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Welcome from the chief executive

The second year for Barts Health was filled with great challenge in financially-pressed environment, but we also saw a number of significant successes that will strengthen our position as a leading healthcare provider and allow us to deliver quality care for years to come.

In line with our Trust values we have kept up the pace of investing in and supporting innovation that improves the care we can provide, the experience for our patients and the ability of our staff to put patients at the heart of all we do. We have seen a range of clinical advances that place us as leaders in driving exceptional healthcare.

Earlier in the year, we were excited to become the first Trust in the UK to use new micro-instruments for removing kidney stones, which means our patients benefit from quicker recovery times and less scarring. We were also proud to be highlighted as providing the best care to stroke patients according to the results of an audit published by The Royal College of Physicians that looked at eight different areas in the patient experience - starting at diagnosis right through to rehabilitation, where we gained 97.5 per cent in the overall audit and 100 per cent in seven of the eight areas of care.

We have been pioneers in developing new models of care: we developed a new model of rapid access to specialist opinion and diagnostics for bowel symptoms and our specialist cardiac centre pathway gives A&E patients earlier access to diagnostics and treatment in a tertiary intervention centre. Both have been agreed as best practice models and are being replicated by other healthcare providers across London and the UK.

While we continue to invest in improving healthcare for the people of east London and maintaining our position as having one of the lowest mortality rates in England, we have also had to face some real challenges, especially around our finances which saw us take the decision to place ourselves into financial turnaround. Having not met our financial targets for the first quarter of the financial year, we took the decision proactively and at the earliest possible opportunity, to secure our long term financial viability. We are making good progress on delivering against our three year plan to bring us back to financial stability.

Finally I would like to note how proud I am of the work that took place to support the Care Quality Commission’s chief inspector of hospitals visit in November 2013 and appreciate the feedback that came out of the visit. The removal of the three warning notices we had received from the CQC earlier in the year was very welcome, and demonstrates our improvement capability. We now need to turn that capability to address the compliance actions contained in the report, surface and address the reported and genuine feelings of bullying and anxieties about raising concerns among our staff, redouble our recruitment efforts to fill our nursing vacancies and ensure much better visibility of executives and other senior leaders on the front line.

The feedback from the CQC visit rightly gave credit to our staff for working together professionally in teams, providing safe compassionate care and for the commitment widely shown to tackling the health needs of east London and it was noted that where we are good, we are outstandingly good at providing quality care. As we move forward we will continue to work with our patients, staff and healthcare partners to address the financial challenge of making £108 million of cost improvements in the current year, deliver outstanding compassionate care consistently across all our sites and ensure our focus on clinical quality supports an improved patient experience.

Peter Morris
chief executive
Foreword from our chairman

It has been an exciting and challenging second year for Barts Health NHS Trust. Following the merger of the three legacy trusts in 2012, the last year has been focused on embedding these changes, taking account of how we currently provide care and how best we can continue to do this in years to come. In support of this we were pleased to have the opportunity to host the chief inspector of hospitals, which has allowed us to highlight and recognise those areas where we could be doing better for the people of east London.

While we have cared for over two million patients, we haven’t always got it right and we have not met several of the national targets set for all NHS organisations. We have experienced increased demand that has caused real difficulty in terms of seeing patients within 18 weeks, which we know has an impact on patients. We are determined to deliver quality care for each and every patient at Barts Health and so we are working in partnership with our commissioners, healthcare partners and our patients to ensure that we get better at delivering the right care, at the right time for our patients.

We know that we have to get the basics right and that includes our finances, which is why in July we placed ourselves into financial turnaround to address the significant economic challenge of achieving £77.5 million cost improvements in 2013/14. While we didn’t meet our ambitious target in full, we did achieve cost improvements of £58.9 million and have detailed plans in place for the years ahead to bring the Trust into financial balance.

I was delighted that in February we were able to announce that we had partnered with our local Clinical Commissioning Groups to critically look at the issues we collectively face. The challenge of providing care for a rapidly growing local population, whilst continuing to meet the health needs of some of the most deprived areas seen anywhere in the UK is not one that cannot be met alone, and I’m confident that this collaborate approach will ensure that we can continue to provide the best possible care for our patients. I look forward to reporting more about this throughout the year ahead.

As we move into the coming year we are looking forward to the opening of our new state-of-the-art cardiac facilities at St Bartholomew’s Hospital, due to open early in 2015; this exciting project will bring together under one roof all of Barts Health cardiovascular services, including the planned transfer of our services from the London Chest Hospital, and the proposed move of the Heart Hospital from University College London Hospitals NHS Foundation Trust. Alongside this large development we will also continue to invest in our hospital estates, including at Whipps Cross and Newham. This will ensure we provide care in more high-quality buildings that are safer and better for patients and will reduce our dependency on out-of-date facilities. The Trust has two PFI contracts for Newham hospital and for The Royal London/ St Bartholomew’s hospitals, which have brought significant improvements to the quality of our facilities, particularly when the final phases are handed over. The capital cost of this facilities programme amounts to £1.2 billion, with the requirement to service this investment (loan repayments, interest charges and contingent rent) of £3.8 billion. When completed in 2016 this will represent the end of a 15 year programme of significant investment in improving the health facilities for the population of east London.

Although the NHS continues to function in a challenging environment, Barts Health remains committed to delivering on our vision for east London: we will work hard to become financially stable; deliver quality care to every patient; and change lives for the better.

Sir Stephen O’Brien CBE chairman
Barts Health is the largest NHS Trust in the country, and one of Britain’s leading healthcare providers. The staff at the Trust’s six hospitals – St Bartholomew’s (Barts) Hospital in the City, The Royal London Hospital in Whitechapel, The London Chest Hospital in Bethnal Green, Newham University Hospital in Plaistow, Whipps Cross University Hospital in Leytonstone and Mile End Hospital and our community services – work hard every day to deliver high quality compassionate care to the 1.5 million people of east London and beyond.

The Trust brings new opportunities to improve the quality of care and treatment outcomes for our patients; education, training and career opportunities for our staff; and health and employment opportunities for local communities across east London. Many of our services are nationally and internationally recognised for their quality and we are rightly proud of that.

At Barts Health our vision is to change lives. Our ambition is for east London to have health services in which we can all take pride. These services will reach beyond our hospitals and provide care where it is needed most - at home, in our communities, or in specialist facilities across the boroughs. This includes our ambition to:

- provide the highest possible quality local services for our communities
- be an international leader for some highly specialised services
- attract, develop and retain the best healthcare talent
- innovate and deliver best practice.

The Trust is clear it faces considerable challenges, highlighted against the backdrop of increased demand from patients and the expectations of the public, politicians and the media. We are focusing hard on improving the quality of our services right now and have a three year plan to make sure Barts Health has financial stability for the long term.

**Who we are**

Barts Health is one of the best known names in healthcare, globally. The size of the Trust provides real strength and opportunities from sharing expertise, research and funding and best practice across our hospitals.

Our number one priority is improving the quality of our services and making it easier for our patients to access them. To support this, we work closely with GPs and local authorities, developing plans to fully integrate and coordinate care for our patients in and out of hospital. We have some fantastic specialised services at the Trust and want to make sure we offer our patients the most modern facilities and up-to-date treatment. In the medium to longer term, building on our success with specialised work such as cardiac, trauma, renal and stroke, we want to attract new services, research and innovation to our Trust.

The modernisation of our sites through the PFI schemes at The Royal London, St Bartholomew’s and Newham, and our continued investment in Whipps Cross, to provide state of the art facilities for patients, will make available substantial commercial opportunities from vacated or empty land and buildings. Barts Health is in discussion with relevant NHS bodies on how this potential could be best used to support the quality, academic and financial investment objectives of the Trust.

**Where we’re heading**

Going forward we face the very real challenge of providing care for a rapidly growing local population, whilst continuing to meet the health needs of some of the most deprived areas seen anywhere in the UK. Providing for today while planning for a tomorrow, which is unlikely to see budgets rising to the same extent as demand, will require us to think differently about how we provide care, and make changes to where and how care is provided.

There is a lot that Barts Health does outstandingly well. Our
stroke, trauma, cardiovascular and renal services continue to receive national acclaim for their excellent results. We also remain in the top five trusts nationally for our Standardised Hospital Mortality Index (SHMI), indicating that those who receive treatment at our hospitals enjoy better outcomes than most people in the country. What we do well in these services will lead our thinking as to what we need to do to improve and develop other areas of care we provide.

To make change happen safely and effectively, we plan to address the areas where we are not so good. We know that the quality of care we provide is inconsistent across our sites. We know that we need to work better with those who commission and use our services to address the challenges we face and decide how we can introduce new and different ways of providing care.

The Barts Health Board has, in partnership with Tower Hamlets, Newham, Waltham Forest, Redbridge and Barking and Dagenham Clinical Commissioning Groups, agreed a process whereby together we can critically look at the challenges we collectively face, to reassure ourselves that we continue to provide the care our patients need, at the best possible place for them.

We realise that this could mean changes to the way we deliver healthcare and that any such process will create speculation and rumour of closing and downgrading of services. We have therefore made the following commitments to all our patients, staff and those who work with us:

▶ The safety of our patients and the quality of our care is our priority
▶ We are committed to providing excellent care for our local population, including specialist care to rival the best in the world
▶ We will continue to provide emergency care at the Royal London, Whips Cross and Newham hospitals. We believe that all three hospitals should provide a safe haven for local residents – whatever their condition. We expect staff to be available 24 hours a day, seven days a week to provide care to seriously ill and injured patients, whether they need resuscitation, treatment or a rapid diagnosis and transfer to a centre with more specialist staff
▶ We want to develop different ways of working that use the great facilities and skills that we have to deliver better care. We will be carefully looking at the best
models of emergency care, recognising the importance of local access and making sure we make the most of having a world class specialist centre at The Royal London.

- Women will continue to be able to have their babies at The Royal London, Newham, Whipps Cross, our birthing centres, or at home. We will continue to improve the care and experience we offer all mothers and their babies, sharing best practice and expertise.

- We will continue to develop our existing estate, including at Whipps Cross and Newham. This will ensure we provide care in more high quality buildings that are safer and better for patients and will reduce our dependency on out-of-date facilities. St Bartholomew’s will continue to be a specialist hospital for cancer and cardiac services, with an urgent care centre for minor illnesses and injuries. At Mile End Hospital, we are looking at options around community services, including mental health.

- We are working in partnership with our commissioners (Tower Hamlets CCG, Waltham Forest CCG, Newham CCG, Redbridge CCG and Barking and Dagenham CCG, other parts of the NHS and local councils to develop our services and ensure they are integrated as part of a broad system of care.

The Trust has delivered (and continues to do so) on the commitments it made on merging, including investment in new maternity and A&E facilities at both Whipps Cross and Newham hospitals. We may need to change some services so that patient experience and clinical outcomes improve, and all services meet new quality standards. Most importantly, any change will be clinically led and patient-centred and we will work with our staff, patients and partners to listen to their views so that we can deliver on our ambitious vision of ‘changing lives’.

**Our vision and values**

In our first year as Barts Health we worked with staff, patients and partners to develop our values, which define what is important as we work towards delivering our ambitious vision to ‘change lives’.

**Our values**

- Caring and compassionate, with patients, each other and our partners
- Actively listening, understanding and responding to patients, staff and our partners
- Relentlessly improving and innovating for patient safety
- Achieving ambitious results by working together
- Valuing every member of staff and their contribution to the care of our patients and users.

Following the development of our values and underpinning behaviours, a programme of organisational development (OD) activity was established to give focus to the embedding of the Trust’s vision and values across the organisation. This has included:

- recruiting and selecting staff based on values and behaviours
- engaging new staff in the values and behaviours through our induction programme
- aligning our performance, appraisal, talent management and succession planning with our values
- designing a consolidated programme of recognition, appreciation and reward for staff
- obtaining feedback and measuring success on staff engagement; and
- embedding a culture that promotes inclusion in employment practice and service delivery.

- We are actively involved with the national ‘engage for success’ movement and have embedded the four pillars of engagement - compelling strategic narrative, engaged leaders, staff voice and organisational integrity - into our culture and engagement work and strategy.

**Strengthening our leadership**

We know from international evidence that engaged staff enable better outcomes for our patients and that engagement is largely dependent on good leadership. We
held a Trust Board Development day in December 2013 and have developed a suite of interventions to ensure that the Trust leadership takes the necessary action to effect culture change. This includes:

▶ a series of debates with senior leaders to capture the realities of the ‘as is’ and ‘could be’ of our culture;
▶ individual interviews with Trust Management Board members – to include views on progress with the engagement and culture agenda and ideas for areas of additional focus;
▶ themed team discussions; and
▶ a review of data and intelligence gathered from staff through a variety of means.

We have improved our programme of visible leadership - First Fridays, Clinical Fridays and non-executive director visits - to include the presence of the on-call director on site at weekends.

A culture of learning
Following the publication of the CQC’s report in January 2014, we are developing an approach to bullying and harassment that aims to analyse and interpret staff experience and then take appropriate actions based on the scenarios identified. As part of this work we are commissioning an independent review of service areas that are significant outliers in the 2013 staff survey for bullying and harassment so that we develop a culture where our staff feel that their voice is heard and acted on.

We will deliver a communication campaign to raise awareness of the current policy and mechanisms in place to tackle bullying and harassment, and we have introduced the external Speak in Confidence programme to provide live, two-way and anonymous dialogue with a director.

Listening to our staff
Our values reflect our drive to listen and actively engage with our staff and patients. To ensure
that our staff have a voice and that we can listen and learn from their experience of working at the Trust we send out monthly ‘pulse’ surveys, run by the Picker Institute, to 4,000 randomly selected staff. These enable us to ‘take the temperature’ of the organisation and, along with feedback received from the annual staff survey, they offer an insight into the experiences and perceptions of our staff.

This has allowed us to develop a programme of action and communication that focuses on demonstrating how feedback from staff has led to change. We took part in NHS Change Day in March 2013 and 2014 and plan to continue to engage our staff in creating a culture where every staff member is empowered to make a difference. Our OD specialists work directly with staff in the CAGs to develop CAG level OD interventions and actions.

Progress in staff satisfaction and pulse surveys

In 2013 we have seen the return rate of staff surveys increase from 39 percent in 2012 to 45 percent in 2013. There has been some improvement in the 2013 staff survey results on outcomes related to knowing who senior managers are and that clarity of feedback from line managers is improving, as is the quality of appraisals. However, there is more to do on building trust in the shared commitment to patient care, as too many staff do not believe that care is our top priority.

We found that staff reported concerns about staffing levels and being equipped to do their jobs, while confidence in raising concerns and that these will be dealt with remains fairly low. The level of staff reporting that they have experienced discrimination also remains of concern.

Pulse surveys run on a monthly basis. We increased the survey sample size from 2,000 to 4,000 and follow up with areas where response rates are low. We have learned a great deal about how staff feel about working for the Trust from these surveys, including:

- There is limited infrastructure to support people to do their jobs effectively, leading to command and control leadership
- There is learned helplessness – staff are resigned to the fact that issues will not be dealt with and so stop flagging them
- People are seen as replaceable and primarily as a cost
- Slow/resistance to change
- Blame culture; not a lot of fun at work.

Overall engagement levels have not improved, despite all the actions described. However, in 2013 the Trust commenced an internal turnaround regime that included a major workforce efficiencies consultation and restructure affecting some 3000 staff across management, nursing and administrative functions in all parts of the organisation. This has inevitably had an adverse impact on morale, particularly as it has been necessary to remove posts and down-band some roles in the Trust.

Whilst feedback from staff confirms that there is much to do to improve the culture at work, it also gives us a base point from which to start our journey to the culture that we aspire to – empowerment, recognition and value of staff, adaptability to an ever changing environment, individual and team work rewarded and our staff feeling happy at work.

A new appraisal system for non-medical staff was launched in April 2013, which incorporates performance rating and talent management activities. Appraisal completion rates have been reported and monitored at CAG performance reviews since autumn 2013. Our completion rate for non-medical appraisals stands at 90 percent. The development of an e-appraisal system, which went live on 1 April 2014, will make completion, recording and monitoring of appraisal far more efficient. Medical appraisal completion rates are lower, at 53 percent, but plans are in place for outstanding appraisals to be completed by the end of March 2015.

Looking ahead

During 2014/15 we will continue to deliver against our embedding plan and also plan to strengthen the link between workforce and patient experience. We will monitor our performance in this area through the staff surveys (annual/ pulse checks) reviewing
responses related to engagement and by undertaking patient and service user satisfaction surveys.

The turnaround challenge

Barts Health prides itself on being a learning organisation that responds to changing demands and challenges. A central challenge identified during the early part of 2013/14 was that we were set to make a financial deficit for the year and that substantial savings would be required in future years. In response to this the Board initiated an internal turnaround plan that would move the Trust towards financial sustainability in 2013/14 and then to a breakeven position by 2015/16.

Since developing the turnaround plan we have made rapid progress. We have improved our delivery structure, levels of clinical engagement and the tools and techniques used to support and implement change. As well as identifying a pipeline of future efficiency and improvement schemes for the next two years we have identified a transformation programme. These changes are aimed at accelerating delivery of the turnaround plan and improving our underlying financial performance and quality of services.

During the merger in 2012 the Trust focused on streamlining the corporate workforce and did not undertake a review of the clinical workforce. This was to ensure that quality of patient care was not affected and that clinical teams had time to adapt to the new working environment. As part of our transformation work during 2013/14, we have completed a significant workforce review to ensure that our staffing levels are balanced across our sites, that we have the right skill mix and that there is equality of pay across the Trust. This has also supported the delivery of a significant tranche of pay savings in 2013/14 that have a recurrent effect going forwards.

Managing the turnaround programme

For 2013/14, the Trust delivered £58.9m of savings against a target of £77.5m, of which £4.5m was non-recurrent savings. The Trust is planning for a £108.2m savings programme in 2014/15. There has been a continuous drive in the identification of new schemes, £43.6m have been presented to the independent panel for review,
of which, as at 4 June 2014, £55.3m have been approved. There is a further £52.9m of schemes identified in the CIP pipeline. These are awaiting detailed delivery plans, quality impact assessments and CAG approval.

Clinical input
To ensure that patients are at the heart of all we do key senior clinicians have been central to the development of our cost improvement programme and all of our work streams have clearly defined clinical sponsorship, where appropriate.

Risk and quality impact assessment
In delivering our cost improvements and turnaround plan, it is vital that these plans are assessed for their impact on clinical quality and safety. Schemes are only approved following a robust clinical sign off process, which includes review by an independent panel and sign-off by the chief nurse and medical director.

Achievements of 2013/14
There have been some significant achievements since the launch of the Trust's turnaround plan in August 2013, which brought focus and pace to the delivery of its financial plan approved by the Board. The key actions that have been implemented are:

- A plan was produced and agreed with NHS Trust Development Authority, which set out how the Trust would move to a surplus position in 2015/16
- Short term cash flow forecasting has been implemented to provide advance warning of cash shortages and tighten cash controls
- The Programme Management Office (PMO) has been set up to provide the focus for the monitoring, reporting and delivery of the turnaround programme, including clinician and nursing involvement. This focused on 18 key work streams giving a Trust wide approach to cost improvement programme (CIP) delivery, increasing transparency and support to CAG teams through dedicated turnaround programme managers and CIP delivery managers
- Backfill and spend to save resources were approved to underpin sustained delivery
- Weekly reporting was implemented to review progress against plans, which has embedded the discipline of work stream delivery.

Looking ahead
In order to meet the financial challenges for the next two years the Trust needs to focus upon sustainable change and improvement through service transformation. The following work streams have been identified as critical to the delivery of both the efficiency and productivity improvement agenda for the Trust and our commissioners through quality, innovation, productivity and prevention (QIPP) plans.

- Reduce length of stay
- Improve theatre utilisation
- Increase medical productivity
- Optimise clinical workloads and rota planning
- Improve recruitment and retention and minimise variable pay costs
- Match demand to capacity across emergency and elective pathways and improve hospital flows
- Ensure the Trust is appropriately paid for the activity it provides by improving the accuracy and quality of data collection and recording.

The outcome of these work streams will be to re-organise the hospitals’ work flows so that patient activity can be carried out within planned establishments, remove the reliance upon waiting list initiatives, winter pressures and other premium cost methods to meet targets and to reduce the loss of income through fines and challenges.

There are a number of supporting strategies that are being implemented in parallel to enable the Trust to deliver these work streams. These are:

- A concerted drive to fill establishment levels on a permanent basis to remove the reliance upon agency/ bank and locum
spending, which is currently running at over £80m pa

▶ The implementation of a standard e-rostering system across the whole Trust and staff groups

▶ The implementation of a standard staff bank system across the Trust using the latest technology

▶ A validation of medical staff job planning across the Trust to ensure actual capacity matches required demand coupled with benchmarking of medical productivity and impact of moving to 24/7 working

▶ Process re-engineering of the emergency care pathway, including acute assessment, ward management, diagnostic and pharmacy support, emergency theatre support and discharge arrangements and outpatient follow-ups

▶ Process re-engineering of the elective care pathway and in particular the outpatient process and scheduling of activity for treatment

▶ Review of the 50 patient activity recording systems across the Trust and the processes for patient data quality and capture, including reconciliations between patient activity recording and the financial billing system.

In addition to the above focus on improving clinical efficiencies and productivity, there has also been a review of corporate and estate and facilities costs. This has identified further opportunities through:

▶ A span of control review of all corporate services

▶ A zero based approach to corporate budget setting

▶ Reducing reliance upon non-permanent staff

▶ The increased role of centralised and standardised procurement processes

▶ Developing and exploiting all commercial opportunities across both clinical and corporate services

▶ Improving patient data collection and recording between clinical services and the information and finance departments to ensure all patient activity is appropriately paid for.
Our Clinical Academic Groups
Our Clinical Academic Groups

Our clinical structure is based around six Clinical Academic Groups (CAGs):

- Cancer
- Cardiovascular
- Clinical Support Services
- Emergency Care and Acute Medicine
- Surgery
- Women’s and Children’s Health

Each CAG is responsible for the management of services within its remit everywhere that care is provided by the Trust. This innovative structure ensures that clinicians directly involved in patient care are at the heart of service delivery, both in terms of leadership and decision making.

Cancer

The Cancer CAG, based at St Bartholomew’s Hospital, covers cancer surgery (breast surgery, gynaecological oncology and ocular oncology), solid tumour oncology (medical oncology and clinical oncology), haematological oncology, endocrinology, and palliative care.

The Cancer CAG is responsible for delivering cancer care across the Trust for patients in north-east London. We offer the very latest in cancer care, in a healing, calm environment including diagnosis, treatment and care for cancer patients.

The CAG has been working to improve access to services and reduce waiting times for patients through a variety of ways including redesigning the prostate pathway, improved communication with imaging, one-stop clinics at Whipps Cross for breast surgery and open access clinics that we are looking to roll out to other specialties. We have also led the way in replacing intravenous treatments with subcutaneous injections, vastly improving our patients’ experience and have established a new model of rapid access to specialist opinion and diagnostics for bowel symptoms that is now agreed as best practice for London.

We continue to be challenged by the 62 day GP to treatment target, but performance has improved over the course of the year. Two week waits from referral to being seen are slightly below the 93 percent target for the year at 92 percent. This target has been particularly challenging for the CAG in colorectal, head and neck and breast due to increased demand and subsequent capacity issues.

Looking ahead

North east London has an increasing population and the three boroughs of Newham, Tower Hamlets and Waltham Forest that make up the majority of our patient catchment area can be considered to be amongst the worst areas of deprivation in the country with lower life expectancy, deaths from heart disease and stroke, infant mortality and the number of cancer deaths all below national averages. Consequently, growth in demand for services is expected to be high over the coming years. As a result, there is increased need for integrated care pathways across primary, secondary and tertiary care to improve patient care. As part of this the Cancer CAG plays a lead role in the developing London Cancer Integrated Cancer System to ensure patients are provided with the best services possible - determined by clinical expertise and patient choice.

Access to innovation is paramount to improving quality in cancer care and 11 commercially sponsored trials in cancer are progressing through the new single sign-off arrangements across UCL Partners to streamline processes and open to patients more quickly.

A new model of rapid access to specialist opinion and diagnostics for bowel symptoms is now agreed as best practice for London. Patients referred to Barts Health from March 2013 will be triaged straight to test for bowel symptoms and early adoption of the model is under consideration at several other partner trusts. London Cancer is also working with several CCGs to support different approaches to improve uptake of bowel cancer screening.
We also have some big plans for the coming year: at Whipps Cross we will be opening a new facility later this year that will provide faster access to diagnosis and treatment, offering a better experience for our patients; we are aligning our haemato-oncology services within the CAG which will support consistent standards and offer our patients easier access to highly specialised haemato-oncology services and greater access to clinical trials; we are reviewing our diagnostic pathways to ensure patients are diagnosed at an early stage; and a new specialist cancer outpatient suite at Barts will open in September 2014.

**Cardiovascular**

The Cardiovascular CAG, based at St Bartholomew’s Hospital, provides a comprehensive range of secondary and tertiary cardiothoracic and vascular services to treat adults across a number of disease cohorts. The CAG has also seen a significant increase in the number of thoracic surgical referrals over the last 12 months and we expect this to be an area of continued growth.

The CAG provides services across five hospitals with a number of community outreach services, and we plan to continue to develop the tertiary services we offer and develop new integrated services across primary and secondary care.

The CAG has made substantial improvements in operational performance over the last year and has continued to set the pace for providers nationally. The cardiology team were proud to be awarded the Team of the Year in the Bart’s Health Heroes Awards for relentlessly innovating and have pioneered the first use of leadless pacemakers in the UK.

The Heart Attack Centre is the largest and best performing in the UK for ‘door to balloon’ times – the measure of the length of time taken from a patient arriving and treatment to unblock an artery being given - 99.1 percent average over the last 12 months against a CQC target of 85 percent.

The pioneering specialist cardiac centre (HACx) pathway, which gives A&E patients earlier access to diagnostics and treatment in a tertiary intervention centre, is being replicated across the country.

There have been significant improvements in reducing the number of elective surgical cancellations for non-medical reasons. The CAG will continue to sustain and further improve this by focusing on effective scheduling and improved theatre utilisation. Challenges remain with the infrastructure of old hospital buildings, bed capacity and recruitment of experienced staff in key technical and nursing roles in critical care, theatres and catheter labs. The CAG has mitigating plans in place to ensure performance is not compromised as the move of services from The London Chest Hospital to St Bartholomew’s is planned for early 2015.

The CAG will work to deliver improved quality, financial performance and
patient experience as we prepare to establish a world-class clinical and academic Cardiovascular Centre on the St Bartholomew’s Hospital site by 2016. This will create an opportunity to grow market share across London, with further provision of specialist, tertiary and innovative cardiovascular services and will aim to increase private patient activity, targeting the international market in particular. The CAG has an excellent reputation in research in association with its primary partner Queen Mary’s University London and the development of the integrated heart centre will create greater opportunities.

This will further enhance the Trust’s reputation as a centre of excellence and will attract patient referrals both nationally and internationally.

Looking ahead

Cardiovascular disease has a huge impact in the UK, with more than four million patients affected, costing the country around £30 billion annually. The cardiovascular provision is for the population of north east London which comprises of seven London boroughs with a population of around 1.5 million. In the next five years, this population is expected to increase by 1.2 percent per annum on average across the seven boroughs, leading to a population of 1.7 million by 2017. The population growth rate for those residents who predominantly use St. Bartholomew’s and The Royal London as their most accessible hospitals has been estimated to be 2.21 percent over the next five years.

North east London in particular is an area with profound health needs and includes some of the most deprived local authorities in the country. According to data from Public Health England, the premature mortality from cardiovascular disease is amongst the highest in the country, with Newham and Tower Hamlets ranking 141st and 144th worst in England respectively out of 150 local authorities. Neighbouring Hackney has similarly high rates, although Waltham Forest is closer to the average.

Over the coming years we are set to lead a major programme of change in partnership with UCLH and UCLPartners to deliver a world class clinical and academic Cardiovascular Centre at St Bartholomew’s Hospital. We also aim to enhance patient access with integration and standardisation across primary, secondary and tertiary care through the development of ‘one-stop’ clinics and rapid access and paramedic triage services.

The CAG has an excellent patient safety record and positive CQC reports. The challenge is to maintain this position through a period of transition and change and whilst we continue to operate from dated estates until the new hospital build at St Bartholomew’s is completed.

Clinical Support Services

The Clinical Support Services CAG, based at The Royal London Hospital, includes outpatients, pathology (including mortuary) pharmacy, clinical physics, imaging (including radiology and nuclear medicine) and therapies (including occupational therapy, physiotherapy, speech and language, nutrition and podiatry).

The Clinical Support Services CAG is responsible for delivering services across the Trust and provides support services for a wide range of conditions and treatments.

Clinical physics helps to facilitate and improve healthcare through applying scientific techniques and principles to support clinical investigations, treatments and research to advance medicine knowledge. There are many aspects of healthcare that require support and innovation from our team of medical physicists, engineers and technicians, including X-ray systems, MRI scanners and nuclear medicine gamma cameras; radiotherapy cancer treatment systems; clinical equipment maintenance and training; and radiation safety for staff and patients.

The Pathology Department at Barts Health is one of the largest in the country, providing comprehensive diagnostic and screening services to our six hospitals and to GPs in the surrounding areas. Pathology is centralised at The Royal London, with satellite laboratories at Newham, Whipps Cross and St Bartholomew’s for biochemistry, haematology, blood transfusion and histology.

The therapies service assesses and treats inpatients and outpatients.
on all Trust sites and includes allied health professionals from four different specialities:

- Dietetics
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy

Clinical pharmacy services operate across all sites, where pharmacists, technicians and assistants take responsibility for providing patient-centered pharmaceutical care. This involves promoting high quality prescribing through provision of evidence-based medicines information and advice to clinicians and patients. Many outpatients benefit from pharmacist led medication review clinics and others such as the high risk medicines monitoring clinic.

During 2013/14, the Clinical Support Services CAG has made a range of improvements. This has included developing an interventional radiology suite – an investment of over £700,000 and providing 14 new ultrasound machines across the Trust.

Looking ahead
Within the currently more commercial climate of the health service, there are a number of opportunities for the CAG to grow, increase productivity and improve quality of care. These include commissioner tenders, bringing in-house often expensively outsourced work and developing our business units to deliver services to other providers. Going forward the CAG will focus on five priority areas including an outpatient improvement programme, working with staff, commissioners and service users to enhance services and better meet patient needs, a major capital investment programme to replace the MRI scanners at both Newham and Whipps Cross and achieving a challenging cost improvement target to ensure services become more efficient and are fit for an economically challenging future.

Emergency Care and Acute Medicine
The Emergency Care and Acute Medicine (ECAM) CAG, based at Whipps Cross University Hospital, provides a comprehensive range of inpatient, ambulatory and sub-acute services. In 2009, there were over 1.8 million residents
within north east London (NEL) and beyond. ECAM serves one of the fastest growing population areas in London – a 17 percent increase in the past 10 years.

ECAM encompasses the three emergency departments in the Trust, the minor injuries unit at St Bartholomew’s and all medical specialties with the exceptions of cardiology and oncology. Surgical specialties include trauma, neurosurgery and renal transplant surgery. Many of the services in Tower Hamlets Community Health Services have now become part of the CAG.

ECAM provides services across our six hospital sites and a number of community sites via 10 service groups:
- Emergency Care
- Acute Medicine
- Care of the Elderly
- Stroke Services
- Respiratory Medicine
- Neurosciences
- Renal and Diabetes
- Gastroenterology
- Trauma
- Rheumatology, Dermatology, Immunology, Sexual Health and HIV

In addition, The Royal London Hospital is one of three designated trauma centers within London. It is also the home of the London Air Ambulance.

Over the last year, ECAM has focused on ensuring patients who present through our emergency and urgent pathways get the care they need. This has been helped by a winter programme in which our joint working with local authorities, mental health services and primary care colleagues has ensured that 95 percent of patients seen in our emergency departments have been successfully managed within a four
hour time period. We continue to work hard with our partners on reducing the need for emergency care and managing the flow in our hospitals so that patients do not experience delays in their care.

Looking ahead

We are working with our CCG partners on our strategy for emergency care and long term condition management. Our focus is to continue to improve the quality of care we provide, the experience of our patients, and that of our staff. Challenges for the year ahead include further moves towards providing services seven days a week for patients who need them, and a drive to better sharing of information across the system.

Surgery

The Surgery CAG, based at The Royal London Hospital, provides services at Newham, St Bartholomew’s, The Royal London and Whipps Cross hospitals.

The CAG oversees delivery of perioperative and pain medicine, which includes the preoperative assessment, anaesthesia and acute and chronic pain for adults and children; general surgery and urology, which includes major upper gastrointestinal, hepatobiliary and colonic surgery, urological surgery and intervention and minor and intermediate surgery for children; orthopaedics and plastics, which includes complex, major, spinal and trauma orthopaedics as well as elective and emergency plastics and hand surgery services; head and neck, which includes dental services and oral and maxillofacial surgery for adults and children; ENT and ophthalmology, which includes a dedicated emergency unit for ophthalmology, retinoblastoma, ocular cancer, audiology and services for adults and children in both specialties; and critical care, which includes intensive care for adults and neurosurgical and trauma support.

The CAG has successfully managed a number of significant challenges over the last year. Whilst there is more work to do, we have seen improvements in all of these areas:

- Embedding our clinical governance systems, including the theatre MATCH programme and our patient safety teams
- Reducing risk and harm in our theatres including a reduction in never events
- Actively managing infection risks, including MRSA
- Supporting the delivery of the emergency four hour target
- Managing waiting lists and moving towards 18 weeks compliance
- Delivering the cancer targets
- Exceeding our planned cost improvement target.

Looking ahead

Our key concerns going forward are to achieve compliance with the waiting list targets and at the same time ensure our patients do not come to harm whilst waiting. We also need to improve theatre access on all our sites, in particular emergency access at The Royal London. We will continue to develop our clinical governance systems and improve theatre safety. The Surgery CAG will merge with the Cancer CAG during 2014, and whilst this is an exciting opportunity it must be managed safely.

The CAG is developing its clinical strategy and the following proposals are in discussion:

- Improved paediatric emergency surgery provision
- Improved colorectal cancer pathway
- Development of an arthroplasty centre at Newham University Hospital
- Development of a burns facility at The Royal London
- Expansion of critical care capacity.

The CAG is also working in partnership on the London cancer strategy, and this will impact on our urological and oral and maxillofacial surgery services. This is challenge for the CAG as we are also committed to supporting The Royal London as a major trauma centre.

Women’s and Children’s Health

The Women’s and Children’s Health CAG, based at Newham University Hospital, oversees four service lines – gynaecology, maternity, neonatology and paediatrics, each led by a clinical director and supported by a general manager. The CAG board also oversees the children’s safeguarding
team and the service line governance arrangements.

The Women’s and Children’s Health CAG is responsible for delivering inpatient, day case and outpatient gynaecology care, including fertility services, but excluding the treatment of gynaecological cancer; maternity care, including four midwifery led birthing centres, three obstetric units and fetal medicine; paediatric support to hospital births and postnatal care; neonatal special care, high dependency care, intensive care and neonatal surgery; the neonatal transport team for London; inpatient, day case and outpatient general and specialist paediatrics, including paediatric surgery; inpatient and outpatient facilities for specialists from other CAGs to treat children; paediatric high dependency and intensive care; paediatric therapies; specialist community paediatric care; universal services for children and the children’s safeguarding team.

We have also gained accreditation of our endometriosis centre at both The Royal London and Whipps Cross. The CAG has also been leading on delivering our exciting Great Expectations programme to continually improve training and clinical standards and the experience of all mothers and babies; reiterating the high standards we expect from our cleaning contractors and the introduction of midwife-led care to reduce delays when consultants not immediately available.

The national Friends and Family Test (FFT) now being used across the NHS to gauge how likely patients are to recommend local hospital services. It was also introduced into maternity in October 2013, helping us to further understand the experiences of our service users and use their feedback to drive service improvements.

Looking ahead

Barts Health is the predominant provider of women’s and children’s health services to the three local CCGs – Tower Hamlets, Newham and Waltham Forest. It also provides health services to a proportion of Redbridge and Barking and Dagenham CCGs, given the locations of Whipps Cross and Newham Hospitals and the changes in maternity referral patterns that were agreed with CCGs following the closure of maternity services at King George Hospital in Ilford.

Going forward, there are a number of opportunities to explore, including the reconfiguration of neonatal services across the three main hospital sites to allow the sickest babies to be cared for in the most appropriate unit; developing additional maternity capacity across Barts Health through investment in Whipps Cross; opening a midwifery led unit at The Royal London; increasing awareness and use of both the Barking and Barkantine Birth Centres; and developing private practice opportunities to enable the Trust to cater for differing demands from our service users.
Delivering quality care
There has been a great deal of external scrutiny of our services over the last year, with a number of Care Quality Commission (CQC) routine inspections as well as a major inspection carried out in November 2013 as part of the CQC’s new inspection regime, led by the chief inspector of hospitals. It has been a challenging year for Barts Health - one where we have had to reassess our performance and agree with commissioners the best way to adapt to meet changing demands.

Supporting our staff to deliver quality care

A major theme from our November 2013 CQC inspection was the need to provide greater support for our staff, both in terms of improving culture and morale within the Trust and also doing more to help staff raise concerns. We have already started a major programme of work to increase permanent staffing levels, improve our systems and processes, provide more ways for staff to raise concerns and further develop our organisational culture to ensure that we can provide quality care. Particular highlights include:

▶ Drive to 95 – increasing our level of permanent staffing to 95 percent and ensuring we maintain that level
▶ Launching a new, single staff bank for the whole Trust, which will help us reduce our reliance on expensive agency cover and improve consistency of staffing
▶ The introduction of a Speak in Confidence service – a secure, web-based tool that any staff member can use to anonymously raise concerns or discuss an idea with a senior leader in our organisation.

Caring for our patients over winter

We began working together with local partners in September 2013 to put in place a comprehensive winter care plan backed by an extra £12.8m of government money, part of a central allocation from the Secretary of State and the largest amount given to any local health system in London. Our
aim was to ensure that the whole health and social care system in our area could meet the extra demand we face during winter so that our patients, especially the frail elderly, could get the best possible care.

The £12.8m funding was used to provide more staff, additional hospital and community beds and to support better care and treatment at home for patients to help reduce hospital admissions.

Looking back over the last six months, we have seen a real and sustained improvement in our performance against the four-hour standard in our A&E departments. Overall, we have achieved the standard across all our hospitals for the whole of 2013/14.

We know we still have much work to do to make sure all our patients get through our systems in a timely way, and that we can send them home as soon as it is safe to do so. This will continue to be a major focus over the coming year.

Transforming Services, Changing Lives

We are planning to improve our services over the medium to long term, so that we provide consistently high standards of care in all our hospitals and across all our services. This is a vital part of delivering on our vision of changing lives for people in east London and further afield.

This programme is called Transforming Services, Changing Lives. To ensure that the process is clinically led and patient-centred, we have established a series of clinical working groups (CWGs), with representation from Barts Health, local Clinical Commissioning Groups (CCGs) and external partners. Each CWG has been asked to produce a ‘Case for Change’ by June 2014, which sets out why, and in what clinical specialties, local clinicians think change is needed to ensure we can provide the very best care for local residents.

They will not set out any recommendations for change, but will indicate whether there is a case for change, and if so, what the next phases should be in the programme.

A range of engagement events will be held to give everyone the opportunity to hear about these plans and contribute their thoughts on how we can collaboratively improve local services.

Developing a world-class cardiac centre

Work is progressing to create a new, state of the art cardiovascular centre at St Bartholomew’s Hospital. Whilst the centre is being built, we are working with colleagues at University College London Hospitals NHS Foundation Trust (UCLH) on plans to bring services from The Heart Hospital (part of UCLH) into the new centre at St Bartholomew’s. The new centre would be one of the largest in Europe, bringing together the wide range of expertise in clinical care, research and education for cardiovascular conditions that we have within our separate organisations. Cardiovascular disease affects millions of people every year, and is one of the biggest causes of early death and disability in our population. North and east London has some of the best cardiovascular experts in the country, but at the moment our services are not organised in a way that gives patients the best chance of survival and the best experience of care. If we improved local survival rates for heart disease in line with the average for England, over 1,000 more lives could be saved every year. At its meeting in May, the Barts Health Trust Board endorsed the outline business case for the new centre, and has recommended it to the NHS Trust Development Authority for consideration.

Alongside these plans, all services from The London Chest Hospital will move to the new centre at St Bartholomew’s Hospital in early 2015. This move has been planned for several years, and will allow us to provide our patients and staff with brand new facilities to replace the outdated facilities we have at the Chest Hospital.

Working with the Care Quality Commission

Along with all healthcare service providers, Barts Health NHS Trust is required to register with the Care Quality Commission (CQC), the independent regulator of all health and social care services in England. As a registered provider, Barts Health is subject to periodic
inspection by the CQC as part of monitoring and surveillance against the 16 essential standards of quality and safety known also as outcomes.

At the end of the 2013/14 financial year, the Trust had a full CQC registration status with no conditions. Each year, the Trust publishes its Quality Account, which provides additional detail in relation to CQC inspection findings, recommendations and any ongoing work by the Trust to address these recommendations.

**Unannounced compliance reviews**

Between 1 April and 31 October 2013, Barts Health NHS Trust participated in four unannounced compliance reviews.

Following the routine unannounced inspections in May, the Trust was disappointed to receive three warning notices for Whipps Cross Hospital. Two of the notices were for breaches of Regulation 12 (Outcome 8 - cleanliness and infection control) and Regulation 16 (Outcome 11 - safety of equipment) in Maternity Services. The third was due to a breach of Regulation 23 (Outcome 14 – supporting staff) in two older people’s wards.

We took immediate action to ensure that we were meeting the standards our patients deserve, including:

- Increasing the frequency, quality and monitoring of daily cleaning in the maternity unit
- Delivering new and refresher infection control training to multi-professional maternity staff
- An extensive programme of general maintenance and decoration
- Introducing disposable curtains across the whole site
- Introducing new standardised procedures and daily equipment safety checks
- Set and achieved a target of appraising 100 percent of our nursing staff
- Used our care campaign to support the re-launch of regular ward and team meetings and one to one supervision in all care settings
- Introducing staff briefing sheets and regular open briefing meetings for staff in our Maternity Services.

Following the submission of evidence to the CQC in support of compliance, all three warning notices were removed in January 2014. Checks carried out by inspectors during the November 2013 inspection of Whipps Cross University Hospital demonstrated that these improvements had been sustained.

**Chief inspector of hospitals visit**

In addition to the four unannounced reviews in November 2013 the Trust hosted Sir Mike Richards, chief inspector of hospitals, and his team, as part of the CQC’s new surveillance and inspection regime. We were included in a first wave group of 18 NHS organisations. A team of 87 CQC inspectors and support staff carried out detailed inspections over several days in our six hospitals and the Barking Birth Centre.

In December 2013 the Trust received eight final compliance reports, covering the seven locations inspected and an overall quality summary report. The CQC reported that in general they judged services at Barts Health to be safe, clean and well maintained with the risk of patients acquiring infection minimised. They also reported that the majority of patients and relatives they spoke to described staff as caring and compassionate and that staff treated patients with dignity and respect.

However, the CQC also reported a number of concerns under the theme of staff experience and engagement. The CQC made recommendations to the Trust Board to ensure there is a supportive staff culture at Barts Health including visible leadership, zero tolerance on bullying, effective communication and supportive mechanisms for when staff need to raise concerns. Details of our plans for organisational development and staff engagement in 2014/15, in response to the CQC reports, can be found in the staff experience section of our 2013/14 Quality Account. No serious failings were identified or any enforcement action taken by the CQC, but a total of 15 regulations and the associated outcomes were judged as requiring improvement.
As a Trust, we are committed to providing high quality care for all our patients, every time so having this level of input was an opportunity to highlight the areas in which we provide exceptional care, and to learn where we might do more and better. Since the publication of the reports, the Trust Board has approved our CQC improvement plan. Every action is assigned an executive lead and action owner and has an expected completion date, which will be tracked and reported on through our internal governance and performance management processes, and Clinical Commissioning Group quality reviews.

In addition to the staff and organisational development priorities outlined, here are some of the other improvement commitments we have made as part of our CQC and quality priority areas agenda in 2014/15:

▶ Commission and act on an external review of the nursing workforce structure and skill mix
▶ Implement the ‘allocate’ e-rostering system to improve nurse rostering and reduce reliance on bank and agency staff
▶ Deliver our recruitment programme to fill 95 percent of our staffing establishment and further reduce reliance on bank and agency staff
▶ Continue to strengthen our risk register processes so that identified risks are mitigated, acted upon, and progress tracked
▶ Deliver information technology improvement projects to ensure better staff access and reliability across all sites
▶ Review and improve capital investment, procurement and governance processes for clinical equipment to ensure availability, access and safety across all sites
▶ Continue with our transformation of clinical services to reduce delays and meet quality and safety standards for emergency, surgical and medical care
▶ Develop new models (PALS and volunteers) for...
patient feedback and local resolution of concerns and complaints in collaboration and with the help of stakeholders and partners.

**Our response to the Francis Report**

Barts Health prides itself on being an organisation that listens to patients, staff and stakeholders and puts into action learning points highlighted through a range of different forums. Since the publication of the Francis Report in February 2013 Barts Health has made it a priority to ensure that even though we face considerable challenges our focus is on providing high quality patient care.

Our response to the Francis Report has included:

- On-going organisational development work to embed the Barts Health values and improve staff experience
- The launch of our care campaign
- The launch of the Clinical Standards Committee led by medical director and chief nurse
- A programme of patient and staff stories to the board
- A ward accreditation programme
- The development of a quality strategy for Barts Health.

In July 2013, a paper to our Board identified areas where we needed to strengthen our performance to ensure the culture at Barts Health is patient centred, has no tolerance of non-compliance with fundamental standards, is open and transparent, has strong leadership and is caring and compassionate every time, with every patient.

To address the gaps identified, the Board agreed to hold quarterly Francis Independent Panels (Francis IPs) with Clinical Academic Groups (CAGs) and corporate teams to gain assurance on the leadership approach to balancing/integrating quality with financial performance and access to services. The Francis IPs for CAGs will start in 2014/15 with Francis IPs for corporate areas being held later in the year. It was agreed that at the IPs the leadership teams would be asked to demonstrate:

- How they are ‘putting patients first’, using and learning from staff and patient stories and complaints to improve quality i.e. living the values;
- Every member of staff has had the opportunity to have a ‘learning from Francis’ conversation;
- They are meeting the Trust quality priorities and contributing to the commitments in our Quality Account.

The Government’s final response to the Francis Report, ‘Hard Truths’, was published in late 2013. A high level review has been undertaken to identify what gaps exist at Barts Health and where further works need to happen.

Many of the actions detailed elsewhere in our annual report also form part of our on-going response to the Francis Report, and include:

- Our patient experience and engagement work
- Reviewing how we respond to and learn from patient feedback
- Our on-going Quality Collaborative Initiative
- Our response to the findings of the CQC’s chief inspector of hospitals visit
- Our work on improving the experience of our staff, our response to our staff survey, our staff engagement work and our organisational development programme.
Delivering the Barts Health vision
Barts Health is a unique NHS Trust delivering clinical and academic services in different healthcare environments at scale. The Trust is distinguished in proving a wide range of tertiary, secondary and community-care services to a broad local population across a number of sites as well as delivering highly specialist clinical and academic services to a wide national and international cohort of patients. This dual, complementary focus is what makes the organisation distinctive in London and differentiates the Trust nationally.

The Barts Health strategy is informed by:

▶ National policy, set by the Department of Health (DH)
▶ Commissioner priorities; NHS England and local commissioners – Newham, Tower Hamlets and Waltham Forest Clinical Commissioning Groups (CCGs)
▶ Our own mission to provide an academically based healthcare system delivering excellent clinical outcomes and health improvement.

We also work closely with local Health and Wellbeing Boards, the NHS Trust Development Authority (NTDA), and our regulators: the Care Quality Commission (CQC) and Monitor.

**Trust objectives**

In the context of the developing Trust strategy, our first annual plan to the NHS Trust Development Authority and the five year integrated business plan, the Trust identified the following corporate objectives for 2013/14. These were focused around the key elements of our strategic framework.

**To be recognised as an excellent healthcare provider:**

▶ we will maintain a relentless focus on delivering high quality, safe and compassionate care for our patients and achieving our 2013/14 quality priorities to ensure a consistently good patient experience
▶ we will meet all national minimum performance standards and regulatory requirements, delivering consistent and standardised clinical practice
▶ we will deliver our 2013/14 financial control total, and within that our cost improvement programme (CIP), in a way which maintains or enhances quality of care, while developing outline CIP plans for the following two years informed by the use of service line reporting.

**Strategic initiatives:**

▶ we will develop and agree a clinical strategy underpinned by strategies for each of our Clinical Academic Groups and service lines and sites
▶ we will produce a business case and mobilise resources to develop a specialist cardiovascular centre for north east and north central London at St Bartholomew’s Hospital
▶ we will build research capacity and capability, and work with patients to increase the number of patients being offered participation in research
▶ we will improve our trainee, staff and student experience by delivering an education programme based on best practice
▶ we will agree and test clinical and financial models with our commissioners for the delivery of an innovative integrated care programme to provide outstanding care and improved health outcomes for our local population.

**Strategic enablers:**

▶ we will develop and implement a Barts Health Improvement System to provide managers and teams with the skills and engagement to drive improvement across the organisation, building leadership capability
▶ we will agree an estates strategy to ensure that we optimise the use of our estate in support of the delivery of high quality and cost effective clinical care, utilising opportunities for commercial development

Delivering the Barts Health vision
we will develop and implement arrangements to secure increasing levels of staff engagement, and put in place measures for this.

we will deliver the first steps in a two-year informatics plan to connect Barts Health with the local health economy, implementing the Millennium system at Whipps Cross, upgrading the system at Newham and enabling live viewing of patient records between hospitals and local GPs.

Progress against 2013/14 objectives

Platform to be recognised as an excellent health care provider:

- Our Standardised Hospital Mortality Indicator (SHMI) continues to indicate better than expected comparative performance and we remain amongst the top five in England. Our SHMI has been reduced through the year from 0.84 to 0.79.
- The rate of Clostridium Difficile has seen an improvement from last year.

Strategic initiatives:

- We have developed and agreed a clinical strategy, which is underpinned by strategies for each of our CAGs, service lines and sites.
- We have delivered the Cardiovascular Strategic Outline Case (SOC) to develop a specialist cardiovascular centre for north east and north central London at St Bartholomew’s Hospital. In May, the Trust Board endorsed the outline business case for the new centre, and has recommended it to the NHS Trust Development Authority for consideration.

- We have developed and agreed the Trust annual planning process to ensure a systematic and co-ordinated approach to organisational planning. There is strong, senior-level clinical and management support for this ongoing exercise.

Strategic enablers:

- We have developed an estates strategy to ensure the optimal use of estates in support of the delivery of high quality and cost effective care, utilising opportunities for commercial development.
- First Fridays and Clinical Fridays have been introduced. On ‘First Friday’, the Executive team spends the day in a clinical or service area, to improve visibility for staff. Every Friday, senior clinical staff work
with patients to further improve visibility and develop relationships between staff and the senior team.

- The Trust has made substantive progress on its IT and informatics infrastructure.

Major initiatives delivered include migration and upgrade of the Electronic Patient Record (EPR) from Newham University Hospital to a hosted Cerner data centre; implementation of a new Cerner Emergency Department system at Whipps Cross providing seamless working with The Royal London and a paper light working environment; deployment of new Cerner systems at The Royal London including pharmacy stock control; and deployment of Health Information Exchange (HIE) connecting Barts Health and General Practitioner (GP) surgeries across the region so that patient data can be shared in real time.

**Trust objectives for 2014/15 and 2015/16**

The objectives for the Trust over the next two years are set against the four major themes that underpin realisation of our strategy and vision.

There are 14 priorities each of which focuses on the fundamentals of operational performance and provision of the highest standard of services to patients; in line with statutory obligations of, and the imperatives of providing healthcare in the NHS. The overarching focus for Barts Health, which these objectives serve, is to ensure the Trust’s long-term clinical and financial sustainability.

Excellent clinical outcomes

Our quality strategy will reduce harm, improve patient experience and improve outcomes. As part of this work we are in the process of specifying and benchmarking what constitutes excellent care for each service, and will work with others to set standards and compare performance.

**Our quality goals are:**
- Zero harm
- Top-quartile patient experience (feedback on quality of services/impact on patients’ lives)
- Each service has five clinical outcome measures, benchmarked with the top five international providers, within five years
- Operational and financial delivery against targets
- Clinical audit programme – to ensure compliance with best practice
- Clinical decision support
- Use of “big data” for research and audit.

All services will be expected to deliver core quality standards, good patient experience, sound operational performance and to do so within set financial limits (our ‘brand standards’). CAG teams will develop these standards and will report on progress during performance reviews.

1. We will maintain a focus on delivering high quality, safe and compassionate care for our patients and achieving our 2014/15 and 2015/16 quality priorities to ensure a consistently good patient experience.

2. We will develop and agree a clinical strategy under pinned by strategies for each of our CAGs, service lines and sites.

3. We will implement our estates strategy to ensure that we optimise the use of our estate in support of the delivery of high quality and cost effective clinical care, utilising opportunities for commercial development.

4. We will develop and commence a programme of culture change with our staff to help secure increasing levels of staff engagement, health and wellbeing, and patient satisfaction.

5. We will extend the delivery of our informatics strategy.

a) Single systems
- Implement Cerner Millennium at WX
- Extend the use of Millennium at NUH
- Establish the criteria for paperless clinical working across our hospitals.

b) Connectedness
- Extend and continue to support standard connectivity with our local GPs
- Start to connect patients electronically to our hospitals, beginning at NUH
- Support wider economy
connectedness across other sectors and organisations, with UCLP as an enabling body.

c) Big data
  o Extend access to the clinical data set to every clinical speciality at Barts Health
  o Provide the capability for clinical pathway measurement using three agreed pathways in the first instance
  o Drive adoption across all our sites so that the data increases in completeness.

Health improvement
Poor health and health inequalities continue to be major issues in east London and will only be addressed by preventing disease as well as treating it effectively. The trust has committed to a public health strategy, set out in September 2012 with three components:
  ▶ Making every contact count to help patients reduce risky behaviours and deliver safe and effective public health services such as screening
  ▶ Support staff to improve their own health and mental well-being
  ▶ Work with communities to address the determinants of health, including unemployment.

6. We will improve health in east London through working with colleagues in the Trust, boroughs, CCGs, primary care and the Universities on the following priorities:
  ▶ Contribute to a reduction in health inequalities
  ▶ Supporting patients to address unhealthy lifestyles, starting with smoking, then alcohol
  ▶ Work with clinicians and the boroughs to reduce obesity and slow the increase in diabetes
  ▶ Ensure the screening services we offer are safe and effective and improve early detection.
  ▶ Provide public health input to services such as sexual health and TB
  ▶ To improve the health and well-being of staff through opportunities to take more exercise and improved better food
  ▶ Use the Trust’s power as a local employer to help local young people into employment, provide apprenticeships and link with schools and communities.

Academic and research-based services
The Trust will continue to place a strong emphasis on academic development and clinical research, in order to drive up participation rates by patients in trials hosted at Barts Health. To complement this, we will finalise a proposal
to establish a clinical institute in renal medicine. We will also commit to on-going established training arrangements to support our clinicians, nursing and support staff, as well as management and other back-office teams.

7. We will build research capacity and capability, and work with patients to increase the number of patients being offered participation in research.

8. We will improve our trainee, staff and student experience by delivering education programme based on best practice.

Health system
We will meet the requirements of regulators, national targets, service standards and commissioner contracts. We will also work to integrate services to improve underlying efficiency and clinical effectiveness within the Trust but also with other providers across the local health economy. The development of integrated models of care is a national policy initiative and Barts Health has a significant opportunity to work with commissioners and other providers to deliver new models that respond better to the needs of patients, particularly those with chronic conditions.

9. We will agree and test clinical and financial models with our commissioners for the delivery of an innovative integrated care programme to provide outstanding care and improved health outcomes for our local population.

10. We will produce a business case and mobilise resource to develop a specialist cardiovascular centre for north east and north central London at SBH.

11. We will meet all national minimum standards and regulatory requirements, delivering consistent and standardised clinical practice.

12. We will deliver our 2014/15 financial control total, and within that our Cost Improvement Programme (CIP) in a way which maintains or enhances quality of care, while developing outline CIP plans for the following two years informed by the use of Service Line Reporting (SLR).

13. We will develop and expand selected clinical services, exploring new models and sites from where Barts Health operates and expand where we provide these services.
14. We will exploit the value of Barts Health and its assets through a targeted programme of commercial development, in order to invest in our NHS services.

Our strategy

The Trust Board has agreed a set of priority areas that are focused on those clinical and academic services the Trust provides that are internationally distinctive, those with a national profile and those providing core services to the local population. The objective is to build further on existing service delivery capabilities, exploit national or international competitive advantages and secure investment accordingly from within the National Health Service (NHS) and externally. A summary of these three priority clinical areas is provided in figure 1.

World-leading clinical services

There are two services where the Trust has the greatest existing opportunity to be recognised as excellent with internationally established reputations: cardiovascular and trauma services. The rationales for their selection is that each of these has excellent established service quality, well-founded reputation and peer recognition, high quality research, excellent teaching and training, world-class infrastructure and strong financial performance.

National leading clinical services

This group includes services that are clinically and academically strong but which are likely to face strong local and national competition. The intention is to secure the current position of each of these patient-facing services, including the strong foundations in inflammatory bowel provision, viral hepatology, multiple sclerosis, HIV and arthritis services, based on continuing solid performance.

Figure 1: Barts Health clinical services overview

All services to meet core standards on:
- Quality, safety and patient experience
- Delivery and operational efficiency
- Basic research, education and teaching
- Staff and patient engagement

A subset of services which excel on all the core standards and also:
- Are critical to addressing local population needs
- Have significant opportunity to develop a nationally distinctive profile within Barts Health, through partnerships
- Have healthy current and future scale margins

One or two globally acknowledged, distinctive service lines, which bring international renown and acclaim for Barts Health against the following criteria:
- Reputation and recognition
- Excellence in teaching and training
- World-class infrastructure and investment levels
The aspiration is to build and grow these services to extend their reputation and prominence within the Trust's overall clinical portfolio. This will also apply to areas of clinical support such as pathology. Services that have developed clear objectives are renal and diabetes (Kidney Institute), cancer, paediatrics, women's and surgical services.

**Excellent local services**

Other services in the Trust will be expected to deliver excellent local services. All services will be expected to develop clear ideas to develop services with a view to securing greater clinical and academic recognition; however the Trust's role for these services will be to ensure they are supported to deliver core quality requirements.

Elderly care services are to be given particular attention due to the anticipated increased numbers of patients that the Trust will care for, but also because of opportunities around the development of integrated care and closer working with mental health providers. The focus within emergency and acute medicine will be a key support for this.
Our performance
Our performance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>National target</th>
<th>Cumulative performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 weeks (admitted)</td>
<td>90%</td>
<td>81.89%</td>
</tr>
<tr>
<td>18 weeks (non-admitted)</td>
<td>95%</td>
<td>95.53%</td>
</tr>
<tr>
<td>18 weeks (incomplete)</td>
<td>92%</td>
<td>86.91%</td>
</tr>
<tr>
<td>Cancer two week wait</td>
<td>93%</td>
<td>92.14%</td>
</tr>
<tr>
<td>Two week wait breast symptoms</td>
<td>93%</td>
<td>93.81%</td>
</tr>
<tr>
<td>31 day first treatment</td>
<td>96%</td>
<td>96.83%</td>
</tr>
<tr>
<td>31 day sub treatment drug treatment</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>31 day sub radiology treatment</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>31 day sub surgery treatment</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>62 day urgent referral to treatment</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>62 day screening</td>
<td>90%</td>
<td>94.9%</td>
</tr>
<tr>
<td>MRSA</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>C.diff</td>
<td>75</td>
<td>84</td>
</tr>
<tr>
<td>A&amp;E performance</td>
<td>95%</td>
<td>95.04%</td>
</tr>
</tbody>
</table>

Our performance is externally assessed against a range of national targets and standards. Analysis of performance against some other key areas, such as quality of care, is covered in more detail in the Trust’s Quality Account. Staff at the Trust continue to work hard to balance patient safety, quality and efficiency with achieving excellent patient outcomes and maintaining performance against these targets.

The definitions, data sources and calculation methods used to assess performance were in line with those applied by all NHS trusts in England and form the basis of the Trust’s contract for service delivery with commissioners. The information provided in this report is consistent with that presented in the Trust’s annual accounts and there have been no significant changes to calculation methods or accounting policies during 2013/14.

The Annual Governance Statement shown at Appendix 1 to this report provides details of the key factors likely to affect the Trust’s future development and performance, indicating the key systems of control and any significant weaknesses identified during the year that could impact on 2013/14 performance against objectives.

**Infection prevention and control**

Reducing the risk of infection through robust infection control practice is a key priority for Barts Health and supports the provision of high quality services for patients and a safe working environment for staff.

We have harmonised policies and practice since our merger and have seen a reduction in healthcare associated infections. Healthcare associated infections will continue to present challenges and we are working with the CAG leads to embed good practice and instill ownership.

The main focus of infection prevention activity during 2013/14 was to control the levels of Trust avoidable Clostridium difficile and MRSA bacteraemia acquired within the Trust as well as improving preparedness for winter and the Norovirus season.

**Clostridium difficile**

There have been 84 Trust appointed cases of C.diff for Barts Health between 1 April 2013 and 31 March 2014 against a
very challenging target of 75. Of these, nine were repeat samples in previously known positive patients. Of the 84 cases, 39 occurred at the Royal London Hospital, eight at St Bartholomew’s Hospital, three at the London Chest Hospital, 24 at Whipps Cross Hospital and 10 at Newham Hospital. The number and distribution of cases across our hospital sites has remained largely similar to 2012/13. To identify potential outbreaks, we send samples for ribotyping. All samples sent this year were different except for a cross infection incident in Blackthorn ward and Primrose wards at Whipps Cross.

All cases are reviewed by the infection control nurses, pharmacy and microbiology, and most incidents were deemed to be caused by carriage of the organism in a patient’s gut rather than true infection.
MRSA bacteraemia

During 2013/14, there was a total of 11 post 48 hours MRSA bacteraemias against a target of zero avoidable cases. The same as 2012/13. In 2013/14, five of our 11 incidents were deemed unavoidable compared with one the previous year. Of the 11 cases, these five were attributed to ECAM, four to Surgery one to Cardiovascular and one to Women’s and Children’s. Post infection reviews are undertaken on all cases and issues are identified and addressed in our action plans.

Barts Health aims to be one of the best performing trusts in preventing healthcare associated infections. We have already seen significant reductions in MRSA and C. diff cases over the past few years and remain focused on further improvements in order to ensure that we deliver the best possible safe, quality care to our patients in a clean and suitable environment.

Referral to Treatment

As part of the NHS Constitution, we are committed to ensuring that no patient should wait longer than 18 weeks for hospital treatment. This starts from the time a patient is referred from their GP to the point they are discharged from our care. This commitment is known nationally as Referral to Treatment (RTT) or 18 weeks.

Our performance against the RTT has been a cause for concern during 2013/14. During the year we identified that a high number of patients had not been treated within 18 weeks and so we agreed a recovery plan with our commissioners to improve performance.

While we are working hard to provide the best care for our patients, our performance against the RTT will remain low until all long waiting patients are seen and treated. This is because patients who are treated after the 18 week period are counted against the target.

During 2013/14, we also reported that a high number of patients had waited longer than 52 weeks. The majority of the breaches occurred in Trauma and Orthopaedics, which remains the most challenged specialty for the Trust, and plastic surgery. These two specialties report on a daily basis to ensure that every possible action is being taken to see and treat these patients.

The introduction of a weekly executive-led process to proactively manage every patient with a 52 week breach date from April 2014 onwards has significantly impacted on potential breaches, with a clear message that 52 week breaches are not to be tolerated.

The Trust remains committed to meeting the performance measures for all specialties from July 2014 onwards with the exception of Trauma and Orthopaedics, which will be compliant from October 2014 onwards.

Learning from incidents

The Trust is legally required to record and maintain records of accidents, incidents and near misses that occur in connection with work activities across its premises.

Staff injuries and ill-health – incident data 2013/14

789 incidents involving staff injury or ill health were reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) The majority
of the injuries were related to sharps injuries (248) and slips/falls (140).

There has been a significant reduction in the number of reported RIDDOR incidents during the reporting period, but more of these have been reported after staff were exposed to infectious body fluids via splash and sharps incidents.

- Number of RIDDORs reported in 2012/13 - 75
- Number of RIDDORs reported to date in 2013/14 - 46.

### Serious incidents (SI)

There were two serious incidents which were externally reported to our commissioners in the reporting period:

- A ceiling collapse in the boiler house at St Bartholomew’s Hospital that resulted in the closure of the building and boiler due to asbestos contamination
- An unexpected power failure at Whipps Cross Hospital resulted in surgery being conducted in limited lighting and some operations being cancelled.

### Fire incidents

There were 19 actual fire incidents during the reporting period. 268 false alarms were reported, 96 percent resulting in London Fire Brigade attendance. The majority of these were caused by people accidentally breaking call points and from burnt food.

### Information governance

Barts Health is committed to ensuring that all the information we hold and process is managed in an efficient, effective and secure manner. This is achieved through the application of robust information governance policies and procedures, in line with information management legal framework and Department of Health guidelines. The Trust works in accordance with the charging regimes of the Freedom of Information Act 2000, Data Protection Act 1998 and Re-Use of Public Sector Information Regulations 2005.
During the year, there were two serious untoward incidents involving personal data that were reported to the Information Commissioner’s Office (ICO) in accordance with national guidance. Both incidents were fully investigated and the resulting recommendations implemented. For both incidents the ICO decided that no further action was necessary.

The Trust continues to take steps to ensure the secure management of patient and staff information. This has been facilitated through enhancements to our information security systems and processes, embedding clear policies and procedures in our daily work and ensuring that staff receive appropriate information governance training.

### Summary of serious untoward incidents involving personal data as reported to the Information Commissioner’s Office in 2013/14

<table>
<thead>
<tr>
<th>Date of incident (month)</th>
<th>Nature of incident</th>
<th>Nature of data involved</th>
<th>Number of people potentially affected</th>
<th>Notification steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2013</td>
<td>Agency nurse disclosed patient’s sensitive information to members of their family</td>
<td>HIV status</td>
<td>1</td>
<td>Patients informed ICO notified</td>
</tr>
<tr>
<td>October 2013</td>
<td>Sensitive information disclosed to GP in error.</td>
<td>HIV status</td>
<td>1</td>
<td>Patients informed ICO notified</td>
</tr>
</tbody>
</table>

### Table of data breach categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Breach Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Corruption or inability to recover electronic data</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>Disclosed in error</td>
<td>56</td>
</tr>
<tr>
<td>C</td>
<td>Lost in transit</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>Lost or stolen hardware</td>
<td>0</td>
</tr>
<tr>
<td>E</td>
<td>Lost or stolen paperwork</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>Non-secure disposal – hardware</td>
<td>0</td>
</tr>
<tr>
<td>G</td>
<td>Non-secure disposal – paperwork</td>
<td>0</td>
</tr>
<tr>
<td>H</td>
<td>Uploaded to website in error</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>Technical security failing (including hacking)</td>
<td>0</td>
</tr>
<tr>
<td>J</td>
<td>Unauthorised access/disclosure</td>
<td>1</td>
</tr>
<tr>
<td>K</td>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>
Clinical incidents

A strong patient safety culture is typically indicated by a high rate of incident reporting, including the reporting of low harm and no harm (near miss) incidents. It is important for staff to report incidents so that everyone can learn from them. Remedial action can be put in place at a local level and across the wider organisation before any serious harm occurs.

In 2013/14, a total number of 21,678 patient safety incidents were reported by staff across the Trust compared to 19,493 in 2012/13, a positive trend.

We know that the majority – 74 percent - of incidents reported during 2013/14 were categorised as ‘no harm’. This means there was no harm caused to the patient as a result of the incident. During 2014/15, we will be continuing to encourage staff to report all incidents as fully and accurately as possible. We will also ask managers to robustly analyse the data on an on-going basis so that we can learn from all incidents and reduce harm to patients across the Trust.

The top 10 incident types accounted for over 80 percent of all incidents reported. Compared with last year, there has been no change in the categories appearing in the top 10 and virtually no movement in the respective order of categories. There are more pressure ulcers and falls reported than any other type of incident, although it should be noted that a large proportion of pressure ulcers are present when a patient is admitted to the Trust. A more in-depth reporting and analysis of clinical incidents at Barts Health is available in our 2013/14 Quality Account.

Responding in an emergency

Barts Health is expert in emergency preparedness, and has an international reputation and level of experience for both pre-hospital care in complex multiple incidents and for managing major trauma caseloads.

Over the last year the Trust has successfully responded to a number of business continuity events such as tube and fire strikes, power failures and ICT upgrades and movements of vital services such as oxygen plants. These were all managed through using the Trust major incident and business continuity processes in order to ensure no impact to patient care and safety.

In September 2013 the Trust participated in a London wide audit of
emergency planning resilience and response capabilities. The audit identified many areas of good planning as well as areas that are now being used as examples of good practice across London. There were also a very small number of improvements that could be made and these have been reviewed with NHS England to improve our future responses.

In the last quarter of the year, our Trust Emergency Planning Team prepared and ran a large scale Trust-wide major incident exercise in response to a simulated incident. The four incident co-ordination centres were set up and staffed with the teams responding to the live command post exercise. The exercise identified some excellent practice and application of the major incident procedures as well as revealing some areas for improvement.

In addition to this exercise, a number of smaller scale table top exercises were run at our three acute hospital sites to simulate the response to suspect packages.

Over the last 12 months the Trust has standardised its plans and training for various incidents across all three legacy sites in order to ensure a consistently high level of response. This has been done in a considered manner to ensure that best practice from all sites is learned and rolled out more widely. This will continue into 2014/15.

The Trust is fully compliant with the requirements of the NHS Emergency Preparedness Framework 2013 and all associated guidance and the Civil Contingencies Act (2004).
Working together for a better future
Working together for a better future

As a Trust we are committed to listening to our staff, patients and healthcare partners to ensure that our services meet the needs of those we serve. There are many ways that we ask for feedback from our patients including national surveys, real time feedback, listening to patient stories at the Trust Board and offering opportunities for patient representatives to get more involved with our services.

We also actively encourage our staff to have a greater voice in driving forward change. Over the last year we have introduced new mechanisms so that staff can raise concerns or provide feedback anonymously. We encouraged all our staff to take part in NHS Change Day on 3 March, an opportunity for all NHS staff to make a pledge to make something better and create a positive difference in their area of work. Over 300 Barts Health staff made a pledge as part of the initiative. The Trust also made an overall pledge to ‘find mechanisms to give our staff a greater voice.’

Our workforce

![Barts Health staff residence profile chart]
Celebrating diversity

With a total headcount of approximately 14,000 employees and with data available for the following protected characteristics as defined by the Equality Act 2010: age; disability; ethnicity; marital status/civil partnership; sex; sexual orientation; and religion and belief, the Trust takes pride in the diversity of the workforce and the diversity of the area it serves.

To support our workforce and ensure they have a voice in matters that affect them the Trust has a staff diversity network, which consists of three sub groups - Black Minority Ethnic (BME), disability and lesbian, gay, bisexual and transgender (LGBT). The network has been consulted on matters requiring an equality analysis and continues to support the Trust in fostering a positive workplace experience.

Over the last 12 months, identified actions and a number of important changes have been made across the Trust as a direct result of listening to and responding to last year’s NHS Staff Survey results. These include:

▶ Introducing Speak in Confidence – a simple, secure, web-based tool that staff can use to raise concerns anonymously with a senior leader in the Trust
▶ Monthly staff briefings at all hospital sites
▶ Monthly pulse surveys for a cross section of staff
▶ New enhanced health and wellbeing programme for all staff
▶ Developing the mandatory training booklet for all staff
Providing 360 leadership feedback for managers
Providing an external coaching directory.

Our policy on human rights, equality and diversity, which details our commitment, is available on the Trust website at www.bartshealth.nhs.uk/policies.

Promoting equality and inclusion at Barts Health

Our vision of ‘changing lives’ for our service users, patients, staff and the wider community of east London is underpinned by a commitment to equality and inclusion. Our commitment goes beyond meeting statutory obligations in service delivery and employment practices, and a number of proactive steps have already been taken to bring equality and inclusion to life.

Our work focuses on four broad themes:
▶ Better health outcomes and reducing health inequalities
▶ Improving patient access and experience
▶ Our employees
▶ Our role as partner within the local economy.

Meeting the needs of a diverse population
We recognise the diversity of the catchment area we serve and the opportunities and challenges that come with this. The following initiatives are examples of steps taken to meet the needs of our diverse population, ensuring equality of opportunity. Further information can be found in the Trust’s annual equality report on our website at www.bartshealth.nhs.uk/about-us/equality-and-diversity.

An ageing population
Baseline population figures for our three primary boroughs show that on average, 11 percent of the immediate catchment area population (Newham, Tower Hamlets and Waltham Forest) are aged 60 and over. Also, this year, two thirds of the respondents to the NHS National Inpatient Survey were aged over 60. With an increasingly ageing population, care of the older person becomes a mounting priority. As part of efforts to improve standards and establish best practice for the care of older people in acute care settings an ‘excellence in older people’s service care’ programme was commissioned by the Trust’s chief nurse.

Supporting people with disabilities
To ensure that every patient with a learning disability and their carer(s) has a positive experience at each of our hospitals, a lead nurse with responsibility for learning disabilities has been appointed. The Trust also ran a pre-Ramadan campaign, ‘Staying Healthy in Ramadan’, to help staff, patients, service users and their families prepare for a healthy period of fasting.
Recognition for inclusivity
Barts Health was recognised in the NHS Leader of Patient Inclusivity category during the 2013 London region NHS Leadership Recognition Awards programme. We also took part in a benchmarking exercise to track progress on equality for our lesbian, gay and bisexual patients and communities, featuring as one of Stonewall’s top performers in the Healthcare Equality Index 2013.

Improving the patient experience
Across the Trust we have been developing an integrated strategy to improve our patients’ experience. A framework has been put in place to support the provision of an exemplary patient experience, while maintaining and building on what is both excellent and unique in each of our hospitals.

Putting patients first – the patient experience and engagement strategy
We are committed to improving all communication with patients and carers, and continue to make progress in this area. Our aim is that all patients should feel safe, involved and able to make informed choices. In August 2012, our patient experience and engagement strategy was approved by the Board to help deliver three priority objectives:

- To build positive relationships with patients, in particular improving trust and confidence
- To ensure that patients are involved with service improvements, development and design work
- To improve access to health services and promote healthy living for local people.

Our patient experience and engagement strategy emphasises that every member of staff can positively impact on the patient experience. Barts Health took part in a pilot project entitled ‘Both Sides Now’, which aims to improve experiences for both patients and staff by building relationships and understanding of the two ‘sides’ of healthcare provision.

Two workshops were held, which the participants found enjoyable and thought provoking. It emerged that patients’ needs are not always being met and that services need to improve communication with each other to make the patient journey a smoother process. This particularly related to experiences in our A&E and outpatient departments. Issues were also raised about whether staff are sufficiently caring in their approach to patients.

Improving discharge information for patients
We want to empower our patients through providing them with information about their condition and how we are caring for them, so that when they leave, they know what to do if they have any future concerns. As part of our work to improve patient information on discharge, we ran a pilot project to review the format, design and content of our inpatient information. A standardised patient information policy for the Trust is being developed with the Clinical Academic Groups, patient representatives and other groups. This work will help us to further improve the patient experience.

Listening to concerns and learning from feedback
We are keen to promote an open culture where feedback is welcomed and acted upon. Much of the feedback we receive from patients and their families is positive, praising our staff, services and facilities. However, it is vital that we continue to learn from comments that highlight where we can do better.

During 2014/15, we will further revise our processes to challenge teams in all our Clinical Academic Groups to identify how they are learning from concerns and adapting their practices as a result. This challenge will be applied and monitored through existing performance management reviews, and results will be reported quarterly to the Board’s Quality Assurance Committee.

Capturing patient feedback
One of our main methods for capturing feedback is through the National Patient Survey. We continue to use a range of other approaches, including real time feedback, our Patient Advice
and Liaison Service (PALS) and surveys. During 2013/14, we will standardise the way we collect patient views to enable us benchmark standards across all our services and locations.

We have commissioned the Picker Institute (who are a leading provider of NHS survey systems, including the National Inpatient Survey) to carry out a full audit of all current feedback mechanisms across Barts Health. Based on the findings of this review, Picker’s recommendations are that we should:

▶ Rationalise and streamline patient experience data collection across the Trust
▶ Increase the visibility, status and influence of our patient experience function as a Trust-wide resource
▶ Overhaul the way in which patient experience data is presented to Trust staff
▶ Review, revise and communicate our processes for reporting, escalating and responding to staff concerns
▶ Identify opportunities to increase accountability and responsibility for patient experience, both at an individual staff member level and within teams
▶ Establish or re-establish as relevant, easy access to centralised services and senior staff at each of our hospitals.

Using real time feedback to listen and respond to patients’ concerns

Real time feedback enables us to monitor and continually improve the patient experience through the use of touch-screen technology. Kiosks and hand held devices are used throughout our sites, so that patients and other visitors can tell staff how they did and what could be better.

At St Bartholomew’s, The Royal London, The London Chest and Mile End Hospitals, there are 90 such devices in use. This year, feedback has been positive, and confirms that we are fully involving patients with decision about their care, that cleanliness on wards is good, and that people have confidence and trust in our staff. However, the results have also highlighted areas for improvement. We now need to work on providing better emotional support and higher quality discharge information.

At Newham, 150 questionnaires are distributed every month and we assess a minimum of 10 completed questionnaires for each ward. Feedback this year has focused on information and
communication, clinical care and treatment, the appointment system and waiting times. We are now responding to the issues raised, and our Patient Experience Team has been carrying out further observations and reporting back to appropriate managers to follow up.

At Whipps Cross, electronic devices are used to capture feedback from patients - there are 10 hand held devices and four interactive kiosks on the site. Communication was a key issue raised in 2012/13 – for example, patients reported that they had not been advised of medication side effects and did not know who to contact if they were worried about their condition or treatment after discharge.

In response, we introduced a discharge leaflet for patients when they leave the hospital, providing information such as ward contact numbers and a tick sheet which staff complete with each patient to ensure that they know what to expect once they are at home.

Introducing the Friends and Family Test

All NHS acute inpatient and A&E services have now introduced the national NHS Friends and Family Test, which asks patients one question:

▶ How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?

The answers patients give are used to compare hospitals throughout the country. Patients can also add comments to explain the score they give and to provide each ward and department with feedback.

At Barts Health, patients are given postcards to complete and post into a box on the ward or A&E department before they leave. There is also a quick response facility on each card so that patients using smartphones can scan the code and complete the survey online.

FFT was introduced in our maternity services from October last year and the results were reported nationally from January 2014. The score generated for maternity is a combination of the responses from the three touch points through the maternity journey:

▶ Antenatal care - surveyed at the 36 week antenatal appointment
▶ Birth and care on the postnatal ward - surveyed at discharge from the ward/birth unit/following a home birth
▶ Postnatal community care - surveyed at discharge from the care of the community midwifery team to the care of the health visitor/GP (usually at 10 days postnatal).

We have found that a high percentage of those responding to the FFT would be likely or extremely likely to recommend the Trust to friends and family with 94 percent of our inpatients, 90 percent of those attending the Emergency Department and 94 percent of our maternity patients all indicating that they would recommend our services.

Engaging with an online community

In 2013, 36 million or 73 percent of adults living in the UK accessed the internet every day, up from 16 million in 2006. As the number of people online has grown so significantly, Barts Health has responded by developing an online presence to increase the potential for engagement and to actively respond and listen to the high proportion of people who wish to engage with us online.

Patients, our local and wider communities and our stakeholders are able to tell us what they think about our services and the care they receive through a number of interactive online tools, including our website, our social media channels and on patient feedback platforms such as the NHS Choices website. We are able to engage through our online channels to better meet the needs of our patients and to improve the services we provide.

Our website has seen over one million visits in the last year, with 698,140 of these unique visitors to the website. On Twitter we actively engage with our growing social network of over 3000 individuals and organisations. This helps to share information quickly and easily including supporting external campaigns, such as promoting the work of London’s Air Ambulance and Cancer Talk Week, and getting out the message about our own campaigns and services. It is also invaluable as a tool for receiving instant feedback about our services.
Our online channels provide a great forum for open discussion with our service users and can help to address any problems quickly and easily. For example, on one occasion a piece of artwork in one of our hospitals had been removed and the charity involved contacted the Trust via Twitter. We were able to quickly contact colleagues involved and allay any concerns about the artwork being stolen.

We find that while patients may not feel comfortable bringing up negative aspects of their care in a face-to-face situation, once online these barriers are removed. While it is always disappointing to receive negative feedback, this helps us to learn how we can improve our services so that we can get it right the next time, as the following example shows.

**Patient comment on the gastroenterology service:**

“I have been receiving treatment for hepatitis B and liver damage for about three years now. I was discharged two years ago by a very ‘rude’ consultant in charge of the treatment. I went back to my GP and asked for a further test because I was not convinced my condition had improved. According to the test, my condition had not improved hence another referral, this time two consultants, one for the hepatitis B and one for the liver.

“I saw the consultant in charge of the liver in November and was supposed to have seen them again in late February. Early February I was discharged from the Hepatitis Clinic. Mistakenly, I was also discharged from the liver treatment. The last time I spoke with my GP was early March and he told me my liver is not getting better. Since February, I have been to the hospital not less than 15 times and I have called different numbers over 50 times. The reason is simple, just get me back on the treatment. No one seems to know who to contact to get me back on. Really very upset. This hospital should be doing better than this.”
Trust response:
Thank you for taking the time to provide feedback about our gastrointestinal and liver services at Whipps Cross. We are very sorry to hear of your experience and would like to investigate the concerns you have raised and help you to get the care and treatment you need. We would like to discuss this with you and ask that you contact Sue Denyer, patient pathway co-ordinator for gastroenterology at sue.denyer@bartshealth.nhs.uk.

After posting the response the patient contacted Sue Denyer who was able to give them the help they needed and who then followed up with a thank you email.

We also receive many positive comments from our service users including:

Patient comment on her mother’s treatment at London Chest Hospital:
“I have the highest admiration and respect for the staff, nurses, doctors and consultants at the London Chest Hospital who have done their utmost to treat my mother’s heart condition and keep her alive. A big thank you.”

Patient comment on the obstetrics service:
“We had excellent care at Newham University Hospital. The midwifery team were second to none, working tirelessly to accommodate the 40 odd beds they have to look after. It really was a well-oiled machine with so many components working together to provide a great service.

We also had some interaction with the obstetricians, neonatal unit and paediatricians. Again, we couldn’t fault the care and apparently seamless operation.

“All of the staff were extremely kind, caring and although no doubt they were under pressure given the number of patients they were looking after, they always took the time with each patient and to meet their needs. The wards were clean, tidy and fit for purpose. There were a team who continually checked to ensure that the ward was kept clean.”

Patient comment on the gynaecology service:
“Last week I went for a Colposcopy at St Barts hospital. I was feeling really nervous as I’d had a bad experience in the past. However the minute I walked into the room the sister made me feel at ease, as did the healthcare assistant that was helping her. The procedure was quick and painless and the sister explained everything as she went along which helped me to relax. I would thoroughly recommend them and her team to other women and if you’re feeling nervous you really have nothing to worry about!”

The number of people engaging online continues to grow. In 2013, 83 percent of UK households had internet access while those using their mobile phone to access the internet was at 53 percent.

We look forward to continuing to engage with the communities we serve, our partners, staff, patients and the charities who work hard to support the Trust both on and offline to address their concerns, listen to their feedback and create a Trust that our communities feel a part of.

Supporting patient voice
We actively encourage our patients to share their experiences, both good and bad, and to support this we invite a patient to every Trust Board meeting to share their experiences. The initiative has continued throughout 2013/14 with increased engagement from our Clinical Academic Groups.

A seminar with the Board was held early in the year where it was agreed to hold an annual event so that people who have told their story to the Board are invited back to hear about progress made in any improvements that were recommended.

This year, two key themes have emerged from the stories. The first is the impact that expert patients can have on innovation and quality of care and how important it is to listen to our patients; the second illustrates how accurate and timely information can make a positive difference to the patients’ experience.

Listening and responding to patients
A story was told by the family of a man who died in our care. This was a particularly sad and shocking story for the family to tell and for the Board to hear as it told of how our systems had failed our patient. The story outlined how we failed
to listen and respond to what the family was saying and thereby missed opportunities to alter the course of his care and treatment.

The patient had a genetic disorder that made him susceptible to particular medical emergencies. Both the family and the medical staff were aware of the critical nature of the patient's condition but little consideration was given to the family's knowledge of their father's medical history and their views were not heard, acted on or responded to with compassion. This led to delays in transfers and treatment that had a catastrophic outcome for the patient and his family. A number of changes have been implemented as a result of this incident, which has been investigated through our risk systems.

Following the story, the chief nurse proposed that listening to patients, their families and carers is included in the patient engagement program as an explicit and discreet work stream. This was supported by all Board members.

The second story on this theme was told by a former nurse specialist at Newham University Hospital who has type 1 diabetes. He described how from a young age he had struggled to control his blood sugar and how, at that time, funding for a pump that would help him, was not available. With the help of his consultant he challenged that decision and was eventually given the pump.

The diabetes service at Newham has also received a grant to pilot a program where selected patients may use Skype instead of visiting the hospital, saving their time and improving their quality of life. The story demonstrated how innovation gathers pace when it is led by expert patients who play a key role in managing long term conditions.

The importance of accurate and timely information

A patient who needed a total hip replacement told the Board how difficult it was to find out information about a new type of surgical procedure for her operation. She was surprised that Barts Health did not have written information to send to her and despite a number of telephone calls and requests for further information, she received none. Finally she spoke to people who have undergone the surgery using a conventional technique, and was concerned to learn how long the recovery time would be and how much her mobility would be affected as she lived alone and would have to rely on elderly parents for help.

The patient opted for the new approach that would mean a faster recovery; however, she again found it
difficult to get information but eventually received a booklet that seemed to be in draft form.

The surgery undertaken was successful and the recovery swift but the patient was concerned how others, particularly those more vulnerable than her, would be able to plan their recovery if the information they needed was not given to them.

Another patient who has Multiple Sclerosis told of how he fell over and injured his knee. He needed to have an operation to repair the damage and this was arranged. It was only when he arrived at hospital on the day of his operation that he found out that he would need someone at home to look after him for a short time. As he had not arranged for this, the operation had to be cancelled and it was another 10 weeks before it could be rescheduled. There was further delay, but when it was undertaken the hospital experience was good. However, the patient was discharged from hospital without any information about the next steps or contact numbers he could call if he was worried.

The patient runs a local Arthritis Support Group and asks that the contact numbers for such organisations are included in the patient information we provide so that people can gain additional support and information if they need it.

A number of ideas to improve patient information have been discussed at the Trust Board in response to our patients’ stories. These include better use of information technology such as virtual patient forums where people can exchange information and better links to national societies. The chairman has also encouraged board members to visit patient support groups as part of their visit programs.

Going forward, patient stories will be identified and supported through the Clinical Academic Groups to ensure that the Board hears from patients who experience a wide range of services.

**Asking patient representatives to get involved in their Trust**

Patients are at the heart of everything we do at Barts Health, and a new initiative to recruit patient representatives is being explored so that patients can be more actively involved in the Trust’s improvement work.

We have also launched our Patient Forum and recruited patient representatives for each of our Clinical Academic Groups through a competitive shortlisting and interviewing process.

We are committed to working with our patients to develop an open, patient-centred culture and will continue to develop new initiatives and review our services to provide the best possible patient experience, tailored around the needs of our patients.

**Our stakeholders**

Barts Health values and invests in our relationships with our local and national partners in order to support care that is based around the needs of our patients and communities.

As Barts Health serves a large geographical area, we work closely with partners in the London Boroughs of Newham, Tower Hamlets and Waltham Forest as well as the City of London. We also work closely with the London Borough of Redbridge – a number of Redbridge residents attend Whipps Cross Hospital - and less frequently but as importantly with Hackney, Barking and Dagenham and Essex.

We continue to play an active role in our local communities, both as a major employer and also as a partner, working together with different organisations to help improve health and social care provision in the areas we serve.

We work with a number of local stakeholders, including local authorities and elected councillors, MPs, Healthwatches, local community groups, patient representatives and other NHS trusts. Developing and maintaining good relationships will all our partners and stakeholders enables us to keep them up to date with our activities, issues and developments and answer specific concerns and questions as they arise. These relationships will become increasingly significant as we work with our partners to review how we should design and deliver services for the future.
Following the publication of the Francis Report on standards of NHS care in February 2013, there has been an increased focus nationally on the role of local authority health scrutiny committees, and the part they play in ensuring that health and social care provision meets the needs of local communities.

During the year, we attended several formal meetings of health scrutiny committees for all the local authorities that cover our hospitals and local population. Senior representatives from Barts Health presented to elected members on a range of issues, including our response to the Francis Report and inspections of our services by the Care Quality Commission (CQC), as well as general updates on our activities, performance and future plans.

We continued to attend local authority Health and Wellbeing Boards, designed to appraise and develop public health provision, along with other partner organisations.

We also meet regularly with colleagues from all Healthwatches that cover our hospitals to update them on developments, particularly in our patient engagement work. We provide updates for Healthwatch newsletters, support community events and facilitate enter and view visits, where members of local Healthwatches can come into our hospitals to observe the standards of care being provided.

Our inspection in November 2013 under the Care Quality Commission’s new inspection regime brought further opportunity to work closely with partners and stakeholders. The process included a series of quality summits that were led by the CQC and attended by local authorities, Healthwatches, patient representatives, our commissioners and staff from across Barts Health.

Our stakeholders have played a key role in helping us shape our response to the inspection and drawing up and agreeing our action plans, and we will continue to work with them to provide assurance that actions are being taken and within expected timeframes.

Responding to complaints

All feedback from our service users, staff and partners is valued at Barts Health and this includes complaints. We recognise that if someone has taken the time to write to us to express concerns about any aspect of their care or interaction with our services, their feedback can help us to learn how to improve services for the benefit of all those coming into contact with the Trust.

During 2013/14 the Trust received a total of 2,451 reportable complaints.
In accordance with the NHS Complaints Regulations 2009, our performance standards stipulate that all reportable complaints should be acknowledged within three working days. Reportable complaints tend to be more formal and complex, requiring an investigation and written response. The response is provided within a timescale agreed between the Trust and the complainant. As an internal benchmark, we try to resolve reportable complaints within 25 days and measure ourselves accordingly.

During 2013/14 we closed 2,468 complaints. 81 percent of these were acknowledged within three working days and 53 percent were responded to within 25 days or the agreed timescale.

We recognise that during 2013/14 we did not always respond to all complaints quickly enough and our performance varied.

In August 2013, after a robust remedial action plan was implemented by each Clinical Academic Group, we were able to close all overdue complaint responses. However, this position was not sustained and the number of complaints exceeding the agreed timeframe had risen to 90 in December 2013. Special measures were taken to make improvements, and by the end of March 2014 the number had reduced to 69 overdue cases out of a total of 475 open complaints. The issues people raised with us Of the 2,468 complaints closed in 2013/14, the three most reported themes were:

- Aspects of a diagnosis, care or treatment
- Problems with aspects of communication - verbal, written and electronic
- Problems with appointments and/ or clinic attendance.

The pie chart on page 57 provides a further break down of complaint themes in 2013/14.

The complaint themes will shape our priorities for improvement in 2014/15. We are already making changes to our services. Two examples are outlined here.

Improving access to appointments for orthopaedic services

Many patients were concerned about the waiting times for our orthopaedic services, particularly pain clinics. We responded as follows:

- Held extra clinics to clear the backlog
- Set up extra consultant clinics for all areas of orthopaedic care
- Appointed a locum consultant for spinal appointments, a particular area of concern
- Booked patients with spinal conditions who had been subject to delays for their responses to emails they sent to generic email addresses for some of our clinical services. An investigation found that this was caused by a delay in updating email addresses following the creation of Barts Health. Email addresses have since been changed and are listed in the dedicated section of our website for GPs and health partners. In addition, each clinical team now has a named lead to support GPs with accessing information.

Improving access to advice for GPs

Several Tower Hamlets GPs raised concerns about not receiving

The pie chart on page 57 provides a further break down of complaint themes in 2013/14.
follow up appointments into extra clinics
▶ Developed systems to further reduce waiting times for spinal appointments
▶ Recruited additional staff to provide extra clinics in paediatric neuro-muscular services
▶ Developed systems to improve communication with patients about the length of waiting times and cancellations.

**Working with the Parliamentary and Health Service Ombudsman**

The Trust’s approach to managing complaints is informed by the Parliamentary and Health Service Ombudsman’s ‘Principles for Remedy’ as detailed below:

▶ Getting it right
▶ Being customer focused
▶ Being open and accountable
▶ Acting fairly and proportionately
▶ Putting things right
▶ Seeking continuous improvement.

The Parliamentary Health Service Ombudsman stage two complaint handling process

The role of the Parliamentary Health Service Ombudsman (PHSO) is to independently review organisations’ handling of complaints and make recommendations for change where necessary. The PHSO reviews all cases referred to them and will either:

▶ Investigate such complaints and uphold, partially uphold, or not uphold them
▶ Decline to investigate cases any further. This is where a complaint falls outside their remit or they believe actions taken at a local level do not warrant any further investigation.

In 2013/14, the Parliamentary Health Service Ombudsman requested information about 42 complaints managed by Barts Health. In response the PHSO:

▶ Declined to investigate five cases, as the actions taken by the Trust were considered...
appropriate
▶ Referred one case back to us for further local resolution
▶ Upheld or partially upheld eight cases and made recommendations that we agreed to implement
▶ 28 (open) were still being reviewed at the end of the year.

Upheld or partially upheld complaints
These are complaints where the PHSO considered that the quality of complaint handling, or the service or care provided, was below an appropriate standard of what should have been reasonably expected. In a number of these cases, inadequate handling of the complaint had negatively affected the complainants’ experience of the complaint process. We know from the inspection and listening events carried out by the Care Quality Commission in November 2013 that some complainants told them they ‘were unhappy with the way their complaints were handled’ and/or ‘were dissatisfied with the Trust’s response to their complaints’.

Along with making recommendations for change and providing a written apology for the poor experience, the PHSO always asks the Trust to demonstrate that lessons have been learnt. As a result, we made a number of changes in 2013/14, including:
▶ Providing more complaints and local resolution training - mandatory for managers and staff involved in complaints resolution - including an e-learning module for staff unable to attend classroom sessions
▶ Setting up a central complaints team in May 2013 to oversee the management of complaints across the Trust and to provide support and guidance for complainants and staff
▶ Agreeing a number of standard operating procedures (SOPs) for the management of different types of complaints to make our internal processes more efficient
▶ Reviewing and updating the Trust’s complaints policy, taking into account the findings in the recent Ann Clwyd and Francis reports
▶ Reviewing and updating our patient information so people know who to contact with a problem and if they wish to give us feedback or make a complaint.

In 2014/15, we will:
▶ Continue to review patient experience across the Trust, including PALS and complaints services and arrangements for local resolution
▶ Consult internally and externally on how we manage patient feedback.

In response to specific PHSO concerns about poor nutritional care, the following action has been taken:
▶ Patients are now weighed within 24 hours of admission, then weekly and/or if there are changes in their condition
▶ If a patient is unable to sit on weighing scales, a hoist with a weight measuring device is used
▶ Electronic and paper nursing records are monitored more closely
▶ The quality of documentation completed by nursing staff is closely assessed and support and training is provided if required
▶ Training in nutritional care is available for staff via e-learning
▶ Dieticians have been working with staff to reinforce the need for nutritional assessments and prompt escalation of concerns.

The PHSO also raised the issue of inadequate clinical information being provided for a patient who attended a hysteroscopy appointment. The service has since reviewed their information leaflet and the section on potential bleeding has been rewritten.

Freedom of information
The Freedom of Information Act 2000 (FOI) allows members of the public to request information from public authorities, including printed documents, computer files, letters, emails, photographs and sound and video recordings.

The Trust has an FOI coordinator within the Corporate Records Management Team, part of the Information Governance Department and the Corporate Affairs Directorate that holds responsibility for ensuring that the
Trust meets its obligations under the FOI Act and that all requests are processed in accordance with the Act.

In 2013/14, the Trust received 623 FOI requests and we responded to 73 percent of these within the statutory deadline for compliance. The number of requests is one of the highest received by all NHS trusts in London.

The rate of increase we experienced during 2013/14 - 20 percent - is consistent with that experienced by other London trusts. Unfortunately, because of staff vacancies, our compliance rate was lower than we would have wished, but in recent months our position has improved. In April 2014, our monthly rate of compliance was 89 percent.

In the past year we have received 12 requests for an internal review of our management and handling of FOI requests, with two referrals to the Information Commissioner’s Office from applicants who remained dissatisfied with our response. In one instance the commissioner decided to take no further action, and the second investigation is on-going. In any areas where shortcomings have been identified we have readily apologised to applicants and made appropriate reparation.

The key themes for requests in 2013/14 have been for details of our workforce (including staff numbers and workforce ethnicity, sickness rates, salary costs and agency spend across all professions); specific clinical services and the numbers of patients accessing these; the ‘patient experience’ including patient safety, drug usage, produce procurement and tendering timetables; our ICT infrastructure; and our estates and facilities services.

Requests have also been received for information relating to the work and governance of the Trust Board, Trust policies, the Trust’s response to national reports and items of current interest (such as the Francis Report) and requests for information around major projects.

Although the Trust has made its publication scheme available through its website (which gives details of the information that is routinely published by the Trust) this will be revised during 2014/15 to ensure that it is compliant with the revised model publication scheme that is expected to be published imminently by the Information Commissioner’s Office.

Working with Barts Charity

Barts Charity, our Trust’s charity, provides funding to support innovative healthcare and medical research to promote the health and well-being of many communities served by Barts Health. Through ensuring that our hospitals maintain their position at the forefront of innovative healthcare delivery the charity focus remains on the patients. The funding is awarded to those initiatives that can demonstrate clear, tangible outcomes with particular emphasis on benefits for patients within the lifetime of the grant.

Last year the Charity awarded almost £6.2 million to various innovative initiatives across the Trust with the aim to enhance patient treatment and outcomes.

All donations matter

The Charity also administers all charitable donations given for the benefit of Barts Health hospitals, ensuring that the funds raised are allocated according to the donor’s wishes. They offer full support to anyone who would like to raise money.

The best part is that the Charity does not deduct administration costs meaning that 100% of every donation benefits our wards, services and research.
A learning organisation
A learning organisation

Academic Health Sciences

Our Academic Health Sciences (AHS) directorate is made up of the Education Academy and Research and Development. Academic Health Sciences links research and education in the Trust to clinical practice for patient benefit. We operate in partnership with other organisations, including academic partners such as Barts and the London School of Medicine and Dentistry, City University and others.

The Trust is a founding partner of UCLPartners, which is the academic health science network (AHSN) serving north central and north east London, Hertfordshire and Essex. It represents a growing multidisciplinary clinical, academic and management community of professionals focused on improvement in care delivery, education and research, serving a population of six million people. UCLP’s mission is to make measureable improvements in outcomes for patients and the health of the population by focusing on a number of priority areas and helping mobilise the partnership around them.

Another key area of our work is developing strong links with local schools to encourage more students to pursue a career in healthcare. One of our many initiatives is the Barts Health Doc Route scheme, a pioneering programme offering opportunities to local students who are considering a career in medicine. This programme won the North Central and East London 2013 Quality Award for Excellence in Widening Participation in Healthcare Careers. We also link with the apprenticeship scheme.

Education Academy

The Education Academy is based around five main service areas:
- Medical and dental education
- Nursing midwifery and allied health professionals and therapists (NMATH)
- Learning and training
- Simulation and essential clinical skills (SIM&ECS)
- Knowledge and Library Services (KLS)

Medical and dental education (MDE)

The present MDE structure is based on three sites working together to align resources to coordinate quality and cost effective MDE across the Trust. We aim to improve our student, trainee and learners’ experience by delivering education programmes based on best practice, with a robust coordinated team, working collaboratively to deliver our vision of excellence in education.

The team has specific requirements to support both undergraduate students and postgraduate trainees. Each year the department supports the training of over 1,000 doctors and over 800 medical and dental students. Over 700 consultants are directly involved in the delivery of education and training, as are many other clinicians. The experience we offer our undergraduates contributes towards the improved national standing for Barts and the London School of Medicine and Dentistry. Our patients benefit from our on-going focus on improving the training for our medical staff and undergraduates.

Nursing midwifery and allied health professionals and therapists (NMATH)

This service area includes moving and handling, resuscitation as well as pre and post registration support for nurses and midwives and allied health professionals, and support for all staff in bands one to four. NMATH comprises of three teams: moving and handling, resuscitation and NMATH education.

The primary purpose of the NMATH team is to contribute to the delivery of safe, effective and person centred care by ensuring responsive and proactive education and development opportunities to support the changing workforce needs, promoting excellence in pre-registration nursing and midwifery and allied health professional education, strengthening work based learning and education where NMATH staff work. NMATH aims to do this by:
Facilitating and supporting education for all NMATH staff and healthcare support workers across the Barts Health career and competency framework

Promoting excellence in the pre-registration preparation of nurses and midwives and allied health professionals

Leading on educational development for clinical priorities that require a significant NMATH contribution.

Learning and training

Our learning and training team delivers a range of training programmes designed to enhance the professional and personal development of staff, supporting them to reach their full potential.

During our second year as Barts Health we delivered over 300,000 general and 21,000 specific training episodes, which included opportunities for staff to enhance their leadership and management capabilities. The Education Academy received approximately £1.6 million of workforce investment funding from the north east central London Local Education and Training Board (LETB). This was utilised to invest in developing a workforce that is fit for purpose. Our main areas of focus were:

- Developing competent and capable staff
- Developing a flexible workforce receptive to research and innovation
- Instilling Trust values and behaviours
- Delivering training aligned to emergent service priorities.

These programmes of development opportunities are currently being evaluated in line with a learning needs analysis undertaken in 2013/14. In the coming year we will build on our successes to ensure that we continue to provide high quality appropriate learning and educational opportunities for our staff.

Simulation and essential clinical skills (SIM&ECS)

The SIM&ECS team has centres at Newham, Whipps Cross, and The Royal London hospitals. Core activity is to support delivery of simulation and clinical skills to undergraduate and postgraduate speciality trainees, as well as inter-professional team training around the role that human factors play in patient safety to support the Trust’s safety strategy.

We are beginning to demonstrate capacity for, and
build confidence from external commissioning bodies in, being able to deliver quality educational experiences for our medical students and speciality trainees, with the potential to fill a wider role across UCLPartners.

The Education Academy has shown a firm commitment to investment in this service, ensuring high quality facilitators who are both educationally and clinically credible. The commitment and value placed on this within Barts Health is not going unrecognised by our external partners.

Relationships with the clinical academic groups (CAGs) are evolving and the Academic Health Sciences directorate is helping to support the development of educational strategies that reflect their identified training needs.

AHS is working hard to identify innovative ways to develop and deliver educational initiatives for CAGs that work around their clinical work load and allocated educational time in order to support curriculum delivery.

The Education Academy continues to show commitment to investing and supporting the SIM and ECS structure and facilities that support it. We feel this puts us in a strong position to work towards being a world-class educational establishment and allow us to provide the workforce with the required technical and non-technical skills to deliver safe and effective care to our patients.

Knowledge and Library Services (KLS)

There are two Trust libraries located on the Whipps Cross and Newham hospital sites, and we have a service level agreement with Queen Mary’s University of London to allow Trust staff to access their libraries at St Bartholomew’s, The Royal London and their Mile End campus. Our library services can be accessed in person, by phone or email or by using online forms via the internet. KLS provide the following services to Trust staff:

- Literature searches to support all areas of Trust work
- Outreach librarians to link clinical areas to knowledge and library services
- Support in keeping up to date with professional standards/developments
- Provision of books and journals (both paper and electronic)
- Supply of books or articles as requested
- Training on how to access and exploit a wide range of electronic resources
- Dedicated space to study and work.

There have been a great many developments in the service over the last year. All legacy systems and processes have been merged to ensure consistency of delivery. The library management systems were merged and are now hosted externally via the internet; the journal collection has been moved as far as possible to electronic provision to allow access across the whole Trust.

Knowledge hubs have been created on all sites to allow 24/7 access to computers and electronic resources; Virtual Ashridge e-learning has been acquired to support the leadership development agenda and UpToDate, the premier evidence-based clinical decision support resource, has been made available to support clinical evidence-based practice.

A clinical outreach service was started and has grown in response to demand. The clinical librarian acts as an embedded librarian working very closely with the Women and Children’s and Cardiovascular CAGs. A clinical support librarian was appointed to work with other CAGs to identify ways to support clinical practice; a third librarian has been appointed on a one year contract, funded by the LETB, to develop support for nursing, midwifery and allied health practitioner staff and to work with the quality improvement projects.

Future plans include the refurbishment of both the Newham and Whipp Cross libraries; the development of an internet portal for better online access to services and the development of partnership working with other library services.

Looking ahead

The context of education is changing nationally with a move to full NHS education reference costs and an education tariff as the funding mechanism linked to delivery of education outcomes.
In April 2013, Health Education North Central and East London (HE NCEL) was introduced. HE NCEL has responsibility for ensuring high quality education and training is provided to all health professionals, including the next generation of doctors, dentists and nurses across the area.

To do this effectively and to ensure the best possible outcomes and experience for patients and people, HE NCEL works closely with key stakeholders to ensure everything is driven by patient needs and by local healthcare providers.

HE NCEL is the commissioner for education, and the majority of the Education Academy services are funded directly through the income received from the annual education grant. Nationally, the Department of Health is moving to full education reference costs and a tariff based funding approach. This commenced in 2013 for undergraduates, and for postgraduates it will commence in 2014, with all education income coming under tariff from 2016. The tariff transition is accompanied by a full education costing exercise to ensure that quality delivery aligns to budget and income flow that has commenced and which will interface with a national tariff exercise.

Internally we need to have processes in place that evidence the transparency between education income and expenditure.

To deliver our vision of excellence in education, which will add value to patient care and the education experience of all our learners (i.e. students, trainees and staff), we recognise that we need to improve processes and services by:

- ensuring consistency and coordination in our service areas
- avoiding duplication of effort and driving economies of scale
- having commonly applied standards
- improving quality and performance and better management of risks
- better alignment of our workforce structure to our
education strategy and objectives

▶ enabling and developing a culture for education research
▶ delivering the education outcomes for the HE NCEL
▶ enabling trading arrangements and expanding commercial opportunities.

The multidisciplinary focus of the education academy is embedded in the Education Delivery team, and by centralising and pooling resources the education business support arrangements are strengthened and enhanced. In addition, we aim to develop a culture of education research and innovation with the Education Academy.

Excellence in research

Research is vital to improving patient care, and over the last year the Trust has exceeded challenging targets for increasing research income, patient participation in clinical trials and our overall involvement in National Institute of Health Research (NIHR) programmes.

During 2013/14, our commitment to research excellence has been coming to life by working in partnership with UCLPartners and Queen Mary University of London (QMUL) who help provide academic leadership to sustain and develop strength and depth in our research activities. During 2013/14 these partnerships actively supported Barts Health in successful bids to host a new Clinical Research Network (CRN) and Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

A record 22,000 patients at Barts Health were recruited into research trials in the last year and a continued focus on growing that number will see that figure rise in the next few years. Clinical research plays a significant role in helping improve our patients’ healthcare and the services we provide and our research will find better ways to look after patients and keep people healthy.

There have been a number of key successes for the Trust in the area of research including:

▶ Active research projects running eight percent above target for this year
▶ NIHR funded projects on par with last year
▶ 140 research-active staff. This
is on target and represents a nine percent increase from 2012

► 10 percent increase in patient recruitment to NIHR adopted clinical trials
► Meeting NIHR “time to target” performance measures:
  o 70 day target from research application to first patient recruited (80 percent compliance required). Barts Health has performed well nationally on this metric, achieving a top five place in its league table. Most recent returns showed that we hit the 80 percent target.
  o 40 day target from research submission to NHS approval (80 percent compliance required). Barts Health performs very well compared to its peers nationally and achieved a 93 percent compliance rate in the last return (September 2013).

Celebrating successes of 2013/14

International Clinical Trials Day
In May 2013, in partnership with QMUL, we participated in a range of events on International Clinical Trials Day. The programme of events included interactive video workshops, poster presentations and information desks at all hospital and QMUL sites. Patients and staff from many of our research groups participated in the event, which went down extremely well with our patients and visitors. New patient and carer engagement initiatives this year include providing information on clinical trials to patients in clinic, under the “OK to ask about research” patient engagement national campaign. We anticipate that International Clinical Trials Day 2014 will be a bigger event with even more all-round participation.

Leading a new clinical research network
The National Institute of Health Research (NIHR) announced in July 2013 that the Trust’s bid to host one of the new, integrated clinical research networks (CRNs) had been successful. The Trust is leading the transition process from current arrangements to a new network which became established as of 1 April 2014. Our responsibilities as host include managing the Network’s annual budget of £30m and ensuring that the partnership meets its main objective to make research accessible to patients across the area and to widen participation in clinical trials and research studies.

This new network will be one of 15 across England. Barts Health, working with UCL Partners and other trusts in the area is committed to maximising the involvement of our population in clinical trials. In the last five years, 200,000 patients have participated in trials across our partnership. There has been a considerable workload associated with transition to the new structure, which merges two previous networks.

Hosting a new applied health research and care leadership collaboration
In August the NIHR announced that Barts Health would be hosting one of the new and prestigious Collaborations for Leadership in Applied Health Research and Care (CLAHRC). CLAHRCs are academic and clinical collaborations designed to conduct innovative research and evaluate translation into practice to directly benefit NHS patients.

The CLAHRC will receive £9 million in funding over a period of five years from January 2014 from the NIHR. In addition the CLAHRC has secured match funding worth £34 million from a variety of stakeholders. The applied health research carried out by our CLAHRC will ensure that UCL Partners programmes are on course to achieve their objectives and support members of the partnership to improve health and to generate local research-related income.

Highly commended by the Health Service Journal
In November 2013, Barts Health was ‘highly commended’ in the HSJ awards Clinical Research Impact category. This award recognises the significant impact that clinical research has at a Trust level, on our patients, staff and our working environment. We had to demonstrate the extent to which the Trust as a whole has made clinical research part of its core business.
over the previous 12 months. The judges were looking for evidence of an organisation-wide approach rather than good practice in running specific research studies.

Revolutionary new device-based treatment for high blood pressure

An international clinical trial involving patients at the London Chest Hospital began this year, which could transform the lives of people living with high blood pressure around the world.

The team at the internationally recognised Barts Hypertension Clinic partnered with ROX Medical to test a new device aimed at significantly improving blood pressure levels in patients with resistant hypertension in whom three or more drugs have failed to achieve blood pressure control. This treatment could lead to a dramatic reduction in the very high risk of stroke or heart attack that millions of patients live with.

This study forms part of the Barts Health NIHR Cardiovascular Biomedical Research Unit (CV-BRU) clinical trials programme of device-based therapy for hypertension that aims to better understand the causes of hypertension and ultimately to bring novel treatments into the clinic. The CV-BRU, led by Professor Mark Caulfield, is NIHR funded and pulls together staff and projects across basic science at the William Harvey Research Institute, cardiology at the London Chest Hospital and Electrophysiology at St Bartholomew’s Hospital.

Drug cuts breast cancer cases by more than 50 percent in high risk women

Trials undertaken at Barts Health demonstrated that taking the breast cancer drug Anastrozole for five years reduced the chances of post-menopausal women at high risk of breast cancer developing the disease by over 50 percent compared with women who took a placebo, according to a study published in the Lancet earlier this year.

The results of the IBIS II trial, funded by Cancer Research UK and led at Barts Health by Professor Jack Cuzick, could offer a new option for preventing breast cancer in high risk post-menopausal women. Many breast cancers are fuelled by the hormone oestrogen. Anastrozole works by preventing the body from making oestrogen and has for many years been used to treat post-menopausal women with oestrogen receptor positive breast cancer.

Looking ahead

We are committed to research excellence, and over the coming year we will build on the current strong activity base. Working with QMUL, UCLPartners, the NIHR, Medical Research Council and others we will establish leading research institutes at our hospitals with supporting infrastructure, diagnostic and treatment capabilities.

During 2014/15 we plan to:

- focus additional sustainable resources on business development
- maintain our current academic partnerships and build new joint ventures geared towards attracting infrastructure and other research resource funding
- maximising recruitment to all studies to maintain income and expand activities in real terms
- work closer with our Clinical Academic Groups to encourage clinical staff to engage in research activities
- place greater focus on improving the patient experience at Barts Health - we will achieve this by making research participation more accessible and so increasing patient participation in research; an increase both in terms of the numbers involved and in terms of the quality of that involvement.

Since our merger in 2012 we are seeing strong growth in our research activities, which is good news both for our patients and for our ongoing financial stability.
Delivering a healthy and sustainable future for east London
Delivering a healthy and sustainable future for east London

The global population is growing exponentially. People are living longer and multiple inter-related health incidents are increasing. As our natural resources become increasingly scarce, these resources are becoming ever more expensive. The climate is changing, bringing with it an increase of extreme weather events as well as increasing pressure on food production. The worldwide economy remains fragile as does our domestic economy, with some £20bn of efficiencies needing to be taken out of the NHS whilst maintaining front line services. Health inequalities are ever more visible and the NHS is undergoing the most significant reforms this century. All this, coupled with the UK's carbon emission targets to reduce emissions by 80 percent by 2050, make the scale and need for change increasingly apparent.

As the largest Trust in England, Barts Health takes its corporate social responsibilities seriously, driving change, collaboration and innovation across all aspects of sustainable business - environmental, social and financial. We are committed to creating healthy, sustainable communities in east London.

Our sustainability agenda
Earlier this year Sir David Nicholson, chief executive of NHS England, and Duncan Selbie, chief executive of Public Health England, joined together to launch the sustainable development strategy for the Health and Care System in England 2014-2020. The strategy sets out clear visions and responsibilities across a range of areas from reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments. The Department of Energy and Climate Change (DECC) also released their strategy for energy efficiency in late 2013. This focuses on creating renewable, resilient supplies and addressing key items such as behavioural change. Barts Health is proud to be named as an exemplar of best practice in both strategies.

In line with these changes and our commitment to sustainability, Barts Health has revised its environmental and sustainability strategy to set out our vision for sustainability to 2020.

Becoming a sustainable organisation
Our ambition is to be the most sustainable Trust in the UK by 2020. Barts Health is committed to delivering world-class healthcare and to ensuring our organisation remains fit to do so both now and in the future. We understand that we need to embed a culture that enables early adoption, adaptation and innovation to be driven throughout our organisation and into the core of the health services we deliver.

At the heart of the Trust's vision is the desire to make lasting and measurable change to those who live in our health catchments, addressing some of the key health and social inequalities that are prevalent within our communities.

Our sustainability strategy supports this vision, aiming to address and improve the environmental, social and financial impact of the Trust, its communities and the wider NHS. Our sustainable vision will be delivered through a structured programme of works that will be focused around the following areas:

- **Our hospitals:** we commit to reducing our environmental impact, our reliance on natural capital and to improving the resilience of our built environments, ensuring they are fit for the future. This will be achieved through investment in infrastructure, improved biodiversity, integrated behavioural change, active travel and adaptation planning, delivered through strategic partnerships.

- **Our communities:** we commit to reducing health and social inequalities, linking and connecting with our community to tackle four core impact areas: reducing fuel poverty, improving air quality, sustainable growing and food and nutrition education. Through our
partnerships we will strive to create good quality, sustainable employment, skills and training opportunities and enhance the opportunity for social volunteering.

The wider NHS: we will continue to lead the way in the NHS as an exemplar beacon of best practice, knowledge sharing and innovation. Through the annual NHS Sustainability Day we will harness and enable collaboration between organisations; NHS trusts, Clinical Commissioning Groups and Health and Wellbeing Boards. We will continue to drive the sustainability agenda across our immediate geographical location (London) ensuring the region remains at the forefront of sustainable development. We will explore the potential for financial revenue opportunities for the organisation through the creation of replicable products that will be mutually beneficial to both Barts Health and the wider NHS.

The core objectives set out in our strategy aim to focus our achievement of our vision:

- Reduce the Trust’s carbon footprint by 34 percent by 2020 (based on a 2007 baseline)
- Reduce the Trust’s water consumption by 30 percent by 2020 (on a 2013 baseline)
- Reduce the Trust’s waste, per patient, by 15 percent
- Fully integrate sustainable and ethical procurement practices into the Barts Health procurement strategy, policy and processes for all goods and services
- Embed sustainable behaviours through active change programmes
- Actively engage our communities, focusing on areas that actively reduce health and social inequalities through sustainable actions and behaviours
- Reduce financial risks and minimise exposure to future financial cost pressures
- Actively encourage a modal shift in travel and transport methods to more active, sustainable modes
- Establish a corporate social responsibility statement for Barts Health
- Deliver innovation
- Lead the way in the NHS.

Celebrating our successes in 2013/14

This year, Barts Health has been formally recognised for our forward thinking organisational approach to sustainability; demonstrating innovation and collaboration and pushing the boundaries of sustainable healthcare in the UK, receiving five prestigious awards for our work:

- Health Service Journal (HSJ) Awards for Improving Environmental and Social Sustainability
- Health Service Journal (HSJ) Efficiency Award for Energy Efficiency
- The GSH Energy Award for Best Partnership Programme
- The GSH Energy Award, Judges Supreme Award for best UK energy project
The Trust was also one of six organisations that featured in this year’s environmental parliamentary review, a document reviewed by more than 2,500 influential politicians in the UK.

**Our energy and carbon performance**

Over the past 12 months energy prices have risen significantly across the UK. Energy price inflation is predicted to continue to rise over the coming years, with indications that it is likely to double in price by 2020. This has had, and will continue to have, a significant and direct impact on the Trust’s energy budgets. This year we have seen a 15 percent rise in the cost of electricity, despite a concerted effort to reduce consumption (shown in the table on page 66). Political uncertainty continues to drive price increases across the fossil fuel markets for gas and oil, with significant price variance throughout the year.

Additionally, 2014/15 sees the price of carbon tax, applied through the carbon reduction commitment, rise from £12 per tonne to £15.60, adding an additional £300,000 financial burden to the Trust.

Through our sustainability programme the Trust is taking action to mitigate against increasing costs. Our approach is focused around three core areas:

- **Onsite generation** – improving resilience and reducing reliance on grid electricity
- **Reducing consumption** – implementing energy efficient measures and behaviours across our organisation
- **Smarter procurement** – ensuring we achieve the best market rate for all our utilities.

The following examples outline how we are working to implement these initiatives across our estate.

**Energy Performance Contracts (EPC)**

In order to improve the energy efficiency of our buildings, have a positive impact on the behaviours of our staff, support and integrate into the local community and provide a test bed for new and innovative medical technologies
the Trust has just concluded the procurement for two energy performance contracts - one for St Bartholomew’s Hospital and one for our non-PFI estate at Newham, Whips Cross and Mile End hospitals. The contracts give the Trust peace of mind in terms of performance and savings guarantees, whilst supporting the improvement of infrastructure, for example the introduction of a combined heat and power plant, whilst concurrently improving the patient environment and experience through lighting improvements and behavioural change.

The schemes will ensure the organisation remains on target to achieve its carbon emission reductions in line with the 2020 Climate Change Act target (34 percent) by making investment in key equipment such as combined heat and power plant and lighting upgrades to improve the patient environment. The project comes complete with 100 percent private sector funding and will help the Trust to address a percentage of its current backlog maintenance risk. It will also allow us to test some of the innovative medical technologies in telemedicine and remote imaging equipment. The programme ensures the Trust becomes more integrated with its communities, delivering programmes around sustainable education in schools, community heating opportunities and the creation of local employment opportunities.

The contract at St Bartholomew’s, to deliver a 1.3MW combined cooling, heating and power plant, is the first of its kind to be procured through a PFI contract and the first project to be signed through the ‘Powering Health’ partnership framework supported by the NHS Confederation, General Electric (GE) and the Institute of Healthcare Engineering and Estate Management (IHEEM).

**Department of Health efficiency projects**

In April 2013, the Department of Health announced a £50m energy efficiency fund, aimed at providing valuable capital for trusts to deliver mitigation projects that reduce energy usage. The Trust was successful in being selected to deliver four of its 15 bids, totaling £550,000. The projects have delivered efficiencies to our ventilation equipment at Newham and Whips Cross hospitals, optimisation of our catering refrigeration equipment, upgrades of our medical air compression systems and the extensive delivery of the next phase of our award winning behavioural change programme – Operation TLC.

**Changing behaviours with Operation TLC**

Operation TLC is a collaborative behavioural change programme between Barts Health NHS Trust, GE, Skanska and behavioural change charity Global Action Plan, which empowers individuals to take action to reduce energy and carbon, accurately measuring and recording changes and positively impacting on patient experience whilst identifying potential savings of £35m across the NHS.

Operation TLC is about helping staff to use their building(s) in a way that creates the best environment for patients. Playing on the ‘tender loving care’ acronym, TLC stands for three simple actions that any staff member can take to help create better building conditions: turn off appliances, lights out and close doors. These three actions reduce noise levels and unnecessary light that can hinder sleep, creating the right healing environment for patients.

The programme reached 15,000 Barts Health staff and their partner contractors through Trust-wide communications. Linking the programme to our core values and focusing the programme on improving patient experience meant we attracted the support of the medical director, clinical teams and support services. Patient experience surveys revealed improved sleep and privacy for patients, whilst staff reported improved mindfulness and calmer working environments. Overall the programme saw a third fewer sleep disruptions for our patients and a quarter fewer privacy intrusions.

The programme is now being rolled out across the whole of the Barts Health and at another trust, Frimley Park, driving improvements in the patient experience and a reduction in energy use and carbon emissions. Barts Health is working towards a national roll-out programme that should be available in late 2014.
Saving our water

The rising costs of water, population growth and the unpredictability of our climate are all issues that are leading to water scarcity both in the UK and internationally. Water scarcity underscores the need for better water management by businesses, government and individuals.

In response, the Trust has established a collaborative partnership with water experts ADSM, through the Aquafund, an investment fund set up for water efficiency projects in the public sector, which aims to drive efficiencies through innovation, reduce our reliance on this scarce commodity and support social equality.

Now in its fourth year, our partnership delivered a saving of over 480 million litres of water (a reduction of 30 percent on the baseline year), £960,000 in shared cost savings and 321 tonnes of CO2. This is the largest water saving project in the NHS. The water savings achieved through the programme are equal to every Londoner reducing their water usage by 10 percent. The transparency of data has set the Trust in good stead for preparing for the deregulation of the market in 2015.

Each year, one percent of the annual revenue generated through the scheme is donated on the Trust’s behalf to Water Aid. This has enabled us to help 472,000 people in some of the world’s poorest countries out of water poverty.

The project continues to deliver positive changes, reducing our impact on the environment and conserving a scarce resource for the future.

Waste efficiency

Barts Health is a major producer of waste. We view our role in the local and wider community as standard bearers for improved environmental standards and leaders in sustainable solutions.

In 2011, the Trust engaged with Skanska to deliver a unique exemplar waste management programme. The Trust and Skanska in partnership were uniquely incentivised to deliver a waste management programme designed to improve environmental stewardship and compliance, improve waste segregation and deliver cost and carbon savings from waste. We also wanted to push the boundaries of innovation and explore new technologies to help us reduce our environmental impacts.

In September 2013 the Trust extended the programme to cover its entire estate. This has allowed us to eliminate all our waste from going to landfill, the composting of all food waste on the site and enabling the commoditisation of certain waste streams.
Understanding that changing behaviours is a key element to success, a specialist waste behavioural change team was engaged to work with Trust staff to drive improvement. The team is dedicated to auditing and training our staff to improve segregation, recycling and compliance using the latest technologies and strong people skills to educate, motivate and coach our staff through the change process. The team has, to date, carried out 120,000 individual bin audits and engaged and trained over 5,000 staff.

To date the programme has saved the Trust over £1m in waste costs, delivered a 20 percent reduction in clinical waste generation and saved 5,000 tonnes of carbon from reduced road miles. Initiatives such as our furniture reuse scheme have also had a positive impact on our need to procure new items, with over £17,000 being saved in the past six months.

As well as the work we are doing within our hospitals and our communities, Barts Health is also leading the way in enabling sustainable action across the NHS.

**Enabling change across the NHS**

Hosted by Barts Health, NHS Sustainability Day is a collaborative day of action across the NHS aimed at making sustained change and engaging on a sustainable NHS that is fit for the future. It reaches out across the NHS and engages trusts and other healthcare organisations across the world to take action on climate change. The day aims to make links and break down barriers across professions, organisations and countries in order to support active change to happen across the whole healthcare landscape.

The day is run at no cost to Barts Health or to the NHS, with 100 percent of the funding coming from sponsorship. Supported by the Prime Minister and key health ministers, NHS England, Public Health England, the NHS Confederation and a number of politicians, celebrities and leading environmentalists the day inspires knowledge sharing, collaboration and action throughout the NHS.

This year’s campaign has been running since October 2013 with six national roadshows reaching out and engaging trusts and healthcare organisations across the UK. Our focus has been on creating a lasting legacy across the communities in which we work. Partnering with social enterprise ‘4 all of us’ has allowed action to continue well after the day itself, funding community projects throughout the year from sponsorship received for the day. Our focus around food through the 14:14 campaign, encouraged trusts to start to think about sustainable growing by planting 14m2 of ‘grow your own’ space in their own organisations.

On 27 March 2014, the third year of the campaign, 75 percent of the NHS took part in this day for action on climate change. With over 50,000 website hits, 663 twitter followers, 1,000 newsletter subscribers and 65 award entries across 11 categories, the day is actively reaching far into the NHS and enabling trusts to collaborate and take action, reaching far into the heart of their communities.

The NHS has more than 1.7 million employees, including GPs, nurses, ambulance staff, community health staff and clinical specialists who provide care for one million people every 36 hours. The scale and breadth of the NHS mean its potential to influence and effect change is extensive and Barts Health prides itself on being a major player in delivering a sustainable future.

**Sustainability and public health**

Our public health work links directly to our sustainability agenda, which is delivering pioneering approaches to tackling fuel poverty, supporting healthy eating and creating cleaner air. Last year the Trust engaged in a number of sustainability projects. The projects aim to address and reduce health and social inequalities across our health communities, whilst raising awareness of climate change adaptation and preparedness, ensuring our communities are more resilient to the changes that are to come.

All of these projects have been delivered in partnership with other organisations, adding to the depth and breadth of experience in each area and to the longevity of the programmes, as well as demonstrating our commitment to collaboration across
sectors and organisations. Three of our most integrated community projects are outlined below.

**Living warm, living well**

London has the highest fuel poverty rates of any region in the UK, and Tower Hamlets is one of the worst affected areas in the UK, accounting for around 330 excess winter deaths and a large number of individuals suffering from a variety of associated health issues.

In response, Barts Health established a partnership with British Gas and Global Action Plan to deliver a programme to actively address and reduce fuel poverty within our communities. The programme identifies local people who are living in fuel poverty through the clinical assessment process and refers them into a scheme to receive domestic energy and heating efficiency improvements. Through the delivery of these interventions the programme aims to reduce some excess winter deaths which occur each year in the borough. It is hoped that through this programme we will also improve the health outcomes of those suffering from associated diseases, such as respiratory problems and support some of the most venerable adults in our care catchment. Now that the programme is established, it is hoped that we can extend it to the other three London boroughs in which we operate.

**Educating our future generations**

In 2013 we set up a food and nutrition education programme, aimed at year three (eight year old) school children. The integrated programme is a partnership between Barts Health, Carillion, G4S, Café Spice and Chefs Adopt a School (Royal Academy of Culinary Arts) and is aimed at reducing current and future child obesity rates by delivering food and nutrition education to 300 primary school children across our boroughs over the next two years.

The programme, which is being run in two schools in Tower Hamlets, Bigland Green and English Martyrs, aims to start to tackle obesity rates and malnutrition across our health catchment, improving knowledge and skills to support a healthy, sustainable lifestyle. As well as exploring and tasting new foods, learning the basis of a balanced diet and the effects of fats, sugars and salts on our bodies, the programme will also teach the children how to grow their own fruit, vegetables and herbs in a custom built food garden designed by a local gardening charity.

**Improving air quality across east London**

Air quality in London is the worst in the UK and amongst the worst in Europe, with more than 4,000 Londoners dying prematurely every year. Long-term exposure to airborne pollution means that one in 10 deaths in the City of London are attributable to poor air quality levels and dangerous airborne gasses. The Committee on the Medical Effects of Air Pollutants states that short-term exposure to particulates increases hospital admissions and GP consultations. The health cost of air pollution in the UK has been estimated at upwards of £20bn a year – twice as much as obesity.

In the first project of its kind, Barts Health are joining forces with the London boroughs of Newham, Tower Hamlets, Waltham Forest, the City of London, the Greater London Authority and Global Action Plan to deliver an innovative project that will improve the health of those who live and work in east London. The Barts Health Cleaner Air Project aims to reduce air pollution within the boroughs in which we operate, actively reducing the number of patients admitted with air quality exacerbated health problems and cutting some of the 4,000 premature deaths.

Over the next three years, the programme aims to cut emissions that contribute to poor air quality and to help at-risk groups within our communities cope better with air pollution through a range of activities focusing on:

- Clean air for our hospitals
- Clean air for our communities
- Improved engagement and health intervention.

Supported by our director for public health, Dr Ian Bassnett and our medical director, Dr Steve Ryan, we hope to integrate these improvements into our clinical models.

**Our public health agenda**

Barts Health is committed to
working with those we serve to address health inequalities that are prevalent in east London. Although health is improving, there are still big health inequalities compared to the rest of the capital and England. In this part of the capital, people are more likely to smoke and to be overweight or to have heart disease, cancer, mental health problems, diabetes, tuberculosis or HIV.

Our public health vision focuses on three key areas:

- Health improvement
- Health and wellbeing of staff
- The wider determinants of health such as employment.

**Health improvement**

Barts Health supported a range of health improvement outreach work in partnership with HIV and Sexual Health, TB and screening services at the heart of our local communities, providing care where it is needed most, increasing the effectiveness of the Trust’s role in protecting the health of east Londoners and demonstrating our commitment to improving health.

One of our public health priorities is to help patients give up smoking. For patients who stop smoking, the benefits can include fewer complications following operations, faster wound healing and a lower risk of infections. There may also be a reduced risk of smoking related diseases and premature death. There is evidence to show that smokers are up to four times more likely to give up with support and that patients admitted into hospital are more motivated to quit.

Last year, Barts Health agreed with local commissioners via the CQUIN scheme that frontline staff at Whipps Cross University Hospital would refer 1,770 smokers to stop smoking services by March 2014 - 270 inpatients, 1,350 outpatients and 150 expectant mothers. Whipps Cross comfortably exceeded the CQUIN target of 1,770 and referred 2,083 smokers to get the support they need to stop - more than 17 percent above our target. This was a significant achievement, as in as in 2012/13 the Whipps Cross team referred only 78 patients to the stop smoking service (according to North East London NHS Foundation Trust).

The CQUIN target also required 420 staff to be trained on how to make stop smoking referrals. The Trust exceeded the target by over
50 percent and a total of 869 staff across the Trust are now trained to provide stop smoking advice and offer referrals to the stop smoking service. This means that every contact will count for health promotion, because staff are recording our patients’ smoking status and offering stop smoking services to those who are smokers.

Our aim for 2014/15 will be to build on this success to increase the number of staff who are trained to offer stop smoking advice and to help change behaviour among patients who smoke or have other behaviours that contribute to poor health. Through this we want to increase the number of stop smoking referrals across the Trust to make a vital contribution to the health of east Londoners.

Health and wellbeing

Last year saw the development of the health and wellbeing strategy that focuses on improving levels of physical activity among staff, implementing the healthy eating plan and supporting the mental health and wellbeing of staff. This work is critical for addressing the causes of poor health amongst staff, which is key to providing the best quality service to our patients and communities.

A wide range of activities were delivered during 2013/14 to support the improved health and wellbeing for our staff, including:

- The launch of new exercise classes on our main hospital sites, with greater numbers participating
- Stress buster events for International Nurses Day in May, to acknowledge the effort nurses put in across the Trust
- A family sports day at the Copper Box Sports Centre in Queen Elizabeth’s Olympic Park, which attracted over 500 members of staff and their families
- The promotion of the support available to staff in relation to mental health and wellbeing on International Mental Health Day in October
- The Trust signing up to the anti-mental health stigma campaign ‘Time for Change’
- The launch of walking groups at Newham, St Bartholomew’s, The Royal London and Whipps Cross hospitals.

Following feedback from staff, we will continue to strengthen our focus next year on improving staff health and wellbeing. Staff will be asked to pledge to be more physically active, not just by signing up for exercises or the gym, but by actively travelling to work or walking up the stairs instead of waiting for the lift. We also hope to implement the new mental health and wellbeing policy, which will have actions associated with this.

The wider determinants of health

In our public health vision, we committed to working with local partners and contributing to the local community and environment to address health inequalities in east London. During 2013/14 we have started to have a real impact at the heart of our communities.

Our public health vision identified low employment rates as a key determinant of poor levels of health in east London, and a major factor in driving health inequalities. As one of the largest local employers we feel we can make a difference by supporting local people into employment.

To achieve this, the Community Works for Health pathway was established to help recruit as many local people as possible to Trust vacancies and to create over 100 apprenticeship positions to reduce levels of youth unemployment. During 2013/14 over 600 local people were helped with advice and support, over 200 joined the talent pool for local jobs and over 90 local people have moved from the pool into permanent and temporary work.

The Trust also helped over 200 young people at school or college obtain work experience in clinical and non-clinical settings, and visited and worked with a wide range of schools and colleges to spread the word about health careers and...
inspire future generations of young people.

The Trust would like to acknowledge the support of the East End Community Foundation, Job Centreplus, North Central and East London LETB and the European Union in supporting this work, and the London Boroughs of Newham, Tower Hamlets and Waltham Forest, and Poplar HARCA in helping the pathway to be effective as possible.

Celebrating achievements of 2013/14

During 2013/14, the Trust has over-performed against its plans and has made significant steps towards changing lives of those living and working in east London:

- The Trust held its first family sports day on the Queen Elizabeth’s Olympic Park
- A healthy eating plan was agreed and the Eat Well branding launched across catering outlets
- The Barts Health Community Awards, held in October, celebrated the achievements of participants who have succeeded in training and employment
- Community Works for Health was highly commended in the ENEI equality and diversity awards
- Duncan Selbie, chief executive of Public Health England, visited the Trust to view its public health work
- Viv Bennett, deputy chief nurse of England, also visited to find out about the work of the Trust
- A ‘Test Me East’ event saw the Trust offer all patients admitted to A&E on the spot screening for HIV
- The smoking referral target was reached and exceeded.

Looking ahead

2013/14 saw the first full year of the Trust’s public health programme. It is already making a big impact by helping smokers, improving health protection, encouraging staff to eat more healthily and creating opportunities as an employer for local people. 2014/15 will see us reaching out to our communities in these areas and strengthening the Trust’s role in public health in other areas too.
Managing Barts Health
NHS bodies are statutorily obliged to prepare their annual report and accounts in compliance with the determination and directions given by the Secretary of State for Health. This section takes account of the Department of Health guidance for NHS Trusts in the Manual for Accounts (as well as good practice guidance contained in the NHS Foundation Trust Code of Governance).

The Trust Board
The Trust Board is a unitary board accountable for setting the Trust’s strategic direction, vision and values, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the local community. The Board consists of the chairman, chief executive, four executive directors and seven non-executive directors (NEDs) all with voting rights, plus five other executive directors who are Board members in a non-voting capacity. The number of NEDs is one higher than most NHS trusts, reflecting the size and complexity of Barts Health’s agenda as the largest Trust in England. Other directors may be invited to attend Board meetings for specific items as agreed with the chairman. The Trust Board meets regularly in public in order to discharge its duties - the Board met 11 times in public during 2013/14.

The Trust Board takes responsibility for the quality and safety of healthcare services, education, training and research. Day-to-day responsibility for implementing the Trust’s strategy and delivering operational requirements is delegated through the chief executive to the executive directors and their teams. Key duties of the Board are set out in the Trust’s Standing Orders and Standing Financial Instructions and a Board cycle of business, both of which are reviewed annually.

Board appointments
The chairman and chief executive took into account the required skills, qualifications, experience and diversity of the Board’s composition as part of the recruitment process to the Board of Barts Health. Going forward, the Nominations Committee will identify the skills and experience required for new appointments to executive director positions, while the chairman will work with the NHS Trust Development Authority to identify the skills and experience required for any new appointments to NED positions.

Independence of NEDs
One of the NEDs is nominated by Queen Mary University of London. Excluding this NED position, there are six NEDs and five executive directors, thereby meeting Monitor’s Code of Governance recommendations. Philip Wright is the senior independent director and vice chairman of the Trust. NEDs are generally appointed for a
four-year term, with the chairman monitoring the composition of the Board, its skills and knowledge in the light of any NED changes or potential reappointment of NEDs for second terms of office.

**Board members**

**Sir Stephen O’Brien (chairman)** has lived in east London for many years. His great passion is for sustaining and continuing to develop the east London community through the provision of good health care, housing, education and employment. He is also the chairman of Ed Miliband’s Mental Health in Society Task Force. He is also vice president of Business in the Community and is a trustee/director of the Mayor’s Fund for London and Barts Charity. Previously Stephen was chairman of Barts and The London NHS Trust, NHS Tower Hamlets, International Health Partnership, Teach First, London First, NCH Leadership Board (now Action for Children) and the Board of Governors of University of East London.

**Mr Peter Morris (chief executive)** is committed to building strong relationships with our local communities and partners to create a world-class healthcare organisation that will ensure the needs of the patient always come first. Peter joined the NHS in 1979 and has held key leadership positions in hospitals in Kent, Sussex, Leicester, Cardiff and Sheffield and was chief executive at Ipswich Hospitals NHS Trust and University Hospitals South Manchester NHS Foundation Trust. Peter joined the legacy Barts and The London NHS Trust as interim chief executive in March 2009 and was appointed substantively in October 2009. He was awarded an OBE in 2008 for services to healthcare.

**Mr Alastair Camp (non-executive director)** became an associate non-executive director with NHS Tower Hamlets in 2008, before becoming chair of the Primary Care Trust and then vice-chairman of NHS East London and the City until March 2012. He is also a member of the Tower Hamlets Shadow Health and Wellbeing Board. His business career has included 34 years with Barclays plc, during which he led businesses in the UK and overseas. These included appointments as managing director (Caribbean & Bahamas), managing director (UK Small Business Banking) and managing director (UK Mid Corporate Banking), where he served on the UK Banking Executive Board. He was also Barclays Group corporate responsibility director and a Trustee of the Barclays Group Pension Fund. Alastair is a trustee of the Institute of Financial Services. He holds a masters degree in Business Administration and is a fellow of the Chartered Institute of Bankers.

**Mr Gautam Dalal (non-executive director)** is a chartered accountant and a former senior audit partner at KPMG London. From 2000 to 2003 he was chairman and chief executive of KPMG’s practice in India, which he helped to establish. He was a non-executive director of Barts and The London NHS Trust from...
September 2010 to March 2012. He is also a trustee of The National Gallery, where he chairs the Finance and Audit Committees, a member of the Governing Body and Audit Committee of the School of Oriental and African Studies, University of London and Chair of AMREF UK, the African health development organisation. He is a non-executive director of ZincOx Resources plc. Previously he was a founder board member of the UK India Business Council and a member of the Asian Business Association Committee of the London Chamber of Commerce.

**Professor Richard Trembath (non-executive director)** took up the post as vice-principal and executive dean (health) of Barts and The London School of Medicine and Dentistry in September 2011. Prior to this appointment he was the director of the NIHR Comprehensive Biomedical Research Centre at Guy’s and St Thomas’ NHS Foundation Trust and head of the KCL Division of Genetics & Molecular Medicine at King’s College London. He is an honorary consultant in Clinical Genetics at the Genetics Centre at Guy’s Hospital. He is a senior investigator for the National Institute of Health Research, a former clinical academic group lead within King’s Health Partners and a fellow of the Academy of Medical Sciences. Professor Trembath serves on advisory and editorial boards and committees of numerous national and international journals and academic societies. He is past president of The British Society of Human Genetics.

**Ms Anne Whitaker (non-executive director)** is a chartered accountant. She has considerable finance experience in large and complex organisations and was an audit partner with Ernst & Young, specialising in financial services, for 12 years. In this role she was responsible for the audits of a number of different types of organisations, including FTSE 100 global investment managers. She was also head of audit for Financial Services at Ernst & Young from 2000 to 2004. Prior to the merger, Anne was a non-executive director and then chair of Whips Cross University Hospital NHS Trust. Anne’s voluntary sector interests include working with YourStory in Lambeth, an organisation which provides help in employment, criminal justice, education and sports and personal development and the MicroLoan Foundation, a microfinance organisation operating in Malawi, helping clients to build businesses. Anne is on the Council of Roedean School and is secretary of the Friends of Vauxhall Pleasure Gardens.

**Mr Philip Wright (non-executive director)** was a NED of Barts and The London NHS Trust from November 2010. He retired in December 2011 as a partner with PricewaterhouseCoopers (PwC) where he was responsible for some of PwC’s major advisory clients in the public and private sectors and for PwC’s services to non-executive directors of the FTSE350. From 1997 to 2003 he was first European then global leader for Corporate Finance and Recovery at PwC. He is a chartered accountant with a strong background in
corporate finance and shareholder value. He is a trustee of Common Purpose and a trustee of the Berlin British School. He is also chairman of Digital Theatre and was formerly a non-executive director of NHS London. Philip Wright is the Trust Board's vice-chairman and senior independent director.

Ms Tessa Green (non-executive director) was chairman of The Royal Marsden NHS Foundation Trust from 1998 to 2010 where she was responsible for leading The Royal Marsden to Foundation Trust status and founding The Royal Marsden Cancer Campaign. Before that she was a non-executive director at the Royal Berkshire and Battle Hospitals NHS Trust. She is also a previous trustee of the Institute of Cancer Research and Royal Botanic Gardens Kew. A barrister by training, Tessa has senior executive experience in corporate affairs for a FTSE 100 media company. She is a trustee of the Royal Botanic Gardens, Kew, a trustee of the Royal Foundation of the Duke and Duchess of Cambridge and Prince Harry, and a lay member of the Independent Reconfiguration Panel advising Ministers on plans for health service change.

Dr Thoreya Swage (non-executive director) has several years’ experience in the NHS both as a clinician in psychiatry and a senior manager in various NHS purchasing organisations covering the acute sector as well as primary care development. Her last NHS post was executive director of a health authority with a remit to develop primary care services including GP commissioning and GP Fundholding. Since 1997, Thoreya has run a successful management consultancy business, during which time she has developed particular expertise in the field of service reviews and redesign, strategic development, clinical governance, commissioning and procurement with the NHS and independent sector, and education and training. During 2006-2007 she was deputy medical director at the Commercial Directorate at the Department of Health, with responsibility for setting up the clinical governance processes for the National Independent Sector Treatment Programme. She teaches at the Open University and King’s College, London and has researched and written a number of published articles. Thoreya is an associate at the Oxford Health Experiences Institute.

Professor Kay Riley (chief nurse) began her NHS career training as a nurse at Nottingham School of Nursing and, over a period of 15 years, held a number of nursing and senior management positions at Queen’s Medical Centre and Nottingham City Hospital. Kay later moved to the Isle of Wight Healthcare NHS Trust as deputy director of nursing, before becoming acting director of nursing. In 2003, Kay moved to Southampton University Hospitals Trust as associate director of nursing with a lead for modernisation. She later took up the post of director of nursing at Winchester & Eastleigh Healthcare Trust for three years before joining Barts and The London as chief
nurse in October 2006. Kay holds an honorary visiting professorship with City University.

Dr Steve Ryan (medical director) has been a consultant paediatrician since 1991. He qualified in Leeds and subsequently trained in Leeds and Manchester, undertaking research into nutritional problems in premature babies. As a general paediatrician he developed a special interest in the management of children with headaches and has been invited to speak at national events about his practice. He won a national award for his headache practice in 2009. He was medical director at Alder Hey Children’s Hospital for over six years, and was acting chief executive for five months during that time. Steve undertook a leading role in the NHS Next Stage Review in the North West and subsequently was seconded part-time to NHS North West as deputy medical director and was a member of the NHS medical board at that time. Steve joined Barts and The London as medical director in June 2010. Steve is passionate about prevention medicine and health promotion as part of his and his hospital’s work and has been on local and national media to demonstrate that passion.

Mr Mark Ogden (chief financial officer) has over 20 years’ experience within the NHS as both a chief executive and finance director. Before his appointment as chief financial officer at Barts Health, he was deputy chief executive and executive director of finance, IT and Provider Development at NHS North of England. As part of this role, he has helped steer the 21 organisations in the north of England to Foundation Trust status and was accountable for the financial performance of the three SHAs. Mark has previously held senior positions with Salford Royal (Teaching) Hospitals NHS Trust, North West Strategic Health Authority and Greater Manchester Strategic Health Authority.

Mr Michael Pantlin (director of human resources) joined Barts Health NHS Trust on 1 October 2012 from the Royal Surrey County Hospital NHS Foundation Trust. Previously he was with the Royal Bank of Scotland in Commercial and Retail Banking sectors across England and Wales. Prior to this, Michael headed HR for the specialist brands of the Thomson Travel Group. Originally, during his professional training, Michael spent some time working at the Mildmay Hospital, which specialises in palliative care for HIV/AIDS. He moved to the private sector knowing one day he wanted to return to a similar organisation.

Ms Frances O’Callaghan (director of strategy) joined Barts Health NHS Trust on 1 September 2012 from Kings Health Partners where she was the director of performance and delivery. Previously she has held senior positions at Guy’s and St Thomas’ NHS Foundation Trust and King’s College Hospital NHS Foundation Trust.
Mr Ian Walker (director of corporate affairs and trust secretary) began his career in the civil service as an economist at HM Treasury and led the Treasury and Department of Health team supporting Sir Derek Wanless in his review of the long-term funding of the NHS which reported to the chancellor of the exchequer in 2002. This experience reinforced Ian’s passion for the NHS and in 2003 he joined Barts and The London as director of corporate services and trust secretary. Ian was appointed as director of corporate affairs and trust secretary for Barts Health NHS Trust in February 2012. His responsibilities include corporate governance and Board secretariat, information governance, policy development, foundation trust membership, corporate events, and the Trust’s Archives and Museums.

Mr Luke Readman (chief information officer) joined Barts Health in September 2012 as director of informatics. In April 2013 he was appointed chief information officer, giving him board-level responsibility for the strategic direction of the Informatics Directorate. A radiographer by background, Luke has been working in the NHS since 1977. Luke has a passion for how technology and information can transform the delivery of healthcare and improve patient outcomes.

Mr Mark Cubbon (director of delivery) was appointed as director of delivery in October 2013, having previously held the posts of director of recovery and managing director of Whipps Cross Hospital. Prior to the creation of Barts Health NHS Trust, Mark was chief operating officer of Whipps Cross University Hospital, and had previously held similar roles at South London Healthcare NHS Trust and Moorfields Eye Hospital NHS Foundation Trust.

Professor Jo Martin (director of academic health sciences) qualified from Cambridge University and the London Hospital Medical School and has a PhD in cellular pathology in motor neuron disease. Jo has previously worked at Guy’s Hospital, St Thomas’s Hospital and as a Medical Research Council and Wellcome Trust research fellow at the Institute of Psychiatry. Jo has a masters degree in Leadership and a range of management experience including divisional director of clinical and diagnostic services and she is currently the director of academic sciences at Barts Health NHS Trust. She is a practising consultant histopathologist and professor of pathology at Queen Mary University of London, with a clinical specialist practice in renal pathology, and a research interest in disorders of bowel motility. Jo also teaches undergraduate and postgraduate students, and is passionate about making the new Trust a place where staff are proud to work and where we are looked to for best practice.
Trust Board and board committees

The terms of reference for the Trust Board and all Board committees are published on the Trust’s website. Terms of reference are subject to review on an annual basis. Membership of Board committees is shown on page 90, together with a summary of the roles of key committees.

Audit and Risk Committee

The chair of the Audit and Risk Committee is a chartered accountant with a strong background in corporate finance and shareholder value. Two other members of the Audit and Risk Committee are chartered accountants.

The terms of reference for the Audit and Risk Committee are published on the Trust's website. These include the following duties:

- To review the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust’s activities that support the achievement of the organisation’s objectives. The Audit and Risk Committee is assisted in this duty by the Quality Assurance Committee, which will have responsibility for providing assurance in relation to clinical quality and safety aspects.
- To ensure that there is an effective internal audit function put in place by management that meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit and Risk Committee, Chief Executive and Board (including through the review of Internal Audit effectiveness by External Audit).
- Consideration of the major findings of Internal Audit work and the management response and ensuring coordination between the Internal and External Auditors to optimise audit resources.
- To review the work and findings of the External Auditor and consider the implications and management responses to their work.
- To agree the approach to be taken to maintain objectivity of external auditors in the event that the external audit partner is commissioned by the Trust to undertake any non-audit work.
- To review proposed changes to the Standing Orders and Standing Financial Instructions.
- To review the annual accounts to determine their completeness, objectivity, integrity and accuracy before they are presented to the Trust Board.

The Audit and Risk Committee produces an annual report to the Board assessing the committee’s effectiveness and reports to the Trust Board following each of its meetings.

Quality Assurance Committee

The Quality Assurance Committee is a standing committee of the Trust Board and acts on its behalf to monitor, review and report on the quality of clinical services provided by the Trust. In carrying out its role, the Quality Assurance Committee supports the Audit and Risk Committee through providing dedicated time and resources to review, for example, clinical aspects of assurance work carried out by the internal audit and clinical audit functions.

There is a shared membership of the Audit and Risk Committee and the Quality Assurance Committee, while at least one member of the Quality Assurance Committee has relevant clinical experience and/or qualifications. An action log and an oral report on each Quality Assurance Committee meeting is provided to the subsequent Audit and Risk Committee by the chair (in addition to an oral report to the Trust Board), as well an annual report on its work. The terms of reference also include a broader overview of operational delivery, given its close relationship to the quality agenda.

The terms of reference for the Quality Assurance Committee are published on the Trust’s website.

Remuneration Committee

The Trust’s Remuneration Committee comprises the chairman and all NEDs. The chief executive and the director of human resources usually attend meetings. The Committee reviews remuneration for very
## Attendance by members of board committees, 2013/14

<table>
<thead>
<tr>
<th>Board member</th>
<th>Trust Board Part 1</th>
<th>Trust Board Part 2</th>
<th>Audit and risk committee</th>
<th>Quality assurance committee</th>
<th>Remuneration and nomination committee</th>
<th>Finance and investment committee</th>
<th>Public health and equalities committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen o’Brien</td>
<td>10/11</td>
<td>10/11</td>
<td>5/6</td>
<td>4/5</td>
<td>11/12</td>
<td>3/3</td>
<td></td>
</tr>
<tr>
<td>Philip Wright</td>
<td>11/11</td>
<td>11/11</td>
<td>3/4</td>
<td>3/5</td>
<td>12/12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Millie Banerjee</td>
<td>0/2</td>
<td>0/2</td>
<td>0/1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gautam Dalal</td>
<td>10/11</td>
<td>10/11</td>
<td>3/4</td>
<td>4/6</td>
<td>4/5</td>
<td>11/12</td>
<td></td>
</tr>
<tr>
<td>Sally James</td>
<td>8/8</td>
<td>8/8</td>
<td>0/3</td>
<td>4/4</td>
<td>1/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Trembath</td>
<td>8/11</td>
<td>8/11</td>
<td>1/6</td>
<td>2/5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anne Whitaker</td>
<td>11/11</td>
<td>11/11</td>
<td>4/4</td>
<td>5/5</td>
<td>12/12</td>
<td>3/3</td>
<td></td>
</tr>
<tr>
<td>Tessa Green</td>
<td>5/6</td>
<td>5/6</td>
<td>2/2</td>
<td>2/3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoreya Swage</td>
<td>1/1</td>
<td>1/1</td>
<td>1/1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter Morris</td>
<td>11/11</td>
<td>11/11</td>
<td></td>
<td></td>
<td>12/12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Ogden</td>
<td>11/11</td>
<td>11/11</td>
<td></td>
<td></td>
<td>12/12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Len Richards</td>
<td>6/7</td>
<td>7/8</td>
<td></td>
<td>6/8</td>
<td>1/2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kay Riley</td>
<td>11/11</td>
<td>10/11</td>
<td></td>
<td>5/5</td>
<td>1/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steve Ryan</td>
<td>11/11</td>
<td>10/11</td>
<td></td>
<td></td>
<td>1/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Walker</td>
<td>11/11</td>
<td>11/11</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frances O’Callaghan</td>
<td>10/11</td>
<td>10/11</td>
<td></td>
<td>5/5</td>
<td>2/2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jo Martin</td>
<td>8/11</td>
<td>8/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Cubbon</td>
<td>5/5</td>
<td>5/5</td>
<td></td>
<td>2/4</td>
<td>0/1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The figures indicate the number of meetings attended by the relevant member/total number of meetings held.
senior management for whom remuneration is set outside the NHS Agenda for Change structure.

The remuneration of all Board members is published in the Annual Report (finance section). This covers all remuneration (there is no performance-related pay mechanism in operation at Barts Health).

**Nominations Committee**

The Trust’s Nominations Committee comprises the chairman and all NEDs. The chief executive and the director of human resources usually attend meetings. The Committee has delegated authority from the Trust Board to appoint and remove the chief executive and, together with the chief executive, to appoint and remove other executive directors.

Appointments to non-executive director posts are approved externally by the NHS Trust Development Authority, which also sets the remuneration and terms and conditions for chairs and NEDs of NHS trusts.

**Board effectiveness**

An externally-led diagnostic review of Board performance and effectiveness commissioned in 2012/13 was completed in the first half of 2013/14. The findings were grouped within the following three themes: strategy, risk and accountability; Board composition, dynamics, structure and reporting; and Board engagement.

Good progress was made during the second half of the year in addressing some of the key findings of the effectiveness review, particularly in relation to clinical strategy development, increasing CAG accountability (including the decision to bring CAG directors into the executive team), appointing a non-executive director with a clinical background and increasing Board and executive visibility within the organisation. Priorities for 2014/15 will be to strengthen risk management arrangements, review the Board committee structure and reporting, and develop a more comprehensive communications and engagement strategy.

Alongside this, the Board itself will be participating during 2014/15 in a programme of leadership and culture change facilitated by the NHS Staff College which will seek to explore and develop the culture of the Board, with a focus on behaviours, relationships and effective team working.

The Board has complied with the relevant aspects of the UK Corporate Governance Code.

**Trust Board appraisals**

The chief executive’s appraisal was held on 14 May 2013 and
<table>
<thead>
<tr>
<th>Risk Entry</th>
<th>Objective Domain</th>
<th>March 2014 Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Failure to identify or address safeguarding concerns impacts on the quality of services, safety of patients and the Trust's reputation</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 3 = 12</td>
</tr>
<tr>
<td>2. As a result of skills and capacity constraints, a failure to manage acutely ill patients in a consistent way at all sites and at all times, could result in isolated incidents of delayed responses to deteriorating patients</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td>3. Lack of a robust infection prevention framework for eliminating avoidable healthcare associated infections impacts on patient safety and experience</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>4. Cost improvement plans involve workforce changes and temporary staffing controls that adversely impact on quality and safety</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>5. A failure to consolidate effective 18 weeks referral to treatment time governance arrangements and data quality impacts on income and patient experience</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>6. Insufficient emergency care capacity and failure to address patient flow impacts on patient safety and experience and meeting national standards</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>7. Maternity services management information and regulatory reports in relation to infection control and cleanliness, never events, emergency caesarean rates, information systems and staffing capacity indicate an increased risk profile potentially impacting on quality of care and patient experience</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>8. Data quality issues impair decision-making, the optimal use of resources to deliver safe patient care efficiently and the Trust's ability to evidence this to commissioners in line with contractual requirements</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td>9. A failure to significantly reduce bank and agency staffing usage through recruitment of substantive staff results in financial pressures and impacts on quality of services</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td>10. Underachievement against 13/14 CIPs target and/ or income underperformance results in failure to achieve the financial plan for 13/14 and increased challenge to in-year liquidity and achieving the LTFM in subsequent years</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>11. PFI inflationary cost pressures introduce an increasing level of challenge to delivering long term financial sustainability</td>
<td>Platform to be recognised as an excellent healthcare provider</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>12. A failure to develop a clinical strategy consistent with commissioning intentions, the LTFM and delivery of merger full business case benefits impacts on stakeholder engagement, business planning and Foundation Trust trajectory</td>
<td>Strategic initiatives</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td>13. Perceptions of the Trust's financial turnaround programme, operational performance and CQC high risk rating impact on the Trust's reputation and ability to develop services and strategies</td>
<td>Strategic initiatives</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td>14. Changes to funding structures and decommissioning of training and student posts impacts on research and education capability and service delivery costs</td>
<td>Strategic initiatives</td>
<td>3 x 4 = 12</td>
</tr>
<tr>
<td>15. Failure to invest in the Trust's infrastructure resulting in a significant backlog maintenance liability impacts on current quality of services and future financial challenges</td>
<td>Strategic enablers</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td>16. Failure to engage staff and develop a culture of compliance with best practice results in concerns not being effectively reported (such as equipment failure) and inconsistent application of controls to avoid patient harm, never events and infections and improve patient experience</td>
<td>Strategic enablers</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td>17. Gaps in the existing informatics infrastructure (and length of lead times to deliver strategic solutions) adversely impact on the ability of staff to ensure that the 'right information at the right time' is available to support patient treatment or flag safety issues.</td>
<td>Strategic enablers</td>
<td>3 x 4 = 12</td>
</tr>
</tbody>
</table>

Shading indicates risks for which a board committee has an assurance role:
- Audit and Risk Committee
- Quality Assurance Committee
- Finance and Investment Committee
the chairman’s appraisal took place on 6 March 2014. The chief executive’s appraisal was held with the chairman, while the chairman’s appraisal was held with the chair of the NHS Trust Development Authority. The chairman appraises non-executive directors and the chief executive appraises executive directors on an annual basis. All Board members received an appraisal in 2013/14, including a review of progress against prior year objectives and setting new objectives for the year ahead. The output of the review of executives’ performance against objectives was reported to the Trust’s Remuneration Committee for review, in line with the committee’s terms of reference.

In 2013/14, a 360 degree feedback exercise was introduced in order to capture perceptions of executive directors’ personal effectiveness from peers and others in the organisation. In 2015/16 the Trust will fully implement a new performance and appraisal system linking performance with payment for all its employees (with this approach being implemented in shadow form during 2014/15).

**Risk management and systems of control**

The Trust Board is accountable for delivery of the Trust’s objectives and robust risk reporting is a key aspect of this. Approval of the Trust’s Risk Management Policy is reserved to the Trust Board.

The Board Assurance Framework sets out the principal risks to achievement of the Trust’s objectives, while the Annual Governance Statement (included in Appendix 1) provides a year-end assessment of the Trust’s systems of control and key issues that materialised during the year, thereby informing plans for 2013/14. The following were identified as the principal risks to the Trust objectives (scores shown are risk scores as at March 2014) in the Board Assurance Framework on page 94.

The entries describe the key risks relating to the Trust’s operational, clinical quality, financial, workforce, strategic and academic objectives. These risks were identified through review of the Trust’s main risk reporting tool (the risk register) and through discussions with Board directors. The Board Assurance Framework includes an explicit link between these high level risks and related high risks appearing on the risk register. Although the Trust Board owns the Board Assurance Framework, the executive Risk Management Committee, chaired by the chief executive, plays a key role in monitoring the key risks to the organisation, with the Board seeking assurances directly or through its assurance committees (with specific roles as outlined above).

Risk management, as a process used within the organisation to ensure we achieve our objectives, requires sustained application in order to identify and mitigate risks in a timely manner.
Historically, and at present, the risk register is reactive, an event happens and the controls in place are not adequate to mitigate the risk to a low level - further reduction is often needed. A number of risks rely heavily on support from external stakeholders to help change the health care processes in operation, for example in community care settings. These risks take longer to manage to a satisfactory level.

Internally, we have recognised that front line ward and departmental managers are working hard, and are being successful at managing patient risks, falls, pressure ulcers and episodes of cross infection. The CQC also recognised this during their hospital inspection at the end of 2013. Where we do less well is with risks that impact on a service group.

The Trust is now working hard at ensuring service line managers and general managers develop and improve their management of risk. Group workshops are held regularly with these managers to ensure they understand the concepts of risk assessment and mitigation and can apply these in their day to day work ensuring patients receive the best possible care we can offer.

Through regular risk reviews and risk theming we are better placed to understand the scope of risks that we face and where for example, additional funding may be needed to upgrade medical devices. Risk management is an iterative process and must be part of everyday business.

**Board members - interests, gifts and hospitality and expenses**

The following steps are taken to assist transparency:

- The Annual Report (finance section) includes details of all non-executive director and executive director remuneration including any related pensions or other benefits
- The Annual Report (finance section) includes details of all non-executive director and executive director interests or related party transactions. As a standing item at every Board and Board Committee meeting, members are asked to declare any new interests and these are minuted
- The Trust publishes details of all non-executive director and executive director expenses on its website on a six-monthly basis
- The Trust Office maintains a database of all gifts and hospitality offered and/or accepted during the year.
Financial review
Financial review
Financial director’s report 2013/14

The Trust has been through a challenging year financially. We have moved to a Payment by Results contract that will ensure that the Trust is rewarded for the efficiency and quality improvements that are taking place, and bring us into line with the majority of NHS trusts and foundation trusts.

Combined with the continuingly increasing pressure on NHS resources, the drive for £20 billion worth of efficiencies by 2015/16 across the NHS, and the developing health system, circumstances have created a series of complex challenges that the Trust, and wider healthcare community, have had to navigate our way through.

Following the deficit in the first quarter of 2013/14, the Trust decided to put itself into informal turnaround and published the turnaround plan in September 2013. It provided details of the structures and process to be used to develop the cost improvement programme, and the continued focus on improving the quality of service for our patients. The plan also set out our aim not to exceed a £50m deficit by the yearend and a return to breakeven in 2015/16.

Whilst it is disappointing to report a year end deficit, it is pleasing to be able to state that significant progress has been made which meant the deficit did not reach the £50m forecast in the turnaround plan, but improved to £38m in year. Within the year, the Trust made savings of £58.9m in getting to this position. The underlying position of a £48m deficit remains problematic and is being addressed as part of the turnaround programme.

Last year’s report also stated that there would be significant challenges in 2013/14 to achieve a higher level of savings, nevertheless by working closely with clinicians the Trust delivered more savings this year than in 2012/13. However, the level of savings achieved was below the target that the Trust set itself. Most importantly, the Trust established a comprehensive quality impact assessment process to ensure clinical sign off for all efficiency improvements.

In the next year the challenge to improve the underlying income and expenditure position continues for the Trust. Therefore we will need to ensure that savings are identified from across the Trust and embedded with further efficiencies being identified and contributing to the cost improvement requirement.

As we go forward we will also wish to focus on developing strategies that maintain high quality care for the patient and deliver the best value for money for the local health economy by continuing to foster a positive relationship with both commissioners and clinicians.

Mark Ogden
chief financial officer
Summary financial statements 2013/14

These accounts for the year ended 31 March 2014 have been prepared by the Barts Health NHS Trust under section 232, schedule 15, of the National Health Service Act 2006, in the form which the Secretary of State has, with the approval of the Treasury, directed.

The summary financial statements might not contain sufficient information for a full understanding of the entity's financial position and performance. The full annual accounts can be obtained from the chief financial officer, at 9 Prescot Street, London E1 8PR or from our website at www.bartshealth.nhs.uk

Peter Morris     Mark Ogden
chief executive    chief financial officer

Statement of the chief executive’s responsibilities as the accountable officer of the Trust

The chief executive of the NHS Trust Development Authority has designated that the chief executive should be the accountable officer to the Trust. The relevant responsibilities of accountable officers are set out in the Accountable Officers Memorandum issued by the chief executive of the NHS Trust Development Authority. These include ensuring that:

▶ there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
▶ value for money is achieved from the resources available to the trust;
▶ the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
▶ effective and sound financial management systems are in place; 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.

Peter Morris
chief executive
Independent auditor’s report to the directors of Barts Health NHS Trust

We have audited the financial statements of Barts Health NHS Trust for the year ended 31 March 2014 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers’ Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the remuneration report that is subject to audit, being:
- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the table of pay multiples and related narrative notes.

This report is made solely to the board of directors of Barts Health NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust’s directors and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of directors and auditor

As explained more fully in the Statement of Directors’ Responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements and for being satisfied that they 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 also require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

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 Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report 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.

Opinion on financial statements

In our opinion the financial statements:
- give a true and fair view of the financial position of Barts Health NHS Trust as at 31 March 2014 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.
Opinion on other matters

In our opinion:

▶ the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
▶ the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We report to you if:

▶ in our opinion the governance statement does not reflect compliance with the Trust Development Authority's Guidance
▶ we refer the matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have 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; or
▶ we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

Conclusion on the Trust’s arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditor

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. 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 review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2013, as to whether the Trust has proper arrangements for:
The Audit Commission has determined these two criteria as those 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 2014.

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.

**Basis for qualified conclusion**

In seeking to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, we have considered the following matter in relation to financial resilience:

- The Trust delivered a deficit of £38.3 million in 2013-14 and is projecting a deficit of £44.8 million for 2014-15. The deficit plans in both years have been agreed with relevant stakeholders and include the provision of additional cash support and liquidity requirements.

**Qualified conclusion**

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2013, with the exception of the matter reported in the basis for qualified conclusion paragraph above, we are satisfied that in all significant respects Barts Health NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2014.

**Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to provide assurance over the Trust’s annual quality account. We are satisfied that this work does not have a material effect on the financial statements or on our value for money conclusion.

Paul Dossett
Partner, for and on behalf of Grant Thornton UK LLP, Appointed Auditor

Grant Thornton House
Melton Street
London
NW1 2EP

4 June 2014
<table>
<thead>
<tr>
<th></th>
<th>2013/14 £000s</th>
<th>2012/13 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td><strong>Gross employee benefits</strong></td>
<td>(721,153)</td>
<td>(732,202)</td>
</tr>
<tr>
<td><strong>Other operating costs</strong></td>
<td>(634,128)</td>
<td>(597,254)</td>
</tr>
<tr>
<td><strong>Revenue from patient care activities</strong></td>
<td>1,041,783</td>
<td>1,044,075</td>
</tr>
<tr>
<td><strong>Other Operating revenue</strong></td>
<td>246,389</td>
<td>280,263</td>
</tr>
<tr>
<td><strong>Operating deficit</strong></td>
<td>(67,109)</td>
<td>(5,118)</td>
</tr>
<tr>
<td><strong>Investment revenue</strong></td>
<td>307</td>
<td>208</td>
</tr>
<tr>
<td><strong>Other gains</strong></td>
<td>24</td>
<td>275</td>
</tr>
<tr>
<td><strong>Finance costs</strong></td>
<td>(45,061)</td>
<td>(43,885)</td>
</tr>
<tr>
<td><strong>Deficit for the financial year</strong></td>
<td>(111,839)</td>
<td>(48,520)</td>
</tr>
<tr>
<td><strong>Public dividend capital dividends payable</strong></td>
<td>(693)</td>
<td>(717)</td>
</tr>
<tr>
<td><strong>Retained deficit for the year</strong></td>
<td>(112,532)</td>
<td>(49,237)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairments and reversals taken to the Revaluation Reserve</td>
<td>(2,931)</td>
<td>0</td>
</tr>
<tr>
<td>Net gain on revaluation of property, plant &amp; equipment</td>
<td>131,757</td>
<td>26,167</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income for the year</strong></td>
<td>16,294</td>
<td>(23,070)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial performance for the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained deficit for the year</td>
<td>(112,532)</td>
<td>(49,237)</td>
</tr>
<tr>
<td>IFRIC 12 adjustment (including IFRIC 12 impairments)</td>
<td>49,988</td>
<td>11,633</td>
</tr>
<tr>
<td>Impairments (excluding IFRIC 12 impairments)</td>
<td>20,914</td>
<td>33,132</td>
</tr>
<tr>
<td>Adjustment for the donated gov’t grant asset reserve elimination</td>
<td>3,360</td>
<td>4,881</td>
</tr>
<tr>
<td><strong>Adjusted retained (deficit) / surplus</strong></td>
<td>(38,270)</td>
<td>409</td>
</tr>
</tbody>
</table>
**Statement of financial position as at 31 March 2014**

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td><strong>Non-current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>1,218,021</td>
<td>1,037,278</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>1,722</td>
<td>1,875</td>
</tr>
<tr>
<td>Investment property</td>
<td>2,049</td>
<td>1,862</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>7,052</td>
<td>6,281</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>1,228,844</td>
<td>1,047,296</td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>16,891</td>
<td>17,349</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>149,935</td>
<td>79,724</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>30,478</td>
<td>66,789</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>197,304</td>
<td>163,862</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,426,148</td>
<td>1,211,158</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(196,708)</td>
<td>(158,067)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(16,398)</td>
<td>(16,458)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(18,456)</td>
<td>(18,473)</td>
</tr>
<tr>
<td>Working capital loan from Department</td>
<td>(4,240)</td>
<td>(4,240)</td>
</tr>
<tr>
<td>Capital loan from Department</td>
<td>(1,008)</td>
<td>(1,208)</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>(236,810)</td>
<td>(198,446)</td>
</tr>
<tr>
<td><strong>Net current liabilities</strong></td>
<td>(39,506)</td>
<td>(34,584)</td>
</tr>
<tr>
<td><strong>Non-current assets plus/less net current assets/liabilities</strong></td>
<td>1,189,338</td>
<td>1,012,712</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>(15,268)</td>
<td>(15,043)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(907,571)</td>
<td>(847,079)</td>
</tr>
<tr>
<td>Working capital loan from the Department of Health</td>
<td>(4,240)</td>
<td>(8,480)</td>
</tr>
<tr>
<td>Capital loan from the Department of Health</td>
<td>(4,447)</td>
<td>(5,455)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>(931,526)</td>
<td>(876,057)</td>
</tr>
<tr>
<td><strong>Total Assets Employed:</strong></td>
<td>257,812</td>
<td>136,655</td>
</tr>
<tr>
<td>Financed by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taxpayers’ Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Dividend Capital</td>
<td>215,920</td>
<td>159,725</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>(124,057)</td>
<td>(49,237)</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>165,949</td>
<td>26,167</td>
</tr>
<tr>
<td><strong>Total Taxpayers’ Equity</strong></td>
<td>257,812</td>
<td>136,655</td>
</tr>
</tbody>
</table>

Peter Morris, chief executive   Date:
## Statement of changes in taxpayers’ equity for the year ended 31 March 2014

<table>
<thead>
<tr>
<th>Public Dividend capital £000s</th>
<th>Retained earnings £000s</th>
<th>Revaluation reserve £000s</th>
<th>Total reserves £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 April 2013</strong></td>
<td>159,725</td>
<td>(49,237)</td>
<td>26,167</td>
</tr>
<tr>
<td>Retained deficit for the year</td>
<td>0</td>
<td>(112,532)</td>
<td>0</td>
</tr>
<tr>
<td>Net gain on revaluation of property, plant, equipment</td>
<td>0</td>
<td>0</td>
<td>131,757</td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>0</td>
<td>0</td>
<td>(2,931)</td>
</tr>
<tr>
<td>Transfers under Modified Absorption Accounting - PCTs &amp; SHAs</td>
<td>0</td>
<td>48,481</td>
<td>0</td>
</tr>
<tr>
<td>New PDC Received - Cash</td>
<td>54,289</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New PDC Received - PCTs and SHAs Legacy items paid for by Department of Health</td>
<td>1,906</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Movements</td>
<td>0</td>
<td>0</td>
<td>187</td>
</tr>
<tr>
<td><strong>Net recognised revenue/(expense) for the year</strong></td>
<td>56,195</td>
<td>(64,051)</td>
<td>129,013</td>
</tr>
<tr>
<td>Transfers between reserves in respect of modified absorption - PCTs &amp; SHAs</td>
<td>0</td>
<td>(10,769)</td>
<td>10,769</td>
</tr>
<tr>
<td><strong>Balance at 31 March 2014</strong></td>
<td>215,920</td>
<td>(124,057)</td>
<td>165,949</td>
</tr>
</tbody>
</table>
Statement of cash flows for the year ended 31 March 2014

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2013/14 £000s</th>
<th>2012/13 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating deficit</td>
<td>(67,109)</td>
<td>(5,118)</td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td>50,055</td>
<td>50,612</td>
</tr>
<tr>
<td>Impairments and Reversals</td>
<td>70,902</td>
<td>44,765</td>
</tr>
<tr>
<td>Donated Assets received credited to revenue but non-cash</td>
<td>(2,561)</td>
<td>(1,295)</td>
</tr>
<tr>
<td>Interest Paid</td>
<td>(44,670)</td>
<td>(42,962)</td>
</tr>
<tr>
<td>Dividend refunded / (paid)</td>
<td>369</td>
<td>(1,467)</td>
</tr>
<tr>
<td>Decrease / (increase) in Inventories</td>
<td>458</td>
<td>(824)</td>
</tr>
<tr>
<td>(Increase)/Decrease in Trade and Other Receivables</td>
<td>(71,341)</td>
<td>12,905</td>
</tr>
<tr>
<td>Increase in Trade and Other Payables</td>
<td>22,063</td>
<td>10,057</td>
</tr>
<tr>
<td>Increase in Other Current Liabilities</td>
<td>0</td>
<td>(1,660)</td>
</tr>
<tr>
<td>Provisions Utilised</td>
<td>(4,381)</td>
<td>(11,233)</td>
</tr>
<tr>
<td>Increase in Provisions</td>
<td>2,641</td>
<td>2,984</td>
</tr>
<tr>
<td><strong>Net Cash (outflow) / inflow from operating activities</strong></td>
<td><strong>(43,574)</strong></td>
<td><strong>56,764</strong></td>
</tr>
</tbody>
</table>

| Cash flows from investing activities | |
|-------------------------------------|----------------|----------------|
| Interest Received                   | 307            | 208            |
| Payments for Property, Plant and Equipment | (24,919) | (31,266) |
| Payments for Intangible Assets       | (256)          | (1,056)        |
| Proceeds of disposal of assets held for sale (PPE) | 24 | 275 |
| **Net cash inflow from investing activities** | **(24,844)** | **(31,839)** |

<table>
<thead>
<tr>
<th>Net cash (outflow) / inflow before financing</th>
<th>2013/14 £000s</th>
<th>2012/13 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net cash (outflow) / inflow before financing</strong></td>
<td><strong>(68,418)</strong></td>
<td><strong>24,925</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from financing activities</th>
<th>2013/14 £000s</th>
<th>2012/13 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Dividend Capital Received</td>
<td>56,195</td>
<td>13,870</td>
</tr>
<tr>
<td>Loans repaid to DH - Capital Investment Loans - repayment of principal</td>
<td>(1,208)</td>
<td>(1,208)</td>
</tr>
<tr>
<td>Loans repaid to DH - Revenue Support Loans</td>
<td>(4,240)</td>
<td>(16,901)</td>
</tr>
<tr>
<td>Capital Element of payments for finance leases and On-SoFP PFI</td>
<td>(18,640)</td>
<td>(16,758)</td>
</tr>
<tr>
<td><strong>Net cash Inflow/(outflow) from financing activities</strong></td>
<td><strong>32,107</strong></td>
<td><strong>(20,997)</strong></td>
</tr>
</tbody>
</table>

| Net (decrease) / increase in cash and cash equivalents | |
|--------------------------------------------------------|----------------|----------------|
| **Net (decrease) / increase in cash and cash equivalents** | **(36,311)** | **3,928** |

<table>
<thead>
<tr>
<th>Cash and cash equivalents at beginning of the period</th>
<th>66,789</th>
<th>62,861</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and cash equivalents at year end</strong></td>
<td><strong>30,478</strong></td>
<td><strong>66,789</strong></td>
</tr>
</tbody>
</table>

Note: Should the Trust have cash funds available for investment, the trust would only invest with the National Loans Fund.
The Better Payment Practice Code requires the Trust to aim to pay all valid non NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust has not signed up to the Prompt Payment Code.

### Sources of income

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>NHS patient care income</td>
<td>1,016,184</td>
<td>1,032,941</td>
</tr>
<tr>
<td>Non-NHS patient care income</td>
<td>25,599</td>
<td>11,134</td>
</tr>
<tr>
<td></td>
<td><strong>1,041,783</strong></td>
<td><strong>1,044,075</strong></td>
</tr>
<tr>
<td>Recoveries in respect of employee benefits</td>
<td>4,239</td>
<td>4,988</td>
</tr>
<tr>
<td>Education, training and research</td>
<td>156,490</td>
<td>148,573</td>
</tr>
<tr>
<td>Charitable and other contributions to revenue expenditure - NHS</td>
<td>86</td>
<td>87</td>
</tr>
<tr>
<td>Receipt of donations for capital acquisitions - NHS Charity</td>
<td>2,561</td>
<td>1,295</td>
</tr>
<tr>
<td>Non-patient care services to other bodies</td>
<td>8,411</td>
<td>11,085</td>
</tr>
<tr>
<td>Income generation</td>
<td>3,254</td>
<td>3,254</td>
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<tr>
<td>Rental revenue from operating leases</td>
<td>523</td>
<td>535</td>
</tr>
<tr>
<td>Other revenue</td>
<td>70,825</td>
<td>110,446</td>
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<tr>
<td></td>
<td><strong>246,389</strong></td>
<td><strong>280,263</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1,288,172</strong></td>
<td><strong>1,324,338</strong></td>
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</table>

During 2013/14 the Trust received significant income (over £25m) from the following organisations:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>£000s</th>
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</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>39,351</td>
</tr>
<tr>
<td>Health Education England</td>
<td>90,903</td>
</tr>
<tr>
<td>Newham CCG</td>
<td>175,906</td>
</tr>
<tr>
<td>NHS England</td>
<td>372,503</td>
</tr>
<tr>
<td>Redbridge CCG</td>
<td>56,602</td>
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<tr>
<td>Tower Hamlets CCG</td>
<td>187,222</td>
</tr>
<tr>
<td>Waltham Forest CCG</td>
<td>137,618</td>
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</table>
### Operating expenses

<table>
<thead>
<tr>
<th></th>
<th>2013/14 £000s</th>
<th>2012/13 £000s</th>
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</thead>
<tbody>
<tr>
<td><strong>Services from NHS bodies</strong>*</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Services from CCGs/NHS England</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Services from Primary Care Trusts</td>
<td>0</td>
<td>129</td>
</tr>
<tr>
<td>Services from other NHS Trusts</td>
<td>0</td>
<td>164</td>
</tr>
<tr>
<td>Services from NHS Foundation Trusts</td>
<td>923</td>
<td>220</td>
</tr>
<tr>
<td>Services from other NHS bodies</td>
<td>0</td>
<td>144</td>
</tr>
<tr>
<td><strong>Board costs and employee benefits</strong></td>
<td></td>
<td></td>
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<tr>
<td>Employee benefits excluding Board members</td>
<td>718,978</td>
<td>730,438</td>
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<tr>
<td>Board members</td>
<td>2,175</td>
<td>1,764</td>
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<tr>
<td>Trust chair and non-executive directors</td>
<td>67</td>
<td>66</td>
</tr>
<tr>
<td><strong>Clinical services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and services - clinical</td>
<td>229,479</td>
<td>225,067</td>
</tr>
<tr>
<td>Clinical negligence</td>
<td>20,556</td>
<td>21,034</td>
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<tr>
<td>Purchase of healthcare from non-NHS bodies</td>
<td>2,512</td>
<td>5,899</td>
</tr>
<tr>
<td><strong>Non clinical services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and services - general</td>
<td>76,779</td>
<td>77,472</td>
</tr>
<tr>
<td>Premises</td>
<td>73,690</td>
<td>72,523</td>
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<tr>
<td>Establishment</td>
<td>6,681</td>
<td>8,828</td>
</tr>
<tr>
<td>Transport</td>
<td>3,534</td>
<td>8,712</td>
</tr>
<tr>
<td><strong>Depreciation, amortisation and impairments (property)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>49,646</td>
<td>50,349</td>
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<tr>
<td>Amortisation</td>
<td>409</td>
<td>263</td>
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<tr>
<td>Impairments and reversals of property, plant and equipment</td>
<td>70,902</td>
<td>44,627</td>
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<tr>
<td>Impairments and reversals of investment properties</td>
<td>0</td>
<td>138</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
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<tr>
<td>Research and development (excluding staff costs)</td>
<td>40,001</td>
<td>32,171</td>
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<tr>
<td>Consultancy services</td>
<td>20,523</td>
<td>14,986</td>
</tr>
<tr>
<td>Impairments and reversals of receivables</td>
<td>11,507</td>
<td>4,709</td>
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<tr>
<td>Education and training</td>
<td>3,491</td>
<td>3,035</td>
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<tr>
<td>Legal Fees</td>
<td>788</td>
<td>2,011</td>
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<tr>
<td>Change in discount rate</td>
<td>654</td>
<td>906</td>
</tr>
<tr>
<td>Insurance</td>
<td>248</td>
<td>828</td>
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<tr>
<td>Hospitality</td>
<td>51</td>
<td>163</td>
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<tr>
<td>Audit fees</td>
<td>252</td>
<td>252</td>
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<tr>
<td>Other auditor’s remuneration</td>
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<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>21,435</td>
<td>22,544</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>1,355,281</td>
<td>1,329,456</td>
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</table>
### Declaration of interests of senior managers

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Interest in other organisation</th>
<th>Name of organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professor Joanne Martin</strong></td>
<td>director of academic health sciences</td>
<td>national clinical director of pathology</td>
<td>NHS Commissioning Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>spouse is employed as a partner</td>
<td>PricewaterhouseCoopers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>employee</td>
<td>Queen Mary University of London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>director</td>
<td>Bio Moti Ltd</td>
</tr>
<tr>
<td><strong>Mr Ian Walker</strong></td>
<td>director of corporate affairs and trust secretary</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td><strong>Professor Kay Riley</strong></td>
<td>chief nurse</td>
<td>member</td>
<td>NCEL Local Education and Training Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>honorary visiting professor</td>
<td>City University</td>
</tr>
<tr>
<td><strong>Mr Peter Morris</strong></td>
<td>chief executive</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td><strong>Sir Stephen O'Brien</strong></td>
<td>chairman</td>
<td>deputy chairman</td>
<td>Woods River Cruises</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deputy chairman</td>
<td>Water City Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>founding ambassador</td>
<td>Teach First</td>
</tr>
<tr>
<td></td>
<td></td>
<td>promoter and director</td>
<td>Sports and Health Partnership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>member, Advisory Board</td>
<td>Community Security Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>president</td>
<td>Proshanti</td>
</tr>
<tr>
<td></td>
<td></td>
<td>member, President's Committee</td>
<td>Young Epilepsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>trustee</td>
<td>Mayor’s Fund for London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>chair of Taskforce for Mental Health and Society</td>
<td>Labour Party</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vice president</td>
<td>Business in the Community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>trustee</td>
<td>Barts Charity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>promoter</td>
<td>Adab Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>trustee</td>
<td>High Street Fund</td>
</tr>
<tr>
<td><strong>Dr Steve Ryan</strong></td>
<td>medical director</td>
<td>trustee</td>
<td>SANDS UK</td>
</tr>
<tr>
<td><strong>Mr Gautam Dalal</strong></td>
<td>non-executive director</td>
<td>director</td>
<td>AMREF International</td>
</tr>
<tr>
<td></td>
<td></td>
<td>board member</td>
<td>AMREF UK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>trustee, chair of finance committee, chair of audit committee</td>
<td>National Gallery</td>
</tr>
<tr>
<td>Name</td>
<td>Designation</td>
<td>Interest in other organisation</td>
<td>Name of organisation</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Mr Philip Wright</td>
<td>non-executive director</td>
<td>member of Audit Committee and member of Governing Body (since 21/02/11)</td>
<td>SOAS (School of Oriental and African Studies)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Honorary Treasurer (since 08/12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>chair</td>
<td>AMREF UK</td>
</tr>
<tr>
<td>Mr Alastair Camp</td>
<td>non-executive director</td>
<td>council member</td>
<td>Goldsmith’s College, University of London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>trustee</td>
<td>Common Purpose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>chairman</td>
<td>Better Food Foundation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>director</td>
<td>Allia</td>
</tr>
<tr>
<td>Professor Richard</td>
<td>non-executive director</td>
<td>vice principal and executive dean (Health) of Barts and The London School of Medicine and Dentistry</td>
<td>Queen Mary University of London</td>
</tr>
<tr>
<td>Trembath</td>
<td></td>
<td>chair, Tower Hamlets Integrated Care Board</td>
<td></td>
</tr>
<tr>
<td>Mr Luke Readman</td>
<td>non-executive director</td>
<td>chairman, IFS pension fund</td>
<td>Institute of Financial Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>magistrate</td>
<td>North West London Local Justice Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>member of Tower Hamlets Health and Wellbeing Board</td>
<td>Tower Hamlets Borough Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>chair, Tower Hamlets Integrated Care Board</td>
<td></td>
</tr>
<tr>
<td>Mr Mark Ogden</td>
<td>chief financial officer</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td>Ms Frances O'Callaghan</td>
<td>director of strategy</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td>Mr Michael Pantlin</td>
<td>director of human resources</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td>Ms Anne Whitaker</td>
<td>non-executive director</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>director</td>
<td>Aphrodite Property Company Ltd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>board member</td>
<td>IPSA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>director</td>
<td>Markel Europe PLC</td>
</tr>
<tr>
<td>Name</td>
<td>Designation</td>
<td>Interest in other organisation</td>
<td>Name of organisation</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>director</td>
<td></td>
<td>Markel International Insurance Company Ltd</td>
</tr>
<tr>
<td></td>
<td>director</td>
<td></td>
<td>RSE Ltd</td>
</tr>
<tr>
<td></td>
<td>director</td>
<td></td>
<td>WHR Consulting Ltd</td>
</tr>
<tr>
<td>Mrs Tessa Green</td>
<td>non-executive director (since 01/09/13)</td>
<td>member</td>
<td>Big Society Forum Advisory Board</td>
</tr>
<tr>
<td></td>
<td>trustee</td>
<td></td>
<td>The Royal Foundation of the Duke and Duchess</td>
</tr>
<tr>
<td></td>
<td>trustee</td>
<td></td>
<td>The Diana, Princess of Wales memorial fund</td>
</tr>
<tr>
<td></td>
<td>director</td>
<td></td>
<td>Tangent Industries Limited</td>
</tr>
<tr>
<td></td>
<td>director</td>
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<td>Tangent Group Limited</td>
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<tr>
<td></td>
<td>director</td>
<td></td>
<td>Tangent Estates Limited</td>
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<td>trustee</td>
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<td>Tangent Charitable Trust</td>
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<tr>
<td></td>
<td>trustee (to 31/3/14)</td>
<td></td>
<td>Royal Botanic Gardens at Kew</td>
</tr>
<tr>
<td></td>
<td>association member - 01/09/13, medical advisory panel member - 20/09/13</td>
<td></td>
<td>BUPA</td>
</tr>
<tr>
<td></td>
<td>member</td>
<td></td>
<td>Independent Reconfiguration Panel</td>
</tr>
<tr>
<td></td>
<td>non-executive director</td>
<td></td>
<td>Pets at Home PLC</td>
</tr>
<tr>
<td>Mr Mark Cubbon</td>
<td>director of delivery (since 01/10/13)</td>
<td>No interests declared</td>
<td></td>
</tr>
<tr>
<td>Dr Thoreya Swage</td>
<td>non-executive director (since 03/02/14)</td>
<td>director</td>
<td>Thoreya Swage Ltd</td>
</tr>
<tr>
<td></td>
<td>director</td>
<td></td>
<td>iHealth Partnership</td>
</tr>
<tr>
<td></td>
<td>associate</td>
<td></td>
<td>Patient Access</td>
</tr>
<tr>
<td></td>
<td>member</td>
<td></td>
<td>Patient Safety Committee</td>
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</table>
## Remuneration report

<table>
<thead>
<tr>
<th>Name</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Salary (£5,000)</td>
<td>(b) Expense payments (£100)</td>
</tr>
<tr>
<td>Sir Stephen O'Brien</td>
<td>20 to 25</td>
<td>0</td>
</tr>
<tr>
<td>Mr Gautam Dalal</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Mr Philip Wright</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Ms Sally James</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Prof Richard Trembath</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Mrs Millie Banerjee</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Mr Alastair Camp</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Ms Anne Whitaker</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Mrs Tessa Green (until 31/12/13)</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Dr Thoreya Swage (from 03.02.2014)</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Mr Peter Morris</td>
<td>275 to 280</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Ogden</td>
<td>205 to 210</td>
<td>36,200</td>
</tr>
<tr>
<td>Mr Len Richards (until 08/11/13)</td>
<td>115 to 120</td>
<td>22,700</td>
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<tr>
<td>Dr Steve Ryan</td>
<td>175 to 180</td>
<td>0</td>
</tr>
<tr>
<td>Prof Kay Riley</td>
<td>170 to 175</td>
<td>200</td>
</tr>
<tr>
<td>Mr Luke Readman</td>
<td>160 to 165</td>
<td>0</td>
</tr>
<tr>
<td>Mr Michael Pantlin</td>
<td>145 to 150</td>
<td>0</td>
</tr>
<tr>
<td>Ms Frances O’Callaghan</td>
<td>145 to 150</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Cubbon (since 01/10/13)</td>
<td>55 to 60</td>
<td>0</td>
</tr>
<tr>
<td>Prof Joanne Martin</td>
<td>85 to 90</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ian Walker</td>
<td>100 to 105</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Sir Stephen O’Brien</td>
<td>20 to 25</td>
<td>0</td>
</tr>
<tr>
<td>Mr Gautam Dalal</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Mr Philip Wright</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Ms Sally James</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Prof Richard Trembath</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Mrs Millie Banerjee</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Mr Alastair Camp</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Ms Anne Whitaker</td>
<td>5 to 10</td>
<td>0</td>
</tr>
<tr>
<td>Mrs Tessa Green (since 01/09/13)</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Dr Thoreya Swage (from 03.02.2014)</td>
<td>0 to 5</td>
<td>0</td>
</tr>
<tr>
<td>Mr Peter Morris</td>
<td>275 to 280</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Ogden</td>
<td>205 to 210</td>
<td>36,200</td>
</tr>
<tr>
<td>Mr Len Richards (until 08/11/13)</td>
<td>115 to 120</td>
<td>22,700</td>
</tr>
<tr>
<td>Dr Steve Ryan</td>
<td>175 to 180</td>
<td>0</td>
</tr>
<tr>
<td>Prof Kay Riley</td>
<td>170 to 175</td>
<td>200</td>
</tr>
<tr>
<td>Mr Luke Readman</td>
<td>160 to 165</td>
<td>0</td>
</tr>
<tr>
<td>Mr Michael Pantlin</td>
<td>145 to 150</td>
<td>0</td>
</tr>
<tr>
<td>Ms Frances O’Callaghan</td>
<td>145 to 150</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Cubbon (since 01/10/13)</td>
<td>55 to 60</td>
<td>0</td>
</tr>
<tr>
<td>Prof Joanne Martin</td>
<td>85 to 90</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ian Walker</td>
<td>100 to 105</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
</tbody>
</table>

* Amounts are for the salary paid during the year and are not necessarily the senior manager’s annual salary.

Expense payments (taxable benefits): This relates to accommodation allowance and miscellaneous travel expenses.

Performance pay and bonuses: This relates to clinical excellence award.
Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation’s workforce. The banded remuneration of the highest paid director in Barts Health NHS Trust in the financial year 2013/14 was £275k to £280k (2012/13, £275 to 280). This was 7.3 times the median remuneration of the workforce, which was £38k (2012/13 £38k).

In 2013/14, no employees received remuneration in excess of the highest paid director (this was the same in 2012/13). Remuneration ranged from the bands £15k-£20k to £275k-£280k (2012/13 £15k-£20k to £275k-£280k).

Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind as well as severance payments. It does not include employer pension contributions or the cash equivalent transfer value of pensions.
## Pension benefits

<table>
<thead>
<tr>
<th>Name</th>
<th>Real increase in Pension at age 60 (bands of £2,500)</th>
<th>Real increase in Pension lump sum at age 60 (bands of £2,500)</th>
<th>Total accrued pension at age 60 at 31 March 2014 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2014</th>
<th>Real increase in Cash Equivalent Transfer Value at 31 March 2013</th>
<th>Cash Equivalent Transfer Value at 31 March 2013</th>
<th>Employer's contribution to stakeholder pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Peter Morris chief executive</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Mr Mark Ogden chief financial officer</td>
<td>2.5 to 5</td>
<td>7.5 to 10</td>
<td>40 to 45</td>
<td>130 to 135</td>
<td>918</td>
<td>814</td>
<td>85</td>
<td>0</td>
</tr>
<tr>
<td>Mr Len Richards chief operating officer (until 08/11/13)</td>
<td>0 to -2.5</td>
<td>-2.5 to -5</td>
<td>35 to 40</td>
<td>115 to 120</td>
<td>698</td>
<td>687</td>
<td>-4</td>
<td>0</td>
</tr>
<tr>
<td>Dr Steve Ryan medical director</td>
<td>0 to 2.5</td>
<td>5 to 7.5</td>
<td>80 to 85</td>
<td>240 to 245</td>
<td>1,714</td>
<td>1,586</td>
<td>93</td>
<td>0</td>
</tr>
<tr>
<td>Prof Kay Riley chief nurse</td>
<td>0 to 2.5</td>
<td>2.5 to 5</td>
<td>60 to 65</td>
<td>185 to 190</td>
<td>1,044</td>
<td>970</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>Mr Luke Readman chief information officer</td>
<td>10 to 12.5</td>
<td>30 to 32.5</td>
<td>65 to 70</td>
<td>200 to 205</td>
<td>1,412</td>
<td>1,138</td>
<td>249</td>
<td>0</td>
</tr>
<tr>
<td>Mr Michael Pantlin director of human resources</td>
<td>5 to 7.5</td>
<td>3 to 5</td>
<td>10 to 15</td>
<td>105</td>
<td>62</td>
<td>42</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Ms Frances O’Callaghan director of strategy</td>
<td>5 to 7.5</td>
<td>17.5 to 20</td>
<td>35 to 40</td>
<td>110 to 115</td>
<td>557</td>
<td>445</td>
<td>103</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Cubbon director of delivery (from 01/10/13)</td>
<td>[1]</td>
<td>[1]</td>
<td>20 to 25</td>
<td>60 to 65</td>
<td>300</td>
<td>[1]</td>
<td>[1]</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ian Walker, director of corporate affairs/ trust secretary</td>
<td>0 to 2.5</td>
<td>2.5 to 5</td>
<td>5 to 10</td>
<td>25 to 30</td>
<td>147</td>
<td>122</td>
<td>22</td>
<td>0</td>
</tr>
</tbody>
</table>

[1] Individual was not in Director post with the Trust at 31 March 2013; comparative figures not available
[2] Individual is not an active member of the NHS Pension Scheme
[3] Individual is in the 2008 Section of the NHS Pension Scheme; lump sum will not be shown

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The above table shows payments made directly by the Trust to the relevant NHS Pensions Scheme as described.
## Exit packages

<table>
<thead>
<tr>
<th>Exit package cost band (including any special element)</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than £10,000</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>£10,000-£25,000</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>£25,001-£50,000</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>£50,001-£100,000</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>£100,001-£150,000</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>£150,001-£200,000</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>&gt;£200,000</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total number of exit packages by type</strong></td>
<td>35</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total resource cost (£000s)</strong></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

In 2013/14 there were four early retirements for the efficiency of the service (nil in 2012/13), at a cost of £195k (nil in 2012/13).
**Off payroll arrangements**

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

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of existing engagements as of 31/03/14</td>
</tr>
<tr>
<td><strong>Of which, the number that have existed:</strong></td>
</tr>
<tr>
<td>for less than one year at the time of reporting</td>
</tr>
<tr>
<td>for between one and two years at the time of reporting</td>
</tr>
<tr>
<td>for between 2 and 3 years at the time of reporting</td>
</tr>
<tr>
<td>for between 3 and 4 years at the time of reporting</td>
</tr>
<tr>
<td>for 4 or more years at the time of reporting</td>
</tr>
</tbody>
</table>

All existing off-payroll engagements have 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.

There have been no new off-payroll engagements between 1 April 2013 and 31 March 2014, for more than £220 per day and that have lasted longer than six months.

**Legacy balance transfers**

In accordance with the Health and Social Care Act 2012, Strategic Health Authorities and Primary Care Trusts were dissolved on 1 April 2013 and their assets and liabilities transferred to successor bodies in the NHS or to other entities.

Under the terms of the Property Transfer Scheme and supporting Schedules, a number of assets and liabilities were transferred from Tower Hamlets PCT to the Trust on that date. The most significant of these were:

<table>
<thead>
<tr>
<th>£000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mile End Hospital</td>
</tr>
<tr>
<td>Spitalfields Health Centre</td>
</tr>
<tr>
<td>Steels Lane Health Centre</td>
</tr>
</tbody>
</table>

These assets and liabilities are associated with the transfer of Community Health Services provided by Barts Health. The accounting arrangements in respect of these transfers are outlined in Note 1.3 of the Trust’s Annual Accounts.
Going concern

IAS 1 requires management to assess, as part of the accounts preparation process, the Trust’s ability to continue as a going concern. In the context of non-trading entities in the public sector the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector.

In preparing the financial statements the directors have considered the Trust’s overall financial position and expectation of future financial support. The Trust has submitted a financial plan for 2014/15 to the NHS Trust Development Authority (NHS TDA) which delivers a £44.8 million deficit after delivery of a £108.2 million savings programme which has been agreed by the Trust Board and is embedded in the budget. The plan includes a requirement for £75 million of cash support from the Department of Health to maintain the Trust’s cash flows in 2014/15.

The directors have received confirmation from the NHS TDA that it supports the Trust’s application for cash support and consider that there is sufficient evidence that the services this Trust provides will continue as a going concern for the foreseeable future.
Annual governance statement
1. Scope of responsibility

As accountable officer, and chief executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust’s policies, aims and objectives, whilst safeguarding the public funds and the organisation’s assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the accountable officer memorandum, including in relation to the production of statutory accounts, effective management systems, and regularity and propriety of expenditure.

As chief executive I am accountable to the Trust Board. I am also accountable, via the NHS accounting officer, to Parliament for the stewardship of resources within the Trust.

2. Governance framework of the organisation

The Trust’s governance framework and system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation’s policies, aims and objectives; and
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Barts Health NHS Trust for the year ended 31 March 2014. The Trust was established on 1 April 2012 following the merger of Barts and The London, Newham University Hospital and Whipps Cross University Hospital NHS Trusts. After a year of significant transition in 2012/13 as new systems of internal control and risk management were put in place across the new organisation, these have been further embedded during 2013/14.

Trust Board and committee structure

The Trust Board has met on a monthly basis. Voting members comprise the chair, seven non-executive directors and five executive directors (including the chief executive). Other executive directors are members of the Board in a non-voting capacity.

The role of the Trust Board is to govern the organisation effectively and in so doing to build public and stakeholder confidence that their health and healthcare is in safe hands and ensure that the Trust is providing safe, high quality, patient-centred care.

Trust Board meetings are held in public and the papers are available on the Trust website. The Board regularly reviews performance against national standards and regulatory requirements via an Integrated Performance Report and a summary of performance against these priorities in 2013/14 is included in the Trust’s Annual Report. The Board places a strong emphasis on the quality and safety of patient care and, in addition to
performance reports, regularly hears directly from patients and carers including through patient stories and ward and department visits.

The Trust Board approved the 2012/13 Barts Health Quality Account in June 2013, further to review by the Quality Assurance Committee. The accuracy of the Trust’s Quality Account is assured through internal review and data checking processes as part of the Trust’s data quality arrangements. The Trust’s External Auditors undertook an audit of the 2012/13 Quality Account and the findings are being taken into account for the production of the 2013/14 Quality Account which is due to be agreed by the Board in June 2014.

An externally-led diagnostic review of Board performance and effectiveness commissioned in 2012/13 was completed in the first half of 2013/14. The findings were grouped within the following three themes: strategy, risk and accountability; Board composition, dynamics, structure and reporting; and Board engagement.

Good progress was made during the second half of the year in addressing some of the key findings of the effectiveness review, particularly in relation to clinical strategy development, increasing Clinical Academic Group (CAG) accountability (including the decision to bring CAG directors into the executive team and streamlining the CAG structure with the merger of the Surgery and Cancer CAGs), appointing a non-executive director with a clinical background and increasing Board and executive visibility within the organisation. Priorities for 2014/15 are to further strengthen risk management arrangements, review the Board committee structure and reporting, and develop a more comprehensive communications and engagement strategy.

Alongside this, the Board itself will be participating during 2014/15 in a programme of leadership and culture change facilitated by the NHS Staff College, which will seek to explore and develop the culture of the Board, with a focus on behaviours, relationships and effective team working.

The Board has complied with the relevant aspects of the HM Treasury/Cabinet Office Corporate Governance Code.

With reference to the requirements of the Trust’s Standing Orders, the director of corporate affairs and trust secretary has assessed the arrangements for the discharge of statutory functions. No irregularities or gaps in legal compliance have been identified.
The principal committees established by the Trust Board to support it in undertaking its responsibilities are:

**Audit and Risk Committee**
The Audit and Risk Committee has overall responsibility for independently monitoring, reviewing and reporting to the Trust Board on all aspects of governance, risk management and internal control. It is supported in this role by the Quality Assurance Committee.

**Quality Assurance Committee**
The Quality Assurance Committee monitors, reviews and reports on the quality of services provided by the Trust. This includes the review of governance, risk management and internal control systems to ensure the delivery of safe, high quality, patient-centred care; quality indicators flagged as of concern through escalation reporting or as requested by the Trust Board; and progress in implementing action plans to address shortcomings in the quality of services, should they be identified.

**Remuneration Committee**
The Remuneration Committee determines the overall remuneration policy of the Trust; sets the remuneration, allowances and other terms and conditions of office for the Trust's executive directors; and recommends and monitors the structure of remuneration for senior managers.

**Nominations Committee**
The Nominations Committee has delegated authority from the Trust Board to appoint and remove the chief executive and, together with the chief executive, to appoint and remove the other executive directors.

**Finance and Investment Committee**
The Finance and Investment Committee undertakes on behalf of the Trust Board objective scrutiny of the Trust's financial plans, investment policy and major investment decisions. The Committee reviews the Trust's monthly financial performance and identifies the key issues and risks requiring discussion or decision by the Trust Board. During the year, there has been a significant focus on the Trust's financial turnaround programme, with increased frequency of meetings of the Finance and Investment Committee and the establishment of an executive Turnaround Board.

**Public Health and Equalities Committee**
The Public Health and Equalities Committee seeks assurance that the Trust is meeting its strategic objectives with regards to health inequalities, diversity and human rights; and oversees the objective of improving performance in closing the health inequalities gap in east London, engaging with a broad range of partners and stakeholders.

During the year, the chairs of Board committees reported on their discussions and drew issues to the attention of the Trust Board as appropriate through minutes, reports to each Board meeting and an annual report arrangement. For example, the Audit and Risk Committee maintained a close focus on the issue of salary overpayments and discussed the effectiveness of risk management arrangements, while the Quality Assurance Committee provided assurance to the Board on the quality impact assessment of cost improvement programmes and compliance with CQC standards and resulting actions.
Attendance at Trust Board and Board committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Number of meetings held</th>
<th>Average attendance rate in 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Board (Parts 1 and 2)</td>
<td>22</td>
<td>91%</td>
</tr>
<tr>
<td>Audit and Risk Committee</td>
<td>4</td>
<td>76%</td>
</tr>
<tr>
<td>Quality Assurance Committee</td>
<td>6</td>
<td>74%</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>4</td>
<td>81%</td>
</tr>
<tr>
<td>Nominations Committee</td>
<td>1</td>
<td>80%</td>
</tr>
<tr>
<td>Finance and Investment Committee</td>
<td>12</td>
<td>91%</td>
</tr>
<tr>
<td>Public Health and Equalities Committee</td>
<td>3</td>
<td>68%</td>
</tr>
</tbody>
</table>

A more detailed breakdown of attendance records by individual Trust Board members is provided on page 81.

3. The risk and control framework and risk assessment

As designated accountable officer, I have overall accountability for risk management in the Trust. The chief nurse leads on risk management issues at Board level.

Risk management framework

The Trust has a comprehensive risk management strategy and policy that was last reviewed and approved by the Board in December 2013 and is available to all staff on the Trust’s intranet site. It is also accessible on the Trust’s website.

The strategy and policy describes the Trust’s overall risk management strategy, responsibilities for risk at each level of the organisation, the risk management process and the Trust’s risk identification, evaluation and control system. The latter includes the 5x5 (impact x likelihood) risk matrix used to evaluate risks in the Trust.

The leadership framework for risk management is as follows:

- The Audit and Risk Committee meets four times a year and oversees the overall performance of the risk management system. It provides assurance to the Trust Board that effective governance, risk management and internal control systems are in place across the Trust’s activities. As noted above, a Board-level Quality Assurance Committee meets on a bi-monthly basis and monitors, reviews and reports on the quality of services provided by the Trust. It provides assurance to the Audit and Risk Committee and the Trust Board that effective arrangements are in place to ensure that the Trust’s services deliver safe, high quality, patient-centred care. Key risks are highlighted to and reviewed by the Trust Board both as part of its regular monitoring of performance and in the context of specific issues that arise.

- The Trust’s Risk Management Committee, which is chaired by the chief executive, provides executive oversight of risk management issues. The Risk Management Committee is responsible for ensuring the development and implementation of effective systems and processes for risk management at each level of the Trust and providing assurance to the Audit and Risk Committee that this is the case. Membership comprises a number of the Trust’s executive directors, the directors of nursing and governance for each of the Clinical Academic Groups (who lead on risk management at CAG level), the deputy chief nurse for quality and governance, the Trust’s risk manager and a representative from Internal Audit. Meetings are held six times a year.

- The Risk Management Committee reviews the Trust’s risk register on an ongoing basis. All
new risks with a proposed score of 15 and above (‘significant’) are reviewed by the Risk Management Committee. The Committee also undertakes a rolling review of Clinical Academic Group (CAG) and corporate directorate risks with a score of 12 (‘high’) and above and those risks with high consequence but low likelihood. A new standard risk reporting suite was introduced during the year, including key metrics on the timeliness of the review of risks and in mitigating risks to their target levels.

▶ The Risk Management team within the Nursing and Governance directorate is focused on integrated risk management – the process of identification, assessment, analysis and management of risks at every level in the organisation and the aggregation of results at a corporate level.

▶ The director of corporate affairs is the Trust’s senior information risk owner (SIRO). Working closely with the chief nurse as the executive director lead for risk and the medical director as Caldicott Guardian, the SIRO is responsible for taking ownership of information risk at Board level and advising the chief executive accordingly.

▶ For each of the Trust’s CAGs, the director of nursing and governance leads on governance and risk issues and is responsible for coordinating risk management processes within the CAG, including management of the CAG risk register. CAG Boards have responsibility for monitoring, managing and where necessary escalating risks on their risk registers. Risk training has been undertaken with CAGs during the year to help strengthen risk identification, evaluation and monitoring.

Risk management training is delivered to staff in accordance with the Trust’s risk management training needs analysis. This begins at corporate induction which all staff attend. There is clear guidance on the type of courses that staff need to attend and the frequency of attendance required. Attendance at mandatory risk management training courses is monitored and feedback given to CAGs and corporate directorates via a central monitoring database which allows corrective action to be taken by management teams as required and we are aiming to improve attendance rates. All Board members have received risk management training.

### Board Assurance Framework

The Board Assurance Framework is reviewed by the Risk Management Committee at each meeting and formally reviewed by the Trust Board at least three times a year. Risks on the Assurance Framework are assigned both a lead executive director and a lead Trust Board assurance committee and the respective committees review at each of their meetings progress against those risks assigned to the committee.
The principal risks on the Trust’s Board Assurance Framework as approved by the Board in the final quarter of 2013/14 are summarised at Appendix 1. The Board Assurance Framework is based around the Trust’s strategic objectives and is mapped to the Care Quality Commission essential standards of quality and safety. It identifies the principal risks to the achievement of those objectives, the key controls in place to manage those risks and the sources of assurance about the effectiveness of those controls. It also details some gaps in control and assurance in relation to the risks, including strategic objectives related to service delivery, workforce, finance, service transformation, infrastructure and information systems, together with actions to address them. The actions include identifying additional resources, putting in place new systems, processes, operating procedures and monitoring arrangements, strengthening project and programme management, and effective working with partner organisations.

The Board Assurance Framework is updated through both a ‘top down’ assessment by directors of key risks and a ‘bottom up’ review of high and significant risks on the Trust’s risk register.

**Counter fraud**

The Trust’s Local Counter Fraud service ensures that the annual plan of proactive work minimises the risk of fraud within the Trust and is fully compliant with NHS Protect’s counter fraud standards for providers. Preventative measures include reviewing Trust policies to ensure they are fraud-proof utilising intelligence, best practice and guidance from NHS Protect. Detection exercises are undertaken where a known area is at high risk of fraud and the National Fraud Initiative (NFI) data matching exercise is conducted bi-annually.

Fraud is deterred by publicising proven cases of NHS fraud and staff are encouraged to report suspicions of fraud through utilising communications, presentations and fraud awareness literature across the Trust’s sites. The local counter fraud specialist liaises with Internal Audit in order to capture any fraud risks from internal audits undertaken within the Trust. Counter fraud reports are presented to the Audit and Risk Committee.

**External assurance**

The external governance review described above included an assessment of the effectiveness of risk management arrangements within the context of the Department of Health’s Board Governance Memorandum and Monitor’s Quality Governance Framework. This external review concluded that the Board Assurance Framework continued to be refined and incorporated most elements of good practice. It recommended that the Board focused on embedding a culture of consistent and active risk management throughout the whole Trust. The November 2013 CQC inspection of Barts Health concluded that, while risk registers were in place across the Trust, they were not always acted upon and some identified risks were not being dealt with.

The Trust Board accepts these findings and a detailed action plan has been developed in response. Its implementation is being overseen by the Trust Board. A Trust Board seminar on risk management has been scheduled for the first quarter of 2014/15 to review the Trust’s risk management arrangements and identify areas for further improvement, with reference to best practice elsewhere.

**Stakeholder involvement in risk**

Partners and stakeholders are involved in managing risks which impact on them through their involvement in and contributions to many aspects of the work of the Trust, including for example:
Patients and the public

- The work of the Trust’s Patient Forum, the Patient Advice and Liaison Service and specific patient representative groups
- Patient membership of key Trust committees and groups
- The work of the local Healthwatches, Overview and Scrutiny Committees and Health and Wellbeing Boards
- Monthly meetings of the Trust Board held in public, which include patient stories
- Regular events for patient and public members of the Trust’s prospective foundation trust
- An extensive volunteering programme across hospital sites
- The National Patient Survey Programme and the results of Real Time Feedback on wards and departments.

Staff

- A strong focus on encouraging staff to raise concerns and the launch in March 2014 of a new web-based Speak In Confidence system
- Ward conversations led by a member of the executive team
- Executive and senior staff visits to wards and departments as part of the ‘Clinical Fridays’ and ‘First Fridays’ programmes
- Executive director presence on a hospital site every weekend since February 2014
- The annual staff survey and monthly staff ‘pulse’ surveys
- The chief executive’s weekly message to all staff
- Monthly staff briefings on every site led by an executive director or senior manager
- Chairman’s lunch events
- Team meetings and the use of the team briefing system
- Staffside representation on key committees and groups.

Partners

- Regular performance discussions with commissioners and the NHS Trust Development Authority (NTDA)
- Stakeholder membership of Trust committees and working groups
- Joint strategic planning with healthcare and academic partners, including the NHS Trust Development Authority, NHS England, Barts and The London School of Medicine and Dentistry and City University.

Compliance issues

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with. This is overseen by the Trust Board’s Public Health and Equalities Committee.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments in to 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.
The Trust has undertaken a climate change risk assessment and developed an adaptation plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation’s obligations under the Climate Change Act are met.

The Trust is not fully compliant with all CQC essential standards of quality and safety. Details of non-compliance are set out in section 4.

**Information governance**

Information governance and data security risks are managed and controlled within this policy framework. The Trust is committed to ensuring that it manages all the information which it holds and processes in an efficient, effective and secure manner through the application of robust information governance policies and procedures to support the delivery of high quality patient care. The Information Governance Team also run a programme of unannounced ward and department spot checks.

The Trust has implemented the national Information Governance Assurance Programme, with a specific focus on the handling of person identifiable data. A data transfer database is in place, person identifiable data flows are reviewed and arrangements are in place to ensure their security, and the risk register has been reviewed to ensure that it appropriately reflects information governance risks. The processes and controls in place have been monitored by the Trust’s Information Governance Committee. The Trust recorded two serious untoward data security breaches during the year which have been reported to the Information Commissioner’s Office (ICO). Details are provided in section 4.

**Update on significant control issues in 2012/13**

The Trust identified a number of significant control issues in its Annual Governance Statement for 2012/13:

Compliance with data security, national performance and CQC standards is covered in Section 4.

- In 2012/13 Barts Health reported 13 never events, three of which were subsequently downgraded following investigation. All were fully investigated and the agreed actions implemented. However, there were a further 11\(^1\) never events in 2013/14 and a further disclosure has therefore been made (see below).

- Despite some progress over the past year as a result of actions to improve notification of leavers and changes to working arrangements, the level of salary overpayments remains high and a further disclosure has therefore been made (see below). A separate review of the payment of salary increments was completed and the outcome was implemented during the year.

- The comprehensive programme put in place to achieve compliance with key pre-employment checks for all members of Barts Health staff was completed during the year. Compliance is monitored on an ongoing basis by the director of human resources.

- Following a number of serious safeguarding incidents in 2012/13 involving elderly patients, a comprehensive older people’s services programme has been implemented across all older peoples’ wards in the Trust, including team-based assessment and development. The programme continues to focus on sustaining the improvements made.

- Compliance with statutory and mandatory training has improved significantly during 2013/14, driven by the use of specially-developed training handbooks and e-learning tools. By the end of the year the Board’s target of 90 percent compliance across all key training requirements had been achieved.

\(^1\) The total reported number was revised in June 2014 to eight following changes to national guidance and definitions.
4. Review of effectiveness of risk management and internal control

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways.

The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit’s work. The Head of Internal Audit Opinion for 2013/14 concludes that reasonable assurance can be given that controls are generally sound and operating effectively. However, it notes that there are defects in design or inconsistency of application which may impact on the effectiveness of some controls to eliminate or mitigate risks to the achievement of some of the objectives.

The 2013/14 Internal Audit report on the Board Assurance Framework, in draft at the point of producing this Annual Governance Statement, carries an interim ‘significant’ assurance rating based on the conclusion that the Trust’s Assurance Framework is appropriately designed to ensure that the principal risks to the achievement of the organisation’s objectives are identified and managed and that it fulfils the role of a useful and meaningful tool for Trust management.

My review has been informed by:

▶ Executives and managers within the organisation, who have responsibility for the development and maintenance of the system of risk management and internal control.
▶ Performance against national and local standards.
▶ The Trust’s ongoing assessment of compliance with the CQC’s Essential Standards of Quality and Safety.
▶ The findings of the comprehensive inspection of Barts Health by the Chief Inspector of Hospitals in November 2013 as part of the CQC’s new inspection programme.
▶ The work of internal audit through the year. Details of the internal audit reports completed during 2013/14 and the level of assurance provided are set out in the head of internal audit opinion. 11 reports provided significant or reasonable assurance while two provided limited assurance.
▶ The outcomes of the Trust’s clinical audit programme, the effectiveness of which has improved during the course of the year.
▶ The results of external audit’s work on the Trust’s annual accounts and local tailored performance management reviews.
▶ Patient and staff surveys and feedback and other sources of external scrutiny and accreditation including clinical peer review arrangements.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Risk Management Committee and the Audit and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place. Key roles have been as follows:

▶ The Board has played a key role in reviewing risks to the delivery of the Trust’s performance objectives through monthly monitoring and discussion of the Integrated Performance Report and detailed financial and quality and safety reports, and through Board and committee reporting on progress against other strategic objectives.
▶ The Audit and Risk Committee has overseen the effectiveness of the risk management arrangements.
▶ The Risk Management Committee has reviewed the Trust’s risk register and the Board Assurance Framework and monitored key clinical and non-clinical risks highlighted by Trust committees and
Executive managers have ensured that key risks have been highlighted and monitored within their functional areas and the necessary action taken to address them.

Both Internal and External Audit have provided scrutiny and assurance in relation to governance and control arrangements across a wide range of the Trust’s activities.

The Trust has identified the following significant control issues and the actions which have been or are being taken to address them.

**Data security**

During the year, there were two serious untoward incidents involving personal data which were reported to the Information Commissioner in accordance with national guidance. One related to an agency nurse disclosing a patient’s sensitive information to members of their family and the other related to sensitive information being disclosed to a GP in error.

Both incidents were fully investigated and the resulting recommendations implemented. The Trust continues to take steps to ensure the secure management of patient and staff information. This has been facilitated through enhancements to our information security systems and processes, embedding clear policies and procedures in our staff’s daily work and ensuring that staff receive appropriate information governance training. In the case of both incidents, the ICO decided that no further action was necessary.

**National performance standards**

The Trust met the majority of national performance standards in 2013/14. However, it underachieved on the standards for 18 Weeks Referral to Treatment, cancer two week waits and C. difficile and MRSA infections. Action plans have been put in place to improve performance and are monitored regularly by the Board as part of the performance reporting framework.

**CQC essential standards of quality and safety**

Barts Health is registered with the Care Quality Commission (CQC) without conditions. Following the comprehensive inspection of the Trust by the chief inspector of hospitals in November 2013, the CQC judged 15 regulations and their associated outcomes as ‘not met’ and requiring compliance action. No enforcement action was issued and, as a result of the actions taken by the Trust, the three warning notices in relation to maternity and older people’s services at Whipps Cross University Hospital issued in July 2013 were removed. Detailed action plans to address the issues raised by the CQC have been developed and published and the actions have either been completed or are on track to be achieved within the agreed timescales.

The CQC raised concerns about staff engagement and bullying and anxieties about raising concerns. The Trust Board has reaffirmed very strongly that bullying has no place at Barts Health, and that staff are strongly encouraged to raise any concerns they have about their workplace or the care provided to our patients. As outlined earlier in this statement, we are implementing a range of actions in response including actively increasing executive and senior leadership visibility across the organisation including at weekends, holding more open meetings with staff and extending our monthly staff pulse surveys, introducing a new Speak In Confidence system, establishing a Staff Partnership Forum in every CAG and designing a new leadership engagement programme that will reach all staff over a two-year period.
The CQC report also highlighted the importance of ensuring sufficient staff with appropriate skill mix on all wards. The Trust followed a robust process during 2013/14 of reviewing staffing levels and skill mix across all our hospitals in line with national benchmarks. It has also commissioned a further external review of the approach it has taken to ward-based nursing to provide additional assurance. A comprehensive Birth Rate Plus assessment is currently being conducted to review staffing across the Trust’s maternity services. In line with national guidance, monthly reporting of actual staffing levels on a shift-by-shift basis is being implemented and there is an active programme in increase the proportion of permanent staff to 95 percent and to increase retention rates.

**Never events**

During 2013/14 Barts Health reported eight never events\(^2\). Three were related to retained swabs/packs, four related to wrong site interventions and one related to a misplaced nasogastric tube. The Trust has focused efforts on reducing the number of never events associated with retained swabs/packs and no incidents of this type were reported in the second half of the year. The Trust is committed to learning from all incidents. A campaign on learning from never events will be launched in May 2014 based around eight key messages.

**Salary overpayments**

The Trust continued during 2013/14 to deal with a high level of salary overpayments. Such overpayments can occur when an individual’s circumstances change – for example when they reduce their hours or leave the Trust - and this information is not passed to payroll in time to meet the processing deadline. The Audit and Risk Committee continues to monitor the actions being taken to reduce the level of overpayments and to ensure that all salary overpayments are rigorously pursued.

**Financial turnaround**

The Trust ended the first quarter of 2013/14 with a cumulative deficit of £28 million. A self-declared financial turnaround programme was implemented in July 2013 and a three year turnaround plan was submitted to the NTDA in August 2013. The turnaround programme has been supported by an experienced turnaround director reporting to the chief executive and a dedicated programme management office. Positive progress has been made against the plan during 2013/14 with an end of year financial deficit of £38.3 million against the turnaround plan forecast of a £50 million deficit.

**Conclusion**

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Barts Health NHS Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Peter Morris
chief executive

16 May 2014

\(^2\) The total reported number was revised in June 2014 to eight following changes to national guidance and definitions.
## Appendix 1: Board Assurance Framework - principal risks at March 2014

<table>
<thead>
<tr>
<th>Risk Entry</th>
<th>Current Score (consequence x likelihood, arrow indicates any movement since last quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Failure to identify or address safeguarding concerns impacts on the quality of services, safety of patients and the Trust's reputation.</td>
<td>[Score Range] 5x3:15 - 5x3:12</td>
</tr>
<tr>
<td>2. As a result of skills and capacity constraints, a failure to manage acutely ill patients in a consistent way at all sites and all times, could result in isolated incidents of delayed responses to deteriorating patients.</td>
<td>[Score Range] 5x3:15 - 5x3:12</td>
</tr>
<tr>
<td>3. Lack of robust infection prevention framework for eliminating avoidable healthcare associated infections impacts on patient safety and experience.</td>
<td>[Score Range] 4x4:16 - 4x4:16</td>
</tr>
<tr>
<td>4. Cost improvement plans involve workforce changes and temporary staffing controls that adversely impact on quality and safety.</td>
<td>[Score Range] 5x3:15 - 4x4:16</td>
</tr>
<tr>
<td>5. A failure to consolidate effective 18 Weeks Referral to Treatment Time governance arrangements and data quality impacts on income and patient experience and failure to meet the recovery plan trajectory.</td>
<td>[Score Range] 4x4:16 - 4x3:12</td>
</tr>
<tr>
<td>6. Insufficient emergency care capacity and failure to address patient flow issues impacts on patient safety and experience and meeting national standards.</td>
<td>[Score Range] 4x4:16 - 4x4:16</td>
</tr>
<tr>
<td>7. Maternity services management information and regulatory reports in relation to Never Events, emergency caesarean rates, infection control, information systems and staffing capacity indicate an increased risk profile potentially impacting on quality of care.</td>
<td>[Score Range] 4x3:15 - tbc</td>
</tr>
<tr>
<td>8. Data quality issues (including the lack of sufficiently robust workforce information) impair decision-making, the optimal use of resources to deliver safe patient care efficiently and the Trust's ability to evidence this to commissioners in line with.</td>
<td>[Score Range] 4x3:15 - tbc</td>
</tr>
<tr>
<td>9. A failure to significantly reduce Bank and Agency staffing usage through recruitment of substantive staff results in financial pressures and impacts on quality of services.</td>
<td>[Score Range] 3x3:15 - 4x4:16</td>
</tr>
<tr>
<td>10. Underachievement against 2013/14 CIPs target and/or income underperformance results in failure to achieve the financial plan for 2013/14 and increased challenge to achieving the LTM’s subsequent years.</td>
<td>[Score Range] 4x5:20 - 4x3:15</td>
</tr>
<tr>
<td>11. PF1 inflationary cost pressures introduce an increasing level of challenge to delivering long term financial sustainability.</td>
<td>[Score Range] 4x4:16 - 4x3:12</td>
</tr>
<tr>
<td>12. Failure to develop a Clinical Strategy consistent with the LTM and delivery of merger full business case benefits impacts on the organisation's Foundation Trust trajectory.</td>
<td>[Score Range] 5x8:15 - 5x3:15</td>
</tr>
<tr>
<td>13. Perceptions of the Trust’s financial turnaround programme and COC high risk rating impacting on Barts Health’s reputation and ability to develop services and strategies.</td>
<td>[Score Range] 5x8:15 - 5x2:10</td>
</tr>
<tr>
<td>14. Changes to funding structures and decommissioning of training and student posts impacts on research and education capability and service delivery costs.</td>
<td>[Score Range] 3x4:12 - 3x3:9</td>
</tr>
<tr>
<td>15. Failure to invest in the Trust’s infrastructure resulting in a significant backlog maintenance liability impacts on current quality of services and future financial challenges.</td>
<td>[Score Range] 4x4:16 - 4x3:12</td>
</tr>
<tr>
<td>16. Failure to engage staff and develop a culture of compliance with best practice results in concerns not being effectively reported (such as equipment failure) and inconsistent application of controls to avoid patient harm,Never events and infections.</td>
<td>[Score Range] 3x4:20 - 3x3:9</td>
</tr>
<tr>
<td>17. Gaps in the existing Informatics infrastructure (and length of lead times to deliver strategic solutions) adversely impact on the ability of staff to ensure that the ‘right information at the right time’ is available to support patient treatment or FL.</td>
<td>[Score Range] 3x4:12 - 3x4:9</td>
</tr>
</tbody>
</table>

Since the December Board, risks have been reviewed and the above arrows indicate change to risk scores. Proposed new risks are in bold. Risk b has been significantly rephrased (italics). N.B. One risk has been removed from the BAF (Statutory andmand).