


Whittington Health **Annual Review 2012**



Integrated
care and acute
medicine

Surgery,
diagnostics
and cancer
services

Women,
children and
families

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Introduction from the chief executive

Our first year as an integrated care organisation has been both challenging and rewarding. Whittington Health has managed to integrate three different ways of working across three different organisations into one organisational structure that cares for patients and service users from their front door to hospital if appropriate and in the community where necessary. Across hospital and community our culture is changing through popular initiatives such as 'role swap' where staff from the community and the hospital shadow each other for a day in their respective settings and a determination by our staff to stick to our values of building our services around people's needs.

We operate in a changing health care climate. We have and will continue to face challenges in common with other NHS organisations, particularly financial challenges. This makes 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.

Whittington Health works in partnership with the local community, local authorities, general practitioners, schools, patients and service users in order to achieve the following objectives:

- Developing integrated models of care.
- Ensuring an approach to care that supports the ethos of no decision about me without me.
- Efficient and effective services.
- Improving the health of local people.
- Changing the way we work.

Whittington Health also continues to push forward with the priorities identified in the quality account. This annual review should be read in conjunction with Whittington Health's quality account which describes our key achievements as well as highlighting areas for improvement with regards to the quality of the care we provide for our patients. Both reports combined form the Trust's annual report to the public.

Dr Yi Mien Koh
Chief Executive

objectives

Developing
integrated
models of care

Ensuring an approach
to care that supports
the ethos of no
decision about me
without me

Efficient and
effective services

Improving the health
of local people

Changing the
way we work

Welcome from the chairman

Welcome to Whittington Health's first annual report. I would like to thank all staff and the Trust Board for all they have done to contribute to a strong first year, completed in challenging circumstances. The health and social care bill was passed in late March 2012 and entails many changes for the NHS. Whittington Health operates in a new world, where resources are constrained while the public's expectations of what they want and need from their health service continue to rise. Squaring this circle will continue to be a major challenge for Whittington Health, as well as for the rest of the NHS.

The government requires that all NHS trusts in the UK achieve foundation trust status by 2014. We have recently embarked in earnest on our journey to become a foundation trust. We aim to achieve foundation trust status by August 2013. It is an exciting time for us as we are now a larger health organisation responsible for both acute and community care in Islington and Haringey. We have a busy programme of activities over the next two financial years that will help us to reach our goal and

achieve the demanding criteria needed to operate as an NHS foundation trust. Between November 2011 and February 2012, we consulted with the public, our patients, staff, service users, local residents, health service partners, local organisations and other stakeholders.

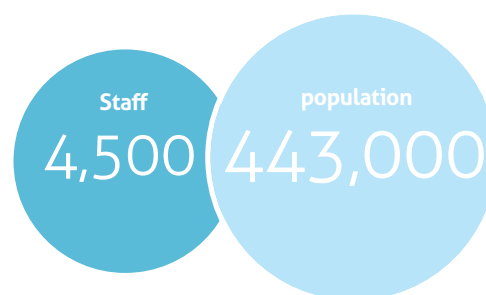
We contacted over 4,000 trust members and potential members for their views and we had an online public consultation page on our website which was accessible to all. Throughout this period we also held a 'road show' visiting various organisations, public spaces and events in order to consult as widely as possible and recruit further members. We received over 230 significantly positive consultation replies.

I would like to take this opportunity to thank our shadow governors, led by Ron Jacobs, for all they have done over the year including recruiting members and being involved in many of the Trust's committees; their contribution has been outstanding.

Joe Liddane
Chairman



Whittington Health



Whittington Health is an NHS organisation which looks after your health, both within a hospital setting and out in the community. Our hospital is situated in Archway, north London and our community sites are in both the boroughs of Islington and Haringey. Whittington Health offers a high quality service in caring, friendly and efficient surroundings.

The changing needs and preferences of our local population demand a different way of organising and delivering care. The recent joining of community services and acute care within one organisation provides a unique opportunity for Whittington Health to deliver integrated care that is centred on the outcomes that matter to patients and service users.

Now that we have brought hospital and community services together we will improve the quality of care we provide by working more closely together. We are now one team who delivers care to patients and service users not only on the acute hospital site but

also from a variety of other community venues and through visits to people's homes. Whittington Health has managed this organisational integration in a small amount of time which is a huge achievement for all staff involved.

At Whittington Health we employ 4,500 staff serving a population of 443,000 people to improve health services through innovative ways of working. It is our intention to improve the delivery of services to patients by providing a seamless care pathway.

Whittington Health has been organised into three divisions that work as one integrated team across hospital, community services and social care. Each division is led by a divisional medical director for clinical leadership and a director of operations for effective management who report to the chief operating officer.

Integrated care and acute medicine covers a wide range of hospital community and social care services for patients and service users with long term conditions, disabilities and conditions that are related to the aging process. These services are delivered at home, in the community and in the hospital setting, covering prevention, treatment, urgent and emergency care.

Surgery, diagnostics and cancer services provide diagnostic and surgical care that meets the needs of our local population for all the common conditions that includes cancer care, bariatric surgery and urgent surgical care where close links with general practice add value to the quality of patient care. This division provides innovative care that enhances patients' recovery and enables quick access to a more appropriate home environment with close links to community services such as rehabilitation. Community dentistry is also a key service in this division.

Women, children and families provide our community with a leading edge maternity service with a midwifery-led birthing centre, home births and medicalised births where appropriate with the support of a dedicated team of midwives and doctors that provide an excellent experience for women that enables them to choose the most appropriate place for their care. This division also provides multidisciplinary services across health and social care for children with disabilities and universal children services such as health visiting and school nursing.

Achievements

Integrated care and acute medicine

The integrated care and acute medicine division has looked at ways in which care can be delivered throughout the whole pathway of care offered by Whittington Health. The team ensure that service users are treated in the right place at the right time, with a clear focus on treating patients in the community as part of an integrated approach to care provision.

This has been achieved by:

- Introducing ambulatory care into the emergency department on 23 February 2012. This means that patients are assessed when they enter the emergency department to decide whether they can be treated in the comfort of their own home.
- Ensuring that a consultant is continually available seven days a week to service users in the emergency department.
- Ensuring that all patients admitted to the hospital leave with a discharge bundle of care which includes health promotion advice such as smoking cessation intervention.
- Enhancing our care in the community by extending the district nursing working hours and ensuring there is a named community nurse and matron for every GP practice in Haringey and Islington.

We have also had some accolades:

We achieved what is known as a CQUIN for our respiratory services. CQUIN stands for commissioning for quality and innovation, this rewards excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

The Haringey reablement team won an 'extra mile' award for the services they provide to the London Borough of Haringey. The team works very closely with hospitals and community teams to enable the timely discharge of patients, while supporting them to regain confidence and independence at home.

Whittington Health won a national Diabetes Quality in Care Award for Co-creating Health. The category, which recognised the best initiative for supporting self

care, was particularly praised for the way in which the scheme worked directly with patients to improve the quality of care.

Surgery, cancer and diagnostics

Over the course of the last year the division of surgery, cancer and diagnostics has worked hard to enhance the patient experience across Whittington Health. The team has maintained a high standard of care while ensuring that patients do not spend longer in hospital than they need to.

The division has achieved a number of targets throughout 2011-2012 including:

- A two-day reduction in the length of stay for patients who have had elective joint replacement surgery.
- A five-day reduction in the length of stay following neck of femur repair.
- We were awarded the CQUIN target to more than halve the rate of cardiac arrests on the wards in 2011-2012.

Women, children and families

The divisional management team for women, children and families has led a radical cultural change across the workforce of Whittington Health, with ambitious initiatives which model the goals and vision of the integrated care organisation. The division has engaged clinicians fully in the leadership of the transformation agenda and has appointed academic posts in paediatrics and ENT (ear, nose, and throat) which will support the delivery of care closer to home.

A number of outstanding successes have been achieved since the division formed last year which have been outlined below:

- **Excellent Ofsted and CQC report** for following the 'safeguarding and looked after children inspiration'. The report published in March 2012 showed a steady improvement in outcomes for children in Islington. Ofsted concluded that children's services in Islington are good, with some outstanding features. In particular, health services were judged to

CQUIN
for our
respiratory
services

Care
Award for
Co-creating
Health

Excellent
Ofsted and
CQC report

Safest
hospital in
the country

be good as part of an outstanding partnership between Whittington Health and Islington with leadership, ambition and capacity to improve. Earlier in the year The Whittington Hospital class had their Ofsted inspection and once again the service was awarded 'outstanding'.

- **Transformational change in paediatrics** has been achieved by recruiting 'hybrid' posts across acute and community paediatrics and through the engagement of all clinicians along with emerging clinical commissioning groups (CCGs) in the process of developing a single point of referral. This work will ensure that children and young people with additional needs get seen by the right person, in the right place, first time.
- **Integration of acute gynaecology with the community-based sexual health and GUM (Genito-Urinary Medicine) services**, including the development of a community gynaecology model in both boroughs with the support of local commissioners.
- **Full complement of named professionals for child protection** across Whittington Hospital and Islington and Haringey community teams. This is now a cohesive team supporting the wider workforce to keep children safe.

Safest hospital in the country

The Whittington is officially the safest hospital in the country. In October 2011 the NHS Information Centre published the new summary hospital-level mortality indicator (SHMI) for all non-specialist acute trusts and the Whittington scored 67, the lowest score. The indicator covers all deaths of patients admitted to hospital and those that occur up to 30 days after discharge from hospital, a new method employed by the Whittington in recent years. Whittington Health has also increased the direct involvement consultants have on their wards and has introduced a colour coding chart system so that nurses are immediately warned if any patient measurement reaches a dangerous level.

Partnership working

Whittington Health works in partnership with other organisations, patients and our staff to ensure that good practice is shared, and that feedback is listened to and acted upon so that we improve the services we offer. We work collaboratively with other local trusts and we are a member of UCL Partners, an academic health science centre which is dedicated to achieving better health for our population.

We also work closely with our partners in local authority social services, particularly where joint working is essential as with adult and children's safeguarding. Islington Social Services have a base on the Whittington Health site that makes access to advice and support easy and speedy. We also work with individual patients' borough social services to arrange patient discharges, particularly in complex cases where support packages in the community are required.

Our environment

Whittington Health is committed to reducing carbon emissions to meet or exceed the target set by the government for 2015 and has published a carbon reduction strategy to support delivery of this objective. This document is available on our website.

The Trust has also completed the mandatory return to the Sustainable Development Unit reporting on its carbon performance for 2011-2012 (see appendix I) and can also be found on our website.

The centrepiece of our carbon year was our Green Week where we engage with staff, patients, visitors and local communities to promote carbon reduction and sustainable working.

Green Week took place in March 2012 and was opened in the hospital's atrium by the chairman Joe Liddane and the deputy mayor of London Richard Barnes. The week-long event was aimed at raising awareness of climate change. The chairman and the deputy mayor addressed staff, colleagues, visitors and local school children.

The opening speeches focused on the need for all of us to reduce our carbon footprint. Richard Barnes then presented some of the local students with awards for creating fantastic artwork based on the Green Week slogan 'Change one small thing – one by one, ton by ton'.

The events and activities continued throughout the opening day, which were designed to highlight the impact of carbon on our planet, and what we can all do to reduce our emissions.

The director of estates and facilities Phil Ient raced Guy Dentith, assistant director of finance in a 'Rollapaluza' cycle competition cheered on by hundreds of spectators.

Students from St Joseph's School on Highgate Hill performed three wonderful 'green' songs including 'A beautiful world'. Later in the week we welcomed the Rowen Arts Project and students from Hargrave Park who used recycled materials to create wall hangings in the hospital.

An evening lecture was given by three leading 'carbon luminaries'; these were:

Professor Sir Andy Haines, Professor of Public Health and Primary Care, London School of Hygiene and Tropical Medicine. A member of the UN Intergovernmental Panel on Climate Change for the second and third assessment reports and is currently review editor for the health chapter of the forthcoming IPCC report.

Professor Chris Rapley, CBE, Professor of Climate Science, Department of Earth Sciences, UCL and previously Director of the Science Museum and Director of the British Antarctic Survey. In 2008 he was awarded the Edinburgh Science Medal.

David Pencheon, OBE. Co-founder and current Director of NHS Sustainable Development Unit. David received an Officer of the British Empire award for his services to Public Health and particularly for his current work on improving sustainability in the NHS

Fundraising

We've had a tough but interesting year of fundraising. Having joined with Islington and Haringey community services in April 2011, we are now in the process of promoting charitable funds in the community. Fundraising and spending for specific activities in the community now sit under the Whittington's charitable funds umbrella as one integrated organisation.

Deputy chairman Robert Aitken, the new chair of the charitable funds committee is keen to increase the charity's fundraising resources to seek and expand unrestricted funds over the coming year in order to get the charity to a stage where another major appeal is both affordable and possible. Therefore, a focus on raising general funds through trusts, foundations and events is the priority for the newly formed charitable funds committee.

Last appeal

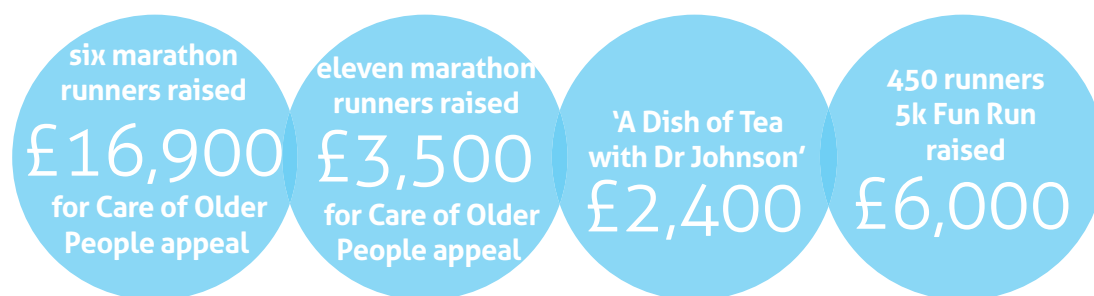
Between 2009 and December 2011 the charity was focused on raising money for the Care of Older People appeal, specifically on purchasing items for the three elderly care wards and to help manage conditions such as dementia and Alzheimer's disease.

In the spring of 2011 we had six marathon runners all raising money for the Care of Older People appeal, which brought in a massive £16,900 for the cause. This was followed up in summer by our eleven runners in the British 10k London Run who collectively raised £3,500 for the elderly care wards.

During the year we made good use of the hospital's large staff restaurant area: we had a summer food and drink event, inviting local food and drink producers to hold taster sessions for ticketed attendees and, later in the year, the local Rotarians hosted their now famous quiz, also in the N19 restaurant.

In September, we held our fifth Highgate 5k Fun Run which was sponsored and supported by our local Virgin Active gym in Holloway. It was a great day for a jog or walk around our Hampstead Heath route with actor Matthew Kelly opening proceedings. The 450 runners raised £6,000 in total which was much appreciated.

The Care of Older People appeal drew to a close at the end of 2011, and we celebrated the end with a marvellous theatre production based at Dr Johnson's house in central London. 'A Dish of Tea with Dr Johnson' was an intimate affair with only 50 seats possible in the small space but it was a tour de force performance and raised £2,400 for the appeal from tickets sales.



Other fundraising activities

To get our staff up and dancing for health, the fundraising department organised for a Zumba instructor to come in to take a class once a week. She generously donates £1.50 per person who comes to the class to the Whittington and this has brought in over £900. Everyone is invited to get fit and raise money.

The Fair in the Square in Highgate is an annual event and the Whittington has been involved in its organisation for five years. It's a great opportunity to promote Whittington Health's services and our foundation trust plans but we also do a booming trade on our merchandise. This year was no exception and we sold more than £450 in tea towels, cotton bags, key-rings, books and much more.

On the same note, our one day per week stall and our online presence has earned the charity over £4,000 this year. Additionally, we launched the range of merchandise in the pharmacy shop in early March which has already proved successful and added to our weekly merchandise income.

Garden project - the seeds for the idea of a sensory garden came out of a Kings Fund project workshop attended by Whittington staff Jason Whittaker, Caroline Denford, Camilla Wiley, James Ward, Elizabeth Whitehurst, Tracey Beedall and Suzanne Parrish. After many different designs, it was decided that Groundwork London, a green space charity, would be the best organisation to work with on landscaping and fundraising for the disused tennis court to be turned into a peaceful green oasis. After a period of fundraising for a year which was undertaken in partnership with Groundwork, works began on the garden in February 2012 and it opened in April 2012.

Ifor ward television appeal - the patients, parents and staff on Ifor ward needed some form of entertainment on the ward. Many children who are on Ifor children's ward stay for longer than a few days and it can be very boring for them. Therefore a mini-fundraising appeal was devised and launched and has been generously helped along by individual fundraisers such as Oliver John and his friends, and support from Waitrose in Holloway.

However, contracting firm HPM have pledged to match the funding we have raised so far to purchase all the TVs and equipment in addition to carrying out all the works on the wards when Ifor is finally refurbished. After two years of working on the project, and with a delay in the middle due to refurbishment works being postponed, we will be very excited to see this project complete in summer 2012.

Major donations over the year (over £1000):

Waldron Legacy - £100,000

Clothworkers Foundation - £15,000

Echo Trust - £5,000

Elise Pilkington Trust - £5,000

Alan Kent (deceased) - £5,000

Adele Nichol - £1,500

We were proud to name our critical care unit in the Kanitz critical care unit in memory of Andre Kanitz. Mrs Betty Kanitz invited her friends and family to the dedication and she has bequeathed a sum to the Whittington in her will.

Transfer of charitable funds from Camden PCT

On 20 July 2011 the Statutory Instrument was approved for the Whittington Charity to become Corporate Trustees for the charity funds of Haringey and Islington PCTs. Camden PCT were the Corporate Trustees for North Central London NHS Charitable Funds and as the provider arms of Haringey and Islington were to be transferred over to Whittington hospital it was agreed for the charities to be transferred as well. We received a total of 17 Funds, 10 restricted funds and seven unrestricted funds, the estimated total of the funds is £219,554. Transfer of this money is still yet to happen and final figures and the date for this to happen is still being worked on.

Income and Expenditure

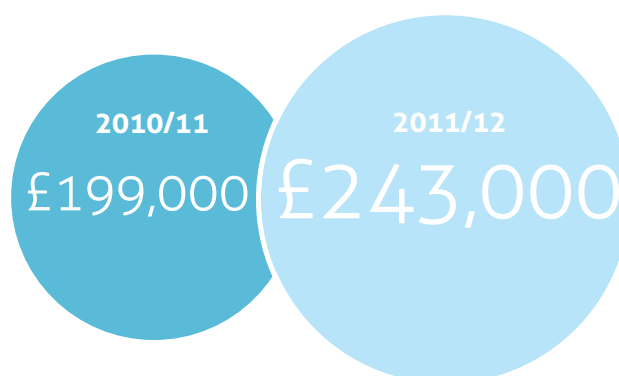
Charitable funds overview of the 2011-2012 year

Please note: The figures below do not take into account the expected monies from Camden PCT.

Income

In total, incoming resources were £243,000 in 2011-2012 (£44,000 higher than 2010-2011). This increase is mainly due to the £100,000 Legacy we received from John Waldron's Estate. Generally with the exception of this legacy donations have been lower than previous years.

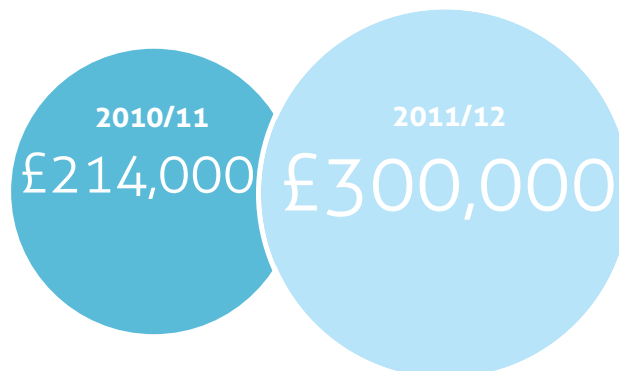
The appeal for the Care of Older People Unit which finished in December 2011 raised over £54,000 alone in 2011-2012. Its original £100,000 target was met by end of 2010-2011.



Expenditure

Expenditure on charitable activities and income-generating activities was £300,000 (compared to £214,000 in 2010-2011). The major items of charitable expenditure this year have been medical equipment for the neonatal unit such as infant resuscitation units along with starter kits and furniture and recreation facilities for the Care of the Older People unit.

Governance costs were £49,000 (up from £42,000 in 2010-2011).

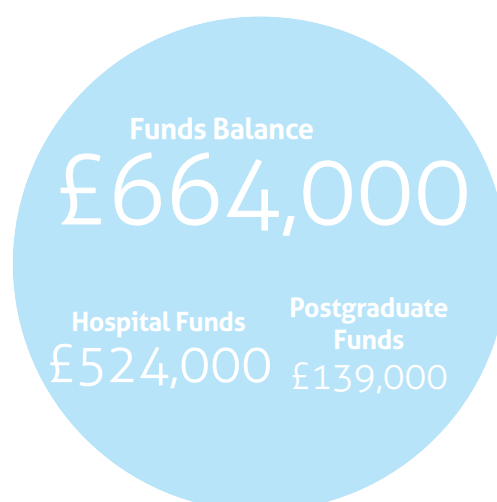


Investments

Over the course of the year, the market value of the charity's stocks and equities investments portfolio fell by £5,000 overall. We withdrew £34,000 in cash to aid cash flow in August 2011.

Fund balance

At 31 March 2012 the fund balance totalled £664,000, at the market value of investments. Of this, £139,500 was the balance of the Postgraduate Funds and £524,500 was the balance of the Hospital Funds.



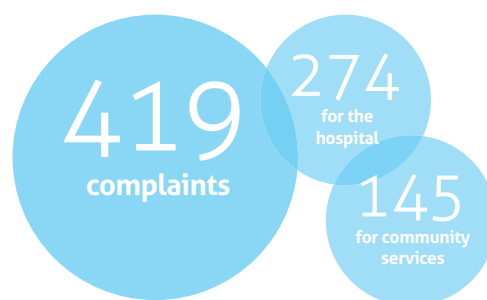
Summary Accounts**Statement of Financial Activities**

	2011/12 £'000	2011/12 £'000	2011/12 £'000	2010/11 £'000
	Hospital	Postgrad	Total	Total
Charitable donations	191	0	191	126
Income from activities	32	0	32	55
Investment income	19	1	20	18
Total incoming resources	242	1	243	199
Charitable Expenditure	217	13	230	114
Costs of generating income	59	11	70	98
Governance costs	38	11	49	42
Total resources expended	314	35	349	254
Net incoming (outgoing) resources	(72)	(34)	(106)	(55)
Gain/(Loss) on revaluation of investments	(5)	0	(5)	31
Fund balance brought forward	628	147	775	801
Fund balance carried forward	551	113	664	775

Balance Sheet

	31.3.12 £'000	31.3.11 £'000
Fixed Assets : investments	654	696
Debtors	189	121
Stock	6	4
Cash	86	83
Creditors	(271)	(129)
Net current assets	10	79
Net assets	664	775
Fund balances	664	775

Our patients



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 set up an outpatient improvement programme with measurable objectives.

To ensure that all out-patients are welcomed, treated correctly and promptly and given full information about their visit and ongoing care efforts have been focused in the outpatient clinics to ensure that patients have a positive experience. We acknowledge that we do not always get it right, and where this has happened we have taken measures to improve. We used a DVD "The Clinic" to help train outpatient teams in how to improve patient care.

As national surveys like these are only undertaken annually, we need to have much more frequent feedback from our patients. We now use feedback kiosks in key areas, such as outpatients and the emergency department, and handheld patient experience tracking devices on all the wards. They include five key questions and a comments space (e.g. the cleanliness of the area, being involved in patient's care and having confidence in the nurses). This feedback is shared with the relevant staff.

In 2011 we introduced 'matrons' conversations' as part of our visible leadership programme. Every few weeks senior nurses and other senior staff visit different areas to talk to patients and staff about their experience of Whittington Health and how we can improve.

Complaints

We use complaints to help us focus on areas where we need to improve. This year the Whittington Health complaints department received a total of 419 formal complaints of which 274 were for the hospital and 145 for community services in Haringey and Islington.

Learning and improvements were identified through many of these complaints. These improvements have sometimes been initiated as a direct result of

complaints and sometimes are part of the process together with staff identifying potential improvements during service delivery. Complaints are used as part of team meetings across the trust to ensure all staff learn from mistakes.

This year we have improved how we present complaints reports so that we can see which areas of the hospital are being complained about. For example lack of information is a common area of concern. Therefore we have 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.

Examples of systems that have been developed are:

- In admissions department a new system was developed to ensure that phone messages are checked and responded to on a daily basis.
- Cover arrangements for medical secretaries have been clarified.
- Timescales for typing and sending consultant letters are within a week.

Services have been improved including:

- A district nursing messaging service.
- Waiting lists shortened, for example for the dental service in HMP Pentonville.
- Concerns over attitude and manner of staff have been addressed in a number of ways resulting in improved performance. This has included staff attending customer care training and individualised interventions with staff such as discussions and role plays to raise awareness.
- Name badges are also being reintroduced following many complaints highlighting that staff could not always be identified.
- Quality of care has been improved through complaints also. Where patients are in the hospital for an extended period of time they are now provided with a specific point of contact, usually the matron, who will visit regularly and coordinate care where necessary.



- Two-hour comfort checks have also been introduced around the hospital to ensure that food and toileting needs are being responded to in a timely fashion.

We have also made individual quality improvements. This has included individual training needs being identified within systems for raising safeguarding alerts, consent rules, communication and clinical skills.

Other actions taken learning from complaints have directly improved the quality of care for patients, such as a necessary sharps bin being provided for a prisoner, and arranging immediate appointments for patients whose appointments have been cancelled on more than one occasion.

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 the patient experience committee.

Equality and diversity

Whittington Health implemented the Equality Delivery System (EDS) to further promote equality and diversity across all spheres of our healthcare activities. The EDS focuses on improving the experiences of patients; better collaborative working with partners and voluntary agencies; and improving communications with staff through increased staff engagement.

At the end of January 2012, Whittington Health published a summary of the services delivered with equality as a key theme. In April 2012 we published our equality objectives and associated measures for success, based on the EDS's equality outcomes of:

- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and well supported staff.
- Inclusive leaders at all levels.

Whittington Health continues to work to promote equality and diversity in all aspects of its work to eliminate discrimination, further increase equality of opportunity and build stronger relationships with partners, friends and stakeholders. As part of

implementing the Equality Act 2010, equality and diversity training for staff were revised and rolled out. As of March 2012, 72 per cent employees have received equality and diversity training.

Interpreting services

We provide face to face interpreters to communicate between the patient and the health care professional. Between April 2011 and March 2012 we provided 16,808 sessions for our patients in Haringey and within the hospital. By far most of our interpreters are for Turkish which is a reflection of our community and surrounding areas.

We have 'book me' cards the size of a regular business card that patients can keep in their wallet/purse to indicate that they may want you to book an interpreter at their next appointment.

Department of spiritual and pastoral care

Sickness and suffering are facts of life that many of us prefer not to face until we actually have to; which is understandable. If we are lucky, we take our health for granted and regard it as normal. Sickness takes all that away. Quite apart from the physical discomfort or distress that disease causes, there are a number of other ways in which we are affected.

The chaplaincy team aims to provide care for the whole person: illness or injury affects not only the physical well-being of a person but their whole lives in a variety of ways. Coming into the hospital is often stressful and sometimes frightening. Whatever the circumstances, the chaplain or chaplaincy volunteer is there to listen and give support in a variety of ways.

Hospital chaplains care for the spiritual, pastoral and religious needs of all patients, staff and relatives whatever their faith or belief.

Our staff

This year has been challenging for staff across the whole of Whittington Health. The effect of change impacts on all staff either directly or indirectly as they transform services to meet strategic goals.

At the heart of achieving changes are the people who work for and deliver the service of Whittington Health. It is key that staff fully understand the way forward and the aim of changes which they are experiencing.

Over the year there has been considerable effort put into communicating with staff with a weekly e-bulletin, monthly face-to-face staff briefings, chief executive and other directors' blogs and a new staff newsletter Whittington Express. A staff excellence scheme has also been very well received with over 100 people receiving awards.

Our staff also let us know about the quality of the services we provide, particularly if we get something wrong that would impact on patient care. 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.

For over a year directors and Local Involvement Networks (LINK) representatives have been carrying out patient safety walkabouts throughout Whittington Health both at community and acute sites. These involve visiting wards and departments to ask staff and patients directly for their views on what can be done to improve patient safety.

This year, for the first time, we undertook a quality survey to provide an opportunity for staff to report any areas of concern and also what has gone well over the last year. We plan to develop the methodology further to ensure that we achieve a representative response rate in coming years.

National staff survey

Staff participated in the annual staff survey in the autumn of 2011. This year's survey results are the first since becoming Whittington Health, and gives us a starting point on which to benchmark ourselves against future results. On the overall indicator of staff engagement, Whittington Health was in the best 20 per cent of all trusts of a similar type. Staff also

recommended us as a place to work, and for staff motivation we were also in the top 20 percent.

Education and training

Whittington Health employs and attracts a wide range of qualified and dedicated staff and we are committed to ensuring that our staff are suitably trained to provide good quality healthcare for the local population. The Whittington has always had a strong tradition of excellence in education and training and as a major London teaching hospital has supported the training of hundreds of students across all the clinical professions during the year.

During 2011 a comprehensive training needs analysis was introduced to support the revised induction and mandatory training policies to enable managers and staff to remain suitably trained.

E-learning as a method for delivering and receiving training, and in particular, staff inductions have become a corporate objective during the year. By December 2011 a significant number of topics covered during induction and refresher training courses were made available by e-learning providing staff and managers with an opportunity to access training more flexibly. During February 2012, Whittington Health reported a significant increase in completed e-learning modules and was among the top 20 NHS organisations for using e-learning modules through Skills for Health.

We achieved an overall figure of 70 per cent compliance rate for mandatory training at the end of March 2012 with subjects such as child protection achieved 78 per cent; safeguarding adults achieved 79 per cent and fire training achieved the compliance rate target of 75 per cent.

As a recognised Investors in People accredited organisation committed to continuous improvement, Whittington Health is working towards 90 per cent of the workforce being suitably trained and up to date with their mandatory training. As part of enhancing healthcare services for patients and services users, staff will be supported to access professional and work related development opportunities through appraisal reviews.

Research summary

Whittington Health is committed to supporting research, as we believe that health organisations that are proactive in developing innovative ideas deliver better care to their patients.

By the end of 2011 Whittington Health was involved in 123 studies that were on-going and registered. Of these studies, 26 were part of the National Institute for Health Research's (NIHR) portfolio. These portfolio studies are assessed by the NIHR to be of high quality and likely to benefit the NHS; the funding for these studies is awarded in open competition.

The research at Whittington Health is starting to reflect our structure as an integrated care organisation, with active research in both the community and acute settings as well as research that spans the whole organisation.

Some examples of this include the award of £200,000 to Susan Tokley, deputy director of nursing, and her team by the Burdett Trust for Nursing Empowerment Programme, to improve dementia care across our acute and community services.

Also, a research team lead by Dr Maria Barnard has been awarded an NIHR research grant for the 'Development, evaluation and implementation of a computer-based self management programme for people with Type 2 diabetes'.

Additionally Dr Suzanna Hardman is part of a research group that has been awarded a European Union Framework seven award to develop an on-line self management system for patients with heart failure.

Within the community setting Dr Sharon Milard from the Michael Palin Centre is leading a research group that aims to develop innovative, therapeutic interventions for patients who stammer.

From within the acute setting, studies of intra-operative fluid management guided by oesophageal Doppler Monitoring, which are led by Dr Martin Kuper, were published in the British Medical Journal, one of the highest ranking medical journals.

A full review of research and innovation for 2011 has been presented to the Quality Committee and is available from the research and development department.



Volunteers

Volunteering and the National Health Service have always had a special relationship. Volunteering is very much imbedded in the fabric of Whittington Health and part of our compassionate and encouraging culture.

All our volunteers have something to offer and are unique in their expertise. They are willing to give their time for free to help which enhances the care and services we provide. Volunteers befriend and lend a hand to patients on wards and in clinics in varied tasks and services. These patients may be anxious about attending hospital or just want company and someone to talk to.

We currently have 158 volunteers from a very diverse background including gender, ethnicity, culture, sexual orientation and age. This is a positive reflection of our demographics and communities needs.

Some people volunteer as part of their rehabilitation from a health condition or operation, some have been socially excluded due to lack of work or disability and some are planning to have a career in medicine and volunteering is a great way to gain knowledge and confirmation this is the profession for them. Whatever their reason, everyone's reason is suitable.

Our ethos is not simply what can volunteers' do for us but what can we do for our volunteers. It is important to us that we support a positive experience for all our patients, staff and volunteers.

Whittington Health's performance against key goals

The Trust Board receives a monthly report 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
Emergency Department Four-hour Performance	95 per cent	96.02 per cent
Referral to Treatment wait for admitted patients to treatment	95 percentile wait to be less than 23 weeks	20.9 weeks
Referral to Treatment wait for non-admitted patients to treatment	95 percentile wait to be less than 18.3 weeks	14.5 weeks
Operations cancelled for non-clinical reasons	0.8 per cent	0.3 per cent and all patients offered another date within 28 days
Waits for diagnostic tests	Less than 6 weeks	99.6 per cent
Day surgery rate	Audit Commission benchmark	77 per cent (best quartile)
OPD DNA rate (hospital)	8 per cent	14.4 per cent and action plan in place to improve
Community Adults' Services DNA rate	8 per cent	9.1 per cent and action plan in place to improve
Community Children's Services DNA rate	8 per cent	14.3 per cent and action plan in place to improve
Average length of stay for all acute specialties	-	6.3 days (unchanged over last two years)
Staff sickness absence rate	Local target: 2.5 per cent	3.1 per cent
Ward cleanliness score	95 per cent	96 per cent
Elimination of mixed sex accommodation	0 mixed sex breaches	9 breaches
New Birth Visits (Islington)	95 per cent seen within 14 days	70.1 per cent
New Birth Visits (Haringey)	95 per cent seen within 28 days	82.0 per cent (average monthly performance, Sep-Mar)
Sexual Health services	100 per cent offered an appointment within 2 days	100 per cent

Cancer waits

Urgent referral to first visit	Standard is 14 days, target is 93 per cent	95.4 per cent
Diagnosis to first treatment	Standard is 31 days, target is 96 per cent	99.5 per cent
Urgent referral to first treatment	Standard is 62 days, target is 85 per cent	87.7 per cent

Maternity

Bookings by 12 weeks, 6 days of pregnancy	90 per cent	89.4 per cent
One to one midwife care in labour	-	100 per cent of audited deliveries
Smoking in pregnancy at delivery	less than 17 per cent	8 per cent
Rate of breast feeding at birth	greater than 78 per cent	89.4 per cent

Complaints

New complaints	-	Approx 38 complaints per month (across community and acute services)
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Trust board

Joe Liddane

Chairman

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 at Ernst and Young and European managing director for a large American consultancy. Joe has lived in the Whittington Health area for 30 years.

Dr Yi Mien Koh

Chief Executive

Dr Yi Mien Koh was appointed the first chief executive of Whittington Health and joined the organisation on Monday 28 March 2011. 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.

Maria da Silva

Chief Operating Officer

Maria da Silva is the chief operating officer for Whittington Health. She joined the organisation on 1 April 2011. Originally from Portugal, Maria is of an occupational therapy background and before moving to Whittington Health was Director of Community Services across health and social care in Islington. Maria has over 20 years' experience in operational management and commissioning of health and social services. She has also been a consultant for various organisations and a visiting lecturer in health and social care policy.

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 organisation.

Dr Greg Battle

Medical Director Integrated Care

Dr Greg Battle has worked as a GP in Islington for 18 years and continues to do so. Outside his clinical practice he has held leadership roles for 15 years in Islington including primary care group chair North Islington, professional executive committee chair Islington PCT, practice based commissioning chair Central Islington and prescribing lead GP Islington. He trained at UCLH and worked as a junior doctor in UCLH and the Royal Free Hospital. He was primary care advisor to the Whittington Hospital 10 years ago and now will bring his primary care clinical and leadership experience to the Whittington Health Executive to ensure delivery of the best possible integrated care for the local population.

Richard Martin

Director of Finance

Richard Martin joined The Whittington Hospital 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 Patient Experience

Bronagh Scott joined the Whittington as director of nursing and clinical development on 1 June 2010. She came from Belfast, Northern Ireland. 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 Healthcare Associated Infections.

Non-Executive Directors

Robert Aitken

Deputy Chairman and 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 is a trustee of Coram, the UK's first-ever children's charity and was a trustee of the English National Opera Benevolent Fund. As a local resident, Robert was a churchwarden and is now on the PCC at St Anne's in Highgate.

Professor Jane Dacre

Non-Executive Director

Professor Jane Dacre was appointed as the UCL nominated non-executive director for The Whittington Hospital from 1 January 2009. 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, 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.

Anita Charlesworth

Non-Executive Director

Anita Charlesworth is chief economist at the Nuffield Trust a charity which undertakes research and policy analysis in healthcare. Anita was a non-executive director of NHS Islington from 2007 before joining Whittington Health on 1 April 2011. Anita has spent a large part of her career as a civil servant. She started her career working at the Department of Health and also worked at the Treasury. Anita worked for SmithKline Beecham pharmaceuticals in the 1990s based in the UK and USA. Before Anita joined the Nuffield Trust, she was chief analyst and chief scientist for the Department of Culture, Media and Sport. She is a trustee of Tommy's, the baby charity.

Peter Freedman

Non-Executive Director from 23 May 2011

Peter has over 25 years experience working with the world's leading companies in the consumer goods, retail and healthcare industries, on a wide range of strategy, organisation and operational issues. He led McKinsey's Europe, Middle East and Africa consumer goods practice for over 10 years. He lives in Hampstead. Peter became a Non-Executive of Whittington Health on 23 May 2011.

Sue Rubenstein

Non-Executive Director

Sue Rubenstein is a director and co-founder of Foresight Partnership. She specialises in supporting boards in public services to become more effective in their governance roles. She has worked with over 80 boards ranging from regulators to NHS foundation trusts and PCTs. In her previous role at the NHS Modernisation Agency she led improvement interventions in NHS organisations and systems deemed to be 'failing'. She has served as a non-executive director on Haringey Teaching PCT for three and a half years and latterly on the Haringey and Islington Provider Alliance board and as chair of the Haringey and Islington Provider Alliance Quality and Workforce Committee. Sue joined Whittington Health on 1 April 2011.

Paul Lowenberg

Non-Executive Director from 1 May 2012

Paul is currently chairman of Ascham Homes, a housing company managing over 12,000 homes, and providing homelessness and housing advice services in North East London. He also runs a management consultancy practice specialising in developing best value public services through in-house service transformation, strategic partnering, procurement and effective contract management. He has worked in local government as a senior manager in London, Manchester and Edinburgh. Paul is a trustee of LASA, a London based charity providing strategic advice and information services using IT and digital platforms for third sector organisations. He lives in Tufnell Park.

Anna Merrick

Non-Executive Director until May 2011

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

Marisha Ray

Specialist Advisor

Marisha was a borough councillor from 2002 to 2010 and a candidate in the 2012 London Assembly elections. While a councillor she chaired a regeneration and health scrutiny committee, and was later an executive member for community safety and performance of council services and a vice-chair of the pension sub-committee. She has also been a member of the council of City University, the governing body of Sadlers Wells Theatre, the governing body of UCLH and the governing bodies of schools, a member of the management committee of Islington Victim Support, a member of the board of the City Fringe Partnership and a member of the London Drug Policy Forum. She was also a member of the management committee of the Whittington Health's school hospital class.

Operating and Financial Review

Summary

Whittington Health was established in April 2011, from the successful integration of Islington and Haringey community services into Whittington Hospital NHS Trust. It is an ambitious and innovative integrated care organisation, delivering excellent, joined up healthcare to local people in partnership with GPs, Councils and local providers.

2011-2012 has been one of the most challenging years in the history of the NHS. Despite this, it was a successful year for Whittington Health: the Trust 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, and achieved a surplus against its financial target to deliver a surplus against the break-even duty. The Trust made significant progress in terms of reducing Hospital Acquired Infections and met all the infection control standards. With a very low standardised mortality rate we are proud to be considered amongst the safest hospital care providers in the country.

Whilst making significant savings we have concentrated on improving quality at the same time through schemes like our enhanced recovery programme. We scored among the top 20 per cent of acute trusts in staff and inpatient surveys in key areas.

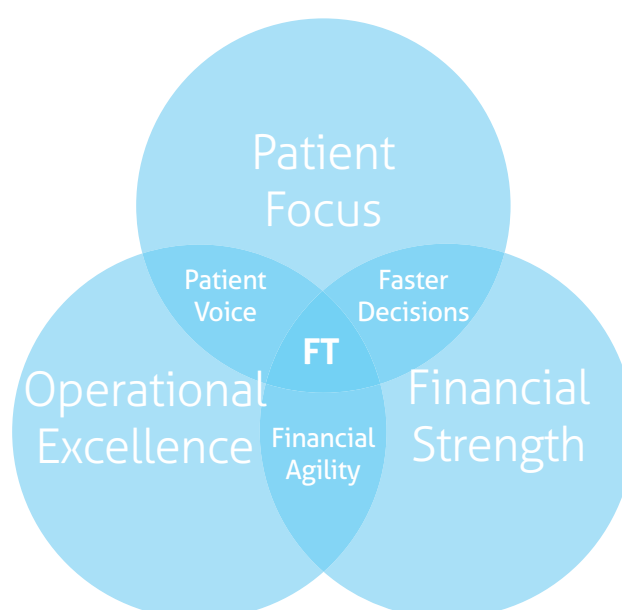
Having established the integrated care organisation, the Trust Board agreed the five year strategic vision and goals for the organisation in preparation for its foundation trust application. The Trust's vision is "To be an outstanding provider of high quality joined up healthcare to local people in partnership with GPs, councils and local providers".

Our vision to be delivered by means of five strategic goals, which are linked to the Trust's detailed service development plans:

- Integrate models of care.
- Ensure no decision about me without me.
- Deliver efficient, effective services that improve outcomes.
- Improve the health of local people.

- Change the way we work by building a culture of innovation and continuous improvement.

The Trust initiated its FT application with a public consultation on its strategy and proposed governance structure in November 2011. The strategic goals outlined above demonstrate clear links with the benefits derived from foundation trust status, illustrated below.



Foundation Trust status benefits and strategic synergies

As part of our FT application and in preparation for elections to our FT Council of Governors, the Trust is building a strong, informed and engaged patient and public membership. Recruitment has taken place across the Trust sites and this has seen membership numbers at the Trust increase. We have kept in touch with members through our website and through events at the hospital and local community venues.

Governors have been closely engaged with local communities and have attended events held in Haringey and Islington. The governors contribute to improving the patient experience through their involvement in a number of committees and working groups.

Financial Performance

In 2011-2012, the Whittington achieved a surplus above its break-even duty of £1,120k. This is the eighth successive year that the Trust has made a surplus. It was also the first year as an integrated care organisation, resulting in a large increase in both income and expenditure.

From 2009-2010 all NHS organisations have had 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 £14.1m. The £9.1m funded internally included £1.4m on the boiler house, £0.6m on computers, and £0.4m each on ultrasound units, anaesthetic machines and the obstetric theatre. £5m was also invested on the development of an electronic patient records system, funded by an increase in Public Dividend Capital from the Department of Health.

A review of the Whittington's buildings and land has resulted in an impairment in the accounts of £3.7m. 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 Annual Governance Statement. 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 Annual Governance Statement 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 Trust's clinical activity continued to increase across a number of areas within 2011-2012 as indicated below. The Trust's clinical activity levels in 2011-2012 were similar to those in 2010-2011 as indicated below.

Activity Type	2011-12	2010-11
Emergency Department	86,418	84,339
Emergency Inpatient Admissions	18,252	19,153
OP Referrals	78,419	79,453
First Outpatient Attendances	63,892	64,621
Follow up Outpatient Attendances	148,612	150,546
Elective Inpatient Admissions	2,734	2,768
Day Case Admissions	18,371	18,362
Maternity Deliveries	3,942	4,019

Future Developments

Whittington Health's clinical, operational and financial performance provides a strong platform from which to achieve the organisation's vision. The organisation is in the early stages of its transformation programme which is already demonstrating the potential to change care pathways and realise the benefits of becoming an integrated care organisation. There is still much to do and in 2012-2013 the Trust will be implementing a new electronic patient record system, improving administrative processes, delivering a large productivity programme and shifting the culture of the organisation to one where patients are at the heart of decision-making, especially as their care is moved closer to their home.

The Trust's strategic vision, which has been agreed in association with its commissioners and other partners, is fundamental to its future success and demonstrates that there is support for continued partnership working with commissioners. The organisation will build on existing relationships with GPs and clinical commissioning groups to work in partnership to deliver commissioner quality, improvement, productivity and prevention and to ensure services are tailored to meet both service user and primary care needs.

Whittington Health plans to continue to deliver surplus positions in future years, although this will be challenging in the context of the national financial position. The Trust is planning a significant cost improvement programme for the coming financial year, totalling £13.1m, although further savings will be sought to enable additional capital investment in Trust services. Three of the main emphases of this programme will be a reduction in the use of agency staffing, improving the efficiency and productivity of existing staff, and transforming care pathways to

ensure more integrated and efficient services are delivered to our patients, GPs and other stakeholders.

In reviewing its current services and in order to deliver the Trust's strategic objectives, the Trust has identified a number of service development areas that will support Whittington Health moving forward over the next five years. These have been grouped into five areas.

- Delivering efficient, effective clinical services that improve outcomes.
- Improving the integration of care for people with long term conditions.
- Investing in technology to support clinical service transformation.
- Improving the health of local people by promoting health and proactively preventing ill health.
- Ensuring the delivery of efficient and effective support services – clinical and non-clinical.

Whittington Health will continue to remain dependent on well-trained staff. The Trust believes that maintaining and promoting its range of services, plus its important educational links with both University College London and Middlesex University, supported by its newly approved human resource strategy will enable it to attract and retain the very best staff.

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 in 2011-2012 was £278.2m, an increase of £92m, due primarily to the transfer of community services.

The income and expenditure statement shows a surplus before interest and dividends of £2.2m, with net interest payable of £2.7m and dividends payable of £2.8m, resulting in the retained deficit of £3.2m. The accounting charge for PFI (£2.3m), the impact of non-PFI impairments (£1.9m) and the adjustment in respect of the donated asset reserve elimination (£0.1m) are added back to the retained deficit figure to give a surplus against break-even duty of £1.1m.

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

Break-even Performance	2011-12 £'000	2010-11 £'000	2009-10 £'000	2008-09 £'000	2007-08 £'000
Revenue	278,212	186,300	176,853	165,983	153,330
Operating expenses (including depreciation)	(275,970)	(182,907)	(176,262)	(160,445)	(148,634)
Surplus before interest and dividends	2,242	3,393	591	5,538	4,696
Other gains/(losses)	0	(82)	0	1	0
Net interest receivable/(payable)	(2,654)	(2,582)	(2,632)	215	302
Dividends payable	(2,805)	(2,888)	(3,156)	(3,816)	(3,577)
Retained surplus/(deficit)	(3,217)	(2,159)	(5,197)	1,938	1,421
Adjustment for non-PFI impairments included in retained surplus/(deficit)	1,928	2,208	4,618	107	0
Adjustment for impact of IFRS accounting on PFI included in retained surplus/(deficit) above	2,308	459	718	0	0
Adjustment in respect of the donated asset reserve elimination	101	0	0	0	0
Position against statutory break-even duty	1,120	508	139	2,045	1,421

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 decrease in the value of NHS invoices paid on time relates to the finalisation of pass-through costs in respect of community estates, following the transfer of community services in 2011-2012.

Medical and Professional Education and Training

In 2011-2012 the Trust received education and training funding of £16.6m (£14.7m in 2010-2011) from NHS London. Of this, £8.7m related to undergraduate medical teaching, with a further £5m relating to postgraduate medical education and the remainder supporting training in other disciplines.

2011-12 performance

	NHS Payables Number	Non-NHS Payables Number	NHS Payables £'000	Non-NHS Payables £'000
Total bills paid	5,841	66,238	23,045	58,971
Total paid within target	5,381	57,963	14,817	52,705
Percentage paid within target	92%	88%	64%	89%

2010-11 performance

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

Staff Costs

The Trust's staff costs for the year were as follows.

	2011-12 £'000	2010-11 £'000
Salaries and wages	166,855	107,998
Social Security costs	12,846	8,354
Employer contributions to NHS Pension Scheme	17,308	10,821
Termination benefits	1,979	1,323
Total staff costs	198,988	128,496

Statutory Financial Duties

The Trust met all its statutory financial duties in 2011-2012. 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 2012. The audit was conducted by the Audit Commission, the Trust's external auditors. Their audit fee of £125,309 related to statutory audit services. The financial statements that follow are in a summarised form, and may not contain sufficient information for a full understanding of the Trust's financial position and performance. Full sets of the statutory accounts are available from the Press Office, Jenner Building, The Whittington Hospital NHS Trust, Magdala Avenue, London N19 5NF (Tel: 020 7288 5983). No charge will be made for these.

Signed

Date



1 August 2012

Richard Martin
Director of Finance

Signed

Date



1 August 2012

Yi Mien Koh
Chief Executive

Independent Auditor's Report to the Directors of The Whittington Hospital NHS Trust

I have examined the summary financial statement for the year ended 31 March 2012, 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 Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

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

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

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 2012.

I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (8 June 2012) and the date of this statement.

Andrea White, District Auditor, Audit Commission
First Floor, Millbank Tower, Millbank, London SW1P 4HQ
1 August 2012

Statement of Comprehensive Income for the Year Ended 31 March 2012

	2011-12 £'000	2010-11 £'000
Revenue		
Revenue from patient care activities	246,968	160,759
Other operating revenue	31,244	25,460
Total revenue	278,212	186,219
Operating expenses (including depreciation)	(275,970)	(182,907)
Operating surplus	2,242	3,312
Investment revenue	40	30
Other losses	0	(82)
Interest expense	(2,642)	(2,555)
Other finance costs	(52)	(57)
Surplus/(deficit) for the financial year	(412)	648
Public dividend capital dividends payable	(2,805)	(2,888)
Retained deficit for the year	(3,217)	(2,240)
Other comprehensive income		
(Impairments) and reversals	(1,197)	477
Gains on revaluations	3,671	1,262
Total comprehensive income for the year	(743)	(501)
Financial performance for the year		
Value of IFRIC12 schemes included in retained deficit	2,308	459
Value of impairments included in retained deficit	1,928	2,208
Adjustments in respect of donated asset reserve closure	101	0
Adjusted retained surplus	1,120	508
Capital cost absorption rate (target 3.5%)	3.5%	3.5%

Statement of Financial Position as at 31 March 2012

Description	31 March 2012	31 March 2011
Non-current assets	£'000	£'000
Property, plant and equipment	136,945	132,685
Intangible fixed assets	1,360	1,008
Trade and other receivables	2,021	2,801
Total non-current assets	140,326	136,494
Current assets		
Inventories	1,114	1,064
Trade and other receivables	12,044	6,966
Cash and cash equivalents	9,932	3,199
Total current assets	23,090	11,229
Current liabilities		
Trade and other payables	(30,394)	(17,028)
Borrowings	(1,209)	(1,477)
Provisions	(3,404)	(3,633)
Total current liabilities	(35,007)	(22,138)
Net current liabilities	(11,917)	(10,909)
Total assets less current liabilities	128,409	125,585
Non-current liabilities		
Borrowings	(36,835)	(38,101)
Provisions	(1,770)	(1,937)
Total assets employed	89,804	85,547
Taxpayers' equity		
Public dividend capital	53,206	48,206
Retained earnings	6,929	10,057
Revaluation reserve	29,669	27,284
Total taxpayers' equity	89,804	85,547

Statement of Changes in Taxpayers' Equity

Description	PDC £'000	Retained Earnings £'000	Revaluation £'000	Total £'000
Balance at 1 April 2010	48,134	11,938	25,904	85,976
Retained deficit		(2,240)		(2,240)
Transfers		359	(359)	0
Reversals			477	477
Net gain on revaluation of PPE			1,262	1,262
New PDC	72			72
Balance at 31 March 2011	48,206	10,057	27,284	85,547

Description	PDC £'000	Retained Earnings £'000	Revaluation £'000	Total £'000
Balance at 1 April 2011	48,206	10,057	27,284	85,547
Retained deficit		(3,217)		(3,217)
Transfers		89	(89)	0
Impairments			(1,197)	(1,197)
Net gain on revaluation of PPE			3,671	3,671
New PDC	5,000			5,000
Balance at 31 March 2012	53,206	6,929	29,669	89,804

Statement of Cash Flows for the Year Ended 31 March 2012

	2011-12 £'000	2010-11 £'000
Net cash inflow from operating activities	14,994	9,689
Cash flows from investing activities		
Interest received	39	30
Payments for property, plant and equipment	(10,802)	(6,263)
Proceeds from disposal of property, plant and equipment	0	33
Payments for intangible fixed assets	(357)	(114)
Net cash outflow from investing activities	(11,120)	(6,314)
Cash flows from financing activities		
Public dividend capital received	5,000	72
Loans received from Department of Health	0	496
Other loans received	0	126
Loans repaid to Department of Health	(48)	(24)
Other loans repaid	(16)	(16)
Capital element of finance leases and Private Finance Initiative	(2,077)	(1,976)
Net cash outflow from financing	2,859	(1,322)
Net increase in cash and cash equivalents	6,733	2,053
Cash at the beginning of the financial year	3,199	1,146
Cash at the end of the financial year	9,932	3,199

Remuneration report (this section is subject to audit)

Salaries of senior managers who held office during the year ended 31 March 2012 are detailed below.

Name and title	2011-12 Salary as director (bands of £5,000)	2010-11 Salary as director (bands of £5,000)
Executives		
Mr Rob Larkman Chief Executive <i>until February 2011</i>	0	145-150
Dr Yi Mien Koh Chief Executive <i>from March 2011</i>	165-170	0-5
Ms Siobhan Harrington Director of Strategy and Deputy Chief Executive, Acting Director of Nursing <i>until June 2010</i> and Acting Chief Executive <i>from February – March 2011</i>	95-100	90-95
Dr Greg Battle Executive Medical Director Integrated Care <i>from June 2011</i>	30-35	0
Mr Matthew Boazman Acting Director of Operations <i>from February - May 2011</i>	15-20	10-15
Mrs Margaret Boltwood Director of People	80-85	75-80
Ms Maria da Silva Chief Operating Officer <i>from June 2011</i>	90-95	0
Mr Philip Ient Director of Estates and Facilities	90-95	75-80
Mrs Celia Ingham Clark Executive Medical Director	60-65	60-65
Mr Richard Martin Director of Finance	110-115	95-100
Miss Bronagh Scott Executive Director of Nursing and Patient Experience <i>from June 2010</i>	95-100	70-75
Mrs Kate Slemeck Director of Operations <i>until February 2011</i>	0	70-75
Mrs Fiona Smith Director of Planning and Programmes	80-85	75-80
Mr Glenn Winteringham Director of IT <i>from October 2011</i>	40-45	0

Name and title	2011-12 Salary as director (bands of £5,000)	2010-11 Salary as director (bands of £5,000)
Non-executives		
Mr Joe Liddane Chairman	20-25	20-25
Mr Robert Aitken Deputy Chairman	5-10	5-10
Mrs Anita Charlesworth Non-Executive Director <i>from April 2011</i>	5-10	0
Professor Jane Dacre Non-Executive Director	5-10	5-10
Miss Maria Duggan Non-Executive Director <i>until October 2010</i>	0	0-5
Mr Peter Freedman Non-Executive Director <i>from May 2011</i>	5-10	0
Mr Edward Lord Non-Executive Director <i>until September 2010</i>	0	0-5
Ms Anna Merrick Non-Executive Director <i>until May 2011</i>	0-5	5-10
Miss Marisha Ray Specialist Advisor	5-10	5-10
Ms Sue Rubenstein Non-Executive Director <i>from April 2011</i>	5-10	0

Notes

The salary figures above represent the 2011-2012 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 Executive Medical Director. Her total salary in respect of work for the Whittington was £93,099 after accounting for part-time secondments to other NHS organisations. Greg Battle's position is part-time. The table reflects the change in the profile of the executive directors arising from the organisational change effective from 1 June 2011.

Prior to his appointment as Director of IT on 1 October 2011, Glenn Winteringham was used by the Trust on a consultancy basis. He was paid £130,800 in 2010/11 and £62,400 in 2011/12.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in The Whittington Hospital NHS Trust in the financial year 2011-2012 was £164,425 (unchanged from 2010-11). This was 6 times (unchanged from 2010-11) the median remuneration of the workforce, which was £27,625 (2010-2011, £26,483).

In 2011-2012, no employees (unchanged from 2010-2011) received remuneration in excess of the highest-paid director. Remuneration ranged from £6,096-£164,425 (unchanged from 2010-2011).

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

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mr Rob Larkman	0	0	0	0	0	574	0
Dr Yi Mien Koh	2.5-5	7.5-10	35-40	115-120	675	535	123
Ms Siobhan Harrington	2.5-5	7.5-10	15-20	55-60	327	235	84
Dr Greg Battle	0-2.5	5-7.5	40-45	120-125	706	636	42
Mr Matthew Boazman	0-2.5	0-2.5	10-15	30-35	114	64	8
Mrs Margaret Boltwood	2.5-5	7.5-10	35-40	115-120	855	729	103
Ms Maria da Silva	2.5-5	7.5-10	20-25	70-75	470	366	92
Mr Philip lent	5-7.5	17.5-20	35-40	110-115	716	537	163
Mrs Celia Ingham Clark	0-2.5	0-2.5	55-60	165-170	1,092	975	86
Mr Richard Martin	5-7.5	17.5-20	45-50	135-140	816	609	188
Miss Bronagh Scott	0-2.5	0	2-5	0	35	12	23
Mrs Kate Slemeck	0	0	0	0	0	169	0
Mrs Fiona Smith	2.5-5	7.5-10	25-30	75-80	420	313	98

Notes

The Trust's accounting policy in respect of pensions is described in Note 9.5 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 factors used to calculate CETVs changed during the year, resulting in higher increases than would have been expected.

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.

Appendix I

Sustainability report 2011-2012

Our organisation has an up to date sustainability development management plan. Having an up to date sustainable development plan is a good way to ensure that an NHS organisation fulfils its commitment to conducting all aspect of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks the boards of all NHS organisations to approve such a plan.

We consider the potential need to adapt the organisation's buildings and estates as a result of climate change, but not the potential need to adapt the organisation's activities.

Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider it when planning how we will best serve patients in the future.

Sustainability issues are included in our analysis of risks facing our organisation. NHS organisations have a statutory duty to assess the risks posed by climate change. Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This will be set out within our policies on sustainable procurement. We have started work on calculating the carbon emissions associated with the goods and services we procure.

Maria da Silva is Whittington Health Board Lead for Sustainability.

A Board Level lead for sustainability ensures that sustainability issues have visibility and ownership at the highest level of the organisation.

All staff have sustainability issues, such as carbon reduction, included in their job descriptions. Our last staff awareness campaign was conducted in March 2012. A sustainable NHS can only be delivered through the efforts of all our staff. Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

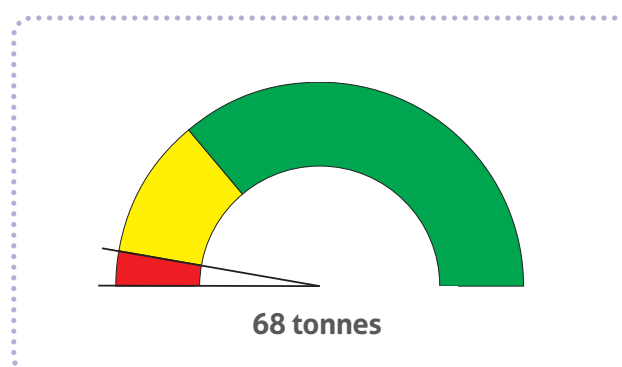
Whittington Health has a sustainable transport plant. The NHS places a substantial burden on the transport infrastructure, whether through patient, clinician or other business activity. This generates an impact on air quality and greenhouse gas emissions. It is therefore important that we consider what steps are appropriate to reduce or change travel patterns.

The NHS aims to reduce its carbon footprint by 10 percent between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal

There is also a financial benefit which comes from reducing our energy bill.

Our energy costs have increased by 0 per cent in 2011/12, the equivalent of zero hip operations.

We have put plans in place to reduce carbon emissions and improve our environmental sustainability. Over the next ten years we expect to save £515,000 as a result of these measures.

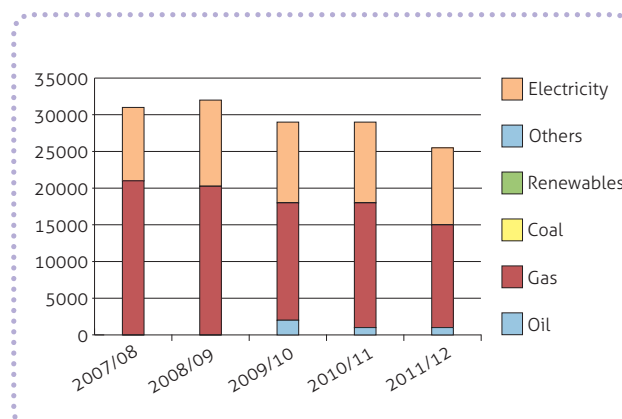


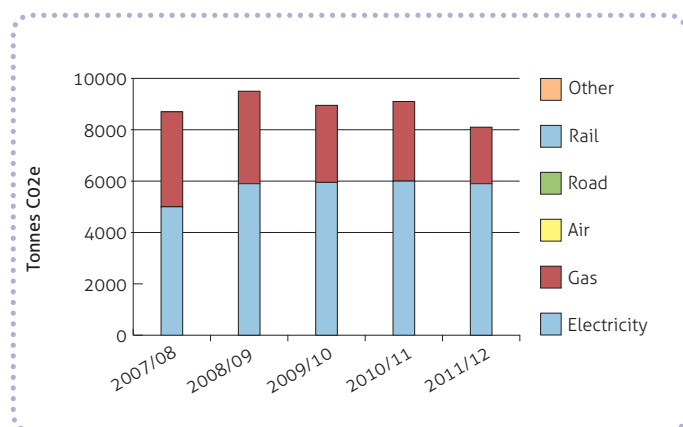
We recover or recycle 68 tonnes of waste, which is 7 per cent of the total waste we produce.

Our total energy consumption has fallen during the year, from 28,967 to 24,851 MWh

Our relative energy consumption has changed during the year, from 0.4 to 0.35 MWh/square metre.

Renewable energy represents 0.0 percent of our total energy use. We do not generate any energy. We have not made arrangements to purchase electricity generated from renewable sources.





Our measured greenhouse gas emissions have reduced by 858 tonnes this year.

We do not currently collect data on our annual Scope 3 emissions.

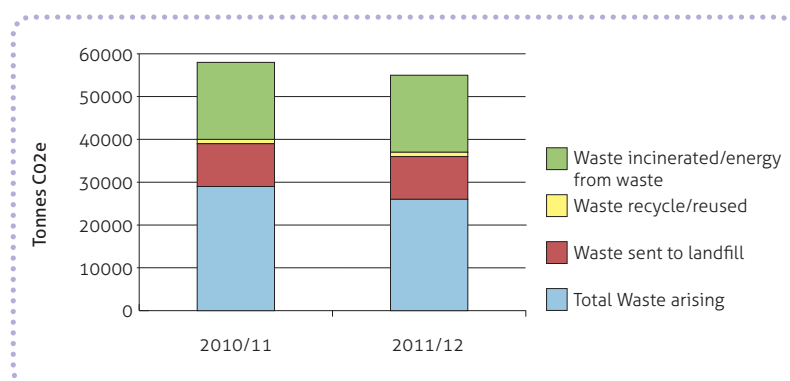
Our water consumption has increased by 1,809 cubic meters in the recent financial year.

In 2011/12 we spent £109,684 on water.

During 2011/12 our gross expenditure on the CRC Energy Efficiency Scheme was £99,552

The CRC Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations.

During 2011/12 our total expenditure on business travel was £557,000.



Our expenditure on waste in the last two years was incurred as follows:

