



The Whittington Hospital NHS Trust Annual Review 2008-2009



...the hospital of choice for local people







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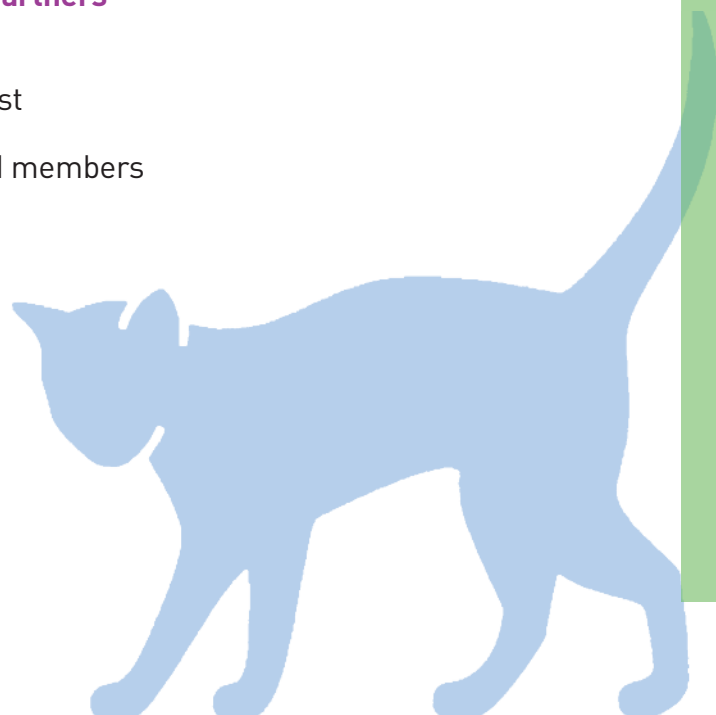
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Who we are

The Whittington Hospital NHS Trust is an acute general teaching hospital that provides excellent local health care to the people of Islington, Haringey and Camden and attracts a high number of patients from Barnet and Hackney.



TREATMENT FIGURES



The Whittington serves a population of over 300,000 people, has over 400 beds and employs over 2,000 staff.

As a teaching hospital the Whittington provides clinical placements for medical undergraduates at University College London and hosts a large post-graduate training centre for junior doctors. We are also associated with Middlesex University and provide training for other health professionals including nurses, radiographers and dieticians.

The Whittington is part of a wider health services community and works with local organisations to ensure that patient care and services are still available to patients even after their hospital care. The Whittington runs a number of joint services with local PCTs including smoking cessation clinics, alcohol and drug advisory services and mental health liaison services.

STAFF

334	Doctors
743	Nursing and midwifery
245	Healthcare and support staff
277	Scientists and allied health
207	Estate and facilities
435	Administration
2,241	All staff

Treated
77,390
in the
emergency
department

Looked
after
20,578
inpatients

Carried
out
16,495
day cases

Saw
233,009
outpatients

Delivered
3,683
babies



Medical services have been delivered on the Whittington site since 1473.

History

Originally founded as a leper hospital in the late 15th century, a new hospital was then built on the St Mary's Wing site in 1848 to care for patients with smallpox. Independently managed hospitals were opened on the Highgate site in 1866 and the Archway site in 1877. In 1900 Highgate Hill Infirmary opened adjacent to the Smallpox Hospital. These two hospitals soon amalgamated and the Smallpox Hospital was transformed into a nurses' home.

In 1946 the hospitals on all three sites were brought together. The three hospitals had almost 2,000 beds between them. With the coming of the National Health Service in 1948, they jointly became the Whittington Hospital. The Royal Northern Hospital, Holloway, also became part of the group and its services moved to the Whittington in 1992.





Chairman and Chief Executive's statement

Hospitals are many things to the communities they serve. But the three key areas that make a successful hospital are quality of care, patient safety and cost effectiveness.

In the current financial climate it is difficult to predict the potential impact of the wider economic situation on the NHS. But it is important to consider the potential effects whilst delivering excellent, patient-centered care.

Despite what may be a challenging year ahead for us, we can confidently say that the Whittington has had a successful year in 2008/09. This year the Whittington:

- Was rated as the second safest hospital in the country, based on information collated in the Hospital Standardised Mortality Ratio, published by NHS Choices. This comes as great news as we are aiming to do even better by implementing our Patient Safety First Campaign.
- Featured in nine key areas as one of the top 20 per cent of best performing acute trusts
- Has continued to employ successful and talented staff who, year on year, win or are shortlisted for achievement awards nationwide, including several wins at the Nursing Times Award.
- Is in the top 20 per cent of acute trusts where staff would recommend our hospital as a place to work.



- Successfully completed the Building for Babies appeal, raising £600,000. The money is already being used to buy the best available equipment for sick and premature babies, as well as refurbishing our Neonatal Intensive Care and Special Care baby units. This will create as comfortable an environment as we can provide for babies and their families.

We have just launched our new appeal for Care of Older People to improve care, after-care and better recreation activities for our elderly patients, as well as better facilities for their families.

A challenge for us has always been the running of a modern hospital in Victorian surroundings. Whilst our recent developments bring the focus of

our services into our modern buildings, there is still much work to be done to these older parts of the hospital.

We are continuing to recruit patients and public as Whittington members to join the 4,000 we already have. We look forward to further contributions and voices from the community, and another year of further achievement.

Joe Liddane

Joe Liddane, Chairman

David Sloman

David Sloman, Chief Executive

Infection control



A recent visit by the Healthcare Commission showed that our inspection results are good and we continue to improve even further.



Our infection control team, which comprises an infection control matron, two specialist nurses, a pharmacist and an administrator. They are lead by the director of infection prevention and control and work closely with staff across the hospital to reduce the number of patients who acquire hospital infections and to minimise the spread of infection.

Dr Julie Andrews

The Whittington has a training programme for infection prevention and control that includes both induction for new staff and ongoing mandatory training for all staff groups. Lead nurses spend one day a week at the Whittington going 'back to the floor', where they are able to monitor staff closely and have a hands-on relationship with their wards and departments.

To further reduce the incidence of infection, alcohol gel is available on entering and leaving all departments and wards and key corridors. There are basins with soap in all clinical areas and there is good compliance with the Trust's 'bare below elbows' policy. A video for staff and patients with information on how to prevent hospital infections can be accessed on the external and internal web and literature on the topic is available. Patients are also encouraged to check that clinical staff are washing their hands regularly.

Clostridium difficile levels have fallen by

58

per cent at the Whittington in the last year.

Our services

A young girl with dark skin and braided hair is smiling and looking towards the camera. She is wearing a light green floral-patterned shirt. The background is a playroom with various toys, including a yellow toy truck and a red toy figure. A green semi-transparent overlay covers the left side of the image, and the text "Our services" is written in white on this overlay. The right side of the image shows more of the playroom, including a yellow toy truck and a red toy figure.



Our maternity unit is one of the safest places to have a child.

Maternity and labour

The maternity unit has been awarded level three status by the government's clinical negligence standards, which means it is considered to be one of the safest places in which to be treated.

Real improvements are being made in our maternity department which has been refurbished over the past year. Maternity facilities at the Whittington include the antenatal clinic, maternity day unit, antenatal ward, a delivery suite and a postnatal ward. A homebirth support team provides continuity of care for women who would prefer to deliver at home. A new birthing centre was opened in June 2009 and the Whittington is working towards a 'baby friendly status with breastfeeding.

The Whittington employs specialist midwives for expectant mothers with diabetes or other risk factors. Other services include a Young Parents Team, HIV antenatal testing, and African Well-Woman clinic. The Whittington launched the Teenage Pregnancy Midwifery Service and was awarded the Johnson's Baby Award for Excellence in Midwifery and Leadership by the Royal College of Midwifery in 2008.

This year the Whittington midwifery team delivered over

3,600 babies.





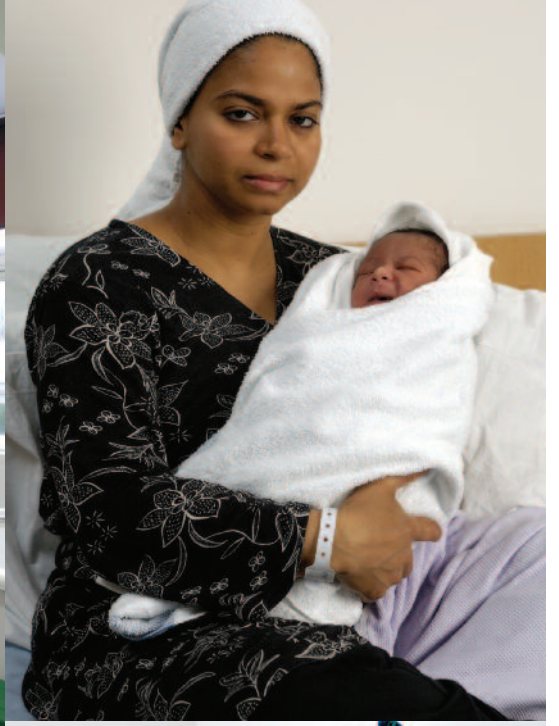
New birth centre



The Whittington is proud to announce the arrival of its new Birth Centre in June 2009. In addition to the eight birth rooms in the labour ward the birth centre offers five further rooms, each with an ensuite bathroom and a

double bed for women and their partners so they can cherish the arrival of their newborn together. The atmosphere on the birth centre is calm and provides the ideal ambience to promote normal birth. Four of the

rooms have deluxe birthing pool and multi track equipment which includes a birthing stool, ball and sling to facilitate active birth.



The Whittington encourages day surgery for patients whenever possible.



Day surgery

Day surgery has become increasingly popular as a patient-centred service which is safe and efficient, whilst reducing the length of hospital stay.

A state-of-the-art Day Treatment Centre opened at the Whittington in 2008 and is the largest purpose-built day treatment centre in North London, providing pre-planned surgery and diagnostic procedures for patients. It houses four operating theatres, three endoscopy treatment rooms, an interventional imaging suite and a minor procedure room.

Day surgery minimises the amount of time patients need to spend in hospital and recovery is quicker, reducing the disruption to their daily life.

The centre has been designed to increase the type of procedures that can be used and the number of patients who can be seen. Day surgery procedures are undertaken across all specialities at the Whittington including;

- Colorectal surgery
- Diagnostic cardiology
- Dermatology
- ENT
- Gastroenterology
- General surgery
- Gynaecology
- Interventional imaging
- Ophthalmology
- Orthopaedics
- Respiratory medicine
- Urology
- Vascular surgery



We have been providing bariatric surgery for over 10 years and are one of the most established providers of such services in the UK.

Bariatrics

As the preferred provider for bariatrics, the Whittington has a dedicated core team of two surgeons, a nurse specialist, a specialist dietician and a bariatric coordinator. We have a full multi disciplinary team approach which includes an endocrinologist, bariatric anaesthetists, cardiologist, an obstetrician with bariatric interest, radiology experts and a psychiatrist specialising in eating disorders.

We perform gastric band surgery, sleeve gastrectomy and gastric bypass, which are all done as keyhole surgery.

Patients can also benefit from a monthly support group which is run by our nurse specialist. There is also a weekly group education session, lasting three hours, which allows patients to be fully informed prior to their surgery. We consider this to be their first appointment. The Whittington runs an outreach clinic at Central Middlesex hospital, which is led by our consultant surgeon Mr Pratik Sufi.



We are the leading hospital in the UK in providing care for people with sickle cell and thalassaemia. We treat the largest number of people with thalassaemia in the country.

Thalassaemia and sickle cell disease

People with haemoglobin disorders have often spent large periods of their life being treated in hospital and having repeat admissions, but the Whittington aims to improve the overall quality of life for these patients.

An extensive and highly successful multidisciplinary team, comprising of hospital and community professionals, consider all areas of the patient's healthcare including the nutritional, social and psychological aspects, as well as home care for minimal disruption to school and family life.

For most people with sickle cell who utilise our services, repeated admissions are rare. People with thalassaemia who need regular blood transfusions may do so in our over-night clinic to reduce daily disruption in their lives.

A brochure documenting these services was published in 2008 to guide hospitals in developing their treatment and patient support services. Our highly successful team actively participated in writing and reviewing national standards of care for people with thalassaemia or sickle cell. The department continues its extensive research projects and is noted throughout the country for its findings.



Our NICU has been fitted with new facilities and comforts for babies and their families, as well as some of the best and most up to date equipment available.



Neonatal Intensive Care Unit and Special Care Baby Unit

High-tech equipment and an expanded intensive care service for premature or sick babies, has meant that we have been able to look after many more babies.

The Building for Babies appeal was launched less than three years ago and reached its £600,000 goal by the end of 2008 and the money raised has funded the expansion of this vital service.

Babies preparing to leave are cared for in the Special Care Baby Unit, a transitional care facility, which has sixteen new cots and homely family rooms. Fifteen new posts were created to increase the staffing on the unit.

We have taken care of

779

babies in 12 months





The Whittington is a designated unit for breast, lung and colorectal cancers and also treats patients with haematological malignancies.

Cancer care

The multi-professional cancer care team diagnoses and treats many new patients each year.

In partnership with Great Ormond Street Hospital the Whittington runs a paediatric oncology shared care unit.

The Whittington has provided a comprehensive cancer service in partnership with UCLH and the Royal Free hospital for many years. In April the Whittington appointed its own consultant oncologist to provide not only a specialist service for patients requiring treatment for gastrointestinal and lung cancer but to lead the Cancer service for the local population. In collaboration with acute care physicians in the trust the Whittington wants to provide a more responsive service to all our local patients undergoing investigations and treatment for their cancer. The Whittington wants to provide an expert opinion with regard to treatment toxicities within 24 hours of presentation to the emergency department as well as stream line the service for suspected cancers. We aim to prevent unnecessary admissions for diagnostic tests but instead provide a rapid out-patient access service for those suspected cancers that do not neatly fit into one of the available diagnostic pathways such as suspected lung or breast cancer. The Whittington boasts a wonderful chemotherapy suite where all

Our range of services for cancer care includes;

- Multi-disciplinary lung cancer team that includes a specialist in radiotherapy treatments and a clinical nurse specialist in lung cancer care
- Colorectal cancer service
- Paediatric oncology shared care unit
- Chemotherapy services
- One-stop clinic for patients who are taking oral chemotherapy
- One-stop clinic for patients with suspected breast cancer
- Breast cancer support group
- Drop-in clinic for patients, carers and healthcare professionals wanting advice and support either face-to-face or via the telephone
- Community and hospital-based specialist palliative care team

available regimens can be safely delivered. We also have dedicated in-patient beds on Mercers ward with specially trained staff to look after the specific needs of cancer patients. We want to continue to foster excellent relationships with our Cancer centre partners to

ensure a seamless passage for those who need specialist tests or treatment only available at the Cancer centre.



The department provides both 24 – hour access to healthcare, and links between primary and secondary care

Emergency department and paediatric emergency department

The emergency department ensures that it sees all patients within the government's emergency care four-hour standard.

Half a million pounds has been invested in the creation of a new emergency department specifically for children, which opened in 2008 and is a secure and more peaceful space for children and their parents. Designed and equipped to the highest modern standards, it doubles the space available in which we see and treat children. The paediatric emergency department even hosts a play specialist, new toys and play equipment, which has improved both child and parent experience during their time in the department.

The emergency department sees on average
80,000
patients annually

Services in the emergency departments include:

- Full trauma and resuscitation facilities
- Provision of advice on self-care
- Referral from triage to appropriate community based services, including GPs
- Full range of emergency diagnostic services
- Referral to fracture clinic; urgent access to outpatient clinics; admission to hospital
- A new emergency paediatric department, supported by a paediatric nurse consultant



Our imaging department is one of the most advanced units in the UK.

This year Imaging saw

133,197
people

Imaging

Our imaging department is in a spacious purpose-built accommodation, with state-of-the-art equipment.

Our wide range of high tech ultrasound scanners enables the Whittington to provide the best possible imaging technology with the lowest possible radiation dose.

5,976	MRI
8,413	CT
35,522	Ultrasound
440	Fluoroscopy Non – Interventional
1,544	Fluoroscopy Interventional
74,125	General Radiography
1,674	Nuclear Medicine
849	Dexa Scans
4,654	Other



Services include:

- X – ray examinations / walk-in service for GP patients
- One-stop clinics for haematuria, breast, paediatric and urinary tract imaging
- Ultrasound examinations
- Barium meals and enemas
- IVUS angiographic procedures
- CT scans / MRI scans / Dexa scans
- Nuclear medicine studies
- Mammography / open access breast clinic
- Direct access for GP patients for ultrasound and bariums
- Extended hours open access walk-in chest service

Being seen on a date that suits you, as well as minimising the number of journeys you make to hospital, is a key part of creating an over-all successful patient experience.



One – stop clinics

Those who need a variety of tests can have them on the same day at our one-stop clinics.

Patients can have preliminary tests in the morning and if needed can have a follow-up procedure, such as a biopsy, that same day. These clinics exist for conditions such as blood in the urine (haematuria), prostate gland assessment, mammography, and paediatric clinics. More one-stop clinics are being developed in the hospital.




Choose and book

Patients are able to choose their first outpatient appointment at the Whittington and book it electronically from their GP surgery. The Whittington was the first hospital to introduce the scheme.

This year has seen the largest number of referrals come through to the trust via the Choose and Book service. We now see over half of our patients through this route and the benefits this gives to patients has seen us roll the service out to other areas of the hospital. These include our Imaging department where we remain the only Trust in London to offer directly bookable diagnostic imaging services.

As we continue our commitment to offering patients the widest choice, we are looking to extend the scope of Choose and Book to endoscopy and diagnostic physiological measurements, including sleep apnoea screening and cardiac investigations.



A healthcare professional in blue scrubs is adjusting a Philips medical device, likely a C-arm X-ray machine, over a patient lying on a table. The patient is wearing a blue patterned hospital gown and is smiling. The device has a control panel with a screen and various buttons. The background shows a clinical setting with white walls and other medical equipment.

Transforming patient care



Maintaining good patient care is about giving patients the best services available whilst decreasing the length of time spent in hospital.

Waiting times

End waiting, change lives are four simple words that are going to improve life for the millions of people who use the NHS. The Whittington has dedicated itself to improving patients' experience of its services by reducing the time we all have to wait.

Commonly called the '18 – week' programme, the Whittington has redesigned services and clinical pathways so that patients do not have to wait more than 18 weeks between referral and treatment for non-urgent conditions. Patients with urgent conditions, such as cancer and heart disease, will be seen and receive treatment more quickly. This year 97 per cent of our outpatients and 93 per cent of patients who were admitted for care were treated within 18 weeks.

We have opened a new Booking and Admissions office on the first floor.

Length of stay

The average length of stay at the Whittington has decreased by over two days, to an average of four days.

Advanced modern treatment and a very close partnership with our community services means that admitted patients are experiencing shorter stays. If you are planning an admission or are admitted as an emergency you can discuss your going home arrangements with staff and your family at a very early stage in your treatments, so that we can make sure that your transfer home is as smooth as possible.





A patient's emotional response to their care is just as important as the treatment that is being provided to them.

Privacy and dignity

The multidisciplinary privacy and dignity group discusses patients' opinions relating to privacy and dignity and any other relevant issue.

Part of the group's role is to focus on the Essence of Care benchmarks, looking at current practice and striving to improve where necessary.

Visitors and visiting

Family and friends can affect the length of time a patient spends in hospital.

Those wishing to visit their loved ones are more than welcome to do so. Different wards have different visiting hours and some even have rules on what not to bring, or how many people may be present.

A good diet, which might be specific to the illness or treatment received, helps speed up a patients' recovery time.



Protected meal times

Eating well, and without distractions, improves patient recovery times. Our patients are assured a set time each day to enjoy their meals without interruption from other ward activities.

The initiative was launched in 2005. Patients who are identified as needing assistance with feeding at mealtimes are allocated a colour – coded tray to ensure they receive help with eating their meal.

The director of nursing and the director of facilities sample patient food on the wards once a month to monitor the standard of food that is offered at the Whittington.

Food and nutrition

Patients' nutritional needs are met whenever possible – nutrition is crucial to our patients' wellbeing. Catering, nutrition and other multi – disciplinary teams work with all ward staff including nurses, doctors and care assistants.

A nutrition steering committee has been established since 2006, comprising senior representation from catering, pharmacy, speech and language therapists, and nursing and medical teams, with an aim to work together to enhance patient care.

Patients are screened within two days of their admission and any patient requiring nutritional intervention is presented with a dietary action plan.

Letting us know about your time at the Whittington helps us further improve the services we provide to our community.

Patients Advice and Liaison Services (PALS)

Since the move to the new building, patients and visitors have found our PALS service to be far more accessible.

Our advisors act as a liaison between patients and healthcare professionals and most concerns are dealt with on the same day that they are raised. In 2008/ 09 the PALS team had dealt with 1,302 clients.

We have three PALS advisors so there are two advisors on duty at any one time.

Compliments and Complaints

In the past year the Whittington received 78 fewer formal complaints compared with the previous year – at the end of 2008, 100 per cent of these were responded to within the 25 working days respond period.

There were a total of 247 complaints in 2008 / 09, which is a 24 per cent decrease on the previous year. Treatment and care, as well as feeling welcome, are matters that the hospital has been concentrating on.

We received 91 compliments in the year commending the good treatment and care received and many mentioned the cleanliness of the hospital.

'Our complaints procedures are fully compliant with the Principles for Remedy guidance published by the Parliamentary and Health Service Ombudsman in October 2007.'

Translation services

Understanding our services is important, and translators and translated documents are available for patients and visitors who do not feel comfortable using English

The hospital serves a large population of ethnic communities, including Turkish, Chinese and Spanish communities, amongst many other nationalities. Services are made available for patients who would like a translator accompanying them to their appointments. Many documents

published by the Whittington – including this one – are also available for the public in their preferred language, as well as in Braille. If you would like a translated document please contact the communications department on 020 7288 5983.

The Building for Babies appeal has been our biggest and most successful fundraising campaign to date.

Fundraising

The Building for Babies appeal ran for two years and all the funds collected have gone towards purchasing new and vital equipment for premature and sick babies in our neonatal intensive care unit. The equipment has included intensive care cots, phototherapy units and ventilators, as well as furnishing four family rooms on the wards.

Whittington staff and the local community were instrumental in making the appeal a success by attending various fundraising events and helping to raise money. Over 750 people participated in some form of sponsored sporting event such as the much loved Highgate Fun Runs and London Marathons, whilst even more came to our concerts, plays, expert talks, comedy nights, photography exhibition and our Mamma Mia! film screening.

We also received enormous support from charitable trusts and foundations; they contributed over 40 per cent of the total appeal income. Many charitable trusts donated towards specific pieces of equipment or towards a family room. Local companies showed their support by underwriting some of the costs of our events, which again helped to maximise donations.

Today the neo-natal intensive care unit has more space, better equipment and facilities, including four redecorated family rooms, which means that The Whittington Hospital can meet the demand to treat and care for the rising number of sick and premature babies in the area.

In April 2009 we launched a new appeal to raise money for the Care of Older People unit. We will be raising £100,000 to go towards equipment and further care for our older patients.

We reached
our target of

£600,000

at the end of
2008





Empowering
our patients
and partners

A lot of good things have come out of what we have put into the application process

Becoming a foundation trust

In March 2009 the Whittington made a decision to withdraw our foundation trust application due to a significant increase in the level of financial uncertainty in the local healthcare system and the economy as a whole.

Throughout this year the Whittington will be working to explore the best way of ensuring that our patients continue to have access to strong, sustainable and resilient services provided by a strong, sustainable and resilient trust. In this context the Whittington, alongside all other London trusts, should be a foundation trust by the end of 2010.

The governors, members and other schemes put in place as part of our initial application have been very useful in directing our services and patient care. We look forward to keeping these in place.

Our Council of Governors and extensive Whittington membership remain and continue to engage in helping the hospital further its services.

Governors and members

The Trust will continue to recruit patients and public who will become Whittington members, who we hope will be active in attending events and give their experience and opinions of the hospital.

Over the past year many of the members and Council of Governors have been, and we hope will continue to be, a valuable voice that has provided feedback and community opinions.

The Council of Governors will focus its activities on certain issues including;

- Improving access to the hospital, and around the hospital – with particular emphasis on the outpatient experience.
- Actively engaging with, and involving, a full range of the hospital's wider community in the work of the Whittington, improving the quality and flow of information between the hospital and the community it serves.
- Playing a key role in supporting and developing positive working cultures, attitudes, and behaviour amongst staff.
- Improving the quality and availability of patient food.
- Supporting improvements in mother and child services.



It is important that patients are involved in decisions about their treatment and care. We want to hear and learn from the people who use our service.

Focus groups

During the year we have been running patient focus groups where patients and public are offered the opportunity to meet with our Director of Primary Care and give feedback on the treatment and care they receive as well as their overall view of the hospital.

Compliments, concerns and suggestions are all taken on board and help us to give our community a safe and comfortable experience. We have invited the public to come and speak to us about their experiences in maternity, the emergency department, outpatient clinics and inpatient wards. Our recent visit to the Holly Lodge Community Centre meant that we were able to include the opinions of all members of our community without alienating those who perhaps find it difficult to travel to a focus group. In June 2009 we launched electronic survey devices for patients to provide real time feedback to make improvements to our services.





Developing
our staff

The Whittington employs talented members of staff who are encouraged to further develop their skills through training and professional development opportunities.



Joint working

Local union representatives and hospital management are going to be working closer together.

There is also an agreement to work with NHS partnership principles, which include building trust and mutual respect for each others roles and responsibility, a commitment to work with and learn from each other, openness, honesty and transparency in communications, top level commitment, a positive and constructive approach, and making the best use of resources.

Equality and diversity

In 2008 the Whittington took part in the national Ban Bullying at Work day and we are introducing internal mediation to deal with any harassment cases.

With a race and disability equality scheme in place, we continue to work through the action plans outlined in our single equality scheme. We have updated our discrimination, bullying and harassment policy, and our cultural and religious diversity guidelines

Healthy workforce

Minimising sickness absence improves the quality of the services we offer as well as staff morale

Managing sickness absence is a priority at the Whittington for this purpose. Our sickness absence guidelines were revised and re-launched in 2008. We have recruited a team of four to work on the project. They continue to provide: formal training as well as informal managers' forums on sickness absence management, monthly information reports to directors and general managers detailing directorate's sickness levels and a re-launch of Return to Work interviews including the individual's Bradford score.

Visible leadership programme

Now in its third year, our senior nurses and midwives across the hospital spend every Monday in clinical practice.

As part of the Whittington's Visible Leadership programme we ensure that our senior nurses are not bound to office jobs and are 'back to the floor'. It is an effective way to reinvigorate clinical leadership and has been particularly focused on reducing hospital – acquired infection.

Voluntary services improve patient experience as well as providing guidance and information for visitors.

Volunteers

A hospital environment for many can be intimidating and the support and help that volunteers offer can act as a lifeline to the visiting public.

Our volunteers come from a variety of social, religious and cultural backgrounds and whilst you must be at least 16 years old to join, there is no upper age limit on becoming a member.

Currently we have about 75 volunteers who assist in a range of activities including guiding people around the hospital, providing a tea trolley service and no smoking patrol. Some volunteers have also been fast tracked on to the temporary staffing register and it has shown to be an effective way of gaining further work for many.

If you are interested in becoming a hospital volunteer you can apply via telephone, online, or in person at the volunteers' office based in the hospital's main entrance



The Whittington is part of the Islington Climate Change Partnership, which has a five per cent reduction target of CO2 by 2010.

Environmental impact

In 2008 we launched a campaign at the Whittington to remind staff not to waste electricity and water. Staff entered a competition to come up with a strap-line for the campaign and our winner was a cat-inspired 'Paws for thought! Switch off'

Our new clinical waste contract is promising a greener service as a process was developed to recycle most of our clinical waste. Our domestic waste contract has also been renewed and with this we have re-launched our recycling campaign.

Our gas and electricity use has decreased and a 'switch it off' campaign, which was designed to encourage staff to reduce wasted electricity, has helped reduce our carbon footprint since the start of 2009. A boiler decentralisation scheme has increased the efficiency of our heating systems despite the colder winter, as well as changes to our ventilation and lighting, which have also contributed.

During the year our clinical waste was a steady average of 28 tonnes per month. Clinical waste tonnage fell from 33 tonnes per month to 28 tonnes per month in two years. Total domestic waste has stayed at 70 tonnes per month of which 12 per cent is now recycled and up from 9 per cent last year.

We have seen a

33

per cent increase in the amount we recycled in 2008 / 2009.



The Board

Joe Liddane

Chairman

Joe Liddane became chairman of The Whittington Hospital NHS Trust on 1 November 2007. Joe qualified as a chartered accountant and has had a distinguished career specialising in performance improvement for financial services and other private sector businesses, as well as some public sector organisations. He is managing director of Setanta Performance and was previously a partner in a leading UK accountancy firm and European managing director for a large American consultancy.

Joe has lived near the Whittington for 27 years and is chairman of St Joseph's parish council.

David Sloman

Chief Executive

David Sloman joined the Whittington as chief executive on 1 November 2004. He was previously chief executive of Haringey Teaching Primary Care Trust and prior to this worked as chief executive of the Marylebone Primary Care Group for two years after holding several leading roles at Camden and Islington Community NHS Trust from 1992 to 1999. Having worked for several years in North London he is well known to many staff and stakeholders. David lives in Crouch End with his family.



Susan Sorensen

Director of Strategy and Performance
until September 2008

Susan Sorensen first worked in the NHS as an economist. She then qualified as an accountant and moved to Great Ormond Street Hospital where she became Deputy Director of Finance. Susan came to the Whittington as Director of Finance in January 1991, became Director of Strategy and Performance in 2006 and became Corporate Secretary in 2008. She lives in Islington.

Deborah Wheeler

Director of Nursing and Clinical Development

Deborah Wheeler joined the Whittington as Director of Nursing and Clinical Development in October 2000. Deborah trained as a nurse at St Bartholomew's Hospital, and spent her clinical career in orthopaedic nursing. She subsequently held a variety of management posts at the Royal National Orthopaedic Hospital, Stanmore, and became Director of Nursing in 1995.

Celia Ingham Clark

Medical Director

Celia Ingham Clark has been Medical Director at the Whittington Hospital since 1 November 2004. She is also a consultant general and day case surgeon. She co-chairs the Clinical Governance Committee with the Director of Nursing and leads the promotion of the Patient Safety First Campaign within the trust. She is a member of the Clinical Advisory Group for Healthcare for London. She is also a National Clinical Lead for transforming inpatient care, working with NHS Improvement under the direction of Professor Mike Richards, the National Cancer Director.



Richard Martin

Director of Finance

Richard Martin joined the Whittington in January 2007 as Director of Finance, having been Director of Finance at Enfield primary care trust since 2001. He has also held a number of public sector finance positions both in local government and in other health bodies. He lives with his family in Enfield.

Margaret Boltwood

Director of Human Resources and Corporate Affairs

Margaret Boltwood joined the Whittington in 1989, as personnel manager for acute services. She has worked in the NHS in human resources management since 1978, and is a Fellow of the Institute. She was appointed to her present position in 1996.

Kate Slemeck

Director of Operations

Kate Slemeck joined the Whittington in October 2001. Kate has been a general manager in the NHS for 14 years, and previously in other acute trusts including Northwick Park and Newham. Prior to moving into management Kate qualified and worked as an occupational therapist.

Siobhan Harrington

Director of Primary Care

Siobhan Harrington joined the Whittington in September 2006. She trained as a nurse at St Thomas's Hospital in the 1980's. She has worked in a number of nursing and management roles across both Primary and Secondary Care and has experience of working at a regional and national level. Siobhan joined the Whittington from Haringey Teaching Primary Care Trust where she was Director of Primary Care Commissioning.



Philip Ient

Director of Facilities

Philip Ient joined the Whittington Hospital in March 2001. Philip trained as a marine engineer and served for five years in the Merchant Navy. In 1983 he joined the NHS as an engineer and has worked in both primary care and acute sectors of the NHS over the past 20 years. Philip is a chartered engineer.

Fiona Elliott

Director of Planning and Performance
from 2008

Fiona Elliott joined the Whittington in August 1998. Fiona has been a manager in the NHS for nine years. Prior to moving into management, Fiona qualified and worked as a nurse, spending her clinical career in Accident and Emergency nursing. She was appointed to her present position in 2008.

Robert Aitken

Non – Executive Director

Robert Aitken from Brookfield Park is director of Employment Commercial and Companies Division at Treasury Solicitors. Robert has worked for the Department of Health as lawyer. Their lead on public health. A local man, Robert is a PCC member at St Anne's in Highgate.

Professor Jane Dacre

Non – Executive Director

Professor Jane Dacre was appointed as the UCL nominated non-executive Director for the Whittington Hospital from 1 January 2009 to 31 December 2012.

Jane took up her first consultant post as a Rheumatologist in 1990 and was a lead clinician in the development of the first Clinical Skills Centre in the UK. She has continued to develop expertise in the Medical Education and Rheumatology in parallel. Her current academic interest is in the training and assessment of doctors in general and Rheumatologists in particular.

She was elected Academic Vice President of the Royal College of Physicians where she served three years in this role and has recently been appointed to the new GMC Council. She is currently Director of Medical Education and Vice Dean at UCL Medical School.

Maria Duggan

Non – Executive Director

Maria has an academic background as a sociologist. In a lengthy career she has been, amongst other things, a social work practitioner, a director of social services and an academic in the field of social and health policy.

Maria currently has an extensive portfolio as an independent, health and social care policy analyst, organisational development consultant and researcher. She works on commissioned projects for the Department of Health, numerous national, regional and local government agencies in England and a range of international and national academic and research institutes and both statutory and independent health bodies and agencies. Maria lives in Muswell Hill.

Professor Anne Johnson

Non – Executive Director

(until 31 December 2008)

Professor Anne Johnson was the UCL nominated non-executive director of the Whittington Hospital NHS Trust. She is Professor of Infectious Disease Epidemiology and Head of the Primary Care and Population Sciences Department at University College London.

Anne qualified as a medical practitioner and subsequently trained in General Practice and Public Health. She has worked in research in the epidemiology and prevention of HIV and sexually transmitted infections and been involved in the planning of sexual health services since 1985. From 1986 – 99 she directed the MRC UK coordinating centre for HIV epidemiology.

Edward Lord

Non – Executive Director

Edward Lord is chairman of Local Partnerships, a public body that leads in project support and advisory services to all local authorities in England and Wales. He is also a member of the Policy and Resources Committee of the City of London Corporation and serves as a magistrate and a board member of other public bodies and charities. He was previously an executive director of two universities, prior to setting up his own public affairs and governance consultancy practice in 2002 as well as reading part-time for the Bar. He lives in Finsbury Park.

Anna Merrick

Non – Executive Director

Anna Merrick, who lives in Highgate, has extensive commercial experience across a wide range of corporate banking markets, most recently as director of structured corporate banking at Abbey National plc.



Operating and Financial Review



Summary

2008/ 09 was a successful year for the Whittington – the Trust achieved its financial target to deliver a £2m surplus, achieved the Emergency Department target to treat, admit or discharge patients within four hours, and achieved the target to keep waiting times at a maximum of 18 weeks from referral to treatment.

The Whittington continued to make progress towards its strategic goals, aiming to be the hospital of choice for local people and delivering on the 'Whittington Promise' to patients. 2008/ 09 also saw the opening of the new, state-of-the-art Day Treatment Centre which has increased the Trust's capacity for day case surgery.

Financial performance

The summarised financial statements that follow this review show that the Trust made a surplus of £1.94m on its income and expenditure account for the year ended 31 March 2009. This was the fifth successive year that a surplus has been achieved. This surplus was in line with the plan set by NHS London.

Achievement of this level of surplus was possible due to a number of factors including higher levels of activity as a result of reducing waiting times, and the delivery of a cost improvement programme of £4.9m (of which £2.8m related to reduced expenditure with the remainder covered by increased levels of income).

Delivery of the surplus will enable the Trust to continue to invest significantly in its physical environment. This year the Whittington delivered a capital expenditure programme of £6.6m. This included £3.9m on building and engineering schemes, £0.9m on new medical equipment and £0.8m on information technology.

The Trust's fixed assets are valued as described in note 1.7 to the accounts. Market values are not routinely held in respect of land. All land and buildings are restated to current market value, using professional valuations in accordance with FRS15 every five years and in the intervening years using indices. In 2008/09 there was a significant reduction in the value of the Trust's fixed assets as a result of negative indices reflecting the current economic conditions.

Financial risk

The Trust operates within the regulatory framework determined by the Department of Health. Risk management is monitored through the Trust Board's assurance framework, as described in the Statement of Internal Control. Directors are members or attendees of the Trust Board and the Chief Executive, as accountable officer, has put in place

systems that provide information and assurance for the Trust Board. The Statement of Directors' Responsibilities in respect of the accounts is signed by the Chief Executive and Finance Director. The statement confirms that the Directors have to the best of their knowledge and belief complied with audit requirements and is signed by order of the Board.

In addition, as confirmed via the annual letter of representation to the Trust's external auditors, there is no relevant audit information of which the Trust's auditors are unaware. This letter is signed by the Chief Executive, the Finance Director and the Non Executive chair of the Audit Committee and has been agreed with other Board members.

The full Statement of Internal Control and the letter of representation can be obtained from the Press Office, Jenner Building, The Whittington Hospital NHS Trust, Magdala Avenue, London N19 5NF (Tel: 020 7288 5983).

Non – financial performance

The Trust's clinical activity was significantly higher than was forecast at the start of the year. This was the result of a combination of factors: increased demand arising from the drive to meet waiting-time standards (in particular the 18 week referral to treatment target), increased market share and the lower than planned effect of PCT demand management initiatives. 2008/09 saw a 17% increase in GP referrals compared to 2007/08, a 22% increase in elective (planned) care, and a 5% increase in the number of babies delivered. This growth is reflected in the increase in the Trust's operating income above the level of inflation (up 8.3% from 2007/08).

The Trust met one of its two targets for reducing healthcare associated infections, with the number of cases of clostridium difficile falling by nearly 50% to 66 against a target of 124. However, there were 23 cases of MRSA bacteraemia, against the target maximum of 15.



With this one exception, the Trust met or exceeded its performance targets, including the 4-hour total treatment time target in the Emergency Department. The Whittington was one of only a few Trusts in London that met this target in 2008/09.

A major focus for operational activity in 2008/09 has been the national target to bring waiting times to less than 18 weeks from referral to treatment. The Whittington was successful in achieving this target in 2008/09.

Future developments

In 2009/10 the Trust will focus on consolidating its achievements in reducing patient waiting times and improving access to services and the patient experience, and reducing the rates of Health Acquired Infections. The new Day Treatment Centre continues to provide an opportunity for the Whittington to expand the type of day-case procedures on offer and the

increase the number of patients treated.

The Whittington plans to deliver a break-even position in 2009/10, although this will be challenging in the current environment with the Trust's income being reduced as a result of changes to the NHS national tariff, in particular a reduction in the national tariff top-up (Market Forces Factor) that the Whittington receives for being situated in a high-cost area.

At its meeting on 18 March the Trust Board decided to withdraw its current Foundation Trust application. This decision is due to a significant increase in the level of financial risk and uncertainty in the local healthcare system and the economy as a whole.

Other information

The Trust was set up as a separate legal entity in April 1993 when it was granted NHS Trust status.

The Trust has a public website at www.whittington.nhs.uk. It also has an intranet for the dissemination of information and policies to staff.

The Trust actively engages with key stakeholders in the community to implement NHS Policy.

Income and expenditure

The Trust's main sources of income are service level agreements with Primary Care Trusts and education and training income relating to undergraduate medical students, post-graduate medical students and other clinical staff.

The Income and Expenditure statement indicates a surplus before interest of £5.539m. The Trust paid dividends of £3.816m and received interest of £0.215m (net), resulting in the retained surplus of £1.938m.

The following table summarises key features of the Trust's Income and Expenditure performance over the last five financial years.

	2008/09	2007/08	2006/07	2005/06	2004/05
	£'000	£'000	£'000	£'000	£'000
Operating income	165,983	153,330	142,389	131,498	127,524
Total expenses (including depreciation)	160,445	148,634	137,480	128,738	123,401
Profit on fixed asset disposals	1	0	0	0	0
Surplus before interest and dividends	5,539	4,696	4,909	2,760	4,123
Net interest receivable	215	302	291	308	330
Dividends payable	3,816	3,577	3,215	3,048	2,455
Retained surplus	1,938	1,421	1,985	20	1,998



Cash flow and net financial change

The Trust agreed and delivered a year-end target cash balance of £3.03m, which was an increase of £0.515m compared to the previous year.

In order to meet this target, the Trust used its net cash inflow of £10.617m from operating activities, £0.258m net interest received and £0.826m public dividend capital received to make net cash payments of £7.37m relating to fixed assets and dividend payments of £3.816m.

Payment of creditors

The Department of Health requires that trusts pay creditors in accordance with the CBI Better Payments Practice Code and Government accounting rules. The target is to pay creditors within 30 days of receipt of goods or a valid invoice, whichever is later, unless other terms have been agreed.

The Trust's performance, which is measured both in terms of volume and value, is tabled below, with a comparison to the prior year in the second table.

	NHS Creditors Number	Non-NHS Creditors Number	NHS Creditors £'000	Non-NHS Creditors £'000
2008/09 performance				
Total bills paid	5,030	46,856	7,083	52,353
Total paid within target	4,673	40,848	6,474	46,501
Percentage paid within target	93%	87%	91%	89%
2007/08 performance				
Total bills paid	5,505	41,720	6,928	47,624
Total paid within target	5,109	33,570	6,227	39,775
Percentage paid within target	93%	81%	90%	84%



	2008/09	2007/08
	£'000	£'000
Salaries and wages	96,360	86,356
Social Security costs	7,481	7,069
Employer contributions to NHS Pension Scheme	9,501	8,805
Total staff costs	113,342	102,230
Of which:		
Management costs	7,736	7,335
Management costs as a percentage of income	4.7%	4.8%

Staff and management costs

The Trust recognises the need to contain its management costs at a level appropriate to the achievement of its service and financial objectives. Expressed as a percentage of income, the Trust's management costs have decreased over the last year to 4.7%.

Medical and professional education and training

In 2008/09 the Trust received funding of £15.89m (£13.67m in 2007/08) from NHS London. Of this, £8.46m related to undergraduate medical teaching, as the Trust is a major teaching hospital. A further £5.34m related to postgraduate medical education, with the remainder supporting training in other disciplines.

The Trust met all of its statutory financial duties in 2008/09. These are described below:

- Break-even Duty - the Trust is required to break-even on its income and expenditure account 'taking one year with another' (meaning that expenditure must not exceed income over three years)
- External Financing Limit (EFL) - this determines how much more (or less) cash can be spent by the Trust

compared to that which is generated from its operations. The Trust is required to maintain net external financing within its approved EFL

- Capital Resourcing Limit (CRL) - this determines the amount which can be spent by the Trust each year on capital purchases. It measures capital expenditure on an accruals basis (rather than cash outflow on capital) and must not be exceeded
- Capital Cost Absorption Duty - the Trust is required to absorb the cost of capital at a rate of 3.5%: in other words the total dividends paid on public dividend capital (PDC) must be 3.5% of average net relevant assets (within a tolerance of 0.5%).

Financial statements

The statements that follow are drawn from the audited statutory accounts of the Trust for the financial year ended 31 March 2009. The audit was conducted by the Audit Commission, the Trust's external auditors. Their audit fee of £125,673 related to statutory audit services.

The financial statements that follow are in a summarised form, and may not contain sufficient information for a full understanding of the Trust's financial

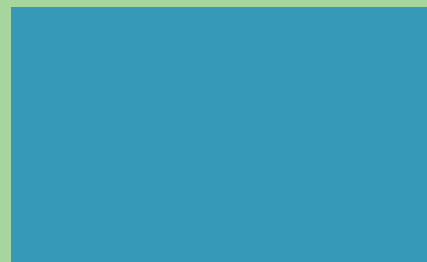
position and performance. Full sets of the statutory accounts are available from the Press Office, Jenner Building, The Whittington Hospital NHS Trust, Magdala Avenue, London N19 5NF (Tel: 020 7288 5983). No charge will be made for these.

Signed Date **1 July 2009**

Richard Martin
Director of Finance

Signed Date **1 July 2009**

David Sloman,
Chief Executive



Independent auditor's statement to the Board of Directors of Whittington Hospital NHS Trust:

I have examined the summary financial statements, which comprise the income and expenditure account, statement of total recognised gains and losses, balance sheet and cash flow statement set out on pages 7 to 8.

This report is made solely to the Board of Directors of Whittington Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of –directors and auditor

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (insert date) and the date of this statement.

Philip Johnstone
(Officer of the Audit Commission)
Audit Commission
1st Floor, Millbank Tower
Millbank
LONDON
SW1P 4HQ

Income and expenditure account for the year ended 31 March 2009

	2008/09	2007/08
	£'000	£'000
Income from activities	142,130	128,275
Other income	23,853	25,055
Total income	165,983	153,330
Total expenses (including depreciation)	(160,445)	(148,634)
Profit on disposal of fixed assets	1	0
Surplus before interest	5,539	4,696
Interest receivable	245	369
Interest payable	17	(19)
Other finance costs	(47)	(48)
Surplus for the financial year	5,754	4,998
Public dividend capital dividends payable	(3,816)	(3,577)
Retained surplus for the year	1,938	1,421
Capital cost absorption rate (target 3.5%)	3.7%	3.4%



Statement of total recognised gains & losses for the year ended 31 March 2009

	2008/09 £'000	2007/08 £'000
Surplus for the financial year before dividends	5,754	4,998
Unrealised surplus / (deficit) on fixed asset revaluation / indexation	(9,109)	5,456
Net increase in the donation reserve	32	55
Total gains / (losses) recognised in the year	(3,323)	10,509

Balance sheet as at 31 March 2009

	31 March 2009 £'000	31 March 2008 £'000
Intangible fixed assets	757	867
Tangible fixed assets	84,492	91,636
Total fixed assets	85,249	92,503
Current assets		
Stocks and work in progress	1,241	1,229
Debtors	30,794	32,391
Cash at bank and in hand	3,030	2,515
Total current assets	35,065	36,391
Creditors: falling due within one year	(13,416)	(14,618)
Net current assets	21,650	21,517
Total assets less current liabilities	106,899	114,020
Provision for liabilities	(2,595)	(3,289)
Total assets employed	104,304	110,731
Taxpayers' equity		
Public dividend capital	48,084	47,258
Revaluation reserve	31,206	40,425
Donated asset reserve	1,110	1,221
Income and expenditure reserve	23,904	21,827
Total taxpayers' equity	104,304	110,731



Cash flow statement for the year ended 31 March 2009

	2008/09	2007/08
	£'000	£'000
Net cash inflow from operating activities	10,617	16,675
Returns on investments and servicing of finance		
Interest received	260	369
Interest paid	(2)	0
Net cash inflow from returns on investments and servicing of finance	258	369
Capital expenditure		
Payments to acquire tangible fixed assets	(7,374)	(9,111)
Receipts from sale of tangible fixed assets	4	498
Payments to acquire intangible fixed assets	0	(97)
Net cash outflow from capital expenditure	(7,370)	(8,710)
Dividends paid	(3,816)	(3,577)
Net cash inflow / (outflow) before financing	(311)	4,757
Financing		
Public dividend capital received	826	2,711
Public dividend capital repaid	0	(5,368)
Net cash inflow / (outflow) from financing	826	(2,657)
Increase in cash	515	2,100



Remuneration report

Salary and pension entitlements of senior managers, who held office during the year ended 31 March 2009, are detailed below.

Name and title	2008/09		2007/08	
	Salary (bands of £5,000)	Other (bands of £5,000)	Salary (bands of £5,000)	Other (bands of £5,000)
Non-executives				
J Liddane	20-25	0	5-10	0
N Makanji	0	0	10-15	0
R Aitken	5-10	0	0-5	0
Professor J Dacre	0-5	0	0	0
M Duggan	5-10	0	5-10	0
P Farmer	0	0	0-5	0
P Gordon	0	0	0-5	0
D Henry	0	0	5-10	0
Professor A Johnson	0-5	0	5-10	0
E Lord	5-10	0	0-5	0
A Merrick	5-10	0	0-5	0
Executives				
D Sloman	140-145	0	130-135	0
M Boltwood	75-80	0	75-80	0
H Brown	40-45	0	0	0
F Elliott	45-50	0	0	0
S Harrington	80-85	0	75-80	0
P Ient	75-80	0	75-80	0
Mrs C Ingham Clark	15-20	150-155	15-20	150-155
R Martin	90-95	0	90-95	0
K Slemeck	70-75	0	70-75	0
S Sorensen	45-50	0	90-95	0
D Wheeler	80-85	0	75-80	0



Notes

The salary figures opposite represent the total salary received in the 2008/09 financial year. Therefore for Directors paid for only part of the year the figure above will reflect this.

J Liddane joined the Trust in November 2007.

N Mankanji left the Trust in October 2007.

R Aitken joined the Trust in January 2008.

J Dacre became a director in January 2009.

P Farmer left the Trust in December 2007.

P Gordon left the Trust in November 2007.

D Henry left the Trust in February 2008.

A Johnson left the Trust in December 2008

E Lord joined the Trust in December 2007.

A Merrick joined the Trust in December 2007.

H Brown was on secondment to the Trust from September 2008.

F Elliott became an acting director in October 2008.

S Sorensen retired as a director in September 2008.



Pension benefits

The Trust's accounting policy in respect of pensions is described on pages 9-11 of the complete annual accounts document.

The significant increases in cash equivalent transfer values (CETVs) are due to changes in the factors used to calculate them, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on scheme managers or trustees. Further regulations from the Department for Work and Pensions to determine CETVs from Public Sector Pension Schemes came into force on 13 October 2008.

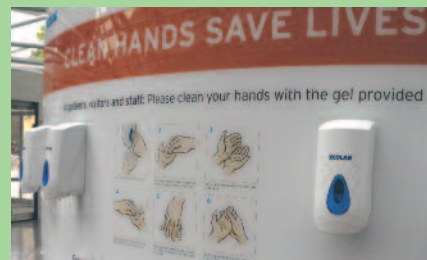
During 2008/09, there was a real decrease in the pension and lump sum value for S Sorensen, which are both based upon total pensionable pay. The decrease in total pensionable pay was caused by her retirement as a director.

The membership of the Remuneration Committee comprises the Chairman and all the non-executive directors of the Whittington Hospital NHS Trust. The Committee has agreed the following key principles to guide remuneration of directors of the Trust:

- Annual salary increases should be linked to appraised performance after the year-end (April);
- Increases should be based on a simple percentage range, related to a specified range of performance;
- Objective setting should be realistic, and linked to the Trust's business plan. Individual objectives should be measurable, achievable, limited in number, and include the performance of the individual within the appropriate team (and therefore team performance);
- One off bonus payments could occasionally be available for major additional objectives;
- When recruiting, non-cash alternatives to salary may be offered;
- Market comparisons of salaries should be reviewed each year and the effect of divergences considered;
- Separate geographical allowances should cease and the current allowance consolidated into basic pay.
- Contracts of employment should continue to be permanent rather than fixed term.
- Performance is measured against agreed objectives and achievement is assessed through an annual appraisal. Performance is one of the key principles of the overall remuneration assessment.
- Contracts of employment are permanent unless there are overriding business reasons for other arrangements. Notice periods and termination payments are set out in contracts of employment.
- No significant awards or compensation were made to former senior managers and no amounts in the report were payable to third parties for the services of a senior manager.



	Name and title	Real increase in pension at age 60 (bands of £2,500)	£000 Real increase in lump sum at age 60 (bands of £2,500)	£000 Total accrued pension at age 60 at 31 March 2009 (bands of £5,000)	£000 Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000)	£000 Cash Equivalent Transfer Value at 31 March 2009	£000 Cash Equivalent Transfer Value at 31 March 2008	£000 Real increase in Cash Equivalent Transfer Value	£000 Employer's contribution to stakeholder pension
	D Sloman	7.5-10	22.5-25	40-45	120-125	714	439	184	0
	M Boltwood	0-2.5	2.5-5	30-35	95-100	692	513	116	0
	H Brown	2.5-5	7.5-10	15-20	50-55	227	117	44	0
	F Elliott	0-2.5	5-7.5	20-25	60-65	315	206	43	0
	S Harrington	0-2.5	2.5-5	10-15	35-40	216	147	46	0
	P Ient	0-2.5	0-2.5	25-30	80-85	524	387	89	0
	Mrs C Ingham Clark	0-2.5	2.5-5	45-50	145-150	831	707	74	0
	R Martin	0-2.5	7.5-10	30-35	100-105	604	425	118	0
	K Slemeck	0-2.5	5-7.5	10-15	30-35	154	100	36	0
	S Sorensen	(0-2.5)	(0-2.5)	30-35	100-105	0	0	0	0
	D Wheeler	0-2.5	0-2.5	25-30	85-90	471	359	72	0



Travel and map



Smoke-free hospital

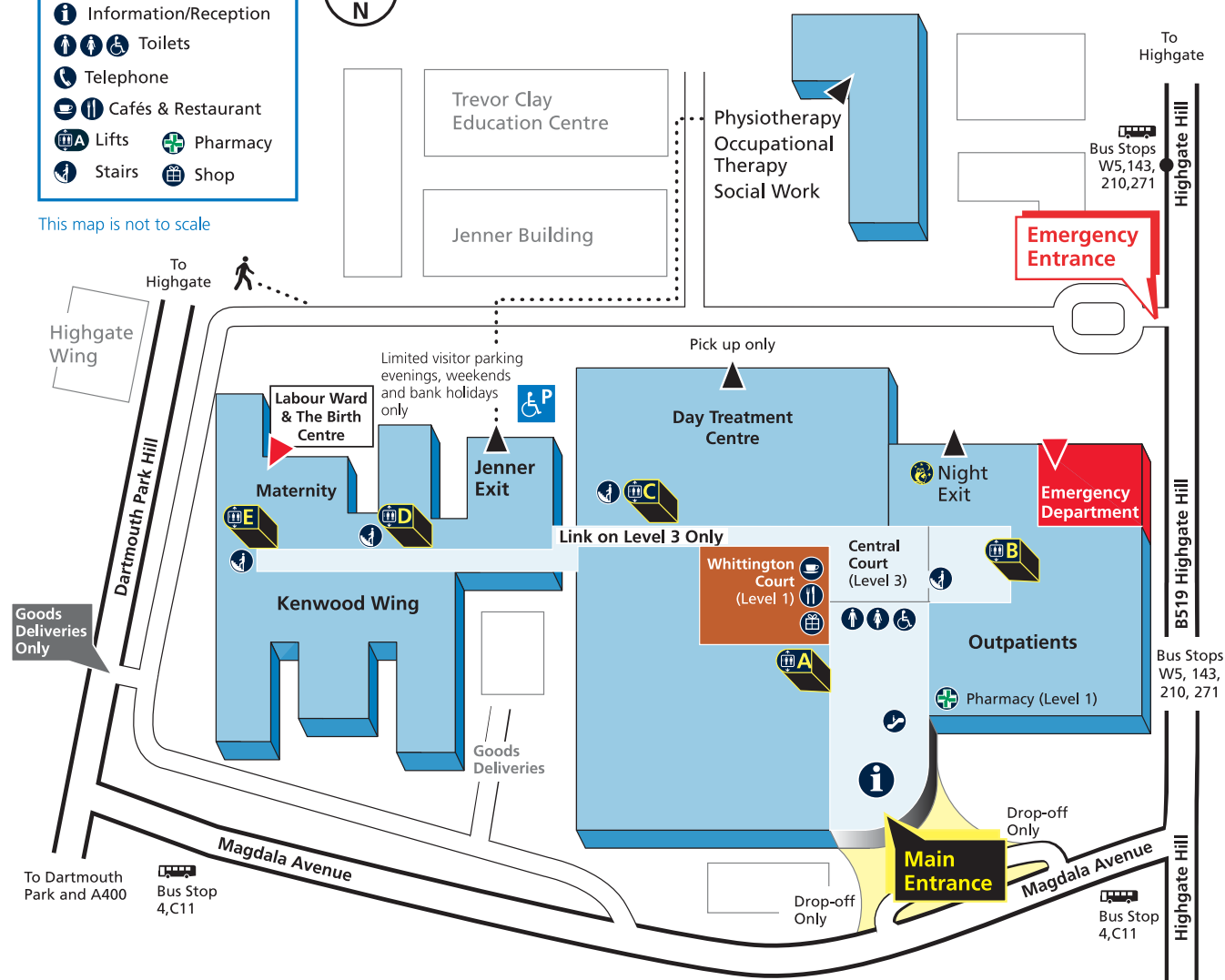
Smoking is not permitted in any part of
The Whittington Hospital or its grounds

Key

- Information/Reception
- Toilets
- Telephone
- Cafés & Restaurant
- Lifts
- Pharmacy
- Stairs
- Shop



This map is not to scale



Archway
5-8 minute
walk to hospital

Buses
4, 17, 41, 134, 143, 210
263, 271, 390, C11, W5

Use Emergency Entrance (Highgate Hill) for:

Emergency Department
CAMIDOC
Labour Ward & The Birth Centre (drop off)
Blue Badge Parking
Day Treatment Centre (pick up)
Occupational Therapy
Physiotherapy
Social Work Department

Use Main Entrance (Magdala Ave) for:

① Main Reception Level 0
Patient Relations Office Level 0
①①① Toilets Level 0, 1 (in Whittington Court) & 3
Volunteers Office Level 0

Use **A** Use **escalator** or **Lift A** for:

Whittington Court Level 1

☕🍷 Cafés/Restaurant
Cash Machine
🏠 Pharmacy
🛍 Shop
①①① Toilets

Follow signs to **Outpatients** and use **Lift B** for:

Appointments & Admissions Level 1
Blood Tests & Pathology Level 5
Cash & Banking Office Level 1
Pre Assessment Department Level 1
Night Exit (After 2100)

Outpatient Clinics

Clinic 1B Level 1
Clinic 3A Level 3
Clinic 3B Level 3
Clinic 3C Level 3
Clinic 3D Level 3
Clinic 4A Level 4
Clinic 4B Level 4
Clinic 4C - Women's Health Level 4

Use **A** Use **Lift A** for:

Chemotherapy Suite Level 4
Clinic 4D Childrens Outpatients Level 4
Day Treatment Centre (DTC) Level 3
Imaging Level 3
Medical Photography (in Imaging) Level 3
Patient Assessment Unit (in DTC) Level 3
Thalassaemia Unit Level 4

WARDS:

Critical Care Level 2
Mary Seacole Level 2
Mercers Level 4
Montuschi Level 2

A Use **Lift A** to Level 4

C THEN use **Lift C** for:

Betty Mansell Ward & G.A.U Level 4
Ifor Ward & Roses Daycare Level 4
Nightingale Ward Level 4
Coyle Ward Level 5
Thorogood Ward Level 5
Victoria Ward Level 5
Cavell Ward Level 6
Dorothy Warren Day Hospital Level 6
Cloudesley Ward Level 6
Meyrick Ward Level 6

A Use **Lift A** to Level 3

THEN follow signs to **Kenwood Wing** for:

Ante Natal Clinic Lift E > Level 5
Chapel Lift D > Level 3
Maternity Day Unit Lift D > Level 5
Multi-faith Prayer Room Lift D > Level 3
Neonatal Intensive Care (NICU) Lift E > Level 3
Neuro Gym Lift D > Level 2
Parent Craft Lift D > Level 3
Special Care Baby Unit (SCBU) Lift D > Level 4
The Birth Centre Lift E > Level 2

WARDS:

Cearns Ward Lift E > Level 3
Cellier Ward Lift E > Level 4
Eddington Ward Lift D > Level 4
Labour Ward Lift E > Level 3
Murray Ward Lift E > Level 4
Reckitt Ward Lift D > Level 3

Jenner Exit (via Kenwood Wing on Level 3) for:

Occupational Therapy
Physiotherapy
Social Work

Access to:

Trevor Clay Education Centre, Highgate Wing,
Jenner Building



You must use the correct lift.

There are different buildings, each with their own lift.

Access to Kenwood Wing on Level 3 only.



The Whittington Hospital
NHS Trust



Emergency Entrance

← **Emergency Department**

← **Labour Ward**

**Main Entrance
on Magdala Avenue**