Whittington Health 2020/21 Annual Report

Contents

INTRODUCTION

Welcome to our 2020/21 annual report which outlines how the amazing work of the staff and volunteers of Whittington Health supported over 500,000 people living across North Central London and beyond to live longer healthier lives.

There are two central themes to our annual report. Firstly, this has been an unprecedented year, framed by the start of wave one of the Covid-19 pandemic at the start of the financial year in the UK and ending in March 2021 with ongoing efforts to vaccinate as many local people and staff as possible, and to restart services safely for patients. We want to pay tribute to all staff at Whittington Health who responded magnificently in this most challenging period. Their reaction was simply immense in continuing to deliver high quality care to patients in the most challenging of circumstances. The second core theme of last year was the sustained work to improve organisational culture and behaviours and to tackle health inequalities against a backdrop of the shock and outrage caused by the death of George Floyd in May 2020 in Minneapolis and the subsequent *Black Lives Matter* movement.

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

- The support provided to help staff health and wellbeing through a range of extensive practical help, including psychological support and advice and the completion of Covid-19 risk assessments for staff
- During the pandemic, there was excellent collaborative work and mutual support shown for the benefit of patients in work with colleagues from other local NHS providers
- In quarter three, there was the successful collaborative work to implement temporary changes for paediatric services across North Central London through the establishment of the south hub
- The delivery of a small surplus at the end of the financial year during a particularly difficult and uncertain year

As we look forward, we acknowledge the work needed to enable people who have been waiting for treatment to be seen, treated, and cared for – alongside the recovery of our staff.

There were changes to our board in 2020/21, with the appointment of four non-executive directors, Baroness Julia Neuberger DBE (Trust Chair), Amanda Gibbon, Baroness Glenys Thornton, and Rob Vincent CBE. In addition, the board welcomed two associate non-executive directors, Junaid Bajwa and Wanda Goldwag (who was with us for a few months). We also said goodbye to Deborah Harris-Ugbomah, non-executive director.

Finally, we would also like to acknowledge the overwhelming response of volunteers and the charitable donations given to Whittington Health's Coronavirus Relief Fund, either by local people or organisations during the considerable challenges of the coronavirus pandemic, to help support our staff.

Siobhan Harrington
Chief Executive

Baroness Julia Neuberger DBE
Chair


HELPING local people LIVE
longer healthier lives!
NHS
Whittington Health
self
management
VIBRANT &
COMPLEX

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. We provide dental services in 10 boroughs. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2020/21. 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.

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

This strategy was created with the engagement of staff, the 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
- 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

This year we refined our service priorities around our population needs: Integrating care in all settings with emphasis on women, children and the adult frail.

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

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

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

Highlights and achievements

We 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. Through the pandemic, the integrated nature of our services was invaluable. Patients were supported to be at home where they could and only came to hospital when absolutely necessary. Here are a few of the many highlights of the year and achievements of our staff:

- We have received the **Capital Midwife quality mark** for successfully embedding and implementing the Capital Midwife Pan-London Preceptorship Programme Framework. This is the first time the quality mark has been awarded by Capital Midwife, and midwives now join our colleagues on the general side, as they have achieved the Capital Nurse Preceptorship Framework quality mark.
- Our first ever **Registered Nurse Degree Apprentices** have been appointed. We have one on the full programme and six on the two year top up from either the nursing associate or assistant practitioner qualification
- **Michelle Johnson**, our chief nurse and director of allied health professionals, received an **MBE** in the Queen's New Year's Honours' list. Furthermore, from January 2021, she was also appointed as the chief nurse for Camden and Islington NHS Foundation Trust
- **Siobhan Harrington** was appointed as co-chair of the **NHS London People Board** to help drive priorities for the current and future NHS workforce
- An **estate strategy** and strategic outline case for the development of our acute and community-based sites was approved by the Whittington Health Board
- **Cellier**, our post-natal ward, **reopened** in July 2020 following a complete refurbishment in collaboration with staff and parents who had their baby with us
- We completed work with University College London Hospitals NHS Foundation Trust (UCLH) to create an **orthopaedic hub** for the south of North Central London
- **Wingfactors** won first place for a submission of their work at Whittington Health to the Airway Management Conference
- **Simmons House Adolescent Unit** (Children and Young People Services ICSU) was fully accredited by the Royal College of Psychiatrists' Quality Network of Inpatient CAMHS units (QNIC) in September 2020
- From 1 October 2020, the **North Central and East London Child and Adolescent Mental Health services** (CAMHs) provider collaborative went live. This initiative helped ensure that the four CAMHs inpatient units across North Central and North East London worked more closely together on reducing variation and improving outcomes for young people
- Being **annual Health Service** shortlisted for the **Journal Integrated Care Partnership of the Year** award in recognition of our outstanding contribution to healthcare by integrating its services with local councils, primary care services and the voluntary sector to create healthier, more resilient communities
- Playing a central and engaged role in development of a **Provider Alliance** for North Central London covering acute, community and mental health to improve

health for the population we collectively serve and to improve the quality and to reduce the cost of health services (for patients, residents, and staff)

- The Camden Learning Disability Service won the **Royal College of Psychiatrists' Psychiatric Team of the year: Intellectual Disability award,** recognising their outstanding commitment to community-based support for people with learning disabilities and their families. The service is an integrated venture between the London Borough of Camden, Camden and Islington NHS Foundation Trust and Whittington Health
- **Black History Month was marked** by a culture day, performance and arts and discussions about inspirational black heroes. In the final week of October 2020, Whittington Health's black, Asian and minority ethnic (BAME) staff network launched the **'See Me First' badge.** This is a Trust initiative underlining the organisation's commitment to treating all BAME staff with dignity and respect. **It was shortlisted for outstanding achievement of the year in the National BAME Awards.** The badge was developed by Paul Attwal of the BAME Staff Network. By displaying the See Me First Badge, the wearer, is showing their commitment to Whittington Health's values and echoes the sentiment of Dr Martin Luther King Jr that people should 'not be judged by the colour of their skin, but by the content of their character'
- In the same month, the Board of Directors of Whittington Health agreed the following statement to affirm its commitment to promoting equality, diversity and inclusion:

> *"The Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation."*

- Whittington Health entered an **imaging network** with other NHS trusts in North Central London following successful collaboration during recovery from the first pandemic wave.
- We implemented a **Maternity Transformation Programme** to improve maternity services for local women. We also carried out a self-assessment against important recommendations issued by the Ockenden review of maternity services at Shrewsbury and Telford NHS Trust
- Through the **procurement of ambulatory hysteroscopy equipment**, we significantly improved patient experience, waiting times and assisted elective recovery by offering a procedure in an outpatient setting under local anaesthetic, which would otherwise have been done under general anaesthetic in theatres
- By working closely with commissioners, the GP Federation and other North Central London hospitals we helped to establish a **gynaecology single point of access** so that routine referrals for patients in Haringey and Islington are now sent to the gynaecology collaborative for triage. This enabled patients to be seen quicker and be given appointments in the community, where appropriate
- **Pathology services** successfully implemented a Covid-19 fast track service and was one of the first NHS laboratories to implement a pooling strategy for **polymerase chain reaction** (PCR) testing to increase capacity. We partnered with North West London Pathology as part of the 'London 1' network Covid-19

response. We also supported the national Public Health England SIREN study by delivering staff PCR and antibody testing

- Our **Pharmacy services' team** was excellent and can highlight a number of achievements last year in which they:
  - established a pharmacy transformation programme (Phoenix) post-pandemic to capitalise on the learning identified
  - supported local intensive care teams and the London Nightingale Hospital during Covid-19 peaks with the drawing up of key intravenous medicines
  - helped establish and deliver a hospital vaccination hub and an external large scale vaccination centre in the community
  - were shortlisted for a Health Technology News award for leading on the increased use of electronic outpatient prescribing across all disciplines to support virtual clinics and the provision of medicines to outpatients
  - set up arrangements for the local delivery of medicines with the support of volunteers, postal and courier services to ensure patients received their medicines throughout lockdowns and Covid-19 surges
  - introduced an in-situ simulation programme, with observation from airline pilots with human factors' expertise. This programme was nominated for a Health Service Journal award
- The **outpatient letter quality improvement project** started to improve the accessibility of clinic letters for patients. There were successful outcomes against the quality criteria, and the project is now being rolled out more widely across Whittington Health
- A **blood transfusion awareness campaign** launched in October 2020 and the emergency and integrated medicine integrated clinical service unit achieved 100% for training of nurses on Care of Older People wards on blood transfusions
- Baseline exercises around mobility were completed as part of the hospital deconditioning project, to identify areas for targeted improvement in 2021/22
- In partnership with providers in North Central London, we established a **southern paediatric hub** from September 2020 to April 2021. The hub itself had several successes, including:
  - having an overall paediatric emergency department performance against access standards of over 94%, with over 80 attendances per day on average
  - The effective bringing together of clinical teams from all three sites, including 77 nurses, 4 allied health professionals, 12 health care assistants, 96 medical staff, and 7 teachers alongside Whittington Health's existing team's expanded inpatient capacity from 19 to 25 beds plus 8 paediatric short stay unit beds, with an average bed occupancy of 17.5 on the inpatient ward
  - The treatment of an average of 3-4 child and adolescent mental health services (CAMHS) inpatients at any one time, with an increase in presentations, but no increase in waiting times
  - The offer of a seven-day discharge service and improving discharges which helped to keep ward occupancy at a steady state
  - Long-term benefits for children across North Central London, including the establishment and agreement across all providers for a robust urology pathway and a hub model for the paediatric mental health team
- Despite the challenges of the pandemic, staff in the children and young people's services integrated clinical service unit continued to improve, innovate and

received external accolades for high quality services provided for the local population. In particular, they were able to highlight the following:

- A staff nurse from acute paediatrics won the Royal College of Nursing's black, Asian and minority ethnic (BAME) Rising Stars Award
- The paediatric oncology shared care unit service was nominated by a family and won the Solving Kids' Cancer Award
- Our children's community nursing services were finalists in three categories in the Nursing Times' Awards: children and young people; long term conditions; and team of the year
- Our Paediatric Oncology Shared Care Unit met the criteria to become a leukaemia trial site

- In **Adult Community Services:**
  - We rapidly redeployed our community staff to support urgent and essential care during the pandemic surges this year and our teams supported the critical care unit, hospital wards, district nursing, rapid response and community rehabilitation teams
  - Our community teams delivered all of the **Covid-19 vaccines in all care homes** and to housebound residents across the London Boroughs of Haringey and Islington
  - We successfully and rapidly implemented virtual appointments across all adult community services since the first Covid-19 surge and we ran very successful virtual groups for areas such as weight management and the expert patient programme
  - We were shortlisted for the **Health Service Journal's Value Awards** for our Virtual Appointments project within the musculoskeletal physiotherapy service
  - In March 2020, we were the first trust in North Central London to establish and run Covid-19 monitoring via our **virtual ward** to keep patients safe at home
  - During the summer of 2020, the service established a Covid-19 remote monitoring service.
  - The **rapid response virtual ward service** (RRVW service) saw a total of 5,400 new patients between April 2020 - March 2021 and completed 14,198 patient visits
  - December 2020 saw a sharp increase in referrals to the service. Between 1 January 2021 and 31 March 2021, remote monitoring enabled the RRVW to successfully manage a total of 199 patients with Covid-19. The team were supported by repurposed staff from many other community services to help manage the increase in activity; this involved teaching patients to use self-monitoring equipment which the RRVW supplied and telephoning the patients 1-2 times per day to monitor symptoms. Any concerns resulted in a face-to-face visit by the RRVW service
  - In addition, the team managed 5,201 patients without covid but with higher acuity needs than pre covid times, as many patients were reluctant to attend hospital.
  - We piloted **remote smartcards** to allow our district nurses and other community staff to write their clinical notes in real time, improving and streamlining patient care

- To support our staff coping with such a challenging year, we sponsored a community version of 'In Our Own Words' which created a theatrical performance and reflection space from interviews with our own staff, thanks to the Wake the Beat Theatre Company
- We undertook an internal restructure to create **new Care Groups** to allow us to continue our journey to integrate with partners and improve the seamlessness of patient care
- We **worked with partners across the North Central London** sector to set up new services to support local residents with post-Covid syndrome

- The programme management office team became a **Quality Improvement award winner** for their vital role delivering the virtual consultation platform, Attend Anywhere. At the height of the Covid-19 pandemic, 40% of our outpatient activity was delivered through video consultations
- In enhanced care, there was a **44% reduction** in **the use of agency staff to 0%**, through the recruitment by June 2020 of a team of 14 substantive enhanced care healthcare assistants
- There was also a notable reduction in the number of patients needing to attend our fracture clinic in-person by moving referrals to a **virtual fracture clinic**. Implementing this virtual fracture clinic meant there was an 80% reduction in in-person fracture clinic appointments, resulting in 2,200 fewer in-person attendances a year
- In our **emergency and integrated medicine integrated clinical service unit**, we can cite the following:
  - The most recognised achievement of 2020/2021 was the response to the Covid-19 pandemic. The multi-disciplinary team came together to provide safe care for patients both suffering from Covid-19 and those who were not. It was an exceptional response which centred on teamworking, respect and the shared vision of **patient safety**
  - The pandemic was a driver behind the **rapid transformation of outpatient services**. There was an increase in virtual appointments with the introduction of Attend Anywhere. **Referral pathways were streamlined** with the result that patients spent less time at appointments and received their results sooner
  - A key achievement of 2020 was the **recovery of the endoscopy backlog** following the first surge of Covid-19. Whittington Health ensured all patients waiting were seen as soon as possible following the release of lockdown and also offered mutual aid to NHS providers in the North Central London sector. Our collaborative work with the Royal Free London NHS Foundation Trust and University College London Hospitals NHS Foundation Trust provides a great opportunity for Whittington Health to become a leader in gastroenterology and endoscopy services in North Central London
  - The implementation of an advanced training course during 2020/2021 upskilled a number of nurses on each ward to be able to look after level 2 patients. This initiative had a great benefit to patient safety but also the development of staff
  - The care of older persons unit opened a **new dementia friendly room** on Cavell ward which is decorated like a garden shed. This area allows patients to feel at ease whilst they are on the ward and gets them out of bed and into a more relaxed environment. It is full of activities, which are clinically proven to

help patients with dementia, to keep patients relaxed during their stay on the ward
    - A **new home infusion service for vulnerable thalassemia patients** was set up during the first wave of Covid-19 which delivered accessible care for those who needed it the most. The service meant that patients did not need to visit the hospital site for their transfusion and could stay in the safety of their own home with a practitioner visiting them
    - Following a patient's hospital discharge or a community diagnosis of Covid-19, the respiratory department set up a referral pathway to be able to **follow up any patients with lasting effects from Covid-19**. Over time, this developed into a sector wide approach which promotes collaborative working across trusts for patients within North Central London
- Our **surgery and cancer integrated clinical service unit** can highlight the following successes:
    - While all services were greatly affected by the pandemic the clinical service unit responded quickly and worked tirelessly to align practices to local and national guidance around patient safety. This meant that staff had to adopt to new ways of working and communicating to ensure that patients continued to receive the care and treatment they required and a positive patient experience
    - **Our critical care unit** extended their capacity during the first surge to deal with the pandemic peak. This required large numbers of staff to be re-deployed from other areas and specialities to assist with the delivery of patient care
    - Learning from the first surge was consolidated and provided a more informed position for the second surge. The practice development team set up a **level 2 high dependency unit course** and 6-week level 3 course for nurses to increase their skills for caring for critically unwell patients
    - Staff support formed an integral part of the recovery and preparation for the second surge and the critical care unit introduced **drop-in psychological sessions** for staff
    - As a 'no visitor' policy was implemented, alternative ways of communicating with patient's relatives were used. Staff used available technology so that loved ones could continue to **communicate with the patient virtually**. The clinical psychology team were also able to support patient's families via support calls
    - Patients in the critical care unit had a **diary** completed by staff. This provided an insight to the patient and their relatives in non-medical language as to what happened that day. The diaries were particularly useful during this time and have been well evaluated by patients
    - Elective in-patient and day case surgery were suspended during both pandemic surges and our recovery area became an extension of critical care. Elective caesarian-section lists continued during the pandemic
    - We worked in **collaboration with the independent sector** so that patients who required urgent surgery, particularly for cancer, continued to have surgery
- Elective in-patient surgery started its recovery programme in July 2020 following the first surge and then again in April 2021 following the second surge. This required a huge effort to **re-design theatre processes and create new patient pathways** to ensure patient safetyTheatres also developed a **new and safer anaesthetic checklist system** with support from project wingmen and in response to Care Quality

Commission recommendations. The checklist is in use and being led by the anaesthetic team

- As part of recovery, **Bridges ward opened** in early September 2020. This helped to increase capacity to accommodate the increase in patients requiring day case surgery and to support colleagues in endoscopy to accommodate their requested increase in capacity
- An **electronic patient questionnaire** was introduced to allow for the triage of patients and to reduce the need for face-to-face appointments. The on-line pre-assessment form is emailed to patients to complete and return for review and to determine if the patient needed to be seen or could be approved for surgery
- Mercers ward changed speciality to become a Covid-19 ward during the first surge and likewise Coyle was converted during the second surge with an increased bed capacity. Both wards did an amazing job under the leadership of their ward managers to deliver safe and quality care to these groups of patients in such challenging circumstances. Mercers has now been reconfigured to accommodate elective work following changes across North Central London
- Clinical services continued without reductions or rationalisation of treatments in the second wave. The team dealt with patients who are more complex, more frequently with advanced disease at diagnosis and a higher incidence of anxiety and or psychological needs associated with extended isolation and pandemic fears. The chemotherapy suite was relocated to Eddington ward when the local wards began to admit patients with Covid-19
- The **chemotherapy service** rapidly implemented a patient and staff swabbing protocol. Weekly meetings within North Central London's chemotherapy teams supported shared learning around patient safety and the early recognition of care and service delivery risks and opportunities to access mutual support
- The **colorectal stratified pathway** was audited and evaluated positively. Plans are in place to commence the stratified pathway within breast services
- In March 2020, Whittington Health was one of the first trusts to set up **urgent dental hubs,** across North Central and North West London, for patients who had no access to a dentist. We saw patients from all over London (and beyond) and treated a steady stream of people with pain, trauma, or infection. From June 2020, we ran routine dental services, and by October were hitting nearly 90% of pre-pandemic activity in our community settings. Our elective general anaesthesia lists also restarted providing crucial access for high priority children
- In the winter surge, as in the first wave, dental staff were redeployed into critical care, and the community dental services again carried on. We were innovative: from treating more people under sedation than ever before, to swabbing pre-operative patients at home, and **developing access for marginalised group** such as the homeless. Finally, we have worked closely with colleagues at University College London Hospitals NHS Foundation Trust in the recovery to further develop our clinical networks
- Operational management teams worked hard to manage growing waiting lists for treatment. Medical staff were used very well across specialities, and teams supported each other to deliver surgery across four different locations all with slightly different ways of working at each different site. The key to success was integration and communication with other NHS providers across NCL and other areas to optimise patient care
- We rolled out **digital clinical notes** for inpatient services from admission in the emergency department through to discharge from the ward. This means our patients'

clinical notes can be located quickly and can be used by the different members of staff to aid safe effective care

- Staff can now access their patients records with a single log in through **Careflow Workspace**. This saves staff time from having to log into separate systems for each patient they see. This saved time is then redeployed to patient facing care on the front line
- With the deployment of the innovative **Patient Flow** solution on our wards, staff can ensure they give consistent excellent care and facilitating safe and swift discharge back to their home

PERFORMANCE

How we measure performance

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

2020/21 Performance outcomes and analysis

As part of the response to Covid-19, NHS England and Improvement agreed to pause or stop collecting monitoring data for some national indicators. The impact of the pandemic on many performance indictors has been significant.

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

Table one: At a glance performance against national targets in 2019/20 and 2020/21

Admissions	Actuals 2019/20	2020/21 Adjusted (*some figures using M11 data again for M12)	% difference
Non-Elective Admissions	16,406	15,578	-5.0%
Elective Admissions	2,257	986	-56.31%
Day Case	21,931	14,639	-33.25%
ED attendances	107,600	83,477	-22.42%

Face to Face Patient Contacts	2019/20	2020/21	% Difference
At our hospital	545,027	447,108	-17.97%
In the community	749,104	385,373	-48.56%
Total	**1,294,131**	**832,481**	**-35.67%**

Community	2019/20	2020/21	% Difference
Community Nursing Visits	296,466	227,159	-23.38%
Physio Appointment	84,775	2,577	-96.96%
Health and School Nurse Visit	87,876	31,707	-63.92%
Dental Appointment	41,432	31,340	-24.36%

Safe – people are protected from abuse and avoidable harm	2019/20		2020/21		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	6	<16	12	
Actual falls	400	409	400	370	
Harm Free Care (%)	>95%	92.78%	>95%		No longer reported
Non-Elective C-section rate (%)	<19%	22%	<19%		No longer reported
Medication errors causing serious harm	0	0	0	1	
Incidence of MRSA	0	0	0	2	
Never Events*	0	6	0	1	
Safety Incidents	N/A	21.5	N/A	17	
VTE risk assessment (%)	>95%	96.30%	>95%	79.40%	
Mixed sex accommodation breaches	0	30	0	0	Suspended through pandemic

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2019/20		2020/21		
KPI description	Target	Outcome	Target	Outcome	
Breastfeeding initiated	>90%	91.72%	>90%	91.50%	
Smoking at delivery	<6%	4.90%	<6%	5.20%	
Non-elective re-admissions within 30 days	<5.5%	5.30%	<5.5%	6.17%	
Hospital standardised mortality ratio rolling within 12 months	100	89.3	100	89.5	Dec 2019 – Nov 2020
Hospital standardised mortality ratio rolling within 12 months (weekend)	100	87.4	100	87.7	Dec 2019 – Nov 2020
Mortality rate per 1000 admissions in-months	14.4	8.1	14.4	11.3	
IAPT Moving to Recovery	>50%	56.70%	>50%	46.70%	Apr 2020 – Mar 2021
% seen within 2 hours of referral to district nursing night	>80%	94.20%	>80%	93.50%	
% seen within 48 hours of referral to district nursing night	>95%	96.00%	>95%	95.10%	
% of MSK patients with a significant improvement in function	>75%	92.70%	>75%	91.50%	May 2020 - Jan 2021
% of podiatry patients with significant improvement in pain	>75%	87.80%	>75%	94.70%	Apr 2020 – Dec 2020
% weight loss achieved at discharge	>65%	71%	>65%	78.90%	Jun 2020 - Jan 2021

Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	2019/20		2020/21		
KPI description	Target	Outcome	Target	Outcome	
Emergency department – FFT % positive	>90%	81%	>90%	86.60%	Dec 2020 - Mar 2021
Emergency department – FFT response rate	>15%	12%	>15%	10.40%	Dec 2020 - Mar 2021
Inpatients – FFT % positive	>90%	97.50%	>90%	96.60%	Dec 2020 - Mar 2021
Inpatients – FFT response rate	>25%	21.90%	>25%	11.20%	Dec 2020 - Mar 2021
Maternity - FFT % positive	>90%	94.70%	>90%	99.60%	Dec 2020 - Mar 2021
Maternity - FFT response rate	>15%	42%	>15%	6.00%	Dec 2020 - Mar 2021
Outpatients - FFT % positive	>90%	94.40%	>90%	95.80%	Dec 2020 - Mar 2021
Outpatients - FFT responses	4400	4454	4,400	476	Dec 2020 - Mar 2021
Community - FFT % positive	>90%	95.70%	>90%	99.20%	Dec 2020 - Mar 2021

Community - FFT responses	16,500	8398	16,500	789	Dec 2020 - Mar 2021
Trust Composite FFT - % recommend	>90%	90.80%	>90%	92%	
Staff FFT - % recommend	>70%	76.40%	>70%	74.80%	
Complaints responded to within 25 working days	>80%	82.00%	>80%	80.30%	

Responsive - organising services so that they are tailored to people's needs	**2019/20**		**2020/21**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department waits – 4 hours	>95%	83.80%	>95%	87.40%	
Median wait for treatment (minutes)	<60 mins	79 mins	<60 mins	45	
Ambulance handovers waiting more than 30 minutes	0	561	0	143	
Ambulance handovers waiting more than 60 minutes	0	50	0	26	
12 hour trolley waits in A&E	0	89	0	20	
Cancer – 14 days to first seen	>93%	94.60%	>93%	94.80%	
Cancer – 31 days to first treatment	>96%	99%	>96%	97.70%	
Cancer – 62 days from referral to treatment	>85%	84.00%	>85%	69.90%	
Diagnostic waits (<6 weeks)	>99%	99.20%	>99%	72.10%	
Referral to treatment times waiting <18 weeks (%)	>92%	92.10%	>92%	65.20%	
Referral to treatment time over 52 weeks	0	2	0	1324	Number of patients waiting over 52 weeks at the end of March 2021

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	**2019/20**		**2020/21**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Staff appraisal rate (%)*	>90%	74.30%	>90%	64.90%	
Mandatory training rate (%)*	>90%	81.60%	>90%	79.40%	
Permanent staffing WTEs utilised	>90%	88.20%	>90%	88.50%	
Staff sickness rate (%)	<3.5%	3.53%	<3.5%	4.39%	
Staff FTT – recommending the Trust as a place to work	>50%	59.80%	>50%	66.30%	
Staff turnover rate (%)	<10%	10.70%	<10%	10.10%	
Vacancy rate against establishment (%)	<10%	11.80%	<10%	11.50%	

As shown above, outcomes against several targets were significantly affected by the Covid-19 pandemic and resulted in a lower-than-expected performance. In particular, the following should be noted:

- Activity across all points of delivery saw significant reductions in numbers, with elective admissions (including day cases) and community services seeing the biggest fall
- There was an increase in the number of incidences of clostridium difficile, however, performance remained below target

- The number of Never Events reduced to 1, compared to the previous year
- While our mortality rate increased as a direct consequence of the pandemic, it remained ahead of target
- Covid-19 adversely impacted on all our community services which were stepped down during the first pandemic wave following a national instruction from NHS England. Last year saw increases in the backlog of patients, reduced clinical availability and increased inflating waiting times. Community services' staff were also redeployed to support the pandemic itself and the vaccination programme.
- Data submission and publication for the friends and family test was restarted for acute and community providers from December 2020, following the pause during the response to Covid-19
- Improvements took place in our emergency department and included a reduction in the numbers of ambulance handover waits for both 30 minutes and 60 minutes. However, we continued to deliver performance just below the 95% target against the four-hour access standard
- There were 20 12-hour trolley wait breaches in 2020/21. Eight of these were mental health breaches. The 12 non-mental health breaches happened during a two-week period at the peak of the pandemic during January 2021
- Performance against the national diagnostic waiting target was not achieved
- Two out of three of the cancer performance indicators were achieved, however, performance against the 62-day target was not compliant.
- There was an increase in patients waiting over 52 weeks since their referral to treatment. This was directly related to the pandemic and the overall reduction of elective patients being treated. All patients waiting over 52 weeks were of clinical low priority and were clinically reviewed to ensure no patient came to harm
- The staff sickness absence rate was higher than the expected target with sickness with the pandemic being the main contributor of the increase
- We continued to improve on or maintain staff turnover rates and vacancy rates, but struggled to deliver the required staff appraisal and mandatory training rates' targets

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, twice a month to the Trust's Management Group, monthly to respective Integrated Clinical Service Unit (ICSU) Boards, regularly to board committees, monthly to the Trust Board itself and are monitored and reviewed through quarterly performance reviews with the ICSUs. All reports are discussed at these meetings to identify reasons for any underperformance, as well as reviewing progress of any remedial action plans put in place. The Trust continues to review performance to ensure we continue to monitor the things that matter to the delivery of high-quality care.

STATEMENT OF FINANCIAL POSITION

Spending on agency and temporary staff

The Trust was set a very challenging agency cap target by NHS Improvement of £8.8m for 2020/21, the same as it was for 2019/20's outturn. The Trust ended the financial year £0.5m below the cap. The Covid-19 pandemic meant that normal patterns of usage could not be relied upon, but there was a marked shift towards the use of bank staff, which impacted on our agency spend.

The Trust is aware that maintaining and improving our performance in relation to the use of agency and temporary staff is fundamental to delivering high quality care and financial sustainability. Following Trust's transfer of its temporary staff management to Bank Partners in June 2019, Whittington Health has continued to develop other measures to monitor and control agency usage.

Financial position

The Trust agreed a deficit plan of £3.89m for the period September to March 2020/21. The Trust reported a breakeven position from April to September 2020/21 in line with the guidance from NHS Improvement. Arrangements in place throughout the year meant that additional funding previously available was not so in 2020/21 through the provider sustainability fund, the financial recovery fund, and the marginal rate emergency tariff. The Trust delivered a £0.05m surplus for 2020/21 after adjustments for fixed asset impairments and Covid-related donations of assets and inventory. This was £3.9m better than plan.

This means that the Trust has either delivered or performed better than plan for six consecutive years. While the Trust has been able to meet its financial targets for the year, 2020/21 was not been a typical year. As longer-term financial arrangements become more stable, it is intended that this longer-term financial security will be maintained.

Going concern and value for money

As with previous years, the 2020/21 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 2021, which indicated effective arrangements in the use of resources and a positive trend in financial results. However, as a Trust we continue to face a challenging financial future. Pay expenditure exceeded our budgeted level by £17.6m last year. The main

driver for the overspend on pay was additional expenditure incurred due to the pandemic offset by additional income.

Non-pay expenditure exceeded budgeted levels by £17.1m. The principal movements behind this were the utilisation of donated consumables for the Trust's Covid response, offset by income; impairments relating to revaluation of the Trust estate; and, additional costs incurred relating to the pandemic offset by income.

Cash

The Trust was in a strong cash position throughout 2020/21 and ended the financial year with £61.5m in cash. This was £34.1m higher than at the end of 2019/20 and resulted from the receipt of public dividend capital (PDC) funding through the year and strong collection rates on debt from both NHS and non-NHS organisations.

During the year, the majority of the Trust's loans were converted to PDC issued by the Department of Health & Social Care. In addition, the Trust received a number of PDC amounts concerning capital schemes.

The Trust is not anticipating any significant cash issues in 2021/22 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 £21.3m, which matched our Capital Resource Limit. (The Trust retained £0.1m of Covid-related donated assets as at the year-end.) Notable schemes within these levels of spend were investments in the Whittington Education Centre, updates to information technology and hardware, and assets relating to the Trust's Managed Equipment Service.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £18.9m. This was £25.7m lower than in 2019/20. These decreases were driven by lower levels of NHS receivables from clinical commissioning groups as the Trust (and the wider NHS) moved to block contracts because of the Covid-19 pandemic. 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 £52.4m. This was £0.9m higher than in 2019/20. Overall, creditor performance decreased slightly compared with the previous year. The Trust paid 80% of the value of invoices within 30 days, compared with 87% in 2019/20. Non-NHS performance improved slightly to 87.5% while NHS performance fell to 30.4% due to the additional administration effects of paying bills outside of block contracts during the pandemic.

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement below. For the purposes of this annual report, the key risks on our 2020/21 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 and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the emergency department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services
Patients on a diagnostic and/or treatment pathway (elective and community) at risk of deterioration due to insufficient capacity to restart enough elective surgery and other services (as a result of Covid-19 Infection Prevention & Control guidance), resulting in further illness, death or the need for greater intervention at a later stage.
Lack of attention to other key clinical performance targets, due to other Covid-19 priorities, or reduced capability, leads to deterioration of service quality and patient care.
Lack of sufficient staff, due to second Covid-19 results in increased infection rates and increased staff absence, or the impacts of the UK's exit from the EU lead to increased pressure on staff, a reduction in quality of care and insufficient capacity to deal with demand.
Psychological and physical pressures of work due to Covid-19 impact and lower resilience in staff, resulting in a deterioration in behaviours, culture, morale and the psychological wellbeing of staff and impacts adversely on staff absence and the recruitment and retention of staff.
Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources, leads to disengaged staff and higher turnover.
The reconfiguration of pathways or services, due to Covid-19 restart pressures, political pressures, or provider competition, results in some Whittington Health services becoming fragile or unsustainable, or decommissioned and therefore threatens the strategic viability of the Trust

Failure to effectively maximise the opportunity through system working, due to a focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways. The progress made on integration with partners is put back, due Covid-19 pressures, and a system focus on acute pathways, resulting in benefits previously gained being lost.
The health and wellbeing of the population is made worse, due to the lack of available investment or focus on ongoing care and prevention work, resulting in demand after the Covid-19 outbreak being considerably higher than pre-Covid-19.
Covid-19 cost pressures are not collected properly and or not funded properly, due to poor internal systems, lack of funding or prioritisation of other trusts' need, and as a result our underlying deficit worsens
Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital Unequal investment in services, due to lack of clarity over the NHS funding regime and other trusts taking opportunities, or rushed decisions, leads to a mismatch of quality of provision for our population and delay, reduction, or cancelling of key investment projects for the Trust
Failure to transform services to deliver savings plan, due to poor control or insufficient flexibility under a block contract, results in adverse underlying financial position, and failure to hit control total, that puts pressure on future years investment programmes and reputational risk
The stopping or delay of existing transformation projects (e.g. orthopaedics / pathology / localities / maternity / estates), due to the focus on immediate issues around the Covid-19 restart, results in savings and improvements to patient care, not being realised

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 UK's departure from the European Union.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued on its journey through the Better Never Stops initiative and the newly formulated Quality Improvement faculty to continually improve the quality of our services and the experience of the people who use our services.

In the last year the Trust focussed on supporting and preparing staff and services to deal with the Covid-19 pandemic. There has been an enormous nationwide approach to this which has presented its own challenges. The executive team has tried to be as supportive and visible as possible, during what has been a very challenging time for patients and staff.

The accountable officers for quality are the medical director and the chief nurse and director of allied health professionals; for quality assurance, the lead officer is the chief nurse and director of allied health professionals.

Registration with the Care Quality Commission

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2020/21.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services. The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's *Safe* domain.

	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

Due to the Covid-19 pandemic in 2020, a number of the actions were put on hold and some have now been superseded by amended pathways and new ways of working developed in light of the pandemic. The CQC action plan remains a focus for improvement through the Trust's Better Never Stops programme.

During 2020/21, the CQC's approach to inspection and monitoring adapted to meet the challenges of the pandemic, and supported Trusts. Regular meetings were held with our CQC Relationship manager during 2020/2021 and mainly focused on the following:

- Staff wellbeing and support (during and post Covid-19)

- Restarting elective services
- Serious incident investigations and CQC enquiries
- Infection prevention control and personal protective equipment

A Covid-19 vaccination monitoring assessment call with the CQC took place on 5 March 2021 in relation to the vaccination hub where Whittington Health NHS Trust is the provider. This went very well and significant assurance was given by the CQC in relation to this.

Quality priorities

Our quality priorities, as set out in the Quality Account, are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care.

2020/21 brought unprecedented challenges and ensuring patient safety, while providing a good patient experience and positive outcomes throughout the pandemic has been our top priority. Whittington Health recognises that to achieve sustainable improvement, projects needed to be long-term and effectively-monitored so that the priorities set in 2020 continued as part of a three-year improvement plan:

- 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

Key achievements from 2020/21 included:

- The introduction of an in-situ simulation programme, with observation from airline pilots for human factors expertise. This programme has been shortlisted for a Health Service Journal award
- An outpatients' letter Quality Improvement project commenced to improve the accessibility of clinic letters for patients. There have been successful outcomes against the quality criteria, and the project is now being rolled out more widely across the Trust
- A blood transfusion awareness campaign was launched in October 2020 and the emergency and integrated medicine ICSU trained 100% of nursing staff on our care of older people wards for blood transfusion
- A baseline exercise around mobility was completed as part of the hospital deconditioning project, to identify areas for targeted improvement in 2021/22

Freedom to Speak up Guardian

The Trust is pleased to report that the Freedom to Speak Up Guardian (FTSUG) for Whittington Health is now firmly established, is well known and respected across the Trust and maintains a high level of visibility across the hospital and community sites, and across many professional groups. During the year, the Guardian focused work on supporting staff and services impacted by the Covid-19 pandemic. To maintain the Trust's requirements for infection prevention and control precautions (including social distancing and supporting colleagues working remotely or shielding), new ways of raising concerns were established such as phone call appointments and virtual meetings. The Guardian continues to work closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. The Guardian offers constant supervision and support to consolidate the network of Speak Up Advocates which was successfully established last year. Currently the network has 33 Advocates, across job roles and services, trained to actively listen to colleagues raising concerns.

In March 2021, the NGO (National Guardian Office) published the results of the annual survey of the Freedom to Speak Up Guardian network. The report reviews NHS providers' responses and activity in support of speaking up within organisations. It included a survey of Guardians across the NHS and the response is an improving one. For example, the Guardians' perceived that overall, the speaking up culture is improving, with 84% of respondents feeling that the speaking up culture in their organisation had improved in the last twelve months.

The NGO Freedom to Speak Up Index for 2020 is a key metric for organisations to monitor their speaking up culture. Following the data that was captured in the 2019 NHS staff survey, the Trust is incredibly pleased to have improved its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the top ten most improved Trusts in England for 2019. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and improvements year on year. It is noted in the Index that fostering a positive speaking up culture is a key leadership responsibility and that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission.

In June 2020, the Trust's Board received the case review of past Freedom to Speak Up cases undertaken by the NGO. There is an action plan in place to take forward the recommendations highlighted. The areas for development included adopting national changes to the Trust's policy on speaking up; ensuring that arrangements are in place for thanking and giving feedback to those who did speak up; and improving the process for managing grievances. Much of this has been completed and a new grievance policy was introduced earlier this year and training delivered for 80 mediators to support managers and staff.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused around a new NGO Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up.

PATIENT SAFETY

Serious incidents

The Serious Incident (SI) 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 SIs 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 2020/21 there were 17 serious incidents reported on STEIS. This is a reduction on the 32 incidents reported in both 2019/20 and 2018/19.

A bi-annual SI report for 2018 – 2020, reviewing themes and trends, was presented to the Quality Assurance Committee in July 2020. This report highlighted that the number of SIs has steadily reduced from 1.1% of all incidents in 2015/16 to 0.4% in 2019/20, reflecting both an increase in incident reporting as part of Whittington's open patient safety culture, as well as improvements in patient safety. In line with the National Patient Safety Strategy, the focus is on learning from investigations and implementing recommendations, with measures such as round table discussions, process mapping exercises and aggregated themed reviews.

Due to the Covid-19 pandemic, some changes were made to streamline the SIEAG review process. The SIEAG Panel continued to meet throughout the pandemic, with a focus on immediate actions to mitigate patient safety risks. Investigation reports are now reviewed by a designated Executive Lead with the key learning shared at the Panel, which has reduced administration without reducing the quality of reports. Nationally, timeframes for SI reports were removed; however, the Trust continues to work to completing investigations as soon as is practical.

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, and '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.

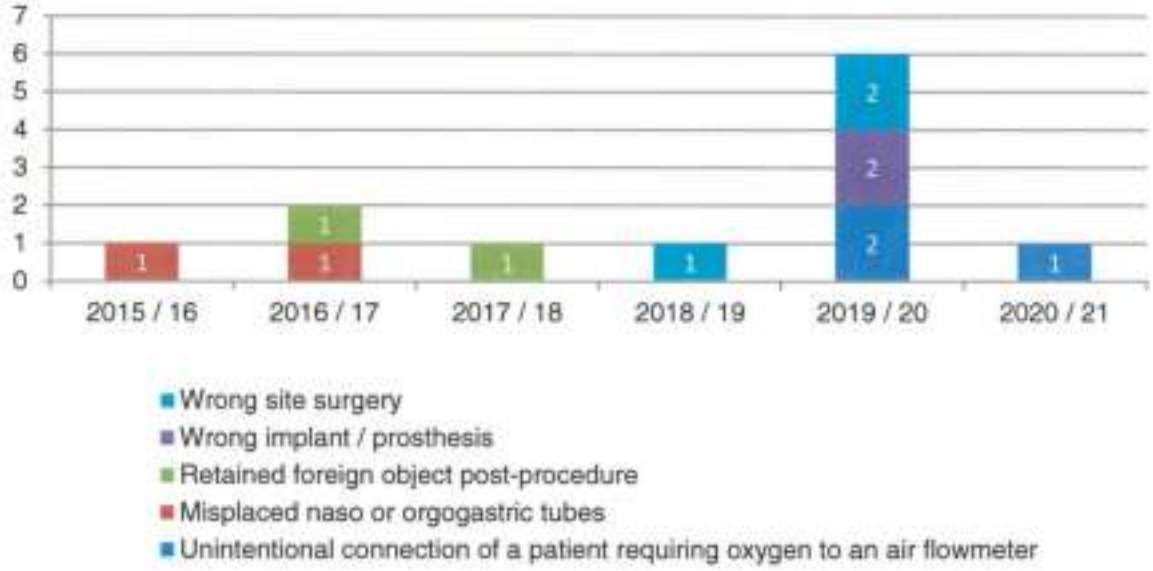
Never Events

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 2020/21, the Trust declared one Never Event (this was reported in March 2020 and declared as a SI meeting Never Event criteria in April 2020, following review at SIEAG), a decrease from last year (six Never Events reported in 2019/20).

The Never Event related to an incident in the emergency department during the first wave of Covid-19, where a patient requiring oxygen was inadvertently connected to air. The incident occurred because an air flowmeter had been left in-situ. As a consequence of this incident, the emergency department switched to the use of air compressors and the air ports have been securely capped, removing the risk. A further review of the 'air flowmeter risk assessment' was carried out Trustwide, and a number of additional clinical areas identified as suitable for switching to the use of air compressors, with the air ports semi-permanently blocked off. Any areas where air flowmeters are still clinically necessary have regular local checks in place to monitor compliance and a monthly Trustwide oxygen / air flowmeter audit. This incident did not result in any harm to the patient involved.

Never Events reported by Whittington Health 2015-2020



A detailed review of Never Events from 2019/20 was carried out as part of the bi-annual SI themed report (2018-20) in 2020/21 which highlighted a number of issues to address, in particular the recognition of human factors and the need to make systems robust to mitigate the risk of human error. In addition to practical changes as a result of the Never Events, which provide physical barriers to human error (for example, removal of reconstruction plates from instrument trays and blocking off air

ports in clinical areas), the Trust has introduced an in-situ simulation programme using airline pilots as human factors experts to observe practice. This has increased awareness and understanding of human factors, and the identification and early actioning of latent safety threats, preventing future harm.

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 2020 to 31 March 2021, 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 2020 to 31 March 2021, 565 Whittington Health patients died in our inpatient wards. The following number of deaths occurred in each quarter for 2020/21, as follows:

- 168 in the first quarter (1 April to 30 June 2020)
- 70 in the second quarter (1 July to 30 September 2020)
- 136 in the third quarter (1 October to 31 December 2020)
- 191 in the fourth quarter (1January to 31March 2021)

By March 2021, the number of deaths for which there was a mortality case review was:

- 63/168 deaths in the first quarter
- 22/70 deaths in the second quarter
- 61/136 in the third quarter
- 48/191 in the fourth quarter

The second Covid-19 surge has meant redeployment of staff to focus on frontline work, thus making the timely completion of mortality reviews a challenge. Teams are in the process of reviewing these deaths.

Learning and actions from 2020/21 mortality reviews

Review of practice: Pathways and procedures

Following deaths from Covid-19, the Trust has adapted patient pathways and clinical guidance. Examples include adjusting target oxygen saturation levels, audits looking at continuous positive airway pressure (CPAP) machine usage, and the criteria for intensive care consideration for ventilation.

Learning from the care of patients through the pandemic has been extensive, including morbidity and mortality meetings and reflective practice sessions. This has fed into a review of guidelines developed during the first surge to ensure best practice is in place for any future surges.

It was noted that a multi-disciplinary team approach to care, with early senior input for patients with Covid-19, was of great value and aided the junior doctors in earlier identifying the deteriorating patient.

Several mortality meetings praised the input from the ethics advisory group, when complex decision making was required.

Infection prevention and control

Our Infection Prevention and Control (IPC) procedures are led by our IPC Lead nurse, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust.

Operationally, there are a team of senior IPC nurses and an information analyst who support national, regional and local reporting on health care-acquired infections (HCAI), in particular Trust attributable bacteraemia such as Multi Resistant Staphylococcus Aureus (MRSA) and Escheria Coli (E.Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g. Influenza and now also Sars-Cov-2 (Covid-19) across the Trust.

There were several changes in resources made within the IPC team this past year, recognising the burden of the Covid-19 pandemic on infection prevention professionals. A newly created post to manage the important requirement for Personal Protective Equipment (PPE) Filtering Face Pieces 3 (FFP3) masks fit testing lead was made to manage the mandatory fit test service across the organisation for all staff involved in and in proximity to aerosol generating procedures (AGP). A senior IPC Educator started in February 2021 alongside a second practice educator. These posts are responsible for statutory and mandatory training and

education. This focus on IPC education supports the Trust's objective to deliver consistent, high quality, safe services through surveillance of infection, audit of practices and provision of a clean and safe working environment, in collaboration with the Trust Estates and Facilities department, by ensuring staff of all disciplines are taught best IPC patient contact level. The focus is on prevention of infection.

The National surgical site infection (SSI) surveillance scheme is mandatory for one quarter each year on one procedure; this year during October to December 2020 twenty four repair of Neck of Femur operations were reviewed with no reported infections.

Having an operational and educational element to IPC, the team worked in unison, managing incidents and their reporting while also identifying and sharing the learning of what went well or could have be improved to prevent infection and / or incident in the future.

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

Table 1: HCAI Infections 2020/2021

MRSA (Methicillin-Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI). In 2020-2021 Whittington Health reported two MRSA BSI. Both have Trust wide learning outcomes that are being addressed under the IPC education team
Clostridium Difficile Infections (CDI)	The Public Health England (PHE) limit recommended for 2020/21 for CDI within the Trust was 19, Whittington Health reported 14 cases of CDI.
E.Coli Bacteraemia	There were 11 Trust-attributed EColi BSI this year compared with 25 last year. The national objective in line with the UK five year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024. The trust is on target to achieve this target.
Influenza	This winter there were 11 total cases of admitted patients found to have Influenza which does not reflect a usual influenza season.
Surgical Site Infections (SSI)	Whittington Health met the mandatory reporting for SSI surveillance to PHE 'at least 1 orthopaedic category for 1 period in the financial year'. October to December 2020 SSI data – 24 Repair of Neck of Femur operations – 0 infections.
Sars-Cov-2	As of 26 March 2021, The Trust had had 1,997 COVID-19 positive patients admitted to the hospital during the past financial year. The Trust reports daily on healthcare acquired COVID-19 infections. During the period 8 November 2020 to 24 January 2021, there was a steady increase in the number of positive cases despite the focus and attention on safe infection control and prevention precautions and also linking to the increase in the community transmission rate of COVID-19 found in the local population. The rate of infections rose until early to middle January (reporting weeks ending 10 and 17 January 2021) when the number of patients in a week peaked at 25 cases. Since then, there has been a rapid decrease week-on-week and, at the end of January, no new cases were being reported.

Winter flu vaccination

Every year the Occupational health team leads a collaborated and robust staff flu vaccination programme. With the assistance of a wide range of champions from across the Trust, including infection control colleagues, the Trust improves its uptake rate year on year. As always, the Trust's flu campaign is driven by patient and staff safety.

The uptake of the vaccine by front line staff for 2020/21 was 87.3%, up 4% on the previous winter. The denominator for front line staff was slightly higher than in the previous year, up to 2,972 from 2,877. The Trust is continually ranked in the top four of London Trusts. Some of the success may be attributed to the large number of roving clinics included in the delivery of the programme. Evening and night clinics are particularly popular.

This year the trust offered an incentive with staff entered into a prize raffle with five top of the range bicycles. All staff who received a vaccine, either on site or elsewhere, was eligible to be entered into the draw. The trust also awarded over twenty £25 shopping gift vouchers to all champions who vaccinated over thirty colleagues.

The campaign this year supported two local food banks, one in Islington and a second in Haringey. The Trust's Chief Executive presented two cheques for £1,286 each to The Alexander Wylie Tower Foundation and The Selby Trust in March 2020.

PATIENT EXPERIENCE

Learning from national patient surveys

The Trust received results for two national patient experience surveys during 2020/21. These were:

- Adult Inpatient Survey 2019 (July 2020)
- National Cancer Survey 2019 (June 2020)

Adult inpatient survey 2019

33% of patients responded to the 2019 survey which was the same percentage as completed responses for 2018. The key improvements and issues to address are summarised below:

Key improvements seen for patient discharge are as a result of successful quality improvement workstreams which reviewed and implemented changes to discharge letters and enhanced discharge planning with the TICKED programme aimed at ensuring everything has been considered and in place prior to discharge.

While the Covid-19 pandemic has impacted on the Trust's ability to deliver improvement programmes to address key issues, several changes have been made following the survey such as, the hospital bringing patient catering back in-house and further communication training sessions put in place for ward staff.

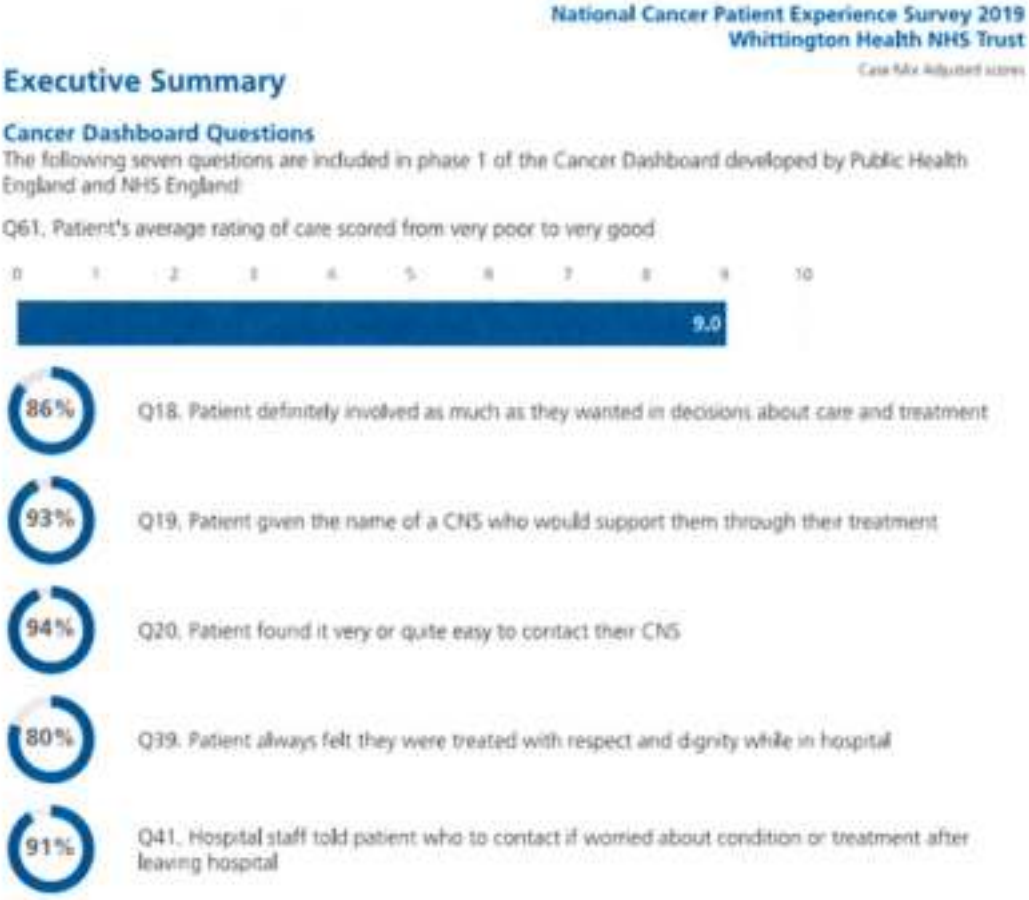
National Cancer Patient Experience Survey 2019 (NCPES 2019)

The 2019 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 once again and the overall rating of care at the trust has improved for a second consecutive year from 8.9 to 9.0 (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 remains a very high performer across London and are the highest performers within the NCL partnership. Narrative feedback from the survey details high volumes of very positive feedback for the cancer services. Most commonly the feedback is about the staff support.

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.

A particular area for improvement related to communication and how staff talk in front of patients; patient involvement in their care; and patients receiving a copy of their care plan. To address this and other areas identified for improvement, the service implemented an action plan and have reviewed staff capacity to support patient communication.



Q55. General practice staff definitely did everything they could to support patient during treatment

Questions Outside Expected Range

	Case Mix Adjusted Scores			
	2019 Score	Lower Expected Range	Upper Expected Range	National Score
Q23. Hospital staff discussed or gave information about the impact cancer could have on day to day activities	[redacted]	73%	95%	84%

	Case Mix Adjusted Scores			
	2019 Score	Lower Expected Range	Upper Expected Range	National Score
Q30. Hospital staff didn't talk in front of patient as if patient wasn't there	67%	69%	98%	84%

Due to the impact of the pandemic, the Cancer service opted not to participate in the NCPES 2020 as this was voluntary and health & well being events were badly affected as were the charities who support them.

Macmillan supported the funding of a Personalised Care Project Manager post and two people are now job sharing the role.

Family & Friends Test

With the onset of the Covid-19 pandemic NHS England and Improvement suspended the national reporting requirements for the Friends and Family Test (FFT) from March 2020. National reporting requirements were reactivated in December 2020, although there was an acknowledgement that response rates would remain affected as this coincided with the second pandemic surge over the winter.

Services were able, and many continued, to collect FFT feedback, while the statutory obligation of reporting was removed. The guidance received encouraged NHS trusts and services to utilise methods of collection which reduced the risk of transmission.

Overall, the following results for 2020 were collated across the Trust

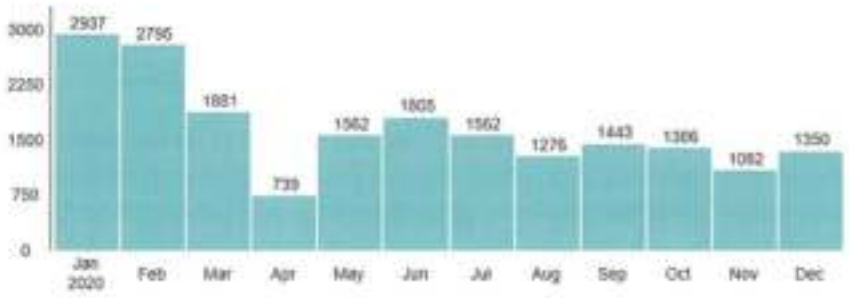
Percentages of Very good/good and poor/very poor
(FFT - All, 1/1/2020 to 31/12/2020)

% very good or good

% poor or very poor

The table below shows the total number of responses for 2020 and highlights the reduction in FFT responses from April 2020 when the initial pandemic surge was at its peak.

Number of surveys completed each month
(FFT - All From 1/1/2020 to 31/12/2020)
19818 Surveys



Revised national FFT guidance, data system and text messaging

The revised national FFT guidance had been due for implementation - with all trusts expected to be compliant by April 2020; however, the implementation period was frozen until December 2020 as a result of the Covid-19 pandemic.

During April and May 2020, the Meridian data system the Trust uses for collecting and reporting on FFT along with other local patient experience surveys, was upgraded and renamed IQVIA connections.

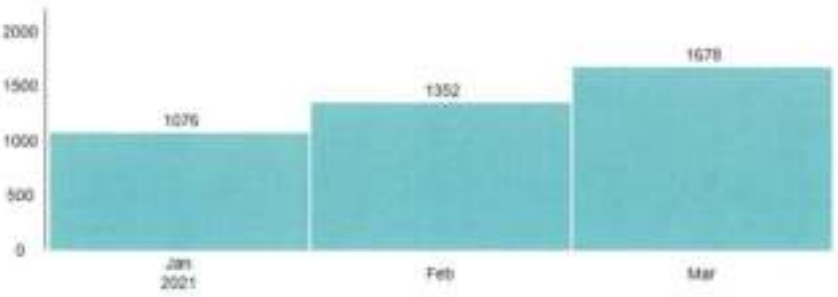
Text messaging for FFT in the Day Treatment Centre (DTC) was finally implemented in January 2021 having been delayed by the pandemic.

Quarter 4 data 2020-21 following re-launch of FFT using revised questionnaire

Percentages of Very good/good and poor/very poor
(FFT - All, 1/1/2021 to 31/3/2021)

As expected, the number of surveys completed has been increasing incrementally since the re-launch of national FFT reporting which coincided with the second pandemic surge.

Number of surveys completed each month
(FFT - All From 1/1/2021 to 31/3/2021)
4106 Surveys



Mixed sex/gender accommodation declaration

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained. This year due to Covid-19 reporting of this measure was paused.

CLINICAL EFFECTIVENESS

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

The establishment of a Clinical Effectiveness Group in 2020/21, chaired by the Associate Medical Director for Clinical Effectiveness and Quality Improvement, has helped to strengthen the clinical effectiveness agenda. Regular reports on clinical effectiveness, including national and local audits, National Institute of Clinical Excellence guidelines, progress with Getting It Right First Time (GIRFT), as well as quality improvement are discussed by the Quality Governance Committee, and included in the Quality report. Key achievements during 2020/21 included:

- the introduction of a Covid-19 clinical guideline page on the Covid intranet hub, which provided staff with single point of access for the rapidly changing guidance
- the pulse oximeter loan scheme, an original Whittington Health idea, which has now been replicated in other organisations

National audits

During 2020/2021, 50 national clinical audits including three national confidential enquiries covered relevant health services that Whittington Health provides. Despite the pressures on staff due to the Covid-19 pandemic, Whittington Health participated in 100% of national clinical audits and 100% of national confidential enquiries. A total of eight national audits were suspended or no longer applicable due to the COVID-19 pandemic. The Trust also registered an additional 15 non-mandatory national audits for completion.

Clinical audit reporting provides a vital mechanism to capture care quality across the organisation. Learning from clinical audits continued throughout the COVID-19 pandemic to include multidisciplinary audit and effectiveness afternoons and bespoke training of staff.

Quality Improvement

In 2020, the new Quality Improvement (QI) strategy was launched, with a vision 'to empower and engage our staff to deliver continuous Quality Improvement to enhance the care of our patients, the experiences of our staff and use of our resources'. To support this, the Whittington Improvement Faculty was launched in February 2021, which brings together staff from across the Trust, who share a common interest in QI. The Faculty provides an opportunity to share experiences; understand what each is working on; share the learning that may be transferable and provide support and challenge to one another.

One of the aims of this strategy was to strive for a 'Better Never Stops' approach and to learn from innovation and success. This has been evident throughout the Covid-19 pandemic, with existing QI projects adapting and growing, and new challenges presenting opportunities to do things differently.

The first wave triggered a lot of changes in a short timeframe; some were reactive and intended to be temporary, but others had the potential for longer-term benefits to patients and staff. QI focussed on identifying how to harness the positive projects to deliver lasting change, named 'Phoenix Projects'. Examples of successful Phoenix projects were the reduction in time it took to recruit to the staff bank; implementing straight-to-test hysteroscopies for some suspected gynaecological cancers; introducing personal protective equipment grab bags; moving to electronic prescribing in outpatient clinics and running remote clinics via the Attend Anywhere facility.

Whittington Health held a Quality Improvement Celebration afternoon in September 2020. The event was well attended (both virtually and socially distanced) with good representation across disciplines and departments, community and acute. The event focussed on celebrating both the Phoenix projects, and the QI projects which had continued despite the challenging pressures of the Covid-19 pandemic. Examples included: work on enhanced care; introducing group appointments in intermediate diabetes programme and developing the role of the health care assistants in the rapid response virtual ward team. There was also an opportunity for staff to hear what others had learnt from the pandemic, and what they now did differently. QI projects have also been celebrated by being submitted and presented at a range of external conferences.

Training has remained successful this year; with approximately 750 staff completing the online 'Introduction to QI' module; others attending the more advanced session and teaching delivered at medical inductions and development courses.

Associate Medical Directors appointed to leadership roles in the Trust

During 2020/21, the Medical Director's office successfully recruited to its Associate Medical Director (AMD) leadership roles.

	Dr Ihuoma Wamuo, consultant rheumatologist, was recruited to the role of AMD for Patient Safety and Learning from Deaths. Her AMD role includes chairing the Trust's Patient Safety Forum.
	Dr Sola Makinde, consultant anaesthetist, was recruited to the role of AMD for Workforce, a part of which is leading on the medical appraisal and revalidation process for the Trust. Dr Makinde is already looking at how the appraisal process can be more developmental and consider staff health and wellbeing as a priority.
	Dr Clarissa Murdoch, consultant in Acute Medicine, Ambulatory Care and Care of Older People, was recruited to the role of AMD for Quality Improvement and Clinical Effectiveness. Her AMD role includes chairing the Trust's Clinical Effectiveness committee, and the Getting It Right First Time (GIRFT) program.
	Professor Hugh Montgomery, a consultant intensivist, was recruited to the role of Director of Research and Innovation in the Trust.

RESEARCH

Research at Whittington Health had an unparalleled year in 2020/21. The Director of Research and Innovation along with the Research Portfolio Manager led the Trust's Covid-19 research activities in response to the pandemic. Where it is usual for there to be Trust recruitment targets, these were largely suspended as the majority of non-Covid-19 research was 'stood down' by the National Institute for Health Research (NIHR) during the first wave. Despite this, the Trust saw an increase in research activity and, at the time of writing, recruitment for the year stood at 1,079, up from 848 in 2019/20 and 1,077 from 2018/19.

The Trust continued to deliver a cost-effective service, with a low cost per patient recruited, compared with other Trusts in the North Thames Local Clinical Research Network (LCRN). Our performance throughout the pandemic was acknowledged by the allocation of additional in year funding of £73k. The usual NIHR benchmarks were been suspended last year but aspirational targets for the percentage of overall COVID-19 admissions recruited to specific Urgent Public Health (UPH) studies saw us reach 13% of all potential patients recruited to the RECOVERY trial; the target was 10% and the national average 8%.

Activity on commercial trials was largely stifled by the pandemic with the exception of vaccine trials and early phase studies suited to sites with dedicated Clinical Trials Units (CTUs); however, engagement with commercial sponsors was ongoing throughout and there is a strong pipeline for commercial activity to increase next year. We supported 11 NIHR portfolio adopted Covid-19 studies (and have two further studies in set-up at the time of writing). Of the 11 studies, five are badged as UPH and encouragement to support these studies came from the UK's Chief Medical Officer, Professor Chris Whitty. Four non-portfolio Covid-19 studies were completed and 178 participants were recruited into 14 NIHR portfolio adopted, non-Covid-19 studies which took place.

Of particular note, the top three recruiting Covid-19 studies were:

- ISARIC CCP UK: Clinical Characterisation Protocol for Severe Emerging Infection: 489. This was an observational study collecting clinical data for inpatients including disease severity, treatment and outcomes
- SARS-COV2 immunity and reinfection evaluation (SIREN) 257 - an observational study looking at the incidence of Covid-19 infections among healthcare staff
- Randomised Evaluation of Covid-19 Therapy (RECOVERY) 184 - an interventional study offering treatments to inpatients.

The top three recruiting non-Covid-19 studies were:

- Understanding the Attitudes and Opinions of Staff Working Across NHS Sites in England to the Change in Law Regarding Organ Donation (#OPTIONS) 56
- Turning the immune response in TB (HIRV-TB): 25
- National Evaluation of the Integrated Care and Support Pioneers Program: 15

The change of study profile in response to the pandemic has meant comparison of the growth of research across ICSUs would be inequitable, but it is reasonable to assert that Emergency and Integrated Medicine has seen the bulk of research activity. This year has raised the profile of research not only within the Trust but nationwide and there has been progress in research being part of patient pathways locally. There is an appetite to continue this beyond Covid-19 and the Research Oversight Group had its inaugural meeting in February 2021, despite the logistical and time challenges brought about by the pandemic. The Group is identifying opportunities to broaden the reach, capacity and capability for research and deliver on our 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.

GUARDIAN OF SAFE WORKING HOURS

Despite the complexities and challenges that the COVID-19 pandemic has brought to the training of junior doctors over the last year, there continued to be significant emphasis on the safety of their working hours. This was reflected in the ongoing engagement with the process of monitoring the safe working hours of junior doctors through the exception reporting process. There have been a large number of additional hours worked by doctors in training over and above their rostered hours and these were recorded and reimbursed with time off in lieu or payment where it has been safe to do so.

The COVID-19 pandemic has led to working patterns as have never been seen before. Doctors in training were moved overnight to new jobs with little warning or consultation. This was, across the board, met with widespread acceptance and a willingness to do anything that could be done to help. The flexibility and maturity of their engagement with senior colleagues in working to meet the challenges the pandemic has presented is to be commended. Trainees have worked together with consultant colleagues to step up additional on-call services and have helped to ensure wherever possible these have been compliant with the 2016 terms and conditions.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. In 2019, we were awarded £60,000 from the British Medical Association's Fatigue and Facilities Charter. Through the last year the Guardian has supported the junior doctors' forum to spend this money on rest facilities for junior doctors. This culminated in the opening of the newly refurbished junior doctors' mess in July 2020.

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 continue to show the lowest admission rates in North Central London.

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).

During Covid our integrated approach was widely praised and we were asked to run the single discharge hub for ourselves and UCLH. Our CEO also chaired the non-acute Gold system leadership group, coordinating the community response to Covid across North Central London. The fact that we are an integrated care organisation helped us be flexible in our response to covid. Many staff working in the community and MSK were redeployed to support the wards and ITU.

Primary Care Networks and GP Federations

During 2020/21 we continued to work closely with GPs and commissioners in Haringey and Islington. Examples of this included:

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

Localities and Integrated Care Borough Partnerships

This year, Whittington Health continued to work even more closely with our colleagues in the councils, mental health trusts, GPs, and the voluntary sector to implement the vision for our joined up services based around localities (3 in Islington and 3 in Haringey). The leadership team in North Islington in particular shone out in its ability to respond quickly to covid needs in a coordinated way with the voluntary sector. A locality leadership team in Haringey has also been set up. Whittington Health put forward the two borough partnerships for the HSJ Awards and they were finalists in the Integrated Care Partnership of the Year Award.

North London Partners' Integrated Care System

Covid has been an impetus for much closer working together as a system. Whittington Health played a strong role in the system and this is described throughout this document. In particular at this point in the report we would like to highlight the Non-

acute Gold meeting that our CEO Chaired coordinating the community response to covid. We also worked well in the Operational Implementation Group which coordinated elective activity and recovery and the use of the private sector. The Clinical Advisory Group and the CEO group were crucial parts in the system along with other operational and corporate groups. We have been 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.

Paediatrics

Whittington Health was chosen to lead the joint South Hub for acute paediatric services from September 2020 to April 2021. This collaborative project between the Whittington, University College London Hospitals NHS Foundation Trust (UCLH) and the Royal Free London NHS Foundation Trust (RFH) co-located emergency paediatric and inpatient services at the Whittington site. The South Hub was effectively set up to offer temporary services that were safe and effective. This allowed UCLH and RFH to release clinical staff to support the North Central London pandemic response. The hub was set up and operationalised rapidly, requiring effective collaboration and significant support from across all three sites. Although there were significant initial challenges – including equipment, rotas, and information management and technology, and interoperability, the hub successfully provided safe, effective and quality care to children across North Central London.

Through work developed by the South Hub, long-term benefits for children in North Central London were produced. They included the establishment and agreement across all providers for a robust urology pathway and a hub model for the paediatric mental health team. The North Central London Clinical Commissioning Group has contracted University College London Partners to provide a thorough evaluation of the South Hub which is due later this year. While we look forward to sharing this review, the initial qualitative and quantitative feedback has been positive.

University College London Hospitals NHS Foundation Trust

Throughout the year, we continued to work well with UCLH in various areas of collaboration including breast services, maternity, nuclear medicine, and general surgery. In orthopaedic services, an Elective Orthopaedic Centre for the south of North Central London was established. This exciting new development saw UCLH and Whittington Health work together to provide day surgery at both sites and an enhanced day-case service at Whittington Health. Inpatient surgery will take place from April 2021 at the University College Hospital Grafton Way building which has state-of-the art robotic surgery facilities and dedicated theatres to cater for complex surgery. In the meantime, we have been working closely together sharing capacity in the private sector.

WORKFORCE

Our people

Last year, we employed around 4,500 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.

As the Trust entered the Covid-19 activity peaks, it quickly redeployed staff, trainees and students both within Whittington Health and from across the sector, expanding our staff bank numbers to ensure that services to care for Covid-19 patients were staffed appropriately. A Memorandum of Understanding (MoU) was put in place across NHS Trusts in London to enable the free movement of staff between employers. This provided assurance that the employment checks and statutory and mandatory training for redeployed member of staff was up to date and set out appropriate governance arrangements.

The Workforce Directorate developed an on boarding process to minimise the time for employment checks to be undertaken to expedite the availability of staff to work through Bank Partners to support our services whilst retaining the integrity of the checking process. We also put in place 24/7 hotlines for staff anxious about working through the pandemic and to ensure they received the most accurate information.

The Trust also responded rapidly to national guidance reflecting the service pressures and new modes of care, including revised safe staffing ratios in critical care and infection control requirements. Support for staff health and wellbeing during this period included free hotel accommodation, the provision of food and temporary parking, while investments made possible through donations were used to make improvements to staff facilities, such as lockers and rest rooms.

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

Headcount during 2020/21

Staff group	Employee headcount 1 April 2020	Employee headcount 31 March 2021
Professional Scientific &Technical	294	302
Additional Clinical Services	619	664
Administrative and Clerical	905	947
Allied Health Professionals	536	542

Staff group	Employee headcount 1 April 2020	Employee headcount 31 March 2021
Estates and Ancillary	212	202
Healthcare Scientists	96	104
Medical and Dental	547	565
Nursing and Midwifery registered	1244	1228
Students	20	28
Grand Total	**4473**	**4582**

Communicating with our people

As part of our ongoing commitment to engaging with staff to understand their needs and act on their feedback we communicate with staff regularly through a variety of channels. Over the past 12 months, staff engagement and support have been significantly enhanced and improved with an emphasis on keeping our staff fully appraised throughout the pandemic. As a Trust we maintained our engagement score (as calculated through the Staff Survey) and was above the average for Trusts in our category. Like many we have had to adapt our methods of communication and new technology over the last year. This has resulted in more frequent communications and the ability to reach a far wider audience.

Examples of this included:

- Weekly CEO briefings via Microsoft teams. These were critical throughout the pandemic and enabled the CEO to speak directly to hundreds of staff at any one time, and also take direct questions, feedback and suggestions
- Our Staff Networks became really important. In particular, our Black, Asian and Minority Ethnic (BAME) network. Covid and the Black Lives Matter movement shone a light on the inequalities experienced by our BAME colleagues. The Network itself continued to be active throughout the last year, but in addition the executive team held weekly listening events where they heard first-hand the challenges facing our colleagues and were able to respond quickly. The Whitability Network became the focal point for our colleagues who were clinically extremely vulnerable and forced to shield. During the year the LGBTQ+ Network grew, and we were delighted to formally launch our Women's Network on International Women's Day. Each of the Networks now has its own governance infrastructure with a Steering Group, elected chairs and an executive sponsor. Our NED lead of equality and inclusion attends all the Networks herself
- Technology allowed us to arrange many webinars throughout the last year addressing topical areas in real time. These included the Covid Vaccine; Redeployment; Manager's Forum and many more
- The Trust already had in place a robust mechanism for broadcast communications/bulletins and throughout the pandemic this was expanded to include dedicated daily (sometimes more than once a day) Covid-related communication to ensure staff were kept abreast of the fast-moving development of the pandemic and associated guidance

- The intranet became another important resource with "hubs" created to hold easily accessed information on a range of subjects, for example: Covid (clinical and non-clinical information); redeployment; staff health and wellbeing
- We saw an increase in Trust's use of social media via Twitter and Facebook to connect with staff and celebrate our achievements, innovations and initiatives at the Trust

We continue to have a number of committees to monitor the performance and delivery of the workforce priorities and consult with trade union colleagues:

- Workforce Assurance Committee
- The People Committee
- Partnership Group
- Medical Negotiating Sub Committee
- Caring For Those Who Care Culture Group

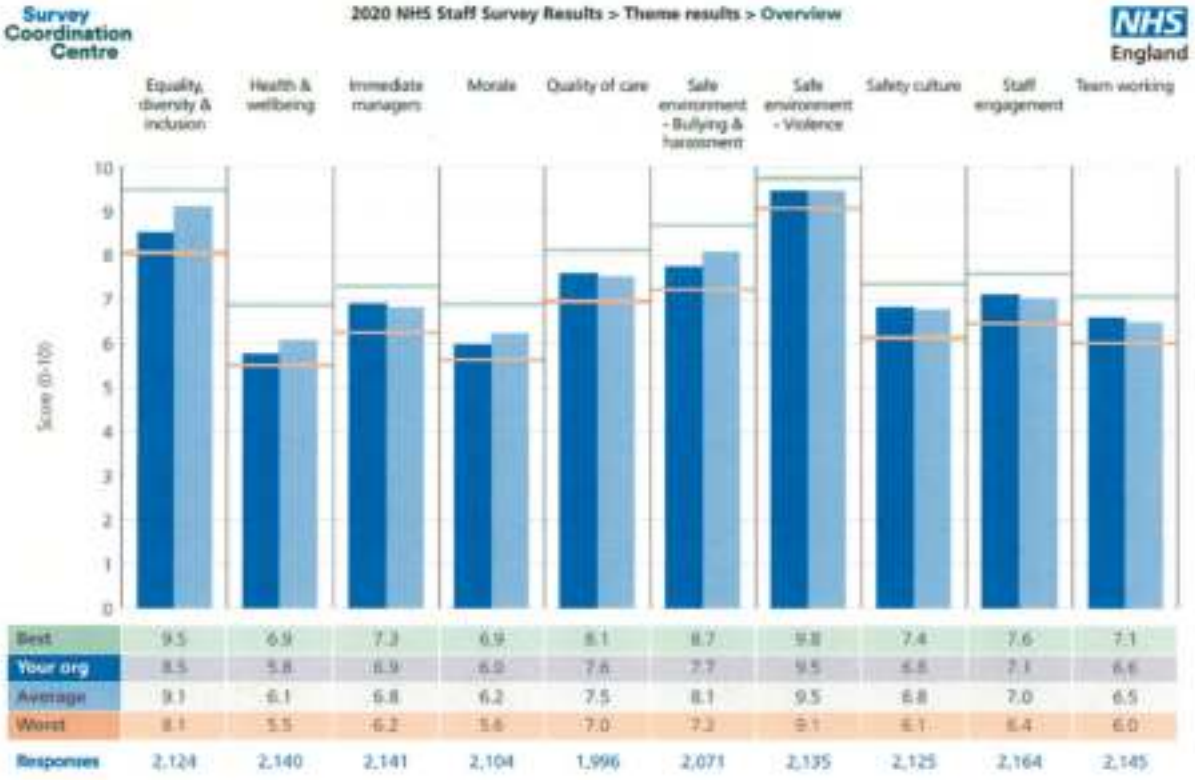
Staff feedback is also obtained from the national staff survey, quarterly pulse surveys and family and friends test, results of which are used to develop action plans for improvement. Through our Trust-wide briefings we have adopted the use of Slido to obtain real-time feedback from our staff. All staff are encouraged to voice opinions, suggest improvements and share ideas, as well as raise concerns.

NHS staff survey 2020

The Trust commissions the Picker Institute to run its survey nationally, Whittington Health was benchmarked against a total 128 similar Trusts. Of Whittington Health's 4,336 eligible staff, 2,198 staff took part in this survey, a response rate of 51% which is significantly above the median response rate of 45% for acute and acute and community trusts in England.

The reporting shows Whittington Health results against 10 themes and at question-level is compared between results from 2016 to 2020. Results are presented in the context of the 'best', 'average' and 'worst' results for the total 128 Acute and Acute and Community Trusts.

Whittington Health – 2020 overall results – Themes



In 2020 Whittington Health is not ranked as 'worst' in any of the themes, compared to one in 2019 (Safe Environment – Bullying & Harassment) and four in 2018. The Trust is slightly above average for four of the themes, below or slightly below for another four and rated as average for two.

Again this year, the Trust has agreed to focus on four areas for development and improvement across the entire organisation: equality, diversity and inclusion; staff morale; health and well-being and safe environment – bullying and harassment. The latter two, although improved significantly this year, are benchmarked as below average.

Nationally a new section was added to the staff survey to glean responses on staff experience during the pandemic. This allowed us to review a breakdown of theme scores for staff in the following subgroups:

- Staff who worked on a Covid-19 specific ward or area at any time
- Staff who have been redeployed at any time due to the Covid-19 pandemic
- Staff who have been required to work remotely/from home due to the pandemic
- Staff who have been shielding for themselves
- Staff who have been shielding for a member of their household

We are using this detailed information to reflect on our response to the pandemic and learn for similar events in the future.

Each of the ICSUs/Directorates develop their focus areas and, supported by the workforce directorate, and target improvement work in line with their own staff feedback.

Workforce Culture and "CaringForThoseWhoCare"

In the last year in particular, it has been so important to support good working relationships and promote compassion and inclusion throughout the Whittington Health culture. Many initiatives have been detailed in the following section on health and wellbeing. Below are some of the main programmes and campaigns to enhance culture and workplace relationships and environments.

- 'Bystander-to-Upstander' is a workshop programme, commissioned to enable staff to develop an understanding of the impact made by witnesses and allies in our efforts to tackle bullying, harassment, and racism. It encourages staff to be 'active bystanders' and not simply observers, and teaches them how to intervene appropriately, or escalate
- The well-received managers' course 'anti-bullying' training was scheduled for rollout. The pandemic thwarted the replication of the face-to-face training and so a virtual version was piloted and evaluated before being rolled out to all staff in 2020
- The 'Caring for Those Who Care' has been branded and referred to as "#CFTWC" to collate and communicate the expansive care and support offer to staff particularly during the pandemic

Staff health and wellbeing

The various organisational groups overseeing staff health and wellbeing have merged and work together in the working group and steering group. During the pandemic, the Trust focused efforts on staff support, with a wide range of offers from the very practical (travel, parking, identifying business partners, shopping, accommodation, risk assessments etc.), and the psychological. The mental health support was provided from a variety of sources:

- From internal staff, these included:
  - Mental Health First Aiders offered a listening ear and signposted professional support
  - A redirection of 'improving access to psychological therapies' (IAPT) resources to staff took place
  - Reflective practice sessions led by the clinical health psychology team
  - Mediation requests
  - A 'Check-in and Check-out' toolkit for managers to look after their staff
  - 'How are you?' calls to staff isolating or shielding
  - A resilience workbook which highlighted the importance of rest as a cornerstone
- From the in-house Employee Assistance Programme, 'People at Work', for which direct access to counselling was offered
- External routes including North Central London, national NHS provision, and specialist provision such as the Tavistock and Portman NHS Foundation Trust
- Websites and online resources from advice to chat rooms
- Workbooks and worksheets

All staff were encouraged to notice when they are tired and to take rest. Those on the acute site have access to the "Project Wingman" services in the "First Class Lounge".

The Trust monitors the completion of risk assessments which feeds into the redeployment process for those low-risk staff who are able to move into Covid-areas or redeploy those at risk who need to move to low-risk areas. Whittington Health has collaborated across the region to manage vaccination hubs for staff and partners. The rate of vaccine take-up is also monitored and both risk assessments and the vaccine rate is reported regularly to NHS England and Improvement.

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

Measuring equality performance

Performance is measured through staff experience narrative and scoring (for example, in the staff survey) as well as through factual metrics including the demographics of staff in different roles and levels of seniority. There are currently two suites of key performance measures: (i) the Workforce Race Equality Standard (WRES); and the Workforce Disability Equality Standard (WDES). The results

relating to both of these are published annually. The WRES has been reported since 2016 and the WDES since 2019.

The table below summarises the Trust's WRES results since the start of reporting.

Summary of WRES Indicators for 2020 and previous years

WRES Indicator	2016		2017		2018		2019		2020	
	White	BME	White	BME	White	BME	White	BME	White	BME
1. Ethnic profile	67.1%	32.9%	45.0%		43.0%		42.6%	41.6%	37.8%	40.2%
2. Likelihood of White candidates being appointed from shortlisting	2.28		2.17		2.14		1.65		1.55	
3. Likelihood of B.A.M.E. staff entering process for disciplinary	2.67		2.41		1.16		1.44		0.85	
4. Relative White-B.A.M.E. staff take-up of non-mandatory training	-		-		-		0.94		0.91	
5. Experience of bullying from public	28.8%	28.5%	30.3%	28.6%	28.0%	29.0%	31.0%	36.0% Gap = 5%	31.0%	33.0% Gap =
6. Experience of bullying from colleagues	27.0%	27.3%	24.6%	31.9%	27.0%	33.0%	31.0%	36.0% Gap = 5%	30.0%	32.0% Gap =
7. Career development	87.3%	67.3%	86.6%	70.0%	85.0%	61.0%	83.0%	58.0% Gap = 25%	87.0%	65.0% Gap =
8. Experience of discrimination	7.4%	14.5%	6.6%	16.6%	8.0%	17.0%	9.0%	20.0% Gap = 11%	8.0%	16.0% Gap =
9. Board to Trust profile comparative representation	76.9%	23.1%	45.0%		-23.0%		-21.6%		-23.0%	

The Trust continued to develop and implement its 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. To support all activity around this improvement plan, the Trust joined the WRES pilot led by the National WRES team, with three other trusts.

Workforce Race Equality Standard pilot

Whittington Health participated in the national WRES Team Cultural Change Programme pilot during 2020. The Trust received the deep-dive report in May 2021 which relates to data collated mid-2020 along with a series of conversations and workshops throughout that time.

The report has subsequently been discussed by the Trust Management Group, the Trust Board and with the black, Asian and minority ethnic (BAME) network Steering Group. Since November 2020, the Trust has secured expertise in helping address the race agenda and priorities through Yvonne Coghill who is helping with support for our action plan. This work will continue throughout 2021/22.

Workforce Disability Equality Standard (WDES)

The table below summarises the Trust's WDES results since the start of reporting.

Summary of WDES Indicators for 2020 and previous years

WDES indicator		2019 results	2020 results
1	Profile – disability at different bands	With only 2% of staff disclosing a disability on ESR, and 12% of respondents to the annual NHS staff survey declaring a disability, the following data has limited meaning.	ESR shows 2% of staff disclosed having a disability; just under 50% having no disability; and 48% did not disclose, whilst responses to the annual staff survey show c.5% of staff have a disability.
2	Likelihood of being appointed	Non-disabled staff are 1.24 times more likely to be appointed than staff with a disability	0.96
3	Likelihood of entering formal capability process	Staff with a disability are 1.74 times more likely to enter into a formal disciplinary process than non-disabled staff	Zero (no staff with disclosed disabilities entered formal capability procedures)
4	Percentage of staff experiencing harassment and bullying from: • Patients & public • Managers • Colleagues	Staff with / Staff Disability / without Patients & public 40.3% / 32% Managers 27.3% / 19.3% Colleagues 27.5% / 24.5% Gap 8.3 / 8 / 3	Staff with / Staff Disability /without Patients & public 33.4% / 31.3% Managers 24.1%/ 16.3% Colleagues 32.9% / 23.5% Gap 2.1 / 7.8 / 9.4
5	Percentage of staff believing there are equal opportunities for career development	Staff with disability 63.3% Staff without disability 74.1% Gap 10.8%	Staff with disability 72.1% Staff without disability78.3% Gap 6.2%
6	Experience of feeling pressure from manager to work when not well	Staff with disability 32% Staff without disability 23.7% Gap 8.3%	Staff with disability 33.5% Staff without disability 22.0% Gap 11.5%
7	Percentage saying they are satisfied with how the extent to which the Trust values their work	Staff with disability 36.8% Staff without disability 48.4% Gap 11.6%	Staff with disability 39.3% Staff without disability 51.6% Gap 12.3%

WDES indicator		2019 results	2020 results
8	Percentage saying employer made reasonable adjustments	62.5%	68.1%
9	(9a) Relative engagement scores	Staff with disability 6.6 Staff without disability 7.1 Gap 0.5	Staff with disability 6.7 Staff without disability 7.2 Gap 0.5
	(9b) There was previously no network		There is now a 'WhitAbility' network in place
10	Relative level of board representation	11% over-representation of non-disabled; -2% under-representation of disabled. Given the level of disclosure across the Trust, this data has limited meaning.)	There is an apparent 11%% over-representation of people with disclosed disabilities and an over-representation of 38% for non-disabled members resulting from the almost complete disclosure in Board and only 2% Trust disclosure

The last 12 months saw a significant rise in participation and involvement in staff inclusion networks, of which there are currently four at Whittington Health:

- Black, Asian, Minority Ethnic staff and allies network
- WhitAbility (for staff with a disability and allies)
- LGBTQ+ (for lesbian, gay, bisexual, transgender, queer and other questioning or non-heterosexual staff and allies)
- Women's network for all staff supporting gender equity

Black, Asian, Minority Ethnic (BAME) network

The BAME network enjoys continuous engaging monthly network meetings and is supported by an active steering group. Some of the main activities and outcomes are summarised below:

Three key members of the network successfully launched the 'See ME First' badge, securing commitments from individuals about their own personal actions in support of racial equity. The scheme was so successful that other NHS organisations have been keen to replicate something similar in their own trusts, and the network leads created 'packs' or toolkits for other trusts to follow suit.

Communication channels have been improved with weekly network bulletins being sent to the BAME network members, describing activities and providing key messages from the Trust and the network. Currently, a monthly newsletter is being designed for BAME network members.

An engaging interactive Covid-19 vaccination webinar was hosted to answer questions and to discuss concerns from BAME staff. Qualified and informed speakers were able to provide specific information to different types of concerns. This was well received; feedback demonstrated that BAME staff experience of the event was positive, reporting that where they had been indecisive, they were now more informed to make

a decision. Early signs suggest that this has contributed to an increased number of staff having their first vaccinations.

Deeper scrutiny of staff survey and WRES results has shown a need for specific groups of staff to have allies, and the BAME network is actively seeking to engage with Filipino and Muslim staff to explore how the network can support these groups of staff.

WhitAbility network

The WhitAbility network, to support staff with disabilities, holds regular and engaging monthly network meetings. Discussions have centred on vulnerable staff and the importance of health and wellbeing in particularly during the second wave of the pandemic. Meetings specifically to support staff who were shielding or were 'clinically extremely vulnerable' were hosted by the network. The Trust's Clinical Health Psychology Team also facilitated a group reflective session in January 2021.

Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) network

As with other staff networks, the LGBTQ+ network also held regular and engaging monthly network meetings. Key network members – the chair; administration officer; communication; and social media lead – managed a programme of activities in celebration of LGBTQ+ month in February 2021. Due to the pandemic, and the need to distance, celebrations were restricted, and therefore activities focused on promoting the network, and the benefits of joining.

To fully understand the experiences of LGBTQ+ staff within the Trust, the network launched a confidential survey to gather baseline data of the experiences of staff. The results were used to inform us on ways to improve the experiences of LGBTQ+ staff.

Women's network

The Women's network was launched on International Women's Day on 8 March 2021 and a programme of events and speakers was planned to follow the launch. A core group of interested parties from across the Trust, led by the Organisational Development Team, are providing the platform and planning for future events and the growth of the membership.

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. While the courses themselves are visually engaging, they are delivered through a system not favoured by most users. Consequently, the Trust has bought a new system commended by numerous NHS Trusts, whose

endorsements included user-friendliness, as well as an increase in overall training compliance.

The Trust's compliance target is 90%, and for five years it has hovered at the 80%-85% level. The compliance rate has suffered recently from two key factors. Firstly, the pandemic prevented much of the face-to-face training with a time lag until e-learning was seen as an acceptable alternative. Secondly, the need to align the frequency for refresher training (specifically in the subjects of fire awareness and prevention; infection prevention and control; and resuscitation) to the national core skills training framework.

In spite of the pandemic, and after a pause at the start, regular virtual corporate induction sessions took place throughout the year to welcome and orientate new colleagues to the Trust. Induction includes key information such as the Trust's values and objectives and specific information to prepare new starters to be an effective member of the Whittington Health team. Each induction starts with a personal welcome at the start from the chief executive and other executive directors.

Staff development

Whittington Health places great value on developing staff through courses run across our various sites. A suite of development programmes have been designed to support Whittington staff through each stage of their career and continued to be delivered during the pandemic in virtual sessions. In the last year, the following was delivered by in-house staff and partners:

- "I.CARE Leadership Development" (NHS Elect)
- "I.CARE Compassionate and Inclusive Leadership" (NHS Elect)
- "Debrief facilitation for managers" including 'checking in and out'
- "The Right Amount of Conflict" (NHS Elect)
- "Team Culture" (NHS Elect)
- Affina Team Journey
- Coaching for individuals to support career development and working relationships
- Myers Briggs Type Indicator reports and feedback sessions to support team dynamics
- 360 degree feedback for individuals to understand how they impact on others and to support career development

To support the inclusion and career development agendas, new training was commissioned in quarter four for BAME mediators, team mediators, and Kings Fund leadership development. Because of the impact of the pandemic on staff health and wellbeing, the Trust invited participants from across the organisation to become accredited 'critical incident stress debrief' facilitators.

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

Whittington Health is committed to delivering the very best education and training to University College London medical students on their clinical placement. This has been particularly hard for the past year because of the pandemic.

The following were notable achievements during the year:

- The pandemic saw the rapid introduction of innovative schemes to maximise the medical workforce and utilise untapped capacity. In March 2020, after their final examinations, 47 final year medical students were recruited as medical support workers, four months before they would usually have started. A programme was developed with a focus on welfare and pastoral support with overwhelmingly positive feedback from both the participants and their supervisors. This was published in a peer reviewed journal[1]
- In September 2020, the team arranged the safe return of University College London medical students to clinical placement. The curriculum was revamped, paying attention to footfall and safety bubbles. Students had an induction that was the envy of students not placed at the Whittington. They remain at one site for the year using an apprenticeship model. This has been so successful it will continue next year. Students have felt safe, appreciated and grateful
- During the height of the second wave in early 2021, with the full support of University College London and Whittington Health, we were able to place medical students in work shifts. There have been many positive feedback messages received about these students and how hard they have worked. They worked many unsociable and long shifts as health care assistants
- This has all been positive because of active engagement of the Whittington Faculty working tightly with administrators. Feedback from students is good overall, despite their placements being often altered depending on service delivery.

Postgraduate medical education

Over the last greatly challenging year of the coronavirus pandemic, we have been hugely grateful to our amazing doctors-in-training, who have worked tirelessly to care for patients with Covid-19. The high quality of junior doctors choosing to work and train at Whittington Health has become even more apparent. They have all shown tremendous flexibility and a strong desire to contribute to hard working clinical teams, transferring from many different specialist areas into medical inpatient and intensive care. Even those whose risk assessment meant they could not work in face-to-face clinical areas have fully contributed, for example providing a key communication link between patients admitted with Covid-19 and their families and loved ones. The high esteem with which postgraduate medical education (PGME) at the Whittington is held

[1] Jane Simpson, Irene Gafson, Mumtaz Mooncey, Johnny Swart and Caroline Fertleman. *Experiences of a new training programme for final-year medical students during the COVID19 pandemic.* (Fut Healthcare J Nov 2020)

also meant that we were able to recruit back to the Trust, previous doctors-in-training who had moved on. These doctors put research work and teaching fellowships on hold to contribute to acute on-calls, emergency shifts and inpatient care.

Our doctors-in-training have also been instrumental in undertaking Covid-19 related quality improvement work. For example, they designed the patient admission documents, set-up and maintained an online document sharing hub for updated patient treatment protocols and contributed to patient management guidelines. They have also been key in undertaking audit and research work, including in Covid-19, and have published in high impact international medical journals such as the Journal of Clinical Endocrinology and Metabolism (JCEM)[2].

In the midst of this pandemic, we have continued to provide PGME and teaching, in a blend of online, recorded webinars and face-to-face training. The Foundation School particularly recognised the high performance of the Whittington in restarting Foundation Doctor teaching at a time earlier than other local Trusts. We have continued our Whittington Health Star Awards in PGME, for work above and beyond usual practice. We awarded a Star to all our doctors-in-training after the first COVID-19 surge, in recognition of their huge contribution to patient care. We are also aware that this intense level of working can bring with it significant stresses and we set up reflective practice and well-being sessions for our doctors-in-training, provided by colleagues from clinical psychology.

Outside Covid-19, Whittington PGME has had a notably successful year. We were awarded £125,000 from Health Education England (HEE) in response to applications for funding, particularly around Simulation-based medical education (Sim) and leadership development. This funding will be used to support ongoing projects such as pilot-observed multi-professional, multidisciplinary Sim training and also will support future development of Sim training at the Whittington.

We received funding from HEE to support the continuing professional development (CPD) of specialty and locally employed doctors in the Trust. We set up a Whittington CPD award scheme, inviting applications, and have been able to contribute towards these doctors undertaking Masters' degrees, practical clinical skills training, professional exams and Certificate of Eligibility for Specialist Registration applications.

We appointed a digitising medical education co-ordinator, who is working to make Whittington PGME available online to all. This work will be co-ordinated with Trust-wide developments in education across all professions. Members of our PGME faculty, both administrative and clinical, have been promoted to more senior posts outside the Whittington. We are delighted to have been able to attract and recruit

[2] Ploutarchos Tzoulis, Julian A Waung, Emmanouil Bagkeris, Ziad Hussein, Aiyappa Biddanda, John Cousins, Alice Dewsnip, Kanoyin Falayi, Will McCaughran, Chloe Mullins, Ammara Naeem, Muna Nwokolo, Helen Quah, Syed Bitat, Eithar Deyab, Swarupini Ponnampalam, Pierre-Marc Bouloux, Hugh Montgomery, Stephanie Baldeweg. *Dysnatremia is a predictor for morbidity and mortality in hospitalized patients with COVID-19.* (The Journal of Clinical Endocrinology and Metabolism, 2021; dgab107, https://doi.org/10.1210/clinem/dgab107)

skilled and able new members of the team to replace them, including new college tutors for paediatrics and for anaesthetics.

One of the most significant challenges over the last year involving PGME was setting up the Paediatric South Hub for North Central London, bringing together consultants and doctors-in-training from across the local three Trusts (Whittington Health, Royal Free Hospital, University College London Hospitals to work together in the Paediatrics Emergency Department at the Whittington. This had a very significant impact on training. However, the Trust supported us in appointing a paediatrics medical education co-ordinator who has been instrumental in supporting and organising best practice multidisciplinary training events as well as junior doctor focused training. We are now looking to a future where the Whittington will continue to work in partnership with other local Trusts and where our PGME team will co-ordinate and provide educational opportunities for doctors-in-training and consultants across the sector.

COMMUNICATION AND ENGAGEMENT

Change and uncertainty demand clarity and direction and our communications team worked hard to bring that to Whittington Health's staff, patients, and local community over the past year. It also presented us with the opportunity to demonstrate the value and importance of high quality communications to the organisation's success.

Over the course of the year, we worked hard to ensure we communicated the latest, trustworthy advice, information and guidance as quickly as possible. From the beginning of the pandemic, we created a dedicated Covid-19 bulletin which contained action focussed information and updates to provide the information our teams working across the organisation needed to ensure that we could continue to provide safe, effective care through the pandemic. We also ensured that these updates contained information and advice to support our colleagues' wellbeing and provided details of the emotional and practical support available to staff throughout. This was distributed to all staff up to six times a week at the height of the pandemic period.

These emails were supplemented by a Covid-19 hub on our staff intranet which contained all of the information staff may need and which is available 24/7. It contains sections including care and support for staff and practical support such as access to car parking, clinical guidelines, personal protective equipment guidelines for staff depending on where they are working, details of Covid-19 research trials we were taking part in, access to Covid-19 safety posters and signage staff could print out and use locally and much more.

We also supported the Trust to keep everyone safe through the rapid provision of physical signage throughout the estate which was kept up-to-date as we learned more about Covid-19 and as the guidance from national bodies such as Public Health England was updated. This included over 2,000 floor stickers and stickers for chairs in waiting rooms to ensure safe social distancing.

For our patients and the public, we supported national information campaigns supplemented with more detailed local information. This included very regular updates on our social media channels and at key moments we provided updates from the chief executive via the letters page and paid for adverts in our local newspapers. We established a dedicated page on our website with key information about changes to services and key policies such as patient visiting so that it was easy for people to find the information they needed quickly.

We are especially proud that we created several products in direct response to feedback from our community around what they needed. These included:

- A real time "service status" page, similar to a tube status board, on our website. Principally aimed at local GPs, it shows all of our services on a single page giving information about whether the service was operating and details of any changes especially to referral methods. This has received very positive feedback from our local GP community

- A parent of a child with specific needs related to a long-term learning disability told us that they and other parents with children with conditions such as autism were concerned about bringing their children to our emergency department during the pandemic. In response, within 24 hours, we created a dedicated easy-read guide which explained what to expect when coming to the department during the pandemic, what we were doing to keep people safe and how we can support patients with specific needs. We supplemented this on our website with further resources developed by other organisations and charities to support people with autism
- Dedicated advice for pregnant women to support them with the specific issues they faced during the pandemic, including answering the most frequently asked questions our maternity colleagues were asked

Despite the pressures of the pandemic, we also continued to support the Trust in other areas. For example, we developed and delivered a new stakeholder update which contains information on the most important news from across Whittington Health as well as regular performance updates. This is sent by email to stakeholders monthly, or more often where there is a lot of news to share. We hope that this provides a helpful insight into what is happening at Whittington Health.

We maintained a key focus on supporting our Caring for Those Who Care Programme which aims to deliver a culture across the Trust where everyone feels valued and included and everyone's voice is heard. This undoubtedly contributed to the positive improvements in Whittington Health's scores in the annual NHS staff survey, despite our colleagues living through the toughest period of their professional lives.

Through the challenges presented by the pandemic, we also continued to support the Trust to engage with patients and service users where long-term changes to services were planned to ensure that their voices are at the heart of our decision making. This included launching a major consultation on changes to where some services are provided in the London Borough of Haringey towards the end of the year.

Overleaf, is an infographic on what the communications and engagement team completed last year.

What we did last year:

1230 tweets

- 2,136 new followers on Twitter
- On average, our Twitter profile is visited over 7,700 times each month.

Top Tweet earned 370K impressions

Please join us in welcoming little baby Ava, our first Christmas Day Whittington Baby who arrived at 00.40 weighing 3.04kg! Congratulations to parents Sam and Kate for the safe arrival of their beautiful Christmas gift. pic.twitter.com/ljVYwm8XA5

2,075,714

The number of times content from our Facebook Page was displayed on somone's screen in 2020.

Whittington Health NHS Trust
Published by Andrew Shannett [?] · 2 April 2020

We are humbled & thrilled to be the first place to benefit from the support of Project Wingman. Volunteer crews from airlines, including British Airways (and BA CityFlyer) easyJet and Norwegian have set up a mini "first class lounge"

More: https://whittington.nhs.uk/mini-apps/news/news/Page.asp

3,965 followers

- 833 new Facebook followers in 2020
- On average 315 people a day engage with our page

Top media Tweet earned 370K impressions

Some much needed good news: we have received our first batch of COVID-19 vaccines which we will be providing from today! The NHS will contact you when it is your time to be vaccinated but Whittington's vaccination journey begins today! pic.twitter.com/xiX0eCukfD

101 intranet news stories

Paper Payslips Withdrawn

Full story

146 COVID-19 Update emails sent to all staff during 2020

Support Whittington Health Staff during the Coronavirus Crisis

Full story

30 website news stories

Our top story received 31, 831 hits

Together our news stories received 85,000+ hits

LATEST UPDATES

- We have begun vaccinating staff agains
  Details about how to obtain a vaccine a
- Our services continue to be under seve
  additional car parking for staff over the
  continue to check these updates for fu
- We continue to see staff becoming unv
  workplace COVID-safe protocols includ
  public areas and whenever you cannot
  everyone to opt-into COVID-19 Self tes
  www.whittington.nhs.uk/stafftesting.

Some of the photos in this document were taken prior to the COVID-19 pandemic. All images were compliant with PPE and social distancing guidelines at the time they were captured.

INFORMATION GOVERNANCE AND CYBER SECURITY

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

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health and Social Care, hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulation (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 2020/21 Toolkit was extended to 30 September 2020.

All staff are required to undertake IG training which includes a Cyber Security component. In 2020/21, the Trust reached an annual peak of 82% of staff being IG training compliant. As of 31 March 2021, the Trust's compliance figure was 81%.

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.

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

Whittington Health continued its work through the Global Digital Exemplar programme. Major developments include the implementation of digital clinical noting in inpatient areas, a patient flow system that enables improved monitoring of the inpatient pathways to optimise care for patients who need admission and a clinical workspace. The workspace draws together access to in-context patient data from across clinical systems such as digital noting, observations, pathology, imaging and shared care records.

Through the pandemic, Whittington Health has also moved to an enhanced model of remote working through a range of technologies with regularly five times the number of staff working remotely than prior to the pandemic. In line with the national offer, the Trust also implemented Microsoft Teams which enabled the staff to meet, collaborate and communicate effectively even when social distancing requirements meant they could not meet in person. Video and telephone consultation become a more prominent feature in the model of outpatient care across both acute and community settings.

Last year, the Trust continued to invest and develop its infrastructure and systems with work ongoing to build new agile working models, implement the national Office 365 agreement, and to complete the annual operating system refresh. Data and Security Toolkit work has been at the heart of the design and the Trust continues to make strong progress in developing secure and effective interoperable systems which support high quality patient care.

The pandemic brought many challenges including the need for robust, real-time data across a wide number of domains. As progress was made with digitising the acute part of Whittington Health to bring it in line with community-based services, the opportunity to leverage near real-time data has started to emerge in some applications. The Trust built dashboards to monitor the management of Covid-19 patients, oxygen utilisation, vaccine roll out, and to support the wider North Central London data needs around discharge planning and system capacity.

Finally, the Trust enhanced its integrated model of care on a number of fronts. In particular, our district nursing teams enhanced their work planning system and implemented virtual smartcards to enable real-time access to patient records from any location. This augmented the iPad-based agile working solution the team had already implemented further leveraging this investment.

ESTATE

Following publication of our estate strategy in early 2020 setting out three phases of development to transform our estate for the future, we progressed with approval of a strategic outline case for remodelling of the maternity and neonatal block. This is now moving forward with further survey and design work taking place with the view to a further business case in summer 2021 and the start of building taking place later in the 2021/22 financial year.

In the community, we began our journey to three adult hubs and one children's specialist centre per borough. At the time of writing this report, we are currently consulting on an exciting opportunity to move the Child Development Centre from St. Ann's to Tynemouth Road.

During 2020/21, we delivered significant capital investment within the estate to support our current activities. This included:

- Seeing the new Whittington Education Centre being built in the place of the old Waterlow Building, with completion due in June 2021
- The demolition of the old Whittington Education Centre in preperation for the new Camden and Islington Mental Health in-patient unit
- Completion of the refurbishment of our postal natal ward

SUSTAINABILITY

The United Nations describes climate change as "the defining issue of our time". Climate change is a long-term shift in global and regional climate patterns, specifically relating to the increased level of atmospheric carbon dioxide produced from the use of fossil fuels. It is a risk to health at both the national and global level. As a provider of healthcare and as a publicly funded organisation, our Trust is committed to ensuring the long-term sustainability of the natural environment 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. To ensure that the NHS is aligned to legal UK targets, in October 2020 NHS England released its *Delivering a 'Net Zero' National Health Service* report which outlines clear carbon reduction targets for the organisation:

- Directly controllable emissions (the 'NHS Carbon Footprint') should be net zero by 2040
- Trusts should aim for an 80% reduction of directly controllable emissions by 2028 to 2032
- Other influenceable emissions (the 'NHS Carbon Footprint Plus') should be net zero by 2045
- NHS trusts should aim for an 80% reduction of influenceable emissions by 2036 to 2039

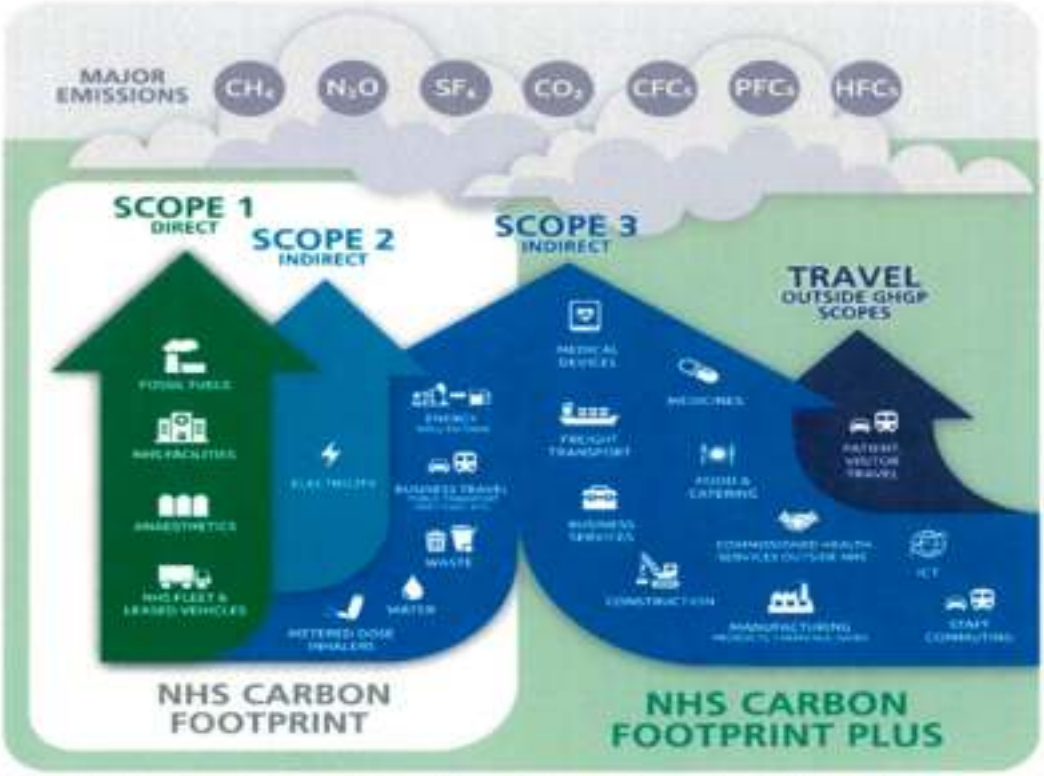


Figure 1: NHS Carbon Footprint scope definition (Delivering a 'Net Zero' National Health Service, 2020)

Whittington Health recognised 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 Green Plan outlines the national and local context of sustainability within the healthcare sector, discusses how sustainability aligns with our organisational vision and details how we intend to embed sustainability across our organisation. 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 a significant proportion of our carbon impact is affected by multiple factors including floor area, staff and patient numbers, type of care being delivered, local climate and efficacy of estate management. Data is not easily available to assess the impact of each of these, so we track carbon impact through an emissions/floorspace KPI. This normalises for changes to the Trust estate and allows benchmarking against similar acute NHS trusts.

Figure 2 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 an 80% reduction by 2032 – this is indicated by the orange line. The graph shows that, to date, the Trust has reduced its direct carbon impact by 39%, ahead of the average yearly reduction required to meet the 2032 interim target.

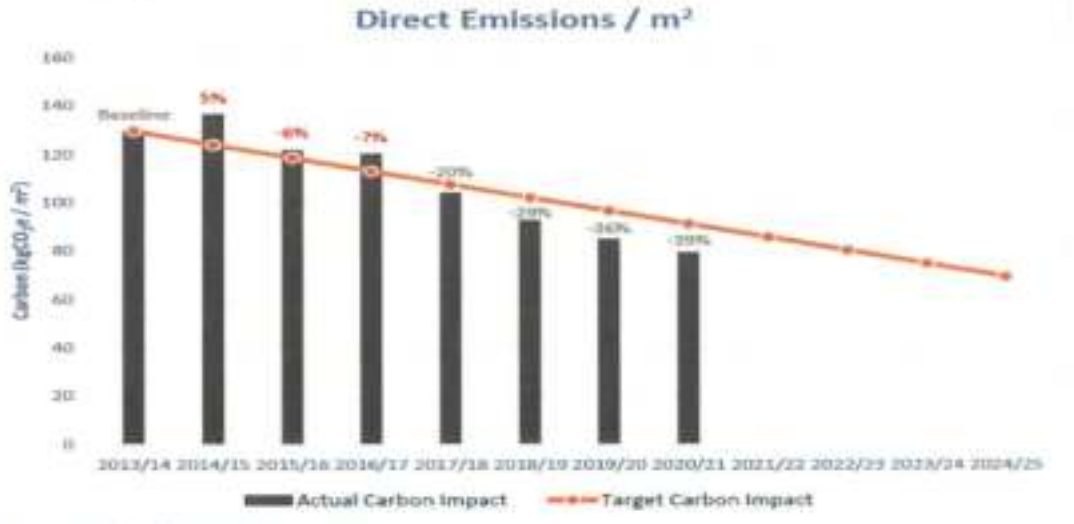


Figure 2: Normalised direct carbon emissions

The positive trend shown in Figure 2 was influenced by the Trust's ongoing investment in energy efficiency and carbon reduction projects. In 2020, the second phase of an LED lighting project, for which the Trust successfully bid for funding from NHS Improvement, was implemented in multiple areas of the acute hospital. Inefficient fluorescent and halogen fittings in the Kenwood Wing, H block and the Jenner building were replaced with low energy LED alternatives. This project reduced our annual carbon impact by 200+ tCO_2e p.a. Following the success of this work, the estates team are investigating the potential for further rollout of LED lighting in other areas including A & L blocks and in community health clinics.

The Trust also invested in replacing secondary heating plant equipment in K block and improving the controls to this equipment to enable optimisation. Additionally, we replaced aged, inefficient boiler plant in several of our community sites with high efficiency alternatives. This reduced our gas consumption, saving 24 tCO_2e p.a. Looking forward, the Trust is planning a review of the hospital's long-term energy strategy to identify how to best supply utilities to the acute site in line with the estate transformation plans. We also have plans to improve our data collection and analysis process to incorporate a broader range of emissions sources as outlined in the NHS Carbon Footprint shown in Figure 1.

Waste management

Despite the challenging circumstances of the pandemic, the facilities' waste team continued to drive improvement through Whittington hospital's in-house recycling centre. Having built upon the success of previous years in which the main hospital became a zero waste to landfill site, the proportion of total waste recycled has been maintained at approximately 31%. This is a significant achievement given that there was an enormous increase in clinical waste from the use of necessary personal protective equipment which needs disposal through incineration. The facilities' team also maintained the practice of baling and storing cardboard waste on-site until there is enough to fill a whole waste consignment. This minimises transport and external labour costs, as well as reducing the associated road miles. Figure 3 below shows the breakdown of the main hospital's waste streams last year.

Figure 3: Whittington hospital waste breakdown by stream

Looking forward into 2021/22, we will focus on continuing to drive down total waste production whilst increasing the proportion sent for recycling. The Trust will also focus on improving the tracking of waste generation and recycling rates across our community sites.

Water use

Whittington Health is aware that although it may not appear to be critical at present, water scarcity is a growing concern in the UK. In 2019, the chief executive of the Environment Agency predicted that with the impact of climate change and a rising population, the UK may not have sufficient water to meet its needs in as little as 20-25 years. We are also aware that the supply and distribution of water has an intrinsic carbon cost which adds to the Trust's supply chain emissions. As a significant consumer of water, we recognise that we need to take action now to mitigate these risks.

Figure 4 shows the Trust's annual water consumption per m^2 of floorspace going back to 2013/14, with our reduction target of 30% by 2025 overlaid. During 2017-2019, the Trust had an irregularly high water consumption level caused by a significant behind-the-meter water pipe leak at the acute hospital. This leak was located and repaired in 2019 leading to more typical annual consumption in 2019/20. In 2020/21 the Trust's water use reduced to below our target level for the first time since 2014/15. While this is indicative of the progress we have made in encouraging reduced water use, we also recognise that atypical clinical activity linked to the pandemic will have been a significant driver of the total reduction. To embed these benefits, we are considering how to more closely monitor consumption to identify and mitigate consumption peaks in a timely manner.

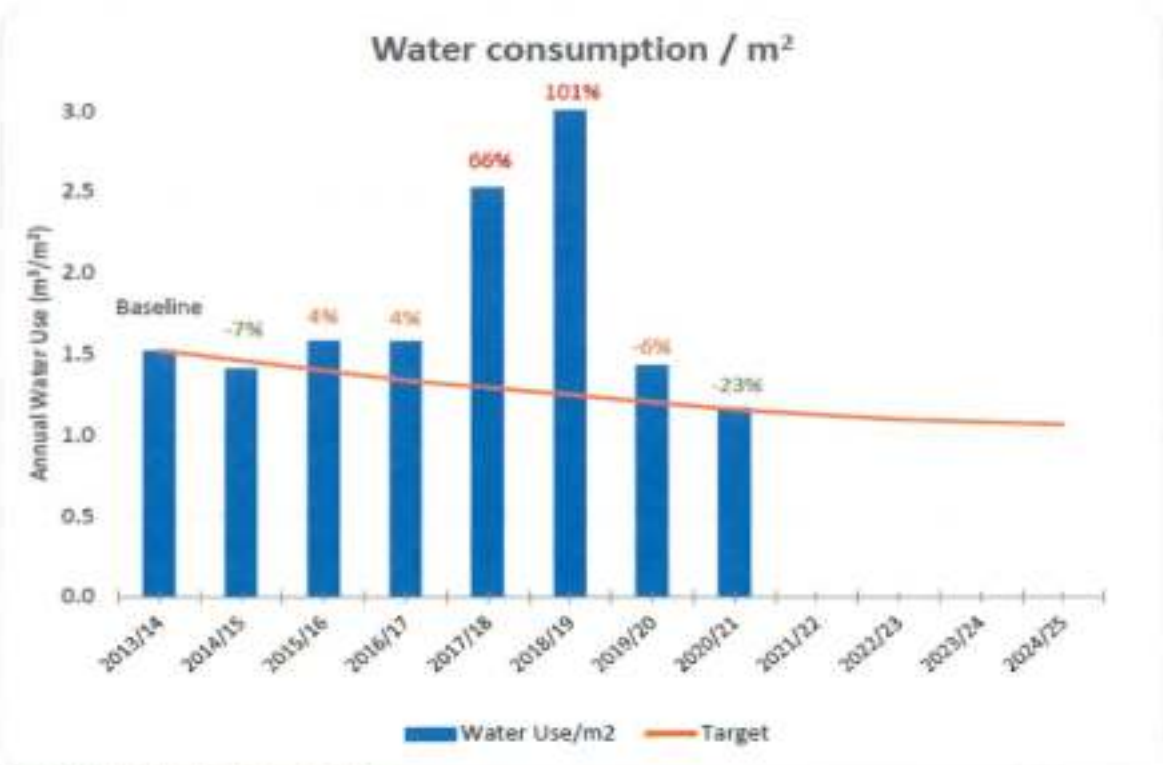


Figure 4: Normalised water consumption

Procurement

We continue our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. Following completion of the SDU's Sustainable Development Assessment Tool, we have identified a number of areas where we can look to improve the sustainability of our procurement practices. Examples include investigating the financial impact of purchasing green energy, the inclusion of sustainability specific criteria within tenders for goods & services and improved data capture to enable tracking of the carbon impact of our supply chain. Furthermore, we have recently conducted an in-depth review of our current utilities procurement contracts and are now considering options for the future to ensure that, going forward, we receive a cost-effective, high quality service that will not be at odds with our sustainability goals.

Travel & logistics

The Trust is engaged in a collaborative relationship with Islington Council to improve sustainable transport within the borough. We have a clear focus on greener travel with the intended aim both of reducing the carbon footprint of our business operations and supply chain and to improve the air quality of the local area.

Whittington operated a total of 13 electric fleet vehicles primarily for the purpose of business travel between community sites. This represents more than 50% of the Trust's vehicle fleet. Some larger petrol/diesel powered vehicles are retained for functions such as security and pharmaceutical deliveries. Business travel by car is conducted with the electric pool cars wherever possible. This has been facilitated through the Trust's investment of 6 electric vehicle (EV) charging points on the acute site, as well as several others across the community sites. In addition to our EVs, the Trust issued approximately 370 oyster cards to community staff to encourage the use of public transport instead of journeying by petrol/diesel cars.

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

Covid-19 impact

Throughout the previous financial year, the impact of the Covid-19 pandemic 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 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. As a Trust, we recognise 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 participated in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process led by NHS England. The core standards for EPRR are set out for NHS organisations to meet. The Trust's annual assessment was completed on 30 October 2020 by the North Central NHS England Assurance Team. NHS England communicated to providers on 20 August 2020 that the arrangements for 2020 would not require a granular assessment, if fully compliant. The EPRR assurance requirements stipulated that providers self-assess compliance, demonstrate learning from the first Covid-19 wave and provide assurance in relation to winter planning.

SELF ASSESSMENT- FULLY COMPLIANT: EPRR and CBRN (chemical, biological, radiological and nuclear) **2020** assurance outcome in accordance with standards achieved in 2019.

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

The Trust sustained the level of resilience at "Fully Compliant". An after action review for wave 1 of the Covid-19 response was conducted on 23 June 2020. The learning informed planning and additional preparation required for the second wave. The Winter Plan was approved by the Trust's Management Group on 29 September 2020.

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.

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: 15 June 2021

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors

Julia Neuberger, Naomi Fulop, Amanda Gibbon*, Tony Rice, Anu Singh, Glenys Thornton*, Rob Vincent*, Junaid Bajwa**, Wanda Goldwag***, Deborah Harris-Ugbomah****

*joined 1 May 2020, **joined 1 July 2020, ***1 July 2020 to 31 December 2020, ****left 30 April 2020

Executive Directors

Siobhan Harrington, Kevin Curnow, Clare Dollery, Norma French, Jonathan Gardner, Carol Gillen, Sarah Humphery, Michelle Johnson

Membership of board committees

The following committees reported to the Board:

Audit and Risk Committee

Non-Executive Directors: Rob Vincent, Amanda Gibbon, Naomi Fulop, (Tony Rice to 1 July 2020), Deborah-Harris Ugbomah (to 30 April 2020)

Charitable Funds' Committee

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

Finance & Business Development

Non-Executive Directors: Tony Rice, Naomi Fulop, Amanda Gibbon, Wanda Goldwag, Junaid Bajwa, Rob Vincent (estate issues)
Executive Directors: Kevin Curnow, Carol Gillen, Siobhan Harrington, Jonathan Gardner

Quality Assurance Committee

Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Glenys Thornton
Executive Directors: Michelle Johnson, Clare Dollery, Carol Gillen

Remuneration Committee

Non-Executive Directors: Julia Neuberger, Naomi Fulop, Amanda Gibbon, Tony Rice, Anu Singh, Glenys Thornton, Rob Vincent

Workforce Assurance Committee

Non-Executive Directors: Anu Singh, Glenys Thornton, Rob Vincent
Executive Directors: Kevin Curnow, Norma French, Michelle Johnson, 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 2020/21 are shown below:

Non-Executive Directors – voting Board members

Baroness Julia Neuberger DBE	• Independent, Cross Bench Peer, House of Lords • Chair, University College London Hospitals NHS Foundation Trust • Chair, Independent Age • Occasional broadcasting for the BBC • Rabbi Emerita, West London Synagogue • Trustee, Walter and Liesel Schwab Charitable Trust • Trustee, Van Leer Group Foundation • Chairman, Van Leer Jerusalem Institute • Trustee, Rayne Foundation • Vice President, Jewish Leadership Council • Consultant, Clore Duffield Foundation • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
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 • Lay member, NHS Blood and Transplant's National Organ Donation Committee <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Amanda Gibbon	• Personal shareholdings in Merck and Astrazeneca • Member, Human Tissue Authority • Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers in order to promote research into their disease areas. This post is currently unremunerated and the company has not yet begun trading) • Lay member, NHS Blood and Transplant's National Organ Donation Committee • Governor, University College London Hospitals NHS Foundation Trust (to 31st December 2020) • Trustee, Whittington Health Charity • Associate Non-Executive Director, Royal Free London NHS Foundation Trust • External member of the Audit and Risk Assurance Committee of the National Institute of Clinical Excellence <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • My four (adult) children each have personal shareholdings in GlaxoSmithKline
Tony Rice	• Chair, Dechra Pharmaceuticals Ltd • Senior Independent Director (Non-Executive Director), Halma Plc • Chair, Ultra Electronics (part of the Penlon cross-industrial syndicate supplying ventilators to the NHS) • Chair of Maiden Voyage Plc • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Anu Singh	• Member of HMG's Advisory Committee on Fuel Poverty • Non-Executive Director, Parliamentary & Health Service Ombudsman Board • Trustee, Whittington Health Charity • Non-Executive Director and Senior Independent Director, Camden & Islington NHS Foundation Trust • Chair, Partnership Southwark • Chair, Lambeth Safeguarding Adults Board <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service

Baroness Glenys Thornton	• Member of the House of Lords, Opposition Spokesperson for Health • Member, Advisory Group, Good Governance Institute • Chair and Trustee, Phone Co-op Foundation for Co-operative Innovation • Chair, Advisory Board of Assistive Healthcare Technology Association • Senior Associate, Social Business International • Senior Fellow, The Young Foundation • Council Member, University of Bradford • Emeritus Governor, London School of Economics • Trustee, Roots of Empathy UK • Patron, Social Enterprise UK • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Rob Vincent CBE	• Director of New Ing Consulting, currently providing assistance to the Track and Trace programme in Yorkshire and Humber • Chair, Kirklees Cultural Education Partnership • Trustee, Whittington Health Charity • Associate Non-Executive Director, University College London Hospitals NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement • Nil

Executive Directors – voting Board members

Siobhan Harrington, Chief Executive	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Daughter-in-law is employed by Whittington Health's Pharmacy department • Son is employed by the Islington re-ablement service
Kevin Curnow, Acting Chief Finance Officer	• Chair, Whittington Pharmacy, Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement • Nil

Clare Dollery, Medical Director	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Nil
Carol Gillen, Chief Operating Officer	Non-Executive Director, Whittington Pharmacy Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement • Nil
Michelle Johnson MBE, Chief Nurse & Director of Allied Health Professionals	• Trustee on Board of Roald Dahl Marvellous Children's Charity • Independent member of NHS Professionals' Quality Committee • Chief Nurse, Camden & Islington NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement • Son and daughter are volunteers at Whittington Health

Non-voting Board members

Junaid Bajwa	• Chief Medical Scientist, Microsoft • Essential Guides UK Limited (Shareholder, GP locum services and educational work) • Chief Medical Scientist, Microsoft Research • Merck Sharp and Dohme (shareholder and employee in the Global Digital Centre of Excellence) • NHS England (GP appraiser) • Non-Executive Director, University College London Hospitals NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement • Nil
Wanda Goldwag	• Chair, Office for Legal Complaints • Chair, Financial Services Consumer Panel, Financial Conduct Authority • Chair, Leasehold Advisory Service • Lay member, Queen's Counsels appointments panel • Non-Executive Director, Royal Free London NHS Foundation Trust

	▸ Advisor, Smedvig Venture Capital ▸ Director, Loyalty Services Limited ▸ Director, Goldwag Consultancy Limited <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ▸ Nil
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 ▸ Sone is employed as an administrator in the laboratory service 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 3.49 of the Department of Health Group Accounting Manual (GAM) 2020/21 is: .... persons in senior positions having authority or responsibility for directing or controlling major activities within the group body". For the purposes of this report, senior managers are defined as the chief executive, non-executive directors and executive directors, all Board members with voting rights.

Salaries and allowances 2020/21

		2020-21					
Name & Title		Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	Pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
		£000	£00	£000	£000	£000	£000
Non-Executive							
Julia Neuberger - Chair	Start 1/04/20	25-30					25-30
Anu Singh		10-15					10-15
Tony Rice		10-15					10-15
Amanda Gibbon	Start 01/05/20	10-15					10-15
Naomi Fulop		10-15					10-15
Glenys (Dorothea) Thornton	Start 01/05/20	10-15					10-15
Robert Vincent	Start 01/05/20	10-15					10-15
Junaid Bajwa	Start 01/07/20	5-10					5-10
Wanda Goldwag	From 1/07/20 to 31/12/20	5-10					5-10
Deborah Harris-Ugbomah	Left 30/04/20	1-5					1-5
Executive							
Siobhan Harrington - Chief Executive		180-185		0-5		55-57.5	225-230
Kevin Curnow - Chief Finance Officer		130-135				45-47.5	180-185
Clare Dollery - Medical Director		190-195				0	190-195
Norma French - Director of Workforce		130-135				27.5-30	160-165
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120				25-27.5	140-145
Carol Gillen - Chief Operating Officer		135-140				5-7.5	140-145
Sarah Humphery - Executive Medical Director : Integrated Care		40-45				5-7.5	50-55
Michelle Johnson - Chief Nurse and Director of Patient Experience		125-130				77.5-80	205-210

Salaries and allowances 2019/20

Name & Title		2019-20					
		Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	Pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
		£000	£00	£000	£000	£000	£000
Non-Executive							
Julia Neuberger - Chair	Start 1/04/20						
Anu Singh		15-20					15-20
Tony Rice		5-10					5-10
Amanda Gibbon	Start 01/05/20						
Naomi Fulop		5-10					5-10
Glenys (Dorothea) Thornton	Start 01/05/20						
Robert Vincent	Start 01/05/20						
Junaid Bajwa	Start 01/07/20						
Wanda Goldwag	From 1/07/20 to 31/12/20						
Deborah Harris-Ugbomah	Left 30/04/20	5-10					5-10
Executive							
Siobhan Harrington - Chief Executive		180-185				52.5-55	235-240
Kevin Curnow - Chief Finance Officer		70-75				52.5-55	125-130
Claire Dolliery - Medical Director		150-155				0	150-155
Norma French - Director of Workforce		130-135				40-42.5	170-175
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120				27.5-30	140-145
Carol Gillen - Chief Operating Officer		135-140				20-22.5	155-160
Sarah Humphery - Executive Medical Director : Integrated Care		40-45				20-22.5	60-65
Michelle Johnson - Chief Nurse and Director of Patient Experience		115-120				82.5-85	200-205

Statement of the policy on senior managers' remuneration

The remuneration committee follows national guidance on the salary of senior managers. All elements of remuneration, including 'annual cost of living increases', when applicable, continued to be subject to performance conditions. Other decisions made by the Committee are reflected in the tables above. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions, last updated in March 2021.

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

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

Board members' pension entitlements for those in the pension scheme 2020/21

Name	Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2021 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2021 (bands of £5,000)	Cash equivalent transfer value at 31 March 2021 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2020 (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	55-60	145-150	1,298	1,200	45	27
Kevin Curnow	2.5-5	0	20-25	0	262	218	20	19
Clare Dollery	0	0	0	0	0	0	0	0
Norma French	0-2.5	0	35-40	70-75	720	658	28	19
Jonathan Gardner	0-2.5	0	20-25		242	208	12	17
Carol Gillen	0-2.5	2.5-5	50-55	160-165	0	0	0	20
Sarah Humphery	0-2.5	0	15-20	15-20	246	228	8	6
Michelle Johnson	2.5-5	12.5-15	45-50	135-140	998	866	94	18

The Trust's accounting policy in respect of pensions is described in Note 8 of the complete annual accounts document that will be uploaded to www.whittington.nhs.uk in September 2021. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

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

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

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

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement guidance for appointing non-executive directors. The terms of the contract apply equally to all non-executive directors with the exception of the Chair, who has additional responsibilities and accountabilities. The

remuneration of a non-executive director is £11,500. The Chair received remuneration of £28,053 for 2020-21.

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 2020/21 was £184,380 (2019/20: £182,500). This was 6.0 times the median remuneration of the workforce, which was £31,365 (2019/20: £30,401).

In 2020/21, we had no employees (unchanged from 2019/20) who received remuneration more than the highest-paid director.

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

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 is shown overleaf.

Breakdown of temporary and permanent staff members

	Average WTE	
	2020-21	2019-20
Permanent staff Total		
Medical and dental	477	483
Administration and estates	1,030	973
Healthcare assistants and other support staff	630	587
Nursing, midwifery and health visiting staff	1,080	1,063
Scientific, therapeutic and technical staff	753	733
Permanent staff Total	**3,969**	**3,839**
Temporary staff		
Medical and dental	74	46
Ambulance staff		
Administration and estates	163	183
Healthcare assistants and other support staff	110	132
Nursing, midwifery and health visiting staff	181	210
Scientific, therapeutic and technical staff	57	71
Temporary staff total	**585**	**642**
All Staf total	**4,555**	**4,481**

Costs of temporary and permanent staff members

Staff Group	2020/21	2019/20
	£000's	£000's
Permanent Staff		
Administration and Estates	56,133	42,782
Medical and Dental	49,056	47,185
Nursing and Midwives	62,168	61,340
Scientific, Therapeutic and Technical	44,924	43,028
Healthcare assistants and Other Support Staff	21,810	20,505
Apprenticeship Levy	967	1050
Permanent Total	**235,058**	**215,890**
Temporary Staff		
Administration and Estates	7,145	6,880
Medical and Dental	9,315	6,651
Nursing and Midwives	10,968	11,752
Scientific, Therapeutic and Technical	2,736	3,179
Healthcare assistants and Other Support Staff	4,134	4,599
Temporary Staff Total	**34,298**	**33,061**
All Staff Total	**269,356**	**248,951**

Consultancy spend

The Trust spent £0.5m on consultancy in 2020/21. The majority of this expenditure was incurred to support our efficiency scheme.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2021 for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2020/21

	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		£'000		£'000		£'000
<£10,000			2	1	2	5		
£10,000 - £25,000					0	0		
£25,001 - £50,000					0	0		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000	1	196			1	196		
>£200,000					0	0		
Total	1	196	2	5	3	201	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: 15 June 2021

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 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a robust approach to risk management. This can be demonstrated by the following:

- Leadership of the risk management process through:
  - the Board annually reviewing its risk management strategy and risk appetite
  - executive risk leads for each Board assurance Framework entry
  - Board members reviewing the Board Assurance Framework and key entries on the Trust Risk Register on a quarterly basis

- The Audit & Risk Committee has delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives and reviews the effectiveness of the Trust's systems of risk management and internal control
- It is supported in this by other Board Committees providing assurance to the Board on the effective mitigation of strategic Board Assurance Framework entries and other key risks, as follows:
  - The Quality Assurance Committee reviews and provides assurance to the Board on the management of risks relating to quality and safety, including all risk entries scored above 15 on individual Integrated Clinical Service Units' (ICSUs) and corporate areas' risk registers

    - The Finance & Business Development Committee provides assurance to the Board on the delivery of the Trust's financial sustainability and integration strategic objectives and reviews risks scored higher than 15 which relate to finance, information governance, estates 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 Assurance Committee which also monitors those workforce risks related to patient quality and safety
    - The Trust Management Group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management is in place for all staff
- The Chief Executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named Directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from Risk Managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

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

The risk and control framework

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

The Trust's approach to risk management aims to:

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

Risk management process

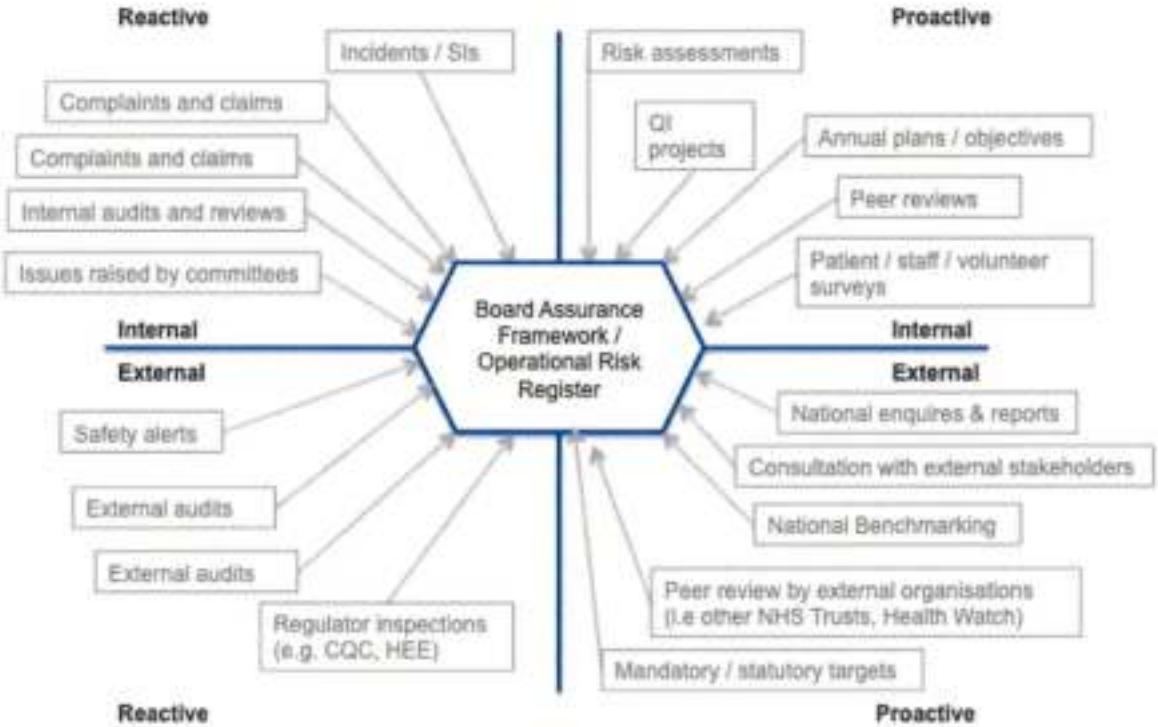
Whittington Health adopts a structured approach to risk management by identifying, analysing, evaluating and managing risks. Where appropriate, staff will escalate or de-escalate risks through the governance structures in place at the Trust.

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 Assurance Committees to identify any risks to the Trust.

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

Risk assessment

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

Risk analysis and evaluation

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

Risk assessment is an integral part of the business planning process. 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:

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

Board Assurance Framework

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

strategic objectives and was supported by other relevant board committees and the Trust's Management Group.

In July 2020, the Audit & Risk Committee received the outcome of Grant Thornton's internal auditor review of the Trust's board assurance arrangements. The review concluded that, there was *significant assurance with some improvements required.* One of the key improvements made to the BAF this year has been to strengthen the ability of Board and executive Committee to better track the assurances and key performance indicators linked to the delivery of corporate and strategic objectives.

Structure and presentation:

BAF entries to the delivery of the Trust's 2020/21 four strategic objectives were:

Strategic objective	Board Assurance Framework entry
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 and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Quality 2	Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services
Quality 3	Patients on a diagnostic and/or treatment pathway (elective and community) at risk of deterioration due to insufficient capacity to restart enough elective surgery and other services (as a result of Covid-19 Infection Prevention & Control (IPC) guidance), resulting in further illness, death or the need for greater intervention at a later stage
Quality 4	Lack of attention to other key clinical performance targets, due to other Covid-19 priorities, or reduced capability, leads to deterioration of service quality and patient care
People 1	Lack of sufficient staff, due to second Covid-19 results in increased infection rates and increased staff absence, or the impacts of Brexit lead to increased pressure on staff, a reduction in quality of care and insufficient capacity to deal with demand
People 2	Psychological and physical pressures of work due to Covid-19 impact and lower resilience in staff, resulting in a deterioration in behaviours, culture, morale and the psychological wellbeing of staff and impacts adversely on staff absence and the recruitment and retention of staff
People 3	Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources leads to disengaged staff and higher turnover

Strategic objective	Board Assurance Framework entry
Integration 1	The reconfiguration of pathways or services, due to Covid-19 restart pressures, political pressures, or provider competition, results in some Whittington Health services becoming fragile or unsustainable, or decommissioned and therefore threatens the strategic viability of the Trust. (e.g. paediatrics inpatients, trauma, maternity)
Integration 2	Failure to effectively maximise the opportunity through system working, due to focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways
Integration 3	The progress made on integration with partners is put back, due Covid-19 pressures, and a system focus on acute pathways, resulting in benefits previously gained being lost
Integration 4	The health and wellbeing of the population is made worse, due to the lack of available investment or focus on ongoing care and prevention work, resulting in demand after the Covid-19 outbreak being considerably higher than pre-Covid-19
Sustainable 1	Covid-19 cost pressures are not collected properly and or not funded properly, due to poor internal systems, lack of funding or prioritisation of other trusts' need, and as a result our underlying deficit worsens
Sustainable 2	Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital
Sustainable 3	Unequal investment in services, due to lack of clarity over the NHS funding regime and other trusts taking opportunities, or rushed decisions, leads to a mismatch of quality of provision for our population and delay, reduction, or cancelling of key investment projects for the Trust
Sustainable 4	Failure to transform services to deliver savings plan, due to poor control or insufficient flexibility under a block contract, results in adverse underlying financial position, and failure to hit control total, that puts pressure on future years investment programmes and reputational risk
Sustainable 5	The stopping or delay of existing transformation projects (e.g. orthopaedics / pathology / localities / maternity / estates), due to the focus on immediate issues around the Covid-19 restart, results in savings and improvements to patient care, not being realised

Assurances and gaps

The BAF included assurances rated as relevant to the control/risk reported against. The assurances are timely and are also updated over time. Furthermore, there is allocated responsibility for submission and assessment. The BAF also highlights gaps within assurances which trigger 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.

It is important to note that this year the BAF was reviewed more regularly than usual and indeed the risks were adapted through the year to incorporate the new objectives and risks that became relevant through covid.

Risk appetite

In line with good practice, the Trust completed an annual review of its risk appetite statement. This was discussed and endorsed by members of the Audit and Risk Committee. The risk appetite range is included within Board Assurance Framework (BAF) reports presented to board and executive committees. Individual risks on the BAF are allocated a target score against which progress is reported in the BAF.

Embedding risk management

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

- Face-to-face training for key risk managers
- Review of the risk register entries by the Quality Assurance Committee and the Trust Management Group
- Oversight of BAF entries by Board Committees and the Trust Management Group
- A review of the BAF every three months by the Trust Board (and more frequently this year, when required)

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

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

- During the year, the Trust's private finance initiative (PFI) with Whittington Facilities Limited (WFL) ended. On 1 July 2020, the directors of WFL issued a notice of its intention to appoint administrators to the court and formally appointed Administrators on 28 July 2020. Two elements of the Trust's estate at its Archway acute site were part of the PFI contract. After the ending of the contract, the ownership and responsibility for maintaining this estate transferred back to the Trust which is closely working with regulators and surveying the estate to fully understand the condition of the buildings that have transferred. The progress of these works and any ongoing legal disputes are monitored at various governance forums including a PFI steering group attended by trust representatives, those from the Department of Health & Social Care as well as NHS England/Improvement. In addition, the Trust Board and Trust Management Group received regular updates throughout the year

Risk management during Covid-19

During 2020, 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.

At various times throughout the year, we flexed our governance structure to suit the immediacies of the emergent situation. This included moving to daily Trust Management Group Gold meetings.

The Board of Directors

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

- set and oversee the strategic direction of the Trust
- review and 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 care and safety as its primary focus, receiving and reviewing quality and patient safety reports and the minutes and areas of concern highlighted in board committees' minutes, particularly the Quality Assurance Committee, which deals with patient quality and safety
- receive reports from the 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 held meetings in public seven times throughout the financial year on 29 April 2020, 24 June, 29 July, 30 September, 26 November. 25 February 2021 and 25 March. A breakdown of attendance for the Board's meetings held in 2020/21 is shown overleaf:

Job title and name	Meetings attended (out of 7 unless stated)
Chair, Julia Neuberger	7
Non-Executive Director, Naomi Fulop	7
Non-Executive Director, Amanda Gibbon*	6 out of 6
Non-Executive Director, Tony Rice	7
Non-Executive Director, Anu Singh	7
Non-Executive Director, Glenys Thornton*	6 out of 6
Non-Executive Director, Rob Vincent*	6 out of 6
Associate Non-Executive Director, Junaid Bajwa**	5 out of 5
Associate Non-Executive Director, Wanda Goldwag**	3 out of 3
Chief Executive, Siobhan Harrington	7
Medical Director, Clare Dollery	7
Chief Finance Officer, Kevin Curnow	7
Chief Operating Officer, Carol Gillen	7
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	7
Director of Workforce, Norma French	5
Director of Strategy, Development & Corporate Affairs, Jonathan Gardner	7
Medical Director, Integrated Care, Sarah Humphery	6

* appointed 1 May 2020
** appointed 1 July 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 four key committees within the structure that provided assurance to the Board of Directors. They were: audit and risk, quality assurance, 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 Assurance Committee

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

Finance & Business Development Committee

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

Charitable Funds Committee

This forum is a formal committee of the Board, to provide assurance to the Board on the management of charitable funds and fundraising activities.

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 2020/21, 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 also 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 2020/21, Whittington Health had in place a range of processes which helped to ensure that it used resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- adherence to guidance issued by NHS England and Improvement by establishing robust systems for the identification of additional costs incurred due to Covid-19 pandemic
- 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:

Nature of incident	Incident Date	ICO Reported Date	ICO Outcome
A handover sheet was left at bedside of patient. A person took a photograph of it. They were asked to delete the photograph.	22/09/2020	13/10/2020	No further action

Data quality and governance

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

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

- A review of the Trust's Data Quality strategy
- Monthly monitoring of national data quality (DQ) measures
- Reviews of specific data sets (e.g. Referral to Treatment Patient Treatment List) with specific regard to data quality. Regular spot checks were carried out by the Trust's Validation Team
- Weekly Referral to Treatment review meetings for cancer, community and acute services
- Our Data Quality Review Group ensured all aspects of data quality standards were maintained and reviewed
- Continuing to review the awareness of key staff of their responsibilities around data quality and proposing approaches to achieve improvement if necessary

- Reviewing the scope of material internal data sets with specific regard to data quality and summarise those known with their main characteristics, any known data quality issues and owners in overview

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

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's Quality Assurance Committee, provides assurance on the Quality Account and the quality priorities and 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 was 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 assurance committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place. The board ensures the effectiveness of the system of internal control through clear accountability arrangements.

An annual "Head of Internal Audit Opinion" based on the work and audit assessments undertaken during the year for 2020/21 was issued and stated:

Our overall opinion for the period 1 April 2020 to 31 March 2021 is that, based on the scope of reviews undertaken and the sample tests completed during the period,

significant assurance with some improvement required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control with some improvements recommended.

While there were some delays in the finalisation of internal audit reviews scheduled this year, this rating reflects continued year-on-year improvements in the effectiveness of the Trust's system of internal control.

Conclusion

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

Signed 
Chief Executive
Date:

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: 15 June 2021

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

15 June 2021 .....Date.....Chief Executive

15 JUNE 2021 .....Date.....Finance Director

The Whittington Health NHS Trust

Annual accounts for the year ended 31 March 2021

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, 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.....

Siobhan Harrington
Chief Executive
14th June 2021

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

.....

Siobhan Harrington
Chief Executive
14th June 2021

.....

Kevin Curnow
Chief Finance Officer
14th June 2021

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 2021 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 2021 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 2020/21.

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").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management and the Audit & Risk Committee as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve control totals delegated to the Trust by NHS Improvement.
- Reading Board and Audit & Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk that additional funding was claimed inappropriately through the extra resources made available as a result of Covid-19; revenue is recorded in the wrong period or has been inappropriately deferred and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included material post close journals which reduce reported expenditure and journals with other unusual characteristics.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Identified income and expenditure invoices recognised in the period 1 March 2021 to 31 May 2021, to determine whether the income and expenditure is recognised in the correct accounting period, in accordance with the amounts billed to the corresponding parties.
- Assessed the outcome of the NHS agreement of balances exercise with CCGs and other NHS providers and investigated the cause of the variances identified.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards), and from inspection of the Trust's legal correspondence and discussed with the directors the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under paragraph 2(1) of Schedule 5 to the National Health Service Act 2006 the Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account (the breakeven duty). In reporting on compliance with the breakeven duty the Trust is required to comply with the Department of Health and Social Care's 'Guidance on Breakeven Duty and Provisions'. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The 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; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required 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 2020/21. 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 2020/21.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 2, 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 1 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

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

As explained in the statement set out on page [A], 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

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

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; 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 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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

16 June 2021

Statement of Comprehensive Income

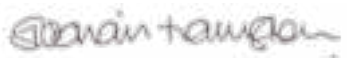
	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	350,040	314,606
Other operating income	4	45,300	35,577
Operating expenses	5,7	(391,213)	(341,943)
Operating surplus/(deficit) from continuing operations		**4,127**	**8,240**
Finance income	10	6	228
Finance expenses	11	(1,859)	(3,340)
PDC dividends payable		(6,059)	(5,007)
Net finance costs		**(7,912)**	**(8,119)**
Other gains / (losses)	-	-	-
Surplus / (deficit) for the year from continuing operations		**(3,785)**	**121**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	12	-	-
Surplus / (deficit) for the year		**(3,785)**	**121**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(8,189)	(1,137)
Revaluations	16	592	4,394
Total comprehensive income / (expense) for the period		**(11,382)**	**3,378**

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	13	9,789	9,102
Property, plant and equipment	14	223,962	224,209
Receivables	18	401	491
Total non-current assets		**234,152**	**233,802**
Current assets			
Inventories	17	2,195	2,405
Receivables	18	18,251	44,565
Cash and cash equivalents	19	61,527	27,384
Total current assets		**81,973**	**74,354**
Current liabilities			
Trade and other payables	20	(52,365)	(51,503)
Borrowings	22	(300)	(28,963)
Provisions	24	(769)	(479)
Other liabilities	21	(1,685)	(2,706)
Total current liabilities		**(55,119)**	**(83,651)**
Total assets less current liabilities		**261,006**	**224,505**
Non-current liabilities			
Borrowings	22	(6,610)	(27,663)
Provisions	24	(36,235)	(1,132)
Total non-current liabilities		**(42,845)**	**(28,795)**
Total assets employed		**218,161**	**195,710**
Financed by			
Public dividend capital		106,191	72,358
Revaluation reserve		91,395	98,992
Income and expenditure reserve		20,575	24,360
Total taxpayers' equity		**218,161**	**195,710**

The notes on pages 14 to 63 form part of these accounts.

Name Siobhan Harrington
Position Chief Executive Officer
Date 14/06/2021



Statement of Changes in Equity for the year ended 31 March 2021

	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 2020 - brought forward	**72,358**	**98,992**	**-**	**-**	**-**	**24,360**	**195,710**
Surplus/(deficit) for the year	-	-	-	-	-	(3,785)	**(3,785)**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(8,189)	-	-	-	-	**(8,189)**
Revaluations	-	592	-	-	-	-	**592**
Public dividend capital received	33,833	-	-	-	-	-	**33,833**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2021	**106,191**	**91,395**	**-**	**-**	**-**	**20,575**	**218,161**

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**
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2019 - restated	**66,691**	**95,735**	**-**	**-**	**-**	**24,239**	**186,665**
Surplus/(deficit) for the year	-	-	-	-	-	121	**121**
Impairments	-	(1,137)	-	-	-	-	**(1,137)**
Revaluations	-	4,394	-	-	-	-	**4,394**
Public dividend capital received	5,667	-	-	-	-	-	**5,667**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**72,358**	**98,992**	**-**	**-**	**-**	**24,360**	**195,710**

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	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		4,127	8,240
Non-cash income and expense:			
Depreciation and amortisation	5	9,324	7,143
Net impairments	6	3,961	276
Income recognised in respect of capital donations	4	(91)	-
(Increase) / decrease in receivables and other assets		26,589	(4,014)
(Increase) / decrease in inventories		210	(957)
Increase / (decrease) in payables and other liabilities		723	13,837
Increase / (decrease) in provisions		10,191	(264)
Other movements in operating cash flows		-	1,151
Net cash flows from / (used in) operating activities		**55,034**	**25,412**
Cash flows from investing activities			
Interest received		6	228
Purchase of intangible assets		(2,517)	(3,914)
Purchase of PPE and investment property		(15,234)	(14,858)
Net cash flows from / (used in) investing activities		**(17,745)**	**(18,544)**
Cash flows from financing activities			
Public dividend capital received		33,833	5,667
Movement on loans from DHSC		(27,382)	(164)
Capital element of finance lease rental payments		(1,845)	(872)
Capital element of PFI, LIFT and other service concession payments		(201)	(1,192)
Interest on loans		(112)	(472)
Other interest		-	(2)
Interest paid on finance lease liabilities		(670)	(202)
Interest paid on PFI, LIFT and other service concession obligations		(451)	(2,664)
PDC dividend (paid) / refunded		(6,318)	(4,748)
Net cash flows from / (used in) financing activities		**(3,146)**	**(4,649)**
Increase / (decrease) in cash and cash equivalents		**34,143**	**2,219**
Cash and cash equivalents at 1 April - brought forward		**27,384**	**25,165**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**27,384**	**25,165**
Cash and cash equivalents at 31 March	19	**61,527**	**27,384**

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 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

On 2 April 2020, the Department of Health & Social Care (DHSC) and NHS England & 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 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalled £27.2m were classified as current liabilities within the 2019/20 financial statements. As the repayment transactions were funded through the issue of PDC, this did and 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a [Integrated Care System/Sustainability and Transformation Partnership] level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled 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.

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.

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.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

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.

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.

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

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

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

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

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

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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

PFI 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.

The Trust entered into a Private Finance Initiative (PFI) arrangement in 2003 to build and maintain the main hospital through construction firm Whittington Facilities Ltd (WFL). On the 28th July 2020 WFL filed for administration.

The collapse of WFL means that the main building elements transferred back into the ownership of the Trust during 2020/21, and the Trust is now responsible for the maintenance of the building. Further details of the financial arrangements and implications are discussed in further detail as part of the Provisions notes and policies.

Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	23	45
Dwellings	35	35
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; and where the cost is at least £5,000.

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 when 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.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

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 emission. 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, i.e., 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 as appropriate.

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

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets measured at fair value through other comprehensive income

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

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

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

Impairment of financial assets

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

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

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

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

Derecognition

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

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 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
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	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% 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. These contributions are charged to expenditure during the year. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25 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 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, 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, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

Note 1.18 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 1.19 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 1.20 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 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.22 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 2022. 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 2022, 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 defined by HM Treasury. Currently this rate is 0.91% 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 2022 for existing finance leases.

For leases commencing in 2022/23, 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 1.23 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Property, plant and equipment
The Trust's land and building assets are valued on the basis explained in note 16 to the accounts. Cushman & Wakefield (C&W), our independent valuer, provided the Trust with a valuation of land and building assets (estimated fair value and remaining useful life). The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, leads to revaluation adjustments. Future revaluations of the Trust's property may result in further changes to the carrying values of non-current assets.

Provisions
Provisions have been made for legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the accounts are prepared. These provisions are estimates of the actual costs of future 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 32 to the accounts.

Note 1.24 Sources of estimation uncertainty

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

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

- Notes 3: Revenue.
- Note 14 Property, plant & equipment.
- Note 18: Provisions for credit notes and impairment of receivables.
- Note 24: Provisions not already covered in Note 18.
- Note 20: Accruals.

A material addition to the provision balance in 2020/21 concerns the implications arising from the collapse of Whittington Facilities Ltd (WFL).

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

In the judgement of the Trust, a provision was deemed appropriate as at 31 March 2021 to cover relevant potential liabilities. The basis of this provision relied on professional legal advice (on the instruction of the Trust); while the administrators of WFL provided similar advice from their own legal advisors, the Trust relied on the aforementioned advice in prudently providing for potential future costs.

The legal position is not concluded and the full costs of remediation are not yet known. The provision is based on the Trust's best estimate of the remediation costs, but the final settlement of the PFI claim could be higher if the remediation costs are lower than estimated. Conversely the final cost of the claim could be lower if the remediation costs are higher than estimated.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2021, and should not be taken as admission of any liability on the part of the Trust.

Note 2 Operating Segments

The Trust's chief decision maker has been defined as the Trust Board, and is responsible for allocating resources across the Trust. The Trust's operational management structure is delivered though five clinical integrated care service units (ICSU's) covering acute and community services across London.

In line with IFRS 8, the trust has determined that these ICSU's are classed as a single segment with the agreed purpose of providing healthcare services.

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2020/21 £000	2019/20 £000
Acute services		
Block contract / system envelope income*	222,627	119,064
High cost drugs income from commissioners (excluding pass-through costs)	10,281	8,477
Other NHS clinical income	-	64,492
Community services		
Block contract / system envelope income*	75,268	73,898
Income from other sources (e.g. local authorities)	-	-
All services		
Private patient income	56	69
Additional pension contribution central funding**	9,918	9,568
Other clinical income	31,890	39,038
Total income from activities	**350,040**	**314,606**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

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

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2020/21 £000	2019/20 £000
NHS England	44,684	41,494
Clinical commissioning groups	287,770	256,967
Department of Health and Social Care	-	-
Other NHS providers	4,477	2,443
NHS other	-	-
Local authorities	11,198	11,299
Non-NHS: private patients	56	69
Non-NHS: overseas patients (chargeable to patient)	623	388
Injury cost recovery scheme	296	471
Non NHS: other	936	1,475
Total income from activities	**350,040**	**314,606**
Of which:		
Related to continuing operations	350,040	314,606
Related to discontinued operations	-	-

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

	2020/21	2019/20
	£000	£000
Income recognised this year	623	388
Cash payments received in-year	109	173
Amounts added to provision for impairment of receivables	554	222
Amounts written off in-year	-	-

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	703	-	**703**	623	-	**623**
Education and training	15,173	-	**15,173**	16,739	-	**16,739**
Non-patient care services to other bodies	6,537		**6,537**	6,354		**6,354**
Provider sustainability fund (2019/20 only)			**-**	4,910		**4,910**
Financial recovery fund (2019/20 only)			**-**	1,257		**1,257**
Marginal rate emergency tariff funding (2019/20 only)			**-**	365		**365**
Reimbursement and top up funding	14,252		**14,252**			**-**
Income in respect of employee benefits accounted on a gross basis	32		**32**	249		**249**
Receipt of capital grants and donations		91	**91**		-	**-**
Charitable and other contributions to expenditure		5,180	**5,180**		-	**-**
Rental revenue from operating leases		884	**884**		995	**995**
Other income	2,449	-	**2,449**	4,085	-	**4,085**
Total other operating income	**39,145**	**6,155**	**45,300**	**34,582**	**995**	**35,577**
Of which:						
Related to continuing operations			45,300			35,577

Note 5.1 Operating expenses

	2020/21 £000	2019/20 £000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	1,960	702
Purchase of social care	-	-
Staff and executive directors costs	269,356	248,951
Remuneration of non-executive directors	118	66
Supplies and services - clinical (excluding drugs costs)	28,453	23,789
Supplies and services - general	4,094	3,846
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	13,314	13,321
Inventories written down	23	-
Consultancy costs	492	482
Establishment	3,802	2,424
Premises	22,585	14,196
Transport (including patient travel)	278	1,143
Depreciation on property, plant and equipment	7,494	5,595
Amortisation on intangible assets	1,830	1,548
Net impairments	3,961	276
Movement in credit loss allowance: contract receivables / contract assets	1,872	(301)
Movement in credit loss allowance: all other receivables and investments	10	(33)
audit services- statutory audit	84	51
other auditor remuneration (external auditor only)	-	1
Internal audit costs	-	190
Clinical negligence	10,164	9,750
Legal fees	1,279	710
Insurance	199	160
Research and development	575	774
Education and training	1,392	908
Rentals under operating leases	4,721	5,781
Redundancy	160	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	437	1,133
Car parking & security	19	-
Hospitality	-	7
Other	12,541	6,473
Total	**391,213**	**341,943**
Of which:		
Related to continuing operations	391,213	341,943

Note 5.2 Other auditor remuneration

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	1
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**

The net figure paid to the auditor for the 2020/21 financial statement audit is £70k excluding VAT.

Note 5.3 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 (2019/20: £1m), aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Note 6 Impairment of assets

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Unforeseen obsolescence	-	-
Changes in market price	3,961	276
Other	-	-
Total net impairments charged to operating surplus / deficit	**3,961**	**276**
Impairments charged to the revaluation reserve	8,189	1,137
Total net impairments	**12,150**	**1,413**

As a result of the Covid-19 pandemic, at the valuation date, the Trust's valuers considered that it was appropriate to attach less weight to previous market evidence and published build cost information for comparison purposes, to inform opinions of value. Indeed, the current response to COVID 19 meant that they were faced with an unprecedented set of circumstances on which to base a judgement.

Their valuation was therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. This does not mean that the valuation cannot be relied upon. It is used in order to be clear and transparent with all parties, in a professional manner that – in the current extraordinary circumstances – less certainty can be attached to the valuation than would otherwise be the case.

Impairments thus incurred by the Trust should be viewed in this light, and will be kept under review on as frequent a basis as is practical.

Note 7.1 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	210,034	189,696
Social security costs	18,694	19,137
Apprenticeship levy	967	925
Employer's contributions to NHS pensions	31,954	31,519
Pension cost - other	117	81
Other employment benefits	218	-
Termination benefits	-	279
Temporary staff (including agency)	8,297	9,181
Total gross staff costs	**270,281**	**250,818**
Recoveries in respect of seconded staff	-	-
Total staff costs	**270,281**	**250,818**
Of which		
Costs capitalised as part of assets	925	1,867

Note 7.2 Retirements due to ill-health

During 2020/21 there were 4 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £139k (£4k in 2019/20).

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

Note 8 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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

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 Pension 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 2020/21 was 3% (2019/20: 3%).

Note 9 Operating leases

Note 9.1 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.

	2020/21 £000	2019/20 £000
Operating lease revenue		
Minimum lease receipts	884	995
Total	**884**	**995**

	31 March 2021 £000	31 March 2020 £000
Future minimum lease receipts due:		
- not later than one year;	894	984
- later than one year and not later than five years;	3,466	3,891
- later than five years.	4,322	2,431
Total	**8,682**	**7,306**

Note 9.2 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.

	2020/21 £000	2019/20 £000
Operating lease expense		
Minimum lease payments	4,721	5,781
Total	**4,721**	**5,781**

	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:		
- not later than one year;	4,721	5,781
- later than one year and not later than five years;	18,026	17,738
- later than five years.	25,457	29,899
Total	**48,204**	**53,418**
Future minimum sublease payments to be received	-	-

Note 10 Finance income

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

	2020/21	2019/20
	£000	£000
Interest on bank accounts	6	228
Total finance income	**6**	**228**

Note 11.1 Finance expenditure

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

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	59	472
Finance leases	670	202
Interest on late payment of commercial debt	-	2
Main finance costs on PFI and LIFT schemes obligations	702	1,654
Contingent finance costs on PFI and LIFT scheme obligations	428	1,010
Total interest expense	**1,859**	**3,340**
Other finance costs	-	-
Total finance costs	**1,859**	**3,340**

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

	2020/21	2019/20
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	2

Note 12 Discontinued operations

	2020/21	2019/20
	£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 13.1 Intangible assets - 2020/21

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**20,738**	**333**	**21,071**
Additions	2,509	8	**2,517**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	333	(333)	**-**
Disposals / derecognition	(8,655)	-	**(8,655)**
Valuation / gross cost at 31 March 2021	**14,925**	**8**	**14,933**
Amortisation at 1 April 2020 - brought forward	**11,969**	**-**	**11,969**
Provided during the year	1,830	-	**1,830**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
Disposals / derecognition	(8,655)	-	**(8,655)**
Amortisation at 31 March 2021	**5,144**	**-**	**5,144**
Net book value at 31 March 2021	**9,781**	**8**	**9,789**
Net book value at 1 April 2020	**8,769**	**333**	**9,102**

Note 13.2 Intangible assets - 2019/20

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**16,971**	**249**	**17,220**
Prior period adjustments	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**16,971**	**249**	**17,220**
Additions	-	3,914	**3,914**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	3,767	(3,830)	**(63)**
Valuation / gross cost at 31 March 2020	**20,738**	**333**	**21,071**
Amortisation at 1 April 2019 - as previously stated	**10,421**	**-**	**10,421**
Prior period adjustments	-	-	**-**
Amortisation at 1 April 2019 - restated	**10,421**	**-**	**10,421**
Provided during the year	1,548	-	**1,548**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
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 14.1 Property, plant and equipment - 2020/21

	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 2020 - brought forward	**45,638**	**161,791**	**50**	**16,579**	**35,741**	**14,621**	**228**	**274,648**
Additions	-	342	-	14,103	4,360	-	-	**18,805**
Impairments	(21)	(12,129)	-	-	-	-	-	**(12,150)**
Revaluations	-	592	-	-	-	-	-	**592**
Reclassifications	(143)	13,876	-	(23,100)	4,034	5,302	31	**-**
Disposals / derecognition	-	(4,935)	(50)	-	(23,149)	(10,388)	-	**(38,522)**
Valuation/gross cost at 31 March 2021	**45,474**	**159,537**	**-**	**7,582**	**20,986**	**9,535**	**259**	**243,373**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**10,427**	**50**	**-**	**27,509**	**12,349**	**104**	**50,439**
Provided during the year	-	4,302	-	-	2,318	828	46	**7,494**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	(4,935)	(50)	-	(23,149)	(10,388)	-	**(38,522)**
Accumulated depreciation at 31 March 2021	**-**	**9,794**	**-**	**-**	**6,678**	**2,789**	**150**	**19,411**
Net book value at 31 March 2021	**45,474**	**149,743**	**-**	**7,582**	**14,308**	**6,746**	**109**	**223,962**
Net book value at 1 April 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**2,272**	**124**	**224,209**

Note 14.2 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 - as previously stated	**45,639**	**154,532**	**50**	**7,691**	**34,469**	**14,621**	**140**	**257,142**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**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)**
Revaluations	106	4,288	-	-	-	-	-	**4,394**
Reclassifications	-	3,513	-	(4,425)	887	-	88	**63**
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 - as previously stated	**-**	**7,792**	**50**	**-**	**25,834**	**11,106**	**62**	**44,844**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2019 - restated	**-**	**7,792**	**50**	**-**	**25,834**	**11,106**	**62**	**44,844**
Provided during the year	-	2,635	-	-	1,675	1,243	42	**5,595**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
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 14.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	45,474	148,891	7,582	9,717	6,746	106	**218,516**
Finance leased	-	-	-	4,269	-	-	**4,269**
Owned - donated/granted	-	852	-	322	-	3	**1,177**
NBV total at 31 March 2021	**45,474**	**149,743**	**7,582**	**14,308**	**6,746**	**109**	**223,962**

Note 14.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£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**
Owned - donated/granted	-	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 15 Donations of property, plant and equipment

The Trust received donations of capital assets (plant and equipment) from DHSC and/or NHS England as part of the coronavirus pandemic response in 2020/21. These donations were not material to the Trust and are reflected in the Donated Assets section of relevant notes to these Accounts.

Note 16 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2021 by qualified independent valuers Cushman & Wakefield. The assets were valued on a depreciated replacement cost basis due to the specialised nature of the asset. The RICS Red Book defines specialised property as:

"a property that is rarely, if ever, sold in the market except by way of a sale of the business or entity of which it is part, due to the uniqueness arising from its specialised nature and design, its configuration, size, location or otherwise".

In line with the current valuation methodology, buildings have been re-categorised 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.

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

	31 March 2021 £000	31 March 2020 £000
Impairments		
Taken to Reserves	8,189	1,137
Taken to SOCI	3,961	276
	12,150	**1,413**
Revaluations		
Taken to Reserves	592	4,394
	592	**4,394**
Net (Impairment) / Revaluation	**(11,558)**	**2,981**

Note 17 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	1,105	1,210
Consumables	670	706
Energy	45	59
Other	375	430
Total inventories	**2,195**	**2,405**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £18,576k (2019/20: £13,321k). Write-down of inventories as expenses for the year were £23k (2019/20: £nil).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £5,180k of items purchased by DHSC.
These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 18.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	16,482	38,726
Allowance for impaired contract receivables / assets	(2,799)	(927)
Allowance for other impaired receivables	(1,332)	(1,322)
Prepayments (non-PFI)	3,191	3,884
PDC dividend receivable	114	(71)
VAT receivable	620	2,314
Other receivables	1,975	1,961
Total current receivables	**18,251**	**44,565**
Non-current		
Other receivables	401	491
Total non-current receivables	**401**	**491**
Of which receivable from NHS and DHSC group bodies:		
Current	10,651	32,102
Non-current	-	-

Note 18.2 Allowances for credit losses

	2020/21		2019/20	
	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	**927**	**1,322**	**1,228**	**1,364**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**927**	**1,322**	**1,228**	**1,364**
New allowances arising	2,799	1,332	-	841
Changes in existing allowances	(927)	(1,322)	-	-
Reversals of allowances	-	-	(301)	(874)
Utilisation of allowances (write offs)	-	-	-	(9)
Allowances as at 31 Mar 2021	**2,799**	**1,332**	**927**	**1,322**

Note 19.1 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.

	2020/21	2019/20
	£000	£000
At 1 April	**27,384**	**25,165**
Prior period adjustments		-
At 1 April (restated)	**27,384**	**25,165**
Net change in year	34,143	2,219
At 31 March	**61,527**	**27,384**
Broken down into:		
Cash at commercial banks and in hand	52	64
Cash with the Government Banking Service	61,475	27,320
Deposits with the National Loan Fund	-	-
Total cash and cash equivalents as in SoFP	**61,527**	**27,384**
Bank overdrafts (GBS and commercial banks)	-	-
Total cash and cash equivalents as in SoCF	**61,527**	**27,384**

Note 19.2 Third party assets held by the trust

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

	31 March 2021	31 March 2020
	£000	£000
Bank balances	7	7
Total third party assets	**7**	**7**

Note 20 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	9,420	27,606
Capital payables	4,031	4,839
Accruals	29,098	9,489
Social security costs	3,058	3,014
Other taxes payable	2,825	2,620
PDC dividend payable	-	74
Other payables	3,933	3,861
Total current trade and other payables	**52,365**	**51,503**
Non-current		
Trade payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	11,114	13,296
Non-current	-	-

Note 21 Other liabilities

	31 March 2021 £000	31 March 2020 £000
Current		
Deferred income: contract liabilities	1,686	2,706
Other deferred income	-	-
Total other current liabilities	**1,686**	**2,706**
Non-current		
Deferred income: contract liabilities	-	-
Other deferred income	-	-
Total other non-current liabilities	**-**	**-**

Note 22 Financing

Note 22.1 Borrowings

	31 March 2021 £000	31 March 2020 £000
Current		
Bank overdrafts	-	-
Loans from DHSC	118	27,437
Obligations under finance leases	182	331
Obligations under PFI, LIFT or other service concession contracts	-	1,195
Total current borrowings	**300**	**28,963**
Non-current		
Loans from DHSC	1,856	1,972
Obligations under finance leases	4,754	1,703
Obligations under PFI, LIFT or other service concession contracts	-	23,988
Total non-current borrowings	**6,610**	**27,663**

On 2 April 2020, the Department of Health & Social Care (DHSC) and NHS England & 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 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalled £27.2m were classified as current liabilities within the 2019/20 financial statements. As the repayment transactions were funded through the issue of PDC, this did and does not present a going concern risk for the Trust.

One capital loan remains and its terms are accounted for in the above note.

Note 22.2 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**29,409**	**-**	**2,034**	**25,183**	**56,626**
Cash movements:					
Financing cash flows - payments and receipts of principal	(27,382)	-	(1,845)	(201)	**(29,428)**
Financing cash flows - payments of interest	(112)	-	(670)	(451)	**(1,233)**
Non-cash movements:					
Additions	-	-	462	-	**462**
Application of effective interest rate	59	-	670	702	**1,431**
Other changes	-	-	4,285	(25,233)	**(20,948)**
Carrying value at 31 March 2021	**1,974**	**-**	**4,936**	**-**	**6,910**

Note 22.3 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**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2018 - restated	**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:					
Additions	-	-	1,535	-	**1,535**
Application of effective interest rate	472	-	202	1,654	**2,328**
Carrying value at 31 March 2020	**29,409**	**-**	**2,034**	**25,183**	**56,626**

Note 23 Finance leases

Note 23.1 The Whittington Health NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2021 £000	31 March 2020 £000
Gross lease liabilities	**7,722**	**3,579**
of which liabilities are due:		
- not later than one year;	707	591
- later than one year and not later than five years;	5,082	1,839
- later than five years.	1,933	1,149
Finance charges allocated to future periods	(2,786)	(1,545)
Net lease liabilities	**4,936**	**2,034**
of which payable:		
- not later than one year;	182	331
- later than one year and not later than five years;	3,412	1,024
- later than five years.	1,342	679
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 least started in 1993 and is scheduled to last for 125 years.

The Trust also leases Crouch End Health Centre, which is scheduled to end in January 2084.

The Trust's main finance lease is for imaging equipment through the Managed Equipment Service (MES) contractor, Althea. This arrangement started in 2007 and is currently scheduled to run until 2027.

Note 24 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2020	**739**	**68**	**75**	**-**	**729**	**1,611**
Arising during the year	-	-	286	-	35,345	**35,631**
Utilised during the year	(199)	(28)	-	-	-	**(228)**
Reversed unused	-	-	-	-	(10)	**(10)**
At 31 March 2021	**540**	**40**	**361**	**-**	**36,064**	**37,004**
Expected timing of cash flows:						
- not later than one year;	199	28	361	-	**181**	**769**
- later than one year and not later than five years;	341	12	-	-	**35,050**	**35,402**
- later than five years.	-	-	-	-	**833**	**833**
Total	**540**	**40**	**361**	**-**	**36,064**	**37,004**

Two notable changes or additions were made to the Trust's provisions balance during the year:

- A long-running case, known as "Flowers" relates to certain claims relating to entitlement to annual leave in certain circumstances. A national legal process has reached a stage whereby it is possible to attach an estimated amount to the people affected, and hence the Trust's potential liability. £218k in respect of this provision has been included within the Other category in the above note.

- The Trust entered into a Private Finance Initiative (PFI) arrangement in 2003 to build and maintain the main hospital through construction firm Whittington Facilities Ltd (WFL). On the 28th July 2020 WFL filed for administration.

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

Note 25 Clinical negligence liabilities

At 31 March 2021, £122,579k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Whittington Health NHS Trust (31 March 2020: £120,134k).

Note 26 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £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	**2,001**	**1,962**

Contingent Liabilities

A material addition to the provision balance in 2020/21 concerns the implications arising from the collapse of Whittington Facilities Ltd (WFL).

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

In the judgement of the Trust, a provision was deemed appropriate as at 31 March 2021 to cover relevant potential liabilities. The basis of this provision relied on professional legal advice (on the instruction of the Trust); while the administrators of WFL provided similar advice from their own legal advisors, the Trust relied on the aforementioned advice in prudently providing for potential future costs.

The legal position is not concluded and the full costs of remediation are not yet known. The provision is based on the Trust's best estimate of the remediation costs, but the final settlement of the PFI claim could be higher if the remediation costs are lower than estimated. Conversely the final cost of the claim could be lower if the remediation costs are higher than estimated.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2021, and should not be taken as admission of any liability on the part of the Trust.

Contingent Assets

The Trust has disclosed a £2m contingent asset in recognition of its available apprenticeship levy fund(19/20 £1.96m). This a externally held training fund of monies, which the Trust contributes to on a monthly basis; the Trust applies to access this funding when appropriate to provide specific training for its employees.

Note 27 Contractual capital commitments

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	2,560	2,993
Intangible assets	0	128
Total	**2,560**	**3,121**

Note 28 On-SoFP PFI, LIFT or other service concession arrangements

The Trust is involved in a contractual dispute with the Joint Administrators (JA) of Whittington Facilities Limited (WFL). Whittington Facilities Limited was responsible for the ownership, maintenance and delivery of hard facilities management services within the Trusts former Private Finance Initiative estate. WFL entered administration in the summer of 2020. Following the termination of the contract the JA's have issued a 'letter before claim' detailing what it believes the Trust owes WFL following the conclusion to the contract.

As the full extent of the claim has yet to be validated and discussed with the JA's, the Trust is unable to comment on its validity.

The Trust believes it has provided in its financial position sufficient resources to cover any required settlement.

Note 28.1 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 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**-**	**36,266**
Of which liabilities are due		
- not later than one year;	-	2,440
- later than one year and not later than five years;	-	10,425
- later than five years.	-	23,401
Finance charges allocated to future periods	-	(11,083)
Net PFI, LIFT or other service concession arrangement obligation	**-**	**25,183**
- not later than one year;	-	1,195
- later than one year and not later than five years;	-	5,854
- later than five years.	-	18,134

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**-**	**99,017**
Of which payments are due:		
- not later than one year;	-	5,778
- later than one year and not later than five years;	-	24,593
- later than five years.	-	68,646

Note 27.3 Analysis of amounts payable to service concession operator

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

	2020/21	2019/20
	£000	£000
Unitary payment payable to service concession operator	**2,093**	**5,754**
Consisting of:		
- Interest charge	702	1,654
- Repayment of balance sheet obligation	201	1,192
- Service element and other charges to operating expenditure	437	1,133
- Capital lifecycle maintenance	325	765
- Contingent rent	428	1,010
Total amount paid to service concession operator	**2,093**	**5,754**

Note 29 Financial instruments"

Note 29.1 Financial risk management

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or charging the risks a body faces in undertaking its activities. As a result of the continuing service provider relationship that the Trust has with 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 the parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the Trust's internal auditors as part of a scheduled programme, and also by executive / non-executive / external audit colleagues as the need arises.

Currency risk
The Trust is principally a domestic UK-based organisation with the majority of transactions, assets and liabilities originating from the UK and denominated in Sterling. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
Borrowings are for 1 - 25 year in line with the associated assets, and interest is charged either at the rate set per the loan agreement, or at the National Loans Fund rate in the absence of such an agreement. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing, subject to approval by NHS Improvement & related bodies. Interest rates are confirmed by DHSC (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
The majority of the Trust's revenue arises from contracts with other public sector bodies, therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the Trade & Other Receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups (CCGs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Prudential Borrowing Limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	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	9,802	-	-	**9,802**
Cash and cash equivalents	61,527	-	-	**61,527**
Total at 31 March 2021	**71,329**	**-**	**-**	**71,329**

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**
Cash and cash equivalents	27,384	-	-	**27,384**
Total at 31 March 2020	**65,261**	**-**	**-**	**65,261**

Note 29.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	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	1,974	-	**1,974**
Obligations under finance leases	4,936	-	**4,936**
Trade and other payables excluding non financial liabilities	36,562	-	**36,562**
Total at 31 March 2021	**43,472**	**-**	**43,472**

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**
Trade and other payables excluding non financial liabilities	40,792	-	**40,792**
Provisions under contract	680	-	**680**
Total at 31 March 2020	**98,098**	**-**	**98,098**

Note 29.4 Maturity of financial liabilities

	31 March 2021 £000	31 March 2020 £000
In one year or less	37,387	71,940
In more than one year but not more than five years	5,546	12,728
In more than five years	3,325	26,058
Total	**46,258**	**110,726**

The prior year comparator figures in this note were previously prepared on a discounted cash flow basis. In line with the recommendations of the Group Accounting Manual this has been updated to be shown on an undiscounted basis. This has no impact on the value of the liabilities within the Statement of Financial Position.

Note 30 Losses and special payments

	2020/21		2019/20	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	4	3	4	9
Total losses	**4**	**3**	**4**	**9**
Total losses and special payments	**4**	**3**	**4**	**9**
Compensation payments received	-	-	-	-

Note 31 Related parties

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

Dr Sarah Humphery is both Executive Medical Director for Integrated Care for the Trust and a GP with Goodinge Group Practice. As at the end of 2020-2021 a credit note of £40k was outstanding, i.e. due from the Trust to Goodinge Group Practice.

The Department of Health & Social Care (DHSC) is considered a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is the parent Department. The table below shows the net result of the material transactions within the DHSC group.

The Trust has two wholly-owned subsidiaries, Whittington Pharmacy CIC and Whittington Charity. Neither organisation is consolidated within these accounts. A number of Whittington Health board members have a related party within these subsidiaries.

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
NHS North Central London CCG	278,172	16	657	824
NHS England	48,892	12	3,035	412
Health Education England	14,884	0	241	242
NHS City and Hackney CCG	5,350	0	5	0
Royal Free London NHS Foundation Trust	4,339	1,895	3,108	1,943
University College London Hospitals NHS FT	2,349	806	1,218	1,562
NHS Brent CCG	1,189	0	(50)	0
Camden and Islington NHS Foundation Trust	1,188	1,354	848	503
East London NHS FT	1,163	33	581	22
North Middlesex University Hospital NHS Trust	1,125	23	158	42
Barnet, Enfield And Haringey Mental Health NHS Trust	132	1,033	22	1,294
NHS Resolution	0	10,164	0	22
Community Health Partnerships	0	3,875	5	1,623
NHS Property Services Ltd	0	837	0	1,192

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

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
Islington Borough Council	7,457	3,067	502	898
London Borough of Hackney	1,384	2	114	14
NHS Blood & Transplant	0	1,988	0	70

Note 32 Prior period adjustments

No adjustments have been made to prior period audited figures.

Note 33 Events after the reporting date

An adjusting event was recorded in relation to the 2019/20 accounts concerning interim revenue & capital loans. This has since been transacted, recorded and disclosed in the 2020/21 accounts.

No events after the reporting date of 31 March 2021 have been recorded.

Note 34 Better Payment Practice code

Non-NHS Payables	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Total non-NHS trade invoices paid in the year	55,647	173,465	61,498	161,569
Total non-NHS trade invoices paid within target	50,535	151,752	55,836	143,924
Percentage of non-NHS trade invoices paid within target	90.8%	87.5%	90.8%	89.1%
NHS Payables				
Total NHS trade invoices paid in the year	4,931	25,279	3,856	12,400
Total NHS trade invoices paid within target	2,770	7,689	3,043	6,741
Percentage of NHS trade invoices paid within target	56.2%	30.4%	78.9%	54.4%

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 35 External financing limit

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

	2020/21 £000	2019/20 £000
Cash flow financing	2,317	1,220
External financing requirement	**2,317**	**1,220**
External financing limit (EFL)	2,317	1,220
Under / (over) spend against EFL	**-**	**-**

Note 36 Capital Resource Limit

	2020/21 £000	2019/20 £000
Gross capital expenditure	21,322	18,376
Less: Donated and granted capital additions	(91)	-
Charge against Capital Resource Limit	**21,231**	**18,376**
Capital Resource Limit	21,249	18,683
Under / (over) spend against CRL	**18**	**307**

Note 37.1 Breakeven duty financial performance

	2020/21 £000
Adjusted financial performance surplus / (deficit) (control total basis)	50
IFRIC 12 breakeven adjustment	2,320
Breakeven duty financial performance surplus / (deficit)	**2,370**

Note 37.2 Breakeven duty rolling assessment

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(14,788)	(3,670)	6,158	29,362	1,568	2,370
Breakeven duty cumulative position	(11,613)	(15,283)	(9,126)	20,237	21,805	24,175
Operating income	294,211	309,255	323,394	348,646	350,183	395,340
Cumulative breakeven position as a percentage of operating income	(3.9%)	(4.9%)	(2.8%)	5.8%	6.2%	6.1%