

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
 Wednesday 4 May 2022 at 11.00am via Webex videoconferencing
Scheduled to end by 13.45

AGENDA

Please note that this is a Trust Board meeting held in public. In accordance with the Trust's Standing Orders, no filming or recording of the meeting is permitted. There will be an opportunity for questions and comments from members of the public at the end of the meeting.

		Paper TB	Lead	Time
1.	WELCOME		Rt Hon J Smith	11.00
2.	APOLOGIES FOR ABSENCE:			
3.	DECLARATION OF INTERESTS To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting including gifts and hospitality (accepted or refused)			
4.	MINUTES To approve the Minutes of the meeting held on 2 March 2022 and appended action log	28/22	Rt Hon J Smith	11.00
5.	BOARD MEMBERSHIP To approve changes to Trust Board membership	29/22	Rt Hon J Smith	11.00
6.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
7.	PATIENT STORY To hear a patient story		Dr N Ashman	11.10
8.	CHAIR'S REPORT To receive the Chair's report		Rt Hon J Smith	11.30

		Paper TB	Lead	Time
9.	GROUP CHIEF EXECUTIVE'S REPORT To receive the Group Chief Executive's report		Ms A Williams	11.35
QUALITY AND PERFORMANCE				
10.	OPERATIONAL PLAN 2022/23 To receive a report on the plan and submission	30/22	Mr M Turner	11.40
11.	BOARD ASSURANCE FRAMEWORK To receive and approve proposed BAF entries	31/22	Mr A Hines	11.50
12.	INTEGRATED PERFORMANCE REPORT – 2021/22 M12 To receive the report and discuss: <ul style="list-style-type: none"> • Operational performance • Quality and Safety • People • Financial performance 	32/22	Mr S DeGaris Prof A Chesser / Ms C Alexander Mr D Waldron Mr H Virdee	12.00
13.	REPORTS FROM BOARD COMMITTEES 13.1 Finance and Investment Committee (oral) 13.2 Quality Assurance Committee	33/22	Mr A Sharples Dr K McLean	12.40
14.	OCKENDEN REVIEW To note a summary of findings and actions arising from the final Ockenden Review report	34/22	Ms C Alexander	12.50
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
15.	PEOPLE STRATEGY IMPLEMENTATION 15.1 To receive a report on the national staff survey 15.2 To note the published gender pay gap report	35/22 35/22a	Mr D Waldron	12.55
16.	WHIPPS CROSS REDEVELOPMENT To note the progress report	36/22	Mr A Finney	13.10
GOVERNANCE / ITEMS FOR INFORMATION				
17.	UNDERTAKINGS To note compliance and discontinuation of 2018 system oversight framework undertakings	37/22	Mr A Hines	13.15

18.	USE OF THE SEAL To ratify use of the Trust Seal	38/22	Mr S Collins	
19.	TRANSPLANTATION REPORT To note the activity report – for information	39/22	Dr N Ashman	

20.	ANY OTHER BUSINESS			
21.	QUESTIONS FROM MEMBERS OF THE PUBLIC	40/22		13.25

22.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 6 July 2022 at 11.00am (venue tbc)			
23.	RESOLUTION That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).			

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0642

Report to the Trust Board: 4 May 2022	TB 28/22
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Title	Trust Board membership
Sponsoring Director	Chair in Common
Author(s)	Trust Secretary
Purpose	To note changes to Board membership
Previously considered by	n/a

The Trust Board is asked to note the following change to Trust Board membership:

- Mr Adam Sharples has joined the Trust Board as vice chair and non-executive director with effect from 1 May 2022.
- Mr Clyde Williams has agreed to extend his term as an associate non-executive director for a further year.

Recruitment processes are under way to recruit to two non-executive director vacancies at Barts Health NHS Trust and to recruit to the Group CEO position following the planned departure of Dame Alwen Williams in July.

Related Trust objectives
n/a

Risk and Assurance	n/a
Related Assurance Framework entries	n/a

Legal implications/regulatory requirements	No direct legal implications identified.
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Action required by the Board
The Trust Board is asked to note the above changes to Trust Board membership.

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting in public on
Wednesday 2 March 2022 at 11.00am held via Webex Videoconferencing

Present:

- Rt Honourable J Smith (Chair)
- Dame A Williams (Group Chief Executive)
- Ms C Alexander (Chief Nurse)
- Mr A Camp (Non Executive Director)
- Professor A Chesser (Chief Medical Officer)
- Professor Sir M Caulfield (Non Executive Director)
- Mr G Dalal (Vice Chairman)
- Mr S DeGaris (Deputy Chief Executive)
- Mr A Hines (Director of Corporate Development)*
- Ms K Kinnaird (Non Executive Director)
- Ms K McLean (Non Executive Director)
- Mr M Turner (Interim Director of Strategy)*
- Ms L Seary (Non Executive Director)
- Mr H Virdee (Chief Finance Officer)
- Mr D Waldron (Director of People)*
- Mr C Williams (Associate Non Executive Director) *

In attendance:

- Mr S Collins (Trust Secretary)
- Mr A Finney (Director of Redevelopment)
- Ms G Cunningham (Associate Director, Culture Change)
- Ms S Peterson (Director of Midwifery)

Apologies:

- Dr N Ashman (Director of Transformation)

** Non-voting member*

21/22 WELCOME

The Chair welcomed everyone to the meeting.

22/22 BOARD MEMBERSHIP

The Chair welcomed Ms Lesley Seary, who was joining the Trust Board as a non-executive director (in addition to her non-executive role at Barking, Havering and Redbridge University Hospital NHS Trust). She noted that this was the last meeting for Mr Gautam Dalal and Mr Alastair Camp following

their extensive service at Barts Health NHS Trust and other healthcare roles in East London. She thanked them on behalf of their Trust Board and was pleased to note their plans to continue to contribute to the NHS in non-executive roles in future. Interviews would be held in the next week for vice chair positions at Barts Health and Barking, Havering and Redbridge University Hospital NHS Trust.

23/22 DECLARATION OF INTERESTS

Attendees were reminded of the need to declare any interests they may have in connection with the agenda or interests acquired since the previous meeting, including gifts and hospitality (accepted or refused). There were no new declarations.

24/22 MINUTES

The Minutes of the meeting of the Trust Board held in public on 19 January 2022 were received and approved.

25/22 MATTERS ARISING

There were no matters arising or actions due to be reported back on at this meeting.

26/22 PATIENT STORY

The Chief Nurse welcomed Shona Solley, Consultant Midwife, Shirley Peterson, Director of Midwifery who were attending to introduce this story and Amina Yonis who would relate her experiences of maternity services at Newham University Hospital. It was noted that this story linked to an item appearing later on the agenda relating to maternity services.

Ms Solly outlined the service's standard approach to agreeing an individual care plan for each mother. At Newham, this reflected a guideline developed for those expressing the wish to have a home birth. Ms Solly noted that a part of her role was to support staff involved in home births to ensure that they were well equipped and confident to support home deliveries.

Ms Yonis provided some background to her experience of giving birth twice during the pandemic. She outlined the reasons for her decision during her second pregnancy to choose a home birth option, with a plan to use hypno-birthing techniques.

During routine check-ups, she had tested group streptococcus (GBS) positive. Due to risks of neonatal septicaemia, she had learned that she would require medication in labour, close monitoring of the baby and antibiotics via intravenous drip immediately following birth. It was noted that standard

national guidance recommended that delivery should in such circumstances take place in a hospital setting. However, Ms Yonis had remained keen to have a home birth. In doing so, she had been supported by her midwife to keep to her birth plans, with a visit to hospital after the birth to enable the required post-birth checks to take place. She had received an information support pack to use.

Ms Yonis felt that the personalised care plan had been very helpful. The ability to be at home in a comfortable space had been so important to her (in part recognising that her first birth during the pandemic had involved some stringent infection control restrictions which had left her feeling somewhat isolated). In choosing to maintain the home birth option she had felt reassured that this was safe and well supported. Ms Yonis appreciated that it was not the 'easy choice' for midwives and recognised efforts taken to respect her preferences. This included benefitting from the continuity of care provided by a single midwife through her birth. She reflected positively on her choices at the time and confirmed that she had felt listened to.

The Director of Midwifery highlighted the importance to Barts Health maternity services of affording choices to mothers. In this case, it represented the willingness to go beyond national guidance to ensure that risks were balanced against the benefits of a positive birthing experience.

The Chair asked the Director of Midwifery the extent to which this type of choice (including continuity of care) could be offered more widely. The Director of Midwifery felt that the Trust could support all women who were seeking a home birth to agree a safe and preferred setting. In seeking to support continuity of care wherever possible, the key building blocks were in place to help move in this direction although there were some practical issues with ensuring this. She felt that having a birth plan agreed and supported in advance was important. Safety would always remain a priority and ensuring that prospective parents were able to make informed decisions understanding risks and benefits was a positive and mature step in the right direction. Ms Solly agreed, noting that work in partnership with women to design alternatives to standard birth options captured the perspectives of the mother and of clinicians.

Dr McLean asked what Ms Yonis would advise to others, having elected to have a home birth herself, and whether she had any insight on how it may have felt should her preferred option have proved not possible. Ms Yonis encouraged all prospective parents to look at available options and consider all alternatives. Ms Yonis considered that she had been equipped to understand the risks and felt that, in the event that any late change of plans had proved necessary for safety reasons, she would have been relaxed about this. She advised that all mothers should appreciate that birth preferences may need to be flexible given the range of scenarios that could arise.

TB 29/22

Ms Seary asked whether there were any lessons to learn on potential improvements for Trust maternity services, based on her experience. Ms Yonis felt that she had had a very positive experience. She suggested that communication hospital wide could be improved and specifically around communicating ante natal appointment times and the flexibility of these.

Mr Dalal recognised that each birth experience could be very different. He asked whether Ms Yonis had considered a home birth for her first child, and whether there was any suggestion of a difference in risk levels between first births and subsequent births. Ms Yonis confirmed that she had considered a home birth during her first pregnancy. However, due to the pandemic, restricted availability of ambulances meant that this could not be pursued further. She felt that she would have felt far more confident about an alternative birth setting for her second delivery with the benefit of experience. The Director of Midwifery noted that a birth care plan would involve a risk assessment process; however, the data indicated little difference in levels of risk between first and second births.

The Chair thanked Ms Yonis and colleagues for attending to share this important story.

27/22

CHAIR'S REPORT

The Chair noted some widespread relief being expressed regarding the reducing impact of the pandemic. However, she noted that the Trust's services were still treating high numbers of current patients, patients with Long Covid and backlogs for those waiting for treatment. The impact for staff of working in hospitals through a pandemic also remained an ongoing issue to manage carefully.

The Chair noted the recent announcement that the Group CEO, Dame Alwen Williams would be stepping down following a highly successful career in the NHS and most recently leading Barts Health NHS Trust. She noted that there would be an opportunity to thank her more fully ahead of her departure at the end of July.

In seeking a successor, and in view of the provider collaboration with Barking, Havering and Redbridge University Hospital Trust, the Boards of both organisations had agreed to look to appoint a joint CEO and single accountable officer across Barts Health NHS Trust and Barking, Havering and Redbridge University Hospital Trust. The Chair noted that it would need to be a very special individual able to meet the high standards set by Dame Alwen Williams. She noted that there would be a stakeholder engagement element of the process to support this important recruitment.

The Chair had met with many local MPs and attended the Inner NE London joint oversight and scrutiny committee, in part to reflect on the above steps.

Positive meetings had also taken place with Healthwatches and to discuss their work. She had been able to record a video to thank staff nominated for Barts Health Heroes awards (where, prior to the pandemic, lunches had been held for nominees) and this video provided an opportunity to thank them and maintain a record of what colleagues had said about their service. An event would be arranged in due course to celebrate those achievements.

28/22**GROUP CHIEF EXECUTIVE'S REPORT**

The Group Chief Executive took the opportunity to recognise those impacted by the conflict in Ukraine. She noted steps to support staff accessing helpful information, with offers such as psychological support in these difficult circumstances.

She thanked clinical staff responding to the ongoing Covid-19 pressures and emergency care demand. The Trust Board would discuss later in the meeting steps to recover elective activity and reduce waiting lists. In doing so there was a need to be mindful of the impact on staff of increasing activity and an item appeared later on the agenda on staff wellbeing.

Planning for 2022/23 was under way with an update scheduled at the next Board meeting. Closer collaboration with Barking, Havering and Redbridge University Hospital Trust, but also across the wider NE London sector, would feature prominently in the plan. In relation to the NEL context, she took the opportunity to welcome the new ICS Chief Executive, Zina Etheridge and noted the departure of Tracey Fletcher who would be moving from her CEO role at Homerton University Hospitals NHS FT to East Kent Hospitals.

The Group Chief Executive had received a petition from the Action4Whipps campaign, consisting of around 2000 postcards regarding the re-provision of Margaret Centre facilities in the redevelopment. A helpful meeting had been arranged to discuss how in partnership we can design services that meet the needs of patients from a significant catchment area.

29/22**BOARD ASSURANCE FRAMEWORK**

The Director of Corporate Development introduced the Board Assurance Framework (BAF). This represented the final report for 2021/22, with the next step being to agree a BAF for 2022/23. He noted that there were not significant changes, with one reduced risk score for the entry relating to infection control risks of Covid-19 (reflecting lessons learned during the year on managing this risk and strong benchmarked performance). He noted, however, that the Trust Board would wish to reflect on the ongoing implications of infection control requirements and its impact on planned activity increases in 2022/23. The BAF also reflected an increased risk score for the entry relating to Whipps Cross University Hospital redevelopment, recognising the external funding dependencies of this programme.

He outlined the ongoing link between the BAF and agenda-setting, with reports appearing in papers for this meeting linked to BAF risks such as maternity (and Ockendon review recommendation implementation). The Trust Board noted the wider international context, with a notice issued nationally to trusts regarding to escalating cyber threats that could arise with the Ukraine conflict. He noted that the Trust was in a stronger position this year following work to improve resilience on cyber security. New guidance would be considered on business continuity plans and practical steps to ensure that the Trust's essential ICT infrastructure remained robust. Board committees had a programme of deep dive reviews of BAF risks due in coming months to monitor the risks described.

Mr Camp noted the inclusion of infrastructure risks on the BAF. He noted the need to monitor the Trust's capital allocation for next year, anticipating that this could feature a reduced funding envelope with an accompanying need to track any implications for risks with mitigations reliant upon capital spend. In view of the current conflict, he agreed a need for a cyber risk focus but also the need to scan for other unforeseen issues such as energy supply disruption and cost rises. In terms of cyber risk and ICT infrastructure, Mr Dalal added that an assessment in the context of the provider collaboration and the NEL sector as a whole would also be valuable. The Director of Corporate Development noted that the two ICT teams at Barts Health NHS Trust and Barking, Havering and Redbridge University Hospital NHS Trust were working increasingly closely, including on electronic patient records options.

Dr McLean confirmed the approach taken by the Quality Assurance Committee for reviewing assigned BAF risks and recognised the agreement to review the risk appetite dimension at a forthcoming Board seminar. She noted, for example, it may be timely to review the *averse* risk appetite identified in relation to achieving financial objectives. The Director of Corporate Development confirmed that this review of risk appetite was planned, while he considered that this would also be an opportunity to explore refinements on assurance mapping. He agreed that there was a need to revisit risk appetite and to recalibrate the finance risk appetite, given developments over the last two years. He also outlined steps for Board level reporting planned for cyber and business continuity planning.

30/22 **INTEGRATED PERFORMANCE REPORT**

(i) *Access and Covid-19*

The Deputy Chief Executive provided headline messages, noting in particular some encouraging trends on Covid-19 case rates. He noted that a spike seen prior to Christmas on staffing absences related to Covid-19 had stabilised. The focus nationally and within Barts Health now would be on reducing waiting lists. The Trust had reduced the size of the patient cohort waiting more than 104 weeks by 50%. The aim was now to reduce this cohort to somewhere in

the range of 130 to 300 patients by the end of March and to eliminate all 104 week waits by the end of Quarter 1 of 2022/23.

In terms of diagnostics national standards, the Trust had brought in more capacity for MRI and CT but there was a long backlog to address for these modalities. The Trust had recovered its position on the cancer screening standard and was on track to return to meet national standards for all cancer access standards by the end of March. Performance against the emergency access 4 hour waiting time standard was averaging at c. 75%, which was in line with most London trusts and ahead of trusts with larger emergency departments nationally.

(ii) Quality

The Chief Medical Officer highlighted an ongoing and detailed review of the Trust's duty of candour arrangements, which would be monitored by the Quality Assurance Committee. This had followed a recent Internal Audit review assigning only limited assurance on the quality of correspondence (as well as the timeliness aspect more routinely reported). He noted also that the report reflected the completion of an inquest following a patient death in 2018. This had highlighted a number of lessons to learn, with some specific circumstances meaning that a similar outcome was unlikely to be repeated. Steps were being taken to improve theatres practices and communication in response to this.

(iii) People

The Director of People highlighted vaccination performance, confirming that the programme for flu vaccination had now closed with 43% of staff having received their flu vaccination (as compared with an average of 46% across London trusts). In terms of Covid-19 vaccination, he noted that the expectation was that a single provider would be identified to lead on NE London community vaccination (with Barts Health not expected to assume this role). He confirmed that, as widely reported in the media, HM Government intended to revoke legislation on mandating Covid-19 vaccination for NHS staff.

For workforce plans in 2022/23, addressing vacancies and fill rates would be a key focus. He noted that substantive fill rates remained positive overall (at c.90%) but that this did not reflect some significant variances across specialties and sites confirming, for example, that the Newham fill rate was below 86% while The Royal London's fill rate was c.93%. He anticipated the need to revisit and recalibrate the pre-pandemic Drive 95 programme in 2022/23. He also recognised that sickness absence rates should be viewed in conjunction with vacancy rates given the pressure that these aspects created for services.

Mr Dalal asked whether the slight increase in staff turnover rates was felt to be linked more to movement of individuals within the NHS or staff exiting their careers in healthcare. He also appreciated that vacancy rates would impact on

elective recovery plans. The Director of People felt that insights from exit interviews tended not to be highly reliable, but he had identified a theme of staff seeking to move out of London, while some movement of staff was being seen post-pandemic among individuals who had paused career decisions during the peaks. The Director of People noted that there were some specific challenges relevant to elective recovery. He noted high rates of anaesthetic staff vacancies impacting on theatres use key to elective plans. The responses to such shortages would vary according to the key variables, such as staff group or location. He outlined steps to redesign current roles or creating innovative new roles to seek to access a different pool of potential candidates.

Mr Camp asked whether acute hospitals were taking a joined-up approach to recruitment given the shared and limited labour pool. It was confirmed that this was being attempted at sector level and with a specific focus on collaboration with Barking, Havering and Redbridge University Hospital Trust using the opportunity to make this happen. Good examples could be found in critical care nursing with sector work on role specification and local employment.

Dr McLean recognised the challenges during the year on vaccination priorities and asked about learning from this experience. She also felt that it would be helpful to identify a recovery trajectory for some quality measures that had been understandably overtaken by pandemic priorities such as statutory training and appraisal rates, given risks associated with slippage on these. The Director of People noted that the experience of vaccination pressures had reinforced the need for an all year-round approach, with proposals for a permanent full time manager to support advance planning, effective communication and delivery.

(iv) Finance

The Chief Finance Officer noted Month 10 headlines including increases in pay costs associated with pay rate adjustments during the pandemic for temporary staffing. The Trust remained on track for achieving financial break even for year end. A focus for the next year would be maximising a limited capital programme. The capital position for 2021/22 had been challenging in a different way, due to pandemic issues slowing capital projects. However, he expected to recover this position to fully utilise the Trust's allocated capital.

(v) Elective recovery

The Deputy Group Chief Executive noted plans to develop milestones and trajectories in view of a number of challenging elective targets including:

- Eliminating 104 week waits by the end of July 2022.
- Recovering compliance with the diagnostic DM01 standard by March 2025.

- Delivering the Cancer faster diagnosis 28-day standard March 2024 and the Cancer 62-day target by March 2023

He confirmed that performance on these trajectories would be detailed in the Integrated Performance Report and noted that the Board should not expect linear progress against these. Dr McLean noted also the development of a web portal for patients to make details of waiting times more readily available.

The Trust Board noted the report.

31/22 REPORTS FROM BOARD COMMITTEES

Reports on Board committee recent activity and items for escalation were received and the following points noted:

- Mr Camp confirmed that the Finance and Investment Committee had spent time reviewing the forecast outturn, the 2022/23 capital programme and budget setting process. He noted the proposed approach to triangulation of workforce activity and finance data as part of business planning.
- Mr Dalal noted the Audit and Risk Committee exception report and highlighted work on DoC; BAF and risk appetite discussions; and an update on w/blowing and options on how best to take this forward.
- Dr McLean noted that the Quality Assurance Committee had met and highlighted plans to further review Imaging services improvement plans, and a limited assurance Internal Audit review of Duty of Candour arrangements.
- The Chair confirmed the Nominations and Remuneration Committee had met to discuss recruitment of a new Group CEO and nature of the role.

32/22 WELLBEING STRATEGIC DEVELOPMENT PLAN

The Director of People introduced the final Wellbeing strategic development plan, which reflected previous Board seminar and executive discussion. The Associate Director of Culture Change outlined an extensive engagement on the co-design of this document and highlighted priority areas. These included getting the basics right on aspects such as the working environment and security; enabling team leaders to support wellbeing and deploy psychological support effectively; use quality improvement methodology to sustain change; and ensure investments were sustainable.

The Chair agreed with the point made regarding governance needing to embed progress made and that wellbeing opportunities existed in a range of activities.

She welcomed the development of hubs at hospitals. Her experiences suggested that 'hygiene factors' in the work environment, such as tidiness and cleanliness were important to patients feeling welcomed and staff valued. This could be something that volunteers could help sustain. The Director of People suggested that identifying wellbeing leads with ownership of the hubs was important and confirmed worked carried out with volunteers on creating spaces. A wellbeing audit would help develop standards.

Ms Seary was impressed on the co-design being carried out with so many staff as she felt that this would help make this a long-lasting change. Given challenges on staff appraisals completion in the context of the pandemic, having sufficient safe and appropriate space for staff conversations provided an important opportunity. She noted that some form of Board level oversight for this would be helpful, beyond reliance on staff survey intelligence. The Director of People agreed the need to redirect our conversations with staff away from an 'annual' appraisal conversation. In data terms, more regular quarterly pulse survey was in its early stages of development. The Associate Director of Culture Change highlighted the increased role of webinars since the onset of the pandemic, which had helped to communicate a compassionate approach in conversations with staff.

Ms Kinnaird agreed that wellbeing was an important enabler for wider strategies. Not getting the basics right was not a concern confined to the NHS and recognised the need to keep returning to these regularly until satisfied on sustained progress. Having effective success measures and aligning investment was important, while leaders would need to explicitly recognise this needs all staff to take responsibility, to confront issues as they arise and be inquisitive about staff wellbeing issues.

Mr Williams recognised that it could be challenging to move beyond the simple principle of always putting patients first to recognise that staff wellbeing needed to be prioritised to enable staff to do their best for patients. Interactions on staff networks suggested that a barrier to wellbeing was career progression, with a view that developing careers in the NHS was difficult. The Director of People noted the inclusion of a venn diagram indicating how strands of strategy work overlapped to create the conditions for staff to deliver the best possible result for patients and for their own progress. Accordingly, career progression was viewed as a central element of the WeBelong inclusion strategy. The WeLead management development work similarly emphasised the role of leaders and managers in prioritising wellbeing and identifying issues in a compassionate way. He felt that this also connected to the 'basics' as it was essential to have enough staff to deliver high standards and job satisfaction.

Dr McLean recognised that the pandemic had highlighted the importance of wellbeing needs at a time when staff were stretched and exhausted. She asked to what extent there may be risks associated to a reliance on Barts Charity

TB 29/22

funding as opposed to mainstream NHS financing. The Director of People confirmed that the Trust was fortunate that the Barts Charity were supportive and had now agreed that staff wellbeing would be considered as a priority when considering funding bids. He confirmed the need for some recurrent NHS funding to be prioritised, noting for example the development of a business case for a permanent psychological support service and proposed contract awards for team coaching resources. Investment in leadership training was similarly being prioritised. The Associate Director of Culture Change agreed, confirming that the Charity were supportive and interested in the baseline research being proposed as well as next steps. Hospitals had reflected their commitment with resourcing for wellbeing leads (noting that The Royal London Hospital had a team of 4 WTE wellbeing staff) linking in with the central Organisational Development function to align plans.

The Trust Board noted the report and approved the Wellbeing strategic development plan. It was agreed to update the Trust Board on the proposed approach to monitoring implementation of the wellbeing strategic development plan.

ACTION: Director of People

33/22

WHIPPS CROSS REDEVELOPMENT

The Director of Redevelopment introduced TB 24/22, the programme progress report. He reflected on progress with an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care, developing a proposal for the interim and for the final design of the new hospital. This would determine the role of the Margaret Centre, including where this may be located. A number of stakeholders were being involved in order to take account of the views of a wide range of interested parties. Meetings had been held with the national New Hospitals Programme leadership team in February. A national case would be considered by HM Treasury in coming months. This would reset the national plan and priorities, with the rationale supporting Whipps Cross University Hospital redevelopment alongside 39 other schemes. Programme engagement had continued with opportunities for a new community participation lead to broaden the reach and support wider community input to the plans.

The Chair emphasised that the redevelopment extended beyond replacing a hospital to improving health outcomes across the areas served through a range of partnerships and innovation. She took the opportunity to thank Mr Camp for his work on the redevelopment panel on behalf of the non-executive directors.

Dr McLean asked whether it was possible to provide a best estimate on programme timelines. The Director of Redevelopment noted that the initial programme had anticipated that the Outline Business Case would have been approved by this stage and delays to this had inevitably meant that target

timelines for some programme milestones were now unachievable. The national NHP targets for this wave was for construction commencing in 2023/24 and completion by 2028, which were still felt to be deliverable.

The Interim Director of Strategy noted that the national context suggested that there were many capital schemes overrunning and rising costs, including on energy prices, affecting plans. It was agreed that the projected programme costs would have to be revisited due to a range of factors including inflation and optimism bias prior to the next stage of business case submission. Economies of scale from being part of a national programme and procurement should, however, be expected to mitigate some of these issues.

The Trust Board noted the progress report.

34/22

MATERNITY – OCKENDON AND KIRKUP REVIEWS

The Chief Nurse introduced TB 25/22, an overview of the position of the Trust in relation to the recommendations from the immediate and essential actions from the interim 2020 Ockendon report and 2015 Kirkup Review as well as next steps for the coming year. This report reflected her role as the Trust Board's maternity safety champion, supported by Dr McLean being the nominated non-executive champion, in her capacity as chair of the Quality Assurance Committee. Looking ahead, the full reports from the Ockendon and Kirkup reviews were anticipated shortly. The Chief Nurse expected that this would place a spotlight on maternity care provision nationally, given the concerns identified at Shrewsbury and Telford and East Kent trusts. She took the opportunity to thank maternity teams for their hard work facing the challenges of the pandemic and in delivering the progress identified against the major programme referenced in this report. She thanked Shirley Peterson, the Director of Midwifery for her work and wished her well in her new role. Her successor would start in post during May 2022.

The Director of Midwifery highlighted progress against Ockendon immediate recommendations, with only 6 of 112 recommendations remaining outstanding. An action plan on workforce would result in those remaining actions being closed shortly. The position on midwifery staffing vacancies reflected a national problem and the focus at the Trust continued to be on recruitment and retention. The position against the Kirkup immediate recommendations was similar with 3 of 18 recommendations outstanding. National maternity survey results had been disappointing, with the Trust an outlier on the quality of experience. Additional wraparound support had been identified for The Royal London team to help move this forward.

Mr Camp noted the Kirkup recommendation on hybrid patient records and queried whether any learning that may be available for The Royal London on cultural issues from other hospitals in the group. The Director of Midwifery noted work nationally towards developing end-to-end patient record systems

and the Trust's steps to scope an interim solution, with the intention of introducing this by the end of the year to have in place. She noted that feedback from mothers regarding The Royal London had been disappointing and the results were being discussed with midwifery team to assess their views on how to design improvements and mitigate vacancy issues. It would be important to triangulate the views of mothers and of staff regarding the quality of care and the next steps.

The Trust Board noted the report.

35/22 USE OF THE SEAL

The Trust Board reviewed and approved the use of the Trust seal as outlined in the paper.

36/22 ANY OTHER BUSINESS

There was no other business.

37/22 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting inviting questions from the public. She noted that the questions received in advance had been published in the papers. These were displayed on screen during the meeting with the option for individuals to read their questions aloud.

A representative of the Waltham Forest Save our NHS campaign group (Mr Jim Fagan) asked for details of overseas visitors ineligible for free treatment; levels outstanding debt relating to charging; details of payment plans; and write offs of debts. A further question was asked in relation to recent and forecast private patient income and numbers of beds allocated for private patient usage (full details of the questions provided in published Trust Board papers for the 2 March 2022 meeting, paper reference TB 27/22).

The Group Deputy Chief Executive confirmed the following in response:

- Information provided related to any overseas visitors who are not entitled to free NHS hospital care. It was confirmed that 268 had a payment plan in 2022/21 and 286 in 2021/22.
- The average debt for those on a payment plan was £7,608 in 2020/21 and £8,362 in 2021/22.
- The number paying £25 a month or less on a payment plan was 42 in 2020/21 and 50 in 2021/22.
- None of the individuals on payment plans declared themselves destitute. Where a patient was confirmed as destitute, the Trust would not put payment plans in place. All cases involving individuals facing severe financial difficulty were dealt with with sensitivity to understand their personal circumstances and offer our support.

- In recent years, the Trust had written off a number of accumulated debts where there was no realistic prospect of recovering the money owed. This totalled £12.8m in 2020/21 (with an average debt of £4,695) and £3,4m in 2021/22 (with an average debt of £6,185).

The Chief Finance Officer confirmed that:

- £1.6m had been secured to date as private patient income in 2020/21 (which had been lower than in previous years because of the pandemic).
- NHS services would continue to have priority. Assuming that the Trust recovered sufficient NHS activity to be able to treat private patients again, forecasts for annual private patient income were £2.6m in 2021/22, £3.4m in 2022/23, and £4.5m in 2023/24.
- No beds would be allocated for private patients in the new Whipps Cross hospital.
- No beds had been allocated to private patients this year as all had been required for prioritised NHS care. Private patient income / forecasts for 2021/22 in earlier replies refer solely to daycase or outpatient activity.
- The Trust had provisionally allocated two private beds at the Gateway surgical centre in Newham from 2022/23 onwards, and four at St Bartholomew's from 2023/24 onwards. Any private patient activity at The Royal London would be ambulatory or outpatient.

A representative of Waltham Forest Age UK (Ms Terry Day) asked questions relating to the loss of muscle mass when confined to bed, mobility and rehabilitation, toileting, therapies provision and patient assessment at Whipps Cross, and opportunities for the Board to learn from older patients about their experience of care (full details of the questions provided in published Trust Board papers for the 2 March 2022 meeting, paper reference TB 27/22).

The Chief Medical Officer noted that the questions covered a range of specific issues about the treatment and care of elderly patients, with a particular emphasis on the arrangements in place at Whipps Cross, which may relate to some specific patients' experiences. He noted that it would be very challenging to set out the relevant patient pathways in sufficient detail at this meeting to address a range of scenarios. He recommended that a separate meeting was arranged between WF Age UK and clinical leaders from Whipps Cross to explore each of these questions. He also agreed that the team would investigate further the helpful recommendation for a Board patient story linked to the experiences of an older patient at Whipps Cross.

A representative of the Action 4 Whipps campaign group (Mr Geoffrey Wolfson) asked questions regarding the Whipps Cross redevelopment and plans for reproviding assessment, diagnosis, care planning, treatment, rehabilitation and support services for older people currently located in the Connaught Day Centre (full details of the questions provided in published Trust Board papers for the 2 March 2022 meeting, paper reference TB 27/22).

The Group Chief Executive confirmed the following in response:

- A full range of outpatient services for frail and older people, currently delivered in the Connaught Day Centre, would continue to be provided in the new Whipps Cross hospital, in an environment suitable for patients' needs and led by consultant geriatricians.
- Some of the services would be provided in an outpatients department of the new hospital. Other services, including the one-stop geriatric assessment clinic, would be provided in a new medical day unit. This new unit would support those who require longer appointments than normally offered by outpatient services. It would be used by all specialities for planned procedures and bring all day services at Whipps Cross into one area. This would allow a more efficient use of space and resources, and ensure patients receive their care in one location.
- The redevelopment team would continue to engage with patients and their representatives to ensure that their feedback was incorporated in the next phase of planning and design of the new hospital. Significant investment in community and primary care services was already under way to ensure frail and older people receive the best possible care, either in or as close to their homes as possible, where that was clinically appropriate.

A Newham Save our NHS campaign group representative (Ms Ros Mykura) asked questions relating to progress on fire safety improvement works at Newham; private patients income, inclusion observatory work and overseas patient charges. (Full details of the questions provided in published Trust Board papers for the 2 March 2022 meeting, paper reference TB 27/22).

In relation to the above questions, the Group Deputy Chief Executive, Chief Finance Officer and Director of People confirmed that:

- Significant progress was being made with the fire safety improvement programme, using this opportunity to also invest further in renovations and refurbishment of clinical areas. As a result of operational pressures faced by the hospital (in part due to responding to the latest wave of the pandemic) it was now anticipated that the programme would be completed by November 2024. The hospital team met the London Fire Brigade on a regular basis to discuss progress and have received the Trust's request for an extension to the current enforcement notice deadline (with a decision on this from LFB due in the week commencing 7 March 2022). Improvement works for the Maternity Antenatal facilities were completed in 2021 and for Maternity Bookings facilities in January 2022. Services started moving back into these facilities on 28 February 2022. The internal fire programme at the Gateway would be completed by April 2022. Work on external cladding was scheduled to start within the next fortnight and be completed within 8 weeks. Tendering for a new modular build was also under way. A bid had been submitted for financial support from NHSE/I's Targeted Investment Fund.

- As indicated earlier in the meeting, NHS services would continue to take priority and any estimates for paying patient income were based on achieving sufficient post-pandemic recovery of NHS care. The forecast for this income stream for St Bartholomew's Hospital was £2.27m in 2022/23 and £3.3m in 2023/24 (plus £900k for fertility services in both years). The forecast for this income stream for Newham University Hospital was £130k in 2022/23 and £283k in 2023/24. Revenue estimates for The Royal London were £36k for both years and £5k for Whipps Cross (based on ambulatory and other outpatient services that do not require the use of beds or dedicated clinical capacity).
- The Inclusion Observatory would analyse all the metrics and progress of the various strands of inclusion work. This work was still in its early stages. However, this work was reflected in a number of published reports including the workforce race equality standards and workforce disability equality standards annual report, gender pay gap reports and updated WeBelong inclusion strategy. In addition to statutory obligations it was planned to publish insight reports from the Observatory. The Observatory was contributing to the refinement of key performance indicators to objectively report progress on promoting inclusion in our workforce, community, and service experience. It would be accountable for creating a dashboard that will give a transparent way of tracking change, conduct deep dive analyses based on need, and benchmark staff diversity against other London trusts.
- The Observatory would not have any role in regulating how the Trust discharged its duties on charging regimes for overseas patients. The content of the annual overseas visitors report would continue to feature ethnicity data on overseas visitors, while recognising that the proportion of "not known" or "unstated" was relatively high for this category of patients. As patients are only invoiced as a last resort, after successive attempts have been made to seek evidence of eligibility for free NHS care, the data would not detail patients that were 'wrongly invoiced' but would reflect the volume of invoices cancelled (in the majority of cases due to a patient subsequently providing evidence of entitlement or exemption).

38/22 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 4 May 2022 at 11.00am via Webex videoconferencing, with joining details to be published on the website.

39/22 RESOLUTION

The Board resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would

be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0637

Action log

Trust Board Part 1: 2 March 2022			
Page No.	Action	Lead	By
9	To update the Trust Board on the proposed approach to monitoring implementation of the wellbeing strategic development plan	Director of People	4 May 2022

Report to the Trust Board: 4 May 2022	TB 30/22
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Title	Barts Health Group Operational Plan
Accountable Director	Group Executive Director of Strategy and Planning
Author(s)	Greg Madden, Business Planning
Purpose	Update on the Barts Health Group Operational Plan for 2022/23
Previously considered by	Group Executive Board

Executive summary

NHS England published operational and financial planning guidance for the NHS on 24th December 2021. This set out priorities for the year ahead within the strategic context of the establishment of statutory Integrated Care Systems (ICS) and the operational context of the pandemic. The planning unit for 2022/23 is at ICS level. We contributed to the North East London (NEL) ICS operational plan submitted to NHS E & I on 28th April. This paper provides a high level overview of the national planning parameters, how our plans respond to them, and the strategic fit with our vision and objectives as a Group. In the coming weeks we intend to publish a summary document describing our plans and ambitions for patients in 2022/23 to share with our local communities, stakeholders and staff.

Related Trust objectives

All	
Risk and Assurance	Assurance in relation to all objectives
Related Assurance Framework entries	All
Legal implications/regulatory requirements	None

Action required by the Board

The Trust Board is asked to:

- endorse the update on operational planning for 2022/23, acknowledging the work that has been undertaken across the Group and sites and with North East London ICS
- endorse the updated Group Objectives for 2022/23, noting the increased emphasis on addressing inequalities and inequity of care, and the role of the NEL ICS, the Acute Provider Collaborative and the deeper collaboration with BHRUT in supporting delivery at place-based level
- note the intent to publish a public-facing summary our 2022/23 plans in the coming weeks

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 4 MAY 2022

BARTS HEALTH GROUP OPERATIONAL PLAN

INTRODUCTION

1. NHS England published operational and financial planning guidance for the NHS on 24 December 2021. This set out priorities for the year ahead within the strategic context of the establishment of statutory Integrated Care Systems (ICS) and the operational context of the pandemic.
2. The planning unit for 2022/23 is at ICS level. We contributed to the North East London (NEL) ICS operational plan submitted to NHS E & I on 28th April. This paper provides a high-level overview of the national planning parameters, how our plans respond to them, and the strategic fit with our vision and objectives as a Group. In the coming weeks we intend to publish a summary document describing our plans and ambitions for patients in 2022/23 to share with our local communities, stakeholders and staff.

2022/23 OPERATIONAL PLAN

3. This year's national planning guidance identifies 10 priority areas¹. These are summarised in **Annex A** below. We took a collective approach to developing our plans – working across hospital sites within the Barts Health Group and with our partners in the NEL health and social care system. This included collaborating with Barking, Havering and Redbridge University Hospitals NHS Trust and the Homerton University Hospital NHS Foundation Trust. This approach ensured alignment across plans for workforce, finance and activity.

Operational Priorities

4. **Improving planned care** – the pandemic had a significant impact on the delivery of elective care and therefore delayed routine treatment for many patients. NHS England's Elective Care Delivery Plan² sets ambitious goals to increase elective activity and deliver significant reductions in long waiters, as well as restore cancer performance.
5. For this year the key objectives are: to eliminate waits of over 104 weeks by July 2022; to eliminate waits of over 78 weeks by April 2023 (except where patients choose to wait longer); to reduce 52-week waits in line with the ambition to eliminate them by March 2025; and to return the 62 day cancer backlog to pre-pandemic levels by March 2023.

¹ [2022/23 priorities and operational planning guidance](#)

² [Delivery plan for tackling the COVID-19 backlog of elective care](#)

6. Our plan will deliver the long waiter and cancer targets for 2022/23. We will do this by increasing overall activity and treating a greater proportion of long-waiters. We will develop centres of surgical excellence to do greater volumes of low complexity operations at Whipps Cross and Newham as part of the development of a wider network of these across NEL, including Homerton and KGH. We will implement service transformation (such as more virtual appointments and Patient-Initiated Follow-ups in Outpatients). Our stretching but realistic productivity assumptions will enable us to achieve 104% of 2019/20 'value based' activity levels and thereby access extra central funding. We have also agreed mutual aid arrangements with our system partners to help reduce inequities of provision across NEL.
7. **Improving unplanned care** - the urgent and emergency care system remains under significant pressure ahead of what is expected to be another extremely challenging winter. As a system we aim to reduce 12-hour waits in Emergency Departments towards zero and minimise ambulance handover delays so crews get back on the road and can respond to further call-outs within national standards. We have made good progress in dealing with very long ambulance waits and are focusing efforts at site level on reducing 30 minute delays, working with partners.
8. We will continue to work closely with NEL partners to support improvements in urgent and emergency care and patient flow through the system, by:
 - **Transforming pathways of care to reduce avoidable attendances and admissions to EDs** – through our Remote Emergency Access Coordination Hub (REACH) and our Physicians Response Unit (PRU), which both help to reduce conveyances to hospital; and by providing Same Day Emergency Care (SDEC) to reduce avoidable admissions.
 - **Supporting patients to return home swiftly and safely through improving discharge** – working in partnership with each of our boroughs through integrated discharge hubs to facilitate faster discharge, supported by wider initiatives such as virtual wards
9. We will continue to provide care across our hospitals in a COVID safe environment and remain ready to activate surge capacity contingency plans in any future wave. In line with changes to the national approach to the pandemic, we are updating our local infection prevention control (IPC) guidance for patients, staff and visitors.
10. **Improving quality** – the three goals of our well established Quality Strategy are: to provide excellent patient safety, be an outstanding place to work and provide the best possible patient experience. In 2022/23, as we move forward from the pandemic, and continue on our path to 'Good and Outstanding', we are refocusing on the fundamentals of care and on tackling inequalities and inequities of provision.
11. Moreover, as with other organisations across the NHS, we are reflecting on the findings of the Independent Review by Donna Ockenden of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust. Drawing on a series of workshops and listening events with staff, patients and families, we will undertake a review of our

maternity services against the immediate and essential actions following the review and implement any identified actions. We have already taken important steps through our workforce plans for 2022/23, which take account of our nursing and midwifery establishment review to ensure safe staffing levels.

Workforce

12. During the pandemic the focus has rightly been on the health, wellbeing and safety of our staff; this will continue. The four pillars of our people plan will ensure we maintain our focus on supporting our staff and make Barts Health an outstanding place to work:

- Through our **'We Belong'** strategy we will create a truly inclusive organisation, without discrimination, based on a fair and just culture – for example through training all colleagues in inclusion and cultural intelligence, and expanding career development, particularly for women and Black, Asian and ethnic colleagues
- Our health and well being strategy is aimed at ensuring we **look after our people** so that they can be the best they can be at work. We will focus on getting the basics right (drinking water, food, ICT, safety of personal belongings, personal safety), building a sustainable health and wellbeing approach, supporting our team leaders and creating a psychologically safe place to work.
- With our focus on planned care, imaging transformation and the development of the medical model we will develop **new ways of working** that will include utilising new and extended roles such as the introduction of support roles in Critical Care which allow specialist nursing colleagues to focus on clinical care. We also plan to introduce more flexible working across Barts Health through our engagement with NHSE Flex for the Future programme with an action plan particularly focussing on retention 'hotspot' areas.
- Our plans for 2022/23 anticipate that we will **grow for the future** by increasing our substantive fill rates from around 90% to 93%, with an aim to reach 95% over the next two years through our Group wide 'drive for 95' programme. This will focus particularly on increasing our nursing fill rate, through domestic, and international recruitment reducing our reliance on bank and agency staff.

Financial Planning

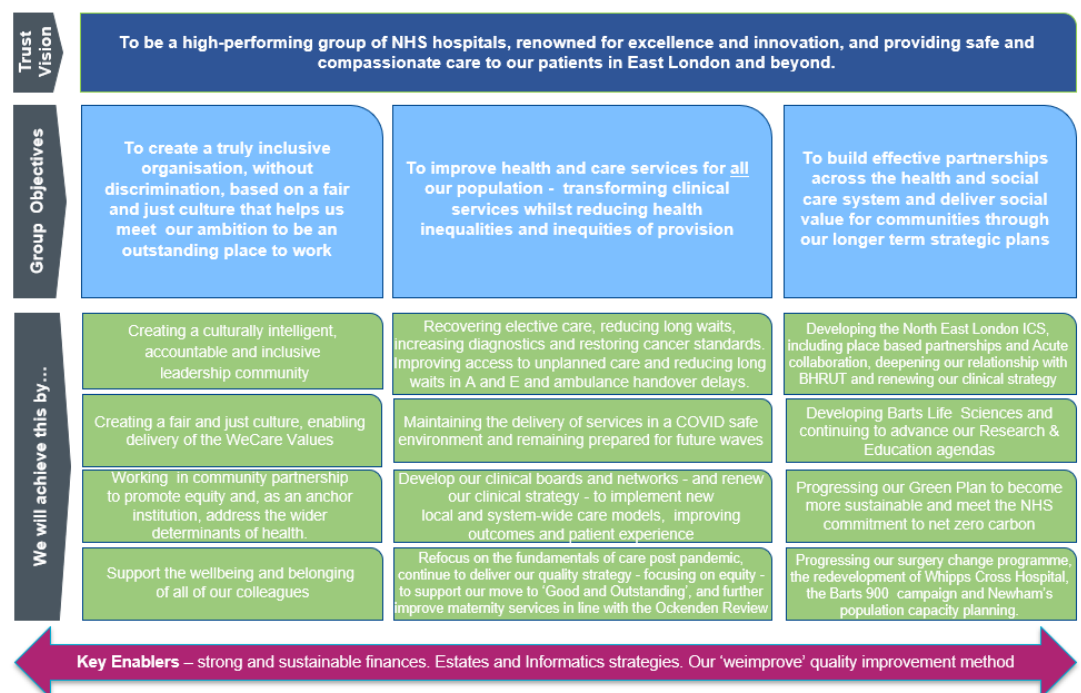
13. The 2021 Spending Review (SR21) provided the NHS with a three-year revenue and capital settlement covering 2022/23 to 2024/25. The government committed to spend an additional £8 billion to support tackling the elective backlog over the next three years. The SR21 settlement assumes the NHS takes out cost and delivers significant additional efficiencies, on top of the NHS Long Term Plan requirements, to address the excess costs driven by the pandemic response, moving back to and beyond pre-pandemic levels of productivity when the context allows this.

14. Barts will be working to a balanced financial plan that has the following key elements;

- A plan that excludes the 'hyper-inflation' costs associated with areas of spend that have increased due to the global economic position in excess of the original planning guidance inflation assumption. The most significant area would be the cost of utilities across our hospitals. The plan will look to improve our productivity and efficiency by c3% to deliver our elective backlog.
- Our capital plan includes assumptions around investment to expand our elective and intensive care capacity, the ongoing hospital redevelopment at Whipps Cross Hospital, fire backlog and remediation work at Newham University Hospital, and a significant programme of medical equipment replacement. This is in addition to our usual investment in our estate, IT equipment, staff welfare, and a programme of work benefitting from charitable donations, primarily from the Barts Charity.

BARTS HEALTH GROUP OBJECTIVES

15. Our Group Objectives for 2022/23 provide the wider strategic context and framework for delivery of our operational planning assumptions. These are provided below and articulate our vision, objectives and ambitions as an organisation, including the key supporting enablers such as strong finances, digital transformation, estates and our we improve methodology.



16. There is a high degree of continuity with the 21/22 Group objectives which reflects the consistency in the planning parameters for this year but also that a number of our Group strategies have a multi-year horizon. However, these have been refreshed and updated for this coming year. For example, in particularly emphasising:
- Our intent to tackle health inequalities and inequities of service provision across the communities we serve.
 - The increasing importance of our local partnerships in supporting delivery of improved health and care services to people across North East London, especially through Acute Provider Collaboration.
17. There is a strong strategic imperative to build on the effective partnerships already established across the health and social care system in NEL. The development of the ICS in NEL will help us create – and shape - the conditions for delivery, with the evolution of our own Barts Health Group model undertaken in this context.
18. System and 'place based' level, will, through the mechanism of an Acute Provider Collaborative, increasingly be the lens through which we will plan and deliver service improvements over the coming period, for example developing a new clinical strategy in 2022/23. This will be the route to address population health challenges in North

East London, whether that is continuing the journey of transformation on urgent and emergency care or delivering the reductions in waiting times on planned care, whilst reducing inequities of provision.

19. In the context of the Acute Provider Collaborative we will build on progress in the last year to deepen our collaboration with BHRUT, in support of improvements in clinical services, patient experience and outcomes and taking forward a shared strategic agenda, underpinned by greater alignment of our corporate services. We will align programme governance and infrastructure across the Acute Provider Collaborative and collaboration with BHRUT.
20. Allied to this is our opportunity to harness our position as an Anchor Institution, to have a broader impact on the lives of the people in the communities we serve – whether in terms of sustainability and our commitment to reach the NHS net zero carbon target, or in driving both the health benefits and the social value from our major strategic programmes such as the redevelopment of Whipps Cross, Barts Life Sciences and the preparations to mark the 900th anniversary of St Bartholomew’s hospital by raising funds for future facilities such as a specialist breast centre.

CONCLUSION/NEXT STEPS

21. We have carried out a robust planning process across the Barts Health Group and hospital sites, including working closely with our colleagues in North East London, in order to respond effectively to the national planning guidance. This is despite operating in an environment of significant operational pressures. We have also refreshed our Group Objectives for 2022/23 which provide the strategic context and delivery framework to support success.
22. Taken together our plans will deliver real improvements for patients - significantly reducing the number of long waiters for elective care and working closely with our partners in North East London to address health inequalities and inequities of provision. Our progress in the calendar year with reducing 104-week waiters along with our mobilisation of clinical transformation and improvement resources, underpinned by the strengthening of our relationships locally, provides us with confidence that we can rise to the challenge.
23. The Board is asked to:
 - endorse the update on operational planning for 2022/23, acknowledging the work that has been undertaken across the Group and sites and with North East London ICS;
 - endorse the updated Group Objectives for 2022/23, noting the increased emphasis on addressing inequalities and inequity of care, and the role of the NEL ICS, the Acute Provider Collaborative and the deeper collaboration with BHRUT in supporting delivery at place-based level; and
 - note the intent to publish a public-facing summary our 2022/23 plans in the coming weeks.

Annex A – National Key Planning Priorities

- A. Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- B. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
- E. Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- F. Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- G. Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
- I. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
- J. Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

Report to the Trust Board: 4 May 2022	TB 31/22
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Title	Board Assurance Framework
Sponsoring Director	Group Director of Corporate Development
Author(s)	Trust Secretary
Purpose	To seek approval of the revised BAF 2022/23 risks
Previously considered by	Group Executive Board, Risk Management Board 29 June 2021

Executive summary

The Board Assurance Framework (BAF) provides an overview of principal risks to the delivery of the Trust’s objectives. Despite some delays in receiving national guidance and developing the Operational Plan and objectives for 2022/23, initial steps have been taken to develop the BAF in parallel. This paper sets out the proposed BAF risks for Quarter 1 2022/23, ahead of the full BAF being presented for board approval at its subsequent meeting in July.

The Trust Board is also asked to note some steps to develop the BAF in 2022/23:

- Amendments to format. The full BAF provides details of controls and assurances. A revised format is in development. This will represent a move towards RAG rating and reduced reliance on narrative description.
- Refresh of the risk appetite dimension. The risk appetite statement currently used had been developed based on an executive review. Recognising that the context of healthcare has changed significantly, and to ensure engagement of current board members it has been agreed to devote Board time to review of this early in the financial year. It is intended that this evolution will include review of proposed ‘triggers’ representing risk tolerance thresholds.

The Operational Plan confirms continuity in terms of the Trust’s objectives. Accordingly, a high proportion of the 2021/22 BAF risks could be mapped to the revised objectives rather than requiring significant overhaul. The paper outlines changes to the BAF since Quarter 4 of 2022/23.

Risk and Assurance	This report provides assurance in relation to all Trust objectives
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Legal implications/ regulatory requirements	CQQ Well Led regulations
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Action required

The Trust Board is asked to note and approve the revised Board Assurance Framework risks and agree to identify Board seminar time to agree risk tolerance triggers/thresholds.

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 4 MAY 2022****BOARD ASSURANCE FRAMEWORK REPORT****BOARD ASSURANCE FRAMEWORK**

1. The Trust Board receives the Board Assurance Framework (BAF) a minimum of three times per year to discuss and agree the principal risks to the delivery of the Trust's strategic objectives. This follows a review process involving the executive Risk Management Board and lead directors. The terms of reference for the Board's principal assurance and lead committees (the Quality Assurance Committee, Finance and Investment Committee and Audit and Risk Committee) establish that the respective Committees will receive and review at each meeting a report specifically related to a BAF entry topic or a summary of all the BAF entries allocated to them (to assess whether their respective agendas sufficiently address key risks). The BAF is used to inform the development of annual work plans for these committees and their role in commissioning assurances on key controls.
2. The BAF is designed to identify the principal risks to the delivery of the Trust's objectives. The Trust's objectives for 2022/23 are being presented for approval by the Trust Board in parallel with the BAF (as part of the operational plan). Following final approval of the objectives and principal risks a further refinement of the BAF (in terms of supporting detail on controls and assurances; and a refresh of risk appetite dimension) will follow. As in Q4 of 2021/22, the BAF retains a focus on pandemic-related risks; equalities and inclusion goals and imperatives; implementation of key strategic plans; and enablers including the emerging financial framework.
3. The BAF is reviewed annually by Internal Audit to assure on its development and effectiveness and was assigned 'substantial assurance' in relation to its design and use during 2021/22.

BAF RISKS MAPPED TO 2022/23 OBJECTIVES

5. Recognising similarities between the new 2022/23 objectives and those for the prior year, a mapping exercise was conducted to assure that last year's BAF entries when rolled forward provided sufficient coverage of the key risks to the new objectives (or whether new/amended entries were required). Appendix 2 provides a summary of the BAF risks as mapped against the revised objectives.

BAF RISK AMENDMENTS

6. This BAF version builds on the 2021/22 Q4 BAF with key changes outlined below (risk scoring is assessed based on a 1-5 consequence multiplied by 1-5 likelihood - i.e. a 5x5 rating). Key changes in this BAF version are:
- BAF entry 3 amended from: ‘Failure to implement infection control compliant plans (capturing learning from the pandemic peak and a Quality Improvement approach) impacts on quality of care, staff safety and community’ to read: **‘A new Covid-19 variant increases risks to the community, requires reintroduction of peak pandemic infection prevention controls and impairs elective recovery’**.
 - BAF entry 4 ‘Failure to address CQC **imaging and maternity improvement actions** ~~London Fire Brigade~~ and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff’. **Risk score reduced from 4x4=16 to 4x3=12** reflecting revised enforcement notice timelines for fire safety works and improvements on CQC ratings following reinspection.
 - BAF entry 7 amended from: ‘Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision’ to read: **‘Delays in implementing a Maternity service improvement programme impacts on quality and safety of maternity care provision, confidence of service users and workforce retention.’** [CN] [QAC] Risk score 4x3=12.
 - 2021/22 BAF entry ‘Failure to sufficiently progress on six identified clinical transformation workstreams (medicine, elective, pathways, safety, GCS and urgent care) impacts on recovery and associated funding’ to be closed – reflecting that the transformation workstreams are established and exist primarily as enablers for elective and emergency care (and therefore covered elsewhere on the BAF).
 - BAF entry 11 amended from: ‘Failure to respond to the emerging financial framework, deliver productivity improvements and tackle structural financial issues impacts on medium term financial sustainability, the underlying run rate and strategic investment’ to read: **‘Failure to reduce structural financial deficit in NE London impacts on medium term sustainability and strategic investment’**.
 - Amendments to wording of BAF entries 1, 2, 5, 6, 8, 11, 12 and 13 to reflect a NEL system level plan (and associated risk).
7. A heatmap is appended summarising the BAF entries, corresponding risk appetite and

changes to risk scores.

NEXT STEPS

8. Following the Trust Board's review of the proposed BAF entries, the full detail for BAF entries (featuring the controls, assurances, cross referenced risk register entries etc) will be developed. In doing so, a revised format will be introduced - this will represent a move towards RAG rating and reduced reliance on narrative description.
9. The risk appetite statement currently used originated from a prior year executive review of objectives and sub-objectives. Recognising that the context of healthcare has changed significantly in the last two years, and to secure engagement and support of current board members in defining the risk appetite of the organisation, it has been agreed to identify some Trust Board time to revisit and refresh the risk appetite for Trust objectives. It is intended that, as part of an evolving use of risk appetite, this will include review of proposed 'triggers' for risks – effectively representing risk tolerance thresholds.
10. A series of 'deep dive' reviews will be scheduled for board committees. This will seek to also achieve greater standardisation across the committees in the approach to deep dive reporting.

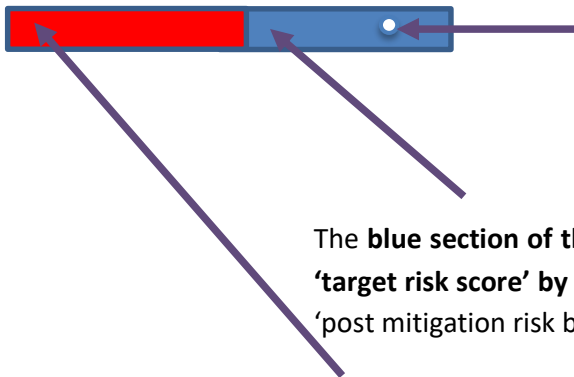
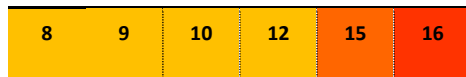
RECOMMENDATION

11. The Trust Board is asked to note and endorse the proposed Board Assurance Framework entries, including changes to risk scores and wording.

Annex A

The below provides a key to support the BAF heatmap (overleaf)

Fig.2 BAF heatmap entry example



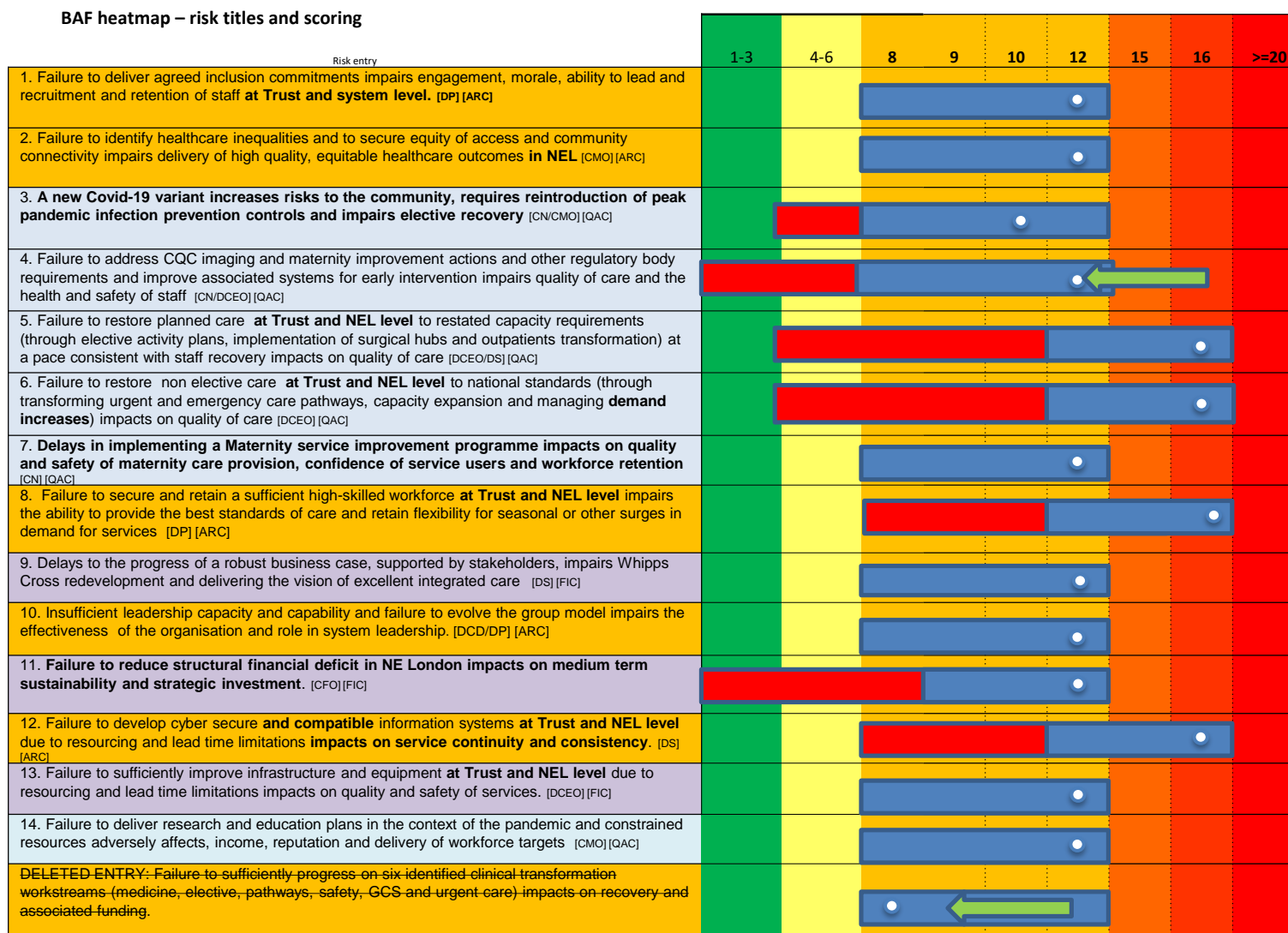
The **white dot** represents the **'current risk score'**.

[In risk management terminology this represents the 'intrinsic existing risk']. In this example the current risk score is 16.

The **blue section of the bar** represents the **distance from 'current risk score' to the 'target risk score' by year end**. [In risk management terminology this represents the 'post mitigation risk by year end']. In this example the target risk score is 12.

The **red section of the bar** represents **distance from the 'current risk score' to the 'risk appetite'** for the corresponding objective by a separately identified date. [In risk management terminology this represents the 'target post mitigation residual risk by the strategic target date set']. In this case the relevant score is 8.

Where no red bar is shown on the heatmap, the current risk score sits within identified risk appetite.



Bold text indicates entries that are new or have been materially amended on the BAF since last submitted to the Trust Board. Arrows reflect changes in score since the previous submission. The white dot represents the 'current risk score'. The blue section of the bar represents the distance from 'current risk score' to the target 'risk score'. The white section of the bar represents distance from the 'risk appetite/tolerance' for the corresponding objective (where no white bar is shown, the current risk is within risk appetite/tolerance). The Quality Assurance Committee has lead oversight role for risk titles shaded blue; the Finance and Investment Committee has lead oversight role for risk titles shaded purple; the Audit and Risk Committee has lead oversight role for risk titles shaded orange.

Objectives	1. To develop a truly inclusive organisation, without discrimination and racial inequality based on a fair and just culture. Our goal will be to support staff well-being and secure stepped change in our ambition to be an outstanding place to work		2. To improve health and care services for all our population transforming clinical services whilst reducing health inequalities and inequities of provision		3. To build effective partnerships across the health and social care system and deliver social value for communities through our longer term strategic plans					
BAF entries	<p>1. Failure to deliver agreed inclusion commitments impairs improvements in: organisational culture, staff experience, development of all talent, morale, recruitment and retention of staff and organisational performance at Trust and system level [DP]</p> <p>Risk Appetite: Moderate (score 8-12)</p>	<p>2. Failure to identify healthcare inequalities and to secure equity of access and community connectivity impairs delivery of high quality, equitable healthcare outcomes in NEL [CN/CMO/DCEO]</p> <p>Risk Appetite: Moderate (score 8-12)</p>	<p>5. Failure to restore planned care at Trust and NEL level to restated capacity requirements (through elective activity plans, implementation of surgical hubs and outpatients transformation) at a pace consistent with staff recovery impacts on quality of care [DCEO/DS]</p> <p>Risk Appetite: Cautious (risk score 4-6)</p>	<p>8. Failure to secure and retain a sufficient high-skilled workforce at Trust and NEL level impairs the ability to provide the best standards of care and retain flexibility for seasonal or other surges in demand for services [DP]</p> <p>Risk Appetite: Moderate (score 8-12)</p>	<p>3. A new Covid-19 variant increases risks to the community, requires reintroduction of peak pandemic infection prevention controls and impairs elective recovery [CN]</p> <p>Risk Appetite: Cautious (risk score 4-6)</p>	<p>6. Failure to restore non elective care at Trust and NEL level to national standards (through transforming urgent and emergency care pathways, critical care expansion and managing demand increases) impacts on quality of care [DCEO]</p> <p>Risk Appetite: Cautious (risk score 4-6)</p>	<p>9. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care [DS]</p> <p>Risk Appetite: Moderate (score 8-12)</p>			
Enablers	<p>4. Failure to address CQC, London Fire Brigade and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff [CN/DCEO]</p> <p>Risk Appetite: Averse (risk score 1-4)</p>	<p>7. Delays in implementing a Maternity service improvement programme impacts on quality and safety of maternity care provision, confidence of service users and workforce retention [CN]</p> <p>Risk Appetite: Moderate (score 8-12)</p>	<p>10. Insufficient leadership capacity and capability and failure to evolve the group model impairs the effectiveness of the organisation and role in system leadership [DCD, DP]</p> <p>Risk Appetite: Moderate</p>	Delivery of enabling plans supporting objectives 1-3			<p>11. Failure to reduce structural financial deficits in NE London impacts on medium term sustainability and strategic investment [CFO]</p> <p>Risk Appetite: Averse:</p>	<p>12. Failure to develop cyber secure and compatible information systems at Trust and NEL level due to resourcing and lead time limitations impacts on service continuity and consistency [DS]</p> <p>Risk Appetite: Moderate</p>	<p>13. Failure to sufficiently improve infrastructure and equipment due to resourcing and lead time limitations impacts on quality and safety of services [CFO]</p> <p>Risk Appetite: Moderate</p>	<p>14. Failure to deliver research and education strategic improvement plans maximising available resources adversely affects, income, reputation and delivery of workforce targets [CMO]</p> <p>Risk Appetite: Moderate</p>

BAF entries - mapped to sit below corresponding objectives / enablers

Report to the Trust Board: 4 May 2022	TB 32/22
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Title	Integrated Performance Report (Month 12)
Accountable Director	Deputy Group Chief Executive
Author(s)	Director of Performance
Purpose	Performance against constitutional standards and KPIs

Executive summary
 The Integrated Performance Report provides detail in relation to performance drivers and recovery actions at Trust and Hospital Site level in relation to the NHSI single oversight framework indicators as well as the Trust’s own improvement plan, Safe and Compassionate. The report also identifies exceptions, including positive exceptions, where performance has outperformed usual tolerances, or where a target has been failed. The report will be presented by the respective lead directors for access, quality and safety, finance and people sections.

Related Trust objectives
 All trust objectives

Risk and Assurance	This report provides assurance in relation to all trust objectives - including 1, 2, 4 and 9.
Related Assurance Framework entries	All BAF entries

Legal implications/ regulatory requirements N/A

Action required by the Board
 The Trust Board is asked to note the Trust’s position against all standards detailed, including those indicators where sustained improvement has been made due to the actions taken, exceptions to target achievement, reasons for variation and remedial actions.

Barts Health Integrated Performance Report

May-22

Performance for: **Mar-22**



- **Overall Report:**

- Some national reporting for which metrics are usually presented in the report has been temporarily suspended during the Covid-19 pandemic crisis. For most, the performance from the last national submission before the suspension is the latest included in the report, as indicated below:
 - Dementia screening: Feb-20 performance.
 - Venous Thromboembolism (VTE) Risk Assessment: performance continues to be monitored internally.
 - Staff Friends and Family Test (FFT): 2019/20 Q4 performance.
- The above suspended metrics have been temporarily greyed out in the report.
- Serious Incidents Closed in Time: as previously noted, clock stops have been applied nationally to all Serious Incidents (SIs) from the Covid-19 second wave onwards. This remains in place nationally and NHS England/Improvement are currently considering whether the 60 day time limit should be removed permanently from Apr-22. Barts Health continues to monitor the SI process according to internal targets, with revised dates for completion of investigations applied to SIs declared during Jan-21 to Mar-21 and the 60 day timeframe applied to SIs declared from 01/04/2021.

- **Targets:**

- Targets for most metrics have been rolled forward from 2019/20 or Mar-20 (for metrics where the target changed over the course of 2019/20 to reach a set target by Mar-20). Some targets have been set for 2021/22 (e.g. A&E 4 Hours Waiting Time).

Pack Contents

May-22

Report	Page
Executive Summary	4
Covid-19 Monitoring and Recovery Report	11
Quality & Performance Report	19
Finance Report	39
People Report	46
Glossary	54
Appendix	59

May-22



Executive Summary



Covid-19 Inpatient Activity Levels

- The second Covid-19 wave peaked at 835 total inpatients on 14 January 2021 and 182 critical care inpatients on 24 January 2021. The fourth (Omicron) wave of the pandemic peaked on 12 January 2022 with 392 total inpatients of which 35 were in a critical care bed. The peak of the fourth wave was equivalent to 47% of wave two total bed occupancy and 19% of critical care occupancy. Unlike the second wave impact, the fourth wave saw the majority of patients admitted to a general and acute bed with only a minority of patients admitted to critical care.
- Between 12 January 2022 and 28 February 2022 Covid-19 inpatient numbers reduced, initially at a significant rate but then far more slowly. However from 01 March 2022 Covid-19 inpatient numbers started to rise, driven by the rapid community transmission of the Omicron variant, BA.2. Between 01 March 2022 and 04 April 2022 inpatient volumes rose from 155 to 242, an increase of 87 or 56% between the two date points. However, since early April Covid inpatient numbers have started to reduce, albeit slowly, with 211 beds occupied on 20 April, of these only 7 were critical care beds. It is also important to recognise that a significant proportion of Covid-19 inpatients have incidental Covid and are primarily being treated for other conditions, however the trust is closely monitoring inpatient volumes and acuity.

Covid-19 Community Cases

- Comparing the week starting 02/04/2022 to the week starting 09/04/2022 shows the following movements in the case rate per 100,000 population:
 - For Tower Hamlets, a decrease from 299 to 184 (-39%).
 - For Newham, a decrease from 215 to 134 (-38%).
 - For Hackney and City of London, a decrease from 289 to 190 (-34%).
 - For Waltham Forest, a decrease from 278 to 189 (-32%).
- As a comparator the London case rate has decreased from 323 to 214 (-34%) while the England case rate has decreased from 428 to 291 (-32%).

Staffing

- Having seen a spike in sickness and Covid-19 related absence during Dec-21 and the first half of Jan-22, the position has now stabilised. On 19/04/2022, 2.6% (465 staff) of the total workforce were absent due to sickness and 0.1% (22 staff) were absent due to Covid-19 related reasons such as self-isolation. The equivalent data for 31/12/2021 was a 5.9% (1,025 staff) sickness rate and a 1.1% (197 staff) Covid-19 absence rate.

Covid-19 Monitoring and Recovery (Continued)**Elective Activity Recovery Trajectories**

- The Trust submitted elective activity recovery trajectories to NHS England for the first half of the year ending in Sep-21 and submitted re-based trajectories for the second half of the year during Nov-21. Additionally, long waiter eradication trajectories were also submitted. Elective activity is being focussed on clinically prioritised and long-waiting patients with performance tracked each week by a senior executive-led operations group. Elective admitted and outpatient activity tracked above plan for the three month period Apr-21 to Jun-21 and long waiter reduction rates exceeded planned levels. For the period of Jul-21 to Sep-21 it became much more difficult to sustain planned elective activity levels due to non-elective pressures, including increasing numbers of Covid-19 patients, and the impact of a major incident (flooding) at Whipps Cross. As a result, elective activity volumes fell relative to plan and the rate of reduction for long-waiting patients also slowed. For Oct-21, the Trust re-based its elective activity profile to take account of autumn and winter pressures and achieved its admitted plan for Oct and Nov-21; however, for the period Dec-21 to Mar-22 the trust under-achieved against the admitted trajectory though did deliver required outpatient activity volumes. For Mar-22 the volume of 52 week waits was 6,047 against a re-based planned position of 6,149 (93 better than plan).
- The Trust has made significant progress in reducing the size of the 104 week wait backlog. At the end of Mar-22 there were 287 patients waiting 104+ weeks, below the 300 target the trust agreed with Commissioners. We are working to ensure there will be no patients waiting more than 104 weeks for treatment beyond Jun-22 in line with national expectations.

Vaccinations (Covid-19 and Flu)

- 90% of staff (permanent and fixed term employees) have received one dose of Covid-19 vaccination (89% when including staff in partner companies such as Serco). 84% of staff have received a first and second dose of Covid-19 vaccination.
- We are in discussion with commissioners about the long term model for the NEL vaccinations service and it is our intention to transfer the outreach service to ELFT from 1st July 22. However, future funding flows are still not clear which is delaying a final decision on the number of staff that will be transferred over.
- Hospital Hubs+ are continuing at Whipps Cross (Mon, Weds, Fri) and Newham (Sat & Sun) providing vaccinations and Overseas Verification Vaccination Service (OVVS). Dedicated clinics are being provided for over 75 boosters and children aged 5-11.
- Vaccination Allergy service at Royal London is due to be transferred over to the main Barts Health Allergy service towards the end of May.

Quality & Performance

Responsive

A&E 4 Hour Performance

- In Mar-22, 46,061 attendances were recorded, this is the highest volume of attendances recorded since the start of the pandemic in Mar-20. For Mar-22, a performance of 72.1% was recorded, compared to 73.0% in Feb-22. Mar-22 performance was the lowest since the start of the pandemic. During Mar-22 performance was heavily influenced by the impact of the Omicron sub-variant (BA.2) and the significantly increased volume of A&E attendances.
- For Mar-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 6th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

Referral to Treatment (RTT)

- The NHS has been required to suspend elective services during peaks in the Covid-19 pandemic. This has had a significant impact on waiting lists across England, including growth in 52 week wait pathways. For Barts Health 6, 047 52 week breaches were recorded at the end of Mar-22 which represents a reduction of 9,802 breaches (62%) over a thirteen month period.
- Looking at London, of the 18 Trusts reporting 52 week breaches for Feb-22 (the most recent national data), Barts Health ranked 17th with 6.4% of the waiting list waiting 52 weeks or longer compared to a total London performance of 2.7%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 6th highest proportion of 52 week pathways, but across these top 10 English providers the proportion of 52 week pathways was far higher than London at 8.0%.

Diagnostic 6 Week Wait Standard

- As for RTT, the impact of the Covid-19 pandemic on the diagnostic waiting list has been significant, resulting in increased waiting times. For Mar-22, a performance of 73.8% was recorded, an improvement on February's performance of 71.8%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 96% of all breaches in Mar-22.
- Looking at the 18 London acute Trusts, for Feb-22 (the most recent national data), Barts Health was the worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was ranked 3rd in terms of performance.

Cancer 62 Days from GP and Screening Service Referral

- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Feb-22. For Feb-22, the Trust recorded a performance of 73.0%. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The cancer leadership team is aiming to return to compliance with the standard by the end of Mar-23 in line with national improvement milestones.
- The Trust also failed the 62 day screening standard in May-21 and between Aug-21 and Nov-21. For Dec-21, the Trust achieved compliance, however for Jan-22 the trust returned to non compliance and was also non-compliant in Feb-22, recording a performance of 73.1% against the 90% standard. The trust recorded 3.5 breaches of the standard, 2.5 in Breast and 1 in Lower GI. The breaches were a mixture of complex cases, that required multiple diagnostic tests and further follow up at MDT. Referral volumes for screening are still below pre-pandemic levels but are recovering. Locally and nationally, the NHS is investing in multi-media awareness programmes designed to return screening programmes to pre-pandemic service levels.

Caring

- Performance in responding to complaints and undertaking Duty of Candour declined this reporting period. Significant operational pressures and staff sickness impacted on performance. Each of the hospitals where performance dipped are reviewing issues and focusing on reducing delays as quickly as possible.
- Although we have seen improvements in our FFT response rates for in-patient areas we need to continue to proactively increase response rates in maternity and A and E departments. The current operational pressures are impacting on patient experience across all areas.

Safe

- A total of three never events was recorded in 2021/22, a significant reduction compared to 2020/21.
- New Trust wide IPC guidance and visiting arrangements are being implemented from Tuesday 3rd May in response to the national change in Covid guidance. The changes modification of PCR and lateral flow testing protocols for patients, changes in PPE use, isolation periods being reduced, and cessation of routine staff testing except in high risk areas or when staff are symptomatic.
- Work on the prevention and management of falls has led to reductions in falls. Targeted work is underway to support improvement in rates of hospital Acquired Pressure ulcers – particularly for those patients coming in through our emergency departments.

Finance

- A draft year end position of £0.4m surplus has been reported to NHS England and Improvement (£0.4m favourable against plan) and is part of the delivery of an overall balanced position against the financial envelope for North East London ICS. This draft position will now be subject to external audit prior to adoption of the accounts by the Trust Board.
- Income is £27.6m favourable year to date. NHS Patient Treatment income is £15.3m favourable driven by over performance against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m) and additional allocations notified in quarter 4 including elective funding for independent sector provider costs in H2 and specialist commissioning contract variations. Other income is £12.3m favourable. Sites and Services other income is (£0.5m) adverse, mainly due to reduced private patients activity (£2.2m adverse) and estates property income (£1.3m adverse), offset by Medical Support Worker income (£1.8m favourable) and COVID-19 Clinical Pathology reimbursement income (£1.7m favourable). Central other income is £12.8m favourable, which includes donated income from DHSC for COVID-19 response (£7.2m) offset in expenditure and income allocations confirmed by commissioners at year end.
- Expenditure is (£27.2m) adverse year to date. Site & Services expenditure is (£26.2m) adverse with the largest overspends being for growth in high cost drugs (£13.5m) and for purchase of independent sector activity to support elective recovery (£9.0m). Pay is underspent by £6.9m year to date, but is now overspending on a monthly basis due to increasing substantive and temporary staffing levels and the use of high cost off-framework agencies. Central expenditure is (£1.0m) adverse due to movements on central provisions.
- The capital expenditure outturn was higher than planned, however additional Capital Resourcing Limit cover has been secured. The final funding from exchequer sources was £89.4m and the Trust's capital programme was £89.2m (excluding schemes funded by donated sources), which gives an underspend against the Capital Resourcing Limit of £0.2m.
- Closing cash balances are higher by £51.7m compared to a plan of £35.0m, as a result of the movements in working capital. The Trust made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance.

People

Looking After the Trust's People

- **Annualised sickness absence rates** has continued to increase to 4.91% (from 4.85%). In month sick absence dropped from 6.52% to 5.16%. The annualised rate is expected to increase further next month when formally reported as sick absence in March-22 was higher than in March-21
- **Appraisal rates** – recorded non-medical appraisals now stand at 57.1%, slightly up from the 56.3% reported for Jan-22; The medical appraisal rate remains high at 91.9%. Each hospital is setting an improvement trajectory for non-medical appraisal which will be monitored through performance reviews.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** –582 unconditional offers were made, up from 437 in Feb-22. Of these 260 were for nursing and midwifery roles. In addition, 950 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in was at 91.2%, up from 90.8%, reflecting a growth of 57 Whole Time Equivalent (WTE) substantive staff in month. Much of this growth shows in additional clinical services, reflecting the on boarding of international nurses, pending receipt of their PIN. The registered nursing fill rate is currently 82.8%
- Current workforce plans are looking to increase to the fill rate to 93% by the end of the 22/23 financial year, with a heavy focus on registered nursing and midwifery, and then to close the gap further in the following year. If successful we will see the nursing workforce grow to a 93% substantive fill rate with an additional 567 registered nurses and midwives.
- **Turnover** – annualised voluntary turnover continues to increase and is now at 12.8%, up from 12.4% last month. We expect the annualised figure to continue to increase over the coming months. Improving retention is key to achieving a 95% substantive fill and actions developed through the retention steering group, as well as actions off the back of the staff survey results should contribute to a more stable position
- **Temporary staffing** – temporary staffing usage increased by 318 Whole Time Equivalent (WTE) compared to Feb, with an increase of 116 WTE agency and 203 Whole Time Equivalent (WTE) bank. The proportion of temporary staff as part of the workforce increased to 15.4% to 14.1%.
- **Rostering** – the proportion of rosters fully approved 6 weeks in advance remains low at 46.2% (although up from 41.5%) although 74% of rosters were fully approved at least 4 weeks in advance.

May-22



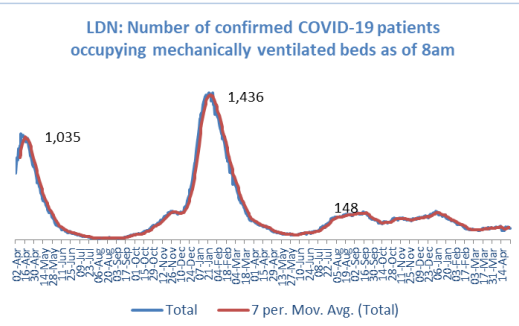
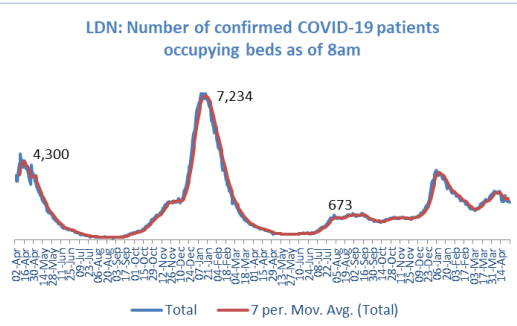
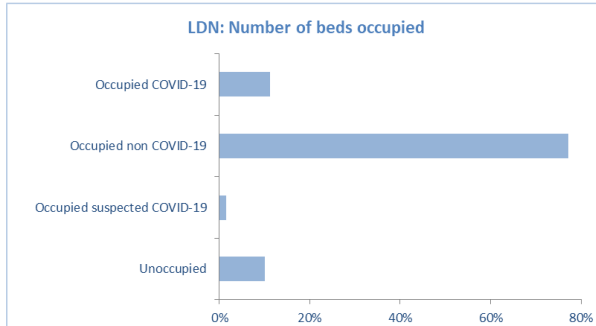
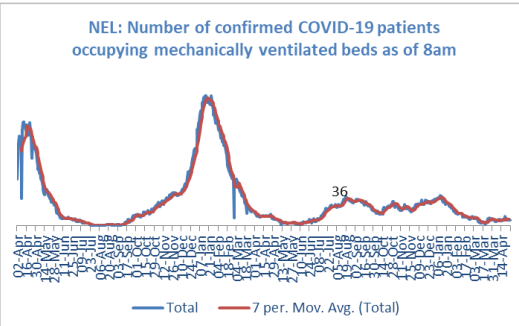
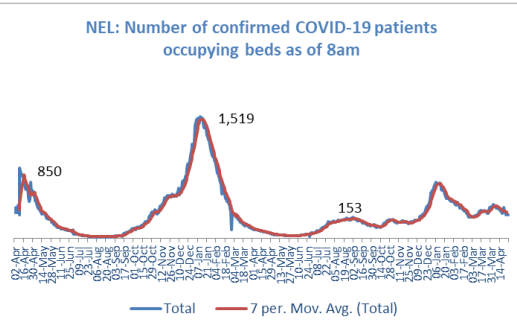
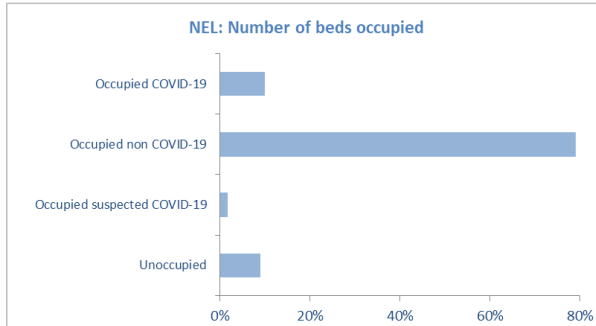
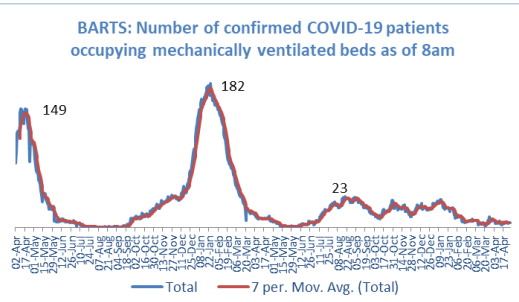
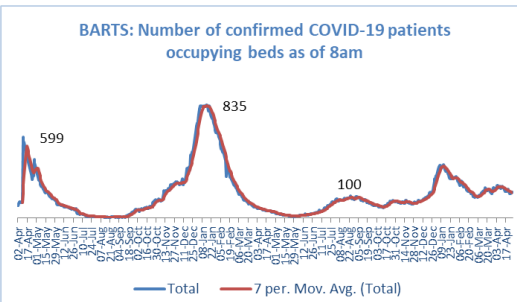
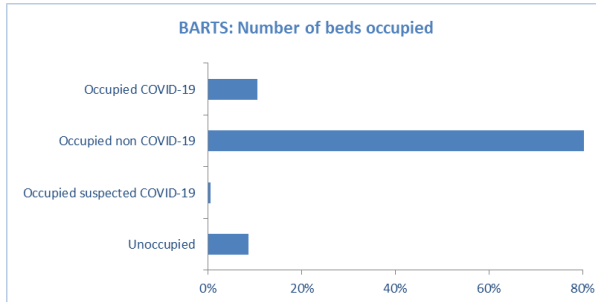
Covid-19 Monitoring and Recovery Report



COVID-19

COVID-19 – Barts Health

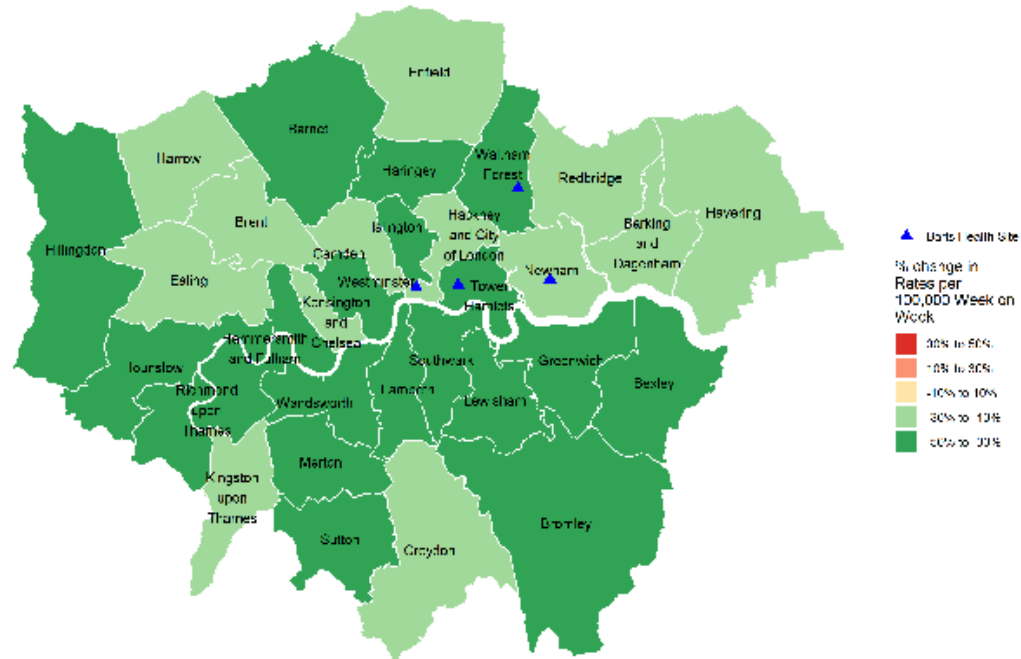
May-22



Data as at 27/04/2022

COVID-19 Community Clusters

Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2022-04-14



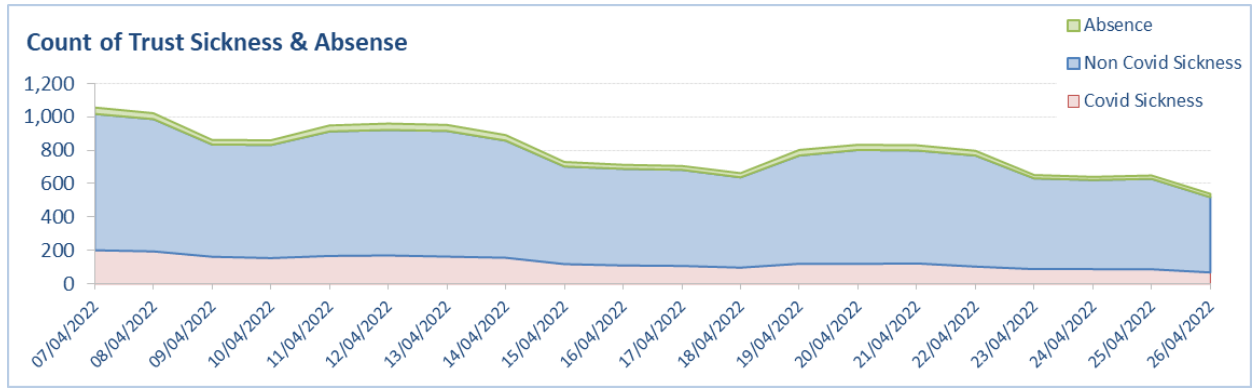
Area	Cases W/C 07/04	Cases W/C 14/04	Rate per 100,000 W/C 07/04	Rate per 100,000 W/C 14/04	% Change in Case Rate Week on Week
Redbridge	537	392	177	129	-27.0%
Havering	639	466	248	181	-27.1%
Newham	544	403	155	114	-25.9%
Tower Hamlets	666	463	210	146	-30.5%
Waltham Forest	593	411	214	149	-30.7%
Barking and Dagenham	329	232	155	109	-29.5%
Hackney and City of London	600	436	215	156	-27.3%
London	21,327	14,591	242	166	-31.5%
England	188,523	126,800	327	221	-32.5%

COVID-19 **COVID-19 Staff Sickness Absence** **May-22**

Data as of: 26/04/22

Total Staff Count:	Covid Sickness Group	Non-Covid Sickness Group	Covid Related Absence Group
17,749	68	451	20
Proportion against Total Staff	0.38%	2.54%	0.11%

Total Sickness	Total Sickness + Covid Related Absence
519	539
2.92%	3.04%



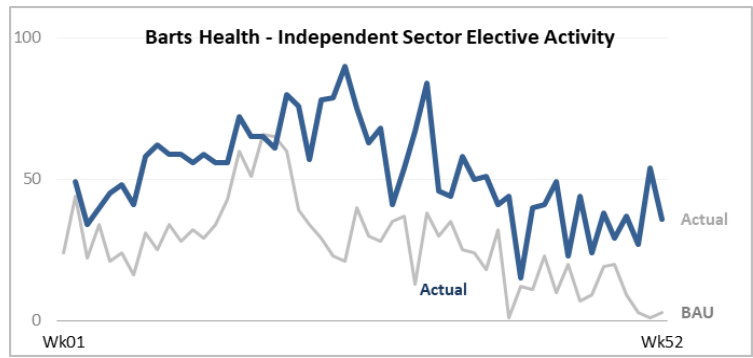
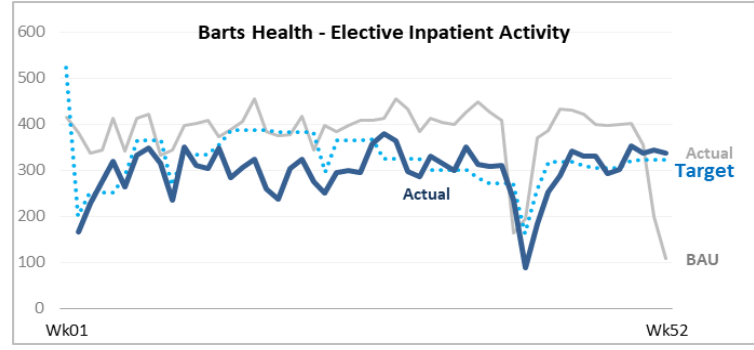
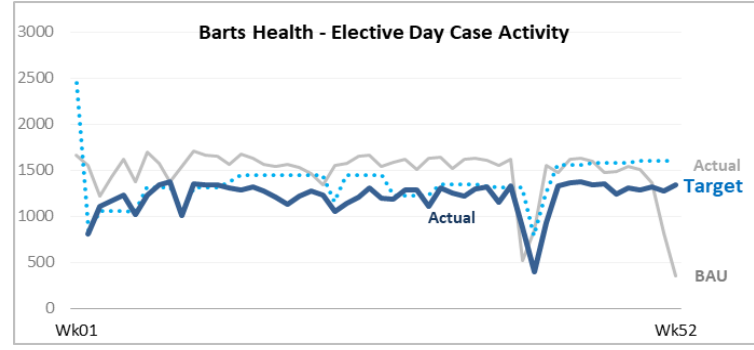
	2 weeks ago (average) (13/Apr - 19/Apr)	1 week ago (average) (20/Apr - 26/Apr)	Current
Covid Sickness Group	124	96	68
Non-Covid Sickness Group	626	585	451
Covid Related Absence Group	29	24	20

COVID-19

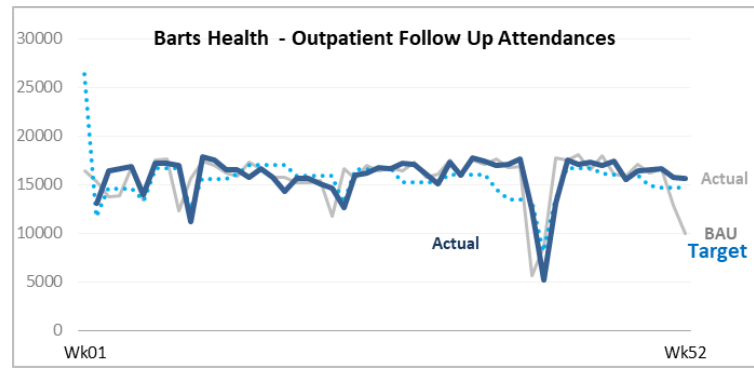
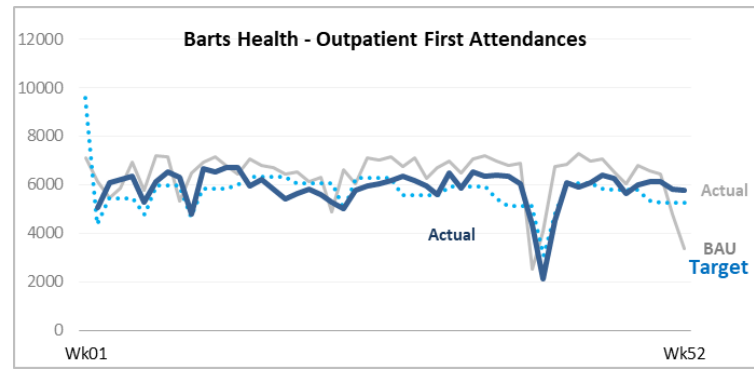
Activity

May-22

Elective Activity



Outpatient Activity

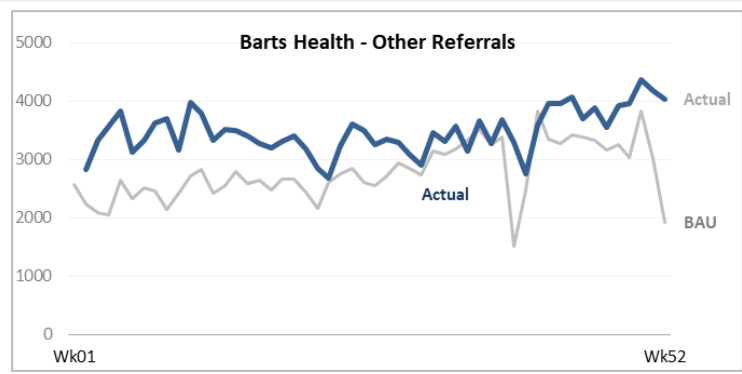
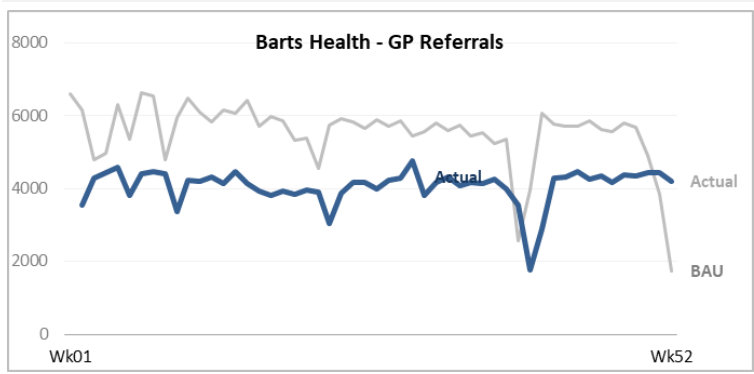


COVID-19

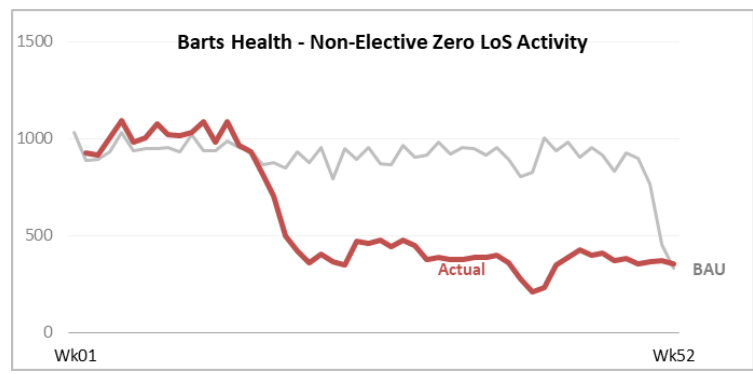
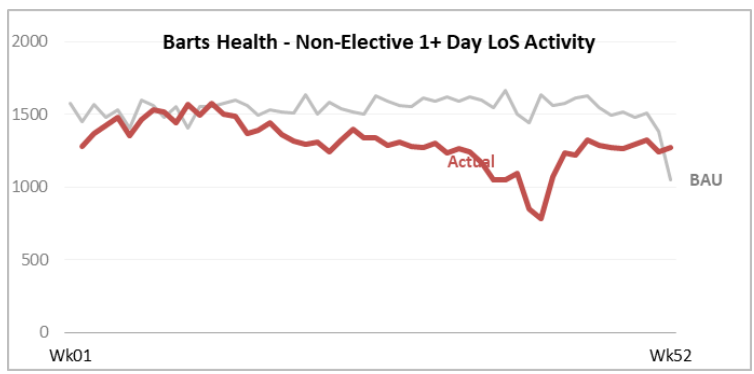
Activity

May-22

Referrals Activity



Non-Elective Activity

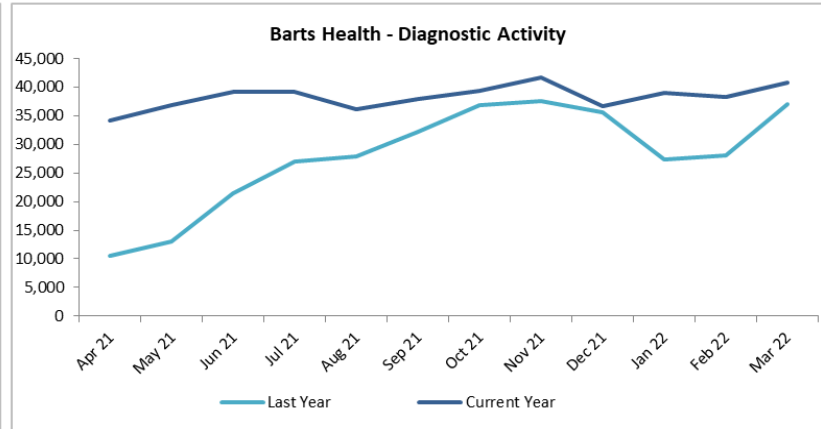
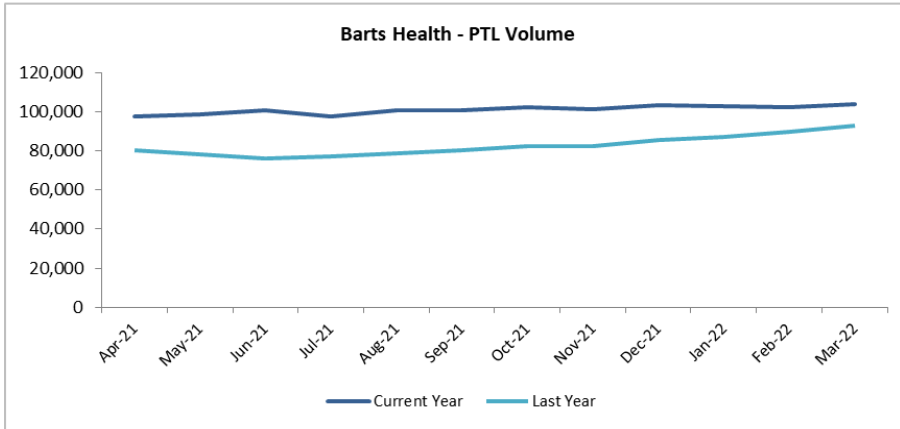
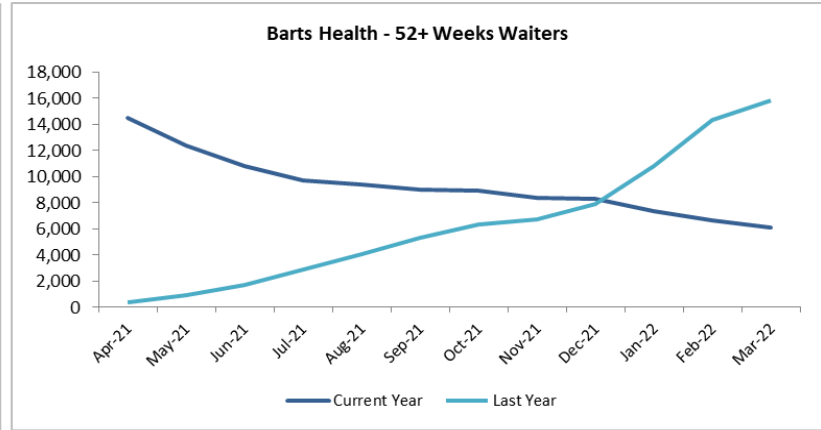
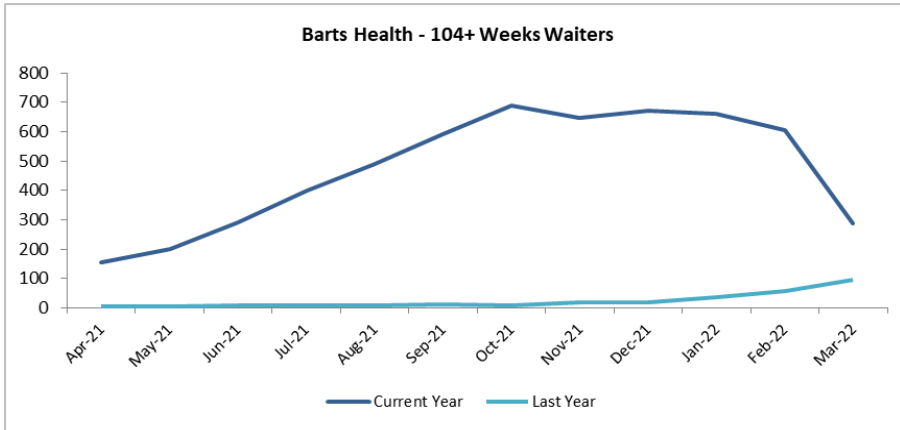


COVID-19

Referral to Treatment (RTT) and Diagnostic (DM01) Activity

May-22

Barts Health							Latest Month's Site Position				
Setting	Ref	Reporting Period	Dec-21	Jan-22	Feb-22	Mar-22	Royal London	Whipps Cross	Newham	St Bart's	Other
PTL Activity	0481	52+ Weeks Waiters	8,244	7,359	6,599	6,047	3,610	1,863	550	16	8
		104+ Weeks Waiters	670	662	606	287	249	28	9	1	0
	0482	PTL Volume	103,126	102,897	102,461	103,570	49,809	28,468	12,090	12,989	214
DM01	0487	Diagnostic Activity	36,714	39,007	38,331	40,811	14,459	9,472	7,766	9,114	0
		<i>Equivalent Month Position Last Year</i>	35,550	27,310	28,170	37,042	11,829	7,897	6,809	10,507	0



Data as a 25/04/2022

	Site	Total Staff	Vaccinations Overall			% Vaccinated	Doses Administered		
			Yes	No - Unknown	No - Decline		Dose 1 & 2	Dose 3	Dose 1, 2 & 3
			Barts Health Perm-Fixed Term Employees						
	Royal London	6,919	6,304	615	0	91%	6,036	4,652	4,627
	Whipps Cross	2,981	2,694	287	0	90%	2,546	1,924	1,913
	St Bart's	2,879	2,683	195	1	93%	2,589	2,148	2,144
	Newham	2,072	1,870	202	0	90%	1,740	1,280	1,274
	GSS	1,999	1,781	216	2	89%	1,668	1,264	1,255
	Pathology Partnership	773	690	83	0	89%	646	467	467
	R&D Projects	243	222	21	0	91%	217	182	181
	Other	92	77	15	0	84%	73	68	65
	Bank Staff	2,901	2,463	438	0	85%	2,313	1,724	1,700
	Unknown	25	9	16	0	36%	6	5	5
	Grand Total	20,884	18,793	2,088	3	90%	17,834	13,714	13,631
Barts Health Agency Employees									
	Serco/Skanska/Linit/Elior Employees	1,911	1,378	533	0	72%	1,260	923	918
	Grand Total	22,770	20,162	2,605	3	89%	19,088	14,632	14,544

	Ethnicity Group	Total Staff	Vaccinations			% Vaccinated
			Yes	No - Unknown	No - Decline	
			Barts Health Perm-Fixed Term Employees			
	Asian or Asian British	4,739	4,379	360	0	92%
	Black or Black British	4,229	3,503	725	1	83%
	Mixed	626	552	74	0	88%
	Other Ethnic Groups	2,055	1,923	132	0	94%
	White	6,952	6,532	418	2	94%
	Z - Not stated	2,283	1,904	379	0	83%
	Grand Total	20,884	18,793	2,088	3	90%

Commentary

May-22



Quality & Performance Report

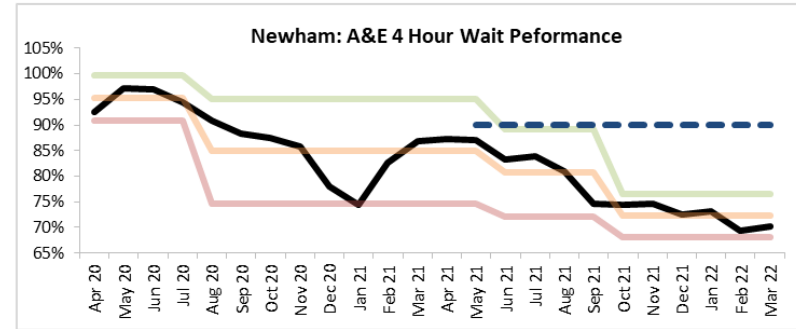
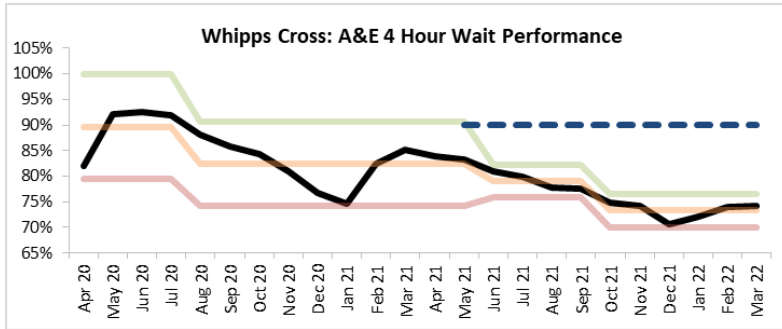
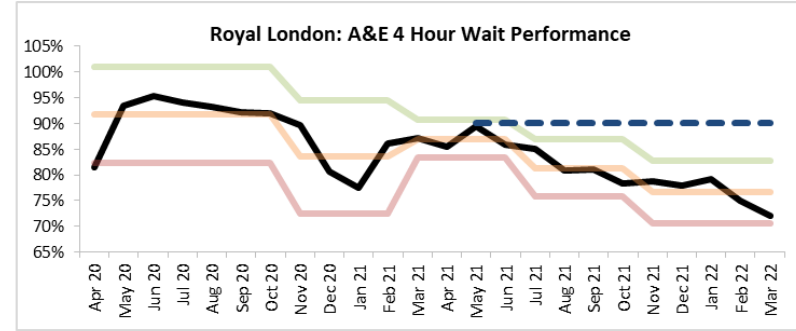
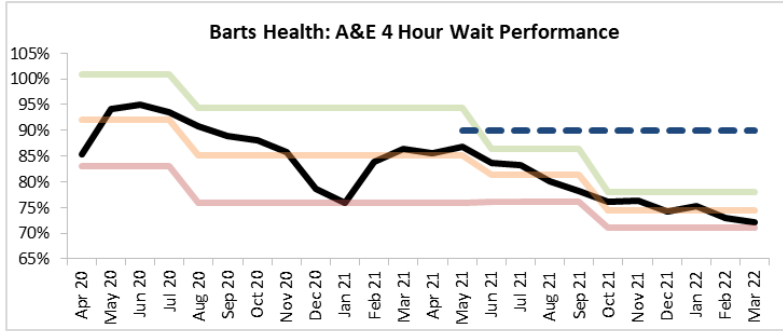


	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Waiting Times	R1	A&E 4 Hours Waiting Time	●	○	○	Mar-22 (m)	>= 90%	73.0%	72.1%	78.6%	72.0%	74.1%	70.3%	-	-	-	●
	R35	Cancer 62 Days From Urgent GP Referral	●	○	○	Feb-22 (m)	>= 85%	72.7%	73.0%	76.4%	75.0%	71.3%	89.5%	67.9%	-	-	●
	R36	Cancer 62 Days From Screening Programme	●	○	○	Feb-22 (m)	>= 90%	86.4%	73.1%	85.4%	-	100.0%	100.0%	65.0%	-	-	●
	R6	Diagnostic Waits Over 6 Weeks	○	○	○	Mar-22 (m)	-	71.8%	73.8%	69.3%	61.4%	76.5%	99.6%	76.1%	-	-	●
	R5	52+ Week RTT Breaches	●	●	○	Mar-22 (m)	<= 6,149	6,599	6,047	300,299	3,610	1,863	550	16	-	8	●

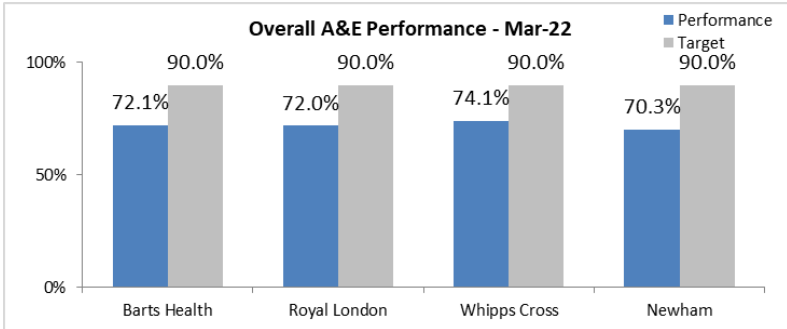
Note: the 18 Week RTT Compliance (Incomplete) metric is no longer being reported while the Trust takes part in the NHS England pilot project to assess the new RTT metric looking at average waiting time instead

A&E 4 Hours Waiting Time

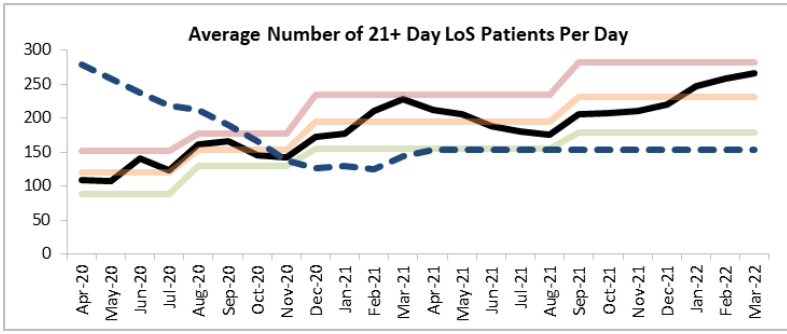
May-22



RESPONSIVE **A&E 4 Hours Waiting Time** **May-22**



Site	Mar-21	Mar-22	Variance
Barts Health	34,223	46,061	34.6%
Royal London	12,821	19,422	51.5%
Whipps Cross	11,062	13,038	17.9%
Newham	10,340	13,601	31.5%

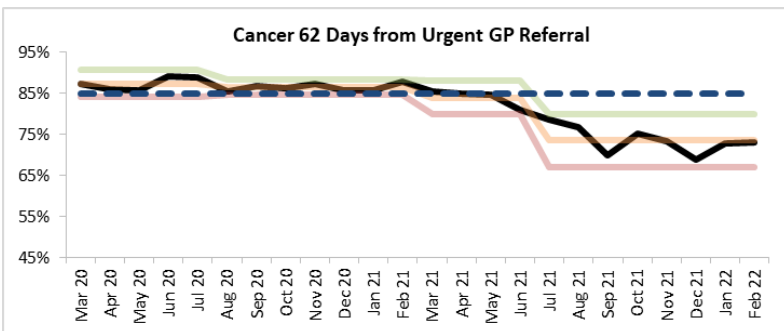


Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> In Mar-22, 46,061 attendances were recorded, this is the highest volume of attendances recorded since the start of the pandemic in Mar-20. For Mar-22, a performance of 72.1% was recorded, compared to 73.0% in Feb-22. Mar-22 performance was the lowest since the start of the pandemic. For Mar-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 6th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances). 	<ul style="list-style-type: none"> During Mar-22 performance was heavily influenced by the impact of the Omicron sub-variant (BA.2) and the significantly increased volume of A&E attendances.

RESPONSIVE

Cancer 62 Days From Urgent GP Referral

May-22



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	105.5	28.5	73.0%
Lower Gastrointestinal	11	6	45.5%
Urological	16.5	7	57.6%
Gynaecological	12	5	58.3%
Lung	7	2.5	64.3%
Haematological	5	1.5	70.0%
Breast	20.5	5	75.6%
Upper Gastrointestinal	4.5	1	77.8%

Metric	Jan-22			Feb-22			Variance
	Seen	Breaches	%	Seen	Breaches	%	
Cancer 28 Day FDS 2 Week Wait	2,213	518	76.6%	2,502	461	81.6%	5.0%
Cancer 28 Day FDS Breast Symptomatic	257	5	98.1%	295	5	98.3%	0.3%
Cancer 28 Day FDS Screening	37	8	78.4%	53	8	84.9%	6.5%

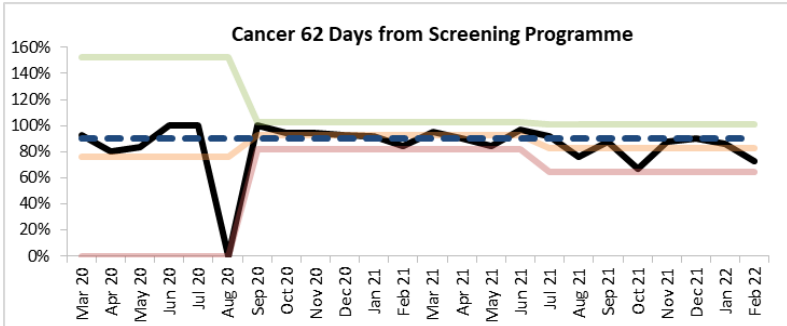
Internal / External	Start Site	End Site	Seen	Breaches	Performance	
Internal	Royal London	Royal London	16	1	93.8%	
		St Bart's	6	3	50.0%	
	Whipps Cross	Royal London	1	0	100.0%	
		Whipps Cross	33	8	75.8%	
	Newham	St Bart's	15	7	53.3%	
		Royal London	1	1	0.0%	
		Whipps Cross	2	0	100.0%	
		Newham	7	0	100.0%	
		St Bart's	2	1	50.0%	
		St Bart's	Royal London	1	0	100.0%
Transfer In	Homerton	St Bart's	9	1	88.9%	
		St Bart's	2.5	1	60.0%	
	King George	Royal London	2.5	2.5	0.0%	
		St Bart's	1	0	100.0%	
		Mid Essex	St Bart's	0.5	0.5	0.0%
		Queen's	Royal London	1.5	1	33.3%
			St Bart's	1	0.5	50.0%
		RNOH	St Bart's	0.5	0	100.0%
		Southend	Royal London	0.5	0	100.0%
		Transfer Out	Royal London	Royal Free	0.5	0
	UCLH		0.5	0	100.0%	
	Whipps Cross	Queen's	1	1	0.0%	
		UCLH	0.5	0	100.0%	
Grand Total			105.5	28.5	73.0%	

Commentary

- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Feb-22. For Feb-22, the Trust recorded a performance of 73.0%.
- Performance is being impacted by the Wave 3 recovery programme, which is set against national guidelines. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The work is being taken forward through tried and tested backlog clearance approaches, supported by demand and capacity modelling and extremely granular performance reports, drilling down through the hospital sites and individual tumour pathways. In planning for 2022/23, the leadership team is aiming to return the waiting list backlog to pre-pandemic levels by end of Mar-23 in line with national requirements.

23

RESPONSIVE **Cancer 62 Days From Screening Programme** **May-22**



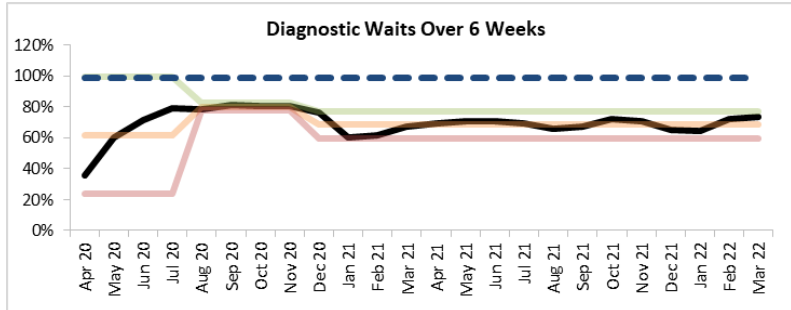
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	13	3.5	73.1%
Lower Gastrointestinal	1	1	0.0%
Breast	10	2.5	75.0%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The Trust also failed the 62 day screening standard in May-21 and between Aug-21 and Nov-21. For Dec-21, the Trust achieved compliance, however for Jan-22 the trust returned to non compliance and was also non-compliant in Feb-22, recording a performance of 73.1% against the 90% standard 	<ul style="list-style-type: none"> The trust recorded 3.5 breaches of the standard, 2.5 in Breast and 1 in Lower GI. The breaches were a mixture of complex cases, that required multiple diagnostic tests and further follow up at MDT.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

May-22



DM01 Breakdown by Test							
Test Name	Feb-22			Mar-22			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Magnetic Resonance Imaging	9,775	4,924	49.6%	9,291	4,753	48.8%	-0.8%
Neurophysiology - peripheral neurophysiology	79	51	35.4%	69	35	49.3%	13.8%
DEXA Scan	1,396	590	57.7%	1,393	595	57.3%	-0.4%
Computed Tomography	5,654	1,885	66.7%	4,678	1,359	70.9%	4.3%
Audiology - Audiology Assessments	739	203	72.5%	1,023	283	72.3%	-0.2%
Urodynamics - pressures & flows	79	13	83.5%	45	12	73.3%	-10.2%
Cystoscopy	128	17	86.7%	169	28	83.4%	-3.3%
Non-obstetric ultrasound	13,619	2,306	83.1%	14,762	2,225	84.9%	1.9%
Colonoscopy	441	0	100.0%	602	3	99.5%	-0.5%
Cardiology - echocardiography	2,794	5	99.8%	2,591	10	99.6%	-0.2%
Flexi sigmoidoscopy	114	0	100.0%	167	0	100.0%	0.0%
Gastroscopy	619	0	100.0%	717	0	100.0%	0.0%
Respiratory physiology - sleep studies	34	0	100.0%	19	0	100.0%	0.0%
Cardiology - Electrophysiology	1	0	100.0%	4	0	100.0%	0.0%
Barium Enema	0	0	100.0%	1	0	100.0%	0.0%
Grand Total	35,472	9,994	71.8%	35,531	9,303	73.8%	2.0%

Performance Overview

- For Mar-22, a performance of 73.8% was recorded, an improvement on Feb-22's performance of 71.8%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 96% of all breaches in Mar-22.

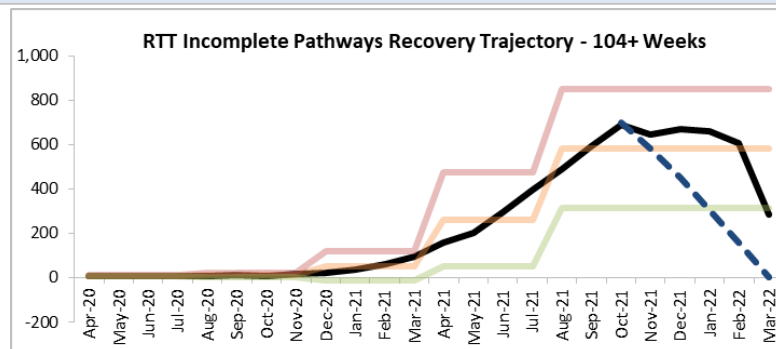
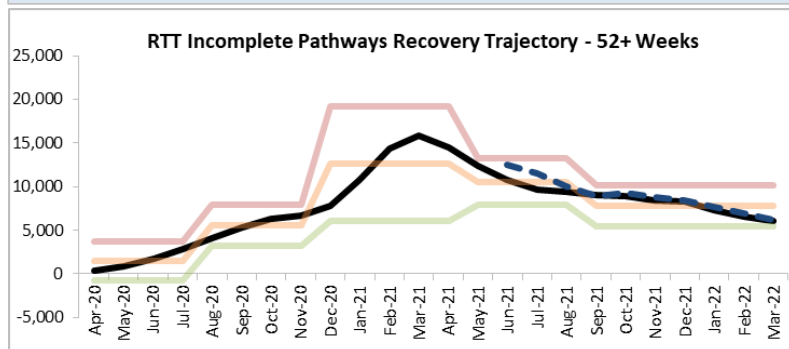
Responsible Director Update

- An elective recovery plan has been developed with improvement trajectories submitted through to Mar-22. The diagnostic element of the recovery plan focuses on Imaging and Endoscopy diagnostic recovery in the first instance with performance tracked weekly by an executive level group. The following modalities each have an improvement trajectory with imaging modality recovery supported by demand and capacity modelling as well as detailed performance reports:
 - Magnetic Resonance Imaging
 - Computed Tomography
 - Non-Obstetric Ultrasound
 - Colonoscopy
 - Flexi Sigmoidoscopy
 - Gastroscopy
 - Echocardiography

RESPONSIVE

52+ Week RTT Breaches

May-22



52+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)

Specialty Name	Actual	Trajectory	Variance
ENT	964	1,124	-160
Trauma & Orthopaedics	765	1,208	-443
Colorectal Surgery	537	222	315
Urology	519	331	188
Gynaecology	455	245	210
General Surgery	378	314	64
Paediatric Dentistry	349	504	-155
Oral Surgery	265	371	-106
Gastroenterology	181	92	89
Paediatric Ear Nose And Throat	174	334	-160

104+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)

Specialty Name	Actual	Trajectory	Variance
ENT	124	0	124
Trauma & Orthopaedics	30	0	30
Gynaecology	19	0	19
Restorative Dentistry	18	0	18
Colorectal Surgery	17	0	17
Paediatric Dentistry	17	0	17
Oral Surgery	15	0	15
Urology	12	0	12
Vascular Surgery	8	0	8
Plastic Surgery	7	0	7

Note: this table shows all waiters at 52 weeks and above, including those at 104 weeks and above which are also shown separately in the second table

Performance Overview

- The NHS has been required to suspend elective services during peaks in the Covid-19 pandemic. This has had a significant impact on waiting lists across England, including growth in 52 week wait pathways. For Barts Health 6, 047 52 week breaches were recorded at the end of Mar-22 which represents a reduction of 9,802 breaches (62%) over a thirteen month period.
- Looking at London, of the 18 Trusts reporting 52 week breaches for Feb-22 (the most recent national data), Barts Health ranked 17th with 6.4% of the waiting list waiting 52 weeks or longer compared to a total London performance of 2.7%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 6th highest proportion of 52 week pathways, but across these top 10 English providers the proportion of 52 week pathways was far higher than London at 8.0%.

Barts Health Performance Report

Responsible Director Update

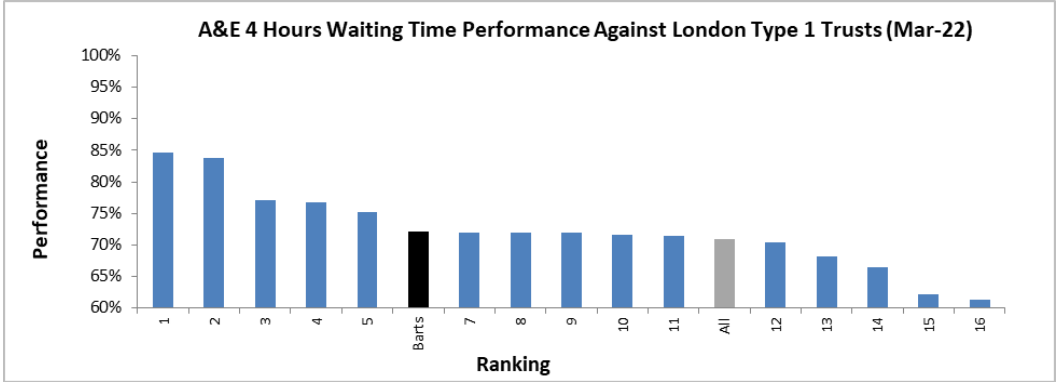
- Elective activity is being focussed on clinically prioritised and long-waiting patients with performance tracked each week by a senior executive-led operations group. Elective admitted and outpatient activity tracked above plan for the three month period Apr-21 to Jun-21 and long waiter reduction rates exceeded planned levels. For the period of Jul-21 to Sep-21 it became much more difficult to sustain planned elective activity levels due to non-elective pressures, including increasing numbers of Covid-19 patients, and the impact of a major incident (flooding) at Whipps Cross. From Dec-21 the impact of the Omicron Covid wave also severely impacted elective capacity as more patients were admitted and staff were redeployed. As a result, elective activity volumes fell relative to plan and the rate of reduction for long-waiting patients also slowed. For Oct-21, the Trust re-based its elective activity profile to take account of autumn and winter pressures and achieved its admitted plan for Oct and Nov-21; however, for the period Dec-21 to Mar-22 the trust under-achieved against the admitted trajectory though did deliver required outpatient activity volumes. For Mar-22 the volume of 52 week waits was 6,047 against a re-based planned position of 6,149 (93 better than plan).

26

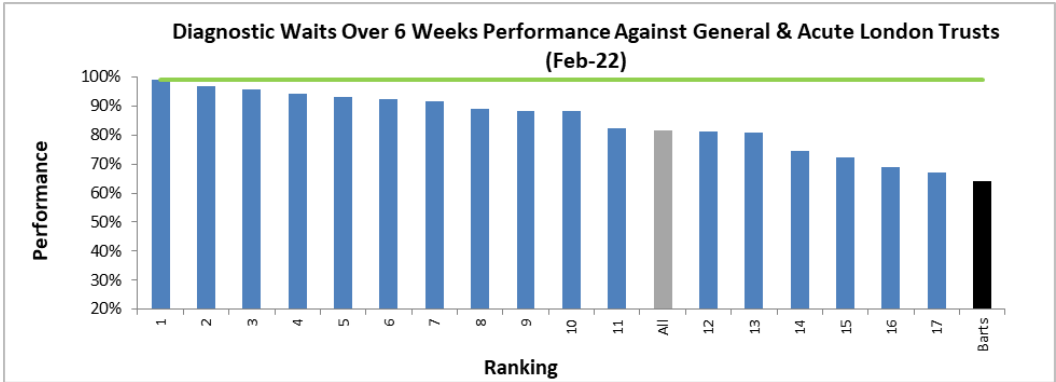
RESPONSIVE

Benchmarking Against Other Trusts

May-22



- For Mar-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 6th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

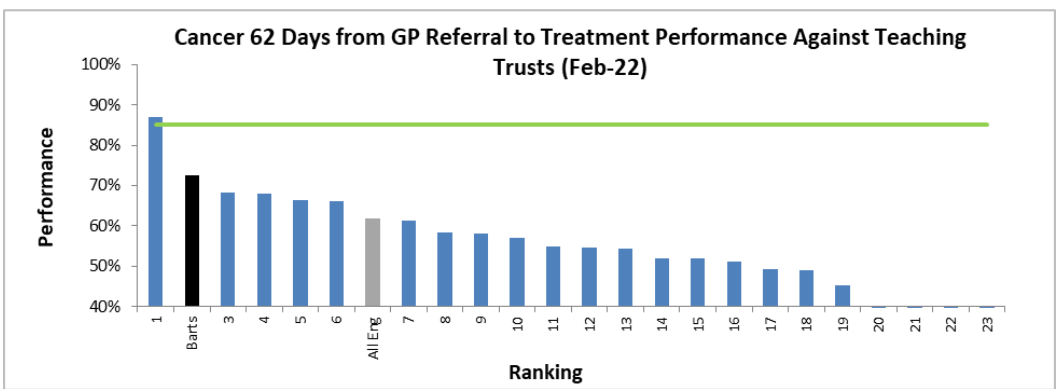
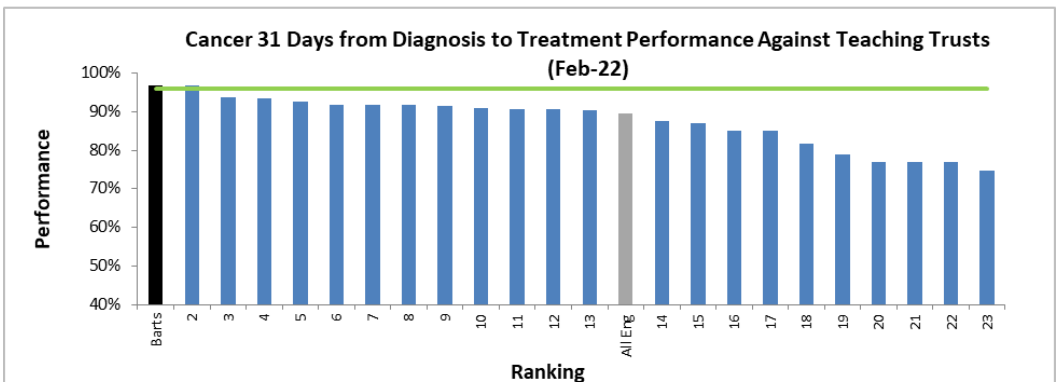
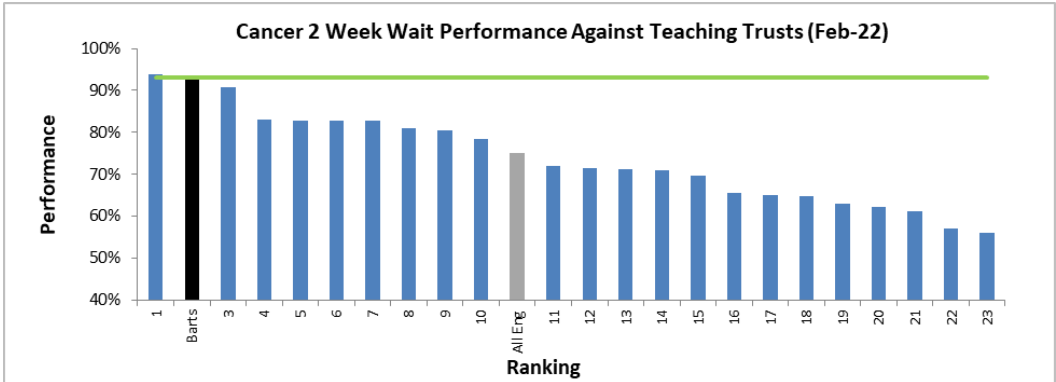


- Looking at the 18 London acute Trusts, for Feb-22 (the most recent national data), Barts Health was the worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was ranked 3rd in terms of performance.

RESPONSIVE

Benchmarking Against Other Trusts

May-22

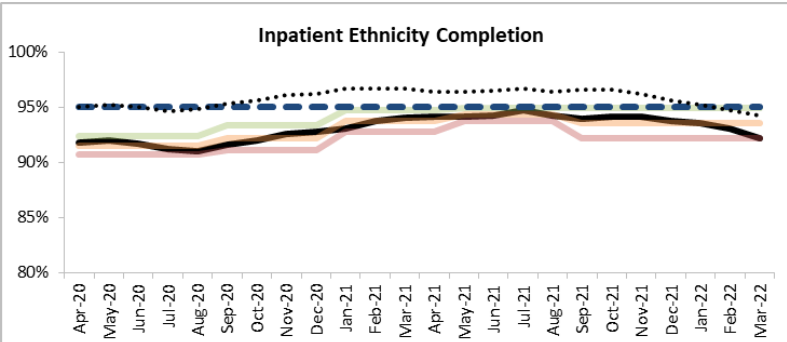
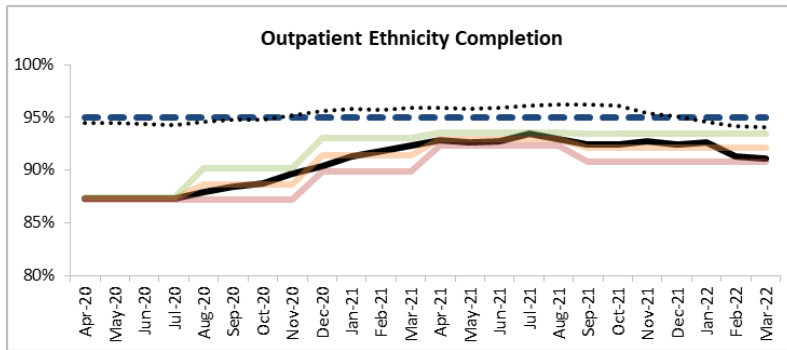
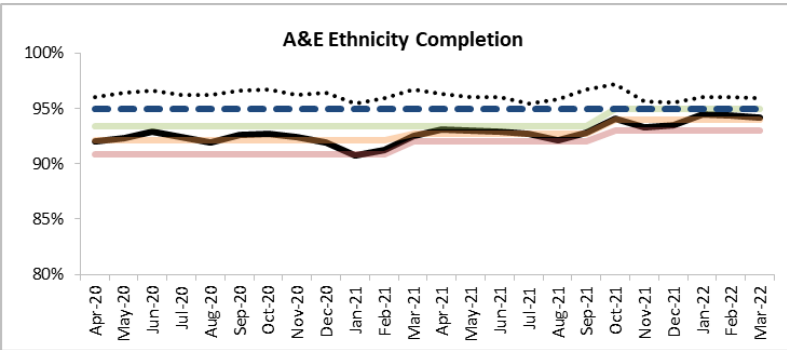


- During Jan-22 the trust did not meet the target, however returned to compliance in Feb-22 with a performance of 97.3% against a target of 93%. In relation to benchmarked performance Barts Health ranked second best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in Feb-22 against the 31 Day Diagnosis to Treatment standard, recording a performance of 97.0% against the 96% target. For Feb-22, Barts Health was the best performing of the 23 Teaching Trusts.
- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Feb-22. For Feb-22, the Trust recorded a performance of 73.0%. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The cancer leadership team is aiming to return to compliance with the standard by the end of Mar-22. Against the 23 teaching trust peers Barts Health was ranked second best performing.

RESPONSIVE

Ethnicity Recording by Activity Type

May-22



Site	A&E	Inpatient	Outpatient
Royal London	94.4%	88.7%	89.2%
Whipps Cross	93.6%	93.4%	90.8%
Newham	94.3%	96.0%	95.6%
St Bart's	-	96.1%	91.7%
Other	-	-	87.5%
Trust	94.2%	92.2%	91.1%

The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North East London GP data on ethnicity were to be included; this will not yet be reflected in the Trust's reported performance or NHS Digital external dashboards

Performance Overview

- Overall, performance across the Trust has not changed since last month.
- Trust-wide, A&E continues to achieve the highest capture rates at 94.2%. Inpatient services Trust-wide have seen a slight dip in capture with rates falling to 92.2% from 92.9% last month. Outpatients continues to prove the most challenging area to increase capture rates at 91.1%, changing little from last month.
- Newham again has achieved ethnicity capture above 95% for both Inpatients (96%) and Outpatients (95.6%) making it the best performing site overall this month. St Barts has also achieved 96.1% in Inpatients this month.
- Efforts to increase ethnicity capture at Royal London have resulted in the highest capture rate for A&E out of all three sites at 94.4%. However, there is still much work to do to improve ethnicity capture in Inpatients (88.7%) and Outpatients (89.2%) at RLH.

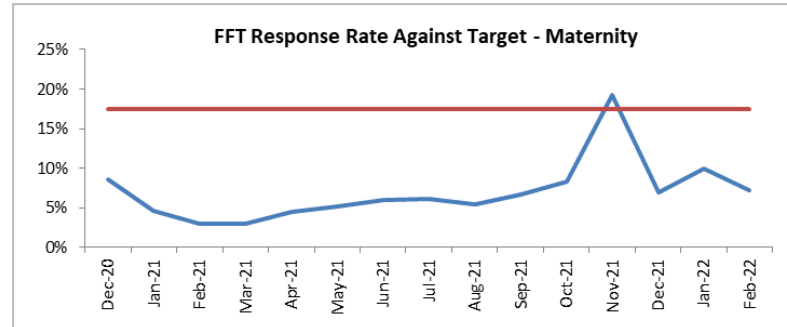
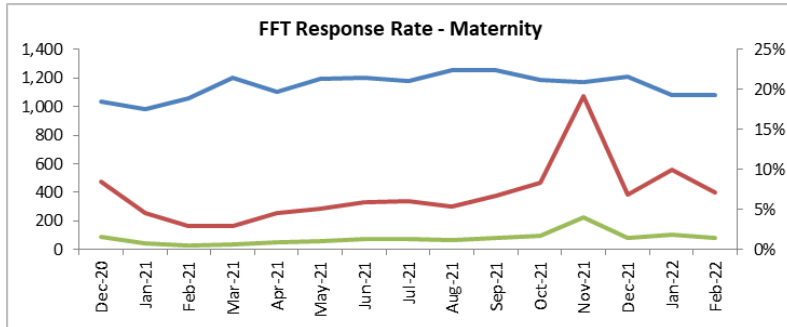
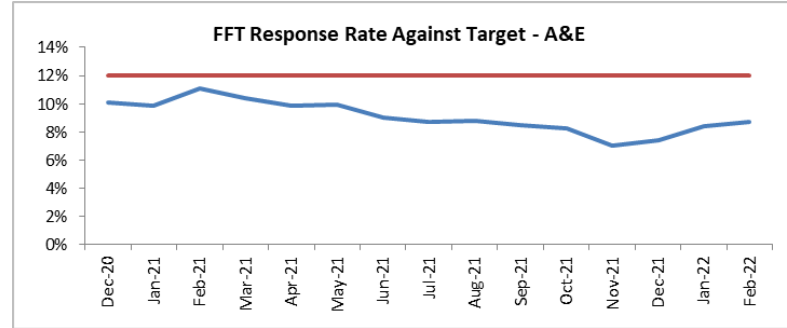
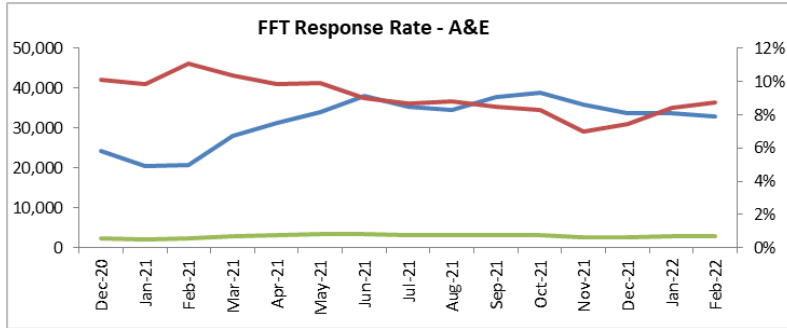
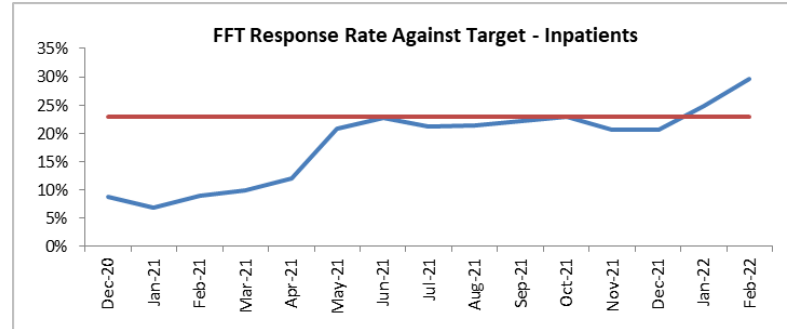
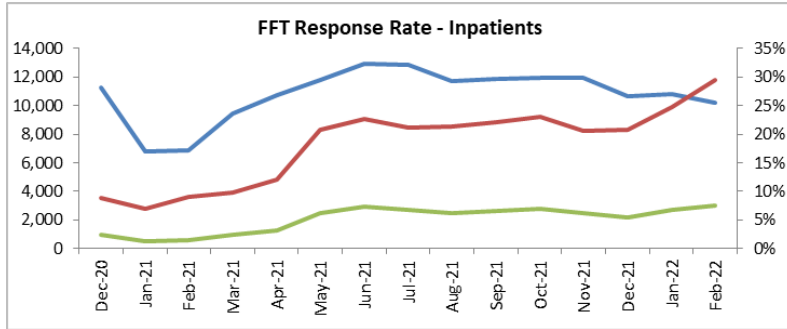
Responsible Director Update

- The Trust has included achieving 95% ethnicity capture across A&E, Inpatient and Outpatient services at all sites to its planning objectives for 2022/2023.
- Given improvement at NUH over the last few months, we will be working with the team to gather and share learning with other sites, particularly in the collection of ethnicity data in Outpatient services.
- The uploading of GP data contributes to improving the overall position. Additionally, the Trust is looking into the automatic download of this data, rather than manual, which would further help sites improve.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Patient Experience	C12	MSA Breaches	●	○	○	Mar-22 (m)	<= 0	30	29	132	2	11	16	0	-	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2021/22 Q3 (q)	SPC Breach	23.2	24.8	24.8	26.3	44.0	35.3	20.4	-	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Feb-22 (m)	>= 95%	90.1%	90.8%	89.9%	87.9%	94.5%	82.0%	91.4%	-	-	●
	C2	FFT Recommended % - A&E	●	○	○	Feb-22 (m)	>= 86%	68.0%	63.8%	65.4%	61.0%	72.5%	54.1%	-	-	-	●
	C3	FFT Recommended % - Maternity	●	○	○	Feb-22 (m)	>= 96%	94.4%	88.5%	93.5%	90.0%	95.1%	77.8%	-	-	-	●
	C20	FFT Response Rate - Inpatients	●	○	●	Feb-22 (m)	>= 23%	24.8%	29.5%	21.7%	22.9%	55.3%	14.1%	25.9%	-	-	●
	C21	FFT Response Rate - A&E	●	○	○	Feb-22 (m)	>= 12%	8.4%	8.7%	8.6%	9.0%	10.9%	6.3%	-	-	-	●
	C22	FFT Response Rate - Maternity	●	○	○	Feb-22 (m)	>= 17.5%	9.9%	7.2%	7.7%	2.5%	14.9%	6.7%	-	-	-	●
	OH4	CQC Inpatient Survey	●	○	○	2020/21 (y)	>= 85%	84.0%	85.0%	85.0%	87.0%	81.0%	75.0%	93.0%	-	-	○
Service User Support	R78	Complaints Replied to in Agreed Time	●	○	○	Mar-22 (m)	>= 85%	72.8%	79.7%	84.5%	85.4%	74.3%	61.9%	100.0%	-	-	●
	R30	Duty of Candour	●	○	○	Feb-22 (m)	>= 100%	89.6%	64.9%	87.9%	46.7%	85.7%	50.0%	100.0%	-	-	●

*The metric "Complaints Replied to in Agreed Time" has a Trust-wide target of 85% but an internal stretch target for sites of 95%

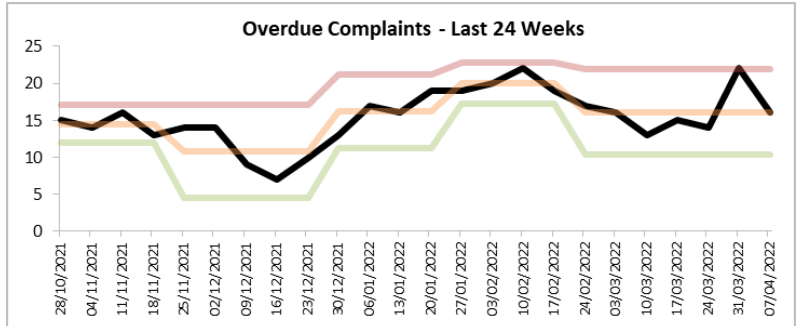
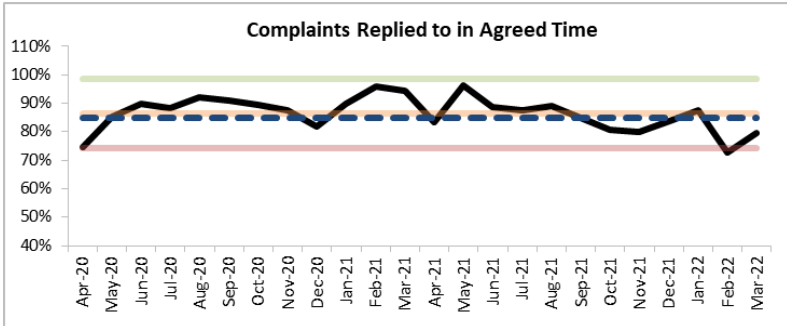
FFT Response Rate



— Eligible to Respond — Responded — Response Rate

— Response Rate — Target

CARING **Complaints Replied to in Agreed Time** **May-22**

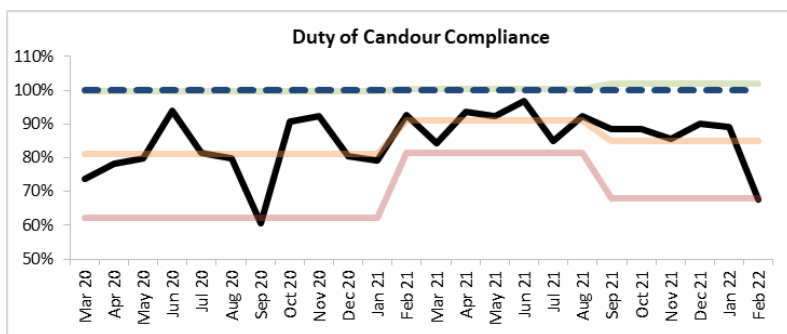


Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	305	47
Communication - verbal / written / electronic	153	13
Delays in care	117	14
Appointments / Clinics	46	14
Security and unacceptable behaviour	28	12

Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Communication - verbal / written / electronic	7	9	3	28
Delays in care	3	55	11	138
Diagnosis / Treatment	3	8	1	14
Privacy and dignity	2	4	3	4
Equipment and supplies	1	15	15	15

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> There was a dip in response performance in Feb- 22 due to staff sickness absence but this has been somewhat recovered in Mar -22. Otherwise the Trust’s response performance has been consistently around the 80% target agreed with our commissioners. A small of number of complaints remained overdue for a response during this period although, because there are legitimate reasons why complaints may be overdue, this is felt to be close to being an irreducible minimum 	<ul style="list-style-type: none"> Diagnosis & treatment, communication and delays in care, continue to be top reasons for raising concerns during this period. Numerous patient experience projects are underway across the Trust which address these themes including the elective recovery programme for patients who have exceeded the waiting time for appointments and connects the Trust to ‘long waiters’ providing the assurance and resolution of concerns around waiting too long for appointments.

Duty of Candour



Site	No of Apologies	No of Incidents	Compliance
Trust	21	31	67.7%
Royal London	4	9	44.4%
Whipps Cross	12	14	85.7%
Newham	3	6	50.0%
St Bart's	2	2	100.0%
Other	0	0	N/A
Of Which CSS	0	0	N/A

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	88.9%	97.1%	96.4%	95.7%	93.6%
This Period	67.7%	93.5%	90.3%	87.1%	90.3%

Performance Overview

- Performance across the Group in Feb-22 was 64.9%, a significant deterioration from the Jan-22 position of 87.2%. This has impacted on 2021/22 year to date performance which is now 87.9%.
- The performance quoted relates to the trust's own internal target to offer an apology within 10 working days, rather than reflecting performance against the legal duty. Only two (of 31) patients have not received an apology at the time of writing
- This is the first time since last June that performance has dipped below the mean control line. This will be closely monitored in the coming months for signs of an ongoing trend

Responsible Director Update

- All hospital sites (except St Bartholomew's with low incident numbers) have seen a significant downturn in performance
- Underlying factors are thought to be recovery pressures and staff sickness absence
- This is an area of continued focus for the Hospitals as they try to improve their performance, subject to the constraints outlined above
- A Duty of Candour sub-group (of the Safety Committee) is actively continuing with preparations to change the way that the Trust manages the Duty of Candour as a result of known risks and complications and also address the recommendations made in a recent internal audit report
- Hospital leadership teams are focusing on this important improvement programme and assurance on the quality of the written letters sent to patients or their families.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Infection Control	S10	Clostridium difficile - Infection Rate	●	○	○	Mar-22 (m)	<= 32	16.7	12.7	12.5	-	-	-	-	-	-	○
	S11	Clostridium difficile - Incidence	●	○	○	Mar-22 (m)	<= 15	19	7	152	0	0	0	0	-	0	○
	S2	Assigned MRSA Bacteraemia Cases	●	○	○	Mar-22 (m)	<= 0	0	0	6	0	0	0	0	-	0	○
	S77	MSSA Bacteraemias	○	○	○	Mar-22 (m)	SPC Breach	19	9	174	0	0	0	0	-	0	○
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Feb-22 (m)	<= 9	11	12	135	6	2	0	4	-	0	○
Incidents	S3	Never Events	●	○	○	Mar-22 (m)	<= 0	0	0	3	0	0	0	0	-	0	○
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	○	Mar-22 (m)	<= 0.9%	1.5%	1.7%	1.6%	1.4%	1.5%	1.4%	2.2%	-	-	○
	S45	Falls Per 1,000 Bed Days	●	○	○	Mar-22 (m)	<= 4.8	3.5	3.1	3.5	3.0	2.6	3.5	4.3	-	-	○
	S25	Medication Errors - Percentage Causing Harm	●	○	○	Mar-22 (m)	<= 4%	7.0%	6.0%	4.0%	5.4%	1.7%	16.7%	4.4%	-	-	●
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	○	Mar-22 (m)	SPC Breach	54.1	50.0	55.2	38.2	62.4	53.5	58.8	-	-	○
	S53	Serious Incidents Closed in Time	●	○	○	Mar-22 (m)	≥ 100%	27.3%	23.1%	35.9%	42.9%	0.0%	0.0%	0.0%	-	-	●

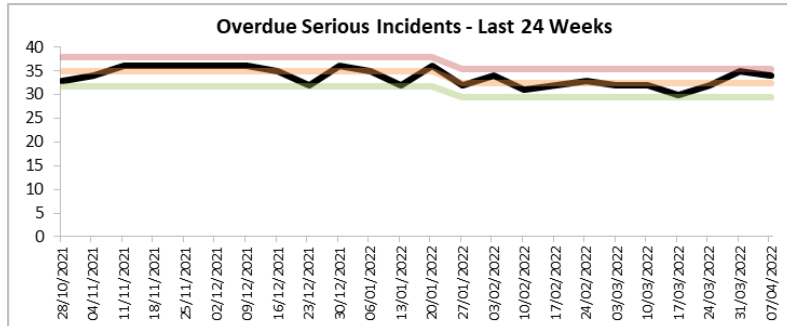
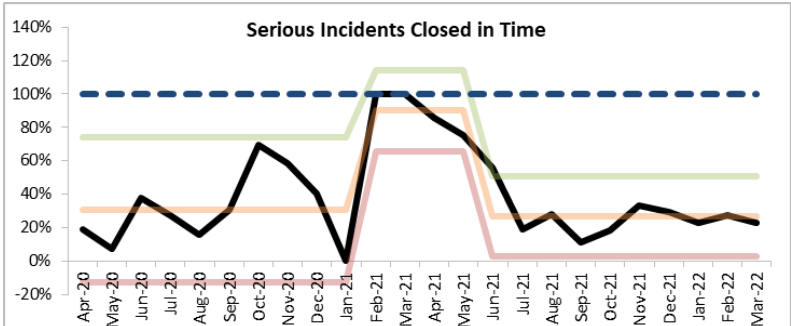
Serious Incidents Closed in Time: clock stops are still in place nationally and Barts Health continues to monitor the Serious Incident process according to internal targets – more details are on the “Changes to Report” page of this report.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	○	○	Mar-22 (m)	<= 0.6	1.4	1.2	1.1	1.3	0.9	1.6	1.1	-	-	○
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	●	Mar-22 (m)	SPC Breach	0.3	0.1	0.2	0.1	0.1	0.1	0.0	-	-	○
	S17	Emergency C-Section Rate	○	●	○	Feb-22 (m)	-	19.5%	19.2%	19.1%	20.5%	16.6%	19.8%	-	-	-	○
	S27	Patient Safety Alerts Overdue	●	○	○	Mar-22 (m)	<= 0	2	1	1	-	-	-	-	-	-	○
Assess & Prevent	S36	VTE Risk Assessment	●	○	○	Mar-22 (m)	>= 95%	97.1%	96.1%	97.1%	97.9%	93.0%	93.3%	92.7%	-	-	○
	S5	Dementia - Screening				Feb-20 (m)	>= 90%	95.0%	95.5%	95.0%	93.4%	97.5%	96.8%	83.7%	-	-	
	S6	Dementia - Risk Assessment				Feb-20 (m)	>= 90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	
	S7	Dementia - Referrals				Feb-20 (m)	>= 90%	73.3%	57.1%	86.4%	16.7%	100.0%	100.0%	0.0%	-	-	

Dementia metrics: Feb-20 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report.

SAFE **May-22**

Serious Incidents Closed in Time



Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	30	4
Obstetrics	13	3
Treatment	12	1
Patient Falls	8	0
Medication	4	1

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	10	67	8	159
Obstetrics	6	42	1	88
Patient Falls	3	34	10	81
Treatment	3	62	9	152
Safeguarding Children	2	23	15	31
Patient Action	2	27	27	27
Medication	2	53	14	91
Appointments and Clinics	2	28	8	48

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Trust performance closing serious incidents on time deteriorated slightly to 23.1% in Mar 22 from 27.3% in Feb 22. Year to date performance is 35.9% against a target of 100%. Overdue reports decreased slightly, all but three of these are attributable to two sites 	<ul style="list-style-type: none"> The 60 day time limit for the submission of serious incident investigation reports has been suspended during the pandemic. The expected decision from NHS England/Improvement as to whether this time limit will be removed permanently from 2022/23 was not forthcoming. The suspension of the 60 day time limit is therefore assumed to be in force until information to the contrary becomes available The hospital sites remain focussed on completing more investigations on time and reducing the number of overdue investigations but this is challenging due to ongoing COVID and recovery pressures as well as staff sickness absence

EFFECTIVE Domain Scorecard May-22

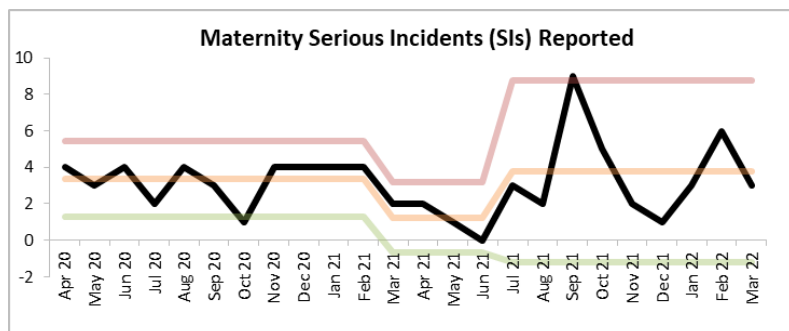
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●	○	○	Oct-21 (m)	<= 100	94	93	93	87	99	101	86	-	-	○
	E3	Risk Adjusted Mortality Index	●	○	○	Jan-22 (m)	<= 100	91	91	91	90	98	87	82	-	-	○
	E25	Number of Avoidable Deaths	○	○	○	2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	-	○
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●	○	○	Mar-22 (m)	<= 0.51	0.77	0.52	0.75	0.52	0.79	0.38	0.40	-	-	●

Summary Hospital-Level Mortality Indicator and Risk Adjusted Mortality Index: these metrics are adjusted for Covid-19 (i.e. confirmed or suspected cases of Covid-19 are not included).

SPOTLIGHT

Maternity Serious Incidents (SIs)

May-22



Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	0	0	3	3
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	0	0	0	0
% HSIB Investigations	-	-	0.0%	0.0%

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	11	7	19	37
Antenatal - Antepartum Stillbirth	2	1	4	7
Neonatal - pH <7.1(arterial) at birth	3	1	1	5
Neonatal - Unanticipated admission to Neonatal unit	3	1	1	5
Intrapartum - Stillbirth	1	1	2	4
Intrapartum - Retained vaginal swab/tampon	1	1	1	3

Progress Summary

In this period, only NUH site reported SIs (3). Two were related to antenatal care: inadequate provision of choice for termination of a 24 weeks pregnancy affected by trisomy 18 and the other one relates to the delay in vetting a high risk patient for consultant care, contributing to mother’s hypertension progressing to severe eclampsia at 27 weeks. The other SI relates to out of hours systems of contacting an on call consultants to attend an obstetric haemorrhage. The delay in contacting the consultant did not affected the team management of the obstetric haemorrhage of the last SI.

Noteworthy Improvements

- Momentum is being maintained on improving the number of SI actions closed and improvement is also observed in the use of Datix to identify HSIB reportable cases.
- The Screening incidents framework is currently undergoing ratification into the Trust Adverse Incident policy which will aligns the Trust to the Public Health England framework.

Risks & Issues

Work underway to review the Full Ockenden Report (updated separately in the Board Papers)

May-22



Finance Report



KEY METRICS

Finance Key Metrics

May-22

Metrics	Current Performance		Trend	Comments
	Year To Date	Emillions		
NHS Financial Performance Surplus / (Deficit)	Plan	(0.0)		The Trust is reporting a £0.4m favourable variance against its breakeven plan for the draft year end position.
	Actual	0.4		
	Variance	0.4		
Total Income	Plan	2,004.9		Income is £27.6m favourable year to date. NHS Patient Treatment income is £15.3m favourable driven by over performance against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m) and additional allocations notified in quarter 4 including elective funding for independent sector provider costs in H2 and specialist commissioning contract variations. Other income is £12.3m favourable. Sites and Services other income is (£0.5m) adverse, mainly due to reduced private patients activity (£2.2m adverse) and estates property income (£1.3m adverse), offset by Medical Support Worker income (£1.8m favourable) and COVID-19 Clinical Pathology reimbursement income (£1.7m favourable). Central other income is £12.8m favourable, which includes donated income from DHSC for COVID-19 response (£7.2m), with the corresponding spend offset in expenditure and income allocations confirmed by commissioners at year end.
	Actual	2,032.5		
	Variance	27.6		
Total Expenditure	Plan	(2,004.9)		Expenditure is (£27.2m) adverse year to date. Site & Services expenditure is (£26.2m) adverse with the largest overspends being for growth in high cost drugs (£13.5m) and for purchase of independent sector activity to support elective recovery (£9.0m). Pay is underspent by £6.9m year to date, but is now overspending on a monthly basis due to increasing substantive and temporary staffing levels and the use of high cost off-framework agencies. Central expenditure is (£1.0m) adverse due to movements on central provisions.
	Actual	(2,032.1)		
	Variance	(27.2)		
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan	(173.5)		The Trust is reporting a pre system top-up deficit of £173.1m, which is a £0.4m favourable variance against the year to date plan. The system top-up is an allocation the North East London system receives for its providers during the period of COVID-19 financial arrangements and effectively replaces what was known as the Financial Recovery Fund (FRF) allocation pre-pandemic. System top-up funding is primarily based on NHS England's calculation of the Trust's pre-pandemic (2019/20) underlying deficit.
	Actual	(173.1)		
	Variance	0.4		

KEY METRICS

Finance Key Metrics

May-22

Metrics	Current Performance	Trend	Comments	
	Year To Date £millions			
Capital Expenditure	Plan	84.1		<p>The capital expenditure outturn was higher than planned, however additional Capital Resourcing Limit cover has been secured. The final funding from exchequer sources was £89.4m and the Trust's capital programme was £89.2m (excluding schemes funded by donated sources), which gives an underspend against the Capital Resourcing Limit of £0.2m.</p>
	Actual	89.2		
	Variance	5.1		
Cash	Plan	35.0		<p>Closing cash balances are higher by £51.7m compared to a plan of £35.0m, as a result of the movements in working capital. The Trust made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance.</p>
	Actual	86.7		
	Variance	51.7		

Key Year To Date Issues
 A draft year end position of £0.4m surplus has been reported to NHS England and Improvement (£0.5m favourable against plan) and is part of the delivery of an overall balanced position against the financial envelope for North East London ICS. This draft position will now be subject to external audit prior to adoption of the accounts by the Trust Board.

**INCOME &
EXPENDITURE**

Income & Expenditure - Trustwide

May-22

20/21 YTD Prev Yr Actual	£millions	In Month			Year to Date			Annual Plan
		Plan	Actual	Variance	Plan	Actual	Variance	
	Income							
1,441.3	NHS Patient Treatment Income	129.9	132.4	2.4 ●	1,473.1	1,491.6	18.5 ●	1,473.1
1.6	Other Patient Care Activity Income	0.3	0.9	0.6 ●	5.4	3.0	(2.4) ●	5.4
110.6	Other Operating Income	10.6	12.7	2.1 ●	120.8	122.7	1.9 ●	120.8
1,553.5	Total Income	140.8	145.9	5.1 ●	1,599.3	1,617.3	18.0 ●	1,599.3
	Operating Expenditure							
(1,010.9)	Pay	(95.0)	(98.9)	(3.9) ●	(1,084.0)	(1,077.1)	6.9 ●	(1,084.0)
(173.0)	Drugs	(15.0)	(18.2)	(3.1) ●	(178.1)	(190.8)	(12.7) ●	(178.1)
(111.4)	Clinical Supplies	(10.5)	(10.9)	(0.5) ●	(124.6)	(125.9)	(1.3) ●	(124.6)
(297.6)	Other Non Pay	(25.1)	(28.1)	(3.0) ●	(287.2)	(306.3)	(19.0) ●	(287.2)
(1,592.9)	Total Operating Expenditure	(145.6)	(156.0)	(10.5) ●	(1,673.9)	(1,700.1)	(26.2) ●	(1,673.9)
(39.4)	Site & Services Budgets Total	(4.8)	(10.1)	(5.3) ●	(74.6)	(82.8)	(8.2) ●	(74.6)
(60.8)	Pathology Partnership (net)	(5.2)	(3.6)	1.6 ●	(62.1)	(61.4)	0.6 ●	(62.1)
(30.8)	Vaccination Programme & Nightingale (net)	0.0	(0.0)	(0.0) ●	0.0	(0.0)	(0.0) ●	0.0
(0.1)	Research & Development (net)	0.0	2.4	2.4 ●	0.0	2.4	2.4 ●	0.0
37.1	Central NHS PT Income	2.7	(3.0)	(5.7) ●	111.9	116.2	4.3 ●	111.9
(15.0)	Central RTA & OSV Income (net)	0.6	(0.6)	(1.2) ●	5.9	0.8	(5.1) ●	5.9
(8.3)	Central Expenditure (net)	(0.9)	6.3	7.3 ●	(11.4)	(22.1)	(10.6) ●	(11.4)
1.9	Reserves (net)	5.5	4.9	(0.6) ●	(11.3)	1.0	12.3 ●	(11.3)
(115.4)	EBITDA	(2.1)	(3.6)	(1.6) ●	(41.6)	(45.9)	(4.3) ●	(41.6)
(52.6)	Depreciation and Amortisation (net)	(4.9)	(5.1)	(0.2) ●	(56.4)	(56.7)	(0.4) ●	(56.4)
(64.5)	Interest	(6.4)	(5.4)	1.0 ●	(65.2)	(64.1)	1.1 ●	(65.2)
(5.4)	PDC Dividends	(0.6)	0.3	0.9 ●	(10.4)	(6.4)	4.0 ●	(10.4)
(237.9)	Surplus/(Deficit) Before System Top-Up	(14.0)	(13.8)	0.2 ●	(173.5)	(173.1)	0.4 ●	(173.5)
237.9	System Top-Up Income	14.0	14.0	- ●	173.5	173.5	- ●	173.5
0.0	NHS Reporting Surplus/(Deficit)	0.1	0.2	0.2 ●	(0.0)	0.4	0.4 ●	(0.0)
0.1	Profit On Fixed Asset Disposal		0.0			0.2		
-	Loss on return of COVID assets to DHSC		-			(6.8)		
12.7	Capital Donations I&E Impact		0.8			1.1		
(15.3)	Fixed Asset Impairments		(15.1)			(15.1)		
12.8	Surplus / (Deficit)	(14.2)	(14.2)		(20.4)	(20.4)		

20/21 YTD Actual	Programme Area Millions	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance	%
18.0	Equipment (Medical and Other)	1.3	8.6	(7.3)	(547)%	12.7	18.9	(6.2)	(49)%	13.1	13.0	0.0	0%
13.3	Informatics	0.3	2.6	(2.3)	(660)%	7.6	8.6	(1.0)	(13)%	8.2	7.4	0.8	10%
23.4	Estates	9.5	4.7	4.8	50%	35.9	31.9	4.0	11%	32.6	28.4	4.2	13%
15.8	New Build and Site Vacations	4.0	2.4	1.6	41%	19.1	17.3	1.7	9%	21.4	27.9	(6.4)	(30)%
8.7	PFI Lifecycle Assets	0.7	0.7	(0.0)	(0)%	8.8	8.7	0.1	2%	8.8	8.7	0.1	2%
-	Finance Lease	-	3.9	(3.9)	-%	-	3.9	(3.9)	-%	-	3.9	(3.9)	-%
79.3	Total Exchequer Programme exc. COVID19	15.9	22.9	(7.0)	(44)%	84.1	89.2	(5.1)	(6)%	84.1	89.2	(5.1)	(6)%
12.2	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-
22.0	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-
5.7	COVID19 Expenditure - UEC	-	-	-	-	-	-	-	-	-	-	-	-
1.6	COVID19 - Endoscopy recovery	-	-	-	-	-	-	-	-	-	-	-	-
0.9	COVID19 - Restart	-	-	-	-	-	-	-	-	-	-	-	-
42.3	Total COVID19	-	-	-	-%	-	-	-	-%	-	-	-	-%
121.6	Total Trust Funded Assets	15.9	22.9	(7.0)	(44)%	84.1	89.2	(5.1)	(6)%	84.1	89.2	(5.1)	(6)%
6.2	Donated	0.6	1.1	(0.5)	(91)%	7.0	4.8	2.2	32%	4.9	4.8	0.1	3%
127.8	Total Capital Expenditure	16.4	24.0	(7.6)	(46)%	91.1	94.0	(2.9)	(3)%	89.0	94.0	(5.0)	(6)%

Key Messages

The full year funded exchequer capital plan was £84.1m (£84.3m in Month 11). The change since Month 11 is due to a finance lease repayment adjustment for John Harrison House (£0.3m) offset by the late award of £0.1m PDC for a digital maternity project.

The full year outturn was £89.2m which includes an additional £3.9m to account for the late identification of the ongoing finance lease for John Harrison House due to the Trust not enacting the break clause at March 2022.

Outturn exchequer funding allocated to the Trust was £93.0m, but due to late notification of PDC funding, £3.8m was not drawn down because it could not be utilised in the remaining weeks of the financial year. The resulting actual secured funding/drawdown was £89.4m. This includes additional non cash backed CRL cover of £8.9m from the London capital underspend, comprising £5.0m to fund the overcommitment of the capital programme (as agreed with NEL and NHSL) and an additional £3.9m for the finance lease extension. Details are currently being finalised with NHSE/I.

There is a small underspend of £0.2m between the outturn capital programme of £89.2m and the CRL of £89.4m. This is a timing difference which arose due to amendments made to complete the year end position resulting in a technical adjustment after the request for additional CRL cover to fund the over commitment had been made. This may be netted off of our CRL request by NHSE/I so that we deliver a breakeven position.

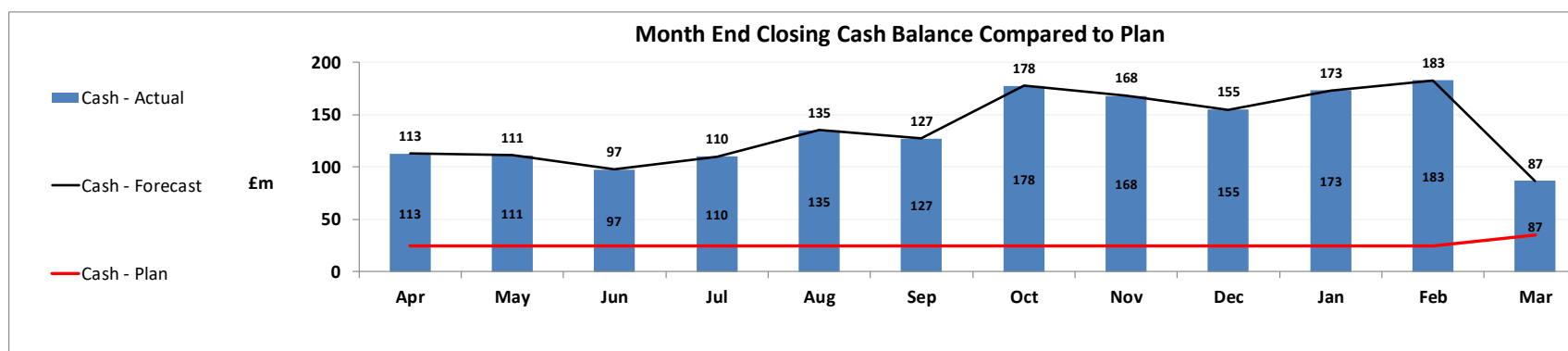
Of the total PDC funds made available to the Trust of £26.8m, £23.0m has been drawn down. The balance of the funds not drawn largely relate to the Cancer Assessment Centre at SBH which received Target Investment Fund funding of £2.9m but could not be progressed in year.

Expenditure in Month 12 was £22.9m (£7.9m in Month 11 and £26.2m in 2020/21 Month 12) to reach the full year outturn of £89.2m (£66.3m in Month 11). This continues the trend that we were trying to avoid where Month 12 expenditure is considerably higher causing lots of additional pressure on all staff involved and additional work around the year end. A lessons learned session is planned for later this month to see if improvements can be made to try and avoid this situation going forward.

Against the planned donated programme of £4.9m, the Trust secured £4.8m of funds and incurred £4.8m of cost.

Capital Funding				
	Capital Plan	Secured	Not Yet Secured	% Secured
Gross Depreciation	56.7	56.7	-	100%
Repayment of PFI Finance Lease	(25.0)	(25.0)	-	100%
Repayment of Loan/Other Finance Leases	(2.1)	(2.1)	-	100%
Net Depreciation	29.6	29.6	-	100%
CRL (not cash backed)	27.6	27.8	(0.2)	101%
Additional CRL from NHSL (not cash backed)	-	8.9	(8.9)	-%
Specific PDC: WXH Redevelopment	3.8	3.6	0.2	95%
Specific PDC: WXH Enabling works	6.7	6.3	0.4	94%
Specific PDC: Helipad	1.2	1.2	-	100%
DHSC CRL from Steels Lane	1.6	1.6	-	100%
Specific PDC: Diagnostics	1.1	1.1	-	100%
PDC - Rapid Testing Device Interopability (POC)	0.0	0.0	-	100%
PDC - Home reporting upgrades	0.7	0.6	0.1	84%
PDC - Imaging Academy	0.1	0.1	-	100%
PDC - Digital Pathology	0.6	0.6	-	100%
PDC - Procure/Implement Backup Capability	0.1	0.1	-	100%
PDC - LIMS Pathology Network	0.6	0.6	-	100%
PDC - Echo Simulator	0.1	0.1	-	100%
PDC - MSK - triage/referral optimisation	0.2	0.2	-	100%
PDC - Community Pharmacy	0.3	0.2	0.1	64%
PDC - Network solution	0.2	0.2	-	100%
PDC - TNE equipment	0.3	0.3	-	100%
PDC - digital workforce	0.0	-	0.0	-%
PDC - Digital maternity	0.1	0.1	-	100%
Specific PDC: Targeted Investment Fund	5.7	2.9	2.8	51%
Specific PDC: CDH MRI at MEH	3.7	3.5	0.2	96%
Planned Capital exc. Donated	84.0	89.4	(5.4)	106%
Asset sales	0.0	0.0	-	100%
Total Approved Exchequer Funding exc. Donated*	84.1	89.4	(5.4)	106%
Donated	4.9	4.8	0.1	97%
Planned Capital inc. Donated	89.0	94.0	(5.2)	106%
*(Over)/Under commitment vs Forecast	0.2			

£millions	Actual												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	54.4	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	154.9	173.2	182.9	54.4
Cash inflows													
Healthcare contracts	118.0	116.1	123.4	123.2	144.5	140.2	144.9	136.8	132.1	128.3	138.3	124.3	1,570.1
Other income	54.2	38.8	51.3	50.5	46.9	49.9	68.2	44.0	40.1	42.9	55.1	16.5	558.4
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	23.3	23.3
Total cash inflows	172.2	154.9	174.7	173.7	191.4	190.1	213.1	180.8	172.2	171.2	193.4	164.1	2,151.8
Cash outflows													
Salaries and wages	(51.5)	(50.5)	(51.1)	(53.4)	(52.7)	(59.0)	(54.7)	(53.3)	(53.4)	(56.4)	(56.6)	(60.1)	(652.7)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.4)	(38.0)	(39.8)	(45.5)	(40.6)	(39.8)	(38.9)	(43.7)	(65.9)	(469.2)
Non pay expenditures	(49.8)	(64.0)	(95.4)	(64.0)	(71.3)	(93.5)	(57.5)	(92.9)	(85.6)	(53.1)	(80.3)	(119.8)	(927.2)
Capital expenditure	(9.7)	(6.6)	(2.5)	(4.5)	(4.2)	(3.7)	(5.2)	(3.4)	(6.6)	(4.5)	(3.1)	(14.5)	(68.5)
Dividend and Interest payable	-	-	-	-	-	(1.9)	-	-	-	-	-	-	(1.9)
Total cash outflows	(113.8)	(156.4)	(188.5)	(161.3)	(166.2)	(197.9)	(162.9)	(190.2)	(185.4)	(152.9)	(183.7)	(260.3)	(2,119.5)
Net cash inflows / (outflows)	58.4	(1.5)	(13.8)	12.4	25.2	(7.8)	50.2	(9.4)	(13.2)	18.3	9.7	(96.2)	32.3
Closing cash at bank - actual / forecast	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	154.9	173.2	182.9	86.7	86.7
Closing cash at bank - plan	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	35.0	35.0



Key Messages

Closing cash balances are higher by £51.7m compared to a plan of £35.0m, as a result of the movements in working capital. The Trust made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance.

Statement of Financial Position

May-22

20/21		Actual												
31 Mar 2021	Emillions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	20/21 v 21/22
	Non-current assets:													
1,388.7	Property, plant and equipment	1,386.9	1,388.0	1,386.8	1,387.8	1,388.9	1,386.8	1,388.5	1,390.9	1,391.9	1,393.6	1,396.3	1,430.8	42.1
0.1	Intangible assets	0.1	0.0	0.0	0.1	0.1	0.1	0.2	0.2	0.4	0.5	0.5	0.2	0.1
15.8	Trade and other receivables	14.1	16.1	16.3	16.4	16.5	16.7	16.8	16.9	17.1	17.1	17.0	15.2	(0.6)
1,404.6	Total non-current assets	1,401.1	1,404.1	1,403.1	1,404.3	1,405.5	1,403.6	1,405.5	1,408.0	1,409.4	1,411.2	1,413.8	1,446.1	41.6
	Current assets:													
22.0	Inventories	22.0	21.5	21.8	22.6	22.0	23.1	23.6	22.7	23.1	22.3	22.0	24.3	2.3
130.8	Trade and other receivables	119.5	130.3	146.6	140.8	108.7	133.0	96.0	76.5	98.3	94.3	65.6	127.6	(3.2)
54.2	Cash and cash equivalents	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	154.9	173.2	182.9	86.7	32.5
207.0	Total current assets	254.3	263.1	265.9	273.3	265.8	283.4	297.1	267.3	276.3	289.8	270.5	238.6	31.6
1,611.6	Total assets	1,655.4	1,667.2	1,669.0	1,677.6	1,671.3	1,687.0	1,702.6	1,675.3	1,685.7	1,701.0	1,684.3	1,684.7	73.2
	Current liabilities													
(179.5)	Trade and other payables	(225.1)	(239.1)	(244.0)	(255.0)	(251.3)	(274.2)	(294.1)	(280.4)	(293.2)	(310.1)	(295.6)	(238.9)	(59.4)
(4.1)	Provisions	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(3.0)	(2.8)	(2.8)	(2.8)	(18.7)	(14.6)
(26.8)	Liabilities arising from PFIs / Finance Leases	(26.8)	(26.8)	(26.8)	(26.8)	(26.8)	(25.5)	(25.5)	(25.5)	(25.9)	(25.9)	(25.9)	(27.1)	(0.3)
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(210.4)	Total current liabilities	(256.0)	(270.0)	(274.9)	(285.9)	(282.2)	(303.8)	(323.7)	(308.9)	(321.9)	(338.8)	(324.3)	(284.7)	(74.3)
(3.4)	Net current (liabilities) / assets	(1.7)	(6.9)	(9.0)	(12.6)	(16.4)	(20.4)	(26.6)	(41.6)	(45.6)	(49.0)	(53.8)	(46.1)	(42.7)
1,401.2	Total assets less current liabilities	1,399.4	1,397.2	1,394.1	1,391.7	1,389.1	1,383.2	1,378.9	1,366.4	1,363.8	1,362.2	1,360.0	1,400.0	(1.1)
	Non-current liabilities													
(17.6)	Provisions	(17.4)	(17.3)	(17.2)	(17.1)	(16.8)	(16.7)	(16.6)	(5.5)	(5.5)	(5.7)	(5.5)	(6.0)	11.6
(941.2)	Liabilities arising from PFIs / Finance Leases	(939.0)	(937.1)	(934.5)	(932.4)	(930.3)	(928.9)	(926.7)	(924.7)	(921.7)	(919.6)	(917.7)	(917.7)	23.5
	Other Payables	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(958.8)	Total non-current liabilities	(956.2)	(954.4)	(951.7)	(949.5)	(947.1)	(945.6)	(943.3)	(930.2)	(927.7)	(925.8)	(923.7)	(924.1)	34.6
442.4	Total Assets Employed	443.2	442.8	442.4	442.2	442.0	437.6	435.6	436.2	436.1	436.4	436.3	475.9	33.5
	Financed by:													
	Taxpayers' equity													
1,025.3	Public dividend capital	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,048.3	23.0
(853.9)	Retained earnings	(853.4)	(853.6)	(854.0)	(854.2)	(854.4)	(858.8)	(860.8)	(860.2)	(860.3)	(860.0)	(860.1)	(874.3)	(20.4)
271.0	Revaluation reserve	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	301.9	30.9
442.4	Total Taxpayers' Equity	443.0	442.8	442.4	442.2	442.0	437.6	435.6	436.2	436.1	436.4	436.3	475.9	33.5

May-22



People Report



Looking After the Trust's People

- **Annualised sickness absence rates** has continued to increase to 4.91% (from 4.85%). In month sick absence dropped from 6.52% to 5.16%. The annualised rate is expected to increase further next month when formally reported as sick absence in March-22 was higher than in March-21
- **Appraisal rates** – recorded non-medical appraisals now stand at 57.1%, slightly up from the 56.3% reported for Jan-22; The medical appraisal rate remains high at 91.9%. Each hospital is setting an improvement trajectory for non-medical appraisal which will be monitored through performance reviews.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – 582 unconditional offers were made, up from 437 in Feb-22. Of these 260 were for nursing and midwifery roles. In addition, 950 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in was at 91.2%, up from 90.8%, reflecting a growth of 57 Whole Time Equivalent (WTE) substantive staff in month. Much of this growth shows in additional clinical services, reflecting the onboarding of international nurses, pending receipt of their PIN. The registered nursing fill rate is currently 82.8%
- Current workforce plans are looking to increase to the fill rate to 93% by the end of the 22/23 financial year, with a heavy focus on registered nursing and midwifery, and then to close the gap further in the following year. If successful we will see the nursing workforce grow to a 93% substantive fill rate with an additional 567 registered nurses and midwives.
- **Turnover** – annualised voluntary turnover continues to increase and is now at 12.8%, up from 12.4% last month. We expect the annualised figure to continue to increase over the coming months. Improving retention is key to achieving a 95% substantive fill and actions developed through the retention steering group, as well as actions off the back of the staff survey results should contribute to a more stable position
- **Temporary staffing** – temporary staffing usage increased by 318 Whole Time Equivalent (WTE) compared to Feb, with an increase of 116 WTE agency and 203 Whole Time Equivalent (WTE) bank. The proportion of temporary staff as part of the workforce increased to 15.4% to 14.1%.
- **Rostering** – the proportion of rosters fully approved 6 weeks in advance remains low at 46.2% (although up from 41.5%) although 74% of rosters were fully approved at least 4 weeks in advance.

Group	Indicator	Targets	Performance		YTD	Mar-22 (Site)				
		Target	Feb-22	Mar-22		Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	98.3%	100.7%	-	100.4%	101.9%	102.5%	100.8%	109.3%
	Staff in Post - Actual	>=Plan	16,666	16,723		6,182	2,851	2,035	2,640	231
	Staff in Post - Plan	-	16,638	16,698	-	5,715	2,662	1,944	2,448	1,153
	Bank WTE - Actual	<=Plan	2,054	2,257		788	498	413	339	15
	Bank WTE - Plan	-	1,904	1,904	-	652	338	292	236	49
	Agency WTE - Actual	<=Plan	677	793		232	230	176	93	17
	Agency WTE - Plan	-	393	393	-	86	138	59	27	8
	Total Staffing - Actual	<=Plan	19,398	19,773	-	7,203	3,579	2,624	3,072	262
Total Staffing - Plan	-	18,934	18,995	-	6,453	3,138	2,295	2,710	1,210	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	90.8%	91.2%	-	94.1%	88.8%	86.2%	92.6%	97.5%
	Substantive Fill Rate - Plan	-	90.2%	90.5%	-	92.6%	87.4%	86.5%	93.2%	92.8%
	Unconditional Offers - Actual	>=Plan	437	582	5,350	264	87	47	109	3
	Unconditional Offers - Plan	-	293	293	2,926	135	40	32	71	18
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	41.5%	46.2%	-	23.1%	58.6%	45.0%	77.8%	-
	Additional Duty Hours (Nursing)	-	73,407	79,045	-	28,980	25,061	19,226	4,864	-
Diversity	% of BME Staff at Band 8a to VSM	-	37.1%	37.3%		35%	43%	53%	25%	66%

Target for % Utilisation (Total Fill Rate)	95% to 100%	<95%	>100%
Target for Staff in Post Actual Against Plan (% Variance)	>=0%	Between 0% and -5%	<=-5%
Targets for Bank, Agency and Total Staffing Actual Against Plan (% Variance)	<=-5%	Between 0% and -5%	>=0%
Target for Unconditional Offers Actual Against Plan (% Variance)	>=0%	Between 0% and -10%	<=-10%
Target for Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	Between 90% and 100%	<=90%

Notes: YTD figures for workforce metrics are only shown where appropriate

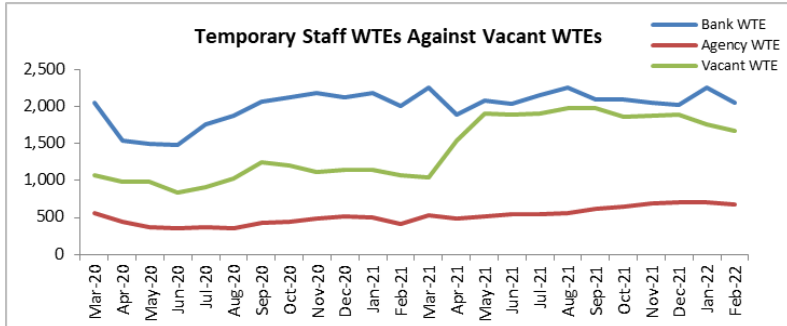
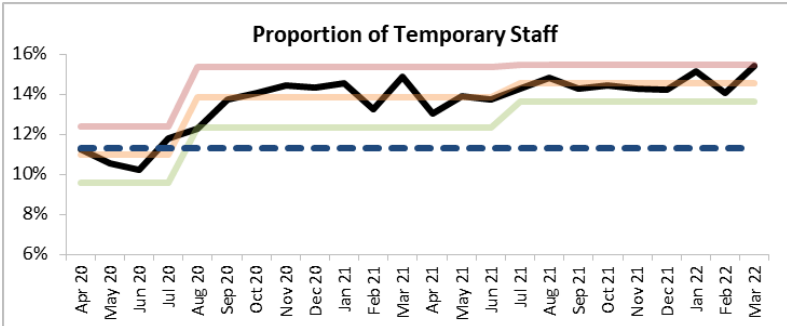
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
People	W19	Turnover Rate	●			Mar-22 (m)	<= 12.25%	12.42%	12.76%	12.76%	13.65%	11.56%	10.74%	13.16%	12.78%
	OH7	Proportion of Temporary Staff	●			Mar-22 (m)	<= 11.3%	14.1%	15.4%	14.3%	14.2%	20.3%	22.4%	14.1%	8.2%
	W20	Sickness Absence Rate	●			Feb-22 (m)	<= 3%	4.85%	4.91%	4.91%	5.01%	5.22%	5.44%	4.09%	4.85%
	W1	Staff Overpayments (Late Leaver Notifications)	●			Jan-22 (m)	<= 0	6	7	79	3	0	1	2	1
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	73.1%
	OH6	NHS Staff Survey	●			2020/21 (y)	>= 7	7.0	6.9	6.9	7.0	6.8	6.9	7.1	7.0
Compliance	W50	Mandatory and Statutory Training - All	●			Mar-22 (m)	>= 85%	83.3%	83.4%	84.3%	-	-	-	-	-
	W11	Mandatory and Statutory Training - National	●	●		Mar-22 (m)	>= 85%	82.5%	82.5%	83.8%	81.0%	85.9%	83.3%	83.2%	80.4%
	W29	Appraisal Rate - Non-Medical Staff	●			Mar-22 (m)	>= 90%	56.3%	57.1%	57.1%	-	-	-	-	-
	W30	Appraisal Rate - Medical Staff	●	●		Mar-22 (m)	>= 95%	93.4%	91.9%	91.9%	-	-	-	-	-

Staff Friends and Family Test (FFT): 2019/20 Q4 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report

WELL LED

Proportion of Temporary Staff

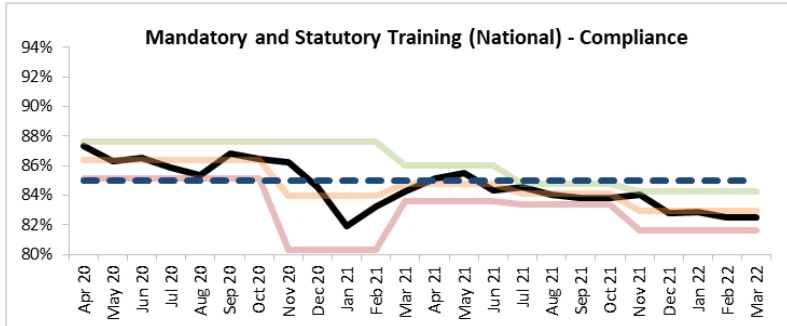
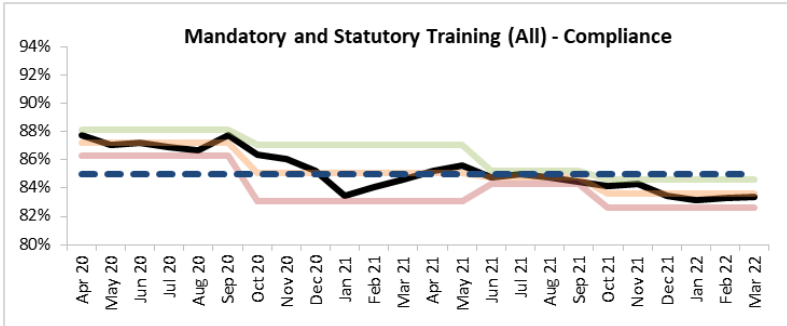
May-22



Proportion of Temporary Staff by Site								
Site	Staff Group	Average of Previous 6 Months			Mar-22			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	955	7,018	13.6%	1,020	7,203	14.2%	0.6%
Whipps Cross	All Staff Groups	674	3,445	19.6%	728	3,579	20.3%	0.8%
Newham	All Staff Groups	523	2,538	20.6%	589	2,624	22.4%	1.8%
St Bart's	All Staff Groups	356	2,963	12.0%	432	3,072	14.1%	2.0%
CSS	All Staff Groups	22	246	8.9%	31	262	11.9%	3.0%
Other	All Staff Groups	249	2,990	8.3%	250	3,033	8.2%	-0.1%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The proportion of temporary staff has increased from 14.1% to 15.4% Temporary staffing usage increased by 318 Whole Time Equivalent (WTE) compared to Feb, with an increase of 116 WTE agency and 203 Whole Time Equivalent (WTE) bank. This increase compared to February is largely reflective of more working days in the month 	<ul style="list-style-type: none"> With the continued growth in the substantive workforce expected as a result of the Drive to 95 push we would expect to see temporary staffing demand, especially for vacancies, reduce over the coming months.

WELL LED **Mandatory and Statutory Training** **May-22**



Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months	Mar-22	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	78.5%	74.1%	4,539
Resuscitation - Basic Life Support	67.9%	67.9%	3,396
Fire Safety	78.2%	81.0%	3,335
Health, Safety, Incidents	85.8%	83.9%	2,829
Infection Control (Clinical)	76.4%	75.1%	2,812

Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Mar-22	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	56.6%	48.7%	94
ANA Medical Staff (Royal London)	83.0%	79.4%	65
A & E Nursing WC (Royal London)	83.8%	79.1%	65
Dental Management Team (Royal London)	55.8%	39.5%	51
Pharmacy Management (CSS)	81.4%	81.8%	50

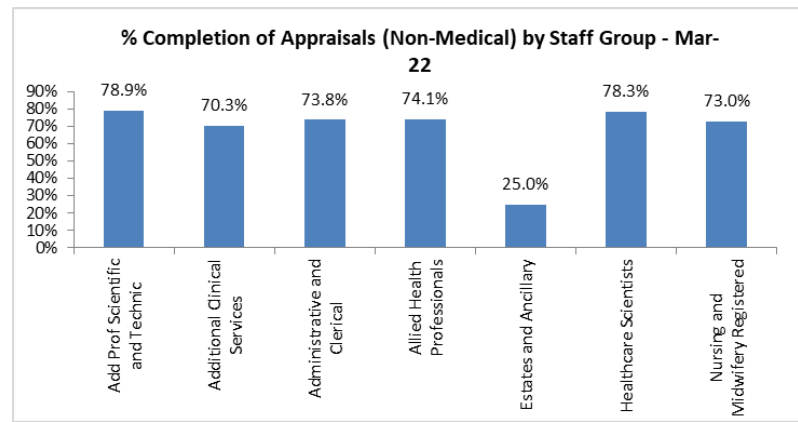
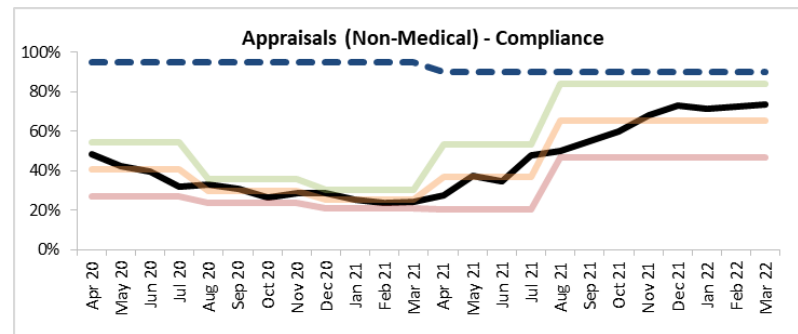
Non-mandatory competencies have been excluded from the above tables

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Trust-wide compliance against the 11 Core Skills Training Framework subjects has fallen over the past month and currently stands at 82.26%, and is currently below the Trust target of 85%. However compliance rates now appear to be stabilising. Overall training compliance across all subjects has also decreased. Subjects within the core skills training framework, particularly the face to face subjects are starting to show improvement but this will be a slow process whilst COVID restrictions remain in place. Fire safety compliance rates have shown an increase over the past month and this trend is expected to continue as restrictions to training are revised. 	<ul style="list-style-type: none"> Work is ongoing to raise compliance, with non-compliant staff receiving monthly emails with details of overdue subjects. Statutory and Mandatory training is a standing item on site performance reviews with spotlight subjects each month. Work is ongoing with the Pathology Partnership to identify and transfer the remaining missing training histories from their original organisations. Work is being undertaken with the Information Governance team to resolve the long standing issue of low compliance with this subject. A number of options are being considered including ward based training, joint training session with the Fire Safety and Resuscitation teams and a review of the most appropriate time of the year to push this training.

WELL LED

Appraisal Rate - Non-Medical Staff

May-22



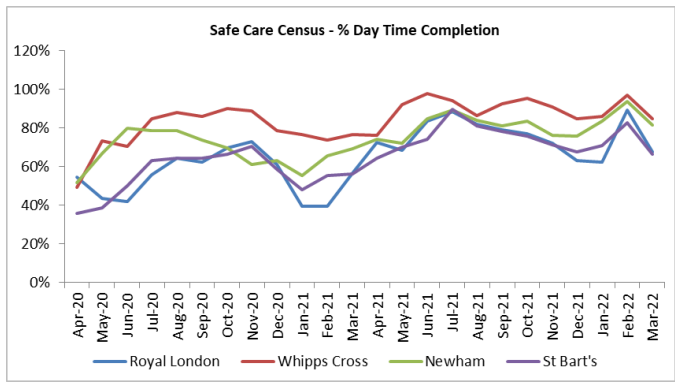
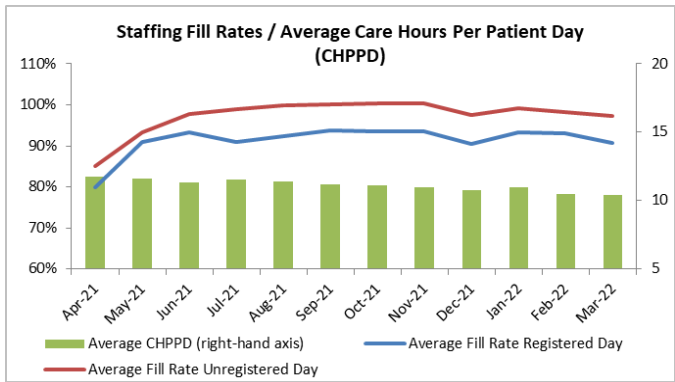
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Recording of appraisal outcomes remains low for non-medical staff at 57.1% compared to the staff survey results that indicated 76% for all staff Rates vary by site <ul style="list-style-type: none"> Royal London – 53.7% Whipps - 51.0% Newham - 51.5% St Bartholomew’s – 73.7% GSS 62.3% The medical appraisal rate, not reflected here, remains high at 91.9%. 	<ul style="list-style-type: none"> Each hospital is setting an improvement trajectory for non-medical appraisal recording which will be monitored through performance reviews.

SAFE STAFFING

Safe Staffing

May-22

- The Trust’s overall average fill rates remained to be above 90% for Registered Nursing and Midwifery (RNs/RMs) and Care Staff (HCAs) on both day and night shifts.
- There was no significant change in overall in the Care Hours Per Patient Day (CHPPD).
- Staffing gaps were mitigated by Senior staff, PDNs, Nurses in Charge and ward managers caring for cohorts of patients on critical days to maintain services and ensure patient safety. Where appropriate, non-clinical staff supported with administrative duties to release clinical staff time to care for patients.
- St Bart’s average fill rates continue to be at 80% for both RNs and HCAs. Staffing was aligned with actual demand due to some beds being closed. The DoN/ADoN has ongoing contact and reviews staffing needs of critical care to make sure emergency capacity is available. Where required, staff were redeployed to meet patients’ needs.
- Women’s services continued to be under pressure due to turnover with MCAs, ongoing sickness absence and operational acuity. With the context given, some areas closed to release staff to support areas in need; senior midwifery staff also supported delivery of frontline care therefore nil adverse clinical events were reported due to staffing gaps.
- 19 Red flag incidents were reported from Royal London Site. Action was taken to address issues in real time. None of the red flags recorded caused any harm to patients.
- The Trust continues to recruit across all specialties and we are welcoming domestic and internationally educated nurses. We are targeting to attract more healthcare support workers including those who are new to care.
- The Safer Nursing Care Tool deep dive was completed in February 2022 and that process improved compliance with acuity and dependency scoring across the Trust. March however saw compliance decrease from 91% to 74%. Education sessions continued to be offered with limited attendance. The Lead Nurse will continue to support hospital teams to drive compliance over coming months.
- Safe staffing continues to be monitored and addressed daily through hospital site based safety huddles. Use of the SCL Sunburst together with professional judgement by the senior nursing teams facilitates dynamic staff redeployment to maximise patient safety and effective use of resources.



Staffing Figures by Site - Mar-22

Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	90.7%	97.3%	98.6%	115.7%	10.4	19
Royal London	92.8%	91.2%	100.7%	119.5%	9.8	19
Whipps Cross	90.1%	109.2%	99.1%	119.7%	10.2	0
Newham	92.7%	100.5%	105.0%	107.2%	10.4	0
St Bart's	85.8%	81.4%	89.2%	109.1%	12.8	0

May-22



Glossary



Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	R35	Cancer 62 Days From Urgent GP Referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R36	Cancer 62 Days From Screening Programme	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of referral from a NHS Cancer Screening Service. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R6	Diagnostic Waits Over 6 Weeks	The number of patients still waiting for diagnostic tests who had waited 6 weeks or less from the referral date to the end of the calendar month, divided by the total number of patients still waiting for diagnostic tests at the end of the calendar month. Only the 15 key tests included in the Diagnostics Monthly (DM01) national return are included	Monthly	National
Responsive	Waiting Times	R5	52+ Week RTT Breaches	The number of patients on incomplete 18 week referral to treatment (RTT) pathways who had waited more than 52 weeks from the referral date (or clock start date) to the end of the calendar month	Monthly	Recovery trajectory
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Well Led	Compliance	W11	Mandatory and Statutory Training - National	For the 11 Core Skills Training Framework topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local
Well Led	Compliance	W29	Appraisal Rate - Non-Medical Staff	The number of appraisals completed for eligible non-medical staff divided by the number of eligible non-medical staff	Monthly	Local
Well Led	Compliance	W30	Appraisal Rate - Medical Staff	The number of appraisals completed for eligible medical staff divided by the number of eligible medical staff (non-compliant if 2 or more months overdue, otherwise compliant)	Monthly	Local
Caring	Patient Experience	C12	MSA Breaches	The number of patients admitted to mixed sex sleeping accommodation (defined as an area patients are admitted into), except where it was in the overall best interest of the patient or reflected their personal choice	Monthly	National
Caring	Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	The number of initial reportable complaints received by the trust per 1,000 whole time equivalent staff (WTEs), i.e. the number of initial reportable complaints divided by the number of WTEs which has been multiplied by 1,000	Quarterly	SPC breach
Caring	Patient Feedback	C1	FFT Recommended % - Inpatients	The number of patients who responded that they were extremely likely or likely to recommend the inpatient service they received to friends and family, divided by the total number of patients who responded to the inpatient Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C2	FFT Recommended % - A&E	The number of patients who responded that they were extremely likely or likely to recommend the A&E service they received to friends and family, divided by the total number of patients who responded to the A&E Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C3	FFT Recommended % - Maternity	The number of patients who responded that they were extremely likely or likely to recommend the maternity (birth) service they received to friends and family, divided by the total number of patients who responded to the maternity (birth) Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C20	FFT Response Rate - Inpatients	The total number of patients who responded to the inpatient Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the inpatient FFT (i.e. all inpatient discharges in the reporting period)	Monthly	Local
Caring	Patient Feedback	C21	FFT Response Rate - A&E	The total number of patients who responded to the A&E Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the A&E FFT (i.e. all A&E attendances in the reporting period)	Monthly	Local
Caring	Patient Feedback	C22	FFT Response Rate - Maternity	The total number of patients who responded to the maternity (birth) Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the maternity (birth) FFT (i.e. all delivery episodes in the reporting period)	Monthly	Local
Caring	Patient Feedback	OH4	CQC Inpatient Survey	The overall experience score of patients from the CQC inpatient survey, based on the question "Patients who rated their experience as 7/10 or more"	Yearly	National average
Caring	Service User Support	R78	Complaints Replied to in Agreed Time	The number of initial reportable complaints replied to within the agreed number of working days (as agreed with the complainant). The time agreed for the reply might be 25 working days or might be another time such as 40 working days	Monthly	Local

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Caring	Service User Support	R30	Duty of Candour	The percentage of patient incidents (where harm was moderate, severe or death) where an apology was offered to the patient within 2 weeks (14 calendar days) of the date the incident was reported	Monthly	National
Safe	Infection Control	S10	Clostridium difficile - Infection Rate	The number of Clostridium difficile (C.difficile) infections reported in people aged two and over and which were apportioned to the trust per 100,000 bed days (inpatient bed days with day cases counted as 1 day each)	Monthly	National
Safe	Infection Control	S11	Clostridium difficile - Incidence	The number of Clostridium difficile (C.difficile) infections reported in people aged two and over and which were apportioned to the trust	Monthly	National
Safe	Infection Control	S2	Assigned MRSA Bacteraemia Cases	The number of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias which can be directly associated to the trust	Monthly	Local
Safe	Infection Control	S77	MSSA Bacteraemias	The number of Methicillin-susceptible Staphylococcus aureus (MSSA) bacteraemias which can be directly associated to the trust	Monthly	Local
Safe	Infection Control	S76	E.coli Bacteraemia Bloodstream Infections	The number of Escherichia coli (E.coli) bacteraemia bloodstream infections at the trust (i.e. for which the specimen was taken by the trust)	Monthly	Local
Safe	Incidents	S3	Never Events	The number of never events reported via the Strategic Executive Information System (STEIS)	Monthly	Local
Safe	Incidents	S09	% Incidents Resulting in Harm (Moderate Harm or More)	The number of patient-related incidents occurring at the trust which caused harm (not including those which only caused low harm) divided by the total number of patient-related incidents occurring at the trust	Monthly	Local
Safe	Incidents	S45	Falls Per 1,000 Bed Days	The total number of patient falls occurring at the trust per 1,000 inpatient bed days, i.e. the total number of patient falls occurring at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	National
Safe	Incidents	S25	Medication Errors - Percentage Causing Harm	The number of medication error incidents occurring at the trust which caused harm divided by the total number of medication error incidents occurring at the trust	Monthly	Local
Safe	Incidents	S49	Patient Safety Incidents Per 1,000 Bed Days	The number of reported patient safety incidents per 1,000 bed days. This is the NHS Single Oversight Framework metric "Potential Under-Reporting of Patient Safety Incidents"	Monthly	SPC breach
Safe	Incidents	S53	Serious Incidents Closed in Time	Percentage of serious incidents investigated and closed on the Strategic Executive Information System (StEIS) before the deadline date (this is usually 60 working days after opening but is sometimes extended, e.g. in the case of a police investigation). De-escalated serious incidents are not included	Monthly	Local
Safe	Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	The number of new category 2, 3, 4 or unstageable pressure ulcers acquired at the trust (including those which occurred at the trust and those which deteriorated to one of those categories at the trust) per 1,000 inpatient bed days, i.e. the number of new category 2, 3, 4 or unstageable pressure ulcers acquired at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	Local
Safe	Harm Free Care	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	The number of new category 2, 3, 4 or unstageable medical device-related pressure ulcers acquired at the trust (including those which occurred at the trust and those which deteriorated to one of those categories at the trust) per 1,000 inpatient bed days, i.e. the number of new category 2, 3, 4 or unstageable medical device-related pressure ulcers acquired at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	SPC breach

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	S36	VTE Risk Assessment	The number of adult hospital admissions who were risk assessed for Venous Thromboembolism (VTE) divided by the number of adult hospital admissions	Monthly	National
Safe	Assess & Prevent	S5	Dementia - Screening	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who were asked the dementia case finding question within 72 hours of admission, or who had a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question could not be completed for clinical reasons	Monthly	National
Safe	Assess & Prevent	S6	Dementia - Risk Assessment	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who scored positively on the case finding question, or who had a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations	Monthly	National
Safe	Assess & Prevent	S7	Dementia - Referrals	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (with an outcome of "positive" or "inconclusive") and who have been referred for further diagnostic advice in line with local pathways	Monthly	National
Effective	Mortality	E1	Summary Hospital-Level Mortality Indicator	The ratio between the actual number of patients who died following hospitalisation at the trust and the number who would be expected to die on the basis of average England figures (given the characteristics of the patients treated at the trust), multiplied by 100	Monthly	National
Effective	Mortality	E3	Risk Adjusted Mortality Index	The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100, at trust level. This metric considers mortality on weekdays and weekends	Monthly	National
Effective	Mortality	E25	Number of Avoidable Deaths	The number of adult inpatient deaths which occurred at the trust or site which were considered avoidable	Quarterly	National
Effective	Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	The number of 2222 emergency calls which were for cardiac arrests on wards (including medical emergencies leading to cardiac arrests) per 1,000 admissions, i.e. the number of calls divided by the number of admissions which has been multiplied by 1,000	Monthly	Local
Effective	Outcomes	S42	Sepsis 6 Antibiotic Administration (60 Mins)	The number of audited inpatients who deteriorated, were screened for sepsis and found to have sepsis who received antibiotics 60 minutes or less after the time of deterioration divided by the total number of audited inpatients who deteriorated, were screened for sepsis and found to have sepsis	Monthly	Local

May-22



Appendix



APPENDIX Interpretation of Scorecards May-22

How to Interpret the Scorecard

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Newham	St Bart's	CSS	Other	Barts Health	
Waiting Times	R1	A&E 4 Hours Waiting Time	●		●	Jan-18 (m)	>=92.3%	85.5%	86.5%	86.9%	82.7%	88.8%	-	-	-	86.5%	●
	R7	Cancer 62 Days From Urgent GP Referral	●			Dec-17 (m)	>=85%	86.3%	86.5%	83.2%	86.2%	84.6%	84.3%	-	-	86.5%	
	R13	Cancer 62 Days From Screening Programme	●			Dec-17 (m)	>=90%	90.6%	88.6%	90.8%	-	-	86.8%	-	-	88.6%	●

Triggers based on current reporting month:
Month Target: Where the actual has passed or failed the target. Failure = a trigger
Step Change: Where a new step change has been triggered by 5 consecutive points above or below the mean (see SPC explanation below)
Control Limit: Where the current reporting month actual breaches the upper or lower confidence limit (see SPC explanation below)

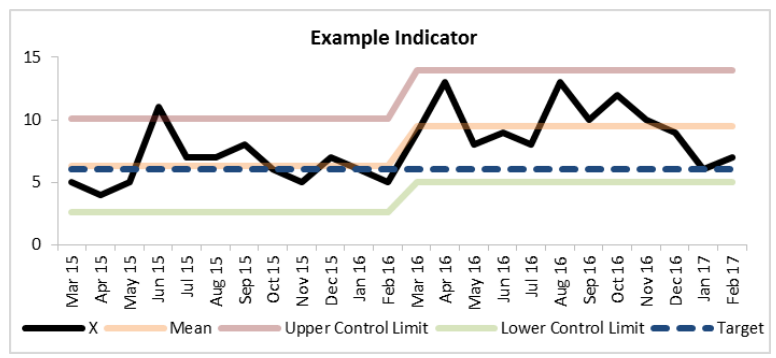
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

Flags where there is one or more triggers and the indicator is to be reported as an exception

How to Interpret an SPC Chart



Statistical process control (SPC) is a method of quality control which uses statistical methods. When you are interpreting these SPC charts there are 3 rules that help you identify what the performance is doing. If one of the rules has been broken, this means that "special cause" variation is present in the system.

- Rule 1:** Any point outside one of the control limits (upper or lower control limits)
- Rule 2:** A run of five points all above or all below the centre line
- Rule 3:** Any unusual pattern or trends within the control

Indication of Good or Bad performance: to help users identify whether performance is changing in a positive or negative way, the upper and lower control limits are coloured to indicate whether a high value is good (green) or bad (red). In the example to the left, a higher value would be seen as a deterioration in performance (the upper control limit is red).

How Exceptions Are Identified For Inclusion

The general principle is to ensure that as many exceptions as possible can be included as detailed exceptions in the report without overwhelming the meeting and that hot topics or particularly important, large or otherwise noteworthy exceptions are definitely included.

- Some exceptions are not given exception pages if it is felt that the commentary and discussion would be the same as the previous month or if it is a minor or consistent exception at a time where there are many other exceptions which need to be covered, in order to focus discussions on the most important topics that month.
- When making these decisions, factors such as the number of sites with an exception for that metric, the magnitude of the exception, the context of the exception within the organisation as a whole and the number of other exceptions that month are all taken into account.

Safe Staffing Fill Rates by Ward and Site

May-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,132.0	1,828.5	1,062.5	915.0	1,782.5	1,989.5	713.0	1,173.0	85.8%	86.1%	111.6%	164.5%	773	4.9	2.7	7.6
Royal London	10FRLH	1,116.0	1,106.5	744.0	696.0	1,023.0	1,012.0	682.0	418.0	99.1%	93.5%	98.9%	61.3%	483	4.4	2.3	6.7
Royal London	11CRLH	2,449.5	1,780.5	1,413.0	1,461.0	2,495.5	2,357.5	713.0	1,127.0	72.7%	103.4%	94.5%	158.1%	705	5.9	3.7	9.5
Royal London	11E & 11F AAU	3,868.8	3,832.3	1,747.5	1,535.0	3,921.5	4,335.5	1,426.0	1,631.0	99.1%	87.8%	110.6%	114.4%	1,467	5.6	2.2	7.7
Royal London	12CRLH	1,876.0	1,902.5	1,426.0	1,436.8	1,874.5	1,996.0	1,069.5	1,264.2	101.4%	100.8%	106.5%	118.2%	778	5.0	3.5	8.5
Royal London	12DRLH	1,405.0	2,225.0	706.5	782.0	1,426.0	2,408.5	356.5	632.5	158.4%	110.7%	168.9%	177.4%	468	9.9	3.0	12.9
Royal London	12ERLH	2,793.3	2,589.0	1,426.0	1,407.5	2,491.5	2,414.0	1,426.0	1,509.5	92.7%	98.7%	96.9%	105.9%	716	7.0	4.1	11.1
Royal London	12FRLH	2,001.5	1,842.5	1,756.0	1,598.5	1,782.5	1,886.0	1,782.5	1,886.5	92.1%	91.0%	105.8%	105.8%	780	4.8	4.5	9.2
Royal London	13CRLH	1,921.5	2,004.5	703.0	806.0	1,426.0	1,786.5	724.5	1,150.0	104.3%	114.7%	125.3%	158.7%	767	4.9	2.6	7.5
Royal London	13DRLH	1,742.5	2,317.7	709.0	813.5	1,414.5	2,209.0	713.0	1,368.5	133.0%	114.7%	156.2%	191.9%	738	6.1	3.0	9.1
Royal London	13ERLH	2,047.0	2,221.5	705.5	582.5	1,690.5	2,062.0	724.5	943.0	108.5%	82.6%	122.0%	130.2%	753	5.7	2.0	7.7
Royal London	13FRLH	1,774.5	1,943.5	973.5	977.5	1,782.5	2,035.5	713.0	977.5	109.5%	100.4%	114.2%	137.1%	654	6.1	3.0	9.1
Royal London	14ERLH	1,690.5	1,552.5	1,081.0	1,253.5	1,426.0	1,364.0	1,069.5	1,311.0	91.8%	116.0%	95.7%	122.6%	771	3.8	3.3	7.1
Royal London	14FRLH	1,863.0	1,658.5	1,426.0	1,184.5	1,426.0	1,437.5	1,081.0	1,012.0	89.0%	83.1%	100.8%	93.6%	764	4.1	2.9	6.9
Royal London	3DRLH	3,179.5	2,669.0	2,132.5	1,688.5	3,208.5	3,247.0	1,782.5	2,012.5	83.9%	79.2%	101.2%	112.9%	1,090	5.4	3.4	8.8
Royal London	3ERLH	2,139.0	1,955.0	713.0	910.0	1,782.5	2,037.0	713.0	931.5	91.4%	127.6%	114.3%	130.6%	784	5.1	2.3	7.4
Royal London	3FRLH	1,583.0	1,416.8	1,069.5	506.0	1,069.5	1,472.0	713.0	425.5	89.5%	47.3%	137.6%	59.7%	225	12.8	4.1	17.0
Royal London	4ERLH	14,973.0	15,067.3	710.0	1,046.5	15,306.5	15,327.3	356.5	895.5	100.6%	147.4%	100.1%	251.2%	1,291	23.5	1.5	25.0
Royal London	6CRLH	3,657.0	2,495.8	356.5	460.0	3,565.0	2,632.0	356.5	322.0	68.2%	129.0%	73.8%	90.3%	168	30.5	4.7	35.2
Royal London	6E & 6F RLH	5,301.5	4,679.3	1,419.0	799.0	5,347.5	4,725.5	1,069.5	775.5	88.3%	56.3%	88.4%	72.5%	794	11.8	2.0	13.8
Royal London	7CRLH	1,426.0	1,326.4	356.5	570.3	1,069.5	1,069.5	356.5	701.3	93.0%	160.0%	100.0%	196.7%	315	7.6	4.0	11.6
Royal London	7DRLH	1,783.5	1,633.5	885.5	871.0	1,437.5	1,426.0	724.5	759.0	91.6%	98.4%	99.2%	104.8%	381	8.0	4.3	12.3
Royal London	7ERLH	2,848.8	2,358.8	1,066.3	908.5	2,495.5	2,356.3	1,069.5	1,033.4	82.8%	85.2%	94.4%	96.6%	586	8.0	3.3	11.4
Royal London	7FRLH	1,426.0	1,323.5	621.0	587.3	1,069.5	1,139.5	575.0	598.0	92.8%	94.6%	106.5%	104.0%	342	7.2	3.5	10.7
Royal London	8CRLH	1,624.5	1,589.5	706.0	784.5	1,426.0	1,564.0	713.0	1,081.0	97.8%	111.1%	109.7%	151.6%	562	5.6	3.3	8.9
Royal London	8DRLH	8,163.5	6,467.0	1,265.5	637.0	7,831.5	6,233.0	575.0	425.5	79.2%	50.3%	79.6%	74.0%	1,096	11.6	1.0	12.6
Royal London	8FRLH	1,456.0	1,345.0	1,782.5	1,598.5	1,069.5	1,058.0	1,069.5	1,058.0	92.4%	89.7%	98.9%	98.9%	1,544	1.6	1.7	3.3
Royal London	9E HDU RLH	1,426.0	920.0	356.5	92.0	1,414.5	1,037.0	0.0	207.0	64.5%	25.8%	73.3%		286	6.8	1.0	7.9
Royal London	9ERLH	1,782.5	1,667.5	713.0	586.5	1,426.0	1,426.0	356.5	793.5	93.5%	82.3%	100.0%	222.6%	795	3.9	1.7	5.6
Royal London	9FRLH	1,782.5	1,520.5	713.0	554.0	1,414.5	1,370.5	711.5	655.5	85.3%	77.7%	96.9%	92.1%	724	4.0	1.7	5.7

Safe Staffing Fill Rates by Ward and Site

May-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,634.5	5,359.0	2,495.5	2,484.0	4,634.5	5,566.0	2,139.0	2,355.5	115.6%	99.5%	120.1%	110.1%	1,236	8.8	3.9	12.8
Whipps Cross	ACACIA	977.5	836.5	454.3	559.0	714.0	679.5	713.0	814.5	85.6%	123.1%	95.2%	114.2%	325	4.7	4.2	8.9
Whipps Cross	ACORN	3,714.5	2,403.3	356.5	345.0	2,732.0	2,257.5	356.5	333.5	64.7%	96.8%	82.6%	93.5%	494	9.4	1.4	10.8
Whipps Cross	B3 WARD WXH	1,334.0	1,184.5	1,058.0	1,081.0	1,069.5	1,081.0	713.0	943.0	88.8%	102.2%	101.1%	132.3%	489	4.6	4.1	8.8
Whipps Cross	BIRCH	1,069.5	1,215.0	1,069.5	1,185.5	1,069.5	1,075.5	713.0	930.5	113.6%	110.8%	100.6%	130.5%	514	4.5	4.1	8.6
Whipps Cross	BLACKTHORN	1,069.5	1,013.5	1,069.5	1,242.0	1,069.5	1,023.5	713.0	759.0	94.8%	116.1%	95.7%	106.5%	518	3.9	3.9	7.8
Whipps Cross	Bracken Ward WXH	1,356.0	1,296.0	1,125.8	1,185.0	1,069.5	1,058.0	713.0	862.5	95.6%	105.3%	98.9%	121.0%	478	4.9	4.3	9.2
Whipps Cross	CEDAR	1,688.0	2,436.5	1,426.0	2,934.7	1,414.5	2,164.5	1,069.5	2,208.0	144.3%	205.8%	153.0%	206.5%	986	4.7	5.2	9.9
Whipps Cross	CHESTNUT	977.5	644.0	356.5	1,023.5	713.0	978.5	356.5	667.0	65.9%	287.1%	137.2%	187.1%	265	6.1	6.4	12.5
Whipps Cross	CURIE	1,412.0	1,274.5	1,069.5	1,216.0	1,426.0	1,161.5	1,069.5	1,219.0	90.3%	113.7%	81.5%	114.0%	527	4.6	4.6	9.2
Whipps Cross	DELIVERY SUITE WXH	4,947.8	3,820.8	713.0	808.5	3,624.5	2,852.5	713.0	1,000.3	77.2%	113.4%	78.7%	140.3%	471	14.2	3.8	18.0
Whipps Cross	ELIZABETH	1,679.0	1,594.0	621.0	501.0	1,426.0	1,414.5	310.5	345.0	94.9%	80.7%	99.2%	111.1%	533	5.6	1.6	7.2
Whipps Cross	FARADAY	1,795.5	1,509.3	707.0	1,037.0	1,681.0	1,537.5	356.5	598.0	84.1%	146.7%	91.5%	167.7%	455	6.7	3.6	10.3
Whipps Cross	Frail Elderly WXH	862.5	804.3	356.5	654.7	713.0	700.8	356.5	655.5	93.3%	183.6%	98.3%	183.9%	296	5.1	4.4	9.5
Whipps Cross	ICU WXH	6,432.0	5,031.3	1,768.5	696.0	5,709.0	4,951.2	1,363.5	421.5	78.2%	39.4%	86.7%	30.9%	252	39.6	4.4	44.0
Whipps Cross	MARGARET	1,069.5	992.5	356.5	368.0	713.0	707.0	356.5	448.0	92.8%	103.2%	99.2%	125.7%	281	6.0	2.9	9.0
Whipps Cross	MIDWIFERY WXH	770.5	677.5	356.5	250.5	701.5	542.9	356.5	333.5	87.9%	70.3%	77.4%	93.5%	29	42.1	20.1	62.2
Whipps Cross	MULBERRY	2,195.5	1,918.7	1,373.5	794.0	1,426.0	1,359.5	862.5	862.5	87.4%	57.8%	95.3%	100.0%	1,002	3.3	1.7	4.9
Whipps Cross	NEONATAL WXH	2,332.5	2,196.5	1,154.5	554.7	2,093.0	2,188.0	736.0	368.0	94.2%	48.0%	104.5%	50.0%	424	10.3	2.2	12.5
Whipps Cross	NIGHTINGALE	1,782.5	1,110.5	356.5	494.0	1,690.5	1,436.7	356.5	436.5	62.3%	138.6%	85.0%	122.4%	319	8.0	2.9	10.9
Whipps Cross	PEACE	1,690.5	1,659.0	828.5	1,283.3	1,069.5	1,277.0	713.0	1,035.0	98.1%	154.9%	119.4%	145.2%	393	7.5	5.9	13.4
Whipps Cross	POPLAR	1,736.5	1,341.7	1,069.5	1,046.5	1,403.0	1,220.2	1,069.6	917.5	77.3%	97.8%	87.0%	85.8%	422	6.1	4.7	10.7
Whipps Cross	PRIMROSE	1,782.5	1,706.0	1,426.0	1,656.0	1,426.0	1,483.5	1,046.5	1,608.2	95.7%	116.1%	104.0%	153.7%	719	4.4	4.5	9.0
Whipps Cross	ROWAN	1,782.5	1,993.8	1,426.0	1,888.5	1,414.5	1,658.5	1,069.5	1,700.0	111.9%	132.4%	117.2%	159.0%	799	4.6	4.5	9.1
Whipps Cross	SAGE	1,690.5	1,403.5	1,429.5	1,580.0	1,437.5	1,323.5	1,069.5	1,150.0	83.0%	110.5%	92.1%	107.5%	773	3.5	3.5	7.1
Whipps Cross	SYRINGA	1,426.0	1,288.0	1,780.0	1,805.5	1,069.5	1,069.5	1,069.5	1,587.0	90.3%	101.4%	100.0%	148.4%	762	3.1	4.5	7.5
Whipps Cross	VICTORY	1,334.0	1,528.0	1,334.0	1,410.0	1,058.0	1,415.5	1,069.5	1,104.5	114.5%	105.7%	133.8%	103.3%	816	3.6	3.1	6.7

Safe Staffing Fill Rates by Ward and Site

May-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	AAU NUH	4,358.0	4,039.1	2,495.5	2,721.3	3,915.5	4,257.0	2,496.0	2,806.5	92.7%	109.0%	108.7%	112.4%	1,451	5.7	3.8	9.5
Newham	Custom House NUH	1,414.5	1,416.5	1,069.5	1,264.2	1,069.5	1,057.5	1,426.0	1,506.5	100.1%	118.2%	98.9%	105.6%	567	4.4	4.9	9.2
Newham	DELIVERY SUITE NUH	5,599.5	4,697.8	814.5	700.5	4,905.0	4,099.5	712.0	713.0	83.9%	86.0%	83.6%	100.1%	620	14.2	2.3	16.5
Newham	EAST HAM	1,782.5	1,794.0	1,069.5	1,161.5	1,426.0	1,759.5	1,058.0	1,267.0	100.6%	108.6%	123.4%	119.8%	641	5.5	3.8	9.3
Newham	HEATHER	2,127.5	2,162.0	1,069.5	1,455.0	2,139.0	2,357.5	1,069.5	1,587.0	101.6%	136.0%	110.2%	148.4%	775	5.8	3.9	9.8
Newham	LARCH	3,355.7	2,486.4	2,066.0	1,816.5	2,162.0	2,100.0	1,782.5	1,771.0	74.1%	87.9%	97.1%	99.4%	1,626	2.8	2.2	5.0
Newham	Manor Park ITU NUH	3,560.5	4,189.0	713.0	678.5	3,542.0	4,373.5	713.0	598.0	117.7%	95.2%	123.5%	83.9%	358	23.9	3.6	27.5
Newham	MAPLE	1,414.5	1,415.7	713.0	954.5	1,265.0	1,150.0	713.0	747.5	100.1%	133.9%	90.9%	104.8%	322	8.0	5.3	13.3
Newham	NEONATAL NUH	3,082.0	2,730.5	632.5	379.5	3,001.5	2,555.0	552.0	333.5	88.6%	60.0%	85.1%	60.4%	496	10.7	1.4	12.1
Newham	NUH MIDWIFERY	1,318.0	889.8	356.5	345.5	1,069.5	849.3	356.5	335.5	67.5%	96.9%	79.4%	94.1%	130	13.4	5.2	18.6
Newham	RAINBOW	2,860.0	2,457.0	1,172.0	970.5	1,782.5	2,085.5	356.5	471.5	85.9%	82.8%	117.0%	132.3%	331	13.7	4.4	18.1
Newham	SILVERTOWN	1,955.0	2,126.0	1,069.5	1,000.5	1,782.5	2,036.5	1,069.5	1,299.5	108.7%	93.5%	114.2%	121.5%	710	5.9	3.2	9.1
Newham	STRATFORD	1,426.0	1,380.0	1,069.5	885.5	1,368.5	1,552.5	1,012.0	954.5	96.8%	82.8%	113.4%	94.3%	519	5.7	3.5	9.2
Newham	WEST HAM	1,398.0	1,267.0	1,069.5	1,127.0	1,046.5	1,771.5	1,058.0	1,012.0	90.6%	105.4%	169.3%	95.7%	642	4.7	3.3	8.1
St Bart's	1C	6,116.5	5,332.0	356.5	299.0	5,819.0	5,011.5	218.5	299.0	87.2%	83.9%	86.1%	136.8%	385	26.9	1.6	28.4
St Bart's	1D	3,226.0	2,709.5	356.5	333.5	2,852.0	2,326.0	356.5	333.5	84.0%	93.5%	81.6%	93.5%	311	16.2	2.1	18.3
St Bart's	1E	4,973.5	4,237.0	353.5	322.0	4,991.0	4,275.5	356.5	322.0	85.2%	91.1%	85.7%	90.3%	269	31.6	2.4	34.0
St Bart's	3A SBH	4,601.0	4,165.0	1,419.5	1,161.5	4,634.5	4,349.0	1,426.0	1,288.0	90.5%	81.8%	93.8%	90.3%	762	11.2	3.2	14.4
St Bart's	3D SBH	1,572.5	1,368.5	1,211.5	1,122.5	1,552.5	1,449.0	977.5	1,025.0	87.0%	92.7%	93.3%	104.9%	416	6.8	5.2	11.9
St Bart's	4A SBH	1,762.0	1,587.0	948.5	1,012.0	1,426.0	1,380.0	356.5	724.5	90.1%	106.7%	96.8%	203.2%	695	4.3	2.5	6.8
St Bart's	4B SBH	1,584.0	1,483.5	1,230.0	1,069.5	1,426.0	1,414.5	713.0	1,073.0	93.7%	87.0%	99.2%	150.5%	594	4.9	3.6	8.5
St Bart's	4C SBH	1,770.5	1,610.0	954.5	690.0	1,403.0	1,345.5	977.5	897.0	90.9%	72.3%	95.9%	91.8%	563	5.2	2.8	8.1
St Bart's	4D & 4E SBH	1,718.5	1,142.8	720.8	553.5	1,644.5	1,150.0	713.0	690.0	66.5%	76.8%	69.9%	96.8%	315	7.3	3.9	11.2
St Bart's	5A SBH	2,168.5	2,046.0	895.5	855.0	1,364.3	1,337.0	341.0	594.0	94.4%	95.5%	98.0%	174.2%	602	5.6	2.4	8.0
St Bart's	5B SBH	1,401.5	1,188.0	707.0	559.5	1,426.0	1,391.5	356.5	356.5	84.8%	79.1%	97.6%	100.0%	351	7.3	2.6	10.0
St Bart's	5C SBH	2,100.5	1,696.0	681.5	402.5	1,782.5	1,743.8	345.0	276.0	80.7%	59.1%	97.8%	80.0%	525	6.6	1.3	7.8
St Bart's	5D SBH	2,057.3	1,488.5	707.5	609.5	1,782.5	1,656.0	713.0	793.5	72.4%	86.1%	92.9%	111.3%	638	4.9	2.2	7.1
St Bart's	6A SBH	6,402.0	5,711.0	356.5	287.5	6,417.0	5,750.0	356.5	333.5	89.2%	80.6%	89.6%	93.5%	338	33.9	1.8	35.7
St Bart's	6D SBH	1,776.5	1,317.5	1,055.0	448.5	1,424.5	1,069.5	713.0	724.5	74.2%	42.5%	75.1%	101.6%	432	5.5	2.7	8.2

Report to the Trust Board: 4 May 2022	TB 33/22
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Title	Quality Assurance Committee Exception Report	
Chair	Dr Kathy McLean, Non-Executive Director	
Author / Secretary	Shalin Sharma, Deputy Trust Secretary	
Purpose	To advise on work of Trust Board Committees	
Executive summary		
<p>The Quality Assurance Committee met on 20 April 2022 to discuss items on its agenda relevant to its terms of reference, matters related to current operational pressures and included a review of the status of actions around internal audits and BAF risks.</p>		
Key agenda items		BAF entries
<ul style="list-style-type: none"> • Diagnostic Imaging Learning Review • Operational Plan • Operational Performance • Quality Dashboard • Internal Audit Progress Report • Covid Public Inquiry • Ockenden Report • Whipps Cross Hospital Quality Report • BAF Risks 		4 2 2 2 11 2 2 2 10

<p>Any key actions / decisions taken to be notified to the Board:</p> <ul style="list-style-type: none"> <p>• Diagnostic Imaging Learning Review It was agreed to capture regulatory risks relating to Imaging on the BAF, while noting that this would be a transformation priority. The Committee agreed actions that would be followed up via the QAC workplan.</p> <p>• Operational Plan and Performance reports Planned care, workforce and diagnostic trajectories were discussed. QAC reviewed and agreed to support the 2022-23 operational and finance plans and made recommendations (including on quality objectives) prior to presentation to the Board. QAC focused on quality aspects of the plan and confirmed the connections between safer staffing reviews and revenue investment. The Committee requested the development of metrics to support the quality objectives being proposed. It was also agreed to develop operational performance reporting KPIs to reflect some changes in emphasis in national guidance, such as improving ambulance handovers.</p> <p>• Covid Public Inquiry QAC received the report and noted draft ToR for the enquiry and the Trust's governance to support its response to the Inquiry and related information requests. It was anticipated that the national Inquiry would review the role of Nightingale hospitals, issues relating to staff deaths and the arrangements for personal protective equipment (PPE).</p> <p>• Whipps Cross Hospital Quality Report</p>

<p>QAC received a summary of progress against the hospital’s quality plans and were impressed with the progress made at Whipps Cross.</p> <ul style="list-style-type: none"> Internal Audit Report The Committee received a progress update and agreed that a limited assurance report on clinical audit would be circulated ahead of the next meeting. The Committee noted some progress on implementation of Duty of Candour management actions, following previously 	
<p>Any issues for escalation to the Board The Committee noted the following to be escalated/notified to the Board:</p> <p>Diagnostic Imaging Learning Review The report received had highlighted some management and communication issues which would now need to be revisited to assure that subsequent changes in governance (with devolution of imaging services to hospitals) supported effective working and development of the working culture. Further steps, informed by the CQC’s well-led domain, would be taken to recommendations around workforce and capacity planning, recognising significant growth in demand for diagnostics. Other steps included a wider review of radiation safety arrangements and governance. The Committee would retain this on its workplan to monitor progress.</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.</p>
<p>Action required The Trust Board is asked to note the report.</p>	

Report to the Trust Board: 4 May 2022	TB 34/22
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Title	Ockenden final report recommendations
Accountable Director	Chief Nursing Officer
Author(s)	Group Director of Midwifery
Purpose	To update the Board on the Trust's response to the Ockenden review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust
Previously considered by	Group Executive Board

Executive summary
This paper provides a follow up to the detailed report provided at the previous Trust Board meeting on 2 March 2022 on progress with maternity services improvement actions. This report summarises the key findings of the final report arising from Donna Ockenden's review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust; and actions being taken in response to this.

Related Trust objectives	To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy
Risk and Assurance	Assurance in relation to the above objective and below risk
Related Assurance Framework entries	7. Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision
Legal implications/ regulatory requirements	None

Action required:
The Trust Board is asked to

- Note the publication of the final Ockenden Report and comment on current plans.
- Reflect on the experience of the families as reported in the final Ockenden Report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 4 MAY 2022

FINDINGS, CONCLUSIONS AND ESSENTIAL ACTIONS FROM THE INDEPENDENT REVIEW OF MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

INTRODUCTION

The Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust came about from the exceptional efforts of parents Rhiannon Davies, Richard Stanton, and Kayleigh and Colin Griffiths, whose daughters died as a result of the care they received at the Trust.

Donna Ockenden was commissioned to lead the review in 2017. The number of cases reviewed snowballed from 23 to 1486 cases; totalling 1592 clinical incidents as families came forward. The experiences of those affected have shocked and saddened all of us who work within healthcare and maternity services.

THE REPORT

A paper outlining progress on the implementation of the Immediate and Essential Actions following the interim Ockenden Review was presented to the Trust Board at its 2nd March 2022 public meeting. Of the 112 actions relevant to the Trust, 6 are outstanding and are continuing to be worked on.

The final Ockenden Report was published on 30th March 2022. The full report can be found at <https://www.ockendenmaternityreview.org.uk/>

The four key pillars of the report are:

- Safe staffing levels
- A well-trained workforce
- Learning from incidents
- Listening to families

Building on the outcomes of the interim report, a number of immediate and essential actions to improve care and safety in maternity services across England are outlined:

1. **Workforce planning and sustainability** - Training, finance a safe maternity workforce
2. **Safe staffing** - All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals

3. **Escalation and accountability** - staff must be able to escalate concerns if necessary
4. **Clinical governance** - Trust boards must have oversight of the quality and performance of their maternity services
5. **Clinical governance** - Incident investigations must be meaningful for families and staff, and lessons must be learned and implemented in practice in a timely manner
6. **Learning from maternal deaths** - Nationally, all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy-related pathologies
7. **Multidisciplinary Training** – staff who work together must train together
8. **Complex antenatal care** - local maternity systems, maternal medicine networks and trusts must ensure that women have access to pre-conception care
9. **Preterm birth** - LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth
10. **Labour and birth** - Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary
11. **Obstetric anaesthesia** - In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm
12. **Postnatal care** - Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review
13. **Bereavement care** -Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services
14. **Neonatal Care** - there must be clear pathways of care for provision of neonatal care
15. **Supporting families** - care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision).

Since receiving the report the following actions are in place:

1. The Report is being reviewed and discussed at Group, Hospital and Division level to ensure breadth of learning and insight.

2. A Trust wide workshop is being set up to review the report in the round and discuss the key learning both within maternity services and the wider leadership of our Hospitals and the Group – Donna Ockenden has agreed to present at this session.
3. Each Hospital is completing a self-assessment/gap analysis for the 15 IEAs. This will then be reviewed at Group level. There will be hospital specific and group specific actions that will emerge. An Implementation plan and resource requirements will be drawn from this analysis. The remaining 6 actions from the interim report will be incorporated into this plan.
4. A range of listening events are taking place – some led by maternity services leaders, others being planned will be led by our psychologists, health and well-being leads, Group and Hospital Executive colleagues to ensure independence and wider engagement in listening to staff. The themes from these listening events will be incorporated into our plan at a Hospital and Group level.
5. Our Birthrate+ (2021) review has been finalised, reported on separately at this Board meeting. To note, the BR+ methodology will be reviewed at a national level as a result of Ockenden.
6. Continuity of Carer Arrangements are being reviewed by each hospital in respect of ensuring wider safer staffing needs are met. We will respond to NHSE by 15th June deadline.
7. An options appraisal is being finalised for maternity informatics in order to ensure system consistency, reduce variation and maximise the opportunity for shared information across the pathway of care.
8. The first meeting of the new Strategic Maternity Board is taking place at the end of May and it will oversee implementation of the Ockenden Implementation Plan.
9. Submission of work plans and evidence of compliance with the Immediate and Essential standards from the interim Ockenden Report, our self-assessment against best practice standards, and BirthRate+ have been submitted to the ICS and NHSE London.
10. Preparation for Assurance Visits by the Regional Chief Midwife NHSE in June 2022 are underway – this will include peer reviews.
11. Jacqueline Dunkley-Bent, Chief Midwifery Officer for England is hosting a session on 7 September 2022 for Barts Health Trust Board members and other internal stakeholders on ‘what good looks like’ for maternity services. This is an offer to all Trusts across England.
12. A more detailed report will come to the July Board meeting following further discussion at the June QAC.
13. We will undertake a review of maternity reporting and further strengthen our data set, reporting templates and visibility at key governance forums in line with the Ockenden recommendations ensure that maternity is consistently reported on at all key governance forums going forward.

The Trust Board is asked to

- Note the publication of the final Ockenden Report and comment on current plans.
- Reflect on the experience of the families as reported in the final Ockenden Report.

Report to the Trust Board: 4 May 2022	TB 35/22
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Title	2021 NHS Staff Survey Results and Freedom to Speak Up
Sponsoring Director	Group Director of People
Author(s)	Aurea Jones, Director of People Strategy Delvir Mehet, Deputy Group Director of People Paula Oates, People Strategy Lead
Purpose	To update The Trust Board on the 2021 NHS Staff Survey results for Barts Health, highlighting changes to the staff survey and focusing on themes for improvement.
Previously considered by	People Board, Staff Partnership Forum, All HEBs, Group Executive Board

Executive Summary

This paper gives an overview of the 2021 staff survey results for Barts Health. It focuses on areas where our score remains stable and compares favourably with national survey results. It describes the action being taken in response to the feedback and where the feedback has informed our priorities and plans for 2022/23. The Trust Board is asked to note the results of the 2021 NHS Staff Survey, the next steps and the action being taken in response to feedback from colleagues

Related Trust objectives	All
Risk and Assurance	This report provides assurance in relation to all the Trust objectives.
Related Assurance Framework entries	8. Failure to secure and retain a sufficient high-skilled workforce at Trust and NEL level impairs the ability to provide the best standards of care and retain flexibility for seasonal or other surges in demand for services
Legal implications/ regulatory requirements	None

Action required:

The Trust Board is asked to:

- Note the content of report about the NHS Staff Survey
- Note the headline results at a Group, hospital, site and GSS level and the action being taken in response to the feedback from colleagues.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 4 MAY 2022

NHS STAFF SURVEY AND FREEDOM TO SPEAK UP

INTRODUCTION

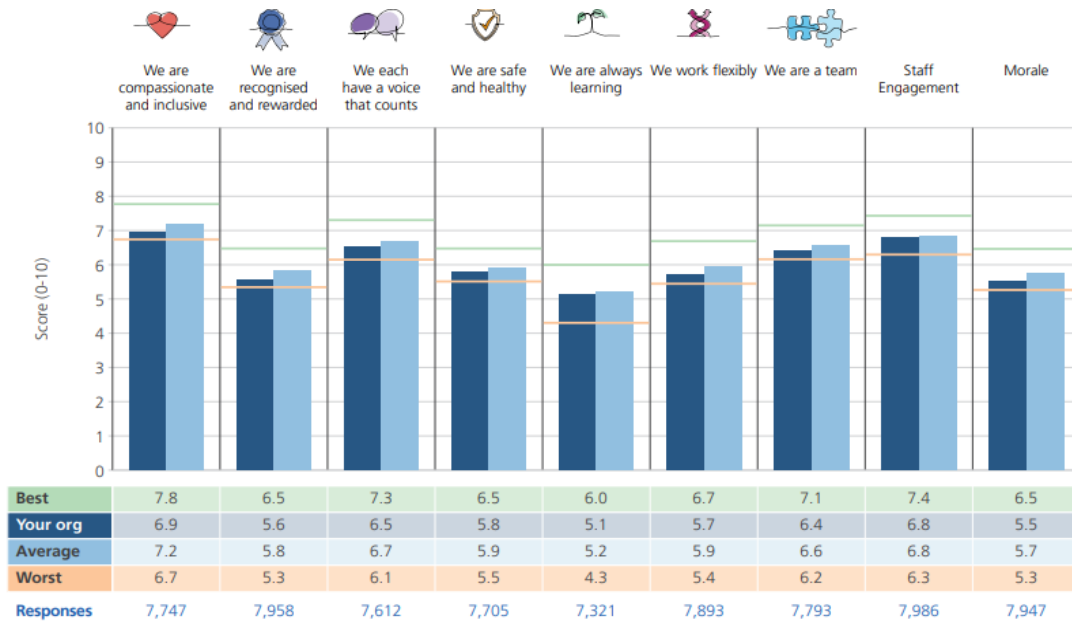
1. This paper sets out the key headlines from 2021 NHS Staff Survey results for Barts Health and focuses on the national benchmark report, its alignment with the NHS People Plan People Promise, and the overall performance for Barts Health, when compared to the average NHS organisation benchmark group of 126 organisations.
2. Both the NHS Staff surveys for 2020 and 2021 were conducted during the COVID pandemic. The 2021 Staff Survey was carried out in the autumn of last year as we were focussing on the recovery of services and as the COVID Omicron variant was starting to emerge and this will have had an impact on how colleagues reported their experience of working at Barts Health and in the NHS.
3. For the first time, the NHS Staff Survey results are measured against the seven NHS People Promise elements and against two of the themes reported in previous years, namely Staff Engagement and Morale. The reporting also includes new sub-scores, which feed into the People Promise elements and themes. This change to reporting is welcomed, as the staff survey now aligns with the NHS People Plan and Promise. However, for some questions in our local reporting, we can no longer compare this year's results with previous years, to identify trends.
4. This paper intentionally narrows its focus to the three areas that have remained stable and compare favourably and the three areas where we have comparably most improvement to make at Group, GSS and Hospital levels. A view is also provided of our results over five years, compared to the average response rate for our national benchmark group.
5. The paper concludes with how we are responding to feedback action planning, with a continued focus on WeBelong, delivery of the Health and Wellbeing Strategy, WeImprove, retention and leadership development and next steps.
6. The NHS Staff Survey results offer one lens of insight into staff experience at Barts Health. It remains important that these findings are triangulated with the other sources of data, including The People Pulse Survey, speaking up routes, staffside and staff networks, patient experience, clinical outcomes, financial data and qualitative insights.
7. The Staff Survey results offer the opportunity to identify areas doing well, to support learning about the necessary conditions for success, to inform strategy and priorities for

delivery over the coming year. The survey also offers the opportunity to flag potential hotspot outliers for further review and focused intervention. This is the work we invite hospital people and divisional leadership teams to do, informed by discussion of the Staff Survey results, triangulated where necessary, with their immediate teams across Barts Health.

SUMMARY OF STAFF SURVEY RESULTS

8. 17,136 colleagues at Barts Health were invited to participate in the NHS online Staff Survey between September and November 2021. 47.4% (8,116) colleagues completed a questionnaire, down from 51% achieved in 2020. However, it exceeds the median response rate for the national Staff Survey at 46% (126 in the benchmark group).
9. The staff engagement score has remained broadly steady, even during the pandemic 6.8 in 2021 (6.9 in 2017 and 2020) and at 6.8 is equal to the national average for 2021.
10. Figure 1 shows the benchmarked results for Barts Health for the survey themes, compared to the best and worst organisations. Overall, the majority of responses for Barts Health were below average for most themes, putting our Group at the top end of the bottom quartile.
11. On reviewing the Barts Health scores against the themes, there is no one theme that stands out and it is when we review the detailed information in the sub scores and responses to each question, that the areas for priority action are found.

Figure 1: NHS Staff Survey theme results and People Promise overview for Barts Health

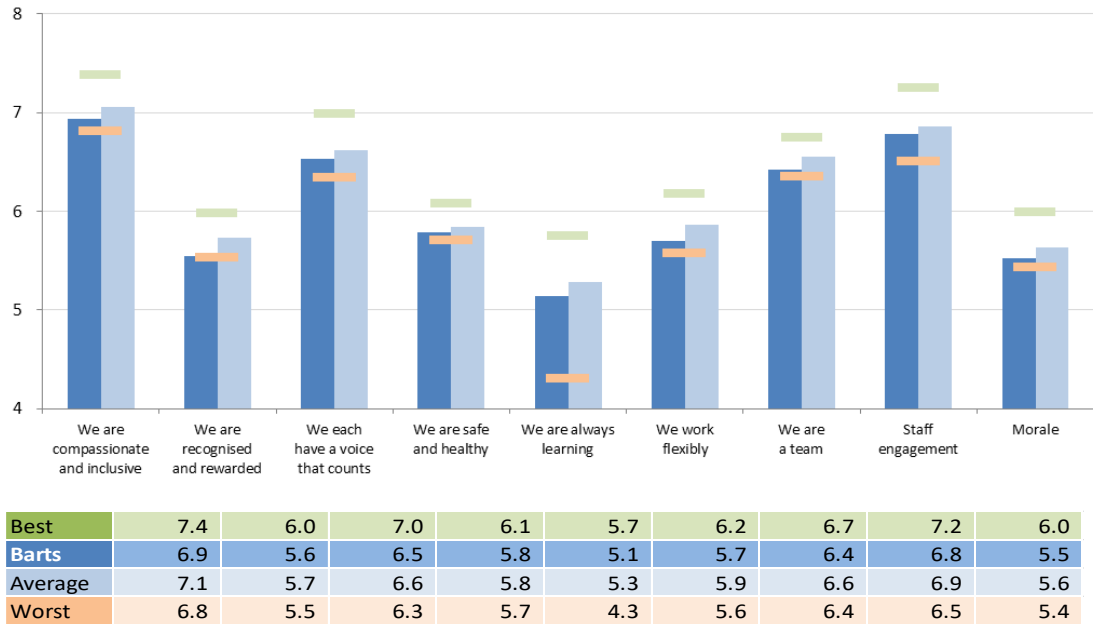


12. We have also compared the Barts Health scores against other acute hospitals in London.

Barts is just below the average score for all areas, except for *We are Safe and Healthy*. For 6 of the 9 areas, Barts was in the bottom quartile and for the other three, *A Voice that Counts*, *Safe and Healthy* and *Staff Engagement*, it is in the third quartile.

In the 2020 comparison against the other London acutes, Barts was in the bottom quartile for 4 of the 10 themes, so the relative position of Barts is roughly the same.

Figure 2: Comparison of Barts Health scores with London Acute Trusts



Three most improved areas in 2021

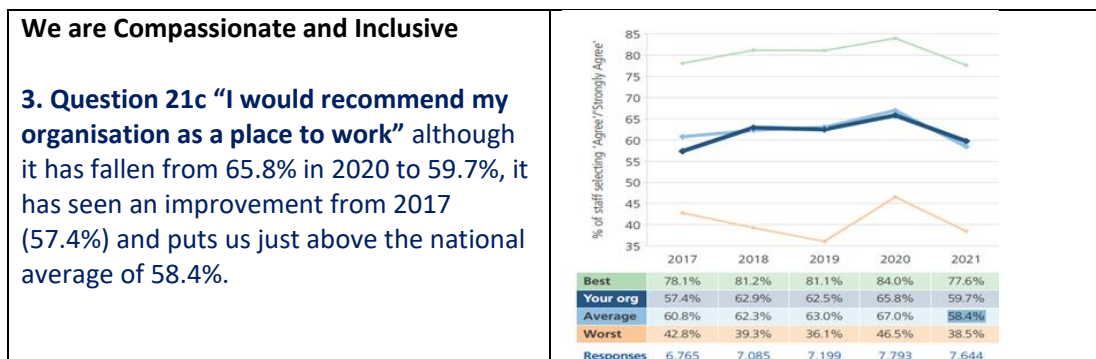
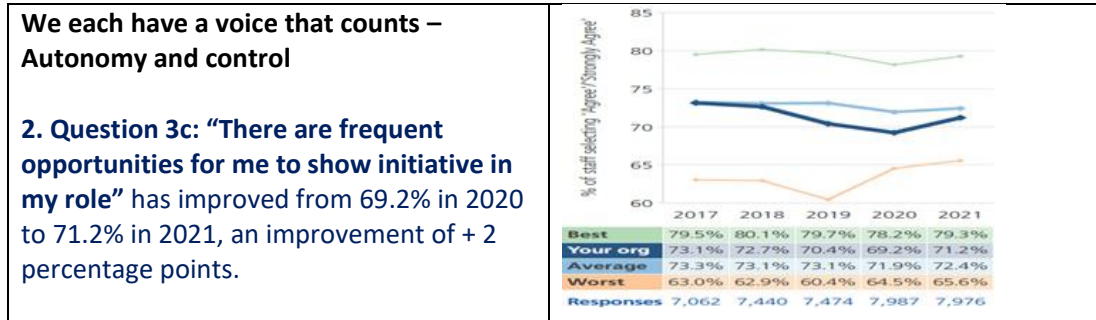
13. This year, the response to a number of questions improved upon the 2020 Staff Survey scores and superseded the benchmark average; the following questions are amongst the most improved scores:

We are a team – Team working

1. Question 7b: “The team I work in often meet to discuss the team’s effectiveness” scored 57.0% (the benchmark group average is 55.6%) and improvement of + 0.5 percentage points from 2020 (56.5%) results.

	2017	2018	2019	2020	2021
Best	68.0%	69.8%	72.3%	67.2%	64.3%
Your org	59.0%	61.2%	58.1%	56.5%	57.0%
Average	59.6%	59.4%	60.6%	56.7%	55.6%
Worst	49.2%	46.9%	47.7%	46.0%	43.9%
Responses	7,015	7,405	7,457	7,963	7,864

Improvement has also been reflected in Q7a “The team I work in has a set of shared objectives” from 67.3% in 2020 to 68.5% in 2021.

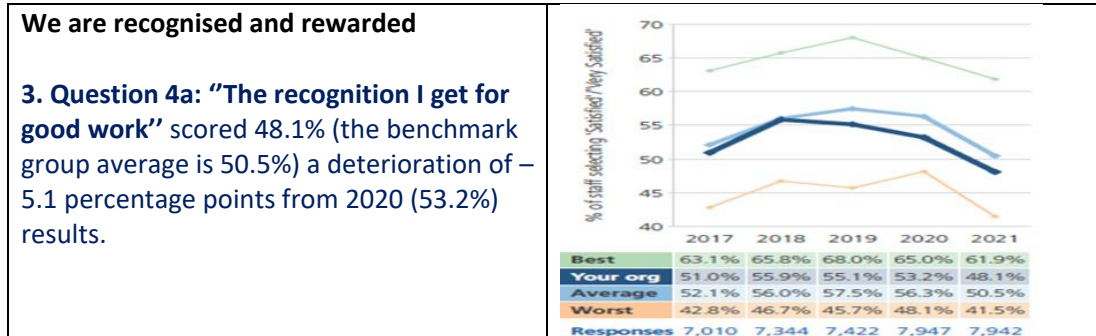


Areas for improvement

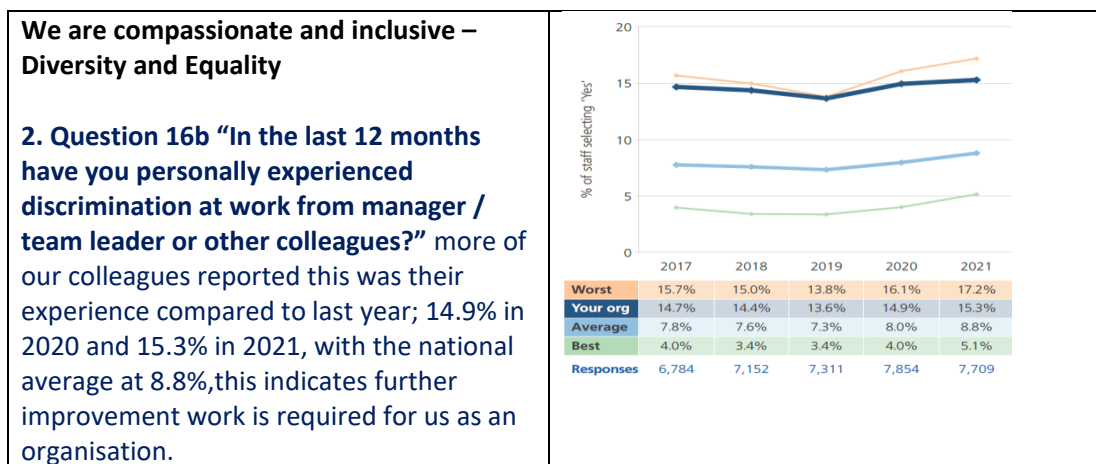
14. The areas below are worse than the national average or have deteriorated since last year’s survey.



More colleagues are considering leaving Barts Health than in 2020. This is also reflected in questions 22b and 22c: “I will probably look for a job at a new organisation in the next 12 months” 29.3% of our people reported so in 2021 compared to 26.9% in 2020 and “As soon as I can find another job, I will leave this organisation” where 22.9% of our people reported this as opposed to 20.9% in 2020.



Similarly, our scores have declined for question 4b “The extent to which my organisation values my work” (from 46.2% to 39.7%) in line with the national average, possibly reflecting the additional effort that all colleagues contributed to during the pandemic peaks. Of particular note, is concern about level of pay, that we will need to explore further with our teams.



Under the Compassionate and Inclusive theme, question 15 – “Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?”, the scores have been 46.1 in 2020 and 46.5 in 2021, which means a long way to go still to reach the national average of 55.7 but may also indicate an early sign of improvement.

Other key themes

15. As can be seen, the Barts Health scores broadly mirror national trends and this can hide important feedback. Particular issues that stand out include:

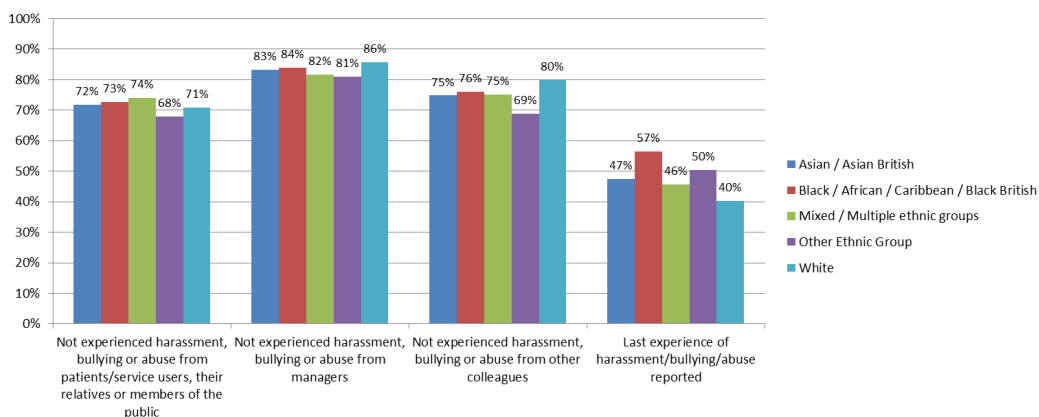
We are safe and healthy – **Health and safety climate:** where more colleagues than previously report that they are not able to meet all the conflicting demands on their

time at work (q3g) and that there are not enough staff for them to do their job properly (q3i).

Not all staff feel confident or safe to report: 57% of staff would feel safe to raise concerns, but less than half of people (46%) feel the organisation would actually address the concern. When analysing the free text responses in the Staff Survey, a number of mentions were also made on lack of confidence in raising concerns or having a negative experience when reporting them.

Disparities exist in experiences of reporting and bullying based on ethnicity: in answer to the question about whether bullying was reported, white staff were less likely to have reported this, compared to other ethnic groups. On experiencing bullying and harassment, people listing their ethnicity as 'other' (which in Barts is mainly people from the Philippines) had the worse outcomes and white staff had the lowest levels of bullying and abuse.

Bullying and Ethnicity in the 2021 Staff Survey:



Bullying has improved from managers and colleagues, but still occurs across the trust: 84% staff did not experience bullying or abuse from managers, which is 1.4% better than last year. 77% staff did not experience bullying from colleagues, a 1.3% improvement since last year. 85% did not experience discrimination from colleagues or managers, which is 0.5% worse than last year.

NHS Staff Survey results overview – comparing hospital and sites’ scores to Group score

- 16. The following section provides an overview comparing hospitals/sites scores to the overall Barts Health score. It shows that SBH scored most favourably across all nine Staff Survey areas.
- 17. In terms of ‘We are compassionate and inclusive’, the overall score for our organisation is 6.9, just below the national benchmark group score of 7.2. RLH, SBH, GSS, GCS and R&D Projects all scored above our Trust overall score.
- 18. WXH in particular, scored below the Trust average on all nine areas, with NUH also scoring below average, with the exception of the ‘We are always learning’ domain.
- 19. With an overall score of 5.6 for ‘We are recognised and rewarded’, all hospitals with the exception of SBH scored below this, with GSS, GCS and R&D Projects scoring above.

Blue = score less than Barts Health score
Yellow = score greater or same as than Barts Health Score



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
National benchmark group average score	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Barts Health	6.9	5.6	6.5	5.8	5.2	5.7	6.4	6.8	5.5
Newham	6.6	5.5	6.4	5.7	5.3	5.6	6.2	6.7	5.4
Whipps Cross	6.7	5.3	6.3	5.6	5.1	5.4	6.2	6.6	5.4
Royal London	7.0	5.5	6.6	5.6	5.2	5.6	6.4	6.8	5.5
St Bartholomew’s	7.1	5.7	6.7	5.8	5.3	5.7	6.5	7.0	5.6
Group Support Services	7.1	6.0	6.6	6.2	5.2	6.3	6.7	6.8	5.7
Pathology Partnership	6.7	5.2	6.3	5.8	4.4	5.5	6.0	6.4	5.2
Group Clinical Support	6.9	5.8	6.6	5.8	5.9	6.6	6.6	6.7	5.4
R&D Projets	7.5	6.2	7.0	6.6	4.7	6.5	7.1	7.2	6.1

















What the data says about WRES

2017-2021 WRES Staff Survey Summary

20. This year’s Staff Survey results show improvements in three WRES metrics associated with bullying, harassment and discrimination; these results are encouraging compared to results for career progression and promotion. The latter has consistently achieved results below the benchmark average since 2017.

Key:
 Note this is for ease of reading and not presented as statistically significant.

 Improvement on previous year  Deterioration on previous year

Category	2017	2018	2019	2020	2021	Overall improvement since 2017?
WRES 5 % BME staff experiencing bullying, abuse or harassment from service users in last 12 months	31.9%	34.0% 	34.4% 	30.7% 	28.2%  29.2% for white 28.8% BME national average	YES - % of BME staff being bullied continues to decline, possibly related to reduction in visitors due to Covid-19 or the impact of our WeBelong strategy (benchmark average of BME staff is 28.8%). The 2021 score for white colleagues is 29.2%.
WRES 6 - % of BME staff experiencing bullying, abuse or harassment from staff in last 12 months	34.2%	35.0% 	34.5% 	33.1% 	31.4%  26.5% for white 28.5% BME national average	YES - % of BME staff experienced harassment, bullying and abuse this year compared to previous year (benchmark average of BME staff is 28.5%). The 2021 score for white colleagues is 26.5%.
WRES 7 - % of BME staff that believe the Trust provides equal opportunities for career progression or promotion	43.3%	41.2% 	41.4% 	39.8% 	41.4%  54.9% for white 44.6% BME national average	NO – a consistently lower % of BME staff believe the Trust provides equal career progression opportunities. The % fluctuates each year and remains below benchmark of 44.6%.
WRES 8 – % of BME staff who personally experienced discrimination from managers, team leaders or colleagues in last 12 months	18.8%	18.6% 	17.3% 	18.9% 	18.5%  11% for white 17.3% BME national average	A lower % of our people felt discriminated against. However , there has not been a significant improvement year on year and it remains below the national average of 17.3% and their white counterparts at 11%.

RESPONDING TO STAFF SURVEY / TAKING ACTION

21. Over the past two years, we have put in place a number of key programmes to improve the experience of work at Barts Health. The Staff Survey data will be used to inform the continuation of these programmes and the priorities for the workforce plan for 2022/23.
22. The refreshed WeBelong Strategy, with its continued focus on career development and the new priority of increasing Cultural Intelligence, directly seeks to address feedback received from colleagues.
23. The recently agreed Wellbeing Strategy, with its focus on ensuring that we have a sustainable approach to getting the basics right and wellbeing, makes the care of all of our colleagues a priority and in turn moves Barts Health towards being an outstanding place to work.
24. We are refocusing on the development of WeLead and in particular in 2022/23, the management and leadership development for colleagues new to leadership posts. We continue to support all leaders with the weekly webinars focused on information, development and networking.
25. The draft workforce plan for 2022 targets recruitment, with a spotlight on 'drive to 95' increasing the substantive workforce and therefore the resources to do the job. This, together with a focus on retention and understanding the reasons behind the Staff Survey feedback and responding, will contribute to the work experience of colleagues.
26. The implementation of the Violence and Aggression Reduction Strategy and in particular the violence reduction training, has been slow, due to operational pressures. We are looking to refocus on delivery of safety intervention training and supporting teams to proactively manage difficult and threatening situations.
27. We have a number of different routes that are well defined for people to raise concerns, however we know that there is a mismatch between issues raised and the Staff Survey feedback. To drive more usage of the feedback routes, we will work to build confidence that if they report issues they will be listened to and action will be taken. We will also raise awareness of the reporting channels through training, communication campaigns and via Inclusion Signposters.
28. As part of our WeBelong action plan, a number of existing Trust-wide initiatives are in place that target the root cause of bullying and harassment. These include our Cultural Intelligence programme and Inclusion/Equality development modules. We will also work in partnership with teams where there are the highest levels of bullying, harassment or

discrimination, to help understand if the Staff Survey data is reflective of their experience and to explore how we might improve outcomes.

29. Hospital teams are forming local action plans in response to the Staff Survey feedback that will draw on the Group wide programmes and local solutions, to continue to improve the experience for all colleagues.

PEOPLE PULSE

30. We ran the People Pulse survey for the first time in January 2022. 5.2% (893) colleagues completed the survey in January. NHSE advise that average completion rates are circa 10%.
31. As this was the first time of utilising the 'pulse' and we had a relatively small response, it is difficult to glean new information from the results; however overall the January results were consistent with the NHS Staff Survey results.
32. The People Board will oversee the development of our use of the People Pulse and its point in time feedback, reflection on mood, feelings and engagement. As we continue, we will build implementation and gain trend data from the consistent People Pulse questions.

CONCLUSION

33. The NHS Staff Survey scores for 2021 have seen a deterioration across the NHS in England, probably reflecting the experience of working in the NHS over the course of the pandemic. The Staff Survey scores for Barts Health mirror this picture and also highlight where we may be starting to see improvement and where we need to focus our support for improvement.
34. The Staff Survey results offer the opportunity to identify areas doing well, to support learning about the necessary conditions for success and to inform strategy and priorities for delivery over the coming year.
35. The programmes that we have in place to improve the experience of work at Barts Health continue to be key to our response to the feedback from colleagues and this feedback has informed the priorities for the workforce plan 2022/23 with our focus on WeBelong, the wellbeing of colleagues and recruitment and retention.

Gender Pay Gap Report

2020 / 2021



Summary Report using March 2021 data Including our ethnicity pay gap snapshot

Executive Summary:

a) Gender Pay Gap Headlines:

We have honoured all our commitments in the previous report, including establishing a GPG task force and implementation plans for a range of interventions to combat the gap. As data in this report cover up to March 2021, we do not expect to see their impact until next year. Progress against the actions of last year's Gender Pay Gap report is laid out in section 10.

Why are we publishing this report?

- This report **works towards our aspirations in WeBelong by providing full transparency on where we need to improve with respect to the gender pay gap.**
- **Data included in this report is up to March 2021**, so will not reflect any impact as a result of our updated strategy launched in 2022. A number of actions are planned as part of this to tackle the gap, which are highlighted in this document.
- Many of **the inequality gaps highlighted in this report are not unique to Barts Health**, they are wide spread across the NHS and society. By continuing to publish the extent of our own inequalities **we hope to give further recognition to this agenda and be open with our own challenges as a step in addressing them.**

Gender Pay Gap Data for March 2021

- **Overall the, median gender pay gap has shown modest improvement from when we first started reporting.** The 2017 median pay gap of 13.3% between male and female colleagues has reduced to 12.6% (March 2021 data), although this has not changed much since 2020 (12.7%).
- The median pay gap is calculated by separately listing men and women across the entire workforce in increasing salary order, and counting up to the "middle" person in each of the lists. This avoids over focus on those with the highest and lowest salaries. A median hourly difference of 12.6% in pay results in the "middle" women getting paid 87p per hour, for every £1 per hour the "middle" man receives.
- **The median bonus pay gap has moved from 33.2% (2017) to 0% (2021).** This is most relevant to senior doctors (Consultants) and this drop was driven by more equal distribution of bonuses as part of recognition for work over the Covid-19 pandemic. These bonuses were also equally awarded to those working less than full time a decision taken by the local CEA group ahead of National guidance by the British Medical Association (BMA) to this effect.
- **Despite improvements in the median, the mean gender pay gap has increased** from 17.5 to 19.6% between 2020 and 2021. It remains lower than 2017 when we first started reporting. The mean bonus gap has increased more starkly from 30.4% to 35.6% between 2020 and 2021.
- The mean is calculated by adding up all the salaries or bonuses for men or women, and dividing it by the total number of people in each group.

How can the median be improving, but the mean isn't?

- The median helps give a picture of the middle and is less impacted by outliers (i.e people in roles that are banded much higher, or lower). An improvement could

indicate that the distribution of roles/pay across some parts of the organisations is becoming fairer.

- The mean is more impacted by higher salaries. No improvement in the mean could indicate that men continue to disproportionately hold the most senior positions/bonuses in the organisation. This is reflected later in the report.

Greater representation of women in senior positions continues to be key to closing the gap;

- **The proportion of women in the upper pay quartiles has remained the same**, but the total proportion of women in the trust has increased by 1% point. A 14% gap exists between the trust gender profile (72.1% female) and the proportion of women in the highest pay quartile (58%). The upper middle pay quartile is 77% women due in part to historical and persisting tendency for some of the higher paid professional roles to be male dominated (e.g. doctors) compared with female dominant professions (e.g. administration and clerical).
- **However the proportion of females in VSM positions and band 9 has decreased, likely driving an increase in the mean pay gap.**
- **The proportion of females in 8c and d positions has increased**, potentially providing an opportunity for a talent pipeline into VSM to drive improvements. This may be attributed to early changes to the 8a+ recruitment process although the full impact of which is not likely to appear until the next reporting period.
- In general across the trust regarding banding, women are over represented below band 8a, and underrepresented above band 8a when compared to the trust workforce profile (72.1%). Band 5 has the highest female representation.
- In March 2022 we launched a career mentorship programme and have a phased plan in place to introduce more development opportunities. We have are also working towards consistent succession planning, better career conversations, Future VSM courses and a more inclusive recruitment process for different working patterns to improve representation.

Gaps in pay and bonuses still vary by division and occupation, requiring a tailored approach:

- **Nursing still remains female dominated** but has a predominantly low-mid banding structure that may provide structural barriers to progression.
- **Currently, the consultant workforce is 42% female and 58% male**, however **the number of female junior doctors exceeds the number of males. This may start to be reflected, as female consultant representation increased 2% point from 2020-2021.**
- **The size of pay gap varies by roles/occupations/bands** and needs to be queried to understand what drives each. Medical and dental, and estates and ancillary are the only areas that males are over represented.

Cross Trust partnerships will be needed to identify what works well and how to close the gap:

- **2021 data is not yet available for all 10 large acute trusts in London for benchmarking purposes.** For the Trusts available, **3 out of 4 have improved their median and mean gender pay gap at a greater rate than Barts Health.** Only one other trust did not improve.

- **Barts Health** is currently placed 6 out of 10 based on median pay gap (using most recent data available from all trusts). The Trust will need to accelerate progress on closing the gap in order for it to retain this rank.
- **However the impact of insourcing needs to be considered in comparing data between London Teaching NHS Trusts.**
- Increased networking with these Trusts may improve progress, to assist in doing so we have recently join a membership organisation which has a core aim of closing the pay gap.

b) Ethnicity Pay Gap Headlines:

- For the second time, we have shared our ethnicity pay gap data which reinforces the impact of known inequalities in representation at senior levels. **Ethnicity pay gap is not a standard requirement, so we cannot bench march against other organisations.**
- Our initial snapshot from March 2021 **shows for every £1 that the median white colleague earned, the median Black, Asian, and ethnic minority colleagues earned £0.82.** This has not changed significantly since last year.
- This gap echoes findings in workforce race equality standard (WRES) reporting which consistently shows Black, Asian, and ethnic minority colleagues are underrepresented in upper pay quartiles. **47% of top quartile earners are White, with 41% from a Black, Asian and minority ethnic background. This is a 1 percent point improvement between 2020-21.** At the lowest quartile 64% are Black, Asian or minority ethnic and 25% are White.
- Following commitments in our last report, over 2021-2022, we have significantly increased representation of colleagues in 8a+ positions. **This will not be captured in the March 2021 data, but should be reflected in next years' report.**
- We will continue to scale our career progression, recruitment and development workstreams to drive improvement in this area.
- This report mainly covers GPG, our ethnicity pay gap forward actions are detailed in our November 2021 [WRES report](#).
- A detailed breakdown of ethnicity shows high variation in – Bangladeshi colleagues have the lowest median pay, whilst Chinese colleagues have the highest. This shows the need to increasingly look beyond grouping colleagues when trying to understand drivers for inequality.

c) How are we closing the gaps?

WeBelong 2.0

In February 2022, we launched the second phase of our WeBelong Strategy. Our initial phase (2020-21) was focused on creating governance, infrastructure and raising awareness on inclusion. Our inclusion commitments for 2022/2023 are **completely focused on action and delivery**. Much of these plans are already underway and will be continually scaled across the next 12 months. These actions will be intended to impact both the gender, and ethnicity pay gap:

- **Career progression:** We have launched the start of an ambitious career development offer at Barts Health that will seek to close the gap on multiple fronts. Our inclusive

career development interventions will be phased up throughout 2022/23 to create a fully comprehensive set of opportunities including:

- Launch of Shadowing and Career Mentorship service for all staff
 - Expansion of career development workshops and seminars for underrepresented colleagues
 - Expansion and improved access to training opportunities
 - Succession planning and stretch assignment pilots
 - Coaching for line managers to provide better quality career conversations
 - Cohort 1 of Future VSM programme
 - Secondment and stretch assignment frameworks
 - Internal talent pipeline planning in all hospitals
 - Job sharing matchmaking pilots
- **Processes:** Barts Health continues to develop our senior recruitment process to drive more equitable recruitment. The 8a+ process has had a positive impact on increasing representation and should be reflected in next years' report further. In addition, we have committed to revising board level recruitment and advertising processes to take a values/impact based model that will seek to increase female and ethnic minority representation in VSM and board roles. Wider recruitment (including different working pattern JDs), bonus, and advertising processes will also be under review.
 - **Inclusion Learning and Development:** In March 2022, we launched a refreshed, comprehensive set of learning modules to develop a more inclusive culture in the trust. In year 1, we will seek to reach 12,000 staff through sessions ranging from foundation to advanced level to accommodate all levels of confidence. There are 23 training sessions planned over March/April alone with capacity for 700+ participants. Lessons include GPG specific modules, as well as broader cultural intelligence masterclasses. This programme will seek to raise awareness, as well as target the unconscious and conscious cultural drivers of GPG.
 - **Partnerships:** Barts Health has strengthened its partnerships with thought leaders in closing the gap to help accelerate change. This includes working with other NHS trusts and professional bodies. As part of this, we have joined *Working Families*, an expert member organisation to undertake detailed reviews of our policies, understand opportunities that remain, raise awareness and increase access to events.

Gender Pay Gap Task & Finish Group:

A core commitment in the 2020 GPG report was to **reinstate the GPG Task & Finish Group**. The group is now up and running and is a key enabler in closing the gap. The Task & Finish Group, working closely with the Trust Women's Network, undertook a review of the drivers of the GPG. Using our WelImprove approach to improvement, the group recommended Barts Health Inclusion Board to agree to a **gender pay gap target of 11% (median) by 2025**. This is now reflected in our WeBelong 2.0 strategy.

To support the achievement of the of the Inclusion Board commitment, the group defined key project areas aligned with the identified drivers. The plan includes actions around:

- **Flexible Working:** Supporting the flexible working policy launch/adoption, gathering best practice and showcasing stories, liaising with key decision makers and boards and applying the NHS flex for the future model.

- **Career Progression:** Working closely with the people directorate to ensure the above career progression offer addresses the needs of women in the workforce, building in a talent management approach. This is linked to the Career Progression programme described above.
- **Clinical Excellence Awards:** Providing peer to peer support to colleagues throughout the application process, enhancing the CEA group membership to include equality representation and levelling the awards to offer fairness to different working patterns.
- **Intersectionality:** The task force are starting to work closely with the Black, Asian and Minority ethnic network to explore opportunities for co-working on closing the gender and ethnicity gap.
- **Communications:** Raising awareness through large, regular staff sessions to build understanding of the GPG, as well as supporting culture change in the organisation. This is part of the offer described above. The Group also worked with our communications team to develop an infographic that explains the differences between GPG and equal pay as well as the trust commitments to addressing the gap.

Barts Health 2021 Gender Pay Gap Report

1. What is the gender pay gap report?

The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. According to the [ONS](#), the gender pay gap among all UK employers that submitted data (including NHS and non-NHS) was 15.5% in 2020, down from 17.4% in 2019. Nationally, the gender pay gap is higher for all employees than for full-time employees and part-time employees separately. This is because women fill more part-time jobs, which in comparison with full-time jobs have lower hourly median pay.

The **Gender Pay Gap** (GPG) shows the disparity of *average* pay across any given women across a workforce. If women do more of the less well-paid jobs within an organisation than men, the gender pay gap is usually bigger. As a measure, it captures any pay inequalities resulting from differences in the sorts of jobs performed by men and women and the gender composition of the organisation by seniority. It does not mean that two people doing the same job, get different pay.

This is the fifth year of Barts Health publishing its Gender Pay Gap data. For the **second time, our ethnicity pay gap is also reported here. It identifies notable discrepancies between the different ethnic groups within our workforce**

The data reported on in this document is taken from the GPG **snapshot date of 31 March 2021** (unless stated otherwise) and is required to be published no later than the statutory date of 30 March 2022.

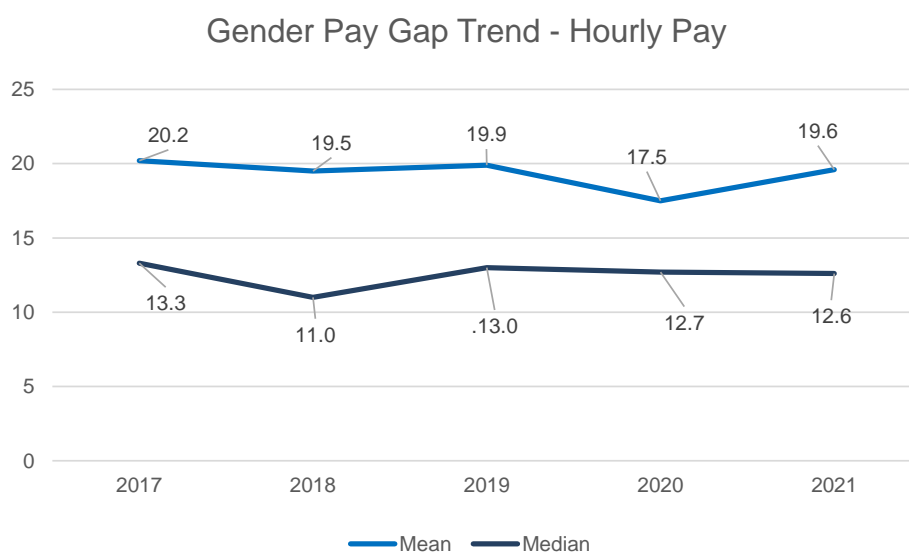
2. Local context

Barts Health is one of the largest Trusts in the country and one of Britain's leading healthcare providers. **With a diverse workforce of over 16,000 staff and thousands more volunteers, students, and contractors**, both the gender and ethnicity pay gap information provide a valuable insight into the challenges of inclusion and diversity across our entire workforce.

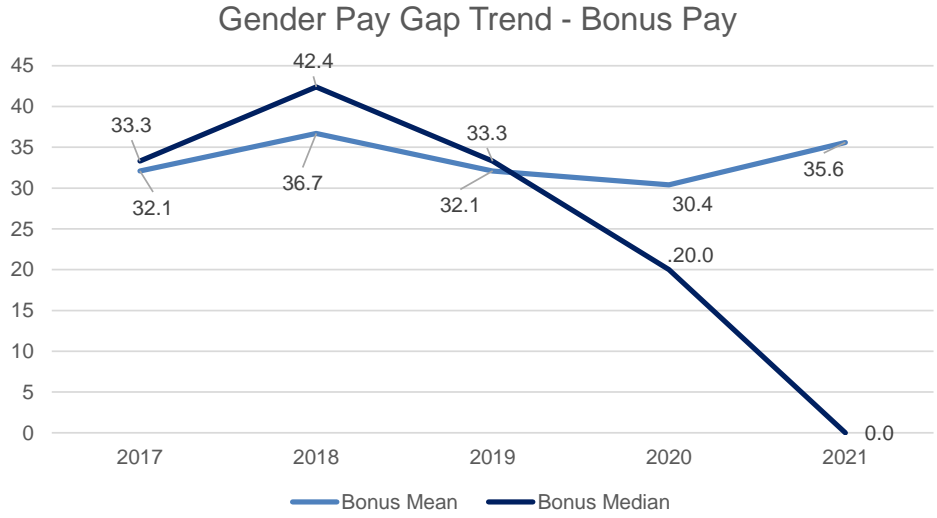
Like most Trusts in the country, Barts Health has a workforce that is predominantly female. Our current workforce diversity information shows that **female workers make up approximately 72.1% of the workforce and approximately 27.9% are male**. According to data from the period this GPG report covers, 36% of our staff are White, 30.6% Asian, 20.2% Black, 2.9% mixed heritage and 2.9% had other ethnic backgrounds.

Our GPG data covering the last 5 years is showing some signs that the gap is reducing. It is hoped that by putting multiple interventions in place, the trend shown in the next page is the start of a positive, longer term, change.

3. How is the Gender Pay Gap changing in Barts Health?



The median gender pay gap has decreased in the last 3 years, albeit moderately. The mean pay gap has increased since 2020 and whilst being lower than 2017 levels, has no visible improving trend.



The Median bonus gap has reduced since 2018 and fell to 0 in the latest data (2021) reflecting the approach to provide all consultants with a CEA payment to acknowledge their contribution towards the COVID pandemic. The mean bonus gap remains and has fluctuated between 30-36% since reporting, increasing since the previous year.

4. Gender Pay Gap Breakdown (March 2021)

12.6% Median Gender Pay Gap (hourly rate)



For every £1 that the median man earned, the median woman earned £0.87

19.6% Mean Gender Pay Gap (hourly rate)



For every £1 that the average man earned, the average woman earned £0.80

Mean bonus gender pay gap

00.0% Median Bonus Gender Pay Gap



For every £1 that the median bonus earning man earned, the median woman earned £1. **This means, there is no median gap in 2021.**

35.4% Mean Bonus Gender Pay Gap



For every £1 that the average bonus earning man earned, the average bonus earning woman earned £0.65

5. Proportion of males and females receiving a bonus/CEA payment March 2021

For Barts Health the main payment that would currently fit the description of bonus, per gender pay gap reporting, are the Clinical Excellence Awards (CEA). In the gender bonus pay gap, a difference is in part a reflection of the historically male dominated workforce, there remains a challenge to ensure equitable access to the process in order to reduce this gap.

In February 2021 the CEA award was split across the permanent consultant workforce, based on length of service (1yr+, 3yr+), in recognition of the COVID pandemic and as a result the median was brought down to zero. 97 bank workers also received a 'bonus' payment linked to a Christmas working incentive of £100. The majority of these were for female colleagues (75) which, along with the approach to CEA, would have contributed to lo the gap down compared to 2020. Looking at just consultants, 77% of female consultants received a CEA payment compared to 80% of male consultants in 2020/21,

Regarding the mean gap still existing, some consultants continued to received pre-awarded CEAs impacting the mean due to the over representation of males. Only permanent consultants in place for more than a year were entitled to the 2018 CEA which is spread evenly although the amount increases based on length of service. This is apparent, where the most senior CEA payments (Bronze, level 10 and level 11) all went to male consultants.

Following the work from the GPG T&F Group, we will implement a number of actions to close this gap, including peer support in applying to CEA, and ensuring consistent awards for full and part time work.

Gender Bonus Pay (CEA) Gap March 2019-2021

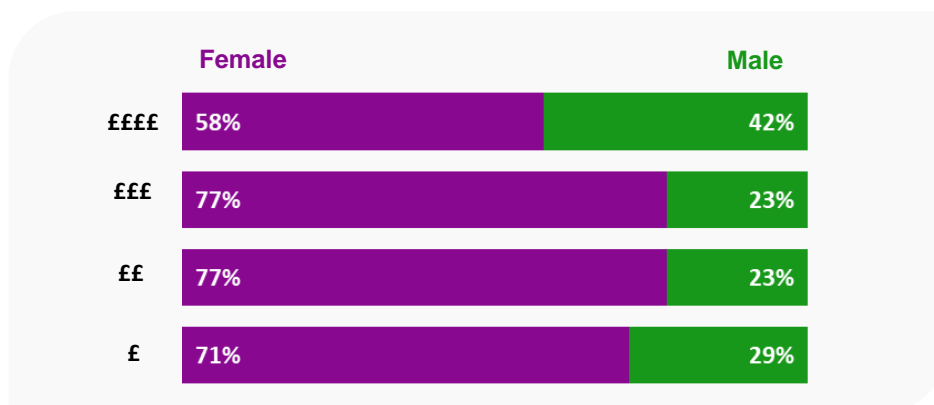
Gender	Employees paid bonus			Total relevant employees			% of staff receiving bonus payment		
	2021	2020	2019	2021	2020	2019	2021	2020	2019
Female	418	131	115	15,846	17,794	16,623	2.60%	0.74%	0.69%
Male	518	243	214	6,502	7,133	6,579	8.00%	3.41%	3.25%
Total	936	374	329	22,348	24,927	23,202	4.20%	1.50%	1.42%

Note: These figures have been calculated using a snapshot from March 2021 applying the GPG recommended methodology therefore may not reflect the exact number of staff that currently work at Barts Health. The methodology includes all eligible staff as well as the core 16,000+ workforce Barts Health employ.

6. Proportion of males and females in each pay quartile.

Determining the proportion of male and females in each quartile involves calculating the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees, rather than rate of pay.

The distribution of pay in these quartiles appears as follows:



Men are disproportionately represented in our workforce at the higher levels of pay. In the top pay decile 42% of the workforce is male

A marginal increase in women in the top and upper middle quartile (less than 1%) occurred between March 2020-2019 but has remained static between 2020-2021. This has been recognised, and is the target point for a number of interventions in our enhanced career progression offer.

Increasing the proportion of women in the top two quartiles will likely be reflected as a reduced mean pay gap.

7. Gender Pay Gap: Benchmarking against similar Trusts

2021 data is not yet available for all 10 large acute trusts in London for benchmarking purposes. For the Trusts available, 3 out of 4 have improved their median and mean gender pay gap at a greater rate than Barts Health. Only one other trust did not improve. Barts Health is currently placed 6 out of 10 based on median pay gap (using most recent data available from all trusts). The Trust will need to accelerate progress on closing the gap in order for it to retain this rank.

Increased networking with these Trusts may improve progress, to assist in doing so we have recently joined Working Families , which also provide a range of toolkits and support that will work towards closing the gap.

Gender Pay Benchmarking March 2020 & 2021

Note: Large London Acute used with NEL Acutes included. (Workforce 5,000+). Source: <https://gender-pay-gap.service.gov.uk/> / Figures for March 21 reflect those submitted as at 02/03/22.

Trust	2020		2021	
	Mean Gap %	Median Gap %	Mean Gap %	Median Gap %
University College Hospital	15.2%	9.4%		
St George's	13.7%	9.5%		
Guy's & St Thomas'	15.6%	10.1%		
Imperial College Healthcare	16.8%	11.4%	9.7%	-1.2%
Royal Free London	16.1%	12.7%		
Barts Health	17.5%	12.7%	19.6%	12.6%
King's College Hospital	18.9%	13.2%		
Homerton	21.5%	14.2%	18.2%	11.6%
Lewisham And Greenwich	23.0%	17.9%	21.7%	16.2%
Barking, Havering & Redbridge	27.4%	23.5%	27.4%	23.5%

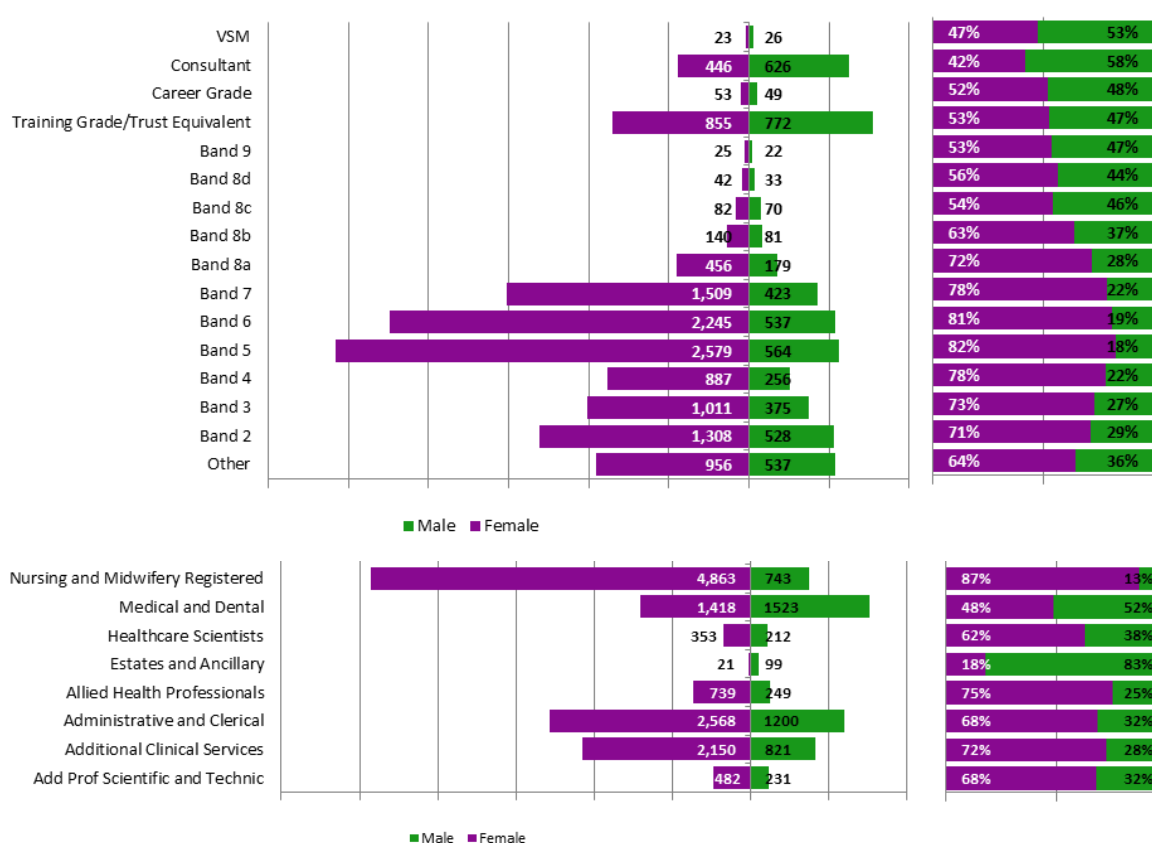
8. Gender Pay Gap Snapshot by band and by staff group

Both staff group and band charts reflect the historical, and still prevalent, gender roles of the hospital workforce.

Whilst we see a small majority of female doctors in the training grades, which bodes well for the future, it does not reflect the overall gender split of the Barts Health workforce and so is unlikely to have a significant impact on the overall gender pay gap position.

Understanding where gaps exist can help identify what is working well, and where structures exist that reinforce inequality

Summary by band/role March 2021



At first glance, it would appear that female colleagues are over represented in all bands other than VSM and consultant, and in all role groups other than estates, medical and dental. However, this data has to be viewed in reference to the overall proportion of females in the trust – 72.1%. When taking this into account, **female staff are underrepresented in all bands above 8a**. The over representation of males in medical and dental/estates and ancillary also becomes more apparent.

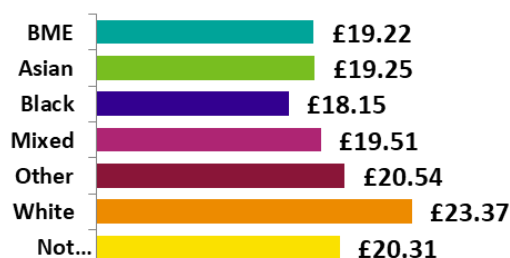
9. Ethnicity Pay Gap Information (March 2021)

The ethnicity pay gap is an emerging part of this report – further data and analysis will be carried out to dig into the driving factors of inequalities in pay ethnicity. This will feed closely into existing work around addressing representation gaps in Barts Health that are outlined in WeBelong. Actions Barts are taking to reduce the inequalities between ethnicities are outlined in more detail as part of our WRES reporting.

The snapshot included in this report contains a) median and mean ethnicity pay gap, b) proportion of BAME and white colleagues in each pay quartile. Following this report, a task force will work to develop a key set of recommendations and actions.

Median Ethnicity Pay Gap

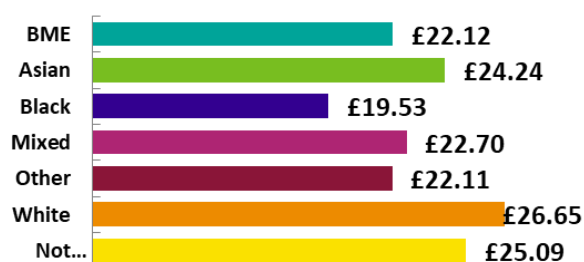
17.8% Median Ethnicity Pay Gap (hourly rate)



For every £1 that the median white colleague earned, the median Black, Asian or Minority ethnic colleague earned £0.82. This is a moderate improvement since last year (18.1% median gap)

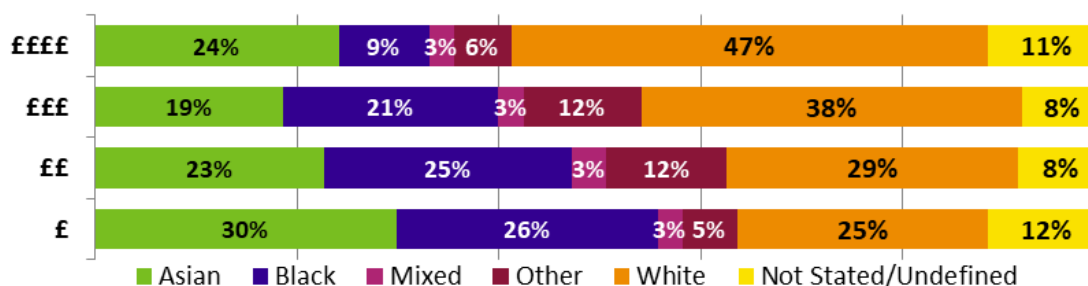
Mean Ethnicity Pay Gap

17.0% Mean Ethnicity Pay Gap (hourly rate)



For every £1 that the average white colleague earned, the average Black, Asian or Minority ethnic colleague earned £0.83. This has remained similar to the previous year (17.1% mean gap).

Proportion of Asian, Black, Mixed and White colleagues in each pay quartile



47% of top quartile earners are known to be White, with 41% known to be Black, Asian or Minority ethnic whilst at the lowest quartile 64% are Black, Asian or Minority ethnic and only 25% are white

Ethnicity Pay Gap as at March 2021 – Top 20 represented Ethnic Groups

Looking at the top 20 ethnic groups by size represented at Barts Health, there is high variation associated with different ethnicity. Bangladeshi staff have the lowest median pay, along with Black colleagues across different heritage. Chinese and white colleagues have the highest median pay. The difference between the lowest, and highest median pay is significant.

Ethnicity	Mean pay by hour (£)	Median pay by hour (£)	Count
Chinese	£ 29.25	£ 25.22	211
White – Irish	£ 27.74	£ 24.42	336
Other Specified	£ 26.85	£ 24.08	119
White – British	£ 26.79	£ 23.45	4081
White - Any other White background	£ 27.00	£ 22.91	983
Asian or Asian British - Indian	£ 28.16	£ 22.90	1401
Asian or Asian British - Any other Asian background	£ 25.31	£ 21.85	567
Any Other Ethnic Group	£ 24.21	£ 21.12	364
White Other European	£ 23.30	£ 20.88	251
Not Stated	£ 25.10	£ 20.27	1726
Filipino	£ 20.65	£ 20.16	1009
Asian or Asian British - Pakistani	£ 25.65	£ 19.62	451
Black or Black British - African	£ 20.35	£ 19.28	1906
Mixed - Any other mixed background	£ 23.51	£ 19.25	128
Black British	£ 18.84	£ 17.60	198
Black Somali	£ 17.68	£ 16.88	121
Black or Black British - Any other Black background	£ 19.24	£ 16.88	318
Black or Black British - Caribbean	£ 18.66	£ 16.56	724
Black Nigerian	£ 17.93	£ 15.44	269
Asian or Asian British - Bangladeshi	£ 17.35	£ 14.37	1259

10. Fulfilling Our Commitments and our plans for the coming 12 months:

In last year's report, we committed to a number of actions to address the gender pay gap. These actions are summarised in the table below, along with an update for transparency. Our core commitments for the coming year is to deliver the outlined interventions in our WeBelong strategy.

Commitment	Update/Previous Commitment	Forward plan
Establish GPG and EPG task group.	The Gender Pay Gap Task & Finish group was reinstated and a chair appointed. A highly active group has been key in driving the trust work in closing the gap. The ethnicity pay gap task group is not yet formally established, but representation is a core focus for our race network, which has run a number of career events.	<ul style="list-style-type: none"> GPG will continue to meet regularly reviewing professional level data with Women's Network, professional representatives as well working with the flexible working group, CEA local group and focussed career development working groups such as administration and clerical with cross site representatives. Support ethnicity pay gap group and work with other networks to support review of intersectionality data.
Co-develop a 3-year GPG goal 1	In "Mend the Gap" the DHSC Independent Review recommended that Trusts: "Develop and publish targets... to be reported at board". We have followed this recommendation and have a gender pay gap target of 11% by 2025. This has been published publicly on our website.	<ul style="list-style-type: none"> The GPG T+F will track progress against the target and keep the appropriateness of the target under review in light of major anticipated changes to the workforce structure which could impact on progress against the gender pay gap target. The GPG will consider the need for advocating for a "true-up" adjustment to the target to ensure that extrinsic factors (whether they negatively or positively impact on progress) are properly taken into account.
Develop understand of what is driving GPG at Barts Health	A systematic approach was adopted by the Gender Pay Gap Task and Finish Group of reviewing GPG data profession by profession covering 74% of the Barts Workforce to look at common cross cutting drivers as well as factors of particular impact within a profession.	<ul style="list-style-type: none"> Cross cutting drivers were identified (flexible working, career progression issues, and CEA) Particular 'pinch' points are highlighted and fed back to professional leadership groups such as NMAHP by GPG T&F. Working groups with appropriate professional representation across the Trust sites (e.g., A&C) are being developed to enhance career progression clarity with enhancement of career guidance, mentoring, and shadowing opportunities by Womens' Network. Further develop systems of regular data review by site-based E&I groups

Fulfilling Our Commitments and our plans for the coming 12 months (continued):

Commitment	Update/Previous Commitment	Forward plan
<p>Co-design GPG action plan that links with our Recovery Plan</p>	<p>Develop a plan that considers:</p> <ol style="list-style-type: none"> 1. Understand what is driving GPG in Barts Health 2. Adopt a systematic process that seeks evidence-based actions that will target the drivers of the gap 3. Consult staff networks on interventions above 4. Gain buy-in from senior and middle managers to embed actions into existing working practices <p>Include a continuous feedback loop to constantly assess interventions and adjust our approach to ensure impact</p>	<p>The GPG T&F identified key areas of focus for the coming year:</p> <ul style="list-style-type: none"> • Flexible Working: Supporting the flexible working policy launch/adoption. • Career Progression: Working closely with the people directorate to ensure the above career progression offer addressed the needs of women in the workforce. • Clinical Excellence Awards: Providing peer to peer support to colleagues through applications and refining the process to be fairer as well as ensuring that there is no impact from working less than full time • Intersectionality: Working closely with the Black, Asian and Minority ethnic network to explore opportunities for co-working on closing the gender and ethnicity gap as well as other inclusion networks. • Communications: Raising awareness through large, regular events and written media. A key element of this is building engagement at senior boards, and talking to staff to understand what interventions can be put in place.
<p>Monitor and refine existing interventions</p>	<p>Existing interventions in our recruitment processes have been under constant review and refinement, this has included a pilot to scale our inclusion ambassador panel participation to further bands. We have also scaled our inclusion training offer and the frequency in which we run our career development programmes for Black, Asian, ethnic minority colleagues and women. Progress on increasing representation across gender and ethnicity is reported on monthly to the group inclusion board.</p>	<ul style="list-style-type: none"> • The GPG T&F believe that these interventions remain suitable for the coming year. • The GPG T&F will keep the effectiveness of the interventions under review and will consider the appropriateness of additional/alternative interventions.
<p>Raise awareness</p>	<ul style="list-style-type: none"> • GPG group was re-instated leading to the development of an infographic with the communication teams that explains the difference between GPG and Equal pay. • Internal Barts Launch Event was delivered February 2022 on the GPG reduction target and GPG listening exercise. • NHS conference representation by Women's Network at National level. • GPG findings were fed back to Board, local E&I and key professional bodies such as NMAHP 	<ul style="list-style-type: none"> • Continue raising awareness through regular 'live' listening and awareness events hosted by Women's network. • Continue sharing the work nationally and liaising with other organisations. • Develop teaching modules explaining GPG to be added to E&I training. • Develop further links to enhance review of site based professional data through work with; site people directors, E&I groups, E&I networks (in particular Women's network), and key professional bodies.
<p>Report to Trust Board for Accountability</p>	<p>The GPG target has been approved in our WeBelong 2.0 strategy which was signed-off by trust board.</p>	<p>The GPG task group and Women's Network will regularly report to the group inclusion board.</p>

Fulfilling Our Commitments and our plans for the coming 12 months (continued):

Commitment	Update/Previous Commitment	Forward plan
Implement interventions	<p>In the last report, we outlined a number of new interventions that may impact GPG. We have launched, or have included the following in our 2022 operational plans:</p> <ul style="list-style-type: none"> • Further refined inclusive recruitment processes (including shortlisting process and having unbiased panel members). This is an ongoing process, and a complete review of VSM/board recruitment will be underway in H1 2022. • A refreshed inclusion and learning development curriculum has launched which is recommended for all staff. This includes building inclusive cultures, as well as specific sessions on understanding the GPG. Our capacity to deliver training has been significantly increased. • The trust wide career progression framework due to be rolled out across the year includes a host of interventions designed at reducing disparities in development/job opportunities (including shadowing, sponsorship, stretch opportunities, job sharing, secondments, and targeted development programmes). • Recruited new leads for the women’s network at hospital sites, and represented at monthly hospital inclusion committees • Launching an updated flexible working policy • Reviewing key policies, including the uptake of Shared Parental Leave • Trust wide mentoring and sponsorship programme • Networking opportunities via Women’s Network • Policy review including parental leave • Developed a GPG training curriculum that includes; launch events (accessible to staff via the intranet) and Infographic ‘live’ events hosted by the Women’s network throughout the year. • Strengthened co-chairs and network leads 	
Gather further insight on GPG	<p>As committed to, we have continued to benchmark against other trusts based on available data. We are also in the process of reviewing our latest staff survey results to understand richer insights in what might be driving the gap, including free text analysis.</p> <p>We have signed up to membership organisations with expertise in closing the gap to learn from the existing evidence base and use validated diagnostics methods for understanding key drivers of bottle necks. This will also help understand where we have gaps against recommendations in best practice.</p>	<ul style="list-style-type: none"> • Complete breakdown GPG data by profession (have reached coverage of 74% of the workforce across 2021 to identify and feedback any issues to professional leads. • Womens’ Network host listening events and sharing of work being undertaken to improve GPG.
Impact of less than fulltime working to be explored	<p>Women constitute 78% of NHS staff and 1:3 are carers (excluding childcare). England has some of the highest childcare costs in the world (OECD).</p> <p>An exploration into the short- and long-term impact on career progression of working less than full time is needed to clarify the structural and cultural barriers to women capitalising on promotional and bonus opportunities. This work will be in collaboration with the Women’s Network.</p>	<ul style="list-style-type: none"> • The Gender Pay Gap will continue working with the flexible working group to enhance support. • Further exploration of support needed within female dominant professions such as nursing. • The Trust CEA group has moved to ensure CEA awards are equal in value for those working less than full time as well as having E&I representation embedded within the local CEA group

Report to the Trust Board: 4 May 2022	TB 36/22
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Title	Whipps Cross Redevelopment
Accountable Director	Group Chief Executive
Author(s)	Alastair Finney, Redevelopment Director, Whipps Cross Hospital
Purpose	To provide an update on the Whipps Cross redevelopment programme
Previously considered by	Group Executive Board

Executive summary

In March 2022, the Trust Board received a report on: mobilising an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care; next steps of our ‘enabling works’; an update on the New Hospital Programme (NHP); and our continuing communications and engagement work with community groups, local residents and political representatives. This paper provides an update on: progress with mobilising the integrated delivery framework, including a new programme board to oversee the development of a coherent strategy for the future of end-of-life care; the Greater London Authority’s endorsement of the local planning authority’s determination for the new hospital; the completion of the first phase of our ‘enabling works’; an update on the NHP; and, finally, our continuing communications and engagement work with community groups, local residents and political representatives.

Related Trust objectives	
SO3 Service Transformation	
Risk and Assurance	Assurance in relation to the below risk
Related Assurance Framework entries	9. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care
Legal implications/regulatory requirements	None

Action required by the Board

The Board is asked to note:

- progress in mobilising an integrated delivery framework for service transformation, including a new programme board to oversee the development of a coherent strategy for the future of end-of-life care;
- the GLA’s recent endorsement of Waltham Forest Council’s planning determination for the new hospital;

- the completion of the first phase of our 'enabling works';
- the update on the New Hospital Programme; and
- our continuing communications and engagement work with community groups, local residents and political representatives.

BARTS HEALTH NHS TRUST

REPORT TO TRUST BOARD: 4 MAY 2022

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. In March 2022, the Trust Board received a report on: mobilising an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care; next steps of our 'enabling works'; an update on the New Hospital Programme (NHP); and our continuing communications and engagement work with community groups, local residents and political representatives.
2. This paper provides an update on: progress with mobilising the integrated delivery framework, including a new programme board to oversee the development of a coherent strategy for the future of end-of-life care; the Greater London Authority's endorsement of the local planning authority's determination for the new hospital; the completion of the first phase of our 'enabling works'; an update on the NHP; and, finally, our continuing communications and engagement work with community groups, local residents and political representatives.

WHIPPS CROSS REDEVELOPMENT UPDATE: SUMMARY POSITION

3. Whilst overall the programme remains in a strong position, given the progress experienced over the last year or so, which has been reported previously, we continue to await further details from the NHP team about the next steps - including a timeline for submitting the Outline Business Case (OBC) and the use of an alliance commercial framework that will be the route towards appointing a construction partner.

A COLLABORATIVE APPROACH TO SERVICE TRANSFORMATION

4. We have continued to work with our local health and care partners to mobilise a new integrated delivery framework, to oversee the planning and delivery of service transformation across the Whipps Cross catchment area. This framework for closer collaboration between partners is emphasising the importance of a system-wide approach to transformation, which will lead to improvements in the health and wellbeing of our local population in a way that also supports a new hospital for Whipps Cross.

5. The current focus is to establish a system-wide service transformation plan for 2022/23. This will aim to consolidate a number of individual transformation plans for the year ahead for Whipps Cross and across the hospital's catchment area in Waltham Forest and Redbridge. It will describe what successful delivery might look like both for improving services provided in community settings and closer to people's homes - underpinned by the additional investment for community services that has been agreed - and for improving hospital services. It will also reiterate the commitment of partners working together - and with input from patient and community groups - to develop a transparent annual reporting process to chart progress in delivering service transformation, in a way that can inform a continual evaluation of capacity assumptions (including beds) for the new hospital.
6. We anticipate this summary plan to be finalised in the coming month.

End-of-Life Care

7. As previously reported to the Board, Barts Health and local partners – including North East London CCG, North East London NHS FT, St Joseph's Hospice and Saint Francis Hospice – have begun to work together to develop a single, coherent strategy for the future of specialist palliative and end-of-life care for people across the Whipps Cross catchment area.
8. A new programme board has been established, which met for the first time on 11 April. This will oversee the detailed work that will be undertaken over the coming months. The programme of work will be supported by clinicians and a service user and carer forum, building on the existing clinical and public engagement. The work is also making sure that people with lived experience are at the heart of co-designing future specialist palliative and end-of-life and care services, so that those services are sensitive and responsive to different needs and cultures.
9. We continue to anticipate that the work will culminate in the publication of a set of proposals in late summer 2022.

OUTLINE PLANNING APPROVAL

10. In March, the Mayor of London confirmed the Greater London Authority's (GLA's) formal position on the first of our two planning applications – the hybrid application for the new hospital and multi-storey car park – with a stage 2 determination for the local planning authority (ie. Waltham Forest Council) to award planning approval. Therefore, we expect the formal determination to be awarded by Waltham Forest

Council very shortly. This represents a further significant milestone that the redevelopment programme has achieved.

11. The second of our two planning applications – that relating to the proposed development of the wider site after the new hospital is completed – will be submitted to the GLA shortly, with no objections anticipated and determination planned for June 2022.

DELIVERING OUR ENABLING WORKS PROGRAMME

12. The first phase of our enabling works programme - the demolition of the disused buildings on the site of the former nurses' accommodation and the temporary re-provision of hundreds of car parking spaces - has now been completed.
13. We have now submitted to the NHP team a detailed business case for the approval of - and national funding for - the second phase of enabling works, which is the construction of a 500-space multi-storey car park and other improvements to the infrastructure of the site. These works need to be undertaken before construction of the new hospital begins.
14. Subject to approvals and confirmation of funding, we anticipate that the construction of the new car park could begin later this year.

NEW HOSPITAL PROGRAMME UPDATE

15. As we reported in March, we await further details from the NHP team about the next steps for our programme - including a timeline for submitting the OBC and the use of an alliance commercial framework that will be the route towards appointing a construction partner.
16. In the meantime, we know that the NHP team is making progress towards securing approval of a programme business case with HM Treasury over the next few months. Its purpose is to strengthen the case to Treasury in justifying the strategic, financial and economic rationale of the national programme and how the programme needs to organise itself and engage with the construction market to ensure delivery. The case will also need to respond to the economic and inflationary pressures associated with a 10-year hospital building programme.
17. We will continue to work closely with NHP colleagues over the coming period, as the national programme business case will not provide scheme-specific assessments or

agree funding envelopes for individual schemes, such as that for Whipps Cross. This will only begin to be determined once the Treasury has endorsed the programme business case.

COMMUNICATIONS AND ENGAGEMENT UPDATE

18. We are continuing our work to communicate and engage with our communities and with our local political representatives and, since the last board meeting, have:

- **published a further redevelopment newsletter**, providing a comprehensive update on progress to our stakeholders and community groups, which can be viewed at the following [link](#);
- on 30 March, launched a new animated two-minute film, which sets out the plans for the redevelopment and how they will benefit both staff and patients, which can be viewed at the following [link](#);
- **held meetings** with each of the **Whipps Cross Community Forum** and our **Residents' Representative Forum**; and
- presented at the **Whipps Cross Joint Health Overview and Scrutiny Committee** on 23 March, which focused on how our proposals for the design of the new hospital, and for the development of the wider Whipps Cross site, will significantly mitigate the risks associated with flooding, such as those that we saw in July 2021; as well contribute to the long-term sustainability of the hospital and site.

CONCLUSION AND RECOMMENDATIONS

19. The Board is asked to note:

- progress in mobilising an integrated delivery framework for service transformation, including a new programme board to oversee the development of a coherent strategy for the future of end-of-life care;
- the GLA's recent endorsement of Waltham Forest Council's planning determination for the new hospital;
- the completion of the first phase of our 'enabling works';
- the update on the New Hospital Programme; and

- our continuing communications and engagement work with community groups, local residents and political representatives.

Report to the Trust Board: 4 May 2022	TB 37/22
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Title	System Oversight Framework - Undertakings
Accountable Director	Andrew Hines, Group Director of Corporate Development
Author(s)	Karen Green, Head of Group Development
Purpose	To update the Board on progress with lifting the Undertakings by NHS England/Improvement
Previously considered by	Group Executive Board

Executive summary

The paper reports the outcome of the NHS England/Improvement (NHSE/I) review of enforcement undertakings agreed on 3 August 2018 as part of the System Oversight Framework. NHSE/I have issued a certificate of compliance for the undertakings in relation to Financial Sustainability, Quality Improvement, Operational Performance and Meetings, Reports and Access and is proposing discontinuing the undertakings in relation to Operational Performance due to the passage of time since they were issued and changes in circumstances which mean they are no longer considered appropriate and relevant.

Related Trust objectives

All

Risk and Assurance

This report provides assurance in relation to all the Trust objectives.

**Legal implications/
regulatory requirements**

None

Action required

The Board is asked to confirm the Operational Performance undertakings should be discontinued so this can be confirmed in writing with NHSE/I. The Board is asked to note the letter from NHSE/I and that the undertakings have been lifted or discontinued and that no further undertakings are planned to be applied to the Trust.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 4 MAY 2022

SYSTEM OVERSIGHT FRAMEWORK - UNDERTAKINGS

INTRODUCTION

1. In August 2018, as part of the Single Oversight Framework (SOF), enforcement undertakings were agreed between NHS Improvement and the Trust in relation to Financial Sustainability, Quality Improvement, Operational Performance and Meetings, Reports and Access as part of the Trust being in SOF 4 – Special Measures.
2. In August 2021 NHS England and Improvement (NHSE/I) published a revised System Oversight Framework (SOF) and the Trust was placed in SOF 2 – Targeted support. The Trust was invited to and submitted evidence outlining why the 2018 undertakings should be either lifted or discontinued.
3. On 21 April 2022 NHS England and Improvement (NHSE/I) wrote to the Trust to confirm that the Undertakings had been lifted or discontinued. This paper outlines a summary of the position for each section.
4. The Board is asked to note the letter from NHSE/I and that the undertakings have been lifted or discontinued and that no further undertakings are planned to be applied to the Trust.

OUTCOME OF UNDERTAKINGS SUBMISSION

Undertakings in relation to Financial Sustainability, Quality Improvement and Meetings, Reports and Access

5. The view of NHSE/I is that the Trust has fully or materially delivered the undertakings in respect of these undertakings and have issued a compliance certificate for these.

Undertakings in relation to Operational Performance

6. The view of NHSE/I is that the undertakings in relation to Operational Performance are discontinued as due to the passage of time and changes in the Trust's circumstances, the requirements are no longer relevant and appropriate for the purpose of ongoing regulation of the Trust. The undertakings related to the following areas:
 - Referral to Treatment (RTT) – reducing the number of individuals waiting more than 52 weeks by the end of March 2019 and returning to compliance with the 92% standard by September 2019.

- Accident & Emergency (A&E) performance – in August 2018 the Trust had not achieved the A&E standard in month for over 3 years and current performance was materially below the required standard.

Although the Trust made progress against these undertakings, the impact of the pandemic on RTT and A&E performance nationally means that NHSE/I were not able to consider them as complied with so proposed issuing a notice of discontinuation instead.

7. NHSE/I notes that the Trust remains in System Oversight Framework (SOF) Segment 2 – Targeted support but notes the challenges in relation to Urgent and Emergency Care at both Whipps Cross and Newham hospitals and the position on the elective pathways including reducing 52 week waits.

RECOMMENDATION

8. The Board is asked to confirm the Operational Performance undertakings should be discontinued so this can be confirmed in writing with NHSE/I. The Board is asked to note the letter from NHSE/I and that the undertakings have been lifted or discontinued and that no further undertakings are planned to be applied to the Trust.

Report to the Trust Board: 4 May 2022	TB 38/22
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Title	Use of the Trust Seal
Sponsoring Director	Trust Secretary
Author(s)	As above
Purpose	To seek Trust Board ratification of use of the Seal, pursuant to Standing Order 21.2.
Previously considered by	n/a

Executive summary

This paper documents the use of the Trust Seal on the following occasions:

28 February 2022

- A deed of grant of easements for underground electric lines at Whipps Cross Road, E11 between Barts Health NHS Trust and London Power Networks PLC.

21 March 2022

- A lease to occupy and delapidations agreement for 2 and 3 floors, 1 St Martin Le Grand, London EC1A between Barts Health NHS Trust Health NHS Trust, HB Le Grand PTE Ltd and Nomura International PLC.

20 April 2022

- A licence for alterations relating to the roof of Whipps Cross University Hospital between Barts Health NHS Trust, EE Limited and H3G UK Limited
- A deed of assignment of intellectual property rights relating to Project Radar NTS software between Dr L Collier and Barts Health NHS Trust
- Agreement relating to land at Whipps Cross Hospital, pursuant to Section 106 of the Town and Country Planning Act 1990 between the Mayor and Burgesses of the London Borough of Waltham Forest and Barts Health NHS Trust

Related Trust objectives

n/a

Risk and Assurance	n/a
Related Assurance Framework entries	n/a

Legal implications/ regulatory requirements	The Trust's lawyers were involved in drawing up the documents requiring sealing.
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Action required by the Board

The Trust Board is asked to ratify the use of the Seal on the occasions listed above.

Report to the Trust Board: 4 May 2022	TB 39/22
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Title	Organ Donation Committee Report
Accountable Director	Director of Clinical Transformation
Author(s)	Lynne Barrass, Clinical Lead
Purpose	To update QAC on the activity and progress of the Barts Organ Donation Committee work, including the national 20/21 report
Previously considered by	Quality Assurance Committee

<p>Executive summary</p> <p>A national report on organ donation activity through 20/21, describing the impact of COVID-19 on practice, and Trustwide performance against commissioned standards. The Organ Donation Committee continues to oversee a dynamic and well-led service, meeting NHS Blood and Tissue expectations.</p>
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<p>Related Trust objectives</p> <p>To restart and transform clinical services to provide equitable access, high quality outcomes and a focus on population health.</p>

Risk and Assurance	This report provides assurance in relation to the above objective.
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Legal implications/ regulatory requirements	CQC regulations
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<p>Action required</p> <p>This report is provided for information</p>
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Barts Health NHS Trust

Taking Organ Transplantation to 2020

In 2020/21, from 19 consented donors the Trust facilitated 16 actual solid organ donors resulting in 42 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

In addition to the 16 proceeding donors there were 3 consented donors that did not proceed.

Best quality of care in organ donation

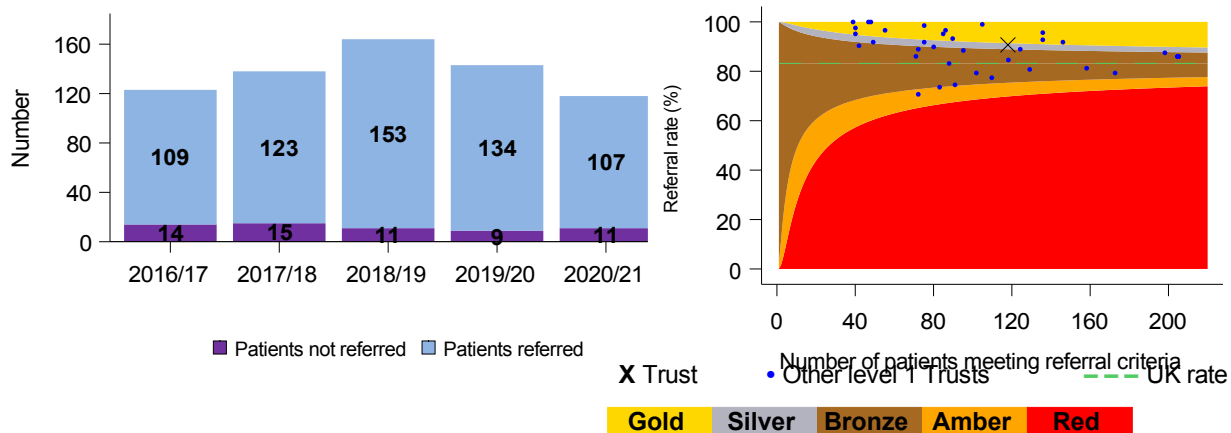
We acknowledge that the data presented in this section includes the period most significantly impacted by COVID-19 and appreciate that the COVID-19 pandemic affected Trusts/Boards differently across the UK.

Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart

Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



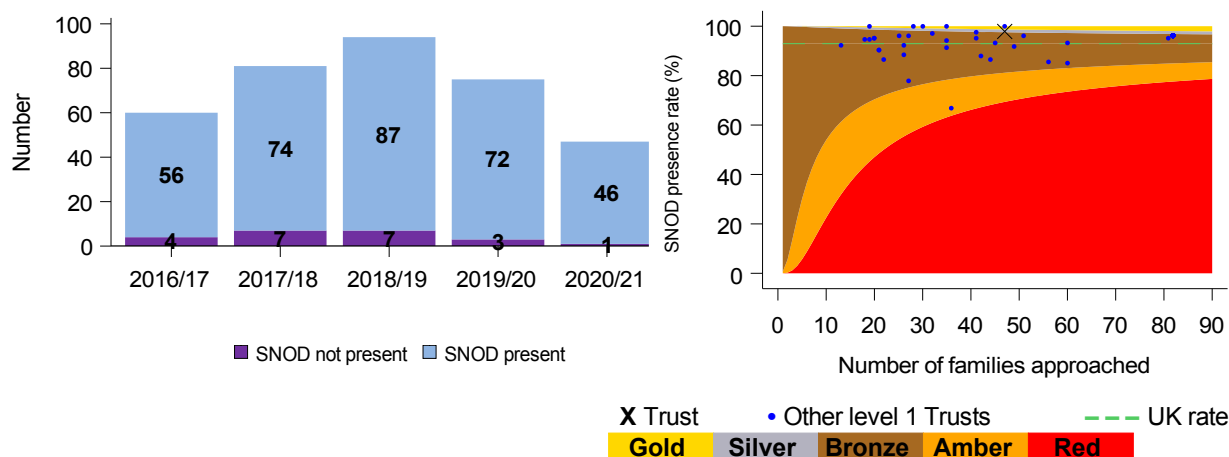
The Trust referred 107 potential organ donors during 2020/21. There were 11 occasions where potential organ donors were not referred.

Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart

Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



A SNOD was present for 46 organ donation discussions with families during 2020/21. There was 1 occasion where a SNOD was not present.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	London*	UK
1 April 2020 - 31 March 2021		
Deceased donors	161	1,180
Transplants from deceased donors	357	2,943
Deaths on the transplant list	90	497
As at 31 March 2021		
Active transplant list	663	4,256
Number of NHS ODR opt-in registrations (% registered)**	2,713,573 (31%)	26,746,406 (41%)

*Regions have been defined as per former Strategic Health Authorities

** % registered based on population of 8.67 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	53	1810	77	6027	118	7551
Referred to Organ Donation Service	51	1777	66	4770	107	6282
<i>Referral rate %</i>	B 96%	98%	B 86%	79%	S 91%	83%
Neurological death tested	42	1490				
<i>Testing rate %</i>	B 79%	82%				
Eligible donors ²	36	1353	46	2860	82	4207
Family approached	31	1210	16	1042	47	2248
Family approached and SNOD present	30	1168	16	925	46	2089
<i>% of approaches where SNOD present</i>	B 97%	97%	G 100%	89%	S 98%	93%
Consent ascertained	11	891	8	665	19	1553
<i>Consent rate %</i>	R 35%	74%	B 50%	64%	R 40%	69%
Actual donors (PDA data)	10	777	6	404	16	1180
<i>% of consented donors that became actual donors</i>	91%	87%	75%	61%	84%	76%

¹ DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold **Silver** **Bronze** **Amber** **Red**

For further information, including definitions, see the latest Potential Donor Audit report at www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/

From:

Sat Singh, CEO of Renaissance Foundation

Question

1a. What is the most recent assessment of the number of young patients who are recorded as transitioning to adult care from paediatric care under Barts care?

1b. who is responsible for the transition strategy at Barts