

Annual Report & Financial Summary Accounts 2015/16



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Overview

Chief Executive and Chair Statement

We are very proud of the work our staff do to support over 500,000 people living across north London to live longer, healthier lives.

Our patients are at the heart of everything we do and in December we were pleased to welcome the Care Quality Commission who carried out an extensive inspection of our community and hospital services. Described by the inspectors as a 'hospital with a heart', teams across the trust worked tirelessly in the run up to our inspection and we were repeatedly impressed by their commitment to showcase the important work they do and how they are tackling some of the inevitable challenges that arise. We expect their official report in summer 2016.

Our patients should get the very best start in life, and with this in mind we officially opened our new, specialist antenatal ward. The £650,000 refurbishment features better facilities and a redesigned space that will give women and their partners the privacy and dignity they deserve in a high quality clinical area. We are fully committed to further development and expansion of our maternity and neo-natal services. This year we are determined to secure the external funding required to develop and create world class facilities.

We have also expanded our facilities at Simmons House, an in-patient psychiatric unit for young people between the ages of 13 and 17. Following a £500,000 development, the unit now features two extra beds, allowing the team to support a larger number of vulnerable young people.

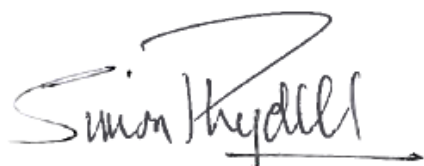
It is vital that we invest in our services so that we can continue to support our patients in the future. Key to supporting our plans for the future is our estate. Our new strategy, approved in February, sets out our plan to make sure we have the right facilities, in the right place, to deliver our services. We are fully committed to open consultation with our local community about changes to the way we deliver care, and as our plans continue to take shape we will involve local people and service users.

Our aim is to deliver population based healthcare through our clinical strategy in partnership with local primary care and social care. We are very pleased to be part of the Islington and Haringey Health and Wellbeing Partnership to take this work forward and see this as a significant step forward in the way services are provided for the community we serve.

Like many other NHS trusts, we had an extremely difficult winter. The particular pressure for us has been around emergency medical care; especially for frail and elderly patients. We have experienced a 6.4% increase over the last 12 months with 96,787 attendances. These pressures have impacted on our ability to meet the 95% target for patients to be treated within four hours. We reported 91.1% performance for the year and we have already begun to implement an action plan which includes recruiting more consultants, reducing patient length of stay, improving discharge planning and fully utilising our award winning ambulatory care centre. We are committed to providing and sustaining our local emergency department for our patients.

There is much we are determined to achieve in the years ahead, but this is dependent on us securing a sustainable position for the future. Our teams have worked hard to help us along our journey to a solid financial position. We finished the year on target with a planned £14.8m deficit, which is £256k better than our planned position. This was achieved by restructuring our senior clinical leadership teams and recruiting a permanent Board; a significant positive milestone. Over the next year we will continue to deliver against our cost improvement plans, whilst also looking to increase our income where opportunities arise.

Despite a challenging year which has seen an increased demand for our services coupled with growing financial pressures, our staff continue to deliver excellent, high quality care to patients. We are proud to lead Whittington Health and we are proud to work with the caring, committed team we do.



Simon Pleydell
Chief Executive



Steve Hitchins
Chairman

A personal message from the Chairman

I would like to take this opportunity to report on my personal experience as a patient at Whittington Health. Obviously this wasn't something I would have chosen but when I fell very seriously ill, the care and support from a wide range of staff was outstanding. This all contributed to a remarkable recovery. I was very fortunate and owe everyone in the Trust an immeasurable personal debt which this report affords me the opportunity to record.



Statement of purpose and activities

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney.

When most people think about the NHS, it is often hospitals that can spring to mind, but most NHS care is actually provided out in the community, either through GPs or other community health services, like health visitors and district nurses.

Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our mission and vision

We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients.

Our mission

Helping local people live longer, healthier lives.

Our vision

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

Our clinical strategy

During the past year we continued to implement our clinical strategy, engaging with staff and stakeholders to help us collectively meet the challenges our community and local health and social economy face over the next five years.

Our values

Our values underpin everything we do. Our staff are committed to upholding our values which we have collectively agreed:

- Innovation
- Compassionate
- Accountable
- Respectful
- Excellent

Our services

Our priority is to deliver the right care, at the right time, and at the right place for our patients. We provide an extensive range of services from our main hospital site and also run services from over 30 community locations in Islington and Haringey. Over the past year we have established seven Integrated Clinical Service Units who have reviewed their services and developed business plans to ensure continuous quality service improvements for our patients whilst meeting our financial commitments.

As an integrated care organisation we bring safe and 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.

Our strategic goals

Providing the best possible healthcare services to patients will be achieved by delivering our clinical strategy. We have six strategic goals that guide us in delivering safe and high quality care for all.

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

Key issues

Increasing demand for our services coupled with growing financial constraints means that there are a number of key challenges and issues we must overcome to enable us to deliver the best possible services to our patients.

Recruitment and retention of staff

Recruiting the best possible staff underpins all of our strategic goals, and is important that we meet this growing challenge. Over the past year we have worked hard to introduce a number of improvements to help our staff feel more connected to the organisation these included; developing a new appraisal process, introducing organisational values, restructuring of our clinical services to enable them to be more responsive to patients' needs, an improved corporate induction and increased communication between senior managers and frontline staff. These new measures have helped respond to staff feedback from our annual staff survey and we aim to build upon this success.

Spending on agency and temporary staff

A growing challenge over the next year will be to reduce our spending on agency and temporary staffing. Agency and temporary staff are only used to help us maintain safe levels of staffing as a result of sickness or unplanned absences as a last resort. Following the introduction of a national agency staff spending cap, it is important that we reduce our expenditure and we have introduced more stringent financial controls that will be closely monitored to help us meet this new, national target.

Emergency department performance

The number of visitors to our emergency department continues to rise, with over 4,000 extra visits compared with 2014/15 – with a significant rise towards the end of the year. This was replicated in emergency departments across the whole of London. Patient safety remains our top priority and our teams have worked hard to ensure that despite these increasing pressures our performance remains in the top quartile of performance across London.

To help us meet this growing challenge we are developing a new action plan to improve how patients are managed in our emergency department. Our plan will focus on increasing the number of discharges made before 11.00am, reducing patient stay where appropriate, improving discharge planning, as well as making the best use of our ambulatory care centre and community services.

Financial Position

We failed to meet financial balance and agreed a deficit target of £15m in year with the Department of Health. We met the deficit target, ending the year at £14.8m which is £256k better than our expected position. Whilst we have been able to meet our financial targets for this year, it is important that we continue to focus on reducing our overall expenditure so that our financial recovery plan remains on track to achieve overall annual financial balance for the organisation.

Going Concern

We have prepared our 2015/16 annual accounts on a going concern basis. However, because we made a deficit in-year and has a deficit plan for 2016/7, we have received a qualified opinion for use of resources in our 2015/6 accounts.

Performance Summary

Overall demand for our services is growing, in 2015/16:

- We had **96,839** visits to our emergency department
- There were **23,708** elective admissions
- Our maternity staff delivered **3,659** babies
- We had **765,177** contacts with patients in the community
- We had an annual turnover of **£290** million
- We employed over **4,200** staff
- We worked with over **100** volunteers who support us

Key achievements

Awards

We are proud of our staff and their commitment to delivering safe and high quality care – over the past year our teams have helped to secure **10 national professional awards** and accolades across all areas of our work, including leadership and education, through to diabetes, cancer and maternity services. The details of the awards and achievements of staff are set out within this report.

Performance Analysis

How we measure performance

To make sure we provide the best possible services to our patients, we are set a range of national targets. For a number of these we often apply a set of stretch targets, aiming higher than the minimum requirement of nationally set targets.

In 2015/16 we tracked and measured our progress against 22 targets, known as key performance indicators (KPIs), which are derived from our goals and national standards of care. Of these targets 12 were fully met and nine were missed and one local issue. Every month we review our progress against these targets to help understand and improve our performance. Our monthly performance is published monthly in our board papers.

Performance analysis

We believe it is important to set targets that fully reflect the service and care we want to provide to our patients, so whilst it is disappointing to see that we have missed some of our targets, we are working to understand the reasons why, making sure that progress is being made to meet all targets in the future.

Emergency department performance

Our emergency department has seen an increase of over 4,000 extra visits compared with the previous year and this has had a significant impact on our level of performance – particularly in the last quarter of the year. This target does not reflect the quality of care given to patients in our department and we are pleased to have consistently been in the top five performing emergency departments in London.

Waiting time for diagnostic tests

This target relates to patients who have not been diagnosed with cancer and but waiting for tests to determine if cancer is present. Some specialities have not been able to meet this target and the biggest challenge has been that some patients are not available during the 14 days. We have a detailed action plan in place to improve our performance. The most significant actions focus on making sure that all patients subject to the two week wait standard must be offered a choice of appointments within the 14 days – increasing the chance of being available to attend during that time.

Table one: Performance against national targets 2015/16, at a glance

Goal	Standard/benchmark	Our performance
Four hour wait in emergency department	95% of patients to be seen within four hours of arriving at the emergency department to admission, transfer or discharge	91.11%
Outpatient follow up ratio (the number of follow appointments needed per patient before they are well)	2.31 appointments per patient	1.49 appointments per patient
18 week wait for patients waiting to be seen	92% of patients to be waiting within 18 weeks	92.38%
Operations cancelled on the day of treatment for non-medical reasons	No cancellations	70 total cancellations (13 of which were urgent procedures)
Waiting times for diagnostic tests	99% of patients waiting less than six weeks	97.74%
Number of operations carried out as day surgeries, to reduce unnecessary admissions (using NHS Better Care, Better Value guidelines)	78.12%	84.88% (using most recent data for 15/16 Q2)
Patients not attending scheduled hospital appointments (DNA)	Less than 8%	First appointment: 12.7% Follow up: 13.4%
Patients not attending scheduled appointments in the community	Less than 10%	6.73%
Average length of stay in hospital: all specialities	5 days (average)	6.48 days (average)
Staff sickness absences from work	Under 3%	2.88%
Cleanliness of wards	95%	98.6%
No wards with both male and female patients	No breaches	0
Sexual health patients offered an appointment within two working days	100%	97.52%
Cancer waiting times		
Two-week wait from urgent referral to date first seen: all cancers	93% of patients seen by a specialist within two weeks of urgent GP referral for suspected cancer	93.1%
Diagnosis to first treatment	96% of patients treated began first definitive treatment within 31 days of receiving their diagnosis	99.5%
Two month (62 day) wait from urgent GP referral to first definitive treatment	85% of patients treated began first definitive treatment within 62 days of being urgently referred for suspected cancer by their GP: all cancers	88.8%
Maternity		
Bookings by 12 weeks, 6 days of pregnancy	90%	85.01%
Smoking in pregnancy at delivery	Less than 6%	5.24%
Rate of breast feeding at birth	More than 90%	90.24%
New birth visits (Islington)	95% seen within 14 days	92.6%
New birth visits (Haringey)	95% seen within 14 days	86.3%

Complaints		
Complaints to Parliamentary Health Service Ombudsman	No benchmark	9 (of which 5 not upheld, 3 still undergoing investigation and 1 resolved within Whittington Health)

Our activity

We are proud to serve our local community and over the forthcoming year we will continue to integrate and strengthen our hospital and community services to help local people live longer, healthier lives.

Table two: Our 2015/16 acute activity

Activity	2015/16
Emergency department visits	96,839
Emergency inpatient admissions	17,054
First outpatient attendances	76,635
Follow-up outpatient attendances	145,246
Elective inpatient admissions	2,480
Day case admissions	21,228
Maternity deliveries	3,659

Table three: Our 2015/16 community activity

Activity	2015/16
Community contacts (all – face to face)	765,177
Community nursing	283,752
Health visiting and school nursing	71,196
Physiotherapy (adults)	82,712
Sexual health	29,238
Dental	22,654

Statement of financial position

Like many NHS Trusts we are facing a challenging financial future. We failed to achieve financial balance and in year we agreed a revised deficit target of £15m. We finished the year with a £14.8m deficit, which is £0.2m better than our planned position of £15m.

Our underlying deficit at the end of the financial year was lower than planned at £11.6m against a target of £11.8m – this was largely due to a small underspend against plan. However the Trust's cumulative breakeven position has for the first time moved into a cumulative deficit. With this in mind it is essential that we continue to reduce our overall expenditure and running costs so that our financial recovery plan remains on track.

Over the year we generated £3.9m more income than planned, this was mainly due to our educational work. Our income for delivering services was £1.8m better than our planned position, partly due to our work in negotiating an annual income settlement with our commissioners.

Our expenditure on pay costs exceeded our budgeted level by £2m, which is a reflection of the cost of using temporary staffing. We continue to apply strict control on requests for temporary staffing. We spent a total of £16m on temporary staffing in 2015/16 and will need to reduce our spending on agency by 33% to meet our new, national target of £9.8m. We have established a Workforce Assurance Committee which will

oversee the delivery of our overall Workforce Strategy, including our plans to reduce agency and temporary staff spend in line with the target.

Property, plant and equipment

We have underspent by £4.3m against our annual capital plan of £8.1m. Spending against our capital plan was closely controlled to ensure we were able to meet our financial obligations and minimise our need for cash support borrowing.

Trade receivables

Our trade receivables are £1.3m higher than planned; this is due to the slow recovery of NHS payments due. We are working to recover this income to ensure a more accurate financial position.

Cash

We ended the year with £1.0m more in cash than planned. This was a planned increase in cash balances in order to create greater cash operational headroom and was triggered by the declining cash position in other NHS organisations that we trade with. During the year we received £18.3m cash support from the Department of Health, and repaid a temporary loan of £15m using this additional funding. Our cash management plan is focussed on collecting outstanding debt and managing our financial obligations over the year. We have agreed a minimum cash balance with NHS Improvement and the Department of Health, and will manage our cash flow in line with this position.

Payables

We are managing our creditor payments to ensure we meet our supplier obligations whilst maintaining an appropriate level of working capital.

Borrowings

Our borrowings are £8.9m greater than planned due to a combination of factors and a delay in accessing funding for our planned maternity and neonatal redevelopment and a change in the method of funding our cash support from Capital PDC (similar to shareholders capital) to borrowing.

Our successes

Helping local people live longer and healthier lives by providing safe, personal, co-ordinated care for the community we serve will be achieved by implementing our clinical strategy and delivering our six strategic goals. This report highlights examples of our achievements in beginning to deliver our goals throughout 2015/16:

Strategic Goal One – Secure the best possible health and wellbeing for our community

To support the health and wellbeing of the communities we serve, it is important that we understand and evolve to meet their changing needs. Here are just some of the things we have achieved:

Better support for young people

We have expanded our facilities at Simmons House, an in-patient psychiatric unit for young people between the ages of 13 and 17. Following a £500,000 development, the unit now features two extra beds, allowing the team to support a significantly larger number of vulnerable young people. The two additional beds are a key step forward in helping to make sure young people get the dedicated care and treatment they need.

Leaders in nursing

Michael Clift, Practice and Development Nurse working at Whittington Health was named as one of Nursing Times Leaders in 2015 thanks to his work in developing our new compassionate healthcare model. The list, which celebrates the work of 48 individuals from all aspects of nursing, paid tribute to the work Michael has done in making sure our patients are given the very best, compassionate care at all times.

UNICEF Baby Friendly accreditation

Our health visiting teams and breastfeeding peer supporters in Islington, alongside our Islington children's centres, were awarded full UNICEF Baby Friendly accreditation – making it one of only eight out of 32 London boroughs to achieve this international award. The accreditation reflects the work of our team in providing practical and consistent support to mothers, as well as helping to promote good mother-child relationships.

Strategic Goal Two – Integrate care in patient centred teams

As a leading integrated care organisation, we provide care to our patients in hospital and closer to home. The services we provide should support patients along every step of their healthcare journey and we work closely with GPs and other primary care teams to help make that happen. Here are some of the steps we have taken in the last year to deliver on this goal.

Cardiovascular team achieve Customer Service Excellence

Our cardiovascular team were recognised for their commitment to delivering good care and communication by the Cabinet Office as part of their Customer Service Excellence scheme. The service, which delivers specialist care to people with disorders of the heart or blood vessels, was praised by the assessors for its work in bringing together teams to deliver the best care to patients.

New allergy clinic in Haringey

We have opened a new paediatric allergy clinic in collaboration with a local GP. This new clinic has helped us to reduce the time patients need to wait to see an allergy specialist. Our team is also working with healthcare professionals across Haringey to help train them to spot the early signs of an allergy developing.

Helping smokers quit

Our smoking cessation team were recognised by the London Senate in their annual Helping Smokers Quit awards. The judges praised the commitment and experience of the team in helping both young and adult patients to 'quit at the Whit'.

Shining a light

Our Speech and Language team, in partnership with Hampstead School in Camden, has helped to improve young people's speaking and listening skills. The school worked closely with our team to deliver our Listen-EAR (Enjoy, Achieve, Respect) scheme to improve literacy and learning. As a result the school was awarded the Secondary School/College of the Year Award at the 2015 Shine a Light Awards.

Hospital at Home

Our Hospital at Home service provides care for children and young people in Islington. 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 enabling them to be discharged from hospital quicker or preventing admission. Working closely with GPs, the service allows our young patients to stay at home with their families and has helped to reduce emergency admissions into hospital.

Strategic Goal Three – Deliver consistent, high quality, safe services

One of our biggest roles is to ensure that we are delivering the best possible services to our patients. We are committed to taking on this role and helping local people live longer, healthier lives.

Supporting people with cancer

Our cancer service continues to improve. With funds from Macmillan Cancer Support, we have been able to refurbish our chemotherapy day room – a calm space where patients are able to talk about their treatment before it begins. This has had a big impact on how patients feel about their treatment with us, with patient satisfaction in the service at its highest ever level.

Our team of specialist cancer nurses was also commended at the Quality in Care Oncology awards. The unit was commended in the category of 'team of the year' for their work in helping to improve the experience of people with cancer by introducing a 24 hour helpline staffed by specialist nurses to provide support around the clock, organising a cancer care conference to support those affected by the disease and running 'look good, feel better' workshops to help patients cope with their changing appearance following treatment.

Improving district nursing

Our district nursing team supports patients with a wide range of conditions in their homes. One of the biggest risks to the patients the team supports are pressure ulcers – which can cause complications and slow recovery. Over the past year the team has worked closely with patients and carers to reduce the number of avoidable pressure ulcers by 30%.

Reducing falls in hospital

We want to make sure our patients stay safe and our teams have been working closely to reduce the number of falls in our hospital. A recent audit by the Royal College of Physicians showed that we had the second lowest rate for patient falls across the London region.

Strategic Goal Four – Support our patients in being active partners in their care

Our commitment to listening to the needs of our patients and partners has driven many new projects throughout the year

Cancer care conference

We hosted our first cancer care conference to commemorate World Cancer Day. Designed to help those affected by cancer to live longer, healthier lives, the event saw over 50 patients and their families come together to find out more about the support and information available following a cancer diagnosis.

This event, which was hosted by our team of specialist cancer nurses, saw patients take part in a range of workshops and talks including laughter therapy, nutritional and exercise advice, designed to help them take control of their health.

Award winning postnatal care

Our pilot scheme led by Logan Van Lessen and Maria Leyden, to enable partners to stay overnight following the birth of their babies, won the Royal College of Midwives Better Births award for postnatal and new-born care. Since the initiative was made permanent, complaints about post natal care have reduced by a third and patient satisfaction has increased.

Improving diabetes care

To help make sure people with diabetes get the support they need, we have introduced new telephone clinics to help check progress and answer questions about treatment and care. Our diabetes service was rated first of all NHS trusts in England and Wales in the national audit for our undertaking of the eight main care processes for people living with the diabetes. Over 95 per cent of our patients will be treated with all eight, compared with a national average of 59 per cent.

Self-Management Support Service

This important service supports people living with long term conditions in to take control of their health. As part of our work to improve the service we have developed an exciting new partnership with the Tottenham Hotspur Foundation (THF), to support people living in Haringey who are living with long term conditions like diabetes. The programme has proved a lifeline to many patients and the service scooped a best practice award at the UCL Patient Centred Education Conference in October.

Strategic Goal Five – To be recognised as a leader in the fields of medical and multi-professional education and population based research

Investing in education can make a clear difference to the lives of the patients we support. To ensure the best possible experience for all our patients, it is vital that we embrace education and research.

Protecting babies from harm

Our maternity team ran a successful pilot designed to explore how many women are affected by high levels of carbon monoxide (CO) during pregnancy. Offered to women at their 28 week antenatal appointment, the screening detects if women are affected by CO either through smoking, or exposure to second hand smoke or other substances.

The results of this test helped the team to protect babies from harm associated with smoking including miscarriage, stillbirth, ectopic pregnancy, premature birth and low birth weight. As a result, this monitoring will be available to all women having their babies with us from summer 2016.

Committed to education and training

One of our leading consultant paediatricians, Dr Caroline Fertleman, was highly commended at the UCLPartners Postgraduate Medical and Dental Education (PGMDE) awards.

Dr Fertleman was highly commended for her work as a Training Programme Director in the first annual awards ceremony, which recognises outstanding commitment to education and training by healthcare professionals. Caroline was praised by the judges for her outstanding work in developing education and training programmes, particularly in connection with her work in co-authoring 'the Hands-on Guide to Practical Paediatrics' and her dedication to improving knowledge and awareness of child safeguarding across London.

New PIP Service

We are piloting a new initiative with the Mental Health Foundation to help promote early childhood development through interactive video guidance, which helps parents to feel more confident and engaged with their babies in the early stages of their life by reflecting on positive interactions.

Strategic Goal Six – To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population

Innovation is key to transforming the services we deliver to our patients. We are focussed not only on how we treat illness, but also prevention and awareness that will empower our staff to deliver the best possible care.

Improving our dermatology service

We have developed a one-stop clinical shop for urgent dermatology cases, where patients can see a consultant in the morning and then have surgery, or a biopsy on their lesion in the afternoon. As well as helping to reduce the waiting time between appointments, this improved service has also helped us to reduce the stress and anxiety patients can often feel.

New antenatal ward opened

We officially opened our new, specialist antenatal ward. Following a £650,000 refurbishment, the ward now features significantly upgraded facilities and a redesigned space that will provide more amenities and comforts to women and their families. There are five new rooms with ensuite facilities and 13 other beds in dedicated cubicles. The space has been completely redesigned to ensure privacy and dignity for women and their partners in a high quality clinical area.

Improving Speech and Language therapy

Our speech and language team in Haringey completed a joint research project with City University to understand the language levels of young children across the borough. As a result of the research, schools in Haringey now have a clearer understanding about the language needs of their pupils and our team has been working closely to help provide the support needed.

Our workforce

At the heart of delivering high quality and safe care is our staff, both those who work directly with patients and those who provide the support they need to keep our services running.

Our new workforce strategy, which was developed with our staff and introduced this year, outlines our ambition to nurture a dynamic and flexible workforce with the skills, expertise and equipment.

A great place to work

We want to make sure that we thank our staff for the work they do by providing a supportive and positive working environment. Here are just some of the steps we have taken to help make this happen:

- We were awarded the Mayor of London Healthy Workplace
- Introduced a new appraisal process to help staff and managers to reflect and build upon performance
- Increased leadership and management training opportunities to help staff develop in their careers
- Implemented a new induction programme to ensure that staff feel part of the trust have a better understanding of the wider work we do

Staff survey results

Like many parts of the NHS there has been an increase in the demand for our services and as we rise to meet this growing challenge, our teams are committed to providing the best care possible. Our latest staff survey demonstrates the commitment of our staff despite these increasing pressures:

- 53% of staff feel satisfied with the opportunities for flexible working
- 83% of staff would recommend the Trust to friends and family if they needed treatment
- 70% of staff would recommend the Trust to friends and family as a good place to work.

Whilst our staff survey highlights many areas we can be proud of, there are some areas we must improve.

Over the next year we will take active steps to address issues around bullying, harassment and discrimination, improving communications from senior management, as well as increasing the number of staff participating in the national survey.

Health and wellbeing

Making sure we have a healthy and happy workforce is vitally important. Over the past year we have worked to improve the health and wellbeing of our staff and we were pleased to have our efforts recognised by being awarded the Mayor of London Healthy Workplace Achievement. We have also set up a new Health and Wellbeing Committee who are tasked with building on our early success.

Providing high quality and safe care

We are committed to providing safe, effective and high-quality care to all our patients. Our patients and their experiences of our care drive everything we do and we are working hard to make sure we deliver the best possible healthcare to all.

Our work to deliver excellent care to patients is underpinned by our key quality principles:

- Providing safe services
- Providing clinically effective services
- Providing the best experience of our services.

MRSA

We have halved the rate of MRSA infection – going from two cases in 2014/15 to one in 2015/16. We have a zero tolerance approach towards MRSA and our target is to reduce the number of reported cases to zero for 2016/17.

Clostridium Difficile (C.difficile)

Our teams have reduced the number of reported C.difficile cases by almost 60%, with a total of seven reported cases against a target of 17.

Same sex accommodation

We have reduced the number of patients not placed in same sex accommodation by 100%, going from 30 breaches in 2014/15 to none in 2015/16.

A key part of improving the quality of the care we give to our patients is encouraging our staff to share and learn from their experiences. In a national review of openness and transparency across NHS trusts in England, we received a rating of good and were ranked 78 out of 230 trusts overall.

For more a more in-depth review of how our services are working to improve safety and quality, refer to our Quality Account which is available at www.whittington.nhs.uk or communications.whitthealth@nhs.net.

Sustainability report

We are committed to delivering a clear programme of sustainable development across our services. Our plan aligns to the national strategy 'Sustainable, Resilient, Healthy People and Places'.

Our plan

Our Sustainable Development Management Plan (SDMP) outlines the steps we are taking to reduce our emissions. Key points include:

- Helping staff and patients reduce carbon emissions by publishing green travel plans, and providing information on how to reduce carbon emissions in their personal lives
- Ensuring that our plans for the future include an assessment of their environmental impact
- Actively encourage and reward recycling as well as reducing the volume of waste through procurement and purchasing plans.

Reducing emissions

Our total carbon dioxide equivalent emissions (CO₂e) across our hospital community sites last year was 11,910 tonnes. We are pleased to have reduced carbon emissions at our hospital site by 276 tonnes over the past year. By the end of 2015/16 our emissions were 7,789 tonnes compared to 8,979 in 2014/15. Our greenhouse gas emissions and energy consumption also fell by 7.16% over the last year.

As we work towards creating a more sustainable workplace, our target for the coming year will be to focus on reducing carbon emissions across our community sites. By 2020, we plan to have reduced our overall emissions to 7,860 tonnes in line with national targets.

Electricity, gas and water consumption

Over the past year our energy consumption reduced by 7.16% and our overall energy costs reduced by almost a fifth (19.7%). Our electricity consumption fell by 23% and our gas consumption by 4%.

Waste disposal

We have reduced the total amount of waste going to landfill by 9% over the past year. We currently recycle over half of our waste and aim to increase this to 90%. We have also been shortlisted for the Materials Recycling World's national awards 2016 in the category of Health Recycler of the year.

Procurement

We are committed to reducing the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. We will be introducing plans calculating the carbon emissions associated with our purchase of goods and services.

Travel and transport

We have a plan in place that sets out our commitment to providing sustainable transport; as part of this plan we operate five electric cars and we have a commitment from our patient transport provider to reduce the carbon emission of its vehicles.

Emergency preparedness

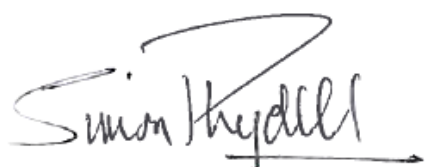
We have a dedicated team that brings our teams together to help us plan and prepare for a wide range of incidents and emergencies. This could be anything from extreme weather events, infectious disease outbreaks, terrorist attacks or major transport accidents. We work closely with our partners in other hospitals and emergency services to ensure we have effective plans in place.

Over the past year we have:

- Reviewed our major incident plan to ensure it meets with updated national guidance
- Conducted an exercise with key teams to test our response to potential terror and cyber attacks
- Attended the live Unified Response exercise, a large multi-agency training exercise that simulated a high-rise tower block falling into an underground station and resulting in mass casualties
- Worked with Human Resources and Operations colleagues in planning for and responding to NHS industrial action
- Implemented updated heatwave and cold weather plans in line with national guidance.

Over the next year we will continue to:

- Work closely with our partners to ensure we have clear plans in place to respond to potential emergency situations
- Introduce a new hospital and full site evacuation plan
- Implement new emergency response training programme for staff belonging to our on call team.

A handwritten signature in dark ink, reading 'Simon Pleydell'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Simon Pleydell, Chief Executive

1 June 2016

Accountability Report

Corporate Governance Report (including Annual Governance Statement and the Director's Report)

Trust Board Changes

Significant changes occurred in year to the Board membership with three new Non-Executive Directors, appointed, four substantive Executive Directors and one Associate Director. These changes have resulted in a permanent and substantive Board for the first time in two years. This provides the Trust with stability, strong leadership and capacity to implement the goals and objectives agreed by the Trust Board.

Chairman

- Chairing the Board of Executive and Non-Executive Directors
- Ensuring the Board receive accurate, timely and clear information that is appropriate for their respective duties

Non-Executive Directors

- Challenging and supporting the Executive Directors in decision-making and on the Trust's strategy
- Holding collective accountability with the executive directors for the exercise of their powers and for the performance of the Trust

Chief Executive

- Leading the Executive and Trust Management Group's in the day to day running of the Trust
- As Accountable Officer, working in partnership with the Board to deliver the Trust's strategy
- Ensuring that the Trust meets its statutory obligations and is fully compliant with external regulatory and statutory standards, as the Accountable Officer for the Trust
- Building effective working relationships with the community, Commissioners, Local Authorities, Universities, NHS provider organisations and other key stakeholders

Deputy Chief Executive and Director of Strategy

- Deputising for the Chief Executive
- Board Assurance Framework
- Leading the Executive and Trust Management Groups development of strategy
- Building effective working relationships with the community, Commissioners, Local Authorities, Universities, NHS provider organisations and other key stakeholders

Chief Financial Officer

- Meeting all organisational, statutory and regulatory requirements associated with Trust finances
- Leading the financial strategy and planning including developing the organisation's short, medium and long-term goals
- Ensuring efficiency and effectiveness of the overall finance function and the integrity of processes and systems

Chief Operating Officer

- Ensuring effective and efficient delivery of all operational, clinical and non-clinical support services
- Leading on performance delivery of national and local targets and on delivery of clinical efficiencies and service improvement work programmes
- Effectively engaging across all corporate and service delivery functions to ensure there are robust processes in place to agree and meet financial and activity targets

Medical Director

- Co-leadership with the Director of Nursing and Patient Engagement for clinical quality and safety
- Clinical strategy and planning; clinical service developments; contributions to wider Trust strategy and planning
- Medical leadership and clinical governance including management of all medical staff; medical-workforce planning; consultant appraisal; junior-doctor planning; clinical governance; clinical leadership in respect of NHSLA and CQC relationships
- Education and academia including medical education; relationships with Royal Colleges; and R&D

Director of Nursing and Patient Engagement

- Co-leadership with the Director of Nursing and Patient Engagement for clinical quality and safety
- Leading the Trust's registration of the CQC and action plans
- Whistleblowing guardian
- Safeguarding lead for adults and children
- Leading the Trust's risk and quality improvement work
- Nursing, midwifery and allied health professional leadership for the organisation
- Patient and public engagement
- Complaints and litigation

The voting members of the Board are supported by non-voting Director posts who are Associates and attend Board meetings on a regular basis and these are the Associate Medical Director of Integrated Care (lead for GP liaison), the Associate Director of Workforce and Development and the Associate Director of Communications and Corporate Affairs.

A wider senior leadership team, the Trust Management Group, shares in responsibility for the day-to-day activities and delivery of the overall performance of the Trust.

Trust Board Members - Voting Rights from 1 April 2016

- Steve Hitchins, Non-Executive Director Chair joined the Trust 1 January 2014
- Anu Singh, Non-Executive Director joined the Trust 14 January 2014 and Vice Chair of Trust Board from 1 April 2016 and Chair of Quality Committee from 14 May 2014
- David Holt, Non-Executive Director joined the Trust 13 July 2015 and Chair of Audit and Risk Committee and Senior Independent Director
- Tony Rice, Non-Executive Director joined the Trust from 21 February 2014 and Chair of Finance and Business Development and Charitable Funds Committees
- Professor Graham Hart, Non-Executive Director joined the Trust from 1 September 2014
- Deborah Harris-Ugbomah, Non-Executive Director joined the Trust from 1 May 2016
- Yua-haw Yoe, Non-Executive Director joined the Trust from 1 April 2016

- Simon Pleydell, Chief Executive joined the Trust on contract from 1 April 2014, substantive from 1 January 2015
- Siobhan Harrington, Deputy Chief Executive and Director of Strategy joined the Trust 1 September 2006
- Stephen Bloomer, Chief Finance Officer joined the Trust from 3 June 2015
- Richard Jennings, Acting Medical Director joined the Trust from 1 June 2014 to 17 May 2015, substantive from 18 May 2015
- Philippa Davies, Interim Director of Nursing and Patient Experience joined the Trust from 1 August 2014, substantive from 1 June 2015
- Carol Gillen, Chief Operating Officer from 1 April 2016

Associate Board Attendees - Non-Voting Rights from 1 April 2016

- Dr Greg Battle, Medical Director of Integrated Care
- Norma French, Director of Workforce
- Lynne Spencer, Director of Communications and Corporate Affairs

Board Members - Voting Rights during 1 April 2015 up until 31 March 2016

- Rob Whiteman, Non-Executive Director from 21 February 2014 until 1 April 2015, member of Audit and Risk Committee during term of office
- David Holt, Non-Executive Director from 13 July 2015, Chair of Audit and Risk Committee 13 July 2016
- Paul Lowenberg Non-Executive Director until 1 May 2016, member of Audit and Risk and Finance and Business Development Committees during term of office
- Anita Charlesworth, Non-Executive Director until 1 April 2016, member of Audit and Risk and Quality Committees during term of office
- Dr Richard Jennings, Acting Medical Director from 2 June 2014, substantive from 1 May 2015
- Steve Bloomer, Chief Finance Officer from 3 June 2015
- Dr Greg Battle, Medical Director Integrated Care from 6 June 2011 (sabbatical 1 January 2016 until 31 March 2016)
- Philippa Davies, Acting Director of Nursing and Patient Experience from 1 August 2014, substantive from 1 June 2015
- Colin Gentile, Interim Chief Finance Officer from 4 March 2015 until 2 June 2015
- Chris Goulding, Acting Director of Workforce from May 2014 until June 2015
- Norma French, Director of Workforce from 23 June 2015 to 31 March 2016
- Lee Martin, Chief Operating Officer until 31 October 2015
- Carol Gillen, Acting Chief Operating Officer 1 November 2015 to 31 March 2016

Board Members with Non-Voting Rights 1 April 2015 to 31 March 2016

Siobhan Harrington, Deputy Chief Executive and Director of Strategy from 1 April 2014 to 31 March 2016.

The voting rights of the Board were changed to reflect the changes and to comply with the NHS Code of Governance and strengthen the Trust's corporate governance.

The Trust amended its Standing Orders, Standing Financial Instructions and Scheme of Delegation to reflect the changes and the Trust Board ratified the changes in April 2016 on recommendation from the Trust Audit and Risk Committee which met in March 2016 to approve the arrangements.

Trust Board Code of Conduct and Code of Accountability

All Board members have signed the NHS Code of Conduct and Code of Accountability and this is presented in a public Board meeting on an annual basis.

Trust Board Registers of Declaration of Conflicts of Interest / Hospitality / Gifts

All Board members declare 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.

During this year the Trust included the interests of Clinical and Operational Directors, including other key senior staff in positions of influence and authority. This has significantly strengthened the Board and public oversight of the Register.

The Register is available online at <http://www.whittington.nhs.uk/document.ashx?id=6207>.

Trust Board Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions

The Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions were reviewed and updated in March 2016 by the Chief Finance Officer. A further review of all financial governance will take place during 2016/17. The Trust will develop and introduce a Trust wide financial governance scorecard to monitor and promote good financial governance practices across the organisation.

Trust Board Meetings

The Board met a total of eleven times in public in 2015/16, every month except August. Attendance is monitored by the Chairman and the average overall attendance by its members was 75% plus in line with the required target set out in the Trust Standing Orders. All Trust Board meetings were quorate in line with the Terms of Reference.

The Trust Board met a total of eleven times in private in 2015/16 and the agendas began to be published in year on the Trust website to provide greater transparency of business items being discussed.

Trust Board Attendance

Name and title	Number of meetings attended
Steve Hitchins <i>Chair</i>	9 of 11
Anita Charlesworth <i>Non-executive director</i>	9 of 11
David Holt <i>Non-executive director</i>	7 of 7
Paul Lowenberg <i>Non-executive director</i>	11 of 11
Tony Rice <i>Non-executive director</i>	8 of 11
Anu Singh <i>Non-executive director</i>	10 of 11
Rob Whiteman <i>Non-executive director</i>	1 of 1

Professor Graham Hart <i>Non-executive director</i>	8 of 11
Executives	
Simon Pleydell <i>Chief executive</i>	11 of 11
Dr Greg Battle <i>Executive medical director integrated care</i>	8 of 11
Lee Martin <i>Chief operating officer up to 31/10/15</i>	6 of 6
Carol Gillen <i>Chief operating officer from 1 April 2016</i>	5 of 5
Dr Richard M Jennings <i>Executive medical director acting from 2 June 2014, substantive from 1 May 2015</i>	11 of 11
Stephen Bloomer <i>Chief finance officer from 3 June 2015</i>	9 of 9
Colin Gentile <i>Interim chief finance officer from March 2015 to 2 June 2015</i>	1 of 2
Norma French <i>Director of Workforce from 23 June 2015</i>	10 of 10
Philippa Davies <i>Executive director of Nursing and patient experience from 1 June 2015</i>	11 of 11

Data Quality and Assurance

The Trust assures the quality and accuracy of performance and elective waiting time data through a combination of regular daily and weekly meetings to review and sign-off procedures. The sign-off and scrutiny process includes review at the seven Integrated Clinical Service Units, Senior Operational Groups, the Data Quality Group, Trust Management Group, and Board Committees who assure the Trust Board. The Internal Audit Annual Work Programme included a review of data quality and the recommendations will be implemented in 2016/17 to ensure continuous improvement. The Audit and Risk Committee receive assurance at their meetings on progress of the internal audits and recommendations. The Audit and Risk Committee Chair requests senior staff to attend meetings to present their progress on mitigating action plans.

The Trust has an advanced feed from the PAS system which is available through-out the Trust and updated daily. Staff from across the seven Integrated Clinical Service Units and the Corporate Information team regularly review a suite of reports that includes more advanced information for elective waiting times. This enables a 'deep dive and drill down' of patient level information. Patient pathways are validated to ensure that the quality of the data is accurate and the Trust has taken part in a National Validation Programme focusing on waiting lists. The Trust engaged additional external support from NHS IMAS and Intensive Support Team to assure integrity and robustness of our approach and management of Referral to Treatment compliance and ultimately patient care.

The Intensive Support Team undertook a 'deep dive review' into the outpatient booking processes, elective inpatient admissions processes and reporting at the Trust in order to review accuracy of data and support sustainable delivery of the Referral to Treatment Standard. Recommendations arising have formed part of an action plan to improve internal processes, as well as the quality and accuracy of data.

Some risks have been identified regarding the quality and accuracy of data due to the complexities of the Trust's systems and work continues to improve high quality data recording and reporting. This risk is captured on the Trust Corporate Risk Register (>15) to ensure mitigating actions are monitored and reported to the Trust Management Group and Board.

Trust Board Performance

The Trust Board reviewed its performance in year and developed a strengthened approach to the management of the Board cycle of business, information flows and governance arrangements.

The Trust Board now has an Annual Forward Plan and this provides a sound framework of reporting for all national and local performance requirements. The Annual Plan is dynamic and provides strong assurance that the Board is sighted on relevant and timely business items which include National Reports and policy guidance.

The Director of Communications and Corporate Affairs works closely with the Chair and Chief Executive to set agendas, manage the administrative and governance arrangements for the Board and its Annual Forward Plan and holds a record of Board attendance. The Chair has scheduled pre briefing meetings each month with the Executive Directors to support the Annual Forward Plan.

The Trust Chair meets with the Non-Executive Directors each month in private to review and discuss the performance of the Trust Board and the Executive Team.

The Trust Non-Executive Directors attend regular events for independent Directors and this includes induction events for new Non-Executive Directors led by the former National Trust Development Agency (1 April 2016 NTDA joined with Monitor and were renamed the NHS Improvement Agency). Annual appraisal is undertaken by the Chair for the Non-Executive Directors and the results of performance objectives are reported to the NHS Improvement Agency who appraise the Chair on an annual basis.

The Chair appraises the Chief Executive annually and reports performance and outcomes of objectives to the Trust Remuneration Committee.

The Chief Executive appraises the Executive Directors annually and reports performance and outcomes of objectives to the Trust Remuneration Committee on an annual basis.

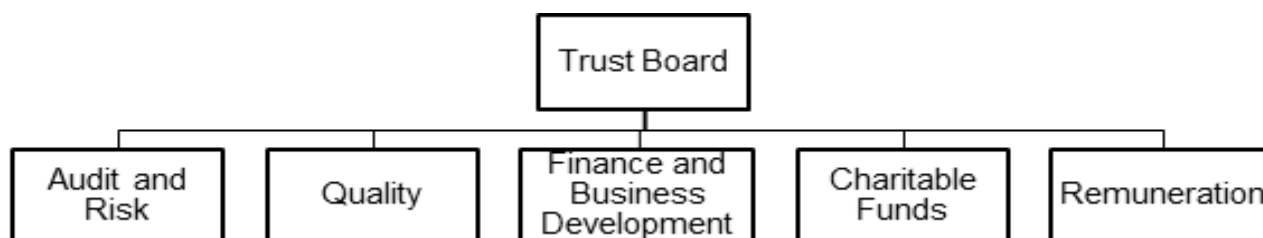
The Trust Board holds monthly informal Seminars to 'deep dive' into all areas of its responsibilities and this includes discussion and review on its own performance and effectiveness. This approach supports the Chair to schedule regular learning events with external speakers and experts, and implement required changes and continually strengthen governance.

The Board maintains up-to-date knowledge on matters of strategic importance, risks and controls relating to the local health economy and national agendas by attending conferences, partnership meetings, senior learning events and workshops held by CQC, NHSE, NHSI and other important bodies.

The Trust Board was compliant in-year with the NHSI reporting requirements of the accountability framework for NHS Trusts and these were reported at the Trust Board public meetings.

Trust Board Committee Structure

The Trust Board undertakes a proportion of its work through its Committees. The structure below was in place throughout 2015/16. Non-Executive Directors membership changed for the Trust Board Committees from 2015/16 commencing 1 April 2016 and the changes are reflected below.



Each Committee has its own terms of reference (TORs), formally adopted by the Trust Board that reviews all TORs annually. The Non-Executive Chairman of each Committee presents a summary of each meeting to the Trust Board to ensure transparency and openness of Trust business to members of the public.

All Committee meetings were quorate in line with their Terms of Reference and attendance of all meetings met the 75% performance target set out in the Trust Standing Orders.

The Committees ensure the Trust Board, Chairman and Chief Executive discharge the Trust's statutory duties, accountabilities and responsibilities. During each year the Trust revises the work and performance of each Committee to ensure they remain fit for purpose as changes occur to the leadership and structure of the Trust in line with Trust strategic intent and national policy directives.

From April 2016 the Trust established a Workforce Assurance Committee.

The Trust Chair attends all Trust Board Committee meetings on at least an annual basis.

The Trust Chief Executive attends at least one Audit and Risk Committee on at least an annual basis.

The Trust Board Committees' Terms of Reference enable Non-Executive Directors to substitute for each other.

Audit and Risk Committee

The Audit and Risk Committee assures the Board of Directors that probity and professional judgement are exercised in all financial matters. It advises the Board on the adequacy and effectiveness of the Trust's internal control systems, risk management arrangements, and governance processes, and on ways of maximising efficiency and effectiveness.

It prepares an Annual Report for the Board on these matters and an Annual Governance Statement. The Chief Executive is the Trust's designated Accountable Officer who has the duty of preparing the accounts in accordance with the NHS Act 2006.

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 2016 and the final report is due to be received and agreed by the Committee in June 2016.

The Audit and Risk Committee met five times in 2015/16. All meetings were quorate and in accordance with its terms of reference.

The Chair of the Trust Board is not a member of the Audit and Risk Committee in line with good governance principles.

Membership

- Rob Whiteman, Non-Executive Director Chair until 30 April 2015
- Anita Charlesworth, Non-Executive Director member until 31 March 2016, Vice Chair during May and June 2015
- David Holt, Non-Executive Director and Chair from 13 July 2015
- Tony Rice, Non-Executive Director from 1 April 2016
- Paul Lowenberg, Non-Executive Director until 30 April 2016
- Deborah Harris-Ugbomah, Non-Executive Director from 1 May 2016

Quality Committee

The Quality Committee assures the Trust Board on all issues of quality, patient safety and clinical effectiveness. It seeks assurance from across the whole of the organisation on systems, processes and outcomes relating to these areas including the environment. It and monitors compliance with the Trust statutory duties to comply and register with the Care Quality Commission and its quality and safety standards.

The Quality Committee met six times in 2015/16. All meetings were quorate and in accordance with its terms of reference. The Committee has undergone significant and improved changes to its management, administration and effectiveness in year.

Membership

- Anu Singh, Non-Executive Director Chair from 14 April 2014
- Prof. Graham Hart, Non-Executive Director until 31 March 2016
- Anita Charlesworth, Non-Executive Director Vice Chair until 31 March 2016
- Deborah Harris-Ugbomah, Non-Executive Director from 1 May 2016
- Yua Haw-Yoe, Non-Executive Director from 1 April 2016
- Philippa Davies, Director of Nursing and Patient Experience, from 1 August 2014
- Dr Richard Jennings, Medical Director, from 2 June 2014

Finance and Business Development

The Finance and Business Development Committee receives reports and verbal updates on issues relating to the delivery of the finance and business plan for the current year and future periods. The committee provides assurance to the Trust Board on all aspects of financial performance, including the operational financial performance, capital investment and working capital issues. The committee also considers updates on the implementation of business development programs and proposals for new development opportunities. The committee ensures compliance with statutory and regulatory requirements placed on the Trust by relevant authorities.

The Finance and Business Development Committee met ten times during 2015/16 and was quorate in line with its terms of reference. The Chair of the Committee was Tony Rice, Non-Executive Director, who has continued in the role since 2013/14.

The Finance and Business Development Committee is responsible for seeking assurance as to the satisfactory management of the Trust's finances, CIP Plan, cash management and capital programme. The Committee also reviews (and recommends to the Board for approval) business cases with high-level strategic significance. The Quality Committee is mainly responsible for issues of quality and patient safety. It seeks assurance on systems, processes and outcomes relating to quality (safety, effectiveness of care, and patient experience), and the environment, and monitors compliance with the Care Quality Commission Standards.

Membership

- Tony Rice, Non-Executive Director Chair from February 2014
- Anita Charlesworth, Non-Executive Director member until 31 March 2016
- Paul Lowenberg, Non-Executive Director until 30 April 2016
- Deborah Harris-Ugbomah, Non-Executive Director from 1 May 2016
- David Holt, Non-Executive Director from 13 July 2015
- Simon Pleydell, Chief Executive from 1 April 2014, substantive from 1 January 2015
- Siobhan Harrington, Deputy Chief Executive and Director of Strategy from 1 September 2006
- Stephen Bloomer, Chief Finance Officer from 3 June 2015
- Carol Gillen, Chief Operating Officer from 1 April 2016

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. The Committee met on a quarterly basis in year and this will be increased to bi-monthly from 2016/17 with the establishment of a Charitable Funds Panel meeting to support the Committee.

Membership

- Tony Rice, Non-Executive Director Chair from February 2014
- Steve Hitchins, Non-Executive Director from January 2014
- Prof Graham Hart from 1 April 2016
- Simon Pleydell, Chief Executive from 1 April 2014, substantive from 1 January 2015
- Stephen Bloomer, Chief Finance Officer from 3 June 2015

Nominations and Remuneration Committee

The Nominations and 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 three times in 2015/16 and was chaired by Steve Hitchins, Non-Executive Director.

The Nominations and Remuneration Committee is a statutory Committee comprising of the Non-Executive Directors that oversee the appointment, performance assessment and remuneration of the Executive Directors and senior staff.

The Director of Workforce attends at the request of the Chair in advisory capacity as relevant and appropriate.

External advisors are invited to meetings where required.

Membership

- Steve Hitchins, Non-Executive Director Chair from January 2014
- Tony Rice, Non-Executive Director Chair from February 2014
- Deborah Harris-Ugbomah, Non-Executive Director from 1 May 2016
- Anu Singh, Non-Executive Director from January 2014
- Prof. Graham Hart, Non-Executive Director from September 2015
- Yua Haw-Yoe, Non-Executive Director from 1 April 2016
- David Holt, Non-Executive Director from 13 July 2016
- Chief Executive from January 2015 (withdraws from the meeting during any discussions regarding his own terms of condition and remuneration)

Workforce and Assurance Committee

The Committee met on 7 April 2016 for the first time and agreed its purpose which is to ensure an effective structure, process and system of control for workforce governance and risk management; that human resources services are provided in line with national and local standards and policy, in line with the Trust's Corporate Objectives; development and delivery of the Trust's Workforce Strategy and compliance with relevant equality, diversity and human rights legislation.

Membership

- Steve Hitchins, Non-Executive Director Chair
- Prof. Graham Hart, Non-Executive Director
- Siobhan Harrington, Director of Strategy and Deputy Chief Executive
- Norma French, Director of Workforce
- Philippa Davies, Director of Nursing and Patient Experience
- Carol Gillen, Chief Operating Officer
- Helen Gordon, Deputy Director of Workforce

Review of Effectiveness of Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed of the effectiveness of the system of internal control primarily by those Executive, Clinical and Operational Directors and Managers within the Trust who have responsibility for the development and maintenance of the internal control framework, supplemented by the work of the Internal and External Auditors and programmes of clinical audit, quality and patient safety.

In year an external review was completed by the auditors Baker Tilley and recommendations were reported to the Board, in parallel with the implementation of a new Board Assurance Framework, Corporate Risk Register and Trust Board Committee Risk Registers. This has strengthened the Trust Board oversight of risks and provides greater transparency of risk identification and mitigations.

My review is further informed by comments made by the External Auditors in their 'Management Letter' and other reports. The Board and its Committees review plans to address weaknesses and ensure continuous improvement of the system is in place. The Trust Audit and Risk Committee scrutinises relevant risk plans and provides assurance to the Trust Board through its minutes of mitigating actions being completed.

The Trust reviews its effectiveness of the system of internal control through Executive, Clinical and Operational Directors and Managers within the organisation, who have collective responsibility for the

development and maintenance of the system of internal control and the Board Assurance Framework which is led by the Deputy Chief Executive.

I have drawn on the content of the review of the Quality Account and Sign Up to Safety Plan for 2015/16 and the Quality Account and Sign Up to Safety Plan 2016/17. I have also considered other performance information available to me which includes the Trust Quality and Safety Action Plan created from the Autumn 2015 self-assessment against the Care Quality Commission inspection methodology and quality and safety standards.

The responsibility for compliance with the Care Quality Commission standards is allocated to the Director of Nursing and Patient Experience, supported by the Executive and Associate Directors who are responsible for maintaining evidence of compliance. The assessment of compliance and the work of Internal Audit through the year, including advice and support on the development of the Board Assurance Framework and Corporate Risk Register, have assisted the Trust in gaining assurance on its system of internal control. The results of External Audit's work on the Trust's Annual Accounts and Quality Account 2015/16 are a key assurance together with the results of patient and staff surveys.

I have been advised on effectiveness of the system of internal control through reports produced for Trust Board Committees and Executive Directors who have provided assurance to me that plans to address weaknesses and ensure continuous improvement of the system are in place. I appraise and review the performance of the Executive, Associate and Clinical Directors throughout the year and receive assurance from each member at regular meetings throughout the year. I report these findings to the annual review of performance for the team to the Remuneration Committee which comprises of the Non-Executive Directors led by the Chair.

The Chair ensures that the Board receives an annual 'Fit and Proper Persons as Directors Report', which covers both Executive and Non-Executive Directors, to comply with the Duty of Candour Regulations. The Trust Board was assured in year of compliance, as set out within the Health and Social Care Act (Regulated Activities) Regulations 2014 which came into force on 1 April 2015.

I take very seriously the lessons the Trust has learned from missing the control total for the financial budget 2015/16 and I believe that the investments in the Financial, Corporate Project Management Office and Business Development Teams who will lead the 2016/17 cost improvement, quality impact assessments and transformation plans which will deliver the necessary improvement to achieve financial sustainability in the future years.

The Trust, in common with most providers across the NHS, faces an unprecedented financial challenge over the coming years, particularly in parallel with the complex system change for the health and social care economy as required by the transformation and sustainability policy directive. The Trust has already commenced a major transformation programme to help meet these challenges which includes taking forward the Estate Strategy to improve the physical environment for our staff to deliver high quality, safe services and to successfully deliver our clinical strategy.

The Board has played a key role in reviewing risks to the delivery of the Trust's Strategic Goals and Corporate Objectives through deep dives at its Board Seminars, monthly monitoring and discussions at Board and Committee meetings for key areas of finance, activity, national targets, clinical effectiveness, safeguarding, patient safety, quality and workforce performance. This enables the Board to focus on significant issues as they arise and address them.

The Trust Management Group and Audit and Risk, Finance and Business Development and Quality Committees have overseen the effectiveness of the Trust's risk management arrangements and have

undertaken reviews of their role and responsibilities. This has resulted in strengthening their Annual Work Plans, Terms of Reference and membership. The Committees and Trust Management Group are supported in this oversight role by the work of other forums such as the Information Governance and Patient Safety Committees. This approach will be strengthened in 2016/17 with the newly established Workforce Assurance Committee and Clinical Audit and Effectiveness Working Group.

So far as the Whittington Health Directors are aware there is no relevant audit information of which the auditors are unaware. The Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any audit information and to establish that the auditors are aware of that information.

As Accountable Officer, and Chief Executive of Whittington Health NHS Trust, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's Strategic Goals, Corporate Objectives and policies whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I acknowledge my responsibilities as set out in the Accountable Officer Memorandum.

As Accountable Officer, I confirm that as far as I am aware, there is no relevant audit information of which the auditors are unaware and I have taken all reasonable steps to make myself aware of any relevant audit information and to establish that the auditors are aware of that information.

I confirm that the Annual Report and Summary Financial Accounts, as a whole are fair, balanced and understandable, and that I take personal responsibility for the Annual Report and Financial Accounts and the judgments I have used to ensure they are fair, balanced and understandable.

The Trust Board of Directors is accountable for internal control. I have accountability for risk management in the Trust. The control of risk is embedded into management roles of the Executive Directors, particularly the Medical Director and Director of Nursing and Patient Experience who lead on clinical effectiveness, quality, patient safety and experience risks and the Chief Operating Officer for the delivery of operational services.

Levels of accountability and responsibility are detailed in the Trust Risk Management Strategy. The Corporate Risk Register and risk process is overseen by the Trust Management Group (TMG), the most senior Clinical and Executive decision making Group led by the Chief Executive who reports to the Trust Board.

In order to ensure that risk management is not seen only as an issue that needs to be addressed within the Trust, there are arrangements in place for working with stakeholders and partner organisations, including close working with Clinical Commissioning Groups, NHS Trust Development Agency, NHS England, University College London Hospital NHS Foundation Trust, Royal Free London NHS Foundation Trust and key partner organisations with whom we work to provide a diverse range of clinical and non-clinical support services. These cover both operational and strategic issues such as service planning, transformation, commissioning, performance management, research, education and clinical governance. The Risk Management Strategy and Risk Management Policy define the process for capturing risks both locally and strategically. The Trust's risk appetite is determined through this process.

The Trust continues to build upon the Board Assurance Framework and its central purpose is to set out the Strategic Goals and Corporate Objectives of the Trust, identify principal risks against them, the controls and any gaps in control, the assurances and gaps in assurances, and the action plans to remedy such

gaps. The Assurance Framework is subject to an Executive Director led review at the Trust Management Group and Board; including an internal audit each year to enable an iterative process for the ongoing development of the Framework.

Processes for auditing and monitoring clinical activity are in place in all the Integrated Clinical Service Units. Clinical processes are updated when National guidance is published or in response to adverse events and national safety notices, the latter via the Central Alerting System (CAS), which is monitored via the Patient Safety Committee as a standing agenda item. The Quality Committee monitors implementation of NICE guidance recommendations by NCEPOD and the Clinical Audit programme. The Trust will further expand the scrutiny of Clinical Audit and Effectiveness by establishing a dedicated Clinical Audit and Effectiveness Working Group that will report to the Trust Board Quality Committee.

Standard Quality and Performance Dashboards have been established by each of the seven Integrated Clinical Service Units, including areas of performance such as readmissions and returns to theatre – these are assessed on a monthly basis by the Integrated Clinical Service Unit Boards and at the Executive, Clinical and Operational Quarterly Performance Review Challenge meetings led by the Chief Executive. The Medical Director receives ongoing notification of unexpected complications and deaths and reports to the Executive Group weekly, Trust Management Group bi-weekly and Trust Board monthly.

The Audit and Risk Committee's Terms of Reference require it to review the establishment effectiveness and maintenance of the Trust system of integrated governance, risk management and internal control, both clinical and non-clinical. The Committee reviews all risk and control related disclosure statements; in particular the Annual Governance Statement and declarations of compliance with the Care Quality Commission's regulatory requirements together with any accompanying Head of Internal Audit statement, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors. The Committee ensures assurance processes that indicate the degree of the achievement of the Strategic Goals and Corporate Objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

It ensures the Trust is compliant with relevant regulatory, legal, and code of conduct requirements in conjunction with the Quality Committee and that the policies and procedures for all work related to fraud and corruption, are as set out in the Secretary of State Directions and NHS Protect.

The Committee is responsible for ensuring sound financial systems and leads on liaison and compliance with Internal Audit, External Audit and Local Counter Fraud Services.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve the policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process 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 realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts 2015/16.

The system of internal control is based upon a number of individual controls – for example, policies and procedures covering important business activities, how staff are appointed and managed and the Standing Orders, Standing Financial Instructions and Scheme of Delegation that are used to govern the Trust. In

addition, there are checks and balances inherent in internal and external audit reviews with Trust Management Group and Trust Board oversight.

Capacity to Handle Risk

The Trust Board public meeting commences with a face to face patient experience story to demonstrate the Trust commitment to listening and learning from patient stories.

The Board reviews the Trust Risk Management Strategy annually which sets out how the Trust manages the process of identification, assessment, analysis and management of risks and incidents. Board members receive annual training in risk management and an overview of the risk systems. In year, the Trust Board held a workshop Seminar to transfer and cleanse the Board Assurance Framework and Corporate Risk Register to reflect the transition from three divisions to seven Integrated Clinical Service Units established in July 2015. The appetite of the Board for risk is that all significant red risks are recorded on the Corporate Risk Register scored >15 although the Strategy denotes >20. This approach enabled the Board to scrutinise indepth risks being escalated during a year of transformation. The Board have agreed to review their risk appetite in 2016/17 to consider if risks of >15 or >20 should be escalated to the Board and this will enable the new Board team to collectively strengthen their focus and approach to managing risks.

The Board Assurance Framework ensures that there is clarity over the totality of risks that may impact the Trust's ability to deliver its Goals and Objectives together with any gaps in control or assurance. The Deputy Chief Executive is the responsible lead for the Board Assurance Framework.

The Corporate Risk Register brings together all significant risks which are derived from a bottom up and top down process which escalates from a number of sources to ensure totality of risk management and these include the Trust Board, Committees, Trust Management Group, Integrated Clinical Service Units, Project Management Office and Trust working groups.

The Trust Board Audit and Risk Committee meet at least quarterly and has an assurance role to the Board that there are adequate resources and controls to manage risk. The Information Governance Committee provides assurance and reports to this Committee.

The Trust Board Quality Committee meets bi-monthly and has an oversight role for serious incidents, with a monthly report on Serious Incidents provided to the public meeting of the Trust Board. A monthly update of risks and learning from experience is presented to commissioners in the Clinical Quality Review Group (CQRG) meetings.

The Trust Board Finance and Business Development Committee meet monthly and has an oversight role for all financial risks.

A monthly meeting is held with the NHS Improvement Agency Performance team and the Trust Executive Team provide assurance of all significant risks and mitigating action plans.

The Trust Board identified a gap in assurance and has therefore established a Workforce Assurance Committee that now meets quarterly from April 2016 to oversee the Trust's new Workforce, Recruitment and Retention Strategies.

I lead the Trust Management Group which was established in July 2015. This Group has significantly strengthened risk management and brings together a holistic overview of the strategic, corporate,

governance, financial, operational, I&MT, estates & facilities, workforce and organisational development, medical, clinical, quality, safety, patient experience, educational and research risks.

The Trust's seven Integrated Clinical Service Units have established monthly Boards which review risks and mitigating action plans in order to report to the Executive Quarterly Performance and Review meetings led by myself. Legacy risks from the former three Clinical Divisions were transferred to the seven Integrated Clinical Service Units to ensure a robust handover and these risks are operationally managed by the newly appointed seven Integrated Clinical Service Units ICSU Risk Managers.

The operational responsibility for the Trust's risk management work is vested in the Director of Nursing and Patient Experience and is overseen by the Trust Management Group that reports to the Trust Board.

All staff job descriptions clearly set out their responsibilities for effective and efficient risk management. Staff receive risk training at Corporate Induction, face to face workshops and online training. The Head of Integrated Risk Manager provides one to one and group training as required on a continual rolling programme throughout the year. Guidance for risk management is available on the Trust intranet and good practice is shared through a new learning zone on the Trust intranet and the weekly electronic staff Noticeboard.

There are sound internal processes to ensure that incidents which fit the national criteria for serious incidents are reported on the Department of Health Strategic Executive Information System (STEIS). The central repository is a leading edge software system DATIX and this complies with best practice management of risks.

The Trust has recruited additional senior clinical posts in year to support the Medical Director and strengthen the Trust's ability to manage risk. Dr Rob Sherwin, Consultant in Obstetrics and Gynaecology, was appointed as Associate Medical Director for Revalidation and Dr Julie Andrews, Consultant in Microbiology and Virology, was appointed as Associate Medical Director for Patient Safety. These valuable roles will innovate and improve the way the Trust delivers, measures and evidences safe and high quality care for patients. Funding from the Islington Community Education Provider Network was secured that will enable the roll out of eight Patient Safety Masterclasses in 2016/17 by Dr Andrews for staff and key stakeholders to listen, learn and share from the Trust feedback channels of complaints, concerns and serious incidents.

The Governance, Risk and Control Framework

The Trust is developing the breadth and scope of its risk work, for example by focusing on strategic risk, and this will become embedded in the future iterations of the Board Assurance Framework and Corporate Risk Register.

The Trust Board reviews the most significant risks and the associated risk management plans on a regular basis. The Head of Integrated Risk Management collates the Corporate Risk Register from the Trust Board Committee Risk Registers and seven Integrated Clinical Service Units Boards to assess the risks and produce a report for the Trust Management Group. The Group reports to the Board quarterly in line with the Risk Management Strategy.

The Trust has implemented a new system of 'patient safety huddles' led by Board members for assessing Care Quality Commission compliance based on the new inspection model. An Action Plan is generated following the visits and to strengthen the governance the Trust Management Group will monitor compliance and improvements to ensure a continuous cycle of learning is implemented and this will be reported to the Trust Board in 2016/17.

The Audit and Risk Committee consider the Board Assurance Framework and Corporate Risk Register on a six monthly basis and receive a report from the Internal Auditors with recommendations for improvements. Internal Audit (TIA) and External Audit (KPMG) work closely with this Committee and undertake reviews and provide assurance on the systems of internal control operating within the Trust. Internal Audit has confirmed that the Trust has had an improved and well-functioning risk management system and framework in place throughout 2015/16.

During the course of the year the Trust has sought to develop the Board Assurance Framework and Corporate Risk Register and this process has involved consultation with Internal Audit and a presentation and Masterclass by the Deputy Chief Executive and Head of Integrated Risk Management to the Board.

Internal Audit has confirmed it is satisfied with the developments to the Board Assurance Framework and the improved links to the Board Committees, Trust Management Group, seven Integrated Clinical Service Units and Corporate Project Management Office Risk Registers. Internal Audit is satisfied that there has been suitable management and Committee scrutiny of the Board Assurance Framework and the risks, controls and assurances contained within it. The risk procedures define what risks need to be escalated to the next management level as well as defining the level of risk which must be referred to the Trust Management Group and the Trust Board.

The Quality Committee is responsible for ensuring that effective arrangements are in place for the oversight and monitoring of all aspects of clinical effectiveness, quality and patient safety, including identifying potential risks to the quality of clinical care. The Board relies on the Quality Committee to provide advice on all aspects of clinical effectiveness, quality and risk and for assurance on areas of clinical governance and audit. The Quality Committee focuses on promoting a culture of openness and organisational learning from incidents, complaints and patient feedback, and ensures that feedback from patients and other stakeholders is used to inform policy and practice.

On behalf of the Board, the Quality Committee reviews compliance and receives robust assurance in meeting regulatory standards set by the Care Quality Commission. In compliance with the regulations of the Health and Social Care Act the Trust has registered its locations and activities.

The Trust is compliant with the registration requirements of the Care Quality Commission. In December 2015 a planned inspection was undertaken and at the time of drafting this statement the Trust has received no improvement notices and awaits the formal outcome report. This is expected in May 2016 and will trigger a process to enable the Commission to formally publish a report with recommendations. The Trust has established a comprehensive Quality and Safety Action Plan which identifies actions to address shortfalls highlighted from the Trust self-assessment and the initial verbal feedback from the inspection in December 2015.

Information Governance

The Trust takes its requirements to protect confidential data seriously and in 2015/16 made improvements in data quality and records management. The Trust has 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 65 per cent

against a target of 66 percent and an improvement from 59 percent in 2014/15. 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 corporate records management. The work to achieve these remaining standards is monitored by the Information Governance Committee that provides assurance and reports to the Audit and Risk Committee.

The Trust has assurance from internal (TIAA) and external auditors (KPMG) that appropriate systems and processes are in place in order to safeguard confidentiality and information security in relation to patient and staff information.

All staff are required to undertake IG training. In 2015/16, the Trust reached an annual peak of 82 percent of staff being IG training compliant. The compliance rates are regularly monitored by the IGC, including methods of increasing compliance. The IG department continues to promote requirements to train and targets staff with individual emails, include news features in the weekly electronic staff Noticeboard and run classroom-based sessions at induction. In 2016/17 the Trust will continue to work towards full compliance for Level 2 IG Toolkit.

Information Governance Serious Incidents

The table below sets out all Information Governance Serious Incidents declared during 2015/16. All serious incidents are reported to the Department of Health and Information Commissioner's Office. Serious Incidents are investigated and reported to the Trust's Serious Incident Panel, relevant Executive, Clinical or Operational Director, the Caldicott Guardian and the Senior Information Risk Owner. All investigations follow the Root Cause Analysis methodology in line with best practice.

The Information Governance Committee chaired by the Senior Information Risk Owner, maintains a review schedule of all Information Governance Serious Incidents and pro-actively monitors the action plans. The Information Governance Committee reports to the Trust Board Audit and Risk Committee.

Date of Incident (Reported Date)	Nature of Incident	ICO Outcome
February 2015 (April 2015)	Health assessment sent to wrong address	No further action
May 2015 (May 2015)	Handover sheet found in public	No further action
July 2015 (August 2015)	Unauthorised access of medical records	N/A
2012/2015 (September 2015)	Faxes inappropriately sent to a private fax number	N/A
March 2016 (April 2016)	Health assessments sent to wrong addresses	N/A
March 2016 (April 2016)	Information inappropriately disclosed	N/A

Internal Audit and Local Counter Fraud Services

The results of Internal Audit reviews are reported to the Audit and Risk Committee which ensures system and process weaknesses are addressed. Improved procedures are in place to monitor the implementation of control improvements with Executive Directors invited to present progress on plans to mitigate risk for areas within their portfolios. An Internal Audit annual work plan is agreed by the Trust Management Group and the Audit and Risk Committee. The Local Counter Fraud Annual Work Programme is led by the Chief Finance Officer and is monitored by the Audit & Risk Committee.

Significant Risks

Trust risks were managed in line with the Trust Risk Management Strategy and Policy. This approach will be further strengthened by a newly created Business Development team and central Programme Management Office who will oversee the cost improvement programme and quality impact assessments.

The following summary presents significant risks that were reported to the Trust Board and Committees in year and which are still of major concern to the Trust. Significant risks are the failure to:

- Meet the Trust financial control total
- Meet the national A&E four hour target of 95% in the hospital emergency department
- Access capital funding for maternity and neonatal redevelopment
- Meet nationally set agency and temporary staffing spend targets
- Improve recruitment and retention
- Effectively manage the maintenance of medical devices
- Improve the efficiency and effectiveness of the e-procurement system
- Ensure high quality data capture, recording and reporting
- Ensure clinic letters are on dictate IT to enable compliance of 100%
- Clinically support the Lower Urinary Tract Services Clinic
- Fund a new endoscopy and decontamination unit
- Ensure lack of resilience for bronchoscopy procedures
- Meet the Institute of Health Records Guidance

Stakeholder Involvement in Risk Management

A variety of different stakeholders, both internal and external, attend Trust deliberative and non-deliberative meetings which gives them opportunities to raise issues face to face with the senior teams for understanding of risks that impact upon them.

The Trust Board commences with a face to face patient story followed by a series of questions and answers to the Board. The Chair ensures any follow up actions are reported to the Board and supports a further question and answer session at the end of Board meetings to enable stakeholders and the public direct access to Non-Executive and Executive Directors.

The Trust actively works with as many stakeholders and partner organisations as practicable. For example with the Academic Health Science Partnership and UCL Partners and with other health providers such as the Royal Free and UCLH, in relation to the national imperative for sustainability and transformation plans to be developed. Risk management is a key part of this work and the Trust proactively engages in the collective identification and management of risks within these forums.

The Trust hosts an open 'Annual Oration Event' to invite high profile speakers to meet the Trust Board, members of staff and the public. In October 2015, the Trust invited the 'Chief Inspector of Hospitals' from the Care Quality Commission. The event was attended by over one hundred delegates and demonstrates the transparent approach of the Trust to engage in two way discussion regarding risks and mitigation requirements to support collective understanding by stakeholders of the Trust commitment to continuous learning and quality improvement.

The Trust engages with the public and stakeholder community in a number of ways including publishing information on the Trust website and responding to real-time interactive social media platforms (twitter, facebook, linked-in). Trust Board meeting papers displayed on the website enable members of the public

to review the Board Assurance Framework, Corporate Risk Register and Performance Reports and Serious Incident Reports including copies of the Trust Board Committee Minutes.

The Executive team attend Joint Health and Overview and Scrutiny Committees to present strategic intent and respond to risks to delivery. In year this included discussion of important risks associated with the clinical strategy, estates strategy and a specialist clinic for patients which experienced complex difficulties regarding service delivery.

The Chairman and I have held regular meeting with the media, MPs and high profile local stakeholders. This has enabled a continuous two way dialogue throughout the year to mitigate speculation and confusion of the Trust strategic direction of travel; a risk that had materialised in previous years.

I began a series of 'back to the floor' 2015/16 meetings with numerous staff groups, as well as launching a new 'Team Brief' monthly meeting for senior and middle managers. I attend the monthly 'Corporate Induction' meetings and the numerous wider leadership events that take place across the Trust. The Executive team also attend and these events are supported an annual learning and development programme of events; accessible to all staff.

The Trust participates in mandatory national and local patient and staff surveys. The results are included in public Trust Board papers and publicised within the Trust communications channels such as the weekly electronic 'Corporate Noticeboard'.

The Deputy Chief Executive and Director of Communications and Corporate Affairs hosted weekly internal staff communications events and stalls in year to engage in face to face drop-ins for staff to discuss the clinical and estates strategy. The feedback was shared with the Trust Board and wider public by presenting the findings to an open Trust Board meeting as part of the sign off process for the Trust's estate strategy.

Other Control Measures

As a public body employer with staff entitled to membership of the NHS Pension Scheme, stringent control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that the Trust's obligations under equality, diversity and human rights legislation are complied with. Equality Impact Assessments are carried out for new service developments and when reviewing policies. The Trust has an 'Equality Action Plan' in place to strengthen the development of the Equality Delivery Scheme.

In year, the Trust welcomed an expert speaker to a Board seminar to provide equality and diversity training and interactive discussion. This resulted in a further detailed 'Masterclass' to the Board to broaden knowledge and understanding of this key priority for the Board. The Trust '2016/17 Staff Survey Action Plan' has set out a key priority for the Executive Directors to continue to tackle issues of equality that have been raised by staff as one of their main risk concerns.

The Trust will introduce new guardian roles in 2016/17 in line with national policy and this will be underpinned by a dedicated team of 'bullying and harassment' advisors who will be supported by training and development.

Risk assessments are undertaken throughout the Trust and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure the Trust is fully compliant with the Climate Change Act and the Adaptation Reporting.

Value for Money

The Trust failed to meet its financial control total which is to deliver financial balance.

For 2015/16 the Trust reported a financial position of £14.8m deficit which was slightly better than the planned deficit of £15m; as revised and agreed in year with the National Trust Development Authority and Department of Health.

The Trust finance, contracting, business development and risk reports are presented to the Finance and Business Development Committee and to the Trust Management Group and to the Trust Board. In year the Trust revised the meeting schedule of the Finance and Business Development Committee to meet monthly to increase oversight of the Trust plans and ensure deliver in 2016/17.

Internal and External Audit consider value for money and both are required as part of their Annual Audit to satisfy themselves the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if not. The Trust failed its Value for Money test and has agreed a plan to meet this duty in future.

The Internal and External reports form part of the Trust audited Annual Accounts and Annual Report for 2015/16 and will be submitted to the Department of Health by the Trust auditors KPMG on 2 June 2016. This forms part of the national submissions process and follows the NTDA and the Group Manual for Accounts 2015/16 mandatory instructions.

The Trust Board will formally present the Summary Annual Accounts and Annual Report 2015/16 to its Annual General Meeting on 7 September 2016.

Quality and Safety

The Executive and Non-Executive Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

There are a number of controls in place to ensure the quality of the Quality and Sign up to Safety Reports and these include reporting to the Trust Board, the Trust Management Group, the Quality and Audit and Risk Committees and seeking opinion from the Health Overview and Scrutiny Committees and local Healthwatch Boards.

KPMG, as our external auditors, also provide a limited assurance opinion on the Quality Accounts. This limited assurance opinion work involves testing the VTE and C. Diff indicators on a sample basis. This work has not identified any issues with the data samples tested and a clean limited assurance opinion on these two indicators is anticipated.

The Quality Report 2015/16 will be published on the NHS Choices website mid June 2016 in line with statutory requirements.

The Trust is compliant with the registration requirements of the quality regulator the Care Quality Commission.

Governance Statement

The purpose of the Trust Board is to govern effectively and in doing so build patient, public, staff and stakeholder confidence that their healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:

- In the quality and safety of Trust health services
- That resources are invested in a way that delivers the best possible health outcomes
- In the accessibility and responsiveness of services
- That patients, staff and the public can help to shape our services to meet their needs
- That public money is spent in a way that is fair, efficient, effective and economic

The Trust Board complies with good governance principles as set out in the Healthy NHS Board guidance that explains the Trust leadership undertakes key roles:

- Formulating strategy
- Ensuring accountability by: holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- Shaping a healthy culture for the Board and the Trust
- Are informed by the external context within which they operate
- Are informed by, and shape, the intelligence which provides an understanding of local people's needs, trend and comparative information on how the Trust is performing together with market and stakeholder analyses
- Give priority to engagement with stakeholders and opinion formers within and beyond the organisation; the emphasis is on building a healthy dialogue with, and being accountable to, patients, the public, and staff, volunteers, commissioners and regulators

The Trust Board has corporate and quality governance structures and procedures in place to manage the organisation including Trust Board Committees, an Executive Group and Trust Management Group led by the Chief Executive. The Trust Standing Orders, Scheme of Delegation and Standing Financial Instructions were reviewed in year and set out the arrangements and responsibilities of the Board of Directors and officer.

The Board agrees its strategy and objectives annually, which are set out in the Annual Report. Members of the public received regular reports on quality, safety, clinical, operational, workforce and financial performance throughout the year in public Board meetings. All papers and agendas are displayed on the Trust website with an Annual General Meeting held in September of each year to present highlights of each financial year.

Corporate Governance Code

Corporate governance is the means by which the Board leads and directs the Trust so that decision-making is effective and the right outcomes are delivered. Our Board is committed to safe, effective services in a caring and compassionate environment in a way that is responsive to the changing needs of patients.

Ensuring robust governance structures that encourage proper engagement with stakeholders and strong local accountability will help the Trust to maintain the trust and confidence of our patients and communities

that we serve. Good corporate governance is dynamic and the Chair and Chief Executive are improving governance on a continuing basis through a process of evaluation, review and change.

Good corporate governance is the means by which our quality governance is overseen. Our robust corporate and quality governance arrangements complement and reinforce one another. Our clinical teams are at the front line of ensuring clinical effectiveness, quality of care and safety for patients. However, it is the Trust Board of Directors that takes final and definitive responsibility for improvements, successful delivery, and equally failures, in the quality of care. Our strengthened governance arrangements means the Board pay as much attention to quality of care and quality governance as we do to our financial health.

The Board is committed to the principles of good governance and to ensure the Trust is working to the principles of the Code of Governance the Chair and Chief Executive have expanded the role of the Company Secretariat function which resulted in the Director of Communications and Corporate Affairs taking on additional formal responsibilities for managing the Board Annual Forward Plan, the drafting of the Corporate Governance Report (Annual Governance Statement), Trust Board and Management Group Registers of Interest, the Trust Board NHS Constitution Assurance Plan and the Trust Board Quality Committee and Management Group Annual Forward Plans and high level administration arrangements. This function will expand further in 2016/17 as the Trust intends to fully apply the Corporate Governance Code; where applicable and relevant to an NHS Trust.

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.

Transformation and Sustainability

I led a significant and complex transformational change programme with support from the Executive team which enabled the change from three divisions to seven Integrated Clinical Service Units that are now led by senior Clinical Directors and Operational Directors. To support the transition of these governance arrangements and the successful delivery of the Cost Improvement Programme the Trust commissioned an external consultancy to lead the establishment of a central Programme Management Office. This will now be led by the Trust new Business Development team with overall leadership from the Chief Operating Officer.

Complaints to Parliamentary and Health Service Ombudsman (PHSO)

Between 1 April 2015 and 31 March 2016, the Trust received notification of nine complaints that had been escalated to the PHSO. Of these complaints, five were not upheld, three are still being reviewed and one was returned to the Trust for further resolution and is now closed.

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. From these reports, and the audit programme to support them, the Trust is not aware of any irregularities and considers that it is legally compliant.

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 Directors is 90%. 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 Trust Board and Quality Committee closely monitor mandatory training levels within the Trust. For 2015/16 the level attained across the organisation missed the target and was reported at 83%.

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.

Head of Internal Audit Opinion (HoIA)

The Head of Internal Audit Opinion for 2015/16 was presented to the Audit and Risk Committee meeting of 1 June 2016 and my overall opinion is that reasonable assurance can be given that there are adequate and effective management and internal control processes to manage the achievement of Whittington Health's objectives.

The basis of the opinion

An assessment of the design and operation of the underpinning 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 first ten months of the financial year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

Additional areas of work that may support the opinion will be determined locally but are not required for Department of Health purposes e.g. reliance being placed upon Third Party Assurances.

TIAA completed 15 assurance reviews which were designed to ascertain the extent to which the internal controls are adequate and to ensure that activities and procedures are operating to achieve the Trust's objectives. For each assurance review an assurance assessment was provided.

A summary is set out below

Assurance Assessments	Numbers of Reviews
• Substantial assurance	03
• Reasonable assurance	10 including 4 drafts
• Limited assurance	02
• No assurance	0

During the course of the period, two advisory reports have also been issued to the Trust. All reviews have been reported to the Audit & Risk Committee, and a summary of each review is provided in the commentary below.

I can confirm, having taken all appropriate steps to be aware of potential breaches or failure to comply, that arrangements in place for the discharge of statutory functions have been checked for any irregularities, and that they are legally compliant.

I can further confirm that, having taken all appropriate steps to be aware of any relevant audit information that should be communicated, and to the best of my knowledge, there is no relevant audit information of which our External Auditor, KPMG, has not been made aware.

A handwritten signature in dark ink, appearing to read 'Simon Pleydell', with a long horizontal stroke extending from the end of the name.

Simon Pleydell, Chief Executive

1 June 2016

Remuneration and staff report

The salaries and allowances of senior managers who held office during the year ended 31 March 2016 are shown in Table four.

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 three: Salaries and allowances 2015/16

(not all executives are members of the pension scheme)

Name and title	Salary as director (bands of £5,000)	Performance pay and bonuses as director (bands of £5,000)	Long term performance pay and bonuses as director (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£0	£0	£0	£0	0
			(Note 2)	(Note 3)	
Non-executives					
Steve Hitchins <i>Chair</i>	20-25	0	0	0	20-25
Anita Charlesworth <i>Non-executive director up to 30 April 2015</i>	5-10	0	0	0	5-10
David Holt <i>Non-executive director up to April 2015</i>	0-5	0	0	0	0-5
Paul Lowenberg <i>Non-executive director up to 31 May 2016</i>	5-10	0	0	0	5-10
Tony Rice <i>Non-executive director (Note 4)</i>	5-10	0	0	0	5-10
Anu Singh <i>Non-executive director</i>	5-10	0	0	0	5-10
Rob Whiteman <i>Non-executive director (Note 5)</i>	5-10	0	0	0	5-10
Professor Graham Hart <i>Non-executive director (Note 6)</i>	5-10	0	0	0	5-10
Executives					
Simon Pleydell <i>Chief executive</i>	190-195	0	0	0-2.5	190-195
Siobhan Harrington <i>Director of strategy/Deputy CEO</i>	110-115	0	0	27.5-30	135-140
Dr Greg Battle <i>Executive medical director integrated care (Note 9)</i>	25-30	0	0	10-12.5	35-40
Lee Martin <i>Chief operating officer up to 31/10/15</i>	65-70	0	0	7.5-10	70-75
Carol Gillen <i>Chief operating officer from 1 April 2016</i>	95-100	0	0	30-32.5	125-130

Dr RM Jennings <i>Executive medical director acting from 2 June 2014, substantive from 1 May 2015 (Note 11, 12)</i>	155-160	0	0	37.5-40	190-195
Stephen Bloomer <i>Chief finance officer from 3 June 2015</i>	115-120	0	0	37.5-40	150-155
Colin Gentile <i>Interim chief finance officer from March 2015 to 2 June 2015 (Notes 10, 15)</i>	50-55	0	0	0	50-55
Norma French <i>Director of Workforce from 23 June 2015</i>	70-75	0	0	17.5-20	85-90
Philippa Davies <i>Executive director of Nursing and patient experience, acting from 1 August 2014, substantive from 1 June 2015</i>	90-95	0	0	37.5-40	125-130

Notes

1. The salary figures above represent the 2015-16 financial year and, therefore, reflect that some Directors were only in post for part of the year.
2. Tony Rice donated his salary to Whittington Hospital NHS Trust Charitable Funds.
3. Rob Whiteman resigned from the Trust on 30 April 2015
4. 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).
5. Dr Greg Battle's position is part-time.
6. The table shows Colin Gentile (Cogent Health Solutions Limited), covering the post of Interim Chief Finance Officer from March 2015 to 5th June 2016.
7. The table shows Dr Jennings' remuneration as executive medical director, includes payment for his clinical work £46,992 and a clinical excellence award of £17,742.
8. The significant change in Dr Jennings' remuneration is as a result of changes to the way Medical Directors remuneration is reported this year (single total figure is required).
9. For interim directors, the values shown in the table represent the notional equivalent of salary and includes VAT.
10. Norma French was a voting member of the Trust Board until 31 March 2016, therefore her entitlements are disclosed above.

Table four: 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 <i>Chair</i>	20-25	0	0	0	20-25
Anita Charlesworth <i>Non-executive director</i>	5-10	0	0	0	5-10
Professor Jane Dacre <i>Non-executive director up to August 2014</i>	0-5	0	0	0	0-5
Paul Lowenberg <i>Non-executive director</i>	5-10	0	0	0	5-10
Tony Rice <i>Non-executive director (Note 4)</i>	5-10	0	0	0	5-10
Anu Singh <i>Non-executive director</i>	5-10	0	0	0	5-10
Rob Whiteman <i>Non-executive director (Note 5)</i>	5-10	0	0	0	5-10
Professor Graham Hart <i>Non-executive director (appointed September 2014) (Note 6)</i>	0-5	0	0	0	0-5
Executives					
Dr Yi Mien Koh <i>Chief executive (left April 2014) (Note 7)</i>	100-105	0	0	0-2.5	100-105
Simon Pleydell <i>Interim Chief executive (up to Dec 2014) (Note 8)</i>	240-245	0	0	0	240-245
Simon Pleydell <i>Chief executive (from Jan 2015) (Note 8)</i>	45-50	0	0	0	45-50
Siobhan Harrington	105-110	0	0	0-2.5	105-110

<i>Director of strategy/Deputy CEO</i>					
Dr Greg Battle <i>Executive medical director integrated care (Note 9)</i>	40-45	0	0	0-2.5	40-45
Lee Martin <i>Chief operating officer</i>	105-110	0	0	17.5-20	125-130
Dr Martin Kuper <i>Executive medical director (Note 10) (Left June 2014)</i>	30-35	0	5-10	27.5-30	65-70
Dr RM Jennings <i>Executive medical director (Note 11)(from June 2014) Note 14</i>	85-90	0	10-15	220-222.5	305-310
Simon Wombwell <i>Interim chief finance officer left August 2014 (Note 12)</i>	75-80	0	0	0	75-80
Colin Gentile <i>Interim chief finance officer from March 2015 (Note 12)</i>	5-10	0	0	0	5-10
Jo Ridgway <i>Director of organisational development (left May 2014)</i>	5-10	0	0	0	5-10
Chris Goulding <i>Director of organisational development (from May 2014) Note 13</i>	80-85	0	0	0	80-85
Jill Foster <i>Interim executive director of Nursing and patient experience (left June 2014)</i>	25-30	0	0	0	25-30
Philippa Davies <i>Executive director of Nursing and patient experience (secondment from Aug 2014) Note 14</i>	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 from 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 Jennings's remuneration as executive medical director, including a clinical excellence award of £17,742.

Dr Jennings'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 2016. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions last updated in May 2012.

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

- (i) all aspects of salary (including any performance-related elements/bonuses);
- (ii) provisions for other benefits, including pensions and cars;
- (iii) arrangements for termination of employment and other contractual terms.

Policy on duration of contracts, notice periods, termination payments.

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

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

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

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

Table five: Board Member's pension entitlements for those in the pension scheme 2015/16

	Real increase in pension at pension age (bands of £2,500)	Real increase in lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2016 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2016	Cash Equivalent Transfer Value at 31 March 2015	Real increase in Cash Equivalent Transfer Value	Total pension entitlement at 31 March 2016 (bands of £5,000)	Normal retirement age at 31 March 2016
	£0	£0	£0	£0	£0	£0	£0	£0	£0
Name and title									
Stephen Bloomer	0-2.5	5-7.5	35-40	115-120	602	561	29	35-40	67
Siobhan Harrington	2.5-5.0	10-12.5	25-30	85-90	539	459	74	25-30	60
Dr Greg Battle	0-2.5	0-2.5	10-15	30-40	212	199	10	10-15	60
Lee Martin	0-2.5	0-2.5	5-10	10-15	136	130	3	5-10	65
Carol Gillen	0-2.5	5-7.5	30-35	95-100	681	607	66	30-35	60
Norma French	0	0	15-20	55-60	386	309	19	15-20	67
Dr Richard Jennings	2.5-5.0	10-12.5	35-40	115-120	717	631	79	35-40	60
Philippa Davies	5-7.5	20-22.5	35-40	115-120	732	519	138	35-40	60

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.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Simon Pleydell is not enrolled in the pension scheme.

Pay multiples

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 2015-16 was £190,000 (2014-15 £190,000). This was six times the median remuneration of the workforce, which was £33,816 (2014-15 £33,761). The multiple has not changed from the previous year (2014/15) as there has been no change to the salary of the highest-paid director.

In 2015-16, we had no employees (unchanged from 2014-15) who received remuneration in excess of the highest-paid director. Remuneration ranged from £6,157-£190,000 (2014-15 £6,157 - £190,000).

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.

Staff numbers and composition

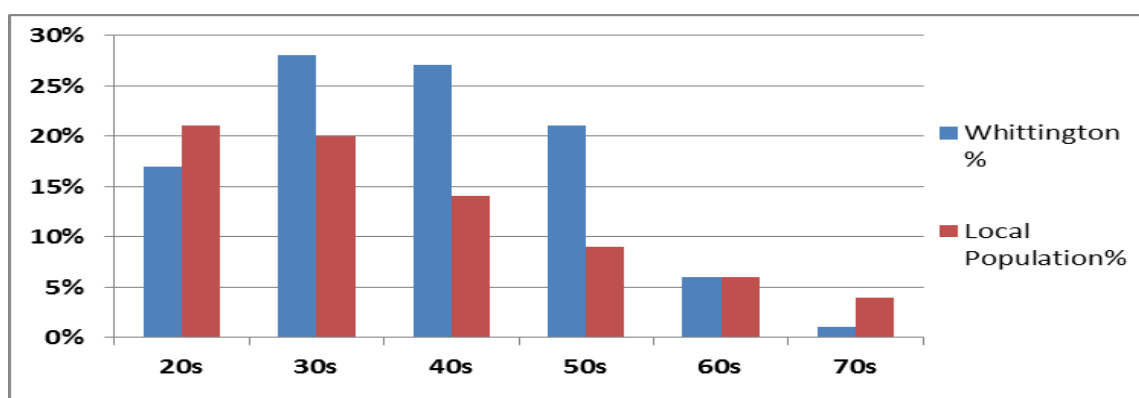
Equality and diversity

We believe that employing a workforce that reflects the diverse nature of the communities we serve will make us better at meeting the needs of our patients.

At 31st March 2016 the Trust had 4,334 staff in post.

The graphs below indicate our staff profile by gender and age.

Graph one: Staff profile by age



Graph two: Staff profile by gender



The table below provide a picture of the breakdown of ethnicity across the Trust, the local population served by Whittington Health staff and a comparison of the NHS workforce as a whole.

Table six: Breakdown of all ethnic groups

Breakdown of Ethnic group	Whittington Health %	Local Population %	NHS Workforce %
White	49	64	78
Black or Black British	23	16	5
Asian or Asian British	13	9	8
Mixed	3	7	1
Chinese	<1	<1	1
Any other ethnic group	6	4	2
Not stated/Unknown	4	-	5

Empowering staff from black and minority ethnic (BME) backgrounds to take the next steps in their career with us remains key. To help us achieve this, a comprehensive equality, diversity and inclusion improvement plan, including Trust Board development, is planned for 2016.

Table seven: Sickness absence data

Staff Sickness Absence	2015/16	2014/15
Total days lost	28,074	27,567
Average working days lost	7	7
Number of persons retired early on ill health grounds	4	2

Table eight: Breakdown of band 8A – Very Senior Managers

Band/Grade	Headcount	% of total B8A-VSM	% of Total substantive headcount (4,211)
JQ00 Personal Salary	2	2	0.05
WCEX Chief Executive	1	1	0.02
WDIR Director	5	6	0.12
Band 8A	39	46	0.93
Band 8B	14	17	0.33
Band 8C	15	18	0.36
Band 8D	5	6	0.12
Band 9	3	4	0.07
Total	84	100	

Total Staff

Table nine: Breakdown of temporary and permanent staff members

	Average wte	
	2014/15	2015/16
Temporary staff		
Administration and Estates	307	279
Medical and Dental	49	46
Nurses & Midwives	315	281
Scientific, Ther & Tech	61	72
Temporary staff total	732	678
Permanent staff		
Administration and Estates	1,285	706
Medical and Dental	479	431
Nurses & Midwives	1,892	1,586
Scientific, Ther & Tech	713	647
Social Care Staff	1	2
Permanent staff total	3653	3656
All staff total	4377	4334

Consultancy Spend

The Trust spent £1.8m on consultancy in 2015/6 (£0.5m in 2014/5). The main reason for the increase in expenditure is due to advice on creating a comprehensive estates strategy and a financial sustainability programme reducing expenditure and maximising income.

Off-payroll engagements

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2016	11
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	9

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 2015 and 31 March 2016, 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 2015 and 31 March 2016	2
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	2
Number for whom assurance has been requested	2
<i>Of which:</i>	
assurance has been received	2
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

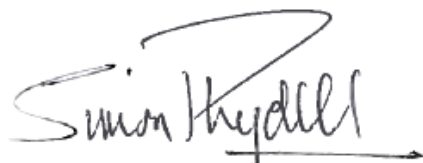
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	1
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	19

Exit packages

Table ten: Exit packages for 2015/16

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	5,636	1	1,990	2	7,626		
£10,000 - £25,000	2	31,028			2	31,028		
£25,001 - £50,000	1	29,761	1	39,759	2	69,520		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
>£200,000					0	0		
Total	4	66,425	2	41,749	6	108,174	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Whittington Healthcare has agreed early retirements, the additional costs are met by the Whittington Health NHS Trust.



Simon Pleydell, Chief Executive

1 June 2016

Financial Summary statements

Statutory financial duties

The Trust did/not meet all its statutory financial duties in 2015/6. 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 planned deficit of £14.8million. The Trust stabilise the finances in 2015/6 and will continue its financial recovery and achieve financial sustainability and achieve 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 £16.8million but only used £15.7million.

Capital resource limit (CRL)

(Achieved) – this determines the amount that can be spent by the Trust each year on new capital purchases. The Trusts had a CRL of £8.1m and used £3.8million 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 2015/16 annual accounts on a going concern basis. However, because the Trust made a deficit in-year and has a deficit plan for 2016/7, we have received a qualified opinion for use of resources in our 2015/6 accounts.

Financial Outlook

We managed to stabilise the Trusts financial position in 2015/6 and deliver a deficit slightly lower than planned. Whilst the 2016/7 financial year continues to look challenging the Trusts will continue its planned move towards financial sustainability by delivering a significantly lower deficit of £6.5m. To this end the Trust has developed a robust cost improvement programme with strong governance arrangements. We believe we can stabilise the finances in 2016/7 and will make further improvements beyond this year. Financial sustainability is a key component of delivering our Clinical Strategy in a sustainable way.

Statement of the Chief Executive responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

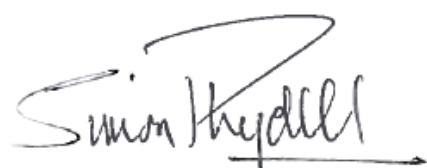
- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place
- Annual statutory Accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

I confirm that, as far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the trust's auditors are aware of that information.

I confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the Annual Report and accounts and the judgments required for determining that it is fair, balanced and understandable.

By order of the Board

A handwritten signature in dark ink, appearing to read 'Simon Pleydell', with a stylized flourish at the end.

Simon Pleydell, Chief Executive
1 June 2016

Statement of Directors' responsibilities in respect of the Accounts

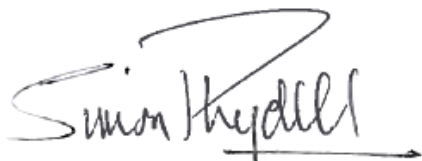
The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board



Simon Pleydell, Chief Executive
1 June 2016



Steve Bloomer, Chief Finance Officer
1 June 2016

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF THE WHITTINGTON HOSPITAL NHS TRUST

We have audited the financial statements of the Whittington Hospital NHS Trust for the year ended 31 March 2016 on pages 60 to 65 under the Local Audit and Accountability Act 2014. These financial statements have been prepared under applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to NHS Trusts in England. We have also audited the information in the Remuneration Report and Staff Report that is subject to audit.

This report is made solely to the Board of Directors of the Whittington Hospital NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of Directors, the Accountable Officer and auditor

As explained more fully in the Statement of Directors' Responsibilities set out on page 56, the Directors are responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Directors; and the overall presentation of the financial statements.

In addition we read all the financial and non-financial information in the annual report and accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2015, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2016 and of the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to NHS Trusts in England.

Opinion on other matters

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to NHS Trusts in England; and
- the other information published together with the audited financial statements in the Annual Report and Accounts is consistent with the financial statements.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Trust Development Authority's guidance; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of the above responsibilities.

Other matters on which we are required to report by exception – referral to Secretary of State

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State if we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 18 May 2016 a referral was made to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in respect of the Trust's failure to achieve its statutory break even duty.

Other matters on which we report by exception - adequacy of arrangements to secure value for money

Basis for qualified conclusion

In considering the Trust's arrangements for securing financial resilience and its arrangements for challenging how it secures economy, efficiency and effectiveness we identified the following:

- the Trust incurred a planned deficit in 2015/16 of £14.8m and has a cumulative deficit of £11.6m as at 31 March 2016;
- the Trust has set a deficit budget of £6.4m for 2016/17, which would result in a cumulative deficit of £18.0m as at 31 March 2017; and
- the Trust does not have sufficient cash to meet its commitments without receiving significant external funding.

On the basis of our work, with the exception of the matters reported in the basis for qualified conclusion paragraph above, we are satisfied that, in all material respects, the Whittington Hospital NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2016.

Certificate

We certify that we have completed the audit of the accounts of the Whittington Hospital NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Neil Hewitson, for and on behalf of KPMG LLP, Statutory Auditor

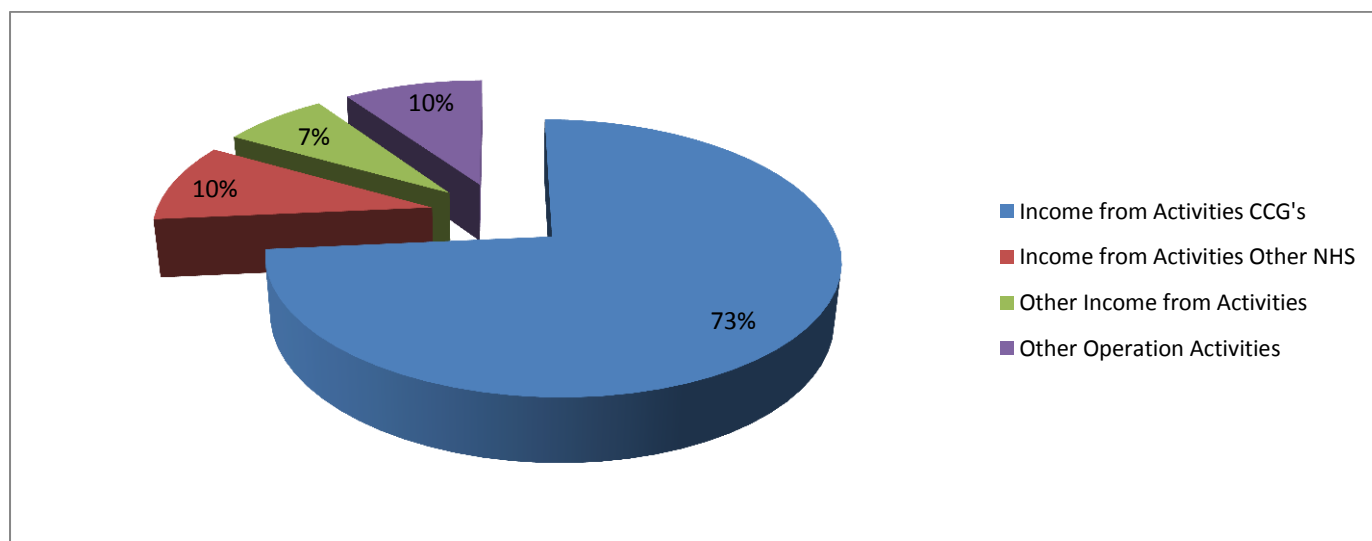
Chartered Accountants
15 Canada Square
Canary Wharf
London
E14 5GL

01 June 2016

Overview

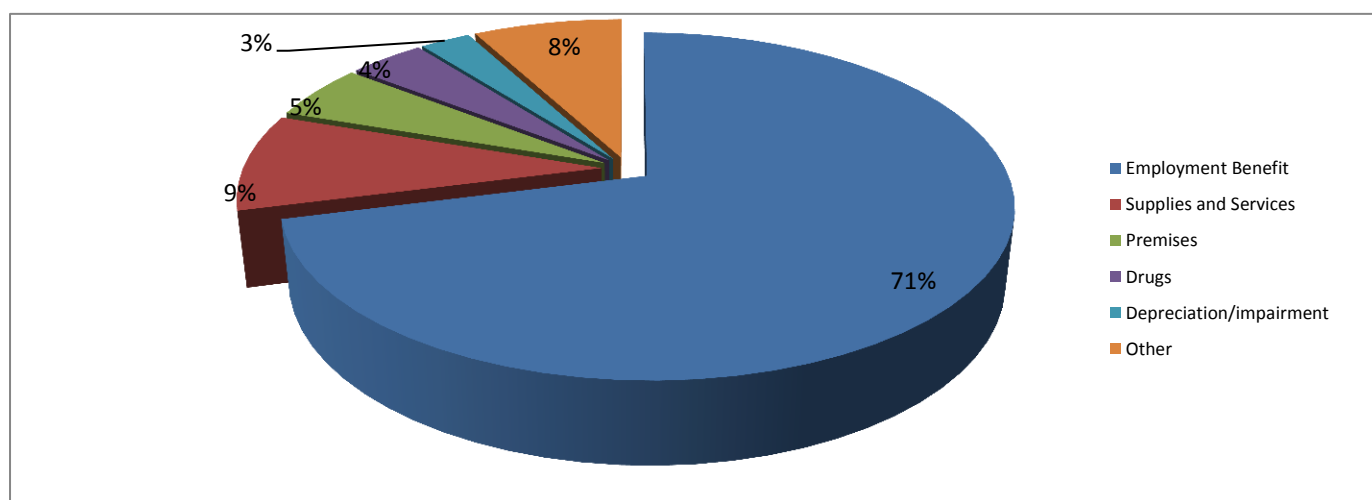
Like many NHS Trusts we are facing a challenging financial future. We finished the year on target with a planned £14.8m deficit, which is £256k than our planned position.

Table eleven: our income



In 2015/16 we received an income of £294m, a small decrease on the previous year's total of £295m. Around 73% of our income came from clinical commissioning groups (CCGs) of the two main boroughs we work in. We also received income from NHS England, local authorities and from some other NHS Trusts who we work with.

Table twelve: where we spend our money



Our expenditure in 2015/16 was £301m, a small increase on our previous year's spending of £298m. Our spending on staffing remains in line with the previous year and accounts for around 71% of our total expenditure. Last year, we spent around 9% of our income on ensuring our staff have the right equipment to deliver services to our patients.

Table thirteen: Our break even performance

	2015-16	2014-15	2013-14	2012-13	2011-12
	£'000	£'000	£'000	£'000	£'000
Revenue	294,211	295,007	297,397	281,343	278,212
Operating expenses (including depreciation)	(301,033)	(297,694)	(294,953)	(277,753)	(275,970)
Surplus before interest and dividends	(6,822)	(2,687)	2,444	3,590	2,242
Other losses		0	0	(79)	0
Net interest payable	(3,138)	(2,864)	(2,748)	(2,613)	(2,654)
Other gains and (losses)	(25)				
Dividends payable	(4,503)	(3,828)	(2,817)	(2,666)	(2,805)
Retained deficit	(14,488)	(9,379)	(3,121)	(1,768)	(3,217)
Adjustment for non-PFI impairments included in retained deficit	(248)	1,950	3,136	3,267	1,928
Adjustments in respect of donated gov't grant asset reserve elimination	(52)	87		56	
Adjustment for impact of IFRS accounting on PFI included in retained deficit	0	0	1,062	2,059	2,308
Position against statutory break-even duty	(14,788)	(7,342)	1,077	3,614	1,019

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.

Our performance for the last two years, which is measured both in terms of volume and value of invoices, is shown below:

Table fourteen: Performance on payment of creditors

	2015-16	2015-16	2014-15	2014-15
	Number	£000s	Number	£000s
NHS Payables				
Total NHS Trade Invoices Paid in the Year	5,309	18,251	5,023	12,379
Total NHS Trade Invoices Paid Within Target	3,941	7,116	3,443	5,323
Percentage of NHS Trade Invoices Paid Within Target	74%	39%	69%	43%
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	86,037	82,318	97,570	84,192
Total Non-NHS Trade Invoices Paid Within Target	71,430	70,080	64,399	58,433
Percentage of NHS Trade Invoices Paid Within Target	83%	85%	66%	69%

Prompt payment code

We subscribe to the Prompt Payment Code.

Table fifteen: Statement of comprehensive income for year ended March 2016

	2015-16	2014-15
	£000s	£000s
Revenue		
Revenue from patient care activities	256,586	257,242
Other operating revenue	37,625	37,765
Total Revenue	294,211	295,007
Operating expenses (including depreciation)	(301,033)	(297,694)
Operating surplus/(deficit)	(6,822)	(2,687)
Investment revenue	29	25
Other gains and (losses)	(25)	
Finance costs	(3,167)	(2,889)
Deficit for the financial year	(9,985)	(5,551)
Public dividend capital dividends payable	(4,503)	(3,828)
Retained deficit for the year	(14,488)	(9,379)
Other Comprehensive Income		
Impairments and reversals taken to the revaluation reserve	(232)	(12,719)
Net gain on revaluation of property, plant & equipment	4,088	26,744
Total comprehensive income for the year	(10,632)	4,646
Financial performance for the year		
Retained deficit for the year	(14,488)	(9,379)
IFRIC 12 adjustment (including IFRIC 12 impairments)	0	0
Impairments (excluding IFRIC 12 impairments)	(248)	1,950
Adjustments in respect of donated gov't grant asset reserve elimination	(52)	87
Adjusted retained deficit	(14,781)	(7,342)

Table sixteen: Statement of financial position as at 31 March 2016

	2015-2016 £000s	2014-15 £000s
Non-current assets:		
Property, plant and equipment	194,782	194,918
Intangible assets	4,586	4,481
Trade and other receivables	693	755
Total non-current assets	200,061	200,154
Current assets:		
Inventories	1,404	1,427
Trade and other receivables	23,543	19,219
Cash and cash equivalents	2,597	1,347
Total current assets	27,544	21,993
Total assets	227,605	222,147
Current liabilities		
Trade and other payables	(39,120)	(38,843)
Provisions	(795)	(1,380)
Borrowings	(213)	(1,643)
DH capital loan	(164)	(164)
Total current liabilities	(40,292)	(42,030)
Net current assets/(liabilities)	(12,748)	(20,037)
Total assets less current liabilities	187,313	180,117
Non-current liabilities		
Provisions	(1,772)	(1,952)
Borrowings	(31,987)	(32,168)
DH revenue support loan	(18,326)	
DH capital loan	(2,620)	(2,784)
Total non-current liabilities	(54,705)	(36,904)
Total assets employed:	132,608	143,213

Table seventeen: Financed by

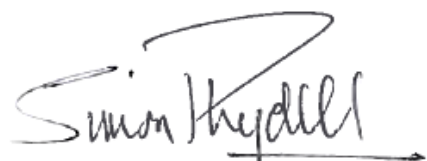
Public Dividend Capital	62,404	62,377
Retained earnings	(7,872)	6,186
Revaluation reserve	78,076	74,650
Total Taxpayers' Equity:	132,608	143,213

Table eighteen: Statement of changes in taxpayers equity for the year ending 31 March 2016

	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Total reserves £000s
Balance at 1 April 2015	62,377	6,186	74,650	143,213
Changes in taxpayers' equity for 2015-16				
Retained deficit for the year		(14,488)		(14,488)
Net gain on revaluation of property, plant, equipment			4,088	4,088
Impairments and reversals				0
Transfers between reserves		430	(430)	0
Permanent PDC received - cash	27			27
Balance at 31 March 2016	62,404	(7,872)	78,076	132,608
 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

Table nineteen: Statement of cash flows for the year ending 31 March 2016

	2015-16	2014-15
	£000s	£000s
Net Cash Inflow from Operating Activities	(10,500)	1,870
Cash Flows from Investing Activities		
Interest Received	29	25
Payments for Property, Plant and Equipment	(4,289)	(9,738)
Payments for Intangible Assets	(568)	(473)
Net Cash Inflow Outflow from Investing Activities	(4,828)	(10,186)
Cash Flows from Financing Activities		
Gross Temporary and Permanent PDC Received	27	11,516
Gross Temporary and Permanent PDC Repaid		(5,600)
Loans received from DH - New Revenue Support Loans	33,326	
Loans repaid to DH - Working Capital Loans/Revenue Support Loans	(15,000)	
Loans repaid to DH	(164)	(164)
Other Loans Repaid		(16)
Capital Element of Finance Leases and PFI	(1,611)	(1,196)
Net Cash Inflow from Financing Activities	16,578	4,540
Net decrease in cash and cash equivalents	1,250	(3,776)
Cash and Cash Equivalents at Beginning of the Period	1,347	5,123
Cash and Cash Equivalents at year end	2,597	1,347



Simon Pleydell, Chief Executive

1 June 2016

Independent auditors report

KPMG signed off The Whittington Hospital NHS Trust Accounts on 1 June 2016. The full accounts are available on request by emailing communications.whitthealth@nhs.net

KPMG LLP, Statutory Auditor
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