

Bringing excellence to life

Annual report and accounts 2008/2009

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Introduction

By the Chairman and Chief Executive

In this, the 60th year of the NHS, Barts and The London celebrated its part in making the NHS the institution of which the nation is justly proud. We also looked forward to how, together with our healthcare partners in east London, we can make care even better for the people we serve. We have been guided in this by 'High Quality Care for All', the final report of Lord Darzi's NHS Next Stage Review. Published in June 2008, the report sets out a vision for an NHS with quality at its heart.

Our annual report this year includes the progress we have made in the three dimensions of quality set out by Lord Darzi – clinical effectiveness, the patient experience, and safety. We report excellent performance in the dimensions of clinical quality and safety, with some of the highest standards in the country. And we recognise the areas where our performance has fallen short of these high standards, particularly in ensuring that all patients have prompt access to our care – an important part of the patient experience.

World Class Clinical Quality

During the year, our specialist hospitals and centres continued to earn their reputation for clinical quality with some outstanding results and achievements.

Excellent survival rates

Publication of Hospital Standardised Mortality Ratios on the NHS Choices website in April 2009 confirmed that Barts and The London is one of the best hospitals in the country for survival rates. The Trust's performance was 15.6% better than would be expected, given the nature and complexity of the cases we see. Survival rates are generally regarded as strong indicators of clinical quality overall, and Barts and The London has maintained one of the best survival rate records in the country since the rates were first published in 2002.

Top ranking for research quality

The Barts and The London School of Medicine and Dentistry continues to push back the frontiers of medical knowledge to speed new cures and treatments from the scientist's bench to the patient's bedside. In December 2008, we were assessed as the top medical school in London for quality and fourth in the UK, in the Research Assessment Exercise (RAE). This is the basis on which research funding is allocated nationally,

and the ranking reflects our high percentage of 4-star and 3-star outputs – quality that is world-leading or internationally excellent in terms of originality, significance, rigour and quality.

Innovative new structure to drive innovation

In July, we launched an innovative new organisational structure that brings research and teaching much closer to clinical practice. Evidence from around the world demonstrates the profound role played by world-class research and teaching in driving innovation in healthcare. By improving the coherence of this tripartite mission – education, research and clinical practice – we aim to ensure that our patients get even faster access to ground-breaking new treatments and cures. Our new clinically-led structure of specialties and divisions is configured to maximise these clinical and academic synergies by ensuring that clinical, research and teaching staff work in concert to unified plans.

Safe Hands

Excellent rating for managing risk

During the year, the NHS Litigation Authority (NHSLA) – the body that insures trusts against claims of clinical negligence – assessed Barts and The London as Level 2 out of a maximum of three, with a 96% compliance score for minimising the risk that patients will suffer harm during their NHS care. The NHSLA assesses all NHS trusts, to identify how well they are working to minimise these risks – only 26% of NHS trusts achieve Level 2 or above.

The rigorous assessment looked at standards of risk management throughout the organisation, including whether the Trust has implemented the necessary policies and procedures to ensure the safety of patients, staff and others. It included visits to wards, interviews with key staff and an examination of documentary evidence provided by the Trust.

Hospital acquired infection – target zero

Barts and The London was one of 10 partnerships chosen to take part in the Safer Patients Initiative, an international programme run by The Health Foundation and the US-based Institute for Healthcare Improvements (IHI), which concluded this year. The initiative focused on improving patient safety on the wards, before, during and after surgery, and in critical care.

In each setting, clinicians worked on improving a range of safety indicators, including infection control. During the year, we made significant progress in reducing the incidence of infections, with 31% fewer MRSA bacteraemia cases for

2008/09 than for the same period in 2007/08, and the number of cases of Clostridium difficile (C.diff) down by 38% on the previous year. But no level of hospital-acquired infection is acceptable, and we are implementing a target zero policy across the organisation.

Improving the Patient Experience

Accessing our services

In April 2008, we became the first major teaching hospital to go live with the NHS Care Record Service (CRS), creating a platform for a truly 21st century IT system. Unfortunately, the new computer system, together with weaknesses in our information and administration systems following its installation, have resulted in some of our patients waiting longer than the national maximum waiting time guarantees. We deeply regret this, and have apologised both to our patients and our healthcare partners who commission services on their behalf. A comprehensive improvement programme is in place to ensure that we address our access issues as a high priority.

Listening, responding, improving

In 2008/09, we participated in national surveys of inpatients, outpatients, young people, and patients who had been through Accident & Emergency. In the inpatient survey, undertaken in summer 2008, nine out of 10 of our patients rated their care as 'good', 'very good' or 'excellent'. The survey also highlighted aspects of our care that we need to improve, relative to other trusts, if we are to achieve a high quality patient experience consistently.

World's Largest Hospital Development

The construction of our new hospitals made phenomenal progress over the year, with the new facilities at Barts and The Royal London reaching their full height, and internal fit-out underway on both sites. The £1 billion development – the largest in the world – will ensure that our patients receive care in world-class facilities. The first phase of Barts will come online in spring 2010, with the opening of one of the most advanced cancer centres in the country.

Streamlining Our Services to Eliminate Waste

Our ambitious service transformation programme using the Lean approach to continuous quality improvement continued during the year. By removing all non-value-added steps from patient care pathways, the programme is improving the quality of our services, whilst reducing costs.

Creating Strategic Partnerships to Improve Care

We continued to work with our healthcare partners in east London to plan the delivery of 'Healthcare for London – A Framework for Action', Lord Darzi's ambitious 10-year programme to make the capital's healthcare among the best in the world. In line with the framework, we are working with other healthcare organisations in east London to move our services out into the communities we serve, wherever possible, and to become a regional centre, where this improves the quality of care. Trauma and stroke services are a prime example of the latter, and during the year we participated in a major public consultation on how these services should be configured.

Changes to the Board and Executive Team

We would like to thank former colleagues who left Barts and The London during the year. We are deeply grateful to Julian Nettel, who stepped down as Chief Executive in January, for his significant contribution to shaping the future of Barts and The London.

We would also like to thank former Director of Human Resources, Ann Macintyre, who left Barts and The London in October 2008 after 11 years with the Trust, as well as non-executive directors, Lutfur Rahman and Valerie Owen, who stepped down from the board in November 2008, after six and three years with the Trust respectively.

Finally, we are delighted to welcome two new colleagues to the executive team, Ali Mohammed, Director of Human Resources and Organisational Development, and John Longworth, Commercial and Marketing Director, who joined the Trust in January and February 2009 respectively.



Peter Morris
Interim Chief Executive



Dr Keith Palmer
Chairman

About Our Hospitals

Who we are

Barts and The London NHS Trust incorporates three prestigious teaching hospitals – St Bartholomew's (Barts) in the City, Britain's oldest hospital, The Royal London in Whitechapel, and The London Chest in Bethnal Green. Together, we employ 7,800 staff and care for over 700,000 patients every year.

Our full portfolio of specialist services includes leading cancer, cardiac, gastroenterology, trauma and emergency care centres, as well as one of the biggest children's hospitals in Britain.

Where we're from

The history of modern medicine can be traced through the pioneering work of our clinicians' predecessors, including William Harvey (circulation of the blood), James Parkinson (Parkinson's disease), John Langdon Down (Down's syndrome) and Thomas Barnardo (child welfare). Today, our groundbreaking work continues, with world-class research into the cures and treatments of tomorrow.

Who we care for

Patients come from all over the UK to benefit from our expertise, although mostly we care for the two million people living locally in east London. We serve Europe's most diverse communities – from the wealthy financial districts of the City and Canary Wharf to some of Britain's most deprived areas.

What we do

Our daily mission is to bring excellence to life – giving patients the best possible care so that they can live better, fuller, longer lives.

Where we're heading

This is an exciting time for the Trust, as we move forward with the world's biggest hospitals redevelopment. This unprecedented £1 billion investment is transforming and rejuvenating The Royal London (which will become the world's biggest new hospital) and Barts, which next year opens the first phase of its new development, the new Barts and The London Cancer Centre.

Our vision is to treat every patient as an important individual and improve life prospects for our communities and future generations by working to prevent ill-health, diagnosing disease early and delivering services to the highest international standards. This will be achieved by:

Aligning our resources for effective personalised care

We will use our resources effectively to eliminate all avoidable harm, waste, bureaucracy and unnecessary waits from patient care.

Accelerating improvement through research and innovation

Our uniquely diverse population and culture of innovation will be the focus for our world-class research programmes.

Recruiting, training and developing the best healthcare teams

We will attract the very best staff through our high performance, job satisfaction and opportunities for career advancement.

Promoting partnerships and networks to optimise care

Collaborating with our healthcare and academic partners, we will provide integrated care that improves health, reduces health inequalities and saves lives.

Our patients choose us for...

Our survival rate record – one of the best in the country – we have consistently high ratings in Dr Foster's *Good Hospital Guide* and we are one of the top 10 NHS trusts across England for our survival rates.

Leading experts and advanced technology – we have specialists who are leaders in their field, advanced technology, and access to the latest drugs and treatments.

Safe hands – our rigorous safety standards ensure that our MRSA and C.diff rates compare well with other major London teaching hospitals.

All the care we can give – We are passionate about caring for our patients and making them better.

Operational issues and challenges

We have faced a number of operational challenges during the year arising from problems with our new computer system, CRS, and underlying weaknesses in our operational management systems. These challenges have been met by considerable efforts from staff across the organisation to ensure continuity of care for our patients.

A programme of measures to stabilise our operational administration and management systems is being implemented to ensure that patients receive the same high quality from our operational processes as they do from our clinical care.

In June, the Trust apologised to patients who waited an average of eight weeks longer for their operations than the maximum 26-week NHS Plan waiting time guarantee. The failure went unrecognised between April 2006 and January 2008 because the patient waiting times had been reset on the computer system as 'self deferrals' – implying that there had been legitimate reasons for their treatment to take place beyond the 26-week target – to avoid disclosing the breaches.

We commissioned a robust and in-depth internal investigation as soon as the potential failure came to light in January 2008, which delivered its final report in June. It found that patients were contacted and offered appointment dates without the necessary 21 days notice. Where they declined the offered dates, they were then inappropriately recorded as 'self deferrals' with the result that they did not need to be declared as waiting in excess of the 26-week maximum waiting time guarantee. All seven bookings teams were investigated, but the administrative malpractice was found to have been isolated to one.

We met the 26-week waiting target in just over 99% of patients and of the remaining 573 (less than 1%), the average additional waiting time was eight weeks.

All the patients affected were treated and we wrote to them to apologise for the delay. They were non-urgent cases for procedures such as hip replacement and varicose vein operations. A review of clinical notes concluded that there was no evidence that clinical harm had resulted from the delays. However, we recognise that patients may have suffered continued discomfort for longer than they should have.

In November, we apologised to a further 447 patients who waited an average of six weeks longer than the 13-week waiting time national

standard for outpatients. Specialties likely to have patients with the most urgent clinical need were dealt with first and patients booked in to see a consultant as a matter of urgency. Again no patient came to clinical harm.

We launched a Serious Untoward Incident investigation, a very thorough process to identify the root cause of the waiting list reporting concerns and why management systems did not alert the organisation to it sooner.

Also in November 2008, a computer virus infected the Trust's computer systems. As soon as the scale of the issue was apparent, the Trust activated its well-rehearsed emergency procedures to ensure that key clinical systems continued while network access was being established. We maintained a safe environment for our patients and were able to keep our theatres and outpatients clinics operational throughout the incident. No urgent operations were cancelled and a very small number of other operations were postponed and rescheduled.

Annual Health Check

In the Healthcare Commission's Annual Health Check, Barts and The London achieved the highest possible score for standard of care and a 'fair' rating for overall quality, down from 'excellent' for the past two years.

In its report on the Trust, the Healthcare Commission stated: "Based on our assessment for 2007/08, Barts and The London NHS Trust provided an adequate quality of service to patients but failed to maintain the excellent standard of performance it achieved in the previous two years. It has continued to be good at managing its finances for the last three years".

Summary of results for Barts and The London NHS Trust	
Component	Level of compliance
Quality of services	Fair
Core standards assessment	Fully met
Existing national targets	Almost met
New national targets	Weak
Use of resources	Good

The score for quality of services covers a range of areas, including the safety of patients, cleanliness, access to services and ensuring people's individual needs are met. Crucially, Barts and The London scored almost full marks against the key measures of clinical care. These high standards of clinical quality reflect the Trust's

excellent survival rate record, widely regarded as a strong indicator of clinical excellence overall.

The 'fair' rating – down from 'excellent' – reflects the Trust's under-performance this year against 10 new national targets, including the key milestones for meeting the 18-week access target, whereby from 31 December 2008 nobody should wait more than 18 weeks from GP referral to hospital treatment.

The use of resources score measures how well trusts manage their finances. Barts and The

London's continued 'good' rating for this score reflects our strong financial performance, underpinned by eight years of breaking even and/or achieving a surplus.

Quality of services – summary	Score
Standard of care	8/8
Safety and cleanliness	12/13
Dignity and respect	10/10
Keeping the public healthy	5/5
Waiting to be seen	8/13
Good management	14/17

Case Studies

Bringing excellence to life: Arthur's story

"Our son was given a million to one chance"

Tiny Arthur was turning black – and urgently needed specialist surgery over 100 miles away from his hospital in Dorset. His father Guy Payne, 43, recalls the dramatic cross-country dash with the London Neonatal Transfer Service:

"We were in meltdown – our four-week-old son had just been given a 'million to one' chance of survival. Arthur, born at 25 weeks, had necrotising enterocolitis, a potentially fatal condition that was killing his bowel tissue and turning his abdomen black.

"I said to my wife, Aileen that 'We could really do with an angel right now'. Three seconds later, a woman walked up, and said, 'Hello, my name's Angela'. It was amazing – I felt sure it was a sign! She was Angela Hayward, a neonatal consultant from the London Neonatal Transfer Service who would be looking after Arthur on his journey to London. From then on, I never thought that we'd lose him.

"Arthur was placed in an incubator to keep him warm and had his heart rate, breathing and blood pressure monitored throughout the journey. He was ventilated, because he was so sick, and on morphine, antibiotics, and medication for his blood pressure. He was cared for by Angela, Sidikat (a nurse) and Peter (a paramedic). They kept him stable, although Angela later admitted that he'd given them a few 'tricky' moments.

"By the time we arrived in London, four black lines had extended to his neck, and his stomach was like a little swollen rugby ball. He was in a bad way, but able to have surgery to remove part of his upper intestine. This was in April 2008, and since then he's battled his way through everything to be here today.

"He celebrated his first birthday in December and was the life and soul of the party. We'd like to thank the wonderful transfer team very, very much, for saving our precious son. He's just gorgeous – and we love him very much."

Arthur's 'angel' is Angela Hayward, a neonatal consultant based at The Royal London. "We are delighted that Arthur is doing so well," she said. "I'm not sure the team could be described as angels, but we do our best! The Transfer Service team consists of a doctor, nurse and paramedic, all working together to ensure the best possible

care is given to all babies whilst they are being stabilised and transferred by us."

MEDICAL NOTES:

- The London Neonatal Transfer Service is based at The Royal London, covering London and the South-East
- It was developed jointly in London, Kent, Surrey and Sussex and involves many acute hospital trusts and two ambulance service trusts working together
- The service offers a single point of contact for finding appropriate cots and booking transport for babies. When it was launched in 2003, it was the first time in the UK to which ambulance staff were allocated full-time. Since then, from its base at The Royal London, its three ambulances have dealt with over 3,000 emergency transfers and over 600 elective transfers of babies, including around 500 babies who have been treated in the Barts and The London Children's Hospital's specialist Neonatal Unit
- There are an average of seven neonatal transfers a day in London, Kent, Surrey and Sussex
- A neonate is a term for a baby less than 28-days-old. Paediatric teams generally transport older children
- Neonatology is a highly specialised part of paediatric medicine which has made major advances over the past three decades.

Bringing excellence to life: Sue's story

"My life has been transformed"

Last year, Susan O'Shea, 45, from Canning Town, was given the 'best Christmas present ever' – a new kidney. The married mum of two says her treatment at The Royal London has transformed her life:

"At 4am, I casually phoned the school where I'm a teaching assistant, and left a message: 'I don't think I'll be in today...I'm having a kidney transplant'.

"From the age of 11, I knew this day might come. Doctors discovered that I only had one kidney, and my health had deteriorated after the births of my daughters, now 21 and 18. I was on daily dialysis and feeling very poorly.

"It was 14 October 2008. The day before, I'd had a premonition that a donor would be found, so I'd tidied, cleaned, ironed, and got everything ready. Just half an hour after I got the call, I was sitting in a hospital room, having tests, with the kidney in a

box, staring at me. It was very bizarre. But I wasn't nervous, and took it all in my stride.

"The operation was a success and I was home for Christmas. But I'd already had the best present ever – my kidney! It's working well, and now I have a lot more energy. One strange thing is that I didn't like rice before the operation, but now I could eat a whole packet. And I couldn't stand coffee, but now I thoroughly enjoy a latte!

"I have to go back to hospital for checkups, but that's not a problem. The staff are lovely, so friendly, and you can have a laugh with them. I've got to know them very well.

"The operation has given me a new future. Before the op, I couldn't even go to the supermarket without planning it around my dialysis bags. Everything was on hold. This year I was able to celebrate my mum's 80th birthday in Somerset, and I could never have done that before. I feel free – I can get on with my life and I'm back at work. It's definitely been a happy new year for me!"

Ray Trevitt, a transplant nurse at The Royal London, said: "We are delighted with Susan's progress. We hope that her story will encourage more people to sign up to the NHS Organ Donor Register, as there is a desperate need for more donors. More than 9,000 people in the UK need an organ transplant that could save or dramatically improve their life. Most of them are waiting for a kidney."

MEDICAL NOTES:

- In 2008/09 throughout the UK:
 - 3,552 organ transplants were carried out
 - 2,429 patients received a kidney, pancreas or combined kidney/pancreas transplant
 - A record number of donors were living donors, with 864 people donating a kidney
- To join the NHS Organ Donor Register, call 0845 60 60 400 (24 hours).

Bringing excellence to life: Dennis' story

"My double-op has given me a new lease of life"

Dennis O'Neill, 59, from Dagenham in Essex, benefited from pioneering keyhole surgery at The Royal London to remove tumours from his colon and liver. Just months earlier, he'd been told it was 'inoperable':

"In August 2008, I got the shocking news that I had tumours in my colon and liver that were aggressive and inoperable. I just thought, 'that's me then'.

"But as I underwent chemo, I tried to stay positive – and when the tumours halved after just two sessions, I was transferred to The Royal London, under liver surgeon Mr Hemant Kocher.

"He introduced me to the colon surgeon, Mr Shafi Ahmed – and said they would try and remove both tumours, in one op, hopefully using keyhole surgery. I was well pleased that they could operate, and that I wasn't going to be split down the middle.

"The op was in January – and took 10½ hours. I had my liver done first, then the colon. Amazingly, I was watching snooker on the telly two days later!

"I was treated like a lord at The Royal London. The way they looked after me was unbelievable – nurses, doctors, everyone. Everything about the hospital was superb.

"The surgeons told me that I was the first person in the country to have this double-op procedure under keyhole surgery. So what a fantastic result – and I was home in six days!

"Just six months ago, it looked like I was down the swanny without a paddle and now, here I am. The x-rays show that they've done a lovely job and my scars are healing up well. The operation has given me a new lease of life and I'm going to make the most of it. I've got three children, and want to see my youngest grow up to be a rock star. I want to travel, and start enjoying myself. I'm going to have the time of my life!"

Consultant liver surgeon, Mr Hemant Kocher, said: "This pioneering approach to treat metastatic bowel cancer has been made possible due to the multi-disciplinary team approach we have adopted. Radiation oncologists, liver and bowel surgeons, anaesthetists and radiologists play a big role in the decision-making process and treatment options. Dennis' stay in hospital has been shortened and his post-operative pain severely reduced by the keyhole surgery procedure."

MEDICAL NOTES:

- Keyhole surgery, also known as laparoscopic surgery, is a method of carrying out an operation without having to make a large incision. Many different types of operation can now be carried out using keyhole surgery. It minimises the length of time the patient needs to stay in hospital and leaves little scarring.

Bringing excellence to life: David's story

"I could have lost my legs, or even died – so I count myself as very lucky."

A serious motorcycle accident nearly claimed the life of David Kirkland, 23, a computer engineer from Brockley in south-east London. David, who runs an IT company, says he owes his incredible recovery to the prompt action of the trauma team:

"The last thing I remember was careering through the air towards parked cars and a lamp post. I just kept going... and all I could do was close my eyes and hope for the best.

"From a distance, I apparently looked like a pile of binbags. Both legs were badly broken, and the left one was at 90 degrees to my body. I was losing a lot of blood but amazingly a nurse happened to be passing and called for help. Someone up there didn't want to kill me off just yet!

"The ambulance arrived – and the doctor had to reset my left leg so that I could fit through the door. I was in a bad way, so I was put on a ventilator, and then at The Royal London I went straight in for operations to stabilise me and put me back together. I was a real Humpty Dumpty! I needed 15 units of blood, and they had to reconstruct my legs. They did a fantastic job.

"That was in December. Since then, I've had at least 10 operations – lasting over 30 hours – to repair damage to my legs, spleen and bowel. Then my kidneys went into meltdown, so I needed dialysis for a while. All my treatment has been a massive success and I'm very grateful to all the staff.

"I'm now back on my feet, and having physio, so hopefully soon I'll be able to walk unaided. I might even get back on a motorbike one day! It's hard when you try to do something and your body won't let you, but I focus on the positive. I could have lost my legs, or even died – so I count myself as very lucky."

Mr David Goodier, David's consultant orthopaedic surgeon, said: "Here at The Royal London we have long recognised the importance of rapid intervention by a highly experienced team of specialists. The sheer volume of complex trauma we deal with here hones our skills, but it is difficult, time consuming and frankly expensive to provide."

MEDICAL NOTES:

- David Kirkland spent weeks recovering on Harrison Ward – the UK's first dedicated poly-

trauma ward. The 15-bed unit caters for trauma patients whose injuries affect two or more vital functions, but do not require more intensive care. A dedicated team co-ordinates the many specialties that may be involved in complex injuries

- Polytrauma survival rates at Barts and The London are relatively high, with 28 per cent fewer deaths in the most severely injured patients, compared to the national average
- Our success rates for intubating patients (inserting a flexible tube to help patients breathe) before arrival at hospital are the best in the world at more than 99%

"Our dedicated trauma service means that we can do our best to ensure that patients not only survive, but return to as normal a life as possible."

Consultant Trauma Surgeon and Lead Trauma Clinician, Mr Mike Walsh.

Bringing excellence to life: Monica's story

"My partnership with doctors helped me recover from Friday 13th"

Monica Wirz, 41, a management consultant from Southwark, London, was run over by a lorry on Tower Bridge, on Friday 13th October 2006. She was left with near-fatal injuries:

"As I was pulled under the lorry, I knew that there was nothing I could do about it. I could see the lorry moving above me, felt my body on the road, and realised that I couldn't get up – my whole pelvic area had been crushed. I felt like a distant observer, and found it curious how facing death could be such a matter of fact experience...then I blacked out.

"The Helicopter Emergency Medical Service (HEMS) took just six minutes to reach me, and I was rushed to The Royal London. They had to resuscitate me three times in 24 hours – and I remember hearing: 'We're losing her'. I had ruptured veins and arteries, crushed bones, internal bleeding, and possible damage to my spinal cord and internal organs.

"I spent the next three months in hospital. As my body recovered, I needed to make sense of what had happened to me. I kept getting flashbacks, mainly in my dreams, feeling that the accident was happening again and again...but everything took place so quickly, and there were many gaps.

“Together with Dr Ross Davenport, from the Trauma Unit, we went through all my notes, discussed what happened and why each decision was made. I was introduced to the HEMS doctor who saved my life on Tower Bridge. It was extremely helpful for me to confront what happened, and I felt like an active agent in my recovery.

“A key benefit to me was the development of our staff-patient relationship. We were able to

acknowledge difficulties and limitations and sought to deal with them through partnership and dialogue.

“Both the Trust and government guidelines seek to make patients involved and active participants in their treatment. What we did was the best example of this vision, but in a totally organic and spontaneous manner.”

The Patient's Choice

Improving clinical and academic quality

Barts and The London aims to rank among the pre-eminent healthcare providers in the world. We will realise this vision by achieving five key objectives which form the basis of our annual report. This first section focuses on two of our key objectives, looking in particular at our clinical services and research.

Objectives 2008/09

To be the healthcare provider of choice for our catchment population.

To achieve excellence in healthcare delivery, with a focus on safety and innovation.

Maintaining our excellent survival rate record

A national report revealed that our hospitals remain among the best in the country for survival rates. In November 2008, Dr Foster's seventh hospital guide found that Barts and The London NHS Trust has 14.3% fewer deaths at the hospitals than the national average. That puts us among the top 20 trusts in England. This is a clear indicator of clinical excellence, and evidence of the high standard of care that we offer our patients.

Barts and The London Heart and Chest Centre

At Barts and The London Heart and Chest Centre, we treat over 9,000 patients a year, with heart conditions ranging from heart attacks to irregular heart rhythms. As well as running the UK's largest heart attack centre, we have one of the biggest heart rehabilitation teams in the country. Our world-renowned cardiologists offer the latest surgical techniques and treatments and minimally-invasive procedures. Services are provided at Barts, The Royal London and The London Chest. The clinical results are outstanding.

FAST FACT: 95% of patients said the care they received at the Heart and Chest Centre was excellent

Looking back

Heart attack centre halves mortality rates

April 2008: Barts and The London Heart Attack Centre celebrated its second anniversary. The mortality rate for patients has halved since opening which Director, Professor Martin Rothman, attributes to advances in care and fast work from the London Ambulance Service. "In

most cases we have performed an emergency procedure to open the blocked artery in less than one hour from the call for help," he said.

New palpitation clinic

June 2008: The Trust launched a new clinic to give patients suffering from heart palpitation and blackouts fast access to expert medical care. The Rapid Access Palpitation Clinic at Barts examines patients within 24-hours of referral from their GP or A&E department. Patients have traditionally had to wait two to three months to see a specialist. The Clinic is supported by a £23,000 donation from the Barts and The London Charity.

Awards

The centre won a number of awards in 2008, including the *Health Service Journal* Award for fast-track treatment of heart attack sufferers, an NHS Innovator Award for Professor Martin Rothman's device to treat end-stage heart failure, and an 'Involvement to Impact Award' for our specialist services to diverse groups.

Looking forward

New research unit

Plans are underway to establish a Biomedical Research Unit in Cardiovascular Disease – funded by a £5.375 million grant from the National Institute for Health Research (NIHR). Mark Caulfield, Professor of Clinical Pharmacology at Barts and The London School of Medicine and Dentistry said: "Heart disease causes one in three deaths in the UK and is a priority area for research. This grant will enable us to speed advances in basic medical research from the scientist's bench to the patient's bedside, improving the diagnosis and treatment of cardiovascular disease."

Stem cell trials

Some emergency heart attack patients are being injected with their own stem cells as part of research into long-term recovery. The trial, being conducted at Barts and The London Heart Attack Centre and University College London NHS Hospitals Foundation Trust (UCLH), is the first of its kind in Britain. The stem cells, or a placebo, are injected into the heart within hours of an attack. In addition, an exciting research project at Barts and The London is investigating whether stem cells can alleviate symptoms of heart disease – see Peter's story, which follows. The first trial was featured in a documentary series on BBC1. Presented by Professor Lord Robert Winston, *Superdoctors* focused on life-saving techniques, including the stem cell research trial.

Bringing excellence to life: Peter's story

"The trial transformed my life."

Peter Berry, 76, from Waltham Cross in Hertfordshire, volunteered for the heart stem cell trial five years ago. He was suffering from heart failure, but within weeks his quality of life was transformed:

"When I put myself forward, I'd already had two heart attacks. My health was so bad that I was out of breath just walking down the road. At the Heart Attack Centre, I had 15 injections into my heart, as I chatted away, full of pain killers. To this day, I've never been told if I was injected with my own stem cells, or a placebo, although I reckon I had the full works.

"Just weeks later, people started saying how well I looked – and I had so much more energy! Even now, my quality of life overall is fantastic. I can ride a bike for hours, go for long walks, and do the gardening. Whatever they did has transformed my life. Everyone says I look 15 years younger – and I feel it too!"

Dr Anthony Mathur, the consultant cardiologist leading the research, said: "If stem cells prove to be as effective as initial indicators suggest, we could improve the quality of life for thousands of chronic heart disease patients, as well as reducing the chances of heart attack and death." www.bartsandthelondon.org.uk/HAC/heart_stem_cell_trials.asp

Barts and The London Cancer Centre

Barts and The London Cancer Centre is a leading treatment and research centre offering a full range of services, including pioneering new medical and surgical treatments. Based at Barts, it is a major tertiary referral centre for all forms of malignant disease in adults, providing cancer services to a catchment of more than one and a half million people in east London and the City. Our new hospitals programme will create a purpose-built Cancer Centre of Excellence at Barts, providing facilities to improve the high standard of clinical care that patients already receive.

FAST FACT: There are currently over 100 trials underway at the Cancer Centre covering many types of cancer and treatments

Looking back

Fast-tracking new treatments

April 2008: The Experimental Cancer Medicine Centre was launched at Barts, giving patients

fast-track access to new cancer treatments. The ECM Centre brings together laboratory and clinical research, offering new hope for patients not responding to existing drug therapies.

"Normally it takes 10 years for a new cancer drug to be approved for use in the NHS. Through the experimental cancer medicine network we aim to reduce that time by half", said Professor John Gribben, Centre Lead. "Ultimately the ECM Centre will improve the care we can offer to cancer patients and will keep the academic and clinical team at the forefront of international efforts to develop new treatment for all types of cancer."

Art display

May 2008–September 2008: A collection of drawings conveying a personal experience of cancer were on display at The Royal London. Artist Rachel Goodyear created the sketches while she was undergoing chemotherapy – and translated her experiences into an imaginary woodland world. Rachel, 30, who is in remission from Hodgkin's Lymphoma, said: "Illness and treatment are very personal experiences and each person responds in their own unique way."

"Like a normal person again"

Jill Bracey-Cowley, 70, was given four years to live, when she was diagnosed with bone marrow cancer. That was over eight years ago, and since then, Jill has enjoyed a good quality of life, and become a grandma, twice over. Jill benefits from experimental cancer treatment at the ECM Centre.

"Without treatment, I wouldn't have known my two grandchildren, and I love them dearly," she says. "I don't feel like a guinea pig at all, and most of the time, the drugs make me feel like a normal person again. And the staff are wonderful."

New retinoblastoma unit

October 2008: Children being treated for retinoblastoma now benefit from a new unit at The Royal London, thanks to funding from the Children's Eye Cancer Trust and the Barts and The London Charity. One of only two centres in the UK able to assess, diagnose and treat this type of cancer, the new unit includes two clinic rooms, a vision testing room, and a medical assessment room where nurse specialists and consultants can conduct their examinations. The new unit also has a consultation room where members of the retinoblastoma team can meet parents and discuss details about their child's treatment.

Barts and The London Renal Centre

Barts and The London Renal Centre is one of the country's largest centres for patients with kidney disease. We provide secondary and tertiary care for patients in north-east London, with the renal transplantation service extending into Essex.

The dialysis unit is the sole chronic dialysis provider in the north-east Thames region, and one of the largest in the UK. Dialysis centres are situated both at The Royal London and Barts, as well as at Whipps Cross Hospital, and at Queens Hospital, Romford. There is also a large peritoneal dialysis programme based at The Royal London Hospital.

Driving up quality in dialysis

The new units in Queens, Whipps Cross and, soon to be opened, Newham University hospitals, are leading to a step change in the quality of the environment our patients have for dialysis. In 2009, facilities at The Royal London will be significantly enhanced by reducing the number of patients on the unit, giving each patient more space and privacy.

We began a new self-care programme in 2008, with patients having both a dedicated area and staff, which enables them to be as independent as possible with their treatment. This approach gives our patients more control over where and when they have dialysis, and over other aspects of their care.

Patient safety is of paramount importance to the Renal Centre. Infection rates have reduced significantly in the last three years, with a 60% reduction in bloodstream MRSA infections between 2006 and 2008 putting Barts and The London in the highest league amongst UK renal units for infection control.

Expanding the kidney transplant programme

Barts and The London is one of 20 renal transplant centres in the UK. It provides transplant services for its own dialysis patients and also for Basildon and Southend NHS Trusts covering a population of 3.2 million in north-east London and Essex. In 2008-09 there was a 30% increase in the number of kidney transplants performed at Barts and The London compared to the previous year.

Living donor transplants have almost doubled in number, with all living donors now offered laparoscopic retrieval – the length that donors stay in hospital has reduced dramatically as a result of this. Deceased donor transplantation rates have also increased, as a result of improved national matching schemes for

kidneys and of the growth of local organ donation.

Kidney research

Staff from the Barts and The London gave more presentations at the 2008 American Society of Nephrology meeting than any other renal unit. Research highlights of 2008-09 include the publication of an important paper in the New England Journal of Medicine, and a leading role in a national project to identify relatives of kidney patients who may be at risk of chronic kidney disease (CKD). Kidney Research UK's national screening pilot for CKD was launched at the hospital in September, with a series of screening days. Early detection can have a significant impact on patient outcomes because changes in lifestyle and diet can slow down the progression of the disease, delaying the need for dialysis or transplantation. This was extended in January 2009.

Renal award

Barts and The London's Renal Supportive Care Service was awarded second place in the 2008 British Journal of Renal Medicine Awards in September for its work on creating a patient-centred supportive and palliative care service for patients with end-stage renal failure. The comprehensive, multidisciplinary service is designed for patients who choose not to have dialysis, to support them by improving the quality of their end of life and length of care, and enabling them to die in their preferred place of care.

Pioneering dialysis service hits 40

Barts and The London's Hanbury Renal Dialysis Unit at The Royal London celebrated its 40th anniversary in September 2008. The unit was the first of its kind in the UK, providing a full-time dialysis service for chronic kidney disease sufferers. Today, it is one of the largest dialysis units in the UK, treating more than 800 patients, some of whom visit three times a week for dialysis to remove the waste and excess fluid that build up in the body when the kidneys stop working. To mark the anniversary, staff and patients past and present took part in an evening of celebration. Praising the unit's work, the National Clinical Director for Kidney Care, Donal O'Donoghue, said: "Many of the kidney units elsewhere in the UK have their beginnings in this hospital and in this unit."

Barts and The London Trauma and Emergency Care Centre

Barts and The London's Trauma and Emergency Care Centre is a leading specialist centre with an international reputation for caring for some of the most severely-injured patients in London. From

the street through to the emergency department, operating theatres, critical care and rehabilitation, our clinical staff provide comprehensive co-ordinated care unparalleled in the UK.

Every year, we treat more patients than any other centre in the UK. In 2008/09, more than 160,000 people attended The Royal London A&E, including those that attended the Walk-in Centre. The Helicopter Medical Emergency Service (HEMS) based on the roof of The Royal London hospital attends over 1,000 cases a year.

The A&E department is unique within the UK for having a resident A&E consultant available 24 hours per day, Monday to Friday. There is also a dedicated children's A&E department at The Royal London and a Minor Injuries Unit at Barts.

We have also put in place 'patient navigators' who help to identify patients which could more easily be treated elsewhere, such as a Walk-in Centre or Minor Injuries Unit.

The Royal London is the busiest trauma-receiving hospital in the country, treating over 1,400 trauma patients each year. Compared to the national average, it has a 28% higher survival rate for the most severely injured trauma patients.

FAST FACT: The helicopter has been on over 20,000 missions since its launch in 1989

Looking back

Welcoming a new Professor

September 2008: Consultant Trauma and Vascular Surgeon, Karim Brohi, was appointed as the first Professor of Trauma Sciences at Barts and The London School of Medicine and Dentistry.

"Trauma, which is broadly defined as the disease resulting from physical injury to the body, is one of the leading causes of death in the United Kingdom," says Professor Brohi. "Through testing new drugs and treatments, identifying good practice and improving the systems we use to treat patients, we hope to improve the outcomes and survival rates for victims of trauma across the country."

Trauma conference

November 2008: Five of our specialist trauma and emergency care consultants took part in the 2008 London Trauma Conference. Co-chaired by the Trust's Dr Gareth Davies, the event discussed topics including ethical dilemmas and the use of nano-technology.

I feel privileged

A&E Consultant Gareth Davies has been with HEMS for 16 years. So what does he find most satisfying about his work?

"My colleagues – and the privilege of working in a job where you can make a big difference to people in such dire need."

Looking forward

New trauma centre

Healthcare for London has given the green light to Barts and The London's plans to become a specialist major trauma centre. Subject to a public consultation, our centre will form part of the capital's new trauma network which will be in place by April 2010. Our emergency and trauma provision has already been cited as a model for trauma units. "At present there is one severe injury centre in London, based at The Royal London Hospital, and its results are impressive." *Healthcare for London: consulting the capital, 2007.* [More on page 28]

Focusing our A&E resources on the patients in greatest need

We are working closely with NHS Tower Hamlets¹ to address issues raised by the Healthcare Commission, such as the high number of patients presenting at A&E who could be seen by other services. The role of the 'patient navigator' has now been developed, to identify patients who could be successfully treated elsewhere.

A&E expansion

A&E at The Royal London has been expanded to provide an additional area for patient streaming and treatment – as existing facilities come under increasing demand. Ultimately, A&E will move into the new hospital in 2012.

Barts and The London Maternity Services

Growing numbers of local women are benefiting from a major project to improve our Maternity Services following a Healthcare Commission review in 2007. The aim is to make maternity services more accessible, while increasing choice and improving care. The project is run as a partnership between Barts and The London, NHS Tower Hamlets and other local organisations. Over 4,300 women a year have their babies

¹ On 1 April 2009, Tower Hamlets PCT became NHS Tower Hamlets

delivered by the Barts and The London Maternity Service and the numbers are rising.

A key success is the opening of Barkantine Birth Centre, a popular midwife-led centre which celebrated its first anniversary in January. The project has also delivered improved antenatal screening and staff training, and launched an informative website for patients and clinicians. All women and their partners are now able to access antenatal classes with the introduction of a dedicated team and increased classes in community-based venues.

The service has implemented a comprehensive training programme supporting leadership within the senior midwifery and obstetric team to improve how they work together to improve the experience of families using the service. Early results from user surveys demonstrate that women are reporting increased satisfaction.

The Maternity Services Liaison Committee was successfully re-launched in January 2009. This committee provides a valuable framework for a sustainable user engagement strategy and is facilitated by NHS Tower Hamlets.

The Trust signed up to the Baby Friendly Initiative – a scheme to support local mothers who want to breastfeed their babies – and celebrated Breastfeeding Awareness Week in May.

In October, staff from Barts and The London NHS Trust and NHS Tower Hamlets, were shortlisted for a 2008 *Nursing Times* Award for a project helping pregnant women with diabetes.
www.bartsandthelondon.org.uk/maternity

Barts and The London Children's Hospital

The hospital is one of the leading children's hospitals in the UK. There are 130 beds – including premature baby cots – and London's biggest paediatric Accident & Emergency department. We care for more than 40,000 children and young people each year from London, Essex and across the UK and Europe.

In May, staff were delighted to receive the Children's Hospital of The Year award for 2008, having been nominated by an East End resident. R&B star Jay Sean came to the hospital to present the Liberty Radio Station trophy – and spent more than an hour with the children, chatting and giving autographs. Jay Sean was studying as a doctor at Barts and The London School of Medicine and Dentistry when stardom beckoned.

In October, the Children's Hospital launched a fun, innovative website for children preparing for a visit to hospital. It uses cartoon characters and documentary style films to engage and inform young people. Many patients were interviewed for the website, including Jack Aitchison, 10, who has Crohn's disease. "Jack loves it, and we're really pleased that he was part of this," says his mother, Sally Aitchison.

www.bartsandthelondonkids.nhs.uk

The teddy treatment

Karen Foster, a senior play specialist, runs a monthly clinic for children who are anxious about treatment. She says:

"I work with children who have difficulty coping with hospital procedures such as MRI scans, blood tests and surgery. I use props such as books and hospital equipment to prepare children who are nervous or anxious about coming to hospital. I have worked with children who are refusing treatment. By discussing their fears and preparing them for their hospital admission, I have been able to support them through their treatment."

Also in October, the Neonatal Transfer Service of the Children's Hospital, celebrated its fifth birthday. [See page 8 for Arthur's story.] Since its inception in 2003, it has dealt with over 3,000 emergency transfers and over 600 elective transfers, including around 500 babies who have been treated in the hospital's specialist Neonatal Unit. Its state-of-the-art ambulances contain incubators, ventilators and neonatal monitors, together with other specialist equipment.

Barts and The London Centre for Reproductive Medicine

Barts and The London Centre for Reproductive Medicine was rated the most successful NHS unit in the UK by the national regulator, the Human Fertilisation and Embryology Authority, in its last report in 2007. The report showed that 34.1% of IVF or ICSI treatments involving women up to the ages of 37 at our centre result in a baby being born, compared to a national average of 25.9%

Based at Barts Hospital, it offers a full range of diagnostic and therapeutic services, covering all aspects of fertility treatment, and has been running for more than 20 years.

2008 saw the Centre extend its fertility expertise to those patients undergoing treatment for cancer. As a Cancer Centre of Excellence, Barts sees a

large number of cancer patients each year, many of whom are at risk of infertility as a result of their treatment. Patients can now receive expert advice on their fertility options and are able to have their eggs or sperm frozen on-site. In the event that they are unable to conceive naturally following chemotherapy or radiotherapy, these can then be used in IVF or other fertility treatments.

Barts and The London Centre for Digestive Diseases

Barts and The London Centre for Digestive Diseases is one of the only centres in the world to provide care for patients with gastroenterological and liver conditions throughout their lives – from small babies through to the elderly.

It provides world-class diagnosis and treatment of digestive diseases, including clinical gastroenterology, endoscopy and clinical nutrition for adults and children.

The centre is one of the largest in the country for the treatment of inflammatory bowel disease and is one of only a few to offer novel anti-TNF drug treatments (drugs that block inflammation-causing molecules called TNF) which can modify the disease itself, instead of acting on the symptoms.

At the Centre for Digestive Diseases we work jointly with colleagues at Barts and The London School of Medicine and Dentistry and the Wingate Institute, to undertake a range of important research that will deliver benefits for patients.

We also regularly survey how satisfied patients are with their experience in the endoscopy unit. The results of the surveys give us the opportunity to adjust our practice according to the views of

our patients. A recent survey showed that 92% of patients were satisfied with the service provided.

Best possible care for the dying

Although Barts and The London has some of the best clinical outcomes in the country, death and dying remain an inevitable reality for patients for whom no further treatment can be given.

To ensure that such patients are given the best possible care in the last days of their lives, we have introduced the Liverpool Care Pathway for the dying, a multi-professional, evidence-based framework that outlines best practice for care of the dying.

Following the pathway's successful pilot by Barts and The London's Macmillan palliative care clinical nurse specialists on selected wards, we appointed a dedicated co-ordinator in May 2007 to roll out the pathway across our hospitals. Nearly 80% of our wards have now received training in the tool, which is based on a hospice model translated to the acute setting, and is underpinned by a holistic approach to managing pain and distress, proactively involving the patients and their families.

Partnership award for patients with heart failure

A partnership of St Joseph's Hospice, Barts and The London NHS Trust and NHS Tower Hamlets won a prestigious Involvement to Impact (i2i) award for their work on creating an integrated multi-agency pathway for people with heart failure, focusing in particular on end-of-life care. The judges were especially impressed by the sustainability of the project, which aims to ensure that people with heart failure living in Tower Hamlets have access to a comprehensive local pathway of care.

The Patient's Choice

Improving the Patient Experience

Our Principles of Care set out the values that guide how care is delivered in our hospitals. Their aim is to help create a more patient-focused culture that improves the experience of working and being cared for in our hospitals. The principles are grouped into five areas: ensuring that patients feel they are in safe hands, involving patients in their care, talking with patients about the care they need, showing patients how much we care, and working with patients to provide the best possible care.

Many of the elements contained within the Principles of Care respond to areas identified in recent national patient surveys undertaken by The Picker Institute.

National patient surveys

Barts and The London continues to take part in the national patient survey programme. In 2008/09 we undertook surveys of inpatients, outpatients, children and young people, and patients who had been through A&E. We also undertake our own bedside surveys with patients before they go home. The results of the surveys inform our plans for improvement and help us to focus in areas where more detailed feedback is required.

In the 2008/09 [inpatient survey](#), 341 patients responded. The majority of patients report positive experiences of Trust services and stated that:

- Overall care was good/excellent - 91%
- Overall doctors and nurses worked well together - 91%
- Patients always had the confidence and trust in the doctors - 78%
- The hospital room or ward was very/fairly clean - 91%
- There was always enough privacy when being examined or treated - 86%
- The risks and benefits of surgery were clearly explained - 77%

Our [outpatients](#) also completed a survey last year. 340 patients reported an overall improvement since the previous survey was undertaken in 2004. They stated that:

- Fewer waited more than six months for an appointment
- More were given a choice of appointment time
- Fewer were unsure why tests were being done
- Most thought that the departments were organised in a fair way.

However, they told us we were worse than average in:

- Treating them with dignity and respect
- Not given complete privacy when being examined or treated
- Changing appointments to a later date.

Where these and other issues were highlighted, the results have been summarised and information given to the outpatients department to formulate action plans in response to patients' comments.

Last year a survey of [children and young people](#) was undertaken. 264 patients (children, their parents, and young people) responded to this survey which was last conducted in 2004. The majority of patients (89%) and parents (91%) rated the overall quality of care as good to excellent. However there were areas highlighted for improvement, such as poor facilities for parents staying overnight, noise at night, and no access to tea and coffee-making facilities.

2008 also saw some of our [A&E](#) patients respond to a survey. The department was rated significantly better than average for waiting time on a trolley. But there were a number of areas where we scored below average, including privacy, dignity and courtesy; waiting too long to speak to a doctor; and involvement in decision-making and information provided.

However, The Royal London's A&E department was commended by the Healthcare Commission in another survey for its delivery of urgent and emergency care. The review looked at ambulance services, A&E, out-of-hours services, NHS Direct, urgent care provided by GPs, and urgent care centres. NHS Tower Hamlets scored a 'best performing' rating. The Royal London is the only A&E hospital within the NHS Tower Hamlets boundaries.

The national [maternity](#) survey results in 2007 identified a number of areas for improvement and these are being taken forward by the department. They include leadership training for all midwives Band 7 and above, and monthly monitoring of trends in complaints and PALS. An internal survey based on the results of the national survey, has been designed to understand mothers' experiences better and form a basis for improvement. This was conducted twice last year and overall respondents reported a more positive experience of care.

A [bedside](#) survey was developed in conjunction with the trust's Clinical Effectiveness Unit, based on the results of the annual Inpatient Survey and reflecting the areas that patients have told us

where we can improve. The survey was undertaken as a pilot project across six wards and overall, the results were positive. This is now being rolled out and will be conducted twice a year.

Complaints: listening, learning and improving

We always value comments from patients and the public and, reassuringly, we get far more positive feedback than complaints.

In March 2009, we invited patients who had made a formal complaint to the Trust in 2008 to an event where we could tell them of improvements we had made to the service and to canvas their opinions on what more needs to be done. The first meeting was a lively affair, with topics ranging from improvements needed in communications to receiving more patient-focused letters. Patients welcomed the fact that they had been invited and that they were being listened to, and there are plans for events like this in the future.

Details of trends in complaints this year and how we responded

We are committed to understanding and improving the experience of our patients. The feedback from patients and the public is key to enabling this. Reassuringly, we do receive positive comments, many of which are informal,

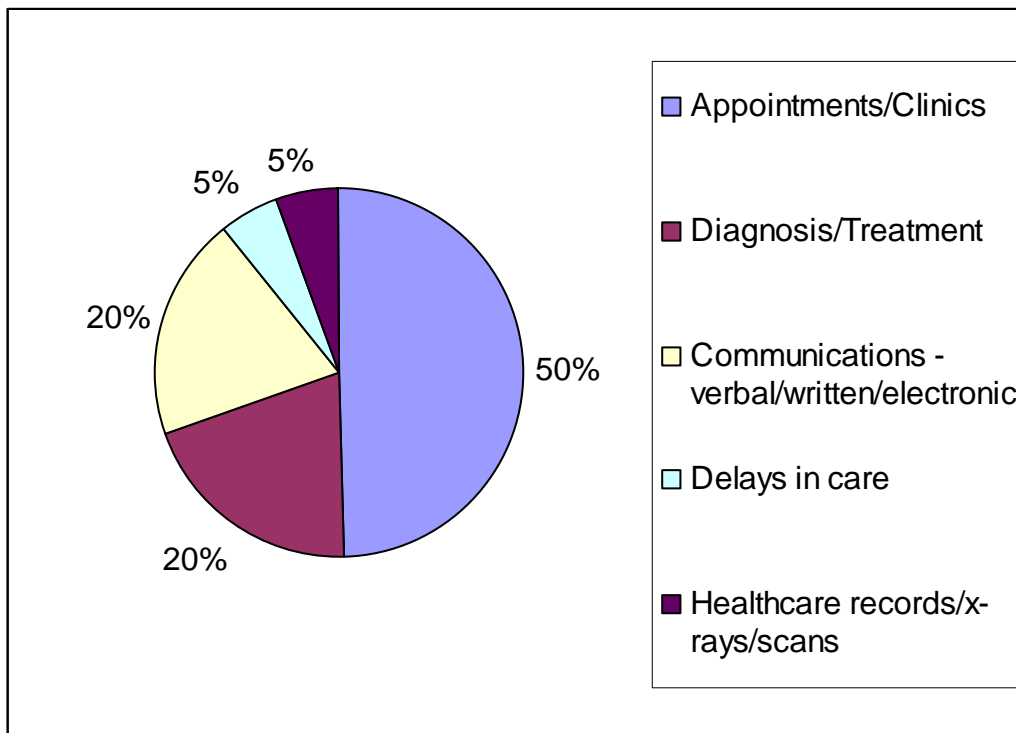
and in addition over 400 formal letters of thanks were recorded last year.

At the same time, we continue to develop our complaints management systems to ensure patients who are dissatisfied receive a timely and thorough response.

A Healthcare Commission report, *Spotlight on Complaints*, published in April 2008, praised Barts and The London and three other trusts for “consistently high standard of responses to complaints”. Since then we have faced a number of challenges that have adversely affected our ability to maintain the previous excellent performance. These include the major restructure of services, changing staff resource and turnover.

Out of 700,376 patient attendances in 2008/09, Barts and The London received 1,071 formal complaints, 364 more than last year. This represents a significant rise and while many were associated with the implementation of the new CRS, there were, however, an increase in complaints categorised under diagnosis and treatment. Although the majority of complaints were acknowledged within two days, monthly performance against a response time target of 25 days varied between 40% and 82%. 18 formal complaints were referred for independent review by the Healthcare Commission.

Breakdown of complaints in 2008/09



Details of new complaint system

We have taken action to improve access to our services, including the provision of a dedicated Access Issues Resolution Service. This was set up as part of our response to concerns and complaints expressed by Tower Hamlets GPs, and provides a dedicated helpline to offer a fast and effective resolution for Barts and The London patients who are experiencing problems with making an outpatient appointment or getting a date for surgery. Our new team of Access Issues Managers (AIMs) strengthen, support and complement existing Trust resources by providing an end-to-end point of contact for these patients and their GPs.

Complaint trends are monitored in the divisions and improvement actions are reported through the governance structures. A detailed review of complaints about diagnosis and treatment will be undertaken this year.

The Trust policy and processes are being updated in line with the new NHS complaints management regulations that came into effect on 1 April 2009.

Advising and supporting our patients

Barts and The London offers many support and advice services to patients and visitors to ensure that their visit to our hospitals goes as smoothly as possible.

Patient Advice and Liaison service (PALS)

The Patient Advice and Liaison Service helps us to improve our services for patients. PALS offers support, information and advice to patients, their families, friends and carers. Our specially-trained staff can also help resolve problems that patients might experience at our hospitals and aid communication with other hospital staff. Now in its seventh year, PALS assisted 2,810 clients in 2008/09 and continues to provide a fast and effective service to patients, many of whom have told us how highly they value the service.

Health advocacy and communication support

Barts and The London has its own multi-lingual health advocacy service for patients who do not speak and understand English. The service is free and provides information, support and advice. We can arrange for an advocate and/or interpreter to be present when patients speak to their healthcare professionals. Our advocates also advise hospital staff on any relevant cultural, religious or social issues.

In 2008/09, the service helped over 21,070 patients, with the most requested languages being Bengali/Sylheti (12,575 patients, including the maternity, childrens' and A&E teams), Turkish

(2,992 patients) and Somali (1,192 patients). The service also assisted 188 patients by providing a British Sign Language interpreter.

Multi-faith chaplaincy

Chaplains of many faiths are available to speak to all patients, relatives and carers. The chaplaincy team welcomes everyone, whatever their faith or beliefs, and whether or not they follow a religion. The chaplains have links with many faith communities and will always try to get an appropriate representative when asked to do so. The service is confidential and respectful. The chaplaincy also provides facilities for those in hospital who wish to pray or seek a quiet place.

Hospital volunteers

Nearly 500 volunteers work in many areas across our three hospitals, taking on the role of a friend to patients, visitors and staff, complementing the work of our paid staff. Volunteers help in the hospitals' shops and provide assistance with events including open days, as well as running the award-winning hospital radio Whitechapel AM. Many people also work closely with the various charitable groups associated with our hospitals, helping to fundraise and raise awareness of the charities' contributions to life at our hospitals. This year, Rose Bird was presented with an award for 25 years' service; she joined the volunteers at The London Chest Hospital in 1983.

Improving patient information

New microsites

With a £56,000 grant from Barts and The London Charity, the Barts and The London website has been expanded, with new resources for patients and referring clinicians. This year we've launched 16 new microsites – mini internet sites available through our main website – for centres including cystic fibrosis, endocrinology and gastroenterology. Many more are in progress, including gynaecology, occupational therapy and pathology. All can be accessed via www.bartsandthelondon.nhs.uk – just click on 'Our services', on the main menu bar, and then select the area you are interested in.

The aim of these websites is to tell patients about the latest news and treatment options in an accessible and straightforward way. Our website also helps GPs to keep pace with our developments, so they can consider the full range of options when making a referral.

New plasma screens

New plasma screens have been introduced at Barts, The Royal London and The London Chest.

As well as welcoming patients and visitors, they provide information about hospital services, such as who wears what uniform; as well as advice on subjects like hand hygiene, encouraging people to clean their hands when they enter any clinical areas. The screens also include regularly-updated information about what is happening in the hospitals.

Keeping GPs informed

We have a comprehensive programme to keep our network of GPs informed. For example, an email newsletter is sent to them monthly to keep them updated with news and information about our hospitals and our services.

We also speak at a series of meetings with Practice Based Commissioners, again bringing them up-to-date with our news.

In March 2009, the new *GP Referral Guide* was distributed to 893 GPs across north-east London. The 165-page wire-bound book provides up-to-date information on services at our three hospitals. For each clinical specialty, the guide includes background information, contact numbers, location of services, referral details and lists of consultants. The information is also available online in the section of the Barts and The London website dedicated to GPs, which is updated regularly (click on the 'For clinicians' section on the main menu bar).

Keeping members informed

More than 7,000 patients and local residents are now registered as members of our proposed new NHS foundation trust.

To keep them updated on key medical subjects, we held four events - Medicine for Members for them. In the spring we welcomed 50 members to the Perrin Lecture Theatre in Whitechapel to listen to presentations by leading clinicians from Barts and The London Heart and Chest Centre on the subject of coronary heart disease. In the summer, they were invited to the Annual Public Meeting where they heard Professor Jon Toy, Lead Clinician for Cancer Services, issue a call for greater take-up by people for cancer screening. Then in November, members came together to listen to how our clinicians, together with colleagues in the local community, are caring for patients with diabetes. And in March 2009, following requests by members, the event focused on what we do for patients who have arthritis, what the different types of arthritis are, and how we nurse and support our patients.

Members also receive regular issues of Members' Link which updates them on the main developments at our hospitals and advises them on how to make the most of their membership and improve their health.

Keeping the public informed

From April 2008, patient and public involvement forums started to be replaced nationally by local involvement networks (LINKs), which aim to achieve better care by giving people and communities a stronger local voice. They are borough-based and their role is to find out what citizens want from local health and social care services. They also investigate specific issues of concern to the community and suggest ideas to help improve the care people receive.

Barts and The London's Young People's Forum continues its work, giving past and present patients aged 12 to 17 a chance to let us know what they think of our services to help us make improvements. Last year they saw the result of their hard work realised, with the publication of the new website for children and young people.

Open Day

Patients, local people and staff were among the many hundreds of visitors who attended this year's Open Day at The Royal London Hospital in September. Visitors were able to find out about our services in the Trust's three hospitals through a wide range of interactive stalls hosted by wards and departments. The event was also another opportunity to celebrate the 60th anniversary of the NHS. A special display organised by the Trust archivists took a look back at some of the highlights that have marked our hospitals over the past six decades.

Pathology Day

We welcomed visitors to the Pathology and Pharmacy Building at The Royal London for a Pathology Open Afternoon in November, as part of the Royal College of Pathologists' National Pathology Week. It was a chance for staff, students, members of the public and local school children to uncover the truth behind some of the mysteries surrounding pathology, the hidden science at the heart of modern medicine. The exhibition included microbiology, haematology, immunology, infection control and pathological specimens, giving an insight into how pathologists diagnose diseases. It also highlighted pathology's impact on the health of the population, covering the effects of smoking on the lungs, what happens to an appendix after an operation and why it's important to have a cervical smear or vaccination.

Improving the hospital environment and catering

Upgrades and refurbishment programmes this year

The Trust's Big Clean in 2008 has helped to improve the environment in our hospitals. Funded by the Department of Health as part of a nationwide NHS infection control initiative, the deep cleaning programme covered 64 wards, day units, A&E and other clinical areas. Along with the washing of walls, ceilings, the Big Clean involved repairs and painting. The replacement of bathroom and toilet fittings and new flooring were among other improvements carried out. In addition, 608 chairs, 300 shower curtains, 95 fans and six consulting couches were provided to replace old items of furniture.

Refurbishment programme

A refurbishment programme took place at both The Royal London and Barts to improve the safety and efficiency of a number of lifts and reduce the risk of breakdowns. Other work to upgrade the heating, air conditioning and temperature control systems across the two hospitals also began in June. This will enable the Trust to be more energy-efficient in its use of gas and electricity, thereby reducing carbon emissions and saving money as part of the 'Think Green, Act Green' campaign.

A new Departure Lounge opened at The Royal London in October. Replacing the Catherine Gladstone Departure Lounge, the new lounge is bigger and brighter and provides a comfortable setting for patients who have been discharged and are waiting for patient transport or for a friend or relative to collect them.

Other areas which got refurbished this year included the Lung Function Unit and A&E Minors and Streaming at The Royal London; the Bodley Scott Day Unit in the East Wing at Barts as well as X-ray room 19 which received an equipment upgrade for Diagnostics Imaging; while The London Chest got a new cardiac MRI in a new extension and one of the Angio Labs got an equipment upgrade.

Catering improvements this year

The Trust's facilities management team has been working with the catering team at Carillion Health to improve the range and quality of food available in the staff restaurants, including more seasonal foods. Refurbishment of the restaurant at Barts is now complete.

Vital Arts

Vital Arts is charitably-funded to deliver arts programmes for the well-being of patients and staff. Vital Arts brings music and performance to wards and patient waiting areas and curate regular visual arts exhibitions that seek to bring the 'outside in'. The Vital Arts team also works with the Trust's Capital Projects Department on commissioning site-specific art to improve the patient environment, manage an extensive contemporary art collection and deliver a pioneering arts education programme for young patients.

Patient improvement projects this year include the stunning new Retinoblastoma Unit at The Royal London with artists PEEPSHOW, the commissioning of an extensive art strategy for the new Barkantine Health Centre, which includes the Trust's state-of-the-art Birth Centre; and the refurbishment of the Graham Hayton HIV Clinic with a new public art commission by acclaimed international artist Marta Marce.

All Vital Arts projects are designed to involve patients and support clinical care. Many of the performance programmes are designed in collaboration with clinical staff to aid patients' recovery, for example hands-on music-making sessions for elderly and stroke patients.

Another project brought together dance artists, physios and occupational therapists in a series of dance sessions to support the physical rehabilitation of patients in the Children's Hospital.

Vital Arts produces an ongoing arts education programme funded in partnership with local arts organisations and galleries. Highlights this year included an artist's residency with artists from the Chisenhale Gallery to deliver a series of innovative projects seeking to connect disparate patient groups.

Young patients produced RLH TV for patient waiting areas and a special RLH newspaper distributed throughout the hospital. In another project, young patients and their families created a stunning three-panelled artwork depicting their collective imaginary castle. The *Fantasy Fortresses* workshops, led by artist Tom Cox Bisham and supported by The Tower of London, were held in the hospital playrooms over two weeks in July and August.

New to the programme this year is a portfolio of affordable unique limited edition prints created by artists working with Vital Arts and wishing to support leading health charities with sales proceeds.

The Vital Arts Music & Performance Programme and Visual Arts Programme are funded by Barts and The London Charity.

Smarter working

June 2008: For Smarten Up Week, our wards, offices and gardens were all given a makeover, as part of our efforts to create a more pleasant environment. We waged war on clutter. There were spot-checks on uniform and prizes for the tidiest wards. The Trust's Smarten Up campaign was launched in 2004 – and the Week is now an annual event. Devonshire Ward at The Royal London, Bodley Scott 2 at Barts, and Caplin Ward at The London Chest excelled in the Tidiest Ward/Department awards.

Think Green Act Green

April 2008: Staff are being encouraged to 'Think Green. Act Green' in a bid to reduce our carbon dioxide emissions by 10% over the next three years. By improving the way we use electricity, gas and water in our hospitals, we can reduce carbon emissions and help combat climate change – plus the money saved can be used to benefit our patients.

A number of 'environmental champions' have volunteered to provide colleagues with support and advice about energy conservation on an ongoing basis.

FAST FACT: All paper waste from our hospitals is shredded and recycled – saving 8,000 trees a year

The patient's choice

In safe hands

Patient safety continues to be a top priority for the Trust, spearheaded by the national Safer Patients Initiative. The Trust has a comprehensive programme of measures in place to improve its infection prevention and control performance. We have already made good progress towards reducing the incidence of infections, with the number of MRSA incidents down 31% since last year and C.diff infections down 38%. But while the Trust was within its target maximum for C.diff, this was not the case for MRSA, which we exceeded by six cases.

Stringent measures are in place to protect our patients, including:

- Selective screening for MRSA (at pre-admission appointments, admission, and high-risk areas)
- Selective testing for C.diff bacteria
- Reducing inappropriate use of antibiotics to help reduce the spread of resistant organisms
- Daily safety briefings and weekly hand hygiene audits across the Trust
- A new surveillance package which provides robust reports on infection rates
- Introduction of a score card system for each clinical area which shows infection rates and compliance with infection control and prevention practice
- New control policies and ongoing staff training.

In June 2008, the Trust launched a hard-hitting campaign to draw attention to simple infection control measures that can help save lives. Called 'One Month to Change', the idea was that it takes a month for changes in behaviour to become second nature.

The campaign used guerrilla marketing tactics to raise awareness of hospital-acquired infections, focusing on hand hygiene, intravenous line management and appropriate antibiotic prescribing (particularly important for C.diff).

Stickers started appearing on the wards and clinical departments, and leaflets were discovered in the most unexpected places – including bathrooms, toilets, lifts and staircases. The messages urged staff, patients and visitors to play their part in beating the bugs.

In addition, visual display boards were installed on wards. These show the audit results for hand

hygiene and compliance with the Department of Health Saving Lives toolkit. The audit programme enables staff to focus where to make improvements in practice, reducing the risk of infection to patients. Spot checks were made on wards and demonstrations given. New signage has been rolled out across our hospitals, urging people to clean their hands before entering clinical areas, as well as before and after any contact with patients.

FAST FACT: There are more than 1,500 alcohol hand rub dispensers across our three hospitals

Summary of the Safer Patients Initiative – final outputs

In March 2008, a report on our progress against safety measures and targets for the Safer Patients Initiative indicated positive results in areas such as infection control practice, safety briefings and supporting a safety culture at Barts and The London. The Safer Patients Initiative is funded by The Health Foundation and, together with other ongoing projects, it helps us to achieve a step-change in patient safety.

Since work on the initiative got underway in late 2006, teams of clinicians across The Royal London Hospital have been involved in testing out changes to make care safer on wards, during and after operations, in critical care and in the management of medicines. We are using quality improvement and redesign techniques, and implementing measurement systems to enable us to track our progress. Once any change has proven effective, it is then extended to other parts of the hospital.

Safety award for team

Last year, we added a new category to our annual Celebrating Success Awards to recognise the service or team that has demonstrated that they have acted on learning to reduce the risk of harm and improve patient safety. The winners, a multidisciplinary team on Devonshire nephrology ward, used our rapid redesign programme Lean to reduce the time spent on tasks not related to healthcare and to improve privacy for their patients. Using the programme's 'six s' toolkit, the team now works in a safer and cleaner environment and has increased the number of procedures they carry out since they streamlined their processes. As a result, patient satisfaction has increased.

Learning from clinical incidents

In 2008/09, there were 6,355 clinical incidents reported across our hospitals, compared with

6,119 the previous year. In March 2009, benchmarking by the National Patient Safety Agency confirmed that Barts and The London remains in the top quartile of acute trusts for incident reporting. The majority of clinical incidents were 'no harm' or 'low harm'. The high level of reporting overall and the routine reporting of 'near misses' reflect a strong safety and learning culture where staff are confident in reporting errors.

Non-clinical incidents

The Trust is committed to ensuring that we manage all the information which we hold and process in an efficient, effective and secure manner. This is achieved through the application of robust information governance policies and procedures. During the year, there were no information security incidents classified as serious untoward data security breaches in line with Department of Health guidance. However, we recorded locally two Serious Untoward Incidents and 12 information security incidents where person identifiable information was reported as inappropriately disclosed or lost.

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, and by embedding clear policies and procedures in our staff's daily work.

Level 2 accreditation for risk management

An assessment by the NHS Litigation Authority, the body that insures the Trust against claims of

clinical negligence, has awarded Barts and The London a Level 2 out of a possible three in the Authority's assessment, with a 96% score. The rigorous assessment looked at standards of risk management throughout the organisation, including whether the Trust has implemented the necessary policies and procedures to ensure the safety of patients and staff and others. It included visits to wards, interviews with key staff and an examination of documentary evidence provided by the Trust. Only 26% of acute trusts have been awarded Level 2 or higher.

Preparing for the worst

Barts and The London NHS Trust 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.

In 2008/09, we carried out successful major incident and business continuity exercises, to ensure that we can deal with major incidents and that our hospitals will continue to operate in any emergency situation. Additionally we experienced, managed, and fully recovered from, a major internal incident caused by a computer virus where well-rehearsed procedures were put in place to ensure that key clinical systems continued while network access was being re-established.

Both the exercises and the real incident have strengthened our planning and preparation capabilities.

Patient Access

Objective for 2008/09

To treat our patients on time, every time and in the most appropriate setting.

Lean thinking

Barts and The London December 2008: Lean methodology – pioneered by Toyota over 50 years ago – is increasingly being used by the Trust as a management tool for streamlining and optimising services. It has been successful in reducing the number of separate visits patients have to make to, as well as decreasing their time

in, hospital. This has been achieved by creating new integrated outpatient clinics, revising theatre schedules, and speeding up results from pathology.

Choosing a convenient appointment

The number of referrals to our hospitals received via Choose and Book continues to rise steadily – to 33,813 in 2008/09 from 28,374 last year.

Meeting national minimum access standards

Performing well against national minimum access standards is vital to the Trust's performance rating from the Care Quality Commission.

Performance against national priorities & existing commitments which form the basis of the Care Quality Commission's Annual Health Check 2008/2009²

Area	What we promised for 2008/2009	What we are likely to achieve when assessed	Current Progress
Cancer care	Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals.	Achieved	The Trust met the cancer waiting times targets during 2008/2009. In January 2009, the arrangements for the measurement of cancer waits were changed nationally. The Trust is currently implementing new systems and processes to support delivery of these revised measurement arrangements. The thresholds for performance from Jan 2009 are yet to be published.
	Maximum one month wait from diagnosis to treatment <ul style="list-style-type: none"> • maximum waiting time of 31 days from diagnosis to treatment for all cancers • maximum waiting time of 31 days for subsequent treatments for all cancers. 	Achieved	
	Maximum two month wait from referral to treatment for all cancers.	Achieved	
Elective care waiting times	90% of pathways for admitted hospital treatments to be completed within 18-weeks.	Failed	The delivery of these access targets has been a challenge to the Trust as a result of the difficult implementation of the CRS PAS system and inadequate supporting operational management arrangements.
	95% of pathways for non-admitted hospital treatments to be	Failed	

² The Care Quality Commission replaced the Healthcare Commission on 1 April 2009 and brought together The Healthcare Commission, the Mental Health Commission and the Commission for Social Care Inspection to become the regulator of health and social care in England.

Area	What we promised for 2008/2009	What we are likely to achieve when assessed	Current Progress
	completed within 18-weeks.		
	Maximum wait of 13-weeks for an outpatient appointment.	Failed	
	Maximum wait of 26-weeks for an inpatient appointment.	Under achieved	
	Maximum two-week wait for a Rapid Access Chest Pain Clinic.	Achieved	We have consistently achieved these targets since their introduction in 2003/04.
	Three-month maximum wait for revascularisation.	Achieved	
	Cancelled operations and those not readmitted within 28-days.	Under achieved	The Trust is enhancing the inpatient and day case scheduling arrangements to support a reduction in cancellations for 2009/10.
Emergency Care Waiting Times	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge.	Under achieved	The A&E department experienced a significant growth in attendances during 2008/09, this is coupled with an increasing complexity in cases. The Trust has implemented revised systems to support efficient patient flow through the organisation including streaming to the Walk-in Centre.
Sexual Health Services	Access to Genito-Urinary Medicine (GUM) clinics - All patients will be offered an appointment to be seen within 48-hours of contacting the service.	Achieved	The Trust has met this target during 2008/2009.

Improved access to diagnostics

New equipment in key services is also speeding up patients' access to care at Barts and The London's hospitals, as well as enhancing the standard of care and diagnoses they receive.

Centre for Experimental Cancer Medicine

April saw the launch of the Barts and The London Centre for Experimental Cancer Medicine. A joint initiative between the Trust and Barts and The London School of Medicine and Dentistry, the Centre gives patients who are not responding to existing drug therapies access to new medicines or new combinations of medicines. Supported by £2 million of funding over the next five years, the

Centre brings together laboratory and clinical research, which will enable doctors to involve patients at an early stage in testing drugs and from there progress more quickly to the introduction of new treatments.

Mobile digital x-ray machines

Six new mobile digital x-ray machines were installed in the summer, enabling staff to provide quicker diagnosis of seriously ill patients who are unable to leave a ward due to their clinical condition. Using digital technology, pictures are instantly displayed on a screen on the x-ray machine, allowing clinicians to assess patients on the spot. The equipment is also used in operating

theatres, where, thanks to the enhanced technology, the machine provides surgeons with clearer images of blood vessels, making vessels more distinct from bone and tissue than was previously possible.

Quick Check STI tests

A new sexual health screening 'Quick Check' at Barts and The London Sexual Health Centre is resulting in significantly decreased waiting times for patients wishing to be screened for sexually transmitted infections (STIs), allowing medical staff to address more complex sexual health cases. The 'Quick Check' has reduced waiting time for patients by an average of 30 minutes with testing of patients not showing any symptoms of a STI taking an average of 15 minutes. The survey showed that 100% of patients were satisfied with the new care pathway.

Gift of equipment helps cancer patients

The chemotherapy treatment of Barts and The London cancer patients has been enhanced, thanks to the installation of new mobile computers funded by the Barts Guild and Smyrk Trust. The equipment, which is used in both outpatient day wards and inpatient wards at Barts, enables the multidisciplinary team to check all the necessary information on haematology and biochemistry test results, prescriptions and drugs directly at the patient's bed or chair-side, increasing the accuracy of information and reducing the need for paper prescription records.

Strategic partnerships

Barts and The London has developed strong clinical partnerships with neighbouring hospitals as well as our primary care healthcare partners, with whom we work collaboratively to improve access to the best possible care and to maximise clinical outcomes. We are also working as part of the NHS in north-east London to develop proposals that take forward the recommendations in 'Healthcare for London – A Framework for Action' at a local level.

Seminar for community nurses

Over 40 local community nurses took part in a two-day seminar held in the Great Hall at Barts in late January. The multi-disciplinary event focused in particular on caring for orthopaedic and plastic surgery patients. The seminar covered topics such as external fixation, wound closure techniques, infection control, scar management and skin graft dressings, together with advice on handling post-traumatic stress and identifying patients at risk of fracture. It was the first event of its kind organised in the Trust and feedback from participants was that it gave "a good sense of

collaborative working between primary and secondary care".

Winter A&E campaign

During 2008/09, staff at Barts and The London Trauma and Emergency Care Centre continued to work with colleagues at NHS Tower Hamlets to ensure that local people use the healthcare service most appropriate for their needs and attend A&E only in a genuine emergency.

And in January, Barts and The London joined forces with NHS Tower Hamlets as part of a pan-London campaign aimed at taking the strain off hospital A&E departments to help front-line services cope with increased demand at A&E over the winter.

Joint project to improve cervical screening

Barts and The London has been selected as one of 10 sites in England to pilot an NHS Improvement project for cervical screening to ensure all women receive their test results within 14 days of a sample being taken. The project, which is being undertaken using the Lean methodology as part of the service transformation programme for pathology services, involves a multi-disciplinary team from across Barts and The London and NHS Tower Hamlets.

First birthday for Barkantine Centre

The pioneering Barkantine Birth Centre in Westferry Road, run by Barts and The London NHS Trust and developed jointly with NHS Tower Hamlets, celebrated its first birthday in January. Since it opened in January 2008, 330 babies have been born there.

Healthcare for London

Following pan-London public consultation last year on where healthcare should be provided, the planning for Healthcare for London took the next step forward at a local level with a public consultation focusing on:

- Stroke services – proposals to develop a small number of designated hospitals as specialists in the provision of stroke services across the capital
- Trauma services – proposals to develop a small number of designated hospitals as specialists in the provision of complex trauma care.

The public consultation was launched in January 2009 and ran for 14 weeks. The preferred option identifies The Royal London Hospital as a specialist centre for both trauma and stroke services.

In north-east London, a review has commenced to look in detail at where and how acute services

should be delivered locally to ensure equitable and sustainable delivery of high quality services, effective use of resources and increasingly better outcomes for the people of north-east London. The increasing population in north-east London is

a key driver for change in the way health services are provided in the area, with increased demand for health services and therefore increased expectations of health service providers.

Model employer

Objective for 2008/09

To develop an efficient skilled and adaptable workforce.

Barts and The London employs nearly 7,000 staff, and an additional 1,000 are employed by our private sector partner in the new hospitals programme to provide vital non-clinical support services across our hospitals. Our ability to recruit and retain staff of the highest calibre in all areas is crucial to our ongoing ability to offer patients the best possible care. To this end, we offer a range of training, development and educational opportunities for staff at all levels.

We work collaboratively with our academic partners, especially those at Barts and The London School of Medicine and Dentistry and at the School of Community and Health Sciences, City University (formerly the St Bartholomew School of Nursing and Midwifery), to support the effective planning and commissioning of education to meet the changing workforce needs of healthcare organisations across east London in the future.

RAE 2008 confirms Barts and The London School of Medicine and Dentistry as top research institute

The results of the 2008 Research Assessment Exercise (RAE) confirmed Barts and The London School of Medicine and Dentistry as one of the UK's top four medical schools for quality of research. The Dental School was ranked first equal nationally and Queen Mary, University of London – the School's parent institution – was ranked 11th nationally out of 130 universities. The RAE is one of the few ways in which the academic quality of UK medical and dental schools can be compared and the results determine research funding and, as a consequence of the excellent RAE outcome for Barts and The London, funding has increased significantly for the coming year - Queen Mary was awarded the third largest cash increase in research funding in the country.

Listening to our staff

Staff can contribute their views and suggestions through a range of different channels. A third of the workforce – 2,153 people – took part in the 2008/09 annual staff survey. The survey is an opportunity for staff to give feedback on many different aspects of working at Barts and The London. Most staff expressed high levels of job satisfaction and good working relationships with colleagues. The survey also highlighted some areas where improvements were needed. Building on work already underway, these will continue to

be taken forward this year, including increased access to training and a new appraisal system.

As well as the annual staff survey, there are many other ways for staff to give their views about what they like and don't like about working at Barts and The London – and to contribute their ideas for how to make the Trust a better place to work.

During 2008/09, several hundred staff from across the organisation took part in open meetings and listening events hosted by the Chief Executive. These were an opportunity for people to find out more about key developments in the Trust, ask questions and make suggestions for how improvements could be made. Staff also contributed to the development of the NHS Constitution through a series of interactive 'Big Conversation' workshops.

In addition, many staff members have given their views in consultations on a range of issues, including the Healthcare for London plan, the Trust's organisational restructuring, and a new appraisal process.

Keeping staff informed

We use a range of channels to ensure that staff are informed about what is going on in the Trust. The home page on our intranet ensures staff are kept up-to-date with the latest developments in the Trust, in addition to detailed information on each of our specialist departmental sites and dedicated pages for nurses and doctors.

A weekly *Bulletin* is emailed to all staff, supported by hard copies that are sent to wards for staff who do not have easy access to a computer. This includes practical information on training courses, seminars, new policies and procedures, along with social and sporting activities for staff.

Our bi-monthly news magazine – *The Link* – provides more in-depth coverage of clinical breakthroughs, the Trust's environmental programme and many other topics. It is widely read by patients and visitors to our hospitals as well as by staff.

All staff are welcome to attend our open Trust Board meetings. Other open meetings about specific subjects are held regularly throughout the year as an opportunity for staff to find out more on key issues affecting the Trust. These complement regular team briefing sessions held at ward and department level.

Equal opportunities for all

Barts and The London is committed to eliminating discrimination and promoting diversity and equality of opportunity in all we do. It is our policy

to ensure that no service user, employee or job applicant is treated less favourably on the grounds of their sex, race, colour, ethnic or national origin, disability, age, sexual orientation, religion or belief, social background, marital status, hours worked, responsibilities as a carer, trade union activities, unrelated criminal conviction, or blood-borne virus status.

We recognise that promoting equality of opportunity and tackling inequality, discrimination and harassment are central to our vision for an open, inclusive listening organisation. This is especially important given the size and diversity of our workforce, as well as of the communities we serve. We are working hard to employ local people from our diverse community and one way of carrying this forward is by having an initiative where certain jobs are highlighted to local hard-to-reach groups within the community.

We have a single equality scheme (SES) which has recently been agreed through extensive internal and external consultation. The SES looks at the six strands pertaining to equality and diversity, as follows:

- Race
- Disability
- Gender
- Age
- Sexual orientation
- Religion and belief.

A new governance structure will ensure the implementation of any actions that may arise from the action plan. We will carry out equality impact assessments on any new or amended policies/functions.

Celebrating success

Now in their fourth year, our annual Celebrating Success Awards were presented at a special ceremony in June 2008.

18 teams were nominated for the Excellence in Teamwork Award and 28 individuals were nominated for the Outstanding Individual Award. In addition, seven teams were nominated for the Team Excellence in Safety Award, which is new this year.

Outstanding Individual Award - Denise McEaney, Project Manager, Maternity Services.
Excellence in Teamwork Award - The Pathology MLA, Rapid Redesign and Reception Team
Team Excellence in Safety Award - Devonshire Ward at The Royal London.

Education, training and development

Barts and The London's ability to recruit and retain staff of the highest calibre in all areas is crucial to our ongoing ability to offer patients the best possible care. To this end, we offer a range of training, development and educational opportunities for staff at all levels.

Barts and The London is committed to ensuring that both clinical and non-clinical staff are valued by recognising their achievements and giving them opportunities to develop their skills and careers to a high standard.

Our dedicated learning and development team offers training and support to ensure that departments have the right staff and skills to enable them to respond quickly to future changes in healthcare provision.

Barts and The London works collaboratively with our academic partners, especially those at Barts and The London School of Medicine and Dentistry and at St Bartholomew School of Nursing and Midwifery, to support the effective planning and commissioning of education to meet the changing workforce needs of healthcare organisations across north-east London in the future.

Sickness absences 2008/09

Staff group	Cumulative absences (FTE days)	Cumulative days available (FTE days)	Cumulative % absence rate (FTE days)
Additional prof scientific and technical	2,733	83,829	3.26
Additional clinical services	13,440	227,302	5.91
Administrative and clerical	26,040	540,626	4.82
Allied health professionals	2,436	89,347	2.73
Estates and ancillary	34.00	1,694	2.01
Healthcare scientists	5,031	157,159	3.20
Medical and dental	2,289	408,220	0.56
Nursing and midwifery registered	29,064	808,312	3.60
Students	5.00	1,016	0.49
Barts and The London NHS Trust	81,074	2,317,509	3.50

Note: Information correct on 21/04/09 for the financial year 2008/9.

FTE = Full-time equivalent

Giving staff better access to training

Barts and The London has signed up to the national Skills Pledge to support staff to gain new skills and qualifications. A training needs analysis for staff in Agenda for Change bands 1-4 was carried out in May 2008 to gain a better understanding of training needs and how training can be improved. The Trust's first Training at Work Week was also held that month, giving staff a chance to find out more about the learning and development activities available to them.

Improving appraisals

Barts and The London staff and line managers now have the choice whether they want to carry out their annual appraisal online using e-KSF or to record it on a paper document. The new flexibility follows a review of the process with a number of staff across the organisation. The e-KSF tool was introduced in 2007 as a means for recording appraisals online, linked directly to the Knowledge and Skills Framework (KSF) of competencies.

Increasing management skills to give staff the support they need

The first phase in a new leadership development programme was launched in April 2008 to help

managers build their people management skills. This includes tailored programmes for clinical and non-clinical managers at all levels.

Trust success in Placement of the Year awards

Nurses and midwives from the School of Community and Health Sciences, City University, have named several wards and services at Barts and The London hospitals as their 'placements of the year' across all of the hospitals they have worked at. Every year, student nurses and midwives from the University are asked to nominate the placements that have offered them the best learning opportunities, the best mentor support and the best environment to learn about caring for patients.

This year, Gordon Hamilton Fairley at Barts and the Paediatric Critical Care Unit at The Royal London were highly-commended while Helen Raphael at The Royal London was commended, and Rahere at Barts was recommended. Several other areas at The Royal London, Barts and The London Chest were also nominated.

Making the most of every pound we spend

Objective for 2008/09

Barts and The London's strong financial record continued with a financial surplus for the fourth year running. Our funding comes mainly from the public purse, so it is crucial to ensure that we provide efficient and effective services for our patients.

In 2008/09, we introduced a range of measures to improve efficiency, which not only saves us money, but more importantly, provides our patients with more seamless and effective care. Key among these has been the introduction of Lean methodology [see page 3].

At the same time, we continue to invest in major infrastructure developments to provide strong foundations for future efficiency. In particular, we have introduced the Care Record Service computer system, which, ultimately, will deliver opportunities for more effective working across the organisation. And our £1 billion new hospitals programme has made dramatic progress over the year.

Making the switch to the Care Records Service

In April 2008, Barts and The London became the first major London teaching hospital to make the switch to the NHS Care Records Service (CRS). The foundation phase of the new system is now in use across the Trust's three hospitals, as well as in NHS Tower Hamlets.

It is the biggest change in the way we handle patient information in over 30 years and marks a significant milestone towards the introduction of electronic healthcare records for patients. CRS is a major investment in technology for the future, one that will bring substantial improvements to the speed, safety and quality of patient care and treatment.

Electronic records will ultimately replace the many separate records that are held for the same patient, which may be on paper, on several different computer systems, or on film. As we roll out further functionality over the next three to four years, the CRS system will be key to providing support for clinicians in their efficient and effective care of our patients.

Implementing CRS at the Trust has been challenging for staff at all levels and we are working closely with our partners from BT, Cerner

and the London Programme for IT (LPfIT) to improve ease of use of the system and ensure that it delivers its maximum potential benefits for our staff, patients and primary care colleagues.

World's biggest new hospitals development

Barts and The London is undergoing a £1 billion redevelopment project, which when complete, The Royal London will be Britain's biggest new hospital, providing general and specialist services to east London and beyond.

At Barts, construction has reached an advanced stage on the first phase of the Cancer and Cardiac Centre of Excellence.

This new eight-storey building at the heart of The City, purpose-built to house our flagship cancer and cardiac services, is being constructed in two halves, with the Cancer Centre due to open next year and the Cardiac Centre set to be operational by 2014.

At the same time, construction work is progressing well at The Royal London. The new hospital has transformed the cityscape of east London, and will be operational in 2012 in time for the Olympic Games. The new towers at The Royal London will house the majority of clinical services, including London's leading trauma and emergency care centre, one of the UK's busiest children's hospitals and the helipad for London's Air Ambulance (HEMS).

The new hospitals project is integral to wider plans for modernising health services across east London.

FAST FACT: The new building at The Royal London provides an extra 142,000 square metres of floor space – that's the equivalent of 23 football pitches!

Looking forward

With the external cladding in place, the new buildings will appear finished from the outside. However, creating the internal infrastructure, and fitting them out, will continue behind the scenes for some time.

The New Hospitals team is working closely with specialties and departments to help them organise their moves into the new buildings. As part of these preparations, there are visits to the sites so that staff can familiarise themselves with their surroundings and consider new ways of working.

Financial report 2008/09

Finance Director's report

Barts and The London recorded a surplus on its income and expenditure account of £7.5m million in 2008/09. This means that we met the key financial duty of achieving break-even (or better) for the eighth successive year. Achieving this surplus required an enormous amount of work from staff throughout the Trust to meet the best value and cost improvement targets set while continuing to deliver high quality care to patients. In overall terms, the Trust had to bridge a funding gap of £40.0 million, either by reducing its costs or by generating additional income. The challenge will continue into 2009/10 and beyond as the Trust needs to be prepared to meet changing policy directives and income flows that require us to deliver cost reductions and efficiency gains greater than those achieved in 2008/09. If the current trends in prices and inflation continue, we may face further challenges meeting cost increases above the increases in our payment by results tariff and other income.

The Financial Year 2008/09 is the last year that UK Generally Accepted Accounting Principles will be used by the NHS. From 1 April 2009, the NHS will be adopting International Financial Reporting Standards (IFRS). As part of the adoption process and in order to provide comparative financial figures for the 2009/10 Financial Accounts, the 2008/09 Financial Accounts will be restated using IFRS. Adoption of the standards in 2009/10 will change the accounting for a number of key areas including reclassification of some operating leases and the Trust's PFI. The financial impact of these changes is likely to be significant.

In preparation for this a considerable amount of work has taken place within the Trust. An IFRS steering group was formed to oversee and coordinate the IFRS compliance work. This group was chaired by the Director of Finance. The group was responsible for assessing the impact of each of the new accounting standards, revising the Trust's accounting policies, ensuring that key staff were trained where necessary and restatement of the 2008/09 opening Balance Sheet.

I would like to highlight the following achievements of the Finance and Investment Directorate:

- Met the reduced faster closure timetable for the Annual Financial Accounts. The timetable reduced the allowable time to submit the Draft Financial Accounts by eight days
- Achieving the planned savings and efficiencies
- Extension to E-procurement
- Combination of three separate Internal Audit functions into one large consortium employed by BLT
- Continued roll-out of Service Line Reporting to 15 specialties with support from an external company
- Cash releasing savings of £5.14m were achieved during financial year 2008/09 which takes the cumulative total to over £29m since we started the best value programme in 2003
- The investment in web-enabled technology has allowed the Trust to make significant transactional cost savings, and 75% of purchase orders are now actioned directly by the clinical directorates themselves (providing relevant tools that enable front line staff to manage their activities more efficiently).



Andrew Holden
Director of Finance

Summary financial statements 2008/09

These accounts for the year ended 31 March 2009 have been prepared by the Barts and The London 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 full annual accounts, including the Trust's Statement on Internal Control 2008/09, can be obtained from the Director of Finance, Finance Directorate, Barts and The London NHS Trust, 9 Prescot Street, London E1 8PR or from our website at

www.bartsandthelondon.nhs.uk/aboutus/annualreport.asp

These accounts were considered by the Board of Directors on 27 May 2009 and signed on their behalf.



Peter Morris
Interim Chief Executive

Andrew Holden
Director of Finance

Independent auditors' statement to the directors of the board of Barts and The London NHS Trust

We have examined the summary financial statements which comprise the Income and Expenditure Account, Balance Sheet, Statement of Recognised Gains & Losses, Cashflow Statement and Remuneration report, in addition to explanatory notes on the Better Payments Practice Code, Management Costs, Operating Expenses, Audit Fees, Income and Purchasers. These are set out on pages 36 to 42.

This report is made solely to the Board of Directors of Barts & the London NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors

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 my report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of audit opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements 27 May 2009 and the date of this statement.



R.J. Tremeer
Senior Statutory Officer on behalf of Grant Thornton UK LLP
Grant Thornton UK LLP
Grant Thornton House
Melton Street
London
NW1 2EP

27 May 2009

Summary financial statements 2008/09

Income and expenditure account for the year ended 31 March 2009

	2008/09 £000s	2007/08 £000s
Income from activities	489,804	472,537
Other operating income	124,663	119,293
Operating expenses	(598,431)	(568,778)
OPERATING SURPLUS	16,036	23,052
Profit/(loss) on disposal of fixed assets	0	0
SURPLUS BEFORE INTEREST	16,036	23,052
Interest receivable	3,000	3,649
Interest payable	(1,161)	(1,176)
Other finance costs - unwinding of discount	(494)	(336)
SURPLUS FOR THE FINANCIAL YEAR	17,381	25,189
Public Dividend Capital dividends payable	(9,849)	(8,773)
RETAINED SURPLUS FOR THE YEAR	7,532	16,416

Balance Sheet as at 31 March 2009

	31 March 2009 £ 000s	31 March 2008 £000s
FIXED ASSETS		
Intangible assets	333	591
Tangible assets	231,781	256,410
	232,114	257,001
CURRENT ASSETS		
Stocks and work in progress	12,119	10,450
Debtors	148,367	155,933
Cash at bank and in hand	65,964	57,226
	226,450	223,609
CREDITORS: Amounts falling due within one year	(97,269)	(94,426)
NET CURRENT ASSETS/(LIABILITIES)	129,181	129,183
TOTAL ASSETS LESS CURRENT LIABILITIES	361,295	386,184
CREDITORS: Amounts falling due after more than one year	(5,277)	(6,320)
PROVISIONS FOR LIABILITIES AND CHARGES	(20,932)	(22,443)
TOTAL ASSETS EMPLOYED	335,086	357,421
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	141,395	136,723
Revaluation reserve	91,935	124,483
Donated asset reserve	28,762	31,361
Other reserves	29,896	30,504
Income and expenditure reserve	43,098	34,350
TOTAL TAXPAYERS' EQUITY	335,086	357,421

Peter Morris

Peter Morris - Interim Chief Executive

Summary financial statements 2008/09

Cashflow statement for the year ended 31 March 2009

	£000s	2008/09 £000s	2007/08 £000s
OPERATING ACTIVITIES			
Net cash inflow/(outflow) from operating activities		40,294	62,580
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received	3,000		3,649
Interest paid	(12)		0
Interest element of finance leases	(1,149)		(1,176)
Net cash inflow/(outflow) from returns on investments and servicing of finance		1,839	2,473
CAPITAL EXPENDITURE			
(Payments) to acquire tangible fixed assets	(28,336)		(37,715)
Net cash inflow/(outflow) from capital expenditure		(28,336)	(37,715)
DIVIDENDS PAID		(9,849)	(8,773)
Net cash inflow/(outflow) before management of liquid resources and financing		3,948	18,565
MANAGEMENT OF LIQUID RESOURCES			
(Purchase) of other current asset investments	(1,421,500)		(1,771,500)
Sale of other current asset investments	1,421,500		1,771,500
Net cash inflow/(outflow) from management of liquid resources		0	0
Net cash inflow/(outflow) before financing		3,948	18,565
FINANCING			
Public dividend capital received	7,730		8,500
Public dividend capital repaid (not previously accrued)	(3,058)		(8,674)
Other capital receipts	1,039		9,956
Capital element of finance lease rental payments	(921)		(452)
Net cash inflow/(outflow) from financing		4,790	9,330
Increase/(decrease) in cash		8,738	27,895

Statement of total recognised gains and losses for the year ended 31 March 2009

	2008/09 £000s	2007/08 £000s
Surplus/(deficit) for the financial year before dividend payments	17,381	25,189
Fixed asset impairment losses	0	(2,141)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	(31,665)	28,830
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	1,039	13,194
Additions/(reductions) in "other reserves"	(608)	(3,847)
Total gains and losses recognised in the financial year	(13,853)	61,225

Summary financial statements 2008/09

Better Payment Practice Code – measure of compliance

The figures below include NHS and non-NHS transactions		
	2008/09 Number	2007/08 Number
Total bills paid in the year	87,010	85,538
Total bills paid within target	76,930	79,194
Percentage of bills paid within target	88%	93%

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.

Management costs

	2008/09 £000s	2007/08 £000s
Management costs	18,896	17,758
Income	614,467	591,830

Audit fees

	£000s
Audit services	323

Declaration of interests of senior managers

Please note:

- All corporate directors directly report to the Chief Executive.
- Names are in alphabetical order.

Name	Designation	Interest in other organisation	Name of organisation
Trust Board members			
Mr John Adshead	Vice Chairman (reappointed 01/04/08 for further four year term)	Chairman Chairman Chair of pension scheme	J Sainsbury Pension Scheme The Tablet Publishing Company Vodafone
Ms Mary Elford	Non-Executive Director	Council member Foundation Director Non-Executive Director Trustee	Queen Mary, University of London London North East Community Foundation Camidoc Camden Society for Learning Disabilities
Dr Charles Gutteridge	Medical Director	Chairman, Medical Directors sub group (end date: 01/11/08) Chairman, Association of Trust Medical Directors	Association of UK University Hospitals British Association of Medical Managers
Mr Ian Harrison	Non-Executive Director (start date: 01/04/08)	No interests declared	
Mr Andrew Holden	Interim Director of Finance and Investment (until 30/04/08). Director of Finance and	No interests declared	

Remuneration report

The Chief Executive is appointed by the Chairman and Non Executive Directors. The postholder's performance and contract are reviewed annually in the Trust's appraisal process. Remuneration for the Chief Executive and Executive Directors is determined annually by the Remuneration Committee, which is chaired by John Adshead. Remuneration of the Chairman and Non Executive Directors is determined by the Secretary of State for Health. Senior manager contracts are open-ended with a minimum of six months' notice of termination.

Salaries and allowances

Name and designation	Salary (bands of £5,000) *	2008-09 Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £00)	Salary (bands of £5,000)	2007-08 Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £00)
Dr Keith Palmer, Chairman	20 to 25	None	None	15 to 20	None	None
Mr John Adshead CBE, Vice Chairman	5 to 10	None	None	5 to 10	None	None
Ms Mary Elford, Non Executive Director	5 to 10	None	None	5 to 10	None	None
Mr Ian Harrison, Non Executive Director from 01/04/08	5 to 10	None	None	0	None	None
Ms Valerie Owen, Non Executive Director	0 to 5	None	None	5 to 10	None	None
Mr Lutfur Rahman, Non Executive Director to 30/11/08	[1]	None	None	5 to 10	None	None
Prof Nicholas Wright, Non Executive Director	5 to 10	None	None	5 to 10	None	None
Mr Julian Nettel, Chief Executive to 01/03/09	215 to 220	None	None	120 to 125	None	None
Mr Peter Morris OBE, Interim Chief Executive from 30/03/09	0 to 5	None	None	0	None	None
Ms Susan Cunnington-King, Director of Communications	85 to 90	None	None	85 to 90	None	None
Ms Norma French, Interim Director of Human Resources from 01/11/08 to 31/12/08	15 to 20	None	None	0	None	None
Dr Charles Gutteridge, Medical Director	140 to 145	None	None	135 to 140	None	None
Mr Andrew Holden, Interim Director of Finance and Investment from 01/05/08 (interim until 30/04/08)	150 to 155	None	None	65 to 70	None	None
Mr Matthew Hopkins, Chief Operating Officer from 01/04/08	145 to 150	None	None	0	None	None
Mr Philip Jones, Director of ICT from 01/04/08	105 to 110	None	None	0	None	None
Mr John Longworth, Commercial and Marketing Director from 02/02/09	30 to 35	None	None	0	None	None
Ms Ann MacIntyre, Director of Human Resources to 31/10/08	65 to 70	None	None	110 to 115	None	None
Mr Niamat Ali Mohammed, Director of Human Resources from 01/01/09	25 to 30	None	None	0	None	None
Ms Kay Riley, Director of Nursing and Quality	110 to 115	None	None	105 to 110	None	None
Mr Graham Simpson, Director of Strategy	110 to 115	None	None	110 to 115	None	None
Mr Matthew Tulley, New Hospital Programme Director	115 to 120	None	None	65 to 70	None	None
Mr Ian Walker, Director of Corporate Services	80 to 85	None	None	80 to 85	None	None

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

[1] The Data Protection Act prohibits the disclosure of this information without the consent of the individual. Consent to disclose has not been received.



Peter Morris
Interim Chief Executive

Pension Benefits

As Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non Executive members.

Name and designation	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2008	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mr Julian Nettel, Chief Executive to 01/03/09	12.5 to 15	37.5 to 40	90 to 95	230 to 235	2,039	1,298	709	0
Mr Peter Morris OBE, Interim Chief Executive from 30/03/09	[3]	[3]	65 to 70	[3]	1,322	[3]	[3]	0
Ms Susan Cunnington-King, Director of Communications	0 to 2.5	2.5 to 5	5 to 10	15 to 20	93	62	30	0
Dr Charles Gutteridge, Medical Director	0 to 2.5	2.5 to 5	50 to 55	155 to 160	1,267	886	359	0
Mr Andrew Holden, Interim Director of Finance and Investment from 01/05/08 (interim until 30/04/08)	2.5 to 5	7.5 to 10	45 to 50	125 to 130	850	612	223	0
Mr Matthew Hopkins, Chief Operating Officer from 01/04/08	[3]	[3]	40 to 45	[3]	658	[3]	[3]	0
Mr Philip Jones, Director of ICT from 01/04/08	[3]	[3]	45 to 50	[3]	918	[3]	[3]	0
Ms Ann MacIntyre, Director of Human Resources to 31/10/08	0 to 2.5	2.5 to 5	30 to 35	95 to 100	604	452	140	0
Mr Niamat Ali Mohammed, Director of Human Resources from 01/01/09	[3]	[3]	25 to 30	[3]	415	[3]	[3]	0
Ms Kay Riley, Director of Nursing and Quality	0 to 2.5	5 to 7.5	30 to 35	90 to 95	506	373	124	0
Mr Graham Simpson, Director of Strategy	0 to 2.5	2.5 to 5	30 to 35	95 to 100	586	434	141	0
Mr Matthew Tulley, New Hospital Programme Director	0 to 2.5	5 to 7.5	0 to 5	0 to 5	39	10	29	0
Mr Ian Walker, Director of Corporate Services	0 to 2.5	2.5 to 5	0 to 5	5 to 10	38	20	18	0

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

[1] The Data Protection Act prohibits the disclosure of this information without the consent of the individual. Consent to disclose has not been received

[3] Individual was not in Director post with the Trust at 31 March 2008; comparative figures not available.

Operating expenditure

	£000s
Staff costs - Medical	105,642
Staff costs - Nursing	114,583
Staff costs - Other Clinical	51,552
Staff costs - Other	61,583
Clinical supplies and services	121,974
General supplies and services	3,115
Premises & Establishment	29,304
Other	85,806
Services from other NHS bodies	6,210
Depreciation and amortisation	18,662
Total expenditure	598,431

Sources of income

	£000s
Service level income	462,968
Education, training and research	106,616
Other income	20,978
Transfer from donation income in respect of depreciation and impairment of donated assets	3,305
Service to other NHS bodies	14,887
Private and overseas patients income	2,375
Charitable income	87
Injury cost recovery scheme	3,251
Total	614,467
Total as 08/09 Accounts	614,467

Service level agreement income by purchaser

	£000s
Tower Hamlets	116,365
Newham PCT	43,719
City & Hackney PCT	31,614
Essex PCTs	36,986
Waltham Forest	20,908
Redbridge	18,877
Havering	15,985
Barking & Dagenham	12,963
Haemophilia	11,207
HIV Consortia	18,269
Other	136,075
Total	462,968