



# The Whittington Hospital NHS Trust **Annual Review 2010-11**



# WELCOME...

## ...to our annual report 2010-11

The Whittington Hospital has had a year of significant changes and development since our last annual report. The latter part of the year focused on our plans to form Whittington Health, an integration of the Whittington Hospital NHS Trust, NHS Haringey and NHS Islington Community Services and NHS Haringey Children's services, who now come under a new integrated care organisation (ICO), known as Whittington Health which took effect from 1 April 2011. Staff from all three organisations had been working throughout 2010 -2011 to make this happen and this has been a successful partnership of values, team work and vision for healthcare.

Whittington Health provides a fantastic opportunity for us to work in partnership to improve the health of our community, underpinned by values of quality, innovation and financial sustainability. We must be able to provide high quality health services, support self-care, collaborate with GPs and partner organisations, educate the next generation of clinicians and continue to be the employer of choice.

'Liberating the NHS' published in July 2010 sets out the coalition government's plans for the future of the NHS, recognising that there will be less money around. The goals of Whittington Health should add value by providing the best outcomes, best patient experience, and best use of taxpayers' money.

This annual report, however, relates specifically to The Whittington Hospital NHS Trust, as its predominant focus is on 2010-11, prior to the formation of the ICO. Future annual reports will reflect the achievements and progress of Whittington Health.

The Whittington Hospital's vision is 'best health, best care'. In order to achieve this we strive to deliver safe, high quality, patient focussed clinical care, in a caring environment. In 2010/11 The Whittington Hospital has continued to provide high quality and ever improving services to our local population. This is down to the dedicated hard work of all our staff to whom I pay tribute.

At The Whittington, we believe that the three critical success factors to our longevity and high quality care are effective care, safe patient care and a positive patient experience, and under each of these categories we have set ourselves key aims, which help support these.

The Trust recognises that we are living in a changing health care climate, and as with all NHS Trusts, we have faced, and will continue to face, challenges, particularly financial, which make it all the more important to keep safe, high quality patient care as our focus, and to ensure that savings are made by driving up efficiency and cutting waste, rather than by impacting on patient experience or outcomes.

Our achievements and more are in the report which I hope you enjoy reading.

Joe Liddane (Chair)

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## WHITTINGTON HOSPITAL LOCATION

The Whittington is situated north of the famous Holloway Road on Magdala Avenue and within walking distance of Highgate Village. It is accessible on the Northern line and has a number of 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.

### 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

## URGENT CARE CENTRE

Our work throughout the year to open an Urgent Care Centre at the Whittington Hospital has come to fruition from the end of March 2011. This supports the delivery of safe and high quality care, since patients with primary care-related conditions who come to the hospital can be seen by experienced GPs without needing to enter the Emergency Department (ED). This frees up ED resources to treat patients with more severe illnesses.

The service is open daily, 8 am to 10 pm and is made up of local GPs and nurses who provide urgent care for people living in Islington and West Haringey, or those visiting the area. The Urgent Care Centre works as part of a fully functioning, 24 hour, seven day a week, emergency department.

The Urgent Care Centre is part of the integrated care

organisation and provides excellent opportunities to improve and extend services to local people and deals with cuts and bruises, simple fractures and other minor injuries plus support for patients with long term conditions who feel unwell and need to see a doctor.

Dr Stephen Rogers from

Hornsey Rise and Dr Will Zermansky of Highgate Group Practice are pictured with Whittington Health medical director Celia Ingham Clark on the first day.



## ONCOLOGY TEAM WINS NATIONAL AWARD

The Whittington's Oncology team, led by consultant Pauline Leonard, won this year's Oncology team of the year award, at The British Oncological Association Excellence in Oncology awards.

The awards took place on Tuesday 9 November 2010 in St George's Hall, Liverpool during the National Cancer Research Institute conference. We are delighted that the oncology team have been recognised for their ongoing hard work, which this year has seen a piloted model of altered cancer care that could save 2,700 bed days

(patients spending an entire day in bed) a year in a four hundred bed hospital. It works by enabling the acute care and emergency department clinicians to access the oncology specialist electronically and as easily as ordering a blood test or chest X-ray, which speeds up the treatment of diagnosed and undiagnosed cancer patients, instead of having to wait for specific appointments with these specialist staff.

The Excellence in Oncology awards recognise and reward best practice in oncology

management, education and patient care throughout the UK. A collaboration of the British Oncological Association (BOA) and Pfizer, the Awards are now in their fifth year.



## FORMER DIRECTOR OF PHARMACEUTICAL SERVICES RECEIVES MBE



As part of the Queen's birthday honours in 2010, John Farrell received an MBE for his services to healthcare. John was the director of pharmaceutical services at The Whittington Hospital NHS Trust and the Royal Free NHS Trust, and the clinical lead for pharmacy at University College London Hospitals (he has since retired).

John was born at The Whittington and even spent a year in the hospital as an inpatient when he was four years old. He worked at The Whittington from 1982 until he retired in November 2011. He was a founder of The Whittington Hospital Runners club, a running group that raised over £100,000 for Whittington charities.

## THE WHITTINGTON BIRTH CENTRE CELEBRATES FIRST BIRTHDAY



On Tuesday 8 June 2010 The Whittington's state of the art birthing centre celebrated its first birthday. Having been a central focus of the hospital in the last year, including coverage on BBC radio and BBC London news this

year has also seen The Whittington receive the highest number of positive ratings for care of pregnant women from an Islington primary care trust survey, with one hundred per cent of mothers surveyed stating the treatment they received as excellent.

To mark this special occasion staff held a celebratory breakfast at the birthing centre.

In its first year 640 babies were born in the birth centre – 15 per

cent of the total number of Whittington births – whilst also providing initial care to 280 more women, before they transferred to other delivery wards.

Consultant midwife Maggie Thomson said "We are delighted to present these figures and have received many letters of thanks from women and their families as they reflect on the positive experiences on the birth centre. We believe that the birth centre is a supportive environment for the transition to motherhood and look forward to continuing to provide this service for our local community".

## INTEGRATED CARE ORGANISATION

During 2010 – 2011 much of our focus has been on moving towards becoming an Integrated Care Organisation, and on 1 April 2011 this became a reality. Our integration with Haringey and

Islington's Community Health Services, and with Haringey Children's Service, enable us to deliver improved care, as the former delays, barriers and hand offs caused by the need to make

separate arrangements for patients when they move between hospital and community settings, will be eliminated.

## THE ENVIRONMENT

Environment and green policies are at the heart of every business, government, household and public sector organisation globally. As medicine and technology is advancing, it must be tempered with responsibility

and consideration for the environment.

The Whittington works hard to reduce its carbon footprint. We have maintained our recycling rate and have brought in policies to improve our carbon reduction

practices such as regulating the heating within the hospital to reduce unnecessary heat usage. The carbon reduction strategy group continues to meet to discuss ways to reduce carbon usage.

# FUNDRAISING

## CARE OF OLDER PEOPLE APPEAL 2010-2011

Between 2009 and 2010, the Care of Older People raised the £100,000 income it needed to cater for new equipment for the Jeffrey Kelson Unit for elderly in-patients on sixth floor. The wards have been equipped with new chairs, sofas, wheelchairs, entertainment resources in the side rooms and day rooms, items of medical equipment and dementia care tools. Even though the economic climate has made the year a difficult one for the charity sector, and we have noticed a dip in donations from Trusts and Foundations; without the help of our local community, the appeal target would have been much harder to meet.

Over the year, the fundraising team have organised and hosted events for the community to attend and lend their support. The London Marathon in 2010 saw six Whittington Runners raise over £11,000, whilst the 10k Run and our home-grown Highgate 5k Run brought in £8,400 for the appeal. Smaller events such as attending the annual Highgate Fair in the Square with a Whittington merchandise stall and hosting karaoke nights, Easter raffles and the auction of the World Cup flags always help to raise our profile and bring in funds.

A special thanks goes out to both Maureen Lipman, who kindly organised a fundraising evening at Highgate School in September 2010 that raised over £4,500 and to Lesley Garrett, who was our star



performer in the wonderful Christmas Concert fundraiser we held at Kings Place which raised £13,000 after all expenses.

This Christmas Concert helped to launch the Day Hospital project, which is what the Care of Older People appeal has evolved into. Fundraising efforts are focussed on raising money to move and expand the Day Hospital, which currently consists of two small rooms on the sixth floor of the hospital but it is intended that it will move to a larger area on the ground floor, near the hospital car park for ease of access. The move to an expanded space will also address the pressing need to cater for the rising number of

referrals the hospital is receiving from an ageing population.

In order to afford the purchase of necessary new medical equipment and for waiting rooms and clinic areas to be comfortably furnished, the Day Hospital project estimates fundraising at £80,000.

In April, our seven London Marathon 2011 runners raised £13,000 for the Day Hospital project and we have many more events planned for the continuing year.



## OASIS SENSORY GARDEN PROJECT

In partnership with Groundwork London, Charitable Funds has been working to secure the funding to cover the £102,000 needed to dig up, resurface, landscape design, plant and build on the disused tennis court site. So far, thanks to a mix of individual donors, grant-makers and our charitable funds, we have managed to raise £70,000

and we are awaiting the results of a bid to cover the shortfall.

The Woodland Tree Grant Scheme, Clothworkers' Foundation, St Modwen's Charitable Fund and the Whittington Chest Fund have all pledged funds towards the garden, whilst Harry Cohen's Hellepont Swim sponsorship; the Royal Northern Squash Club

contribution and a donation from in-patient Mrs Bernstein are all much appreciated and have assisted to getting closer to the target figure.

We expect to have a clearer idea on a work schedule once further funding is achieved in the next few months.

## IFOR CHILDREN'S WARD TV APPEAL

Feedback from patients, families and staff on our Ifor children's ward has always pointed to the lack of entertainment resources on the children's ward. So, in late summer 2010 it was decided by staff and patients to launch a TV appeal to kit out the ward and the side rooms with 16 new hospital grade TVs that are HDTV, DVD and gamestation enabled.

Many individual fundraisers and organisations have been crucial in raising money towards the target of £24,000. They are: Oliver John and his company KBC Financial Products UK Ltd, Council of Irish Counties, Brett Afshar, Jacqueline Brown, Daisy Owosu, Phyllis Niemczyk, Coldfall Primary School and Waitrose towards the appeal.

Around December 2010, even with all our supporters' efforts, we were still around £16,000 short for the appeal and it was looking like it was going to be a long haul to meet the fundraising target. However, hospital contractors HPM Contracts Ltd. heard that we were trying to fundraise for the children's ward and they agreed to drop the labour charges, negotiate the equipment prices direct with the hospital TV retailers and to fund any shortfall in order to get the TVs up on the walls by the ward's refurbishment

plan in summer 2011. We are very grateful for the pledge made by HPM Contracts Ltd. However, at the time of writing, the planned refurbishment of the children's ward has been stalled, which means that the TVs will have to wait a while before they are put up on the wards. We look

forward to bringing news that they have been installed by the next annual report.

### THE WHITTINGTON GIFT COLLECTION

Why not support the Whittington by purchasing an item from our high quality gift collection, some of which is pictured below.  
All proceeds go towards supporting our invaluable work. Available at our regular stalls at the hospital entrance or via our  
online shop at [www.whittington.nhs.uk/online-shop](http://www.whittington.nhs.uk/online-shop)

 <p>Carrier bag tidy: £5.00</p>	 <p>Cat amongst the pigeons mug: £10.00</p>	 <p>Copper etching: £180.00</p>
 <p>Tote bag: £4.00</p>	 <p>Royal Northern Hospital history book: £5.00</p>	 <p>Hairbrush: £3.00</p>
 <p>Tea towel: £3.50</p>	 <p>Fob watch: £10.00</p>	 <p>Trolley token: £2.00</p>

For full details and ordering information please visit our online shop at:  
[www.whittington.nhs.uk/online-shop](http://www.whittington.nhs.uk/online-shop)



## GENERAL CHARITABLE FUND UPDATE

With difficult times having hit the Charitable Funds and the wider voluntary sector, the fundraising team is looking at other ways of raising income outside of current fundraising activities. This year, a legacy programme has been launched which details how supporters can leave a gift in their Will to The Whittington Hospital. The team is also looking at ways to encourage

hospital suppliers to donate, whilst also mobilising the hospital's medical students, new doctors and ward managers to get involved in fundraising events and activities. The fundraising team is looking to re-establish the charitable funds committee, comprising several prominent hospital figures to lead from the front.

## THE STRUCTURE OF THE WHITTINGTON HOSPITAL CHARITABLE FUNDS

The Board of the Whittington Hospital NHS Trust as corporate trustee of the charitable funds is accountable to the Charity Commission. Following the transfer of services from the Royal Northern Hospital, the

main consolidated hospital funds were formally established by model declaration of trust in 1996, for any charitable purposes relating to the Trust. 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.

## INCOME AND EXPENDITURE: OVERVIEW OF THE 2010/11 YEAR

### Income

In total, incoming resources were £198,000 in 2010/11 (£150,000 lower than in 2009/10). This reduction is mainly due to a reduced level of charitable trading activity in the Postgraduate Centre, compared to previous years and generally lower donations coming in.

The current appeal for the Care of Older People Unit has raised £160,000 over the last two years. Its original £100,000 target has now been met, though the appeal continues to fundraise in order to prepare for the expected move of the Day Hospital for elderly patients.

Other departmental funds have been active in fundraising during the year, notably the Neonatal Intensive Fund which received a donation of £26,000 during 2010/11. Colposcopy Fund received a donation of £25,000.

### Expenditure

Expenditure on charitable activities and income-generating activities was £214,000 (compared to £591,000 in 2009/10). The major items of charitable expenditure this year have been medical equipment for the Neonatal Unit such as infant resuscitation units, and furniture and recreation facilities for the Care of Older People Unit.

Governance costs were £42,000 (down from £58,000 in 2009/10).

### Investments

Over the course of the year, the value of the charity's stocks and equities investments portfolio rose by £31,000, whilst £27,000 cash has been withdrawn from the investment holdings during the year, to meet cash flow requirements. Therefore, the net value of the portfolio at March 2011 is broadly the same as at the end of March 2010.

### Market Value of Investments

At 31 March 2011 the fund balance totalled £696,000, at the market value of investments. Of this, £140,000 was the balance of the Postgraduate Funds and £556,000 was the balance of the Hospital Funds.



## SUMMARY ACCOUNTS

	2010/11	2010/11	2010/11	2009/10
	£'000	£'000	£'000	£000
<u>Statement of Financial Activities</u>	Hospital	Postgrad	Total	Total
Charitable donations	125	1	126	249
Income from activities	29	26	55	77
Investment income	17	1	18	22
<b>Total incoming resources</b>	<b>171</b>	<b>28</b>	<b>199</b>	<b>348</b>
Charitable Expenditure	114	1	115	438
Costs of generating income	79	20	99	153
Governance costs	37	5	42	58
<b>Total resources expended</b>	<b>230</b>	<b>26</b>	<b>256</b>	<b>649</b>
<b>Net incoming (outgoing) resources (59)</b>		<b>2</b>	<b>(57)</b>	<b>(301)</b>
Gain/(Loss) on revaluation of investments	30	1	31	129
Fund balance brought forward	657	144	801	971
<b>Fund balance carried forward</b>	<b>628</b>	<b>147</b>	<b>775</b>	<b>801</b>
<u>Balance Sheet</u>	<b>31.3.11</b>	<b>31.3.10</b>		
	<b>£'000</b>	<b>£'000</b>		
Fixed Assets : investments	696	696		
Debtors	121	110		
Stock	4	5		
Cash	83	101		
Creditors	(129)	(111)		
Net current assets	79	105		
<b>Net assets</b>	<b>775</b>	<b>801</b>		
<b>Fund Balances</b>	<b>775</b>	<b>801</b>		

# PATIENT EXPERIENCE

## PATIENT INFORMATION LEAFLETS



Over the past year a significant amount of work has continued on an already extensive portfolio of patient information leaflets. A designated email and intranet page has been developed for staff to access patients leaflets with the continuation on a lengthy review on all information to ensure it is up to date.

A public web page has also been developed for patients

who may wish to find information about a pending operation or ongoing procedure.

In our bid to always capture our patient's opinions an online survey is available on the internet page for patients to give feed back and comments on the readability of these leaflets.

Alongside the continuing development of the Whittington Health's patient leaflets is the

new work on providing accessible information for patient with learning disabilities or dementia with the introduction of communications books available to staff.



Whittington Health serves a considerable and diverse population of ethnic communities, ranging from Turkish to Somali, both at the hospital site but now also within the community. Over the period of 1 April 2010 to 1 April 2011, the interpreting services received 5,524 requests for an interpreter, all of which were hospital based; of those requests 1,801 were Turkish, and 749 for Somali and 186 BSL. During the period of 1 April 2011 to 30 April 2011 where we include the community based

services, (Haringey only) was 299 in a single month.

We are one of the very few hospitals who still promote face to face interpreters, steering away from the less personable use of telephones. We have been told that often people choose our services because of this reason as they feel they are treated with more respect and with greater dignity than a telephone interpret.

Our sessional interpreter pool, has risen with the newly formed Whittington Health from

approximately 45 interpreters to a staggering 90 plus, all available to support patients during their appointments.

## OUR PATIENTS

### Care of patients with a Learning Disability

Patients who have a learning disability often need reasonable adjustments to be made to enable their care in an acute trust to be safe and a positive experience. It can be very distressing for them if not handled well, and several reports have shown that some patients experience poor standards of care just because of their learning disability, leading to serious avoidable harm, and even death. The recent Ombudsman's Report entitled "Six lives: the provision of services to people with learning disabilities" provides a summary of their investigation reports into six cases where patients with a Learning Disability died whilst in NHS or local authority care.

The report recommended that all organisations review the systems they have in place to meet the needs of people with a learning disability that use their services. This review was carried out over summer 2010, and was led by

the nurse Consultant in learning disabilities from NHS Haringey.

### Work in progress

As part of our work to improve the care of this group of patients at The Whittington, a strategy was developed and an awareness launch held. Following this, a set of standards was developed based on our own strategy, plus the national must dos, including "Six Lives".

The standards set out how we will raise awareness and train staff about the needs of these patients, particularly around better communication and making reasonable adjustments.

We have been working closely with colleagues in NHS Haringey's learning disability team for some time, who have kindly provided advice and support, and in November 2010, we were delighted that in addition an acute trust learning disabilities nursing post was established for the Whittington Hospital. The post holder provides expert advice for

individual patients and carers, and also provides training and support to our staff.

### Next steps

The foundations are now in place and awareness has begun to be raised, but there is still some way to go to ensure that all our staff, including administrative and facilities staff, understand the reasonable adjustments that must be made to ensure that this group of patients are not disadvantaged and that their care is safe. We will continue to work in partnership with our learning disability colleagues to improve this important area.



## VOLUNTEERS

Our volunteers come from a variety of social backgrounds, cultures, races and vary in age from 16 to 85. We have 140 current volunteers who give hundred of hours every week to support patients and our services. We have been pioneers in developing our community gain paid work and supported many to work at the hospital through fast tracking and providing access and training in the NHS.

Volunteers do so for many reasons, they offer their time and life experiences because they believe in the hospital and the NHS, the long standing relationship between the NHS and volunteers. There is an increasing interest from students requiring voluntary work, particularly those who are considering medicine as a career and wish to gain experience within a hospital environment.

Volunteers represent to the local community and some wider field and participate in various roles, from ward volunteers to guides, tea trolley to library, green champions to fundraiser's. Roles currently under development are:

- Confectionary trolley (ward based)
- Guide tours
- TV loaning service
- OPD patient helpers
- Patient experience and feedback volunteers



## EQUALITY AND DIVERSITY

The Whittington Hospital has had, for the past three years, a single equality scheme (SES) in place.

The main aims of our SES are to:

- ensure that consideration of equalities issues are at the mainstream of thinking and day-to-day practice across the trust
- reduce health inequalities and improve health outcomes for patients
- meet the current legal

requirements concerning race, disability, age and gender

- ensure that trust policies and practices do not discriminate
- challenge discrimination against people who work here or use our services
- ensure equal access to services and work to enhance and improve service user choice and control
- provide a coordinated approach to meeting the requirements of forthcoming legislation on: religion/belief and sexual

orientation

- raise staff awareness and understanding of these issues.

The hospital is now working towards meeting its requirements under the Equality Act 2010. This will include the production of a new SES – and new goals and actions

## PATIENTS AND THE PUBLIC

It is vital that we see patients as partners and listen to and act upon what they tell us about the services we provide. We do this in a number of ways. Firstly we use information gained from participating in national surveys. An example of this is the outpatient survey, which told us that we don't always provide patients with a good experience in this area. As a result we have set up an outpatient improvement programme, with key, measurable objectives. These are reported to our Patient Experience Steering Committee, which was established in September 2010 and is chaired by the Trust's chairman, so there is "ward to board" information on progress. As national surveys like these are only undertaken annually, however, we need to have much more frequent feedback from our patients. This is why we use feedback kiosks in key areas, such as outpatients and the Emergency Department, and hand held patient experience tracking devices on all the wards. They include five key questions and a comments field. This feedback is shared with the relevant staff and also presented and discussed at the Patient Experience Committee, so that

we can monitor our progress in key areas, e.g. the cleanliness of the area, being involved in your care and having confidence in the nurses treating you.

Feedback from complaints is also used to help us focus on areas where we need to improve. During 2010-11 we have improved how we present complaints reports so that we can see which areas of the hospital are being complained about and what types of subjects. For example lack of information is a common area of concern. We have therefore rethought our approach to this, and have almost completed a review of all written patient information to ensure it is up to date, accurate, written in plain English and readily available. Where patient feedback told us there was particular information need, for example around MRSA and discharge, we have developed specific information to address this. In addition, a recent publication of the Risk Management newsletter 'CAT'S EYES' highlighted the importance of doctors and nurses writing legibly in patient notes ensuring that they are immediately identifiable. Pharmacy staff are now expected to follow this up,

reporting any illegible handwriting.

Furthermore, following a number of complaints about a particular clinical ward, we have assigned a Matron to the area with an emphasis upon improved leadership. No further complaints have been received about that ward subsequently, over the most recent eight month period.

As well as patients, we also seek views from the public, particularly our governors. They provide us with a user perspective from our local population, and actively participate in a number of key forums, including Trust Board, Clinical Governance Committee and Patient Experience Committee.

# PARTNERSHIP WORKING

It is vital that we work in partnership with other organisations, patients and our staff, so that good practice is shared, and feedback is listened to and acted on so that we improve.

In view of the work to create Whittington Health, we have obviously worked very closely with our colleagues in both NHS Haringey and Islington Community Services.

We have, however, also continued to work collaboratively with colleagues in other hospitals.

We are an associate member of UCL Partners, a group of trusts in north central London, which is dedicated to achieving better health for our population. Its aim is to harness the best of academic medicine, high class education and clinical practice to deliver significant health improvement. Examples of work undertaken are: developing a new approach to providing an integrated, improved quality cancer service; providing patients with long term conditions with more information, choice and control, so that they have a better experience and reduced hospital visits and developing a set of outcome measures to ensure patient pathways focus on what matters to patients.

Within the UCLP Quality Forum the Whittington is working with the other partner organisations on two quality priorities:

- 1) better prevention and management of deterioration of inpatients
- 2) more timely inter-hospital transfers, where required, to reduce delays for patients

The Whittington Hospital's clinical governance lead works closely with her counterpart at North Middlesex University Hospital Trust to share approaches to ensuring compliance with key patient safety and quality standards, so that best practice is shared across the trusts.

The clinical governance lead from the Whittington Hospital and Islington Community Health Service are both part of a new Governance and Patient Safety Network, where best practice is shared between a number of trusts in the sector.

We also work closely with our partners in local authority social services. A key area where joint work is essential is in adult and children's safeguarding. Islington Social Services have a base at the Whittington Hospital site, making access to advice and support easy and speedy. We also work with the individual patient's borough social services to arrange patient discharges, particularly in complex cases,

where support packages in the community are required.



## COMMUNITY SERVICES

Haringey and Islington Community Health Services aim to provide high quality services for the population we serve, ensuring we use tax payer's money wisely.

We also focus on innovation and improvement of services through working together and listening to patient and carers. We wish to improve outcomes for the

population and intend to do this through working with partners in the delivery of services to patients. As of 1 April 2011 we have merged with the Whittington Hospital NHS Trust to form Whittington Health.

# OUR STAFF

Our staff let us know about the quality of the services we provide, particularly if we get, or could get something wrong that would impact on patient safety. During the last year we have rolled out a new incident reporting system that enables staff to let us know about cases where some aspect of care has gone wrong, or had the potential to go wrong. This is done on line so that our Risk Management Team know about the incident as soon as it is logged, thus enabling appropriate action to be taken. As with complaints, this allows us to identify which areas of the hospital and what types of things we need to improve.

For over a year our executive team and other members of the Trust Board including LINK representatives have been carrying out Patient Safety Walkabouts. These involve visiting various wards and departments to ask staff and patients directly for their views on what can be done to improve patient safety. Resulting action plans are monitored by the Executive Committee.

We have also developed a “discharge alert” process, so that if the hospital sends someone home that staff in the community are concerned about, they can easily alert us, so we can investigate and address the issues raised.

We also have a whistle blowing policy so that if a staff member has a concern, they can safely report it without fear of come back.

## NATIONAL STAFF SURVEY

On the overall indicator of staff engagement, the Whittington Hospital was in the best 20 per cent of all trusts of a similar type and for the question on staff recommending the trust as a place to work and for staff satisfaction; we were also in the best 20 per cent.

## EDUCATION AND TRAINING

The Whittington has a strong tradition of excellence in education and training and as a major London teaching hospital has supported the training of several hundred students from across all the clinical professions. In February 2011, the Nursing and Midwifery Council conducted their annual monitoring visit of the hospital, other local trusts and Middlesex University. This visit was extremely successful and the University and Trust partners received an overall grade of good – the highest possible rating.

As well as clinical education, the Trust provides training opportunities for all members of staff. Of particular note this year, the hospital was successful in securing funds alongside the Royal National Orthopaedic Hospital to create and deliver a coaching skills programme for supervisors, managers and staff side representatives.



# PERFORMANCE

## WHITTINGTON HOSPITAL PERFORMANCE AGAINST KEY GOALS

The Trust Board receives a monthly report (the “Dashboard”) on all performance indicators. This report is part of the Trust Board papers and is published on the Trust’s website.

Goal	Standard/benchmark	Whittington performance
18 week waits for admitted patients to treatment, as of Jan 2011	90%	90%
18 week waits for non –admitted patients to treatment, as of Jan 2011	95%	98%
Outpatient follow up ratio	2.09	2.31 (action plan in place)
Operations cancelled for non-clinical reasons	0.8%	0.42% and all patients offered another date within 28 days
Waits for diagnostic tests	<6 weeks	99.9%
Day surgery rate	Audit Commission benchmark	76% (best quartile)
OPD DNA rate for new patients	-	11.5% (recent improvement)
OPD DNA rate for follow up patients	-	16% (no recent change)
Hospital cancellations of OPD appointments	Local target 9.5%	14% (action plan in progress to address this)
Average LOS for all acute specialities	-	6.6 days (unchanged over last two years)
Staff sickness absence rate	Local target: 4.2%	2.7% (recent improvement) Total days lost - 24,115; Total staff years - 2,298; Average working days lost -10.
Ward cleanliness score	95%	95%
<b>Cancer waits (all data April 2010 – Jan 2011)</b>		
Urgent referral to first visit	Standard is 14 days, local benchmark is 93%	93.8%
Diagnosis to first treatment	Standard is 31 days, local benchmark is 96%	99.2%
Urgent referral to first treatment	Standard is 62 days, local benchmark is 85%	85.5%
<b>Rapid access chest pain clinic (RACPC)</b>		
Wait from GP referral to RACPC	Standard is 14 days, benchmark is 98%	100%
<b>Maternity</b>		
Bookings below 12 weeks of pregnancy	90%	75% (we are working with primary care colleagues to improve this)
One to one midwife care in labour	-	97% of deliveries (second best in sector). Maternity inpatient survey rates us as best in sector.
Smoking in pregnancy at delivery	<17%	9%
Rate of breast feeding at birth (April – Dec 2010)	>78%	89%
Complaints		
New complaints	-	Average 28 per month and we aim to reduce this
Dissatisfied complainants	-	9% (ytd February 2011)

# TRUST BOARD

APRIL 2010 - MARCH 2011

## JOE LIDDANE

### **Chairman and Chairing 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.

## DR YI MIEN KOH

### **First Chief Executive for Whittington Health**

Dr Yi Mien Koh was appointed the first chief executive of Whittington Health and joined the organisation on Monday 28 March 2011 as The Whittington Hospital became an integrated care organisation merging with community health services from Islington and Haringey on Friday 1 April.

Yi Mien, a consultant in public health, was until recently chief executive of Hillingdon PCT.

Previously she held director level posts as programme director for clinical benchmarking, medical director and director of public health. She holds an MBA from the City University Business School and is a fellow of the Faculty of Public Health as well as the Chartered Institute of Personnel and Development.

In joining the organisation Dr Yi Mien Koh said she is looking forward to being part of the new Whittington Health organisation.

"I am delighted to be appointed the first chief executive of Whittington Health and look forward to working together with everyone to deliver an integrated care model to our local community that is the best in the world".

## ROB LARKMAN

### **Chief Executive until February 2011**

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.

## SIOBHAN HARRINGTON

### **Director of Primary Care**

Acting Chief Executive from February 2011 - March 2011

Acting Director of Nursing from January – June 2010

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

## 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.

## CELIA INGHAM CLARK

### Medical Director

Celia Ingham Clark has been Medical Director at the Whittington since 2004. She trained in Cambridge and London and became a consultant general surgeon at the Whittington in 1996. Prior to that she spent time as Director of Medical Education and as Clinical Director for surgery and women's and children's services. Since 2010 she has taken on an additional role as Responsible Officer for medical revalidation for the Whittington.

After the formation of Whittington Health in April 2011 Celia was confirmed as Executive Medical Director for the integrated care organisation.

## BRONAGH SCOTT

### Director of Nursing and Clinical Development from 1 June 2010

Bronagh Scott joined the Whittington as Director of Nursing and Clinical Development on 1 June 2010. She came from Belfast, Northern Ireland where she was Director of Nursing at the Northern Health and Social Care Trust where she provided leadership to 4,000 nurses, managed community services for older people and was joint lead with the medical director on HCAI.

## 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.

## 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 28 years. Philip is a chartered engineer.

## 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.

## NON – EXECUTIVE DIRECTORS

### ROBERT AITKEN

#### Non – Executive Director; Deputy Chairman from September 2010

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 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 until 31 October 2010**

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.

## ANNA MERRICK

**Non – Executive Director until May 2011**

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.

## EDWARD LORD

**Deputy Chairman until 31 August 2010**

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 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.

## 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 systems analyst with Marks & Spencer.

She is on the governing body of Elizabeth Garrett Anderson School and Hugh Myddleton School and a trustee of Clerkenwell Charities. She is a member of the Liberal Democratic Party, the advisory body of City University, the management committee of Islington Victim Support, London Drug Policy Forum, Crossrail High Level Forum and Islington Schools Forum.

# OPERATING & FINANCIAL REVIEW

## Operating and financial review

### Summary

2010/11 was a successful year for The Whittington: the Trust achieved a surplus against its financial target to deliver a surplus against the break-even duty, and met all access targets including the four-hour Emergency Department target, 18 weeks referral to treatment, and the cancer 14, 31 and 62 day referral to diagnosis to treatment targets. The Trust made significant progress in terms of reducing Hospital Acquired Infections and met all the infection control standards.

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 2010/2011 we captured 8,879 patient experience feedback surveys, and are the using the information to target improvements in key clinical areas.

At the end of 2010/11 the Whittington Hospital opened the GP Led Urgent Care Centre 2010/11 co-located with the Emergency Department. 2010/11 also saw the completion of the remaining ward upgrade and refurbishment programme, enabling the provision of compliant single-sex accommodation across the organisation.

The Trust opened the Women's Diagnostic Unit (WDU), which relocated the Gynae Assessment Unit (GAU) and the Early Pregnancy Diagnostic Unit (EPDU) together. This service is now consultant-led with dedicated sessions and provides a more walk-in based service.

The Fertility Service received an excellent outcome for the HFEA (Human Fertilisation and Embryology Authority) inspection and the licence has now been agreed for a further four years.

The Paediatric Haemoglobinopathy Service as part of the North Central London Haemoglobinopathy Network (joint with UCL Hospitals) received excellent reviews from the Peer Review of these services in March 2010.

In partnership with the West Haringey GP led collaborative, the Trust has developed services "closer to home" at the Hornsey Central Community Clinic. 2010/11 saw the introduction of joint GPSI/hospital consultant dermatology outpatient clinics as well as nurse-led diabetic clinics running alongside existing community clinics. At the start of 2011 consultant-led gynaecological outpatient clinics were also commenced and with the introduction of a hospital-run ultrasound service, both supporting outpatients and providing GP direct access, gynaecology clinics are being further developed with the introduction of fertility and one stop women's services.

### Financial performance

In 2010/11, The Whittington achieved a surplus of £508k, achieving its financial duty to break even during the year. This is the seventh successive year that the Trust has made a surplus.

From 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, 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 £7.9m, including work on modernising the boiler house (£1.2m) and the training and education centre (£0.9m), and creating the Urgent Care Centre (£0.5m) as mentioned above.

A review of the Whittington's buildings and land has resulted in impairment in the accounts of £2.2m. 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 Director of Finance 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.

## **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 increase across a number of areas within 2010/11, particularly emergency activity and maternity as indicated below.



Activity Type	Activity in 2010-2011	Growth in 2010-11
Emergency Department	84,351	2.1%
Emergency Inpatient Admissions	29,807	9.0%
OP referrals	76,314	(2.0%)
First Outpatient Attendances	65,418	1.7%
Follow up Outpatient Attendances	155,121	2.8%
Elective Inpatient Admissions	2,738	(3.9%)
Day Case Admissions	18,270	5.5%
Maternity Deliveries	4,019	2.1%

### Future developments

The Whittington plans to deliver a small surplus position in 2011/12, although this will be challenging as the national tariff (under which the Trust is paid for the majority of its patient activity) has been reduced with a further 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 £19.6m, although further savings will be sought to enable additional capital investment in Trust services. 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 and the more challenging financial environment that faces both the Trust and its commissioners.

*There are a number of new performance measures that will affect the Trust in 2011/12 – such as the reduction to income following re-admission within 30 days of discharge and new national targets on A&E waiting times – that will further improve the service that the Trust offers its patients.*

The Trust has now combined with Haringey and Islington Community Services to form Whittington Health from April 2011.

### 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 2010/11 was £186.3m, up 5.3 per cent on the previous year.

The income and expenditure statement shows a surplus before interest and dividends of £3.4m, with net interest payable of £2.6m and dividends payable of £2.9m, resulting in the retained deficit of £2.1m. The accounting charge for PFI (£459k) and the impact of impairments (£2.2m) are added back to the retained deficit figure to give a surplus against break-even duty of £508k.

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

<b>Breakeven Performance</b>	<b>2010/11</b>	<b>2009/10</b>	<b>2008/09</b>	<b>2007/08</b>	<b>2006/07</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Revenue	186,300	176,853	165,983	153,330	142,389
Operating expenses (including depreciation)	(182,907)	(176,262)	(160,445)	(148,634)	(137,480)
<b>Surplus before interest and dividends</b>	<b>3,393</b>	591	5,538	4,696	4,909
Other gains/(losses)	(82)	0	1	0	0
Net interest receivable/(payable)	(2,582)	(2,632)	215	302	291
Dividends payable	(2,888)	(3,156)	(3,816)	(3,577)	(3,215)
<b>Retained surplus/(deficit)</b>	<b>(2,159)</b>	(5,197)	1,938	1,421	1,985
Adjustment for impairments included in retained surplus/(deficit)	2,208	4,618	107	0	0
Adjustment for impact of IFRS accounting on PFI included in retained surplus/(deficit) above	459	718	0	0	0
<b>Position against statutory break-even duty</b>	<b>508</b>	139	2,045	1,421	1,985

### **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.

### **2010/11 performance**

	<b>NHS Payables Number</b>	<b>Non-NHS Payables Number</b>	<b>NHS Payables £'000</b>	<b>Non-NHS Payables £'000</b>
Total bills paid	5,816	49,858	13,447	48,604
Total paid within target	5,368	42,397	12,065	41,923

Percentage paid within target	92%	85%	90%	86%
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### 2009/10 performance

	<b>NHS Payables Number</b>	<b>Non-NHS Payables Number</b>	<b>NHS Payables £'000</b>	<b>Non-NHS Payables £'000</b>
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%

### 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 are 5 per cent.

	<b>2010/11 £'000</b>	<b>2009/10 £'000</b>
Salaries and wages	108,496	104,334
Social Security costs	8,354	7,959
Employer contributions to NHS Pension Scheme	10,821	10,199
Termination benefits	1,323	0
<b>Total staff costs</b>	<b>128,994</b>	<b>122,942</b>
Of which:		
<b>Management costs</b>	<b>9,294</b>	<b>8,645</b>
<b>Management costs as a percentage of income</b>	<b>5.0%</b>	<b>4.9%</b>

### Medical and professional education and training

In 2010/11 the Trust received education and training funding of £14.7m (£15.2m in 2009/10) from NHS London. Of this, £8.6m related to undergraduate medical teaching, with a further £5.1m 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 2010/11. 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 2011. The audit was conducted by the Audit Commission, the Trust's external auditors. Their audit fee of £128,879 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	Signed	Date
Richard Martin		Yi Min Koh	
Director of Finance		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 2011, which comprises 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 45 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.

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 2011. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (9 June 2011) and the date of this statement.

Andrea White  
Officer of the Audit Commission

First Floor  
Millbank Tower  
Millbank

London  
SW1P 4HQ

X July 2011

***Statement of Comprehensive Income for the Year Ended 31 March 2011***

	<b>2010/11</b>	<b>2009/10</b>
<b>Revenue</b>	<b>£'000</b>	<b>£'000</b>
Revenue from patient care activities	160,759	152,029

Other operating revenue	25,541	24,824
<b>Total revenue</b>	<b>186,300</b>	176,853
<b>Operating expenses (including depreciation)</b>	<b>(182,907)</b>	(176,262)
<b>Operating surplus</b>	<b>3,393</b>	591
Investment revenue	30	11
Other losses	(82)	0
Interest expense	(2,555)	(2,598)
Other finance costs	(57)	(45)
<b>Surplus/(deficit) for the financial year</b>	<b>729</b>	(2,041)
Public dividend capital dividends payable	(2,888)	(3,156)
<b>Retained deficit for the year</b>	<b>(2,159)</b>	(5,197)
<b>Value of IFRIC12 schemes included in retained deficit</b>	<b>459</b>	718
<b>Value of impairments included in retained deficit</b>	<b>2,208</b>	4,618
<b>NHS Financial Performance (break-even duty)</b>	<b>508</b>	139
<b>Capital cost absorption rate (target 3.5%)</b>	<b>3.5%</b>	3.5%
<b>Other comprehensive income</b>		
(Impairments) and reversals	477	(17,255)
Gains on revaluations	1,262	7,461
Receipt of donated assets	82	353
Transfers from donated asset reserve	(163)	(130)
<b>Total comprehensive income for the year</b>	<b>(501)</b>	(14,768)

***Statement of Financial Position as at 31 March 2011***

Description	31 March 2011	31 March 2010
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<b>Non-current assets</b>	<b>£'000</b>	<b>£'000</b>
Property, plant & equipment	132,685	132,801
Intangible fixed assets	1,008	1,186
Trade & other receivables	2,801	2,346
<b>Total non-current assets</b>	<b>136,494</b>	<b>136,333</b>
<b>Current assets</b>		
Inventories	1,064	1,122
Trade & other receivables	6,966	7,089
Cash & cash equivalents	3,199	1,146
<b>Total current assets</b>	<b>11,229</b>	<b>9,357</b>
<b>Current liabilities</b>		
Trade & other payables	(17,028)	(15,542)
Borrowings	(1,477)	(1,964)
Provisions	(3,633)	(1,424)
<b>Total current liabilities</b>	<b>(22,138)</b>	<b>(18,930)</b>
<b>Net current liabilities</b>	<b>(10,909)</b>	<b>(9,573)</b>
<b>Total assets less current liabilities</b>	<b>125,585</b>	<b>126,760</b>
<b>Non-current liabilities</b>		
Borrowings	(38,101)	(38,838)
Provisions	(1,937)	(1,946)
<b>Total assets employed</b>	<b>85,547</b>	<b>85,976</b>
<b>Taxpayers' equity</b>		
Public dividend capital	48,206	48,134
Retained earnings	8,867	10,658
Revaluation reserve	27,306	25,904
Donated asset reserve	1,168	1,280
<b>Total taxpayers' equity</b>	<b>85,547</b>	<b>85,976</b>

#### Statement of Changes in Taxpayers' Equity

Description	PDC	Retained Earnings	Revaluation	Donated Assets	Total
	£'000	£'000	£'000	£'000	£'000



Balance at 1 April 2009	48,084	16,233	35,267	1,110	100,694
Retained deficit		(5,197)			(5,197)
Transfers		(378)	378		0
Impairments			(17,202)	(53)	(17,255)
Net gain on revaluation of PPE			7,461		7,461
Receipt of donated assets				353	353
Transfers from donated assets				(130)	(130)
New PDC	50				50
<b>Balance at 31 March 2010</b>	<b>48,134</b>	<b>10,658</b>	<b>25,904</b>	<b>1,280</b>	<b>85,976</b>

Description	PDC	Retained Earnings	Revaluation	Donated Assets	Total
	£'000	£'000	£'000	£'000	£'000
Balance at 1 April 2010	48,134	10,658	25,904	1,280	85,976
Retained deficit		(2,159)			(2,159)
Transfers		359	(359)		0
(Impairments) and reversals			512	(35)	477
Net gain on revaluation of PPE			1,258	4	1,262
Receipt of donated assets				82	82
Transfers from donated assets				(163)	(163)
New PDC	72				72
<b>Balance at 31 March 2011</b>	<b>48,206</b>	<b>8,858</b>	<b>27,315</b>	<b>1,168</b>	<b>85,547</b>

**Statement of Cash Flows for the Year Ended 31 March 2011**

	2010/11	2009/10
	£'000	£'000
<b>Net cash inflow from operating activities</b>	<b>9,689</b>	<b>7,201</b>
<b>Cash flows from investing activities</b>		
Interest received	30	13
Payments for property, plant & equipment	(6,263)	(6,969)
Proceeds from disposal of property, plant & equipment	33	0
Payments for intangible fixed assets	(114)	(369)
<b>Net cash outflow from investing activities</b>	<b>(6,314)</b>	<b>(7,325)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	72	50
Loans received from DH	496	0

Other loans received	126	0
Loans repaid to DH	(24)	0
Other loans repaid	(16)	0
Capital element of finance leases and PFI	(1,976)	(1,810)
<b>Net cash outflow from financing</b>	<b>(1,322)</b>	<b>(1,760)</b>
<b>Net increase/(decrease) in cash &amp; cash equivalents</b>	<b>2,053</b>	<b>(1,884)</b>
<b>Cash at the beginning of the financial year</b>	<b>1,146</b>	<b>3,030</b>
<b>Cash at the end of the financial year</b>	<b>3,199</b>	<b>1,146</b>

### Remuneration report

Salary and pension entitlements of senior managers, who held office during the year ended 31 March 2011, are detailed below.

<b>Name and title</b>	<b>2010/11</b>	<b>2009/10</b>
	<b>Salary as director (bands of £5,000)</b>	Salary as director (bands of £5,000)
<b>Non-executives</b>		
Mr Joe Liddane <i>Chairman</i>	20-25	20-25
Mr Robert Aitken <i>Non-Executive Director</i>	5-10	5-10
Professor Jane Dacre <i>Non-Executive Director</i>	5-10	5-10
Miss Maria Duggan <i>Non-Executive Director until October 2010</i>	0-5	5-10
Mr Edward Lord <i>Non-Executive Director until September 2010</i>	0-5	5-10
Ms Anna Merrick <i>Non-Executive Director</i>	5-10	5-10
Miss Marisha Ray <i>Specialist Advisor from October 2009</i>	5-10	0-5
<b>Executives</b>		
Mr David Sloman <i>Chief Executive to August 2009</i>	0	60-65
Mr Rob Larkman <i>Chief Executive from September 2009 until February 2011</i>	145-150	75-80
Dr Yi Min Koh <i>Chief Executive from March 2011</i>	0-5	0
Ms Siobhan Harrington <i>Director of Primary Care, Acting Director of Nursing until June 2010 &amp; Acting Chief Executive from February – March 2011</i>	90-95	85-90
Mr Matthew Boazman	10-15	0

<i>Acting Director of Operations from February 2011</i>		
Mrs Margaret Boltwood <i>Director of HR</i>	75-80	75-80
Mr Philip Ient <i>Director of Facilities</i>	75-80	75-80
Mrs Celia Ingham Clark <i>Medical Director</i>	60-65	80-85
Mr Richard Martin <i>Director of Finance</i>	95-100	95-100
Miss Bronagh Scott <i>Director of Nursing from June 2010</i>	70-75	0
Mrs Kate Slemeck <i>Director of Operations until February 2011</i>	70-75	80-85
Mrs Fiona Smith <i>Director of Planning and Performance</i>	75-80	70-75
Mrs Deborah Wheeler <i>Director of Nursing until January 2010</i>	0	60-65

### Notes

The salary figures above represent the 2010/11 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 work for the Whittington was £92,870, after accounting for part-time secondments to other NHS organisations, one of which began in November 2010. The full year effect of this secondment in 2010 reduces 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 accrued pension at age 60 at 31 March 2011 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2011 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Mr David Sloman	0	0	0	0	0	938	0	0
Mr Rob Larkman	0-2.5	5-7.5	25-30	85-90	574	574	0	0
Dr Yi Min Koh	0-2.5	0-2.5	35-40	105-110	535	554	0	0

Ms Siobhan Harrington	0-2.5	2.5-5	15-20	45-50	235	253	(18)	0
Mr Matthew Boazman	0-2.5	0-2.5	5-10	20-25	64	69	0	0
Mrs Margaret Boltwood	0-2.5	2.5-5	35-40	105-110	729	760	(31)	0
Mr Philip Ient	0-2.5	2.5-5	25-30	85-90	537	578	(41)	0
Mrs Celia Ingham Clark	0-2.5	5-7.5	50-55	160-165	975	1,040	(65)	0
Mr Richard Martin	0-2.5	2.5-5	35-40	110-115	609	662	(53)	0
Ms Bronagh Scott	0-2.5	0	0-5	0	12	0	9	0
Mrs Kate Slemeck	0-2.5	0-2.5	10-15	35-40	169	178	(9)	0
Mrs Fiona Smith	0-2.5	5-7.5	20-25	65-70	313	327	(14)	0
Mrs Deborah Wheeler	0	0	0	0	0	512	0	0

**Note:** In the budget of 22 June 2010, it was announced that the annual increase of public sector pensions would change from the Retail Prices Index to the Consumer Prices Index, with the change expected from April 2011. As a result, the Government Actuaries Department undertook a review of all transfers factors. The new CETV factors are lower than the previous ones, causing a real decrease in most of the CETVs in the table above.

The Trust's accounting policy in respect of pensions is described in Note 10 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. A CETV is a payment made by a pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The real increase in CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in the accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

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.

<b>Signed</b>	<b>Date</b>	<b>Signed</b>	<b>Date</b>
<b>Richard Martin</b>		<b>Yi Mien Koh</b>	
<b>Director of Finance</b>		<b>Chief Executive</b>	