication errors causing serious harm	0	0	0	0	
Incidence of MRSA *	0	1	0	0	See pages 32-33
Never Events*	0	1	0	6	See pages 29-30
Safety Incidents	0	32	N/A	21.5	
VTE risk assessment (%)	>95%	95.40%	>95%	96.30%	*Apr-Jan 2020
Mixed sex accommodation breaches *	0	17	0	30	See page 37

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	**2018/19**		**2019/20**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Breastfeeding initiated	>90%	92.60%	>90%	91.72%	
Smoking at delivery	<6%	5.80%	<6%	4.90%	
Non-elective re-admissions within 30 days	<5.5%	5.95%	<5.5%	5.30%	
Hospital standardised mortality ratio rolling within 12 months	100	81.9	100	89.3	*Jan - Dec 2019
Hospital standardised mortality ratio rolling within 12 months (weekend)	100	76.8	100	87.4	*Jan - Dec 2019
Mortality rate per 1000 admissions in-months	14.4	6.6	14.4	8.1	
IAPT Moving to Recovery	>50%	58.00%	>50%	56.70%	* Apr-Feb 2020

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	**2018/19**		**2019/20**		
% seen within 2 hours of referral to district nursing night	>80%	90.50%	>80%	94.20%	
% seen within 48 hours of referral to district nursing night	>95%	92.10%	>95%	96.00%	
% of MSK patients with a significant improvement in function	>75%	80.50%	>75%	92.7%	
% of podiatry patients with significant improvement in pain	>75%	85.10%	>75%	87.80%	
% weight loss achieved at discharge	>65%	72%	>65%	70.90%	
Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	**2018/19**		**2019/20**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department – FFT % positive	>90%	81%	>90%	80.90%	* Apr-Feb 2020
Emergency department – FFT response rate	>15%	13%	>15%	12.40%	* Apr-Feb 2020
Inpatients – FFT % positive	>90%	92.70%	>90%	97.50%	* Apr-Feb 2020
Inpatients – FFT response rate	>25%	17.80%	>25%	21.90%	* Apr-Feb 2020
Maternity - FFT % positive	>90%	94.70%	>90%	94.70%	* Apr-Feb 2020
Maternity - FFT response rate	>15%	51%	>15%	41.70%	* Apr-Feb 2020
Outpatients - FFT % positive	>90%	91.90%	>90%	94.40%	* Apr-Feb 2020
Outpatients - FFT responses	4800	4069	4,400	4454	* Apr-Feb 2020 (Target adjusted for 11 months)
Community - FFT % positive	>90%	96.60%	>90%	95.70%	* Apr-Feb
Community - FFT responses	18,000	12190	16,500	8398	* Apr-Feb 2020 (Target adjusted for 11 months)
Trust Composite FFT - % recommend	>90%	89.80%	>90%	90.8%	*Apr-Feb (includes staff responses where recommended for care - only)
Staff FFT - % recommend	>70%	70.50%	>70%	76.40%	*Apr-Sep
Complaints responded to within 25 working days	>80%	88.60%	>80%	82.00%	

Responsive - organising services so that they are tailored to people's needs	**2018/19**		**2019/20**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department waits – 4 hours	>95%	87.90%	>95%	83.80%	
Median wait for treatment (minutes)	<60 mins	83 mins	<60 mins	79 mins	
Ambulance handovers waiting more than 30 minutes	0	245	0	561	
Ambulance handovers waiting more than 60 minutes	0	39	0	50	
12 hour trolley waits in A&E	0	4	0	89	This figure includes mental health patient breaches
Cancer – 14 days to first seen	>93%	94.20%	>93%	94.80%	* Apr-Feb 2020
Cancer – 31 days to first treatment	>96%	100%	>96%	98.80%	* Apr-Feb 2020
Cancer – 62 days from referral to treatment	>85%	91.10%	>85%	84.00%	* Apr-Feb 2020
Diagnostic waits (<6 weeks)	>99%	98.90%	>99%	99.20%	* Apr-Feb 2020
Referral to treatment times waiting <18 weeks (%)	>92%	92.20%	>92%	92.10%	* Apr-Feb 2020
Referral to treatment time over 52 weeks	0	2	0	2	

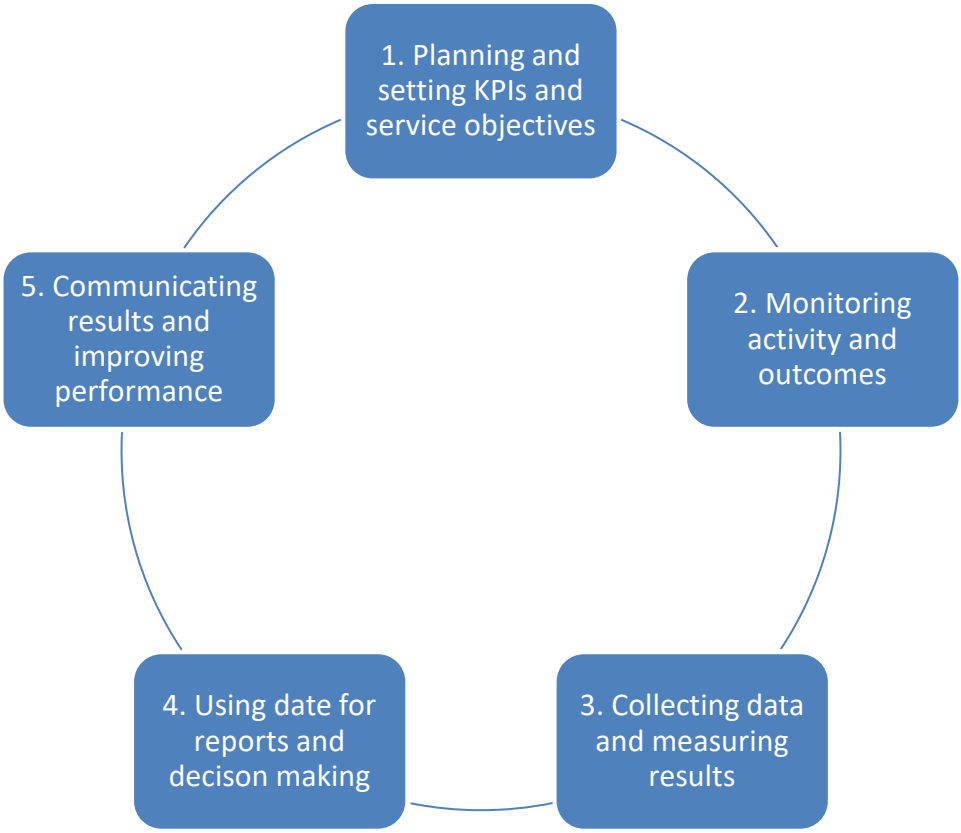
Well led - leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture	2018/19		2019/20		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Staff appraisal rate (%)*	>90%	73.10%	>90%	74.30%	* Apr-Feb 2020 See page 43
Mandatory training rate (%)*	>90%	82.00%	>90%	81.60%	* Apr-Feb 2020 2020 See page 43
Permanent staffing WTEs utilised	>90%	87.20%	>90%	88.20%	* Apr-Feb 2020
Staff sickness rate (%)	<3.5%	3.52%	<3.5%	3.53%	* Apr-Feb 2020
Staff FTT – recommending the Trust as a place to work	>50%	59.40%	>50%	59.80%	* Apr-Feb 2020
Staff turnover rate (%)	<10%	12.60%	<13%	10.70%	* Apr-Feb 2020
Vacancy rate against establishment (%)	<10%	12.80%	<10%	11.80%	* Apr-Feb 2020

As shown above the vast majority of our targets were exceeded this year:

- Most of our 'safe' measures were met, however, we unfortunately had a number of never events which are explained on pages 32-33.
- Our mortality rate is slowing increasing, however it remains below expected.
- Our community services had a particularly strong year improving on nearly all their metrics.
- Our emergency department continued to struggle to deliver their targets despite many different interventions to improve flow and capacity including considerably more ambulance waits over 30 mins. There was a change in the reporting of 12 hour waits during the year to ensure we show mental health patients breaching separately. We have done much to keep that number as low as possible including good liaison with our mental health trust partners and use of our mental health suite. At the beginning of the year the 136 suite at Highgate opened which should help this metric going forward.
- Maternity services continued to excel in their friends and family test results as did the community and outpatients.
- We hit most of our referral to treatment and cancer diagnostic and waiting time targets, just marginally missing the 62 day target.
- We had two patients waiting over 52 weeks due to an administrative error. Neither patient came to any harm.
- We continue to improve on, or maintain good sickness and turnover rates whilst struggling to deliver the required appraisal and mandatory training rates. These are explained further in the workforce section of this report.

Monitoring performance

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



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

STATEMENT OF FINANCIAL POSITION

Spending on agency and temporary staff

The Trust was set a very challenging agency cap target by NHS Improvement of £8.8m for 2019/20, an improvement of £3.2m on the 2018/19 outturn. The Trust ended the financial year £0.4m above the cap. This was partly driven by the surge in agency usage in the last quarter due to the covid-19 pandemic. The Trust is aware that maintaining and improving our performance in relation to the use of agency and temporary staff is key to delivering quality and financial sustainability. As such, the Trust initiated a number of measures to monitor and control agency usage including transferring its temporary staff management to Bank Partners from June 2019.

Financial position

The Trust agreed a control total of £4.94m deficit for 2019/20. Agreeing and meeting the control total, meant the Trust was eligible for £4.94m of additional funding relating to the provider sustainability fund (PSF), the financial recovery fund (FRF), and the marginal rate emergency tariff (MRET). The Trust delivered a £0.05m surplus for 2019/20 including PSF, FRF and MRET.

This means that the Trust has now achieved its control total for five consecutive years, and has cleared its historic deficit from previous years (see also the value for money section below). While the Trust has been able to meet its financial targets for the year, some of this has been achieved through the use of non-recurrent measures. Ignoring the impact of these measures, the Trust continues to run an underlying deficit each year and, at the end of March 2020, this was £10.9m.

Going concern and value for money

As with previous years, the 2019/20 annual accounts were prepared on the going concern basis. This is in line with the Department of Health & Social Care's accounting guidance, which states that the Trust is a going concern if continuation of services exists. We have detailed above the positive trend in the Trust's finances. This improvement means that the Trust is now complying with the Department of Health & Social Care's duty to break even over a three-year period.

Financial performance and statement of financial position

Above, we detailed the Trust's financial position for the year ending 31 March 2020, which indicated effective arrangements in the use of resources and a strongly positive trend in financial results. However, as a Trust we continue to face a challenging financial future.

Pay expenditure exceeded our budgeted level by £16.7m last year. This included £9.6m of additional employers' pension costs offset by income. The principal causes of this overspend were:

- Slippage in delivering recurrent cost improvement programmes

- Nursing overspend relating to provision of enhanced care
- Other overspend offset by income

Non-pay expenditure exceeded budgeted levels by £5.1m. The principal movements behind this were:

- Increased corporate costs relating predominately to professional fees
- Slippage in delivering recurrent cost improvement programmes

Cash

The Trust was in a strong cash position throughout 2019/20 and ended the financial year with £27.4m in cash. This was £2.2m higher than at the end of 2018/19. We maintained a strong cash balance during the year which resulted from:

- the receipt of PSF funding through the year
- strong collection rates on debt from both NHS and non-NHS organisations

During the year, the Trust did not receive any additional cash support from the Department of Health & Social Care, and has continued to pay down historic cash support loans. The Trust is not anticipating any significant cash issues in 2020/21, and has forecast to recycle cash holdings into capital programmes for future years, most notably into the Trust's estate strategy.

Property, plant and equipment

The Trust's outturn capital expenditure for the year was £18.4m. This was £0.3m lower than our Capital Resource Limit of £18.7m. Notable schemes within these levels of spend were investments in the Whittington Education Centre, maternity and imaging, and updates to information technology and hardware.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £43.5m. This was £2.5m higher than in 2018/19. These increases were driven by the higher levels of core and incentive PSF. At the end of 2019/20, the Trust received a year end incentive of £1.1m of FRF. The Trust expects this to be settled in July 2020. There was also strong performance during the year in the collection of other old and current year debts.

Payables (creditors)

The Trust's payables at the end of the financial year were £51.5m. This was £10.9m higher than in 2018/19. Overall, creditor performance decreased slightly compared with the previous year. The Trust paid 87% of the value of invoices within 30 days, compared with 88% in 2018/19. Increases in creditor balances at year end were partly driven by an ongoing supplier dispute (value £2.8m) and additional covid-19 expenditure.

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement below. For the purposes of this performance report, the key risks on our 2019/20 Board Assurance Framework were as follows:

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.
Failure to hit national and local performance targets results in low quality care, financial penalties and decommissioning of services – (e.g. Emergency Department, community etc.)
Failure to provide robust urgent and emergency pathway for people with mental health care needs results in poor quality care for them and other patients, as well as a performance risk.
Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. nursing, junior doctors, medical posts)
That the culture of the organisation does not improve, and bullying and harassment continue, such that retention of staff is compromised and staff morale affected and ultimate patient care suffers as a result
Failure to support fragile services adequately, internally or via partnership with other providers leads to further instability where quality is reduced, or vital service decommissioned, or Trust reputation is damaged (e.g. Lower Urinary Tract service, Breast, Bariatrics).
That the long term financial viability of the trust is threatened by changes to the environment, long term plan, social care risks, political changes, organisational form changes
Failure to deliver savings plan year and control in operational budgets leads to adverse underlying financial position that cannot be mitigated by non-recurrent measure. This will lead to not hitting control total, loss of Provider Sustainability Funding, greatly reduced capital resource to address other BAF risks and reputational risk
Failure to modernise the Trust's estate may detrimentally impact on quality and safety of services, poor patient outcomes and affect the patient experience
Breach of established cyber security arrangements results in IT services failing, data being lost and care being compromised

Each of these risks had a clear mitigation plan and assurance process. The board considered other risks throughout the year as they arose, including for example the risk of losing staff or being unable to recruit as a result of the pending EU exit.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued on its journey through the Better Never Stops initiative to continually improve the quality of our services and the experience of the people who use our services. In preparation for the announced, targeted inspection by the Care Quality Commission (CQC) during the period December 2019 to January 2020, the Trust focussed on supporting and preparing staff and services. There was a systematic and effective period of planning which was strengths-based and generated a positive and supportive approach. The Accountable Officers for quality are the Medical Director and the Chief Nurse and Director of Allied Health Professionals; for quality assurance, the lead officer is the Chief Nurse and Director of Allied Health Professionals.

Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the CQC without any conditions.

The CQC undertook a targeted announced inspection of four core services in December 2019 and published its final report in March 2020. The services inspected were Urgent and Emergency Care, Community Children's Health Services, Surgery and Community Child and Adolescent Mental Health Services. It also undertook a Well Led Inspection in January 2020. The final aspect of the inspection regime was a joint inspection by the CQC and NHS Improvement of the Trust's Use of Resources. The Trust was very pleased that the outcome of the inspection was, on the whole, very positive, including the overall rating for community health services moving from Good to Outstanding. The Trust maintained its current rating of outstanding for the Caring domain for the whole organisation; this is a well-deserved credit to staff. The overall rating for the Trust remained 'Good'.

The table below provides the rating summary table.

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

The Trust was disappointed and concerned that the overall rating for the Safe domain remained as Requires Improvement and there is work required in the next year to address this. The CQC divides recommendations into two action categories: Action the Trust MUST take is necessary to comply with its legal obligations; and, Action a Trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve

services. The CQC issued three 'Must do' actions in relation to two regulatory requirements against the Trust. A detailed action plan to address this was sent to the CQC in May 2020. The three 'Must do' actions were to ensure that:

- staff carry out physical health checks of patients after they received medication for their mental state administered by rapid tranquilisation (Emergency Department)
- medicines are managed safely within children's community services
- the environment for mental health patients was therapeutic and promoted dignity respect (Emergency Department)

The development of a 'Better Never Stops' Quality Improvement (QI) Faculty, and a revised quality governance structure will support this work. Processes in place to maintain quality and drive patient safety improvements across the Trust include:

- Established separate quality meetings at divisional integrated clinical service unit (ICSU) level, and a focus on quality at their executive-led quarterly performance reviews to ensure issues of patient safety, experience and effectiveness were prioritised
- The appointment of Associate Medical Directors for Patient Safety, Quality Improvement and Effectiveness
- An integrated central Quality Governance department to ensure intelligence was triangulated and learning is shared
- The Trust Board receives monthly reports on all serious incidents which took place the previous month and, importantly, on how the Trust is learning from care and service delivery problems identified
- A quarterly quality report is considered by the Quality Assurance Committee and Trust Board. It has been strengthened to provide a themed analysis of patient safety, patient experience and clinical effectiveness information
- The Trust's Safeguarding Adults & Safeguarding Children Committees continue to be managed as one Committee under the responsibility of the Chief Nurse and Director of Allied Health Professionals
- The Trust works closely with external regulators and patient safety reporting bodies such as the CQC, clinical commissioning groups, NHS England/Improvement (NHSE/I) and the National Reporting and Learning System (NRLS)
- The Trust has processes in place to respond to patient safety alerts via the Central Alerts System (CAS)

Quality priorities

Each year, the Trust agrees a number of priorities to improve the quality of our care for the people we serve which are published and reported on in the Trust's Quality Account. In light of the covid-19 pandemic, NHS England and NHS Improvement announced that the publication of the Quality Account 2019/20 is postponed until December 2020.

However, Whittington Health had already begun work in January 2020 to identify areas for improvement through consultation with staff, patients and key stakeholders.

We have also considered the impact of the covid-19 pandemic at a Trust level as well as the global changes to healthcare.

We utilised a range of data and information, such as learning from serious, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data, to help establish what our 2020/21 priorities should be.

As part of our consultation process, external stakeholders, patients, and staff have been invited to share their views on our proposed quality priorities. We held a stall in the hospital atrium in January 2020 to gather opinions of patients, families, visitors and staff about improvements they would like to see in the coming year. A meeting was held with Healthwatch Islington and Healthwatch Haringey, and representation from Islington Clinical Commissioning Group in February 2020 to review and hear feedback to consider the priorities for our local population.

The quality priorities identified for 2020/21 include:

- Improving communication (between staff and patients, and across multi-disciplinary teams)
- Reducing harm from hospital acquired deconditioning
- Improving blood transfusion safety culture at the hospital
- Improving understanding of human factors and the impact on making healthcare as safe as possible

We are now in the process of refining and agreeing the specific measurements with clinical colleagues; this work has been delayed due to the covid-19 pandemic.

Freedom to Speak Up Guardian

The Trust is pleased to report that the Freedom to Speak Up Guardian (FTSUG) for Whittington Health NHS Trust is now firmly established and is well known and respected across the Trust. The post holder maintains a high level of visibility across the hospital and community sites and across many professionals groups. Work during the year focussed on building up the network of Trust Speak Up Advocates and, by the end of March 2020, there were thirty recruited and trained. They work in many different areas of the Trust and come from diverse staff groups including clinical, managerial and facilities staff. Their role was revised and aligned to the National Guardian's Office guidelines on helping staff to safely raise concerns.

The National Guardian's Office undertook a case review of two longstanding whistleblowing cases. The final report was published on 11 June 2020. The Trust will work collaboratively to act on the report's recommendations in 2020/21.

PATIENT SAFETY

Serious incidents

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

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

In 2019/20, there were a total of 32 serious incident investigations declared within the Trust, the same figure as reported for the 2018/19 financial year. The categories of incidents were:

- Never Events (outlined below)
- Delayed diagnostic incidents in relation to endoscopy
- Maternity incidents

As with previous years, final investigation reports were reviewed at the SIEAG panel and ICSU directors or their representatives were required to attend to present their reports. The panel offered scrutiny and challenge on the investigation and findings to ensure that contributory factors in relation to care and service delivery problems have been fully-explored, root causes identified, and actions required are aligned with the recommendations. The panel discussed lessons learnt and appropriate action, both immediate if applicable, and planned, to prevent future harm occurrences.

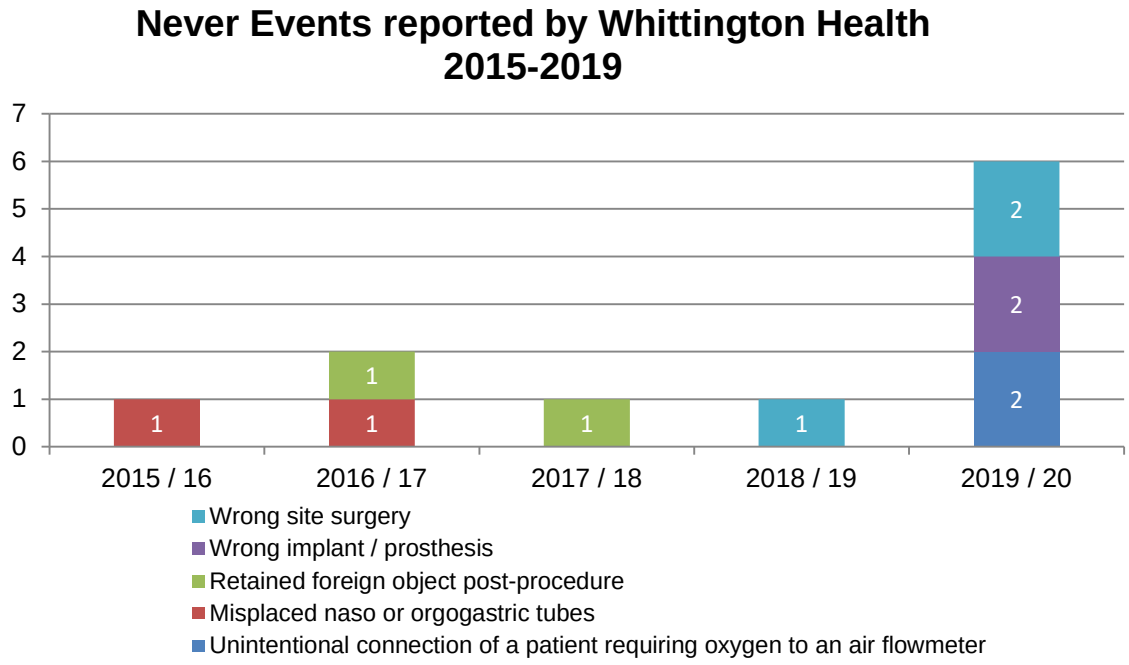
On completion of the report the patient and/or relevant family member received an outcome letter highlighting the key findings of the investigation, actions taken to improve services, what had been learnt and what steps were being put in place. A 'being open' meeting is offered in line with duty of candour recommendations. The report is shared with the patient and/or family as requested. This is ideally done at a face to face meeting.

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

Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented.

During 2019/20, the Trust recorded six never events, an increase from previous years. However, two Never Events reported in 2019/20 related to fracture fixation plates incidents which happened in 2017/18 and 2018/19 and were identified retrospectively, as part of a national lookback exercise. Two Never Events last year related to the unintentional connection of patients requiring oxygen to airflow meters; two related to wrong site surgical procedures where one case concerned a patient who received a paravertebral analgesic nerve block on the wrong side and one case involving the extraction of a wrong tooth. All of the Never Events were investigated and changes made to practice included removing reconstruction plates from instrument trays to mitigate the risk of unintentional use and a Trust-wide risk assessment and audit plan around usage of air flowmeters.



In addition, the Trust carried out a Trust-wide gap analysis against the Never Event criteria. This was shared with the Quality Committee. The findings highlighted the need to strengthen our existing processes to ensure the ongoing monitoring of compliance with National Patient Safety Alerts and to the improve understanding and awareness of human factors across the Trust. In response, an annual safety alert audit will be undertaken as part of the annual Safety Alerts report and a training programme around human factors is being developed.

Maternity incidents

The Healthcare Safety Investigation Branch (HSIB) investigates incidents that meet the Each Baby Counts criteria or HSIB's defined criteria for the investigation of maternal deaths. Each Baby Counts is the Royal College of Obstetricians' & Gynaecologists' national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour.

From 1 April 2019 to 31 March 2020, Whittington Health referred five cases to the HSIB for investigation. Two reports referred in 2018/19 were also published. They related to an early neonatal death and a maternal death in the emergency department. The findings of both HSIB investigations were that, all appropriate care was provided, and no safety recommendations were made. However, during an inquest for one of the patients, the Coroner highlighted the potential for better communication processes between the London Ambulance Service (LAS) and the Trust and issued a Prevention of Future Death (PFD) notice. In response the Trust has worked with LAS to introduce changes including prompting staff to ask whether a patient is pregnant when a priority call comes through from LAS, expanding existing processes to determine whether obstetric teams need to be called to the Emergency Department before a patient arrives, standardising handovers between clinicians and running a simulation exercise.

Learning from deaths

During the period 1 April 2019 to 31 March 2020, 536 Whittington Health patients died in our inpatient wards or in our emergency department. The following number of deaths occurred in each quarter of 2019/20:

- 125 in the first quarter (April to June 2019)
- 117 in the second quarter (July to September 2019)
- 133 in the third quarter (October to December 2019)
- 161 in the fourth quarter (January to March 2020)

By 31 March 2020, the number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 83/125 deaths in the first quarter
- 66/117 deaths in the second quarter

Quarter 3 and 4 death reviews are still in progress. Key learning identified from the patient mortality reviews included ensuring:

- there are more robust mechanisms in place to safeguard that our clinically deteriorating patients are referred to our critical care outreach teams in a timely and appropriate way
- we embed learning from end of life care discussions

- all investigations of patients (Imaging, Pathology) are reviewed and acted upon in a timely and appropriate way

Actions taken to ensure learning from deaths included:

- the appointment of a Lead Medical Examiner for the Trust
- developing and embedding NEWS2 national early warning score 2 and escalation protocols as part of the roll out of electronic observation systems across the organisation
- extending the learning from deaths process to investigate and learn from deaths in patients up to 30 days post discharge
- establishing a Mortality Review Group to progress learning from deaths and provide quality assurance for structured judgement reviews.
- the early involvement of the palliative care team where patients are nearing end of life or would wish to plan for it
- early discussion and completion of treatment escalation plans
- updated guidelines such as the Silver Trauma pathway and medication safety guidance

Infection prevention and control

The Infection Prevention and Control Team (IPCT) provides a full service to hospital and community sites across Whittington Health. An executive director is responsible as the Director of Infection Prevention and Control (DIPC). The Chief Nurse and Director of Allied Health Professionals is the Accountable Officer. The team was strengthened over the last 12 months with the welcome addition of an information analyst who supports national, regional and local reporting on health care-acquired infections and infection-related clinical audit and monitoring of performance across the Trust.

Whittington Health takes the prevention and control of all infection seriously and supports the delivery of the Trust objective to deliver consistent, high quality, safe services by ensuring safe care to patients and ensuring a clean and safe working environment for staff employed by the organisation. Infection prevention and control continues to be everyone's business. This was brought into stark focus during the last month of 2019/20 with the emerging global covid-19 pandemic. The Trust responded through joint leadership of the major incident by the Chief Operating Officer, as lead for emergency planning, and the Chief Nurse and Director of Allied Health Professionals, as the DIPC.

There are reporting requirements on reporting of healthcare-associated infections (HCAI), in particular MRSA bacteraemia, clostridium difficile, diarrhoea and/or vomiting outbreaks, E.coli bacteraemia, respiratory tract viral infection including influenza and surgical site infections. Since the start of the pandemic, there was also daily reporting of covid-19 patient and staff positive cases. This will be reported in the next reporting period (at the time of the drafting of the annual report the level 4 national emergency status remained in place).

MRSA	• There is a zero tolerance on MRSA blood stream infections (BSI). In 2019/20 Whittington Health reported one MRSA BSI that was unavoidable with no learning outcomes identified.
Clostridium Difficile Infections (CDI)	• The Public Health England (PHE) recommendation for 2019/20 for CDI was 19, Whittington Health reported 7 cases of CDI.
E.Coli Bacteraemia	• There were 25 Trust-attributed EColi BSI this year compared with 9 last year. The new national objective in line with the UK five year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024.
Infuenza	• This winter there were no serious incidents declared nor investigations undertaken into the care of any patients who died of influenza whilst an inpatient in the hospital.
Surgical Site Infections	• SSI Surveillance service mandatory reporting to Public Health England is for 'at least 1 orthopaedic category for 1 period in the financial year'. Whittington Health can report on three quarters in three orthopaedic categories.(Hips, Knees and Neck of Femur) with 7 infections.

Winter flu vaccination

Whittington Health had a focused staff campaign for the winter of 2019/20 for staff to receive their influenza vaccine. Flu champions, the infection prevention and control team and the Occupational Health Service worked incredibly hard together to achieve the performance target. As always the Trust's flu campaign was driven by patient safety and staff safety.

The uptake of the vaccine by front line staff was 83.2% this winter. This was the third highest rate in London and showed a consistent improvement year-on-year for the Trust. The denominator for front line staff was slightly higher than in the previous year, up to 2,962 from 2,877.

Shop vouchers were distributed to twenty five flu champion vaccinators who vaccinated 30 or more of their peers and the first prize draw for shop vouchers was won by a community nurse. A second draw, open to all staff who received a vaccination, has been delayed since March due to covid-19 pandemic.

The campaign this year supported Dementia UK and the Trust raised £2,375 for the charity.

PATIENT EXPERIENCE

Learning from national patient surveys

The Trust received results for five national patient experience surveys during 2019/20. These were:

- Adult Inpatient Survey 2018 (June 2019)
- Urgent and Emergency Department Survey 2018 (October 2019)
- Children and Young People's Survey 2018 (November 2019)
- National Cancer Survey 2018 (November 2019)
- National Maternity Survey 2019 (January 2020)

Adult inpatient survey 2018

32.5% of patients responded to the 2018 survey. Significant improvements were seen in response to four areas compared to the previous survey. Patients reported:

- they were supported to wash and keep themselves clean
- they had confidence in, and trusted the nurses, caring for them
- their home circumstances were considered when planning discharge
- they were treated with respect and dignity

There was one area that was significantly lower than the previous year and related to changes to patients' admission dates.

Urgent and Emergency Department survey 2018

Highlights from the Urgent and Emergency Care Survey can be seen below:

	Key improvements since 2016:		**Our core strengths:**
Q5.	Waited under an hour in the ambulance	Q8.	Waited under an hour in A&E to speak to a doctor/nurse
Q.27	Understood why tests were needed	Q12.	Spent under 12 hours in A&E
Q6.	Enough privacy when discussing condition	Q39.	Told medication side-effects
		Q42.	Told about symptoms to look for
Q38.	Told purpose of medications	Q9.	Waited under two hours to be examined by a doctor/nurse
Q40.	Told when could resume normal activities		
	Our views:		**Issues to address:**
Q46.	79% rated care as 7/10 or more	Q35.	Able to get suitable food and drink
Q45.	95% said they were treated with respect and dignity	Q20.	Family, friend or carer able to talk to a doctor

Q15.	96% said doctors and nurses listened to the patient	Q41. Q33. Q30.	Family or home situation considered A&E department was clean or fairly clean Told how would receive the results of tests

Children and Young People's survey 2018

There were four key improvements from the previous survey in 2016 including:

- parents receiving written information about their child's condition or treatment
- staff explained to parents how the operation or procedure had gone
- staff availability when child needed attention
- staff caring for children worked well together

Other core strengths highlighted included:

- parents felt that Wi-Fi was good enough for a child to do what they wanted
- a choice of admission dates
- staff talked to children about how they were going to care for them

Areas highlighted for improvement included:

- children & young people felt that there was not enough things to do in hospital
- children & young people were not told what would happen next with their care
- children & young people were not given advice on how to look after themselves when they went home
- Parents were not able to prepare food in the hospital if they wanted to and children did not like the hospital food

National Cancer survey 2018

The 2018 survey results showed that Whittington Health remained a very high performer across London. The Whittington ranked second next to the Royal Marsden for London cancer services and the overall rating of care at the trust has improved from 8.8 to 8.9 (calculated as the average score given to the question "Overall, how would you rate your care?" on a scale from 0 (very poor) to 10 (very good)). This excellent outcome is now higher than the national average of 8.8.

Whittington Health scored the highest in the UCLH cancer collaborative for 34 out of 52 questions and 12 of these were the highest in London overall. Narrative feedback from the survey details high volumes of very positive feedback for the cancer

services. Most commonly the feedback is about the staff; there is notable high praise for the colorectal and stoma care nursing team.

A key consideration to support the improvement work in 2020/21 and also personalised care objectives will be the Whittington Health and Macmillan partnership providing a Recovery Package Manager and support worker staff.

Areas for improvement related to patient involvement in their care, with patients receiving a copy of their care plan. To address this, the Trust considered the capacity of the cancer clinical nurse specialists to support patients with communication and discussion with patients and their families.

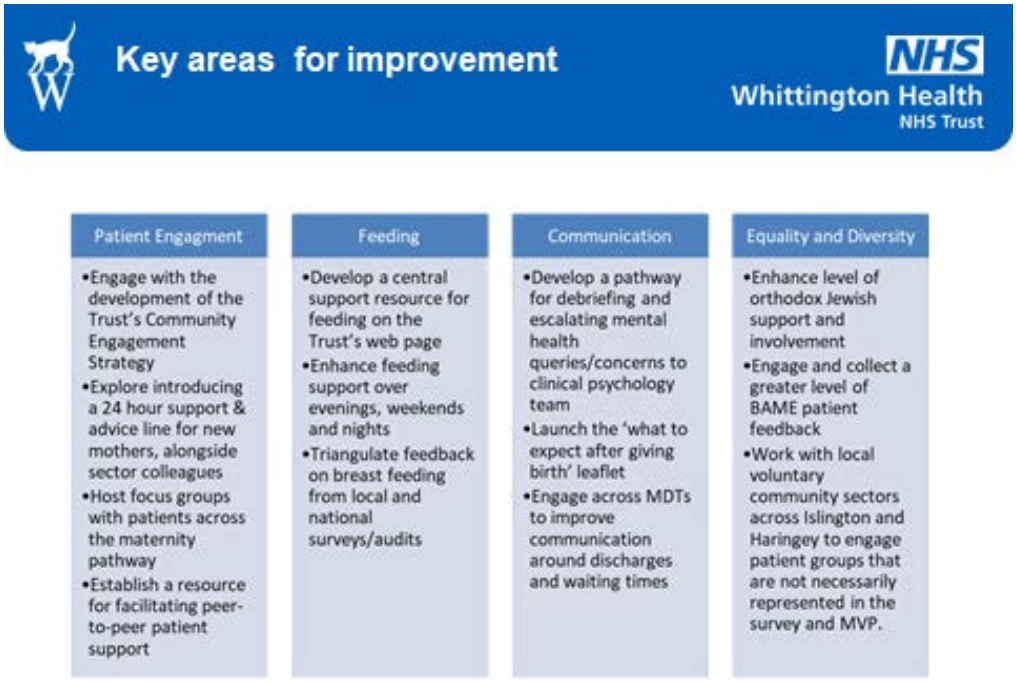
National Maternity Patient Experience survey 2019

Key improvements were seen in five areas since the 2018 survey and included:

- being involved enough in decisions about care, being given enough information about the mother's physical recovery, given help & advice about the baby's progress by midwives & other health professionals

- 98% of women reported that they were treated with dignity and respect and 96% reported confidence and trust in staff both of these areas show a slight fall from the 2018 survey.

- Four areas selected as priorities for further improvement work and are shown below. Work here will include creating quality improvement projects to address these identified areas:



Mixed sex/gender accommodation declaration

In line with national reporting requirements in relation to mixed sex/gender accommodation, we revised our reporting of mixed gender accommodation breaches to include intensive care patients. We experienced a low number of incidents of mixed gender accommodation for a short number of hours for some patients. Over the summer months this equated to an average of 1–2 a month increasing to 4-5 during the winter period. This was due to bed capacity issues within the Trust where there was reduced medical bed availability, however, privacy and dignity were maintained at all times, and patients were informed and comfortable.

CLINICAL EFFECTIVENESS

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

In March 2020, the Associated Medical Director for Clinical Effectiveness and Quality Improvement was appointed. This role supports integrated working across the department and ensures learning from audits and national benchmarking data is integrated into the Trust's quality priorities.

National audits

During 2019/20, 64 national clinical audits including 9 national confidential enquiries covered relevant health services that Whittington Health provides. During that period, Whittington Health participated in 100% of national clinical audits and 100% of national confidential enquiries. The Trust also registered an additional 13 non-mandatory national audits for completion. The reports of 24 national clinical audits/national confidential enquiries were reviewed in 2019/20 and used to drive improvement, where appropriate.

For example, the work of a multidisciplinary, multi-grade National Emergency Laparotomy Audit working group contributed to attaining a new Geriatric Liaison Consultant. The reports of 89 local clinical audits were completed and reviewed in 2019/20.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2020/21. The Trust will establish a Clinical Effectiveness Group as a key feature of the organisational meeting structure; this will ensure senior clinical oversight and promote all aspects of clinical audit.

Quality Improvement (QI)

One of the successes of the Whittington Health quality improvement journey has been the enthusiasm of individuals to lead a project to improve an area of their work that they are passionate about. There have been some clear successes with the bottom-up approach. The Trust wants to continue empowering staff to have the freedom and confidence to improve aspects that they feel are necessary and are important to them. Projects and areas to improve are also identified from a top-down approach based on information collated through the Quality Account, Getting it Right First Time visits, national or local audits, untoward incidents, complaints, legal claims, peer reviews and both patient and staff feedback. All projects are registered centrally and are available online so that teams can contact other project leads to share learning or ask questions. In order to ensure adequate resource is provided,

projects are then prioritised both centrally and within the respective Integrated Clinical Service Unit

The four key Trust-wide projects during the year focused on frailty, falls, discharge summaries and ‘hello my name is’ badges for staff.

One of the QI areas of focus in 2019/20 was to provide in-house training. The Trust offers a two-tiered training programme to empower staff to design and lead QI projects. In 2019/20, over 600 staff members completed the online training. In addition, the Trust delivered training at junior doctor induction days, nurse preceptorship courses, various ICSU quality meetings, team meetings and multiple staff development courses including three ICARE courses and a junior doctor development course.

On 14 June 2019, the Trust held its second annual QI celebration event. For the second year running, the Trust has published in The British Medical Journal’s Open Quality, this time about the frailty pathway.

RESEARCH

Research at Whittington Health had another successful year. Professor Hugh Montgomery was appointed as Director of Research and Innovation and along with Kathryn Simpson, who remains as Research Portfolio Manager, led the Trust's research activities. Despite a second year of reduced funding for supporting the delivery of research (circa 10%), the team exceeded the target set by the North Thames Local Clinical Research Network (LCRN) for 617 patients to be recruited into National Institute of Health Research (NIHR) portfolio studies. 736 patients were recruited into these trials including 82 into a covid-19 study as the pandemic began.

We continued to deliver a cost-effective service, with a low cost per patient recruited, compared with other Trusts in the North Thames LCRN and have, with one exception where recruitment closed early, continued to meet the NIHR benchmark for RTT (recruitment to time and target) for commercial trials.

Recruitment to commercial trials was significantly lower than the previous year and more in-line with historic performance as these reverted to being complex interventional drug trials. Non-commercial studies continued to do well despite having fewer studies open to recruitment overall (30) as the national as well as local portfolio saw changes to study opportunities. Of particular note, the top three recruiting studies were:

REACH Pregnancy Circles Trial	188
National Evaluation of the Integrated Care & Support Pioneers Program	135
Clinical Characterisation Protocol for Severe Emerging Infection	82

This meant that for the second consecutive year Women's Health showed favourable study delivery, whilst Community Health Services had the greatest increase in research recruitment. The spread of recruitment over ICSUs is detailed below:

Acute Patient Access Clinical Support Services & Women's Health	229
Surgery and Cancer	173
Emergency and Integrated Medicine	154
Community Health Services for Adults	135
Children and Young People	8
Studies open to all ICSUs	37

As the year ended, a limited number of existing studies continued whilst the majority of non-covid-19 research was 'stood down' by the NIHR. The Trust responded quickly to potential covid studies and, where there was capacity and capability, worked to ensure we were able to contribute to studies identified as a priority by the Department of Health and Social Care

Professor Montgomery is leading local covid research initiatives as well as being a key contributor to national and international knowledge-sharing groups. It is expected

that 2020/2021 will see significant changes to the research portfolio, research outputs and engagement as the pandemic continues.

What will remain is the commitment to offer patients the opportunity to participate in research, and for the Trust to contribute to meaningful studies that benefit local people as well as the broader population.

COVID-19

So much happened in March 2020 that it is impossible to highlight everything in this document, however, throughout the Annual Report there are references to our response to covid-19 and this section highlights a few other key points.

On 30 January 2020, Whittington Health entered the first phase of NHS's preparation and response to the declaration of a Level 4 National Incident in relation to the international pandemic covid-19. Since that time, the Trust's Management Group, Emergency Management Committee and key stakeholders implemented the following key actions:

- Initialisation of covid-19 Emergency Planning with an update meeting on 4 February.
- Establishment of covid-19 assessment pods in February and March
- Initialisation of covid-19 clinical pathways on 13 February
- Establishment of the Incident Command Centre on 5 March
- Daily morning covid-19 meetings Monday to Friday in March
- Establishment of covid-19 Red and Green Zones in March
- Deployment of covid-19 Clinical and Non-Clinical Workforce in March

Moving into the new financial year will see a variety of new activity. This will include delivering the North Central London covid-19 system plan, switching on surgical and interventional services in accord with London's Recovery Plan and an after actions review facilitated by NHS Elect. Whittington Health will continue to maintain its high standards in emergency planning and business continuity in 2020.

- **Infection prevention and control (IPC)**: we zoned our hospital into covid and non-covid wards
- **Emergency care**: department zoned into red & green (UCLH Paediatrics ED transferred to Whittington Health)
- **Paediatrics**: paediatric ward closed, all Whittington Health paediatrics (treat and transfer) transferred to Great Ormond St Hospital
- **Surgery**: all elective surgery stopped and some urgent cancer moved to cancer alliance hub in the private sector
- **Maternity**: no change, home births were temporarily stopped
- **Agile working**: large numbers of admin staff working from home
- **Digital / Virtual outpatients**: we are currently running 73% of outpatients as phone calls or "attend anywhere" video calls
- **Rehab**: Bridges ward closed and moved to St Pancras to be run by Central & North West London
- **Staff welfare support**: This has been set up with volunteers and has been well-received with:
  - More than £100,000 raised through our Just Giving page
  - More than 10,000 hot meals delivered to staff
  - More than 6,000 bags of Fruit and Veg delivered
  - 1000s of Amazon packages received
  - More than 250 hotel rooms booked and apartments used

- The promotion of occupational health, staff health and wellbeing services during the pandemic crisis

Rapid Response / Virtual wards	• The team has been expanded with support from community matrons and increased GP hours to cover 7 days. This has increased capacity to almost double in line with referrals as these have also increased. • London Ambulance Service admission avoidance pathways in place. • Step up and step down capacity. • Close links to Whittington Ambulatory Care / SDEC provision
Discharge hubs	• Whittington is leading on the hubs at Whittington and UCLH sites but also actively involved in the North Middlesex University Hospital hub with on-site presence • Community in-reach model, strong integrated approach with partners
Community Rehabilitation & Therapy teams	• The community teams continue to receive referrals and are actively triaging to prioritise home visits where appropriate. The teams have seen a reduction in referrals but are actively involved in supporting the D2A pathways from the acute trusts and this work is growing to support the discharge hubs • Segmentation to prioritise urgent need
Care Homes support	• Support to care homes from geriatrician and pharmacists is ongoing but is provided virtually. • Providing support with testing of staff & training including PPE usage
Community Nursing & Specialist Nursing	• Prioritisation in line with guidance • Specialist nursing (heart failure, diabetes, lymphoedema, tissue viability) supporting community nursing with caseloads. • Podiatry also supporting community nursing with patients requiring wound care • Regular telephone contact with all patients
Vulnerable & shielded patients	• Multi-Disciplinary Team for vulnerable & shielded patients using virtual smartcard • Clear identification of patients within community teams
Long term conditions	• Clinical prioritisation in line with guidance • Telephone & virtual consultations as first line with face to face appointments as appropriate

INTEGRATED CARE ORGANISATION AND SYSTEM WORKING

Integrated Care Organisation

As an integrated care organisation we are demonstrating every day the value of collaborative working in multi-disciplinary and multi-agency approaches to health and care. Our figures show the lowest admission rates in North Central London and these have reduced even further this year with the improvement to our frailty and rapid-response and community services.

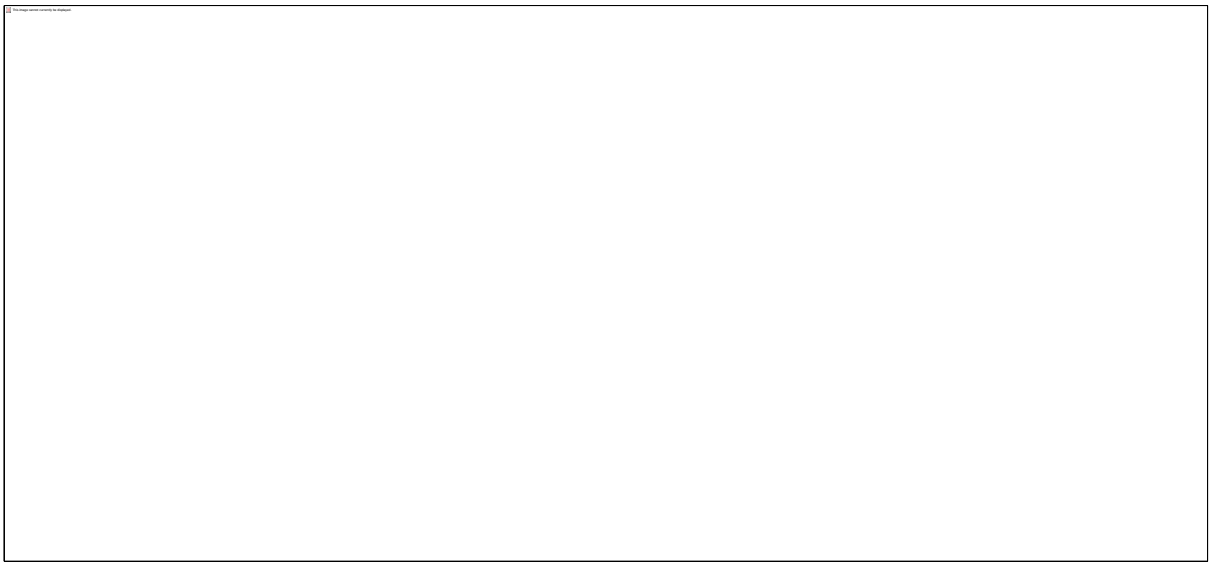
Our approach has been recognised by the CQC who wrote:

"As an integrated care organisation, the trust was leading the way in the provision of well-integrated community, mental health and acute hospital services. The trust planned services effectively to meet the needs of the local population. For example, the trust had an emergency response 'Hospital at Home' team who worked with health and social care partners to prevent patients having to be admitted to the hospital. By investing in community services for elderly patients, the trust had been successful in reducing the number of patients who needed to be readmitted to hospital. As a result, the trust was one of the best performing trusts in the country for emergency readmission rates."

This was further recognised by the CQC and NHSI in their review of "use of resources".

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

Clinical services: emergency attendance to admission conversion rates



Below are a few other areas of collaboration which have shown benefits to patients and the public.

GP Federations

During 2019/20, we worked closely with GPs and commissioners in Haringey and Islington to develop new ways of working as they begin to work more at scale through primary care networks. Examples of this included:

- Continuing to develop the integrated diabetes team that supports and trains GPs to keep patients' diabetes managed in the community
- Our team working with Age UK and the GPs to use an e-frailty index to find and support patients before they deteriorated

Community services

Our community services are truly system working with many different partners. This was demonstrated most acutely when covid-19 led to the setting up of the single points of discharge. We were not only able to quickly mobilise this for Whittington Hospital but also for University College London NHS Foundation Trust (UCLH).

Localities and borough partnerships

This year, Whittington Health continued to work even more closely with our colleagues in the councils, mental health trusts, GPs, and the voluntary sector to implement the vision for our joined up services based around localities (3 in Islington and 3 in Haringey). This has resulted in strong borough partnerships and support of a "Fairer Together" green paper from Islington, as well as, practical leadership teams bringing together the partners to support individual residents with complex needs.

North London Partners' Strategic Transformation Plan and Integrated Care System

We also worked closely with our North London Partners in health and care to start to implement a new Integrated Care System across the five boroughs of North Central London. We are represented on all the critical committees. This has been crucial in the response to covid-19 and created a really positive route for mutual aid, collaboration and transformation.

University College London NHS Foundation Trust

We continued to work well with UCLH in various areas of collaboration including breast services, maternity, and general surgery. Our new Chair will cement this relationship further.

- Breast – joint breast mulita-disciplinary teams being set up and joint appointments already made

- General surgery – UCLH Emergency Department patients with an abscess come to us the next morning for surgery
- Maternity – we share demand where needed
- We manage the UCLH Virtual Ward service
- Tuberculosis is a joint service
- Orthopaedics – we are working to create a single service pending the outcome of the consultation

WORKFORCE

Our people

Last year, we employed around 4,600 staff, clinical and non-clinical, all of whom contribute to providing high quality patient care in our hospital and across our community sites. Our people work hard to improve efficiency and deliver the best possible care to our patients.

Whittington Health's people are fundamental to its success in delivering high-quality patient care. We are proud of all our colleagues and recognise the important role they play in maintaining the health and wellbeing of the people we serve. The people we employ reflect the diverse backgrounds of the communities we serve and we have good representation of women and people from diverse ethnic backgrounds.

The Trust's approach to developing our workforce is set out in our workforce strategy which was co-developed with staff. During 2019/20, we continued to deliver on the ambitions set out in the strategy and are pleased that a number of our performance indicators show how successful our plans have been.

The majority of the Trust's staff are permanently-employed clinical staff directly involved in delivering patient care. We also employ a significant number of scientific, technical and administrative staff who provide vital expertise and support. The table below provides a breakdown of our workforce.

Staff Group	Employee headcount
Additional professional scientific and technical	299
Additional clinical services	637
Administrative and clerical	944
Allied health professionals	580
Estates and ancillary	212
Healthcare scientists	98
Medical and dental	557
Nursing and midwifery-registered	1,294
Students	21
Total	**4,642**

Communicating with staff

The Trust is committed to involving staff in decision-making, engaging them in key developments, and keeping them informed of change across the organisation. We work hard to ensure that all staff are aware of both internal and external developments that may affect the organisation, such as financial pressures and changes in the wider NHS. We place great importance on staff engagement as there is a positive correlation between this and staff motivation, commitment, involvement in change and ultimately a positive impact on the quality of patient care.

Our workforce is our primary asset in determining the quality of experience and care we provide. Therefore, staff engagement is paramount in supporting the implementation of improvements so that we foster a more positive work environment. A number of committees have been established to monitor the performance and delivery of the workforce priorities and consult with trade union colleagues:

- Workforce Assurance Committee
- Partnership Group
- Medical Negotiating Sub Committee)
- Culture Steering Group

Staff feedback is also obtained from the national staff survey and family and friends test, results of which are used to develop action plans for improvement. In addition, we communicate and engage in a range of ways, including:

- Monthly Staff Briefings with a written briefing emailed to all staff
- Frequent all staff emails
- A monthly Chief Executive newsletter/blog
- A regularly updated intranet and website
- Social media accounts including Twitter and Facebook feeds for our Trust and some of our key specialisms
- GP newsletters and clinical education events
- Regular open days
- Working with journalists to shout about good news at our hospitals and community sites and being responsive to any press enquiries they may have

All staff are encouraged to voice opinions, suggest improvements and share ideas, as well as raise concerns.

NHS staff survey 2019

We know that patient and staff experience are intrinsically linked and that positive staff engagement leads to increased patient satisfaction. We measure our success in terms of staff engagement and creating a good work environment through the annual NHS Staff Survey and the Staff Friends and Family Test, which is undertaken three times a year. These survey and test results are closely monitored and discussed at the Trust Management Group, Workforce Assurance Committee and Trust Board

Of the Trust's 4,229 eligible staff, 2,350 staff took part in this survey, a response rate of 56% which is significantly above the average for combined acute and community trusts in England (46%), and compares with a response rate of 48% in the 2018 survey.

Staff responses by work and demographic characteristics:

- 44% responding staff were under 41 years of age
- 21.5% responding staff were male, 73% female and 5% preferred not to say

- 56.7% of responding staff reported as White, 3.8% as Mixed, 15% as Asian/Asian British, 20.5% as Black/Black British, 0.7% Chinese and 3.2% as other

The Trust's theme score of 7.1 for staff engagement is compared favourably to the national score of 7.0.

This is the second year that NHS England have organised the summary indicators by 'themes' which are scored on a scale from 0 (worst) to 10 (best); In 2018 there were 10 themes and in 2019 there are 11 with the additional theme 'team working'.

The table below shows Whittington Health results against the 11 themes this year (10 in 2018) and, at question-level between 2015 and 2019. These results are presented in the context of the 'best', 'average' and 'worst' results for the total 48 combined acute & community NHS Trusts.

Whittington Health – 2019 overall results – Themes

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	8.6	5.6	6.9	5.9	5.9	7.6	7.5	9.5	6.8	7.1	6.6
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2
Responses	2,283	2,302	2,305	2,262	1,914	2,150	2,268	2,268	2,286	2,334	2,312

In 2019, Whittington Health was ranked as 'worst' in Safe Environment – Bullying & Harassment, compared to four themes in 2018, and there has been an improvement in every one of the 11 themes.

In 2019, the Trust Board agreed to focus on key areas encompassing creating a culture that is equal and welcomes diversity, bullying and harassment and health and wellbeing. The tables below indicate areas of improvement from the 2019 survey.

	Top 5 scores compared to average		Bottom 5 scores compared to average
42%	Senior managers act on staff feedback	36%	Don't work any additional unpaid hours for the organisation over and above contracted hours
42%	Senior managers try to involve staff in important decisions	46%	I am unlikely to look for a new job at another organisation in the next 12 months
49%	Communication between senior management and staff is effective	77%	Organisation acts fairly on career progression
72%	Don't work any additional paid hours for the organisation over and above contracted hours	54%	I am not planning on leaving the organisation
30%	Appraisal/review definitely helped me improve my job	32%	Satisfied with level of pay
	Most improved from last survey		**Least improved from last survey**
40%	Appraisal/performance review: organisational values definitely discussed	73%	had any training, learning or development in the last 12 months
65%	Staff given feedback about changes made in response to reported errors, near misses and incidents	73%	Appraisal/performance review: training, learning or development needs identified
42%	Senior managers act on staff feedback	78%	Not felt pressure from colleagues to come to work when not feeling well enough
49%	Relationships at work are strained	55%	I have a choice in deciding how to do my work
61%	Feedback from patients / service users is used to make informed decisions within my directorate / department	72%	Don't work any additional paid hours for the organisation over and above contracted hours

Workforce culture - #Caringforthosewhocare

During the past year, Whittington Health took a number of really positive steps to help promote a culture of compassionate leadership and respect which are highlighted overleaf:

Leadership Seminars and Culture Fair	•Michael West seminar •Culture fair •Prerana Issar seminar
Wellbeing Events	•Variety of events detailed throug the intranet, the Bulletin, Noticeboard
Culture Collaborative	•Run by NHS Improvement and UCLP - one of four trusts •Change Team and Reference Group started •Funding agreed for dedicated fixed term support
Mediation and Facilitation	•Cohort of 12 internal mediators - 12 undertaken; 9 agreements achieved; two referred back to commissioning manager •Links with other trusts enables 'external' mediation at no extra cost
Simplified, piloted, rolled out Appraisal documents	•Appraisals simplified, designed specifically to improve the quality of conversations, celebrate successes, explore obstacles, identify supportive performance development,and development opportunities to support career progression, consider behaviours etc
Behaviour Frameworks	• Initially band 8A-D, ICARE Clinical and Operational behaviour framework was created as a tool to support leaders •Following this the Trust Management Group signed off unacceptable behaviours to clarify the difference between firm and fair, and bullying
Staff Charter	•Staff were invited to participate in the creation of a staff charter and contribute to its design - this was offered in the Culture Fair and this continued throughout Staff Focus September and the year
Reverse Mentoring	•Eight people signed up to pilot this •Stacey Johnson, Nottingham University, trained mentors and mentees •Mentor evaluation completed and second cohort being arranged
WRES activity	•WRES action plan shows some impact eg BME representatives on interview panels - 4% increase in BME staff between bands 8A to VSM •Whittington Health WRES workshop 100 delegates provided by national WRES team
Staff Networks	•BME network relaunched and with investment in inclusion team •Two new networks launched: "Whitability", and LGBT •Facebook pages to support networks
Affina Team Journey	•18 coaches (two accredited) are leading 24 teams through the team journey (based on Michael West's research) •Principles being used in other team interventions
Values Based Leadership and Team Development	•A suite of values based leadership programmes as well as 'ICARE Team Player' •Challenging Bullying - How to Look After Yourself and Your Staff •GMC Professional Behaviours Programme •A choice of 10 leadership apprenticeships from Level 3 to level 7 (postgrad)
Coaching	•There are now 19 accredited coaches in the Whittington coaching hub providing coaching to 56 staff to date since being set up two years ago when there was just six active coaches

Embracing equality, diversity and inclusion

Whittington Health serves diverse local communities across the population. This diversity is reflected in the profile of our patients and workforce and brings many benefits. The Trust remains committed to providing services and employment opportunities that are inclusive across all nine strands of equality: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation in accordance with the Equality Act 2010 and our public sector equality duties. Our equality objectives set out our priorities to drive improvements in staff experience which aim to reduce inequalities for our diverse workforce.

The Trust's Inclusion Lead is responsible for monitoring progress against these priorities and regularly reports back on our performance. The Trust has in place a comprehensive plan to ensure better and fairer outcomes in recruitment and progression, as well as ambitious targets to improve diversity in senior management, ensuring all staff have the opportunity to achieve their full potential. The Trust continues to develop fair recruitment practices to ensure equal access to employment opportunities for all. We continue to support staff with disabilities, including anyone who becomes disabled during their employment.

Our ambition remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and employees

However, we know we can do more to build diversity into high-quality services and to meet the health needs of our diverse population. We will, therefore, use our move to locality-based working to better understand the needs of population groups and plan how we can work with our partners in primary care and the local authority to have a real impact on tackling local health inequalities faced by our diverse communities.

Staff health and wellbeing

Our Occupational Health Service (OHS) is committed to a strong focus on health, safety and wellbeing for staff, patients and visitors, particularly during the pandemic. Our services include pre-employment screening, work-related health checks, vaccination and immunisation programmes, and advice on reducing risks in the workplace.

The OHS also offers guidance to staff and managers on maintaining wellness in the workplace. It provides advice and information for managers on managing sickness absence and how to support staff to return to work. We know that our staff value initiatives that support their health and wellbeing and, in response, we offer a wide range of opportunities to support staff through health and well-being programmes. Specialist referral services include cognitive behavioural therapy for mental wellbeing, along with advice, information and counselling via the Employee Assistance Programme

Statutory and mandatory training

The majority of core and mandatory skills are delivered through the Trust's online training site. The training modules and programmes are all tailored to meet the requirements of the organisation using software, voiceovers and videos to enable the e-learning to be interactive.

Regular corporate induction training took place throughout the year to welcome and orientate new colleagues to the Trust. It includes key information such as Trust values and objectives and Trust-specific information to prepare new starters to be an effective member of the Whittington Health team. Each induction starts with a personal welcome on the first session on the first day from our Chief Executive who shares the progress that the Trust has made over the years, has a question and answer session and informs new colleagues on the latest Trust updates.

The target of 90% compliance in statutory/mandatory training was not being met and stood at 83.3% at the end of February 2020 staff appraisals were 76.1% against a target of 90% Performance on both indicators was further affected by the covid-19 pandemic.

Staff development

Whittington Health places a great value on developing staff through courses run across our various sites. Some of the development opportunities accessed last year are shown overleaf:

A suite of development programmes are designed to support Whittington staff through each stage of their career:

ICARE Team Player	•This 1 day course explores what makes a team player. Delegates will learn how to play to their strengths, communicate effectively and recognise the barriers to effective team working.
ICARE Leadership	•This 5 day course develops resilient, innovative and compassionate leaders all aligned to the ICARE values. Delivered by different subject matter experts in Organisational Development, QI, HR and Finance.
L.E.A.D	• Leadership Education through Active Development (L.E.A.D) has been designed for Doctors and clinicians. It covers various topics and has been designed to encourage networking, building relationships and conversations with multi-disciplinary team colleagues.
New Consultant Programme	•This is a bespoke programme of information, networking and leadership development aimed at Consultants. Some of the topics include Service Improvement, business case development and leading and working in teams.
Coaching Conversations	•This is a 2 day workshop which focuses on having effective coaching conversations to enhance performance, motivation and commitment of staff members.
Compassionate and Inclusive Leadership	•This programme has a series of half-day sessions for aspiring/practicing clinical and operational leaders at band 8A of above. Some of the topics include coaching, right amount of conflict and creating team culture.
Appraisal Training	•This workshop has been designed to support managers in carrying out appraisals, understand the paperwork as well as recognise the importance of development conversations in retaining staff.
Absence Management	•This is a skills based workshop focusing on the principles and practice involved in conducting robust and fair sickness absence management. This workshop is aimed at staff who manage sickness.
Capability and Probation	•This is a skills-based workshop supporting managers to develop the ability to conduct robust and fair performance and probation management.
Grievance, Bullying and Harassment	•This is a skills based workshop giving managers the skills and confidence to address grievances and deal with bullying, discrimination and harassment issues raised against their staff.
Employee Relations Investigations	•This is a skills based workshop focusing on the principles and practice involved in conducting robust and fair disciplinary, grievance and bullying and harassment investigations.
Change Management	•This is a skills based workshop to advise and equip managers with the process and legalitites in initiating change management processes within their own service.

Modern Slavery Act

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

Excellence in Medical Education

Undergraduate education

As well as delivering first class care to our patients, Whittington Health is committed to delivering the very best education and training. The Trust supports University College London (UCL) medical students to undertake placements during their three clinical years.

The following were notable achievements during the year:

- Feedback on nearly all of UCL medical students' placements in 2019/20 was very positive
- The Trust continued to be recognised for its reporting culture. All medical student complaints are taken very seriously; the system has been used on the UCL website to showcase how feedback has been used positively to create a shift in culture
- UCL Medical School's Quality Assurance and Enhancement Unit held the 2019/20 Excellence in Medical Education Awards. Dr Johnny Swart, Consultant Physician and Geriatrician was the winner of the prestigious Saad al-Damluji award for commitments to excellence in clinical teaching

Postgraduate medical education

In 2019, the Trust received excellent feedback through the General Medical Council's (GMC) national survey of doctors in training It asks them about the hospital, the trainees work in, and the quality of education they receive. Some of Whittington Health's specialities received the highest ratings in the UK and were particularly recognised for the support they provided to doctors in training and for their approach to team working.

Overall, the Trust continues to be recognised for its reporting culture – doctors in training feel able to report issues without repercussions. They are aware that there are systems in place to deal with issues or concerns, and that concerns will be acted upon.

Doctors with excellent high level clinical and communication skills continue to choose to work and train at Whittington Health. To recognise the high quality patient care they provide, the Trust introduced the Whittington Health Star awards in postgraduate medical education. This commenced in July 2019 and, over a 9 month period, 29 nominations were received. Any team member can nominate a doctor in training for excellent patient care.

The Trust supported the doctors in training to survey what they thought was needed to improve their working lives. This work was recognised by the British Medical Association and a significant payment was received. This money went towards providing better sleep facilities and greatly improving areas for rest and relaxation. This also supported and encouraged their health and well-being.

The Trust volunteered to be a pilot site for the General Medical Council training on professional behaviours for patient safety. This course was organised for all consultants in two large departments. Attendees gave excellent feedback for this innovative training and, in particular, greatly valued having an opportunity to learn together.

COMMUNITY SERVICE DEVELOPMENTS

Whittington Health's community services worked extremely hard in 2019/20 to ensure that services continuously improved. They were recognised with an outstanding rating from the CQC and we are justifiably proud of our staff and services.

During the past year, the following are examples of improvements made in community services:

- Reduced waiting times for patients, with notable successes in services for patients with long term conditions
- The Musculoskeletal (MSK) service led on an innovative Single Point of Access service. All MSK referrals including Trauma and Orthopaedics, Spinal Surgery, Pain Management, Rheumatology MSK Physiotherapy and MSK Podiatry from Haringey and Islington GPs, were triaged by this service to enable referrals to be directed to the most appropriate service resulting in reduced waiting times for patients
- Our outstanding District Nursing service continued to deliver excellent care to housebound residents and has been successful in attracting staff to work in this rewarding area. We now have Trainee Nursing Associates working in community services and have plans to expand apprenticeship opportunities in this area
- Through patient feedback, our community services are now able to evidence that our patients show significant benefit from their community treatment for a wide range of services including MSK Physiotherapy, Podiatry, Nutrition and Dietetics and Community Rehabilitation Services. For example, 88% of Podiatry patients reported a significant improvement in their pain levels and 93% of MSK patients reported a significant improvement in function
- We worked closely with local authority, primary care, voluntary sector, mental health and commissioning colleagues to develop integrated services that meet the needs of our local population. For instance, we developed plans to deliver improvements in the support we provide including early intervention at locality level for people living in our local community
- One example of joint working was the launch of the Frailty Network with local partners including Barnet, Enfield & Haringey Mental Health Trust and North Middlesex University Hospital NHS Trust to ensure the best care for local residents
- Our Improving Access to Psychological Therapies (IAPT) service continued to have one the highest recovery rates of any IAPT service nationally. The service provides a range of psychological interventions including employment support. IAPT for long term conditions sees patients with diabetes, chronic obstructive pulmonary disease (COPD), musculoskeletal chronic pain and cardiac illness. Community services also help patients to manage their own long term conditions through the Expert Patient Programme, Diabetes self-management and Structured Diabetes education courses.

PUBLIC ENGAGEMENT

Public engagement developed tremendously over the last year. We held several public information and engagement evenings and we led a large number of workshops and engagement sessions with residents in the community about our estate plans.

Through this, we created much closer links with our voluntary sector partners and have been delighted to have Manor Gardens, The Bridge Renewal Trust, and The Octopus centre lead this work with us. The feedback has been positive.

Our engagement covered educational topics such as caring for elderly people during the heat and spotting potential skin cancer as well as discussions about our service strategy and our estate strategy and our quality priorities. Among the many things we learnt, we heard that patients are happy to travel to services but that those services must be on an easily accessible bus route; that they liked having 'one-stop' appointments with a team; that there was broad support for video and telephone appointments but this would be difficult for those with learning disability and dementia and so should be choice based; linking services with primary care, council and the voluntary sector in hubs was widely supported.

Whittington Health has also developed our communications work with much more presence on the website and social media, sometimes reaching 14,000 people.

INFORMATION GOVERNANCE AND CYBER SECURITY

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

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

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. Due to covid-19, the deadline for submission of the 2019/20 Toolkit was extended to 30 September 2020.

All staff are required to undertake IG training. In 2018/19, the Trust reached an annual peak of 81% of staff being IG training compliant. As at 31 March 2020, the Trust's compliance figure was 85%.

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

Further details relating to information governance incidents in the last year are referenced in the annual governance statement (see page 90).

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

Whittington Health continued to make progress on the work to digitise through the Global Digital Exemplar programme, expanding the reach and functionality of the Careflow Vitals and Connect while developing the next versions which add capability to support the flow of patients through the hospital and bringing together the view of clinical data for patient reviews. In parallel, the Trust worked on the design and build of electronic clinical notes for both inpatients and outpatients.

We completed our Windows 10 and Advanced Threat Protection roll outs in tandem with replacing a significant proportion of community hardware which had come to the end of its useful life.

Towards the end of the year, the response to covid-19 necessitated a significant move to scale up agile working technologies, both from hardware and software tools perspective. We leveraged the investment made in flexible infrastructure technologies to support around a quarter of the workforce who are off site to work seamlessly concurrently.

In conjunction with this, there has been a much more rapid shift to using electronic forms of patient contact from text messaging through to video consultation.

ESTATE

Following our strategic estate development work of 2018/19, in early 2020 we published our new draft estate strategy. This set out three phases of development to transform our estate for the future. This begins with an ambition to create hubs for our community services and a new maternity and neonatal building. This important project will continue at pace through 2020/21.

During 2019/20, we delivered significant capital investment within the estate to support our current activities. This included:

- On our Archway acute site, the completion of a second obstetrics theatre and imaging equipment replacement programme
- Within our community estate, the completion of a new community dental facility in Uxbridge to serve the communities of Hillingdon
- Continuing with building refurbishment works that saw the replacement of bathroom facilities within our staff accommodation, improvements to consulting rooms at the Northern Health Centre, and fire safety improvements within our older Victorian estate
- We carried out a refurbishment of our postal natal ward, with works completing in June 2020

Last year, we reported the sale of part of our acute site to Camden & Islington NHS Foundation Trust. That land sale will enable a new acute in-patient unit to be built creating an integrated healthcare campus at the Archway site.

As part of this land sale we had to move some of our existing services which included our education centre. To re-provide our education centre in modern fit-for-purpose accommodation, we selected to build the centre on the site of the redundant Waterlow building. During the last six months of 2019, we safely and successfully demolished the Waterlow building. Work is ongoing to ready the site for our new education centre which is scheduled to open in early 2021.

SUSTAINABILITY

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

In 2019, the UK Government amended the carbon emissions reduction target defined in the Climate Change Act 2008 from 80% (vs. the 1990 baseline year) to 100% by 2050. Furthermore, the NHS committed to leading the public sector in the field of sustainability by setting an ambitious interim carbon reduction target of 60% by 2030. We recognise that it is crucial to take steps now to assure that the Trust not only meets these targets but is at the forefront of sustainability within the healthcare sector.

Our plan

Our Sustainable Development Management Plan (SDMP) outlines the national and local context of sustainability within the healthcare sector, discusses how sustainability aligns with our organisational vision and details how we intend to embed sustainability across our organisation. Key points include:

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

Carbon impact

The Trust's energy consumption and therefore carbon impact is affected by multiple factors including floor area, number of staff, patient numbers, type of healthcare being delivered, weather and efficacy of estate management. Data is not easily available to assess the impact of each of these and so we track carbon impact through our emissions/floor space key performance indicator. This normalises for any significant changes to the Trust estate and allows benchmarking against similar acute Trusts.

Figure 1 below shows the Trust's direct carbon emissions (i.e. those associated with energy consumption of the built environment) normalised for floor area. We have selected a baseline year of 2013/14 and overlaid the NHS's interim target of 60% reduction by 2030 – this is indicated by the orange line. The graph shows that, to date, the Trust reduced its direct carbon impact by 36%, significantly ahead of the average yearly reduction required to meet the 2030 target.

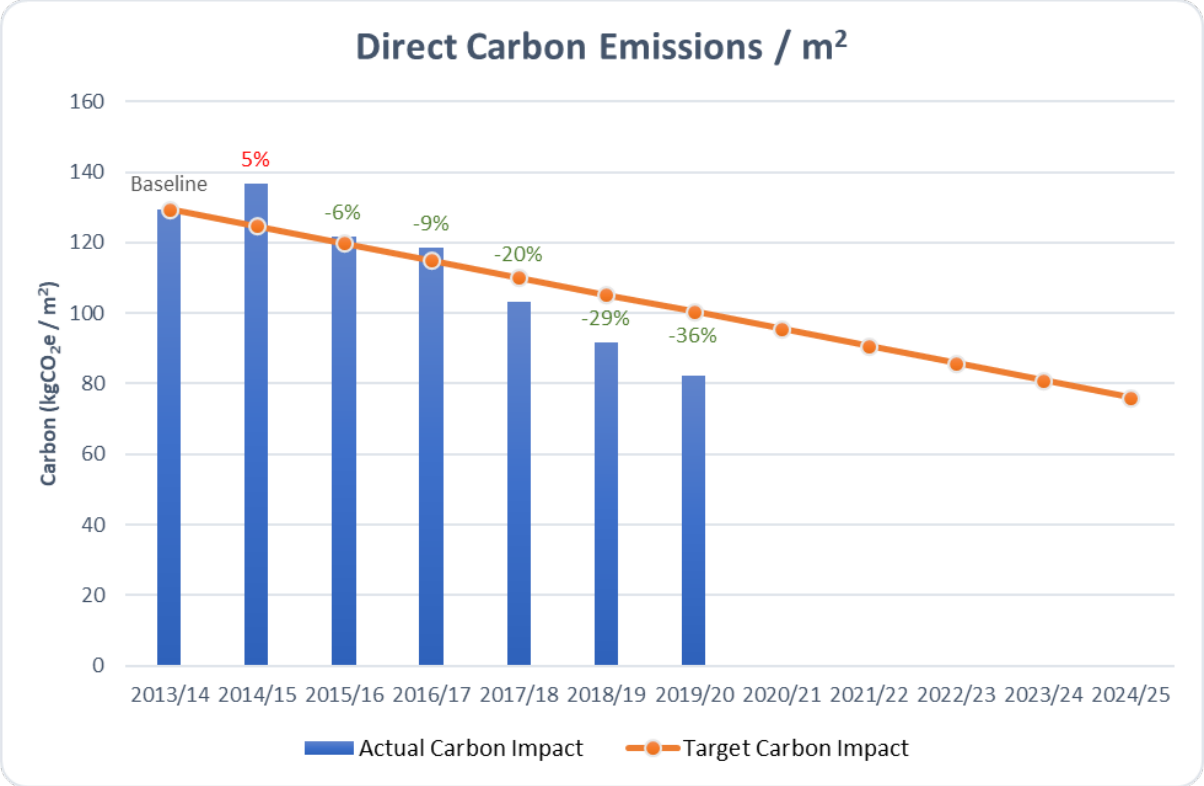


Figure 1: Normalised direct carbon emissions

The positive trend shown in Figure 1 was influenced by the Trust's ongoing investment in energy efficiency and carbon reduction projects. In 2019, the first phase of an LED lighting project, for which the Trust successfully bid for matched funding from NHSI for, was implemented in K block. The second phase of the work will involve upgrading inefficient fluorescent and halogen fittings in the Kenwood Wing, H block and the Jenner building and is expected to be completed in the summer of 2020. The project is expected to reduce annual carbon impact by 200+ tCO_2e. Following the success of this work, the estates team are investigating the potential for further rollout of LED lighting in other Trust areas.

In addition to the LED lighting work, the Trust delivered a programme of improvements to heating and ventilation control systems in the main hospital. This work will continue throughout 2020. Going forward, the Trust is planning of review of the hospital's long-term energy strategy to identify how to best supply utilities to the acute site, in line with estate transformation plans.

Waste management

Last year, the Facilities Waste Team continued to drive improvement through main hospital's in-house recycling centre. Having built upon the success of previous years in which the main hospital moved to a zero waste to landfill site, the proportion of waste recycled increased from 23% to 31%. Furthermore, the recycled waste is segregated into a variety of streams on site which reduces the need for more intensive processing at municipal sites. This means the intrinsic carbon impact of our waste management processes is reduced.

The Facilities team also adopted the practice of baling and storing cardboard waste on-site until there is enough to fill a whole waste consignment. This minimises transport and external labour costs, as well as reducing the associated road miles.

Figure 2 below shows the how different waste streams were segregated last year.

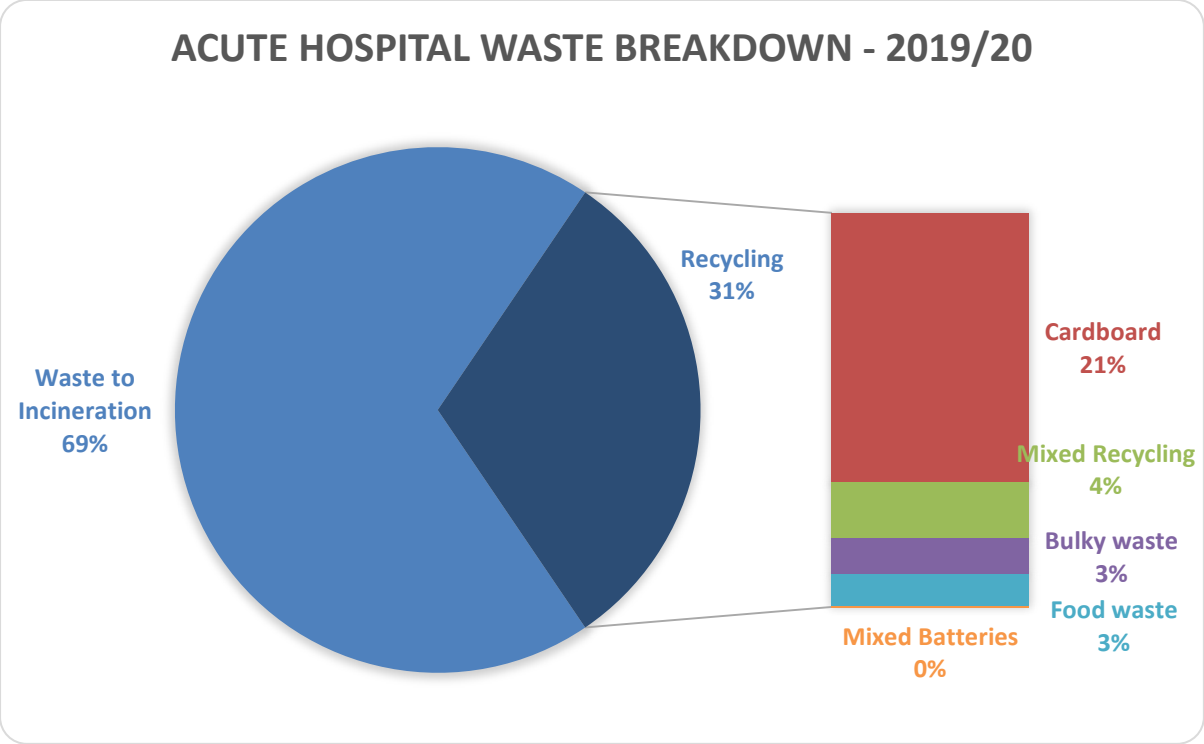


Figure 2: Whittington hospital waste breakdown by stream

In 2020/21, we will focus on continuing to drive down total waste production whilst increasing the proportion which is sent for recycling. The Trust will also concentrate on improving the tracking and waste production and recycling rates across our community sites.

Water use

Whittington Health is aware that, although it does not appear to be critical at present, water scarcity is a growing concern in the UK. In 2019, the chief executive of the Environment Agency predicted that with the impact of climate change and a rising population, the UK may not have sufficient water to meet its needs in as little as 20-25 years. We are also aware that the supply and distribution of water has an intrinsic carbon cost which adds to the Trust's supply chain emissions. As a significant consumer of water, we recognise that we need to take action now to mitigate these risks. Last year the estates team identified and repaired a large leak on our primary supply pipe to the main hospital. This significantly reduced the site's consumption and therefore bills. In 2020/21, we will consider how to more closely monitor consumption to identify and resolve similar issues in a timely manner.

Procurement

We continued our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. Following completion of the Sustainable Development Unit's Sustainable Development Assessment Tool, we identified a number of areas where we can look to improve the sustainability of our procurement practices. Examples included;

- investigating the financial impact of purchasing green energy
- the inclusion of sustainability specific criteria within tenders for goods & services improved data capture to enable tracking of the carbon impact of our supply chain

Travel & logistics

The Trust engaged in collaborative relationship with Islington Council to improve sustainable transport within the borough. We have a clear focus on greener travel with the aim both of reducing the carbon footprint of our business operations and supply chain and to improve the air quality of the local area. To help achieve these aims in the last year, Whittington Health:

- operated a total of 13 electric fleet vehicles, represents more than 50% of the Trust's vehicle fleet, primarily for the purpose of business travel between community sites
- retained a number of larger petrol/diesel-powered vehicles for functions such as security and pharmaceutical deliveries
- conducted business travel with electric pool cars, wherever possible
- invested in six EV charging points on the acute Archway site, as well as several others across community sites
- issued approximately 370 Oyster cards to community staff to encourage the use of public transport instead of journeying by petrol/diesel cars

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

Covid-19 impact

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

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

EMERGENCY PREPAREDNESS

Whittington Health participates in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process led by NHS England. The Core standards for EPRR are set out for NHS organisations to meet and the Trust's annual assessment was completed on the 30 October 2019 by the North Central NHS England Assurance Team. The following results were achieved:

FULLY COMPLIANT: EPRR and CBRN **2019** assurance outcome

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

The Trust made progress on last year maintaining the level of resilience to "Fully Compliant". The EPRR Action Plan for 2020 addresses areas for improvement throughout Whittington Health and the progress achieved is reported to the executive team and to the Trust Board.

EU EXIT PREPARATIONS

Whittington Health established an EU Exit Planning Group, chaired by the Chief Operating Officer. The group's membership included Directors and service leaders. It met bi-monthly to discuss issues, actions and update the Trust's EU Exit plan in line with updates received nationally. The last planning meeting was held on 10 October 2019. In preparation for the UK's departure from the EU, The Trust delivered a series of table top exercises in 2019 for key stakeholders within the organisation.

CONCLUSION TO THE PERFORMANCE REPORT AND STATEMENT OF FINANCIAL POSITION

The above document represents the performance report and statement of financial position of Whittington Health for the financial year 2019/20. As the CEO I believe this represents an accurate and full picture of the Trust for the year.

Signed  .....Chief Executive

Date: 25 June 2020

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors
Steve Hitchins (to 30 June 2019), Naomi Fulop, Deborah Harris-Ugbomah, Yua Haw Hoe (to 29 February 2020), David Holt (to 31 December 2019), Tony Rice, Anu Singh

Executive Directors
Siobhan Harrington, Julie Andrews (to 9 June 2019), Stephen Bloomer (to 8 September 2019), Clare Dollery (from 10 June 2019), Norma French, Carol Gillen, Jonathan Gardner, Sarah Humphery, Michelle Johnson, Kevin Curnow (from 9 September 2019)

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

Audit and Risk Committee
Non-Executive Directors: Tony Rice, David Holt, Deborah Harris-Ugbomah
Executive Directors: Stephen Bloomer, Jonathan Gardner, Carol Gillen, Kevin Curnow

Charitable Funds' Committee
Non-Executive Directors: Steve Hitchins, Tony Rice, Anu Singh
Executive Directors: Jonathan Gardner, Michelle Johnson, Stephen Bloomer, Siobhan Harrington, Kevin Curnow

Estates Strategy Delivery Committee (ended July 2019)
Non-Executive Directors: David Holt, Anu Singh, Yua Haw Hoe
Executive Directors: Stephen Bloomer, Jonathan Gardner

Finance & Business Development
Non-Executive Directors: Tony Rice, Deborah Harris-Ugbomah, Naomi Fulop
Executive Directors: Stephen Bloomer, Carol Gillen, Siobhan Harrington, Jonathan Gardner, Kevin Curnow

Quality Committee
Non-Executive Directors: Naomi Fulop, Deborah Harris-Ugbomah, Tony Rice
Executive Directors: Michelle Johnson, Julie Andrews (to June 2019), Clare Dollery, Carol Gillen

Remuneration Committee
Non-Executive Directors: Steve Hitchins, David Holt, Anu Singh, Yua Haw Yoe, Naomi Fulop, Tony Rice, Deborah Harris-Ugbomah

Workforce Assurance Committee

Non-Executive Directors: Anu Singh, Yua Haw Yoe, Tony Rice
Executive Directors: Norma French, Michelle Johnson, Stephen Bloomer, Carol Gillen

Non-executive director appraisal process

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

Trust Board of Directors' declarations of interest

In line with the Nolan principles of public life, Whittington Health NHS Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a register of interests which draws together declarations of interests made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests in respect of specific items on the agenda. The declarations for 2019/20 are shown below:

Non-Executive Directors – voting Board members

Steve Hitchins, Chair	‣ Member: Liberal Democrats ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Wife: voting member of House of Lords who sits on Liberal Democrat benches
Anu Singh	‣ Member of HMG's Advisory Committee on Fuel Poverty ‣ Trustee, Whittington Health Charity ‣ Non-Executive Director member of the Board of the Parliamentary & Health Service Ombudsman <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service
Naomi Fulop	‣ Honorary contract, University College London Hospitals NHS Foundation Trust ‣ Professor of Health Care Organisation & Management, Department of Applied Research, University College London ‣ Trustee, Health Services Research UK (Charitable Incorporated Organisation) ‣ Trustee, Whittington Health Charity

	Conflicts of interests that may arise out of any known immediate family involvement • Nil
David Holt	• Non-Executive Director, Senior Independent Director, Chair of Audit Committee at Tavistock and Portman NHSFT • Non-Executive Director, Chair of Audit Committee, Hanover Housing Association • Deputy Chair, Chair of Audit Committee Ebbsfleet Development Corporation • Non-Executive Director and Chair of Audit Committee, Planning Inspectorate • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Wife, Dr Kim Holt, employed by Whittington Health – Children's Safeguarding Lead Haringey
Deborah Harris-Ugbomah	• Governor and Audit Committee Chair, Trinity Laban Conservatoire of Music and Dance • Trustee and Risk, Audit & Compliance Committee Chair, The Children's Society • Director, Chair - Finance Committee and Audit Committee, The Shared Learning Trust • Independent Member, Audit Committee, Southern Housing Group • Director, Harris Manor Properties HJMP & Solutions Ltd • Co-founder & Consultant, TheConfidenceVault.com • Executive Committee Member, London Society of Chartered Accountants (LSCA) • Founder and Regional Lead, Lean In UK • Committee member, Female Life Project (FLP) • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Tony Rice	• Chair, Dechra Pharmaceuticals Ltd • Senior Independent Director (Non-Executive Director), Halma Plc • Chair, Ultra Electronics • Chair of Maiden Voyage Plc • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement

	• Nil
Yua Haw Yoe	• Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Executive Directors – voting Board members

Siobhan Harrington	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Daughter-in-law employed by the Whittington Health Pharmacy department • Son employed by Islington re-ablement service
Julie Andrews	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Stephen Bloomer	• Chair, Whittington Pharmacy, Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Kevin Curnow	• Chair, Whittington Pharmacy, Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Clare Dollery	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Michelle Johnson	• Trustee on Board of Roald Dahl Marvellous Children's Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u>

	• Nil
Carol Gillen	Non-Executive Director, Whittington Pharmacy Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Non-voting Board members

Sarah Humphery	• GP Partner Goodinge Group Practice, Goodinge Health Centre, 20 North Road, London N7 9EW: General Medical Services • The Goodinge Practice is part of WISH, the GP service in the Whittington Health emergency department and also the Islington North Primary Care Network <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Jonathan Gardner	• Chair of Governors, St James Church of England Primary School, Woodside Avenue, Muswell Hill, Haringey, London, N10 3JA <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Norma French	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is consultant physician at Central & North West London NHS Foundation Trust • Son is employed as a Business Analyst in the Procurement department at Whittington Health

REMUNERATION AND STAFF REPORT

The salaries and allowances of senior managers who held office during the year ended 31 March 2020 are shown in Table 1 below.

The definition of 'Senior Managers' given in paragraph 3.35 of the Department of Health Group Accounting Manual (GAM) 2019/20 is: "…those persons in senior positions having authority or responsibility for directing or controlling the major activities within the group body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments". For the purposes of this report, senior managers are defined as the chief executive, non-executive directors and executive directors, all Board members with voting rights.

Salaries and allowances 2019/20

		2019-20					
Name & Title		**Salary and fees (bands of £5,000)**	**Taxable benefits (total to the nearest £100)**	**Annual performance-related bonuses (in bands of**	**Long-term performance-related bonuses (in bands of**	**Pension-related benefits (in bands of £2,500)**	**Total (in bands of £5,000)**
		£000	**£00**	**£000**	**£000**	**£000**	**£000**
Non-Executive							
Anu Singh - Chair		15-20	0	0	0	0	15-20
Steve Hitchins - Chair	Left 30/06/2019	5-10	0	0	0	0	5-10
Yua Haw Yoe	Left 29/02/2020	5-10	0	0	0	0	5-10
Tony Rice		5-10	0	0	0	0	5-10
Deborah Harris-Ugbomah		5-10	0	0	0	0	5-10
Prof. Naomi Fulop		5-10	0	0	0	0	5-10
Prof. Graham Hart	Left 30/09/2018	0	0	0	0	0	0
David Holt	Left 31/12/2019	10-15	0	0	0	0	10-15
Executive							
Siobhan Harrington - Chief Executive		180-185	0	0	0	52.5-55	235-240
Dr Julie Andrews - Acting Medical Director	Left 09/06/2019	30-35	0	0	0	17.5-20	50-55
Stephen Bloomer - Chief Finance Officer	Left 08/09/2019	65-70	0	10-15	0	35-37.5	110-115
Kevin Curnow - Acting Chief Finance Officer	From 09/09/2019	70-75	0	0	0	52.5-55	125-130
Clare Dollery - Medical Director	From 10/06/2019	150-155	0	0	0	0	150-155
Norma French - Director of Workforce		130-135	0	0	0	40-42.5	170-175
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120	0	0	0	27.5-30	140-145
Carol Gillen - Chief Operating Officer		135-140	0	0	0	20-22.5	155-160
Sarah Humphery - Executive Medical Director : Integrated Care		40-45	0	0	0	20-22.5	60-65
Dr Richard Jennings - Medical Director	Left 18/11/2018	0	0	0	0	0	0
Michelle Johnson - Chief Nurse and Director of Allied Health Professionals		115-120	0	0	0	82.5-85	200-205

Notes:

1. The salary figures above represent the 2019/20 financial year and, therefore, reflect that some Directors were only in post for part of the year.

2. Tony Rice donated his salary to Whittington Hospital NHS Trust Charitable Funds.

Salaries and allowances 2018/19

		2018-19					
Name & Title		**Salary and fees (bands of £5,000)**	**Taxable benefits (total to the nearest £100)**	**Annual performance-related bonuses (in bands of**	**Long-term performance-related bonuses (in bands of**	**Pension-related benefits (in bands of £2,500)**	**Total (in bands of £5,000)**
		£000	**£00**	**£000**	**£000**	**£000**	**£000**
Non-Executive							
Anu Singh - Chair		5-10	0	0	0	0	5-10
Steve Hitchins - Chair	Left 30/06/2019	20-25	0	0	0	0	20-25
Yua Haw Yoe	Left 29/02/2020	5-10	0	0	0	0	5-10
Tony Rice		5-10	0	0	0	0	5-10
Deborah Harris-Ugbomah		5-10	0	0	0	0	5-10
Prof. Naomi Fulop		0-5	0	0	0	0	0-5
Prof. Graham Hart	Left 30/09/2018	0-5	0	0	0	0	0-5
David Holt	Left 31/12/2019	5-10	0	0	0	0	5-10
Executive							
Siobhan Harrington - Chief Executive		175-180	0	0	0	180-182.5	355-360
Dr Julie Andrews - Acting Medical Director	Left 09/06/2019	75-80	0	0	0	62.5-65	135-140
Stephen Bloomer - Chief Finance Officer	Left 08/09/2019	155-160	0	0	0	27.5-30	185-190
Kevin Curnow - Acting Chief Finance Officer	From 09/09/2019	0	0	0	0	0	0
Clare Dollery - Medical Director	From 10/06/2019	0	0	0	0	0	0
Norma French - Director of Workforce		125-130	0	0	0	127.5-130	255-260
Jonathan Gardner - Director of Strategy and Corporate Affairs		100-105	0	0	0	50-52.5	150-155
Carol Gillen - Chief Operating Officer		130-135	0	0	0	80-82.5	210-215
Sarah Humphery - Executive Medical Director : Integrated Care		35-40	0	0	0	17.5-20	55-60
Dr Richard Jennings - Medical Director	Left 18/11/2018	100-105	0	0	0	0	100-105
Michelle Johnson - Chief Nurse and Director of Allied Health Professionals		105-110	0	0	0	107.5-110	210-215

Statement of the policy on senior managers' remuneration

The remuneration committee follows national guidance on the salary of senior managers.

All elements of remuneration, including 'annual cost of living increases', when applicable, continued to be subject to performance conditions. Executive directors were awarded a 1.7% pay increase (limited to £1,234) by the remuneration committee in July 2019, backdated to April. Other decisions made by the Committee

are reflected in the tables above. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions last updated in January 2020.

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

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

Policy on duration of contracts, notice periods, termination payments

The contracts of employment for all senior managers are substantive (permanent), subject to market conditions when it may be imperative to consider other recruitment options. Senior managers are subject to regular and rigorous review of performance. All such contracts contain notice periods of either three months or six months. There is no provision for compensation for early termination in the contract of employment, but provision is made in the standard contract as follows

Clause 11: 'The Trust may at its discretion terminate a senior manager's contract with less or no notice by paying a sum equal to but no more than basic salary in lieu of notice less any appropriate tax and statutory deductions.'

Clause 12: 'Senior manager contracts may be terminated with immediate effect and without compensation for gross misconduct.'

Board members' pension entitlements for those in the pension scheme 2019/20

Name		Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2020 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent transfer value at 31 March 2020 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2019 (to the nearest £1,000)	Real increase in cash equivalent transfer value (to the nearest £1,000)	Employer contribution to stakeholder pension
Executive Directors		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Siobhan Harrington		2.5-5	0-2.5	50-55	145-150	1,200	1,087	61	26
Dr Julie Andrews	Left 09/06/2019	0-2.5	0	35-40	75-80	638	604	0	5
Stephen Bloomer	Left 08/09/2019	0-2.5	0	50-55	120-125	986	917	11	9
Kevin Curnow	From 09/09/2019	0-2.5	0	20-25	0	218	178	10	10
Clare Dollery	From 10/06/2019	0	0	0	0	0	0	0	0
Norma French		2.5-5	0-2.5	50-55	120-125	1,030	944	45	19
Jonathan Gardner		0-2.5	0	15-20	0	208	175	12	17
Carol Gillen		0-2.5	5-7.5	50-55	150-155	0	0	0	20
Sarah Humphery		0-2.5	0-2.5	15-20	15-20	228	203	14	6
Dr Richard Jennings	Left 18/11/2018	0	0	0	0	0	1,005	0	0
Michelle Johnson		2.5-5	12.5-15	40-45	120-125	866	736	96	17

* Carol Gillen is past retirement age, NHS Pensions do not calculate a CETV in this case.

The Trust's accounting policy in respect of pensions is described in Note 8.3 of the complete annual accounts document that will be uploaded to www.whittington.nhs.uk in September 2020. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

The membership of the remuneration committee comprises the chairman and all the non- executive directors of Whittington Health NHS Trust. The committee has agreed several key principles to guide the remuneration of directors of the Trust.

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement guidance for appointing non-executive directors.

The terms of the contract apply equally to all non-executive directors with the exception of the Chairman, who has additional responsibilities and accountabilities. The remuneration of a non-executive director is £8,078. The Chairman received remuneration of £15,601 for 2019-20.

Salary range

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

The mid-point remuneration of the highest paid director at Whittington Health in 2019/20 was £182,500 (2018/19: £177,500). This was 6.0 times the median remuneration of the workforce, which was £30,401 (2018/19: £29,608).

In 2019/20, we had no employees (unchanged from 2018/19) who received remuneration in excess of the highest-paid director. Remuneration ranged from £8,078 to £159,573 (2018/19: £6,157 - £175,945).

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

Staff numbers and composition

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

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

This information has been included below.

Breakdown of temporary and permanent staff members

	Average WTE	
	2019/20	2018/19
Permanent staff		
Administration and estates	973	893
Medical and Dental	482	464
Nursing and Midwives	1,063	1,046
Scientific, Therapeutic and Technical	733	692
Healthcare assistants and other support staff	587	532
Permanent staff total	**3,838**	**3,639**
Temporary staff		
Administration and estates	183	202
Medical and Dental	46	48
Nursing and Midwives	210	233
Scientific, Therapeutic and Technical	71	82
Healthcare assistants and other support staff	132	142
Temporary staff total	**642**	**707**
All Staff total	**4,480**	**4,346**

Costs of temporary and permanent staff members

	Staff Costs	
	2019/20	2018/19
Permanent staff	**£000's**	**£000's**
Administration and estates	42,767	38,593
Medical and Dental	47,166	41,752
Nursing and Midwives	60,982	55,517
Scientific, Therapeutic and Technical	43,012	38,533
Healthcare assistants and other support staff	20,666	17,641
Apprenticeship Levy	925	873
Permanent staff total	**215,518**	**192,909**
Temporary staff	**£000's**	**£000's**
Administration and estates	6,904	7,321
Medical and Dental	6,713	6,830
Nursing and Midwives	11,938	12,840
Scientific, Therapeutic and Technical	3,248	3,267
Healthcare assistants and other support staff	4,630	5,086
Temporary staff total	**33,433**	**35,344**
All Staff total	**248,951**	**228,253**

Consultancy spend

The Trust spent £0.7m on consultancy in 2019/20, year-on-year, the same as the previous financial year (£0.7m in 2018/19). The majority of this expenditure was incurred to support our procurement, recruitment portal, construction and systems consultancy.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2019/20

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
		£000's		£000's		£000's		£000's
<£10,000	1	5	3	20	**4**	**25**	0	0
£10,000 - £25,000	1	25	1	23	**2**	**48**	0	0
£25,001 - £50,000	1	28	2	57	**3**	**85**	0	0
£50,001 - £100,000	0	0	0	0	**0**	**0**	0	0
£100,001 - £150,000	0	0	1	121	**1**	**121**	0	0
£150,001 - £200,000	0	0	0	0	**0**	**0**	0	0
>£200,000	0	0	0	0	**0**	**0**	0	0
Total	**3**	**58**	**7**	**221**	**10**	**279**	**0**	**0**

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

Signed  .....Chief Executive

Date: 25 June 2020

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Whittington Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Whittington Health NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a robust approach to risk management with:

- Leadership given to the risk management process being evidenced by:
  - the Board annually reviewing its risk management strategy and setting out its risk appetite
  - executive risk leads for each Board assurance Framework entry
  - the Board reviewing the Board Assurance on a six monthly basis
  - risk management training being provided for all executive and non-executive directors as part of a Board development programme
- The Committee taking delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives. It is supported in this by other Board Committees providing assurance to the Board on the effective mitigation of risks, as follows:
- The Quality Committee reviews and provides assurance to the Board on the management of risks relating to quality and safety, including all risk entries scored above 15 on individual Integrated Clinical Service Units' (ICSUs) and corporate areas' risk registers
- The Finance & Business Development Committee provides assurance to the Board on the delivery of the Trust's financial sustainability strategic objective

and reviews risks scored higher than 15 which relate to finance, information governance and information technology
- The Workforce Assurance Committee reviews all risks to the delivery of the organisation's People strategic objective, and their effective mitigation. It is supported in this by the Quality Committee which also monitors those workforce risks related to patient quality and safety
- The Trust Management Group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management was reviewed in May 2019 and is in place for all staff
- The Chief Executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named Directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from Risk Managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

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

The risk and control framework

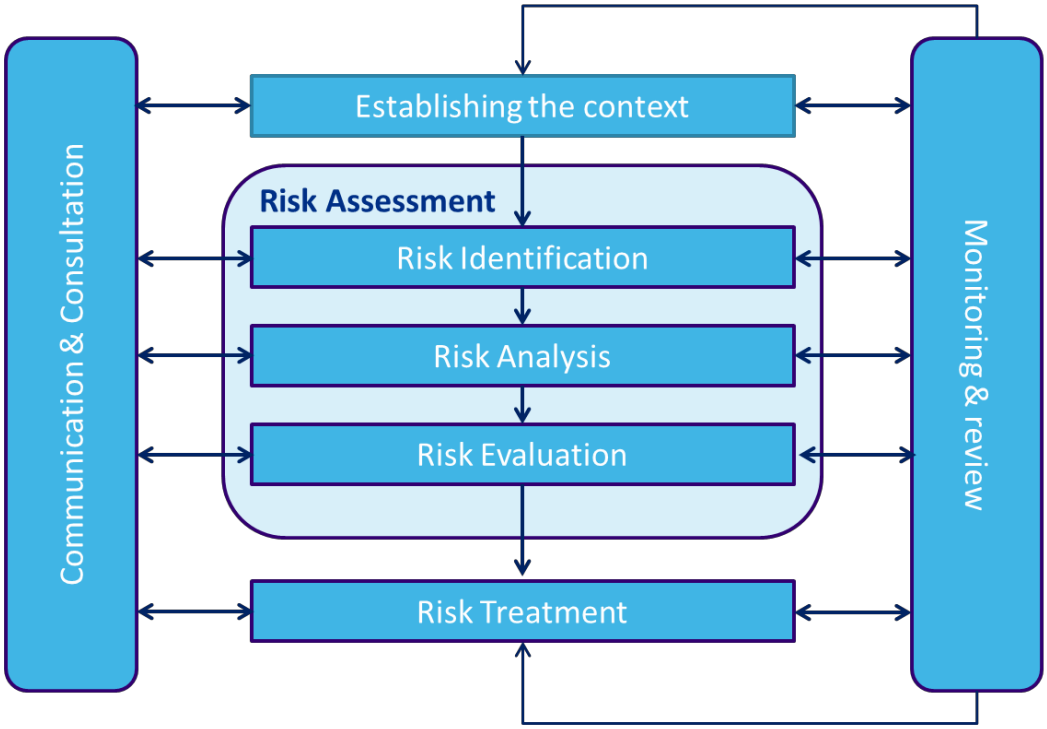
The aim of the Trust's risk management strategy is to support the delivery of organisational aims and objectives through the effective management of risks across all of the Trust's functions and activities through effective risk management processes, analysis and organisational learning.

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

Risk management process

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

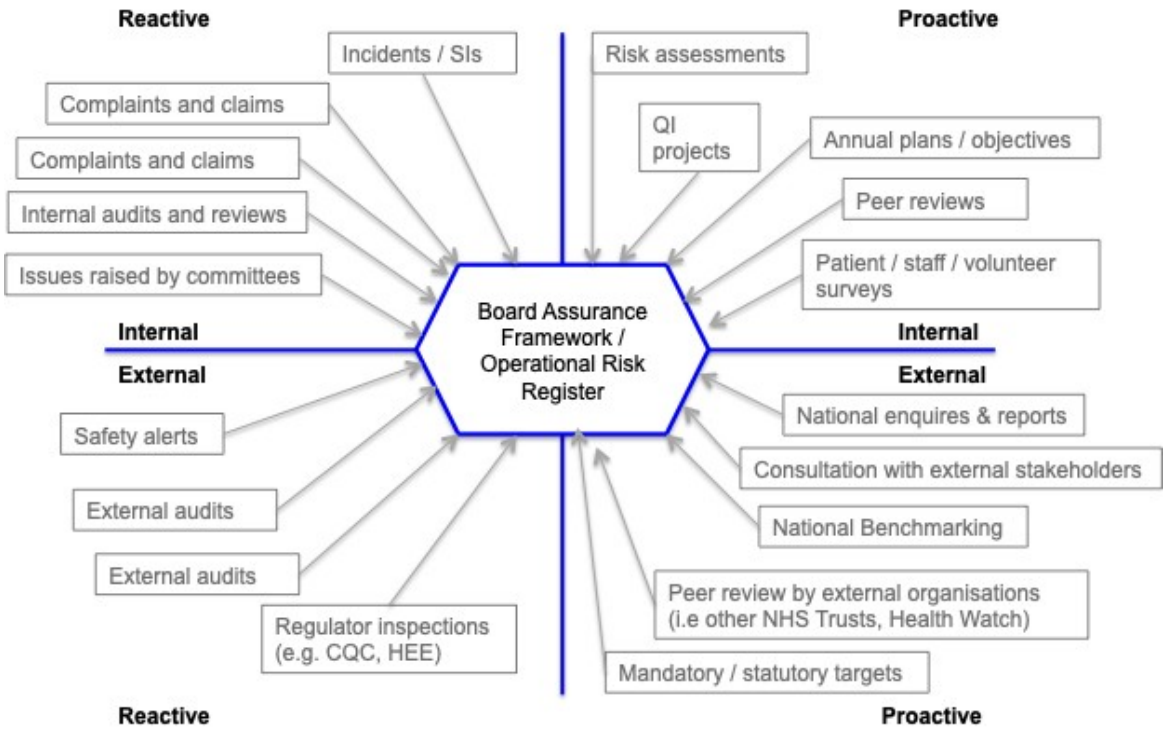
A snapshot of the Trust's risk management process is highlighted overleaf



ISO 3000 Process Diagram

Risk identification

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



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

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

Risk assessment

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

Risk analysis and evaluation

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

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

Risk control – monitoring, review and resolution

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

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

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

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

The diagram below shows an overview of the governance structures in place for risk management at the Trust:

Risks that could potentially affect strategic objectives will be added to the BAF

Operational risks are added to the In Year Operational Risk Register (also known as the corporate risk register)

All risks identified at ICSU/Directorate level will populate the ICSU/Directorate Risk Registers

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

Board Assurance Framework

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

strategic objectives and was supported by other relevant board committees and the executive committee.

One of the key improvements the Board has made to the BAF this year has been to include a more explicit link to the strategic objectives of the Trust and be clear about the first, second, and third lines of assurance for each of these risks. Where there were gaps in assurance these have been discussed and addressed.

A review of the BAF completed by our internal auditors, Grant Thornton, reported an overall assurance green rating of "Significant assurance with some improvements required". This is a positive tertiary assurance of Whittington Health's BAF arrangements. Grant Thornton made a number of recommendations and suggested improvement points for arrangements, but overall concluded there were only minor weaknesses in the activities and controls designed to achieve the risk management objectives. They will be incorporated into the next iteration of the BAF in 2020/21 which will aim to make the risk appetite clearer and to link to new strategic objectives.

Structure and presentation:

BAF entries to the delivery of the Trust's 2019/20 strategic objectives were as follows:

- Quality 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.
- Quality 2 - Failure to hit national and local performance targets results in low quality care, financial penalties and decommissioning of services – (e.g. Emergency Department, community services' waiting times etc.)
- Quality 3 - Failure to provide robust urgent and emergency pathway for people with mental health care needs results in poor quality care for them and other patients, as well as a performance risk.
- People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. nursing, junior doctors, medical posts)
- People 2 - That the culture of the organisation does not improve, and bullying and harassment continue, such that retention of staff is compromised and staff morale affected and ultimate patient care suffers as a result
- Sustainability 1 - Failure to deliver savings plan year and control in operational budgets leads to adverse underlying financial position that cannot be mitigated by non-recurrent measure. This will lead to not hitting control total, loss of Provider Sustainability Funding, greatly reduced capital resource to address other BAF risks and reputational risk
- Sustainability 2 – Failure to modernise the Trust's estate may detrimentally impact on quality and safety of services, poor patient outcomes and affect the patient experience
- Sustainability 3 - Breach of established cyber security arrangements results in information technology services failing, data being lost and care being compromised

- Integration 1 - Failure to support fragile services adequately, internally or via partnership with other providers leads to further instability where quality is reduced, or vital service decommissioned, or Trust reputation is damaged (e.g. Lower Urinary Tract service, Breast, Bariatrics)
- Integration 2 - That the long term viability of the trust is threatened by changes to the environment long term plan, social care risks, political changes, organisational form changes

Assurances

The BAF includes assurances and these were rated as relevant to the control/risk reported against. The assurances are timely and are also updated over time. Furthermore, there is allocated responsibility for submission and assessment.

Gaps in the assurance framework

The BAF also highlights gaps within assurances which trigger development of actions to improve assurances.

BAF review and update

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

Risk appetite

In line with good practice, the Trust has a documented risk appetite based upon the impact on the Trust of risks materialising. Individual risks on the BAF are allocated a target score against which progress is reported in the BAF.

Embedding risk management

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

- Face-to-face training for key risk managers
- Review of the risk register entries by the Quality Committee and Trust Management Executive
- Oversight of key BAF entries by Board Committees
- A review of the BAF every six months by the Trust Board

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

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

services to Board and gives assurance of clinical quality. It gives a strong focus on service improvement and ensures high standards of delivery are maintained.
- The Board and the relevant committees use a performance scorecard which has been developed to include a suite of quality indicators at Trust and service level aligned to each of the Care Quality Commission's five domains of Quality
- The Trust's quality improvement strategy is encapsulated in our Better Never Stops (our journey to outstanding) programme. The programme is a structured quality improvement plan and we have quality improvement plans in all services to monitor and demonstrate compliance with the CQC's fundamental standards and against each of the CQC's domains and Key Lines of Enquiry (KLOE)

Risk management during covid-19

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

The Board of Directors

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

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

The Board of Directors met eleven times during the year. A breakdown of attendance for the Board's meetings held in 2019/20 is shown overleaf:

Job title and name	Meetings attended (out of 11 unless stated)
Chairman, Stephen Hitchins	3/3
Non-Executive Director, Naomi Fulop	10
Non-Executive Director, David Holt*	5/7
Non-Executive Director, Deborah Harris-Ugbomah	9
Non-Executive Director, Tony Rice	7
Non-Executive Director, Anu Singh**	10
Non-Executive Director, Yua Haw Yoe	10
Chief Executive, Siobhan Harrington	11
Acting Medical Director, Julie Andrews	2/2
Medical Director, Clare Dollery	9/9
Chief Finance Officer, Stephen Bloomer	4/5
Acting Chief Finance Officer, Kevin Curnow	6/6
Chief Operating Officer, Carol Gillen	10
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	11
Director of Workforce, Norma French	10
Director of Strategy, Development & Corporate Affairs, Jonathan Gardner	10
Medical Director, Integrated Care, Sarah Humphery	9

*David Holt, Interim Chair from 5 July 2019 to 30 November 2019
**Anu Singh, Interim Chair from 1 December 2019 to 31 March 2020

Board and Committee oversight and assurance

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

Last year, there were five key committees within the structure that provided assurance to the Board of Directors. They were: audit and risk, estates strategy delivery, quality, finance and business development; and workforce assurance. There are two additional board committees: charitable funds and remuneration. There are a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include utilising internal and external audit, peer review, management reporting and clinical audit.

Audit and risk committee

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

This committee also approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control

arising from audits are actioned by executive management. The committee ensures the robustness of the underlying process used in developing the BAF. The board monitors the BAF and progress against the delivery of annual objectives each quarter, ensuring actions to address gaps in control and gaps in assurance are progressed.

Quality committee

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

Finance & Business Development Committee

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

Estates Strategy Delivery Committee

This forum was established in November 2018 as a formal committee of the Board, to provide assurance to the Board on the delivery of the organisation's estates strategy and to reviews risks to effective delivery. In summer 2019, this committee was dis-established.

Workforce and Education Committee

The workforce and education committee meets five times each year and leads on oversight of BAF risks which relate to the Trust's staff engagement and recruitment and retention strategic priorities. It reviews performance against the delivery of key workforce recruitment and retention plans and the annual outcome for the Workforce Race Equality Standard submission to NHS England. In addition, the committee will also review those staff engagement actions taken following the outcome of the annual NHS staff survey and delivery of the Trust's workforce culture improvement plan.

Workforce planning

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

- Working with ICSUs to discuss workforce issues such as recruitment and retention, activity planning, education requirements and the delivery of key performance indicators

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

Final ICSU plans were presented individually to the Trust's Board, executive directors and all other clinical, operational and corporate directors in a peer review and challenge session. Following this, amended plans are used to inform the Trust's Operational Plan.

In 2019/20, Whittington Health complied with the "Developing Workforce Safeguards" through the following assurances:

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

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

The Trust published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the

guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

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

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

The Trust undertook risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

During 2019/20, Whittington Health had in place a range of processes which helped to ensure that it used resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- a monthly review of performance by the Trust Management Group and additional review meetings where ICSUs and corporate directorates are held to account for financial and non-financial performance
- the production of annual reference costs, including comparisons with national reference costs
- benchmarking of costs and key performance indicators against other combined acute and community Trust providers
- standing financial instructions, standing orders and a treasury management policy
- a budget holder's manual which sets out managers' responsibilities in relation to managing budgets
- guidance on the declaration of conflicts of interest and standards of business conduct
- reports by Grant Thornton part of the annual internal audit work plan on control mechanisms which may need reviewing
- the Head of Internal Audit's draft and final opinions being presented to the committee

- an external audit of our accounts by KPMG LLP who also provided an independent view of the Trust's effective and efficient use of resources, particularly against value for money considerations
- good performance under NHS Improvement's Single Oversight Framework for NHS providers

Information governance

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

- IGSI031 (Jan 2020) - patient letter posted to incorrect patient. Information Commissioner's Office decision(ICO): to be confirmed
- IGSI032 (Jan 2020) - patient email sent to incorrect patient. ICO decision: to be confirmed

Data quality and governance

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

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

- The Trust's Data Quality strategy was included in the yearly audit programme
- The awareness of key staff on their responsibilities around data quality was reviewed and training programmes developed to help ensure compliance
- Monthly monitoring of national data quality (DQ) measures
- Reviews of specific data sets (e.g. Referral to Treatment Patient Treatment List) with specific regard to data quality. Regular spot checks were carried out by the Trust's Validation Team
- Weekly Referral to Treatment review meetings for cancer, community and acute services
- Our Data Quality Review Group ensured all aspects of data quality standards were maintained and reviewed

In 2020/21, the Trust will take further action to continue with our improvement around data quality. This will include:

- Completing the annual review of the Trust's Data Quality strategy
- Moving Data Quality Review Group meetings to a quarterly timetable
- Continuing to review the awareness of key staff of their responsibilities around data quality and proposing approaches to achieve improvement if necessary
- Reviewing the scope of material internal data sets with specific regard to data quality and summarise those known with their main characteristics, any known data quality issues and owners in overview

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

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's, the Quality Committee, provides assurance on the Quality Account and the quality priorities and ensures the maintenance of effective risk management and quality governance systems. Following national guidance from NHS England and Improvement, as part of the response to the covid-19 pandemic, the 2019/20 Quality Account will now be published in December 2020.

Provider licence conditions

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

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

Review of effectiveness

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

The board ensures the effectiveness of the system of internal control through clear accountability arrangements.

An annual "Head of Internal Audit Opinion" based on the work and audit assessments undertaken during the year for 2019/20 was issued and stated:

Our overall opinion for the period 1 April 2019 to 31 March 2020 is that, based on the scope of reviews undertaken and the sample tests completed during the period, partial assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

This partial assurance opinion was based on the delayed implementation of some medium and high risk overdue recommendations due to the impact of covid-19.

Conclusion

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

Signed… ……..
Chief Executive Date: 25 June 2020

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

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

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

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

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

Signed.....  .....Chief Executive

Date .25 June 2020

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

By order of the Board

..25 June 2020 .....Date.....  ...Chief Executive

..25 June 2020.....Date..... ..  .....Finance Director

The Whittington Health NHS Trust

Annual accounts for the year ended 31 March 2020

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

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

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

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

Signed.....Chief Executive

Date....24/06/20..

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Siobhan Harrington
Chief Executive

24-Jun-20

Kevin Curnow
Acting Chief Finance Officer

24-Jun-20

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Whittington Health NHS Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

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

Going concern

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

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Director's conclusions we considered the inherent risks to the Trust's operations and analysed how these risks might affect the Trust's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Other information in the Annual Report

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

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 3, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 2 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

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

As explained in the statement set out on page 2, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in December 2019 and updated in April 2020 as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

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

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

We have nothing to report in these respects.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Whittington Health NHS Trust for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

25-Jun-20

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	314,606	293,280
Other operating income	4	35,577	55,366
Operating expenses	6, 8	(341,943)	(317,863)
Operating surplus/(deficit) from continuing operations		**8,240**	**30,783**
Finance income	11	228	96
Finance expenses	12	(3,340)	(3,192)
PDC dividends payable		(5,007)	(5,008)
Net finance costs		**(8,119)**	**(8,104)**
Other gains / (losses)	13	-	6,176
Surplus / (deficit) for the year from continuing operations		**121**	**28,855**
Surplus / (deficit) for the year		**121**	**28,855**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,137)	(4,521)
Revaluations		4,394	2,193
Total comprehensive income / (expense) for the period		**3,378**	**26,527**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	15	9,102	6,799
Property, plant and equipment	16	224,209	212,298
Receivables	23	491	604
Total non-current assets		**233,802**	**219,701**
Current assets			
Inventories	22	2,405	1,448
Receivables	23	44,565	40,438
Cash and cash equivalents	26	27,384	25,165
Total current assets		**74,354**	**67,051**
Current liabilities			
Trade and other payables	27	(51,503)	(40,614)
Borrowings	29	(28,963)	(29,776)
Provisions	32	(479)	(693)
Other liabilities	28	(2,706)	(281)
Total current liabilities		**(83,651)**	**(71,364)**
Total assets less current liabilities		**224,505**	**215,388**
Non-current liabilities			
Borrowings	29	(27,663)	(27,542)
Provisions	32	(1,132)	(1,182)
Total non-current liabilities		**(28,795)**	**(28,724)**
Total assets employed		**195,710**	**186,664**
Financed by			
Public dividend capital		72,358	66,691
Revaluation reserve		98,992	95,735
Income and expenditure reserve		24,360	24,238
Total taxpayers' equity		**195,710**	**186,664**

The notes on pages 13 to 67 form part of these accounts.

Siobhan Harrington

Name Siobhan Harrington
Position Chief Executive Officer
Date 24-Jun-20

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**66,691**	**95,735**	**-**	**-**	**-**	**24,239**	**186,665**
Surplus/(deficit) for the year	-	-	-	-	-	121	**121**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(1,137)	-	-	-	-	**(1,137)**
Revaluations	-	4,394	-	-	-	-	**4,394**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	5,667	-	-	-	-	-	**5,667**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**72,358**	**98,992**	**-**	**-**	**-**	**24,360**	**195,710**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**64,679**	**98,542**	**-**	**-**	**-**	**(5,096)**	**158,126**
Prior period adjustment	-	-	-	-	-	-	-
Taxpayers' and others' equity at 1 April 2018 - restated	**64,679**	**98,542**	**-**	**-**	**-**	**(5,096)**	**158,126**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-	-	28,855	**28,855**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-
Other transfers between reserves	-	-	-	-	-	-	-
Impairments	-	(4,521)	-	-	-	-	**(4,521)**
Revaluations	-	2,193	-	-	-	-	**2,193**
Transfer to retained earnings on disposal of assets	-	(479)	-	-	-	479	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	2,012	-	-	-	-	-	**2,012**
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
Taxpayers' and others' equity at 31 March 2019	**66,691**	**95,735**	**-**	**-**	**-**	**24,239**	**186,665**

Information on reserves

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

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

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

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

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

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		8,240	30,783
Non-cash income and expense:			
Depreciation and amortisation	6.1	7,143	6,516
Net impairments	7	276	258
Income recognised in respect of capital donations	4	-	(1,000)
(Increase) / decrease in receivables and other assets		(4,014)	(11,088)
(Increase) / decrease in inventories		(957)	(93)
Increase / (decrease) in payables and other liabilities		13,837	3,216
Increase / (decrease) in provisions		(264)	(358)
Other movements in operating cash flows		1,151	(394)
Net cash flows from / (used in) operating activities		**25,412**	**27,840**
Cash flows from investing activities			
Interest received		228	112
Purchase of intangible assets		(3,914)	(3,665)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(14,858)	(8,139)
Sales of PPE and investment property		-	12,500
Receipt of cash donations to purchase assets		-	1,000
Net cash flows from / (used in) investing activities		**(18,544)**	**1,808**
Cash flows from financing activities			
Public dividend capital received		5,667	2,012
Public dividend capital repaid		-	-
Movement on loans from DHSC		(164)	(164)
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		(872)	(869)
Capital element of PFI, LIFT and other service concession payments		(1,192)	(1,159)
Interest on loans		(472)	(339)
Other interest		(2)	(20)
Interest paid on finance lease liabilities		(202)	(201)
Interest paid on PFI, LIFT and other service concession obligations		(2,664)	(2,577)
PDC dividend (paid) / refunded		(4,748)	(5,217)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash flows from / (used in) financing activities		**(4,649)**	**(8,534)**
Increase / (decrease) in cash and cash equivalents		**2,219**	**21,114**
Cash and cash equivalents at 1 April - brought forward		**25,165**	**4,051**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**25,165**	**4,051**
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	26.1	**27,384**	**25,165**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.1 Going concern

These accounts have been prepared on a going concern basis.

The Trust has delivered against its financial targets. By delivering its control total the Trust has earned additional Provider Sustainability Funding of £1.2m.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £27.2m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Note 1.3 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.4 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Discontinued operations

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

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

Material Valuation Uncertainty

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

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

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

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

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset.

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

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	16	85
Dwellings	66	66
Plant & machinery	5	15
Transport equipment	-	-
Information technology	3	10
Furniture & fittings	5	5

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

Note 1.9 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	5	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation of fair value due to the high turnover of stock.

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.13 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

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

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

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets measured at fair value through other comprehensive income

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

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

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

The Trust has irrevocably elected to measure the following financial assets / financial liabilities at fair value through income and expenditure

Impairment of financial assets

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

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

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

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

Derecognition

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

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

Note 1.14 Leases

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

The trust as a lessee

Finance leases

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

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

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

Operating leases

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

Leases of land and buildings

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

The trust as a lessor

Finance leases

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

Operating leases

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

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in notes when they arise, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

Note 1.17 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

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

Note 1.18 Value added tax

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

Note 1.21 Third party assets

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

Note 1.22 Losses and special payments

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

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

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.27 Critical judgements in applying accounting policies

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

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

Property, plant and equipment

The Trust's land and building assets are valued on the basis explained in note 19 to the accounts. Cushman & Wakefield (C&W), our independent valuer, provided the Trust with a valuation of land and building assets (estimated fair value and remaining useful life). The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, leads to revaluation adjustments. Future revaluations of the Trust's property may result in further changes to the carrying values of non-current assets.

Provisions

Provisions have been made for legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the accounts are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made. The carrying amounts and basis of the Trust's provisions are detailed in note 34.1 to the accounts.

Impairment of receivables

The Trust impairs different categories of receivables at rates determined by the age of the debt. Additionally, specific receivables are impaired where the Trust deems it will not be able to collect the amounts due. Amounts impaired are disclosed in note 25.2 to the accounts.

Note 1.28 Sources of estimation uncertainty

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

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

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

Notes 3 and 5: revenue - work in progress and credit note provisions;
Notes 17 and 19: property, plant and equipment;
Note 25.2: provisions for credit notes and impairment of receivables; and
Note 29: accruals.

Note 2 Operating Segments

The Trust's operational management structure is delivered through five clinical integrated care service units covering acute and community services.

The Trust has aggregated its operating segments in line with IFRS 8 on the basis that the nature of the services continue to be the same, the provision of healthcare.

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2019/20 £000	2018/19 £000
Elective income	23,642	22,446
Non elective income	56,539	51,866
First outpatient income	12,094	11,514
Follow up outpatient income	9,930	14,741
A & E income	16,859	14,540
High cost drugs income from commissioners (excluding pass-through costs)	8,477	8,479
Other NHS clinical income	64,492	59,726
Community services income from CCGs and NHS England	73,898	70,284
Private patient income	69	86
Agenda for Change pay award central funding*	-	3,263
Additional pension contribution central funding**	9,568	-
Other clinical income	39,038	36,335
Total income from activities	**314,606**	**293,280**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

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

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England	41,494	29,275
Clinical commissioning groups	256,967	245,267
Department of Health and Social Care	-	3,263
Other NHS providers	2,443	2,606
NHS other	-	-
Local authorities	11,299	10,763
Non-NHS: private patients	69	86
Non-NHS: overseas patients (chargeable to patient)	388	134
Injury cost recovery scheme	471	546
Non NHS: other	1,475	1,340
Total income from activities	**314,606**	**293,280**
Of which:		
Related to continuing operations	314,606	293,280
Related to discontinued operations	-	-

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

	2019/20	2018/19
	£000	£000
Income recognised this year	388	134
Cash payments received in-year	173	17
Amounts added to provision for impairment of receivables	222	100
Amounts written off in-year	-	7

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	623	-	**623**	422	-	**422**
Education and training	16,739	-	**16,739**	16,228	-	**16,228**
Non-patient care services to other bodies	6,354		**6,354**	7,142		**7,142**
Provider sustainability fund (PSF)	4,910		**4,910**	27,626		**27,626**
Financial recovery fund (FRF)	1,257		**1,257**			
Marginal rate emergency tariff funding (MRET)	365		**365**			
Income in respect of employee benefits accounted on a gross basis	249		**249**	294		**294**
Receipt of capital grants and donations		-	**-**		1,000	**1,000**
Charitable and other contributions to expenditure		-	**-**		-	**-**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		995	**995**		886	**886**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income	4,085	-	**4,085**	1,768	-	**1,768**
Total other operating income	**34,582**	**995**	**35,577**	**53,480**	**1,886**	**55,366**
Of which:						
Related to continuing operations			**35,577**			**55,366**
Related to discontinued operations			**-**			**-**

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	281	320
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	-	-

Note 6.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	702	729
Purchase of social care	-	-
Staff and executive directors costs	248,951	228,253
Remuneration of non-executive directors	66	60
Supplies and services - clinical (excluding drugs costs)	23,789	24,240
Supplies and services - general	3,846	3,734
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	13,321	13,137
Consultancy costs	482	705
Establishment	2,424	2,153
Premises	14,196	10,546
Transport (including patient travel)	1,143	278
Depreciation on property, plant and equipment	5,595	5,691
Amortisation on intangible assets	1,548	825
Net impairments	276	258
Movement in credit loss allowance: contract receivables / contract assets	(301)	18
Movement in credit loss allowance: all other receivables and investments	(33)	397
Increase/(decrease) in other provisions	-	97
Audit fees payable to the external auditor		
audit services- statutory audit	51	72
other auditor remuneration (external auditor only)	1	12
Internal audit costs	190	-
Clinical negligence	9,750	10,113
Legal fees	710	792
Insurance	160	193
Research and development	774	17
Education and training	908	1,493
Rentals under operating leases	5,781	6,280
Early retirements	-	-
Redundancy	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	1,133	1,089
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	-	-
Hospitality	7	15
Other	6,473	6,666
Total	**341,943**	**317,863**
Of which:		
Related to continuing operations	341,943	317,863
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	1	12
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**1**	**12**

The net figure paid to the auditor for the 2019/20 financial statement audit is £51k excluding VAT.

Note 6.3 Limitation on auditor's liability

The contract signed on 24th October 2018, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1m (2018/19: £1m), aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Note 7 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	276	258
Other	-	-
Total net impairments charged to operating surplus / deficit	**276**	**258**
Impairments charged to the revaluation reserve	1,137	4,521
Total net impairments	**1,413**	**4,779**

Note 8.1 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	189,696	177,954
Social security costs	19,137	17,858
Apprenticeship levy	925	873
Employer's contributions to NHS pensions	31,519	20,743
Pension cost - other	81	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	279	6
Temporary staff (including agency)	9,181	11,961
Total gross staff costs	**250,818**	**229,395**
Recoveries in respect of seconded staff	-	-
Total staff costs	**250,818**	**229,395**
Of which		
Costs capitalised as part of assets	1,867	1,142

In line with the GAM, employee benefits should be shown in the accounts note in a single column for all categories of staff, which matches those shown for employee benefits in the staff costs disclosure in the Staff Report part of the annual report. See paragraphs 5.32 - 5.36 in the GAM for more detail.

See the "Staff report tables" tab for the disclosure that is now required in the Staff Report section of the annual report.

Note 8.2 Retirements due to ill-health

During 2019/20 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £4k (£52k in 2018/19).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The employer contribution rate for 2019/20 is 20.6%.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Where staff are not eligible for, or choose to opt out of, the NHS Pensions Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme. The employer's contribution rate in 2019/20 was 3% (2018/19: 2%).

Note 10 Operating leases

Note 10.1 The Whittington Health NHS Trust as a lessor

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

	2019/20 £000	2018/19 £000
Operating lease revenue		
Minimum lease receipts	995	886
Contingent rent	-	-
Other	-	-
Total	**995**	**886**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease receipts due:		
- not later than one year;	995	886
- later than one year and not later than five years;	3,980	3,544
- later than five years.	2,431	-
Total	**7,406**	**4,430**

Note 10.2 The Whittington Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where The Whittington Health NHS Trust is the lessee.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	5,781	6,280
Contingent rents	-	-
Less sublease payments received	-	-
Total	**5,781**	**6,280**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	5,781	6,280
- later than one year and not later than five years;	17,738	22,671
- later than five years.	29,899	37,418
Total	**53,418**	**66,369**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	228	96
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**228**	**96**

Note 12.1 Finance expenditure

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	472	394
Other loans	-	-
Overdrafts	-	-
Finance leases	202	201
Interest on late payment of commercial debt	2	20
Main finance costs on PFI and LIFT schemes obligations	1,654	1,600
Contingent finance costs on PFI and LIFT scheme obligations	1,010	977
Total interest expense	**3,340**	**3,192**
Unwinding of discount on provisions	-	-
Other finance costs	-	-
Total finance costs	**3,340**	**3,192**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20	2018/19
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	2	20
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	-	6,176
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**6,176**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**-**	**6,176**

Note 14 Discontinued operations

	2019/20	2018/19
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	-	-

Note 15 Intangible assets - 2019/20

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	16,971	249	17,220
Transfers by absorption	-	-	-
Additions	-	3,914	3,914
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	3,830	(3,830)	-
Reclassification betweeen Intangibles and Tangibles	(63)	-	(63)
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2020	20,738	333	21,071
Amortisation at 1 April 2019 - brought forward	10,421	-	10,421
Transfers by absorption	-	-	-
Provided during the year	1,548	-	1,548
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Amortisation at 31 March 2020	11,969	-	11,969
Net book value at 31 March 2020	8,769	333	9,102
Net book value at 1 April 2019	6,550	249	6,799

Note 15 Intangible assets - 2019/20

	Software licences	Intangible assets under construction	Total
	£000	£000	£000

Note 15.1 Intangible assets - 2018/19

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	12,448	1,292	13,740
Prior period adjustments	-	-	-
Valuation / gross cost at 1 April 2018 - restated	12,448	1,292	13,740
Transfers by absorption	-	-	-
Additions	2,426	-	2,426
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	2,097	(1,043)	1,054
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2019	16,971	249	17,220
Amortisation at 1 April 2018 - as previously stated	9,596	-	9,596
Prior period adjustments	-	-	-
Amortisation at 1 April 2018 - restated	9,596	-	9,596
Transfers by absorption	-	-	-
Provided during the year	825	-	825
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Amortisation at 31 March 2019	10,421	-	10,421
Net book value at 31 March 2019	6,550	249	6,799
Net book value at 1 April 2018	2,852	1,292	4,144

Note 16.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**45,639**	**154,532**	**50**	**7,691**	**34,469**	**14,621**	**140**	**257,142**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	764	-	13,313	385	-	-	**14,462**
Impairments	(107)	(1,306)	-	-	-	-	-	**(1,413)**
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	106	4,288	-	-	-	-	-	**4,394**
Reclassifications	-	3,513	-	(4,425)	898	-	14	-
Reclassification betweeen Intangibles and Tangibles	-	-	-	-	(11)	-	74	**63**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2020	**45,638**	**161,791**	**50**	**16,579**	**35,741**	**14,621**	**228**	**274,648**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**7,792**	**50**	**-**	**25,834**	**11,106**	**62**	**44,844**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,635	-	-	1,675	1,243	42	**5,595**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2020	**-**	**10,427**	**50**	**-**	**27,509**	**12,349**	**104**	**50,439**
Net book value at 31 March 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**2,272**	**124**	**224,209**
Net book value at 1 April 2019	**45,639**	**146,740**	**-**	**7,691**	**8,635**	**3,515**	**78**	**212,298**

Note 16.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**47,896**	**158,473**	**1,116**	**1,279**	**32,546**	**13,590**	**136**	**255,036**
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2018 - restated	**47,896**	**158,473**	**1,116**	**1,279**	**32,546**	**13,590**	**136**	**255,036**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	1,194	-	7,889	2,092	1,045	2	**12,222**
Impairments	(458)	(4,321)	-	-	-	-	-	**(4,779)**
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	1,610	583	-	-	-	-	-	**2,193**
Reclassifications	-	451	1	(1,477)	(17)	(14)	2	**(1,054)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	(3,409)	(1,848)	(1,067)	-	(152)	-	-	**(6,476)**
Valuation/gross cost at 31 March 2019	**45,639**	**154,532**	**50**	**7,691**	**34,469**	**14,621**	**140**	**257,142**
Accumulated depreciation at 1 April 2018 - as previously stated	**-**	**4,992**	**32**	**-**	**24,422**	**9,825**	**34**	**39,305**
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2018 - restated	**-**	**4,992**	**32**	**-**	**24,422**	**9,825**	**34**	**39,305**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,800	18	-	1,564	1,281	28	**5,691**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(152)	-	-	**(152)**
Accumulated depreciation at 31 March 2019	**-**	**7,792**	**50**	**-**	**25,834**	**11,106**	**62**	**44,844**
Net book value at 31 March 2019	**45,639**	**146,740**	**-**	**7,691**	**8,635**	**3,515**	**78**	**212,298**
Net book value at 1 April 2018	**47,896**	**153,481**	**1,084**	**1,279**	**8,124**	**3,765**	**102**	**215,731**

Note 16.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	45,638	74,679	-	16,579	6,141	2,272	117	**145,426**
Finance leased	-	4,910	-	-	1,887	-	-	**6,797**
On-SoFP PFI contracts and other service concession arrangements	-	70,897	-	-	-	-	-	**70,897**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	878	-	-	204	-	7	**1,089**
NBV total at 31 March 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**2,272**	**124**	**224,209**

Note 16.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	45,639	69,686	-	7,691	6,653	3,515	78	**133,262**
Finance leased	-	4,381	-	-	1,750	-	-	**6,131**
On-SoFP PFI contracts and other service concession arrangements	-	71,777	-	-	-	-	-	**71,777**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	896	-	-	232	-	-	**1,128**
NBV total at 31 March 2019	**45,639**	**146,740**	**-**	**7,691**	**8,635**	**3,515**	**78**	**212,298**

Note 17 Donations of property, plant and equipment

The GAM 5.90 and 5.91 require trusts to disclose details of any donations of property, plant and equipment received during the year, including any restriction or conditions imposed by the donor.

Note 18 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2020 by qualified independent valuers Cushman and Wakefield. The assets were revalued on a fair value basis.

In line with the current valuation methodology, buildings have been recategorised as 'blocks' and the various components within each block grouped as one. Each block is considered as an individual item and depreciated over its estimated useful economic life.

Note 19.1 Investment Property

	2019/20	2018/19
	£000	£000
Carrying value at 1 April - brought forward	-	-
Prior period adjustments		-
Carrying value at 1 April - restated	-	-
Transfers by absorption	-	-
Acquisitions in year	-	-
Movement in fair value	-	-
Reclassifications to/from PPE	-	-
Transfers to/from assets held for sale	-	-
Disposals	-	-
Carrying value at 31 March	-	-

Note 19.2 Investment property income and expenses

	2019/20	2018/19
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	-	-
Direct operating expense arising from investment property which did not generate rental income in the period	-	-
Total investment property expenses	-	-
Investment property income	-	-

Note 20 Investments in associates and joint ventures

	2019/20 £000	2018/19 £000
Carrying value at 1 April - brought forward	-	-
Prior period adjustments		-
Carrying value at 1 April - restated	-	-
Transfers by absorption	-	-
Acquisitions in year	-	-
Share of profit / (loss)	-	-
Net impairments	-	-
Transfers to / from assets held for sale	-	-
Disbursements / dividends received	-	-
Disposals	-	-
Share of Other Comprehensive Income	-	-
Other equity movements	-	-
Carrying value at 31 March	-	-

Note 21 Other investments / financial assets (non-current)

	2019/20 £000	2018/19 £000
Carrying value at 1 April - brought forward	-	-
Prior period adjustments		-
Carrying value at 1 April - restated	-	-
Impact of implementing IFRS 9 on 1 April 2018		-
Transfers by absorption	-	-
Acquisitions in year	-	-
Movement in fair value through income and expenditure	-	-
Movement in fair value through OCI	-	-
Net impairments	-	-
Transfers to / from assets held for sale	-	-
Amortisation at the effective interest rate	-	-
Current portion of loans receivable transferred to current financial assets	-	-
Disposals	-	-
Carrying value at 31 March	-	-

Note 21.1 Other investments / financial assets (current)

	31 March 2020 £000	31 March 2019 £000
Loans receivable within 12 months transferred from non-current financial assets	-	-
Deposits with the National Loans Fund	-	-
Other current financial assets	-	-
Total current investments / financial assets	-	-

Note 22 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	1,210	1,081
Work In progress	-	-
Consumables	706	91
Energy	59	39
Other	430	237
Total inventories	**2,405**	**1,448**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £13,321k (2018/19: £13,137k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Theatres stock accounts for the large variance against last year which was brought onto the balance sheet in 2019/20 with a balance of £585k

Note 23.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	38,726	35,842
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(927)	(1,228)
Allowance for other impaired receivables	(1,322)	(1,364)
Deposits and advances	-	-
Prepayments (non-PFI)	3,884	2,603
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	(71)	(71)
VAT receivable	2,314	2,430
Corporation and other taxes receivable	-	-
Other receivables	1,961	2,226
Total current receivables	**44,565**	**40,438**
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	491	604
Total non-current receivables	**491**	**604**
Of which receivable from NHS and DHSC group bodies:		
Current	32,102	33,277
Non-current	-	-

Note 23.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**1,228**	**1,364**	**-**	**2,177**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**1,228**	**1,364**	**-**	**2,177**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			1,210	(1,210)
Transfers by absorption	-	-	-	-
New allowances arising	-	841	18	397
Changes in existing allowances	-	-	-	-
Reversals of allowances	(301)	(874)	-	-
Utilisation of allowances (write offs)	-	(9)	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2020	**927**	**1,322**	**1,228**	**1,364**

Note 24 Other assets

	31 March 2020	31 March 2019
Current	**£000**	**£000**
EU emissions trading scheme allowance	-	-
Other assets	-	-
Total other current assets	-	-
Non-current		
Net defined benefit pension scheme asset	-	-
Other assets	-	-
Total other non-current assets	-	-

Note 25.1 Non-current assets held for sale and assets in disposal groups

	2019/20	2018/19
	£000	**£000**
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-
Prior period adjustment		-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	-	-
Transfers by absorption	-	-
Assets classified as available for sale in the year	-	-
Assets sold in year	-	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

Note 25.2 Liabilities in disposal groups

	31 March 2020	31 March 2019
	£000	**£000**
Categorised as:		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
Total	-	-

Note 26.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
At 1 April	**25,165**	**4,051**
Prior period adjustments		-
At 1 April (restated)	**25,165**	**4,051**
At start of period for new FTs	**-**	**-**
Transfers by absorption	-	-
Net change in year	2,219	21,114
At 31 March	**27,384**	**25,165**
Broken down into:		
Cash at commercial banks and in hand	64	60
Cash with the Government Banking Service	27,320	7,105
Deposits with the National Loan Fund	-	18,000
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**27,384**	**25,165**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**27,384**	**25,165**

Note 26.2 Third party assets held by the trust

The Whittington Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	7	7
Monies on deposit	-	-
Total third party assets	**7**	**7**

Note 27.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	27,606	10,857
Capital payables	4,839	5,620
Accruals	9,489	14,965
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	3,014	2,811
VAT payables	-	-
Other taxes payable	2,620	2,530
PDC dividend payable	74	(185)
Other payables	3,861	4,016
Total current trade and other payables	**51,503**	**40,614**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	13,296	6,469
Non-current	-	-

Note 27.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2020 £000	31 March 2020 Number	31 March 2019 £000	31 March 2019 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 28 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	2,706	281
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**2,706**	**281**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 29.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from DHSC	27,437	27,445
Other loans	-	-
Obligations under finance leases	331	1,185
Obligations under PFI, LIFT or other service concession contracts	1,195	1,146
Total current borrowings	**28,963**	**29,776**
Non-current		
Loans from DHSC	1,972	2,128
Other loans	-	-
Obligations under finance leases	1,703	186
Obligations under PFI, LIFT or other service concession contracts	23,988	25,228
Total non-current borrowings	**27,663**	**27,542**

Note 29.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2019	**29,573**	**-**	**1,371**	**26,374**	**57,318**
Cash movements:					
Financing cash flows - payments and receipts of principal	(164)	-	(872)	(1,192)	**(2,228)**
Financing cash flows - payments of interest	(472)	-	(202)	(1,653)	**(2,327)**
Non-cash movements:					
Transfers by absorption	-	-	-	-	-
Additions	-	-	1,535	-	**1,535**
Application of effective interest rate	472	-	202	1,654	**2,328**
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Early terminations	-	-	-	-	-
Other changes	-	-	-	-	-
Carrying value at 31 March 2020	**29,409**	**-**	**2,034**	**25,183**	**56,626**

Note 29.3 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2018	**29,682**	**-**	**2,322**	**26,639**	**58,643**
Prior period adjustment	-	-	-	-	-
Carrying value at 1 April 2018 - restated	**29,682**	**-**	**2,322**	**26,639**	**58,643**
Cash movements:					
Financing cash flows - payments and receipts of principal	(164)	-	(869)	(1,159)	**(2,192)**
Financing cash flows - payments of interest	(339)	-	(201)	(2,577)	**(3,117)**
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	55	-	-	-	**55**
Transfers by absorption	-	-	-	-	-
Additions	-	-	-	-	-
Application of effective interest rate	394	-	201	1,600	**2,195**
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Early terminations	-	-	-	-	-
Other changes	(55)	-	(82)	1,871	**1,734**
Carrying value at 31 March 2019	**29,573**	**-**	**1,371**	**26,374**	**57,318**

Note 30 Other financial liabilities

	31 March 2020	31 March 2019
	£000	£000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total current other financial liabilities	**-**	**-**
Non-current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total non-current other financial liabilities	**-**	**-**

Note 31 Finance leases

Note 31.1 The Whittington Health NHS Trust as a lessor

Future lease receipts due under finance lease agreements where the trust is the lessor:

	31 March 2020 £000	31 March 2019 £000
Gross lease receivables	-	-
of which those receivable:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Unearned interest income	-	-
Allowance for uncollectable lease payments	-	-
Net lease receivables	-	-
of which those receivable:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
The unguaranteed residual value accruing to the lessor	-	-
Contingent rents recognised as income in the period	-	-

Note 31.2 The Whittington Health NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2020 £000	31 March 2019 £000
Gross lease liabilities	3,579	3,439
of which liabilities are due:		
- not later than one year;	591	981
- later than one year and not later than five years;	1,839	1,831
- later than five years.	1,149	627
Finance charges allocated to future periods	(1,545)	(2,068)
Net lease liabilities	2,034	1,371
of which payable:		
- not later than one year;	331	1,185
- later than one year and not later than five years;	1,024	1
- later than five years.	679	185
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as expense in the period	-	-

The Trust leases the Stroud Green Health Centre. The lease started in 1993 and is scheduled to last for 125 years. The Trust's main finance lease is for imaging equipment through the Managed Equipment Service contractor, Althea. This arrangement started in 2007 and is currently scheduled to run until 2027.

Note 32.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**839**	**-**	**45**	**-**	**-**	**-**	**991**	**1,875**
At start of period for new FTs	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	-	-	-	-	-	-	-
Arising during the year	**117**	**96**	**38**	**-**	**-**	**-**	**-**	**251**
Utilised during the year	(184)	(28)	(8)	-	-	-	(55)	**(275)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	**(33)**	**-**	**-**	**-**	**-**	**-**	**(207)**	**(240)**
Unwinding of discount	-	-	-	-	-	-	-	-
At 31 March 2020	**739**	**68**	**75**	**-**	**-**	**-**	**729**	**1,611**
Expected timing of cash flows:								
- not later than one year;	184	28	75	-	-	-	**192**	**479**
- later than one year and not later than five years;	555	40	-	-	-	-	**-**	**595**
- later than five years.	-	-	-	-	-	-	**537**	**537**
Total	**739**	**68**	**75**	**-**	**-**	**-**	**729**	**1,611**

Other provisions include:
1. potential employer's liability in relation to HMRC.
2. ongoing and potential employment tribunal cases. The employment tribunal provision represents management's estimate (and that of our legal advisers) of liability based on experience.
3. potential dilapidations from the transfer of leased estates back to the lessor.

Note 32.2 Clinical negligence liabilities

At 31 March 2020, £120,134k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Whittington Health NHS Trust (31 March 2019: £121,917k).

Note 33 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	-	-
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	-	-
Net value of contingent assets	1,962	-

Note 34 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	2,993	10,624
Intangible assets	128	4,754
Total	3,121	15,378

Note 35 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2020 £000	31 March 2019 £000
not later than 1 year	-	-
after 1 year and not later than 5 years	-	-
paid thereafter	-	-
Total	-	-

Note 36.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2019/20	2018/19
	£000	£000
Present value of the defined benefit obligation at 1 April	-	-
Prior period adjustment		-
Present value of the defined benefit obligation at 1 April - restated	-	-
Transfers by absorption	-	-
Current service cost	-	-
Interest cost	-	-
Contribution by plan participants	-	-
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	-	-
Benefits paid	-	-
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	-	-
Plan assets at fair value at 1 April	-	-
Prior period adjustment		-
Plan assets at fair value at 1 April -restated	-	-
Transfers by normal absorption	-	-
Interest income	-	-
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	-	-
- Actuarial gain / (losses)	-	-
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	-	-
Contributions by the plan participants	-	-
Benefits paid	-	-
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	-	-
Plan surplus/(deficit) at 31 March	-	-

Note 36.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2020	31 March 2019
	£000	£000
Present value of the defined benefit obligation	-	-
Plan assets at fair value	-	-
Net defined benefit (obligation) / asset recognised in the SoFP	-	-
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	-	-

Note 36.3 Amounts recognised in the SoCI

	2019/20	2018/19
	£000	£000
Current service cost	-	-
Interest expense / income	-	-
Past service cost	-	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	-	-

Note 37 On-SoFP PFI, LIFT or other service concession arrangements

Blocks A and L of the Trust's sites are provided under a PFI arrangement and were brought onto the balance sheet in 2007.

Note 37.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**36,266**	**38,618**
Of which liabilities are due		
- not later than one year;	2,440	2,504
- later than one year and not later than five years;	10,425	10,185
- later than five years.	23,401	25,929
Finance charges allocated to future periods	(11,083)	(12,244)
Net PFI, LIFT or other service concession arrangement obligation	**25,183**	**26,374**
- not later than one year;	1,195	1,146
- later than one year and not later than five years;	5,854	5,374
- later than five years.	18,134	19,854

Note 37.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**99,017**	**104,653**
Of which payments are due:		
- not later than one year;	5,778	5,637
- later than one year and not later than five years;	24,593	23,992
- later than five years.	68,646	75,024

Note 37.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2019/20	2018/19
	£000	£000
Unitary payment payable to service concession operator	**5,754**	**5,560**
Consisting of:		
- Interest charge	1,654	1,600
- Repayment of balance sheet obligation	1,192	1,153
- Service element and other charges to operating expenditure	1,133	1,089
- Capital lifecycle maintenance	765	741
- Revenue lifecycle maintenance	-	-
- Contingent rent	1,010	977
- Addition to lifecycle prepayment	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-
Total amount paid to service concession operator	**5,754**	**5,560**

Note 38 Off-SoFP PFI, LIFT and other service concession arrangements

The Whittington Health NHS Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT arrangements:

	31 March 2020	31 March 2019
	£000	£000
Charge in respect of the off SoFP PFI, LIFT or other service concession arrangement for the period	-	-
Commitments in respect of off-SoFP PFI, LIFT or other service concession arrangements:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**-**	**-**

Note 39 Financial instruments

Note 39.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCGs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 39.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	37,877	-	-	37,877
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	27,384	-	-	27,384
Total at 31 March 2020	**65,261**	**-**	**-**	**65,261**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	34,257	-	-	34,257
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	25,165	-	-	25,165
Total at 31 March 2019	**59,422**	**-**	**-**	**59,422**

Note 39.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	29,409	-	29,409
Obligations under finance leases	2,034	-	2,034
Obligations under PFI, LIFT and other service concession contracts	25,183	-	25,183
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	40,792	-	40,792
Other financial liabilities	-	-	-
Provisions under contract	680	-	680
Total at 31 March 2020	**98,098**	**-**	**98,098**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	29,573	-	29,573
Obligations under finance leases	1,371	-	1,371
Obligations under PFI, LIFT and other service concession contracts	26,374	-	26,374
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	34,331	-	34,331
Other financial liabilities	-	-	-
Provisions under contract	1,032	-	1,032
Total at 31 March 2019	**92,681**	**-**	**92,681**

Note 39.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	69,629	63,210
In more than one year but not more than two years	983	2,029
In more than two years but not more than five years	6,277	6,080
In more than five years	21,209	21,362
Total	**98,098**	**92,681**

Note 40 Losses and special payments

	2019/20		2018/19	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	4	9	18	18
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	33	29
Stores losses and damage to property	-	-	-	-
Total losses	4	9	51	47
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	-	-	-	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	-	-	-	-
Total losses and special payments	4	9	51	47
Compensation payments received		-		-

Note 41 Related parties

During the year no Trust Board members or members of key management staff, or parties related to them, has undertaken any material transactions with the Trust.

Dr Sarah Humphery is both Executive Medical Director for Integrated Care for the Trust and a GP with Goodinge Group Practice. In 2019-20. The Trust had no transactions with Goodinge Group Practice and no balances outstanding in 2019-20.

David Holt was a non-executive director at the Trust and also at Tavistock and Portman NHS FT. He left the Trust on the 31/12/19. The Trust's balances and transactions with Tavistock and Portman were as follows: income £35k, expenditure £110k, debtors £0, creditors £166k.

The Department of Health is considered a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is the parent Department. Below are the material transactions within the DHSC group.

The Trust have 2 wholly owned subsidiaries, Whittington Pharmacy CIC and Whittington Charity. These are not consolidated within these accounts. A number of board members have a related party with these subsidiaries.

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
NHS Islington CCG	113,906	208	6,322	827
NHS Haringey CCG	99,786	5	6,639	752
NHS England	37,908	40	10,214	21
Health Education England	15,703	0	571	15
NHS Barnet CCG	14,481	0	2,233	205
NHS Camden CCG	11,443	16	773	120
NHS Enfield CCG	5,931	0	497	108
NHS City and Hackney CCG	5,354	0	0	135
Royal Free London NHS Foundation Trust	3,512	2,112	3,155	3,119
University College London Hospitals NHS Foundation Trust	1,422	1,605	1,241	2,194
NHS Brent CCG	1,225	0	284	7
North Middlesex University Hospital NHS Trust	1,061	207	547	378
Camden and Islington NHS Foundation Trust	1,032	1,384	680	1,245
Community Health Partnerships	0	4,035	0	1,308
Barnet, Enfield And Haringey Mental Health NHS Trust	36	1,031	63	1,087

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of the material transactions have been with:

	Income (£000s)	Expenditure	Debtors (£000s)	Creditors
London Borough of Islington	7,163	2,480	1,333	696

Note 42 Prior period adjustments

No adjustments have been made to prior period audited figures.

Note 43 Events after the reporting date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £27.2m as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

Note 44 Better Payment Practice code

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	61,498	161,569	65,436	138,751
Total non-NHS trade invoices paid within target	55,836	143,924	56,233	129,821
Percentage of non-NHS trade invoices paid within target	90.8%	89.1%	85.9%	93.6%
NHS Payables				
Total NHS trade invoices paid in the year	3,856	12,400	5,821	17,965
Total NHS trade invoices paid within target	3,043	6,741	4,160	8,671
Percentage of NHS trade invoices paid within target	78.9%	54.4%	71.5%	48.3%

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

Note 45 External financing limit

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

	2019/20 £000	2018/19 £000
Cash flow financing	1,220	(21,294)
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**1,220**	**(21,294)**
External financing limit (EFL)	1,220	(10,021)
Under / (over) spend against EFL	**-**	**11,273**

Note 46 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	18,376	14,648
Less: Disposals	-	(6,324)
Less: Donated and granted capital additions	-	(1,000)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**18,376**	**7,324**
Capital Resource Limit	18,683	10,700
Under / (over) spend against CRL	**307**	**3,376**

Note 47 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance surplus / (deficit) (control total basis)	50
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2018/19 post-accounts PSF reallocation	431
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	1,087
Breakeven duty financial performance surplus / (deficit)	**1,568**

Note 48 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		139	508	1,120	3,614	1,165
Breakeven duty cumulative position	3,971	4,110	4,618	5,738	9,352	10,517
Operating income		176,853	186,300	278,212	281,343	297,397
Cumulative breakeven position as a percentage of operating income		2.3%	2.5%	2.1%	3.3%	3.5%

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(7,342)	(14,788)	(3,670)	6,158	29,362	1,568
Breakeven duty cumulative position	3,175	(11,613)	(15,283)	(9,126)	20,237	21,805
Operating income	295,007	294,211	309,255	323,394	348,646	350,183
Cumulative breakeven position as a percentage of operating income	1.1%	(3.9%)	(4.9%)	(2.8%)	5.8%	6.2%