

Barking, Havering and Redbridge
University Hospitals



NHS Trust

Annual Report and Accounts

2012/13

Introduction from the Chief Executive and Chairman

Welcome to our Annual Report for 2012-13.

This has been a year of real change for the Trust. While there is no doubt that we are still facing real challenges, we can celebrate the achievement of two very significant milestones this year.

Our maternity services, which were the subject of a very critical report by the Care Quality Commission in 2011, have now been transformed.

The complete turnaround in maternity care delivered by the Trust has been remarkable, enabling the CQC to declare the service compliant with all of its standards.

But, perhaps more importantly, feedback from women who use the service has been overwhelmingly positive, and they are now happy to recommend us to others.

In January the Trust opened a midwife-led unit at Queen's Hospital, allowing the successful transfer of services from King George Hospital. These changes ensure that women are receiving the safest possible care in the most appropriate settings.

Our other major achievement was to meet for the first time in many years our agreed financial target and reduce significantly the previous year's deficit.

These two very different achievements show both that we can deliver radical improvements to patient outcomes and experience and that we can start to bring our challenging financial position under control.

None of this would have been possible without the hard work of our staff. This is not an easy place to work – demands are high – and it is important that our people are recognised for their dedication. They have worked tirelessly to improve not just our maternity service, but aspect of care across the Trust, frequently being asked to do more with less to help us achieve our financial targets while continuing to improve standards for patients.

We are still some way off achieving appropriate standards for emergency access, with the four hour maximum wait being a key measure which we struggle to attain. The Trust has agreed a recovery plan, and all of our staff fully understand that this is our main priority for the coming year. We cannot succeed without support from our partners and are working with primary care, the ambulance service and community services to deliver a wide range of initiatives to tackle the problem. We are taking a whole system approach to a patient's journey through our hospitals to eliminate delays and streamline processes, but we also have to look at that journey outside the hospital.

Once again this year, patients have been telling us that improvements could be made, and they do not always have confidence in our services. While national survey results are better than in previous years, we are still some way behind the majority of other Trusts, and this is simply not good enough.

To make sure that feedback from our patients guides changes and redevelopments at the Trust, we have introduced our own in-house surveys which are monitored monthly. Listening to patients and learning from what they tell us is a crucial component of getting services right.

While the Trust appreciates that it still has a long way to go to prove that it is providing every patient with the safe and high quality care they deserve, we hope that this report will give some insight into the work taking place to ensure that the experience of our patients is at the heart of everything that we do.



A handwritten signature in black ink, appearing to read 'Peter Dixon'.

Sir Peter Dixon
Chairman

A handwritten signature in black ink, appearing to read 'Averil Dongworth'.

Averil Dongworth
Chief Executive

Key Statistics

Serving 750,000 people from a variety of backgrounds and across a wide area, this Trust is one of the largest in the country.

We deliver services from two large district general hospitals: Queen's in Romford and King George in Goodmayes.

Our staff work hard to ensure that patient care is at the heart of everything we do, despite the extremely high numbers of people we treat every day of the year.

Between April 2012 and March 2013, the Trust recorded the following activity:

Outpatients

The Trust handled **201,085** new outpatient appointments, and another **467,555** follow-up appointments.

That's a total of **668,640** outpatient appointments across all the sites where we operate clinics.

A&E attendances

King George Emergency Department and Urgent Care Centre (UCC) dealt with **71,489** attendances over the year, with Queen's seeing **147,569** through the doors of A&E.

That is a total of **219,058** attendances at our Accident and Emergency departments.

Births

Midwives at King George delivered **1,493** babies, with another **7,014** being born at Queen's.

Including home births, the total number of babies born was **8,507**.

Inpatients

Inpatient admissions across the Trust totalled **141,598**.

Hitting the targets

The Trust works towards a number of national targets, set out below. In many cases we set ourselves stricter targets than those set out by the Department of Health to ensure we are working to our potential and do not become complacent.

However, we have been disappointed this year by our Emergency Access Performance, as well as infection control. Both these areas are receiving considerable attention.

	2012/13 Target	Performance		
		2010/11	2011/12	2012/13
Emergency Department waiting times 4-Hour max. wait in Emergency Department from arrival to admission, transfer or discharge	95%	95.30%	93.63%	88.35%
Access to genito-urinary medicine (GUM) clinics	98%	99.06%	99%	100%
Cancer urgent referral to first outpatient appointment waiting times. 2-Week GP referral to first outpatient appointment (<i>data not finalised until 25 working days after month end</i>)	93%	96.65%	97.38%	97.23%
Cancelled operations Cancelled operations not re-admitted within 28 days.	5%	2.65%	1.36%	2.76%
Cancer diagnosis to treatment waiting times 31 Day diagnosis to treatment – all cancers	96%	99.90%	98.99%	99.21%
Cancer urgent referral to treatment waiting times 62 Day urgent referral to treatment – all cancers	85%	83.69%	87.62%	85.60%
Clostridium Difficile Infections ¹ Department of Health guidance identifies hospital acquired and community acquired infection separately	See individual targets in each column.	Cases identified 110 Max. No. of cases ¹ 128	Cases identified 45 Max. No. of cases ¹ 81	Cases identified 65 Max. No. of cases ¹ 59
Delayed transfers of care Percentage of inpatients with delayed transfer of care	3.5%	4.28%	4.32%	3.60%
Ethnic coding data quality Ethnicity recorded for all inpatients	95%	97.74%	98.13%	99%
MRSA bacteraemias ² ² The 'cases identified' figures are those numbers of patients who acquired MRSA and the 'maximum numbers' shown are those allowed under the Department of Health targets.	See individual targets in each column.	Cases identified 15 Max. No. of cases 11	Cases identified 10 Max. No. of cases 8	Cases identified 9 Max. No. of cases 7
Participation in heart disease audits	N/A	Yes	Yes	Yes

Emergency Department:

Improving patient care in our Emergency Departments is the Trust's top priority. We know that getting it right in our A&E departments will improve care throughout our hospitals.

The national target for all Emergency Departments is that 95% of patients should spend no longer than 4 hours in the department. In 2012/13 the King George department narrowly missed the target at 94.25%, while the Queen's department achieved only 84.33%.

Several key pieces of work are taking place this year to tackle the problem, cutting delays while people are in hospital, working to get people home as soon as they are ready to be discharged, and stream-lining process in our Emergency Departments themselves.

The Executive Team in conjunction with all Clinical Directorates are leading on a comprehensive set of actions designed to ensure we do our best for patients and achieve the national target of 95% seen and treated or admitted within 4 hours. We are determined to:

- Make sure that patients are well looked after: their privacy and dignity is paramount; they have access to refreshments and food; and their comfort and welfare is important.
- Ensure the needs of friends and relatives are also considered when they are in the department.
- Ensure that patients are seen and treated promptly when they arrive by the most appropriate clinician. We will ensure that:
 - Patients who arrive at Emergency Department by ambulance are first seen by an Emergency Department consultant.
 - Patients who walk into our Urgent Care Centre are assessed by a GP.
- Ensure all patients receive clear communication about their care and treatment.
- Enable as many people as possible to be treated and go home the same day.
- Ensure that when a patient needs admitting, this happens without undue delay.
- Make sure that the needs of children are catered for: Every child to be assessed and treated by nurses and doctors with the right skills in an environment that is child and family friendly.

The Trust is also committed to supporting our workforce with initiatives designed to raise morale, health and well-being. We believe that healthy, happy staff provide better care to patients.

The Trust is supporting a set of initiatives, the most important of which is listening to patients about how they want to see things improve. As well as using patient feedback to drive our improvement programme, our other actions include:

- Patient comfort rounds.
- GP receiving units in the Surgical Assessment Unit (SAU) and Medical Assessment Unit (MAU) to enable GP referred patients to bypass Emergency Department when possible.
- A short stay elderly unit to enable older patients to receive care within 48 hours and return home.
- Investing in additional nurses and doctors to ensure excellent quality care over the weekend (7 day hospital).
- Investing in additional emergency nurse practitioners and GPs in the UCC to improve waiting times and increase the numbers of patients treated there.

We are focusing on making rapid improvements to provide emergency care that our local public have a right to expect. The Trust Board is closely monitoring the impact of the initiatives and will report back to the public on progress.

Infection Prevention:

We were disappointed to report MRSA and Clostridium difficile infections this year, and have been set stringent new targets to meet in 2013/14. The Trust has now strengthened its infection control management with the appointment of a new Director of Infection Prevention and Control (DIPC) in October 2012, the appointment of a new Infection Prevention and Control (IPC) Doctor in January 2013 and a new IPC Matron in February 2013.

On his arrival, our DIPC implemented an action plan to respond to the risk posed by the Winter Vomiting Disease (Norovirus) which has resulted in successful outcomes with business continuity being maintained within the Trust. There has been significant reductions in bed and/or ward closures this winter due to Norovirus as a result of good team working as shown in the table below.

	Number of patients affected	Number of staff reported with sickness	Bed days lost due to suspected Norovirus
2011-12	626	109	1432
2012-2013	316	44	378
Impact Reduction	49.5%	59.6%	73.6%

The DIPC also developed a new Infection Control Strategy which was immediately implemented. The key actions from the Strategy for the coming year are:

1. Improving clinical leadership and ownership of infection prevention and control
2. Utilising the data from the analyses of blood cultures for MRSA which indicate themes that must be addressed
3. Using the data on the incidence of C.difficile which indicate themes that must be addressed

Other benefits have been derived from the implementation of the Norovirus action plan as it has allowed the Infection Prevention Control team to maintain their focus on other key objectives agreed for the 2012-13 as follows:

- Hand Hygiene. The new IPC Matron now liaises with other Matrons to ensure that audits are undertaken and encouraged by link practitioners in clinical areas. The results from such audits will be used to ensure a continuous cycle of review and improvement takes place to strengthen patient safety.
- Aseptic Non-Touch Technique (ANTT). The IPC team has been updating the backlog of data in order that this can be circulated to the wards. There has been a big gap since the last hospital acquired MRSA bacteraemia which indicates that the infection prevention and control measures being put in place are successful but staff need to

remain vigilant and the IPC team will continue to increase ANTT training to relevant clinical staff across the organisation to support that.



New Developments

Education and Research

The Trust joined UCLPartners this year - one of five national academic health science centres designated by the Department of Health. A not-for-profit organisation, it aims to improve the health of the population by enhancing education and research, making sure new innovations are brought into practice quickly, and ensuring value for money.

To achieve this, it runs academic programmes in 11 clinical areas, including cancer and neurosciences.

Joining UCLP benefits the Trust and our patients in a number of ways.

Staff are able to take part in a wide range of educational and training programmes, and there is also strong support for collaborative research and innovations.

The Trust is particularly keen to be involved in projects which could benefit patients in the Barking, Havering and Redbridge areas.

This could include improving cancer systems so that patients are diagnosed earlier, have a better experience of their treatment and the opportunity to take part in more clinical trials.

A UCLP Director is based at the Trust for two days a week, supporting the Clinical Directors and Clinical Fellows and looking at the work to improve the emergency care pathway.

Chief Executive Averil Dongworth said: "I am delighted that we have joined UCLPartners. It provides the Trust with excellent opportunities to take forward projects which could make a real difference to the health of people living in this area."

Lung Cancer Treatment Success

A report out this year showed that lung cancer patients treated at Queen's or King George hospitals have a better chance of survival than those cared for by similar organisations.

The National Lung Cancer Audit compared this Trust with others around the country. It looked at four key outcomes for patients diagnosed with lung cancer.

The audit showed that more patients were receiving active treatment for their cancer than at most other, similar trusts.

It also states that survival rates at BHRUT were above the level of comparator trusts. In the other two measures – the number of patients receiving surgery or chemotherapy for non small cell lung cancer – the Trust was in line with similar trusts.

Deputy Medical Director Stephen Burgess said: "I am delighted that this national audit recognised the great work being done at the Trust – and the real impact this is having on patient outcomes.

"Our doctors and nurses work hard to ensure that we offer first class oncology care."

Lavender Garden

An oasis of calm in the middle of Romford's busy hospital was officially opened this year.

The Lavender Garden at Queen's Hospital provides a tranquil and calming environment for patients, visitors and staff.

It was funded through charity donations, with people able to sponsor a paver which was engraved with a message of their choice.

People could also choose to have a paver within a special birth circle, or as part of a Dagenham and Redbridge football club circle.

All of those who had donated money to the project were invited to the opening, along with Trust staff and partners.

As well as individual donations, the coffers were also boosted by money from the Veolia Trust, with students from Barking & Dagenham College providing artwork for the corridor leading to the garden.

The Lavender Garden is now available for everybody to enjoy.

Battle to Beat the Blood Clots

People are 1,000 times more likely to get a blood clot as a hospital inpatient than as a passenger on a long haul flight.

A huge piece of work has taken place at the Trust this year to try and cut the risk of patients developing potentially life-threatening clots.

More than 90% of patients are now assessed when they arrive on the wards at Queen's and King George hospitals. If they are thought to be at a high risk of developing a clot – also known as a DVT (deep vein thrombosis) or VTE (venous thromboembolism) - they will be treated to try and prevent one forming.

Hospital patients are at higher risk of developing clots for a number of reasons, including a lack of movement, the effects of surgery, and the fact that the majority of inpatients are elderly.

There has been a major national drive to increase the number of assessments carried out in hospitals, and BHRUT is comfortably achieving the government target. The Trust has employed a Nurse Specialist to introduce new ways of working and training to ensure that vulnerable patients are identified and treated.

A risk assessment form is attached to every patient's drug chart, and an electronic system has been put in place to ensure that they are logged.

Nurse Specialist Brenda Thompson said: "Carrying out a risk assessment means that staff are then armed with the information they need to prescribe preventative treatment, such as a daily injection of blood thinning drugs. We also make sure that all patients are kept hydrated and as mobile as possible."

The risk assessment form includes questions about a patient's weight, mobility, family history or previous history of clots, and any medication they take.

All nurses and doctors at the Trust now have regular mandatory training about preventing blood clots.

Learning Disability Charter

Staff at Queen's and King George hospitals have signed up to the Mencap charter – ensuring that patients with learning disabilities receive top quality care.

Staff, patients and partners went along to a special event to mark Learning Disabilities week and to hear about the work taking place at the Trust to comply with Mencap's Getting It Right charter.

Chief Executive Averil Dongworth said: "Signing the Mencap charter is an important milestone in improving the quality of care for all of our patients.

"Listening to patients, understanding their individual needs and explaining healthcare clearly are really important and particularly so for people with learning disabilities.

"Signing up to this charter is a clear commitment that we will take action and work with our partners to give every patient the care and understanding they need."

The Trust already had a Learning Disabilities committee as well as a Safeguarding Adults committee – together with external partners – which meets every month.

It has also appointed a full-time named nurse for safeguarding adults, and ensures that all clinical staff have regular learning disability awareness training.



- Pictured signing up to the Mencap charter: Chairman George Wood, Chief Executive Averil Dongworth, Mark Brookes from Romford's People First and Peter Cranham from Mencap.

New CT Scanner for King George Hospital

Patients at King George Hospital are now benefiting from the most up-to-date scanning equipment in the area.

The CT scanner at the hospital in Goodmayes was refurbished this year and upgraded with the very latest software.

The move means that doctors are able to order a greater breadth of examinations, and the scans are more detailed.

General Manager for Radiology Stephen Griffiths said: "Investing in this new, high-resolution scanner for King George has had real benefits for our patients. Scans are more detailed, meaning that detection rates should go up."

The CT scanner at King George was seven years old, and the Trust decided to invest in the new machine to ensure that patients had access to the best possible diagnostic equipment.

Hospital Food is “Excellent”

Food at both Queen’s and King George hospitals has once again been rated as “excellent” by assessors.

Patient food on both sites scored the highest possible rating.

The Patient Environment Action Team praised the Trust in all areas this year.

Its report looked at key areas including cleanliness, infection control and the patient environment, such as bathrooms, lighting, floors and patient areas.

While the food was judged as “excellent”, all other areas were marked as being “good”.

The food section looks at menu, choice, quality, quantity, temperature, presentation, beverages, service and support.

The Trust puts great effort into ensuring that patients have the best possible experience in our hospitals. The new Lavender Garden at Queen’s Hospital came in for particular praise.

Chief Executive Averil Dongworth said: “I am delighted that these scores reflect the hard work put in by our staff. It is so important that patients are cared for in the best possible environment, with clean and up-to-date facilities, with dignity and with any support they may need.”

Scheme to Improve Patient Care Launched at Queen’s

Queen’s Hospital has been chosen as a pilot site for a scheme to improve care across the NHS.

The Foundation of Nursing Studies selected Queen’s as one of two sites in London to take part in the Creating Caring Cultures programme.

The Foundation says it has set up the programme to “help nurse-led teams to create healthcare workplaces that are conducive to the delivery of high quality care and that provide a supportive place for staff to work”.

The two-year scheme is taking place within the Medical Assessment Unit at Queen’s Hospital, with a FoNS facilitator working with the team on a number of different phases of activity.

The starting point will be working with staff, patients and families, looking at the values and attitudes that influence practice. It then moves its focus to the environment in which the care is delivered, and how that affects people.

Next will be scrutinising the practice and processes for delivering patient care, the knowledge and skills of staff, leadership and resources to find out what works well and what needs to change.

Finally, teams will look to the future, identifying specific changes which need to take place and drawing up action plans.

Deputy Director of Nursing Gary Etheridge said: “I am delighted that the Foundation of Nursing Studies has decided to work with us on this programme.

“It fits in perfectly with the work already taking place within the Trust to improve the care we provide to our patients.”

Support for Cancer Patients

Patients being treated for cancer at Queen's and King George hospitals are being supported by a special service.

Macmillan has teamed up with the Trust to offer benefits and welfare support to patients – ensuring they can access any financial help they need.

The charity has agreed to fund the project until December 2013.

Divisional Nurse Director Judith Douglas said: "This is fantastic news for our patients. "People with cancer often find themselves struggling financially. They may be unable to work, and also face extra expenses such as travelling to and from treatment, expensive special dietary requirements, and even increased heating bills because they are less able to tolerate the cold.

"Relatives might also have to give up work to care for someone with cancer. This can put an enormous financial strain on people."

She added: "This service from Macmillan – working with the Citizens Advice Bureau – makes sure that people are aware of the benefits and grants they are entitled to and provides help with claiming them."

A case-worker is based at Queen's and King George for two days a week, linking with a support worker based at Redbridge Citizens' Advice Bureau three days a week.

Patients can be referred to the service by the doctors and nurses caring for them in hospital, but they can also contact the case-worker directly themselves.

Maternity

One department which has seen change like no other this year is maternity.

In the course of 12 months the service has been transformed, with performance improving dramatically, the opening of a major new midwife-led unit, and the closure of the labour ward at King George Hospital.

In the past the Care Quality Commission had expressed concerns about the maternity department at the Trust, but has now given the service a clean bill of health.

In a positive report this year, it confirmed that the service met all of the below standards:

- Care and welfare of people who use services
- Safety, availability and suitability of equipment
- Staffing

As well as looking at the personal care and treatment records of people using the maternity service, they observed how people were being treated at every stage of their care.

They also spoke to women using the service, their family members and staff.

The report said: “Queen’s Hospital has made a range of improvements and the care of women has improved.

“Women we spoke to were unanimous in saying that the care they had received was of a high standard.”

Director of Nursing Flo Panel-Coates said: “I am absolutely delighted that the CQC has recognised the enormous improvements we have made to our maternity services.

“But, more importantly, I am pleased that the feedback of women who are having their babies with us has been so positive.

“We know that we are providing women with the high-quality one-to-one care they deserve. We are on a journey and remain focused on using every opportunity to improve services, including the opening of our new Queen’s Birth Centre.”

The CQC report highlights that women are seen more quickly in the maternity triage area when they arrive at the hospital, and also if they need to be seen by an obstetrician. The Trust also performs fewer caesarean sections than most other hospitals in London.

A survey carried out of women using the maternity department showed that 96 per cent would recommend it to family and friends.

The report went on to confirm that Queen's has 321 midwives, allowing it to maintain a midwife to birth ratio that is better than the target for London. Data also shows that 100 per cent of women receive one to one care in labour.

"There were sufficient experienced midwifery and medical staff to ensure women received care that met their needs," said the report. "All women in labour had a midwife with them all of the time."

Queen's Birth Centre:

Opening in January 2013, the Queen's Birth Centre is midwife-led, and designed to promote natural birth.

It has eight delivery rooms, two of which are fitted with large birthing pools. Portable birthing pools are also available in the other rooms. There are also post-natal beds, and comfortable hotel-style rooms with double beds so that partners can stay over after the baby is born.

The unit is designed to care for women who are expected to have straight-forward births in a homely environment.

They are cared for by midwives, with no involvement from doctors. Pain relief is provided by labouring in water, with gas and air also available.

However, if any complications arise – or if a woman decides she would like stronger pain relief that needs to be administered by a doctor – they will be transferred straight to the labour ward on site for specialist care.

The centre was designed with the input of local mums to make sure it provides everything that women need.

Ellena Kelly delivered the very first baby born in the Queen's Birth Centre.

She had her baby girl in one of the birthing pools in the new unit, just hours after it opened.

Ellena and husband Richard, from Great Gardens Road in Hornchurch, received one-to-one care from a midwife throughout the labour.

Ellena said: "It was such a good experience and exceeded all of our expectations. We wanted a waterbirth, and our midwife was supportive and positive, creating a really relaxed environment.

"It didn't feel like a hospital – more like a home."

She added: "We had so much space, and the baby was born very relaxed. I can't recommend it enough. The midwives were brilliant and everyone was so helpful and friendly."

Their daughter is a real honeymoon baby – born nine months to the day after their wedding.

The new family were presented with a bouquet of flowers and a "nappy cake" to mark the occasion.

"I'm really proud to be the first person to give birth in the new unit," said Ellena, who didn't use any pain relief during the delivery. "It's wonderful that we had such a good experience."



- Ellena and Richard Kelly are pictured with their newborn daughter in the Queen's Birth Centre.

King George Hospital:

In March this year, the final baby was delivered on the labour ward at King George Hospital.

Daunys Donatas and Ieva Zemaityte from Romford gave birth to their first baby, Dovydas, the day before the unit was scheduled to close.

Following the closure – part of the Health for north east London plans to reconfigure and improve healthcare in the area - babies are now being born at Queen's Hospital or other local hospitals instead.

While births no longer take place at King George, women continue to have access to a full range of antenatal care and maternity scans at the hospital.

Celebrating Our People

Celebration of Nursing

International Nurses Day at the Trust was celebrated with special guests.

The Trust ran its annual nursing and midwifery conference to coincide with the event – held on the anniversary of Florence Nightingale's birth.

Health Minister Anne Milton spoke at the conference, and also spent time looking around the maternity service at Queen's Hospital and meeting staff and patients. She had visited the department previously, and was keen to return and see for herself all the improvements that had been made.

Also there on the day was President of the Royal College of Nursing Andrea Spryopoulos. She too spent several hours touring the wards at the hospital.

After her visit, Mrs Spryopoulos said: "I have spoken to an enormous number of nurses today and it is very evident that every one of them - from the most junior to the most senior - is talking about having excellence in practice and looking to see how they can achieve it.

"That bodes very well for the future of this Trust."

The theme of the nursing and midwifery conference was Quality Matters – From Evidence to Action.

As well as listening to expert speakers and taking part in workshops, there was also an opportunity to celebrate the very best of nursing within the Trust.

Chief Executive Averil Dongworth handed out the Quality of Care Awards. These were given to wards and departments who had consistently improved their standards over the past year.

Every week, the senior nursing team, led by the Director of Nursing, go back out onto the wards.

They audit the quality of care in each area, looking at fundamental aspects such as pressure ulcers, falls and nutrition. These audits include discussions with patients and staff, observations and a review of documentation.

They improve the quality of care we give to our patients by sharing good practice and continually monitoring and improving.

Wards across the Trust received awards, including Japonica, Iris, Erica and Fern wards at King George Hospital, as well as its Adult Day Care Unit and Emergency Department.

On the Queen's site, winners included Mandarin B, Bluebell B and the Emergency Department.



Andrea Spyropoulos, President of the Royal College of Nursing, is pictured with staff on Harvest B ward

Trust Short-Listed for National Award

A scheme to save the local NHS money while improving services has won a national award.

The Trust was put forward for an HSJ Efficiency Award along with its partners Synergy Health.

The judges were impressed by a scheme to reorganise the Trust's linen and sterilisation services by bringing in a third party provider.

Moving the linen service off the King George Hospital site at Goodmayes meant that the building could then be used to house other Trust services.

A new flagship decontamination unit was also opened on the site, run by Synergy Health. No staff lost their jobs, but were transferred to the new provider, and have since been given the opportunity to achieve further qualifications and promotions.

Not only have the linen and sterilisation services vastly improved – with quicker turnaround times and reduced delays and defect rates - but the changes have also led to cost savings of £1.35m a year.

The scheme has been such a success that it is being used as a case study and shared with other Trusts.

It won the Efficiency in Clinical Support Services category for the Health Service Journal Awards in September.

Award for Sport in Hospitals

Encouraging hospital staff to improve their health and wellbeing has led to an award.

The Trust has been given a Silver Accreditation for the NHS Sport and Physical Activity Programme.

The programme was introduced to tie in with the Olympic Games and to improve the health of NHS employees.

Encouraging staff to take up sport or boost their wellbeing could help cut sickness absence rates by a third.

The Programme was launched by Olympic triple jump gold medallist Jonathan Edwards and Olympic swimmer Stephen Parry.

BHRUT has embraced the idea by introducing a range of initiatives including exercise classes on site, walking challenges and schemes to encourage more people to cycle to work.

Chief Executive of the NHS Sir David Nicholson presented the Trust with its Silver Accreditation at a special ceremony in London.

Awards Given to Hospital Staff

Outstanding hospital staff have been thanked for their dedication at a special award ceremony.

Employees from Queen's and King George hospitals received recognition at the Trust's annual awards.

Hundreds of nominations were received from grateful patients and colleagues for categories which included Outstanding Service, Inspirational Leadership and Hospital Hero.

Chief Executive Averil Dongworth said: "Over the last year staff across the Trust have been working extremely hard to improve care, deliver a better experience for patients and address criticisms we have faced on quality.

"The nominees and award-winners and setting the standard for all staff – delivering excellent service and compassionate care."

Among the winners were senior sister of Iris Ward Sinead Skelton – who was honoured for being an inspiration to student nurses and for her compassion and attention to detail – and A&E hostess Vindi Tutter, who was described as being "an ambassador for the Trust".

The public were asked to nominate people to be their Hospital Hero, with grateful patients putting forward the names of staff members who had given them outstanding care.

Runners-up were consultant surgeon Saswata Banerjee and the staff of Sunrise B ward at Queen's Hospital.

Patients had nominated Mr Banerjee, saying that he gives excellent care to his patients, and also takes the time to listen to their concerns, and those of their families.

Sunrise B staff were congratulated on the atmosphere they create on the ward, for supporting patients and their families and ensuring that everyone is treated with dignity and respect.

The overall Hospital Hero was consultant neurosurgeon Babak Arvin.

Delighted patients nominated him for the care he gives his patients, not only during surgery, but also post-operatively.

They described how he "personally takes time to give positive encouragement during rehabilitation, and spends time with patients' families to listen and address any concerns and worries they have".

Award winners were presented with certificates and vouchers by Chief Executive Averil Dongworth and Chairman George Wood.



- Pictured are Award winners with Chairman George Wood

Midwives Shortlisted for National Award

A team of midwives based at Queen's Hospital were shortlisted for a national award. The midwifery bereavement team at the Trust made it to the last three in the Royal College of Midwives 2013 awards.

The midwives – who care for women giving birth at both Queen's and King George hospitals – were finalists of the Rewarding Excellence in Bereavement Care category.

The team of three dedicated staff care for and support families who have experienced a late miscarriage, still birth or neonatal death.

As well as supporting the women while they are still on the labour ward, they also go out of their way to visit families at home after their loss.

The team also offers unique clinics for mums-to-be who have lost a baby previously. They run four clinics a week offering specialist care to pregnant women who have had to deal with a still-birth or neo-natal death, giving them intensive support and offering them many more scans than usual.

The Trust deals with almost 10,000 births a year, and with the latest national figures showing that rates of stillbirth have increased to 5.2 in every 1,000 births, it is a busy service.

Bereavement midwife Diane Bellanca – who works alongside colleagues Claire Waters and Liz Dorey - has been based in the Trust for almost three years.

She said: "This job can take a lot out of you as it is obviously emotionally draining. But the positive side is supporting people through a successful second pregnancy.

“That is so rewarding.”

The feedback the team has received from grateful patients has been over-whelming. Their office is full of Thank You cards and messages of gratitude.



- Pictured are Bereavement Midwives Diane Bellanca and Claire Waters who have been shortlisted for a national award

“Incredible Achievement” for Hospitals’ Nurses

Trust staff have played a key role in a national cancer project.

Macmillan Cancer Support has launched the Older People’s Project – to ensure patients over 70 are receiving the treatment they need.

This Trust was one of 14 in the country to take part in the pilot project.

Figures show that cancer mortality rates in the over 70s aren’t dropping as rapidly as in the younger population, and Macmillan teamed up with the Department of Health and Age UK to find out why.

BHRUT recruited an impressive 50 patients to take part in the scheme, and tested new models of care, including:

- New methods of clinical assessment of older people with a cancer diagnosis
- Delivering short-term practical support packages to people having treatment
- Promoting age equality to address age discrimination in cancer services.

Now the Trust has been congratulated on its hard work and dedication to its patients in recruiting so many people to take part in the scheme.

Clinical Nurse Specialists worked closely with their patients to see if they could benefit from the project, and recruited more people than any other Trust in the area.

Dr Jackie Bridges, who is leading the research for Macmillan, said: “This is an incredible achievement, particularly given the small amount of clinical nurse specialists involved.

“In addition to the benefits to patients who took part, the contribution of these individual nurses means that the findings from the study will be used to benefit other older patients during their cancer treatment.”

Long Service

Members of staff who have devoted many years of their life working for the NHS have been recognised by the Trust.

The dedicated employees were awarded certificates by Averil Dongworth, and received a letter of thanks from the Interim Chairman, George Wood.

This year 65 members of staff achieved 20 years' service and 20 members of staff have 30 years under their belt. One member of staff achieved an impressive 40 years with the NHS.

Special congratulations went to husband and wife Devaki Sriram and Dr Ramamurthi Sriram who both achieved 30 years' service this year and were rewarded in the same ceremony for their commitment to the health service.

Microsoft Hail Hospital Trust as World Leader

Two hospital consultants have been flown to America to present at a Microsoft conference.

The global giant flew Aklak Choudhury and John White out to Las Vegas to speak to more than 1,000 delegates about a system they developed for Queen's and King George hospitals.

The eHandover system was developed by clinicians and the IT department at the Trust to manage patient care out of normal working hours.

The system ensures that the handover of patients' care between shifts and specialities runs smoothly, and that no critical information is lost.

Previously, transfer of care in hospitals often relied on a hasty briefing or hand-written notes.

The eHandover system includes a huge range of materials for doctors such as centralising key patient information, and identifying critical patients with actions clearly allocated to a specific clinician.

Microsoft was so impressed by the system that it wanted to share the idea at its annual conference as a leading example of how IT processes can integrate with clinical processes.

It was the first time a health IT application had been presented at a Microsoft conference.

Gideon Bibliowicz, Senior Director at Microsoft, said: "The presentation was not only a great story of process innovation and of the smart adoption of technology, but also the business impact is even more acute as it related to patient health and safety."

eHandover has already been sold to other NHS trusts in the UK and was the winner of a national award last year.



- Pictured left to right at the Microsoft conference in Las Vegas are Dr Aklak Choudhury (Respiratory Consultant), Gideon Bibliowicz (Senior Director at Microsoft) and John White (Orthopaedic Consultant)

Cardiologist is BBC Face of the Year

Consultant cardiologist Andrew Deaner was named as one of the BBC's Faces of 2012.

Mr Deaner – the Trust's Clinical Director for Acute Medicine – hit the headlines after he rushed onto the pitch at White Hart Lane to help Bolton player Fabrice Muamba when he suffered a massive cardiac arrest.

The BBC Magazine said: "When Dr Andrew Deaner started out for the match that evening, he couldn't have anticipated how things would turn out. Sometimes the stranger, the person you never met, ends up being the lifesaver. His story that evening is a bit like the parable of the Good Samaritan - the person who lends help to the stranger, and thus becomes a friend. But, I guess he might modestly say, just a doctor doing his job."

Patient Thanks Doctors After Ground-Breaking Surgery

Ayer Ezder became the first patient at Queen's Hospital to receive ground-breaking abdominal surgery.

Mr Ezder, from Dagenham, went to King George in acute pain with a suspected kidney stone. But an emergency CT scan showed that he was actually suffering a ruptured abdominal aortic aneurysm – an extremely dangerous condition.

Around 50% of patients who have a ruptured aneurysm die before they even make it to hospital. Of the remainder, who undergo emergency surgery, only ten per cent survive.

Until now, a major operation was needed to try and repair the damage, with open surgery under general anaesthetic.

Mr Ezder, 69, was rushed to Queen's Hospital where vascular surgeon Sabu Jacob realised that he was so critically ill that he would not survive such a major operation.

He and interventional radiologist Manoj Srivastava decided to use a minimally invasive procedure, using a stent graft repair to seal the leaking aneurysm.

This is done under local anaesthetic with sedation or an epidural, with the stent graft inserted through open arteries.

All of the theatre, radiology, anaesthetic and intensive care teams came together to ensure that the procedure could be carried out immediately.

This is the first time a stent graft has been used to repair a ruptured abdominal aortic aneurysm at the Trust.

Mr Ezder made a remarkable recovery, and was discharged home two weeks later.

"I am so grateful to everyone who looked after me," said Mr Ezder. "I know I wouldn't be here now if it wasn't for them and their quick thinking."

Joined by wife Beyhan, Mr Ezder returned to the hospital to thank Mr Jacob and Mr Srivastava.



- Mr Ezder is pictured with Mr Jacob and Mr Srivastava after making a full recovery.

Our Workforce

The Trust employs 5,246 Full Time Equivalent (FTE) staff, with more than 80% in direct clinical care roles.

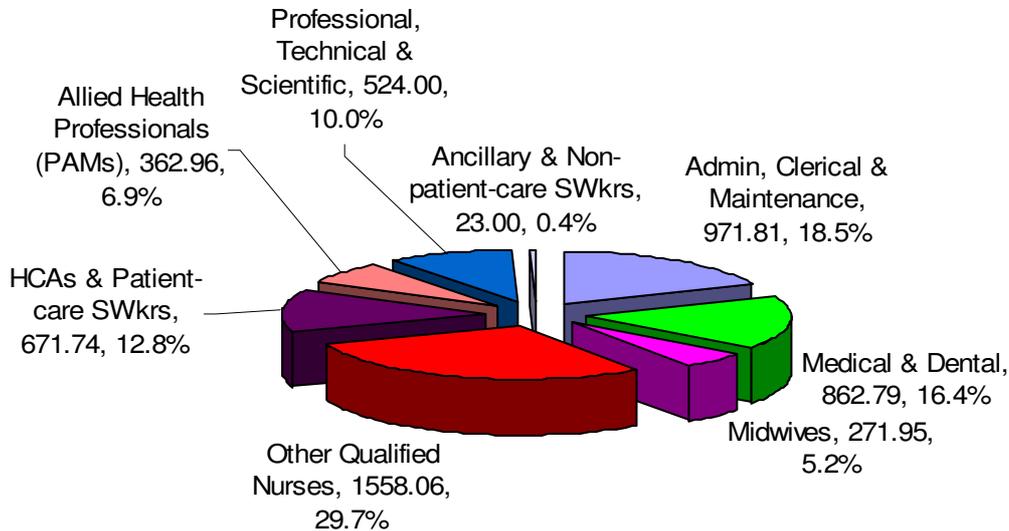
From 1st April 2012 to 31st March 2013 the number of FTE staff in post decreased by 120. This reflects a planned workforce reduction as service, activity and finance were realigned.

The annual turnover of staff at 12% is 1% over our target figure, and has led the Trust to address some of the factors which would improve our retention. The Trust has put in place a health and wellbeing programme and is currently developing an organisational development strategy to increase staff engagement to fully understand what would support the staff to deliver the excellent care we want them to and enjoy doing it. The Trust recognises that without a skilled and dedicated workforce we would not be able to make a difference to the people who need to use our services.

An increase in stability and consistency in the workforce has started to be realised and has been demonstrated in the reduction of temporary staff costs which have declined by 15% over the financial year. Our In House Bank now consistently fills more than 84% of available temporary shifts.

In addition to reducing reliance on temporary workers, a key objective for the Trust has been to ensure robust policies are in place for the management of staff. This has included supporting staff through sickness and absence and putting in place clear steps to achieve appraisals and follow performance frameworks when need be. The evidence of the success in this is demonstrated by a reduced sickness and absence rate and an improving appraisal rate, also commented on as a top ranking score in the staff survey report.

**Barking, Havering & Redbridge University Hospitals NHS Trust -
Staff in Post FTE as at 31st March 2013**



Sickness absence

More accurate reporting of absence with the continued roll out of Health Roster partly explained the upward trend in the previous year and was the reason the absence target was set at 4.5%. However, as of 31st March 2013 the Trust can report a sickness and absence rate of 4.4%, achieving the target set. However, further improvement is required specifically regarding the support and management of staff on long term sickness. The Trust objective for managing sickness and absence is to continue to work on reducing the rate and therefore, 4% has been set as the target for 2013/14 which we hope to exceed.

The new policy to support staff to manage sickness and absence was developed in partnership with staff side representatives, and a series of training events occurred across the Trust which were well attended with excellent feedback for the HR Managers delivering them. This is believed to have helped deliver the reduction in absence and is a model we shall continue with to embed good practice and application of future policies.

Recruitment

Recruitment remained a high priority for 2012/13 with recruitment for specific staff groups being the preferred strategy. Several centralised recruitment campaigns including overseas campaigns and open days have reduced the number of vacancies within the nursing and midwifery staff group in particular. Further recruitment campaigns for nursing posts will be conducted in 2013/14 particularly with the investment of nursing posts within the Trust.

There are still specific areas which are difficult to recruit to, but these are specialist positions where the shortage of staff is a national issue, not just restricted to BHRUT. The recruitment focus for the coming year will be Medical Staff and critical care staff, particularly within the Emergency Department.

At the end of the financial year, the Trusts vacancy factor is 10%. The In House Bank (IHB) provides temporary staff to backfill the vacancies and also constantly recruits to provide appropriate fill. The majority of the IHB are part time staff maximising their flexibility. However, the IHB is also a good supply for staff into the wards and departments and has been used throughout the year to recruit staff in and develop them ready to fill a vacancy quickly as someone leaves. Joint recruitment strategies with the IHB will be pursued next year, to decrease the vacancy rate and the agency staffing requirement.

Partnership working

Achieving and maintaining a positive employee relations environment is fundamental to achieving our HR plan and wider Trust aims.

Openness and transparency are key – a commitment actively demonstrated through BHRUT's range of policies and practice.

Underpinning this approach are recognition arrangements with trade unions and established communications and consultation processes via the monthly Joint Staff Committee (JSC) and a partnership forum of staff side and management representatives.

A more mediated approach to employee relations has been adopted during 2012/13 to resolve issues and concerns amicably, informally and speedily. This is based on mediation principles which ACAS and the Department of Health have jointly developed.

Throughout 2012 partnership working with staff side has been strengthened. A partnership event was held with the Chief Executive, Director of HR and key HR staff and managers. This has led to a revised and updated Partnership Agreement which is in draft form for discussion and approval.

Staff Engagement

In December 2011 the Trust Board agreed a two year staff engagement strategy. Effective engagement and communication with staff and other stakeholders are central to achievement of goals.

A Staff Engagement Task Force was created in February 2012 and has met to help inform our engagement approach.

The Trust has also introduced monthly Executive Briefings. Held on both sites, staff are invited to meet with Board members to hear updates about developments and service changes. They are also invited to put any questions they would like to the executives.

National Staff Survey 2012

BHRUT recognises the importance of staff surveys in helping review and improve the work experiences of staff so they in turn can provide better care to patients. The Trust participates in the annual National NHS Staff Survey.

In 2012 the Trust surveyed all eligible staff; of 5,827 surveys sent 1,746 (30%) were completed. Our top five ranking scores were:

- staff having well structured appraisals in last 12 months
- staff agreeing their role makes a difference to patients
- staff appraised in last 12 months
- staff receiving job-relevant training, learning or development in last 12 months
- staff feeling satisfied with the quality of work and patient care they are able to deliver

The largest local improvements in the scores since the 2011 Survey were:

- staff job satisfaction
- staff experiencing discrimination at work in last 12 months
- staff able to contribute towards improvements at work
- support from immediate managers
- staff motivation at work

There were also some negative findings - when benchmarked nationally against other Trusts - that need to be addressed.

The results are welcome and will be triangulated with our patient survey findings and Organisational Development strategy to ensure actions arising from this support improving the working experience of our staff and the quality of service provided to our patients.

Equality and Diversity

The Trust continues to use the NHS Equality Delivery System and framework which is designed to:

- improve the equality performance of the NHS, embedding equality into the mainstream work of providers and commissioners
- help organisations meet the evidential requirements of the statutory public sector equality duty, contained within the Equality Act 2010 and the statutory duty to consult and involve patients NHS Act 2006
- deliver fair and personalised services
- promote workplaces free from discrimination
- foster continuous improvement

In 2012 the focus was on empowered, engaged and inclusive staff and improving the patient experience. The Trust also signed up to the Mencap Charter in 2012 and agrees to abide by its principles.

Sustainability

The UK Government has committed to take action on Climate Change and introduced the Climate Change Act with a target to cut carbon emissions by at least 80% by 2050, with a minimum reduction of 26% by 2020 across the UK. This ambition is supported by the Department of Health's Sustainable Development Strategy. In response to this, the NHS Sustainable Development Unit (SDU) published NHS Carbon Reduction Strategy which aims to meet these targets and demonstrate early success. This strategy establishes that the NHS should have a target of reducing its 2007 carbon footprint by 10% by 2015. This will require the current level of growth of emissions to be reversed and absolute emissions reduced. This strategy also requires NHS organisations to meet the below requirements:

1. Have a Board approved Sustainable Development Management Plan (SDMP)
2. Sign up to the Good Corporate Citizenship Assessment Model
3. Monitor, review and report on carbon
4. Actively raise carbon awareness at every level of the organisation

In response to the above, the Trust has developed a Sustainable Development Management Plan (SDMP) and Carbon Management Plan populated by a host of projects and initiatives.

Our approach to sustainability over the long-term must be to see sustainability as core behaviour for the Trust and to influence all aspects of the Trust's business to ensure that we act as a responsible corporate citizen. The aim will be to embed sustainability while making decisions, as it helps in future efficiency measures.

In 2012/13, as per the latest consumption analysis, we have seen no increase or decrease against the previous year's results. But taking into account the increase in business activity, we have managed to run the buildings at the previous year's levels, which was challenging. After implementing initiatives set out in the SDMP, we are hoping to make savings in the coming year. Given that our hospitals' complexity, increased activities, demand and pressures to meet the clinical objectives and targets, this will be challenging, but we have a committed team who are dedicated to achieving these results.

Sustainability Achievements

<p>Internal</p>	<ul style="list-style-type: none"> ▪ Mandatory & Induction trainings in progress – none missed ▪ Publication of Sustainability newsletter Green Message – end FY 2012/13, 22 issues ▪ Successful delivery of Waste Awareness Campaign in June 2012 ▪ Regular weekly updates on Intranet and E-Link magazines ▪ Established Green Champions Network ▪ Developed a robust evidential based Carbon Reduction Performance Management System ▪ Engaged Sodexo and prepared Buildings Operational teams training pack ▪ Successfully delivered Cerebral Sessions – a workshop to engage Sodexo and Staff on energy saving ideas ▪ CRC full registration and annual reports submission ▪ Delivery of new internal waste bins to priority areas and meet CQC and PLACE (PEAT) requirements.
<p>External</p>	<ul style="list-style-type: none"> ▪ An invitation from the Carbon Trust following the success of Waste Awareness Day in June 2012 to present case study in their Public Sector Carbon Management National Event ▪ “Green Apple Award” for working with Sodexo to increase recycling rates ▪ Best Carbon Reduction Initiative award and the Best Overall Initiative award for taking part in NHS Sustainability Day campaign in March 2013.

Trust Board Members

Chairman: Sir Peter Dixon

Sir Peter has a background in industry and banking and has many years' experience with the NHS and other public bodies. He was Chairman of University College London Hospitals NHS Foundation Trust for nine years, and has also chaired the Board at Colchester Hospitals University NHS Foundation Trust and Basildon and Thurrock University Hospitals NHS Foundation Trust.

Sir Peter was awarded a knighthood in 2009 for his work in the affordable housing sector, having chaired the Housing Corporation, the Government's affordable housing funder and regulator, for nearly six years.

Chief Executive: Averil Dongworth

Averil was appointed as Chief Executive in February 2011.

She was previously the Chief Executive of Barnet and Chase Farm Hospitals based in North London. She led the Trust from February 2004 having joined from Barnet Primary Care Trust, where she was also Chief Executive. Prior to that Averil was Chief Executive at City and Hackney Community Services NHS Trust.

Medical Director: Dr Mike Gill

Mike joined the Trust in July 2012 from Newham University Hospital where he has served as Medical Director since 2002.

Mike was Joint Clinical Director for the Health for north east London programme and has been a doctor serving this area for many years. Before taking up the role of Medical Director in Newham, he was Lead Clinician for Medicine and Care of the Elderly, and has been an elderly care consultant in Newham since 1989. He is Honorary Clinical Director for Elderly Care at NHS London.

Director of Planning and Performance: Neill Moloney

Neill joined us in May 2008 from Barts and the London NHS Trust where he was Head of Information and Performance. Prior to this he was a General Manager for four years at Mid Essex Hospitals NHS Trust and Birmingham Heartlands and Solihull NHS Trust, managing a range of clinical and non clinical services.

As a Commissioning Manager for Birmingham Health Authority, Neill led on development of the winter and emergency plans and was responsible for commissioning specialised services.

With a background in business planning, information provision and operational management, Neill's priorities are to ensure plans and enabling strategies are in place to support the delivery of the Trust's clinical services.

Director of Nursing: Flo Panel-Coates

Flo joined us from Maidstone and Tunbridge Wells NHS Trust where she was the Director of Nursing (Chief Nurse).

Flo has more than 20 years' experience in the NHS and a clinical background in Emergency Care. She has developed a keen interest in leadership both within Nursing and at Trust Board level.

Flo believes ongoing education and personal development is essential and is currently undertaking a scholarship with the Florence Nightingale Foundation.

Interim Director of Finance: David Gilbert

David is a qualified accountant with more than twenty years' experience as a Finance Director and has held Finance Director roles in Health Authorities and acute Trusts as well as at regional level. In recent years he has helped several financially challenged acute hospitals develop sustainable financial strategies that have put them on the pathway to becoming Foundation Trusts.

Chief Operating Officer: Dorothy Hosein

Dorothy joined BHRUT in May 2012 as Director of Transformation and Organisational Development.

Previously, Dorothy was Director of Operations for Surgery at the Royal Free London NHS Foundation Trust, Assistant Director of Innovation and Improvement at the North Middlesex University Hospital NHS Trust and was previously the Head of Strategy and Service Redesign for Barnet and Chase Farm NHS Trust.

Following many years of senior management experience in the private sector, and having been a non-executive director of an NHS Trust, Dorothy decided to join the NHS to be part of a new wave of managers who would deliver the required changes to deliver value for money.

Non-executive directors

Keith Mahoney was appointed from December 2008 and has 30 years' experience with major retail organisations. In his role as Head of Logistics (Food) for Marks and Spencer, he managed a budget of £200 million.

Keith is also a volunteer for many charities and an unremunerated member of the NHS Supply Chain Customer Board.

Anthony Warrens was appointed in July 2011. Anthony is Dean for Education and Professor of Renal and Transplantation Medicine at Barts and The London School of Medicine & Dentistry, Queen Mary, University of London. He is also a Consultant Physician at Barts Health NHS Trust and sits on the Department of Health's Advisory Committee for Safety in Blood, Tissues and Organs and the Academy of Medical Royal Colleges' UK (Transplantation) Donation Ethics Committee. He is President-Elect of the British Transplantation Society.

Caroline Wright was appointed in July 2011. She started her career as a local journalist and then moved into public sector PR, holding a range of senior Board and communications roles in major Government Departments including the Department for Education and the Department for Trade and Industry. Caroline left the Civil Service in 2011 to run her own communications consultancy before taking up the post of Director of the British Educational Suppliers Association in May 2012.

William Langley was appointed as a Non-Executive Director and Chair of the Audit Committee in July 2010.

He is a qualified accountant with more than 30 years' experience working for major organisations in electronics, the food Industry, publishing and travel. He has held directorships of businesses operating in Japan, South East Asia, South Africa and the UK.

He now works on consultancy projects, and carries out work as a charity trustee and as a member of voluntary sector committees.

Cllr Michael White joined the Board in November 2010. He has been actively involved in politics since 1982 and has been a Member of Havering Council since 1994. In 1998 he became Deputy Leader of the Conservative Group on Havering Council and Deputy Leader of the Council in 2002. His responsibilities included e-government and communications.

In May 2004 he became Leader of the Council and was re-elected Leader in 2010. Michael is a member of the London Thames Gateway Development Corporation Board, and from 2008 to 2010 was Deputy Leader of London Councils.

Dr Maureen Dalziel joined the Board in May 2012. A former NHS CEO and the North Thames Medical Director/Regional Director of Public Health, she has worked in senior roles in all health settings.

As a CEO she turned around several health organisations' clinical standards and business processes. Presently Maureen is on the Board of two health charities and advises health and care organisations.

Farewell

During this year we bid farewell to former Interim Chairman George Wood, Director of Nursing Deborah Wheeler, Director of Human Resources Ruth McAll, Director of Finance David Wragg and Director of Strategy and Planning Robert Royce. Dr Stephen Burgess stood down from the role of Medical Director but remains a Deputy Medical Director.

Remuneration Report

The remuneration package and conditions of service for Executive Directors is agreed by the Trust Remuneration Committee, a Committee of the Board of Directors consisting of all of the Non-Executive Directors, including the Chairman of the Trust.

The remuneration for certain Executive Directors does include performance related bonuses and none of the Executives receives personal pension contributions other than their entitlement under the NHS pension scheme.

Each year, the Remuneration Committee considers the contribution of each Director against the functions of the post as defined in the current job description and as foreseen for the future. This is carried out in parallel with a review of the individual's career development and potential opportunities for progression. The Remuneration Committee considers the matter of succession planning, although all Executive Directors hold permanent contracts.

The notice period for Executive Directors is normally six months and there are no arrangements for termination payments or compensation for early termination of contract.

Non-Executive Directors, including the Chairman, are appointed by The Appointments Committee for specified terms subject to re-appointment thereafter at intervals of no more than four years and to the relevant laws relating to the removal of a Director. The NHS Constitution currently requires Non-Executive Directors to retire after eight years' service.

The Trust currently has an interim finance director whilst the Trust has been aligning its practices ready for Foundation Trust status. The Trust has a plan in place to recruit to the substantive post by the autumn of 2013 or commence in the autumn of 2013 depending upon the decision by the NHS Trust Development Authority (NTDA) in May. The interim status of the Director of Finance has been declared to the Audit committee and the processes to ensure Department of Health guidelines are adhered have been approved through the Executive Committee.

The Remuneration Committee met 7 times during 2012/13.

Remuneration Committee Members

Mr Keith Mahoney, Chair of the Remuneration Committee/Non Executive Director
Dr Mary Dalziel, Non Executive Director
Mrs Caroline Wright, Non Executive Director
Mr George Wood, Interim Chairman up to Nov 2012
Mr William Langley, Non Executive Director
Mr Michael White, Non Executive Director

In Attendance:

Mrs Averil Dongworth, Chief Executive
Mark Smith, Director of People Development

In determining Directors' pay and conditions, the Remuneration Committee took into account comparative information available from NHS Partners survey and the Ian Duncan Smith Boardroom Pay Report.

The level of remuneration for non-executive Board Members is based on an average expected workload of 2 to 3 days a month for Non-Executive Directors 3 days a week for the Chairman.

The contracts of Directors who served during the year are summarised in the table below.

Directors' salary table			
		Starting date	Until
Title	Name	Start date	End date
Chairman			
	Dixon PJB	08/10/2012	
	Wood G	01/04/2012	31/11/2012
Chief Executive			
	Dongworth A	01/04/2012	
	Goulston J	01/04/2012	
Non-Executive Director			
	Dalziel MM	01/05/2012	
	Langley WS	01/04/2012	
	Mahoney K	01/04/2012	
	Rubidge CJP	01/04/2012	
	Warrens A	01/04/2012	
	White MJ	01/04/2012	
Executive Director			
Chief Operating Officer	Geddes CI	02/04/2012	
Chief Operating Officer	Hosein D	21/05/2012	
Director of HR	McAll R	01/04/2012	30/12/2012
Director of Planning and Performance	Moloney NH	01/04/2012	
Director of Nursing	Panel-Coates ECF	02/10/2012	
Director of Nursing	Wheeler DC	01/04/2012	10/09/2013
Director of Strategy & Planning	Royce RG	01/04/2012	
Director of Finance	Wragg DI	01/04/2012	17/09/2012
Interim Director of Finance	Gilbert D	01/08/2012	
Medical director	Burgess SP	01/04/2012	13/07/2012
Medical director	Gill M	16/07/2012	

Directors' salary table

	From	Until	2012/13			2011/12		
			Salary	Bonus Payments	Benefits in Kind	Salary	Bonus Payments	Benefits in Kind
All Figures in £'000s			(bands of £5,000)	(bands of £5,000)	(to nearest £100)	(bands of £5,000)	(bands of £5,000)	(to nearest £100)
Chairman								
G. Wood	November 2011	November 2012	15 - 20	-	-	10 - 15	-	-
E. Doyle	August 2010	October 2011		-	-	15 - 20	-	-
Sir Peter Dixon	November 2012		25-30					
Non-Executive Directors								
B. Liggins		July 2011		-	-	0 - 5	-	-
K. Mahoney	April 2012		5 - 10	-	-	5 - 10	-	-
R. Playford		June 2011		-	-	0 - 5	-	-
Daiziel MM	May 2012		5 - 10	-	-			
G. Wood	August 2010	November 2011		-	-	10 - 15	-	-
W. Langley	April 2012		5 - 10	-	-	5 - 10	-	-
M. White	April 2012		5 - 10	-	-	5 - 10	-	-
Rubidge CJP	April 2012		5 - 10	-	-			
A Warrens	April 2012		5 - 10	-	-	0 - 5	-	-
Chief Executive								
A. Dongworth (Seconded from Barnet & Chase Farm NHS Trust)	February 2011		225	-	-	225	-	-
Medical Director								
S. Burgess	January 2011	July 2012	55 - 60			160-165		
Gill M (Seconded from Barts Health NHS Trust)	July 2012		90-95					
Director of Human Resources								
R. McAll		December 2012	85-90	-	-	110 - 115	-	-
Director of Finance								
D. Wragg		September 2012	65-70	-	-	150 - 155	-	-
Gilbert D	August 2012		125-130					
Director of Nursing								
D. Wheeler	Ceased 10th September		40-45	-	-	95 - 100	-	-
Panel-Coates ECF	October 2012		65-70					
Chief Operating Officer								
Geddes CI	April 2012		160-165	-	-			
Hosein D	May 2012		110-115					
Director of Performance and Planning								
N. Moloney			115 - 120	-	-	115 - 120	-	-
Director of Strategy								
R. Royce	Ceased		125-130	-	-	140 - 145	-	-

- Benefits-in-kind means the taxable value of benefits provided. The values are calculated in accordance with Inland Revenue rules and relate to leased cars less the contribution made by the employee.

Directors' pensions table

Pension Benefits Name and title	Real increase in pension at age 60 (bands of £2,500) £k	Real increase in pension lump sum at aged 60 (bands of £2,500) £k	Total accrued pension at age 60 at 31 (bands of £5,000) £k	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000) £k	Cash Equivalent Transfer Value at 31 March 2013 £	Cash Equivalent Transfer Value at 31 March 2012 £	Real increase in Cash Equivalent Transfer Value £	Employer's contribution to stakeholder pension £	Note Part Year
S Burgess Medical Director						1,507,342.52	0	Up to 13th July 2012	
* M Gill Medical Director			50-55	155-160	1,044,003.02		0	From 16th July 2012	
D Wheeler Director of Nursing & Clinical Governance	0-2.5	0-2.5	40-45	120-125	719,108.34	677,378.79	0		
* ECF Panel-Coates Director of Nursing & Clinical Governance			20-25	70-75	340,246.50		0		
R Royce Director of Strategy & Planning	0-2.5	0-2.5	40-45	130-135	867,084.49	800,665.47	0		
N Moloney Director of Delivery	0-2.5	0-2.5	30-35	90-95	446,932.15	413,182.97	0		
R McAll Director of HR	-2.5-0	-5-2.5	40-45	120-125		809,323.25	0	Left 30/12/2012	
D Wragg Director of Finance	0-2.5	0-2.5	35-40	110-115	658,008.10	611,834.61	0	Left 17th September 2012	
A Dongworth Chief Executive	-2.5-0	-2.5-0	105-110	320-325	2,383,439.05	2,251,262.48	0		
* C/ Geddes Chief Operating Officer			50-55	150-155	919,181.65		0		
* D Hosein Chief Operating Officer			5-10	20-25	16,988.75		0		
* No Figures for 2011/12									

As Non Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for them.

The Government Actuary Department ("GAD") factors for the calculation of Cash Equivalent Transfer Factors ("CETVs") assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

A cash equivalent transfer value ("CETV") is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. Where individuals have left the Trust during the year the cash equivalent transfer values provided by the NHS Business Services Authority (NHS Pensions) at 31 March 2013 are reported and not at the date of leaving.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement that the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated

within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

The Trust has not made any contributions to Stakeholder Pensions for senior managers during the year.

2012/13		
Highest and Median Salaries		
	£	
Chief Executive	225000.00	
Band 5	28591.32	
Difference	196408.68	8
Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.		
The banded remuneration of the highest paid director in Barking, Havering and Redbridge NHS Trust in the financial year 2012-13 was £225k (2011-12 £225k). This was 8 times(2011-12, 8) the median remuneration of the workforce, which was £29k (2011-12, £28k).		
In 2012-13, 0 (2011-12, 0) employees received remuneration in the excess of the highest-paid director. Remuneration ranged from £17k to £225k (2011-12 £16k to £225k)		
Total remuneration includes salary, non-consolidated performance-related pay, benefits in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.		

Operating and Financial Review 2012/13

The Trust agreed a Plan with NHS London for 2012/13 for an Income & Expenditure (I&E) deficit of £39.7m, excluding the technical impact of asset impairments and International Financial Reporting Standards (IFRS). This position compared with a deficit of £49.9m in 2011/12.

The Trust finished the year with a deficit of £37.5m, within the agreed control total. The Trust delivered savings under the Cost Improvement Programme (CIP) of £18.9m against a target of £23.1m, but was able to mitigate the shortfall, primarily through generating an income contribution from over-performance against PCT commissioner contract targets. The Trust has plans in place to deliver the £23.1m CIP target recurrently in 2013/14.

Temporary staffing costs continue to fall, with a reduction of £4.2m in 2012/13, to £36.1m, 12.1% of total pay (compared with 13.8% in 2011/12 and 14.7% in 2010/11). The Trust is targeting a further reduction to 11% in 2013/14.

The Trust was able to maintain its cash balances at around £4.5m, although this was primarily due to an injection of £39.7m additional Public Dividend Capital by the Department of Health, to fund the cash impact of the in-year revenue deficit.

The difficulty in managing the cash consequences of the I&E deficit during the year manifested itself again in a low level of compliance with the Better Payment Practice Code, with only 76%% non-NHS invoices (by value) paid within the target 30 day period, although this is up from 64% in 2011/12 and 57% the previous year.

The Trust achieved its other financial performance targets, in not exceeding the External Financing Limit (EFL) and Capital Resource Limit (CRL) and in meeting the capital cost absorption rate of 3.5%

The 2012/13 deficit increased the Trust's cumulative deficit, as measured against the breakeven duty, to £239.3m, incurred over the eight year period to 31 March 2013.

The Trust is planning for a deficit of £17.3m in 2013/14 (again excluding the impact of impairments and IFRS), an improvement of £22.2m from the 2012/13 position. This is primarily related to new funding of £16m, to mitigate the high costs of the PFI contract for Queen's Hospital (the Trust is one of six nationally, with significant PFI contracts, which the DH has agreed to provide additional funding). The Trust has also agreed additional income with commissioners, including £5m to address an historical under-funding of Cancer drugs.

The Trust is planning for CIP savings of £20.0m in 2013/14, which represents 5% of operational budgets (as against 4% national tariff assumption). The Trust has established a Programme Management Office which will co-ordinate delivery of the savings plan, with oversight from the Finance Committee and Trust Board.

The Trust has developed a clinical strategy and Long Term Financial Model (LTFM), which demonstrates how the Trust can return to a balanced financial position. This will be achieved not only through the delivery of further efficiency savings but also through the reconfiguration of services at Queen's and King George Hospital, within the framework of Health for Northeast London (Health4NEL). The strategy and LTFM have been developed in partnership with the NHS London and local commissioners. The most recent iteration of the plan shows the Trust returning to a financial surplus in 2016/17, although the Trust is actively reviewing options for accelerating savings plans, so that the Trust is able to break even or better in 2014/15, with a view to entering the Foundation Trust 'pipeline' from that point. The Trust is planning the update the LTFM by the end of June and is engaging the CCGs and the TDA going forward.

These plans are likely to require further additional external capital funding, which will need to be agreed with the TDA and the Department of Health. The Trust is developing a number of business cases for the reconfiguration of services and estate, which will require approval by the TDA. These will help prepare the Trust for the planned closure of the emergency department at King George Hospital, expected in 2015, subject to checks to ensure patient safety and system readiness.

Financial Governance

The Trust's financial situation is monitored by the Trust Board and in detail by its Finance Committee, which is chaired by Non Executive Director Keith Mahoney. The Trust Audit Committee, which is chaired by William Langley, monitors the Trusts governance arrangements.

The Trust's current external auditors are KPMG. The cost of their work performed amounted to £191k for the year.

Pension liabilities have been accounted for in accordance with note 1.8 of the Accounts.

Annual Governance Statement 2012-3

1.0 Scope of Responsibility

The Trust Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible, as set out in the Accountable Officer Memorandum.

As designated Accountable Officer I have overall accountability for risk management in the Trust. The Medical Director and Director of Nursing lead on clinical risk management issues, whilst the Finance Director is responsible for financial risk management at Trust Board level. The operational responsibility for risk management at corporate level is assigned to the Clinical Governance Director in the Trust's Clinical Governance Directorate.

The Trust has engaged with and participates in the work of its Health and Social Care Partners across North East London using established networks and communication systems.

The Head of Internal Audit has commented in his overall opinion in 2012-13 that he can contribute only **Limited Assurance** to the assurances available to the Accounting Officer and the Trust Board, in addition to the Board's own assessment of the effectiveness of the organisation's system of internal control. The whole Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance on the effectiveness of that overall system. Limited assurance can be given as weaknesses in the design, and/or inconsistent application of controls, put the achievement of the organisation's objectives at risk in a number of the areas reviewed.

2.0 The Governance Framework of the Organisation

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

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

It is confirmed that the system of internal control has been in place in Barking, Havering and Redbridge University Hospitals NHS Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

In the opinion of the Head of Internal Audit, the Assurance Framework in operation provides adequate assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

2.1 Trust Board

The Trust Board is collectively responsible for the quality of healthcare delivery and financial performance, and is held to account for the stewardship of public money and the delivery of services to our local population as laid down by the Department of Health and locally by NHS London. The Trust Board is made up of the Chairman, the Chief Executive plus five Non Executive Directors and one Associate Non Executive Director who became a full Non Executive Director in March 2013 and five Executive Directors. The Board meets publically every two months, with internal Board meetings/seminars on alternate months.

The key functions of the Board are detailed within the Trust's *Corporate Governance Manual* and include the organisation's *Standing Orders*, *Standing Financial Instructions* and *Scheme of Delegation*. The Trust is able to decide how best to meet these key functions and obligations by setting and implementing an Annual Plan, to include objectives relating to:

- Delivering of Safe, Quality, Effective Care
- Financial Security
- Delivering of Operational Excellence
- Services that are rated positively by patients, families and all stakeholders
- Staff engaged in success of the Trust
- Ensuring the Trust provides a first class educational experience

A committee structure is in place which exists to assure the Trust Board of compliance with the Annual Plan. These function as sub-committees of the Trust Board and have delegated responsibility for monitoring risks and escalating through exception reports any high level clinical risks. The Trust Board also receives the minutes of these sub-committees. The Trust Board agenda is structured to review data and information relating to governance, quality and patient standards, finance, workforce and activity provided via the Performance & Quality Dashboard, as well as information for noting. Membership attendance at the Trust Board meetings is good and in excess of the Terms of Reference membership requirements. There is also regular attendance by members of the public.

2.2 Audit Committee

The Audit Committee has been convened in line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability and the Higgs Report. Its purpose is to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS. It oversees performance of the risk management systems in place in the Trust, via the Finance Director and the Clinical Governance Director with key risks highlighted to and reviewed by the Audit

Committee and the Trust Board on a regular basis through the Assurance Framework supported by the Risk Register.

Independent scrutiny is provided through representation from the Trust's appointed Internal Auditors, Parkhill Audit Agency, and from the External Auditors, the Audit Commission. Other attendees of the Committee include the Deputy Director of Finance and three Non Executive Directors (one acting as the Committee's Chair) constitute the Committee's membership. Regular attenders include the Local Counter Fraud Service Manager and the Manager for Local Security Management Systems.

The Committee meets not less than four times a year, with an additional meeting held annually in private with the External and Internal Auditors. The agenda includes the review of governance, risk management and internal control, the internal audit function and the work and findings of external audit, as well as financial reporting. Other assurance functions include any reviews by the Department of Health or Arms Length Bodies or Regulators / Inspectors including the Trust's Care Quality Commission Registration and risks escalated from the Statutory Safety Committee or the Major Incident Planning Group.

The Chairman of the Committee is tasked with drawing to the attention of the Trust Board any issues or significant risks that require disclosure to the full Board, or require executive action. This is achieved through the sharing of the confidential minutes of the Audit Committee with the Trust Board members and an Escalation Report of the key issues.

The Audit Committee received an annual report from the Trust's Head of Internal Audit at its meeting in April 2013. Thirteen reports were made to the Audit Committee in the course of 2012/13 two of these provided 'substantial assurance', four 'adequate' assurance and seven 'limited' assurance. The areas of limited assurance were: billing arrangements, theatre stores, e-rostering, financial reporting and budgetary control, Saviance, registration authority (McKesson) and information governance toolkit v10.

The Committee also met in April 2012, June 2012, September 2012, December 2012 and February 2013. The bulk of its agenda is taken up in the consideration of internal audit and Audit Commission and KPMG reports, and reports from its Local Counter Fraud & Security Management Specialists and the Committee also oversees the processes behind the production of the Board Assurance Framework, risks associated with Care Quality Commission compliance and statutory Health & Safety compliance.

The Audit Committee is also the committee to which waivers of Standing Financial Instructions and Standing Orders are routinely reported, so that Committee members are aware of departures from the Trust's normal arrangements for governance. Rules for waiver are clearly specified and principally in the procurement of goods and services when speed is of the essence or sole supplier arrangements exist.

2.3 Quality & Safety Committee

The Quality and Safety Committee oversees the regular and routine monitoring of detailed clinical performance. The meeting was convened bi-monthly until January 2013 when it commenced monthly meetings; chaired by a Non Executive Director. Membership includes the Chief Executive, Medical Director, Director of Nursing, Director of Governance, Clinical Governance Director, Clinical Directors, Chief Pharmacist, Director of Communications, Medical Education Director and Director of Education, together with two further Non Executive Directors. External members include a representative from NHS Outer North East London and the Chair of the Trust's Improving Patient Experience Group.

The Committee's purpose is to make recommendations to the Board in relation to the Board's objectives whilst developing strategies and plans; ensuring the clinical risks receive high level monitoring and review to facilitate improvement in patients' safety, quality of care and experience.

The Committee takes exception reports from a range of feeder committees to ensure mortality, external accreditation, patient experience, clinical effectiveness and outcomes, the Quality Account, complaints, legal claims, incidents, serious incidents and Never Events are scrutinised; the feeder committees are:

- Clinical Risk Committee
- Patient Experience Committee
- Evidence Based Practice Committee
- Clinical Audit Committee Drugs & Therapeutic Committee
- Safeguarding Adults Committee
- Safeguarding Children Committee
- Infection Control & Prevention Committee
- Nursing, Midwifery & Allied Health Professionals Board.
- Information Governance Steering Group

Attendance and contribution to discussions at the Quality & Safety Committee by members is good and in line with the Terms of Reference. The minutes of both parts of the Committee are sent to the Trust Board for review together with formal highlight reports escalating issues and concerns.

2.4 Operational Governance

Operationally risks are considered through the Clinical Directorate meetings which include clinical governance, performance and financial control

The Trust's Performance Team produce a monthly Quality & Patient Standards Performance Report that provides a range of information on:

- Quality & Safety
- Operational Performance
- Financial Performance
- Human Resource Performance

The quality and safety elements from the Trust Board approved Performance Report feed into a Quality Dashboard for the Quality & Safety Committee with additional data

added relating to CQUINs (Commissioning for Quality and Innovation), incidents, mortality and patient experience. The Quality Dashboard requires the Clinical Directorates to provide local narrative on 'red' RAG rated data to provide actions for compliance. This process ensures a wide range of data is available to senior staff within the organisation to aid decision making.

The Care Quality Commission's Quality Risk Profiles are shared with the Clinical Directors and key changes are drawn to their attention.

2.5 Quality Account 2012/13

The Trust, in its preparation of the Quality Account, has engaged with the public and stakeholders from the beginning of the process. This has been achieved through consultation on what the public see as the Trust's priorities; involvement with the Trust's Improving Patient Experience Group whose membership consists of patients, carers and interested parties. The timetable developed to ensure compliance with the publication date is progressing on time and includes the Auditor's assessment requirements for validation of data:

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required by the Audit Commission to perform an independent assurance engagement in respect of Barking, Havering and Redbridge University Hospital NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- Percentage of patients risk-assessed for venous thromboembolism (VTE).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2012 to May 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to May 2013;
- feedback from the Commissioners;
- feedback from Local Healthwatch;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated February 2013;
- the latest national staff survey dated January 2013;
- the Head of Internal Audit's annual opinion over the trust's control environment dated June 2013;

- the annual governance statement;
- Care Quality Commission quality and risk profiles; and
- the results of the Payment by Results coding review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Barking, Havering and Redbridge University Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Barking, Havering and Redbridge University Hospital NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria

and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Barking, Havering and Redbridge University Hospitals NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP, Statutory Auditor

London

7th June 2013

3.0 Risk Assessment

The overall strategy of the Trust is to maintain systematic and effective arrangements for managing risks throughout the organisation, whether clinical or non-clinical, financial or organisational, so as to ensure they are reduced to a minimum practicable level. These arrangements are described in the Trust's Corporate Governance Manual approved by the Trust Board that includes the Standing Orders, Standing Financial Instructions and Scheme of Delegation.

A Risk Management Strategy and Policy was implemented in 2004, against which the Trust reviews progress annually, and updates the strategy accordingly. Amendments and additions to the Strategy are approved by the Trust Board.

The risk and control framework existing within the Trust has continued to develop over the year using key performance indicators to enable a more accurate level of risk prediction and assessment. These systems are central to informing the decision making process in the provision of a safe and secure environment for patients, staff and visitors. The corporate risk framework is comprised of the following elements:

The Risk Management Strategy and Policy is in line with and accredited by the NHS Litigation Authority's Risk Management Standards level 1 accreditation. It recognises the impact that local, corporate and extreme risks may have on the finances, reputation or both of the organisation and provides guidance on measuring, mitigating and managing the residual risks.

The Board Assurance Framework (BAF) is a cohesive document populated by the identified risks to the Trust potentially not meeting its objectives, the extreme risks identified through the risk register and any risks to the Trust's reputation through poor publicity or external accreditation shortfalls. Identified gaps in control following risk assessment are mitigated via action plans which are monitored through the most appropriate committee structure.

A project to substantially improve the flows of risk information and increase the rigour of the underpinning risk analysis process that supports the BAF through local training initiatives, has been on-going over the year to ensure clear statements are made in relation to the risks faced by the Trust Board.

The Board Assurance Framework is presented to the Trust Executive Committee and to each Audit Committee meeting and subsequently to the Trust Board.

The Risk Register is maintained as the focal point of risk evaluation and is maintained as a 'live' document. Each Clinical Directorate has received an electronic copy of their risk register on a monthly basis. New risks identified through changes in service, serious incidents, incident and complaint investigation, safety alerts and changes in control measures or resources are added to the risk register as they arise, supported by a risk assessment to ensure accurate and reflective grading. Where decreed as an extreme risk a detailed and timed action plan is required to progress risk mitigation.

The high and extreme components of the risk register are transferred to the BAF and their associated action plans are monitored through the Audit Committee, the Quality and Safety Committee and ultimately the Trust Board for final decisions by exception. The Trust Executive Committee monitors the high and extreme risks and other levels of risk are managed at Directorate level. Risk registers were developed in line with Clinical Directorates to ensure regular review and at the same time the opportunity has been taken to strengthen the process of risk assessment and analysis across the Trust through training initiatives.

The Audit Committee as a sub-committee of the Trust Board holds delegated responsibility for the monitoring and inquisition of the BAF supported by the risk register. The process examines the risks, the mitigating actions and future action plans for appropriateness and strength seeking to identify any further weakness or threat to patient safety, finance or reputation. In this way the Audit Committee can provide assurance to the Trust Board of the robustness of the control systems in place.

3.1 Financial Control

The Trust met the financial control total deficit agreed with NHS London of £39.7m, with a marginal undershoot of £0.2m. The Trust delivered £18.9m CIP savings against a target of £23.1m, but mitigated this shortfall, primarily through income contribution from over-performance on PCT commissioner contracts. The Trust met its other financial duties, in not exceeding its External Financing Limit or Capital Resource Limit and meeting a capital cost absorption rate of 3.5%.

3.2 Counter Fraud

Systems of control are in place to prevent, detect and investigate incidents of fraud through the Trust's Local Counter Fraud Specialist, Parkhill Counter Fraud Services. A programme of work was agreed with the Audit Committee for 2012/13, with progress reported to each meeting. The work programme covered:

- Creating an anti-fraud culture and deterrence of fraud, primarily through a rolling programme of staff training and communication through newsletters, leaflets intranet, etc.
- Fraud prevention, through;
 - information notices and bulletins, alerting the Trust to potential scams being investigated elsewhere (20 such notices were issued in 2012/13);
 - Attending regional NHS Protect meetings
 - fraud proofing of local policies and procedures (3 policies were reviewed in 2012/13 – Counter-fraud policy and response plan, Overpayments Policy and Overseas Patients Policy)
- Detection, through undertaking a fraud risk assessment of internal audit reports and information from elsewhere. Two pro-active reviews were undertaken in 2012/13; National Fraud Initiative and Staff Illegal Working Checks
- Investigation in to cases of suspected fraud. Fourteen cases were investigated and closed during the year with a further five on-going.

Since 2008/09, the Trust has been assessed at Level 3 (performing well) on the Qualitative Assessment (QA) submitted to NHS Protect, and retained this rating in 2010/11. NHS Protect suspended the QA process for all Trusts in 2011/12 and 2012/13, pending a review of the assessment process and a pilot exercise.

3.3 Data Security at the Trust utilises the N3 network and NHS standards to manage and control data security and maintain confidentiality. The NHS standard for encryption is the cipher AES256. The Trust do encrypt all PC's and laptops, enforcing policies which prevent the copying of data to unsecure and non encrypted portable devices, in order to give greater security to patient data and other NHS specific data.

The Trust's primary responsibility is that the delivery of patient care should remain the highest priority and unaffected where possible by encryption. A balance of risk to patient care against risk to personal data security is used in determining whether the use of unencrypted devices should continue as an interim measure. Where it is felt that continued reliance upon unencrypted data is necessary for the benefit of patients, a risk assessment must be undertaken and the outcome of the assessment must be reported to the Information Governance Steering Group

All electronic external routes to and from the Trust are managed through firewalls. In addition to this appliances manage the incoming email and also protect users from viruses and malware. Servers which store data are maintained within a locked and secure environment, which has additional protection against environmental factors, such as water and fire.

3.4 Liberating the NHS – Equity & Excellence - the trajectory to FT status is currently 'red' rated in the BAF which reflects the current position of BHRUT as one of the most challenged Trusts in England. To move to 'green' BHRUT will need to provide evidence of considerable, sustained improvements in operational performance, finances, clinical quality and patient satisfaction. The Trust is currently working towards a long term clinically and financially viable plan that demonstrates BHRUT can attain FT albeit through significant reconfiguration of services across its two main hospital sites. Milestones to achieving FT status have been agreed with the NHS Trust Development Authority and progress against these milestones is reviewed on a monthly basis.

3.5 Engagement with Public Stakeholder's in Managing Risk is through interaction with a range of different bodies and groups as detailed below:

The Trust provides reports and Executives and Senior Managers attend relevant meetings of the three local authority Health Scrutiny Committees and that of Essex County Council, together with the Health and Wellbeing Boards. These committees seek reassurance on the Trust's performance across a range of topics including topics on individual services, CQC compliance with Registration standards and Quality Account.

IPEG

The Improving Patient Experience Group (IPEG) set up in 2008 provides the Trust with feedback on a range of patient related topics as well as participating in surveys, sitting on the Quality and Safety Committee and providing information on issues that impact on how patients perceive and experience care and treatment given by the Trust. The group is confident in challenging Trust practices where necessary in an open and constructive forum.

LINKs

The Trust engages with the Local Involvement Networks (LINKs) for the outer north east London boroughs and Essex County Council (the West Essex locality), which subsequently formed the new Healthwatch bodies. The LINKs have undertaken a number of Enter and View visits to the Trust over the last year, including visits without notice. These visits are to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out these 'Enter and View' visits the LINKs have sought to validate the information received from members of the public. Feedback received from these visits is actioned accordingly.

Patient Involvement & Experience Strategy

Involving our patients, relatives, carers and community to improve patient experience is central to our success as an organisation. It is at the heart of the *NHS Constitution* (DH, 2009), and is the reason why many people come to work at Barking, Havering & Redbridge University Hospitals NHS Trust. It increasingly is also a key indicator of a performing NHS.

The Trust's Patient Involvement and Experience Strategy describes the Trust's direction of travel and details where and how patients, relatives, carers and the public will be involved. There is a clear expectation within the Trust that all staff will embrace the strategy ensuring that it is driven forward, thereby ensuring that all patients can fully benefit from improved care and services as a result.

In order to ensure that this strategy remains a 'live document', the Trust's Deputy Director of Nursing is responsible for co-ordinating the development of a detailed action plan to deliver the aims outlined in the strategy, which will then be monitored regularly at the Trust's Quality & Safety Committee .

Friends & Family Test

On the 25th May 2012, the Prime Minister announced the introduction of the Friends & Family Test to improve patient care and identify the best performing hospitals in England. The Friends & Family Test is a quick, consistent, standardised patient experience indicator. It will provide organisations, employees and the public with a simple, easily understandable headline metric, based on near real-time experience, which is comparable from a patient's point of view and benchmarkable from an organisation's perspective. To allow for comparisons, all organisations providing acute NHS services will need to implement the Friends & Family Test using the same question, question format and response scale. The wording of the question and appropriate framing has been informed by independent research.

The Trust has been collecting responses from the adult inpatient wards, Medical Assessment Unit and the Emergency Department and the first return was uploaded on Monday 14th January 2013. In addition the Trust is capturing the Friends & Family Test in Maternity, ahead of national publication in June 2013.

The Friends & Family Test forms part of a patient experience survey which is given to patients prior to discharge.

Real Time Surveys

The real time survey was introduced during 2011. Feedback given through these handheld devices, and via kiosks around the hospitals provided valuable information for staff in the relevant areas, as well as informing Trust-wide actions by the Executive and providing assurance to the Quality and Safety Committee and Trust Board. After an initial low usage rate, the survey questions were redesigned, and in 2012, patients had an expanded range of feedback opportunities, through further kiosks throughout the hospitals and the wide introduction of a new feedback card. Patients' views on their care, concerns or praise have been assessed and used to monitor and improve patient experience and reduce risk on an ongoing basis.

Stakeholders

The Trust has a range of Committees in which external stakeholders, patients and commissioners participate.

The Trust values its relationship with stakeholders as an important mechanism to identify feedback about the hospitals and to ensure that the scrutiny functions of public bodies can be met. The Trust is open and transparent with stakeholders, and during the course of the last year, we have taken further steps to share information, plans and developments with stakeholders.

The Trust worked very closely with stakeholders in the local council Overview and Scrutiny Committees and LINKs, as well as its own patients' forum and Maternity Services Liaison Committee, to discuss the potential risks of the major maternity reconfiguration implemented during the year. Through these meetings and sharing of documentation and planning, potential risks and concerns were discussed and managed effectively before full implementation.

The Trust's improved relationship with stakeholders was recognised by the Care Quality Commission in its June 2012 progress report, and we have further strengthened this with new communications such as the monthly stakeholder newsletter and open days to our facilities including the new Queen's Birth Centre.

3.6 Compliance with Equality, Diversity and Human Rights, control measures are in place to ensure that the organisation is compliant with all its obligations under equality, diversity and human rights legislation. The Trust continues to work closely with our local health partners, equality and diversity leads and a particular focus throughout 2012/13 has been the implementation of the NHS Equality Delivery System launched in 2011. All Trust policies have been equality impact assessed as are any proposed changes in service configuration and workforce requirements.

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

3.8 Compliance with the Climate Change Act 2008 – In response to this the Trust is committed to meet the requirements and reduce its impact on climate change by reducing its carbon emissions inline with the national reduction targets as based on the UK Climate Projections 2009 (UKCP09). As a planned measure it has developed Sustainable Development Management Plan, Carbon Management Plan and Sustainable Travel Plan based on the NHS Carbon Reduction Strategy 2009 developed by the NHS Sustainable Development Unit. It is proactively taking measures to implement and realise the savings year-on-year and revise these plans.

3.9 High and Extreme Risks Identified during 2012/13 – the following items have been risk rated and added to the BAF where the residual risk is deemed to be high ('amber' or extreme ('red') in accordance with policy.

	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Potential severe disruption to maternity services from removal of London Deanery posts pose major difficulties in the delivery of quality care at KGH obstetric services until the Midwifery Led Unit is established.	Red			
Adverse impact on profitability of services due to introduction of new London wide Genito Urinary and Family Planning tariff in April 2012	Amber			
Emergency care patients will not receive better/safer care due to serious inability to manage demand and provide safe care and enable patients to enter inpatient bed or be discharged appropriately and also the ability to manage external demand to implement the whole system.	Red	Red	Red	Red
Failing to achieve compliance of MRSA bacteraemia targets	Red			
Failure to protect our patients against health care associated infections (HCAIs) including MRSA		Red	Red	Red
Non compliance with End of Life Strategy	Red			
Patient complaints not being adequately responded to within agreed timescales and failure to resolve patient complaints leading to Ombudsman investigations with critical findings.	Red		Amber	Amber
Failure of achieving Risk Management Standards Level 2	Red	Amber		
Executive leadership changes could compromise the strategic agenda.	Amber			
Post contract there would be no PAS which would compromise service delivery unless another system is procured timely.	Red	Red	Amber	Amber
Slow quality of care improvements will compromise the Trust's reputation which will impact on future service development, business and recruitment opportunities	Amber	Red	Red	Red
Clinical Directorates will not achieve financial target and CIP deliveries.	Red	Red	Red	Red
Failure in financial management and budgetary control including expenditure restrictions, leading to reputational damage.	Red	Red	Amber	Amber

4.0 The Risk and Control Framework

The components of the Board Assurance Framework are based on the five ambitions of the Trust's Principal Objectives, which are: Patient Safety, Operational Excellence, Financial Security, Public and Stakeholder Perceptions, Workforce and Education. The BAF directly underpins the Annual Governance Statement and is the subject of annual enquiry by its host commissioning body and Internal and External Audit. Each Clinical Directorate has individual live risk registers which are reviewed and updated monthly.

The BAF aligns principle risks, key controls and assurances on controls alongside each objective. Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the Board to develop and subsequently monitor a Board Assurance Action Plan for closing gaps. The Direction of the Board in these matters ensures appropriate allocation of resources to improve the effectiveness of management.

The process and purpose of the BAF may be summarised as:

- Description of the risks which present a major threat to achievement of any of the objectives and are not well controlled.
- Identify and evaluate the design of key controls intended to manage these principle risks, underpinned by self assessment against the Care Quality Commission regulated standards.
- All significant risks whether to the objectives or otherwise are also described on the Trust Risk Register. Those risks are identified initially through review of the objectives themselves. Alternatively they may initially be identified by Directorates as operational risks.
- The BAF and the Risk Register will provide confirmation that there are action plans to put in place controls for the risks they contain and that there is assurance that plans and controls are robust.
- Those risks which present a major threat to any of the objectives and are not well controlled are defined and graded as Extreme (red). By definition all the Trust's Extreme risks appear on the BAF.
- Significant risks which require high level attention but do not present a major threat to any of the objectives are defined and graded as High (orange) and are described on the Risk Register but not on the BAF unless a potential for major threat. Oversight of their control and assurance is allocated to the responsible Directorate.
- Extreme risks that threaten any of the objectives which achieve increased control and are subsequently deemed to be either High or Moderate risk will be relegated from the BAF to the Risk Register alone and oversight of their control will be allocated to the responsible Directorate.
- The Framework will be reviewed by the Audit Committee at each meeting and by the Board quarterly.
- Fraud is controlled, reduced and deterred by the Trust's following, and demonstrating that it follows Secretary of State Directions.
 - The induction programme was delivered to 734 new starters in the course of the year, and helps to create an anti-fraud culture.
 - Deterrence is fostered by the production of publicity materials.

- Fraud prevention is strengthened through the circulation of information notices and fraud alerts, the LCFS's attendance at NHS Protect Regional meetings, fraud proofing and policy reviews and protocol development.
- Detection occurs as the result of risk assessments into areas such as staff ID, over-payments reviews, illegal working checks, and a range of other proactive reviews.
- A range of specific investigations are carried out into allegations of fraud raised by staff, patients and members of the public.

5.0 Review of the Effectiveness of Risk Management and Internal Control

The Trust's Internal Auditors carried out an audit on 'Embedding of Risk Management Arrangements' as part of the internal audit plan for 2012/13 and as a result of the weaknesses noted during the course of the Board Assurance Framework audit undertaken by them in 2011/12. The audit was specifically designed to cover the local risk management controls at Directorate levels. They carried out sample testing of controls over risk management locally within the Trust, from identification, scoring, monitoring and reporting. The review examined the extent to which local processes enabled the maintenance of robust risk registers and enabled the bottom up part of the Board Assurance process to function.

The Internal Auditors findings showed there was **Adequate Assurance** that the controls and systems provided adequate assurance that risks material to the achievement of the organisation's objectives for the system are managed and controlled. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk. Overall their report found there were 3 areas of 'substantial assurance' and 1 'limited assurance'.

The 'limited assurance' issues refers to the consistency checking or escalation processes which they felt were not in place within the Trust, which could lead to inconsistency in the risks escalated to the corporate risk register and the Board Assurance Framework, potentially leading to investment of resources in less critical areas.

This audit took place in October 2012 and covered the period April to October 2012. The format of the Board Assurance Framework is under review in preparation for the new financial year in order to simplify the process and ensure that the risk scoring system is used appropriately. All Directorate and corporate risks have been reviewed independently of the Directorate's risk assessment to ensure accurate grading are allocated.

6.0 Significant Issues

6.1 Financial Controls

The Trust’s Internal Auditors carried a review of the following areas:

Audit Area	Audit Opinion
Billing Arrangements	Limited Assurance
Theatre Stores	Limited Assurance
Financial Feeder Systems and Financial Ledger	Adequate Assurance
Human Resources	Substantial Assurance
E-Rostering	Limited Assurance
Financial Reporting & Budgetary Control	Limited Assurance
Saviance	Limited Assurance
Board Assurance Framework	Adequate Assurance
Tender Waivers	Adequate Assurance
Payroll	Substantial Assurance
Registration Authority (McKesson)	Limited Assurance
Embedding of Risk Management	Adequate Assurance
Information Governance Toolkit v10	Limited Assurance

The significant issues identified within those audits providing only Limited assurance were as follows:

Financial Reporting and Budgetary Control

Although it was observed that Finance had put in place processes to enforce accountability and ownership of financial targets with budget holders, weaknesses in controls and inconsistent acceptance of accountability were still highlighted. The review found that Quarter 1 financial performance against budgeted in year position showed a significant variance that needed to be recovered, further to the level of CIP already being targeted for delivery. This put considerable pressure on the Trust to deliver its control total. Furthermore, despite over performance on the key SLA being above the QIPP target and unfunded, there remained no alternative arrangements for the delivery of a majority of this care within the community.

Subsequent to the report being issued, we were assured by the Trust that the contract was re-negotiated and that over performance was paid at PBR tariff.

Billing Arrangements

The review identified weaknesses in the areas of vetting of existing customer contracts used for billing purposes, the raising of accurate and timely invoices, and, re-visiting and monitoring of service level agreements with third parties in terms of up to date relevance and accuracy. These findings were limited to income not attributable to the core SLA.

Theatres stores

The review identified a number of gaps around the security of the theatres stores. Furthermore, the Trust did not have a recharging policy in place that could be followed to recharge the Theatre stock costs to the various user specialties. There was no control over stock expenditure, as controls were slack and there were no set limits to stock usage by any parties who had access to Theatres Stores.

E-Rostering

The review identified weaknesses in the poor usage and uptake of E-Rostering. It was apparent through our sample testing that three of the KPI (annual leave, auto roster and roster submission) within the dashboard are essential that they are met, as they provide the ward with increased resilience against sickness, maternity leave and vacancies. This was evidenced through the fact that performance against these first three KPI was significantly better on wards that were underspent on their pay budgets than on those that were overspent. Performance against KPI over sickness, maternity and vacancies was poorer on wards that were underspent on their pay budgets than those with overspends. This further emphasises the point above.

Saviance

The project for KGH had been implemented as part of Outpatient Department work stream management, without reference to PRINCE II guidelines. In the area of project organisation, weaknesses were found in governance and management. Expected procedural controls were also weak, in particular as there was no definition of the project outside of the original business case document. A review document was produced for senior management at the end of the KGH implementation, but a formal benefit realisation review had yet to take place. There had been no formal acceptance of the delivered system at KGH. The basic functionality and infrastructure was working as project staff expected. However, our observation of the site and discussions with staff demonstrated an on-going lack of understanding of the day-to-day use of the application by the end users.

Registration Authority (McKesson)

The Trust provides Registration Authority (RA) services to McKesson, who use smartcards at three sites: Sheffield, Glasgow and Warwick. Testing at Sheffield and Glasgow found that although the overall usage of smartcards was relatively small compared to the Trust, there were a number of non-compliance issues such as RA forms not being completed at Sheffield, policies/procedures needed and monitoring / review processes needed to be developed. This was in complete contrast to the processes in place internally within the Trust.

Information Governance Toolkit

At the Time of audit, the Trust was reporting that it had not achieved Level 2 for 22 of 45 IGT requirements, eight of which were at Level 0, and has therefore failed to meet the national requirement to achieve Level 2 for all IGT requirements. The final IGT submission in March showed an improvement to this position and reported that 20 requirements failed to meet the national requirement to achieve Level 2, only one of which was at level 0.

In 2012/13 there were 34 reported IG related incidents, of which six were serious incidents which include two referrals to the Information Commissioner's Office.

As a result of only being able to provide adequate or substantial assurance on six of the thirteen areas covered, the Chief Internal Auditor was only able to express a **Limited** opinion on the effectiveness of internal controls for 2012/13. Limited assurance is given as weaknesses in the design and/or inconsistent application of controls, which put the achievement of the organisation's objectives at risk in a number of the areas reviewed.

Management has agreed actions to address the weaknesses identified and these will be followed up by the Internal Auditors as part of its work programme in 2013/14. Many of the actions agreed have already been implemented during 2012/13, following completion of the audit reports, including;

- Financial Reporting and Budgetary Control:
 - Strengthening of CIP reporting and governance arrangements
 - Renegotiation of contracts with commissioners to fund over-performance
 - Strengthening of the budgetary control process including improved engagement and sign-off of budgets with clinical directorates
 - Delivery of year-end financial control total
- Improved billing arrangements
- Implementation of new Theatres automated stores system to improve security and control
- Improved utilisation of e-rostering
- Improved IM&T project management arrangements
- Improved management arrangements over Information Governance

6.2 Care Quality Commission Assessments

Maternity

The CQC revisited the Trust on the 4th April 2012 and on the 5-6th December to review maternity services to ensure their recommendations in their report of October 2011 had been complied with and patients' care, outcomes and experiences were meeting the required standards. The report from their visits were issued on the 31st January 2013 and confirmed that the service had met all of the standards they had concerns about, which were:

- Care and welfare of people who use services
- Safety, availability and suitability of equipment
- Staffing

Actions planned/taken:

The Trust intends to ensure the improvements noted by the CQC in the maternity department are sustained and women continue to receive high quality 1-to-1 care during labour.

Emergency Department

At the end of 2012 the Care Quality Commission (CQC) made an unannounced visit to the emergency care department at Queen's Hospital and conducted a comprehensive assessment which included observing how the department was being run and talking to staff, patients and their relatives. The CQC concluded that the department was falling short on key national quality standards by highlighting excessive delays for patients receiving treatment and patient dissatisfaction with their experience in the department. The CQC commented that the failures in the system

were partly related to the fact that the department was designed to manage 90,000 patients per year, while attendance rates had risen dramatically to well over a 50% increase.

Actions planned/taken:

The Executive Team in conjunction with all Clinical Directorates are leading on a comprehensive set of actions designed to ensure we do our best for patients and achieve the national target of 95% seen and treated or admitted within 4 hours. The Trust is supporting an extensive set of initiatives, the most important of which is listening to patients about how they want to see things improve. As well as using patient feedback to drive our improvement programme, our other actions include:

- Patient and relative/friend comfort rounds.
- GP receiving units in the Surgical Assessment Unit (SAU) and Medical Assessment Unit (MAU) to enable GP referred patients to bypass A&E when possible.
- A short stay elderly unit to enable older patients to receive care within 48 hours and return home.
- Investing in additional nurses and doctors to ensure excellent quality care over the weekend (7 day hospital).
- Investing in additional emergency nurse practitioners and GPs in the UCC to improve waiting times and increase the numbers of patients treated there.

The Trust is focussed on making rapid improvement to address the CQC findings and provide emergency care of which the local public and our clinicians can be proud. The Trust Board is closely monitoring the impact of these initiatives.

6.3 Never Events – External Assurance

There were 3 never events externally reported in the 2012/13 timeframe which required reporting within the Governance Statement. However only 2 fall into the NHS “the never events” list 2012/13.

1. In November 2012 a patient underwent rescue cerclage following threatened preterm labour, following which she experienced discomfort and underwent speculum examination where a swab was found in the vagina. The swab was removed and intravenous antibiotics commenced. The woman was informed and debriefed. A full investigation was conducted with verification by an external Assessor and the recommendations implemented. No further harm was experienced by the woman.
2. In December 2012 a woman underwent instrumental delivery (with episiotomy) in theatre for prolonged second stage labour. The episiotomy was repaired in theatre and swabs were counted before and after the procedure and documented. In the early postnatal phase the woman reported concerns and on examination a gauze swab was recovered from the woman’s vagina. The swab was removed and the woman commenced on a course of intravenous antibiotics. The woman was informed and debriefed. A full investigation was conducted with verification by an external Assessor and the recommendations implemented. No further harm was experienced by the woman.

Actions planned/taken:

Each Never Event has an identified action plan; the implementation against which will be monitored through the Quality & Safety Committee. In addition a thorough review of the processes for swab management in theatres, interventional radiology and other areas is in progress led by the Deputy Medical Director to ensure all staff comply with Trust policy.

This concludes the annual governance statement for Barking, Havering and Redbridge University Hospitals NHS Trust in 2012-13.

Signed:



Averil Dongworth, Chief Executive and Accountable Officer

**Barking, Havering & Redbridge Hospitals University NHS Trust
7th June 2013**