



## Council of Governors Meeting

**Location:** Hybrid meeting – Main Boardroom, Chelsea and Westminster Hospital NHS Foundation Trust or MS Teams

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**Date:** 20 July 2023

**Time:** 10am – 11am

## AGENDA

	<b>1.0</b>	<b>GENERAL BUSINESS</b>		
10:00	1.1	Welcome and Apologies for absence	Verbal	Chair
10:02	1.2	Declarations of interest	Verbal	Chair
10:04	1.3	Minutes of previous meetings held on 19 <sup>th</sup> April 2023 and 3 <sup>rd</sup> May 2023 Minutes of the Extraordinary CoG Meeting held on 7 <sup>th</sup> June 2023 Action Log	Paper	Chair
	<b>2.0</b>	<b>FOR OVERSIGHT</b>		
10:05	2.1	To receive the Annual Report and Accounts which will be formally presented at the AMM later on 20 July	Paper	Chief Executive Officer and Chief Financial Officer
10:15	2.2	To receive the Annual Report from the Chair of the Audit & Risk Committee	Paper	Chair of the Audit and Risk Committee
	<b>3.0</b>	<b>FOR DISCUSSION</b>		
10:30	3.1	Council of Governors Quality Sub-Committee Report	Verbal	Chair of Council of Governors Quality Sub-Committee
10:40	3.2	Council of Governors Membership and Engagement Sub-Committee Report	Verbal	Chair of Council of Governors Membership and Engagement Sub-Committee
10:45	3.3	Chair's Report	Paper	Chair
10:50	3.4	Chief Executive Officer's Report including: <ul style="list-style-type: none"> <li>• Performance &amp; Quality Report</li> <li>• People Performance Report</li> </ul>	Paper	Chief Executive Officer
10:55	3.5	AccessAble work update	Paper	Vice Chair
	<b>4.0</b>	<b>OTHER BUSINESS</b>		
	4.1	Any other business, including: *4.1.1 Forward plan *4.1.2 Schedule of Council of Governor meetings 2023/24 *4.1.3 Governor attendance register *Items that have been starred will not be discussed, however, questions may be asked.	Paper Paper Paper	Chair/Lead Governor
11:00		Date and Time of the Next Meeting 19 <sup>th</sup> October 2023, 16:00hrs – 18:00hrs		



**DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)**

**19<sup>th</sup> April 2023 – 12:00 – 13:00hrs**

**In person and MS Teams**

**at W12 Conference Centre, 150 Artillery Lane, Du Cane Rd, London W12 0HS**

<b>Present:</b>	Matthew Swindells	North West London (NWL) Chair in Common	(MS/Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Lisa Addison	Patient Governor	(LA)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Nigel Clarke	Public Governor	(NC)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Nara Daubeney	Public Governor	(NDa)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Rose Levy	Public Governor	(RL)
	Nina Littler	Public Governor	(NL)
	Minna Korjonen	Patient Governor	(MK)
	Stella Macaskill	Patient Governor	(SMa)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor	(MN)
	Clr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Catherine Sands	Staff Governor	(CS)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
<b>In Attendance:</b>	Lesley Watts CBE	Chief Executive Officer	(LW)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(NDo)
	Neville Manuel	Non-Executive Director	(NM)
	Virginia Massaro	Chief Financial Officer	(VM)
	Ajay Mehta	Non-Executive Director	(AM)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
	Magdalena Farias	Corporate Governance Administrator	(MF)
<b>Apologies:</b>	Jeremy Booth	Patient Governor	(JB)
	Professor Andy Bush	Non-Executive Director	(AB)
	Julie Carter	Public Governor	(JC)
	Rob Hodgkiss	Deputy CEO and Chief Operating Officer	(RH)
	Stuart Fleming	Public Governor	(SF)
	Peter Goldsbrough	Non-Executive Director	(PG)
	Catherine Jervis	Non-Executive Director	(CJ)
	Martin Lupton	Associate Non-Executive Director	(ML)
	Syed Mohinuddin	Non-Executive Director	(SMo)
	Laura-Jane Wareing	Patient Governor	(LJW)

## **1.0 STATUTORY/MANDATORY BUSINESS**

### **1.1 Welcome and apologies for absence**

The Chair welcomed the Governors and those in attendance to the meeting.

The Chair noted apologies as above and outlined the order of business for the meeting.

### **1.2 Declarations of interest**

No declarations of interest were received.

### **1.3 Minutes of previous meeting held on 26<sup>th</sup> January 2023**

No issues or amendments were received, the minutes were approved.

## **2.0 QUALITY**

### **2.1 Finance & Performance Committee Chair – Annual Report**

The Chair noted that this was Nilkunj Dodhia (NDo's) last meeting as Chair of the Finance and Performance Committee, and thanked him for the work that he had done in this role and across the Trust.

NDo highlighted changes to the terms of reference of the Finance and Performance Committee during the period April 2022 to March 2023, in order to align more closely with counterpart committees in other parts of the North West London (NWL) Acute Provider Collaborative (APC). NDo continued by summarising key aspects in the report:

- NDo commented that the Finance & Performance Committee also covered Estates, Digital and IT, and noted that it was a huge undertaking to ensure that the Trust's IT system worked successfully, as it was an essential utility for the hospital.
- The two major Estates programmes are the Treatment Centre at the Chelsea site and the Ambulatory Diagnostic Centre (ADC) at the West Middlesex site. The ADC received planning permission in February 2023.
- The committee had also conducted a deep dive into Maternity services in order to ensure that it could support safe and effective patient care in line with the recommendations from the Ockenden and East Kent Reports.

NDo confirmed that the Trust's in-house Pharmacy at the Chelsea site, CW Medicines, had been operational for one year replacing the previous outsourced service provided by Boots, and despite there being issues with longer patient waiting times over the winter period, this service was tracking within budget and there were now plans to expand this service to the West Middlesex site.

NDo concluded by thanking the Governors for their support during his time as Chair of the Finance and Performance Committee, and his 9 years as a NED at the Trust, he noted that the Trust had achieved its financial plans each year. The Chair asked the Committee if they had questions.

Christopher Digby-Bell (CDB) extended his thanks to NDo, he commented on the two huge Estates projects and asked that as the Trust had not done anything on this scale before, could the Governors be reassured that there was a robust governance process in place for this? NDo advised the Committee that the correct programmes would be followed regarding these projects and added that Aman Dalvi (AD) had also been fully involved and had followed the projects through from ground level. AD added that both he and NDo had discussed these issues, and that contingencies had been placed in the budgets should the costs increase due to inflationary pressures and that the projects were both at the contractor tender stage. Virginia Massaro (VM) reiterated AD's comments, and added that the ADC was a standing item for the Finance & Performance Committee meetings. VM commented that an internal audit had taken place last year regarding Estates project governance and another one was due to take place this year to ensure that best practice was followed. VM added further that as usual with major Estates programs there were risks involved regarding these projects, but confirmed that these would be closely scrutinised.

## **2.2 Council of Governors Nominations and Remuneration Committee – NED Recruitment update**

Steve Gill (SG) provided a summary of the current recruitment process to appoint three new NEDs across the NWL APC. SG added that the process involved all four Trusts with the three NED roles being 'hosted' in three different Trusts. The two Lead Governors at Chelsea & Westminster FT (CWFT) and Hillingdon FT (THHFT) had been involved in this process throughout and were both members of the final interview panel which was Chaired by Matthew Swindells (MS). SG added that the recruitment process for the NED posts included stakeholder events, he and Governor LJW plus a Governor from Hillingdon had been part of the stakeholder events. Following the interviews, the panel recommended three candidates to be put forward to NHS England (NHSE) and to the Governors at CWFT and THHFT.

SG confirmed that the Council of Governors (CoG) Nominations and Remuneration Committees at CWFT and THHFT would go through the detail of the process and review the recommended candidates for these posts, the CoG Noms & Rems committees would then recommend to the full CoG for approval. SG advised the CoG that the CWFT CoG Noms & Rems meeting was on 25 April and that a separate CoG meeting would be called in early May to approve the appointments.

The Chair reminded the Committee that external search company had been involved in this process, and that there had been a large number of high calibre applicants and in order to support this, Executive Directors and NEDs held a 'Q&A' open evening. The Chair confirmed that the shortlisted candidates included five women and of this five, the panel had agreed on three recommendations. SG reiterated that the appointments were subject to the approval by the CoG at the meeting to be scheduled in early May.

### **Action:**

**CoG meeting to be called to approve the recommendations in relation to the appointment of the NEDs.**

**[Sec. note – Council of Governors meeting arranged to take place on Wednesday 3<sup>rd</sup> May to approve the appointment of the NEDs].**

## **2.3 Council of Governors Quality Sub-Committee Report**

Laura-Jane Wareing (LJW) was unable to attend this meeting and sent her apologies, SG read out the update that LJW had provided.

In the update, LJW gave an overview of what the CoG Quality Sub Committee (QSC) did for the benefit of the new governors and those who were not familiar with the QSC's role and function.

The update noted that a governor's role on any Sub-Committee was to assist the development of ideas, to advise on issues, and to act as the eyes and ears in the Trust and within the community, and these distinct roles were Advisory, Guardianship and Strategic. LJW added that these Sub Committees enabled us to provide assurance to the full CoG.

LJW added that the Quality Sub-Committee listened to patients and members to understand how the Trust could improve the patient experience, and ensure quality, patient experience and safety, and clinical outcomes continue to be of a high standard.

LJW added further that the Trust had various benchmarks and particular items were regularly reviewed in the Committee's quarterly agenda, and this was noted in each Council of Governors Quality Sub Committee report.

LJW continued by saying that regular items were:

- 'Learning from serious incidences, performance and quality report' presented by Alex Bolton, Associate Director of Quality Governance;
- 'Learning from complaints report' and 'Patient experience and engagement report' presented by Lee Watson, Director of Nursing.

LJW commented that the Trust also had group reports which our members attended, and these included end of life care, falls steering group, and disability and dementia steering groups, but added that these groups varied, depending on the Trust's Quality Priorities.

LJW summarised the Trust's 2022-23 priorities which included: reduce risk of inpatient falls, improving clinical handover, communications improvements with patients, and improving end of life care.

LJW clarified that various guest speakers were also invited to brief the Committee on any matters where it was agreed that further clarity was required in order to deepen the committee's knowledge.

#### **2.4 Business Planning 2023-2024**

Lesley Watts (LW) provided a summary of the Business Plan and advised the CoG that all Foundation Trusts are required to put together a Business Plan every year, and confirmed that the Business Plan for CWFT for 2023-2024 looked at strategic priorities and quality reports.

LW added that, there was an expectation and commitment that the CEO's for each Trust within the NWL APC would support each other and deliver a collaborative plan, and added further that the NWL Integrated Care Systems (ICSs) was one of the few ICSs who had prepared a balanced plan. LW stressed that this would be a challenge to deliver.

VM commented on the papers and presentation that had been sent to the CoG in advance of this meeting, and added that the papers provided a summary of the Business Plan for 2023/24 as the NWL APC Plan. VM added that the NWL APC Plan was the first of its kind and also a work in progress, and that one of its core priorities was to deliver on elective care.

VM commented that even though this was a 'break even' plan, this was not without its risks and added that contingency plans were in place to address these. VM added further that the impact of further industrial action and the rise of inflation could also present other risks.

Will Pascal (WP) raised the issue of inflation and asked whether the Trust automatically qualified for funding if the plan was impacted by a rise in inflation. VM confirmed that the funding within the plan was for inflation at 5.5 % for the year, and should this increase at any time there would be no additional funding.

Mark Nelson (MN) asked what would happen if one of the other Hospitals within the Collaborative underperformed financially, would it be funded and supported by the other Hospitals? LW confirmed that a risk system was agreed and implemented, so this would be covered.

Nigel Clarke (NC) asked how the Trust knew what medical equipment was required. LW advised the Committee that there was a prioritised medical equipment list, and added that this was reviewed every year. VM echoed LW's comment, and added that the Trust prioritised when specific equipment was needed.

### **3.0 FOR INFORMATION**

#### **3.1 Chair's Report**

The Chair took his report as read, and asked the Committee if anyone had any questions. The Committee had no questions.

#### **3.2 Chief Executive's Officer's Report**

LW provided a summary of the key items in her report.

- **Industrial Action**

LW commented that the periods of industrial action had played a big part in the Trust over the last few months, and commended the impressive commitment of the Trust's clinical staff during this time. LW added that surgery for patients had to unfortunately be cancelled due to the industrial action. LW confirmed that the Trust would continue to plan for further industrial action.

LW advised the Committee that the Trust's nursing colleagues did not vote to take industrial action in the first ballot.

- **Care Quality Commission (CQC)**

LW confirmed that there had been a snap inspection on the Trust's Maternity Services, and added that the report on this was due imminently.

Lisa Addison (LA) asked whether any Consultants had also taken part in the recent industrial action. LW confirmed she could not confirm the number of Consultants who had participated in this, but advised the Committee that the discussion with the Consultants governing body regarding industrial action had continued.

David Phillips (DP) commented that there had been enormous media coverage on the industrial action, and queried the communication from CWFT to the membership regarding this. LW advised the Committee that communication had come from CWFT regarding the industrial action, and the local communities had also published their own communication. DP added his concern that the Trust membership was being neglected, as the patient and visitor cohort had not been specifically advised of what was going on.

Peter Jenkinson (PJ) commented that as part of the Membership and Engagement Strategy, it had been agreed to reissue the Membership Newsletter, and the first issue would be published very soon. DP added that the membership would welcome additional communication. PJ reiterated that communication on the industrial action was sent to patients so that they were aware of the cancellation of services. DP asked why the membership had not been written to directly. PJ added that he would discuss this with the Communications Department going forward, but reassured DP that wider communication on the industrial action had covered this.

LW reiterated PJ's comments, and said that a good deal of information regarding the industrial action and its impact was made available, and highlighted that every patient who was due to have an appointment had been written to. LW added that the Governors were representatives of the Trust membership, and that the efforts on patient safety and communication that had taken place during these periods could not be underestimated.

The Committee discussed this further, and the Chair noted that the membership newsletter was in the process of being reissued and staff newsletters had also been sent out. MN pointed out the staff communication regarding the industrial action and its impact had been excellent. LA pointed out that

this had been a national issue and even though she had not received anything on the industrial action directly, there was a lot of information available on the Trust website and through other resources.

### **3.3 Performance & Quality Report**

LW took this paper as being read and asked the Committee if anyone had questions. MN asked a question regarding the cost implementation policy. LW commented that the key aspect was to ensure that the Trust focused on treating as many patients as possible, but this needed to be done in a cost effective way. LW added that the Trust was now doing the same amount of work it was doing pre-COVID, and that they spent more money than other Trusts do on A&E/Emergency Departments. LW added that one way that the Trust has curbed expenditure was by making Bank and agency staff substantive, and this all contributed to the Trust delivering its programme.

Rose Levy (RL) asked whether junior doctors were paid or reimbursed if they took any industrial action. LW reiterated that the Trust's policy was that if a member of staff withdrew their labour in any way, they would not be paid by the Trust.

### **3.4 Workforce Performance Report**

There were no questions with regards to this agenda item.

### **3.5 AccessAble Work update**

SG reminded the Committee that the issue of accessibility across the Trusts had been instigated and driven by Governors, and the paper that had been sent in advance of the meeting provide an update on this issue. SG added that even though a lot had been achieved there was still more to do, and confirmed that the Estates team were in the process of setting up an Accessibility Working Group. SG added that this initiative was also being implemented at THHFT.

## **4.0 OTHER BUSINESS**

### **4.1 Any Other Business**

#### **4.1.1 Forward Plan**

The Chair noted that the Forward Plan had been updated as requested.

#### **4.1.2 Schedule of Council of Governor meetings 2023/2024**

The Chair also noted that the schedule of the Council of Governor meetings and the Governor Briefing Sessions up to January 2024 were also included in the Forward Plan.

#### **4.1.3 Governance attendance register**

The Governor attendance register for the Council of Governors meetings through 2023/2024 was included and would be updated after each meeting.

Meeting closed at 13.00.



**MINUTES OF COUNCIL OF GOVERNORS (COG) MEETING**  
**3rd May 2023, 14:00 – 15:00hrs**  
**Via MS Teams**

<b>Present:</b>	Matthew Swindells	North West London (NWL) Chair in Common	(MS/Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Nigel Clarke	Public Governor	(NC)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Rose Levy	Public Governor	(RL)
	Nina Littler	Public Governor	(NL)
	Minna Korjonen	Patient Governor	(MK)
	Ras. I Martin	Public Governor	(RIM)
	Clr Will Pascal	Appointed Governor	(WP)
	Catherine Sands	Staff Governor	(CS)
	Laura-Jane Wareing	Patient Governor	(LJW)
	Jo Winterbottom	Public Governor	(JW)
<b>In Attendance:</b>	Lesley Watts CBE	Chief Executive Officer	(LW)
	Peter Jenkinson	Interim Director of Corporate Governance	(PJ)
	Lindsey Stafford-Scott	Interim Chief People Officer	(LSS)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
	Magdalena Farias	Corporate Governance Administrator	(MF)
<b>Apologies:</b>	Lisa Addison	Patient Governor	(LA)
	Richard Ballerand	Public Governor	(RB)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Nara Daubeney	Public Governor	(ND)
	Stella Macaskill	Patient Governor	(SM)
	Professor Mark Nelson	Staff Governor	(MN)
	David Phillips	Patient Governor	(DP)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Desmond Walsh	Appointed Governor	(DW)
<b>No response:</b>	Jeremy Booth	Patient Governor	(JB)
	Julie Carter	Public Governor	(JC)

**1.0 STATUTORY/MANDATORY BUSINESS**

**1.1 Welcome and apologies for absence**

The Chair welcomed the Governors and those in attendance to the meeting, and reiterated that the purpose of this meeting was to approve the appointment of two Non-Executive Directors (NEDs) to the Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Board.

The Chair noted apologies as above.

**1.2 Declarations of interest**

No declarations of interest were received.



## **2.0 FOR APPROVAL**

### **2.1 Approval of the two Non-Executive Director (NED) Posts for CWFT**

The Chair confirmed that the recommendations of the appointment panel had been discussed and unanimously approved at the CWFT Council of Governors (CoG) Nominations and Remunerations meeting that took place on 25<sup>th</sup> April 2023.

The Chair also summarised the recruitment process the Trust followed regarding these appointments which included an online 'open evening' for potential candidates that had been attended by Executive and Non-Executive Directors.

The Chair added that ten candidates had been longlisted, and from this list five candidates had been shortlisted. The Chair commented that the recommended candidates presented to the CoG had gone through this process, and that he was pleased with the outcome. SD added that the recruitment process had produced a large number of high calibre candidates.

The CVs of the two candidates - Patricia Gallan (PG) and Carolyn Downs (CD) - had been forwarded to the CoG in advance of this meeting, and the Chair commented that PG was a qualified lawyer, and added that the recruitment of a NED with legal experience was something that the CoG had previously requested. The Chair added that CD had recently retired as the CEO of Brent Council. The Chair asked for questions or comments.

WP commented that the main paper referred to informal offers being made to three candidates. The Chair confirmed that the third post was an appointment to the Boards of London North West (LNWH) and The Hillingdon Hospital NHS Foundation Trust (THHFT) which had been approved by NHS England (NHSE) and the THHFT CoG.

NL remarked that the outgoing Chair of the Trust's Finance and Performance Committee had considerable experience in finance, yet PG – who had been recommended as the replacement – appeared to have no qualifications in accountancy, finance or economics, despite being responsible for huge budgets in the past. NL asked whether there was any concern that PG did not have the skills to take over this post.

The Chair commented that he was confident in PG's ability, as she was a NED member of the Her Majesty Revenue & Customs (HMRC) Board, has had significant experience as a NED, and had also previously dealt with complex financial situations.

LW added that it was not essential for these roles to be held by a specialist in that particular field – the key aspect in appointing a NED was that they had the broad ability to accommodate and assess information. LW added that all committees reported into the Trust Board and Board in Common (BIC).

SG confirmed that he agreed with LW's comments, and added that he and LJW had sat on the interview and stakeholder panels that had been set up as part of this recruitment process. SG added that he was confident that PG could fulfil the roles she had been recommended for.

JW referred to PG's previous employment as a police officer in the Metropolitan Police Service, and asked whether there was any real or perceived reputational risk in appointing PG. JW also referred to what PG and CD were being offered in terms of remuneration, and asked how much time they were expected to devote to being a NED.

The Chair referred to JW's comment on PG's appointment, and added that PG's reputation as a senior black female officer in the Metropolitan Police Service spoke for itself.

PJ commented on the issue of minimum requirements, and clarified that all members of all Boards go through the Trust's *Fit and Proper Persons Requirement Check* to ensure that they can fulfil the roles that they had been appointed to. PJ reminded the Committee that the NED remuneration noted in

the paper was the standard for NEDs in the North West London (NWL) Acute Provider Collaborative (APC) and of the strict criteria that was followed on how NEDs were appointed.

NC commented on NL's earlier question on whether there were concerns if PG had the skills to fulfil the role that they had been recommended for, and pointed out that the CVs did not list the candidates' achievements, and asked if this had been tested during the recruitment process.

SD remarked that the interview panel had agreed a set of questions for the interviews, and this included testing what the candidates saw as the role of a Governor in a Trust.

The Chair added that a representative from NHSE had also sat on the interview panel, and assured the CoG that questions were asked regarding the candidates' understanding of the NHS and how they would operate as a NED Board member. SG added that references had been received from the organisations that the candidates had previously worked for.

CDB commented on the recommended appointments, and added that he was initially impressed but then had concerns regarding these recommendations. CDB commented further that even though these individuals had impressive backgrounds, they appeared to be establishment individuals, and referred to PG's experience in the Metropolitan Police Service. CDB added that he had previous experience of CD and expressed his concern about her appointment.

LW reminded the Committee that the main role for a NED is to hold the Executive Directors to account, and capability and capacity was a key aspect in appointing all NEDs. LW also referred to CDB's comment about the appointment of establishment figures, and noted that PG had achieved a great deal during her career. LJW commented that she had been a member of the stakeholder panel for these appointments, and confirmed that she had been impressed by these candidates throughout the process.

The Chair asked PJ if he could explain what the CoG were required to vote on.

PJ explained that this was a standing process for Non-Executive appointments, and that following the interviews that had taken place, a paper had been presented to the CoG Nominations and Remuneration Committee that detailed the recommendations of the NED Appointment Panel. PJ confirmed that the CoG Nominations and Remuneration Committee had unanimously approved these recommendations, and that this approval had been forwarded to the Council of Governors to approve and confirm the appointments to the NED posts. PJ added that the remuneration for these posts was the same as the other NEDs across the collaborative.

PJ advised the CoG that several Governors who were unable to attend this CoG meeting had confirmed in writing their vote by proxy.

SD asked if a probationary period was in place for NEDs. PJ confirmed that a probationary period was not in place for NEDs but any issues would be addressed if anyone was not fulfilling the role that they had been appointed to.

PJ asked the CoG to vote on the two NED appointments.

A large majority vote of Governors voted in favour of the resolution including the proxy votes. The appointment of the two NED's was approved.

The Chair thanked the Governors for their time, and confirmed that the next CoG meeting would take place on Thursday 20<sup>th</sup> July at 10am.



## MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING

7 June 2023 14:30 – 15:00hrs

Via MS Teams

<b>Present:</b>	Matthew Swindells	North West London (NWL) Chair in Common	(Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Richard Ballerand	Public Governor	(RB)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Nigel Clarke	Public Governor	(NC)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Rose Levy	Public Governor	(RL)
	Nina Littler	Public Governor	(NL)
	Ras. I Martin	Public Governor	(RIM)
	CLlr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Catherine Sands	Staff Governor	(CS)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
<b>In Attendance:</b>	Lesley Watts CBE	Chief Executive Officer	(LW)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Dawn Clift	Interim Deputy Director of Corporate Governance	(DC)
	Graham Chalkley	Corporate Governance Officer	(GC)
<b>Apologies:</b>	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Nara Daubeney	Public Governor	(ND)
	Minna Korjonen	Patient Governor	(MK)
	Stella Macaskill	Patient Governor	(SM)
	Professor Mark Nelson	Staff Governor	(MN)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Laura-Jane Wareing	Patient Governor	(LJW)
<b>No response:</b>	Jeremy Booth	Patient Governor	(JB)
	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Julie Carter	Public Governor	(JC)

### 1.0 STATUTORY/MANDATORY BUSINESS

#### 1.1 Welcome and apologies for absence

The Chair welcomed the Governors and those in attendance to the meeting, and confirmed that this Extraordinary Council of Governors Meeting was being held to approve two appointments to the Board of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Board – the approval of a second 3-year term as a Non-Executive Director (NED) for Dr Syed Mohinuddin (SM); and the appointment of an Academic NED, Professor Neena Modi (NM), who had been nominated by Imperial College.

The Chair noted apologies as above and that MK and LJW had given Lead Governor (SD) their proxy vote.

The Chair added that these approvals had also been discussed at an Extraordinary Council of Governors (CoG) Nominations and Remunerations Committee meeting which had just taken place prior to this meeting. Peter Jenkinson (PJ) added that the CoG Nominations and Remunerations Committee had reviewed the two proposals in detail, and had agreed both proposals unanimously.

## 1.2 Declarations of interest

No declarations of interest were received.

## 2.0 FOR APPROVAL

### 2.1

- **A new term of office for Dr Syed Mohinuddin as a Non-executive Director (NED) of the Board of Chelsea and Westminster Hospital NHS Foundation Trust, commencing 1 July 2023 to 30 June 2026**
- **The post of a new Academic NED**

PJ summarised the recommendation regarding the approval to a new term of office for SM. PJ confirmed that SM was an existing NED and had served one 3-year term in this position, and added that the paper that had been forwarded to the CoG detailed the recommendation for a second term. PJ added that SM was also a NED for London North West University Healthcare NHS Trust (LNWH), and that NHS England (NHSE) has approved a further term of office for SM at this Trust, for the period starting 1 July 2023 to 30 June 2026.

Nigel Clarke (NC) asked whether SM would be an effective NED, and commented that as all that had been sent to the Governors was their CV, there was not much information regarding their performance and what they had achieved.

Steve Gill (SG) responded by saying that SM was an established NED at LNWH, and was also an effective Chair of that Trust's Quality Committee. SG added that CWFT had contributed to SM's appraisal which had been conducted by the Vice Chair of LNWH, and in collating the information for this appraisal, SG confirmed that the feedback for SM had been universally positive.

*The CoG recommended the approval for a second term of office for SM as a Non-Executive Director.*

PJ then summarised the recommendation regarding the approval of the nomination of NM to the Academic NED post. PJ advised the CoG that the appointment of this post did not follow the normal recruitment process for a NED, as NM had been nominated by Imperial College. PJ added that, if appointed, NM would be a Board member at both Imperial College Healthcare NHS Trust (ICHT) and CWFT, and play a key role in driving research across the Collaborative. PJ reminded the CoG that the current post-holder Andy Bush (AB) could not stand for this post again.

Lesley Watts (LW) added that NM was a world-renowned Consultant who was based at CWFT, and reiterated PJ's comment regarding how NM would drive research across the Collaborative. SG added that NM would follow in AB's footsteps and sit on the Quality Committees at both Imperial and CWFT.

NC asked whether a brief was available that described the person specification for this post. NC agreed that NM was an excellent candidate but had to do his own research into her as the paper that had been submitted to the Governors did not provide enough information. NC asked that papers such as these provided more information in order to support any recommendation or approval.

The Chair noted NC's comment and agreed to take these on board, but reminded the CoG that the paper that had been issued for the Academic NED post was structured in a different way as the process

for appointing Academic NEDs was by recommendation from Imperial College and therefore the post had not been recruited to in the way that CWFT recruited all other NEDs.

DW commented that NM would be an excellent appointment, and would be instrumental in linking ICHT and CWFT together.

JW added that NM did appear to be an excellent candidate for this role but was concerned that she could be stretched too thin.

The Chair added that he had met with NM and discussed the post she had been nominated for, and ensured the CoG that she was fully aware of the responsibilities and time commitment required for the role.

*The CoG recommended the approval of NM as the new Academic NED.*

RL left the meeting.

### **-3.0 OTHER BUSINESS**

#### **3.1 Any Other Business**

LW noted that three of the Governors in attendance at this meeting were Trust volunteers (DP, NL and JW), and to mark Volunteer's Week, LW thanked them for their continued work as a volunteer at the Trust.

Date and time of next meeting: Thursday 20<sup>th</sup> July 2023, 10:00 - 11:00.



### Council of Governors –Action Log

Date	Minute number	Action	Current Status	Due/ Completion Date	Lead
19 April 2023	2.2	<b>Council of Governors Nominations and Remuneration Committee</b> CoG meeting to be called to approve the recommendations in relation to the appointment of the NEDs	Council of Governors meeting took place on Wednesday 3rd May to approve the appointment of the NEDs	03/05/2023	GC



# PROUD TO CARE

## ANNUAL REPORT AND ACCOUNTS

2022/23



**NHS**

Chelsea and Westminster Hospital  
NHS Foundation Trust







Chelsea and Westminster Hospital NHS Foundation Trust  
Annual Report and Accounts 2022/23

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a)  
of the National Health Service Act 2006

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## Foreword from the Chair

When I took up my new role last April, I knew it would be an interesting mix of challenge and opportunity. It has already surpassed my expectations—on both counts.

As with the rest of the NHS, many of our challenges are deep rooted—financial pressures, difficulties in recruitment, an aging estate. But there are more recent ones too. Though the pandemic is now officially over, its impact remains. We see it in our waiting lists, the increasing complexity of need among our patients and wide inequalities in health and access to healthcare within our communities.

Allied to the growing needs of our population is the mental and physical exhaustion of our workforce. The expertise and commitment to patients is still very much there but there is also a tiredness that comes from the equivalent a three-year major incident and, as indicated by the recent waves of industrial action, a growing dissatisfaction with pay and conditions.

The answers to many of these challenges have also been taking form during the pandemic. Greater collaboration, an openness to new ways of working and a firm commitment to evidence-based improvement helped us tackle COVID-19 and it is helping us now as we recover from the impact of the pandemic.

My appointment last April was to a new role—the first chair in common for all four acute NHS trusts in north west London. In the year that has followed, we have become a formal collaborative with a board in common and increasingly close working across our executive and clinical teams. We know there is more to do to get the right balance of collaborative and local oversight and to empower our staff on the frontline while also driving strategic change. But I have already been hugely impressed by how well the four trusts have responded to thinking at scale while remaining firmly anchored in their own communities.

In the past year, the collaborative has played a key role in ensuring north west London is one of the highest performing sectors in the NHS in terms of returning to—and in some cases exceeding—pre-pandemic levels of planned care activity. In partnership with our stakeholders, we have led on sector-wide changes to inpatient orthopaedic surgery that will make better use of our collective resources so that we can provide better care, for more people, more quickly. And by aligning performance management, we are now routinely identifying important, new areas for improvement and spreading best practice more rapidly. The roll-out of a common electronic patient record system this summer will support a further step change in integrated working across all 12 of the collaborative's hospitals.

For staff, too, the collaborative is bringing benefits, from greater and more varied career and development opportunities to increased potential for helping to shape and implement new models of care and new roles. And, drawing on lessons from the pandemic again, we are committed to using our collective resources and collaborative approach to do more to support staff health and wellbeing, to be fairer, more inclusive employers and to show how much we value our people.

The past year has demonstrated how much we can achieve by bringing together our amazing staff to work with, and for, our local communities towards common goals. I feel even more sure than I did this time last year that we can create one of the best health systems in the world. Thank you to all our staff, our leadership team and board and our many partners, volunteers and, of course, patients.

A handwritten signature in black ink that reads "Matthew Swindells". The script is cursive and fluid.

**Matthew Swindells**

Chair

## **SECTION 1**

# **PERFORMANCE REPORT**

# **OVERVIEW OF PERFORMANCE**



## Statement from the Chief Executive

I am delighted to introduce the 2022/23 Annual Report for Chelsea and Westminster Hospital NHS Foundation Trust (the Trust), which encompasses our two main hospital sites, Chelsea and Westminster Hospital and West Middlesex University Hospital, and all our community-based services.

The last 12 months represents a period of major service transformation and advancement for the Trust. Our expansion in robotic surgery has led to European breakthroughs, while also leading on national clinical research to tackle and treat endometriosis, supporting our ambition to be recognised as a progressive leader in women's health.

HIV and sexual health services continue to be at the forefront of innovation, now the largest and busiest in Europe, delivering world-class care and outcomes for 200,000 patients each year. We are also leading on specialist trans clinics in the capital and now offer the first NHS-commissioned masculinising surgery service.

We continue to realise the benefits of implementing our digital programme and have successfully commenced a digital 'end-to-end' pathway solution which has been endorsed and supported by the national NHS team, and this has now been implemented in a range of other acute trusts across the country. This means our hospitals share one digital platform and access to patient records is seamless, allowing clinical staff to have access to relevant patient information securely and quickly. This has not only improved coordination of patient care but has also contributed to better and more efficient care for all patients as we adapted pathways in response to the pandemic.

There is no denying it has been an incredibly challenging year for everyone working in the NHS right now. Thanks to the continued extraordinary efforts of our staff—preparing for and managing periods of industrial action, winter planning and wider operational pressures—we remain one of the top performing health providers in the country.

It has never been more evident that, to provide excellent care to our patients, we must also provide excellent support to the people who work within the Trust to deliver our aspirations for excellence. During the year we have continued to develop our comprehensive staff wellbeing and support service to ensure our staff receive the help they need to continue to support our patients.

I would like to take this opportunity to thank all our staff, volunteers and partners who have shown incredible commitment to the care of our patients and colleagues. I am confident we will continue to go above and beyond for the patients and communities we serve, and I look forward to the year ahead as the Trust goes from strength to strength.

### Our values

The Trust values are firmly embedded throughout our organisation. They outline the standard of care and experience that our patients and members of the public should expect from any of our staff and services.

They are:

- **Putting patients first**
- **Responsive to patients and staff**
- **Open and honest**
- **Unfailingly kind**
- **Determined to develop**

## **Our priorities**

Our Board-agreed strategic priorities have remained the same as the previous year:

### **Strategic priority 1: Deliver high-quality, patient-centred care**

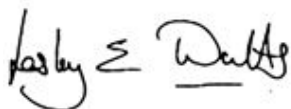
Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department, and their experience and quality of care will be second to none.

### **Strategic priority 2: Be the employer of choice**

We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high-quality services to our patients.

### **Strategic priority 3: Delivering better care at lower cost**

We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources (financial and human, including staff, partners, stakeholders, volunteers and friends).



**Lesley Watts**  
Chief Executive Officer

## The year in photos

### April 2022



Our consultant midwives received a silver Chief Midwifery Officer award for excellent services to maternity care during the pandemic



Our new da Vinci X surgical robot enables more patients to receive minimally invasive procedures with quicker recovery times

### May 2022



Piano performance by former hand surgery patient Naoile Missi to celebrate her extraordinary recovery



We launched Eirene virtual reality headsets to support women who have experience pregnancy loss

### June 2022



Secretary of State for Health and Social Care opens our new Paediatric Ambulatory Care Clinic (PACC)



Celebrating the Windrush generation's significant contributions to our Trust and the wider NHS

## July 2022



We celebrate the NHS's 74th birthday with special tea parties at Chelsea and West Middlesex



Members of the All-Party Parliamentary Group on HIV and AIDS learned how we provide convenient and efficient sexual health care at our clinics

## August 2022



The Mayor of Hounslow opens a new Heritage Exhibition at West Mid to celebrate its remarkable 100+ year history



Our new outpatient pharmacy CW Medicines opens at our Chelsea and 56 Dean Street sites

## September 2022



We held our first Staff Awards ceremony since before the pandemic to recognise and commend staff from across our Trust



Our Venus Homebirth team at West Mid celebrated two years of supporting women and birthing people who chose to birth at home



## October 2022



The Queen Consort met our pioneering Domestic Abuse team and staff working in the field in our maternity services



We hosted the first hospital screening of a game-changing endometriosis film followed by an expert panel Q&A session

## November 2022



We welcomed colleagues from the Danish AIDS Foundation to our sexual health clinics and A&E



Our Trust was named as Best in UK for delivering Radiology Services at the Radiology Awards 2023

## December 2022



We marked World AIDS Day with events and outreach work including an HIV testing event at G-A-Y Bar in Soho



Chief Executive Lesley Watts was awarded CBE in His Majesty the King's New Year Honours

## January 2023



Staff in our Obstetrics and Gynaecology team were recognised at the Imperial College Faculty of Medicine Awards



Planning permission was granted for a new, state-of-the-art diagnostic centre at West Middlesex University Hospital

## February 2023



Consultant Cardiologist Dr Fu Siong Ng shed light on heart health to raise awareness of heart attack symptoms as part of the #HelpUsHelpYou campaign



Our A&E team at Chelsea piloted new NHS England schemes to improve patient care and experience

## March 2023



Three little miracles reunite 17 years after the triplets were born prematurely in 2006 at just 29 weeks



We celebrated Trans Day of Visibility with a panel discussion to recognise and celebrate the contribution of our trans and non-binary staff

## History and statutory background of the Trust

Chelsea and Westminster Hospital NHS Foundation Trust (the Trust) was founded on 1 Oct 2006 under the Health and Social Care (Community Health and Standards) Act 2003 and is a statutory body. It acquired West Middlesex University Hospital NHS Trust on 1 Sep 2015, and now operates these two hospitals in addition to a range of community services.

Chelsea and Westminster Hospital (CW) is a modern and attractive building which opened in 1993 on the site once occupied by St Stephen's Hospital, bringing together staff, services and equipment from five London hospitals in the United Kingdom:

- **Westminster Hospital:** Founded in 1719 as a voluntary hospital in a small house in Petty France, Pimlico, with just 10 beds
- **Westminster Children's Hospital:** Built in 1907 as the Infant's Hospital—originally in Vincent Square SW1, the hospital pioneered the treatment of malnutrition in infants
- **West London Hospital:** Opened in 1860, the hospital was known from the early 1970s for its women-centred maternity service
- **St Mary Abbots Hospital:** An infirmary occupied the site of what had been the Kensington workhouse, and the hospital was founded in the late 19th century
- **St Stephen's Hospital:** A map of 1664 indicates on this site 'the hospital in Little Chelsea'—later there was a workhouse, then an infirmary, before St Stephen's was founded in the late 1800s

West Middlesex University Hospital (WM) also has a long history of pioneering, innovative healthcare. It opened in 1894 as the Brentford Workhouse Infirmary and became known as West Middlesex Hospital in about 1920. The main hospital building was redeveloped between 2001 and 2003, with substantial redevelopment continuing today. Both sites are at the heart of their local communities, providing accessible, state-of-the-art facilities.

## Purpose and activities of the Trust

The Trust delivers specialist and general hospital care at Chelsea and Westminster Hospital and West Middlesex University Hospital. Both hospitals have major A&E departments, and the Trust provides the one of the largest maternity services in England.

Our specialist hospital care includes the burns service for London and the South East, children's inpatient and outpatient services, cardiology intervention services and specialist HIV care. We also manage a range of community-based services, including our award-winning sexual health clinics, which extend to outer London areas.

We are active partners in the north west London integrated care system (ICS), which brings together all parts of the NHS and local authorities to focus on improving the health of the local population. We have exercised our functions in accordance with the plans of the integrated care board (ICB) that governs the ICS, including those of our Clinical Commissioning Groups, and have worked in partnership in developing any joint capital resource plans in accordance with NHS England's guidance on good governance and collaboration. Within the ICS we are part of the North West London Acute Provider Collaborative along with Imperial College Healthcare NHS Trust, The Hillingdon Hospitals NHS Foundation Trust and London North West University Healthcare NHS Trust. Our collaborative is focused on reducing health inequalities to patients accessing acute care across north west London by developing joint clinical pathways and providing mutual aid.

The Trust serves a catchment area in excess of one million people in the following areas:

- Brent
- Central London
- Ealing
- Hammersmith and Fulham
- Harrow
- Hillingdon
- Hounslow
- Kensington and Chelsea
- Richmond
- Wandsworth
- West London
- NHS England for specialised services commissioning

We also have a series of contractual, systems management and other partnership arrangements with respective local authorities. This includes membership and reporting arrangements to health and wellbeing boards and overview and scrutiny committees. We have established our partnership duties through a series of accountability and reporting mechanisms to local Healthwatch groups (the statutory patient representative organisation).

## **Equality of service delivery**

Chelsea and Westminster Hospital NHS Foundation Trust is committed to equality of opportunity and equity of opportunity in the provision of services. In line with our strategic priorities and values, we aim to create the best possible quality of care by delivering the highest quality service to all sections of the community that we serve without discrimination.

The Trust provides many important health services that have been developed over the years to meet a variety of needs. We seek to ensure that in delivering these services they are provided in a fair and equitable manner. We want our services to be accessible and useful to everyone, regardless of age, disability, gender, race, national origin, sexuality or any other factors which may cause disadvantage or inequity. We will not tolerate any practices that result in the provision of a lower standard of service to any group or individual because of unfair or unlawful discrimination. During 2022/23, we have formalised our position as part of the North West London Acute Provider Collaborative which carries a key aim of reducing health inequalities. During the year we have



developed a range of collaborative pathways with other acute providers across north west London, as well as offering mutual aid to start to reduce health inequalities across acute health providers in north west London.

## **Principal risks for 2022/23**

The Trust is committed to consistently delivering the highest quality of care and outcomes for our patients. Our ambition is to strengthen our position as a major health provider in north west London and beyond, to enhance our position as a major university teaching hospital, driving internationally-recognised research and development, and to establish ourselves as one of the NHS's primary centres for innovation. The Trust's strategic objectives are:

### **Strategic priority 1: Deliver high-quality, patient-centred care**

Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department and their experience and quality of care will be second to none.

### **Strategic priority 2: Be the employer of choice**

We will provide every member of staff with the support information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high-quality services to our patients.

### **Strategic priority 3: Delivering better care at lower cost**

We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources (financial and human, including staff, partners, stakeholders, volunteers and friends).

The principal risks that could substantially impact on the achievement of the Trust's strategic objectives, as recorded in the Board assurance framework, are outlined in greater detail within the *Annual Governance Statement* from page 111 and are summarised below:

- Failure to ensure the application of clinical and operational processes within an increasingly complex environment could compromise the delivery of outstanding, high quality, safe and patient-centred care
- Failure to innovate and coproduce quality improvements with our staff, patients, carers and stakeholders/partners could drive health inequalities in outcomes and patient experience
- Failure to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity
- Risk that the population's continuously changing need for services exceeds the Trust's capability and capacity to respond in a timely way—where there are instances of demand outstripping supply, there is a risk that quality and safety of care will be compromised, the needs of service users could be insufficiently met, and this will lead to poorer health outcomes and experiences

- Insufficient or ineffective planning for current and future workforce requirements (including number of staff, skill mix and training) may lead to impaired ability to deliver the quantity of healthcare services to the required standards of quality, and inability to achieve the business plan and strategic objectives
- Failure to look after our staff's physical and mental wellbeing could lead to reduced retention of staff, increased sickness levels, pressure on staff and decreased resilience, poor staff morale, over-reliance on agency staffing at high cost/premiums, potential impairment in service quality, and loss of the Trust's strategic ambition to be the employer of choice
- Failure to maintain a coherent and coordinated structure and approach to succession planning, organisational development and leadership development may jeopardise the development of robust clinical and non-clinical leadership to support service delivery and change, staff being supported in their career development and to maintain competencies and training attendance, staff retention, and the Trust being a 'well-led' organisation under the CQC domain
- A failure to develop and maintain our culture in line with the Trust values and the NHS People Promise, which includes being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety and wellbeing of staff, working flexibly, supporting learning and development, promoting equality, diversity and inclusivity and fostering a team culture—the absence of this could result in harm to staff, an inability to recruit and retain staff, a workforce which does not reflect Trust and NHS values, and poorer service delivery
- Failure of the integrated care systems and provider collaboratives in which we work to deliver transformation, reduce health inequalities, integrated care, maintain financial equilibrium and share risk responsibly may impact adversely compromising service delivery and the quality of patient care
- Failure to deliver a fit for purpose digital and physical estate to deliver the Trust's clinical strategy and strategic objectives through ineffective business planning arrangements and/or inadequate mechanisms to track and control delivery of plans and programmes
- Failure to deliver the financial plan and maintain financial sustainability, including, but not limited to non-delivery of CIP savings, budget overspends, underfunding and constraints of block contracts in the context of increasing levels of activity and demand—this could lead to an inability to deliver core services and health outcomes, financial deficit, intervention by NHS England and Improvement, NWL ICS constraints, and insufficient cash to fund future capital programmes
- Failure to protect the integrity and security of our information could lead to cyberattacks which could compromise the Trust's infrastructure and ability to deliver services and patient care, data loss or theft affecting patients, staff or finances, reputational damage and/or personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions)

- Failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a green plan, and maintain improvements in sustainability in line with national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (30%, 50% and 80% reduction in emissions by 2023, 2025 and 2030, respectively, and net zero carbon by 2040), could lead to a failure to meet Trust and system objectives, reputational damage, loss of contracts, contribution to increased pollution within the wider community, and loss of cost saving opportunities
- Failure to maintain adequate business continuity and emergency planning arrangements to sustain core functions and deliver safe and effective services during a widespread and sustained emergency or incident, for example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage and regulator intervention

All principal risks are reviewed through the governance structure on a quarterly basis including controls, assurances, gaps in control and actions. During 2022/23 we also included the 'three lines of assurance' approach to develop a more meaningful approach to risk management. Each principal risk is assigned to an Executive Lead and has a designated governance home within the Trust Committee structure. Mitigating controls include:-

- Clinical pathways
- Clinical and non clinical policies and procedures
- Strong operational planning and performance management
- Strong financial planning, strategy and grip
- Staff health and wellbeing strategies and initiatives
- Mutual aid and shared learning across the Acute Provider Collaborative
- Cybersecurity
- Implementation of the Sustainability and Net Zero Strategy
- Effective risk management systems

## Going concern

The Trust has submitted a plan for 2023/24 to generate a breakeven position. As at 31 Mar 2023 the Trust holds £160.2m of cash reserves and has a forecast cash balance of £174.1m at 31 Mar 2024.

The directors are confident that there is a reasonable expectation that the Trust will continue to have adequate cash resources to service its operational activities in cash terms for the next 12 months and into 2024/25. The impact of changes in the funding and cash regime have been taken into account for the Trust's plans and projections, including cash flows, liquidity and income base.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's *Financial Reporting Manual*.

# **PERFORMANCE ANALYSIS**

## How the Trust measures performance

### North West London Acute Provider Collaborative

The four acute trusts in north west London came together formally as an acute provider collaborative, with a chair and board in common, on 1 Sep 2022. This approach means each trust remains an independent organisation, working closely with our local authorities, patient groups, and other partners, while also being able to make more effective use of our collective resources to provide better care, for more people, more fairly.

The collaborative is strengthening and expanding achievements we had begun to make through closer partnership working during the COVID-19 pandemic. Over the past year, our collaborative approach has helped us to:

- Offer patients waiting for an operation in a Trust where capacity for a particular service is limited, the chance to have their operation sooner, in a hospital managed by one of the other partners where there is more capacity for that service. All four trusts virtually eliminated waits of more than two years last year, and are now focusing on eliminating waits of more than 18 months for the year ahead.
- Develop and progress plans to bring together much of the routine, inpatient orthopaedic surgery for north west London in a purpose-built centre of excellence at Central Middlesex Hospital. Establishing this new, 41-bed, elective orthopaedic centre will help us improve outcomes and reduce waiting times for all orthopaedic surgery. The plans drew on feedback from a 13-week public consultation and were approved by NHS North West London in Mar 2023. The new centre is set to open in autumn 2023.
- Set up a clinical peer review process to share best practice and innovation within specific services more systematically. The peer review of accident and emergency services involving senior clinicians from all seven A&E departments run by the collaborative took place from Oct–Dec 2022. Seven broad themes for collaborative improvement were identified plus a range of more immediate actions to help progress key goals, such as reducing delays.
- Develop and progress plans for three community diagnostic centres to provide additional capacity for north west London and to improve access, especially for communities living in areas with the highest deprivation who have traditionally been less well served. The new centres—in Willesden, Wembley and Ealing—are set to open in the coming year and provide a range of services, including X-ray, CT, ultrasound and MRI scans.
- Prepare to roll out the same electronic health record system that is already in place at Imperial College Healthcare and Chelsea and Westminster to The Hillingdon Hospitals and London North West University Healthcare. The implementation—due to take place this summer—will support a further step change in integrated working across all 12 of the collaborative’s hospitals, with huge benefits for both staff and patients.

Our leadership teams are also now working together more systematically, focused on four areas—quality, people, finance and operational performance, and infrastructure. With each work area led by one of the trust chief executives, we are aligning our approach to measuring performance and impact and gathering user insights to help us identify and prioritise shared and local challenges as well as solutions and best practice. Already this more integrated working has helped all four trusts to deliver our financial plans for 2022/23 and agree coordinated financial plans for the year ahead while also being one of the highest performing sectors in the NHS in terms of returning to—and in some cases exceeding—pre-pandemic levels of planned care activity.

Our collaborative priorities for next year include:

- **Quality:** Improving care for deteriorating patients and end of life care, standardising processes for clinical harm and mortality reviews, more effectively gathering and responding to the needs and preferences of our patients and local communities, building on our inpatient orthopaedic surgery programme, codesigning improved ways of working on other clinical pathways to increase quality and reduce unwarranted variation
- **Infrastructure:** Improving the quality and efficiency of core administration and other common IT systems through standardisation and integration wherever appropriate, exploring opportunities for better use of our collective estate, developing shared solutions to help us meet carbon emission targets
- **Finance and operational performance:** Exploring further consolidation of shared functions, including securing the anticipated benefits from a new, north west London procurement hub, improving discharge planning and ensuring patients are able to be discharged as soon as they are medically ready to go home or to community-based services
- **People:** Establishing a shared recruitment hub to help reduce hard-to-fill vacancies, developing a shared careers hub and staff transfer scheme, improving use of the apprenticeship levy, joint approaches to tackling violence, aggression, bullying and discrimination

## Local Trust level

The work of the Trust Board of Chelsea and Westminster Hospital NHS Foundation Trust is underpinned by five key committees—namely the Quality Committee, People and Workforce Committee, Audit and Risk Committee, Finance and Performance Committee and the Nominations and Remuneration Committee.

## Board-level

The Quality Committee and Finance and Performance Committee receive the integrated performance report comprising a number of key performance indicators (KPIs) with associated commentary to explain variances and detail the actions in place to deliver improvement.

The KPIs cover a range of contractual and internally determined metrics, providing a balanced scorecard for the Trust's performance across the four domains of regulatory

compliance, quality, efficiency and workforce. Each KPI, where appropriate, has a target based on either the contractual performance standard or an internally set target, based on benchmarking information from a peer group of other NHS organisations.

The integrated performance report presents the KPIs for both hospital sites independently, as well as the combined Trust performance. Trend data is also provided for the last 12 months to enable the Trust Board to track progress over time.

The report also provides context in terms of the Trust's relative performance, and a national ranking was provided for the main access standards of A&E, Referral to Treatment (RTT) and cancer.

The Trust Board receives a quarterly integrated performance and quality report which enables triangulation of outcomes and performance across the domains of access, quality, people and finance. This report includes comparator information of performance across the other three trusts in the North West London Acute Provider Collaborative while also giving nationally benchmarked performance positions. These arrangements complement a rigorous regime of internal and external audit and accountability to the Trust Board, the North West London Acute Provider Collaborative, the North West London Integrated Care Board, NHS England and our regulatory bodies. The Board also receives a summary of the Trust's financial performance, with more detailed information provided to and scrutinised by the Finance and Performance Committee.

## **Divisional-level**

Performance at divisional level is scrutinised through monthly divisional performance review meetings, providing an opportunity for executive directors to have a more detailed discussion with divisional teams to support performance improvement initiatives, and to celebrate good performance while also challenging underperformance. Divisional performance reviews are supported with the relevant division's performance information against the committee and Board-level KPIs, supplemented by additional performance information relevant to the priorities of the division concerned.

A comprehensive programme of specialty-based deep dives was introduced some five years ago and is now fully embedded across the organisation. These reviews are executive-led and held with the specialty multidisciplinary teams to review their quality, workforce and efficiency metrics.

Additionally, a weekly performance meeting led by the deputy chief executive/chief operating officer is in place to monitor the key performance metrics across both sites and to monitor data quality. Performance against the elective recovery plan is also shared on a frequent basis through the Executive Management Board and all-staff webinars.

To support effective operational performance, the Trust employs a team of specialist information professionals who provide analytical support to all parts of the organisation and service the Trust's internal and external reporting obligations.

Performance information is provided to the organisation routinely through a combination of desktop self-service tools, automated routine reports, refreshed periodical scorecards and ad hoc reporting on request. Trust performance is scrutinised and supported through a range of daily, weekly and monthly meetings, with the necessary information available for discussion.



## Operational performance

Throughout 2022/23, the Trust continued to face significant challenges driven by increasing demand for services and the after-effects of the COVID-19 pandemic on elective care backlogs. Despite this, the Trust maintained high levels of quality and performance, treating patients in the best way that it has been able to.

Our urgent and emergency care services have been challenged by increasing demand throughout the year. For the first time since the COVID-19 pandemic, A&E activity exceeded levels from pre-pandemic years and was roughly 2.4% higher than in 2019/20. Despite pressures, the Trust has continued to perform well and would, if reporting, rank in the top decile nationally. The Trust has consistently delivered one of the best levels of performance across the capital as well as one of the best nationally although there is more than needs to be done to return to pre-pandemic levels of performance and flow.

Referral to treatment time (RTT) performance has not been delivered since October 2019 when the Cerner electronic patient record system was deployed at the Chelsea site. The subsequent impact of ceasing elective activity in March 2020 during the first wave of COVID-19 meant the recovery phase was not concluded. Throughout 2022/23 the NHS remained focus on tackling COVID-19 elective backlogs including eradicating waits over 104 weeks and making significant reductions in waits over 78 weeks. The Trust achieved both these ambitions with 0 patients waiting over 104 weeks and reducing 78-week waits to 27 pathways in March 2023.

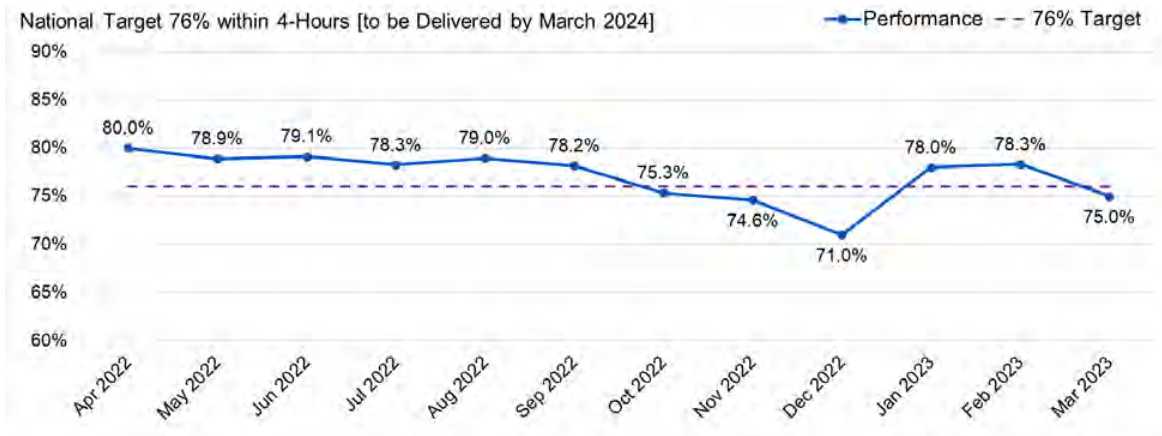
During 2022/23, the Trust provided mutual aid to London providers for long-waiting patients across a number of specialities to support collaboration and to reduce health inequalities across the broader patient population of North West London. Given increasing elective and non-elective demand, 52-week waits saw an increase over the same period from 581 to 1,128. Next year, the Trust will remain focused on tackling elective backlogs including eradication of 65-week and 78-week waits and reductions in 52-week waits.

The Trust's 62-Day cancer GP referral to first treatment performance has remained a consistent priority through the year. This standard has been impacted by increasing demand, including urgent cancer referrals. Performance has been below the national standard for 11 out of the 12 months—however, the Trust has delivered a consistent and sustained reduction to the backlog of patients waiting over 62 days throughout the year.

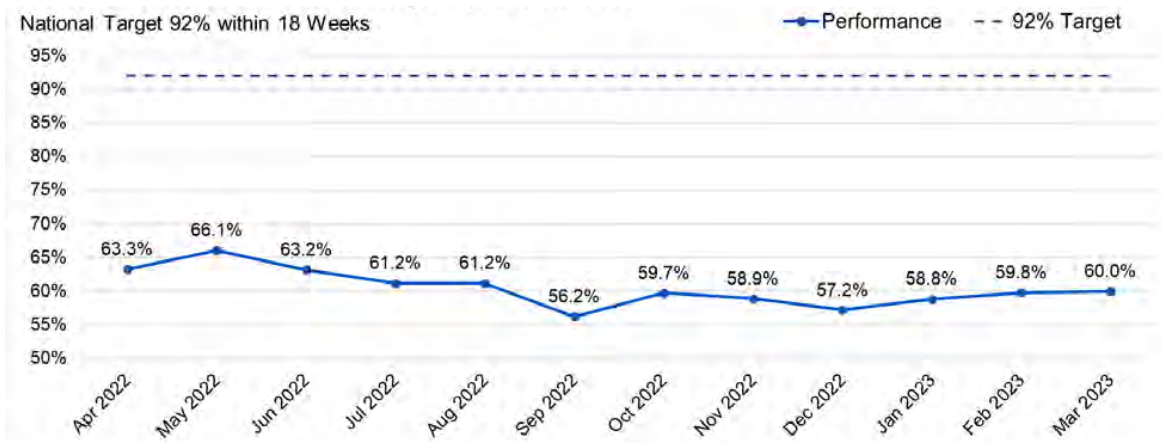
Our compliance with the 2-week wait cancer standard has been excellent despite the challenges and has delivered the standard for 11 months out of 12 across the year. The 28-day faster diagnostic standard (FDS) was introduced in October 2021 for patients who are referred for suspected cancer to have a timely diagnosis. The aim is for 75% of patients to be diagnosed or have cancer ruled out within 28 days of being urgently referred by their GP for suspected cancer. The Trust has delivered against this standard for 2 out of 12 months in 2022/23. The Trust continued to retain its position in the top decile of all providers delivering the national 95% diagnostics standard for every month of 2022/23.

The following graphs illustrate the Trust's performance against each of the key national standards of A&E 4-hour performance, RTT times, cancer 2-week waits, 62-day cancer waits, 28-day FDS and diagnostics as noted above.

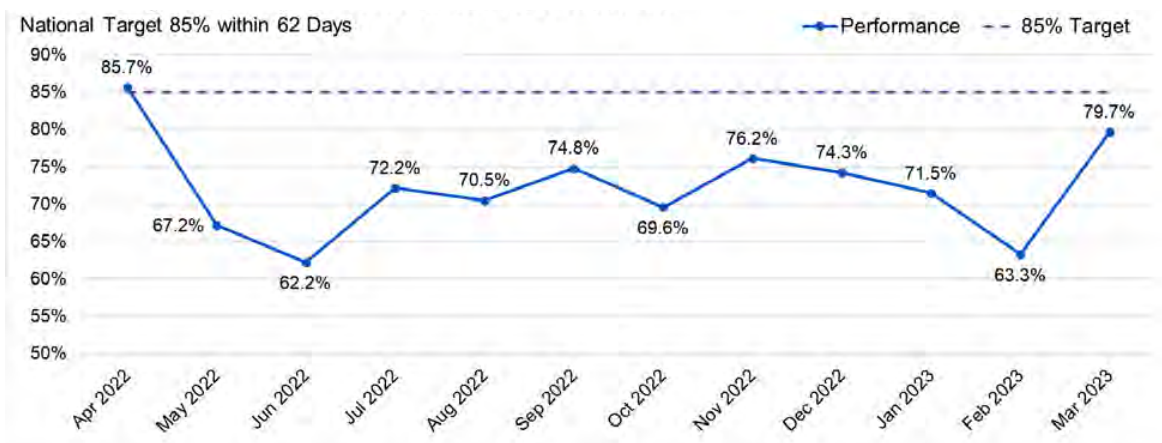
### A&E 4-hour performance—types 1 and 3



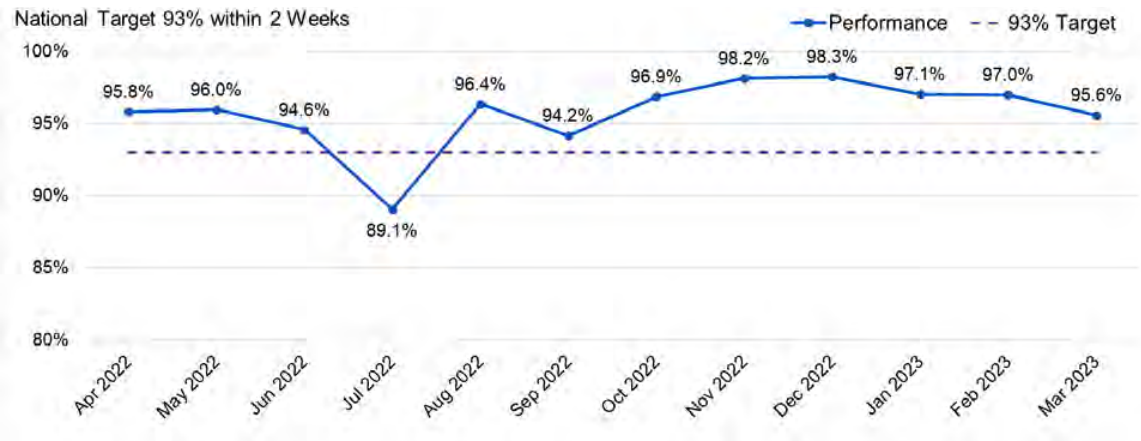
### 18-week referral to treatment (RTT) performance



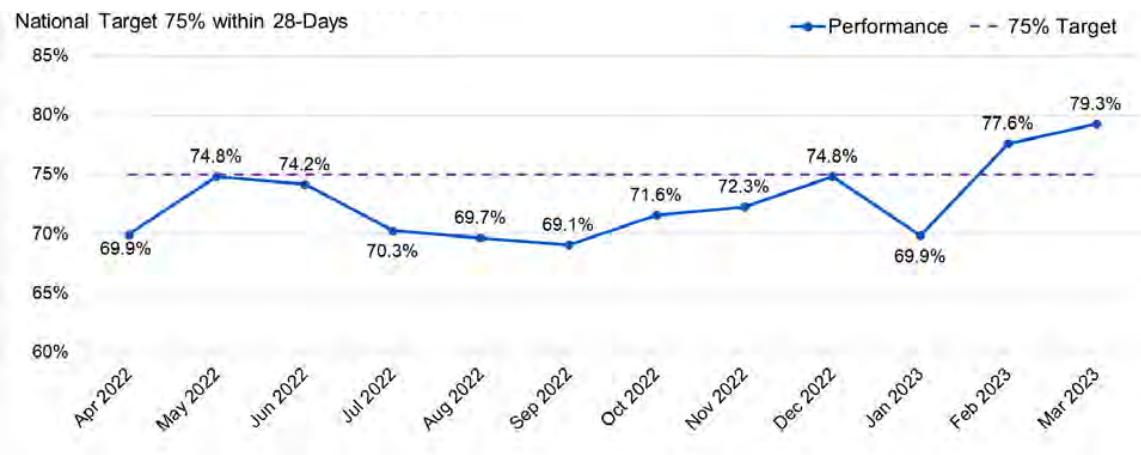
### Cancer urgent 62-day GP referral to first treatment performance



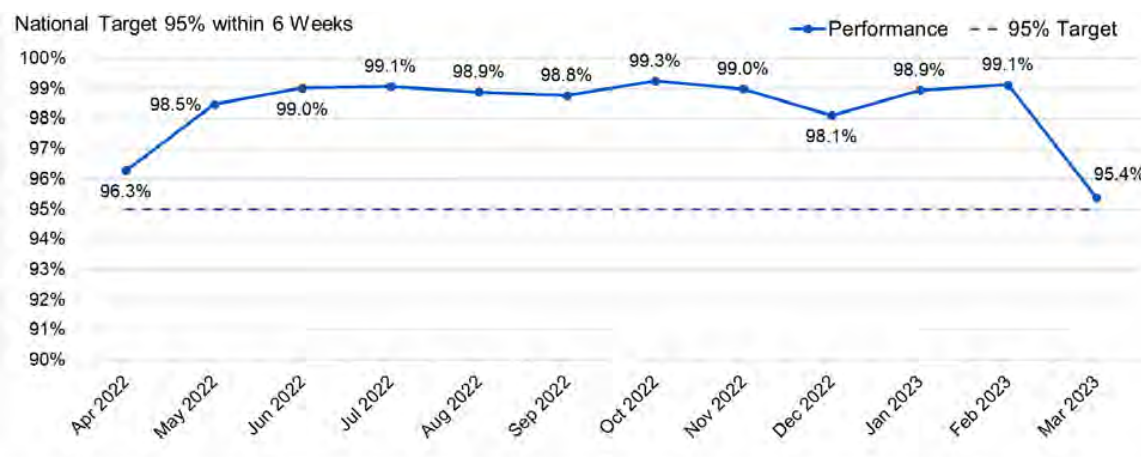
### Cancer 2-week wait performance



### 28-day faster diagnostic standard performance



### Diagnostic waiting times performance



## Quality priorities

During 2022/23 we set a range of quality priorities aimed at improving the safety, effectiveness and experience of care received by our patients. These related to:

- **Priority 1:** Falls
- **Priority 2:** Clinical Handover
- **Priority 3:** End of Life Care
- **Priority 4:** Communication with patients and primary care

### Priority 1: Reducing the risk of inpatient falls with harm

Patient falls within a hospital setting can result in reduced confidence, increased length of stay and direct patient harm. With appropriate assessment and intervention, the falls risk can be minimised or prevented.

Key achievements:

- **Monitoring:** A falls dashboard has been developed that provides an overview of falls risk assessment completion within the electronic clinical record.
- **Education:** A comprehensive education programme relating to falls risk assessment and prevention has been developed for nursing staff. Additionally, the Trust is participating in the development of a North West London falls training package.
- **Equipment:** A review of the equipment available to support falls risk reduction has been undertaken leading to the procurement of low beds for every ward.

This programme of work has contributed to a significant increase in the number of falls risks assessments for patient over 65, which is recorded within the electronic clinical record, and a 44% to a 44% reduction in the number of falls with that resulted in severe harm.

Metric	Baseline	Target	Achieved
Number of falls leading to severe harm/death	16	8	9
Percentage of patients over 65 to have falls risk assessment	2.9% (CW) 34.3% (WM)	90%	87.6%

### Priority 2: Improving clinical handover

Effective handover between clinical teams is an essential element in the delivery of safe and effective care. Since this quality priority was established in 2020/21, the Trust has sought to enhance opportunities for effective handover by engaging clinical teams and supporting delivery.

Key achievements:

- **Decision making:** Implementation of SBAR (situation, background, assessment, recommendation) form within the electronic clinical record to support decision making and enhance documentation.

- **Process:** The Clinical Handover Policy has been introduced across the organisation together with the nursing and midwifery handover framework. These internal processes are supported by the Transfer Policy supported by the Acute Provider Collaborative.
- **Education:** A comprehensive education programme has been developed to support clinical engagement in handover practices. This includes a handover focus at induction for all medical staff, an e-learning module and the delivery of simulation training.

The initial focus for this quality priority was medical handover—this has led to increased engagement and attendance the Trust’s handover meetings with 95% attendance achieved (daytime handover). Attendance at the essential meeting is being supported by the introduction of a digital solution (Alertive)—this acts as a reminder and supports participation.

Metric	Baseline	Target	Achieved
Utilisation of CernerEPR tool to support patient handover	-	-	Successful implemented
Increase number of staff trained in principles of safe and effective handover	0%	50%	35%
Medical downstream—increase the number of staff who attend hospital at night and medical downstream wards by each specialty	Nil	95%	87%
Handover at night—increase the number of staff who attend hospital at night and medical downstream wards by each specialty	Nil	95%	63%

Within the Clinical Handover Quality Priority the following metrics were not met at the end of March 23, below outlines what has been done since:

### **Clinical Handover Training**

Clinical handover training within the first year of the quality priority focused on junior doctors and training was embedded within the junior doctor training programme at Chelsea. However due to differences in approach at West Middlesex site there was a wider piece of work focused on to bring West Middlesex in line and embed a constant approach which effected the training numbers in totality.

Towards the later end of the 22/23 clinical handover training was then expanded to include all clinical staff. In order to support the volume of staff and principles that needed to be covered an e-learning module was sort to be the best way forward to ensure sustainability on training across the Trust. In May 23 the Trust signed off on the e-learning for clinical handover to be mandatory and monitored in line with current core mandatory modules.

### **Attendance at Medical Downstream and at Hospital at Night meeting**

Continuous feedback was obtained from staff following low attendance numbers across both sites, with regular adjustments made to make the meeting more useful for all specialities and in March 23 it was signed off within the Trust policy that digital solutions will be utilised with “an Alertive3 reminder will be sent to all speciality teams i.e. (General Surgery SHO & Orthopaedics SHO at both sites). If unable to attend then they need to contact the clinical site managers via Alertive3 if no patients to discuss. If no response from the speciality team then the site manager will contact them via Alertive3 for

confirmation. Feedback from staff has been very respectful and there has been an increase in attendance and the quality of conversation within the meetings.

### Priority 3: End of life care

End of life care was established as a two-year quality priority in 2022/23—the programme of work is, therefore, still in its infancy and additional time is required to effectively implement the London urgent care plan (UCP) system. The UCP is an essential element of this quality priority as it supports the sharing of patients’ care preferences including the decisions around goals of care and treatment escalation. Implementation of this system will help to identify patients presenting to the Trust who already have an urgent care plan, ensuring that the care offered is appropriate and in line with expressed preferences, including decisions about admission and clinical management integrated within our Trust’s timely care hub.

Metric	Target	Achieved
Fast-track transfers to be delivered in less than 4 days with centralised support for the management of fast-track discharges	>75%	Implementation ongoing
Patients with an urgent care plan attending A&E are identified	100%	Implementation ongoing

### Priority 4: Communication with patients, carers and GPs

The quality and timeliness of information sharing and engagement with patients, GPs and family members greatly influences the experience of the care. It is fully recognised that poor communication and engagement can lead to gaps in care planning. For this reason, a programme of work has been introduced to enhance the effectiveness of these communication channels.

Key achievements:

- **Monitoring:** Digital solutions developed to ensure outstanding discharge summaries are identified and rectified. This monitoring system is integrated into the organisation’s governance structure.

This quality priority has led to an improvement in patient experience—however, work will continue to be delivered to ensure the Trust meets its overall targets and continues to consistently communicate and support our patients, carers and their GPs.

Metric	Target	Achieved
Formal complaints (appointment-related cumulative)	12	10
Informal complaints (cumulative)	358	142
Patient experience (local survey—very good and good)	96%	92.8%
Discharge summaries (DSUMs)	100%	98.7%
Outpatient letters	95%	85%

## Financial performance

The Trust reported an adjusted surplus of £0.05m against the control total of a breakeven plan. The overall reported position is a surplus of £9.5m for the year (before adding back all reversals of impairments relating principally to land and buildings of £7.3m and other adjustments of £2.1m). The Trust delivered £22.9m of cost improvement programmes during the year. The following table shows the 2022/23 financial outturn against the 2021/22 position under NHS England's reporting definitions.

	2022/23 outturn (£m)	2021/22 outturn (£m)
Operating revenue	£867.2	£802.1
Employee expenses	(£500.8)	(£454.1)
Other operating expenses	(£344.5)	(£300.6)
Non-operating income/expenses	(£12.6)	(£15.9)
Other gains/(losses) including disposal of assets	(£0.3)	(£0.9)
Net reversal of impairments and other non-current asset gains/(losses)	(£6.8)	(£31.0)
Corporation tax expense	(£0.02)	0
Removal of donated assets/PPE consumables	(£2.1)	£1.7
<b>Adjusted surplus/(deficit)</b>	<b>£0.05</b>	<b>£1.3</b>
Net surplus/(deficit) %	0.01%	0.2%

Total operating revenue for EBITDA	£864.1	£801.1
Total operating expenses for EBITDA	(£822.9)	(£761.1)
<b>EBITDA</b>	<b>£41.2</b>	<b>£40.0</b>
EBITDA margin %	4.8%	5.0%

<b>Year-end cash</b>	<b>£160.2</b>	<b>£152.8</b>
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During the year, the balance of cash and cash equivalents increased from £152.8m (31 Mar 2022) to £160.2m (31 Mar 2023).

In 2022/23 the Trust invested £35.9m on capital, which included £16.5m on estates works and maintenance across both sites, £6.9m on medical equipment and £10.5m on IT goods and services.

## Environmental and sustainability performance

### Overall strategy for sustainability

Chelsea and Westminster Hospital NHS Foundation Trust, along with its partners, is actively working towards the decarbonisation of our activities and a transformation to a low-carbon, sustainable healthcare system. In Nov 2021, the Trust implemented its green plan, setting out our targets to be carbon neutral for our 'core' footprint by 2040, and for our 'plus' footprint (including our supply chain) by 2045. We have already begun making decisive steps towards these goals, preparing our Trust for the journey ahead.

In Nov 2022, we supplemented our green plan with the first of our sustainability strategic reviews, a complex review of the governance, targets and enabling strategies required to meet our ambitious goals. The Trust has since reformed our sustainability programme to these recommendations, creating 12 workstreams of our sustainability board to tackle different areas of sustainable operation, and developing plans to review and update our key operational policies to incorporate sustainability at the heart of everything we do.

We recognise that delivering sustainable healthcare involves a cross-cutting approach, working at all levels with staff, patients, and partner organisations to implement our ambitions. Throughout the past year, we have been working to develop this collaborative approach through a wide number of mechanisms, including engagement with our partner organisations, staff engagement events (including our first ever sustainability week in Oct 2022), and collaborative works across the wider north west London healthcare sector. We will continue to develop this in years to come, leveraging our position as an anchor institution to leave a positive impact on the natural world around us as well as the communities and patients we serve.

## **Projects**

Significant progress has been achieved by the Trust on individual sustainability projects throughout the past year. Our clinical sustainable transformation is progressing well, with our desflurane usage now at 1.02% (the lowest in north west London) and 80,090kg CO<sub>2</sub>e emissions avoided during the financial year 2022/23. Trials are now being developed for anaesthetic gas capture and reuse at West Middlesex, which has the potential for further reductions of our remaining 105,657kg CO<sub>2</sub>e of flurane gases. Work has also begun to develop carbon education for metered-dose inhaler reduction at Chelsea and Westminster, which we will continue to support and expand.

Planning for our estate decarbonisation has continued through a number of avenues. At West Middlesex, we are currently undertaking a feasibility study to explore solar PVs across the site. We are also collaborating with our partners across north west London to explore appointing a contractor to develop full estate decarbonisation plans, which will significantly aid us in the continued development of our estate. Owing to the nature of our energy infrastructure, we will continue to be a large gas consumer in the medium term, so we will look to ensure our capital programme over the next 10 years is built for full estate decarbonisation, including replacement of a significant amount of our infrastructure. We are also embedding sustainability into the heart of our new projects, including the ongoing development of our Ambulatory Diagnostic Centre at West Middlesex (which is targeting a BREEAM Excellent standard) and the drafting of our first ever sustainable construction policy.

Biodiversity at the Trust has become a key component of our sustainability programme over the past year, with several projects underway to explore our sites' connections to nature. These include collaborations with our contractor Bouygues, funding applications for a nature trail and new parks at our West Middlesex site, and the inclusion of the clean air hospital framework and biodiversity metric into our sustainability strategies. We will continue to explore new options to 'green' our sites in the coming years.



Innovation in sustainability has continued to develop over the past year, supported in part by our 'green funding call' in summer 2022 in partnership with our charity CW+. We have begun embedding the SusQI principles, developed by the Centre for Sustainable Healthcare, as part of our improvement programme to support sustainability-focused projects.

## **Engagement**

The Trust recognises that delivering sustainable healthcare involves working at all levels of healthcare with staff, patients and partner organisations to implement our ambition to deliver a health system that supports social and environmental ambitions which are financially efficient, to put our organisation on a path to a cleaner, greener and healthier future.

Through the past year, we have been working to significantly improve staff and patient engagement with sustainability. In Oct 2022, the Trust held our first-ever sustainability week, a series of events across both our hospitals to promote sustainable lifestyle options and changes which can be made in the workplace. These events were incredibly successful and the Trust will look to replicate sustainability week in the future.

We have also experimented with a number of engagement activities, including a 'green funding call' for sustainable improvement projects, changes to our Green Committee, and newsletter and email communications. We will continue to experiment with engagement of staff and patients in the future to ensure we are able to truly maximise our impact.

## **Direct GHG emissions**

The Trust continues to measure its carbon footprint. Carbon emissions from utilities are tracked and reported monthly. This is measured and reported under scopes 1–3:

- **Scope 1:** Natural gas and natural gas WTT
- **Scope 2:** Grid electricity supply
- **Scope 3:** Grid electricity T&D, WTT, T&D, potable water supply and water treatment

The table below illustrates the total GHG emissions for the Trust.

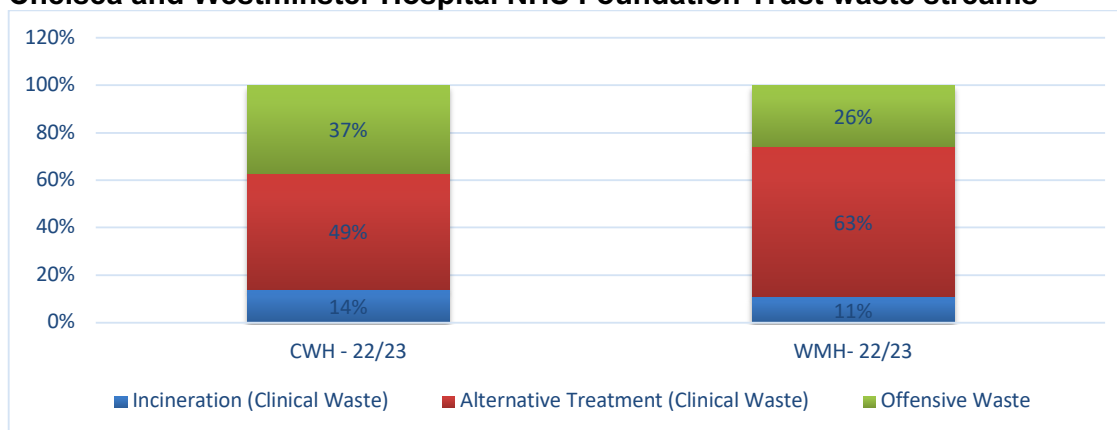
Summary	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Tonnes of CO2e - Scope 1	1,598.33	1,627.96	1,116.51	1,117.57	836.42	634.87	645.19	869.14	967.56	1,247.70	1,279.76	1,355.99	13,296.99
Tonnes of CO2e - Scope 2	221.27	187.43	310.52	353.18	471.58	443.35	487.25	426.63	511.26	398.96	338.27	331.93	4,481.64
Tonnes of CO2e - Scope 3	182.62	188.96	195.89	217.50	230.91	188.86	185.59	180.76	194.46	173.37	165.85	182.74	2,287.52
<b>Total 22/23</b>	<b>2002.23</b>	<b>2004.35</b>	<b>1622.92</b>	<b>1688.25</b>	<b>1538.91</b>	<b>1267.08</b>	<b>1318.03</b>	<b>1476.53</b>	<b>1673.27</b>	<b>1820.03</b>	<b>1783.87</b>	<b>1870.67</b>	<b>20,066.15</b>
<b>Total 21/22</b>	<b>1934.80</b>	<b>1425.32</b>	<b>1846.59</b>	<b>1676.10</b>	<b>1868.40</b>	<b>1454.12</b>	<b>1546.43</b>	<b>1929.02</b>	<b>1892.43</b>	<b>2359.05</b>	<b>2240.35</b>	<b>1892.90</b>	<b>22,065.50</b>

The Trust continues to consider future proofing and incorporate changes into the awareness workshops across department leads, including at Board level. This is to ensure that there is an efficient use of resources and that sustainability responsibilities are firmly embedded in day-to-day operations.

### Waste minimisation and management

The Trust works closely with its staff, contractors, infection prevention and control leads and wider community to improve the segregation and reduction of waste. We have a Trustwide multidisciplinary waste group which supports our overall sustainability waste workstream. The Trust will continue to monitor our activity against the revisions in the HTM and overall NHS clinical waste strategy updated in Mar 2023. We'll work towards the 2025 targets of 20% incineration, 20% infectious, and 60% offensive waste (20:20:60) with developed contracts management. We will ensure data accuracy and work with NHSE to normalise reporting data.

### Chelsea and Westminster Hospital NHS Foundation Trust waste streams



We continue to support innovation to reduce our impact of waste disposal from activity. In conjunction with ISS, we plan to complete the installation of a bio processor food waste compactor which will provide an 80% reduction in approximately 80 tonnes of food waste and Vegware type compostable food packaging in 2023/24.

An e-learning waste segregation training module is being rolled out for all staff which will require biannual revalidation to include legislative changes. This will augment our staff and contractor engagement programmes and sustainability waste workstreams, and will be supported by three awareness days to provide an education programme for all staff on the correct segregation of waste.

Recognising that the ultimate goal of 20:20:60 will be challenging, we are also working with our clinical teams to reduce clinical and alternative waste streams.

Our paper hand towels and toilet tissue dispensers have been replaced with new dispensers which will have a positive impact on reducing over-use and waste as well as reducing replenishment costs and increasing recycling.

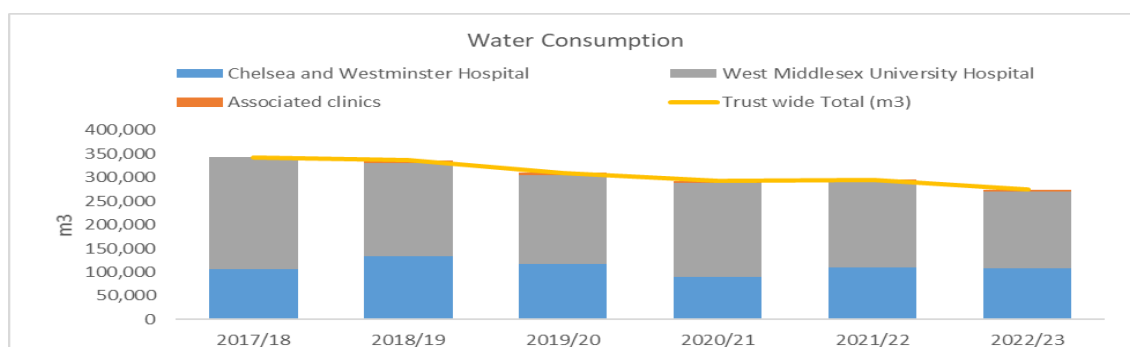
## Finite resource consumption

### Water consumption

The Trust remains committed to developing maintaining programmes which will reduce the use and waste of water. The increased efficiency will cut costs and make a positive contribution towards enhancing the environment. and have achieved a 20% reduction on our 2018 baseline consumption as illustrated in the table below.

We continue to support innovative water saving initiatives such as the utilisation of robotic floor cleaning which will save 90% of the water used for conventional cleaning.

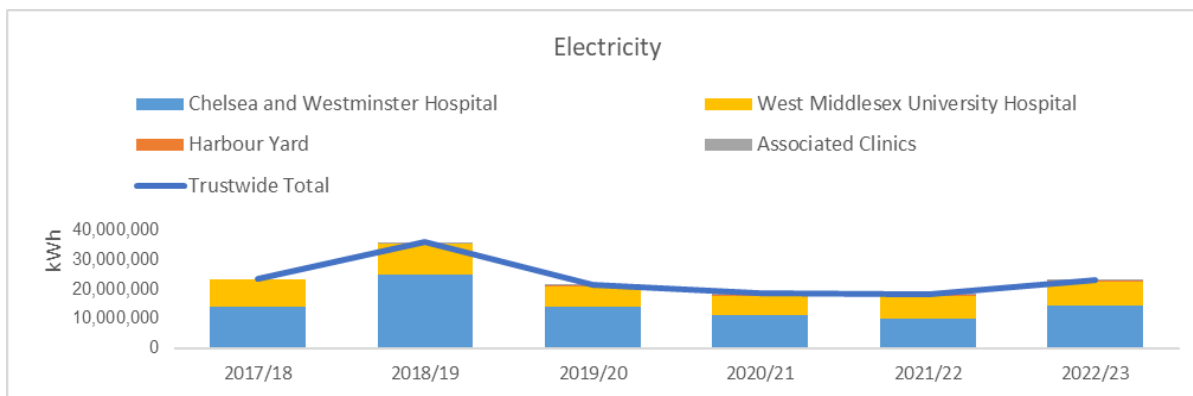
Our capital and refurbishment programmes have embedded water efficient plumbing and water systems. Our Board approved sustainability work stream will continue to educate staff and work with suppliers to support our water reduction and net zero ambitions.



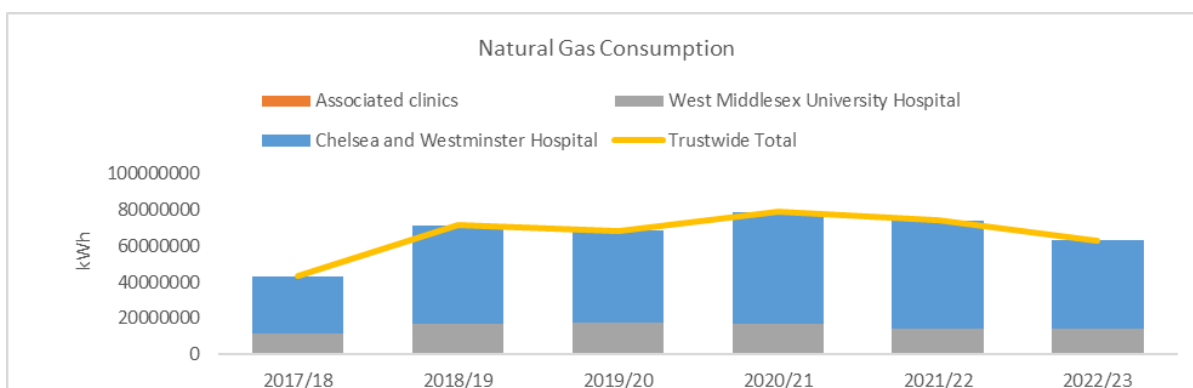
Water consumption (m3)	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Chelsea and Westminster Hospital	107,014	134,257	117,156	89,015	110,110	108,040
Associated Clinics	0	4,910	6,121	4,194	3,473	3,622
West Middlesex University Hospital	235,344	196,808	186,674	198,877	181,693	162,713
Trust wide Total (m³)	342,358	335,975	309,951	292,086	295,276	274,375
Year on Year reduction	-18,502	-6,383	-26,024	-17,865	3,190	-20,901
	-5%	-2%	-7%	-5%	1%	-6%

### Energy consumption

The Trust operates from a large estate which requires careful management of natural gas and electricity consumption. The volatility in supply costs has made it even more imperative that we use these resources efficiently. Our procurement of energy will continue to focus on supplies from renewable sources. Our capital and refurbishment projects are focused on our net zero goals and the efficient management and monitoring of our consumption will help towards lowering our carbon emissions, reduce costs and improve staff and patient experience. There has been a 26% increase in the Trust’s consumption of grid electricity and an overall 15% reduction in the consumption of grid natural gas.



Electricity (kWh)	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Chelsea and Westminster Hospital	14,013,135	24,791,028	14,010,604	11,067,245	9,909,354	14,543,289
Harbour Yard	0	0	374,895	248,113	215,757	212,799
Associated Clinics	0	419,461	499,014	470,364	435,518	424,420
West Middlesex University Hospital	9,256,195	10,697,851	6,688,655	6,677,914	7,727,451	7,898,310
Trust wide Total	23,269,330	35,908,340	21,573,168	18,463,636	18,288,080	23,078,818



Gas (kWh)	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Chelsea and Westminster Hospital	31,394,129	54,708,819	50,444,761	61,624,791	59,569,601	48,493,846
Associated Clinics	0	580,667	589,773	198,772	167,951	625,698
West Middlesex University Hospital	11,967,602	16,271,385	17,311,190	16,832,953	14,259,314	13,862,990
Trust wide Total	43,361,731	71,560,871	68,345,724	78,656,516	73,996,866	62,982,534

### Carbon footprint 'plus'

As with all NHS organisations, our carbon footprint is divided into two clear categories—'core', which covers our scope 1 and 2 emissions (including anaesthetic gases) and some scope 3 emissions (metered dose inhalers, water, waste, energy WTT and business travel), and 'plus', which includes 'core' as well as the impact of our wider supply chain, staff commuting, ICT and patient and visitor travel. Our target is to achieve net-zero emissions for our 'core' emissions by 2040, and for our 'plus' emissions by 2045.

The Trust's carbon footprint 'plus' has been calculated for the first time by NHS England, based on 2019/20 data. A breakdown of this is provided below.

Category	Carbon emissions (t CO2e)	
Core footprint	Anaesthetic gases	2,819.2
	Building energy	21,027.9
	Business travel and fleet	3,628.4
	Metered dose Inhalers	155.4
	Waste	578.1
	Water	282.2
Supply chain	Medical equipment	21,326.3
	Medicines and chemicals	43,089.3
	Non-medical equipment	19,960.5
	Other supply chain	38,354.7
Travel	Patient and visitor travel	3,979.4
	Staff commuting	4,484.2
Commissioned health services outside NHS		689.8
<b>Total</b>	<b>160,375.4</b>	

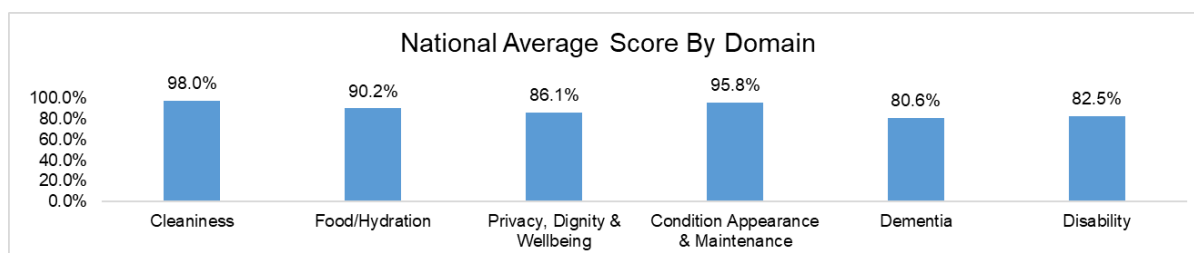
### Patient-led assessments of the care environment (PLACE)

After a pause of two years due to the pandemic, PLACE relaunched in 2022. The guidance was refined following feedback gathered from the review of the 2019 collection, and additional material was added to cover considerations around COVID-19. The main assessment was conducted in October with clinical and patient representation.

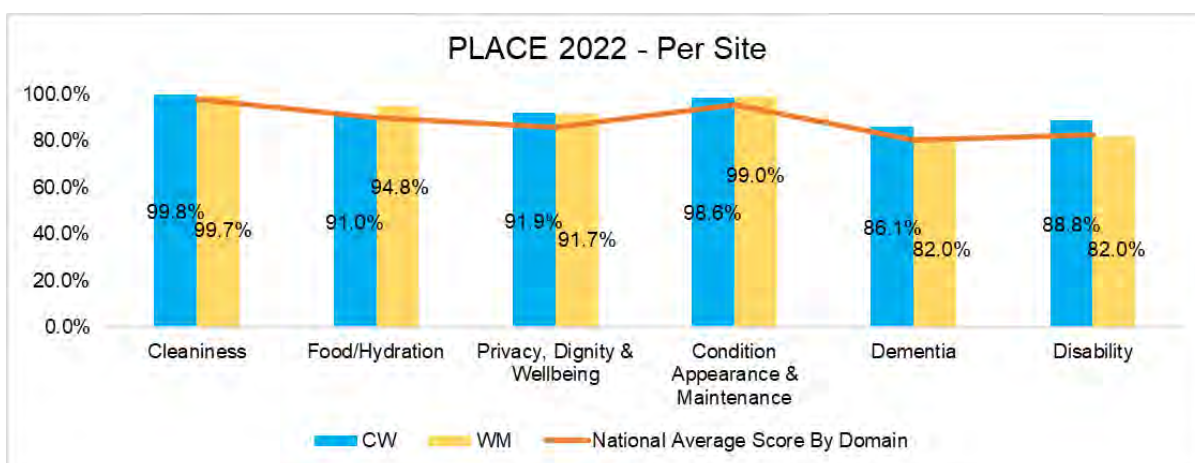
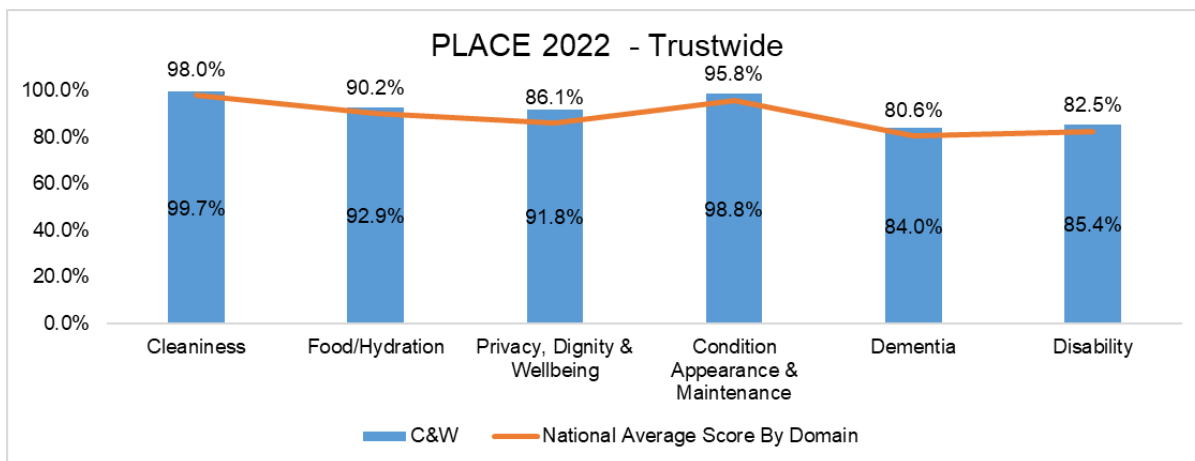
The Overall National Average Score was 88.9%, the Trust has scored an average 92.1%, 3.2% above the overall national score.

The Highest National Average score in 2022 was for cleanliness at 98.0%, the Trust scored an average of 99.7%, 1.7% above the national average score.

The graph below shows the national average PLACE scores by domain:



The Trust has scored above the national average scores for all domains with the highest score being condition appearance and maintenance at 98.8%. The graphs below illustrate the Trust score Trust wide and by site.



Estates and Facilities continue to conduct routine inspections of the hospital buildings along with our service partners and hospital directors. This includes reviewing the environment and cleaning standards, which are monitored in line with the National Standards of Cleanliness and routine monthly food tasting sessions. The new National Standards for Cleanliness 2021 were rolled out fully at Chelsea at the start of the year, and will be in place at West Middlesex from 1st April 2023.

### Patient environment

The capital investment and development programme continues to improve the hospital environment for patients, including:

- **Chelsea and Westminster site Gamma Camera replacement:** Trust investment of ~£2.3m
- **Development of Theatre Rooms at the Chelsea and Westminster site:** Trust investment of ~£0.9m
- **New Patient Discharge Lounge at the West Middlesex site:** Trust investment of ~£0.9m
- **West Middlesex site Ambulatory Diagnostic Centre:** Trust investment of ~£1.8m in 2022/23 (£2.9m project spend to date)
- **New Bike Sheds at both sites:** Trust investment of ~£0.2m in 2022/23
- **Ward Refurbishments:** Trust investment of ~£0.3m in 2022/23

## **Social, community, anti-bribery and human rights issues**

There have been no anti-bribery or human rights issues to escalate throughout the year. The Trust's human trafficking statement was signed off by the Audit and Risk Committee and demonstrates full compliance.

### **Community**

The Trust continues to work closely with our NHS partners throughout the year to ensure effective care was provided to residents. The Trust has also run and supported many community engagement events during and post pandemic to provide public health messages and reassurance on the safety of the COVID vaccination and more recently with the Mpox programme. Through 2022/23 the Trust provided a COVID vaccination and Mpox program on a number of external sites and has continued to run a public vaccination hub on site at West Middlesex University Hospital.

### **Equality, diversity and inclusion**

We know, as an organisation, that being truly inclusive involves commitment from all our leaders and managers and all individuals across the Trust. Although a lot progress has been achieved, as an organisation, we continue to face challenges in terms of our model employer goals, ensuring we have representation from our Black, Asian and minority ethnic colleagues at more senior levels within our organisation, and ensuring each individual member of staff, regardless of their protected characteristics, have a great experience at work. We also know from our staff survey results that we have more work to do in this area in order to become a truly inclusive organisation. The following are some of the key highlights involving our work and progress:

- Positive staff survey results for a compassionate culture—higher than average but continued focus for embedding the other key three areas of compassionate leadership diversity and equality and inclusion
- The relaunch of our Staff Networks and supporting staff within the People Promise—A Voice that Counts
- Supporting our colleagues to work flexibly through our Timewise flexible working action plan
- Our work across the NWL sector including the Leadership Ladder programme where our Trust had 4 participants
- Innovative work through Virtual Bodyworks and our new approach to unconscious bias training
- Participation in the WRES experts programme and White Allies programme
- Successful review of our reciprocal mentoring programme with an article published in the British Journal of Healthcare Management
- First submission of our Workplace Equality Index results for 2022, and we have ranked 271 out of 403 participants, and 36 out of 56 participants for Healthcare Services
- Our Trust incorporated patient data into our work plans and is working closely with the Patient Experience Team, this will help us with our Equality Delivery System work (EDS2e)
- Refreshing our EDI action plan and programmes of work so that we prioritise areas with the biggest impact

## Disabled employees

We continue to work to make measurable and sustainable progress against our Workforce Disability Equality Standard (WDES) indicator. The Trusts recruitment and selection policy sets out our commitment and as Disability Confident Employer, section 3.4 details the Trusts guaranteed interview scheme for disabled candidates meeting the essential criteria for a post. The following are some of the key highlights in this area.

- The Trust continues to have regular monthly meetings to engage with disabled staff via our disability staff network,
- Our WDES indicators show that we have progressed with a reduction in disabled staff entering the formal capability process
- Disabled staff have also reported better relationships with their manager when compared to the previous National Staff Survey results
- Our challenge is appointment from shortlisting and this has slightly increased by 0.2% when compared to previous year
- Staff Experience Indicators have a slight negative shift especially around career and progression so we will explore this to support our disabled staff

During the year we also:-

- participated in the North West London Calibre Pilot Programme aimed at encouraging staff with disabilities into leadership roles
- Maintained Disability Confident status and continued working towards Disability Leader status
- Ensured that staff network members attended the NHS employers Disability Summit to look at best practice and share ideas and bring this learning back into the Trust
- Started a policy sub group reporting into our Partnership Forum to address any concerns in policies and practice to make sure our policies are equitable for all, including our disabled staff

## Learning disabilities

The Trust has continued to provide learning disability services to its patients during the year. A lead nurse for learning disabilities heads this agenda ensuring, as a Trust, we are aware of all our patients with learning disabilities to ensure they have the correct care passports in place, and offering support to families. The Trust is fully compliant with the increasing learning disabilities mortality review initiative for all mortalities of a patient with a learning disability and/or autism to have a full mortality review. The Trust is now in the fifth year of Project SEARCH, with interns who have autism and/or a learning disability placed within the Trust to gain work experience and progress to future employment within the organisation—a number of previous interns are now employed within the organisation. The Trust has an active programme of learning disability staff training and a learning disabilities steering group involving staff, local authorities, third-sector organisations, patients and carers.



## **Safeguarding**

The Trust actively engages with local safeguarding adult and safeguarding children boards. The Trust has a dedicated team of professionals who work to protect vulnerable adults and children. There are named leads for both safeguarding children and adults who report regularly through the governance structure to the Trust's Quality Committee. The Trust has a team of independent domestic violence advisors to support patients and staff who are affected by domestic abuse, an increasing issue over recent years. The Trust also has a team of mental health nurse leads and RMNs to support the care of patients with mental health issues while they are in our hospitals. This team works alongside our partner providers and delivers extensive training programmes throughout the organisation to enable staff to provide care and support to those in need. The Trust offers a range of mandatory and additional training in all areas of safeguarding for both children and adults.

## **Anti-bribery**

The Trust does not tolerate any form of fraud, bribery or corruption by employees, partners or third parties acting on behalf of the organisation. We investigate allegations fully and apply sanctions to those found to have committed a fraud, bribery or corruption offence.

RSM has continued working with the Trust during 2022/23 to provide local counter-fraud specialist services in accordance with secretary of state directions. The Trust Board's Audit and Risk Committee formally approves the counter-fraud annual work plan and progress reports are provided to the committee at each meeting.

## **Volunteers**

In 2022/23 volunteers contributed 33,004 hours, an increase of 300 hours over 2021/22. There were 471 volunteers active last year, compared to 461 in 2021/22.

The team has been working closely with volunteering partners such as CW+, the Friends, and the Medicinema to help with the recruitment and deployment of their volunteers. As a result, partner volunteering has increased significantly, contributing over 5500 hours last year. The team managed to maintain levels of volunteering despite considerable staffing challenges—with members leaving the team and with a manager off on long-term sickness absence.

The team has developed a number of new and successful projects. This includes an End-of-Life Care (Butterfly) volunteering service at West Middlesex which was funded by NHSE for 12 months. This supported over 149 patients last year, along with their families and loved ones. The project was widely praised by patients, families and clinicians alike and the team hopes to expand it to Chelsea in the coming year. The team is seeking additional funding for this as the original funding has ended. Using funding from the Burdett Trust, there was also a successful pilot of a "Volunteer to Career" offer, which helped transition 8 volunteers into paid work at the Trust. Again, that funding has ended and the team is now seeking further funding to develop the pilot into an ongoing offer, to help the Trust meet its workforce targets.

## **Charity matters—CW+**

The Trust and its official charity CW+ are proud to work in partnership to provide our patients, families and staff with excellent care, experience and facilities. The Trust is committed to actively promoting and supporting CW+, and several directors of the Trust Board are CW+ Trustees. This shared governance arrangement is designed to ensure clear alignment between the strategic priorities of the Trust and the charity.

Throughout the past year, CW+ and its generous community continued to support our patients, families and staff, for which we are incredibly grateful.

### **Best For You**

Best For You is a new approach to mental health care designed for—and in consultation with—young people and their families. It is run in partnership by Central and North West London NHS Foundation Trust, Chelsea and Westminster Hospital NHS Foundation Trust, West London NHS Trust, and CW+. It is being evaluated by academic experts at Imperial College.

Over the course of the year, Best For You reached 50,000 people through its website. It has recruited a network of more than 70 local and national delivery partners and secured £6.5m towards its £8m fundraising target.

CW+ has partnered with YouTube, which is supporting the creation of 20 videos (and 20 YouTube Shorts). Videos released so far cover topics including anxiety, depression and schizophrenia. Plans are also underway for a new day centre opening in 2023. Run by Central and North West London NHS Foundation Trust, it will treat some of the most acutely unwell young people in north-west London, reducing unnecessary inpatient admissions and supporting young people to recover in the community, supported by friends and family.

### **CW Innovation**

Led jointly by CW+ and Chelsea and Westminster Hospital NHS Foundation Trust, CW Innovation paves the way for new ideas—and new ways of using existing ideas—that will improve patient care, patient experience and the way our hospitals and clinics are run.

This year, the CW Innovation programme has gone from strength to strength, and celebrated its third anniversary in September with a Three-Year Anniversary Expo at Chelsea and Westminster Hospital. Its growing portfolio of innovative solutions and models of care has generated national recognition for the Trust as an emerging leader in innovation and an early adopter and designer of transformative, next-generation services and care tools.

In early 2023, the charity hosted the first two CW Innovation 'New Horizons' events, one at each hospital site, to help Trust staff learn more about the CW Innovation programme and how it can provide the funding, business support and 'test and scale' environment to make their ideas a reality.

The first year of the Horizon Fellowship Programme, run by CW Innovation in partnership with DigitalHealth.London, came to a conclusion. A showcase event was held at Chelsea

and Westminster Hospital to celebrate the achievements and learnings of the first cohort of Fellows and discuss the importance of digital innovation in healthcare.

Other highlights included the successful pilot of a virtual reality (VR) technology to provide immersive learning experiences for staff in equality, diversity and inclusion training in partnership with leading VR company Kiin—and the launch of a brand-new version of the award-winning Hand Therapy app, which provides patients with treatment information and a therapist-tailored exercise programme to aid recovery from hand and wrist injuries.

## **Grants**

The CW+ grants programme awards funding to Trust staff for a wide range of projects, ranging from ‘quick fixes’ that help to improve patient experience and care to large-scale service development and transformation projects.

Up to £100,000 is available for any single major project, which in 2022 included the expansion of the Burns Laser Service, and the creation of a new role for a Specialist Palliative Care and End of Life Care Clinical Fellow. This year also saw the return of RADICAL (Rapid Adoption Digital Innovation Call), the winner of which was ‘Hospital at Home’, which builds on the development of virtual wards to enable more people to be cared for at home. The winner of the annual Nurses, Midwives and Allied Health Professionals Call was a proposal to enhance the Haematology/Oncology Day Unit at West Middlesex University Hospital with digital screen intervention and artworks. The first-ever Green Funding Call, for projects that help deliver the Trust’s Sustainability Plan, will fund a pilot to allow operating rooms to capture 99% of anaesthetic gases, thereby reducing carbon footprint.

Alongside these large-scale projects, CW+ awarded more than £63,000 in small grants to staff across the Trust for applications including a baby food blender for a paediatric ward and a mobile ophthalmoscope and otoscope for use with neurological patients—and more than £19,000 in grants for staff training and wellbeing. Staff seeking support for postgraduate education or research projects can apply for a grant via the annual Joint Research Committee, which is jointly funded by CW+ and the Westminster Medical School.

As part of its grants programme, the charity also funds the Trust Volunteer Service, which provides invaluable support every day to our staff and patients. This year, the service launched a new end-of-life care volunteering scheme. Eight specialist Butterfly Volunteers have begun working alongside the ward teams and Palliative Care Team at West Middlesex University Hospital.

## **Arts in Health**

The CW+ Arts in Health programme encompasses visual art, participatory workshops and performances, film screenings at the CW+ MediCinema, and a design and environment programme to enhance clinical and non-clinical spaces and more. The charity also continues to support several research projects exploring the impact of arts in health.

Activities that resumed in early 2022 as part of the CW+ Arts for All programme included lunchtime performances and Pets as Therapy volunteers at both hospital sites. Music and dance continued to feature prominently throughout the year, with visits from community partners including the Royal Academy of Music, Opera Holland Park and the English

National Ballet School. The bespoke, multifunctional CW+ Studio also ran a full timetable of activities for the benefit of patients, staff and community groups, including collaborations with our Arts for All artists, Age UK, Sing Out London and Macmillan.

Across all clinical and non-clinical spaces, CW+ strives to enhance our hospitals to provide an outstanding healing environment, reducing stress and anxiety for patients and staff to improve wellbeing and outcomes. Significant improvements to the design and environment across both hospitals have been made this year, including new artwork commissions and installations, enhancements at Chelsea and Westminster's Paediatric Ambulatory Care Clinic, and a new playroom in the Cheyne Child Development Service.

In April, the charity unveiled a new exhibition—NHS 70th Anniversary Print Portfolio—on the ground floor of Chelsea and Westminster Hospital. The display celebrated 70 years of the NHS and the vital role it plays in people's lives.

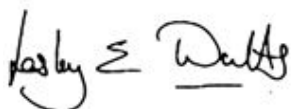
The Heritage Exhibition, which celebrates the 100th birthday of West Middlesex University Hospital, opened in July. Former and current hospital staff and local residents came to celebrate. In the same month, photographer Ejatu Shaw began her residency at the hospital. Her work, which captures the sense of family at West Mid, is now on display in the main atrium at West Mid as part of the wider heritage project. The charity has also secured funding to redevelop two garden spaces at West Middlesex, which will provide attractive and calming environments for staff and patients.

### **HIV and sexual health**

CW+ continued to support the Trust's HIV and sexual health services and has successfully applied for various funding opportunities throughout the year as well as awarding grants to a variety of projects. The charity supported HIV PrEP Awareness Week, Desi POV, a project designed to remove barriers to healthcare, improve understanding of sexual risk and enhance sexual health and wellbeing among South Asian people in the UK, and Project BootCamp, a programme of health, wellbeing, and practical support for trans women living in London.

### **Thirty at Thirty**

CW+ has recently launched its most ambitious fundraising campaign to date, to coincide with the 30th birthday of Chelsea and Westminster Hospital. Over the next three years, Thirty at Thirty aims to raise £30m to support the Trust in the ongoing delivery of outstanding care to the communities it serves. The funds raised will help both our hospital sites by creating world-class facilities, driving innovation and research, and enhancing patient and staff wellbeing.



**Lesley Watts**  
Chief Executive Officer

## **SECTION 2**

# **ACCOUNTABILITY REPORT**

# **DIRECTORS' REPORT**

## Names of Trust directors during 2022/23

Name	Title	Period	Unexpired term
Matthew Swindells	Chair in Common	1 Apr 2022–present	3 years
Stephen Gill	Vice Chair and Senior Independent Director	1 Nov 2017–present	7 months
Professor Andy Bush	Non-executive Director	1 Sep 2022–present	5 months
Aman Dalvi	Non-executive Director	1 Dec 2019–present	2 years, 8 months
Nilkunj Dodhia	Non-executive Director	1 Jul 2014–present	3 months
Peter Goldsbrough	Non-executive Director	1 Sep 2022–present	5 months
Catherine Jervis	Non-executive Director	1 Sep 2022–present	2 years, 1 month
Neville Manuel	Non-executive Director	1 Sep 2022–present	1 year, 1 month
Ajay Mehta	Non-executive Director	1 Dec 2019–present	2 years, 8 months
Dr Syed Mohinuddin	Non-executive Director	1 Sep 2022–present	3 months
Nick Gash	Vice Chair and Non-executive Director	1 Nov 2015–October 2022	n/a
Eliza Hermann	Senior Independent Director and Non-executive Director	1 Jul 2014–30 June 2022	n/a
Lesley Watts	Chief Executive Officer	14 Sep 2015–present	open-ended
Robert Bleasdale	Chief Nursing Officer	4 Apr 2022–present	open-ended
Dr Roger Chinn	Chief Medical Officer	4 Apr 2020–present	open-ended
Robert Hodgkiss	Deputy Chief Executive and Chief Operating Officer	7 Apr 2016–present	open-ended
Virginia Massaro	Chief Financial Officer	1 Oct 2019–present	open-ended
Vanessa Sloane	Acting Chief Nursing Officer	14 Feb 2022–3 Apr 2022	

In addition to the above, we have one associate non-executive director Martin Lupton. Martin is not a voting member of the Board but does carry a vote on our People Committee and our Quality Committee.

## Register of interests

Board members are required to declare their interests annually and as they change, in addition to confirming they meet the fit and proper person condition as set out in Regulation 5 of the *Health and Social Care Act 2008 (Regulated Activities) Regulation 2014*.

Members of the public can view the register of directors' interests on the Trust website at [www.chelwest.nhs.uk/bod](http://www.chelwest.nhs.uk/bod), by emailing [chelwest.corporategovernance@nhs.net](mailto:chelwest.corporategovernance@nhs.net) or by writing to:

### Corporate Governance Department

Chelsea and Westminster Hospital NHS Foundation Trust  
369 Fulham Road  
London  
SW10 9NH

## Well-led framework

It is of paramount importance to ensure that the Trust is well-led so services are safe and patient-centred. In November 2019 we welcomed the Care Quality Commission (CQC) to inspect our services, which included a well-led inspection, and a use of resources inspection by NHS England. The Trust maintained the rating of 'good' overall, seeing an improvement in well-led rating from 'good' to 'outstanding', and maintaining a use of resources rating of 'outstanding'. The Chelsea site improved the overall rating from 'good' to 'outstanding', and the West Middlesex site maintained the overall rating of 'good'.

The organisation undertakes periodic self-assessments against the CQC and NHSE well-led framework. An overview of the arrangements in place to govern service quality are included in the annual governance statement and will be included in the Quality Report which will be published separately as per the *Health Act 2009* and the *National Health Service (Quality Accounts) Regulations 2010*. The arrangements include a clear 'ward to board' assurance framework, which includes quality, workforce, performance and finance. The Quality Committee seeks assurance on systems, processes and outcomes relating to quality (safety, clinical effectiveness and patient experience) on behalf of the Trust Board. External peers are also invited to participate in ward accreditations.

The Trust leadership team have regular meetings with our CQC relationship manager and are in frequent contact to respond to any queries. To the best of the directors' knowledge, there are no known material inconsistencies between:

- The annual governance statement
- The corporate governance statement and annual report
- CQC insight reports and any consequent action plans

During the year the Care Quality Commission undertook an inspection of Maternity Services as part of their national inspection programme. The inspection reviewed care delivery, safety, responsiveness, the caring nature and the leadership of maternity care at Chelsea and Westminster Hospital and West Middlesex Hospital. We are currently awaiting receipt of the final report.

## Compliance with cost allocation and charging guidance

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

## Political donations

The Trust did not make any political donations during 2022/23.

## The Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier. The Trust's compliance with the code is set out in the following table.



Measure of compliance	2022/23 n°	2022/23 £000	2021/22 n°	2021/22 £000
<b>Non-NHS payables</b>				
Total non-NHS trade invoices paid in the year	92,096	278,980	82,050	257,104
Total non-NHS trade invoices paid within target	80,019	234,509	75,695	233,926
<b>Percentage of non-NHS trade invoices paid within target</b>	<b>86.9%</b>	<b>84.1%</b>	<b>92.3%</b>	<b>91.0%</b>
<b>NHS payables</b>				
Total NHS trade invoices paid in the year	3,171	57,111	3,075	51,573
Total NHS trade invoices paid within target	2,192	40,461	2,467	41,015
<b>Percentage of NHS trade invoices paid within target</b>	<b>69.1%</b>	<b>70.8%</b>	<b>80.2%</b>	<b>79.5%</b>
<b>Totals</b>				
Total trade invoices paid in the year	95,267	336,090	85,125	308,677
Total trade invoices paid within target	82,211	274,971	78,162	274,941
<b>Percentage of total trade invoices paid within target</b>	<b>86.3%</b>	<b>81.8%</b>	<b>91.8%</b>	<b>89.1%</b>

The cyber-attack on the Trust's software support company, which provides the Trust financial system, resulted in the system being shut down for an entire month. This caused delay in making payments to suppliers and registering invoices on the system. The backlog created in August 2022 continued to impact the BPPC performance for the remaining financial year.

In 2022/23 there were late payment charges of £3k (2021/22 £3k).

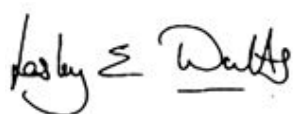
## Disclosure of information to Trust auditors

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. The directors have taken all reasonable steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

## Income disclosures

The Trust has met the requirement of *Section 43 (2A) of the NHS Act 2006* (as amended by the *Health and Social Care Act 2012*), in that its income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provisions of goods and services from other purposes.

The impact of other income which the Trust has received has been invested in the provision of goods and services for the purposes of the health service in England.



**Lesley Watts**  
Chief Executive Officer

# REMUNERATION REPORT

## Annual statement on remuneration

The Nominations and Remuneration Committee is a committee of the Trust Board which is appointed in accordance with the constitution of the Trust to determine the remuneration, allowances, pensions and gratuities or terms of service of the executive directors, and rates for the reimbursement of travelling and other costs and expenses incurred by directors.

In 2022/23, the committee met on four occasions to consider a number of matters within its terms of reference, including making decisions on the remuneration and terms of service of the executive directors' and very senior managers' pay, including new appointments. When making decisions on the salaries of executive directors, the committee considered benchmarking data for comparable positions, particularly to ensure that salaries remained appropriate where responsibilities of senior managers were amended in line with national guidance. There were no substantial changes made to the salaries of executive directors during 2022/23.

The committee does not determine the terms and conditions of office of the chairman and non-executive directors. These are decided by the Council of Governors at a general meeting.



**Matthew Swindells**

Chair

29 June 2023

## Senior managers' remuneration policy

The Nominations and Remuneration Committee sets pay and employment policy for the executive directors and other senior staff designated by the Trust Board. The Trust's policy is for all executive directors to be on permanent Trust contracts with six months' notice.

Remuneration consists mainly of salaries (which are subject to satisfactory performance) and pension benefits in the form of contributions to the NHS Pension Fund. There were five senior managers whose pay exceeded £150,000 during 2022/23.

Remuneration is set with due regard to benchmarking information from other NHS organisations and public sector bodies as appropriate and survey data. Experience, performance and portfolio are also taken into account.

Salaries are awarded on an individual basis, taking into account the skills and experience of the postholder and comparable salaries for similar posts elsewhere. Pay is also compared with that of other staff on nationally agreed Agenda for Change terms and conditions, and medical and dental staff terms and conditions.

Increases in pay can be withheld where it is considered, through the annual appraisal process, that individual or Trust performance does not warrant an increase, but also subject to affordability and labour market conditions.

There are provisions within the directors’ contracts of employment for recovery of sums, should performance fall below the required standard. Trust employees were not specifically consulted on the policy and procedure for determining the remuneration of directors, however the policy was developed with full consideration given to the terms and conditions of other staff groups within the Trust and in accordance with national guidance. The policy is aligned in many ways to the terms and conditions of other staff groups.

The Council of Governors determines the terms of appointment for non-executive directors based on benchmarking data for similar posts elsewhere in the NHS. Typically, non-executive directors are appointed for three-year terms of office and do not have access to the NHS pension scheme.

Information on the salaries and pensions of directors is included within the senior manager remuneration tables from page 57.

## Diversity

The Trust recognises that it has a legal obligation to ensure that its practices through service provision and its employees do not discriminate. The Trust is committed to promoting equality of opportunity and equity of opportunity for all its employees. Individuals will be treated fairly in all aspects of their employment at the Trust.

The Trust has an equality and diversity policy which details the guiding principles to remove any barriers, bias or discrimination that prevent individuals or groups from realising their potential and contributing fully to the Trust’s performance. This policy and associated documents, such as the gender pay gap plan, are implemented in accordance with statutory requirements. This policy supports the work of the Nominations and Remuneration Committee.

## Future policy table

	Salary/fees	Taxable benefits	Annual performance-related bonus	Long term-related bonus	Pension-related benefits
Support for the short- and long-term strategic priorities of the Foundation Trust	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust’s objectives	None disclosed	n/a	n/a	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust’s objectives
How the component operates	Paid monthly	None disclosed	n/a	n/a	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme
Maximum payment	As set out in the remuneration table, salaries are determined by the Trust’s Nominations and Remuneration Committee	None disclosed	n/a	n/a	Contributions are made in accordance with the NHS pension scheme

	Salary/fees	Taxable benefits	Annual performance-related bonus	Long term-related bonus	Pension-related benefits
Framework used to assess performance	Trust appraisal system	None disclosed	n/a	n/a	n/a
Performance measures	Based on individual objectives agreed with line manager	None disclosed	n/a	n/a	n/a
Performance period	Concurrent with the financial year	None disclosed	n/a	n/a	n/a
Amount paid for minimum level of performance and any further levels of performance	No performance-related payment arrangements	None disclosed	n/a	None paid	n/a
Explanation of whether there are any provisions for recovery of sums paid to directors or provisions for withholding payments	Any sums paid in error may be recovered	None disclosed	Any sums paid in error may be recovered	None paid	n/a

## Service contracts

Information relating to directors’ service contracts is included within the section *Names of Trust Directors during 2022/23* from page 49. The Trust has assessed only Directors as Senior Managers for the purpose of this disclosure

## Policy on payments for loss of office

Payments for loss of office in a compulsory redundancy situation are made under the nationally negotiated compensation scheme. The Nominations and Remuneration Committee has the authority to consider compensation in relation to exit arrangements for directors. In the event of early termination, executive director contracts provide for compensation in line with contract. Notice periods are subject to contract and between three and six months. The committee may consider non-contractual compensation payments in line with NHS England guidance and subject to NHSE and Treasury approvals. There were no payments for loss of office made in 2022/23.

## Statement of consideration of employment conditions elsewhere in the foundation trust

When setting the remuneration policy for senior managers consideration is given to pay rates within NHS agenda for change conditions.

The Trust utilises information available via NHSI/E and peer benchmarking information from comparative local trusts within London, as recommended for use by NHSI/E to allow the Committee to assess where the Trusts senior pay benchmarks.

## Nominations and Remuneration Committee

The executive Nominations and Remuneration Committee is chaired by the Trust Chairman, and membership comprises of 4 other non-executive directors.

The Trust’s chief executive may be invited to attend all or part of the committee meetings provided that they are not present when their executive role is subject to committee discussion/decision-making.

The committee is supported by the Director of Corporate Governance and Compliance and the Chief People Officer. Details of committee attendance in 2022/23 may be found in the section *NHS Foundation Trust Code of Governance Disclosures* from page 85.

## Disclosures required by Health and Social Care Act

The Trust is governed by a Board of Directors. At 31 Mar 2023, the Board comprised ten non-executive directors (including the chairman) and five executive directors (including the chief executive).

There are 31 governor positions (25 were in post as at year end), comprising:

- **8 patient governors (elected):** Patients treated at the hospital in the last three years, or their carers
- **14 public governors (elected):** Two each from seven local boroughs, except for one borough having one representative. The Council of Governors approved the addition of a new public governor position in 2022/23 to the Rest of England
- **6 staff governors (elected):** One each from the six staff constituencies
- **3 stakeholder governors (appointed):** Nominated from partnership organisations

Expenses paid to governors and directors are outlined in the table below:

	Total n° in post	N° receiving expenses	Total sum of expenses £000
<b>2022/23</b>			
Governors	25	0	0.00
Directors	19	5	161.18
<b>2021/22</b>			
Governors	25	2	0.50
Directors	12	4	32.44

## Senior manager remuneration tables

### Senior manager remuneration 2022/23<sup>1</sup>

Name and title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance related bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 Mar 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2023 (bands of £5,000)	Cash equivalent transfer value at 1 Apr 2022 (£000)	Real increase in cash equivalent transfer value (£000)	Cash equivalent transfer value at 31 Mar 2023 (£000)
<b>Executive directors<sup>2</sup></b>												
Lesley Watts, Chief Executive <sup>3</sup>	290-295	0	15-20	N/A	305-310	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Roger Chinn, Chief Medical Officer <sup>4</sup>	190-195	0	0	337.5-340	530-535	15-17.50	35-37.5	90-95	225-230	1,661	375	2,114
Rob Hodgkiss, Deputy Chief Executive/ Chief Operating Officer <sup>5</sup>	195-200	0	0	765-767.5	965-970	35-40	55-60	35-40	55-60	0	603	621
Virginia Massaro, Chief Financial Officer	150-155	0	0	40-45	195-200	2.5-5	0-2.5	40-45	70-75	525	18	585
Robert Bleasdale, Chief Nursing Officer <sup>6</sup>	165-170	0	0	200-202.5	365-370	7.5-10	62-62.5	40-45	65-70	413	95	542
Vanessa Sloane, Acting Chief Nursing Officer <sup>7</sup>	0-5	0	0	47.5-50	45-50	0-2.5	0	50-55	120-125	972	0	1,056
<b>Non-executive directors<sup>2</sup></b>												
Matthew Swindells, Chair in Common <sup>8</sup>	20-25	0	0	n/a	20-25	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steve Gill, Vice Chair <sup>9</sup>	15-20	0	0	n/a	15-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a

<sup>1</sup> Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 Mar 2023. HM Treasury published updated guidance on 27 Apr 2023—this guidance will be used in the calculation of 2023/24 CETV figures. NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015 and that the benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement

<sup>2</sup> The Accounting Officer has reviewed which officers act as 'senior managers' for the purposes of the remuneration report, and considers that for 2022/23, this only includes the chair and executive and non-executive directors of the Trust

<sup>3</sup> Figures for Pension & CETV are not available as the individual is no longer part of the NHS pension scheme—salary excludes £20k–25k for the selling of annual leave

<sup>4</sup> The remuneration of the Chief Medical Officer includes £140k–145k in respect of their clinical role; Salary excludes £10k–15k for the selling of annual leave

<sup>5</sup> Salary excludes £15k–20k for the selling of annual leave

<sup>6</sup> Appointed to the Trust Board in Apr 2022

<sup>7</sup> Left the Trust Board in Apr 2022

<sup>8</sup> From Apr 2022 Matthew Swindells has held the position of Chair in Common for all Trusts within the Acute Collaborative. His total salary for all of the current year fell in the £85k - £90k salary banding, of which the banding of £20k - £25k is attributable to the Trust.

<sup>9</sup> From Apr 2022 to Aug 2022 Steve Gill held the position of Vice Chair of the Trust. From Sep 2022 his directorship extended to cover Hillingdon Hospitals NHS Foundation Trust. His total salary for all of the current year for both directorships fell in the £20k - £25k salary banding, of which the banding of £15k - £20k is attributable to the Trust.

Name and title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance related bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 Mar 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2023 (bands of £5,000)	Cash equivalent transfer value at 1 Apr 2022 (£000)	Real increase in cash equivalent transfer value (£000)	Cash equivalent transfer value at 31 Mar 2023 (£000)
Aman Dalvi, Non-Executive Director <sup>10</sup>	10-15	0	0	n/a	10-15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nilkunj Dodhia, Non-Executive Director <sup>11</sup>	10-15	0	0	n/a	10-15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ajay Mehta, Non-Executive Director <sup>12</sup>	10-15	0	0	n/a	10-15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Peter Goldsbrough, Non-Executive Director <sup>13</sup>	5-10	0	0	n/a	5-10	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Catherine Jervis, Non-Executive Director <sup>14</sup>	5-10	0	0	n/a	5-10	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Neville Manuel, Non-Executive Director <sup>15</sup>	5-10	0	0	n/a	5-10	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Syed Mohinuddin, Non-Executive Director <sup>16</sup>	5-10	0	0	n/a	5-10	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prof Andy Bush, Non-Executive Director <sup>17</sup>	5-10	0	0	n/a	5-10	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nicholas Gash, Non-Executive Director <sup>18</sup>	5-10	0	0	n/a	5-10	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eliza Hermann, Non-Executive Director <sup>19</sup>	0-5	0	0	n/a	0-5	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin Lupton, Associate Non-Executive Director <sup>20</sup>	0-5	0	0	n/a	0-5	n/a	n/a	n/a	n/a	n/a	n/a	n/a

<sup>10</sup> From Apr 2022 to Aug 2022 Aman Dalvi held the position of Non Executive Director of the Trust. From Sep 2022 his directorship extended to cover Imperial College Healthcare Trust. His total salary for all of the current year for both directorships fell in the £15k - £20k salary banding, of which the banding of £10k - £15k is attributable to the Trust.

<sup>11</sup> From Apr 2022 to Aug 2022 Nilkunj Dodhia held the position of Non Executive Director of the Trust. From Sep 2022 his directorship extended to cover Hillingdon Hospitals NHS Foundation Trust. His total salary for all of the current year for both directorships fell in the £15k - £20k salary banding, of which the banding of £10k - £15k is attributable to the Trust.

<sup>12</sup> From Apr 2022 to Aug 2022 Ajay Mehta held the position of Non Executive Director of the Trust. From Sep 2022 his directorship extended to cover London Northwest University Healthcare NHS Trust. His total salary for all of the current year for both directorships fell in the £15k - £20k salary banding, of which the banding of £10k - £15k is attributable to the Trust.

<sup>13</sup> From Sep 2022 Peter Goldsbrough directorship (hosted by Imperial College Healthcare Trust) extended to cover the Trust. His salary banding of £5k - £10k is attributable to the Trust.

<sup>14</sup> From Sep 2022 Catherine Jervis directorship (hosted by Hillingdon Hospitals NHS Foundation Trust) extended to cover the Trust. Her salary banding of £5k - £10k is attributable to the Trust.

<sup>15</sup> From Sep 2022 Neville Manuel directorship (hosted by Hillingdon Hospitals NHS Foundation Trust) extended to cover the Trust. His salary banding of £5k - £10k is attributable to the Trust.

<sup>16</sup> From Sep 2022 Syed Mohinuddin directorship (hosted by London Northwest University Healthcare NHS Trust) extended to cover the Trust. His salary banding of £5k - £10k is attributable to the Trust.

<sup>17</sup> From Sep 2022 Prof Andy Bush directorship (hosted by Imperial College Healthcare Trust) extended to cover the Trust. His salary banding of £5k - £10k is attributable to the Trust.

<sup>18</sup> Left the Trust Board in Aug 2022.

<sup>19</sup> Left the Trust Board in Jun 2022.

<sup>20</sup> From Sep 2022 Martin Lupton joined the Trust Board as an Associate Non Executive Director.



## Senior manager remuneration 2021/22

Name and title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance related bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 Mar 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2022 (bands of £5,000)	Cash equivalent transfer value at 1 Apr 2021 (£000)	Real increase in cash equivalent transfer value (£000)	Cash equivalent transfer value at 31 Mar 2022 (£000)
<b>Executive directors<sup>21</sup></b>												
Lesley Watts, Chief Executive <sup>22</sup>	290–295	0	15–20	n/a	310–315	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Roger Chinn, Chief Medical Officer <sup>23</sup>	185–190	0	0	137.5–140	325–330	7.5–10	12.5–15	70–75	185–190	1,464	163	1,661
Rob Hodgkiss, Deputy Chief Executive/ Chief Operating Officer <sup>22</sup>	200–205	0	15–20	n/a	215–220	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia Massaro, Chief Financial Officer	150–155	0	0	47.5–50	200–205	2.5–5	0–2.5	35–40	65–70	471	27	525
Pippa Nightingale, Chief Nursing Officer <sup>24</sup>	145–150	0	15–20	42.5–45	205–210	2.5–5	0–2.5	55–60	110–115	861	29	921
Vanessa Sloane, Acting Chief Nursing Officer <sup>25</sup>	15–20	0	0	77.5–80	90–95	0–2.5	0–2.5	45–50	120–125	887	8	972
<b>Non-executive directors<sup>21</sup></b>												
Nilkunj Dodhia, Non-Executive Director	10–15	0	0	n/a	10–15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nick Gash, Non-Executive Director	10–15	0	0	n/a	10–15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steve Gill, Non-Executive Director/ Interim Chairman	55–60	0	0	n/a	55–60	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eliza Hermann, Non-Executive Director	10–15	0	0	n/a	10–15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ajay Mehta, Non-Executive Director	10–15	0	0	n/a	10–15	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Aman Dalvi, Non-Executive Director	10–15	0	0	n/a	10–15	n/a	n/a	n/a	n/a	n/a	n/a	n/a

<sup>21</sup> The Accounting Officer has reviewed which officers act as 'senior managers' for the purposes of the remuneration report, and considers that for 2021/22, this only includes the chair and executive and non-executive directors of the Trust

<sup>22</sup> Figures for pension and CETV are not available as the individuals are no longer part of the NHS pension scheme

<sup>23</sup> The remuneration of the Chief Medical Officer includes £152k in respect of their clinical role

<sup>24</sup> Left the Trust Board in Feb 2022

<sup>25</sup> Appointed to the Trust Board in Feb 2022

## Fair pay disclosures

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

### Percentage change in remuneration

The banded remuneration of the highest-paid director in the organisation in the financial year 2022/23 was £292,500 (2021/22, £282,500). This is a change between years of 3% (2021/22 0%).

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

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £17,500 to £292,500 (2021/22 £12,500 to £282,500). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5% (2021/22 3%). This 5% is reflective of the annual pay award received by, 1). Agenda for Change (AfC) staff, which was a minimum payment of £1,400, higher for specific bands; and the two accrued one-off non-consolidated pay awards of 2% and backlog bonus between £1,250 & £1,600, that were included in the Trust accounts at year end; 2). Medical & Dental Staff, which was 4.5% for Consultants and 2% for Doctors in Training. One employee received remuneration in excess of the highest-paid director in 2022/23 (nil in 2021/22).

### Performance pay and bonuses

The banded remuneration of the highest-paid director in the organisation in the financial year 2022/23 was £17,500 (2021/22, £17,500). This is a change between years of 0% (2021/22 0%).

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £17,500 (2021/22 £17,500). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 0% (2021/22 0%). No employees received remuneration in excess of the highest paid director in 2022/23 (nil in 2021/22).

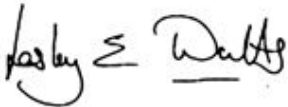
### Pay ratio information

The remuneration of employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2022/23	25th percentile	Median	75th percentile
Salary component of pay	£34,703	£46,644	£59,796
Pay and benefits excluding pension: pay ratio for highest paid director	8.86:1	6.59:1	5.14:1

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£33,552	£43,519	£55,111
Pay and benefits excluding pension: pay ratio for highest paid director	9.02:1	6.95:1	5.49:1

Changes in the ratios between the current and prior financial years are minimal, with a reduction in the ratio in 2022/23 from 2021/22 in the remuneration range of the organisation's workforce, compared to the highest paid director. The movement is attributable to a greater % increase in the remuneration of the trust's employees taken as a whole, compared to the highest paid director.



**Lesley Watts**  
Chief Executive Officer

29 June 2023

# STAFF REPORT

## Analysis of staff costs

	2022/23	2021/22
	£000	£000
Salaries and wages	386,827	350,945
Social security costs	44,264	38,183
Apprenticeship levy	1,829	1,718
Employer's contributions to NHS pensions	56,005	52,470
Termination benefits	127	43
Temporary staff (including agency)	17,075	13,522
<b>Total gross staff costs</b>	<b>506,127</b>	<b>456,881</b>
Of which		
Costs capitalised as part of assets	5,346	2,799

<b>Note 6.1 Operating expenses (Group)</b>		
	2022/23	2021/22
	£000	£000
Staff and executive directors costs	490,611	444,942

<b>Difference</b>	<b>15,516</b>	<b>11,939</b>
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<b>Rec</b>		
Costs capitalised as part of assets	5,346	2,799
Research & development	4,518	3,795
Education and training	5,652	5,345
	<b>15,516</b>	<b>11,939</b>

## Analysis of average staff numbers

Average numbers are spread over the year and include bank and agency staff.

Average number of employees (WTE basis)	Permanent n°	Other n°	2022/23 total n°	2021/22 total n°
Medical and dental	1,321	129	1,450	1,379
Ambulance staff	-	-	-	-
Administration and estates	1,298	174	1,472	1,522
Healthcare assistants and other support staff	818	255	1,073	1,023
Nursing, midwifery and health visiting staff	2,361	354	2,715	2,603
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	615	40	655	647
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	-	-	-
<b>Total average numbers</b>	<b>6,413</b>	<b>952</b>	<b>7,365</b>	<b>7,174</b>
Of which:				
N° of employees (WTE) engaged on capital projects	34	4	38	23

## Breakdown of employees

The following chart provides information of the gender split between the different staff groups as at 31 Mar 2023. Numbers are for substantive staff only.

Payscale	Male	Female	% Male	% Female
Under Band 1	0	0	N/A	N/A
Band 1	0	0	N/A	N/A
Band 2	136	447	23.33	76.67
Band 3	146	424	25.61	74.39
Band 4	114	401	22.14	77.86
Band 5	224	1133	16.51	83.49
Band 6	206	972	17.49	82.51
Band 7	161	687	18.99	81.01
Band 8A	72	212	25.35	74.65
Band 8B	40	80	33.33	66.67
Band 8C	27	37	42.19	57.81
Band 8D	18	14	56.25	43.75
Band 9	7	10	41.18	58.82
VSM	13	13	50.00	50.00
Consultants	268	303	46.94	53.06
Career/staff grades	30	36	45.45	54.55
Trainee grades/trust grade	317	438	41.99	58.01
	<b>1779</b>	<b>5207</b>	<b>25.47</b>	<b>74.53</b>
<b>Total:</b>	<b>6986</b>			

## Sickness absence

The chart below details the Trust’s sickness absence data for 2022/23.

Sickness absence	2021/22 n°	2022/23 n°
Total days lost	85,399	86,663
Total staff	6584	6,886
Average working days lost per whole time equivalent	12.97	12.59

## Staff health and wellbeing

We are delighted to be able to provide a delivery of our inclusive and wide-ranging staff health and wellbeing programme. To support this delivery, we now have a team in place who are supported by 88 wellbeing champions and 152 mental health first aiders across our Trust—promoting and embedding this programme of work within their teams and departments.

The Trust is very aware that without such a comprehensive offer in place for staff we could see higher turnover and increased long term sickness. Our staff health and wellbeing programme engages in all elements of life and all stages of life to ensure all staff can access our offers ranging from family planning to retirement. We are very proud to have established a health and wellbeing programme which meets the varying needs of our diverse workforce.

Our staff health and wellbeing programme is broken into four main elements:

- **Healthy Mind:** Enhanced psychological and mental wellbeing support for staff
- **Healthy Body:** Programme to support our staff to be physically well
- **Healthy Living:** Programme to support our staff to live well
- **Feeling Safe:** Ensuring our staff feel safe at home and in the workplace

Our Trust has a staff health and wellbeing programme in place and has achieved the following:

- Continued to grow of wellbeing champions—88 trained to date
- Trained 152 mental health first aiders—with plans to train a further 48 in 23/24
- Provided four offerings of psychological support services—accessed by more than 2,524 staff
- Delivered more than 74 wellbeing sessions, reaching over 4,300 staff
- Continued the innovative backup care service to help staff get to work when care breaks down at home— 901 bookings were made in 22/23
- Supported our cycle-to-work staff with quarterly bike doctor days—servicing bikes on site reaching 330 staff
- Introduced a monthly staff menopause support group reaching 71 staff during 22/23 and we wrote and signed off our staff menopause policy
- Supported our wellbeing champions and mental health first aiders with monthly forums
- Provided monthly reflective practice sessions for our wellbeing champions and mental health first aiders with the British Red Cross to ensure we are caring for staff going above and beyond

- In the 2022 national staff survey, 57% of staff felt the Trust took positive action on health and wellbeing
- Our programme had a total of 19,542 engagements during 22/23
- We hosted our first Wellfest week in Jan 2023 and we will now deliver these quarterly
- We installed two additional bike sheds and replaced a bike shed to support our cycling staff

We continue to work with our London and national colleagues to share and learn from others on our staff health and wellbeing programmes, as well as continuing to evaluate our programme so we can be confident we are meeting the varying needs of our workforce.

Here is what staff said about our programme:

- *“This is the best benefit for working parents with childcare demands. Unexpected demands are otherwise very stressful.” (On our Back Up Care programme which provides our staff with up to 10 days of free child or adult care a year).*
- *“Fantastic, really appreciate this benefit which takes a weight off my mind when extra time at work is required or for particular work events. Makes me feel very valued by my employer. Thank you” (On our Back Up Care programme). “Brilliant staff perk and one which I am so impressed to have and makes me feel very valued” (On our Back Up Care programme) “I needed school holiday cover to allow me work during the junior doctor industrial action. I was able to arrange this at extremely short notice (ie on the day of the camp) and the telephone advisor was incredibly helpful” (On our Back Up Care)*
- *“This service is amazing, it’s really helps balance my annual leave with my son’s half-terms saving me time and money” (On our Back Up Care)*
- *“Very helpful service. Very therapeutic for staff’s wellbeing. Very reassuring that help is available” (On our Staff Psychology Service). “As a Health and Wellbeing Champion at Chelsea and Westminster Hospital NHS Foundation Trust, I have been provided with all of the training needed to be able to support members of staff regarding their health and wellbeing. The regular supervision and updates that are provided by the Health and Wellbeing Leads have been vital in supporting staff in times of needs. I have, on several occasions, been supported by the Mental Health First Aiders, who have been available at short notice. This service has proven to be a lifeline when most needed. I am proud to be part of such a supported, proactive service” (One of our Wellbeing Champions)*
- *“I look forward to the regular updates from our Wellbeing Champion. This is helpful as I see so many staff on a regular basis whose wellbeing is invariably compromised. Feedback from our newly registered nurses suggests that the services available on offer from our fantastic Wellbeing Team have been a source of comfort and support in the current challenging climate...Thank You” (On our Wellbeing Champions)*



## Staff engagement

The Trust knows that an engaged workforce will provide improved quality of care. We were pleased to see that staff engagement scores, while lower than the previous year due to the extraordinary year staff have had, still remained above the national average. Our approach over the last year has focused on wide-ranging events and regular communication from the executive team to keep staff engaged. The executive team also hold weekly or fortnightly all-staff webinars to update staff on key issues and answer questions. Staff are also asked to complete a joiners' survey three months after they have joined so we can see what their experience has been and continue to support them in their roles. All staff are asked to complete a pulse survey on a quarterly basis to enable up-to-date feedback and develop actions for improvement.

Our approach to staff engagement is to listen to our people and learn from their feedback. We do this through our annual national NHS staff survey, our Pulse survey and a variety of ad hoc and bespoke surveys such as joiners and leavers surveys that inform our wider Trust work programmes. The mechanisms in place to monitor and learn from staff are embedded within our Trust governance and wider communications strategy, for example, the national survey results are presented at our Trust committees for discussion, consideration and formulation of action plans for the future. At our People & Workforce Committee, our Board members hear from our people who present their 'staff stories' or stories about their own lived experience of working within the Trust.

The Trust has a number of staff networks which enables staff to meet and consider their experiences and share feedback in a constructive manner. Each staff network has an Executive sponsor who champions the work of the group and takes feedback to the Trust board.

### National NHS staff survey 2022

The NHS staff survey is conducted annually. In 2022, 45% of the workforce (2,901 staff) took part in the survey, which is a reduction of 2% of the 2021 response rate (47%) but above the national median response rate of 44%. The survey was delivered completely online to all staff groups. The Trust also presented team awards to sixteen teams who had achieved over 70% response rate.

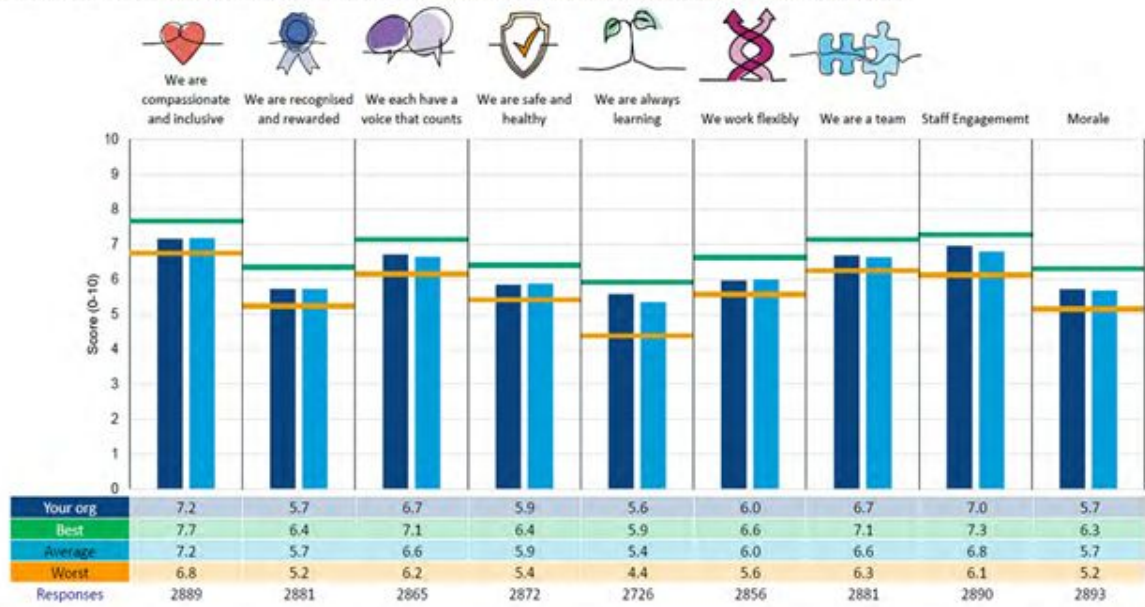
#### Headlines

The overall results of the 2022 staff survey are highlighted in the following table and indicate that,

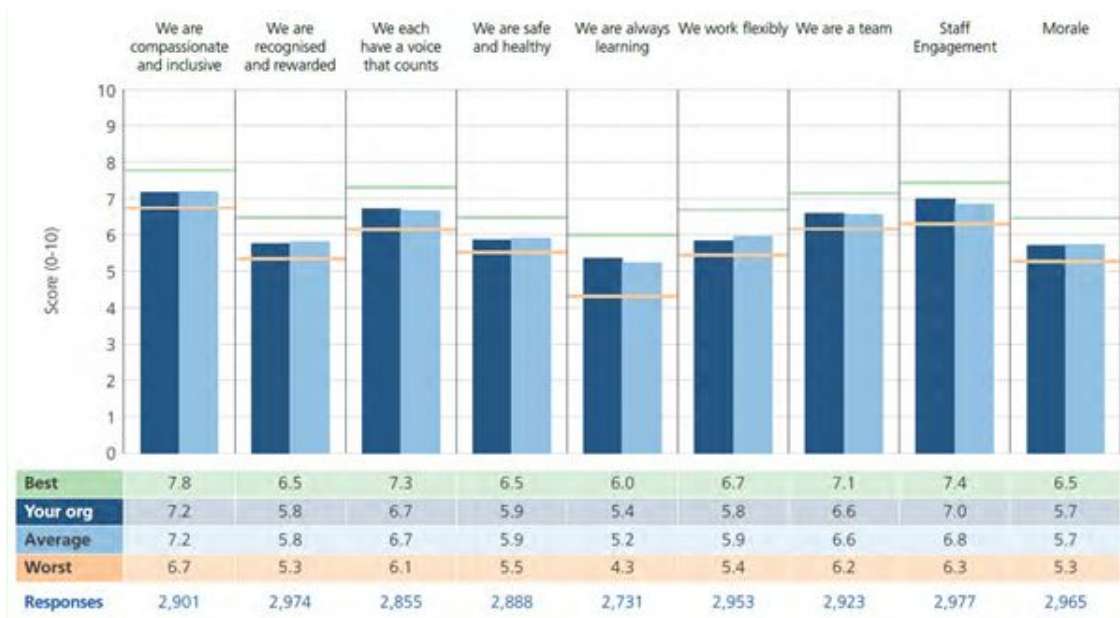
Overall, the majority of responses were consistent with the national average for most themes, while our Trust scored above average on staff engagement (similar to previous year) and 'we are always learning' theme, again, similar to 2021 results.

Generally speaking, the Trust score for 2022 remained largely similar to 2021 score. The 2022 scores are shown in the table directly below:-

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



### 2021 Staff Survey Score



## 2020 Staff Survey Score and Those of the Previous Three Years

CWFT themes - overview	2018	2019	2020	best	average	worst
Equality, Diversity & Inclusion	8.7	8.6	<b>8.5</b>	9.5	9.1	8.1
Health & wellbeing	5.8	5.8	<b>5.9</b>	6.9	6.1	5.5
Immediate managers	6.9	6.9	<b>6.9</b>	7.3	6.8	6.2
Morale	6.1	6.0	<b>6.0</b>	6.9	6.2	5.6
Quality of Care	7.7	7.8	<b>7.7</b>	8.1	7.5	7.0
Safe environment – bullying & harassment	7.7	7.7	<b>7.6</b>	8.7	8.1	7.2
Safe environment – violence	9.3	9.3	<b>9.3</b>	9.8	9.5	9.1
Safety culture	6.8	6.9	<b>6.9</b>	7.4	6.8	6.1
Staff engagement	7.3	7.3	<b>7.1</b>	7.6	7.0	6.4
Team working	6.7	6.9	<b>6.5</b>	7.1	6.5	6.0

In terms of the 3 staff engagement questions:

CWFT question / scores:	2018	2019	2020	average	best	worst
Q18a Care of patients / service users is my organisations top priority	84.4%	82.6%	<b>83.9%</b>	79.4%	90.7%	61.8%
Q18c. I would recommend my organisation as a place to work	72.4%	69.8%	<b>70.5%</b>	66.9%	84.0%	46.6%
Q18d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	81.0%	79.2%	<b>78.4%</b>	74.3%	91.7%	49.7%

### Areas of strength

The Trust response rates showed scores above the national average on ‘staff engagement’ and ‘we are always learning’ similar to our 2021 scores.

65%of staff would recommend the Trust as a place to work, 72%are happy with the standard of care delivered, 74%report that the organisation acts on concerns raised by patients and 79%believe that the care of patients is the organisation’s top priority, all of which are higher than the national average. The Trust is ranked in the top three across acute trusts in London for those recommending their Trust as a place to work (based on ‘strongly agree’ staff survey responses).

The Trust continues to make progress on the learning experiences for our staff and 55% of staff feel that there are opportunities for them to develop their career in the Trust and 69% feel that they have opportunities to improve their knowledge and skills. The Trust is also above average for appraisals.

The Trust continues to focus on our people’s health and wellbeing and as a result, 57%of staff report that the Trust takes positive action on health and wellbeing, higher than the national average.

### Areas for improvement

Although an improvement when compared to 2021, the areas where less than 30% of respondents reported positive experience are around time to do the job, unrealistic time pressures, emotional exhaustion, burnout and frustration with one’s work.

Our Trust focuses on health and wellbeing, however, our staff are feeling burnt-out and are having negative experiences, with 47% of staff reporting being worn-out at the end of a shift, and a number of our staff suffering from discrimination and violence and aggression from patients, relatives and members of the public. We need to continue to address these issues as part of our commitment to our safety culture, making sure our people feel valued, safe and supported at work through our extensive health and wellbeing programme, and the various work led by our staff safety group.

Although we have made improvements around our compassionate culture, we still have more to do across the Trust for general equality, diversity and inclusion. We know, as an organisation, that being truly inclusive involves commitment from all of our leaders and managers and all individuals across the Trust. We continue to face challenges in terms of our model employer goals, ensuring we have representation from our Black, Asian and minority ethnic colleagues at more senior levels within our organisation, and each individual member of staff, regardless of their protected characteristics, have a great experience at work. We know from our staff survey results we have more work to do to ensure this is a reality and have set out our plans to be a truly inclusive organisation in our three-year Equality, Diversity and Inclusion Strategy which will continue to embed our work in this area and enable inclusion to come alive across all of our divisions.

The full staff survey report is published at [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com).

## Gender pay

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay

The Trust's gender pay gap report for 2022/23 is published at [www.chelwest.nhs.uk/edi](http://www.chelwest.nhs.uk/edi).

## Workforce gender split

As at 31 Mar 2023, the total relevant paid workforce was 6,986 staff across all sites and staff groups.

Gender	N° of staff	% split of the workforce
Male	1,779	25% of the total workforce
Female	5,207	75% of the total workforce

<sup>1</sup> This figure is extracted after the standard annual report data sets and would include any late payments

## Average and median hourly rates

Gender	Average hourly rate	Median hourly rate
Male	£28.03	£24.53
Female	£23.66	£21.17
Difference	£4.37	£3.36
<b>Pay gap %</b>	<b>16%</b>	<b>14%</b>

The gender pay gap, when expressed as a mean average, shows that female staff earn 16% less than male staff. This equates to a difference of £4.37 per hour.

The gender pay gap, when expressed as a median average, shows that female staff earn 14% less than male staff. This equates to a difference of £3.36 per hour.

## Bonus gender pay gap by hourly rate

For the purpose of this report, the bonus payments referred to are those made to consultants in the form of clinical excellence awards (CEAs), discretionary points and distinction awards. As at 31 Mar 2021, there were 571 consultants at the Trust, of which 47% were male and 53% female.

Gender	Average pay	Median pay
Male	£6,072.06	£3,708.66
Female	£5,235.23	£3,708.66
Difference	£836.83	£0
<b>Pay gap %</b>	<b>14%</b>	<b>0%</b>

## Proportion of males and females when divided into four groups ordered from lowest to highest pay

Quartile	Female	Male	Female %	Male %
1	1,315	438	75%	25%
2	1,432	380	79%	21%
3	1,417	365	80%	20%
4	1,089	694	61%	39%

We are committed to the continuing the following actions to help to close the gender pay gap and have reviewed the government equalities office advice for best practice action plans:

- Increasing influence of the Trust's women's network to drive solutions aimed at reducing the gender gap.
- We have designed a new recruitment training programme that focusses on fair recruitment and equitable appointment practices.
- We introduced new PDR conversation framework that enhances quality of the conversation and encourages both line manager and individual to take practical steps towards their career progression aspirations.

- Our wellbeing offer has expanded to include programmes that help alleviate some of the problems that traditionally present a barrier for career progression for women .e.g Back Up Care (which provides our staff with up to 10 days of free emergency child or adult care a year as well as cheaper holiday clubs) Peppy app (for support during menopause) and a range of financial well-being offers through VivUp
- We achieved Timewise accreditation in recognition of our work towards being a flexible employer and we continue work to fully implement recommendations to to increase flexible working opportunities

Further details of key actions are detailed in the Trust’s Gender Pay Gap report for 2021/22 which can be accessed at [www.chelwest.nhs.uk/genderpaygap](http://www.chelwest.nhs.uk/genderpaygap).

## Trade union facility time

The Trust acknowledges the importance of partnership working between management and recognised trade unions. Partnership working provides a clear framework for consultation, negotiation and decision-making where our trade unions can have a proactive role in matters of strategic importance that affect the workforce.

It also enables joint ownership of problems and solutions to get the best outcome for the Trust, patients and our people to ensure delivery of high-quality patient care and a positive working environment for staff.

In line with the *Trade Union (Facility Time Publication Requirements)* regulations, which came into force on 1 Apr 2017, trade union representatives are required to record their paid time off to carry out trade union duties and the Trust is required to publish this information on an annual basis. To comply with the regulations the Trust is required to publish the data included in the following four tables. This data relates to facility time recorded between the period 1 Apr 2022–31 Mar 2023

### Number of employees who were relevant union officials during the relevant period, and the number of full-time equivalent employees

	2022/23
Number of employees who were relevant union officials during the relevant period	19
Number of full-time equivalent employees as at 31 Mar 2023	6,986

### Percentage of time spent on facility time for each relevant union official<sup>26</sup>

	2022/23
0%	17
1–50%	1
51–100%	1

<sup>26</sup> Where no information on facility time has been provided by a trade union representative this has been included in those recorded as 0% of time spent on facility

## Percentage of pay bill spent on facility time

<b>2022/23</b>	
Total cost of facility time	£68,000
Total pay bill	£456,881,000
% of total pay bill spent on facility time (total costs of facility time/total pay bill x100)	0.01%

## Hours spent by employees who were relevant union officials during the relevant period on paid union activities, as a percentage of total paid facility time

<b>2022/23</b>	
Time spent on paid union activities as a percentage of total paid facility time hours calculated as (total hours spent on paid trade union activities by relevant union officials during the relevant period/total paid facility time hours) x100	0.00%

## Workforce improvement activity

### Recruitment and retention

The Trust has continued with a number of activities to reduce vacancy rates and streamline the recruitment process. This has included several initiatives to maximise collaborative working across the sector on opportunities such as local, national and international recruitment drives. We have implemented a retention programme on behalf of the ICS with the aim of retaining 25% of staff from the mass vaccination workforce into roles across the region. This programme has been hugely successful to date with 202 (21%) mass vaccination workers securing employment in a variety of roles including bank, substantive and apprenticeship positions.

We have continued our focus on hard-to-recruit roles, engaging in an ICS collaborative health care support worker mass recruitment event which saw more than 1,000 applicants attend for a one-stop-shop selection day. More than 600 offers of employment were made with Chelsea and Westminster receiving 147 candidates, demonstrating our position as an employer of choice. Innovative international recruitment campaigns continue for doctors and allied health care professionals alongside our nursing activity. In our role as a lead employer, we are leading the development and implementation of an NHS reservist workforce to provide an alternative workforce to meet surge demand across the ICS while offering opportunities for people to experience work in the NHS or return on a flexible basis.

Despite the ongoing challenges over the last 12 months due to elective recovery from COVID-19, the Trust has maintained a low vacancy rate which, at the end of the financial year, was 6.77%. The Trust continues to review its recruitment and retention practices,

most recently improving the support available for Armed Forces candidates as part of our commitment to the Armed Forces Covenant.

Due to the pandemic and as a result of the impact of the VCOD regulations (subsequently withdrawn), recruitment time to hire has fluctuated across all non-medical staff groups on a monthly basis throughout the year but has reduced to 7.9 weeks as an overall average—which is within the current Trust target of 9 weeks. Further plans are being developed to improve the candidate recruitment journey through better engagement during the onboarding stage and also working with the relevant departments to streamline the new starter processes to ensure 'day one readiness' for all new staff.

Retention of our staff remains one of the key priorities for the Trust. This focuses on the following key themes:

- Improving training, career development and enhancing support from managers
- Creating advanced scope roles to provide attractive career pathways
- Improving how we gather feedback from our staff throughout their employment with us—joiners, regular pulse and leavers surveys so we can better understand and act
- Widening and communicating our health, wellbeing and benefits offering
- Increasing the opportunities for working flexibly

The mobility of staff post-pandemic and pressure on staff have contributed to higher rates of staff turnover within the Trust and the sector. As at the end of March 2023, the Trust saw an in-year decrease in overall turnover from 18.27% to 17.54% and voluntary turnover from 14.45% to 14.09%. While this is not as significant a decrease that the Trust targeted from last year, the rate is comparable with the sector position. There are specific areas where turnover is high and interventions have been developed, utilising staff survey data to develop locally owned people promises to address issues impacting retention. The Trust has launched a range of initiatives which have been well-received by staff, including the back-up care scheme which was nominated for a national award. The Trust has received Timewise accreditation in recognition of our work towards being a flexible employer.

This year we focussed on education offers to support staff post-pandemic. We have recommenced management fundamentals and emerging leaders programmes, and have commenced a two-day compassionate leadership programme to support leaders working with staff post COVID-19. Some team interventions have also been delivered to support staff and their teams. Staff continue on their MBAs and MScs as well as clinical development programmes. We have 200 apprentices in the Trust and offer apprenticeships to all staff at a variety of levels and qualifications.

## **Performance and development reviews (PDRs)**

Staff have been having their Performance Development Reviews (PDRs) throughout the year in spite of operational issues including strikes and elective recovery that have delayed progress. The PDR process for non-medical staff has been streamlined to allow for improved quality of conversation.



## **Core Training**

Core training has returned to pre-pandemic levels and at the end of March 2023, the Trust's overall compliance was above Trust target at 91%. The next phase is to review the mandatory elements of staff training, in consultation with subject matter based on up to date training needs analysis. The LMS team continue to ensure the best possible learning management system for one stop access to complete core and mandatory training.

In Organisation Development, we plan to relaunch the managers induction sessions that were stopped due to COVID. The recruitment team have plans to develop an e-learning module for recruitment and selection training. With the expansion of the OD team, we launched further sessions on job search, application and interview skills and managing conflict. We continue providing bespoke one-to-one sessions or group sessions for managers, as well as insight and 360 feedback sessions.

## **Leadership development**

Hult Ashridge Executive Education L7 Senior Leader Apprenticeships have continued. And we launched a healthcare focused L7 Senior Leader Apprenticeship with Imperial College and Corndel which 33 people have started.

The Emerging Leaders programme was redesigned as a virtual programme with multiple cohorts taking place across the year. Projects have included improving patient and family information pre-paediatric surgery, improving early assessment and diagnosis of cognitive impairment and delirium, and improving pre-appointment education and assessment for paediatric eczema.

Our revised Management Fundamentals programme offers a range of virtual masterclasses for leaders and managers including management vs leadership, time management and prioritisation, and influencing and collaboration, and this is now run across both our Trust and The Hillingdon Hospitals NHS Foundation Trust. Overall there were 289 attendees across 28 workshops.

In collaboration with the NWL ICS, we have participated in pilots for an Inclusive and Compassionate Leadership programme and a Leadership Ladder programme. The Inclusive and Compassionate Leadership programme included four days of training around unconscious bias, self-compassion and creating inclusive and compassionate teams, as well as three action learning set meetings. This pilot is currently being reviewed with next steps yet to be determined. The Leadership Ladder provides two six-month placements for BAME staff in AfC bands 8a–8c at another organisation within the ICS, with the goal of supporting participants into more senior roles longer term. To date we have hosted two placements and have two members of staff participating. This programme has been underway for six months with a decision on the programme post-pilot yet to be made.

## **Medical education**

Face to face Postgraduate and Undergraduate teaching and training has resumed post pandemic, with some sessions still being facilitated via Microsoft Teams due to room capacity restrictions still being in place.

Funding secured from HEE (via successful bids submitted by the Trust) enabled Postgraduate trainees to undertake additional training to ensure that their career progression was not impacted as a result of reduced training and education via the pandemic. The funding provided backfill for consultant trainers to be released to undertake these sessions, new equipment and new training opportunities.

We continue to grow and develop our successful Clinical Attachment Training Programme (CATP) that was implemented in June 2022. We have now run three programmes with a further three scheduled in 2023. Over 80 candidates from 18 countries have attended to date and 10 candidates now have permanent employment within the NHS, 6 of these having joined our Trust.

Our Undergraduate Team have also been working hard to offer the best experience to our Imperial Medical students as well as students on placement with us from the American University of the Caribbean.

A new teaching programme has been implemented in Paediatrics and an on-call shadowing scheme is now in place to support final year students in their transition to becoming a Foundation doctor.

Our Trust was also selected as a pilot site for the new online student timetable platform, Medlearn.

We continued our virtual Make me a Medic programme in 2022, enabling students from many schools to learn about careers in the NHS.

## **Recognition schemes**

The CW+ PROUD awards over the last 12 months have gone well, with 128 nominations received, from which 56 individuals and 13 teams were recognised.

All staff nominated last year have been awarded where they have won, and letters advising them of their nominations have been sent to other nominees. The Excellence Reporting received with 365 nominations. There are plans to reinforce these and encourage more participation.

## **Apprenticeships**

Investment and growth in apprenticeships continues to be an integral part of the Trust's agenda with expansion of offers provided in partnership with reputable apprenticeship training providers to ensure opportunities are varied and delivery is of good quality. The level 2 Healthcare Support Worker apprenticeship provision delivered internally as a training provider was inspected by Ofsted in December 2022 and the utilisation of the apprenticeship levy continues to increase year on year.

We currently have 233 live apprentices on 40 apprenticeship programmes. 147 are on clinical apprenticeships and 86 on non-clinical apprenticeships, across 29 different training providers. 30 apprentices have been completed so far with 7 of these on non-clinical and 23 on clinical apprenticeships.

The 147 staff on the clinical apprenticeships are enrolled on 23 different programmes. There are currently 46 undertaking the Healthcare Support Worker apprenticeship, 13

enrolled on the Register Nursing Degree Apprenticeship (RNDA) and 8 on the Top Up programme of the same apprenticeship. There are 10 completing the Apprentice Nursing Associate (ANA) programme, 5 on the Advance Clinical Practitioner and the rest are, on the Pharmacy Technician, and Dental Nurse respective apprenticeships. In addition, the team have introduced the Senior Healthcare Support Worker apprenticeship which currently has 3 staff enrolled.

The 86 staff on non-clinical apprenticeships are spread across 17 apprenticeship standards from Level 3- Level 7. These include Business administration, Senior Leader, Operations manager, Team leader, Finance, It and Data Technician. We currently have 5 members of staff on the Academic Professional, 66 on the Senior Leadership programme, 8 on Data programmes and 10 on the Improvement Leader.

During National Apprenticeship Week, staff had the opportunity to attend a stand in the hospital or virtual sessions to find out more about the range of apprenticeships available for clinical and non-clinical pathways. The event was supported by various delivery partners such as New Buckinghamshire University, Brunel University, BPP University, University of West London, Intec, Just IT and Reflect Learning.

## **Health and safety and occupational health**

The Trust's core health and safety and occupational health policies continue to be updated to ensure that such documents support both main hospital sites and satellite locations.

Details and data relating to incidents, complaints, claims, risk registers and occupational health data are captured on Datix, a web-based, integrated safety learning system. The Datix system is subject to further enhancements to include other patient safety topics, such as patient experience and mortality reviews, and supports a robust reporting culture throughout the Trust to improve our safety practices.

There were 51 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) incidents reported to the Health and Safety Executive (HSE) during 2022/23, of which 36 related to CW and 13 to WM. A total of 2 incidents were RIDDOR reported for community nursing/clinics provided by the Trust. The Trust's health and safety team works with clinical and corporate departments to support a system of self-assessment and independent spot-checks. Areas subject to spot-checks are identified using a risk-based approach. A total of 193 body fluid exposures, including sharps and splash injuries relating to staff, were reported during the period..

In 2023-24, it is envisaged that the occupational health service will transfer, subject to formal consultation, to the NWL Occupational Health Shared Service, hosted by Central and North West London NHS Foundation Trust, following a successful pilot that started in April 2021.

## **Policies and procedures in respect of countering fraud and corruption**

The Trust has an approved counter-fraud and corruption policy and does not tolerate any form of fraud, bribery or corruption by its employees, partners or third parties acting on its

behalf. We investigate allegations fully and apply sanctions to those found to have committed a fraud, bribery or corruption offence.

RSM continues to be contracted by the Trust during 2022/23 to provide local counter-fraud specialist services in accordance with secretary of state directions. The Trust Board's Audit and Risk Committee formally approves the counter-fraud annual work plan and progress reports are provided to the committee at each meeting.

## **Expenditure on consultancy**

In 2022/23, the Trust incurred £1.5m (£1.6m in 2021/22) of consultancy expenditure, including consultancy for the regional elective transformation work hosted by the Trust, which has been matched by equivalent income.

There have been a number of other projects which contribute to the remaining spend, including specialist advice to support procurement saving opportunities, facilities management support to review business rates and other smaller projects.

## **Off-payroll arrangements**

The Trust's policy is that off-payroll arrangements should only be used on rare occasions where recruitment to key/specialist roles has not been possible. The use of any off-payroll arrangements is regularly reviewed to ensure that they are used for the shortest period of time possible.

### Highly paid off-payroll worker engagements as at 31 Mar 2023 earning £245 per day or greater

	Total
Number of existing engagements as of 31 Mar 2023	6
<b>Of which:</b>	
Number that have existed for less than one year at time of reporting.	4
Number that have existed for between one and two years at time of reporting.	2
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

### All highly paid off-payroll workers engaged at any point during the year ended 31 Mar 2023 earning £245 per day or greater

	Total
Number of off-payroll workers engaged during the year ended 31 Mar 2023	26
<b>Of which:</b>	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	15
Subject to off-payroll legislation and determined as out-of-scope of IR35	11
Number of engagements reassessed for compliance/assurance purposes during the year	0
Of which number of engagements that saw a change to IR35 status following review	0

### For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

	Total
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

## Exit packages

### Reporting of compensation schemes—exit packages 2022/23

Exit package cost band (including any special payment element)	N° of compulsory redundancies	N° of other departures agreed	Total n° of exit packages
≤£10,000	-	8	8
£10,001–25,000	-	2	2
£25,001–50,000	-	-	-
£50,001–100,000	-	-	-
£100,001–150,000	-	1	1
£150,001–200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>0</b>	<b>11</b>	<b>11</b>
Total resource cost (£)	£0	£162,418	£162,418

## Reporting of compensation schemes—exit packages 2021/22

Exit package cost band (including any special payment element)	N° of compulsory redundancies	N° of other departures agreed	Total n° of exit packages
≤£10,000	-	1	1
£10,001–25,000	-	3	3
£25,001–50,000	-	-	-
£50,001–100,000	-	-	-
£100,001–150,000	-	-	-
£150,001–200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>0</b>	<b>4</b>	<b>4</b>
Total resource cost (£)	£0	£53,850	£53,850

## Exit packages—other (non-compulsory) departure payments

Exit package cost band (including any special payment element)	2022/23		2021/22	
	N° of payments agreed	Total value of agreements (£000)	N° of payments agreed	Total value of agreements (£000)
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARs) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	106	1	20
Exit payments following employment tribunals or court orders	10	56	3	34
Non-contractual payments requiring HMT approval	-	-	-	-
<b>Total</b>	<b>11</b>	<b>162</b>	<b>4</b>	<b>54</b>
<b>Of which:</b>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

## Awards and achievements

### Internal recognition

#### CW+ PROUD Awards

The CW+ PROUD Awards recognise the outstanding achievements of members of staff or teams. Each month, winners are recognised with a certificate, a special gold PROUD to Care pin badge and a voucher, while other nominees receive a letter advising them of their nomination. 128 nominations were received from Apr 2022–Mar 2023—the winners follow:

#### April 2022

- Henrietta Nheta
- Juliet Durugo
- Katey Hewitt
- Lucy Presley
- Maria Camara
- Maria Gamino
- Siobhan Longdon-Hughes
- Terence Ang

### **May 2022**

- Joanne Pyatt
- Marina Fathalla
- Olivia Page
- Paramjeet Deol
- Rilwan Salman
- Stephen Cole

### **June 2022**

- Facilities Team
- Jadine Forrester
- Robert Rabadon
- Ruby O'Shea
- Seedat Zainab
- Virginia Malicdem

### **July 2022**

- Ese Omasoro
- Jaime Carungcong
- James Gareth
- Melody Mabika
- Nisham Imamaully/ISS Team
- Nour Elhadi
- Rana Bhujel
- Zoran Popovac

### **August 2022**

- Clodagh Finlay
- Miranda Brose
- Shameema Ali
- Sharon Singh
- Wendy Allen

### **September 2022**

- Adelina Puci
- Elliot Elwood
- Francisca Nartey
- Jeffrey Ahmed
- Rachel Perfect
- Valerio Celentano

### **October 2022**

- Brooke Wilson

### **Reporting Excellence**

Reporting Excellence is a chance to recognise staff who have demonstrated excellence in any aspect of their work. It allows us to capture these observations so they can be shared and gives staff the chance to receive positive feedback on their behaviour. It could be communication at a difficult time, dealing with an incident, supporting their colleagues,

- Darren Maher
- James McKean
- Marc El Khoury
- Syeda Sultana

### **November 2022**

- Almira Dazo-Machulik
- Bincy Jobin
- Habte Sophia
- Marilyn Joseph-Apple
- Nikka Javier
- Rean Corpuz
- Rosyane Linton

### **December 2022**

- Arvin Vinas
- Elizabeth Cunningham
- Kadry Miriam
- Mortuary Team
- Richard Flint

### **January 2023**

- Abby Foley
- Claire Woodward
- CW Phlebotomy Team
- Eva Celaya

### **February 2023**

- Beaven Mawoza
- CW Endoscopy Booking Team
- Rhian Bull
- Sagar Shah
- Shaz Mathurin
- Tiernan Sheenan

### **March 2023**

- Christopher Thomas
- George Vasilopoulos
- Magdalena Kutela
- Moses Camara
- Pharmacy Distribution Team
- Presley Da Costa

or anything at all. There were 365 excellence reporting nominations received in the period Apr 2022–Mar 2023.

### **12 Days of Christmas—Dec 2022**

The 12 days of Christmas celebrated the successes of teams across the Trust in what has been a challenging year for all of our staff. Teams were nominated by colleagues in recognition of their achievements.

- **First day of Christmas:** Volunteers
- **Second day of Christmas:** Canteen teams
- **Third day of Christmas:** Decontamination team
- **Fourth day of Christmas:** Project Search team
- **Fifth day of Christmas:** Nightingale Ward
- **Sixth day of Christmas:** Legal Services team
- **Seventh day of Christmas:** Healthcare Assistants
- **Eighth day of Christmas:** Pharmacy teams
- **Ninth day of Christmas:** Crane Ward
- **Tenth day of Christmas:** Phlebotomy teams
- **Eleventh day of Christmas:** Mortuary teams
- **Twelfth day of Christmas:** A&E teams

### **Best Decorated Ward or Department—Dec 2022**

- **Chelsea winner:** Clinical Trials Office
- **Chelsea runner up:** Paediatric Physiotherapy
- **West Mid winner:** Theatres, Day Surgery
- **West Mid runner up:** Adult ICU

### **External recognition**

- Lesley Watts, Chief Executive Officer, awarded CBE
- Maternity service became first London Trust to sign up Caring for You Charter
- Radiology Services award – Best NHS trust for delivering radiology services
- European Awards in Medicine for Clinical Cardiology – Dr Francesco Lo Monaco
- Macmillan Professionals Excellence Award finalists
- Neonatal Units Best Friendly Initiative Assessment – UNICEF Baby Friendly Initiative Stage
- Victoria Cochrane, Director of Midwifery, awarded MBE
- RCN Rising Star Award Sexual Health Charge Nurse Dwayne-Wilson Hunt
- Ministry of Defence Silver Award – Employee Recognition Scheme for supporting the armed forces community
- Dr Zul Mirza, Consultant A&E at West Middlesex - ‘Best Presentation Award’ at The European Emergency Medicine Congress
- Darren Brown, Lead Physiotherapist, awarded Elisse Zack Award for Excellence in HIV Rehabilitation and WorldPhysiotherapy international service award
- Sexual Health London: HealthInvestor award
- Darren Brown, Lead Physiotherapist, WorldPhysiotherapy – International service award
- Royal College of Radiologists 1<sup>st</sup> prize award for quality improvement project
- National Preceptorship Quality Mark



- Maternity team is the first in London to be awarded the CapitalMidwife Anti-racism Framework Bronze award
- Lived Experience Charter Bronze award for supporting people who have lived experience of the care system into employment
- NHS Pastoral Care Quality Award – International nurses and midwives
- BASHH Outstanding Achievement Award 2023 – Dr Alan McOwan, 56 Dean Street
- Magnet4Europe award for mental health and wellbeing
- HSJ awards finalists for wellbeing and service redesign initiatives
- RCM shortlist for excellence in maternity care during covid
- Building better healthcare award for design of ICU

# **NHS FOUNDATION TRUST CODE OF GOVERNANCE DISCLOSURES**

## Code of Governance compliance statement

Chelsea and Westminster Hospital NHS Foundation Trust NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The purpose of the Code of Governance is to assist Trusts in improving governance practices by bringing together the best practice of public and private sector corporate governance.

During the year, we have completed a comply or explain self-assessment exercise in relation to the 2014 Code of Governance alongside a prospective assessment of the April 2023 NHS Code of Governance in order to ensure that we are in a good position of compliance with the Code. Our assessment has not identified any material issues of non-compliance.

As a Trust, we are committed to effective, representative and comprehensive governance which secures organisational capacity and the ability to deliver mandatory goods and services.

### Governance arrangements

The Trust is led by a Board of Directors whose key responsibilities are to:

- Provide leadership to the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed
- Ensure the Trust complies with its licence, its constitution, requirements set by NHSE, and relevant statutory and contractual obligations
- Set the Trust's vision, values and standards of conduct
- Set the Trust's strategic aims and ensure that the necessary human and financial resources are in place to deliver these
- Ensure the quality and safety of the healthcare services provided by the Trust
- Ensure the Trust exercises its functions effectively, efficiently and economically

The Trust Board undertakes its responsibilities through a set business cycle which includes approving strategies and receiving monitoring reports on areas such as key risks and financial, operational and quality and safety performance. The Trust Board approves standing financial instructions, scheme of delegation and reservation of powers policies which outline the decisions that must be taken by the Board and the decisions that are delegated to the management of the hospital. These include contracts, tendering procedures, security of the Trust's property, monitoring and ensuring compliance with Department of Health and Social Care directions on fraud and corruption, delegated approval limits, budget submission, annual reports and accounts, banking arrangements, payroll, borrowing and investment, risk management and insurance arrangements.

The Trust Board of Directors, collectively and individually, have a legal duty to promote the success of the Trust to maximise the benefits for the populations that it serves. They also have a duty to avoid conflicts of interest, not to accept any benefits from third parties and to declare interests in any transactions that involve the Trust.

Throughout the reporting period, the Nominations and Remuneration Committee have kept under review the overall size of the Trust Board and the balance of skills, experience and expertise of its members.

The Council of Governors represents the interests of the local communities, patients, public and staff, and shares information about key decisions with Foundation Trust members. The Council of Governors is not responsible for the day-to-day management of the organisation, which is the responsibility of the Trust Board.

The role of the Council of Governors includes:

- Appointment or removal of the chairman and other non-executive directors
- Approving the appointment (by non-executive directors) of the chief executive
- Deciding the remuneration, allowances and other terms and conditions of office of non-executive directors
- Appointment or removal of the Foundation Trust's financial auditors
- Reviewing and developing the Trust's membership strategy

A formal procedure is in place should there be a dispute between the Board and Council of Governors. During 2022/23 no issues of dispute arose, and the governors therefore did not exercise their power under paragraph 10(c) of schedule 7, *NHS Act 2006*.

## Board of directors

As at 31 Mar 2023, the Board had five executive directors (including the chief executive) and 10 non-executive directors (including the Chair in Common). The Board comprises 20% female and 80% male directors. The skills, expertise and experience of each Trust Board director as at the end of Mar 2023 are detailed below and is appropriate to meet the requirements of an NHS foundation trust.

### Executive directors



#### **Lesley Watts, Chief Executive Officer**

Lesley is chief executive of the Trust and was also chief executive of the North West London Integrated Care System (ICS) until November 2021. A nurse and midwife by training, Lesley has extensive executive managerial experience, having led the Trust since 2015, and was previously chief executive for East and North Hertfordshire Clinical Commissioning Group. In 2020, under her leadership, the Trust was awarded a CQC rating of 'outstanding' for well-led and use of resources. During 2021/22 she was awarded a position in the Top 50 NHS Chief Executives in the Country. During 2022/23 she was awarded a CBE.



**Rob Hodgkiss, Deputy Chief Executive and Chief Operating Officer**

Rob was appointed as chief operating officer in March 2016. He joined the Trust in April 2012 as divisional director of operations for women, neonatal, children and young people, HIV/GUM and dermatology services. Rob joined the NHS in 1992, initially working as a healthcare assistant before moving on to various junior, middle, senior management roles across London and the Midlands. Rob has a great deal of experience in understanding the complexities of the modern NHS including emergency planning and response, and is the organisation's accountable emergency officer. Rob is also the interim chief operating officer lead for the North West London Integrated Care System.



**Robert Bleasdale, Chief Nursing Officer**

Robert has joined the Trust in April 2022. He was previously Chief Nurse and Director of Infection Prevention and Control at St George's University Hospital, and has held a number of senior nursing leadership roles in the NHS. He has been instrumental to the Covid-19 response, leading on the vaccination programme to establish one of the first vaccination clinics in the country. He has led on a number of quality improvement programmes, including the development of accreditation systems, which helped raise standards of care and was involved in St George's exiting CQC special measures. He has proactively promoted partnership working and is passionate on the role of staff and patient involvement in key service decisions.

Robert became Deputy Chief Nurse at St George's in 2017, having previously held a number of other senior nursing roles at St George's since 2014. He started his nursing career in acute medicine, before moving into emergency care. He is an advanced trauma nursing course instructor, and completed his nursing degree at Oxford Brookes University. He also has a Masters in Senior Healthcare Leadership from Birmingham University



**Roger Chinn, Chief Medical Officer**

Roger Chinn was appointed as chief medical officer in December 2020. He is a clinical radiologist who has been a consultant with the Trust since 1996. Previously, he has held senior leadership roles as deputy medical director and chief clinical information officer in the Trust and was the medical director at West Middlesex University Hospital for the year prior to its acquisition by the Trust.



**Virginia Massaro, Chief Financial Officer**

Virginia joined the Trust in 2010 as head of financial planning before progressing to assistant director of finance and deputy director of finance, having previously worked in finance teams across other NHS organisations in North West London. She has been chief financial officer since October 2019 and is a qualified chartered management accountant.

## Non-executive directors



### **Matthew Swindells—Chair**

Matthew joined the Trust in April 2022. He has over 30 years' experience in healthcare. He is the former Deputy Chief Executive and Chief Operating Officer for the NHS in England. He also runs his own consultancy, through which he provides strategic advice on digital transformation and global healthcare to a small number of innovative companies.

Matthew's NHS career started as an NHS supplies management trainee and includes a series of operational management roles in the NHS up to Chief Executive at the Royal Surrey County Hospital and as the NHS's first Chief Information Officer. He then worked in government, firstly as head of the health team in the Prime Minister's Office of Public Service Reform and then as special policy adviser to the Secretary of State for Health. Matthew is President of the Health Care Supply Association and holds a Visiting Professorship at Imperial College Institute of Global Health Innovation.

Matthew is joint chair, responsible for 12 hospitals across four NHS trusts in north west London: Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust.



### **Steve Gill—Vice Chair and Senior Independent Director**

Steve was appointed as a non-executive director (NED) on 1 November 2017. He was Chair of the People and Organisational Development Committee from February 2018 to March 2021. In August 2020 Steve was appointed as Vice Chair and Senior Independent Director (SID).

Steve served as Interim Trust Chair from March 2021 to March 2022; in April 2022 he resumed his role as Vice Chair and SID.

In March 2021 Steve was appointed as the Board NED Maternity Safety Champion.

Steve is currently Chair of the Quality Committee, and of the Nominations & Remunerations Committee.

With the implementation of the North West London Acute Provider (NWL APC) governance structure in September 2022 Steve was appointed as Chair of the NWL APC Quality Committee in Common (CiC), he was also appointed to the Board of The Hillingdon Hospitals NHS Foundation Trust (THHT) as a NED, and is a member of the Finance & Performance Committee at THHT.

Steve has had an international executive career in the IT industry, including chief financial officer roles in UK, and in Europe Middle East & Africa (EMEA); chief operating officer roles in EMEA; Global Sales roles for Asia Pacific; and chief executive roles in the UK, in South Korea, and in China.

He has held various NED roles including advising the UK government on IT in education. Steve qualified as a chartered accountant with PwC in London and has extensive experience in mergers and acquisitions; strategic planning; talent and succession planning; organisational development; risk management; and disaster recovery.

Steve has been the Chair of Trustees of Age Concern Windsor (ACW) since January 2018.



### **Professor Andy Bush**

Professor Andrew Bush is professor of paediatrics and paediatric respiratory, National Heart and Lung Institute, Imperial College, and consultant paediatric chest physician, Royal Brompton & Harefield hospitals. He is a non-executive director at Imperial College Healthcare NHS Trust, and with the implementation of the North West London Acute Provider Collaborative was appointed to the board of Chelsea and Westminster Hospital, in September, 2022. His research interests are in the field of paediatric respiratory medicine, especially invasive and non-invasive assessment of airway inflammation in asthma and cystic fibrosis and clinical respiratory physiology.

He was the chief investigator leading the recently awarded £4.64 million Wellcome Trust Strategic Award (“Breathing Together”). He has supervised 50 MD and PhD degrees, authored nearly 750 papers in peer review journals, and has written more than 130 chapters in books and monographs. He was head of the Paediatric Assembly of the European Respiratory Society and He was the joint editor-in-chief of Thorax, then the second-ranked chest journal in the world, and top-ranked outside North America, the first paediatrician to hold this post. He has served as chair of the Publications Committee of the European Respiratory Society and is currently guidelines director of the same society. He is currently serving a second term as deputy editor of the American Journal of Respiratory and Critical Care Medicine.



### **Aman Dalvi**

Aman Dalvi has worked at very senior levels for many years and has been a chief executive of three organisations where he has led multidisciplinary teams. Aman has extensive experience in planning and regeneration and, in his career, he was executive director of development and renewal in a major local authority. Aman was also a ministerial appointee on the boards of English Partnerships and the Olympic Park Legacy Company.

Aman has also served as a chair of a number of organisations which include the Anchor Trust and PA Housing. In addition, Aman Dalvi has been a statutory appointment on a number of large and diverse organisations. He is currently working as a consultant for two major developers and is chair of a development company.

At Chelsea and Westminster Hospital, Aman is the chair for the Audit and Risk Committee, the board Non-Executive Director (NED) for the Freedom to Speak Up Champion and the lead NED for Estates and Facilities. In September, 2022, he was appointed to the board of Imperial College Healthcare NHS Trust as part of his wider duties within the North West London Acute Provider Collaborative.



### **Nilkunj Dodhia**

Nilkunj, a non-voting Trust Board member since 1 Jul 2014, was appointed as a non-executive director on 27 Nov 2015. He has diverse experience as an executive and non-executive director with interests in telecommunications, healthcare and financial services. Nilkunj was previously with McKinsey & Company and also served as chairman of the South West London Elective Orthopaedic Centre (SWLEOC) and as non-executive director of Epsom and St Helier University Hospitals NHS Trust. Nilkunj has an MBA from INSEAD and is a fellow of the Institute of Chartered Accountants in England and Wales.

Nilkunj is currently chair of the Finance and Performance Committee and was appointed to the board of The Hillingdon Hospitals NHS Foundation Trust as a NED in September,



2022, as part of the wider duties within the North West London Acute Provider Collaborative.



**Peter Goldsbrough**

Peter is a senior leader experienced in the private and public sectors. He was a managing director at the Boston Consulting Group and is now a senior advisor to the firm. He is also a visiting professor at the Institute of Global Health Innovation, Imperial College. He has previously served as a non-executive director with NHS London. He has many years' experience working with healthcare, pharmaceutical and academic organisations as well as substantial financial management expertise. Peter advises senior leaders of major organisations in a variety of industrial and service sectors on strategic direction and operational performance. He has specialised in the leadership of large-scale operational and organisational change. His geographic experience covers the UK, Europe, the US, Asia and Australasia. He was educated at Cambridge University and the Harvard Business School.



**Catherine Jervis**

Catherine has held a range of Board level positions, she has worked in the public, not for profit and private sectors and has a broad skills base with recognised strategic insight and financial and governance expertise. She is currently Deputy Chair and Non-Executive Director at Hillingdon Hospitals Foundation Trust. In September, 2022, with the implementation of the North West London Acute Provider Collaborative (NWL APC) she was appointed to the board of Chelsea and Westminster Hospital and is the Chair for the NWL APC Finance and Performance Committee. She is also the Non-Executive Director and SID with Barnet Enfield and Haringey Mental Health NHS Trust and NED at IOPC (the Independent Office for Police Conduct).

Prior to this Catherine was an executive director and Strategic Advisor to a national education charity established to maximise educational outcomes for children and young people with SEND and Director at PricewaterhouseCoopers LLP leading the Children's Services Team working across education, health and social care. Catherine is a qualified accountant.



**Neville Manuel**

Neville is an accomplished senior executive with more than 30 years' extensive experience operating at board level in the private, public, and third sectors, in both executive and non-executive roles. He is a skilled commercial leader with a proven track record in transformational change, developing and executing strategy, setting up joint ventures, launching new businesses and operational, and P&L management in the telecoms, media and technology sectors.

In his corporate career his roles included Vice President of BT's internet business, director of its TV business, and group general manager of strategy. Now focussed on non-executive roles, he currently sits on the boards of the West London NHS Trust, the Hillingdon Hospitals NHS Foundation Trust and the National Institute of Economic and Social Research (NIESR). In September, 2022, with the implementation of the North West London Acute Provider Collaborative he was appointed to the board of Chelsea and Westminster Hospital NHS Foundation Trust.

He is also a founder director of a small independent film production company.





### **Ajay Mehta**

Ajay is an organisational development specialist supporting the growth and sustainability of civil society organisations globally to increase their social impact. With significant contributions in the social impact and public sectors, he brings a breadth of experience in the areas of strategic planning, resource mobilisation and sustainability, community engagement, leadership and governance. Ajay's portfolio of work has ranged from large international institutions to smaller community based organisations, supporting them to review and re-engineer their strategic interventions and maximise impact.

Ajay has particular interests in human and environmental rights, a focus of his company em4, which engages with institutional funders to build the capacities of their grantees and invests in social entrepreneurs internationally to increase their regional impact. He has held board-level positions with national and international charities. He was previously a non-executive director of Hounslow and Richmond Community Healthcare NHS Trust. Ajay is currently chair of the People and Workforce Committee. He also holds the position of Wellbeing Guardian on the Trust Board. Ajay is in his second term of office at Chelsea and Westminster Hospital and was appointed to the board of London North West University Healthcare NHS Trust as a NED in September, 2022, as part of his duties within the North West London Acute Provider Collaborative.



### **Dr Syed Mohinuddin**

Dr Syed Mohinuddin has worked in the NHS for over 25 years. He is a Consultant Neonatologist and leads the pan-London Neonatal Transfer Service. He graduated from the Armed Forces Medical College, India and was awarded the Colonel Malhotra Memorial Gold Medal in medicine. He subsequently moved to the UK and completed his core and higher specialist training in paediatrics and neonatology. He is a fellow of the Royal College of Paediatrics and Child Health. He has a Master's in Medical Leadership from the Bayes Business School and is a Faculty of Medical Leadership and Management group member.

Syed is an experienced educator who has held various training and development positions. He has extensive experience in team training, simulation and human factors. He is a digital and innovation enabler and the clinical lead for the NeoMate App that won the NHS Innovation Acorn Award 2015. He is a member of the Harrow Muslim Community and the Seacole Group. He is passionate about improving the quality and safety of NHS care and reducing healthcare inequalities.

Syed also chairs the Quality and Safety Committee and is a Non-Executive Director on the London Northwest University Healthcare NHS Trust board.

## **Directors and others in regular attendance at Board meetings 2021/22**

- Peter Jenkinson, Interim Director of Corporate Governance and Compliance
- Lindsey Stafford-Scott, Interim Chief People Officer
- Emer Delaney, Director of Communications
- Alexia Pipe, Chief of Staff to the Chair in Common

## **Key responsibilities of non-executive directors**

For all non-executive directors, key responsibilities include:

- Challenging and supporting the executive directors in decision-making and on the Trust's strategy
- Holding collective accountability with the executive directors for the exercise of their powers and for the performance of the Trust

## **Independence of non-executive directors**

The Trust Board has evaluated the circumstances and relationships of individual non-executive directors which are relevant to the determination of the presumption of independence and determines all its non-executive directors to be independent in character and judgement.

During 2022/23 there were a number of changes to the Non-executive Director composition on the Board of Directors to enable the implementation of the governance structure of the North West London Acute Provider Collaborative. This included:

- The appointment of Matthew Swindells as the Chair in Common
- The appointment of Professor Andy Bush, Catherine Jervis, Neville Manuel, Peter Goldsbrough and Dr Syed Mohinuddin as Non-executive Directors on the Board
- Approval to a second term of office for Ajay Mehta and Aman Dalvi as Non-executive Directors on the Board
- Approval to the appointment of Steve Gill (former interim Chair) as Vice Chair and Senior Independent Director on the Board

We expressed our sincere thanks to two Non-executive Directors who reached the end of their term of office during the course of the year. Eliza Hermann and Nick Gash were both committed and longstanding Non-executive Directors on the Board carrying the positions of Senior Independent Director and Vice Chair respectively.

The Chair meets frequently with the Vice Chairs without having the executive team present.

## **Performance evaluation of the Board**

The annual appraisal of the chairman involved collaboration between the senior independent director and the lead governor of the Council of Governors. The views of non-executive directors, executive directors, external partners and governors were sought and contributed to the process. The performance of non-executive directors is evaluated annually by the Vice Chair, who also seeks the views of executive colleagues and governors. Executive directors have an annual appraisal with the chief executive. All Trust Board committees reviewed their effectiveness during 2022/23 and provided assurance reports to the Committees on their reported effectiveness and associated improvement actions.

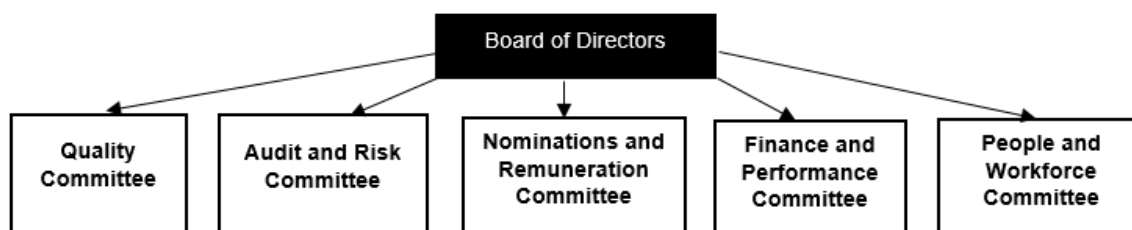
## **Board meetings**

The Trust Board meets in public no less than four times per year. Special meetings are organised as and when required. There were four public meetings held in 2022/23. Two of these were stand-alone Board meetings of the Chelsea and Westminster Hospital NHS Foundation Trust Board of Directors and two of these were meetings of the Board in Common with the other North West London Acute Collaborative Provider Trusts. Director attendance is detailed below.

	Public Board meeting attendance	
	Required to attend	Attended
<b>Executive directors</b>		
Lesley Watts	4	4
Robert Bleasdale	4	3
Roger Chinn	4	4
Rob Hodgkiss	4	4
Virginia Massaro	4	4
Vanessa Sloane <sup>27</sup>	0	0
<b>Non-executive directors</b>		
Matthew Swindells	4	4
Stephen Gill	4	4
Aman Dalvi	4	3
Nilkunj Dodhia	4	3
Nick Gash	2	2
Eliza Hermann	1	1
Ajay Mehta	4	2
Catherine Jarvis	2	2
Professor Andy Bush	2	1
Peter Goldsbrough	2	2
Neville Manuel	2	2
Syed Mohinuddin	2	2

## Committees of the Board of Directors

The Trust Board committee structure is set out below. Terms of reference detail the responsibilities of each committee and this structure monitors and provides assurance to the Board on the delivery of our objectives and other key priorities.



### Nominations and Remuneration Committee of the Board of Directors for the appointment of executive directors

The Nominations and Remuneration Committee is a committee of the Trust Board of Directors. It is appointed in accordance with the constitution of the Trust to decide the remuneration and allowances, and the other terms and conditions of office, of the chief executive and other executive directors. The committee comprises the chairman and four other non-executive directors. The committee met on four occasions during the year and at these meetings they:

- Approved executive director pay and very senior management pay
- Approved some additional responsibility payment awards for executive directors where additional responsibilities had been assumed during the course of the year
- Approved the terms of reference of the committee

<sup>27</sup> Up to 3 Apr 2022

- Approved the annual business cycle of the committee
- Approved the extension of the appointment of the interim Chief People Officer (non-voting)
- Approved the appointment of the interim director of corporate governance and compliance (non-voting)

Nominations and remuneration committee attendees	Attendance	
	Required to attend	Attended
Matthew Swindells	4	4
Stephen Gill	4	4
Aman Dalvi	4	4
Nilkunj Dodhia	4	1
Nick Gash	1	1
Ajay Mehta	4	1
<b>In attendance</b>		
Lesley Watts, Chief Executive Officer	4	3
Sue Smith, Interim Director of Human Resources and Organisational Development	2	1
Lindsey Stafford-Scott, Interim Chief People Officer	2	2
Peter Jenkinson, Interim Director of Corporate Governance	4	0

## Nominations and Remuneration Committee of the Council of Governors for the appointment of non-executive directors

A separate Nominations and Remuneration Committee exists for the nomination, appointment and remuneration of the Chairman, Vice-Chair and Non-executive Directors. This is a committee of the Council of Governors and its membership comprises the chairman, the lead governor and five public- and patient-elected governors.

### Appointments and reappointments

During 2022/23, on recommendation by the committee and agreement of the Council of Governors, it was agreed to increase the composition of Non-executive Directors on the Board to enable the implementation of agreed North West London Acute Provider Collaborative governance arrangements. As such, the following recommendations in relation to appointments, reappointments and remuneration were agreed:

- Appoint Steve Gill as Vice Chair and Senior Independent Director of the Board
- Approve a second term of office for Ajay Mehta and Aman Dalvi as Non-executive Directors until 30 November 2025
- Appoint Catherine Jervis, Dr Syed Mohinuddin, Professor Andy Bush, Neville Manuel and Peter Goldsbrough as Non-executive Directors of the Board
- The Trust did not use an external search consultancy, nor open advertising for the above Non-executive Director appointments as appointments were restricted to Non-executive Directors already holding a Non-executive Board position within one Trust in the Collaborative.

- Increase the remuneration of non-executive directors to reflect the additional responsibilities placed upon them as part of the North West London Acute Provider Collaborative, whereby they would be operating as part of two Boards of Directors within the Collaborative
- Increase the remuneration of the Vice Chair to reflect the additional responsibilities placed upon this post as part of the North West London Acute Provider Collaborative

Council of Governor Nominations and Remuneration Committee attendees	Attendance	
	Required to attend	Attended
Matthew Swindells, Chair	4	3
Steve Gill, Vice-Chair	3	3
Richard Ballerand, Public Governor	4	4
Simon Dyer, Lead and Patient Governor	4	3
Minna Korjonen, Patient Governor	4	2
Anthony Levy, Public Governor	3	3
David Phillips, Patient Governor	4	3
Laura-Jane Wareing, Public Governor	4	3
Eliza Hermann, Senior Independent Director <sup>28</sup>	1	1
<b>In attendance</b>		
Lesley Watts, Chief Executive Officer	4	3
Sue Smith, Interim Director of Human Resources and Organisational Development	3	2
Dawn Clift, Interim Director of Corporate Governance and Compliance <sup>29</sup>	3	3
Lindsey Stafford-Scott, Interim Chief People Officer	1	1
Peter Jenkinson, Interim Director of Corporate Governance <sup>30</sup>	2	1

## Quality Committee

The Quality Committee is mainly responsible for issues of quality and patient safety. It seeks assurance on systems, processes and outcomes relating to the safety and effectiveness of care which we deliver to our patients. This includes monitoring regulatory compliance with the standards set out by the Care Quality Commission.

## People and Workforce Committee

The People and Workforce Committee is responsible for reviewing Trust performance on key workforce metrics (turnover, mandatory training and appraisal rates) while also reviewing key workforce and organisational development strategies on behalf of the Trust Board.

## Finance and Performance Committee

The Finance and Performance Committee is responsible for seeking assurance as to the satisfactory management of the Trust's finances, cost improvement programme, cash management and capital programme. The committee also reviews and recommends to the Trust Board for approval those business cases with high-level strategic significance.

<sup>28</sup> Up to end Jun 2022

<sup>29</sup> Up to end May 2022

<sup>30</sup> From Jun 2022

## Audit and Risk Committee

The Audit and Risk Committee assures the Trust Board that probity and professional judgment are exercised in all financial matters. It advises on the adequacy and effectiveness of the Trust's internal control systems, risk management arrangements, counter-fraud measures and governance processes, and on ways of maximising efficiency and effectiveness. In doing this, the Audit and Risk Committee primarily utilises the work of internal audit (provided by BDO in 2022/23), external audit (provided by Deloitte in 2022/23) and other external bodies. The committee approves the annual work plans of internal and external audit as well as the local counter-fraud specialist (provided by RMS in 2022/23).

The chief executive is the Trust's designated accounting officer who has the duty of preparing the accounts in accordance with the NHS Act 2006. Nick Gash chaired the Audit and Risk Committee until the end of October 2022 when he reached the end of his term of office. Aman Dalvi was then appointed Chair of the Audit and Risk Committee which includes two other non-executive directors. The Committee met four times in 2022/23.

Audit and Risk Committee attendees	Attendance	
	Required to attend	Attended
Nick Gash (Chair)	2	2
Aman Dalvi	2	2
Eliza Hermann	1	1
Aman Dalvi (Chair)	2	2
Dr Syed Mohinuddin	2	2
Catherine Jervis	2	1

### Significant issues considered by the Audit and Risk Committee in relation to the financial statements, operations and compliance

During the year, the Audit and Risk Committee received several reports from the internal auditors BDO. These covered several areas including key financial systems, patient experience, safeguarding adults, MCA and consent, environmental maturity staff health and wellbeing, HFMA Financial Sustainability, serious incidents, business continuity planning, apprenticeship levy, data quality and data security and protection toolkit. For the period 1 Apr 2022–31 Mar 2023, 6 high-risk recommendations were identified by our internal auditors which was largely assigned to the need to strengthen HR systems and controls.

Following the year end, the Committee considered the draft annual report and accounts 2022/23 and received the ISA 260 report from the Trust's external auditors.

During 2022/23, in addition to non-executive directors and those executive directors in attendance, the Trust's internal and external auditors and counter-fraud specialist attended the committee meetings. When relevant, other senior managers attended meetings to provide a deeper level of insight into certain key issues within their respective areas of expertise including all areas of significant risk, including cyber security, risk management, Board assurance framework and information governance.

The Committee has engaged regularly with the external auditors over the financial year. External audit matters discussed have included consideration of the external audit plan, matters arising from the audit of the Trust's financial statements, implementation of adoption of international reporting standards and any recommendations on control and accounting matters proposed by the auditor. The Council of Governors were involved in extending the appointment of external auditors during the course of the year.

The Committee assesses the external auditor's quality and value of work and the timeliness and reporting and fees on an annual basis. This assessment includes the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards. The Committee will discuss and agree with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan, including a consideration of their local evaluation of audit risks. The Committee reviews all external audit reports, including the report to those charged with governance, agreement of the annual audit letter and the appropriateness of management responses and progress on implementation of recommendations received by the Trust's external auditor.

### **Policy for safeguarding the external auditors' independence**

The Trust carried out an Official Journal of the European Union (OJEU) tender for statutory audit services in Oct 2016 and reappointed Deloitte LLP on a three-year contract with an option to extend for a further two years. It was agreed by the Audit and Risk Committee during 2019/20 to extend the contract for two years. Following an unsuccessful procurement process in 2022/23, it was agreed by the Audit and Risk Committee to extend the contract with Deloitte LLP for a further two years. As part of the initial procurement process, the independence of applicants was assessed. The external auditor has not provided non-audit services in the year.

### **Internal audit**

From June 2021, following a competitive tender, the Trust has awarded the contract to provide internal audit to BDO on a three-year contract with an option to extend for a further two years. The internal audit plan covered the Trust's risk management, governance and internal control processes, both financial and non-financial, across the Trust. Through detailed examination, evaluation and testing of the Trust's systems, internal audit plays a key role in the Trust's assurance processes. The committee reviews the findings of internal audit's work against the annual plan at each of its meetings. The head of internal audit reports to the committee and has a right of direct access to committee members. The internal audit function is managed by the chief financial officer.



## Council of Governors

The role, powers and composition of the Council of Governors was outlined earlier in this report and is also set out within the Trust's constitution. The Council of Governors meets at least quarterly and held five meetings in 2022/23. Executive and non-executive directors of the Trust Board are invited to attend. Both elected and appointed governors normally hold office for a period of three years and are eligible for re-election or reappointment at the end of that period. The details of the governors holding office as at 31 Mar 2023 are provided within the table below:

Last name	First name	Constituency	Organisation	Date elected or appointed	Term	Attendance at council meetings 2022/23
Addison	Lisa	Patient	-	Nov 2021	1	5/5
Ballerand	Richard	Public	Royal Borough of Kensington and Chelsea	Nov 2020	2	5/5
Booth	Jeremy	Patient	-	Nov 2020	1	5/0
Boulliat Moulle	Caroline	Patient	-	Feb 2023	1	0/0
Carter	Julie	Public	London Borough of Ealing	Nov 2021	1	5/1
Cass-Horne	Cass J.	Public	City of Westminster	Feb 2023	2	5/3
Clarke	Nigel	Public	Hammersmith and Fulham	Feb 2023	1	0/0
Daubeney	Nara	Public	Wandsworth	Feb 2023	1	0/0
Digby-Bell	Christopher	Patient	-	Nov 2020	3	5/5
Dyer	Simon	Patient/Lead Governor	-	Nov 2021	3	5/5
Fleming	Stuart	Public	Wandsworth	Nov 2021	1	5/4
Singh Garcha	Parvinder	Public	Hounslow	Nov 2021	1	5/4
Korjonen	Minna	Patient		Nov 2018	2	5/5
Levy	Rose	Public	Hammersmith and Fulham	Nov 2020	1	5/4
Littler	Nina	Public	Royal Borough of Kensington and Chelsea	Feb 2023	1	0/0
Macaskill	Stella	Patient	-	Nov 2021	1	5/4
Martin	Ras. I	Public	Rest of England	Feb 2023	1	0/0
Nelson	Mark	Staff	Medical and Dental	Nov 2020	2	5/5
Pascal	Will	Local Authority	Kensington and Chelsea	May 2022	1	5/3
Phillips	David	Patient	-	Nov 2021	3	5/5
Sands	Catherine	Staff	Management	Nov 2020	1	5/2
Scott	Jacquei	Staff	Nursing and Midwifery	Nov 2021	2	5/5
Walsh	Dr Desmond	University	Imperial College	Oct 2018	1	4/4
Wareing	Laura-Jane	Public	Hounslow	Nov 2021	3	5/5
Winterbottom	Jo	Public	City of Westminster	Feb 2023	1	0/0
Vacant		Appointed	-			
Vacant		Public	Richmond upon Thames			
Vacant		Public	Richmond upon Thames			
Vacant		Staff	Support, Administrative and Clerical			
Vacant		Staff	Allied Health Professionals, Scientific and Technical			
Vacant		Staff	Contracted			

There were no disputes between the Council of Governors and the Board of Directors during the year. Should any such dispute or disagreement arise, Governors are able to contact the Lead Governor or Senior Independent Director.

### Council of Governors elections held during 2022/23

An election was held in November 2022 to fill vacant seats in the patient and public and constituencies. The results follow.

### **Patient constituency**

- **Caroline Boulliat Moule** (elected unopposed)

### **Public constituency**

- **London Borough of Hammersmith and Fulham**  
Nigel Clarke (elected)
- **London Borough of Wandsworth**  
Nara Daubeney (elected)
- **Rest of England**  
Ras I Martin (elected unopposed)
- **Royal Borough of Kensington and Chelsea**  
Nina Littler (elected)
- **City of Westminster**  
Cass J Cass-Horne (elected)  
Jo Winterbottom (elected)

### **Council of Governors' register of interests**

Governors are required to sign a code of conduct, declare any interests that are relevant annually and to confirm they meet the fit and proper person condition as set out in Regulation 5 of the *Health and Social Care Act 2008 (Regulated Activities) Regulation 2014*.

The register of governors' interests is published annually—a copy can be downloaded from the Trust website at [www.chelwest.nhs.uk/cog](http://www.chelwest.nhs.uk/cog) or by emailing [chelwest.corporategovernance@nhs.net](mailto:chelwest.corporategovernance@nhs.net), or by calling 020 3315 6716/6725.

You can also request a hard copy by writing to:

#### **Corporate Governance Department**

Chelsea and Westminster Hospital NHS Foundation Trust  
369 Fulham Road  
London  
SW10 9NH

### **Contacting the governors**

Governors welcome the views and suggestions of members and the wider public. Please see [www.chelwest.nhs.uk/cog](http://www.chelwest.nhs.uk/cog) for governors' details and biographies. If you would like to contact any of the governors, email [chelwest.corporategovernance@nhs.net](mailto:chelwest.corporategovernance@nhs.net) or call 020 3315 6716/6725.

## **How the Board of Directors and Council of Governors have acted to understand the views of governors and Foundation Trust members**

The Trust Board interacts regularly with the Council of Governors to ensure that it understands their views and those of members. Governors can attend the Trust's public Board meetings and at least five governors usually take this opportunity. Non-executive Directors attend the public Council of Governors meetings. Governors and Non-executive Directors also meet twice a year to discuss a range of topics in an open and informal manner. A rolling programme of Non-executive director chairs of Trust Board committees presenting at each Council of Governors meeting takes place to enable governors to hold the Non-executive directors to account. In addition, we hold regular governor briefing sessions on topics of strategic or operational interest to governors to enable them to develop their knowledge around the range of information presented to them for assurance purposes and to seek their views on how we can improve on aspects of our business.

## **Foundation Trust membership**

As a Foundation Trust we are accountable to our local community, patients and staff, who all have the right to become members. Trust members play an active role in helping us to understand the views and needs of the population we serve. Membership is open to anyone 16 or older. The membership has three constituencies—patient, public and staff—as defined in the Trust constitution and summarised below.

### **Patient membership**

Anyone who has attended any of the Trust's hospitals as either a patient or as the carer of a patient within the last three years.

## **Public membership**

Any member of the public over the age of 16 who lives in the area the Trust serves, divided into six constituencies based on local government boundaries:

- City of Westminster
- London boroughs of Ealing, Hammersmith and Fulham, Hounslow, Richmond upon Thames and Wandsworth
- Royal Borough of Kensington and Chelsea

During 2022/23 we consulted with the governors on the benefits of including an additional public constituency to represent the 'rest of England' and this was approved. This is particularly helpful given the range of specialist services that the Trust provides, including the world-renowned HIV, sexual health and gender services.

## **Staff membership**

All staff automatically become members unless they choose to opt out of membership—individuals employed by the Trust under a contract of employment with the Trust are divided into six constituencies:

- Support, administrative and clerical staff
- Allied health professionals, scientific and technical staff
- Contracted staff
- Medical and dental staff
- Nursing and midwifery staff
- Management staff

## **Membership engagement strategy**

The Trust's membership engagement strategy focuses on recruitment, communication and engagement with members. In 2022/23, the Trust commenced a refresh of its Membership Engagement Strategy to ensure that it diversified its approach to facilitate engagement with a more representative group of members. A membership survey was also undertaken to seek the views of members on the effectiveness of current arrangements and their thoughts on improvement opportunities.

Governors participated in public and member engagement events organised by the Trust throughout the year.

Our overall membership as at 31 Mar 2023 is 19,366 members. Whilst the majority of our members are aged over 40 years, we have seen a 100% increase in the 22–29 age category, encouraging greater representation of the under 40s age range. We have a very successful youth volunteering platform that is being explored to encourage and share the benefits of membership, and we are developing targeted work with colleges, universities and workplaces. We will refresh our approach to the use of alternative media to reach these populations as well as provide in-person interaction.

Ensuring that our membership is representative of the population we serve is important.. Socioeconomically, we know that the majority of our membership sits within categories B, D and E—these are those of ‘executive wealth’, ‘city sophisticates’ and ‘career climbers’. The next highest proportion of our membership sits within category P which is defined as those residing in ‘struggling estates’. The following table shows our membership profile as at 31 Mar 2023.

	Public	Patient	Staff	Total
<b>Age</b>	<b>6,967</b>	<b>5,446</b>	<b>6,953</b>	<b>19,366</b>
0–16	2	0	0	2
17–21	82	12	23	117
22+	6,232	3,722	6,930	16,884
Not stated	651	1,712	0	2,363
<b>Age 22+</b>	<b>6,232</b>	<b>3,722</b>	<b>6,930</b>	<b>16,884</b>
22–29	333	39	1,441	1,813
30–39	596	284	2,378	3,258
40–49	994	762	1,451	3,207
50–59	1,353	962	1,149	3,464
60–74	1,512	966	503	2,981
75+	1,444	709	8	2,161
<b>Gender</b>	<b>6,967</b>	<b>5,446</b>	<b>6,953</b>	<b>19,366</b>
Unspecified	122	51	0	173
Male	2,443	2,005	1,771	6,219
Pangender	0	1	0	1
Polygender	0	0	0	0
Neutrois	0	0	0	0
Agender	0	0	0	0
Female	4,401	3,388	5,182	12,971
Transgender	0	0	0	0
Trans man	0	0	0	0
Trans woman	1	1	0	2
Bi-gender	0	0	0	0
Genderfluid	0	0	0	0
Androgyne	0	0	0	0
Non-binary	0	0	0	0
<b>Ethnicity</b>	<b>6,967</b>	<b>5,446</b>	<b>6,953</b>	<b>19,366</b>
White—English, Welsh, Scottish, Northern Irish, British	3,299	2,078	1,995	7,372
White—Irish	181	112	163	456
White—Gypsy or Irish Traveller	0	0	0	0
White—Other	904	522	753	2,179
Mixed—White and Black Caribbean	97	55	57	209
Mixed—White and Black African	25	11	51	87
Mixed—White and Asian	59	25	68	152
Mixed—other mixed	F94	70	113	277
Asian or Asian British—Indian	332	128	655	1,115
Asian or Asian British—Pakistani	136	50	129	315
Asian or Asian British—Bangladeshi	51	38	53	142
Asian or Asian British—Chinese	43	36	81	160
Asian or Asian British—other Asian	228	141	973	1,342
Black or Black British—African	319	227	672	1,218
Black or Black British—Caribbean	121	83	252	456
Black or Black British—other Black	67	36	67	170
Other ethnic group—Arab	14	3	0	17
Other ethnic group—any other ethnic group	79	51	368	498
Not stated	905	1,752	503	3,160
<b>Acorn socio-economic group</b>	<b>6,967</b>	<b>5,446</b>	<b>6,953</b>	<b>19,366</b>
Lavish lifestyles (A)	456	321	165	942
Executive wealth (B)	290	377	578	1,245

	Public	Patient	Staff	Total
Mature money (C)	59	106	164	329
City sophisticates (D)	2,879	2,041	1,829	6,749
Career climbers (E)	408	395	853	1,656
Countryside communities (F)	11	46	16	73
Successful suburbs (G)	296	186	424	906
Steady neighbourhoods (H)	173	184	437	794
Comfortable seniors (I)	4	18	20	42
Starting out (J)	58	65	207	330
Student life (K)	156	122	405	683
Modest means (L)	66	60	118	244
Striving families (M)	53	78	167	298
Poorer pensioners (N)	81	64	24	169
Young hardship (O)	25	43	68	136
Struggling estates (P)	1,705	1,158	1,179	4,042
Difficult circumstances (Q)	117	106	209	432
Not private households (R)	115	53	55	223
Not available (NA)	15	23	35	73
<b>Total membership</b>	<b>6,967</b>	<b>5,446</b>	<b>6,953</b>	<b>19,366</b>

## Directors' responsibilities for preparing the accounts

The directors have undertaken their responsibility for preparing the accounts under directions issued by NHS England, and as detailed in the *Statement of Accounting Officer's Responsibilities* from page 107.

The Trust has ensured that the annual accounts of the organisation have met the accounting requirements of the NHS Foundation Trust Annual Reporting Manual and the Department of Health and Social Care Group Accounting Manual.

The directors consider 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 Foundation Trust's performance, business model and strategy.

The directors are responsible for the maintenance and integrity of the corporate and financial information included on the Trust's website. Legislation in the UK governing the preparation and dissemination of financial statements differs from legislation in other jurisdictions.

# **NHS OVERSIGHT FRAMEWORK**

## NHS system oversight framework

NHS England's NHS oversight framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are quality of care, access and outcomes, people, preventing ill-health and reducing inequalities, leadership and capability, finance and use of resources, local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

### Segmentation

The Trust has been placed into segment 1.

This segmentation information is the Trust's position as at 31 Mar 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>



# **STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES**

## **Statement of the chief executive's responsibilities as the accounting officer of Chelsea and Westminster Hospital NHS Foundation Trust**

The *NHS Act 2006* states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England, in exercise of the powers conferred on Monitor by the *NHS Act 2006*, has given accounts directions which require Chelsea and Westminster Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

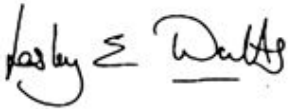
In preparing the accounts, the accounting officer is required to comply with the requirements of the Department of Health and Social Care's *Group Accounting Manual* and, in particular, to:

- Observe the accounts direction issued by NHS England, including the relevant accounting and disclosure requirements and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- 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 foundation trust's performance, business model and strategy
- Prepare the financial statements on a going concern basis

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirement outlined in the above-mentioned act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation 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 the *NHS Foundation Trust Accounting Officer Memorandum*.

A handwritten signature in black ink, appearing to read 'Lesley Watts', with a horizontal line underneath the name.

**Lesley Watts**  
Chief Executive Officer

29 June 2023

# **ANNUAL GOVERNANCE STATEMENT**

## Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, while 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 foundation 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 Foundation Trust Accounting Officer Memorandum*.

## 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 Trust's policies, aims and objectives, evaluate the likelihood of those risks being realised and the impact should they be realised. This enables us to manage them efficiently, effectively and economically. The system of internal control has been in place in Chelsea and Westminster Hospital NHS Foundation Trust for the year ended 31 Mar 2023 and up to the date of approval of the annual report and accounts. During 2021/22 our auditors BDO completed a review of our Risk Maturity Framework which concluded a good culture of risk ownership in the Trust, with BDO confirming that the Trust scores above average for risk maturity when benchmarked with other NHS organisations.

As part of our system of internal control, it is of paramount importance to ensure that the Trust is well-led in accordance with NHS England and NHS England's Well-Led Framework, so that the services are safe and patient-centred. In November 2019 we welcomed the Care Quality Commission (CQC) to inspect our services, which included a well-led inspection and a use of resources inspection by NHS England. The Trust maintained the rating of 'good' overall, seeing an improvement in well-led rating from 'good' to 'outstanding', and maintaining the use of resources rating of 'outstanding'. The Chelsea site improved the overall rating from 'good' to 'outstanding', and the West Middlesex site maintained the overall rating of 'good'. Within our system of internal control, we have a range of approaches and methodologies to continually assessing our performance against the well-led framework. This includes the use and analysis of data (quality, effectiveness, financial and access times), board to floor visibility, our ward accreditation scheme and our governance arrangements from Board to local service. The Trust remains fully compliant with the registration requirements of the Care Quality Commission.

## Capacity to handle risk

### Governance arrangements in the Northwest London Acute Provider Collaborative

The North West London Acute Provider Collaborative (the 'collaborative') came into being from September 2022, following approval of the trust boards of the four acute trusts—Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Hospitals NHS Trust, also from Chelsea and Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust Council of Governors, London Region and National NHS England. The four acute trusts remain as statutory bodies who also continue to work with other partners in the NW London ICS to deliver health to the population of NW London.

The governance arrangements have been developed based on core principles of corporate governance in a collaborative system, including adhering to the principle of subsidiarity while ensuring collaborative decision-making and holding each other to account and ensuring the continuation of public accountability and stakeholder involvement and engagement at trust level as well as at the level of the collaborative. The four Boards meet in common every quarter with a common agenda.

Collaborative governance arrangements were established, including key elements:

- Trust level committees providing local oversight across quality, workforce and finance and performance as well as the statutory committees, audit and risk committee, and nominations and remuneration committee
- Collaborative committees, covering the domains of quality, workforce, finance and performance, and digital and infrastructure
- Bringing the four trust boards together to form a Board in Common—four trust boards meeting together at the same time and same place with a common agenda
- A model of shared non-executive directors across trusts
- Lead Chief Executives for strategic priorities across the Collaborative

The board in common meets in public and is responsible for setting the strategy for the collaborative. It is comprised of all voting members of the four trust boards and normally meet four times per year. To ensure agility in decision making and to maintain oversight, the board in common delegates some specific responsibilities to a board in common cabinet, comprising the chair, vice chairs and chief executives, meeting in the months when the board in common is not meeting. The meetings of the board in common cabinet are reported to the board in common.

Each statutory entity has a responsibility to maintain its own system of internal control, including a robust risk management framework. The audit and risk committees remain independent in each Trust, and retain responsibility for ensuring that a system of internal control is maintained across the trust, to ensure that risks are being identified and managed, and appropriate assurance mechanisms are in place. The audit and risk committees provide a summary of committee matters directly to the Board in Common. However, we anticipate developing governance arrangements further around risk and assurance in the next financial year, to enable the Collaborative to identify common risk areas where collaborative action can most effectively add value in the management of risks being 'owned' by trusts.

Each trust has retained its board committee structure, and committees review the key risks aligned with their functional domain and receive assurance regarding the management of risk for those risks, via regular reports or risk and assurance deep dives where appropriate. Trust committee Chair's report the outcome of their committees, including matters for escalation, including risks, to the respective collaborative committee.

Collaborative Committees have oversight over each trust's management of trust level risks and the chairs of the collaborative committees receive summary reports from each chair of the trusts' associated board committees (except the independent Audit and Risk committees) in which they will identify key risks (including any emerging risks or concerns), and any risks being escalated for consideration at collaborative level. The collaborative committees report the outcomes of their committees to the Board in Common.

Board in Common (BiC) receives summary reports from the collaborative committees and trust audit and risk committees, as well as more detailed reports where required—from which, each Board take assurance that there are effective systems in place to ensure risks are being identified and managed at the appropriate level.

The Trust is committed to a comprehensive, integrated, Trust-wide approach to the management of risk based upon the support and leadership offered by the Board of Directors and the committees of the Board.

The Trust's risk management process is designed to provide a systematic method of identifying risks and determining the most effective means to minimise or remove them following risk analysis and evaluation. Practice is supported through the maintenance of an organisation wide risk register—the register is a management tool that promotes visibility, escalation, and provides a repository from which assurance can be offered that risks are being identified and appropriately managed.

The Risk Management Strategy describes the roles and responsibilities of all staff in relation to the identification, management and control of risk, and encourages the use of risk management processes as a mechanism to highlight areas they believe require improvement.

The Executive Directors have responsibilities for the management and coordination of strategic and operational risk within their areas of control. These responsibilities include the maintenance of risk registers, the promotion of risk management activity, the development of strategic and business plans required to address risk, and the escalation of principle risks and associated assurance to Trust Board.

Responsibility for the implementation of risk management activity has been delegated to the Executive Directors as follows:

- The Chief Nursing officer has responsibility for the professional standards and revalidation of the nursing workforce and allied health professionals, clinical governance, patient safety, staff safety, regulatory compliance and associated risks.
- The Chief Medical Officer has responsibility for the professional standards and revalidation of the medical workforce, research and development, service development, clinical effectiveness, public health and associated risks.
- The Chief Finance Officer has responsibility for financial governance, physical estate and associated risks.
- The Chief People Officer has responsibility for learning and development, equality, diversity and inclusion, workforce management, staff well-being, and associated risks.
- The Deputy Chief Executive Officer has responsibility for site development, business development, digital innovation and associated risks.
- The Chief Information Officer is responsible for information management, information technology, information security and associated risks.

Executive and Non-Executive Directors receive training as part of a scheduled risk and board assurance development session. All staff receive risk management training on various aspects of risk as part of the Trust's induction programme. This training forms part of the mandatory courses provided by the Trust, which all staff undertake on a regular basis. The organisation's Quality and Clinical Governance directorate also provide one-to-one and group risk management training.

The risk assurance framework is scrutinised by the following committees of the Board:

- Audit and Risk Committee (ARC)
- Quality Committee (QC)
- People and Workforce Committee (PODC)
- Finance and Performance Committee (FPC)

The committees and their sub-groups ensure risks and the associated mitigation actions are recognised and good practice is supported across all areas. The scrutiny given by these Committees also assures learning from excellence.

The Trust risk management policy is accessible to all staff via the intranet and aims to provide guidance on the process of risk identification, assessment and the escalation, as appropriate, in accordance with each staff member's level of authority and duties.

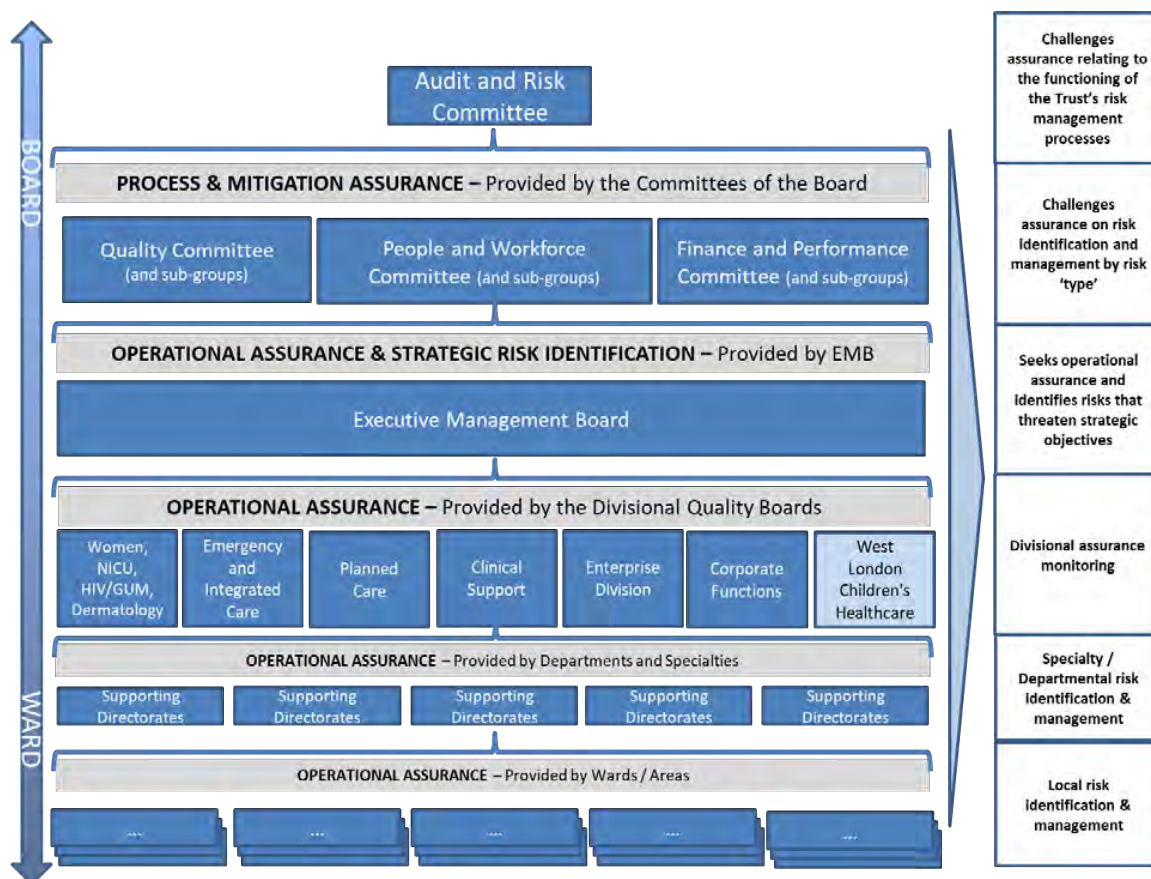
## **Risk and control framework**

The Trust's risk management process is designed to provide a systematic method of identifying risks and determining the most effective means to minimise or remove. Practice is supported through the maintenance of an organisation wide risk register.

Operational risk assurance is provided via the Divisional Quality Boards within the clinical Divisions—these groups ensure the risk register process is embedded and mitigation actions are undertaken within appropriate timescales. Within the Corporate Functions / Non-Clinical Division individual management teams undertake this responsibility with Executive oversight.



Management and mitigation assurance is provided via the committees of the board. All items recorded within the risk register are categorised according to the risk 'subject'—each categorisation is aligned to an Executive Director and a Committee or sub-group who are responsible for measuring risk assurance and supporting mitigation action where required.



While the Trust Board retains overall responsibility, detailed scrutiny of specific areas of the Trust's work, including relevant risks, is provided by Board sub-committees:

- **Quality Committee** assures the Board that quality and safety within the organisation is being delivered to the highest possible standards, and that there are appropriate policies, processes and governance in place to continuously learn and improve care.
- **People and Workforce Committee** assures the Board on matters related to staff, considering the following work areas: people and organisational development strategy and planning, leadership development and talent management, education, skills and capability (clinical and non-clinical, statutory and mandatory), performance, reward and recognition, culture, inclusion equality and diversity, values and engagement, and health and well-being. The committee ensures that there are robust processes in place to identify risks and issues and manage them accordingly. The committee oversees the development and governance of short, medium and long-term workforce strategies to ensure that staffing systems are in place to assure the Board that staffing processes are safe, sustainable and effective and oversees compliance with Developing Workforce Safeguard Standards. The Committee receives regular reports on workforce and people related Key Performance Indicators and Metrics alongside other hard and soft intelligence.

- **Finance and Performance Committee** assures the Board on: financial and investment policy, capital, information management and technology, estates management, and commercial development issues, ensuring the Trust operates in an economic and efficient manner against agreed income and expenditure positions.
- **Audit and Risk Committee** assures the Board that probity and professional judgement is exercised by providing independent and objective review of: financial and corporate governance, assurance processes, risk management across the Trust's clinical and non-clinical activities, and fraud and corruption. The committee is also responsible for measuring assurance in the process for the identification and response to potential conflicts of interest relating to commercial partnership working. In addition, the committee scrutinises the output of all audits undertaken by the Trust internal and external auditors, reporting any risks identified to the Board accordingly, and has an explicit role to assure the Board on the appropriateness and effectiveness of the Trust's Risk Assurance Framework.
- **Nominations and Remuneration Committee** oversees all aspects of the appointment process for executive directors and very senior managers, including: the approval of arrangements for the termination of directorships, determining the remuneration, allowances, pensions, gratuities, and other major contractual terms, and evaluating the performance of individual executive directors.

The Trust control framework ensures the transmission of risk information from ward to board—this process is supported by:

- **Risk appetite statement:** Describes the amount of risk the Board is prepared to take in the pursuit of its objectives and is detailed in our Board Assurance Framework. The Trust's risk appetite varies between objectives and risk type. Our work as a key partner of the North West London Acute Provider Collaborative will lend itself to a review of risk appetite during 2023/24 to ensure it reflects changes in strategy, appetite, and tolerance to risk.
- **Risk management strategy:** Describes the systems of internal controls in place to oversee, monitor and manage risk within the Trust.
- **Risk register:** Documents risks at each level of the Trust, alongside actions to control, mitigate or resolve each risk.
- **Board Assurance Framework (BAF):** Records the principal risks that could substantially impact on the achievement of the Trust's strategic objectives.

The risk management framework informs objective setting, business planning, service delivery, and the routine functioning of the organisation and ensures risk management is an integral part of routine management.

The last internal audit of the organisations risk management framework took place in January 2020. The Head of Internal Audit opinion was that: significant assurance with minor improvements required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. Auditors completed a risk maturity report in 2021 which demonstrated a positive level of risk maturity.

## Identification of risk

There are four principal methods of risk identification used by the Trust:

- Known ongoing inherent risks of which the Trust is aware, which are controlled and managed
- Foreseeable local risks which are inherent and identified proactively by competent persons
- Strategic risks identified by the Board (including the risks associated with complying with the Trust's foundation trust licence)
- Retrospectively realised risks from risk sources

As per the fourth method of risk identification detailed above, risks can be identified from a number of sources, including but not restricted to:

- Recommendations from incident investigations and themes/trends arising from cumulative analysis of incident data
- Risks arising as a result of an external review or inspections
- Recommendations from internal audit reports or other internal or external monitoring reviews, audits, assessments or reports
- Clinical risk assessments
- Non-clinical risk assessments (security, health and safety, health and wellbeing etc.)
- Patient surveys
- Staff surveys
- PALS and complaints key themes
- Risk shared by other NHS organisations and/or other stakeholders/duty holders or authorities

In some cases, through the processes described above, the Trust Board may identify complex risks that affect or involve external organisations, such as local stakeholders within the local healthcare community (ICB, NWL Acute Provider Collaborative, local authorities, CCGs). Where this is the case, the Trust adopts a collaborative approach to its risk mitigation plans, ensuring a transparent and 'joined-up' approach to managing risk, recognising that in some cases the Trust will be limited in the degree of risk mitigation it can achieve as an individual organisation.

## Risk assessment

The purpose of undertaking risk assessments is to effectively manage and control significant risks which are/have been identified/inherited or which are foreseeable in nature, as required by health and safety legislation. Risks are evaluated in order to determine the level of exposure and provide input to decisions on where responses to reduce, accept or avoid risks are necessary/acceptable or likely to be worthwhile.

The evaluation of the risk assessment will involve the analysis of the individual risk to identify the consequences/severity and likelihood of the risk being realised. Within the Trust, the severity and likelihood of risk is given a numeric score based on the following matrix.

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
1 Rare	1 (Low)	2 (Low)	3 (Low)	4 (Medium)	5 (Medium)
2 Unlikely	2 (Low)	4 (Medium)	6 (Medium)	8 (High)	10 (High)
3 Possible	3 (Low)	6 (Medium)	9 (High)	12 (High)	15 (Extreme)
4 Likely	4 (Medium)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)
5 Almost certain	5 (Medium)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)

In addition, the risk register process involves a set of risk metrics pertaining to risk impact and likelihood which helps to improve the robustness of the calculation of risk assessments taking place within the Trust:

Impact level	Descriptor	Risk type			
		Injury	Service delivery	Financial	Reputation/publicity
1	Insignificant	No injuries or injury requiring no treatment or intervention	Service disruption that does not affect patient care	Less than £10,000	Rumours
2	Minor	Minor injury or illness requiring minor intervention <7 days off work if staff	Short disruption to services affecting patient care or intermittent breach of key target	Loss of between £10,000 and £100,000	Local media coverage
3	Moderate	Moderate injury requiring professional intervention RIDDOR reportable incident	Sustained period of disruption to services/ sustained breach of key target	Loss of between £100,001 and £500,000	Local media coverage with reduction in public confidence
4	Major	Major injury leading to long-term incapacity requiring significant increased length of stay	Intermittent failures in a critical service Significant under-performance of a range of key targets	Loss of between £500,001 and £5m	National media coverage and increased level of political/public scrutiny, total loss of public confidence
5	Catastrophic	Incident leading to death Serious incident involving a large number of patients	Permanent closure/ loss of a service	Loss of >£5m	Long term or repeated adverse national publicity Removal of chair/ CEO or executive team

Likelihood level	Descriptor	Range
5	Almost certain	>50%
4	Likely	10–50%
3	Possible	1–10%
2	Unlikely	0.1–1%
1	Rare	<0.1%

Alongside the general risk assessment process the Trust employs, there are also patient- and staff-specific risk assessment forms used at ward/department level in relation to particular risk domains.

The risk register record is structured in a way that requires the recording of a ‘current risk rating’ and a ‘target risk rating’. This allows the Trust to track changes in risk, from risk recognition through to an assessment of the risk post-mitigating actions. In each case, the Trust’s risk ‘appetite’ is determined by the target risk rating —i.e. once the mitigating actions have been implemented successfully and the risk has reduced to the target, the Trust accepts this residual level of risk. However, each time a risk is reviewed and updated, the determination of the Trust’s risk appetite is also reviewed, particularly after new mitigating actions have been identified.

## Principal risks

The Board Assurance Framework (BAF) records the principal risks that could substantially impact compliance with NHS Foundation Trust licence and achievement of the Trust’s strategic objectives. It provides a framework for reporting key information to the Board by identifying primary controls in place to manage strategic objectives, assurance about effectiveness of controls, and any gaps in the controls or assurances.

The Executive Management team prepare and approve the Board Assurance Framework as a means of communicating principal risk. The Committees of the Board receive the Board Assurance Framework at least twice a year to support understanding of principal risks, controls, assurance evidence and assess outcomes of management activity.

Compliance with the NHS provider licence is routinely monitored through the NHS Oversight Framework but, on an annual basis, the licence requires the Trust to self-certify as to whether the organisation has effective systems, governance arrangement, and the resources required to ensure compliance. The 2022/23 self-certification processes concluded that the organisation had taken the necessary precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Principal risks were considered as part of this review and informed by the Board Assurance Framework—no principal risks to compliance were identified.

At January 2023, the following principal risks that could act as barriers to the organisations strategic objectives were reported to the Audit and Risk Committee:

- Failure to ensure the application of clinical and operational processes within an increasingly complex environment could compromise the delivery of outstanding, high quality, safe and patient-centred care.

- Failure to innovate and coproduce quality improvements with our staff, patients, carers and stakeholders/partners could drive health inequalities in outcomes and patient experience.
- Failure to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity.
- Risk that the population's continuously changing need for services exceeds the Trust's capability and capacity to respond in a timely way. Where there are instances of demand outstripping supply, there is a risk that quality and safety of care will be compromised, the needs of service users could be insufficiently met, and this will lead to poorer health outcomes and experiences.
- Insufficient or ineffective planning for current and future workforce requirements (including number of staff, skill-mix and training) may lead to impaired ability to deliver the quantity of healthcare services to the required standards of quality, and inability to achieve the business plan and strategic objectives.
- A failure to look after our staff's physical and mental wellbeing could lead to reduced retention of staff, increased sickness levels, pressure on staff and decreased resilience, poor staff morale, over-reliance on agency staffing at high cost/premiums, potential impairment in service quality, and loss of the Trust's strategic ambition to be the employer of choice.
- Failure to maintain a coherent and coordinated structure and approach to succession planning, organisational development and leadership development may jeopardise the development of robust clinical and non-clinical leadership to support service delivery and change, staff being supported in their career development and to maintain competencies and training attendance, staff retention, and the Trust being a 'well-led' organisation under the CQC domain.
- A failure to develop and maintain our culture in line with the Trust values and the NHS people promise, which includes being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety and wellbeing of staff, working flexibly, supporting learning and development, promoting equality, diversity and inclusivity and fostering a team culture. The absence of this could result in harm to staff, an inability to recruit and retain staff, a workforce which does not reflect Trust and NHS values, and poorer service delivery.
- Failure of the Integrated Care Systems and Provider Collaboratives in which we work to deliver transformation, reduce health inequalities, integrated care, maintain financial equilibrium and share risk responsibly may impact adversely compromising service delivery and the quality of patient care.
- Failure to deliver a fit for purpose digital and physical estate to deliver the Trust's clinical strategy and strategic objectives through ineffective business planning arrangements and/or inadequate mechanisms to track and control delivery of plans and programmes.
- Failure to deliver financial plan and maintain financial sustainability, including, but not limited to non-delivery of CIP savings, budget overspends, underfunding and constraints of block contracts in the context of increasing levels of activity and demand. This could

lead to an inability to deliver core services and health outcomes, financial deficit, intervention by NHS England and Improvement, NWL ICS constraints, and insufficient cash to fund future capital programmes.

- Failure to protect the integrity and security of our information could lead to cyberattacks which could compromise the Trust's infrastructure and ability to deliver services and patient care, data loss or theft affecting patients, staff or finances, reputational damage and/or personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions).
- A failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a Green Plan, and maintain improvements in sustainability in line with national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (30%, 50% and 80% reduction in emissions by 2023, 2025 and 2030, respectively, and net zero carbon by 2040), could lead to a failure to meet Trust and system objectives, reputational damage, loss of contracts, contribution to increased pollution within the wider community, and loss of cost saving opportunities.
- Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and deliver safe and effective services during a widespread and sustained emergency or incident, for example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage, regulator intervention.

## Data security and protection toolkit (DSPT) attainment levels

Information governance is the way organisations process or handle information. It covers information relating to patients and staff, as well as corporate information, and helps ensure the information is handled appropriately and securely with particular emphasis on managing personal data within the data protection legislation.

The DSPT is an online self-assessment tool that enables NHS organisations and their partnering bodies to measure how well they are complying with Department of Health standards on the correct and secure handling of data, and how well they are protecting data from unauthorised access, loss, and damage. It aims to demonstrate how we are implementing the 10 data security standards recommended by the late Dame Fiona Caldicott, the National Data Guardian for health and adult social care. Approximately 70% of the DSPT is related to IT related cyber security.

The attainment level assessed within the DSPT provides an overall measure of the quality of data systems, standards and processes.

The DSPT sets out specific criteria that enable performance to be assessed based on submitted evidence and assertions, resulting in four possible outcomes—standards exceeded, standards met, standards not fully met (plan agreed), and standards not met. For more information about the DSPT please visit [www.dsptoolkit.nhs.uk](http://www.dsptoolkit.nhs.uk).

- **Assessment outcome:** For 2021/22 the Trust achieved 'standards met' and we believe we will again achieve this standard for 2022/23.

## **IG incidents reported to the DSPT**

Information governance incidents of a certain severity need to be reported to the UK data protection regulator, the Information Commissioner's Office (ICO), within 72 hours of discovery. The mechanism for doing this is usually through the incident reporting section of the Data Security and Protection Toolkit (DSPT), where you can also report sub-ICO level serious incidents.

A total of two incidents met the DSPT reporting threshold, with one being escalated to the ICO. The ICO incident was a breach where sensitive information was left on a landline belonging to the parents of the data subject, due to a breakdown in process at the referring organisation and a break with protocol by the Trust. The ICO accepted that the breach occurred as a result of human error and was satisfied that the Trust has appropriate compliance mechanisms in place to protect personal data and that remedial action was quickly taken with little ongoing risk to the data subject. They closed their investigation with no further action being taken.

## **Freedom of information (FOI)**

In the financial year 2022-2023 we received 849 FOI requests up more than 11% on the previous year (762). The act says we must respond to FOI requests within 20 working days and the Trust achieved this in 89.16% of cases, against the ICO minimum acceptable requirement of 90%, down on last year's figure of 91%.

## **General data protection regulation (GDPR)**

GDPR came into force on 25 May 2018 along with the UK interpretation of this legislation, the Data Protection Act 2018. As required by law, we have appointed a Data Protection Officer and are compliant with the core aspects, led in part by work on the DSPT and various other workstreams.

## **Quality governance and performance**

### **Ensuring safe staffing**

The annual safe staffing report was submitted to the Trust Board in September. Safe staffing metrics are reported monthly within the Integrated Performance Report to Executive Management Board, Trust subcommittees and Trust Board, and the National Safe Staffing team. It is noted that compliance with theatres and ICU safe staffing guidance has been added to the report for this year. The Trust is compliant with national requirements and regulations for reporting as laid down by the National Quality Board and the NHSI Developing Workforce Safeguards.

Following a review of safe staffing levels within the Trust for Nursing and Midwifery, Therapies, Pharmacy and Medicine the Chief Nurse and Chief Medical Officer conclude the following:

“As Chief Nurse and Chief Medical Officer for the Trust we confirm that we are satisfied that we currently meet safe staffing standards and compliance with the National Workforce Safeguards Standards 2018. We recognise we currently have partial compliance with elements of the medical and therapy standards. The Trust's focus in 2023 will be:



- Improving compliance in relation to Maternity ratios and staffing recommendations for Neonatal Nursing Staffing Standards
- Focus on staff retention, particularly in therapies, pharmacy and amongst the HCA workforce
- Address the deficit in nursing establishment across the Medical Wards, in business planning or by reviewing the use of the specialising budget
- Review the usage of Mental Health Nurses and Support Workers on the wards and recruit to a central pool of staff to care for a number of these patients
- Continue to develop workforce streams into the various Health Care Support Workers roles within the Trust
- Review the staffing requirements in each division for medical tier 3 cover with an establishment review and job planning
- Work within the NWL Medical Staffing Improvement Programme to develop a collaborative approach to recruitment and retention of medical workforce, use of novel roles and to address temporary staffing issues

## **Data assurance**

The Trust assures the quality and accuracy of elective waiting times data through a combination of regular daily and weekly meetings, and review and sign-off procedures for performance data. The review and sign-off process includes review at the elective access group, Trust executive team meetings, Quality Committee and Trust Board.

We have an advanced feed from the patient administration system (PAS) which is available throughout the Trust and updated daily. Divisional staff and the information team regularly review a suite of reports including more advanced information for elective waiting times and patient-level information. The Trust has a set of training modules available to support staff and is currently undertaking an assessment to further improve staff adoption.

A manual data validation process is undertaken by the information team to review the information entered into the PAS and to investigate the data that underlies reported performance. Identified data issues are logged by the performance team, then investigated and corrected. Recurring issues are subject to root cause analyses, from which corrective action plans are developed to support the relevant services to improve the quality of inputted and reported data.

We have invested significantly in data quality improvement via the electronic patient record (EPR) system. The Trust has had several external bodies auditing our data quality performance which has outlined that we are in line with our peers. A Trustwide data quality group is in place, which provides oversight of data quality policies, strategies and reviews. The data quality group reports into the executive management Board to enable prompt escalation of emerging issues to the Trust Board when required.

All Trust sites use the Datix database system for reporting incidents, which provides a unified approach to aid the review of the information governance (IG) incident management process. IG incidents are summarised and reported to the information governance steering group. The IG team assists IG incident investigations as required and advises on lessons learned from these incidents at departmental meetings and/or via Trustwide communication tools.

## Corporate governance

Details of the corporate governance structure can be found within the accountability report from page 47. It is a fundamental part of our Trust's governance structure that all material risks and issues are scrutinised and monitored by the executive management board, in addition to being reported to Board committees. This includes the key areas of quality, workforce, performance and finance, giving further assurance that the Trust is fully compliant with the Care Quality Commission registration requirements.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the scheme regulations. 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.

There are control measures in place to ensure that the organisation complies with obligations under equality, diversity and human rights legislation. The Trust has implemented a number of equity and diversity programmes to support openness, honesty and transparency. The policy and procedure is maintained by the human resources team and compliance is monitored by the People and Organisational Development Committee.

## Conflicts of interest

The Trust has 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 12 months as required by 'managing conflicts of interest' in the NHS guidance. This can be viewed at [www.chelwest.nhs.uk/corporate-publications](http://www.chelwest.nhs.uk/corporate-publications).

## Climate change and Greener NHS programme

The Trust, with its partners, will continue to pursue its ambition to reduce the impact of our activities on the environment while providing leading sustainable healthcare. This means that the way the Trust operates today must meet the needs of the present, while collaboratively building on a cleaner healthier environment for future generations.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust's Green Plan was approved by the Trust Board in November 2021 and confirms commitment to the NHS *Delivering a Net-Zero Health Service* report and Greener NHS programme, which outlines the NHS's ambition to become the world's first carbon net-zero national health service by 2045. During 2022/23 we supplemented our Green Plan with the first of our Sustainability Strategic Reviews, a complex review of the governance, targets and enabling strategies required to meet our ambitious goals.

As a result of the Strategic Review, our Sustainability Board was reformed with 12 new supporting workstreams:

- Governance and Administration
- Energy and Estates
- Biodiversity and Air Quality
- Procurement and Supply Chain
- Travel and Transport
- Water
- Waste
- Medicines
- Food and Catering
- Behaviour and Engagement
- Innovation
- Adaptation and Resilience

The Board meets every month, and submits reports to Improvement Board, Finance and Performance Committee, and the Trust Board.

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

The Trust Board keeps a regular review of the Trust's use of resources through the integrated quality and performance report in addition to the finance report, which is reviewed at both the Trust Board and both the Trust and Collaborative Finance and Performance Committee. This allows the Trust Board to maintain a 'grip' on financial performance, cost-effectiveness and allows the triangulation of quality, performance, workforce and financial data.

During 2022/23, the Trust has continued to use various benchmarking sources and the improvement board to identify efficiency and productivity opportunities. Where the Trust Board identifies key risks and issues in relation to the Trust's use of resources, it will instruct the Trust and Collaborative Finance and Performance Committees to undertake deep dive reviews of such concerns to ensure that a sufficient degree of assurance can be obtained.

The oversight roles of the Trust Board and Finance and Performance Committee are supplemented by the annual internal audit programme which includes a comprehensive review of the Trust's financial systems and controls.

The governance structure below the Executive Management Board provides opportunities through the divisional boards for divisional quality, financial and operational performance to be reviewed, and monthly reviews with the executive and divisional triumvirate teams allow for regular oversight of the performance within the respective clinical services they provide. The cost improvement programme is monitored through the improvement board, and this is further supplemented by productivity work programmes (such as bed productivity, theatre productivity and outpatient pathway optimisation) and specialty deep dives, which is in addition to the internal audit work undertaken throughout 2022/23.

The detail of the key actions of the internal audit programme can be found in the *Review of effectiveness* section below.

## 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 foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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 audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The clinical audit programme also supports my review of the effectiveness of the system of internal control. A full internal review of each clinical audit is undertaken, and actions taken to address any identified risks and improve the quality of healthcare that is provided.

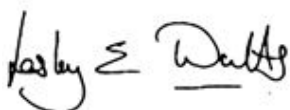
The role of the Board, Audit and Risk Committee, Quality Committee, Finance and Performance Committee and People and Organisational Development Committee in maintaining and reviewing the Trust's systems of internal control is described above. The internal audit programme provides a further mechanism for doing this. BDO, the Trust's internal auditors, identify high, medium and low priority recommendations within their audit reports, which are monitored in an internal audit recommendations tracker, and reviewed frequently by the executive team.

In 2022/23 there were six high-risk recommendations identified by our internal auditors.

The overall head of internal audit opinion for the period 1 Apr 2022–31 Mar 2023 is: Moderate assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently.

## Conclusion

In conclusion, to the best of my knowledge, no significant internal control issues have been identified within 2022/23.



**Lesley Watts**  
Chief Executive Officer

29 June 2023

## **SECTION 3**

# **AUDITOR'S REPORT**

# **Independent auditor's report to the board of governors and board of directors of Chelsea and Westminster Hospital NHS Foundation Trust**

## **Report on the audit of the financial statements**

### **Opinion**

In our opinion the financial statements of Chelsea and Westminster Hospital NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2023 and of the group's and foundation trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the consolidated Statement of Comprehensive Income;
- the group and foundation trust Statements of Financial Position;
- the consolidated Statement of Changes in Equity;
- the foundation trust Statement of Changes in Equity;
- the group and foundation trust Statement of Cash Flows; and
- the related notes 1 to 34.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the Department of Health and Social Care Group Accounting Manual which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

### **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### **Responsibilities of accounting officer**

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation 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 foundation trust without the transfer of the foundation trust's services to another public sector entity.

### **Auditor's responsibilities for the audit of the financial statements**

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud**

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management and local counter fraud about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations and IT specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.



As a result of performing the above, we identified the greatest potential for fraud in the following areas, and our specific procedures performed to address it are described below:

- The continuing high level of expenditure in the current year, and the annual cut-off of capital budgets and requirements of PDC funding increase the risk of amounts being incorrectly capitalised, or of incorrect recognition in the current period. This has been identified as a significant risk due to fraud in light of these factors.

We tested the expenditure on a sample basis to assess whether they meet the relevant accounting requirements to be recognised as capital in nature; we agreed a sample of yearend capital accruals to supporting documentation and assessed whether the capitalised expenditure is recognised in the correcting accounting period. We have tested the transfers out of assets under construction on a sample basis to ensure depreciation is charged from the correct date. We have reviewed the projects ledger and the status of individual projects to evaluate whether they have been depreciated from the appropriate point. We tested a sample of vesting certificates to assess whether they were appropriately accounted for.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

## **Report on other legal and regulatory requirements**

### **Opinions on other matters prescribed by the National Health Service Act 2006**

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception**

#### *Use of resources*

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation 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 foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31

March 2023 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

*Annual Governance Statement and compilation of financial statements*

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

*Reports in the public interest or to the regulator*

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

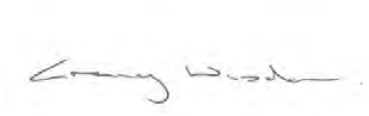
*Delay in certification of completion of the audit*

In cases where we have not completed our work to issue a statement on consolidation schedules and, if applicable, our work on VfM at the time of issue of our audit report on the financial statements:

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report). We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

### **Use of our report**

This report is made solely to the Board of Governors and Board of Directors (“the Boards”) of Chelsea and Westminster Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards 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 Boards as a body, for our audit work, for this report, or for the opinions we have formed.



*Craig Wisdom* (Key Audit Partner)  
For and on behalf of Deloitte LLP  
Appointed Auditor  
St Albans, United Kingdom  
3 July 2023

## **Independent auditor's certificate of completion of the audit**

### **Issue of opinion on the audit of the financial statements**

[to come]

## **SECTION 4**

# **FINANCE**

# **ANNUAL ACCOUNTS 2022/23**

Chelsea and Westminster Hospital NHS Foundation Trust  
Annual accounts for the year ended 31 Mar 2023

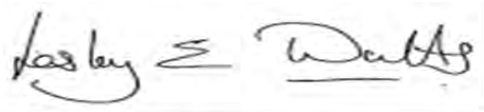


**Foreword to the accounts**

**Chelsea and Westminster Hospital NHS Foundation Trust**

These accounts, for the year ended 31 March 2023, have been prepared by Chelsea and Westminster Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

**Signed**

A handwritten signature in black ink, appearing to read 'Lesley Watts', enclosed in a thin black rectangular border.

**Name** Lesley Watts  
**Job title** Chief Executive Officer  
**Date** 30 June 2023

## Consolidated Statement of Comprehensive Income

	Note	Group	
		2022/23	2021/22
		£000	£000
Operating income from patient care activities	2	770,634	703,160
Other operating income	3	96,538	98,931
Operating expenses	6, 8	(845,317)	(754,633)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>21,855</b>	<b>47,458</b>
Finance income	10	3,961	144
Finance expenses	11	(5,098)	(5,177)
PDC dividends payable		(11,487)	(10,908)
<b>Net finance costs</b>		<b>(12,624)</b>	<b>(15,941)</b>
Other gains / (losses)	12	(334)	(934)
Corporation tax expense		(21)	-
<b>Surplus / (deficit) for the year</b>		<b>8,876</b>	<b>30,583</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairment reversal	7	17,230	3,884
Fair value gains / (losses) on equity instruments designated at fair value through OCI	20	(375)	(5,386)
<b>Total comprehensive income / (expense) for the period</b>		<b>25,731</b>	<b>29,081</b>
<b>Surplus for the period attributable to:</b>			
Chelsea and Westminster Hospital NHS Foundation Trust		8,876	30,583
<b>TOTAL</b>		<b>8,876</b>	<b>30,583</b>
<b>Total comprehensive income/ (expense) for the period attributable to:</b>			
Chelsea and Westminster Hospital NHS Foundation Trust		25,731	29,081
<b>TOTAL</b>		<b>25,731</b>	<b>29,081</b>

*The figures below outline the adjusted financial performance on a control total basis as reported to NHSE. This is part of NHSE's control purposes, rather than set by the Trust.*

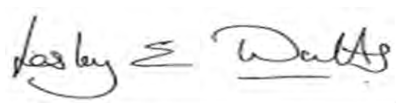
**Adjusted financial performance (control total basis):**

Surplus / (deficit) for the period	8,876	30,583
Remove net impairments not scoring to the Departmental expenditure limit	(6,754)	(30,992)
Remove I&E impact of capital grants and donations	(2,110)	42
Remove net impact of inventories received from DHSC group bodies for COVID response	34	652
Remove loss recognised on return of donated COVID assets to DHSC		1,049
<b>Adjusted financial performance surplus / (deficit)</b>	<b>46</b>	<b>1,334</b>

## Statements of Financial Position

	Note	Group		Trust	
		31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Non-current assets</b>					
Intangible assets	13	36,834	38,484	36,834	38,484
Property, plant and equipment	15	527,562	492,794	527,562	492,794
Right of use assets	19	14,057	-	14,057	-
Other investments / financial assets	20	12	387	3,212	3,587
Receivables	22	1,244	1,322	1,244	1,322
<b>Total non-current assets</b>		<b>579,709</b>	<b>532,987</b>	<b>582,909</b>	<b>536,187</b>
<b>Current assets</b>					
Inventories	21	11,363	8,762	9,448	8,762
Receivables	22	53,229	39,664	52,674	39,664
Cash and cash equivalents	23	160,205	152,817	159,881	149,617
<b>Total current assets</b>		<b>224,797</b>	<b>201,243</b>	<b>222,003</b>	<b>198,043</b>
<b>Current liabilities</b>					
Trade and other payables	24	(129,174)	(104,649)	(129,669)	(104,649)
Borrowings	26	(9,253)	(6,634)	(9,253)	(6,634)
Provisions	27	(15,559)	(12,624)	(15,559)	(12,624)
Other liabilities	25	(26,091)	(20,203)	(26,091)	(20,203)
<b>Total current liabilities</b>		<b>(180,077)</b>	<b>(144,110)</b>	<b>(180,572)</b>	<b>(144,110)</b>
<b>Total assets less current liabilities</b>		<b>624,429</b>	<b>590,120</b>	<b>624,340</b>	<b>590,120</b>
<b>Non-current liabilities</b>					
Borrowings	26	(78,865)	(73,945)	(78,865)	(73,945)
Provisions	27	(8,279)	(8,711)	(8,279)	(8,711)
<b>Total non-current liabilities</b>		<b>(87,144)</b>	<b>(82,656)</b>	<b>(87,144)</b>	<b>(82,656)</b>
<b>Total assets employed</b>		<b>537,285</b>	<b>507,464</b>	<b>537,196</b>	<b>507,464</b>
<b>Financed by</b>					
Public dividend capital		283,689	279,599	283,689	279,599
Revaluation reserve		139,985	122,812	139,985	122,812
Financial assets reserve		(4,510)	(4,135)	(4,510)	(4,135)
Income and expenditure reserve		118,120	109,188	118,031	109,188
<b>Total taxpayers' equity</b>		<b>537,285</b>	<b>507,464</b>	<b>537,196</b>	<b>507,464</b>

The notes on pages 10 to 71 form part of these accounts.



Name  
Position  
Date

**Lesley Watts**  
**Chief Executive Officer**  
**30 June 2023**

### Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

Group	Note	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>		<b>279,599</b>	<b>122,812</b>	<b>(4,135)</b>	<b>109,188</b>	<b>507,464</b>
Surplus/(deficit) for the year		-	-	-	8,876	<b>8,876</b>
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(57)	-	57	-
Impairment reversal	7	-	17,230	-	-	<b>17,230</b>
Fair value gains/(losses) on equity instruments designated at fair value through OCI	20	-	-	(375)	-	<b>(375)</b>
Public dividend capital received		4,090	-	-	-	<b>4,090</b>
<b>Taxpayers' and others' equity at 31 March 2023</b>		<b>283,689</b>	<b>139,985</b>	<b>(4,510)</b>	<b>118,120</b>	<b>537,285</b>

### Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group		Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2021 - brought forward</b>		<b>277,017</b>	<b>118,962</b>	<b>1,252</b>	<b>78,570</b>	<b>475,801</b>
Prior period adjustment		-	-	-	-	-
<b>Taxpayers' and others' equity at 1 April 2021 - restated</b>		<b>277,017</b>	<b>118,962</b>	<b>1,252</b>	<b>78,570</b>	<b>475,801</b>
Surplus/(deficit) for the year		-	-	-	30,583	<b>30,583</b>
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(34)	-	34	-
Impairments	7	-	3,884	-	-	<b>3,884</b>
Fair value gains/(losses) on equity instruments designated at fair value through OCI	20	-	-	(5,386)	-	<b>(5,386)</b>
Public dividend capital received		2,582	-	-	-	<b>2,582</b>
<b>Taxpayers' and others' equity at 31 March 2022</b>		<b>279,599</b>	<b>122,812</b>	<b>(4,135)</b>	<b>109,188</b>	<b>507,464</b>

## Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

Trust	Note	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>		<b>279,599</b>	<b>122,812</b>	<b>(4,135)</b>	<b>109,188</b>	<b>507,464</b>
Surplus/(deficit) for the year		-	-	-	8,787	8,787
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(57)	-	57	-
Impairment reversal	7	-	17,230	-	-	17,230
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	20	-	-	(375)	-	(375)
Public dividend capital repaid		4,090	-	-	-	4,090
<b>Taxpayers' and others' equity at 31 March 2023</b>		<b>283,689</b>	<b>139,985</b>	<b>(4,510)</b>	<b>118,031</b>	<b>537,196</b>

## Statement of Changes in Equity for the year ended 31 March 2022

Trust		Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2021 - brought forward</b>		<b>277,017</b>	<b>118,962</b>	<b>1,252</b>	<b>78,570</b>	<b>475,801</b>
Prior period adjustment		-	-	-	-	-
<b>Taxpayers' and others' equity at 1 April 2021 - restated</b>		<b>277,017</b>	<b>118,962</b>	<b>1,252</b>	<b>78,570</b>	<b>475,801</b>
Surplus/(deficit) for the year		-	-	-	30,583	30,583
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(34)	-	34	-
Impairments	7	-	3,884	-	-	3,884
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	20	-	-	(5,386)	-	(5,386)
Public dividend capital repaid		2,582	-	-	-	2,582
<b>Taxpayers' and others' equity at 31 March 2022</b>		<b>279,599</b>	<b>122,812</b>	<b>(4,135)</b>	<b>109,188</b>	<b>507,464</b>

## **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.

### **Income and expenditure reserve**

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

## Statements of Cash Flows

	Note	Group		Trust	
		2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
<b>Cash flows from operating activities</b>					
Operating surplus		21,294	46,911	21,762	46,364
<b>Non-cash income and expense:</b>					
Depreciation and amortisation	6.1	29,198	24,575	29,198	24,575
Reversal of impairment	7	(6,754)	(30,992)	(6,754)	(30,992)
Income recognised in respect of capital donations	3	(3,109)	(1,006)	(3,109)	(1,006)
(Increase) / decrease in receivables and other assets		(14,090)	7,154	(13,535)	7,154
(Increase) / decrease in inventories		(2,601)	4,198	(686)	4,198
Add back inventory written off in the year		561	547	561	547
Increase in payables and other liabilities		24,333	1,300	24,849	1,300
Increase in provisions		2,503	8,533	2,503	8,533
<b>Net cash used in operating activities</b>		<b>51,335</b>	<b>61,220</b>	<b>54,789</b>	<b>60,673</b>
<b>Cash flows from investing activities</b>					
Interest received		3,408	68	3,408	68
Purchase of intangible assets		(2,640)	(5,872)	(2,640)	(5,872)
Purchase of PPE		(27,411)	(24,250)	(27,411)	(24,250)
Sales of PPE		56	251	56	251
Receipt of cash donations to purchase assets		3,000	564	3,000	564
Cash from acquisitions of subsidiaries		-	-	-	(3,200)
<b>Net cash flows from / (used in) investing activities</b>		<b>(23,587)</b>	<b>(29,239)</b>	<b>(23,587)</b>	<b>(32,439)</b>
<b>Cash flows from financing activities</b>					
Public dividend capital received		4,090	2,582	4,090	2,582
Movement on loans from DHSC		(3,673)	(3,673)	(3,673)	(3,673)
Movement on other loans		(1,342)	(1,310)	(1,342)	(1,310)
Capital element of lease liability repayments		(3,011)	(30)	(3,011)	(30)
Capital element of PFI, LIFT and other service concession payments		(1,318)	(1,372)	(1,318)	(1,372)
Interest on loans		(962)	(1,051)	(962)	(1,051)
Other interest		(3)	(3)	(3)	(3)
Interest paid on lease liability repayments		(116)	(15)	(116)	(15)
Interest paid on PFI, LIFT and other service concession obligations		(4,040)	(4,144)	(4,040)	(4,144)
PDC dividend (paid) / refunded		(9,985)	(11,795)	(9,985)	(11,795)
<b>Net cash flows from / (used in) financing activities</b>		<b>(20,360)</b>	<b>(20,811)</b>	<b>(20,360)</b>	<b>(20,811)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>7,388</b>	<b>11,170</b>	<b>10,842</b>	<b>7,423</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>152,817</b>	<b>141,646</b>	<b>149,070</b>	<b>141,646</b>
<b>Cash and cash equivalents at 31 March</b>	23.1	<b>160,205</b>	<b>152,817</b>	<b>159,912</b>	<b>149,070</b>



## **Notes to the Accounts**

### **Note 1 Accounting policies and other information**

#### **Note 1.1 Basis of preparation**

NHS England 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 2022/23 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**

The Trust has submitted a plan for 2023/24 to generate a breakeven position. As at 31 Mar 2023 the Trust holds £160.2m of cash reserves and has a forecast cash balance of £174.1m at 31 Mar 2024.

The directors are confident that there is a reasonable expectation that the Trust will continue to have adequate cash resources to service its operational activities in cash terms for the next 12 months and into 2024/25. The impact of changes in the funding and cash regime have been taken into account for the Trust's plans and projections, including cash flows, liquidity and income base.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

#### **Note 1.3 Consolidation**

##### **Other subsidiaries**

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

These consolidated financial statements incorporate the financial statements of the Trust and its wholly owned subsidiary, CW Medicine Ltd. Whilst CW Medicines Ltd began trading in April 2022, in March 2022 the Trust purchased £3.2m equity shares in the wholly owned subsidiary. Its primary activity is dispensing medicines to outpatients of the Trust.

All intragroup assets and liabilities, reserves, income, expenses and cash flows relating to transactions between members of the group are eliminated on consolidation.

Profit or loss and each component of other comprehensive income are attributed to the Trust in full.

#### **Note 1.4 Revenue from contracts with customers**

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

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

#### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity. NHS block contract payment are typically paid on 15th of each month.

In 2022/23 fixed payments are set at 2019/20 activity levels with a variable element for elective activity targets. These are termed 'aligned payment and incentive' contracts. Where variable element of API contract was replaced by the Elective Recovery Fund (ERF) nationally: These payments are accompanied by a variable element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price. All activity outside the scope of ERF is paid on block without variance for over or under performance against the block value.

Elective recovery funding provides additional funding (incentive) for the delivery of elective services. In 2022/23 income earned by the system based on achievement of elective recovery targets (104%) was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

#### **Revenue from research contracts**

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

#### **NHS injury cost recovery scheme**

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

#### **Note 1.5 Other forms of income**

### **Grants and donations**

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

### **Apprenticeship service income**

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

## **Note 1.6 Expenditure on employee benefits**

### **Short-term employee benefits**

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

### **Pension costs**

#### *NHS Pension Scheme*

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

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

## **Note 1.7 Expenditure on other goods and services**

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

## **Note 1.8 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### *Subsequent expenditure*

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

### **Measurement**

#### *Valuation*

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

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

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

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

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

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

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 on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

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

#### *Revaluation gains and losses*

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

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

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

#### *Impairments*

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

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

#### **De-recognition**

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

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

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

#### **Donated and grant funded assets**

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

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

This includes assets donated to the trust by the Department of Health and Social Care 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 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 element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

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

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

### Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

### PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16 - Property, Plant & Equipment.

### PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17 - Leases.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

### Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

### 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	2	49
Dwellings	33	33
Plant & machinery	5	15
Transport equipment	5	5
Information technology	3	10
Furniture & fittings	5	10

### Note 1.9 Intangible assets

#### Recognition

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

#### *Internally generated intangible assets*

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

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

#### *Software*

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

#### Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are held at cost less depreciation. 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 on a straight line basis 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	2	10
Software licences	3	10



### **Note 1.10 Inventories**

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

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

### **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 Financial assets and financial liabilities**

#### **Recognition**

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

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

#### **Classification and measurement**

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

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

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure with the exception of Sensyne Health PLC Shares, now called Arcturus Health.

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

#### **Financial assets and financial liabilities at amortised cost**

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

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

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

#### **Financial assets measured at fair value through other comprehensive income**

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

The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: Sensyne Health PLC Shares, now called Arcturis Health.

#### **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).

Credit losses is recognised in line with IFRS 15. Injury costs recovery (ICR) credit losses are recognised as advised by the Compensation Recovery Unit (CRU) at 24.86% for 2022-23. The credit losses for receivables is recognised in line with IFRS 9 of the simplified approach, based on the age and type of each debt. The percentages applied reflect an assessment of the recoverability of each class of debt provisions are charged to operating expenditure. In some cases a specific credit losses applied consider the relevant credit quality of relevant financial assets. Write off of debt will be undertaken only where the Trust has exhausted all means of recovery, this includes on the recommendation of a debt collection agency.

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 1.13 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

#### **The Trust as a lessee**

##### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

##### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

#### **The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

##### *Finance leases*

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

### *Operating leases*

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

### **Initial application of IFRS 16**

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

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

### *The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

### *The Trust as lessor*

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

### *2021/22 comparatives*

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

**Note 1.14 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

**Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 27.3 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 1.15 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 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 28, 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 1.16 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 1.17 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 1.18 Corporation tax**

The trust has determined that it has a corporation tax liability based on the nature of the Trust's business through its Wholly Owned Subsidiary CW Medicines.

**Note 1.19 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

**Note 1.20 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 1.21 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 1.22 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### **Note 1.23 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

### **Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted**

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to [a price index representing the rate of inflation]. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

### **Note 1.25 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:

Independent Montagu Evans were instructed to carry out a desk top valuation of all land and buildings at the Chelsea and West Middlesex sites as at 31 December 2022, as part of the second year of their three year contract with the Trust. The valuation was prepared under the requirements of the DHSC Group Accounting Manual and the RICS Valuation – Global Standard 2021 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FRm). Specialised assets such as hospitals for which no market exists are valued at Depreciated Replacement Cost (DRC) valuation method to arrive at the Modern Equivalent Asset. Other assets are valued at Existing Use Value (EUV) in Current Use.

A majority of the buildings owned by the Trust are specialised assets which have been valued on a Modern Equivalent Asset basis. This requires assumptions to be made about the design of a modern asset with equivalent service potential to the existing asset:

- reviewing the Useful Economic Life of the asset and the residual value at the end of that life;
- revising the areas excluded from the valuation of the Chelsea site (as used by Imperial College rather than the Trust) to reflect current usage, and reassessing the overall layout of an equivalent modern asset;
- excluding recoverable VAT when revaluing PFI buildings on the West Middlesex site reflecting the cost at which the service potential would be replaced by the PFI operator; and
- adopting an "alternative site" basis of valuation for the Chelsea site, and at West Middlesex reducing the area of the site required for the modern equivalent asset on the basis that it would be more efficiently arranged as part of a single holistic design.

Non-specialised assets and land such as the Trust's residential staff accommodation have been valued on an Existing Use Value basis with assessed in line with the Group Accounting Manual.

### **Note 1.26 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:

Disputes with Commissioners

As set out in note 27.1, Management considers the extent to which contractual revenue can be collected. Where the Trust considers there is a risk of non-payment of monies owed Management has made an assessment of the potential recoverability and where it believes there is a risk of dispute it records a provision for contractual dispute. Provisions for the disputes are £4.9m at 31 March 2023 (31 March 2022 £3.6m). Disputes relate to challenges on activity reported and charging that it has not been possible to settle by reference to the contract, under which the Trust has been entitled to the income. The Trust has recognised the income in relation to the disputes in its Statement of Comprehensive Income. The Trust has determined the level of provision on a basis that reflects settlement of the issue for the financial year in which the issue was raised and any subsequent years. Given the Trust has a contract in place the Trust is legally owed the money the Trust has chosen to provide a contractual dispute provision.



#### Recoverability of NHS and Local Authority Debt

The Trust has £12.2m of debt with NHS bodies at 31 March 2023 (2022 £7.9m) and £4.7m of debt with Local Authorities (2022 £6.9m). Management has considered the recoverability of this debt as at 31 March 2023 and has established a level of bad debt provision which is felt adequate to cover the risk of non-recovery.

The Trust has signed contracts with Local Authorities within London which it accounts for under IFRS 15. For contracts with Local Authorities outside of London the Trust also recognises income in accordance with IFRS 15 as it has an implied contract albeit not a signed explicit one.

**Note 2 Operating income from patient care activities (Group)**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

<b>Note 2.1 Income from patient care activities (by nature)</b>	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Acute services</b>		
Income from commissioners under API contracts*	624,416	587,012
High cost drugs income from commissioners (excluding pass-through costs)	44,805	41,184
Other NHS clinical income	991	1,347
<b>Community services</b>		
Income from commissioners under API contracts*	1,735	2,210
<b>All services</b>		
Private patient income	20,097	16,343
Elective recovery fund	19,947	8,904
Agenda for change pay award central funding***	11,485	
Additional pension contribution central funding**	17,005	16,050
Other clinical income	30,153	30,110
<b>Total income from activities</b>	<b>770,634</b>	<b>703,160</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National tariff payments system documentation.

<https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/>

\*\*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.

\*\*\*In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023

**Note 2.2 Income from patient care activities (by source)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Income from patient care activities received from:</b>		
NHS England	196,685	153,889
Clinical commissioning groups	123,212	501,471
Integrated care boards	399,496	-
Other NHS providers	991	1,347
NHS other	-	1
Local authorities	27,247	27,549
Non-NHS: private patients	20,097	16,343
Non-NHS: overseas patients (chargeable to patient)	2,324	1,271
Injury cost recovery scheme	371	1,036
Non NHS: other	211	253
<b>Total income from activities</b>	<b>770,634</b>	<b>703,160</b>
<b>Of which:</b>		
Related to continuing operations	770,634	703,160

**Note 2.3 Overseas visitors (relating to patients charged directly by the provider)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Income recognised this year	2,324	1,271
Cash payments received in-year	1,945	1,207
Amounts added to provision for impairment of receivables	401	796
Amounts written off in-year	1,534	1,617

**Note 3 Other operating income (Group)**

	<b>2022/23</b>			<b>2021/22</b>		
	<b>Contract income</b>	<b>Non-contract income</b>	<b>Total</b>	<b>Contract income</b>	<b>Non-contract income</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Research and development	5,167	1,745	<b>6,912</b>	4,049	3,124	<b>7,173</b>
Education and training	28,257	1,210	<b>29,467</b>	29,124	846	<b>29,970</b>
Non-patient care services to other bodies	13,211		<b>13,211</b>	12,420		<b>12,420</b>
Reimbursement and top up funding	3,129		<b>3,129</b>	18,241		<b>18,241</b>
Income in respect of employee benefits accounted on a gross basis	11,937		<b>11,937</b>	9,248		<b>9,248</b>
Receipt of capital grants and donations and peppercorn leases		3,109	<b>3,109</b>		1,006	<b>1,006</b>
Charitable and other contributions to expenditure		2,424	<b>2,424</b>		2,320	<b>2,320</b>
Revenue from operating leases		125	<b>125</b>		693	<b>693</b>
Other income	26,224	-	<b>26,224</b>	17,860	-	<b>17,860</b>
<b>Total other operating income</b>	<b>87,925</b>	<b>8,613</b>	<b>96,538</b>	<b>90,942</b>	<b>7,989</b>	<b>98,931</b>
<b>Of which:</b>						
Related to continuing operations			96,538			98,931

Other income of £26.2m (2021/22 £17.9m), car parking income £2.7m (2021/22 £2.0m), staff accommodation rental £2.0m (2021/22 £1.7m), Sexual Health E-Services £2.0m (2021/22 £1.8m), RM Partners £1.2m to improve cancer pathways, Clinical Excellence awards £0.4m (2021/22 £0.9m). Items that are specific to 2022/23 and account for the increase from 2021/22 include, Facilities recharge £1.1m, Pathology facilities £2.8m, Monkeypox income loss support £1.0m, ED opt out test £0.6m, Winter pressure £1.8m, ICU beds £1.7m and various departmental schemes.

**Note 4 Income from activities arising from commissioner requested services**

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Income from services designated as commissioner requested services	719,393	655,360
Income from services not designated as commissioner requested services	51,241	47,800
<b>Total</b>	<b><u>770,634</u></b>	<b><u>703,160</u></b>

**Note 5 Operating leases - Chelsea and Westminster Hospital NHS Foundation Trust as lessor**

This note discloses income generated in operating lease agreements where No trust selected is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

The Trust has two lessor agreements on Trust buildings and land. Alliance Medical lease land for their MRI unit and a contract has been agreed in respect of lease charges that takes into consideration charges from the company to the Trust for MRI scans. Hounslow and Richmond Community Healthcare NHS Trust lease land and building for the Urgent Care Centre (UCC).

**Note 5.1 Operating leases income (Group)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	125	693
<b>Total in-year operating lease income</b>	<b>125</b>	<b>693</b>

**Note 5.2 Future lease receipts (Group)**

	<b>31 March</b>
	<b>2023</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2023:</b>	
- not later than one year	125
- later than one year and not later than two years	88
- later than two years and not later than three years	88
- later than three years and not later than four years	88
- later than four years and not later than five years	67
<b>Total</b>	<b>456</b>
	<b>31 March</b>
	<b>2022</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2022:</b>	
- not later than one year;	693
<b>Total</b>	<b>693</b>

**Note 6.1 Operating expenses (Group)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	2,572	3,943
Purchase of healthcare from non-NHS and non-DHSC bodies	9,444	9,818
Staff and executive directors costs	490,611	444,942
Remuneration of non-executive directors	211	142
Supplies and services - clinical (excluding drugs costs)	83,910	82,366
Supplies and services - general	48,293	44,619
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	80,128	69,886
Inventories written down	560	548
Consultancy costs	1,526	1,594
Establishment	3,740	3,186
Premises	21,129	15,339
Transport (including patient travel)	4,612	3,189
Depreciation on property, plant and equipment and right of use assets	22,636	18,221
Amortisation on intangible assets	6,562	6,354
Reversal of impairment	(6,754)	(30,992)
Movement in credit loss allowance: contract receivables / contract assets	293	1,736
Movement in credit loss allowance: all other receivables and investments	35	(143)
Increase/(decrease) in other provisions	3,031	10,841
Fees payable to the external auditor		
audit services- statutory audit	325	155
Internal audit costs	195	246
Clinical negligence	36,221	36,270
Legal fees	263	273
Insurance	213	325
Research and development	4,518	3,795
Education and training	9,292	8,427
Operating leases expenditure (comparative only)		2,618
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	18,213	14,036
Car parking & security	1,549	1,100
Hospitality	73	22
Losses, ex gratia & special payments	942	961
Other services, eg external payroll	609	671
Other	365	145
<b>Total</b>	<b>845,317</b>	<b>754,633</b>
<b>Of which:</b>		
Related to continuing operations	845,317	754,633
Related to discontinued operations	-	-

**Note 6.2 Limitation on auditor's liability (Group)**

There is no limitation on auditor's liability for external audit work carried out for the financial years 2022/23 or 2021/22.

**Note 7 Impairment of assets (Group)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	(6,754)	(30,992)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>(6,754)</b>	<b>(30,992)</b>
Impairments charged to the revaluation reserve	(17,230)	(3,884)
<b>Total net impairments</b>	<b>(23,984)</b>	<b>(34,876)</b>

The position includes impairment of £0.60m and reversal of Impairments of £7.34m arising from the annual valuation exercise of the Trust's estate (based on industry standard indices). This has improved the Trust financial performance, but the gain does not impact the control total, which the Trust is measured against.

**Note 8 Employee benefits (Group)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	386,827	350,945
Social security costs	44,264	38,183
Apprenticeship levy	1,829	1,718
Employer's contributions to NHS pensions	56,005	52,470
Pension cost - other	127	43
Temporary staff (including agency)	17,075	13,522
<b>Total staff costs</b>	<b><u>506,127</u></b>	<b><u>456,881</u></b>
<b>Of which</b>		
Costs capitalised as part of assets	5,346	2,799

**Note 8.1 Retirements due to ill-health (Group)**

During 2022/23 there were 3 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £188k (£133k in 2021/22).

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



## **Note 9 Pension costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://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 for Health and Social Care 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

NEST is the workplace pension set up by the Government. The Trust offers employees the NEST pension scheme alongside the two NHS Pension Schemes. NEST is a defined contribution workplace pension scheme backed by the UK Government. In 2022/23 the Trust paid £60k into NEST. Staff are automatically enrolled into the NHS pension scheme or the NEST scheme unless staff opt out.

**Note 10 Finance income (Group)**

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	3,961	144
<b>Total finance income</b>	<b>3,961</b>	<b>144</b>

**Note 11.1 Finance expenditure (Group)**

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Interest expense:</b>		
Interest on loans from the Department of Health and Social Care	791	853
Interest on other loans	161	191
Interest on lease obligations	118	15
Interest on late payment of commercial debt	3	3
Main finance costs on PFI and LIFT schemes obligations	1,860	2,034
Contingent finance costs on PFI and LIFT scheme obligations	2,165	2,081
<b>Total interest expense</b>	<b>5,098</b>	<b>5,177</b>
Unwinding of discount on provisions	-	-
Other finance costs	-	-
<b>Total finance costs</b>	<b>5,098</b>	<b>5,177</b>

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Total liability accruing in year under this legislation as a result of late payments	876	436
Amounts included within interest payable arising from claims made under this legislation	3	3

**Note 12 Other gains / (losses) (Group)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Gains on disposal of assets	56	148
Losses on disposal of assets	(390)	(1,082)
<b>Total other gains / (losses)</b>	<b>(334)</b>	<b>(934)</b>

The disposal of assets includes intangibles assets of £43k and medical equipment of £347k. The £390k disposal all relates to the transfer of DHSC Covid equipment to other NHS organisations (£136k to Croydon Hospital, £17k to Royal Berkshire and £237k to Frimley Park).

**Note 13.1 Intangible assets - 2022/23**

<b>Group</b>	<b>Software licences</b>	<b>Internally generated information technology</b>	<b>Intangible assets under construction</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	<b>7,911</b>	<b>64,535</b>	<b>1,505</b>	<b>73,951</b>
Additions	-	-	4,955	<b>4,955</b>
Reclassifications	1,794	1,896	(3,690)	-
Disposals / derecognition	(59)	-	-	<b>(59)</b>
<b>Valuation / gross cost at 31 March 2023</b>	<b>9,646</b>	<b>66,431</b>	<b>2,770</b>	<b>78,847</b>
<b>Amortisation at 1 April 2022 - brought forward</b>	<b>5,248</b>	<b>30,219</b>	-	<b>35,467</b>
Provided during the year	911	5,651	-	<b>6,562</b>
Disposals / derecognition	(16)	-	-	<b>(16)</b>
<b>Amortisation at 31 March 2023</b>	<b>6,143</b>	<b>35,870</b>	-	<b>42,013</b>
<b>Net book value at 31 March 2023</b>	<b>3,503</b>	<b>30,561</b>	<b>2,770</b>	<b>36,834</b>
<b>Net book value at 1 April 2022</b>	<b>2,663</b>	<b>34,316</b>	<b>1,505</b>	<b>38,484</b>

**Note 13.2 Intangible assets - 2021/22**

<b>Group</b>	<b>Software licences</b>	<b>Internally generated information technology</b>	<b>Intangible assets under construction</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation / gross cost at 1 April 2021 - as previously stated</b>	<b>6,951</b>	<b>61,013</b>	<b>481</b>	<b>68,445</b>
<b>Valuation / gross cost at 1 April 2021 - restated</b>	<b>6,951</b>	<b>61,013</b>	<b>481</b>	<b>68,445</b>
Additions	-	-	5,506	<b>5,506</b>
Reclassifications	960	3,522	(4,482)	-
<b>Valuation / gross cost at 31 March 2022</b>	<b>7,911</b>	<b>64,535</b>	<b>1,505</b>	<b>73,951</b>
<b>Amortisation at 1 April 2021 - as previously stated</b>	<b>4,372</b>	<b>24,741</b>	-	<b>29,113</b>
Provided during the year	876	5,478	-	<b>6,354</b>
<b>Amortisation at 31 March 2022</b>	<b>5,248</b>	<b>30,219</b>	-	<b>35,467</b>
<b>Net book value at 31 March 2022</b>	<b>2,663</b>	<b>34,316</b>	<b>1,505</b>	<b>38,484</b>
<b>Net book value at 1 April 2021</b>	<b>2,579</b>	<b>36,272</b>	<b>481</b>	<b>39,332</b>

**Note 14.1 Intangible assets - 2022/23**

Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	7,911	64,535	1,505	73,951
<b>Valuation / gross cost at start of period for new FTs</b>	7,911	64,535	1,505	73,951
Additions	-	-	4,955	4,955
Reclassifications	1,794	1,896	(3,690)	-
Disposals / derecognition	(59)	-	-	(59)
<b>Valuation / gross cost at 31 March 2023</b>	<b>9,646</b>	<b>66,431</b>	<b>2,770</b>	<b>78,847</b>
<b>Amortisation at 1 April 2022 - brought forward</b>	<b>5,248</b>	<b>30,219</b>	-	<b>35,467</b>
Provided during the year	911	5,651	-	6,562
Disposals / derecognition	(16)	-	-	(16)
<b>Amortisation at 31 March 2023</b>	<b>6,143</b>	<b>35,870</b>	-	<b>42,013</b>
<b>Net book value at 31 March 2023</b>	<b>3,503</b>	<b>30,561</b>	<b>2,770</b>	<b>36,834</b>
<b>Net book value at 1 April 2022</b>	<b>2,663</b>	<b>34,316</b>	<b>1,505</b>	<b>38,484</b>

**Note 14.2 Intangible assets - 2021/22**

Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2021 - as previously stated</b>	<b>6,951</b>	<b>61,013</b>	<b>481</b>	<b>68,445</b>
<b>Valuation / gross cost at 1 April 2021 - restated</b>	<b>6,951</b>	<b>61,013</b>	<b>481</b>	<b>68,445</b>
Additions	-	-	5,506	5,506
Reclassifications	960	3,522	(4,482)	-
<b>Valuation / gross cost at 31 March 2022</b>	<b>7,911</b>	<b>64,535</b>	<b>1,505</b>	<b>73,951</b>
<b>Amortisation at 1 April 2021 - as previously stated</b>	<b>4,372</b>	<b>24,741</b>	<b>-</b>	<b>29,113</b>
Provided during the year	876	5,478	-	6,354
<b>Amortisation at 31 March 2022</b>	<b>5,248</b>	<b>30,219</b>	<b>-</b>	<b>35,467</b>
<b>Net book value at 31 March 2022</b>	<b>2,663</b>	<b>34,316</b>	<b>1,505</b>	<b>38,484</b>
<b>Net book value at 1 April 2021</b>	<b>2,579</b>	<b>36,272</b>	<b>481</b>	<b>39,332</b>

**Note 15.1 Property, plant and equipment - 2022/23**

<b>Group</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	<b>94,836</b>	<b>343,250</b>	<b>14,777</b>	<b>14,727</b>	<b>87,896</b>	<b>121</b>	<b>22,545</b>	<b>3,665</b>	<b>581,817</b>
Additions	-	-	-	29,358	-	-	1,560	-	<b>30,918</b>
Impairments	-	(596)	-	-	-	-	-	-	<b>(596)</b>
Reversals of impairments	2,559	18,178	3,843	-	-	-	-	-	<b>24,580</b>
Revaluations	-	(11,051)	(437)	-	-	-	-	-	<b>(11,488)</b>
Reclassifications	-	9,781	125	(24,935)	10,458	-	4,562	9	-
Disposals / derecognition	-	-	-	-	(2,952)	-	(87)	-	<b>(3,039)</b>
<b>Valuation/gross cost at 31 March 2023</b>	<b>97,395</b>	<b>359,562</b>	<b>18,308</b>	<b>19,150</b>	<b>95,402</b>	<b>121</b>	<b>28,580</b>	<b>3,674</b>	<b>622,192</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	-	<b>5,257</b>	<b>109</b>	-	<b>63,456</b>	<b>121</b>	<b>16,653</b>	<b>3,427</b>	<b>89,023</b>
Provided during the year	-	11,773	467	-	4,709	-	2,773	65	<b>19,787</b>
Revaluations	-	(11,051)	(437)	-	-	-	-	-	<b>(11,488)</b>
Disposals / derecognition	-	-	-	-	(2,605)	-	(87)	-	<b>(2,692)</b>
<b>Accumulated depreciation at 31 March 2023</b>	-	<b>5,979</b>	<b>139</b>	-	<b>65,560</b>	<b>121</b>	<b>19,339</b>	<b>3,492</b>	<b>94,630</b>
<b>Net book value at 31 March 2023</b>	<b>97,395</b>	<b>353,583</b>	<b>18,169</b>	<b>19,150</b>	<b>29,842</b>	-	<b>9,241</b>	<b>182</b>	<b>527,562</b>
<b>Net book value at 1 April 2022</b>	<b>94,836</b>	<b>337,993</b>	<b>14,668</b>	<b>14,727</b>	<b>24,440</b>	-	<b>5,892</b>	<b>238</b>	<b>492,794</b>

**Note 15.2 Property, plant and equipment - 2021/22**

<b>Group</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation / gross cost at 1 April 2021 - as previously stated</b>	<b>104,033</b>	<b>291,384</b>	<b>13,137</b>	<b>18,525</b>	<b>84,196</b>	<b>121</b>	<b>21,940</b>	<b>3,670</b>	<b>537,006</b>
<b>Valuation / gross cost at 1 April 2021 - restated</b>	<b>104,033</b>	<b>291,384</b>	<b>13,137</b>	<b>18,525</b>	<b>84,196</b>	<b>121</b>	<b>21,940</b>	<b>3,670</b>	<b>537,006</b>
Additions	-	-	-	23,024	102	-	-	-	<b>23,126</b>
Impairments	(10,413)	(10,608)	-	-	-	-	-	-	<b>(21,021)</b>
Reversals of impairments	1,216	52,737	1,944	-	-	-	-	-	<b>55,897</b>
Revaluations	-	(8,974)	(304)	-	-	-	-	-	<b>(9,278)</b>
Reclassifications	-	18,711	-	(26,822)	7,511	-	605	(5)	-
Disposals / derecognition	-	-	-	-	(3,913)	-	-	-	<b>(3,913)</b>
<b>Valuation/gross cost at 31 March 2022</b>	<b>94,836</b>	<b>343,250</b>	<b>14,777</b>	<b>14,727</b>	<b>87,896</b>	<b>121</b>	<b>22,545</b>	<b>3,665</b>	<b>581,817</b>
<b>Accumulated depreciation at 1 April 2021 - as previously stated</b>	<b>-</b>	<b>4,186</b>	<b>76</b>	<b>-</b>	<b>61,142</b>	<b>121</b>	<b>14,006</b>	<b>3,277</b>	<b>82,808</b>
<b>Accumulated depreciation at 1 April 2021 - restated</b>	<b>-</b>	<b>4,186</b>	<b>76</b>	<b>-</b>	<b>61,142</b>	<b>121</b>	<b>14,006</b>	<b>3,277</b>	<b>82,808</b>
Provided during the year	-	10,045	337	-	5,042	-	2,647	150	<b>18,221</b>
Revaluations	-	(8,974)	(304)	-	-	-	-	-	<b>(9,278)</b>
Disposals / derecognition	-	-	-	-	(2,728)	-	-	-	<b>(2,728)</b>
<b>Accumulated depreciation at 31 March 2022</b>	<b>-</b>	<b>5,257</b>	<b>109</b>	<b>-</b>	<b>63,456</b>	<b>121</b>	<b>16,653</b>	<b>3,427</b>	<b>89,023</b>
<b>Net book value at 31 March 2022</b>	<b>94,836</b>	<b>337,993</b>	<b>14,668</b>	<b>14,727</b>	<b>24,440</b>	<b>-</b>	<b>5,892</b>	<b>238</b>	<b>492,794</b>
<b>Net book value at 1 April 2021</b>	<b>104,033</b>	<b>287,198</b>	<b>13,061</b>	<b>18,525</b>	<b>23,054</b>	<b>-</b>	<b>7,934</b>	<b>393</b>	<b>454,198</b>

In 2022/23 the Trust invested £35.9m on capital which included £16.5m on estates works and maintenance across both sites, £6.9m on medical equipment and £10.5m on IT goods and services



**Note 15.3 Property, plant and equipment financing - 31 March 2023**

<b>Group</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned - purchased	97,395	282,552	18,169	19,055	26,773	9,241	182	<b>453,367</b>
On-SoFP PFI contracts and other service concession arrangements	-	56,694	-	-	-	-	-	<b>56,694</b>
Owned - donated/granted	-	14,337	-	95	3,069	-	-	<b>17,501</b>
<b>NBV total at 31 March 2023</b>	<b>97,395</b>	<b>353,583</b>	<b>18,169</b>	<b>19,150</b>	<b>29,842</b>	<b>9,241</b>	<b>182</b>	<b>527,562</b>

**Note 15.4 Property, plant and equipment financing - 31 March 2022**

<b>Group</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned - purchased	94,836	271,032	14,668	14,618	22,952	5,892	238	<b>424,236</b>
Finance leased	-	241	-	-	-	-	-	<b>241</b>
On-SoFP PFI contracts and other service concession arrangements	-	52,764	-	-	-	-	-	<b>52,764</b>
Owned - donated/granted	-	13,956	-	109	1,488	-	-	<b>15,553</b>
<b>NBV total at 31 March 2022</b>	<b>94,836</b>	<b>337,993</b>	<b>14,668</b>	<b>14,727</b>	<b>24,440</b>	<b>5,892</b>	<b>238</b>	<b>492,794</b>

**Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023**

<b>Group</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Subject to an operating lease	-	3,483	-	-	-	-	-	<b>3,483</b>
Not subject to an operating lease	97,395	350,100	18,169	19,150	29,842	9,241	182	<b>524,079</b>
<b>NBV total at 31 March 2023</b>	<b>97,395</b>	<b>353,583</b>	<b>18,169</b>	<b>19,150</b>	<b>29,842</b>	<b>9,241</b>	<b>182</b>	<b>527,562</b>

**Note 16.1 Property, plant and equipment - 2022/23**

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	<b>94,836</b>	<b>343,250</b>	<b>14,777</b>	<b>14,727</b>	<b>87,896</b>	<b>121</b>	<b>22,545</b>	<b>3,665</b>	<b>581,817</b>
Additions	-	-	-	29,358	-	-	1,560	-	30,918
Impairments	-	(596)	-	-	-	-	-	-	(596)
Reversals of impairments	2,559	18,178	3,843	-	-	-	-	-	24,580
Revaluations	-	(11,051)	(437)	-	-	-	-	-	(11,488)
Reclassifications	-	9,781	125	(24,935)	10,458	-	4,562	9	-
Disposals / derecognition	-	-	-	-	(2,952)	-	(87)	-	(3,039)
<b>Valuation/gross cost at 31 March 2023</b>	<b>97,395</b>	<b>359,562</b>	<b>18,308</b>	<b>19,150</b>	<b>95,402</b>	<b>121</b>	<b>28,580</b>	<b>3,674</b>	<b>622,192</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	<b>-</b>	<b>5,257</b>	<b>109</b>	<b>-</b>	<b>63,456</b>	<b>121</b>	<b>16,653</b>	<b>3,427</b>	<b>89,023</b>
Provided during the year	-	11,773	467	-	4,709	-	2,773	65	19,787
Revaluations	-	(11,051)	(437)	-	-	-	-	-	(11,488)
Disposals / derecognition	-	-	-	-	(2,605)	-	(87)	-	(2,692)
<b>Accumulated depreciation at 31 March 2023</b>	<b>-</b>	<b>5,979</b>	<b>139</b>	<b>-</b>	<b>65,560</b>	<b>121</b>	<b>19,339</b>	<b>3,492</b>	<b>94,630</b>
<b>Net book value at 31 March 2023</b>	<b>97,395</b>	<b>353,583</b>	<b>18,169</b>	<b>19,150</b>	<b>29,842</b>	<b>-</b>	<b>9,241</b>	<b>182</b>	<b>527,562</b>
<b>Net book value at 1 April 2022</b>	<b>94,836</b>	<b>337,993</b>	<b>14,668</b>	<b>14,727</b>	<b>24,440</b>	<b>-</b>	<b>5,892</b>	<b>238</b>	<b>492,794</b>

**Note 16.2 Property, plant and equipment - 2021/22**

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2021 - as previously stated</b>	<b>104,033</b>	<b>291,384</b>	<b>13,137</b>	<b>18,525</b>	<b>84,196</b>	<b>121</b>	<b>21,940</b>	<b>3,670</b>	<b>537,006</b>
Additions	-	-	-	23,024	102	-	-	-	23,126
Impairments	(10,413)	(10,608)	-	-	-	-	-	-	(21,021)
Reversals of impairments	1,216	52,737	1,944	-	-	-	-	-	55,897
Revaluations	-	(8,974)	(304)	-	-	-	-	-	(9,278)
Reclassifications	-	18,711	-	(26,822)	7,511	-	605	(5)	-
Disposals / derecognition	-	-	-	-	(3,913)	-	-	-	(3,913)
<b>Valuation/gross cost at 31 March 2022</b>	<b>94,836</b>	<b>343,250</b>	<b>14,777</b>	<b>14,727</b>	<b>87,896</b>	<b>121</b>	<b>22,545</b>	<b>3,665</b>	<b>581,817</b>
<b>Accumulated depreciation at 1 April 2021 - as previously stated</b>	<b>-</b>	<b>4,186</b>	<b>76</b>	<b>-</b>	<b>61,142</b>	<b>121</b>	<b>14,006</b>	<b>3,277</b>	<b>82,808</b>
Provided during the year	-	10,045	337	-	5,042	-	2,647	150	18,221
Revaluations	-	(8,974)	(304)	-	-	-	-	-	(9,278)
Disposals / derecognition	-	-	-	-	(2,728)	-	-	-	(2,728)
<b>Accumulated depreciation at 31 March 2022</b>	<b>-</b>	<b>5,257</b>	<b>109</b>	<b>-</b>	<b>63,456</b>	<b>121</b>	<b>16,653</b>	<b>3,427</b>	<b>89,023</b>
<b>Net book value at 31 March 2022</b>	<b>94,836</b>	<b>337,993</b>	<b>14,668</b>	<b>14,727</b>	<b>24,440</b>	<b>-</b>	<b>5,892</b>	<b>238</b>	<b>492,794</b>
<b>Net book value at 1 April 2021</b>	<b>104,033</b>	<b>287,198</b>	<b>13,061</b>	<b>18,525</b>	<b>23,054</b>	<b>-</b>	<b>7,934</b>	<b>393</b>	<b>454,198</b>

**Note 16.3 Property, plant and equipment financing - 31 March 2023**

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	97,395	282,552	18,169	19,055	26,773	9,241	182	453,367
On-SoFP PFI contracts and other service concession arrangements	-	56,694	-	-	-	-	-	56,694
Owned - donated / granted	-	14,337	-	95	3,069	-	-	17,501
<b>Total net book value at 31 March 2023</b>	<b>97,395</b>	<b>353,583</b>	<b>18,169</b>	<b>19,150</b>	<b>29,842</b>	<b>9,241</b>	<b>182</b>	<b>527,562</b>

**Note 16.4 Property, plant and equipment financing - 31 March 2022**

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	94,836	271,032	14,668	14,618	22,952	5,892	238	424,236
Finance leased	-	241	-	-	-	-	-	241
On-SoFP PFI contracts and other service concession arrangements	-	52,764	-	-	-	-	-	52,764
Owned - donated / granted	-	13,956	-	109	1,488	-	-	15,553
<b>Total net book value at 31 March 2022</b>	<b>94,836</b>	<b>337,993</b>	<b>14,668</b>	<b>14,727</b>	<b>24,440</b>	<b>5,892</b>	<b>238</b>	<b>492,794</b>

**Note 16.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023**

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	3,483	-	-	-	-	-	3,483
Not subject to an operating lease	97,395	350,100	18,169	19,150	29,842	9,241	182	524,079
<b>Total net book value at 31 March 2023</b>	<b>97,395</b>	<b>353,583</b>	<b>18,169</b>	<b>19,150</b>	<b>29,842</b>	<b>9,241</b>	<b>182</b>	<b>527,562</b>

**Note 17 Donations of property, plant and equipment**

The Trust has received donation and grant income of £3,109k in the year.

- £109k donation of (physical) medical equipment from CW+.
- £987k cash grant from NHS North West London ICB for the development of Elective Care Transformation Programme.
- £1,893k cash grant from NHS England for the purchase of medical equipment to support the Gender Affirmation Services (GAS).
- £119k donation of cash, to fund £26k for development of intangibles (from Sensyne Health PLC, now called Arcturis Health) and £93k of plant and equipment (from CW+).

**Note 18 Revaluations of property, plant and equipment**

The Trust instructed Montagu Evans to carry out a revaluation of its property portfolio as at 31 December 2022. The revaluation was predominantly based on modern equivalent asset values using the existing site approach where appropriate. This exercise resulted in an increase in the value of the relative assets of £25.33m, this represents £7.33m reversal of impairment charged to the I&E and £18.00m increase in revaluation reserves in accordance with the Trust's accounting policies and NHS Improvement guidance.

**Note 19 Leases - Chelsea and Westminster Hospital NHS Foundation Trust as a lessee**

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

**Note 19.1 Right of use assets - 2022/23**

Group	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
IFRS 16 implementation - adjustments for existing operating leases / subleases	10,960	4,001	14,961	1,060
Remeasurements of the lease liability	1,945	-	1,945	-
<b>Valuation/gross cost at 31 March 2023</b>	<b>12,905</b>	<b>4,001</b>	<b>16,906</b>	<b>1,060</b>
Provided during the year	2,192	657	2,849	354
<b>Accumulated depreciation at 31 March 2023</b>	<b>2,192</b>	<b>657</b>	<b>2,849</b>	<b>354</b>
<b>Net book value at 31 March 2023</b>	<b>10,713</b>	<b>3,344</b>	<b>14,057</b>	<b>706</b>
Net book value of right of use assets leased from other NHS providers				141
Net book value of right of use assets leased from other DHSC group bodies				565

**Note 19.2 Right of use assets - 2022/23**

Trust	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
IFRS 16 implementation - adjustments for existing operating leases / subleases	10,960	4,001	14,961	1,060
Remeasurements of the lease liability	1,945	-	1,945	-
<b>Valuation/gross cost at 31 March 2023</b>	<b>12,905</b>	<b>4,001</b>	<b>16,906</b>	<b>1,060</b>
Provided during the year	2,192	657	2,849	354
<b>Accumulated depreciation at 31 March 2023</b>	<b>2,192</b>	<b>657</b>	<b>2,849</b>	<b>354</b>
<b>Net book value at 31 March 2023</b>	<b>10,713</b>	<b>3,344</b>	<b>14,057</b>	<b>706</b>
Net book value of right of use assets leased from other NHS providers				141
Net book value of right of use assets leased from other DHSC group bodies				565

**Note 19.3 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note .

	<b>Group</b>	<b>Trust</b>
	<b>2022/23</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 31 March 2022</b>	<b>218</b>	<b>218</b>
IFRS 16 implementation - adjustments for existing operating leases	14,961	14,961
Lease liability remeasurements	1,945	1,945
Interest charge arising in year	118	118
Lease payments (cash outflows)	(3,127)	(3,127)
<b>Carrying value at 31 March 2023</b>	<b>14,115</b>	<b>14,115</b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

**Note 19.4 Maturity analysis of future lease payments at 31 March 2023**

	<b>Group</b>		<b>Trust</b>	
	<b>Total</b>	Of which leased from DHSC group bodies:	<b>Total</b>	Of which leased from DHSC group bodies:
	<b>31 March 2023 £000</b>	<b>31 March 2023 £000</b>	<b>31 March 2023 £000</b>	<b>31 March 2023 £000</b>
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	2,763	358	2,763	358
- later than one year and not later than five years;	8,283	358	8,283	358
- later than five years.	3,532	-	3,532	-
<b>Total gross future lease payments</b>	<b>14,578</b>	<b>716</b>	<b>14,578</b>	<b>716</b>
Finance charges allocated to future periods	(463)	(6)	(463)	(6)
<b>Net lease liabilities at 31 March 2023</b>	<b>14,115</b>	<b>710</b>	<b>14,115</b>	<b>710</b>
<b>Of which:</b>				
- Current	2,763	358	2,763	358
- Non-Current	11,352	352	11,352	352



**Note 19.7 Initial application of IFRS 16 on 1 April 2022**

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 13.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

**Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022**

	<b>Group</b>	<b>Trust</b>
	<b>1 April 2022</b>	<b>1 April 2022</b>
	<b>£000</b>	<b>£000</b>
<b>Operating lease commitments under IAS 17 at 31 March 2022</b>	<b>11,165</b>	<b>11,165</b>
Impact of discounting at the incremental borrowing rate		
<b>IAS 17 operating lease commitment discounted at incremental borrowing rate</b>	<b>10,492</b>	<b>10,492</b>
<b>Less:</b>		
Irrecoverable VAT previously included in IAS 17 commitment	(1,717)	(1,717)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(261)	(261)
<b>Other adjustments:</b>		
Differences in the assessment of the lease term	3,979	3,979
Public sector leases without full documentation previously excluded from operating lease commitments	212	212
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	(2,339)	(2,339)
Finance lease liabilities under IAS 17 as at 31 March 2022	218	218
Other adjustments	4,595	4,595
<b>Total lease liabilities under IFRS 16 as at 1 April 2022</b>	<b><u>15,179</u></b>	<b><u>15,179</u></b>

**Note 20 Other investments / financial assets (non-current)**

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
<b>Carrying value at 1 April - brought forward</b>	<b>387</b>	<b>5,774</b>	<b>3,587</b>	<b>5,774</b>
Movement in fair value through OCI	(375)	(5,386)	(375)	(2,186)
<b>Carrying value at 31 March</b>	<b>12</b>	<b>387</b>	<b>3,212</b>	<b>3,587</b>

The Sensyne Health PLC, now called Arcturis Health, was delisted from the Alternative Investment Market (AIM) in June 2022, thus the Trust recognises Sensyne Health PLC, now called Arcturis Health, shares at the last available share price through OCI. As at 31 March 2023 the Trust recognised the shares at the AIM listed valuation.

**Note 21 Inventories**

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Drugs	6,780	4,001	4,865	4,001
Consumables	4,313	4,594	4,313	4,594
Energy	206	88	206	88
Other	64	79	64	79
<b>Total inventories</b>	<b>11,363</b>	<b>8,762</b>	<b>9,448</b>	<b>8,762</b>

Inventories recognised in expenses for the year were £95,848k (2021/22: £71,844k). Write-down of inventories recognised as expenses for the year were £560k (2021/22: £548k).

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 2022/23 the Trust received £1,858k of items purchased by DHSC (2021/22: £1,746k).

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 22.1 Receivables**

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Current</b>				
Contract receivables	19,745	12,991	19,745	12,991
Contract assets	27,628	24,771	27,628	24,771
Allowance for impaired contract receivables / assets	(6,476)	(8,143)	(6,476)	(8,143)
Allowance for other impaired receivables	(345)	(310)	(345)	(310)
Prepayments (non-PFI)	5,192	3,791	5,192	3,791
Interest receivable	629	76	629	76
PDC dividend receivable	-	1,156	-	1,156
VAT receivable	3,130	1,524	2,575	1,524
Other receivables	3,726	3,808	3,726	3,808
<b>Total current receivables</b>	<b>53,229</b>	<b>39,664</b>	<b>52,674</b>	<b>39,664</b>
<b>Non-current</b>				
Other receivables	1,244	1,322	1,244	1,322
<b>Total non-current receivables</b>	<b>1,244</b>	<b>1,322</b>	<b>1,244</b>	<b>1,322</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>				
Current	25,090	14,150	25,090	14,150
Non-current	1,244	1,322	1,244	1,322

Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. The main change in the increase in contract receivables relates to an income accrual for the 2022/23 non-consolidated pay award of £11.48m.

Non-current receivables includes Clinician Pension tax of £1.2m (2021/22 £1.3m) provided by NHSE, using information provided by the Government Actuaries Department and NHS Business Services Authority. A separate provision is recognised in Payables.

**Note 22.2 Allowances for credit losses - 2022/23**

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
<b>Allowances as at 1 Apr 2022 - brought forward</b>	<b>8,143</b>	<b>310</b>	<b>8,143</b>	<b>310</b>
New allowances arising	1,562	38	1,562	38
Reversals of allowances	(1,269)	(3)	(1,269)	(3)
Utilisation of allowances (write offs)	(1,960)	-	(1,960)	-
<b>Allowances as at 31 Mar 2023</b>	<b>6,476</b>	<b>345</b>	<b>6,476</b>	<b>345</b>

The total balance for allowances contract credit losses includes £1,944k for Overseas patients credit losses (2021/22 £3,020k), £1,169k for NHS (2021/22 £1,609k), £798k for Local Authorities (2021/22 £1,374k), £566k for Private Patient (2021/22 £349k), £1,225k for Road Traffic Accident (RTA) (2021/22 £1,324k), and £774k for Others (2021/22 £468k). Each year the Compensation Recovery Unit (CRU) advises a percentage probability of not receiving the RTA income, for 2022/23 this figure is 24.86%. The total balance for allowances for non-contract credit losses is for salary overpayment of £345k.

Amounts written off in the year that are still subject to enforcement activity is zero.

**Note 22.3 Allowances for credit losses - 2021/22**

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
<b>Allowances as at 1 Apr 2021 - as previously stated</b>	<b>8,493</b>	<b>453</b>	<b>8,493</b>	<b>453</b>
New allowances arising	3,509	203	3,509	203
Reversals of allowances	(1,773)	(346)	(1,773)	(346)
Utilisation of allowances (write offs)	(2,086)	-	(2,086)	-
<b>Allowances as at 31 Mar 2022</b>	<b>8,143</b>	<b>310</b>	<b>8,143</b>	<b>310</b>

**Note 23.1 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.

	<b>Group</b>		<b>Trust</b>	
	<b>2022/23</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April</b>	<b>152,817</b>	<b>141,646</b>	<b>149,617</b>	<b>141,646</b>
Net change in year	7,388	11,171		7,971
<b>At 31 March</b>	<b>160,205</b>	<b>152,817</b>	<b>149,617</b>	<b>149,617</b>
<b>Broken down into:</b>				
Cash at commercial banks and in hand	370	3,240	47	3,240
Cash with the Government Banking Service	159,835	149,577	159,834	146,377
<b>Total cash and cash equivalents as in SoFP</b>	<b>160,205</b>	<b>152,817</b>	<b>159,881</b>	<b>149,617</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>160,205</b>	<b>152,817</b>	<b>159,881</b>	<b>149,617</b>

**Note 24.1 Trade and other payables**

	Group		Trust	
	31 March	31 March	31 March	31 March
	2023	2022	2023	2022
	£000	£000	£000	£000
<b>Current</b>				
Trade payables	19,839	14,607	20,903	14,607
Capital payables	12,075	6,362	12,075	6,362
Accruals	76,487	63,621	75,954	63,621
Social security costs	5,800	5,441	5,794	5,441
Other taxes payable	6,211	5,466	6,204	5,466
PDC dividend payable	346	-	346	-
Pension contributions payable	5,696	5,300	5,694	5,300
Other payables	2,720	3,852	2,699	3,852
<b>Total current trade and other payables</b>	<b>129,174</b>	<b>104,649</b>	<b>129,669</b>	<b>104,649</b>

**Of which payables from NHS and DHSC group bodies:**

Current	8,681	11,351	8,681	11,351
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As of March 31, 2023, Trust's only Trade payables include amount of £4,146k (2022-nil) owed to subsidiary undertaking relating to drugs dispensed to the Trust's outpatients.

**Note 25 Other liabilities**

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Current</b>				
Deferred income: contract liabilities	26,091	20,203	26,091	20,203
<b>Total other current liabilities</b>	<b>26,091</b>	<b>20,203</b>	<b>26,091</b>	<b>20,203</b>

**Note 26 Borrowings**

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Current</b>				
Loans from DHSC	3,753	3,764	3,753	3,764
Other loans	1,381	1,347	1,381	1,347
Lease liabilities*	2,763	32	2,763	32
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	1,356	1,491	1,356	1,491
<b>Total current borrowings</b>	<b>9,253</b>	<b>6,634</b>	<b>9,253</b>	<b>6,634</b>
<b>Non-current</b>				
Loans from DHSC	37,158	40,831	37,158	40,831
Other loans	4,332	5,707	4,332	5,707
Lease liabilities*	11,352	186	11,352	186
Obligations under PFI, LIFT or other service concession contracts	26,023	27,221	26,023	27,221
<b>Total non-current borrowings</b>	<b>78,865</b>	<b>73,945</b>	<b>78,865</b>	<b>73,945</b>

\* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 19.

The Trust has four loans outstanding at the end of the financial year. Three loans are from the Department of Health and Social Care and comprise of one working capital loan and two separate capital investment loans. The working capital loan balance at the end of the year is £29.4m (2021/22 £31.1m) with an interest rate of 1.8%. The capital investment loans have balances of £4.0m (2021/22 £5.5m), with an interest rate of 1.46%, and £7.5m (2021/22 £7.8m), with an interest rate of 2.2%.

In 2018/19 the Trust took out a further loan with Natwest Plc for £10.9m, with an interest rate of 2.44% to purchase the Maternity Modular building on the West Middlesex Site. The outstanding loan at end of year is £5.7m (2021/22 £7.0m).



**Note 26.1 Reconciliation of liabilities arising from financing activities (Group)**

<b>Group - 2022/23</b>	<b>Loans from DHSC £000</b>	<b>Other loans £000</b>	<b>Lease liabilities £000</b>	<b>PFI and LIFT schemes £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2022</b>	<b>44,595</b>	<b>7,054</b>	<b>218</b>	<b>28,712</b>	<b>80,579</b>
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	(3,673)	(1,342)	(3,011)	(1,318)	<b>(9,344)</b>
Financing cash flows - payments of interest	(802)	(160)	(116)	(1,875)	<b>(2,953)</b>
<b>Non-cash movements:</b>					
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	-	14,961	-	<b>14,961</b>
Lease liability remeasurements	-	-	1,945	-	<b>1,945</b>
Application of effective interest rate	791	161	118	1,860	<b>2,930</b>
<b>Carrying value at 31 March 2023</b>	<b>40,911</b>	<b>5,713</b>	<b>14,115</b>	<b>27,379</b>	<b>88,118</b>

<b>Group - 2021/22</b>	<b>Loans from DHSC £000</b>	<b>Other loans £000</b>	<b>Finance leases £000</b>	<b>PFI and LIFT schemes £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2021</b>	<b>48,275</b>	<b>8,364</b>	<b>248</b>	<b>30,113</b>	<b>87,000</b>
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	(3,673)	(1,310)	(30)	(1,372)	<b>(6,385)</b>
Financing cash flows - payments of interest	(860)	(191)	(15)	(2,063)	<b>(3,129)</b>
<b>Non-cash movements:</b>					
Application of effective interest rate	853	191	15	2,034	<b>3,093</b>
<b>Carrying value at 31 March 2022</b>	<b>44,595</b>	<b>7,054</b>	<b>218</b>	<b>28,712</b>	<b>80,579</b>

**Note 26.2 Reconciliation of liabilities arising from financing activities**

<b>Trust - 2022/23</b>	<b>Loans from DHSC £000</b>	<b>Other loans £000</b>	<b>Lease liabilities £000</b>	<b>PFI and LIFT schemes £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2022</b>	<b>44,595</b>	<b>7,054</b>	<b>218</b>	<b>28,712</b>	<b>80,579</b>
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	(3,673)	(1,342)	(3,011)	(1,318)	<b>(9,344)</b>
Financing cash flows - payments of interest	(802)	(160)	(116)	(1,875)	<b>(2,953)</b>
<b>Non-cash movements:</b>					
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	-	14,961	-	<b>14,961</b>
Lease liability remeasurements	-	-	1,945	-	<b>1,945</b>
Application of effective interest rate	791	161	118	1,860	<b>2,930</b>
<b>Carrying value at 31 March 2023</b>	<b>40,911</b>	<b>5,713</b>	<b>14,115</b>	<b>27,379</b>	<b>88,118</b>
<b>Trust - 2021/22</b>	<b>Loans from DHSC £000</b>	<b>Other loans £000</b>	<b>Finance leases £000</b>	<b>PFI and LIFT schemes £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2021</b>	<b>48,275</b>	<b>8,364</b>	<b>248</b>	<b>30,113</b>	<b>87,000</b>
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	(3,673)	(1,310)	(30)	(1,372)	<b>(6,385)</b>
Financing cash flows - payments of interest	(860)	(191)	(15)	(2,063)	<b>(3,129)</b>
<b>Non-cash movements:</b>					
Application of effective interest rate	853	191	15	2,034	<b>3,093</b>
<b>Carrying value at 31 March 2022</b>	<b>44,595</b>	<b>7,054</b>	<b>218</b>	<b>28,712</b>	<b>80,579</b>

**Note 27.1 Provisions for liabilities and charges analysis (Group)**

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
<b>At 1 April 2022</b>	<b>1,319</b>	<b>1,013</b>	<b>1,013</b>	<b>336</b>	<b>17,654</b>	<b>21,335</b>
Arising during the year	4	-	137	38	10,562	10,741
Utilised during the year	(166)	(68)	(217)	-	(3)	(454)
Reversed unused	(76)	(153)	(535)	-	(7,020)	(7,784)
<b>At 31 March 2023</b>	<b>1,081</b>	<b>792</b>	<b>398</b>	<b>374</b>	<b>21,193</b>	<b>23,838</b>
<b>Expected timing of cash flows:</b>						
- not later than one year;	166	68	398	374	14,553	15,559
- later than one year and not later than five years;	639	272	-	-	4,745	5,656
- later than five years.	276	452	-	-	1,895	2,623
<b>Total</b>	<b>1,081</b>	<b>792</b>	<b>398</b>	<b>374</b>	<b>21,193</b>	<b>23,838</b>

Pensions; early departure and Injury benefits. The Trust is responsible for meeting additional costs arising from early departure and injury benefits awards in respect of claims made by employees. The amount disclosed here is discounted to their present value.

Legal claims; this relates to employment tribunals. The amount provided will be subject to tribunal outcomes.

Redundancy; this relates to specific staff, the rate provided are at normal statutory rates.

Other provisions include Contractual disputes, this relate to challenges from Commissioners on pricing, charging and penalties of £4,945k (2021/22 £3,563k), NHS Resolution LTPS Claims of £227k (2021/22 £86k); Dilapidations £1,241k (2021/22 £1,468k); Contractual pay claims £362k (2021/22 £384k); Clinician pension tax £1,255k (2021/22 £1,340k); Liability for Sphere Joint Venture £2,080k (2021/22 £2,080k); Outsourced record management £4,153k (2021/22 £3,826k); Shares for Sensyne Health PLC, now called Arcturis Health, £4,522k and other Contractual claims £2,407k (2021/22 £2,407k).

**Note 27.2 Provisions for liabilities and charges analysis (Trust)**

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
<b>At 1 April 2022</b>	<b>1,319</b>	<b>1,013</b>	<b>1,013</b>	<b>336</b>	<b>17,654</b>	<b>21,335</b>
Arising during the year	4	-	137	38	10,562	<b>10,741</b>
Utilised during the year	(166)	(68)	(217)	-	(3)	<b>(454)</b>
Reversed unused	(76)	(153)	(535)	-	(7,020)	<b>(7,784)</b>
Unwinding of discount	-	-	-	-	-	-
<b>At 31 March 2023</b>	<b>1,081</b>	<b>792</b>	<b>398</b>	<b>374</b>	<b>21,193</b>	<b>23,838</b>
<b>Expected timing of cash flows:</b>						
- not later than one year;	166	68	398	374	14,553	<b>15,559</b>
- later than one year and not later than five years;	639	272	-	-	4,745	<b>5,656</b>
- later than five years.	276	452	-	-	1,895	<b>2,623</b>
<b>Total</b>	<b>1,081</b>	<b>792</b>	<b>398</b>	<b>374</b>	<b>21,193</b>	<b>23,838</b>

Other provisions include Contractual disputes, this relate to challenges from Commissioners on pricing, charging and penalties of £4,945k (2021/22 £3,563k), NHS Resolution LTPS Claims of £227k (2021/22 £86k); Dilapidations £1,241k (2021/22 £1,468k); Contractual pay claims £362k (2021/22 £384k); Clinician pension tax £1,255k (2021/22 £1,340k); Liability for Sphere Joint Venture £2,080k (2021/22 £2,080k); Outsourced record management £4,153k (2021/22 £3,826k); Shares for Sensyne Health PLC £4,522k and other Contractual claims £2,407k (2021/22 £2,407k).

**Note 27.3 Clinical negligence liabilities**

At 31 March 2023, £454,166k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Chelsea and Westminster Hospital NHS Foundation Trust (31 March 2022: £715,185k).

**Note 28 Contingent assets and liabilities**

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Value of contingent liabilities</b>				
NHS Resolution legal claims	(55)	(45)	(55)	(45)
<b>Net value of contingent liabilities</b>	<b>(55)</b>	<b>(45)</b>	<b>(55)</b>	<b>(45)</b>

**Note 29 Contractual capital commitments**

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	6,493	6,159	6,493	6,159
Intangible assets	150	571	150	571
<b>Total</b>	<b>6,643</b>	<b>6,730</b>	<b>6,643</b>	<b>6,730</b>

**Note 30 On-SoFP PFI, LIFT or other service concession arrangements**

**Note 30.1 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:

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>41,218</b>	<b>44,412</b>	<b>41,218</b>	<b>44,412</b>
<b>Of which liabilities are due</b>				
- not later than one year;	3,131	3,352	3,131	3,352
- later than one year and not later than five years;	12,708	12,385	12,708	12,385
- later than five years.	25,379	28,675	25,379	28,675
Finance charges allocated to future periods	(13,839)	(15,700)	(13,839)	(15,700)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>27,379</b>	<b>28,712</b>	<b>27,379</b>	<b>28,712</b>
- not later than one year;	1,356	1,491	1,356	1,491
- later than one year and not later than five years;	6,518	5,802	6,518	5,802
- later than five years.	19,505	21,419	19,505	21,419

**Note 30.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

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

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>223,130</b>	<b>236,709</b>	<b>223,130</b>	<b>236,709</b>
<b>Of which payments are due:</b>				
- not later than one year;	14,903	14,598	14,903	14,598
- later than one year and not later than five years;	64,004	61,932	64,004	61,932
- later than five years.	144,223	160,179	144,223	160,179

**Note 30.3 Analysis of amounts payable to service concession operator**

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

	Group		Trust	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
<b>Unitary payment payable to service concession operator</b>	<b>25,264</b>	<b>20,902</b>	<b>25,264</b>	<b>20,902</b>
<b>Consisting of:</b>				
- Interest charge	1,860	2,034	1,860	2,034
- Repayment of balance sheet obligation	1,318	1,372	1,318	1,372
- Service element and other charges to operating expenditure	18,213	14,036	18,213	14,036
- Capital lifecycle maintenance	1,708	1,379	1,708	1,379
- Contingent rent	2,165	2,081	2,165	2,081
<b>Total amount paid to service concession operator</b>	<b>25,264</b>	<b>20,902</b>	<b>25,264</b>	<b>20,902</b>

The Trust paid £25.3m in the year which represents £10.67m in excess of the contractually committed amount. A significant amount of this excess relates to volume adjusters, that were not included in the contractual commitment. The Trust expects to incur a comparable spend in addition to the contractual liability presented above for 2022/23 in the coming year. Beyond 2023/24, it is not possible to easily estimate any variances to the contracted amount which might be incurred.

## **Note 31 Financial instruments**

### **Note 31.1 Financial risk management**

IAS 32 (Financial Instruments: Disclosure and Presentation), IAS 39 (Financial Instrument Recognition and Measurement) and IFRS 7 (Financial Instruments: Disclosures) require disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities. The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. Because of the continuing service provider relationship the Trust has with healthcare commissioners and the way those healthcare commissioners are financed, the Trust is not exposed to the degree of financial risk faced by non NHS business entities.

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.

#### **Liquidity Risk**

The Trust's net operating costs are mainly incurred under legally binding contracts with commissioners, which are financed from resources voted annually by Parliament. This provides a reliable source of funding stream which significantly reduces the Trust's exposure to liquidity risk.

The Trust also manages liquidity risk by maintaining banking facilities and loan facilities to meet its short and long-term capital requirements through continuous monitoring of forecast and actual cash flows.

In addition to internally generated resources the Trust finances its capital programme through agreed loan facilities with the Independent Trust Financing Facility. The Trust has a working capital facility as at 31 March 2022 but has not drawn down against it.

#### **Credit Risk**

Credit risk exists where the Trust can suffer financial loss through default of contractual obligations by a customer of counterparty.

The policy reflects the position on the causes of debt, the implications of compliance and the need to identify trading counterparties correctly and the varied level of risk associated with them along with the requirement to maintain an adequate bad debt provision. The Trust maintains a bad debt provision rule set which is flexible and reflects the monthly movements on the sales ledger, however it also requires that a line by line review of items to be provided is carried out regularly.

Trade debtors consist of high value transaction with NHS England and ICB commissioners under contractual terms that require settlement of obligation within a time frame established generally by the Department of Health and local authorities under contractual terms although these are subject to individual negotiation. Other trade debtors include private and overseas patients, spread across diverse geographical areas.

Credit risk exposures of monetary financial assets are managed through the Trust's treasury policy which limits the value that can be placed with each approved counterparty to minimise the risk of loss. The counterparties are limited to the approved financial institutions with high credit ratings. Limits are reviewed regularly by senior management.

The majority of the Group's revenue comes from contracts with other public sector bodies, thus the Trust has low exposure to credit risk. The maximum exposure of the Trust to credit risk is equal to the total trade and other receivables within Note 22.

#### **Interest rate risk**

The Trust's borrowings comprise fixed rate loans or interest free loans; the Trust is not therefore exposed to interest rate risk.



**Note 31.2 Carrying values of financial assets (Group)**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018. Comparative disclosure have been prepared under IAS 39 and the measurement categories is consistent to those in prior year.

<b>Carrying values of financial assets as at 31 March 2023</b>	<b>Held at amortised cost</b>	<b>Held at fair value through OCI</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Trade and other receivables excluding non financial assets	44,896	-	<b>44,896</b>
Other investments / financial assets	-	12	<b>12</b>
Cash and cash equivalents	160,205	-	<b>160,205</b>
<b>Total at 31 March 2023</b>	<b>205,101</b>	<b>12</b>	<b>205,113</b>

<b>Carrying values of financial assets as at 31 March 2022</b>	<b>Held at amortised cost</b>	<b>Held at fair value through OCI</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Trade and other receivables excluding non financial assets	33,175	-	<b>33,175</b>
Other investments / financial assets	-	387	<b>387</b>
Cash and cash equivalents	152,817	-	<b>152,817</b>
<b>Total at 31 March 2022</b>	<b>185,992</b>	<b>387</b>	<b>186,379</b>

The Sensyne Health PLC was delisted from Alternative Investment Market (AIM) in June 2022, the Trust recognises Sensyne Health PLC, now called Arcturis Health, shares at the last available share price through OCI. As at 31 March 2023 the Trust recognised the shares at the AIM listed valuation.

**Note 31.3 Carrying values of financial assets (Trust)**

<b>Carrying values of financial assets as at 31 March 2023</b>	<b>Held at amortised cost</b>	<b>Held at fair value through OCI</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Trade and other receivables excluding non financial assets	44,896	-	<b>44,896</b>
Other investments / financial assets	-	12	<b>12</b>
Cash and cash equivalents	159,881	-	<b>159,881</b>
<b>Total at 31 March 2023</b>	<b>204,777</b>	<b>12</b>	<b>204,789</b>

<b>Carrying values of financial assets as at 31 March 2022</b>	<b>Held at amortised cost</b>	<b>Held at fair value through OCI</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Trade and other receivables excluding non financial assets	33,175	-	<b>33,175</b>
Other investments / financial assets	-	387	<b>387</b>
Cash and cash equivalents	149,617	-	<b>149,617</b>
<b>Total at 31 March 2022</b>	<b>182,792</b>	<b>387</b>	<b>183,179</b>

**Note 31.4 Carrying values of financial liabilities (Group)**

<b>Carrying values of financial liabilities as at 31 March 2023</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
Loans from the Department of Health and Social Care	40,911	40,911
Obligations under leases	14,115	14,115
Obligations under PFI, LIFT and other service concessions	27,379	27,379
Other borrowings	5,713	5,713
Trade and other payables excluding non financial liabilities	111,123	111,123
Provisions under contract	11,051	11,051
<b>Total at 31 March 2023</b>	<b>210,292</b>	<b>210,292</b>

<b>Carrying values of financial liabilities as at 31 March 2022</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
Loans from the Department of Health and Social Care	44,595	44,595
Obligations under finance leases	218	218
Obligations under PFI, LIFT and other service concessions	28,712	28,712
Other borrowings	7,054	7,054
Trade and other payables excluding non financial liabilities	88,442	88,442
Provisions under contract	5,701	5,701
<b>Total at 31 March 2022</b>	<b>174,722</b>	<b>174,722</b>

**Note 31.5 Carrying values of financial liabilities (Trust)**

<b>Carrying values of financial liabilities as at 31 March 2023</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
Loans from the Department of Health and Social Care	40,911	40,911
Obligations under leases	14,115	14,115
Obligations under PFI, LIFT and other service concessions	27,379	27,379
Other borrowings	5,713	5,713
Trade and other payables excluding non financial liabilities	111,631	111,631
Provisions under contract	11,051	11,051
<b>Total at 31 March 2023</b>	<b>210,800</b>	<b>210,800</b>

<b>Carrying values of financial liabilities as at 31 March 2022</b>	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
Loans from the Department of Health and Social Care	44,595	44,595
Obligations under finance leases	218	218
Obligations under PFI, LIFT and other service concessions	28,712	28,712
Other borrowings	7,054	7,054
Trade and other payables excluding non financial liabilities	88,442	88,442
Provisions under contract	5,701	5,701
<b>Total at 31 March 2022</b>	<b>174,722</b>	<b>174,722</b>

**Note 31.6 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
In one year or less;	133,976	103,842	130,360	103,842
In more than one year but not more than five years and	38,628	33,487	38,628	33,487
In more than five years.	58,576	61,005	58,576	61,005
<b>Total</b>	<b>231,180</b>	<b>198,334</b>	<b>227,564</b>	<b>198,334</b>

**Note 31.7 Fair values of financial assets and liabilities**

The book value of financial liabilities represents 81% of fair value. The difference is due to future interest costs for loan arrangements. DH Loans book value £40,911k (fair value £47,203k), Commercial Loan book value £5,713k (fair value £6,008k), PFI book value £27,379k (fair value £41,219k) and lease book value £14,115k (fair value £14,578k)

**Note 32 Losses and special payments**

Group and trust	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
<b>Losses</b>				
Bad debts and claims abandoned	1,509	1,956	975	2,599
Stores losses and damage to property	27	561	27	547
<b>Total losses</b>	<b>1,536</b>	<b>2,517</b>	<b>1,002</b>	<b>3,146</b>
<b>Special payments</b>				
Ex-gratia payments	42	435	36	475
<b>Total special payments</b>	<b>42</b>	<b>435</b>	<b>36</b>	<b>475</b>
<b>Total losses and special payments</b>	<b>1,578</b>	<b>2,952</b>	<b>1,038</b>	<b>3,621</b>
Compensation payments received				

Losses and special payments are charged to the relevant headings on an accrual basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risk. *Note; the prior year values have been amended to include 'overtime corrective payments' not previously included.*

There was one individual case over £300k in the year for £362k; this was in relation to all staff receiving a £45 gift voucher as part of a Winter Wellbeing incentive (2021/22 one case for £362k, same gift initiative as 2022/23).

**Note 33 Related parties**

The Trust is a public benefit corporation and has been authorised pursuant to Section 6 of the Health and Social Care (Community Health and Standards) Act 2003. The Department of Health and Social Care is the parent department.

During the year an entity (Travill Construction Ltd) related to a Trust Board member had transactions with the Trust to the value of £146k (£31k 2021/22); an entity (Cerner Limited) related to a Trust Board member had transactions with the Trust to the value of £851k (£893k 2021/22).

During the year the Trust has had a significant number of material transactions with the following Whole Government bodies:

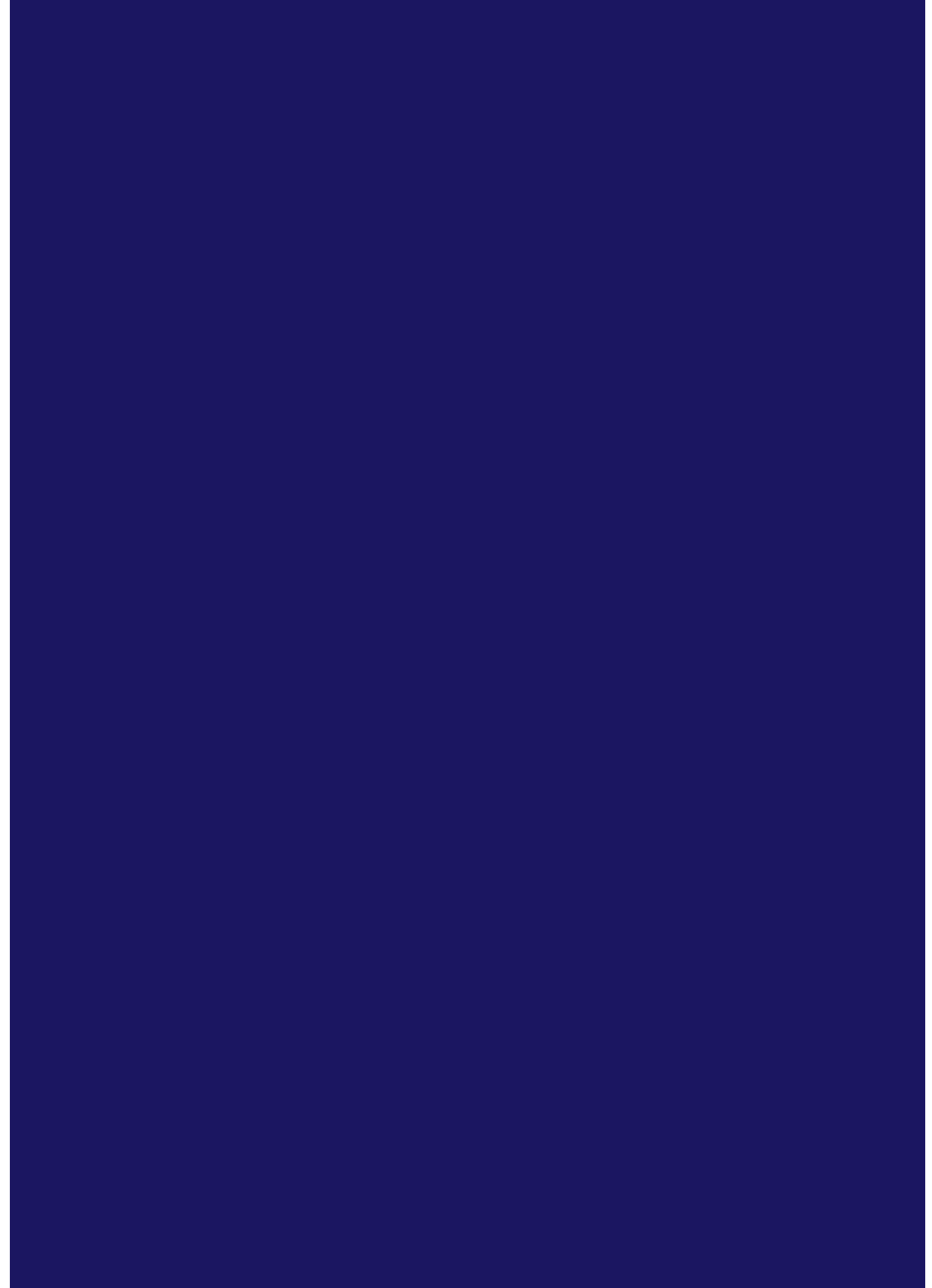
- NHS England
- NHS Integrated Care Boards
- NHS Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Health Education England
- NHS Pension Scheme
- NHS Property Services
- Local Authorities
- Ministry of Defence

In addition to the above the Trust has a number of transactions with CW+ (the official charity partner of the Trust) and Imperial College Health Partners {Academic Health Science Network for North West London} (IChP).

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000s</b>	<b>£000s</b>
<b>CW+</b>		
Receivables	195	72
Payables	157	1
Income	1,394	1,200
Expenditure	536	94
<b>IChP</b>		
Receivables	1,104	801
Payables	0	0
Income	5,493	3,159
Expenditure	97	97

**Note 34 Events after the reporting date**

None





**Chelsea and Westminster Hospital**  
NHS Foundation Trust

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London  
SW10 9NH

**Main Switchboard**  
+44 (0)20 3315 8000

**Website**  
[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)

 [fb.com/chelwest](https://fb.com/chelwest)  
[fb.com/westmidhospital](https://fb.com/westmidhospital)

 [@chelwestft](https://twitter.com/chelwestft)  
[@westmidhospital](https://twitter.com/westmidhospital)

 [@chelwestft](https://www.instagram.com/chelwestft)





<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors, 20 July 2023																
<b>AGENDA ITEM NO.</b>	2.2																
<b>TITLE OF REPORT</b>	Audit and Risk Committee (ARC) Chairman’s Report to Council of Governors																
<b>AUTHOR NAME AND ROLE</b>	Aman Dalvi, Non-Executibe Director																
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Aman Dalvi, Non-Executive Director																
<b>PURPOSE OF REPORT</b> <table border="1" data-bbox="159 869 571 1055"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td>X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> Please tick above and then describe the requirement in the opposite column	Decision/Approval		Assurance		Info Only	X	Advice		To provide an update to the Council of Governors of the Audit and Risk Committee (ARC)								
Decision/Approval																	
Assurance																	
Info Only	X																
Advice																	
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<table border="1"> <thead> <tr> <th>Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>NIL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Committee	Date of Meeting	Outcome	NIL												
Committee	Date of Meeting	Outcome															
NIL																	
<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>ARC is directly accountable to the Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas of governance.</li> </ul>																
<b>KEY RISKS ARISING FROM REPORT</b>																	
<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)																	
Deliver high quality patient centred care	Y																
Be the employer of Choice	Y																
Deliver better care at lower cost																	
<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b> <table border="1" data-bbox="159 1749 810 2031"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td></td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td>Y</td> </tr> </table>	Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance		Finance		Public Consultation		Council of Governors	Y	The Council of Governors have a responsibility for membership engagement and development. This sub-committee holds delegated responsibility for the system to deliver these responsibilities.		
Equality And Diversity																	
Quality																	
People (Workforce or Patients/Families/Carers)																	
Operational Performance																	
Finance																	
Public Consultation																	
Council of Governors	Y																



Tab 2.2 To receive the Annual Report from the Chair of the Audit & Risk Committee (ARC)

<p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	
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<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	



## **Audit and Risk Committee (ARC) Annual Report**

### **July 2023**

#### **The Committee Chairman – Aman Dalvi**

##### **Committee role and membership**

ARC is directly accountable to the Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas of governance. It is the only Board Committee which is made up solely of NEDs (executive directors attend but are not members).

The overall role is well described by the Healthcare Financial Management Association (HFMA):

*“it is the ‘lens’ through which the Board examines the assurances it requires to discharge its duties.”*

To fulfil this role, we are supported by independent advisors who attend all ARC meetings:

External auditors - **Deloitte**

Internal auditors - **BDO**

Counter fraud specialists – **RSM**

BDO and RSM continued in the roles that they took over last year, and I am pleased to say that a good working relationship with them both has continued.

This Committee was joined by two NEDs in September 2023, and they were Catherine Jervis and Syed Mohinuddin, and I would like to thank them for their effective contributions to the committee.

Executive support to this Committee is provided by Virginia Massaro (CFO) and for the period of this report Peter Jenkinson (Director of Corporate Governance). Lesley Watts (CEO) also attends the committee with other members of the executive team.

##### **Committee activities**

The Committee meetings are on a cycle that is geared to the Trusts external reporting timetable, and there are standing items on the ARC agenda which include:

- **External audit** – most importantly the Annual Report and Accounts including the Quality Account but also our External Auditors maintain a watching brief and keep the committee abreast of regulatory requirements and any changes in reporting standards.
- **Internal audit (annual work plan and in-year reporting)** – The non-statutory and discretionary work of the Audit and Risk Committee is agreed by the committee each year, and forms the basis of the Internal Audit Plan carried out by BDO.
- **Scrutinising the Risk Register and Board Assurance Framework** - the ARC’s role is not managing all of the risks, but about providing assurance to Board that the governance processes are in place to ensure that there is effective management of risk across the organisation. Specific risks are scrutinised by the relevant operational board committees.
- **Counter fraud** – agreeing the annual work plan and receiving progress reports at every meeting.

- **Oversight of losses and special payments including the writing off of any bad debts and waivers of Standing Financial Instructions** - the committee reviews reports on these items on a quarterly basis.
- **Cyber Security** –the Committee receives an update which includes a performance dashboard at every meeting.
- **Information Governance** – the committee reviews a full report on this on a half yearly basis.

### **Internal Audit and Counter Fraud**

In 2022/23, we completed a total of 13 reviews (10 assurance reviews and three advisory reviews). The advisory reviews related to HFMA financial sustainability, environmental maturity and the data protection and security toolkit.

For the advisory HFMA Financial Sustainability review, the Trust scored above other Trusts within the benchmarking sample, averaging a score of 4.0 across the eight categories compared to an average score of 3.7.

For the 10 reviews where BDO provided assurance ratings, the majority of the audits were rated substantial in the design of the controls (Substantial: 7 and Moderate: 3) and moderate in the operational effectiveness (Substantial: 4, Moderate: 5 and Limited: 1).

The one limited rating relates to the operating effectiveness of controls over cash payments received from patients. By way of context, overall cash payments make up less than 0.5% of the Trust's total income and this was a targeted audit commissioned by management due to emerging risks being identified.

The overall Internal Audit rating for 2022/23 was "**Moderate**". Moderate assurance is the second highest assurance rating, which reflects in the main that there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not effective, and a small number of exceptions found in testing of the procedures and controls.

RSM also delivered a positive counter fraud report indicating that the counter fraud, bribery and corruption work carried out during 2022/23 had been self-reviewed against the Functional Standard requirements relating to fraud, bribery and corruption and that a green rating was achieved.

2023/24 annual plans for Internal Audit and Counter Fraud have been signed off following consultation with Committee chairs.

### **Annual Report and Accounts**

The Annual Report and Accounts were completed on time and external audit was successfully completed. The July 2023 Audit & Risk Committee approved the annual report and accounts, as well as self-certification on behalf of the Board. This year there was again no requirement for the Quality Account to be audited.

The Governors and members will have the opportunity to formally review the Annual Report and Accounts and to question the External Auditors at the annual members meeting.

**Board Committee Effectiveness**

ARC again oversaw the annual review of the local Trust board committees. A systematic review of their effectiveness and terms of reference was undertaken which included a review of our own work as a committee. The review drew on self-assessment and external comment and provided excellent overall assurance as well as offering helpful insight and ideas for improvement for committee chairs.

**Aman Dalvi**

July 2023

## 2022/23 Internal Audit Programme Summary

Report Issued	Recommendations and significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Patient experience - complaints	0	2	1	Moderate	Moderate
Safeguarding adults	0	10	0	Substantial	Substantial
MCA and consent	0	1	1	Substantial	Moderate
Environmental maturity	2	9	7	N/A – advisory work	N/A - advisory work
Staff health and wellbeing	0	0	1	Substantial	Substantial
HFMA financial sustainability	-	-	-	N/A - advisory work	N/A - advisory work
Serious incidents	0	0	0	Substantial	Substantial
Business continuity planning	1	0	1	Substantial	Moderate
Key financial systems	0	1	2	Substantial	Moderate
Data quality	0	1	1	Substantial	Substantial
Data security and protection toolkit	0	0	2	N/A - advisory work	N/A - advisory work
Cash and patient property	3	5	0	Moderate	Limited
Apprenticeship levy	0	2	1	Moderate	Moderate



<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting, 20 July 2023										
<b>AGENDA ITEM NO.</b>	3.3										
<b>TITLE OF REPORT</b>	Report from the Chair										
<b>AUTHOR NAME AND ROLE</b>	Matthew Swindells, Chair										
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Matthew Swindells, Chair										
<b>PURPOSE OF REPORT</b>	To provide assurance to the Council of Governors on key strategic activities across Chelwest and the North West London Acute Provider Collaborative.										
<table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice				
Decision/Approval											
Assurance	X										
Info Only											
Advice											
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome								
<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>• Governor’s Development Session</li> <li>• Updates on Acute Provider Collaborative</li> <li>• NHS 75<sup>th</sup> Celebrations</li> <li>• NED Appointments</li> </ul>										
<b>KEY RISKS ARISING FROM REPORT</b>											
<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)											
Deliver high quality patient centred care	Y										
Be the employer of Choice	Y										
Deliver better care at lower cost	Y										
<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b>											
Equality And Diversity	Y										
Quality											
People (Workforce or Patients/Families/Carers)	Y										
Operational Performance											
Finance											
Public Consultation											
Council of Governors											
please mark Y/N – where Y is indicated please explain the implications in the opposite column											

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	N/A
Patient Confidentiality	N/A
Staff Confidentiality	N/A
Other Exceptional Circumstances (please describe)	

## Chair's Report – Chelsea and Westminster Council of Governors 20 July 2023

### 1. Minister visit at Chelsea and Westminster

2. Lord Markham CBE, Parliamentary Under Secretary of State at the Department of Health and Social Care, Richard Meddings, Chair of NHSE and Tim Ferris, National Director of Transformation at NHSE recently visited CWFT. They were keen to see first-hand the innovative work we are doing across digital and data to drive improvements in patient pathways and population health in North West London.

### 3. Governor's Development Session

4. On 12 July we held a Council of Governors (COG) development session as a follow up to the session held in April 2023. It was a productive and engaging afternoon, with three key topics for discussion, each led by one of the governors. These focussed on: ensuring balanced representation at the Council, delivering on governors' duties and supporting the governors.
5. Wider engagement and participation was a recurring theme, with some amendments to the staff constituency recommended by the group and suggestions about how to encourage more staff to stand for election. There were lots of ideas about how to broaden the membership more generally, particularly in the Richmond/Hounslow area, with a focus on ensuring greater diversity and a pipeline of candidates for future governors. A more detailed paper outlining the plans will be developed for the next membership and engagement committee meeting, along with a separate COG report setting out proposals for related amendments to the constitution.
6. The group considered the COG committee structure, with a suggestion for incorporating quality into the wider quarterly COG meeting and a more streamlined approach to agenda and forward planning. The group agreed helpful proposals regarding the role of lead governor and succession planning, including establishment of a deputy role. It was agreed to develop a paper setting this out, along with a clearer description of how the role works in practice, was agreed.
7. A new and aligned approach to COG briefing sessions, supporting greater alignment with strategy development and opportunity to explore important issues in a timely way was also proposed – ensuring the valuable contribution of our governors is captured throughout the year.

### 8. The Acute Provider Collaborative

9. As we deepen our ways of working together across the four acute trusts, we continue to evolve our governance and processes. The North West London Acute Provider Collaborative (APC) is still in its early stages but we have achieved a great deal together in the last year, and the sense of team work to address the challenges that the NHS faces and improve care for our residents is palpable.
10. As you may have seen in the July Board in Common (BiC) papers we are making some changes to our structures to enable more collaborative working. Firstly, the Infrastructure and Capital Collaborative Committee will be split into two Committees one of which will focus on Digital and Data and the other on Estates and Sustainability. This is to allow greater focus on the priority programmes of work in these cross cutting areas. We are also establishing a new Executive Management Board (EMB) to support delivery of our joint business plan for 2023/24. The aim is to strengthen collaborative decision-making at executive level, and to ensure focus on delivery of the APC priorities.

### 11. Acute Provider Collaborative Visits

12. On Wednesday 24 May, I joined Caroline Clarke, the new NHS England (NHSE) London Regional Director on a North West London Integrated Care Board (ICB) visit, which was based at the Hillingdon hospital site. We presented on the progress of the hospital and the Acute Provider Collaborative, and then we talked through



the new hospital redevelopment. We were joined by the ICB, the Community and Mental Health Trust, Local Authority and place based leadership, for a discussion on integrated care for local people. Caroline congratulated North West London on the enormous progress made.

13. Also in May, I met with Professor Naomi Low-Ber, Dean of Brunel Medical School and her team. I was given a tour of their new facilities and shown the impressive set up they have at Brunel. I heard about their first year cohort of medical students, many of whom will be doing their residencies at our hospitals.
14. On Tuesday 13 June, I joined the ICHT team for the Paddington Life Sciences launch event, which is a partnership made up of NHS, industry, community and academic organisations with a shared commitment to generating healthcare innovations. It was excellent to hear the exciting opportunities that are being built around Paddington basin and for the benefit of patients across North West London.
15. I went to visit the newly refurbished facilities at Western Eye hospital; I was joined by Councillor Angela Piddock. Clinical director Dr Laura Crawley, general manager Dan Pinnick and divisional director for surgery and cancer Prof Raj Bhattacharya took us on a tour of the refurbished facilities. It was great to see the additional operating theatre, which will be used six days a week, enabling the Western Eye team to treat more patients and reduce the waiting list backlog. All the teams at the Western Eye are once again co-located on Marylebone Road.
16. I also joined Lord Markham when he visited ICHT on Monday 3 July with Nickie Aiken, MP for Cities of London, Westminster, and Felicity Buchan, MP for Kensington. We had a tour of the St Mary's hospital site and discussed the redevelopment and next steps.
17. Linda Burke and I recently went on a visit to Charing Cross hospital to visit the theatres there, we were fortunate to see a DaVinci robot doing a kidney operation. Merlyn Marsden, Hospital Director at Charing Cross Hospital (CXH) hosted us and we met with a few of the team there including Mr David Hrouda, Consultant Urological Surgeon, Clinical Director Specialist Surgery, Mr Monaghan General Manager Specialist Surgery, Mr Laurence Turner, Deputy General Manager Specialist Surgery, Mr Zaid Awad, Consultant Otolaryngologist, Head And Neck Surgeon, Mr James Kinross Consultant Colorectal Surgeon to discuss the ongoing development of leading edge robotic surgery at CXH.

#### **18. Industrial action**

19. In July we have had a five day junior doctor strike and a 48-hour consultants strike. Our priority during this industrial action has been, as ever, to ensure everyone's safety while also supporting the right of our staff to take action if they wish to do so. Leadership teams across the APC have developed rigorous plans including looking at what planned activity we can safely continue. I would just like to add my thanks to everyone involved for ensuring we have been able to continue to provide safe care during the action while also, where relevant, ensuring our staff were able to exercise their right to take action. I know that the decision to take action would not have been taken lightly by any healthcare staff and it is important that we respect one another's decisions and views. I hope that the disputes can be resolved as soon as possible.

#### **20. NHS 75 Celebrations**

21. The NHS had its 75<sup>th</sup> Birthday on Wednesday 5 July; the NHS's founding principles to provide care for all, based on clinical need, free at the point of delivery remain as relevant today as they were in 1948. Our hospitals and our people have played a key role in the NHS throughout its history and we continue to help shape its development. That brings significant challenges as well as opportunities, not least right now. It's important to reflect on what the NHS has achieved, for and with our patients and local communities, to support our aspirations for the future.
22. All four Trusts put on events to celebrate this milestone; I was delighted to join many of the events throughout the week. THHFT had an open day at Mount Vernon where staff and the local community enjoyed a wide variety of stalls highlighting the work the Trust does. ICHT hosted gratitude events at St Mary's, Hammersmith and Charing Cross, showcasing different teams and departments. CWFT ran a week

of events celebrating research, innovation and quality improvement at the Trust. LNWH ran several wellbeing festivals at their three sites, I thoroughly enjoyed delivering 75<sup>th</sup> anniversary cupcakes, as well as being part of the Wellbeing team's tea trolley walk around with Emeisha Joseph-Scarlett and Lucy Hunter at Ealing meeting with staff and patients on the wards, including Raheela Ajmal-Ali, General Manager Head & Neck Directorate.

23. A huge thank you to everyone who was involved in the NHS 75 celebrations, our staff, patients and volunteers across North West London on the landmark birthday. A lot of hard work and effort went into the many events all four Trusts organised, again showing the dedication of our staff and partners to go above and beyond to support the NHS.

#### **24. Appointments and Recruitment**

25. We have some changes to CWFT Board with some NEDs finishing their terms over the next few months and others joining us.
26. As you are aware, we have been busy recruiting Non-Executive Directors (NEDs) to the BiC. I am happy to announce that Patricia Gallan and Baljit Ubhey have joined the Board this month. Patricia is Board member for Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), where she will chair the Finance and Performance Committee, and is board member for THHFT, where she will be a member of the Quality and Safety Committee and the Audit Committee. Patricia has spent the majority of her career as a senior Police Officer in the UK. Baljit is Board member for London North West University Healthcare NHS Trust (LNWH), where she will chair the Audit Committee, and is board member for THHFT, where she will be a member of the Finance & Performance Committee and the People Committee. Baljit has had a long career at the Crown Prosecution Service (CPS), where she is currently Director of Strategy and Policy. I am looking forward to working with them both across the APC.
27. I want to give my thanks to Professor Des Johnston and Professor Andy Bush who will both be stepping down at the end of August as the Academic NEDs on the Board in Common, they have both contributed greatly to ensuring education and training remain a priority for our Trusts. We are currently working with Imperial College who provide the nominations for candidates who sit on the BiC as Academic NEDs and I hope to confirm the new appointments in the near future.

Peter Goldsborough who is a Non-Executive Director on ICHT and CWFT Boards is also stepping down at the end August after seven years, I would like to thank him for his contribution to the BiC, especially in his role as Chair of ICHT Quality Committee and sitting on CWFT Finance and Performance and People trust Boards.



<p><b>TITLE AND DATE</b></p> <p>(of meeting at which the report is to be presented)</p>	<p>Council of Governors Meeting, 20 July 2023</p>										
<p><b>AGENDA ITEM NO.</b></p>	<p>3.4</p>										
<p><b>TITLE OF REPORT</b></p>	<p>Chief Executive's Report</p>										
<p><b>AUTHOR NAME AND ROLE</b></p>	<p>Emer Delaney, Director of Communications</p>										
<p><b>ACCOUNTABLE EXECUTIVE DIRECTOR</b></p>	<p>Lesley Watts, Chief Executive Officer</p>										
<p><b>THE PURPOSE OF THE REPORT</b></p> <table border="1" data-bbox="248 1093 630 1290"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		<p>This report provides Governors with assurance on key operational and strategic issues pertinent to Chelsea and Westminster Hospital NHS Foundation Trust</p>		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
<p><b>REPORT HISTORY</b></p> <p>Committees/Meetings where this item has been considered)</p>	<p>Name of Committee</p>	<p>Date of Meeting</p>	<p>Outcome</p>								
	<p>North West London Acute Provider Collaborative Board in Common</p>	<p>18.03.23</p>	<p>Noted</p>								

<p><b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b></p>	<ul style="list-style-type: none"> <li>Trust quality priorities for 2023/24 are aligned to our quality strategy, supported by the Trust Board and our Council of Governors.</li> <li>Following the CQC inspection in February, our maternity service has maintained their overall ratings of 'Outstanding' at West Middlesex and 'Good' at Chelsea and Westminster.</li> <li>Updates on Operational Performance and Financial Performance</li> <li>Update regarding Equality, Diversity and Inclusion (EDI)</li> <li>30th anniversary celebrations of Chelsea and Westminster Hospital</li> </ul>										
<p><b>KEY RISKS ARISING FROM THIS REPORT</b></p>											
<p><b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b></p>											
<p>Deliver high quality patient centred care</p>	<p>Y</p>										
<p>Be the employer of Choice</p>	<p>Y</p>										
<p>Deliver better care at lower cost</p>	<p>Y</p>										
<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1" data-bbox="245 1568 667 1917"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td></td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> </table>	Equality And Diversity		Quality		People (Workforce or Patients/ Families/Carers)		Operational Performance		Finance		
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Public Consultation		
Council of Governors		
<p>please mark Y/N – where Y is indicated                  please explain the implications in the                  opposite column</p>		

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	NA
Patient Confidentiality	NA
Staff Confidentiality	NA
Other Exceptional Circumstances (please describe)	NA



## Chief Executive Officer's Report – Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts  
Job title: Chief Executive Officer

### Executive summary and key messages

#### 1. Key messages

- 1.1. It has been a busy and varied quarter for the Trust, with the opening of a new NHS England-funded discharge lounge at West Middlesex; the launch of a £30m fundraising campaign to mark Chelsea's 30<sup>th</sup> anniversary; pioneering 'super-surgery' and research in women's health; and two periods of industrial action.
- 1.2. While the industrial action, coupled with sustained demand across the sector, had an impact we were largely able to manage patient flow effectively, deliver safe urgent and emergency care and sustain some elective activity. I am extremely grateful to our staff for their outstanding contribution and teamwork in ensuring patient safety and timely care during the ongoing industrial action.
- 1.3. The pressure on urgent and emergency care was also felt during the June heatwave and exceptionally high pollen count, which saw a spike in demand across the capital. On one day during this period, our EDs and UTCs saw attendances of 1450 patients—618 patients at Chelsea and 856 at West Middlesex. These are the highest numbers we've ever seen.
- 1.4. We were better equipped to manage these challenges as a result of the interventions put in place by our EDs, including Fit to Sit, Navigation at Triage, and the Same Day Emergency Care (SDEC) service.
- 1.5. During this period, we have continued to closely monitor elective waits and deliver interventions to address these.

#### 2. Quality and Safety

2.1. Our Trust quality priorities for 2023/24 are aligned to our quality strategy, supported by the Trust Board and our Council of Governors. Our 2023/24 quality priorities are:

- **End of life care:** Supporting people in their last months or years of life
- **Effective discharge:** Enabling safe and timely discharge
- **Frailty care:** Improving the identification and care of frail patients
- **Patient safety incident response framework:** Enhancing patient safety through learning and improvement.

We continue to be committed to the delivery of a comprehensive quality improvement programme that will achieve these priorities and improve patient care, patient experience, and the Trust's culture and environment. The quality priorities are monitored on a monthly basis at the Improvement and the Trust Executive Boards and each have individual project plans.

- 2.2. Following CQC inspection in February as part of a national programme, our maternity service received its rating in May. Both sites have maintained their overall ratings of 'Outstanding' at West Middlesex and 'Good' at Chelsea and Westminster, confirming the continued quality and safety work that has taken place since the 2019 inspection that enabled us to maintain our ratings, with six areas of outstanding practice identified. An action plan has been formulated to track areas for improvement – with many actions already complete. Inspectors were particularly complementary about our work to reduce health inequalities for people who use our service, and for staff.
- 2.3. The Trust is actively participating in the CQUIN programme in 2023/24. Eight CQUINS are relevant and being taken forward. In most areas data are retrieved from digital processes and solutions are being explored across the acute collaborative to support clinicians in this work.
- 2.4. The completion of the Quality Account for 2022/23 is underway to meet the national timescales.

### **3. Infection Control**

- 3.1. From 1 April – June 27 2023 the Trust reported 0 MRSA blood stream infections, bringing the Trust to a total of 0 cases to date this financial year.
- 3.2. Our CDI threshold for the 2023/24 financial year has been set at 25 cases. To date (1 April – 27 June 2023) there have been 7 Trust apportioned cases. RCA meetings have been held for 6 of the cases with no lapses in care contributing to the development of CDI identified.
- 3.3. As E.coli bacteraemia cases increase across the sector, we continue to work closely with sector colleagues to identify and establish improvement work streams with primary care - an example being the implementation of a standard catheter passport given the number of cases that are linked to catheters.
- 3.4. The infection prevention and control team continues with a programme of education and reviews of clinical practice focusing on the management of invasive devices.

### **4. Operational performance**

- 4.1. In May, our A&E 4-hour performance improved to 81%, with attendances increasing across all areas. We achieved national targets for cancer two-week wait referrals and the 31-Day Faster Diagnostic Standard (FDS).
- 4.2. Activity levels improved in month, and the Trust neared or met operational plans for both admitted and non-admitted activity. Divisions also delivered activity recovery plans for specialities most impacted by industrial action in April.



4.3. The Trust's position of patients waiting over 18 weeks for treatment has seen a small improvement in month. Efforts continue to eliminate long waiting patients and these numbers remain stable.

4.4. For diagnostic waits less than 6 weeks, the Trust was compliant with the national standard in May, despite an extremely busy month. The Trust recovery plan remains in place to continue to increase capacity into the summer to clear the backlog and we are on track for returning to delivering our internal stretch standard at 99% in July/August.

## **5. Finance performance**

5.1. We are reporting a £1.6m deficit position for the year to date as at the end of May 2023, which is £1.8m behind plan, but we are still forecasting to deliver our breakeven plan for the financial year 2023/24. We are working across the Trust to improve CIPs to manage this deficit.

5.2. As at the end of May 2023, the year to date capital expenditure was £3.0m. The forecast gross capital spend for 2023/24 is £48.2m and is on track to be delivered. The Trust had a higher than planned cash balance of £162.3m at the end of May 2023 (£2.0m above planned levels).

5.3. The Trust submitted a breakeven plan for 2023/24, which included an efficiency programme of £23.5m and achievement of elective recovery funding (ERF) for meeting 112% of 2019/20 activity on a value weighted basis.

## **6. People**

6.1. Osian Powell has been appointed as the Divisional Director for the Planned Care Division. Alongside day to day oversight of the division, Osian will oversee major projects including the shared delivery of the North West London Elective Orthopaedic Centre and the new Treatment Centre at Chelsea and Westminster Hospital.

6.2. Melanie van Limborgh has returned to Chelsea and Westminster after completing a secondment at the Hillingdon Hospitals NHS Foundation Trust as Chief Nurse. She is based within the Corporate Nursing Team as Director of Nursing - Patient Safety and Compliance.

## **7. Equality, Diversity and Inclusion (EDI) update**

7.1. The Trust has established a new EDI sub group will enable the Trust's delivery against the Public Sector Equality Duty and continue to embed the Trust's commitment to improving equality, diversity and inclusion, towards better health outcomes for patients and people experience for staff. In doing so, it will enable an inclusive culture that values diversity, strives to achieve equity and achieves zero tolerance to any form of harassment and or discrimination.

- 7.2. We were proud to commemorate the 75<sup>th</sup> anniversary of the arrival of the Empire Windrush, with many of its passengers forming part of the first NHS workforce. To mark the occasion, our staff network and communications team delivered a range of activities, including information stalls, Caribbean food and music on hospital radio. The experiences of staff with connections to Windrush were shared through communications channels, including an interview with staff nurse Ceila Powell on Channel 5 news.
- 7.3. Windrush day also saw the formal launch of ENRICH—our staff Equality Network for Race, Inclusion and Cultural Heritage (formerly the BAME network). Members of the network visited wards and services across the Trust to speak to colleagues about their work and how to get involved.
- 7.4. On Saturday 1 July the Trust will march at the London Pride parade. This is the second year that the Trust (as a whole) has had a presence at Pride, and for the first time staff will travel on a branded float. This is an important opportunity to demonstrate our solidarity with the LGBTQ+ community and highlight our role as a national leader in sexual health and gender services.
- 7.5. Our Maternity Cultural Safety Champions continue to be recognised for their exemplary work on anti-racism and LGBTQ+ birthing training. Our maternity services are the first in London to be awarded the Capital Midwives Anti-Racism Bronze award, and the service has also recently won the Nursing Standard Dame Elizabeth Anionwu award for inclusivity.

## 8. Trust highlights

- 8.1. On Thursday 25 May, Chelsea and Westminster Hospital proudly celebrated its 30th anniversary—with Premier League footballers, celebrities, staff and patients involved in the birthday celebrations. To kick-off the festivities, the hospital's youngest patients received a visit from Chelsea FC players, followed by a special training session with the team. The birthday also saw the launch of our hospital charity's most ambitious fundraising campaign to date. More than 60 staff helped to launch this today by abseiling down the hospital building, raising more than £45,000.
- 8.2. In May, surgeons at Chelsea and Westminster Hospital used robotic innovation to operate on a record number of women living with endometriosis - performing a staggering 24 surgical procedures in a single weekend. Such high intensity procedures are rarely performed in gynaecology theatres in the UK, marking a landmark moment for our Trust as we pioneer new research and treatment for endometriosis. This formed part of a Channel 4 news feature and a film for the Department of Health and Social Care.
- 8.3. NHS England has awarded our Trust the contract to deliver TransPlus – the first integrated gender, sexual health and HIV service to be commissioned in England. Since 2020, it has delivered invaluable care and support to over 700 patients – including diagnosing gender dysphoria, hormone initiation and monitoring, speech and language therapy, and surgical referral alongside an extensive wellbeing programme.
- 8.4. The new discharge lounge facility at West Middlesex has received national recognition from the Department for Health and Social Care (DHSC), with Ministers sharing it as an

exemplar. The facilities were developed following a successful £1m bid to the NHS England support fund earlier this year—enabling our Trust to improve the quality of care and experience for patients.

8.5. On 5 July, we will celebrate 75 years of the NHS. To mark this, the Mayor of Hounslow, other invited guests, staff and patients will attend the official opening of a new multi-purpose garden area at West Middlesex Hospital. The Trust will feature in a special BBC documentary on NHS75 with comedian Bill Bailey, and the experiences of our staff who worked through the pandemic will be broadcast on a BBC Radio 4 programme to commemorate the occasion. Chelsea and Westminster was also chosen as the site for the national media launch of the NHS75 'Big Tea', which involved staff and patients.

## 9. Annual Members meeting 2023

9.1. Our Annual Members meeting will be held on 20 July 2023. This will be a remote meeting, with members and the public invited to join online.

## 10. Research and innovation

10.1. In June, we were proud to host the London Accelerating FemTech event to highlight this new initiative and shine a spotlight on the importance of women's health. The event included a range of experts and innovators, including our clinicians Professor Marta Boffito, Natalie Nunes, and Natasha Singh. It examined how clinicians and innovators are working together to address the changing health needs of women and girls throughout their lives.

10.2. Research, Innovation and Quality Improvement (RIQI) week is taking place from 3–6 July, where we will be showcasing best practice across the Trust via in-person and live-streamed events.

## 11. Stakeholder engagement

11.1. Below is a summary of significant meetings and communications with key stakeholders:

- Monthly Patient and Public Engagement and Experience Group (PPEEG)
- Endometriosis engagement event - 26 April
- Ruth Cadbury MP visit to West Middlesex on women's health – 15 May
- Acute provider collaborative insight meeting - 19 May
- Hounslow Borough Based Partnership Meeting - 6 June
- Community engagement event (volunteering)– 6 June
- Andy Slaughter MP visit to 10 Hammersmith Broadway on sexual health – 10 June
- North West London Elective Orthopaedic Centre public webinar - 20 June
- Lord Markham (Parliamentary Under Secretary of State for Health and Social Care), Richard Meddings (Chair, NHS England), and Tim Ferris (National Director of Transformation) visit on digital operations – 30 June

## 12. Recognition and celebrating success

- 12.1. Our digital preoperative assessment triage has been held up as an exemplar by NHS England, and published as a best practice case study. The initiative is improving patient experience and waiting times.
- 12.2. Lauren Trepte, a Clinical Research Team Leader for Women's Health at West Middlesex Hospital, has been awarded the inaugural Norah Faith Coniam Award by the Iolanthe Midwifery Trust. Lauren is the first person to win this award, which was specifically created to support a project addressing issues around baby loss and bereavement.
- 12.3. In June, general manager for cancer services, Carla Hearsum, was a guest speaker at the annual NHS ConfedExpo in Manchester. Carla presented on our data-led Care Coordination Solution for managing cancer patients, which is helping to better track those referred with suspected cancer and ensure they receive vital treatment and test results sooner.
- 12.4. Volunteer Nina Littler was selected as one of the King's Coronation Champions - celebrating the work of extraordinary volunteers across the UK. A total of 500 volunteers were awarded.
- 12.5. Our Sexual Health London service has been awarded the HealthInvestor Public/Private Partnership of the Year and an HSJ Digital Award for Optimising Clinical Pathways Through Digital. To date, over 2 million London residents have used this online service to manage their sexual health.
- 12.6. West London Children's Health consultant, Katie Malbon, has co-authored a ground-breaking report on child to adult healthcare transition, working with the National Confidential Enquiry into Patient Outcome and Death.
- 12.7. Staff member, Emmanuel Espiritu, was one of five winners of the NHS75 Fujifilm photography competition. His work will be displayed at an exhibition in Westminster Abbey in July.



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors Meeting, 20 July 2023										
<b>AGENDA ITEM NO.</b>	3.5										
<b>TITLE OF REPORT</b>	AccessAble Report Update										
<b>AUTHOR NAME AND ROLE</b>	Mark Greene, Associate Director of Estates & Facilities and Andy Denton, Capital Project Manager										
<b>ACCOUNTABLE NON-EXECUTIVE DIRECTOR</b>	Steve Gill, Vice Chair										
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To assure the Council of Governors on the progress of AccessAble and their audits of the Trust as previously reported.		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>• AccessAble audits have been completed at the Chelsea site and the West Mid Site</li> <li>• Findings have been received and reviewed</li> <li>• A new working group is being established to develop and govern the implementation of resultant actions</li> </ul>										
<b>KEY RISKS ARISING FROM THIS REPORT</b>											
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>											
Deliver high quality patient centred care	Y										
Be the employer of Choice	Y										
Deliver better care at lower cost	Y										

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b>		
Equality And Diversity	Y	
Quality		
People (Workforce or Patients/ Families/Carers)	Y	
Operational Performance		
Finance		
Public Consultation		
Council of Governors		
please mark Y/N – where Y is indicated please explain the implications in the opposite column		

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	NA
Patient Confidentiality	NA
Staff Confidentiality	NA
Other Exceptional Circumstances (please describe)	NA

## **Council of Governors Meeting**

**Lead:** Stephen Gill, Vice Chair

**Author** Stephanie Stevenson-Shand; Corporate Nursing Programme Lead; Mark Greene, Associate Director of Estates & Facilities and Andy Denton, Capital Project Manager

### **Accessibility Audit of the Physical Environment Briefing Paper / Update July 2023.**

#### **Introduction**

This paper has been written to update the Council of Governors on the progress of AccessAble and their audits of the Trust as previously reported.

This report follows the earlier report from April 2023.

#### **Background**

An accessibility audit was previously carried out on the Chelsea site by AccessAble and a report produced to outlining the status in regards to accessing the main hospital and services. An initial brief update was received on the 29th August which outlined the areas visited. In conjunction with the re-audit of the Chelsea site, West Middlesex site was also audited and detailed reports were received on the 22<sup>nd</sup> December 2022. The Trust is currently waiting on the West Middlesex summary and the detailed audits for the satellite sites.

As part of this project Accessable produce "Access Guides" which are on-line virtual guides outlining what to expect when visiting the Trust from a physical environment perspective, which will be launched when all audits have been successfully completed.

#### **Update**

AccessAble were instructed to review the information / data submitted and the issues highlighted in this paper for the Chelsea site and provide a clear updated report outlining specific non-compliances in order for the Trust to develop appropriate and targeted action plans. These also include identifying areas where there are multiple issues / concerns that could potentially be addressed collectively and possibly form part of a capital project if appropriate.

The Trust has automated 24 sets of entrance doors to the main wards on the Chelsea site which have been well received by staff, visitors and patients.

A new Steering Group has been formed and started meeting monthly from their first meeting held on the 20<sup>th</sup> April 2023. This group under the leadership of patient experience & Corporate nursing will look to address/action the immediate recommendations provided and outlined in the update to the Council of Governors in January. Appropriate funding streams will need to be identified for this process and will form part of any recommendations.

The steering group is open to anyone to join and includes staff who have various accessibility requirements. There is a plan to include patient representatives going forwards.

Working under the steering group working groups for each area will commence, the first being Out Patients. Following further audits of the Out Patients area the group will hold their first meeting 2<sup>nd</sup> August 2023. Outpatients was agreed as our first working group as the steering group felt there were quick wins available for Out Patients such as ensuring all hearing loops were available and in good working order

CW+ have agreed to support our patients and staff who rely on service dogs for their accessibility and each public and clinical area will have portable bottles and bowls for water. Small blankets will also be available to avoid slipping on shiny floors.

The Corporate nursing team are working with the local council to look at any areas of kerbs around the hospital which need to be dropped to allow easier access to the hospital for those patients being dropped off.

The Corporate nursing team are working closely with PAL's, Complaints and the Governance teams to discover if any Accessibility issues are brought to the department's attention by staff or patients

Wayfinding: A specific group is looking at the hospital to support areas of need from the Accessable report as well as any areas which have been highlighted by staff and the public

When the hospital has been audited by Accessable a number of things keep coming up which are out of our control eg how many stairs going from floor to floor and parking stations which do not talk to you These areas will be taken through the executive boards for discussion to allow discussion for disclaimers with Accessable The steering group have also audited some of the areas which need further discussion

Some buildings are also very difficult to remodel due to the age and structure of the buildings; St Stephens being the hardest to configure. Because of this building structure the steering group are looking to support patients and staff with other solutions for this area if so required.

#### **Audit and Summary Reports**

In addition initial audit reports have been received for the West Middlesex site which were shared with this group at the last meeting.

The steering group have decided to start with the Chelsea site and look to support West Middlesex at a later date

#### **Next Steps / Recommendations**

The actions noted from our audit and information which was seen at the Governors meeting in April (Appendix 1) will be reviewed and prioritised by the Steering group and further working groups

#### **Appendix 1**



An update on the initial report are outlined below;

### Entrances

Look to improve colour contrast around doors at; [these costs are estimated at circa £5,000.](#)

- Main hospital entrance
- ED entrance

### General Circulation

- Look to use mat finish cleaning products on floors to minimize shine and potential glare. [Working with ISS, the Trust's cleaning contractor, to ensure this is addressed operationally.](#)
- Avoid patterned flooring when replacing. [This has been noted and will be reflected in all refurbishments.](#)

Review wayfinding signage to; [Wayfinding Project is addressing these items \(including the below\) as part of the overall Hospital wide project which will be approved by the Executive Board.](#)

- Inpatient pharmacy
- Mars Ward
- Macmillan Information and Support Centre
- The Tent

Some people may not want to use lifts. Clearly sign stairs and develop processes to escort people via stairs if staff only access. [Signage for the stairs is included in the wayfinding project.](#)

[A full survey of the following is required and the cost impact and will be updated for next meeting.](#)

- Stairs 1 - nosing needs to be face on as well as on tread. Handrails should extend horizontally beyond first and last step.
- Stairs 2 - nosing needs to be face on as well as on tread.
- Stairs 6 - nosing needs to be face on as well as on tread.

Check contrast markings on escalator steps and improve contrast to foot and head of escalators. [We can report that these works have completed.](#)

For departments and wards with a 50m + journey look at how resting points can be provided; [It can report that in line with the recommendation that there is seating available at intervals in the atrium to and from the following wards/departments.](#)

- Blood Tests – Phlebotomy
- Cashier
- Children's Burns Unit / Mars Ward
- Friends Patient & Staff Library
- Apollo Ward

### Reception areas

Look to provide hearing assistance systems at as many reception points as possible. AccessAble found that receptions at 30 departments did not have hearing assistance systems.

In addition, check the hearing assistance systems that did not work when tested by AccessAble;

[It was noted that 34 departments were identified and the cost impact circa £20k to install / replace and will be taken forward by Working group to prioritise.](#)

Provide a mixture of seating with and without seating in reception areas. [Survey is currently in progress to ascertain the exact requirements / costs for each area and an update will provided for next meeting.](#)

Departments/wards for suggested review;

- Adult Trauma Orthopaedic Outpatients & Fracture Clinic – [Completed and appropriate seating in place.](#)
- Bereavement Services
- Burns Outpatients
- Centre for Clinical Practice – currently only with armrests. [Completed and appropriate seating in place.](#)
- Children’s Dental
- Children’s Outpatients
- Children's Surgical Pre-Assessment and Admissions
- Dermatology, Plastic Surgery and Hand Management Outpatients
- ED Imaging Department
- Eye Clinic
- Gate 1 and 2
- Gate 3 and 4
- George Watts Day Care
- Gynaecology
- Maternity Assessment Suite
- Obstetrics Ultrasound and Foetal Medicine Unit
- Paediatric Ambulatory Care Clinic
- St. Stephen's Centre - John Hunter Clinic
- Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy
- Westminster Wing and Assisted Conception Unit

(Suggested that wards/departments with highest footfall or highest proportion of people with mobility difficulties, or those over 65+ are prioritised).

#### Changing Places

- Provide privacy screen [completed](#)
- Provide wide tear off paper – [on order](#)
- Install spatula or automatic flush if possible [contractor replacing with spatula](#)
- Ideally provide a full length or lowered mirror [will be completed as part of mirror replacements/installation programme](#)
- Provide a towel dispenser as well as hand dryer [completed](#)

#### Washrooms/Bathrooms

Fit emergency alarm cords [at circa £5,000 each](#)

- Mercury Ward - Washroom Wheel-in Shower.
- Therapy Services ([pending due to treatment centre plans and reviewed by Working Group](#)) - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy

Some washrooms do not have a transfer space on to the toilet; many wheelchair users will not be able to use these toilets. They should be flagged as ambulant rather than accessible facilities. Others are missing a drop-down rail on the transfer side and one or more wall mounted grab rails.

[The Trust has defined all accessible facilities are identified. The following are to be surveyed and costed – update to be provide at the next meeting.](#)

- Acute Assessment Unit
- Ann Stewart Ward
- Annie Zunz Ward David Evans Ward - Male Shower & Female Shower
- Edgar Horne Ward - drop down rail by toilet on wrong side, missing wall mounted grab rails. Emergency alarm too short.
- Emergency Department – (Emergency Obs Unit – Bay).
- Intensive Care Unit (ICU)

- Josephine Barnes Ward
- Lord Wigram Ward.
- Mercury Ward – wheel-in shower
- Nightingale Ward
- Rainsford Mowlem Ward – wheel-in shower
- St Mary Abbots Ward – wheel-in shower

Move toilet roll closer to the toilet in the washrooms in Neptune and Jupiter Wards and Mercury Ward.

There were also 14 areas identified which need to be looked at int regards the feasibility of moving sink in reach of toilet in washrooms. Wheelchair user should be able to wash and dry hands before transferring. This is not as straight forward as there is a potentially £10 to £20k per area – needs to be surveyed and prioritised by working group.

It was noted that 36 departments had obstructed transfer spaces and we are working with the wards, departments and housekeeping to ensure these are not obstructed by bins

The following departments / wards accessible toilets are not able to provide a transfer space – suggest label as ambulant;

- Ann Stewart Ward
- Josephine Barnes Ward

The following departments and wards have accessible toilets with alarm cords that are too short; [These need to be double checked and costed.](#)

- Acute Assessment Unit
- Ann Stewart Ward
- Apollo Ward
- CAMHS, Perinatal & Parent Infant Mental Health Service and Paediatric Psychology
- Chelsea Community Hospital School
- Children's Burns Unit
- Children's Dental Health
- Children's Emergency Department
- Children's Outpatients
- Children's Surgical Pre-Assessment and Admissions
- CW+ MediCinema
- David Evans Ward
- Dermatology, Plastic Surgery and Hand Management Outpatients
- Diagnostics Centre
- Edgar Horne Ward
- Emergency Department
- Eye Clinic
- Gates 1 and 2
- Gates 3 and 4
- Gazzard Day Unit
- Gynaecology
- Imaging - X-Ray, CT Scanning, MRI, Bone Density, Ultrasound and Nuclear Medicine
- Lord Wigram Ward
- Mercury Ward
- Nell Gwynne Ward
- Neonatal Intensive Care Unit (NICU)
- Nightingale Ward
- Obstetrics Ultrasound and Foetal Medicine Unit
- Rainsford Mowlem Ward

- Saturn Ward
- Treatment Centre - Day Case Surgery & Procedures
- Westminster Wing and Assisted Conception Unit

It was suggested that the Trust look at the feasibility of improving accessible toilets in key areas that are central / high footfall – ie to meet BS8300:2018 and Stoma Friendly criteria. [It was agreed that this would be an action for working group to ascertain priority.](#)

**Accessible Toilet(s) (Lower Ground Floor - Male - Right Hand Transfer).** [These costs are estimated at circa £20k.](#)

This accessible toilet is located on the Lower Ground Floor, to the left of Lift D, along the main corridor.

- Add horizontal grab rail to door
- Add a dropdown rail is on the transfer side
- Add a vertical wall-mounted grab rail on the transfer side
- Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space
- Fit an emergency alarm – [noted it will also need to be linked to security](#)
- Place mirror within advised height
- Add wall mounted grab rails at sink
- Place a shelf at recommended height
- Consider moving basin in reach of toilet in future
- Provide a towel dispenser as an alternative to hand dryer

**Accessible Toilet(s) (Lower Ground Floor - Female - Left Hand Transfer)** [these costs are estimated at circa £20k.](#)

This accessible toilet is located on the Lower Ground Floor to the left of Lift D, along the main corridor.

- Add horizontal grab rail to door
- Add a dropdown rail is on the transfer side
- Add a vertical wall-mounted grab rail on the transfer side
- Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space
- Fit an emergency alarm - [noted it will also need to be linked to security](#)
- Place mirror within advised height
- Add wall mounted grab rails at sink
- Place a shelf at recommended height
- Consider moving basin in reach of toilet in future
- Provide a towel dispenser as an alternative to hand dryer

**Accessible Toilet(s) (Ground Floor - Left Hand Transfer)** [these costs are estimated at circa £10k](#)

This accessible toilet is located on the Ground Floor, along the main corridor.

- Replace alarm cord so it is in height - [in addition it will need to link to security](#)
- Place mirror within advised height
- Place a shelf at recommended height
- Provide a towel dispenser as an alternative to hand dryer – [being actioned at the time of this update.](#)



## Council of Governors (CoG's) Forward Plan 2023 - 2025

	26 January 2023 CoGs Meeting 16:00 to 18:00 hours	23 March 2023 CoGs Briefing Session 16:00 to 17:00 hours	19 April 2023 CoGs Away Day 10:00am – 11:45am 13:45 – 16:30hrs
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy: NWL Collaborative Acute Provider update</li> <li>Quality: People &amp; Workforce Report to the Council of Governors (AM)</li> <li>Quality Sub-Committee Report (LJW)</li> <li>Membership and Engagement Sub-Committee Report – Approval of Strategy (DP)</li> </ul>	<ul style="list-style-type: none"> <li>Presentation from Sheena Basnayake, Hospital Director/Deputy COO, West Middlesex Hospital and Laura Bewick, Hospital Director/Deputy COO, Chelsea and Westminster Hospital.</li> <li>Both Laura and Sheena are responsible for managing the Trust's relationship day-to-day across the North West London (NWL) Integrated Care System (ICS) and local borough partnerships for commissioned services delivered from their site and the surrounding community.</li> <li>The presentation included:               <ol style="list-style-type: none"> <li>an oversight of the role of the Hospital Director and the key facts and figures about each site; and</li> <li>Major Strategic Developments at each site.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Welcome and Networking/Introductions</li> <li>Announcement of Election results</li> <li>Governwell Training Programme for 2023-24</li> <li>Introducing our Governor Sub Committees and refreshing membership</li> <li>Maximising our Effectiveness</li> <li>Introducing our Governor Guide for 2023-24</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report (MS)</li> <li>Chief Executive Officer's Report (LW)</li> <li>Performance Report               <ul style="list-style-type: none"> <li>- Performance &amp; Quality Report (LW)</li> <li>- Workforce Workforce Report (LW)</li> </ul> </li> <li>Accessibility work update (SG)</li> </ul>		
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors (and the public)</li> <li>Governors Away-Day Plan (19 April, 2023)</li> <li>Any other business (Forward plan/Schedule of meetings/Governor attendance register )</li> </ul>		

	19 April 2023 CoGs Meeting 12:00 – 13:00 hours	8 June 2023 CoGs Briefing Session 16:00 – 17:00 hours	12 <sup>th</sup> July 2023 CoGs Development Session @W12 12:00 – 16:00 hours
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Finance and Performance Committee Annual Report</li> <li>Council of Governors Nominations and Remuneration Committee – NED Recruitment update</li> <li>Council of Governors Quality Sub-Committee Report</li> <li>Business Planning 2023-2024</li> </ul>	<ul style="list-style-type: none"> <li>Presentation on the results of the 2023 Staff Survey and the Trust action plan from Lindsey Stafford-Scott, Interim Chief People Officer and Onai Muchemwa, Deputy Chief People Officer (interim)</li> </ul>	<p>Topics to be discussed:</p> <ul style="list-style-type: none"> <li>Staff Constituencies</li> <li>Membership/Governor Elections</li> <li>Strategy</li> <li>Holding NEDs to Account and CoG Committee Structure</li> <li>Lead Governor</li> </ul> <ul style="list-style-type: none"> <li>Debrief from Governor’s Conference</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> <li>Accessibility work update</li> </ul>		
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Any other business (Forward plan/ Schedule of meetings/Governor attendance register)</li> </ul>		

	20 July 2023 CoGs Meeting 10:00 – 11:00am	28 September 2023 CoGs Briefing Sessions 16:00 – 17:00 hours	19 October 2023 CoGs Meeting 1600 - 1800 hours
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting</li> <li>To receive the Annual Report from the Chair of the Audit &amp; Risk Committee</li> <li>Council of Governors Quality Sub-Committee Update</li> <li>Council of Governors Membership and Engagement Sub-Committee Update</li> </ul>	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Annual Report from the Quality Committee (Chair – Steve Gill)</li> <li>Performance and Quality Report (including Winter Preparedness and Workforce Performance Report)</li> <li>NWL Collaborative Update</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report</li> <li>People Performance Report</li> <li>Accessibility work update</li> </ul>		<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Governors Elections 2023 – update</li> <li>Accessibility work update</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Any other business (Forward plan/ Schedule of meetings/Governor attendance register)</li> </ul>		<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Governors Away Day 2024 – plan</li> <li>Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>

	7 December 2023 CoGs Briefing Session 16:00 – 17:00 hours	25 January 2024 COGs Meeting 16:00 – 18:00 hours	21 March 2024 CoGs Briefing Session 16:00 – 17:00
<b>Statutory/Mandatory Business</b>	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Annual Report from the People and Workforce Committee (Chair – Ajay Mehta)</li> <li>NWL Collaborative Update</li> </ul>	Briefing topic/presentation to be confirmed
<b>Papers for information</b>		<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Governors Elections 2023 – update</li> <li>Accessibility work update</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Governors Away Day 2024 – update</li> <li>Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>	



	18 April 2024 CoGs Awayday (TBC) Time TBC	18 April 2024 CoGs Meeting (TBC) Time TBC (1 hour)	20 June 2024 CoGs Briefing Session (TBC) 16:00 – 17:00 hours
<b>Statutory/Mandatory Business</b>	Agenda to be confirmed	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Annual Report Finance and Performance Committee (Chair – Pat Gallan)</li> <li>• NWL Collaborative Update</li> </ul>	Briefing topic/presentation to be confirmed
<b>Papers for information</b>		<ul style="list-style-type: none"> <li>• Chairman’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Accessibility work update</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Governors Away Day 2024 – update</li> <li>• Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>	

	18 July 2024 CoGs Meeting (TBC) Time TBC	26 September 2024 CoGs Briefing Sessions (TBC) 16:00 – 17:00 hours	17 October 2024 CoGs Meeting (TBC) 1600 - 1800 hours
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting</li> <li>Annual Report from the Chair of the Audit &amp; Risk Committee (Chair – Aman Dalvi)</li> <li>Council of Governors Membership and Engagement Sub-Committee Report</li> </ul>	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Annual Report from the Quality Committee (Chair – Steve Gill)</li> <li>Performance and Quality Report (including Winter Preparedness and Workforce Performance Report)</li> <li>NWL Collaborative Update</li> </ul>
<b>Papers for information</b>	<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report</li> <li>People Performance Report</li> <li>Accessibility work update</li> </ul>		<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Governors Elections 2024 – update</li> <li>Accessibility work update</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Any other business (Forward plan/ Schedule of meetings/Governor attendance register)</li> </ul>		<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>

	5 December 2024 CoGs Briefing Session (TBC) 16:00 – 17:00 hours	23 January 2025 COGs Meeting (TBC) 16:00 – 18:00 hours	20 March 2025 CoGs Briefing Session (TBC) 16:00 – 17:00
<b>Statutory/Mandatory Business</b>	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Annual Report from the People and Workforce Committee (Chair – Ajay Mehta)</li> <li>• NWL Collaborative Update</li> </ul>	Briefing topic/presentation to be confirmed
<b>Papers for information</b>		<ul style="list-style-type: none"> <li>• Chairman’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Governors Elections 2023 – update</li> <li>• Accessibility work update</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Governors Away Day 2024 – update</li> <li>• Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>	



## Council of Governors – Attendance Record 2023/2024

Governor	Category	Constituency	19.04.2023	19.04.2023 Awayday	12.07.2023 Development Session	20.07.2023	19.10.2023	01.08.22	25.01.2024	TOTAL	TOTAL %
Lisa Addison	Patient	Patient Constituency	✓	✓	DNA						
Richard Ballerand	Public	Royal Borough of Kensington and Chelsea	✓	Apologies	Apologies						
Jeremy Booth	Patient	Patient Constituency	DNA	DNA	DNA						
Caroline Boulliat- Moulle	Patient	Patient Constituency	✓	✓	Apologies						
Julie Carter	Public	London Borough of Ealing	Apologies	Apologies	DNA						
Cass J. Cass- Horne	Public	City of Westminster	✓	✓	✓						
Nigel Clarke	Public	London Borough of Hammersmith and Fulham	✓	✓	✓						
Dr Nara Daubeney	Public	London Borough of Wandsworth	✓	✓	Apologies						
Christopher Digby-Bell	Patient	Patient Constituency	✓	✓	Apologies						

Simon Dyer	Patient/Lead Governor	Patient Constituency	✓	✓	✓						
Stuart Fleming	Public	London Borough of Wandsworth	Apologies	Apologies	Apologies						
Parvinder Singh Garcha	Public	London Borough of Hounslow	✓	✓	✓						
Minna Korjonen	Patient	Patient Constituency	✓	✓	✓						
Rose Levy	Public	London Borough of Hammersmith and Fulham	✓	✓	✓						
Nina Littler	Public	Royal Borough of Kensington and Chelsea	✓	✓	✓						
Stella Macaskill	Patient	Patient Constituency	✓	✓	✓						
Ras. I Martin	Public	Rest of England	✓	✓	Apologies						
Mark Nelson	Staff	Staff Constituency (Medical and Dental)	✓	✓	✓						
Cllr Will Pascal	Appointed	Royal Borough of Kensington and Chelsea)	✓	✓	Apologies						
David Phillips	Patient	Patient Constituency	✓	✓	✓						

Catherine Sands	Staff	Staff Constituency (Management)	✓	✓	Apologies						
Dr Desmond Walsh	Appointed	University Governor (Imperial College)	✓	✓	Apologies						
Laura-Jane Wareing	Public	London Borough of Hounslow	Apologies	Apologies	✓						
Jo Winterbottom	Public	City of Westminster	✓	✓	✓						
VACANT	Staff	Contracted									
VACANT	Staff	Allied Health Professionals, Scientific and Technical									
VACANT	Staff	Support, Administrative and Clerical									
VACANT	Staff	Nursing and Midwifery									
VACANT	Public	London Borough of Richmond Upon Thames									
VACANT	Public	London Borough of Richmond Upon Thames									

VACANT	Appointed	Local Authority										
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Patient Governors – 8; Public Governors – 14; Staff Governors – 6; Appointed Governors – 3.