

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
 Wednesday 1 March 2023 at 11.00am in the Boardroom, Whipps Cross Hospital, Whipps Cross
 Road, Leytonstone E11 1NR
Scheduled to end by 13.45

AGENDA

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

		Paper TB	Lead	Time
1.	WELCOME		Rt Hon J Smith	11.00
2.	APOLOGIES FOR ABSENCE: Mr M Turner			
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 18 January 2023 and review the action log appended to the Minutes	11/23	Rt Hon J Smith	11.00
5.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
6.	PATIENT STORY To hear a patient story		Ms C Alexander	11.00
7.	CHAIR'S REPORT To receive the Chair's report		Rt Hon J Smith	11.25
8.	CHIEF EXECUTIVE'S REPORT To receive the Chief Executive's report		Mr S DeGaris	11.30

		Paper TB	Lead	Time
9.	PROVIDER COLLABORATION To receive an update on recent developments	12/23	Mr M Trainer	11.35
QUALITY AND PERFORMANCE				
10.	INTEGRATED PERFORMANCE REPORT – 2022/23 M10 To receive the report and discuss: <ul style="list-style-type: none"> • Operational performance • Quality and Safety • People • Financial performance • Equity 	13/23	<i>[by exception]</i> Ms R Carlton Prof A Chesser / Ms C Alexander Mr D Waldron Mr H Virdee Mr A Abraham	11.45
11.	REPORTS FROM BOARD COMMITTEES 11.1 Finance Performance and Investment (oral) 11.2 Audit and Risk Committee 11.3 Quality Assurance Committee 11.4 Nominations and Remuneration Committee	14/23 15/23 16/23	Mr A Sharples Ms K Kinnaird Dr K McLean Rt Hon J Smith	12.25
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
12.	PEOPLE STRATEGY IMPLEMENTATION To receive a report	17/23 (to follow)	Mr D Waldron	12.35
13.	MATERNITY To receive a report on Maternity quality and safety	18/23	Ms C Alexander & Ms S Nimmo	12.45
14.	PATIENT EXPERIENCE To receive an assurance report	19/23	Ms C Alexander	12.55
15.	ST BARTHOLOMEW'S HOSPITAL 900TH ANNIVERSARY To receive an update	20/23	Prof C Knight	13.05

GOVERNANCE				
16.	YEARLY REPORTS To approve the Guardian of Safe Working report	21/23	Prof A Chesser	13.15
17.	USE OF THE SEAL To ratify use of the Trust Seal	22/23	Mr S Collins	13.20
18.	ANY OTHER BUSINESS			
19.	QUESTIONS FROM MEMBERS OF THE PUBLIC			13.30
20.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 3 May 2023 at 2.30pm in the Great Hall, North Wing, St Bartholomew’s Hospital, West Smithfield, EC1A 7BE.			
21.	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 18 January 2023 at 11.00am in Room 1.36, 1st Floor, Garrod Building,
The Royal London Hospital, Whitechapel E1 2AD

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 (Associate Non-Executive Director) *
- Mr A Abraham (Group Director, Inclusion and Equity) *
- Ms C Alexander (Chief Nurse)
- Professor A Chesser (Chief Medical Officer)
- Mr A Hines (Director of Corporate Development) *
- Ms R Carlton (Chief Operating Officer)*
- Mr C Pocklington (Deputy Chief Operating Officer) *
- Mr M Turner (Interim Director of Strategy) *
- Mr H Virdee (Chief Finance Officer)
- Mr D Waldron (Director of People) *

In Attendance:

- Mr A Finney (Whipps Cross Redevelopment Director)
- Mr D Monk (Independent Chair, Pathology Partnership)
- Mr A Knott (Managing Director, Pathology Partnership)
- Mr S Sharma (Deputy Trust Secretary)

Apologies:

- Mr C Williams (Associate Non-Executive Director) *
- Mr S Collins (Trust Secretary)

** Non-voting member*

01/23 WELCOME

The Chair welcomed Board members, staff and members of the public to the

meeting. She gave a special welcome to Ms Rebecca Carlton, attending her first Board meeting following appointment as the Trust's Chief Operating Officer. She also had been pleased to meet with the Chief Executive of the Royal London Hospital as part of the Board visit to wards and departments earlier that day.

Professor Sir Mark Caulfield provided a brief history of the venue which contained an array of specimens evidencing the chronology of various diseases. The venue dated back to the 1880s, with the Barts and The London medical school the oldest medical school in England.

02/23 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).

No declarations were made.

03/23 MINUTES

The Minutes of the meeting of the Trust Board held in public on 2 November 2022 were received and approved.

04/23 MATTERS ARISING

The Chief Nurse highlighted that the improvement plan, developed for all maternity centres following the latest inspection in November 2022, had been submitted to the CQC on time. The Trust was now participating in the national maternity safety programme. The Chief Nurse confirmed the Board would have the opportunity to review the current work being done to comply with national maternity CNST standards at the next meeting and this would include a comparison to other Trusts.

05/23 STAFF STORY

Saeedul Haque, MDT Coordinator for the Vascular Surgery team at The Royal London Hospital was accompanied by Dr Vivienne Monk, Deputy Head of Quality and Efficiency at St Bartholomew's Hospital and Business Liaison for Project Search to share his experience of participating in the Project Search programme. The programme offers skills and job training to young people with autism or learning disabilities and had been running successfully for ten years with over 70% of participants finding substantive work following completion of placements, many of them in Trust hospitals. Saeedul spoke of how his life had been transformed by the chance to learn and work at the Trust and was a passionate advocate for Project Search, a programme that he had successfully participated in, firstly as an intern. He had worked in endoscopy as a

receptionist and scheduler before progressing to working on patient experience. He had made such progress that within a year he had obtained a Bank role in endoscopy and was now employed as a permanent staff member. Saeedul and Vivienne asked the board to support a further expansion of Project Search, as part of the Trust's community role as an anchor institution in east London.

The Chair was delighted to hear about Saeedul's progression and thanked him and Vivienne for sharing the staff story. She welcomed contributions from Board members.

- Ms Kinnaird congratulated Saeedul on his achievement and asked how he could be further supported and how the programme could be more widely communicated. Saeedul wanted his story to resonate with a wider audience and urged others to drive the programme internally.
- Ms Seary noted that it was very heart-warming to hear Saeedul's story and it was one he should feel proud of. She suggested that the Trust liaised with local authorities, working with local further education colleges and Barking, Havering & Redbridge University Trust (BHRUT) to help unlock the potential of the programme and give others the same opportunities.
- Mr Sharples backed the expansion, noting it was important to embed the spirit of the programme into the organisation and also hear about other groups that required support.
- Professor Sir Mark Caulfield was supportive of taking forward this initiative offering to link the work to data sciences by liaising with the Group Director of People.
- Ms Spice asked about approaches for formal support of the charity funding aspect. The Group Chief Executive confirmed that he was keen to expand Project Search and help people progress from education into employment.
- The Group Director of People thanked Saeedul for his powerful account and commitment, noting the programme linked to the Trust's role as an anchor institution. He agreed that there was an opportunity to expand the project across all hospitals and the Integrated Care System (ICS) would also wish to pick up the challenge of widening opportunities.

06/23

CHAIR'S REPORT

The Chair outlined the current context in the NHS as one of a very busy, tough winter presenting staffing and industrial action challenges. This was

contributing to the whole system being under pressure, as demand outweighed service capacity. Ten thousand emergency attendances were reported across the Trust in the week leading up to Christmas day and staff had been rising to the challenges with dedication.

The Chair noted the recent launch of the Hewitt Review of accountability and performance in the NHS, looking at the role of the ICS and realising the benefits of working as an integrated system. Fundraising had been continuing for a clinical research facility at The Royal London Hospital and breast cancer centre at St. Bartholomew's Hospital and, as part of the St Bartholomew's Hospital 900th year anniversary, the Trust had welcomed HRH King Charles III on 23 November 2022. The King had met with staff and discussed some of the work being led by Barts Heritage. The Chair had attended a See ME First campaign meeting, a staff led initiative to promote equality, diversity and inclusion and she had spoken with consultants of the Trust's Medical Council about her role, the collaboration with BHRUT and to hear any of their concerns. She had also attended the Festival of Carols and had celebrated the very important role of volunteers at an event in the St. Bartholomew's Great Hall. The Chair had also taken part in a round table discussion at St. Bartholomew's Hospital looking at the NHS decarbonisation agenda and the Trust's active role in promoting healthy travel. She noted that the ICS was reaching the concluding stage of the NEL clinical strategy development and outcomes would be shared with the Board in due course.

07/23

GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive thanked all staff across the Trust who continued to do their best to give patients the best service possible and maintain quality and safety standards. He noted how well sites were working together and in partnership with BHRUT. Urgent and Emergency Care (UEC) pressures had continued to be reported by all North East London (NEL) providers and all hospital emergency departments remained very busy. Elective care remained a priority and all efforts were going into reducing waiting list times. The second tranche of employees had also been transferred from Serco successfully this month as part of the insourcing of facilities services.

The Group Chief Executive also welcomed the new Chief Operating Officer and thanked Mr Pocklington for his efforts in acting up into this role over recent months. He congratulated Whipps Cross Hospital's Director of Nursing, Zebina Ratansi, for her recently awarded MBE, praising the work she continued to do for the Trust.

(i) Quality and Safety

The Group Chief Nurse highlighted that a recent trend of MRSA cases at Royal London Hospital was being peer reviewed that week to gain understanding of how to make improvements. Infection rates were being monitored at all sites. Work was ongoing to reduce the level of complaints and Newham University Hospital and Royal London Hospital were the most challenged in terms of serious incidents (SIs). Focused conversations had been held at the Quality Assurance Committee meetings in November and December with both sites. The maternity dashboard highlighted the Trust as being an outlier for post-partum haemorrhage and neo-natal deaths and the Trust was working to understand population trends with deep dive reviews into each case. A more detailed paper on maternity safety and compliance against national standards would be reviewed at the next Trust Board meeting. Work was also continuing to improve duty of candour performance while patient experience outcomes and staff wellbeing were being monitored.

Ms Seary noted that the length of time to respond to complaints seemed high and wanted to know why SIs relating to estates/facilities were taking a long time to close. The Chief Nurse acknowledged the complaints process required strengthening and indicated a high proportion of complex SI investigations, while she acknowledged the need for processes to speed up.

Mr Sharples was pleased to see some very good areas of performance. He noted the proportion of SIs dealt with on time had decreased. He queried whether still-birth rates were unusually high and suggested that benchmarking data would be helpful. The Group Chief Nurse noted that efforts were being made to reduce overdue SIs and a fuller report on maternity standards, including benchmarking still-birth rates against other Trusts, would be included in a maternity quality report to the next Board meeting.

ACTION: Chief Nurse

Ms Kinnaird was understanding of the complexity of SI cases and asked if there was any additional support that could be given to Newham University Hospital in regard to the Duty of Care standard. The Group Chief Nurse would explore this and consider whether national review data for this standard could be included in the Board Integrated Performance Report (IPR).

Ms Spice noted that medication error rates were high at Newham University Hospital. The Group Chief Medical Officer responded, highlighting a previous overreliance on pharmacists to identify and record errors and near misses. He noted that the new electronic prescribing system improved this reporting and would make tracking things like missed doses easier. He also noted that the percentage of errors measured should be viewed in the context of fewer medication SIs being reported.

Dr McLean confirmed that there was a strong focus on reducing the impact of delays with duty of candour and overdue SIs at Quality Assurance Committee meetings.

(ii) *Operational Performance*

The Director of Clinical Operations confirmed that hospital emergency departments were still very busy, reporting high volumes of occupancy and acuity, particularly at Whipps Cross University Hospital and Newham University Hospital. Challenges continue with London Ambulance Service (LAS) provision. Urgent & Emergency Care (UEC) performance in December and January put the Trust in a mid-table position in comparison to other London Trusts. The winter plan was in full operation with multiple calls being held daily with system partners. There was an emphasis on managing the demand and discharge processes at leadership level. The level of medically optimised and mental health patients was regularly being monitored and UEC pressures were expected to last until Spring. From a planned care perspective, the Trust was maintaining as much elective care activity as possible. Industrial action days had been navigated with no significant impact and there were no more than ten patients currently waiting longer than 104 weeks for treatment. The focus was now on the challenge ahead to achieve zero patients waiting more than 78 weeks for treatment by the end of March 2023. Cancer backlog clearance and looking to increase diagnostic activity were also targets being focussed on.

Ms Kinnaird asked what was preventing theatre efficiency standards from returning to pre-pandemic levels. The Director of Clinical Operations highlighted challenges accessing certain supporting diagnostics such as histopathology and confirmed the ambitions to maximise theatre efficiency.

Mr Sharples was grateful to have received benchmarking information previously requested by the Board and at the Finance, Investment and Performance Committee. He acknowledged the tough time colleagues were experiencing this winter and the challenges to maintaining elective throughput. The Director of Clinical Operations indicated that it had been good to see the recent elective recovery progress at The Royal London Hospital and Whipps Cross Hospital.

Ms Teather was interested to hear why outpatient appointment follow-up attendances had improved. The Director of Clinical Operations highlighted that volumes had been sustained well with the need to continue to ensure first appointments were attended. Ms Teather also was asked about the increased acuity of emergency patients and the Director of Clinical Operations acknowledged that no clear conclusions had been reached on the reasons for this.

(iii) *People*

The Group Director of People noted that fill rates were currently at 92% and turnover rates were also steadily improving. A slight reduction in temporary staffing levels had been reported though overall spend remains high at £38.6m. Frontline areas were still struggling with recruitment and retention issues, particularly in nursing, though an improvement of 2% to 84% fill rate had been reported. Rostering performance was fluctuating with each site working on improvement plans. Industrial action had not had the expected impact. Physiotherapists were due to strike on 9 February and mitigations were in place to support patients.

Dr McLean asked how the high level of agency spend related to rostering levels. The Group Director of People agreed there was a link and there was work to be done to return to maximising performance metrics. Dr McLean also asked if flexible working options were low and The Group Director of People said it was not unusual to see a data lag and improvement in the figures was predicted.

Ms Ferns asked about overseas recruitment and monitoring of trends in waiting times by deprivation standards. The Group Director of People confirmed that the Trust sourced overseas recruits from countries on the World Health Organisation's 'green list'. These were mainly from countries such as India and Philippines to support hard-to-recruit specialties and their skills transferred well without the need for significant additional training. The Trust was planning to recruit fifty midwives from overseas in the next six months. In regard to deprivation standards, The Group Director of Inclusion and Equity noted an evolving ability to drill down into the data to identify hot spots. The Chair noted that the expected differentiation according to deprivation had not yet been evidenced but the development of richer data would provide better possibilities to analyse the data in greater detail.

Ms Seary was pleased to see the equality gap had reduced for people with learning disabilities and the Group Director, Inclusion and Equity highlighted work to close this gap by the Health and Inequalities team led by Dr Ian Basnett.

(i) *Financial Performance*

The Group Chief Finance Officer noted that the Trust had reported an adverse variance of £34m for the year to date to NHS England due to the impact of unfunded hyper-inflation pressures of £18m and £13m allowance for potential Elective Recovery Fund (ERF) clawback. The Trust was on track to achieve an improved forecast of £19m deficit at year end. He noted the capital position continued to be difficult to manage and inflationary pressures were having an impact.

Professor Sir Mark Caulfield wanted to know why the Trust received the lowest capital allocation in London considering it was the second largest NHS organisation in the country. The Group Chief Finance Officer agreed this seemed disproportionate and confirmed that the Trust and ICS would be making the case to NHSE London for a higher capital allocation.

Dr McLean praised the finance leadership team for keeping the revenue position on track and requested assurance that planning and development for next year was a focus. The Group Chief Finance Officer noted joint work with BHRUT on understanding the deficit drivers including a focus on the right level of overheads for corporate services. The Interim Director of Strategy added that a multi-year planning process was now being taken forward and a plan to address initiatives from an integrated framework perspective would be presented to the Integrated Care Board (ICB). Ms Kinnaird noted that this would be a great opportunity for the system and recommended that the Board showed its support. Ms Seary suggested that NEL system lobbying of local politicians may prove helpful to influencing financial allocations and plans.

10/23 BOARD ASSURANCE FRAMEWORK (BAF)

The Group Director of Corporate Development noted there were no major changes to the BAF since the last Board review. There was an increased score for the group's emergency care BAF entry reflecting a number of related risks on the risk register reported with a score of twenty at hospital level. Some risk scores had reduced and the recently refreshed risk management strategy, including new risk appetite guidance, had now been approved. The BHRUT collaboration model had also been updated to reflect development of the Acute Provider Collaborative (APC). The Risk Management Board maintained a regular focus on the BAF and Trust risk register and hospitals were continuing to manage and mitigate emergency flow risks and issues.

Ms Spice felt that the revised way of presenting risks and assurances was more accessible and noted that the risk associated with financial plan delivery would be likely to increase next year.

The Trust Board approved the BAF.

11/23 REPORTS FROM BOARD COMMITTEES

Reports were received from Board committees.

Finance, Investment and Performance Committee

Mr Sharples noted ED pressures and solutions were being focussed on and ways of boosting elective activity were a priority for the group. In relation to finances the focus was on maximising the forecast outturn for the year while acknowledging a potential deficit of up to £19m for 2022/23.

Audit and Risk Committee

Ms Kinnaird noted that good progress had been made on the new risk management strategy considered at the last meeting. Deep dives into BAF risks looking at triggers and consequences continue to be reported and the committee had also held a deep dive review into clinical negligence claims. Dynamic ways of working were also being explored by the committee, including supporting horizon-scanning. Timeliness for closure of internal audit actions was an issue for escalation to the Board.

Quality Assurance Committee

Dr McLean noted that two meetings of the Committee had been held since the last Trust Board meeting and, among various safety assurances being sought, the group was looking at next year's objectives and would be reflecting on committee effectiveness at the meeting in early February.

12/23 WHIPPS CROSS REDEVELOPMENT

The Whipps Cross Redevelopment Director reported that there had not been material progress since the previous update to the Board. A progress update on the business case had been presented to the Government review group on 6 December and until some outstanding issues were resolved, timelines for progress of the business case could not be provided. The enabling works business case for the car park had still not received formal approval and issues surrounding this were continuing to be worked on. There was now a focus on understanding the longer-term impact of delays.

Professor Sir Mark Caulfield had started preparation work with local authorities and was happy to establish further relationships with partners of the programme to assist in developing employment opportunities. Mr Sharples agreed it would be important to look at how the redevelopment could link to other local investment opportunities.

13/23 PEOPLE STRATEGY IMPLEMENTATION

The Group Director of People updated the Board on areas of progress with delivery of this year's People Plan, including the rolling out of the planning framework for staff at Agenda for Change Band 8C and above. Funding had been received from Health Education England. The Inclusion programme was adding more ambassadors and the cultural intelligence programme was established. A wellbeing strategy had been launched last year producing positive outcomes and leadership was focused on staff engagement and increasing flexible working opportunities.

Dr McLean felt that job planning rates should be higher and asked when the Trust was likely to reach the appraisal rate target for non-medical staff. The Group Director of People agreed that job planning rates needed to be increased and noted incentives that would be put in place to help with this.

There would be a strong focus on achieving higher appraisal rates for all staff in the next year.

Ms Seary noted it would be helpful to see metrics designed to increase local employment.

Ms Ferns challenged the team to embed equalities plans as quickly as possible with support from the Board. The Group Director of People noted the current focus was on embedding the initiatives already identified and building on the work done in the past year.

In relation to a question from Ms Teather about the growing instances of violence and aggression, the Group Director of People highlighted that programmes of work that had been launched pre-pandemic would be restarted within the next twelve months. He noted that some progress had been reported in the latest staff survey results.

14/23 PATHOLOGY PARTNERSHIP

Mr Monk and Mr Knott presented details of the first annual review to the Board highlighting key achievements of the Partnership and outlining challenges including point of care testing for cellular pathology. The Strategic Management Board provided the principal forum for the Partnership (comprising Barts Health NHS Trust, Homerton University Hospital NHS FT and Lewisham and Greenwich NHS Trust). Mr Knott outlined details of risks and governance processes.

The Chair noted the potential to invest in other innovations such as artificial intelligence to develop the service and confirmed support for digital histopathology with the aid of Barts Charity.

Ms Kinnaird commended the progress and maturity of the Partnership as evidenced in this report. Dr McLean felt that it would be important to track the benefits realised by this new model and Mr Monk noted that this could only be answered by further development of KPIs and data.

15/23 CLINICAL RESEARCH NETWORK

The Group Chief Medical Officer confirmed that the Trust was the host for the North Thames clinical research network and outlined details of the revised governance framework. The Trust Board would receive an annual plan and annual report in due course.

The Board approved the clinical research network governance framework.

16/23 ANY OTHER BUSINESS

There was no other business.

17/23

QUESTIONS FROM MEMBERS OF THE PUBLIC

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

Questions were received from Newham Save our NHS campaign group representative Ms Rosamund Mykura regarding breast cancer surgery contracts with Nuffield Health, outsourcing to private capacity run by HCA LTD, overseas patient charging and fire safety work at Newham University Hospital.

The Interim Director of Strategy outlined work provided at the Nuffield site, at rates commercially agreed as part of a set of wider contractual arrangements. Nuffield Health would provide the supporting clinical team for each hospital admission and surgery team, including the anaesthetist, while Barts Health would provide the Consultant surgeon. He confirmed that this arrangement did not involve re-siting any NHS staff and has not resulted in any change or impact to NHS staff.

The Chief Finance Officer noted that the Trust used HCA hospitals in 2021 primarily for cardiology, cardiac surgery and breast surgery. The majority of this was spent in the early months of 2021 during the second peak of the Covid-19 pandemic to enable the treatment of urgent patients. The Trust had spent £2.9m at HCA hospitals in 2022 to support elective recovery and address those waiting the longest for treatment. The Trust had also sent patients to The London Clinic, The London Independent Hospital, Nuffield Health at St Bartholomew Hospital, Weymouth Street Hospital, King Edwards VII's Hospital and The Holly Private Hospital over the same period for a range of treatments.

The Interim Director of Strategy noted that currently at St Bartholomew's Hospital there were no ring-fenced beds for private patients. Nuffield Health at St Bartholomew's Hospital, as an independent private hospital offered private breast surgery care. He noted that the subcontracted arrangement between the Trust and Nuffield Health for the treatment of NHS patients had been formulated to avoid private patients 'jumping the NHS queue' for breast surgery.

The Group Director, Inclusion and Equity confirmed that he had met with Maternity Action twice and had a further meeting scheduled in February. Case specifics had been requested to investigate concerns relating to charging for at-risk women. Any learning identified would be taken forward by the maternity team including the Chair of the Women's and New-born Clinical Board in conjunction with the overseas patients team.

The Chief Finance Officer Barts noted the Trust continues to work towards the agreed fire programme in response to the London Fire Brigades enforcement notice, which has a completion date of November 2024.

Questions were received from Waltham Forest Save our NHS campaign group representative Ms Terry Day on the impact of delays at Whipps Cross Hospital A&E department (including mortality), re-admittance of elderly patients within 30 days and the potential risk to elderly patients in care homes.

The Director of Clinical Operations noted that:

- Benchmarked mortality performance for 2022 indicated that the site's death rates were comparable to its peer group and in some incidences performing slightly better than them.
- There was no noticeable variance in mortality rates that would suggest, at this stage, that delays in emergency care have driven an increase in mortality.
- At Whipps Cross in October 2022, 16.5% of ambulance handovers took over 60 minutes, in compared with 14.0% and 15.5% in November and December respectively. The national target was zero handover times over 60 minutes.
- In October there were 1,250 type 1 attendance patients (representing the most acutely ill) waiting over 12 hours in Whipps Cross A&E (which was 14.3% of overall attendances). For November it was 1,118 (13.6%) and in December it was 1,361 (16.2%).
- The general and acute bed occupancy rate in Whipps Cross for October 2022 was 98.5%, compared with 97.6% and 98.1% in November and December respectively. These rates demonstrate the significant pressures in the emergency care system, albeit these were similar to those experienced in many hospitals around the country. The national objective for 2023/24 was to lower bed occupancy rates to 92% wherever possible.

The Director of Clinical Operations noted that readmission rates were helpful as part of a wider set of metrics to understand the effectiveness of hospital discharge processes. Other metrics included length of time awaiting discharge for medically fit patients and patient feedback on discharge processes and ongoing support.

In September 2022 there were 141 patients over 75 years that reattended the Whipps Cross Hospital A&E within 30 days of discharge. Of these patients, 48 were readmitted and for 11 of these patients the readmission was with the same primary diagnosis as their previous episode. In October 2022 there were 274 reattendances; of these patients, 102 were readmitted and for 24 of these patients the readmission was with the same primary diagnosis as their previous episode. In November 2022 there were 305 re-attendances; of these patients, 82 were readmitted and for 14 of these patients the readmission was with the same primary diagnosis as their previous episode. Data for December was not yet available.

Although rates of readmission were similar to peers, the Trust always sought to minimise readmissions, particularly where the reason for readmission is the same as for the previous episode. However, there were clinical situations where readmission was required and could reflect patients' conditions deteriorating.

The Director of Clinical Operations noted that previous schemes at Whipps Cross Hospital had provided access to 50 step down beds (available to all Barts Health patients). With the announcement of a new scheme for HM Government purchase of care home beds, teams were exploring the potential to expand this capacity.

The discharge pathway was a 'home first' pathway and step down beds were only used where there was a physical or clinical reason that somebody was unable to be discharged. Where access to therapy or intermediate care was required for Whipps Cross patients, rehabilitation beds in Ainslie (which is not categorised as a step down unit) provided a further 32 beds. The use of step down and rehabilitation beds require patient, or where appropriate, next of kin consent. Discharges were planned carefully alongside patient and families with a new structure including dedicated discharge matrons to support this.

18/23

DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public will be held on Wednesday 1 March 2023 at 11.00am in the Boardroom, Junction 7, Whipps Cross Hospital, Whipps Cross Road, Leytonstone E11.

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0637

Action Log

Trust Board 18 January 2023			
No.	Action	Lead	By
1	Report on maternity standards, including benchmarking of still-birth rates against other Trusts.	Chief Nurse	1 March 2023 (on agenda)

Trust Board: 2 November 2022			
No.	Action	Lead	By
1	Update on the development of digital maternity systems (following on from initial roll out in ante-natal services).	Interim Director of Strategy and Chief Nurse	1 March 2023 (on agenda)

Report to Barts Health and BHRUT Trust Board: 01 March 2023 (Barts Health part 1) 02 March 2023 (BHRUT part 1)	TB 12/23
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Title	Provider Collaboration Update
Accountable Director	Group Deputy CEO
Author(s)	Collaboration Programme Director
Purpose	To update the Board on collaboration between the three acute providers in North East London
Previously considered by	Acute Provider Collaborative Executive 07 February 2023

Executive summary

This paper provides an update on closer collaboration between hospitals across north east London.

The three acute providers of Barking, Havering and Redbridge University Hospitals Trust (BHRUT), Barts Health Trust and Homerton Healthcare are working together to address mutual challenges and deliver better care, using a co-ordinated approach to population needs, so that services are arranged around our patients, not organisational boundaries.

Working together as an acute provider collaborative (APC) the three trusts have agreed to take forward clinical transformation programmes across six clinical pathways (planned care, critical care, maternity, urgent and emergency care, cancer, and babies, children and young people) and three cross-cutting strategic themes (clinical strategy, research and specialised services). These programmes are in varying stages of maturity and the APC itself continues to be in a process of development.

The ambition of the three trusts is to improve quality and access for our patients through collaboration. Each strand of work is led by a hospital chief executive and aims to identify and deliver improvements that will enhance equity, quality and outcomes for our rapidly growing populations.

Barts Health and BHRUT are also looking for ways for our hospitals to provide the best care and to deliver value for money by avoiding duplication. Getting and keeping the best staff is crucial, so we are working to reduce reliance on temporary staff and strengthen medical education.

As a new group of seven hospitals we will also align our approaches to leadership development, corporate services, and digital capacity.

Our short-term aim is to help BHRUT to exit financial special measures, while sustaining improvement in both organisations and reducing inequalities for our populations in the long-term.

As some of the largest employers in the area, we will also work together to provide opportunities for local people to train and work in the NHS.

Related Trust objectives

All

Risk and Assurance

This report provides assurance in relation to the evolving and maturing collaboration between BHRUT and Barts Health and its relationship with the Acute Provider Collaborative.

Legal implications/ regulatory requirements

None

Action required

The Trust Board is asked to note the content of the paper.

Closer collaboration between hospitals across north east London

The NHS thrives on co-operation. The pandemic brought healthcare partners together as never before, and in its wake the health service has configured itself into integrated care systems. These take a co-ordinated approach to population needs, so we arrange services around our patients, not organisational boundaries.

Across the country NHS providers are exploring ways of working together in groups of hospitals in order to overcome mutual challenges and deliver better care. There is no blueprint to follow, so we can identify the model that best meets our aim to offer faster access to services, higher quality treatment and improved experience of care.

In north east London, Barts Health began collaborating with Barking, Havering and Redbridge University Hospitals Trust (BHRUT) and both are now working closely with Homerton Healthcare as well.

This builds on the mutual aid that each hospital already offers the others across the patch to help reduce waiting times for routine operations in key surgical specialities, and balance day to day emergency pressures.

The three trusts are seeking to improve quality and access for our patients through collaboration in planned care; urgent and emergency care; critical care; cancer; maternity services; and babies, children and young people.

Each strand of work is led by a hospital chief executive and aims to identify and deliver improvements that will enhance equity, quality and outcomes for our rapidly growing populations.

One early success is extending the 999/111 pre-hospital triage scheme of REACH (the Remote Emergency Access Coordination Hub) from Barts Health to BHRUT.

Through this, hospital consultants give specialist advice to paramedics so people get the most suitable treatment options as quickly as possible. For many this avoids a trip to hospital and a stay in a busy A&E department.

As a result of this scheme, about two-thirds of patients are being redirected away from long waits at A&E to more appropriate and convenient treatment, and we estimate a further 25 people a day won't need to attend a busy A&E at BHRUT.

Barts Health and BHRUT are also looking for ways for our hospitals to provide the best care and to deliver value for money by avoiding duplication. Getting and keeping the best staff is crucial, so we're working to reduce reliance on temporary staff and strengthen medical education.

As a new group of seven hospitals we will also align our approaches to leadership development, corporate services, and digital capacity.

Our short-term aim is to help BHRUT to exit financial special measures, while sustaining improvement in both organisations and reducing inequalities for our populations in the long-term.

Our emerging operating model builds on the Barts Health experience of leveraging the benefits of scale while managing effective and efficient services at local level.

The two trusts will remain separate statutory bodies, working together under a chair in common, a group CEO and a deputy. We will take the best of each to improve the other.

We will align our culture and values while retaining the local identity of each hospital. For example, there will be stronger site-based leadership at both Queen's and King George hospitals.

All seven hospitals will play a significant role within the place-based partnerships of the integrated care system. We will work with borough councils, and local community and voluntary organisations to keep people healthy; to help prevent people from coming into hospital in the first place; and get them home again as soon as possible.

As some of the largest employers in the area, we'll also work together to provide opportunities for local people to train and work in the NHS.

Across the two trusts we intend to align our approach to quality improvement, too, and agree standard systems, protocols and practices where appropriate.

The two trust boards and two executive teams have agreed to co-design the details of how the new group model will work in practice and might evolve over time.

Report to the Trust Board: 1 March 2023	TB 13/23
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Title	Integrated Performance Report (Month 10)
Accountable Director	Director of Corporate Development
Author(s)	Director of Performance
Purpose	Performance against constitutional standards and KPIs

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

Related Trust objectives
 All trust objectives

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

Legal implications/ regulatory requirements N/A

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

Barts Health Integrated Performance Report

Mar-23

Performance for: **Jan-23**



Pack Contents

Mar-23

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Mar-23



Executive Summary



Quality

The refreshed format for reporting Quality Metrics was well received at the Quality Assurance Committee. The focus for reporting and improvement continues to be in performance related to responding to complaints within agreed timeframes; Duty of Candour and timely compliance with DoC, along with the quality of the DoC letter. The Trust remains challenged in relation to the on-time closure of SI investigations. Improvement plans are in place and are monitored via established oversight and assurance mechanisms with Hospital Executive Boards. This is being driven by delays at both Royal London and Newham Hospitals. Preparation is ongoing for the implementation of the patient Safety Incident Response Framework (PSIRF) which will replace the serious incident framework to promote improved learning, compassionate and proportionate responses to support safer patient care; It is noted that there has been an increase in the number pressure ulcers reported at a Trust level. Analysis of the data indicates this is driven by an increase at Category 2 pressure ulcers at three of the hospitals. This is attributed to an increased length of stay in Emergency Departments and temporary wards areas set up on the hospital sites.

Operational Performance – A summary performance analysis is provided on Slide 18 with detailed performance reports in this section.

Urgent & Emergency Care – The Urgent and Emergency care plans for 23/24 are to ensure patients are being seen more quickly in emergency departments with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25. Our local improvement objectives this month include the continued enhancement of Same Day Emergency Care (SDEC), improvements in discharges before midday and better access to services for people in the Emergency Department with mental health needs.

Elective Care

The eradication of patients waiting over 78 weeks continues with the objective of clearing backlog by March 23. For 2023/24 the objective is to eradicate 65 week waits. Our booking and scheduling teams are working very hard to ensure every referral for surgery has been reviewed and validated. All patients on a non-admitted pathway in January had a booked next step such as an outpatient appointment or procedure. We continue to work across our Hospital sites to ensure any available theatre lists are fully utilised and to work with partners in NEL on the same principle.

Cancer

NHS England have asked all Trusts to prioritise efforts to reduce the number of patients waiting for cancer treatment. Areas of focus include Faecal Immunochemical Test (FIT) which indicates risk of cancer and ensuring that Community Diagnostic Centres are being utilised to reduce the time to diagnosis. Within Barts Health we already know over 98% of our patients on a lower GI pathway have a FIT test which helps teams with prioritisation. Using the Community Diagnostic Centre within Mile End site, which already have Endoscopy, MRI, CT, and Ultrasound. With second CT, ECHO and other diagnostic tests planned in the next financial year.

Equity

This months review of our waiting list revealed no significant differences for patients between ethnic groups or genders. However, there was a slight trend towards longer waits for people from more deprived postcodes, and there was a certain difference for patients with learning disabilities. We will be working with sites, and in particular Royal London to reduce this difference.

People

We have seen positive steps with the workforce has growing by over 100 substantive WTE in month, with a notable increase in nursing and midwifery, alongside a reduction in voluntary turnover. Agency demand challenges remain although we continue to work to reduce both demand and costs relating to this

Finance

The Trust has reported to NHS England a (£20.3m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£22.5m) and other budget overspends (£0.4m), less additional income for the year to date from NEL ICB for mental health enhanced care nursing costs (£2.5m).

The Trust has agreed with NEL ICB to report a forecast outturn income and expenditure deficit of (£12.9m) for 2022/23, which incorporates: the (£27m) inflation funding shortfall identified at the plan re-submission stage; £3.0m additional income from NEL ICB for increased mental health enhanced care nursing costs; £5.0m additional non-recurrent savings and £6.2m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England.

Mar-23



Quality Report



The refreshed format for reporting Quality Metrics was well received at the Quality Assurance Committee.

- Complaints

There has been some deterioration in performance reported with the overall performance for the year currently at 79.8%. Newham Hospital are significantly below the target with performance at 50%. The Hospital Executive Team recognise this as a result of a recent focus on improving the quality of complaint responses. All hospitals continue to actively monitor deadlines for responding to complaints and ensure appropriate measures are put in place to support services and staff to complete investigations to provide full and good quality responses in a timely manner.

- Duty of Candour (DoC)

The compliance with the Duty of Candour is inconsistent across the Trust. Further training and support are required to ensure that DoC requirements are being met consistently. Hospital governance teams have established processes in place and closely monitor the DoC performance and provide support to the clinical teams to achieve compliance with all legal requirements.

- Serious Incidents

The Trust remains challenged in relation to the on time closure of SI investigations. From Jun-22 to present there is a clear upward trajectory of investigations going overdue. Review of additional data demonstrates that there was a slight increase in number of SIs reported in Mar 22 – May 22 which would coincide with the number of overdue investigations going up from Jun-22 onwards. However, this should not be considered as the only contributory factor impacting the number of SI investigations going overdue and appears to be driven by delay in closure of existing investigations. Trust performance is being driven by Newham and Royal London Hospitals. Improvement plans are in place and are monitored via established oversight and assurance mechanisms with Hospital Executive Boards. Focused work on some overdue corporate SIs is coming to completion. Preparation is ongoing for the implementation of the patient Safety Incident Response Framework (PSIRF) which will replace the serious incident framework to promote improved learning, compassionate and proportionate responses to support safer patient care.

- Pressure Ulcers

It is noted that there has been an increase in the number pressure ulcers reported at a Trust level. Analysis of the data indicates this is driven by an increase at Category 2 pressure ulcers at three of the hospitals. This is attributed to an increased length of stay in Emergency Departments and temporary wards areas set up on the hospital sites with high levels of bank and agency nurses working due to vacancies and sickness. Tissue viability service has been providing face to face training and also continuing with virtual sessions in pressure ulcer prevention and wound assessment along with informal training at the bedside. Emergency Departments have focussed on transferring high risk patients onto hospital beds and air mattress

- Never Events

A Never Event (Naso Gastric –NG-Tube) was reported by The Royal London Hospital in January 2023. A misplaced tube was identified following a change in a child's condition.

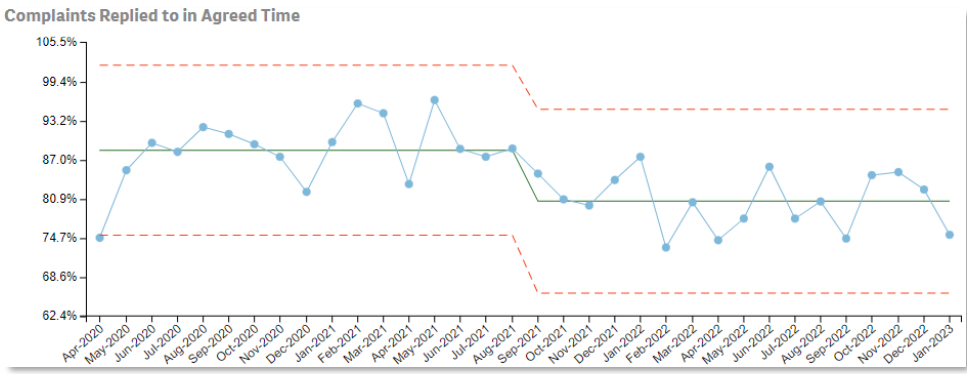
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison							Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health	
Patient Feedback	C2	FFT Recommended % - A&E	●			Dec-22 (m)	>= 86%	61.4%	59.5%	60.5%	56.3%	69.9%	47.0%	-	-	-	59.5%	
	C3	FFT Recommended % - Maternity	●			Dec-22 (m)	>= 96%	94.9%	90.4%	92.6%	82.1%	100.0%	100.0%	-	-	-	90.4%	
	C20	FFT Response Rate - Inpatients	●			Dec-22 (m)	>= 23%	28.4%	26.5%	28.5%	19.9%	38.4%	18.8%	33.7%	-	-	26.5%	
	C21	FFT Response Rate - A&E	●			Dec-22 (m)	>= 12%	7.7%	6.6%	8.6%	6.7%	8.7%	4.5%	-	-	-	6.6%	
	C22	FFT Response Rate - Maternity	●			Dec-22 (m)	>= 17.5%	11.9%	11.9%	15.0%	17.4%	4.9%	11.5%	-	-	-	11.9%	
	PW01	Perfect Ward: Patient Happy With Care	●			Jan-23 (m)	>= 90	100.0	99.1	-	98.1	100.0	100.0	-	-	-	99.1	
	OH4	CQC Inpatient Survey				2021/22 (y)	-	85.0%	0.0%	0.0%	79.0%	76.0%	68.0%	93.0%	-	-	0.0%	
Service User Support	R78	Complaints Replied to in Agreed Time	●			Jan-23 (m)	>= 85%	82.4%	75.2%	79.8%	80.4%	84.6%	50.0%	87.5%	-	-	75.2%	●
	R30	Duty of Candour	●			Dec-22 (m)	>= 100%	85.0%	79.3%	86.8%	84.0%	86.7%	68.8%	50.0%	-	-	79.3%	●

*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

Mar-23



Indicator Background:

In line with the Local Authority Social Services & National Health Service Complaints (England) Regulations 2009, Trust are required to:

1. Agree a management plan with complainants for addressing the issues raised in their formal complaint
2. Negotiate / agree a reasonable timescale, with complainants, for responding to all reportable complaints.
3. As part of maintaining high standards the Trust undertook to ensure that 80% and above of all reportable complaints are responded to within the negotiated timescale agreed with complainants, and a second and final timescale is re-negotiated. . In the event that there are delays with responding, complainants are contacted

What is the Chart Telling us:

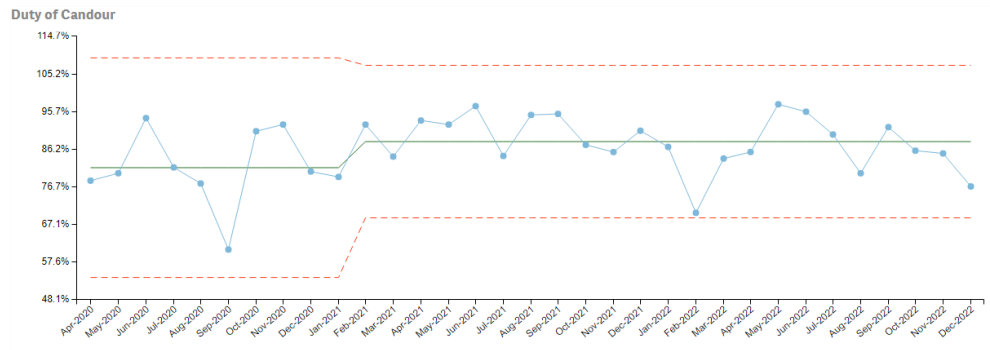
The chart suggests that there was a deterioration in performance in September 2021 which has not recovered in subsequent months.

Performance Overview	Responsible Director Update
<p>The chart suggests that there was a deterioration in performance since September 2021 which has not recovered in subsequent months. In the last quarter, performance was either slightly below or just on the 85% threshold indicated in the chart above. The Trust target is 80% and whilst this standard has been met there was a slight deterioration in Jan 23 with performance reported at 75.2% which dropped overall YTD performance to 79.8%. Further work is ongoing to improve performance.</p> <ul style="list-style-type: none"> • Hospitals continue to actively ensure deadlines for responding to complaints are met and appropriate measures are put in place to support services and staff with completing adequate investigations which ensure full and good quality responses are provided in a timely manner. This has included: • Negotiating reasonable timescales with complainants and notifying them much sooner if any delays are anticipated • Training for staff in responding fully to complaints so there are no delays at the quality assurance stage of the process • Using sitreps and a dedicated complaints dashboard to proactively monitor progress of individual complaints 	<p>Hospitals continue to be challenged on reducing their backlog. Plans reviewed again at Quality meetings 'Deep Dives.'</p> <p>One hospital has reviewed their process and made changes including a medical lead role for cancer to support improvement in the quality of the investigations and letters.</p> <p>Through Quality Deep Dive meetings, leadership teams have been asked to consider how they can use a Quality Improvement approach to identify areas for improvement.</p>

CARING

Duty of Candour

Mar-23



Indicator Background:

The Duty of Candour requires all health and adult social care providers registered with the CQC to be open with patients/relevant persons when things go wrong. The Duty of Candour is a legal requirement to be honest, open and transparent with patients and carers when something goes wrong in their care. The CQC will be able to take enforcement action if it finds breaches with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20: Duty of candour. The Trust KPI for the verbal notification of the DoC is 100%

What is the Chart Telling us:

The Trust compliance with the Duty of Candour remain relatively static although below the Trust target of 100%.

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The compliance with the Duty of Candour is inconsistent across the Trust. Further training and support are required to ensure that DoC requirements are being met consistently. Site governance teams have established processes in place and closely monitor the DoC performance and provide support to the clinical teams to achieve compliance with all legal requirements 	<ul style="list-style-type: none"> The processes in place allow early identification of possible breaches and intervene as required. As previously reported to the Board, the focus for improvement is on the quality of letters which most of the letters now have a check by the governance team before sending and ensuring that details of support available is provided to those affected by significant harm events.

SAFE

Domain Scorecard

Mar-23

	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	●			Jan-23 (m)	<= 16	14.8	22.3	18.1	18.1	17.6	25.9	30.7	-	
	S11	Clostridium difficile - Incidence	●			Jan-23 (m)	<= 9	9	14	108	5	3	3	2	1	
	S2	Assigned MRSA Bacteraemia Cases	●			Jan-23 (m)	<= 0	4	1	19	1	0	0	0	0	
	S77	MSSA Bacteraemias		●		Jan-23 (m)	SPC Breach	11	9	104	5	0	0	4	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●			Jan-23 (m)	<= 20	24	22	262	6	5	4	7	0	●
Incidents	S3	Never Events	●			Jan-23 (m)	<= 0	0	1	4	1	0	0	0	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●		●	Jan-23 (m)	<= 0.9%	2.0%	2.4%	1.8%	2.6%	1.9%	1.8%	3.8%	-	
	S45	Falls Per 1,000 Bed Days	●			Jan-23 (m)	<= 4.8	4.7	4.6	3.8	5.0	4.4	3.2	6.4	-	
	S25	Medication Errors - Percentage Causing Harm	●			Jan-23 (m)	<= 4%	4.1%	5.1%	3.6%	1.8%	10.5%	8.3%	5.2%	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Jan-23 (m)	SPC Breach	54.3	54.2	53.6	46.5	61.9	54.3	64.4	-	
	S53	Serious Incidents Closed in Time	●			Jan-23 (m)	>= 100%	19.0%	22.2%	24.1%	33.3%	33.3%	0.0%	-	-	●

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

SAFE

Domain Scorecard

Mar-23

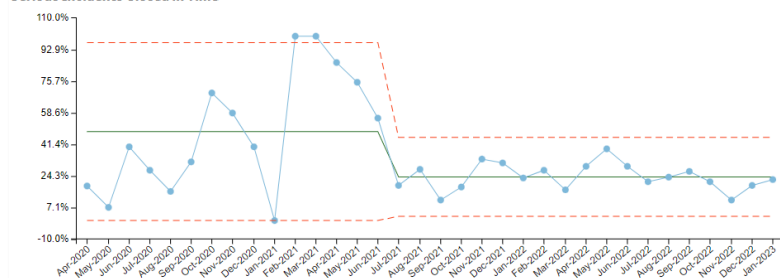
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●			Jan-23 (m)	<=0.6	2.1	1.8	1.3	1.1	2.1	3.2	1.7	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Jan-23 (m)	SPC Breach	0.1	0.2	0.2	0.1	0.3	0.2	0.0	-	
	S27	Patient Safety Alerts Overdue	●			Jan-23 (m)	<=0	0	0	0	-	-	-	-	-	

SAFE

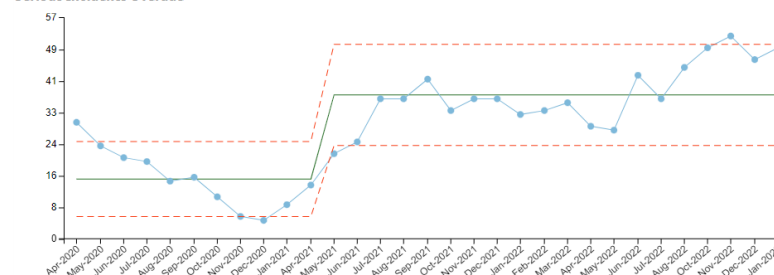
Serious Incidents Closed in Time

Mar-23

Serious Incidents Closed in Time



Serious Incidents Overdue



Indicator Background:

The investigations into the serious incidents that meet the criteria for external reporting under the Serious Incident Framework 2015 must be completed within 60 working days of reporting on Steis* unless there are other factors that will have an impact on the timeframe, e.g clock-stop, HSIB investigation, etc. If the investigation is not completed within the timeframe it will go overdue.

*National Serious Incident Management System. At present a national clock stop is in place for serious incident investigation deadlines which means that there is no external accountability for reaching this target. Notwithstanding this, the Trust has chosen to maintain internal monitoring of this target.

What is the Chart Telling us:

The Trust remains significantly challenged in relation to the on time closure of SI investigations. There is an early indication of downward trend on time closure from Sep-22 and further deterioration in performance in closing SIs in time. The challenges for closing SIs in time are across the board.

Performance Overview

From Jun-22 to present there is a clear upward trajectory of investigations going overdue. Review of additional data demonstrates that there was a slight increase in number of SIs reported in Mar 22 – May 22 which would coincide with the number of overdue investigations going up from Jun-22 onwards. However, this should not be considered as the only contributory factor impacting the number of SI investigations going overdue and appears to be driven by delay in closure of existing investigations. The majority of overdue SIs are attributed to the Royal London and Newham Hospital sites.

NUH - new process established to ensure an investigator is appointed within 48 hours of SI declaration; performance monitored at weekly meetings with division. Where SIs require further changes, meetings are being held to discuss rather than emailing which has sped up the process. The current rate of declaration of SIs (average of 4.7 per month over the last six months) is below the current rate of closure (average 5.2/month over the last 6 months and 7/month over the past 3 months) meaning the overdue number is coming down.

RLH - appointment of safety leads from the divisions. Promotion of online training. Single focus incidents to have a safety lead chaired meeting to review evidence and 'draft' the report in the meeting. Check and challenge being provided with Director of Midwifery support..

Responsible Director Update

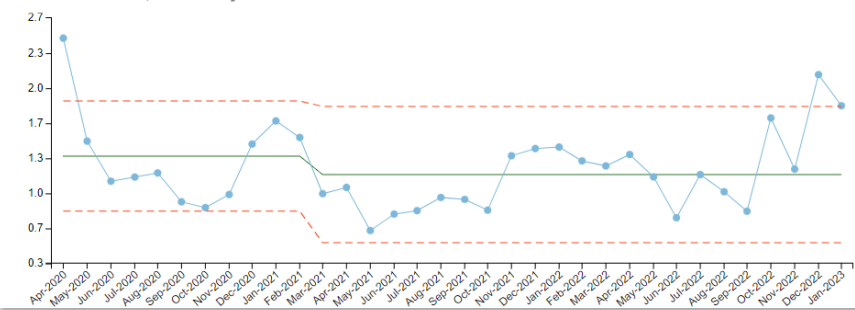
Overdue completion of serious incident investigations presents risks related to delayed learning, poor patient/family experience and reputational risk for the Trust. It also risks impacting on the effective transition to PSIRF (aimed for September 2023). The approach to managing current open and overdue serious incident investigations will form a PSIRF implementation workstream and is a topic of ongoing discussion with the ICB.

SAFE

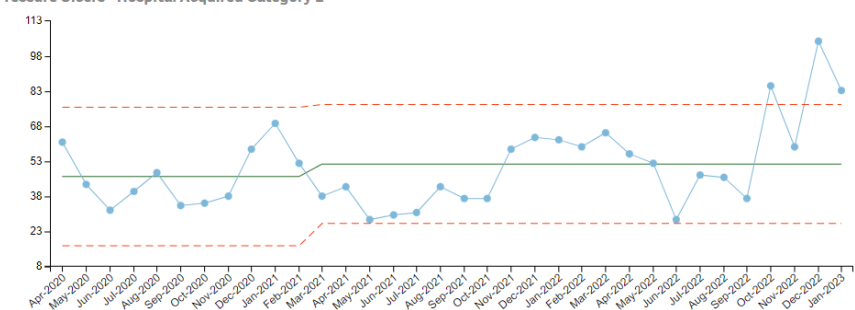
Pressure Ulcers

Mar-23

Pressure Ulcers Per 1,000 Bed Days



Pressure Ulcers - Hospital Acquired Category 2



Indicator Background:

A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure Ulcers. Classification:
 Category 1: Non-blanchable erythema of intact skin
 Category 1 pressure damage is reported
 Category 2: Partial thickness skin loss or intact or burst blister
 Category / Stage 3: Full thickness skin loss
 Category / Stage 4: Full thickness tissue loss with exposed or palpable bone muscle and tendon
 Unstageable: Full thickness tissue loss
 Deep tissue injury: Localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.
 Calculation of occupied 'bed days/rate per population', enables monitoring of improvement over time even if the number of patients increases or decreases per month. For Acute Trusts the incidence is expressed 'per 1000 bed days'
 The impact on patients can be considerable, due to increased pain, length of hospital stay and decreased quality of life. However, it is acknowledged that a significant number of these are avoidable. Reduction of avoidable patient harm and associated cost related to pressure ulcers is positioned firmly with the NHS Patient Safety Strategy.
 The National Institute for Health and Care Excellence (NICE) guidance, the Institute for Healthcare Improvement (IHI) guidance, and the Assessment of risk, Surface, Skin inspection, Keep your patients moving, Incontinence/moisture, Nutrition/hydration and Give information (aSKINg) care model all outline how to prevent pressure ulcers.

What is the Chart Telling us:

The data indicates an increase in pressure ulcers per 1000 bed days at a Trust level. Analysis of the data indicates the exception is driven by an increase at Category 2 pressure ulcers at the Royal London, Whipps Cross and Newham Hospitals.

Performance Overview

High levels of bank and agency nurses working due to vacancies and sickness and increased length of stay in ED and temporary wards areas set up on the hospital sites are being investigated by the Tissue Viability team as contributory factors in the increase in pressure ulcers.

The Tissue Viability Service was devolved to the hospitals in 2022, with Newham Hospital taking a lead as the 'host' for this service.

A number of RCAs have not been completed creating difficulties in looking at thematic analysis.

Responsible Director Update

Tissue viability service has been providing face to face training and also continuing with virtual sessions in pressure ulcer prevention and wound assessment.

Tissue viability team also provide training informally by the bedside.

Emergency Departments have focussed on transferring high risk patients onto hospital beds and air mattress

Hospital sites are looking at action plans and harm free care panels have started again to address the issue of backlog of RCAs.

EFFECTIVE **Domain Scorecard** **Mar-23**

	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	●			Sep-22 (m)	<= 100	91	93	93	97	90	93	87	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Jan-23 (m)	<= 0.51	1.02	0.89	0.73	0.67	1.08	1.98	0.62	-	

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).

Category	Metric	RAG Rating													Last Month's Site Position		
		Red	Amber	Green	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Royal London	Whipps Cross	Newham
Method of Delivery	Percentage of spontaneous vaginal birth (including vaginal breech Birth)				54.9%	54.3%	56.7%	57.6%	52.0%	53.2%	55.2%	54.0%	50.6%	53.4%	52.2%	57.6%	51.2%
	Percentage of Operative Vaginal Birth				10.3%	10.9%	9.7%	10.6%	11.6%	9.0%	11.7%	9.8%	10.2%	10.6%	11.3%	8.1%	10.0%
	Total Percentage of Birth by Vaginal route				65.2%	65.3%	66.3%	68.2%	63.6%	62.1%	66.9%	63.8%	60.8%	64.0%	65.5%	65.7%	61.2%
Critical Incidents	Percentage PPH ≥ 1500ml	>=4%	3.1% - 3.9%	<=3	4.3%	5.1%	4.7%	3.9%	3.1%	3.8%	3.5%	4.5%	5.5%	4.1%	5.6%	2.5%	3.9%
	Percentage 3/4 degree tear	>=5%	4.1% - 4.9%	<=4%	1.2%	1.4%	0.8%	1.0%	1.6%	1.2%	1.6%	1.9%	1.4%	1.9%	1.5%	1.9%	2.2%
	Maternal Deaths	>1		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neonatal Morbidity	Number of unexpected term admission to NNU				51	40	37	43	54	41	45	47	38	47	22	17	8
	Neonatal Deaths				3	6	1	2	5	2	5	1	3	2	1	1	0
	Neonatal Deaths per 1000 births	>1.75	1.73 - 1.75	<=1.72	2.53	4.85	0.87	1.68	4.18	1.78	3.94	0.84	2.75	1.76	2.50	3.10	0.00
	HIE				1	1	0	1	0	0	2	1	1	2	0	0	2
	Total Still birth per 1000 births (Ante-partum)				4.22	1.62	6.09	6.73	6.69	2.66	3.15	4.22	2.75	2.63	2.50	3.10	2.40
Workforce	1:1 care in established labour	<90%	90%-94.9%	>=95%	97.1%	98.5%	98.2%	97.6%	97.9%	97.7%	96.5%	97.7%	97.3%	98.5%	97.6%	99.3%	98.9%

Performance Overview

- The PPH rates at the Royal London continue to drive the overall Barts position into an adverse position. The royal London host the adherent placenta service for NE London, meaning that some women are expected to have a more significant blood loss at birth, but these are expected cases that are managed with support from intervention radiology and extensive surgical intervention. Cases that are unanticipated are being reviewed weekly by the multiprofessional team to identify learning and to improve care with emphasis on risk recognition and pharmacological prophylaxis. Learning is shared across the sites.
- The rolling neonatal death rate across Barts Health is showing a slight decline. In month, two fetal deaths occurred, both will be reviewed using the perinatal mortality review tool. All neonatal deaths are reviewed using the Perinatal Mortality Review Tool, and lessons learned shared. This feedback is also taken through hospital and group governance meetings in detail.

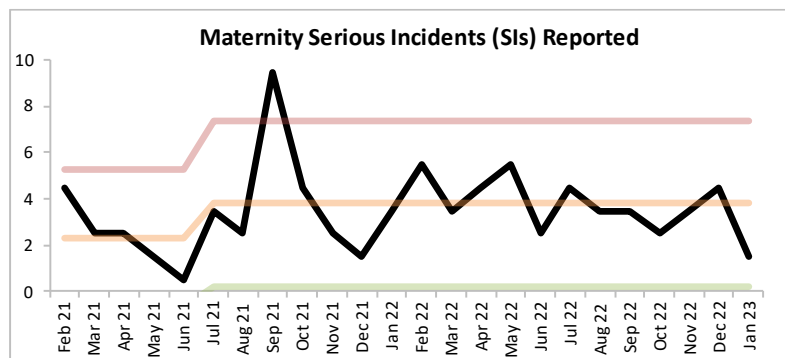
Responsible Director Update

- Being able to “read the signals” in the amount of data that relates to maternity outcomes is key for the Board at Barts Health to be able to be assured on the safety of their services. The key elements included in this slide, give an overview of the clinical components that relate to the safe high quality care that mothers and babies should expect. The challenge of presenting data without considering confounding influences or as rolling rates requires services to actively review their outcomes every month, to check in that they have identified any areas of care which are outside of the expected ranges.
- Building the maternity dashboard into QlikSense is underway, and this will enable the data to be expressed in a clearer way for the service and the Board, and allow the services to quickly undertake deep dives into their outcomes

SPOTLIGHT

Maternity

Mar-23



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

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	18	6	15	39
Neonatal - Unanticipated admission to Neonatal unit	3	4	1	8
Antenatal - Antepartum Stillbirth	4	1	1	6
Intrapartum - Stillbirth	4	0	1	5
Neonatal - pH <7.1(arterial) at birth	1	1	2	4
Maternal admission to ITU	1	0	2	3

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	28	16	90	134
Review / amend processes	1	2	31	34
No actions recorded	16	5	6	27
Review or update guidelines / documentation	2	1	16	19
Other action	1	4	12	17
Education and training	3	1	8	12

Performance Overview

- The Maternity Safety Support programme will be working with the service to review its provision of antenatal care, assessment and management of risk and review of the training provided for staff in fetal monitoring and identification of deterioration to support improvements in care.
- Common factors found in cases are reviewed and improvement projects instigated as part of the Welmpower programme at Barts Health for maternity safety.
- There is one case reported to NHS England (StEIS) from the WXH. This due to the case meeting the criteria for HSIB investigation. Since then, HSIB has rejected the case for lack of consent from the family to proceed. As there was no care service delivery concerns that directly impact on the outcome of the baby, the WXH team has sought de-escalation of the case which will result in the no SI reported for Jan 2023. The top themes of SI reported are term admission to the neonatal unit (12) and fetal surveillance during pregnancy (6) and labour (5) all of which previously reported to this board.
- Following SI investigation at the RLH site, it has been identified that "Did not attend" of appointments is an emergent risk in that there is no oversight of the prevalence. As the data is gathered via the CRS, the DOM will be leading on the cross-site digital based solution as a means to oversee this issue.

Responsible Director Update

- In maternity, all cases relating to babies being transferred to cooling following birth, or babies which have confirmed brain injury on scan, or stillbirths where the mother has started labour are notified as SIs as standards, even if no care and service delivery problems are identified during the initial assessment. These cases are then referred to HSIB and triaged. Some cases are returned to the service due to lack of parental consent, or that the threshold for reporting following an MRI of the baby's brain are not met. Subsequently these cases may be de-escalated and/or reviewed locally.
- As part of the maternity safety support programme, a review of SI cases, and those referred to HSIB is underway at the sights, to support with the identification of themes. The service has identified through systematic reviews of SI, and PMRT panels that antenatal risk assessment, identification of babies at risk of being small or growth restriction, fetal monitoring during labour, and escalation of concerns have been factors in cases where there has been a poor outcome. These are patterns which are seen nationally in maternity serious including reporting

Mar-23



Operational Performance Report



Summary Performance**Urgent & Emergency Care**

- In January 2023, 39,820 attendances were recorded, 5,827 (13%) less than recorded in December.
- For January 2023 a performance of 70.2% was recorded in relation to the 4-hour standard, an improvement of 9.2% against December's 60.9%. Against this improving picture Barts Health recorded a 2.6% improvement during January 2023 for patients with an A&E 12 journey time; from 8.5% in December to 5.9% in January, the national standard is set at no greater than 2%.

Cancer

- In December 2022 a performance of 89.9% was recorded in relation to the 2 week wait standard of 93%, an improvement of 4.3% against November's 85.6%.
- Barts Health has had strong aggregated performance for the Faster Diagnosis Standard, requiring that at least 75% of patients should not wait more than 28 days from referral to finding out whether they have cancer or not, since the standard went live in October 2021 until September 2022; regularly achieving strong results nationally at the start of 2022. Performance against the standard has been challenged since October, in part due to the impact of service pressures associated with delivering the 2 week wait standard and a number of other operational pressures. For December 2022 the trust did not achieve the All Referral or Screening elements of the standard thereby also not achieving the aggregated performance measure, recording a performance of 73.1% against the 75% standard.
- With continued focus from NHS England on 62 day backlog clearance as at 29th January 2023 North East London (NEL) had the lowest backlog of any London Integrated Care Board, with 619 patients waiting over 62 days, 8.6% of the total waiting list. As at the same date within NEL Barts Health had the largest backlog with 303 patients waiting over 62 days.

Diagnostics

- For January 2023 a performance of 74.7% was recorded, an improvement of 0.6% on December's 74.1%.
- Both the number of breaches of the 6-week standard and the total volume of patients on the waiting list increased in January.
- The greatest challenge remains in MRI and non-obstetric ultrasound (NOUS). MRI breaches accounted for 35% and NOUS breaches accounted for 39% of all breaches in January 2023.

Elective Care

- For January 2023 the trusts admitted (inpatient and day case) trajectory set a target of 102% of 2019/20 BAU against which the trust achieved 92% (-804 admissions). For outpatients (first and follow up) for the same month the trajectory set a target of 101% of BAU, against which the trust achieved 99% (-2,029 outpatient attendances). Under-delivery of the January activity plan was influenced by reduced working days resulting from the festive period and for admitted activity sustained emergency pressures and reduced bed-flow, which continued across the summer months and into the autumn/winter.
- In relation to the RTT month-end nationally submitted data the trust reported 13 pathways waiting 104+ weeks at the end of January 2023, an increase of 1 pathway against the December position. However this represents a significant reduction of 219, or 94%, against the 232 reported in April 2022.
- Looking at London, of the 5 Trusts reporting 104+ week waits for December 2022 (the most recent national data), Barts Health had the greatest number, reporting 12. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ week pathways, two trusts recorded three 104+ week pathways, the other two trusts reported one and two pathways respectively.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last nine months with 1,309 pathways reported at the end of April 2022 reducing to 728 at the end of January 2023, a decrease of 581 (-44%), this also represents a decrease on December's position of 825 (-97) however is greater than the reduction plan of 354 for December (+374).

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Jan-23 (m)	>=90%	60.9%	70.2%	67.7%	69.9%	69.8%	70.9%	-	-	70.2%
A&E 12 Hours Journey Time	●			Jan-23 (m)	<=2%	8.5%	5.9%	-	4.6%	8.5%	5.3%	-	-	5.9%
Ambulance Handover - Over 60 mins				Jan-23 (m)	-	695	528	-	71	249	208	-	-	528
Ambulance Handover - Over 30 mins				Jan-23 (m)	-	1,044	1,120	-	403	311	406	-	-	1,120
Cancer 62 Days From Urgent GP Referral	●			Dec-22 (m)	>=85%	55.6%	50.0%	57.5%	38.2%	54.4%	67.7%	48.4%	-	50.0%
Cancer 31 Day Diagnosis to First Treatment	●			Dec-22 (m)	>=96%	97.4%	97.2%	96.7%	90.8%	100.0%	100.0%	100.0%	-	97.2%
Cancer 28 Day FDS 2WW	●			Dec-22 (m)	>=75%	70.9%	70.9%	75.3%	70.3%	68.8%	70.6%	88.2%		70.9%
Cancer 28 Day FDS Breast Symptomatic	●		●	Dec-22 (m)	>=75%	99.7%	94.9%	99.0%	-	94.9%	91.8%	96.4%	-	94.9%
Cancer 28 Day FDS Screening	●			Dec-22 (m)	>=75%	82.9%	65.3%	81.3%	52.9%	57.1%	86.7%	66.7%	-	65.3%
Diagnostic Waits Over 6 Weeks	●			Dec-22 (m)	>=95%	74.1%	74.7%	74.4%	57.8%	99.4%	100.0%	70.7%	100.0%	74.7%
78+ Week RTT Breaches	●			Jan-23 (m)	354	825	728		439	193	94	2	-	728
104+ Week RTT Breaches	●			Jan-23 (m)	0	12	13		8	2	3	-	-	13
Completeness of Ethnicity Recording				Jan-23 (m)		91.3%	92.1%	-	91.4%	91.1%	94.4%	92.6%	-	92.1%

Note to table:

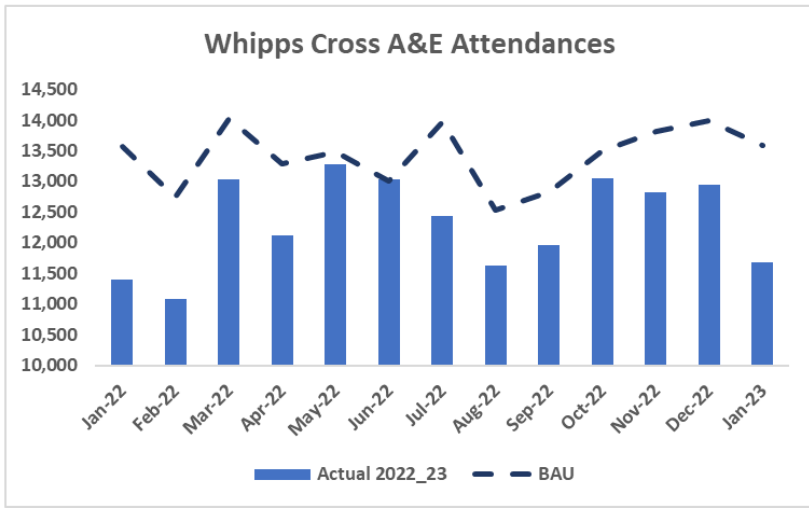
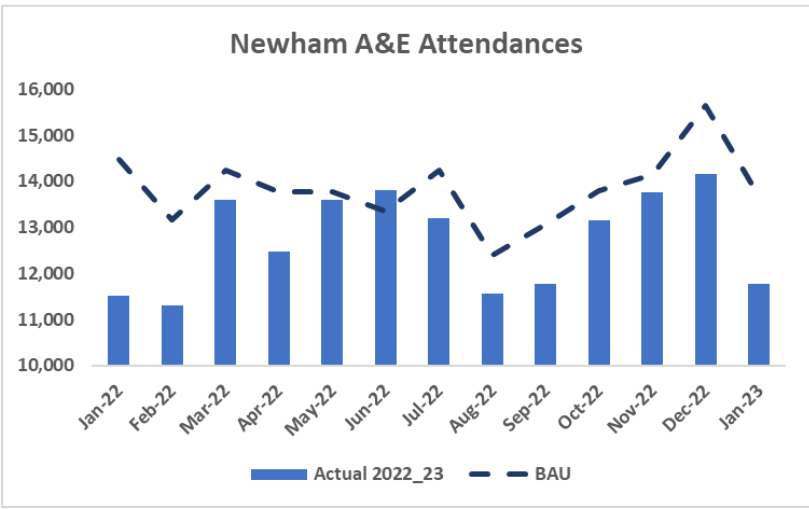
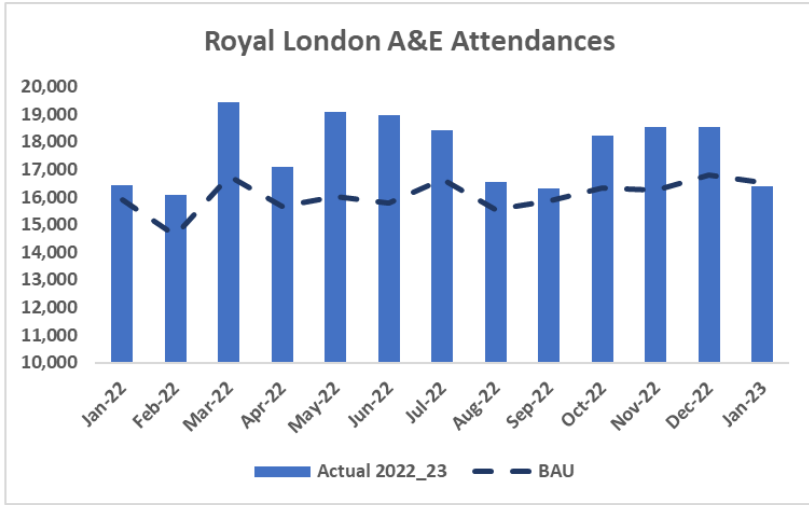
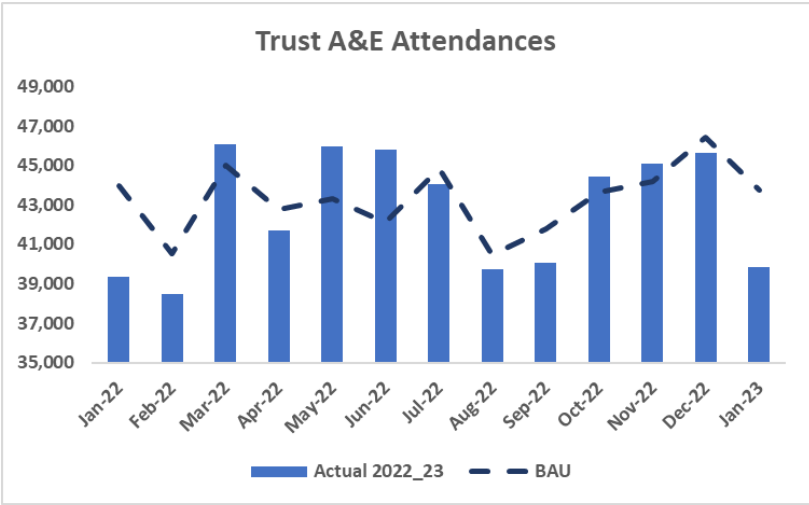
- The ambulance handover metrics are those reported for London Region and do not reflect a Barts Health validated position
- 78 and 104 RTT weeks wait is RAG rated against each wait bands recovery trajectory
- A 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year

RESPONSIVE
A&E volumes and
waiting times

A&E Attendance Volumes and Non Elective Activity

Mar-23

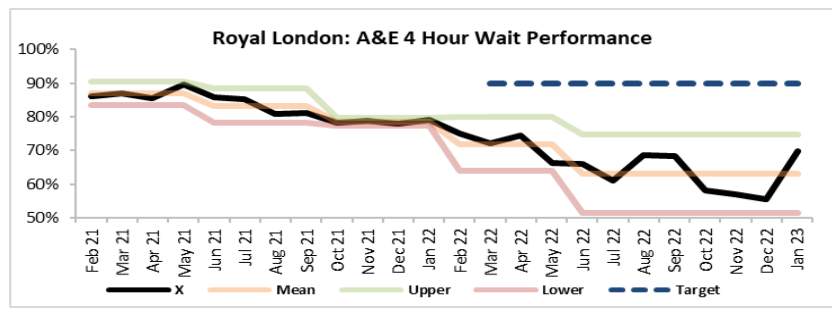
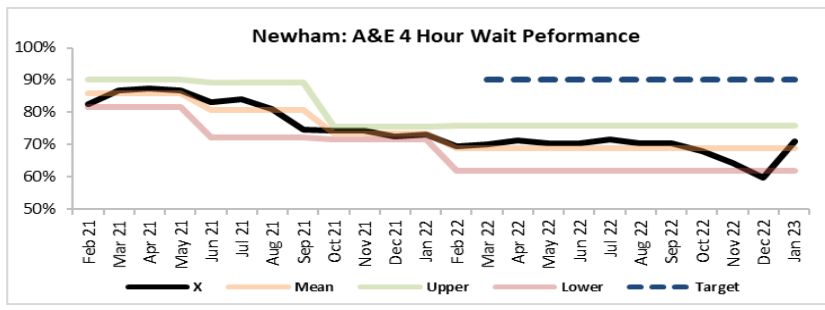
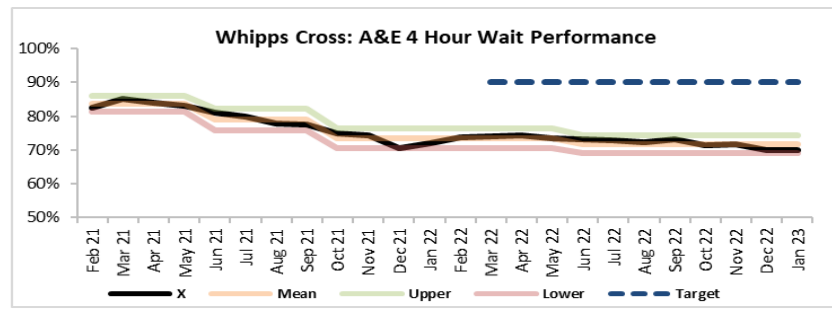
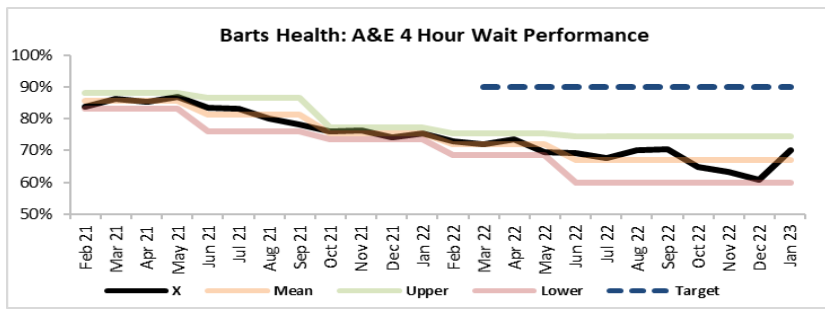
A&E Attendances against BAU



**RESPONSIVE
Urgent & Emergency
Care**

A&E 4 Hour Waiting Time

Mar-23



Performance Overview

- In January 2023, 39,820 attendances were recorded, 5,827 (13%) less than recorded in December.
- For January 2023 a performance of 70.2% was recorded in relation to the 4-hour standard, an improvement of 9.3% against December's 60.9%.
- Against this improving picture Barts Health recorded a 2.6% improvement during January 2023 for patients with an A&E 12 journey time; from 8.5% in December to 5.9% in January, the national standard is set at no greater than 2%.

Responsible Director Update

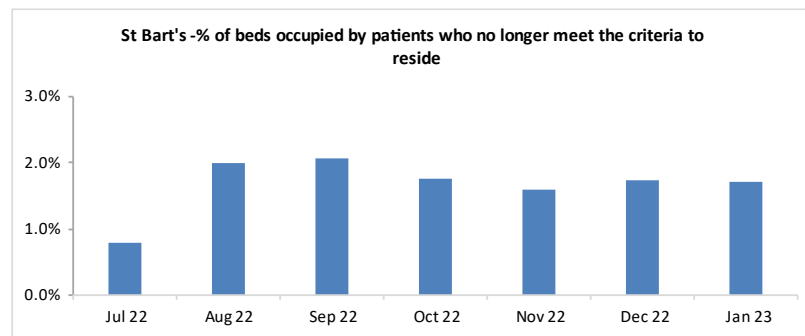
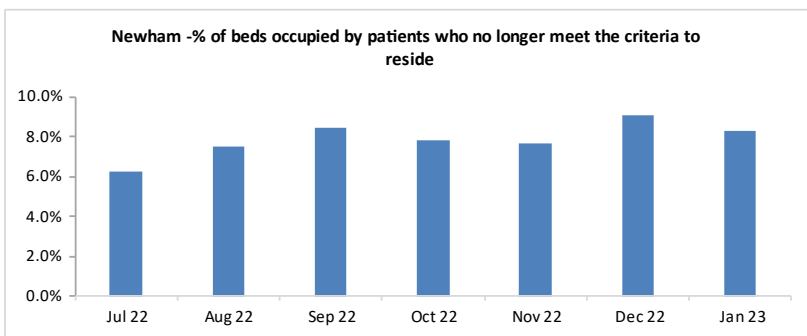
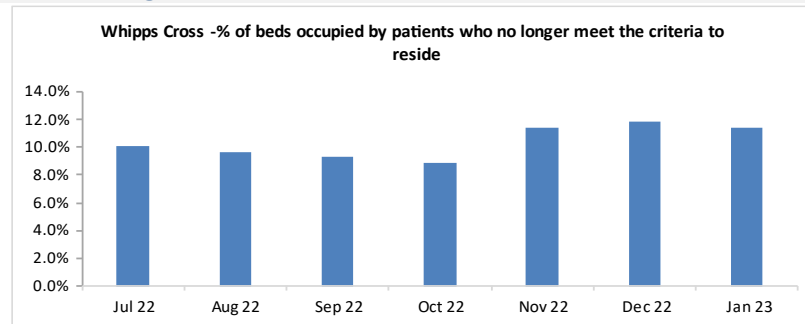
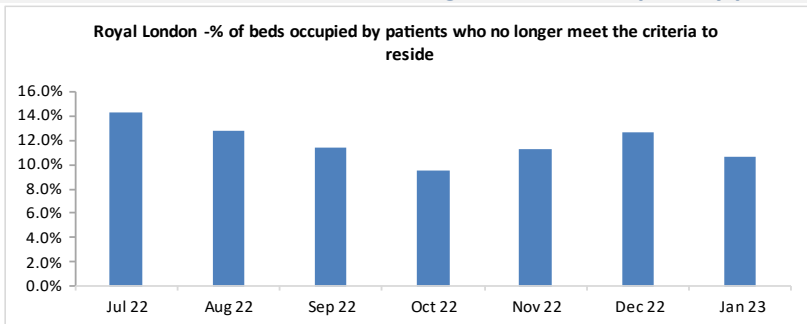
- UEC Delivery Plan has now been published by NHSE and we are aligning our plan with this
- Work continues in response to the 2023/24 operating standard of 76% by March 2024
- Local plans are in development that will reflect the challenges faced by local hospital systems
- Our revised Governance arrangements for Urgent & Emergency Care (UEC) are embedding and reporting assurance to Group Executive Board (GEB) on overall performance
- In common with the rest of London Mental Health patients continue to wait for unacceptable periods of time in our A&E's, we have established a revised approach to the escalation of these patients to partner organisations and plan to focus closely on safety
- We plan to present Trust improvement plans to the Finance Investment & Performance Committee in April

**RESPONSIVE
Urgent & Emergency
Care**

Discharge Activity

Mar-23

Percentage of beds occupied by patients who no longer meet the criteria to reside



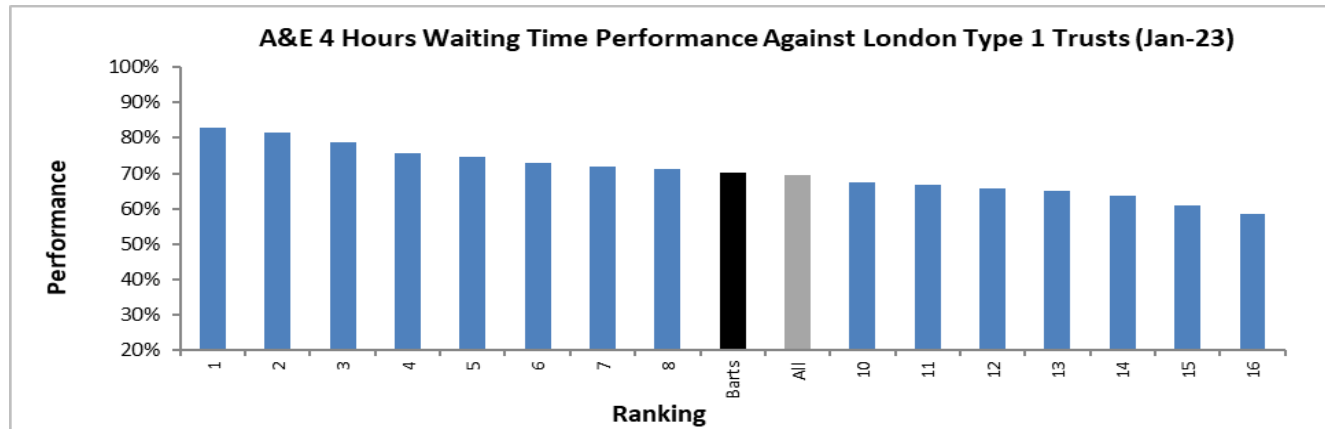
Note to Graphs: The data collection method changed from July 2022, making it impossible to meaningfully compare data prior to this point.

Performance Overview

- No Criteria to Reside patient volumes have seen marginal improvements in January following an increasing trend in the preceding month.
- In January 2023 9% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 745 patients and a total of 3,990 bed days.

Responsible Director Update

- We have realigned our Transformation and Improvement capacity with the operational streams identified that will be required to deliver the new constitutional standards. These workstreams continue to focus on: management of the A&E front door, Same Day Emergency Care (SDEC), assessment and ward process and discharge.
- A revised approach to reporting on this group of patients is being developed to support clear identification of those patients that require improved system response and those that are essentially within the hospital's gift to manage.
- £7m of funding has been allocated to NEL system for step down capacity up until the end of March. All hospitals have submitted a bid with the objective of appropriately stepping patients down to alternative bed/care capacity

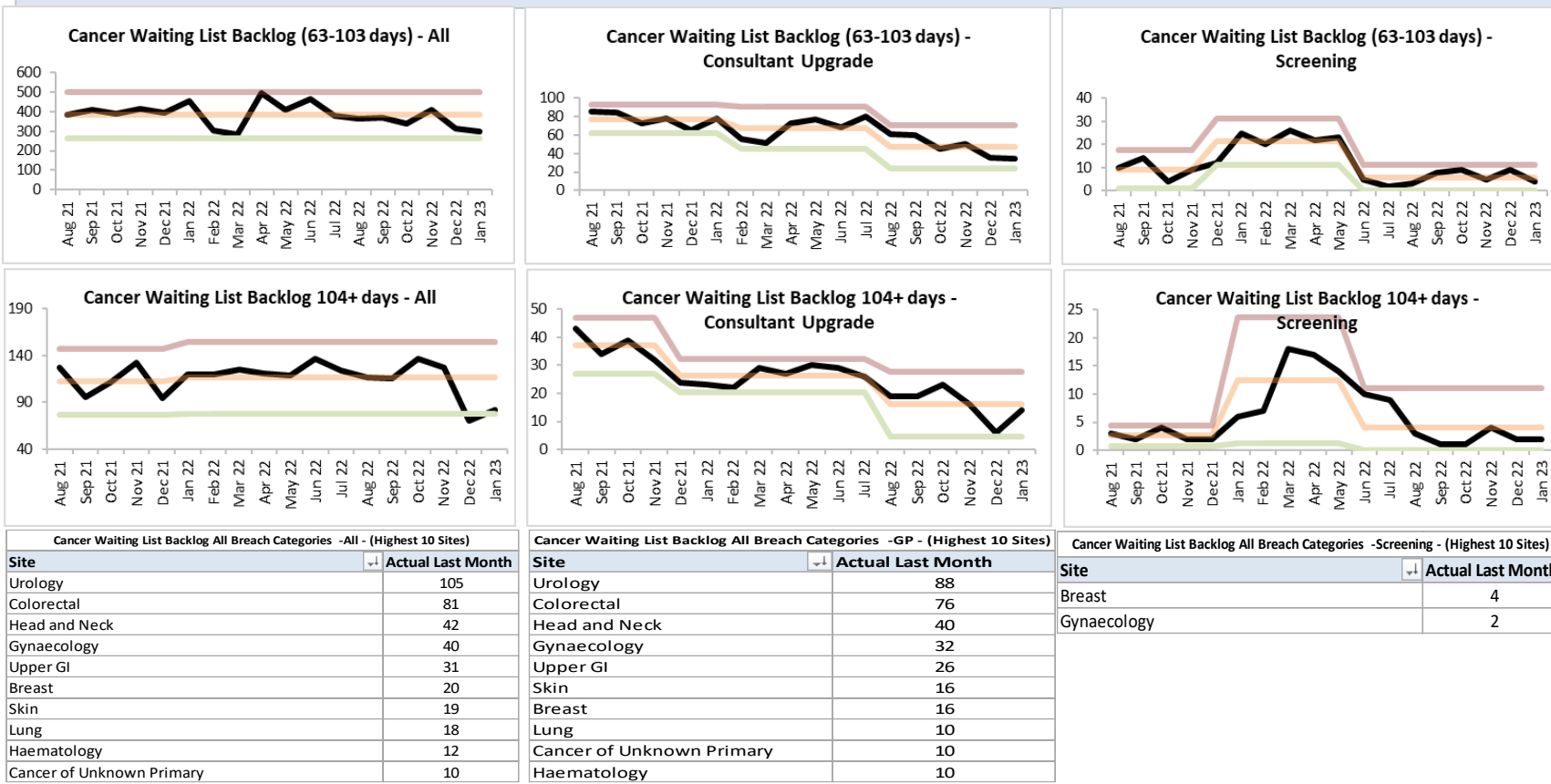


- For January 2023, Barts Health recorded the highest volume of A&E attendances of any trust in England.
- In terms of performance against the 4-hour standard, the Trust was ranked 9th out of 16 trusts reporting data in London and was the 3rd best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.
- Barts continues to support the local system in receiving ambulance conveyances as a result of extended queues at other local trusts.

RESPONSIVE

Cancer 63+ Waiting List Backlog

Mar-23



Performance Overview

- The NHS has set the reduction in the number of patients waiting more than 62-days from an urgent referral to treatment as this years priority. This requires the trust to reduce backlog to no greater than 197 patients, per-pandemic levels, by March 23.
- The January 2023 backlog reduction milestone is set at 290 against which the trust recorded 378, 88 greater than plan.
- Of the 378 patients waiting longer than 63 days, 296 had waited between 63 – 103 days and 82 greater than 104 days. The charts and tables above present the number of patients waiting by those two wait bands by All referrals, Consultant Upgrade and Screening service referrals.

Barts Health Performance Report

Responsible Director Update

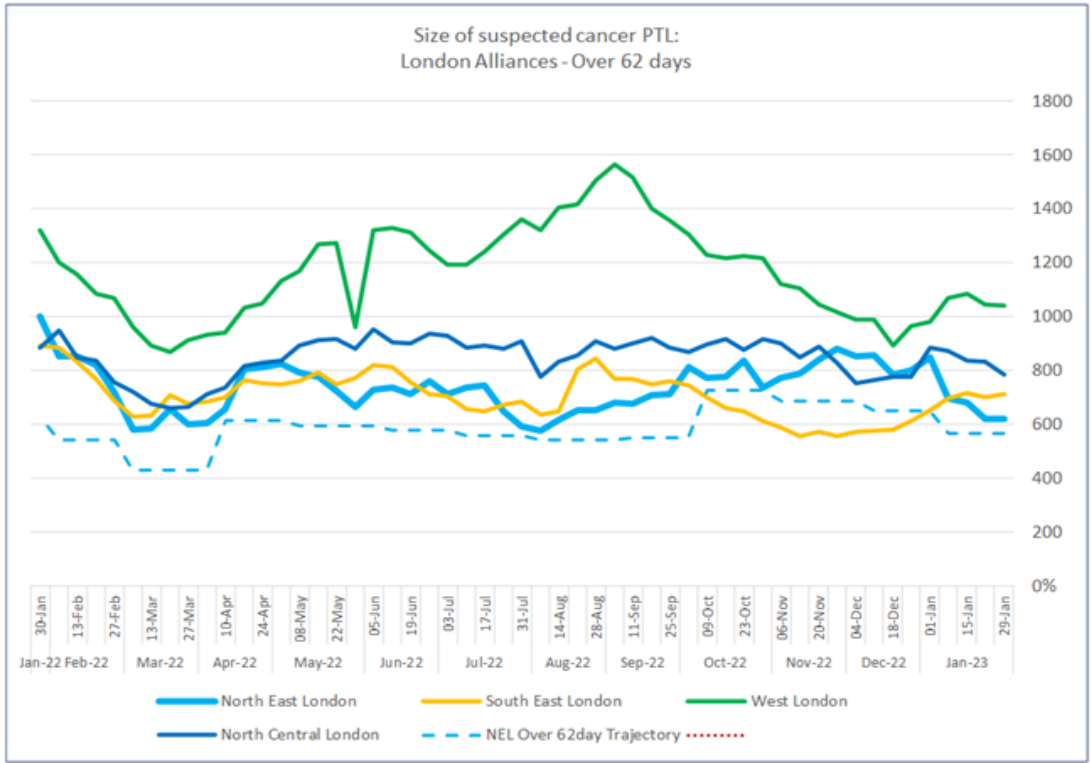
- Backlog reduction requires patients to progress through their pathway, and receive treatment sooner. During daily meetings patients are brought forward to ensure they are treated before the breach date. Within the next month we plan to establish stronger links with UCLH and Royal Free trusts as the treating site in Urology, along with improving first new and protected MRI slots. Lower GI & Gynae tumour sites are putting on extra theatre capacity, removing any variation for colonoscopies. Head & Neck is improving data quality and tracking.
- Delivery risk includes theatre capacity, patient choice and workforce sickness.

24

Cancer waiting times
Benchmarking
performance

Benchmarking Against Other Trusts

Mar-23

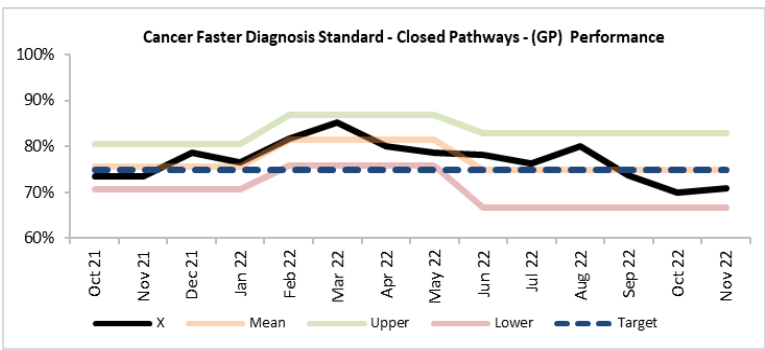


- As at 29th January 2023 North East London (NEL) had the lowest backlog of any London Integrated Care Board, with 619 patients waiting over 62 days, 8.6% of the total waiting list.
- As at the same date within NEL Barts Health had the largest backlog with 303 patients waiting over 62 days.
- Barts Health ranks 65th out of 75 nationally, with a backlog of 9%.

29-Jan	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	619	+1	8.6%	-53
North Central London	782	-48	9.6%	n/a
South East London	713	+14	9.5%	n/a
West London	1040	-4	7.5%	n/a
England	28448	-1070	11.9%	n/a

29-Jan	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	619	+1	8.6%	-53
Barking	296	+5	9.8%	-54
Barts Health	303	-4	9.0%	-13
Homerton Univ	20	+0	2.6%	14
London	3154	-37	8.6%	n/a

RESPONSIVE Cancer Faster Diagnosis Standard Metrics **Mar-23**



	Seen	Breaches	Performance	Target
All Tumor Sites	2,526	736	70.9%	75.0%
Breast	456	25	94.5%	75.0%
Gynaecological	349	164	53.0%	75.0%
Haematological	17	10	41.2%	75.0%
Head and Neck	354	83	76.6%	75.0%
Lower Gastrointestinal	366	173	52.7%	75.0%
Lung	50	5	90.0%	75.0%
Skin	494	65	86.8%	75.0%
Upper Gastrointestinal	174	76	56.3%	75.0%
Urological	231	128	44.6%	75.0%

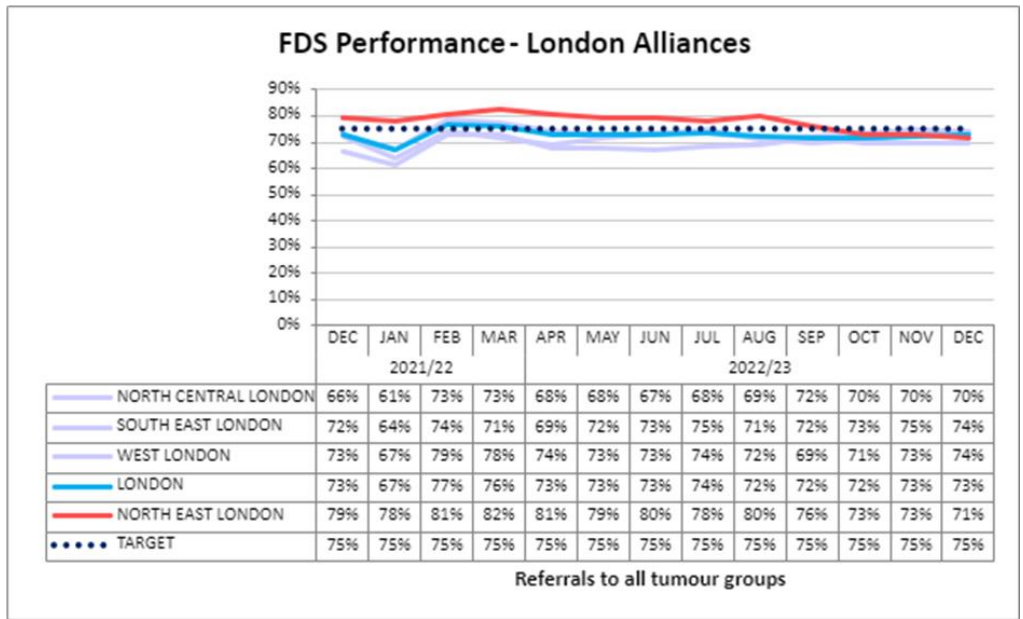
Site	Seen	Breaches	Performance	Target
Newham	378	111	70.6%	75.0%
Royal London	690	205	70.3%	75.0%
St Bart's	178	21	88.2%	75.0%
Whipps Cross	1,280	399	68.8%	75.0%
Barts Health	2,526	736	70.9%	75.0%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Barts Health has had strong aggregated performance for the Faster Diagnosis Standard, requiring that at least 75% of patients should not wait more than 28 days from referral to finding out whether they have cancer or not, since the standard went live in October 2021 until September 2022; regularly achieving strong results nationally at the start of 2022. Performance against the standard has been challenged since October, in part due to the impact of service pressures associated with delivering the 2 week wait standard and a number of other operational pressures. For December 2022 the trust did not achieve the All Referral or Screening elements of the standard thereby not achieving the aggregated performance measure, recording a performance of 73.1% against the 75% standard and 70.9% for the All Referrals standard. 	<ul style="list-style-type: none"> Faster Diagnosis Standard (FDS) challenges in December were due to, Gynae histology delays from GA hysteroscopies. MRI capacity within Urology, and Colonoscopy capacity at Whipps Cross. Recovery plans include establishing closer links with the Histopathology Partnership, to help escalate and expedite reporting, with a meeting scheduled for early March. Protected MRI slots have commenced at all 3 sites from February on a weekly basis, Lower GI patients have been redirected to Mile End for procedures. Recovery of the 2ww standard is key, to enable recovery of the FDS standard as any delay at the start of the pathway resulting in patients not being informed of their diagnosis by day 28. Delivery risks include histopathology workforce issues and turnaround times as well as patient choice or cancellation/s.

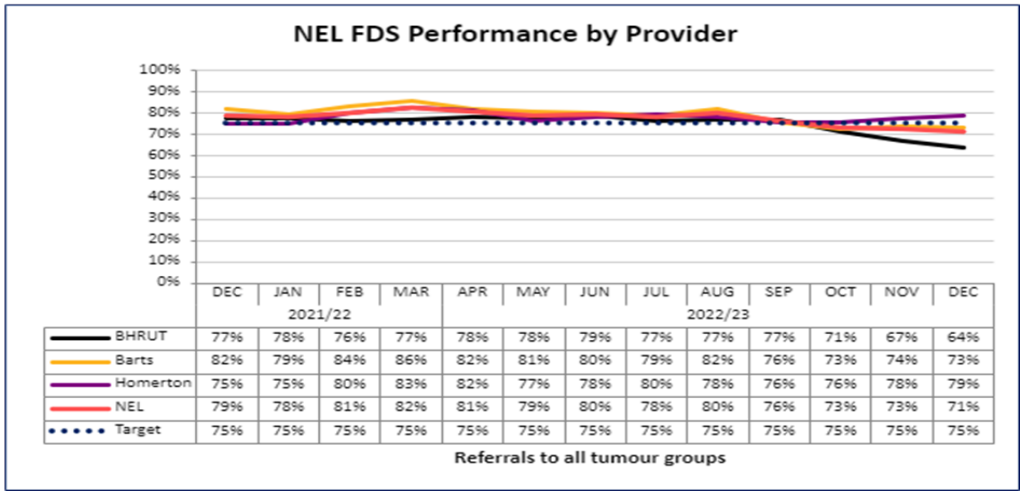
Cancer waiting times
Benchmarking
performance

Benchmarking Against Other Trusts

Mar-23



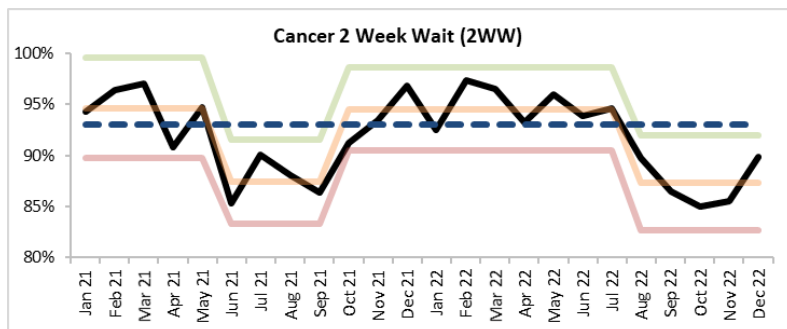
- Barts Health Group has had strong aggregated performance in FDS since the standard went live in October 2021 until September 2022, regularly achieving strong results nationally at the start of 2022.
- Within London Alliances, North East London (NEL) has had historic strong performance which has seen a decline since September 2022 in line with Barts performance levels.
- Local performance within NEL highlights the performance pattern at Barts Health and the impact of Barts Health performance on NEL overall performance.



RESPONSIVE

Cancer 2 Week Wait

Mar-23



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2,867	291	89.9%
Breast	480	98	79.6%
Skin	465	59	87.3%
Urological	273	31	88.6%
Testicular	20	2	90.0%
Lung	53	5	90.6%
Upper Gastrointestinal	214	19	91.1%
Head and Neck	364	28	92.3%
Gynaecological	346	25	92.8%

Site	Seen	Breaches	Performance	Target
Royal London	1,384	126	90.9%	93.0%
Whipps Cross	3,040	212	93.0%	93.0%
Newham	910	26	97.1%	93.0%
St Bart's	400	218	45.5%	93.0%
Barts Health	5,734	582	89.9%	93.0%

Performance Overview

- In December 2022 a performance of 89.9% was recorded in relation to the 2 week wait standard of 93%, an improvement of 4.3% against November's 85.6%.
- Improvements were seen at two of our hospital sites with Royal London improving 5.5% to 90.0% and Whipps Cross improving 13.4% to 93%.
- Newham saw a small decline in performance from 99.1% to 97.1%, however remains above target.
- St Bart's saw a decline of 50.2% to 45.5%, which is attributed to specific circumstances that have since been resolved.

Responsible Director Update

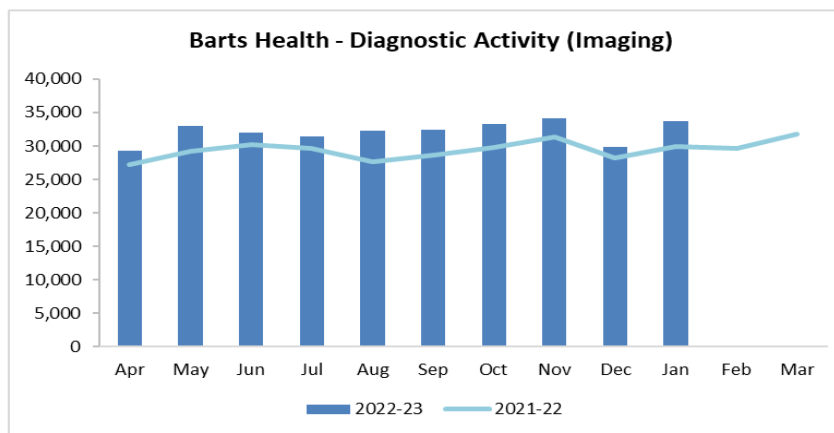
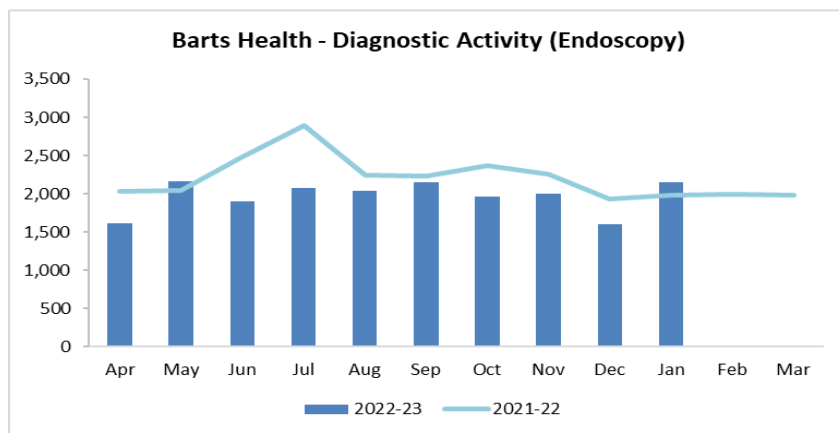
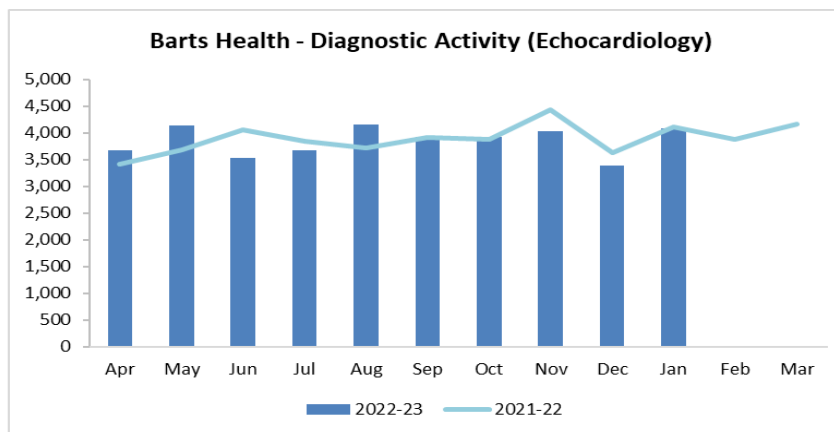
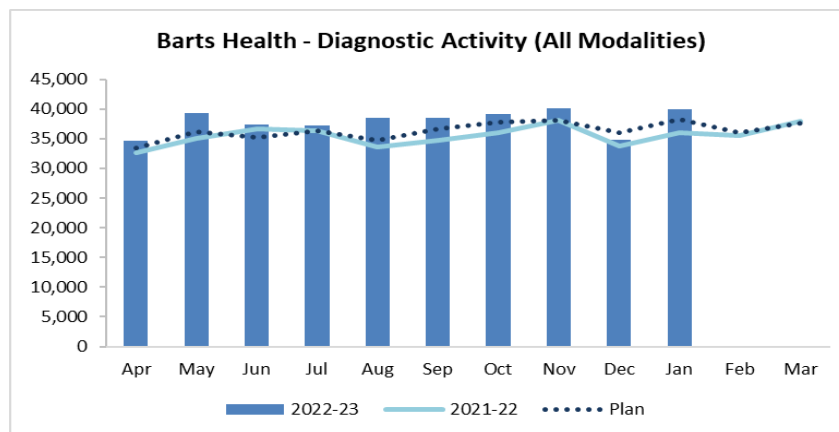
- 2 week wait non compliance in December was due to Breast at St Bart's. Followed by Skin, Urology & ENT within Royal London, due to staff shortages, increased demand and a gap in capacity. This resulted in 216 patients not being seen within the 2 week waiting time standard.
- The breast position has now recovered (Feb 2023). Royal London Skin has also now recovered (Jan 2023), ENT has two new consultants starting in March with three sessions per week, triaging will cease in the short term.
- Risks to recovery include Urology performance, with mutual aid through BHRUT now ending, however support from London through the Cancer Alliance is being sought as well as exploring independent sector capacity, alongside a locum consultant.

RESPONSIVE
Diagnostic waiting times

Diagnostic (DM01) Activity

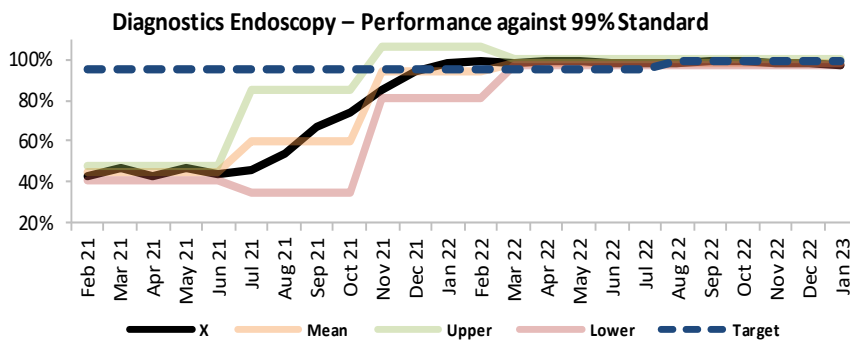
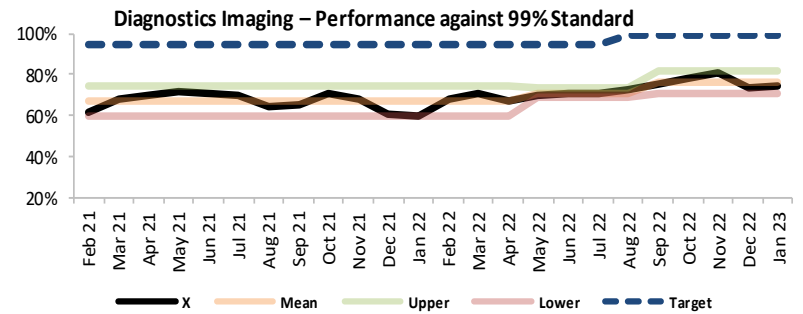
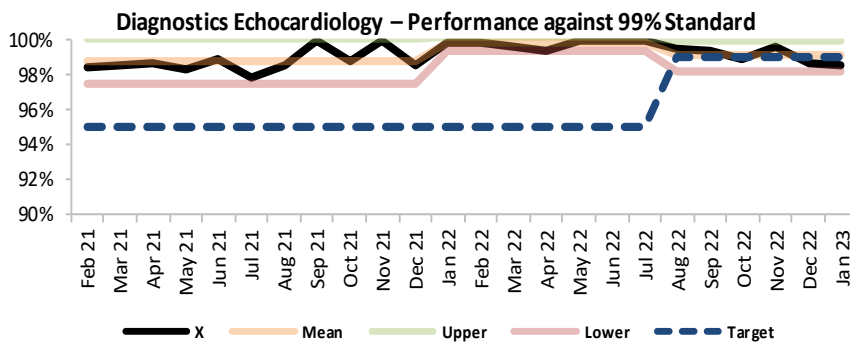
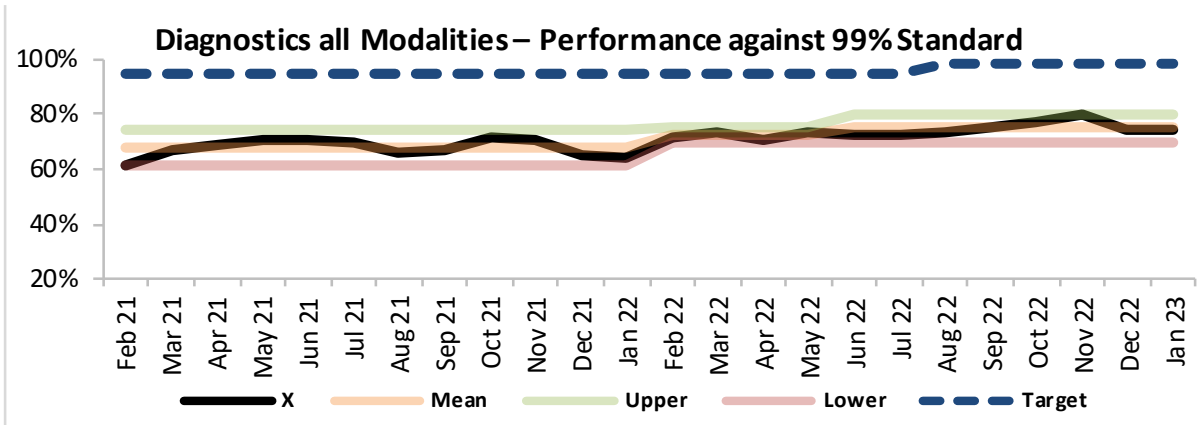
Mar-23

Barts Health					Last Month's Site Position				
Setting		Oct-2022	Nov-2022	Dec-2022	Jan-2023	Royal London	Whipps Cross	Newham	St Bart's
Diagnostics (All Modalities)	Actuals (2022-23)	39,133	40,146	34,860	39,995	12,399	10,651	8,016	8,929
	Plan	37,790	39,630	35,969	38,276	11,180	9,964	7,731	9,401
	Mth variance plan	1,343	516	-1,109	1,719	1,219	687	285	-472
Diagnostics	Echocardiography	3,921	4,024	3,385	4,088	-	-	-	4,088
	Endoscopy	1,956	2,004	1,600	2,154	1,170	573	411	-
	Imaging	33,256	34,118	29,875	33,753	11,229	10,078	7,605	4,841



Diagnostic Waits Over 6 Weeks

Mar-23



Diagnostic Waits Over 6 Weeks

Mar-23

DM01 Breakdown by Test							
Test Name	Dec-22			Jan-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Urodynamics - pressures & flows	87	64	26.4%	80	63	21.3%	-5.2%
Audiology - Audiology Assessments	1,575	1,083	31.2%	1,661	1,246	25.0%	-6.3%
Neurophysiology - peripheral neurophysiology	57	18	68.4%	55	35	36.4%	-32.1%
Magnetic Resonance Imaging	7,480	3,190	57.4%	7,142	2,983	58.2%	0.9%
Non-obstetric ultrasound	14,943	3,112	79.2%	16,381	3,353	79.5%	0.4%
Computed Tomography	3,440	701	79.6%	3,586	679	81.1%	1.4%
Cystoscopy	176	26	85.2%	166	25	84.9%	-0.3%
DEXA Scan	852	168	80.3%	989	116	88.3%	8.0%
Respiratory physiology - sleep studies	38	2	94.7%	20	1	95.0%	0.3%
Gastrosocopy	707	12	98.3%	756	13	98.3%	0.0%
Colonoscopy	1,083	3	99.7%	922	14	98.5%	-1.2%
Cardiology - echocardiography	1,776	23	98.7%	1,847	27	98.5%	-0.2%
Flexi sigmoidoscopy	210	1	99.5%	186	2	98.9%	-0.6%
Barium Enema	0	0	100.0%	2	0	100.0%	0.0%
Cardiology - Electrophysiology	0	0	100.0%	0	0	100.0%	0.0%
Grand Total	32,424	8,403	74.1%	33,793	8,557	74.7%	0.6%

Performance Overview

- For January 2023 a performance of 74.7% was recorded, an improvement of 0.6% on December's 74.1%.
- Both the number of breaches of the 6-week standard and the total volume of patients on the waiting list increased in January.
- The greatest challenge remains in MRI and non-obstetric ultrasound (NOUS). MRI breaches accounted for 35% and NOUS breaches accounted for 39% of all breaches in January 2023.

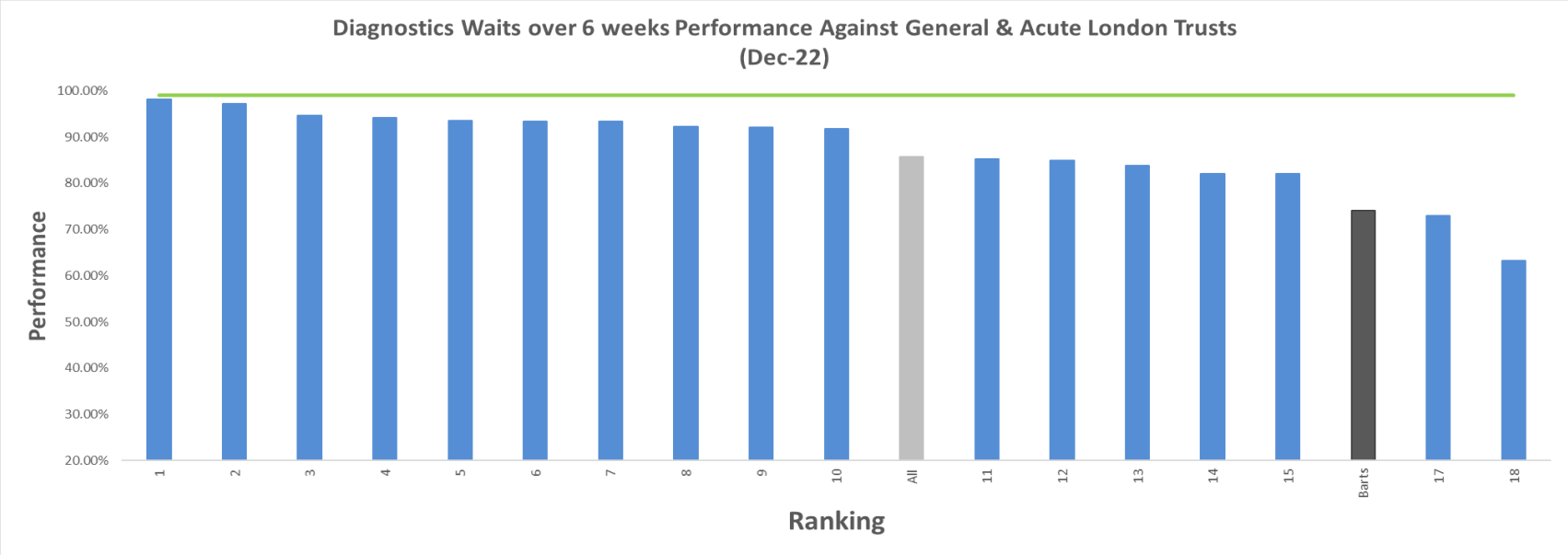
Responsible Director Update

- Initiatives to improve imaging services are overseen through the NEL Imaging Network, with collaborative work between hospitals in place to share capacity, transform service delivery and standardise practise, with an aim to reduce inequity of access to services.
- Work to develop a NEL diagnostics strategy and complete a triangulated operating plan, funded by Health Education England monies, for Imaging services across NEL will be completed by March 23. Key to confirming activity levels from April 2023 will be confirmation of Trust income and capital available to support investments and service sustainability.
- The national "Diagnostics focus month" is in March. The main work will ensure optimal use of capacity and the long wait challenges faced by MRI and NOUS at St Barts and the Royal London. New capacity is now available via a new MRI scanner at Mile End Hospital.

Diagnostic waiting times
Benchmarking performance

Benchmarking Against Other Trusts

Mar-23



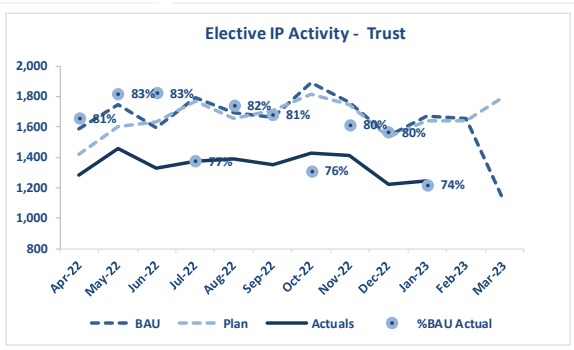
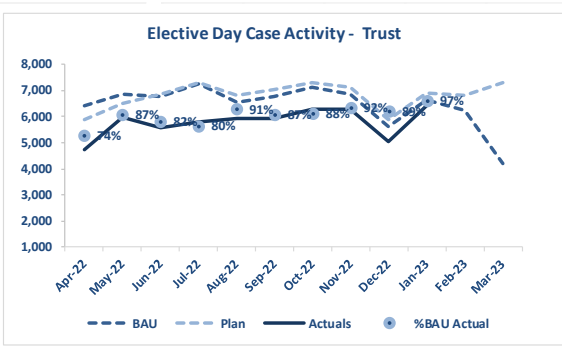
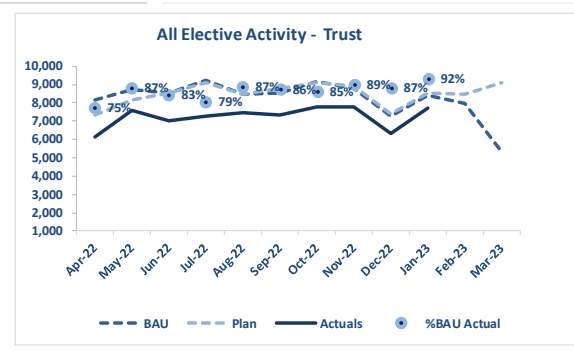
- Looking at the 18 London acute Trusts reporting data for December 2022 (the most recent national data), Barts Health had the largest waiting list and was the 16th worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 4th largest waiting list and was the best performing.

RESPONSIVE
Elective activity

Admitted Activity against Plan

Mar-23

		Barts Health						Last Month's Site Position			
		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,481	8,763	9,109	8,885	7,421	8,536	4,195	1,878	1,275	1,121
	Actuals	7,430	7,365	7,786	7,805	6,311	7,732	3,992	1,498	980	1,262
	Mth variance plan	-1,051	-1,398	-1,323	-1,080	-1,106	-804	-203	-380	-295	141
Elective Day Case Activity	Plan	6,828	7,056	7,295	7,140	5,887	6,896	3,497	1,522	1,119	691
	Actuals	5,945	5,913	6,274	6,294	5,033	6,422	3,465	1,240	854	863
	Mth variance plan	-883	-1,143	-1,021	-846	-854	-474	-32	-282	-265	172
Elective IP Activity	Plan	1,653	1,707	1,814	1,745	1,534	1,640	698	356	156	430
	Actuals	1,391	1,353	1,429	1,412	1,219	1,242	511	258	126	347
	Mth variance plan	-262	-354	-385	-333	-315	-398	-187	-98	-30	-83
Independent Sector Elective Activity	Actuals	94	99	83	99	59	68	16	0	0	47



Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For January 2023 the trusts admitted (Inpatient and Day Case) trajectory was set to a target of 8,536 cases. 7,732 cases were achieved, a shortfall of 804 cases (-9.4%). For Day Cases the trajectory set a target of 6,896 cases against which the trust achieved 6,422, a shortfall of 474 Day Cases (-6.8%). For Inpatients the trajectory set a target of 1,640 cases against which the trust achieved 1,242 cases, a shortfall of 398 Inpatient admissions (-24.2%). During January 68 elective admissions were recorded in the Independent Sector against a BAU of 56, please note there can be lags in reporting Independent Sector activity. Monthly admitted activity remains at variance to trajectory and national activity levels 	<ul style="list-style-type: none"> Through the Elective Recovery Board, discussions are underway with hospital sites about actions being taken to recover activity volumes with a quantification of the impact. We are working with BIU in order to develop a mechanism to be able to track these actions against activity volumes Opportunities to support improvement in activity volumes have been identified through movement of appropriate work across the group and theatre productivity intervention.

RESPONSIVE
Elective activity

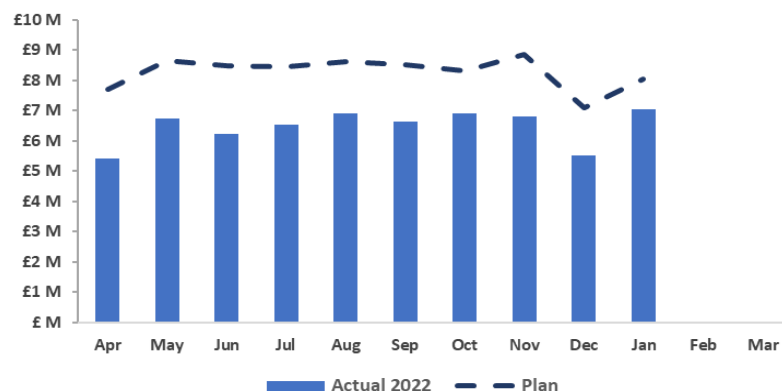
Admitted Income against Plan

Mar-23

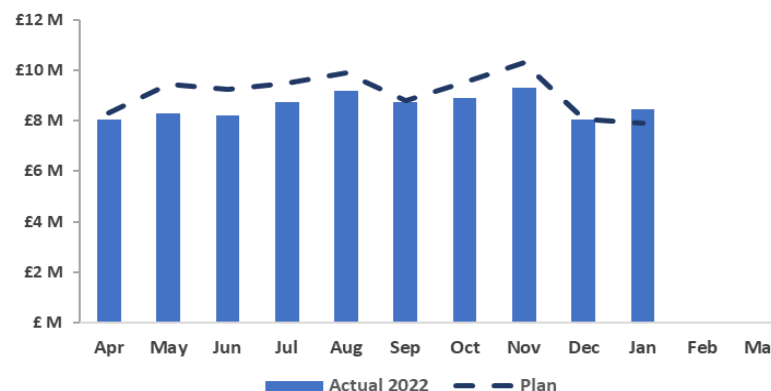
Admitted Elective Activity

		Barts Health						January-2023 Site Position			
		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Royal London	Whipps Cross	Newham	St Bart's
Elective Day Case Activity	Plan	£8.63 M	£8.53 M	£8.3 M	£8.85 M	£7.11 M	£8.03 M	£4.24 M	£1.61 M	£1.09 M	£1.1 M
	Actuals	£6.92 M	£6.63 M	£6.9 M	£6.81 M	£5.51 M	£7.05 M	£3.41 M	£1.14 M	£.85 M	£1.66 M
	Mth variance plan	-£1.71 M	-£1.9 M	-£1.4 M	-£2.04 M	-£1.6 M	-£.98 M	-£.83 M	-£.47 M	-£.24 M	£.56 M
Elective IP Activity	Plan	£9.88 M	£8.78 M	£9.54 M	£10.32 M	£8.07 M	£7.89 M	£2.68 M	£.76 M	£1.49 M	£2.97 M
	Actuals	£9.18 M	£8.75 M	£8.91 M	£9.32 M	£8.04 M	£8.46 M	£2.58 M	£.83 M	£1.36 M	£3.69 M
	Mth variance plan	-£.7 M	-£.03 M	-£.63 M	-£1. M	-£.03 M	£.57 M	-£.09 M	£.07 M	-£.13 M	£.72 M

Elective Day Case Activity



Elective IP Activity



Performance Overview

- For Jan 2023 the trust achieved 97.4% of the admitted income target which is an improvement on the December (94.3%) achievement, and still below the 104% elective recovery target.
- Elective income was above plan in month achieving 107% of the income plan despite delivering only 76% of planned elective activity.
- Day case income achieved only 87.7% in January, having delivered 93% of planned day case activity.
- Sites are continuing to work collaboratively with finance, contracting and business intelligence unit to improve our financial position and reducing the waiting list backlogs.

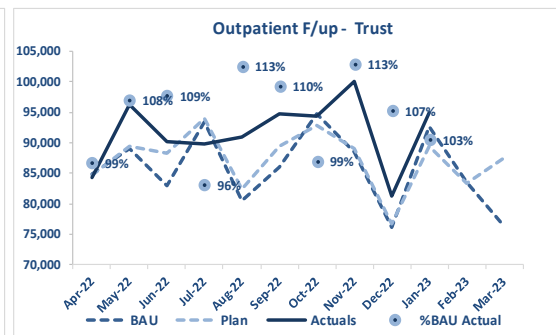
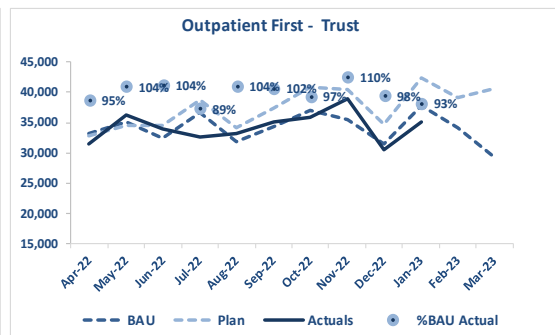
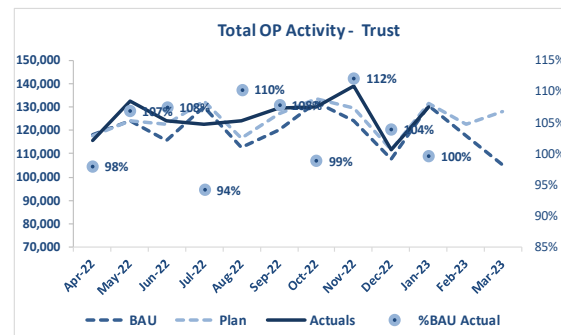
RESPONSIVE
Elective activity

Non Admitted Activity against Plan

Mar-23

Outpatient Activity

		Barts Health						Last Month's Site Position				
		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	116,575	126,880	133,767	129,528	111,548	131,775	56,611	33,093	19,452	22,619	-
	Actuals	124,051	129,768	130,263	139,005	111,722	129,746	54,324	29,920	20,580	24,902	20
	Mth variance plan	7,476	2,888	-3,504	9,477	174	-2,029	-2,287	-3,173	1,128	2,283	
Outpatient First	Plan	34,153	37,411	40,910	40,430	34,788	42,371	18,118	13,182	5,723	5,348	-
	Actuals	33,157	35,018	35,904	38,834	30,542	34,916	13,630	10,920	4,914	5,452	-
	Mth variance plan	-996	-2,393	-5,006	-1,596	-4,246	-7,455	-4,488	-2,262	-809	104	
Outpatient F/up	Plan	82,422	89,469	92,857	89,098	76,760	89,404	38,493	19,911	13,729	17,271	-
	Actuals	90,894	94,750	94,359	100,171	81,180	94,830	40,694	19,000	15,666	19,450	20
	Mth variance plan	8,472	5,281	1,502	11,073	4,420	5,426	2,201	-911	1,937	2,179	



Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For January 2023 the outpatient attendances (first and follow up) trajectory was set at 131,775, against which the trust achieved 129,746 a shortfall of 2,029 outpatient attendances (-1.5%). For First attendances the trajectory was set at 42,371 against which the trust achieved 34,916 a shortfall of 7,455 attendances (-17.5%). For Follow-up attendances the trajectory set was at 89,404 against which the trust achieved 94,830 an overperformance of 5,426 attendances (+6.0%). 	<ul style="list-style-type: none"> Outpatients is now included in the activity recovery work in order to understand what key actions are required at each site. The outpatient transformation programme for 23/24 is being developed and includes a focus on key productivity opportunities including reducing hospital cancellations and patient did not attend rate, increase in patient-initiated follow-up activity and enhanced virtual appointment capacity.

Outpatient Activity

		Barts Health						January-2023 Site Position			
		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Royal London	Whipps Cross	Newham	St Bart's
Outpatient First	Plan	£5.34 M	£5.58 M	£5.54 M	£5.95 M	£4.84 M	£5.57 M	£2.12 M	£1.5 M	£.81 M	£1.14 M
	Actuals	£4.7 M	£4.98 M	£5.04 M	£5.61 M	£4.37 M	£5.24 M	£1.85 M	£1.56 M	£.71 M	£1.13 M
	Mth variance plan	-£.63 M	-£.59 M	-£.5 M	-£.35 M	-£.47 M	-£.33 M	-£.28 M	£.06 M	-£.1 M	-£.02 M
Outpatient F/up	Plan	£6.36 M	£6.68 M	£6.65 M	£7.02 M	£5.65 M	£6.61 M	£2.91 M	£1.39 M	£.8 M	£1.52 M
	Actuals	£6.67 M	£7.16 M	£7. M	£7.5 M	£6.02 M	£6.83 M	£2.95 M	£1.44 M	£.75 M	£1.69 M
	Mth variance plan	£.31 M	£.48 M	£.35 M	£.48 M	£.37 M	£.23 M	£.04 M	£.05 M	-£.04 M	£.17 M

Outpatient First



Outpatient F/up



Performance Overview

- For Jan 2023 the trust achieved 99% of the non-admitted income target which is an improvement on the December (93%) achievement, and still below the 104% elective recovery target.
- First Appointment income was below plan in month achieving 94% in line with levels of First Appointment activity.
- Follow-up appointment income achieved 106% in January, this is in line with the delivery of 106% of follow-up activity.
- Sites are continuing to work collaboratively with finance, contracting and business intelligence unit to improve our financial position and reducing the waiting list backlogs.

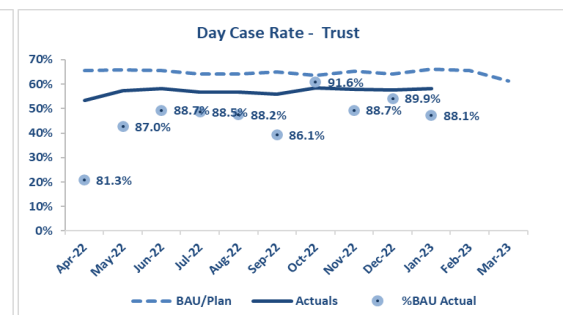
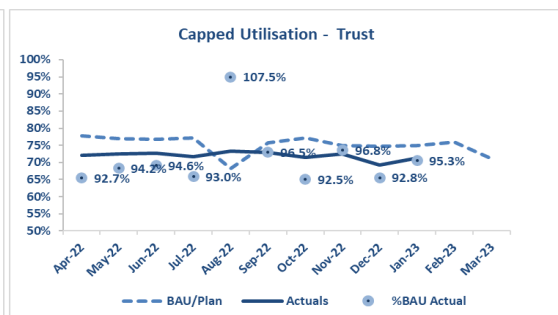
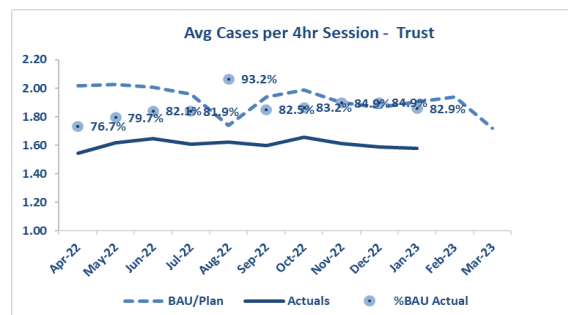
RESPONSIVE
Elective activity

Theatre Efficiency

Mar-23

Efficiency Activity

		Barts Health						Last Month's Site Position			
		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.62	1.60	1.66	1.61	1.59	1.58	1.46	2.13	1.97	0.97
	BAU	1.74	1.94	1.99	1.90	1.87	1.90	1.81	2.59	2.10	1.02
	Mth variance plan	-0.12	-0.34	-0.33	-0.29	-0.28	-0.33	-0.34	-0.46	-0.13	-0.05
Capped Utilisation	Actuals	73.3%	73.0%	71.4%	72.6%	69.3%	71.3%	71.2%	67.3%	74.2%	74.9%
	BAU	68.2%	75.7%	77.2%	75.0%	74.7%	74.9%	75.7%	74.5%	70.5%	74.4%
	Mth variance plan	5.1%	-2.7%	-5.8%	-2.4%	-5.4%	-3.6%	-4.5%	-7.2%	3.7%	0.5%
Day Case Rate	Actuals	56.6%	55.9%	58.4%	57.9%	57.6%	58.2%	60.1%	65.9%	71.0%	13.2%
	BAU	64.2%	64.9%	63.7%	65.3%	64.0%	66.1%	63.6%	77.5%	68.9%	17.7%
	Mth variance plan	-7.6%	-9.0%	-5.3%	-7.4%	-6.4%	-7.8%	-3.4%	-11.6%	2.1%	-4.5%

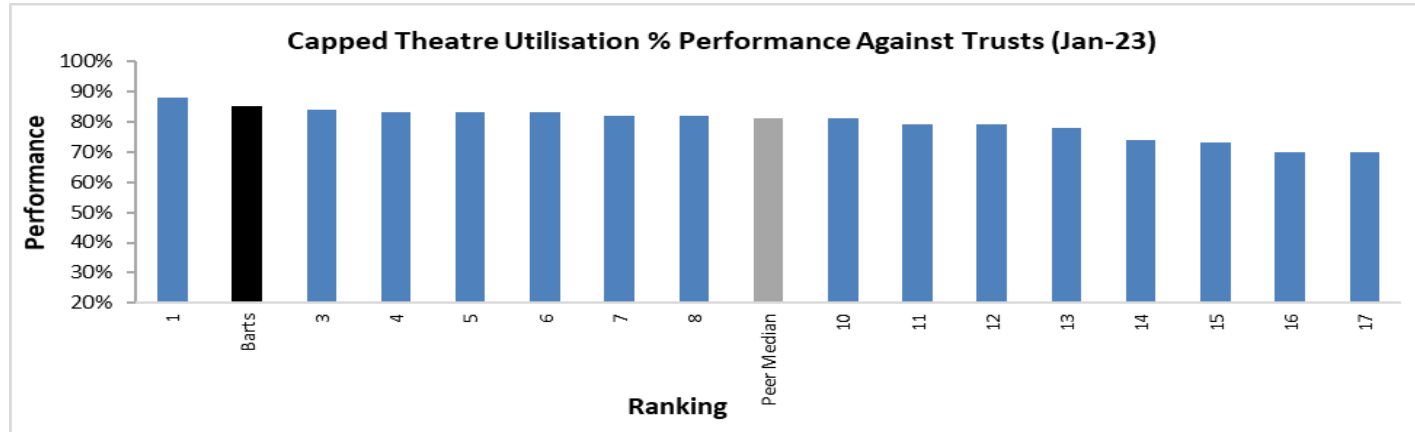


Performance Overview

- Capped Theatre Utilisation is one of the key operating theatre efficiency metrics, helping to understand the effectiveness of the operation scheduling processes of the trust in comparison to other trusts. "Capped Utilisation" refers to the Touch Time being calculated on the total volume of time the surgical team were operating, within the planned session time only. This means any Touch Time occurring within an unplanned session extension (after the planned session end time) is excluded from the calculation.
- According to most recent Model Hospital data (29th January 2023) the trust recorded a Capped Utilisation rate of 81%. This places Barts Health in the fourth (highest) quartile of London acute trust performance.
- For the same period the Barts Health median rate was 75% against the London acute trust peer group median rate of 77%.

Responsible Director Update

- Hospital sites are implementing theatre improvement programmes with the support of the Quality Improvement Team and oversight via the Elective Recovery Board.
- RLH has refreshed the scope of its theatre improvement programme with key aims to deliver the ambitions set out in the NHS Priorities & Operational Guidance for 23/24 and the Elective Recovery Fund (ERF) requirements:
 - Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings.
 - Elective activity 104% above BAU 19/20 levels
- Short term aim to deliver 50% of elective lists to start on time and elective activity to reach 186 cases per week by March 23, 16 more than our weekly average
- Governance has been refreshed via Theatres Efficiency Group (TEG)
- TEG will monitor the overarching outcome measures and will keep track of the process and balancing measures in each workstream. Measures to be used include Model Hospital metrics, (e.g. capped utilisation, start and finish times, number of cases per list) daycase rates & right procedure right place, theatre efficiency (CIP), Elective activity volumes against 19/20.
- Updates to SOR to be provided at the end of February.



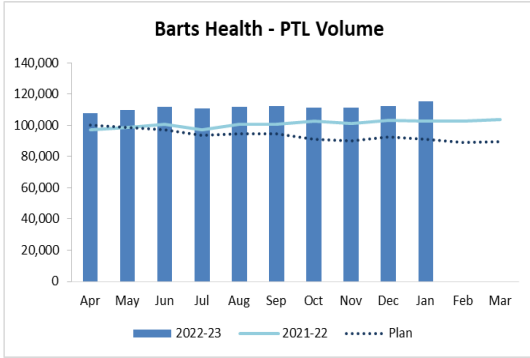
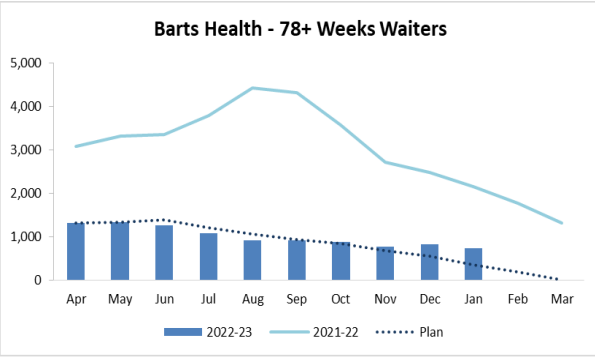
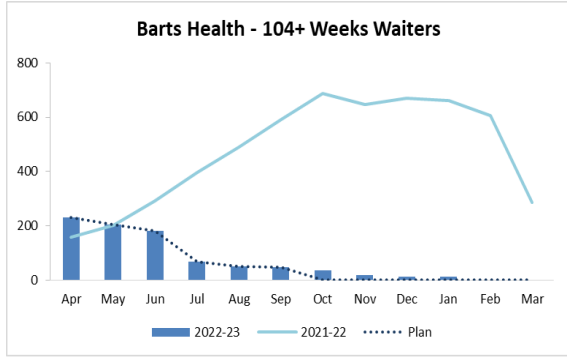
- According to the most recent Model Hospital data (29th January 2023) the trust recorded a Capped Utilisation rate of 81%, this places Barts Health in the fourth (highest) quartile of London performance. Against the London Region peer group of 18 acute trusts the Barts Health Capped Utilisation median rate of 75% compares against a peer median rate of 77%.
- Please note, the chart above only presents the individual performance for all the Barts Health peers that have submitted data at the time of reporting

RESPONSIVE
RTT waiting times

Referral to Treatment (RTT) Activity

Mar-23

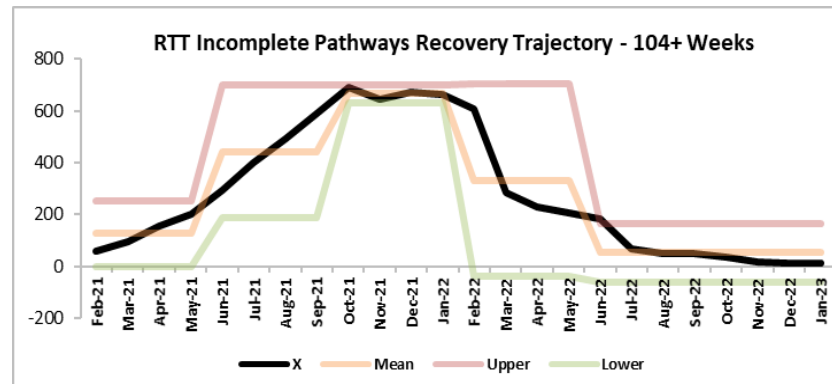
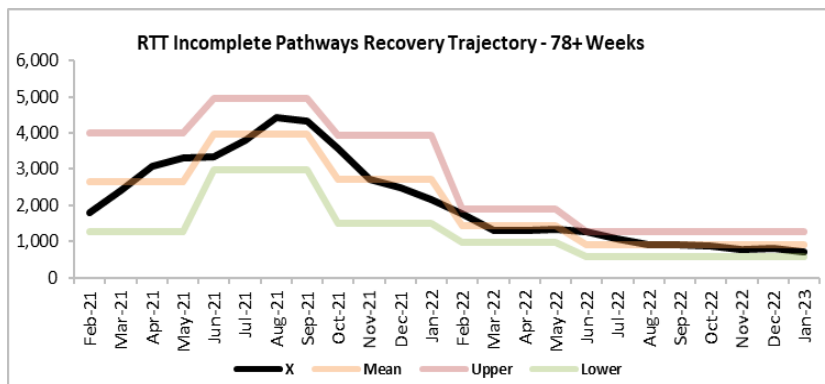
Barts Health						Last Month's Site Position					
Setting		Oct-2022	Nov-2022	Dec-2022	Jan-2023	Royal London	Whipps Cross	Newham	St Bart's	Other	
RTT Long-Waiter Clearance	104+ ww	Actuals (2022-23)	37	18	12	13	8	2	3	0	3
		Plan	0	0	0	0	0	0	0	0	0
		Mth variance plan	37	18	12	13	8	2	3	-	3
	78+ ww	Actuals (2022-23)	874	766	825	728	439	193	94	2	94
		Plan	849	671	545	354	352	152	41	0	0
		Mth variance plan	25	95	280	374	87	41	53	2	94



RESPONSIVE
RTT waiting times

78+ & 104+ Week RTT Breaches

Mar-23



78+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)	
Specialty Name	Actual
Trauma & Orthopaedics	138
Gynaecology	121
Colorectal Surgery	74
General Surgery	53
Urology	49
Oral Surgery	43
Paediatric Dentistry	29
Vascular Surgery	29
Neurosurgery	18
Hepatobiliary & Pancreatic Surgery	13

104+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10)		
Specialty Name	Actual	Trajectory
Gynaecology	7	8
General Surgery	3	0
Trauma & Orthopaedics	1	8
ENT	1	178
Paediatric Plastic Surgery	1	0

Performance Overview

- In relation to the RTT month-end nationally submitted data the trust reported 13 pathways waiting 104+ weeks at the end of January 2023, an increase of 1 pathway against the December position. However this represents a significant reduction of 219, or 94%, against the 232 reported in April 2022.
- Looking at London, of the 5 Trusts reporting 104+ week waits for December 2022 (the most recent national data), Barts Health had the greatest number, reporting 12. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ week pathways, two trusts recorded three 104+ week pathways, the other two trusts reported one and two pathways respectively.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last nine months with 1,309 pathways reported at the end of April 2022 reducing to 728 at the end of January 2023, a decrease of 581 (-44%), this also represents a decrease on December's position of 825 (-97) however is greater than the reduction plan of 354 for December (+374).

Barts Health Performance Report

Responsible Director Update

- All long waiting non-admitted patients have been booked an appointment and ongoing management is in place to ensure all patients have a next event booked.
- Each hospital is reviewing their patient lists for theatre, pre op assessment and outpatients to ensure we are tracking all patients.
- All but 2% of all patients over 52 weeks have been validated to ensure booking teams are working with accurate lists
- We are working with our partner organisations to ensure all available operating capacity is utilised for our longest waiting patients. We are currently treating our patients at Homerton, BHRUT, the independent sector and all the hospital within our Barts Health group.
- After covid we have a number of admin staff who are focussed on contacting patients to inform them of their appointments. To ensure the information is correct we have increased training to our booking and scheduling teams so they are always working with accurate list.

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Mar-23



Equity Report



Equity in our waiting lists**Analysis**

The Trust has reviewed its waiting lists to identify differences in wait times between groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, between those who have been identified with a learning disability and those who have not, and between groups of patients who live in wealthy postcodes as compared to those who live in deprived postcodes. We explored differences between ethnicities and between those who live in wealthy compared to poorer areas at Trust as well as hospital level. The review is a snapshot of data from 16th February 2023.

We also reviewed ethnicity capture across A&E, Inpatients and Outpatient activity types.

Findings

This month, ethnicity capture declined slightly across all three areas. However, ethnicity capture reporting is now included as part of standard divisional PR packs, and the slight decline in this months performance will be escalated to the Addressing Inequalities in Care Board.

At Trust level, there are no significant differences in the data for waits between ethnic groups, or between male and female patients. At the Trust level, patients from the most deprived postcodes appear to wait slightly longer than those from the wealthiest postcodes. Site-level data showed slightly longer waits at Royal London and Whipps Cross for people from more deprived backgrounds.

One disappointing finding this month is that the waits for patients who have been identified as having a learning disability are longer than for patients who have not been identified as having a learning disability. This is not consistent with last month, and we believe it results in part from the long waiting list at Royal London for Restorative Dentistry, as this speciality has a high proportion of patients with Learning Disabilities.

Next steps

We will be working with Royal London to support them in reducing the time patients with learning disabilities wait for surgery.

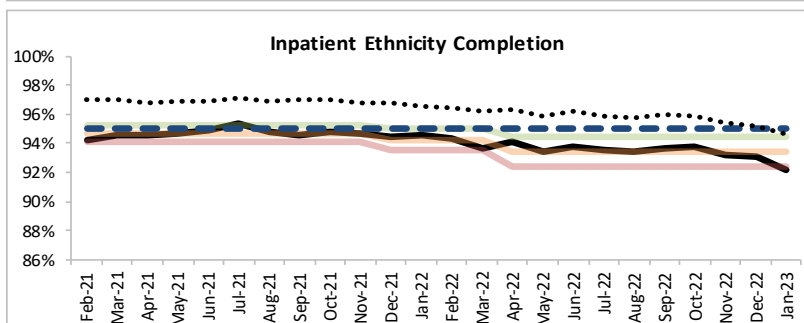
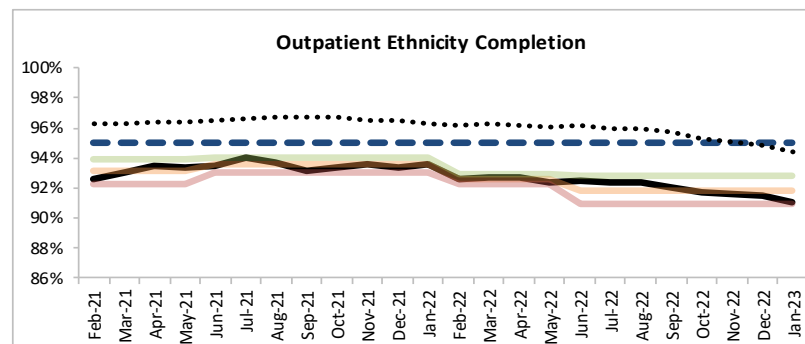
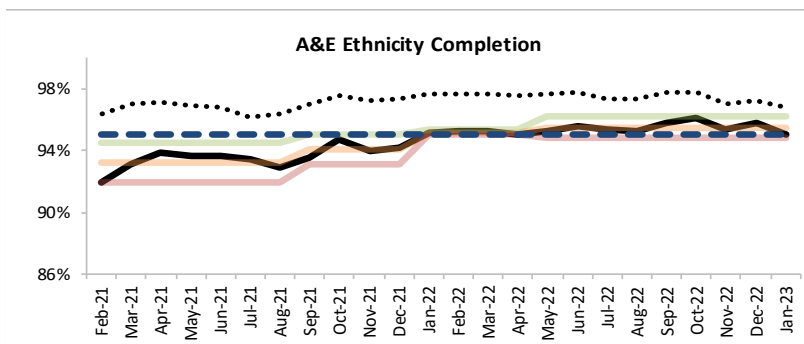
We will be working with site teams and selected specialties to understand better the difference in waiting times between patients living in wealthier postcodes and poorer postcodes to understand the reasons for this.

We are also collaborating with site teams to understand the reason for the decline in ethnicity capture rates and supporting the sites with educational materials to help improve these. Work is also underway to include reporting over time to allow meaningful identification and interpretation of trends.

RESPONSIVE

Ethnicity Recording by Activity Type

Mar-23



Site	A&E	Inpatient	Outpatient
Royal London	96.5%	89.9%	90.0%
Whipps Cross	93.5%	92.6%	89.9%
Newham	94.5%	95.0%	94.2%
St Bart's	-	95.2%	92.1%
Trust	95.0%	92.2%	91.1%

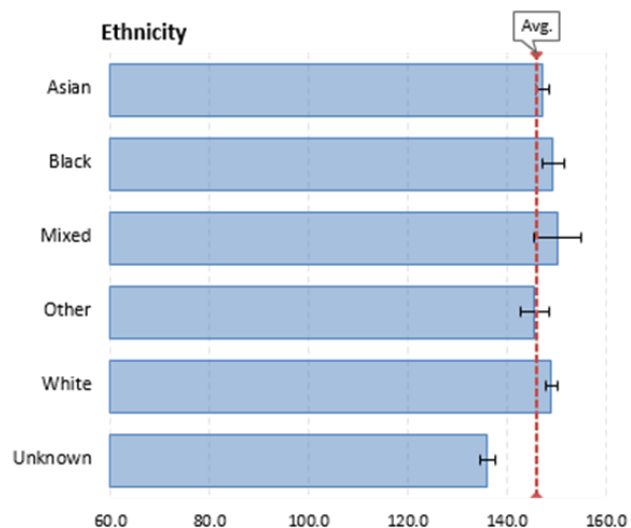
The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North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

Performance Overview

- Trust performance across all three activity areas remains above 90% across all activity areas. However, it is concerning to see a marginal decline in capture rates from the last reporting period for all activity types, A&E, Inpatient and Outpatient, by 0.6, 0.7 and 0.2 percentage points, respectively.
- Whipps Cross Hospital has seen a decline in capture rates across all three areas with A&E, Inpatients and Outpatients decreasing by 0.3, 0.6 and 0.2 percentage points, respectively.
- Royal London continues to achieve the highest capture rates in A&E at 96.5%. However, opportunities still exist to improve ethnicity capture for Inpatient and Outpatient departments.

Responsible Director Update

- It is concerning to see a decrease across all activity areas Trust wide with some areas dropping below 90% capture rate. Across the Trust, Outpatients is still a concern as it continues to fall short of achieving the 95% target.
- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- Ethnicity capture reporting is now included as part of standard divisional PR packs, and the slight decline in this month's performance will be escalated to the Addressing Inequalities in Care Board.



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 'Mixed' ethnic category with an average of 150.1 days. This equates to 3 days difference, on average, between the longest and shortest waiters by known ethnicity. However, the numbers aren't big enough to infer for certain if this difference is due to chance.

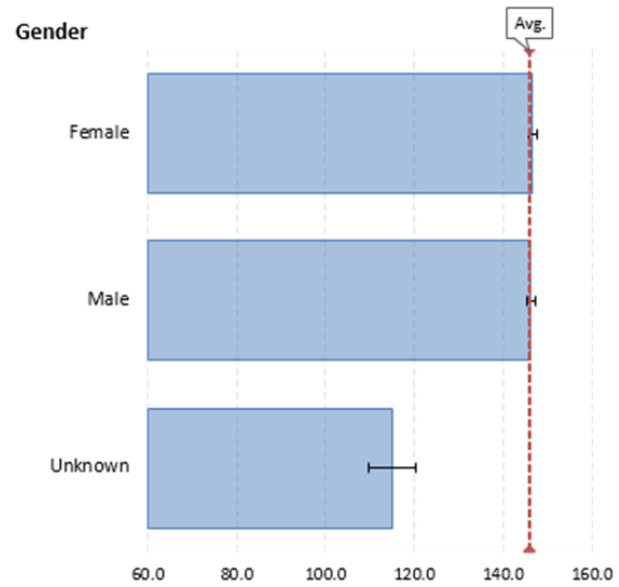
We are currently looking to understand the difference in waiting times for the 'Unknown' ethnicity group which are significantly shorter than other groups.

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	5,035,386	34,225	Pathways with no Week Wait details excluded
Black	1,976,471	13,238	
Mixed	398,254	2,653	
Other	1,022,540	7,021	
White	5,851,529	39,287	
Unknown	2,667,351	19,592	
Ethnic Category	Average Wait	Lower	Upper
Asian	147.1	145.8	148.4
Black	149.3	147.2	151.4
Mixed	150.1	145.4	154.8
Other	145.6	142.8	148.5
White	148.9	147.7	150.2
Unknown	136.1	134.5	137.8
Grand Total	146.1		

RESPONSIVE **Equity – Wait Times by Gender** **Mar-23**



Commentary

At Trust level, there is no significant difference in wait times between male and female patients.

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (146.3 days vs 146.6 days, respectively).

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

Summary Data		
Gender	Total Wait Time (Days)	# of Pathways
Female	9,415,774	64,210
Male	7,378,762	50,442
Unknown	156,995	1,364

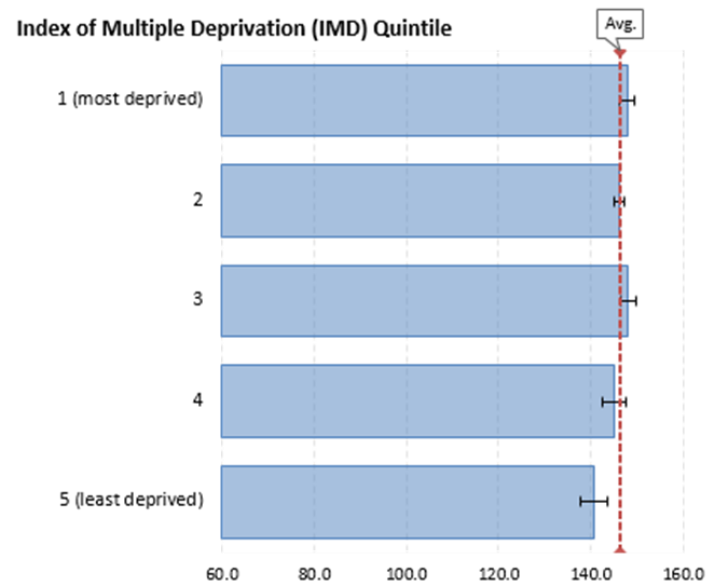
Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper
Female	146.6	145.7	147.6
Male	146.3	145.2	147.3
Unknown	115.1	109.9	120.3
Grand Total	146.1		

RESPONSIVE

Equity – Wait Times By Deprivation

Mar-23



Commentary

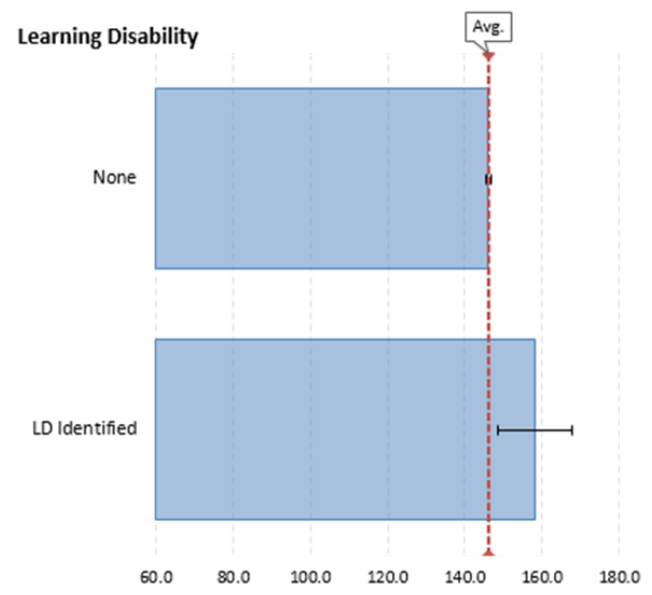
In this month's snapshot, at the Trust level, there appears to be a small difference in average wait time between patients living in the wealthiest and poorest areas of approximately 7 days.

The average Trust wait time by level of deprivation is 146.5 days. While there is a difference in average waiting times between patients living in the most deprived postcodes compared to those living in the least deprived postcodes, there does not appear to be a clear trend between deprivation and waiting times.

We will be investigating this further to understand and reasons and will be monitoring for trends. This is broadly consistent with last month's findings.

Summary Data			
IMD Quintile	Total Wait Time (Days)	# of Pathways	
1 (most deprived)	4,067,632	27,529	Pathways with no Week Wait details excluded
2	7,716,682	52,818	
3	2,794,732	18,870	
4	1,384,623	9,549	
5 (least deprived)	818,146	5,815	
IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	147.8	146.3	149.2
2	146.1	145.1	147.1
3	148.1	146.4	149.8
4	145	142.6	147.4
5 (least deprived)	140.7	137.7	143.7
Grand Total	146.5		

RESPONSIVE **Equity – Wait Times by LD** **Mar-23**



Commentary

This month, there is a significant difference in wait times between patients identified as having a learning disability and those who haven't.

We believe this disparity is a result of longer waits at Royal London, and in particular, Restorative Dentistry, which has a high proportion of patients in this cohort. Action taken over the last year significantly reduced the waiting times in Restorative Dentistry, and, therefore, the overall waiting times for this cohort. This change was sustained until this month.

We are working with the Royal London Surgery Division to see if they can add additional surgery sessions specifically for Restorative Dentistry, and we will be working with our clinical specialities and the sites to understand better what we can do to prioritise these patients and monitor trends.

Summary Data

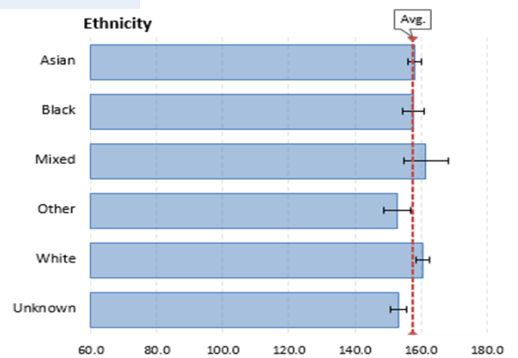
LD_Flag	Total Wait Time (Days)	# of Pathways	Pathways with no Week Wait details excluded	
None	16,842,417	115,327		
LD Identified	109,114	689		
LD_Flag	Average Wait	Lower	Upper	
None	146	145.3	146.7	
LD Identified	158.4	148.8	168	
Grand Total	146.1			

RESPONSIVE

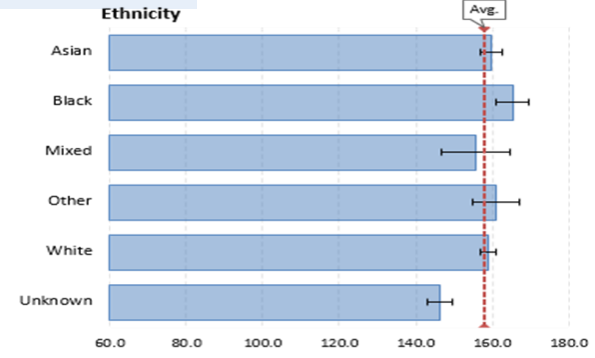
Equity - Wait Times By Ethnicity (Sites)

Mar-23

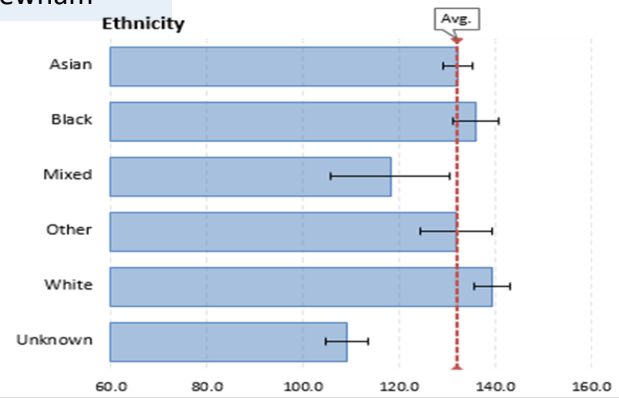
Royal London



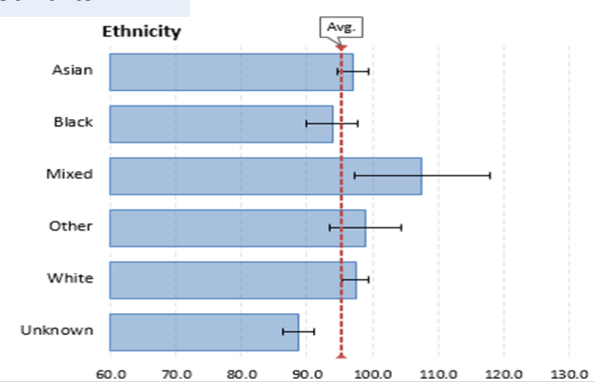
Whipps Cross



Newham



St Barts



Commentary

At site level, there are no clear correlations between ethnicity and longer waiting times at Royal London, Newham or St Barts. In this month's snapshot, however, patients who identified as black waited slightly longer than average, approximately 7 days. This is not consistent with previous months, and so we will monitor for trends.

Patients for whom ethnicity is 'unknown' appear to have shorter average wait times compared with other ethnic groups at Whipps Cross, Newham and Saint Bartholomew's Hospitals.

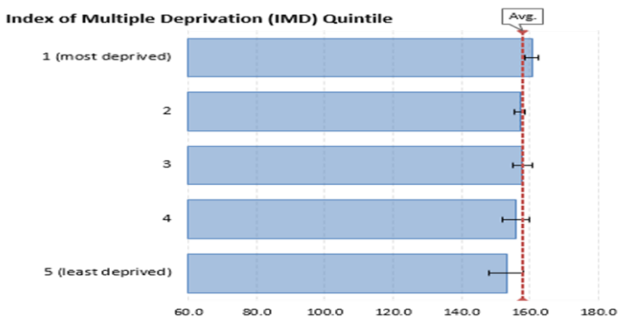
The population of 'Mixed' patients across the Trust make up only a small proportion (2.3%) of Trust patient pathways by ethnicity and therefore it can be expected that waiting times will vary from month to month. This month, at Whipps Cross and Newham University Hospitals waits for patients of 'Mixed'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

RESPONSIVE

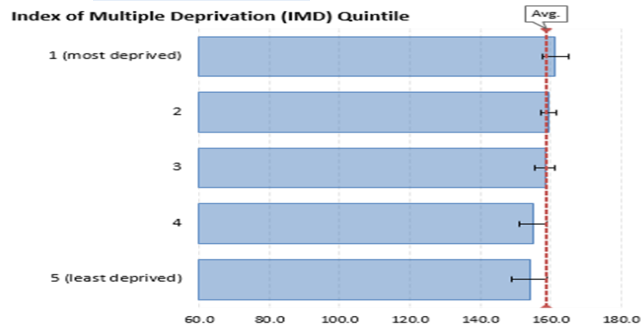
Equity – Wait Times By Deprivation (Sites)

Mar-23

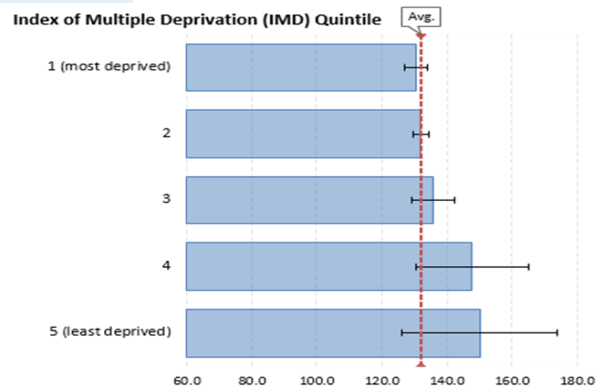
Royal London



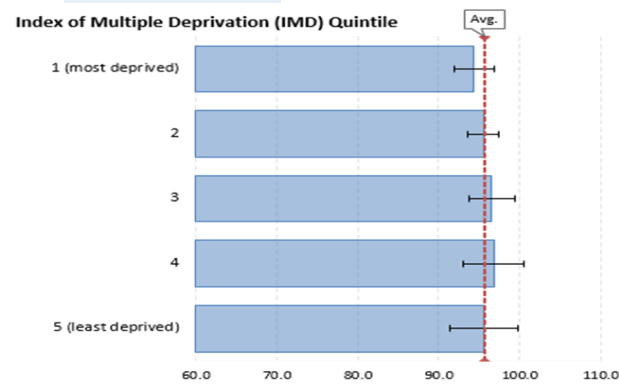
Whipps Cross



Newham



St Barts



Commentary

At site level, there are no certain differences in wait times between patients living in the most deprived postcodes and those living in the least deprived postcodes at Whipps Cross, Newham or St Barts. However, there is a small but certain difference at Royal London with patients from the more deprived postcodes waiting longer than those in the wealthiest postcodes of approximately 7 days.

At the time of this snapshot, however, the data shows a very slight trend between deprivation and longer waiting times at Royal London and Whipps Cross. At Whipps, this could be due to chance, as the numbers aren't big enough to be able to infer for certain. At Newham Hospital, average waits are longer for those who live in wealthier postcodes. We will be monitoring for trends to identify any differences between groups.

Mar-23



People Report



Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing

- Substantive staff in post increased by 105 WTE from December to January. This was driven by an increase of 63 WTE registered nurses and 40 WTE additional clinical services – the latter reflecting the latest cohort of IENs. Growth is mainly focussed at The Royal London (+39 WTE) and Whipps Cross (+22 WTE)
- The substantive fill rate increased from 92.2% to 92.6%. Alongside this the nursing and midwifery registered fill rate increased from 84.5% to 85.7% with The Royal London at 89.5%, St Bartholomew's at 81.9%, Newham at 81.5% and Whipps at 83.9%
- 448 unconditional offers were made in January against a plan of 385. This is an increase on the 417 unconditional offers made in December.

Turnover

- Annualised voluntary turnover reduced from 13.1% to 12.7% with all sites showing reductions. The Registered Nursing and Midwifery staff group reduced from 14.6% to 14.7% - driven by a notable reduction at Royal London from 16.7% to 15.6%. In addition Allied Health Professional Turnover reduced from 16.6% to 15.6% with Royal London see a change from 17.0% to 15.4%.
- Work continues to focus on the People Promises with a focus on flexible working being taken during the next year.

Proportion of temporary staff

- The proportion of temporary staff increased from 14.4% to 14.9% driven by an increase of 110 WTE Bank and 46 WTE Agency to 3,032 WTE overall, the highest in this financial year.
- In month agency spend was £6.5m and 6.49% of pay budget. YTD Agency spend was £50.5m and 5.02% of pay budget. Whipps Cross and Newham are the sites with the most agency challenge at 8.33% and 9.39% of YTD budget respectively.
- We have undertaken focussed work with Whipps and Newham to look at the drivers behind their agency usage and are also working with the LPP to reduce and remove off-framework agencies, who are invariably higher cost.

Roster Compliance

- There has been a small improvement in rosters approved 6 weeks in advance. Focus on effective rostering continues through the hospital PRs.

	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	●	○	○	Jan-23 (m)	<= 12.25%	-	12.70%	12.70%	13.61%	12.02%	10.52%	13.56%	11.73%	●
	OH7	Proportion of Temporary Staff	●	○	○	Jan-23 (m)	<= 11.3%	14.4%	14.9%	14.7%	13.8%	20.2%	22.1%	12.4%	7.8%	●
	W20	Sickness Absence Rate	●	○	○	Dec-22 (m)	<= 3%	5.18%	5.07%	5.07%	5.14%	5.24%	5.59%	4.18%	5.24%	○
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	●	○	○	Jan-23 (m)	>= 85%	85.1%	86.6%	84.7%	85.5%	87.6%	85.0%	90.1%	85.9%	●
	W11	Mandatory and Statutory Training - National	●	○	○	Jan-23 (m)	>= 85%	84.1%	85.5%	83.9%	83.8%	86.5%	84.8%	89.0%	85.3%	○
	W29	Appraisal Rate - Non-Medical Staff	●	○	○	Jan-23 (m)	>= 90%	52.9%	54.1%	54.1%	55.0%	52.6%	48.1%	55.4%	58.2%	○
	W30	Appraisal Rate - Medical Staff	●	○	○	Jan-23 (m)	>= 95%	83.0%	87.3%	87.3%	86.1%	88.2%	92.3%	87.0%	50.0%	○

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

Barts Health

Group	Indicator	Targets	Performance		YTD	Jan-23 (Site)			
		Target	Dec-22	Jan-23		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	103.1%	104.2%	-	103.2%	105.6%	106.1%	103.8%
	Staff in Post - Actual	>=Plan	17,165	17,271		6,401	2,979	2,139	2,743
	Staff in Post - Plan	-	17,123	17,182	-	6,333	3,066	2,218	2,737
	Bank WTE - Actual	<=Plan	2,035	2,145		783	498	391	293
	Bank WTE - Plan	-	1,850	1,834	-	752	312	281	219
	Agency WTE - Actual	<=Plan	842	887		243	258	215	95
	Agency WTE - Plan	-	526	528	-	183	129	97	36
	Total Staffing - Actual	<=Plan	20,042	20,303	-	7,427	3,735	2,745	3,131
Recruitment Plans	Total Staffing - Plan	-	19,500	19,543	-	7,267	3,506	2,596	2,991
	Substantive Fill Rate - Actual	<=Plan	92.2%	92.6%	-	94.5%	89.0%	87.2%	92.9%
	Substantive Fill Rate - Plan	-	92.7%	93.0%	-	93.3%	93.6%	92.9%	94.4%
	Unconditional Offers - Actual	>=Plan	411	448	1,522	168	86	46	71
Rosters	Unconditional Offers - Plan	-	362	362	1,505	154	61	37	71
	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	45.9%	41.7%	-	24.3%	62.1%	21.1%	66.7%
Diversity	Nursing Roster Quality - % Blue or Cloudy Sky	-	24.8%	18.8%	-	19%	26%	15%	10%
	% of BME Staff at Band 8a to VSM	-	37.3%	37.8%		34%	48%	52%	25%

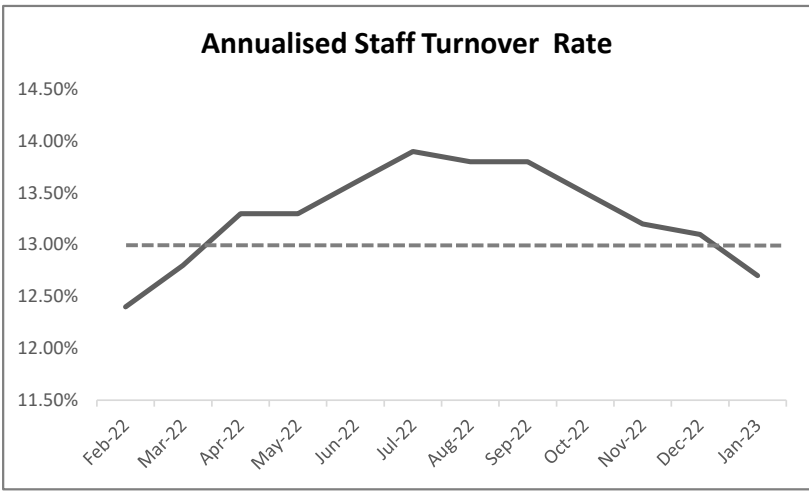
Target for % Utilisation (Total Fill Rate)	95% to 100%	<95%	>100%
Target for Staff in Post Actual Against Plan (% Variance)	>=0%	Between 0% and -5%	<=-5%
Targets for Bank, Agency and Total Staffing Actual Against Plan (% Variance)	<=-5%	Between 0% and -5%	>=0%
Target for Unconditional Offers Actual Against 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

WELL LED

Turnover Rate

Mar-23



Performance Overview

- Annualised voluntary turnover has dropped from 13.1% to 12.7% in month, representing the 6th consecutive month of reductions. Across the group changes were as follows
 - Newham reduced from 11.0% to 10.5%
 - St Bartholomew's reduced from 13.7% to 13.6%
 - The Royal London reduced from 14.3% to 13.6%
 - Whipps Cross reduced from 12.2% to 12.0%
 - Pathology Partnership reduced from 13.3% to 11.6%
 - Group Support Services reduced from 11.5% to 11.2%
- At staff group level we also saw the following notable changes
 - The Registered Nursing and Midwifery staff group reduced from 14.6% to 14.7% - driven by a notable reduction at Royal London from 16.7% to 15.6%.
 - Allied Health Professional turnover reduced from 16.6% to 15.6% with Royal London see a change from 17.0% to 15.4%.

Responsible Director Update

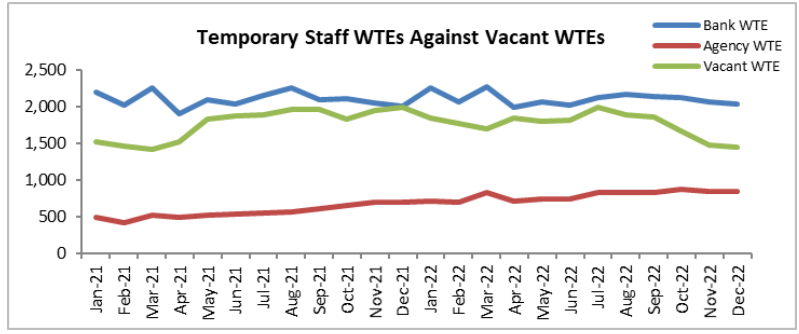
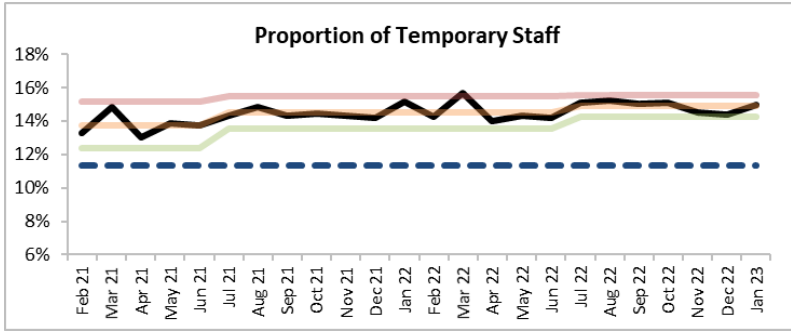
Work continues on the People Promise Exemplar Programme and as part of this Barts Health has been selected to receive support from the clinical workforce productivity team at NHSE who will look at supporting improvements in flexible working through rostering in five clinical areas.

For 2023/24 we have highlighted increasing the access to flexible working as a priority.

WELL LED

Proportion of Temporary Staff

Mar-23



Proportion of Temporary Staff by Site								
Site	Staff Group	Average of Previous 6 Months			Jan-23			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	988	7,285	13.6%	1,026	7,427	13.8%	0.3%
Whipps Cross	All Staff Groups	755	3,642	20.7%	756	3,735	20.2%	-0.5%
Newham	All Staff Groups	545	2,644	20.6%	607	2,745	22.1%	1.5%
St Bart's	All Staff Groups	378	3,096	12.2%	388	3,131	12.4%	0.2%
CSS	All Staff Groups	19	241	8.1%	20	244	8.4%	0.3%
Other	All Staff Groups	240	2,876	8.4%	235	3,020	7.8%	-0.6%

Performance Overview

- The proportion of temporary staff increased from 14.4% to 14.9% driven by an increase of 110 WTE Bank and 46 WTE Agency to 3,032 WTE overall, the highest in this financial year.
- In month agency spend was £6.5m and 6.49% of pay budget. YTD Agency spend was £50.5m and 5.02% of pay budget.
- Whipps Cross and Newham are the sites with the most agency spend challenge at 8.33% and 9.39% of YTD budget respectively.

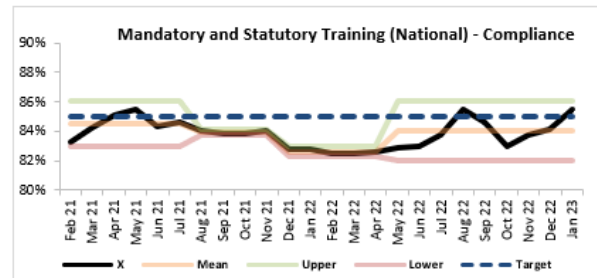
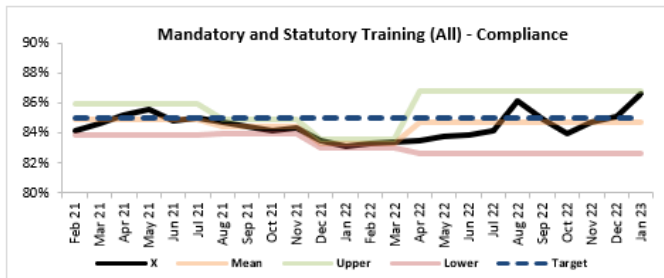
Responsible Director Update

- Focussed work has been undertaken with Newham and Whipps Cross with deep dives looking at the drivers behind temporary staffing usage. Extra reporting suites have been stood up to support PRs and business planning
- We are continuing work alongside the LPP (London Procurement Partnership) on reducing and removing off-framework agency usage (which is invariably high cost)
- Over the next couple of months we will be implementing a complete refresh of the temporary staffing recruitment process which will involve more streamlining, on site presence and a better candidate experience

WELL LED

Mandatory and Statutory Training

Mar-23



Competency	Previous 6 Months	Jan-23	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	80.5%	83.3%	2,995

Department	Previous 6 Months	Jan-23	
	Compliance	Compliance	Staff Non-Compliant
Safeguarding Children L2 (Barts Health)	75.9%	74.6%	3,254
Resuscitation - Basic Life Support (Barts Health)	76.1%	80.1%	2,170
Moving Handling - Clinical (Barts Health)	82.5%	84.3%	1,899
Infection Control (Clinical) (Barts Health)	80.8%	83.5%	1,885
Safeguarding Children L3 (Barts Health)	54.9%	50.9%	1,702

Non-mandatory competencies have been excluded from the above tables

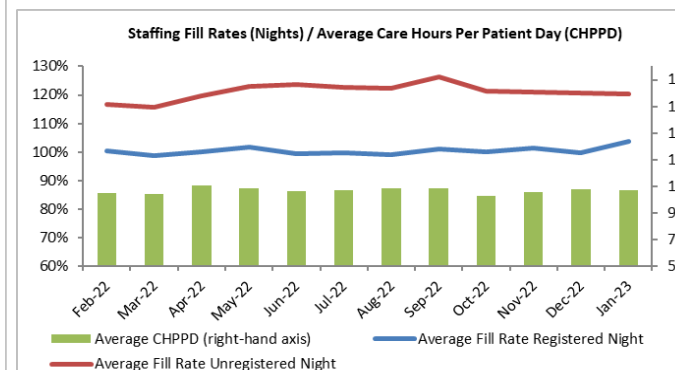
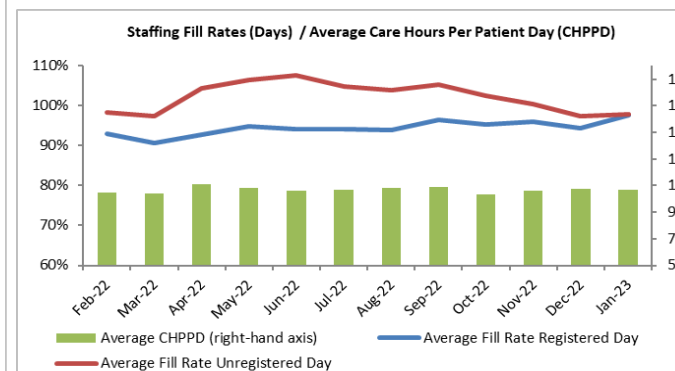
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Trust wide compliance against the 11 Core Skills Training Framework subjects has improved over the past month and currently stands at 86.60%. This is above the Trust target of 85%. Overall training compliance across all subjects is also increasing but at 84.11% it is still under the Trust target of 85% Departments listed in the bottom 5 have particularly volatile compliance rates due to the small number of staff in each department. This is a particular issue where one member of staff is non-compliant for a number of subjects at the same time. Work is continuing with the Information Governance (IG) team on raising compliance with targeted emails being sent to staff from the IG team. 	<ul style="list-style-type: none"> All staff receive monthly emails to alert them of non-compliance or subjects that are due to expire within 3 months. Statutory and mandatory training data is included in site PR packs with spotlights on specific issues. The new Duty of Candour package released on the 12th October 22 has gained significant traction with 5,150 staff having completed this up to the 30th January 2023 - compliance with this now sits at 48.24% A review of all subjects on the Barts Health Statutory, Mandatory and Essential skills Training Needs Analysis is underway, with work currently being undertaken to develop an objective matrix to provide a framework for decision making regarding the inclusion of subjects. The final draft version of this will be presented to the Education Committee in April 2023 for approval. A national review of the 11 subjects in the Skills for Health Core Skills Training Framework which the Trust has adopted as mandatory training is also currently being undertaken. As part of this Barts Health has secured representation at the Multi-disciplinary oversight group.

SAFE STAFFING

Safe Staffing

Mar-23

- Overall average fill rates at organisational level increased in January, being above target 90% for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) on both day and night shifts.
- Overall average Care Hours Per Patient Day (CHPPD) was static at 10.7 in January. This metric is stable for the trust but remains above the last published London average (8.8; November 2022). It should be noted that the high number of specialist and critical care units within the Barts Health Group will result in high overall CHPPD.
- Despite overall improved shift-fill rates and stable CHPPD, there were incidences of day-to-day staffing pressures at individual ward level across the sites. These were due to a variety of factors including increased demand – where additional capacity was open, core staff were redeployed to lead shifts. Staff sickness levels remain impactful and the continued, although improving, vacancy position. As per the safer staffing policy, risks were reviewed and mitigated, with senior staff working clinically when required.
- There were a total 21 Red Flag staffing incidents reported: 8 in NUH and 13 in RLH. There was an increase in incidents reported by surgery and ECAT at RLH, associated with sustained increase in demand. Staff were redeployed to areas of greatest need and senior nursing and midwifery staff supported frontline colleagues. This increase is a positive sign of improved reporting. Work continues to review Red Flag processes to ensure timely, accurate reporting and real-time resolution.
- Additional capacity remained open in response to winter pressures. These areas were staffed through deployment of substantive, supported by temporary staffing.
- Emergency department pressures and significant nursing vacancies continue across the sites. The Director of Nursing-led taskforce is making progress with recruitment initiatives, onsite filming and showcasing commencing for bespoke, high profile campaign.
- SafeCare compliance remains below Trust target but is improving, with reporting levels having been above the same point in time for the previous year since August 2022. The continuous training drive is now well attended.
- The biannual acuity-dependency deep dive audit commenced in January with good engagement. The results will inform establishment review and workforce planning on 2023.



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	97.7%	97.9%	103.6%	120.3%	10.7	21
Royal London	99.1%	93.3%	106.2%	126.6%	10.5	13
Whipps Cross	94.6%	106.9%	99.8%	117.3%	10.2	0
Newham	103.6%	95.0%	113.0%	114.9%	10.4	8
St Bart's	93.4%	93.7%	95.2%	119.4%	12.5	0

Mar-23



Finance Report



- The Trust has reported to NHS England a (£20.3m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£22.5m), and other budget overspends (£0.3m) less additional income for the year to date from NEL ICB for mental health enhanced care nursing costs (£2.5m).
- Income is £12.2m favourable against the year to date plan. NHS Patient Treatment income is £12.8m favourable, which is due to over-performance on high cost drugs. There is no adjustment for clawback in relation to elective recovery under performance against the 104% target, the ICB have now confirmed that elective recovery funds will not be clawed back in 2022/23. Other income is (£0.6m) adverse for the year to date, with the largest variance within this being for reduced private patients income at St. Bartholomews Hospital.
- Expenditure is (£32.4m) adverse against the year to date plan. Site and Services expenditure is (£64.2m) adverse due to the underachievement against the 3% recurrent efficiency savings target, high cost drugs costs and the purchase of independent sector activity to support elective recovery. Temporary staffing costs to date remain higher than plan with the key drivers of the adverse variance being non-elective & critical care activity pressures, high staff sickness absence, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure and Reserves are £29.8m favourable which is due to the release of non-recurrent benefits, which is partly offsetting the adverse variances within the sites.
- Capital expenditure to date is £59.8m against a plan of £70.5m which results in an adverse variance of £10.6m for the exchequer funded schemes. The underspend is mainly due to timing, delays on delivery of schemes which were in the first part of the year. The underspend will catch up with significant expenditure expected in March 2023 due to a slow start to and delays during the year the capital programme. There is also a £7.4m programme funded by charitable donations; expenditure to date against donated schemes is £4m with an adverse variance of £3.4m to plan. Following the M9 reforecast the outturn for the charitable funded schemes was revised downwards by £2.5m. It will be reviewed again at the M10 reforecast with further downward revisions anticipated.
- The cash balance at £95.1m is £45.1m higher than plan. This is due to the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date including slippage in capital spend.
- The Trust has agreed with NEL ICB to report a forecast outturn income and expenditure deficit of (£12.9m) for 2022/23, which incorporates: the (£27m) inflation funding shortfall identified at the plan re-submission stage; £3.0m additional income from NEL ICB for increased mental health enhanced care nursing costs; £5.0m additional non-recurrent savings and £6.2m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England.

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>The Trust has reported to NHS England a (£20.3m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£22.5m), and other budget overspends (£0.3m) less additional income for the year to date from NEL ICB for mental health enhanced care nursing costs (£2.5m).</p>
	Actual (20.3)		
	Variance (20.3)		
Total Income	Plan 1,737.7	<p>Income £m</p>	<p>Income is £12.2m favourable against the year to date plan. NHS Patient Treatment income is £12.8m favourable, which is due to over-performance on high cost drugs. There is no adjustment for clawback in relation to elective recovery under performance against the 104% target, the ICB have now confirmed that elective recovery funds will not be clawed back in 2022/23.</p> <p>Other income is (£0.6m) adverse for the year to date, with the largest variance within this being for reduced private patients income at St.Bartholomews Hospital.</p>
	Actual 1,749.8		
	Variance 12.2		
Total Expenditure	Plan (1,737.7)	<p>Expenditure £m</p>	<p>Expenditure is (£32.4m) adverse against the year to date plan. Site and Services expenditure is (£64.2m) adverse due to the underachievement against the 3% recurrent efficiency savings target, high cost drugs costs and the purchase of independent sector activity to support elective recovery. Temporary staffing costs to date remain higher than plan with the key drivers of the adverse variance being non-elective & critical care activity pressures, high staff sickness absence, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure and Reserves are £29.8m 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 (1,770.1)		
	Variance (32.4)		

KEY METRICS

Finance Key Metrics

Mar-23

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 70.5		<p>Capital expenditure to date is £59.8m against a plan of £70.5m which results in an adverse variance of £10.6m for the exchequer funded schemes. The underspend is mainly due to timing, delays on delivery of schemes which were in the first part of the year. The underspend will catch up with significant expenditure expected in March 2023 due to a slow start to and delays during the year the capital programme. There is also a £7.4m programme funded by charitable donations; expenditure to date against donated schemes is £4m with an adverse variance of £3.4m to plan. Following the M9 reforecast the outturn for the charitable funded schemes was revised downwards by £2.5m. It will be reviewed again at the M10 reforecast with further downward revisions anticipated.</p>
	Actual 59.8		
	Variance (10.6)		
Cash	Plan 50.0		<p>The cash balance at £95.1m is £45.1m higher than plan. This is due to the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date including slippage in capital spend.</p>
	Actual 95.1		
	Variance 45.1		

Key Issues
<p>The Trust has agreed with NEL ICB to report a forecast outturn income and expenditure deficit of (£12.9m) for 2022/23, which incorporates:</p> <ul style="list-style-type: none"> - (£27m) inflation funding shortfall identified at the plan re-submission stage; - £3.0m income from the NEL ICB for increased mental health enhanced care nursing costs; - £5.0m additional non-recurrent savings. - £6.2m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England;
Key Risks & Opportunities
<p>The key financial challenges for the Trust in achieving its (£12.9m) forecast outturn deficit for the financial year are:</p> <ul style="list-style-type: none"> - Managing additional costs resulting from increasing non-elective activity over the winter period including variations in the level of COVID and Flu prevalence. - Managing any additional costs arising as a result of industrial action within the wider NHS. - Delivering improvements in productivity and recurrent costs over the remainder of the year in order to minimise the recurrent exit run rate deficit carried into 2023/24.

<i>£millions</i>	In Month			Year to Date			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Income							
NHS Patient Treatment Income	136.2	135.8	(0.4) ●	1,331.3	1,326.1	(5.1) ●	1,593.6
Other Patient Care Activity Income	0.6	0.1	(0.5) ●	5.7	2.4	(3.3) ●	6.8
Other Operating Income	10.1	11.8	1.7 ●	104.6	105.8	1.2 ●	124.8
Total Income	146.9	147.7	0.8 ●	1,441.6	1,434.3	(7.2) ●	1,725.2
Operating Expenditure							
Pay	(93.7)	(99.7)	(5.9) ●	(933.4)	(962.6)	(29.2) ●	(1,120.3)
Drugs	(15.7)	(17.4)	(1.6) ●	(155.1)	(171.3)	(16.2) ●	(185.3)
Clinical Supplies	(15.2)	(13.1)	2.1 ●	(137.6)	(140.4)	(2.9) ●	(165.5)
Other Non Pay	(25.6)	(26.8)	(1.2) ●	(246.7)	(262.7)	(15.9) ●	(296.1)
Total Operating Expenditure	(150.3)	(156.9)	(6.7) ●	(1,472.8)	(1,537.0)	(64.2) ●	(1,767.2)
Site & Services Budgets Total	(3.4)	(9.2)	(5.8) ●	(31.2)	(102.7)	(71.4) ●	(41.9)
Pathology Partnership (net)	(4.6)	(4.6)	0.0 ●	(45.9)	(45.3)	0.6 ●	(55.1)
Vaccination Programme & Nightingale (net)	-	0.0	0.0 ●	-	0.0	0.0 ●	-
Research & Development (net)	0.0	-	(0.0) ●	0.0	0.0	(0.0) ●	0.0
Central NHS PT Income	5.7	23.9	18.2 ●	84.9	102.8	17.9 ●	106.2
Central RTA & OSV Income (net)	0.6	0.6	0.0 ●	5.7	6.2	0.5 ●	6.8
Central Expenditure (net)	0.2	5.8	5.6 ●	2.1	21.4	19.3 ●	2.5
Reserves (net)	1.8	0.7	(1.1) ●	(14.4)	(3.0)	11.4 ●	(17.3)
EBITDA	0.4	17.2	16.8 ●	1.1	(20.6)	(21.7) ●	1.2
Depreciation and Amortisation (net)	(6.0)	(6.0)	0.0 ●	(58.9)	(58.9)	0.0 ●	(70.9)
Interest	(6.0)	(5.6)	0.3 ●	(58.8)	(57.5)	1.3 ●	(70.2)
PDC Dividends	(0.9)	(0.9)	0.0 ●	(8.9)	(8.9)	0.0 ●	(10.7)
Profit On Fixed Asset Disposal	0.0	0.0	0.0 ●	0.1	0.2	0.1 ●	-
Loss on return of COVID assets to DHSC	-	-	- ●	-	-	- ●	-
Surplus/(Deficit) Before System Top-Up	(12.5)	4.7	17.2 ●	(125.5)	(145.7)	(20.3) ●	(150.6)
System Top-Up Income	12.5	12.5	- ●	125.5	125.5	- ●	150.5
NHS Reporting Surplus/(Deficit)	0.0	17.2	17.2 ●	(0.0)	(20.3)	(20.3) ●	(0.1)
<i>Capital Donations I&E Impact</i>		0.1			1.3		
<i>Fixed Asset Impairments</i>		-			-		
Surplus/(Deficit)		17.3			(18.9)		

CAPITAL EXPENDITURE

Capital Expenditure Summary - Trustwide

Mar-23

21/22 YTD Prev Yr Actual	Programme Area Emillions	In Month				Year to Date				Annual			
		Plan	Actual	Var	%	Plan	Actual	Var	%	Plan submitted NHSL June 22	Trust approved forecast programme	Var	%
9.2	Equipment (Medical and Other)	1.0	1.7	(0.7)	(72)%	11.0	8.7	2.3	21 %	14.2	16.2	(2.1)	(15)%
5.3	Informatics	0.4	0.7	(0.3)	(80)%	4.4	3.1	1.2	28 %	8.6	8.6	0.1	1 %
25.4	Estates	2.7	4.7	(2.0)	(73)%	18.3	22.9	(4.6)	(25)%	21.7	31.3	(9.7)	(45)%
11.3	New Build and Site Vacations	3.0	0.7	2.3	78 %	19.5	12.0	7.5	38 %	26.8	25.5	1.3	0.0
7.3	PFI Lifecycle Assets	0.9	0.9	(0.0)	(0)%	8.7	8.7	(0.0)	(0)%	10.4	10.4	-	- %
	New Build - Diagnostics	-	-	-	- %	-	-	-	- %	-	-	-	- %
	Finance Lease	0.2	(0.5)	0.6	366 %	8.6	4.4	4.2	49 %	8.8	8.8	-	(0)%
58.4	Total Exchequer programme	8.1	8.2	(0.1)	(1)%	70.5	59.8	10.6	15 %	90.3	100.7	(10.4)	(10.0)
58.4	Total Trust Funded Assets	8.1	8.2	(0.1)	(1)%	70.5	59.8	10.6	15 %	90.3	100.7	(10.4)	(12)%
2.6	Donated	(0.7)	0.3	(1.0)	149 %	7.4	4.0	3.5	47 %	7.4	7.4	-	- %
61.0	Total Capital Expenditure	7.4	8.5	(1.1)	(15)%	77.9	63.8	14.1	18 %	97.7	108.1	(10.4)	(11)%

Key Messages

The current funded exchequer capital plan is £90.3m (£87.4m, m9) which compares to the M10 forecast outturn plan of £100.7m (£105.5m, M9). If the M9 forecast outturn plan is delivered, there will be a overspend against CRL of £10.7m (£18.1m, M9). There is currently no funding identified for to cover this amount.

Forecast outturn:
The forecast was refreshed at M9 with mitigation to reduce expenditure including slowing spend and pausing schemes which were not contractually committed, externally or charity funded or required in mitigation of a significant risk to the Trust. The outcome was to reduce the potential overspend to £9.7m. After allowing for increases in costs to accommodate key activities including the insourcing of Soft FM and a change in lease treatment for Brompton Bikes, the potential overspend is now £10.7m. NEL and the London region have been advised of this issue and are working to support the Trust with additional CRL cover, total of which is not yet confirmed. The Capital programme expenditure is being closely monitored over the final months of the year to ensure only essential schemes are progressed.

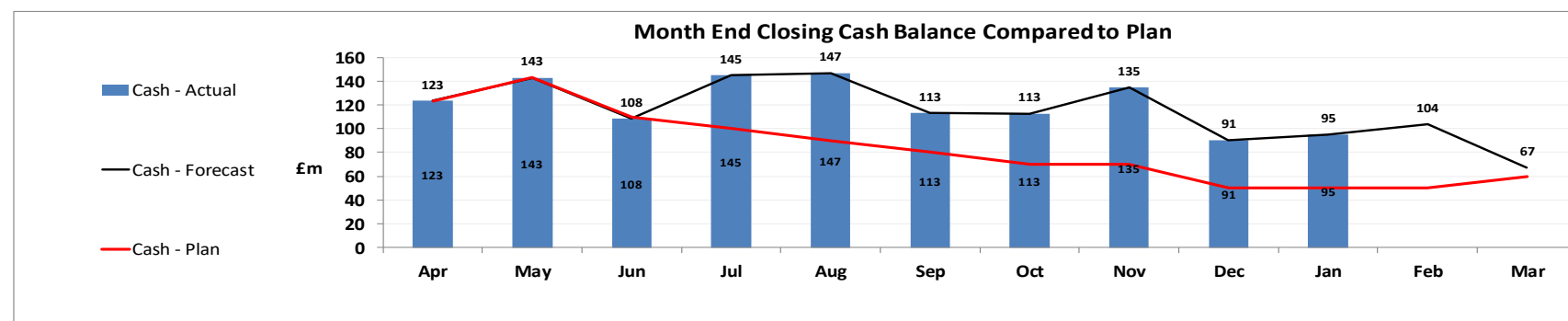
Capital Funding:
Exchequer capital funding has been increased from £87.4m to £90.3m due to new PDC allocations - £2.75m (£1.7m Front line digitalisation, £0.71m LIMS £0.23m Imaging equipment, £0.1m - Digital partnerships).

Capital Expenditure:
Exchequer expenditure in M10 is £8.2m (M9, £9.9m) against the revised plan of £8.1m. The cumulative expenditure at M10 is £59.8m (£51.7m, M9) against the funded plan of £70.5m, an adverse variance of £10.6m for the exchequer funded schemes. The underspend will catch up with significant expenditure expected in March 2023 due to a slow start to and delays during the year the capital programme.

There is also a £7.4m programme funded by charitable donations; expenditure to date against donated schemes is £4m with an adverse variance of £3.4m to plan. Following the M9 reforecast the outturn for the charitable funded schemes was revised downwards by £2.5m. It will be reviewed again at the M10 reforecast with further downward revisions anticipated.

Capital Funding				
	Capital Plan	Secured	Not Secured	% 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)	16.5		16.5	- %
IFRS16 CRL adjustment	8.75		8.8	- %
PDC: WXH Redevelopment core team	1.49	1.1	0.4	71 %
PDC- TIF NUH Modular Build BC932	11.42	11.4	-	100 %
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	-	100 %
PDC - NUH 2nd CT	1.2	1.2	-	100 %
PDC- MEH CDC	7.3	7.3	-	100 %
PDC - MRI Acceleration Upgrades	0.8	0.8	-	100 %
PDC -Targeted Lung Health check	1.5	1.5	-	100 %
PDC - Neonatal cot capacity RLH	0.4	0.4	-	100 %
PDC - Front Line Digitalisation	2.4	2.4	-	100 %
PDC - (e-RS) FHIR API Integration	0.4	0.4	-	100 %
PDC - Imaging equipment	0.2	0.2	-	100 %
PDC - Digital Partnerships	0.1	0.1	-	100 %
PDC - LIMS	0.7	0.7	-	100 %
Planned Capital exc. Donated	90.3	64.6	25.7	72 %
*Total approved Exchequer funding	90.3	64.6	25.7	72 %
Donated	7.4	4.0	3.5	53 %
Planned Capital inc. Donated	97.7	68.6	29.2	70 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(10.4)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(20.8)			

£millions	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	112.9	134.7	90.5	95.1	103.5	86.7
Cash inflows													
Healthcare contracts	161.5	156.5	150.9	159.3	160.5	173.1	161.9	154.4	154.5	151.8	161.5	155.7	1,901.6
Other income	23.5	37.0	16.5	40.5	25.7	13.4	41.0	42.7	17.7	27.8	22.1	33.8	341.7
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	28.4	28.4
Total cash inflows	185.0	193.5	167.4	199.8	186.2	186.5	202.9	197.1	172.2	179.6	183.6	217.9	2,271.7
Cash outflows													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(56.4)	(66.8)	(58.8)	(59.8)	(58.9)	(61.5)	(61.5)	(61.5)	(711.3)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(52.6)	(45.3)	(42.8)	(42.0)	(42.0)	(42.0)	(498.3)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(105.0)	(83.2)	(65.0)	(108.0)	(66.9)	(63.0)	(107.3)	(978.1)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(2.0)	(8.4)	(5.2)	(6.7)	(4.6)	(8.7)	(37.9)	(92.6)
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)	(203.0)	(175.3)	(216.4)	(175.0)	(175.2)	(254.0)	(2,291.0)
Net cash inflows / (outflows)	36.7	19.6	(34.6)	36.4	2.0	(33.8)	(0.1)	21.8	(44.2)	4.6	8.4	(36.1)	(19.3)
Closing cash at bank - actual / forecast	123.4	143.0	108.4	144.8	146.8	113.0	112.9	134.7	90.5	95.1	103.5	67.4	67.4
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 since that date, including lower capital spend.

21/22		Actual											Forecast	
31 Mar 2022	€millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	21/22 v 22/23
	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	1,463.1	1,463.5	1,468.0	1,470.3	1,470.1	1,495.8	65.0
0.2	Intangible assets	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.5	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	17.1	17.0	17.0	16.9	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	1,480.4	1,481.0	1,485.1	1,487.3	1,487.3	1,512.9	66.9
	Current assets:													
24.3	Inventories	26.2	25.7	25.7	25.9	26.3	27.1	26.7	27.2	28.2	27.6	24.0	24.0	(0.3)
127.6	Trade and other receivables	99.2	74.4	111.4	86.2	63.6	93.1	77.1	52.8	112.4	85.6	74.4	119.6	(8.0)
86.7	Cash and cash equivalents	123.4	143.0	108.4	144.8	146.8	113.0	112.9	134.7	90.5	95.1	103.5	60.0	(26.7)
238.6	Total current assets	248.8	243.1	245.5	256.9	236.7	233.2	216.7	214.7	231.1	208.3	201.9	203.6	(35.0)
1,684.7	Total assets	1,691.9	1,727.9	1,726.7	1,735.4	1,714.4	1,711.4	1,697.1	1,695.7	1,716.2	1,695.6	1,689.2	1,716.5	31.9
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(264.7)	(270.7)	(263.6)	(269.7)	(292.4)	(257.1)	(220.9)	(244.1)	(5.2)
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(16.3)	(13.2)	(18.7)	(18.7)	(20.5)	(2.8)	15.9
(27.1)	Liabilities arising from PFIs / Finance Leases	(27.1)	(36.8)	(36.9)	(36.9)	(36.9)	(36.9)	(36.9)	(36.9)	(36.6)	(36.5)	(36.8)	(36.4)	(9.3)
(284.7)	Total current liabilities	(299.9)	(311.7)	(317.3)	(333.5)	(320.3)	(326.3)	(316.8)	(319.8)	(347.7)	(312.3)	(278.2)	(283.3)	1.4
(46.1)	Net current (liabilities) / assets	(51.1)	(68.6)	(71.8)	(76.6)	(83.6)	(93.1)	(100.1)	(105.1)	(116.6)	(104.0)	(76.3)	(79.7)	(33.6)
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	1,380.3	1,375.9	1,368.5	1,383.3	1,411.0	1,433.2	33.3
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)	(6.1)	(6.1)	(6.1)	(6.1)	(6.1)	(6.1)	(5.7)	0.3
(917.6)	Liabilities arising from PFIs / Finance Leases	(915.9)	(945.3)	(940.6)	(938.5)	(936.3)	(931.3)	(929.1)	(927.0)	(922.2)	(919.7)	(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)	(935.7)	(933.6)	(928.8)	(926.3)	(928.5)	(919.2)	4.8
475.9	Total Assets Employed	469.9	464.4	462.3	456.9	451.3	447.2	444.6	442.3	439.7	457.0	482.5	514.0	38.1
	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	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,079.5	31.2
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(898.9)	(903.0)	(905.6)	(907.9)	(910.5)	(893.2)	(867.7)	(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	444.6	442.3	439.7	457.0	482.5	514.0	38.1

Mar-23



Glossary



- **Overall Report, changes since the December 22 edition:**
 - *The order of the Operational Performance pages have been amended to present five main storylines:*
 1. *Elective activity*
 2. *Referral to Treatment waiting times*
 3. *A&E volumes and waiting times*
 4. *Cancer waiting times*
 5. *Diagnostic waiting times*
 - *Due to currently low Covid community case rates and inpatient volumes, Covid reporting has been suspended. Should the situation change the Covid pages will be restored in future editions.*
 - *Admitted and Non Admitted income against plan is now included in the Elective Activity chapter of the report*
 - *The benchmarking section now includes a view of Barts Health capped theatre utilisation against the London Region peer group.*
- **Covid national reporting suspensions:**
 - *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	

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
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	

Mar-23



Appendix



APPENDIX Interpretation of Scorecards Mar-23

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)

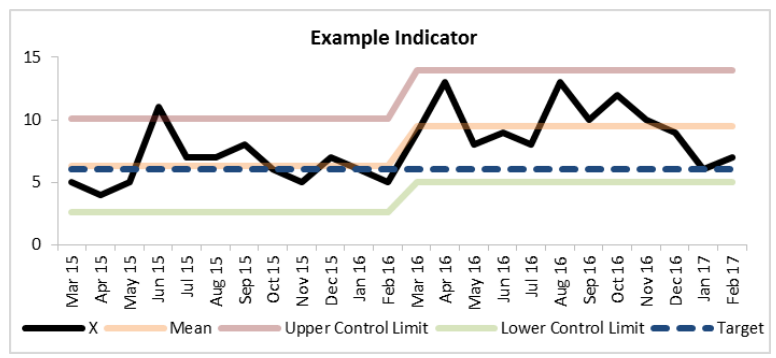
Reporting month target for reporting site

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

Mar-23

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,139.0	2,036.1	1,069.5	1,181.1	1,782.5	2,042.0	713.0	1,426.0	95.2%	110.4%	114.6%	200.0%	764	5.3	3.4	8.8
Royal London	10FRLH	1,116.0	1,260.0	744.0	756.0	1,012.0	1,166.0	506.0	682.5	112.9%	101.6%	115.2%	134.9%	487	5.0	3.0	7.9
Royal London	11CRLH	2,852.0	2,816.5	1,424.0	1,268.8	2,852.0	3,059.5	713.0	678.5	98.8%	89.1%	107.3%	95.2%	713	8.2	2.7	11.0
Royal London	11E & 11FAAU	3,749.0	4,031.0	1,769.0	1,676.0	3,749.0	4,255.0	1,426.0	1,748.0	107.5%	94.7%	113.5%	122.6%	1,436	5.8	2.4	8.2
Royal London	12CRLH	1,874.5	2,207.3	1,426.0	1,414.5	1,840.0	2,332.0	1,069.5	1,334.0	117.8%	99.2%	126.7%	124.7%	770	5.9	3.6	9.5
Royal London	12DRLH	1,426.0	2,439.5	713.0	1,020.8	1,426.0	2,441.0	356.5	1,080.0	171.1%	143.2%	171.2%	302.9%	463	10.5	4.5	15.1
Royal London	12ERLH	2,778.5	2,902.5	1,426.0	1,464.0	2,495.5	2,748.5	1,426.0	1,495.5	104.5%	102.7%	110.1%	104.9%	707	8.0	4.2	12.2
Royal London	12FRLH	2,035.5	2,248.5	1,782.5	1,683.0	1,782.5	2,254.0	1,782.5	1,782.5	110.5%	94.4%	126.5%	100.0%	752	6.0	4.6	10.6
Royal London	13CRLH	1,932.0	2,004.5	713.0	749.5	1,426.0	1,610.0	713.0	885.5	103.8%	105.1%	112.9%	124.2%	783	4.6	2.1	6.7
Royal London	13DRLH	1,778.5	2,364.0	713.0	701.5	1,426.0	2,083.5	713.0	805.0	132.9%	98.4%	146.1%	112.9%	739	6.0	2.0	8.1
Royal London	13ERLH	2,035.5	2,577.0	724.5	735.3	1,677.5	2,402.0	736.0	862.5	126.6%	101.5%	143.2%	117.2%	753	6.6	2.1	8.7
Royal London	13FRLH	1,782.5	2,495.5	966.0	954.5	1,794.0	2,587.5	701.5	1,161.5	140.0%	98.8%	144.2%	165.6%	662	7.7	3.2	10.9
Royal London	14ERLH	1,759.5	1,621.5	1,679.0	1,457.5	1,414.5	1,391.5	1,069.5	1,426.0	92.2%	86.8%	98.4%	133.3%	772	3.9	3.7	7.6
Royal London	14FRLH	1,844.0	1,680.0	1,426.0	1,228.0	1,414.5	1,564.0	1,069.5	1,265.0	91.1%	86.1%	110.6%	118.3%	771	4.2	3.2	7.4
Royal London	3DRLH	4,818.5	4,413.5	3,415.5	2,314.3	3,931.5	4,084.5	2,495.5	2,185.0	91.6%	67.8%	103.9%	87.6%	1,184	7.2	3.8	11.0
Royal London	3ERLH	2,116.0	2,127.5	713.0	986.0	1,782.5	2,116.0	713.0	1,196.0	100.5%	138.3%	118.7%	167.7%	773	5.5	2.8	8.3
Royal London	3FRLH	1,591.0	1,662.8	1,069.5	793.5	1,069.5	1,754.5	713.0	632.5	104.5%	74.2%	164.0%	88.7%	395	8.7	3.6	12.3
Royal London	4ERLH	14,974.5	14,896.8	713.0	1,156.5	15,341.0	14,920.9	345.0	1,023.5	99.5%	162.2%	97.3%	296.7%	1,183	25.2	1.8	27.0
Royal London	6CRLH	3,565.0	2,928.8	356.5	423.3	3,565.0	3,010.8	345.0	379.5	82.2%	118.7%	84.5%	110.0%	234	25.4	3.4	28.8
Royal London	6E & 6FRLH	5,676.0	5,163.3	1,426.0	1,105.0	5,347.5	4,834.8	1,069.5	863.3	91.0%	77.5%	90.4%	80.7%	773	12.9	2.5	15.5
Royal London	7CRLH	1,414.5	1,345.1	356.5	690.5	1,069.5	1,299.5	356.5	930.5	95.1%	193.7%	121.5%	261.0%	365	7.2	4.4	11.7
Royal London	7DRLH	1,748.0	1,427.3	878.0	741.0	1,414.5	1,540.5	713.0	773.8	81.7%	84.4%	108.9%	108.5%	438	6.8	3.5	10.2
Royal London	7ERLH	2,841.5	2,681.8	1,069.5	1,161.0	2,495.5	2,633.5	1,069.5	1,771.0	94.4%	108.6%	105.5%	165.6%	706	7.5	4.2	11.7
Royal London	7FRLH	1,419.5	1,166.0	609.5	563.5	1,069.5	966.0	563.5	839.5	82.1%	92.5%	90.3%	149.0%	353	6.0	4.0	10.0
Royal London	8CRLH	1,676.0	1,821.0	991.3	748.3	1,403.0	1,599.0	701.5	934.0	108.7%	75.5%	114.0%	133.1%	507	6.7	3.3	10.1
Royal London	8DRLH	8,198.5	6,608.5	1,265.0	460.0	7,843.0	6,705.5	563.5	299.0	80.6%	36.4%	85.5%	53.1%	999	13.3	0.8	14.1
Royal London	8FRLH	1,762.0	1,630.5	1,462.8	1,366.8	1,069.5	1,058.0	1,426.0	1,403.0	92.5%	93.4%	98.9%	98.4%	1,543	1.7	1.8	3.5
Royal London	9EHDURLH	1,426.0	1,115.5	356.5	331.5	1,426.0	1,131.5	0.0	343.5	78.2%	93.0%	79.3%		348	6.5	1.9	8.4
Royal London	9ERLH	1,782.5	1,775.5	701.5	747.5	1,426.0	1,564.0	356.5	874.0	99.6%	106.6%	109.7%	245.2%	716	4.7	2.3	6.9
Royal London	9FRLH	1,780.5	1,671.0	713.0	610.0	1,426.0	1,427.0	713.0	748.0	93.9%	85.6%	100.1%	104.9%	733	4.2	1.9	6.1

Safe Staffing Fill Rates by Ward and Site

Mar-23

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,634.5	5,078.2	2,507.0	2,769.6	4,646.0	5,350.9	2,139.0	2,207.1	109.6%	110.5%	115.2%	103.2%	1,236	8.4	4.0	12.5
Whipps Cross	ACACIA	962.5	928.0	460.0	879.8	713.0	753.5	701.5	976.5	96.4%	191.3%	105.7%	139.2%	344	4.9	5.4	10.3
Whipps Cross	ACORN	3,852.8	2,879.5	359.0	620.9	2,847.5	2,498.5	360.0	310.5	74.7%	173.0%	87.7%	86.3%	621	8.7	1.5	10.2
Whipps Cross	B3 WARD WXH	1,313.5	1,394.0	1,069.5	1,104.0	1,069.5	1,049.0	713.0	770.5	106.1%	103.2%	98.1%	108.1%	501	4.9	3.7	8.6
Whipps Cross	BIRCH	1,065.5	1,323.0	1,069.5	1,081.0	1,058.0	1,056.8	713.0	897.0	124.2%	101.1%	99.9%	125.8%	538	4.4	3.7	8.1
Whipps Cross	BLACKTHORN	1,069.5	1,288.5	1,058.0	1,098.5	1,058.0	1,069.5	713.0	795.0	120.5%	103.8%	101.1%	111.5%	511	4.6	3.7	8.3
Whipps Cross	Bracken Ward WXH	1,319.5	1,457.5	1,136.5	1,259.3	1,069.5	1,081.0	713.0	908.5	110.5%	110.8%	101.1%	127.4%	504	5.0	4.3	9.3
Whipps Cross	CEDAR	1,426.0	1,307.0	1,426.0	1,738.5	1,069.5	1,034.5	1,069.5	1,425.0	91.7%	121.9%	96.7%	133.2%	545	4.3	5.8	10.1
Whipps Cross	CHESTNUT	961.5	770.5	356.5	782.0	713.0	989.0	356.5	725.5	80.1%	219.4%	138.7%	203.5%	335	5.3	4.5	9.8
Whipps Cross	CURIE	1,422.5	1,220.0	1,069.5	1,277.0	1,426.0	1,092.5	1,069.5	1,242.0	85.8%	119.4%	76.6%	116.1%	530	4.4	4.8	9.1
Whipps Cross	DELIVERY SUITE WXH	4,953.7	4,349.6	713.0	828.0	3,749.0	3,536.5	713.0	1,013.0	87.8%	116.1%	94.3%	142.1%	498	15.8	3.7	19.5
Whipps Cross	ELIZABETH	1,679.0	1,554.0	345.0	621.5	1,426.0	1,394.5	356.5	437.0	92.6%	180.1%	97.8%	122.6%	603	4.9	1.8	6.6
Whipps Cross	FARADAY	1,782.5	1,611.0	713.0	770.5	1,679.0	1,622.5	356.5	597.5	90.4%	108.1%	96.6%	167.6%	453	7.1	3.0	10.2
Whipps Cross	Frail Elderly WXH	788.0	692.3	369.3	694.8	713.0	716.0	356.5	529.0	87.8%	188.2%	100.4%	148.4%	283	5.0	4.3	9.3
Whipps Cross	ICU WXH	7,222.5	6,385.6	1,909.5	442.5	6,578.0	5,850.0	1,364.0	319.0	88.4%	23.2%	88.9%	23.4%	374	32.7	2.0	34.8
Whipps Cross	MARGARET	1,054.5	1,014.0	356.5	357.5	713.0	713.0	356.5	356.5	96.2%	100.3%	100.0%	100.0%	266	6.5	2.7	9.2
Whipps Cross	MIDWIFERY WXH	766.5	638.8	356.5	138.0	713.0	505.2	356.5	335.5	83.3%	38.7%	70.9%	94.1%	2	572.0	236.8	808.7
Whipps Cross	MULBERRY	2,175.5	1,817.6	1,469.5	739.5	1,414.5	1,302.5	851.0	988.5	83.5%	50.3%	92.1%	116.2%	870	3.6	2.0	5.6
Whipps Cross	NEONATAL WXH	2,329.5	1,910.5	1,058.0	662.0	2,081.5	2,102.0	701.5	288.0	82.0%	62.6%	101.0%	41.1%	344	11.7	2.8	14.4
Whipps Cross	NIGHTINGALE	1,767.0	1,426.0	356.5	424.8	1,679.0	1,414.5	356.5	402.5	80.7%	119.1%	84.2%	112.9%	385	7.4	2.1	9.5
Whipps Cross	PEACE	1,679.0	1,521.0	1,426.0	1,444.3	1,058.0	1,072.8	1,069.5	1,104.0	90.6%	101.3%	101.4%	103.2%	480	5.4	5.3	10.7
Whipps Cross	POPLAR	1,778.0	1,775.3	1,069.5	1,276.5	1,426.0	1,347.5	1,069.5	1,069.5	99.8%	119.4%	94.5%	100.0%	586	5.3	4.0	9.3
Whipps Cross	PRIMROSE	1,766.5	2,277.0	1,426.0	1,695.5	1,414.5	1,999.0	1,069.5	1,552.5	128.9%	118.9%	141.3%	145.2%	853	5.0	3.8	8.8
Whipps Cross	ROWAN	1,782.5	1,897.5	1,414.5	2,001.0	1,403.0	1,841.0	1,069.5	1,840.0	106.5%	141.5%	131.2%	172.0%	845	4.4	4.5	9.0
Whipps Cross	SAGE	1,679.0	1,585.0	1,421.5	1,725.5	1,426.0	1,380.0	1,069.5	1,437.5	94.4%	121.4%	96.8%	134.4%	830	3.6	3.8	7.4
Whipps Cross	SYCAMORE	1,322.5	1,575.5	1,322.5	1,551.5	1,069.5	1,334.0	1,069.5	1,265.0	119.1%	117.3%	124.7%	118.3%	818	3.6	3.4	7.0
Whipps Cross	SYRINGA	1,422.5	1,391.5	1,779.0	1,977.5	1,069.5	1,069.5	1,069.5	1,782.5	97.8%	111.2%	100.0%	166.7%	791	3.1	4.8	7.9

Safe Staffing Fill Rates by Ward and Site

Mar-23

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	4,339.5	4,633.0	2,495.5	2,114.0	3,921.5	4,556.0	2,495.5	2,426.5	106.8%	84.7%	116.2%	97.2%	1,473	6.2	3.1	9.3
Newham	BECKTON	1,415.5	1,936.8	1,069.5	644.0	1,426.5	1,898.0	1,068.0	1,311.0	136.8%	60.2%	133.1%	122.8%	572	6.7	3.4	10.1
Newham	Custom House NUH	1,426.0	1,492.0	1,069.5	1,230.5	1,058.0	1,081.0	1,426.0	1,595.8	104.6%	115.1%	102.2%	111.9%	617	4.2	4.6	8.8
Newham	DELIVERY SUITE NUH	5,351.0	4,843.1	715.0	631.8	4,899.0	4,523.2	713.0	678.5	90.5%	88.4%	92.3%	95.2%	666	14.1	2.0	16.0
Newham	EAST HAM	1,782.5	2,369.0	1,069.5	1,046.5	1,426.0	2,247.6	1,069.5	1,396.5	132.9%	97.8%	157.6%	130.6%	713	6.5	3.4	9.9
Newham	HEATHER	2,139.0	2,530.0	1,069.5	1,312.5	2,139.0	2,750.5	1,069.5	1,311.0	118.3%	122.7%	128.6%	122.6%	746	7.1	3.5	10.6
Newham	LARCH	3,376.0	2,818.7	2,082.5	2,017.0	2,162.0	2,155.5	1,818.0	1,807.5	83.5%	96.9%	99.7%	99.4%	1,649	3.0	2.3	5.3
Newham	Manor Park ITU NUH	3,552.0	4,162.0	713.0	632.5	3,565.0	4,393.0	713.0	736.0	117.2%	88.7%	123.2%	103.2%	394	21.7	3.5	25.2
Newham	MAPLE	1,069.5	931.5	713.0	632.5	1,058.0	982.0	701.5	655.0	87.1%	88.7%	92.8%	93.4%	232	8.2	5.5	13.8
Newham	NEONATAL NUH	2,909.5	2,316.5	736.0	517.5	3,075.0	2,451.5	586.5	379.5	79.6%	70.3%	79.8%	64.7%	394	12.1	2.3	14.4
Newham	NUH MIDWIFERY	1,258.0	1,126.0	356.5	322.0	1,092.5	1,017.5	356.5	356.5	89.5%	90.3%	93.1%	100.0%	84	25.5	8.1	33.6
Newham	PLASHET	1,591.0	1,845.0	1,069.5	1,041.0	1,414.5	1,909.0	1,069.5	1,230.5	116.0%	97.3%	135.0%	115.1%	772	4.9	2.9	7.8
Newham	RAINBOW	3,002.5	3,238.0	1,148.5	1,012.0	1,782.5	2,634.5	356.5	460.0	107.8%	88.1%	147.8%	129.0%	399	14.7	3.7	18.4
Newham	SILVERTOWN	1,771.0	1,981.5	1,023.5	1,127.0	1,782.5	2,058.5	1,046.5	1,621.5	111.9%	110.1%	115.5%	154.9%	733	5.5	3.7	9.3
Newham	STRATFORD	1,423.5	1,529.5	1,069.5	1,173.0	1,426.0	1,552.5	1,069.5	1,345.5	107.4%	109.7%	108.9%	125.8%	578	5.3	4.4	9.7
Newham	WEST HAM	1,226.0	1,244.0	1,012.0	1,092.3	1,069.5	1,426.0	356.5	977.5	101.5%	107.9%	133.3%	274.2%	648	4.1	3.2	7.3
St Bart's	1C	6,015.0	5,398.5	356.5	425.5	5,347.5	5,418.5	195.5	299.0	89.8%	119.4%	101.3%	152.9%	379	28.5	1.9	30.5
St Bart's	1D	3,162.0	2,643.8	353.0	345.0	2,852.0	2,403.5	356.5	356.5	83.6%	97.7%	84.3%	100.0%	348	14.5	2.0	16.5
St Bart's	1E	4,959.0	4,478.0	356.5	333.5	4,990.0	4,447.3	356.5	345.0	90.3%	93.5%	89.1%	96.8%	269	33.2	2.5	35.7
St Bart's	3A SBH	4,602.5	4,224.0	1,393.5	1,184.5	4,634.5	4,209.5	1,426.0	1,322.5	91.8%	85.0%	90.8%	92.7%	919	9.2	2.7	11.9
St Bart's	3D SBH	1,556.0	1,586.8	1,191.0	1,184.3	1,506.5	1,515.5	966.0	942.5	102.0%	99.4%	100.6%	97.6%	488	6.4	4.4	10.7
St Bart's	4A SBH	1,779.0	1,743.5	948.0	966.0	1,426.0	1,426.0	356.5	874.0	98.0%	101.9%	100.0%	245.2%	695	4.6	2.6	7.2
St Bart's	4B SBH	1,587.5	1,536.0	1,217.0	1,156.0	1,426.0	1,368.5	713.0	1,046.5	96.8%	95.0%	96.0%	146.8%	602	4.8	3.7	8.5
St Bart's	4C SBH	1,761.0	1,568.5	951.0	814.5	1,426.0	1,313.5	966.0	920.0	89.1%	85.6%	92.1%	95.2%	668	4.3	2.6	6.9
St Bart's	4D & 4ESBH	1,704.5	1,687.0	703.0	644.0	1,633.0	1,403.0	713.0	828.0	99.0%	91.6%	85.9%	116.1%	388	8.0	3.8	11.8
St Bart's	5A SBH	2,199.0	2,341.8	896.0	1,075.0	1,474.0	1,533.8	341.0	726.5	106.5%	120.0%	104.1%	213.0%	648	6.0	2.8	8.8
St Bart's	5B SBH	1,419.0	1,318.3	695.5	559.0	1,414.5	1,402.3	356.5	586.5	92.9%	80.4%	99.1%	164.5%	419	6.5	2.7	9.2
St Bart's	5C SBH	2,118.0	1,802.9	688.5	818.0	1,782.5	1,878.0	356.5	505.5	85.1%	118.8%	105.4%	141.8%	544	6.8	2.4	9.2
St Bart's	5D SBH	2,112.5	1,928.5	699.0	611.5	1,771.0	1,610.0	713.0	819.0	91.3%	87.5%	90.9%	114.9%	678	5.2	2.1	7.3
St Bart's	6A SBH	6,410.0	6,440.5	356.5	379.5	6,417.0	6,394.0	356.5	345.0	100.5%	106.5%	99.6%	96.8%	398	32.2	1.8	34.1
St Bart's	6D SBH	1,760.0	1,580.9	1,062.5	621.0	1,426.0	1,299.5	713.0	690.0	89.8%	58.4%	91.1%	96.8%	500	5.8	2.6	8.4

Report to the Trust Board: 1 March 2023	TB 14/23
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Title	Audit and Risk Committee Exception Report
Chair	Ms Kim Kinnaird, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Executive summary	
The Audit and Risk Committee met on 23 November 2022 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).	
Key agenda items	BAF entries
<i>Integrated risk report including BAF</i>	All
<i>External Audit progress report</i>	All
<i>Internal Audit progress report</i>	All
<i>BAF deep dive (entry 10 – leadership capacity/capability)</i>	10
<i>Standing items on waivers, losses and counter fraud</i>	All
<i>QAC exception report</i>	11, 13
<i>Committee effectiveness and ToR</i>	All
<i>Cycle of business and horizon scanning</i>	-
Key areas of discussion arising from items appearing on the agenda	
Integrated Risk Report	
The Committee reviewed key metrics relating to the high-risk register and agreed a BAF deep dive schedule. The format provided greater granularity in detailing executive Risk Management Board risk themes, progress with mitigating high risks on the risk register and risk maturity at hospital and group level. The Committee spent focused time on emergency care risks at hospital level (noting some variation across the group in terms of drivers of risk).	
Internal Audit reports	
The Committee reviewed outcomes of audits that were assigned reasonable or substantial assurance ratings, including for some key controls such as the BAF, e-Prescribing implementation and core financial controls.	
Time was spent on considering a limited assurance audit of referral-to-treatment time (RTT) data quality. This audit, in conjunction with an independent review of the PTL, had identified some slippage during the pandemic on key culture and process aspects of waiting list management. The Committee considered actions being taken, including introduction of a LUNA waiting list tool and a wider data quality improvement initiative. It was recognised that wide engagement was required, recognising that data quality is part of everyone’s business. It was agreed to monitor progress through follow-up reporting over the next year.	
The Committee also reviewed the number of overdue management actions arising from previously completed audit reviews. While the volume remained higher than desirable, it was recognised that improvements had been made resulting in fewer aged actions.	

<p>External Audit report The Committee received and discussed the planned audit approach for the 2022/23 audit and an initial assessment of key risks as part of interim audit work.</p> <p>Committee effectiveness The Committee reviewed outputs of a survey of members regarding the committee’s effectiveness and considered potential improvements to ways of working (while recognising some steps to hone ways of working had already taken place during the year). This also informed a refresh of terms of reference, due to be approved at the next meeting.</p>	
<p>Any key actions agreed / decisions taken to be notified to the Board None</p>	
<p>Any issues for escalation to the Board None</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes.</p>
<p>Action required by the Board The Trust Board is asked to note the Audit and Risk Committee exception report.</p>	

Report to the Trust Board: 1 March 2023	TB 15/23
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Title	Quality Assurance Committee Exception Report	
Chair	Dr Kathy McLean, Non-Executive Director	
Author / Secretary	Shalin Sharma, Deputy Trust Secretary	
Purpose	To advise on work of Trust Board Committees	
Executive summary		
The Quality Assurance Committee (QAC) met on 1 February 2023 to discuss items on its agenda relevant to its terms of reference, including matters related to quality improvement, winter operational pressures and maternity services.		
Key agenda items		BAF entries
<ul style="list-style-type: none"> • Children’s Services • Learning From Deaths • Patient Experience, Engagement & Insight • Maternity CNST/Maternity Safety • BAF Risk Deep Dive • Winter Planning • Whipps Cross Hospital Quality Report • Quality Report • Integrated Risk Report • Internal Audit Report • Review Of Committee Effectiveness /Terms Of Reference 		- 2 11 7 4 5-7 All All All All All

<p>Any key actions / decisions taken to be notified to the Board:</p> <p>Children’s Services</p> <ul style="list-style-type: none"> • Reasonable assurance received. Further detail on risks and outcomes to be iterated in next report along with benchmarking information, consequences of complaints and details of the system working direction. <p>Learning From Deaths</p> <ul style="list-style-type: none"> • Substantial assurance was received. Key objectives were noted and a version of the report would be shared with the Trust Board in due course. <p>Patient Experience, Engagement & Insight</p> <ul style="list-style-type: none"> • Progress and next steps were noted by the Committee and a version of the report would be shared with the Trust Board in due course. Reasonable assurance received with further work required at Newham University Hospital and a shift in overall outcomes. <p>Maternity CNST/Safety</p> <ul style="list-style-type: none"> • Substantial assurance received. The Committee was confident in three compliant CNST areas. CNST standards to continue to be monitored at QAC. Maternity services at The

<p>Royal London Hospital would be reviewed by the Committee in May. An update on current plans would be reviewed at the next Committee meeting.</p> <p>BAF Risk Deep Dive</p> <ul style="list-style-type: none"> There was a deep dive review into BAF risk 4: <i>failure to address CQC imaging and maternity improvement actions and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff</i>. The committee noted key controls and risk triggers and reflected on the potential for disaggregating components of the risk as currently worded. <p>Winter Planning</p> <ul style="list-style-type: none"> The committee noted that implementation and oversight of plans was ongoing via the Unplanned Care Board and related risks would be updated on risk registers accordingly. The Committee considered risks of harm, triangulating with complaints data and development of equity indicators. <p>Whipps Cross Hospital Quality Report</p> <ul style="list-style-type: none"> The Committee noted progress and acknowledged the clinical leadership team were aware of the challenges and were working towards reducing levels of risk. The Committee was particularly impressed with the rigorous governance arrangements. <p>Quality Report</p> <ul style="list-style-type: none"> The Committee noted the report and quality indicator dashboard. Progress was required on Duty of Candour limited assurance audit actions, and the Committee noted actions being taken in relation to never events. <p>Integrated Risk Report</p> <ul style="list-style-type: none"> New risks added to the risk register were noted by the Committee. Patient harm and quality aspects of risks were discussed, including a specific focus on UEC risks at hospital and BAF level. <p>Review of Committee Effectiveness / Terms of Reference</p> <ul style="list-style-type: none"> A review of committee effectiveness was welcomed and feedback from questionnaires was discussed. The terms of reference were considered, reflecting remit changes, with comments invited outside of the meeting ahead of approval at the next committee meeting. 	
<p>Any issues for escalation to the Board There were no items requiring escalation to the Board.</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.</p>
<p>Action required The Board is asked to note the report.</p>	

Report to the Trust Board: 1 March 2023	TB 16/23
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Title	Nominations and Remuneration Committee Exception Report
Chair	Rt Hon Jacqui Smith, Chair
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees

Date of meeting	The Nominations and Remuneration Committee met on 8 February 2023
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Key areas of discussion arising from items appearing on the agenda	At this meeting the Committee confirmed VSM and executive remits and remuneration implementation of a national pay award recommendation; approval of a revised VSM framework; and agreement of a pensions recycling policy.
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Any key actions agreed / decisions taken to be notified to the Board	None.
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Any issues for escalation to the Board	None.
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Legal implications/ regulatory requirements	n/a
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Action required by the Board	The Trust Board is asked to note this exception report from the Nominations and Remuneration Committee.
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Report to the Trust Board: 1 March 2023	TB 18/23
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Title	Maternity Report
Accountable Director	Caroline Alexander
Author(s)	Shereen Nimmo
Purpose	To provide assurance and information
Previously considered by	Quality Board and Quality Assurance Committee

Executive summary

The purpose of this report is to provide assurance to the Barts Health Board on our maternity services. This report will outline the mechanisms in place to “hear the signals” that are coming up through our maternity services, so that the Board can understand the key risks and issues, our improvement plans and celebrate success in its achievements. Barts Health is now enrolled on the national Maternity Safety Support Programme (MSSP) and is working with both maternity and obstetric improvement advisors on all sites. The diagnostic phase of the work is underway, and their initial reports will support the services to streamline their improvement programmes, to ensure that they are aligned with national as well as local requirements and meet local needs. Trends in both neonatal deaths and stillbirths are stable across Bart’s heath and the reduction required as part of the national ambition to reduce stillbirth, neonatal death and brain injury by 50% by 2025 is yet to be realized. Further Improvement work with the Saving babies Lives Care Bundle is required if we are to realise this ambition. The Maternity Incentive Scheme from NHS Resolutions or Clinical Negligence Scheme for Trusts (CNST) compliance was finally assessed as being 3/10 standards. Compliant against the year 4 standards continues to be worked towards, although this would not count towards the submission for CNST rebate.

Thematic learning from adverse outcomes is focused on the immediate and ongoing risk assessments of women and birthing people and their babies in pregnancy. The interpretation of fetal heart rate patterns, and escalation of concerns and deterioration.

Quality Improvement in maternity is key to improving clinical care for women and babies. The WelImprove maternity safety programme is using themes from the risk and governance work to continually refocus its programmes and check in on outcome measures for success. The work on safer procedures has been key in creating the conditions in the clinical areas that reduce the likelihood of a swab or tampon being unintentionally retained after birth. There has not been reoccurrence of a “never event” or unintentionally retained swab or tampon post birth for the last 12 months.

Vacancy rates and fill rates for shifts has been one of the most prominent concerns across all sites have had a huge impact on the morale of the teams. There has been significant improvement seen since the autumn on all sites, from domestic and international pipelines.

Women are giving us feedback locally and through national surveys. Good representation from BAME women and birthing people is realised through the surveys, and “You Said, We Did” style action plans are used to feedback to women on what actions are being taken by the service.

CQC Must and Should Do actions are reviewed locally and through hospital performance reviews. Good progress is being made, especially at the Barkentine Birth centre, who have had a follow up inspection published <https://www.cqc.org.uk/press-release/cqc-publishes-report-london-maternity-centre> , which showed good progress against actions. Whilst the service remains closed to intrapartum care until sustainable staffing levels are reached, community based antenatal and postnatal care are being provided again.

Related Trust objectives

To improve health and care services for all our population - transforming clinical services whilst reducing health inequalities and inequities of provision

Risk and Assurance

Assurance in relation to BAF entry 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**

Regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Action required

The Trust Board is asked to note and discuss the contents of the report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 1 MARCH 2023

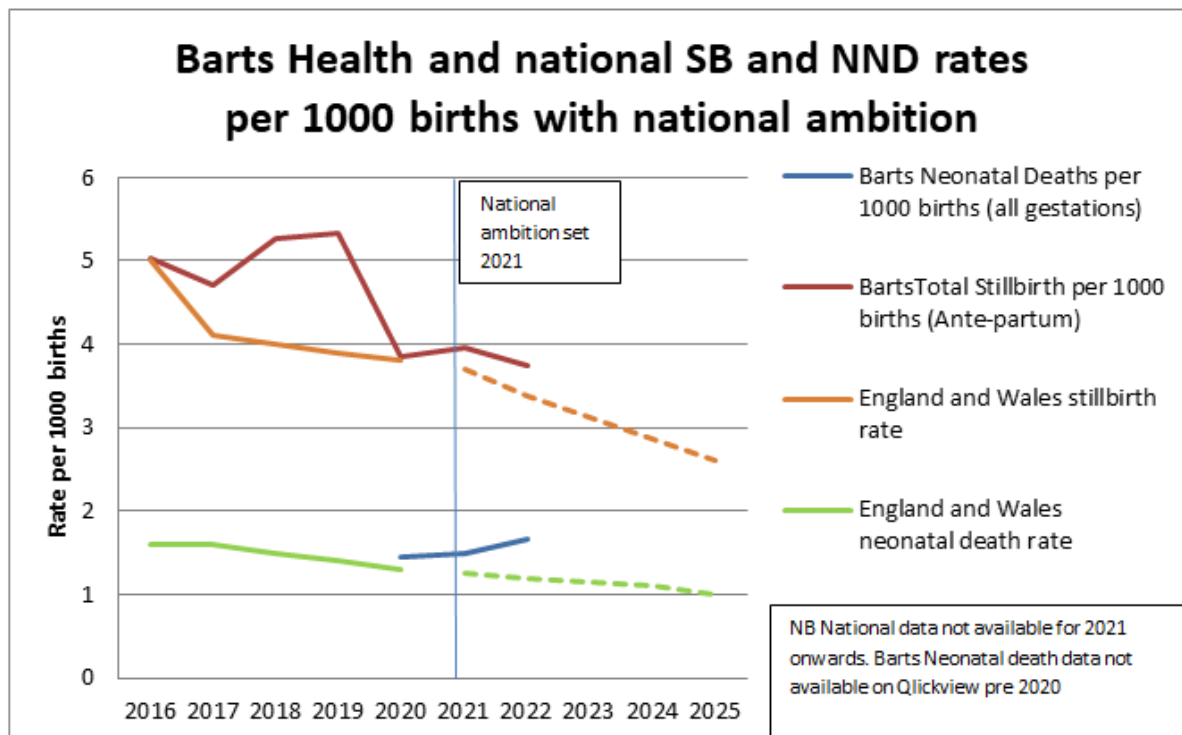
MATERNITY ASSURANCE REPORT

REPORT OVERVIEW

1. The purpose of this report is to provide assurance to the Barts Health Board on our maternity services. This report will outline the mechanisms in place to “hear the signals” that are coming up through our maternity services, so that the Board can understand the key risks and issues, our improvement plans and celebrate success in its achievements.
2. The key areas of concerns for the Barts maternity services are the stillbirth rates, women’s experience of their care, and the workforce challenges including culture.
3. We are now enrolled onto the maternity safety support programme (MSSP) and are working with both maternity and obstetric improvement advisors to review systems and processes across clinical care as well as governance, leadership and culture across the services. Through the Local Maternity & Neonatal system (LMNS) and the new Acute Provider Collaborative Maternity and Neonate Oversight Group we are able to review our services, gain greater understanding of our populations and their health needs by exploiting the public health and equity data that is emerging, and use this to build on the safety improvement work that is already underway. We can also take advantage of the support from the MSSP and use the experience and knowledge they have built up over the last 6 years supporting other Trusts with challenges in leadership, culture, and stronger governance systems.

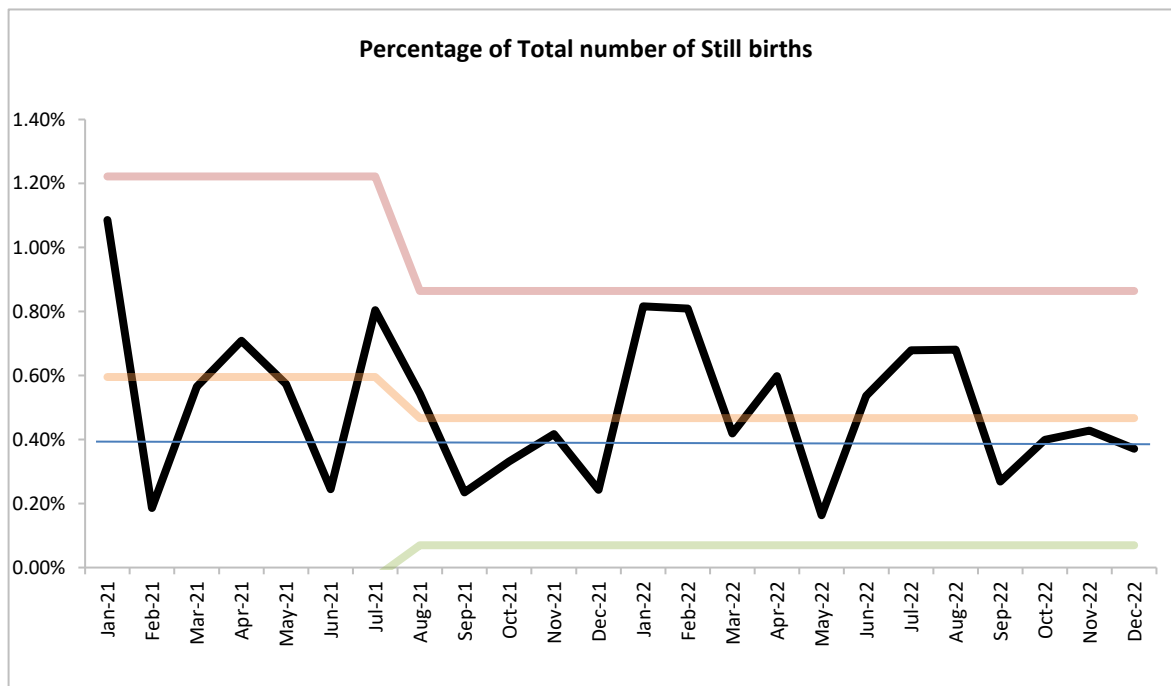
PERINATAL OUTCOMES AND THE NATIONAL AMBITION RATES

4. The following graphs demonstrate how Barts Health Trust is performing against the national ambition to reduce stillbirths and neonatal deaths by 50% by 2025.
5. Prior to 2021, the national ambition covered all neonatal deaths, and required the neonatal mortality rate to fall to 1.5 deaths per 1,000 live births by 2025. In 2021, the ambition was revised, as outlined in the Safer maternity care progress report 2021. The ambition was changed to 1.0 neonatal deaths per 1,000 live births for babies born at 24 weeks or over (1.3 for all gestations). The stillbirth ambition is for the rate to decrease to 2.6 stillbirths per 1,000 births by 2025. The 2020 national rate was 3.8 stillbirths per 1,000 births unchanged since 2019 [Child and infant mortality in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/child-and-infant-mortality-in-england-and-wales)

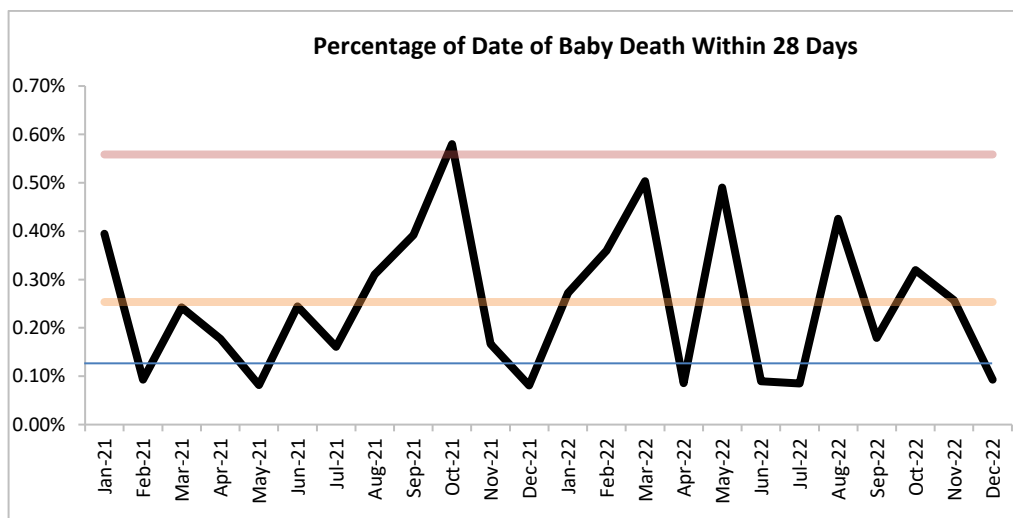


6. Barts Health data shows we are slightly higher than the national rate for stillbirths and neonatal deaths. The maternity data sets are currently being reviewed and migrated into our new Qlicksense platform to improve reporting functionality to express our rates, alongside the national ambition line, and with benchmarking across North East London (NEL) and London on a monthly basis. The development of the London and NEL dashboards that will give us this data are in progress. Understanding the data is key in driving the improvements needed in care for women having their babies within Barts Health.
7. The following data shows the actual still births and neonatal deaths across Barts, as a percentage of all births.

Barts Health NHS Trust monthly Stillbirth % (NB National stillbirth rate 0.38% - blue line)



Bart's Health NHS Trust monthly Neonatal Death rate (NB National rate 0.13% - blue line)



- These graphs show the actual numbers of cases expressed as percentage of all births at Barts on a monthly basis. More information in respect to trends can be expressed when using the rolling rate per 1000 on a monthly basis, and we can match this against the national ambition of reducing stillbirth and neonatal death by 50% by 2025. Our data is not corrected for babies who are born before 23 weeks or babies who are born with lethal conditions which are non-compatible with life.

9. Stillbirth rates across Barts Health differ greatly depending on local authority. In Newham, the average stillbirth rate is 5:1000 or 0.5%, in Waltham Forest 3.4:1000 or 0.34%, and in Tower Hamlets 6.2:1000 or 0.62%. [Data from NEL Equity assessment for maternity services Nov 2021]. Understanding this variation is key in reducing stillbirth across Barts health. Data also demonstrates that stillbirth rates are higher within these averages for black and Asian women, in line with the national outcomes as published by MBACE 2022. Ensuring that key improvement programmes such as the Saving Babies Lives Care Bundle, is followed is an essential component of driving improvements in stillbirth and neonatal deaths and this has been implemented and further developed across our hospitals.

LEARNING FROM PERINATAL DEATHS

10. Themes from the reviews across Barts in the antenatal care period are focused around the assessment of risk not being completed fully or acted on. This learning is feeding into the QI work on antenatal risk assessment which is being managed through the Barts WelImprove programme for maternity safety. Risk assessments for growth restriction and identification of small babies or babies not growing well is an emerging theme. This triangulates to the work being undertaken in the Saving Babies Lives Care Bundle and for the Growth Assessment Protocol (GAP) programme. Compliance with the care bundle and review of the GAP guidelines have also been identified through the CQC inspections, Healthcare Services Investigation Branch (HSIB) investigation reports and CNST (Maternity Incentive Scheme) as being areas in which Barts needs to improve practice.
11. Themes from labour care are those related to fetal monitoring and escalation of concerns related to fetal heart rate changes. The Barts WelImprove programme is working with sites on CTG (Cardio Toco Graph – fetal heart rate monitoring) compliance with the guideline and the “fresh eyes” support for reviewing CTG traces. A deep dive review of the cases where babies have had poor outcomes will be undertaken by the Maternity Safety Support Programme at one of the sites, with learning disseminated and shared across the other sites.
12. Work with the Barts Health education academy and maternity education teams is growing a faculty of simulation experts, that can work with clinical teams to simulate clinical scenarios based on recent cases that have gone well, or could have gone better, to understand more of the human factors in healthcare that influence the performance of clinical teams and impact on the safe delivery of care.

MATERNAL OUTCOMES

13. Across Barts Health, rates for Obstetric Anal Sphincter injury (OASI) are within those which we would expect to see nationally. Benchmarked practice across the services shows good rates of detection, which allows specialist repair immediately following birth, which is shown to improve long term morbidity for women and birthing people. Gaps in the provision of specialist physiotherapy have been met by the Integrated care System (ICS), and the new services will commence in early 2023/24.

14. Rates of post-partum haemorrhage (PPH) are higher at the Royal London Hospital and are above that which is expected nationally. These rates are confounded by the hospital providing specialist services for birthing people with adherent placentas, who are transferred to us for specialist treatment. Weekly reviews of cases are undertaken by a multi-professional team to ensure that the best possible care is being provided, and that where there are situations which can be improved, lessons are learnt and shared across the organisation. Lessons learned from postpartum haemorrhage work have included the development of a greater understanding of human factors in healthcare and have seen this included to a greater extent in multiprofessional education and training. Risk identification of birthing people at risk of PPH has also led to a review of the guideline which prompts clinicians to consider intravenous prophylaxis for more women.
15. The development of the safer procedures work with the WelImprove programme has led to improvements in compliance with second checkers for instrument and swab counts post birth and during perineal suturing. There has not been reoccurrence of a “never event” or unintentionally retained swab or tampon post birth for the last 12 months.

DEVELOPMENTS IN GOVERNANCE

16. The changes to maternity governance presented to the Board in 2022 have been implemented with the Group Maternity and Neonatal Strategic Group and equivalent at each hospital that reports into this strategic group in place. This enhanced governance is creating capacity for strategic discussions that bring together stakeholders wider than maternity to drive improvements. These groups will continue to mature.
17. Reviews of the hospital maternity governance systems is also underway, supported by the Maternity Safety Support Programme (MSSP), to ensure that the hospital teams have the best possible support to drive improvements in quality and safety for women, birthing people and their babies.
18. The role of safety champions at board and hospital level (a key requirement of CNST) is becoming well embedded. Triangulation of themes, sharing feedback and the use of feedback to inform improvements is evident, eg, potential plans to have one Trust wide maternity helpline which can run over 24/7 by pooling workforce resource and induction of labour which is also bringing in Red Amber Green rating systems, and personalisation and information sessions for women, combining safety and quality improvements.

OCKENDEN UPDATES

19. Following the visit by NHS England for Ockenden Assurance in June 2022, each hospital received an report and are working on compliance, with support from the LMNS (Local

maternity and neonatal system) and managed through their site maternity and neonatal Boards.

20. Elements 2 and 3 are completed, and compliance is being managed through the Local Maternity and Neonatal System (LMNS).
21. Progress against element 5 relating to risk assessment in pregnancy is being supported through the WeImprove QI work, and regular audits submitted to the LMNS for compliance monitoring.
22. Progress against element 7 related to the information we produce for women and how we ensure we have good information and are able to make informed consent to choices in their care. Monthly meetings between sites, group and communications leads have been in place since the summer, and progress to update websites, standardise antenatal information and make it accessible is progressing. Updates to the patient facing website can be seen at <https://www.bartshealth.nhs.uk/maternity>

NHS RESOLUTION MATERNITY INCENTIVE SCHEME (MIS) UPDATE IN MONTH

23. Compliance was submitted to NHS Resolution on 2nd February 2023. The Trust demonstrated compliance on 3 out of 10 safety actions, which related to referrals to the early notification scheme, our work with maternity voices partnerships and our submission of data to the national maternity dashboard, and digital strategy development. Year four of the scheme has been challenging across the country for many maternity units.
24. The scale of external reporting and improvement objectives, assurance visits, CQC inspections and resultant improvement work and operational pressures due to staffing all impacted on achievement of our MIS programme of work this year. The Royal London Hospital had unique challenges with compliance this year, which were influenced in some part by the breaks in substantive leadership within the service. Setting up consistency in reporting, and multi-professional engagement will be key to achievement in year 5.
25. Action plans relating to the achievement of the remaining 7 actions have been submitted and we are awaiting a decision as to how much funding we will receive to support these. They include additional resource to support ease of auditing, support for the development of cross site Perinatal Mortality Review Tool (PMRT) reviews, leadership development and support for neonatal life support training and transitional care. Our current priority is delivering on the remaining year 4 actions to maximise compliance in readiness for May.
26. It is expected that we will receive an outcome for our funding bid and the publication of the year 5 standards in May 2023. The information we have to date is that the year 5 standards will again test the services to go further in respect to their auditing of compliance and implementation of best practice guidance. Actions relating to diabetic care and cardiovascular care are expected.

MATERNITY WORKFORCE

27. Summer and Autumn 2022 were particularly challenging from a midwifery staffing perspective. All services have improved fill rates, with preceptorship and new starter midwives finishing supernumery periods and new starters coming into post. Daily cross site huddles continue to ensure that clinical capacity and safety is maintained and where possible planned work is reallocated to another site to ensure that timely intervention is achieved for women undergoing elective caesarean sections or induction of labour.
28. International recruitment plans have met their initial milestones, with the first midwives scheduled to land in the UK in March 2023. The services are also working with the Return to Practice and Return to Midwifery promotion supported by NHS England, and our postnatal ward at The Royal London is one of the selected wards embarking on a self-rostering programme, again supported by NHS England and the flexible working elements of the NHS Peoples Promise.
29. Each site has now established consultant ward rounds 12 hours apart on the labour ward. Newham and Royal London Hospitals have 98 hours per week obstetric staffing, whereas Whipps cross have 84 hours funded. Development of business cases and increases in consultant establishments are in progress at each site, and the obstetric improvement advisor from the MSSP will support the clinical directors with job planning activities to ensure that clinical as well as essential leadership functions are covered.

INSIGHTS FROM SERVICE USERS AND MATERNITY VOICES PARTNERSHIP (MVP) CO-PRODUCTION

30. The MVPs noted an increase in parents reporting on staff shortages, primarily impacting patient experience during labour, delivery and postnatal services. New parents praised attentive midwifery and medical staff during labour and birth with high praise for the care despite the staffing challenges.
31. In antenatal care, women report that their care expectations are mostly met, but report negatively on information continuity and continuity of care. Dissatisfaction on waiting to be admitted to the labour wards for labour or induction of labour care, and the impact this is having on their access to analgesia is a big concern for women. Infant feeding support is rated highest in Tower Hamlets, where there is borough funded support workers, and an additional full-time midwife in post. The ongoing theme is that women report that compassionate care during night shifts is not of the same quality and this is being reviewed across the hospitals.
32. Feedback from women and birthing people who birthed with the service in February 2022 has been published by the CQC (please see Patient Experience Report for further detail on the CQC survey). The feedback from women in the national survey is reflective of the local engagement feedback we are hearing.

33. Patient experience midwives are working with their local Maternity Voices Partnership (MVP) chairs to work on the You Said, We Did feedback for women and birthing people.
34. Actions include
- o Health care professionals reading patient notes before appointments – reminders and promotion for staff
 - o Consistent information given on wider maternity services – website development work with communications in progress
 - o Equity of access for interpreting services – in development at sites.
- Training for staff on:
 - o Communication style, highlighting care and compassion – collaboration with BirthRights for human rights in birth training pilot.
 - o Patient choice and personalisation – built into mandatory training on all sites for doctors and midwives. NUH developing patient story videos so that the voice of the woman is used directly for greater impact.
 - Review of infant feeding provision on all sites, to be presented to the next maternity and neonatal strategic group.

QUALITY AND SAFETY IMPROVEMENT PLANS

35. Each site has its own maternity improvement plan which has pulled together actions from Ockenden and CQC visits, and will cover those from the Antenatal and Newborn Screening programme visit when the report is received. The work with the Maternity Safety Support Programme will support Barts Health to review these and ensure that they are aligned to the national ambitions for maternity Transformation and further reports and updates will follow.
36. CQC Must and Should Do actions are reviewed locally and through hospital performance reviews. Good progress is being made, especially at the Barkentine Birth centre, who have had a follow up inspection published <https://www.cqc.org.uk/press-release/cqc-publishes-report-london-maternity-centre>, which showed good progress against actions. Whilst the service remains closed to intrapartum care until sustainable staffing levels are reached, community based antenatal and postnatal care are being provided again.

MATERNITY DIGITAL TRANSFORMATION

37. Barts Health and Barking Havering and Redbridge NHS Trust (BHRUT) are working collaboratively in developing digital requirements in our maternity areas with a report by the end of May that will inform the BHRUT business case. For Barts Health the process will be presented to our Maternity Oversight Group followed by a further paper to Group Executive Board. The work aligns with developments and systems in North East London, the national what good looks like framework and builds on the maternity digital strategy that was submitted to the ICS in October 2022.

RECOMMENDATION

38. The Board is asked to receive and discuss the content of the report.

Report to the Trust Board: 1 March 2023	TB 19/23
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Title	Insight and Patient Experience Update
Sponsoring Director	Chief Nurse
Author(s)	Director of Patient Experience and Insight
Purpose	To provide assurance and update on the work being undertaken in improving patient experience
Previously considered by	Quality Board

Executive summary

Operational improvements and increased alignment across the Group have resulted in better utilisation of FFT (Friends and Family Test) insights and equally importantly, in capturing demographics of these respondents such as gender and ethnicity to make the data more equitable. The volume of responses has grown from 19,000 to 22,600 over the last year (a significant increase of 17%) and the percentage of respondents where we know the ethnicity has also increased significantly from 55% to 88%. For these respondents where the ethnicity is known, the data continues to become more balanced than before (46% White, 38% BAME).

We continue to triangulate data between CQC national surveys, FFT, Complaints and PALS, leading to thematic analysis and more actionable insights. The Trust's work has been recognised by Patient Experience peers and we were finalists in 2 categories for the PENNA22 (Patient Experience Network National Awards) in September 2022. The categories were 'Measuring, Reporting, Acting and turning it around' and 'Partnership working to improve the experience'.

Related Trust objectives	2. To improve health and care services for all our population transforming clinical services whilst reducing health inequalities and inequities of provision
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Risk and Assurance	Assurance in relation to the above objective
Related Assurance Framework entries	An inability to rapidly identify and address healthcare inequalities results in reduced community connectivity and impairs delivery of high quality, equitable healthcare outcomes in NEL

Legal implications/regulatory requirements	-
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Action required:

The Trust Board is asked to note the progress report

BARTS HEALTH NHS TRUST

TRUST BOARD REPORT: 1 MARCH 2023

INSIGHT & PATIENT EXPERIENCE UPDATE

INTRODUCTION

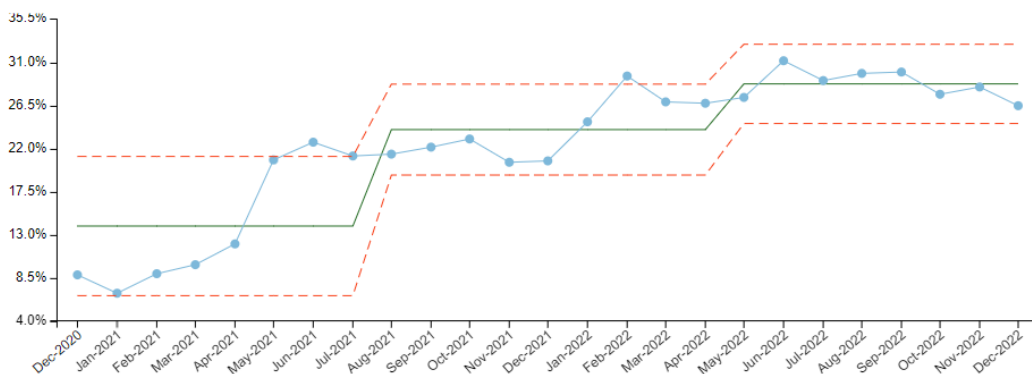
1. Patient and community engagement, participation and experience is at the heart of all we do. Our approach has developed over the years and particularly during Covid where coming together with our community has enabled strong partnership and coproduction.
2. Through the collective work of our staff and stakeholders we have refreshed our Patient & Community Engagement, Participation & Experience Strategy. We continue working collaboratively with colleagues in relation to the NEL ICS community engagement strategy to ensure coherence. This Strategy will be formally launched in the Spring.
3. This paper will focus on the developments in patient experience and insight. It describes current insights along with the improvement plans and outcomes resulting from this insight.

CONNECTING THE DOTS - SCORES:

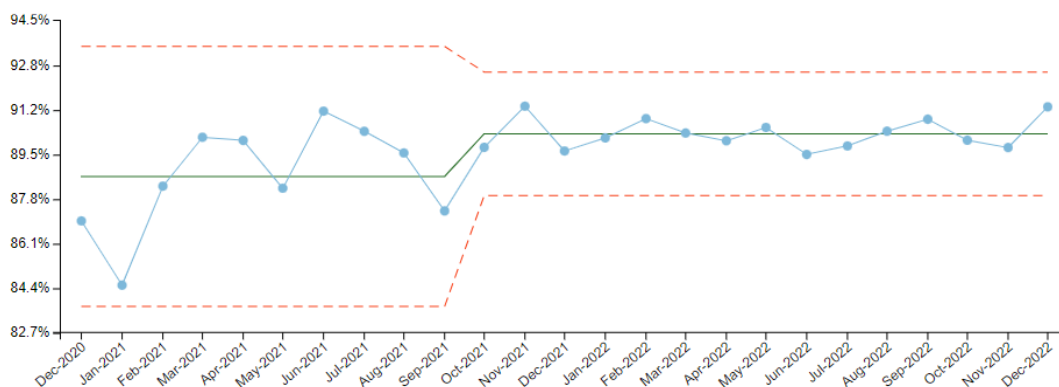
Quarter	SMS/Text	Paper	Online	Total
Q3 21-22	8826	9028	1238	19,092
Q4 21-22	8865	9456	2244	20,565
Q1 22-23	7967	11423	3009	22,399
Q2 22-23	10667	10169	3661	24,497
Q3 22-23	9449	10290	2937	22,676

The Trust received 22,676 responses to the FFT survey in Q3, a decrease of 7.6% over the previous quarter. There is however still an overall significant increase of 17% over the year when compared to Q3 last year

FFT Response Rate - Inpatients



FFT Recommended % - Inpatients



4. We continue the drive to have data across all Quality Metrics presented consistently as SPC Charts, as with the example above for Inpatients.
5. For respondents where the ethnicity is known, the data continues to be more balanced than before (46% White, 38% BAME). There was no statistically relevant difference in the scores of BAME vs. White patients, or Male vs. Female patients. We continue to carefully monitor this as part of our Inclusion work.
6. The table below has the scores for our hospitals. They have been broadly consistent over the last 3 Quarters, but there is a wide variation across hospitals and services.

Site	Q1	Q2	Q3
Mile End Hospital	96%	95%	92%
Newham University Hospital	74%	68%	72%
Royal London Hospital	82%	83%	82%
St Bartholomew`s Hospital	92%	93%	92%
Whipps Cross Hospital	90%	88%	90%
Grand Total	85%	84%	85%

7. When breaking this score down to service level, Emergency Departments (ED) continue to be an area of concern with a % positive score of 64% compared to the Trust average of 85%. Further analysis shows that none of our sites score above 73% for ED.
8. To improve experience the Hospital Executive Teams have increased their focus, monitoring patient safety during winter pressures. Volunteers have been asked to support patients in the department. For example, at NUH, where ED scored lower than at other hospitals, two full-time patient participation leads are in place and have undertaken a multi-disciplinary analysis. Patient stories feature at the HEB, relationships with Healthwatch and the local community have been strengthened, and a proposal has been developed for a full-time patient experience lead.

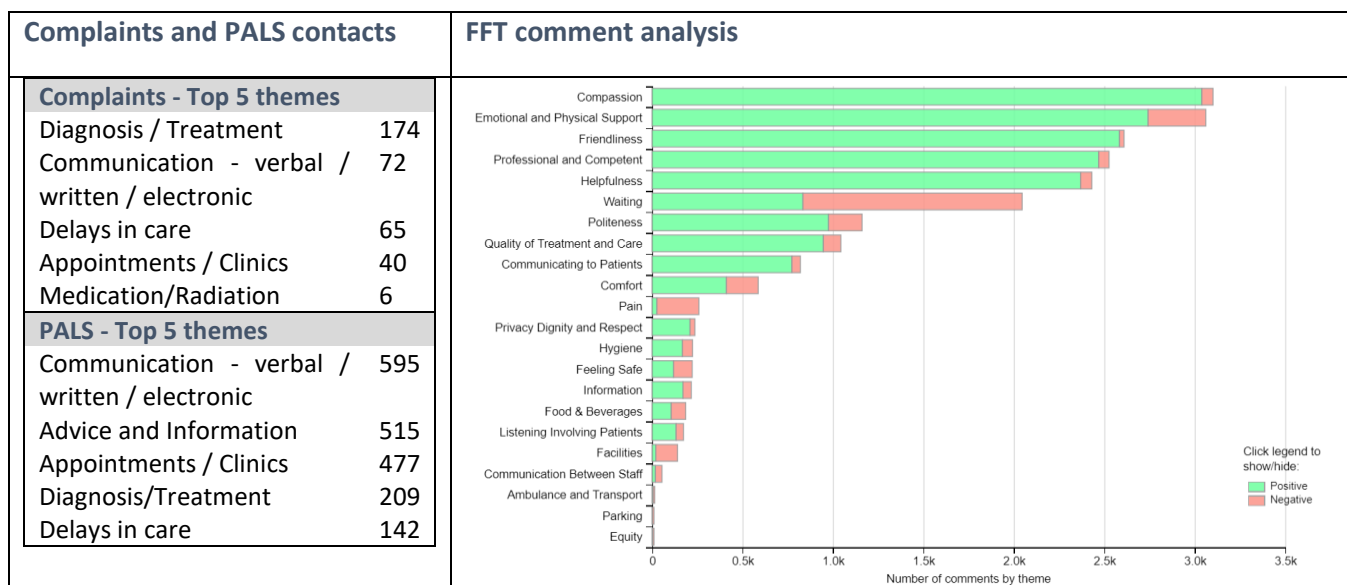
9. Our survey platform allows the creation and management of bespoke surveys, and we are constantly increasing opportunities for patients to provide feedback, for example:

An SMS questionnaire for patients at Whipps Cross who have suffered an Ectopic pregnancy to collect the views and perspectives of patients to improve services going forward.

Whilst Pharmacy collects insights from patients that use the counter service at the individual hospitals, feedback from those who are seen by pharmacists on the wards is limited. Working with the Chief Pharmacist, we are working on a simple method to collect insights from these patients.

CONNECTING THE DOTS - THEMES:

10. Across both PALS and Complaints, the top themes were mostly similar. Although the appointment / clinic related themes were significantly higher in the PALS contacts compared with the complaints contacts, it is important to note that whilst the complaints subjects are specifically concerns about quality of service, the PALS contacts consist of a combination of concerns about appointments issues as well as requests for information about / relating to appointments and how to access appointments.



11. Communication issues, notably highest in the PALS categories and second highest in complaints contacts were mainly about a lack of / unavailable information as well as the quality of medical / clinical advice. Delays in care related to delays in diagnostic tests being performed, delays in ED, delays in elective care and undertaking operations.

12. NUH used a Quality Improvement approach to address accessible information for their patients. These and other examples from across the hospitals in the IMPROVEMENT section later in the paper.

NATIONAL CQC SURVEYS

National Adult Inpatient Survey 2021

13. For the overall positive score Barts Health ranked 36 out of the 73 Trusts in the Picker group. This is a significant improvement from the 2020 ranking of 47 out of 75. This varies across our hospitals, and while the hospital level rankings are not published, it should be noted that if they were, SBH would have come in number 7 in that table which is a commendable achievement.
14. Percentage scores for 10 of the 45 questions improved over 2020. Those showing the largest improvement are patients reporting they were 'asked to give views on quality of care during their stay' (17% to 21% and this question also exceeded the Picker average of 13%); 'Told who to contact if worried after discharge' (74% to 77%); 'Nurses answering questions clearly' (94% to 97%) and 'Staff discussing the need for further health or social care services after discharge' (80% to 83%).
15. The Trust has shown declined scores in 21 of the 45 questions against the 2020 results. Those showing the largest percentage decline are 'Got enough help from staff to eat their meals' (85% to 79%); 'Not prevented from sleeping at night' (58% to 52%) and 'Did not wait a long time to get a bed on a ward' (83% to 77%). There were also 5% declines in 'Able to take own medication when needing to' (91% to 86%) and 'staff discussing need for additional equipment or home adaptation after discharge' (72% to 67%).

National Maternity Survey 2022

16. For the overall positive score Barts Health ranked 56 out of the 65 Trusts in the Picker group. This is an improvement from the 2021 ranking of 60 out of 66.
17. Percentage scores for 21 of the 53 questions improved over 2021. Those showing the largest improvement are mothers reporting they 'found partner was able to stay with them as long as they wanted in hospital after birth (30% to 65% and this question exceeded the Picker average of 41%); 'felt midwives or doctor was aware of their medical history' (82% to 89% and this question also exceeded the Picker average of 86%) and 'Partner/companion involved during labour and birth (86% to 91%)
18. The Trust has shown declined scores in 23 of the 53 questions against the 2021 results. Those showing the largest percentage decline are 'Felt concerns were taken seriously during labour and birth' (73% to 67%); 'Felt they were given appropriate advice and support at the start of labour' (79% to 73%) and 'Given the help needed by midwives during their antenatal care' (90% to 85%). There were also 4 questions where the score remained the same and 5 new questions for the 2022 survey so there is no historical comparison.

National Cancer Patient Experience Survey 2021

19. Following a review of the survey questions last year the survey has been re-designed with new questions which means we have no trend data for the 2021 results. The results are displayed using an expected range, and the national average for each question.
20. There were 8 questions where Barts Health performed above the national average. When comparing the national scores to the Trust scores those showing the largest percentage difference are 'Patient had the right amount of information on progress with immunotherapy (86% Trust vs. national score 79%); 'Patient had a cancer care review from GP' (21% vs. 18%) and Cancer research opportunities were discussed with patient (46% vs.44%).
21. There were 15 questions where Barts Health performed below the national score. When comparing the national scores to the Trust scores, those showing the largest percentage difference are 'Patient felt the length of waiting time at clinic or day unit for cancer treatment was about right' (79% national score vs. 67% for the Trust); 'Hospital staff always did everything they could to help the patient control pain' (86% vs. 80%) and 'Patient's family or someone close was definitely able to talk to a member of the team looking after the patient in hospital' (61% vs. 53%).

IMPROVEMENTS

22. Triangulating insights from these different surveys have resulted in a number of improvement projects across the Group. Some of the key ones are mentioned below, and the improvement themes are also incorporated into Trust wide Quality Improvement programmes where indicated.

Royal London and Mile End

23. Insight data highlights the need to improve visitor and carer access to patients. The RLH team have codesigned a pilot programme to increase the number of carers. Feedback so far has been: "I no longer feel invisible", "I have more confidence in staff and the treatment they are giving to my mum", "I feel I am lightening the load for nursing staff". The team will continue the pilot and will expand to renal wards and day surgery areas in March.
24. The second priority is to improve communication, and the team have focused on access to BSL interpreting. They created a dedicated inbox for deaf patients and within the first ten cases it was clear that there is widespread confusion on booking procedures. They are amending WeShare instructions to increase clarity of process for staff. A third priority area is waiting times, which was particularly an issue in Dermatology. The team have increased capacity for another 230 new appointments and have moved to an Ask and Refer model which should lead to less referrals.

25. Insights have shaped engagement plans, highlighting the need for the site to hear from a wider group of patients. In 2023 the RLH team are continuing to hold their Patient Panel in the community. In February they are holding a one-off event with the deaf community and in March are holding an open invite Patient Panel meeting which will be themed on Maternity.

St Bartholomew's

26. The Cancer Patient Experience Survey data 2021 demonstrates the ongoing need for improvement in communication between clinicians and patients. In response, since post-pandemic SBH's staff are encouraged as part of their preceptorship to attend clinician led Sage & Thyme training on Advanced Cancer Communication skills to start April 2023 (via Northeast London Cancer alliance).
27. Whilst the National Inpatient Survey data suggests that SBH patients have improved access to food and drink outside of mealtimes (89% satisfaction), the FFT, formal complaints and clinical audit data suggests that there is further room for improvement with meeting individual nutrition and hydration needs. The newly led Nutrition Action Team has appointed an additional Senior Dietician who is currently auditing the root cause and will feed back to the next quarterly Trust Nutrition & Hydration Committee.
28. Pre-pandemic, formal concerns raised to Healthwatch partners highlighted the challenges meeting the local community's desire for timely and equitable access to diagnostic cancer, cardiothoracic and reproductive medicine care at St Bartholomew's, forcing many to travel to the Royal London Hospital, Homerton Hospital and UCLH as per established referral pathways. The Senior Leadership team have since collaborated with City & Hackney Primary Care partners to ensure open access for Cardiac diagnostics. This has been fed back by the Senior Leadership Team to the community/patient partners via City & Healthwatch public Board meetings.

Newham

29. A significant focus for the NUH team is on improving discharge following a hospital stay. Based on feedback from patients, the NUH team are developing a directory of information and services available for patients following discharge. The team will be implementing local discharge checklists to ensure patients have relevant information on discharge, and also developing a communication strategy which will support other key focus area around improved communication. Learning from this will be shared with other hospitals in the Group.
30. Insights also highlighted the need to improve communication with patients. The team are focusing on language as the ethnically diverse demographic population may not be proficient in English. Improvements include promotion of bi-lingual & advocacy service; the roll-out of language-on-wheels to all clinical areas which clinical staff can always access; providing medicine instructions and information to the patient in their choice of language and involvement of patients on patient information/leaflet group.

Bilingual and accessible medicines information for NUH patients

Background

Newham University Hospital serves an ethnically diverse demographic population with languages mostly from South Asia, Eastern Europe and Middle East. Patients who are not proficient in English may not fully understand or be able to read medicine labels in English. Provision of medicines information and instructions in a language of their choice facilitates the patients' awareness of their medicines. Improved understanding of medicine label instructions reduces the risk of patient harm incidents from incorrect administration. Reduction of medication wastage and unnecessary admissions may result in financial benefits for the trust and wider health economy.

Aim

To have 75% eligible outpatients able to read/understand their medicine instruction labels (in their preferred language) by April 2023 utilising Written Medicine software.

Lessons learned (barriers)

Written medicine is a cloud-based translation software programme facilitating provision of bilingual medicine labels. To incorporate software onto trust servers – approvals had to be sought from

- ICT, Information Governance, Security (informatics)
- Procurement
- Lloyds Governance, Data Processing & Legal
- Initial pharmacy project support
- Identification of 5 most spoken languages in Newham
- Lengthy process and forms to achieve all approvals – delayed start to project

Measures

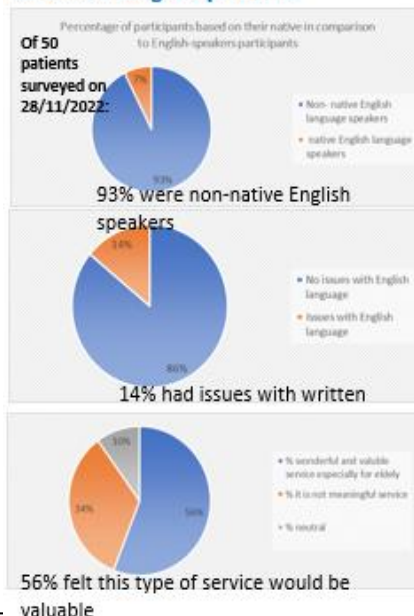
Presently no non-English patients receive medicine labels in their native language, baseline is therefore 'zero'. Measures to be gathered:

- Success of uptake of bilingual labelling service (no. of patients using the service)
- Patient questionnaires / feedback – post service
- Lloyds Pharmacy staff interviews
- Direct observation of bilingual labelling and dispensing service
- Software analysis reports
- No. of patient reported medication errors (if available)

What next?

- Information governance sign off
- Complete procurement processes

Understanding the problem:



Whipps Cross

- Insights highlight the need to improve on two key areas at WXH, and the need to continue to work with the overarching project with the ICS. The first area is improved discharge communication. The team at WXH have co-designed patient information leaflet that includes discharge information in children's services as well as in surgery. The team will continue this work in medicine with input from the integrated discharge team as well as discharge hub and aligned to Home First project. The second area of improvement is patient experience in one of the post-natal wards. This improvement program is co-designed with staff and customer service manager with support from HealthWatch and MVP as touch points to test progress.
- The overarching project with the ICS relates to end of life work. This work is led by the ICS and WXH are a key player in this. The work is to establish provision of end of life care in Waltham Forest. This work is clinically led and stakeholder engagement with residents as well as special interest parties. The options appraisal and stakeholder engagement is on-going.
- WXH are well supported by the patient panel, Waltham Forest and Redbridge Healthwatches and the community forum, working collaboratively on the improvement plans as well as being critical friends.

WE STATEMENTS AND PATIENT PERSONAE

34. **PX2025** was a co-design workshop in April 2022 where we brought together staff, patient panels, Healthwatch and community leaders to work on defining our Patient Experience ambitions for 2025. Insights from various sources were used to help identify where we are good and where there is room for improvement, resulting in the creation of 5 We Statements – our response to those patient expectations (the I Statements created by National Voices).



35. A patient segmentation project was undertaken that combined quantitative data with patient stories to create **Patient Personae**. These are a visual way to bring these patient segments to life, making it easier for staff to understand and empathise with the challenges faced by our patients. We conducted over 50 interviews and focus groups with a diverse cross section of patients, resulting in 8 personae. These will be used for staff training, Quality Improvement projects, and will becoming a growing library of personae over time as teams create additional ones for their service users.

My name is Chantelle

- I am aged 24
- Black British
- Pregnant
- Planned appointment
- Dyslexic
- PTSD

"Since my brother died of the condition I might have, I struggle with hospitals as they can give me flash backs to that time. I feel that healthcare professionals often don't understand the struggles I go through to attend appointments and this can make me defensive at times."

- Low income
- In discomfort
- Lives in high crime area
- Agitated
- Disengaged
- Afraid of hospitals

Who I am?
Chantelle shares a flat in East London. Chantelle has dyslexia and works part-time. She is currently 32 weeks pregnant. Although she works, money is still tight. Chantelle has a heart condition that runs in her family. Her potential likelihood to developing the condition means she needs to attend periodic appointments to monitor her condition. After losing her brother to this condition a few years ago, Chantelle developed PTSD. As a result of her PTSD, Chantelle became withdrawn and started to disengage with her care. Chantelle has missed appointments in the past, particularly as hospitals can be triggering for her. She has in the past struggled to understand the condition she might have and has found the terminology and complexity of information around the condition to be overwhelming and confusing.

How I accessed care
On her appointment day Chantelle was in discomfort with pregnancy pelvic pain. Along with Chantelle's PTSD concerns, she felt very agitated. **The bus stop to the hospital is not located in a safe area** so Chantelle had additional concerns about that. As Chantelle entered the hospital **she went to use the hand sanitiser but the dispenser was empty**, this was frustrating for her as she worries about catching Covid at her stage of pregnancy. When Chantelle arrived at the department it **wasn't clear which desk she needed to present herself to check-in**. When she approached the wrong area of the department she was **told very abruptly that she was in the wrong place**. Chantelle over-read this situation and **became very irritable**.

Why I needed care
Now that Chantelle is expecting a baby she decided it would be important to try and pick up her appointments again, despite finding it a difficult experience. **The first Chantelle heard about her appointment was through a phone call** from the hospital to check if she was still able to make her appointment the following week. Chantelle explained that this was news to her and that she hadn't received the letter yet. **The operator was able to send Chantelle's appointment through electronically**, which suits Chantelle as she often forgets to check her post box which is located on the ground floor of her apartment block and in an area where she sometimes feels unsafe in. Chantelle also **often puts off opening letters** as she associates letters with bad news.

My wait to be seen
After Chantelle was able to check-in for her appointment she was directed to a small waiting area which had **no seats available**. Despite being heavily pregnant, **nobody attempted to help Chantelle in getting a seat**. After becoming frustrated with the staff earlier, **she did not feel able to ask for help**.

In order to take her mind off her frustration, Chantelle decided to visit the toilet. During this time, Chantelle's name was **shouted by one of the nurses but she wasn't around to hear them**. By the time Chantelle had returned the nurses were shouting for Chantelle in a more emphatic tone. This again caused Chantelle to feel agitated.

NEXT STEPS

- 36. The Patient Personae will be piloted at the Aspiring Clinical Leaders Programme, where they will be used to aid role play for putting us in the shoes of our patients.
- 37. The We Statements graphics will be launched across the hospitals, and displayed on digital signage for staff, patients and visitors.
- 38. A new oversight committee with a lay co-chair will be launched shortly, with hospital based groups continuing their own arrangements. The proposed structure is outlined below.



- 39. In conclusion, the quality of our patient experience insight and triangulation of these insights continues to improve and is supporting us to drive improvements at hospital and group level.

Report to the Trust Board: 1 March 2023	TB 20/23
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Title	Barts900 Campaign Update
Sponsoring Director	Chief Executive, St Bartholomew’s Hospital
Author(s)	Strategic Projects Lead, St Bartholomew’s Hospital
Purpose	To provide assurance to the Trust board on the state of readiness of the Barts900 campaign at the start of the anniversary year, and to seek views on further support that may contribute to securing healthcare’s 900 th priorities and to the fundraising campaign’s success.
Previously considered by	Group Executive Board – 14 February 2023

Executive summary
 St Bartholomew’s Hospital’s anniversary year in 2023 will see a range of celebratory events, alongside a growing fundraising campaign by Barts Charity to deliver healthcare’s 900th priorities – the development of a Breast Cancer Centre at St Bartholomew’s Hospital and a Clinical Research Facility at the Royal London Hospital. This report provides a progress update on key areas of the Barts900 campaign including celebratory events, the Trust’s 900th priorities and the fundraising campaign by Barts Charity.

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	3. To build effective partnerships across the health and social care system and deliver social value for communities through our longer term strategic plans
Related Assurance Framework entries	2. Failure to identify healthcare inequalities and to secure equity of access and community connectivity impairs delivery of high quality, equitable healthcare outcomes
Legal implications/regulatory requirements	N/A

Action required:
 To note the progress of the Barts900 campaign and to consider further support that may contribute to securing healthcare’s 900th priorities and to the fundraising campaign’s success.

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 01 MARCH 2023****BARTS900 CAMPAIGN UPDATE****INTRODUCTION**

1. St Bartholomew's Hospital's 900th anniversary year is now underway with the first celebratory events taking place in March to mark the actual Foundation day in 1123. Events will continue throughout the anniversary year, running alongside Barts Charity's fundraising campaign for healthcare's 900th priorities - the development of a Breast Cancer Centre at St Bartholomew's Hospital and a Clinical Research Facility at the Royal London Hospital.
2. This reports aims to detail overall progress since November 2022, thereby providing assurance to the Trust board about the Barts900 campaign's state of readiness for the anniversary year. The report also seeks views on further support that may help ensure the success of healthcare's 900th priorities and the linked fundraising campaign for the benefit of our local populations.

CAMPAIGN HIGHLIGHTS**900th Events Programme**

3. The campaign's celebratory events are now set and the focus is on detailed planning. Full details of the events that will be offered by the 900th partners are available on the 900th website, www.barts900.org. A summary of the key formal events is detailed below.

Date	2023 key 900 th celebratory events
Thursday 23 March	QMUL and Barts Health Celebratory 900th Foundation Day lecture programme and drinks reception, St Bartholomew's Hospital – taking place in the Morris lecture theatre at SBH and live streamed. A post-event drinks reception will be held in the Great Hall
Friday 24 March	Foundation day birthday celebrations for SBH hospital staff and volunteers, St Bartholomew's Hospital
Saturday 25 March	Foundation Day service (3pm), St Bartholomew's the Great - an in-person and live-streamed Eucharist service followed by a reception in the Cloister
Wednesday 29 March	Parliamentary reception, the Churchill Room, Houses of Commons – sponsored by Nickie Aiken MP , the reception will aim to celebrate Barts900, secure support for healthcare's 900 th priorities and to celebrate the NHS's 75 th anniversary
Wednesday 10 May	Thanksgiving service at St Paul's Cathedral (5pm) & City of London Reception at the Guildhall (6.15pm) – the Lord Mayor of the City of London to arrive in State with seven High Officers. 1,500 guests from all 900 th partner organisations to proceed from the Cathedral to the Guildhall 900th Exhibition in the Guildhall Yard – running from 10 th May to 7 June, followed by four weeks in Aldgate square

900th PR

4. Good progress has continued to be made in recent months. A Comms and engagement strategy was finalised and reviewed by the 900th Campaign and Executive boards and the company providing PR support to the campaign, Pagefield, has been extended for a further six months with renewed deliverables to cover the key months of the anniversary year.
5. The updated [campaign website](#) was launched on 1 January 2023 and now features a host of 2023 events from each of the 900th partners, in addition to information about the fundraising priorities, news features and a 'Shop' for 900th merchandise.
6. Our social channels have been given a facelift with Barts900 logos and imagery and Barts900 content is now displayed on the 10 digital screens located around SBH.
7. A number of pieces of positive media coverage have been secured in recent months including a BBC interview and focus on our 900th entry in November 2022's Lord Mayor's Show and BBC London features on the North Wing Lottery announcement and the launch of Adam Dant's Barts900 map. The Antiques Roadshow has also filmed a Nursing Special, focusing on St Bartholomew's Hospital and St Thomas' Hospital, due to be broadcast on 26 February 2023.
8. Pagefield has issued widely a media diary note, offering a package of stories to mark March's Foundation day. Various media pitches for Foundation Day are currently in development with potential interest from BBC Breakfast and GB News. Pagefield will also explore newspaper wrap opportunities, with the Evening Standard being a key target, and will aim to secure a 'Google Doodle'. Both the Charity and the Trust's Comms teams will explore local coverage opportunities including East London Advertisers and local authority newsletters.
9. Details of Barts900 events continue to be shared through our stakeholder bulletin and networks including QMUL's healthcare alumni.

900th Merchandise

10. Good progress has been made in relation to the production of 900th merchandise which will be promoted via the Barts900 website but purchased directly from the individual 900th partners. Barts Guild will be launching its range of 900th merchandise ahead of Foundation day which includes clothing, a notebook, pen and bone china mug. These will be available on-line and also from the Guild's shop at SBH. St Bartholomew the Great (SBTG) church has also produced four 900th items - these are currently available from the church but will be added to the 'Shop' page on the Barts900 website shortly. A number of prints to commemorate the 900th are already on sale, including prints by Gerard Stamp.
11. SBTG published its book, "900 Years of St Bartholomew the Great: the history, art and architecture of London's oldest parish church" on 17 November 2022. Barts Heritage is aiming to launch an official 900th anniversary history of the hospital in time for Foundation day.

Coat of arms

12. The provisional design for the augmented coat of arms for St Bartholomew's Hospital is now with the senior heralds at the College of Arms. The overall style is acceptable but the heralds have indicated that they may wish to make some minor changes to ensure the additional features remain historically appropriate for a shield that is six hundred years old. Final approval of a design is entirely at the discretion of the Kings of Arms.
13. The long and complex nature of the history of Barts requires that the College clarifies some details relating to both the 1547 indentures of King Henry VIII and the statutory instrument of 1948 that brought Barts into the NHS before drafting the Grant of Arms. Their likely approach will be to include a Royal License confirming the use of the ancient shield to the hospital. The appointed herald-painter, who will scribe and illustrate the Letters Patent for the updated grant, is hoping to include some visual details that reference the illuminations within key mediaeval manuscripts from the hospital's own archives. The heralds aim to have the grant of arms approved in time to have the patent completed for presentation to the hospital during the events of View Day in May.

Barts Charity

14. Barts Charity fundraising continues to pick up into the anniversary year and there is a planned calendar of fundraising applications that will be made throughout 2023. This includes trust and foundation funders, as well as planned approaches to livery companies and corporate neighbours across the City of London in the first half of the year. The Charity also has a number of meetings, tours and applications scheduled with prospective lead donors (£1m+) including the Charles Wolfson Charitable Trust, Goldman Sachs, the Wolfson Foundation and the CIL fund, among several others below £1m. Since the last update, several lower-level donations have been received, including £100,000 from our long-term supporter, the Bank of Montreal, and two £50,000 donations from a trust and a company.

15. Events and tours continue to be a focus for the Charity when engaging donors, potential donors and senior stakeholders and a calendar of engagement opportunities throughout the year is being developed, following the success of the Mansion House event in November last year.
16. The Charity continues to work closely with senior volunteers and senior clinicians and leaders to identify prospective donors. Clinician and senior hospital/trust staff engagement continues to remain a priority to identify potential donors who are grateful patients, as well as providing expert knowledge on the two healthcare projects at tours and meetings.
17. The Barts Charity board formally approved the Clinical Research Facility project at the end of January 2023, which at £14m, is the largest grant ever awarded by the charity.
18. The public fundraising strategy for the 900th campaign is being developed, and plans are already underway to launch public fundraising around Foundation Day with increased presence and awareness in SBH. As well as appeals to existing supporters and reaching out to new audiences, the Charity is also recruiting participants to events throughout the year which includes runs like the Hackney Half Marathon, as well as an inclusive walking event in October – our first Barts Hike for Health. This activity is being supported by a recent growth in members in the Public Fundraising team.

900TH FUNDRAISING PROJECTS UPDATE

19. Healthcare's 900th priorities, a new Breast Cancer Centre at SBH and Clinical Research Facility at the RLH, constitute key elements of the Trust's long-term strategy to deliver transformation and world-class care. These two initiatives will improve patient care, outcomes and experience, reduce variation inequality and enable the development of new and innovative research.

Barts Health Breast Cancer Centre

20. Data published by Public Health England in late 2022 illustrated Northeast London has continued challenges with its breast cancer survival rates, in particular five and ten year rates. This data means a refreshed strategy is needed to improve all aspects of the complete breast cancer pathway including education, prevention and screening across NEL. In particular, improvements need to be made to standardise pathways and access to research to improve five and 10 year survival.
21. Consequently, a broad team is being put together including Barts Health, QMUL, NEL Cancer Alliance, Cancer Education UK, Primary Care and UCL to deliver a complete pathway transformation plan. In addition, 90% of breast cancer patients suffer long-term physical and psychological side effects as a result of their Breast Cancer. This aspirational plan, with the help of organisations such as Maggie's, will bring a new focus to living with and beyond cancer.
22. Additionally, since December 2022, a new work stream has been established to develop a research based approach to interventions to improve equity across the complete pathway from prevention through to treatment. The work stream, led by UCL and QMUL, includes Barts Health clinical leadership.

23. Over 81% of patients will need to have surgery to remove their tumours. This remains a key focus of the project as breast is one of the only cancer surgery that has not been consolidated into specialist theatres with dedicated teams to replicate the successes of thoracic surgery, prostate, renal and bladder surgery across the sector.
24. A stepped change is required to engage under-represented and minoritised populations actively and as such, a comprehensive public and patient involvement, engagement and participation (PPIEP) strategy is in development.

Design phase

25. The team is working closely with Barts Charity and their Estates advisor to review all the options for creating a new Breast Cancer Centre that can support the outcomes of the research and work required to improve survival and survivorship from breast cancer. The Charity continues to be very supportive and is particularly encouraged by the comprehensive approach to the clinical case for change with improved survival at the core of the transformation proposed. The Charity Grants Committee is due to review the revised clinical case for change and bid for the next phase of design costs in April 2023.

Business case development and approvals

26. The outline business case will be developed according to the recommendations of the external review and refresh of the clinical case for change. It is likely that this will be submitted for approval to the Investment Steering Committee (ISC) and Finance, Investment and Performance Committee (FIC)/Trust Board (TB) in summer 2023. The preferred timeline is to submit the full business case to the Trust Board and the final charity application by the end of this year. This is dependent, however, on how close the team is to gaining a guaranteed maximum price (GMP) for the build. The Trust financial strategic planning team is advising on the appropriate approvals route, including any external approvals required (NHS England and the Treasury). Treasury approval will be dependent on the final value of the business case.

Clinical Research Facility

Design programme

27. RIBA design stage 4 (technical design) for the new Clinical Research Facility (CRF) was completed in October 2022. This provides a detailed specification for procurement of construction and fitting out of the new facility.

Business case

28. The Outline Business Case (OBC) for the CRF was approved by Trust Board in November 2022. The OBC shows that the CRF will meet life sciences and research strategy objectives and will provide an overall positive financial contribution for the Trust. A full business case will be completed in 2023 following completion of the procurement process.

Charity grant application

29. The grant application for capital and revenue costs was approved by the Barts Charity Board in January 2023.

Programme timeline

30. The overall programme timeline is shown in the table below. The next stage of work is the completion and issuing of invitation to tender documents for construction and fit out. Following evaluation of the tenders, a full business case will be completed for Trust Board approval. Subject to approval, construction will start in September 2023. The new CRF is due to open in summer 2024 and reach an operational and financial steady state in 2027.

	2021	2022	2023	2024	2025	2026	2027
Design programme	[Bar]						
Outline business case		[Bar]	◆ Trust Board approval				
Charity funding approval		[Bar]	◆				
Procurement			[Bar]				
Full business case			[Bar]	◆ Trust Board approval			
Recruitment and staffing			[Bar]	[Bar]			
Fit out			[Bar]	[Bar]			
Go live				◆			
Commence trials activity				[Bar]	[Bar]	[Bar]	[Bar]
CRF self sustaining							◆

Barts Heritage

31. Barts Heritage received confirmation of its final (Round 2) pass for a grant of £4.9m from the National Lottery Heritage Fund (NLHF) in late November 2022 - with the £4.5m match-funding having already been raised. This means the North Wing restoration project is now on track to start in July 2023 and Barts Heritage is looking to trigger the agreed leases for the North Wing and Gatehouse in the same month. The NLHF has also announced that the Hogarth Stair in the North Wing will be one of their Heritage Treasures for 2023.

32. The restoration works will take c. 18 months to complete. During this period there will be opportunities to view the specialist conservation in progress, including the cleaning of the Hogarth paintings and the restoration works in the Great Hall.

33. A fundraising gala for the Heritage project will take place in the Great Hall in late June 2023, ahead of the building's closure the following month.

St Bartholomew the Great

34. Active fundraising continues alongside the priority of developing detailed plans for the church's revised fundraising strategy following advice received from the National Lottery Heritage Fund. The key priorities remain the creation of an education centre and improved facilities at St Bartholomew the Great, in addition to the restoration of St Bartholomew the Less.

35. It is hoped that the works to the Less will commence during 2023 given that almost all the match funding required for the project (£250k) has been raised.

RECOMMENDATION

36. The Trust Board is asked to note the contents of this report and to consider further support that may contribute to securing healthcare's 900th priorities and to the fundraising campaign's success.

Elizabeth Raidan
Strategic Projects Lead, St Bartholomew's Hospital

23 February 2023

Report to the Trust Board: 1 March 2023	TB 21/23
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Title	Guardian of Safe Working Report
Accountable Director	Chief Medical Officer
Author(s)	Dr Nashaba Matin (Guardian for Safe Working, Barts Health NHS trust)
Purpose	To present the Guardian of Safe Working Report for the period January 2022 – December 2022

Executive summary

The role of the guardian of safe working hours (GoSW) is designed to reassure trainee doctors and employers that rotas and working conditions are safe for trainees and patients. The guardian oversees the work schedule review process and seeks to address concerns relating to hours worked. They support safe care for patients through protection and prevention measures to stop doctors working excessive hours and have the power to levy financial penalties where safe working hours are breached. The trainees can highlight periods of unsafe working through the exception reporting process, which informs their clinical team, and the GoSW of a breach. Following an exception report action to protect the trainee, and in some cases to prevent future occurrences, should be taken. This report summarises the submission and response to exception reports for safe working hours and gives some insight to training post vacancies that HEE pass on to the Trust

Related Trust objectives

All trust objectives

Risk and Assurance	This report provides assurance in relation to the below risk
Related Assurance Framework entries	8. Substantive workforce capacity and capability shortfalls at Trust and NEL level results in reduced consistency of care standards, morale and ability to retain flexibility for seasonal or other surges in demand for services

Legal implications/ regulatory requirements	N/A
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Action required by the Board

The Trust Board is asked to note the report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 1 MARCH 2023

GUARDIAN OF SAFE WORKING YEARLY REPORT ON THE TRAINEE DOCTOR CONTRACT

INTRODUCTION

1. This report provides data based on exception reports submitted by doctors in training and notes progress made by the Guardians for Safe Working within the Trust, and challenges for the coming year. The Guardian for safe working report goes to the Trust medical education committee and quality assurance committee. This information should be incorporated into the quality account and made available to the Local Negotiating Committee (LNC), Care Quality Commission (CQC), Health Education England (HEE), General Medical Council (GMC) and the General Dental Council (GDC).

EXCEPTION REPORTING FOR DOCTORS IN TRAINING AND THE GUARDIAN FOR SAFE WORKING ROLE

2. According to the junior doctors' contract 2016, prior to commencing a new post a junior doctor must receive a work schedule from the department. The work schedule sets out the duty pattern and out of hours work in the role and the teaching and training opportunities set out for the junior doctor.
3. A junior doctor can report deviations from their work schedule using the process known as Exception Reporting (ER). These reports are then reviewed by the educational supervisor and the arrangements can be made to remunerate the trainee for the additional hours worked, or arrange for time off in lieu (TOIL) to compensate their time. For missed education and training due to workload issues, arrangements for the trainee to access this training at another time should be sought.
4. The guardian for safe working within a trust is a senior clinician, who is not involved in senior trust management structures. They are appointed to ensure that junior doctors working hours and conditions are compliant to their work schedule. The guardians of safe working have oversight over the exception reports submitted and can intervene when needed to encourage rapid resolution of issues. Pattern of exception reporting can be used to highlight specific staffing issues or gaps in a rota or department. This data can be used to assist departmental leads to re-structure rotas, explore new staffing models etc.

VARIATIONS IN PROPORTION OF TRAINING DOCTORS BY GRADE AND SITE

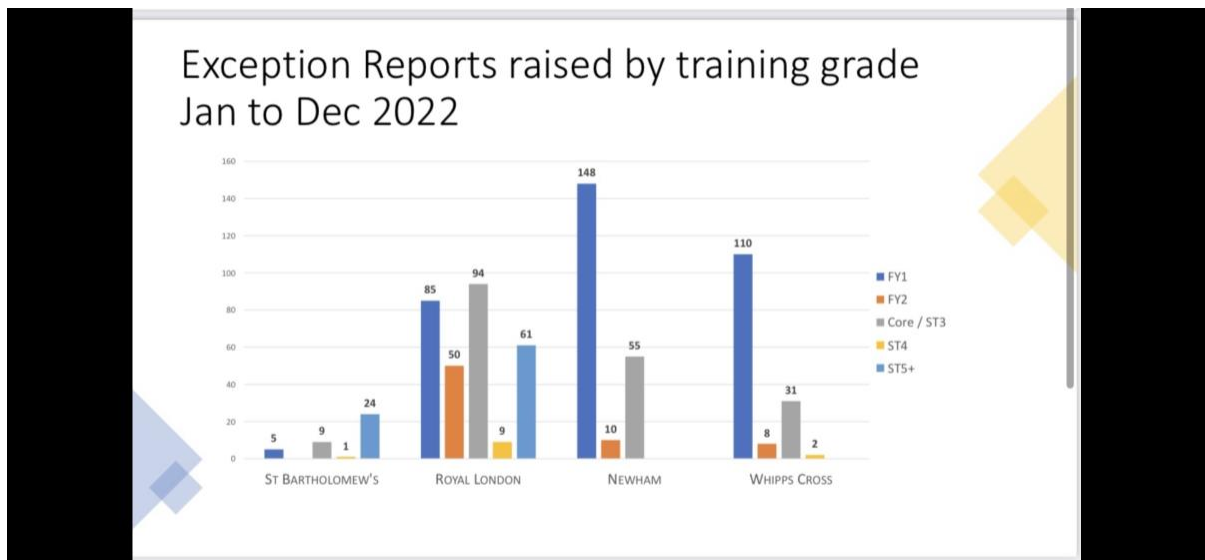
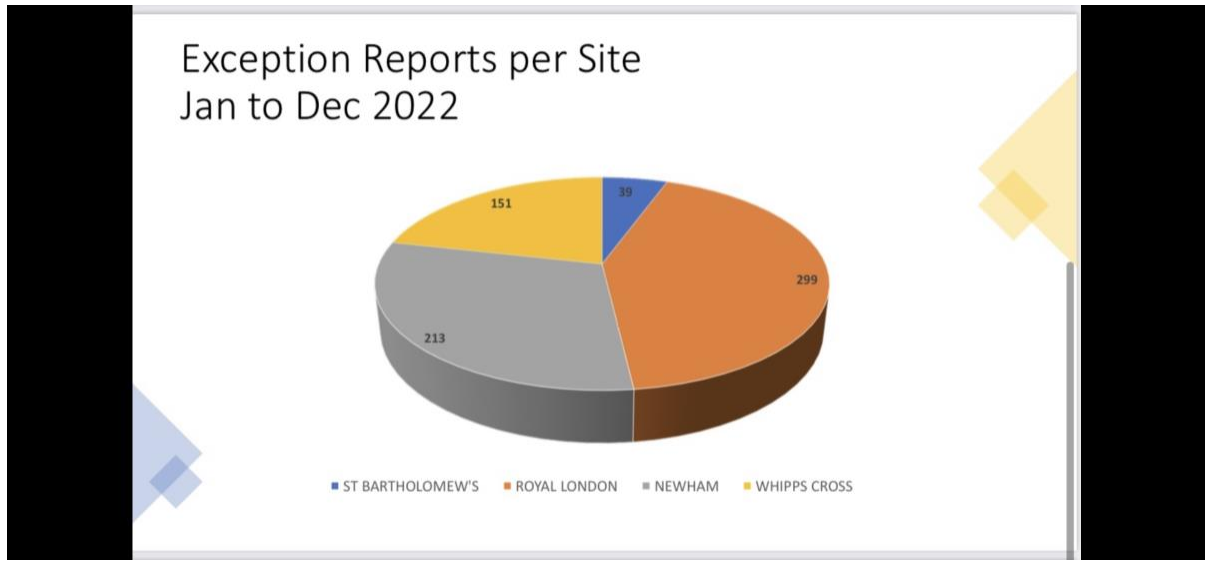
Site	Foundation trainees	Core trainees number	Higher trainees number
Newham	63 (27%)	40 (18%)	42 (8%)
RLH	79 (34%)	101 (46%)	288 (57%)
St Barts	15 (7%)	25 (11%)	96 (19%)
Whipps Cross	64 (27%)	55 (25%)	79 (16%)

- The above table helps to explain some of the site-by-site differences in numbers of exception reports within our trust. Whipps Cross and Newham sites conform more to the traditional pyramid structure with proportionally more junior grades than higher training grades. The St Bartholomew's Hospital site has some rotas that are largely run by clinical fellows rather than junior training grades hence much smaller numbers of exception reports compared to other sites.
- Locally employed doctors/non-training grade doctors (clinical fellows, trust doctor roles) are employed under a different contract to doctors in training and hence do not have access to exception reporting. All site leaders remain committed to providing non-training grade doctors with an equitable experience in terms of safe working conditions and educational and training opportunities. The Guardian team have stepped in to assist them with rostering issues as and when required.

HIGH LEVEL DATA FOR THE YEAR 2022

All data is accessed from the Allocate software system exception reporting module

Exception Reports (ER) over past year 2022	
Reference period of report	01/01/22 - 31/12/22
Total number of exception reports received	665
Number relating to immediate patient safety issues	17
Number relating to hours of working	561
Number relating to pattern of work	46
Number relating to educational opportunities	35
Number relating to service support available to the doctor	23



Number of immediate safety concerns raised in the year 2022

Site break down:

Whipps Cross Hospital	7
Royal London hospital	5
Newham General	2
St Bartholomews	1

- 7. All of these are related to staffing shortages and were escalated and dealt with by the operational team

ER outcomes: resolutions year 2022

Total number of exceptions where TOIL was granted	206
Total number of overtime payments	268

Total number of work schedule reviews	55
Total number of reports resulting in no action	32
Total number of organisation changes	13
Compensation	0
Unresolved	134
Total number of resolutions	574
Total resolved exceptions	520

Note:

** Compensation covers obsolete outcomes such as 'Compensation or time off in lieu' and 'Compensation & work schedule review'.*

** Some exceptions may have more than 1 resolution i.e., TOIL and Work schedule review.*

** Unresolved is the total number of exception where either no outcome has been recorded or where the outcome has been recorded but the doctor has not responded.*

8. The majority of exception reports relate to hours worked or pattern of work compared to due to loss of educational opportunities. This is gratifying to see that despite the challenges of filling rotas trainees are still managing to access teaching.
9. Resolution of exception reports by either Time off in lieu (TOIL) or additional payments were split with a higher proportion receiving additional payment.
10. Unresolved exception reports are often due to supervisor not logging into the Allocate system to record the resolution, versus no action actually taken. We continue to work with clinicians and trainees to resolve reports on Allocate in a timely manner so to reduce the number of unresolved exception reports.
11. The Guardians continue to support the ongoing orientation and education of senior clinicians/ educational supervisors on the purpose and benefits of exception reporting within the trust. Exception reporting training is now regularly delivered by the Guardians in the new consultant inductions and also the educational supervisor refresher training.
12. Junior doctors are supported through attendance at the junior doctor fora on all sites. Numerous one to one meetings with trainees are held, and also wider meetings with department seniors to raise concerns voiced by junior doctors. These meetings enable constructive discussions about non-compliant rotas and/ or the need to re-design of rotas to better serve the demands of a department.

13. Below is the total number of exception reports submitted across the trust across the last 5 years. Post pandemic the numbers increased markedly and then rose again in 2022. This is encouraging signs that junior doctors are feeling more able to exception report and awareness of this tool continues to grow.

Year to year comparison of number of exception reports submitted in Barts Health

	Total no. of ER
2022	665
2021	632
2020	377
2019	318
2018	318

Challenges we foresee for the coming year

Industrial action by NHS staff

14. This will put pressure on an all clinical staff in terms of ensuring continuity of care and keeping patients safe. Exception reporting will be a key tool in monitoring junior doctors working conditions during this time.
15. Impact of industrial action on ability to deliver training: Training clinics or educational sessions which may be timetabled for an industrial action day are lost opportunities for the trainee. Ensuring out trainees still have access to their training is a priority for all educators in the organization and the guardians will monitor exception reports to highlight any major issues to the college tutors and training program directors as needed.

Work force gaps

16. This is a national issue but impacts Barts Health. The answer is not always to expand the current work force but may be ways to work differently. The hospitals of the future may well look very different to the current model. The Guardian's role will be to champion the key issues of the junior doctors in terms of the trust's contractual obligations to them and the need to ensure training is delivered in the optimal manner.

CONCLUSION

17. Exception reporting as a tool to monitor junior doctors working hours and access to training activities is growing in acceptance across the trust – amongst trainees and consultants. In this coming year a number of challenges face the trust in terms of staffing and exception reporting will continue to have utility in ensuring appropriate working conditions for junior doctors in the trust.

Report to the Trust Board: 1 March 2023	TB 22/23
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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

<p>Executive summary</p> <p>This paper documents the use of the Trust Seal on the following occasions:</p> <p>4 November 2022</p> <ul style="list-style-type: none"> • A deed relating to the variation notice to the pathology services agreement between Barts Health NHS Trust and Roche Diagnostics Limited. <p>6 December 2022</p> <ul style="list-style-type: none"> • A section 106 agreement pursuant to the Town Country Planning Act 1960 relating to land at Whipps Cross University Hospital, Whipps Cross Road, Leytonstone E11 between The Mayor and Burgesses of the London Borough of Waltham Forest and Bart’s Health NHS Trust. <p>22 February 2023</p> <ul style="list-style-type: none"> • A lease of part Basement, Ground Floor and First Floor, Henry VIII Gatehouse, St Bartholomew’s Hospital, London EC1A between Barts Health NHS Trust and The Maggie Keswick Jencks Cancer Caring Centres Trust. • A licence for alterations relating to The North Wing Annex, St Bartholomew’s Hospital, London EC1A between Barts Health NHS Trust and The Maggie Keswick Jencks Cancer Caring Centres Trust.
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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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<p>Action required by the Board</p> <p>The Trust Board is asked to ratify the use of the Seal on the occasions listed above.</p>
