

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on Wednesday 2 November 2022 at 11.00am in the Education Centre, Newham University Hospital, Glen Road, Plaistow, London E13 8SL
Scheduled to end by 13.30

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 5 October 2022	70/22	Rt Hon J Smith	11.00
5.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda		Rt Hon J Smith	11.00
6.	STAFF STORY To hear a staff story		Ms C Alexander	11.00
7.	CHAIR'S REPORT To receive the Chair's report		Rt Hon J Smith	11.20
8.	GROUP CHIEF EXECUTIVE'S REPORT To receive the Group Chief Executive's report		Mr S DeGaris	11.30

		Paper TB	Lead	Time
9.	PROVIDER COLLABORATION To receive an update on recent developments	Oral	Mr M Trainer	11.40
QUALITY AND PERFORMANCE				
10.	INTEGRATED PERFORMANCE REPORT – 2022/23 M6 To receive the report and discuss: <ul style="list-style-type: none"> • Operational performance • Quality and Safety • People • Financial performance 	71/22	Mr C Pocklington Prof A Chesser/ Ms C Alexander Mr D Waldron Mr H Virdee	11.45
11.	REPORTS FROM BOARD COMMITTEES 11.1 Finance Investment and Performance Committee	Oral	Mr A Sharples	12.25
12.	WINTER PLAN To discuss and approve the winter plan	72/22	Mr C Pocklington	12.30
13.	MATERNITY SERVICES To receive a briefing following the Kirkup Review of East Kent maternity and neonatal services	73/22	Ms C Alexander	12.40
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
14.	PEOPLE STRATEGY IMPLEMENTATION To receive the Gender Pay Gap report	74/22	Mr A Abraham and Mr D Waldron	12.50
15.	ST BARTHOLOMEW'S HOSPITAL 900 YEAR ANNIVERSARY To receive a report	75/22	Prof C Knight	13.00
GOVERNANCE				
16.	ITEMS FOR APPROVAL <ul style="list-style-type: none"> • END OF LIFE CARE ANNUAL REPORT • MEDICAL REVALIDATION AND APPRAISAL ANNUAL REPORT • USE OF THE TRUST SEAL 	76/22 77/22 78/22	Mr H Virdee Prof A Chesser Mr S Collins	13.10
17.	ANY OTHER BUSINESS			

18.	QUESTIONS FROM MEMBERS OF THE PUBLIC			13.20
19.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 18 January 2023 at 11.00am (venue to be confirmed)			
20.	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

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on
Wednesday 5 October 2022 at 13.30
via Webex Videoconferencing

- Present:**
- Rt Honourable J Smith (Chair)
 - Mr A Sharples (Vice Chair)
 - Mr S DeGaris (Group Chief Executive)
 - Mr M Trainer (Deputy Group Chief Executive)
 - Professor Sir M Caulfield (Non Executive Director)
 - Ms J Ferns (Non Executive Director)
 - Ms K Kinnaird (Non Executive Director)
 - Dr K McLean (Non Executive Director)
 - Ms L Seary (Non Executive Director)
 - Ms H Spice (Non Executive Director)
 - Ms S Teather (Non Executive Director) *
 - Mr A Abraham (Group Director of Inclusion)
 - Professor A Chesser (Chief Medical Officer)
 - Mr A Hines (Director of Corporate Development) *
 - Mr C Pocklington (Interim Chief Operating Officer)
 - Mr M Turner (Interim Director of Strategy) *
 - 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 J Hibbs (Director of Communications & Engagement)
 - Professor L Hicks (Chief Nursing Information Officer and Development Director)
 - Mr R Coulbeck (Chief Executive, Whipps Cross University Hospital)
 - Mr S Sharma (Deputy Trust Secretary)
- Apologies:**
- Ms C Alexander (Chief Nurse)
- * *Non-voting member*

80/22 WELCOME

The Chair welcomed members to the meeting and extended a particular welcome to Ms Ferns and Ms Teather who were attending their first Trust

Board meeting as non-executive directors.

81/22 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).

In relation to items appearing later on the agenda, Ms Teather noted that earlier in the year she had enrolled in a clinical Covid-19 trial at St Bartholomew's Hospital, in addition to serving as a director of a charity in Tower Hamlets supporting destitute migrants.

82/22 MINUTES

The Minutes of the meeting of the Trust Board held in public on 6 July 2022 were received and approved.

83/22 BOARD MEMBERSHIP

The Trust Board noted the updates to Trust Board and board committee membership.

MATTERS ARISING

There were no matters arising.

CHAIR'S REPORT

The Chair noted that, since the last Trust Board meeting, two meetings of the Board Collaboration Committee had been held with a focus on agreeing revised collaboration priorities for the Barts Health and BHRUT partnership. The Acute Provider Collaborative (ACP) board had also held their first meeting recently.

St. Bartholomew's Hospital would be celebrating its 900th year anniversary in 2023 and the Chair highlighted the fundraising campaign accompanying the anniversary featuring an appeal for £30m to develop a dedicated Breast Cancer centre at St. Bartholomew's and a Clinical Research Facility at Whitechapel. The Barts 900 Campaign was now being chaired by Dame Alwen Williams, bringing together different strands of this activity.

The Chair outlined the close working relationship with Queen Mary University of London (QMUL) and highlighted a recent positive meeting exploring options to develop an academic centre of excellence for healthy ageing based at Whipps Cross University Hospital. The chair had also visited the Charterhouse

Square campus to look at this and other important opportunities, including further development of Barts Life Sciences.

The Chair noted the development of Integrated Care System (ICS) structures following its statutory launch in June 2022. This included the establishment of an Integrated Care Board (ICB) responsible for planning, budgeting and commissioning of health services (with the Group CEO acting as the acute sector representative). The Chair would serve on a related Integrated Care Partnership (ICP) board, which would focus on bringing together broader alliances and having the responsibility for producing an integrated care strategy by December 2022.

The Chair had also met with Healthwatch leads from Newham and Waltham Forest and spoken with councillors about improving the lives of Newham residents. She outlined other visits to departments including Whipps Cross University Hospital's Imaging, Pharmacy and Therapy departments and Newham University Hospital's maternity and stroke departments. She highlighted the opportunity taken to review the last year and look forward to 2023 priorities at the Annual General Meeting and encouraged colleagues to participate in upcoming events to mark black history month.

GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive noted hospital Chief Executive Officer (CEO) appointments had been completed with Simon Ashton appointed at Newham and Dr Neil Ashman appointed at The Royal London Hospital. A new Chief Operating Officer, Rebecca Carlton, had also been appointed and was due to start in November.

A leadership conference had been held in the prior week to foster conversations around innovation and inclusive leadership. The Group Chief Executive added that national Inclusion week would be supported with various events being held across the Trust.

He also noted the launch of Young Barts Health and the opportunity that this would bring to celebrate the Trust's role as the largest child healthcare provider in north east London.

Urgent and Emergency Care (UEC) pressures had been reported by all north east London providers. The Group Chief Executive highlighted the collaborative approach with primary care, social care and other acute hospitals to manage and mitigate the significant challenges.

Soft Facilities Management services were being insourced in a phased way during the next few months, with the first cohort (including security staff) transferring to Trust employment in November. The Group Chief Executive

thanked the Chief Finance Officer and Group Director of Estates and Facilities for their work to make this a smooth process.

The Group Chief Executive also welcomed Barts Charity's funding of a Covid memorial in Postman's Park to recognise the nine Trust staff that had lost their lives in service during the pandemic.

84/22

PROVIDER COLLABORATION

The Deputy Group CEO outlined some key developments including steps to build on the Trust's group model and address some key enablers for closer working through digital improvement. In addition to the longer term strategic aspirations regarding population health improvement and reduced inequalities, he noted also some early collective work being done to focus on workforce initiatives, improving recruitment and mitigating cost of living pressures. The approach to this sought to recognise interactions and develop closer integration with wider ICS and pan-London structures.

He noted new arrangements agreed with London Ambulance Service, NHS 111 and NEL CCG to reduce unnecessary hospital visits by facilitating other appropriate care pathways. An innovative REACH model sought to reduce ambulance conveyances and had now been adopted across BHRUT.

Dr McLean felt that it would be important to learn more about the broader strategic context and development of central structures. The Chair confirmed that there would be an opportunity to discuss this further with ICB leads Marie Gabriel and Zina Etheridge at a forthcoming meeting of both trust boards. The Chair recognised the progress made and suggested that, in the context of current operational pressures, a key test of the collaboration would be the ability to support each other in times of need.

85/22

INTEGRATED PERFORMANCE REPORT

(i) Operational Performance

The Interim Chief Operating Officer (COO) noted that the Trust had been ranked as sixth of 16 London trusts in terms of comparative Emergency Department (ED) performance. The overall picture was one of challenge for patients and staff with some long waiting times and ambulance handover times. The experience of recent weeks had highlighted the importance of planning for winter. An assessment of the likely winter demand levels was currently being progressed, with projections reflecting expected flu and Covid-19 prevalence. He highlighted a recent spike reported in Covid-19 attendances, though acuity remained less severe than earlier in the year. Hospitals were developing local plans, involving system partners, including a focus on improving length of stay and discharge.

Static levels of elective activity were now being reported following an upturn in activity in prior months. Hospital teams were reviewing planned care cases on a patient-by-patient basis to drive down waiting times. More significant shortfalls against planned activity were being reported at The Royal London Hospital and Whipps Cross University Hospital and this granular review of plans was receiving significant executive focus.

The Chair recognised some unfavourable comparisons being made with other London trusts on elective and long waiting time performance and asked for further detail on the immediate actions being taken. While recognising that patient choice added complexity, this would be a feature for all organisations. The Interim Group Chief Operating Officer noted work being undertaken including steps to identify early day discharge opportunities. Another area to consider would be identifying earlier outpatient slots in the month so that any subsequent treatment options could be addressed within an earlier timeframe.

Mr Sharples noted that improving elective activity would be key for driving financial recovery and there was a focus on addressing these actions at the Finance, Investment and Performance Committee. He anticipated shortfalls against planned day-case and inpatient activity trajectories which would impact on patient experience but also the Trust's finances in the context of fixed workforce costs. The Acting Chief Operating Officer indicated that understanding the volume of upstream elective activity would be key to assessing waiting list reduction and financial projections. He highlighted a focus at all the hospitals on securing greater efficiency while capacity improvement opportunities were also being explored, particularly at The Royal London Hospital (currently reporting the highest elective backlog).

Dr McLean asked about the 62 day Cancer waiting time standard trajectory. Mr Pocklington confirmed that reviews were conducted at tumour group level and acknowledged there were some key points to review in terms of the related diagnostics requirements, particularly MRI and CT scanning capacity. This review would inform the development of the Trust's winter plan.

Ms Teather noted the importance of effective communication with patients affected by longer wait times. The Interim Chief Operating Officer agreed and indicated that he would be able to provide further details on the approach to this outside of this meeting.

The Chair asked if any 'prospective' harm review would be conducted for patients currently on waiting lists. It was recognised that this presented greater logistical challenges than retrospective harm reviews and it was agreed to follow up on this at a future meeting of the Quality Assurance Committee.

ACTION: Acting Chief Operating Officer and Chief Medical Officer

(ii) *Quality and Safety*

The Chief Medical Officer highlighted the CQC inspection of maternity services at Whipps Cross University Hospital, the Barkantine Birth Centre, Barking Hospital and The Royal London Hospital. A lot of work was now going into strengthening maternity governance and exploring workforce options in recognition of midwifery staffing challenges. The Chair noted also a meeting that had been held with the national lead for maternity to hear more about national policy and directions.

Professor Hicks outlined a refresh of patient experience activity, exploring how we can engage patients in our work. This refresh would focus on the importance of patient information, with input from hospital teams. Separately, she highlighted that the report reflected a reduction in the overall number pressure ulcers and noted that Newham University Hospital was leading on work to reduce community acquired pressure ulcers. The Chair said she would be interested to hear more about patient engagement and was keen to see details and to get involved with the upcoming campaign week.

Mr Sharples expressed a concern in relation to the number of serious incident (SI) investigations completed on time. The Chief Medical Officer acknowledged this had been a specific problem since the onset of the pandemic and performance had not yet recovered to the national standard. He noted there had been a pause on national reporting on this indicator, reflecting the widespread challenges in achieving these standards, but felt that timeliness of SI investigations remained an important priority. He added that a new reporting framework was being introduced for the SI process designed to support greater involvement of patients and families in the processes.

Dr McLean noted that duty of candour compliance had been a focus of the Trust Board's attention and noted some slippage in this reporting period despite progress in previous months. She asked whether there had been any underlying reason for this and whether any themes had emerged from SIs. Professor Hicks acknowledged that the current performance was at 89.9% and outlined steps to develop a culture supporting early communication with patients and relative. She confirmed the introduction of a new policy and training programme that would be embedded in October. The Chief Medical Officer assured the Board that irrespective of compliance with the standard, every patient received a formal written apology. He also noted a recent review into the quality of correspondence in line with an Internal Audit recommendation. In terms of SI themes, the Chief Medical Officer confirmed that senior leadership teams were responsible for reviewing all SIs, with some investigations carried out externally by the Health and Safety Investigation Branch to provide additional assurance. He recognised that there was more to do to learn from all incidents and indicated that there would now be a strengthened framework to ensure learning of adverse events and recurring themes were shared. Ms Seary asked about processes for addressing any

identified governance issues and compliance with SI best practice. The Chief Medical Officer recognised that this report could not go into sufficient detail at case-by-case level and offered to provide some more specific advice and examples of the approach taken to members following the meeting.

Ms Teather enquired about waiting times for patients with learning difficulties. The Chief Medical Officer noted that the greatest number of patients with learning difficulties attending the Trust were younger people requiring dental services and steps were being made to improve the service. He noted that differentials on outcomes for patients with learning difficulties were not being reported in other clinical services. However, he fully recognised that there was more to do to support the experience of patients with learning difficulties in hospitals. Reporting on this would be considered at the Quality Assurance Committee in the near future.

(ii) People

The Group Director of People highlighted a slight improvement on appraisal rates to 55%, with a 10% improvement reported at Whipps Cross University Hospital. He also noted a review of appraisals being undertaken with external support to examine innovative approaches being taken to improve appraisals across the country. He highlighted an 11% increase on flu vaccinations with most staff receiving these in combination with Covid-19 boosters. Vacancy rates remained high, at around 10% although there was a promising pipeline for nursing recruitment. Staff turnover remained stable although there was some variation across sites, with higher turnover rates reported at St Bartholomew's Hospital and The Royal London Hospital possibly reflecting these destinations as being considered desirable for shorter term career development opportunities. Progress had been seen on critical care staffing retention initiatives. Temporary staffing usage remained stable but above the levels seen at this point last year.

Ms Ferns commented that her recent visit to Newham University Hospital had been very helpful and suggested that their experience of greater levels of local employment assisted with staff retention. She had been interested to see how the hospital had emphasised messages about staff being 'local heroes', encouraging loyalty and a shared identity. She suggested that this provided a potential learning opportunity for other sites.

Dr McLean highlighted increased substantive recruitment while retaining high numbers of temporary staff and asked if there was an expectation that reductions could be expected. She also reflected on the challenges of securing improvements in appraisal rates in the context of anticipated winter pressures. Mr Waldron recognised that absolute staff numbers had increased, in part reflecting the increases in hospital attendances and greater patient acuity. He acknowledged that there was a lag between substantive staff being employed and participating in full clinical duties but hoped forthcoming recruitment

would start to reduce reliance on Bank and Agency workforce. On appraisal rates, he agreed that winter pressures would be an issue and felt that it was important for managers to prioritise this ahead of the busiest periods to frame these as supportive conversations to consider wellbeing and career development issues.

Ms Spice noted that sickness absence appeared to be stubbornly high while recognising that long term sickness rates were reducing. The Director of People confirmed that there had been a focus on reducing long term sickness as this could have a greater impact on service delivery and morale. He indicated that Covid-19 prevalence had contributed to short term sickness absences. The Trust's sickness absence policy had also been revised to make staff and managers feel more supported.

(iii) *Financial Performance*

The Chief Finance Officer noted key points made at the Finance Investment and Performance Committee meeting earlier in the day recognising the need to drive up activity levels and secure related income. Excess costs related to hyper-inflation had been estimated at £25m and this had been reported to the NHS England regional team. Other drivers of the adverse variance included non-achievement of savings and a reliance on temporary staffing, including off-framework agency costs. Some delays were being reported on capital projects and spending was below plan. Further details around the availability of capital funding were expected from NHS England shortly.

86/22

REPORTS FROM BOARD COMMITTEES

Reports on recent activity at Board Committees and any items for escalation were received with the following points noted:

- Mr Sharples noted that the remit of Finance Investment and Performance Committed had been extended to review aspects of constitutional performance and confirmed discussions on operational challenges being seen as discussed by the Board earlier in this meeting. It had been agreed to arrange a review of operational data for the Committee's reporting to ensure that it receives the right balance, pinpointing the key issues as well as actions being taken.
- Ms Kinnaird noted that, at the recent Audit and Risk Committee meeting, positive discussions had been held on actions being taken to address several limited assurance reports. Work to increase the Committee's deep dive schedule and approach to thematic risk reporting was ongoing.
- Dr McLean highlighted that the Quality Assurance Committee had reflected on the benefits of electronic prescribing roll out and had received an excellent update on research and development. Only partial assurance was received on steps to address waiting time trajectories and

Dr McLean noted discussion of a limited assurance review on enhanced care staffing arrangements.

- The Chair noted that the recent Nomination and Remuneration Committee had considered a number of Board and VSM appointments, including an important appointment to the Barts Lifesciences Managing Director post. The Committee had also reviewed VSM pay in the context of equity and inclusivity.

87/22

PEOPLE STRATEGY IMPLEMENTATION

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports

The Director of Inclusion introduced the report and thanked the Chair for highlighting some of the important inclusion activities during inclusion week and noted the strong focus on inclusivity at the leadership conference. Progress was being made on many of the WRES metrics, with some metrics shifting positively on Black and Minority Ethnic (BAME) staff representation for the first time, with an especially positive trend on the proportion of BAME staff employed at AfC Band 8a level and above.

Ms Seary noted it was pleasing to see these metrics moving in the right direction. She noted a concern about BAME staff reporting that they were more likely to experience discrimination and asked what was being done to address this. Other challenges would include improving BAME staff access to training and experiences around shortlisting for career progression. Mr Williams agreed and noted also the issue of perceived bullying among staff with disabilities. Ms Teather agreed with this point, highlighting the importance of staff with disabilities feeling valued and the context of retention.

The Director of Inclusion noted some adverse movements in WDES metrics had been regrettably amplified by the pandemic and accepted that any set of metrics would not necessarily fully align with how some staff felt. He acknowledged that more work was required to address perceptions of bullying by management and highlighted the role of the BartsAbility staff network in helping to improve access to workplace adjustments among other steps to improve the culture. He advised on further steps relevant to WRES metrics including developing talent management and career planning.

The Trust Board noted and approved the report.

88/22

WHIPPS CROSS REDEVELOPMENT

The Chief Executive of Whipps Cross Hospital highlighted three main points:

Firstly, the next phase of enabling works for the redevelopment of Whipps Cross University Hospital received backing from the then Secretary of State for Health and Social Care and the NHP. Phase two of the enabling works includes construction of a new 500-space multi-storey car park and other site-wide infrastructure works to improve site access. These works would need to be completed prior to constructing the new hospital. The Whipps Cross chief executive noted the hospital was working with NHP colleagues to confirm the timeline for release of funding and commencement of works, and this would hopefully be early in the next financial year.

Secondly, further details about the new hospital programme were being sought from the NHP team around confirmation of next steps. A further programme business case was being developed which aims to secure an agreed position on the redevelopment programme, including a timeline for submission and approval. More information was expected in the coming months.

Thirdly, work was ongoing with wider system partners on developing a new integrated delivery framework. The Whipps Cross chief executive chaired the Waltham Forest Integrated Care Board that was leading a review of transformation of primary and secondary care services.

Dr McLean was interested to know if there was any degree of confidence on approvals to meet target timelines. The Whipps Cross chief executive said it was difficult to say especially with the changes in HM Government leadership. From a programme perspective, he felt that the Trust's scheme was well placed at the front of the queue in our cohort of the national schemes due to its relatively advanced state of readiness, for example on planning applications and due to having key stakeholder support. However, the political position was uncertain and accordingly the approvals timelines would be dependent on this.

The Chair noted good support cross-party and among local councils for the redevelopment, welcoming the Whipps Cross chief executive's role in leading the place-based discussion of this important programme.

The Trust Board noted the report.

89/22

ITEMS FOR APPROVAL

The Trust Board received a summary of the headlines and approved the annual reports for infection prevention and control, overseas visitors, and research and development.

In relation to the overseas visitors report, the Chair noted issues associated with people with no recourse to public funds and some specific challenges associated with the pandemic and a potentially challenging winter period. Ms Teather recommended that the Trust Board explored the issues faced by

destitute patients and how the Trust's approach had been developed in the context of its commitments on equity and inclusion. The Director of Inclusion agreed that the issue of overseas visitor arrangements presented a challenge reflecting on the Trust's legal obligations and the need to conduct these in a compassionate way. He suggested that a key success measure should be that patients were not deterred from seeking treatment. He noted that a recent case considered by the Board had informed the Trust's approach to managing destitute patients and highlighted work with Lewisham and Greenwich NHS Trust sharing best practice. Mr Abraham acknowledged that a review of an anonymised case study may provide assurance on whether processes were sufficiently responsive. The Chair said this would help to test the impact of the policy approach and to consider how we support our staff to reach out well to this patient group.

In relation to the Research and Development report, the Chief Medical Officer highlighted the inclusion of case studies, as requested previously. The report reflected some challenges associated with maintaining research activity during the Covid-19 pandemic as well as a number of positive developments, including the steps towards funding and establishing a clinical research facility. Under Professor Caulfield's leadership, the Trust had been successful in securing increased funding for a Biometric Research Centre (BRC) with a bid focused on population health. The Chief Medical Officer felt that the partnership with QMUL was as strong as it had ever been, and further opportunities existed with BHRUT to present more opportunities for NEL patients to benefit from research active clinical services.

90/22 ANY OTHER BUSINESS

There was no other business.

91/22 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting and invited questions from the public.

Questions on the following topics were received from Newham Save our NHS campaign group representative Alan Cooper on Nuffield Health finances, fire safety work at Newham Hospital and overseas visitors charging. A written response would be provided to Waltham Forest Save our NHS as no representative was present to receive responses to their submitted questions. .

The Chief Finance Officer advised that:

- Approximately £109,000 was paid to Nuffield Health in relation to temporary redeployment of staff, including nurses, from Nuffield Health to Barts Health during the pandemic. The staff were not sourced via an agency but directly via Nuffield Health. Nuffield Health does not operate as a provider of temporary agency staff to the NHS. It has adopted pay

ranges similar to NHS pay frameworks; however, the details of the pay ranges of independent sector providers are commercially sensitive and not disclosable. There had been no payment to Nuffield Health in July 2022, although the Trust will have incurred costs associated with the support Nuffield Health has provided on NHS waiting list work at *Nuffield Health at St. Bartholomew's Hospital*. Since this had opened no invoice had been raised in relation to formal training given by Barts Health staff to Nuffield Health staff. Some training support had been provided where this had helped the mobilisation of different service level agreements (e.g. blood fridge, labelling and transport pathology and histology samples) in which Barts Health NHS Trust is supplying a service to Nuffield Health at St Bartholomew's Hospital. These service level activities provided support for the partnership and generated income to the NHS.

- The current approved budget for fire safety improvement was £34.5m, of which £26m had been spent to date. A revised capital programme was now subject to the Trust's internal governance processes. Phase 3 of the Newham works would be completed within the current financial year.
- The Group Director of Inclusion noted that the Trust had an experienced Overseas Visitors team with established processes for sharing their knowledge, experience and best practice to improve the patient experience and support personal development. The team worked closely with clinical colleagues treating our patients and have developed a network of key contacts to ensure timely delivery of training and advice where required. The team had been pleased to be invited to support Lewisham and Greenwich NHS Trust during their review and share our practice. Between 2017 and September 2019, the Trust used the services of CCI Credit Management Ltd (until September 2019) and subsequently ACT Credit Management Ltd to assist in the collection of our outstanding debt. While the contract with ACT ended in April 2022, both agencies continue to receive payments from some historic patients who they were able to trace when contracts were in operation. The Trust is currently in the process of procuring a new provider. A key part of the procurement process is ensuring that the successful agency has processes in place which will treat all of our patients with dignity, sensitivity and empathy, whilst ensuring that the rules of confidentiality and data protection are adhered to. We aim to ensure that patients are at the heart of all we do.

92/22

DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 2 November 2022 at 11.00am in the Lecture Theatre, Ground Floor, Education Centre at Newham University Hospital.

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0637

Action Log

Trust Board 5 October 2022			
No.	Action	Lead	By
1	Schedule a 'prospective' harm review update at a future meeting of the Quality Assurance Committee.	Acting Chief Operating Officer and Chief Medical Officer	November 2022

Report to the Trust Board: 2 November 2022	TB 71/22
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Title	Integrated Performance Report (Month 6)
Accountable Director	Deputy Group Chief Executive
Author(s)	Director of Performance
Purpose	Performance against constitutional standards and KPIs

<p>Executive summary</p> <p>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.</p> <p><i>The Trust received correspondence from NHSE dated 25 October requesting that all trusts self-certify compliance with a series of requirements for management of elective and cancer service performance recovery by 11 November. With input from hospital leadership teams, the Group Executive Board will review the requirements at its next meeting and make a recommendation for Trust Board members to consider by email ahead of this deadline and seeking authority for the CEO and Chair to sign the requested return.</i></p>
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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
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<p>Action required by the Board</p> <p>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.</p>
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Barts Health Integrated Performance Report

Nov-22

Performance for: **Sep-22**



- **Overall Report:**

- Some national reporting for which metrics are usually presented in the report has been temporarily suspended during the Covid-19 pandemic. 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.
- 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. Barts Health continues to monitor the SI process according to internal targets.

- **Targets:**

- As part of the national imperative to recover elective and emergency services following the Covid pandemic the NHS has set out a series of activity and performance recovery milestones to be delivered over the course of the next three financial years, to March 2025. The milestones are set out on the following page with the relevant quality and safety pages of this report updated to provide views of progress towards meeting the milestones.
- In reviewing these pages please note that NHS England asked all trusts to review and resubmit their activity and long waiter clearance trajectories, as well as supporting finance and workforce plans, by 20 June 2022. The trust resubmitted its elective activity trajectories, recalibrated to make up shortfalls in activity output recorded across quarter 1 by the end of the year. This edition of Board Report reflects those changes.

	Deliverable	Milestone
Elective (RTT) Waits	No one will wait longer than two years (104 weeks)	Jul-22
	Eliminate waits over 18-months (78 weeks)	Apr-23
	Eliminate waits over 65 weeks (15 months)	Mar-24
	Eliminate waits over 12 months (52 weeks)	Mar-25
Diagnostic (DM01)	95% of patients needing a diagnostic test receive it within six weeks	Mar-25
Cancer	The number of people waiting more than 62 days from an urgent referral to treatment back to pre-pandemic levels	Mar-23
	75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Mar-24

	Deliverable	Target
A&E	Reduce 12-hour waits in A&E	Towards zero and no more than 2%
	Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards	<ul style="list-style-type: none"> eliminating handover delays of over 60 minutes ensuring 95% of handovers take place within 30 minutes ensuring 65% of handovers take place within 15 minutes
	Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of A&E, to enable emergency medicine specialists to focus on higher acuity need within the A&E	

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Nov-22

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Nov-22



Executive Summary



Quality & Performance

Covid-19 Monitoring and Recovery

Covid-19 Inpatient Activity Levels

- 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. 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.
- On 18th October 2022 there were 136 Covid-19 positive patients occupying a bed of which 3 were occupying a critical care bed, this equates to 35% of the fourth wave peak in terms of total bed occupancy and 9% for critical care occupancy. Covid bed occupancy had been reducing since the summer peak recorded on 20th July 2022, when 215 beds were occupied, however is now rising again. It is however 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 continues to closely monitor community case rates, which have begun to rise although the most recent week is showing reducing community prevalence, the trust also monitors inpatient volumes and acuity.

Covid-19 Community Cases

- Comparing the week beginning 29/09/2022 to the week beginning 06/10/2022 shows the following movements in the case rate per 100,000 population:
 - For Newham, an increase from 36 to 37 (+4%)
 - For Tower Hamlets, a decrease from 53 to 47 (-12%)
 - For Hackney & City of London, a decrease from 48 to 39 (-17%)
 - Waltham Forest, a decrease from 64 to 51 (-21%)
- As a comparator the London case rate registered a slight decrease from 60 to 57 (-5%), with the England case rate also decreasing from 93 to 89 (-4%)

Elective Activity Recovery Trajectories

For September 2022 the trusts admitted (inpatient and day case) trajectory set a target of 102% of 2019/20 BAU against which the trust achieved 85% (-1,458 admissions). For outpatients (first and follow up) the trajectory was set at 105% of BAU for September 2022, against which the trust achieved 105%. Under-delivery of the admitted plan was influenced by sustained emergency pressures and reduced bed-flow, which continued across the summer months and into the autumn.

Quality & Performance

Responsive

A&E 4 Hour Performance

- August 2022 A&E attendance and breach data has been subject to revision due to incorrect data being provided by the trusts PAS supplier. Both attendance and breach data were inflated by duplicate data records. Last months board paper reported 44,517 attendances and a performance of 67.8%, corrected data results in 39,769 attendances and a performance of 70.2%.
- In September 2022, 40,056 attendances were recorded, 287 more than recorded in August 2022. For September 2022 a performance of 70.4% was recorded in relation to the 4-hour standard, 0.2% better than August. During September performance continued to be influenced by the impact of reduced bed flow resulting from continued emergency pressures and elective flow.
- For September 2022, 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 was ranked 6th out of 15 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.

Referral to Treatment (RTT)

- In relation to the end-month nationally submitted data the trust reported 49 pathways waiting 104+ weeks at the end of September 22, a reduction of two pathways against the August position. However this represents a significant reduction of 238 or 83% against the 287 reported in March 2022. The trust is liaising closely with the Integrated Care System and NHS London to agree a revised and deliverable position for the end of October 2022 and a final clearance trajectory.
- Looking at London, of the 5 Trusts reporting 104+ week waits for August 2022 (the most recent national data), Barts Health had the greatest number of 104+ pathways, reporting 51 equivalent to 0.05% of the waiting list. Turning to the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 7th highest volume and 7th highest proportion of 104+ week wait pathways. Of the top 20 trusts nationally (ranked by volume of 104+ week pathways) the trust ranked 7th best performing.

Diagnostic 6 Week Wait Standard

- For September 2022 a performance of 75.3% was recorded, an improvement on August's 73.6% (+1.7%). As in previous months, the greatest challenge has been in the imaging modalities, particularly MRI and non-obstetric ultrasound; imaging breaches accounted for 84% of all breaches in September 2022.
- Looking at the 17 London acute Trusts reporting data for August 2022 (the most recent national data), Barts Health was the 14th 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 had the 3rd largest waiting list and was the best performing.

Cancer 62 Days from GP Referral and Faster Diagnosis Standard

- For August 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 61.8%, a significant improvement on July's 54.0% (+7.8%) with 119 pathways seen and 45.5 breaches. Improved performance results from the trusts backlog clearance plan; the cancer leadership team is working to ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 2023 in line with national requirements.
- The Faster Diagnosis Standard (FDS) requires 75% of patients urgently referred by their GP receiving a diagnosis or having cancer ruled-out within 28 days. The standard applies to patients who have been urgently referred for suspected cancer, have breast symptoms, or have been picked-up through cancer screening. For August 2022 the trust was compliant against all three elements of the standard, achieving 82.0% at aggregate level against the 75% standard.

Quality & Performance Responsive (Continued)**Caring**

- Complaints – we continue to monitor the number of complaint responses within the agreed timeframe and overdue responses. Complaints are considered to be overdue when initial deadlines agreed are not met and not renegotiated. The emphasis on improving the quality of complaints handling and complaints management processes continues through the complaints management improvement group and a weekly situation report is shared with the to ensure that hospitals have sight of complaints activity in real-time and respond to potential issues with the support of the central team. Complaints performance at Whipps Cross Hospital and St Bart's Hospital are meeting our performance standards. Royal London and Newham Hospitals are challenged and have targeted improvement programmes to improve performance.
- Friends and Family Test (FFT) – we are seeing quarter on quarter improvements in response rates which are allowing greater insight into patient experience, including improvements in methodologies that support the collection of demographic data. Satisfaction ratings for in-patients and maternity are in the 90% which is positive considering the pressures these areas are facing. Patient Satisfaction in our ED departments continues to be challenged (63.6%) and is not surprising considering the pressures these departments are under. The themes in complaints and FFT reflect waiting times as the top concern.
- Duty of Candour – Quality of Duty of Candour letters remains a key area of focus with performance being monitored via the Safety Committee with the first audit outcome reports expected in December.

Safe & Effective

- Infection control – one MRSA bacteraemia was reported at the Royal London Hospital during this reporting period. Royal London Hospital has seen an increase in MRSA bacteraemias over the last few months and a targeted improvement plan is in place.
- The increasing trend in E.coli bacteraemias earlier in the year is starting to reduce. All cases are reviewed and no cases are linked or transmission occurred. We are participating in the NEL catheter passport QI programme which will help with one of the root causes of cases.
- Serious incidents – as reported in the previous period there is an increased focus on ensuring overdue investigations are closed. Royal London and Newham Hospitals are outliers in terms of overdue investigations and both have targeted improvement plans to reduce this backlog. All incidents are subject to a rapid review to ensure any immediate patient safety concerns are identified and managed whilst the investigation process is completed. An implementation group for the Patient Safety Incident Response Framework (PSIRF) has is being convened to support the rollout of the revised process to ensure early learning and sharing to support patient safety.

Maternity

- We anticipate the CQC reports for Royal London Hospital and Whipps Cross Hospital maternity units and Barkentine and Barking Birthing Centres will be published in November.
- Staffing at Whipps Cross Hospital is significantly challenged – mitigation are in place to minimise the risks.

Finance

The Trust has reported to NHS England a (£29.7m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£13.5m), allowance for potential ERF clawback (£10.8m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£5.4m).

Income

Income is (£9.7m) adverse against the year to date plan. NHS Patient Treatment income is (£5.7m) adverse, which is due to Elective Recovery Fund (ERF) under-performance partially offset by an over-performance on high cost drugs. Allowance for clawback of 75% of ERF allocations YTD (£10.8m) by the ICBs has been assumed in the Trust's position reflecting elective underperformance against the 104% target for non-specialised activity for the year to date. Other income is (£4.0m) adverse, with the key shortfalls being due to reduced private patients activity (£2.0m) and reduced COVID19 income for pathology reflecting reduced virus testing per the latest infection control guidance (£2.6m).

Expenditure

- Expenditure is (£19.9m) adverse against the year to date plan. Site and Services expenditure is (£37.8m) adverse due to the underachievement against the 3% recurrent efficiency savings target, hyper-inflation pressures, high cost drugs costs and the purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first half of 2022/23 remain higher than plan with the key drivers of the adverse variance being non-elective activity pressures, high staff sickness absence due to COVID, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure is £17.9m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.
- Capital expenditure to date is £27.6m against a plan of £50.7m which results in an adverse variance of £23.1m for the exchequer funded schemes. This reduces the level of overcommitment in the current year to c16%. The main drivers of the underspending are delays in contractors and legal agreements, mainly at Newham (Fire Programme and Newham Modular Build - combined total £9.7m). Other significant underspends include PFI medical equipment replacement (£1.6m) due to delayed variation responses and purchase of a 2nd CT scanner (£2.1m) due to unforeseen structural defects, for both these schemes expenditure is still expected to be delivered in this financial year. The slippage on the WXH redevelopment enabling works (£3.0m), due to delay in approval of the business case, mean expenditure for this scheme will move into the next financial year.
- Cash balances are higher than plan because of the higher closing cash balance of £86.7m in March 2022, lower capital expenditure and other movements in working capital.

Key Challenges

The key challenges to ensure financial plan achievement in 2022/23 include:

- Hyper-inflation pressures in excess of that allowed for within the national tariff cost uplift factor. The Trust is actively engaging with the ICB and other system partners to resolve recurrent funding for these pressures.
- Performance against the Elective Recovery 104% target and any associated funding clawback for underperformance by ICBs and NHSE.
- Ensuring improvements in productivity in order to deliver the 3% efficiency savings target set within Sites and Services budgets.
- Delivery against the NHS England target to reduce agency staffing expenditure by at least 10% compared to 2021/22 outturn including eliminating the use of off-framework agency staff by December 2022.
- Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

People

Looking After the Trust's People

Annualised sickness absence rate has continued to decrease to 5.27% (from 5.30%).

- In month sickness absence for Aug 2022 was at 4.57%, a decrease from 5.41% in July 2022 but higher than the same period in 2021 (4.8%)
- In month long term sickness, is currently at 2.45%, notably down from the peak of 2.85% seen in December 2021 and a reflection of the work the Employee Wellbeing team is undertaking around long term absence.

Appraisal rates – recorded non-medical appraisal rate has increased to 54.9%, up from 54.0%. Medical appraisals have increased to 84% from 83%.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing

Substantive staff in post increased by 18 WTE with the Trust's substantive staff fill rate remaining at 89.8%. The only significant changes are a 15.2 WTE increase in Group Support Services and a decrease in the 16.2 WTE following the closure of the vaccination hub.

Recruitment – 562 unconditional offers and 496 conditional offers were made from 987 WTE worth of adverts were placed in the month, 362 of which were to external candidates. This will be in addition to the cohort of international nurses we are expecting to join in October 2022.

Turnover – annualised voluntary turnover has remained at 13.7% this month. It is too early to see if this is the start of a positive change at group level having seen rates consistently increase over the last 12+months, but has reduced from the Jul position of 13.9%.

Proportion of temporary staff

- The Proportion of temporary staff has reduced to 14.6% from 15.0%, a reduction in bank usage of 58 WTE and agency of 23 WTE.
- Temporary staffing spend as a % of the overall pay budget was 16.4% in month and 16.2% YTD.
- Temporary staffing spend has increased from £17.2m to £18.2m in month.
- YTD agency spend is at £28.2m compared to £19.9m at the same point in FY21/22. This represents a 41% increase year on year. With Trusts setting a target of reducing agency spend by 10% compared to FY21/22, we would want to achieve a spend of £42.3m or less across the whole year.

Staff Flu & Covid Vaccinations

- The vaccination programme launched on 19th September 2022, with an aim to deliver both seasonal Flu and Covid booster vaccinations to all patient facing staff. The programme also has capacity to offer both vaccinations to non-patient staff.
- The number of staff that have received the seasonal flu vaccination is currently 3,865 (21.5%).
- The number of staff that have received the Covid booster is currently 3762 (20.9%).

Staff Survey

Current Response Rate as of 24th October:

- **Substantive Staffing:** Currently the response is 19.2% (3397 respondents from an eligible sample of 17733 people) which is below the average response rate for Acute & Community Trust of 22.5% (highest 51.55% & lowest 12.70%). This time last year we had achieved an overall response rate of 24.0% by 22nd October 2021.
- **Bank Workers:** The current response rate 9.2% (204 respondents from an eligible sample of 2230 people) which is above the average response rate for Acute & Community Trust of 7.84% (highest 28.64% & lowest 1.63%). Eligibility to participate in the Staff Survey this year was extended to 'bank workers' through the trust(s) they have worked at for a minimum of six months.

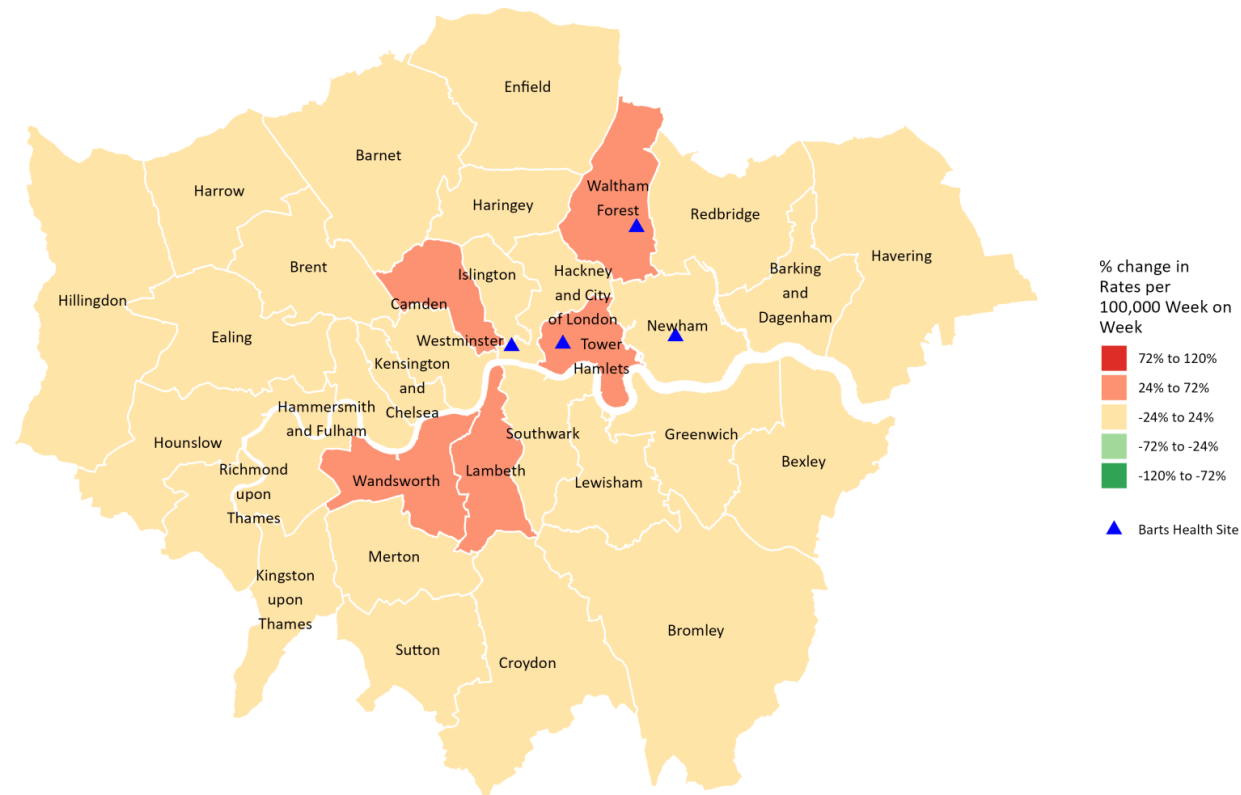
Nov-22



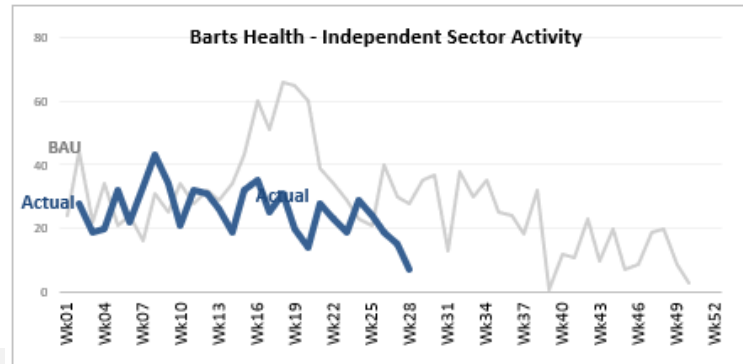
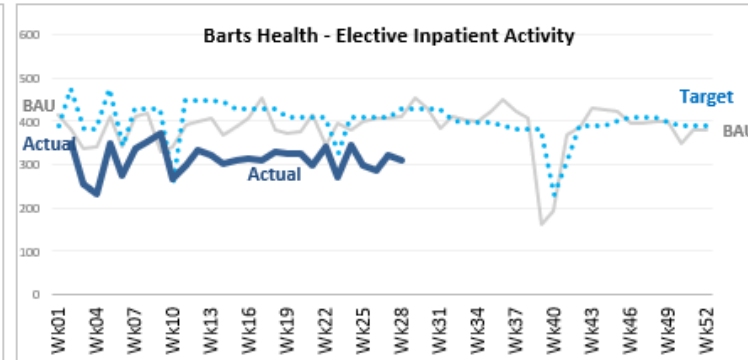
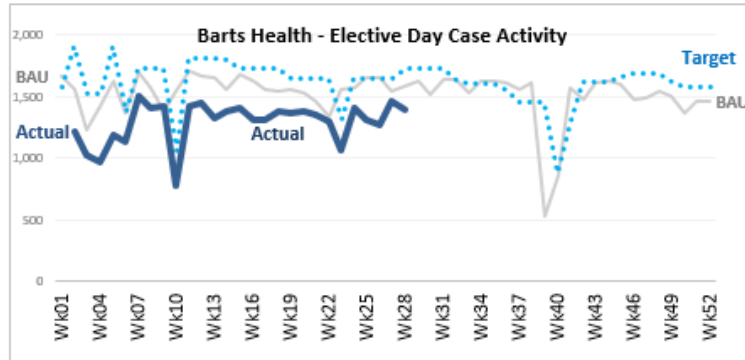
Covid-19 Monitoring and Recovery Report



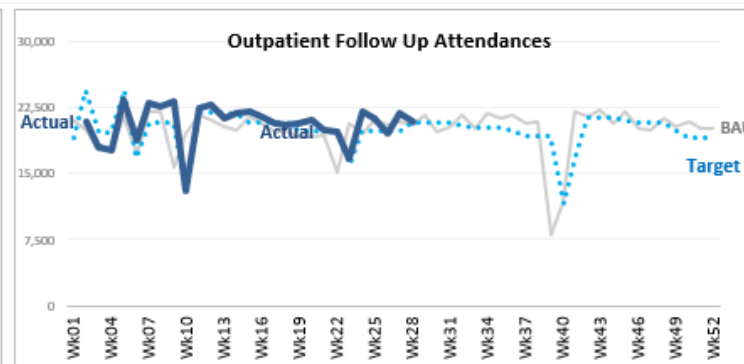
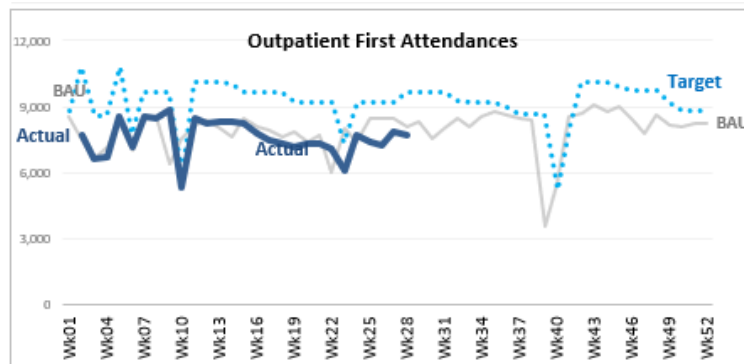
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2022-09-29



Elective Activity



Outpatient Activity

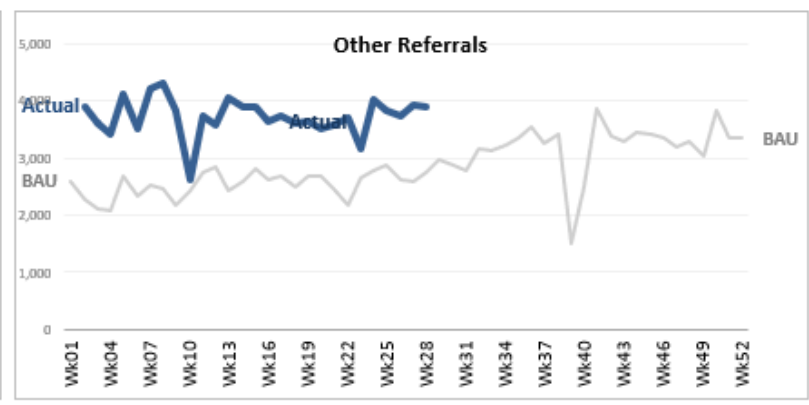
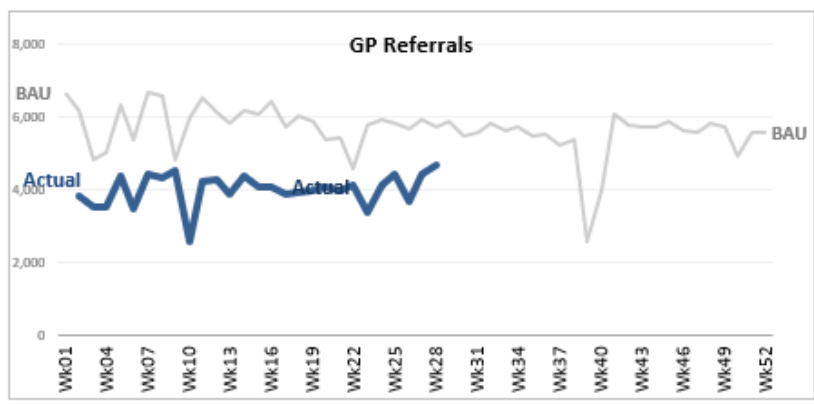


COVID-19

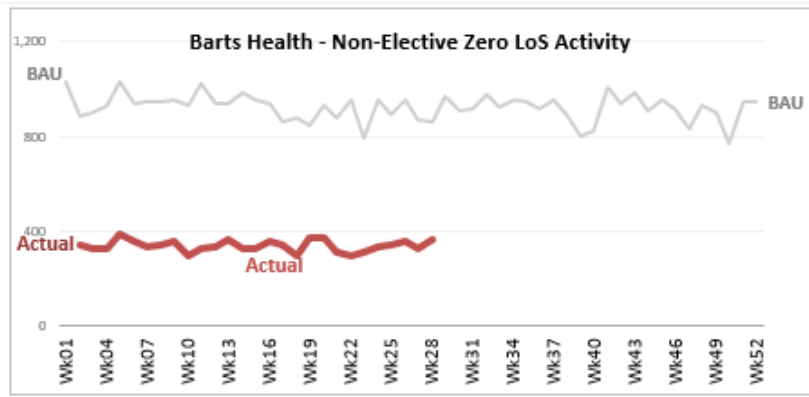
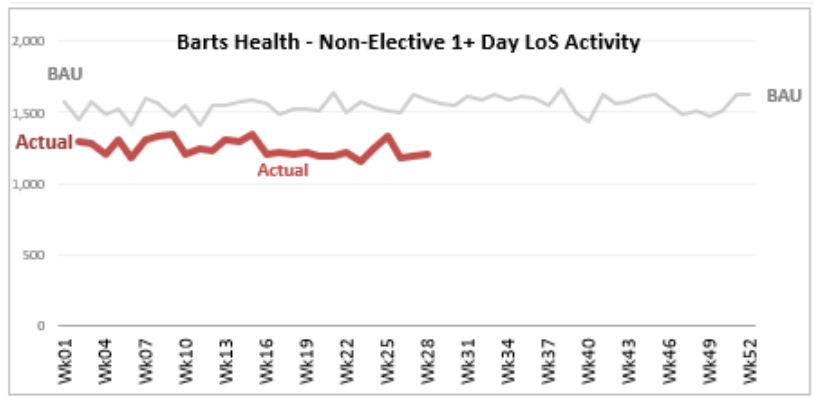
Activity

Nov-22

Referrals Activity

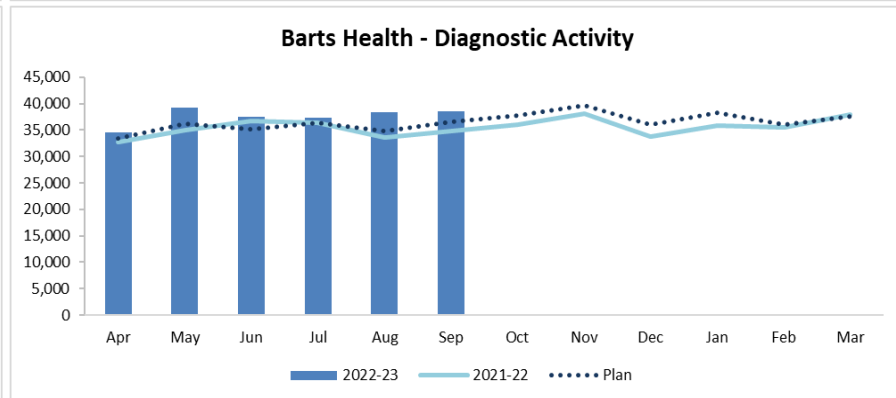
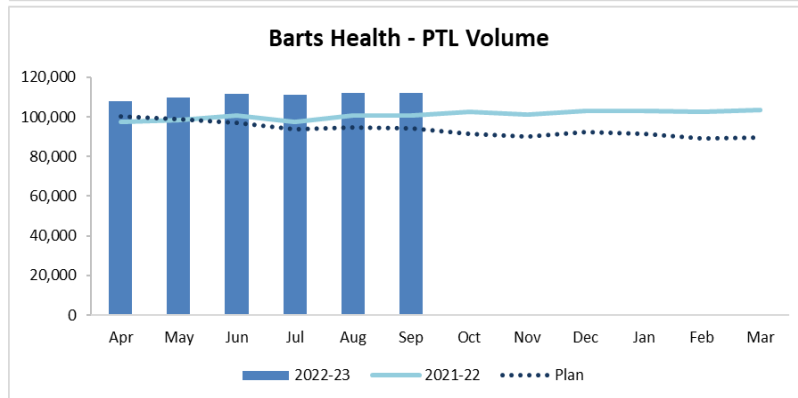
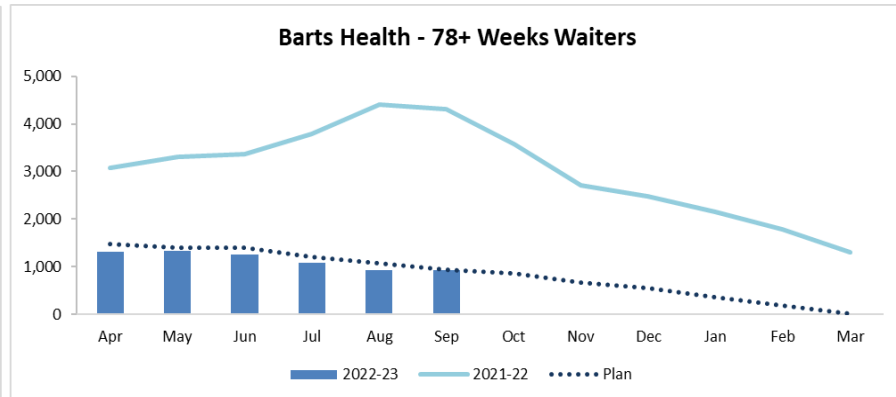
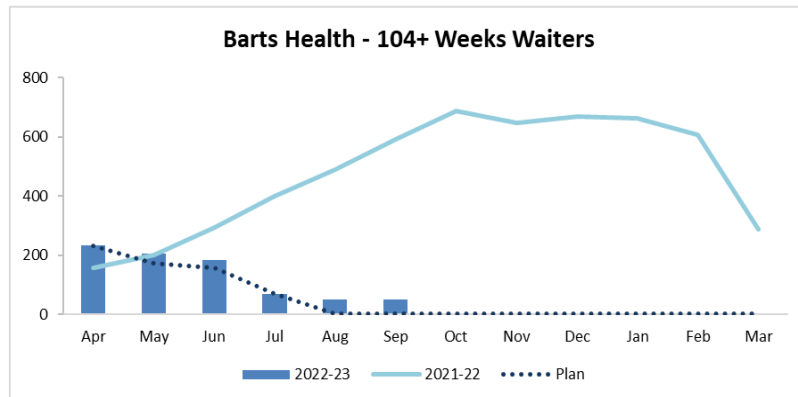


Non-Elective Activity



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

Barts Health						Last Month's Site Position				
Setting	Reporting Period	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Royal London	Whipps Cross	Newham	St Bart's	Other
PTL Activity	78+ Weeks Waiters	1,261	1,083	921	920	587	261	66	3	3
	104+ Weeks Waiters	183	68	51	49	36	11	1	1	0
DM01	Diagnostic Activity	37,446	37,240	38,429	38,466	12,037	9,818	8,178	8,433	0
	Endoscopy	1,897	2,080	2,044	2,145	1,085	586	474	0	0
	Imaging	32,013	31,493	32,224	32,397	10,952	9,232	7,704	4,509	0
	Echocardiography	3,536	3,667	4,161	3,924	0	0	0	3,924	0
	<i>Equivalent Month Position Last Year</i>	36,693	36,397	33,575	34,740	10,960	7,907	6,971	7,737	0



Nov-22



Quality & Performance Report

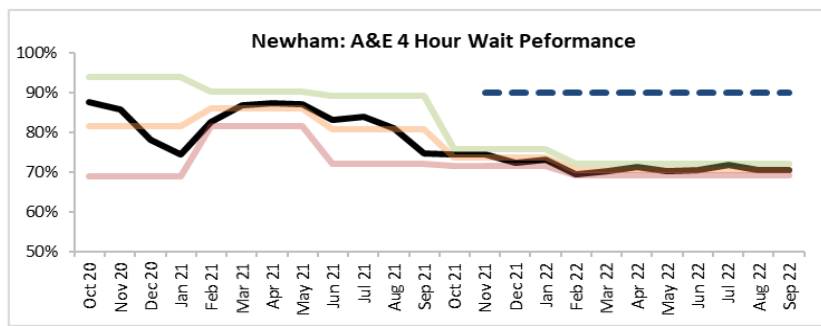
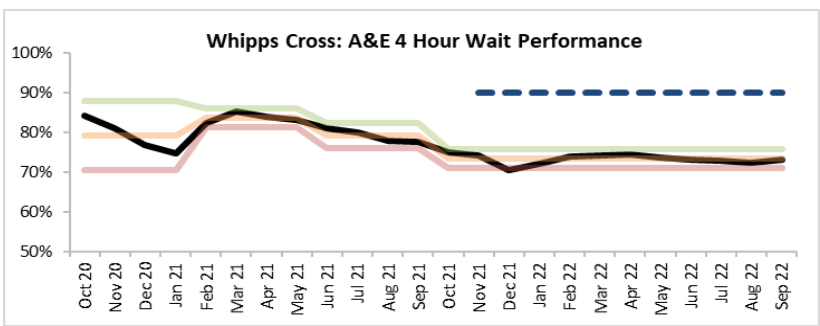
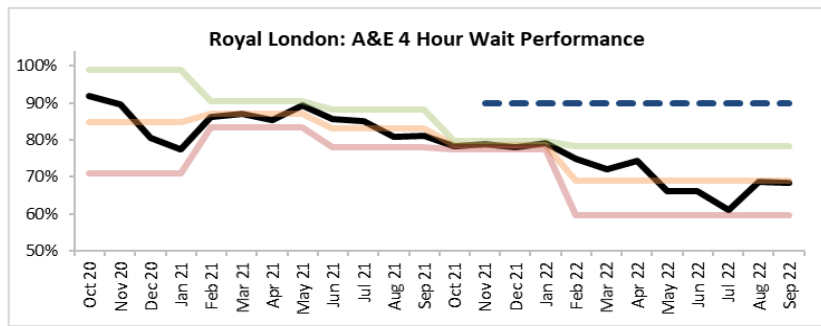
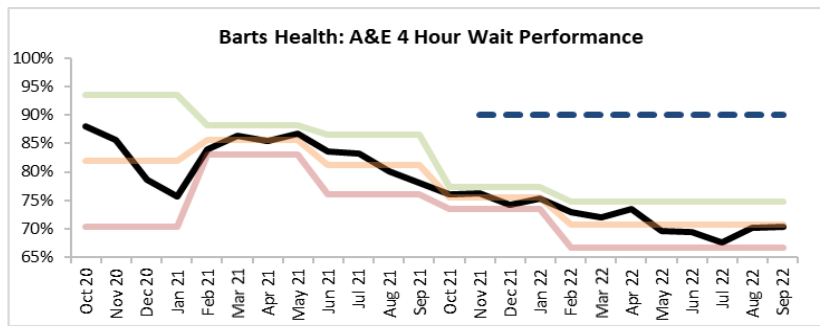


Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health	
A&E 4 Hours Waiting Time	●			Sep-22 (m)	>= 90%	70.2%	70.4%	70.1%	68.4%	73.1%	70.5%	-	-	70.4%	●
A&E 12 Hours Waiting Time		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Ambulance Handover - Over 60 mins		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Ambulance Handover - Within 15 mins		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Ambulance Handover - Within 30 mins		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Cancer 62 Days From Urgent GP Referral	●	●		Aug-22 (m)	>= 85%	54.0%	61.8%	61.9%	57.1%	71.3%	68.4%	52.2%	-	61.8%	●
Cancer 31 Day Diagnosis to First Treatment	●			Aug-22 (m)	>= 96%	96.2%	96.2%	96.9%	88.9%	96.6%	100.0%	98.5%	-	96.2%	
Cancer 28 Day FDS Breast Symptomatic				Aug-22 (m)	-	99.7%	99.7%	99.3%	-	100.0%	98.8%	100.0%	-	99.7%	
Cancer 28 Day FDS Screening				Aug-22 (m)	-	83.3%	82.0%	86.6%	61.5%	85.7%	92.3%	100.0%	-	82.0%	
Diagnostic Waits Over 6 Weeks	●			Sep-22 (m)	>= 99%	73.6%	75.3%	73.1%	59.0%	88.8%	99.9%	76.2%	100.0%	75.3%	●
78+ Week RTT Breaches				Sep-22 (m)	1192	921	917		587	261	66	3	-	917	
104+ Week RTT Breaches				Sep-22 (m)	12	51	49		36	11	1	1	-	49	
Completeness of Ethnicity Recording				Sep-22 (m)		95.6%	95.6%	-	94.5%	96.1%	98.6%	93.9%	-	95.6%	

Note to table:

- The ambulance handover metrics are not currently reported as trust / LAS validation processes are being built, the metrics will be reported once the accuracy of the data is assured
- The last period RAG rating column for 78 and 104 RTT weeks wait is not RAG rated on the basis there was no national trajectory for last year
- The 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year

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



Performance Overview

- August 2022 A&E attendance and breach data has been subject to revision due to incorrect data being provided by the trusts PAS supplier. Both attendance and breach data were inflated by duplicate data records. Last months board paper reported 44,517 attendances and a performance of 67.8%, corrected data results in 39,769 attendances and a performance of 70.2%.
- In September 2022, 40,056 attendances were recorded, 287 more than recorded in August 2022. For September 2022 a performance of 70.4% was recorded in relation to the 4-hour standard, 0.2% better than August. During September performance continued to be influenced by the impact of bed pressures caused by continued emergency pressures and elective flow.

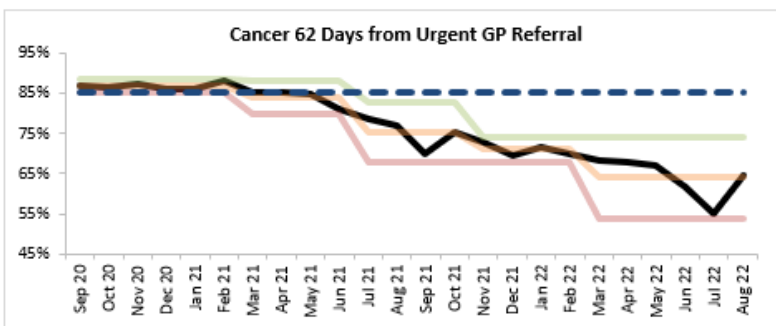
Responsible Director Update

- For 2022/23 NHS England requires trusts to manage performance against a new standard, 12 hour waiting time from arrival to discharge, admission or transfer, with an operational standard of no more than 2% against all attendances. As a new metric the trust has to be confident in the quality and completeness of the data before performance is reported to the board and the public. The trust has designed and built an operations breach validation tool which has now been tested and trained-out. August and September 2022 data will be reviewed internally prior to publication in future editions of this report.
- Trusts are also required to apply a greater focus on reducing ambulance handover delays with an ambition of eliminating 60 minute delays and ensuring 95% of handovers take place within 30 minutes. This data also requires a validation process which has been built, however London trusts are currently not being supplied with the handover data due to a LAS system issue. Data will be reported in future editions of this report once the system issue has been corrected.

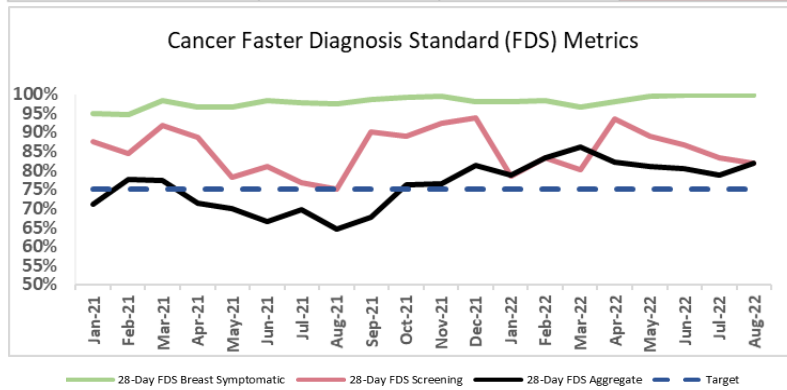
RESPONSIVE

Cancer 62 Days From Urgent GP Referral & Faster Diagnosis Standard

Nov-22



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	114	40.5	64.5%
Lower Gastrointestinal	13	7.5	42.3%
Lung	7	4	42.9%
Head and Neck	6.5	3.5	46.2%
Urological	16	8	50.0%
Haematological	6	3	50.0%
Gynaecological	8.5	4	52.9%
Breast	22.5	7.5	66.7%



Internal / External	Start Site	End Site	Seen	Breaches	Performance	
Internal	Newham	Newham	4	1	75.0%	
		Royal London	1	0	100.0%	
		St Bart's	7	2	71.4%	
	Royal London	Whipps Cross	1	0	100.0%	
		Royal London	16	4	75.0%	
		St Bart's	9	5	44.4%	
	St Bart's	St Bart's	14	7	50.0%	
		Royal London	2	1	50.0%	
	Transfer In	Whipps Cross	St Bart's	10	4	60.0%
			Whipps Cross	36	9	75.0%
Royal London			2	1	50.0%	
Basildon		Royal London	0.5	0	100.0%	
		Colchester	0.5	0	100.0%	
Homerton		Royal London	1	0.5	50.0%	
		St Bart's	3.5	2	42.9%	
King George		Royal London	2	1.5	25.0%	
		St Bart's	1	0.5	50.0%	
Queen's		Royal London	2	0.5	75.0%	
	St Bart's	0.5	0	100.0%		
Transfer Out	Southend	Royal London	0.5	0.5	0.0%	
	Newham	UCLH	0.5	0.5	0.0%	
		Royal London	1	0.5	50.0%	
	Whipps Cross	UCLH	0.5	0.5	0.0%	
		UCLH	0.5	0.5	0.0%	
Grand Total			114	40.5	64.5%	

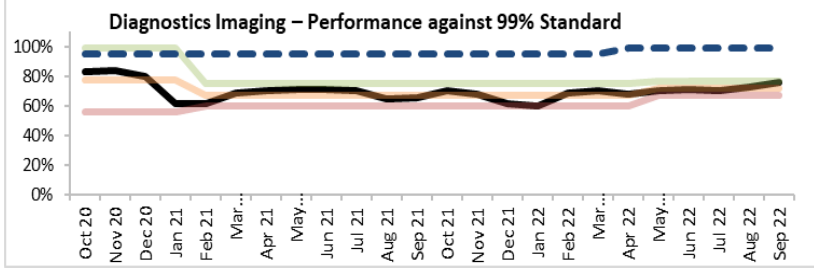
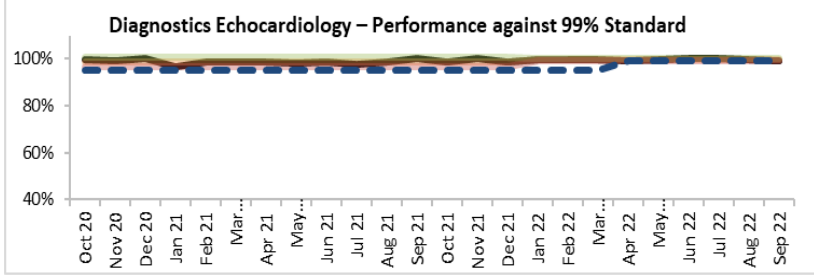
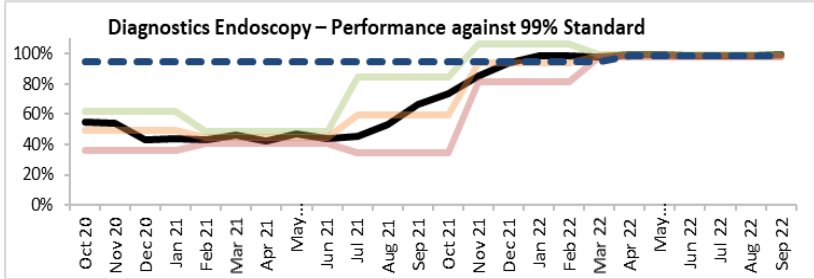
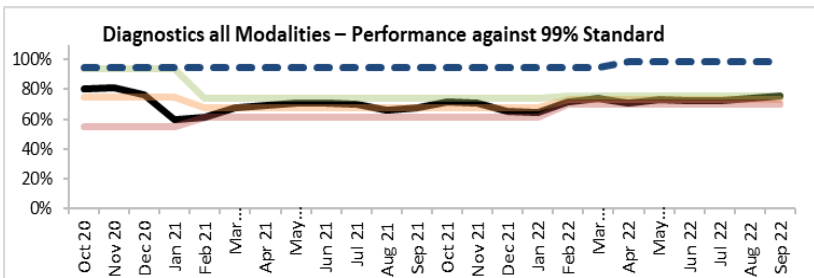
Commentary

- For August 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 61.8%, a significant improvement on July's 54.0% (+7.8%) with 119 pathways seen and 45.5 breaches. Improved performance results from the trusts backlog clearance plan; the cancer leadership team is working to ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 2023 in line with national requirements.
- The Faster Diagnosis Standard (FDS) requires 75% of patients urgently referred by their GP receiving a diagnosis or having cancer ruled-out within 28 days. The standard applies to patients who have been urgently referred for suspected cancer, have breast symptoms, or have been picked-up through cancer screening. For August 2022 the trust was compliant against all three elements of the standard, achieving 82.0% at aggregate level against the 75% standard.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

Nov-22



DM01 Breakdown by Test							
Test Name	Aug-22			Sep-22			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Audiology - Audiology Assessments	1,603	1,205	24.8%	1,753	1,204	31.3%	6.5%
Urodynamics - pressures & flows	43	25	41.9%	63	43	31.7%	-10.1%
Neurophysiology - peripheral neurophysiology	86	57	33.7%	82	44	46.3%	12.6%
Magnetic Resonance Imaging	7,769	4,065	47.7%	8,320	3,861	53.6%	5.9%
DEXA Scan	1,349	385	71.5%	1,506	383	74.6%	3.1%
Non-obstetric ultrasound	13,873	2,084	85.0%	14,976	2,275	84.8%	-0.2%
Computed Tomography	3,628	757	79.1%	3,522	413	88.3%	9.1%
Cystoscopy	139	17	87.8%	147	8	94.6%	6.8%
Cardiology - echocardiography	2,804	14	99.5%	1,676	11	99.3%	-0.2%
Gastroscopy	599	3	99.5%	499	2	99.6%	0.1%
Flexi sigmoidoscopy	121	0	100.0%	115	0	100.0%	0.0%
Colonoscopy	618	5	99.2%	614	0	100.0%	0.8%
Respiratory physiology - sleep studies	60	0	100.0%	48	0	100.0%	0.0%
Barium Enema	1	1	0.0%	0	0	100.0%	100.0%
Cardiology - Electrophysiology	1	0	100.0%	0	0	100.0%	0.0%
Grand Total	32,694	8,618	73.6%	33,321	8,244	75.3%	1.6%

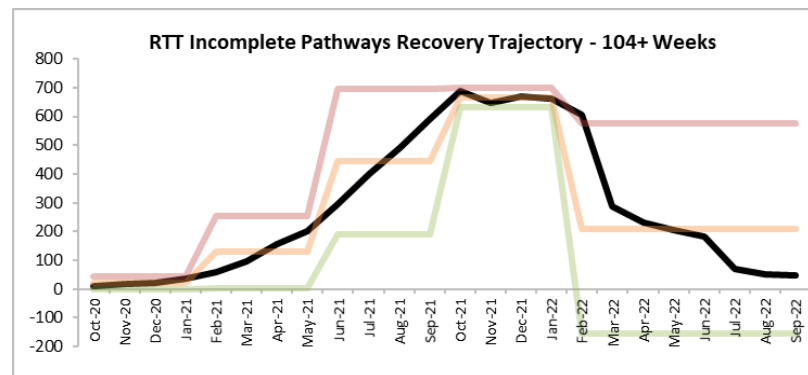
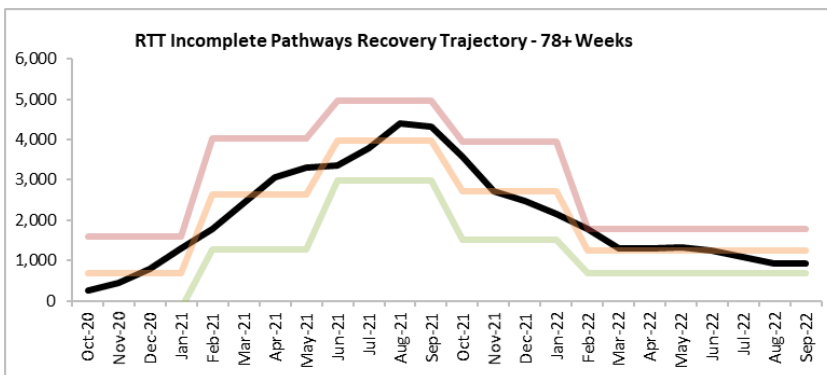
Commentary

- For September 2022 a performance of 75.3% was recorded, an improvement on August's 73.6% (+1.7%). As in previous months, the greatest challenge has been in the imaging modalities, particularly MRI and non-obstetric ultrasound; imaging breaches accounted for 84% of all breaches in September 2022.
- For 2022/23 NHS England requires all trusts to deliver up to 120% of 2019/20 BAU activity across the three key modalities of:
 - Echocardiology
 - Endoscopy
 - Imaging
- The aim is to recover six week waiting times to a 95% performance standard by March 2025.

RESPONSIVE

78+ & 104+ Week RTT Breaches

Nov-22



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

Specialty Name	Actual
Colorectal Surgery	157
Trauma & Orthopaedics	151
ENT	121
Gynaecology	102
General Surgery	67
Urology	61
Paediatric Dentistry	59
Oral Surgery	50
Vascular Surgery	22
Neurosurgery	16

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

Specialty Name	Actual
Colorectal Surgery	12
Trauma & Orthopaedics	9
ENT	8
Gynaecology	6
Urology	4
Oral Surgery	3
Neurosurgery	2
Ophthalmology	1
General Surgery	1
Trauma & Orthopaedics - Lower Limb	1

Performance Overview

- In relation to the end-month nationally submitted data the trust reported 49 pathways waiting 104+ weeks at the end of September 2022, a reduction of two pathways against the August position. However this represents a significant reduction of 238 or 83% against the 287 reported in March 2022. The trust is liaising closely with the Integrated Care System and NHS London to agree a revised and deliverable position for the end of October 2022 and a final clearance trajectory.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last six months with 1,309 pathways reported at the end of April 2022 reducing to 920 at the end of September 2022, a decrease of 389 (-30%), this is better than the reduction plan of 926 for September although only one less pathway than reported in August.

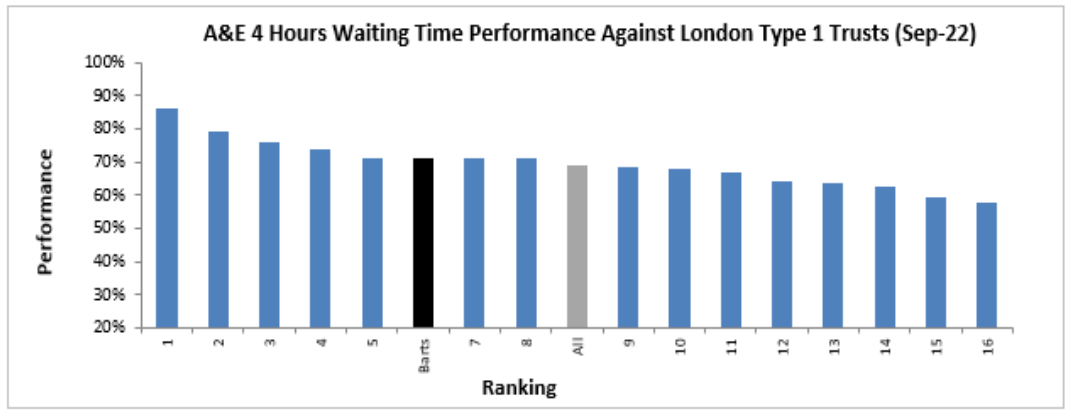
Responsible Director Update

- The Programme Director for Elective Recovery works with the hospital site Directors of Operations through a series of weekly meetings to ensure that long waiter clearance trajectories are being delivered and that if a site or specialty is off plan to agree and implement corrective action.
- Detailed tracking of each patient who is a risk of being at 104+ weeks at the end of October 2022 is in place with continued support from other NEL providers on mutual aid where possible. A similar approach is now being applied to 78+ week pathways with a requirement to clear the backlog by March 2023.

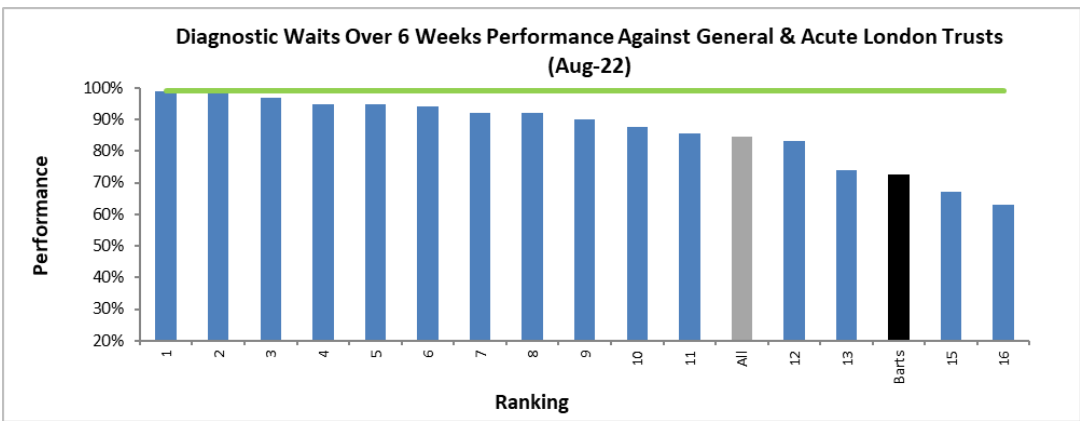
RESPONSIVE

Benchmarking Against Other Trusts

Nov-22



- For September 2022, 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 was ranked 6th out of 15 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.

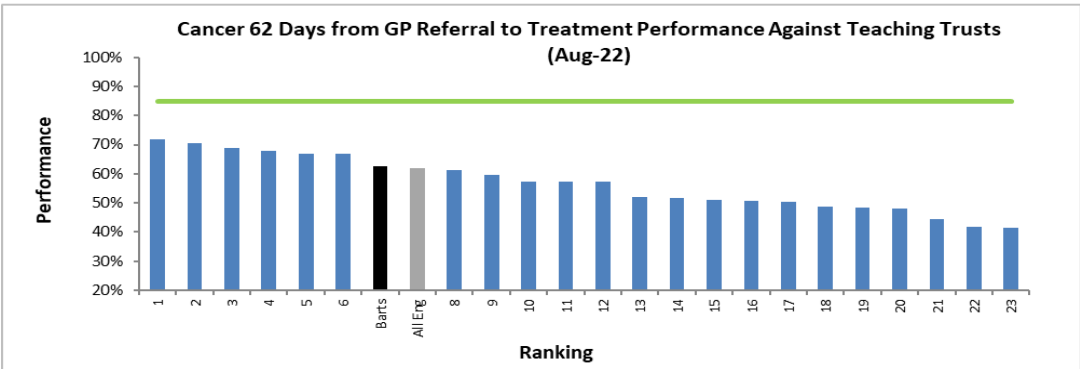
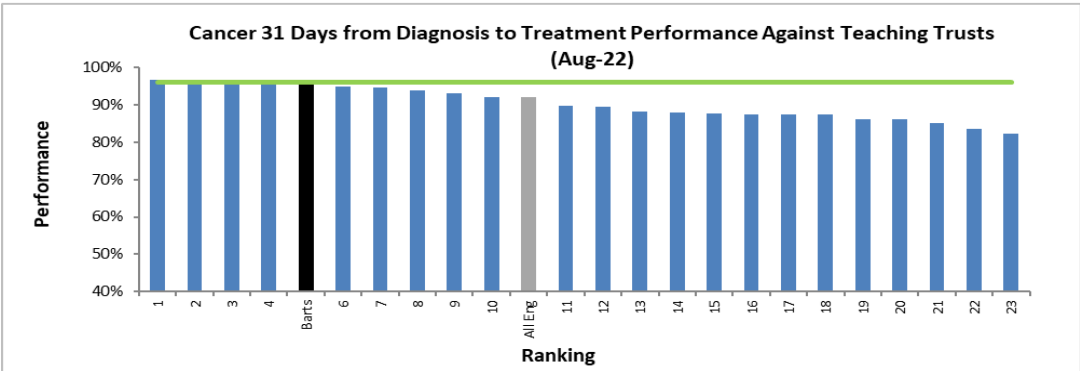
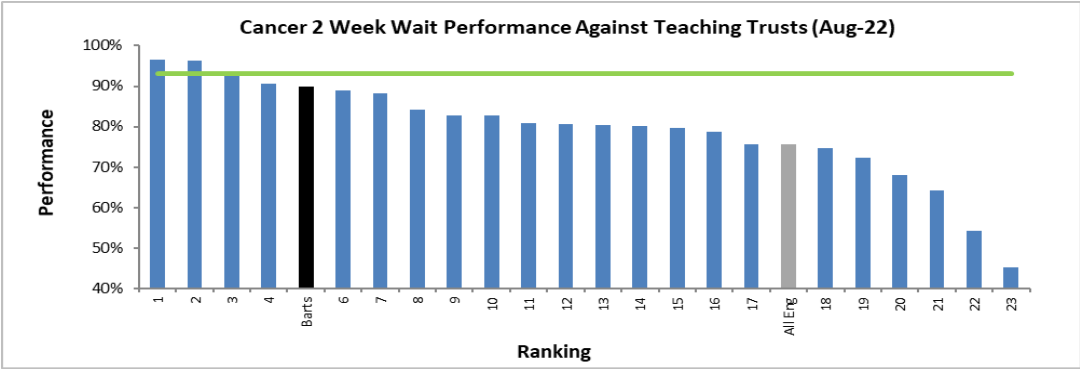


- Looking at the 17 London acute Trusts reporting data for August 2022 (the most recent national data), Barts Health was the 14th worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 3rd largest waiting list and was the best performing.

RESPONSIVE

Benchmarking Against Other Trusts

Nov-22

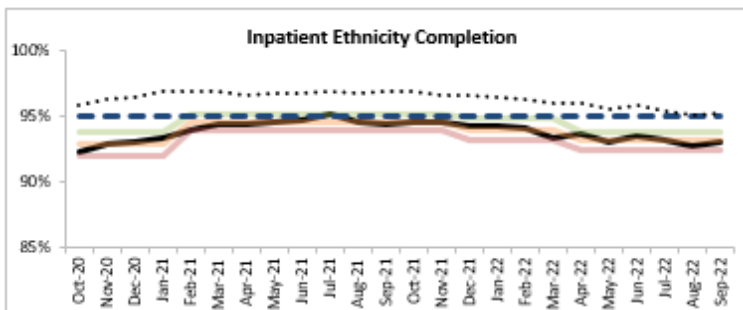
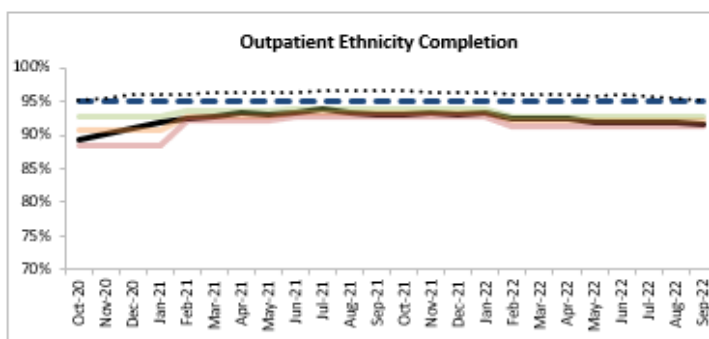
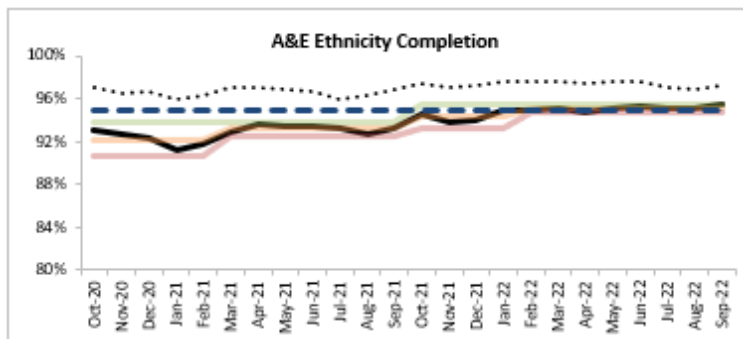


- The trust did not achieve compliance against the 93% two-week wait target recording a performance of 89.8% for August 2022. Performance was heavily influenced by the volume of breaches recorded at the Whipps Cross site in the Skin tumour pathway. In order to increase capacity and improve patient experience the clinical team have started a tele-dermatology pilot during October. In relation to benchmarked performance Barts Health ranked fifth best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in August 2022 against the 31 Day Diagnosis to Treatment standard, recording a performance of 96.2% against the 96% target. For August 2022, Barts Health was the fifth best performing of the 23 Teaching Trusts.
- For August 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 61.8%, a significant improvement on July's 54.0% (+7.8%) with 119 pathways seen and 45.5 breaches. For August Barts Health was the 7th best performing of 23 Teaching Trusts. The cancer leadership team is working to ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 2023 in line with national requirements.

RESPONSIVE

Ethnicity Recording by Activity Type

Nov-22



Site	A&E	Inpatient	Outpatient
Royal London	97.4%	90.0%	90.1%
Whipps Cross	93.0%	93.2%	90.3%
Newham	95.5%	95.7%	95.5%
St Bart's	-	97.1%	92.8%
Trust	95.5%	93.0%	91.5%

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

- Trust-wide, performance for September 2022 has seen improvements in ethnicity capture for both A&E and Inpatient departments (up 0.6 and 0.5 percentage points respectively). However, performance at Whipps Cross Hospital has seen minimal change since last reporting period with zero out of the three areas achieving the 95% target.
- Recording rates at Royal London Hospital A&E have been increasing month on month up 1.7 percentage points since September's published IPR. However, ethnicity capture in both Inpatients and Outpatients at Royal London Hospital still requires work.
- Newham continues to be the best performing site, achieving 95% capture in all three areas.
- Inpatients at St Barts has achieved 97.1% ethnicity recording, up 1.4 percentage points since last reporting period.

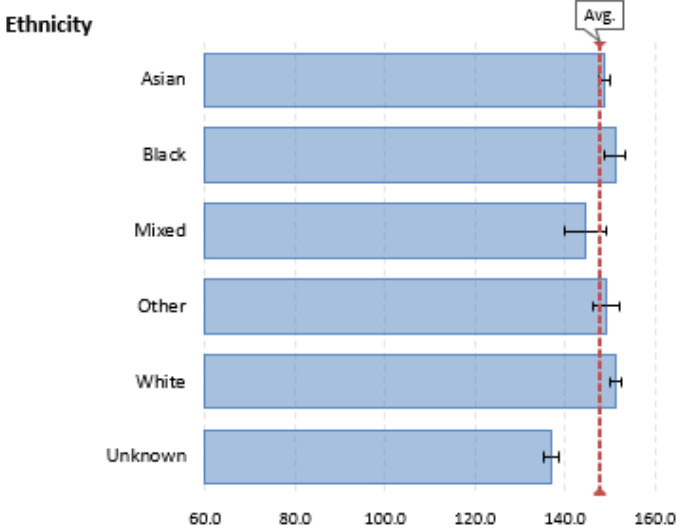
Responsible Director Update

- It is encouraging to see 95% capture being achieved in individual areas. However, across the Trust, Outpatients is still a concern.
- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- The Trust has included achieving 95% ethnicity capture across A&E, Inpatient and Outpatient services at all sites within its planning objectives for 2022/2023 and will keep a focus on this area.
- Work is underway to include divisional level ethnicity capture reporting as part of standard divisional PR packs.

RESPONSIVE

Equity - Wait Times By Ethnicity

Nov-22



Commentary

At Trust level, there is no practical difference in wait times between patients from different ethnic groups.

On average, the longest waiters appear to belong to the 'Black' and 'White' ethnic groups (151.2 days for both groups). This equates to a difference of only 6.6 days wait between the shortest and longest waiters of known ethnicity.

We are currently looking to understand the difference in waiting times for the 'Unknown' ethnicity group.

Work is also underway to include reporting over time to allow meaningful identification and interpretation of trends.

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	4,932,113	33,152
Black	1,969,602	13,026
Mixed	376,987	2,607
Other	1,008,996	6,761
White	5,820,418	38,506
Unknown	2,617,442	19,112

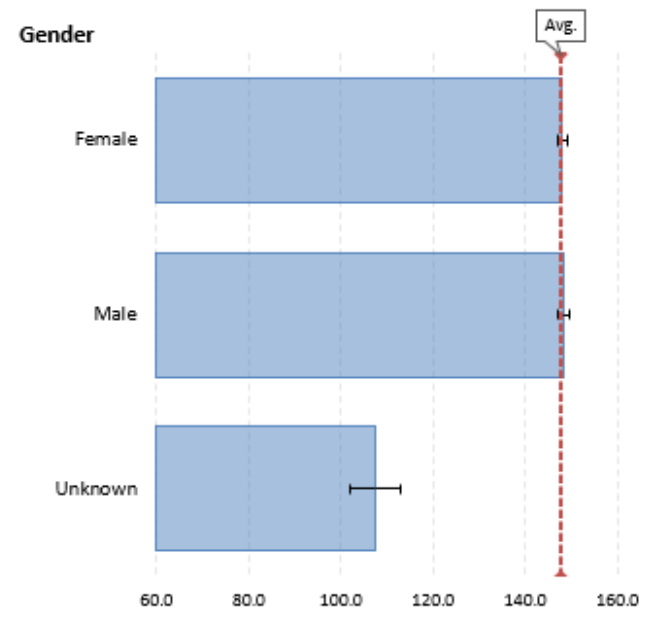
Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	148.8	147.4	150.1
Black	151.2	149.0	153.4
Mixed	144.6	140.0	149.2
Other	149.2	146.2	152.3
White	151.2	149.9	152.4
Unknown	137.0	135.3	138.6
Grand Total	147.8		

RESPONSIVE

Equity – Wait Times by Gender

Nov-22



Commentary

At Trust level, there is no material difference in waiting times between genders.

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (148.4 days vs 148.1 days, respectively).

Additionally, although it's a very small proportion, we are investigating the data quality issues behind the "unknown" group.

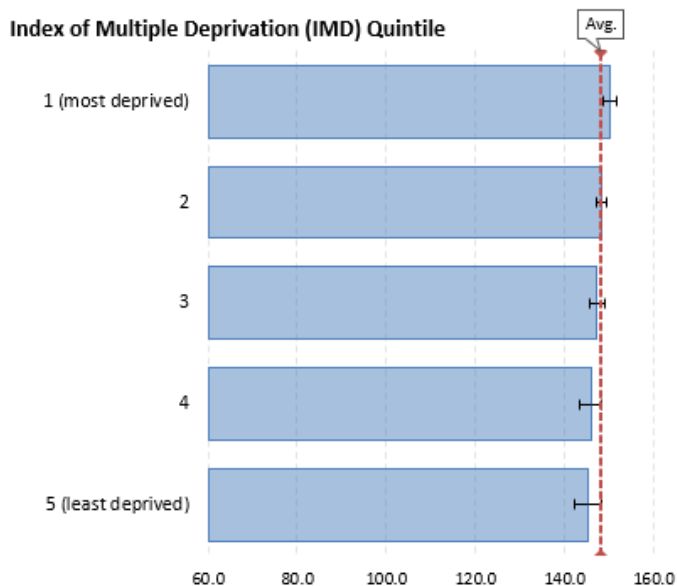
Work is underway to include reporting over time to allow meaningful identification and interpretation of trends.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	9,224,855	62,296
Male	7,369,505	49,646
Unknown	131,198	1,222

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper
Female	148.1	147.1	149.1
Male	148.4	147.3	149.5
Unknown	107.4	101.9	112.8
Grand Total	147.8		



Commentary

At Trust level, there is a very small difference in wait times for patients living in the most deprived postcodes compared with those living in the least deprived areas of 4.8 days.

As of 10 October 2022, the average Trust wait time is 148.2 days, down 1.8 days from last month. The difference in waiting times between those living in the wealthiest postcodes and those living in the poorest is likely between 0.1 and 9.4 days.

Work is currently underway to include reporting over time to allow meaningful identification and interpretation of trends.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,085,130	27,227
2	7,642,843	51,554
3	2,699,530	18,336
4	1,366,601	9,368
5 (least deprived)	791,317	5,448

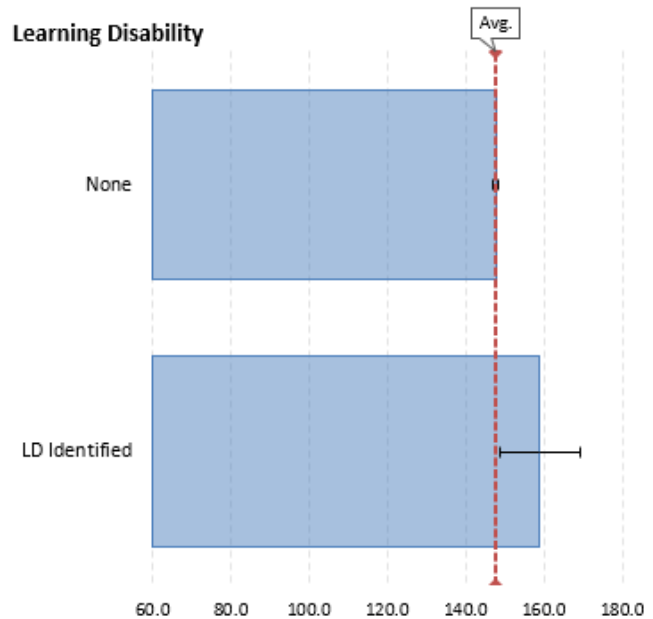
Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	150.0	148.5	151.5
2	148.2	147.2	149.3
3	147.2	145.4	149.0
4	145.9	143.4	148.4
5 (least deprived)	145.2	142.1	148.4
Grand Total	148.2		

RESPONSIVE

Equity – Wait Times by LD

Nov-22



Commentary

At Trust level, there is a difference in wait times between patients with a learning disability and those without of, on average, 11.3 days.

The likely difference in waiting times for people with LD has fallen from between 1.5 - 23.9 days to between 0.2 - 22.3 days. This is an improvement in the average difference since last month of 1.5 days.

Last year, data revealed that longer waits for surgery for patients with a learning disability could be attributed to one speciality, Restorative Dentistry. Action taken over the last year significantly reduced the waiting times in this speciality and, therefore, the overall waiting times for this cohort. That improvement has been sustained with the speciality. In this month's data, we have found that a few specialities have longer waits for patients with Learning Disabilities including Oral Surgery, General Surgery, Paediatric Dentistry and Urology.

We will be working with our clinical specialities and the sites to better understand what we can do to prioritise these patients and monitor trends.

Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	16,624,606	112,529
LD Identified	100,952	635

Pathways with no Week Wait details excluded

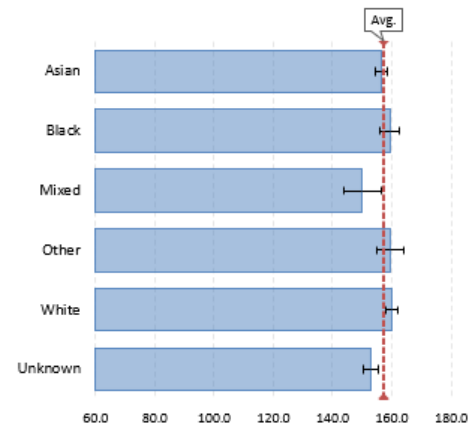
LD_Flag	Average Wait	Lower	Upper
None	147.7	147.0	148.5
LD Identified	159.0	148.7	169.3
Grand Total	147.8		

RESPONSIVE

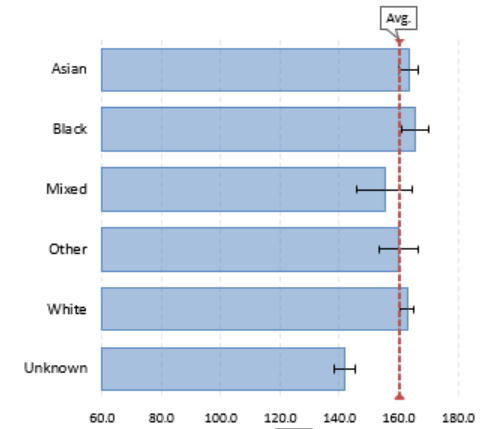
Equity - Wait Times By Ethnicity (Sites)

Nov-22

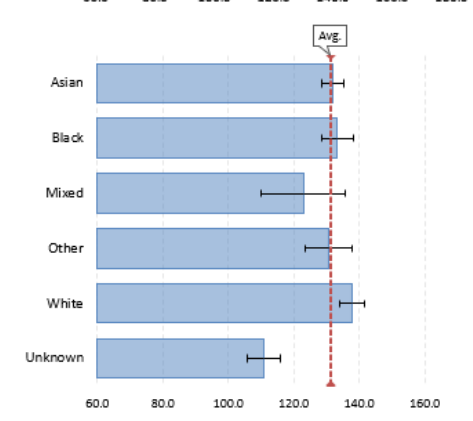
Royal London



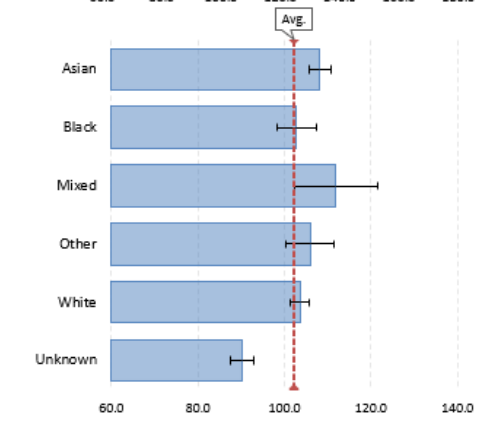
Whipps Cross



Newham



St Barts



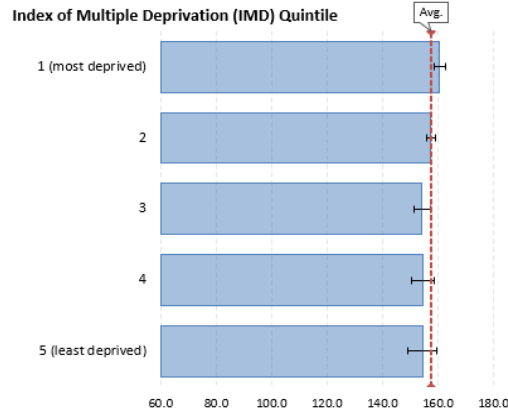
Commentary

At site level, differences in wait times by ethnicity are not significant.

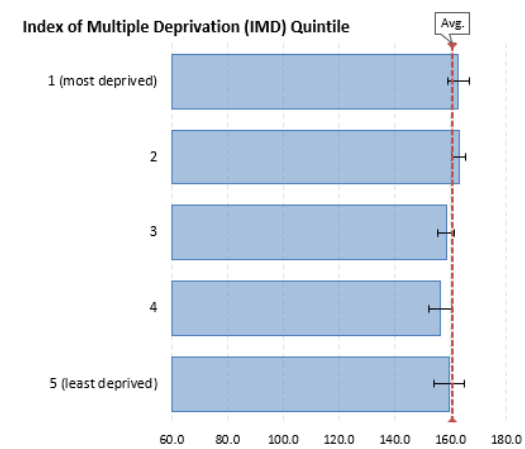
Patients who identify as belonging to the 'Mixed' ethnic group appear to have shorter average wait times compared with other ethnic groups at Royal London, Whipps Cross and Newham Hospitals. Conversely, patients at St Barts who identify as 'Mixed' appear to wait longest.

The population of 'Mixed' patients across the Trust make up only a small proportion (2.3%) of Trust patient pathways by ethnicity and therefore it can be expected that waiting times will vary from month to month. This month, Royal London Hospital, Newham Hospital and Whipps Cross Hospital waits for patients of 'Mixed' ethnicity were shorter compared to other ethnic groups for the same site, and at St Barts 'Mixed' ethnicity patients waited longer than other known ethnic groups. This broadly reflects findings from last month. We will continue to monitor for trends.

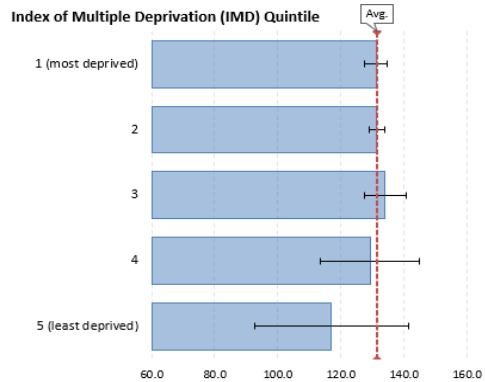
Royal London



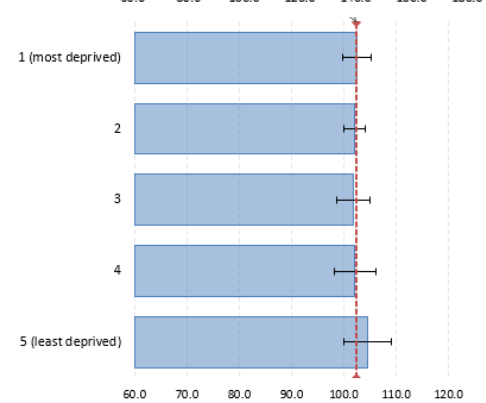
Whipps Cross



Newham



St Barts



Commentary

At site level, there are no significant differences in wait times between patients living in the most deprived postcodes and those living in the least deprived postcodes.

It is necessary that this is monitored over time to facilitate the identification and interpretation of trends and work is currently underway to accomplish this.

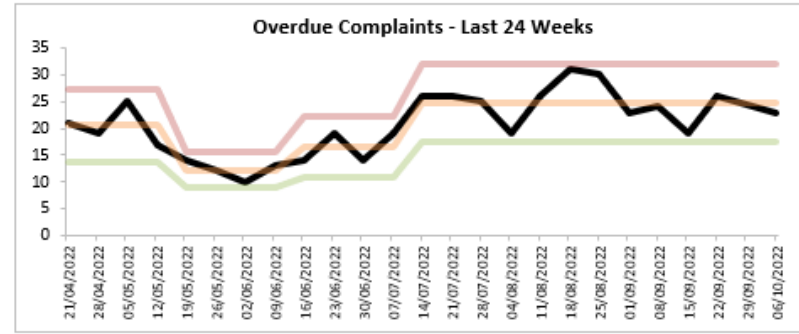
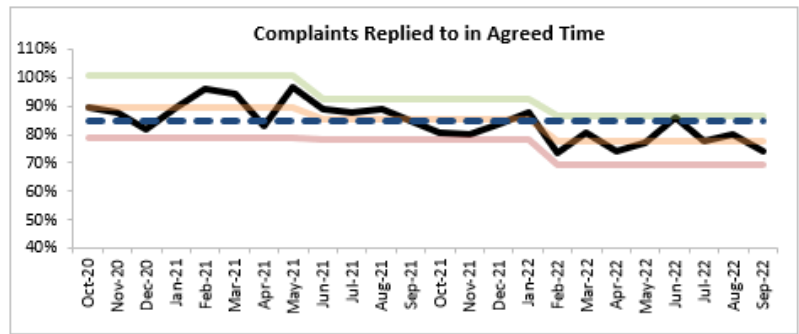
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Patient Experience	C12	MSA Breaches	●			Sep-22 (m)	<= 0	78	47	224	0	13	22	12	-	
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2022/23 Q1 (q)	SPC Breach	23.7	22.5	22.5	30.8	35.9	29.0	7.8	-	
	C1	FFT Recommended % - Inpatients	●			Aug-22 (m)	>= 95%	89.8%	90.3%	90.0%	88.2%	92.5%	87.2%	92.8%	-	
	C2	FFT Recommended % - A&E	●			Aug-22 (m)	>= 86%	57.7%	63.6%	59.8%	63.2%	70.1%	53.8%	-	-	
	C3	FFT Recommended % - Maternity	●			Aug-22 (m)	>= 96%	90.7%	92.6%	93.4%	96.0%	93.1%	87.5%	-	-	
	C20	FFT Response Rate - Inpatients	●			Aug-22 (m)	>= 23%	29.1%	29.8%	28.8%	26.4%	44.6%	17.3%	27.8%	-	
	C21	FFT Response Rate - A&E	●		●	Aug-22 (m)	>= 12%	7.8%	11.2%	8.4%	11.1%	13.9%	8.6%	-	-	
	C22	FFT Response Rate - Maternity	●			Aug-22 (m)	>= 17.5%	11.1%	18.7%	16.0%	6.3%	49.5%	7.3%	-	-	
	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	●			Sep-22 (m)	>= 85%	80.3%	74.1%	78.3%	63.4%	95.3%	46.2%	100.0%	-	●
	R30	Duty of Candour	●			Aug-22 (m)	>= 100%	89.5%	81.5%	89.5%	76.9%	100.0%	69.6%	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%

CARING

Complaints Replied to in Agreed Time

Nov-22



Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	310	52
Communication - verbal / written / electronic	113	26
Delays in care	113	22
Appointments / Clinics	82	12
Security and unacceptable behaviour	34	3

Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Diagnosis / Treatment	15	22	7	87
Delays in care	4	85	15	262
Maternity (New)	1	9	9	9
Environment	1	43	43	43
Privacy and dignity	1	12	12	12

Performance Overview

The top 5 themes during this reporting period were consistent across PALS and complaints functions, with diagnosis and treatment concerns such as inadequate medical / nursing care, appointments, inadequate discharges and a general lack of care being some of the highest reasons contacts had concerns that subsequently became complaints.

Performance fell slightly below the 80% threshold we set ourselves. It was previously reported, last month, that the Trust's performance in August was above 80%, but this position changed due to subsequent retrospective data entries undertaken after the last reporting cycle. There continues to be a handful of overdue complaints awaiting a response from the Trust. Complaints are considered to be overdue when initial deadlines agreed are not met and not renegotiated.

It is noted that majority of the overdue complaints were at Royal London Hospital (due to staff turnover) and Newham Hospital (due to improvements being undertaken with quality of responses at service level). Both are in the process of putting in contingency plans for clearing the backlog and preventing future backlogs.

Responsible Director Update

There is an emphasis on improving the quality of complaints handling and complaints management processes continues through the complaints management improvement group.

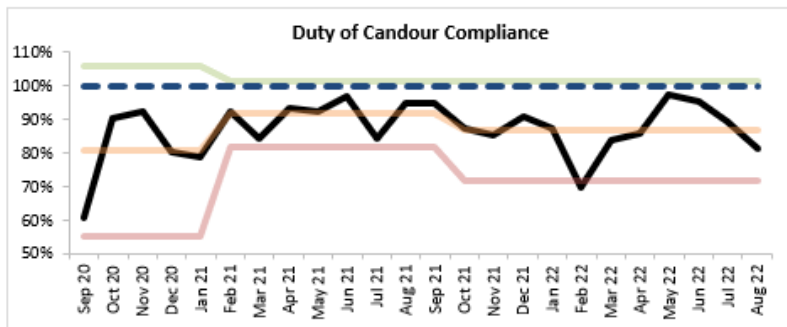
A weekly SITREP is shared with the hospitals in addition to the complaints dashboard to ensure that hospitals have sight of complaints activity in real-time and respond to potential issues with the support of the central team.

With regard to the overdue complaints, of which at the time of reporting there were 18, contingency plans for managing these include: collegial support for Royal London Hospital from the central complaints team and additional training for divisions and services at Newham Hospital to improve the quality of responses received for sign off by hospital executives so there are fewer delays with signing off responses.

CARING

Duty of Candour

Nov-22



Site	No of Apologies	No of Incidents	Compliance
Trust	44	54	81.5%
Newham	16	23	69.6%
Royal London	10	13	76.9%
St Bart's	4	4	100.0%
Whipps Cross	14	14	100.0%
Of Which CSS	0	0	N/A

Performance Overview

Performance across the Group in August slightly declined to 81.5% from 89.5% reported in Jul-22. Year to date performance in 2022/23 is 87.2%.

Given that Duty of Candour is a legal duty the target is 100%. The performance quoted relates to the trust's internal target, rather than reflecting performance against the legal duty. Whipps Cross Hospital and St Bart's Hospital sites managed to discharge the duty on time in August 2022 for all qualifying cases and achieved 100% compliance. Whilst Royal London Hospital managed to achieve 76.9% and Newham Hospital 69.6% compliance.

Responsible Director Update

- There is a significant focus to improve the quality of Duty of Candour letters and regular audits has commenced at site level to monitor this. The Duty of Candour patient information leaflet and policy have been revised and have now been published on the Trust website. The Duty of Candour training pack for staff has been developed and will be available as a Mandatory training module for all registered clinical staff and other key staff involved in the process.
- Quality performance will be monitored via the Safety Committee with the first audit outcome reports expected at the December Safety Committee.

	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	Other	
Infection Control	S10	Clostridium difficile - Infection Rate	●			Sep-22 (m)	<= 16	13.7	12.1	17.2	3.8	25.7	10.0	16.9	-	
	S11	Clostridium difficile - Incidence	●			Sep-22 (m)	<= 10	8	7	60	1	4	1	1	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Sep-22 (m)	<= 0	5	1	11	1	0	0	0	0	
	S77	MSSA Bacteraemias		●		Sep-22 (m)	SPC Breach	6	9	56	5	1	2	1	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●			Sep-22 (m)	<= 20	27	26	156	11	8	3	4	0	●
Incidents	S3	Never Events	●			Sep-22 (m)	<= 0	0	0	3	0	0	0	0	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Sep-22 (m)	<= 0.9%	2.0%	2.0%	1.8%	2.0%	1.8%	1.6%	3.1%	-	
	S45	Falls Per 1,000 Bed Days	●			Sep-22 (m)	<= 4.8	3.1	4.0	3.7	4.0	3.9	3.8	4.7	-	
	S25	Medication Errors - Percentage Causing Harm	●			Sep-22 (m)	<= 4%	3.8%	2.4%	3.5%	2.2%	0.0%	7.0%	2.1%	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Sep-22 (m)	SPC Breach	53.8	53.1	53.8	43.3	62.2	58.7	60.7	-	
	S53	Serious Incidents Closed in Time	●			Sep-22 (m)	>= 100%	23.5%	26.7%	28.2%	0.0%	28.6%	50.0%	50.0%	-	●

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.

SAFE

Domain Scorecard

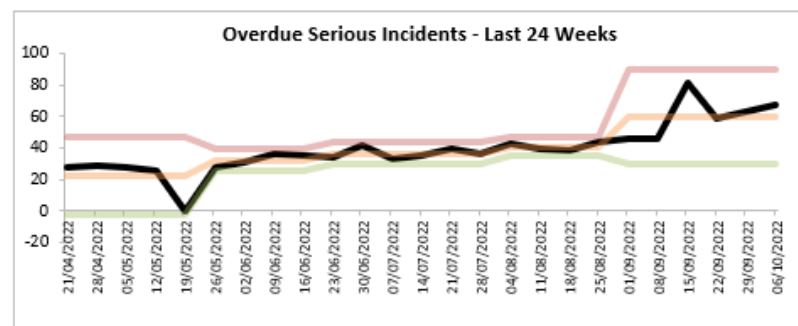
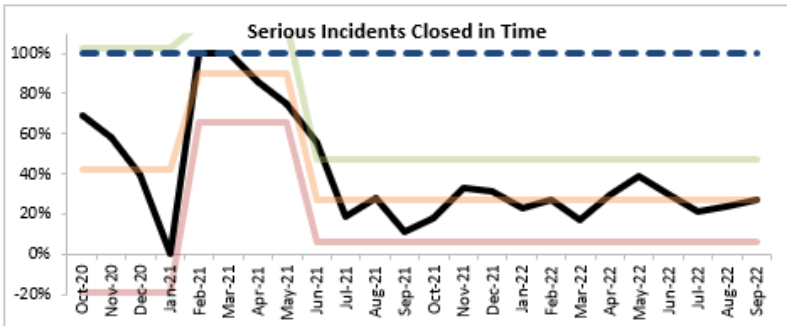
Nov-22

	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	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	●		Sep-22 (m)	<= 0.6	1.0	0.8	1.1	0.9	0.9	0.6	0.8	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Sep-22 (m)	SPC Breach	0.2	0.3	0.2	0.2	0.4	0.3	0.4	-	
	S17	Emergency C-Section Rate				Aug-22 (m)	-	20.9%	22.1%	21.2%	22.2%	20.2%	23.4%	-	-	
	S27	Patient Safety Alerts Overdue	●			Sep-22 (m)	<= 0	1	0	0	-	-	-	-	-	

SAFE

Serious Incidents Closed in Time

Nov-22



Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	35	5
Obstetrics	14	3
Treatment	11	5
Appointments and Clinics	8	0
Medication	5	0

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	21	25	1	67
Obstetrics	15	40	4	96
Treatment	9	55	6	104
Patient Falls	5	44	3	109
Safeguarding Adults	3	43	4	86
Pressure Ulcers	3	11	5	17

Performance Overview

- Trust performance closing serious incidents on time was 26.7% in Sep-22 (RLH – 0%, WXH – 29%, NUH – 50%, SBH – 50%). This is slightly better than reported for the previous few months. However, the performance still remains well below the target of 100%. The year to date performance reported in September 2022 was 28.2%.
- There continues to be a significant increase in the number of overdue investigations by the Trust’s internal standard, notwithstanding the National clock-stop (the clock-stop on current prescribed timeframe of 60 days for completion of a Serious Incident Investigation under the Serious Incident Framework was applied by commissioners in December 2020 and still remains in place).
- The majority of overdue SIs are attributed to the Royal London and Newham Hospital sites.

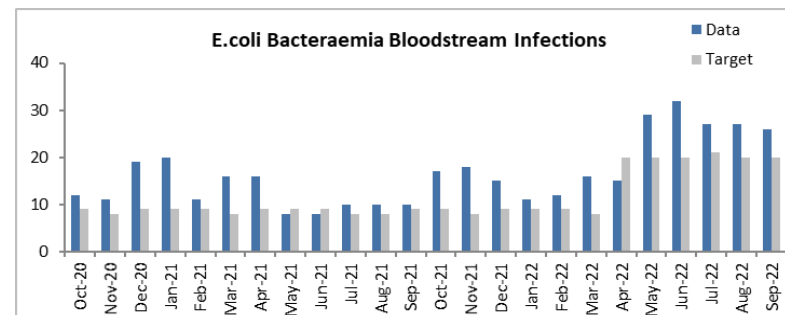
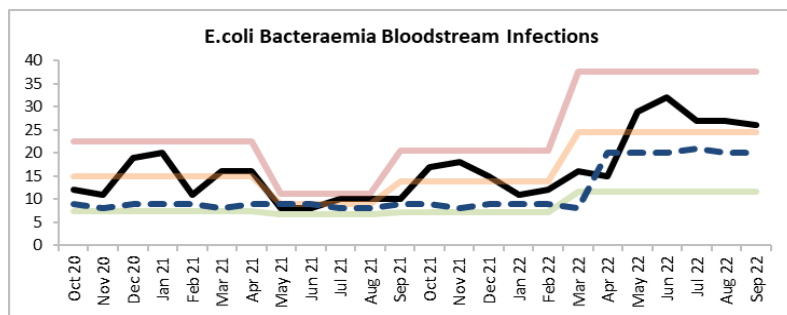
Responsible Director Update

- Focus is currently shifting from compliance with this metric to the implementation of the Patient Safety Incident Response Framework (PSIRF). The PSIRF provides more flexible timeframes for PSIIs. Timeframes for individual PSIIs are to be agreed in consultation with the patient and/or family, although it is suggested that investigations should average three months and never exceed six months.
- Implementation groups is being set up to start work on transitioning from the SI Framework to PSIRF
- The patient safety team are offering targeted support to hospital sites to manage the overdue SIs

SAFE

E.coli Bacteraemia Bloodstream Infections

Nov-22



E.coli Bacteraemia Bloodstream Infections - Highest Locations in Sep-22

Site	Location	Location Main Specialty	This Period
Royal London	A&E	A&E	5
Whipps Cross	A&E	A&E	3
St Bart's	6A Ward	Critical Care	2

E.coli Bacteraemia Bloodstream Infections - Highest Locations in Previous 6 Months

Site	Location	Location Main Specialty	Previous 6 Months	Sep-22
Newham	A&E	A&E	15	1
Royal London	A&E	A&E	11	5
Whipps Cross	A&E	A&E	8	3
St Bart's	5D Ward	Clinical Haematology	7	1
St Bart's	7A Ward	Medical Oncology	4	1
Newham	East Ham Ward	General Surgery	4	1
Royal London	13C Ward	Gastroenterology	4	1
St Bart's	5B Ward	Medical Oncology	4	0

Commentary

The Trust has reported 156 healthcare associated *E.Coli* Bacteraemia bloodstream infections year to 30th September, of these 59 were community onset healthcare associated (COHA) and 97 Hospital onset healthcare associated (HOHA), this is an increase compared to the same period last year when we had 105 incidents. Of these episodes, the cases were evenly distributed based on their bed base: St Bart's Hospital 31 cases, Royal London Hospital 48 cases, Whipps Cross Hospital 45 cases and Newham Hospital 32.

The sources varied by hospital, with many cases linked to upper / lower urinary tract infection, hepatobiliary, intraabdominal sepsis and gut translocation. We do not have any evidence that any cases were linked or transmission occurred.

Cases are reviewed and are discussed with the Microbiologists at our weekly meetings and then at the monthly hospital infection control meetings and we are participating in the NEL catheter passport quality improvement programme.

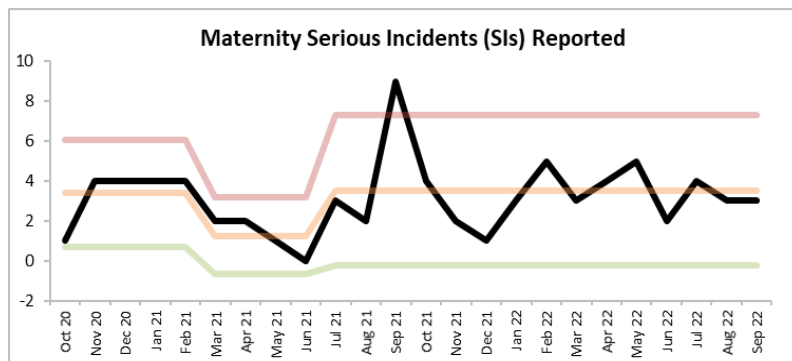
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●			May-22 (m)	<= 100	96	96	96	94	102	106	82	-	
	E3	Risk Adjusted Mortality Index	●			Aug-22 (m)	<= 100	92	92	92	95	91	92	82	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Sep-22 (m)	<= 0.51	0.44	0.89	0.75	1.43	0.25	0.82	0.66	-	

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)

Nov-22



Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	1	1	1	3
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	1	0	0	1
% HSIB Investigations	100.0%	0.0%	0.0%	33.3%

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	19	5	15	39
Intrapartum - Stillbirth	4	1	2	7
Antenatal - Antepartum Stillbirth	5	1	1	7
Neonatal - pH <7.1(arterial) at birth	2	2	2	6
Neonatal - Unanticipated admission to Neonatal unit	4	1	0	5
Maternal admission to ITU	1	0	2	3

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	35	27	79	141
Review / amend processes	6	6	18	30
No actions recorded	14	4	8	26
Other action	1	4	20	25
Education and training	7	3	13	23
Review or update guidelines / documentation	0	4	10	14

Serious Incidents In September

- Three serious incidents were reported in September across our maternity services . One unexpected admission to intensive care and two baby loss. All are being investigated (One by Healthcare Safety Investigation Branch (HSIB) as it meets their criteria)

Improvements in practice to note

- Standardisation of Fetal monitoring competency testing is underway to ensure parity across Barts Health.
- Good momentum in improving closure of SI actions, approval of revised and new guidelines is maintained by Perinatal Network and close working in.

Risks & Issues

- Data quality remains an issue and improvements being overseen by the Maternity Informatics group is leading on. Business Intelligence Unit is providing support whilst the feasibility study is finalised
- Whipps Cross maternity staffing: This is currently on the risk register at 20. The staffing levels are significantly challenged, and specialist midwives and midwifery managers are working clinically to support shifts with very low fill rates. Daily cross site huddles are in place to review planned activity and whether mutual aid can be offered. Where appropriate nurses are being deployed in the postnatal ward to support midwives to focus on midwifery activity.

CQC

- We anticipate the reports for RLH, WXH and Barkentine and Barking Birthing Centre will be published in November.

Nov-22



Finance Report



Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (0.0)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	<p>The Trust has reported to NHS England a (£29.7m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£13.5m), allowance for potential ERF clawback (£10.8m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£5.4m).</p>
	Actual (29.7)		
	Variance (29.7)		
Total Income	Plan 1,042.6	<p>Income £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	<p>Income is (£9.7m) adverse against the year to date plan. NHS Patient Treatment income is (£5.7m) adverse, which is due to Elective Recovery Fund (ERF) under-performance partially offset by an over-performance on high cost drugs. Allowance for clawback of 75% of ERF allocations YTD (£10.8m) by the ICBs has been assumed in the Trust's position reflecting elective underperformance against the 104% target for non-specialised activity for the year to date. Other income is (£4.0m) adverse, with the key shortfalls being due to reduced private patients activity (£2.0m) and reduced COVID19 income for pathology reflecting reduced virus testing per the latest infection control guidance (£2.6m).</p>
	Actual 1,032.8		
	Variance (9.7)		
Total Expenditure	Plan (1,042.6)	<p>Expenditure £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	<p>Expenditure is (£19.9m) adverse against the year to date plan. Site and Services expenditure is (£37.8m) adverse due to the underachievement against the 3% recurrent efficiency savings target, hyper-inflation pressures, high cost drugs costs and the purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first half of 2022/23 remain higher than plan with the key drivers of the adverse variance being non-elective activity pressures, high staff sickness absence due to COVID, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure is £17.9m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.</p>
	Actual (1,062.5)		
	Variance (19.9)		

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 50.7		Capital expenditure to date is £27.6m against a plan of £50.7m which results in an adverse variance of £23.1m for the exchequer funded schemes. This reduces the level of overcommitment in the current year to c16%. The main drivers of the underspending are delays in contractors and legal agreements, mainly at Newham (Fire Programme and Newham Modular Build - combined total £9.7m). Other significant underspends include PFI medical equipment replacement (£1.6m) due to delayed variation responses and purchase of a 2nd CT scanner (£2.1m) due to unforeseen structural defects, for both these schemes expenditure is still expected to be delivered in this financial year. The slippage on the WXH redevelopment enabling works (£3.0m), due to delay in approval of the business case, mean expenditure for this scheme will move into the next financial year.
	Actual 27.6		
	Variance (23.1)		
Cash	Plan 80.0		Cash balances are higher than plan because of the higher closing cash balance of £86.7m in March 2022, lower capital expenditure and other movements in working capital.
	Actual 113.0		
	Variance 33.0		

Key Issues

The Trust is reporting a year to date adverse variance of (£29.7m), which is mainly due to the impact of unfunded hyper-inflation pressures, slippage on efficiency savings plans and allowance for potential ERF clawback by ICBs.

Key Risks & Opportunities

The key financial challenges for the Trust in achieving its balanced plan for this financial year include:

- Hyper-inflation pressures in excess of that allowed for within the national tariff cost uplift factor. The Trust is actively engaging with the ICB and other system partners to resolve recurrent funding for these pressures.
- Performance against the Elective Recovery 104% target and any associated funding clawback for underperformance by ICBs and NHSE.
- Ensuring improvements in productivity in order to deliver the 3% efficiency savings target set within Sites and Services budgets.
- Delivery against the NHS England target to reduce agency expenditure reduction by at least 10% compared to 2021/22 outturn and eliminate the use of off-framework agency by December 2022.
- Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

**INCOME &
EXPENDITURE**

Income & Expenditure - Trustwide

Nov-22

21/22 YTD		In Month				Year to Date			Annual
Prev Yr	Actual	Plan	Actual	Variance		Plan	Actual	Variance	Plan
		<i>Emillions</i>							
Income									
741.8		140.4	142.7	2.3	●	786.3	783.8	(2.5)	1,580.3
1.4		0.6	0.1	(0.4)	●	3.4	1.5	(1.9)	6.8
57.4		10.7	10.1	(0.6)	●	64.3	61.2	(3.1)	124.0
800.7		151.7	153.0	1.3	●	854.1	846.6	(7.5)	1,711.1
Operating Expenditure									
(527.7)		(110.9)	(110.4)	0.4	●	(558.8)	(571.0)	(12.2)	(1,114.4)
(92.2)		(15.3)	(18.9)	(3.6)	●	(92.5)	(103.0)	(10.5)	(185.2)
(61.2)		(14.8)	(15.5)	(0.7)	●	(81.6)	(83.7)	(2.1)	(163.5)
(151.8)		(24.0)	(26.6)	(2.6)	●	(145.8)	(158.8)	(13.1)	(292.9)
(832.8)		(165.0)	(171.5)	(6.4)	●	(878.7)	(916.5)	(37.8)	(1,756.1)
(32.1)		(13.4)	(18.5)	(5.1)	●	(24.6)	(69.9)	(45.3)	(44.9)
(31.1)		(4.5)	(4.1)	0.4	●	(27.3)	(26.2)	1.1	(54.6)
(0.0)		-	(0.2)	(0.2)	●	-	0.0	0.0	-
(0.0)		0.0	-	(0.0)	●	0.0	0.0	(0.0)	0.0
59.6		11.4	10.1	(1.2)	●	61.5	58.3	(3.2)	115.7
3.4		0.6	0.5	(0.0)	●	3.4	3.6	0.3	6.8
(6.5)		0.1	(0.6)	(0.7)	●	1.3	7.7	6.5	2.5
(14.3)		4.8	6.8	2.0	●	(14.1)	(3.3)	10.8	(24.4)
(21.0)		(1.1)	(6.0)	(5.0)	●	0.1	(29.8)	(29.9)	1.0
(27.5)		(5.9)	(5.9)	0.0	●	(35.1)	(35.1)	0.0	(70.9)
(32.3)		(5.7)	(5.6)	0.1	●	(35.1)	(34.8)	0.3	(70.2)
(6.7)		(0.9)	(0.9)	0.0	●	(5.3)	(5.3)	0.0	(10.7)
(87.4)		(13.6)	(18.4)	(4.8)	●	(75.4)	(105.1)	(29.7)	(150.8)
87.5		13.6	13.6	-	●	75.4	75.4	-	150.8
0.1		0.0	(4.8)	(4.8)	●	(0.0)	(29.7)	(29.7)	(0.0)
0.1			0.0				0.1		
-			-				-		
(0.9)			0.7				0.8		
-			-				-		
(0.8)			(4.1)				(28.8)		

21/22 YTD	Programme Area	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan submitted NHSL June 22	Trust approved forecast programme	Variance	%
Prev Yr Actual	Emillions												
3.8	Equipment (Medical and Other)	2.1	0.0	2.1	99 %	12.1	2.2	9.9	82 %	23.9	17.2	6.7	28 %
3.2	Informatics	0.6	0.3	0.3	43 %	4.3	1.2	3.2	73 %	6.9	5.5	1.4	21 %
12.5	Estates	0.6	3.0	(2.4)	(371)%	5.3	10.8	(5.5)	(103)%	8.8	39.2	(30.4)	(343)%
6.9	New Build and Site Vacations	3.3	1.8	1.5	46 %	15.2	3.4	11.8	78 %	30.7	29.3	1.3	0.0
4.3	PFI Lifecycle Assets	0.8	0.9	(0.0)	(1)%	5.2	5.2	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%
0.0	New Build - Diagnostics	0.1	-	0.1	100 %	0.1	-	0.1	100 %	6.6	6.6	(0.0)	(0)%
0.0	Equipment - clinical diagnostics	-	-	-	- %	-	-	-	- %	0.8	0.8	-	- %
0.0	Finance Lease	3.6	-	3.6	100 %	8.4	4.8	3.6	42 %	8.6	8.6	-	(0)%
30.8	Total Exchequer programme	11.2	6.1	5.2	46 %	50.7	27.6	23.1	46 %	96.6	117.5	(20.9)	(0.0)
-													
30.8	Total Trust Funded Assets	11.2	6.1	5.2	46 %	50.7	27.6	23.1	46 %	96.6	117.5	(20.9)	(22)%
1.2	Donated	0.9	0.7	0.2	25 %	5.8	2.1	3.7	64 %	9.9	9.9	(0.0)	(0)%
32.0	Total Capital Expenditure	12.1	6.7	5.4	44 %	56.5	29.7	26.8	47 %	106.6	127.5	(20.9)	(20)%

Key Messages

The current approved exchequer forecast is £117.5m with a plan overcommitment is £20.9m (unchanged from last month) against the funded plan.

*The overcommitment of £20.9m noted above does not include the £10.4m payment for IFRIC 12 (a payment relating to the PFI).

Capital Funding

To date the Trust has secured total £12.7m of PDC funds for 2022/23 including funding TIF bids NUH Mothballed Theatres - £5.2m; £2m in FY22 and SBH ITU Expansion - £12.4m; £1.04m in FY22). Discussions continue with NHS London to secure funding to support the over committed schemes and for the third TIF scheme - Newham Modular Build which was not initially approved. The Trust is also submitting bids for centrally released funding for items such as diagnostic equipment, elective recovery, and digital transformation as the opportunities arise.

Capital Expenditure

Expenditure in M6 is £6.1m against the original phased plan of £11.2m, an adverse variance of £5.2m. The cumulative expenditure at M6 is £27.6m against a plan of £50.7m, an adverse variance of £23.1m for the exchequer funded schemes. The significant underspend to date helps manage the level of overcommitment since the start of the year. The variance can be attributed to factors including the slow start of schemes such as NUH 2nd CT (£2.1m), delays experienced in major schemes such as WXH Redevelopment (£3m) due to uncertainties around national funding, contractor related delays Newham Fire Programme (£2.9m) and delay with the PFI legal agreement on the Newham Modular Build (£6.9m).

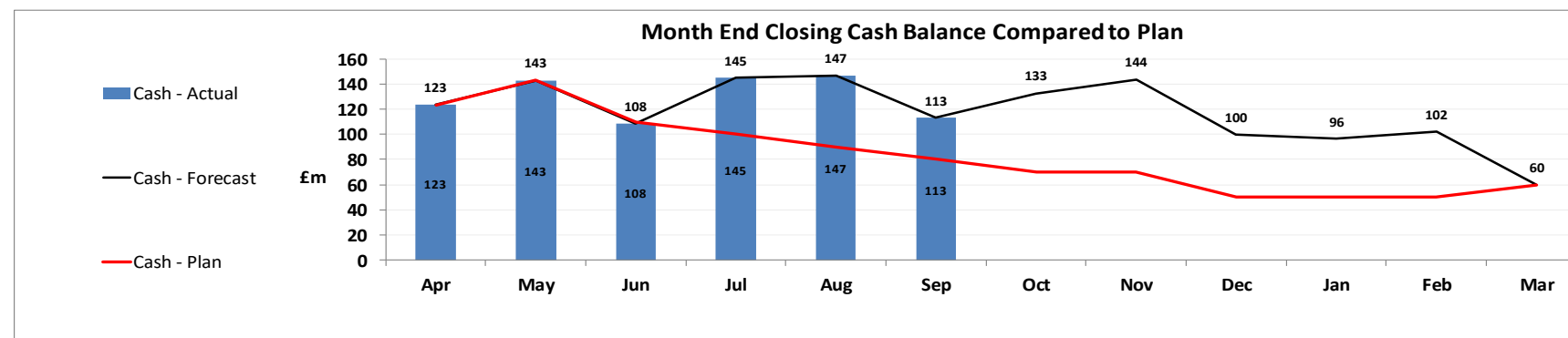
A refreshed forecast will be presented to October ISC for consideration; it will need to be carefully managed to avoid commitments into the new financial year. More work is needed to manage the spend and financial risk to the year end whilst delivering on key capital programmes.

There is also a £9.9m programme funded by charitable donations; expenditure to date against donated schemes is £2.1m with an adverse variance of £3.7m to plan. The largest underspend is for Mile End Hospital Renal Unit (£1.5m) due to delays in design layouts and commencement of the fit out.

Capital Funding

	Capital Plan	Secured/ Drawdown	Not Secured/ Drawdown	% Secured
Gross Depreciation	60.8	60.8	-	100 %
IFRS 16 depreciation	9.9	9.9	-	100 %
Repayment of PFI principal	(25.3)	(25.3)	-	100 %
Repayment of Loans / Other Finance Leases	(1.8)	(1.8)	-	100 %
Repayment Other Finance Leases (IFRS16)	(9.7)	(9.7)	-	100 %
Net Depreciation	33.8	33.8	-	100 %
CRL (not cash backed)	18.5	-	18.5	- %
EFA	-	-	-	- %
Additional CRL from London Region(not cash backed)	-	-	-	- %
IFRS16 CRL adjustment	8.58	-	8.6	- %
PDC: WXH Redevelopment core programme team	1.82	1.1	0.8	58 %
PDC: WXH Redevelopment NHP Development costs	1.16	-	1.2	- %
Specific PDC: WXH Enabling works	6.00	-	6.0	- %
PDC- TIF NUH Modular Build BC932	14.90	-	14.9	- %
PDC- Mothballed NUH Theatres	2.00	2.0	-	100 %
PDC - ITU Expansion SBH	1.04	1.0	-	100 %
PDC - Digital cyber	0.22	-	0.2	- %
PDC - NUH 2nd CT	1.2	1.2	-	100 %
PDC - MEH CDC	6.6	6.6	-	100 %
PDC - MRI Acceleration Upgrades	0.8	0.8	-	100 %
Planned Capital exc. Donated	96.6	46.5	50.1	48 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	96.6	46.5	50.1	48 %
Donated	9.9	2.1	7.9	21 %
Planned Capital inc. Donated	106.6	48.6	58.0	46 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(20.9)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(31.3)			

Emillions	Actual						Forecast						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	86.7	123.4	143.0	108.4	144.8	146.8	113.0	132.8	143.9	99.7	96.4	101.9	86.7
Cash inflows													
Healthcare contracts	161.5	156.5	150.9	159.3	160.5	173.1	152.4	151.2	151.2	151.2	151.2	173.3	1,892.3
Other income	23.5	37.0	16.5	40.5	25.7	13.4	54.0	22.7	16.5	26.7	22.1	32.9	331.5
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	10.4	10.8	-	-	8.5	29.7
Total cash inflows	185.0	193.5	167.4	199.8	186.2	186.5	206.4	184.3	178.5	177.9	173.3	214.7	2,253.5
Cash outflows													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(56.4)	(66.8)	(57.7)	(57.3)	(60.3)	(57.3)	(57.3)	(60.4)	(699.6)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(52.6)	(44.0)	(44.0)	(44.0)	(44.0)	(44.0)	(504.2)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(105.0)	(67.4)	(65.5)	(108.4)	(72.4)	(57.8)	(109.0)	(965.2)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(2.0)	(8.9)	(6.4)	(10.0)	(7.5)	(8.7)	(37.9)	(100.5)
Dividend and Interest payable	-	-	-	-	-	(5.4)	-	-	-	-	-	(5.3)	(10.7)
Total cash outflows	(148.3)	(173.9)	(202.0)	(163.4)	(184.2)	(220.3)	(186.6)	(173.2)	(222.7)	(181.2)	(167.8)	(256.6)	(2,280.2)
Net cash inflows / (outflows)	36.7	19.6	(34.6)	36.4	2.0	(33.8)	19.8	11.1	(44.2)	(3.3)	5.5	(41.9)	(26.7)
Closing cash at bank - actual / forecast	123.4	143.0	108.4	144.8	146.8	113.0	132.8	143.9	99.7	96.4	101.9	60.0	60.0
Closing cash at bank - plan	123.4	143.0	110.0	100.0	90.0	80.0	70.0	70.0	50.0	50.0	50.0	60.0	60.0



Key Messages

Cash balances are higher than plan because of the high closing cash balance of £86.7m in March 2022 and other movements in working capital, including lower capital spend.

21/22		Actual						Forecast						21/22 v 22/23
31 Mar 2022	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,430.8	Property, plant and equipment	1,427.8	1,467.3	1,463.8	1,461.1	1,460.4	1,461.0	1,485.1	1,490.2	1,493.1	1,494.5	1,495.1	1,502.3	71.5
0.2	Intangible assets	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	(0.1)
15.1	Trade and other receivables	15.1	17.3	17.2	17.2	17.2	17.1	17.2	17.2	17.2	17.1	17.1	17.1	2.0
1,446.1	Total non-current assets	1,443.1	1,484.8	1,481.2	1,478.5	1,477.7	1,478.2	1,502.4	1,507.5	1,510.4	1,511.7	1,512.3	1,519.4	73.4
	Current assets:													
24.3	Inventories	26.2	25.7	25.7	25.9	26.3	27.1	24.0	24.0	24.0	24.0	24.0	24.0	(0.3)
127.6	Trade and other receivables	99.2	74.4	111.4	86.2	63.6	93.1	72.3	57.5	88.1	83.0	74.4	119.5	(8.1)
86.7	Cash and cash equivalents	123.4	143.0	108.4	144.8	146.8	113.0	132.8	143.9	99.7	96.4	101.9	60.0	(26.7)
238.6	Total current assets	248.8	243.1	245.5	256.9	236.7	233.2	229.1	225.4	211.8	203.4	200.3	203.5	(35.1)
1,684.7	Total assets	1,691.9	1,727.9	1,726.7	1,735.4	1,714.4	1,711.4	1,731.5	1,732.9	1,722.2	1,715.1	1,712.6	1,722.9	38.3
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(264.7)	(270.7)	(249.5)	(250.2)	(217.1)	(220.4)	(217.5)	(246.0)	(7.1)
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	15.9
(27.1)	Liabilities arising from PFIs / Finance Leases	(27.1)	(36.8)	(36.9)	(36.9)	(36.9)	(36.9)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.4)	(9.3)
(284.7)	Total current liabilities	(299.9)	(311.7)	(317.3)	(333.5)	(320.3)	(326.3)	(289.1)	(289.8)	(256.7)	(260.0)	(257.1)	(285.2)	(0.5)
(46.1)	Net current (liabilities) / assets	(51.1)	(68.6)	(71.8)	(76.6)	(83.6)	(93.1)	(60.0)	(64.4)	(44.9)	(56.6)	(56.8)	(81.7)	(35.6)
1,400.0	Total assets less current liabilities	1,392.0	1,416.2	1,409.4	1,401.9	1,394.1	1,385.1	1,442.4	1,443.1	1,465.5	1,455.1	1,455.5	1,437.7	37.8
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)	(6.1)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	0.3
(917.6)	Liabilities arising from PFIs / Finance Leases	(915.9)	(945.3)	(940.6)	(938.5)	(936.3)	(931.3)	(931.1)	(931.1)	(921.9)	(921.9)	(921.9)	(913.1)	4.5
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
(924.1)	Total non-current liabilities	(922.1)	(951.8)	(947.1)	(945.0)	(942.8)	(937.9)	(937.3)	(937.3)	(928.1)	(928.1)	(928.1)	(919.2)	4.8
475.9	Total Assets Employed	469.9	464.4	462.3	456.9	451.3	447.2	505.1	505.8	537.4	527.0	527.4	518.5	42.6
	Financed by:													
	Taxpayers' equity													
1,048.3	Public dividend capital	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,072.7	1,072.7	1,093.1	1,093.1	1,093.1	1,084.0	35.7
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(898.9)	(903.0)	(869.5)	(868.8)	(857.6)	(868.0)	(867.6)	(867.4)	6.9
301.9	Revaluation reserve	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	0.0
475.9	Total Taxpayers' Equity	469.9	464.4	462.3	456.9	451.3	447.2	505.1	505.8	537.4	527.0	527.4	518.5	42.6

Nov-22



People Report



Barts Health

Group	Indicator	Targets	Performance		YTD	Sep-22 (Site)			
		Target	Aug-22	Sep-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	100.8%	100.7%	-	102.4%	102.1%	101.1%	101.3%
	Staff in Post - Actual	>=Plan	16,715	16,734		6,258	2,864	2,083	2,717
	Staff in Post - Plan	-	16,877	16,965	-	6,269	3,001	2,161	2,707
	Bank WTE - Actual	<=Plan	2,142	2,084		737	490	366	293
	Bank WTE - Plan	-	1,942	1,914	-	807	325	290	244
	Agency WTE - Actual	<=Plan	798	775		228	243	174	88
	Agency WTE - Plan	-	572	547	-	190	140	94	40
	Total Staffing - Actual	<=Plan	19,656	19,593	-	7,223	3,597	2,623	3,099
Total Staffing - Plan	-	19,391	19,427	-	7,266	3,466	2,544	2,991	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	89.9%	89.9%	-	93.1%	85.4%	84.9%	91.9%
	Substantive Fill Rate - Plan	-	91.5%	91.9%	-	92.6%	91.7%	90.8%	93.4%
	Unconditional Offers - Actual	>=Plan	516	540	1,522	245	77	52	85
	Unconditional Offers - Plan	-	382	381	1,505	155	63	43	71
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	46.1%	30.1%	-	28.9%	29.6%	40.0%	22.2%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	21.8%	22.6%	-	14%	30%	31%	14%
	Additional Duty Hours (Nursing)	-	84,794	94,444	-	37,799	26,743	17,666	11,776
Diversity	% of BME Staff at Band 8a to VSM	-	36.2%	36.1%		32%	43%	53%	24%

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

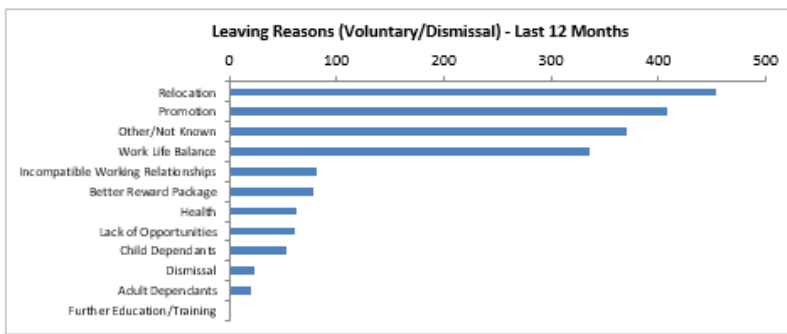
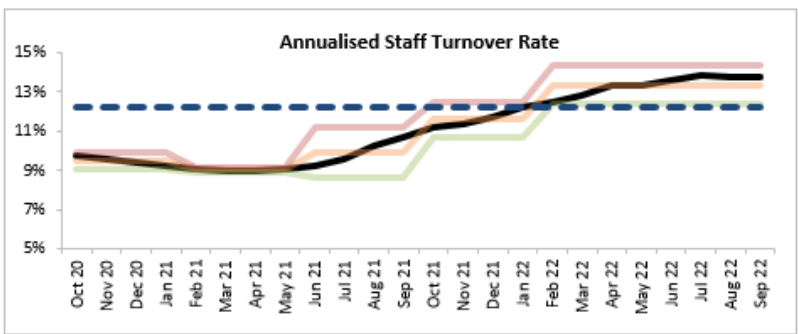
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
People	W19	Turnover Rate	●			Sep-22 (m)	<= 12.25%	13.75%	13.72%	13.72%	14.88%	12.41%	11.67%	14.14%	13.36%	●
	OH7	Proportion of Temporary Staff	●			Sep-22 (m)	<= 11.3%	15.0%	14.6%	14.5%	13.4%	20.4%	20.6%	12.3%	7.8%	●
	W20	Sickness Absence Rate	●			Aug-22 (m)	<= 3%	5.30%	5.27%	5.27%	5.38%	5.48%	5.66%	4.41%	5.43%	
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	●			Sep-22 (m)	>= 85%	86.1%	84.9%	84.4%	83.9%	87.3%	82.1%	87.5%	84.0%	
	W11	Mandatory and Statutory Training - National	●	●		Sep-22 (m)	>= 85%	85.5%	84.6%	83.7%	83.2%	87.2%	84.5%	86.4%	83.6%	●
	W29	Appraisal Rate - Non-Medical Staff	●			Aug-22 (m)	>= 90%	51.1%	51.1%	51.1%	51.4%	50.2%	51.4%	55.5%	48.0%	
	W30	Appraisal Rate - Medical Staff	●			Sep-22 (m)	>= 85%	83.9%	82.3%	82.3%	81.5%	84.9%	83.9%	84.4%	15.0%	

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

Turnover Rate

Nov-22



Site	Staff Group	6 Months Ago			Sep-22			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	365	2,143	17.01%	388	2,140	18.15%	1.14%
Other	Administrative and Clerical	134	1,269	10.52%	172	1,295	13.25%	2.72%
St Bart's	Nursing and Midwifery Registered	140	910	15.38%	139	890	15.59%	0.21%
Royal London	Additional Clinical Services	100	866	11.56%	119	892	13.38%	1.83%
Whipps Cross	Nursing and Midwifery Registered	117	1,030	11.31%	119	1,016	11.72%	0.42%

Performance Overview

- Trust turnover remains at 13.7%
- Newham increased to 11.7% from 11.4% in August
- St Bartholomew's decreased to 14.1% from 14.5% in August
- The Royal London increased to 14.9% from 14.7% in August
- Whipps Cross decreased to 12.4% against 12.8% in August
- Nursing and Midwifery had the highest leavers in the last 12 months at 772 WTE and has turnover rate 18.2%. With 388 WTE leaving the Royal London in the last 12 months

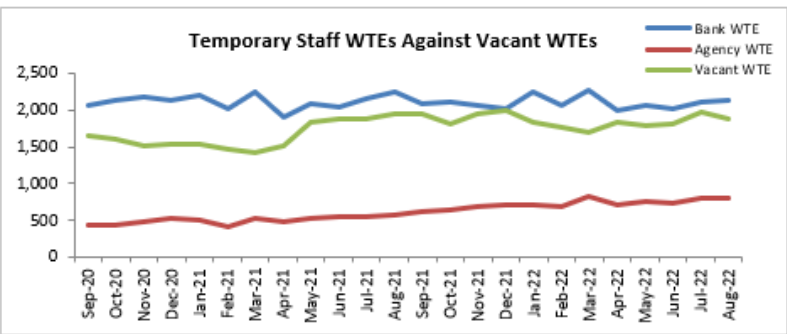
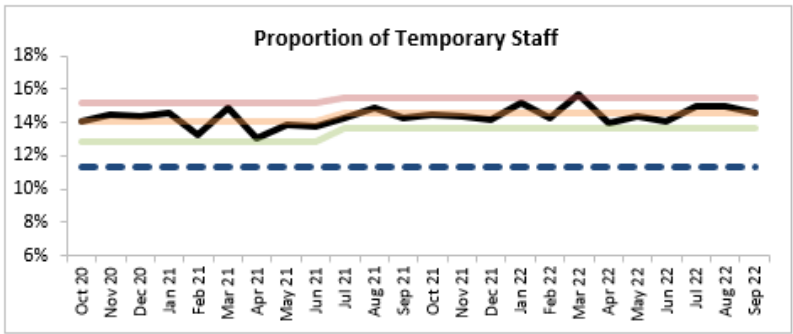
Responsible Director Update

- Focus and priorities still given to recruitment especially in the hot spot nursing area's (Critical care, Theatres), and Midwifery
- International Recruitment is being expanding to include Midwifery

WELL LED

Proportion of Temporary Staff

Nov-22



Proportion of Temporary Staff by Site								
Site	Staff Group	Average of Previous 6 Months			Sep-22			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	948	7,178	13.2%	966	7,223	13.4%	0.2%
Whipps Cross	All Staff Groups	726	3,596	20.2%	733	3,597	20.4%	0.2%
Newham	All Staff Groups	543	2,619	20.7%	540	2,623	20.6%	-0.1%
St Bart's	All Staff Groups	389	3,090	12.6%	382	3,099	12.3%	-0.3%
CSS	All Staff Groups	21	248	8.4%	21	241	8.5%	0.1%
Other	All Staff Groups	230	2,818	8.2%	219	2,810	7.8%	-0.4%

Performance Overview

- Proportion of Temp staff Trust Wide is currently 14.6% down from 15.0% in August
- 81 WTE reduction in Temp staff usage
- The highest proportion of Bank and Agency usage for Sept-22 is at Newham 20.6% which is the same as in August
- Whipps Cross: Reduced to 20.4% from 20.8% in August
- RLH: Reduced to 13.4% from 13.5% in August
- St Barts: Decreased to 12.3% from 12.9% in August
- GCS : Increased to 8.5% from 6.3% in August

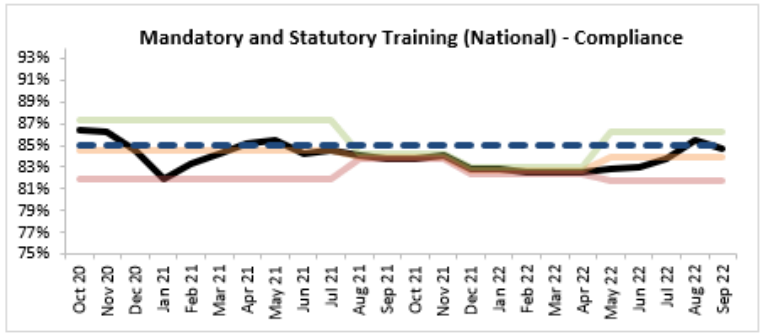
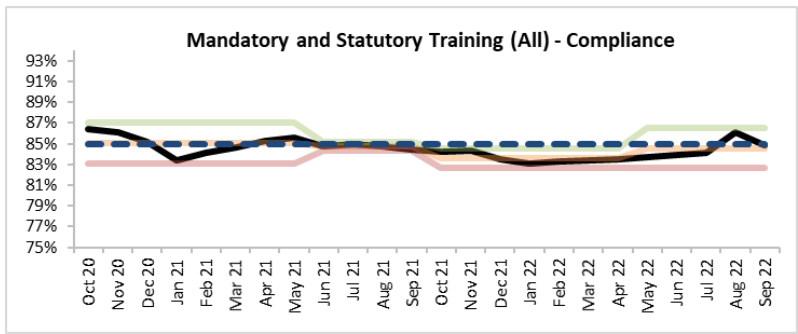
Responsible Director Update

- In preparation for Winter, work to both increase the size of the bank and the level of take up of shifts by bank staff has been a priority focus
- The Trust is working in partnership with other NEL trusts to reduce reliance on high cost agency workers

WELL LED

Mandatory and Statutory Training

Nov-22



Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Sep-22	
	Compliance	Compliance	Staff Non-Compliant
Dental Management Team	84.2%	83.6%	92
A & E Helicopter Service	80.0%	75.3%	46
Clinical Virology	82.9%	54.0%	10
Diabetes	111.9%	73.5%	8
Blood Tracking Charity Grant (MGUO602)	50.9%	48.0%	6

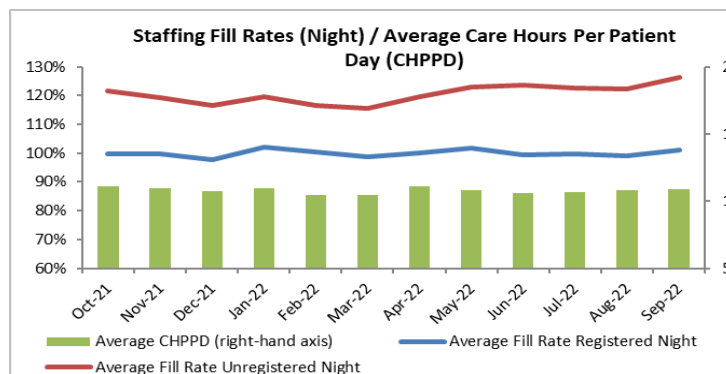
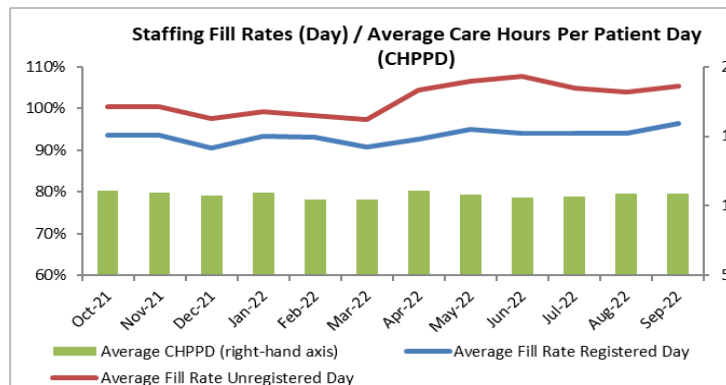
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Trust-wide compliance against the 11 Core Skills Training Framework subjects has improved over the past month and currently stands at 85.6%. This is currently above the Trust target of 85% and compliance rates now appear to be increasing. Overall training compliance across all subjects has also improved. Fire safety compliance rates have dipped over the past month but remains above the 85% target. The Pathology Partnership improvement has continued over the past month with overall compliance reaching the current Trust average. Face to face training subjects, Resuscitation and moving and handling, have shown an increase in compliance over the past month due to restrictions on training venues being relaxed. 	<ul style="list-style-type: none"> A full review of the Trust training needs analysis(TNA) is to be undertaken by the new Statutory and Mandatory training lead. This is expected to take at least 9-12 months whilst materials are reviewed and updated. Work is being undertaken with Bank Partners to review the current process and update materials where necessary. Safeguarding adults level 3 has now been introduced but will not be reported in the main compliance figures for a year. This is in line with the intercollegiate document for safeguarding adults. There have been changes to the safeguarding children TNA to meet the guidance in the intercollegiate document for safeguarding children. This has affected compliance rates for safeguarding children level 2 and 3. All staff receive monthly emails to alert them of subjects where they are non compliance or compliance is due to lapse in the next three months.

SAFE STAFFING

Safe Staffing

Nov-22

- There was an upward trend in average combined fill rates for September, achieving above 96.% for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) on both day and night shifts.
- Overall Care Hours Per Patient Day (CHPPD) remained stable at 10.9, which is in line with the previous four months.
- Staffing gaps identified were mitigated by the redeployment of staff across units and by senior staff and Practice Development Nurses undertaking clinical duties as required.
- Continued pressure in all the maternity units, proactively managed through moving staff to match demand, augmenting establishments with RNS where clinically appropriate and by senior and specialist staff working clinical shifts. Elective activity prioritised according to dynamic risk assessments and flexing of units to concentrate staffing resources.
- St Bart's average fill rates rose to achieve above 92% for RNs and HCAs on both day and night shifts. Average CHPPD were 12.1 which his higher than for the other sites, reflecting the higher proportion of critical care and specialist beds. Twice daily staffing meetings held, staff redeployed as needed to match patient need.
- Whipps Cross overall fill rates above 90% against plan, although lower fill rates reported in individual areas. High vacancy factor in paediatrics and maternity was reported; with recruitment in process and staff in the pipeline, this should improve. Additional workload absorbed by wider team, with maternity flexing units to ensure safe staffing.
- NUH similarly faced pressures in maternity services, mitigating risk as described above.
- RLH faced staffing pressure in maternity and paediatrics. Maternity pressures managed as described above. Paediatrics challenged by reliance on temporary staff, skill mix and unaccompanied children necessitating increased social and observational care. Staff redeployed across the units in line with need.
- A total of 10 Red flag incidents were reported across the Trust. 5 were at NUH and 5 at RLH. They were responded to in real time and actions put in place to prevent harm.
- The relatively low number of Red Flag incidents has been noted. Work is underway to improve knowledge and awareness to ensure reporting is robust.



Site	Staffing Figures by Site - Sep-22					Safe Staffing Red Flag Incidents
	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	96.4%	105.3%	101.2%	126.2%	10.9	10
Royal London	100.2%	103.6%	106.5%	138.1%	10.6	5
Whipps Cross	94.2%	115.4%	98.3%	128.2%	10.4	0
Newham	95.5%	96.4%	100.8%	111.2%	10.6	5
St Bart's	92.3%	97.5%	94.4%	112.7%	12.9	0

Nov-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

Sub-Section	Metric	Description	Notes
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	Contracted substantive WTE (plus Bank and Agency, less maternity leave) as a % of total budgeted WTE	The target is <= 100% but the figure is also of concern if it falls too far below 100% so an amber rating is applied if the figure is < 95%
Planned vs Actual WTE	Staff in Post - Actual	Substantive staff in post - actual	
Planned vs Actual WTE	Staff in Post - Plan	Substantive staff in post - plan	
Planned vs Actual WTE	Bank WTE - Actual	Bank Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Total Staffing - Actual	Substantive staff in post plus bank WTE plus agency WTE (actual)	
Planned vs Actual WTE	Total Staffing - Plan	Substantive staff in post plus bank WTE plus agency WTE (plan)	
Recruitment Plans	Substantive Fill Rate - Actual	Percentage of substantive staff in post against the substantive and locum establishment - actual	
Recruitment Plans	Substantive Fill Rate - Plan	Percentage of substantive staff in post against the substantive and locum establishment - plan	
Recruitment Plans	Unconditional Offers - Actual	Offers achieved	
Recruitment Plans	Unconditional Offers - Plan	Offers planned	
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	Percentage of rosters fully approved between 42 and 70 days in advance of the roster starting, for units with 20 WTE or more	Based on the week in which the roster was due to be approved
Rosters	Nursing Roster Quality - % Blue or Cloudy Sky	Percentage of rosters with good data quality based on 6 domains such as budget, safety, annual leave, etc. "Blue Sky" and "Cloudy Sky" rosters meet 5 or 4 of the domains respectively	Based on the week in which the roster was due to be approved
Rosters	Additional Duty Hours (Nursing)	Total nursing additional duty hours	No target can be set due to the nature of this metric
Diversity	% of BME Staff at Band 8a to VSM	Percentage of whole time equivalent staff from band 8a to very senior managers (VSM) who are black and minority ethnic	

Nov-22



Appendix



APPENDIX Interpretation of Scorecards Nov-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)

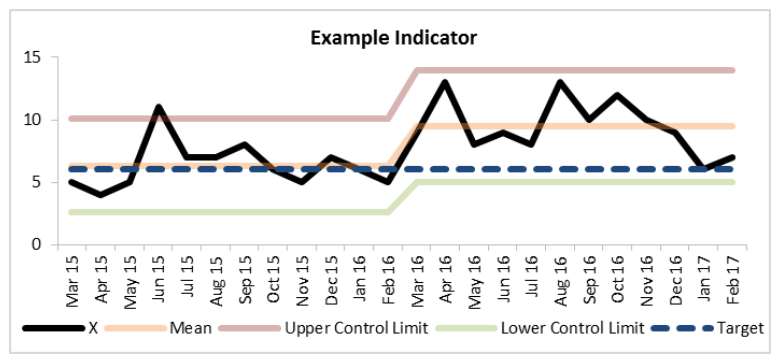
Reporting month target for reporting site

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

Nov-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	10E RLH	2,133.0	2,015.8	1,071.0	1,221.5	1,759.5	1,818.5	701.5	1,311.0	94.5%	114.1%	103.4%	186.9%	701	5.5	3.6	9.1
Royal London	10F RLH	1,113.0	1,355.5	750.0	708.0	1,023.5	1,271.0	682.0	550.5	121.8%	94.4%	124.2%	80.7%	497	5.3	2.5	7.8
Royal London	11C RLH	2,841.0	2,525.5	1,420.0	1,403.0	2,852.0	2,795.0	711.0	759.0	88.9%	98.8%	98.0%	106.8%	728	7.3	3.0	10.3
Royal London	11E & 11F AAU	3,919.5	4,033.0	1,780.5	1,894.0	3,921.5	4,370.0	1,426.0	1,862.2	102.9%	106.4%	111.4%	130.6%	1,436	5.9	2.6	8.5
Royal London	12C RLH	1,883.0	1,987.8	1,419.0	1,448.5	1,828.5	2,023.6	1,069.5	1,265.5	105.6%	102.1%	110.7%	118.3%	812	4.9	3.3	8.3
Royal London	12D RLH	1,420.0	2,229.3	711.0	748.0	1,426.0	2,363.0	356.5	483.0	157.0%	105.2%	165.7%	135.5%	501	9.2	2.5	11.6
Royal London	12E RLH	2,794.5	2,734.0	1,426.0	1,445.5	2,495.5	2,517.8	1,426.0	1,588.5	97.8%	101.4%	100.9%	111.4%	724	7.3	4.2	11.4
Royal London	12F RLH	2,032.5	1,955.0	1,779.5	1,909.0	1,771.0	2,012.5	1,782.5	1,863.0	96.2%	107.3%	113.6%	104.5%	811	4.9	4.7	9.5
Royal London	13C RLH	1,935.0	2,739.0	709.0	1,026.5	1,426.0	2,610.5	713.0	1,368.5	141.6%	144.8%	183.1%	191.9%	792	6.8	3.0	9.8
Royal London	13D RLH	1,771.5	1,859.5	713.0	805.0	1,426.0	1,586.0	713.0	943.0	105.0%	112.9%	111.2%	132.3%	712	4.8	2.5	7.3
Royal London	13E RLH	2,047.0	2,161.5	721.5	724.5	1,679.0	1,955.0	713.0	966.0	105.6%	100.4%	116.4%	135.5%	739	5.6	2.3	7.9
Royal London	13F RLH	1,791.0	2,391.8	971.5	954.5	1,771.0	2,253.0	713.0	1,138.5	133.5%	98.3%	127.2%	159.7%	626	7.4	3.3	10.8
Royal London	14E RLH	1,688.5	1,725.0	1,104.0	1,207.5	1,426.0	1,506.5	1,069.5	1,357.0	102.2%	109.4%	105.6%	126.9%	767	4.2	3.3	7.6
Royal London	14F RLH	1,863.0	1,438.5	1,447.0	1,181.0	1,426.0	1,403.0	1,104.0	1,219.0	77.2%	81.6%	98.4%	110.4%	758	3.7	3.2	6.9
Royal London	3D RLH	3,195.5	3,085.5	2,038.0	1,862.0	3,208.5	3,500.0	1,782.5	2,127.5	96.6%	91.4%	109.1%	119.4%	1,108	5.9	3.6	9.5
Royal London	3E RLH	2,136.0	1,886.0	713.0	883.5	1,748.0	1,750.0	713.0	793.5	88.3%	123.9%	100.1%	111.3%	769	4.7	2.2	6.9
Royal London	3F RLH	1,587.0	1,414.5	1,058.0	975.0	1,069.5	1,468.5	713.0	690.0	89.1%	92.2%	137.3%	96.8%	282	10.2	5.9	16.1
Royal London	4E RLH	14,934.3	14,953.2	724.5	2,098.5	15,352.5	15,306.5	356.5	1,988.3	100.1%	289.6%	99.7%	557.7%	1,284	23.6	3.2	26.7
Royal London	6C RLH	3,566.5	2,756.2	356.5	299.0	3,565.0	2,641.3	356.5	299.0	77.3%	83.9%	74.1%	83.9%	183	29.5	3.3	32.8
Royal London	6E & 6F RLH	5,299.3	5,094.8	1,424.0	1,173.0	5,347.5	4,893.0	1,069.5	966.0	96.1%	82.4%	91.5%	90.3%	845	11.8	2.5	14.4
Royal London	7C RLH	1,426.0	1,373.2	375.0	444.0	1,069.5	1,129.2	356.5	540.5	96.3%	118.4%	105.6%	151.6%	355	7.0	2.8	9.8
Royal London	7D RLH	1,782.5	1,851.5	835.0	741.5	1,426.0	1,771.0	713.0	885.5	103.9%	88.8%	124.2%	124.2%	375	9.7	4.3	14.0
Royal London	7E RLH	2,847.0	2,472.5	1,061.5	918.6	2,495.5	2,233.3	1,069.5	1,124.8	86.8%	86.5%	89.5%	105.2%	602	7.8	3.4	11.2
Royal London	7F RLH	1,420.0	1,276.5	618.0	770.3	1,069.5	1,127.0	575.0	805.0	89.9%	124.6%	105.4%	140.0%	350	6.9	4.5	11.4
Royal London	8C RLH	1,665.3	1,709.5	697.0	734.5	1,414.5	1,596.0	713.0	935.5	102.7%	105.4%	112.8%	131.2%	568	5.8	2.9	8.8
Royal London	8D RLH	8,192.8	6,767.5	1,265.0	437.0	7,843.0	6,625.0	575.0	333.5	82.6%	34.5%	84.5%	58.0%	1,021	13.1	0.8	13.9
Royal London	8F RLH	1,492.0	1,320.5	1,782.5	1,368.5	1,069.5	943.0	1,207.5	1,299.5	88.5%	76.8%	88.2%	107.6%	1,366	1.7	2.0	3.6
Royal London	9E HDU RLH	1,423.0	1,029.0	337.0	166.0	1,414.5	1,075.5	0.0	310.5	72.3%	49.3%	76.0%		322	6.5	1.5	8.0
Royal London	9E RLH	1,779.5	1,679.0	710.0	793.5	1,426.0	1,414.5	356.5	931.5	94.4%	111.8%	99.2%	261.3%	733	4.2	2.4	6.6
Royal London	9F RLH	1,780.5	1,508.5	713.0	761.0	1,426.0	1,394.0	709.0	966.5	84.7%	106.7%	97.8%	136.3%	713	4.1	2.4	6.5

Safe Staffing Fill Rates by Ward and Site

Nov-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	4,613.0	4,850.0	2,495.5	2,817.5	4,634.5	5,289.7	2,139.0	2,367.5	105.1%	112.9%	114.1%	110.7%	1,297	7.8	4.0	11.8
Whipps Cross	ACACIA	959.0	906.7	448.5	781.5	713.0	695.5	713.0	1,029.5	94.5%	174.2%	97.5%	144.4%	334	4.8	5.4	10.2
Whipps Cross	ACORN	3,726.0	2,548.8	359.0	645.0	2,726.5	2,419.9	356.5	310.5	68.4%	179.7%	88.8%	87.1%	563	8.8	1.7	10.5
Whipps Cross	B3 WARD WXH	1,334.0	1,345.5	1,071.0	1,192.0	1,069.5	1,074.0	724.5	977.5	100.9%	111.3%	100.4%	134.9%	470	5.1	4.6	9.8
Whipps Cross	BIRCH	1,069.5	1,320.5	1,069.5	1,429.0	1,069.5	1,069.5	713.0	1,046.5	123.5%	133.6%	100.0%	146.8%	493	4.8	5.0	9.9
Whipps Cross	BLACKTHORN	1,058.0	1,138.5	1,069.5	1,403.0	1,070.0	1,035.5	713.0	954.5	107.6%	131.2%	96.8%	133.9%	526	4.1	4.5	8.6
Whipps Cross	Bracken Ward WXH	1,333.5	1,311.0	1,147.5	1,216.5	1,069.5	1,106.5	713.0	874.0	98.3%	106.0%	103.5%	122.6%	495	4.9	4.2	9.1
Whipps Cross	CEDAR	1,679.0	2,622.3	1,423.5	3,513.8	1,414.5	2,257.0	1,069.5	2,817.5	156.2%	246.8%	159.6%	263.4%	999	4.9	6.3	11.2
Whipps Cross	CHESTNUT	977.5	839.5	356.5	920.0	713.0	1,069.5	356.5	805.0	85.9%	258.1%	150.0%	225.8%	274	7.0	6.3	13.3
Whipps Cross	CURIE	1,426.0	1,186.0	1,069.5	1,380.0	1,426.0	1,069.5	1,069.5	1,242.0	83.2%	129.0%	75.0%	116.1%	510	4.4	5.1	9.6
Whipps Cross	DELIVERY SUITE WXH	4,953.0	3,926.5	713.0	714.3	3,887.0	2,429.8	701.5	910.5	79.3%	100.2%	62.5%	129.8%	462	13.8	3.5	17.3
Whipps Cross	ELIZABETH	1,690.5	1,558.5	586.0	614.0	1,426.0	1,348.5	356.5	563.5	92.2%	104.8%	94.6%	158.1%	532	5.5	2.2	7.7
Whipps Cross	FARADAY	1,782.5	1,633.5	711.0	828.0	1,690.5	1,605.0	356.5	723.5	91.6%	116.5%	94.9%	202.9%	468	6.9	3.3	10.2
Whipps Cross	Frail Elderly WXH	893.0	783.5	356.5	653.7	713.0	702.0	356.5	712.5	87.7%	183.4%	98.5%	199.9%	261	5.7	5.2	10.9
Whipps Cross	ICU WXH	6,288.0	5,361.5	1,860.0	492.0	5,566.0	4,898.5	1,364.0	385.0	85.3%	26.5%	88.0%	28.2%	261	39.3	3.4	42.7
Whipps Cross	MARGARET	1,069.5	1,014.0	356.5	685.5	713.0	736.0	345.0	736.0	94.8%	192.3%	103.2%	213.3%	272	6.4	5.2	11.7
Whipps Cross	MIDWIFERY WXH	770.5	612.5	358.0	231.0	704.0	437.3	356.5	300.0	79.5%	64.5%	62.1%	84.2%	18	58.3	29.5	87.8
Whipps Cross	MULBERRY	2,186.5	1,701.2	1,397.0	891.8	1,405.5	1,241.0	907.0	920.0	77.8%	63.8%	88.3%	101.4%	977	3.0	1.9	4.9
Whipps Cross	NEONATAL WXH	2,371.5	2,322.3	1,302.5	425.0	2,130.0	2,491.5	751.0	265.5	97.9%	32.6%	117.0%	35.4%	464	10.4	1.5	11.9
Whipps Cross	NIGHTINGALE	1,782.0	1,543.5	356.5	470.5	1,690.5	1,517.8	356.5	413.5	86.6%	132.0%	89.8%	116.0%	368	8.3	2.4	10.7
Whipps Cross	PEACE	1,690.5	1,547.5	1,426.0	1,391.5	1,069.5	1,095.5	1,069.5	1,140.0	91.5%	97.6%	102.4%	106.6%	485	5.4	5.2	10.7
Whipps Cross	POPLAR	1,690.5	1,437.5	1,058.0	989.0	1,426.0	1,012.0	1,069.5	771.5	85.0%	93.5%	71.0%	72.1%	440	5.6	4.0	9.6
Whipps Cross	PRIMROSE	1,767.5	1,942.5	1,452.5	1,534.5	1,426.0	1,713.5	1,058.0	1,449.0	109.9%	105.6%	120.2%	137.0%	743	4.9	4.0	8.9
Whipps Cross	ROWAN	1,771.0	1,825.0	1,421.5	1,680.6	1,426.0	1,607.5	1,069.5	1,745.4	103.0%	118.2%	112.7%	163.2%	671	5.1	5.1	10.2
Whipps Cross	SAGE	1,690.5	1,588.0	1,426.0	2,079.3	1,426.0	1,426.0	1,069.5	1,678.5	93.9%	145.8%	100.0%	156.9%	810	3.7	4.6	8.4
Whipps Cross	SYCAMORE	1,322.5	1,518.0	1,299.5	1,470.8	1,046.5	1,439.5	1,069.5	1,115.5	114.8%	113.2%	137.6%	104.3%	803	3.7	3.2	6.9
Whipps Cross	SYRINGA	1,426.0	1,357.0	1,782.5	1,851.5	1,069.5	1,069.5	1,069.5	1,575.5	95.2%	103.9%	100.0%	147.3%	781	3.1	4.4	7.5

Safe Staffing Fill Rates by Ward and Site

Nov-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	4,358.5	4,336.5	2,495.5	2,489.0	3,921.5	4,206.5	2,494.0	2,748.0	99.5%	99.7%	107.3%	110.2%	1,428	6.0	3.7	9.6
Newham	Custom House NUH	1,426.0	1,951.0	1,069.5	1,174.0	1,069.5	1,655.0	1,426.0	1,632.0	136.8%	109.8%	154.7%	114.4%	581	6.2	4.8	11.0
Newham	DELIVERY SUITE NUH	5,546.5	4,284.3	713.8	690.8	4,991.0	3,972.0	713.0	713.0	77.2%	96.8%	79.6%	100.0%	608	13.6	2.3	15.9
Newham	EAST HAM	1,782.5	1,687.5	1,069.5	1,127.0	1,426.0	1,518.0	1,069.5	1,311.0	94.7%	105.4%	106.5%	122.6%	640	5.0	3.8	8.8
Newham	HEATHER	2,139.0	2,807.0	1,069.5	1,284.5	2,139.0	3,035.5	1,069.5	1,219.0	131.2%	120.1%	141.9%	114.0%	783	7.5	3.2	10.7
Newham	LARCH	3,208.5	2,435.0	2,042.0	1,900.5	2,120.5	1,851.9	1,782.5	1,750.0	75.9%	93.1%	87.3%	98.2%	1,500	2.9	2.4	5.3
Newham	Manor Park ITU NUH	3,565.0	3,245.0	713.0	621.0	3,565.0	3,312.0	713.0	486.5	91.0%	87.1%	92.9%	68.2%	286	22.9	3.9	26.8
Newham	MAPLE	1,334.0	1,157.5	690.0	678.5	1,012.0	897.0	690.0	585.5	86.8%	98.3%	88.6%	84.9%	143	14.4	8.8	23.2
Newham	NEONATAL NUH	3,082.0	2,551.5	575.0	393.0	2,944.0	2,314.5	471.5	402.5	82.8%	68.3%	78.6%	85.4%	440	11.1	1.8	12.9
Newham	NUH MIDWIFERY	1,117.5	800.5	356.5	322.0	1,035.0	901.0	356.5	345.0	71.6%	90.3%	87.1%	96.8%	91	18.7	7.3	26.0
Newham	RAINBOW	3,192.0	2,455.0	1,158.0	901.0	1,794.0	1,782.5	356.5	368.0	76.9%	77.8%	99.4%	103.2%	295	14.4	4.3	18.7
Newham	SILVERTOWN	1,771.0	1,966.5	1,069.5	1,205.0	1,702.0	1,932.0	1,069.5	1,368.5	111.0%	112.7%	113.5%	128.0%	735	5.3	3.5	8.8
Newham	STRATFORD	1,426.0	1,702.0	1,069.5	1,055.5	1,403.0	2,047.0	1,069.5	1,069.5	119.4%	98.7%	145.9%	100.0%	512	7.3	4.2	11.5
Newham	WEST HAM	1,437.5	1,309.3	1,069.5	1,152.0	1,069.5	1,107.5	713.0	736.0	91.1%	107.7%	103.6%	103.2%	582	4.2	3.2	7.4
St Bart's	1C	6,102.5	5,538.7	353.5	589.5	5,761.5	5,201.0	184.0	483.0	90.8%	166.8%	90.3%	262.5%	401	26.8	2.7	29.5
St Bart's	1D	3,202.5	2,758.5	356.5	402.5	2,852.0	2,495.5	356.5	402.5	86.1%	112.9%	87.5%	112.9%	371	14.2	2.2	16.3
St Bart's	1E	4,965.0	4,240.5	353.0	379.5	4,991.0	4,213.0	356.5	345.0	85.4%	107.5%	84.4%	96.8%	285	29.7	2.5	32.2
St Bart's	3A SBH	4,579.0	4,301.0	1,410.0	1,300.0	4,634.5	4,348.5	1,426.0	1,368.5	93.9%	92.2%	93.8%	96.0%	748	11.6	3.6	15.1
St Bart's	3D SBH	1,588.0	1,600.2	1,229.0	1,160.3	1,552.5	1,460.5	977.5	977.0	100.8%	94.4%	94.1%	99.9%	399	7.7	5.4	13.0
St Bart's	4A SBH	1,766.5	1,702.5	931.5	1,000.5	1,414.5	1,437.5	356.5	713.0	96.4%	107.4%	101.6%	200.0%	709	4.4	2.4	6.8
St Bart's	4B SBH	1,587.0	1,462.0	1,230.0	1,012.0	1,426.0	1,395.5	713.0	724.5	92.1%	82.3%	97.9%	101.6%	601	4.8	2.9	7.6
St Bart's	4C SBH	1,767.0	1,738.0	954.0	851.0	1,391.5	1,402.0	977.5	956.5	98.4%	89.2%	100.8%	97.9%	634	5.0	2.9	7.8
St Bart's	4D & 4E SBH	1,753.5	1,333.0	701.0	625.5	1,644.5	1,232.5	713.0	724.5	76.0%	89.2%	74.9%	101.6%	344	7.5	3.9	11.4
St Bart's	5A SBH	2,155.5	1,958.3	909.0	1,176.3	1,430.0	1,634.3	341.0	616.0	90.8%	129.4%	114.3%	180.6%	592	6.1	3.0	9.1
St Bart's	5B SBH	1,418.0	1,337.5	711.0	667.0	1,426.0	1,414.5	333.5	874.0	94.3%	93.8%	99.2%	262.1%	455	6.0	3.4	9.4
St Bart's	5C SBH	2,100.0	1,904.0	671.0	516.0	1,782.5	1,763.3	356.5	391.0	90.7%	76.9%	98.9%	109.7%	514	7.1	1.8	8.9
St Bart's	5D SBH	2,110.0	1,997.5	680.5	575.0	1,782.5	1,814.5	701.5	870.0	94.7%	84.5%	101.8%	124.0%	599	6.4	2.4	8.8
St Bart's	6A SBH	6,399.5	5,621.0	356.5	333.5	6,405.5	5,660.0	356.5	345.0	87.8%	93.5%	88.4%	96.8%	339	33.3	2.0	35.3
St Bart's	6D SBH	1,779.5	1,426.0	1,062.0	617.0	1,426.0	1,069.5	713.0	701.5	80.1%	58.1%	75.0%	98.4%	453	5.5	2.9	8.4

Report to the Trust Board: 2 November 2022	TB 72/22
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Title	Winter Planning 2022
Accountable Director	Acting Chief Officer
Author(s)	Roger Dunlop, Group Chief of Staff
Purpose	To update the Trust Board on winter planning arrangements
Previously considered by	Group Executive Board

<p>Executive summary: This report updated the Trust Board on our approach to winter plan in light of national guidance and local priorities within our Group Operating Plan.</p>

Related Trust Objectives
This paper relates to all objectives in the Group Operational Plan

Risk and Assurance:	Board Assurance Framework: all risks
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Legal Implications/ Statutory Requirements:	Compliance with NHSE winter planning guidance
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<p>Action required: The Trust Board is requested to note the approach being taken to develop the group winter plan</p>

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 2 NOVEMBER 2022

WINTER PLAN

BACKGROUND

1. Our annual winter planning process ensures that we have a robust approach, both as individual hospitals and as a group, to provide safe and compassionate care to patients during the winter months, when pressure on the NHS is at its highest.
2. Our plans are developed alongside our system colleagues to ensure we work together across north-east London and across our place based partnerships to provide a holistic response, centered around patient need. The recently formed NEL Acute Provider Collaborative in addition to our collaboration with BHRUT will provide additional resilience and the ability to support each other through mutual aid.
3. We know that this winter will be particularly challenging; hospitals have been far busier over the summer and autumn months than they would normally be, and pressure on the wider care system continues to grow. The cost of living crisis is also likely to have an impact, particularly on the most vulnerable, and Covid and Flu will impact on hospitals.
4. Our priority during this period will be to maintain patient safety, balancing risk across the whole hospital to do so.

NHS NATIONAL PRIORITIES

5. The NHS nationally continues to be a level 3 incident response. In August, NHS England set out their core objectives and actions to strengthen resilience going into the winter period. These are: -
 - *Prepare for variants of COVID-19 and respiratory challenges,*
 - *Increase capacity outside acute trusts*
 - *Increase resilience in NHS 111 and 999 services*
 - *Target Category 2 response times and ambulance handover delays*
 - *Reduce crowding in A&E departments and target the longest waits in ED*
 - *Reduce hospital occupancy*
 - *Ensure timely discharge*
 - *Provide better support for people at home*

Further guidance was received on 18 October¹ with a set of priority headings: -

- *Better support people in the community*
- *Deliver on our ambitions to maximise bed capacity and support ambulance services*
- *Ensure timely discharge and support people to leave hospital when clinically appropriate*

¹ <https://www.england.nhs.uk/long-read/going-further-on-winter-resilience-plans/>

- *Supporting elective activity and protecting cancer*
6. The Barts Health Winter plan is set in the context of our 2022/23 Group Operational Plan core objectives:
 - a. **To create a truly inclusive organisation**, without discrimination, based on a fair and just culture, and meet our ambition to be an outstanding place to work
 - b. **To improve health and care services for all our population** - transforming clinical services whilst **reducing health inequalities** and inequities of provision
 - c. **To build effective partnerships** across the health and social care system and deliver social value for communities through our longer term strategic plans

COVID 19 AND FLU

7. It is difficult to accurately predict the impact of Covid in this year's winter plans. We currently have 139 covid positive patients in our hospitals, however the vast majority of these are being treated primarily for something other than covid; only when they were tested on admission was Covid apparent. Only one of these patients was in critical care, and one further patient on enhanced oxygen. Compared to last year at this time, we had a similar number of covid positive patients (124), but 34 of these were in critical care and a further 7 on enhanced oxygen.
8. The impact of the vaccination programme is being felt, with lower acuity in covid patients, and a reduced requirement for critical care. The continuation of the seasonal booster programme for the over 50s is expected to strengthen immunity and reduce the need for critical care capacity.
9. However, covid inpatients are increasing nationally, and based on evidence from other countries, the NHS is expecting to see high prevalence of flu. Our winter plans will model scenarios where covid and flu increase significantly to ensure that we have an appropriate response in place. We know from previous covid waves that we have the ability to respond to any surges, and we have plans – and learning from them – that we will deploy as and when required.

MAINTAINING OUR ELECTIVE PROGRAMME

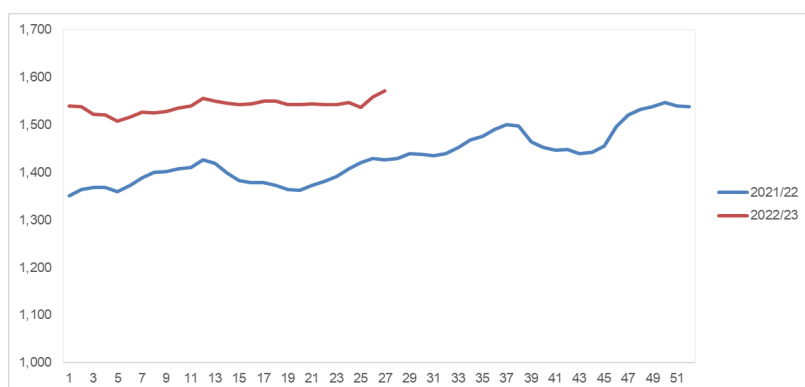
10. One of our winter priorities will be maintain progress on reducing our elective backlog, Significant progress has been made this year, particularly on long waiters, and our winter plans will set out our approach to doing so. National targets are for 78 week waiters to be removed from the PTL by March 2023.
11. In previous years the elective programme has been challenged by the need to divert our workforce from theatre teams into critical care to care for Covid patients, leading to the pausing of our elective programme. Given the modelling described above, this may not be required this year. However, due to the workforce challenges that the whole of the NHS is facing, we have shortages in a number of theatre roles, and the availability of bank and agency staff to cover them is limited. Any increase in covid related sickness would add further pressure into a delicately balanced workforce position.

12. Our winter plans will include our proposals to mitigate this risk, including options to ringfence elective activity and work with our partners to provide mutual aid as in previous years. Our prioritisation framework will ensure that long waiters, cancer patients and those with other urgent care needs receive the treatment they need. We will also look to protect our elective hubs to ensure that high volume SPECIALTIES ARE MAINTAINED.

URGENT AND EMERGENCY CARE

13. Our hospitals have been extremely busy over the summer months. The chart below shows the total bed occupancy over the year to date compared with last year – showing a significant increase compared with last year. The driver for this, and the solution, is not just to be found at the front door of the hospital; instead the response will be a whole hospital approach, that balances risk across the whole hospital. This will not only aim to reduce ED attendances, but will also target discharge and reducing length of stay to ensure that hospital beds are available for those who need them most.

Chart 1 – total hospital beds occupied across the Barts Health Group

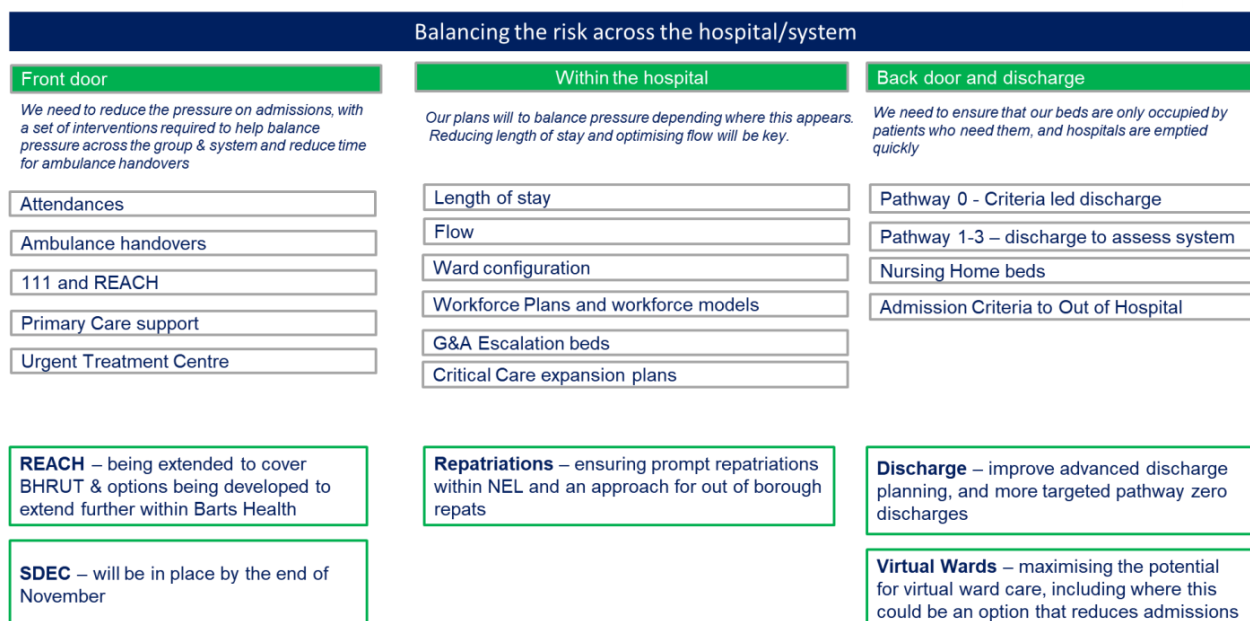


14. Hospitals are developing their local winter plans, working within their placed based partnerships to respond to local needs. £2.7m has been allocated to Barts Health hospitals for a range of schemes aimed at either directly increasing capacity or reducing demand.

15. Reducing ambulance delays will be a priority. We have already established an ambulance receiving centre at Whipps Cross to speed up ambulance handovers, and a national programme will explore other options to further reduce delays experienced by ambulance crews.

BALANCING RISK ACROSS THE HOSPITAL

16. The graphic below illustrates the levers we have to balance risk across the hospital as a whole, and the group wide interventions we are targeting to do so



17. Our REACH programme provides a remote, consultant led service that assesses and diverts patients to secondary emergency care where appropriate, thereby reducing ED attendances. This will be extended to BHRUT this winter. We will prioritise discharge, ensuring that patients do not stay in hospital longer than they need to. We will work with system partners on complex discharges where out of hospital support is required, and will prioritise simple discharges so those who can go home safely do so as soon as possible. Virtual wards will be a part of this by monitoring patients outside of the hospital but also using as a tool to reduce admissions.

A SYSTEM WIDE RESPONSE

18. As in previous years, we will work as a system to respond to these challenges. The NEL Acute Provider Collaborative has now established a UEC workstream, connecting colleagues across north east London to work together to improve ED performance, sharing learning and expertise.

19. Place based partnerships have been engaged in formulating hospital plans, so that we provide the right care in the right setting. The arrangements in previous years with Tower Hamlets, Newham and Waltham Forsest (TNW) will be re-established, including step down beds, establishing virtual wards and support for complex discharge where out of hospital support is required.

20. Fortnightly winter resilience meetings have been established across NEL to ensure that our winter plans are integrated and aligned to provide the best possible response to our local population.

Wellbeing and our workforce

21. Looking after #teambartshealth will continue to be a priority for us over the winter, delivered through our wellbeing strategy. Thanks to Barts Charity, we have made good progress in creating wellbeing hubs on each site, improving rest areas and securing psychological support; all of which are having a positive impact on wellbeing. Our WeLead programme ensure that our mangers and team leaders are equipped

to have compassionate conversations with their colleagues, and able to provide the support that is needed

22. We introduced our 'drive to 95' recruitment campaign this year, aiming to increase our substantive workforce to 95 of the establishment. We've made good progress and have launched a number of targeted campaigns for hard to recruit posts. We know that the labour market is challenged, and that the skills we need are in demand, but will continue to make Barts Health an employer of choice, leveraging the scale of the group.

CONCLUSION

23. There is no doubt that the winter will be a challenge. Our hospitals are already under significant pressure, with escalation beds open as early as October. We face the possibility of further waves of covid and a likely higher than normal prevalence of flu. Our workforce continues to respond with compassion and care, but we face daily challenges filling shifts, and we struggle to recruit to a number of important roles across our hospitals. Our elective programme will be challenged as a result of all of these factors.
24. However, we are confident that our planning process - combined with our learning from previous winters, the strong leadership team we have in place and our talented and committed colleagues - puts us in the best possible place to respond to various operational scenarios that we may face.
25. We will continue to monitor key metrics closely, including hospital occupation levels and community covid cases, and will update the Trust Board as our winter plans develop.

Report to the Trust Board: 2 November 2022	TB 73/22
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Title	Report on recommendations from the Kirkup report on East Kent maternity and neonatal services
Accountable Director	Chief Nursing Officer
Author(s)	Group Director of Midwifery
Purpose	To update the Board on the Trust's planned response
Previously considered by	Group Executive Board

<p>Executive summary</p> <p>This paper provides the Board with an overview of recommendations from the immediate and essential actions from the 'Reading the Signals' Kirkup review published in October 2022.</p>

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 in implementing a maternity service improvement programme that responds to national reviews impacts on consistent quality of maternity care provision, confidence of service users and workforce retention
Legal implications/regulatory requirements	None

Action required: To note and discuss the report
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BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 2 NOVEMBER 2022

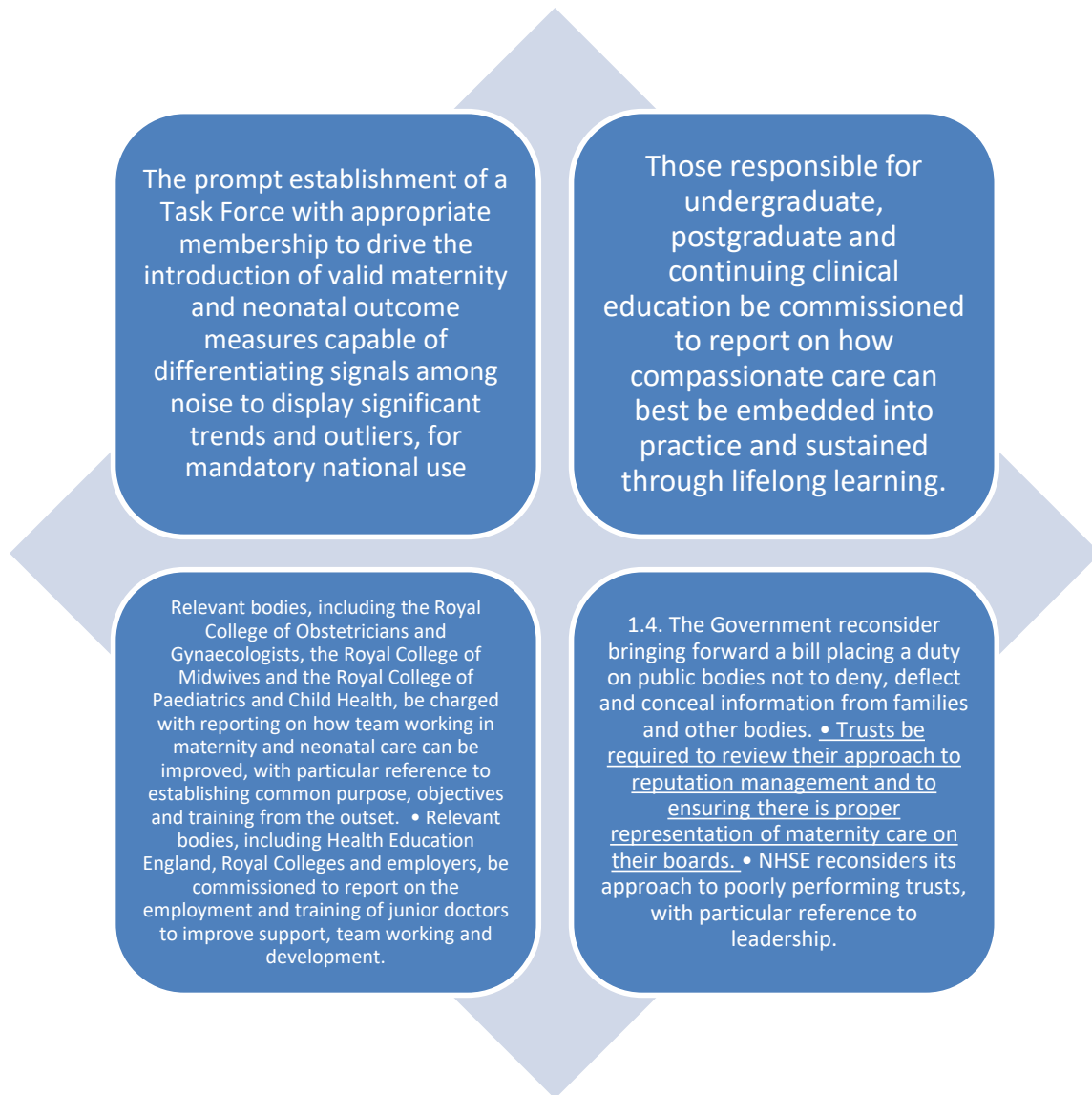
READING THE SIGNALS - MATERNITY AND NEONATAL SERVICES IN EAST KENT THE REPORT OF THE INDEPENDENT INVESTIGATION

Summary and reflections for Barts Health

1. The independent investigation led by Dr Bill Kirkup into East Kent Hospitals NHS Foundation Trust published a report setting out its findings and key areas where action is needed to improve patient safety in maternity and neonatal services on 19th October 2022. [The Report of the Morecambe Bay Investigation \(publishing.service.gov.uk\)](#); [Reading the signals: maternity and neonatal services in East Kent, the report of the independent investigation \(print ready\) \(publishing.service.gov.uk\)](#)
2. The investigation was formally commissioned by the Government in February 2020. Its aim was to assess the systems and processes used by the Trust to monitor compliance and improve quality within the maternity and neonatal care pathway, evaluate their approach to risk management and implementing lessons learnt, and to assess the governance arrangements that oversee the delivery of these services.
3. This is another devastating report into avoidable harm in healthcare, Dr Bill Kirkup stated that having examined these services between 2009 - 2020 the investigation found:
“Over that period, those responsible for the services too often provided clinical care that was suboptimal and led to significant harm, failed to listen to the families involved, and acted in ways which made the experience of families unacceptably and distressingly poor.”
4. The report highlights several underlying issues which contributed to the cases of avoidable harm it considered, many of which we see featured in other public inquiries into unsafe care:
 - Failures of team working
 - Failures in professionalism
 - Failures in compassion
 - Failures to listen
 - Failures after safety incidents

- Failures in the Trust's response, including at Trust Board level.
5. Another recurring theme highlighted by this report is the failure at a regulatory level to identify these problems, and once identified to take action to address them. It states that: *"We have found that the Trust was faced with a bewildering array of regulatory and supervisory bodies, but the system as a whole failed to identify the shortcomings early enough and clearly enough to ensure that real improvement followed."*
6. The report identifies four key areas where action is needed to improve patient safety, with accompanying recommendations:
- Monitoring safe performance – finding signals among noise.
 - Standards of clinical behaviour – technical care is not enough.
 - Flawed team working – pulling in different directions.
 - Organisational behaviour – looking good while doing badly.

7. There are 5 recommendations in this report, one of which relates back to East Kent's acceptance of the report finding, the remaining 4 are below



8. True transformation of maternity services can only happen by demonstrating compassion, listening to women and families and responding to their needs and individual experiences. The report details a need to establish a transparent and trusted system that can monitor performance, investigate incidents and promptly identify and improve services.
9. Bill Kirkup asked that “we should take the time to reflect, not simply to act and demand action.”

10. NHSE has asked all Trust Boards to review the findings of this Report at their next public Board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'.

NEXT STEPS

11. Through our existing maternity governance forums at a group and hospital level we are reflecting on the report. We will then translate this reflection and learning into our existing programmes of improvement and transformation at Barts Health at Barts Health so that recommendations from this Report are actioned and embedded systematically and in a sustainable way.
12. We will present and discuss our detailed learning from this Report at QAC in advance of a presentation to the Trust Board at its next public board meeting.
13. We welcome the single delivery plan for maternity and neonatal care that NHSE plan to publish in 2023. This plan will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.
14. Board members are asked to:
 - Reflect on the report and share their insights to inform our next steps
 - Note and comment on our plans to reflect as an organisation on the report and translate that learning into our existing improvement and transformation plans and governance arrangements

Shereen Nimmo
Group Director of Midwifery

Report to the Trust Board: 2 November 2022	TB 74/22
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Title	Gender Pay Gap Report
Sponsoring Director	Group Director of Equity and Inclusion Group Director of People
Author(s)	Deputy Group Director of People (Del Mehet), Women's Network Co-chairs (Manpreet Randhawa, Eva Fiz)
Purpose	To present the annual landscape of the gender pay gap, adhering to statutory reporting requirements.
Previously considered by	GEB, Inclusion Board (September)

Executive summary

The gender pay gap submission is a statutory, annual requirement that gives a snapshot of data from March of each year, detailing inequalities in hourly and bonus pay between men and women. This document includes the latest Gender Pay Gap report, covering the period March 2021-2022. Whilst not a statutory requirement, this report also presents data covering the ethnicity pay gap. Both mean, and median figures are presented for the hourly pay, and bonus gaps for transparency. This paper has been to GEB and Inclusion Board, Members of Trust Board are asked to note progress and approve the paper for publication.

Key findings from this year are as follows:

- The inclusion board agreed a median gender pay gap target of 11% by 2025. Having reduced three years in a row, the median gender pay gap is currently 11.7%, remaining on track to target.
- The median bonus pay gap has reduced from 33.2% when first reporting (2017) to 0% (March 2022). This drop is driven by a) more equal distribution to doctors during the pandemic b) opening CEA to part time workers.
- The mean bonus and hourly pay gaps have also reduced between 2021-2022, having fluctuated in previous years.
- A clear programme of work is being delivered in partnership with the gender pay gap task force and Women's network. Key opportunities in reducing the gap further will come from boosting the representation of women in VSM positions, which has reduced in the previous year.
- The ethnicity pay gap has changed less significantly, with the median pay gap between BAME and white colleagues remaining at 17.8%. High variation exists between individual ethnic groups. Interventions to create greater equality relating to race are outlined in more detail in the annual WRES report.

Related Trust objectives	
1. To create an inclusive organisation by taking a systematic Trust-wide approach to eliminating discrimination and racial inequality	



Risk and Assurance	Failure to deliver agreed inclusion commitments
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Related Assurance Framework entries	BAF entry 1.
Legal implications/ regulatory requirements	Equality Act
Action required: Endorse the report for publication on BH public website.	



Appendix 1: Gender Pay Gap Infographic

EQUAL PAY

Equal pay means that men and women that do the same role at work will get the same pay. This has been a legal requirement in the UK since 1970.



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Our NHS agenda for change and doctor and dentist pay scales mean that men and women will receive equal pay for the roles they work.

GENDER PAY G A P




Barts Health
NHS Trust

The gender pay gap is the difference between the average pay between men and women.

The gender pay gap exists because:

- Women are underrepresented in top paying roles and sectors such as management
- Women are overrepresented in lower paying roles and sectors such as nursing and administration
- We live in a society that has systems, values and biases that tend to favour men




11.7%

Barts Health
median gender
pay gap in 2022

We want to reduce this pay gap by 2024, and:

- ▶ Promote and embed flexible and agile working policies
- ▶ Expand our career development support
- ▶ Work across our staff networks to create an environment where WeBelong



For more information, visit: <https://weshare.bartshealth.nhs.uk/womens-network>

Appendix 2:

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:

This report covers a snapshot of gender pay gap data from March 2022, covering our gender pay gap submission for the 2021/22 period. We had previously set a median gender pay gap target of 11% by 2025. Currently, our median pay gap 11.7%. There has been a reduction in both the median/mean hourly and bonus gender pay gap since the previous year, after fluctuating in previous years.

Why are we publishing this report?

- This report **works towards aspirations in our overarching WeBelong inclusion strategy by providing full transparency on where we need to improve with respect to the disparity in pay between men and women.** The gender pay gap is also a statutory requirement for NHS Trusts.
- **Whilst being an intersectional issue, the gender pay gap is a key priority area for the trust Women's Network.** The network initiated a gender pay gap task force in response, which resulted in providing the Trust with a deep understanding on the drivers of the gender pay gap and a plan of action to support reaching the Trust target.
- **Data included in this report covers 2021/22, up to March 2022,** so will not reflect any impact as a result of our updated strategy launched in the second half of 2022.
- 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.**
- We previously published our 2020/21 gender pay gap report earlier this year, with many of the actions outlined in section 10 remaining in focus.

Gender Hourly Pay Gap Data for March 2022:

- **Overall the, median gender pay gap has shown improvement from when we first started reporting.** Since first reporting in 2017, the median hourly pay gap of 13.3% between male and female colleagues has reduced to 11.7% (March 2022).
- 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 skewing the figure with the highest and lowest salaries. A median hourly difference of 11.7% in pay results in the "middle" women getting paid 88p per hour, for every £1 per hour the "middle" man receives.
- **The mean gender hourly pay gap has reduced from 20.2% when first reporting in 2017, to 19.2% in March 2022.** Between March 2021 and 2022, the gap reduced modestly from 19.6% to 19.2%. Although there has been a reduction overall, the hourly pay was lowest in March 2019 at 17.5%.
- 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.

Gender Bonus Gap Data for March 2022:

- **The median bonus pay gap has reduced from 33.2% when first reporting (2017) to 0% (March 2022).** The bonus gap is mostly calculated from clinical excellence awards (CEA) which are given to senior doctors (Consultants). This drop is largely driven down to a) more equal distribution to doctors during the pandemic b) opening CEA to part time workers.
- After increasing between 2020-21, the mean bonus pay gap has reduced in March 2022 to 29.6% - the lowest since first reporting, but still a notable gap.

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. Less improvement in the mean could indicate that men continue to disproportionately hold the most senior positions/bonuses in the organisation.

Greater representation of women in senior positions is key to closing the gap:

- **The proportion of women in the highest pay quartiles has reduced from 58% to 55.6%** **The proportion of women in upper middle pay quartiles has increased by 1%.** A 15.2% gap exists between the trust gender profile (70.8% female) and the proportion of women in the highest pay quartile (55.6%). This gap has increased since last year.
- **The proportion of females in VSM positions and band 9 has decreased, likely driving an increase in the mean pay gap.** The proportion of female VSMs has reduced from 47% to 40%. This has reduced for the second year.
- **The proportion of females in 8c and d positions has increased for the second year in a row**, potentially providing an opportunity for nurturing a talent pipeline that can improve representation at VSM level in the future.
- In general across the trust, women are over represented between band 5 and 6, and underrepresented above band 8a when compared to the trust workforce profile as a whole. Band 5 has the highest female representation.
- In March 2022 we launched a career mentorship programme and an increasing number of development opportunities through an inclusive career development framework. In 2022/23 the trust will agree a 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 to 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.** The consultant workforce has not changed since the 2021 snapshot, meaning these junior doctors are not yet entering more senior positions. **This reflects findings in the [Medical WRES report](#) where training and entry level medical positions are much more representative than senior grades.**

b) Ethnicity Pay Gap Headlines:

- For the second time, we have shared our ethnicity pay gap data which evidences the impact of known inequalities in representation at senior levels. Presenting **ethnicity pay gap is not a statutory requirement, so we cannot benchmark 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.
- We will continue to scale our career progression, recruitment and development workstreams to drive improvement in this area.
- A detailed breakdown of ethnicity shows high variation in colleagues with Black, Asian and ethnic minority heritages. For example, Bangladeshi colleagues have the lowest median pay, whilst Chinese colleagues have the highest. This shows the need to increasingly breakdown ethnicity to identify where inequalities exist.
- Our latest workforce race equality standard report (WRES) presents more recent data that indicates an improving trend in representation and details an action plan to close inequalities.

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 **focused on action and delivery.** Much of these plans are already underway and will be 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 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:
 - Shadowing and Career Mentorship service for all staff
 - Expansion of career development workshops for underrepresented colleagues
 - Expansion and improved access to general training opportunities
 - Consistent succession planning to create a fair talent pool
 - Coaching for line managers to provide better quality career conversations
 - Cohort 1 of Future VSM programme
 - Secondment and stretch assignment frameworks
 - Job sharing matchmaking pilots
 - All the above programmes will be intensively advertised trust wide to engage with staff across all bandings

- **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. A number of policies that impact gender equality are also being refreshed, some have recently been updated (Parents leave) and others are under review such as including a menopause policy.
- **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. Lessons include GPG specific modules, as well as broader cultural intelligence masterclasses. We have trained over 400 people in cultural intelligence in the initial launch phase. 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.
- **Networks:** The Women's Network, and Black, Asian and ethnic minority network are key in driving progress towards closing the gap, and ensuring our people shape out approach. A network development programme will seek to provide support to all networks in 2022/23 to further enable this work.

Gender Pay Gap Task & Finish Group:

A core commitment in the 2020 GPG report was to **reinstate the GPG Task & Finish Group**. The trust Women's Network played a critical role in reinstating this group, which is now established as a key enabler in closing the gap. Using our WelImprove (quality improvement) approach, the group recommended Barts Health Inclusion Board to agree to a **gender pay gap target of 11% (median) by 2025**. The median hourly pay gap is now 11.7%. This is now reflected in our WeBelong 2.0 strategy. In addition to the interventions outlined above, the group defined key project areas that include:

- **Flexible Working:** Supporting the flexible working policy launch and adoption, gathering best practice and showcasing stories, liaising with key decision makers and boards and applying the NHS flex for the future model. A key achievement since the previous report is the approval and endorsement of an updated flexible working policy.
- **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. This year the group focused on establishing a professional network for our Admin and Clerical (A&C) groups. With Executive support and local sponsorship, the newly formed A&C group will work to ensure A&C colleagues have a well defined career development plan and support. The Task & Finish Group has also support the delivery of the Women in Finance leadership sessions.

- **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. The group has reviewed gender pay gap data by ethnicity and other minority groups and is keen to support initiatives to reduce the gap.
- **Communications:** Raising awareness through large, staff sessions (most recently the 28th February “Understanding GPG” session) to build understanding of the GPG, as well as supporting culture change in the organisation. An infographic was also developed by the Gender Pay Gap Task and Finish group that explains the difference between GPG and equal pay. This infographic will be updated with the latest GPG data to raise awareness.

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.

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 sixth year of Barts Health publishing its Gender Pay Gap data. As in previous years, **our ethnicity pay gap is also reported here. Although the ethnicity pay gap is not a statutory requirement, 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 2022** (unless stated otherwise) and is required to be published no later than the statutory date of 30 March 2023.

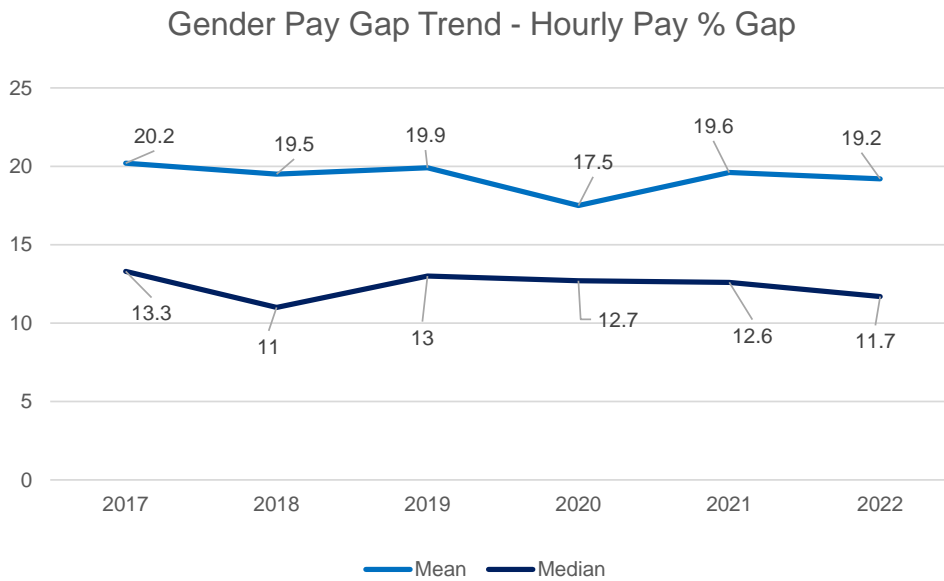
2. Local context

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.

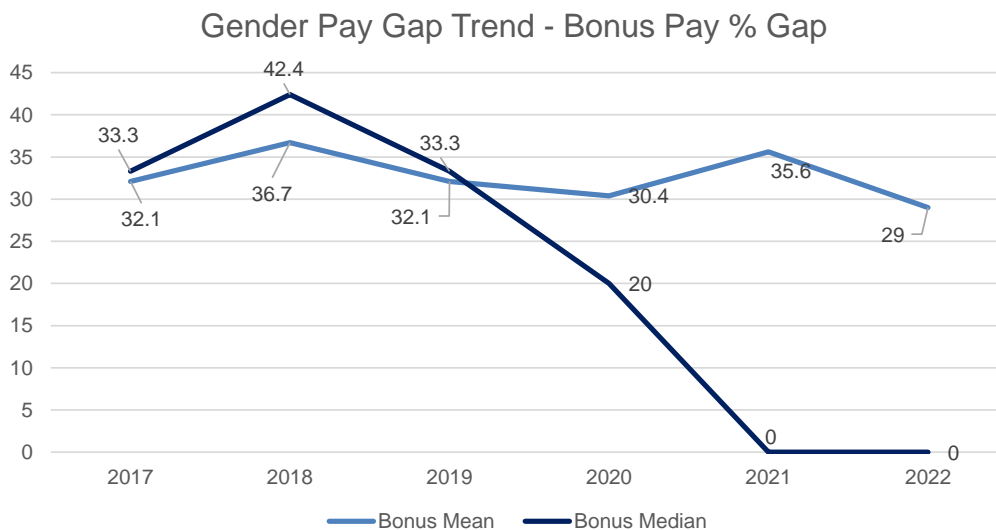
Like most Trusts in the country, Barts Health has a workforce that is predominantly female. Our current workforce diversity information shows that **female workers make up approximately 70.8% of the workforce and approximately 29.2% are male**. According to data from the period this GPG report covers, 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 moderately for the fourth year in a row. The mean pay gap has fluctuated, but has decreased this year remaining below 2017 levels.



The Median bonus gap has reduced since 2018 and has remained at 0% for the last 2 years 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 since reporting, after reaching a 3 year high in the previous year, the mean bonus pay gap is now at its lowest since reporting.

4. Gender Pay Gap Breakdown (March 2022)

11.7% Median Gender Pay Gap (hourly rate)



For every £1 that the median man earned, the median woman earned £0.88

19.2% Mean Gender Pay Gap (hourly rate)



For every £1 that the average man earned, the average woman earned £0.81

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 2022.**

29.6% Mean Bonus Gender Pay Gap



For every £1 that the average bonus earning man earned, the average bonus earning woman earned £0.70

5. Proportion of males and females receiving a bonus/CEA payment March 2022

The Gender Pay Gap data requirement also looks at the difference between bonus payments received by men and women. 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 March 2022 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.

There still exists a mean bonus gap, in part due to the historically dominated male workforce and as a result disproportionately more men have a longer term of service. 77% of female consultants received a CEA payment compared to 80% of male consultants in 2020/21.

The gender pay gap Task & Finish Group, established in response to last year's report have identified 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

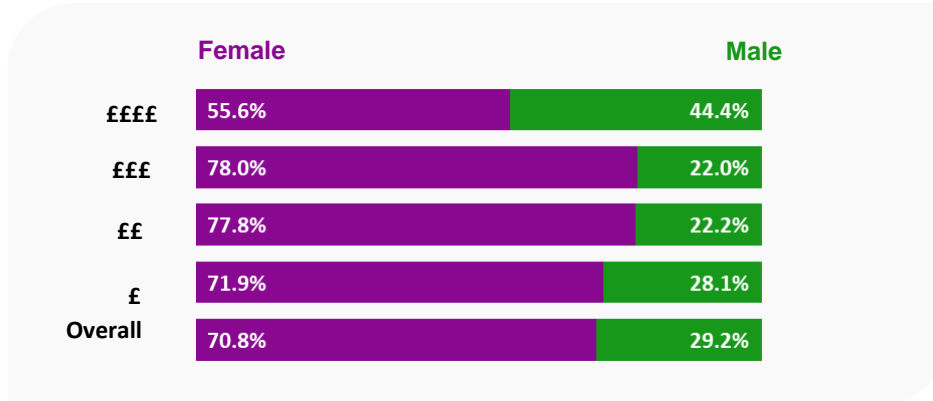
Year:	2022	2021	2020	2019
Employees Paid a bonus				
Female	391	418	131	115
Male	549	518	243	214
Total	940	936	374	329
Eligible Employees				
Female	16,369	15,846	17,794	16,623
Male	6,813	6,502	7,133	6,579
Total	23,182	22,348	24,927	23,202
% Staff receiving payments				
Female	2.40%	2.60%	0.74%	0.69%
Male	8.10%	8.00%	3.41%	3.25%
Total	4.10%	4.20%	1.50%	1.42%

Note: These figures have been calculated using a snapshot from March 2022 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.

To give an overview of where women and men are distributed in terms of seniority, the proportions of male and female employees are split between four “quartiles” - lower, lower middle, upper middle and upper pay bands, representing increasing seniority. The proportion of women and men in these quartiles are summarized below.

The distribution of pay in these quartiles appears as follows:



Highest pay quartile (££££): Men are disproportionately represented in the highest positions, making up 44.4% of colleagues in the highest pay bands. This has increased from 42% in the 2021 snapshot. Considering 70.8% of our workforce are female overall, this is a key area for improvement.

Upper Middle (£££): 78% of upper middle quartile positions are filled by women, this is a 1% increase on last year, continued the trend from previous reports. Increasing the proportion of women in the top two quartiles is a key approach to reducing the mean pay gap and can create a pipeline of talent to enter the highest quartile. The Trust has recognised the need to demonstrate fair recruitment and progression opportunities regardless of gender or any other protected characteristics. To do so, an inclusive career progression framework has been established with various interventions and development opportunities launching throughout 2022 and 2023.

Lower and Lower Middle quartiles (££ and £): Men and women are broadly distributed in an equitable way, based on the overall workforce being 70.8% female.

Change in Proportion of Women by Pay Quartile:

Pay quartile	% Women in Pay Quartile		
	2020	2021	2022
££££	58%	58%	55.6%
£££	77.8%	77%	78%
££	78.9%	77%	71.9%
£	70.7%	71%	70.8%

7. Gender Pay Gap: Benchmarking against similar Trusts

2022 data is not yet available for all 10 large acute trusts in London for benchmarking purposes. We instead present complete figures from the March 2020/21 snapshot which is the latest complete comparison of data from relevant trusts.

Regarding overall mean pay gap, Barts Health sits in the middle at 6th out of 10 other large London acute trusts (or 7th when considering media pay gap). Along with Barts Health, the majority of Trusts in the comparison below saw a decrease in the mean and median pay gap in the previous reporting years. Note that these figures are based on snapshots from 2 years ago so comparisons should be used with caution – for example, applying Barts Health's latest median pay gap of 0% would place it very differently.

In addition to seeking best practice from other Trusts, 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 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 12/08/22.

Trust	2019/2020		2020/21	
	Mean Gap %	Median Gap %	Mean Gap %	Median Gap %
University College Hospital	15.2%	9.4%	13.7%	8.9%
St George's	13.7%	9.5%	13.9%	7.9%
Guy's & St Thomas'	15.6%	10.1%	16.0%	8.0%
Imperial College Healthcare	16.8%	11.4%	9.7%	-1.2%
Royal Free London	16.1%	12.7%	14.7%	11.8%
Barts Health	17.5%	12.7%	19.6%	12.6%
King's College Hospital	18.9%	13.2%	18.0%	12.0%
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%	25.1%	20.9%

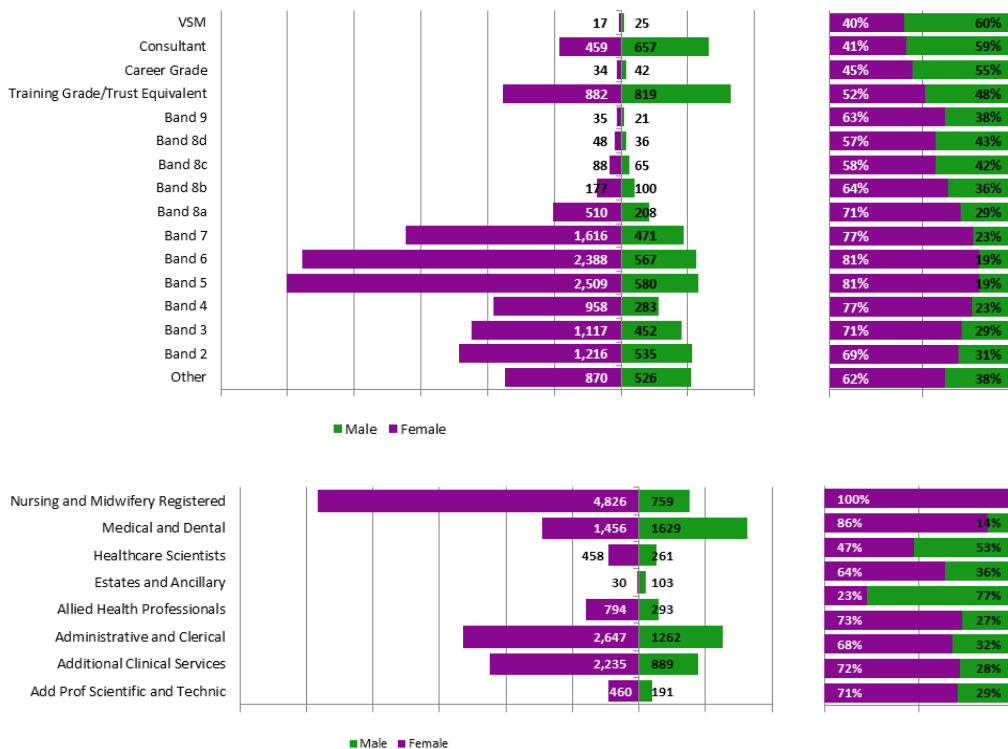
8. Gender Pay Gap Snapshot by band and by staff group

Both staff group and band charts reflect the historical, and still prevalent, gender roles of the hospital workforce. Understanding where gaps exist can help identify what is working well, and where structures exist that reinforce inequality.

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.

The dual challenge here is around increasing the proportion of female representation in the higher AfC bands whilst also increasing male representation at the lower bands.

Summary by band/role March 2022



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 which is 70.8%. When taking this into account, **female staff are underrepresented in all bands above 8a and over represented in bands 5 and 6.** The over representation of males in medical and dental/estates and ancillary also becomes more apparent.

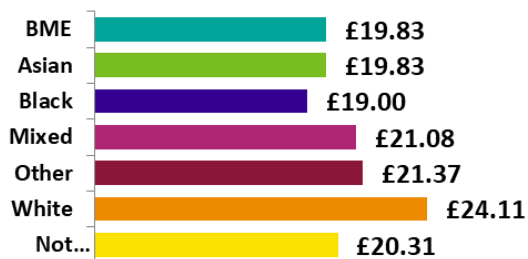
Ethnicity Pay Gap Information (March 2022)

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 Workforce Race Equality Standard (WRES) reporting, which is available separately on our website.

The snapshot included in this report contains a) median and mean ethnicity pay gap, b) proportion of Black, Asian, ethnic minority and white colleagues in each pay quartile.

Median Ethnicity Pay Gap March 2022

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. The median ethnicity pay gap has remained the same since March 2021, after improving in March 2020.

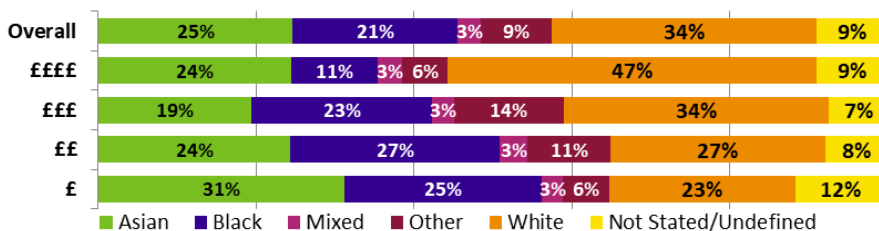
Mean Ethnicity Pay Gap March 2022

17.9% Mean Ethnicity Pay Gap (hourly rate)



For every £1 that the average white colleague earned, the average Black, Asian or Minority ethnic colleague earned £0.82. This has increased 0.9% since last year.

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



- **Highest quartile (££££):** 47% are White, 44% are of Black, Asian , mixed or ethnic minority heritage. Asian and mixed colleagues are represented in line with the overall trust workforce, whilst black and colleagues listing their ethnicity as other underrepresented. White colleagues are over represented.
- **Upper middle quartile (£££):** 34% are white, 59% are of Black, Asian , mixed or ethnic minority heritage. Asian colleagues are underrepresented in this group. White, Black, and mixed colleagues are represented in line with the overall workforce. Colleagues listing their ethnicity as other are over represented.
- **Lower middle quartile (££):** 27% are white, 65% are of Black, Asian , mixed or ethnic minority heritage. Asian, mixed heritage, and colleagues listing their ethnicity as other are represented in-line with the workforce. White colleagues are underrepresented, black colleagues are over represented.
- **Lower quartile (£):** 23% are white, 65% are of Black, Asian , mixed or ethnic minority heritage. Asian and black colleagues are over represented in this group. White colleagues are underrepresented.

Ethnicity Pay Gap as at March 2022 – 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.

	Mean pay by hour (£)	Median pay by hour (£)	Count
Chinese	£ 29.68	£ 25.98	216
White - Irish	£ 28.50	£ 25.17	318
White - British	£ 27.37	£ 24.12	4118
White - Any other White background	£ 26.84	£ 24.10	1094
Asian or Asian British - Indian	£ 27.55	£ 23.76	1519
Mixed - White & Asian	£ 26.30	£ 23.28	120
Any Other Ethnic Group	£ 24.73	£ 22.83	388
Asian or Asian British - Any other Asian background	£ 24.52	£ 22.60	591
White Other European	£ 24.17	£ 21.34	195
Mixed - Any other mixed background	£ 24.62	£ 21.22	152
Filipino	£ 20.72	£ 20.92	1103
Asian or Asian British - Pakistani	£ 24.86	£ 20.90	489
Not Stated	£ 24.76	£ 20.31	1631
Black or Black British - African	£ 20.79	£ 19.83	2103
Black British	£ 19.76	£ 18.15	211
Black or Black British - Any other Black background	£ 19.72	£ 18.01	303
Black Somali	£ 18.79	£ 17.48	128
Black or Black British - Caribbean	£ 19.31	£ 17.07	746
Black Nigerian	£ 18.81	£ 15.71	284
Asian or Asian British - Bangladeshi	£ 17.52	£ 14.81	1333

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

We published our 2021 gender pay gap snapshot earlier this year. In this report, we committed to a number of actions to address the gender pay gap, which can be viewed in full [here](#). Our objectives will remain the same for 2023 to create a sustained change in closing the gender pay gap. The table below summarises progress in the last 5 months against each of our aims since the 2021 report.

Workstream and lead	Aim	Progress so far	Plans for the next 6m
GPG Task & Finish Group	Support BH commitment to reduce GPG through providing deeper understanding of the issues and setting direction of travel	<ul style="list-style-type: none"> Data deep dive reviewing +75% of staff Identified key drivers Developed workplan for closing the gap Join Working Families to learn from best practice 	<ul style="list-style-type: none"> Group continues to meet monthly to review data available, discuss issues delivering key priorities and overseeing progress Next staff group to be reviewed is nursing and midwifery
Flexible working	Support the implementation of flexible working	<ul style="list-style-type: none"> Linking in with various groups and Trusts to understand guidelines, policies and best practice Drafted managers guide to support policy Trust-wide session to raise awareness 	<ul style="list-style-type: none"> Launch the manager's guide on flexible working Continue running Trustwide and site-led events to support implementation
Career progression	Support career development across Barts Health, prioritising groups experiencing higher barriers	<ul style="list-style-type: none"> Kicked off admin and clerical (A&C) development workstream Working on careers week with Education Academy Secured funding to support A&C development Launched career conversations guidance and a large scale inclusive progression framework with multiple development opportunities (mentorship, sponsorship, learning sessions, succession planning, stretch assignments) 	<ul style="list-style-type: none"> A&C Careers week – Feb 23 Women in Leadership training planned for Nov BH and J&J Women in Leadership event planned for November Continue working with inclusion team and wider People Teams to support BH talent management approach
Clinical Excellence Awards	Support the reduction of CEA (bonus) gap	<ul style="list-style-type: none"> Workstream started in Dec 21, current median is still zero as the awards had been equally distributed during the pandemic 	<ul style="list-style-type: none"> CEA group working on plans for next year when normal application processes resume
Intersectionality	Support our colleagues to link GPG with Ethnicity Pay Gap and Disability Pay Gap	<ul style="list-style-type: none"> Reviewed ethnicity pay gap data at GPG working group sessions Offered support to BAME network leads Launched cultural intelligence programme with 400+ attending initial launch phase 	<ul style="list-style-type: none"> Continue working with our network colleagues
Communications	Raising awareness of the current GPG at Barts and plans of action to address it	<ul style="list-style-type: none"> GPG target included as part of the WeBelong refresh GPG trust-wide session Feb 22 GPG presentations outside BH: NHS Confed IWD2022 conference, NHSE network leads, informal discussions across NHS 	<ul style="list-style-type: none"> Run follow up events, including another GPG session for Equal Pay Day in Sept Update GPG infographic with latest report and progress so far

Report to the Trust Board: 2 November 2022		TB 75/22
Title	Barts900 Campaign Update	
Sponsoring Director	Chief Executive, St Bartholomew’s Hospital	
Author(s)	Strategic Projects Lead, St Bartholomew’s Hospital	
Purpose	To provide an update on the 900 th Campaign’s progress to date and to outline next steps ahead of the start of the anniversary year	
Previously considered by	Group Executive Board – 25 October 2022	

Executive summary

This paper provides an update on the overall progress of the Barts900 Campaign including the key fundraising priorities for the Trust, Barts Heritage and St Bartholomew the Great church. The report also details and seeks approval for a proposal for the development of a coat of arms for St Bartholomew’s Hospital as an integral component of the 900th campaign.

Related Trust objectives	
1. To restart and transform clinical services to provide equitable access, high quality outcomes and a focus on population health 3. To make progress on our longer term strategic priorities	

Risk and Assurance	This report provides assurance in relation to objectives 1 and 3 above
Related Assurance Framework entries	

Legal implications/ regulatory requirements	None
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Action required:
 The Trust Board is asked to note the progress of the Barts900 campaign and next steps and to approve the development of a coat of arms for St Bartholomew’s Hospital.

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 2 NOVEMBER 2022****BARTS900 CAMPAIGN UPDATE****INTRODUCTION**

- 1.1 After several years of comprehensive strategic and operational planning, St Bartholomew's Hospital will begin its 900th anniversary year in just over two months' time. Momentum has been steadily building throughout 2022 and significant progress has been made on all aspects of the campaign.
- 1.2 This report details the campaign's recent progress and outlines the priorities required for the coming months in order to ensure that the 900th celebrations and fundraising objectives are successfully delivered. It also puts forward a proposal for the creation of a coat of arms for St Bartholomew's Hospital which would become an integral part of the celebrations. Background information about the 900th partner organisations and their individual fundraising priorities was provided in the paper submitted to the Trust Board in November 2021 (and can be made available to members on request).

GENERAL CAMPAIGN HIGHLIGHTS TO DATE**2.1 Campaign leadership**

The 900th Campaign and Executive boards have increased their frequency to match the demands of the campaign, thereby ensuring comprehensive strategic overview, governance and progress are maintained.

Alwen Williams has now taken over the Chair of the Campaign board from Jacqui Smith who remains a key member of the board. Charles Knight continues as Chair of the Executive board.

2.2 900th Events Programme

The majority of celebratory events for 2023 are now in place and preparations well underway by the 900th partner organisations. Additional educational and fundraising events will be added over the course of the coming months once finalized and details of all confirmed events will be publicised via the Barts900 website from November 2022.

St Bartholomew the Great church (SBTG) formally launched its 900th events with a special Founder's day service on 20 September 2022 and the first joint celebratory public event of the 900th campaign, participation in the Lord Mayor's Show, will take place on 12 November. The procession will comprise a total of fifty walkers drawn from current SBH staff and SBTG church members. The procession will reflect the past and the present of the two institutions with walkers in both period costume and current hospital uniform, as well as representatives from the Barts medical alumni, Barts League of Nurses and the Barts & the London Student Association.

The major joint celebratory events for all 900th partners will focus on a Thanksgiving service at St Paul's Cathedral followed by a reception hosted by the City of London Corporation at the Guildhall. These will replace the traditional May SBH View Day celebrations for 2023 although View Day will still be marked on the SBH site. There will also be a service in St Bartholomew the Great on Foundation Day in March 2023 with details to be confirmed shortly. Work has now started on the development of a Trust guest list for these major events and input from GEB and Trust Board members will be welcomed.

An external 900th exhibition using large cuboid presentation structures, currently in development and led by the Trust's senior archivist, will go on display in the Guildhall Yard in early May 2023, in time for the Guildhall reception. This will subsequently move to be displayed in Aldgate square.

Preparations for the first of the two Trust-wide celebrations to commemorate the NHS 75th anniversary, Barts900 and Newham's 40th in 2023, an enhanced Barts Health Heroes event on 8 February, are well underway. A proposed outline of Trust-wide celebratory events on 5 July 2023 is also currently in development with leads from the main hospital sites and an application for funding will be submitted to Barts Charity by the end of 2022.

2.3 900th Merchandise

The first items of 900th commemorative merchandise, two Gerard Stamp prints commissioned by St Bartholomew the Great and Barts Heritage respectively, were formally launched at the church's Founder's Day event in September.

SBTG, the Barts Guild and Barts Heritage are producing a range of 900th merchandise, most of which will be available from early 2023. This will include items of higher value, such as the Gerard Stamp prints, as well as lower-priced goods including sweatshirts, mugs and pens. These will be promoted via the Barts900 website but purchased from the individual partners.

There will also be two distinct books dedicated to the 900th – SBTG will be publishing its book on 17 November 2022 and Barts Heritage is leading on the production of an official 900th anniversary history of the hospital which will be published in early 2023. A joint academic history conference in the Great Hall is also being planned by Barts Heritage for February 2023.

2.4 900th PR

An in-depth feature on the 900th was published by the Daily Telegraph in August. There was also positive coverage on ITV London news, on-line and in the Daily Telegraph of the work to conserve

the North Wing and the use of a dog to sniff out rot. This follows good coverage of SBH's View Day and the 900th anniversary in May with two radio interviews on Times Radio and BBC London radio.

The Communications team continues to explore a range of other media opportunities including potential coverage by the BBC of the Lord Mayor's Show and a feature in The Times. There is also a possibility of Masterchef being filmed on the site.

A communications and engagement strategy is being finalized which will undertake both PR and engagement with local communities into 2023.

2.5 Barts Charity

Barts Charity's activity on the 900th campaign continues to proceed at pace. A number of productive meetings with potential donors have been held over the past few months, many of which have been as a result of introductions made by senior volunteers, advocates and clinicians around the two 900th healthcare projects. Some applications have been submitted for the Breast Cancer Centre, although more detailed applications to large trusts will be produced when final figures for the project have been received. Applications are also being planned for the Clinical Research Facility.

The Charity is hosting a Barts900 Campaign event at Mansion House on 8 November which will provide an opportunity for the Charity to bring stakeholders and networks together for the first time to share plans for the Barts 900 Campaign ahead of the anniversary year. The event at Mansion House will be attended by the Lord Mayor as well as Barts Charity and Barts Health leadership and the teams behind the two healthcare projects. Guests will include the Charity's existing and potential donors, senior volunteers and advocates, as well as representatives from the City of London. Up to three smaller events with senior volunteers are also being planned between November 2022 and February 2023 that will help introduce the Charity to potential donors.

The Charity continues to engage clinicians and academics around the two 900th healthcare projects, who will play a vital role in engaging potential donors with the campaign and referring grateful patients. The Charity also continues to work closely with seven Philanthropy Board members and numerous other long-term Barts Charity supporters who are committed to supporting the Barts900 Campaign and actively speaking to their networks, including hosting upcoming events. Barts Charity has been promoting the 900th campaign at SBH through posters and leaflets and hosting stalls to speak to staff about how they can get involved. The public fundraising appeal is also currently in process of development.

900TH FUNDRAISING PROJECTS UPDATE

3.1 Healthcare

- **Barts Health Breast Cancer Centre**

Design programme - the clinical teams continue to work with architects on the design of the new breast cancer centre. The next step, considering the current economic climate, is to develop a construction solution which means the new centre can be built within a cost envelope that

provides both world-class clinical services and cost certainty for the Trust and for Barts Charity. The hospital team and Barts Health Capital Projects team plan to provide an update on the design to the Programme Board and the SBH Hospital Executive Board (HEB) by the end of October 2022.

Key to the new centre is improving access to DIEP flaps using abdominal tissue which is regarded as the gold standard for breast reconstruction and requires an HDU length of stay following the procedure. SBH has been awarded £12.4m from NHSE for a new intensive care unit which will enable the hospital to accommodate this increase in required HDU care, as well as reduce cardiac surgery waits arising from the pandemic.

The clinical teams continue to build a network hub model to improve breast cancer outcomes and experience for patients across all four Trust hospitals and, since summer 2022, all breast surgery is now being undertaken on a single site. The Breast service has a contract with the new Nuffield hospital at St Bartholomew's to deliver breast cancer surgery for the next 2-3 years while the new breast centre is being developed and built. The feedback from patients so far has been excellent.

Charity grants application - the initial funding application was submitted in May to Barts Charity and the application was then subject to an international peer review in June. Following feedback, a more detailed account of the clinical case for change was presented by the team of clinicians to Barts Charity's Grants committee in July. Two patients also gave compelling presentations about their own experiences which helped the Committee gain a real insight into the need for investment into the service.

The Programme Board has now received constructive feedback from the Grants Committee and is providing further details of various sections of the bid including patient involvement and engagement, the tissue collection strategy, future growth and innovation, staffing and retention and the new patient pathway.

Business case and project timeline - the full business case (FBC) remains in development and will be completed in 2023 following the outcomes of the detailed design process and tender for construction partners. The FBC progress will continue to be monitored by the SBH HEB and the Investment Steering Committee, with regular updates made to GEB and the Trust Board. The team also continues to work closely with the Charity on next steps and associated timelines. The next progress updates to the Charity Grants Committee and the Barts Charity Board are due in December 2022 and January 2023 respectively.

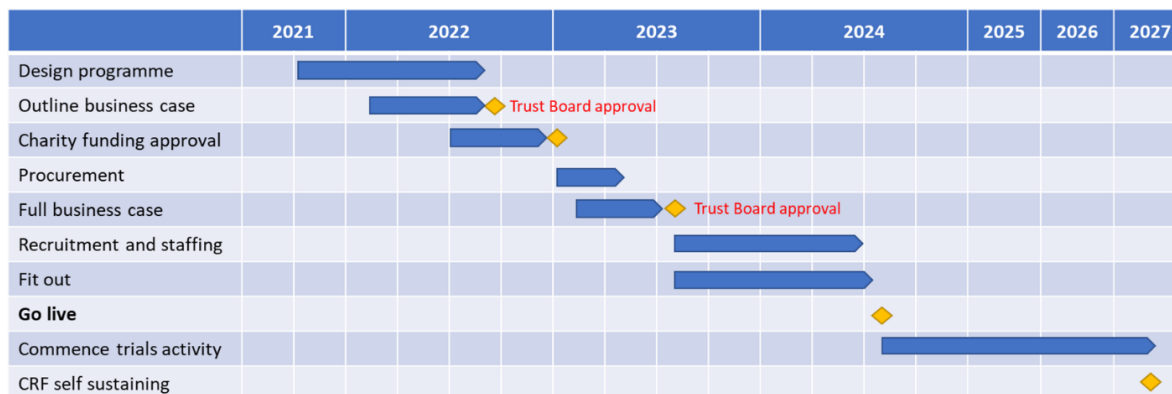
- **Clinical Research Facility**

Design programme - RIBA design stages 2 and 3 have been completed for the new Clinical Research Facility (CRF) on the 15th floor of the Royal London Hospital (15F). Stage 4 is due to be completed by the end of October 2022 and will provide a specification ready for procurement of construction and fitting out in early 2023.

Business case – a draft Outline Business Case (OBC) has been completed which demonstrates that the CRF will meet our Life Sciences and research strategy objectives and provide an overall positive financial contribution to the Trust. The OBC has been reviewed and approved by the Royal London Hospital Executive Board, Investment Steering Committee and Group Executive Board. The OBC is on the agenda for the November Trust Board meeting for review and approval. A full business case will be completed in 2023 following completion of the procurement process.

Charity grant application – a grant application for capital and revenue costs was submitted in May 2022 and presented to the Barts Charity Grants Committee in July 2022. Following feedback from the Charity, the updated application will be reviewed by the Grants Committee on 1 December 2022 before final review and approval by the Charity Board in January 2023.

Programme timeline - the overall programme timeline is shown in the table below. The new CRF is due to open in summer 2024 and reach an operational and financial steady state in 2027.



3.2 Barts Heritage

Barts Heritage continues to make excellent progress towards its fundraising target for the North Wing restoration project with 90% of the match funding required by the National Lottery Heritage Fund (NLHF) having been raised. The charity passed the NLHF’s mid-stage review in late August and the NLHF meets on 29 November 2022 to determine whether the project will be awarded a final (Round 2) pass which will allow the project to start on condition that full match funding has been raised.

Earlier in the year, Barts Heritage appointed architects Purcell as the lead designer on the project. A full team including QS, structural engineer, lighting and acoustic consultant was also assembled at this time. The project start date for the restoration programme remains July 2023, aligning with the anticipated triggering of the Lease for the North Wing, and is expected to be of an 18 month duration.

3.3 St Bartholomew the Great

Fundraising continues for St Bartholomew the Great’s 900th priorities which have been reviewed and refined following advice from the National Lottery Heritage Fund. The key priority remains the creation of an education centre but the plan to create a mental health hub has now been removed and the focus has moved to improved facilities within the church.

The restoration programme for both St Bartholomew’s the Great and the Less remains a key priority. Following successful fundraising via grant-making bodies, the intention is to begin the works to the Less towards the end of the anniversary year and designs are currently being prepared.

The campaign to create a choir endowment continues and two donors have committed to funding a new organ.

COAT OF ARMS

As part of the 900th celebratory plans, two SBH clinicians, Dr. Bruce Wilson and Dr. Martin Lees, have proposed that HM College of Arms is petitioned to grant a coat of arms to St Bartholomew's Hospital.

SBH has an existing shield which has been in use since c. 1420. This predates the founding of the College of Arms and the formal regulation of heraldry in England. The Heralds of the College have confirmed that they recognize this shield as the arms of SBH but it has never been the subject of an official grant. The mediaeval shield, unchanged, would form the core central element of the new armorial bearings for SBH.

Establishing a full coat of arms would add special significance to the 900th campaign and provide a lasting tribute, particularly if this were to be installed as a work of art on the external wall of the main SBH entrance in commemoration of the anniversary. It is also anticipated that this is likely to be of interest from a publicity perspective for the campaign and could be used for merchandising purposes.

Following presentation at the 900th Boards, the initial proposal was endorsed and a working party was established to progress plans to assess whether this would be feasible and viable.

The Heralds actively support the proposal, subject to normal due process. Professor Sir Mark Caulfield, Vice Principal for Health, QMUL, and Director of the NIHR Barts Biomedical Research Centre, has committed to fund the project. The Trust would be the legal owner of the coat of arms on behalf of SBH. This may require some minor legal work although the Heralds have previously encountered similar situations without difficulty.

The aim is for the new coat of arms to be developed and approved in time for the formal illuminated patent of the grant to be presented on View Day in May 2023. In order to meet this timeframe, the Trust will need to approve the proposal and provisional design concept by the end of 2022.

The design below was produced following a review of existing materials, including original documents from the Trust's archives. It should be noted that the College has final approval over the design of all new grants of arms but the Heralds have expressed their support for the current concept and draft design.

Key points of note:

- The core element of the proposed arms remains the SBH mediaeval shield
- The simple Latin motto 'Servire et Sanare' translates as 'To Serve and to Heal'
- The use of black and white matches the long-established colours of the hospital
- The Lion in the crest carries the Rod of Asklepios, ancient symbol of medicine and healing
- The Lion supporters bear the mediaeval seal of the hospital as a pendant
- The crowned lions are inspired by the crowns and lions from the original Priory arms and SBH's status as a Royal Hospital

Proposed Coat of Arms design:



NEXT STEPS

- Arrangements for the confirmed celebratory events in 2023 will be finalized by early 2023 and details disseminated within the Trust and via the Barts900 website with additional outreach to local communities to ensure a comprehensive engagement programme.
- A funding application will be made to Barts Charity before the end of 2022 for the planned 5th July 2023 celebrations for Trust staff and volunteers.
- The 900th partner organisations will continue their respective fundraising campaigns via approaches to major donors and grant-making bodies through the remainder of 2022 and into 2023. Barts Charity's public fundraising appeal will be progressed to start in early 2023.
- The Breast Cancer Centre and Clinical Research Facility projects will be progressed as detailed in section three of this report.
- The coat of arms project will be progressed as detailed in section four of this report subject to approval.
- A further progress report will be made to Trust board in early 2023.

RECOMMENDATION

The Trust board is asked to note the contents of this report and to approve the proposal for the development of a coat of arms as part of the 900th campaign.

Elizabeth Raidan
Strategic Projects Lead, St Bartholomew's Hospital

26 October 2022

Report to the Trust Board: 2 November 2022		TB 76/22
Title	End of Life Care (EoLC) Annual Report 2021/22	
Accountable Director	Alison Hill, Director For Cancer and Palliative Care	
Author(s)	Melanie White, Network Lead Specialist Palliative Care and End of Life Care	
Purpose	Assurance update report	
Previously considered by	Quality Board	

Executive summary

The purpose of the annual report is to provide assurance and an update on end-of-life care improvements and activity including responding to key recommendations made by Care Quality Commission (CQC) reports, National Care of the Dying Audit (NACEL), internal end-of-life care (EoLC) audits/reviews, and the Bereavement Survey across the Trust.

Related Trust objectives

Compliance with NICE Guidance: Quality Standard NG31: Delivery of 7-day face to face palliative care nursing service; Quality Standard QS 144: Care of the dying in the last days of life

Risk and Assurance	Key risks and mitigation to risks detailed in report
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Legal implications/ regulatory requirements	Nice Guidance National Ambitions for EoLC 2021-2026
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Action required

The Trust Board is asked to note contents and approve the annual report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 2 NOVEMBER 2022

END OF LIFE CARE ANNUAL REPORT 2021/22

Barts Health NHS Trust 'EoLC strategy: moving forward together- supporting our staff to care for our community' and related work streams is guided by national priorities and local need, responding to the following five key principles described in Ambitions for Palliative and End of Life Care 2021-2026— each person is seen as an individual, each person gets fair access to care, maximising comfort and wellbeing, care is coordinated, all staff are prepared to care and each community is prepared to help. The strategy is overseen by the Trust EoLC Steering Group with representation from, the hospital sites, bereavement, chaplaincy, specialist palliative care.

Each hospital site is guided by a hospital EoLC Steering Group led by the Senior Responsible Officer (SRO) for EoLC. All four hospitals have an action plan to build on good practice, monitor progress and address shortfalls in EoLC.

We continue to work closely with staff from all hospital sites to implement our Barts Health commitment to people who are in the last months and years of life. The EoLC commitment is a public declaration that caring for those with advanced disease and those who are dying is a core part of what we do at Barts Health. Our pledge to supporting patients and their families at this sensitive time is displayed in key areas across the Trust.

Barts Health NHS Trust End of Life Care Commitment

End of life care focuses on the last years or months of an individual's life. We are committed to working with you and your family to ensure you get the sensitive care and support you need at this important time in your life.

We will ensure your needs and wishes are met attending to any physical, social, emotional, spiritual or religious needs you may have. Supporting the people, we care for to die with dignity in a place of their choice is a priority for us; this involves us planning your care together.

We recognise the importance of your support network therefore we offer our staff training to enable them to look after you and your family. This also involves working with our community partners to ensure you and your family receives compassionate and coordinated care.

Monitoring Performance

- All hospital sites have used clinical Fridays to hold internal EoLC peer review visits to meet with staff, review documentation, visit clinical areas, bereavement offices and the mortuary/deceased holding units
- An EoLC dashboard is in use across all sites

- Site EoLC groups meet monthly to review and action incidents, complaints and monitor the site action plan
- Trust wide steering group meet quarterly to provide an oversight on the Trust-Wide implementation of the EoLC Strategy
- In 2022, the Trust participated in round 4 of the National Audit for care of the Dying (NACEL). Each site received their individual reports for round 3 in 2021 and action plans have been developed

Current Position

- The Trust's End of Life Care Board have met to review the EoLC Strategy 2017-2020
- Delivering a 6-day face to face SPC CNS was stood down during covid due to staffing pressures. This is being resumed from January 2023
- Working with Local and Regional Partners through Waltham Forest Integrated Care Board, Newham CCG, Macmillan, East London Health Care Partnership, EoLC work stream
- All hospital sites held Dying Matters events in 2022 with the theme digital legacies
- Implementation of electronic Emergency Care Plan incorporating DNACPR in October 2019

Education, Training and Support

Developing a capable and compassionate workforce to offer quality end of life care is a priority for Barts Health and is set out in our End-of-Life Care Strategy.

Aim: 2021-2022

To equip our staff with the skills, knowledge, attitudes, and behaviours that are essential to enable staff to support, care and treat people at this most vulnerable time of their lives. Not only at the time of imminent death, but throughout the trajectory of their illness and, for their loved ones, before, during and after death has occurred.

To improve the access and equity of evidence-based relevant End of Life Care education and training resources to our staff in line with proposed trust End of life Care strategy.

Primary outcomes by the end of 2022

- A programme of education will have been delivered to support generic staff so that they are confident to care for patients who may be in the last months, weeks, and days of life
- An increase in the uptake of end-of-life care essential/mandatory training to Trust target of 85%
- Reduction of end-of-life care related incidents and complaints
- Improved satisfaction of care in bereavement survey

- Improved outcomes of the National Audit for care at the end of life (NACEL)

Education Activity from October 2021 to September 2022

- Total number of staff attending training across all sites: 4,753
- Breakdown of attendees by job role

Nurses	Doctors	HCSW's	AHP	Non-clinical	Students
2452	1274	457	247	118	205

- Total number of nurses who have completed T34 syringe pump training: **739**

End of Life Care essential/mandatory training across sites

- Trust target is 85%
- Trust wide compliance rate as at September 2022

NUH	SBH	RLH	WXH
76.64%	80.56%	75.75%	83.17%

Developments

- A fully established end of life care education team with end-of-life care facilitators on each site and a Trust wide education lead
- An established faculty of 14 SAGE and THYME foundation communication skills facilitators delivering a monthly, 3-hour communication skills workshop
- 2-day essential skills for palliative and end of life care course for band 5 and above
- Dying Matters week 2nd – 5th May 2022. A weekly programme of activities delivered virtually focusing on digital legacy and ‘having the big conversation’
- A one-day palliative and end of life care programme for band 2-4 clinical staff as part of the fundamentals of care programme. A one-day introduction to palliative and end-of-life care programme for 2nd and 3rd year student nurses.
- Collaborative working with City University; end-of-life care 15 credit module taught at level 6-7 to restart in May 2023
- An established end-of-life care champions programme with champions forums held twice a year. There are currently 183 end-of-life care champions across the Trust
- Various ad hoc / when required training programmes delivered across site when requested

Quality improvement projects

- Improved access and equity of EoLC resources and trolleys in adult wards
- Assessment and management of pain in palliative patients with dementia
- Improving quality of care for EoLC patients by implementing Gold Standards Framework (GSF) and by decreasing hospitalisation and by enabling deaths at home

Future Projects 2022-2023

- To establish the advanced communication skills programme in Spring 2023. Two facilitators will commence training in October 2022
- Palliative care conference in spring/summer 2023
- An established medical education programme for all grades of doctors
- To establish a Trust-wide training programme to support the implementation of Urgent Care Plan (UCP) to replace CMC

Babies, Children and Young Persons (BCYP)

Significant progress has been made across Barts Health in recent years in strengthening the workforce to secure consistent, high-quality support for BCYP requiring palliative, end-of-life and ongoing bereavement care for families/siblings. We remain committed to achieving and sustaining the national requirement of the NICE NQS 160 and use this as a framework for on-going focus/improvement.

Paediatric Critical Care Unit (PCCU) at the Royal London Hospital has a Family Liaison Nurse and Psychologist in place, to support children and families facing complexity, including end of life situations.

The Royal London, Neonatal Unit have appointed a new bereavement and palliative care nurse specialist role alongside psychology, who works directly with families and is strengthening training of staff.

Across the Barts Health group we also have a Child Death Nurse co-ordinator to ensure statutory child death processes are of high quality and are completed in a timely manner. The role is essential in ensuring data is of high quality to inform learning at Northeast London, London region and national levels, as part of the NHS England Child Mortality work, to prevent future deaths. The post also has a remit for enhancing family experiences and for linking families to ongoing key worker support provided by Child Bereavement UK (CBUK).

System wide CYP end-of -life/bereavement meetings with ELFT, CBUK, Richard and Haven House, along with local meetings at RLH, NUH and WXH are also in place, ensuring all areas learn and work to continuously improve EoLC/bereavement care. BCYP end-of-life/bereavement care remains integrated into the Barts Health BCYP Preceptorship Programmes delivered by Paediatric Practice Development Nurses (PDNs).

Areas for Improvement

Gathering feedback from families that have accessed services to continually review and improve where necessary needs to continue. This year an annual children's memorial ceremony was held in

the Walthamstow Wetlands co-ordinated by the PCCU Family Liaison lead, this was positively received by families. The support of Barts Health Chaplaincy team was hugely valued for this event.

Establishment of a streamlined process to manage neonatal deaths liaising with Obstetric, neonatal and midwifery colleagues, will be achieved supporting Perinatal Mortality Review (PMRT) and mothers and babies reducing risk through audit and confidential enquiries across the UK (MBRRAC) processes.

Establishment of a clear out of hours process for all sites regarding viewing children in the mortuary, liaising with mortuary teams, Bereavement Lead, site teams, coroners and Child Abuse Investigation Teams (CAIT) will be achieved.

Liaising with Information Governance, some patients are not marked as deceased on Cerner, a process to ensure children who die outside of Barts Health records are updated, working with data quality team, currently there is no single point of contact for this.

Deceased Holding Unit (DHU)

Current

A monthly DHU teams meeting has been established and invited are: DHU Operation Managers, Lead Clinical site Managers responsible for overseeing DHU's, Trust Bereavement Lead, Bereavement Officers, Trust Lead Cancer Nurse, Head of Chaplaincy, Senior Medical Examiner Officer and DHU staff. These meetings enable us to share information, discuss any issues that may arise and find solutions jointly.

CCTV has been installed in all DHU Fridge areas to protect the security and dignity of our deceased patients.

A Viewing Identification Form was introduced for all sites to use. Relatives sign the form to confirm that the details of the deceased person in the viewing suite are correct and this is the patient that they have come to see. This is an extra safeguard put in place to ensure that the correct patient is in the viewing room.

Challenges

All sites are experiencing deceased patients staying longer in our DHU's due to funeral poverty which impacts fridge capacity.

Future Plans

Extra bariatric fridge/ freezer spaces at RLH site

Newham refurbishment – Ongoing since 2016

Increasing fridge capacity at SBH

Bereavement

As hospital restrictions ease our work reflects the return to a new normal. The pandemic has brought about some positive changes for example the Barts Health Bereavement Internet which staff can signpost the bereaved to when they are unable to attend the hospital.

Information booklets

The trust wide booklet '*What to do when someone close to you dies*' was updated and relaunched in October 2022. The booklet title no longer references the pandemic, informing the bereaved of the changes nationally for example, while the hospital continues to scan the Medical Certificate Cause of Death over to the registry office, families are required to register the death in person once again.

Medical Examiner Service

Medical examiner officer (MEO) roles were introduced across the group April 2022, and work alongside the Medical Examiners.

Senior Medical Examiner Officer	Band 7 x1 WTE
Medical Examiner Officer	Band 6 x2WTE
Medical Examiner Officer	Band 5 x2 WTE

This is an independent service hosted by Barts Health, funded by DoHSC, now with a full complement of posts (see table). The purpose of the service is to scrutinise all non-coronial deaths, which includes conversations with the patient's family and medical team. Data collected is reported nationally on a quarterly basis and will eventually include community deaths. The service is expected to become statutory in April 2023.

Bereaved carers survey

Barts Health bereaved carers survey has been updated and relaunched across the group on the first of January 2022. Hospital bereavement officers and volunteers provide the administrative support required. The survey posted approximately 6 weeks following the patient's death all includes the trust condolence card and an invitation to the trusts annual multifaith service of remembrance held at St Paul's Cathedral.

Events

Barts Health and St Joseph's Hospice Annual Service of Remembrance at St Paul's Cathedral, will be held in person for the first time in two years, on the 30th October 2022 at 17:30. This is a multifaith service welcoming bereaved families and hospital staff.

The 15th Bart's Heath Bereavement Conference, titled: Looking back, moving forward, was held in person 25th July 2022. Delegates were invited from across Barts Health, along with third sector partners and colleagues from BHRT. The conference report which includes delegate feedback is available on request.

Policy

The Outstanding Deaths pathway was created 2017 to guide bereavement staff when deceased patients remain in the hospital mortuary for periods longer than a month. It was recommended that the guidance becomes policy; the draft policy currently awaits review by the trust legal team.

Trust Bereavement Policy was reviewed and presented to Trust Policy Committee in February 2022, with the Chair recommending the trust legal team review the policy. This has proven difficult to achieve and the policy will be ratified, by the end of October 2022.

Trust Patient Property Policy. The pandemic highlighted inconsistency in how patients' property was dealt with across the group, which became a significant focus for relatives following the death of a loved one. The policy is currently under review with plans to relaunch in January 2023.

Raising bereavement awareness

Baby Loss Awareness Week, 9-15th October 2022, will be held face to face for the first time since the pandemic. Held over three days across the maternity hospitals, bereavement colleagues across the sites will help 'Break the silence' on pregnancy loss by hosting information stalls, selling cakes to raise funds for 4Louis the bereavement charity who supplies our beautiful memory boxes. The public and staff will be welcome, the event is supported by the Women's Network, Health and Wellbeing and the Muslim Bereavement Support Service.

Resources

It is well documented in the bereavement literature that 'small things make a big difference'; with the support of Barts Charity we can make this happen. In recently years their generosity has enabled us to purchase memory boxes and age-related story books intended to help support parents/guardians talk to children about the death of a loved one.

In October 2022 the charity started the Everyday Initiative, a bid has been submitted which if successful will support the purchase of Heartbeat Bears enabling sonographers to offer parents a recording of their baby's heartbeat during a high-risk pregnancy. The bid also has requested funding to provide bereaved patient property bags.

Resuscitation Plan (DNACPR)

The electronic Resuscitation Plan was introduced across the Trust in October 2019. There were initial concerns with the banner bar in CRS showing the correct status for the patient, which was remedied and relaunched a few months later. The Resuscitation service has carried out a lot of education and training for all groups of staff on the process and developed guidance for the wards on who can create the forms. There remain a few challenges relating to an increase in patients who have valid DNACPR decisions, having CPR. This is mainly due to staff being unaware that their patients have a DNACPR decision. We ask all staff to check their patient's resuscitation status at the beginning and end of their shifts, so an accurate handover can be given. However, due to staffing levels this has been challenging

to achieve. The creation of the forms is much improved, but we need to focus on the printing of the smart templates, so when a patient is transferred or there is downtime, staff have a paper copy of the form. We have updated the policy to reflect this and clarify that these forms must be kept in a central folder and checked daily.

Chaplaincy

Barts Health NHS Trust employs 10.5 WTE chaplains. The chaplains provide spiritual, pastoral, and religious care to patients, families and staff as part of the Trust's commitment to holistic care and enhancing patient experience, including at the end of life. We have employed chaplains from the Church of England, Roman Catholic and Muslim faiths. Support is available from the Buddhist, Jewish, Jehovah's Witness, Hindu, Sikh, and Evangelical Christian communities. Chaplains are available 24 hours, 7 days a week to respond to emergencies at all the hospitals and a request can be made for a Christian, Muslim, Jewish or Roman Catholic chaplain at any time. Chaplains work very closely with the Palliative Care teams across all the hospitals.

Complementary Therapies Service

The Complementary Therapies Service (CTS) at Barts Health NHS Trust was established in 2005, to help meet the supportive care needs of palliative care patients. The CTS quickly expanded to include patients with a cancer diagnosis. In 2019, the CTS started working with patients referred by the Dementia and Delirium Team. Following referral, the CTS helps patients identify their own priorities for care and then offers interventions to manage any symptoms identified over a single or course of treatments. A range of therapies are offered: Massage, Biodynamic Massage Therapy, Reiki, Reflexology, Bowen Technique, Shiatsu, Aromatherapy and Guided Relaxation and Yoga Classes. We also run a series of patient education workshops to assist with the management of commonly experienced symptoms such as fatigue. The CTS is currently available Monday to Friday at Whipps Cross Hospital and on Mondays and Thursdays at St. Bartholomew's Hospital.

In 2021/22, the CTS received a total of 308 referrals. Referrals are lower than in previous years due to the ongoing impact of COVID-19. The service has already received 400 referrals in the first 28 weeks of the current financial year and is on track to return to pre-pandemic levels.

In 2021/22, the CTS provided 1,379 treatments. The number of treatments had reduced in the last two years due to the COVID-19 Pandemic. In the current financial year, the CTS has already surpassed the number of treatments provided in the whole of the previous financial year. Volunteer Therapists provided almost £70,000 worth of treatments at no cost to the Trust (Calculated at £50 per treatment if the therapist was invoicing us).

The CTS continues to support Trust Health and Wellbeing initiatives for staff – including staff treatment days, and support for specific teams e.g., the Pharmacy Team and some wards. We also provided support during the pandemic, including dispensing hundreds of aromatherapy inhalers.

Site Updates

St Bartholomew's Hospital

CQC and Audit

- CQC have yet to inspect EoLC at SBH. A visit is expected in the near future
- The National Audit for Care of the Dying in 2021 scored above the national average in 5 of the 9 domains
- Scoring 100% in all case note reviews for recognition that a patient was dying
- The site also scored highly in communication with family and others documenting the possibility the patient may die and involving them with individualised plans of care
- Despite higher than national average scores - improvements are still needed in majority of areas

Site Specific areas of good practice

- Bereavement boxes and folder resources available in key areas
- 38 EoLC Champions onsite
- Wards with 100% T34 syringe driver pump training compliance
- SPC are core members and attend 6A and ITU MDMs
- SPC has developed links with grown up congenital heart disease MDT (GUCH), this helps to identify patients early on in their disease
- Standard operational policy developed for managing sudden deaths in the HAC
- Multi-faith forum for EOLC
- EoLC is on the agenda of the Senior Nurse Board key metrics and action plans are discussed including learning from compliments and complaints
- LBGTQ+ working group developing training for staff around diversity to then be rolled out across the trust

Future Plans

- Organise focus groups to understand the needs of Jewish and Muslim bereaved family and carer

The Royal London Hospital (RLH)

CQC and Audit

- CQC 2018 inspection rated the hospital as 'good' in all 5 EoLC domains moving from 'requires improvement' for EoLC in 2016
- The National Audit for Care of the Dying in 2021 scored above the national average in 5 of the 9 domains
- Scoring 100% documentation/discussion regarding treatments and individualised care planning at the end of life
- Despite higher than national average scores - improvements are still needed in majority of areas

Site Specific areas of good practice

- Bereavement trolleys and folder resources available in key areas
- 68 EoLC Champions onsite
- Some wards with over 90% syringe driver training compliance
- NHQI collaborative project has led to a simulation training session around communication relating to treatment escalation plans and DNACPR
- SPC team CNS having allocated wards to support with specifically designed short sessions for ward-based teaching
- Debriefing sessions offered by chaplaincy and SPC to staff following complex deaths

Future Plans

- Improve uptake of compassionate care plan
- To provide medical education on end-of-life care as part of the core curriculum

Newham University Hospital

CQC and Reports

- Following a CQC inspection on end-of-life Care (2018) the CQC upgraded two of our domains, 'caring' and 'responsive' ratings from 'requires improvement' to 'good'. The overall rating remained as requires improvement
- The National Audit for Care of the Dying in 2021 scored above the national average in 3 of the 9 domains
- Scoring 100% with communication that the possibility the patient may die and discussing individualised care planning at the end of life
- Despite higher than national average scores - improvements are still needed in majority of areas

Site Specific areas of good practice

- Memory making (handprint kits, hair locks and memory boxes)
- Availability of sleeper chairs for patients families and loved ones to stay overnight
- Comfort care packs available to relatives and carers

Future plans

- Re-build the Deceased Holding Unit and bereavement office to ensure the best environment to care for the deceased and their bereaved families

Whipps Cross University Hospital

CQC and Reports

- The last CQC inspection in 2019 rated EOLC as requires improvement and a further inspection is expected in the near future
- The National Audit for Care of the Dying in 2021 scored above the national average in 8 of the 9 domains
- Scoring 100% in all assessments Inc. symptoms, mouth care, bladder & bowel, pressure areas and meeting hygiene requirements
- Despite higher than national average scores - improvements are still needed in majority of areas

Site Specific areas of good practice

- QI project ongoing to improve recognising end-of life and preferred place of death and preferred place of care
- QI Project ongoing to improve pain management in OPS patients with dementia
- Training of two OPS wards ongoing for GSF to improve quality of care for EoLC patients, decreasing hospitalisation and by advocating for PPC/PPD
- New champions with special interest on addressing inequalities in EoLC to improve access to palliative and EoLC for disadvantaged groups (LGBTQ, Learning Disabilities, Homelessness)
- SPC Consultant leads now attending board rounds which have improved CCP compliance from below 50%
- Integrated Care Service work with Waltham Forest
- The Margaret Centre achieved GSF (Gold Standards Framework) accreditation in September 2019 and is due for renewal in 2023

Future plans

- Recruitment for SPC social worker is underway
- The Waltham Forest Community Palliative Care Team have undergone a service redesign in 2021/22 and now works in greater collaboration with both the network and NELFT partners to deliver specialist palliative and EOL care services to patients in the borough of Waltham Forest.
- This is in conjunction with a wider piece of strategic work by the Waltham Forest Redevelopment Programme Board who are reviewing Palliative and EOL care services in both Waltham Forest and Redbridge.
- To date there has been an extensive scoping exercise reviewing current service delivery including the Margaret Centre in -patient unit and an undertaking of public and patient engagement.
- The programme consists of several phases. The next phase is to develop an options appraisal to review different models of care delivery across the “footprint” and the financial cost of each. This is an exciting piece of work which will bolster current service provision and improve equity of access to Palliative Care to residents living in Northeast London.

Key Risks / Issues

1. 7-day face to face SPC CNS service is not achievable with current nursing establishment
2. The lack of an in-context link for accessing UCP in CRS will slow down the roll-out of this vital tool in the trust impeding the sharing of patients wishes regarding DNACPR and preferred place of death. There also needs to be a governance framework.
3. Lack of a specialist pharmacist for palliative care affects the education and knowledge of generic ward pharmacists reducing the recognition of drug errors and ensuring that local guidelines are up to date
4. Lack of electronic individualised care plan for the dying patient (the compassionate care plan) risks failure to meet NICE guidance (QS)31 and affect CQC ratings
5. Non equitable palliative care provision across the sites, non-quorate MDT's
6. End of life care discharges – MAAR chart issues with communication from acute Trust to primary care
7. Recruitment of Clinical Nurse Specialists particularly at Newham Hospital
8. DNACPR incidents and validation concerns

Recommendations to Mitigate Risks

1. The Cancer Leadership Team at SBH have developed a business case to secure the budget for additional staffing to deliver a SPC 7-day face to face service. In the meantime, 0.6wte cost pressure has been agreed to support the delivery of a 6-day service starting in January 2023 at St Bartholomew's and The Royal London hospital, March 2023 at Whipps Cross Hospital and start date to be confirmed at Newham Hospital once vacancies are appointed to
2. Funding request for a project manager to support links with Trust systems and UCP has been escalated to medical and nursing leadership with no response. SPC team members have access, work is underway by team to support roll-out
3. 8A link pharmacists have been identified at each site to work with SPC and other pharmacists. Electronic prescribing which includes syringe driver and prescription bundles for dying patients will improve safety
4. Awaiting digital document to be presented to change board for approval. Paper version currently being used
5. Business case development from Palliative Care
6. Tower Hamlets working group to improve communications

7. Recruitment drive, open days, b6 development posts
8. Focus has been on the printing of the smart templates. Policy has been updated to reflect this and clarify that these forms must be kept in a central folder and checked daily. Education regarding validation of forms within 24hrs is ongoing along with regular audits

The committee is asked to acknowledge the significant improvements that have been made across the sites and to note the improvements required to mitigate the risks identified.

Report to the Trust Board: 2 November 2022	TB 77/22
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Title	Annual organisational audit (AOA) report and statement of compliance for Responsible officers and revalidation for Medical and Dental Staff
Accountable Director	Group Chief Medical officer
Author(s)	Dr Liat Sarner, Responsible Officer
Purpose	This report is a framework of quality assurance for NHS England and Barts Health in relation to revalidation and appraisal compliance for Medical and Dental staff.
Previously considered by	GEB and Trust Board November 2021

<p>Executive summary</p> <p>The Annual Organisational Audit (AOA) exercise has been stood down since 2020, the annual 2021-22 report is attached. The purpose of the report is to ensure the Trust is in line with key national guidance and compliant with compulsory regulations set by NHSE, a copy of this report is shared with NHSE to provide assurance to the higher-level responsible officer (HLRO) at NHSE. This report will act as evidence for CQC inspections.</p>

Related Trust objectives

Risk and Assurance	This report provides assurance in relation to the annual organisational audit (AOA) report for appraisal and revalidation for all Doctors who's designate body is Barts Health.
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Legal implications/ regulatory requirements	NHSE statutory requirement Trust Board tabled item CQC requirement
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<p>Action required</p> <p>The Trust Board is asked to note the Annual Organisational Audit (AOA) 2021-22 and statement of compliance in relation to Medical and Dental staff at Barts Health who have their responsible officer (RO) and designated body.</p>
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Classification: Official



Publication reference: PR1844

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2022

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes

Dr Liat Sarner has taken over as RO (12.9.22)

Action for next year: Review of RO office infrastructure including consideration of deputy RO and revalidation leads

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

No

Action for next year:

Given the increase in GMC prescribed connections we are currently conducting a scoping exercise to align the appropriate resources and infrastructure to support 2119 doctors.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Yes

We currently have 2119 non training doctors connected to our designated body

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes

The Medical and Revalidation and Appraisal policy is in place and approved 30/11/20

Action for next year: Due for review 30/11/23

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

No peer review has been undertaken since the last report

Action for next year: To complete a peer review process. Currently scoping and in discussion with external provider for peer review and or to consider internal audit team to undertake this.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

We support bank doctors on our systems ensuring that they work with adequate frequency to be connected to our DB

Action for next year: Appointment of appraisal leads to ensure appropriate support for temporary medical staffing.

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

We use the electronic PReP appraisal system which incorporates the essential criteria for appraisal, including a detailed section on scope of practice. There is a section included to cover any significant events or complaints. The form has been modified to include discussions around the impact of the pandemic and wellbeing. The system also embeds patient and colleague feedback.

Action for next year: Explore the use of PReP system to facilitate patient feedback for remote consultations.

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Postponements have either been for approved absence or agreed and rescheduled with a plan in place. These are frequently related to health issues. Appraisal rates were 94% as at March 2022 which is an increase from 74% in March 2021. Each hospital in the group is actively managing those with overdue appraisals.

Action for next year: Reviewing structure of appraisal/revalidation office to ensure more hospital based appraisal/revalidation leads enabling further scrutiny of appraisal quality and support for those that are overdue

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Policy in place, approved 30/11/20

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes

The Trust currently has 539 trained appraisers. The list is actively managed in terms of recruiting new appraisers and ensuring existing appraisers have regular update training

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

The last formal training for appraisers took place in April 2022 and we have had a blended learning approach using E- Learning and Webinars hosted by Miad Healthcare. Further appraisal training and refresh course will likely to be taking place 2023, quarter 4 2022-2023.

We are currently evaluating the ongoing support requirements for appraisers e.g. forums, training, new appraiser buddy system

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Our appraisal system provider regularly reviews GMC and NHSE requirements and have adopted the MAG Lite input form.

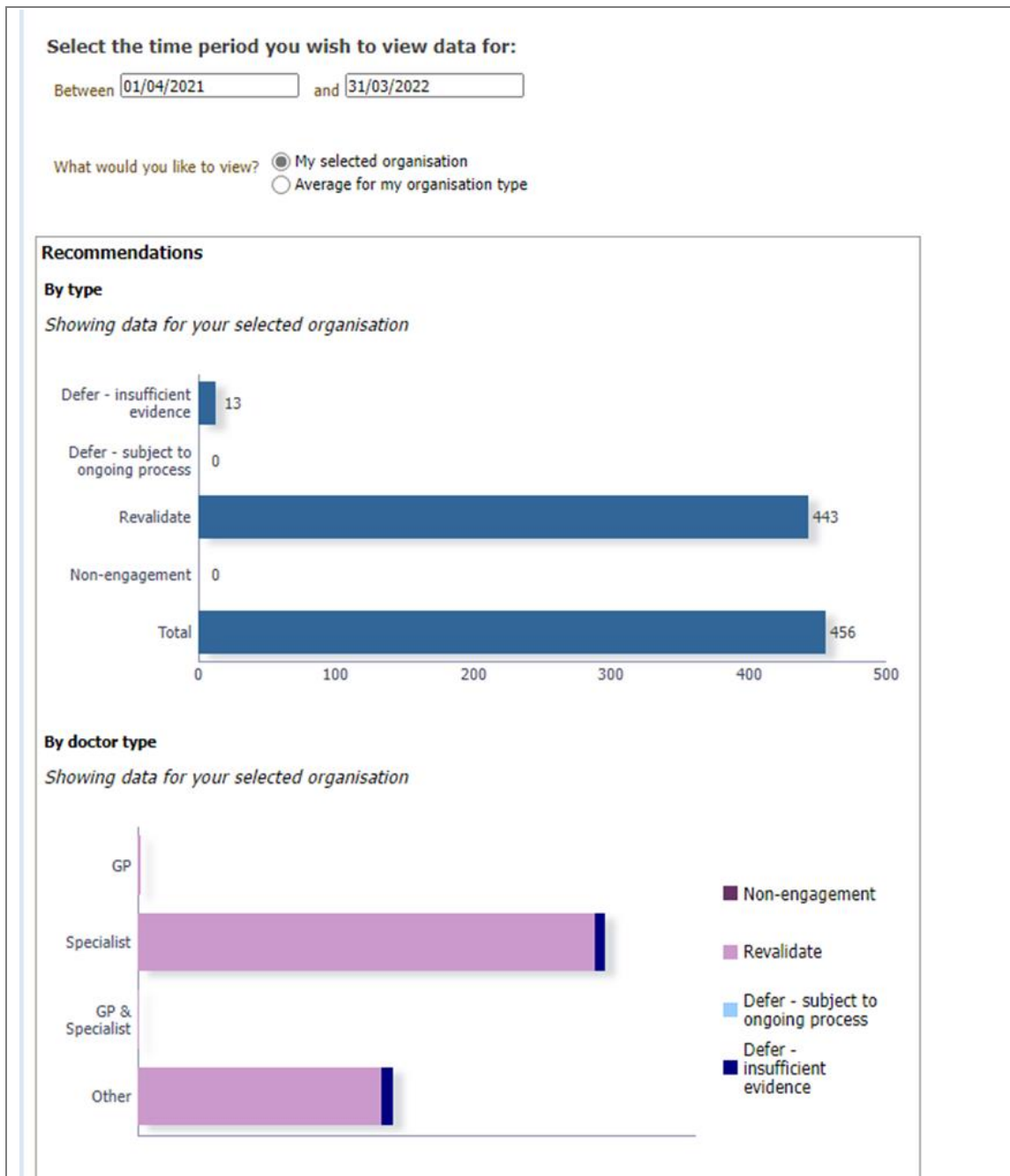
Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2022	1998
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	1838
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	160
Total number of agreed exceptions	69

Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.



- Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Revalidation meetings are conducted weekly looking prospectively at evidence collected to ensure that any gaps are resolved prior to revalidation dates. There are a small number of deferrals that occur where doctors have not collected sufficient evidence to

recommend revalidation with clear action plans in place to reconcile any gaps in time. These are all discussed with the doctors concerned in a timely fashion.

Non-engagement is the same process which applies to those who aren't engaging. If there is no response then effort is made to contact the doctor via different means to ensure every attempt to communicate effectively is made.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The documentation of QI and Significant events is a formal part of the appraisal process. Electronic evidence of clinical effectiveness activity can be linked with the appraisal system. The Trust has a robust governance structure which all doctors are expected to participate with.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Our systems interface with other data capture systems such as statutory and mandatory training. Evidence of significant events such as serious incidents and complaints are uploaded manually to the doctors appraisal documents.

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

There are regular meetings between the RO and the GMC Employment Liaison officer. Formal policies are in place to manage any FTP concerns (MHPS) with medical HR advisors at each hospital and Head of Medical People Relations for the Trust. Each hospital Medical Director manages any FTP concerns which are reported monthly via the medical HR teams to the Trust and Non-executive director responsible.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent

governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.²

ER software is used for monitoring which is reported monthly to the NED on the Trust Board.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.³

The RO completes MPIT forms for RO to RO transfer of information which is coordinated by the revalidation manager.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

There are robust processes in place for responding to concerns about doctors' performance and fair and free from bias and discrimination including pause and reflect processes prior to any decision regarding formal action and involvement with Head of people in any process. The JLNC and Medical council are kept up to date with any policies.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

This is managed by the central medical recruitment team. We have good working relationships with bank partners regarding locums.

² This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

Overall conclusion:

General review of actions since last Board report

-The majority of Drs have restarted their regular appraisal cycle following the pandemic hiatus and are using the Mag Lite input form which is due to be updated in a few months.

For those that are overdue, regular supportive reminders are sent and 121 support is available where required.

Current Issues

We have over 200 more connected medics compared to last report which has resulted in higher number of appraisals with Barts Health. Due to the additional number compliance has reduced from 94% in March 2022 to 84% from last report August 2022.

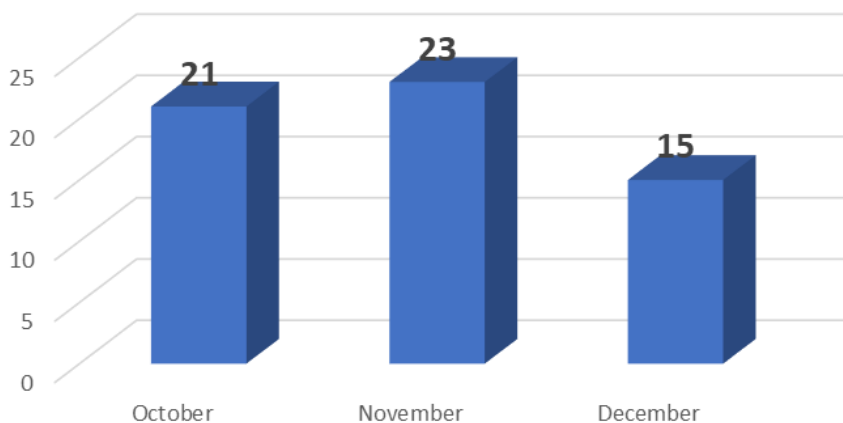
New Actions:

We will be conducting a scoping exercise to recommend and embed an updated structure for the revalidation team

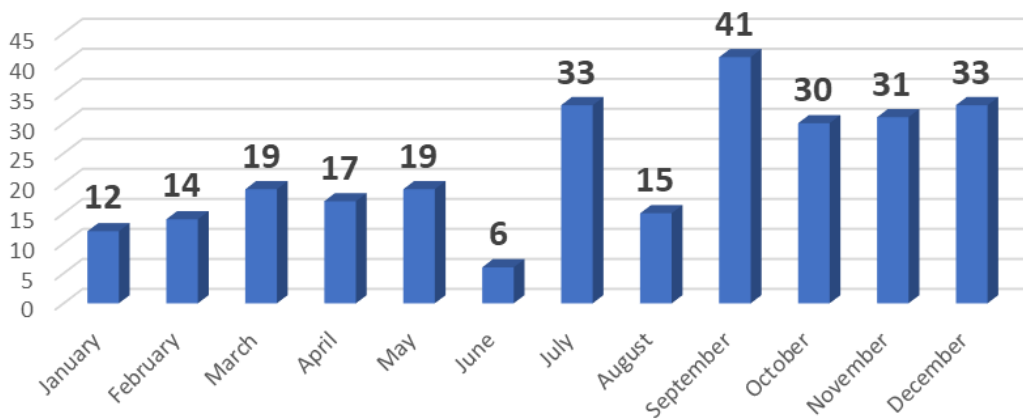
We will look to undertake a peer review of our appraisal system including an audit of the quality of appraisals.

Additional training and refresher courses for new and existing appraisers will be delivered.

Revalidation Projection with submission dates in 2022



Revalidation submission profile for 2023 taken from GMC Connect



Overall conclusion:

We have seen an increase of 5% of prescribed medics compared to the last report in relation to number of appraisees at Barts Health.

Premier IT are in the process of introducing a Mag Lite 2022 input form should further assist with streamlining process. Wellbeing will continue to be used within the input form as part of the appraisal process.

The structure of the RO office will be reviewed, and any recommended changes implemented.

Section 7 – Statement of Compliance:

The Group Executive Board of Barts Health NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Professional (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Official name of designated body: Barts Health NHS Trust



Alistair Chesser

Name: Professor Alistair Chesser

Signed:

Role: Group Chief Medical Officer

Date: 19th October 2022

Report to the Trust Board: 2 November 2022	TB 78/22
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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:	
10 August 2022	
<ul style="list-style-type: none"> A deed of indemnity to support enabling, building and installation works on PFI estate at Newham Hospital, between Project Co (Healthcare support [Newham] Ltd) and Barts Health NHS Trust. 	
5 October 2022	
<ul style="list-style-type: none"> An underlease of part of Newby Place Health and Wellbeing Centre, 21 Newby Place, Tower Hamlets E14 0EY between Community Health Partnerships Ltd 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.