Delivering the Barts Health vision: one year on

Annual Report 2012/13
Delivering the Barts Health vision
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Introduction

Barts Health NHS Trust came into existence on 1 April 2012 becoming the largest Trust in the UK and bringing together six hospitals, along with our award winning Gateway Surgical Centre at Newham University Hospital and community health services in Tower Hamlets.

During our first year we:

- saw 1.3 million outpatients
- cared for 420,000 emergency patients
- delivered over 15,000 babies
- undertook over 213,000 diagnostic tests
- performed over 53,000 operations

Our first year was one of great challenge as we established our new leadership structures that have placed clinical leadership at the heart of the organisation, which is recognised as vital to delivering responsive healthcare services.

We have set ourselves the ambitious vision of ‘changing lives’, providing services out in the community and working in partnership with other healthcare providers and our commissioners to address the health inequalities seen in east London.

We have made a positive start to delivering our vision and this annual report brings together our key successes and challenges from the past year such as:

- creating an environment where our clinical and senior leaders have a strong presence on the frontline, to ensure that patient care is recognised as the responsibility of all staff
- performing strongly against the national operational targets, in many cases meeting the more rigorous targets we set for ourselves
- delivering against our corporate objectives and setting ourselves some challenging objectives for the coming year
- developing an education strategy that will support our staff to achieve excellence
- demonstrating our commitment to improving health inequalities through our public health vision and the appointment of a public health team

The Trust achieved the 2012/13 Cost Improvement Plan savings target set as part of its merger Full Business Case. However, the level of savings achieved was below the stretch target that the Trust set itself for the year.

We recognise that it is vital to achieve a strong and stable financial platform for our services and are pleased to report that during 2012/13 we made a surplus of £1.492 million. We will continue to build on our successes, ensuring we are a responsive and transparent organisation that is committed to making a difference for our patients. There will be significant challenges ahead in 2013/14 to improve the underlying income and expenditure position for the Trust and achieve a higher level of savings.
Foreword from our Chairman

I am delighted to be able to present the very first annual report for Barts Health NHS Trust.

2012/13 was a challenging year, yet we managed to deliver high quality services, while addressing the financial challenge and ended the year with a small surplus. I want to take this early opportunity to say thank you to the myriad of staff throughout the Trust who have all made such positive contributions to the organisation in our first year.

Our merger, to bring together the former Barts and The London, Newham University and Whipps Cross University Hospital NHS Trusts, was the largest merger in NHS history, and to achieve this in the space of 12 months, on schedule, is testament to our Trust leadership. The achievement is all the more remarkable as we delivered our merger amidst significant transition as we moved from the old Royal London to Europe’s newest state-of-the-art hospital.

During 2012/13 we celebrated many successes, such as the opening of the new birthing centre in Barking, offering greater choice for women about where to give birth; the official opening of The Royal London by HRH HM The Queen in February saw our Patron re-establish a connection with the hospital that dates back almost 50 years; and we hosted NHS sustainability day, allowing us to share best practice and learn from our partner organisations; however, we face significant challenge ahead and in recognition of this we took the responsible decision to voluntarily place the Trust into financial turnaround in July 2013, in order to ensure complete focus on the challenges ahead.

The NHS as a whole needs to save £20 billion, and each Trust is asked to contribute 4% per year – the biggest efficiency challenge it has faced. Barts Health, as the largest Trust in the UK, has a cost improvement challenge of £77.5m for 2013/14. We have already demonstrated our ability to rise to a challenge and we will work tirelessly, taking action where needed, in order to deliver on our vision and provide east London with health services in which we can all take pride.

As the largest employer in east London, working across multiple boroughs, we have a unique opportunity to work in partnership to really make a difference to the lives of local people and to deliver on our vision to change lives. In 2013/14 we need to build on our foundations and deliver on our pledge to really change the lives of local people.

Sir Stephen O’Brien CBE
Chairman

31 July 2013
World class clinical quality
World class clinical quality

In 2012 London hosted the Olympics and Paralympics, seeing visitors flock to the capital from across the world. The Royal London, as one of the designated Olympic hospitals, supported athletes requiring care while at the Games. Our trauma team were praised after they helped Kate Walsh, GB Olympic Hockey captain remain in the Games after being hit in the jaw in her opening game. Our maxillofacial surgeon also made it possible for David O’Mahoney one of the Queens Guards to take part in the Paralympics opening ceremony. This level of care that was given such great prominence during the Olympics is delivered to the people of north east London every day and we are proud to be able to make a difference to people’s lives.

Excellent survival rates

Barts Health is providing high standards of care, demonstrated by our lower than expected mortality rate. Each year a Summary Hospital-level Mortality Indicator (SHMI) is calculated for each NHS Trust to determine whether their mortality rate is higher or lower than expected. For 2012/13 our SHMI remains unchanged at 0.84, giving a significantly lower than expected mortality rate and placing us as the tenth best Trust in the country according to the Office of National Statistics.
Delivering quality care

Barts Health has introduced new ways of working in order to improve the care our patients receive. One way we have been doing this is by introducing Clinical Fridays, where the Chief Nurse and her team, including Clinical Academic Group (CAG) directors in nursing, midwifery, therapies and governance and all the senior nursing staff, undertake a clinical morning. This enables the nursing teams to gain an insight into care provided in the clinical setting through fresh eyes. Hearing from patients, carers and staff on a regular basis is essential to improving the experience for our patients.

Every month there is also a focused visit to specific clinical areas where we assess our performance using the 15 steps framework (DoH document). So far we have assessed care of the elderly, surgery, cancer and cardiac wards. At the end of the assessment feedback is provided to the matrons and ward managers of the areas visited based on the five key criteria of how welcoming the area is, how safe it feels, how the team is caring and involving and observations on how well organised and calm the area feels.

Alongside the work being undertaken by the nursing teams, the Chief Executive and the senior management team introduced First Friday, where senior managers ensure the first Friday of each month is meeting free and that they are out and about visiting the wards and clinical team. This ensures that our non-clinical leaders are directly involved in our frontline services, meeting staff and ensuring they understand the challenges of patient care.

Clinical Friday and First Friday form part of the observational assurance component of the team health check for Barts Health, which connects the ward to the board. The model is designed as ongoing clinical due diligence of our wards and departments, which along with quality and safety metrics and listening to our staff, patients and stakeholders gives a consistent focus on assuring ourselves of the quality and safety of the care provided at Barts Health by asking ‘what does this mean for my mum?’

At Barts Health we have created Clinical Academic Groups (CAG) to ensure that our services are being clinically-led. We also have corporate functions (i.e. HR, ICT, Academic Health Sciences) that support the delivery of high-quality care, by enabling our clinicians to focus on clinical services. We realise that all of our staff, whether a porter, clinician or IT technician, play a part in the care of our patients and regular visits are made to corporate teams to reinforce the vital role all our staff have in achieving our objectives. Visits to these areas provide leaders with a great opportunity for hearing
directly from staff as to what they are proud of in their own area and also the things they feel could be done better. In one example, a senior leader was made aware of the affect training, sickness and the use of agency staff was having on patient care. As a result of this stronger controls were put in place to manage these areas more effectively.

**Responding to the Francis Report**

The publication of the Francis report in February 2013 highlighted the challenge of providing compassionate care. This coincided with the launch of the national Nursing and Midwifery Strategy by the Chief Nursing Officer, which had the notion of the six C’s as its heart. These are Compassion, Competence, Communication, Commitment, Courage and Care.

The significance of both the National Nursing Strategy and the Francis Report is that it requires a multi-professional approach to implementing the 290 recommendations. The Trust has reviewed the recommendations and identified those that are most pertinent for our services.

We are now considering what behaviours and skills contribute to the six C’s in Barts Health, and how the Francis Report can impact on the care being delivered in their wards and departments.

Following publication of the Report we wrote to all of our staff noting that although we already taken many steps to ensure Barts Health provides high quality patient care there is always more that we can and should do. At Barts Health we see patient care as not just the responsibility of those of us working directly with patients on a day-to-day basis, but the responsibility of all staff from the Board right through to our partners who are building new hospitals for us, we should all be thinking what am I doing for patients and what more can be done?

**Care Quality Improvement Collaborative for the quality account**

In early 2013, Barts Health set up the Care Quality Improvement Collaborative bringing multi-professional teams of nurses, doctors, therapists, porters, cleaners and patients together to improve care in a number key priorities set by the Trust Board at the beginning of the year.

The aim of the Care Quality Improvement Collaborative is to empower front line staff to make the changes by seeking feedback from patients and using evidence-based practice to reduce avoidable harm. This approach has been proven to improve staff experience, strengthen leadership and improve outcomes. We have been working hard to address those areas that needed improvement. These are: hospital acquired infections, pressure sores, falls and deteriorating patients.

Initially 11 ward areas have been involved in the Care Quality Improvement Collaborative: three wards addressing pressure ulcers, two addressing falls, two
addressing Hospital Acquired Infections and two addressing deteriorating patients.

**Achieving ambitious results by working together**

At Barts Health we are clear that every staff member has a part to play in improving care and the experience for our patients. As part of this the Care Quality Improvement Collaborative provides training and coaching in improvement methodology, teamwork and leadership. Where our frontline staff are using the model for improvement this helps them to: define what the problem is, identify measurements that will demonstrate whether an improvement has made any impact; and identify areas where they need to make changes.

The work of the Collaborative is still in its early development, but staff are feeding back that they are finding it useful. On one ward we have seen a 50 per cent decline in falls as a result of the work the team have been doing. The Collaborative is also closely aligned with the Barts Health Improvement Model that will be rolled out in 2013/14.

**Integrating healthcare for the people of east London**

One of the major themes of our strategy is the development of integrated care. There is recognition that the growing population, including rising numbers of elderly people and increasing demand for maternity services, combined with the increase in multiple morbidities due to increasing numbers of patients with long term conditions requires greater integration across primary, secondary and tertiary care providers and local authorities. The local Clinical Commissioning Groups, mental health trusts and Barts Health have formed a partnership in order to develop new models of integrated care for the local population, including consideration of how to move services closer to patients’ homes.

The development of integrated care is a priority nationally and locally. East London commissioners published their integrated care strategy in December 2012, which aims to address:

- the high prevalence of health conditions with rising acute activity and relatively poor outcomes,
- a population that is growing overall, but especially at the older and younger ends,
- a healthcare system that does not meet patients’ expectations; and
- the challenging financial climate.

An audit of patients at the Royal London Hospital has shown that many non-elective admissions are avoidable if the right community and primary care services were in place, which would lead to a reduced requirement for hospital care.

To achieve this, significant investment in primary care networks and associated workforce is required over the next few years. Each local network will use a combination of existing primary and community care services with additional services and staff to transfer activity out of hospital and into the community.

This is a good example of how health and social services are working together to provide care that is seamless, delivered as close to the patient as possible, and makes
the best use of the resources we have available and we are excited to be a key partner in this ambitious programme.

**Excellence in research**

The Trust continues to pursue its mission of developing its international reputation as a centre of research excellence in the UK, offering our patients the opportunity of participating in leading edge research projects and clinical trials. The establishment of a new directorate of research development has focused the Trust on developing its research activities and business in addition to moving positively to engage our patients in research across all of our sites.

During the year, research activity has reached new levels, with more patients than ever before entering into studies. Importantly, the range of research activities that we are engaged in is getting wider, creating new opportunities for our patients to access leading edge research studies. Our engagement with UCL Partners (UCLP), who are one of five accredited academic health science systems in the UK, that work across boundaries to ensure that cutting edge research translates into health gains for patients in London, the UK and globally, is also helping to facilitate our research work.

The impact our studies can have was demonstrated by press coverage about an international trial involving Barts Health clinicians and patients that is testing a new device-based treatment for high blood pressure led by Dr Mel Lobo, Director of the Barts Health hypertension clinic. The study involves the use of a paperclip sized device inserted into an artery in the groin in a minimally invasive procedure that brings down blood pressure almost immediately by diverting arterial blood to the vein. Dr Lobo said that the trial may herald a new era in which patients may no longer need to take anti-hypertensive drugs on a daily basis.

We are committed to engaging our patients, consultants, nurses and support staff at all levels in the organisation in getting involved in research. We are planning a series of events across all Trust sites on national clinical trials day in May 2013, to bring to our patients the message that this Trust recognises the value of participating in and leading on research.
About Barts Health
About Barts Health

At Barts Health, our vision is to **change lives.**

We are the largest NHS Trust in England serving a population of over a million in east London and beyond.

Our Trust consists of six local hospital sites: Mile End Hospital, the London Chest Hospital, the Royal London Hospital, Newham University Hospital, St Bartholomew's Hospital and Whipps Cross University Hospital.

Barts Health is also proud to be part of [UCLPartners](#), Europe’s largest and strongest academic health science partnership. The objective of UCLPartners is to translate cutting edge research and innovation into measurable health gain for patients and populations through partnership across settings and sectors, and through excellence in education.

Why we are here

Central to the creation of Barts Health was our vision to transform the health of east Londoners by providing leading, world class, patient-centred healthcare.

Our services attract patients and funding from all over the country and by ensuring that we learn from each other, we are bringing all of our services up to the highest standards. By forming Barts Health we will be able to deliver the highest quality healthcare and to tackle decisively the persistent health inequalities within our population.

Our service portfolio and strong partnerships with primary and social care will offer pathways of care which encompass community, general acute and specialist services.

Through excellent relationships with outstanding academic institutions and as a member of UCL Partners we will discover and spread leading practice and service innovation across all sites and to the wider health service beyond.
Due to the unique population we serve we also plan to contribute to maximising the impact of high quality research and education, translating this into improved clinical outcomes for east London.

We will work relentlessly to transform health services in east London, ensuring that everyone, whatever their need or background, will benefit as a result.

**Our history**

Barts Health NHS Trust may be in its infancy, but our hospitals have a long history of providing high quality care to people living in London. Our hospitals have maintained a distinguished medical and nursing tradition; have led the field in innovation and they claim many eminent physicians and surgeons amongst their past and present alumni and staff. More information about our history is available on the Trust website.

**Newham University Hospital**

Newham University, formerly known as Newham General, was opened by HM The Queen on 14 December 1983 under the management of Newham Health Authority. The hospital brought together services from Queen Mary’s Hospital in Stratford (founded 1861) and East Ham Memorial Hospital (founded 1902). In 1985, maternity services previously provided at Newham Maternity Hospital (formerly Forest Gate Maternity Hospital, founded 1913) moved to the hospital.

In 1991 Newham Healthcare NHS Trust was established and the new Trust took over responsibility for running Newham General. The Trust managing Newham General successfully gained University status in 2004 and became Newham University Hospital NHS Trust.

Significant developments have been made to the hospital during recent years with the opening of the Gateway Surgical Centre on the hospital site in 2005, followed by the opening of the new outpatients department and St Andrew’s Wing in 2006 and the completion of the new maternity unit in 2012, allowing the hospital to meet the needs of a changing and growing population.

**The London Chest Hospital**

The London Chest Hospital opened in 1855 and became world-renowned for the treatment of diseases of the heart and lungs, particularly pulmonary tuberculosis (TB).
Lord Lister, famous for his pioneering work in the development of antiseptics, was on the staff of the hospital. By 1916, the Hospital, which now had 180 beds, played an important part in the treatment of ex-service men who developed TB and those who had been gassed in the trenches on the Western Front during the Great War. The hospital continued to grow and in the 1920s an X-ray department was opened to assist diagnosis and the treatment of diseases like lung cancer. In 1937 a surgical wing opened where surgeons such as Sir Thomas Holmes Sellors performed major surgery of the chest and Morriston Davis, who pioneered thoracoplasty for TB and lobectomy for Bronchiectasis at the hospital.

In 1948 the hospital became part of the newly created NHS and its governing board joined the Brompton Hospital. In April 1994 after public consultation, The Royal Hospitals NHS Trust was formed, amalgamating The Royal London, St Bartholomew’s and The London Chest hospitals. In 1999 The Trust was renamed Barts and The London NHS Trust. Over the past 15 years the hospital has seen many changes with the opening of cardiac catheterisation laboratories, a 10-bedded intensive care unit and three new operating theatres. Most recently in 2006 The London Chest Hospital became home to the award-winning emergency Heart Attack Centre.

**Mile End Hospital**

Mile End Hospital originally opened as Mile End Infirmary in 1883, providing beds for 500 patients. In 1914 the infirmary was taken over by as a Military Hospital for the duration of the First World War and the facilities of the hospital were considerably improved. The Infirmary made a name for itself in training, first for nursing, opening a nurse training school in 1892 and from 1924 offering midwifery training.

In 1930, the hospital passed to the control of the London County Council (LCC). With the introduction of National Health Service in 1948, the Hospital became part of NHS and was managed by the Stepney Group Hospital Management Committee. In 1968, Mile End Hospital, together with St Clement's Hospital, was transferred to the management of the Board of Governors of the London Hospital. Its designation was changed to the London Hospital (Mile End). Mile End’s School of nursing merged with The London Hospital School of Nursing to become the Princess Alexandra College of Nursing and Midwifery. In 1990 the Hospital was granted a Royal title by HM The Queen, becoming The Royal London Hospital (Mile End). The Hospital was part of The Royal London Hospital and its Associated Community Services NHS Trust from 1991 to 1994.
In 1994 the hospital was transferred to City and East London Family and Community Services (CELFACS), reverting to the name "Mile End Hospital". On the division of CELFACS in 1995 the hospital came under the management of Tower Hamlets Healthcare NHS Trust, becoming Tower Hamlets Primary Care Trust in 2001.

**Whipps Cross Hospital**

Whipps Cross University Hospital opened as West Ham Union Infirmary in 1903 with 672 beds in 24 wards. In 1917 the infirmary changed its name to Whipps Cross Hospital coinciding with the visit of King George V and Queen Mary. By the 1920s the hospital was providing specialist services to people living in east London.

In 1930 management passed from the Board of Guardians to West Ham County Borough following the Local Government Act of 1929. Then in 1948 management transferred to the new NHS and is administered by the Forest Group Hospital Management Committee. In 1992 Whipps Cross became an NHS Trust before attaining University status in 2001 and becoming Whipps Cross University Hospital NHS Trust.

Throughout its history Whipps Cross has seen considerable development with additions of a specialist wing in 1940, a pathology department in 1953, a pioneer intensive care unit in 1968, a new A&E in 1972 and the opening of the Connaught Day Hospital for the Elderly in 1977. Whipps Cross has always been responsible for one of the busiest A&E departments in the entire health service and recently the hospital has opened a new A&E department and is currently investing in new maternity facilities.

**The Royal London Hospital**

The Royal London opened as The London Infirmary in 1740 providing care from a house in Featherstone Street and then later from rented premises in Prescott Street. It was renamed The London Hospital in 1748. The new hospital opened on its current site in Whitechapel in 1757. The hospital went through considerable expansion during the 19th century to cope with public demand and opened its own school of nursing in 1873.

The London relied on public generosity for over 200 years, from its opening in 1740 with only 1 shilling (5p) in the bank until its running costs were taken over by the State under the National Health Service in 1948. In 1990, The London Hospital celebrated the 250th anniversary of its opening on the Whitechapel site and was granted a Royal title by HM Queen Elizabeth II. It also became an NHS Trust. Then in 1994 The Royal London
merged with St Bartholomew’s and the London Chest Hospitals (later also Queen Elizabeth Hospital for Children), to form a new Trust and was renamed Barts and The London NHS Trust in 1999.

The Royal London, along with much of London, underwent considerable development in the 1950s following the Second World War. The 1960’s saw more construction: a new dental hospital, pathology institute and School of Nursing and Midwifery. Meanwhile, former local authority hospitals, Mile End, St Clement’s and later Bethnal Green Hospital joined The London. In 1999, London’s Air Ambulance, based at The Royal London, became operational – the first helicopter emergency medical service in Britain to carry a doctor on board.

In recent years the hospital has opened its £58 million pathology and pharmacy building - improving efficiency and allowing for the provision of services to patients across a much wider area in north east London and further afield. In 2012, the new state-of-the-art Royal London Hospital opened, offering purpose-built facilities that support the delivery of 21st century clinical care. Her Majesty The Queen, accompanied by His Royal Highness The Duke of Edinburgh, officially opened the new Royal London Hospital on Wednesday 27 February 2013.

**St Bartholomew’s Hospital**

St Bartholomew’s Hospital opened as part of the Priory of St Bartholomew in 1123, but gradually the Hospital became independent and by 1420 the two institutions had become entirely separate. The hospital faced an uncertain future after the closure of the Priory in 1539, but by 1547 was endowed with properties and income and became one of four Royal Hospitals administered by the City.

In 1948 St Bartholomew’s became part of the NHS and remained a leading provider of specialist healthcare until 1992 when its future was called into question by the publication of Sir Bernard Tomlinson’s Report of the Inquiry into the London Health Service, which did not see Barts as a viable hospital and recommended its closure. After public consultation in 1994, The Royal Hospitals NHS Trust was formed, amalgamating The Royal London, St Bartholomew’s and The London Chest hospitals. In 1998, the Government announced that Barts was to remain open on its Smithfield site as a specialist cancer and cardiac hospital, in recognition of its continuing innovation in
these fields, whilst general hospital services would be concentrated at the Royal London in Whitechapel.

The hospital site has seen considerable change since its opening in 1123. The only medieval building now remaining at St Bartholomew’s is the tower of the Church of St Bartholomew the Less. Formerly a chapel of the priory, the church is now a parish whose boundaries coincide with the precinct of the hospital. All the medieval hospital buildings were demolished during the eighteenth century rebuilding programme, carried out to the designs of architect James Gibbs. The North Wing, which contains the Great Hall, along with the East and West Wings are original Gibbs buildings and Grade I listed. The staircase leading to the Great Hall is decorated with two huge paintings by the artist William Hogarth, depicting the Good Samaritan and Christ at the Pool of Bethesda. The well-known Henry VIII Gate, through which one enters the Hospital from West Smithfield, is also listed and is slightly earlier than the Gibbs buildings, dating from 1702. Other buildings have continued to be added as the need has arisen, including Medical College buildings, nurses’ accommodation and new ward blocks. The Fountain in the Square was added in 1859.

More recently Barts has continued as a leader in its field. In 1991, the Barts Day Surgery Unit opened – the first of its kind in Europe. Then in 1993 the John Abernethy Theatre Suite opened at Barts – the most technically advanced outside the US. Now, the hospital is undergoing major redevelopment. In 2010, the state-of-the-art cancer centre opened and further investment will see the opening of the new cardiac centre in 2014.

All six hospitals became part of Barts Health NHS Trust on 1 April 2012, heralding a promising new future for the provision of healthcare for north east London.

Where we're heading

Our objective as an organisation is to become a foundation trust (FT), in line with Government policy, but also as it will allow us to have more autonomy to ensure that we meet the needs of the communities that we serve. In becoming a foundation trust we will also be governed by local people through a Board of Governors and therefore we will be more accountable to local people.

In order to attain foundation trust status we have a long journey ahead of us. We need to be able to demonstrate that we have a clinical strategy which is underpinned by robust operational and financial performance. For us as a new Trust that means consistently delivering in areas where we have historically been challenged, including access to accident and emergency services and some specialty services. It also means lifting the quality of our services from the best of our legacy Trusts to best available across the NHS. To do this we need to review how we deliver our services to ensure that we are efficient and effective in all that we do. We must do this in a financially challenged environment, where we need to contribute to the £20bn savings required of the NHS.

As the largest trust in England, and newly merged, we have real opportunities to excel, but we need to do so in a planned and strategic manner. This is what we are doing. In
the last year along we have invested in our buildings and infrastructure with new A&E services at Newham and Whipps Cross and the opening of Europe’s newest hospital, The Royal London. Towards the end of 2014 we will be moving the services from our London Chest Hospital into state of the art, brand new facilities at St Bartholomew’s Hospital in the City of London, and we hope that the services currently operating from The Heart Hospital (part of University College London Hospitals NHS Trust) will also transfer, subject to a full business case and consultation. This would create a truly world-class cardiovascular service to complement our cancer centre of excellence. We have also invested in the very best people, both from within and outside the NHS, and this investment will ensure success in the years’ to come.

Our vision and values

Our vision

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. Outstanding research, a commitment to learning and improvement, and a focus on partnership, will allow Barts Health to succeed. Success will see the health of the population transformed and inequalities in health reduced substantially. This commitment is what defines our organisation and our values.

Our values

Our values define what is important in the way we deliver our vision.

Caring and compassionate, with patients, each other and our partners. At Barts Health, we champion dignity, compassion and respect, putting the individual at the heart of all decisions, striving to get it right for every person, every time.

Actively listening, understanding and responding to patients, staff and our partners. Engagement and involvement is essential in making improvements. We engage our staff and patients to achieve; better patient and staff experiences, fewer mistakes and better clinical outcomes.

Relentlessly improving and innovating for patient safety. We support and
challenge ourselves and others to do better. Being average isn’t good enough, we strive for excellence. We believe we can always do better.

Achieving ambitious results by working together. We all need to understand the big health issues facing our population and use every opportunity to promote good health. Working as a cohesive team across Barts Health, we recognise the importance of partnership in achieving success, be that with staff, patients, communities, or any other partners to achieve life changing results.

Valuing every member of staff and their contribution to the care of our patients. Whether a staff member has a clinical or non-clinical role, is involved in direct patient care or is undertaking a supporting function (e.g. finance, IT, estates, HR) everyone at Barts Health is making an important contribution to our patients' experiences. Ensuring staff are appropriately trained, feel valued and empowered to make decisions in the best interest of patients is vital.

Our values are underpinned by core behaviours that set out how we will work, regardless of the role we hold in the organisation. These behaviours consistently carried out will embed the Barts Health values, and support delivery of our vision to change lives. To find out more about the behaviours that support our values visit www.bartshealth.nhs.uk/our-values
Delivering the vision
Delivering the vision

On 1 April 2013, we proudly celebrated our first anniversary as Barts Health and reflected on how we were delivering on our ten merger pledges.

We are committed to putting patients at the heart of all we do
To support this ambition we have recruited local people to several patient and public panels. These local representatives will work in partnership with the Trust to improve services, patient literature, community engagement, which will help shape our strategy.

Our healthcare will be of consistently high clinical quality
Over the last year we have seen a high number of clinical leaders choosing to come and work at Barts Health and for the first time in a long time we have a full complement of A&E consultants at Whipps Cross. With senior people in place to make the right decisions for patients when they arrive at hospital we are driving up quality standards.

Patient safety standards will be continuously improved
Over the last year, Whipps Cross has managed to ensure that not a single patient has been infected with MRSA. We are committed to improving patient safety - this is reflected in our values: ‘relentlessly improving and innovating for patient safety’, and can be seen in our behaviour.

We are committed to excellence in research and development
Over the last year our research work has secured over £13 million in funding for innovative, patient-centred research, including the £3 million National Centre for Bowel Research and Surgical Innovation, which was opened recently by Her Majesty The Queen. We are committed to developing our research and development work. All staff can access support to engage with our research work.

We are committed to excellence in education and training
Over the last year the Education Academy has developed a training package that will ensure Barts Health Staff can access a wide range of classroom training and practical hands-on workshops to support their personal development. We are also developing our e-learning packages to ensure accessibility to learning is as flexible as possible.

Human rights and equalities will be promoted
We have set out four core equality objectives that will address persistent inequalities in our service delivery and workforce practices. This will include the introduction of Human Rights, Equality and Diversity training for all of our staff, as well as improving the quality
of care provided to patients who are hard or hearing, do not speak English as their first language and those with dementia.

**We will work with our stakeholders to improve health and to reduce health inequalities**
We have set up a public health team, which is unusual for an acute Trust. This demonstrates our commitment to working with local partners to improve health by addressing health inequalities. We have also set out our ambitious plans in our public health vision. Find out more by visiting our ‘your health’ pages on our website.

**We will work to ensure that patient care is not compromised by organisational boundaries**
In our first year as a merged organisation we have removed the barriers for patients from Newham and Whipps Cross to be able to access specialist treatment quicker. We have also ensured that patients can receive their follow up care closer to home, improving access to services and improving our patients’ experience. We will continue to review our service provision and ensure that the care we provide meets the needs of the communities we serve.

**We will make the best use of public resources**
We will make the best use of public resources. Over the last year our procurement team has been working hard to ensure that we are really getting best value for money. While ensuring we maintain high quality services. Undertaking clever procurement has saved the Trust nearly £2 million on cardiac implants and hip and knee joints. We will continually strive to make the best use of public resources so that our services are efficient, effective and high quality.

**Our Trust Board will be open and accountable to patients and the local population**
During our first year we introduced patient stories onto the monthly Trust Board agenda. Patients are asked to attend the board meeting and share their experiences of using Trust services. Ensuring our patients and their experiences can directly influence our Trust Board demonstrates our commitment to being open and accountable.
Our corporate objectives
During 2012/13 we set 12 corporate objectives around five different themes. These were:

Service quality and development
1. Deliver minimum national service standards set out in the operating framework including A&E, 18 week referral to treatment (RTT), cancer access and MRSA.
2. Achieve the three quality improvement priorities to keep patients better informed about their care, to improve feedback given to staff when they raise quality and safety concerns, and to improve our patient administration systems.
3. Develop and deliver a plan to improve patient experience and satisfaction, including a focus on outpatient appointments.
4. Develop and deliver a plan for improved communication and joint working with GPs.
5. Deliver Transforming Community Services objectives for three improvement areas in Tower Hamlets.

Financial management
6. Deliver the Trust’s 2012/13 financial plan, and cost improvement target, and develop a sustainable long term financial plan (LTFM).
7. Develop service line management, ownership and capability through clinical academic group (CAG) structures.

Achievement of foundation trust status within agreed timeline
8. Deliver the post-merger integration plan including the clinical due diligence action plan and corporate and clinical services management integration.
9. Agree a foundation trust authorisation trajectory and achieve all milestones.

Strategy
10. Agree a commercial strategy and property development programme.
11. Develop the London cardiac business case and secure necessary approvals.

Academic health sciences
12. Prepare a growth plan for clinical trial take-up and an ambitious but realistic growth plan for research and development income.

We performed well against our objectives for 2012/13. Our performance against the national standards can be found on page 18.
Some of our key achievements against these objectives included:

1. The Barts Health Standardised Hospital Mortality (SHMI) continues to indicate ‘better than expected’ comparative performance and we are in the top ten in the country.
2. Since the establishment of our CAG structure our senior nurses have undertaken Clinical Friday where they are all in uniform and working on the wards across the Trust. This is complemented by the First Friday of the month programme when all Barts Health leaders are visible throughout our hospitals.
3. A Patient Forum has been established to represent patient views, reporting directly to the Trust Management Board. Patient representatives are sitting on each of our CAG Boards.
4. Barts Health has a director of primary care and two associate directors, who are GPs in our local area, to act as a link with primary care provision.
5. Taking part in "Communicate My Care" - a system which allows clinicians ease of access to care plans and patient preferences.
6. We have made £50m in efficiency savings have been made in 2012/13.
7. We have developed an Integrated Performance Framework based on four quadrants: What our patients, staff, partners and regulators think of us. Each speciality will have a monthly report but can review the information on a daily basis if necessary. This means that we are better informed about the opinions and concerns of our stakeholders.
8. The actions from our merger clinical due diligence review have now all been closed or are being taken forward in our service improvement programme, care quality collaborative or are now part of our mainstream priorities.
9. We are in active discussions with the National Trust Development Authority about our timescale for authorisation and milestones and are already making good progress against many of the elements required to achieve FT status.
10. We have started conversations with the London Borough of Tower Hamlets over our joint vision for the Whitechapel area, where the Royal London is located.
11. We have been working with our CAGs to develop our corporate strategy and the Barts Health Board reviewed our emerging strategy at our Board meeting in February.
12. We have increased the numbers of patients participating in National Institute of Healthcare Research (NIHR) adopted research by 10% and increased the numbers of active researchers by over 10%.

**Our objectives for 2013/14**

The Trust has identified 12 corporate objectives for the year 2013/14. These are focused around the three key elements of our strategic framework platform to be an excellent healthcare provider.

**Strategic platform**

1. 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.

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

3. 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**

4. We will develop and agree a clinical strategy underpinned by strategies for each of our Clinical Academic Groups and service lines and sites.

5. We will produce a business case and mobilise resource to develop a specialist cardiovascular centre for north east and north central London at St Bartholomew's Hospital.

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

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

8. 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**

9. 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.
10. 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.

11. We will develop and implement arrangements to secure increasing levels of staff engagement, and put in place measures to track our progress.

12. 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.

Our strategy

The Trust is well placed to deliver against its strategic objectives relating to high quality of care, research capability and developing its workforce through its academic health sciences agenda. Evidence indicates that organisations with strong clinical academic links produce better clinical outcomes and attract and retain the highest calibre of staff. Through delivering excellent education and training, we will continually improve the quality of patient care and experience and add to the skill set, richness of experience and career development of our staff. As a founding member of UCL Partners, a nationally designated academic health science centre (AHSC) and the related emerging AHS Network, Barts Health is at the heart of delivering major advances in health and healthcare through research and education. Key relationships with academic partners at Queen Mary University of London and other Higher Education Institutes (HEIs) underpin the development of clinical services, education and research at Barts Health.

As a newly formed Trust, it was recognised as critical that Barts Health develop our clinical and supporting enabling strategies, not only to ensure that we can attain foundation trust status but also to ensure that we have the right operational and financial strategies in place to ensure that we live up to our vision to change lives. We have invested in a strategy team, who are working alongside operational leads, to develop and design the future of our Trust.

Our strategic approach has been encompassed in a strategic diagram that outlines our vision, values, our five pillars of success (selected clinical distinctiveness, research excellence, integrated care, population health and teaching and training excellence) supported by our foundations (consistent quality of services; being our “brand standards”, and clinical and financial stability) and supporting enabling strategies.
Our Trust Board has ratified an approach to define our services into those for which we will be world class, national leaders and those to which we will attain the Barts Health brand standard. Considerable work is currently being undertaken to ensure that our Board’s future decisions are underpinned by accurate analytics alongside our population health aspirations.

Our Barts Health strategy will be made available for comment from staff, partners and patients.

**Our performance**

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. Throughout its first year, staff at Barts Health NHS Trust worked 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.

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 2012/13. For 2013/14, the Trust’s key performance indicators
will be based on a combination of national operating standards, national acute performance indicators, quality requirements and never events – these four KPI areas form the basis of the Trust’s contract for service delivery with commissioners.

The key trends and factors impacting on the Trust’s performance against national standards are shown on an exception basis below. 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 which could impact on 2013/14 performance. The Annual Governance Statement sets out the key resources and structures that will assist in the delivery of the Trust’s objectives for 2013/14.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>National Target</th>
<th>Trust Target</th>
<th>Cumulative Performance 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Weeks (Admitted)</td>
<td>90%</td>
<td>92%</td>
<td>90.7</td>
</tr>
<tr>
<td>18 Weeks (Non-Admitted)</td>
<td>95%</td>
<td>97%</td>
<td>97.31%</td>
</tr>
<tr>
<td>18 Weeks (Incomplete)</td>
<td>92%</td>
<td>92%</td>
<td>93.59%</td>
</tr>
<tr>
<td>Cancer Two Weeks Wait</td>
<td>93%</td>
<td>95%</td>
<td>95.5%</td>
</tr>
<tr>
<td>Two week Wait Breast Symptoms</td>
<td>93%</td>
<td>95%</td>
<td>96.8</td>
</tr>
<tr>
<td>31 Day 1st Treatment</td>
<td>96%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>31 Day Sub Treatment Drug Treatment</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>31 Day Sub Radiology Treatment</td>
<td>94%</td>
<td>96%</td>
<td>98.1%</td>
</tr>
<tr>
<td>31 Day Sub Surgery Treatment</td>
<td>94%</td>
<td>96%</td>
<td>96.9%</td>
</tr>
<tr>
<td>62 Day Urgent Referral to Treatment</td>
<td>85%</td>
<td>87%</td>
<td>81.8%</td>
</tr>
<tr>
<td>62 Day Screening</td>
<td>90%</td>
<td>92%</td>
<td>90.9%</td>
</tr>
<tr>
<td>MRSA</td>
<td>8</td>
<td>N/A</td>
<td>11</td>
</tr>
<tr>
<td>Cdiff</td>
<td>&lt;99</td>
<td>N/A</td>
<td>89</td>
</tr>
<tr>
<td>AE Performance (All Type)</td>
<td>95%</td>
<td>98%</td>
<td>95.51%</td>
</tr>
</tbody>
</table>

We are proud to have achieved ten of the 12 national targets and eight of the extremely challenging local targets we set ourselves. Where we have not met our targets we are confident that we can meet the challenge in the coming year.

**62 Day Urgent Referral to Treatment**

We are currently measured on eight different standards concerning the waiting times for cancer patients, and we have successfully achieved the necessary standards for seven of them. Given the size and complexity of the organisation, and the changes that we have been undergoing, this is indeed a considerable achievement. However there is still room for improvement.

In particular, we need to make even more progress on how we measure up against the following standard: “Cancer treatments started within two months of urgent GP referral”. Our target is 85%. In 2011/12, the percentage of patients at the Trust who started their
treatment within this timeframe was 79.47%. In 2012/13 this had increased to 83.46%, just short of the target. We are well on our way to achieving the 85% target for next year.

We have taken the following steps to improve the cancer pathway for 2013/14:

- Providing more specialist multi-disciplinary clinics where patients can see an oncologist, surgeon, radiotherapist and specialist nurse practitioner on the same day and discuss their diagnosis and treatment
- Streamlining the pathways between the Trust’s hospitals, and other hospitals, so that patients can receive high quality care in the best place for their needs in a timely fashion.

Over the coming year, we will also be examining our systems to ensure that patients have access to specialist diagnostics as soon as possible. Our aim is for more people to have access to specialist treatment at an early stage of their disease.

**MRSA**

The indicative end of year data suggests that we narrowly missed our maximum threshold for MRSA and that 11 cases of MRSA blood steam infections were reported across Barts Health. The chart below shows when the cases were reported across the Trust. This represents a significant improvement on the previous year’s figures (when there were a total of 16 cases, 11 at the legacy Barts and The London sites, three at Whipps Cross University Hospital and two at Newham University Hospital).

We produce root cause analysis reports for all cases of MRSA bacteraemias and C.diff infections, and the information is shared across the Trust. This helps us to develop robust polices across our sites and target areas for improvement, for example on the management of indwelling catheter tubes and the need to isolate patients.

**Managing infections**

Barts Health NHS Trust takes patient safety and the prevention and control of infection very seriously. We work together with staff to maintain the prevention, surveillance, investigation and monitoring of infection within the hospitals.
We have an aligned service for infection prevention and control across Barts Health with teams based across our hospital sites. The teams provide assurance of practice through regular audits and unannounced inspections, this includes environmental cleanliness. They also provide a robust training programme for all staff both on induction and yearly updates.

During the first year of Barts Health we have seen an overall reduction in our infection rates. We had 11 cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) infections compared to 16 cases across the three legacy Trusts in 2011/12. We have also worked hard to reduce the incidence of Clostridium difficile (C.diff) with pleasing results. The Department of Health set us a tolerance of 99 cases, the Trust total was 10% below this at 89 attributable cases.

Combating HCAIs has been a national objective for several years. Throughout the Trust, the levels of the well-known infections MRSA and C.diff have consistently dropped since 2005. Our ultimate objective is for both levels to be zero.

Our targets for 2012/13 were extremely challenging, given the number of the locations within the Trust and the recent merger. Our goal was to report a maximum of eight cases of MRSA and no more than 99 confirmed cases of C.diff.

Maternity care
Over 16,000 babies are born annually across our five maternity units along with a small number of home deliveries, in total constituting almost 30% of the births across the whole London region. The last year has been an exciting time for maternity care at Barts Health with investment into a range of new facilities.

During the last year we have opened the new Royal London Hospital and moved the maternity and neonatal services into new purpose built units. We have also seen the completion of the refurbishment of the maternity and neonatal services at Newham University Hospital. In both cases the new facilities are superb; with rooms that are more family friendly and less clinical, helping to improve the environment and the experience for our patients.

In December we opened the Barking Community Birth Centre. There are four delivery rooms for low risk mothers; all have a birthing pool and are furnished in a home from home style. Antenatal clinics and ultrasound scans are also provided at the Barking Birth Centre. Deliveries also continue at the Barkantine Birthing Centre.

We were also excited to receive Level 3 Baby Friendly accreditation for the Royal London Hospital, allowing Barts Health to offer the first Baby Friendly hospital in central London and reflecting our commitment to supporting new mothers to breast feed. We are now working to achieve this at all Barts Health sites.
Sharing best practice across the legacy sites has seen a noticeable reduction in the caesarean section rate at Newham. Further work is now being undertaken across the service to standardise the management of women with placenta accreta who may require interventional radiology, and with gestational diabetes, and to develop transitional care for babies who may require additional observations and procedures but do not need to be admitted to a neonatal unit and so will remain by their mother’s bedside.

Over the coming years we will also be investing in developing the maternity facilities at Whipps Cross University Hospital, ensuring that women choosing to have their baby at Barts Health have the highest quality care, in the best possible environment.

**Learning from non-clinical incidents**

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 2012/13 there were three serious untoward incidents involving personal data, based on national guidance of a severity rating of 3-5 (see table 3).

**Table 3: Summary of serious untoward incidents involving personal data as reported to the information commissioner’s office in 2012/13**

<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>June 2012</td>
<td>Loss of Diary containing patient identifiable information</td>
<td>Name, Address, Telephone Number</td>
<td>182</td>
<td>Patients Informed, ICO notified.</td>
</tr>
<tr>
<td>July 2012</td>
<td>Letters inadvertently sent to wrong addresses, due to</td>
<td>Name, Date of Birth, Hospital Number</td>
<td>90</td>
<td>Patients Informed, ICO notified.</td>
</tr>
</tbody>
</table>
The following personal data related incidents with a lower severity rating of 1-2 (see table 4) were recorded in 2012/13.

Table 4: Summary of personal data related incidents in 2012/13

<table>
<thead>
<tr>
<th>Category</th>
<th>Nature of incident</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Loss/theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>Loss/theft of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises</td>
<td>2</td>
</tr>
<tr>
<td>III</td>
<td>Insecure disposal of inadequately protected electronic equipment, devices or paper documents</td>
<td>0</td>
</tr>
<tr>
<td>IV</td>
<td>Unauthorised disclosure</td>
<td>2</td>
</tr>
<tr>
<td>V</td>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

We continue to take steps to ensure the secure management of patient and staff information. This is facilitated through enhancements to our information security systems and processes, embedding clear policies and procedures in our daily work and ensuring staff receive appropriate information governance training annually.

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.

With both the merger of the three legacy Trusts and the London Olympics in 2012 the Major Incident Plans have been reviewed and improved in order to ensure that the hospital sites are ready to respond. The process of risk and plan review continues and further updates for all plans processes and training will continue in 2013. The Trust is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance.
Working and learning together
Working and learning together

We are committed to being a responsive healthcare organisation - one that listens to our patients, staff and partners so that we can provide the most appropriate services in the right place at the right time, whether in hospital or out in the community.

Our community

North east London has a uniquely diverse and culturally-rich community. However, it is steeped in a legacy of historical deprivation and consequently it displays some of the worst health outcomes and health inequalities in the country. The vision for Barts Health is to address these health inequalities and improve the health of those living in north east London.

Our populations are some of the most diverse in the country. Of the three boroughs we serve, Newham is the most ethnically diverse with 70.2% of the population coming from a black and minority ethnic (BAME) background against a Greater London average of 34.3%. Diversity poses significant challenges for healthcare providers, as BAME communities can have problems in accessing healthcare with factors such as language, culture and the attitudes of healthcare professionals becoming barriers to receiving quality care.

In turn, this means that when patients present to health services, they are sicker than they might otherwise have been. Additionally, certain ethnic groups are known to be more pre-disposed to certain illnesses. For example death rates for coronary heart disease for those born in the Indian sub-continent and living in England are 38% higher for men and 43% higher for women than rates for the country as a whole. This is in addition to a pre-disposition to specific long term health conditions such as sickle cell anaemia and thalassaemia.

Ethnic diversity across the three boroughs is projected to increase markedly between 2011 and 2021. In view of the challenges posed by diversity, levels of deprivation and demographic change, plus the impact these factors have on health inequalities, we are developing our clinical pathways and services to take full account of the unique needs of local patients.
Although it is recognised that addressing health inequalities will continue to be an intrinsically difficult process, it is one that we will address by working in partnership with local health, social care, local government and community partners.

**Our stakeholders**

We are committed to playing an active role in our local communities, as this is a key element of helping us to achieve our vision of changing lives. We work with a number of local stakeholders, including local authorities and elected councillors, MPs and Local Involvement Networks (LINks), now Healthwatch. Developing and maintaining good relationships with our stakeholders enables us to keep them apprised on our activities, issues and developments, as well as answering specific concerns and questions as they arise.

During 2012/13, we attended formal meetings of the health scrutiny committees for all the local authorities which cover our hospitals and local population – the London Boroughs of Newham, Tower Hamlets and Waltham Forest, and the City of London Corporation. We also attended committees for the London Boroughs of Hackney and Redbridge as and when requested. In addition, we attended meetings of the Joint Health Overview and Scrutiny Committees for Inner and Outer North East London.

Scrutiny committees have a statutory role to monitor decisions, review policies and performance and to make recommendations for future action. Senior representatives from Barts Health regularly attend scrutiny meetings to provide elected members with updates on our activities, performance and future plans. We work closely with the councils’ scrutiny officers to answer any additional questions from elected members which arise outside of formal meetings, and to help the councils set their yearly scrutiny programmes. We provide written briefings and updates on priority issues to the committees in advance of their meetings, so that members are fully informed beforehand. We also host visits to our hospitals for elected members in order to help them gain a greater understanding of how our services operate and to help inform their discussions.
During 2012/13 we established a Local Authority Forum to share information on and discuss key developments in the Trust and the local health economy, promote joint working to secure greater integration in the planning of health and local government services and identify joint opportunities to promote and improve population health. Forum members include senior officers and elected members from the London Boroughs of Newham, Tower Hamlets, Waltham Forest and Redbridge and the City of London Corporation, along with our Chair and Chief Executive.

From 1 April, public health departments across England became part of local authorities. We will continue work together with our public health colleagues through our members of each local authority’s Health and Wellbeing Board.

Our hospitals and local communities are covered by 16 elected Members of Parliament (MPs) and three Members of the London Assembly (MLAs). During the year, we met with many of them, providing tours of our hospitals and services and updating them on operational issues and activities. We also continued to answer questions and concerns which elected members raised with us, either directly or on behalf of their constituents.

During 2012/13, we continued to work with colleagues in the Local Involvement Networks (LINks), answering questions raised on behalf of patients and local residents and Network members. We participated in community involvement events hosted by LINKs, undertook tours and supported Enter and View visits to our hospitals, through which LINk members exercise their statutory role of scrutinising the quality of health and social care services.

We also contributed to LINk newsletters and provided other engagement opportunities including the opportunity for LINk members to meet with and question senior leaders from Barts Health. On 1 April 2013, LINks were replaced with Healthwatch, and there is now a Healthwatch organisation covering each of the local authorities we work regularly with. As the new Healthwatch teams come into place, we are working with them to ensure that we continue to provide opportunities for them to review and scrutinise our services and standards.

In October 2012, we fulfilled a longstanding commitment to improve dialogue with local community groups in Tower Hamlets and to look at ways of working together to ensure
that our services meet the needs of the many communities who live in the area. We held an event attended by over 20 local groups and ethnic media organisations, and we are now building on these relationships further. Colleagues from the East London Mosque have provided senior Barts Health staff with awareness of the Muslim culture, and we also participated in an event organised by the Osmani Trust to help improve engagement between young people and local health services. During 2013/14, we will build on these relationships further, as well as working with Healthwatch and local authority colleagues to develop and improve similar relationships with communities in Newham and Waltham Forest.

Improving the patient experience

We are keen to promote an open culture where feedback is welcomed and acted upon. Much of the feedback that we get from patients and their families is extremely positive, praising our staff, services and new facilities. However, we know that we can only continue to grow as a forward-thinking organisation if we learn from the more critical comments too.

The Patient Advice and Liaison Service (PALS), and the Complaints Teams work together with CAG Governance Teams to encourage patients to raise and report any concerns. Their aim is to improve the services that we offer by responding to feedback and taking appropriate action. The ethos of PALS is to respond promptly to concerns and resolve them as quickly as possible, thereby preventing concerns from escalating unnecessarily to formal complaints.

In 2012/13, a total of 6011 people, compared with 6,466 in the previous year, contacted PALS (many of them were asking for information and advice) and 4652 people raised concerns that PALS helped to resolve. Below are some examples of how PALS helped our patients.

A&E - (problem solving on behalf of a patient)

Issues of concern

A patient contacted the PALS team as he was concerned that he had attended hospital and a discharge summary had not been sent to his GP, despite two attempts on the patient’s part to get the information sent.
PALS intervention
PALS took further details from the patient to confirm his identity and contacted the A&E Administration Manager. The Administration Manager checked the system and considered it appropriate that the patient had a copy of the discharge summary. The patient was subsequently invited to return to A&E to collect a copy of the discharge summary.

Capital Hospitals LTD / PFI Project (facilities and staffing issues)
Issues of concern
A patient’s wife contacted PALS to raise concerns about;
- a lack of facilities in the new hospital
- inefficiencies in the patient transport system
- an inadequate number of porters to take patients to clinics
- inadequate seating for patients waiting
- a broken vending machine

PALS intervention
PALS liaised with both the Facilities and the New Hospitals Teams, to establish what could be done to resolve the complainant’s concerns. PALS also made enquiries about the vending machine and they were informed that it would be serviced as a matter of priority. The seating and portering issues were escalated to the Facilities Management Team who agreed to undertake an investigation into the concerns raised. PALS then contacted the complainant and relayed the developments to her. She confirmed that she was content with these developments.

Since these issues were raised it has been established that there were enough porters to provide a service to patients, but there was an inadequate number of wheelchairs. This resulted in delays while the porters searched around the hospital for wheelchairs. The Trust has since invested in brand new coin operated wheelchairs which limits their removal from the hospital. There have since been fewer concerns about the availability of porters.

When concerns become complaints
When it is not possible to resolve a concern, PALS support patients through the Trust’s complaint process. A total number of 1,994 reportable complaints were received in 2012/13, compared with 1,817 in the previous year. This is an increase of 177 more complaints this year than the previous year.
Performance

Our performance target is that any reportable complaint must be acknowledged within three working days and that the complaint should be answered within the negotiated timescale agreed between the Trust and the person making the complaint. Of the 1,666 complaints closed during the year, 91% were acknowledged within three working days and 77% were responded to on time. The chart below indicates a decrease in performance compared with the previous year. One of the contributory factors to this drop in performance was staff knowledge of complaints management and how to administer the process. It was identified that some staff, following the merger, had complaints management as a key component of their role, but were new to complaints handling. Furthermore, post the merger, it took staff a little while longer than anticipated to settle into the new organisation, and new hospital sites following relocation from the previous sites where they were based.

Since then, staff have settled into their new roles and departments and where needed staff have been provided with training. In addition to this, ongoing support from the Corporate Patient Experience Team by way of: shadowing, leading by example and drafting letters, providing advice and managing complex complainants / complaints has also been provided as and when required.

Chart 1: The Trust’s complaints performance compared with the previous year

![Chart showing performance comparison](chart.png)
The issues that people raised
The most common theme of complaints continues to be:
- Diagnosis and treatment - its quality and the appropriateness of treatment provided
- Communication (verbal, written and electronic) - its accuracy, style and timeliness
- Appointments and clinics - due to delays in receiving appointments, cancellation of appointments and delays in rescheduling cancelled appointments

We have made great efforts in the area of our communication and have been working with our healthcare partners to improve the flow of information between the Trust, GPs and service users. We have started to include our PALS information on all new patient information leaflets, so that patients who have further questions know who to speak to and we have launched a new website, improving access by bringing together in one place all of our service information.

In response to complaints about appointments, some improvements have already begun to take place, including a new improved booking system for cancer services to improve chemotherapy patients’ experience of booking systems.

In response to concerns about end of life care, a review of staffing levels and ensuring specialist nurses are available to provide advice and support to clinical staff around the management of palliative patients’ care has now been implemented.

Chart 2. Common themes of complaints the Trust closed in 2012/13 and 2012/11
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

Over the past year, the Parliamentary and Health Service Ombudsman (PHSO) indicated an interest in 61 of Barts Health NHS Trust complaints. Of these 61 cases:

- 34 cases have been closed with no further action required by the Trust
- 22 cases are undergoing assessment to ascertain if any further work is needed to reach a resolution
- Five cases have been referred back to the Trust for further local resolution.

Of these cases, actions for the Trust have included:

- making a copy of the SI report written available to the complainant
- providing an apology for inconveniencing the complainant
- making copies of policies and procedures for transport available to a complainant
- providing recompense of £200 to a complainant for the inconvenience cause by inadequate communication between clinical staff.
Although the Trust has a high number of cases which the PHSO have indicated an interest in, 56% of those cases have already been closed down with no further action necessary. The Trust always offers the option of further local resolution to complainants, should it be that they remain dissatisfied with the final response they receive.

We feel that it is important our patients are given the information they need to make informed choices about how they can pursue their complaints further should they wish to do so, and include clear information at the end of each response letter about how complainants can access the PHSO. It is possible, that this is a reason why the Trust has a high number of referrals to the PHSO.

**Excellence in education**

Our education strategy focuses on improving the quality of patient care and experience by ensuring service delivery and development by highly trained and skilled staff. All education and training is developed and delivered to the best possible standards and to provide the best possible educational experience. By delivering excellent education and training, we will continually improve the quality of patient care and experience and add to the skill set, richness of experience and career development of our staff.

Career progression through in-house and sponsored training has seen staff develop skills and qualifications from a range of basic levels to operation at the highest levels of professional function.

We also play a local regional and national role in clinical practice, research and education and training. We have developed many areas of education excellence that are improving standards for patients living in east London and beyond.

- Our trauma unit trains emergency care professionals from around the country.
- Our community dental teaching is a model example of the way in which innovative education and training has raised standards, not only in the student experience, but also in community dental health.
- The nursing placement scheme is highly regarded at a national level
Our simulation centre is state of the art
Our medical equipment training has met the highest standards in external reviews
We provide a range of training to other local hospitals and trusts

As one of the largest healthcare providers in the UK, Barts Health has a unique opportunity to influence the care of patients, our local population health and skills of our staff by providing outstanding training and development.

**Promoting equalities inc. disability policy and equal opps**

As a health care provider and a major local employer, we recognise that we play an important role in promoting equality and eliminating discrimination in the wider community. Our vision of ‘changing lives’ is underpinned by a commitment to human rights, equality and diversity.

As one of the largest employers in north east London, we believe that we have a greater part to play than just meeting our statutory obligations and have taken a number of steps in service delivery and employment practices to bring human rights, equality and diversity to life.
Our vision is for Barts Health to become a leader in the field of promoting equality, valuing diversity and tackling health inequality whilst building strong and sustainable partnerships. Historically, certain groups have been disadvantaged in regards to their experiences as a service user, carer or employee in the NHS on the basis of their age, disability, gender reassignment, maternity and pregnancy, marriage or civil partnership, religion or belief, sex or sexual orientation. Our policy on human rights, equality and diversity, which details our commitment is available on the Trust website at www.bartshealth.nhs.uk/policies.

Public Health and Equality Committee
The Public Health and Equality Committee was established as a sub-committee to the Trust board to oversee the Trust’s approach to meeting its strategic objectives with regards to reducing health inequalities, promoting human rights, equality and diversity and also ensuring the Trust’s compliance with the Equality Act 2010. The committee meets three times a year and is chaired by one of the Trust’s Non-Executive Directors, which reports to the Trust Board on progress in compliance.

Mainstreaming issues of equalities into our broader work on health inequalities is critical to achieving Barts Health’s ambition to make a positive impact on the health of people in east London. To this effect, a work programme under four themes has been agreed by the Public Health and Equality committee:
- 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
During the last year we proudly announced our success at becoming a Stonewall Health Champion. In 2012, we became one of 20 nationally recognised health organisations that received support from Stonewall to improve on patient care for lesbian, gay and bisexual service users and their families. This undoubtedly contributed to the remarkable achievement of being recognised as one of the 10 top performing NHS healthcare organisations nationally in Stonewall’s first Healthcare Equality Index in 2013.
We have fostered relationships with community groups in order to have a better understanding of the diverse needs of the population we serve and initiate improvement plans arising from these contacts. For example a community event was organised with the Asian Parents Association for Special Needs in Tower Hamlets (APASENTH), a visit was made to the local mosque and following these and other community engagement activity, a community employment working group has been established with the aim of supporting local employment.

**Tackling health inequalities at the root**

Barts Health recognises that health inequalities are linked to a range of issues, including joblessness and poverty. To address this we are actively promoting the employment of local people through channels such as the Trust’s open day events and the apprentice scheme.

Also, as part of our efforts to understand the root causes of in-work poverty and addressing culture change, the Trust took part in a research programme funded by the Joseph Rowntree Foundation. Findings from this research will help the Trust to understand more about in-work poverty and what we can do to contribute to its decline.

**Becoming the employer of choice**

Barts Health took part in the NHS Staff Survey 2012 with 5000 of our 14,000 employees submitting responses. An analysis of the responses has highlighted the need to focus on staff with a disability, with the aim of facilitating a culture of disclosure and competence across the organisation in meeting the ‘reasonable adjustment’ requirements for staff with a disability.

The Trust has been working closely with Stonewall to undertake an equality audit of its employment policies, design and delivery of sexual orientation training to staff and support in setting up a staff network.
Following a series of staff engagement events across all sites, a Trust-wide staff diversity network, change champions and a network of dignity at work advocates continue the work in building Barts Health as a great place to work.

Building on our achievements to date we will continue to make improvements throughout the coming year. This will include human rights, equality and diversity training, a performance and talent review process - designed to ensure that performance reviews for all staff are of a consistent quality, that we all develop the behaviours and skills to help us achieve the Barts Health vision and more support for staff who report incidents of bullying or harassment.

Going forward, we remain committed to being the employer of choice offering the very best environment for receiving healthcare. Our activities throughout the coming year will consolidate this aspiration, as we continue to prioritise this vital work.

The Trust published its first Annual Equality Report in January 2013, and this can be accessed via the website at www.bartshealth.nhs.uk/about-us/equality-and-diversity

**Our workforce**

![Barts Health Staff Locations](image)

- 24% Wider Local
- 39% “Non local”
- 37% Core boroughs
Barts Health Staff Group Profile

- Nursing and Midwifery Registered: 35%
- Administrative and Clerical: 21%
- Medical and Dental: 16%
- Additional Clinical Services: 14%
- Allied Health Professionals: 6%
- Add Prof Scientific and Technical: 4%
- Healthcare Scientists: 3%
- Estates and Ancillary: 1%
- Students: 0%

Barts Health Sickness Absence

- Sick FTE (In Month)
- Overall Annualised Rate
- Long Term Sick (In Month)
- Short Term Sick (In Month)
- In Month Rate
Being a responsible organisation

In creating Barts Health we undertook to make the most of the opportunities this presented, not least as the largest local employer and as a significant procurer of goods and services. We will deliver a robust public health and sustainability programmes that will have a positive impact on all those working with or for Barts Health and those working or living in the boroughs we serve.

Our sustainability agenda

Barts Health NHS Trust is committed to creating healthy, sustainable communities; addressing both its own environmental impact, as well as tacking some of the wider determinants of health, such as poor air quality and fuel poverty.

At Barts Health we occupy over 500,000m² of NHS estate; 3% of the acute real

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Annual Sickness Absence by Staff Group

- Add Prof Scientific and Technic: 1.56%
- Additional Clinical Services: 2.59%
- Administrative and Clerical: 3.74%
- Allied Health Professionals: 4.94%
- Estates and Ancillary: 2.42%
- Healthcare Scientists: 1.88%
- Medical and Dental: 2.23%
- Nursing and Midwifery: 0.60%
- Registered Students: 3.50%
- Students: 1.56%

Annual Sickness Absence by Staff Group

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<th>Staff Group</th>
<th>Absence Rate</th>
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<tr>
<td>Add Prof Scientific and Technic</td>
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estate in the NHS and 1.7% of the overall estate. Improving the efficiency of our built environment and reducing emissions is therefore critical to us achieving both financial and carbon savings. To date we have reduced our emissions by 17% releasing £2m, which can be redirected back into front line patient care - the equivalent of 94 nurses. This puts us on target to achieve the Climate Change Act reduction of 34% by 2020.
We have an annual energy bill of £12 million, with an additional £2.5 million being spent on waste and water. Our building energy emissions sit just shy of 80,000 tonnes a year - enough to power and heat over 7,000 homes for a year. With the Trust obligated to pay a tax on its carbon emissions, this adds a further £1 million to our utility costs.

Over the past year the organisation has focused on key elements of carbon and energy reduction across the new organisation. Here are some of the highlights of what has been achieved at Barts Health over the past year.

The Trust hosted NHS Sustainability Day, a day created to enable all NHS and healthcare organisations to take action on climate change. In total over 100 NHS organisations and private partners took part, creating change and raising awareness. Across Barts Health a number of activities which took place to show case what can be achieved:

- Hand therapies department garden design
- Children’s wards designed recycling stations
• Volunteers created a gardening space for trusts the gardening club
• Solar bins were used across the organisation
• Waste and recycling was showcased and the chairman gave awards to those who have outperformed over the course of the year
• Gardening equipment was donated to the benefit the gardening club
• Sustainability champions showcased Operation TLC actions and installed draft proofing to three of our single glazed buildings
• Sustainable, locally sourced meals were served in our restaurants and to our patients
• Electric vehicles were used to transport goods between sites
• 30 trees were planted across the organisation
• Installation of six electric vehicle points.

The Trust has invested in energy efficiency and carbon reduction measures driving the reduction in carbon emissions and improving facilities for cyclists.

We have implemented/delivered an integrated sustainable waste programme; driving compliance, reducing emissions from road miles by 5,000 tonnes and saving the organisation £300K to date. With waste prices and landfill tax increasing we are setting ambitious targets to remove all waste from landfill and increase rates of recovery and recycling across all our hospital sites. We currently recover or recycle nearly half of our waste, and we will look to increase this to around 60% over the coming three years. This will reduce our impact on the environment, as well as reducing costs and emissions from our waste.
Operation TLC is a focused and measured behavioural change programme focused on delivering financial and cabin savings, and improving patient experience. Engaging across all levels of the organisation from the Chief Executive to key clinical and ancillary staff programme has delivered significant savings and improvements. The Trust will be showcasing the results later this year to aid other NHS organisations to deliver similar results.

With the opening of the state of the art Royal London Hospital in 2012, that has a significantly larger floor area and hosts more specialised equipment than the previous estate, we have seen an increase in consumption across all utilities. This was expected, as the new hospital is 25% larger than the previous hospital estate, however, the investment allows the Trust to deliver highly specialised care in a fit for purpose facility and we have established a consortium energy group to explore ways that we can become more energy efficient.

The past year has seen a significant rise in utility prices and this is set to continue over the coming years. According to the Estates Return Information Collection (ERIC) data, produced for the Department of Health, the NHS currently faces a collective bill of £550 million per annum. This is set to rise to £995 million by 2021. With the rise in fuel prices projected to continue we are seeking to generate significant investment in energy efficiency measures and infrastructure improvements through an Energy Performance Contract (EPC) model. The contract will enable the Trust to improve the efficiency and resilience of its building stock whilst reducing cost and carbon emissions, ensuring we achieve the legislative target of a 34% reduction by 2020 (on a 1990 baseline).

Water prices are also set to rise significantly over the coming years, with the establishment of the Thames Tideway Tunnel creating increases of circa 25% for all Londoners and London based businesses.
In order to address the social aspects of sustainability within the organisation and to deliver the Trust’s vision to change the lives of those who live and work in east London we have embarked on a programme of work which will, over the following two years, deliver;

- A reduction in fuel poverty across the boroughs in which we operate
- A reduction in poor air quality
- A food and nutrition programme to educate young people within our boroughs
- Gateways for locally sourced produce
- Apprenticeship schemes to improve local employment opportunities.

Over the next three years we will continue to invest in our estate and ensure that existing measures are replicated across the whole portfolio. Future investment will be focused on improving infrastructure and resilience as well as delivering ambitious carbon reduction savings.

**Our public health agenda**

North east London suffers from high levels of health inequalities. In the three boroughs where Barts Health is based (Newham, Tower Hamlets and Waltham Forest) life expectancy (male and female) is significantly worse than the England average, as are a significant range of other outcomes, such as early deaths from cancer, heart disease and stroke.

When Barts Health NHS Trust was created from three legacy Trusts we decided to embark on a public health approach that would help address these inequalities. We have developed a public health vision based on three key themes:

- Theme one focuses on how we work with our patients and to this end we aim to make every contact count for health promotion in everyday healthcare. Currently we have been working towards improving referrals to local stop smoking services, as smoking is the biggest cause of premature mortality in the communities we serve.
- Theme two focuses on how we support staff health and wellbeing. We know that a healthy and engaged workforce is essential to the delivery of top quality healthcare. As part of this we have developed a health and wellbeing working group and are developing a comprehensive approach that will offer every member of staff the opportunity to get and stay fit and well.
Theme three focuses on how we address the broader determinants of health. One way we are addressing this is by increasing local employment at the Trust through the Community Works for Health programme. We will also use our power as a major purchaser of goods and services to support local economy as far as possible as well as develop a more sustainable approach to how we operate.

**Supporting the local community**

The Trust is committed to being a good local employer and already has a high proportion of local residents among its workforce, but we are committed to do more to support the local community. We have extended our Community Works for Health programme across all Barts Health sites in order to maximise local opportunities. As part of this, in 2012/13 we introduced new apprenticeship roles in operating theatres, laboratories and clinical administration roles and a new improved pathway to employment for local people.

Over 100 local people attended the Barts Health Community Awards event in October 2012, which acknowledged the efforts of local people in obtaining work and training with the Trust.
Managing Barts Health
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, seven Non-Executive Directors (NEDs) and two non-voting members. 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 are invited to attend Board meetings for specific items as agreed with the Chairman.

The Trust Board meets regularly in public so that it can regularly discharge its duties (the Board met 10 times in public during 2012/13). 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 Non-Executive Directors

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), who has lived and worked locally for 25 years, has great passion for sustaining community life in East London through good health, housing and education, and is committed to working in partnership with staff and the local communities. In addition to his role as Chairman of Barts Health NHS Trust, Sir Stephen is currently President of Proshanti, a charity promoting the construction of a health centre in Bangladesh and is Chair of International Health Partners, Unitas Communications and Deputy Chairman of Woods River Cruises and Water City Developments. Additionally, he is a Trustee of the High Street Fund, Mayor’s Fund for London, Barts and The London Charity and The Sports and Health Partnership. Previously, Sir Stephen was Chair of the legacy Barts and The London NHS Trust and a former Chairman of London First, the influential business campaign group which works to support and shape London’s future.

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.

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 the 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 is 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 Len Richards (Chief Operating Officer)** has extensive experience in service integration and improvement and has previously been Chief Executive at Wirral University Teaching Hospital NHS Foundation Trust. In his six year tenure, he oversaw the journey of the hospital to become a foundation trust and in 2008 the trust was accredited by Dr Foster as the Best Large District General Hospital outside of London. During his career Len has been involved in two mergers, and the development of a Strategic Partnership between the Wirral and The Countess of Chester. Len joined Newham University Hospital NHS Trust as Interim Chief Executive in October 2011.

**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.

**Ms Millie Banerjee (Non-Executive Director)** has had a long and varied career in the private and public sectors. She spent 25 years with BT where she was made Director of BT Products and Services before becoming Chief Operating Officer at ICO Global Communications. Millie was a Board Member of East London and the City Primary Care Trust from 2009 until March 2012. Currently she is the Chair of the British Transport Police Authority and of Working Links and the Nominet Trust. She has held several non-executive appointments including a non-executive director of the Cabinet Office, Channel 4 TV, the Prisons Board, the Peabody Trust and Ofcom. She was also the Chair of Postwatch, the postal regulator Postcomm and the Carnegie UK Trust. Millie studied at Camden School for Girls and University College London. She studied at Greenwich University from where she has an honorary doctorate. Millie was the High Sheriff of Greater London for the year 2012/13.
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.

Ms Sally James (Non-Executive Director) is a lawyer who has spent most of her professional career in international banking. She was previously an Associate non-Executive Director and latterly a non-Executive Director of Barts and The London NHS Trust. She is also a non-Executive Director and Chair of the Audit Committee of UBS Limited, non-Executive Director and Chair of the Risk Committee of Towry Ltd and Independent Member of Council and Chair of the Audit Committee of the University of Sussex.

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 Whipps 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.

**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 below, together with a summary of mandatory duties that are carried out by Board committees.
Board Committees

Trust Board

- Remuneration Committee
- Nomination Committee
- Quality Assurance Committee
- Audit and Risk Committee
- Public Health and Equalities Committee
- Finance and Investment Committee
- Foundation Trust Project Board

Executive leadership of the Trust

Members
- Peter Morris (C)
- Mark Ogden
- Steve Ryan
- Kay Riley
- Ian Walker
- Frances O’Callaghan
- Michael Pantlin

Group

- Trust Management Board
- Remuneration Committee
- Nomination Committee
- Quality Assurance Committee
- Audit and Risk Committee
- Public Health and Equalities Committee
- Finance and Investment Committee
- Foundation Trust Project Board

Role

- Remuneration policy and performance management framework
- Appointment of executive directors
- Assurance on clinical quality, safety and performance
- Assurance on risk management, governance and financial management
- Delivering diversity and equality objectives, including health inequalities and public health
- Financial performance, plans, investment policy and major investments
- Foundation Trust application and planning oversight

Members
- Anne Whitaker (C)
- Sally James (VC)
- Gautam Dalal
- Philip Wright
- Alastair Camp
- Richard Trembath
- Stephen O’Brien

Attendees
- Peter Morris
- Kay Riley
- Steve Ryan
- Len Richards
- Paul Murphy
- fingerprint

Members
- Philip Wright (C)
- Alastair Camp (VC)
- Gautam Dalal
- Anne Whitaker

Attendees
- Sally James
- Richard Trembath
- Shona Brown

Members
- Gautham Dalal (C)
- Frances O’Callaghan

Attendees
- Kean Walker
- Kay Riley
- Michael Pantlin

Members
- Stephen O’Brien (C)
- All Trust Board members

Members
- Philip Wright

Foundation Trust application and planning oversight

Members
- Gautam Dalal (C)
- Frances O’Callaghan

Attendees
- Kean Walker
- Kay Riley
- Michael Pantlin

Members
- Stephen O’Brien (C)
- All Trust Board members

July 2013
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 for 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 Internal Audit and the Clinical Audit function.

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 as an annual report on its work. During 2012/13, the terms of reference have been amended to expand the Committee’s scope to include a broader overview of operational delivery, given its close relationship to the quality agenda. The terms of reference for the Audit and Risk 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 senior management for whom remuneration is set outside the NHS Agenda for Change structure. The remuneration of all directors 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.

**Attendance**

Attendance by members of Board committees in 2012/13.

<table>
<thead>
<tr>
<th>Board member</th>
<th>Trust Board (Parts 1 and 2)</th>
<th>Audit and Risk Committee</th>
<th>Quality Assurance Committee</th>
<th>Remuneration Committee</th>
<th>Finance and Investment Committee</th>
<th>Public Health and Equalities Committee</th>
<th>Foundation Trust Project Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen O’Brien</td>
<td>17/21</td>
<td>6/6</td>
<td>5/6</td>
<td>8/10</td>
<td>3/3</td>
<td>4/4</td>
<td></td>
</tr>
<tr>
<td>Philip Wright</td>
<td>21/21</td>
<td>3/4</td>
<td></td>
<td>5/6</td>
<td></td>
<td>10/10</td>
<td></td>
</tr>
<tr>
<td>Millie Banerjee</td>
<td>15/21</td>
<td>3/4</td>
<td></td>
<td>4/6</td>
<td></td>
<td>2/3</td>
<td>3/4</td>
</tr>
<tr>
<td>Alastair Camp</td>
<td>17/21</td>
<td>4/4</td>
<td>4/5</td>
<td>4/6</td>
<td></td>
<td>3/3</td>
<td>4/4</td>
</tr>
<tr>
<td>Gautam Dalal</td>
<td>16/21</td>
<td>4/4</td>
<td>6/6</td>
<td>5/6</td>
<td></td>
<td>9/10</td>
<td>4/4</td>
</tr>
<tr>
<td>Sally James</td>
<td>16/21</td>
<td>4/4</td>
<td>5/6</td>
<td>3/6</td>
<td></td>
<td></td>
<td>2/4</td>
</tr>
<tr>
<td>Richard Trembath</td>
<td>16/21</td>
<td></td>
<td>1/6</td>
<td>2/6</td>
<td></td>
<td></td>
<td>3/4</td>
</tr>
<tr>
<td>Anne Whitaker</td>
<td>19/21</td>
<td>3/4</td>
<td></td>
<td>6/6</td>
<td></td>
<td>8/10</td>
<td>3/3</td>
</tr>
<tr>
<td>Peter Morris</td>
<td>19/21</td>
<td></td>
<td></td>
<td></td>
<td>10/10</td>
<td></td>
<td>3/4</td>
</tr>
<tr>
<td>Mark Ogden</td>
<td>11/13</td>
<td></td>
<td></td>
<td></td>
<td>6/7</td>
<td></td>
<td>4/4</td>
</tr>
<tr>
<td>Len Richards</td>
<td>20/21</td>
<td></td>
<td></td>
<td>10/10</td>
<td>2/3</td>
<td></td>
<td>2/4</td>
</tr>
<tr>
<td>Kay Riley</td>
<td>20/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/3</td>
<td>3/4</td>
</tr>
<tr>
<td>Steve Ryan</td>
<td>19/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/3</td>
<td>4/4</td>
</tr>
</tbody>
</table>

Notes: The figures indicate the number of meetings attended by the relevant member/total number of meetings held. The Nominations Committee held one ‘virtual’ meeting via email during the year. All members of the Committee participated in the decision making process.

**Board effectiveness**

An externally-led board development programme was initiated during 2012/13. The diagnostic phase has included an assessment of board and committee performance and effectiveness, using one-to-one interviews with board members, observation of meetings, review of board and committee papers, staff and stakeholder workshops and interviews and a review of the Trust’s Quality Governance arrangements. The full results of this external assessment of board effectiveness is due to be received by the
Board in June 2013 and will inform the implementation of an action-focused
development programme to improve board effectiveness.

Ahead of the results of the external review, a discussion on board effectiveness took
place at a board strategy day in April 2013. This concluded that good progress had
been made during the first year in implementing the new governance structure and
ensuring that the Board and its committees were discharging their key duties in an
effective manner. It also identified areas for further development, including in relation
to more systematic internal and external communications and engagement and
ensuring that feedback loops are closed appropriately. 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 2 July 2012 and the Chairman’s appraisal
took place on 16 October 2012. The Chairman will appraise Non-Executive Directors
on an annual basis. For the first appraisal round in May 2013 this will benefit from
feedback from a board development exercise led by Deloitte during Spring 2013. The
Chief Executive will conduct the appraisals of Executive Directors during May 2013.

**Risk management**

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 Strategy
and 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 the Trust’s
annual accounts) provides a year-end assessment of the Trust’s systems of control
and key issues that materialised during the year. The following were identified as the
principal risks to the Trust objectives (scores shown are risk scores as at quarter four.

<table>
<thead>
<tr>
<th>Board Assurance Framework - Risk entry</th>
<th>Objective domain</th>
<th>Quarter 4 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>Operational / Quality</td>
<td>5x4=20</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 Insufficient emergency care capacity and failure to address patient flow</td>
<td>Operational / Quality</td>
<td>5x3=15</td>
</tr>
<tr>
<td>Number</td>
<td>Description</td>
<td>Category</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>3.</td>
<td>Insufficient emergency care capacity and failure to address patient flow issues impacts on patient safety and experience and meeting national standards.</td>
<td>Operational / Quality</td>
</tr>
<tr>
<td>4.</td>
<td>Lack of a robust infection prevention framework for eliminating avoidable health care associated infections impacts on patient safety and experience.</td>
<td>Operational / Quality</td>
</tr>
<tr>
<td>5.</td>
<td>Absence of an integrated informatics infrastructure to ensure that the ‘right information at the right time’ is available adversely impacts on patient treatment or flagging safety issues.</td>
<td>Operational / Quality</td>
</tr>
<tr>
<td>6.</td>
<td>A failure to systematically assess the health of teams, in particular team cultures, and the effectiveness of individual services adversely impacts on quality of care.</td>
<td>Workforce / Quality</td>
</tr>
<tr>
<td>7.</td>
<td>Underachievement of CIPs and other expenditure controls leads to increased challenge to LTFM in subsequent years and to ongoing financial sustainability.</td>
<td>Financial / Quality</td>
</tr>
<tr>
<td>8.</td>
<td>Cost improvement plans involve workforce changes and temporary staffing controls that adversely impact on quality and safety.</td>
<td>Financial / Quality</td>
</tr>
<tr>
<td>9.</td>
<td>The lack of sufficiently robust workforce information impairs decision-making and the optimal use of workforce resources to deliver safe patient care efficiently.</td>
<td>Workforce / Quality</td>
</tr>
<tr>
<td>10.</td>
<td>Non-compliance with mandatory systems and policies and a failure to engage staff on its importance adversely impacts on safety and efficiency.</td>
<td>Workforce / Quality</td>
</tr>
<tr>
<td>11.</td>
<td>A failure to develop a Clinical Strategy consistent with the LTFM and delivery of merger full business case benefits impacts on the organisation’s foundation trust trajectory.</td>
<td>Strategy / Quality</td>
</tr>
<tr>
<td>12.</td>
<td>Statutory and mandatory training non-compliance results in patient safety risks and impairs quality of care.</td>
<td>Academic / Quality</td>
</tr>
</tbody>
</table>

The above entries describe the key risks above relate to the Trust’s operational, clinical quality, financial, workforce, strategic and academic objectives. These risks were identified following a detailed review of the Trust’s main risk reporting tool (the risk register). The executive Risk Management Committee, chaired by the Chief Executive plays a key role in monitoring the key risks to the organisation, while the Board seeks assurances directly or through its assurance committees as outlined in the above colour coding.
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 6-monthly basis.
- The Trust Office maintains a database of all gifts and hospitality offered and/or accepted during the year.
Financial review
Chief Financial Officer’s report

In its first year, the newly formed organisation delivered a good financial performance by posting a small surplus. This is consistent with the commitment made in the merger business case and we now need to secure the underlying financial position over the next three years, to break even, as transitional support tapers off.

The initial year of any large merger is often a demanding time for the Trust at large and the finance directorate in particular and this was the case for Barts Health in 2012/13, combined with the continually increasing pressure on NHS resources, the drive for £20 billion worth of efficiencies across the NHS and the move to a new health system, it created a series of complex challenges which we had to navigate our way through. For this reason it is even more pleasing to be able to report that the Trust continues to deliver against the major ambitions and commitments it was set.

The Trust achieved the 2012/13 Cost Improvement Plan savings target set as part of its merger Full Business Case. The level of savings achieved was, however, below the stretch target that the Trust set itself for the year and there will be significant challenges ahead in 2013/14 to improve the underlying income and expenditure position for the Trust and achieve a higher level of savings. We will need to ensure that identified savings from the merger, and other areas, are embedded with further efficiencies being identified and contributing to the cost improvement requirement over the next three years. To achieve this, the Trust has started a Turnaround process as progress in the first quarter of 2013/14 has not been sufficient. This process will engage the whole organisation in making the necessary efficiency savings while ensuring patient safety remains paramount in delivering this. We will also need to develop a strong relationship with our new colleagues and commissioners, established by the changes to the health system. It is therefore important that we ensure the Trust continues to lay the financial foundations for the future, by ensuring the financial basics are done to the highest standard.

As we go forward the focus will be on developing strategies that maintain high quality care for the patient and deliver the best value for money for the local health economy. Last year we invested over £100m of capital in maintaining and developing the estates to support high quality care; in 2013/14 we will continue to ensure that our capital spend is prioritised into those areas which will have the greatest impact for patients.

The finance and procurement directorate, alongside all Trust staff, will develop greater financial control through 2013/14, ensuring better management of costs and income. This will be supported by enhanced reporting initiatives such as Service Line Reporting (SLR), which will be introduced in the coming financial year and will help our clinicians manage and control costs at a detailed level. During 2012/13 over £3m of annual savings were produced by development of our procurement processes, these are significant savings and work will continue in 2013/14 to drive this still further. To achieve these aims the directorate will work closely with clinical teams in a
proactive manner to provide a stable, sustainable financial platform to support the Trust as a whole in achieving the best for our patients. I look forward to reporting progress to the Board throughout the year.

Mark Ogden
Chief Financial Officer
Summary financial statements 2012/13

These accounts for the year ended 31 March 2013 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
Chief Executive

Mark Ogden
Chief Financial Officer

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer for the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. 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 examined the summary financial statement for the year ended 31 March 2013 which comprises the Statement of Comprehensive Income, Statement of Financial Position, Statement of changes in taxpayers’ equity, Statement of Cash Flows, Better Payment Practice Code, Operating Expenses, Sources of Income and the Remuneration Report.

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 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. 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

The directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 “The auditor’s statement on the summary financial statement in the United Kingdom” issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of Barts Health NHS Trust for the year ended 31 March 2013.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements and the date of this statement.

Grant Thornton UK LLP
Grant Thornton House
Melton Street
London NW1 2EP

26 July 2013
## Statement of comprehensive income for the year ended 31 March 2013

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2011/12*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Gross employee benefits</td>
<td>(732,202)</td>
<td>(704,517)</td>
</tr>
<tr>
<td>Other costs</td>
<td>(600,624)</td>
<td>(774,821)</td>
</tr>
<tr>
<td>Revenue from patient care activities</td>
<td>1,044,075</td>
<td>998,199</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>280,263</td>
<td>232,047</td>
</tr>
<tr>
<td>Operating deficit</td>
<td>(8,488)</td>
<td>(249,092)</td>
</tr>
<tr>
<td>Investment revenue</td>
<td>208</td>
<td>435</td>
</tr>
<tr>
<td>Other gains</td>
<td>275</td>
<td>231</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(40,515)</td>
<td>(22,775)</td>
</tr>
<tr>
<td>Deficit for the financial year</td>
<td>(48,520)</td>
<td>(271,201)</td>
</tr>
<tr>
<td>Public dividend capital payable</td>
<td>(717)</td>
<td>(5,922)</td>
</tr>
<tr>
<td>Retained deficit for the year</td>
<td>(49,237)</td>
<td>(277,123)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>0</td>
<td>(17,663)</td>
</tr>
<tr>
<td>Net gain on revaluation of property, plant &amp; equipment</td>
<td>26,167</td>
<td>11,662</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>(23,070)</td>
<td>(283,124)</td>
</tr>
<tr>
<td>Financial performance for the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained deficit for the year</td>
<td>(49,237)</td>
<td>(277,123)</td>
</tr>
<tr>
<td>IFRIC12 adjustment</td>
<td>11,633</td>
<td>262,178</td>
</tr>
<tr>
<td>Impairments</td>
<td>33,132</td>
<td>16,799</td>
</tr>
<tr>
<td>Adjustments in respect of donated asset / government grant reserve elimination</td>
<td>4,881</td>
<td>5,794</td>
</tr>
<tr>
<td>Adjusted retained surplus</td>
<td>409</td>
<td>7,648</td>
</tr>
</tbody>
</table>

* As Barts Health NHS Trust was formed on 1 April 2012, the 2011/12 comparative figures for Income and Expenditure comparators are from the consolidated accounts of the predecessor bodies, adjusted for any internal trading between the three organisations.
### Statement of financial position as at 31 March 2013

<table>
<thead>
<tr>
<th></th>
<th>31 March 2013 £000</th>
<th>01 April 2012* £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>1,037,278</td>
<td>1,076,410</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>1,875</td>
<td>1,082</td>
</tr>
<tr>
<td>Investment property</td>
<td>1,862</td>
<td>2,000</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>6,281</td>
<td>9,515</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>1,047,296</td>
<td>1,089,007</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>17,349</td>
<td>16,525</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>79,724</td>
<td>71,078</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>66,789</td>
<td>62,861</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>163,862</td>
<td>150,464</td>
</tr>
<tr>
<td><strong>Non-current assets held for sale</strong></td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>163,862</td>
<td>150,504</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,211,158</td>
<td>1,239,511</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(158,067)</td>
<td>(134,273)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>0</td>
<td>(1,660)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(16,458)</td>
<td>(14,380)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(18,473)</td>
<td>(18,815)</td>
</tr>
<tr>
<td>Working capital loan from Department of Health</td>
<td>(4,240)</td>
<td>(7,404)</td>
</tr>
<tr>
<td>Capital loan from Department of Health</td>
<td>(1,208)</td>
<td>(1,208)</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>(198,446)</td>
<td>(177,740)</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>1,012,712</td>
<td>1,061,771</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>(15,043)</td>
<td>(23,541)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(847,079)</td>
<td>(863,495)</td>
</tr>
<tr>
<td>Working capital loan from Department of Health</td>
<td>(8,480)</td>
<td>(22,217)</td>
</tr>
<tr>
<td>Capital loan from Department of Health</td>
<td>(5,455)</td>
<td>(6,663)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>(876,057)</td>
<td>(915,916)</td>
</tr>
<tr>
<td><strong>Total assets employed</strong></td>
<td>136,655</td>
<td>145,855</td>
</tr>
<tr>
<td><strong>Financed by taxpayers' equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital</td>
<td>159,725</td>
<td>145,855</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>(49,237)</td>
<td>0</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>26,167</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total taxpayers' equity</strong></td>
<td>136,655</td>
<td>145,855</td>
</tr>
</tbody>
</table>

* Barts Health NHS Trust was established with originating Public Dividend Capital totalling £145,855,000 equal to the net assets/liabilities of the three predecessor bodies. Transferred assets and liabilities have been reported as "1 April 2012" balances.
Statement of changes in taxpayers' equity for the year ended 31 March 2013

<table>
<thead>
<tr>
<th></th>
<th>Public Dividend capital £000s</th>
<th>Retained earnings £000s</th>
<th>Revaluation reserve £000s</th>
<th>Total reserves £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 April 2012</td>
<td>145,855</td>
<td>0</td>
<td>0</td>
<td>145,855</td>
</tr>
<tr>
<td>Changes in taxpayers’ equity for 2012/13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained deficit for the year</td>
<td>0</td>
<td>(49,237)</td>
<td>0</td>
<td>(49,237)</td>
</tr>
<tr>
<td>Net gain on revaluation of property, plant, equipment</td>
<td>0</td>
<td>0</td>
<td>26,167</td>
<td>26,167</td>
</tr>
<tr>
<td>New PDC received</td>
<td>13,870</td>
<td>0</td>
<td>0</td>
<td>13,870</td>
</tr>
<tr>
<td>Net recognised revenue / (expenses) for the year</td>
<td>13,870</td>
<td>(49,237)</td>
<td>26,167</td>
<td>(9,200)</td>
</tr>
<tr>
<td>Balance at 31 March 2013</td>
<td>159,725</td>
<td>(49,237)</td>
<td>26,167</td>
<td>136,655</td>
</tr>
</tbody>
</table>

Barts Health NHS Trust was formed on 1 April 2012. The assets and liabilities of the three predecessor organisations (Barts and The London NHS Trust, Newham University Hospital NHS Trust, and Whipps Cross University Hospital NHS Trust) were transferred to Barts Health through the issue of new PDC by the Department of Health to Barts Health NHS Trust.

Statement of cash flows for the year ended 31 March 2013

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2012/13 £000</th>
<th>2011/12 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating deficit</td>
<td>(8,488)</td>
<td>(249,092)</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>50,612</td>
<td>47,559</td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>44,765</td>
<td>281,917</td>
</tr>
<tr>
<td>Donated Assets received credited to revenue but non-cash</td>
<td>(1,295)</td>
<td>(12,411)</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(39,592)</td>
<td>(22,040)</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(1,467)</td>
<td>(5,337)</td>
</tr>
<tr>
<td>Increase in inventories</td>
<td>(824)</td>
<td>(493)</td>
</tr>
<tr>
<td>Decrease / (increase) in trade and other receivables</td>
<td>12,905</td>
<td>(14,419)</td>
</tr>
<tr>
<td>Increase in trade and other payables</td>
<td>10,057</td>
<td>14,629</td>
</tr>
<tr>
<td>Decrease in other current liabilities</td>
<td>(1,660)</td>
<td>(367)</td>
</tr>
<tr>
<td>Provisions Utilised</td>
<td>(11,233)</td>
<td>(3,976)</td>
</tr>
<tr>
<td>Increase in provisions</td>
<td>2,984</td>
<td>6,056</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>56,764</td>
<td>42,026</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities</th>
<th>2012/13 £000</th>
<th>2011/12 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest received</td>
<td>208</td>
<td>435</td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(31,266)</td>
<td>(78,247)</td>
</tr>
<tr>
<td>Payments for intangible assets</td>
<td>(1,056)</td>
<td>(392)</td>
</tr>
<tr>
<td>Proceeds of disposal of assets held for sale (PPE)</td>
<td>275</td>
<td>241</td>
</tr>
<tr>
<td>Net cash outflow from investing activities</td>
<td>(31,839)</td>
<td>(77,963)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before financing</td>
<td>24,925</td>
<td>(35,937)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from financing activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Dividend Capital Received</td>
<td>13,870</td>
<td>41,888</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>(16,901)</td>
<td>(8,904)</td>
</tr>
<tr>
<td>Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT</td>
<td>(16,758)</td>
<td>(11,183)</td>
</tr>
<tr>
<td>Capital grants and other capital receipts</td>
<td>0</td>
<td>12,497</td>
</tr>
<tr>
<td>Net cash (outflow)/ inflow from financing</td>
<td>(20,997)</td>
<td>33,090</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net increase/(decrease) in cash and cash equivalents</th>
<th>3,928</th>
<th>(2,847)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year</td>
<td>62,861</td>
<td>65,708</td>
</tr>
<tr>
<td>Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year</td>
<td>66,789</td>
<td>62,861</td>
</tr>
</tbody>
</table>

Note: Should the trust have cash funds available for investment, the trust would only invest with the National Loans Fund.

**Better payment practice code – measure of compliance**

<table>
<thead>
<tr>
<th>The figures below include NHS and non-NHS transactions</th>
<th>2012/13 £000's</th>
<th>2011/12 £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid in the year</td>
<td>402,537</td>
<td>499,112</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>321,063</td>
<td>397,243</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

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.

**Operating expenses**

<table>
<thead>
<tr>
<th>2012/13 £000</th>
<th>2011/12 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services from other NHS trusts</td>
<td>164</td>
</tr>
<tr>
<td>Services from PCT’s</td>
<td>129</td>
</tr>
<tr>
<td>Services from other NHS bodies</td>
<td>144</td>
</tr>
<tr>
<td>Services from foundation trusts</td>
<td>220</td>
</tr>
<tr>
<td>Purchase of healthcare from non NHS bodies</td>
<td>5,899</td>
</tr>
<tr>
<td>Trust chair and non-executive directors</td>
<td>66</td>
</tr>
<tr>
<td>Employee benefits excluding board members</td>
<td>730,438</td>
</tr>
<tr>
<td>Board Members</td>
<td>1,764</td>
</tr>
<tr>
<td>Supplies and services – clinical</td>
<td>225,067</td>
</tr>
<tr>
<td>Category</td>
<td>2012/13 £000</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Supplies and services – general</td>
<td>77,472</td>
</tr>
<tr>
<td>Consultancy services</td>
<td>14,986</td>
</tr>
<tr>
<td>Establishment</td>
<td>8,828</td>
</tr>
<tr>
<td>Transport</td>
<td>8,712</td>
</tr>
<tr>
<td>Premises</td>
<td>72,523</td>
</tr>
<tr>
<td>Provision for impairment of receivables</td>
<td>4,709</td>
</tr>
<tr>
<td>Depreciation</td>
<td>50,349</td>
</tr>
<tr>
<td>Amortisation</td>
<td>263</td>
</tr>
<tr>
<td>Impairments and reversals of property, plant and equipment</td>
<td>44,627</td>
</tr>
<tr>
<td>Impairments and reversals of investment properties</td>
<td>138</td>
</tr>
<tr>
<td>Audit fees</td>
<td>252</td>
</tr>
<tr>
<td>Other auditor’s remuneration</td>
<td>14</td>
</tr>
<tr>
<td>Clinical negligence</td>
<td>23,045</td>
</tr>
<tr>
<td>Research and development (excluding staff)</td>
<td>32,171</td>
</tr>
<tr>
<td>Education and Training</td>
<td>3,035</td>
</tr>
<tr>
<td>Change in discount rate</td>
<td>906</td>
</tr>
<tr>
<td>Other</td>
<td>26,905</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,332,826</strong></td>
</tr>
</tbody>
</table>

**Sources of income**

<table>
<thead>
<tr>
<th>Source</th>
<th>2012/13 £000</th>
<th>2011/12 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central service level income</td>
<td>1,032,941</td>
<td>987,597</td>
</tr>
<tr>
<td>Non-NHS patient care income</td>
<td>11,134</td>
<td>10,602</td>
</tr>
<tr>
<td>Recoveries in respect of employee benefits</td>
<td>4,988</td>
<td>359</td>
</tr>
<tr>
<td>Education, training and research</td>
<td>148,573</td>
<td>136,707</td>
</tr>
<tr>
<td>Charitable and other contributions to expenditure</td>
<td>87</td>
<td>102</td>
</tr>
<tr>
<td>Receipt of donations for capital acquisitions</td>
<td>1,295</td>
<td>12,574</td>
</tr>
<tr>
<td>Non-patient care services to other bodies</td>
<td>11,085</td>
<td>8,926</td>
</tr>
<tr>
<td>Income generation</td>
<td>3,254</td>
<td>6,632</td>
</tr>
<tr>
<td>Rental revenue from operating leases</td>
<td>535</td>
<td>1,918</td>
</tr>
<tr>
<td>Other</td>
<td>110,446</td>
<td>64,829</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,324,338</strong></td>
<td><strong>1,230,246</strong></td>
</tr>
</tbody>
</table>

**During 2012/13 the Trust received significant income (over £25m) from the following organisations:**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking And Dagenham PCT</td>
<td>25,486</td>
</tr>
<tr>
<td>City And Hackney Teaching PCT</td>
<td>66,193</td>
</tr>
<tr>
<td>Croydon PCT</td>
<td>54,652</td>
</tr>
<tr>
<td>Department of Health</td>
<td>28,314</td>
</tr>
<tr>
<td>Havering PCT</td>
<td>29,018</td>
</tr>
<tr>
<td>London Strategic Health Authority</td>
<td>95,477</td>
</tr>
<tr>
<td>Newham PCT</td>
<td>211,773</td>
</tr>
<tr>
<td>Redbridge PCT</td>
<td>78,138</td>
</tr>
</tbody>
</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>Ms Millie Banerjee</td>
<td>Non-Executive Director</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mr Alastair Camp</td>
<td>Non-Executive Director</td>
<td>Chair, Integrated Care Board Member, Health and Wellbeing Board</td>
<td>London Borough of Tower Hamlets</td>
</tr>
<tr>
<td>Mr Gautam Dalal</td>
<td>Non-Executive Director</td>
<td>Chair and Board Member Trustee and Chair of Finance Committee and Audit Committee</td>
<td>AMREF UK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member, Governing Body and Audit Committee</td>
<td>National Gallery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Honorary Treasurer</td>
<td>Zincox Resources PLC</td>
</tr>
<tr>
<td>Ms Sally James</td>
<td>Non-Executive Director</td>
<td>Non Executive Director and Chair of Risk Committee</td>
<td>Towry Holdings Ltd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent Member of Council</td>
<td>University of Sussex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non Executive Director and Vice Chair</td>
<td>UBS Limited</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governor (to 02/03/13)</td>
<td>College of Law</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director</td>
<td>Rotork PLC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non Executive Director</td>
<td>ABDI Ltd</td>
</tr>
<tr>
<td>Mr Toby Lewis</td>
<td>Deputy Chief Executive and Development Director</td>
<td>National Clinical Director of Pathology from 01/04/13 NHS Commissioning Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advisor on Pathology to 31/03/13</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spouse is employee</td>
<td>PriceWaterhouseCoopers LLP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee</td>
<td>Queen Mary’s University of London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director</td>
<td>Bio Moti Ltd</td>
</tr>
<tr>
<td>Professor Jo Martin</td>
<td>Director of Academic Health Sciences</td>
<td>National Clinical Director of Pathology from 01/04/13 NHS Commissioning Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advisor on Pathology to 31/03/13</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spouse is employee</td>
<td>PriceWaterhouseCoopers LLP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee</td>
<td>Queen Mary’s University of London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director</td>
<td>Bio Moti Ltd</td>
</tr>
<tr>
<td>Mr Peter Morris</td>
<td>Chief Executive</td>
<td>Visiting Lecturer</td>
<td>University of Manchester</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Role/Titles</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Mr Stephen O’Brien</td>
<td>Chairman</td>
<td>Trustee, Deputy Chairman, Founding Ambassador, Promoter and Director, President</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mayor’s Fund for London, Water City Development, Teach First, Sports and Health Partnership, Proshanti</td>
<td></td>
</tr>
<tr>
<td>Ms Frances O’Callaghan</td>
<td>Director of Strategy (from 01.09.2012)</td>
<td>Trustee, Member, Advisory Board, Vice President, Member, President’s Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High Street Fund, Community Security Trust, Business in the Community, Young Epilepsy</td>
<td></td>
</tr>
<tr>
<td>Mr Mark Ogden</td>
<td>Chief Financial Officer (from 01.07.2012)</td>
<td>Financial advisory role prior to joining the Trust, Department of Health (Ireland)</td>
<td></td>
</tr>
<tr>
<td>Mr Michael Pantlin</td>
<td>Director of Human Resources (from 01.10.2012)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mr Luke Readman</td>
<td>Chief Information Officer (from 01.02.2013)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mr Len Richards</td>
<td>Chief Operating Officer</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Professor Kay Riley</td>
<td>Chief Nurse</td>
<td>Member from 09/01/13, NCEL Local Education and Training Board, Honorary Visiting Professor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City University</td>
<td></td>
</tr>
<tr>
<td>Dr Steve Ryan</td>
<td>Medical Director</td>
<td>Trustee, SANDS UK</td>
<td></td>
</tr>
<tr>
<td>Mr Peter</td>
<td>Interim Chief</td>
<td>Employee, Ernst &amp; Young LLP</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Role</td>
<td>Organisation/Position</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Shanahan</td>
<td>Financial Officer (until 30.06.2012)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Professor Richard Trembath</td>
<td>Non-Executive Director</td>
<td>Vice Principal and Executive Dean (Health)</td>
<td>Queen Mary University of London</td>
</tr>
<tr>
<td>Mr Ian Walker</td>
<td>Director of Corporate Services and Trust Secretary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mr Philip Wright</td>
<td>Non-Executive Director</td>
<td>Director</td>
<td>Allia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Council Member</td>
<td>Goldsmith’s College, University of London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chairman</td>
<td>Digital Theatre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chairman</td>
<td>Better Food Foundation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trustee</td>
<td>Common Purpose</td>
</tr>
<tr>
<td>Ms Anne Whitaker</td>
<td>Non-Executive Director</td>
<td>Board member from 11/01/13</td>
<td>Independent Parliamentary Standards Authority</td>
</tr>
<tr>
<td>Ms Julia Whitehouse</td>
<td>Interim Director of Human Resources (until 27.09.2012)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
## Remuneration report

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Salary (bands of £5,000)</th>
<th>Other Remuneration (bands of £5,000)</th>
<th>Bonus Payments (bands of £5,000)</th>
<th>Benefits in kind (Rounded to the nearest £00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Millie Banerjee, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Alastair Camp, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Gautam Dalal, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Sally James, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Toby Lewis: Deputy Chief Executive and Development Director</td>
<td>175 to 180</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Professor Jo Martin, Director of Academic Health Sciences</td>
<td>35 to 40</td>
<td>0</td>
<td>45 to 50</td>
<td>0</td>
</tr>
<tr>
<td>Mr Peter Morris, Chief Executive</td>
<td>275 to 280</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Stephen O’Brien, Chairman</td>
<td>20 to 25</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Frances O’Callaghan, Director of Strategy (from 01.09.2012)</td>
<td>80 to 85</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Ogden, Chief Financial Officer (from 01.07.2012)</td>
<td>150 to 155</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Mr Michael Pantlin, Director of Human Resources (from 01.10.2012)</td>
<td>70 to 75</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Luke Readman, Chief Information Officer (from 01.02.2013)</td>
<td>25 to 30</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Len Richards, Chief Operating Officer</td>
<td>185 to 190</td>
<td>0</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>Professor Kay Riley, Chief Nurse</td>
<td>170 to 175</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr Steve Ryan, Medical Director</td>
<td>170 to 175</td>
<td>0</td>
<td>35 to 40</td>
<td>0</td>
</tr>
<tr>
<td>*Mr Peter Shanahan, Interim Chief Financial Officer (until 30.06.2012)</td>
<td>85 to 90</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Professor Richard Trembath, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ian Walker, Director of Corporate Services and Trust Secretary</td>
<td>95 to 100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Philip Wright, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Anne Whitaker, Non-Executive</td>
<td>5 to 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Ms Julia Whitehouse, Interim Director of Human Resources (until 27.09.2012)</td>
<td>75 to 80</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Represents payments made for consultancy services.

**Note:** Barts Health NHS Trust was formed on 1 April 2012 so there are no comparators for 2011/12.

### 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 2012/13 was £275k to £280k. This was 7.1 times the median remuneration of the workforce, which was £46k.

In 2012/13, no employees received remuneration in excess of the highest paid director (this was the same in 2011/12). Remuneration ranged from the bands £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.

Barts Health NHS Trust was formed on 1 April 2012 so there are no comparators for 2011/12.

**Pension benefits**

<table>
<thead>
<tr>
<th>Name and title</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 2013 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2013</th>
<th>Cash Equivalent Transfer Value at 31 March 2012</th>
<th>Real increase in Cash Equivalent Transfer Value</th>
<th>Employer’s contribution to stakeholder pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Toby Lewis:</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>Deputy Chief</td>
<td>2.5 to 5</td>
<td>6 to 8.5</td>
<td>30 to 35</td>
<td>100 to 105</td>
<td>463</td>
<td>392</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Executive and</td>
<td></td>
<td></td>
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<tr>
<td>Development</td>
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<tr>
<td>Director</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Martin,</td>
<td></td>
<td></td>
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<tr>
<td>Director of</td>
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<tr>
<td>Academic Health</td>
<td></td>
<td></td>
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<tr>
<td>Sciences</td>
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<td></td>
</tr>
<tr>
<td>Chief Executive</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Frances</td>
<td>[1]</td>
<td>[1]</td>
<td>30 to 35</td>
<td>90 to 95</td>
<td>445</td>
<td>[1]</td>
<td>[1]</td>
<td>0</td>
</tr>
<tr>
<td>O’Callaghan,</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Director of</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Strategy (from</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01.09.2012)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Mark Ogden,</td>
<td>[1]</td>
<td>[1]</td>
<td>40 to 45</td>
<td>120 to 125</td>
<td>814</td>
<td>[1]</td>
<td>[1]</td>
<td>0</td>
</tr>
<tr>
<td>Chief Financial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officer (from</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>01.09.2012)</td>
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<td></td>
</tr>
<tr>
<td>Position</td>
<td>01.07.2012</td>
<td>01.10.2012</td>
<td>01.02.2013</td>
<td>01.02.2013</td>
<td>01.02.2013</td>
<td>01.02.2013</td>
<td>01.02.2013</td>
<td>01.02.2013</td>
</tr>
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<td>-------------------------------------------------------------------------</td>
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<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Mr Luke Readman, Chief Information Officer (from 01.02.2013)</td>
<td>[1]</td>
<td>[1]</td>
<td>55 to 60</td>
<td>165 to 170</td>
<td>1,138</td>
<td>[1]</td>
<td>[1]</td>
<td>0</td>
</tr>
<tr>
<td>Mr Len Richards, Chief Operating Officer</td>
<td>[1]</td>
<td>[1]</td>
<td>35 to 40</td>
<td>115 to 120</td>
<td>687</td>
<td>[1]</td>
<td>[1]</td>
<td>0</td>
</tr>
<tr>
<td>Professor Kay Riley, Chief Nurse</td>
<td>10 to 12.5</td>
<td>35 to 37.5</td>
<td>55 to 60</td>
<td>175 to 180</td>
<td>970</td>
<td>711</td>
<td>223</td>
<td>0</td>
</tr>
<tr>
<td>Dr Steve Ryan, Medical Director</td>
<td>5 to 7.5</td>
<td>18 to 20.5</td>
<td>75 to 80</td>
<td>225 to 230</td>
<td>1,586</td>
<td>1,334</td>
<td>183</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ian Walker, Director of Corporate Services and Trust Secretary</td>
<td>0 to 2.5</td>
<td>5 to 7.5</td>
<td>5 to 10</td>
<td>25 to 30</td>
<td>122</td>
<td>89</td>
<td>29</td>
<td>0</td>
</tr>
</tbody>
</table>

[1] Individual was not in Director post with the Trust at 31 March 2012; comparative figures not available
[2] Individual is not an active member of the NHS Pension Scheme.

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 agreed in 2012/13

<table>
<thead>
<tr>
<th>Exit package cost band (including any special payment element)</th>
<th>Number of compulsory redundancies</th>
<th>Number of other departures agreed</th>
<th>Total number of exit packages by cost band</th>
<th>Number of compulsory redundancies</th>
<th>Number of other departures agreed</th>
<th>Total number of exit packages by cost band</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £10,000</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>£10,001-£25,000</td>
<td>33</td>
<td>0</td>
<td>33</td>
<td>13</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>£25,001-£50,000</td>
<td>31</td>
<td>0</td>
<td>31</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>£50,001-£100,000</td>
<td>23</td>
<td>0</td>
<td>23</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>£100,001 - £150,000</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>£150,001 - £200,000</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&gt;£200,000</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total number of exit packages by type</td>
<td>126</td>
<td>0</td>
<td>126</td>
<td>36</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td>Total resource cost (£000s)</td>
<td>7,860</td>
<td>0</td>
<td>7,860</td>
<td>2,506</td>
<td>0</td>
<td>2,506</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.
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 2013. 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. 2012/13 has therefore been a year of significant transition as new systems of internal control and risk management have been embedded across the new organisation. This provides important context for the commentary and assessment that follows.

Trust Board and committee structure
The Trust Board has met on a monthly basis since its establishment in April 2012. Voting members comprise the Chair, seven Non-Executive Directors and five Executive Directors (including the Chief Executive).

The role of the Trust Board is to govern the organisation effectively and in doing so 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 and a summary of performance against these priorities in 2012/13 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 via patient stories and ward visits.

The Trust Board approved the 2011/12 Quality Accounts of the three legacy trusts in June 2012, 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 2011/12 Quality Account and the findings are being taken into account for the production of the 2012/13 Quality Account.

An externally-led Board development programme was initiated during 2012/13. The diagnostic phase has included an assessment of Board and committee performance and effectiveness, using one-to-one interviews with Board members, observation of meetings, review of Board and committee papers, staff and stakeholder workshops and interviews and a review of the Trust’s Quality Governance arrangements. The full results of this external assessment of Board effectiveness are due to be received by the Board in June 2013 and will inform the implementation of an action-focused development programme to improve Board effectiveness.

Ahead of the results of the external review, a discussion on Board effectiveness took place at a Board strategy day in April 2013. This concluded that good progress had been made during the first year in implementing the new governance structure and ensuring that the Board and its committees were discharging their key duties in an effective manner. It also identified areas for further development, including in relation to more systematic internal and external communications and engagement and ensuring that feedback loops are closed appropriately.

The Board has complied with the relevant aspects of the UK 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 with effect from April 2012 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.

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.

Foundation Trust Project Board
- The Foundation Trust Project Board oversees progress towards the achievement of foundation trust status and seeks assurances in relation to progress against milestones, actions and mitigation of risks.

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 drew the Board’s attention to the issues of salary overpayments and compliance with pre-employment checks, while the Quality Assurance Committee provided assurance to the Board on the actions being taken to respond to safeguarding incidents and Never Events and to strengthen clinical audit arrangements.

Attendance at Trust Board and Board committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Number of meetings held</th>
<th>Average attendance rate in 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Board (Parts 1 and 2)</td>
<td>21</td>
<td>86%</td>
</tr>
<tr>
<td>Audit and Risk Committee</td>
<td>4</td>
<td>88%</td>
</tr>
<tr>
<td>Quality Assurance Committee</td>
<td>6</td>
<td>76%</td>
</tr>
</tbody>
</table>
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 which was approved by the Board at its inaugural meeting in April 2012 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. 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 governance, risk management and internal control systems 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 was chaired during 2012/13 by the Deputy Chief Executive (and from April 2013 has been 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 Trust Management Board and 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 Divisional level), the Deputy Chief Nurse for Quality and

* The Nomination Committee held one ‘virtual’ meeting, i.e. via email correspondence.

A more detailed breakdown of attendance records by individual Trust Board members is provided on page 66.

* * *
Governance 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 corporate directorate and Clinical Academic Group (CAG) risks with a score of 12 (‘High’) and above and those risks with high consequence but low likelihood.

- 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 and incidents at every level in the organisation and the aggregation of results at a corporate level.

- The Director of Corporate Services 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 each CAG during the second half of 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.

As noted above, 2012/13 has been a year of transition following the merger on 1 April 2012:

- During the first half of the year, the Trust operated as three distinct Managed Units (based on the three legacy trusts), each with its own managing Director, under the leadership of a single Trust Board and Executive Team. During this phase, separate risk registers were retained from the legacy trusts although they were managed under a single Risk Management Policy.

- In the second half of the year, a new clinical structure was implemented based around integrated corporate functions and eight Clinical Academic Groups (CAGs). As part of the preparation for CAG ‘go live’ and subsequently, work was undertaken to combine and cleanse the separate risk registers into a single Barts Health risk register.

- A Board Assurance Framework was developed during the final quarter of 2012/13, with a focus on a ‘bottom up’ approach to establish a strong link to the high and significant risks on the Trust risk register. This approach was
reviewed and supported by the Risk Management Committee and the Trust Board.

- In the absence of a Board Assurance Framework during the first year of the merger, a range of compensating controls were in place to enable the Board to gain assurance on the effective identification and mitigation of key risks to the Trust’s strategic objectives:
  
  o The boards of each of the legacy trusts produced Letters of Representation for the Board of Barts Health identifying the key outstanding issues and risks at the point of the merger. These were reviewed and tracked by the Barts Health Board alongside the findings of the merger clinical and financial due diligence reviews.
  
  o Likewise, the three Managed Units produced Letters of Representation at the point of transition to the CAG structure in October 2012 and this was overseen by the Risk Management Committee.
  
  o The Trust Board and Board sub committees received monthly performance reports throughout the year assessing progress against operational, financial and quality and safety objectives and identifying areas of variance and resulting action plans. Latterly, a new Integrated Performance Report has been introduced.
  
  o The Board and Board sub committees received reports during the year tracking progress against other strategic objectives and identifying key risks and controls, including Care Quality Commission domain compliance reports.

**Board Assurance Framework**

Going forward, it is planned that the Board Assurance Framework will be reviewed on a regular basis by the Risk Management Committee and will be formally received and 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 will 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 at the end of 2012/13 are summarised in the performance and risk management section of the main report. 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.

**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 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 throughout 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**

An external partner has worked with the Trust during the second half of 2012/13 to independently assess the current position and progress made in relation to both Board and Quality Governance, including 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. The initial findings of these reviews were presented to the Board in early 2013/14 and will result in the development of focused action plans.

**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 Overview and Scrutiny Committees and shadow Health and Wellbeing Boards.
- Meetings of the Trust Board held in public which include monthly 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**

- Extensive staff involvement in the establishment of the new Trust’s Vision and Values.
- Strong focus on encouraging staff to raise concerns.
- 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.
- The annual staff survey and new monthly staff ‘Pulse’ surveys.
- Open meetings for staff with the Chief Executive.
- 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 SHA.
• Stakeholder membership of Trust committees and working groups.
• Joint strategic planning with healthcare and academic partners, including the Barts and The London School of Medicine and Dentistry and City University.
• Establishment of a new Local Authority Advisory Forum.

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 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 5.

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 Trust has actively 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 regularly 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 closely monitored by the Trust’s Information Governance Committee. The Trust recorded three serious untoward data security breaches during the year which have been reported to the Information Commissioner’s Office. Details are provided in Section 5.

Significant control issues in 2011/12
The three former trusts identified a number of significant control issues in their Annual Governance Statements for 2011/12.
Barts and The London NHS Trust
Issues in relation to procurement and ordering procedures in a particular department were addressed by the end of 2011/12. In terms of compliance with the CQC essential standards of quality and safety, outstanding actions were carried forward and implemented during 2012/13. A further disclosure has been made in relation to CRB checks for 2012/13 (see below).

Newham University Hospital NHS Trust
Governance concerns raised earlier in the year were addressed by the end of March 2012. Performance against national standards for emergency care and MRSA bacteraemias was managed during 2012/13 as part of the Barts Health performance management framework. The number of MRSA bacteraemias at Newham University Hospital fell from four in 2011/12 to two in 2012/13 while the Type 1 emergency care standard of 95% was achieved for Newham in 2012/13.

Whipps Cross University Hospital NHS Trust
Further disclosures have been made in relation to CRB checks and statutory and mandatory training for 2012/13 (see below). CQC compliance issues raised in the 2011/12 Annual Governance Statement were addressed by the end of the year. Work has been progressed at a Barts Health level during 2012/13 to strengthen clinical audit arrangements under a single clinical audit function for the new Trust. Performance against national standards for cancer waiting times (see below) was managed during 2012/13 as part of the Barts Health performance management framework.

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 2012/13 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.

I agree with this assessment which reflects the fact that it has been an exceptional year in which we have brought together three former NHS trusts into the single largest NHS provider organisation in England. As such, an integrated and embedded risk management and control system cannot be said to have been in operation throughout 2012/13. However, it is my overall judgement that compensating controls have been put in place to provide the Executive and the Trust Board with assurance that risks have been identified and mitigated during the year.

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 merger processes of Letters of Representation and due diligence.
- The work of Internal Audit through the year. Details of the Internal Audit reports completed during 2012/13 and the level of assurance provided are set out in the Head of Internal Audit Opinion.
- The outcomes of the Trust’s clinical audit programme.
- 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, NHSLA and Care Quality Commission assessments 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 performance dashboard and detailed financial, workforce and quality and safety reports, and through regular Board and sub-committee reporting on progress against other strategic objectives. In the final quarter of 2012/13, a new Integrated Performance Report was adopted by the Trust Board.
- The Audit and Risk Committee, together with the Quality Assurance Committee, has overseen the effectiveness of the risk management arrangements. The Audit and Risk Committee has also placed a focus on ensuring that there are effective whistleblowing arrangements in place for staff to raise any concerns.
- The Risk Management Committee has reviewed the Trust’s risk register and latterly the Board Assurance Framework and monitored key clinical and non-clinical risks highlighted by Trust committees and individual managers.
- 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 three serious untoward incidents involving personal data which were reported to the Information Commissioner in accordance with national guidance. One related to personal data being stolen from a vehicle belonging to a member of community staff, one related to the loss of a clinical diary and one related to a computer system error which resulted in a number of patient letters being sent to incorrect addresses.
All three incidents were fully investigated and the resulting recommendations fully 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.

**National performance standards**
The Trust met the majority of national performance standards in 2012/13. However, it underachieved on the standards for MRSA bacteraemias, cancer 62-day referral to treatment and Type 1 emergency care access. Action plans have been put in place to improve performance and are monitored regularly by the Board.

**Essential standards of quality and safety**
Barts Health is registered with the Care Quality Commission (CQC) without conditions and no enforcement action was taken against the Trust by the CQC in 2012/13. The CQC undertook nine unannounced inspections of the Trust’s hospital sites during the year. Two of these were follow up visits and two were part of the national Dignity and Nutrition Audit Programme.

Across these inspection visits, a total of seven minor and six moderate concerns were identified. Action plans to address these issues were produced and submitted to the CQC. The actions have either been completed or are on track to be achieved within the agreed timescales.

**Never Events**
The Trust reported 14 Never Events during 2012/13. Of these, 10 related to surgical procedures. In addition to individual serious incident actions plans, the Trust put in place a comprehensive work programme to address key themes from the learning from these events, with a specific focus on use of and compliance with the World Health Organisation’s Safer Surgery Checklist. The Trust also initiated an external peer review and met with the Care Quality Commission to review and discuss the actions taken.

**Salary overpayments**
The Trust identified an ongoing legacy trust issue of 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. To avoid this happening, the Trust is introducing a new electronic system which will enable managers to provide payroll with the most up-to-date information in a timely way. All salary overpayments are rigorously pursued. A separate review into appropriate payment of salary increments is ongoing.

**Pre-employment checks**
Following the merger, the Trust commissioned an external review of compliance with Criminal Records Bureau (CRB) checks. On the basis of the findings, a comprehensive programme was put in place to review the position on all key pre-employment checks for all members of Barts Health staff. This major programme of work to provide assurance that all such checks are in place continued through 2012/13
and is due to conclude in early 2013/14. The Quality Assurance Committee has overseen progress on behalf of the Board and key stakeholders including the Care Quality Commission have been briefed regularly on progress.

**Safeguarding**

A number of serious safeguarding incidents relating to elderly patients were identified during the year. All have been declared as serious incidents and investigated accordingly with input from external agencies. The Trust has also established an Older People’s Improvement Programme which is managed by the Emergency Care and Acute Medicine CAG and overseen by an Executive Scrutiny Panel and an Independent Assurance Panel. The latter includes external membership and is chaired by a Non-Executive Director.

**Statutory and mandatory training**

The Trust needs to continue to significantly improve compliance rates with statutory and mandatory training requirements. A new database has been implemented to allow individuals and managers to track performance and progress is being reviewed regularly at Performance Review meetings and by both the Trust Management Board and the Trust Board. The Trust Board has agreed that individual compliance will be a core requirement for satisfactory performance appraisal in 2013/14.

**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  
Barts Health NHS Trust  
22 May 2013
Become a member

We want patients, carers and local residents to get involved with their health services and become members of the Trust. Becoming a member is an opportunity to show your support for Barts Health NHS Trust and play an important part in our future.

As a member, you will be able to:

- Demonstrate your support for our local hospitals - The Royal London, Barts, The London Chest, Mile End, Whipps Cross and Newham
- Contribute to the Barts Health future development
- Help and advise us on developing our services to best meet the needs of our patients, their families and the local community
- Stand for election as a representative governor in due course
- Receive regular information about the trust and about healthcare issues in which you or your family have a particular interest.
- Be invited to special events and meetings where you can find out more about the trust and about important health issues

Will it take up much time?

Membership is free and how engaged you are as a member is entirely up to you. You might want simply to receive an occasional newsletter, or receive more regular information about the work of our hospitals or about health issues affecting you or your family. Or you might want to play a more active role, participating in focus groups or surveys, becoming a volunteer, or standing as a governor. Being a member will not affect your treatment at any of our hospitals.

Who can become a member?

Membership is divided into different categories, known as 'constituencies'. The constituencies as currently proposed are listed below. If you are eligible for more than one constituency, you will need to choose which one you want to belong to – you can only belong to one.

Are there any restrictions on membership?

You must be 16 years or over to become a full member, but there is no upper age limit. No one who has been dismissed from any of the three legacy trusts’ employment or has been involved in an incident of violence or abuse against our staff will be allowed to become a member of the proposed foundation trust.

How to join

If you would like to be a member, you can fill in our online membership form available at www.bartshealth.nhs.uk/members or alternatively, please give us your name, address and a contact telephone number and we will send you a hard copy of our application form.

You can contact us in the following ways:
Email: ft@bartshealth.nhs.uk
Tel: 0870 707 1598