Whittington Health NHS

Whittington Health Annual report 2014/15

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Strategic report

Chief executive and chair: Overview of the year

The past year has seen a lot of success, changes and development at Whittington Health. We have made a positive difference to many people, helping them to live healthier and longer lives.

We have continued to focus on providing integrated care in the hospital and community, offering treatment to patients where they need it, reviewing and developing the way we provide care and the innovative services we can offer our local population.

The Trust performed well last year across the community and hospital. Our emergency department (ED) saw very high attendances from very sick people, many of whom needed to be admitted to a hospital ward. Despite this pressure, the Trust finished the year having seen, treated and discharged or admitted, 94.7 per cent of patients within four hours. Although 0.3 per cent below the national target of 95 per cent, this reflects excellent work and dedication by the ED team and the rest of the organisation.

Our community services saw an increase in activity, seeing patients in the community and in their own homes. Our physiotherapy adult teams had over 2,000 additional appointments in the community and our community nurses made an extra 12,000 visits in 2014/15.

At the end of 2013/14 we opened our expanded Ambulatory Care Centre to provide care closer to home. The centre enables earlier discharge for patients, provides an alternative for admission and supports our ED department. Patients have provided positive feedback about the level of care and their experience, due to its unique offering of same day emergency care, easy access to diagnostic tests and specialist staff. As a pioneer in this type of care we have been sharing this unique approach and running sessions for organisations to visit the centre. Over 50 organisations have attended to date and we will run further sessions next year.

We pride ourselves in providing high quality care, opening a new TB Centre in partnership with UCLH in May 2014. It offers the latest testing and treatment for the disease. The purpose built clinic brings together specialist doctors and clinicians providing the best and quickest care for people with TB or suspected TB.

Our clinical strategy

Last year we developed a new clinical strategy that sets out our ambition for the future and provides a framework for how we will build on our successes by continuing to be patient focused, clinically led and high achieving. The strategy was developed through dedicated listening exercises, where we engaged with all of our stakeholders, building confidence and trust in our organisation. We worked with the King's Fund on developing this strategy. They supported us with the next steps in our journey as an integrated care organisation providing both community and hospital services.

Over the past year we have continued to enjoy strong support from our local community and partners, in particular our local authorities and clinical commissioning groups (CCGs) in Islington and Haringey.

Going into 2015/16 we will further strengthen engagement with the community and other stakeholders, ensuring we involve as many people as possible in developing the services we provide. Everyone has an opportunity to play a part in future developments.

Finances

Last year was a disappointing year financially for the Trust with a year end deficit of £7.3 million. Being financially stable is an absolute priority for the Trust, alongside the delivery of safe and high quality care for our patients. As we enter into 2015/16 we have clear cost improvement plans in

place and are identifying areas for income generation to bring us back into financial stability over the next couple of years.

Management team

Our management team has seen extensive change in the past year, with Simon Pleydell appointed permanent chief executive of the organisation last year. We would like to thank the executive directors and non executive directors who have left us over the past year for the work they have done. We will have a fully permanent management team in place by the summer of 2015, who will take the organisation forward. This is an important step for the organisation and will further strengthen and stabilise the organisation.

The success of the past year is directly attributable to our dedicated colleagues who run our services, treat our patients, clean our wards and the hundreds of other jobs done by colleagues. We would also like to say thank you to all our volunteers who have worked with us throughout the year. Without our staff and volunteers, we would not be able to achieve everything you read in this report. We are proud of the positive impact they make to people's lives everyday.

This year's annual report sets out in detail the work and developments of the organisation. Next year is an exciting one for the organisation as we begin to implement our clinical strategy and further integrate community and hospital care. However we are not complacent and realise that there is hard work and challenges ahead of us. We have the right foundations in place and we will build upon these next year to support our local population and provide the highest quality care to them.

Simon Pleydell, Chief Executive Steve Hitchins, Chair

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 help local people live longer and healthier lives by providing safe, personal, co-ordinated care for the community we serve.

We provide 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. As one organisation providing both hospital and community services, we are known as an “integrated care organisation”.

We have an income of £295 million and over 4,400 staff delivering care across north London.

Our priority is to provide the right care at the right time and the right place for our patients. We provide a large range of services from the hospital, including accident and emergency (A&E), maternity, diagnostic, therapy and elderly care. We also run services from 30 community locations in Islington and Haringey. Over the past year we have reviewed and developed services to make them stronger and better support the needs of patients.

As an integrated care organisation we bring high quality services closer to home and speed up communication between community and hospital services, improving our patients’ experience. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

Our organisation has a highly-regarded educational role. We teach undergraduate medical students (as part of UCL Medical School) and nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals.

How we provide care

The care provided at Whittington Health was delivered out of three divisions in 2014/15.

Integrated care and acute medicine (ICAM)

ICAM provides services across the hospital, community and in the home. They are arranged to fit the needs of our patients and include urgent care, services supporting people with long term conditions and illness linked to the ageing process.

Within the hospital this includes the emergency department (ED) and the ambulatory care centre which gives people quick access to hospital care without the need to be admitted to hospital. The inpatient wards offer specialist care including cardiac, respiratory, gastroenterological and wards specialising in elderly care. There are also outpatient services including a haematology unit. Within the community we offer district nursing services, physiotherapy and psychological therapies.

The division works closely with our partners in social care to provide coordinated care.

Surgery, diagnostics and cancer services

The division provides care that meets the needs of the local population, providing routine and emergency surgery for common surgical conditions, cancer care, bariatric surgery and diagnostics. This division provides innovative care that enhances patients’ recovery and enables

quick access to a more appropriate home environment with close links to services such as rehabilitation. Community dentistry is also a key service in this division.

The women, children and families division
The division provides a leading maternity service and a wide range of services including sexual health, gynaecological and infertility services. We have a midwifery-led birthing centre, offer home births and births in hospital. This division also provides multidisciplinary services across health and social care for children with disabilities and children services such as health visiting and family nurse partnership.

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 in three main areas – safety, innovation and excellence.

The Trust begun the year (2014/15) with 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 wellbeing 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 (CCGs) and the NHS Trust Development Authority (TDA), and will take the time to get this right.

Our clinical strategy

During the past year we have reviewed and developed a clinical strategy together with staff and stakeholders that will meet the challenges our community and the local health economy face over the next five years.

We worked with the organisation, The King’s Fund to review our clinical strategy, who examined the work we had done and advised on areas to consider when developing our clinical strategy.

Our new strategy was approved at the Trust Board in March 2015. It outlines our ambition as an integrated care provider, a twenty-first century provider of innovative community and hospital services.

Whittington Health has an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. Our clinicians are encouraged to continuously evaluate their services and to adopt new ways of working across established boundaries in pursuit of improved outcomes.

Over the next five years we will continue to strengthen our partnerships with mental health, social care and primary care services, alongside our other multi agency partners to deliver our mission and vision and improve the health and outcomes for our local community.

Our aim

Our aim is to help local people live longer, healthier lives. Care that is safe, personal and coordinated for the community we serve.

Our mission

"Helping local people live longer, healthier lives."

Our mission recognises that there are many determinants of health, not all of them in our remit to deliver. However, for us to support people to achieve this goal, we all agree that the most successful model will be local partnership working, with a range of agencies.

Our locality has a long and strong history of joint working, which we will continue to develop. We recognise a need for a greater emphasis on prevention which will require a change of focus towards promoting health and wellbeing.

With the requirement to become a leader in prevention as well as treatment, we will look beyond traditional pathways of delivering care.

Our vision

"Provide safe, personal, co-ordinated care for the community we serve."

The mission statement describes the 'What', the Vision is the 'How'. Each word of our vision has been carefully chosen.

'Provide' distinguishes us as a provider first and foremost. However we may also commission services from others. We will ensure that relationships with local providers are strengthened to deliver improved patient experience and outcomes, for example, working with GP providers in our urgent care model.

'Safe' care requires constant attention and re-emphasis. The best health care organisations recognise the importance of an explicit safety agenda and we will ensure safety is a priority in every encounter we have.

'Personal' - keeps the individual as a unique whole in our minds, and reminds clinicians that while guidelines and patient pathways are aids to care they are not the rationale of care. In our personal encounters, we must allow compassion and judgement their proper place.

'Personal' also encompasses the opportunity to encourage supported self-management and to be sensitive to the new ways people increasingly want to engage, for example via technological advancements.

'Co-ordinated care' restates a key element of integrated care. We face multi-morbidity in a population with increasingly complex needs. People require help in navigating the system. We will ensure their care is co-ordinated and not fragmented. The emphasis on health and wellbeing means that we will actively engage with all key providers involved in the care of our population.

'Communities we serve' - Whittington Health's acute patients come in large part (85 per cent) from the boroughs of Islington and Haringey. Most of our community based services are provided to

these two boroughs, with some covering the boroughs of Camden, Hackney and Enfield. These communities are vibrant, complex and multi-ethnic, and include considerable wealth and deprivation side by side. They provide the sorts of challenges that attract our staff.

As an organisation, we have opportunities to work in a wider geographical area where this makes sense for our communities and clinical pathways. We are deeply rooted in these communities as provider and employer. We have established and developing relationships with public, private and voluntary sector partners, and building long-term relationships has been, and is, key to our strategy.

Our mission and vision will remain relevant, we believe, for the next five years and beyond.

Strategic goals

Our clinical strategy will be delivered through achieving six key strategic goals.

1. To secure the best possible health and wellbeing for all our community.
2. To integrate/co-ordinate care in person-centred teams
3. To deliver consistent high quality, safe services
4. To support our patients /users in being active partners in their care
5. To be recognised as a leader in the fields of medical and multi-professional education, and population based clinical research.
6. To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population.

Quality

Quality priorities

Quality is a key priority for Whittington Health and as an integrated care organisation, we provide innovative healthcare across the acute hospital and community for the benefit of the local population. 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.

Over 2014/15 we have renewed our approach to quality across the organisation to ensure we remain focused on providing safe and high-quality care. We reviewed our patient safety walkabout and 'serious incident' processes to ensure they offered the most insight and the best outcomes. We have also enabled GPs to access our electronic pathology test system, Anglia ICE. We continued to progress our Quality Standards programme, and extend our organisational commitment to quality through the national patient safety campaign, Sign Up to Safety.

We continue to maintain our low Summary Hospital-level Mortality Indicator (*SHMI*) score, meaning that The Whittington Hospital is one of the safest places nationally to receive care. The SHMI is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology.

The full Quality Account for 2014/15 is available on our website.

Sign Up to Safety

Whittington Health pledged to Sign up to Safety in 2014/15. The national NHS campaign is designed to help make the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. It supports and reflects our dedication to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patients' safety.

Sign up to Safety aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients. Over the next year we will be using the Sign Up to Safety initiative to re-energise the organisation's

commitment to safety. We will be focusing on specific areas with the aim of further reducing avoidable harm to our patients.

We have developed the following quality priorities for 2015/16:

Trust Strategic Goals	Quality Priorities
To secure the best possible health and wellbeing for all our community	**Learning Disabilities** In quarter four, 90 per cent of inpatients with learning disabilities (LD) will meet the LD specialist nurse during their admission, be clearly identified on the electronic patient record, and have a personalised care plan (this will be contained in a 'purple folder'). In the Emergency Department (ED) 75 per cent of all staff will have had specific training in the care of people with LD.
To integrate/co-ordinate care in person-centred teams	**Falls** We will reduce the number of inpatient falls that result in serious harm by 50 per cent.
To deliver consistent high quality, safe services	**Sepsis and Acute Kidney Injury (AKI)** We will achieve the national Commissioning for Quality and Innovation (CQUIN*) around giving antibiotics within the first hour to patients with severe sepsis. In addition we will effectively record our performance in delivering the sepsis 6 care bundle for all patients. We will improve our performance by 50 per cent in the course of the year. We will achieve all our outcome measures associated with our AKI CQUIN in 2015/16. *The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html
To support our patients/users in being active partners in their care	**Pressure ulcers** We will have no avoidable grade four pressure ulcers. We will reduce the number of avoidable grade three pressure ulcers in the acute setting by 50 per cent. We will reduce the number of avoidable grade three pressure ulcers in the community by 30 per cent.
To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.	**Research and education** We will increase by at least 20 per cent the number of National Institute for Health Research (NIHR) programmes in which we participate. We will increase participation in inter-professional learning events within Whittington Health by 30 per cent.
To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population	**Patient Experience** We will improve the response rate by at least 20 per cent of 'Family and Friends Test' (FFT) responses. We will reduce the number of people who would not recommend the Trust, and increase the number of people who would. We will improve the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic service and frail elderly service. See more about the FFT see page 30.

Infection control

Whittington Health takes infection control very seriously. Infection control is everyone's business and maintaining a clean and safe hospital environment is a priority.

We aim to make Whittington Health as clean and safe as possible for everyone. Our staff aim to ensure that we identify any patients who come into hospital or into our community sites with infections as early as possible, give them the appropriate treatment and prevent others patients getting an infection while in our care.

MRSA

Whittington Health has a 'zero tolerance' objective for MRSA. For the year 2014/15 the Trust had two MRSA bacteraemia breaches. This was very disappointing for the Trust. Post infection reviews were held for both cases to understand why an infection occurred and how future cases could be avoided. Lessons have been learnt and incorporated into action plans that are regularly reviewed by the Infection Prevention and Control Committee.

The MRSA bacteraemia objective for 2015/16 remains at zero.

Clostridium difficile

For the year 2014/15 the Trust had 17 Trust attributable cases of Clostridium difficile (C.difficile) infections against an objective of 19. Each patient case has been thoroughly investigated. Of the 17 cases, 14 were deemed to not have been avoidable. All actions have been incorporated into the action plan reviewed by the Infection Prevention and Control Committee.

In the past year we have strengthened the speed at which we test people with symptoms of C.difficile and the infection control nurses review all specimens provided to ensure appropriate samples are being sent for review. We have also continued our deep cleaning programme in clinical areas and reinforced the use of personal protective equipment.

Over the next year we will be aiming to further reduce the amount of cases and have an objective for 2015/16 of 17.

Seasonal flu

In the past year there has been a substantial increase in the number of patients diagnosed with influenza within the hospital. This is partially due to the introduction of a new test within Pathology and the strain of influenza circulating this year.

Flu vaccinations

For the second year running we met the target of vaccinating 75 per cent of our staff against the major strains of flu. Overall 82.7 per cent of our staff were vaccinated in the year 2014/15, making Whittington Health the top performing Trust in London for the second year running.

Flu vaccinations are vital for 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 the hospital and all community sites.

Compassion conference

The Trust hosted a Compassionate Healthcare Conference in March 2015. The event showcased evidence-based methods of maintaining and enhancing the quality and level of compassion in healthcare colleagues. Staff from across the organisation attended, learning skills to equip them to face the ongoing challenges of the healthcare environment.

A range of speakers presented at the event including director of nursing, Philippa Davies, director of nursing at NHS England Vanessa Lodge, director of Childline Sue Minto and the chair of Health Education North Central and East London, Dame Christine Beasley.

The event was held in collaboration with the Tottenham Hotspur Foundation and Middlesex University.

Performance

National targets

Emergency department target
Our emergency department (ED) performed very well throughout 2014/15, narrowly missing the 95 per cent target by 0.3 per cent. This target is only one measure of performance of the department. We were consistently in the top five performing type one (acute ED) departments in London.

Ambulance turnaround
The Trust has targets associated with the turnaround of ambulances, which is the time it takes for the ambulance to handover the patient to us and leave the Trust. The target is 100 per cent of patients handed over to ED staff within 30 minutes. Last year the Trust achieved over 99 per cent every month against this target, except for December which was 98.5 per cent. This is a reflection of dedicated staff training and a new rapid assessment area within the ED department (see page 19).

18 weeks referral to treatment (RTT) pledge
The Trust is committed to providing healthcare in a timely way. The Trust received additional funding through July to October to increase the number of patients treated on the RTT pathways. During this time the national targets were suspended until November. Since November the Trust has met all RTT targets.

Same sex accommodation
We are committed to caring for all our patients with dignity and respect and providing every patient with same sex accommodation. Over the past year we have seen improvement, going from 30 cases between April 2014 and July 2014, to zero between August 2014 and March 2015.

Improving Access to Psychological Therapy (IAPT) service
Improving Access to Psychological Therapies (IAPT) provides psychological support and treatment for patients suffering with common mental health problems such as depression and anxiety disorders. There are a number of national targets associated with the service.

- Patients entering treatment target is 4776 - this target was exceeded by four per cent (4948).
- Recovery rate target 50 per cent - 45 per cent for 2014/15. 49.5 per cent for March 2015. The service has developed a clinical plan to support clinicians to improve the recovery rate in 2015/16.
- Reliable recovery, a measure in improvement in depressive and anxiety symptoms, was 56 per cent for the year as a whole.

Performance against national targets – 2014/15

Goal	Standard or benchmark	Performance
4 hour ED wait	95% to be seen within 4 hours	94.74%
Outpatient follow up ratio	London upper quartile performance	1.6
Hospital Cancellations on the Day	Target = 0 Cancellations on the day (Trust monitors all cancellations and specifically those for Urgent procedures)	62 Total Cancellations on the day (10 of which were urgent procedures)

Waits for diagnostic tests	99% waiting less than 6 weeks	99.15%
Day surgery rate	NHS Better care, Better Value Indicators (using The British Association of Day Surgery aspirational day surgery rates guidelines)	84.17% (Reported quarterly. Most recent data available: 14/15 Q3)
Outpatient department did not attend (DNA) rate (hospital)	8%	Firsts: 13.44% Follow up: 14.31%
Community Adults' Services DNA rate	10%	5.64%
Community Children's Services DNA rate	10%	7.22%
Average length of stay for all acute specialities	1 day reduction	6.0 Days
Staff sickness absence rate	Local target: under 3%	2.82%
Ward cleanliness score	95%	98.3% (Most recent score used: period 9 January 2015 to 17 February 2015)
Elimination of mixed sex accommodation	0 mixed sex breaches	30
New Birth Visits (Islington)	95% seen within 14 days	90.5%
New Birth Visits (Haringey)	95% seen within 14 days	86.0%
Sexual Health services	100% offered an appointment within 2 days	99.65%
Cancer waits		
Urgent referral to first visit	93% seen within 14 days	91.60%
Diagnosis to first treatment	96% treated within 31 days	99.59%
Urgent referral to first treatment	85% treated within 62 days	90.14%
Maternity		
Bookings by 12 weeks, 6 days of pregnancy	90%	85.01%
One to one midwife care in labour	100%	94.06%
Smoking in pregnancy at delivery	Under 17%	5.24%
Rate of breast feeding at birth	Over 78%	90.24%
Complaints		
New complaints	No benchmark available	348

Activity growth

We continue to experience increased demand for many of our hospital services as shown in Table two and three.

Table two: 2014/15 acute activity compared to 2013/14

Activity type	2013/14	2014/15
Emergency department	96,473	92,203 [1]
Emergency inpatient admissions	19,683	19,594
First outpatient attendances	64,490	72,095 [2]
Follow-up outpatient attendances	132,282	137,289 [2]
Elective inpatient admissions	2,705	2,877
Day case admissions	19,911	19,435
Maternity deliveries	3,842	3,515

Data as at 05/06/2015
[1] Ambulatory Care activity is included in Emergency department figures during 13/14. In 14/15 this service is now recorded as a distinct service
[2] Specifications for inclusion of outpatient activity has been re-evaluated for 14/15. 13/14 figures have been republished in line with this re-evaluation.

Table three: 2014/15 community activity compared to 2013/14

Activity type	2013/14	2014/15
Community contacts	769,943	779,743
Includes:		
Community nursing	281,735	298,970
Health visiting and school nursing	71,995	73,014
Physiotherapy (adults)	87,109	89,350
Sexual health	30,752	29,424
Dental	21,760	22,204

Emergency planning

Emergency planning

Whittington Health plans and prepares for a wide range of incidents and emergencies. These could be anything from extreme weather events, infectious disease outbreaks, terrorist attacks to major transport accidents. This Trust works closely with other hospitals and emergency services in planning for and managing all types of significant incidents and major incidents.

EMERGO exercise

Whittington Health undertook a planning exercise run by Public Health England in August 2014. The exercise allowed the Trust to activate and test our response using the Major Incident Plan. The one day exercise was designed to reflect a real life incident. Colleagues from across Whittington Health planned the response to the exercise in real time, coordinating people, equipment and services. Public Health England provided a detailed report on how the Trust responded. Whittington Health gained assurance against 153 of the set performance indicators with some further development in five areas, which has been undertaken. This was a great response for the team and for the work in emergency preparedness.

Pandemic influenza plan

Pandemic influenza is a severe natural challenge that could affect the UK. It is important that we have in place plans to mitigate its effects. Over the last year we updated our pandemic influenza plan following new guidance. We have also established a new pandemic influenza subcommittee to oversee the work of this plan.

The Trust's plans are fully compliant with the requirements of the NHS Commissioning Board Emergency Preparedness Framework.

Winter planning

The NHS across London was exceptionally busy over the winter months. We put in place extensive plans to manage with the additional pressures on all of our services and received an extra £2.7million winter funding. As an integrated care organisation with both community and hospital services, our services worked closer together to support areas under pressure and to ensure people received the right care at the right place and right time.

Over the past year we strengthened our emergency department with more staff, increased the number of GPs in our urgent care centre in the evenings and weekends, provided a dedicated doctor for paediatrics during the winter months and provided additional inpatient beds. Our community nurses provided valuable support to people, enabling them to be discharged home quicker and we provided additional therapy services within the hospital and community.

Working closely with social care, our rapid response nurse-led service in Haringey supported patients who were medically well enough to return home but needed urgent social care. This integrated service secured additional funding from Haringey Clinical Commissioning Group (CCG) following its success over the previous winter.

Within Islington, we worked with the CCG to develop an enhanced virtual ward, with local GPs providing clinical support within the hospital and in people's homes. This successfully supported patients with complex needs to remain in the comfort of their own home and for other patients to be discharged home from hospital quicker. This particularly benefitted frail and vulnerable patients who require complex care.

Going into next year we will be working with both our local CCGs to look for other opportunities to support our local communities with a particular focus on mental health.

Information technology

Whittington Health prides itself at looking for innovative IT solutions that can support better care for our patients and provide additional time for staff to provide direct patient care.

Over the past year we have used technology to improve communication between GPs and our staff which has reduced delays in the transfer of information. We have improved electronic discharge letters and access by GPs to real time diagnostic information. We have also developed better access to clinical information held by GPs by our staff.

We have invested in the use of iPads across our services to capture information, reduce duplication, hold virtual meetings and reduce the reliance on paper. This has been particularly beneficial to our community nurses and community respiratory team.

The Trust implemented free wifi services for patients and visitors in December 2014. The service enables people to connect to the internet with their mobile devices and laptops at the hospital. This is providing a better experience for patients in hospital, allowing them to stay in contact with family and friends while in hospital.

Celebrating successes

Our staff are an important and a valued asset to the organisation. We recognise their work and dedication in a number of ways including through our monthly staff excellence awards.

Over the past year the Trust and our staff have won a number of awards, recognising members of staff who go the extra mile, new initiatives making a difference to our patients and achievements that make us stand out from others.

Maternity
Our maternity unit received a number of awards for an initiative that enables birth partners to stay overnight to support women with the care of their new born baby. The initiative is the first of its kind in inner London, allowing families to be together during those important first hours. The scheme was recognised at the Royal College of Midwives Awards, in March 2015 and by the All-Party Parliamentary Group on Maternity (APPGM) in November at the 'First 1,000 Days' Awards 2014, held together with the National Childcare Trust (NCT).

We have had excellent feedback on the initiative for making a huge difference to women's experience of postnatal care, and how important it is to have a companion stay with them overnight following the birth of their baby.

Logan Van Lessen
The London midwifery supervisor of the year was awarded to Logan Van Lessen in October by the Local Supervising Authority of Midwifery Officers at their conference. Logan works hard to raise the profile of supervision throughout our community.

Chandrima Biswas
Consultant obstetrician, Chandrima Biswas was named in the Evening Standard's list of the 1000 most influential people in London. Chandrima was recognised for her campaign work on the dangers of maternal obesity, her volunteer work in Africa tackling deaths in childbirth and her recent Kilimanjaro climb to raise funds for premature babies. Chandrima was one of 20 people recognised as innovators in the medical category alongside the medical officer Dame Sally Davies, London Health Commission chair Lord Darzi and King's Fund chief executive Chris Ham.

Tessa Walker
Children's epilepsy nurse specialist Tessa Walker won the best practice award (supported by Alert-iT) in March at the Young Epilepsy Champions Awards. The award celebrated professionals who have encouraged people to work together locally in innovative ways to make a difference to the lives of young people with epilepsy. Tessa was recognised for her work supporting young people with epilepsy to manage their own condition and learn from other young people with the same condition. Tessa was described in her nomination as someone who "always goes the extra mile for the children and families she supports. The young people and families speak highly of her and entrust their children into her care."

Chief executive recognised in HSJ top 50
Our chief executive Simon Pleydell was named as one the Health Service Journal's (HSJ) top 50 chief executives in the NHS 2015. The list of names recognised excellent health leaders who have confronted difficulties and have a clear vision of what the future holds for their organisation. Simon was described as having a record of success and senior leadership. A panel of expert judges considered leadership, impact, patient focus, communication, mentorship and engagement.

N19 pilot receives Islington Council award
The N19 pilot team - an innovative integrated care team combining health and social care - was awarded the Team of the Year award at the Islington Council's staff awards. The award recognised the team that has made an outstanding contribution to a fairer Islington. The N19 pilot team was set up to test how some of the council's adult social care services and some of Whittington Health's services could work more innovatively together, to provide a better and more coordinated service for Islington residents. The team was tasked with finding a new approach to solving the problems of an uncoordinated and complex health and social care system.

Paediatric community matron wins WellChild award
Paediatric community matron Bernadette O'Gorman was named as a winner in the prestigious national 2014 WellChild Awards, in association with GSK. Bernadette collected her prize in September 2014 having been nominated by her colleague, nurse Diane Miles. Berni, who is the community matron in charge of Life Force children's palliative care service, was picked from hundreds of nominations from across the UK to win the Above and Beyond Award, sponsored by

Healthcare at Home. These Awards celebrate the courage of children coping with serious illnesses or complex conditions and honour the dedication of professionals who go the extra mile to help sick children and their families. The Awards are run by Well Child, the national charity for seriously ill children.

Diabetes team
Our diabetes team received a special commendation for the work with “potentially global impact” in the category of diabetes team of the year at the BMJ awards.

CAPA international education
The Trust received a certificate of excellence award in recognition of our internship programme set up by CAPA International Education which is a world leader in personalised study abroad programmes. The internships were given to American exchange students working on projects at the Trust.

Key achievements by division

Women, children and families

This division provides our community with a wide range of services for the whole family including sexual health, gynaecological and infertility services.

Our paediatric service cares for babies on our neonatal and special care wards and older children on the paediatric ward.

Our children’s section has seen a number of service developments and improvements over the past year. These include:

Growing Together
This year we launched a new support service for parents and young children. Growing Together provides therapeutic support to parents and children aged one to five who are experiencing emotional distress and difficulties in relationships. We opened for referrals in January 2015 and have received a high volume of appropriate referrals through a variety of adult and child health services and educational settings.

The service is committed to involving people who use the service in its development and parents helped them choose the service’s name, logo and designed their information leaflets. At a launch event the service gathered ideas and suggestions from families and professionals which will be incorporated into the service over the next year.

Paediatric asthma care
Our paediatric service is dedicated to supporting and improving the health of children with asthma and provides a number of specialist services.

In January 2015 we launched the Asthma Kite Mark for schools in Islington. The project aims to improve the health of children and young people with asthma. Asthma affects one in 11 children in the UK and it is vitally important that schools are equipped with the right skills to manage children with asthma. Working together with local primary and secondary schools, our specialist asthma team provides guidance and training on asthma and supports schools to achieve an ‘excellent standard’ - a ‘Kite Mark’ for the condition. One of the key outcomes of the project will be fewer days missed from school by children with asthma, allowing them the same opportunities as those without the condition.

Schools will be awarded Kite Mark status following specialised training on managing a child with asthma, knowing what to do in an emergency, having a policy to guide them, identifying which children have asthma and knowing how their condition affects them, to ensure these children are not excluded from activities and opportunities.

Hospital at home
We launched a new Hospital at Home service this year. It provides care for children and young people in Islington at their home seven days a week. Specialist community children's nurses work in partnership with acute paediatricians at Whittington Health and UCLH to provide safe care at home for acutely unwell children and young people (0-18 years) enabling them to be discharged from hospital quicker or preventing admission.

Nurses visit homes throughout the week to deliver care such as administering intravenous (IV) antibiotics, monitoring an acutely unwell child or young person and providing additional support to carers who may need it to look after a child or young person in their home environment.

The service works closely with community paediatricians, GPs, midwives and other community health services.

Feedback on the service has been very positive and includes:

"Excellent service. very professional, staff friendly, helpful, punctual, clear communicators. Did what they said they would do and acted as a link between hospital and home."

"Very supportive, puts you at ease."

Maternity
Our maternity services are there from the very start of a woman's pregnancy through to the birth of their baby and beyond. We provide pregnancy services at home, in our birth centre and on the labour ward.

In 2014/15 the maternity unit had 3,566 births.

In the past year we received initial approval of our maternity and neonatal investment plans from The NHS Trust Development Authority (TDA). The investment will transform our maternity and neonatal department, enhancing the quality and environment of our services. The proposals would also help us to achieve our ambition of 4,700 babies a year, up from 4,000.

The new refurbished maternity facilities will feature five en-suite labour rooms, refurbishment and upgrade of the current labour rooms and a new and dedicated theatre located in maternity, bringing the total amount of theatres to two. The new theatre would be located next to the labour ward to enable fast and easy transfer to it.

There will also be a new purpose built Neonatal Intensive Care Unit (NICU). A specialist intensive and high dependency care unit for babies will be rebuilt and relocated alongside the Special Care Baby Unit (SCBU).

A full business case for the project was submitted to the TDA in January 2015 which looks to secure a £12 million investment towards this £22 million project. The other £10 million is funded through our own capital expenditure money. We expect to hear from the TDA in the summer of 2015.

Redevelopment
Over the past year, the maternity unit has undergone significant redevelopment to support the highest possible care for women. Improvements over the past 12 months have included refurbishment of our antenatal ward, a dedicated new-born room in our post natal ward and two new birthing pools within the labour ward.

Murray ward, for women admitted for complications with their pregnancy or in the early stages of labour, has undergone a £650,000 refurbishment to improve and modernise its facilities.

The complete refurbishment supports the delivery of high quality clinical care. The new ward features new clinical areas including five rooms with ensuite facilities and 13 other beds all in separate cubicle areas, which have been designed to ensure privacy and dignity for women and their partners. There is also a new nurses station, office space, staff facilities and dedicated storage space

The unit has also had two new lifts and a staircase built to better support access and movement around the unit.

On Cellier postnatal ward we have introduced three dedicated drugs trolleys which helps our staff to administer and access pain relief quicker for women. We have also reviewed and changed how we manage the bed spacing to reduce noise on the unit and allow women to have a more peaceful stay.

Other maternity updates and developments:

- **New antenatal weight and nutrition clinic:** Women who have a high body mass index (BMI) are referred to our obstetrics, weight and nutrition clinic. The clinic is run by midwives and dietitians and supports women to maintain or reduce their BMI, which in turn decreases the risk of complications during pregnancy and labour. Information is provided on exercise and how physical activity can fit into your daily life. The clinic sees around 25 women a month.
- **Outpatients low risk induction of labour:** Last year we introduced a new process for the induction of labour for women who are seen as low risk. These women now come into hospital to start their induction and then return home where safe to do so until their labour is established. This enables women to stay in their own environment for as long as possible which is more comfortable for them and gives them a better experience.
- **Enhanced recovery after planned caesarean section**: The majority of women undergoing a planned caesarean section are now looked after using an enhanced recovery care package. This includes early food intake after surgery, early mobilisation and also a planned discharge time. The programme improves patient care and decreases the length of hospital stay. We have had very positive feedback on this.

Michael Palin Centre for Stammering Children

Our Michael Palin Centre for Stammering Children is an internationally renowned centre of excellence for the assessment and treatment of stammering. It is supported by the charity Action for Stammering Children and in addition to its clinical services, has a research department and a training centre which is in constant demand. The centre's team of 12 specialist therapists makes it one of the largest of its kind in the world.

Case study

Atticus, who is four and a half years old and lives in Islington, first attended the Centre when he was three years old having been referred by his anxious parents. At that time, Atticus repeated and stretched sounds, as well as blocking when he tried to speak. He was also under the Whittington Health paediatrics team to monitor his development, as well as occupational therapy for his strength and motor skills.

At the Michael Palin Centre, Atticus and his parents attended a course of parent-child interaction therapy. This is an evidence-based early intervention therapy programme developed at the Centre and involves helping parents make small changes to their interaction skills, such as matching Atticus's speed of talking, letting him lead the play and problem solve for himself, as well as supporting the family to take turns to talk. Building Atticus's confidence through specific praise and helping him to manage his emotions was also a focus for the family.

Currently, Atticus's stammer is described by his parents as "almost completely resolved". They have said the centre has "been an enormous gift to our son and our entire family. The help we

were given has stretched far beyond the help with stammering. It has helped us to work together more, spend quality time as a family and to focus on and recognise the positive aspects. It's the focusing on speech and emotions within the wider context of life that has been so helpful. We will be forever grateful".

Integrated care and acute medicine (ICAM)

Emergency Department

Over the past year our Emergency Department (ED) has seen a high number of attendances. We have done a large amount to support this additional demand within the department, across the hospital and in the community. Being part of an integrated care organisation allows us to work closer with the community and ensure patients are getting the right care at the right place and time.

Our team has a record of meeting the national target of seeing 95 per cent of patients within four hours and this year was in the top four trusts within London for its performance in both quarter one (April-June) and two (July-September), although we finished the year end 0.3 per cent under the target.

Recruitment

In 2014/15 the ED department increased the amount of nurses that work within the unit, successfully recruiting to these new posts following a dedicated campaign. This increase in permanent staff helps support better care and ensures our patients get the best possible care.

We also appointed several new paediatric emergency nurses who are supported by an advanced nurse practitioner within the paediatric ED. This new role was introduced at the beginning of 2015 and clinically leads the children's nursing service and reviews, treats and discharges children who do not clinically need to see a doctor. These new roles support better care for children and their families within the unit.

Fundamentals of emergency care

A new course called the Fundamentals of emergency care is being rolled out in 2015. The course is for all new nurses within the department and is designed to better equip them for the type of conditions traditionally seen in ED.

Trauma Peer Review visit

In March 2015 a review into how we care for traumatically injured patients including our practices and protocols in the department was undertaken by NHS England. Following their visit a number of areas of best practice and high quality work were highlighted including, the high level of nurse training within the department, our ability to have the right staff at the right level and the right time, the creation of two consultant posts dedicated to emergency surgery and effective use of simulation ensuring we were prepared for traumatically injured patients.

New rapid assessment area

A new assessment area has been created within the ED unit. Patients are now reviewed faster and investigations started earlier than before following a £295,000 investment.

Ambulances are able to bring in patients quicker and safely handover to ED staff. The new environment is an improvement and features dedicated clinical rooms and the leading edge equipment.

Musculoskeletal services

Our musculoskeletal (MSK) services provide treatment for pain, sudden injury and long term and specialist medical conditions. The service has made a number of improvements and developments in 2014/15 which has improved care for our patients.

- **Independent prescribing:** Our first independent prescriber qualified in January 2014. In 2014/15 they have played an important role in improving things for patients as they are prescribed the appropriate medicines from the health professional best placed to help them. In particular patients now have faster access to painkillers and anti-inflammatories.
- **MSK website:** In 2014/15 we developed a new dedicated website for the MSK service. It focuses on providing information and guidance on self-management, alongside how to access and refer to our MSK services. It is accessible at the following link: http://msk.whittington.nhs.uk/
- **Access times:** The service has improved access times in the past year, aiming to see 95 per cent of patients within six weeks of their referral. We have achieved this through an increase in productivity, better access to information through the new website and reviewing and updating the referral form.
- **Patient feedback:** Using the friends and family survey we regularly collect feedback on our services from our patients. This feedback is mainly positive and all negative feedback is reviewed and where possible acted upon.

District nursing

Our district nursing service provides 24-hour expert care to housebound adults over the age of 16 across Haringey and Islington. Patients who use our service are individually assessed so that a tailored visiting plan can be developed to meet their specific needs.

The service works closely with our health and social care colleagues to make sure our patients receive the right care in the right place.

In the past year the district nursing service implemented an improvement project. This has included a new head of nursing post with a specific focus on quality assurance and improvement and a dedicated recruitment campaign which reduced vacancies by 10 per cent. We have also successfully implemented a new programme that allows nurses working in the hospital at Whittington Health the opportunity to develop their skills and work within the community. The increase in permanent staffing has improved the quality of care, in particular our patients are able to benefit from seeing the same nurse for every appointment which improves continuity of care. We have implemented a new structure that enables triage to be managed better and quicker. This has improved patient experience and enables the district nursing team to respond quickly to our patients need.

The district nursing team have also reviewed how they can improve productivity in order to manage the increase in workload that district nursing is seeing nationally. All our district nurses now have iPads to document their patient appointments while in the patients home and clinical handovers now take place using ‘facetime’ on the iPads, reducing travelling time. We are also able to use a tracking facility to allocate urgent appointments to a nurse geographically close.

The service is working with the organisation NHS Elect to further understand demand and capacity. As part of this we have introduced a new process to monitor district nursing caseloads. Additionally the service is using more electric cars and electric bikes to reduce travel time and we are piloting a wound dressings purchase project, where dressings are ordered and delivered from a central district nursing store without the need to request prescriptions from GP practices.

Stop smoking service – patient story

We provide stop smoking services in Islington. The service is committed to improving the health of the Islington population, by supporting smokers to quit using the most up-to-date, evidenced based treatments and behavioral support.

Case study

Iain, 63, stopped smoking with the support of the Islington Stop Smoking service. He had been

smoking for 45 years and had been diagnosed with Chronic obstructive pulmonary disease (COPD), meaning he was often very short of breath. Iain came to see a stop smoking advisor every two weeks for advice, encouragement and nicotine replacement.

Iain said: “The thought of not living to see my grandchildren was the incentive I needed. I have three children who don’t smoke and my daughter told me that I was going to be a granddad again. It was that moment that it really hit me: I want to be alive for that! Now I’ve quit I get encouragement from my children who text me to ask ‘are you still off the fags dad?’. Since quitting my self-esteem is better, I no longer smell of smoke and I don’t get as irritable. Going up and down the stairs to my flat is also easier than it was. I’ve had a few stresses since I stopped, but I said to myself, I’m not going to smoke, and so far, so good!”

Improving Access to Psychological Therapies (IAPT)

IAPT provides psychological support and treatment for patients suffering with common mental health problems such as depression and anxiety disorders. They work with obsessive-compulsive disorder, post-traumatic stress disorder, generalised anxiety, panic, phobia, social anxiety and health anxiety. IAPT is a national NHS programme created to improve access to mental health services.

Whittington Health's IAPT service (Let-s Talk.co) offers the most suitable interventions to meet the needs of our patients. Access to the service is through direct self-referrals, GPs and other professionals.

- Recovery**:** The recovery rate in March 2015 was 49.5 per cent, just short of the 50 per cent target, and 45 per cent achieved for the year. The service will focus on improving the recovery plan for 2015/16 with an updated clinical plan. Reliable recovery, which measures improvement in depressive and anxiety symptoms, was 56 per cent for the year against a target of 55 per cent.
- Patient Experience: Let-sTalk.co ended the financial year with an impressive patient satisfaction rate of 96 per cent against a target of 90 per cent. We receive positive feedback through the Friends and Family Test. All feedback is reviewed and corrective action taken where necessary to ensure the service continues to be patient-centred.

Ambulatory Care Centre

The Ambulatory Care Centre offers patients of all ages greater opportunity to have same day urgent treatment, bringing together our adult and child same day emergency care for the first time in a dedicated centre.

The Minister of State for Care and Support, The Rt Hon Norman Lamb MP, officially opened the Ambulatory Care Centre on 4 December 2014.

Adults Service: Following a small scale pilot from February 2012, the adults department opened in March 2014. It has 17 flexible treatment spaces and offers access to advanced diagnostics, consultants, specialist staff and community nurses in one place.

Our specialist care of older patients clinic, Dorothy Warren, is co-located within the unit, supporting better care for older people. The service improves the standard of care provided to our most vulnerable patients and Whittington Health’s Integrated Community Ageing Team (ICAT) also operates from the Ambulatory Care Centre. ICAT provide comprehensive geriatric and full medication reviews with therapy input – allowing the team to offer safe, efficient and patient-centered care for our most complex patients in an outpatient setting.

During 2014/15 the adult service has avoided unnecessary admissions, emergency department attendances and supported earlier discharges from hospital by providing access to rapid follow up for clinical review and appropriate diagnostics. This has meant people have been able to go home at night and continue with their daily lives, rather than being admitted to hospital.

The adult service receives very positive feedback from patients, with 90 per cent rating their experience as good or very good.

Children's Service: The Whittington Hospital had been carrying out children's ambulatory care for over two decades and the model was highly thought of in London providing integrated care for children between the acute and children's community nursing service.

The children's ambulatory care service relocated to the new purpose built centre in April 2014, with the aim of building on this reputation and was designed to provide a better patient experience for children.

We provide seven day a week safe care which aims to avoid unnecessary admissions alongside allowing children to be observed for longer periods of time than is possible in our children's emergency department. The paediatric ambulatory service is a fully integrated component of our acute paediatric service. It is consultant led with support from our full paediatric multi-disciplinary team. Services include intravenous antibiotics, observation and assessment and our urgent access children's '10-12' clinic which is also part of the centre.

Alongside our children's community nursing teams and the Islington Hospital at Home service, it also continues to provide ongoing treatment and review for children who have been recently discharged.

Since opening, the service has received very positive feedback from patients and staff.

TB Centre

A new TB Centre opened at The Whittington Hospital on 14 May 2014. A year later, the centre had diagnosed over 165 cases of TB and handled over 6,500 patient appointments, of which over 400 of these were for children aged 16 and under. Everyone who comes into the centre is tested and if necessary treated for TB using the latest methods.

The centre was officially opened by award winning actress Emma Thompson in October 2014 and her son Tindy Agaba, who was diagnosed and received treatment for TB three years ago.

The centre brings together specialist doctors and clinicians from Whittington Health and UCLH (University College London Hospitals NHS Foundation Trust) to provide the best and quickest care for people with TB or suspected TB. It offers a free walk-in service two days a week, the ability to self-refer and extended opening times enabling patients to be diagnosed and treated quicker.

The centre is part of a coordinated TB service for North Central London comprising two TB 'hubs' - one in the north of North Central London at the North Middlesex Hospital and The Whittington Hospital in the south. The service also features community-based care with outreach workers and a social care team. For more information visit the TB Service North Central London website: http://tbnorthcentrallondon.nhs.uk/south-hub/.

Integrated Community Ageing Team (ICAT)

Our integrated community ageing team (ICAT) work with GPs and other community services to provide care for patients from care homes according to their wishes and needs. They work with Islington residents over 75 years old, working from their own home or out of care homes.

They aim to:

- Improve communication between secondary care and primary care for patients in care homes
- Maximise the number of days spent at home by reducing unnecessary hospital admissions and length of inpatient hospital stay
- Work closely with care home staff and support their education and development
- Work closely with allied GP practices to support onging professional development in complex geriatric case management

The service launched in February 2014. Feedback on the service has been very positive with people feeling that their wellbeing had been improved as a result of the service, continuity of care

between the hospital and care homes had improved and for some people they were able to avoid admission to hospital as the necessary treatment could be given in the care home. Feedback was collected by Islington Healthwatch. The full report is available on the Healthwatch website: http://www.healthwatchislington.co.uk/sites/default/files/the_integrated_care_ageing_team_service_2015.pdf.

Hanley Primary Care Centre

We provide and run primary care GP services from Hanley Primary Care Centre in north Islington. This service provides essential GP services to the local population and has a current practice population of 5,800. It is a front line service providing acute and long-term conditions care and management within the community. It is unique for an organisation such as ours to have a GP centre. There is a close working partnership between the centre and our other community and hospital services.

The centre has performed well over the past year under a strong clinical team. The high level of care offered has been complemented by the use of named GPs and personal care plans for patients of the centre. This has supported positive outcomes for our patients. The centre has also focused on reducing ED attendance and unplanned admissions by its patients.

Cancer, surgery and diagnostics

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

Diagnostics

Pathology

Our pathology department continues to deliver a high quality service to GPs and services within the hospital. Over the last year pathology has consistently analysed, reviewed and delivered pathology samples and tests successfully, ensuring patients treatment could be undertaken promptly. Histopathology results for cancer patients were returned promptly against a national shortage of consultant histopathologists.

In 2014/15 a report from the Human Tissue Authority found the mortuary department met all key standards with positive feedback.

Microbiology has continued to provide the organisation with advice on infection control to teams, supporting them to keep patients safe, against a background of high volumes of inpatients and flu cases over the winter.

Our blood sciences department see around 350 outpatients at the blood test clinic each day, the result of which are shared electronically with their GP by the end of the day. This service has received positive feedback from GPs, who are also able to speak to a member of the pathology department directly for support and advice if needed.

The gynaecology cytology service was centralised last year at the joint north central London hub, based at Euston, to meet NHS cervical screening standards. This transition has been positive with good feedback from Quality Assurance which reviews compliance against key standards and the quality of the service.

Imaging

In 2014/15 the department took delivery of a new MRI scanner to increase scanning capacity. This extra capacity will enable patients to be seen quicker. In the summer of 2015 our other MRI scanner will be replaced. This will provide the organisation with two MRI scanners with the latest technology.

Imaging experienced an increase in demand over the last year with referrals from GPs and patients within the organisation. This additional workload is supported though careful management

and ensuring our patients are having the correct test to support a quicker diagnosis. The Trust uses electronic requesting to speed up the referral process which is better for our patients, the use of this will be increased over the next year.

Imaging has consistently received positive feedback from patients about their experience and we plan to continue and improve this over 2015/16.

Endoscopy unit

Our endoscopy unit received national accreditation in February 2015 for excellent and safe care from the Joint Advisory Group (JAG). The unit was assed against a number of standards including quality of care, patient experience, training, the unit environment, cleaning standards, equipment and the length of wait between referral and diagnosis.

The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) operates within the Clinical Standards Department of the Royal College of Physicians.

Cancer

Our cancer unit offers a comprehensive diagnostic and treatment service for the four big cancers: breast, lung, prostate and bowel.

We work closely with primary care to ensure all local patients with suspected cancer are rapidly assessed and referred to other cancer centres where specialist diagnostic or treatments that we do not provide can be accessed.

Our national performance targets have significantly improved over the last year and demonstrated sustained compliance in all measurable metrics. Our local commissioners have recognised these improvements and the significant teamwork which has been required to achieve this.

Providing a great experience of care to our patients is important to us, alongside offering the best care. The Trust was one of the highest performing trusts in the London Cancer network in the 2014 national patient experience survey

In 2014/15 we have introduced electronic health needs assessment for all our patients, which involves the personalisation of care plans, patient support groups and access to a course dedicated to a person's transition from active treatment to self-management.

In October 2014 we officially opened a Macmillan Support and Information centre at The Whittington Hospital which offers a friendly and relaxed environment, providing emotional support, information and practical advice to anyone affected by cancer. This includes families, carers and friends. There is a wide range of free high quality cancer materials and signposting to other national and local support services.

In the past year we also upgraded and refurbished our chemotherapy day unit and developed a joint project with Tottenham Hotspur football club that gives our patients the opportunities to improve their fitness and overall sense of wellbeing, alongside moving the focus of their care away from the hospital setting.

The department has also made some significant appointments in the past year including a lead cancer nurse, a second consultant medical oncologist and several clinical nurse specialists.

In partnership with Great Ormond Street Hospital, the division also runs a paediatric oncology shared care unit.

Dental services

We provide a range of community based dental services across Islington and Haringey. The service receives positive feedback, with over 90 per cent of patients saying they would recommend it to friends and family.

In April 2014 we launched a new out of hours urgent dental care service across North Central and North East London, and a new dental service at HMP Holloway.

Over the past year we have been working in partnership with local authority public health departments to increase provision of health promotion and fluoride programmes across Islington, Camden, Haringey and Enfield. This work, together with our paediatric dental service, has been recognised as a model of best practice in addressing the high rates of tooth decay and admissions for general anaesthesia (GA) for young children in north London.

Dermatology

We provide a wide range of dermatology services, both routine and specialist. In the last year we added a new one-stop clinic for urgent dermatology surgery. The clinic reviews patients in the morning and if surgery is required this is performed in the afternoon of the same day. This clinic, led by our dermatologists, has received excellent patient feedback. The clinic avoids multiple attendances to the hospital for patients.

Surgery

It is important that we manage and maximise the time available within our theatres. This supports better patient care and is also financially beneficial to the Trust. In 2014/15 we undertook an external benchmarking review of our use of theatres and found we were effectively managing capacity within them. There were some specialities where we recognise further work is needed and in 2015/16 we will be concentrating on improving these areas.

Last year we appointed a second spinal surgeon to a permanent role. This has increased our capacity and more patients are being treated locally instead of travelling to a centre where waiting times may be longer. We also have the skills to provide more complex spinal surgery than we have before.

We have recruited two additional surgeons to work as emergency surgeons. This means urgent cases can often be managed as day cases, or within the Ambulatory Care Centre. This is better for the patient and can avoid unnecessary inpatient stays or the need to return to hospital at a later date.

In 2014/15 we have reduced waiting times across our surgical specialities, with some patients being seen within six weeks. Once patients agree to have surgery, if this is necessary, then a date can be arranged usually within three weeks to a month. Some specialities have longer waits but these continue to reduce and this work will continue over 2015/16.

The pre-operative assessment team has also improved the patient pathway. Previously, patients would need to come back to the hospital on a second occasion to have a pre-operative assessment. This has now changed and if a patient agrees to come in for surgery we pre operatively assess them on that day. This avoids multiple trips to hospital for patients.

Our staff

Whittington Health aims to deliver high-quality, safe and excellent health care for our patients and service users. All our staff play a key role in meeting this key strategic and operational objective supporting the delivery of clinical and health care services.

The NHS Five Year Forward View was published on 23 October 2014. It sets out a vision for the future of the NHS. One of the key strategic aims of this was around workforce. Having the right staff with the right skills is critical in meeting the changing needs of the Trust. We are committed to supporting staff to fulfil their potential and to use their skills and competences to deliver high-quality health care.

In the last year the Trust has strengthened the executive team and appointed a number of new non-executive directors who bring with them a range of experience.

A wide range of staff from both community and hospital services worked alongside experts from the King's Fund to further develop Whittington Health as an integrated care organisation and to

share their vision of how this development will contribute to even better services for the diverse population we serve.

Staff engagement and communication
We recognise that having an engaged workforce is fundamental both to the success of the organisation and in achieving positive patient experience and high quality clinical services.

Our staff are kept informed of organisational opportunities and developments using a number of internal communication channels. Over 2014/15 we have strengthened our staff engagement through social media, with a wide range of staff following us on Facebook and Twitter. The amount of staff using Twitter accounts to promote their service and the wider organisation has also increased.

The Trust's new clinical strategy was developed with support from our staff, with sessions and workshops held with teams and services.

Over the next year we will look to implement a stakeholder engagement strategy which will develop ways to improve how we communicate and engage with staff, patients, public, commissioners, GPs and other external stakeholders.

Staff survey
This year the Trust took part in the NHS staff survey, surveying all permanent staff. Our overall response rate for this was 39.2 per cent (against a national average of 41.6 per cent).

The results show that staff feel increasingly supported by their line managers, a reduction in staff experiencing violence and less staff witnessing harmful incidents. The survey also shows areas where we need to make improvements, including improving the number of staff appraisals carried out, looking at areas where staff are working beyond their contracted hours, investigating claims of stress, bullying and harassment from staff, working to assure staff there are equal opportunities for career progression.

The survey provides the organisation with the information to demonstrate how staff feel. In response, an action plan has been drawn up to address the key issues and look at areas where we can make further improvements based on this information.

Staff Friends and Family Test
We introduced and set up the staff 'friends and family test' in March 2014 to enable us to get regular feedback from our staff. This survey is carried out throughout the year and reviews how engaged staff are across the Trust. The survey asks all staff:

- How likely are you to recommend Whittington Health to friends and family if they needed care or treatment?
- How likely are you to recommend Whittington Health to friends and family as a place to work?

The results from March 2015 show that 78 per cent of staff would recommend Whittington Health to friends and family if they needed treatment or care (compared to 75 per cent for the previous survey of June 2014). 61 per cent of staff would recommend Whittington Health to friends and family as a place to work (compared to 59 per cent for the previous survey). These results, together with staff comments, are shared and discussed at the Trust Board and Management Group and the results submitted to NHS England.

Equality and diversity
Whittington Health is committed to promoting equality and diversity to eliminate discrimination, increase equality of opportunity and build stronger relationships.

We aim to employ a workforce which is as representative as possible of our local population. We continue to reinforce equality and diversity in employment and ensure that our policies reflect this.

Gender breakdown of our staff as at 31 March 2015

AFC Band	Female %	Male%	Female	Male	Grand Total
Band 1	61	39	87	56	143
Band 2	72	28	216	85	301
Band 3	75	25	315	104	419
Band 4	81	19	308	71	379
Band 5	83	17	630	131	761
Band 6	83	17	619	125	744
Band 7	85	15	520	93	613
Band 8A	81	19	204	49	253
Band 8B	79	21	71	19	90
Band 8C	71	29	27	11	38
Band 8D	90	10	9	1	10
Band 9	75	25	3	1	4

As of 31 March 2015 we had two female and six male executive directors

Inclusive Champions programme

The Trust developed and piloted a bespoke programme called Inclusive Champions. The role of the Inclusive Champions is to support Whittington Health staff in increasing their knowledge of human rights in relation to equal opportunities, diversity and inclusion when making strategic and operational decisions impacting on patients and service users' experience, healthcare outcomes, and the workforce as a whole. In 2015/16 we will be reviewing the equality and diversity policy. This will build on feedback from the Inclusive Champions programme to ensure that the principles of human rights, i.e. fairness, respect, equality, dignity and autonomy underpin all aspects of healthcare delivered by Whittington Health.

The national staff survey findings show that the equality and diversity training is well regarded by staff. The compliance rate for staff attending training has been consistently in excess of 85 per cent during 2014/15.

Education, training and learning

The Trust is committed to ensuring staff are trained to provide high quality healthcare. We are recognised for providing education, learning and development opportunities and attract a wide-range of qualified and dedicated staff.

All our staff are required to undertake mandatory training. This ensures the safety and wellbeing of all our staff and patients. In 2014/15 we updated and reviewed our induction programme for starters to support new staff to undertake this important training.

The talent management and development strategy underpins education and development projects to support staff. These projects include:

- A multi-disciplinary education project with an integrated approach was set up during 2013/14 and is designed to work in partnership across NHS and non-NHS organisations

- Leadership and management programmes which provide strategies and techniques to support and develop emerging leaders
- Customer care training workshops which reinforce customer care best practice so patients receive the best possible experience
- A coaching and mentoring hub for staff and leaders
- A team building programme for teams or divisions seeking to improve their team working

See also education section.

Apprenticeship scheme

The Trust took on 12 apprentices in 2014/15, all of whom undertook the nationally recognised apprenticeship qualification. They worked in a range of services and departments including procurement, Improving Access to Psychological Therapies (IAPT), learning and development, recruitment, and pharmacy. Our apprentices participated at regional and national apprenticeship events throughout the year and one of our apprentices, Duncan Matthews, was recognised at the local Health Education England Quality awards winning apprentice of the year.

Volunteers

Our volunteers provide a highly-valued contribution to the running of our organisation both in the hospital and community. We have 167 active volunteers and a further 132 going through the application process. Many of our staff were once volunteers who have moved on to work for the organisation.

People volunteer for a number of reasons, including students wishing to experience work life in a hospital before undertaking a career in the medical profession, patients or relatives of people who received care from the Trust expressing their gratitude, or people giving their spare time to re-engage with society following long-term unemployment.

Kissing it Better

In March 2015 we held an official launch of an initiative that aims to bring a smile to patients and staff. Working with the charity Kissing it Better, we aim to bring people from the local community into sites throughout Whittington Health to use their specialist skills to make a difference to our patients and their carers. Many of the simple ideas make patients, their relatives and staff feel appreciated which in turn improves morale and motivation. More information on Kissing it Better can be found on their website: www.kissingitbetter.co.uk

Our future plans for our people

Our future success continues to depend on the quality of our people. Over the next year we will be further embedding the strategic goals and corporate objectives set in our clinical strategy and operational plans throughout the organisation. This supports our goal of being a high performing Trust with a shared set of values and cultures where decisions are made in the right place at the right level.

The Trust will be moving from three divisions to seven integrated clinical service units (ISCU) in 2015/16. This will produce a structure which will further enhance high levels of clinical engagement within the Trust. These changes directly support our new Clinical Strategy and will strengthen our delivery of health care across the communities we serve.

Over the next year we will be reviewing our organisational development strategy and continuing our focus on leadership and talent to ensure we have the best possible workforce.

We will also be reviewing how we can further attract talented staff, remain an employer and training organisation of choice and retain the staff we have.

Staff sickness table

The table below shows the staff sickness for the last year and the year before:

	2014-15	2013-14
Total Days Lost	27,567	25,713
Total staff cost	212,332	208,441

Department of spiritual and pastoral care

Our chaplaincy team provide spiritual, pastoral and religious care to patients, their relatives and carers, and staff. This is available to people with or without specified religious beliefs. Between April 2014 and March 2015 the chaplains and volunteers had over 10,000 encounters with patients, families, visitors and the public.

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.

We have a volunteer Roman Catholic sister, an Anglican Lay Reader 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 as required.

Our Anglican Chaplain Rev. Emile Jones retired in February 2015 after 11 years working at Whittington Health. Emile met with hundreds of patients, carers, families and friends during his time here and was well regarded by all who met him as an empathetic and attentive listener. The chaplaincy team will miss his learning, alongside his love of cricket and writing.

This year we have had two students on placement from Allen Hall seminary, an organisation preparing men to become priests of the Roman Catholic Church. Under the supervision of the Catholic Chaplain they undertake a variety of pastoral work.

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, including 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. 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 or coffee after the service and then returning the patients to their wards.

Our patients

Listening and learning from the experience of our patients is vital to improving our services. Patient views are gathered in a variety of ways across the organisation including: surveys (local and national), complaints, Patient Advice and Liaison Service (PALS) queries, compliments, patient stories, NHS Choices, Twitter and Facebook.

We also seek views from the public, particularly from our shadow governors and Healthwatch who provide us with a user perspective from our local population and actively participate in a number of our key forums and meetings (including our Quality Committee and Patient Experience Committee).

During 2014/15 Whittington Health ran the Friends and Family Test (FFT) across our services. The FFT is a feedback tool which supports patients to provide feedback about their experiences. We are using a variety of methods to support patients to use FFT including postcards for people to fill in, handheld devices and kiosks.

The feedback provided is used by services to make improvements and share positive experiences. We share any taken with our patients and staff in a variety of ways including displays in service areas, the Trust (Catch Up) magazine; key forums (such as Trust Board) and written responses to patients where appropriate (for example as part of a complaint response).

During 2014/15 we have continued to improve how we manage our complaints. This has included the processes we use for handling complaints; how we engage with people who are complaining while an investigation into their experience is underway, our response times, the timeliness and regularity that we report the themes and trends of complaints and ensuring that action plans are developed and monitored where appropriate.

During the last year the majority of our complaints and PALS queries were around medical and nursing care, communication and attitude, and appointments.

In 2014/15 the following improvements were made in response to patient feedback:

- High resolution screens for reviewing fractures were introduced within the Emergency Department (ED) due to a number of reported missed fractures
- A small theatre company provided a series of sketches, with audience participation using examples from real complaints. The workshop supported learning from complaints, in particular around staff attitude
- Following a medication error in the learning disability service, staff underwent assessment and training; a local service medication protocol was written; an audit was carried out; the service was provided a named pharmacist and given access to an out of hours pharmacy advice line
- Specialist training for healthcare professionals and care workers that guides them in and out of a conversation with someone who is distressed or concerned. The course aims to support improvement in communication

- A dedicated leaflet on receiving a transfusion and what to expect was produced following a complaint from a patient who suffered pain receiving a transfusion
- A 'buddy' scheme to support and mentor junior staff within the Ambulatory Care Centre
- To support and improve patient experience within the recovery unit the department has implemented additional screens to provide privacy for patients and relatives, soft chairs for patients, additional refreshments; portable phones for patients to contact their relatives and a leaflet with detailed information about what to expect on the day of surgery

Education

Whittington Health has a strong reputation as a provider of high-quality education across a range of professions.

The Trust delivers a range of undergraduate and postgraduate education across all health professions.

We have an excellent reputation for training and development. Our in-house training portfolio is extensive, providing excellent training for doctors, nurses and other healthcare professionals and the Trust is regularly recommended as a place to learn.

UCL Medical School
Whittington Health is 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 UCL Medical School provides six years of training for medical students which occurs across several Trusts. Whittington Health will teach approximately up to 400 students from each year, who attend both clinical and seminar based teaching across all departments. Our staff regularly receive Top Tutor awards for their outstanding contribution to the MBBS course. Staff are also involved with the medical student mentoring scheme which provides continuing advice and support to students throughout their degree programme. We work closely to train doctors to the highest quality ensuring they are prepared for practice.

The Trust runs undergraduate training in a range of subjects. In 2014/15 the Trust has built on the success of past years, developing and updating courses.

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.

Education highlights:

Education and training has developed, been recognised and advanced in the past year. Successes include:

- Childhood illness: Developed an undergraduate simulation-based programme focusing on the recognition, assessment and acute management of serious childhood illness. Students were more confident in recognising a sick child, with improved ability to assess a child with the three most common conditions in children: fever, rash or difficulty in breathing
- Inequalities in child health: Introduced a dedicated programme to explore inequalities in child health supporting students to understand the broader social determinants of health
- Art launch: In December 2014 the undergraduate centre put up paintings created by local artist Nicole Price. The paintings focus on famous medical people associated with Whittington Health and have been hung in the undergraduate centre. Along with these paintings, we also have mounted photographs of medical students at work taken by a mixture of UCL undergraduate staff and students. These photos have enhanced the Undergraduate Centre for medical students
- We run a twilight tutor programme with 40 tutors teaching fourth year medical students (in total 131 students). The students receive 12 hours of teaching, over a 12 week period

outside of their usual timetabled teaching. This can be bedside teaching, or data interpretation

- Post graduate training: A number of our postgraduate doctors provide teaching and training to undergraduates based on topics that they will come across on wards and real patient cases and scenarios. These courses support and enhance the training we offer at the Trust
- Research projects: We run a number of research projects with our undergraduates which aim to enhance the teaching experience and improve patient care. Examples include a cognitive impairment research project that supports patients on the ward in their interaction with medical students by explaining with written thank you cards who they are
- A wide range of simulation training is offered with programmes in anaesthetics, emergency medicine, obstetrics and gynaecology and paediatrics
- A series of monthly lectures on medical ethical issues, led by a leading barrister and ethicist, have been incorporated into our teaching programmes
- We have introduced a patient safety forum, a monthly discussion forum around patient safety issues and concerns facilitated by our consultant lead for patient safety and attended by junior doctors in training. This has been highlighted as a good practice by the North Central Thames Foundation School
- Interprofessional education: As an integrated organisation with both hospital and community settings, we have developed a new integrated care education strategy. To support the strategy an associate director of integrated care education was appointed
- Leadership and Management Programme: this successful programme engages junior doctors and other health professionals in leadership development. The outcomes of the programme are aligned to the NHS Healthcare leadership model and it is recognised by the Institute of Learning and Management
- Primary and community workforce development: Whittington Health became a hosting organisation for both Haringey and Islington Community Education Provider Networks (CEPNs). The key purpose of CEPNs is to support the delivery of a primary care and community care workforce capable of meeting the needs of a local population's health and improving clinical outcomes through education and training. Our training supports our nurses to provide high quality care
- Whittington Health has been among the first in the country to develop and deliver the Cavendish Care Certificate, a training programme for healthcare assistants at Whittington Health, staff from local care homes, GP surgeries and a mental health trust
- Whittington Health is particularly renowned for its excellence in postgraduate medical education and the 2014 GMC national training survey reported that educational supervision at the Whittington Hospital was rated above national average for doctor training
- Our Whitcat presentations were re-launched last year, showcasing research, service improvement and innovation work carried out by Whittington Health staff and our partners, such as Middlesex University
- We facilitate the Royal College of Nursing (RCN) clinical leadership programme with participants presenting service improvement projects, often based on patients' stories and observations of care undertaken as part of the programme

Pharmacy education

Our pharmacy has developed and run a successful training programme with UCL for the past four years for our undergraduate pharmacists. A foundation year postgraduate training programme is also running at the Trust.

Compassionate healthcare conference

The Trust hosted a Compassionate Healthcare Conference in March 2015. The event featured real patient stories, presentations from a range of experts sharing evidence-based methods of maintaining and enhancing the quality and level of compassion. The event was well attended by our staff, members of neighbouring trusts and students and tutors from Middlesex University who all learnt skills to equip them to face the ongoing challenges of the healthcare environment. The event also shared some of the innovative work being done by our staff and organisation.

A range of speakers presented at the event including Philippa Davies director of nursing and patient experience at Whittington Health, Vanessa Lodge director of nursing at NHS England, Sue Minto director of Childline, Dame Christine Beasley the chair of Health Education North Central and East London, and Dr Mary Welford from the Compassionate Mind Foundation.

The event was held in collaboration with the Tottenham Hotspur Foundation and Middlesex University.

Library
Our library provides Whittington Health staff and students with services and resources to support healthcare practice, management, education, research, lifelong learning and continuing professional development.

Since August 2014 the library has increased staff membership by 47 per cent. The new literature search service has been well used across the organisation. The library has also introduced new online resources, including exam preparation licenses, evidence-based clinical decision support resources and reference management software.

The library is also open to staff at Camden and Islington NHS Foundation Trust. It also provides book loan, IT services and training for UCL students working at Whittington Health, and study space and IT services for Middlesex University students on placement at the hospital.

In the past year the library has upgraded its IT facilities and now offers free wifi to all library members and faster computers. There are also laptops available for students and staff to borrow.

In 2015/16 the library will begin providing services to staff at Islington Clinical Commissioning Group (CCG), including Athens administration training, inter-library loans and literature searches.

Community simulation centre
The Trust will launch a new community simulation centre in 2015/16. The centre will be the first community centre in our area. It will enable staff from across the professions to learn and demonstrate care in the setting of a patient's home. This centre has been carefully designed and can also change to become a GP surgery or practice nurse clinic.

Supporting our patients and service users
Whittington Health aims to support people to be engaged in their own health and healthcare. We continue to support the expert patients programme and the diabetes self-management programme. We have provided the co-creating health advanced development programme to a range of over 90 clinicians. Our supporting lifestyle behaviour change training has been attended by over 300 people from a range of organisations including Whittington Health, local GP practices, Haringey and Islington council staff.

Our partners

The Trust 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.

Whittington Health is a member of UCLPartners, an academic health science partnership with more than 40 NHS and higher education partners. Working together UCLPartners aim to improve health outcomes and create wealth for a population of over six million people in north east and north central London, south and west Hertfordshire, south Bedfordshire and south west and mid Essex. By working together, members can implement improvements in healthcare at greater scale and pace. UCLPartners is unique because it facilitates the improvement of healthcare through a range of clinical and academic designated roles.

Through the UCLP Medical Directors Forum and the Quality Forum, we are sharing and developing improvement initiatives in patient safety, in particular with regard to sepsis and acute

kidney injury. These will support the improvements that we have committed to making in our Quality Account and our participation in the national Sign Up to Safety programme.

Local authorities

We work closely with Islington, Haringey and Camden Councils, particularly with social services. One of the key areas where joint work with the councils is essential is within adult and children safeguarding.

Last year we developed a liaison social work team who 'in-reach' into the hospital each day working closely with teams to facilitate timely and seamless discharge from the hospital for our patients with social care needs. We also have a Haringey liaison social worker on site who works with the ward and community social work team to facilitate discharge home.

We have a formal agreement (section 75 partnerships) with London Borough of Haringey for our learning disability service, which supports delivery of high quality care to patients with learning disabilities in Haringey.

We also continue to have multiagency teleconferences with our local authority partners to discuss patients with complex needs who require social services. This prevents unnecessary delays within hospital.

From April 2015 we will have two integrated therapy and care management teams, one in north Islington and the other in south Islington. This enables us to deliver care that is better joined up for our patients. This arrangement forms part of our section 75 partnership agreement.

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.

Our relationship with GPs 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.

We enhanced our virtual ward (part of ambulatory care) over the winter to local GPs who support patients with complex needs who could be discharged earlier from hospital.

Our community matrons are a key part of wider multidisciplinary teams who work with GPs and other partners to support patients to remain in the community.

Healthwatch

Over the past year we have built upon our relationships with our local Healthwatch organisations, Islington and Haringey. The organisations 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.

Sustainability

Overview and look forward

The NHS launched a new five-year strategy for sustainability in January 2014 entitled "Sustainable, resilient, healthy people and places" which for the first time embraces the entire health and care system. The strategy aligns with both the national and our strategic direction for providing integrated care closer to home.

Whittington Health has recently revised its clinical strategy with the aim of helping local people live longer, healthier lives. Integral to the success of this will be to embed new sustainable objectives into clinical business units that are being introduced.

The past year
During 2014/15 we reduced our carbon footprint on the hospital site, by reducing carbon dioxide equivalent emissions (CO2e) by 276 tonnes. Our target was to reduce emissions by 914 tonnes by the end of March 2015. By the end of 2014/15 our emissions stood at 8,386 tonnes compared to 9,151 in 2007/08. Our greenhouse gas emissions and energy consumption also fell by 3.2 per cent and 1.0 per cent respectively over the last 12 months.

In 2015/16 we will seek additional investment for further carbon reduction measures through the Mayor of London's RE:FIT programme. 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
The 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.

Our target
We set a target in 2007/08 of a 10 per cent reduction of carbon footprint by 2015 for our hospital site. This equated to an annual saving of 914 tonnes (the equivalent of more than 450,000,000 litres of carbon) based on the total emissions for 2007/08 of 9,138 tonnes. New trust-wide targets will use a baseline year of 2014/15 and will include the 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 2014/15
In 2014/15 our primary focus has continued to be on buildings and energy (including waste), travel and transport, food and catering. We have also begun to concentrate more on pharmaceuticals.

Energy consumption
In 2014/15 our energy costs fell by 2.7 per cent, largely due to the reduction in the price of oil and the wider energy market.

Trust electricity consumption fell by 1.6 per cent and gas consumption fell by 0.4 per cent, our total energy consumption fell by one per cent from 25,729 to 25,508 megawatt hours (MWh). The Trust's relative energy consumption also fell from 0.36 to 0.35 MWh per square metre.

Renewable energy represented a small fraction of our total energy use with a small solar panel on the roof of the hospital mortuary saving 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 nondomestic users.

Greenhouse gas emissions
Plans to reduce our carbon emissions and improve our environmental sustainability were successful in 2014/15 with our measured greenhouse gas emissions from energy use decreasing by 6 per cent to 276 tonnes carbon dioxide equivalent (CO2e). We have reduced emissions by 8.2 per cent since 2007/08. 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.

Water consumption
The Trust's water consumption fell by 3,589m^3. We spent £197,000 on water during the year.

Waste disposal
Our total waste reduced by 4.2 per cent in the last 12 months. Within two years we are aiming to improve recycling rates to 50 per cent and 90 per cent within five years. Currently a large proportion of waste is used for energy production from its incineration which means we are sending virtually no waste to landfill. 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.

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. 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 Trust has five electric Smart cars and we have 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. We have a cycle-to-work scheme for all staff and encourage cycling to work. We encourage staff to travel between sites with a bike allowance and corporate Oyster cards.

Food and catering
Our catering services are provided by Sodexo. They work with the Trust to develop more carbon efficient ways of providing retail and patient food services.

PLACE
Patient-led assessments of the care environment (PLACE) is a national system for assessing the quality of the patient environment. In 2014/15 local people joined with staff to review the hospital and how the environment supports patients privacy and dignity, food, cleanliness and general building maintenance. PLACE focuses entirely on the care environment and does not cover clinical care.

In 2014 we achieved the following scores assessed against national averages:

Cleanliness: we achieved 97.57 per cent against a national average of 92.25 per cent

Food: we achieved 92.45 per cent against a national average of 88.79 per cent

Privacy, dignity and well-being: we achieved 85.69 per cent against a national average of 87.73 per cent

Condition, appearance and maintenance: we achieved 91.41 per cent against a national average of 91.97 per cent

Health and safety
The Trust has a duty of care to all visitors, staff and patients to ensure that they are not exposed to risks to health and safety whilst on the hospital premises and must take reasonably practicable steps to protect all visitors from harm. We have a number of ways that we manage risk and review health and safety matters including the Health and Safety management group, a proactive maintenance programme, appropriate and trained security and fire response plans.

Our shadow governors and members

The Trust's shadow governors represent the interest of our members and help us engage more with our local communities as well as discuss organisational performance and strategy with the Trust Board. They are elected or nominated to their positions and together they form our shadow council of governors.

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 key role is to relay information about the Trust, our vision and our performance and take account of the views of the groups they serve. They attend public scheduled meetings of the council of governors each year in addition to the Annual Members' Meeting. Our governors regularly attend our public Trust Board meeting.

A number of our governors also sit on committees such as the patient experience group; the organ donation committee and the maternity and neonatal service development committee. They also attend other meetings providing advice, guidance and assistance and represent the Trust at external stakeholder events.

Our future

Whittington Health is committed to building a strong future for our local community. Over the next year our focus will be on achieving financial sustainability, alongside providing high quality safe care for our patients.

We remain committed to integration between our community and hospital services and next year we will build on this with a stronger emphasis on quality, safety, clinical leadership and health prevention.

Our new clinical strategy was approved at the Trust Board in March 2015. It outlines our ambitions for the next five years. Over the next year we will focus on delivering the aims and objectives set out in this strategy. We will drive forward service developments and strengthen our partnerships with mental health, social care and primary care services and public health, alongside our other multi agency partners to improve the health and outcomes for our local community.

Our staff are our most valuable asset. We will look at how we can develop our staff and recognise the importance of cultivating clinical leadership. Our new internal operational structure will go live in June 2015, moving from three directorates, into seven Integrated Clinical Service Units. Each of these will be led by a clinical director who is directly managed by the chief executive.

In 2015/16 we will strengthen the sustainability of all services. We will develop integrated pathways, promote prevention and self-management, grow our integrated services that benefit our patients, treating them at the right time and right place. This includes our ambulatory care service, our community gynaecology service, and looking at other opportunities or pathways that will meet the needs of our services or improve the care we can offer.

We will also be looking at opportunities to provide specialist care within the organisation including endoscopy, orthopaedics and day surgery. We will also be developing a perinatal mental health service that will provide psychological assessment, short term intervention and onward referral for women due to deliver at the hospital.

We will progress the redevelopment of our maternity and neonatal services, improving quality and increasing capacity for women and their families. 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. The Trust is looking for approval from the NHS Trust Development Authority (TDA) in 2015/16 to secure the borrowing to go ahead with the plans.

The Trust Board has approved the 'Sign Up to Safety' initiative. Our commitment to safety includes specific areas to reduce avoidable harm to our patients as set our in our quality priorities and formal Quality Account. We also expect a Care Quality Commission inspection later in 2015.

The NHS five year forward view, published in October 2014 by NHS England, sets out a positive vision for the future based around seven new models of care. As a Trust with integrated hospital and community services, we are uniquely placed to be at the forefront of the new models of care that will deliver a sustainable future for the NHS as described in this report.

The success of Whittington Health is dependent on us listening and acting on our stakeholders' views and needs. During 2015/16 we will continue to engage with our staff and local communities to deliver patient focused care from home through to hospital - 'helping local people live longer healthier lives'.

Directors' report

Trust Board

The Trust Board has overall responsibility for the activity, integrity and strategy of the Trust. Our Board is the Trust's corporate decision making body. It meets on a monthly basis and consists of a chair, six executive directors including the chief executive and six non-executive directors.

Simon Pleydell, Chief executive
Simon Pleydell - who has 15 years experience as a chief executive - joined Whittington Health on 1 April 2014. He was chief executive at South Tees Hospitals NHS Foundation Trust for nine years until 2012. He led the trust through financial turnaround to foundation trust status while maintaining a reputation for high quality care and safe services. He also led the integration of community and hospital services in Teeside. Most recently he has been working at the NHS Confederation as an associate director leading on innovation, improvement and change policy. He was the NHS Employers policy board chair between 2008 and 2012. He is also on the council of Newcastle University.

Dr Yi Mien Koh, Chief executive (until 30 March 2014)
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.

Siobhan Harrington, Deputy chief executive and director of strategy
Siobhan Harrington joined Whittington Health in 2006 as director of primary care. Following a 20 month secondment as programme director for the implementation of the clinical strategy for Barnet, Enfield and Haringey, she returned in an executive role in April 2014. A nurse by background, she completed her training in London at St Thomas' Hospital and held a number of hospital nursing posts before moving into practice nursing. Siobhan has extensive healthcare experience at national, regional and local level. She has held positions with the Department of Health, the national primary care development team and was the lead for improving access to primary care across London. Siobhan was director of primary care at Haringey Primary Care Trust prior to coming to Whittington Health. At Whittington Health she has successfully led the transaction for integrating community and hospital services across Islington and Haringey, led the development of services outside the hospital, developed the hospital's urgent care centre model and completed the commissioning of the day treatment centre.

Dr Richard Jennings, Executive medical director (from June 2014)
After qualifying in medicine, Richard specialised in infectious diseases and tropical medicine. He trained at the London School of Hygiene and Tropical Medicine and did a PhD in the molecular immunology of malaria at the National Institute for Medical Research and in the Medical Research Council laboratories in The Gambia, west Africa. He was appointed as a consultant at The

Whittington Hospital in 2006, specialising in infection and acute medicine, and went on to hold the posts of clinical director for medicine and then deputy medical director. When the Trust became an integrated care organisation in April 2011 he was appointed divisional director for integrated care and acute medicine. He became executive medical director in June 2014. As clinical director Richard built up the acute medicine service at The Whittington Hospital, which now encompasses the ambulatory care centre - a service that pioneers novel approaches to integrated care. He developed the provision of safe, consultant-led care out of hours, as the NHS continues to move towards full provision of care seven days a week. He also led the development of an improved, networked tuberculosis service for north central London.

Dr Martin Kuper, Executive medical director (until June 2014)
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.

Dr Greg Battle, Medical director integrated care
Dr Gregory Battle has worked as a GP in Islington for 20 years and continues to do so. Outside his clinical practice he has held leadership roles in Islington for 15 years including PCG Chair North Islington, PEC Chair Islington PCT, PBC Chair Central Islington and prescribing lead GP Islington. He trained at 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 and is now bringing his primary care clinical and leadership experience to Whittington Health to ensure delivery of the best possible integrated care for the local population.

Philippa Davies, Director of nursing and patient experience
Philippa Davies joined Whittington Health on 1 August 2014 as director of nursing and patient experience. Prior to this she was deputy director of nursing at East and North Hertfordshire NHS Trust and for a period of eight months, acting director of nursing and director of infection prevention and control. Philippa qualified as a registered nurse in 1985 and as a registered midwife in 1987. She has held a number of senior nurse roles and has led pathway redesign and service improvement. In addition, she has extensive experience in operational management and holds a masters degree in leadership and management in the public sector. She is committed to fostering a culture of excellence, professionalism and collaborative working to improve safety, patient and carer experience and quality outcomes.

Jill Foster, Interim executive director of Nursing and patient experience (left June 2014)
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.

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. Lee has completed the NHS top leaders programme and military strategic programme.

Jo Ridgway, Director of organisational development (until May 2014)
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.

Chris Goulding, Director of organisational development (from May 2014. Chris has resigned effective June 2015)
Chris Goulding joined Whittington Health in October 2013. Chris joined the Trust initially as deputy director of HR and then acting director of HR from May 2014. Chris has held a range of HR roles within the public sector, including local government. Chris has an MBA in counselling and is a fellow of the CIPD. Chris is also a qualified teacher.

Steve Hitchins, Chair
Committees:
Chair of the Board
Chair of Nominations & Remuneration Committee
Chair of Council of Governors

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.

Anita Charlesworth, Non-executive director
Committees:
Member of the Quality Committee
Member of the Finance and Development Committee
Member of Nominations & Remuneration Committee for executive appointments only.

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

Anita is the acting chair of the Audit Committee, effective May 2015.

Paul Lowenberg, Non-executive director
Committees:
Chair of the Finance and Development Committee
Member of the Audit and Risk Committee

Member of Nominations & Remuneration Committee for executive appointments only.

Paul Lowenberg was appointed a non-executive director for a four year term from 1 May 2012. He is currently chairman of Ascham Homes, a housing company managing over 12,000 homes, and providing homelessness and housing advice services in North East London. Paul also runs a management consultancy practice specialising in developing best value public services through in-house service transformation, strategic partnering, procurement and effective contract management. He has worked in local government as a senior manager in London, Manchester and Edinburgh. Paul is a trustee of LASA, a London based charity providing strategic advice and information services using IT and digital platforms for third sector organisations. He lives in Tufnell Park.

Rob Whiteman, Non-executive director
Committees:
Chair of the Audit and Risk Committee

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.

Rob resigned as the chairman of the Audit Committee effective April 2015.

Tony Rice, Non-executive director
Committees:
Chair of the Finance and Business Development Committee

Tony Rice was appointed a non-executive director for a two year term from 21 February 2014. He was previously chief executive of Cable & Wireless Communications PLC (CWC), joint managing director and finance director for CWC and chief executive of Tunstall Healthcare. He served as non-executive director and chairman of the audit committee of CWC from 2003 to 2006. Tony is currently non-executive director and senior independent non-executive director of Spirit Pub Company and a trustee of Shelter, the housing and homelessness charity.

Anu Singh, Non-executive director
Anu Singh was appointed a non-executive director for a two year term from 14 April 2014. Anu is currently head of business improvement for Staffordshire County Council where she is responsible for the commissioning of mental health, social care, community safety and education. She was previously head of development and improvement at the London Borough of Harrow and head of development and programmes, learning and culture at Birmingham City Council.

Professor Graham Hart, Non-executive director
Professor Graham Hart FMedSci was appointed as a UCL nominated non-executive director for a two year term from 1 September 2014. Professor Hart is Dean of the UCL Faculty of Population Health Sciences. From 1986 he was a lecturer in medical sociology at the Middlesex Hospital Medical School (subsequently UCL Medical School) and from 1994 he was associate director of the MRC Social and Public Health Sciences Unit at the University of Glasgow. He returned to UCL in 2006 as Professor of Sexual Health and HIV Research. His research interests include sexual risk behaviour and the prevention of HIV and sexually transmitted infections. He has worked with a wide range of populations at risk, both nationally and internationally, and made major contributions to health policy and promotion. Professor Hart is a fellow of the Academy of Medical Sciences and was recently voted on to the Academy's Council. He is chair of a National Institute for Health Research Programme (NIHR) Grants for Applied Research panel, and of the African Research

Leader Scheme which is jointly funded by the Medical Research Council and the Department for International Development.

Jane Dacre, Non-executive Director (until August 2014)
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).

The current directors have disclosed all relevant audit information to the auditors.

Finance

Overview

The Trust faced significant financial challenges in-year which resulted in a £7.3million deficit.

The funding position for the NHS locally saw it further tighten in 2014/15. The Trust's operating costs increased compared to the previous year by £2.7million and for the same period we received £2.4million less operating income. PDC dividends payable to the Department of Health increased by over £1m as a result of increased taxpayers equity in 2014/15. We did not fully achieve our cost improvement plans, which was a significant contributory factor to the year on year increase in our costs and moving into deficit.

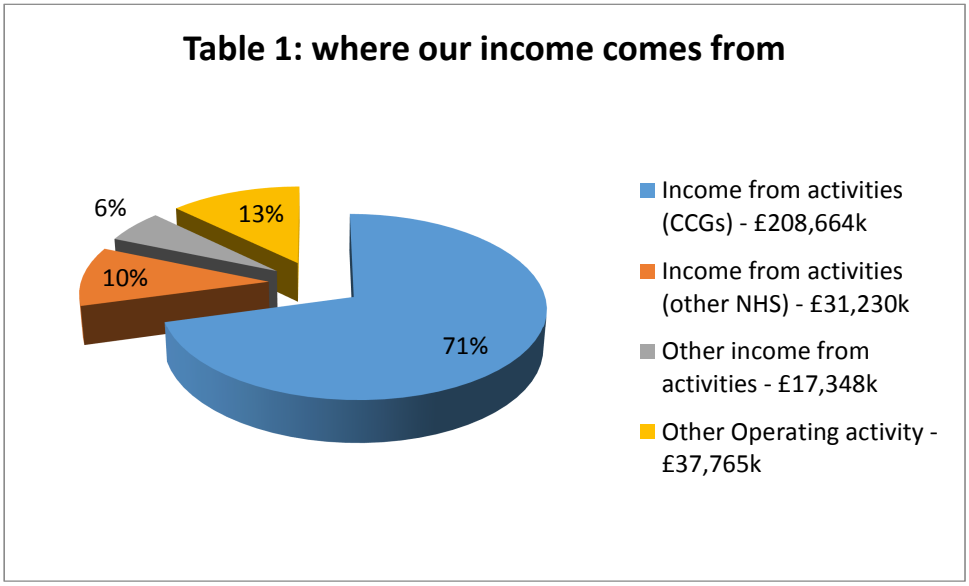
The deficit was achieved after making technical adjustments, mainly for the impairment (or write-down) of asset values by £2million.

As we have been in deficit, we have had cash flow challenges. This was alleviated in part by cash support, however this has led to deterioration in our payment of creditors.

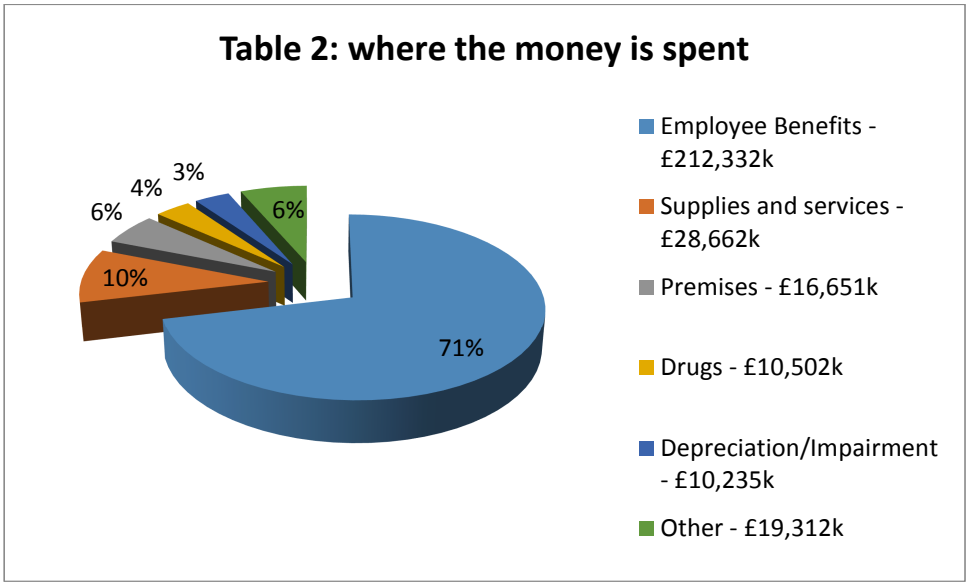
Capital Expenditure programme

Despite the challenging climate we invested £10.2million in improving the buildings, information technology and medical equipment, including spend on improving the patient environment. The Trust has also acquired a second MRI scanner and a replacement CT scanner to support improvements in diagnosing and treating our patients.

Where our income comes from



Where the money is spent



Trust's break-even performance

	2014-15 £'000	2013-14 £'000	2012-13 £'000	2011-12 £'000	2010-11 £'000
Revenue	295,007	297,397	281,343	278,212	186,300
Operating expenses (including depreciation)	-297,694	-294,953	-277,753	-275,970	-182,907
Surplus before interest and dividends	-2,687	2,444	3,590	2,242	3,393
Other losses	0	0	-79	0	-82
Net interest payable	-2,864	-2,748	-2.613	-2,654	-2,582
Dividends payable	-3,828	-2,817	-2,666	-2,805	-2,888
Retained deficit	-9,379	-3,121	-1,768	-3,217	-2,159
Adjustment for non-PFI impairments included in retained deficit	1,950	3,136	3,267	1,928	2,208
Adjustment for impact of IFRS accounting on PFI included in retained deficit	0	1,062	2,059	2,308	459
Position against statutory break-even duty	-7,342	1,165	3,614	1,120	508

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 Table 3.

Table 3 : Trust performance on payment of creditors

	2014-15 Number	2014-15 £000s	2013-14 Number	2013-14 £000s
NHS Payables				
Total NHS Trade Invoices Paid in the Year	5,023	12,379	6,170	22,419
Total NHS Trade Invoices Paid Within Target	3,443	5,323	4,979	16,806
Percentage of NHS Trade Invoices Paid Within Target	69%	43%	81%	75%
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	97,570	84,192	99,150	77,162
Total Non-NHS Trade Invoices Paid Within Target	64,399	58,433	75,870	57,356
Percentage of NHS Trade Invoices Paid Within Target	66%	69%	77%	74%

Prompt Payment Code

The Trust subscribes to the Prompt Payment Code.

Trust staff costs

The Trust's staff costs for the year as well as information on staff sickness absence are outlined in the tables below.

	2014-15 Total £000s	2013-14 Total £000s
Salaries and wages	180,253	178,850
Social security costs	13,363	13,264
Employer Contributions to NHS Pensions Scheme	19,510	19,001
Termination benefits	17	(2,087)
Employee costs capitalised	(811)	(587)
Total staff costs	**212,332**	208,441

Staff sickness absence and ill-health retirement

	2014-15 Number	2013-14 Number
Total Days Lost	27,567	25,713
Total Staff Years	3,778	3,663
Total staff cost	212,332	208,441

Off payroll engagements table 11 and 12

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2015	20
Of which, the number that have existed:	
for less than one year at the time of reporting	15
for between one and two years at the time of reporting	5

All existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

For all new off-payroll engagements between 1 April 2014 and 31 March 2015, 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	15
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	15
Number for whom assurance has been requested	15
Of which:	
assurance has been received	15
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	4
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	22

Statutory financial duties

The Trust did not meet all its statutory financial duties in 2014/15. These are described below:

Breakeven duty (Not achieved) –the Trust is required to break-even on its income and expenditure account over a rolling three-year period. This year, the Trust ended with a deficit of £7.3million. However we believe we can stabilise the finances in 2015/16 and achieve a break-even over the next couple of years.

External financing limit (EFL) (Achieved) — 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 £8.8million but only used £8.3million.

Capital resource limit (CRL) (Achieved) – this determines the amount that can be spent by the Trust each year on new capital purchases. The Trust used all of its £10.2million CRL.

Capital cost absorption duty (Achieved) – 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.

Principles for Remedy
The Trust has a policy for dealing with complaints, and is supported by complaints procedures. The Trust Board receives regular reports concerning our compliance to the complaints policy. All compensation and ex-gratia payments made are reported through to the Audit Committee. These payments are governed by the Trust's Standing Financial Instructions (SFI).

Going Concern
The Trust has prepared its 2014/15 annual accounts on a going concern basis. However, because the Trust made a deficit in-year and has a deficit plan for 2015/16, we have received a qualified opinion for use of resources in our 2014/15 accounts.

Financial Outlook
The 2015/16 financial year continues to look challenging. We have exited 2014/15 with a deficit position and face an environment where income is diminishing and we must deliver significant efficiencies and savings in order to recover the financial position. To this end the Trust has developed a robust cost improvement programme with strong governance arrangements

We believe we can stabilise the finances in 2015/6 and will make further improvements beyond this year. Financial sustainability is a key component of delivering our Clinical Strategy in a sustainable way.

Remuneration report

The salaries and allowances of senior managers who held office during the year ended 31 March 2015 are shown in Table 4.

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 4: Salaries and allowances 2014-15

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					
Steve Hitchins *Chair*	20-25	0	0	0	20-25
Anita Charlesworth *Non-executive director*	5-10	0	0	0	5-10
Professor Jane Dacre *Non-executive director up to August 2014*	0-5	0	0	0	0-5
Paul Lowenberg *Non-executive director*	5-10	0	0	0	5-10
Tony Rice *Non-executive director (Note 4)*	5-10	0	0	0	5-10
Anu Singh *Non-executive director*	5-10	0	0	0	5-10
Rob Whiteman *Non-executive director (Note 5)*	5-10	0	0	0	5-10
Professor Graham Hart *Non-executive director (appointed September 2014) (Note 6)*	0-5	0	0	0	0-5

Executives					
Dr Yi Mien Koh *Chief executive* *(left April 2014) (Note 7)*	100-105	0	0	0-2.5	100-105
Simon Pleydell *Interim Chief executive (up to Dec 2014)* *(Note 8)*	240-245	0	0	0	240-245
Simon Pleydell *Chief executive (from Jan 2015)* *(Note 8)*	45-50	0	0	0	45-50
Siobhan Harrington *Director of strategy/Deputy CEO*	105-110	0	0	0-2.5	105-110
Dr Greg Battle *Executive medical director integrated care (Note 9)*	40-45	0	0	0-2.5	40-45
Lee Martin *Chief operating officer*	105-110	0	0	17.5-20	125-130
Dr Martin Kuper *Executive medical director (Note 10) (Left June 2014)*	30-35	0	5-10	27.5-30	65-70
Dr RM Jennings *Executive medical director (Note 11)(from June 2014) Note 14*	85-90	0	10-15	220-222.5	305-310
Simon Wombwell *Interim chief finance officer left August 2014 (Note 12)*	75-80	0	0	0	75-80
Colin Gentile *Interim chief finance officer from March 2015 (Note 12)*	5-10	0	0	0	5-10
Jo Ridgway *Director of organisational development* *(left May 2014)*	5-10	0	0	0	5-10
Chris Goulding *Director of organisational development*	80-85	0	0	0	80-85

(from May 2014) Note 13					
Jill Foster *Interim executive director of Nursing and patient experience (left June 2014)*	25-30	0	0	0	25-30
Philippa Davies *Executive director of Nursing and patient experience (secondment from Aug 2014) Note 14*	95-100	0	0	0	95-100

Notes

1. The salary figures above represent the 2014-15 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 (2.7 per cent in 2014-15) 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 donated his salary to Whittington Hospital NHS Trust Charitable Funds.
5. Rob Whiteman resigned from the Trust on 30 April 2015
6. Professor Graham Hart has indicated that his salary for the year (which is yet to be paid) be donated to charity (University College London Development Fund).
7. Yi Mien Koh stepped down as Trust CEO on 30 March but was paid in lieu of notice.
8. Simon Pleydell started with the Trust as an interim CEO on 1 April 2014 up to 31 December 2014. He then assumed the substantive post as form 1 January 2015.
9. Dr Greg Battle's position is part-time.
10. The table shows Dr Martin Kuper's remuneration as executive medical director, including a clinical excellence award of £6,013.
11. The table shows Dr Jenning's remuneration as executive medical director, including a clinical excellence award of £17,742.
    Dr Jenning's pension value increased significantly because in a few years, he will move over to the New 2015 Pension Scheme and as a result will accrue more pensionable years.
12. Aspects of the post of chief finance officer was temporarily covered between September 2014 and February 2015 by the deputy director of finance. This involved attendance at Board meetings and an enhanced authorisation of waivers. The deputy director of finance is not on a very senior management pay scale and did not receive additional remuneration during this period. During this period there was a real expectation that the newly appointed substantive CFO would arrive imminently. When it became apparent this was not the case an interim CFO was appointed and started in March.
13. Chris Goulding resigned from the Trust wef June 2015
14. Philippa Davies is on secondment to the Trust from E&N Herts NHS Trust from August 2014.
    The executive director of nursing and patient experience post was temporarily covered in July 2014 internally by the deputy director for nursing and patient experience and did not receive additional remuneration during this period.
15. For interim directors, the values shown in the table represent 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 continued to be frozen for the year ending March 2015. 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.'

Employment contracts for senior managers

Name	Date of contract	Notice period	Nature of contract
Simon Pleydell	1 January 2015	Six month	Substantive
Siobhan Harrington	4 September 2006	Six month	Substantive
Lee Martin	11 June 2013	Three months	Substantive
Greg battle	1 June 2011	Six months (four months by the director)	Substantive
Richard Jennings	6 October 2006	Three months	Substantive
Chris Goulding	14 October 2013	Three months	Substantive
Colin Gentile	4 March 2015	One week	Interim until 2/06/15

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 remuneration of the highest paid director in Whittington Health in 2014-15 was £190,000 (2013-14 £172,646). This was six times the median remuneration of the workforce, which was £33,761 (2013-14 £33,481). The multiple has changed from the previous year (2013/14 five times) as a result of the change to the salary of the highest-paid director.

In 2014-15, we had no employees (unchanged from 2013-14) who received remuneration in excess of the highest-paid director. Remuneration ranged from £6,157-£190,000 (2013-14 £6,157-£172,646).

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 5: 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

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		

Table 6: 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 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real increase in Cash Equivalent Transfer Value £000	Total pension entitlement at 31 March 2015 (bands of £5,000) £000	Normal retirement age at 31 March 2015
Dr Yi Mien Koh	0-2.5	0-2.5	45-50	145-150	891	865	0	45-50	60
Siobhan Harrington	0-2.5	0-2.5	20-25	70-75	459	423	25	20-25	60
Dr Greg Battle	0-2.5	2.5-5	45-50	135-140	879	819	39	45-50	60
Lee Martin	0-2.5	0	5-10	10-15	130	105	22	5-10	65
Dr Martin Kuper	0-2.5	0-2.5	45-50	135-140	734	674	10	45-50	60
Jennings	7.5-10	25-27.5	30-35	100-105	631	415	171	30-35	60
Jo Ridgway	0	0	15-20	50-55	309	299	0	15-20	60
Jill Foster	0	0	35-40	110-115	685	658	2	35-40	55

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

Date 2 June 2015

The Whittington Hospital NHS Trust ("Whittington Health")

Annual Governance Statement 2014/15

1. Introduction

The Annual Governance Statement is a statement of internal controls and 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 Whittington Health, I have responsibility for maintaining a sound system of internal control that supports the achievement of Whittington Health's strategic goals and corporate 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 and Patient Experience has overall responsibility for ensuring an effective clinical risk management system is in place, with the Medical Director being jointly responsible for clinical quality, patient safety and 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 system of integrated governance and a structure that supports the effective and efficient 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 Assurance Framework is a mechanism for the Board to ensure the effective and focused management of principal risks to the achievement of its strategic goals. The Framework is dynamic and not fixed in time and timescales are included and progress against them reported upon.

The Framework provides Board members with assurance that any risk to the achievement of strategic goals is managed, highlighting gaps in controls, any mitigating action and provides an ongoing record of assurance work undertaken by the Board, its committees and Trust Management Group. An Annual Board Cycle sets the programme of information presented to the Board at each meeting throughout the year

Reporting to the Board are sub-committees responsible for audit and risk, quality (of patient services), finance and business development, charitable funds and remuneration.

The Board met a total of twelve times in public in 2014/15, every month except August, with an additional extraordinary meeting held in January 2014. Attendance is monitored by the Chairman and the average overall attendance was good with improvements planned for 2015/16 for some representatives. This will be achieved by changing some Board and Seminar dates to support working Non-Executive Directors with diary scheduling. Changing the dates will also support the production of more timely performance information going to the Board. During the year 2014/15 and into 2015/16 the following Board membership changes took place:

Anu Singh, Non Executive Director joined May 2014
Graham Hart, Non Executive Director joined 1 September 2014
Jane Dacre, Non Executive Director left July 2014
Rob Whiteman, Non Executive Director joined 21 February 2014 and left April 2015
Tony Rice, Non Executive Director joined 21 February 2014
Dr Yi Mien Koh, Chief Executive left April 2014
Simon Pleydell, Chief Executive joined 1 April 2014
Siobhan Harrington, Deputy Chief Executive/Director of Strategy returned secondment 1 April 2014
Jill Foster, Interim Director of Nursing and Patient Experience joined 1 March and left 20 June 2014
Philippa Davies, interim Director of Nursing and Patient Experience joined August 2014
Jo Ridgway, Director of Organisational Development left May 2014
Chris Goulding, Acting Director of HR from May 2014 to June 2015
Martin Kuper, Medical Director left 30 May 2014
Richard Jennings, acting Medical Director from 2 June 2014, appointed substantive 18 May 2015
Simon Wombwell, Chief Finance Officer left 31 August 2014
Colin Gentile, interim Chief Finance Officer joined March 2015 until 2 June 2015

3.2 Board performance and areas of focus

In addition to formal board meetings, the Trust Board has regular seminars to review strategy and performance in more detail. Board meetings commence with a ‘patient story’, often delivered by patients themselves, giving the Board feedback on their direct patient experience at the Trust and lessons which have been identified to implement to continually improve the patient experience.

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

- Measures of service quality and patient safety
- Performance against key targets
- 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 management processes which feed into the corporate risk register (risks at 15 and higher deemed as extreme). The corporate risk register content is informed through multiple sources, including committee meetings, working groups, serious incidents, clusters of incidents following thematic reviews, feedback from patient experience, complaints, claims and outcomes from services reviews and audits.

Key performance indicators reported in the quality account 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 and staff friends and family test results which will inform an action plan for 2015/16 to further develop the workforce strategy and drive improvements through employee engagement.

During the year the Board has discussed its response to the Francis Report and signed off a revised whistleblowing policy to reflect recommendations from the Report. The Board agreed its own clinical strategy which included its mission, vision and values, the development of integrated models of care linking acute and community services. The Board has engaged with key stakeholders through a range of public and staff meetings and engagement events and these have informed the ongoing journey of a full business case for the redevelopment of the maternity and neo-natal service accommodation.

This year has seen the expansion of our pioneering ambulatory care service that provides care as close to home as possible for patients, limiting the amount of time they spend in hospital as is appropriate. We also opened our new TB centre as the lead provider of the new coordinated TB service for North Central London in partnership with UCLH.

We introduced our Hospital at Home service which combines community and acute staff working in partnership to provide safe care at home for children and young people, enabling them to be discharged from hospital quicker or preventing admission.

Barbara Windsor officially opened the new Macmillan Cancer Information Hub at The Whittington Hospital in January in order that patients and carers can receive timely support and information.

Whittington Health was successful in bidding to manage community gynaecology services in Islington and Haringey, and for the retention of the sexual health contract for Haringey.

District nursing had reported to the Board there had been a 30 per cent increase in demand for services over the past couple of years. Recruitment and retention had been key priorities for the team, as had effective communication and the vacancy rate had reduced to 5 per cent. The structure of the team had been altered and was now a better match with the integrated care teams and social services, although a slightly different approach was being taken by the two boroughs of Islington and Haringey. To support these changes a realigned model had been implemented for the night service.

A Health Visiting Call to Action had been launched in 2011 to increase the number of health visitors nationally to 4,500 by 2015. Good progress has been made and the Trust now employs 97 working time equivalent (WTE) staff, an approximate growth of 10 per year.

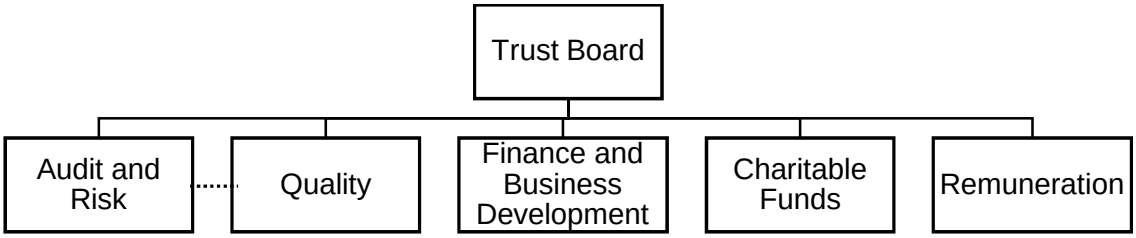
The Board received reports on the winter resilience plan (formerly known as winter pressures) and staff had worked tirelessly to ensure ED performed well to manage increased demands for these services during the winter period.

Controls and processes regarding the decision making processes and risks highlighted from the Trust's high profile FGM case were reviewed and implementation of an action plan from the lessons learned will be taken forward in 2015/16. This important work has been informed by the Trust's legal team.

The Board scrutinised the cost improvement plan in year and received reports that targets had not been met. Improvements and lessons for the management of future Cost Improvement Plans were discussed and this will support the strengthening of governance and monitoring in 2015/16.

3.3 Supporting committee structure – performance and areas of focus

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



Each sub-committee has its own terms of reference, formally adopted by the Trust Board. The chair of each committee presents a summary of every meeting to the Trust Board.

3.3.1 Audit and Risk Committee

The Audit and Risk Committee verifies internal controls and assesses the effectiveness of the Trust assurance processes. The Committee is responsible for reviewing the risk management processes for fitness for purpose and approves the Annual Governance Statement for the Chief Executive to be assured to sign off the statement. The Committee reviews the risk management strategy and corporate risk register to provide assurance to the Board that there is a robust and embedded system of risk management. The Board has ultimate responsibility for accepting risks.

The Audit and Risk Committee met seven times in 2014/15. All meetings were quorate and in accordance with its terms of reference. The Chair of the Committee was Rob Whiteman, Non-Executive Director.

The Audit and Risk Committee approved the internal audit programme based on risks identified through the Board Assurance Framework, corporate risk register and results of previous audit activities.

The Committee received a draft external audit report in March 2015 and the final report was received and agreed by Committee on 28 May 2015.

Improvements in year to the design and application of controls were implemented in particular to operational risk management by implementing an integrated risk management system 'Datix'. The management of serious incidents was also reviewed with improvements to the process and sign off implemented to ensure timely reports and lessons learned being shared more widely across the organisation.

Whittington Health held a major IT upgrade in year and the Electronic Patient Record (EPR) went live at the end of September 2015. A data quality group was established and a data quality policy agreed to strengthen the management of data. Information input standard operating procedures were developed and rolled out during the year.

Weaknesses were identified for governance of cost improvement programmes and in particular the internal audit programme highlighted the need for developments in the way the Trust monitors and reports milestones and progress for the cost improvement schemes.

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, of which none were undertaken for the latter in year. In 2014/15, the committee sought assurance against the delivery of the targets set out in the Information Governance Toolkit, Agency and Bank staffing targets, Mandatory Training and risk management processes.

3.3.2 Quality Committee

The Quality Committee provided assurance to the Trust Board that safe, personal and high quality care is provided by Trust services for patients and the communities we serve. The Committee met six times during 2014/15 and were quorate in line with its terms of reference. The Chair of the Committee was Miss Anu Singh, Non Executive Director, who took up the 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 revised and approved by the Trust Board in 2014 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 three 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 focused culture within the Trust and robust processes are in place to identify and monitor quality priorities.

The Quality Committee received reports on complaints and serious incidents to identify lessons from patient feedback to continuously inform service improvements. During the year response times for the handling of complaints and serious incidents was monitored by the Committee and significant improvements were achieved.

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 were reviewed in year and approved by the Board in October 2014.

3.3.3 Finance and Business Development

The Finance and Business Development Committee provided a focus on business development activities and tightening of controls surrounding the investment/bid decision making process as opposed to core financial controls and financial management. It has been identified that a balanced focus on business development and business as usual activities will form the content of business reporting in 2015/16 for the Committee.

The Committee met five times during 2014/15 and was quorate in line with its terms of reference. However one Non Executive Director was absent for The Chair of the Committee was Tony Rice, Non Executive Director, who continued in the role from 2013/14 into 2014/15.

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 Charities Commission each year.

3.3.5 Remuneration & Nominations Committee

The Remuneration Committee determines the appointment, remuneration, terms of service and performance of the Executive Directors. It also considers issues relating to employees in line with its terms of reference such as severance and redundancies. The committee met in December 2014 and March 2015 and was chaired by Steve Hitchins, Non Executive Director.

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 Registers of Declaration of Conflicts of Interest and Hospitality and Gifts

All Board members declared their interests where applicable and relevant. Registers are held, updated and reported to the Board in line with good governance practice and the NHS Standards of Business Conduct.

3.4.3 Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions

The Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions will be reviewed by the Chief Finance Officer who commences 3 June 2015 and aligned with the new structure for the Integrated Clinical Services Units. This will take place in parallel with a tender waiver review across the Trust.

3.4.4 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 a Quality Account for each financial year, adopted by the Trust Board in June 2015 for 2014/15. The Quality Account is 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 Account. In order to ensure the accuracy of the Quality Account, 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 and adult safeguarding, radiation protection, medicines management, health and safety, 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 goals and 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 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 relevant Committee or Trust Management Group who will escalate to the Trust Board if appropriate. Risks are reviewed to ensure that any interdependencies are understood and actions put in place to mitigate.

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 former 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.

Critical assurance roles appointed include: Caldicott Guardian, Senior Information Risk Owner, Accountable Officer for Controlled Drugs and DIPC.

At a strategic level, the Board Assurance Framework (BAF) is where and how the Board has received assurance at key forums against key performance indicators and objectives plus documenting external assurance. However the Board had not received the Board Assurance Framework on a regular basis in year and this will be an area of greater focus in 2015/16.

The 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 goals and corporate 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 twice in year and it was agreed at the Audit and Risk Committee that it would be reviewed after realignment with the new clinical strategy for the organisation. The Executive continued to monitor the BAF and discuss risks in the executive and trust management group meetings. A workshop session on risks was completed at the Board June Seminar and this has informed the new Board Assurance Framework 2015/16 and the revised draft BAF will be presented to July Board.

Underpinning the BAF, the Trust has a system which manages risks for each area, including external and internal risks. The risk management process is supported by the use of an electronic, integrated risk management system ("Datix"). The system will continue to be developed as changes to clinical management and leadership arrangements evolves for 2015/16. The risk 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 patient and staff safety, clinical effectiveness and patient experience. This information is used to undertake aggregated reviews of risks with the emphasis of focusing 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) – annual position

The Care Quality Commission (CQC) did not visit Whittington Health in 2014/15 and the Trust is preparing for an inspection in the latter part of 2015/16. The Trust was registered for 2014/15 with no conditions.

The CQC Intelligent Monitoring report uses 150 different data sets, including staff and patient surveys, mortality rates, and performance information, as one of the ways of regulating services and deciding what services to inspect. In July 2014 and December 2014 the Trust continues to be in band 6 which is the safest band.

4.3 Financial risk

The Trust faced a number of financial risks in 2014/15, which were managed through the Trust risk management processes. The Finance and Business Development Committee scrutinised in-year financial performance against the agreed plans. Some of the key risks materialised in-year, most notably was the significant adverse variance against the agreed cost improvement plan, together with the need to receive non-recurrent cash/income support from our main commissioners. This resulted in an in-year £7.3m deficit.

The controls over CIPs are being strengthened through an improved governance process. The finance report will contain an explicit financial risk register which will quantify the risk and also explain the necessary mitigations to be enacted.

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. The 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 separate risk management arrangements, oversees the development and continuous improvement of risk management across the Trust. The Trust agreed to integrate risk management arrangements from May 2015.

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 Board and Quality Committee closely monitor mandatory training levels within the Trust and have received assurance that the targets will be met in 2015/16.

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.

The Trust 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.

5.2.5 Summary

These are the Trust's major risks identified and reported in-year on the Board Assurance Framework and Corporate Risk Register. These have either been mitigated in-year and reported

to Board, Audit and Risk Committee, Quality Committee or Trust Management Group, or are in the process of actions being implemented to mitigate crystalisation in future:

- Failure to mitigate potential quality and safety risks of cost improvement programmes could affect patient experience.
- Lack of improvements to the environment and efficiency of the maternity department may lead to non-financial viability and/or clinically safe services.
- Activity in maternity off trajectory which may affect future service development.
- If integrated risk management is not embedded the Trust may not provide safe and effective services.
- Failure of comprehensive workforce planning supported by an effective Organisational Development (OD) strategy.
- If quality of teaching is not excellent, commissioners may not renew contracts. Alongside this there are changes in the structure and funding of medical education from 2015 which would lead to loss of income and trainees who are a critical part of service delivery.
- If Trust not operationally excellent, patients will not be seen and treated in line with national guidelines affecting the patient experience and reputation will suffer.
- If we fail to meet quality and clinical standards (CQC essential targets, waiting times for ED, cancer and therapy services) patient may experience poor care.
- Failure to deliver CQUINs to make improvements to achieve financial targets and risk of non-alignment of CQUINs with internal and external QIPP (Quality, Innovation, Productivity and Prevention) programmes which could fail to maximise achievement of health improvement.
- Inability to deliver the electronic record project could lead to delays in patient safety, outcomes and experience as well as operational efficiency.
- Failure to secure support from our core commissioners for the Integrated Business Plan and Long Term Financial Model.
- Lack of service line reporting will affect ability to improve efficiency, weakening of clinical leadership in the achievement of CIPs and financial trajectories.
- Improve quality, completeness and timeliness of performance and activity data or risk loss of payment by results income and commissioner support.
- Failure to control agency costs which will impact on our financial targets.
- Non-compliance with IG toolkit which would adversely affect CQC assessment and compliance with statutory duty.
- Market testing by commissioners may result in lower prices for services or decommissioning of services; in particular outpatients and community services.
- Lack of consistent leadership and connecting our strategy with the delivery of innovative integrated working could result in failure to deliver integrated care.
- If patient experience is poor our patients and reputation will be affected.
- Lack of engagement with stakeholders in the development and decisions of strategies to prevent loss of confidence in our strategic intent, organisational and clinical reputation.
- Lack of engagement with staff could impact on staff morale which will affect changes to patient pathways and service changes.
- Failure to deliver income targets and expenditure plans will threaten our financial sustainability and increase the amount of CIPs required in future.
- Future London wide service reconfigurations or impact of commissioning standards may lead to loss of ability to meet standards due to financial constraints leading to activity decommissioning.
- Planning processes not consistent and robust leading to our business being inefficient and ineffective.
- Failure of leadership team to deliver transformational change at pace and scale then the Trust will not be sustainable.

Medium term financial future
The Trust is committed to developing a medium term recovery plan which will deliver financial sustainability. It is currently re-developing its medium-term financial plan to address the increased financial challenge; to support this commitment to return to recurrent financial balance. The work is underway in developing this plan.

Information governance

Information governance (IG) ensures necessary safeguards for, and appropriate use of, patient and personal information.

The Trust takes its requirements to protect confidential data seriously and in 2014/15 made improvements in information security (access controls, information security systems) and corporate information assurance (Freedom of Information (FOI), corporate records audit). The Trust has also developed information sharing agreements over the last year to support the transfer of data between care agencies, in line with the Caldicott 2 Review recommendations.

The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements. The Trust fell marginally short of its requirements under the Information Governance Toolkit achieving 59 per cent against a target of 66 per cent. While we have delivered high standards of governance for the management, protection and quality of patient and staff information in many areas, there are areas the Trust will focus on improving next year including data quality, the management of health and corporate records, and IG training compliance. The work to achieve these remaining standards is monitored by the IG Committee and the Trust Audit and Risk Committee.

All our staff are required to undertake IG training. In 2014/15, 72 per cent of staff were IG training compliant. The compliance rates are regularly monitored by the Information Governance Committee, including methods of increasing compliance. The IG department will continue to target staff with individual emails, put messages in the staff bulletin and run classroom-based sessions at induction.

In 2015/16 the Trust will continue to work towards meeting full level two IG Toolkit compliance and we are committed to achieving full compliance with the IG toolkit in 2015/16.

IG incidents
This table shows all IG serious incidents (SIs) that were declared during 2014/15. All serious incidents are reported to the Department of Health (DH) and Information Commissioner Office (ICO). SIs are investigated and reported to the Trust's Serious Incident Panel, relevant director, the Caldicott Guardian and the Senior Information Risk Owner (SIRO). All investigations follow the Root Cause Analysis methodology.

The Information Governance Committee (IGC) chaired by the SIRO, maintains a review schedule of all IG SIs and pro-actively monitors all IG SI action plans. The IGC is a sub-committee of the Audit and Risk Committee.

This table shows all IG serious incidents (SIs) that were declared during 2014/15. All serious incidents are reported to Department of Health (DH) and Information Commissioner Office (ICO). SIs are investigated and reported to the Trust's Serious Incident Panel, relevant director, the Caldicott Guardian and the Senior Information Risk Owner (SIRO). All investigations follow the Root Cause Analysis methodology.

Date of incident (Reported date)	Nature of incident	Outcome from ICO
Aug 2012 (Apr 2014)	Loss of digital video records	No further action
Mar 2014 (Apr 2014)	High-risk incident report breached to press	No further action
Aug 2014 (Aug 2014)	Loss of occupational health records	No further action
Mar 2015 (Mar 2015)	Email containing confidential data sent to incorrect recipient	Awaiting decision

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.

The Trust held a rolling programme of Patient Safety Walkabouts using the *15-Step methodology* developed by the NHS Institute for Innovation and Improvement. The walkabout program was centrally monitored and attended by a combination of Executives, Non Executives, Lay

Representatives from Haringey and Islington Boroughs, Commissioners and Assistant/Deputy Directors. A new initiative for Patient Safety Walkabouts was implemented from April 2015 which is based on the Patient Safety First campaign which the National Patient Safety Association introduced to ensure patient safety issues were discussed from ward to Board.

There are plans to include, junior doctors in training and students nurses to participate in the 2015/16 programme:

- Regular performance management meetings for teams 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 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 5, 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 Board Assurance Framework and on the controls reviewed as part of the internal auditor's work.

6.1 Head of Internal Audit Opinion (HoIA)

The Head of Internal Audit Opinion for 2014/15 was presented to the Audit and Risk Committee meeting of 28 May 2015 and was that:

Reasonable assurance can be 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/or inconsistent application of controls put the achievement of particular objectives at risk.

The basis for forming the opinion was as follows:

- An assessment of the design and operation of the Trust's Assurance Framework and supporting processes.

- An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

The Risk Management Strategy
The current risk management strategy was ratified in December 2011 and reviewed in January 2012. The revised risk management strategy and policy needs to be updated to reflect organisational and governance changes before it is finalised.

Risk Management Training
Divisions confirmed that although staff attend the Trust Induction, the training was brief and hence staff would benefit from further risk management training, such as a refresher on DATIX and the key information they need to record. Some of this training was being delivered directly by the Risk Leads within the Divisions.

Board Assurance Framework (BAF)
There was agreement in September 2014 that executives would be given time to review and rewrite the Board Assurance Framework (BAF) in the context of the new clinical strategy, and training would be delivered to both Executives and Non Executives to support this process. The BAF was presented to the January 2015 Audit and risk Committee, whilst the new BAF is to be presented to the July Board 2015. The BAF was presented to the Board three times during 2014/15, with the last formal review taking place in September 2014.

Corporate Risk Register
A paper on the Trust's Corporate Risk Register and wider risk management process is presented to each Audit and Risk Committee. Over the course of 2014/15 the Committee has carried out various 'deep dives' of key risks. A number of risks are not being reviewed by their review date despite reminders being sent to risk leads. A new Key Performance Indicator was agreed in March 2015 and will be used to monitor risk registers and the percentage of risk overdue by four weeks at both corporate and operational level. The new KPI needs to be included within the revised Risk Management Strategy.

Divisional Risk Management Processes
Divisions are working through their risk registers, and this work is ongoing and being supported by the interim Assistant Director, Safety, Regulation and Compliance. This process has enabled teams to review risks in their entirety and to assess whether the detail and risk grading are correct. As a result many risks are being re-worded and/or re-graded.

An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

8. Issues to highlight 2014/15

8.1 Leadership team

The Trust Board has seen significant movement in both Executive and Non Executive post holders during the year. Board movements are detailed above at section 3.1.

The Trust appointed substantive posts of Chief Executive on 1 April 2014 and Director of Communications and Corporate Affairs on 1 February 2015.

The Deputy Chief Executive and Director of Strategy returned from secondment on 1 April 2014.

There had been a gap between September 2014 and February 2015 of a permanent Chief Finance Officer. On the departure of Simon Wombwell, Chief Finance Officer, the Trust worked closely with the TDA to quickly identify a new Chief Finance Officer. This substantive post was recruited to in January 2015 and the Trust was assured that the individual would arrive imminently. As a result, the Trust Board felt it appropriate to operate aspects of the post with the Deputy Finance Director in the short intervening period. This involved attendance at Board Meetings and an enhanced authorisation of waivers. The Deputy Director of Finance is not on a Very Senior Management pay scale and did not receive additional remuneration during this period

Once it became clear that the new Chief Finance Officer was not going to commence before June 2015 the Trust went out to the market to source an interim Chief Finance Officer who was appointed from 4 March 2015 to 2 June 2015.

A substantive Chief Finance Officer will take up appointment on 3 June 2015.

Acting Directors for HR and Medical Director were appointed in year with recruitment to the HR Director substantive post completed in May 2015. The Medical Director post became a substantive post in May 2015. An interim Director of Nursing and Patient Experience post was appointed in year and this post will be recruited to as a substantive post in June 2015.

The Board at 3 June 2015:

Steve Hitchins, Chairman

Anita Charlesworth, Non-Executive Director

Paul Lowenberg, Non-Executive Director

Tony Rice, Non-Executive Director

Anu Singh, Non-Executive Director

Prof Graham Hart, Non-Executive Director

1 x vacancy for a Non-Executive Director – recruitment underway

Simon Pleydell, Chief Executive

Siobhan Harrington, Director of Strategy & Deputy Chief Executive

Stephen Bloomer, Chief Finance Officer

Dr Greg Battle, Medical Director (Integrated Care)

Dr Richard Jennings, Medical Director

Philippa Davies, interim Director of Nursing and Patient Experience

Lee Martin, Chief Operating Officer

Norma French, Director of HR will commence on 23 June 2015

A realignment of clinical leaders will be launched from 1 June 2015 following a staff consultation exercise with senior managers and clinicians. These changes will introduce seven integrated clinical service units to strengthen clinical leadership across the organisation.

8.2 Cost Improvement Programme

The Trust was challenged in meeting the CIP programme in 14/15; there were significant changes within the finance department and changes to the leadership of the Trust. A complete review has been undertaken and lessons learnt to improve CIP delivery in 2015/16 including strengthening governance arrangements on the CIP programme and strengthening the clinical leadership in the organisation.

8.3 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 it 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 59 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 improving its assurance over clinical information, particularly the transfer of data between care agencies. In 2015/16 the Trust will continue to work towards meeting full compliance to have 95 per cent completion of information governance training by Trust employees. A new mandatory training workbook has been published to improve access routes for training. The Trust will continue to improve the quality of data across the organisation and complete 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.

8.4 Electronic Patient Record management information reporting

The Trust went live with the first phase of its new Electronic Patient Record (EPR) system in September 2013. The EPR project 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 was unable to report its performance against contract since September 2013. The EPR system was successfully upgraded in May 2014 which enabled all missing Contract Data Sets (CDS) to be back loaded. All monthly CDS from May 2014 to date have been successfully submitted.

Simon Pleydell

Chief Executive

Appendix: Summary financial statements

The financial statements that follow are drawn from the audited statutory accounts of the Trust for the financial year ended 31 March 2015. The audit was conducted by KPMG, the Trust's external auditors. Their audit fee of £68,100 plus VAT related to statutory audit services.

These statements are in a summarised form, and may not contain sufficient information for a full understanding of the Trust's financial position and performance. The full accounts are available on request by emailing communications.whitthealth@nhs.net

Colin Gentile

Chief Finance Officer

Simon Pleydell

Chief Executive

Statement of Comprehensive Income for year ended 31 March 2015

	2014-15 £000s	2013-14 £000s
Revenue		
Revenue from patient care activities	**257,242**	262,820
Other operating revenue	**37,765**	34,577
Total Revenue	**295,007**	297,397
Operating expenses (including depreciation)	**(297,694)**	(294,953)
Operating surplus/(deficit)	**(2,687)**	**2,444**
Investment revenue	**25**	35
Finance costs	**(2,889)**	(2,783)
Deficit for the financial year	**(5,551)**	(304)
Public dividend capital dividends payable	**(3,828)**	(2,817)
Retained deficit for the year	**(9,379)**	(3,121)
Other Comprehensive Income		
Impairments and reversals taken to the revaluation reserve	**(12,719)**	(2,028)
Net gain on revaluation of property, plant & equipment	**26,744**	17,452
Total comprehensive income for the year	**4,646**	12,303

Financial performance for the year

Retained deficit for the year	**(9,379)**	(3,121)
IFRIC 12 adjustment (including IFRIC 12 impairments)	**0**	1,062
Impairments (excluding IFRIC 12 impairments)	**1,950**	3,136
Adjustments in respect of donated gov't grant asset reserve elimination	**87**	88
Adjusted retained deficit	**(7,342)**	1,165

Statement of Financial Position as at 31 March 2015

	31 March 2015	31 March 2014
	£000s	£000s
Non-current assets:		
Property, plant and equipment	**194,918**	179,975
Intangible assets	**4,481**	5,428
Trade and other receivables	**755**	702
Total non-current assets	**200,154**	186,105
Current assets:		
Inventories	**1,427**	1,294
Trade and other receivables	**19,219**	17,527
Cash and cash equivalents	**1,347**	5,123
Total current assets	**21,993**	23,944
Total assets	**222,147**	210,049
Current liabilities		
Trade and other payables	**(38,843)**	(36,011)
Provisions	**(1,380)**	(1,238)
Borrowings	**(1,643)**	(1,212)
DH capital loan	**(164)**	(164)
Total current liabilities	**(42,030)**	(38,625)
Net current assets/(liabilities)	**(20,037)**	(14,681)
Total assets less current liabilities	**180,117**	171,424
Non-current liabilities		
Provisions	**(1,952)**	(2,014)
Borrowings	**(32,168)**	(33,811)
DH capital loan	**(2,784)**	(2,948)
Total non-current liabilities	**(36,904)**	(38,773)
Total assets employed:	**143,213**	132,651
FINANCED BY:		
Public Dividend Capital	**62,377**	56,461
Retained earnings	**6,186**	15,277
Revaluation reserve	**74,650**	60,913
Total Taxpayers' Equity:	**143,213**	132,651

Statement of Changes in Taxpayers Equity
For the year ending 31 March 2015

	Public Dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000s	£000s	£000s	£000s
Balance at 1 April 2014	**56,461**	**15,277**	**60,913**	**132,651**
Changes in taxpayers' equity for 2014-15				
Retained deficit for the year		(9,379)		**(9,379)**
Net gain on revaluation of property, plant, equipment			26,744	**26,744**
Impairments and reversals			(12,719)	**(12,719)**
Transfers between reserves		288	(288)	**0**
New temporary and permanent PDC received - cash	11,516			**11,516**
New temporary and permanent PDC repaid in year	(5,600)			**(5,600)**
Balance at 31 March 2015	**62,377**	**6,186**	**74,650**	**143,213**
Balance at 1 April 2013	**53,344**	**5,300**	**30,668**	**89,312**
Changes in taxpayers' equity for the year ended 31 March 2014				
Retained deficit for the year		(3,121)		(3,121)
Net gain / (loss) on revaluation of property, plant, equipment			17,452	17,452
Impairments and reversals			(2,028)	(2,028)
Transfers between reserves		87	(87)	0
Transfers under Modified Absorption Accounting - PCTs		27,923		27,923
New temporary and permanent PDC received - cash	9,779			9,779
New PDC received - PCTs legacy items paid for by DH	1,838			1,838
New temporary and permanent PDC repaid in year	(8,500)			(8,500)
Other movements	0	(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 2015

	2014-15 £000s	2013-14 £000s
Net Cash Inflow from Operating Activities	**1,870**	2,290
Cash Flows from Investing Activities		
Interest Received	**25**	36
Payments for Property, Plant and Equipment	**(9,738)**	(11,701)
Payments for Intangible Assets	**(473)**	(830)
Net Cash Inflow Outflow from Investing Activities	**(10,186)**	(12,495)
Cash Flows from Financing Activities		
Gross Temporary and Permanent PDC Received	**11,516**	12,580
Gross Temporary and Permanent PDC Repaid	**(5,600)**	(9,463)
Loans repaid to DH	**(164)**	(164)
Other Loans Repaid	**(16)**	(32)
Capital Element of Finance Leases and PFI	**(1,196)**	(2,681)
Net Cash Inflow from Financing Activities	**4,540**	240
Net decrease in cash and cash equivalents	**(3,776)**	(9,965)
Cash and Cash Equivalents at Beginning of the Period	**5,123**	15,088
Cash and Cash Equivalents at year end	**1,347**	5,123

Simon Pleydell

Chief Executive

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