Whittington Health NHS

ANAESTHETICS AND CRITICAL CARE

CARDIOLOGY

WHITTINGTON HEALTH

INTEGRATED CARE AND ACUTE MEDICINE

DISTRICT NURSING

CARE FOR OLDER PEOPLE

ANNUAL REPORT 2012/13

WOMEN, CHILDREN AND FAMILIES

COMMUNITY DENTAL

DIABETES AND ENDOCRINOLOGY

SURGERY, DIAGNOSTICS AND CANCER SERVICES

PODIATRY

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1: Foreword from the chairman and chief executive

A memorable year – for key achievements, London 2012 and a community passionate about The Whittington Hospital and our community services.

The 2012/13 financial year saw The Whittington Hospital strengthen its reputation as one of the safest hospitals in England. Our track record of having one of the lowest mortality rates in the country was recognised by the 2013 CHKS Top Hospital Award for Patient Safety. The national award was given to the best performing hospital for providing a safe environment for patients based on a range of indicators.

We continue to see high demand for our services. Attendances at our emergency department rose and the number of outpatient referrals also increased. Despite the ongoing pressures, 95 percent of patients were seen within four hours. This was a fantastic achievement and a credit to all staff involved.

Despite more people using our services, we ended the year on a strong financial footing. We achieved all of our financial targets. We also made the necessary efficiency savings while maintaining high quality services. We are proud of the achievements, especially in the current tough economic times. They were only possible due to the hard work and professionalism of our staff to whom we would like to say thank you.

We continue to integrate our community and hospital services to improve care coordination for patients, service users and carers. We are also building strong relationships with local GPs and clinical commissioners to make sure that we provide services that GPs and patients want.

Our partnership agreement with Islington Council continues to support people to stay independent. We work with both Haringey and Islington social care to improve services for those who are vulnerable and frail and, where possible, keep people out of hospital. We also work with education and children's services to safeguard the health and wellbeing of children and young people.

In December, we launched our five-year strategy "Transforming Healthcare for Tomorrow" with pioneering care designed around individual patients needs. We have started to deliver the strategy, with rapid assessment and treatment to get people better sooner, as close to home as possible.

Our digital strategy is central to the future of the organisation. We have continued work on developing an electronic patient records system. The new IT system will operate across the hospital and our health centres by 2014. Our aim is to become one of the first paperless organisations in the NHS by 2015.

The year 2012 will be memorable for people in London and across the country. A number of our staff were involved in supporting the Olympic and Paralympic Games. We were required to carry out detailed planning in advance of the events. Both events went smoothly with little impact on day-to-day services.

We received a setback in January when we failed to communicate with stakeholders and the local community about our estates strategy. The result was concern among staff, patients, MPs, councils, commissioners and local groups. Our plans were put on hold as we embarked on a three-month listening exercise. We have learnt many lessons from the experience and are developing a community engagement plan in conjunction with key stakeholders.

Our foundation trust application made good progress during the year. However, in February, it was suggested that there were areas we needed to strengthen. We have since been focusing on achieving operational excellence to build a sustainable organisation for our local community. This will continue into 2013/14. We would like to thank our shadow governors for all the support they have given the Trust over the year.

The findings of Robert Francis QC into the failings of Mid Staffordshire NHS Foundation Trust reverberated throughout the NHS. We have begun reflecting on its implications for transparency, for compassionate care and for cultural change to put patients first. We will continue our discussions on what it means for us and our delivery of high quality care next year.

Joe Liddane

Chairman
Whittington Health

Yi Mien Koh

Chief executive
Whittington Health

2: An overview

Our success depends on us performing well for our community, delivering high-quality care in a consistent, safe and compassionate way for our patients, and everyone using our services whether at home, locally or in hospital.

This has been a challenging year on a number of fronts with the NHS structure changing, a difficult economic landscape and increased demand for our services.

Despite this, we have made good progress on our clinical strategy, won the CHKS Patient Safety Award 2013 and performed well in a testing climate.

For more information on our clinical strategy and our future plans:

www.whittington.nhs.uk/ourfuture

Highlights

- **WINNER** of the national CHKS Patient Safety Award 2013
- Summary Hospital level Mortality Indicator: among the **LOWEST** in England (ranked 1st and 2nd)
- A&E 4-hour wait target: **ACHIEVED 95%** of patients seen
- Financial surplus: **£3.5m**
- Savings target: **£13m** (100% of target)
- Teaching hospital (part of UCL Medical School) ranked in **TOP FOUR** in England

3: About us

Whittington Health provides general hospital and community services to 440,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden.

The organisation was established in April 2011 following the merger of The Whittington Hospital NHS Trust with NHS Islington and NHS Haringey community health services.

We have an income of £281m and more than 4,000 staff delivering care across North London in The Whittington Hospital and from 30 locations in Islington and Haringey.

As one organisation providing both hospital and community services, we are known as an "integrated care organisation". This means we can bring high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience particularly for those who need different levels of care.

Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

We have a strong reputation for safe care, for two years consistently having one of the lowest death rates in England, one of the key criteria for measuring patient safety.

Our organisation also has a highly-regarded educational role, teaching more than 600 undergraduate medical students, nurses and therapists throughout the year, and providing a range of educational packages for postgraduate doctors and other healthcare professionals.

In 2012/13, our community services had approximately **692,000** contacts with patients, **235,000** people attended our outpatient services, more than **92,000** people attended our emergency department, there were **18,500** emergency admissions and **2,500** admissions for routine surgery, **18,000** people received day treatment and our maternity staff delivered **3,985** babies.

4: How we provide care

Whittington Health operates three integrated divisions to ensure the effective running of our hospital in Archway, North London, and our community services in Islington and Haringey.

Each division is led by a divisional medical director, who provides clinical leadership, and a director of operations responsible for the management of the division.

The three divisions comprise:

Integrated care and acute medicine (ICAM)

ICAM provides many services across the community and in The Whittington Hospital. These are arranged to focus on people's needs, whether they require the hospital for urgent and acute illnesses, have long-term conditions or have frailties and disabilities related to the ageing process. The division's services are designed to ensure people have the right care in the right place at the right time, receiving support to continue to be at home where possible, but with prompt access to hospital care where necessary.

Services in the community include physiotherapy, district nursing, specialist nursing and community matron care, podiatry, wheelchair services and psychological therapies. The division includes a GP practice in Hanley Road, and delivers primary care to people in Pentonville Prison.

Services in the hospital include the emergency department (A&E) and the adjacent urgent care centre. There is a new and growing ambulatory care service that, where appropriate, gives people quick access to hospital care without them having to be admitted to hospital. The hospital inpatient wards offer specialist care for patients with cardiac, respiratory, gastroenterological and other conditions, and there are wards specialising in care of elderly people. ICAM has a wide range of specialist outpatient services, including a haematology unit offering highly-specialised care to people with thalassaemia and sickle disease.

The division also has close links with social care services in the area.

Surgery, diagnostics and cancer services

The division caters for the needs of our local population providing routine and emergency surgery, outpatient clinics, cancer care and diagnostic services.

Cancer care at Whittington Health offers a comprehensive diagnostic and treatment service for the four common cancers, breast, lung, prostate and colorectal. We have excellent joint pathways of care with our neighbouring cancer centres when specialist diagnostic or treatments such as radiotherapy or complex surgery are required. Almost 600 new cases of cancer are diagnosed here each year. We have an award-winning acute oncology service providing timely care for any patient who becomes unwell during treatment or from their underlying disease. In partnership with Great Ormond Street Hospital, the division also runs a paediatric oncology shared care unit.

The Whittington Hospital is at the forefront of care with its enhanced recovery programme, enabling patients to have faster recovery times and go home earlier. Patients are supported from the hospital as well as in the community and by our partnerships with social care. Community dentistry is a key service in the division.

Women, children and families

This division provides our community with a wide range of services for the whole family including sexual health, gynaecological and infertility services. The maternity service offers options of a home birth, at the hospital's birthing centre and for those women who want or need obstetric support, a birth on the labour ward with the support of a dedicated team of midwives and doctors. From birth and throughout a child's school life, we provide universal services including health visiting and school nursing as well as support for young first-time mums from family nurses.

Our paediatric service cares for children from 27 weeks old on the hospital's neonatal and special care wards and for older children on the paediatric ward. In the community, we provide extensive services to support children and their families near to home including paediatric, speech and language therapy, audiology, child and adolescent mental health services and care for children with disabilities.

5: Our strategic environment

NHS reforms and policy

The last year has seen the preparation for one of the biggest reforms of the NHS in its history. As the new NHS architecture has emerged with clinicians at the centre of commissioning, we have continued to work closely with our partners at the forefront of health care while forging new relationships with the new organisations officially taking over in April 2013.

Another major impact on the NHS was the report from Robert Francis QC which starkly highlighted the impact on patients of poor-quality care. It heralded the need for a fundamental change in culture with the needs of patients at the heart of everything we do. We have held numerous discussions across the organisation debating the repercussions on standards of care and will continue to reflect on what it means for us.

Financial constraints

The NHS continues to face huge financial challenges as healthcare organisations dig in for zero growth income for the next five years. The Kings Fund suggests there will be significant financial pressures on services for the next 20 years. Our Trust, like every NHS organisation, has to demonstrate its financial sustainability. It is widely recognised that one-off savings will no longer be enough to meet both the economic challenges and the four per cent efficiency savings required every year until 2015. We have performed well in recent years meeting our savings targets but the future will be challenging and, like many trusts, we will be looking for sustained savings of around five to six per cent. To achieve this, the Trust will work closely with our patients, staff and commissioners to redesign care to achieve better results for our patients and improved experience of our services while supporting the need for efficiency.

Ageing population

At a time of economic pressures, health and social care continues to face a number of other significant challenges particularly from an increasing ageing population. Boys born in 2012 can now expect to live for 79 years and girls for 83 years. Over the next 20 years, life expectancy is expected to increase by a further four years. The impact on future services as we live longer is still uncertain. At Whittington Health, we continue to experience increasing demands for our services. Our emergency department is a key example where rising attendances have put increasing pressure on our services.

While there has been a strong focus on improving the health of the population, there are still significant adverse trends. The level of obesity rose to 26 per cent in 2010 and, some projections suggest, that by 2035 this will continue to increase sharply leading to a rise in diabetes, heart disease and strokes. Medical advances have also brought vast benefits for patients with cancer and heart disease and new hope for people with neurodegenerative diseases including multiple sclerosis and Parkinson's. The pace of change offers huge opportunities but will present a challenge to the NHS as it seeks to embrace innovation at a time of financial constraint.

Information Technologies (IT) presents a number of opportunities to support the NHS meet the growing demand for its services while at the same time transforming the delivery of care. Our vision is to become one of the first paperless organisations in the NHS and we are planning an electronic patient record (EPR) roll out for the organisation over the next two years, providing access to information for staff, GPs, social services and patients.

Joined up and coordinated care

It's widely recognised that overall there are immense challenges facing the NHS. Changing to a more joined-up and coordinated approach between health and social care – where fewer people fall through cracks and an end to people being passed around the system – is considered one of the best ways to bring about better care and support for patients. The care and support minister Norman Lamb unveiled national plans in 2013 including an ambition to make joined-up and coordinated care the norm by 2018. The proposals are in line with our clinical strategy of improved coordinated care, particularly for frail older people with long-term conditions, bringing care where possible closer to patients' homes.

6: Our vision and objectives

We were one of the first integrated care organisations to form in London and remain an ambitious, innovative organisation focussed on providing high-quality compassionate care for our patients.

In 2012/13, we continued to work on our five-year strategic plan. Our vision by 2016 is:

"To be an outstanding provider of high-quality joined-up healthcare to local people in partnership with GPs, councils and local providers."

We plan to achieve this vision through achieving our five strategic goals:

1. *Integrate models of care and pathways to meet patient needs.* To achieve this we will partner with GPs, councils and local providers to ensure that the most appropriate care is provided in the right place at the right time.
2. *Deliver efficient, affordable and effective services and pathways that improve outcomes* for patients and people who use our services, while providing value for every pound spent.
3. *Ensure "no decision about me without me" through excellent patient and community engagement* by working in partnership with people who use our services to ensure they lead decisions about their care. We will support people to stay healthy and live independent lives as active members of society.
4. *Improve the health and well-being of local people.* We will focus on improving life expectancy, reducing premature mortality and health inequalities in our community. Treating all interactions as health promotion opportunities, identifying people at risk and intervening at an early stage are all central to achieving this.
5. *Change the way we work by building a culture of education, innovation, partnership and continuous improvement.* By working flexibly and differently, we will ensure that high-quality care is at the heart of everything we do. We will work with universities and other partners to develop new roles, continuing education and training programmes and research to deliver care that focuses on our population.

We strive to provide the highest quality of care and experience for our patients. Critical to this is achieving a high standard of compassionate care with a focus on our patients' and community's needs that we can sustain and deliver over the coming years. All NHS trusts are required to achieve foundation trust status. It is through delivering this vision that we will reach foundation trust status.

We continue to work hard on our plans in partnership with our clinical commissioning groups and the NHS Trust Development Authority, and will take the necessary time to make sure we get this right. Our organisation is at the heart of the community and we are committed to retaining our independence to ensure the best and most advanced healthcare for future generations.

7: Our clinical strategy

We are committed to providing outstanding care and the best experience for our patients.

Our focus is on delivering advanced care, designed around a patient's individual needs, that is in the right place and as joined-up as possible between our services in the community and The Whittington Hospital. Our pioneering care is described in our five-year strategy Transforming Healthcare for Tomorrow (2013-17).

There are three main parts to our clinical strategy:

1. Integrated care *(better coordinated care)*
2. Ambulatory care *(same-day treatment)*
3. Enhanced recovery *(getting better sooner)*

1. Integrated care

Integrated care is about better coordinated care in the community to *'help patients stay well longer'.*

This joined-up care includes:

- partnering with patients, carers, GPs, social care, mental health and other healthcare providers
- providing coordinated and seamless care across settings

With both hospital and community services, we can use best evidence to deliver new pathways which deliver care in the best place possible for patients.

Improved coordinated care, particularly for frail older people with long-term conditions, enables people to stay independent longer and avoid unnecessary admissions to hospital.

We also work closely with other parts of health, education and social services – for example GPs, commissioners of local healthcare (Islington and Haringey Clinical Commissioning Groups), local authorities and mental health – to make sure a patient's journey through the system is as smooth as possible.

Key examples of better coordinated care are our formal partnership with Islington Council and our many partnerships with Haringey, including integrated care teleconferences.

North East Haringey pilot

A successful integrated care pilot in North East Haringey has been rolled out across the borough.

The North East Haringey Integrated Care Multidisciplinary Teleconference focused on patients aged over 65 who attended hospital two or more times in one month or two or more times in six months, high users of social services and patients of concern.

The aim was to promote collaboration between seven GP practices, consultants from North Middlesex Hospital and Barnet, Enfield and Haringey Mental Health Trust, social workers and Whittington Health staff.

In the 12 month pilot, over 500 patients were discussed during weekly teleconferences. For Alice (not her real name), the pilot resulted in her regaining her independence at the age of 95. She had issues around her medication. Following discussions between her GP, consultants, a community matron and social services, further health issues around depression were discovered and a recent overdose.

This joined-up care approach led to the Alice's medication being resolved and following a visit to her home, issues around her independence were also sorted out.

The results showed there was a 17 per cent reduction in A&E attendance in the first 170 patients and 86 per cent of the patients discussed had fewer admissions in the six months after the teleconference than in the previous six months.

Our partnership with Islington Council

There has been a history of partnership working with Islington social services and the health services that are now within Whittington Health.

This has supported people to stay in their own homes and be as independent as possible, avoid unnecessary stays in hospital, enabled people to receive all the necessary equipment to be cared for at home safely and, in a timely fashion, more joined-up working with primary care (GPs) to manage the care of people with complex needs or frailties more effectively.

Achievements in 2012/13 include:

- An enhanced reablement service – this provided intensive support packages to people who would otherwise have been at high-risk of admission to residential or nursing home (typically due to dementia). In 2012/13, 75 people received this service and more than

four out of five were still at home three months after the service finished.

- Mainstream reablement service – this provided free rehabilitation at home for nearly 900 people in 2012/13. Following contact with the service, two thirds of people had no on-going care needs and another fifth have had less care needs than before. Over 98 per cent were still at home three months after the service finished.
- Additional therapist input to the 'front of hospital' assessment team has enabled quick assessment of patients' ability to go home safely with essential equipment and a seamless link to community health and social services. The Whittington Hospital Facilitated Early Discharge Service carry out the community assessment for social care.
- The number of people issued with telecare equipment has been steadily growing, with a range of health and social care services referring telecare for residents.

2. Ambulatory care

Ambulatory care is about *'helping patients to be treated on the same day'.*

Our same-day treatment clinics were first introduced in February 2012 in our emergency department at The Whittington Hospital to enable patients to be treated faster and avoid unnecessary hospital admission.

The clinics provide people with a one-stop diagnostics service and easy access to specialist advice. Patients may be seen by several specialist staff during their visit.

The clinics are led by consultants during the week and nurses at weekends. Patients are either referred by their GPs as an emergency, have attended our emergency department or come from our medical wards to help them to be discharged from hospital sooner.

We can now treat most patients with deep vein thrombosis (a blood clot in a leg vein) or cellulitis (skin infections) without them needing to be admitted.

In 2012/13, the service treated 1500 patients with two cubicle spaces. The number of spaces has already been extended to allow 2,500 patients to be seen a year. Two thirds of these patients would otherwise have needed to come into hospital. Another quarter come from our wards and are supported by the close team working with our community services to go home earlier than before. Next year, we will be opening a new state-of-the-art same day treatment centre which will be five-times bigger.

3. Enhanced recovery

Our enhanced recovery programme is about helping patients who need to come into hospital to get better sooner. We started the programme for patients having bowel surgery and hip and knee replacements.

Our specialist teams provide patients with the best possible care to support them during and after their illness.

For surgical patients, this includes support and teaching prior to their surgery (e.g. attending 'joint school' before hip or knee replacement), supporting eating and drinking, excellent pain relief, reassurance and counselling throughout their stay. After discharge, the hospital team supports patients by telephoning them and providing rapid access to expert advice if they experience any difficulties after having the operation.

The aim is to enable patients to know what to expect, to be an equal partner in their care and be independent earlier so they can return to their own environment as soon as is safely possible.

Patient story

"I cannot praise The Whittington Hospital enough for the care I received before, during and after my treatment."

Alexander Wacey had a hip replacement at The Whittington Hospital as part of our enhanced recovery programme.

Before his surgery he attended our "joint school" and learnt about the exercises he needed to do before and after his surgery in order to get better sooner. He was given practical information about what to expect during his stay in hospital and advice on how to prepare his home for when he returned after the operation.

He commented, "I cannot praise The Whittington Hospital enough for the care I received before, during and after my treatment. The joint school was invaluable in getting all the information I needed to prepare for and recover from my surgery. I felt empowered, informed and fully prepared at every stage of my treatment and was surprised as to how quickly life had returned to normal. The process couldn't have gone smoother."

8: Performance review and achievements

Overview

We had a successful but challenging year in 2012/13.

The Whittington Hospital featured as one of the safest hospitals in the England for the second consecutive year.

For almost two years, the hospital has had the best score in England on one of the key mortality standards, the summary hospital-level mortality indicator (SHMI). This is based on the number of deaths of patients admitted to hospital and those within 30 days of discharge. It covers a number of conditions.

Our strong achievement on this indicator contributed to us winning the national CHKs Top Hospitals Patient Safety Award 2013. The award recognises outstanding performance in providing a safe hospital environment for patients and is based on a range of indicators, including rates of hospital-acquired infections and mortality. It is a testimony to the dedication and hard work of our staff who are committed to providing a safe environment despite the continuing pressures on healthcare.

The Care Quality Commission (CQC) reported positively following their visit to The Whittington Hospital in January 2013. Of the 11 standards assessed, the Trust met 10 but were disappointed to fall short on one. We have since had a second visit by the CQC and have passed the remaining standard.

During the year, we continued to make good progress on integrating our community and hospital services. This is key to our clinical strategy of delivering integrated care and supporting people where possible closer to their homes and avoiding admissions to hospital. Improving the patient experience through better coordinated care remains a high priority. Many of our community and hospital staff shadowed each other's roles. Our musculoskeletal outpatients' physiotherapy service became the first of our services to merge, joining together three separate physiotherapy services into the Whittington Health MSK physiotherapy service.

Like other NHS Trusts across England, the findings of the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry resonated across the Trust. Our staff have spent time reflecting on the implications and lessons to be learnt on some of the key issues including transparency and candour, leadership, information, safety and compassionate care. Formal staff conversations are planned for early 2013/14.

In February, we were disappointed not to push further forward with our foundation trust application. We are now working towards achieving operational excellence and consistently meeting key national targets. By the end of March 2013, we had made good progress, particularly on seeing 95 per cent of patients attending our emergency department within four hours. We are continuing to work hard on changing our processes to ensure we meet all national standards.

Performance against strategic goals

We set ourselves 32 corporate objectives in 2012/13 under our five strategic goals, as listed in Table 1.

The Trust fully met 11, partially achieved 11 and didn't succeed in 10, many of these were postponed and will be implemented in 2013/14. Among the achievements were the successful delivery of the North East Haringey integrated care pilot (1a), improvements to patient experience in cancer care (2a), the meeting of mandatory financial targets and our £13m cost improvement target (3b and 3c), maintaining our safety record (4a) and being among the top 20 per cent of trusts in the country for staff engagement in the national staff survey (5d).

Among those still to be achieved were the implementation of our electronic patient record which was delayed until later in 2013 (1d), the roll out of enhanced recovery pathways across all surgical and relevant medical specialities which has been extended throughout the year (2d), 100 per cent achievement of mandatory training (83 per cent was achieved) and improving appraisal rates to 75 per cent (70 per cent was achieved). All of these projects will remain priorities for the Trust in 2013/14.

Table 1: Corporate objectives 2012/13

1. Integrate models of care and pathways to meet patient needs
a. Collaborating with GPs, social services and other NHS providers to deliver integrated care strategy
b. Improving data quality and developing innovative metrices to enable real-time monitoring and reporting of performance
c. Improving communication with GPs by having electronic communication as standard and using a GP portal
d. Electronic Patient Record to go live in April 2013
2. Ensure "no decision about me without me" through excellent patient and community engagement
a. Improving the patient experience by one quartile as measured by national annual inpatient and outpatient surveys
b. Fifty per cent of all communication with patients are to be by electronic media in 2012/13, and 75 per cent by 2013/14
c. Achieving 100 per cent of discharge letters to be sent to GPs and patients within two working days
d. Implementation of enhanced recovery pathways across all surgical and relevant medical specialities, putting patients at the centre of their own recovery
3. Deliver efficient, affordable and effective services and pathways that improve outcomes
a. Meeting key national performance indicators and standards
b. Achieving statutory financial duties including national mandatory financial targets
c. Delivering £13.1m Cost Improvement Programme (CIP)
d. Full implementation of service line management
e. Achieving productivity levels equal to the peer group average as measured by reference cost index
f. Be on trajectory to achieve top quartile performance on indicators set out in NHS London Healthcare Benchmarking tool (http://lhbt.london.nhs.uk/lhbtool.aspx)
g. Adoption of Lean across the Trust

4. Improve the health and well-being of local people
a. Maintaining top decile safety record as measured by Standardised Hospital Mortality Indicator (SHMI) and other mortality indicators
b. Operating a seven-day organisation
c. Improving compliance with local targets set out in performance dashboard as measured by step change in RAG ratings
d. Meeting waiting times targets for community services, notably musculoskeletal, physiotherapy and podiatry services
e. Implementing the health promotion strategy
f. Achieving organisational equality objectives
5. Change the way we work by building a culture of education, innovation, partnership and continuous improvement
a. Adoption of an innovation strategy
b. Achieving Foundation Trust Accountability Agreement milestones
c. Delivering service transformations as set out in QIPP programme
d. Implementation of workforce and staff engagement strategies
e. Implementation of communication plan
f. Implementation of the estates and sustainability strategies, including smart working
g. Integrating research, clinical audits and teaching into professional development
h. Achieving the mandatory training target of 90 per cent
i. Improving appraisal completion rates to at least 75 per cent in 2012/13 and 90 per cent in 2013/14
j. Implementation of Whittington Health strategy
k. Ensuring that both undergraduate and postgraduate education is central to Whittington Health's core business

Quality

We received a positive report from the Care Quality Commission (CQC) following their visit to The Whittington Hospital in January 2013. They observed many examples of good practice and spoke to a number of staff and patients. Of the 11 standards assessed, we met 10 falling short on one relating to the care and welfare of the people use our services. This related to the care of older people with acute medical problems being looked after in wards that were not specific to their needs. Within 24 hours, we had rectified the problem and drawn up a robust action plan. On a subsequent follow up visit to the hospital, the CQC judged us as meeting the welfare and safety needs of our patients. Among the comments received by patients on their January visit, they said:

- staff introduced themselves at the start of the shift
- they (staff) are always available to answer questions
- I have been given lots of information and support

The CQC reported:

- "...during our visit we observed staff responding quickly to call bells..."
- "...on one ward we observed a doctor conversing with a patient and their relatives in Greek, in line with their cultural needs..."
- "...we observed lunch being served in a number of wards all of which had protected meal times...meals were conducted in a relaxed and pleasant manner...Staff used a red tray system to identify those needing support or encouragement to eat..."

Two other Trust services also received inspections during the year:

- Haringey Children's Community Services May 2012 – (All compliant, some areas for improvement under outcome four: waiting times for children to see some health professionals)
- Simmons House September 2012 (St Luke's Hospice adolescent service inspected, all compliant)

We have concentrated on improving quality through schemes like our enhanced recovery and ambulatory care programmes. More information can be found in Section 7.

Every year we aim to reduce the number of pressure ulcers that happen when people are in our care both in hospital and in the community. Pressure ulcers are graded from one to four, the most important to prevent are grade two and above, as they constitute more serious skin damage and pose the risk of further infection as well as being extremely uncomfortable for patients. We aim to prevent pressure ulcers from occurring and from deteriorating.

We have been successful at reducing the number of grade two pressure ulcers which fell from 115 in 2011/12 to 94 in 2012/13. Improvement has been particularly marked in surgical wards. We are focusing our work on preventing pressure ulcers occurring in community patients, but this is more challenging to achieve. The number of grade three or grade four pressure ulcers acquired within the hospital remained the same with 11 in 2011/12 and 11 in 2012/13. We have developed a new Trust-wide strategy which uses SSKIN (a five-step model for pressure ulcer prevention) to reduce the incidence of avoidable pressure ulcers in all care settings in the Trust and we have a dedicated pressure ulcer committee to review actions and progress.

Our performance against national standards

Table 2 shows our performance in 2012/13 against the national targets. Our Trust Board receives a monthly report on our progress against the standards which is published on our website.

The Trust met the challenging performance target for patients to be seen within four hours in the emergency department despite a 7 per cent increase in attendances compared to last year. At the end of 2012/13, the Trust started work on strengthening its waiting list processes. We are continuing to focus on meeting the 14-day cancer target from referral to first visit.

Table 2: Performance against national targets 2012/13

Goal	Standard/benchmark	Whittington performance
Emergency department four-hour performance	95% of patients to be admitted, transferred or discharged within four hours of arrival	95.2%
RTT 18 week waits: admitted patients	90% of patients to be treated within 18 weeks	91.2%
RTT 18 week waits: non-admitted patients	95% of patients to be treated within 18 weeks	98.6%
RTT 18 week waits: incomplete pathways	92% of patients to be waiting within 18 weeks	93.6%
Outpatient follow-up ratio	London upper quartile performance	Action plans in place for all specialties; some but not all met the standard in 2012-13
Operations cancelled for non-clinical reasons	0.8% of elective admissions. Patients should be re-booked within 28 days of their cancelled operation date.	0.7% of elective admissions were cancelled on the day for non-clinical reasons. Two patients were not rebooked within the 28 day standard.
Waits for diagnostic tests	99% waiting less than 6 weeks	98.4%
Day surgery rate	Audit Commission benchmark	73%
Outpatient department Did Not Attend (DNA) rate (hospital)	8%	13.3%
Community adults' services DNA rate	10%	9.7%
Community children's services DNA rate	10%	10.4%

Goal	Standard/benchmark	Whittington performance
Average length of stay for all acute specialities	Target was a one-day reduction from the 2011/12 average of 5.9 days	5.7 days
Staff sickness absence rate	Local target: <3%	3.1%
Ward cleanliness score	95%	97.2%
Elimination of mixed sex accommodation	0 mixed sex breaches	0 breaches
New birth visits (Islington)	95% seen within 14 days	74.3%
New birth visits (Haringey)	95% seen within 14 days	59.7%
Sexual health services	100% offered an appointment within two days	100%
Cancer waits		
Urgent referral to first visit	93% seen within 14 days	91.6%
Diagnosis to first treatment	96% treated within 31 days	100%
Urgent referral to first treatment	85% treated within 62 days	86.2%
Maternity		
Bookings by 12 weeks and six days of pregnancy	90%	89.8%
One-to-one midwife care in labour	100%	99.5% of audited deliveries
Smoking in pregnancy at delivery	<17%	7%
Rate of breast feeding at birth	>78%	92%
Complaints		
New complaints	No benchmark for integrated care organisation (ICO)	Average of 44 complaints received per month (across community and acute services)

Our 2012/13 activity compared to 2011/12

At The Whittington Hospital, we experienced an increase in demand in six areas particularly our emergency department which saw attendances rise by almost seven per cent compared to last year. Outpatient referrals also increased by five per cent. The number of babies delivered remained similar to last year. Our clinical activity compared to last year is shown in Table 3.

Table 3: 2012/13 acute activity compared to 2011/12

Activity type	2011-12	2012-13
Emergency department	86,418	92,307
Emergency inpatient admissions	18,252	18,521
Outpatient referrals	78,419	82,267
First outpatient attendances	63,892	72,681
Follow-up outpatient attendances	148,612	140,083
Elective inpatient admissions	2,734	2,449
Day case admissions	18,371	18,382
Maternity deliveries	3,942	3,985

Our achievements

Listed below are some of our achievements in 2012/13.

Division of integrated care and acute medicine (ICAM)

- Our consultant cover at The Whittington Hospital for patients admitted as emergencies with medical conditions improved. A consultant is now normally present from 8am to 8pm seven days a week to enable our patients to receive consultant-led input more quickly.
- From Monday to Friday, every medical patient in the hospital is discussed daily on a multidisciplinary "board round", at which the consultant, doctors, nurses, physiotherapists and occupational therapists, pharmacists and social workers all work as a multidisciplinary team to agree the priorities for each patient's care. Our data shows that this has reduced delays and our patients are getting home on average 0.7 days earlier.
- In the last year, we have developed, in collaboration with commissioning groups, multidisciplinary teleconferences to discuss patients at high-risk of emergency admission to hospital. This is aimed at identifying and solving people's problems before they need to come into hospital. These teleconferences are led by GPs and involve consultants, social workers, pharmacists, specialist community nurses, district nurses, psychiatrists and community therapists according to the patient's needs. We are holding these community-based teleconferences across Islington and Haringey.

Division of surgery, diagnostics and cancer services

- We have increased consultant presence by separating emergency and planned work to free up consultants to have earlier input in managing emergency patients. This is in place with a consultant surgeon on site commitment free for 12 hours 24/7. All patients are seen and assessed within 12 hours of their admission. All seriously unwell patients are reviewed within half an hour of their admissions by a consultant surgeon.
- The division has improved access to call centres to enable people to change appointments. All phones are manned by all appointments staff throughout peak times. We are working towards having a dedicated call centre (whereby staff will only be required to answer calls). This is due to be implemented in May 2013.
- Our aim is to provide breast clinics five days a week. In 2012/13, we increased the number of breast clinics from two to four days.
- The Trust is streamlining the pathway for urology patients to avoid unnecessary emergency admissions.

Division of women, children and families

Sexual health

- The division has improved access to community HIV testing in high-risk groups to increase awareness of the need for testing and earlier diagnosis of infection.

Children's services

- Admissions to Ifor ward, our general paediatric ward, have been kept to a minimum and interaction with our community paediatricians increased. Paediatricians now work with children in neurological developmental clinics in the community as well as participate in hospital general paediatrics and on-call rotas.
- Senior nursing paediatric posts have been joined together across the hospital and community. This includes management, leadership and specialist nursing roles.
- A paediatrics email advice service has been set up for GPs to discuss a clinical query with a consultant paediatrician.
- A paediatrician is being piloted to link with GP practices to support integration with community services and education/training initiatives.

Neonatal unit

- Neonatal community nurse specialists have been introduced to follow babies and families journeys through the neo-natal unit, working clinical shifts, supporting discharge and visiting the families to ensure a smooth transition back home.

Health visiting

- There has been significant improvement in the Trust's new birth visit performance since April 2012 through the implementation of more efficient processes and a refocus on early intervention.
- A learning programme has been developed to support newly-qualified health visitors and 12 new students.

9: Financial performance

We performed strongly in 2012/13 despite significant financial pressures achieving a surplus of £3.5m. This is the ninth successive year the organisation has made a surplus and the second year since forming Whittington Health.

From 2009/10, all NHS organisations have had to prepare accounts on an International Financial Reporting Standards (IFRS) basis, which require 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 in its buildings, as well as ensure medical equipment and IT systems are of a high standard. The Whittington Hospital delivered a capital expenditure programme of £13.2m, including reconfiguring offices for 'smart' working (£1.5m), IT storage (£1.4m) and carbon reduction (£0.8m).

A review of the hospital's buildings and land has resulted in decreasing asset values in the accounts of £5m. This is excluded when measuring performance against the Trust's break-even duty.

Demonstrating financial sustainability is a priority for all trusts which are required to deliver efficiency savings every year. There was a strong focus throughout the year on improving and maintaining high-quality services while at the same time delivering efficiencies. The Trust successfully delivered £13m of efficiencies which was 100 per cent of our target.

Income and expenditure

The Trust's main sources of income in 2012/13 were 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 was £281.3m, an increase of £3.1m.

The income and expenditure statement shows a surplus before interest and dividends of £3.5m, with net interest payable of £2.7m and dividends payable of £2.7m, resulting in the retained deficit of £1.8m. The accounting charge for PFI (£2.1m), the impact of non-PFI impairments (£3.3m) 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 £3.6m.

Table 4 summarises key features of the Trust's income and expenditure performance over the last five financial years.

Table 4: Income and expenditure performance 2012/13

Breakeven performance	2012-13 £'000	2011-12 £'000	2010-11 £'000	2009-10 £'000	2008-09 £'000
Revenue	281,343	278,212	186,300	176,853	165,983
Operating expenses (including depreciation)	(277,753)	(275,970)	(182,907)	(176,262)	(160,445)
Surplus before interest and dividends	3,590	2,242	3,393	591	5,538
Other gains/(losses)	(79)	0	(82)	0	1
Net interest receivable/(payable)	(2,613)	(2,654)	(2,582)	(2,632)	215
Dividends payable	(2,666)	(2,805)	(2,888)	(3,156)	(3,816)
Retained surplus/(deficit)	(1,768)	(3,217)	(2,159)	(5,197)	1,938
Adjustment for non-PFI impairments included in retained surplus/(deficit)	3,267	1,928	2,208	4,618	107
Adjustment for impact of IFRS accounting on PFI included in retained surplus/(deficit) above	2,059	2,308	459	718	0
Adjustments in respect of donated asset reserve elimination	56	101			
Position against statutory break-even duty	3,614	1,120	508	139	2,045

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 shown in Tables 5 and 6, with a comparison to the previous year.

Our summary financial statement is shown in Appendix 1.

Table 5: 2012/13 Trust performance on payment of creditors

2012-13 performance	NHS payables number	Non-NHS payables number	NHS payables £'000	Non-NHS payables £'000
Total bills paid	5,841	92,351	22,935	64,904
Total paid within target	5,377	68,396	14,454	49,479
Percentage paid within target	92%	74%	63%	76%

Table 6: 2011/12 Trust performance on payment of creditors

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%

Staff costs

The Trust's staff costs are shown in Table 7. Information on staff sickness absence is outlined in Table 8.

Table 7: Trust staff costs 2011/2013

Category	2012-13 £'000	2011-12 £'000
Salaries and wages	167,112	167,421
Social security costs	13,055	12,846
Employer contributions to NHS Pension Scheme	17,466	17,308
Termination benefits	626	1,979
Total staff costs	198,259	199,554

Table 8: Staff sickness absence and ill health retirements 2011/2013

Category	2012-13 number	2011-12 number
Total days lost	26,649	24,284
Total staff years	3,651	3,420
Average working days lost	7.30	7.10
Number of persons retired early on ill health grounds	5	6
Total additional pensions liabilities accrued in the year	£172,000	£163,000

Medical and professional education and training

In 2012/13, the Trust received education and training funding of £16.6m (unchanged from 2011/12) from NHS London. Of this, £9m related to undergraduate medical teaching, with a further £5.7m relating to postgraduate medical education and the remainder supporting training in other disciplines.

Statutory financial duties

The Trust met all of its statutory financial duties in 2012/13. 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 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. 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. For more information on the Trust Board and committees, see Section 11.

10: Future plans and developments

We have a number of exciting projects that we have been working on throughout the year and will come to fruition in 2013/14. They are all in line with our five strategic goals and will enhance services for our local community – offering new ways of delivering care, improved patient experience and greater efficiency through new technology.

Ambulatory care centre (same-day treatment centre)

In 2014, we will open our new £2.9m ambulatory care centre. Our same-day treatment clinics in our emergency department have proved so successful that we are now opening a purpose-built unit to give patients a one-stop diagnostic service and easy access to specialist advice to enable patients to be treated quicker. This will also support inpatients to return home as early as possible.

Undergraduate education centre

In line with our strategy to be a leading education provider, we are due to open in September 2013 a new £1.9m education centre for undergraduates. The facilities will include new clinical skills centre, lecture rooms and medical education library following the sale of the Archway campus. The library will serve NHS staff from Whittington Health and Camden and Islington NHS Foundation Trust. It will also provide services, including books and IT provision for UCL students working at The Whittington Hospital.

Electronic patient records system

A key part of the Trust's ambitious IT strategy is to have a single shared electronic patient record (EPR) across Whittington Health to improve patient safety, outcomes and experience. The Trust has invested £7m in a new system which is being rolled out over two years from 2013/14, starting with maternity in May 2013. The Medway maternity system will be used by approximately 200 midwives, obstetricians and paediatricians across seven maternity wards at The Whittington Hospital and 16 community health centres within the boroughs of Islington and Haringey. Later in 2013, the new EPR system for our patient administration system and emergency department will go live. Further developments include a GP and patient portal. The Trust aims to become one of the first paperless organisations in the NHS.

11: Our organisational structure

Our Board of Directors is the Trust's corporate decision-making body which considers the key strategic and managerial issues facing the organisation. It meets on a monthly basis and consists of a chair, six executive directors, including the chief executive, and six non-executive directors.

During the year Celia Ingham Clark MBE, the Trust's medical director left to become medical director for revalidation and quality for the London region of NHS England and the national clinical director for enhanced recovery and surgery.

Paul Lowenberg was appointed as a non-executive director and Dr Martin Kuper was appointed as medical director and an executive director of the Board.

Our non-executive directors

Joe Liddane - chairman

Joe Liddane became chairman of The Whittington Hospital NHS Trust on 1 November 2007. He is a trained chartered accountant and has had a successful career specialising in performance improvement for financial services and private sector businesses as well as public sector organisations. He was until recently a non-executive director of the NHS Institute for Innovation and Improvement (the organisation closed in March 2013). Joe is a managing director of a small management consulting firm. 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.

His term ends on 31 October 2015.

Robert Aitken - deputy chairman and non-executive director

Robert Aitken was formerly a director of the employment, commercial and companies division at The Treasury Solicitor's Department. He previously worked for the Department of Health as a lawyer. He is a trustee of Coram, the UK's first-ever children's charity and a former trustee of the English National Opera Benevolent Fund. He runs his own consultancy business. Robert lives in Brookfield Park and is on the Parochial Church Council at St Anne Parish Church in Highgate.

His term ends on 31 December 2015.

Professor Jane Dacre

Professor Jane Dacre was appointed as the University College London (UCL) nominated non-executive director 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 won the 2012 Women in the City, Woman of Achievement in Healthcare Award, and is on the 2013 HSJ inaugural list of inspirational women in healthcare. She runs a UCL-based international consultancy service for medical education. Past positions include Academic Vice President of the Royal College of Physicians and an appointed member of the GMC Council. She is the Medical Director for the MRCP (UK) examination. Her main academic role is as Director of UCL Medical School in London.

Her term ends on 31 December 2016.

Anita Charlesworth

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. She has spent a large part of her career as a civil servant including working at the Department of Health and the Treasury. Anita worked for SmithKline Beecham pharmaceuticals in the 1990s based in the UK and USA. Before she 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.

Her term ends 1 April 2015.

Peter Freedman

Peter has more than 25 years' experience working with the world's leading companies in the consumer goods, retail and healthcare industries, on a wide range of strategy, organisational and operational issues. Prior to 2011, he worked with McKinsey and Company, the management consultants, where he led their Europe, Middle East and Africa consumer goods practice. Currently, he works as a non-executive director and advisor for a number of organisations, including The Parliamentary and Health Service Ombudsman, as well as several companies in the private sector. Peter became a non-executive of Whittington Health on 23 May 2011. He lives in Hampstead.

His term ends on 22 May 2015.

Sue Rubenstein

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 more than 100 boards including regulators, charities, NHS foundation trusts and clinical commissioning groups. Sue has a particular interest in clinical leadership and regularly supports the development of clinical leaders and organisational development initiatives in clinical teams. In her previous role at the NHS Modernisation Agency, she led improvement interventions in NHS organisations and systems deemed to be 'failing'. She previously served as non-executive director on Haringey Teaching Primary Care Trust and Haringey and Islington Provider Alliance Board. Sue joined Whittington Health on 1 April 2011.

Her term ends 1 April 2015.

Paul Lowenberg

Paul is chairman of Ascham Homes, a not-for-profit company set up by the London Borough of Waltham Forest Council to manage and improve its 12,400 homes. 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. Previously, he was a senior manager in local government. His positions included Chief Executive of Edinburgh District Council, Director of Works at Manchester City Council and Deputy Head of Building at Hackney. 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.

His term ends on 30 April 2016.

Our executive directors

Dr Yi Mien Koh - chief executive

Dr Yi Mien Koh started as chief executive in March 2011. Her previous roles included chief executive at Hillingdon PCT, director of public health, performance and medical director at North West London Strategic Health Authority, and director of public health and policy at Kensington and Chelsea and Westminster Health Authority. Yi Mien has worked for the Healthcare Commission, the Commission for Health Improvement, was an honorary consultant with the Health Protection Agency and a visiting professor in Leadership and Management at London School of Hygiene and Tropical Medicine. She studied medicine at Melbourne University and trained in paediatrics and public health in London. She has an MBA from City University Business School and a DBA from Cranfield University. She is a Fellow of the Faculty of Public Health and Chartered Institute of Personnel and Development.

Maria da Silva - chief operating officer

Maria da Silva was appointed chief operating officer for Whittington Health in 2011. Maria has an occupational therapy background and, before moving to Whittington Health, was director of community services across health and social care in Islington. Maria has more than 20 years' experience in operational management and commissioning of health and social services.

Martin Kuper - medical director

Dr Martin Kuper became executive medical director of Whittington Health on 1 October 2012. He is a consultant intensivist and anaesthetist and was previously a divisional director. Martin graduated in medicine from Oxford and trained in intensive care and anaesthetics in West London. Prior to becoming divisional director, Martin was The Whittington Hospital's director of research and innovation for two years. He was a national clinical advisor for enhanced recovery and led the London Enhanced Recovery Partnership. Martin lives locally with his family.

Celia Ingham Clark - medical director (until 1 October 2012)

Celia Ingham Clark was appointed medical director in 2004. She trained in Cambridge and London and became a consultant general surgeon at The Whittington Hospital in 1996. Celia Ingham Clark moved to become medical director for revalidation and quality for the London region of NHS England and the national clinical director for enhanced recovery and surgery.

Dr Greg Battle - medical director integrated care

Dr Greg Battle has worked as a GP in Islington for 20 years. Outside his clinical practice, he has held leadership roles for 15 years including primary care group chair at North Islington, professional executive committee chair at Islington Primary Care Trust, practice based commissioning chair at Central Islington and prescribing lead GP in Islington. He trained at University College London Hospital (UCLH) and worked as a junior doctor at UCLH and the Royal Free hospitals. He was primary care advisor to The Whittington Hospital 10 years ago. He brings his primary care clinical and leadership experience to Whittington Health to ensure the 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 other health bodies. He lives with his family in Enfield.

Bronagh Scott - director of nursing and patient experience

Bronagh Scott joined The Whittington Hospital on 1 June 2010. Previously Bronagh had been director of nursing in Northern Ireland for six years. Former positions include director of nursing at United Hospitals NHS Trust and director of unscheduled care and community services at the Northern Health and Social Care Trust. Bronagh has many years of experience working in integrated acute and community health and social care. As director of nursing in Northern Ireland, Bronagh provided leadership to 4,000 nurses and allied health professional staff.

Table 9: Board attendance

Trust Board	Number of meetings attended
Non-executive directors	
Robert Aitken	9/11
Anita Charlesworth	9/11
Jane Dacre	9/11
Peter Freedman	11/11
Joe Liddane	10/11
Paul Lowenberg	10/10 (appointed from May 2012)
Sue Rubenstein	8/11
Executive directors	
Yi Mien Koh	11/11
Richard Martin	11/11
Maria da Silva	9/11
Bronagh Scott	11/11
Greg Battle	11/11
Celia Ingham Clark	3/5 (in post until September 2012)
Martin Kuper	6/6 (appointed from October 2012)

Our key committees

The Trust Board is supported by six committees:

- Audit and Risk Committee
- Quality Committee
- Finance and Development Committee
- Charitable Funds Committee
- Remuneration and Nomination Committee
- Foundation Trust Steering Committee

Audit and Risk Committee

The Audit and Risk Committee is chaired by Peter Freedman and includes two other non-executive directors, Paul Lowenberg and Robert Aitken. It meets six times a year.

Quality Committee

The Quality Committee meets six times a year and provides assurance to Trust Board that high standards of care are provided. Chaired by Sue Rubenstein, it includes four other non-executive Directors, Peter Freedman, Anita Charlesworth, Robert Aitken and Jane Dacre.

Finance and Development Committee

A new Finance and Development Committee was established at the end of 2011/12. It is chaired by Paul Lowenberg and includes three other non-executive Directors, Anita Charlesworth, Peter Freedman and Robert Aitken. During the year, the committee reviewed the Trust's financial plans, workforce and estates strategies and proposed major investments.

Foundation Trust Steering Committee

The Foundation Steering Committee was set up to support the Trust's application for foundation trust status. It is chaired by Joe Liddane and includes two other non-executive directors Paul Lowenberg and Peter Freedman.

Nominations and Remunerations Committee

The Nominations and Remuneration Committee met four times during 2012/13 to review and make recommendations to the Board of Directors on the composition, balance, skill mix and succession planning of the Board. All the Trust's non-executive directors sit on the committee which is chaired by Joe Liddane.

Charitable Funds Committee

Our registered charity is the Whittington Hospital NHS Trust Charitable Funds which aims to improve the patient experience and environment within the organisation. The Charitable Funds Committee ensures that the charity acts appropriately and provides direction for the fundraising activities during the year. The committee is chaired by vice-chairman, Robert Aitken, and includes staff, trust governors and patients.

Shadow Council of Governors and membership

As the Trust continues its journey towards securing foundation trust status, it has established a shadow Council of Governors and a membership scheme with more than 10,000 members (6,300 public and 4,000 staff).

NHS foundation trusts provide for greater local accountability to patients and service users, local people and NHS staff. The principles behind NHS foundation trusts build on the sense of ownership that many local people and staff feel for their hospital and other health services.

Our shadow Council of Governors is chaired by the Trust's chairman Joe Liddane. The lead governor is Ron Jacob. Council members comprise staff, public, patients and nominated representatives.

Elections are due to take place in summer 2014. The Trust intends to recruit a minimum of 60 people to stand for elections. A governor prospectus has been written for anyone interested in standing which is available in print form and online.

Data security

There were six serious incidents related to data security recorded during 2012/13. More information can be found in the Trust's Annual Governance Statement which is available on request from the Communications Department.

12: Our people

We recognise that our staff are crucial to delivering high-quality compassionate care and excellent outcomes for our patients.

Our aim is to have a healthy culture with shared values. A place where we think and act like one organisation, our staff feel part of one organisation and, for our patients, their relatives and carers, we provide safe, high-quality care in a manner that exceeds their expectations.

We view inspirational leadership and staff engagement as key drivers for success and for delivering our strategic goals. The main areas of focus are:

- An engaged, trained, informed and empowered staff led by clinicians and supported by an effective workforce strategy
- A culture of both continuous service improvement and innovation to transform the way in which we provide our services
- Building stakeholder engagement

Communication and staff engagement

During the year, we have worked hard to keep staff informed of key developments via a number of internal communication channels, including a weekly e-bulletin, monthly face-to-face staff briefings, chief executive and other directors' blogs and our staff newsletter, *Whittington Express*.

Our staff can engage directly with us on the quality of services. In 2012, we rolled out a new incident reporting system enabling staff to let us know when an aspect of care had gone wrong or had the potential to fail.

For over a year, directors including LINK representatives have been carrying out patient safety walkabouts across the hospital and our community sites. These involve visiting various wards and departments to ask staff and patients directly their views on improving patient safety.

For the first time, the Trust carried out a quality survey to give staff an opportunity to report any areas of concern and to highlight what had gone well. We plan to achieve a higher response rate in coming years.

We also encouraged staff across our hospital and community services to take part in our shadowing scheme which increased staff awareness.

2012 NHS Staff Survey

The NHS Staff Survey was sent to a sample of 833 staff selected at random from across the organisation. Thirty per cent completed and returned the questionnaire. This was a disappointing response rate and more work will be done in future years to ensure a more representative sample.

There were 28 key findings reported in the survey. On the overall indicator of staff engagement, the Trust scored 3.79 which was in the top 20 per cent when compared to similar trusts.

We were also in the top 20 per cent of acute trusts in England for:

- staff job satisfaction
- staff reporting good communication between senior management and staff
- effective team working
- staff having well-structured appraisals
- support from immediate managers
- staff witnessing potentially harmful errors, near misses or incidents in the last month
- staff reporting errors, near misses or incidents in the last month
- staff experiencing physical violence from patients, relatives or the public
- staff feeling pressure in the last three months to attend work when feeling unwell
- fairness and effectiveness of incident reporting procedures
- staff recommendation of the Trust as a place to work and receive treatment
- staff receiving equality and diversity training

We were in the worst 20 per cent of acute trusts in England for:

- staff saying hand washing materials are always available
- staff experiencing physical violence from other staff

- staff experiencing discrimination at work
- staff believing the Trust provides equal opportunities for career progression or promotion

The trust is working to address the areas to ensure better results next year. We also plan to carry out a Trust-wide survey of all staff.

Recognising excellence

It was another successful year for our annual Staff Excellence Awards which recognises and rewards outstanding care shown by teams and individuals across the organisation. There are four categories of awards: clinician of the month, employee of the month, clinical team of the month and team of the month.

Equality and diversity

NHS Employers chose Whittington Health as an Equality and Diversity Partner in 2012. Partners are selected because of their strong equality and diversity programmes and commitment to progress. The partnership enabled us to showcase and be recognised for our good practice and key achievements.

Our work in this area led to our learning disability team being recognised by the Nursing Standard Nurses Awards 2013. They received the Learning Disability Nursing Award for nurses who can clearly demonstrate that their initiative has improved the health, well-being and social inclusion of people with a learning disability.

Our organisation continues to promote equality and diversity in all aspects of our work to eliminate discrimination, increase equality of opportunity and build stronger relationships with partners, friends and stakeholders. Our equality objectives and measures for success, published in April 2012 to meet our obligations under the public sector equality duty of the Equality Act 2010, continue to support improvements in patient experience and healthcare services.

The equality outcomes based on the organisational objectives and values are:

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

The organisation continues to reinforce equality and diversity in employment and ensures that our employment policies reflect our staff including disabled people. During September to March, a representative group of frontline clinical and non-clinical staff completed the Level One Award in British Sign Language (BSL) and many of the staff are putting their new skills into practice. Just over 70 per cent of staff have completed equality and diversity training. We continue to work hard to increase this figure.

Education, training and learning

We employ and attract a wide-range of qualified and dedicated staff. The Trust is committed to ensuring staff are trained to provide good quality healthcare for patients and the wider local population. The Trust has a positive reputation for providing education, learning and development opportunities through work place experience leading to nationally recognised qualifications. In 2012/13, employees from across the Trust gained leadership and management qualifications. Award ceremonies were held to celebrate and acknowledge the employees' achievements.

Induction and regular updating of mandatory training is achieved through offering e-learning and face-to-face training as appropriate. E-learning has provided new and existing staff greater flexibility to plan and carry out their training with minimum disruption. We continue to report monthly significant increases in the take up of e-learning modules and remain in the top 10 NHS organisations for using e-learning modules through Skills for Health.

We achieved an 83 per cent compliance rate for mandatory training at the end of March 2013, an increase of 13 per cent since March 2012. Child protection achieved 84 per cent, an increase of six per cent from 78 per cent last year. Safeguarding adults achieved 82 per cent, an increase of three per cent, and fire training achieved the target of 86 per cent, an increase of six per cent. In 2013/14, we are focussed on 90 per cent of the workforce meeting their mandatory training requirements.

As a recognised Investors in People accredited organisation committed to continuous improvement, there has been a concerted focus on ensuring that appraisals take place. As of March 2013, appraisal activity was recorded on the Trust's Electronic Staff Record (ESR) as over 70 per cent. To enhance healthcare services, staff are supported to take up professional and work-related development opportunities as part of the appraisal process and if undergoing organisational change.

Volunteers

Whittington Health's volunteers play an important part in our drive to provide excellent patient-centred care. From the foundation of the NHS in 1948, volunteers and the NHS have always had a special relationship.

Volunteers have something unique to offer in their experience and expertise, lending a hand to patients on the wards or in clinics. They help improve our patients' experience but also support our staffs' experience. Having the ability to understand the anxieties many patients feel when attending hospital, volunteers are able to be a surrogate family during a difficult time.

In 2012/13, we had 192 volunteers from very diverse backgrounds ethnically and culturally. Varying in age and physical abilities, the volunteers are a representation of our organisation's commitment and unity. Whether a retired lawyer or student, 81 or 16, male or female there is always a way volunteers can get involved.

Our ethos is not only about supporting our patients but also enabling volunteers to gain from the experience. Whether to promote social inclusion and update working skills, to say 'thank you' and support their community or as a way to ensure the best possible outcomes in their rehabilitation after illness, our volunteers are part of the Whittington Health family.

Volunteers are our patients, carers, people who use our services and advocates. Many have moved on to become part of our workforce. We actively bring our community to our services and our services to the community.

If you would like to know more about how to become a Trust volunteer please visit the *working with us* section of our website: **www.whittington.nhs.uk**

Our future plans for our people

Our future success depends on the quality of our people. We will be finalising our Organisation Development (OD) plan in June 2013, entitled Passionate about People, which clearly sets out where we want to be in terms of future organisational efficiency and staff development.

We will strive for a trust that is high performing with a shared set of values and culture where decisions are made in the right place at the right level. This will require a focus in engaging people's hearts and minds to generate real commitment to change. It will involve listening, motivating and engaging wide groups of people to help them recognise where we are now, to understand the benefits of moving on, building on what we have achieved so far and being ready for the demands being placed on the Trust. We will maximise discretionary effort by engaging with our staff and their trade unions, investing in them and making them feel valued.

To achieve the vision of a "values-based" organisation, one to which staff want to commit, where there is a rich blend of empowerment and accountability, where flexibility and innovation are based on high degrees of trust, confidence and adult-to-adult relationships, we will be focusing on 17 themes: a culture of performance, engagement and communications, talent/succession, corporate vision and strategy, leading the organisation, the organisation's reputation and profile, future shape of the workforce, workforce structure, recruitment and selection, partnership and outsourcing, policy, management competence and confidence, leadership and team development, behaviours, the changing NHS landscape, reward strategies, modern working and environment.

The success of any transformation effort depends on how it is designed, communicated, implemented and evaluated. Among the first steps will be to conduct a comprehensive staff engagement survey, design a development centre for senior managers and clinicians, leadership and management programmes, and establish a process for embedding values across the organisation.

13: Our patients

Listening and learning from the experiences of our patients is vital to shaping our services.

This was emphasised strongly in the Francis Report and we will continue to put patients first and learn from their feedback.

Historically, patients' views were collected in a variety of ways across the organisation. This year, we have brought together different types of data including complaints, incidents, claims and surveys to give us a better overall picture.

There has been ongoing work to ensure that more patients are asked about their experience of our services. Every ward and clinic has an electronic patient experience tracker with an electronic survey. Questions have been updated to reflect areas that need addressing.

As far as possible, surveys across the hospital have been matched so that the results can be compared. For example, in the paediatric clinic, the same questions are asked but using simpler language. This year we hope to bring together the feedback received in the community which differs from service information in the hospital. We also now hear patient stories at every Trust Board meeting.

From April 2013, a new way of measuring patient experience entitled the Friends and Family Test (FFT) became a requirement for inpatients that stay more than 24 hours and all those who attend the emergency department and are discharged from there. The single question survey asks patients whether they would recommend the service to friends and family who need similar treatment or care. We were already asking patients a similar question.

It is expected that every eligible patient will be asked to fill in the survey. The initial target is for at least 15 per cent to take part. We have been an early adopter of the test and carry it out in the community as well as in the hospital.

The Friends and Family Test uses a scoring system, known as the net promoter score (NPS) to demonstrate the 'very best' achieving hospitals in England. The score calculates the proportion of patients who would strongly recommend the hospital minus those who would not recommend it, or who are indifferent. Hospitals will score between -100 and +100 and a score greater than zero means that patients would recommend the hospital (the higher the score the better).

Our FFT score is published on our Trust website as well as NHS Choices. From July 2013, it will be compared to other NHS organisations.

Complaints

Feedback from complaints is used to help us focus on areas we need to improve. During 2012/13, we improved our complaints reports to show which areas of the hospital are receiving criticism and the types of issues. For example, lack of information is a common area of concern. 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. Where patients told us there was a particular information need, for example around MRSA and leaving hospital, we have developed specific information to address this.

Our complaints department received 543 formal complaints during the year. Complaints are regularly used as part of team meetings across the Trust to ensure all staff learn from mistakes. Examples of action taken, at least in part due to complaints, were:

- Physiotherapy appointments system was reviewed and improved.
- The substance misuse service in HMP Pentonville developed a new prescribing checklist to ensure medication is always given correctly.
- The learning disability protocols were re-established in the emergency department and further training provided to staff.
- A new process for recording the management of hygiene and comfort needs was initiated on Coyle ward to ensure every person was appropriately cared for.
- Customer care training initiated in outpatient clinics and the maternity department.
- Clear guidelines provided to the access team on frequency of checking and responding to answer phone messages. This is now monitored.
- Audiology ensured they had adequate administrative support following concerns about difficulty contacting the department.

The emergency department established a new method for ensuring X-rays are always reviewed by a consultant following a number of missed fractures.

As well as patients, we also seek views from the community, particularly our shadow governors. They provide us with a different perspective and participate in a number of key forums, including Trust Board, Quality Committee and Patient Experience Committee.

Interpreting services

We provide an in-house interpreting service supported by highly-skilled sessional interpreters. An in-house service allows us to be responsive to patients needs and our community. It also allows us to keep costs significantly lower than most other trusts and organisations. The past year has seen an increase in take up with the transference of community bookings from Islington in April 2013.

Department of spiritual and pastoral care

Sickness and suffering are understandably facts of life that many of us prefer not to face until we have to. 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 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. Hospital chaplains care for the spiritual, pastoral and religious needs of all patients, staff and relatives whatever their faith or belief.

14: Our partners

Partnership working is key to delivering our strategy, to providing high-quality care and to meeting and exceeding the expectations of people using our services.

In 2012/13, we strived to strengthen our relationships with many of our key stakeholders.

We have continued to work collaboratively with colleagues in other hospitals. Our Trust is an executive member of UCL Partners (UCLP), an Academic Health Science Centre and Academic Health Science Network. UCLP enables collaboration across primary care, secondary care, community and social care, local government, patient groups, voluntary groups and industry. It helps people work together to translate cutting-edge research and innovation into measureable health and wealth gain for patients and populations in London, across the UK and globally.

Examples of work undertaken are: developing a new approach to providing an integrated, improved quality cancer services, 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.

UCL Medical School

A leading teaching hospital, we are part of UCL Medical School which is committed to excellence in undergraduate and postgraduate education. As one of the medical school's three main campuses, we teach more than 600 undergraduate medical students each year and work closely to ensure the very highest quality doctors are trained and well-prepared for practice in the 21st Century.

Local authorities

We work closely with Islington, Haringey and Camden councils, particularly with social services and formally through oversight and scrutiny committees. A key area where joint work is essential is adult and children's safeguarding. Islington social services have a base at The Whittington Hospital making access to advice and support easy and fast. We also work with social services in patients' boroughs to arrange patient discharges, particularly in complex cases, where support packages in the community are required. We have a formal partnership with Islington Council aimed at supporting people to remain independent and avoid unnecessary admission to hospital.

Local commissioners and GPs

In 2012/13, we witnessed preparations for a new commissioning landscape with Islington and Haringey Clinical Commissioning Groups preparing to take over the reins from local primary care trusts the of purchasing local healthcare services. We have been developing closer links with both CCGs who are also responsible for monitoring the services we provide as well as local GPs. This has been aided by our medical director for integrated care who is an Islington GP.

We also have regular meetings with our local MPs on our services and are beginning to develop relationships with Healthwatch Islington and Haringey, two new consumer groups with a spotlight on healthcare.

15: Research

Building the future today

We are committed to supporting research. Our belief is that health organisations that are proactive in developing innovative ideas deliver better care to their patients. There is evidence that patients who take part in clinical trials have better health outcomes.

We are an executive member of UCL Partners (UCLP) an academic health science centre (AHSC) that was designated in 2009 to accelerate the translation of research into practice. During the year, it applied to be an Academic Health Science Network (AHSN). AHSNs across the country will be responsible for delivering proven innovation into practice at scale, both to improve patient and population health outcomes.

UCLP was designated one of 15 new AHSNs in May 2013. This will enable Whittington Health to work with UCLP members to ensure the rapid introduction and diffusion of innovations and best practice. Combining our own research and academic strengths will help to reduce health inequality across our communities.

Our portfolio includes a broad range of clinical research activity and service development projects. At the end of this year, 158 projects were active within the organisation, 34 were National Institute for Health Research (NIHR) portfolio studies. This is a database of high-quality clinical research studies that are eligible for support from the NIHR and is a measure of their quality.

We have strong research programmes in cancer, critical care, infection, women's health, continence science, and speech and language therapy. Over the last three years, investigators at Whittington Health have published 348 scientific papers and abstracts detailing their research achievements. More than 500 patients took part in portfolio studies alone over the last year.

As well as clinical research, we are leading the way in ambitious innovation projects such as the redesign of services around our enhanced recovery programme. Other examples of innovative practice include a pilot study at the Michael Palin Centre for Stammering Children where the use of telemedicine is being tested to enable children to be treated in their own homes.

A full review of research and innovation for 2012/13 will be presented to the Trust's quality committee in autumn 2013 and published on the Trust's website.

16: Fundraising

2012/13 was a tough year for fundraising but despite the difficult economic climate, our registered charity – the Whittington Hospital NHS Trust Charitable Funds – raised £441k.

This was £198k higher than in 2011/12 and came largely from legacies and pledges made. Raising money from other sources was harder to achieve.

During the year, we transferred the charitable funds money from Islington and Haringey Primary Care Trusts to our charity. The main emphasis of the charitable funds committee was on increasing the charity's resources to raise more unrestricted funds (donors' money that is not restricted on how it can be spent). The priority was on raising money through charitable trusts, foundations and events.

Activities

Seven Virgin London marathon runners raised a total of £10,600 in April 2012 for various areas in Whittington Health. Eleven 10k London runners also collectively raised £2,700, again for various beneficiary Whittington funds.

Our Oasis Sensory Garden opened to great fanfare in summer 2012 with a Jubilee celebration barbeque for staff and donors. Together with Groundwork London, £117,966 was raised and spent on creating the garden.

New TVs were purchased and installed in the autumn for Ifor, our general paediatric ward, following a mini fundraising appeal involving many people including families and Waitrose in Holloway Road, Islington. HPM electrical contractors who were refurbishing the ward pledged to fund any shortfall.

The local Rotary Club repeated their popular quiz night in The Whittington Hospital's N19 restaurant in February 2013 raising £1,800 for the Whittington Hospital Charitable Funds and the hospital's dementia team.

There were some disappointments during the year. In May, Virgin Active gym in Holloway pulled out of sponsoring the annual Highgate Fun Run billed for October 2012. It proved hard to find a replacement sponsor to continue with the event. A planned Christmas concert had to be cancelled because of low ticket sales. Both had an impact on our event income.

The selling of branded merchandise brought in £5,541 this year which includes sales from Highgate's Fair in the Square, whilst Pennies from Heaven payroll giving raised £883.65.

A new lottery play scheme called Unity Lottery has just been launched and income will be realised next year. Zumba continues to be popular with staff with the trainer donating £1.50 of the class fee to the charitable funds.

Our own Trust fundraising focussed on services around chronic obstructive pulmonary disease (COPD), lymphodoema clinics, child protection medical services and issues around older people and more than £30,000 has been raised through Trusts and Foundations. Individual fundraisers through their collections and events brought in £41,683.

Other income and news

The charity received several major bequests including £100,000 from the Waldron Legacy for children's services.

Income and expenditure

The charity's income, expenditure, investments, fund balance and summary accounts are outlined in Appendix 2.

17: Sustainability report

Overview

We have made significant achievements in reducing our carbon footprint and embedding sustainability across the organisation over the last six years. However, the exceptionally cold winter in 2012/13 has meant meeting our targets this year has been challenging with increases in both energy consumption and greenhouse gas emissions.

NHS commitment

The NHS is committed to the 'most effective, fair and sustainable use of finite resources'. This commitment is among one of the key principles of the NHS Constitution. The NHS also has legal responsibilities under the Climate Change Act 2008.

Latest figures show the NHS has a carbon footprint of 18 million tonnes of carbon dioxide equivalents each year. This is composed of energy (22 per cent), travel (18 per cent) and procurement (60 per cent). Despite an increase in efficiency, the NHS has increased its carbon footprint by 40 per cent since 1990. This means that meeting the Climate Change Act's targets of 26 per cent reduction by 2020 and 80 per cent reduction by 2050 will be a huge challenge (NHS Carbon Strategy for the NHS, January 2009).

Our target

Whittington Health has a target of reducing its 2007 carbon footprint by 10 per cent by 2015. This equates to an annual saving of 900 tonnes (the equivalent of more than 450,000,000 litres of carbon) based upon the total emissions for 2007 of 8,896 tonnes. Careful measuring and monitoring is required to ensure we keep on track.

Our approach to sustainability

Our Sustainable Development Management Plan (SDMP) outlines our proposed actions to deliver a sustained reduction in carbon emissions. The objectives are:

- To present a carbon reduction annual report to the Trust Board on progress against specific measures.
- To promote sustainability in its widest sense by holding an annual week of events to highlight the impact of climate change on the environment, and Trust actions to reduce its carbon emissions.
- To develop an investment plan with details of schemes, the investment needed and the carbon reduction to be achieved.
- To ensure that all capital schemes have an environmental impact assessment prepared to ensure that measures to reduce energy consumption and water use are considered and included.
- To encourage staff to contribute to the Carbon Reduction Strategy (CRS) through proactive groups, inclusion of carbon reduction in job descriptions and the reward/performance management system.
- To help staff and patients reduce carbon emissions by publishing green travel plans, providing information on how to reduce carbon emissions in their personal lives and to encourage them to minimise their need for travel.
- To actively encourage and reward recycling as well as reduce the volume of waste through procurement.
- To seek any available additional investment to help support delivery of carbon reduction schemes
- To strengthen collaboration with local and national bodies that support and promote carbon reduction strategies to create new opportunities for carbon reduction.

The Trust Board is provided with six-monthly updates against the SDMP's target and the strategy is refreshed on a yearly basis.

The Trust's deputy chairman Robert Aitken is the Board lead for sustainability. This position ensures sustainability issues have visibility and ownership at the highest level of the organisation.

The Carbon Reduction Strategy Group (CRSG) delivers the Carbon Reduction Strategy (CRS) and the Sustainable Development Management Plan (SDMP) on behalf of the Trust Board. It ensures our carbon footprint is measured and monitored. The Trust's chief operating officer is accountable for the delivery of the programme.

All our staff are responsible for considering sustainability issues such as carbon reduction which is part of their job descriptions. Awareness of sustainability issues is included in the interview process for all new staff. Our staff energy awareness campaign is ongoing.

Whittington Health has a sustainable transport plan. 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 important that we consider the appropriate steps to reduce or change travel patterns. Our travel plan includes the cycle-to-work scheme for all staff.

Our performance against sustainability metrics in 2012/13

Energy consumption

There was a 22 per cent increase in the Trust's energy costs in 2012/13, the equivalent of 52 hip operations.

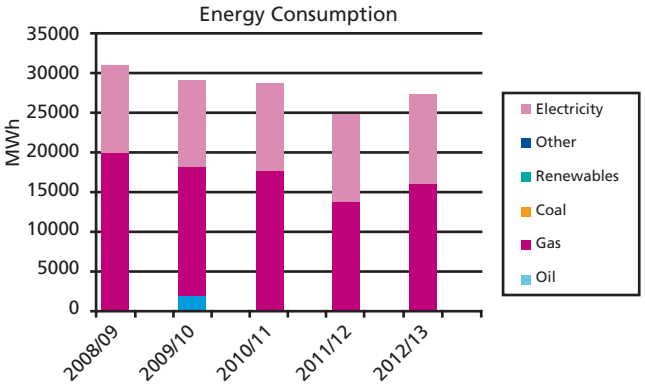
The rise was mainly from higher gas consumption due to the exceptionally cold winter. This continued into the spring which was the coldest for 50 years. Gas consumption in the winter and spring was 17 per cent higher than the previous year. Gas prices also rose by 16 per cent.

Our total energy consumption rose during the year, from 24,795 to 27,511 megawatt hours (MWh) shown in Figure 1. The Trust's relative energy consumption changed from 0.37 to 0.42 MWh /square metre.

Renewable energy represented a small fraction of our total energy use. A solar panel on the roof of the hospital mortuary has only been in place over the winter, performance is expected to improve in summer 2013. The Trust has decided not to purchase electricity generated from completely renewable sources as this carries a price premium. This was felt to be an inappropriate additional cost at this time. Our current supply contract with EDF Energy does include 10 per cent of power from green sources.

Despite the blip this year, we have action plans in place in the carbon reduction strategy to continue to reduce carbon emissions.

Figure 1: Energy consumption



Waste recycled

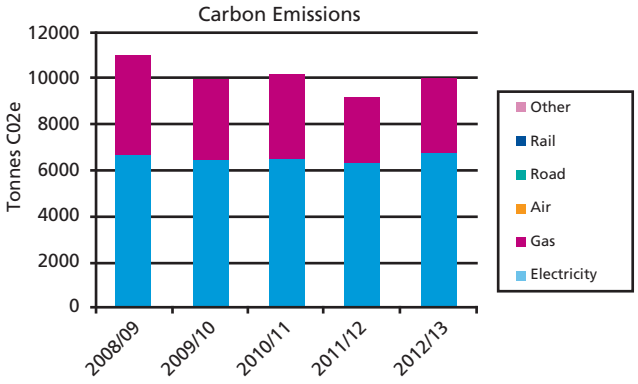
We recovered or recycled 349 tonnes of waste last year, 36 per cent of the total waste the Trust produced.

Greenhouse gas emissions

Our measured greenhouse gas emissions increased by 828 tonnes in 2012/13 as illustrated in Figure 2. This was again the result of the cold winter/spring which resulted in increased gas consumption for heating. Some extra electricity was also used for supplementary heating.

We do not currently collect data on our annual Scope 3 emissions. Scope 3 emissions cover all indirect emissions due to the activities of an organisation. These include emissions from both suppliers and consumers including purchased goods and services, transportation and distribution, business travel, employee's travel to work and investments.

Figure 2: Carbon emissions



Water consumption

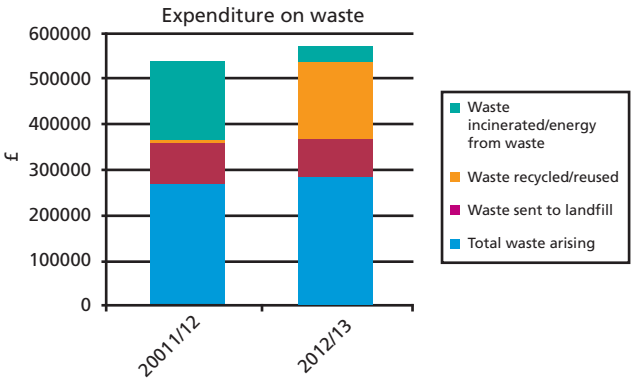
The Trust's water consumption reduced by 14,266 cubic meters in 2012/13. This was in small part because of less water was used by inpatients but mainly from the removal of the old steam boilers which were replaced by modern gas-fired water heaters. We spent £94,963 on water during the year.

The Carbon Reduction Commitment (CRC) Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations. In 2012/13, our gross expenditure on the scheme was £108,588.

Our total spending on business travel was £165,505. This was split with £11,732 spent on public transport and £153,772 for car travel.

Our expenditure on waste in the last two years is shown in the Figure 3.

Figure 3: Expenditure on waste



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 is set out within our policies on sustainable procurement. In the future, we will be starting to calculate the carbon emissions associated with goods and services we purchase.

Our progress to date

Whittington Health's strategy has been in place since 2007. Our biggest and most successful project to date has been the £3.5m decentralisation of our boiler house which so far has saved the gas consumption equivalent of 460 tonnes of carbon dioxide savings each year.

Our carbon emissions rose to 9,700 tonnes per year between 2007 and 2009. These fell to 8,700 tonnes at the beginning of 2013. However, 2012/13's cold winter and spring resulted in a small upturn.

The launch of the Trust's Carbon Reduction Strategy in 2009 put the focus on spending to save on energy and carbon emissions. Over the last five years, we have spent more than £5m. The majority was on the boiler decentralisation programme which has led to the bulk of the gas consumption savings, but other main projects have included:-

- Heating system upgrades in the Jenner Building at The Whittington Hospital
- Widespread installation of thermostatic radiator valves
- Roof space insulation in the Nurses' Home, Jenner Building and D Block
- New boilers for the doctors' flats in Dartmouth House
- Replacement low energy lighting across the hospital including LED street lighting and, more recently, LED lighting to internal spaces
- A window replacement programme to install double glazing
- New heating and hot water system for the hospital's mortuary
- A solar PV system for the mortuary roof
- Upgrades to the building management systems.

We have established close working relationships with local organisations including the Islington Climate Change Partnership. Sustainability has its own section within the Pre Qualifying Questions (PQQs) released with all Whittington Health tenders. Celebrating Climate Week and NHS Sustainability Day (see below) are part of our annual social calendar and we have a regular monthly 'carbon corner' section in our staff magazine.

Engaging staff and our local community will continue to be a priority for us, highlighting the health as well as cost benefits of being sustainable. The recent introduction at The Whittington Hospital of a Brompton Dock, which provided 20 rentable foldable bikes for the local community and staff, is the type of project we will continue to invest in to encourage our staff and local community to keep fit and reduce pollution.

NHS Sustainability Day

For the second year running, Whittington Health supported NHS Sustainability Day on 28 March 2013 with a series of events to highlight the link between healthy lifestyles and sustainable living. The chief executive of Brompton Dock, Mark Antwis officially launched the Trust's project. This was Brompton Dock's first scheme in partnership with an NHS organisation. Support for the event included the charity Textile Recycling for Aid and International Development (TRAID) and the local leisure club Aquaterra. St Joseph's Catholic Primary School was awarded prizes for the best sustainability posters. In the evening, Whittington Health co-hosted an event with other London hospitals. The event was chaired by Trust consultant, Professor Hugh Montgomery.

18: Remuneration report
(this section is subject to audit)

Salaries of senior managers who held office during the year ended 31 March 2013 are detailed in Table 10.

Table 10: Salaries of senior managers

Name and title	2012-13	2012-13	2011-12
	Salary as director (bands of £5,000)	Bonus payments as director (bands of £5,000)	Salary as director (bands of £5,000)
Non-executives			
Mr Joe Liddane *Chairman*	20-25	0	20-25
Mr Robert Aitken *Vice chairman*	5-10	0	5-10
Mrs Anita Charlesworth *Non-executive director*	5-10	0	5-10
Professor Jane Dacre *Non-executive director*	5-10	0	5-10
Mr Peter Freedman *Non-executive director*	5-10	0	5-10
Mr Paul Lowenberg *Non-executive director from May 2012*	5-10	0	0
Ms Anna Merrick *Non-executive director until May 2011*	0	0	0-5
Miss Marisha Ray *Specialist advisor until October 2012*	0-5	0	5-10
Ms Sue Rubenstein *Non-executive director*	5-10	0	5-10

Name and title	2012-13 Salary as director (bands of £5,000)	2012-13 Bonus payments as director (bands of £5,000)	2011-12 Salary as director (bands of £5,000)
Executives			
Dr Yi Mien Koh *Chief executive*	160-165	5-10	165-170
Ms Siobhan Harrington *Director of strategy and deputy chief executive until July 2012*	30-35	0	95-100
Dr Greg Battle *Executive medical director Integrated Care from June 2011*	35-40	0	30-35
Mr Matthew Boazman *Acting director of operations from February- May 2011*	0	0	15-20
Mrs Margaret Boltwood *Director of people*	85-90	0	80-85
Ms Maria da Silva *Chief operating officer from June 2011*	110-115	0-5	90-95
Mr Philip Lent *Director of estates and facilities*	100-105	0	90-95
Mrs Celia Ingham Clark *Executive medical director until September 2012*	20-25	5-10	60-65
Dr Martin Kuper *Executive medical director from October 2012*	45-50	0-5	0
Mr Richard Martin *Director of finance*	110-115	0-5	110-115
Mrs Jo Ridgway *Director of organisational development from March 2013*	0-5	0	0
Miss Bronagh Scott *Executive director of nursing and patient experience*	95-100	0	95-100
Mrs Fiona Smith *Director of planning and programmes*	85-90	0	80-85
Mr Glenn Winteringham *Director of IT from October 2011*	85-90	0	70-75

Notes

The salary figures above represent the 2012-13 financial year and therefore reflect the fact that some directors were only in post for part of the year. Bonuses comprise performance related pay and, in the case of Medical Directors, clinical excellence awards. Celia Ingham Clark's salary as a director in 2011-12 includes bonuses of £16,728. Greg Battle's position is part-time. Jo Ridgway received a benefit in kind of rent-free accommodation valued at £400.

The table shows Celia Ingham Clark's salary and bonuses as Executive Medical Director until September 2012. Her remaining salary and bonuses comprise part-time secondments to other NHS organisations and from October – December 2012, support to the Executive Medical Director (£7,717). The table shows Martin Kuper's salary and bonuses as Executive Medical Director from October 2012. His total salary in respect of work for the Whittington from this date was £67,285, with a bonus of £5,914.

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 workforce.

The banded remuneration of the highest-paid director in The Whittington Hospital NHS Trust in the financial year 2012-13 was £174,290 (2011-12, £164,425). This was five times (2011-12, six times) the median remuneration of the workforce, which was £33,150 (2011-12, £27,625).

In 2012-13, no employees (unchanged from 2011-12) received remuneration in excess of the highest-paid director. Remuneration ranged from £6,096-£174,290 (2011-12, £6,096-£164,425).

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.

Table 11: Pension benefits

Name	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 2013 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March (bands of £5,000) £'000	Cash equivalent transfer value at 31 March 2013 £'000	Cash equivalent transfer value at 31 March 2012 £'000	Real increase in cash equivalent transfer value £'000
Dr Yi Mien Koh	2.5-5	7.5-10	40-45	130-135	776	675	66
Ms Siobhan Harrington	0-2.5	0-2.5	20-25	65-70	382	327	13
Dr Greg Battle	0-2.5	0-2.5	40-45	125-130	773	706	30
Mr Matthew Boazman	0	0	0	0	0	114	0
Mrs Margaret Boltwood	0-2.5	2.5-5	40-45	125-130	960	855	60
Ms Maria da Silva	0-2.5	0-2.5	25-30	75-80	519	470	25
Mr Philip Lent	0-2.5	5-7.5	40-45	120-125	818	716	65
Mrs Celia Ingham Clark	(0-2.5)	(0-2.5)	55-60	170-175	1,163	1,092	7
Dr Martin Kuper	0-2.5	5-7.5	25-30	85-90	450	361	35
Mr Richard Martin	0-2.5	0-2.5	45-50	140-145	889	816	31
Mrs Jo Ridgway	0-2.5	0-2.5	10-15	35-40	214	194	0
Miss Bronagh Scott	0-2.5	0	0-5	0	57	35	20
Mrs Fiona Smith	0-2.5	2.5-5	25-30	85-90	479	420	36

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 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.

Yi Mien Koh

Chief executive
Whittington Health

06 June 2013

Appendix 1: Annual accounts

The statements that follow are drawn from the audited statutory accounts of the Trust for the financial year ended 31 March 2013. The audit was conducted by KPMG, the Trust's external auditors. Their audit fee of £68,100 plus VAT 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 Communications Department, Jenner Building, The Whittington Hospital NHS Trust, Magdala Avenue, London N19 5NF (Tel: 020 7288 5983). No charge will be made for these.

Richard Martin

Director of finance
Whittington Health

30 August 2013

Yi Mien Koh

Chief executive
Whittington Health

30 August 2013

Independent auditor's report to the Board of Directors of the Whittington Hospital NHS Trust on the summary financial statement

We have examined the summary financial statement for the year ended 31 March 2013 set out on pages 47 to 50.

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. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report.

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

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

Basis of opinion

We conducted our 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. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Whittington Hospital NHS Trust for the year ended

31 March 2013, on which we have issued an unqualified opinion.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (6 June 2013) and the date of this statement.

Tamas Wood for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
KPMG LLP
12th Floor, 15 Canada Square
London
E14 5GL

30 August 2013

Statement of comprehensive income for the year ended 31 March 2013

	2012-13	2011-12
Revenue	**£'000**	**£'000**
Revenue from patient care activities	248,712	246,968
Other operating revenue	32,631	31,244
Total revenue	**281,343**	278,212
Operating expenses (including depreciation)	**(277,753)**	(275,970)
Operating surplus	**3,590**	2,242
Investment revenue	60	40
Other losses	(79)	0
Interest expense	(2,625)	(2,642)
Other finance costs	(48)	(52)
Surplus/(deficit) for the financial year	**898**	(412)
Public dividend capital dividends payable	(2,666)	(2,805)
Retained deficit for the year	**(1,768)**	(3,217)
Value of IFRIC12 schemes included in retained deficit	2,059	2,308
Value of other impairments included in retained deficit	3,267	1,928
Adjustments in respect of donated asset reserve closure	56	101
Adjusted retained surplus	**3,614**	1,120
Capital cost absorption rate (target 3.5%)	**3.5%**	3.5%
Other comprehensive income		
(Impairments) and reversals	(1,628)	(1,197)
Gains on revaluations	2,766	3,671
Total comprehensive income for the year	**(630)**	(743)

Statement of comprehensive income for the year ended 31 March 2013

	31 March 2013	31 March 2012
Non-current assets	**£'000**	**£'000**
Property, plant and equipment	137,747	136,945
Intangible fixed assets	1,411	1,360
Trade and other receivables	635	2,021
Total non-current assets	**139,793**	140,326
Current assets		
Inventories	1,290	1,114
Trade and other receivables	11,042	12,044
Cash and cash equivalents	15,088	9,932
Total current assets	**27,420**	23,090
Current liabilities		
Trade and other payables	(32,107)	(30,394)
Borrowings	(1,146)	(1,209)
Provisions	(4,292)	(3,404)
Total current liabilities	**(37,545)**	(35,007)
Net current liabilities	**(10,125)**	(11,907)
Total assets less current liabilities	**129,668**	128,409
Non-current liabilities		
Borrowings	(38,593)	(36,835)
Provisions	(1,763)	(1,770)
Total assets employed	**89,312**	89,804
Public dividend capital	53,344	53,206
Retained earnings	5,300	6,929
Revaluation reserve	30,668	29,669
Total taxpayers' equity	**89,312**	89,804

Statement of changes in taxpayers' equity

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
Reversals			(1,197)	(1,197)
Net gain on revaluation of PPE			3,671	3,671
New PDC	5,000			
Balance at 31 March 2012	**53,206**	**6,929**	**29,669**	**89,804**

Description	PDC £'000	Retained Earnings £'000	Revaluation £'000	Total £'000
Balance at 1 April 2012	53,206	6,929	29,669	89,804
Retained deficit		(1,768)		(1,768)
Transfers		139	(139)	0
Impairments			(1,628)	(1,628)
Net gain on revaluation of PPE			2,766	2,766
New PDC	138			
Balance at 31 March 2013	**53,344**	**5,300**	**30,668**	**89,312**

Statement of cash flows for the year ended 31 March 2013

	2012-13 £'000	2011-12 £'000
Net cash inflow from operating activities	**12,952**	14,994
Cash flows from investing activities		
Interest received	60	39
Payments for property, plant and equipment	(8,752)	(10,802)
Proceeds from disposal of property, plant and equipment	21	0
Payments for intangible fixed assets	(213)	(357)
Net cash outflow from investing activities	**(8,884)**	(11,120)
Cash flows from financing activities		
Public dividend capital received	138	5,000
Loans received from DH	2,900	0
Loans repaid to DH	(48)	(48)
Other loans repaid	(32)	(16)
Capital element of finance leases and PFI	(1,870)	(2,077)
Net cash outflow from financing	**1,088**	2,859
Net increase in cash and cash equivalents	**5,156**	6,733
Cash at the beginning of the financial year	**9,932**	3,199
Cash at the end of the financial year	**15,088**	9,932

Yi Mien Koh

Chief executive
Whittington Health

30 August 2013

Appendix 2: Whittington Hospital NHS Trust Charitable Funds

Income 2012/2013

In total, incoming resources were £441,000 in 2012/13, £198,000 higher than 2011/12.

This increase was mainly due to the following:

- £99,558 legacy received from the estate of John Waldron
- £81,300 donation from Groundworks for the Oasis Garden Project which was commissioned summer 2012
- £39,627 donation from the estate of Joan Oliver
- £25,000 donation in memory of Richard Taylor
- £15,000 donation from the Graham Foundation
- £12,292 donation for the purchase of lymphodema equipment
- £9,750 donation from the Whittington Babies Charity for the purchase of NICU Xltex equipment
- £8,653 donation from Alberta University
- £5,000 legacy from John Walker's estate
- £2,000 donation from Wednesday's Child

There was no appeal for 2012 /2013.

Expenditure 2012/13

Expenditure on charitable activities and income-generating activities was £195,000 compared to £300,000 in 2011/12. The major items of charitable expenditure this year were:

- Oasis Garden which cost £117,966 and was officially opened summer 2012
- Vpod 3D System £17,642
- Televisions for Ifor ward £8,400
- Other equipment £9,746

Governance costs were £42,000 down from £49,000 in 2011/2012, part of this reduction is because of a reduction in audit fees.

Investment update

The combined market value of the investment portfolio at March 2013 was £1,041,557, most of which are in the form of stocks, within the portfolio there is a cash value of £27,906.

Fund balances

Of the total combined portfolio value, the balance of the Postgraduate Funds was £97,000, Community Funds amounted to £320,000 and Hospital Funds totalled £845,000.

Summary accounts (not yet audited)

Statement of financial activities	2012-13 £'000 Hospital	2012-13 £'000 Postgrad	2012-13 £'000 Community	2012-13 £'000 Total	2011-12 £'000 Total
Charitable donations	217	2	9	228	190
Legacy	105	0	0	105	0
Income from activities	86	0	0	86	32
Investment income	19	1	2	22	21
Total income resources	**427**	**3**	**11**	**441**	**243**
Charitable expenditure	124	5	9	138	230
Costs of generating income	42	8	7	57	70
Governance costs	27	6	9	42	49
Total resources expended	**193**	**19**	**25**	**237**	**349**
Net incoming (outgoing) resources	**234**	**(16)**	**(14)**	**204**	**(106)**
Gain/Loss on revaluation of investments	51	0	37	88	(5)
Fund balance brought forward	560	113	297	970	775
Fund balance carried forward	**845**	**97**	**320**	**1,262**	**664**

Balance sheet

	31.03.13 £'000	31.03.12 £'000
Fixed assets: investments	**1,042**	**654**
Debtors	188	189
Stock	6	6
Cash	211	86
Creditors	(185)	(271)
Net current assets	220	10
Net assets	**1,262**	**664**
Fund balances	**1,262**	**664**

Whittington Health NHS

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