

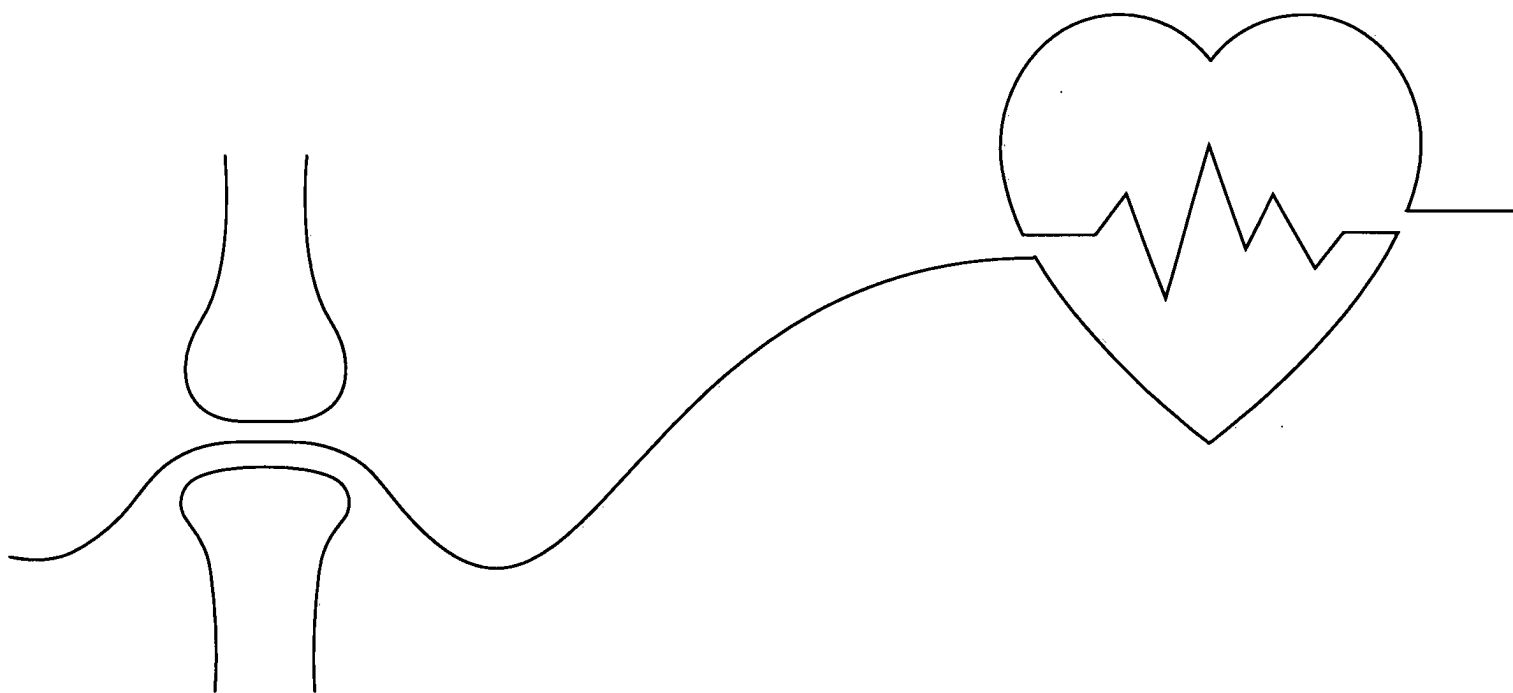
Trustees of The London Clinic Limited



# Annual Report and consolidated financial statements

For the year ended 31 December 2022

A Company Limited by Guarantee and Registered in England and Wales No. 00307579  
A Registered Charity No. 211136



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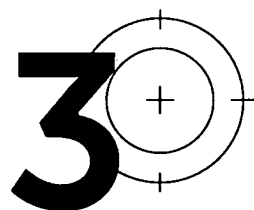
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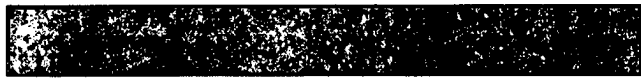
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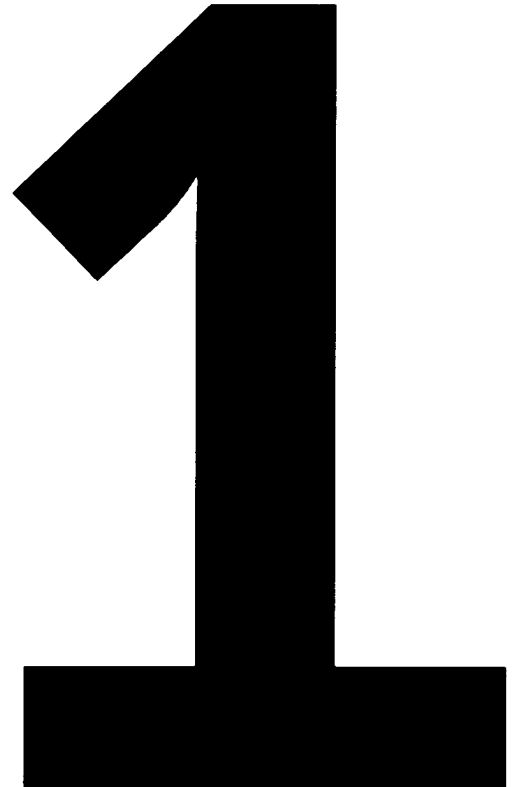
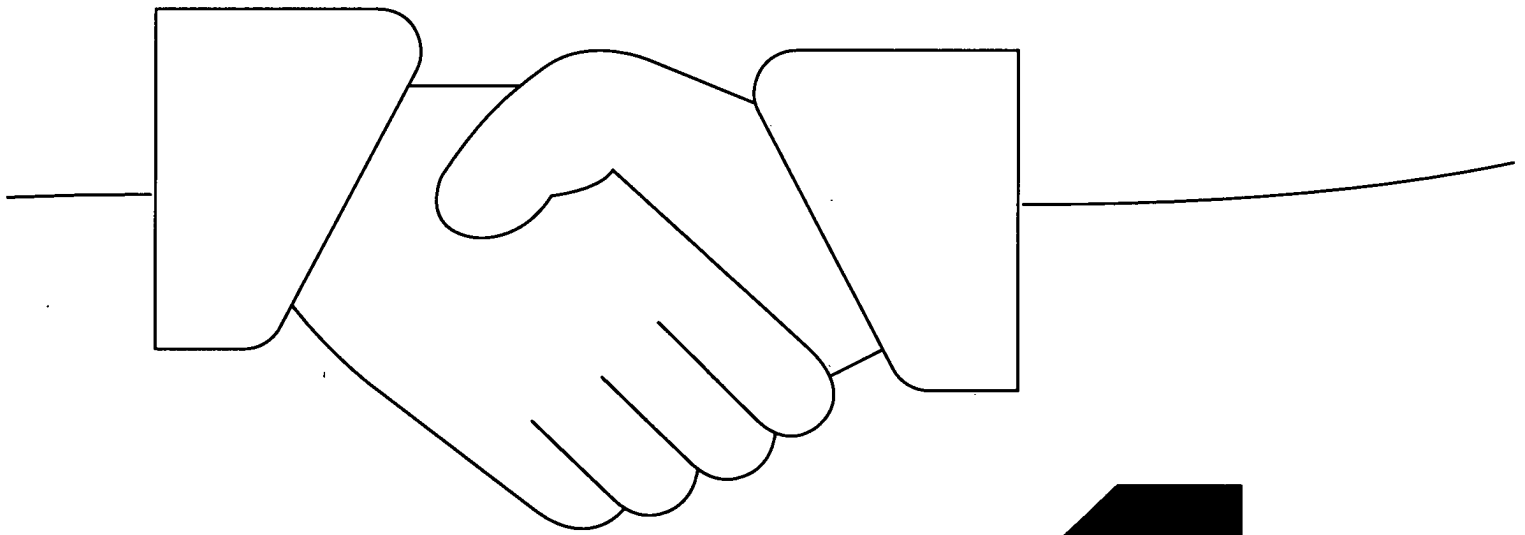
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# Welcome



# Chairman's statement

I am pleased to provide The London Clinic's Annual Report for 2022 which was our 90th anniversary year. The report covers the Charity's activities over the past year, including achievements, investments and plans made. As we entered a post-pandemic world, our people and our institution demonstrated its continued resilience and commitment to excellence in healthcare.

In 2022, we took time to take stock of our role in a world emerging from a pandemic. We have carefully considered our role as a charity, particularly against the backdrop of the rising crisis with cancer in the UK. The latest figures indicate that nearly 3.5m people in 2025 will be living with cancer and that number will be 5.3m by 2040.<sup>1</sup> In the summer of 2022, over 430,000 people in the UK were waiting for a diagnosis of a symptom for more than 6 weeks<sup>2</sup>. This is an increase of more than 120,000 on the previous year. We know the enormous impact that early and rapid diagnosis has on outcomes. All of us are directly or indirectly impacted by cancer. We have resolved that The London Clinic will continue to sharpen the focus of its charitable energies on the fight against cancer. We intend to do this by directly supporting the community through screening and increasing access to rapid diagnostics, with a significant new facility launching in 2024, as well as continuing our pursuit of education and research.

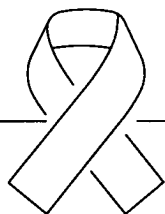
With the new strategy outlined and committed to, the leadership has taken an active choice to invest in clinical excellence in pursuit of meeting our charitable purpose. This requires investment which we have made in 2022, reflected in increased debt, and investment will continue over the coming years.

## Our patients and innovation

The ways in which our patient care has been enhanced during the year have also led to awards associated with these innovations. Our diabetes nursing team have been working on a trial to support those with Addison's disease, the radiotherapy team were recognised for their revolutionary tattoo-less treatment, and our palliative care team have championed an innovative approach to patient-centred end-of-life care.

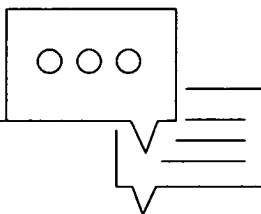
The fruits of our investments in 2022 can be seen clearly in the pathology transformation (pages 26-27) and replacement of our two linear accelerators (major radiotherapy equipment), the latter completing an 18-month project (more on page 35).

Our patient feedback remained some of the strongest in the sector, with 98% of our patients saying that they would recommend us to a friend or family member and 99% of our patients rating their experience as either good or very good. Our excellent clinical and quality indicators (page 33) all demonstrate commitment to our promise to deliver 'a more complete kind of care'.



# 3.5m

will be living with cancer by 2025 and latest figures estimate it will rise to **5.3m** by 2040<sup>1</sup>



# 98%

of our patients saying that they **would recommend us** to a friend or family member



# 99%

of our patients rating their experience as either **good** or **very good**

## Our people

The success of our hospital is one that is built on the actions of many individuals, who are committed to the delivery of excellent service and exemplary patient care. Furthering the work of 2021, we have continued to invest in our staff, including providing more access to professional development and a wider range of training courses. Our people survey in late 2022 had a 92% response rate; a record high in engagement scores.

## Our Trustees

During the year, our Trustees have worked ever closer with management, using our new governance framework to bring their knowledge and experience to bear for the benefit of the Charity and our patients. During the year Nicholas Melhuish and Inga Kennedy retired as Trustees, and I thank them both for the skills, support and commitment that they brought to the Board. In 2023, we have welcomed one more trustee, Martin Paisner, who brings a wealth of experience from his legal career and serving on other charity boards.

## Philanthropy

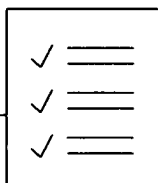
We were delighted to receive a substantial gift from The Julia and Hans Rausing Trust toward our new Rapid Diagnostic Centre (page 17) during the year. Their generosity will help us support the health and wellbeing of our communities through the centre which will open at 142-146 Harley Street in 2024. We continue to develop our net work of supporters and held an exclusive dinner at Chatsworth in February 2023. To support the burgeoning network and steward our generous donors, we recruited Rachael Church as our Director of Philanthropy director towards the end of the year.

## Thank you

The London Clinic is made up of many wonderful, dedicated and passionate people who together deliver excellent care to our patients and the wider community. I am grateful for each and every one of our staff, consultants and supporters who turn up every day to make the hospital as special as it is - my deepest thanks to you all.



**Hamish Leslie Melville**  
Chairman of the Board of Trustees



# 92%

**response rate** to our people  
survey in 2022, a record  
engagement score

[1] Macmillan Cancer Support, October 2022  
[2] NHS Diagnostic Waiting Times and Activity Date, June 2022 Monthly Report, NHS England and NHS Improvement

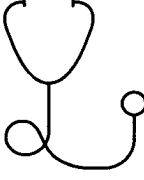
## About us

Situated at the heart of London's medical community, The London Clinic is the UK's largest independent charitable hospital. As well as receiving around **120,000 patient visits a year**, we invest in life-changing research, pioneering treatments and pride ourselves on improving outcomes for our patients whilst advancing healthcare for all.

The London Clinic has a reputation for world-class medical expertise and technological firsts, but foremost, we are dedicated to providing patients with the best in personalised healthcare and medical expertise.

Our team of almost 800 leading surgeons and physicians provide an extensive range of medical and surgical interventions. Assisted by circa 1,300 clinical and non-clinical staff, our clinicians treat our patients in some of the most up-to-date and technologically advanced facilities in the UK.

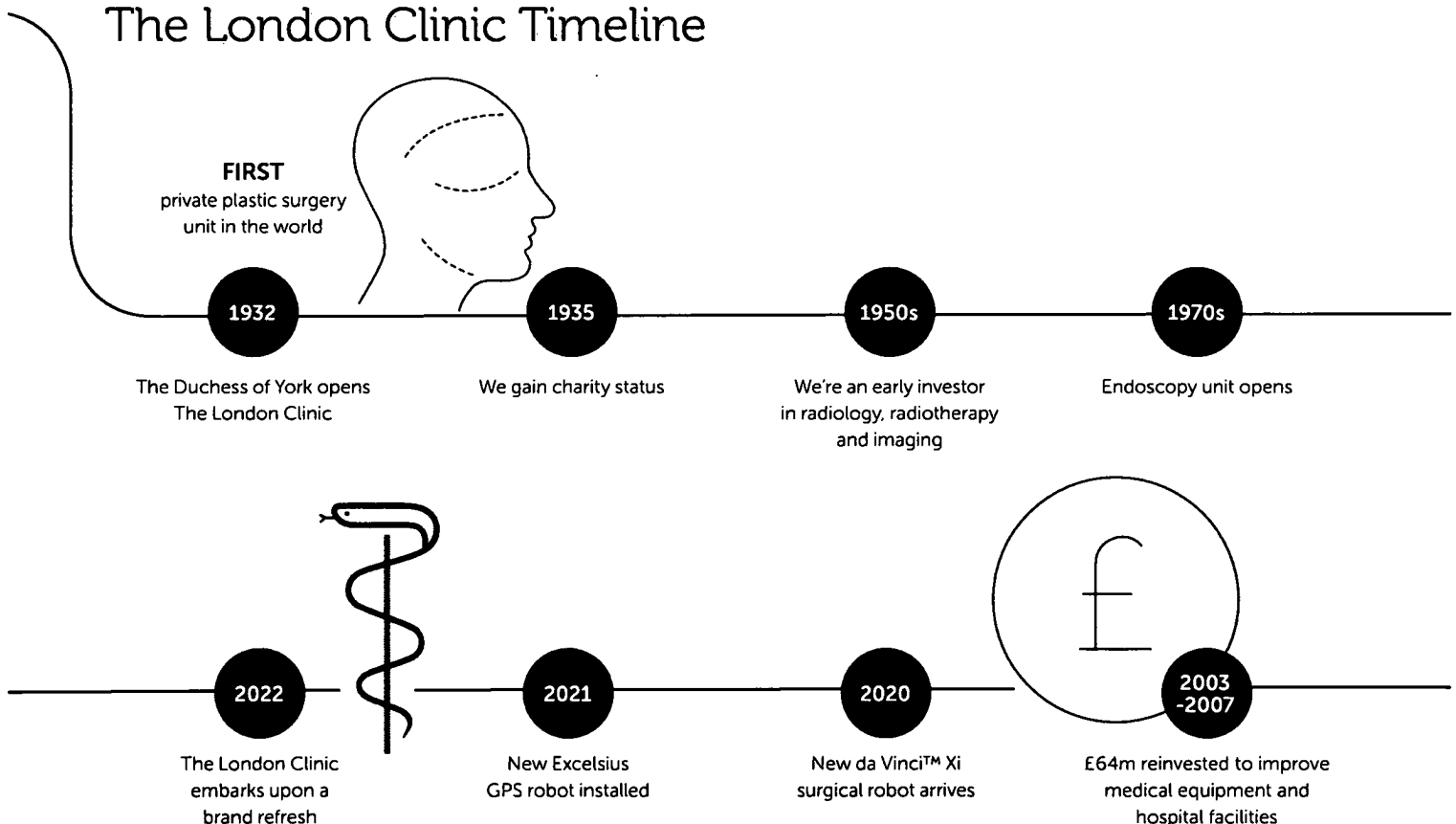
We are proud to offer the most comprehensive range of services of any UK-independent hospital. The hospital comprises inpatient, day-case and outpatient facilities, 10 theatres (including a hybrid theatre and two day-surgery theatres), pathology laboratories, an endoscopy unit, a radiology unit, a dialysis and a 13-bed Level 3 intensive care unit. Our specialist cancer care centre, The Duchess of Devonshire Wing, is an award-winning, eight-level facility opened by Queen Elizabeth II in 2010 offering patient access to state-of-the-art radiotherapy and chemotherapy suites, Europe's leading stem cell collection unit and dedicated patient bedrooms for attentive, individualised care. It is also home to a modern café open to patients and visitors.



# 780

leading consultants providing excellent care

## The London Clinic Timeline







## Heritage and History

**In 1928, a group of Harley Street doctors had a vision – to establish a new kind of hospital that would set a standard of healthcare for generations to come. And so, in the heart of London’s medical district, The London Clinic opened its doors on 18 February 1932.**

The intention was for The London Clinic to be the first private institution in Britain to cater for all aspects of a modern hospital, to the highest of standards, with the best services, equipment and clinicians.

Since that time, our hospital has grown into one of the UK’s largest and most highly regarded, both in London and internationally, and maintains the mission and ethos of providing exceptional patient care.

We are proud to have treated some of history’s most influential people, including actors, politicians and royalty, but our aim is to support a diverse healthcare community. Today, we see patients from all over the world.

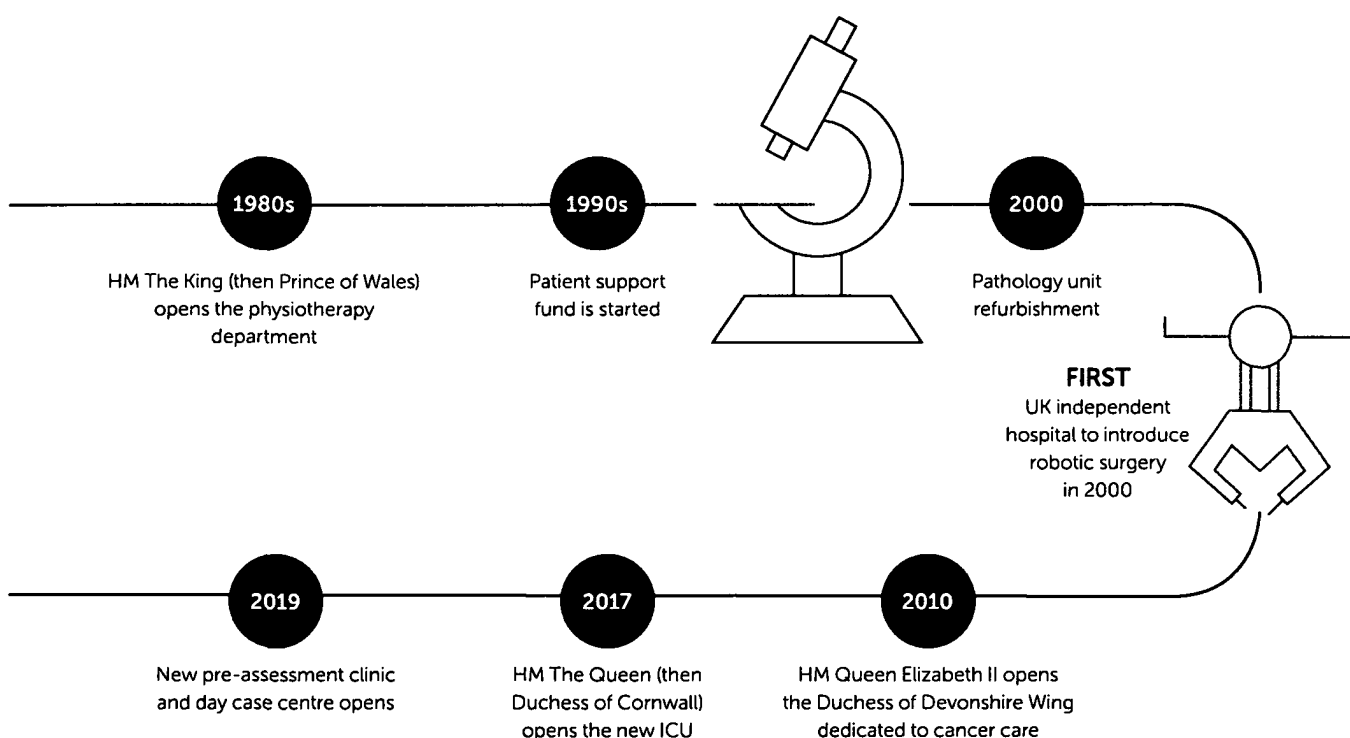
Our status as a charity is crucial to achieving this aim. Having gained charitable status in 1935, and as a proudly independent hospital, we invest any surplus we make back into patient care, research and innovation, as well as healthcare training and education.

Our vision, to advance clinical excellence and share best practices worldwide, means that we are continually searching for the best possible ways to care for patients and to improve their health outcomes.

This outward-looking approach has allowed us to pioneer in many areas. Back in 1932, we were home to the first private plastic surgery unit in the world, established by the ‘father of plastic surgery’ Sir Harold Gillies, who initially helped soldiers with war injuries.

Fast forward to the 2000s and we became the first UK independent hospital to introduce robotic surgery, and the only one with four types of surgical robots. Our core specialities – which include cancer, digestive health, orthopaedics and aesthetics – all see our consultants utilise cutting-edge technology.

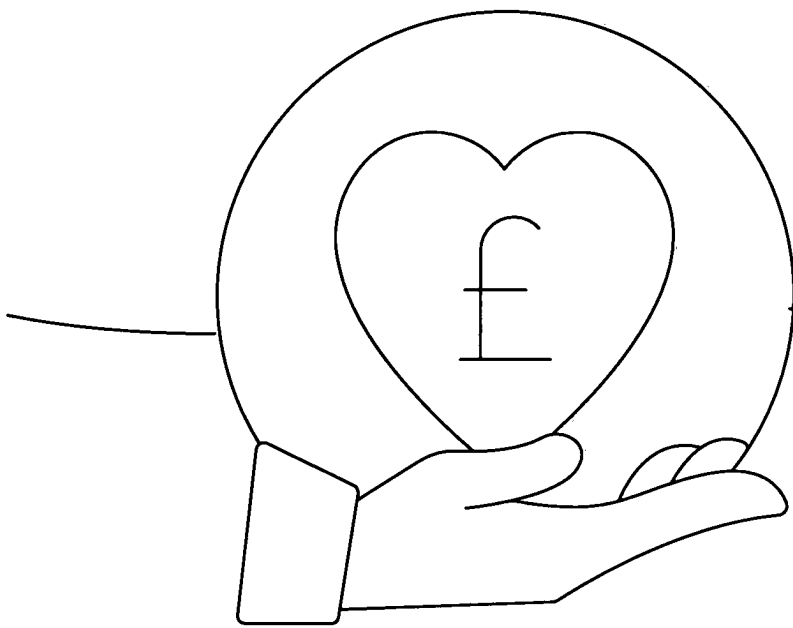
While our hospital was founded to deliver exceptional patient care, we can only achieve this with the very best people. Since the then Duchess of York formally opened our doors in 1932, our workforce has centred on world-renowned consultants and highly skilled, specialised staff, clinical and non-clinical alike.



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# The Charity's framework



# 2

# Our purpose, objectives and activities

Our charitable status is fundamental to our identity, ethos and how we operate. It drives and enables us to make investment decisions that support our clinical specialists which in turn benefits our patients, staff and the wider public.

By reinvesting our financial surplus, we are driving even further advances in healthcare. This is what makes The London Clinic (the 'Charity') more than just an independent hospital.

With patient needs and expectations changing, we need to make sure the Charity is best positioned to support them. Our new strategy houses three updated values and a refreshed brand identity that come together to form a more relevant and complete kind of care.

Our commitment to delivering the very best care for patients remains unchanged. However, **how** we achieve that will change.



## Our purpose

Our charitable purpose is to advance healthcare for the benefit of our patients and the wider healthcare community.

## Our values

### We go further

Taking a truly holistic approach to healthcare to better treat our patients.

### We work as one

Delivering seamless care that brings the best experts across all specialities, together.

### We personalise care

Always putting the patient first, combining genuine warmth with the latest science to deliver individually tailored care.

# Objectives and activities

We have three principal ways in which we achieve our purpose:



## Ever better patient care

- We invest in the latest facilities to ensure our patients receive outstanding, individualised care in the best possible environment.
- We invest in initiatives which will help our patients recover as quickly and fully as possible, supporting them before and after their treatment.
- Through our compassionate and personalised nursing care, we treat patients with respect and dignity.
- We build partnerships with other healthcare organisations for the benefit of our patients.



## Innovation and research

- We invest in life-changing, pioneering treatment that not only advances clinical excellence at our hospital but across the global healthcare community.
- We can test, develop and adopt ground-breaking equipment often before other hospitals, which maximises patient outcomes and will shape the future of care pathways and treatment options.
- We provide personalised care and treatment to our patients, including access to novel therapies that may not be available elsewhere.
- We create an environment in which leading healthcare professionals are empowered to innovate in their chosen fields.



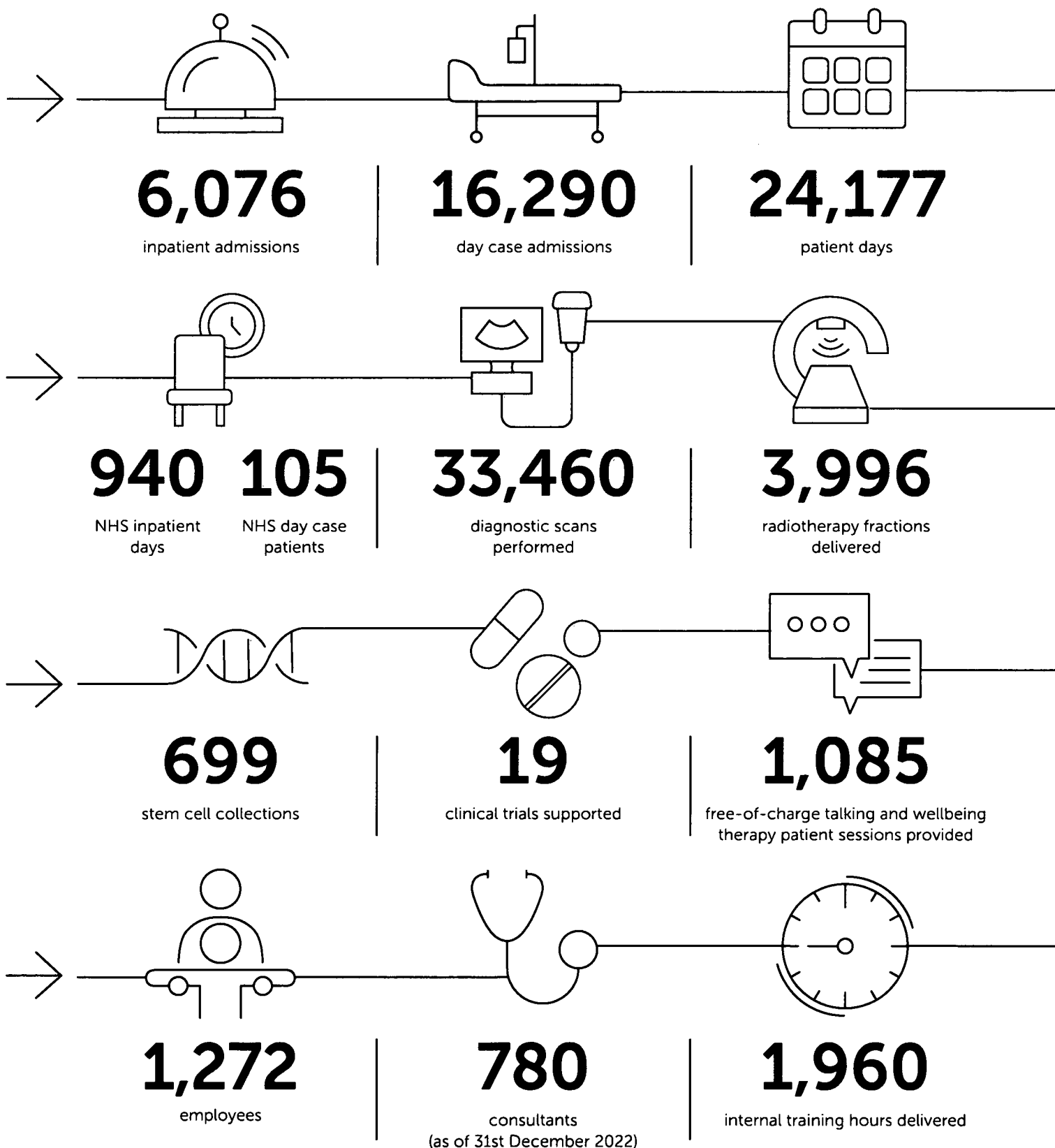
## Training and education

- We invest in our people, through education and training to support their careers and development.
- We enable those in our community to continue their professional development and research as well as provide specialist education sessions.
- We work with the NHS and universities to provide placements for students.
- We share best practices with our global community.

## 2. OUR CHARITY FRAMEWORK

### Delivering our core purpose

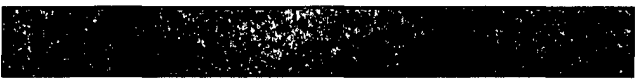
Our year in numbers:



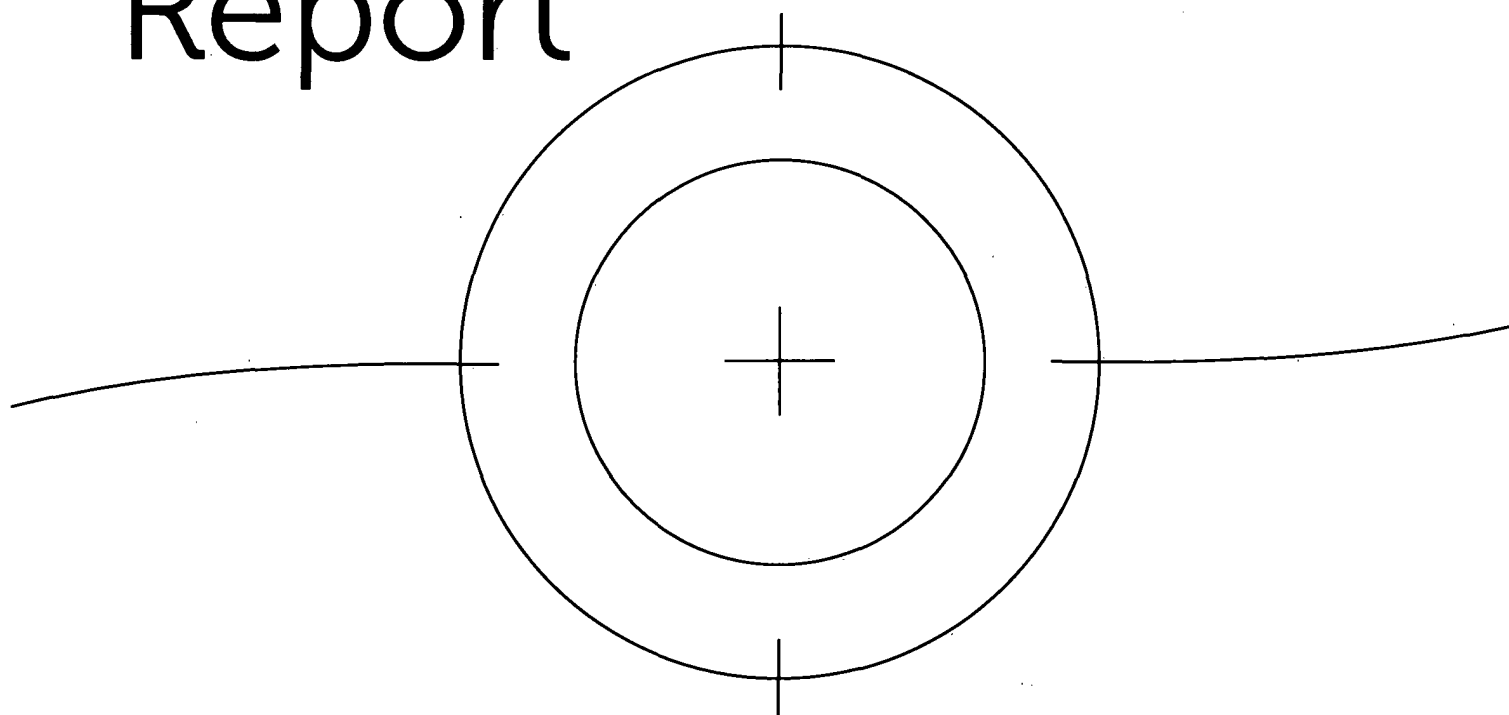
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# Strategic Report



# 3

# Our strategy

Healthcare requires constant evolution. Our new direction, developed from months of intensive research and planning, marks our response to the changing needs and expectations of our community.

Today, patients want and deserve greater control of their health, and quicker access to services, while still receiving the very highest standards of care and dignity.

Digitalisation has created more informed, proactive and connected consumers and patients who demand 360-degree care. Care that is accessible, simple to navigate and personal to them.

Our five-year plan will ensure we meet this challenge, allowing us to stay one step ahead.

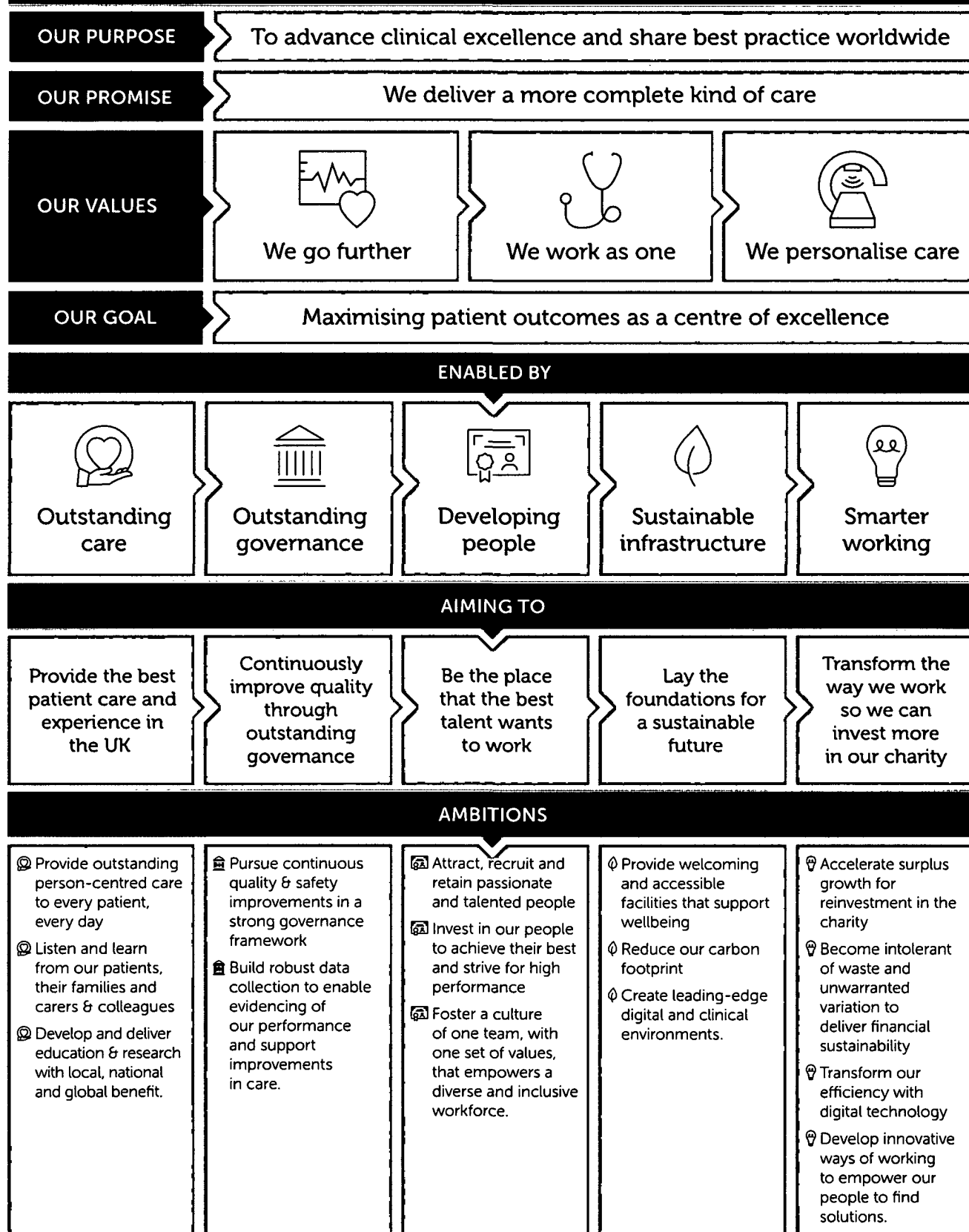
For this strategy to succeed, we will need to continue to enhance the way we operate. We will achieve this by using technology to work smarter, ensuring outstanding governance and care, building a sustainable infrastructure and developing our people to improve continually.



**Innovation**  
**Using technology**  
**to work smarter**  
**and advance**  
**clinical excellence**

# Shaping our future

## Strategic framework to 2025



## Achievements and performance

The Charity made a decision to invest in clinical excellence in pursuit of meeting our charitable purpose. This required fresh investment in 2022 which is reflected in the level of debt and allowed us to move forward with some important projects, replace vital equipment and embark on expanding our facilities.

Developments in the delivery of patient care and holistic services are underpinned by process, infrastructure and building projects. The Charity has maintained all accreditations, and we remain focused on the pursuit of outstanding governance to improve standards of patient care and safety. Innovation continues to thrive at the hospital alongside the important and ever-developing training provisions for staff, consultants and in our community.

### Outstanding care



#### EVER BETTER PATIENT CARE

As home to a care team comprised of over 1,000 nursing, clinical and support staff, personalised patient care is central to the Charity. In 2022, we were recognised for our innovative approaches to nursing and patient experience.

We were selected as a finalist in the "Managing Long-term Conditions" category at the Nursing Times Awards for our **Continuous Subcutaneous Hydrocortisone Infusion (CSHI) service**. Set up by Consultant Nurse in Endocrinology Phillip Yeoh, his nursing team and our endocrinologists – and supported by our pharmacists and leadership teams – this service allows us to treat patients with Addison's disease, a rare condition in which the adrenal glands above the kidneys stop working, resulting in a lack of cortisol and androgens. Thanks to the collaborative work of our staff, we now support over 40 patients with complex needs through this service, which is unique for the independent sector. To allow other patients to benefit from this programme, the next step for Phillip and his team is to share best practices with others, which has so far included NHS trusts in Birmingham, Bournemouth, Liverpool and Leeds.

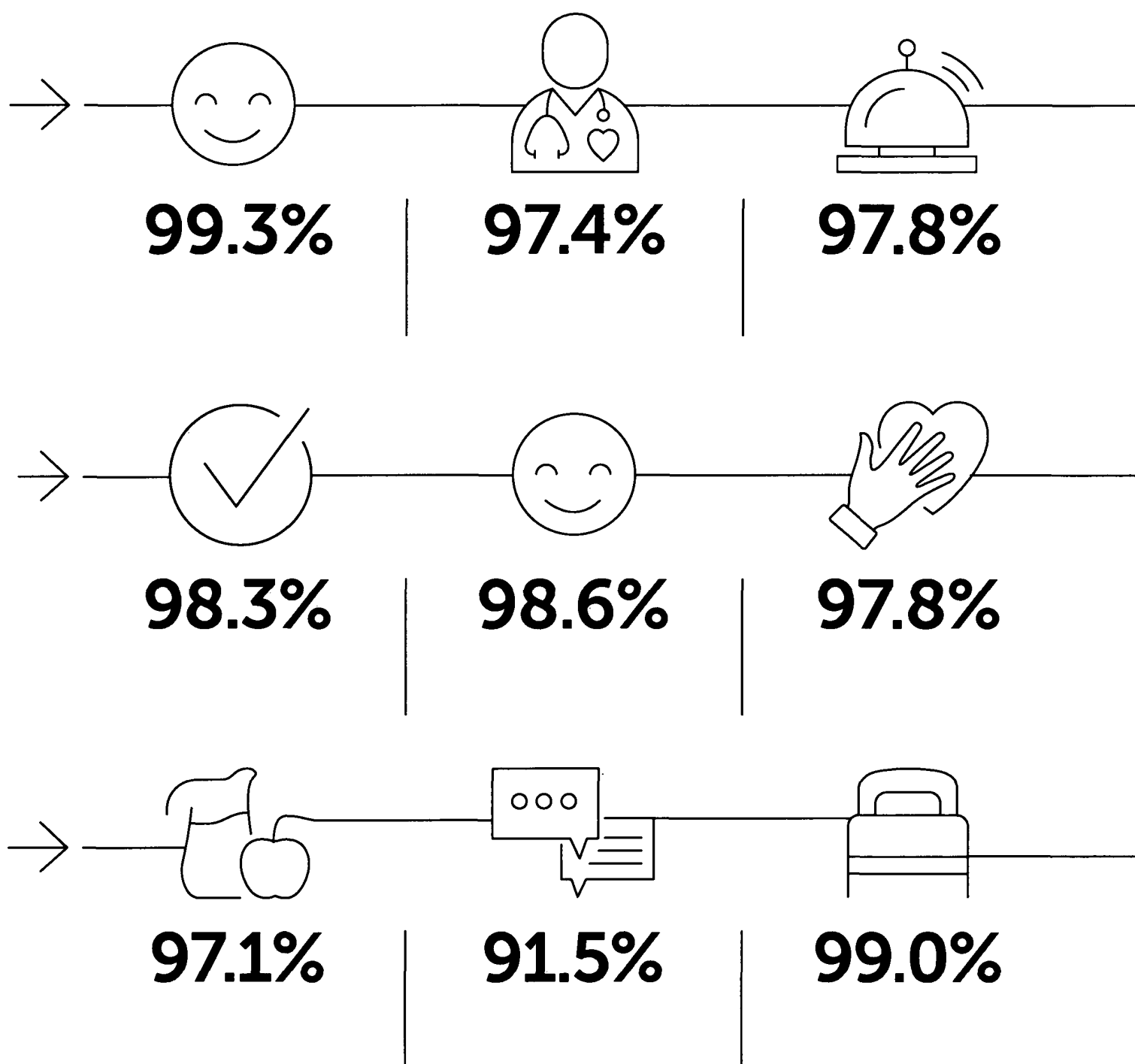
Our new '**spin art**' therapy programme for oncology patients was created after an encounter by two colleagues from very different teams, Palliative Care Clinical Nurse Specialist Anita Kolandaisamy and Site Supervisor Dominic Mason. This art activity allows vulnerable patients to access a bespoke art session providing a personalised emotional escape and distraction from treatment anxieties. Adapted for a hospital environment, the equipment is small enough to fit into patient rooms and is made entirely from repurposed and recycled materials. Once completed, the artwork is then framed and preserved with resin by Dominic in our workshop and given back to the patients or their families, providing a lasting token and memory. Thirty patients have taken part in 2022, and the initiative received runner-up for the Fiona Littledale Award at the Patient Experience Network National Awards (PENNA), in recognition of best practice in patient experience.

“

It made me feel NORMAL which is the feeling I've craved for since becoming a cancer patient. The session made me forget completely the reason I was in hospital for, and it stimulated my creativity in the most positive way. Dominic did go the extra mile by allowing my children to come and do it with me again the following day, which was such a memorable experience that we all cherish. I cannot thank Dominic and Anita enough for providing me with such a fun experience. The session gave me hope; most importantly it has provided my children a sense of security knowing mum is cared [for] in a fun place, where they are also welcomed.”

**Anonymous patient feedback on the spin art**

## Patient satisfaction 2022



*These figures are based on the opinions of 2,853 inpatients responding during 2022*

| SOCIAL MEDIA                                                                                    |                                                                                                   |                                                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 4.2/5 ★★★★★  |  27,691 +6,151 |  +21.4% |
| As of 31 December 2022                                                                          | Followers as of 31 December 2022<br>Followers 'collected' in 2022                                 | new followers as of 31 December 2022                                                         |

## “ Patient Case Study, Lauren

**Ever since I could remember I've been in pain. As a final attempt to get a correct diagnosis and treatment, my physiotherapist referred me to The London Clinic.**

Since then, I've had several surgical procedures for what we know now is hip dysplasia, including corrective surgery to ease sciatic nerve pain in my right leg and paralysis from my hip down. That last operation meant a stay in The London Clinic for a month.

The care I received was amazing. The surgeon, nurses, physiotherapy team, and even the member of staff that cleaned my room made sure all my needs were met. The physiotherapy team would take me out around the Harley Street area in a wheelchair, so I still felt connected to the outside world and to boost my mental health.

When you can't do very much, mealtimes become the focus of your day. The menu was varied, and the food was delicious, fresh and tasty. It felt great to make healthy choices to support my recovery and well-being.

“

**The London Clinic has given me a new start in life.”**

After I went home, it was easy to get advice during the day or night from my medical and nursing team. I was always reassured that they would be there for me.

My surgery, nursing and aftercare have given me a new start in life. I thought I would never get diagnosed, play sports, or fulfil my potential. Now I'm back at university, and I'm learning to run. The London Clinic has given me the life I always wanted.”

Our **Patient Forum** continues to thrive with a dedicated group of patient representatives. In 2022, the Patient Forum met three times, providing valuable feedback on topics such as the new website and company branding; patient safety leaflet; Zero Tolerance poster; Talking Therapies service; nursing floor refurbishment, multi-faith room improvements; complaints data and thematic analysis of subjects; and a tour of the planned new diagnostic facility at 142-146 Harley Street.

“

It was good to see you and the team this week and also to visit 142 [Harley Street] and see how that is progressing. I thought it was an excellent meeting with a varied agenda. It was good to hear The [London] Clinic's strategies and plans going forwards and to meet the Modern Matrons. I look forward to assisting with the 15 steps and PLACE (Patient Led Assessment of the Care Environment)”.  
**Patient representative on the Patient Forum.**

We also introduced having a **patient story at the start of each Quality and Performance Committee** (page 54). The plan for 2023 is to increase and diversify the number of members in the Patient Forum and broaden their involvement to other meetings and patient experience strategies across the hospital.

Our **Patient-Led Assessment of the Care Environment** programme remained suspended during 2022 but is now scheduled for Autumn 2023 and will be reported on in the next annual report.

Our **complaints handling response rates improved throughout the year** and are now exceeding target response timeframes. We have also updated all printed materials to support this process and recruited additional dedicated staff to ensure a robust and responsive service for patients who wish to give feedback or raise concerns.

We reinvigorated our **internal Patient Experience Committee** to be more formal and structured resulting in a regular meeting with cross-hospital staff involvement focusing on improving the patient experience and engagement, responding to feedback received but also innovating and driving quality improvement.

It can be challenging for patients to feel good about themselves after a cancer diagnosis. As part of our Moving On programme, **we ran our third oncology wellbeing pop-up event in September** providing holistic guidance on health and wellbeing. Our clinical experts provided sessions on the following topics: health and wellbeing therapies; oncology skincare treatments and eyebrow workshops; treatment-induced menopause; and how physiotherapy can be beneficial to the pelvic floor. As well as welcoming back The Bra Sisters, HeadWrappers and Raoul Wig Makers, we were joined by INIKA Organic, who hosted free colour-matching consultations using their natural make-up throughout the day. During the year 54 people attended a session from our Moving on programme.

Our **therapies department provided free-of-charge support for patients** throughout the year, including 408 hours worth of talking therapies and 629 sessions of complementary therapies, the equivalent of 580 hours.

During the year we **engaged with a digital library of patient information leaflets** that explain the risks and benefits of proposed treatment to support informed consent. This provides a standardised approach for all patients, regardless of speciality or consultant, ensuring that they receive the most up-to-date information relevant to them in clear and easy language.



### Catering for our patients

Patient nutrition and catering has for many years been central to our vision of what excellent care should be.



We pride ourselves on our well-earned reputation in this area. Our kitchen team have particularly taken 'we personalise care' to heart this year. Building on their previous work to create tailored menus suitable for patients who have dysphagia or taste alterations as result of their treatment, **our Executive Head Chef has introduced cooking lessons for oncology patients.** These sessions, provided as part of our Moving On programme, enable patients to take skills home with them to their everyday lives. The kitchen team have also set up a messaging service so that those who cannot speak can communicate their food requirements in an easy way, at a time suitable for them. Celebrating special occasions for our patients is always a pleasure and the skills of our pastry chef has been brought to bear with cakes for birthdays, anniversaries and even a wedding!



## Launch of our new website

**Our website plays a vital engagement role as it is often the first place someone discovers who we are, what we do and why we are the best place to come for care.** We spent time looking at the use of the site, talking to colleagues from across the hospital, interviewing patients and consultants, and asking for feedback from over 150 site visitors.

That helped us understand the profile and needs of our website visitors, which in turn led us to four key aims:

- **To make the site simple and easy to use**
- **To provide clearer information about what we do**
- **To be transparent and approachable, particularly with pricing**
- **To be bold and stand-out from the competition.**

The new site was designed to meet each of these aims.

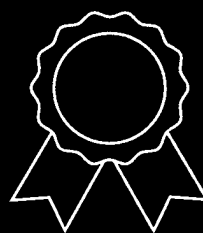
Finding a treatment or consultant is much easier through a new search function; and treatment and consultant pages are clearer and simpler to navigate. Pricing for our consultants and fixed packages is more visible. And the whole site fully embraces our bold new brand identity.

We have ensured that the site meets the AA standard for accessibility, which means it is highly usable for anyone, with or without a disability. We have also moved to a new hosting platform, so the site is more robust and provides greater protection to patient and hospital data. An additional key insight from our research was that audiences want us to make it easier to access our services and their health data online. That means our work does not stop here. We will now shift to a continuous improvement model, to add more content and functionality with a focus on enabling online appointment booking.

## Award-winning

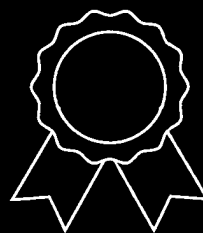
Having **launched a new, patient-centric brand and website this year**, we were proud to be the recipient of two awards for our digital offering. In October, our new website won in the category of 'Regional Excellence' across Europe, the Middle East and Africa at the Acquia Engage Awards, reflecting the 'marketing vision and technical execution that combine to fuel world-class customer experiences'.

The website was also awarded silver for 'Best User Experience' in the BIMA Awards, the UK's longest standing and most prestigious digital and technology awards, for 'empowering patients to take control of their own healthcare'.



## Winner

**'Regional Excellence'**  
across Europe, the Middle East and Africa at the Acquia Engage Awards



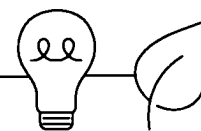
## Silver

**'Best User Experience'**  
in the BIMA Awards



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## Smarter working and Sustainable Infrastructure



# It has been a **transformational year** for The London Clinic's pathology service

**Reza Mirza**, Head of Pathology, outlines what has changed and what is planned for the future in this interview.

### Q What is your role at The London Clinic?

**A** I am the head of pathology. This means I'm responsible for professional, scientific, advisory, organisational, financial and educational matters relevant to the services offered by the laboratories. I lead a team of seven senior managers who in turn manage over 100 laboratory staff from medical laboratory assistants to senior specialist biomedical scientists. We have a full repertoire of departments including haematology, biochemistry, microbiology, virology, immunology, histopathology and blood transfusion. In addition, we have our very own stem cell laboratory which is a specialist service found in only a handful of healthcare providers in the country. At any one time, we have around 35 world-class clinical consultants supporting our services who are often the best in their field of interest. We are regulated and inspected by the United Kingdom Accreditation Services (UKAS), Medicines and Healthcare products Regulatory Agency (MHRA) and Joint Accreditation Committee ISCT-Europe & EBMT (JACIE), and it is my responsibility to ensure our standards remain high.

### Q How does Pathology impact the day-to-day hospital?

**A** Pathology is the study of disease. It is the bridge between science and medicine and underpins every aspect of patient care, from diagnostic testing and treatment advice to using genetic technologies and preventing illness. Clinicians and registered scientists working in pathology are experts in illness and disease. We're a part of every patient's journey from pre-assessment, to monitoring disease progression whilst the patient is with us in the hospital to after they leave to monitor the effects of treatment. We also ensure all our patients who require blood are safely issued with the correct blood products, via our transfusion services. At each step, through accurate and highly regulated laboratory testing, we are responsible to ensure the right patient gets the right result at the right time.

### Q What is the vision for the service?

**A** The vision is to create a world-class pathology service that is accessible not only to patients who come to The London Clinic but also to the wider healthcare community. This includes the best people working on up-to-date cutting-edge equipment supported by highly skilled clinicians. We are part of the way through a total pathology transformation programme that is investing millions of pounds in new equipment and technology in the laboratories. This is supported by a complete workforce review to maintain highly skilled scientific and technical staff.

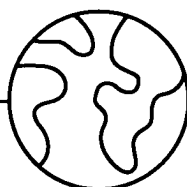
### Q What changed in 2022 for Pathology?

**A** 2022 has been a transformative year in the blood sciences department, whilst also seeing a huge increase in workload and demand post-pandemic. We have removed a significant amount of aged equipment and replaced it with up-to-date technology. We have not gone for a traditional single supplier refresh, but instead



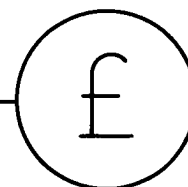
# 100+

**laboratory staff** managed in our pathology department



# 35

**world-class clinical consultants** supporting our services



# £4m

**of investment** in a pathology transformation programme

“

The vision is to create a world-class pathology service that is accessible not only to patients who come to The London Clinic but also to the wider healthcare community.”

picked the best-in-class equipment for each service and combined it on a fully automated tracked solution. Consequently, we have not compromised on the quality of diagnostic platforms within any area of blood sciences.

**Q How does this improve patient service?**

**A** We had issues with breakdowns previously which meant we sometimes would need to refer work to third parties which in turn affected turnaround times and potentially delay patient care. The introduction of new technology improves reliability and reduces the downtime of the equipment platforms. In addition, the new technology has improved the diagnostic data we can use when assessing a patient's condition.

**Q How did you make these changes without impacting services?**

**A** This has been one of the most complex projects I've been involved with, and its success is attributed to the meticulous work and effort of the multi-disciplinary teams involved. The timelines were exceptionally tight with no margin for error. The technology replacement programme involved Pathology, IT, Estates, Legal, Project Management and Finance teams all working as one. Whilst we delivered this project, we were continuing with a business-as-usual approach to providing our patients a high-quality service. To quote our CEO, Al Russell: 'it's like changing the engine of a plane in mid-air'.

**Q What went well, what were the challenges and what did you learn?**

**A** The most pleasing aspect of the technology programme was how quickly the multi-disciplinary team crystallised and supported each other to reach our collective goal. In

addition, the resilience of the laboratory team continuing to work in some quite restrictive conditions was impressive. The biggest challenge was making significant changes whilst maintaining a full-service repertoire. Some days when major works needed to be done there may have been slight delays in producing results and phone calls would come in which were disruptive to the teams doing the work. As a team, we learnt that communication is key for all stakeholders, both internal and external, and the sooner you communicate changes or disruption to normal service the better the message is received.

**Q What are you and the team most excited about?**

**A** The most exciting aspect is that once the overall programme is delivered, we will be in a strong position to grow the services and look at new markets that expect digital results return as a pre-requisite to using pathology services. The efficiencies the programme will realise, coupled together with the strong London Clinic brand, will make us a very attractive proposition in the pathology market.

**Q What else is to come?**

**A** The next stage of the transformation programme is to select a laboratory information management system (LIMS) provider that can meet the requirements of the hospital. Upcoming plans are to introduce a greater repertoire of in-house testing to support a faster turnaround of testing to results for our patients so that treatment can be started sooner. We have an excellent reputation for high-quality care, and I believe the pathology services can use this as a springboard to collaborate further with new clients and organisations to deliver exceptional care.

## Sustainable Infrastructure



### TECHNOLOGY

Significant investment has been made in the Charity's technology environment over the last three years. A **clear strategy for digitisation has been developed**, which fully supports and enables the Charity's overarching strategy. Degradation within the infrastructure and IT applications estate has continued to be addressed, though further funding and focus are required to complete the challenge. Firm foundations for strategic digitisation have been laid through the selection and deployment of new technologies, and strategic delivery is being accelerated through our use of agile and lean innovation techniques.

Continued investment into key IT networks and infrastructure has resulted in **improved reliability, security, and resilience** of foundational IT. This included the replacement of the onsite network and investment in our infrastructure and broader network to better understand long-standing risks and issues and identify options for cost-effective remediation. Like most healthcare organisations, **cyber security remains a concern** as threats evolve at a rate that is challenging to keep pace with.

Significant ongoing focus and investment are required to mitigate some risks.

Several **clinical systems have been upgraded** in service to patient safety including systems in cardiology, diagnostics, endoscopy, radiology, ICU, and nuclear medicine. We have also expanded our endoscopy software solution to Theatres in support of a more flexible service for patients. A modern and **patient-friendly solution for ambulatory cardiac monitoring** has been launched, and key procurement projects for medical pumps and monitoring devices have been completed.

Behind the scenes, Agile payments have been deployed and are supporting better experiences for patients. Management of nursing staffing has been supported with the **implementation of E-rostering and Safecare**. And our **medical records repository has been replaced** via the delivery of Phase 1 of our OnBase project. Further exploitation of the OnBase toolset is planned for 2023 which will deliver significant patient safety, information governance, and process efficiency benefits. OnBase is also a key component of our electronic patient record replacement strategy. (More on page 48).

## “ Patient Case Study, Hannah

**I'd look at the calendar with dread because I knew exactly when I would be doubled up with period pain. Sometimes I could get through a working day, but I often had to take time off.**

On diagnosis it was found I had stage two endometriosis and if left untreated, it can become a cause of infertility. I looked at my options. I could wait for treatment or be admitted to The London Clinic straight away to have a diagnostic laparoscopy. The decision was easy. Time was ticking, and my husband and I wanted to be able to have a family in the future.

From the outside, The London Clinic looks like a grand hotel, but on the inside, it has the high standard of camera technology my consultant, Mr Thomas Ind, needed to assess and remove the endometriosis.

My operation went smoothly, and my aftercare was great. Nothing felt rushed, and the nursing staff had plenty of time for me. I really enjoyed the overnight stay in my own room with a bathroom stocked with lovely toiletries. The food was healthy, delicious and served with high-end restaurant standard presentation.

“

Now I can live just as I want to, whatever date it is on the calendar. I have hope for my future family.”

## Sustainable Infrastructure



### PROPERTY

In 2022, the Property team continued to focus on compliance-related and infrastructure upgrade projects including fire protection equipment replacements and refresh works and other health and safety-related works. The introduction of an in-house minor works team brought efficiencies and speed to these works. In addition, there were some key major projects commenced and completed including:

- **New Virology Lab** – Works completed last year with the lab about to go into service following its temporary use by Blood Sciences whilst their lab was refurbished.
- **Blood Sciences Lab** – Refurbishment of the existing lab undertaken in two phases whilst keeping the service running throughout. Included the installation of new track and equipment under a managed equipment service (more on page 62).
- **Linear accelerators replacements** (page 35).

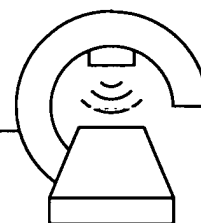
#### 142-146 Harley Street

The designs for our exciting new diagnostic and outpatient centre at 142-146 Harley Street were finalised in 2022. This will comprise a state-of-the-art diagnostic centre in the basement and consulting rooms on the upper floors which will improve accessibility and make our patient pathways simpler and more efficient. With final approval given by the Board, construction will start on-site in April 2024. The building, is comprised of three listed buildings from 142-146 Harley Street, spanning 15,655 sq ft at the top of Harley Street which is conveniently opposite the main hospital. The building will be a hub to provide rapid access to diagnostics such as 3T MRI and breast imaging and support key specialisms in Men and Women's Health including

gynaecology, breast and urology.

# 15,655 sq ft

state of the art diagnostic centre and consulting rooms



## Smarter working



### PROCESS IMPROVEMENTS

**In 2022 several operational process enhancements were made to improve the patient experience.**

Operational hours for our imaging diagnostics equipment including MRI and CT scanners were extended to include weekend appointments. This provides more choice of appointment times for patients and allows patients to undergo their scan more quickly, and so shortening patient diagnosis timeframes.

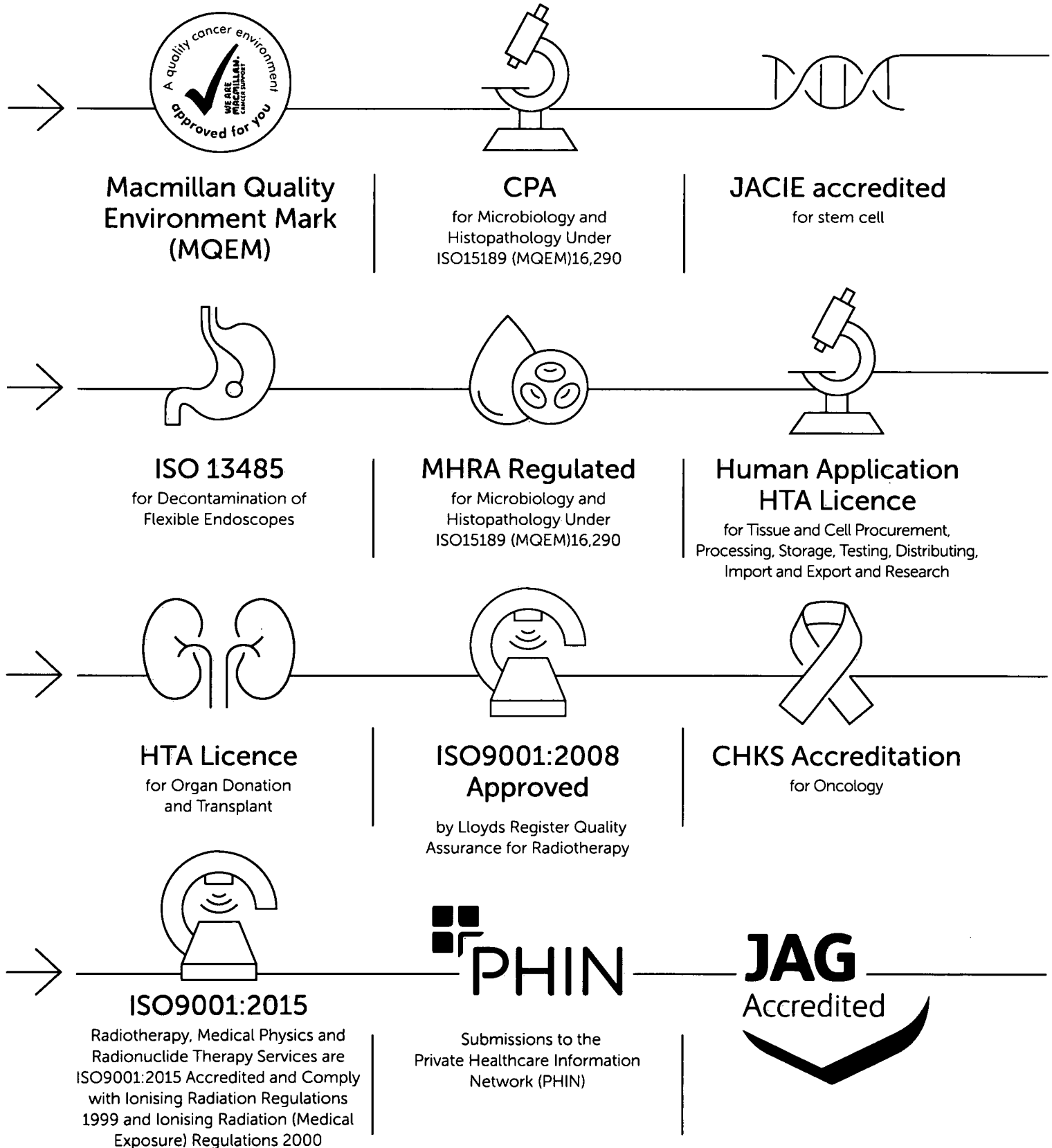
In Pre-Assessment, a digital preoperative assessment triage form was introduced for patient use. This facilitates the timelier digital collection of patient health screening data prior to surgery and helps to identify required preoperative investigations. This process also supports the prioritisation

of patients who have conditions that require a face-to-face assessment. The use of this form also helps reduce the number of patients who may experience a postponement of booked surgery due to further investigations being required later in their pathway.

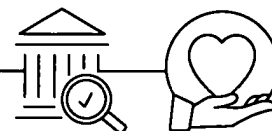
Over 2022, we consolidated the ability for our patients to pay for their outpatient treatments at the time of service provision – so avoiding late-charges being sent to patients. We also now have processes in place so that our patients can pay for their take-home drugs on the ward prior to discharge. The ability to collect payments when the patient is in the hospital helps with charges being fully explained to patients at the time of provision – so avoiding a lack of clarity on charges.

## Our accreditations

We have retained all our standards following inspections for the following:



## Outstanding Care and Outstanding Governance



### ACCREDITATIONS AND INSPECTIONS

Accreditations are official recognition that an organisation is competent to perform specific processes, activities, or tasks in a reliable, credible and accurate manner. They allow the Charity to demonstrate it is performing to a required level of practice in accordance with agreed international standards of excellence. These reflect key parts of our charitable purpose and demonstrate the ongoing delivery of our public benefit.

United Kingdom Accreditation Service (UKAS) is the sole national accreditation body recognised by the British government to assess the competence of organisations that provide certification, testing, and inspection and calibration services. This means our **laboratory processes and examinations meet international best practice standards** and that we have a standards-based framework for quality assurance and quality improvement. Pathology maintained UKAS accreditation in all four disciplines: Biochemistry, Haematology (including blood transfusion and stem cell laboratory), Histopathology and Microbiology (including Immunology).

#### UKAS assessment feedback

**Biochemistry January 2022:** "A well-embedded Quality Management System. The pressure put on the lab in relation to the COVID pandemic, affecting workloads and staffing has been challenging. However, no complaints have been received and, to the contrary many compliments were received from clinicians and patients alike. This was tantamount to the high level of lab service being maintained. The progress of continual improvement is evident in relation to the continuing investment into equipment and analysers. The results of this surveillance demonstrate that the quality management and technical aspects of the quality system have been maintained and the requirements of ISO15189:2012 are being implemented to a satisfactory standard."

“

Well embedded, comprehensively documented and managed Quality System. Strong teamwork evident. Good knowledgeable personnel. Very good quality control systems."

**Haematology, Blood Transfusion and Stem cell laboratory November 2022**

**Histopathology November 2022:** "Well embedded and comprehensively documented Quality System, [which] was well applied and managed. Knowledgeable and competent staff. The audit schedule is comprehensive, making use of experienced and trained auditors. Audits were found to be detailed, comprehensive and in sufficient depth to give confidence in the correct functioning of the systems."

**Microbiology October 2022:** "The pressure put on the laboratory in relation to the COVID pandemic, affecting workloads and staffing has been challenging, however the laboratory appears to have maintained the service commendably throughout. The service is provided by a team that appears cohesive and [is] working together effectively."

The **Health and Safety Executive** also inspected our **microbiology laboratory** and summarised the facility as "a well-run Category 3 facility with no issues". A re-inspection will not be required for four years.

In March, our dedicated cancer centre, The Duchess of Devonshire Wing, was **awarded five stars and a rating of 'excellent'** by cancer charity Macmillan for the second time. The Macmillan Quality Environment Mark (MQEM) assesses whether cancer services and environments meet the standards required by people living with cancer.

“

The team [at The London Clinic] should be very proud of achieving [a score of] five in all standards, particularly in view of the exceedingly challenging issues the pandemic has presented. It is impressive [to be] receiving such praise from users of the 'spotless and immaculate environment', and rarely do assessments see that careful planning and thought has also been given to the staff facilities. I would like to convey my appreciation to all of the staff... in such a progressive and important centre."

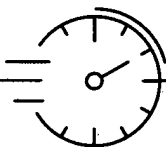
**Macmillan's MQEM assessor**

### 3. STRATEGIC REPORT

Colleagues from the Radiotherapy, Medical Physics, Chemotherapy Day Unit and Oncology Pharmacy team worked together to achieve the **CHKS Accreditation Programme for Health and Care Organisations**. Great teamwork and collaboration were shown, and this did not go unnoticed by the inspectors. The report received had our highest ever number of commendations, and there were no non-compliances.

In their report, the CHKS accreditation award panel inspectors noted how: "All the teams involved with the accreditation at The London Clinic are forward thinking and dedicated to continuous innovation to improve the patient experience. The London Clinic continues to be considered as the place to come to for oncology treatments, as well as attracting the best people to work at the organisation."

#### Stand-out points from the CHKS report include:



#### Actioned

**Referrals are actioned immediately**, and patients are treated within days of the initial referral.



#### Quality

**High level of quality and attention to detail applied to patient information** and in particular information for patients receiving head and neck radiography, and chemotherapy.



#### Clear

Guided by a clear and robust **governance framework**.

“

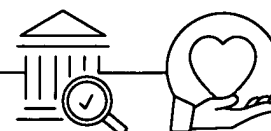
I am very proud of all those colleagues who put all their efforts towards being awarded the CHKS accreditation and the ISO 9001:2015 Certification. We all worked hard for many months in the lead up to this successful result.”

**Neil Livingstone**, Head of Radiotherapy

We also had our much-awaited **Joint Accreditation Committee ISCT-Europe & EBMT (JACIE) inspection** in September 2022. Initial feedback was positive, highlighting a 'Well established, experienced clinical programme; an evident quality culture with a strong ethos of patient-centred care; expert and highly motivated clinical transplant team; Modern state-of-the-art facilities, including clinical wards, theatres, ICU and pharmacy' as well as making suggestions for improvements in administration and documentation. The final report is expected in 2023.



## Outstanding Care and Outstanding Governance



### KEY PERFORMANCE INDICATORS

We measure our progress using a range of financial and non-financial key performance indicators, all of which are aligned with our strategy. Our key performance indicators (KPIs) are shared throughout the organisation to promote accountability and to act as a management tool. Our Integrated Governance Reporting Framework includes regular measurement of clinical key performance indicators as defined nationally, and we compare our scores to the most relevant up-to-date benchmarks available from a variety of sources. The key indicators below are seven of the industry standard quality indicators, and we believe our outcome performance continues to be ahead of the normal ranges for hospitals delivering the breadth and complexity of care that we provide; however, we continuously strive for improvement.

| Key clinical performance indicators                                                     | Benchmark | 2022  | 2021  |
|-----------------------------------------------------------------------------------------|-----------|-------|-------|
| Unplanned patient returns to theatres (% of theatre procedures)                         | <1%       | 0.11% | 0.14% |
| Unplanned re-admission within 29 days (% total admissions)                              | <1%       | 0.26% | 0.44% |
| Patient falls (per 1,000 bed days)                                                      | 3.92      | 0.51  | 0.23  |
| Hospital Acquired Venous thromboembolism (per 1,000 bed days)                           | 0.40      | 0.13  | 0.04  |
| Grade 2 and above pressure sores (per 1,000 bed days)                                   | 0.60      | 0.04  | 0.06  |
| Patient satisfaction score ('friend and family test')                                   | 95%       | 98%   | 98%   |
| UKHSA Healthcare-associated infections - Mandatory Surveillance (% of total admissions) | n/a       | 0.71% | 0.66% |

The **Harms Free Care Group** has continued to focus on key areas of patient safety. The initiative includes Pressure Ulcers, Slip, Trip and Falls, Venous Thromboembolism (VTE), Medication Incidents and Nutrition and Hydration where harm may have occurred. Every incident is reviewed in a patient-centred case review. We then consider what lessons can be taken to improve the care we provide and share the findings from this approach which underpins our culture of strong incident reporting.

In 2022, though overall below the benchmark incidence, we did see an increase in the number of hospital-acquired VTE. We undertake investigations for each of these incidents, share learning and escalate any ongoing concerns to the Harm Free Care Group. In addition, we now have a **named VTE Lead Nurse in post** who continues to support the improvement plans for VTE.

Whilst the rate of falls, and **rate of falls with harm are well below the national average** (3.92 falls per 1,000 bed days in medical/surgical units, we continually strive to reduce these levels in the hospital. During 2022, most falls occurred in patient rooms, and our main area of concern remains bathroom falls which usually occur during the night. Accordingly, the Slip, Trip and Falls policy was revised in line with the changes in National Guidance for Falls.

Our 'patient return to theatres' metric has again decreased compared to 2021 and is well below the target. Analysis of the 2022 incidents has not identified any themes or areas of concern; the hospital continues to have a high level of complex surgeries in theatres.

“

We then consider what lessons can be taken to improve the care we provide and share the findings from this approach which underpins our culture of strong incident reporting.”

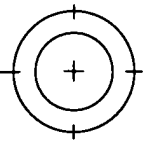
[1] Lake ET, Shang J, Klaus S, et al. Patient falls: association with hospital magnet status and nursing unit staffing. *Res Nurse Health* 2010;22:413-25

Healthcare-associated infections have been consistently low at the hospital for many years. There were zero MRSA infections and two MSSA infections in 2022. Total bacteraemia infections remain less than 1% of admissions. Full investigations were undertaken for each bacteraemia infection with support from our Consultant Microbiologists. In 2022, post-infection reviews highlighted the following issues: poor documentation, administration of antibiotics outside of the golden hour, care of invasive devices specifically completion of the care bundle booklet and aseptic non-touch technique (ANTT) practices. All these issues were addressed, and continuous training and awareness is an ongoing initiative of the infection prevention and control team. Audits and spot checks are being undertaken, and ANTT competencies have been updated with input and support from the Learning and Development team. Surgical site infections remained extremely low, and the hospital was not an outlier in any of the categories it participates in.

We reported two 'never events' during 2022, both with low harm to the patient. Each event was reported to the Care Quality Commission, a thorough investigation was completed for each, the findings were reviewed and signed off by the Senior Executive Governance team and learning was shared with the patient and their family as well as staff across the whole hospital.

During 2022, we have successfully recruited all vacant posts within the Clinical Governance team which allows us to support staff in all areas of Clinical Governance including Patient Safety, Patient Experience and Clinical Audit. As part of our hospital-wide strategic objectives, we continue our journey to 'Outstanding Governance' and maintain our engagement with the CQC to share improvements and provide ongoing assurance.

## Maximising Patient Outcomes



### INNOVATION AND RESEARCH

#### Improving cancer treatment with genomic testing.

We have contracts with genetic testing companies to support a personalised strategy for treatment of cancer. In line with our new strategic emphasis on cancer, we will aim to grow this service, working with various providers, supported by appropriate governance, consultant geneticist input and counselling.

As a growing centre of excellence, the Charity has this year been recognised for **innovation in cancer care**. Our Radiotherapy team won two awards following the introduction of a new **tattoo-less treatment** which was included in our 2021 annual report. This was developed to provide an impermanent alternative to the small but permanent alignment tattoos traditionally used during radiotherapy. This initiative won the CHKS 'Top Hospitals' award for innovation in April and struck gold again in November for 'Innovation in Care' at the prestigious LaingBuisson Awards.

The Palliative and Supportive Care team have pioneered benchmarking end-of-life care at the hospital with national standards. This work **championing an innovative approach to patient-centred end-of-life care** has been shared nationally and internationally with publication in Palliative Medicine and Hospice Care Journal.

“

This innovative treatment is a clear demonstration of our hospital values – we work as one, we go further, and we personalise care. The project was led by a committed team of allied health professionals going further to put patient choice first. We're tremendously proud of our Radiotherapy team for their achievements.”

**Tonya Kloppers**, Director of Nursing,  
Quality and Clinical Governance



## Radiotherapy Transformation – TrueBeam Linac

The Radiotherapy department continued its transformation project to replace its two linear accelerators (LINACs). The original iXLinacs first treated patients in December 2009. The project to upgrade the facility with the first of two new machines, the TrueBeam by Varian, took nine months with the first patient being treated in May 2022. The second replacement machine was in place and treated its first patient in April 2023. Combining the latest in medical technology, the TrueBeam Linac systems offer multiple advantages including faster, more accurate treatment, advanced imaging and management of motion. These features mean that the clinical team can offer targeted radiotherapy to treat more effectively a broader array of cancers, such as lung, breast and prostate.

The new technology allows the delivery of a wider array of functionality to deliver more optimised treatments. This is a ground-breaking development and offers for the first time the Varian 'Identify System' and surface-guided radiotherapy (SGRT) to our patients. Other features include the 'Varian PerfectPitch 6-DoF Couch' which allows positional correction in all axes and the ability to provide intracranial stereotactic radiosurgery (SRS) using the TrueBeam HyperArc solution. We also have the capability to provide flattening filter-free beams (FFF) which assist in delivering small-field stereotactic body radiotherapy (SBRT). As a priority, commissioning will continue with our TBI service (Total Body Irradiation) which will be available from mid-May 2023.

At the centre of the refurbishment works in this radiotherapy area is the patient experience. The new treatment rooms are supported by well-designed private changing areas, both modern and spacious, providing a calm environment so that patients are less likely to experience claustrophobia.

In celebration of our achievements, we have named the new equipment after two female leaders in the field of science: **Rosalind Franklin**, known for her contributions to the discovery of the molecular structure of DNA (deoxyribonucleic acid), and **Marie Curie** for her work in discovering radium and polonium, and her significant contribution to finding treatments for cancer.

**A new treatment for chronic rhinitis patients.** Our ENT specialists have recently introduced ClariFix at the hospital, a one-off treatment that provides long-lasting relief from the symptoms of chronic rhinitis. ClariFix uses cryotherapy, applied via a probe, to the back of the nasal cavity. This cold therapy interrupts signals sent by out-of-balance nerves that result in the characteristic symptoms of excessive swelling and a dripping or runny nose. A non-invasive treatment with few side effects, it offers symptom improvement within two to six weeks.

Our New and Novel Committee allows consultants to **instigate new treatments** at the hospital and these have included: platelet-rich plasma for diabetic and vascular ulcers and Lympha, a plastic surgery procedure undertaken in breast cancer patients providing immediate lymphatic reconstruction. The lung function team have also introduced 'Exhaled NO' to further optimise the assessment of chronic respiratory disease and asthma.

We have **19 active research studies at present**, of which 1 is sponsored by the Charity, 6 studies where we provide services to NHS trusts, and 7 that are supported by other charities. These include 2 Biobank collections, a pancreas collaborative, MRI imaging for the Royal National Hospital, a sickle study, NET collaboration with Imperial supporting Anthony Nolan's study. In the remaining studies, we

provide a service to other commercial studies such as scans and diagnostic tests. Overall, 311 patients were seen at the hospital during the year for research purposes, and the disease areas covered included: pancreatic cancer; neuroendocrine tumours; asthma; hypertension; macular degeneration; sickle cell disease; orthopaedics; chronic obstructive pulmonary disease; Parkinson's disease; and blood disorders.



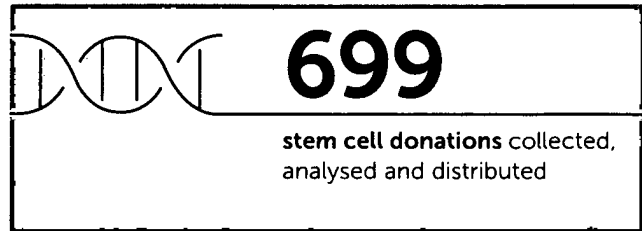
# 311

patients were seen at the hospital during the year for research purposes

The Charity's **first sponsored study**, in collaboration with the Addison's Disease Self Help Group, aimed to improve hydrocortisone injection options for patients with Addison's disease. The commencement of the trial was delayed during the pandemic and enrolment for this study has so far not been successful with all patients screened proving not suitable for the trial. A decision on whether to continue the trial will be made in 2023.

There had been further growth in cancer services with the implementation of **12 new haematology protocols** including 2 compassionate use schemes. There had been growth in the allogeneic transplant areas in comparison to prior years as well as in the oncology areas with more targeted therapies as research identifies more specific therapies. This increased complexity has led to an expansion of the pharmacy clinical cancer services team with an additional pharmacist and the utilisation of the medication's management technical team.

The Charity is proud to continue to be **the largest stem cell collection centre in Europe**, together with our partners Antony Nolan, British Bone Marrow Registry and DKMS whereby we collect, analyse and distribute nearly 700 stem cell donations a year. We were the first independent hospital in the UK to gain the Joint Accreditation Committee ISCT–Europe EBMT (JACIE) accreditation accolade in recognition of our quality standards in stem cell work. We have created a new Stem Cell Office, to take pressure off the specimen room and introduced new storage facilities in the form of storage walls for patient records. This has increased the storage capacity significantly, in line with JACIE requirements. We also have an outline blueprint for a longer-term Stem Cell expansion plan.



## “ Patient Case Study, Nuada

**Innovation is crucial to patient care and Nuada travelled to The London Clinic from Dublin to receive the world's first deep brain stimulation (DBS) using the new Brainlab Elements Stereotaxy system with Consultant Neurosurgeon Mr Erlick Pereira.**

DBS is used to treat a wide range of movement disorders, including tremors and Parkinson's, by implanting electrodes into certain areas of the brain. The electrodes are connected to a small electrical device positioned in the upper chest, which sends out pulses similar to a pacemaker.

The innovative Brainlab system, together with Boston Scientific Vercise Genus technology, achieves even more precise targeting and accuracy. "This new software lets me visualise not only how close my electrodes are to their target deep in the brain with sub-millimetric accuracy, but also where the electrical current is being delivered. Nuada's tremor is gone straight after surgery even with the stimulation switched off, which is a great sign that his electrodes are in exactly the right place." – Mr Erlick Pereira.

Nuada adds: "I had the surgery asleep for my comfort, and I am told the holes made in my skull were tiny and there are no bumps there as I have seen on other surgeons' videos. The cuts in my head and chest are small, neat and look beautifully stitched."

“

My tremor is so much better. I can now drink from a cup with one hand... The whole experience at The London Clinic has been wonderful.”

# Training and education

## Developing people



### INVEST IN OUR PEOPLE TO BE THEIR BEST

We recognised **Lifelong Learning Week** in November by organising a range of events to celebrate learning. This included job shadowing of senior leaders across the hospital, lunch and learn sessions, creative writing and dance classes organised by our Community Fund, craft workshops and learning videos from the staff. A highlight of the week was the opportunity for staff to nominate their colleagues for a Staff Recognition Award in acknowledgement of their contribution to learning and development within their department. 23 staff members received nominations, and 3 were awarded a prize at a dedicated award ceremony. This was a wonderful opportunity to recognise and champion learning across the hospital.

24 members of staff were **granted funding for their personal qualifications and accreditations under the Staff Training and Education Fund (STEF)**. This funding has been a significant investment in our staff's professional development. It has enabled individuals to enrol in qualifications such as MBA in Clinical Leadership and PhD in Nursing / Health Studies. A further 131 members of staff received funding for external learning in 2022 across clinical and non-clinical departments. This figure emphasises the importance placed on learning and development for staff at the Charity.

Following 18 months of hard work and dedication, the **latest cohort of our Steps to Leadership Programme graduated in October**. This programme took place during Covid, meaning that the entire training took place online. With the stress and upheaval that felt like a daily occurrence during the pandemic, this was an incredible achievement by the participants. All of the six graduates gained a Level 5 Leadership and Management certificate backed by the Chartered Management Institute (CMI), with many of them achieving distinction. Steps to Leadership is a unique learning and development opportunity to support future leaders within the hospital to take their next step. It provides the skills required for a leadership role, blending practical tools with individual strengths. This programme is funded by the Apprenticeship Levy.

In 2022, we were delighted that **many of our courses returned to the classroom**, as face-to-face learning was permitted to resume following the pandemic. This enabled us to offer a blended learning approach for our learning and development programme, ensuring that classroom sessions were highly practical in nature whilst online sessions offered valuable theoretical learning. In total, over 800 sessions were delivered internally for staff across clinical and non-clinical areas in 2022.

In 2022, we had a total of **11 staff who were ongoing with their apprenticeship** and 6 staff members who completed their apprenticeship. Apprenticeships were completed in Therapies, Radiotherapy, Nursing, Medical Physics, Radiology and Pharmacy. Our ongoing Apprenticeships are in Pharmacy, Nursing, Finance, Theatres, Kitchen, Property and Therapies. All Apprenticeships are funded through the apprenticeship levy.

**Education and training was a key development area in Pharmacy** in 2022. We expanded our utilisation of apprenticeships in this department with an enrolment of 2 additional staff on two courses bringing the total number to 4. We have also grown the accreditation programme for pharmacy technicians and are supporting two individuals with master's and postgraduate clinical diplomas.

Our **nursing students continued with their training** throughout the year. One of our HCAs qualified as a nursing associate in October and is now preparing to undertake the preceptorship programme. The second nursing associate had a break for maternity leave and is resuming the course. We have two nurse apprentices who are due to finish their degrees and qualify in 2023. We are looking to expand the higher education partnerships to be able to offer two additional nursing associate apprenticeship opportunities for HCAs.

The Charity continues to financially **support clinical fellowships for specialist junior doctors** working toward becoming a registrar or consultant. We maintain 15 fellowships in total for areas including oncology, intensive care, reconstructive surgery, haematology, and urology. 3 senior fellows in Haematology are funded to cover the ward work in haematology on rotation with their remaining time spent undertaking research. 3 PhDs have been awarded, and all have consultant appointments at teaching hospitals. There are **4 fellows enrolled in PhD programmes** at present, and the Charity is also supporting a nurse to undertake a PhD. The most recent successful PhD submission has been examining common interventions on immune function; other fellows have undertaken PhDs in education, peri-operative care and pancreatic cancer.

## Developing people



### EDUCATION AND TRAINING ACTIVITY WITH OUR COMMUNITY

#### Our GP training

We continue to **provide a range of GP events as part of our established GP Education Programme**. The programme provides GPs, Physiotherapists and AHPs with access to some of our world-leading consultants and specialists, to share learning and help diagnose, manage and treat patients within their practice. In 2022, our educational events attracted 1,809 delegates.

**With a variety of subjects on offer, these were delivered through various events formats including:**

- **26 webinars covering specialities** including – Allergy, Bariatrics, Breast, Cardiology, Colorectal, Dermatology, ENT, Gastroenterology, Geriatric Medicine, Gynaecology, Haematology, Hepatology, Oncology, Ophthalmology, Orthopaedics, Practice Management/Finances, Respiratory, Rheumatology, Sports Exercise, Urology, Vascular (699 attendees)
- **35 lunch and learns** (397 attendees)
- **62 Basic Life Support Training sessions** (550 attendees)
- **5 networking events** (149 attendees)
- **1 patient event** (14 attendees)

**Feedback from some of our attendees include:**

"Has improved my confidence when referring"

"Encourages [me] to use physiotherapy more often"

"[Helps develop] better practice in managing patients as so informative"

"[Helps me develop] better direction for my diagnosis, as well as a good consultant for referral"



# 1,809

**delegates** attended events in our GP education programme

We also published our Summer edition of 'The London Clinician', **a magazine for our GP community** focusing on news and innovations, case studies and interviews. In this issue, we covered robot-assisted surgery shaping the future of healthcare; lasers and robots (advances in BPH treatment for patients suffering from benign prostate hyperplasia); managing fibroids – patients perspective; cancer genetics – information on the partnership between The London Clinic and Datar Cancer Genetics and how it will enable MDTs to offer patients precision cancer treatment through better clinical decision making.

#### Other activity in our community

The Surgical Travellers are a group of consultant surgeons drawn from a broad range of specialities from hospitals all across the UK. They visit a UK surgical department once a year and an overseas surgical centre once a year. The purpose is to learn from colleagues and build contacts, in a collegial, informal setting. In the Summer of 2022, **the Charity hosted the Surgical Travellers for their academic meeting**. There were nine lectures, delivered by consultants from The London Clinic over two days to the visiting Travellers, covering a range of surgical topics, lessons from intensive care medicine and running a hospital during COVID. The Travellers also enjoyed visiting the hospital and being shown around the facilities.

Our Endoscopy unit hosted the team from **CBBC's Operation Ouch!**, an educational children's TV programme which sees three doctors explore the ins and outs of the human body through a variety of eye-opening experiments. The award-winning show, led by TV doctor and presenter Dr Xand, visited the hospital to film inside the small intestine via a Pillcam procedure. When used in our hospital, a capsule endoscopy can help to diagnose conditions of the small bowel, but for this educational moment, it took a closer look at Dr Chris's digestive system in action.

We have **clinical and non-clinical work experience placement programmes** in place. In 2022, we had approximately 30 students take part in week-long placement programmes. The students cover areas such as Gynaecology, Day Surgery, Theatres, Outpatients, Eye Centre, Urology, Therapies, Pathology, People Team, IT, Security, Customer Services, Kitchen and Front of House. Our students come from many local schools, and we work very closely with St Marylebone Church School, taking ten students from there as well as supporting their annual careers fair to talk about clinical and non-clinical careers in healthcare. We also work with The Marylebone Bridge School supporting their students who have speech and language needs with work experience.

Our kitchen team is actively engaged with **Westminster Kingsway College**, mentoring students on weekly in 4-week blocks, ending with a 'chef's table', cooking for senior managers.

Our **physiotherapy team provides student placements** working with King's College London and commenced a partnership with the University of Chichester during the year. Seven students were supported in total as well as three observational students. The team also contributed as panellists to the King's College London virtual physiotherapy careers event.

## “ Patient Case Study, Stella

**I'm in my 60s now and I've always danced, cycled, walked, skied, and practised yoga and Pilates. I've also competed in races of all distances, from 100m sprints to several London marathons.**

Then I started to experience increasing pain in my groin and stiffness in my thigh and hip, and I had to stop running. Even walking our dog became impossible. I couldn't sleep and was living on painkillers and felt so miserable.

The thought of anything to do with illness or hospitals made me feel anxious. So, I tried alternative ways to get better like sports massages, physiotherapy and acupuncture. However, my condition got worse. The very last thing I wanted was surgery.

But after an X-ray and MRI scan, my worst fears were confirmed, I had to have a total right hip replacement

operation. In the days leading up to being admitted to The London Clinic for treatment by Mr Marcus Bankes, I was terrified.

“  
The London Clinic gave me back the life I love.”

But I needn't have worried. It was amazing, my surgery was at 10am and by 3pm I was out of bed and walking in the ward with the physiotherapist. During my stay, I had aquatic therapy and regular physiotherapy. Three weeks later, I could use my stationary bike, six weeks on, I could take walks on crutches.

Last year, I entered the Kent Cross Country League championship and won the Kent Trophy with my prosthetic hip! I'm proof that there is a pain-free life after surgery.

### 3. STRATEGIC REPORT

The Charity continues its partnership with the **Royal Society of Medicine through sponsorship of their Annual Lecture**. A live stream lecture, free to the public, took place in February 2022 entitled *Population genetic testing for cancer predisposition* by Professor Ranjit Manchanda. Preventive population genomics enables population stratification for targeting effective screening and cancer prevention strategies. Up to 10% of women's cancers in the ovary, breast, endometrium, and bowel are caused by mutations in high-risk cancer susceptibility genes (CSGs) and are potentially preventable.

In 2021, we provided six mentors for the external **Mission Include programme** which aimed to connect learners from diverse backgrounds with mentors who would be able to help them develop their confidence and careers. This was a great success and, whilst intended to be a fixed-term initiative, two of our mentors have continued to provide mentorship on an informal basis.

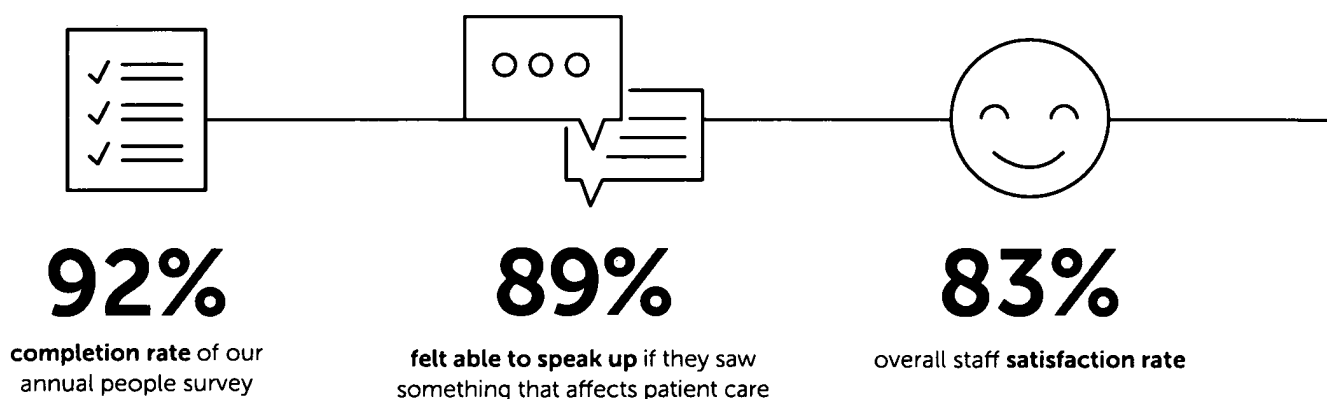
The **programme of conferences and events within the healthcare industry** returned more in 2022, and our staff began to present their research learning and initiatives globally, supporting our aim to advance healthcare and share knowledge globally. This included speaking about the importance of oncology skincare to the All-Party Parliamentary Group on Ovarian Cancer and at cancer charity events; three visits as part of our visiting doctors' programme with the Emirate Health Service hospitals whereby consultants transfer knowledge to local doctors via outpatient consultations, lectures and teaching new operation techniques; chairing the annual Health roster conference and participating in a panel on *'Disruption as a Catalyst for Transformation'*.

## Our people

A major development in 2022 is that **the Charity became a London Living Wage employer** for the first time. Reaching this milestone was vital and demonstrates the commitment we have to our staff, which became more important during the year as the cost-of-living crisis hit. We are continuing to ensure that this level is maintained and supporting those who might be struggling; assistance available includes our Employee Assistance Programme, personalised mortgage advice and pensions advice.

In 2022, the Charity focused on the **evaluation and evolution of organisation culture** with the launch of a new strategic framework and updated Values; 'we work as one', 'we personalise care', and 'we go further'. These values have been built into team development activities across the hospital with various teams such as ICU, the People Team and the Clinical Governance team focusing on how they embody the new values. A cultural review exercise was carried out across spring 2022 with a series of focus groups and a short survey to establish feedback regarding the existing culture, and the desired culture, which fed into events and actions at Executive and Head of Service level.

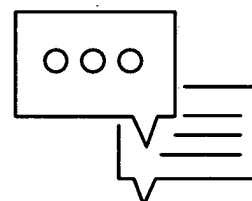
This was followed by the **annual people survey** which ran as a pulse survey in autumn 2022 with a 92% completion rate. All scores saw a positive variance to 2021 with a new Belonging Index measuring 79% satisfaction, the Health and Wellbeing index measured 73% satisfaction and the highest engagement score in five years with an 83% satisfaction rate. 89% of responders felt able to speak up if they saw something that affects patient care, and 82% felt that they could be themselves at work. Respondents were also 85% positive about recommending The London Clinic as a place for treatment (+6% on 2021) and 81% as a place to work (+9% on 2021), a significant improvement on the previous year's results. A number of teams had also seen a significant improvement in their own breakdown of results since the 2021 survey.





We are really pleased with our annual people survey results which indicate a positive shift across all measures and the success of initiatives to develop an open, just culture and focusing on the equality, diversity and inclusion agenda in line with our values.

The charity has appointed Rochelle Francois, Senior Physiotherapist, as **our first Freedom to Speak Up Lead Guardian**. As Lead Guardian, Rochelle is responsible for leading the Freedom to Speak Up Guardian network, which launched in 2019, ensuring that cases are handled appropriately and that all our data is recorded, as well as being a key figurehead for speaking up at the hospital.



“

I am honoured to be a Freedom to Speak Up Guardian as I feel that I can help others voice their concerns or needs when they may be struggling to do so. I'm looking forward to stepping into the Lead Guardian role where my aim is to champion a true 'speak up' culture that is integrated into the hospital. We have a network of brilliant guardians at The London Clinic, and we agree that more focus is needed to support our colleagues, who are ultimately this organisation's best asset.”

**Rochelle Francois**, Senior Physiotherapist

#### Equality, Diversity and Inclusion (EDI)

The presence of the **EDI network has grown** throughout 2022 with the active leadership of the Diversity Sponsor and EDI Network Chair and the onboarding of a new organisational EDI lead; marking the religious holidays and EDI awareness events such as National Inclusion Week, and Black History Month as well as providing advice to

the organisation on allyship, a renewed focus on zero tolerance with a refreshed policy, developing a new EDI action plan (more on this opposite) and introducing an Employee Representative at the quarterly People and Culture Committee (page 54).



#### Success against our 2020-2021 EDI nine-point plan included:

- **Delivered and planned a programme of events** and awareness days throughout 2021 and 2022
- **Supported BAME colleagues throughout the pandemic** and risk assessments now feeding into BAU
- **EDI Strategy Increased reach beyond the network** – network members acted as sponsor for awareness events/ comms to further support Inclusion to be embedded throughout the whole organisation
- **Captured responses to EDI questions** from people survey in 2021 – shaped 2022-2024
- **Received recognition from employees** for celebrating a more diverse range of religious and cultural events
- **Connected with recruitment and learning and development** to shape the direction of inclusive recruitment and unconscious bias training

We continued to listen to our staff through our annual people survey which raised some specific areas where further improvement could be made and accordingly, we will address some of the areas raised and build upon the National Inclusion Standard (Bronze Level) that the Charity obtained in 2019.

## Our EDI Strategic Objectives 2022-2024

| 1<br>Engage                                                                                                                       | 2<br>Equip                                                                                                                                | 3<br>Empower                                                                                                                                     | 4<br>Embed                                                                                                             | 5<br>Evaluate                                                                                                                                           | 6<br>Evolve                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• The strengths of our diversity are celebrated and integrated into our culture</li> </ul> | <ul style="list-style-type: none"> <li>• We are all aware of our biases and reduce their impact on our behaviour and decisions</li> </ul> | <ul style="list-style-type: none"> <li>• Everyone feels able to be themselves within The London Clinic</li> </ul>                                | <ul style="list-style-type: none"> <li>• Equality, diversity and inclusion are embedded in everything we do</li> </ul> | <ul style="list-style-type: none"> <li>• EDI data is captured, measured and shared together with what it's telling us and what we need to do</li> </ul> | <ul style="list-style-type: none"> <li>• We continually explore measurements and developments for our EDI planning</li> </ul> |
| <ul style="list-style-type: none"> <li>• We continue to grow an inclusive and thriving community</li> </ul>                       | <ul style="list-style-type: none"> <li>• We behave in an inclusive way at all times</li> </ul>                                            | <ul style="list-style-type: none"> <li>• The opportunity to progress both personally and professionally is available for all, equally</li> </ul> | <ul style="list-style-type: none"> <li>• We measure and reward our commitment to EDI</li> </ul>                        | <ul style="list-style-type: none"> <li>• Our commitment to EDI is evidenced through our interventions and targets</li> </ul>                            | <ul style="list-style-type: none"> <li>• Our EDI Network is evolving and making a greater impact</li> </ul>                   |

### How are we going to work towards this throughout 2022-2024

|                                                                                                                                                                                                                               |                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• We celebrate a range of inclusion events that are important for our employees, always finding new ways to engage with our staff</li> </ul>                                           | <ul style="list-style-type: none"> <li>• We are educated and challenged on our biases throughout all stages of our employee and manager journey; holding each other to account</li> </ul> | <ul style="list-style-type: none"> <li>• We take time to understand where we are now and the steps required to create a culture of belonging and curiosity; educating and supporting all staff and encouraging brave conversations</li> </ul> | <ul style="list-style-type: none"> <li>• We assess our policies, decisions and strategies on the impact of equality, with steps being taken to mitigate any negative impact ensuring inclusivity and accessibility for all</li> </ul> | <ul style="list-style-type: none"> <li>• We share important EDI insights with the organisation, seeking feedback to ensure action plans are aligned with our employees' needs</li> </ul>                        | <ul style="list-style-type: none"> <li>• Using and growing our external networks and partnerships, we continue to innovate our EDI work, being realistic about what we must achieve and exploring where benchmarks add value for The London Clinic</li> </ul>                                                                               |
| <ul style="list-style-type: none"> <li>• We hear the stories and experiences of our employees, understanding what equality, diversity and inclusion mean to each of us and we speak up when things need addressing</li> </ul> | <ul style="list-style-type: none"> <li>• What inclusion means at The London Clinic is explored and embedded for all of our employees, managers, leaders and patients</li> </ul>           | <ul style="list-style-type: none"> <li>• Everyone regardless of their characteristics is offered an opportunity to develop and progress, with targeted support available where a need is identified by our employees</li> </ul>               | <ul style="list-style-type: none"> <li>• EDI is robustly reflected in our recruitment activities, performance management, progression and behavioural assessment throughout The London Clinic</li> </ul>                              | <ul style="list-style-type: none"> <li>• All staff are encouraged to disclose their diversity data and, together with established gap reporting, interventions and targets are determined and shared</li> </ul> | <ul style="list-style-type: none"> <li>• We invest in our EDI Network members, supporting and growing them to be the best champions and the diverse employee voice within The London Clinic, responsible for identifying ways for our network to be further embedded and ensuring the impact and difference is felt by our staff</li> </ul> |

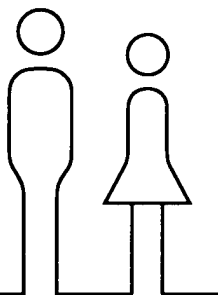
The Charity is supportive of gender pay equality, and our **Inclusion Pay Report** includes an ethnicity pay report and disability pay report. We choose to publish more information than we are required to because we believe that by being open about this information to our colleagues, customers and the wider public, we can hold ourselves accountable to our Equality, Diversity and Inclusion ambitions.

Our **gender pay gap** was 5.8% in 2022 (2021: 9.8%). This means that on average across all salaries men are paid 5.8% more than women. Our median pay gap is -6.6% (2021: -5.4%). This indicates the midpoint of salaries paid, women are paid 6.6% more than men. The mean pay gap has reduced by 4% between 2021 and 2022. This is largely because of an increase in the number of women in the highest 10% of earners. The median negative pay gap is a result of having a predominantly female workforce with a larger number of women earning salaries at the median point.

Our gender pay gap was

**5.8%** (2021: 9.8%)

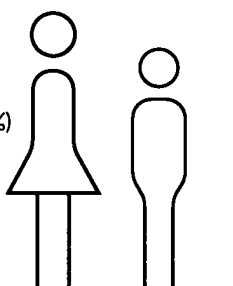
This means that on average across all salaries men are paid **5.8% more than women**



Our median or average pay gap is

**-6.6%** (2021: -5.4%)

This means that at the midpoint of salaries women are paid **6.6% more than men**

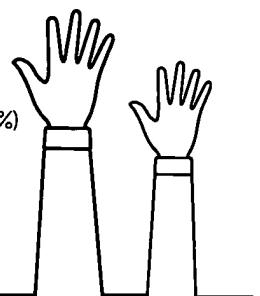


The mean **ethnicity pay gap** was 16.6% (2021: 10.5%). This means that *White* employees are paid on average 16.6% more than employees who are of all other ethnicities. This reflects the demographic make-up of the pay quartiles. We have ethnicity data on 89% of our employees which means that this figure may be higher or lower than we are currently able to report on. This is an improvement on 78% ethnicity data available in the previous year. The median gap was 15.1% (15.8% in 2021). Our pay quartile data shows that our ethnicity pay gap is largely due to more staff declaring as *Black*, *Asian* and *Black - other* being in the lowest pay quartile and being underrepresented in the highest pay quartile. Like most organisations, we are moving away from the terms BME and BAME and exploring alternatives that fit the charity context and staff groups.

Our ethnicity pay gap was

**16.6%** (2021: 10.5%)

This means that *White* employees are paid on average **16.6% more than employees who are of all other ethnicities**



Our **disability pay gap** was 17.8%, (0.9% in 2021). The pay gap is higher than in 2021 but we only have information on two thirds of our staff. This means the actual pay gap could be higher or lower than we have calculated. We are committed to improving our data so that we can more accurately report this figure.

We encourage job applications from people with disabilities and support people via our Occupational Health Service and reasonably adjust as necessary for both new employees and those employees who have become disabled or declare a disability during their employment with the Charity. We comply with the Equality Act 2010 and support the training and career development of all people with protected characteristics to ensure that there is representation across the Charity.

“

We choose to publish more information than we are required to because we believe that by being open about this information to our colleagues, customers and the wider public, we can hold ourselves accountable.”

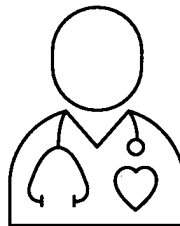
### Building staff togetherness

The **Staff Community Fund** was established in 2019 to fund and create activities that develop a family and collegiate atmosphere, a feeling of community and bring staff together from across the organisation. During 2022, the fund supported: spin art sessions; dancing classes, a wide variety of free exercise classes including yoga, boxercise, Muay Thai and bootcamp; tours out in London including a history and architecture tour of Marylebone, a ghost tour and visits to food markets; Lifelong Learning week (page 37) and tickets to a special Halloween Ball performance by the London Gay Men's Chorus.

Once again, the fund also provided prizes as part of the countdown to Christmas event. A specific staff spin art activity was run for **International Nurses' Day**, the output from which has been named 'Colours of Life' and is on display in our café

Our **Occupational Health provision was reviewed during the year**, and from April 2023 we will partner with a new Occupational Health physician provider that will give our in-house occupational health nursing team greater support enabling our managers and staff to better manage long-term and complex sickness. We also have a comprehensive Wellness Hub on our learning portal for all staff to access mental health and wellbeing resources.

Throughout 2022, **we continued to grow and develop our workforce** against a backdrop of a national workforce shortage of skilled clinical staff which put pressure on staff recruitment, cost and retention. A total of 457 staff were appointed which included 151 nursing staff. Our rate of transition of staff moving to new roles within the organisation was 22%, demonstrating strong career agility and our vacancy rate steadily declined to be below 3.2% by the end of the year, bucking the trend seen elsewhere in the sector. This ensures safer staffing levels and ensuring efficiencies for the patient at the centre of our care model.



#### Recruitment

# 151

**Nurses** were appointed in 2022 out of **457** total appointments

**Temporary staffing usage also improved** with the majority coming from our dedicated bank pool rather than external agencies. Rolling recruitment campaigns for both Bank nurses and healthcare assistants throughout the year has helped to bolster the pool of staff available for temporary cover. This is not only a more cost-effective resource in comparison to using agency staff, but it also ensures a higher chance of patients being treated by staff who are more familiar with the hospital.

#### Staff recognition

In February the Chief Executive initiated the giving of a commemorative pin to staff in recognition of the efforts during the pandemic – his message to staff is here:

“

I doubt that many of us thought that two years later we would still be battling through this pandemic. It's been a difficult period for us all; however, the fact that we've weathered this storm is down to the commitment and motivation of our people. I believe it's important that we recognise what we've gone through, what we've learnt and what we've achieved. This is why I and the rest of the leadership team will be handing out a commemorative pin. That may feel like a small token; however, it represents something very significant. Thank you.”

**Al Russell**, Chief Executive

#### Listening to our people

Communication and regular charity-wide updates are key methods in supporting our people, both by providing information on the Charity's activities and performance as well as highlighting new and existing support for them as employees. These communications provide information on wellbeing activities, updates on changes at the hospital, or providing general advice, e.g. signposting to external support. Introduced during the year was the Chief Executive's video log – short informal episodes to provide updates and celebrate achievements in an accessible way.

It is important to us that everyone at the Charity can tell us what they think and feel empowered and enabled to do so. Regular open forums are held including 'Question Time with the Board' which is open to all staff, monthly manager update calls with the executive team, and the annual people survey (page 40). The results of the survey and questions raised at the regular meeting help to shape our future communications, as well as the support we can provide to staff. In addition, the work of the EDI Network (page 42) and the Freedom to Speak up Guardian network (page 41), ensure open, two-way channels for feedback.

## Philanthropy

As a charitable hospital, the majority of our income is generated by the hospital's activities, and all goes towards delivering our charitable purpose via the three principles of:

- Ever Better Patient Care;
- Innovation and Research;
- Training and Education.

Whilst we currently do not set a target for donations, 2022 exceeded our expectations with £4.1m received.



# £4.1m

received in **donations** far exceeding our expectations

Thank you to everyone who made donations to the Charity in 2022. We were delighted to secure a major gift from The Julia and Hans Rausing Trust, towards our new Rapid Diagnostics Centre, supporting the health and wellbeing of our communities, opening at 142-146 Harley Street in 2024. This will allow us to further extend access to our communities, particularly in the fight against cancer. We are extremely excited by this ongoing partnership, which will enable us to facilitate real and meaningful change in the cancer arena.

Other major donations were received towards supporting our people, particularly reflecting gratitude from previous patients in our care.

In October 2022, we resolved to focus our charitable efforts on cancer (see page 6). This vision will have a huge impact on our local communities with initiatives to increase our outreach work substantially. Fundraising will take place in line with this strategy, led by a small but experienced team, and focus on our strategy leading up to our 100th anniversary in 2032.

The main form of fundraising is individual donations. The Charity undertakes all fundraising activity itself and does not use professional fundraisers or commercial participators. There were no complaints around fundraising activity received and we had no volunteers.

## “ Patient Case Study, Chrissy

**I've struggled with my weight for years, but getting COVID weakened my lungs further after I sustained blast-related injuries as a train passenger in the 7/7 London bombings.**

After hearing me sleep, my mother suspected I had sleep apnoea – which can cause weight gain due to sleep deprivation – and insisted I got tested. The results were shocking. I was waking 40 times every hour.

I'm a mother of nine-year-old twins who were born prematurely. They have special needs, and their health and care are always my number one priority. Since their birth, I've battled through zombie-like fatigue, high blood pressure and chronic stress. I also have an underactive thyroid and Hashimoto's disease, which add to my weight gain and exhaustion. Now my health was a grave risk, as sleep apnoea can cause serious health problems.

# “

**Now I live life to the max!"**

It was at my appointment with Mr Andrew Jenkinson, consultant surgeon at The London Clinic, that I finally felt heard. Weight loss treatment provided a lifeline. Gastric bypass surgery at The London Clinic was the right decision for me. The level of expertise and care is five-star. Postoperatively, I only required the minimum pain relief.

I used to weigh approximately 96 kilograms and now I weigh 63 kilograms and I am a dress size 10. I don't have sleep apnoea or high blood pressure anymore. I do have more energy and look and feel well. I'm in the best shape ever, physically and mentally, to deal with life's challenges

# Environmental, Social and Governance (ESG)

**Environmental, Social and Governance (ESG) has swiftly and rightly grown in importance. As a charity focused on delivering advanced healthcare for the benefit of the wider community, we believe our purpose is clear. But a focus on ESG issues covers a wider set of considerations which impact the operations of our hospital and how we meet our charitable aims more broadly. We all have a responsibility to protect our planet and the communities we operate in. Our progress in this area is under the leadership of our Property and Strategic Programmes Director.**

## ENVIRONMENTAL

These environmental factors include how we use our resources and our impact on the environment, but this is also about the sustainability of what is available to undertake our hospital activities.

The **Energy and Environment Committee** meets monthly, and the energy reduction project remains the key focus and priority. This moves the Charity towards more permanent working habits with the aim of meeting our Independent Healthcare Providers Network target to achieve net zero for scope 1 and 2 emissions by 2035 (both direct and indirect emissions) and for scope 3 (supply chain emissions) by 2045.

**During the year two key projects have been completed which will have an impact on reducing our footprint.**

- Estates have made extensive changes to **reduce the operating times for heating, air conditioning and ventilation equipment** across the hospital campus to ensure that areas are not being heated or cooled unnecessarily which has resulted in a large reduction in electrical consumption.
- The **launch of our new medical records system, OnBase**, and its integration with key clinical ancillary systems has provided some immediate benefits in the use of consumables including paper, printing materials and confidential waste which will be benchmarked for their impact in 2023.

## Initiatives in place and in progress include:

- Work toward reducing packaging, waste and single-use plastic in supplies and use of recycled plastic for solid medicine waste bins.
- Default printing has been set to double-sided and black and white.
- Use of lower environmental impact anaesthetic gases.
- Installation of LED lighting across the estate, reduction in the use of portable fans, heaters and air-conditioning units and changes to building temperature controls and plant run times.
- Campaign run across the Charity to reduce energy usage.
- Green travel plans, cycle-to-work scheme and remote working policy.
- More paperless systems in line with digitisation plans, such as in Pharmacy.
- Revised procurement policy challenging the supply chain to reduce carbon footprint, realised reductions include; locally sourced food and caged, rather than plastic-wrapped, deliveries.

## Our plans for the future to reduce energy consumption include:

- Complete the LED lighting upgrades;
- Acquire and complete a detailed analysis of half-hourly data for the 8 largest electricity supplies (that accounts for 98% of the total electricity consumption) in order to identify and eliminate/reduce unexpectedly excessive consumption.
- Further energy monitoring and tracking of supply chain carbon usage.
- Ecodas clinical waste reduction – up to 80% reduction in volume and converting it to domestic waste.

The Charity has a representative on the Board of the Harley Street Area Partnership business improvement district. Created in 2019, the partnership brings key stakeholders together with the shared value of seeing the Harley Street Area develop collaboratively and grow into a sustainable, secure and globally recognised business improvement district. This includes focusing on greening projects, zero/low emissions suppliers and business sustainability.

## Ethical Investment

Our investment portfolio, whilst small, has always taken ethical considerations into account. This includes our pension schemes which have more recently extended our ethical considerations to formalise the importance of ESG factors, including tobacco restriction across all funds. These expectations are understood by our Investment Managers who follow ethical considerations in the management of our portfolio which is monitored and reported on to the relevant committees. Investments held directly by the Charity relate to a designated fund and are all invested in M&G Charifund as a highly liquid asset; the income from which is utilised by the Charity for staff education when needed.



## Carbon emissions

In line with the government's **Streamlined Energy and Carbon Reporting (SECR) requirements**, the Charity is required to report its organisation's carbon emissions for the period 1 January 2022 to 31 December 2022.

The reporting methodology follows the GHG Reporting Protocol and the emissions for 2022 were calculated using the Government conversion factors for company reporting of greenhouse gas emissions for 2022.

The total consumption is presented in the table below:

| Fuel                    | Emissions (kWh)   | % Total       |
|-------------------------|-------------------|---------------|
| Natural gas (scope 1)   | 6,856,151         | 38.5%         |
| Fuel oil (scope 1)      | –                 | 0.0%          |
| Electricity (scope 2)   | 10,970,175        | 61.5%         |
| Staff mileage (scope 3) | –                 | 0.0%          |
| <b>Total</b>            | <b>17,826,326</b> | <b>100.0%</b> |

The total associated greenhouse gas emissions of the Charity's energy consumption during 2022 are broken down below:

| Fuel                    | Emissions (tCO <sub>2</sub> e) | % Total       |
|-------------------------|--------------------------------|---------------|
| Natural gas (scope 1)   | 1,251.52                       | 37.1%         |
| Fuel oil (scope 1)      | –                              | 0.0%          |
| Electricity (scope 2)   | 2,121.41                       | 62.9%         |
| Staff mileage (scope 3) | –                              | 0.0%          |
| <b>Total</b>            | <b>3,372.93</b>                | <b>100.0%</b> |

The table below compares the 2022 figures with the 2020 baseline figures as reported in 2020 SECR.

| Consumption type | Total energy consumption (kWh) |                   |               | Associated emissions (tCO <sub>2</sub> ) |                 |               |
|------------------|--------------------------------|-------------------|---------------|------------------------------------------|-----------------|---------------|
|                  | 2020                           | 2022              | % change      | 2020                                     | 2022            | % change      |
| Scope 1          | 7,075,679                      | <b>6,856,151</b>  | –3.1%         | 1,305.77                                 | <b>1,251.52</b> | –4.2%         |
| Scope 2          | 20,176,410                     | <b>10,970,175</b> | –45.6%        | 4,703.93                                 | <b>2,121.41</b> | –54.9%        |
| Scope 3          | 2,401                          | <b>0</b>          |               | 0.61                                     | –               |               |
| <b>Total</b>     | <b>27,254,490</b>              | <b>17,826,326</b> | <b>–34.6%</b> | <b>6,010.31</b>                          | <b>3,372.93</b> | <b>–43.9%</b> |

**Note regarding data comparison:** It is believed that the 2020 electricity consumption was so much higher because consumption associated with check meters was also included in the data, effectively double counting consumption. A new analysis of the 2020 raw data results in figures that are in the same order of magnitude as the 2022 data reported above.

The baseline year has therefore been reviewed and re-designated to 2022 for which the electricity consumption is correct.

| Fuel                                                                     | 2020  | 2022         |
|--------------------------------------------------------------------------|-------|--------------|
| Total gross annual turnover (£m)                                         | 153.4 | <b>167.5</b> |
| Intensity ratio (kgCO <sub>2</sub> e) / Total gross annual turnover (£k) | 39.18 | <b>20.14</b> |

## SOCIAL

Many of the social factors of ESG are embodied by our values and our culture and the public benefit we deliver as a charity. Beyond this is our engagement with our people and community.

**As well as the information below, please see the 'Our People' section on page 40 which covers Equality, Diversity and Inclusion and Gender Pay Gap reporting.**

### Community Outreach and Engagement

Our outreach work enables us to support our communities in the areas that need it the most.

To **support Ukraine and those affected by the war in their country** we worked with our trade body, the Independent Healthcare Practitioners Network (IHPN) to get medical supplies into the areas that needed them, deciding that this was the area where we could make the most meaningful impact. We also signalled our support for the Ukrainian people by lighting up our hospital in the colours of the Ukrainian flag, tying in with other displays of togetherness that took place around Europe.

We supported the **St Marylebone International Women's Day** event in March 2022, with the slogan 'Empower, Support, Celebrate'. The event consisted of inspirational speakers including local Cllr Karen Scarborough, and a video produced showcasing the history of great women across Marylebone past and present. Female staff in our kitchens team created food for an event celebrating women working in the Marylebone area. Members of our own team also attended the event, empowering and celebrating the stories of people living and working to make our community a thriving place.



# 6

**young people** – were involved in a successful work placement scheme in 2022

There was great work taking place in partnership with our local school. The kitchen team once again partnered with the local St Marylebone Girls School, to **teach healthy culinary classes to children** living in the local area. We had extremely positive feedback from the school and will continue an ongoing partnership with them.

We have also supported Achieving for Children and The St Marylebone SEN Bridge School, with donations towards electronic equipment to support their work with children in need. **Our partnership with the special educational needs school** blossomed into the offering of work experience for children. In 2022, we delivered a work placement scheme with six young people, with tremendous success.

We now plan to offer further placements in areas ranging from hospitality and kitchen work, to front of house, social media and marketing, to support 10 children with special educational needs per year.

Offering mental health support to both our own staff, and people living in our community is vitally important to us. We run a **subsidised counselling scheme in partnership with the Marylebone HCC Centre**, for our own staff, and sponsor community counselling for people living in central London to access bursaries for psychotherapy once a week for up to 2 years.

Each November, the Charity hosts its **memorial service**. It is an evening of reflection and remembrance for loved ones who are no longer with us and is attended by a wide range of people connected to the Charity including current and former patients, their families, our staff, and our supporters. In November 2022, we returned to the Marylebone Church following its refurbishment. The service featured readings by our staff and beautiful music from the choir and musicians of the church.

In December 2022, we joined forces with the **Harley Street Medical Area Partnership Christmas Appeal**. This raised funds for vital food and gift donations, which were then donated to those less fortunate living in our local communities.

### Modern slavery

In 2015 the Government published The Modern Slavery Act (the 'Act') which required all businesses in the UK with a turnover of £36m or more to be transparent about what they are doing to tackle modern slavery within their organisation and supply chains.

The Charity condemns modern slavery and human trafficking. We are committed to maintaining and enforcing robust and effective systems and controls to prevent slavery within our organisation and supply chain. The Charity is dedicated to best practice in the procurement of goods and services in all areas. The Charity's supply chain management and supplier due diligence checks ensure we maintain confidence in the oversight of our compliance with the Act.

# “

We are committed to maintaining and enforcing robust and effective systems and controls to prevent slavery within our organisation and supply chain.”

The Charity has a robust policy in place which aims to minimise the risk of modern slavery, which is supported by our Whistleblowing/Raising Concerns policy and our Safeguarding policies.

“

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To **support Ukraine and those affected by the war in their country** we worked with our trade body, the Independent Healthcare Practitioners Network (IHPN) to get medical supplies into the areas that needed them."

### GOVERNANCE

#### Governing Document

Trustees of the London Clinic Limited (the 'Charity') is a company limited by guarantee registered in England and Wales (No. 00307579) and governed by its Memorandum and Articles of Association dated 29 June 2005. It is a Charity (No.211136) registered with the Charity Commission.

#### Public Benefit

The Trustees confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their duties.

#### Trustees and Management

The Trustees of the Charity are the members of the Company and form the Board of Trustees, which is empowered by the Articles of Association of the Company to act as its directors for the purposes of company law. Trustees are nominated and elected by the Board of Trustees. An appropriate induction and ongoing support programme has been created to meet the individual needs of new Trustees. This includes meeting with key personnel in the Charity, regular visits to clinical and non-clinical areas of the Charity and providing resources including the Charity Commission's *The essential trustee*.

The Charity has a Declaration of Interests policy and maintains a Trustees' Interests Register. The Trustees do not receive remuneration for providing their trustee services to the Charity, but expenses can be reimbursed. The Charity

provides Directors & Officers indemnity for its Trustees. A key responsibility of the Trustees is to deliver the charitable objectives, whilst protecting the long-term future of the Charity by ensuring that it is well-managed and financially secure and maintains the highest standards of patient care.

The Executive Board is responsible for advising the Trustees on the strategic direction of the Charity and for the preparation of annual budgets and business plans in line with the agreed strategy. The Charity's financial performance against operational and capital expenditure budgets is reported monthly to the Trustees.

The operational management of the Charity is delegated to an Executive Board, and the Board of Trustees maintains its monitoring and oversight of the delegations through formal meetings and continuous informal communications. The Trustees of the Charity meet at least once a quarter to consider strategic, clinical governance, operational, and financial issues presented by the Executive Board.

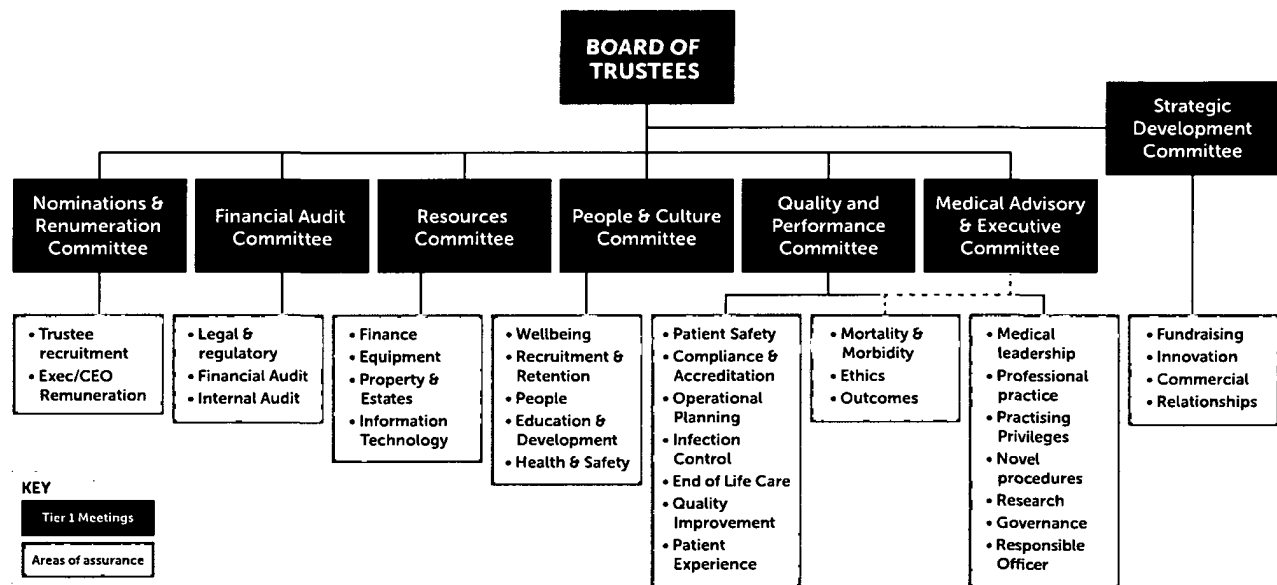
#### Board of Trustee meetings held in 2022

9

The Governance structure of the Charity includes six sub-committees of the Trustee Board. In 2021, a review of the governance framework was commenced; the first step being to integrate the clinical and corporate governance of the hospital into one department. The newly formed Governance team led a ground-up review of the committee and meeting structure which has developed a new Governance framework and committee structure for the hospital. This work continued into 2022, and the new structure is outlined opposite.

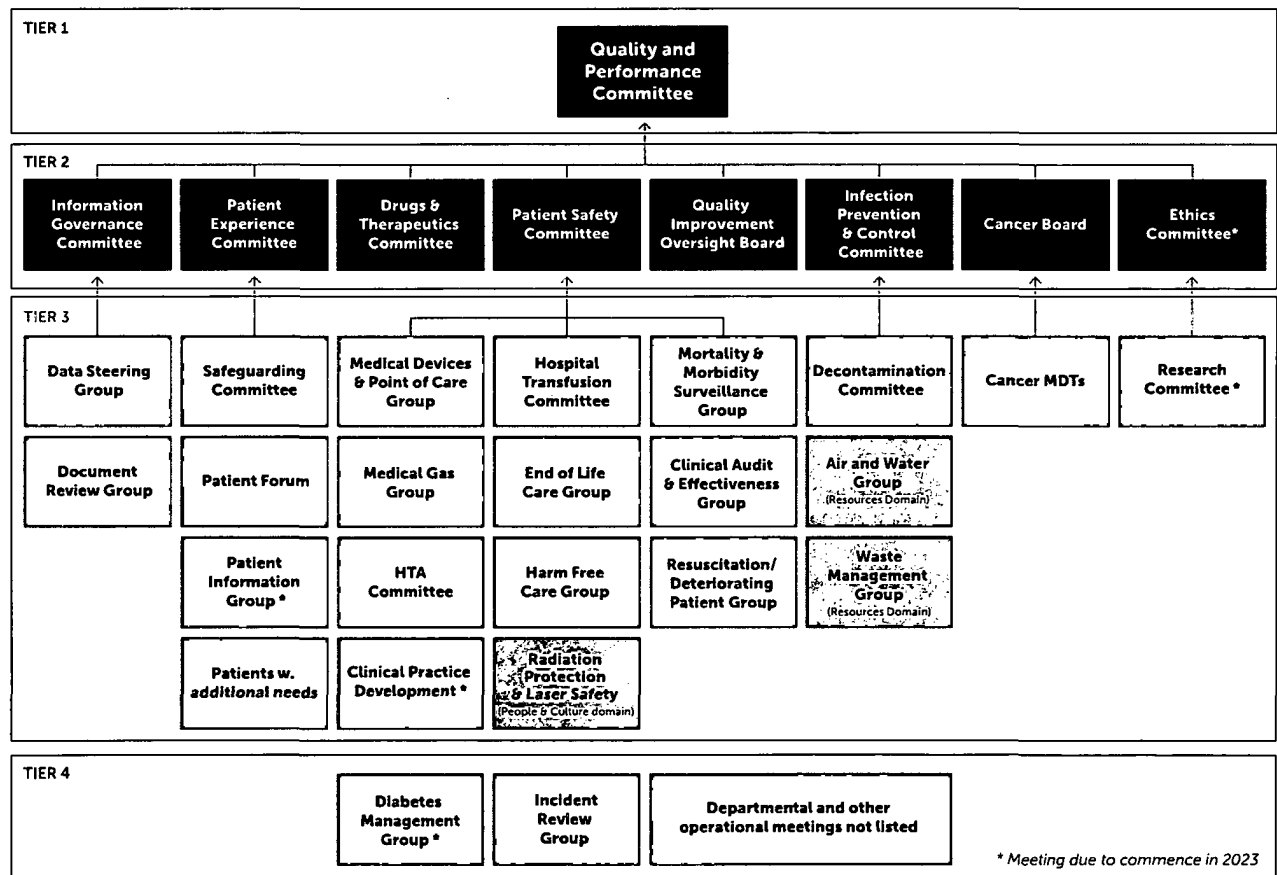
# Integrated Governance Framework

## Reporting Framework



## Clinical Governance: 'Quality and performance' domain

### Meeting structure detail



### 3. STRATEGIC REPORT

#### Nominations and Remuneration Committee

The committee has responsibility for reviewing the size, structure and composition of the Board of Trustees and making recommendations regarding the recruitment and appointment of Trustees and the Chief Executive (further detail on page 55). This committee is responsible for considering and setting the Remuneration policy of the Executive team (further detail on page 61).

|               |                                                       |
|---------------|-------------------------------------------------------|
| Chair         | <b>Manish Chande</b>                                  |
| Members       | <b>Hamish Leslie Melville, Professor John Gribben</b> |
| 2022 Meetings | <b>2 (1 Remuneration and 1 Nomination)</b>            |

#### Financial Audit Committee

The committee has delegated authority to review the establishment and maintenance of an effective system of financial, non-financial and non-clinical internal controls as well as external and internal audit, in support of the Charity's objectives. The CEO being a member of the committee remains temporary until a third trustee member is recruited.

|               |                                           |
|---------------|-------------------------------------------|
| Chair         | <b>Philippa Hardwick</b>                  |
| Members       | <b>Hamish Leslie Melville, Al Russell</b> |
| 2022 Meetings | <b>7</b>                                  |

#### Resources Committee

The committee has delegated authority to oversee financial strategy and planning, the property and capital investment programme and the IT strategy for the Charity.

|               |                                                                    |
|---------------|--------------------------------------------------------------------|
| Chair         | <b>Manish Chande</b>                                               |
| Members       | <b>Hamish Leslie Melville, Philippa Hardwick, Michael Sinclair</b> |
| 2022 Meetings | <b>4</b>                                                           |

#### Quality and Performance Committee

The committee's purpose is to assure the Trustees that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to continuously improve care quality, and to identify gaps and manage them accordingly. The committee is also driving the Charity's quality improvement plans in governance, with oversight of CQC inspection outcomes.

|               |                                                                                  |
|---------------|----------------------------------------------------------------------------------|
| Chair         | <b>Inga Kennedy (following her resignation, Professor John Gribben is Chair)</b> |
| Members       | <b>Hamish Leslie Melville, Professor John Gribben, Dr Carmel Curtis</b>          |
| 2022 Meetings | <b>4</b>                                                                         |

#### Strategic Development Committee

This committee was added to the structure in 2022 to provide a forum to focus on scoping and proposing the longer-term strategy for the Charity and monitor the strategic direction of the business operations to ensure they evolve in response to changes in the wider environment and ensure they meet and deliver the charitable purpose.

|               |                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------|
| Chair         | <b>Claire Holmes</b>                                                                                     |
| Members       | <b>Hamish Leslie Melville, Michael Sinclair, Philippa Hardwick, Inga Kennedy, Professor John Gribben</b> |
| 2022 Meetings | <b>3</b>                                                                                                 |

A further committee was in pilot for the first half of the year and transitioned to a Trustee committee in Q4.

#### People and Culture Committee

The principal purpose of the committee is to provide a strategic perspective on people, workforce and culture and to evaluate the progress of the Charity's people strategy; culture and values. This committee also introduced an Employee Representative approach as part of good governance and ensuring the stakeholder voice was represented – a member of the EDI network would be invited on a rolling basis.

|               |                                                                                               |
|---------------|-----------------------------------------------------------------------------------------------|
| Chair         | <b>Professor John Gribben (as of January 2023)</b>                                            |
| Members       | <b>Executive Board, Hamish Leslie Melville. Further Trustee members will be added in 2023</b> |
| 2022 Meetings | <b>4</b>                                                                                      |

## Charity Governance

The Trustees are committed to safeguarding the good governance of the Charity and recognise that this is fundamental to its success. It enables and supports the Charity's compliance with the law and relevant regulations, as well as promotes a culture where all activity works towards fulfilling the Charity's vision.

The annual evaluation of the Charity's corporate governance against the Charity Governance Code for Larger Charities (the 'Code') took place to provide assurance that governance practices continued to be appropriate and in line with best practices in the sector. A review of the 2022 position has shown stability, with 92% of practices fully embedded (2021: 92%) with a further 8% (2021: 8%) requiring minor updates. Elements of the Code that the Charity has not applied are explained in the Annual Report – the Charity does not have a code of conduct specifically for Trustees although there is an employee Code of Conduct.

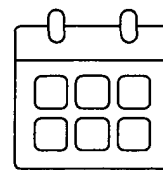
The Board of Trustees reviews and evaluates the Board's performance annually. In addition to annual Trustee reviews, the Trustees formally evaluate the Chairman's ongoing appointment each year. This process is led by the Senior Independent Director. Newly appointed Trustees usually serve for three years which can be extended up to a total of nine years, following review. Trustees providing specialist support to the Charity can serve longer, though their appointments are subject to a more rigorous review. Manish Chande has served 15 years as a Trustee and his continued appointment is supported by the Board. This is due to his expert support of the Charity's active property strategy and because he is the Charity's Senior Independent Director. Hamish Leslie Melville has served 13 years as a Trustee, the last six of which as Chairman. His continued appointment is supported by the Board, for providing stability of leadership through the pandemic and into the next phase of the Charity's strategy. In our recruitment processes the Charity is also looking at succession planning for all Trustees. All other Trustees have served five years or less. To encourage diversity and combat the risk of overfamiliarity, the Charity has continued actively to recruit new Trustees at the rate of one a year; the Board had 8 trustee members during 2022 with a further trustee post being actively recruited for.

Trustee recruitment is managed internally with the support of a specialist recruitment agency. Open advertising of Trustee vacancies (as recommended in the Code) commenced in 2022.

Diversity on the Board and within the Executive team is reviewed and monitored by the Trustees through the Nominations Committee. The Charity actively supports diversity and held its annual 'Diversity and Inclusion Week' in 2022. The Bronze Award from the National Inclusion Standard was maintained (more detail on page 42).

A list of Trustees, key management personnel, advisors and principal addresses can be found on pages 92-93.

## The coming year looking forward to 2023



**Capital expenditure has been focussed on key areas that meet our patient safety needs, and sustainability aims.**

### Outstanding Care



- Completing the works and opening our new outpatient facility at 142-146 Harley Street in December 2023 to support rapid diagnostics.

### Outstanding Governance



- Introduction of clinical director roles to strengthen our medical leadership.

### Sustainable Infrastructure



- Pathology works completed and commencing the road to the new digital system.
- Refurbishment of the orthopaedics ward and physiotherapy physical facilities.
- Second Linear accelerator installation and commissioning, completing the 18-month programme of replacement.

### Developing people



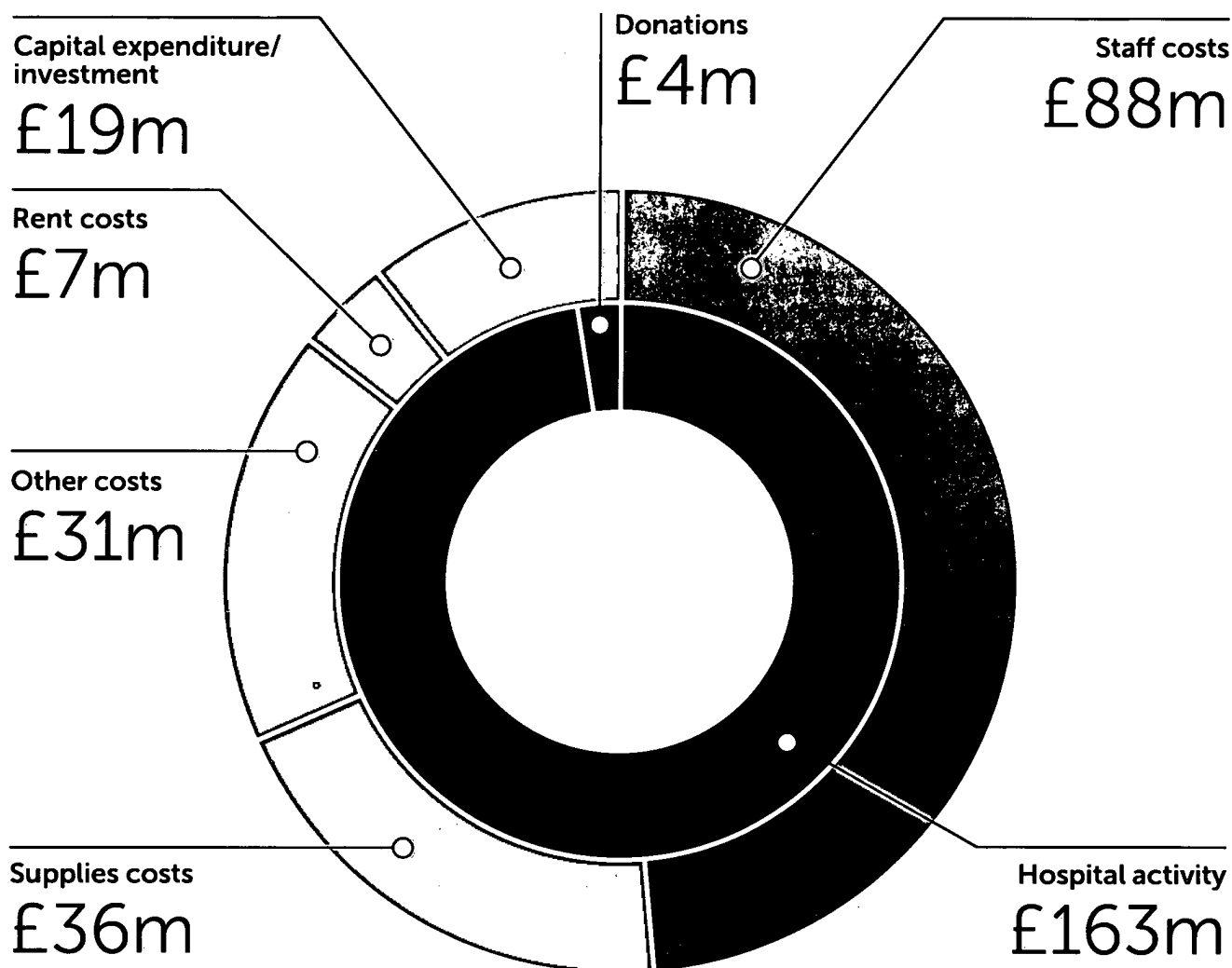
- Developing and implementing a new People Strategy.
- Developing our philanthropy networks.
- Investing in training provision, clinical, non-clinical, and apprentices.

### Smarter working

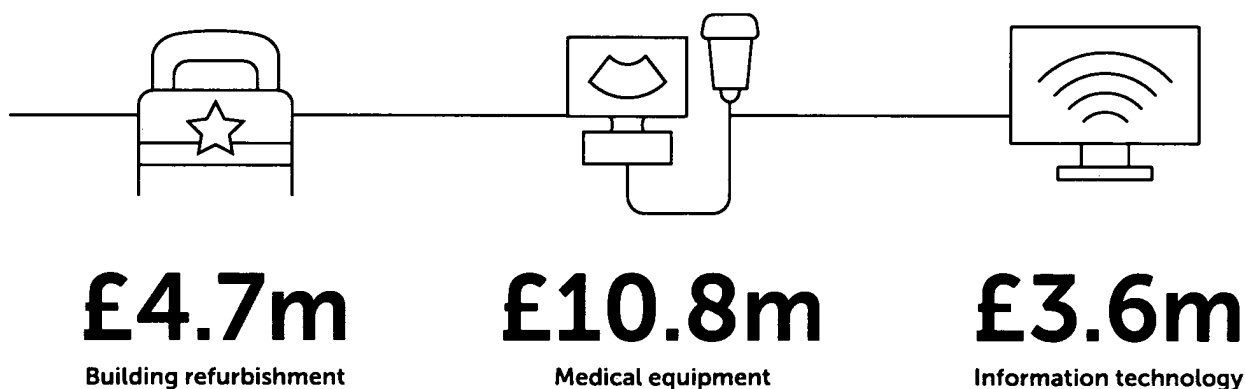


- Deliver the second phase of our medical records system and commence the road to replacing our electronic patient records system.

○ Income ● Expenditure



How we have invested back into the hospital:





# Financial review

The Charity considers the below to be its key operational and financial performance indicators.

| KEY OPERATIONAL PERFORMANCE INDICATOR | 2022           | 2021    |
|---------------------------------------|----------------|---------|
| Total admissions                      | <b>22,366</b>  | 21,792  |
| Total patient days                    | <b>40,467</b>  | 39,369  |
| Hospital activity income (£000)*      | <b>163,347</b> | 155,276 |
| EBITDA margin                         | <b>1.0%</b>    | 1.1%    |

\*Excludes asset disposals, fundraising and investment income

Total admissions were up 3% in 2022, reflecting the continued recovery, as 'normal' services were resumed after the pandemic. Patient days were up 3%, in line with overall admissions. International patient revenue grew to 138% of 2021 and returned to 65% of our 2019 revenue. Self-Pay grew 8% in 2022. The Charity has continued to support the NHS throughout the year in an attempt to reduce their waiting lists where required although this has dropped off in the second half of the year and now only accounts for 3% of our hospital activity income in 2022. Train strikes and heat waves were a challenge as we continue to recover from the pandemic, despite this, revenue grew by 5% or £8.1m. The impact of inflation was felt across the Charity particularly on our staff and energy costs this has marginally reduced our EBITDA margin to 1.0%.

## Incoming Resources

The Charity's total incoming resources grew by 7.7% to £167.5m (2021: £155.6m). As stated above, incoming resources from hospital activities (stated net of charitable and related discounts) were the key source of income.

Income from donations was £4,104k (2021: £49k). Furlough support ended in 2021 and was, therefore £nil (2021: £0.2m).

## Net (Loss) / Income for the Year

Net loss for the year before other recognised gains and losses was £11.1m (2021: net loss for the year of £13.6m). The hospital's expenditure on charitable activities of £176.8m (2021: £168.6m).

## Capital Expenditure

Tangible fixed assets, comprising buildings, equipment and construction in progress, had a net book value of £188.3m (2021: £184.8m). The Charity invested £16.3m (2021: £12.3m) in 2022 with a focus on improving the estate, including our new outpatient and diagnostic centre at 142-146 Harley Street, plus the replacement of medical equipment. This has been offset by depreciation, amortisation and disposal of assets throughout the year.

## Intangible assets

In 2022 the Charity had intangible assets of £6.3m (2021: £4.5m) comprising of software, The London Spine Clinic and other intangible assets. Investment in software was £2.9m in 2022 (2021: £1.8m).

## Investments

The Charity held financial investments with a market value of £1.0m in December 2022 (2021: £1.0m). The Charity's investment policy is to generate income while protecting capital, including from the effects of inflation and complying with certain ethical investment mandates. It achieves this by investing in the M&G Charifund, a recognised income fund for charities. M&G is a signatory to the United Nations Principles for Responsible Investment. The policy was maintained throughout the year. The hospital monitors the performance of the investment manager against various benchmarks and responds accordingly.

## Working Capital and Liquidity

The Charity generated net cash outflows from operating activities of £6.7m (2021: £18.7m inflow, including property lease restructure) mainly as a result of increased working capital.

The hospital produces working capital forecasts covering a period of at least 18 months, identifying the liquidity requirements on a regular basis. These are reviewed regularly by the Executive Board and Trustees to ensure that there are sufficient cash and borrowing facilities in place to meet ongoing and future requirements.

On 31 December 2022, the Charity held cash and cash equivalents including the M&G investment of £10.2m (2021: £8.5m) and had unutilised banking facilities of £18.5m (2021: £31.5m). Net debt has increased from £10.0m to £31.3m.

The Charity has lending facilities and support from its bankers to maintain its existing operations and renewed its financing arrangements with HSBC that was agreed upon and signed in June 2022. Under the facility, the hospital pays a variable interest rate linked to SONIA.

### Taxation

As a registered charity, the Charity is potentially exempt from taxation to the extent that its income and gains are applied for charitable purposes.

### Accounting Policies

The Charity adopted FRS 102 on 1 January 2015, and the principal accounting policies remain unchanged over the last period of accounts.

### Current and Future Trading

Trading in 2023 has met current growth forecasts as we welcome back international patients following the pandemic.

We continue to forecast modest activity growth in the second half of the year with an ongoing focus on delivering cost efficiencies to fund further investment in medical equipment, property and IT systems in support of our charitable purpose of advancing healthcare for the wider community.

### Going concern

After making appropriate enquiries and reviewing the revised financial projections, the Board of Trustees has a reasonable expectation that the hospital has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Board of Trustees continues to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in note 2 of the notes to the financial statements.

### Related parties

During the year, fees of £202k (2021: £478k) were paid to London Haematology Limited in respect of professional clinical services provided to the Charity to support the delivery of the haematology and oncology service. Professor John Gribben is a Trustee of the Charity and a director and shareholder of London Haematology Limited.

During the year, fees and expenses of £10k (2021: £18k) were paid to I J Kennedy Healthcare Consultancy Ltd in respect of clinical governance advisory services. Inga Kennedy was a Trustee of the Charity during the year and is a director and shareholder of I J Kennedy Healthcare Consultancy Ltd. Inga Kennedy resigned as a Trustee in November 2022.

After making enquiries, the Trustees confirm there were no further relationships with related parties that have not already been disclosed. The Trustees have followed the relevant Charity Commission guidance, and the appropriate conflict of interest management is in place. The Trustees are assured that there were no relationships with related parties which might inhibit the Charity from pursuing independently its own charitable objectives.

### Reserves and reserves policy

The majority of the Charity's unrestricted funds are represented by its investment in the functional fixed assets that comprise The London Clinic. These assets provide security for the bank facility that allows further investment in the Charity. The Charity has reserves of £149.0m as of 31 December 2022 (2021: £155.3m), of which £4,068k is restricted (2021: £32k). On 31 December, the Charity had fixed assets of £195.6m (2021: £190.4m).

The reserves policy of the Charity is reviewed annually in the light of operating and capital expenditure budgets and longer-term financial projections presented to the Board of Trustees. As part of the Charity's long-term re-development and expansion programme, the Trustees consider the level and appropriate forms of funding that are likely to be required.

The Charity maintains a full suite of insurance, including buildings and business interruption policies, to protect its functional fixed assets and believes it maintains sufficient reserves to continue to trade in furtherance of its charitable objectives.

The Charity continued proactive fundraising activity in 2022, resulting in donations of £4,104k (2021: £49k). The majority of funds received in 2022 have been restricted to the development of a Rapid Diagnostic Centre.

The designated reserves of the Charity also comprise a fund used to provide staff with access to education and training to further the Charity's mission to provide the highest quality care to its patients.

The Charity intends to maintain and develop the functional fixed assets and, consequently, the unrestricted reserves to a level that will ensure the Charity is able to fund capital expansion and maintain adequate working capital to operate in furtherance of its charitable objectives.

# Risk management

**The purpose of the risk management statement is to provide insight into the principles and processes that the Charity applies in managing risk and to provide an understanding of the major risks that it is currently exposed to.**

The Trustees are jointly responsible for the overall management of the administration of the Charity and for ensuring that there are appropriate systems of controls, clinical, financial and otherwise in place. The Trustees are also responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Companies Act 2006. Decisions by the Trustees concerning the Charity are taken by the Trustees, acting collectively. Where the Trustees delegate duties, additional controls are in place in order to ensure an appropriate level of reporting and oversight by the Trustees, and that the delegated duties are being properly discharged.

The Trustees are also responsible for safeguarding the assets of the Charity and hence for ensuring that reasonable steps are taken to aid the prevention and detection of fraud and other irregularities and to provide reasonable assurance that:

- The Charity is operating efficiently and effectively;
- The assets are safeguarded against unauthorised use or disposition;
- Proper records are maintained, and financial information used for publication is reliable; and
- The Charity complies with relevant laws and regulations.

## Risk Identification, Assessment, Mitigation and Monitoring Process

Risk is an everyday part of the Charity's services and activities and managing risk is essential for the Charity to deliver its mission, achieve its strategic objectives and safeguard its patients, staff and assets. Risk management aims to reduce this inherent level of risk to within the limits and tolerances set by the Charity's Risk Appetite Statement.

The Charity manages risk through a collection of complementary processes, together reflected in the Risk Management Framework which is detailed within the Charity's Risk Management policy. The elements of the Risk Management Framework are designed to enable risks to be consistently identified, assessed, mitigated, monitored and ultimately reported through the Charity's governance structure for risk-based decision-making.

All risks (clinical and non-clinical) are identified through multiple channels including risk assessments, key performance indicators, policy, complaints, claims, incident trends, assurance reviews, regulatory assessment, staff, patient and consultant surveys, external accreditation, national recommendations and audit.

All identified risks are recorded in a Risk Register which

is assessed and measured based on the risk likelihood and potential impact, after considering the design and operating effectiveness of associated controls. High-severity risks are escalated to senior management and action plans are developed to reduce residual risk levels to target risk levels. Risk Registers are aligned to the Risk Taxonomy of risk types and risk sub-types to identify and report specific risk trends, themes and risk concentration and to inform the overarching view of the risk profile of the Charity.

## Major Risks

The organisational level risks are held under review by the Executive Board, and the Board of Trustees has oversight. Risks are reviewed by theme and actions are followed up and tracked. The risk management process is overseen by the Quality and Performance Committee, and all trustee committees oversee the key risk related to their scope of reference. The Board Assurance Framework, introduced in 2022, is overseen by the Board of Trustees.

## Control Systems

The systems of internal control are designed to provide reasonable, but not absolute, assurance against material misstatement or loss. They include:

- A strategic plan and an annual budget approved by the Trustees;
- Regular consideration by the Trustees of financial results, variances from budgets and non-financial performance indicators;
- Delegation of authority and segregation of duties, and
- Identification and management of risks.

## Audit

The Financial Audit Committee reviews the Trustees' annual report and financial statements before their submission to the Board of Trustees and considers the corporate governance of the Charity. This includes consideration of the major risks to which the Charity is exposed, the effectiveness of its internal controls and mitigations, the appropriateness of the going concern basis and accounting policies in preparing its financial statements and its policy on reserves. The Charity has an extensive clinical audit function, and the internal audit of financial and operational performance has recently been supported by external firms alongside some internal resources for compliance audits. Due to resource constraints, the decision was taken in 2020 to pause the internal audit programme – plans to restart in 2023 are being developed.

### Principal risks and uncertainties

Principal risks faced by the Charity include:

#### Clinical Risks

Like all hospitals, the principal inherent risks faced by the Charity are clinical risks and the risk of harm to patients. Consequently, clinical risk registers are maintained across all clinical services taking an integrated and proactive approach to risk management.

These are managed as an integral part of the clinical governance framework which ensures key hospital decisions consider the likelihood of unplanned events and their impact on the hospital. It ensures the hospital is best able to mitigate unplanned events and includes managing risks faced as a result of the COVID-19 Pandemic. Risks are discussed at clinical and non-clinical meetings as a standard part of the agenda and are escalated to the executive and trustee level for further review of risk and appropriate effective mitigation plans as required. Risks relating to laws, regulations and minimum healthcare standards plus the control systems in place to ensure full and continual compliance and the reporting of breaches are also considered.

*The Quality and Performance Committee oversees these risks.*

#### Financial Risks

The Charity faces several financial risks including being subject to fluctuations in cash flows arising from unforeseen changes in the demand for its services whilst having significant fixed costs. This creates a risk that short-term cash generation would decline impacting the ability to reinvest in services and the ongoing development of the hospital. This risk is mitigated by establishing a flexible long-term borrowing facility and by adopting a prudent cash management policy within this. International business brings with it an increased risk of non-recovery of debtors. This risk is mitigated by the requirement that business conducted through overseas embassies is supported by a letter of guarantee. Economic uncertainty, recession and inflation, particularly the rising energy crisis and rising interest rates are likely to have a significant impact on future cash generation, but the Charity aims to mitigate via long-term contracts where possible.

The Charity operates in a competitive London market and provides healthcare to a significant number of patients funded by a few key payors (e.g. Bupa and AXA PPP).

There is a risk that other existing hospitals, new entrants or new models of healthcare provision reduce the flow of patients to the Charity. However, the risk is mitigated as the Charity seeks to diversify its customer base by building relationships with smaller insurers, building its self-pay service and expanding its international business across different payors and countries.

*The Resources Committee oversees these risks.*

#### Information Technology Risks

Information technology is a key enabler in the growth, delivery, administration, and transformation of the Charity's activity. The core IT Infrastructure is maintained through an outsourcing relationship with a third party which took ownership of the Charity's offsite datacentres, and networks in 2020.

These have failover capability, strong external cyber-defences, and provide a reliable service. The Charity is defining a more cloud-based strategy which will provide greater flexibility and agility in keeping pace with the Charity's technology requirements, and market good practice. The Charity remains vigilant on matters of data and information security and is continuously working to improve the Charity's IT security and data-related risk posture. The core patient information and application operating systems are due for replacement and remain a risk to operational effectiveness until upgraded. A transformational strategy has been developed, and a five to eight-year programme of digital system renewal is planned to commence in 2023. In the meantime, system performance is closely monitored with strong support from software providers.

*The Resources Committee oversees these risks.*

#### People Risks

The Charity, like many other organisations, faces many people-related risks in the delivery of its healthcare services ranging from staff health & safety risks, emotional and work-related stress, staff discrimination and harassment, recruitment and retention of key staff and legal and regulatory risks.

The Charity recognises the critical importance of managing staff risks to ensure the safety and well-being of its patients and the public. The Charity actively takes steps to minimise these risks by implementing staff vetting and legal requirements (including relevant DBS checks), embedding staff safety protocols, implementing management and supervision structures, providing staff with effective training and development resources, promoting an open and inclusive workplace culture which includes the provision of EDI training, providing equal opportunities for all staff and valuing and supporting the well-being and professional development of all staff through training and support services.

*The People and Culture Committee oversees these risks.*

## Infrastructure Risks

The Charity's infrastructure incorporates buildings, mechanical and electrical plants including; lighting, heating, drainage, cooling, ventilation, water and medical gases which are all critical components for supporting the operation of the Charity's clinical services in a safe and effective manner. These components are essential for ensuring that staff can work effectively and that staff, patients and the public are safe and comfortable within the Charity's premises. They also play a vital role in protecting and servicing the clinical equipment and medical materials as well as the safe disposal of waste and the prevention of flooding.

The Charity actively monitors and manages its infrastructure risk by regularly inspecting and maintaining its infrastructure components based on considerations of age, condition, design, construction, security and wear and tear in line with the relevant HTMs (Health Technical Memorandum) and SFG20 to ensure the continuity and ongoing resilience of the Charity's services.

*The Resources Committee oversees these risks*

## Pension Arrangements Risk

The Charity has a defined benefit pension scheme whose liabilities are subject to a number of uncertainties that could increase (or decrease) the current deficit. The scheme is now closed and managed by a sole Corporate Trustee. The Charity and the pension scheme Trustee both receive external independent advice on investment strategy to assist in the management and understanding of pension risk. In June 2021, a new fiduciary manager of the scheme was appointed, and a journey plan containing suggested asset allocations for the portfolio of the scheme was agreed and implemented. These strategies have been compiled based upon on the funding level at a given period in time and are subject to change if a certain funding level has been reached. As at 31 December 2022, the target of the scheme was to hold c.33% of scheme assets in return enhancement assets (equities and alternatives etc.) and c.67% of scheme assets in risk management assets (liability-driven investments, UK Credit and cash etc.). At the year-end, risk management assets represented 66.6% of assets.

*The Resources Committee oversees these risks.*

## Pay policy for senior staff

The Trustees consider that together the Board of Trustees, who are the company's statutory directors, and the Executive Board comprise the key management personnel of the Charity responsible for directing and controlling, running and operating the Charity on a day-to-day basis. Trustees are not paid for being trustees and give their time freely, detail of Trustees' expenses is disclosed in note 5 of the financial statements.

The recruitment of Senior Roles involves an external market review with advice from recruitment agents. The remuneration policy is to pay appropriately, not excessively, for the role. No bonuses were paid to executive team members in relation to 2022 performance. As recommended by the Charity Governance Code for Larger Charities, the process for setting the remuneration of senior staff and their remuneration levels will be available publicly when this 2022 Annual Report is made available on our website in 2023. The pay policy is published on our website.

# Section 172 Statement

**The Trustees take seriously their duty to promote the success of the Charity, with reference to the long-term impact of decisions, the interests of key stakeholders and the impact on the environment and community.**

This statement describes how the Trustees have had regard to the matters set out in sections 172(1) (a) to (f) when performing their duties as required by the Companies (Miscellaneous Reporting) Regulations 2018. The Charity considers its Trustees to be the only members.

Key stakeholders include patients, staff, consultants, GPs, embassies, private medical insurers, NHS trusts, landlords, Independent Healthcare Providers Network, the local healthcare community, regulators, suppliers, business customers, and financiers.

Engagement with key stakeholders is in a variety of individualised ways including patient satisfaction surveys; Patient Forum (page 22); annual people survey (page 40); Question Time with the Board; staff and consultant communications; consultant speciality user groups; the Medical Advisory Committee; consultant relationship management team; GP education sessions (page 38); relationship meetings with: embassies, partner NHS trusts, private medical insurers, landlord, financiers, significant suppliers and major business customers; membership of the Strategic Council of Independent Healthcare Providers Network; The London Clinician magazine (page 38); membership of Harley Street Area Partnership business improvement district (page 48). Introduced in 2022, an employee representative is invited to the People and Culture Committee (page 54).

## Example of Key Decisions in the Year:

- 1. Blood Sciences works:** The Charity made the decision to improve its blood sciences facilities at a cost of £4.0m for clinical reasons despite a backdrop of capital expenditure pressures. The pathology department and delivery of diagnostic services are fundamental to the strategy and purpose of the Charity. Consultants from within the speciality were key, and their feedback was vital for the assessment, selection and development of the chosen machine specifications and thus into the business case. Considerations were given to the capital expenditure constraints and the Trustees, mindful of their responsibility to ensure the best use of charity funds, received assurance that the investment would lead to enhanced opportunities and de-risked the potential impact of loss of service due to aged equipment.
- 2. TLC Health Concierge:** Feedback from staff and consultants indicated an opportunity for the Charity to add a new concierge service to its offering. Market research into what competitors were providing was undertaken, and a pilot with a small number of

individuals was undertaken. Legal advice was sought and received and a separate, not-for-profit entity was set up which would give all its profits to the Charity by way of gift aid to further support the charitable purpose of the Charity. A business case was brought forward to the Board of Trustees and, following detailed discussion and scrutiny of the risks and benefits of pursuing the approach, the proposal was refined further in line with the new strategy. The parallel decision to focus on cancer led to the decision that all surplus from this service will be directly reinvested back into capital projects that advance clinical excellence, such as 142-146 Harley Street and rapid cancer diagnostics. The decision was approved by the Board of Trustees.

- 3. Decision to focus on cancer with charitable purpose/brand positioning/charity positioning:** Building on the strategy and brand position decisions made the previous year, feedback from staff, patients, and consultants indicated that more detail around the 'centre of excellence' foundation and the impact on the charitable purpose was required, with more emphasis on supporting the community desired. The Strategic Development Committee took the lead on developing the proposition supported by a review of the market forces and needs, particularly in a post-pandemic scene, and feedback from philanthropic donors. The national picture indicated a medical emergency in the cancer sphere and, with further supporting data including the existing capability and capacity of the hospital, it was proposed that this is where the Charity should direct its efforts. Suggestions to amend the strategy and detailed long-range financial and philanthropic plans were developed and taken to the Executive team and then refined to final versions which were approved by the relevant Trustee committees and then the Board of Trustees.

## Impact of the Charity on the Community and the Environment

See pages 48-49.

## Reputation for High Standards

The Charity is committed to maintaining its reputation for high standards and quality of its services which is demonstrated throughout this report. This is particularly shown by: our desire to hear from and respond to our key stakeholders as outlined in this statement; our continuous improvement agenda to better our processes (see page 29); and the ongoing effort to ensure we retain our accreditation marks (more information on pages 30-32). Full and appropriate compliance with relevant regulations, laws and good governance requirements is maintained as set out on page 52. Trustees consider whether they have sufficient information when making decisions and actively seek external advice where necessary.

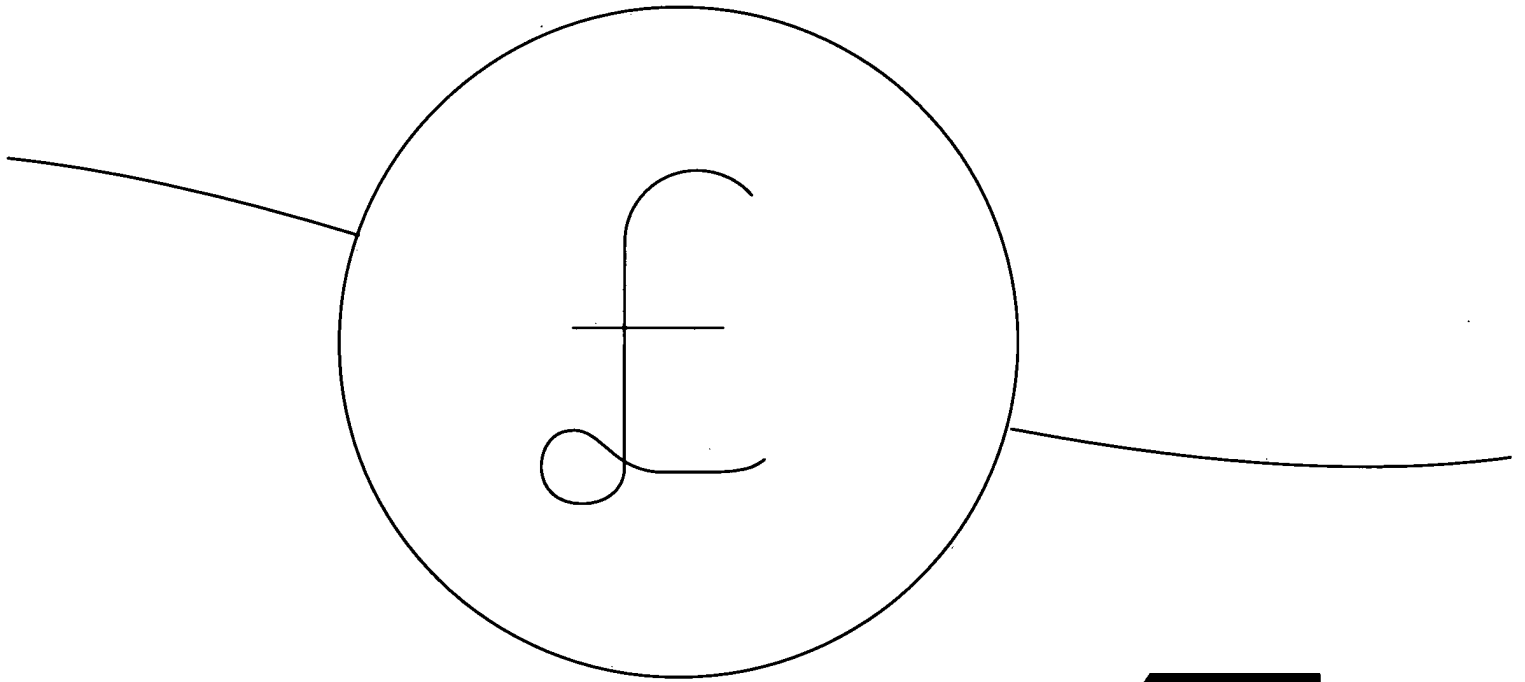
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# Our Finances



# 4

### Trustees' responsibilities statement in relation to the financial statements

The Trustees (who are also directors of Trustees of the London Clinic Limited for the purposes of company law) are responsible for preparing the Trustees' Annual Report (incorporating the Strategic Report and Director's Report) and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland."

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group, and a true and fair view of income and expenditure of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**Each of the Trustees at the date of approval of this report confirms that:**

- So far as the Trustee is aware, there is no relevant audit information of which the Charity's auditor is unaware
- The Trustee has taken all the steps that they ought to have taken as a Trustee in order to make themselves aware of any relevant audit information and to establish that the Charity's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of section 418 of the Companies Act 2006.

A resolution for the re-appointment of RSM UK Audit LLP as the Charity's auditor was passed at the Annual General Meeting on 3 August 2023.

This Trustees' report and financial statements were approved and authorised for issue by The Board of Trustees on 3 August 2023 and were signed on its behalf by:



**Hamish Leslie Melville**  
Chairman of the Board of Trustees

# Independent auditor's report to the members of Trustees of the London Clinic Limited

## Opinion

We have audited the financial statements of the Trustees of the London Clinic Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2022 which the Consolidated Statement of Financial Activities (including the consolidated Income and Expenditure Account), the Consolidated Balance Sheet, the Charity Balance Sheet, the Consolidated Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

### In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as of 31 December 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) 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 parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including 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 Trustees' 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 or parent charitable company'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 Trustees with respect to going concern are described in the relevant sections of this report.

## Other information

The other information comprises the information included in the Annual Report and Consolidated Financial Statements other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the Annual Report and Consolidated Financial Statements. 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.

## Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report, which includes the Directors' Report and the Strategic Report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Directors' Report and the Strategic Report included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

### Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Directors' Report or the Strategic Report included within the Trustees' Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

### Responsibilities of Trustees

As explained more fully in the Statement of Trustees' responsibilities set out on page 66, the Trustees (who are also the directors of the charitable company for the purposes of company law) are 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 Trustees determine 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 Trustees are responsible for assessing the group's and parent charitable company'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 the Trustees either intend to liquidate the group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

### 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.

### The extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities are instances of non-compliance with laws and regulations. The objectives of our audit are to obtain sufficient appropriate audit evidence regarding compliance with laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements, to perform audit procedures to help identify instances of non-compliance with other laws and regulations that may have a material effect on the financial statements and to respond appropriately to identified or suspected non-compliance with laws and regulations identified during the audit.

In relation to fraud, the objectives of our audit are to identify and assess the risk of material misstatement of the financial statements due to fraud, to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud through designing and implementing appropriate responses and to respond appropriately to fraud or suspected fraud identified during the audit.

However, it is the primary responsibility of management, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations and for the prevention and detection of fraud.

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud, the group audit engagement team:

- obtained an understanding of the nature of the sector, including the legal and regulatory frameworks that the group and parent charitable company operate in and how the group and parent charitable company are complying with the legal and regulatory frameworks;
- inquired of management, and those charged with governance, about their own identification and assessment of the risks of irregularities, including any known actual, suspected or alleged instances of fraud;
- discussed matters about non-compliance with laws and regulations and how fraud might occur including assessment of how and where the financial statements may be susceptible to fraud.

As a result of these procedures, we consider the most significant laws and regulations that have a direct impact on the financial statements are FRS 102, Charities SORP (FRS 102), Companies Act 2006, Charities Act 2011, and the parent charitable company's governing document. We performed audit procedures to detect non-compliances which may have a material impact on the financial statements which included reviewing the financial statements including the Trustees' Report, and remaining alert to new or unusual transactions which may not be in accordance with the governing documents.

The most significant laws and regulations that have an indirect impact on the financial statements are the charitable company's operating licence and the Care Quality Commission regulations. We performed audit procedures to inquire of management and those charged with governance whether the group is in compliance with these laws and regulations and inspected correspondence with regulatory authorities.

The group audit engagement team identified the risk of management override of controls as the area where the financial statements were most susceptible to material misstatement due to fraud. Audit procedures performed included but were not limited to testing manual journal entries and other adjustments, evaluating the business rationale in relation to significant, unusual transactions and transactions entered into outside the normal course of business, and challenging judgments and estimates.

A further description of our responsibilities for the audit of the financial statements is provided on the Financial Reporting Council's website at <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

*RSM UK Audit LLP*

### Nicholas Sladden (Senior Statutory Auditor)

For and on behalf of RSM UK AUDIT LLP, Statutory Auditor  
Chartered Accountants  
25 Farringdon Street  
London, EC4A 4AB

3 August 2023

### Consolidated Statement of Financial Activities

(Including consolidated income and expenditure account)

For the year ended 31 December 2022

| INCOME                                           | Note | Unrestricted funds<br>£000 | Restricted funds<br>£000 | 2022<br>Total<br>£000 | 2021<br>Total<br>£000 |
|--------------------------------------------------|------|----------------------------|--------------------------|-----------------------|-----------------------|
| <b>Charitable activities</b>                     |      |                            |                          |                       |                       |
| Provision of hospital activities                 |      | 163,347                    | –                        | <b>163,347</b>        | 155,276               |
| <b>Donations</b>                                 |      | 8                          | 4,096                    | <b>4,104</b>          | 49                    |
| <b>Other income</b>                              | 6    | 56                         | –                        | <b>56</b>             | 247                   |
| <b>Total income</b>                              |      | <b>163,411</b>             | <b>4,096</b>             | <b>167,507</b>        | 155,572               |
| <b>EXPENDITURE</b>                               |      |                            |                          |                       |                       |
| <b>Expenditure on Charitable activities</b>      |      |                            |                          |                       |                       |
| Provision of hospital activities                 |      | 176,690                    | 60                       | <b>176,750</b>        | 168,603               |
| <b>Other expenditure</b>                         |      |                            |                          |                       |                       |
| Interest costs                                   |      | 1,729                      | –                        | <b>1,729</b>          | 555                   |
| Cost associated with fundraising                 |      | 102                        | –                        | <b>102</b>            | 175                   |
| <b>Total expenditure</b>                         | 3    | 178,521                    | 60                       | <b>178,581</b>        | 169,333               |
| <b>(Loss) / Gain on investment assets</b>        | 8    | (58)                       | –                        | <b>(58)</b>           | 123                   |
| <b>Net (Loss) / Income for the year</b>          |      | <b>(15,168)</b>            | <b>4,036</b>             | <b>(11,132)</b>       | <b>(13,638)</b>       |
| <b>OTHER RECOGNISED GAINS</b>                    |      |                            |                          |                       |                       |
| Actuarial Gain on defined benefit pension scheme | 19   | <b>4,806</b>               | –                        | <b>4,806</b>          | 6,000                 |
| <b>Net movement in funds</b>                     |      | <b>(10,362)</b>            | <b>4,036</b>             | <b>(6,326)</b>        | <b>(7,638)</b>        |
| Total funds at 1 January                         |      | 155,275                    | 32                       | <b>155,307</b>        | 162,945               |
| <b>Total funds at 31 December</b>                |      | <b>144,913</b>             | <b>4,068</b>             | <b>148,981</b>        | 155,307               |

The notes on pages 74 to 89 form part of these financial statements.  
All results for the current and previous year are derived from continuing operations.

# Consolidated Balance Sheet

As at 31 December 2022

|                                                       | Note  | 2022<br>£000    | 2021<br>£000    |
|-------------------------------------------------------|-------|-----------------|-----------------|
| <b>Fixed assets</b>                                   |       |                 |                 |
| Intangible assets                                     | 7     | 6,286           | 4,545           |
| Tangible assets                                       | 10    | 188,281         | 184,820         |
| Cash equivalents                                      | 8, 13 | 986             | 1,044           |
|                                                       |       | <b>195,553</b>  | <b>190,409</b>  |
| <b>Current assets</b>                                 |       |                 |                 |
| Stocks                                                | 11    | 3,871           | 3,767           |
| Debtors:                                              |       |                 |                 |
| Amounts falling due within one year                   | 12    | 38,233          | 31,963          |
| Cash and cash equivalents                             | 13    | 9,205           | 7,472           |
|                                                       |       | <b>51,309</b>   | <b>43,202</b>   |
| <b>Creditors: amounts falling due within one year</b> | 14    | <b>(48,609)</b> | <b>(45,355)</b> |
| Net current assets / (liabilities)                    |       | <b>2,700</b>    | <b>(2,153)</b>  |
| Total assets less current liabilities                 |       | <b>198,253</b>  | <b>188,256</b>  |
| Creditors: amounts falling due after one year         | 14    | <b>(41,050)</b> | <b>(18,414)</b> |
| Net assets excluding pension liability                |       | <b>157,203</b>  | <b>169,842</b>  |
| Defined benefit pension scheme liability              | 19    | <b>(8,222)</b>  | <b>(14,535)</b> |
| <b>NET ASSETS INCLUDING PENSION LIABILITY</b>         | 16    | <b>148,981</b>  | <b>155,307</b>  |
| <b>RESTRICTED FUNDS</b>                               |       |                 |                 |
| Restricted income funds                               | 16    | <b>4,068</b>    | <b>32</b>       |
| <b>UNRESTRICTED FUNDS</b>                             |       |                 |                 |
| Designated reserve                                    | 16    | <b>1,672</b>    | <b>2,000</b>    |
| General Revenue reserve                               | 16    | <b>150,397</b>  | <b>166,744</b>  |
| Revaluation reserve                                   | 16    | <b>1,066</b>    | <b>1,066</b>    |
|                                                       |       | <b>153,135</b>  | <b>169,810</b>  |
| <b>Unrestricted funds before pension liability</b>    |       | <b>153,135</b>  | <b>169,810</b>  |
| Pension deficit                                       | 19    | <b>(8,222)</b>  | <b>(14,535)</b> |
| <b>Total funds</b>                                    | 16    | <b>148,981</b>  | <b>155,307</b>  |

The financial statements of Trustees of the London Clinic Limited, registered number 00307579, were approved and authorised for issue by The Board of Trustees on 3 August 2023 and were signed on its behalf by:



Hamish Leslie Melville  
Chairman of The Board of Trustees  
Date: 3 August 2023

## Charity Balance Sheet

As at 31 December 2022

|                                                       | Note  | 2022            | 2021            |
|-------------------------------------------------------|-------|-----------------|-----------------|
|                                                       |       | £000            | £000            |
| <b>Fixed assets</b>                                   |       |                 |                 |
| Intangible assets                                     | 7     | 6,286           | 4,545           |
| Tangible assets                                       | 10    | 188,281         | 184,820         |
| Cash equivalents                                      | 8, 13 | 986             | 1,044           |
|                                                       |       | <b>195,553</b>  | <b>190,409</b>  |
| <b>Current assets</b>                                 |       |                 |                 |
| Stocks                                                | 11    | 3,871           | 3,767           |
| Debtors: amounts falling due within one year          | 12    | 38,606          | 32,335          |
| Cash and cash equivalents                             | 13    | 9,205           | 7,472           |
|                                                       |       | <b>51,682</b>   | <b>43,574</b>   |
| <b>Creditors: amounts falling due within one year</b> | 14    | <b>(48,609)</b> | <b>(45,355)</b> |
| Net current assets / (liabilities)                    |       | <b>3,073</b>    | <b>(1,781)</b>  |
| Total assets less current liabilities                 |       | <b>198,626</b>  | <b>188,628</b>  |
| Creditors: amounts falling due after one year         | 14    | <b>(41,050)</b> | <b>(18,414)</b> |
| Net assets excluding pension liability                |       | <b>157,576</b>  | <b>170,214</b>  |
| Defined benefit pension scheme liability              | 19    | <b>(8,222)</b>  | <b>(14,535)</b> |
| <b>NET ASSETS INCLUDING PENSION LIABILITY</b>         | 16    | <b>149,354</b>  | <b>155,679</b>  |
| <b>RESTRICTED FUNDS</b>                               |       |                 |                 |
| Restricted income funds                               | 16    | <b>4,068</b>    | <b>32</b>       |
| <b>UNRESTRICTED FUNDS</b>                             |       |                 |                 |
| Designated reserve                                    | 16    | <b>1,672</b>    | <b>2,000</b>    |
| General Revenue reserve                               | 16    | <b>150,770</b>  | <b>167,116</b>  |
| Revaluation reserve                                   | 16    | <b>1,066</b>    | <b>1,066</b>    |
|                                                       |       | <b>153,508</b>  | <b>170,182</b>  |
| <b>Unrestricted funds before pension liability</b>    |       | <b>153,508</b>  | <b>170,182</b>  |
| Pension deficit                                       | 19    | <b>(8,222)</b>  | <b>(14,535)</b> |
| <b>Total funds</b>                                    | 16    | <b>149,354</b>  | <b>155,679</b>  |

The variance to the consolidated accounts is made up of an intercompany receivable of £373k (2021: £372k). There are no other differences between the Charity and consolidated balance sheet.

The total incoming resources for the Charity were £167,449k (2021: £155,695k) and the net loss was £(11,132)k (2021: a loss of £(13,638)k)

The financial statements of Trustees of the London Clinic Limited, registered number 00307579, were approved and authorised for issue by The Board of Trustees on 3 August 2023 and were signed on its behalf by:



**Hamish Leslie Melville**  
Chairman of The Board of Trustees  
Date: 3 August 2023



## Consolidated Statement of Cash Flows

For the year ended 31 December 2022

|                                                         | Note | 2022<br>£000    | 2021<br>£000 |
|---------------------------------------------------------|------|-----------------|--------------|
| <b>Net cash flows from operating activities</b>         | 20   | <b>(6,709)</b>  | 18,689       |
| <b>Cash flows from investing activities</b>             |      |                 |              |
| (Loss) / Gain on investment                             |      | (58)            | 123          |
| Other income                                            | 6    | 56              | 247          |
| Purchase of Charity's functional assets                 |      | (14,614)        | (10,530)     |
| Purchase of Goodwill                                    |      | –               | (525)        |
| <b>Net cash flows from operating activities</b>         |      | <b>(14,616)</b> | (10,685)     |
| <b>Net cash flow before financing</b>                   |      | <b>(21,325)</b> | 8,004        |
| Repayments of borrowing                                 |      | –               | (13,000)     |
| Cash inflow from revolving credit facility              |      | 23,000          | 8,500        |
| <b>Net cash flows used in financing activities</b>      |      | <b>23,000</b>   | (4,500)      |
| <b>Increase in cash and cash equivalents</b>            |      | <b>1,675</b>    | 3,504        |
| <b>Cash and cash equivalents at beginning of year</b>   |      | <b>8,516</b>    | 5,012        |
| <b>Cash and cash equivalents at the end of the year</b> | 13   | <b>10,191</b>   | 8,516        |
| <b>Reconciliation to cash at bank and in hand</b>       |      |                 |              |
| Cash at bank and in hand (Current and non-current)      |      | 10,191          | 8,516        |
| <b>Cash and cash equivalents</b>                        | 21   | <b>10,191</b>   | 8,516        |

# Notes to the financial statements

## 1. Charity status

The Charity is incorporated in England and Wales as a company limited by guarantee not having a share capital.

Every member undertakes to contribute to the assets of the Charity in the event of it being wound up while they are a member, or within one year after they cease to be a member, such amount as may be required not exceeding £1 for the payment of the debts and liabilities contracted before they cease to be a member.

The Charity is exempt from the Income and Corporation Taxes Act 2010 on its charitable activities.

## 2. Accounting policies

The following accounting policies have been applied in dealing with items which are considered material in relation to the Charity's financial statements.

### A. Basis of Preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102 and Charities SORP 2019) and the Companies Act 2006.

The Charity has taken exemption under s408(3) of the Companies Act 2006 from preparing its own Statement of Financial Activities and Income and Expenditure Account.

The financial statements are prepared in sterling, which is the functional currency of the Charity. Monetary amounts shown in these financial statements are rounded to the nearest £'000.

The Trustees of the London Clinic Limited meet the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

### B. Preparation of the Accounts on a Going Concern Basis

The Trustees have reviewed the Charity's current financial forecasts as of April 2023 as well as the associated risks and sensitivities and, following this review, have an expectation that the Charity will have adequate resources to continue in operational existence for the foreseeable future.

The forecasts reviewed considered both historical and current financial performance and identified critical variables and trends. A new 3-year banking facility was completed in June 2022, providing increased borrowing capacity and greater headroom than the previous facility. Forecast sensitivities have been modelled in relation to this facility, including downsides due to increased interest rates and higher inflation.

After considering the matters noted above, the Trustees are satisfied that the Charity will have sufficient financial resources and flexibility to operate as a going concern over at least the following twelve months from the signing of the accounts and have determined that there are no material uncertainties.

### C. Significant Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### Judgements

**Operating Lease Commitments.** The Group has leases on the majority of the properties in which the hospital operates. The classification of such leases as operating or finance leases requires the Group to determine, based on an evaluation of the terms and conditions of the arrangements, whether it acquires the significant risks and rewards of ownership of the lease assets and, accordingly whether the lease requires an asset and liability to be recognised in the Balance Sheet.

### Estimates

**Pension and Other Post-Employment Benefits.** The cost of a defined benefit pension plan is determined using actuarial valuations. The actuarial valuation, performed by an independent actuary after discussion with management, involves making assumptions about discount rates, future salary increases, mortality rates and future pension increases. Due to the complexity of the valuation, the underlying assumptions and the long-term nature of the plan, such estimates are subject to significant uncertainty. In determining the appropriate discount rate, management considers a single equivalent discount rate for a pension scheme with a 17-year duration. The mortality rate is based on publicly available mortality tables with an adjustment to reflect the specifics of the scheme membership. Future salary increases are based on expected future inflation rates. Further details are given in note 19.

**Trade Debtor Recoverability.** Trade debtors for 2022 are £36.2m and are stated net of provisions for doubtful debts. The level of provisioning involves management judgement based on reviews of accounts, including the ageing of debtor balances and previous experience of non-recovery

of debtor balances from payors. The aggregate level of provisioning is sensitive to the change in the mix of business during the year.

The Trustees do not consider there are any critical judgements or sources of estimation uncertainty requiring disclosure beyond the accounting policies listed above.

#### D. Basis of Consolidation

The Group financial statements consolidate the accounts of the parent Company and its subsidiaries made up to 31 December 2022. The acquisition method of accounting has been adopted. Under this method, the results of subsidiary undertakings acquired or disposed of in the year are included in the consolidated statement of financial activities from the date of acquisition to the date of disposal.

In accordance with section 408 of the Companies Act 2006, the Charity is exempt from the requirement to present separately its own Statement of Financial Activities. No 'Charity only Statement of Cash Flows' has been prepared as an advantage has been taken of the reduced disclosure framework in paragraph 1.12 of FRS 102.

#### E. Income

Incoming resources from activities in furtherance of charitable objectives are included in the consolidated statement of financial activities. Incoming resources comprise fees for the provision of treatment to patients and other hospital services and represent the total amounts receivable in the ordinary course of business for goods and services after discounts and value-added tax where applicable. Income is recognised when treatment or other hospital services have been provided to the patient. Donations and gifts are accounted for on receipt except where the donation is returnable in the event that the condition of the donation is not met. Rental income is included in the SOFA on a receivables basis.

Grants in the form of the Coronavirus Job Retention Scheme are included as income. These grants are recognised on the application of the grant by the Charity.

#### F. Expenditure and Recoverable VAT

Governance costs are associated with the governance arrangements of the Charity and relate to the general running of the Charity.

These costs include audit, legal advice for the Trustees and costs associated with meeting constitutional and statutory requirements, such as the cost of Trustees' meetings and the preparation of statutory accounts. Support costs are the costs which enable charitable activities to be undertaken. These include all costs within the following departments: Finance, Human Resources, Information Technology, Property Management, Marketing, Operations, Security, Clinical Governance and Corporate Services.

All expenditure is accounted for on an accrual basis. Direct charitable expenditure represents the cost of providing hospital services in furtherance of the charitable objectives.

All expenditure is recorded as costs against the activity for which the expenditure was incurred gross of VAT, the recoverable portion of VAT, which is immaterial in value, is recorded against other administrative costs.

#### G. Leased Assets

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the Charity. All other leases are classified as operating leases.

Assets held under finance leases are recognised initially at the lower of the fair value of the asset or the present value of the minimum payments at the inception of the contract. The corresponding liability of the lessor is included in the Balance Sheet as a finance lease obligation. Lease payments are apportioned between the reduction in lease obligation and interest using the effective interest method. The assets held under finance leases are included in tangible fixed assets and are depreciated and assessed for impairment losses in the same way as owned assets.

Payments of rent are expensed annually to the SOFA in accordance with the terms of the lease.

#### H. Tangible Fixed Assets

Expenditure on plant and machinery and on the acquisition, alteration, and reconstruction of buildings costing £1,000 or more is capitalised at cost and depreciated over the economically useful life to be held at cost less accumulated depreciation. Depreciation is charged to write off the cost or valuation less the estimated residual value of fixed assets in equal instalments over their estimated useful economic lives as follows:

|                                                                            |                                               |
|----------------------------------------------------------------------------|-----------------------------------------------|
| Freehold property                                                          | <b>50 years</b>                               |
| Long leasehold property                                                    | <b>Shorter of 50 years or length of lease</b> |
| Building refurbishments<br>(Included in freehold and leasehold properties) | <b>8 – 25 years</b>                           |
| Fixtures and equipment                                                     | <b>3 – 15 years</b>                           |

No depreciation is provided on construction in progress, including sites purchased for redevelopment. Capitalised construction costs include directly attributable fees and expenses, excluding costs of borrowing. Interest costs incurred from borrowings for capital projects are expensed through the Consolidated Statement of Financial Activities (SOFA).

Prior to the Charity's conversion to FRS 102, the accounting policy for property assets was to include them in the financial statements at their revalued amount. Following the introduction of FRS 102, these revalued amounts for property assets have been adopted as deemed cost.

### I. Intangible Fixed Assets

Intangible assets are stated at cost less accumulated amortisation. Amortisation is calculated using the straight-line method to allocate the depreciable amount of the assets to their residual values over their estimated useful lives. Intangible assets comprise goodwill which is amortised over 5 years and software which is amortised over 3-5 years.

The carrying values of intangible fixed assets are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable.

### J. Investments

Listed investments are stated at market value as of the balance sheet date. Realised and unrealised gains and losses on investments during the year are shown in the SOFA.

### K. Stocks

Stocks, which comprise goods used in the provision of services to patients and other customers, are valued at a lower cost and net realisable value. Cost means purchase price less trade discounts. Net realisable value means estimated selling price less trade discounts and all costs of sale. Provision is made for obsolete, slow-moving or defective items where appropriate.

### L. Cash Flow and Liquid Resources

Cash flow comprises increases and decreases in cash. Cash and cash equivalents include cash at banks and deposits repayable on demand less overdrafts from any qualifying financial institution repayable on demand. Deposits are repayable on demand if they are available within 7 days without penalty.

### M. Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered and provision for doubtful debts. Prepayments are valued at the amount prepaid net of any trade discounts due.

### N. Creditors and Provisions

Creditors and provisions are recognised where the Charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party, and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing any discounts due.

### O. Financial Instruments

All financial assets and financial liabilities are of a kind that qualifies as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value, with the exception of bank loans which are subsequently measured at amortised cost using the effective interest rate method.

### P. Pension and Other Post-Retirement Benefits

For defined benefit schemes, the amounts charged to operating surplus are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the SOFA if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the year until vesting occurs.

The interest cost and the expected return on assets are shown as a net amount of other finance costs or credits adjacent to interest. Actuarial gains and losses are recognised immediately as Other Recognised Gains/ (Losses) in the SOFA. Defined benefit scheme assets are held separately from those of the Charity.

Pension scheme assets are measured at fair value, and liabilities are measured on an actuarial basis using the projected unit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond.

The FRS 102 valuation is obtained annually and is updated in the accounts at each balance sheet date. The resulting defined benefit asset or liability is shown separately on the face of the balance sheet. A pensions reserve has been created within the unrestricted funds in compliance with paragraph 10.93 of the SORP.

Pension costs for the defined contribution scheme are charged to the accounts on an accrual basis in accordance with the requirements of FRS 102.28 Employment Benefits. Details of the Charity's pension schemes are disclosed in note 18 to the accounts. The difference between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

### Q. Fund Accounting and Reserves

Unrestricted funds comprise the accumulated surpluses and deficits of the Charity, which have not been restricted for any specific purpose, and include funds invested in the functional fixed assets of the Charity.

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.

The Trustees consider the appropriateness of the reserves from time to time and may reserve funds for special purposes or against future expenditures.

### 3. Total expenditure

|                                                             | Direct<br>Charitable<br>(Hospital)<br>£000 | Support<br>Including<br>Governance<br>£000 | Fundraising<br>Costs<br>£000 | 2022<br>Total<br>£000 | 2021<br>Total<br>£000 |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------|-----------------------|-----------------------|
| <b>Provision of hospital activities</b>                     |                                            |                                            |                              |                       |                       |
| Staff costs excluding defined benefit scheme interest costs | 64,342                                     | 16,700                                     | 42                           | 81,084                | 75,742                |
| Net pension interest expense (note 19)                      | 246                                        | –                                          | –                            | 246                   | 277                   |
| Staff costs (note 5)                                        | 64,588                                     | 16,700                                     | 42                           | 81,330                | 76,019                |
| Auditor's remuneration                                      | –                                          | 71                                         | –                            | 71                    | 62                    |
| Depreciation of fixed assets (note 10)                      | 12,815                                     | –                                          | –                            | 12,815                | 13,232                |
| Amortisation of intangible fixed assets (note 7)            | 1,156                                      | –                                          | –                            | 1,156                 | 1,186                 |
| Operating leases – Other                                    | 6,638                                      | –                                          | –                            | 6,638                 | 6,409                 |
| Stock                                                       | 32,941                                     | –                                          | –                            | 32,941                | 33,278                |
| Other operating expenses                                    | 21,266                                     | 20,575                                     | 60                           | 41,901                | 38,592                |
|                                                             | 139,404                                    | 37,346                                     | 102                          | 176,852               | 168,778               |
| <b>Expenditure on raising funds</b>                         |                                            |                                            |                              |                       |                       |
| Bank Interest Payable                                       | 1,729                                      | –                                          | –                            | 1,729                 | 538                   |
| Finance charge in respect to finance leases                 | –                                          | –                                          | –                            | –                     | 17                    |
|                                                             | 1,729                                      | –                                          | –                            | 1,729                 | 555                   |
| <b>Total expenditure</b>                                    | <b>141,133</b>                             | <b>37,346</b>                              | <b>102</b>                   | <b>178,581</b>        | <b>169,333</b>        |

Auditor's remuneration for audit work for the period was £71k (2021: £62k) and remuneration for non-audit work, relating to IT and tax related consultancy services was £20k (2021: £nil). For a further breakdown of 2021 please see note 24.

### 4. Analysis of governance and support costs

|                                                             | 2022<br>Total<br>£000 | 2021<br>Total<br>£000 |
|-------------------------------------------------------------|-----------------------|-----------------------|
| Auditor's remuneration (auditing the financial statements)  | 71                    | 62                    |
| Salaries, wages and related costs – Allocated on time       | 270                   | 126                   |
| Other operating expenses – Legal advice                     | 14                    | 1                     |
| <b>Total Governance costs</b>                               | <b>355</b>            | <b>189</b>            |
| Salaries, wages and related costs – Allocated by department | 16,430                | 15,353                |
| Other operating expenses – Allocated by department          | 20,561                | 17,869                |
| <b>Total Support costs</b>                                  | <b>36,991</b>         | <b>33,222</b>         |

### 5. Staff and Trustees

|                               | 2022<br>Total<br>£000 | 2021<br>Total<br>£000 |
|-------------------------------|-----------------------|-----------------------|
| <b>Staff costs comprise:</b>  |                       |                       |
| Wages and salaries            | 61,801                | 59,263                |
| Social security costs         | 6,885                 | 6,330                 |
| Agency and Contractors        | 7,387                 | 5,599                 |
| Pension costs                 | 3,760                 | 3,666                 |
| Other staff costs             | 1,497                 | 1,161                 |
| <b>Total Governance costs</b> | <b>81,330</b>         | <b>76,019</b>         |

Redundancy and contract termination costs are expensed as incurred through the SOFA. During the year, redundancy and termination costs of £916k were expensed (2021: £679k).

|                                                        | 2022  | 2021  |
|--------------------------------------------------------|-------|-------|
| Average monthly number of employees during the period: | 1,272 | 1,268 |

All staff in 2022 and 2021 were employed in supporting the provision of medical services, which is the purpose of the Charity. The key management personnel of the Charity comprise the Trustees and the members of the Executive Board. The total employee benefits of the key management personnel was as follows:

|                                         | 2022<br>Total<br>£000 | 2021<br>Total<br>£000 |
|-----------------------------------------|-----------------------|-----------------------|
| Emoluments                              | 2,411                 | 2,238                 |
| Pension contributions                   | 267                   | 194                   |
| Contract termination and other payments | 202                   | 143                   |
|                                         | <b>2,880</b>          | <b>2,575</b>          |

Accommodation has been provided within the hospital premises, without charge to Al Russell, Chief Executive to enable him to fulfil his duties. The Trustees received no emoluments from the Charity during the period (2021: £nil). The Charity reimbursed travelling and other expenses of 3 Trustees for £5,895 (2021: 2 Trustees for £1,981).

The emoluments of employees earning over £60,000, excluding pension contributions, fell within the following ranges:

|                      | 2022<br>No. | 2021<br>No. |
|----------------------|-------------|-------------|
| <b>Salary ranges</b> |             |             |
| £60,001 – £70,000    | 95          | 88          |
| £70,001 – £80,000    | 47          | 49          |
| £80,001 – £90,000    | 16          | 23          |
| £90,001 – £100,000   | 15          | 17          |
| £100,001 – £110,000  | 10          | 2           |
| £110,001 – £120,000  | 4           | 4           |
| £120,001 – £130,000  | 3           | 2           |
| £130,001 – £140,000  | 1           | 1           |
| £150,001 – £160,000  | 1           | –           |
| £160,001 – £170,000  | 1           | –           |
| £170,001 – £180,000  | 2           | 1           |
| £180,001 – £190,000  | 1           | 1           |
| £190,001 – £200,000  | 3           | 2           |
| £210,001 – £220,000  | –           | 1           |
| £220,001 – £230,000  | 1           | –           |
| £250,001 – £260,000  | –           | 1           |
| £290,001 – £300,000  | –           | 1           |
| £320,001 – £330,000  | 1           | –           |
| £330,001 – £340,000  | 1           | 1           |
| £410,001 – £420,000  | –           | 1           |
| £420,001 – £430,000  | 1           | –           |
| <b>Total</b>         | <b>203</b>  | <b>195</b>  |

In the period, the provision of money purchase benefits were provided to 196 employees of the above (2021 : 188 employees) and the contribution paid was £1,233k (2021: £1,133k). There are 7 employees who are part of the defined benefit scheme (2021 : 7 employees). Further details of the Charity's pension schemes are given in note 19.

### 6. Other income

|                                   | Unrestricted<br>Funds<br>£000 | Designated<br>Funds<br>£000 | Restricted<br>Funds<br>£000 | 2022<br>Total<br>£000 | 2021<br>Total<br>£000 |
|-----------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------|-----------------------|
| Interest on bank balances         | –                             | –                           | –                           | –                     | –                     |
| Return on fixed asset investments | –                             | 56                          | –                           | 56                    | 50                    |
|                                   | –                             | 56                          | –                           | 56                    | 50                    |
| Grant income *                    | –                             | –                           | –                           | –                     | 197                   |
|                                   | –                             | 56                          | –                           | 56                    | 247                   |

\* Grant income relates to the Coronavirus Job Retention Scheme.

### 7. Intangible fixed assets

| GROUP AND CHARITY          | Goodwill<br>£000 | Software<br>£000 | Construction<br>in progress<br>£000 | Total<br>£000 |
|----------------------------|------------------|------------------|-------------------------------------|---------------|
| <b>COST</b>                |                  |                  |                                     |               |
| At 1 January 2022          | 775              | 14,815           | 254                                 | 15,844        |
| Additions                  | –                | 1,932            | 965                                 | 2,897         |
| Transfers                  | –                | 1,000            | (1,000)                             | –             |
| Disposals                  | –                | (67)             | –                                   | (67)          |
| <b>31 December 2022</b>    | <b>775</b>       | <b>17,680</b>    | <b>219</b>                          | <b>18,674</b> |
| <b>AMORTISATION</b>        |                  |                  |                                     |               |
| At 1 January 2022          | 39               | 11,260           | –                                   | 11,299        |
| Provided during the year   | 155              | 1,001            | –                                   | 1,156         |
| Disposals                  | –                | (67)             | –                                   | (67)          |
| <b>31 December 2022</b>    | <b>194</b>       | <b>12,194</b>    | <b>–</b>                            | <b>12,388</b> |
| <b>NET BOOK VALUE</b>      |                  |                  |                                     |               |
| <b>At 31 December 2022</b> | <b>581</b>       | <b>5,486</b>     | <b>219</b>                          | <b>6,286</b>  |
| At 31 December 2021        | 736              | 3,555            | 254                                 | 4,545         |

Goodwill arising during the 2021 year relates to the acquisition of the London Spine Clinic and is being amortised over 5 years on a straight line basis.

The amortisation is included within the 'Provision of hospital activities' balance in the SOFA.



## 8. Fixed asset investments

| GROUP AND CHARITY                                       | 2022         |               | 2021           |
|---------------------------------------------------------|--------------|---------------|----------------|
|                                                         | Cost<br>£000 | Value<br>£000 | Value<br>£000  |
| <b>COST</b>                                             |              |               |                |
| At 1 January                                            |              |               |                |
| Listed investments (Cash Equivalent)                    | 564          | 1,044         | 564 921        |
| <b>Total at 1 January</b>                               | <b>564</b>   | <b>1,044</b>  | <b>564 921</b> |
|                                                         |              |               |                |
| <b>Fair value gains and losses</b>                      |              |               |                |
| Listed investments                                      | –            | (58)          | – 123          |
| <b>Total (Losses) / Gains</b>                           | <b>–</b>     | <b>(58)</b>   | <b>– 123</b>   |
|                                                         |              |               |                |
|                                                         |              | <b>2022</b>   | <b>2021</b>    |
|                                                         |              | <b>£000</b>   | <b>£000</b>    |
| <b>INVESTMENTS CARRIED AT FAIR VALUE AT 31 DECEMBER</b> |              |               |                |
| Listed investments                                      |              | <b>986</b>    | 1,044          |
| <b>Total at 31 December</b>                             |              | <b>986</b>    | 1,044          |

### Listed investments

Listed investments relate entirely to the staff training and education fund which is a designated fund for the training and education of staff from all disciplines. The fund is financed by the investment income generated by the managed M&G investment, Charifund, which is based in the UK, and donations received by the Charity. £986k (2021: £1,044k). This has been included as a cash equivalent as it is a highly liquid asset.

## 9. Subsidiary undertakings

None of the undertakings have a material effect on the group accounts.

The Charity has the following subsidiary undertakings at December 2022 which are wholly owned and registered in England and Wales at 20 Devonshire Place, London W1G 6BW.

| Company name                             | Share capital                | Trading status                                                        |
|------------------------------------------|------------------------------|-----------------------------------------------------------------------|
| <b>TLC Health Concierge Limited</b>      | Paid up share capital of £1  | The Company was incorporated 4 August 2022                            |
| <b>London Clinic Development Limited</b> | Paid up share capital of £99 | The Company was non-trading through the period ended 31 December 2022 |
| <b>LC Medical Admin Limited</b>          | Paid up share capital of £2  | The Company was non-trading through the period ended 31 December 2022 |
| <b>LC Medical Services Limited</b>       | Paid up share capital of £2  | The Company was non-trading through the period ended 31 December 2022 |

## 10. Tangible fixed assets

| GROUP AND CHARITY          | Freehold<br>Property<br>£000 | Long<br>Leasehold<br>£000 | Fixtures &<br>Equipment<br>£000 | Construction<br>in progress<br>£000 | Total<br>£000  |
|----------------------------|------------------------------|---------------------------|---------------------------------|-------------------------------------|----------------|
| <b>COST AND VALUATION</b>  |                              |                           |                                 |                                     |                |
| 1 January 2022             | 4,459                        | 251,063                   | 96,529                          | 15,391                              | 367,442        |
| Additions                  | –                            | 990                       | 9,240                           | 6,046                               | 16,276         |
| Transfers                  | –                            | 424                       | 571                             | (995)                               | –              |
| Disposals                  | –                            | –                         | (3,801)                         | –                                   | (3,801)        |
| <b>31 December 2022</b>    | <b>4,459</b>                 | <b>252,477</b>            | <b>102,539</b>                  | <b>20,442</b>                       | <b>379,917</b> |
| <b>DEPRECIATION</b>        |                              |                           |                                 |                                     |                |
| 1 January 2022             | 1,063                        | 104,078                   | 77,481                          | –                                   | 182,622        |
| Provided during the year   | 89                           | 6,993                     | 5,733                           | –                                   | 12,815         |
| Disposals                  | –                            | –                         | (3,801)                         | –                                   | (3,801)        |
| <b>31 December 2022</b>    | <b>1,152</b>                 | <b>111,071</b>            | <b>79,413</b>                   | <b>–</b>                            | <b>191,636</b> |
| <b>NET BOOK VALUE</b>      |                              |                           |                                 |                                     |                |
| <b>At 31 December 2022</b> | <b>3,307</b>                 | <b>141,406</b>            | <b>23,126</b>                   | <b>20,442</b>                       | <b>188,281</b> |
| At 31 December 2021        | 3,396                        | 146,985                   | 19,048                          | 15,391                              | 184,820        |

Transfers represent completed capital expenditure projects which have been transferred from construction in progress to relevant fixed asset categories during the period.

In January 2013, a mortgage debenture between the Charity and its bankers was sealed, creating a charge on the above properties with a current revolving credit facility of £41.5m (2021: £18.5m).

The net book value of the asset purchased via a finance lease is £nil (2021: £0.8m).

## 11. Stock

| GROUP AND CHARITY             | 2022<br>£000 | 2021<br>£000 |
|-------------------------------|--------------|--------------|
| Raw materials and consumables | <b>3,871</b> | 3,767        |

## 12. Debtors

| GROUP                                      | 2022<br>£000  | 2021<br>£000  |
|--------------------------------------------|---------------|---------------|
| <b>Amounts falling due within one year</b> |               |               |
| Trade debtors                              | 36,165        | 27,177        |
| Other debtors                              | 273           | 298           |
| Prepayments and accrued income             | 1,795         | 4,488         |
|                                            | <b>38,233</b> | <b>31,963</b> |

Amounts owed to the Charity by subsidiary undertakings totals £373k (2021: 372k). This consolidates to Enil at a Group level.

## 13. Cash and cash equivalents

| GROUP AND CHARITY | 2022<br>£000  | 2021<br>£000 |
|-------------------|---------------|--------------|
| Investment        | 986           | 1,044        |
| Cash              | 9,205         | 7,472        |
| <b>Total</b>      | <b>10,191</b> | <b>8,516</b> |

## 14. Creditors: amounts falling due within one year

| GROUP AND CHARITY            | 2022<br>£000  | 2021<br>£000  |
|------------------------------|---------------|---------------|
| Trade creditors              | 8,466         | 12,352        |
| Taxation and social security | 2,483         | 4,072         |
| Other creditors              | 21,086        | 19,282        |
| Accruals*                    | 16,574        | 9,649         |
| <b>Total</b>                 | <b>48,609</b> | <b>45,355</b> |

\* Includes the year end capital accrual of £7.6m (2021: £2.7m) and a redundancy provision of Enil (2021: £0.1m).

## Creditors: amounts falling due after one year

| GROUP AND CHARITY                   | 2022<br>£000  | 2021<br>£000  |
|-------------------------------------|---------------|---------------|
| Revolving Credit Facility 2-5 years | 41,500        | 18,500        |
| Borrowing costs capitalised         | (450)         | (86)          |
| <b>Total</b>                        | <b>41,050</b> | <b>18,414</b> |

A new facility and term loan was agreed in June 2022 for a period of 3 years with options to extend, replacing the previous Revolving Credit Facility. The costs of securing the financing facility for the Group are being amortised over the remaining term of the facility.

## 15. Reserve movements for year

| GROUP                                              | Revaluation<br>reserve<br>£000 | Designated<br>reserve<br>£000 | Restricted<br>reserve<br>£000 | General<br>reserve<br>£000 | Total<br>£000  |
|----------------------------------------------------|--------------------------------|-------------------------------|-------------------------------|----------------------------|----------------|
| 1 January 2022 per prior year financial statements | 1,066                          | 2,000                         | 32                            | 152,209                    | 155,307        |
| Net incoming resources / (deficit)                 | –                              | (270)                         | 4,036                         | (14,840)                   | (11,074)       |
| (Loss) on investment assets                        | –                              | (58)                          | –                             | –                          | (58)           |
| Actuarial gain on defined benefit pension scheme   | –                              | –                             | –                             | 4,806                      | 4,806          |
| <b>At 31 December 2022</b>                         | <b>1,066</b>                   | <b>1,672</b>                  | <b>4,068</b>                  | <b>142,175</b>             | <b>148,981</b> |

The Charity has reserves of £149,354k as at December 2022 (2021: £155,679k). The variance to the Group reserves are outlined in note 12 of the notes to the financial statements.

As at December 2022 the Restricted reserves were £4,068k (2021: £32k).

## 16. Analysis of net assets by fund

| 2022                                           | Revaluation<br>reserve<br>£000 | Designated<br>reserve<br>£000 | Restricted<br>reserve<br>£000 | General<br>reserve<br>£000 | Total<br>£000  |
|------------------------------------------------|--------------------------------|-------------------------------|-------------------------------|----------------------------|----------------|
| <b>GROUP</b>                                   |                                |                               |                               |                            |                |
| Fixed asset investments                        | –                              | 986                           | –                             | –                          | 986            |
| Other fixed assets                             | 1,066                          | –                             | –                             | 193,501                    | 194,567        |
| Non-current liabilities                        | –                              | –                             | –                             | (41,050)                   | (41,050)       |
| Current assets                                 | –                              | 686                           | 4,068                         | 46,555                     | 51,309         |
| Current Liabilities                            | –                              | –                             | –                             | (48,609)                   | (48,609)       |
| <b>Total funds excluding pension liability</b> | <b>1,066</b>                   | <b>1,672</b>                  | <b>4,068</b>                  | <b>150,397</b>             | <b>157,203</b> |
| Pension liability                              | –                              | –                             | –                             | (8,222)                    | (8,222)        |
| <b>Total net assets</b>                        | <b>1,066</b>                   | <b>1,672</b>                  | <b>4,068</b>                  | <b>142,175</b>             | <b>148,981</b> |
| <b>Charity net assets</b>                      | <b>1,066</b>                   | <b>1,672</b>                  | <b>4,068</b>                  | <b>142,548</b>             | <b>149,354</b> |

| <b>2021</b>                                    | Revaluation<br>reserve<br>£000 | Designated<br>reserve<br>£000 | Restricted<br>Reserve<br>£000 | General<br>reserve<br>£000 | <b>Total<br/>£000</b> |
|------------------------------------------------|--------------------------------|-------------------------------|-------------------------------|----------------------------|-----------------------|
| <b>GROUP</b>                                   |                                |                               |                               |                            |                       |
| Fixed asset investments                        | –                              | 1,044                         | –                             | –                          | 1,044                 |
| Other fixed assets                             | 1,066                          | –                             | –                             | 188,299                    | 189,365               |
| Non-current liabilities                        | –                              | –                             | –                             | (18,414)                   | (18,414)              |
| Current assets                                 | –                              | 956                           | 32                            | 42,214                     | 43,202                |
| Current Liabilities                            | –                              | –                             | –                             | (45,355)                   | (45,355)              |
| <b>Total funds excluding pension liability</b> | <b>1,066</b>                   | <b>2,000</b>                  | <b>32</b>                     | <b>166,744</b>             | <b>169,842</b>        |
| Pension liability                              | –                              | –                             | –                             | (14,535)                   | (14,535)              |
| <b>Total net assets</b>                        | <b>1,066</b>                   | <b>2,000</b>                  | <b>32</b>                     | <b>152,209</b>             | <b>155,307</b>        |
| <b>Charity net assets</b>                      | <b>1,066</b>                   | <b>2,000</b>                  | <b>32</b>                     | <b>152,581</b>             | <b>155,679</b>        |

## 17. Capital commitments

| <b>GROUP AND CHARITY</b> | <b>2022<br/>£000</b> | <b>2021<br/>£000</b> |
|--------------------------|----------------------|----------------------|
| Committed and contracted | <b>16,970</b>        | 6,012                |

Additional capital expenditure has been approved for 2023 and the total capital expenditure forecast is £17.2m for 2023 (2022: £16.0m).

## 18. Operating lease commitments

| <b>GROUP AND CHARITY</b>                                                                                                  | <b>2022<br/>£000</b> | <b>2021<br/>£000</b> |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| The group's future minimum lease payments under non-cancellable operating leases to the term of the lease are as follows: |                      |                      |
| Land and buildings                                                                                                        |                      |                      |
| – within one year                                                                                                         | <b>7,789</b>         | 7,526                |
| – between one and five years                                                                                              | <b>30,049</b>        | 32,736               |
| – after five years                                                                                                        | <b>511,826</b>       | 520,331              |
|                                                                                                                           | <b>549,664</b>       | 560,593              |

The leases relate to the land and buildings of the main hospital sites in London. They have been classified as operating leases since inception and continue to be treated as such under FRS 102 criteria.

### 19. Pension schemes

The Charity operates a UK-based defined contribution scheme, providing benefits at retirement and on death-in-service. The funded defined benefit scheme was closed to new employees and replaced with a defined contribution scheme with effect from 1 January 2002.

Costs and liabilities of the scheme are based on an actuarial valuation. A full independent actuarial valuation is undertaken every three years, details of the latest independent valuation of the scheme are given below. The Charity gets an independent actuary to update this valuation for purpose of the determining the company obligation under FRS 102.

The assumptions that have the most significant effect on the results of the valuation are those relating to the overall expected rate of return on assets, the mortality of its members and the rate of increase in salaries and pensions. Under FRS102 the expected return on assets is set with reference to high quality sterling denominated corporate bonds.

The date of the last triennial valuation was 31 December 2019 at this time the scheme assets was sufficient to cover 83% of the benefits that had accrued to the members after allowing for future increases in earnings. The December 2022 valuation is being calculated at the time of reporting.

During the year the employer contributed an additional £1,753k in respect of past service benefits. The current

deficit recovery plan anticipates the scheme deficit will be eliminated by 31 December 2025. This plan will be reviewed with the scheme Trustee as part of the triennial valuation.

The employer expects to contribute £3,530k to the defined benefit plan in the year to 31 December 2023. At 31 December 2022 there were no outstanding contributions due to the defined contribution scheme.

Total pension charge for the year including the defined contribution scheme was £3,760k (2021: £3,666k).

The actuarial valuation has been updated by an independent qualified actuary to take account of the requirements under FRS 102 in order to assess the liabilities of the scheme at 31 December 2022. The projected unit method is used to value the liabilities of the defined benefit pension scheme.

In 2017 the employer added a salary sacrifice scheme to its existing stakeholder schemes. The schemes offer a range of employer pension contributions, from a minimum of 3% to a maximum of 10%, dependent on the employee's own contribution rate. In order to obtain the maximum employer contribution of 10% the employee contributes 7%.

From April 2019 new employees are offered a salary sacrifice scheme where the employer matches the employee contributions from 4% to 10%.

### Employee benefit obligation

| The amounts recognised in the Balance Sheet are as follows: | 2022<br>£000   | 2021<br>£000    |
|-------------------------------------------------------------|----------------|-----------------|
| Fair value of plan assets                                   | 77,319         | 109,261         |
| Present value of funded obligations                         | (85,541)       | (123,796)       |
| <b>Net liability</b>                                        | <b>(8,222)</b> | <b>(14,535)</b> |

| The amounts recognised in the Consolidated Statement of Financial Activities are as follows: | 2022<br>£000    | 2021<br>£000 |
|----------------------------------------------------------------------------------------------|-----------------|--------------|
| Interest cost                                                                                | (2,187)         | (1,656)      |
| Interest income                                                                              | 1,941           | 1,379        |
| <b>Total included in staff costs</b>                                                         | <b>246</b>      | <b>277</b>   |
| <b>(Loss) / Gain during the year on plan assets</b>                                          | <b>(29,065)</b> | <b>4,178</b> |

| Changes in present value of the defined benefit obligation are as follows: | 2022<br>£000    | 2021<br>£000     |
|----------------------------------------------------------------------------|-----------------|------------------|
| Opening defined benefit obligation                                         | (123,796)       | (129,436)        |
| Interest cost                                                              | (2,187)         | (1,656)          |
| Actuarial gain                                                             | 35,812          | 3,201            |
| Benefits paid                                                              | 4,630           | 4,095            |
| <b>Closing defined benefit obligation</b>                                  | <b>(85,541)</b> | <b>(123,796)</b> |

| Changes in fair value of plan assets are as follows: | 2022<br>£000  | 2021<br>£000   |
|------------------------------------------------------|---------------|----------------|
| Opening fair value of plan assets                    | 109,261       | 107,113        |
| Interest income                                      | 1,941         | 1,379          |
| Actuarial (loss) / gain                              | (31,006)      | 2,799          |
| Contributions by employer                            | 1,753         | 2,065          |
| Benefits paid                                        | (4,630)       | (4,095)        |
| <b>Closing fair value of plan assets</b>             | <b>77,319</b> | <b>109,261</b> |

| Analysis of actuarial gains / (losses) recognised in Other Comprehensive Income: | 2022<br>£000 | 2021<br>£000 |
|----------------------------------------------------------------------------------|--------------|--------------|
| Return on plan assets excluding net interest cost (loss) / gain                  | (31,006)     | 2,799        |
| Experience (losses) on benefit obligation                                        | (5,383)      | (767)        |
| Effect of assumptions changes on benefit obligation                              | 41,195       | 3,968        |
| <b>Total actuarial gain recognised:</b>                                          | <b>4,806</b> | <b>6,000</b> |

| The main categories of plan assets as a percentage of total plan assets are as follows: | 2022 | 2021 |
|-----------------------------------------------------------------------------------------|------|------|
| Equities (including property)                                                           | 28%  | 30%  |
| LDI (Liability Driven Investment)                                                       | 68%  | 67%  |
| Cash                                                                                    | 4%   | 3%   |

| Principal actuarial assumptions at the balance sheet date<br>(expressed as weighted averages): | 2022 | 2021 |
|------------------------------------------------------------------------------------------------|------|------|
| Discount rate at 31 December                                                                   | 5.1% | 1.8% |
| Expected return on plan assets at 31 December                                                  | 5.1% | 1.8% |
| Future salary increases                                                                        | 2.5% | 2.7% |
| Future pension increases                                                                       | 3.3% | 3.5% |

### 20. Reconciliation of net income to net cash inflow from operating activities

| GROUP                                            | 2022<br>£000   | 2021<br>£000  |
|--------------------------------------------------|----------------|---------------|
| Net (loss) for the year                          | (11,132)       | (13,638)      |
| Other income                                     | (56)           | (247)         |
| Depreciation of tangible fixed assets            | 12,815         | 13,232        |
| Amortisation of intangible fixed assets          | 1,156          | 1,186         |
| Loss / (Gain) on investment assets               | 58             | (123)         |
| Net retirement benefit charge less contributions | (1,507)        | (1,788)       |
| (Increase) / Decrease in stock                   | (104)          | 595           |
| (Increase) in debtors                            | (6,270)        | (1,079)       |
| (Decrease) / Increase in creditors               | (1,669)        | 20,551        |
| <b>Net cash inflow from operating activities</b> | <b>(6,709)</b> | <b>18,689</b> |

### 21. Analysis of changes in net debt

| GROUP                     | At 1 Jan<br>2022<br>£000 | Cash Flows<br>£000 | At 31 Dec<br>2022<br>£000 |
|---------------------------|--------------------------|--------------------|---------------------------|
| Cash and cash equivalents | 8,516                    | 1,675              | 10,191                    |
| Debt due within one year  | –                        | –                  | –                         |
| Debt due after one year   | (18,500)                 | (23,000)           | (41,500)                  |
| <b>Total</b>              | <b>(9,984)</b>           | <b>(21,325)</b>    | <b>(31,309)</b>           |

### 22. Taxation

Trustees of the London Clinic Limited is a registered charity and as such is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.



## 23. Events after the reporting period

On the 20 July 2023 the Charity completed the sale of one of its properties for the sum of £8.6m. The freehold property was held at a net book value of £3.3m at 31 December 2022.

## 24. Total expenditure 2021

|                                                             | Direct<br>Charitable<br>(Hospital)<br>£000 | Support<br>Including:<br>Governance<br>£000 | Fundraising<br>Costs<br>£000 | 2021<br>Total<br>£000 |
|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------|------------------------------|-----------------------|
| <b>Provision of hospital activities</b>                     |                                            |                                             |                              |                       |
| Staff costs excluding defined benefit scheme interest costs | 60,148                                     | 15,479                                      | 115                          | <b>75,742</b>         |
| Net pension interest expense (note 19)                      | 277                                        | –                                           | –                            | <b>277</b>            |
| Staff costs (note 5)                                        | 60,425                                     | 15,479                                      | 115                          | <b>76,019</b>         |
| Auditor's remuneration                                      | –                                          | 62                                          | –                            | <b>62</b>             |
| Depreciation of fixed assets (note 10)                      | 13,232                                     | –                                           | –                            | <b>13,232</b>         |
| Amortisation of intangible fixed assets (note 7)            | 1,186                                      | –                                           | –                            | <b>1,186</b>          |
| Operating leases – Other                                    | 6,409                                      | –                                           | –                            | <b>6,409</b>          |
| Stock                                                       | 33,278                                     | –                                           | –                            | <b>33,278</b>         |
| Other operating expenses                                    | 20,662                                     | 17,870                                      | 60                           | <b>38,592</b>         |
|                                                             | <b>135,192</b>                             | <b>33,411</b>                               | <b>175</b>                   | <b>168,778</b>        |
| <b>Expenditure on raising funds</b>                         |                                            |                                             |                              |                       |
| Bank Interest Payable                                       | 538                                        | –                                           | –                            | <b>538</b>            |
| Finance charge in respect to finance leases                 | –                                          | 17                                          | –                            | <b>17</b>             |
|                                                             | <b>538</b>                                 | <b>17</b>                                   | <b>–</b>                     | <b>555</b>            |
| <b>Total expenditure</b>                                    | <b>135,730</b>                             | <b>33,428</b>                               | <b>175</b>                   | <b>169,333</b>        |

## 25. Related parties

During the year, fees of £202k (2021: £478k) were paid to London Haematology Limited in respect of professional clinical services provided to the Charity to support delivery of the haematology and oncology service. Professor John Gribben is a Trustee of the Charity and a director and shareholder of London Haematology Limited.

During the year, fees and expenses of £10k (2021: £18k) were paid to I J Kennedy Healthcare Consultancy Ltd in respect of clinical governance advisory services. Inga Kennedy was a Trustee of the Charity during the year and is a director and shareholder of I J Kennedy Healthcare Consultancy Ltd. Inga Kennedy resigned as a Trustee in November 2022.

After making enquiries, the Trustees confirm there were no further relationships with related parties to disclose. The Trustees have followed the relevant Charity Commission guidance and the appropriate conflict of interest management is in place. The Trustees are assured that there were no relationships with related parties which might inhibit the Charity from pursuing independently its own charitable objectives.

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# Appendix



# 5

## Reference and administrative details

### Advisers and Principal Addresses:

#### Principal address:

Trustees of the London Clinic Limited,  
20 Devonshire Place,  
London W1G 6BW

#### Bank:

HSBC PLC, City of London Branch,  
60 Queen Victoria Street,  
London, EC4N 4TR

### Solicitors:

Addleshaw Goddard, Milton Gate,  
60 Chiswell Street, London, EC1Y 4AG

### Auditor:

RSM UK Audit LLP, 25 Farringdon Street,  
London EC4A 4AB

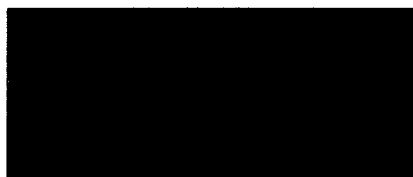
### Patron:

HM The Queen  
(formerly HRH the Duchess of Cornwall)

### Life President:

The Duchess of Devonshire DL

### During the period, the Trustees were:



#### Hamish Leslie Melville (Chairman)

Has served as Chairman or Director of a number of UK public and private companies. A former Chairman of The National Trust for Scotland.



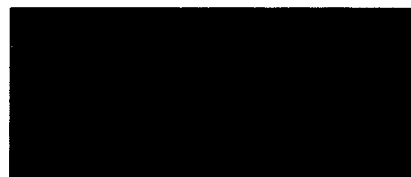
#### Manish Chande

Senior Partner of Clearbell Capital LLP, a fund management business specialising in the property sector. Co-established the Trillium Group and was Chief Executive prior to its acquisition by Land Securities, after which he joined its main board. As a Commissioner of English Heritage, assisted in several important historic building restorations in central London. Previously a Trustee of The Canal and River Trust.



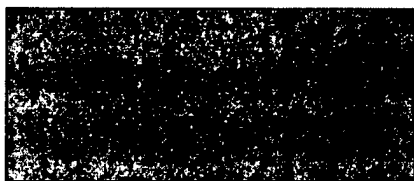
#### Professor John Gribben

Graduated from the University of Glasgow in 1980, trained in Haematology at University College London and in Medical Oncology at the Dana-Farber Cancer Institute, Harvard Medical School. Chair of the international workshop on non-Hodgkin lymphoma (iwNHL) and President of the European Haematology Association (EHA) (2019-2021). He was elected as a Fellow of the Academy of Medical Science in 2009. Specialist in haematological cancers including lymphomas, leukaemias and bone marrow transplantation.



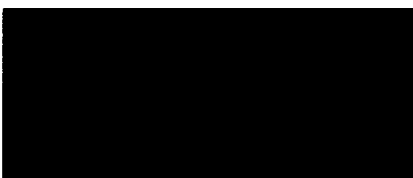
#### Philippa Hardwick

Holds a portfolio of appointments (legal and non-legal) focusing on regulation, standards, professional discipline, public health, governance and risk. As a barrister, she practised from Fountain Court Chambers and handled a broad range of advisory and representative work, civil litigation, arbitration and mediation. She has served in a regulatory capacity on the Financial Reporting Council's Conduct and Supervision Committees and continues to sit on their Advisory Panel. In a quasi-judicial capacity, she has served on the Cabinet Office's Security Vetting Appeals panel since 2015. She is also a Trustee and Vice Chair of the Trusthouse Charitable Foundation, a grant-giver supporting projects addressing issues facing the vulnerable and isolated. She has wide experience in regulatory processes, main boards, audit committees, investment committees, adjudication panels, and case management processes.



### Claire Holmes

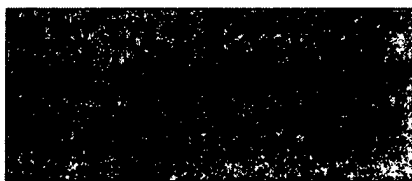
Marketing professional with over 20 years of experience. Joined WPP's Ogilvy Group in 1995 and helped businesses transform how they communicated, as well as leading the communications strategy on some of GSK's and Unilever's most recognisable brands. Moved to Lambie-Nairn in 2004 as a brand consultant and led the brand strategy team across EMEA working on agencies' key clients including International Olympic Committee, UCL, Telefonica and O2, Natural History Museum and The Royal Foundation (Heads Together campaign and Invictus Games). Joined the Executive Leadership team at Superunion (Lambie-Nairn merged into Superunion 2017); now runs own consultancy.



### Inga Kennedy CBE

(resigned November 2022)

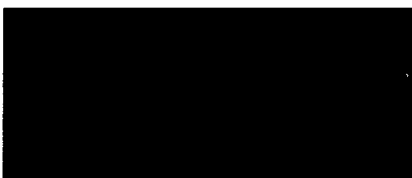
With over 40 years of experience as a healthcare professional, she recently retired from the Royal Navy where she was the Head of the Medical Services, developing and delivering medical capability to the Royal Navy, Royal Marines and Royal Fleet Auxiliary. Honoured to be recognised as a Commander of the Order of the British Empire (CBE) in the New Year Honours of 2017. Now a non-executive director at Portsmouth Hospitals University NHS Trust and the Isle of Wight NHS Trust. Also, a Trustee of the White Ensign Association, supporting those who are transitioning from the Royal Navy to civilian life.



### Nicholas Melhuish

(resigned August 2022)

Graduated from New College, Oxford in 1991. He is currently a Fellow and Bursar at Corpus Christi College, Oxford. He has 27 years of financial experience in the investment and pension fund industry and is a qualified Financial Analyst. He is also a Trustee and Chairman of the Finance Committee at the Trusthouse Charitable Foundation, a UK-based grant-making organisation as well as a Trustee of the Pate Foundation, an educational charity in Cheltenham, UK



### Dr Michael Sinclair

Held a number of appointments at teaching hospitals in London; registrar in Psychiatry at the Maudsley Hospital and Institute of Psychiatry of London University; more than 40 years of experience in the healthcare business. During his career, he has developed and operated 17 hospitals, over 120 primary healthcare facilities, 5 nursing homes and 5 retirement communities internationally.

Martin Paisner was appointed as a Trustee in May 2023.

**The Company Secretary is:**  
**Georgina Holtby**

**The members of the Executive Board during 2022 were as follows:**

#### Al Russell

Chief Executive

#### Sophie Auld

Clinical Services Director

#### Jonathan Coad

Property and Strategic Programmes Director

#### Geoff Cox

Operations and HR Director (resigned August 2022)

#### Candice Cross

Chief People Officer (appointed October 2022)

#### Mark Hawken

Commercial Director (resigned August 2023)

#### Georgina Holtby

Company Secretary/  
Director of Legal

#### Tonya Kloppers

Director of Nursing (appointed January 2022)

#### James Maunder

Chief Information Officer (resigned July 2023)

#### Luis Pedro

Operations Director (appointed May 2022, resigned July 2023)

#### Gerard Smith

Chief Financial Officer

#### Professor Julia Wendon

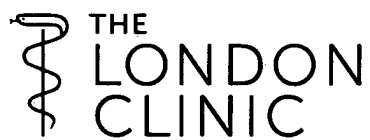
Medical Director (appointed April 2022)

Rachael Church was appointed Director of Philanthropy in 2023.

All members of the Executive Board are Key Management Personnel.

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### **The London Clinic**

20 Devonshire Place,  
London W1G 6BW

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### **Trustees of the London Clinic Limited**

A Company Limited by Guarantee and Registered in England and Wales No. 00307579  
A Registered Charity No. 211136