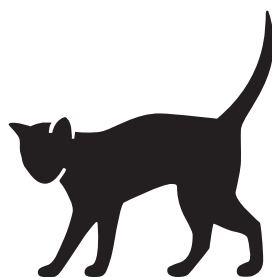


2009-10

The Whittington Hospital **NHS**
NHS Trust

THE ANNUAL REVIEW





THE ANNUAL REVIEW

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2009–10

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EDITORIAL

The year in review

BY OUR CHAIRMAN AND CHIEF EXECUTIVE

CHAIRING EDITOR, JOE LIDDANE



The Whittington has had an excellent as well as challenging year. We continue to provide high quality and ever improving services to our local population. This is significantly down to the dedicated hard work of all our staff to whom I pay tribute.

In September 2009 we were fortunate to welcome Rob Larkman as our chief executive from NHS Camden. Rob is helping ensure we perform to high standards, whilst his extensive experience and strong reputation are invaluable assets as we plan for the future of the hospital. At the same time we bade farewell to David Sloman who moved to be chief executive of the Royal Free Hospital. We thank him for his considerable contribution to The Whittington.

Over the last year it has become clear that continuing exactly as we are is not an option, if we are to deliver consistently high quality services and adapt to the many changes. Rising public expectations, a growing and aging population and, of course, very tough financial conditions

mean that we must find better and more cost effective ways of delivering these services. The Trust Board is determined to maintain The Whittington as a leading provider of health services for local people. During the year we have been actively involved with discussions at London regional levels, with our neighbours at the Royal Free and UCLH hospitals and with NHS Islington and NHS Haringey. We are delighted that both NHS Islington and NHS Haringey have identified The Whittington as their preferred provider for their community services. We are now developing an organisation that will include hospital and community services across Islington and Haringey.

In the earlier part of 2010 the hospital has been at the centre of media and public attention. We have been overwhelmed by the support of our local population and to know that The Whittington is held in such esteem.

Our achievements and more are in this publication which I hope you enjoy reading.

EDITING CHIEF EXECUTIVE, ROB LARKMAN

I joined The Whittington in September having spent seven years as chief executive of NHS Camden and before that I was the chief executive of Camden and Islington Community Health Services NHS Trust. So for many years I have been aware of The Whittington's reputation as a high performing and popular local hospital. Since my arrival I have been impressed by the high standards which The Whittington sets for itself and by the skills and dedication of the staff.

This has been a busy and challenging,

yet highly successful, year for The Whittington. We further enhanced our reputation for safe, high quality services and achieved all our major operational and financial targets despite intense pressures on the Trust's services and funding. This has been at a time of intense speculation about the future of The Whittington and its services when we have taken part in important strategic reviews of the future of the organisation.

This has been a busy year in other ways. In November 2009 BBC London Radio came here for a live broadcast of the Vanessa Feltz show and we were able to celebrate our successes over the airwaves. We have also had staff participate in fun runs, marathons, fashion shows, concerts and much else to raise money for the Care of Older people appeal. There is no shortage of things to get involved in.

Our services are highly valued in the community and we highly value the support we receive. The Whittington is a community within a community, we are proud to serve our local population and I look forward to continuing our success together.



Investors in People

In January 2010, The Whittington Hospital achieved the nationally recognised Investors in People award. This built on earlier work and awards to several departments within the Trust. The Whittington is one of very few Trusts across London to achieve the organisation wide award.

This scheme helped The Whittington to measure our progress for the Improving Working Lives objective. Staff from across the organisation were interviewed by an independent assessor who asked them about their experience of working at the hospital. The assessment looked at areas such as:

- ▶ **effective management and support**
- ▶ **flexible working**
- ▶ **safe working environment**
- ▶ **staff involvement & consultation**
- ▶ **equality & diversity**

The assessor's report and feedback from this confidential process will help the hospital to continue their progress in improving staff and patient experience. The Whittington recognises there is more work to do and is very proud to have achieved this accreditation.



INVESTOR IN PEOPLE

THE MAIL

LETTER OF THE MONTH CENTURIES OF HEALING

I would just like to say how much I enjoyed the article in the last edition on the medical history of the area and, spurred by the range and depth of information provided, have decided to take on and submit my own research.

It is a wonderful fact that medical services have been provided on The

NHS also explains how, in 1946, the hospitals on all three sites were brought together. Two years later with the coming of the NHS itself in 1948 the hospital became known as The Whittington. In 1992 The Royal Northern Hospital, Holloway, also became part of the group and integrated its services into the site.

Whilst to enter the hospital from its Magdala Avenue entrance which opened in 2006, you would never guess



The unique round ward at the former Royal Northern Hospital, Holloway Road. In 1974, The Royal Northern became part of The Whittington and is now commemorated by The Great Northern Building.

Whittington site since 1473, originally as a leper hospital. I never knew that a new hospital was built on the St Mary's Wing in 1848 to care for smallpox patients.

Further research also led me to discover that independently managed hospitals were opened on the Highgate site from 1866 and the Archway site from 1877. In 1900 Highgate Hill infirmary opened adjacent to the Smallpox Hospital, these two hospitals merged shortly after into a nurses home

that the hospital had been there more than a decade, never mind since the fifteenth century, it's impressive to think of all the learning and progressions in medicine that have stemmed from the hospital on the hill.

*Penri Morgan,
Governor, Whittington South*

We couldn't agree more Mr Morgan thank you for all your work. It really is remarkable and unique to have such a historic site providing such contemporary, forward thinking services. RL

A paper on the history of the



TRUST BOARD CONTRIBUTORS

Joe Liddane

Chairman and Charing Editor

Joe Liddane became chairman of The Whittington Hospital NHS Trust on 1 November 2007. In his early career Joe qualified as a chartered accountant and has had a successful career specialising in performance improvement for financial services and private sector businesses, as well as some public sector organisations. He is presently managing director of a small management consulting firm and a non executive director of the NHS Institute for Innovation and Improvement. Previously he was a partner in Ernst & Young and European managing director for a large American consultancy.

Joe has lived near The Whittington for 30 years and is a member of St Joseph's parish council.

Rob Larkman

Chief Executive and Editing Chief Executive from September 2009

Rob Larkman joined The Whittington Hospital NHS Trust as chief executive on 14 September 2009. He was previously chief executive of Camden Primary Care Trust and prior to this was chief executive of Camden and Islington Community Health Services NHS Trust. In addition to his 11 years as a chief executive Rob has a strong financial background and worked in advertising and management consultancy before joining the NHS in 1993.

David Sloman

Chief Executive until September 2009

David Sloman worked at The Whittington as chief executive from 1 November 2004 to September 2009. 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.

Celia Ingham Clark

Medical Director

Celia Ingham Clark was appointed as medical director on 1 November 2004. She joined The Whittington Hospital as a consultant general surgeon in 1996 and took roles as director of medical education, clinical director and interim director of operations before becoming the trust medical director. Her particular interests are in service development and in delivering high quality care. She has a part-time secondment as associate medical director for secondary care for NHS London where she focuses on medical revalidation and improving the quality of healthcare.

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.

Bronagh Scott

Director of Nursing and Clinical Development

Bronagh Scott joined The Whittington as director of nursing and clinical development on 1 June 2010. Bronagh comes to The Whittington from Belfast, Northern Ireland where she was director of nursing at the Northern Health and Social Care Trust for six years.

Prior to this Bronagh worked as a commissioning nurse and patient advocate across a series of healthcare providers in Northern Ireland.

Deborah Wheeler

Director of Nursing and Clinical Development until December 2009

Deborah Wheeler worked at The Whittington as director of nursing and

clinical development from October 2000 to December 2009. Deborah trained as a nurse at St Bartholomew's Hospital, and spent her clinical career in orthopaedic nursing.

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.

Siobhan Harrington

Acting Director of Nursing and Clinical Development from December 2010

Director of Primary Care

Siobhan Harrington joined The Whittington in September 2006. She trained as a nurse at St Thomas's Hospital in the 1980s. 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. She was acting director of nursing from January – June 2010.

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 27 years. Philip is a chartered engineer.

Kate Slemeck

Director of Operations

Kate Slemeck joined The Whittington in October 2001. Kate has been a general manager in the NHS for 17 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.

Fiona Smith

Director of Planning and Performance

Fiona Smith 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.



and policy formulation, business change and undertaking project and programme health checks.

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 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, and medical director of the MRCP Examination.

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 Kentish Town.

Anna Merrick

Non- Executive Director

Anna Merrick has lived in the Highgate area with her family for 20 years. She spent her career in banking and has extensive commercial experience across a wide range of corporate banking markets.

Marisha Ray

Specialist Advisor

Marisha lives with her family in Clerkenwell. Before becoming a Liberal Democrat councillor for the London Borough of Islington in 2002 Marisha was a business analyst with Marks & Spencer.

She is on the governing body of Elizabeth Garrett Anderson School and Hugh Myddleton School and was a trustee of Clerkenwell Charities. She is a member of the Liberal Democrat Party and has been an executive member for community safety and performance, a member of the advisory body of City University, the management committee of Islington victim Support, London Drug Policy Forum and Islington Schools Forum.

NON – EXECUTIVE DIRECTORS

Edward Lord

Deputy Chairman

and 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 Bloomsbury.

Robert Aitken

Non – Executive Director

Robert Aitken from Brookfield Park was a director of Employment Commercial and Companies Division at Treasury Solicitors. Robert has worked for the Department of Health as a lawyer. He was a trustee of the English National Opera Benevolent Fund. As a local man, Robert was a churchwarden and is now on the PCC at St Anne's in Highgate. He currently runs his own consulting business Brookfield Park Associates Limited advising on strategy

N19

★★★★★



In the foodhall complex on level one of The Whittington, there are two cafes and a restaurant; Muffin Break provides cakes, pastries and, of course, a variety of coffees and Café XCLNT provides hot food such as lasagna, pasta and rotating specials.

N19 is the hospital run restaurant that offers a full menu of hot and cold food at regular prices to the public and subsidised prices for staff. N19 is open for breakfast and lunch each week day using fresh produce to provide healthy, staple foods and some indulgent treats for those who fancy one.

The N19 is available to staff, patients and visitors alike and has become famous for its themed menus, for occasions such as St Patrick's day, St George's day, Diwali and Chinese new year.

The restaurant is the heart of the hospital, where staff can discuss work or anything over a vegetable stir fry or plaice fillet with herb butter and potatoes, visitors can indulge in an almond and ginger sponge and medical students can stock up for the day ahead with a special from the grill bar. In good weather N19 has outside seating to make the most of a fresh cappuccino or carrot cake.

GOINGS ON



Location, location, location

Archway is an increasingly vibrant and active area of London. The Whittington is situated on Magdala Avenue, north of the famous Holloway Road and within walking distance of the picturesque Highgate Village. It is accessible on the Northern line and has numerous bus routes taking you all around London from various stops close to the hospital. A 15 minute tube ride from Archway brings you to the heart of the West End whereas a 15 minute bus journey can take you to Islington's Upper Street. Upper Street hosts a large selection of cafes, bars, restaurants as well as the Almeida Theatre, the Business Design Centre. A few minutes walk away from the hospital is the beautiful Waterlow Park and Lauderdale House the former home of Nell Gwynn with Hampstead Heath only a short walk away too.

TO AND FROM

Via tube:

Archway tube station is the closest stop and it is on the Northern line. From the tube station it is a five minute walk up Highgate Hill, turning onto Magdala Avenue for the main entrance.

Via bus:

Highgate Hill is served by the 4, 17, 41, 134, 443, 210, 263, 271, 390, C11 and W5 buses. The 4 and C11 then turn onto Magdala Avenue and continue to Dartmouth Park Hill.



ACHIEVEMENTS

Popular Chronicles

SUSTAINING EXCELLENCE, ASSESSMENT ASSESSMENT ASSESSMENT

The NHS is a vast network of healthcare providers and The Whittington plays a vital role in ensuring the population receives good healthcare services when people need it.

Each year hospitals receive a series of inspections and reviews to ensure they are performing well and can make productive changes if required. This year, like every other, The Whittington has been subject to assessments from independent, external bodies and here is a brief rundown of the ratings and accreditations we have received.

THE CARE QUALITY COMMISSION

The Care Quality Commission (CQC) has accepted The Whittington's application to have our services formally registered. This is a compulsory registration that declares that the services we provide are fit for purpose and allows the Care Quality Commission to inspect our services and offer advice on any alterations

they see fit. The registration was accepted without condition.

The Care Quality Commission has delivered a series of inspections and surveys over the course of this year, their annual health check, an outpatient and inpatient survey and a staff survey.

THE ANNUAL HEALTH CHECK

A hospital is a living organisation, like any thing else, it works best when it is healthy, able to provide good services whilst financially taking care of itself. This year The Whittington received its highest health check score ever, with an 'excellent' score for its financial management and a 'good' for quality of services. The quality of services score is based on an assessment of the hospital's ability to cater to the needs of the local population and its performance against national standards. The financial management score is measured on how well the hospital has met its financial targets over the last two years. This year the trust expects to receive an excellent and excellent score.



Fun run preview

The Great Highgate 5k Fun Run

**Sunday
26 September 2010**

This year's Fun Run is the fourth in Highgate – this great family event for all ages promises to be fun, fun, fun!

Last year, over 500 people took part.

This year, we want to get record numbers of people walking, jogging or running all in aid of the Whittington's Care of Older People appeal.

Get fit, have fun and raise sponsorship for your local hospital.

Register

Online:

www.whittington.nhs.uk/funrun

Telephone :

020 7288 5641 / 5983

Email:

fundraising@whittington.nhs.uk



ACHIEVEMENTS

Surveys



THE NATIONAL OUTPATIENT SURVEY

The Whittington performed very well in the 2009 Care Quality Commission (CQC) outpatient survey which covers nine broad aspects of an outpatient visit. The hospital on the whole improved since the same survey was carried out in 2005. Within the broad topics, particular questions where the Trust has notably improved included:

- ◆ Flexible patient appointment times
- ◆ Relaying expected waiting times
- ◆ Outpatient department cleanliness
- ◆ Listening to patients
- ◆ Patient trust
- ◆ Explaining medication
- ◆ Explaining how to take medication
- ◆ Patient inclusion in correspondence with GPs
- ◆ Educating patients about their conditions

THE NATIONAL INPATIENT SURVEY

This survey took place between September 2009 and January 2010 and was based on patients who had been in hospital for more than one night between June, July and August 2009.

The Whittington's performance improved considerably since the last survey in 2008 particularly in the areas of mixed sex accommodation and results around discharge, care and treatment. The eight areas measured were:

- ◆ Admission
- ◆ The hospital and ward
- ◆ Doctors
- ◆ Nurses
- ◆ Care and treatment
- ◆ Operations and procedures
- ◆ Leaving hospital
- ◆ Overall

Our results are broadly in keeping with the performance of other Trusts and the overall patient perception of the hospital and their stay here has improved on the 2005 results.

THE STAFF SURVEY

Staff are the vital energy source of any organisation. Their contribution makes The Whittington such an excellent place to be treated. It is therefore very important that all staff can speak their minds and address their concerns without fear of judgment.

There are a series of internal methods for ensuring staff can communicate in as many appropriate ways as possible, and on a wider scale the CQC provided a staff survey to compile national statistics. All staff were asked to fill in a survey between the months of September to December 2009. The CQC then takes a sample from all the surveys collected as the base for its statistics and collates the information.

The Whittington always welcomes feedback from staff and we are pleased that within the survey we were in the best 20 per cent of acute Trusts for staff recommending us a place to work and receive treatment as well as for our overall staff engagement.

THE DOCTOR FOSTER QUALITY ACCOUNT

The Dr Foster report is an online comparative service that allows patients and the public easy, quick access to compare hospitals and their performance. In a time where the internet is the lead method of communication, the Dr Foster site provides an invaluable tool in impartially helping patients choose the best services for them. This year The Whittington came in the top twenty per cent of Trusts nationally in the Doctor Foster annual quality report. The report measures three aspects of an acute Trust; patient safety, clinical effectiveness and patient experience.

The Whittington's overall score was 86.30 out of 100. This figure was gathered from an assessment of 13 safety measures. Areas in which The Whittington exceeded expectation in patient safety were:

- ◆ What is the hospital's overall death rate?
- ◆ What is the hospital's death rate for emergency admissions?
- ◆ What is the death rate for stroke patients?

Areas in which The Whittington exceeded expectation in clinical effectiveness were:

- ◆ How many patients admitted with a broken hip have this repaired within two days?
- ◆ Are all patients fitted with NICE-approved blood clot prevention devices post-surgery?
- ◆ What proportion of day-case patients end up staying longer for treatment?

There are a large number of criteria that make up the Dr Foster quality account and The Whittington is delighted to note that for most of the criteria it was in line with expected scores across all the Trusts in England



THE ANNUAL REVIEW



THE TALK OF THE TOWN

Staff achievements in brief

NURSING TIMES AWARDS

In November 2009 Nursing Times held its annual award ceremony to celebrate the hard work and dedication of midwives and nurses across the country. The Whittington was delighted to have midwives Joy Clarke and Shamsa Ahmed pick up highly commended awards at the event held at the Park Lane Hilton. Joy and Shamsa were recognised for their work with women who have undergone genital mutilation, a controversial and difficult area of healthcare.

HOSPITAL BROADCASTING AWARD

Security manager Edward Kent, known as Eddie K to his friends, has broadcast his Reggae Rundown show for five years on London Network Radio, the hospital's radio station. In February Eddie's show was nominated for 'best specialist show' and whilst it did not win, to be nominated from amongst 226 stations, each providing a number of different, diverse programmes shows just how good Eddie's reggae rundown show is. The Reggae Rundown broadcasts on channel seven on Whittington hospital radio.

ORDER OF THE BRITISH EMPIRE

Wendy Martinson, The Whittington's joint clinical nutrition service manager, was invited to Buckingham Palace in February 2010 to receive an order of the British Empire in recognition of her services to sport and nutrition. Having helped the British Olympic team and West Ham united in fierce competition, Wendy's reputation is a terrific asset to The Whittington.



Photographs:

This page – near right – Wendy Martinson receives her OBE.

Next page – top right – Eddie K broadcasting on Whittington hospital radio (photograph by Anne Marie).

Lower left – Dr Julie Andrews at the British Medical Journal's annual awards ceremony.

Far right – Joy Clarke and Shamsa Ahmed receive their awards at the Nursing Times annual awards ceremony.

BRITISH MEDICAL JOURNAL AWARDS

The Whittington hospital's director of infection prevention and control, Dr Julie Andrews, was short-listed for a clinical leadership award at the British Medical Journal's annual ceremony. Julie's leadership has been invaluable in ensuring a safe service during a year with high Norovirus and H1N1 activity across the globe. Whilst Julie did not win the award in this instance, her work has been recognised at the highest level which is an accolade in itself.

HEALTHCARE 100 AWARD

The Healthcare 100 award is a joint effort between the Health Service Journal, the Nursing Times, NHS Employers and the Department of Health. It celebrates the best healthcare employers to work for in England.

Hospitals register to enter, they are then given a questionnaire to give to staff. The questionnaire asks staff about the ups, downs and particulars of the place they work. The completed questionnaires are then returned to the Healthcare 100 organisation and the results are collated to determine the top employers.

The Whittington was delighted to hear we were in the top 20 this year. A dinner was held in July for the top 100 organisations where the overall winner was announced. The Whittington would like to thank its staff for filling in the survey and helping us achieve a successful application.



TRAINING FOR THE FRONT LINE

The simulation centre

Simulation is an ever developing and increasingly vital part of training for doctors and nurses. For a long time there has been the use of simulation training in anaesthetics, to ensure doses are suitable for the patient type and in accordance with the medical care needed. However training of other doctors and nurses has failed to provide as full a regime, due largely to the cost involved in simulating advance and difficult procedures.

Thanks to a large investment programme and a determined drive to improve and increase the training facilities available to medical students, on Tuesday 15 December 2009 Dr Patricia Hamilton, Director of Medical Education for England, was guest of honour at the opening of The Whittington Hospital's simulation centre. Funded by the London Deanery, this hi-tech training and assessment facility will collaborate with nine other simulation centres across the capital to meet the growing demand for scenario-based training.

The centre has full audio visual facilities. It has a simulated operating theatre with the capacity to train students on adult and infant patient simulators. It also provides a ward setting that includes a neonatal area and emergency department environment, a control room and a large conference/debrief room.

At the opening Dr Hamilton said that the time had come for simulation to move forward. It has huge potential for improving the confidence and competence of trainees and doctors and improving patient safety – particularly in emergency situations

EXCELLENCE IN SIMULATION TRAINING

Addressing over 50 professionals who came to celebrate the opening of the centre, Rob Larkman, chief executive of The Whittington Hospital, said, "This is a great day for us. For many years, we have had a reputation for excellence in training. The new suite, which contains some impressive equipment, demonstrates



our commitment to simulation, to quality and to innovation."

Dr Nick Harper, The Whittington's director of simulation, added, "Anaesthetists have been using simulation for some time. We are eager to provide better training for doctors, midwives, nurses and clinicians. With the funding that we have received from the London Deanery, we can now embed simulation training within the curriculum to enable teams to practise common and uncommon procedures such as cardiac arrest, trauma, lumbar punctures, laparoscopic surgical techniques and so on. Using simulation, we can help improve the management of a wide range of complex situations."

STATE OF THE ART FACILITIES

The six month project was instigated and facilitated by a team of dedicated clinicians and The Whittington's lead resuscitation officer, Mark Madams, together with Dr Nick Harper. Mark explained, "Although we have been running ward-based simulation for some time, our new high fidelity simulators will allow us to expose students to many different scenarios that they may not have experienced during training, such as how to assess and treat anaphylactic shock or meningococcal meningitis. The AV technology allows us to deliver high quality debrief sessions. Well-run scenarios engage participants in a safe, controlled but realistic environment. Only when we see ourselves on footage from the scenario do we realise how our actions impact on others; for instance if we have managed to keep emotion out of our voices or whether we have worked well within a team. We are looking to

standardise all courses so that everyone is taught the same way. We are all very excited about the advanced level of training that the new facility will allow us to deliver."

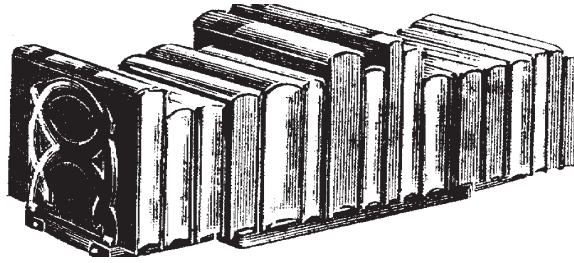
The Whittington's new simulation centre is dedicated to the memory of Dr Raja Jayaweera, an anaesthetist at The Whittington Hospital for over 35 years, who died on 6 December 2009. Dr Jayaweera was a charismatic and inspirational teacher of national renown and a vigorous advocate of simulation training. His daughter, Dr Ramanie Jayaweera, herself a Sydney based anaesthetist – kindly attended the launch ceremony.

*Illustration by Maria Megroff
Photo by SIRA Studio*



The simulation centre provides the opportunities to practice difficult procedures in a safe environment with realistic mannequins, pictured.

PORTFOLIO



THE NHS CONSTITUTION

The NHS Constitution was first published on 21 January 2009. It was one of a number of recommendations in Lord Darzi's report 'High Quality Care for All' which was published on the 60th anniversary of the NHS and set out a 10 year plan to provide the highest quality of care and service for patients in England.

The NHS Constitution brings together in one place for the first time in the history of the NHS, what staff, patients and public can expect from the NHS.

From 19 January 2010, following the successful passage of the Health Act through Parliament, all providers and commissioners of NHS care are under a legal obligation to have regard to the NHS Constitution in all their decisions and actions.

This means that the Constitution, its pledges, principles, values and responsibilities need to be fully embedded and ingrained into everything the NHS does. This duty also covers Monitor and the new Care Quality Commission.

The Government has a legal duty to renew the Constitution every 10 years. No Government will be able to change the Constitution, without the full involvement of staff, patients and the public.

The constitution is made of two parts, 'patients and public' and 'staff'. Within 'patients and public' there are seven groups of pledges to uphold, these are the following:

- ◆ Access
- ◆ Quality of care and environment
- ◆ Nationally approved treatments and drug programmes
- ◆ Respect consent and confidentiality
- ◆ Informed choice
- ◆ Involvement in your healthcare and in the NHS
- ◆ Complaint and redress

Within the 'staff' section there is a series of rights and pledges, steered by four overriding principles, the four principles are:

- ◆ Having the resources to deliver quality care
- ◆ Having the support necessary to do a good job
- ◆ Feeling that their job is worthwhile with chances to develop
- ◆ The opportunity to improve the way staff work



"I know from your file you're 36 Mr Dixon, therefore not in the swine flu vaccine priority group. There really is no need to panic."

MEDICAL REPORT

ILLNESS, LIKE MEDICINE, IS EVER EVOLVING

Last summer H1N1, also known as swine flu, gripped the nation, vaccines were mass produced as the world prepared for a virus that was an unknown entity.

The Whittington staff were encouraged to take up the vaccine and led by great example, having had the second highest uptake in London with approximately 80 per cent of staff having a vaccination. There was an intensive campaign asking staff to protect their patients, families and themselves by taking the vaccine and the seasonal flu vaccine as well. We even held a BBC Radio London broadcast live from the hospital and dedicated a part of the show to answering calls from members of the public who were concerned about the possible side effects of the vaccine. Our director of nursing and clinical development at the time, Deborah Wheeler, was on hand to offer advice and comfort to those who were unsure of the vaccine and similarly scared about the flu itself.

As well as managing the swine flu outbreak very well, infection control as a whole has improved this year:

- ◆ The number of cases of MRSA bloodstream infections has reduced by just under 60 per cent, from 23 cases in 2008/09 to eight cases in 2009/10.
- ◆ Cases of C difficile dropped from 65 cases in 2008/09 to 49 in 2009/10.

PATIENT EXPERIENCE

When people are sick a hospital has a duty to care for them. Whether the care is short term, an emergency or ongoing, The Whittington wants its patients to have the best experience possible. To this end, the organisation has a set of pledges called The Whittington promise, which states:

- ◆ We will be clean
- ◆ We will be welcoming and caring
- ◆ We will be organised
- ◆ We will offer the best possible treatment
- ◆ We will give you information and listen to what you tell us.

The feedback received from patients is really important in helping us improve our services. We listen to formal and informal feedback including both local and national patient surveys, complaints and messages via our website and NHS choices. We have a number of methods and initiatives in place to try and make The Whittington a safe and caring organisation.

The public march in support of The Whittington emergency department in early 2010 showed the value placed on the hospital's services by its local community.

PATIENT SAFETY

Patient safety is The Whittington's priority. We have made a significant investment in providing a new electronic incident reporting system called Datix. It allows staff to record and report any incidents or risks in real time so the responses can be instantaneous. This system will improve the level of patient safety The Whittington provides.

BOOKINGS AND ACCESS

New access centre and linked appointments: over the last year we have joined our admissions and appointments

offices into a single centre to make it easier to respond to patient enquiries about bookings. We have introduced evening bookings where hospital staff telephone patients who have been referred for an appointment or a test and agree with them a suitable date for this to happen. Similarly we have linked some special tests with follow-up appointments. For example if a patient has been seen in the orthopaedic clinic and requires a MRI scan we can now book the scan on a day that suits them and then ensure that they have an appointment back in the clinic to discuss the result within two weeks of the scan.

BIRTH CENTRE

User feedback has shaped the development of our maternity services through direct patient involvement in our labour ward forum, our antenatal screening committee and midwifery liaison committee. User views were key in developing our midwifery-led Birthing Unit that opened last year and has proved very popular.

EXTENDING THE RANGE OF FEEDBACK

Since 2009 we have turned to patients for advice and feedback on our services wherever possible. We have electronic kiosks and hand-held screens that enable patients on wards, in clinics and in the emergency department to give feedback to us to help us improve our services. They can be used in languages other than English and with iconography so they can be used by those with limited literacy such as children. So far more than 5000 people have completed these short surveys and this has helped us to make changes such as improving cleaning schedules in public areas.

As well as this, our director of primary care has held a series of focus groups with patients and carers to widen the

range of feedback that we receive. This patient feedback is then shared with all the relevant staff.

As we gather this valuable opinion and feedback, we can then identify themes and areas for improvement in the year ahead. The patient experience is fed in to the Trust Board at their meetings and from patient surveys and we have the local LINK representative at every Trust Board meeting so the information goes across the entirety of the hospital. The Whittington is committed to serving our patients, so filling the electronic surveys provides a quick and easy way for patients to influence the services they receive.

SURVEYS

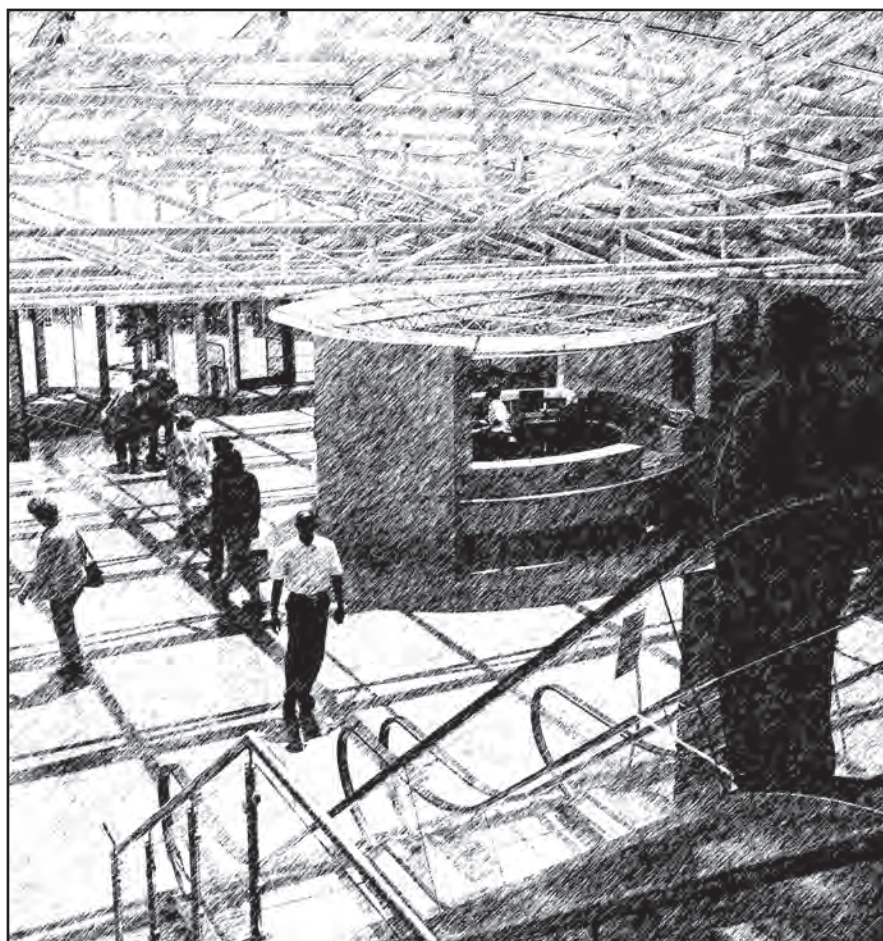
In 2009 The Whittington carried out its annual internal patient survey. The results were extremely positive and showed 67 per cent of our patients trusted and had confidence in our nurses and 75 per cent trusted and had confidence in our doctors.

Seventy nine per cent of our patients felt they were treated with dignity and respect and 54 per cent said they were involved in decisions about their care. Overall 78 per cent rated their care as very good or excellent.

The inpatient survey is of great benefit as it can highlight potential causes for concern, which we can then address as quickly as possible.

PATIENT INFORMATION LEAFLETS

In the last year we have extended the range of information leaflets that we provide for patients and updated those already existing. They are now available on our intranet so they can be printed off where they are needed and given to patients to support the information they have been told by the doctor or nurse.



For some specialist areas such as bariatric surgery and bowel cancer surgery we are developing DVD or web-based visual material to improve patient information. When new clinical guidelines are agreed we ask that a patient information leaflet is produced to go with each of these.

Making difficult decisions: there are many potentially difficult decisions that need to be made about the care of patients in hospital. We have an active clinical ethics committee to provide advice and guidance at such times. This committee includes Helena Kanier, a member of the LINKs organisation. For patients who need support to take decisions about their own care we have a patient advocacy and liaison service and where patients do not have the capacity to decide for themselves we have well-established links to independent mental capacity advisors.

In the coming year we have three more priorities to improve our services:

- 1. We will work to increase the number of patients who feel involved in decisions about their care.**
- 2. We plan to implement the dementia care pathway recommended by Healthcare for London.**
- 3. We are introducing a more systematic approach to learning from patient feedback.**

IMPROVED SURGICAL PATHWAYS

The Whittington is constantly looking to improve the patient experience by reducing the amount of unnecessary time patients remain bed bound around surgery. There is already the day treatment centre for routine and pre-determined procedures where patients can be operated on in the morning, and be back at home with their loved ones later the same day.

ENHANCED RECOVERY PROGRAMME

As part of the improved surgical pathway goal, as a priority we aim to expand our enhanced recovery programme for patients having operations at The Whittington.

We have already done a lot of work on this for patients having bowel cancer surgery. Using the latest evidence-based techniques we have been able to reduce average length of stay for patients having bowel cancer surgery by five days over the past two years, allowing our patients to leave hospital earlier and fitter. Our length of stay for people having some forms of bowel cancer surgery is now the second lowest in London and in the top 20 NHS Trusts nationally, with no increase in readmission rate.

Our enhanced recovery nurse coordinates our multidisciplinary pathway. Elements of the pathway include using minimally invasive surgery wherever possible, and controlling the intravenous fluids administered based on how the patient's heart is functioning.

Over the year ahead we plan to spread the Enhanced Recovery techniques to help people to get better sooner following orthopaedic surgery. We have just been awarded a grant from the NHS London Innovation fund to lead a project promoting enhanced recovery programmes across North-Central London.



"To save you time doctor, I've narrowed it down to one of four complaints on the internet."



CORE SERVICES

MATERNITY SERVICES

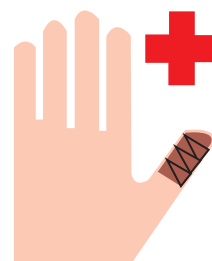
The Whittington's maternity services have had an excellent year. In a recent survey carried out by Islington primary care trust The Whittington's maternity services received the highest number of positive ratings for the care of pregnant women provided, with one hundred per cent of surveyed mothers stating the treatment they received was excellent. In particular, the survey points to The Whittington's strengths in providing choice to patients through alternative antenatal and postnatal care options.

EMERGENCY DEPARTMENT

This year, statistics produced by NHS London rated The Whittington's emergency department fourth within London's 25 emergency departments. These statistics come from various targets and criteria being monitored, such as seeing patients in the emergency department within a four hour waiting target. The Whittington is delighted that to be placed so highly, in recognition of the ongoing excellent services provided.

THE CHILDREN'S EMERGENCY DEPARTMENT

Since its opening in 2008, the paediatric emergency department has been a very popular service. In January 2010 an internal survey was carried out on the patients treated in the department. The age group was one to 16 year olds - in relevant cases parents and guardians were asked to help distinguish an answer – and 100 per cent of patients said they would recommend The Whittington to a friend.



WORKING TOGETHER

Providing services that can react to the changing needs of people with long-term conditions creates enormous challenges for health services, however many people are ready to take a more active role in their own care. This can be gained by patients working in partnership with their clinicians to achieve lasting improvements in their health. This is what we mean by 'co-creating health'. Studies have shown that patient collaboration with clinicians improves patient outcomes.

The co-creating health initiative aims to transform healthcare for people with long-term conditions. Through this initiative, The Health Foundation is supporting a partnership between The Whittington Hospital NHS Trust, NHS Islington and NHS Haringey, along with other ambitious healthcare organisations from across the UK, to create new models of healthcare that promote self-management across health services.

To take a more active role in their health, people need self-management skills and easier access to information about their conditions. They also need

skilled support and motivation from their clinicians and healthcare systems that operate very differently from those we have today.

The programme is an innovative scheme that joins together both primary and secondary care services; and clinicians and patients.

The focus locally of the co-creating health initiative is type 2 diabetes and achievements to date include:

- ◆ **Measurably significant reductions in HbA1C and LDL cholesterol in patients participating in the self management programme.**
- ◆ **Eighty nine per cent of clinicians who have attended the advanced development programme agree that they have significantly improved their knowledge of how to support patient self-management.**
- ◆ **Monthly measurements are demonstrating improvements in the percentages of consultations where a care planning consultation is taking place, with increases of recorded collaborative agenda setting, goal setting and follow up goals.**

ENSURING THE BEST TREATMENT

In accordance with much of the discussion that has been had in this year's annual review, an ability to work efficiently and provide a good service is what people want. If a hospital is clean,

friendly and works well, good healthcare can be incredibly simple. This article cites a series of core principles that people look to in assessing exactly how good a hospital is.



ARE WE THERE YET? WAITING TIMES

Within waiting times there are two principles people really care about. Firstly, if I have an emergency and need to be seen in the emergency department, how quickly will I be seen? Secondly, if my GP refers me to hospital for treatment, how long will I have to wait to start treatment?

This year, The Whittington has fully met its Care Quality Commission targets of treating patients within 18 weeks from their referral from a GP. This year also saw 98 per cent of patients attending our emergency department treated within the four hour target. We work hard to meet our mantra of 'end waiting, change lives'.

SWIFT RECOVERY LENGTH OF STAY

Whilst in some cases it is necessary to stay in hospital for a prolonged period, in general, if treatment can be given at home or patients sent home as soon as they feel comfortable and confident enough to do so, they will recover quicker, benefitting from the familiar surroundings a home provides. Obviously not all patients have suitable home support structures and we work hard with our social care department to protect vulnerable patients. However, as in our birthing centre, problem free births can be delivered in a luxury birthing unit and mothers are free to leave merely hours after the birth if they feel up to it. In principle the less time people spend in hospital, the better.

We are working hard to reduce the length of stay at our hospital. We are working through an exciting series of opportunities with NHS Islington and Haringey to bring around increasingly preventative approaches. We can work with their primary care providers to create a series of treatment routes, education and integrated care plans that start much earlier, so patients don't turn up to the emergency department worried

about their health unnecessarily.

We plan to provide as much healthcare outside of the hospital as is reasonably possible; GP practices will stay open later, telephone advice lines will be more widely advertised and urgent care centres introduced to provide initial assessment for patients with injuries or conditions that present severely distressing symptoms. The Whittington is eager and excited to bring together a complete, preventative system of healthcare for our community.

A SENSE OF DECENCY PRIVACY AND DIGNITY

Patients being treated in hospital feel vulnerable enough. Even when receiving serious treatment, patients are aware of their environment and those around them. Not feeling like you have enough privacy can add to the distress of your illness and wherever possible, The Whittington enforces single sex accommodation.

To help fulfil this duty to our patients, The Whittington has invested a large sum of money, £1.2 million, to create single sex accommodation (Trust Board declaration). This ensures that, unless it is clinically unsafe to do so, all patients are seen and treated within single sex accommodation across the hospital. The provisions are in place and our staff well trained to provide for this need. Throughout the hospital we are dedicated to improving patient privacy and dignity across all services.

RALLYING THE TROOPS VISITORS AND VISITING

The presence of family and friends can help provide comfort and support to patients. Therefore those wishing to visit their loved ones are welcome to do so. Different wards have different visiting hours and some even have rules on what not to bring and how many people may be present. However, if someone who is unwell is thinking of visiting they are asked not to come to the hospital and



all visitors are asked to adhere to the infection control messages, washing their hands and using the gel provided.

TIME TO EAT PROTECTED MEAL TIMES

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

Patients who are identified as needing assistance with feeding at meal times 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 meals on the ward once a month to monitor the standard of food that is offered at The Whittington.

EATING THE RIGHT THING FOOD AND NUTRITION

Patients' nutritional needs are of the highest priority – 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.

Patients are screened within two days of their admission and any patient

requiring nutritional intervention is presented with a dietary action plan. We are very proud that staff from our nutrition and dietary team are often asked for comment by the BBC on the relevant stories of the day.

WHERE TO TURN PATIENT ADVICE AND LIAISON SERVICES (PALS)

PALS 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 2009/10 the PALS team dealt with 1,381 clients.

SPEAKING YOUR MIND COMPLIMENTS AND COMPLAINTS

Patients are encouraged to leave feedback, we are constantly providing new ways and campaigns to gain patient and visitor feedback as we turn toward a patient led review system. Compliments and complaints are a large part of our work as they help us develop our services. There were a total of 365 complaints in 2009/10.

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

INTERNATIONAL RELATIONS TRANSLATION SERVICES

The Whittington serves a large population of ethnic communities, including Turkish, Chinese and Spanish communities amongst many others. Services are made available for patients who would like a translator to accompany them for their appointments.

Some Whittington publications are available to the public in their preferred language, as well as in Braille.

Photos by Maryvonne Arnaud

FUNDRAISING ANNUAL REPORT

Structure, Governance and Management

The Board of the Whittington Hospital NHS Trust as corporate trustee of the charitable funds is accountable to the Charity Commission. In 2001 The Whittington Hospital Medical Education Charitable Fund, which had been a separate entity, was brought under the same trustees as the main funds. The medical education funds are primarily for the advancement of facilities for medical education, the furtherance of medical education and research, and the dissemination of associated results.

The Trust's finance department provides accounting services and investment management is delegated to professional advisers. The annual accounts are audited by the Trust's external auditors (the Audit Commission) and approved by the Trust Board. The audited annual accounts, which are submitted to the Charity Commission, are available on request. Summaries of income, expenditure and movements in balances are shown at the end of this report.

The fundraising team has worked particularly closely with the finance department this year on strengthening the policies and procedures for fundraising on and off site.

In addition to managing general and departmental funds, the fundraising team co-ordinates a single fundraising appeal for a specific purpose. These appeals have included over the years successful fundraising campaigns for the neonatal intensive care unit, imaging equipment, facilities for thalassaemia patients, cancer information services and most recently the refurbishment and equipping of Whittington's elderly care wards. Whilst this is of benefit to the wards and departments which are focused upon, it has meant that the value of the general fund has diminished as donated income has tended to be directed towards the current appeal.

A committee of the Whittington Postgraduate Medical Education Centre manages the funds relating to postgraduate medical education funds separately.

CARE OF OLDER PEOPLE APPEAL

Launched in April 2009, The Whittington Hospital Care of Older People wards appeal was assigned to raise £100,000 to cover monitoring equipment, rehabilitation resources and social recreation and family facilities.

Our fundraising approaches included wonderful support from the Friends of the Whittington Hospital, the Kirby Laing Foundation and others such as the University of London Lodge, Tesco Charity Trust and the Inman Charity that have funded specific equipment for the wards.

Event fundraising raised more than £42,000 in all, with people running, singing and even cat-walking in aid of the Care of Older People appeal. The London Marathon in 2009 raised over £18,000 in sponsorship and this year's marathon is set for the same success. The fundraising team organised a fashion show in conjunction with LaLesso clothes and was held at Flutes Bar and Restaurant in Highgate. The event made over £1,000 - we shared the night with a developmental African charity. Other sporting events such as the Highgate Fun Run and the British 10k London Run raised the great sum of £11,500 in sponsorship.

It has achieved the original £100,000 target that it set out to raise, but the appeal will continue to fundraise in order to prepare for the expected move of the elderly day hospital, which is currently on level six and will be moved to the ground floor level opposite the Jenner exit which will be far more accessible for day patients. Dr Barry Hoffbrand is now the chair of the fundraising committee.

The local community has welcomed the appeal to care for our local elderly people and we were overwhelmed with the support we have received. We received 'in memoriam' gifts from the family and friends of Brendan Nolan, who was a well-known figure in



Highgate. We were bowled over with the fantastic £18,000 which was raised for the Care of Older People appeal and for Coyle ward. The money will be drawn down over the next few months to purchase monitoring equipment and furniture which will make the wards feel more comfortable. Other gratefully received donations from friends and relatives from deceased patients include donations given in memory of Muriel Jean Barwick and Margaret Georgiou.

Donations above £1,000 were received from the following:

Friends of the Whittington	£10,000
Garfield Weston Foundation	£3,000
Kirby Laing Foundation	£5,000
Tesco Charity Trust	£2,128
Inman Charity	£2,240
Brendan Nolan Memorial	£15,312
University of London Lodge	£1,250
Pilkington Trust	£2,000
M&S Holloway Road	£2,733

INCOME AND EXPENDITURE OVERVIEW OF THE 2009/10 YEAR

INCOME

In total, incoming resources were £348,000 in 2009/10 - £86,000 lower than in 2008/09.

Although the Building for Babies Appeal formally closed in December 2008, income has continued to be received for the neo-natal unit - £109,000 in 2009/10. The current

appeal for the Care of Older People Unit raised £95,000, gross, in 2009/10. Many other departmental funds have been active in fundraising during the year, notably the Paediatric Oncology Fund which received £22,000 during 2009/10.

EXPENDITURE

Expenditure on charitable activities and income-generating activities was £596,000, compared to £610,000 in 2008/09. The major items of charitable expenditure this year have been an echo machine for the cardiology department, funded from the Gladys Embury Bequest, The Whittington cat sculpture at the Magdala Avenue entrance, funded from donations made to the Art Fund by Jarvis and WFL, and further equipment purchased for the neo-natal unit from the Building for Babies Fund.

Governance costs were £58,000, down from £63,000 in 2008/09.

INVESTMENT LOSSES

Over the course of the year, the value of the charity's stocks and equities investments portfolio rose by £129,000 taking its value back to the equivalent of its March 2009 level.

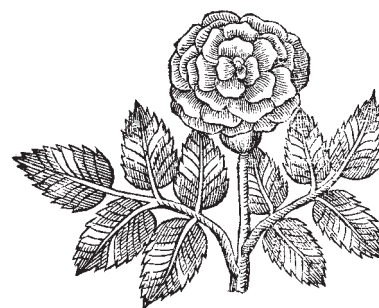
£105,000 cash has been withdrawn from the investment holdings during the year, to meet cash flow requirements, predominantly this relates to the Postgraduate Funds, which over the past three years have incurred £141,000 net outgoing resources.

FUND BALANCE

At 31 March 2010 the fund balance totalled £801,000 at the market value of investments.

The statement of financial activities and balance sheet are shown overleaf.

OTHER APPEALS: THE OASIS SENSORY GARDEN



After consulting with 120 people, the idea of creating a new garden in place of the old tennis courts became very popular and Groundwork, the environmental charity, is now on board with helping us plan, fundraise, develop and eventually construct the 'Oasis' sensory garden for all to use.

The benefits of the green space would be to create a place of calm for patients, visitors, staff and the wider public, in addition to being an area which can have an input from child and adult patients as well as from the local community, making it into a place which is enjoyed by all.

The fundraising is underway to make the idea a possibility - we need to find £120,000 to cover costs of clearance and site preparation, resurfacing, garden furniture, plants, trees, artworks and we hope to be able to show off the garden in early 2012.

THE FUTURE

Both patients and staff are extremely fortunate to have the benefit of the charitable funds to enable the provision of facilities and benefits that would not otherwise be available.

Since both our funds and appeals rely on the generosity of those wishing to support the hospital it is very much hoped that those who receive this report will be encouraged with others to donate. This will enable the charitable funds to help The Whittington to continue to provide the highest standards of care to its patients and visitors as well as the best possible amenities and support for its staff.

SUMMARY OF UNAUDITED 2009/10 ACCOUNTS OF THE WHITTINGTON HOSPITAL NHS TRUST CHARITABLE FUND

SUMMARY ACCOUNTS

	2009/10 £'000 Hospital Funds	2009/10 £'000 Postgrad Funds	2009/10 £'000 Total Funds	2008/09 £'000 Total Funds
Summary of financial activities				
Charitable donations	238	11	249	245
Income from activities	39	38	77	135
Investment income	21	1	22	54
Total incoming resources	298	50	348	434
Charitable expenditure	412	26	438	444
Costs of generating income	76	77	153	156
Governance costs	52	6	58	63
Net outgoing resources	(242)	(59)	(301)	(239)
Gain/(loss) on revaluation of investments	129	0	129	(129)
Fund balance brought forward	768	205	973	1,341
Fund balance carried forward	655	146	801	973

BALANCE SHEET

	31 March 2010 £'000	31 March 2009 £'000
Fixed Assets : investments	696	675
Debtors	111	111
Stock	4	0
Cash	101	429
Creditors	(111)	(242)
Net current assets	105	298
Net assets	801	973
Fund Balances	801	973

This Statement of Financial Activities and Balance Sheet are subject to audit.



The Whittington continues to recruit patients and members of the public to become Whittington members. Governors and members continue to act as vital intermediaries between the hospital and the community. The Whittington membership started as an initiative to support our Foundation Trust application. Although the application has been withdrawn for the time being, members still play an active part in contributing to the hospital's development by means of focus groups and patient surveys. Governors and members are kept up to date and informed through the biannual Link Extra magazine distributed to all 4,000 members.

Our Council of Governors continues to play a part in providing community feedback at Trust Board meetings, council meetings and trust working group meetings such as our Carbon Reduction Strategy Group and our Clinical Governance Committee.

The Council of Governors will continue to focus its activities on:

- ♦ improving access to the hospital
- ♦ 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 the staff.

DEVELOPING OUR STAFF

WORKFORCE

The Whittington was proud to achieve an Investors in People award for the whole organisation in January 2010. Our human resources department provides training and support to a high standard. In the last national staff survey (2009) 72 per cent of our staff said they had been appraised during the year. Ninety nine per cent of consultants were appraised and set personal development plans for the year ahead which puts us in a good position in preparing for medical revalidation with the General Medical Council.

Number of doctors employed	396
Number of nursing and midwifery staff employed	821
Number of healthcare and support staff employed	250
Number of estates and support staff employed	239
Number of scientists and allied health staff employed	292
Number of administration staff employed	470
Number of total staff	2,468

We are part of the productive ward programme in which more nursing time is freed up for direct patient care and our nurse to bed ratio is 3:1, the fourth best in London acute hospitals. In the national staff survey in 2009 the trust came in the top 20 per cent of all trusts for staff recommending it as a place to work or receive treatment.

EDUCATION AND TRAINING

The Whittington has a strong tradition of excellence in education and training. We continue to receive positive reports from the Medical School regarding the quality of our undergraduate teaching.

Twenty two Whittington doctors and nurses received top teacher awards and one received an Excellence in Medical Education Award from UCL Medical School.

In postgraduate medical education our reputation for excellence was confirmed by external reports in 2009/10 which showed that The Whittington:

- ♦ was top in London for overall job satisfaction for foundation year one medicine and year two surgery doctors and fourth in London for core surgical training.
- ♦ was top in London for overall job satisfaction for paediatric trainees
- ♦ in the school of surgery visit in October 2009 our orthopaedic higher training was described as having a "strong learning culture" and "not only would all the trainees recommend their posts, but a high proportion has already asked to return to the hospital"
- ♦ in the MRCP PACES (postgraduate medical exams) in the past two years 12 of 13 trainees at The Whittington passed the exam at their first attempt
- ♦ in the London Deanery quality liaison visit in February 2010 the visiting team was impressed by the enthusiasm and commitment of the faculty and had no significant concerns about the education provision at The Whittington

VISIBLE LEADERSHIP

At The Whittington clinical management do their utmost to be as visible and central to the working day as possible. There are several ongoing campaigns to ensure management and staff continuously work together across all the great services that are provided.

The Whittington is also now in its fourth year of the visible leadership practice, where senior nurses and midwives across the hospital spend every Monday in clinical practice. This allows problems, developments and achievements to be shared, face to face, so any discussions or actions needed can be dealt with as quickly and as directly as possible.

There is the 'on the floor' initiative, where members of the trust board work in front line roles, from reception to the emergency department. It is a chance for the directors to experience a range of roles and to have the opportunity to talk to staff and patients alike.

The Whittington wants staff to feel comfortable in approaching senior colleagues, and senior staff need to provide an ongoing presence on the floor to ensure the hospital is operating to a high standard.

VOLUNTEERS

Volunteers are the unsung heroes of the hospital. They cover roles such as guiding and come from a variety of social, religious and cultural backgrounds. You must be 16 or over to be a volunteer, however there is no upper age limit.

Currently we have 85 volunteers and some are fast tracked on to the temporary staffing register, providing an effective way into work. 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.

FRIENDS OF THE WHITTINGTON

The Friends of The Whittington, a registered charity, has been a long established fundraising body for the hospital, it has raised significant amounts of money in the last 10 years by running daily stalls in the hospital, collecting boxes around the area and wills and legacies. The Friends work closely with The Whittington's fundraising office and have helped with recent campaigns such as the Care of Older People drive.

The Whittington is always interested in receiving new volunteers and can be contacted in the first instance at fundraising@whittington.nhs.uk or 020 7288 5641.

LOOK AFTER YOURSELF

Working at a hospital can be stressful, people don't control when they get ill so staff can work all kinds of hours. It's important to look after yourself. The Whittington has arranged an external company that assessed staff health over six months and made reasonable suggestions on how they can improve their health by carrying out small, daily alterations to their lifestyle. It doesn't have to be running a marathon, instead getting off the bus one stop early can help bring about an improvement in health. There are toured walks of the area every Tuesday that are ongoing, providing a great social opportunity and the chance to discover the green spaces in the area.

Similarly a stop smoking clinic has been running from the hospital for a year now, offering patients and staff alike a chance to kick the habit. Run by Julie Browne, the clinic has seen 230 people in its first year and continues to offer people a chance to finally give up.

INTERNAL COMMUNICATIONS

Communicating with our staff is important. The Whittington provides a number of ways through which staff can communicate with each other and share messages across the hospital.

The monthly magazine, The Link, is available online and distributed in hard copy around the hospital, staff contributions are always welcome and encouraged.

The chief executive holds a monthly briefing session that is open to all. The chief executive is more than happy to talk through the pertinent issues of the day and actively seeks to get feedback. A summary of the briefing is emailed to all staff and cascaded face to face by managers.

In the last year the communications department introduced a chairman's forum, where pertinent topics are posted online, following suggestions from the chairman, and staff can respond. The chairman then provides an answer following consultation with senior staff and wherever possible, discussions are developed and actions put into place.

This has gone one step further and the chairman now meets with staff in informal coffee mornings, where staff and the chairman can just get together and talk over a hot drink.

The communications office is also available to work with any department to help them promote a service or event. This year there have been many positive events such as the opening of a new simulation centre, a strong performance in staff receiving the swine flu vaccine and many worthwhile information days such as heart failure awareness day and international midwives and nurses day.



ENVIRONMENTAL
IMPACT

The environment and green policies are at the heart of every business, government, household and public sector organisation globally. As medicine and technology are advancing, these advances must be tempered with responsibility and consideration for the environment.

The Whittington is working hard to reduce its carbon footprint. We have maintained our recycling rate of 11.5 per cent and have brought in policies to improve our carbon reduction practices such as regulating the heating to reduce unnecessary energy usage. The carbon reduction strategy group continues to meet to discuss ways to reduce carbon usage, including a highly successful green day at the hospital in 2009 where carbon saving methods and technologies were exhibited at the front of the hospital.

Our screensavers show important power saving tips and all staff are asked to always turn off their computers when away from their desk. As part of our cost improvement programme we have a team focused specifically on energy saving ideas and green energies.

The hospital's waste for the year has decreased by six per cent from the previous year, it is currently 732 tonnes. From January The Whittington's clinical waste contractor has organised contracts to use treated clinical waste as fuel in a waste heat recovery plant. We hope to divert 80 per cent from landfill to use in waste heat recovery. Unfortunately, due to an unexpected increase in service demands, clinical waste has increased from 361 to 372 tonnes.

SERVICE STATISTICS

Number of hospital beds	357
Number of total staff	2,468
Total emergency department patients	81,557
Total adult emergency department attendances	62,652
Total paediatric emergency department attendances	18,905
Total day cases	17,295
Total elective inpatients	2,884
Total non-elective inpatients	29,957
New outpatient attendances	126,991
Follow up outpatient attendances	244,247





From uncertain futures to staff lunches, the range of activities that go in within and around a hospital often get overlooked by most people. All photos on this spread, except top left, by Matthew Stuart.



The recovery process is hard work, but The Whittington is dedicated to working with and for patients.



Small picture: Our partnership with Asterol allows us to pioneer new services, such as scanner that detects iron levels in the liver in ten minutes, a world first.



Large image: Our day treatment centre allows us to see patients for surgery within a day, Teresita Arrieta is one of the many staff who make our day treatment centre such an excellent place to be treated. Photo: Maryvonne Arnaud

OPERATING AND FINANCIAL REVIEW

SUMMARY

2009/10 was a successful year for The Whittington – the Trust achieved its financial target to deliver a surplus against its break-even duty, and met all access targets including the four hour Emergency Department target (for which the Whittington was the sixth best Trust in London), 18 weeks referral to treatment, and the cancer 14, 31 and 62 day referral to diagnosis to treatment targets.

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. In order to check our progress towards the promise and ensure we encourage patients to let us know how we are performing, we introduced patient survey electronic devices to all clinic areas and wards to capture real time feedback from our patients regarding their care experiences. In the final six months of 2009/10 we captured over 4,000 patient experience feedback surveys, and have made improvements as a result. Results show an improvement in patient experience over the last year.

In 2009/10 we opened our new midwifery led birthing centre, which has proved to be very popular with women choosing to birth at The Whittington. Our dedicated paediatric emergency department was up and running for the year and saw 18,905 children. This has received very positive feedback from our local community. In preparation for becoming fully single sex compliant as an organisation we refurbished six of our wards, to create single sex space, toilet and bathroom facilities.

FINANCIAL PERFORMANCE

In 2009/10, The Whittington achieved a surplus of £139k, achieving its financial duty to break even during the year. This is the sixth successive year that the Trust has made a surplus. In addition, the Trust was one of only three London non-Foundation Trusts to achieve an ‘Excellent’ score for Use of Resources in the Care Quality Commission’s Annual Health Check, published in October 2009.

In 2009/10 all NHS organisations were required for the first time to prepare accounts on an International Financial Reporting Standards (IFRS) basis, which require, amongst other changes, for the Trust to report the Private Finance Initiative (PFI) hospital on its balance sheet as its own asset. The adverse impact of this change is excluded from the Trust’s duty to break-even under Department of Health guidance.

Delivery of the surplus will enable the Trust to continue to invest significantly to improve its buildings and ensure medical equipment and IT systems are of a high standard. This year the Whittington delivered a capital expenditure programme of £6.9m. One of the main projects in 2009/10 was a refurbishment of a number of The Whittington’s wards to ensure compliance with new single sex accommodation standards, which has seen significant improvements in the hospital environment.

Under IFRS the Trust is required to revalue its assets on a Modern Equivalent Asset (MEA) basis. A review of the Whittington’s buildings and land has resulted in an impairment in the accounts of £4.6m. This is excluded when measuring performance against the Trust’s break-even duty.

FINANCIAL RISK

The Trust operates within the regulatory framework determined by the Department of Health. Risk management is monitored through the Trust’s Board Assurance Framework and risk register, 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, including a significant internal audit programme which reports to the Trust’s Audit Committee.

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.

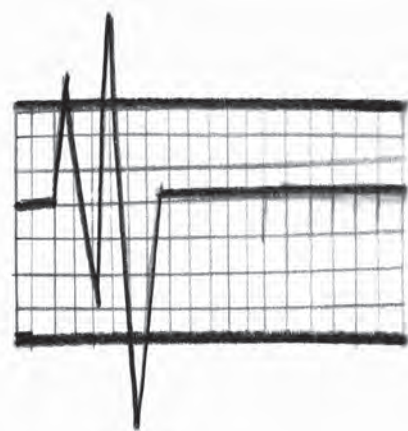


Illustration by Maria Megroff

NON-FINANCIAL REVIEW

The Whittington was formed as a Trust in April 1993. Its aim is to be the hospital of choice for local people, and we actively encourage patients and members of the local public to join the Trust membership scheme. This allows patients and the public to take an active role in the work of the hospital and help the hospital develop closer links with local communities and other healthcare providers in the area.

The Trust's clinical activity continued to grow in 2009/10 mainly due to increasing market share and the lower than planned effect of PCT demand management initiatives. 2009/10 saw a 6.8 per cent increase in GP referrals compared to 2008/09, a two per cent increase in elective (planned) care, and a 7.1 per

cent increase in the number of babies delivered – over 4,000 babies were born at The Whittington (including home births) in 2009/10. The growth in these areas is reflected in the increase in the Trust's operating income above the level of inflation.

The Trust met its targets for reducing healthcare associated infections, showing excellent progress that has attracted other hospitals to visit The Whittington as a site showing best practice in reducing these infections. The number of cases of clostridium difficile was 49 against a target of no more than 92 cases, and we had just eight cases of MRSA (four of which were pre-48 hour cases) against a target of no more than 15.

This year we continued to work on the positive relationships we have with colleagues in primary care. We have continued to develop innovative pathways across the interface between primary and secondary care – in particular Co-creating Health, a national initiative strengthening self-management in diabetes which has shown real benefits in relation to patient outcomes and patient

experience. We also continued to develop innovative services such as community anti-coagulation, community dermatology in Islington and Hornsey, and the development of an osteoporosis service in Islington. We are amongst the first acute Trusts in London to win a competitive tender with a GP practice

to deliver the urgent care element of their GP-led health centre in south Islington (from 1 April 2010) in line with the Healthcare for London strategy.

The Trust was also successful in its application for registration with the Care Quality Commission under new regulation requirements, and has been registered without conditions for the year ahead. The Whittington was rated as 'Good' for its quality of care, and continues to be assessed as the highest level three for the maternity element of the clinical negligence scheme for Trusts. We are one of just a few hospitals in the country to receive this rating, which means that we are considered one of the safest places to have a baby.



FUTURE DEVELOPMENTS

The Whittington plans to deliver a break-even position in 2010/11, although this will be challenging as the national tariff (under which the Trust is paid for the majority of its patient activity) is frozen at 2009/10 levels, with a further two per cent reduction in The Whittington's top-up for being in a high cost area.

The Trust is planning a significant cost improvement programme for the coming financial year, totalling £14.5m. Two of the main emphases of this programme will be a reduction in the use of agency staffing and improving the efficiency and productivity of existing staff to accommodate the expected increases in patient activity that Primary Care Trusts (PCTs) have commissioned from The Whittington in 2010/11.

There are a number of new performance measures that will affect the Trust in 2010/11 – such as the commitment to single sex accommodation and new national targets on diagnosis and treatment of cancer – that will further improve the service that the Trust offers its patients.



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. Total revenue for The Whittington in 2009/10 was £176.9m, up 6.5 per cent on the previous year.

The Income and Expenditure statement shows a surplus before interest and dividends of £591k, with net interest payable of £2.6m and dividends payable of £3.2m, resulting in the retained deficit of £5.2m. The higher interest payable figure is due to the reclassification of part of the PFI charge from operating expenses to interest payable as a result of presenting accounts on an IFRS basis. This accounting change for PFI (£718k) and the impact of impairments (£4.6m) are added back to the retained deficit figure to give a surplus against break-even duty of £139k.

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

	2009/10 £'000	2008/09 £'000	2007/08 £'000	2006/07 £'000	2005/06 £'000
Revenue	176,853	165,983	153,330	142,389	131,498
Operating expenses (including depreciation)	(176,262)	(160,445)	(148,634)	(137,480)	(128,738)
Surplus before interest and dividends	591	5,538	4,696	4,909	2,760
Other gains	0	1	0	0	0
Net interest receivable/(payable)	(2,632)	215	302	291	308
Dividends payable	(3,156)	(3,816)	(3,577)	(3,215)	(3,048)
Retained surplus/(deficit)	(5,197)	1,938	1,421	1,985	20
Adjustment for impairments included in retained surplus/(deficit)	4,618	107	0	0	0
Adjustment for impact of IFRS accounting on PFI included in retained surplus/(deficit) above	718	0	0	0	0
Position against statutory break-even duty	139	2,045	1,421	1,985	20

PAYMENT OF CREDITORS

The Department of Health requires that Trusts pay creditors in accordance with the Better Payments Practice Code. 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. The deterioration is largely due to the significant increase in patient activity over and above contracted levels – this additional activity is paid in arrears, leading to a delay in receiving enough cash to pay all creditors within the 30-day target period.

2009/10 performance

	NHS Payables Number	Non-NHS Payables Number	NHS Payables £'000	Non-NHS Payables £'000
Total bills paid	5,064	50,163	10,439	52,150
Total paid within target	4,320	33,253	6,252	35,096
Percentage paid within target	85%	66%	60%	67%

2008/09 performance

	NHS Payables Number	Non-NHS Payables Number	NHS Payables £'000	Non-NHS Payables £'000
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%

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 4.6 per cent.

	2009/10 £'000	2008/09 £'000
Salaries and wages	104,334	97,753
Social Security costs	7,959	7,481
Employer contributions to NHS Pension Scheme	10,199	9,501
Total staff costs	122,492	114,735
Of which:		
Management costs	8,050	7,736
Management costs as a percentage of income	4.6%	4.7%

MEDICAL AND PROFESSIONAL EDUCATION AND TRAINING

In 2009/10 the Trust received education and training funding of £15.2m (£15.9m in 2008/09) from NHS London. Of this, £8.5m related to undergraduate medical teaching, with a further £5.4m relating to postgraduate medical education and the remainder supporting training in other disciplines.

STATUTORY FINANCIAL DUTIES

The Trust met all its statutory financial duties in 2009/10. These are described below.

- ♦ **Break-even duty – the Trust is required to break even on its income and expenditure account over a rolling three-year period;**
- ♦ **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 operation. The Trust is required by the Department of Health to maintain net external financing within its approved EFL.**
- ♦ **Capital resource limit (CRL) – this determines the amount which can be spent by the Trust each year on new capital purchases.**
- ♦ **Capital cost absorption duty – the Trust is required to absorb the cost of capital at a rate of 3.5 per cent. In other words the total dividends paid on Public Dividend Capital (PDC) must be 3.5 per cent of average net relevant assets.**

FINANCIAL STATEMENTS

The statements that follow are drawn from the audited statutory accounts of the Trust for the financial year ended 31 March 2010. The audit was conducted by the Audit Commission, the Trust's external auditors. Their audit fee of £121,523 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 30 June 2010

Richard Martin
Director of Finance

Signed



Date 30 June 2010
Rob Larkman
Chief Executive

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

I have examined the summary financial statement for the year ended 31 March 2010 which comprise the Statement of Comprehensive Income; Statement of Financial Position; Statement of Changes in Taxpayers' Equity; and Statement of Cash Flows.

This report is made solely to the Board of Directors of the 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 49 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 Review.

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

I also read the other information contained in the Annual Review and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement. The other information comprises only the Operating and financial review (pages 32 to 43); the Editorial; Trust board contributors; and Ensuring the Best Treatment.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

OPINION

In my opinion the summary financial statement is consistent with the statutory financial statements of the Whittington Hospital NHS Trust for the year ended 31 March 2010. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (10 June 2010) and the date of this statement.

Andrea White
Officer of the Audit Commission
1st Floor,
Millbank Tower
Millbank
London
SW1P 4HQ

7 July 2010

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR TO 31 MARCH 2010

REVENUE

	2009/10 £'000	2008/09 £'000
Revenue from patient care activities	152,029	142,130
Other operating revenue	24,824	23,853
Total revenue	176,853	165,983
Operating expenses (including depreciation)	(176,262)	(160,943)
Operating surplus	591	5,040
Other gains	0	1
Investment revenue	11	245
Interest expense	(2,598)	(2,460)
Other finance costs	(45)	(47)
Surplus/(deficit) for the financial year	(2,041)	2,779
Public dividend capital dividends payable	(3,156)	(3,816)
Retained deficit for the year	(5,197)	(1,037)
Value of IFRIC12 schemes included in retained deficit	718	0
Value of impairments included in retained deficit	4,618	107
Capital cost absorption rate (target 3.5%)	3.5%	3.7%

OTHER COMPREHENSIVE INCOME

	2009/10 £'000	2008/09 £'000
Impairments and reversals	(17,255)	(10,352)
Gains on revaluation	7,461	0
Receipt of donated assets	353	32
Transfers from donated asset reserve	(130)	(114)
Total comprehensive income for the year	(14,768)	(11,471)

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2010

	31 March 2010 £'000	31 March 2009 £'000
Non-current assets		
Property, plant & equipment	132,801	148,080
Intangible fixed assets	1,186	757
Trade & other receivables	2,346	2,000
Total non-current assets	136,333	150,837
Current assets		
Inventories	1,122	1,241
Trade & other receivables	7,089	5,293
Cash & cash equivalents	1,146	3,030
Total current assets	9,357	9,564
Current liabilities		
Trade & other payables	(15,542)	(15,635)
Borrowings	(1,964)	(1,676)
Provisions	(1,424)	(562)
Total current liabilities	(18,930)	(17,873)
Net current liabilities	(9,573)	(8,309)
Total assets less current liabilities	126,760	142,528
Non-current liabilities		
Borrowings	(38,838)	(39,801)
Provisions	(1,946)	(2,033)
Total assets employed	85,976	100,694
Taxpayers' equity		
Public dividend capital	48,134	48,084
Retained earnings	10,658	16,233
Revaluation reserve	25,904	35,267
Donated asset reserve	1,280	1,110
Total taxpayers' equity	85,976	100,694

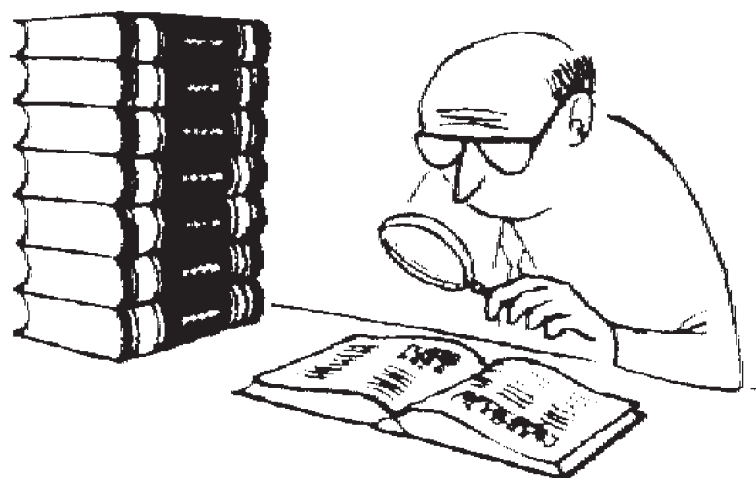
STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	PDC £'000	Retained earnings £'000	Revaluation £'000	Donated assets £'000	Total £'000
Balance at 1 April 2008	47,258	17,131	45,729	1,221	111,339
Retained deficit	0	(1,037)	0	0	(1,037)
Transfers	0	139	(139)	0	0
Impairments	0	0	(10,323)	(29)	(10,352)
Receipt of donated assets	0	0	0	32	32
Transfers from donated assets	0	0	0	(114)	(114)
New PDC	826	0	0	0	826
Balance at 31 March 2009	48,084	16,233	35,267	1,110	100,694

	PDC £'000	Retained earnings £'000	Revaluation £'000	Donated assets £'000	Total £'000
Balance at 1 April 2009	48,084	16,233	35,267	1,110	100,694
Retained deficit	0	(5,197)	0	0	(5,197)
Transfers	0	(378)	378	0	0
Impairments	0	0	(17,202)	(53)	(17,255)
Net gain on revaluation of property, plant and equipment	0	0	7,461	0	7,461
Receipt of donated assets	0	0	0	353	353
Transfers from donated assets	0	0	0	(130)	(130)
New PDC	50	0	0	0	50
Balance at 31 March 2010	48,134	10,658	25,904	1,280	85,976

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2010

	2009/10 £'000	2008/09 £'000
Net cash inflow from operating activities	7,201	8,475
Cash flows from investing activities		
Interest received	13	260
Payments for property, plant & equipment	(6,969)	(7,374)
Proceeds of disposal of assets held for sale	0	4
Payments for intangible fixed assets	(369)	0
Net cash outflow from investing activities	(7,325)	(7,110)
Cash flows from financing activities		
Public dividend capital received	50	826
Capital element of finance leases and PFI	(1,810)	(1,676)
Net cash outflow from financing activities	(1,760)	(850)
Net increase/(decrease) in cash & cash equivalents	(1,884)	515
Cash & cash equivalents held at beginning of period	3,030	2,515
Cash & cash equivalents at end of financial year	1,146	3,030



REMUNERATION REPORT

Salary and pension entitlements of senior managers, who held office during the year ended 31 March 2010, are detailed below.

		2009/10	2008/09
Name	Job title	Salary as director (bands of £5,000)	Salary as director (bands of £5,000)
Non-executives			
Mr Joe Liddane	Chairman	20-25	20-25
Mr Robert Aitken	Non-Executive Director	5-10	5-10
Professor Jane Dacre	Non-Executive Director from January 2009	5-10	0-5
Mrs Maria Duggan	Non-Executive Director	5-10	5-10
Professor Anne Johnson	Non-Executive Director to December 2008	0	0-5
Mr Edward Lord	Non-Executive Director	5-10	5-10
Ms Anna Merrick	Non-Executive Director	5-10	5-10
Ms Marisha Ray	Specialist Advisor from October 2009	0-5	0
Executives			
Mr David Sloman	Chief Executive to August 2009	60-65	140-145
Mr Rob Larkman	Chief Executive from September 2009	75-80	0
Mrs Margaret Boltwood	Director of HR	75-80	75-80
Ms Helen Brown	Acting Director of Operations (September 2008-March 2009)	0	40-45
Ms Siobhan Harrington	Director of Primary Care and Interim Director of Nursing	85-90	80-85
Mr Philip Ient	Director of Facilities	75-80	75-80
Mrs Celia Ingham Clark	Medical Director	80-85	80-85
Mr Richard Martin	Director of Finance	95-100	90-95
Mrs Kate Slemeck	Director of Operations	80-85	70-75
Mrs Fiona Smith (nee Elliott)	Director of Planning and Performance	70-75	45-50
Mrs S Sorensen	Director of Strategy and Performance (2008/09)	0	45-50
Mrs Deborah Wheeler	Director of Nursing and Clinical Development to January 2010	60-65	80-85

Notes

The salary figures above represent the 2009/10 financial year and therefore reflect the fact that some directors were only in post for part of the year. The table shows Celia Ingham Clark's salary as Medical Director. Her total salary in respect of her work for the Whittington was £122,124 in 2009/10 and £145,871 in 2008/09. The prior year figure was restated to correctly account for part-time secondments to other NHS organisations. She undertook a further part-time secondment in 2009/10, thus reducing the element of direct work for the Whittington reflected here.

PENSION BENEFITS

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 pension accrued at age 60 at 31 March 2010 (bands of £5,000) £000		Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000) £000		Cash Equivalent Transfer Value at 31 March 2010 £000		Cash Equivalent Transfer Value at 31 March 2009 £000		Real increase in Cash Equivalent Transfer Value £000		Employer's contribution to stakeholder pension £000	
Mr David Sloman	2.5-5		10-12.5		50-55		150-155		938		714		94			0
Mr Rob Larkman	(0-2.5)		(2.5-5)		25-30		80-85		574		554		(4)			0
Mrs Margaret Boltwood	0-2.5		0-2.5		30-35		100-105		760		692		34			0
Ms Helen Brown	0		0		0		0		0		227		0			0
Ms Siobhan Harrington	0-2.5		2.5-3		10-15		40-45		253		216		27			0
Mr Philip Ient	(0-2.5)		(0-2.5)		25-30		85-90		578		524		28			0
Mrs Celia Ingham Clark	(0-2.5)		(0-2.5)		50-55		155-60		1,040		831		168			0
Mr Richard Martin	(0-2.5)		(0-2.5)		35-40		105-110		662		604		28			0
Mrs Kate Slemeck	0-2.5		0-2.5		10-15		30-35		178		154		17			0
Mrs Fiona Smith	(0-2.5)		(2.5-5)		20-25		60-65		327		315		(4)			0
Mrs Deborah Wheeler	(0-2.5)		(0-2.5)		25-30		85-90		512		471		13			0

Note:

The real increase in pension, lump sum and CETV is calculated as the increase over and above the five per cent pensions index-linked uplift that applied in 2009/10. The reduction in Rob Larkman's pension entitlements is due to a correction of prior year figures.

The Trust's accounting policy in respect of pensions is described on pages nine-eleven of the complete annual accounts document. As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value

(CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The real increase in CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in the accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors

for the start and end of the period.

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

Signed 

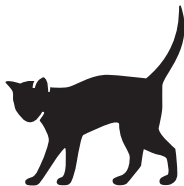
Date 30 June 2010

Richard Martin
Director of Finance

Signed 

Date 30 June 2010


Rob Larkman
Chief Executive



The Whittington Hospital welcomes the views of its patients and local community. If you would like to get involved with the hospital or would like further information about this review, please contact:

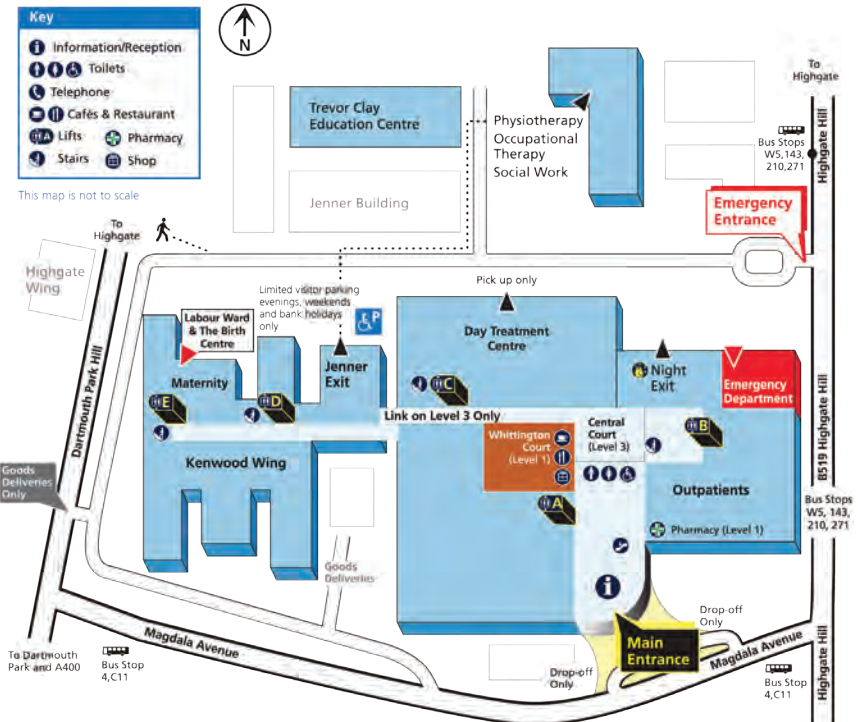
Deborah Goodhart
Head of Communications
The Whittington Hospital NHS Trust
Highgate Hill
London N19 5NF
Tel. 020 7288 5983
deborah.goodhart@whittington.nhs.uk

WAYFINDER

 Smoke-free hospital
Smoking is not permitted in any part of The Whittington Hospital or its grounds



This map is not to scale



Use Emergency Entrance (Highgate Hill) for:

Emergency Department
CAMDOC
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 escalator or Lift A for:

Whittington Court Level 1

111 Cafés/Restaurant
Cash Machine
111 Pharmacy
111 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 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

Use Lift A to Level 4

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
Cloudeley Ward Level 6
Meyrick Ward Level 6

Use Lift A to Level 3

THEN follow signs to Kenwood Wing for:

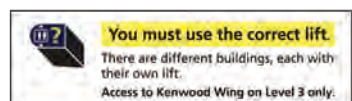
Ante Natal Clinic Lift E > Level 5
Chapel Lift D > Level 3
Maternity Day Unit Lift D > Level 5
Multi-faith Prayer Room Lift D > Level 3
Neonatal Intensive Care (NICU) Lift E > Level 3
Neuro Gym Lift D > Level 2
Parent Craft Lift D > Level 3
Special Care Baby Unit (SCBU) Lift D > Level 4
The Birth Centre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

WARDS:

Bridges Ward Lift D > Level 5
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



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All proceeds go towards supporting our invaluable work. Available at our regular stalls at the hospital entrance or via our

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Cat amongst the pigeons mug: £10.00



Copper etching: £180.00



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Royal Northern Hospital history book: £5.00



Hairbrush: £3.00



Tea towel: £3.50



Fob watch: £10.00



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