



Whittington Health
NHS Trust

Annual Report & Financial Summary Accounts 2016/17



Contents

Overview

Chief Executive and Chair statement	3
Statement of purpose and activities	5
Key issues	7
Performance Summary	8

Performance Analysis

How we measure performance	9
Performance analysis	
Performance against national targets	10
Our activity	11
Statement of financial position	11
Our successes	13
Our workforce	19
Providing high quality and safe care	22
Sustainability	23
Emergency Preparedness	24

Accountability Report

Corporate governance report	25
Governance Statement	25
Directors' report	44
Remuneration and staff report	55

Financial Summary Statements

Statement of Accounting Officer's Responsibilities	72
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Overview

Chief Executive and Chairman

Welcome to our 2016/17 Annual Report. We are proud of the work our staff and volunteers do to support over 500,000 people living across north central London to live longer, healthier lives.

We want to thank all our colleagues for what we achieved in such a tough year. A year that was characterised by many improvements including our June CQC result of 'good overall' and outstanding for 'caring', particularly highlighting the strength of our community service with the hospital needing some aspects of 'improvement'. Our new structure continued to bed down and our staff survey put us at 'above average' for staff satisfaction and engagement. We met our control total of a £6.3m deficit whilst achieving a cost improvement target of over £10m. Like most trusts we struggled with increased demand, particularly in urgent and emergency care, both in our emergency department and our community services. We are confident that our future plans are robust and will enable us to meet our targets this year.

Making sure we deliver the right services, in the right place and at the right time is vital but we cannot do this alone. We want to deliver services that enable better independence and health for our diverse population which is why we are working as part of the North Central London Sustainability and Transformation Plan (STP). Together we share the same vision of improving our population's health. We are aiming to reorganise services, improve public health and achieve financial balance in the face of rising demand. Our work with Islington and Haringey Health and Wellbeing Partnership is also helping us focus on bringing together health and social care services to support people living with long term conditions whether they are frail and elderly or the young.

We have established a clinical collaboration with University College London Hospitals NHS Foundation Trust and this builds on existing work to develop more integrated care to our communities that is closer to their homes, such as our successful 'Hospital at Home' service. We will build more successful partnerships with our clinical teams to continuously improve the quality and safety of our services which includes maternity, cancer and surgery.

An important part of our future planning is our estate and over the past year we have taken an important step forward in agreeing an estates strategy. We are now considering work within a strategic estates partnership. We want to transform the way our estate delivers care to our patients and forming a strong partnership with estate development experts will help us do this so that we can meet the changing needs of our workforce and our population.

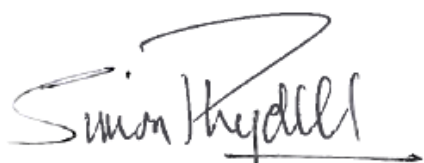
Any significant changes we plan to implement to maintain delivering high quality and safe services will continue to be shared with our stakeholders. We are fully committed to open engagement and consultation with our local community which is why we have launched a new Community Forum. This important development utilises modern technology to communicate inexpensively with large numbers of our local community, staff and patients. It is more about engagement and activity rather than meetings and membership.

Another developing example of a successful partnership is the good relations we enjoy with our two local Premier League Football Teams, Arsenal and Tottenham Hotspur. Both clubs have long showed support for senior players visiting our patients at Christmas and Easter. More recently the clubs have been playing a growing and widening role in supporting our innovative healthcare programmes. Tottenham Hotspur Health Foundation work with us to deliver the self-management of long term conditions programme in

Haringey and Arsenal hosted the inaugural meeting of our Children and Young People's Forum attended by seventy young people.

The world in which we all currently work is challenging with increasing demand from patients, restricted financial resources and limited recruitment potential. To do as well as we have over the past year is an outstanding achievement and credit to all our staff and our many hundreds of volunteers. We hope that the individual achievements in every sector of our Trust across both community and acute services highlighted throughout this report are acknowledged and celebrated by everyone.

We hope they encourage everyone to continue on this improvement pathway and to be proud of the service we are bringing to our community.

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

Simon Pleydell
Chief Executive

A handwritten signature in black ink, reading 'Steve Hitchins'. The signature is cursive and somewhat stylized, with a small dot at the end.

Steve Hitchins
Chairman

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; working to address bullying and harassment, improving our health and wellbeing offer to our staff with mindfulness training, stress reduction workshops and exercise classes, as well as working to improve 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 over the next year.

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, we are reducing 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

We saw a record number of visitors come to our emergency department – 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 putting into place a new action plan to improve how patients are managed in our emergency department. To tackle this important issue we have increased the number of discharges we make 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. We have also developed a new full capacity protocol to help us to deliver better ambulance handovers and improve safety at times of peak escalation.

Financial position

The Trust failed to meet financial balance in year. However, we agreed a deficit control total target of £6.4m in year with the Department of Health. We met the deficit target, ending the year at £3.7m. Our financial performance against the target was a deficit of £6.3m; however achievement of the control total made the Trust eligible for £2.6m in additional incentive and bonus STP (Sustainability and Transformation Plan) funding from the Department of Health (DH). While we have been able to meet our financial targets for this year, we must 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. We have set a plan to achieve a surplus in 2017/18.

Going concern and value for money

As with previous years, we have prepared our annual accounts for 2016/17 on the going concern basis. This is in line with DH accounting guidance, which states that the Trust is a going concern if continuation of services exists. However, because we reported a deficit in-year for 2016/17, our external auditors are obliged to give a qualified opinion on the Trust's arrangements to provide value for money in its use of resources for 2016/17.

Performance and Achievements Summary

Overall demand for our services in 2016/17

- We had **97,136** visits to our emergency department
- There were **2,361** elective admissions
- Our maternity staff delivered **3,690** babies
- We had **797,634** contacts with patients in the community
- We had an annual turnover of **£309** million
- We employed over **4,300** staff
- We worked with over **150** volunteers who support us

We are proud of our staff and their commitment to delivering safe and high quality care – over the past year our community and hospital teams have helped to pioneer new projects, secure numerous national professional awards and accolades that include leadership and education, diabetes, cancer and maternity services. The details of some of our staff achievements are set out within this report and below provides highlights of others

- London Mayor's '**London Healthy Workplace Charter**' awarded
- CQC ranked the Trust 'Good' overall and 'outstanding' for caring
- CHKS 2017 award for the top Trust providing '**high quality care**' to patients
- Launched a new **Community Forum** through a digital platform with already over 5,000 members
- **Highest quartile for reporting** incidents on the National Reporting Learning Services which demonstrates a strong culture of openness and reporting to **continuously improve patient safety**
- Launched new **pioneering pharmacist roles** in GP practices and Urgent Care
- Tissue viability (pressure ulcers) **teams in the community and hospital** successfully red a high profile pressure reduction campaign to protect our patients
- Most improved hospital for providing **high quality patient care**; annual Picker 'in patient survey'
- Launched our first **Annual Staff Excellence Awards**
- One of four teams across the country to **pilot a new model of supervision** for midwives
- Footprints social media project '**hearing women's voices on patient experience**' to improve care based on human rights principles; shortlisted for the Patient Experience National Network Awards
- Female Genital Mutilation service **midwives shortlisted** for the British Medical Journal Awards
- **Paediatric Oncology Shared Care Unit** classified as '**excellent**' on peer review with plans underway to develop an adolescent service
- Infection control, clinical and communication teams awarded a staff excellence award for achieving the **highest uptake of flu vaccine by our staff across London**
- Introduced **gentle birth methods**, which include reflexology and massage therapy for couples (promoting normality) in midwifery
- **Paediatric Mental Health** team is one of only two **gold standard services** in London
- **Patient self-management** partnership with Tottenham Hotspur
- New mothers programme in our **Improving Access to Psychological Services**
- Staff and supporters **raised over £20,000** in the London Marathon for our **charity**

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 2016/17 we tracked and measured our progress against 21 targets, known as key performance indicators (KPIs), which are derived from our goals and national standards of care. Of these targets 13 were fully met and seven were missed.

Every month we review our progress against these targets to help understand and improve our performance. Our 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

Extreme pressures within the emergency and urgent care pathway continued to be a challenge throughout 2016/17 however the Trust reported 87.4% performance for the year against the target of 95% for 4hr waits.

A significant and increasing pressure for our emergency department is our changing population healthcare needs, such as acuity, complexity, age (elderly/frail) and high dependency of some patients. To respond to these changing population healthcare needs, we have begun to work together in NCL STP in a strong partnership of 21 health and social care organisations. We have agreed to work towards operating as a whole emergency and urgent care system in future months and years. This approach aligns with our focus on population health and delivering integrated care to provide more services closer to peoples' homes, as set out in our Clinical Strategy.

The continuing pressures for the emergency department were further impacted by increasing spikes of emergency department attendances in short periods, winter pressures and covering a national junior doctors' strike. This is reflective of national pressures on the entire emergency service system, with acute trusts, ambulance services, mental health and social services. We are also experiencing an impact from ambulance conveyances.

Our performance improvement plan is detailed in our annual governance statement.

Table one: Performance against national targets 2016/17, at a glance

Goal	Standard/benchmark	Our performance
Emergency Department		
4 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	87.4%
Average waiting time for treatment	No longer than 60 minutes	77 minutes
Admissions		
Non elective readmissions within 30 days	Less than 5.5%	5.9%
Delayed transfers of care	Less than 4.5%	5.7%
Access to treatment		
18 week wait for patients waiting to be seen	92% of patients to be waiting within 18 weeks	93.1%
Non urgent operations cancelled	0 cancellations	72
Waiting times for diagnostic tests	99% of patients waiting less than six weeks	99.5%
Hospital stays		
Zero mixed sex accommodation breaches	0 breaches	0 breaches
Cancer waiting times		
2 week wait from urgent referral to date first seen: all cancers	93% patients seen by a specialist within 2 weeks of referral for suspected cancer	96.4%
Diagnosis to first treatment	96% of patients treated began first treatment within 31 days of receiving their diagnosis	99.7%
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	86.7%
Maternity		
Smoking in pregnancy at delivery	Less than 6%	4.6%
Rate of breast feeding at birth	More than 90%	91.7%
New birth visits (Islington)	95% seen within 14 days	93.9%
New birth visits (Haringey)	95% seen within 14 days	91.6%
Friends and Family Test		
Outpatients recommending Whittington Health as a place to receive treatment to family and friends	90%	93.1%
Community patients recommending Whittington Health as a place to receive treatment to family and friends	90%	96.0%
Staff recommending Whittington Health as a place to receive treatment to family and friends	70%	74.6%
Complaints		
Complaints responded to within 25 working days	80%	89.6%
Complaints to Parliamentary Health Service Ombudsman	No benchmark	7 complaints (3 not upheld, 2 were partially upheld and 2 are still under investigation).
Workforce		
Staff sickness absence	Less than 3.5%	3.0%

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 2016/17 acute activity

Activity	2016/17	2015/16
Emergency department visits	97,136	96,839
Emergency inpatient admissions	16,593	17,054
First outpatient attendances	99,505	76,635
Follow-up outpatient attendances	218,028	201,993
Elective inpatient admissions	2,361	2,480
Day case admissions	20,090	21,228
Maternity deliveries	3,690	3,659

Table three: Our 2016/17 community activity

Activity	2016/17	2015/16
Community contacts (all face to face)	797,634	765,177
Community nursing	295,620	283,752
Health visiting and school nursing	74,703	71,196
Physiotherapy (adults)	82,213	82,712
Sexual health	28,113	29,238
Dental	28,630	22,654

Statement of financial position

Like many NHS Trusts, we are facing a challenging financial future. We failed to achieve financial balance during 2016/17, and in year we agreed and met a revised deficit target of £6.4m, finishing the year with a £3.7m deficit.

Our underlying deficit at the end of the financial year was lower than planned at £12.5m against a target of £12.9m – this was largely due to a small underspend against plan. While the Trust plans to report an in-year surplus in 2017/18, it remains 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 £309.3m in income, which was £1.6m above plan. This was the result of being allocated additional incentive and bonus STP (Sustainability and Transformation Plan) funding from DH as a result of achieving our control total – our total STP allocation for the year is £8.8m. This offset a £3.1m underperformance in elective income, partly offset by surpluses in SLA clinical income from commissioners.

Our expenditure on pay costs exceeded our budgeted level by £3.7m, largely driven by the additional costs associated with using temporary staffing. The Trust spent £20.0m on bank staff and £13.2m on agency staff in 2016/17. We continue to apply strict control on requests for temporary staffing.

However, whilst agency spend was £2.0m lower than in 2015/16, the Trust exceeded its agency cap by £2.0m. 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 £8.8m against our annual capital plan of £14.8m. During the year, NHS Improvement (NHSI) asked us to reduce our outturn capital forecast to £6.0m. As we did not receive NHSI funding to support the Trust's proposed maternity redevelopment, this scheme was postponed until 2017/18. The scheme was expected to spend approximately 50% of our initial forecast. We spent up to our revised target while meeting our financial obligations and minimising our need for cash support borrowing.

Trade receivables

Our trade receivables are £1.0m higher than planned; this again is as a result of our additional STP funding allocation. We are due to receive £4.2m of our £8.8m allocation in June. This has partly offset the downward trend in receivables through reaching agreements with commissioners and other providers. We received significant cash from commissioners prior to year end as they sought to manage their cash position. Most of our debt is from local Trusts and Clinical Commissioning Groups, as well as local authorities.

Cash

We ended the year with £3.2m in cash, which was £0.1m more in cash than planned. During the year we received £8.9m cash support from the Department of Health to help the Trust manage its financial obligations in a cash-challenged climate across the STP area. Our cash management plan is focused 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 are managing 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. Around the year end date, we received a significant amount of cash from other NHS bodies, which allowed the Trust to clear significant amounts of outstanding payments.

Borrowings

Our borrowings are £1.0m 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 delivering our goals throughout 2016/17:

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:

Improving community dental services

Building on the success of our existing community dental service, we were delighted to win a significant new contract to expand our services from current footprint of Haringey, Islington, Camden and Enfield, to now also include Barnet, Hillingdon, Hounslow, Ealing, Brent and Harrow. Our community dental service was rated outstanding by the CQC and we are pleased that almost a hundred new staff will be joining us to help continue to deliver this important service.

A culture of open reporting

We are committed to delivering the safest possible services to our patients, as part of this commitment it is essential that our staff feel empowered to report any errors so that we can improve practice. We continue to make excellence progress with our open reporting culture, and we were pleased to have been rated by the National Reporting and Learning System (NRLS) as being in the top highest 25% of reporters across NHS organisations.

A 'top hospital'

We were pleased to have been named as one of the best performing NHS trusts in the UK, by CHKS, alongside 40 other hospitals as part of the Top Hospital Awards 2016. This prestigious award was based on 22 indicators which included clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

From Board to Ward

An important part of improving our services is making sure we listen and act on patient feedback. One particular area of concern for patients and their families was a lack of refreshments for people being treated in outpatients. In response to these concerns, we introduced a special outpatient tea trolley. Staffed by members of our Executive Board and other senior managers, as well as providing much needed refreshment, the tea trolley provides our top team with a chance to meet more patients and hear about their experience of our services first hand.

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.

Supporting people with cancer

We were pleased to have the outstanding work of our specialist cancer nursing at the Quality in Care Oncology awards. Our team were commended in the category of 'team of the year' and recognised for their commitment to patients and their families. The team were praised for their work to improve the experience of people with cancer through 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.

Celebrating our community services

We are proud to provide health services in the community that help our patients to live longer, healthier lives. Earlier this year, we were pleased to have the work of two of our colleagues recognised at the annual Community Practitioners and Health Visitors Awards, which celebrates the work of individuals and teams across the UK. Aleksandra Dackiewicz, a community nursery nurse working at The Laurels Healthy Living Centre, was named Community Nursery Nurse of the Year for her outstanding work in supporting families across Haringey. The judges were particularly impressed with Alex's work to set up local groups in children's centres across the borough.

Audrey Martin, who has been working as a health visitor for the past 16 years – most recently in Haringey – was shortlisted in the category of Universal Health Visitor of the Year. As well as supporting families in Haringey Audrey has also trained as a community practice teacher and is helping to train and support the next generation of health visitors.

Working in partnership

An important part of delivering integrated community care, is our partnership work with other organisations in our community. We are particularly lucky to enjoy good partnerships with our two local Premier League Football Teams, Arsenal and Tottenham Hotspur. Both clubs have long showed support for senior players visiting our children patients at Christmas and Easter but have more recently been playing a growing and widening role in supporting our healthcare programmes. Tottenham Hotspur Health Foundation work with us to deliver the Self-Management of Long Term conditions programme in Haringey and Arsenal hosted the inaugural meeting of our Children and Young People's Forum attended by seventy young people.

Direct access to MSK specialists for Islington patients

We are excited to have launched a new partnership with Islington Clinical Commissioning Group (CCG) and three Islington GP practices to launch a new Musculoskeletal (MSK) service pilot. As part of the pilot we are able to provide patients with direct access to an MSK specialist without the need to go through their GP first. Our specialists are able to order investigations, provide corticosteroid injections and prescribe painkillers as well as assess and diagnose MSK problems directly from the GP surgery. This new service means that patients in need of a specialist are able to get the support they need easily without the need to travel to our hospital for an assessment.

Extending our rapid response service

Our rapid response service is designed to help people avoid going into hospital when they are unwell by providing the nursing and caring support they need in their own home within two hours of referral. In November we introduced a new telephone triage service, meaning that patients in need wouldn't need to wait to be seen face to face by their GP before being offered the service. We also extended our service to allow colleagues from the London Ambulance Service and nursing homes in Haringey could also refer patients to us. During this five month pilot we have doubled the number of patients who have been able to stay at home from 40 to 80 – meaning more people can recover in a comfortable and familiar environment without the need to go into hospital.

New community ageing service

We know that many older patients would rather receive care and support in their place of residence without the need to go into hospital. With this in mind we developed the Islington Integrated Community Ageing Team (ICAT) to enable care home residents to stay at home whilst getting the specialist care they need. The ICAT is made up of a number of different specialists including physiotherapists, dieticians and palliative care colleagues, who review the needs of selected care home residents to help them avoid going into hospital through better care planning.

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.

Endoscopy accreditation

Joint Advisory Groups (JAG) are responsible for making sure services are meeting clinical standards and delivering high quality, safe care. We were pleased to have received this important national JAG accreditation from the Royal College of Physicians for our endoscopy unit in recognition for the excellent care they provide. The unit was assessed against a number of standards including quality of care, patient experience, training, the unit environment, cleaning standards, equipment and the length of wait between referral and diagnosis. This accreditation stands as a testament to the hard work of our colleagues continued hard work in achieving and maintaining JAG standards to keep our patients safe and free from harm.

Stopping sepsis in its tracks

Being able to spot the signs of sepsis early is key in stopping this potentially fatal condition in its tracks. Over the past year, we have made significant progress in tackling the number of people with sepsis we are able to treat successfully by introducing new measures to make sure we are properly monitoring and screening admissions to our emergency department so that we can spot the disease quickly. We are pleased to have been rated in the top five performing NHS trusts in England for delivering the best care to patients with this condition.

Top London Flu Fighters

During the winter months the flu virus can be particularly dangerous – especially for our older and more vulnerable patients. To make sure we are doing everything we can to keep the virus at bay and protect our patients, we encourage our staff to have their flu jab. In 2016 we were pleased to have achieved the top score across London for our uptake of the flu vaccine. In total, 79% of our staff received a flu jab, compared with 62% in 2015. This is an excellent result and we are pleased to see so many colleagues taking this important step to protect themselves, their families and their patients from this potentially fatal virus.

Excellent support for those affected by FGM

We want to make sure that all women who give birth with us get access to the right care and support they need. With this in mind, we were pleased that our Female Genital Mutilation (FGM) Lead, Joy Clarke, and midwife, Huda Mohammed were shortlisted for the British Journal of Midwifery Practice awards, for their work in supporting pregnant women who have experienced FGM.

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 second 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 people with cancer and their families take control of their health.

Excellence in nursing and midwifery

Our nursing and midwifery colleagues work tirelessly to provide outstanding care to our patients. Held on International Nurses Day, as part of our Annual Nursing and Midwifery Conference, we celebrated the work of our nurses and midwives at our annual Nursing and Midwifery Excellence Awards. The awards were a celebration of the dedication, compassion and commitment of our teams to deliver excellent patient care. Congratulations to

- Marion Coyle, Healthcare Assistant for Ward
- Orla Hillary, Student Nurse, Intensive Care Unit
- Ilana-Pizer Mason, Student Midwife
- Linda Greaves, Midwife
- Kelly Collins, Mary Seacole, South
- Anna Sweeney, Emergency Department
- Jane Laking, Midwife
- Team of the year (acute), Emergency Department
- Team of the year (community), Nurses from Life Force Team

Children's ward school rated outstanding

Following an extensive inspection we were pleased to see that our school for patients in our children's ward was rated 'outstanding' in June by Ofsted. The school was praised by the inspectors for being a friendly place which 'maintains a respectful atmosphere even in a busy hospital environment.' The school was also recognised by the inspection team for their highly supportive and nurturing environment – particularly for teenage and adolescent patients.

Islington social communication team

In recognition for their work supporting young patients with suspected autism, our Islington Social Communication team have been shortlisted for an Outstanding Health Services award by the National Autistic Society. Praised by the panel for their commitment in supporting our young patients, we expect the winners to be announced over the summer.

New CYP board

Those who use our services are experts in what they'd like to see from them. With this in mind we are setting up our first Children and Young People (CYP) Board to listen specifically to the views of our young patients about how we can improve our services. Initial meetings have already raised issues about the accessibility of some of our services and we look forward to working with our new Board to develop some useful solutions.

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.

Committed to education and training

One of our consultant paediatricians, Dr Caroline Fertleman, was highly commended for her work as training programme director at the UCLPartners Postgraduate Medical and Dental Education (PGMDE) awards. She was recognised for her outstanding work in developing education and training programmes, particularly for co-authoring 'the Hands-on Guide to Practical Paediatrics' and her dedication to improve knowledge and awareness of child safeguarding across London.

Dr Saurabh Jain, a consultant ophthalmic surgeon working with Whittington Health and the Royal Free, also enjoyed success at the awards and was named Educational Supervisor of the Year at the awards, for his work in supporting trainees in their careers.

Excellence in medical education

As well as delivering first class care to our patients, we are committed to delivering the very best education and training to support our clinical colleagues take the next steps in their careers. In recognition of this commitment, we were pleased to see the work of two of our consultants celebrated at the UCL Partners Excellence in Medical Education Awards. Adrian O'Gorman, a consultant in our trauma and orthopaedics team, was recognised for setting up an evening on-call rota for medical students to help them develop skills to support patients admitted to A&E and for setting up new staff training guides. Sudhanshu Chitale, a consultant urological surgeon developed special educational tutorials and a hands-on approach to teach and inspire students.

Supporting our doctors in training

We had some outstanding feedback in the GMC survey of doctors in training, with some specialties receiving the highest rating in the country. This is a national survey, sent to all doctors in training, and it asks them about the hospital where they are working and the support and education that they receive there.

Paediatrics training achieved the highest rating for: handover, workload, access to educational resources, local teaching and regional teaching. There was also good feedback in all the other areas, but not quite sufficient to reach the highest rating.

The Core Medical Training programme achieved the highest rating for: reporting systems, adequate experience, supportive environment and access to educational resources. There were good feedback in the other areas, but not quite sufficient to reach the highest rating.

Across the different areas asked about, access to educational resources and reporting systems are the most highly rated, partly reflecting the work of the library and the patient safety forum.

Academy of medical educators

In recognition of her outstanding and consistent commitment to education and training, Dr Caroline Fertleman, Consultant Paediatrician, was awarded the prestigious President's Medal from the Academy of Medical Educators (AMoE). This special medal is given to an individual who has made an exceptional and sustained contribution to medical education and is one of the highest accolades the AoME can bestow.

Haringey health visiting service

As part of our ongoing commitment to supporting education, we were pleased to see that Wendy Ramtohl, one of our paediatric nurses, was awarded Mentor of the Year at the Promoting High Quality Care for Children and Young People conference, hosted by Health Education England. Wendy was recognised by the judges for her outstanding dedication to supporting health visiting students whilst working on placements in the community.

London Leadership Awards

In recognition of her continued support and leadership of imaging team, Cheryl Hill, our Imaging Manager, was a finalist in the Emerging Leader category of the London Leadership Academy Awards.

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.

New adolescent bay

Being in hospital at any age can be difficult but it can be even more so when you are a young patient. To help make time in hospital easier for our younger patients we were particularly pleased to open a new adolescent bay in the hospital which was designed with the help of young patients. This means adolescent patients (12 to 17 years) have their own area, away from younger children, where they can relax in a chill out space which has books, music and games. The redevelopment was funded from a £5,000 hospital charitable donation and books, toys and games were donated from St Aloysius College in Highgate.

E-community district nursing

To improve the quality and capacity of our busy district nursing service we introduced a new electronic system, e-community. This new system has helped to not only increase the number of patient visits our nurses are able to make, but also helps to ensure that we are sending the right care team, with the right skills, to the right patients. By reducing the amount of time our nurses need to spend on administration, we now have the equivalent of around six extra nurses available to devote more time to delivering care to our patients in the community.

New pharmacy pioneers

To help ensure our patients and service users get their medication when they need it, we have put into place a range of new pharmacy pioneer roles. As part of this new programme we have recruited colleagues who work directly on our wards as part of our nursing team to administer drugs and resolve medication issues swiftly. In collaboration with the GP WISH consortium and NHS England we have also deployed a number of pharmacists to work directly in GP practices and in our urgent care centre.

Footprints of Birth

We were delighted to be finalists in the Patient Experience Network National Awards (PENNA) for our 'Footprints of Birth' project, a video documentary which chronicles the experiences of a diverse range of stories from women who have given birth with us. Using the patient experiences highlighted in the documentary we are able to help facilitate education, reflection and learning among medical students, doctors, midwives and support staff through special workshops. These workshops are well received and are an important tool in helping to underline the impact of positive and negative behaviours on patients and their experience of care.

New fertility centre

In a bid to help support people affected by infertility, we opened one of the first NHS sperm banks. There is a shortage of donor sperm in the UK, which results in many patients importing sperm from private donor banks, which can come at significant extra cost to patients. Our new sperm bank will provide fertility patients access to sperm from a not for profit source, where all proceeds are used to support local NHS services.

Improving patient experience in our emergency department

We know that visiting an emergency department (ED) can be an uncertain time for patients and their families. To help improve our understanding and experiences of our patients, we developed an innovative new theatre project to highlight what a visit to our ED can be like. Six nurses from our ED team presented the project at the Royal College of Nursing Centenary Conference and talked about their work to improve patient experience.

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 'Excellence' rating by the London Healthy Workplace Charter; one of only seven organisations, out of the 77 applications to be given this accolade. The Charter, which is an initiative by the Mayor of London, recognises organisations that are taking positive steps to create workplaces that are happy and healthy environments for staff.
- Taking a proactive approach to occupational health, with the introduction of bi-annual health and wellbeing events, alongside workshops and the introduction of a stress self-assessment questionnaire designed to encourage employees to seek help and support should they need it
- Improved the quality and quantity of our annual appraisals by aligning them closely with overall organisational objectives
- Developed a bi-annual workforce newsletter designed to highlight and respond to feedback from colleagues and keep them informed of where to go to for information and support
- Took important steps forward to tackle bullying and harassment by recruiting and training 17 anti-bullying and harassment advisors to offer confidential advice and support to colleagues
- Introduced mandatory equality and diversity training as part of the induction process for all managerial roles
- Developed new a feedback mechanism for colleagues who report an incident, as well as a new quarterly analysis of learning from all reported incidents

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:

- 77% of staff would recommend the Trust to friends and family if they needed treatment
- 62% of staff would recommend the Trust to friends and family as a good place to work.

Overall there is an improvement in our position from the previous year. Our top scoring areas are

	Indicator	Whittington Health	National
1	Percentage of staff reporting errors, near misses or incidents witnessed in last month	97%	91%
2	Quality of appraisals	3.35	3.11
3	Percentage of staff/colleagues reporting most recent experience of violence	78%	67%
4	Percentage of staff agreeing that their roles make a difference to patients / service users	93%	91%
5	Percentage of staff reporting good communication between senior management and staff	36%	32%

It is encouraging to note improvements in areas such as good communication between senior managers and staff and the quality of appraisals, as these were targeted improvement actions from last year's survey. There has been a focus on incident reporting and feedback and this appears to have been reflected in the results.

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

	Indicator	Our Trust	National
1	Staff working extra hours	78%	71%
2	Staff suffering work related stress in last 12 months	42%	36%
3	Staff experiencing harassment, bullying or abuse from staff	30%	23%
4	% of staff experiencing discrimination at work in the last 12 months	19%	10%
5	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	31%	26%

Over the next year we will take active steps to address issues around bullying, harassment and discrimination, introducing new measures to help colleagues manage workplace stress, 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 Excellence certificate. Our Health and Wellbeing Committee have introduced a number of initiatives to improve working life, including mindfulness training, stress management workshops and new fitness classes.

Supporting colleagues with disabilities

Whittington Health is committed to ensuring all existing staff, including newly appointed staff have equal access to opportunities relating to personal, educational and professional development opportunities.

Our overall approach continues to be governed by compliance with legislative and regulatory requirements and the maintenance and development of best practice in the fields of contracting and employment.

Our recruitment processes are robust and we adhere with National NHS Employment standards ensuring that all development opportunities are promoted in an open and transparent manner to reinforce an inclusive working environment. Our commitment has been underlined by signing the NHS Learning Disability Employment Pledge and we look forward to building upon this by becoming a Disability Confident Employer during 2017, superseding the existing two ticks' disability standard.

Modern Slavery Act

Whittington Health NHS Trust has a clear commitment to respect fundamental human rights and fully supports all initiatives to eradicate modern slavery and human trafficking. We are dedicated to ensuring that there is no modern slavery or human trafficking in any part of our business activity and in so far as is possible to holding our suppliers to account to do likewise. We will continue to support the requirements of the Modern Slavery Act 2015 and any future legislation

Our overall approach will be governed by compliance with legislative and regulatory requirements and the maintenance and development of best practice in the fields of contracting and employment.

Our recruitment processes are robust and we adhere with National NHS Employment checks. This includes strict requirements in respect of identity checks, references, work permits and criminal records. Our pay structure is derived from national collective agreements and is based on equal pay principles with rates of pay that are nationally determined.

We are committed to maintaining and improving systems, processes and policies to avoid complicity in human rights violation and to prevent slavery and human trafficking in our supply chain.

Our response to human trafficking and modern slavery is coordinated by Safeguarding Team. The subject is included in all safeguarding training and will form a key work stream of our safeguarding strategy and associated work plan. Any identified concerns would be escalated as part of the organisational safeguarding process; and in conjunction with partner agencies such as the local authorities and police.

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 a zero tolerance approach towards MRSA and have an active infection control campaign across our hospital and community to help stop the spread of this potentially deadly infection. In 2016/17 we had two reported cases of MRSA, and in 2017/18 we hope to reduce the number of reported cases to zero.

Clostridium Difficile (C.difficile)

The number of reported cases of c.difficile remained consistent with last year, with a total of seven cases against a target of no more than 17.

Mixed sex accommodation

We had zero mixed sex accommodation breaches in 2016/17.

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 carbon emissions

In 2016/17 our emissions from energy usage increased to 7967 tonnes, against a performance of 7789 tonnes in the previous year. This increase is attributable to the consumption of electrical energy through increased activities, gas consumption fell by 10%.

As we work towards creating a more sustainable workplace via our Strategic Estates Partnership (SEP), our target for the coming year will be to focus on reducing emissions across our estate with a focus on deploying LED lighting and improving environmental control systems.

By 2020, we plan to reduce our overall emissions in line with national targets.

Strategic Estates Partnership

In late 2016 we entered into a procurement process to source a partner to establish a joint venture arrangement known as a Strategic Estates Partnership, this process will conclude with appointment of a partner in the summer of 2017. The partnership will allow the organisation to re-develop the estate over a ten year period. By improving the quality of our buildings we will increase our energy efficiency as we replace energy inefficient buildings with modern efficient equivalents. We will also take the opportunity to serve these new buildings with a state of the art energy centre, helping to reduce our carbon emissions while improving the financial efficiencies of our energy usage and re-directing savings to patient care.

Waste disposal

In the past year our recycling centre has increased the amount of recycled waste from just over 50% to 72%, thus reducing the amount of waste we send to landfill. Materials salvaged through the recycling centre include; wood, metal, paper, cardboard and plastics. New to this year's recycling figure is 2,250 Litres of oil. The focus during 2017/18 will be to initiate a food recycling stream to decrease further the amount of waste going to land fill.

Procurement

We continue our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon.

Travel and transport

We have a plan in place that sets out our commitment to provide sustainable transport for our staff teams while providing front line services within our community. As part of this plan we have increased our electric car pool from the five electric cars operated in 2015/16, to a total of twenty one in 2016/17.

In 2016/17 we have worked with our patient transport provider to reduce the overall volume of journeys, hence reducing our patient transport carbon emissions.

Next year we will re-tender our patient transport services as part of a broader tender involving our NHS neighbours, Royal Free London and North Middlesex, this combined contract will undoubtedly bring significant reductions in carbon emissions as the member organisations will be served from a single pool of shared vehicles working more efficiently. Also incumbent upon the new provider will be a contractual requirement to reduce further the overall carbon emissions of our patient transport provision through their own innovations.

In line with our clinical strategy, the Strategic Estates Partnership will reduce the number of locations we deliver clinical services from, ensuring they are demographically positioned to serve our community more efficiently. This will reduce the travel times of our patients and staff, therefore reducing the carbon impact of all associated journeys made.

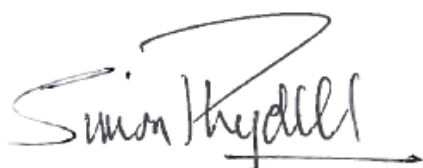
Emergency preparedness

We have a dedicated team that brings our colleagues 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 Chemical Biological Radiation Nuclear Explosion (CBRNE) plan to ensure it meets with updated national guidance
- Conducted two table top exercises to prepare nurses for winter pressures in our emergency department
- Developed and Implemented a new escalation and situation reporting system in the Emergency Department
- Developed and implemented an overcrowding policy
- Provided communication training for managers and directors on a new PageOne alert system
- 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.
- Reviewed and updated our incident response and recovery plan

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.
- Update all Business Continuity Plans
- Provide business continuity training and coaching for staff
- Conduct a business continuity table top exercise
- Staff to participate in major incidents exercises across London



Simon Pleydell, Chief Executive

31 May 2017

Accountability Report 2016/17

Corporate Governance Report and Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's mission, vision, goals, objectives and policies, whilst safeguarding standards and the public funds and 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 the responsibilities set out in the NHS Accountable Officer Memorandum.

The system of internal control is designed to manage risk to a reasonable level, and as such can only provide reasonable level not absolute assurance of effectiveness.

The system of control is based on an on-going process designed to identify and prioritise the risks to achievement of Whittington Health NHS Trust's mission, vision, goals, objectives and policies, to evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically. This system has been in place at the Trust for the year ended 31 March 2017, and up to the date of approval of the Annual Report and Accounts.

The system of internal control is underpinned by the existence of a number of individual controls that are in place, executive and senior manager review, policies, procedures and clinical guidelines.

To align with the regulatory accountability framework the governance statement is structured against the domains of the well-led framework; strategy and planning; capability and culture; process and structures; and measurement. Well led is also one of the Care Quality Commission's domains (CQC) and the Trust uses these domains as a reporting structure.

In listing 'significant issues' a number of factors have been considered, including whether:

- it may prejudice the achievement of priorities
- the significant issue outlined could undermine integrity or reputation
- the issues may divert resources from another significant aspect of business
- the issue could have a material impact on the accounts

Strategy and planning - how the Board sets the direction for the organisation

Our mission as a Trust is to help local people live longer, healthier lives and our vision is to provide safe, personal, co-ordinated care for the community we serve. To deliver the mission and vision, we need to achieve and sustain the following strategic goals:

- 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

The goals reflect our long term commitment to continuously improve safety and quality of care, and to ensure that it is delivered to our patients by a skilled, motivated and diverse workforce. They are supported by our values and behaviours and will be delivered by our core strategies - clinical, estates, workforce, health and wellbeing, communication and engagement and finance.

The Trust health and wellbeing strategy sets out our commitment to staff and patients that their health and wellbeing matters. The strategy has three main priorities: improving healthy life expectancy, improving mental health and wellbeing and improving psychosocial working conditions. This is supported by a range of annual training and development courses available to staff which are promoted internally to encourage wide participation and engagement. Our values underpin everything we do and these are; ICARE - innovation, compassionate, accountable, respectful and excellent. These have been embedded into our appraisal and planning processes and form part of our staff excellence awards.

The Trust Board has agreed an operational plan which describes how the Trust will look in the future and how it will operate. The Trust is in North Central London with a portfolio of services covering the populations of Haringey and Islington, with some community services in Camden, Enfield, Barnet and Hackney. The Trust is an Integrated Care Organisation and delivers some of the most innovative models of ambulatory and integrated care in the region such as our Integrated Respiratory Services, Integrated Care of the Ageing, Integrated Care Hubs and TB centre. We have taken this further by signing a Memorandum of Understanding with University College London Hospitals NHS Foundation Trust which forms part of a clinical collaboration that will enable our collective services to meet the health care needs of our changing demographic.

Over the last twelve months, we have been working closely with Haringey and Islington Clinical Commissioning Groups, Local Health Authorities, and other providers such as Mental Health trusts, in developing the Haringey & Islington Health and Wellbeing Partnership. The objective of this partnership is to work in an integrated and collaborative way to provide high quality health and social care for our local population. This work has been recognised, supported and integrated into the North Central London Sustainability and Transformation Plan (STP). As an Integrated Care Organisation with community and hospital services we are in a unique and important position to deliver the strategic objectives of the STP.

Aligned with this are other Trust top priorities which are to return to financial balance, and to continue to increase the quality, safety, responsiveness and productivity of the care we provide to patients. Implementation of our clinical and estates strategies, developed through an engagement process with staff and stakeholders, will enable the Trust to improve services and deliver them in the most clinically and cost effective setting to address the challenges and opportunities set out in our two year Operational Plan.

Capacity to handle risk

The Trust Board has overall accountability for the Trust's risk management approach through the executive and associate directors. The framework and policy, approved at the Quality and Audit & Risk Committees and Trust Board, supports the development of an organisational style whereby effective risk management is an integral part of providing healthcare and day to day decision making.

Whilst executive and associate directors are full time employees who manage the daily running of the Trust, the entire Trust Board takes collective responsibility for setting out the strategic direction and for holding the executive to account for the Trust's performance. The Trust Board is accountable for upholding

high standards of governance and probity. The Chairman and non-executives in particular provide strategic guidance and support.

The Board Assurance Framework provides a high level assurance process which enables the Trust to focus on the principal risks to delivering its strategic priorities and the ways in which assurance is given that these risks are mitigated or managed to an acceptable level.

The Assurance Framework has been reviewed and updated during the year and continues to be developed to ensure it aligns with best practice and meets the evolving needs of the Trust. Accountability and responsibility for maintaining the Framework rests with the Deputy Chief Executive/Director of Strategy. The Framework is described further in the capability and culture section.

Annual Quality Account

The directors are required under the Health Act 2009 and the NHS (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. In 2016/17, the Trust Board undertook a review of our Quality Account to align our goals with the five CQC domains.

The Quality Account 2017/18 sets out our future goals for quality, under the domains of safe, caring, effective, responsive and well-led, and describes our vision and direction of travel ensuring quality is our number one priority. The Quality Account supports our work to ensure we are providing safe, high quality care. It aligns to our Sign up to Safety Plan and will help us build on our overall good rating from the CQC to achieve our aspiration to become outstanding in future years.

The Quality Account was developed following a consultation period with internal and external stakeholders to ensure it meets national, local and Trust priorities. The data included within the Quality Account is subject to audit by the external auditors KPMG.

The external auditor performs limited scope procedures on two of the indicators shown in the quality accounts. The indicators for the year ended 31 March 2017 subject to limited assurance consist of the percentage of patients risk-assessed for VTE and the rate of clostridium difficile infections. The external auditor performs a review of the consistency of the quality accounts in relation to the Trust's performance and communication with regulators in the year. This is supplemented by regular clinical audits of data within specialities and national audits.

Significant issue: the Trust's financial position

For the financial year 2016/17 the Trust posted a deficit of £3.7m which was an improvement on the planned deficit of £6.4m. Within this position the Trust received non-recurrent sustainability and transformation funding of £8.9m. Although this is an excellent result, it was achieved with the help of a number non-recurrent benefits and worse than originally planned and has created an increased efficiency pressure for 2017/18.

The challenge for delivery in 2017/18 is significant with an agreed control total of a £0.6m surplus inclusive of £6.7m sustainability and transformation funding and a 5.6% cost improvement target of £17.5m including £15.5m of new cost reduction in year.

In 2017/18 the baseline budgets set for each of the seven integrated clinical service units and seven corporate directorates is based on the 2016/17 recurrent budget with adjustments included for cost improvement programmes, inflationary cost increases, agreed cost pressures and service developments.

In quarter four 2016/17 the Trust introduced enhanced financial controls which enabled a stronger grip and for the first time in month 11 (February 2017) the monthly run rate of £500k deficit target was met. The enhanced financial controls will continue to be in place for 2017/18 alongside a revised scheme of delegation, improved staffing establishment control, targeted support for areas that are failing to achieve their financial targets and refreshed financial training.. In addition to this the Trust has opted to be part of the NHSI financial improvement programme and the successful partner Boston Consulting Group (BCG) started to work with senior teams in April 2017. The project will increase the support to clinical leaders in delivering change and efficiency and help the trust work at a greater pace to ensure the programme is delivered within the financial year.

The Trust Board exercises much of its financial governance via the Finance and Business Development Committee and Audit and Risk Committee.

The Finance and Business Development Committee reviews financial performance, business development and investment decisions of the Trust. The Committee focuses on assurance around risks (financial, delivery and regulatory) in both plans and delivery of plans. The Committee seeks assurances, mitigations and recovery action plans where appropriate.

The Audit Committee reviews the comprehensiveness, reliability and integrity of assurances to meet the Board and the Accounting Officer's requirements. To support this, the Audit Committee will oversee the work of Internal and External Audit and with financial reporting issues.

Significant issue: condition of the estate

As in previous years, this remains a significant issue for the Trust, and will not be fully resolved until the Trust is able to implement its estate strategy by rationalising its 49 sites and commence redevelopment and modernisation. The backlog maintenance needed to bring our existing buildings up to standard would cost c£23m. Most costs relate to the hospital site, The Northern, Hornsey Rise Health Centre, Highbury Grange Health Centre, Crouch End and Lansdowne Road.

The risk mitigation strategy, whilst potential strategic estates partners are considered, includes continued investment in the high risk items, pro-active risk surveys and targeted remedial works.

Significant issue: improving the flow of the emergency care patient pathway and achieving the emergency department target

Extreme pressures within the emergency and urgent care pathway continued to be a challenge throughout 2016/17 however the Trust reported 87.4% performance for the year against the target of 95% for 4hr waits.

A significant and increasing pressure for our emergency department is our changing population healthcare needs, such as acuity, complexity, age (elderly/frail) and high dependency of some patients. To respond to these changing population healthcare needs, we have begun to work together in NCL STP in a strong partnership of 21 health and social care organisations. We have agreed to work towards operating as a whole emergency and urgent care system in future months and years. This approach aligns with our focus on population health and delivering integrated care to provide more services closer to peoples' homes, as set out in our Clinical Strategy.

The continuing pressures for the emergency department were further impacted by increasing spikes of emergency department attendances in short periods and winter pressures. This is reflective of national pressures on the entire emergency service system, with acute trusts, ambulance services, mental health

and social services. We are also experiencing an impact from ambulance conveyances. There was an increase in ambulance conveyances of 7% for March whilst other Trusts in our local geography reported a decrease in conveyances of between 2% and 11%.

We received external support for a review of our emergency department and patient flows in year and this has informed the development of our emergency care improvement plan (ECIP). This forms part of our support work with NHSI that is steadily improving our trajectory for recovery of performance to 95% for 2017/18. As a result of the review, we have enabled improvements in our processes, resilience and responsiveness across key areas of operations such as our bed flow and management, reduced lengths of stay, appropriate and timely discharges and better use of ambulatory care. We have recruited 4 additional ED consultants which has strengthened the leadership of the ED.

The Trust's leadership and management structure has been reorganised over the past two years to establish a solid foundation to support better integration of our community and hospital services. The ICSUs clinical and operational directors form part of the Trust management group that is overseeing the implementation of our clinical strategy that sets out clear goals to expand our integrated care and approach to tackling population health care needs for the future.

The Trust management group introduced the Perfect Week initiative twice throughout the year. This initiative changes the way patients are seen, treated and discharged from the hospital, to improve safety, patient experience and performance. During these weeks staff reduced the number of non-essential emails, cancelled non-essential meetings and consultants cancelled non-clinical sessions to undertake additional ward rounds. Increased levels of administrative support were provided with the introduction of a flow liaison officer, a refocused board round standards and peer review work and a focus on pre 1100hrs discharge.

The Trust also received external support for a wider review of ED and patient flows. This has informed the development of an emergency care improvement plan and forms part of our support work with NHS Improvement ECIP that is steadily improving our trajectory for recovery of performance to 95% for the reporting year 2017/18. As a result of the review, the ED plan has enabled improvements in our processes, resilience and responsiveness across key areas of operations such as our bed flow and management, reduced length of stay, discharges and use of ambulatory care. A two year recruitment initiative for additional consultant cover in the emergency department was launched in year and four consultants have been appointed to date.

Significant issue: Head of Internal Audit opinion on internal controls

The Trust changed internal audit firms and approach within the financial year. As part of the Trusts on-going commitment to improve we actively channeled internal audit resource and reviews in areas where we considered there are challenges in the application of the control environment. As a result of the finding in these areas the head of Internal Audit concluded that overall, he was able to provide limited assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. The design of the Trust's controls is generally adequate but compliance with these controls is variable, which has resulted in the overall limited opinion. Compliance can be improved and the Trust should receive a better opinion next year.

The Trust's principal focus is already on how to embed the effective application of controls, and how to demonstrate improvements to the control environment. Through our responses to recommendations raised in 2016-17 internal audit reports, we will be reiterating to staff the importance of the effective operation of controls and holding people to account if they are not followed.

There are some specific focus areas in internal audit reports where we can demonstrate that the Trust is already moving forward. For example:

1. Controls around agency staff expenditure have been applied more effectively in quarter 4 of 2016-17, which resulted in a reduction of hours booked and spend in months 11 and 12. This has continued into April 2017.
2. Financial controls were strengthened in quarter four, particularly around the budget holding and approvals, review of journals, control accounts and accrual transactions within Finance. These improvements have resulted in an improved run-rate and achievement of the Trust's financial control total.

The Trust is now working with Boston Consulting Group in a finance improvement project which aims to increase grip and control by further embedding behaviours that will give the Trust a more effective and sustainable control environment going forward.

Capability and culture: how the Board ensures it has the appropriate experience and ability and positively shapes culture

Trust Board

As outlined in the Directors' Report, the Trust Board is accountable through the Chairman to NHS Improvement and is collectively responsible for the strategic direction and performance of the Trust, and has a general duty, both collectively and individually, to act with a view to promoting the success of the organisation.

The Trust Board Committees undertake a self-assessment of performance and effectiveness each year and report the findings to members for discussion to agree revisions to their terms of reference or administrative functions to improve effectiveness. The Trust Board receives the committees' terms of reference each year to ratify alongside the annual review of the standing orders, standing financial instructions and scheme of delegation.

Risk assessment

The risk management strategy 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 led by the internal auditors and this supported a review of the board's risks and risk appetite and the process for updating the Board Assurance Framework and Corporate Risk Register.

The appetite of the Board for risk is that all significant red risks are recorded on the Board committees' risk registers scored >15 (strategy denotes >20). This approach enabled the Board to scrutinise in-depth risks being escalated from the devolution of management of operational risks to the seven ICSUs. The Board agreed to continue to review their risk appetite in 2017/18 and will consider risks of >20 to enable a more focused scrutiny of top risks.

The Board Assurance Framework ensures that there is clarity over the risks that may impact the Trust's ability to deliver its goals and objectives together with any gaps in the robustness of internal controls or assurance to reduce or manage the risks to an acceptable level. The deputy chief executive/director of strategy 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 across the Trust. These include the Trust Board, Committees, Executive, Trust management group, ICSUs, corporate project management office, and working groups such as Capital, Investment. The director of nursing and patient experience is the responsible lead for the corporate risk register.

Strategic risks

The Trust Board discussed and agreed the following strategic risks that are recorded on the board assurance framework 2016/17. The mitigating action plans for each risk are considered at the Trust Board, Committees, executive and Trust management group meetings, as well as the working groups who lead on the subject expert areas for each topic. As part of our ongoing risk management the risks will be further reviewed and refined over 2017/18 as mitigations are implemented and progressed.

- deliver cost improvement plans and transformation savings
- maintain liquidity and a sufficient level of working capital
- estates modernisation
- access capital funding for maternity and neonatal
- recruitment and retention of staff
- align the Trust population health model to the final north central London sustainability and transformation plan
- reduce agency staffing in line with national cap
- meet performance targets, in particular ED and MSK services
- effective patient flows
- maintenance of medical devices
- quality account and clinical strategy targets
- high quality data
- LUTs service
- sustainability of breast service

The Trust management group comprises of the executive, associate and clinical directors and was established in late 2015. The executive and associate directors lead the corporate functions and the clinical directors lead the ICSUs. This group have significantly strengthened risk management and brings together a holistic overview of the strategic, corporate, governance, financial, operational, I&MT, estates and facilities, workforce and organisational development, medical, clinical, quality, safety, patient experience, educational and research risks.

The ICSUs have set up monthly boards which review their risks and mitigating action plans in order to report to the quarterly performance and review meetings led by the chief executive. The ICSUs ensure risks are operationally managed and each has their own local risk manager who works with the corporate head of integrated risk management who leads the overall Trust corporate risk management analysis, quality assurance and reporting.

Staff job descriptions set out their responsibilities for effective and efficient risk management. New staff receive risk training at corporate Induction, face to face workshops and online training. The head of integrated risk provides one to one and group training on a continual rolling programme throughout the year. Guidance for risk management is available on the Trust intranet and good practice is shared through multiple channels including a learning zone on the intranet, a patient safety newsletter, the Chief Executive monthly Team Briefing and the weekly electronic staff Noticeboard.

The Trust has recruited additional senior clinical posts 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 are innovating and improving the way the Trust delivers, measures and evidences safe and high quality care for patients.

The Trust is committed to a learning environment for all levels of staff, to ensure that good practice is developed and disseminated across the organisation and that there is effective and robust learning from incidents and near misses. This is achieved by:

- a commitment to individual appraisal and personal development planning for all staff
- policies to encourage the open reporting and investigation of adverse incidents including near misses
- a commitment to root cause analysis of problems and incidents and the avoidance of blame
- learning from experience and good practice is disseminated across the organisation as set out above
- annual patient safety masterclasses for staff and key stakeholders focused on listening, learning and sharing from the Trust feedback channels of complaints, concerns and serious incidents
- a range of problem resolution policies and procedures, including capability, raising concerns or 'whistle-blowing', workplace stress, harassment and discipline which are designed to identify and remedy problems at an early stage
- supporting operations teams with corporate expertise in developing their risk registers as an effective management tool
- executive and associate directors detailed scrutiny of ICSU top risks in quarterly performance reviews
- medical and nursing director and patient experience led quality and risk impact assessments for cost improvement schemes
- direct recording of risks onto the datix risk system to improve review and management
- a range of clinical and non-clinical audit, reviews and recommendations

All staff are trained in these policies as part of the corporate induction and local induction policies and updated via regular staff briefings and the Trust intranet.

The Trust recognises that it is important to be outward looking and to learn and improve from the experience of other organisations and experts and where possible to benchmark the quality and performance of the services we provide to our patients. We do this through a variety of ways as follows.

Care Quality Commission

The Trust is registered with the Care Quality Commission (CQC) with no conditions. The Trust received its CQC full inspection report in July 2016 in which the Trust was rated 'Good' overall and 'outstanding' for caring; however within this, the community services were Good to Outstanding, and the hospital 'requires improvement'. The report highlighted many areas of good practice including

- community end of life care and community dental services rated as outstanding
- staff found to be highly committed to the Trust and delivering high quality patient care
- patients were positive about the care they received and felt staff treated them with dignity and respect
- learning from incidents was shared across the Trust to improve patient safety

- community end of life care and community dental services were rated as outstanding
- the multi-disciplinary model of the ambulatory care service was commended
- within ED there was 'outstanding work' to protect people from abuse

The CQC identified some individual core services such as outpatients, critical care and diagnostics as requires improvement with the majority of core services rated good. The Trust has developed an improvement action plan based on the 'must do', 'could do' and 'should do' recommendations from the report. The action plan was approved by the CQC and commissioners at the September 2016 Quality Summit. The plan is monitored through the ICSU governance structure and reported to the Trust management group. The Quality Committee provides assurance to the Trust Board that actions are on target and the majority of actions have been completed in year with a few outstanding actions continuing to be monitored in 2017/18.

Looking ahead, the Trust's CQC compliance and quality improvement framework for 2017/18 will take account of:

- lessons learned from implementation of improvement plan actions in 2016/17
- learning from other trusts that have improved and achieved improved ratings following subsequent CQC inspections
- the outcomes and recommendations of internal and external audits
- the CQC new strategy for regulating trusts for 2016/21
- actions identified from the new system of 'patient safety huddles' led by Board members for assessing CQC compliance based on the new inspection model
- NHS Resolution claims scorecard and benchmarking for trust

Raising concerns and whistleblowing

The Trust policy encourages everyone to raise concerns openly as part of normal day to day practice so that action can be taken to ensure high quality and compassionate care are based on individual human rights. The policy outlines the different steps to take for making a qualifying disclosure, as defined by the Public Interest Disclosure Act:

- step 1: raise concern with immediate management team
- step 2: contact the employee relations advisory service
- step 3: raise concern with executive and associate directors

In line with national policy the Trust appointed a 'Freedom to Speak Up Guardian' during the year. This role strengthens the corporate Freedom to Speak Up and whistle blowing resources. New promotional materials have been published on the Trust intranet to raise awareness of the multiple channels that staff can raise concerns and this includes an easy access web based form, dedicated email address, mobile telephone number and twenty four hour datix reporting.

The Trust reported zero protected disclosures on its whistleblowing database in 2016/17 and 62 incidents have been reported to the new Freedom to Speak Up Guardian since October 2016. One incident was investigated internally for resolution and 61 were processed through regular Trust channels as they were classed as concerns and issues.

In August 2016 new terms and conditions were introduced for junior doctors in training and part of the new arrangements required the appointment of a junior doctors 'Guardian for Safe Working Hours'. The Trust appointed a Guardian in line with national policy and reports are provided quarterly to the workforce and assurance committee.

Leadership development

The Trust has offered a series of leadership programmes in year for clinical leaders and managers across the Trust. Our Workforce and Development team have restructured in year and new roles will continue to commence in 2017 which include an associate director of organisational development and leadership supported by a new team of staff specialising in leadership and development. This will strengthen the Trust approach to the development of strategic leadership and organisational development programmes to support our senior leaders for their current and next roles.

During the year we rolled out a comprehensive learning and development programme of events and workshops to bring staff together for training, development and networking. We continue to offer training in appraisal, performance development review skills and coaching and mentoring.

Informal meetings of Board members took place each month during 2016/17. Where appropriate these took a developmental approach, either in learning or in enabling broader debate on key areas of interest. During 2016/17 these included the themes of

- equality and diversity (BRAP), risk management and board assurance
- digital and IT strategy, innovations and resilience systems
- patient engagement and empowerment
- strategic choices within the external policy context (five year forward view, sustainability and transformation plan, health and wellbeing partnership, community healthcare networks, NHSI and NHSE reporting requirements)
- strengthening board governance and strategic estates partnership
- finance and cost improvements
- clinical collaborations and community forum
- strategy away day and quality account
- lessons from Bromley healthcare
- staffside / union Q&A and discussions
- planning, contracting and commissioning
- operational and capital plans
- mandatory training such as fire, H&S

Emergency preparedness

The Trust participates in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process by NHS England. Core and minimum standards for EPRR are set out for NHS organisations to meet and the Trust's annual assessment was completed on 18 October 2016. The following results were achieved:

- 51 EPRR standards evidential measures – 43 = Green, 4 = Amber and 0 = Red
- 31 HAZMAT/CBRN equipment check – 29=Green and 2= Amber and 0= Red
- 04 further (deep dive) evidential measures relating to pandemic flu preparedness resulted in all 4 areas being rated GREEN with a further comment by NHS England, *“this is a succinct and well laid out plan providing a huge amount of information regarding the Trust preparation and response for a pandemic. Support the green rating of the other aspects of the deep dive assurance.”*

An action plan for the amber ratings has been prepared and is being co-ordinated and monitored by the EPRR team. The actions are reported through Executive Committee and in a six-monthly report to Trust board.

There was a deep dive into the Trust's Business Continuity Plans. The Trust scored Green. The NHS England assessment team commented *"The trust has maintained a robust business continuity management process within the trust. Work is ongoing to implement formal BC checks as part of procurement/commissioning processes"*.

Clinical audit and quality improvement

The Trust is committed to delivering effective clinical audit in all the services it provides. The organisation sees clinical audit as an integral part of its arrangements for developing and maintaining high quality patient centred services. When carried out in accordance with best practice, clinical audit improves quality of care and patient outcomes, provides assurance of compliance with clinical standards and identifies and minimises risk, waste and inefficiencies

The medical director has delegated responsibility from the Chief Executive for implementing effective governance arrangements for clinical audit activity and this work is delegated to the head of clinical governance. The medical director is responsible for high quality audit and ensuring that audit informs quality improvements in patient experience and effective care and treatment. The Trust's approach for national audits is to treat all projects sponsored by the National Clinical Audit and Patient Outcomes Programme as priority.

In addition to national clinical audits further audits are based on high risk or high profile areas. They may include national initiatives with Trust wide relevance including adherence to selected NICE guidance.

National audit

During 2016/17, 41 national clinical audits including seven national confidential enquiries covered relevant health services. During that period the Trust participated in 100% national clinical audits and 100% of national confidential enquiries of those it was eligible to participate in. The Trust will continue to improve the processes for monitoring the recommendations of national audits and confidential enquiries in 2017/18 by ensuring:

- national audit and national confidential enquiries will continue as a key component of the ICSUs quality improvement programmes. Priority will be assigned to mandatory projects to maintain 100% participation rate
- monthly compliance with these programmes will be monitored via reporting to each ICSU
- performance outcome presentations for national audits will be given at senior ICSU and corporate level meetings, including speciality half day audit and quality improvement meetings
- optimal clinical and managerial leadership will remain essential to ensure national project completion and reflection

Local audit

The reports of 113 local clinical audits were reviewed in 2016/17. The Trust will continue to improve the processes for monitoring the recommendations of local clinical audits in 2017/18 by ensuring:

- all clinical audits are mapped against the CQC five areas under key lines of enquiry of safe, effective, caring, responsive and well led
- capacity will continue to be channelled where appropriate away from small ad-hoc audits to major, national audits vital to safety without losing flexibility or suppressing good local ideas

- usage of the newly published quality improvement project form will be monitored on a regular basis. This will allow review of all QI projects to include clinical audit, model for improvement, Lean/6-Sigma and Service evaluation projects
- a programme of clinical audit awareness sessions, half-day clinical audit teaching workshops and ad hoc information dates by the clinical governance department will continue throughout the coming year and this will extend to all quality improvement projects
- project actions will continue to be assigned to a senior clinician and managerial representative, if appropriate, with specific time scales for completion
- project performance will continue to be monitored on an ongoing basis with regular reporting via the ICSU quality and board meetings

Serious incidents

The Serious Incident Executive Approval Group (SIEAG) comprising the Executive Medical Director/Associate Medical Directors, Director of Nursing and Patient Experience, Chief Operating Officer, the Head of Integrated Risk Management and SI Coordinator meet weekly to review Serious Incident investigation reports. In addition, high risk incidents are reviewed by the panel to ascertain whether these meet the reporting threshold of a serious incident as described within the NHSE Serious Incident Framework (March 2015).

All serious incidents are reported to North East London Commissioning Support Unit via StEIS and a lead investigator is assigned to each by the clinical director of the relevant ICSU. All serious incidents are uploaded to the NRLS (National Reporting and Learning Service) in line with national guidance and CQC statutory notification requirements.

For 2016/17 the Trust reported 58 serious incidents and these included the themes of

- safeguarding
- attempted self-harm
- confidential information leak, loss, information governance breach
- diagnostic incident including delay
- failure to source a tier four bed for a child
- failure to meet expected 12hr trolley breach target
- maternity obstetric incident mother only
- medical disposables incident meeting serious incident criteria
- nasogastric tube
- slip, trips and falls
- sub optimal care
- treatment delay
- unexpected death
- retained foreign object

Final investigation reports are reviewed at weekly SIEAG meeting and ICSU operational directors or their deputies are required to attend each meeting when an investigation from their service is being presented. The remit of SIEAG meetings is to scrutinise the investigation and findings to ensure that contributory factors have been fully explored, root causes identified and that actions are aligned with the recommendations. The panel discuss lessons learnt and appropriate action, both immediate if applicable, and planned, to prevent future harm occurrences.

On completion of the report the patient and/or relevant family member receive a final outcome letter highlighting the key findings of the investigation, actions taken to improve services, what has been learnt

and what steps are being put in place. A 'being open' meeting is offered in line with duty of candour recommendations.

Lessons learned following the investigation are shared with all staff and ICSUs involved in the patient's care through various means including the 'Big 4' in theatres, 'message of the week' in maternity, obstetrics and other departments. Learning from identified incidents is shared through corporate multi channels including a learning zone on the Trust intranet, a regular patient safety newsletter, the chief executive monthly team briefing and the weekly electronic all staff Noticeboard.

Never events

A never event is defined as a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented. The Trust reported two never events in 2016/17 and these related to

- a retained swab
- a misplaced naso gastric tube

Both never events occurred in surgery which is a high risk operational area. Similar learning themes were identified from each incident relating to compliance with the WHO safer surgery checklist, effective team work and leadership. Actions have been implemented to prevent similar events and these include the launch of an invasive procedures policy, compliant with the national safety standards for invasive procedures, the introduction of a mandatory online WHO checklist training programme and the implementation of a simulation training programme to promote improved team working.

National guidance for NHS trusts: learning from deaths

The Trust Board received a report on the '*National Guidance on Learning from Deaths*' published by the National Quality Board in March 2017. This was in response to a number of high level reviews that have concluded that learning from deaths was not being given sufficient priority in some NHS organisations and that this meant that there were missed opportunities to improve NHS services through the review of deaths. This guidance will be used nationally to standardise the approach the governance and reporting arrangements not only to the review, investigation and reporting of deaths, but also to ensuring that learning derived from these processes is always acted upon.

From April 2017, trusts will be required to submit a quarterly report to a public Board meeting. For Quarters one and two of 2017 the reports will be used to set out the trusts policy and approach around learning from deaths. Prior to the end of Quarter 2 of 2017 all trusts will need to have a policy in place that

- explains how case note reviews of deaths will be undertaken;
- sets out the criteria for deaths to be reviewed through the case note review and how deaths are selected for case note review.

From Quarter three 2017 trusts will need to publish data and learning points from case note reviews. This data will include the:

- total number of deaths
- numbers subject case note review
- numbers investigated as serious incidents
- numbers where the review processes concluded that the death was more likely than not to be due to problems in care

- themes and issues identified through review and investigation
- actions taken in response to the reviews and investigations undertaken and the progress in implementing these actions

The guidance specifies that trusts should focus case note reviews on inpatient deaths (and all deaths of inpatients within 30 days of discharge) in line with the specified criteria:

- deaths where families, carers or staff have raised significant concern about the quality of care provision;
- all inpatient, outpatient and community deaths of patients with learning disabilities or severe mental illness
- all deaths in a service where concerns have been raised either through audit, incident reporting processes or other morality indicators
- all deaths in areas where deaths would not be expected, for example deaths during elective procedures
- deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis
- a further sample of all other deaths, for example 25% of all other deaths

Any patient deaths that have been highlighted by the case note review as being potentially related to problems with care should be reviewed by the Serious Incident Executive Advisory Group (SIEAG). The SIEAG will consider whether any highlighted cases meet the criteria to be investigated as serious incidents, or whether any other process would be suitable, for example feedback of learning to specific services or professional groups.

The new national guidance outlines a clear expectation that trusts should be involving bereaved families and carers in the review process of their loved one's death. Trusts will need to ensure that there is a clear policy for engaging with bereaved families and carers, including giving them the opportunity to raise questions or to share concerns regarding to the care received.

The executive lead role for mortality is the medical director and this function has been delegated to the associate medical director who leads on patient safety. This will enable clear leadership and a strong focus for compliance with the new arrangements from 2017 to further improve the Trust's safety and quality arrangements.

Information governance

Information governance (IG) is to do with the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and in 2016/17 made improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The IG Toolkit is a policy delivery vehicle produced by the Department of Health; hosted and maintained by NHS Digital. It combines the legal rules including the Data Protection Act 1998, the Freedom of Information Act 2000 and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve IG Toolkit level two and to improve compliance against other standards to level three. As a result the Trust met level two and declared 74% compliance for 2016/17. The Trust's IG Toolkit submission can be viewed online at www.igt.hscic.gov.uk.

The Trust has received assurance from internal (BDO LLP) 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 2016/17, the Trust reached an annual peak of 82% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. The IG department continues to promote requirements to train and targets staff with individual emails, includes news features in the weekly electronic staff Noticeboard and manage classroom-based sessions at induction.

Information governance serious incidents

IG serious incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Serious incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldicott Guardian and the Senior Information Risk Owner (SIRO).

The IG committee is chaired by the SIRO who maintains a review of all IG serious incidents and pro-actively monitors the action plans. The IG serious incidents declared during 2016/17

Date of incident	Reported date	Nature of Incident	ICO Outcome
June 2016	July 2016	Email sent to incorrect recipients	No further action
June 2016	August 2016	Handover sheet found in public	No further action
August 2016	September 2016	Address list lost in public	No further action

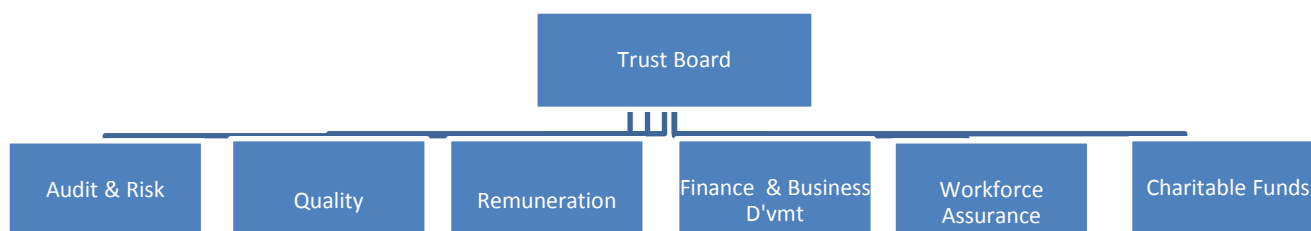
Process and structures: how reporting lines, structures and accountabilities support the effective oversight of the organisation

Trust Board

Details of the Trust Board and its committees are contained within the Directors' Report. As outlined, each of the committees and the Board undertake an annual self-assessment of effectiveness, areas requiring improvement are considered as part of Board development.

Risk and control framework

The Trust has a robust governance framework for ensuring effective reporting mechanisms from the Trust Board and its committees to the seven ICSU boards and other specialist working groups that report through to the Trust Board committees. The working groups include information governance, infection control, capital working, investment, patient safety and patient experience.



The Trust risk management strategy and policy describes the approach the Trust takes to identifying, managing and mitigating risks from across all levels of the organisation. All risks and potential hazards are identified and are recorded at directorate and ICSU level, which identify key controls and mitigating action plans to deal with these. Each risk is scored on a common basis across the Trust for likelihood and potential impact. If risks cannot be resolved or managed at a local level, they are considered for inclusion in the ICSU and executive directorate risk registers, with risks on these registers reviewed by the head of integrated risk management for inclusion in the corporate risk register.

Trust Board members receive annual training in risk management and an overview of the risk systems. In year, the Trust Board held a workshop seminar led by the internal auditors and this supported a review of the Board's risks and risk appetite and the process for updating 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 committee risk registers and ICSU boards and corporate project management office to assess the risks and produce reports for the Trust management group and Trust Board.

Internal Auditors undertook an audit as part of its annual internal programme during the year and the final report was discussed at the Trust Audit and Risk Committee. The audit team reported that the Trust's risk management processes were considered to be good practice and highlighted:

- the Trust has a clear and robust governance infrastructure for ensuring there is a staff to board escalation process for risks. This includes management challenge and review of risks at ICSU and organisation wide committees. The structure in place ensures a sufficient level of Board to ward ICSU feedback is taking place
- that staff feedback on the risk training courses held within the Trust has been very positive, with staff feeling it provides a good basis for them to be able to engage with the Trust's risk management processes
- the ICSU structure enables the thorough discussion and sharing of information relating to risks that can have an impact on more than one area within the Trust
- the governance of the risk management processes is good, especially when compared to other similar organisations

The Trust Board receives the Trust monthly performance scorecard which consists of a range of key performance indicators that are aligned to the five CQC domains. The report focuses on performance against quality, safety and operational targets. The medical director's quarterly safety and quality report provides information to the Trust Board on a wider range of quality and safety indicators and this is also reviewed at the trust management group and Quality Committee. Detailed reviews are requested and undertaken for areas where potential issues are identified.

The Trust has implemented a system of 'patient safety huddles' led by Board members for assessing CQC compliance based on the new inspection model. An action plan is generated following the visits and to

strengthen the governance the Trust executive group are monitoring compliance and improvements to ensure a continuous cycle of learning is implemented.

Measurement: how the Board receives appropriate, robust and timely information which supports the leadership of the Trust

The Trust Board ensures that the resources are used economically, efficiently and effectively by means of regular detailed finance and performance reports. These are considered in detail by the Finance and Business Development Committee. The Audit and Risk Committee receives regular reports from the Trust's internal auditors, BDO LLP and external auditors KPMG. The Finance and Business Development Committee have requested, and received clearer service line reporting during the year and this will continue to be expanded for 2017/18. This detailed level of information will support the ICSUs and corporate directorates to meet the Trust objective for greater devolved power and decision-making.

As part of the Care Act 2014, it has become a criminal offence to provide false or misleading information; this relates to commissioning data and other specified information including information in the quality accounts. The Trust has reviewed the requirements of the Act and has, ensured appropriate managers have been briefed and reviewed and the development of the internal audit plan ensures coverage of these data sets in planned audits.

Quality of Data

Reliable information is essential for the safe, effective and efficient operation of the organisation. This applies to all areas of the Trust's activity from the delivery of clinical services to performance management, financial management and internal and external accountability. Understanding the quality of our data means we can accurately measure our performance and enable healthcare improvements.

The Trust monitors the quality of data through the use of quarterly benchmark reports and has developed a data quality dashboard for hospital services to monitor their own data quality on a regular basis. There is no equivalent system in place yet for community data although the implementation of the children's and young person's mandatory reporting dataset has commenced and data is starting to be published. The Trust has been supplying demographic and risk factor information consistently since the service commenced October 2015 while continuing to develop the reporting of the other data items. The overall data quality score for all children's data items reported up to October 2016 was 58% against a national score of 55%; the Trust was ranked third out of the ten London providers submitting data with the highest score 63%.

The Trust ICSUs have responsibility for data quality within their ICSU. The Trust has a data quality group which includes representation from both the community and acute services and the ICSUs. This group is chaired by the chief operating officer. This group is responsible for implementing an annual data improvement and assurance plan and measures the Trust's performance against a number of internal and external data sources.

During the year the Trust implemented a number of projects to improve data quality, such as improving the coding of activity, the systematic use of benchmarking data and other reviews, and developing a programme of audits and action plans to improve data quality. To improve data quality in 2017/18, the Trust will require each ICSU to have a data quality improvement plan, which will be reported against on a regular basis at the data quality group.

NHS Improvement - single oversight framework

The Single Oversight Framework has been designed to help NHS providers attain, and maintain, CQC ratings of 'Good' or 'Outstanding'. The Framework has replaced the former Monitor 'Risk Assessment Framework' and the former NHS Trust Development Authority 'Accountability Framework'. It covers five key themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

NHS Improvement released a 'shadow segment' report in October 2016, based on information from the previous year for NHS trusts. The segment ranges from one to four and trusts are segmented according to the level of support required to continuously improve. The first official segment report was released in November 2016. Our Trust has been segmented as a two which means we have been offered targeted support due to concerns in relation to one or more of the above themes. The Trust was not obliged to take up support but the executive and associate director team met on 3 April 2017 and agreed to voluntarily participate in the programme in order to accelerate the ongoing improvement work across the Trust to ensure future sustainability.

Conclusion

As Accountable Officer, I have responsibility for reviewing the effectiveness of the systems of internal control. My review of the effectiveness of the system of internal control is informed in a number of ways that are summarised below.

Whilst overall the head of internal audit has provided limited assurance on internal control, the system and controls in place are generally adequate to meet the organisation's objectives, however compliance is not consistent and needs to be improved. This is a clear organisational objective for the forthcoming year.

I believe that the developments and investments we are making in the seven ICSUs and seven corporate directorate teams and participating in the NHSI targeted support programme will deliver the necessary ongoing improvements to enable our future sustainability. We have a strong and stable leadership team to lead our Trust to success.

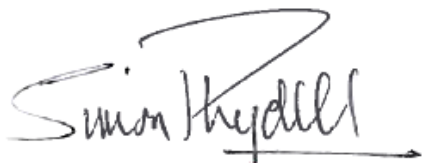
The annual 2016/17 internal audit programme ensured a range of audits were carried out that provided robust assurance across a wide range of operational areas. The internal audit plan is agreed and monitored at the audit and risk committee and where management control issues have been identified the lead executive presents a comprehensive action plan to provide assurance actions are being implemented in a timely manner.

The Board Assurance Framework provides me with robust evidence that the effectiveness of the controls used to manage the significant risks to the organisation achieving its strategic objectives have been reviewed and agreed by the Board. The corporate risk register provides me with further evidence that the effectiveness of the identification, controls, management and escalation of risks from across the organisation is sound.

The Trust's Committee structures provide effective monitoring and review mechanisms to ensure the systems of internal control are working effectively. Other sources of information including the views and

comments of stakeholders, patient and staff surveys, internal and external audit reports, clinical benchmarking and audit reports, mortality monitoring, reports from external assessments, Royal College reviews and recommendations, accreditation of clinical services and the patient environment action team assessments assure me that we are compliant with good governance.

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 consider that any significant issues are included in the report, namely: the Trust's financial position; condition of the Trust estate; improving the flow of the emergency patient pathway and achieving the emergency department performance target. Action to address each of these areas is detailed in the relevant section of the governance report.

A handwritten signature in black ink, reading 'Simon Pleydell'. The signature is fluid and cursive, with a large, stylized 'S' at the beginning and a horizontal line at the end.

Simon Pleydell, Chief Executive
31 May 2017

The Director's Report

The Trust Board

The Trust Board is accountable, through the Chairman, to NHS Improvement. The Trust Board at 31 March 2017, consisted of the Chairman, six non-executive director posts, the Chief Executive, Deputy Chief Executive/Director of Strategy, Medical Director, Director of Nursing and Patient Experience, Chief Operating Officer and Chief Financial Officer, as outlined below. They are collectively responsible for the strategic direction and performance of the Trust, and have a general duty, both collectively and individually, to act with a view to promoting the success of the organisation. The membership of the Trust Board is balanced and appropriate. Full biographies for each of the Trust's Board executive directors are available on the website at: www.whittington.nhs.uk.

The members of the Trust Board possess a wide range of skills and bring experience gained from NHS organisations, other public bodies (nationally and internationally) and the private sector.

The Trust Board is confident that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance and ensuring management capacity and capability. The selection process, led by NHSI, and the Board seminars and development programme in place ensure that the non-executive directors have appropriate skills and experience.

The Trust Board has the capability and experience necessary to deliver the Trust's operational business plan, and the governance structure the Trust has in place (outlined in processes and structures below) is appropriate to assure the board of this delivery. The Board development programme has been largely incorporated into the normal working of the Board via its monthly meeting and development seminars. Its aims are to ensure that the Board is fit to govern the Trust, is able to set and review performance standards in all areas of responsibility, operates as a unitary function and is aware of, and successfully manages, competing priorities and future challenges against the Trust's strategic goals and corporate objectives and can assure itself on aspects of clinical quality and patient safety.

In compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, all Trust Board directors have been assessed as being a fit and proper person to be directors of the Trust. The performance of directors is reviewed in an annual appraisal which forms the basis of their individual development; for executive directors, by the Chief Executive, for non-executive directors and the Chief Executive by the Chairman, and for the Chairman, by NHSI. The directors have been responsible for preparing this annual report and the associated accounts, statutory statements and quality account and are satisfied that, taken as a whole, they are fair, balanced and understandable, and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, and strategy.

Trust Board Changes

For the reporting year of 2016/17 the Board membership remained the same; except for one new Non-Executive Director. This provided the Trust with continued stability and strong leadership to fulfil their responsibilities.

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

Non-Executive Directors

- Steve Hitchins, Non-Executive Director Chair joined the Trust 1 January 2014
- Anu Singh, Non-Executive Director joined the Trust 14 January 2014, 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, Chair of Finance and Business Development and Charitable Funds Committees
- Professor Graham Hart, Non-Executive Director joined the Trust from 1 September 2014 and chair of Workforce Assurance Committee from
- Yua-haw Yoe, Non-Executive Director joined the Trust from 1 April 2016
- * Paul Lowenberg, Non-Executive Director until 29 April 2016
- * Deborah Harris-Ugbomah, Non-Executive Director joined the Trust from 1 May 2016

Executive Directors

- 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 3 June 2015
- Dr Richard Jennings, Acting Medical Director from 1 June 2014 to 17 May 2015, substantive 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

The accountabilities and responsibilities and roles of the Trust Board and its members are set out below.

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 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 Group 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 patient 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 research and development

Director of Nursing and Patient Engagement

- Co-leadership with the Medical Director for clinical quality and patient safety
- Leading the Trust's registration of the Care Quality Commission and action plans
- Corporate Risk Register
- Whistleblowing Guardian
- Trust's risk management strategy and quality improvement work
- Safeguarding lead for adults and children
- Nursing, midwifery and allied health professional leadership for the organisation
- Patient and public engagement
- Complaints and litigation
- Chaplaincy services

Associate Board Attendees - Non-Voting Rights

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

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, the NHS Standards of Business Conduct and NHS Improvement and NHS England guidance. During this year the Trust continued to include 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 which is available online at <http://bit.ly/2qnxHQF>.

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

The key financial governance documents were all reviewed during 2016/17 – the outcome of this process and updated documents were presented to the Audit and Risk Committee. During 2017/18 the Trust plans to further promote good financial governance practices across the organisation.

Disclosure to the Auditor

As directors of the Trust, the directors confirm that, as far as they are aware, there is no relevant information of which the auditor is unaware. Each director has taken all of the steps that they ought to have taken as a director in order to make himself or herself aware of any relevant information and to establish that the auditor is aware of that information.

Attendance at Trust Board meetings: 1 April 2016 – 31 March 2017

The Board met a total of twelve times in public in 2016/17, every month except August with an extraordinary meeting held on 8 June 2016 to agree the Trust Quality Account 2016/17. Attendance is monitored by the Chairman and 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 2016/17 and the agendas were published on the Trust website to provide transparency of business items being discussed.

Trust Board Member Attendance

Member*	Attendance (actual/possible)
Non-executive directors	
Steve Hitchins, Chairman	12/12
David Holt	11/12
*Paul Lowenberg (to 29 April 16)	01/01
*Deborah Harris-Ugbomah	09/11
Tony Rice	09/12
Anu Singh	09/12
Yua-haw Yoe	10/12
Professor Graham Hart	08/12

Executive directors	
Simon Pleydell, Chief executive	12/12
Siobhan Harrington, Deputy Chief Executive	09/12
Carol Gillen, Chief Operating Officer	10/12
Dr Richard Jennings, Medical Director	12/12
Stephen Bloomer, Chief Finance Officer	12/12
Philippa Davies, Director of Nursing and Patient Experience	12/12

*Membership change in year

Board Committee meetings 1 April 2016 – 31 March 2017

The Board undertakes a proportion of its work through its committees. The structure below was in place throughout the year. Non-executive directors membership changed for the Trust Board committees from 2016/17 commencing 1 April 2016 and the changes are reflected below.

Each committee has its own terms of reference, formally adopted by the Trust Board that reviews all terms of reference annually. The non-executive Chairman of each committee presents a summary of each meeting or draft minutes 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 except for one meeting of the Quality Committee in July 2016. 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 reviews the work and performance of each committee to ensure they remain fit for purpose as changes occur in line with Trust strategic intent and national policy directives.

From April 2016 the Trust established a Workforce Assurance Committee.

The Trust Chairman 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. It advises the Board on the adequacy and effectiveness of the Trust's internal control systems, risk management arrangements, and governance processes, with a primary focus on finance.

The Committee prepares an Annual Report for the Board on these matters and receives and reviews the Annual Governance Statement, which describes and evaluates the Trust's control environment. The Chief Executive is the Trust's designated Accountable Officer who has the duty of preparing the Annual Accounts in accordance with the NHS Act 2006.

The Committee 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 overseeing management's arrangements for ensuring sound financial systems; and also leads on liaison and compliance with Internal Audit, External Audit and Local Counter Fraud Services.

The 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 will receive and agree the report of external audit findings in May 2017.

The Audit and Risk Committee met four times in 2016/17. All meetings were quorate and in accordance with its terms of reference. The Chairman of the Trust Board is not a member of the Audit and Risk Committee in line with good governance principles.

Membership

- 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 29 April 2016
- *Deborah Harris-Ugbomah, Non-Executive Director from 1 May 2016

Attendance

Member	Attendance (actual/possible)
Non-executive directors	
David Holt	04/04
Tony Rice	03/04
*Deborah Harris-Ugbomah	04/04

*Membership change in year

The Chairman attended the March 2017 meeting of the Audit and Risk Committee.

Quality Committee

The Quality Committee assures the Trust Board on all issues of quality, patient safety, patient experience 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 2016/17. All meetings were quorate and in accordance with its terms of reference except for July. The Committee has embedded significant and improved changes to its management, administration and effectiveness in year.

Membership

- Anu Singh, Non-Executive Director Chair from 14 April 2014
- 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
- Carol Gillen, Chief Operating Officer from 1 April 2016

Member*	Attendance (actual/possible)
Non-executive directors	
Anu Singh	05/06
Deborah Harris-Ugbomah	04/06
Yua-haw Yoe	06/06
Executive directors	
Philippa Davies, <i>Executive Director of Nursing and Patient Experience</i>	06/06
Dr Richard M Jennings, <i>Executive Medical Director</i>	04/06
Carol Gillen, <i>Chief Operating Officer</i>	02/06

The Chairman attended two meetings of the Quality Committee in 2016/17

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 programmes 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 seven times during 2016/17 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, cost improvement plan, cash management and capital programme. The Committee reviews and recommends to the Board for approval business cases that meet the scheme of delegation threshold for financial sign off and those of high-level strategic significance.

Membership

- Tony Rice, Non-Executive Director Chair from February 2014
- * Paul Lowenberg, Non-Executive Director until 29 April 2016
- * Deborah Harris-Ugbomah, Non-Executive Director from 1 May 2016
- Professor Graham Hart, Non-Executive Director from 1 April 2016
- 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

Member*	Attendance (actual/possible)
Non-executive directors	
Tony Rice	07/07
*Deborah Harris-Ugbomah	05/07
Professor Graham Hart	05/07
Executive directors	
Simon Pleydell, <i>Chief executive</i>	03/07
Siobhan Harrington, <i>Deputy Chief Executive</i>	05/07

Stephen Bloomer, <i>Chief Finance Officer</i>	07/07
Carol Gillen, <i>Chief Operating Officer</i>	07/07

*Membership change in year

The Chairman attended one meeting of the Committee in February 2017

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 five times during 2016/17 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.

Membership

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

Member*	Attendance (actual/possible)
Non-executive directors	
Tony Rice	05/05
Steve Hitchins, <i>Chairman of Trust</i>	04/05
Executive directors	
Simon Pleydell, <i>Chief executive</i>	04/05
Stephen Bloomer, <i>Chief Finance Officer</i>	04/05

Remuneration Committee

The Remuneration Committee determines the appointment, remuneration, terms of service and performance of the Executive and Associate Directors. It considers issues relating to employees in line with its terms of reference such as severance and redundancies. The Committee met once in 2016/17 to review the performance of the executive and associate directors and was chaired by Steve Hitchins, non-executive director.

The Remuneration Committee is a statutory Committee comprising of the non-executive directors that oversee the appointment, performance assessment and remuneration of the executive / associate directors and senior staff.

The Director of Workforce and Development 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
- *Paul Lowenberg, Non-Executive Director to 29 April 2016
- *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

Member*	Attendance (actual/possible)
Non-executive directors	
Steve Hitchins, <i>Chairman</i>	01/01
Tony Rice	01/01
*Deborah Harris-Ugbomah	01/01
Anu Singh	01/01
Yua-haw Yoe	01/01
Professor Graham Hart	00/01
David Holt	01/01

*Membership change in year

The Chief Executive attended part of the meeting to report on the executive team's objectives, appraisals and performance.

Workforce and Assurance Committee

The Committee ensures 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.

The Workforce and Assurance Committee met four times during 2016/17 and was quorate in line with its terms of reference. The Chair of the Committee was Steve Hitchins, Non-Executive Director from 1 April 2016 to 31 December 2016 and Professor Graham Hart became the Chair from 1 January 2017.

Membership

- Steve Hitchins, Non-Executive Director Chair from 1 April 2016 to 31 December 2016
- Prof. Graham Hart, Non-Executive Director from 1 April 2016 and Chair from January 2017
- Siobhan Harrington, Director of Strategy and Deputy Chief Executive from 1 April 2016
- Norma French, Director of Workforce from 1 April 2016
- Philippa Davies, Director of Nursing and Patient Experience
- Steve Bloomer, Chief Finance Officer
- Carol Gillen, Chief Operating Officer from 1 April 2016
- Helen Gordon, Deputy Director of Workforce from 1 April 2016

Member	Attendance (actual/possible)
Non-executive directors	
Steve Hitchins, <i>Chairman of Trust</i>	04/04
Professor Graham Hart	03/04
Executive / Associate directors	
Siobhan Harrington, <i>Deputy Chief Executive</i>	02/04
Norma French, <i>Associate Director of Workforce</i>	04/04
Steve Bloomer, <i>Chief Finance Officer</i>	03/04
Philippa Davies, <i>Executive Director of Nursing and Patient Experience</i>	03/04
Carol Gillen, <i>Chief Operating Officer from 1 April 2016</i>	02/04
Helen Gordon, <i>Deputy Associate Director of Workforce</i>	03/04
Jana Kristienova, <i>Education</i>	04/04

Other Disclosures

Interests

NHS employees are required to be impartial and honest in the conduct of their business and remain above suspicion. It is also the responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and NHS duties. The Trust is required to hold and maintain a register of details of company directorships and other significant interests held by Trust Board directors which may conflict with their management responsibilities. This register is updated at each Board meeting as a standing item for declaration invites members to update the Board so that the main register is continually updated with any changes in year; the register as at 31 March 2017 is available to the public on the website at <http://www.whittington.nhs.uk/document.ashx?id=6207>.

The Trust Board considers that all its non-executive directors are independent in character and judgement.

Pensions and remuneration

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations are complied with. This included 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. Details of directors' remuneration are set out in the remuneration report. The Trust's external audit and details of their remuneration and fees are set out in the summary accounts, as are exit packages and severance payments, and the Trust off-payroll engagement disclosures in accordance with HMRC requirements.

Cost allocation and charges for information

The Trust complies with MH Treasury's guidance on setting charges for information required.

Equality disclosures

The Trust is committed to the promotion of equality of opportunity for all its employees. Our equal opportunities policy is to provide employment equality to all, irrespective of race, gender, disability, age, sexual orientation or religion. The Trust produces an annual workforce equality data report that provides information on how different groups of staff are affected by recruitment and human resources procedures and policies. This is available on our website www.whittingtonhealth.nhs.uk

Better payment for suppliers

The Trust supports the Prompt Payment Code which applies the following principle to payment practices: pay suppliers on time; give clear guidance to suppliers; and encourage good practice. The Trust's performance is summarised in the table in the accounts.

Emergency preparedness

The Trust is required, and has put in place arrangements to respond to emergencies and major incidents as defined by the Civil Contingencies Act and the NHS Emergency Planning Guidance 2005. Details are included in the annual governance statement.

Principles for Remedy

The Trust handles all complaints in line with the Principle of Good Administration and aims to resolve complaints in line with the Principles for Remedy.

A handwritten signature in black ink, reading 'Simon Pleydell'. The signature is fluid and cursive, with a large, sweeping 'S' at the beginning and a horizontal line at the end.

Simon Pleydell, Chief Executive
31 May 2017

Remuneration and staff report

The salaries and allowances of senior managers who held office during the year ended 31 March 2017 are shown in Table one below.

The definition of 'Senior Managers' given in paragraph 2.32 of the Department of Health Group Accounting Manual (GAM) 2016/17 is: "...those persons in senior positions having authority or responsibility for directing or controlling the major activities within the group body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments". 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 four: Salaries and allowances 2016/17

Name and title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
Non-executive						
Steve Hitchins, Chair	20-25	0	0	0	0	20-25
David Holt from 13 July 2015	5-10	0	0	0	0	5-10
Paul Lowenberg to 29 April 2016	0-5	0	0	0	0	0-5
Tony Rice (Note 2)	5-10	0	0	0	0	5-10
Anu Singh	5-10	0	0	0	0	5-10
Professor Graham Hart (Note 4)	5-10	0	0	0	0	5-10
Yua Haw Yoe from 1 April 2016	5-10	0	0	0	0	5-10
Deborah Harris-Ugbomah from 1 May 2016	5-10	0	0	0	0	5-10
Executive						
Simon Pleydell, Chief executive	190-195	0	0	0	0	190-195
Siobhan Harrington, Director strategy/Deputy CEO	110-115	0	0	0	40-42.5	150-155
Carol Gillen, Chief operating officer	120-125	0	0	0	197.5-200	320-325
Dr Richard Jennings, Medical director	155-160	0	0	0	22.5-25	180-185
Stephen Bloomer, Chief finance officer	140-145	0	0	0	97.5-100	240-245
Philippa Davies, Director of nursing/patient experience	120-125	0	0	0	0	120-125

(not all executives are members of the pension scheme)

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).

Table five: Salaries and allowances 2015/16

Name and title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	Total (bands of £5,000)
Non-executives						
Steve Hitchins, Chair	20-25	0	0	0	0	20-25
Anita Charlesworth up to 30 April 2015	5-10	0	0	0	0	5-10
David Holt from 13 July 2015	0-5	0	0	0	0	0-5
Paul Lowenberg, up to 29 April 2016	5-10	0	0	0	0	5-10
Tony Rice (Note 2)	5-10	0	0	0	0	5-10
Anu Singh	5-10	0	0	0	0	5-10
Rob Whiteman up to 30 April 2015 (Note 3)	5-10	0	0	0	0	5-10
Prof Graham Hart (Note 4)	5-10	0	0	0	0	5-10
Executives						
Simon Pleydell, Chief executive	190-195	0	0	0	0-2.5	190-195
Dr Greg Battle Executive medical director integrated care (Note 5)	25-30	0	0	0	10-12.5	35-40
Lee Martin, Chief operating officer up to 31 October 2015	65-70	0	0	0	7.5-10	70-75
Carol Gillen, Chief operating officer from 1 April 2016	95-100	0	0	0	30-32.5	125-130
Dr Richard Jennings Medical director acting from 2 June 2014, substantive from 1 May 2015	155-160	0	0	0	37.5-40	190-195
Stephen Bloomer, Chief finance officer from 3 June 2015	115-120	0	0	0	37.5-40	150-155
Colin Gentile, Interim chief finance officer from March 2015 to 2 June 2015 (Notes 10, 15)	50-55	0	0	0	0	50-55
Norma French, Director of Workforce from 23 June 2015 to 31 March 2016	70-75	0	0	0	17.5-20	85-90
Philippa Davies, Director of Nursing and patient experience, acting from 1 August 2014, substantive from 1 June 2015	90-95	0	0	0	37.5-40	125-130

Notes

5. Dr Greg Battle's position is part-time and he was a voting member until 31 March 2016..
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 the interim director, the values shown 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.

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. Executive directors were awarded a 1% cost of living increase by the remuneration committee in July 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 April 2017.

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

- all aspects of salary (including any performance-related elements/bonuses)
- provisions for other benefits, including pensions and cars
- 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 six: Board Member's pension entitlements for those in the pension scheme 2015/16

Name and title	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 2017 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2016	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017	Employer contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Stephen Bloomer	5 - 7.5	2.5 - 5	40 - 45	115 - 120	602	57	687	21
Carol Gillen	7.5 - 10	27.5 - 30	40 - 45	120 - 125	681	210	916	17
Dr Richard Jennings	0 - 2.5	5 - 7.5	40 - 45	120 - 125	718	35	784	23
Philippa Davies	0 - 2.5	0 - 2.5	35 - 40	115 - 120	732	7	764	17

Notes

The Trust's accounting policy in respect of pensions is described in Note 8.3 of the complete annual accounts document that will be uploaded to www.whittington.nhs.uk on 6 September 2017. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real increase in CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in the accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The membership of the remuneration committee comprises the chairman and all the non-executive directors of The Whittington Hospital NHS Trust. The committee has agreed a number of key principles to guide the remuneration of directors of the Trust.

Simon Pleydell, Chief Executive is not enrolled in the pension scheme.

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement 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 Chairman receives £21,105.

Salary range

The Trust is required to disclose the ratio 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 2016/17 was £191,900 (2015/16 £190,000). This was 5.64 times the median remuneration of the workforce, which was £34,154 (2015/16 £33,816). The multiple has not changed significantly from the previous year (2015/16) as salaries for staff and directors have risen proportionately.

In 2016/17, we had no employees (unchanged from 2015/16) who received remuneration in excess of the highest-paid director. Remuneration ranged from £6,157 to £191,900 (2015/16 £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

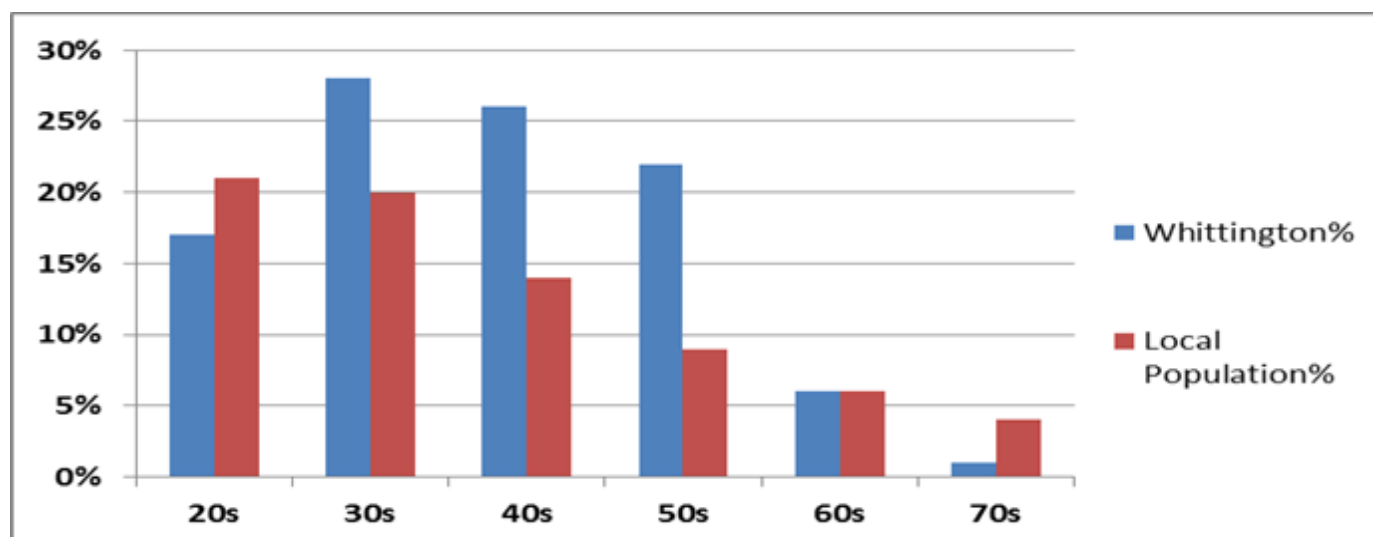
Equality and diversity

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.

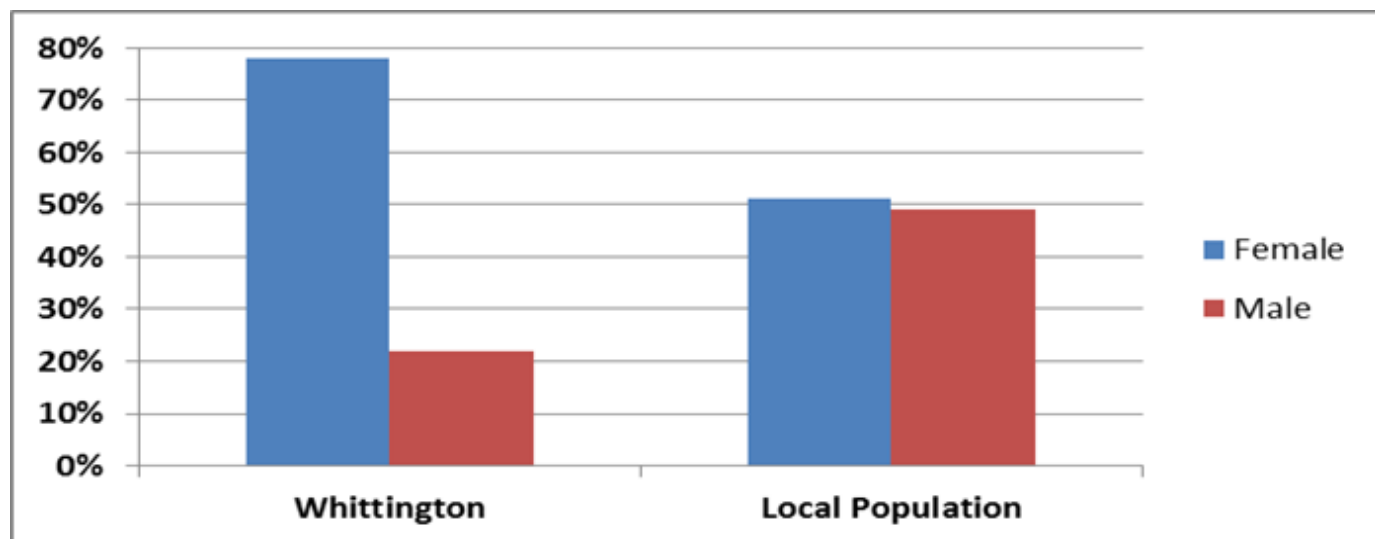
At 31st March 2017 the Trust had 4,340 staff in post.

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 provides a 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 seven: Breakdown of all ethnic groups

Breakdown of Ethnic group	Whittington Health %	Local Population %	NHS Workforce % *
White	48	64	78
Black or Black British	23	16	5
Asian or Asian British	13	9	9
Mixed	3	7	1
Any other ethnic group	6	4	2
Not stated/Unknown	7	-	4

* Source: NHS Digital – December 2016 Data

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, was implemented during the year.

Table eight: Sickness absence data

Staff Sickness Absence	2016/17	2015/16
Total days lost (Calendar Days Lost)	30,098	28,074
Average working days lost	8	7
Number of persons retired early on ill health grounds	6	4

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

Band/Grade	Headcount	% of total B8A-VSM	% of Total substantive headcount (4,340)
JQ00 Personal Salary	3	3	0.07
WCEX Chief Executive	1	1	0.02
WDIR Director	5	4	0.12
Band 8A	48	43	1.11
Band 8B	18	16	0.41
Band 8C	23	21	0.53
Band 8D	9	8	0.21
Band 9	5	4	0.12
Total	112	100	

Table ten: Breakdown of temporary and permanent staff members

	Average WTE	
	2016/17	2015/16
Permanent staff		
Administration and Estates	1017	963
Medical and Dental	441	431
Nurses & Midwives	1114	1152
Scientific, Therapeutic & Technical	675	647
Healthcare Assistants	508	457
Permanent staff total	3754	3650
Temporary staff		
Administration and Estates	229	279
Medical and Dental	49	46
Nurses & Midwives	263	214
Scientific, Therapeutic & Technical	44	72
Healthcare Assistants	87	67
Temporary staff total	671	678
All staff total	4425	4328

Table eleven: Breakdown of temporary and permanent staff members

	Costs (£k)
	2016/17
Permanent staff	
Administration and Estates	38,831
Medical and Dental	41,295
Nurses & Midwives	57,344
Scientific, Therapeutic & Technical	35,109
Healthcare Assistants	15,464
Permanent staff total	188,043
Temporary staff	
Administration and Estates	7,511
Medical and Dental	6,585
Nurses & Midwives	13,283
Scientific, Therapeutic & Technical	2,781
Healthcare Assistants	3,129
Temporary staff total	33,289
All staff total	221,332

Consultancy Spend

The Trust spent £0.9m on consultancy in 2016/17 (£1.8m in 2015/16). The main reason for the reduction in expenditure in this area are the Trust's commitment to employ substantive staff.

Off-payroll engagements

For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2017	5
Of which, the number that have existed	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	5

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

For all new off-payroll engagements between 1 April 2016 and 31 March 2017, 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 2016 and 31 March 2017	0
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	0
Number for whom assurance has been requested	0
Of which	
assurance has been received	0
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	0
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	16

Table twelve: Exit packages for 2016/17

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
		£s		£s		£s		£s
Less than £10,000	1	8,539	3	14,063	4	22,062	0	0
£10,000 -£25,000	0	0	0	0	0	0	0	0
£25,001 -£50,000	0	0	1	35,033	1	35,033	1	35,033
£50,001 -£100,000	0	0	0	0	0	0	0	0
£100,001 -£150,000	0	0	0	0	0	0	0	0
£150,001 -£200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	1	8,539	4	49,096	5	57,635	1	35,033

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 Whittington Health has agreed early retirements, the additional costs are met by the Trust.

Financial Summary statements

Statutory financial duties

The Trust did not meet all its statutory financial duties in 2016/17. These are described below:

Breakeven duty

(Not achieved) – the Trust is required to break-even on its income and expenditure account over a rolling three-year period. This year, the Trust ended with a deficit of £3.7m against a control total of £6.4m deficit. While this represents a significant improvement on 2015-16, there is still work to be done. The Trust aims to continue its financial recovery, and plans to break even in 2017-18.

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 £8million but only used £7.1million.

Capital resource limit (CRL)

(Achieved) – this determines the amount that can be spent by the Trust each year on new capital purchases. The Trust had a revised CRL of £7.2m and used £6.0m of this.

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

As with previous years, we have prepared our annual accounts for 2016/17 on the going concern basis. This is in line with DH accounting guidance, which states that the Trust is a going concern if continuation of services exists. However, because we reported a deficit in-year for 2016/17, our external auditors are obliged to give a qualified opinion on the Trust's arrangements to provide value for money in its use of resources for 2016/17.

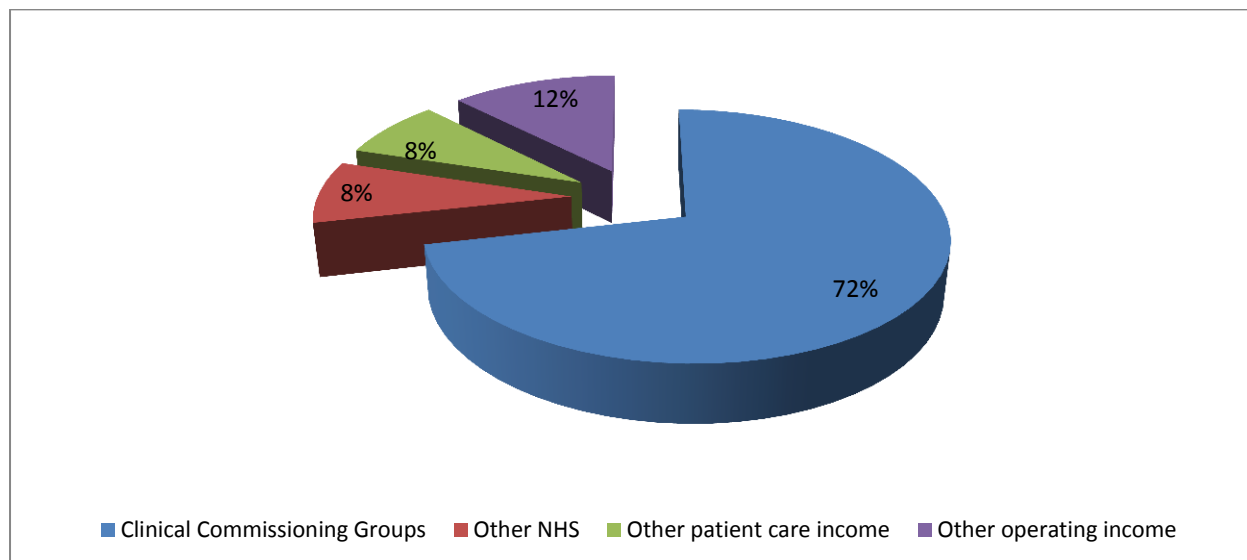
Financial Outlook

The Trust's financial performance in 2016/17 is significantly better than in 2015/16, although it has still been a challenging year, and the Trust has not broken even. The Trust has submitted an operating plan to NHS Improvement that shows achievement of a small £0.6m surplus in 2017/18. To support delivery of this surplus, the Trust has a challenging but robust cost improvement programme to achieve in year.

Financial Overview

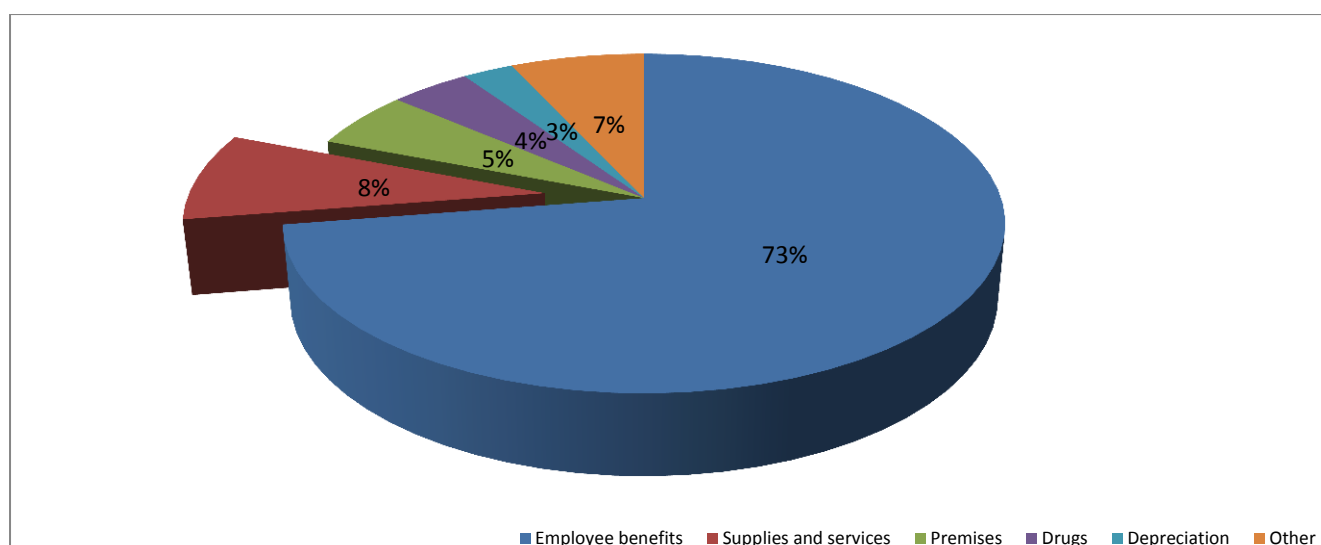
Like many NHS Trusts we are facing a challenging financial future. We finished the year on target with a £3.7m deficit, which was £2.7m better than our planned position.

Table thirteen: our income



In 2016/17 we received an income of £309.3m, a 5% increase on the 2015/16 total of £294.1m. This increase was the result of improved contracts with commissioners and Sustainability and Transformation Plan funding from NHS England. Around 72% of our income came from clinical commissioning groups (CCGs), much from the two main boroughs we work in. We also received significant income from NHS England, local authorities and from some other NHS Trusts who we work with.

Table fourteen: where we spend our money



Our expenditure in 2015/16 was £305m, a 1% increase on our previous year's spending of £301m. Our spending on staffing has increased slightly as a proportion of our total spend, increasing from 71% to 73%. Non-pay expenditure has decreased year on year.

Table fifteen: Our break even performance

	2016-17 £'000	2015-16 £'000	2014-15 £'000	2013-14 £'000	2012-13 £'000
Revenue	309,255	294,211	295,007	297,397	281,343
Operating expenses (including depreciation)	(305,157)	(301,033)	(297,694)	(294,953)	(277,753)
Surplus before interest and dividends	4,098	(6,822)	(2,687)	2,444	3,590
Other losses			0	0	(79)
Net interest payable	(3,160)	(3,138)	(2,864)	(2,748)	(2,613)
Other gains and (losses)	(7)	(25)			
Dividends payable	(4,550)	(4,503)	(3,828)	(2,817)	(2,666)
Retained deficit	(3,619)	(14,488)	(9,379)	(3,121)	(1,768)
Adjustment for non-PFI impairments included in retained deficit	0	(248)	1,950	3,136	3,267
Adjustments in respect of donated gov't grant asset reserve elimination	(51)	(52)	87		56
Adjustment for impact of IFRS accounting on PFI included in retained deficit	0	0	0	1,062	2,059
Position against statutory break-even duty	(3,670)	(14,788)	(7,342)	1,077	3,614

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 sixteen: Performance on payment of creditors

	2016-17 Number	2016-17 £000s	2015-16 Number	2015-16 £000s
NHS Payables				
Total NHS Trade Invoices Paid in the Year	5,974	19,145	5,309	18,251
Total NHS Trade Invoices Paid Within Target	4,231	6,021	3,941	7,116
Percentage of NHS Trade Invoices Paid Within Target	71%	31%	74%	39%
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	85,572	137,226	86,037	82,318
Total Non-NHS Trade Invoices Paid Within Target	57,864	113,373	71,430	70,080
Percentage of NHS Trade Invoices Paid Within Target	68%	83%	83%	85%

Prompt payment code

We subscribe to the Prompt Payment Code.

Table seventeen: Statement of comprehensive income for year ended 31 March 2017

	2016-17 £000s	2014-15 £000s
Revenue		
Revenue from patient care activities	270,966	256,586
Other operating revenue	38,289	37,625
Total Revenue	309,255	294,211
Operating expenses (including depreciation)	(305,157)	(301,033)
Operating surplus/(deficit)	4,098	(6,822)
Investment revenue	20	29
Other gains and (losses)	(7)	(25)
Finance costs	(3,180)	(3,167)
Surplus / (deficit) for the financial year	931	(9,985)
Public dividend capital dividends payable	(4,550)	(4,503)
Retained deficit for the year	(3,619)	(14,488)
Other Comprehensive Income		
Impairments and reversals taken to the revaluation reserve	0	(232)
Net gain on revaluation of property, plant & equipment	15,979	4,088
Total comprehensive income for the year	12,360	(10,632)
Financial performance for the year		
Retained deficit for the year	(3,619)	(14,488)
IFRIC 12 adjustment (including IFRIC 12 impairments)	0	0
Impairments (excluding IFRIC 12 impairments)	0	(248)
Adjustments in respect of donated gov't grant asset reserve elimination	(51)	(52)
Adjusted retained deficit	(3,670)	(14,781)

Table eighteen: Statement of financial position as at 31 March 2017

	2015-2016 £000s	2015-16 £000s
Non-current assets:		
Property, plant and equipment	209,356	194,782
Intangible assets	3,985	4,586
Trade and other receivables	626	693
Total non-current assets	213,967	200,061
Current assets:		
Inventories	1,702	1,404
Trade and other receivables	25,490	23,535
Cash and cash equivalents	3,161	2,597
Total current assets	30,353	27,536
Total assets	244,320	227,597
Current liabilities		
Trade and other payables	(35,117)	(39,112)
Provisions	(691)	(795)
Borrowings	(1,681)	(213)
DH capital loan	(164)	(164)
Total current liabilities	(37,653)	(40,284)
Net current assets/(liabilities)	(7,300)	(12,748)
Total assets less current liabilities	206,667	187,313
Non-current liabilities		
Provisions	(1,549)	(1,772)
Borrowings	(30,430)	(31,987)
DH revenue support loan	(27,226)	(18,326)
DH capital loan	(2,456)	(2,620)
Total non-current liabilities	(61,661)	(54,705)
Total assets employed:	145,006	132,608

Table nineteen: Financed by

Public Dividend Capital	62,404	62,404
Retained earnings	(11,491)	(7,872)
Revaluation reserve	94,093	78,076
Total Taxpayers' Equity:	145,006	132,608

Table twenty: Statement of changes in taxpayers' equity for the year ending 31 March 2017

	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Total reserves £000s
Balance at 1 April 2016	62,404	(7,872)	78,076	132,608
Changes in taxpayers' equity for 2016-17				
Retained deficit for the year		(3,619)		(3,619)
Net gain on revaluation of property, plant, equipment			15,979	15,979
Impairments and reversals				0
Other movements			38	38
Balance at 31 March 2017	62,404	(11,491)	94,093	145,006
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

Table twenty one: Statement of cash flows for the year ending 31 March 2017

	2016-17 £000s	2015-16 £000s
Net Cash Inflow / (Outflow) from Operating Activities	5,833	(2,966)
Cash Flows from Investing Activities		
Interest Received	20	29
Payments for Property, Plant and Equipment	(4,637)	(4,289)
Payments for Intangible Assets	(1,046)	(568)
Payments for Financial Assets	(47)	0
Net Cash Inflow / (Outflow) from Investing Activities	(5,710)	(4,828)
Cash Flows from Financing Activities		
Gross Temporary and Permanent PDC Received	0	27
Loans received from DH - New Revenue Support Loans	15,800	33,326
Loans repaid to DH - Working Capital Loans/Revenue Support Loans	(6,900)	(15,000)
Loans repaid to DH	(164)	(164)
Capital Element of Finance Leases and PFI	(1,084)	(1,611)
Interest paid	(3,180)	(3,167)
PDC dividend (paid)/refunded	(4,031)	(4,367)
Net Cash Inflow from Financing Activities	441	9,044
Net decrease in cash and cash equivalents	441	1,250
Cash and Cash Equivalents at Beginning of the Period	2,597	1,347
Cash and Cash Equivalents at year end	3,161	2,597

A handwritten signature in black ink, reading "Simon Pleydell". The signature is fluid and cursive, with a large, sweeping initial 'S' and a horizontal line extending from the end of the name.

Simon Pleydell, Chief Executive
31 May 2017

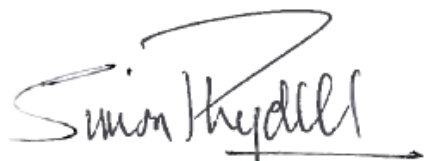
Statement of Directors' responsibilities in respect of the Accounts

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; and
- 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 Trust Board



Simon Pleydell
Chief Executive
31 May 2017



Stephen Bloomer
Chief Financial Officer
31 May 2017

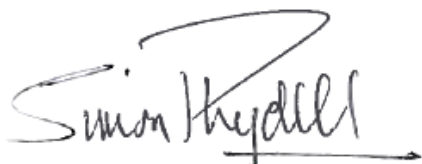
Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement 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 NHS Improvement. 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; and
- 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 they are fair, balanced and understandable.

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
31 May 2017

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 2017 on pages 64 to 72 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 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 71, 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 2016, 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 2017.

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 2017 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.

Emphasis of matter – going concern

In forming our opinion on the financial statements, which is not qualified, we have considered the adequacy of the disclosure made in Note 1.2 to the financial statements concerning the Trust's financial position. The Trust incurred an annual deficit of £3.7m during the year ended 31 March 2017, increasing its cumulative deficit to £15.3m. The Trust has submitted a 2017/18 financial plan to NHS Improvement with a planned surplus of £0.6m, which would result in a cumulative deficit of £14.7m as at 31 March 2018. The Trust needs a significant injection of loan support of £8.9m over the course of 2017/18 in order to meet its liabilities and continue to provide healthcare services. The extent and nature of the financial support from the Department of Health, including whether the support will be forthcoming and sufficient, is currently uncertain, as are any terms and conditions associated with the funding. The requirement placed on public sector bodies require that judgements on going concern are reached with reference to the continuance of service provision by the public sector and measured with reference to public confirmation of funding for those services. These conditions and the other matters explained in Note 1.2 indicate the existence of a material uncertainty which may place significant doubt on the Trust's ability to achieve long term financial stability and to continue as a going concern. The financial statements do not include any adjustments that would result if the Trust was unable to continue as a going concern.

Opinion on other matters

In our opinion:

- the parts of the Remuneration 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 Department of Health Group Accounting Manual 2016/17; 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; or

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 9 May 2017 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

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 deficit of £3.7m in 2016/17 and has a cumulative deficit of £15.3m as at 31 March 2017;
- the Trust has set a surplus budget of £0.6m for 2017/18, which would result in a cumulative deficit of £14.7m as at 31 March 2018; 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 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 2017.

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.

Independent auditors report

KPMG signed off The Whittington Hospital NHS Trust Accounts on 31 May 2017. The full accounts are available on request by emailing communications.whitthealth@nhs.net.

Neil Hewitson

for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

15 Canada Square

Canary Wharf

London

E14 5GL

31 May 2017

Whittington Health NHS Trust
The Whittington Hospital
Magdala Avenue
London
N19 5NF

020 7272 3070
Communications.whitthealth@nhs.net