Whittington Health NHS

13/14
ANNUAL REPORT

Contents

Performance highlights

Safety

Top 20

Named in 2013 Dr Foster Guide, among 20 hospitals with low mortality rates on two key measures

0.63

Best Summary Hospital-level Mortality Indicator (SHMI) in England (0.63)

Band 6

In Care Quality Commission's safest band (six) in March 2014 – lowest risk to patients

Innovation

Leader

Opened new ambulatory care centre in March 2014. Recognised national leader on same day emergency care

1 of 14

One of 14 integrated care pioneers in England with Islington CCG and Islington Council

TB open

Launched new tuberculosis (TB) service for North Central London to tackle capital's record number of new cases

Excellence

95%

Emergency department four hour wait target achieved, 95% patients seen

New

Republic of Trinidad and Tobago announce new specialist treatment centre based on Trust's thalassaemia unit

8th

Teaching hospital part of UCL Medical School, ranked 8th in world in QS World University Rankings for medicine

Chair and chief executive's statement

2013/14 was a notable year for Whittington Health particularly for innovation and achievement against a backdrop of listening, learning and change.

Our focus as an integrated care organisation has been on improving health and the quality of healthcare services for all residents of Islington, Haringey and beyond.

Safety

The Trust's performance was again defined by providing safe care. The 2013 Dr Foster Hospital Guide highlighted Whittington Health as one of 20 hospital trusts with low mortality rates on two of its key measures. The Care Quality Commission (CQC) placed us in March 2014 in the safest category (band six) and figures released during the year showed we had the lowest Summary Hospital-level Mortality Indicator (SHMI) in England for all but one of the periods reported.

Innovation

In line with our strategic goals, we continued to pursue innovative ways of providing healthcare for our patients. Our new dedicated ambulatory care centre opened in March 2014 transforming our emergency care. Now there is greater opportunity for our patients to have same day emergency care with easy access to diagnostic tests and specialist staff. We are among the leaders in this approach and have been sharing our model with others. The centre is a key strand of our integrated care providing support for inpatients going home, assessments for older patients and links with our community services and social care.

London has the highest rate of TB of any Western capital. Over the last year, we made preparations to start a new coordinated tuberculosis (TB) service for North Central London to tackle the high number of new cases making it easier to access treatment. The service launched in April 2014 with two 'hubs', a new centre at The Whittington Hospital in partnership with University College London Hospitals NHS Foundation Trust and an existing centre at North Middlesex Hospital.

Listening to our community

We revised our five-year clinical strategy in July following our listening exercise – a marked learning point for the Trust on the importance of engaging with all of our stakeholders on everything we do to build confidence and trust in our organisation. Strengthening engagement remains one of our primary concerns to ensure we hear as many people's views and priorities for the services we provide and everyone has an opportunity to play a part in future developments.

Better coordinated care

At the heart of the strategy "Transforming Healthcare for Tomorrow" is our commitment to providing better coordinated care, designed around patients' individual needs, and to ensuring their experiences of our services along with those of GPs and social care is as joined up as possible.

We made good progress on integration during the year. In November, we were selected as one of 14 integrated care pioneers in England in partnership with Islington Clinical Commissioning Group and Islington Council. Our integrated care for respiratory patients and training in integrated care was recognised by the Royal College of Physician's Future Hospital Commission. A 10-month pilot for people living in the N19 area demonstrated that health and social care working together improved care for patients. A model for health and social care staff providing integrated care in specific locations is being developed.

There continues to be increased demand for all our health services. The number of patient contacts in the community was up by almost 63,000, a nine per cent rise, and our emergency department witnessed a four per cent rise treating another four thousand patients.

A main emphasis of integrated care is on enhancing the care for our frail older population and other people with complex health and social care needs. In March 2014 we appointed a new consultant community geriatrician to reduce unnecessary admissions to hospital and support work to bridge the gap between primary and secondary care. We now carry out monthly visits to care homes to review complex and recently discharged patients from hospital.

Over the year, we've developed and expanded our services in the community. Our family nurse partnership programme supporting first time teenage parents now treats patients from Hackney and the City. We launched a new consultant-led urology service in Haringey and Enfield to reduce waiting times and provide easier access to assessment and treatment. A new dedicated suite of child-friendly rooms at St Ann's Hospital was opened bringing all of Whittington Health's community health services for children in Haringey onto one site.

Rise in demand

There continues to be increased demand for all our health services. The number of patient contacts in the community was up by almost 63,000, a nine per cent rise, and our emergency department witnessed a four per cent rise treating another four thousand patients. We've worked to meet the fluctuations in demand and ensure there are more clinicians available at peak times. Despite the enormous challenges on the system, our staff met the target of seeing 95 per cent of patients within four hours across the year, only dropping below the standard in the first quarter.

Financial performance

We met our financial target of achieving financial balance delivering a technical surplus of £1.1m in an increasingly tough climate. This was against a background of limited growth, improving quality, treating more patients and operational challenges to meet national waiting time targets.

Francis report

Improving the quality of our services has been a sharp focus following the Francis, Keogh and Berwick reviews. In the wake of the Francis Report, we have reflected on the recommendations with our staff and developed a model of compassion to ensure compassionate care remains a central value of the organisation. The new model describes the concept, behaviours and skills required to articulate compassion. Showcased nationally during the year, it will enable us to build a more compassionate workforce in the future.

Digital strategy

As part of our vision to become a paperless organisation in the NHS, we went live with the first phase of our new electronic patient record system. This was the single largest and most complex IT project in our history involving more than 1,500 staff across the hospital. We will be developing and testing an EPR solution for all services in 2014/15. During the year, we also replaced our medical imaging system to support fast and accurate diagnoses.

Education

The year also saw further investment in undergraduate education. A £1.2m new education centre was opened in our Highgate Wing at The Whittington Hospital in partnership with UCL. The centre includes a new refurbished library, social learning space, clinical skills centre and seminar rooms.

Trust Board changes

There were a number of changes to the Board during the year. We would like to thank Joe Liddane, our chair who stood down in August 2013 to care for his parents, for his valuable contributions over nearly six years of service. We said goodbye to Dr Yi Mien Koh, who stepped down in March as chief executive and thank her for her three years' service moving the organisation forward as an integrated care organisation.

We also saw the departure of three non-executive directors Robert Aitken, deputy chair and acting chair for four months during 2013/14, Peter Freedman and Sue Rubenstein. Bronagh Scott, our director of nursing and patient experience, stepped down in February to become deputy chief nurse for NHS England (London). We

would like to thank them for their extensive contributions.

In February, we were pleased to have two new non-executive directors join the Board. Tony Rice, the former chief executive of Cable and Wireless Communications PLC, and Rob Whiteman, chief executive of the Chartered Institute of Public Finance and Accountancy (CIPFA), bring a wealth of expertise to the Board.

On a personal note, we are both delighted to have joined the Board. In April 2014, Siobhan Harrington returned as deputy chief executive. We are due to appoint a new permanent chief executive in autumn 2014 who will build a new executive team to continue the Trust's journey to foundation trust status. We would like to thank our shadow governors for their continued support throughout the year.

Steve Hitchins
Chair

Outlook

Looking to 2014/15, we see a position of consolidation as a new permanent chief executive and several senior executive directors are appointed to build on the Trust's performance of clinical and operational excellence. We hope to secure further investment for our maternity services to improve quality and increase capacity. The Trust is planning quality improvements for both our hospital and community services in emergency care, outpatients, district nursing and musculoskeletal (MSK). Work will continue on reducing unnecessary admissions to hospital including exploring partnerships with mental health providers to improve the care for our frail older patients.

Overall, we are confident that the Trust is well-positioned to serve the health needs of our local population from birth to later life, to support them to live longer, to maintain our reputation for safe care and seek continuous improvement.

Simon Pleydell
Chief executive

Introduction

Whittington Health is the trading name for Whittington Hospital NHS Trust, a statutory body which came into existence on 4 November 1992 under The Whittington Hospital NHS Trust (Establishment) Order 1992 No 2510 (the Establishment Order).

We are required to publish an annual report and accounts (ARA) under part 15 of the Companies Act 2006.

What we do

Whittington Health aims to provide outstanding care to everyone in our community. Care that is better coordinated, in the right place and designed around our individual patients' needs.

We are an integrated care organisation – providing both hospital and community care services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney.

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

We have an income of £297m and more than 4,000 staff delivering care across North London from 30 locations including a number of health centres and The Whittington Hospital.

Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers to bring person-centred coordinated care across all services to improve our patients' experience. We are also bringing services and support closer to peoples' home to avoid unnecessary admissions to hospital.

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

Our organisation has a highly-regarded educational role. Part of UCL Medical School, we teach more than 600 undergraduate medical students, nurses and therapists throughout the year as well as provide a range of educational packages for postgraduate doctors and other healthcare professionals.

In 2013/14:

We had 769,943 community contacts with patients.

There were 203,882 attendances at our outpatients department.

96,473 people sought treatment at our emergency department.

There were 19,683 emergency admissions.

There were 2,705 admissions for routine surgery.

19,911 people received day treatment.

Our maternity staff delivered 3,842 babies.

How we provide care

Whittington Health has three divisions to ensure the effective running of our services at The Whittington Hospital in Archway, North London, and our community services across North London.

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 Islington and Haringey as well as at 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 when necessary.

Services in the community include physiotherapy, district nursing, a range of specialist nursing and community matron care, podiatry, dietetics, seating and mobility services (Haringey) and psychological therapies (IAPT). The division includes a GP practice in Hanley Road and, until the end of April 2014, provided primary care at HMP Pentonville.

In the hospital, services include the emergency department (ED) and the adjacent urgent care centre. There is a new ambulatory care centre (see major developments) that gives both adults and children quick access to emergency and urgent medical care and diagnostics for certain conditions that benefit from day treatment. This allows patients to remain in their own homes. It also allows some patients to return home from hospital earlier as their care is continued by attending the centre. 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 providing integrated services, rehabilitation and intermediate care in Islington and a learning disability service in Haringey.

Surgery, cancer and diagnostics

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

Our cancer care offers a comprehensive diagnostic and treatment service for the most common cancers including breast, lung, prostate and bowel. 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. Providing a great experience of care to our patients is as important to us as offering the best care. 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

The 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 and in the ambulatory care centre. 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.

Our strategic environment

Overview

The focus in 2013/14 was on improving the quality of care across the NHS in England while contending with significant financial challenges as trusts encountered their fourth year with little real rise in spending.

The impact of the report from Robert Francis QC was still evident as subsequent reviews on enhancing quality and safety were published from Professor Sir Bruce Keogh and Don Berwick. The CQC also introduced radical changes to the way they regulated and inspected health and social care services and began piloting their new style inspections in hospitals.

Overall, the Kings Fund reported that, despite the challenges, the NHS continued to meet its key performance measures and maintain the quality of services to a growing population.

It was also a year of bedding in for the new commissioners and statutory bodies following major reform in April 2013. We worked hard throughout the year to build and maintain close relationships with them to ensure a high standard of care for our local populations.

Financial constraints

Whittington Health ended the year breaking even (see financial review) but a quarter of NHS trusts and foundation trusts ended the year in deficit. Almost a tenth of commissioning groups were also in the red. We were among many trusts that didn't achieve their planned savings and used previous years' surpluses to meet financial targets. As the year ended, there was growing concern by many across the NHS of achieving financial balance in the coming years, particularly 2015/16 and 2016/17.

Improving quality

NHS medical director for England Professor Sir Bruce Keogh published his review of the quality of care and treatment of 14 hospitals that were persistent outliers on mortality indicators in July 2013. He highlighted common themes and barriers to providing high-quality care which were relevant to the wider NHS. These included limited understanding of the importance of listening to patients and staff to improve services, lack of support and value for frontline clinicians, the capability of Boards and leadership to use data to drive quality improvement, hospitals operating in geographical, professional or academic isolation, the complexity of interpreting mortality measures and the use of transparency for accountability and blame rather than support and improvement.

A month later in August 2013, Professor Don Berwick, an international expert in patient safety who was asked to carry out a review following the publication of the Francis Report, published his recommendations. His report: *A promise to learn – a commitment to act: Improving the Safety of Patients in England* stated that the most important single change would be for the NHS to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end.

> *Place the quality of patient care, especially patient safety, above all other aims.*
>
> *Engage, empower, and hear patients and carers at all times.*
>
> *Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.*
>
> *Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.*
>
> A promise to learn - a commitment to act: Improving the Safety of Patients in England (August 2013)

To address the current problems, the report urged the system to recognise the need for wide systemic change, abandon blame and trust the good intentions of staff, reassert the importance of working with patients to achieve goals, recognise that transparency is essential and insist on it, ensure clear responsibility for functions related to safety, give NHS colleagues help to master quality improvement and make sure that pride and joy rather than fear infuse the NHS.

We continued to consult with our colleagues and reflect on the recommendations of Robert Francis QC and subsequent reports on how we could improve quality. A compassionate model for care was developed during the year by Dr Senga Steel, assistant director of research, innovation and quality and senior nurse, and Mike Clift, practice development nurse. This is an integral part of our nursing and allied health professions strategy and has been showcased nationally. A proposal for additional

nurses for our adult wards to formalise current arrangements and bring levels in line with the recommendations of the Francis Report will go to the Board in 2014/15.

Call to action

Meeting the future demand on services continued to be a major debate across the NHS. In July, to mark its 65th anniversary, NHS England published *The NHS belongs to the people: a call to action* and urged the public, people working in the NHS and politicians to have an open and honest debate about the future shape of the service to introduce new technology, meet rising demand and patients' expectations.

NHS England (London) triggered a further debate focusing on the difficult and sometimes unique challenges that face the health and care sector in London in October when it published *London – a call to action*. The engagement exercise, found that despite the differences between boroughs and different groups, there were common key themes including educating and supporting people to be able to prevent ill-health and live healthier lives, appointments and access to care were of importance for Londoners and clear service information was a key priority. For clinicians at the London Clinical Senate, it was vital to achieve a greater degree of integration so that patients benefitted from better, joined up services between hospitals and primary care sectors.

- *The NHS treats around one million people every 36 hours*
- *Between 1990 and 2010, life expectancy in England increased by 4.2 years*
- *One quarter of the population (15 million people) has a long term condition*
- *Continuing with the current model of care could lead to a funding gap of around £30 billion between 2013/14 and 2020/21*

Our vision and strategic goals

As part of the community, our aim is to provide the best possible care for our local population.

Our focus is to provide compassionate care on three main areas – safety, innovation and excellence. This is central to our vision:

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

We have 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.

Our plans for integration are in line with the national strategic direction for the NHS. We remain committed to achieving foundation trust status. This will be pursued with a new permanent team and the achievement of a sustained high standard of compassionate care through further development as an integrated care organisation.

We continue to work closely with our clinical commissioning groups and the NHS Trust Development Authority, and will take the time to get this right.

Our clinical strategy

Our aim is to provide outstanding care. Care that is better coordinated, in the right place and designed around individual patient's needs.

In July 2013, we published a revised five-year clinical strategy "Transforming Healthcare for Tomorrow" which reaffirmed our commitment to providing better coordinated care, designed around patients' individual needs, and to ensuring their experience of our services is as joined up as possible.

It was written following a three-month listening exercise with our community between March and May 2013. This sought the views of stakeholders including our local communities on our clinical strategy as an integrated care organisation and the implications for our estate. We listened to local people and amended our plans. Our overall objective remained the same: to continue to transform as an integrated care organisation.

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

As an organisation providing both hospital and community services, we are known as an 'integrated care organisation'. This means we can provide better coordinated care for our patients whether at home, in the community or in hospital.

A definition of integrated care was commissioned by NHS England and co-developed by National Voices, a group of 130 health and social care charities. They agreed for health, care and support to be 'integrated', it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from individual episodes of care to a more holistic approach that puts the needs and experience of people at the centre of how services are organised and delivered. We are seeking to develop this with specific reference to our local community's needs and our clinicians' skills.

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

National Voices narrative

Our coordinated care includes partnering with patients and carers as well as working closely with other parts of health, education and social services – for example GPs, commissioners of healthcare, local authorities and mental health – to make sure a patient's journey through the health and social care system is as smooth as possible.

With both hospital and community services, we can use the latest evidence to deliver new pathways of care which provide treatment in the best place possible for our patients. We believe we have a developing role to deliver health and care services across traditional boundaries and will be concentrating this around groups of patients, for example, frail older people and children.

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

Key examples of our person-centred coordinated care include our services which have come from our formal partnerships with Islington Council and Haringey Council for learning disabilities (section 75 of the National Health Services Act 2006).

Together with Islington Council and Islington Clinical Commissioning Group, we were selected as one of 14 integrated care pioneers in England. We also have many joint projects with Haringey including a rapid response admission avoidance service, multi-disciplinary reablement service and twice-weekly hospital discharge teleconferencing. Some examples of our achievements in integrated care are highlighted below.

N19 pilot in Islington

Staff from health and social care came together as a multi-agency team from June 2013 and March 2014 to test how the council's adult social care services and Whittington Health's services could work more innovatively together, to provide a better and more coordinated service for Islington residents. The team were tasked with finding a new approach to solving the problems of an uncoordinated and complex health and social care system.

During the pilot, people living in the N19 postcode area received coordinated care with each patient assigned one person who ensured that their social and health care was provided in a joined up way, with everything delivered at the same time and patients not waiting for one of the services they needed. Their 'recovery coordinator' coordinated the teams to help patients achieve their goals and to support their transition to independence or a personal budget for on-going support. The teams found working this way valuable and expanded their skills to provide a more comprehensive service. It has also proved more efficient, reducing duplication of effort. A model for health and social care staff providing integrated care in specific locations is being developed.

Integrated Community Ageing Team (ICAT)

A new consultant community geriatrician was appointed in March 2014 to improve the integration of services for frail elderly people in our community, reduce inappropriate admissions to hospital and increase their time at home. Every month, 390 patients over the age of 75 are admitted to The Whittington Hospital, with 13 per cent from nursing and residential homes. The Integrated Community Ageing Team (ICAT) aims to bridge the gap between primary and secondary care. With the extra specialist support, a new project has been started to provide monthly visits to 10 Islington care homes to review complex and recently discharged patients. This is an additional support to the service already delivered by local GPs. When patients are admitted from care homes to The Whittington Hospital, they are also seen by the community team ensuring they receive a full comprehensive geriatric assessment before discharge. All older people in Islington will be included in the project's second phase with a new GP geriatric advice line and assessments in our ambulatory care centre. The main goal is to offer better coordinated services so our older population can enjoy a longer and better quality of life in their own home.

Learning disabilities in Haringey

The Haringey Community Learning Disabilities Team brings together health and social care staff from Whittington Health, Haringey Council and Barnet, Enfield and Haringey Mental Health Trust.

With many disciplines represented in the team - psychiatry, psychology, physiotherapy, nursing, speech and language therapy, social work, community support and music therapy - the challenge is to ensure our users receive a seamless integrated service.

In 2013/14, we made a number of changes to improve the experience for people using the service. These included improving referrals into the service, reducing waiting time for assessment and earlier transition for those moving from childhood to adulthood. This has been achieved through developing new pathways for entering the service with multidisciplinary discussions on all referrals and joint health and social care initial assessments. Once in the service, people and their carers are given a lead member of staff who is their main point of contact to ensure their care is coordinated. Integration for complex care situations has been improved and by working with IT in Haringey Council there are better databases incorporating clinical work. Future plans include restructuring the team into pathways headed by practice managers from both health and social care to manage all disciplines.

Haringey rapid response service

Our rapid response nurse-led service run in partnership with Haringey Council was launched in September 2013 to provide health and social care for people at home at short notice. The seven-day service, which operates through the night when needed, supports people to stay at home avoiding hospital admission and also enables patients who are medically well enough to return home but need urgent social care. The free service is particularly designed for people where the lack of family support or help at home would mean an unnecessary stay in hospital. Their support needs at home are assessed and care coordinated by a community matron. Patients are looked after by a care assistant who can, where necessary, meet them at hospital and accompany them home. The service provides support for up to four days until more permanent arrangements can be put in place. It is a joint initiative with North Middlesex University Hospital and Haringey Clinical Commissioning Group.

Partnership working with mental health

In 2013/14, we were given additional investment from Islington Clinical Commissioning Group to develop an enhanced psychiatric liaison service.

The service in partnership with Camden and Islington NHS Foundation Trust (C&I) provides mental health care for people being treated for physical health conditions in hospital. It is very common for patients to have both mental and physical health problems which can lead to poor health outcomes and increased costs.

The new integrated liaison assessment and review team (ILAR) provides an around the clock service seven days a week supporting our hospital colleagues in our emergency department, where it has a base, as well as carrying out twice daily ward rounds to care and assess patients and enable quick access to the right clinical expertise.

The aim is to reduce patients' length of stay in hospital when it's not needed and reduce readmission rates so people receive the appropriate care in the right place. This is one of a number of areas that we are working on with our mental health partners.

2. Ambulatory care

Ambulatory care is same day emergency and urgent care.

Our new centre opened on 31 March 2014 for adults and on 7 April for children offering easy access to diagnostic tests, hospital consultants and specialist staff in one place.

It is a way of providing safe care designed around the needs of the patients. The aim is to avoid unnecessary hospital admissions. Some patients attending the centre would have previously had to stay overnight in hospital.

We started ambulatory care several years ago and are now regarded as pioneers successfully demonstrating a new way of providing high-quality emergency and urgent care designed around the needs of our patients (see innovation and excellence: our major developments).

3. Enhanced recovery

We have continued to expand our successful enhanced recovery programme which helps both our medical and surgical patients recover more quickly.

The evidence-based programme has been transforming how patients are treated across the organisation enabling them to return home from hospital sooner.

A positive experience of ambulatory care

"From the moment I walked in I was made to feel comfortable and cared for by competent staff. The service itself is brand new and high tech but this did not detract from the fact that I was treated with dignity, respect and warmth throughout, reflecting the very best of modern healthcare. In my experience, services that are technically adept can be impersonal and detached, tending to neglect the human touch; not so ambulatory care, which combined both efficiency and compassionate care despite the fact that all staff were clearly very busy and in demanding roles."

NHS Choices

It was initially started to speed up recovery for patients having bowel surgery and hip and knee replacements in 2011. Since then it has been extended to our medical inpatients.

The programme aims to make our patients active participants in their recovery process so they remain as mobile and independent as possible while they are in hospital. They know what to expect, can be an equal partner in their care and return to their own environment as soon as is safely possible.

For surgical patients, our specialist teams provide support and teaching prior to surgery. Patients attend 'joint school', for example, before a hip or knee replacement. They are encouraged to eat and drink and stay mobile while in hospital as well as given reassurance and counselling throughout their stay. After they are discharged, they receive a telephone call from the team and have rapid access to expert advice if they experience any problems.

The programme has led to some significant reductions in length of stay. For colorectal surgery, for example, a colectomy where all or part of the colon is removed, our length of stay dropped from 17.7 days in 2012/13 to 9.2 days in 2013/14. For hip and knee replacements, the length of stay was 4.6 and 4.7 in 2013/14 respectively, a reduction in one day compared to the previous year.

Our medical patients also receive enhanced recovery care packages to enable them to return home and resume activities quicker after acute illness.

There are daily multidisciplinary 'board rounds' on all medical wards during weekdays when a patient's progress against their care plan is reviewed by their consultant, medical team, ward manager and therapists.

There is also a going home set of standards (known as the going home bundle) to ensure a smooth journey and improved experience for patients from their admission through to discharge from hospital. Every ward has been trained to deliver the standards providing patients with expected dates and criteria for a safe discharge from hospital.

In the past year, a training programme for frontline clinical staff has been rolled out across the Trust and enhanced recovery built into the induction programme for nurses. An exercise programme has been piloted in our acute admissions unit and Nightingale ward. Sleep is viewed as an essential part of the recovery process, in 2013/14 we also piloted sleep care plans on some of our wards.

To build on the programme's success, we have put in a major bid for investment to The Health Foundation in partnership with South Devon Healthcare NHS Foundation Trust and three other trusts in London and the south of England. The aim is to extend the programme for our medical patients, increase education and measure the impact for patients.

Enhanced recovery for mums

Our enhanced recovery team developed a new programme in 2013 for mums having elective caesarians.

Piloted in April 2014, it follows enhanced recovery principles and encourages mums to play an active role in their own and their baby's recovery. The aim is to return home the day following surgery, compared to the usual 48 hour stay.

Mums attend an information session at around 37 weeks when they meet one of the nurses and, when possible, an anaesthetist to prepare them for their operation.

Lorna MacLennan was the pilot's first patient. She said: "It has been really great and I can hardly believe I'm being discharged 26 hours after Sylvie was born!"

The programme will be offered to the majority of mums having an elective caesarean from September 2014 and is planned to be extended to emergency caesarians in the future.

How we performed

Overview

Our focus this year has been on improving quality through driving operational and clinical excellence.

The Trust demonstrated its agility in meeting key national targets and addressing a number of challenges while at the same time continuing to move forward with our strategic goals – integral to this is our five-year clinical strategy and better coordinated care for patients.

As well as pushing ahead with integration of our acute and community services, we continued closer working with our partners to provide a better experience for our patients, particularly for our older patients with more complex needs.

Developing innovative ways to improve care for our patients is a priority for the Trust and we continued to be at the forefront of some national developments in healthcare.

At the end of March, we opened our new purpose built ambulatory care centre offering patients of all ages greater opportunity to have same-day emergency treatment rather than being admitted to hospital.

Expansion of ambulatory care was recommended in the Royal College of Physicians' *Future hospital: caring for medical patients* report. We are recognised nationally as leading the way with this approach to emergency care.

We were appointed the lead role in a new tuberculosis (TB) service for North Central London aimed at tackling the capital's high number of new cases and making it easier for patients to receive treatment. As part of the new service, a new centre opened at The Whittington Hospital offering greater accessibility to treatment (see innovation and excellence: our major developments).

The year saw continued developments of our enhanced recovery programme, which together with medical advancements is significantly reducing our length of stay.

During the year, we were also selected as one of 14 integrated care pioneers in England in partnership with Islington Clinical Commissioning Group and Islington Council.

Our digital strategy is key to the future of the organisation. We went live with our new Electronic Patient Record (EPR) at the end of September. This was the largest and most complex IT project in the history of Whittington Health. Around 1,500 staff in the hospital are using the new EPR system in our emergency department, outpatients and inpatients.

All this was underpinned by a solid financial performance. We achieved financial balance despite a challenging £15m cost improvement target.

Quality

Safety is central to our vision to provide high-quality care. Our aim is for a continuous learning and improvement culture to ensure the highest standards are at the heart of everything we do.

Our reputation for safe care was highlighted in the 2013 Dr Foster Hospital Guide. The Whittington Hospital was named among 20 hospitals with low mortality rates according to two of its key measures.

The guide said the hospital had a significantly lower than expected Hospital Standardised Mortality Ratio (HSMR) – a measure of deaths occurring in hospitals. It also highlighted the hospital's low Summary Hospital-level Mortality Indicator (SHMI) - another key measure of hospital safety.

The SHMI is the ratio between the actual number of patients who die in hospital or within 30 days of discharge and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

In the last three years, The Whittington Hospital has had the best SHMI score in England in all but one of the three-month periods. The SHMI is recalculated every three months and looks at mortality over a one-year period.

Our SHMI for July 2012 to June 2013 published by the Health and Social Care Information Centre was 0.63, an improvement of 11.8 per cent compared to the previous year.

Care Quality Commission (CQC)

In March 2013, the CQC's Intelligent Monitoring Report put The Whittington Hospital in the safest band (band six).

Intelligent Monitoring forms part of major changes to the way the CQC inspects and regulate acute hospitals. It is one of four components in their new system alongside registration, expert inspection and judgement and helps them to decide when, where and what to inspect.

The 161 acute NHS trusts have been grouped into six bands based on the risk of patients not receiving safe, high-quality care – with band one the highest risk and band six the lowest. Based on 150 indicators, The Whittington Hospital was raised in March 2013 from band four to band six.

CQC inspections – The Whittington Hospital

The Care Quality Commission (CQC) reported that many services at The Whittington Hospital were delivered well and patients received a high standard of care following a routine inspection on standards of care on two days in January 2014.

They visited a range of departments including the

emergency department, Isis, Mercer, Meyrick, Bridges and Coyle wards, the day treatment centre, endoscopy diagnostic services and a number of outpatient services including the breast clinic, urology clinic, ear, nose and throat clinic, upper gastroenterology clinic and bariatric clinic. The CQC also visited the medical records department, medical secretaries and appointments booking team.

Of the six standards inspected, the CQC found the hospital met five and was not compliant on one. The five standards that the hospital met were: safeguarding people who use the service from abuse, safety and suitability of premises, staffing, supporting workers and complaints.

Most patients told the CQC that they were happy with the care and treatment provided by the Trust, felt their dignity was respected and that staff were friendly, polite and knowledgeable. Comments included: "the staff are good" and "I cannot complain at all, they try and keep all the patients well looked after".

The CQC found the emergency department was extremely busy and patients faced long waits for beds, however, the Trust was putting in measures to manage the delays.

The Trust didn't meet the standard relating to the care and welfare of people who use services. The CQC highlighted two areas for improvement, several aspects of care on Meyrick ward and long waiting times in outpatients and not receiving clear communication on the delays. In Meyrick ward, the CQC felt that while safeguarding processes were in place, further work was needed. It highlighted poor maintenance of patient documentation and a number of patients whose call bells were out of reach. An action plan was drawn up immediately after the visit and has been implemented.

CQC inspections – community services

Our community health visiting and district nursing teams in Islington received a CQC inspection in July. They met all eight of the standards assessed over three days.

People using the services spoke positively about support from our staff at new birth visits, breast feeding support, local clinics and during district nurse visits. On our health visiting service, people said: "They were kind and they took time to answer my questions" and "I have felt involved in making choices". Regarding our district nursing service, patients' comments included: "They never miss a visit", "they come on time", "when they come, they are excellent", "they are just wonderful" and "I can't fault them".

The CQC noted that the Trust was working hard to meet targets for new birth visits and for setting up children's two year reviews. They highlighted district nurse communication with some patients as an area for improvement, relating to visit days and times.

In October, the CQC published its report on an inspection of dental services provided two days a week for HMP Pentonville's population. Whittington Health was at the time responsible for healthcare services for the prison. The service met all four standards assessed. The CQC observed that people were treated with dignity and assessed according to their needs with appropriate practices in place to reduce infection.

Infection control

We take infection control very seriously. Our philosophy is clear - infection control is everyone's business and maintaining a clean and safe hospital environment is a priority. Up to a third of hospital infections are preventable. The main way of reducing infections is good hand hygiene.

The Trust's goals for 2013/14 were to have no cases of MRSA bacteraemia and no more than 10 cases of Clostridium difficile. We were disappointed to have two cases of MRSA bacteraemia, the same as the previous year and 21 cases of C difficile diarrhoea.

During the year, we launched a new hand hygiene campaign entitled "Whittington Warriors" to remind staff, patients and visitors to play their part in reducing infections.

We are seeking to identify earlier patients who come into hospital or our community sites with infections, give them the appropriate treatment and prevent others getting an infection while in our care.

Performance against national targets

Our emergency department achieved seeing 95 per cent of patients in 2013/14 within four hours – a target that has challenged many NHS trusts across London faced with increasing attendances.

More than 96,000 patients attended our emergency department over the year, four thousand more patients than the previous year (see Table 2). At its peak the department was seeing as many as 300 attendances a day. The number of emergency admissions was also up at 19,600.

Work was completed in 2013/14 on strengthening our waiting list processes for non-urgent treatment. This involved a waiting list validation exercise and redesign programme to improve how we report internally and externally. However, because of reporting problems following our new electronic patient record (EPR) system, no full year figures are available for our consultant led referral-to-treatment times (RTT). In March 2013, we met both waiting targets, 90.1 per cent of admitted and 95 per cent of non-admitted patients started treatment within 18 weeks. We have also not been able to report our incomplete pathways for consultant-led referral to treatment times. Reporting is expected to start again in July 2014.

We are committed to caring for all our patients with dignity and respect and providing every patient with same sex accommodation. In December last year, we carried out a comprehensive review of all our wards at The Whittington Hospital to ensure we were meeting national guidelines and the NHS Constitution pledge. This revealed there were a number of unjustified mixed sex breaches. We immediately introduced an action plan to eliminate mixed sex accommodation.

In the community, we've made strides in improving our percentage of new birth visits within 14 days. Although still below the 95 per cent target, we have improved our health visitor staffing levels and visits have risen by more than 25 per cent in Haringey and 13 per cent in Islington.

Table 1: Performance against national targets – 2013/14

Goal	Standard/benchmark	Whittington Health performance (annual)
Emergency department four hour performance	95% of patients be seen within four hours of arrival to admission, transfer or discharge.	95.09%
Consultant-led referral to treatment waiting times: admitted patients	90% of admitted patients should start consultant-led treatment within 18 weeks of referral.	90.1% for March 2014 (Full year figures not available for 2013/14.)
Consultant-led referral to treatment waiting times: non-admitted patients	95% of non-admitted patients should start consultant-led treatment within 18 weeks of referral.	95.0% for March 2014. (Full year figures not available for 2013/14.)
Consultant-led referral to treatment times: incomplete pathways	92% of patients who have not yet started treatment should be waiting no more than 18 weeks.	Not available for 2013/14.

Goal	Standard/benchmark	Whittington Health performance (annual)
CANCER WAITS		
Two-week wait from urgent referral to date first seen: all cancers	93% of patients seen by a specialist within two weeks of urgent GP referral for suspected cancer.	92.8%
Two-week wait from referral to date first seen: breast symptoms	93% of patients urgently referred for breast symptoms (where cancer was not initially suspected) were seen within two weeks of referral.	90.4%
Diagnosis to first treatment	96% of patients treated began first definitive treatment within 31 days of receiving their diagnosis.	99.8%
Two month (62 day) wait from urgent GP referral to first definitive treatment	85% of patients treated began first definitive treatment within 62 days of being urgently referred for suspected cancer by their GP, all cancers.	85.2%
OTHER TARGETS		
Operations cancelled at the last minute for non-clinical reasons	0.8% of elective operations cancelled at the last minute for non-clinical reasons.	0.52%
Waits for diagnostic tests	99% of patients waiting less than six weeks.	97.4%
COMMUNITY		
New birth visits (Islington)	95% seen within 14 days.	87.71%
New birth visits (Haringey)	95% seen within 14 days.	86.33%
MATERNITY		
Bookings by 12 weeks, 6 days of pregnancy	90%	83.3%
One-to-one midwife care in labour	100%	96.2% of audited deliveries
Smoking in pregnancy at delivery	Less than 17%.	5.1%
Rate of breast feeding at birth	More than 78%.	89.2%

Activity growth

We continue to experience increased demand for our hospital services as shown in Table 2.

- In the last two years, the number of people coming to our emergency department has gone up by more than 10,000 (11 per cent) and in the last year, we treated another 4,000 patients.
- In 2013/14, we saw another 1,162 emergency admissions to hospital.
- The number of people coming in for day surgery went up by 1,529, an eight per cent rise.
- An additional 1,400 people were seen in our outpatient clinics.
- The number of births was slightly down on last year at just under 4,000 (this figure includes both hospital and home births).

Table 2: Our 2013/14 acute activity compared to 2012/13

Activity	2012/13	2013/14
Emergency department	92,307	96,473
Emergency inpatient admissions	18,521	19,683
First outpatient attendances	72,681	74,078
Follow-up outpatient attendances	140,083	129,804
Elective inpatient admissions	2,449	2,705
Day case admissions	18,382	19,911
Maternity deliveries	3,985	3,842

Our services saw and treated more patients in the community (see Table 3).

- We had 62,873 more community contacts with patients – up by almost nine per cent.
- Our community nurses had another 30,000 face to face visits with patients bringing the total to 281,735.
- We carried out another 22,294 adult physiotherapy sessions, the number of patients seen was more than 87,000.
- Demand for our sexual health services also increased with 30,752 face to face contacts, up by 1,263.

Table 3: Our 2013/14 community activity compared to 2012/13

Activity	2012/13	2013/14
Community contacts (all – face to face)	707,070	769,943
These included:		
Community nursing	251,673	281,735
Health visiting and school nursing	70,655	71,995
Physiotherapy (adults)	64,815	87,109
Sexual health	29,489	30,752
Dental	22,670	21,760

Winter planning

The NHS across London was exceptionally busy over the winter months.

We put in place extensive plans to cope with the additional pressures on all of our services and received an extra £2.9m winter funding.

Our measures included strengthening our emergency department with more staff, including additional consultants and extra support at peak times, and rapid assessment within 30 minutes for patients with complex health needs. Our urgent care centre manned by GPs and nurses had increased staff in the evenings and weekends.

There were extended hours for our same-day treatment service until 8pm every weekday and it was open at weekends (prior to the opening of the ambulatory care centre). The hospital also had extra winter beds and, across the organisation, we increased seven-day working to support our patients, for example in pharmacy and our respiratory community team.

A priority was to ensure a smooth transfer to immediate care for patients who no longer needed hospital treatment but further rehabilitation and support after illness. We worked with Age UK to support patients on discharge from hospital. Our hospital at home service for adults - where a patient remains under the care of a hospital consultant - was available seven days a week. We worked closely with social care, for example, our rapid response nurse-led service in Haringey supported patients who were medically well enough to return home who needed urgent social care.

We were the first trust in London to meet the target of vaccinating 75 per cent of our staff against the major strains of flu.

Flu vaccinations are vital to protecting our patients, staff and their families. Many patients are vulnerable to flu and reducing staff sickness over the winter months is essential to ensure the Trust continues to run effectively.

Our success was the result of a vaccination programme across all our 30 sites with regular flu clinics and 'flu champions' in many departments who administered the vaccine to colleagues. Our final take up rate was 77 per cent.

Patient experience

Listening to our patients and users of our services is a key way for us to keep a check and improve. We aim to have a culture of partnership with our patients – for them to be involved in their care, for ongoing listening and learning and for everyone to work together in the design and delivery of services for the continuous improvement of healthcare services. The results of national patient surveys and more on the changes we've made following feedback is outlined in our patients.

International interest

Several countries expressed interest in emulating our services.

The Republic of Trinidad and Tobago announced they were going ahead with basing its new specialist Haemaglobin Disorders Treatment Centre on our thalassaemia unit. The unit was chosen as a template of best practice because of its globally-renowned reputation for effectively treating the blood disorder. The new centre will be the first of its kind in the Caribbean and transform treatment for their thalassaemia patients. The Trinidad and Tobago High Commission led the development of the new centre after becoming aware of Whittington Health's expertise.


EXCELLENCE
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We welcomed an official delegation from Mauritius in September 2013 who visited to learn more about our integrated model of care. They met our palliative medicine consultant Dr Anna Kurowska and our chief executive Dr Yi Mien Koh to discuss developing services across Mauritius similar to our integrated hospital and community services.

We also held discussions with colleagues at the 1,000 bed MIOT Hospital in Chennai in southern India on setting up an antenatal screening programme for thalassaemia. The country has 10 per cent of the world's population of thalassaemics with an estimated 50 million carriers of thalassaemia, many of whom are undiagnosed. The MIOT model will be rolled out in Chennai and a further 27 states across India. Divisional director for surgery, cancer and diagnostics Dr Nick Harper visited the country in 2013 to launch the partnership.

Integrated care pioneers

As one of England's 14 integrated care pioneers with Islington Clinical Commissioning Group and Islington Council, more progress has been made on integration. Since November 2013, the programme's achievements have included an evaluation of the multi-disciplinary team teleconferences, development of a rapid response service for adults with mental health needs (see our clinical strategy), multidisciplinary teams for children, a community geriatrician service with clinical input from consultants at Whittington Health and University College London Hospitals NHS Foundation Trust (UCLH), a GP with a special interest in geriatric care, value based commissioning (finding new ways to improve outcomes for patients) and personal health budgets, with the central aim of transforming services for patients.

In 2014, the partnership's application to become a Community Education Provider Network (CEPN) was successful. This will support training and workforce development to ensure the right skills for the future.

IT developments

In 2013/14, the Trust completed phase one of its IT strategy to implement a single secure electronic patient record (EPR) to support improved patient safety and outcomes as highlighted in the overview. This was a major development for the Trust and the biggest IT project for Whittington Health. It was initially rolled out across maternity and then to our emergency department, inpatient wards and outpatient clinics. The roll out was successful but there were some reporting problems which were fixed with a later upgrade.

We also launched our new medical imaging system, which provides faster image retrieval times and allows any type of digital image, such as radiology, ophthalmology, cardiology, endoscopy and medical photography to be stored and retrieved on demand. The Sectra Picture Archiving and Communication System (PACS) captures all images in a single place enabling clinicians to access information at the click of a mouse, rather than logging into multiple separate and unrelated systems.

Innovation and excellence: our major developments

Our vision was to create a dedicated ambulatory care centre for people of all ages providing easy access to diagnostic tests, consultants and specialist staff in one place.

New ambulatory care centre

Our new £3m centre opened in March 2014 bringing together ambulatory care for adults and children in one dedicated centre giving more patients the opportunity to have same day emergency and urgent treatment.

With easy access to diagnostic tests and a team of experts, it is a way of providing safe care designed around the needs of the patients.

The aim is to reduce length of stay and avoid unnecessary hospital admissions.

Background

As an integrated care organisation, we are committed to finding new ways of delivering care that improve the experience for our patients and bring our acute and community services closer together.

We have been providing an integrated model of ambulatory care for several years.

Children have been receiving ambulatory care for nearly two decades at The Whittington Hospital in the children's day case unit and in close partnership with the local community children's nursing teams.

Adult emergency care was introduced in 2012 with two bays treating patients alongside the emergency department. Although on a relatively small scale, it had a big impact avoiding unnecessary admissions for certain conditions and reducing length of stay for medical and surgical patients.

Similar to the national picture, demand for acute services has been rising within the organisation leading to increased hospital admissions. Advances in treatment had also resulted in more conditions being suitable for same-day care. There was a clear clinical need to expand both our children and adult ambulatory care services to offer more people the opportunity to have same day emergency care and urgent care.

Vision

Our vision was to create a dedicated ambulatory care centre for people of all ages providing easy access to diagnostic tests, consultants and specialist staff in one place.

We already had strong collaboration between our emergency, acute medical and paediatric teams but wanted to go further to bring everyone, particularly our patients, into the centre of the design process.

Following a successful partnership with the Design Council using collaborative design to improve our outpatients' pharmacy department, we took the same approach for our ambulatory care centre.

Our new centre

Open seven days a week, the centre is focused on providing the right care for our patients, in the right place. A range of patients are treated:

- adults and children needing emergency and urgent care who are referred by their GP
- people of all ages referred from our emergency department
- patients who have been in hospital, providing support to go home as part of our enhanced recovery programme

There were 1,097 attendances in June 2014, a 68 per cent rise compared to before the centre was opened. The majority of referrals were from our emergency department (49 per cent) with 28 per cent directly from GPs and the remaining 25 per cent from our inpatient wards, outpatient clinics and community teams.

Care for adults

The adult service aims to deliver hospital-level care while allowing patients to sleep in their own beds. Consultant led, it comprises a multi-disciplinary team of more than 20 staff including medical and emergency physicians, community matrons, GPs, surgeons and a full range of hospital-based specialities working together to provide better care for patients.

The centre offers five times more capacity than previously with 17 treatment spaces. Other facilities include a dementia friendly environment, dedicated ultrasound room, phlebotomy services (blood tests) and café.

The model supports the Trust's enhanced recovery programme, keeping patients mobile and involved in decisions about their care. By going onto the wards, we can identify patients who are well enough to go home. Teams are invited to allow patients to be discharged but call them back to the centre to have the remainder of their tests or treatment.

A key priority is redesigning Trust services to meet the needs of our most vulnerable patients. The centre supports people with learning difficulties and complex social needs. Within the centre, there is also an enhanced service for frail older people with multiple care needs. The Dorothy Warren Day Hospital, a care of older people's outpatient clinic, has been relocated in the centre and an integrated older people's service is led by consultant community and inpatient geriatricians and a multi-disciplinary therapy team.

Care is not only available in the centre. As an integrated care organisation, we support patients at home joining up hospital and community services as well as linking with social care. Our community matron team visits patients up to three times a day on a virtual ward, providing increased clinical supervision during periods of ill health for people where hospital admission would not be beneficial.

Care for children

The paediatric ambulatory care model is highly regarded in London providing integrated care for children between our acute and children's community nursing service.

The new centre aims to build on this reputation and is designed to provide a better patient experience for children. Our previous ambulatory unit beds were shared with our elective (planned care) day case beds but now have their own space, providing both safe same day emergency and urgent review (within three working days), from a team of specialists in a new dedicated child friendly environment.

With our children's community nursing teams, it continues to provide on-going treatment and review for children who have been recently discharged. Our new consultant supported hospital-at-home service will work closely with the service.

It is a safe way of providing care which aims to not only avoid unnecessary admissions but allow children to be observed for longer periods of time than is possible in our children's emergency department.

We now have an innovative centre for emergency care designed around our patients' needs which is equipped with the latest facilities with a distinctly calm environment.

We continue to work nationally with NHS Elect and the Ambulatory Care Network to share our model with other organisations interested in developing ambulatory care.

New North Central London tuberculosis (TB) service

We launched a new TB service for North Central London in April 2014.

The service is aimed at reducing the capital's high number of new cases and making it easier for patients to receive treatment.

Around 9,000 cases of TB are reported each year in the UK, mostly in major cities. London has the highest number of new cases of any city in Western Europe.

"London is the TB capital of Europe and this network will play a huge role in trying to address the problem. It will bring together expertise from across all disciplines and mean services are more accessible for patients and more effective.

"If you're suffering any of the symptoms, like having a cough for more than three weeks, then come to see us."

Dr Helen Booth

Clinical lead – TB Service North Central London

As part of the new coordinated network, a new TB centre opened at The Whittington Hospital. For patients there's a free walk-in service two days a week and extended opening times enabling faster diagnosis and treatment.

The centre offers treatment from specialist medical and nursing teams from Whittington Health, University College London Hospitals NHS Foundation Trust (UCLH), Great Ormond Street, London School of Hygiene and Tropical Medicine and Camden Provider Services.

It is run in partnership with UCLH and is one of two TB 'hubs' in the North Central London service, the second centre is based at the North Middlesex Hospital.

Both offer outpatient services (treatment that does not need an overnight stay) for adults and children as well as support in the community for patients undergoing treatment.

They use the latest methods to test and treat people with suspected or known TB. They care for people with complex medical needs, including those who have both HIV and TB, children with TB and multi-drug resistant TB. The service focuses on tracking down and testing people in the community who have been in prolonged contact with TB sufferers to help minimise its spread.

TB is an infectious disease that is curable with a combination of specific antibiotics. It is spread through inhaling tiny droplets from the coughs or sneezes of an infected person.

Typical symptoms include having a persistent cough for more than three weeks that can bring up phlegm which may be blood stained, weight loss, night sweats and high temperature, tiredness and fatigue and loss of appetite.

More information on the service and how to get treatment can be found at:
www.tbnorthcentrallondon.nhs.uk

New education centre for undergraduates

A new £1.2m education centre for undergraduates was opened during the year in partnership with UCL Medical School.

The project included the relocation of the undergraduate centre and a newly refurbished health library in the Highgate Wing of The Whittington Hospital. Among the new facilities are a clinical skills centre and seminar rooms.

The seminar rooms offer flexible space which can open up to accommodate more than 100 people. Students have 24-hour access to the centre, which they attend for formal teaching by medical and nursing staff. They can use the centre for group work and exam practice.

Our new library opened in September 2013, replacing the Archway Healthcare Library. It offers a comprehensive and modern library service to NHS staff from Whittington Health, and Camden and Islington NHS Foundation Trust. It also provides book loan and IT services for UCL students working at Whittington Health as well as study space and IT services for Middlesex University students on placement at the hospital.

> *"The library combines traditional book loan services and a contemporary learning environment with online resources to meet the needs of the next generation of health professionals."*
>
> Richard Peacock
>
> Manager and librarian

The library houses 6,500 books, covering areas such as medicine, nursing and mental health. There is a quiet study and reading space, a computer area and a dedicated training room.

As well as traditional library services, the facility offers students innovative ways to access resources. The library took part in a pilot project to provide medical textbooks and local clinical guidelines to junior doctors as smartphone apps, making them instantly accessible at any time. Further information resources are available online.

More information on the library can be found at
www.whittington.nhs.uk/whl

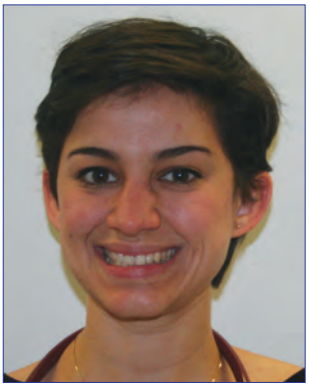
Our awards

Our services and colleagues were recognised in a number of local and national awards during 2013/14 including:

- We started the year by winning the CHKs Top Hospitals programme patient safety award 2013 *(April 2013).*
- Our dietician Lucy Jones is named British Dietetic Association (BDA) Media Spokesperson of the Year *(June 2013).*
- Four past and present colleagues are recognised in the Queen's Birthday Honours 2013. Our former medical director Celia Ingham Clark receives an MBE for services to the NHS, recently retired Dr Lorna Bennett receives an MBE for services to people with blood disorders, nurse consultant for community children's nursing Joan Myers receives an OBE for services to children and nursing, paediatric nurse consultant in the emergency department Lorraine Lawton receives an OBE for her role as an RAF reservist squadron leader. Lorraine is appointed to the Military Division of the Most Excellent Order of the British Empire, receiving an Associate Royal Red Cross award *(June 2013).*

Joan Myers OBE

- The UCL Medical School is ranked number one in London for the fourth year running and joint fourth in the country in the 2012/13 National Student Survey (NSS) with an overall satisfaction score of 94 per cent. It is noted the award is in part due to the contribution of The Whittington Hospital *(June 2013).*
- Consultant paediatrician Dr Kim Holt is named in the Health Service Journal's first list of clinical leaders for her work with Patients First, which champions NHS whistleblowers campaigning to reduce harm to patients and increase accountability and openness in the NHS *(June 2013).*
- We receive a silver accreditation certificate as part of the NHS Confederation's NHS Sport and Physical Activity challenge *(June 2013).*
- Islington Community Child and Adolescent Mental Health Service (CAMHS) is accredited for its friendly approach to service users as part of 'You're Welcome', a Department of Health accreditation scheme for health services demonstrating they are young people friendly *(June 2013).*
- Four of our leading clinicians – consultant paediatrician Kim Holt, rheumatology consultant and non-executive director Professor Jane Dacre, nurse consultant for community children's nursing Joan Myers and consultant radiologist and associate director of quality and medical appraisal Dr Caroline Allum – are named in the Health Service Journal's (HSJ) list of the top 50 most inspirational female figures *(July 2013).*
- Our nurses and services are honoured for providing outstanding care in the first Islington Nurses Awards. Tissue viability nurse Claire Davies receives the Care Award, the Courage Award goes to our postnatal Cellier Ward, and Ann Conoulty and our continuing care team receive the Compassion Award *(July 2013).*
- Our occupational health team is awarded the Safe Effective Quality Occupational Health Service (SEQOHS) accreditation. This is recognised as the gold standard and demonstrates the high-quality service provided by the department *(August 2013).*
- Our supervisory team of midwives is awarded 'Team of the year' by the supervising authority for London, the organisation responsible for effective supervision of midwives in London *(September 2013).*
- Dr Joanna Pleming wins the NHS Leadership Development Champion of the Year Award at the London Leading for Health Partnership's Leadership Recognition Awards *(November 2013).*



Dr Joanna Pleming

- We receive two awards and three commendations at the Health Education North Central and East London (HE NCEL) Quality Awards. Our self-management programme for patients with type 2 diabetes wins the Service Transformation through Education Award. Our advance development programme receives the Patient and Carer-centred Education Award. Our supporting lifestyle behaviour change training is highly commended in the Promoting Healthy Living through Education and Training category. Our respiratory team was also highly commended in the Partnership Education category and our compassion model in the Excellence in the Multi-professional Education and Training category *(December 2013).*
- One of our cancer programmes to provide fast and safe treatment to patients with suspected neutropenic sepsis (a potentially fatal complication from

Members of the advanced development programme team at the HE NCEL 2013 Quality Awards ceremony

chemotherapy) wins the patient safety award at The Quality in Care (QiC) Excellence in Oncology Awards *(December 2013).*

Dr Pauline Leonard, lead cancer clinician and consultant medical oncologist

- Two former Whittington Health staff are named in the 2014 New Year Honours list. Consultant obstetrician and gynaecologist Sir Marcus Setchell, who was the Queen's surgeon-gynaecologist for two decades, is made a Knight Commander of the Royal Victorian Order (KCVO) for his services to the Royal household for more than 20 years. Consultant general paediatrician Dr Heather Mackinnon is awarded an MBE for services to paediatrics, child health and child protection *(December 2013).*
- Our diabetes team is shortlisted for Diabetes Team of the Year in the 2014 British Medical Journal (BMJ) Awards. The team later receives a special commendation for its work with "a potentially global impact" *(February 2014).*
- Four of our teachers, specialist registrar Dr Adamjee Thofique, consultant in medical microbiology and virology Dr Julie Andrews and consultant anaesthetist Timothy Blackburn and consultant haematologist Dr Bernard Davis, receive UCL Medical School Top Teacher Awards in 2013/14 for their inspiration to students *(February 2014).*
- Three of our healthcare assistants - Alice Cooney, Rita Cornwell and Rommel Mabunga - pick up top awards for outstanding compassionate care delivery at a Delivering Care and Compassion event hosted by Middlesex University on behalf of Health Education North Central and East London *(March 2014).*

Our annual staff excellence award winners for 2013/14 are named on page 41.

Members of the diabetes team shortlisted for BMJ Award

Key achievements by division

Across the organisation, we continue to pursue our five strategic goals focusing on improving integration across our hospital and community services, finding more effective ways of treating our patients particularly nearer to home, improving our community's health and wellbeing and driving innovation and continuous improvement.

Highlighted below are some of our achievements and improvements by division.

Integrated care and acute medicine (ICAM)

Respiratory medicine

The team was recognised as an exemplar of integrated care by the Royal College of Physician's *Future Hospital Commission in their Future hospital: caring for medical patients* report. Their work has included establishing the first integrated care training post so trainees experience working in the community and are equipped to work as integrated physicians in the future.

The smoking cessation team have embedded quit smoking as a treatment and making every contact count as the Trust's way of working. More than 90 per cent of inpatients are asked about smoking status, offered advice and referral to our smoking cessation services. Their work was recognised winning the Trust's Leadership Team of the Year Award.

The team has continued to develop the Trust's enhanced recovery programme including improving co-ordination of care, care planning conferences, using 'bundles' of care to improve outcomes and a hospital exercise programme aimed at reducing readmission and improving quality of life. The successful delivery of two commissioning for quality and innovation (CQUIN) goals, smoking cessation and the chronic obstructive pulmonary disease (COPD) bundle, has contributed to the Trust's financial balance with a combined value of £1m.

A new ultrasound service has been set up led by the respiratory consultants allowing patients with fluid building up around the lungs (pleural effusions) to have ultrasound guided drainage in our ambulatory care centre without needing admission.

More examples of our integrated care projects are outlined in our clinical strategy.

District nursing extended hours

We extended our district nursing service to provide 24-hour in-house cover across both Islington and Haringey in November 2013. Haringey previously had no service after 10pm. The additional hours mean we can now offer continuity of care 24/7 to both boroughs preventing unnecessary admissions to hospital and emergency departments. District nurses from our evening team provide nursing care to patients through night shifts which rotate from 10pm until 8am. The 24-hour service also allows patients receiving end of life care to stay in their own homes.

Hanley Road GP practice

We have been working to strengthen our GP practice, Hanley Primary Care Centre, which provides services to 6,000 people in Hanley Road in Islington. During the year, we made a permanent GP appointment to ensure continuity of care for our patients and drive innovation. The close links with our community and acute services offer a unique opportunity to improve integration of care. The new permanent GP has strong local experience in Islington and is leading the team with our practice manager to maximise benefits for patients.

Pharmacy - medication safety

Medication safety is a high priority for the Trust. In 2013/14, the pharmacy department rolled out e-prescribing on the hospital site. It has also been introduced in our new TB centre, pharmacy's first outpatient e-prescribing site. The department extended its specialist pharmacist advice to respiratory medicine, ambulatory care, women and children and enablement in the community. A new computerised medication storage and selection system was installed in our emergency department on a six month pilot to manage the supply and dispensing of drugs and more accurately track the quantities used.

Self management

We increased our support for people who live with long-term conditions and for the healthcare professionals who care for them through our innovative skills development programmes. Our supporting lifestyle and behaviour change programme for professionals was extended to Haringey as well as Islington. The numbers of patients attending our self-management programme for type 2 diabetes, expert patient's programme and co-creating health advanced development programme all increased. Three of the programmes were acclaimed in Health Education North Central and East London 2013 Quality Awards.

Surgery, cancer and diagnostics

Acute oncology service

Our acute oncology service was highlighted in a national report on the future of hospital services. The report from the Royal College of Physician's Future Hospital Commission showcased the service's rapid access to an oncologist and oncology advice. This enables patients

with known or suspected cancer who attend our emergency department to access care from an oncologist quickly and easily rather than being moved around the hospital. Patients receive oncology and palliative expertise from a single clinical team within 24 hours of coming into hospital.

New breast cancer treatment

Professor Jayant Vaidya co-led a large international study which could transform breast cancer treatment. The study (the TARGIT-A trial) published in the medical journal The Lancet found that a single 20 to 30 minute treatment of targeted radiotherapy during surgery could offer an alternative to weeks of radiotherapy sessions that breast cancer patients would normally need to have afterwards. More information can be found in our research.

Community urology

We were awarded a two-year contract to provide community urology services in Haringey and Enfield. The service was launched in October 2013 offering for the first time urological assessments and treatment by consultants 'closer to home' rather than in hospital. The new consultant-delivered community service has been designed to improve both clinical outcomes and patient experience with reduced waiting times and making it easier to receive treatment. The Whittington Hospital will continue to treat a range of urology disorders and work with University College London Hospitals NHS Foundation Trust (UCLH) to provide surgery for major and complex cancer cases.

Improved theatre use

We worked hard to improve our theatre use during the year. A new report was introduced in November 2013 which provides a session by session view of theatre use. This allowed us to focus on sessions that were underused, identify themes and target our actions.

Women, children and families

Improving the environment

We made many improvements to the physical environment of our services during 2013/14. These included a new ambulatory treatment unit for children as part of our new ambulatory care centre, as outlined in innovation and excellence: our major developments. Our paediatric protection medical assessments moved to a new dedicated suite of child-friendly rooms at St Ann's Hospital bringing all Whittington Health's community health services for children in Haringey onto one site. During the year, we began refurbishing our antenatal and postnatal wards to provide more privacy for women and en-suite modern bathroom facilities. Our neonatal intensive care unit (NICU) obtained a grant to improve our facilities for mums expressing breast milk. Our sexual health services in Haringey moved into newly refurbished premises at St Ann's Hospital.

Maternity/obstetrics

We introduced enhanced recovery for women having elective (non-emergency) caesarean sections enabling mums to become mobile almost immediately after their operation and return home more quickly. A new consultant midwife was appointed to lead the 'vaginal birth after caesarean section (VBAC) clinic' to help reduce our caesarean section rate and support women to have a normal delivery.

Our facilities to enable partners to stay overnight both during and after child birth have received good feedback. The service will be enhanced once the new refurbished antenatal and postnatal facilities are available.

Gynaecology

A successful outpatient hysteroscopy service has been set up in the hospital and at Hornsey Central Neighbourhood Health Centre for women with abnormal bleeding. The Whittington Hospital's colposcopy unit has been quality assured and its excellent results are published in the London Cervical Screening Performance Data report.

Universal services

Health visitors continued to improve the percentage of new birth visits within 14 days for mums in Islington and Haringey. For the more vulnerable women in our community, we organised health promotion group sessions to prepare for 'birth and beyond' focusing on pregnancy and the first two years of their babies lives. We introduced joint appointments for pregnant women with health visitors and midwives in local children centres.

The Michael Palin Centre for Stammering Children

The centre – supported by the charity Action for Stammering Children – had a busy year assessing hundreds of children who stammer from across the UK, as well as providing a specialist NHS service of assessment and therapy for children and adults who stammer who live in Islington and Camden. It was visited by Michael Palin, Colin Firth and Ed Balls MP, and recordings of its work were featured on BBC Radio 4's 'Today Programme' and ITV's 'Daybreak'. The charity extended the centre's training facilities with the opening of a new wing to host courses for speech and language therapists in how to manage stammering. Over the year, the centre's team trained a further 738 therapists across the UK and internationally, spreading expertise and helping thousands of children who stammer.

Seven day paediatric consultant delivered care

Since October 2013, we have consultant presence in The Whittington Hospital until 9pm on weekdays and increased presence during weekends.

Islington child and adolescent mental health services (CAMHS)

Our CAMHS service has been working on involving more young people in their services and evidence based

practice including gathering feedback on sessions as part of the Improving Access to Psychological Therapies (IAPT) programme. In March 2013, following close working with young people and children, it launched a new website **(www.islingtoncamhs.whittington.nhs.uk)**. It continued to develop its school based services and now has clinicians in every school and children's centre in Islington. The service also established a new parent group for children with attention deficit hyperactivity disorder (ADHD) commissioned by Islington Council and Islington clinical commissioning group.

Haringey contraception and sexual health

Our team offer a comprehensive one-stop service to around 11,000 patients each year in Haringey providing seamless sexual health, contraception and psychological services. The team has continued to improve patient experience by reviewing the patient journey and reducing waiting times. Patients are now sent a reminder 24 hours before their appointment and informed quickly of negative laboratory results via a text. Confidential walk in contraceptive services are offered six days a week at six locations. During the year, the team provided a number of training sessions for GPs, nurses and trainee doctors.

Expansion of services – allergy, asthma and epilepsy

We continued to expand our allergy and asthma service with the appointments of two new nurses, one allergy dietician and the involvement of GPs with a specialist interest in children with allergies. A primary care allergy clinic run by GPs as part of Whittington Health's paediatric allergy service was set up to strengthen links between the hospital service and primary care. Our epilepsy service was extended with a specialist consultant paediatric neurologist appointed to train school nurses, conduct workshops for families and children and liaise with GPs. A new neurological community clinic was established enabling all children with possible seizures to be seen within two weeks. This service now meets the national criteria for excellent care.

Financial review

Overview

We sustained a solid financial performance achieving a surplus of £1.1m in an increasingly tough climate.

This is the fourth year the NHS in England has seen limited growth with a small rise in spending in real terms. The position was achieved against a backdrop of only partially achieving our £15m savings target as well as NHS structural change and operational challenges to meet waiting time standards. Despite the difficult environment, this is the tenth successive year the organisation has achieved financial balance and made a surplus.

Our focus is always on maintaining high-quality services across the organisation. We keep surpluses to a minimum while ensuring we are a sustainable organisation. Our surplus was £2.4m lower than last year, similar to many NHS organisations which have witnessed a fall in surpluses, a reflection of the mounting pressures facing all trusts.

The surplus was achieved after making technical adjustments against our duty to break-even. These comprised decreasing asset values charged to expenditure of £3.1m and charges relating to the private finance initiative (PFI) building (£1.1m).

Statement of financial position

We saw a marked increase in our land, buildings and equipment (non-current assets) in 2013/14. The £46m rise to £186m was largely from the transfer of community estates in Islington and Haringey from the former, now dissolved, primary care trusts to Whittington Health.

Our position reflects a tightening of working capital from the impact of operational challenges on our finances. Increased spending and reduced margins on our income has resulted in a reduced cash position. We will need to continue to drive for improvements and efficiencies in the way we deliver our services.

Capital expenditure programme

The Trust invested £12m in the development of our property and equipment.

Our major schemes included the building of our new £3m ambulatory care centre, a £1m tuberculosis (TB) centre as part of a new TB service for North Central London, £500k replacement magnetic resonance imaging (MRI) scanners, £650k improvements to our maternity department, a £286k robot for our pharmacy department and a £1.2m investment in a new education centre for undergraduates in our Highgate Wing including a new library, clinical skills centre and lecture rooms.

Income and expenditure

Our operating income increased by six per cent to £297.4m, a rise of £16.1m. The majority (88 per cent) was from patient-related activities supporting our local populations of Islington, Haringey, Camden, Barnet and Enfield.

Our main source of income comes from clinical commissioning groups (CCGs), NHS England, which commissions specialist services, and local authorities (see Table 4). A major education provider, we received six per cent from education and training amounting to £17.7m. This was slightly down on the previous year due to changes in funding.

The Trust's operating expenditure totalled £295m, a six per cent increase on the previous year. The £17.2m rise was largely because of an additional five per cent in staff costs. Our staffing bill is the majority of our expenditure, representing 71 per cent in 2013/14.

During the year, we needed to increase capacity to meet our consultant led referral-to-treatment waiting time targets and see 95 per cent of patients within our emergency department within four hours. This resulted in more agency staff and additional costs. We also faced a £5m rise in the cost of our estate following the transfer of community services. Table 6 summarises key features of the Trust's breakeven performance over the last five financial years.

Table 4: Where our income comes from

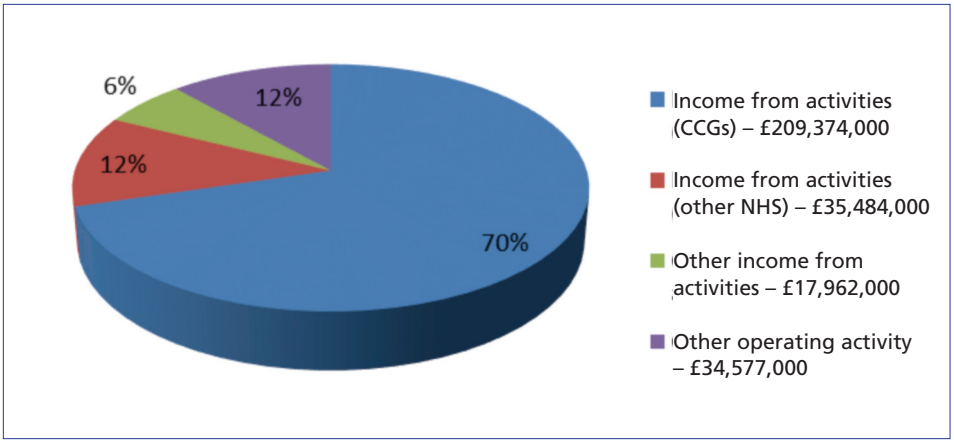


Table 5: Our expenditure breakdown

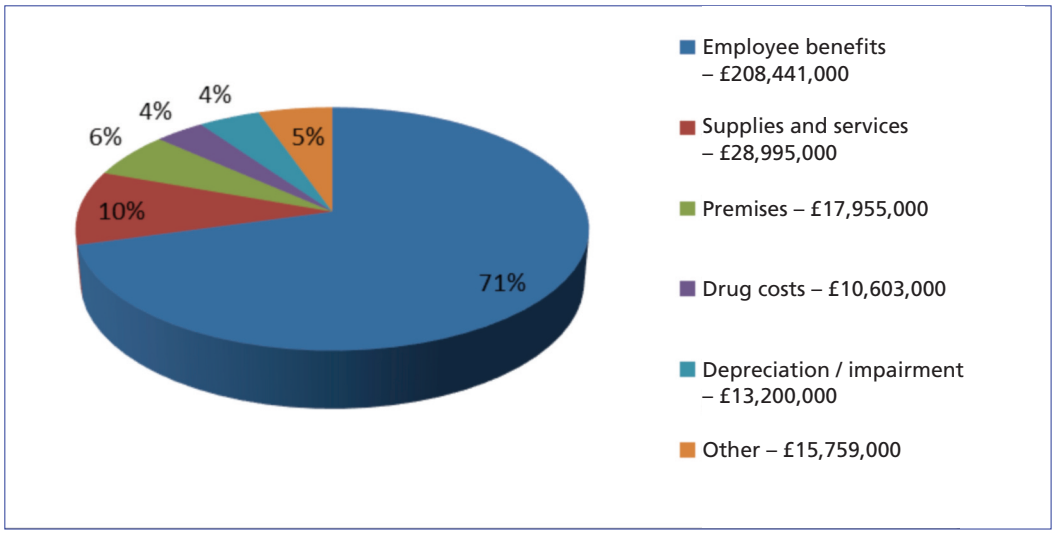


Table 6: Trust's breakeven performance

	2013/14 £'000	2012/13 £'000	2011/12 £'000	2010/11 £'000	2009/10 £'000
Revenue	297,397	281,343	278,212	186,300	176,853
Operating expenses (including depreciation)	(294,953)	(277,753)	(275,970)	(182,907)	(176,262)
Surplus before interest and dividends	2,444	3,590	2,242	3,393	591
Other losses	0	(79)	0	(82)	0
Net interest payable	(2,748)	(2,613)	(2,654)	(2,582)	(2,632)
Dividends payable	(2,817)	(2,666)	(2,805)	(2,888)	(3,156)
Retained deficit	(3,121)	(1,768)	(3,217)	(2,159)	(5,197)
Adjustment for non-PFI impairments included in retained deficit	3,136	3,267	1,928	2,208	4,618
Adjustment for impact of IFRS accounting on PFI included in retained deficit	1,062	2,059	2,308	459	718
Position against statutory break-even duty	1,165	3,614	1,120	508	139

Payment of invoices

The Department of Health requires that invoices be paid in accordance with the Better Payments Practice Code. The target is to pay within 30 days of receipt of goods or a valid invoice, whichever is later, unless other terms have been agreed.

The Trust's performance for the last two years, which is measured both in terms of volume and value of invoices, is shown in Tables 7 and 8.

Table 7: Trust performance on payment of creditors 2013/14

2013/14 performance	NHS Payables Number	Non-NHS Payables Number	NHS Payables £'000	Non-NHS Payables £'000
Total bills paid	6,170	99,150	22,419	77,162
Total paid within target	4,979	75,870	16,806	57,356
Percentage paid within target	81%	77%	75%	74%

Table 8: Trust performance on payment of creditors 2012/13

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%

Staff costs

The Trust's staff costs for the year are shown in Table 9. Information on staff sickness absence is outlined in Table 10.

Table 9: Trust staff costs

Category	2013/14 £'000	2012/13 £'000
Salaries and wages	178,850	167,112
Social security costs	13,264	13,055
Employer contributions to NHS Pension Scheme	19,001	17,466
Termination benefits	(2,087)	626
Capitalised costs	(587)	(722)
Total staff costs	**208,441**	197,537

Table 10: Staff sickness absence and ill health retirements

Category	2013/14 Number	2012/13 Number
Total days lost	25,713	26,649
Total staff years	3,663	3,651
Total staff costs	**208,441**	197,537

Table 11: All off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months

	Number
Number of existing engagements as of 31 March 2014	10
Of which, the number that have existed:	
- for less than one year at the time of reporting	5
- for between one and two years at the time of reporting	5

Table 12: All new off-payroll engagements between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	11
Number of new engagements which include contractual clauses giving Whittington Health the right to request assurance in relation to income tax and National Insurance obligations	11
Number for whom assurance has been requested	11
Of which:	
- assurance has been received	11
- assurance has not been received	0
- engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of Board members, and/or senior officers with significant financial responsibility, during the year	1
Number of individuals that have been deemed "Board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	20

Statutory financial duties

The Trust met all its statutory financial duties in 2013/14. These are described below:

Breakeven duty – the Trust is required to break-even on its income and expenditure account over a rolling three-year period. This continues to be delivered following the £1.1m surplus reported in 2013/14.

External financing limit (EFL) – this determines how much more (or less) cash can be spent by the Trust compared to that which is generated from its operations. The Trust is required by the Department of Health to maintain net external financing within its approved EFL. The Trust had an EFL of £13.7m but only used £11.2m.

Capital resource limit (CRL) – this determines the amount that can be spent by the Trust each year on new capital purchases. The Trust used all of its £12.8m CRL.

Capital cost absorption duty – The Trust is required to absorb a cost of capital at a rate of 3.5 per cent. This means the total dividends paid on the Public Dividend Capital (PDC) must be 3.5 per cent of average net relevant assets. This was achieved.

Going concern

The Trust has prepared its 2013/14 annual accounts on the basis of the Trust being a going concern. This assessment has been based on the work to prepare the annual financial plan 2014/15 and the long term financial model (a five year forward financial view).

Financial risk

Looking forward to 2014/15, the financial challenges will remain and become more difficult to overcome.

The challenge facing the whole health and social services sector is meeting the demands of an ageing population and improving technologies with the ongoing freeze in health spending. There will continue to be pressure on reducing our charges for services as well as the need to absorb the impact of inflation and pay rises. Our commissioners are warning us of tightening budgets as they cope with additional demands across the health spectrum and prepare for the transfer of funding to social care under the Better Care Fund. More than ever, the challenge of 'doing more with less' and delivering our cost improvement targets is critical. This will be essential as we maintain our commitment to improve the quality and safety of our services and meet the rising demands set out in the Francis and Keogh Reports.

As an integrated care organisation, we are looking to improve patient pathways, bringing them closer to patients' homes. This will lead to a number of key financial risks.

Our ability to deliver efficiencies quickly enough to counter the pressure of reduced prices and inflationary pressures. The successful delivery of our 2014/15 financial plan requires us to make savings equivalent to five per cent of our turnover, which is just above the national average. The delivery of the Trust's 2013/14 savings target proved challenging for the organisation.

As the Trust moves to a payment by results based contract, our reporting and data quality processes must support accurate billing. We must minimise the impact of penalties for poor performance against key contract requirements, particularly in relation to patient and ambulance waiting times and hospital acquired infections.

The implementation of seven-day services will have financial consequences. The impact of this new policy is unknown pending more detailed guidance.

Our people

We aim to act as one organisation with operational and clinical excellence at every level, where our staff feel engaged and are part of our trust.

As an organisation we strive to provide high-quality compassionate care and excellent outcomes for our patients. Our colleagues play an important part in this, with all of them directly providing or supporting the provision of clinical services.

Having the right staff with the right skills supports the organisation to meet the changing needs of the NHS. The Trust is committed to supporting staff to fulfil their potential and to use their skills to deliver high-quality care for all patients and the communities we serve. In 2013/14, there has been a sharp focus to develop our staff across the organisation to ensure sustained high performance.

Inspirational leadership and staff engagement are key drivers for success to deliver our strategic goals.

Our organisational development plan entitled Passionate about People was formally approved in 2013/14. It sets out our aim for a healthy culture with shared values among our staff, where we want to be in terms of future organisational efficiency and staff development and, as a high performing Trust, where decisions are made in the right place at the right level.

We aim to act as one organisation with operational and clinical excellence at every level, where our staff feel engaged and are part of our Trust. An organisation where our patients and their relatives and carers view the Trust as providing safe high-quality care in a way that exceeds their expectations.

Call for cultural change

Our people are crucial to delivering our clinical strategy and excellent outcomes for our patients. Central to the Francis Report (2013) was that cultural change was needed – shared by all – that put patients at the heart of everything we do in the NHS.

The Trust's culture is reflected in our vision and strategic goals. Our staff were involved in the development of these goals and further work will be undertaken in 2014/15 to refresh our values and embed these to support the culture of the organisation.

Staff engagement

A key driver for the success of a healthy culture and a main area of focus of the Passionate about People strategy is staff engagement. Strengthening engagement is critical to the Trust's future.

Kings Fund research in 2012 found that the more positive the experiences of staff within an NHS trust, the better the outcomes for that trust. The study found that engagement had significant associations with patient satisfaction, patient mortality and infection rates.

An overarching engagement strategy will be developed in 2014 which will include staff and all our stakeholders.

Increased communication

Over the past year, the Trust has strengthened its communication to staff and reviewed the channels used. These were revised to include:

- Publication of a daily e-noticeboard (previously weekly) to ensure staff are kept informed of the latest developments of the Trust.

- Chief executive briefings (these are now more comprehensive covering Trust-wide strategic matters including quality, finance and organisational development). Staff are able to give feedback by attending the briefing or by asking the chief executive a question online.
- Board Matters: a redesigned e-edition sent to staff monthly, this has been developed to give greater opportunity to staff to share their views with the chair.
- *Catchup*, a new magazine for staff and patients which includes increased coverage of awards to staff and patient compliments via a regular 'patient letter' and publication of feedback from NHS Choices.
- Social media: a developing presence and feedback options available through Facebook and Twitter.


Whittington Health NHS

Catchup

June 2014

Shadow chancellor's marathon run for Michael Palin Centre

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Diabetes team commended at BMJ Awards

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Smoking CQUIN team, winners of leadership team of the year

Excellent care celebrated as Whittington Health ends year strongly

Outstanding care was recognised at our annual staff excellence awards as the organisation finished the financial year strongly – meeting key national targets, seeing more patients and balancing the books.

Winner of the CHKs Patient Safety Award 2013

We recognise the importance of celebrating successes. We do this in a number of ways including our monthly staff excellence awards which are presented by the chief executive, our annual staff awards and innovation showcase series which enables frontline staff to present their improvements and redesign work.

Staff surveys

The Trust's strategy to develop a culture to deliver our strategic goals is informed by the results of staff feedback.

During the year, the Trust carried out its own staff engagement survey 'Your voice, your future' for all staff as well as participating in the national NHS Staff Survey. Our bespoke survey aimed to gather information on what it is like to work for the organisation. It was completed by 1,626 members of staff - a response rate of 40 per cent.

Among the key results were:

- An overall engagement score of 60 per cent. As part of the score, 67 per cent of staff who responded said working at Whittington Health made them want to do the best work they could. This gave us a solid base to build on but we recognised there was still much work to be done to engage staff fully.
- Commitment to patients had the strongest relationship with levels of engagement within the Trust. Critical to engaging staff were the following factors: my job, our values, learning and development, leadership, workload and resources.
- The majority of staff felt their jobs made good use of their skills and abilities and that their work gave them a feeling of personal accomplishment.
- A high percentage of staff were familiar with Trust values and over three quarters understood how their work linked to the objectives of their team.
- Further work was required on the relationship between staff and managers, particularly around motivation and inspiration.
- Staff often felt that resources and workloads put them under pressure.
- The Trust compared positively to other organisations on learning and development opportunities but there was further work to be done.

The survey's results were shared with staff and a number of interactive briefings and sessions held.

The 2013 NHS Staff Survey results invited 800 staff to take part, the response rate was 36 per cent - six per cent higher than the previous year. The results showed that we had an overall staff engagement score of 3.74 - which was average for an acute trust (there was no measure for an integrated care organisation).

Of the 28 key findings in the survey, we were in the best 20 per cent of acute trusts for five, average for five and in the worst 20 per cent for seven. We were in the top 20 per cent of acute trusts for the percentage of staff able to contribute to improvement, for reporting errors, near misses or incidents, for witnessing potential harmful incidents and for the percentage of staff experiencing violence from staff and physical violence from patients, relatives or the public.

We scored in the bottom 20 per cent for job satisfaction, work pressure felt by staff, staff working extra hours, staff suffering work related stress, motivation at work, equal opportunities for career progression and the availability of hand washing materials.

The findings were considered alongside the results of the trust's own engagement survey. We committed to listen and act on the responses and, following the findings, identified five development areas:

1. Improving leader visibility and communication with staff
2. Clarifying the future direction of the Trust
3. Changing management behaviours to inspire and motivate staff
4. Increase staff commitment by seeking and acting on feedback

5. Understand the underlying cause and act where staff have reported excessive workload

Actions plans across all areas of the organisation will be developed in 2014/15 which go before the Trust Board and shape the development agenda in the future.

Celebrating successes

We recognised staff successes and the staff who went the extra mile in our monthly and annual staff excellence awards held in March 2014.

For the annual awards this year, we gave two people's choice awards which were selected from more than 70 nominations submitted by staff, patients and visitors. The awards recognised four individual staff members and six high performing teams, from across the Trust. The winners were:

- **Clinician of the Year:** Suzanne Roberts, inpatient therapy manager - *For her inspiring management and efficient productivity*
- **Customer Care Award:** Dr Pauline Leonard, consultant oncologist - *For her leadership and outstanding acute oncology service provided to our patients*

Suzanne Roberts

- **People's Choice Award:** Rachel Wale, occupational therapist - *For inspiring leadership and dedication to patients*
- **People's Choice Team:** Decontamination team - *For always delivering and the high-quality service they provide to frontline teams*
- **Employee of the Year:** Helen Ormiston, information and support officer oncology - *For her efficient performance and true commitment*
- **Team of the Year:** occupational health - *For excellence in quality standards and service delivery, and for promoting a culture of wellbeing*

Occupational Health team

Thoroughgood Ward team members receiving their award

- **Clinical Team of the Year:** Haringey learning disabilities partnership nursing team - *For excellence in caring for adults with learning disabilities*
- **Unit of the Year:** Thorogood Ward - *For providing first class service and care*
- **Leadership Team of the Year:** Smoking CQUIN team - *For excellence in clinical leadership and extraordinary team commitment*
- **Chief Executive's Award:** Pharmacy distribution team - *For providing an outstanding service and support to members of staff and the local community*

Equality and diversity

The Trust is committed to tackling equality of opportunity and eliminating discrimination in the organisation. This is carried out under the direction of the equality and diversity steering group which drives a broad range of strategic and operational priorities and provides the focus for supporting new developments.

Our equality objectives and measures for success published in April 2012, meet our obligations under the public sector equality duty of the Equality Act 2010 and continue to support improvements in patient experience and services.

The equality outcomes based on our organisational strategic goals 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 our employment policies reflect our colleagues including people with disabilities.

More than 77 per cent of staff have completed equality and diversity training. We continue to work to increase this figure.

Education, training and learning

Whittington Health employ and attract a wide-range of qualified and dedicated staff. We are committed to ensuring staff are trained to provide high-quality care for our patients and the wider local community. The Trust is well known for providing education, learning and development opportunities through workplace experience leading to nationally recognised qualifications.

Disappointingly, our mandatory training levels dropped from 83 per cent in 2012/13 to 75 per cent in 2013/14. This is a priority for the organisation and a range of measures are to be rolled out in 2014/15 to support staff to complete the training and ensure managers are able release members of their team. This will also form part of the annual appraisal process.

An education strategy group was set up in 2013 to build a programme around the Trust, in particular around integrated care. The group has focused on reviewing how education is led, developed and evaluated and establishing a programme for the future.

In 2013/14, the Trust secured £1.2m Local Education Trust Board (LETB) funding to continue and improve training in leadership, education, equality and developing an integrated workforce.

This has led to a new leadership and management programme aimed at a cross section of medical, nursing and administrative staff, all learning and sharing together for the first time. Other initiatives have included a talent management and development strategy, the roll-out of a customer care training, a coaching and mentoring hub and a new team building programme.

The Trust launched an apprenticeship programme during the year focused on providing local people with opportunities within a healthcare environment. A number of apprentices joined the Trust in procurement, Improving Access to Psychological Therapies (IAPT), learning and development and pharmacy. All apprentices undertake the nationally recognised apprenticeship qualification at the end of their placement.

Our volunteers

Our volunteers provide a highly-valued contribution to the running of our organisation.

In 2013/14 we had around 155 active volunteers and a further 145 going through the application process. Many of our staff were once volunteers here. Some were patients or relatives of people who received care from the Trust and it is their way of saying thank you.

We received more than 2,000 enquiries during the year, by far the most were from students considering a career in medicine and volunteering is seen as a good way to experience that career.

Our ethos is not simply how can volunteers support the Trust but what can we do for them. We have a proactive approach to supporting people obtain paid work after volunteering with us. We seek to ensure a positive experience for everyone – patients, staff and volunteers.

Trust volunteers represent the diversity of our community in ethnicity, cultural background, religious beliefs, gender, sexual orientation and disabilities. Our volunteers always bring a unique expertise to services and the organisation.

Our future plans for our people

Corporate values communicate the core principles that guide an organisation's strategy and define the way that the organisation should operate. They are a means of setting and guiding acceptable behaviour and considered a differentiator for performance and a key element of high performing organisations.

An essential component of Passionate about People is to embed the organisational values within our organisation. The Trust has been reviewing the values and plans to revise them to enable them to be embraced by everyone across the organisation.

These revised values will define the quality of care Whittington Health expects and staff will be encouraged to put them at the heart of everything they do. Teams will be invited to explore what the values mean to them in their environment and how they can demonstrate behaviours that reflects the Trust's values. They form the bedrock of our appraisal system and are a central component of our recruitment process.

As part of our actions from the staff survey, we have engaged the Kings Fund to work with all staff at every level to develop our vision for Whittington Health and the community we serve.

Our patients

Listening to our patients and people who use our services is a key way for us to keep a check and continue to improve.

We see patients as our partners and strive to listen to, learn and act upon what they tell us about our services.

Listening to our patients and people who use our services is a key way for us to keep a check and continue to improve. Monitoring and analysing the patient experience helps us find better ways of delivering services.

We do this in a number of ways.

National Inpatient Survey 2013

The results of the 2013 National Inpatients Survey were published by the Care Quality Commission (CQC). The survey looked at the experiences of more than 62,000 patients (16 years and over) who were admitted to an NHS hospital between September 2013 and January 2014. Of the 850 inpatients asked at The Whittington Hospital, 294 took part in the survey - a 36 per cent response rate.

The Trust scored 'about the same' compared to other NHS trusts on all of the 10 key areas. On patients overall view of inpatient services, the Trust scored 8.2 out of 10. The CQC reported that people were generally having a better experience in hospital than a year ago but the quality of stay can vary. Overall, most people felt they were treated with dignity and respect and had a good experience. The Trust scored better than other trusts on giving clear information about medicines on leaving hospital. Areas to work on included improving single-sex accommodation, cleanliness of bathrooms and toilets, and nurses talking in front of patients without including them. An action plan has been prepared and will be monitored at the Patient Experience Committee. The full results can be found on the CQC website.

National Cancer Patient Experience Survey 2013

The results of the annual cancer patient experience survey were published by Quality Health and the Department of Health in August 2013. We had a very low response rate (99 patients responded to the survey) which limited specialty-based analysis.

We were disappointed with the results compared to the previous year when we were the highest performing trust in London Cancer, one of two integrated cancer systems in London comprising nine NHS trusts. Since then we have been working with our colleagues in North Central and North East London to provide a coordinated, clinician and patient-led approach to cancer services.

Overall, our results are the same as last year, however, compared to other trusts, we have not done as well. The Trust received lower than average ratings in the

survey. The Trust is taking a number of steps to rectify this and is committed to providing a positive experience for our patients and families. We will work to ensure the areas where patients feel their experience is less good are urgently addressed. The Trust has developed a multi-disciplinary cancer patient experience steering group specifically to address the areas in the survey where our patients are having a sub-standard experience of care. The group have developed an action plan to target key areas and are meeting monthly to drive to work. The steering group is reporting to the Trust's Patient Experience Committee, chaired by the deputy director of nursing and patient experience. The committee will monitor progress and support the work of the steering group as necessary. The Patient Experience Committee provides regular reports to the Quality Committee which in turn reports to the Trust Board.

Actions include investing resources to expand staffing levels and ensure that every patient with a diagnosis of cancer knows who their key worker is and how they can contact them. We are also improving our links with the community so improving both the after-care and access back to the acute hospital if needed. In 2014/15, we plan to have our Macmillan Information Centre open in the main foyer which is aimed at increasing support for our patients.

National Maternity Survey

The survey was coordinated by the Care Quality Commission and carried out by Quality Health. The results were published in December 2013 and were based on 141 responses of mums using the service.

The results were positive, reflecting significant improvement on nearly all areas since the 2010 survey.

Friends and Family Test (FFT)

We achieved consistently good scores throughout 2013/14. Our inpatient wards scored in the 60s (based on scoring of between -100 and 100) throughout the year and also had a good response rate. By the end of the year, our emergency department (ED) was also achieving the target.

The Friends and Family Test (FFT) is based on the net promoter score used by commercial companies. It is a measure of patient experience and is a requirement for:

- all inpatients that stay more than 24 hours (implemented April 2013)
- all those who attend ED and are discharged from there (implemented April 2013)
- all women at four stages of the maternity pathway: antenatal (36 weeks specifically), birth (labour ward/birthing unit/homebirth), postnatal ward and postnatal community (implemented October 2013)

The current national target is that at least 15 per cent of patients discharged from ED and the wards answer the FFT question. For maternity, the expectation is to achieve 15 per cent overall (rather than an individual element of the pathway).

We use a range of methods to collate patient feedback including postcards, handheld devices and kiosks. Achieving the target has been a challenge in ED and since December 2013 volunteers have been supporting the process by carrying out telephone surveys.

Whilst the postcards only include the Friends and Family Test questions, the surveys available via kiosks and handheld devices include additional patient experience questions.

The Trust is required to introduce FFT in the community and outpatients by October 2014. We started FFT for our services in the community in March 2014 and plans are underway to extend it to our outpatients in July 2014.

Response rates and feedback is being circulated on a weekly basis to clinical and operational leads. The updates include:

- a summary of month to date progress for all areas and the number of surveys still required to meet the target
- top themes identified (both positive and negative)
- all free text comments received by area

Monthly reports are submitted to the Trust Board once the data is validated and approved.

We implemented the staff FFT during quarter one of 2014/15.

One mum commented: "I felt my care was as good as it would have been if I had paid for private health care services. Excellent maternity services."

A mother who had a high risk pregnancy said: "I loved my labour because of the care I received. Many thanks for such a great service and care."

Local surveys

To ensure we capture the experience of as many of our patients as possible we also gather regular feedback via kiosks, hand-held patient experience tracking devices and postcards throughout the organisation.

These local surveys include the FFT questions and additional questions focused on areas we would like to

improve and monitor (for example being treated with respect and dignity). This feedback is shared with the relevant staff and is discussed at the Patient Experience Committee to enable us to monitor our progress in important areas.

'You said, we did'

Actions taken in response to feedback are collated monthly and included with the Trust Board update. This information is also displayed on all the wards and in ED along with the response rates and score. These displays will be rolled out across other areas during 2014/15.

Social media

We also receive an increasing amount of daily patient feedback through our social media channels, particularly Twitter, as well as comments via NHS Choices. All these are responded to and, where a problem is highlighted, referred to our Patient Advice and Liaison Service (PALS). During the year, we appointed a digital communications manager to enable us to respond quickly to feedback received in this way.

Patient Advice and Liaison Service (PALS) and complaints

Feedback from complaints is also used to help us focus on areas where we need to improve. During the year, the PALS and complaints team received a total of 458 formal complaints and 2,695 queries. Many of these led to specific learning and improvements in care.

Some examples of improvements carried out or in progress in 2014/15 following complaint investigations and queries are outlined below.

- There has been more customer care training across the Trust. This includes anonymised case studies from complaints. Two complainants agreed to join one of the panels.
- A number of changes have been made to the running of outpatients including recruitment of experienced managers, improvements to the physical environment, standardised systems and processes and enhanced customer care training for staff.
- The processes for reviewing abnormal x-rays, management of missed fractures and the recall process have been examined. Following the review, the recall process has been standardised.
- All staff working in appointments have been trained to use the hearing loop which allows people with hearing aids to hear more clearly.
- Staff on our hospital short-stay unit and social work team have started discharge planning.

During 2013/14, we reviewed how we managed our formal complaints and in 2014/15 will be making significant improvements in a number of areas. This includes speeding up our complaints process, better engagement with complainants while investigations are underway, regular reporting on themes and trends and ensuring action plans are developed and monitored for complaints.

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

Interpreting services

Whittington Health has for several years had an in-house interpreting service, supported by highly skilled sessional interpreters.

The service allows us to be responsive to patients' needs and our community, and offers patients the benefit of face-to-face interpreting. It also allows us to keep costs significantly lower than some other trusts and organisations who may source their interpreting externally. There were 10,585 requests in the first three quarters of the year for face-to-face interpreting which equates to more than 21,170 hours. These figures exclude interpreting by telephone and sign language.

Department of spiritual and pastoral care

Our chaplaincy team provides spiritual, pastoral and religious care to patients, their relatives and carers, and staff. This is available to people with or without specified religious beliefs.

During the year, the chaplaincy service provided a range of care and support.

- Religious and sacramental care
- Pastoral care and counselling
- Coordinating religious and spiritual care for all faith communities within the hospital
- Provision of resources on ethical issues
- Crisis support
- Bereavement care
- Training on religious and spiritual care and ethical issues

The team is made up of a Roman Catholic priest, an Anglican priest and a Muslim Imam. There is a volunteer Roman Catholic sister and a Jewish visitor who see members of their faith. We also have ministers (including Jewish, Greek orthodox, Sikh, Bahai and humanist) who visit throughout the year when required.

Our multi-faith prayer room at The Whittington Hospital is for all religions and spiritual paths, everyone is made welcome here. We also have a hospital chapel which is well used by people for reflection, to light a candle, sit quietly and pray and for services.

The chaplaincy team runs a varied pattern of services during the week in the hospital, both Roman Catholic and Anglican. The number of people who attend varies each week, Sunday services are the most popular. Special services are held on religious days throughout the year.

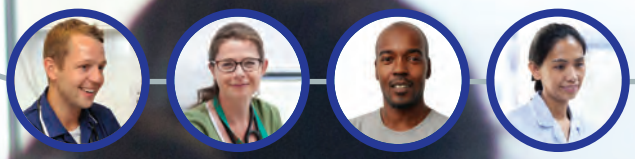
The chaplaincy team organised a wedding service during the year for a terminally ill patient at the hospital. A great deal of preplanning went into ensuring the correct permissions were received from the local registrar and the church. The ceremony took place in the hospital chapel.

In February, the chaplaincy team held their annual act of remembrance for parents who have lost a baby. The service is attended by around 60 people each year who take the opportunity to remember babies that have died. During the service, candles are lit and the babies' names read out. The service is an important part of the chaplaincy calendar allowing families to gather and remember a baby, whether their loss is recent or many years ago.

Our chaplains visit all wards each week. They offer support and befriending to those with faith and those without, offering a confidential listening ear and pastoral and spiritual care. They offer sacramental care which includes bringing Holy Communion, hearing confessions and, in cases of serious or life-threatening illness or end of life care, the Sacrament of Anointing (Last Rites).

The team is supported by our chaplaincy volunteers who regularly visit all of our wards. They provide invaluable support to patients who often feel vulnerable and in a setting which may be strange and unfamiliar to them. Our team of volunteers has grown in the past year, all of whom have received training into the ethics and protocol of being a chaplaincy volunteer.

The volunteers are able to refer patients to the relevant chaplain and provide pastoral responsibility for patients during one of our services, attending to their practical needs, serving tea/coffee after the service and then returning the patients to their wards.



Our partners

Whittington Health works in partnership with a wide range of organisations. These support the Trust in delivering our strategy and providing high-quality care to our local communities.

A key priority for the Trust over the past year has been to strengthen and develop relationships with our key stakeholders.

UCLPartners

Whittington Health is a member of UCLPartners, an academic health science partnership with more than 40 NHS and higher education partners. Together the partner organisations form one of the world's leading centres of medical discovery, innovation and improvement in healthcare delivery, education and learning. They have come together to translate cutting-edge research and innovation into measurable health and economic gains for a population of more than six million people in north east and north central London as well as in Hertfordshire, Bedfordshire and Essex. Their healthcare solutions can also be applied across the UK and globally.

In 2013/14, the partnership's achievements comprised more than 75 programmes and projects, focused on the needs of the population. We have taken a leading role in the 'deteriorating patient project'. This project aims to reduce cardiac arrests in UCLPartners' member hospitals by 50 per cent against a 2011 baseline and reduce avoidable mortality. The additional cultural aims of the project include learning and applying quality improvement methods and facilitating collaborative working between member trusts.

Local authorities

We work closely with Islington, Haringey and Camden Councils, particularly with social services. 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 delivering integrated rehabilitation and intermediate care services. We also have a formal agreement with Haringey Council for learning disabilities as well as an integrated community equipment service, multi-disciplinary reablement service and twice-weekly hospital discharge teleconferencing. A number of new joint projects with Haringey Council were introduced during the year, including the introduction of a rapid response admission avoidance service, for more information see our clinical strategy.

Local commissioners and GPs

We have close working relationships with our local clinical commissioning groups (CCGs), in particular Islington CCG, Haringey CCG and Camden CCG. During the year, we have been working on our future plans and new ways to improve outcomes for patients (value based commissioning). Some of this work is carried out as part of our transformation group where the Trust works with CCGs taking a strategic overview of our services and supports change and improvements to our services.

In 2013/14, we worked with our GP colleagues to develop services that put patients at the centre of what we do and deliver the best possible outcomes. This relationship is supported by our medical director for integrated care who is an Islington GP. We have a strong partnership in place with WISH, a local GP consortium, which provides primary care services for our urgent care centre within the emergency department (ED) at The Whittington Hospital. We have a named district nurse attached to all GP practices in Islington and Haringey. This supports GPs and their patients and encourages effective communication.

Healthwatch

We have begun to build good relationships with our local Healthwatch organisations, both Islington and Haringey, which were established in 2013 as part of a national network to ensure health and social care are meeting the needs of local people. The independent organisations are led by local volunteers and designed to listen to people's views and give them a platform to influence the design and delivery of services.

MPs

We have regular meetings with our local MPs on our services and engage with them on key issues and developments.

Education

Education is an integral part of our organisation. We have developed a strong reputation as a provider of high-quality education across a range of professions. The Trust delivers both undergraduate and postgraduate, nursing and pharmacy medical education with an increased focus on delivering integrated care and inter-professional training.

UCL Medical School

A leading teaching hospital, we are part of UCL Medical School which is committed to excellence in education and has a strong reputation for teaching informed by cutting-edge research. The school is ranked 8th in the world by the QS World University Rankings.

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. We offer a wide range of student selected special study components throughout all six years of training that aim to extend depth and breadth of knowledge and develop skills around medical issues. We also run, together with Great Ormond Street Hospital and the Institute of Child Health, a successful integrated BSc programme in paediatrics and child health.

Nursing - integrated care

In nursing, we are committed to developing education in innovative ways to deliver the integrated care agenda. We have commissioned and developed the first Postgraduate Certificate in Integrated Care at Middlesex University for nurses. This incorporates taught modules as well as rotations across boundaries to give staff the knowledge and skills to be able to operate in both the acute and community setting. For undergraduate nurses, a new placement system across pathways is to be introduced which will be trialled in dementia care. Students will accompany patients through the health and social care system providing them with the continuity of one healthcare professional.

Pharmacy education

Over the last three years, our pharmacy has developed a training programme with UCL for our undergraduate pharmacists. A foundation year postgraduate training programme has also been developed.

Highlights

Education highlights of 2013/14 include:

- A new £1.2m centre for undergraduates opened in the Highgate Wing of The Whittington Hospital in partnership with UCL.
- Increased recognition from our trainees for the quality of our training and support (green flags in General Medical Council trainees survey across seven specialties, including anaesthetics, clinical radiology, core psychiatry, foundation medical training, paediatrics, foundation surgical training, and trauma and orthopaedic surgery). This is an increase from three specialties in 2012/13. The quality of our local paediatric teaching has been recognised for three consecutive years.
- Trainees from across nearly all of the specialties at Whittington Health were selected to deliver research, audit or quality improvement presentations at national and international conferences.
- Nearly all trainees within foundation and core medical training obtained their first choice jobs for their next roles. The majority of core medical trainees were ranked in the top 10 entrants for their chosen specialties.
- We received excellent feedback on a number of specific educational events including our ethics forum which was well attended in the Whittington Education Centre (WEC) and a session for higher medical trainees on how to set up integrated care services.
- The Whittington Health page on "Dr Toolbox", an online one-stop reference guide for junior doctors, is one of the most used across the UK and often ranks first or second for the number of site visits.

In 2014/15, we are planning a new education strategy to increase our reputation as an education provider and centre of innovation.

"The Trust aims to be recognised as a hub of innovation and excellence in integrated care."

Dr Greg Battle

Medical director integrated care
Whittington Health

Our research

Highlights

Our clinicians led a number of studies during the year, some are highlighted below.

Targeted intraoperative radiotherapy (TARGIT)

Professor Jayant Vaidya co-led a large international study which could transform breast cancer treatment. The study (the TARGIT-A trial) published in the medical journal The Lancet found that a single 20 to 30 minute treatment of targeted radiotherapy during surgery could offer an alternative to weeks of radiotherapy sessions that breast cancer patients would normally need to have afterwards.

Targeted intraoperative radiotherapy (TARGIT) gives focused radiation to the tissues around the tumour and can be used to destroy any remaining tumour cells at the cancer site straight after surgery. The research, involving 3,451 women in 33 centres over 15 years, was led by professor Jayant Vaidya, professor of surgery and oncology at UCL and consultant surgeon at the Whittington Health, professor emeritus Michael Baum, of UCL, and professor Jeffrey Tobias, consultant radiation oncologist at University College London Hospitals NHS Foundation Trust (UCLH) and Whittington Health.

The research shows that, while the effectiveness of conventional methods of treating breast cancer is as good as TARGIT, the one-step procedure can remove the need for weeks of follow-up radiotherapy treatment, which can mean 20 to 30 visits to hospital over three to six weeks. Women are also less likely to suffer unpleasant side-effects associated with radiotherapy and other organs, such as the heart and lungs, are spared unnecessary radiation.

The National Institute for Health and Care Excellence (NICE) has recommended the TARGIT treatment for early breast cancer in its draft guidance issued in July 2014. More information is available at **www.targit.org.uk**.

"The most important benefit of TARGIT for a woman with breast cancer is that it allows her to complete all her treatment (lumpectomy and radiation therapy)] at the time of her operation, with reduced side effects."

Professor Jayant Vaidya

Professor of surgery and oncology, UCL and consultant surgeon, Whittington Health

Acute skeletal muscle wasting in critical illness

We worked on a ground-breaking study that may help critically ill patients recover more quickly. Patients in intensive care often develop severe muscle wasting and problems with muscle function. This can delay recovery and negatively impact on the patient's quality of life for up to five years. One of the study's key findings was that feeding critically ill patients via a tube was associated with greater muscle wasting. The study suggests that critically ill patients may recover more quickly if they are given three tube feeds a day rather than continuous tube feeding.

The study was conducted by Whittington Health, Guy's and St Thomas' NHS Foundation Trust, University College London Hospitals, King's College Hospital NHS Foundation Trust, King's College London, University College London, Nottingham University, and Imperial College. The work was presented in October 2013 at the European Society of Intensive Care Medicine's 26th Annual Congress in Paris, and published online in the *Journal of the American Medical Association*.

"This work extended from the intensive care unit to the laboratory and this kind of discovery is only possible when clinicians and scientists work closely together."

Dr Nicholas Hart

Consultant in respiratory and critical care medicine, NIHR Biomedical Research Centre

Michael Palin Centre research programme

The Michael Palin Centre's research programme grew in 2013/14 with new collaborations with the University of East Anglia, the University of Iowa and Northwestern University in the USA. The centre's staff attended and presented at conferences in Croatia, Boston USA, Phoenix, Turin, Antwerp, Lisbon and Chicago. They published chapters on their methods in clinical books and research articles on the evidence base for their therapy approaches in peer-reviewed journals. The centre is dedicated to carrying out research and supporting research into

stammering. Its research focus is to establish the effectiveness of their services and the need for therapy by gaining a better understanding of the impact of stammering on children and young people and their families. More information can be found on the Action for Stammering Children's website: **www.stammeringcentre.org/research-programmes.**

Pan-european research into sharing electronic health records

Whittington Health is one of 17 European partners that together form SemanticHealthNet. Among the team of international experts is Trust consultant cardiologist Dr Suzanna Hardman.

The team was awarded European Commission funding under the EU's Seventh Framework Programme for Research (FP7) to develop a scalable and sustainable means of standardising the meaning of clinical information in electronic health records. The goal is to ensure that computers as well as professionals can fully interpret the meaning of clinical information whenever communicated between healthcare organisations and information systems.

A heart failure summary document has been developed, as an exemplar of chronic disease. This aims to demonstrate robust semantic interoperability (unambiguous, shared meaning) so that terms in one system are intelligible to others allowing easy access of data from hospital to community in the UK, and across Europe.

The project has been subject to rigorous annual reviews, with Dr Hardman leading the presentations to the European Commission on behalf of the clinical heart failure community in 2013 and 2014. Feedback from the commission has been positive and the project has secured continued funding. The work has been recognised by the European Society of Cardiology. There is potential to embed it within systems across Europe and have a global impact through a virtual network of more than 40 internationally recognised experts.

Research into language and deprivation

Our children's therapies and specialist nursing in Haringey completed a range of research projects. This included a qualitative project examining how the multidisciplinary team support decision-making regarding gastrostomy placement for children with complex needs. Speech and language therapist Sally Morgan was awarded a distinction for her MSc in Psychology and Health and presented a poster on her findings at the European Academy of Childhood Disability (EACD) conference in Vienna in July 2014. Other research in association with City University London investigated the link between language and deprivation and formed part of Whittington Health bids for Haringey Council's transformational change programme entitled Haringey 54,000 for their children and young people's services.

Research recruitment for initial therapy in septic shock

Research nurse Sheik Pahary became the top UK recruiter in 2014 for the VANISH study recruiting more than 30 patients for consultant in intensive care medicine Dr Magda Cepkova. The double blinded randomised controlled trial in several intensive care units (ICUs) is exploring whether the use of vasopressin (a naturally produced hormone) is more effective compared to noradrenaline in reducing renal failure and the need for dialysis for patients with septic shock. The study is also investigating whether steroids cross-react with vasopressin. The nature of the illness means there is only a six hour window to recruit patients into the study.

Research strategy

We are committed to excellence in clinical research and to expanding our research in 2014/15. Our aim is to offer our patients the opportunity to participate in research which may benefit their own health but can also benefit our wider community. The Trust's strategy, in line with our strategic aims of innovation and improving our community's health, is to build on the existing research capabilities of our organisation.

We have research programmes in clinical specialities that reflect the health concerns of our local population, including cancer, haemoglobinopathies (genetic disorders of haemoglobin, the oxygen-carrying protein of the red blood cells), critical care, infection, women's health, continence science and speech and language therapy. Our research portfolio continues to evolve to reflect our ambitions as an integrated care organisation and to focus on studies of integrated care.

Participation in clinical research

In 2013/14, 236 of our patients were recruited into National Institute for Health Research (NIHR) portfolio studies.

At the end of the year, 21 NIHR studies were ongoing and 79 per cent were interventional studies (studies involving two groups of people who are subjected to different treatments or drugs), which is the highest percentage of interventional studies of all the North Thames Clinical Research Network (CRN) of hospital trusts.

In addition to the 21 NIHR portfolio studies that are on-going, an additional 60 other studies were commenced in 2013/14. These studies are undertaken by nurses, allied health professional and trainee doctors. The results and impact of all these studies are published in peer reviewed publications and at conference presentations. A summary of the research output is published in our annual research report which is presented to the Trust Board.

Sustainability report

Overview

The NHS launched a new five-year strategy for sustainability in January entitled "Sustainable, resilient, healthy people and places" which for the first time embraces the entire health and care system. The strategy aligns with the national and our strategic direction for integrated care closer to home. We will be reviewing our strategy to ensure it focuses on the wider agenda and will publish our response by the end of 2014.

During the year, we reduced our carbon footprint on our hospital site, cutting carbon dioxide equivalent emissions (CO2e) by 534 tonnes. Our target is to reduce emissions by 900 tonnes by 2015. By the end of 2013/14 our emissions stood at 8,785 tonnes compared to 9,700 in 2009. Our greenhouse gas emissions and energy consumption also fell by six and three per cent respectively.

Further investment will be sought in 2014/15 through RE:FIT, the Mayor of London's innovative scheme to reduce carbon emissions. The programme for the public sector is aimed at achieving substantial financial savings, improving the energy performance of buildings and reducing organisations' CO2 footprint.

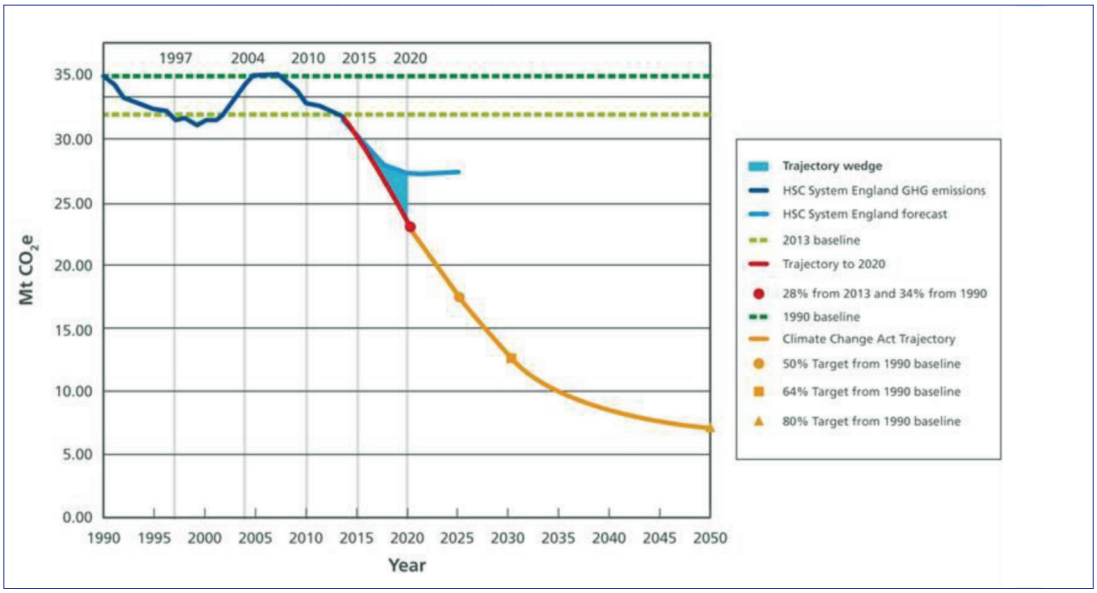
NHS commitment

NHS Constitution commits to the "most effective, fair and sustainable use of finite resources" in one of its seven key principles. The NHS also has legal responsibilities under the Climate Change Act 2008. This requires an 80 per cent reduction in carbon emissions by 2050 based on a 1990 baseline.

The carbon footprint of the NHS, public health and all local authority commissioned and provided adult social services in England was estimated at 32 million tonnes of carbon dioxide equivalent (MtCO2e) in 2012.

The Sustainable Development Unit (SDU) launched a new strategy in January 2014 with the support of NHS England, Public Health England and the Local Government Association. This strategy builds on the progress of the last five years and sets a new target for the health, public health and social care system of a 34 per cent reduction in carbon emissions by 2020, so that it is well placed to meet its 50 per cent target by 2025.

Health and social care England carbon footprint with permission of the SDU



The new strategy proposes a vision that:

"A sustainable health and care system works within the available environmental and social resources protecting and improving health now and for future generations".

It is looking for organisations to reduce carbon emissions, minimise waste and pollution, make the best use of scarce resources, build resilience to a changing climate and nurture community strengths and assets.

Three goals have been outlined to deliver the vision:

- A healthier environment
- Communities and services are ready and resilient for changing times and climates
- Every opportunity contributes to healthy lives, healthy communities and healthy environments

Our Sustainability Strategy Group chaired by the deputy chief executive is working on how we can meet our new responsibilities under the strategy.

Our target

We set a target in 2007 of a 10 per cent reduction of carbon footprint by 2015 for our hospital site. This equated to an annual saving of 900 tonnes (the equivalent of more than 450,000,000 litres of carbon) based on the total emissions for 2007 of 8,896 tonnes.

New trust-wide targets will use a baseline year of 2014/15 and will include community's CO2e emissions.

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.
- Promote sustainability in its widest sense, using national awareness days such as NHS Sustainability Day to highlight the impact of climate change on the environment and update staff, patients, visitors and our local community on Trust actions to reduce our carbon emissions.
- Develop an investment plan with details of schemes, the investment needed and the carbon reduction to be achieved.
- 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 implemented.
- Encourage staff to contribute to the Carbon Reduction Strategy (CRS) through the development of proactive groups, inclusion of carbon reduction in job descriptions and the reward/performance management system.
- 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.
- Actively encourage and reward recycling as well as reduce the volume of waste through procurement and purchasing plans.
- Strengthen collaboration with local and national bodies which support and promote carbon reduction strategies to create new opportunities for carbon reduction.

Our 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 organisation's carbon footprint is measured and monitored. The group provides the Board with updates every six months and renews the strategy annually. The chief finance officer is accountable for the delivery of the programme.

Our performance against sustainability metrics in 2013/14

In 2013/14 our primary focus has continued to be on buildings and energy (including waste), travel and transport, food and catering. We have starting concentrating more on pharmaceuticals.

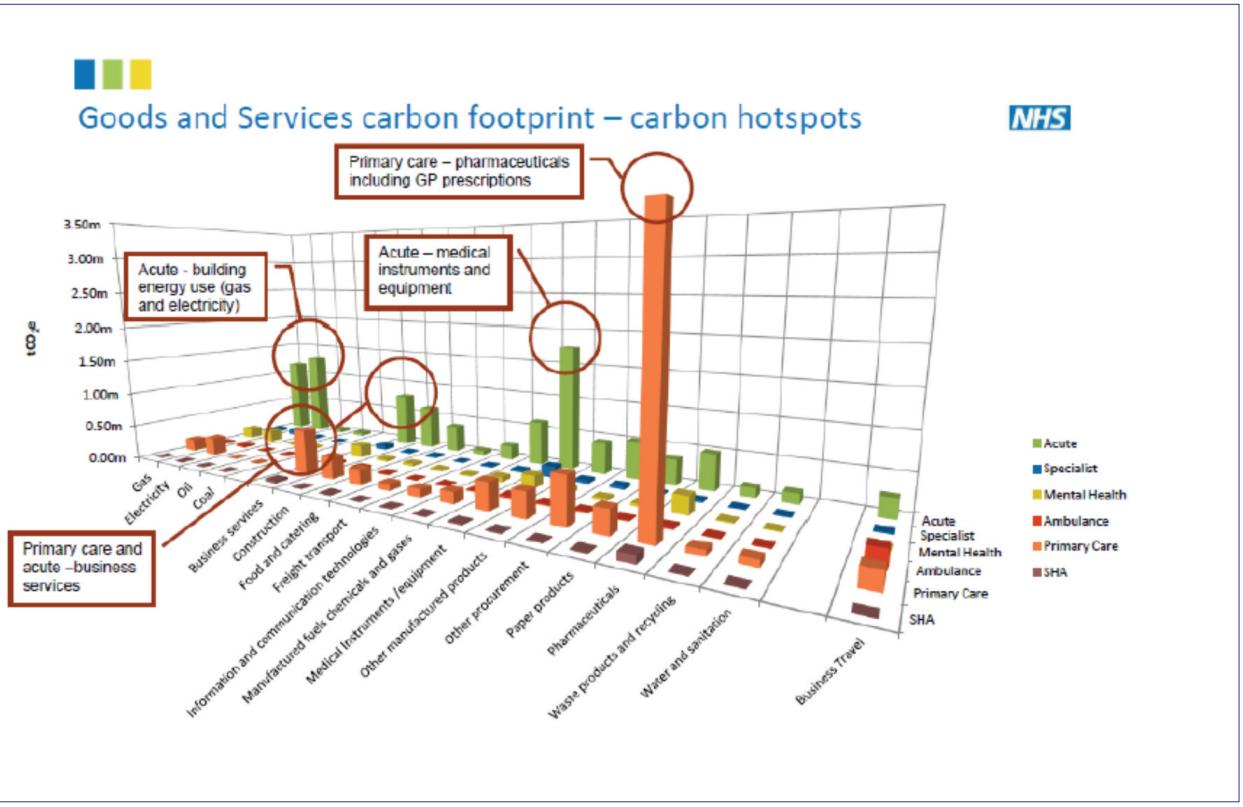
Energy consumption

Our energy costs increased by 12 per cent, a direct result of rising energy costs in the market place.

Both our electricity and gas consumption fell, electricity by six per cent compared to the previous year and gas by one per cent. It resulted in our total energy consumption falling by three per cent from 27,223 to 26,397 megawatt hours (MWh). The Trust's relative energy consumption also fell from 0.38 to 0.37 MWh per square metre.

Renewable energy represented only a small fraction of our total energy use. A small solar panel on the roof of the hospital mortuary saved us 20,000 kilowatt hours (kWh), enough to supply energy to 18 domestic homes for one year. Our electrical supply contract from EDF Energy is rated 100 per cent from combined heat and power (CHP), resulting in the Trust being zero rated for the climate change levy (CCL), a tax on energy to non-domestic users.

Figure 2: Carbon hot spots in the NHS – with permission of the Sustainable Development Unit



Greenhouse gas emissions

Plans to reduce our carbon emissions and improve our environmental sustainability were successful. Our measured greenhouse gas emissions from energy use decreased by six per cent to 534 tonnes carbon dioxide equivalent (CO2e).

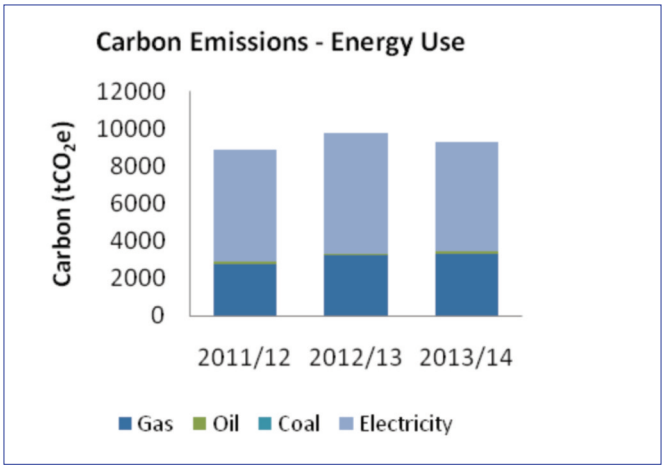
2013/14 was notably higher because of the colder than average winter. The long term trend is still down, we have reduced emissions by 10 per cent since 2009.

We spend £120,000 (gross) on the Carbon Reduction Commitment Energy Efficiency Scheme, a mandatory scheme designed to improve energy efficiency and cut emissions in large public and private sector organisations.

A company's greenhouse gas emissions are classified into three 'scopes' by the international accounting tool, the Greenhouse Gas (GHG) Protocol. Scope one is direct emissions from owned or controlled sources. Scope two is indirect from the generation of purchased energy. Scope three emissions are all indirect emissions from activities of an organisation, including the emissions from both suppliers and employee, for example purchased goods and services and business travel.

We started to record data for business miles and staff commuting, other scope three emissions data is not collected.

Figure 3: Carbon emissions



Water consumption

The Trust's water consumption increased by 17,266 cubic meters. The decrease in 2013/14 from the removal of old steam boilers, which were replaced by modern gas fired water heaters, was offset by increased activity and the flushing of infrequently used taps and showers to combat pseudomonas and legionella bacteria. We spent £195,000 on water during the year.

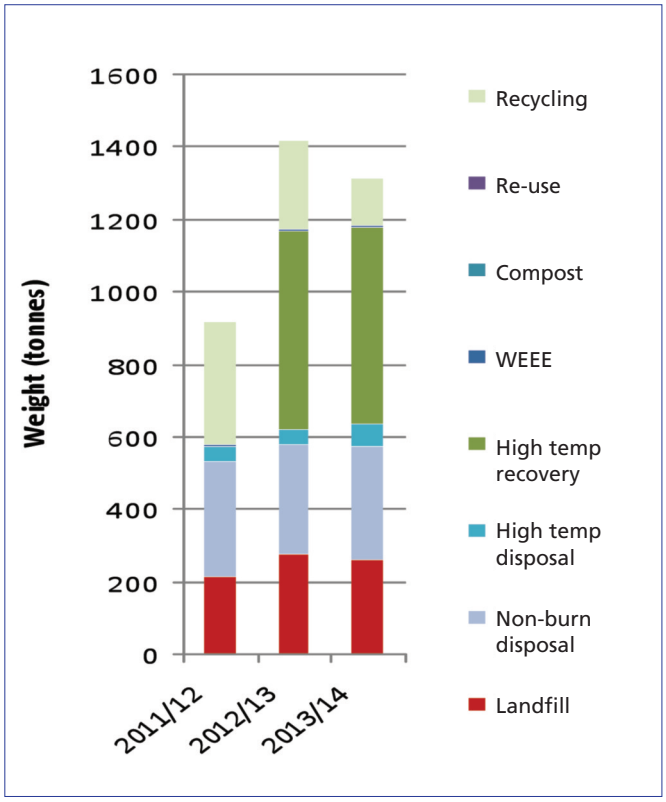
Waste

Our total waste reduced by 7.5 per cent (see Figure 4). Although the percentage recycled dropped by a small margin, a large proportion of waste was used for energy production from its incineration.

We extended the segregation of single-use metal instruments to theatres to enable the instruments to be smelted and recycled to non-medical use metals.

The amount of offensive waste (non-clinical waste that contains body fluids, secretions or excretions, for example nappies) subject to pre-disposal treatment and sterilisation increased during the year. Although the amount produced is small, it is increasing.

Figure 4: Waste breakdown



Procurement

We are committed to reducing the wider environmental and social impacts associated with the procurement of goods and services, in addition to our focus on carbon. This is set out in our policies on sustainable procurement. Sustainability has its own section within the Pre-Qualifying Questionnaire (PQQ) released with all our tenders which enables us to compile a low carbon suppliers list.

We will be starting work on calculating the carbon emissions associated with the Trust's purchase of goods and services.

Travel and transport

We have 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.

The Trust has invested in five electric Smart cars, the first was delivered in July 2012 for the Islington children's community nursing team.

We secured a commitment from our patient transport provider Medical Services Ltd (MSL) to reduce the carbon emission of its vehicles. The Carbon Trust is measuring their carbon footprint to help them reduce their environmental impact.

Our total mileage for 2013/14 was 273,714 business miles and 44,046 public transport miles.

Our travel plan includes a cycle-to-work scheme for all staff. We have frequent events throughout the year to encourage cycling to work and were the first NHS partner to work with Brompton Dock, offering automated hire of folding bikes to staff and the local community. At all of our sites, we aim to provide a place to store bikes and shower facilities. We encourage staff to travel between sites with a bike allowance and corporate Oyster Cards.

Food and catering

A new way of serving patients has resulted in reduced waste and energy costs.

Our catering department introduced a plated meal system on seven of The Whittington Hospital's 19 wards in 2013/14, covering almost 25 per cent of our patients.

The system has enabled the Trust to offer hot meals when a patient needs one, eliminating both trolley food waste and energy savings. Our menu was also extended to encourage healthy eating offering a choice of 24 different dishes including salads and sandwiches.

The new system, which is economical to run with an eco-friendly carbon footprint, offered a 40 per cent reduction in patient meal energy costs, compared to other conventional foodservice processes.

In a 15 ward hospital, with an average of 15 beds in each ward, the plated meal system offers potential energy savings of 17,848 kW (9,709 Kg/CO2 emission) for the year.

A new commercial partner has been appointed to deliver catering services. Sodexo's remit includes working with the Trust to develop more carbon efficient ways of providing retail and patient food services.

In 2014/15, the catering department will offer a nutritional breakdown of all meals offered in The Whittington Hospital's restaurant N19. This will highlight how healthy lifestyles play a part in sustainable living.

Staff engagement and events

All our staff are responsible for considering sustainability issues such as carbon reduction, and this is included in their job descriptions.

We have an ongoing staff sustainability awareness campaign. This includes annual events to celebrate NHS Sustainability Day. In March 2014, we ran a badminton tournament for the second consecutive year as part of the day's celebrations. Other events included inviting visitors, patients and staff to trade in their old unused books and reduce waste. Departments and staff were asked to pledge an action or new behaviour that protected the environment. This prompted pledges from our theatres' staff to recycle more metal instruments and personal promises from the director of estates and facilities and the chief finance officer to recycle more, stop printing for a week and use tap rather than bottled water. Our chief executive, chair, and visiting consultant, Professor Hugh Montgomery, wrote personal accounts of why NHS Sustainability Day and personal responsibility is important for protecting our planet. Their accounts were published on the Trust's intranet.

The Whittington Hospital took part in March Earth Hour, a worldwide movement for the planet organised by the WWF. A consultant, junior doctor and representative from estates and facilities walked through the hospital switching off unnecessary lights and computers. Departments were informed of the results and encouraged to be more vigilant in turning off equipment in the future.

A Textile Recycling for Aid and International Development (TRAID) clothes bank was placed in The Whittington Hospital's main reception. Staff fundraised for WaterAid throughout the year, raising more than £1,000. Recycling bins for batteries and general recycling have been put in place. During the year, 70 extra recycling bins were provided to hospital areas and community sites.

Our progress to date

We have achieved significant reductions in our carbon footprint since our strategy was put in place in 2007. The Trust has sought to embed sustainability into the everyday running of our organisation for staff and our local community.

Our biggest and most successful project to date has been the £3.5m decentralisation of our boiler house which has saved the gas consumption equivalent of 460 tonnes of carbon dioxide each year.

By the end of 2013/14, we had reduced our Trust carbon emissions on the hospital site to 8,785 tonnes per year. This follows a rise in emissions in 2009 to 9,700 tonnes after a 20 per cent increase in the hospital's floor area.

During the year, we became the first NHS Trust in London to roll out GlaxoSmithKline's (GSK) inhaler recycling scheme. The scheme initiated by GSK already exists in more than 2,100 UK community pharmacies and allows patients to drop off their old inhalers for recycling at the same time that they pick up their new ones. Inhalers are usually used by patients with asthma or COPD (Chronic Obstructive Pulmonary Disease). The scheme has highlighted the importance of recycling in all aspects of healthcare including medicine.

We have completed a number of other key projects at The Whittington Hospital including:

- Heating system upgrades in the Jenner Building
- Widespread installation of thermostatic radiator valves
- Roof space insulation in the Nurses Home, Jenner Building and Kenwood Wing
- New boilers in the doctors' flats in Dartmouth House
- Low energy lighting across the hospital including LED street lighting
- Window replacement programme to install double glazing
- New heating and hot water system for the mortuary
- A solar panel system for the mortuary roof
- Upgrades to the building management systems (computerised systems that control the heating, cooling and hot water on the hospital site)
- Recent site developments have energy efficient Light Emitting Diode (LED) lighting and efficient heating controls linked to the Trust's Building Energy Management System (Trend), for example, our new ambulatory care centre and TB centre.

We have established close working relationships with a number of organisations including the Islington Climate Change Partnership (ICCP).

Engaging staff and our local community will continue to be a priority for the Trust, highlighting health advantages of sustainable lifestyles as well as cost benefits in the home and work environment.

Our future plans

Strategy development and community engagement

The success of Whittington Health is dependent on us listening and acting on our stakeholders' views and needs. In autumn 2014, the Trust plans to embark on a new engagement programme involving staff, governors, and people across our community to develop a strategy for the next five years. The strategy will form the foundations from which we will continue to grow as an integrated care organisation providing healthcare across the local community. The work will be developed in partnership with the Kings Fund which has focused on the widespread adoption of integrated care to meet the needs of frail older people and others with complex health and social care needs.

New multi-million pound investment in our maternity and neonatal services

We became a step closer in February 2014 to securing a multi-million pound investment to transform our maternity and neonatal services. The Trust's Board approved a £9.9m outline business case to provide improved quality and increased capacity in the Trust's maternity and neonatal services. The plans include new facilities for The Whittington Hospital's neonatal intensive care and high dependency units, a second obstetric theatre to increase the capacity and quality of maternity theatre and a refurbished labour ward. We hope to increase the number of babies delivered at the hospital to 4,700 a year, by April 2019. The Trust is looking for approval from the NHS Trust Development Authority (TDA) in 2014/15 to secure the borrowing to go ahead with the plans.

Hospital-at-home for children

A new 'hospital-at-home' for Islington families will be established in August 2014 operating seven days a week from 8am to 10pm. The two-year pilot will enable children to be discharged earlier from hospital as well as prevent hospital admission. The hospital-at-home team will be overseen by a specialist consultant paediatrician and led by specialist nurses.

Family and Nurse Partnership expansion

A new service providing support to young first time mothers and their partners is due to launched in Hackney and the City of London in May 2014. The Family Nurse Partnership (FNP) service supports young families by providing them with one-to-one support and advice from pregnancy up until their child turns two. The programme is provided by specially trained nurses, from a variety of backgrounds such as midwifery, health visiting and school nursing, who visit the family in their own home. The national programme targets young families who most need the support.

Whittington Health also provides an FNP service in the neighbouring boroughs of Islington and Haringey.

IT projects

Our new electronic patient record (EPR) is the cornerstone of the Trust's IT strategy. During the first phase of the transformation project, our patient administration system in the hospital was replaced.

Further EPR developments in 2014/15 will aim to capture as much clinical data as possible and make data available to clinicians to prevent the need to login to multiple systems. By the end of 2014, a further upgrade will enable clinical noting, electronic handover, integration with our picture archiving and communication system and allow access to summary GP records.

A new document management system is also due to be launched enabling patients' clinical correspondence, for example, GP referral letters, emergency department casualty cards (cascards) and discharge letters, to be viewed electronically.

Pilot with HMP Pentonville

A new pilot is to be started with HMP Pentonville and Care UK, its healthcare provider, to deliver better specialist advice through telemedicine (phone) consultations for outpatient care and emergency advice. The aim is to improve the care of patients with long-term conditions, reduce the need for accident and emergency attendances and support early discharges back to the prison medical wing.

Directors' report: Our Board and committees

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, executive directors including the chief executive and non-executive directors.

At the end of 2013/14, Dr Yi Mien Koh stepped down as chief executive and Simon Pleydell was appointed interim chief executive on 1 April 2014.

During the year, chair Joe Liddane resigned for personal reasons to look after his parents. Deputy chair and non-executive director Robert Aitken was acting chair for a few months before he stepped down at the beginning of January.

Steve Hitchins was appointed as the Trust's new chair on 1 January 2013. Non-executive directors Peter Freedman and Sue Rubenstein left because of business commitments. Two new non-executive directors Tony Rice and Rob Whiteman were appointed.

Our director of nursing and patient experience Bronagh Scott left to become deputy chief nurse at NHS England (London) and Jill Foster was appointed director of nursing and patient experience. Our director of finance Richard Martin left in December 2013 and Simon Wombwell was appointed chief finance officer.

Our non-executive directors

Joe Liddane - *chair*

Joe Liddane became chair 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 & Young and European managing director for a large American consultancy. Joe has lived in the Whittington Health area for 30 years.

Joe stepped down in August 2013.

Robert Aitken - *deputy chair 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.

Robert stepped down in January 2014.

Steve Hitchins - *chair*

Steve became chair of Whittington Health on 1 January 2014. Steve has extensive experience in the private, public and voluntary sectors and, until his appointment at Whittington Health, was a commissioner of the Care Quality Commission. He has run a manufacturing engineering company, been vice chair of Islington Primary Care Trust and chair of the Haringey and Islington Provider Community Services Board, which led to the formation of Whittington Health. Steve was also leader of Islington Council for six years. In preparation for London 2012, he was a Board member of the London Development Agency, assembling the land for the Olympic sites. He is currently vice-chair of the Newlon Housing Trust, a charitable housing association. Contracting type 1 diabetes more than 40 years ago, he has first-hand experience of receiving NHS care.

His term ends on 31 December 2015.

Professor Jane Dacre

Professor Jane Dacre was appointed as the 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 was named 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 was the medical director for the MRCP (UK) examination until December 2013. Her main academic role is as director of UCL Medical School in London. In April 2014, Jane was elected president of the Royal College of Physicians (RCP).

Her term ends on 31 December 2016.

Anita Charlesworth

Anita Charlesworth is chief economist at The Health Foundation, a charity for improving the quality of healthcare in the UK. Previously she was 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 on 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 & Company, the management consultants, where he led their Europe, Middle East and Africa consumer goods practice. 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.

Peter stepped down on 31 December 2013 to take up the post of managing director of The Consumer Goods Forum.

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 joined Whittington Health on 1 April 2011. She 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 stepped down on 31 March 2014.

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.

Rob Whiteman

Rob Whiteman was appointed a non-executive director for a two-year term from 21 February 2014. He is currently chief executive of the Chartered Institute of Public Finance and Accountancy (CIPFA). He previously worked for the Home Office as chief executive of the UK Border Agency and was managing director of the Improvement and Development Agency (IDeA). From 2005 to 2010, he was chief executive of the London Borough of Barking and Dagenham. He was a non-executive director of the Department of Energy and Climate Change (DECC) where he chaired the audit and risk committee until 2013.

His term ends on 20 February 2016.

Tony Rice

Tony Rice was appointed a non-executive director for a two-year term from 21 February 2014. He was chief executive of Cable & Wireless Communications PLC (CWC) up until January 2014. Previously, he was joint managing director and finance director for CWC and chief executive of Tunstall Healthcare, the leading elderly care technology company. He served as non-executive director and chairman of the audit committee of CWC from 2003 to 2006. Tony is currently senior independent non-executive director of Spirit Pub Company, chairman of Xerxes PLC, a building products group, and a trustee of Shelter, the housing and homelessness charity.

His term ends on 20 February 2016.

Our executive directors

Dr Yi Mien Koh - *chief executive*

Dr Yi Mien Koh was appointed chief executive of Whittington Health in March 2011. Her previous roles included chief executive of Hillingdon Primary Care Trust (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 the Chartered Institute of Personnel and Development.

Yi Mien stepped down as chief executive on 30 April 2014.

Maria da Silva - *chief operating officer*

Maria da Silva was appointed chief operating officer of 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.

Maria stepped down on 31 July 2013.

Lee Martin - *chief operating officer*

Lee became chief operating officer (COO) at Whittington Health in May 2013, previously he was acting chief operating officer and deputy COO. He has extensive experience in healthcare senior management within the NHS and Australian healthcare systems. His previous roles have included deputy director general, executive director leading clinical services and transformation, collaborative director for state and national collaborative programmes and lead for the Clinical Innovation Agency in Australia. He has studied at Leeds, Leicester and Harvard Universities and has a Master of Science in Innovation and Service Improvement. He has further qualifications in leadership, counselling, training and development, and management. Lee has led emergency planning for major events including Heads of State and VIP visits and specialises in innovation and change. He is part of the top leaders development programme with the NHS Leadership Academy and is studying to become an executive coach.

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.

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 NHS Trust in January 2007 as director of finance, having been director of finance at Enfield Primary Care Trust (PCT) 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.

Richard stepped down from his Board role in July 2013.

Simon Wombwell - *chief finance officer*

Simon Wombwell joined Whittington Health in August 2013 and is a qualified accountant and fellow of the Chartered Institute of Management Accountants. He has over 20 years' experience in the NHS, working as a finance director since 2008.

He has previously been director of finance and IT at Taunton and Somerset NHS Foundation Trust and Winchester and Eastleigh Healthcare NHS Trust. Previously, Simon was the deputy director of finance and procurement at the Oxford Radcliffe Hospitals Trust for five years. His early career was in the NHS in London beginning with Hammersmith Hospital and included Guy's and St. Thomas', the Royal Free, as well as the Department of Health. Simon also worked as a management consultant for KPMG Consulting.

Simon is chair of the Healthcare Financial Management Association's foundation trust technical issues group.

Bronagh Scott - *director of nursing and patient experience*

Bronagh Scott joined The Whittington Hospital Trust on 1 June 2010. Previously she was director of nursing in Northern Ireland for six years where she provided leadership to 4,000 nurses and allied health professional staff. Bronagh has many years of experience working in integrated acute and community health and social care. She led on developing the ward sister role in Northern Ireland on behalf of the Chief Nursing Officer in 2009/10 which led to an agreed role description, succession planning and development programme for staff either in or aspiring to these pivotal roles. Bronagh was appointed to the London Clinical Senate Council as one of its director of nursing members in July 2013. She was a Florence Nightingale scholar in 2013 and used her award to study nurse staffing levels in acute hospitals comparing Australian models with those in the UK.

Bronagh stepped down in February 2014 to take up a senior role as deputy chief nurse at NHS England (London).

Jill Foster - *director of nursing and patient experience*

Jill was appointed interim director of nursing and patient experience at Whittington Health in March 2014. She was previously interim deputy chief nurse at University Hospitals Bristol NHS Foundation Trust. Her other roles included associate director of nursing and interim chief nurse at University Hospitals Coventry and Warwickshire NHS Trust.

Jo Ridgway - *director of organisational development*

Jo Ridgway became director of organisational development (OD) for Whittington Health in March 2013. Jo's previous roles include executive director of OD at Taunton and Somerset NHS Foundation Trust, executive director of human resources (HR) at Great Western Ambulance Service, OD consultant for NHS London as well as HR/OD lead roles at Bedfordshire County Council and Wiltshire County Council. Jo has also held senior HR positions at the Royal United Hospital, Bath and the Radcliffe Infirmary Hospital in Oxford. She has private sector experience in retail, manufacturing and distribution.

Jo is a fellow of the Chartered Institute of Personnel and Development, holds an MA in Strategic Human Resource Management and has spent time studying leadership and OD at Erasmus University, Rotterdam and at the School of Public Health, Harvard University, USA.

Table 13: Trust Board attendance 2013/14

	Apr	May	Jun	Jul	Sept	Oct	Nov	Jan	Feb	Mar
Robert Aitken[1]	√	√	√	√	√	√	√	x		
Anita Charlesworth	√	√	√	√	√	√	x	√	√	√
Jane Dacre	√	√	√	√	√	√	x	√	x	√
Peter Freedman[2]	√	√	x	√	√	√	√	√		
Steve Hitchins[3]								√	√	√
Joe Liddane[4]	√	√								
Paul Lowenberg	√	√	√	√	√	√	√	√	√	√
Tony Rice[5]										√
Rob Whiteman[6]										x
Maria da Silva[7]	√									
Greg Battle	√	√	√	√	√	√	√	√	√	√
Jill Foster[8]										√
Yi Mien Koh[9]	√	√	√	√	√	x	√	√	√	√
Martin Kuper	√	x	√	√	√	√	√	√	√	√
Lee Martin[10]			√	√	√	√	√	√	√	√
Richard Martin[11]	√	√	√	√						
Jo Ridgway	x	√	√	√	√	x	√	√	√	√
Bronagh Scott1[2]	√	√	√	√	√	√	x	√	√	
Simon Wombwell[13]					√	x	√	√	√	√

1 To January 2014
2 To January 2014
3 From January 2014
4 To August 2013
5 From March 2014
6 From March 2014
7 To May 2013
8 From March 2014
9 To March 2014
10 From June 2014
11 To August 2013
12 To February 2014
13 From August 2013

Disclosure of information to auditors

The directors who held office at the date of approval of this report confirm that, so far as they are each aware, there is no relevant audit information of which the Board's auditors are unaware and each director has taken all the steps that he/she ought reasonably to have taken as a director to make himself/herself aware of any relevant audit information and to establish that the Board's auditors are aware of that information.

Register of interests

Whittington Health maintains a register of interests which is open for viewing to the public. To access the register please contact Kate Green by email: kate.green4@nhs.net.

Our key committees

The Trust Board is supported by five committees:

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

Audit and Risk Committee

The Audit and Risk Committee was chaired by Peter Freedman until December 2013 and from February 2014 by Rob Whiteman. It includes two other non-executive directors, Paul Lowenberg and Anita Charlesworth. Anita joined the committee when Robert Aitken left in January 2014. It meets six times a year.

Quality Committee

The Quality Committee meets six times a year and provides assurance to the Trust Board that high standards of care are provided. Chaired by Sue Rubenstein until March 2014, it included non-executive directors Peter Freedman and Robert Aitken until they left the Trust in December 2013 and January 2014 respectively. From April 2014, the committee has been chaired by Anu Singh and includes non-executive directors Anita Charlesworth and Jane Dacre, and Trust governors Mary Slow and Helena Kania.

Resource and Planning Committee (Replaced by Finance and Business Development)

A new Resource and Planning Committee was established at the end of 2011/12. For the majority of the year, it was chaired by Paul Lowenberg and included 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. In March 2014, Tony Rice took over as chair of the committee and non-executive director Rob Whiteman joined.

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 are members of the committee which was chaired by Joe Liddane until he left the Trust in August 2013. Robert Aitken took over as chair for a few months. Since January 2014, it has been chaired by Steve Hitchins.

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 was chaired by vice chair Robert Aitken until he left the Trust in January 2014. Tony Rice has since taken over responsibility for the charity.

Remuneration report

The salaries and allowances of senior managers who held office during the year ended 31 March 2014 are shown in Table 14.

For the purposes of this report, senior managers are defined as the chief executive, non-executive directors and executive directors, all Board members with voting rights.

Table 14: Salaries and allowances 2013/14

Name and title	Salary as director (bands of £5,000) £'000	Performance pay and bonuses as director (bands of £5,000) £'000	Long term performance pay and bonuses as director (bands of £5,000) £'000 *(Note 2)*	All pension-related benefits (bands of £2,500) £'000 *(Note 3)*	Total (bands of £5,000) £'000
NON-EXECUTIVES					
Joe Liddane *Chair until September 2013*	5-10	0	0	0	5-10
Robert Aitken *Vice chair until May 2013, acting chair from June – December 2013*	10-15	0	0	0	10-15
Steve Hitchins *Chair from January 2014*	5-10	0	0	0	5-10
Anita Charlesworth *Non-executive director*	5-10	0	0	0	5-10
Professor Jane Dacre *Non-executive director*	5-10	0	0	0	5-10
Peter Freedman *Non-executive director until December 2013*	0-5	0	0	0	0-5
Paul Lowenberg *Non-executive director*	5-10	0	0	0	5-10
Tony Rice *Non-executive director from February 2014 (Note 4)*	0	0	0	0	0
Sue Rubenstein *Non-executive director*	5-10	0	0	0	5-10
Rob Whiteman *Non-executive director from February 2014*	0-5	0	0	0	0-5

Table 14: Salaries and allowances 2013/14 (continued)

Name and title	Salary as director (bands of £5,000) £'000	Performance pay and bonuses as director (bands of £5,000) £'000	Long term performance pay and bonuses as director (bands of £5,000) £'000 *(Note 2)*	All pension-related benefits (bands of £2,500) £'000 *(Note 3)*	Total (bands of £5,000) £'000
EXECUTIVES					
Dr Yi Mien Koh *Chief executive*	165-170	5-10	0	27.5-30	200-205
Dr Greg Battle *Executive medical director integrated care (Note 5)*	40-45	0	0	2.5-5	45-50
Maria da Silva *Chief operating officer until July 2013*	35-40	0	0	(7.5-10)	25-30
Lee Martin *Chief operating officer from July 2013*	80-85	0	0		
Dr Martin Kuper *Executive medical director (Note 6)*	105-110	0	40-45	257.5-260	410-415
Richard Martin *Executive director of finance until August 2013*	35-40	0	0	25-27.5	10-15
Simon Wombwell *Interim chief finance officer from August 2013 (Note 7)*	120-125	0	0	0	120-125
Jo Ridgway *Director of organisational development*	100-105	0	0	82.5-85	180-185
Bronagh Scott *Executive director of nursing and patient experience until March 2014*	95-100	0	0	625-627.5	720-725
Jill Foster *Interim executive director of nursing and patient experience from March 2014*	5-10	0	0		

The disclosures shaded yellow are incomplete, as information requested from NHS Pensions on 9 May 2014 had not been received when this report was due to be reviewed by our auditors.

Notes

1. *The salary figures above represent the 2013/14 financial year and, therefore, reflect that some directors were only in post for part of the year.*
2. *Long-term performance pay and bonuses relate to clinical excellence awards.*
3. *A director's pension-related benefits comprise the notional change in the value of the pension, over the estimated 20-year period after retirement. This change is calculated by the formula: 20 x change in pension + change in lump sum – employee contributions. The formula assumes that opening pension and lump sums are uplifted by the current year's inflation (2.2 per cent in 2013/14) to show the 'real difference'. The total reflects both real and notional elements and, therefore, should not be read as the total salary for the year.*
4. *Tony Rice waived his salary.*
5. *Dr Greg Battle's position is part-time.*
6. *The table shows Dr Martin Kuper's remuneration as executive medical director. His total salary in respect of work for Whittington Health was £136,376, with a clinical excellence award of £59,140.*
7. *Simon Wombwell was employed under contract as interim chief finance officer. The value shown in the table represents the notional equivalent of salary and excludes VAT.*

Statement of the policy on senior managers' remuneration

The remuneration committee follows national guidance on the salary of senior managers. All elements of remuneration, including 'annual cost of living increases' (when applicable) continue to be subject to performance conditions. Salaries of executive directors were frozen for the two years ending March 2013. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions last updated in May 2012.

In line with the requirements of the NHS Codes of Conduct and Accountability, the purpose of the committee is to advise the Trust Board about appropriate remuneration and terms of service for the chief executive and other executive directors including:

(i) all aspects of salary (including any performance-related elements/bonuses);

(ii) provisions for other benefits, including pensions and cars;

(iii) arrangements for termination of employment and other contractual terms.

Policy on duration of contracts, notice periods, termination payments

The contracts of employment for all senior managers are substantive (permanent), subject to market conditions when it may be imperative to consider other recruitment options. Senior managers are subject to regular and rigorous review of performance. All such contracts contain notice periods of either three months or six months.

There is no provision for compensation for early termination in the contract of employment but provision is made in the standard contract as follows:

Clause 11: 'The Trust may at its discretion terminate a senior manager's contract with less or no notice by paying a sum equal to but no more than basic salary in lieu of notice less any appropriate tax and statutory deductions.'

Clause 12: 'Senior manager contracts may be terminated with immediate effect and without compensation for gross misconduct.'

Table 15: Employment contracts for senior managers

Name	Date of contract	Notice period	Nature of contract
Lee Martin	11 June 2013	3 months	Substantive
Dr Yi Mien Koh	28 March 2011	6 months	Substantive
Maria Da Silva	1 April 2007	3 months	Substantive
Greg Battle	1 June 2011	6 months (4 months by the director)	Substantive
Dr Martin Kuper	12 October 2012	3 months	Substantive
Richard Martin	5 January 2007	6 months (4 months by the director)	Substantive
Simon Wombwell	6 August 2013	3 months	Interim until 31 August 2014
Jo Ridgway	25 March 2013	3 months	Interim until 31 May 2014
Bronagh Scott	1 June 2010	6 months (4 months by the Director)	Substantive
Jill Foster	28 February	N/A	Interim until 30 June 2014

Non-executive directors

The Trust follows the NHS Trust Development Agency's guidance for appointing non-executive directors.

The terms of the contract apply equally to all non-executive directors with the exception of the chairman, who has additional responsibilities and accountabilities. The remuneration of a non-executive director is £6,157. The chair receives £21,105.

Salary range

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 Whittington Health in 2013/14 was £172,646 (2012/13, £174,290). This was five times (unchanged from 2012/13) the median remuneration of the workforce, which was £33,481 (2012/13, £33,150).

In 2013/14, we had no employees (unchanged from 2012/13) who received remuneration in excess of the highest-paid director. Remuneration ranged from £6,157-£172,646 (2012/13, £6,096-£174,290).

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 16: Salaries and allowances 2012/13

Name and title	Salary as director (bands of £5,000) £'000	Performance pay and bonuses as director (bands of £5,000) £'000	Long term performance pay and bonuses as director (bands of £5,000) £'000 *(Note 2)*	All pension-related benefits (bands of £2,500) £'000 *(Note 3)*	Total (bands of £5,000) £'000
NON-EXECUTIVES					
Joe Liddane *Chair*	20-25	0	0	0	20-25
Robert Aitken *Vice chair*	5-10	0	0	0	5-10
Anita Charlesworth *Non-executive director*	5-10	0	0	0	5-10
Professor Jane Dacre *Non-executive director*	5-10	0	0	0	5-10
Peter Freedman *Non-executive director*	5-10	0	0	0	5-10
Paul Lowenberg *Non-executive director from May 2012*	5-10	0	0	0	5-10
Marisha Ray *Specialist advisor until October 2012*	0-5	0	0	0	0-5
Sue Rubenstein *Non-executive director*	5-10	0	0	0	5-10

Table 16: Salaries and allowances 2012/13 (continued)

Name and title	Salary as director (bands of £5,000) £'000	Performance pay and bonuses as director (bands of £5,000) £'000	Long term performance pay and bonuses as director (bands of £5,000) £'000 *(Note 2)*	All pension-related benefits (bands of £2,500) £'000 *(Note 3)*	Total (bands of £5,000) £'000
EXECUTIVES					
Dr Yi Mien Koh *Chief executive*	165-170	5-10	0	27.5-30	200-205
Siobhan Harrington *Director of strategy and deputy chief executive until July 2012*	30-35	0	0	32.5-35	65-70
Dr Greg Battle *Executive medical director integrated care*	35-40	0	0	7.5-10	45-50
Maria da Silva *Chief operating officer*	110-115	0-5	0	0-2.5	115-120
Celia Ingham Clark *Executive medical director until September 2012*	20-25	0	5-10	(27.5-30)	0-5
Dr Martin Kuper *Executive medical director from October 2012*	45-50	0	0-5	77.5-80	125-130
Richard Martin *Director of finance*	110-115	0-5	0	(2.5-5)	115-120
Jo Ridgway *Director of organisational development from March 2013*	0-5	0	0	5-7.5	5-10
Bronagh Scott *Executive director of nursing and patient experience*	95-100	0	0	20-22.5	120-125

Table 17: Pension benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2014 £'000	Cash Equivalent Transfer Value at 31 March 2013 £'000	Real increase in Cash Equivalent Transfer Value £'000	Total pension entitlement at 31 March 2014 (bands of £5,000) £'000	Normal retirement age at 31 March 2014
Dr Yi Mien Koh	2.5-5	7.5-10	45-50	140-155	865	776	72	45-50	60
Siobhan Harrington	0	0	0	0	0	382	0	0	Not applicable
Dr Greg Battle	0-2.5	0-2.5	40-45	130-135	819	773	29	40-45	60
Maria da Silva	(0-2.5)	(0-2.5)	25-30	80-85	527	519	(1)	0	Not applicable
Lee Martin			5-10	10-15	105			5-10	65
Celia Ingham Clark	0	0	0	0	0	1,163	0	0	Not applicable
Dr Martin Kuper	12.5-15	37.5-40	40-45	125-130	674	450	214	40-45	60
Richard Martin	(0-2.5)	(0-2.5)	45-50	140-145	917	889	3	0	Not applicable
Jo Ridgway	2.5-5	10-12.5	15-20	50-55	299	214	80	15-20	60
Bronagh Scott	25-27.5	95-97.5	30-35	95-100	591	57	532	0	Not applicable
Jill Foster			35-40	110-115	658			35-40	55

The disclosures shaded yellow are incomplete, as information requested from NHS Pensions on 9 May 2013 has not yet been received.

Notes

The Trust's accounting policy in respect of pensions is described in Note 9.6 of the complete annual accounts document. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

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 the remuneration of directors of the Trust.

Simon Pleydell

Chief executive
Whittington Health

06 June 2014

Our shadow governors and members

We are committed to becoming a foundation trust (FT).

NHS foundation trusts are still answerable to parliament but have more freedom to make their own decisions, are more accountable to their local community through members and governors and are monitored by an independent regulator to ensure they are well led and can provide quality care on a sustainable basis.

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.

As an aspiring FT, we have established a shadow council of governors and a membership scheme with more than 10,000 members (6,300 public and 4,000 staff).

Our shadow council of governors comprise our NHS colleagues, public, patients and nominated representatives. Ron Jacob is the lead governor and the council is chaired by Steve Hitchins. The council acts as a bridge between the organisation, our members and the community.

Our governors regularly attend Whittington Health Board meetings when they ask questions to the executive and non-executive directors as well as offer their views. Many are also members of one or more Trust committees.

One of the governors has chaired the Organ Donation Committee for several years, involving members and governors in a project to establish a partnership between Islington and Haringey Councils together with the NHS Blood and Transplant (NHSBT) to promote understanding and support of organ donation in the community. Three people die every day in the UK while waiting for a transplant and the main aim is to increase organ donation. Our chair Steve Hitchins and NHSBT have been instrumental in taking this forward. We hope to have a formal partnership established in 2014/15.

Another key area of involvement has been patient experience. Our governors consider this to be an important measure of the quality of care of our services. We have two governors who are active on the Patient Experience Committee. A governor has also joined the Cancer Patient Experience Committee.

During the year, the governors were involved in the selection procedure for a new Trust chair and attended various community events to recruit new members and discuss people's experience of our health services.

Annual governance statement

1.Introduction

The governance statement is a record of the stewardship of the organisation. It outlines who in the organisation has overall accountability for performance (the accountable officer), how the organisation is organised to support decision-making, performance is managed and risks are controlled.

For Whittington Health, the accountable officer is Simon Pleydell, chief executive.

2. Scope of responsibility

As accountable officer, and chief executive of the Whittington Health Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of Whittington Health's aims and objectives, and supports the delivery of the organisation's policies, the NHS Operating Framework and relevant stakeholder aims and objectives. I also have responsibility for safeguarding the public funds, the organisation's assets for which I am personally responsible, while also safeguarding safety and quality standards, as set out in the accountable officer memorandum.

As accountable officer, I have overall responsibility for risk management but day-to-day management is delegated to executive directors. The chief finance officer is the lead for financial risk and the director of nursing has overall responsibility for ensuring an effective clinical risk management system is in place, with the director of nursing and medical director being jointly responsible for clinical quality and safety risk. The chief operating officer has responsibility for ensuring the risk management system is working securely across the three clinical divisions of the Trust, emergency planning and operational resilience.

3. Governance framework

The Trust has a well-established system of integrated governance and a structure that supports the running of the organisation.

3.1 Trust Board and committee structure

The Trust Board holds corporate responsibility for the development and execution of the Trust's strategies, its actions and finances. For the resulting outcomes in each of these areas, the Board remains publically accountable. The makeup of the Board intends to create a diversity and range of capabilities to support the successful delivery of Board business and leadership.

The Board has an assurance framework system in which significant risks to the Trust's strategic objectives are monitored and managed. The board assurance framework informs the Board's agenda and focus.

Reporting to the Board are sub-committees responsible for audit and risk, quality (of patient services), resources and planning (replaced by finance and business development with effect from 1 April 2014) and remuneration.

The Board met a total of ten times in public in 2013/14, every month except August and December. Attendance is monitored. The average overall attendance was 90 per cent with no individual's attendance falling below 80 per cent. During the year, there were seven changes to the membership of the Board including a new chair Steve Hitchins, who started in January 2014.

3.2 Board performance and areas of focus

In addition to formal board meetings, the Trust Board has undertaken seminars to review strategy and performance in more detail. Board meetings include a 'patient story', often delivered by patients themselves, giving the Board feedback on their direct patient experience at the Trust.

The Board's work programme has supported a system of internal control through monthly reporting against plans and forecasts for:

- Measures of service quality;
- Performance against key targets and
- Review against financial performance and standing.

Performance reports provided assurance to the Board on the delivery against in-year plans and, where appropriate, the areas for corrective action; and, subsequently, the monitoring of corrective actions.

The Board maintained up-to-date knowledge on matters of strategic importance, risks and controls relating to the local health economy and national agendas.

All risks relating to patient safety and service quality were reviewed using the organisation's risk register. The risk register content is informed through multiple sources, including serious incidents, clusters of incidents following thematic reviews, feedback from patient experience, complaints, claims and outcomes from services reviews and audits.

Key performance against indicators reported in the quality accounts are reviewed monthly, demonstrating progress in a number of priority areas: mortality rates, MRSA infection control, harm-free care and reductions in serious incidents (as defined by the national framework).

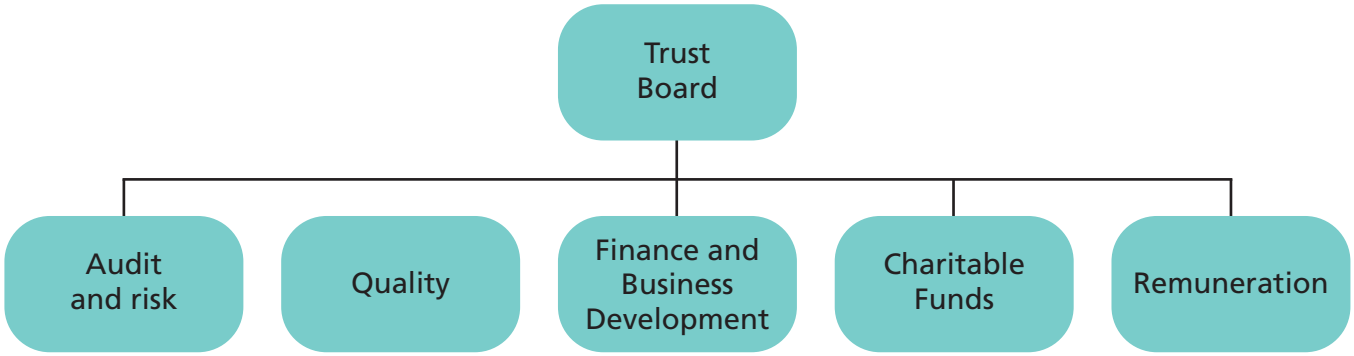
The Board recognises the importance of a capable and content workforce and received regular updates on workforce performance including sickness rates, staff turnover, staff appraisal and mandatory training

requirements. The Board received national workforce survey results and conducted a full staff survey of its own. The results will be used to develop the workforce strategy and focus improvements through employee engagement.

During the year, the Board has also discussed its response to the Francis Report, the policy agenda around foundation trust status, its own strategy to develop integrated models of care linking acute and community services. The Board has conducted a review of its estates strategy, including engaging with our local population, and approved an outline business case for the redevelopment of the maternity and neo-natal service accommodation.

3.3 Supporting committee structure – performance and areas of focus

The Trust Board undertakes a proportion of its work through sub committees.



3.3.1 Audit and Risk Committee

The Audit and Risk Committee is responsible for monitoring and reviewing the risk management, control and governance processes of the organisation, and the associated assurance processes. It retains an oversight role of the Quality Committee to enable the Audit and Risk Committee to have full review of the board assurance framework including the controls relating to clinical governance. The committee also reviews the corporate risk register.

The Audit and Risk Committee met seven times in 2013/14. All meetings were quorate and in accordance with its terms of reference. The chair of the committee, Peter Freedman, left the Trust in December 2013. The new chair is Rob Whiteman, non-executive director.

The Audit and Risk Committee approved the internal audit programme based on risks identified through the board assurance framework, risk register and results of previous audit activities. The head of internal audit opinion for 2013/14 was "significant assurance" given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and inconsistent application of controls were identified, particularly in relation to risk management. These are expected to be addressed by the complete implementation of the risk management system ("Datix") described in section four below. In addition, the internal audit programme highlighted the need for developments in the way the Trust handles complaints and financial reporting of service lines. Both these areas are the subject of improvement plans in 2014/15.

The committee received regular reports from external audit, internal audit and counter fraud specialists on progress and updates relating to their activities. The committee scrutinises reports on bad debt written off, the record of tender waivers and approves any changes to the Trust's standing orders, scheme of delegation and standing financial instructions (these latter areas were discussed at the September and October 2013 meetings with a report to the Trust Board in November 2013). In 2013/14, the committee sought assurance against the delivery of the targets set out in the information governance toolkit, the electronic patient record (EPR) project and risk management processes in one operational area.

3.3.2 Quality Committee

The Quality Committee meets six times a year and provides assurance to Trust Board that high standards of care are provided in the Trust. The committee met six times during 2013/14 and was quorate on five occasions. The chair of the committee, Sue Rubenstein, left the Trust in March 2014. A new non-executive chair of the committee, Miss Anu Singh, has been appointed and took up her role in April 2014.

The director of nursing and patient experience and medical director have joint delegated responsibility for quality. The Quality Strategy 2012-2017 was approved by the Trust Board in 2012 and provides a continuous improvement framework. The performance of quality has been monitored closely by the Board with detailed reviews part of the function of the Quality Committee. The committee received regular integrated dashboard reports from each of the divisions focusing on areas for improvement and from the sub-committees of the Quality

Committee on progress and key issues relating to their activities. The Quality Committee is assured there is a quality focussed culture within the Trust and robust processes are in place to identify and monitor quality priorities.

The quality governance framework, in conjunction with the risk management framework, assesses the combination of structures and processes in place, both at and below board level, which enables the Trust Board to assure the quality of care it provides. These processes are currently under review.

3.3.3 Resource and Planning Committee (replaced by Finance and Business Development)

The Resources and Planning Committee provided review and scrutiny over in-year performance against plans and targets and planning for future periods. The committee also reviewed major business cases and activities of the procurement function.

The committee focused on tight scrutiny of savings delivery and the major initiatives that sat within this programme. The committee was also concerned with the development of plans to support better delivery of plans in future; the development of workforce planning in particular, and analysing service line reporting and reference costs to assess how this data can inform future plans. The committee reviewed the development of the contracting and tendering processes to seek improvement in the organisation's capability and capacity in this area and address the increasing demands on contracting in the NHS.

3.3.4 Charitable Funds Committee

The Charitable Funds Committee manages the receipt and spending of the Trust's charitable donations, ensuring that donated funds are invested and spent in line with Trust policies and legal requirements. The charitable funds annual report and account is reported to the Charity Commission each year.

3.3.5 Remuneration Committee

The Remuneration Committee determines the appointment, remuneration, terms of service and performance of the executive directors. The committee met four times during 2013/14 – April, July and September 2013 and March 2014.

3.4 Corporate governance code

3.4.1 Code of conduct and code of accountability

All Board members have signed the NHS Code of Conduct and Code of Accountability.

3.4.2 Standing orders, reservation and delegation of powers and standing financial instructions

The standing orders, reservation and delegation of powers and standing financial instructions were subjected to full compliance with no suspensions recorded. Cost controls and delegated spending limits were reviewed and ratified by the Audit Committee in September and October 2013. The Trust operates NHS standards of business conduct policies on declaration of interests and receipt of gifts and hospitality, which are monitored during the year.

3.4.3 Bribery Act 2010

Following the introduction of the Bribery Act 2010, the Trust has incorporated its requirements within counter fraud, bribery and corruption policies. As accountable officer, I operate a policy of zero tolerance over any forms of bribery and fraudulent activities by Trust staff, those contracted to undertake work for it, or anyone acting on its behalf.

3.5 Quality governance

The directors of the Trust are required under the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year, adopted by the Trust Board in June 2014 for 2013/14. The Quality Accounts are developed by clinicians and senior managers within the Trust, in conjunction with stakeholders and partner organisations. The medical director has overall responsibility to lead and advise on all matters relating to the preparation of the Trust's annual Quality Accounts. In order to ensure the accuracy of the Quality Accounts, improving the quality and reliability of information has been a key aspect of the quality agenda. Within the Trust, there are systems and processes in place for the collection, recording, analysis and reporting of data which are focused on securing data which is valid, reliable, relevant and complete. This area is the subject of ongoing work to improve upon our current systems.

3.6 Discharge of statutory functions

Arrangements are in place to ensure effective discharge of statutory duties, examples are child safeguarding, radiation protection, medicines management, anti-discrimination laws and data protection.

4. Risk assessment

4.1 How risk is assessed?

The key aim of the Trust's risk management approach is to ensure that all risks to the achievement of the Trust's objectives (whether clinical or non-clinical) are identified, evaluated, monitored, and managed appropriately. The system of risk management is described in the Trust's Risk Management Strategy which is reviewed annually by the Board and is accessible to all staff via the Trust's intranet. The Risk Management Strategy includes a clear management process. If a risk cannot be resolved at a local level, the risk can be referred through the operational management structure to the Audit and Risk Committee or ultimately to the Trust Board. Risks are reviewed to ensure that any interdependencies are understood.

Risk assessment is a key feature of all normal management processes. All areas of the Trust have an

ongoing programme of risk assessments. Risks are evaluated using the Trust risk matrix which is a five-by-five scoring system, the nationally recognised risk assessment tool developed by the National Patient Safety Agency (NPSA). This risk scoring system feeds into the decision making process about whether a risk is considered acceptable. Unacceptable risks require control measures and action plans to reduce them to an acceptable level. Each risk has an identified owner who is responsible for monitoring and reporting on the risk to the appropriate committee(s). Each action has a named action owner responsible for implementing the changes to reduce the risk to an acceptable level in a specified timeframe.

At the highest level, the board assurance framework (BAF) enables the focused management of the principal risks to achievement of the organisation's objectives. The BAF is developed annually by the Board to review known and potential risks to our strategic objectives, the existing control measures and evidence to support assurance around mitigation. It identifies any gaps in control or assurance. There is a schedule of associated action plans for each key risk which identifies the date and committee of last presentation. Progress against mitigating these principal risks is proactively monitored and reported to Trust Board. The BAF was formally presented to the Board three times during the year with updates to four meetings of the Audit and Risk Committee in year.

Underpinning the BAF, the Trust has a system which holds a structured set of risk registers for each area, including strategic and Trust-wide risks.

The risk management process is supported by the use of an electronic, integrated risk management system ("Datix"). The system has been in development since in April 2012, with the final (risk register) module going live in September 2013. The system captures information about activity in the following areas: incidents, complaints, claims, inquests, patient liaison services and the organisation's risk register. The risk register component supports a process of dynamic risk management i.e. staff highlight and record risks in real time and ensure records and responses are kept up-to-date. The system supports the organisation to map risks back to their source and provide thematic analyses of risks including the correlation of risk management across the quality domains of safety, clinical effectiveness and patient experience. This information is then used to undertake aggregated reviews of risks with the emphasis to focus on proactive risk management, through reviews of systems and processes and related corrective activities.

4.2 Clinical care and regulatory risk - Care Quality Commission (CQC)

The Trust is registered with CQC at the following sites 'without conditions':

- Whittington Hospital NHS Trust trading as Whittington Health ('headquarters'), including community based services.
- HMP Pentonville (until the 30th April 2014 then services transfer to Care UK)
- Simmons House (child and adolescent mental health facility).

Reporting to September 2014, the CQC published a quality risk profile for each Trust. This risk rated organisations against each of the sixteen essential clinical outcomes, informed by over 600 quantitative and qualitative data items from a variety of external sources including Dr Foster, hospital episode statistics, the National Reporting and Learning System (NRLS) and national patient surveys. This profile was issued ten times a year, and while scores changed marginally, the Trust never reported an adverse rating. In October 2013, this scheme was replaced with the new intelligent monitoring report, which resulted in the Whittington Hospital moving from band four in October 2013 to band six (the lowest risk category) in March 2014.

4.3 Financial risk

The current fiscal climate coupled with a fixed income position and a material cost reduction target, as well as a clear mandate from the Board to continue to improve patient safety and quality, means the management of financial risk is a key issue for the organisation. The Trust has used the Monitor approach to financial risk rating and is making further plans to link quality measurement to ensure no adverse impact of planned savings on patient care. The Trust Board receives a monthly financial report covering each aspect of financial performance, including performance against plan, delivery of statutory financial targets and any subsequent corrective actions. The Trust is working to strengthen its monitoring, reporting and performance management of cost improvement plans and measurement to avoid any adverse impact upon our service quality.

5. The risk and control framework

5.1 Risk management framework

The system of internal control is designed to develop a risk aware culture; to generate an organisation that is continuously learning and improving. The Trust is unable to remove risk completely, but through process risks can be mitigated and lessons learnt. Our aim is to create a safer and sustainable organisation engaged in proactive activity rather than reactive. The system aims to manage risk to a reasonable level rather than attempt to eliminate all risk of failure to achieve policies, aims and objectives. The system of internal control is designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being crystallised, the impact should they happen, and to manage them efficiently, effectively and economically.

5.2 Prevention of risks

5.2.1 Committee structures

The Board agenda is informed by the key risks. The Trust's Audit and Risk and Quality Committees, through integrated risk management arrangements, oversees the development and continuous improvement of risk management across the Trust.

5.2.2 Board assurance framework

The board assurance framework (BAF) provides direct assurance that a risk management system is in place, through a system of escalation and de-escalation, of performance against the Trust's strategic objectives. The executive team is responsible for implementing the controls approved by the Board (e.g. strategies, policies, plans). The Board will receive assurance that these controls are working effectively through a variety of management reports.

5.2.3 Mandatory training

Mandatory training comprises corporate, local induction and role-related induction plus 'refresher' training. The key performance indicator (KPI) compliance target set by the executive team is 90 per cent (95 per cent for information governance). The mandatory training KPI includes a number of subjects considered core subjects covered through the 'streamlining movement' designed and led by Skills for Health and NHS Employers. The latest report dated 28th March 2014 shows a compliance rate of 75 per cent, well within NHS Litigation Authority's level one requirement. The Board and Quality Committee closely monitor mandatory training levels within the Trust. There has been a call for additional subjects such as fraud, dementia, and health promotion to be included in mandatory training and consideration is being given to this.

5.2.4 Risk and performance management

Whittington Health implemented an organisational wide Datix risk management system from April 2012. Since then the organisation has reported routinely to the National Patient Safety Agency, National Reporting and Learning System (NRLS) and prior to April 2012 this was reported via the organisation's three legacy Datix risk management systems.

We use the Datix risk management system to manage incidents across the organisation, these are then reported via governance committees and through divisional boards.

- The Datix risk management system is web-based to support both hospital and community staff in the active reporting of incidents.
- The Datix risk management system has the ability to provide localised dashboards to support managers and clinicians in monitoring trends concerning reported incidents to enable discussions and feedback at local team, service or divisional level.

The following information depicts how lessons learnt are reviewed, themes identified and shared across the organisation.

- Aggregated reports are provided at divisional level and at corporate level pooling information from incidents, complaints, claims and PALS; reports focus on themes, actions and associated learning.
- Learning is shared through a combination of presentations and discussions within governance committees and at operational team level. Maternity, for example, has 'message of the week' which shares outcomes and learning from reported serious incidents, whereas other services such as district nursing share learning through practice development and training sessions.
- Case studies from serious incidents are used to inform training for root cause analysis within the organisation.

The current processes for managing serious incidents are detailed below. We are conducting a review to strengthen this process.

- Serious incidents (SIs) are reported via the centralised governance and risk team, all SIs are reported within national policy frameworks.
- SIs are reported both on Datix for internal monitoring and the strategic executive information system (STEIS) nationally for monitoring by commissioners at a local sector level.
- Divisional boards take responsibility for quality assuring their serious incident investigation reports prior to executive level approval.
- The monitoring for the implementation of action plans is divisionally led as per organisational policy with assurance exercises completed by the central governance team for grade two SIs in conjunction with commissioners.
- Reporting, is managed through governance committees and at a divisional board level, with routine divisional clinical risk reports to the Quality Committee, and reporting to the executive team.
- Investigations are conducted utilising root cause analysis (RCA) methodology, dependent on the complexity of the serious incident. The central governance and risk team will provide additional support to the investigation.
- For grade one serious incidents, action plans are monitored through divisional level patient safety committees with independent scrutiny for progress on actions being monitored via the Trust's Patient Safety Committee, this includes evidence of compliance with related action plans prior to sign off and closure of action plans.

We have a rolling programme of patient safety walkabouts using the 15-step methodology developed by

the NHS Institute for Innovation and Improvement. The walkabout programme is centrally monitored and attended by a combination of executives, non-executives, lay representatives from Haringey and Islington Boroughs, commissioners and assistant/deputy directors.

There are plans to include, junior doctors in training and students nurses to participate in the 2014/15 programme.

- Regular performance management meetings for divisions and directorates are being introduced across the integrated care organisation and are chaired by divisional clinical directors, providing wide coverage of corporate and clinical governance areas.
- During the year, divisions have been performance managed on a variety of risk related issues including completion of risk scores for incident reporting and updating of local risk registers.
- The performance management, progress monitoring and internal controls are developing within the Trust to ensure that corrective actions required to deliver objectives are applied consistently across the breadth of the integrated care organisation.

5.3 Deterrents to risks

5.3.1 Fraud deterrents

The Trust employs a local counter fraud specialist (CFS) who is responsible for fraud awareness across the Trust and the investigation of any suspected or reported fraud activity. This work is supported by regular risk assessment and fraud and bribery prevention techniques. A zero tolerance attitude to fraud and bribery operates within the Trust. The CFS undertook a compliance exercise to assure the Trust Board of compliance against national standards for countering fraud and bribery.

5.4. Management and mitigation of risks

Following proactive risk assessment outlined in section four, the Trust assigns operational and executive leads to deliver agreed action plans to mitigate risk based on severity of risk, and monitors residual risk levels until they are as low as reasonably possible through local, corporate management forums and up to Board level.

6. Review of the effectiveness of risk management and internal control

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways covered previously in this report. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal auditor's work.

6.1 Head of internal audit opinion

'Substantial assurance' - generally sound system of internal control designed and operating in a way that gives a reasonable likelihood that the system's objectives will be met.

6.2 My review of effectiveness is also informed by the following evidence:

- Care Quality Commission registration without conditions
- NHSLA risk management standards (general and maternity)
- Achievement of performance targets
- Financial performance reports
- External audit reports
- Internal audit progress reports
- Counter fraud annual report
- Audit and risk committee reports
- Quality Committee reports
- Risk and patient safety reports
- Clinical audit reports and participation in national audits
- Infection control reports to the Board and root cause analyses
- Specific service accreditations e.g. pathology
- Benchmarked Hospital Standardised Mortality Rates (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) reports
- Whistle blowing policy
- Business continuity plans and emergency planning
- Feedback from key stakeholders
- The contribution of all staff in maintaining risk management practices as set out in their job descriptions and professional codes.

7. Issues to highlight 2013/14

7.1 Waiting list management

In March 2013, the Trust invited the national Intensive Support Team (IST) to review processes for managing referral to treatment (RTT) and cancer pathways i.e. patient waiting times for treatment. As a result of these reviews, and in anticipation of the introduction of a new electronic patient record system, the Trust initiated (in April) a major six-month programme to audit and improve data quality for waiting lists for non-urgent treatment. This has involved a full waiting list validation exercise, as well as a redesign programme to improve how we report internally and externally.

During 2013/14, issues emerged with regard to the management of endoscopy, RTT and cancer waiting lists. A series of actions were established with the support of the NHS Intensive Support Team. A clinical review panel was established to review any potential harm to patients who may have waited over 18 weeks for treatment. The clinical review was completed with no known adverse impacts to patient care.

7.2 Information governance toolkit

The Trust fell marginally short of its requirements under the information governance toolkit. This is a framework to ensure the Trust manages the sensitive data its holds safely and within statutory requirements. The Trust is required to achieve 66 per cent against the level 2 assessment of the toolkit – it achieved 60 per cent.

The Trust takes its requirements to protect confidential data seriously and has made improvements in information security (access controls, information security systems) and corporate information assurance (corporate records audit).The trust is committed to improve its assurance over clinical information, particularly the transfer of data between care agencies. In 2014/15 the Trust will continue to work towards meeting full compliance to have 95 per cent completion of information governance training by Trust employees and the completion of a coding classification audit. In addition the Trust will work to improve the management of patient records to ensure better tracing, tracking and destruction at the appropriate time.

7.3 Electronic patient record management information reporting

The Trust went live with the first phase of its new electronic patient records system in 2013/14. This system upgrade included a module to deliver contract and management information. Despite a relatively smooth implementation of the wider system, the reporting module was not implemented successfully. As a consequence, the Trust has not reported performance against its contracts since September 2013. Additional measures were taken to ensure no impact on patient care. The system was successfully upgraded in May 2014.

8. Issues to highlight 2014/15

8.1 Leadership team

The Trust appointed a new chair in January 2014 and three new non-executive post holders, completing the new appointments in April 2014. The Trust's objectives are to recruit to the posts of chief executive, medical director, director of nursing and chief finance officer in 2014/15.

8.2 Cost improvement programme

The Trust has a significant savings programme of £15m (5 per cent of turnover) set for 2014/15. The Trust has put in place additional arrangements to improve its planning and delivery of savings plans, as well as assessing and monitoring for any adverse impacts these schemes may have on quality of services.

8.3 Seven day working

The Trust is committed to the recommendations by Sir Bruce Keogh and the implementation of safe services across the whole week. A detailed assessment of current performance is underway to assess any additional requirements across the key staff groups and the cost of implementation. Evidence produced at a national level indicates a significant financial impact upon the NHS which is not included in 2014/15 funding levels. The implementation of this important initiative may therefore put additional financial pressure on our financial plans.

My review confirms that Whittington Health in 2013/14 had a generally sound system of internal controls that supports the achievement of its policies, aims and objectives. Action plans are in place to strengthen areas identified by both internal and external reviews reported in this statement.

Simon Pleydell

Chief executive
Whittington Health

Fundraising

Our registered charity - The Whittington Hospital NHS Trust Charitable Funds - raised more than £250,000 in 2013/14, thanks to the generosity of donors and fundraising activities.

We plan to relaunch the charity in 2014/15, change its structure and enhance its profile, to bring in more money to support our health services.

Activities

Five Virgin London marathon runners raised more than £12,000 in April 2013 for a number of Whittington Health services. We also received £2,000, thanks to the fundraising of seven runners taking part in the British 10k London Run.

A £15,000 donation helped support the launch of the 'Sing for your lungs' group in May 2013. The free singing group is for people with chronic obstructive pulmonary disease, asthma, emphysema, chronic bronchitis or fibrosis. Research shows that singing, vocal exercise and postural work can help improve their symptoms. A keyboard was purchased with the donation.

An appeal was launched in June 2013 to enable Whittington Health's maternity team to create a more comfortable, home-like environment.

Our LifeForce team, a children's paediatric palliative care and bereavement service for Camden, Haringey and Islington, held a sponsored 10k walk in September 2013 along Regents Canal in north London to mark the 10th anniversary of its service. The event raised more than £5,000 to enable the team to continue to provide annual parties and arts and craft activities for terminally ill children and their families.

Our Christmas fundraising activities included 15 runners participating in the London 5k Santa Run which raised £1,000 for several areas. We also celebrated the festive period with performances from brass bands, school choirs and local community groups. These events raised more than £500.

The popular annual quiz night organised by the Rotary Club of Islington, Highgate and Muswell Hill took place in February 2014 and raised more than £1,000 for our charity, most of the money was directed towards our maternity appeal.

Other income generating activities included the sale of merchandise, which brought in £7,000, including sales from the Highgate Fair in the Square. The Pennies from Heaven payroll giving scheme continued to be popular with staff, as well as Zumba classes with £1.50 from each entry fee going to the charity.

During 2013/14, charitable funds were able to purchase a number of pieces of equipment to enhance our services

Whittington Health fundraisers at the London 10K run

for patients and our colleagues. Among the services which benefited were pharmacy, resuscitation, oncology, colposcopy, neonatal intensive care, chemotherapy, the care of older people service, Montuschi and Ifor wards.

Our neonatal intensive care unit purchased a brain monitor and two photo therapy machines for treating babies with jaundice who have high levels of bilirubin in their blood.

Cancer patients have access to two of the latest scalp coolers, following a donation from the breast cancer charity Walk the Walk. Scalp cooling is a method of reducing hair loss during treatment with some chemotherapy drugs.

The generosity of a Whittington Hospital patient led to the Islington lymphoedema service receiving new equipment which helps to measure the limbs of people quickly and accurately. The local resident made the £12,000 gift through her charitable foundation for the friendly and caring professionalism she had always received at the hospital.

Pupils from Channing School in Highgate created a stunning wall mural in the Ifor children's ward outdoor play area. The Channing girls chose the hospital's paediatric ward as their charity of the year and raised a total of £7,000.

The trustees would like to express their sincere thanks to all donors and fundraisers for their generous efforts in supporting the charity which enables us to improve health services for our patients.

Income and expenditure

The charity's income, expenditure, investments, fund balance and summary accounts are outlined in Appendix 3.


HELEN
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HAEMATOLOGY/ONCOLOGY
INFORMATION AND
SUPPORT OFFICER
EXCELLENCE
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MACMILLAN.
CANCER SUPPORT

Appendix 1: Summary financial statements

The statements that follow are drawn from the audited statutory accounts of the Trust for the financial year ended 31 March 2014. The audit was conducted by KPMG, the Trust's external auditors. Their audit fee of £72,739 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 upon request from the Communications Department, Jenner Building, Whittington Health, Magdala Avenue, London N19 5NF (Tel: 020 7288 5983). No charge will be made for these.

Simon Wombwell

Chief finance officer
Whittington Health

Simon Pleydell

Chief executive
Whittington Health

Statement of comprehensive income for the year ended 31 March 2014

	2013/14	2012/13
Revenue	**£'000**	**£'000**
Revenue from patient care activities	262,820	248,712
Other operating revenue	34,577	32,631
Total revenue	**297,397**	281,343
Operating expenses (including depreciation)	**(294,953)**	(277,753)
Operating surplus	**2,444**	3,590
Investment revenue	35	60
Other losses	0	(79)
Interest expense	(2,740)	(2,625)
Other finance costs	(43)	(48)
Surplus/(deficit) for the financial year	**(304)**	898
Public dividend capital dividends payable	(2,817)	(2,666)
Retained deficit for the year	**(3,121)**	(1,768)
Value of IFRIC12 schemes included in retained deficit	1,062	2,059
Value of other impairments included in retained deficit	3,136	3,267
Adjustments in respect of donated asset reserve closure	88	56
Adjusted retained surplus	**1,165**	3,614

Other comprehensive income

Retained deficit for the year	**(3,121)**	(1,768)
(Impairments) and reversals	(2,028)	(1,628)
Gains on revaluations	17,452	2,766
Total comprehensive income for the year	**12,203**	(630)

Statement of financial position as at 31 March 2014

	31 March 2014	31 March 2013
Non-current assets	**£'000**	**£'000**
Property, plant and equipment	179,795	137,747
Intangible fixed assets	5,428	1,411
Trade and other receivables	702	635
Total non-current assets	**186,105**	139,793
Current assets		
Inventories	1,294	1,290
Trade and other receivables	17,527	11,042
Cash and cash equivalents	5,123	15,088
Total current assets	**23,944**	27,420
Current liabilities		
Trade and other payables	(36,011)	(32,107)
Borrowings	(1,402)	(1,146)
Provisions	(1,212)	(4,292)
Total current liabilities	**(38,625)**	(37,545)
Net current liabilities	**(14,681)**	(10,125)
Total assets less current liabilities	**171,424**	129,668
Non-current liabilities		
Borrowings	(36,759)	(38,593)
Provisions	(2,014)	(1,763)
Total assets employed	**132,651**	89,312
Public dividend capital	56,461	53,344
Retained earnings	15,277	5,300
Revaluation reserve	60,913	30,668
Total taxpayers' equity	**132,651**	89,312

Statement of changes in taxpayers' equity

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)
Net gain on revaluation of PPE			2,766	2,766
Impairments			(1,628)	(1,628)
Transfers		139	(139)	0
New PDC	138			0
Balance at 31 March 2013	**53,344**	**5,300**	**30,668**	**89,312**

Description	PDC £'000	Retained earnings £'000	Revaluation £'000	Total £'000
Balance at 1 April 2013	**53,344**	**5,300**	**30,668**	**89,312**
Retained deficit		(3,121)		(3,121)
Net gain on revaluation of PPE			17,452	17,452
Impairments			(2,028)	(2,028)
Transfers between reserves		87	(87)	0
Transfers under modified absorption – PCTs		27,923		27,923
New PDC – cash	9,779			9,779
New PDC – PCTs items paid by DH	1,838			1,838
PDC repaid in year	(8,500)			(8,500)
Other movements		(2)	(2)	(4)
Transfers between reserves - PCTs		(14,910)	14,910	0
Balance at 31 March 2014	**56,461**	**15,277**	**60,913**	**132,651**

Statement of cash flows for the year ended 31 March 2014

	2013/14 £'000	2012/13 £'000
Net cash inflow from operating activities	**2,290**	12,952
Cash flows from investing activities		
Interest received	36	60
Payments for property, plant and equipment	(11,701)	(8,752)
Proceeds from disposal of property, plant and equipment	0	21
Payments for intangible fixed assets	(830)	(213)
Net cash outflow from investing activities	**(12,495)**	(8,884)
Cash flows from financing activities		
Public dividend capital received	12,580	138
Loans received from DH	0	2,900
Public dividend capital repaid	(9,463)	0
Loans repaid to DH	(164)	(48)
Other loans repaid	(32)	(32)
Capital element of finance leases and PFI	(2,681)	(1,870)
Net cash outflow from financing	**240**	1,088
Net increase in cash and cash equivalents	**(9,965)**	5,156
Cash at the beginning of the financial year	**15,088**	9,932
Cash at the end of the financial year	**5,123**	15,088

Simon Pleydell

Chief executive
Whittington Health

06 June 2014

Appendix 2: Fraud policy

Whittington Health is committed to reducing fraud to a minimum which is supported in full by the Trust Board and monitored on a regular basis by the Trust's Audit Committee. To achieve this, we work in partnership with TIAA Ltd, a professional services firm which provides a dedicated NHS accredited Counter Fraud Specialist to the Trust.

In line with the NHS Protect's Standard for Providers, the key aims of Whittington Health's counter fraud strategy are:

Strategic governance

We support and direct anti-fraud, bribery and corruption work through regular monitoring of counter fraud activity at the Audit Committee, and by promoting adherence to the Trust's Fraud Policy.

Inform and involve

We inform and involve all staff in the promotion, prevention and detection of anti–fraud, bribery and corruption work, ensuring that all are aware of their specific responsibilities in countering fraud, bribery and corruption.

Prevent and deter

Where appropriate, we publicise successful fraud, bribery and corruption cases to deter fraud, and 'fraud-proof' policies and procedures to reduce the opportunity to commit fraud in high-risk business areas.

Hold to account

The chief finance officer will authorise investigations of alleged fraud against the Trust; and where appropriate endorse legal sanctions against staff who have been found to have defrauded the Trust.

Appendix 3: Whittington Hospital NHS Trust Charitable Funds

Summary accounts (unaudited)

Fund balances

The total fund balance for the year at March 2014 was £1,327,986. This comprised the Postgraduate Funds (£89,241), the Community Funds (£320,063) and Hospital Funds (£918,682).

Investment update

The combined market value of the investment portfolio at March 2014 was £1,230,599, most of which is held in stocks, within the portfolio the cash balance was £49,230.

Of this total combined portfolio value, £139,960 related to Postgraduate Funds, £351,049 related to Community funds and £739,590 related to the Hospital Funds.

Over the course of the year, no cash withdrawal was made from the investment portfolio, but an additional £150,000 was placed in a high interest deposit.

Statement of Financial Activities	2013/14 £'000 Hospital	2013/14 £'000 Postgrad	2013/14 £'000 Community	2013/14 £'000 Total	2012/13 £'000 Total
Charitable donations	168	0	1	169	228
Legacy	3	0	5	8	105
Income from activities	36	0	5	41	86
Investment income	19	1	13	33	22
Total incoming resources	**226**	**1**	**24**	**251**	**441**
Charitable expenditure	128	1	15	144	139
Costs of generating income	26	3	11	40	55
Governance costs	28	5	15	48	42
Total resources expended	**182**	**9**	**41**	**232**	**236**
Net incoming (outgoing) resources	**44**	**(8)**	**(17)**	**19**	**205**
Gain / (loss) on revaluation of investments	29	0	17	46	88
Fund balance brought forward	846	97	320	1,263	970
Fund balance carried forward	**919**	**89**	**320**	**1,328**	**1,263**

Balance sheet	31.03.14 £'000	31.03.13 £'000
Fixed asset investments	1,231	1,042
Debtors	201	188
Stock	7	6
Cash	95	212
Creditors	(206)	(185)
Net current assets	97	221
Net assets	**1,328**	**1,263**
Fund balances	**1,328**	**1,263**

Whittington Health NHS

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