Barts Health NHS Trust

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
Wednesday 3 May 2023 at 11.00am in the Great Hall, North Wing, St Bartholomew's Hospital, West Smithfield, London EC1A
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:** Ms J Ferns			
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 1 March 2023 and review the action log appended to the Minutes	23/23	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

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		Paper TB	Lead	Time
9.	**PROVIDER COLLABORATION** To receive an update on recent developments	24/23	Mr M Trainer	11.35
QUALITY AND PERFORMANCE				
10.	**INTEGRATED PERFORMANCE REPORT – 2022/23 M12** To receive the report and discuss: • Quality and Safety • Operational performance • Equity • People • Financial performance	25/23	*[by exception]* Prof A Chesser / Ms C Alexander Ms R Carlton Mr A Abraham Mr D Waldron Mr H Virdee	11.45
11.	**REPORTS FROM BOARD COMMITTEES** 11.1 Finance Performance and Investment 11.2 Audit and Risk Committee 11.3 Quality Assurance Committee	26/23 27/23 28/23	Mr A Sharples Ms K Kinnaird Dr K McLean	12.25
12.	**MORTALITY REPORT** To receive a report on learning from deaths	29/23	Prof A Chesser	12.35
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
13.	**OPERATIONAL PLAN 2023/24 AND STRATEGY** To receive an update on planning and strategic direction	30/23	Mr M Turner	12.45
14.	**PEOPLE STRATEGY IMPLEMENTATION** To receive a report on the staff survey	31/23	Mr D Waldron	12.55

GOVERNANCE				
15.	**BOARD AND BOARD COMMITTEE TERMS OF REFERENCE** To receive a summary of an effectiveness review and to approve revised terms of reference	32/23	Mr A Hines and Mr S Collins	13.10
16.	**USE OF THE SEAL** To ratify use of the Trust Seal	33/23	Mr S Collins	13.20

17.	**ANY OTHER BUSINESS**			
18.	**QUESTIONS FROM MEMBERS OF THE PUBLIC**			13.25

19.	**DATE OF THE NEXT MEETING** The next meeting of the Trust Board in public will be held on Wednesday 12 July 2023 at 2.30pm (venue tbc).			
20.	**RESOLUTION** That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).			

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0642

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BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on
Wednesday 1 March 2023 at 11.00am in The Boardroom, Junction 6, Whipps Cross Hospital, London, E11 1NR

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)
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 H Virdee (Chief Finance Officer)
Mr D Waldron (Director of People) *
Mr C Williams (Associate Non-Executive Director) *

In Attendance:
Prof C Knight (Chief Executive, St. Bartholomew's Hospital)
Ms S Nimmo (Group Director of Midwifery)
Ms N Matin (Guardian of Safe Working)
Mr J Hibbs (Group Director of Communications)
Mr S Collins (Trust Secretary)
Mr S Sharma (Deputy Trust Secretary)

Apologies:
Ms K Kinnaird (Non-Executive Director)
Mr M Turner (Interim Director of Strategy) *

** Non-voting member*

19/23 WELCOME

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

Apologies were noted.

20/23 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.

21/23 MINUTES / ACTION LOG

The Minutes of the meeting of the Trust Board held in public on 18 January 2023 were received and approved. Both of the actions due for completion on the log would be addressed in the maternity section of the agenda.

22/23 MATTERS ARISING

There were no matters arising.

23/23 PATIENT STORY

A local resident and relative of a patient at Whipps Cross Hospital, Mr Dasgupta, told the Board of his experiences after his mother recently suffered a fall. He noted the ambulance arrival time was prompt and there were discussions between LAS and hospital staff around whose responsibility the patient was when they arrived in A&E. The bed service was very fast and much improved since their previous visit. Staff on the Sage ward were praised for the caring environment. Mr Dasgupta noted there had been a lack of communication between the social care team and care providers at the time of discharge. He fed back that, from his experience, lack of training may have caused delays and lessons could be learned by the discharge team and also around the length of time to follow-up appointments.

The Whipps Cross Hospital Director of Nursing acknowledged the issues relating to the follow-up appointment noting the need for more integrated working. She noted that doctors were responsible for triaging patients arriving via ambulance; she understood that what had happened was not right and the team would respond to this feedback. She was pleased to hear that improvements had been made on Sage ward and confirmed that a healthy nursing recruitment pipeline was in place to address nursing shortages in other wards.

The Chair thanked Mr Dasgupta for sharing his experience and welcomed contributions from Board members.

- Ms Teather thanked Mr Dasgupta and expressed sympathy for what he had experienced.
- Mr Sharples noted how this had highlighted how patients' relatives can be better engaged with care by the Trust.
- Dr McLean was very impressed with the way the story was presented and asked what improvements Mr Dasgupta would like to see. Mr Dasgupta indicated his hopes to see better communications, confirming that when information was given to the social worker, care was quickly forthcoming.
- In response to a query, Mr Dasgupta emphasised that he did not feel that his experience encompassed any racial prejudice or issues.

24/23 CHAIR'S REPORT

The Chair thanked the Barts charity, organisers and all who took part in the Barts Health Heroes awards ceremony in February. Partners, local MPs and the Shadow Health Secretary had attended the event and the Chair and Group Chief Executive had also attended lunches in honour of those who were nominated for awards. She encouraged Board members to attend upcoming events in relation to St. Bartholomew's Hospital's 900th anniversary as well as facilitating talks with potential donors. LGBTQ month had been celebrated by the organisation and events had included a talk by human rights campaigner Peter Tatchell. The Chair had visited St. Barthlomew's Hospital, Newham University Hospital and Whipps Cross Hospital since the previous Trust Board meeting as well as visiting a local GP centre and meeting with the Chair of the Tower Hamlets GP Group. She noted that the organisation remained cautiously optimistic in regard to receiving funding for the Whipps Cross Hospital redevelopment programme. Evidence of progress on working in collaboration with Barking, Havering and Redbridge University Trust (BHRUT) had been shared on the Trust's website.

25/23 GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive highlighted positive progress on planned care cases and another busy period in Urgent and Emergency Care (UEC) departments. The Trust continued to work hard on reducing the amount of medically optimised patients (fit to leave hospital subject to an appropriate destination), of which there were currently 150. Industrial action risks had been managed via a co-ordinated regional approach and plans were in place at all hospitals to mitigate the upcoming three-day junior doctor strike. The Group Chief Executive announced the approval of The Royal London Hospital's Clinical Research Facility, thanking Barts Charity for their support and highlighting the big difference that this would make to local residents and patients.

Dr McLean asked how plans to meet UEC targets were being managed during industrial action. The Group Chief Medical Officer noted this was a big

challenge for the Trust and the priority was in maintaining the elective activity programme.

26/23 PROVIDER COLLABORATION

The Group Deputy Chief Executive noted that clinical priorities were now established and the organisations had been making the best of the opportunities to work together with strengthened local services being supported by specialist services. The Royal London Hospital's REACH programme had been successfully transferred to Barking, Havering and Redbridge University Hospitals NHS Trust and positive results had already been seen in relation to offering patients more choice within their communities. Working relations were continuing to be developed between executives of each organisation and there was a joint focus on tackling the significant workforce pressures at Easter.

27/23 INTEGRATED PERFORMANCE REPORT

(i) Quality and Safety

The Group Chief Nurse noted performance against quality and safety metrics were reflective of a busy and challenging start to the year. Serious Incident (SI) and complaints performance was a big area of focus at each hospital and significant progress had been made at The Royal London Hospital and Newham University Hospital to reduce overdue SI investigations. Focused work was also in place to respond to the high numbers of reported pressure ulcers. Ambulance handover waiting times had been a focus and learning would be shared with London Ambulance Service (LAS). New Statistical Process Control (SPC) charts within the report illustrated a richer data analysis.

The Group Chief Medical Officer confirmed that the flu and Covid-19 rates, which had spiked in December and January were now stable. He also confirmed the Trust would be relaxing infection control measures in mid-March, noting for example that mask wearing would be confined to clinical areas only.

Mr Sharples asked why there had been such a steep rise in the level of grade 2 pressure ulcers. The Group Chief Medical Officer noted this was being looked into more closely, although a common theme related to the length of time elderly patients were having to wait for treatment in the Emergency Department (ED).

Ms Spice asked what more was being done to increase Friends and Family Test (FFT) response rates and what measure were in place to address complaints. The Group Chief Nurse highlighted the patient liaison and advice service that was in place and confirmed that ward managers had access to skills training programmes.

(ii) Operational Performance

The Group Chief Operating Officer noted her participation in a valuable debrief session with NHSE colleagues following their visit to all hospital emergency departments. Positive engagements with clinical teams were reported at all sites and comparisons with other Trusts were helpful to see. National colleagues had recognised how patients would benefit from the refurbishment of the discharge lounge at Whipps Cross Hospital.

On Referral To Treatment (RTT) performance, the Trust was continuing to reduce long waiting patients and enabling as much capacity as possible. Collective working was ongoing with partners at Barking, Havering and Redbridge University Hospitals NHS Trust BHRUT on improving UEC performance. The introduction of faecal immunochemical testing (FIT) would help to prioritise those patients with the highest cancer risk. There would be a national focus on diagnostic delivery in March and the Trust would be specifically looking to improve MRI and non-obstetric ultrasound performance.

Dr McLean noted it would be helpful to see more SPC data for emergency care performance and asked if there had been an impact as a result of funding received by North East London (NEL). The Group Chief Operating Officer noted there had not been a significant operational impact yet on MO patient numbers but the deterioration in performance predicted in emergency care had not materialised. The Group Chief Executive added that emergency care system work was being done at place and Integrated Care System (ICS) level and thematic reports that were reviewed by the Finance, Investment and Performance Committee (FIP) could be shared with other Board members.

Mr Williams inquired if Accident and Emergency (A&E) targets would be reached by the reported deadline. The Group Chief Operating Officer noted there was an ambition to meet the targets and all was being done to reduce demand for patients that may be more appropriately seen in another setting. Mr Sharples noted some complex reasons for why there were fewer patients waiting in A&E at Whipps Cross Hospital and Newham University Hospital despite seeing an increase in waiting times.

(iii) Equity

The Group Director of Inclusion and Equity reported a slight dip in ethnicity data capture, noting governance was being strengthened to reverse this trend. More equity data was being produced for each of the hospital's monthly performance review meetings. A slight deterioration in learning disability performance was also reported with the most deprived accessing care later, in general.

The following queries were raised by Board members:

- Ms Ferns asked what adjustments could be made to increase opportunities for those with learning disabilities to access treatment, especially in dentistry.

- Ms Teather suggested that enhanced SPC charts would help to analyse the captured data.

- Mr Williams wanted to see where known areas of inequity were being identified.

In response to the above questions, The Group Director of Inclusion and Equity highlighted the work of the staff networks in assisting with providing opportunities for disadvantaged groups. He appreciated that data capture could be enhanced with further analysis and noted that a stretched Business Intelligence Unit (BIU) already provided SPC data for a lot of other areas. He noted no stark differences being seen in terms of racial characteristics but agreed further data around inequalities could be reported with work ongoing with the BIU to achieve this. The Chair suggested sharing the methodology more widely in order to help identify solutions.

(iv) People

The Group Director of People highlighted the staff fill rate was currently 96.2% and the nursing and midwifery fill rate was at 85.7%. Agency pay spend was still high at around 6% and a target of no more than 3.7% had been agreed for the next financial year. Funding for the Trust to continue to be a part of the Global Digital Exemplar programme had been extended for 12 months. Positive conversations were ongoing with each site around rostering and how staff were being deployed.

Ms Seary asked if additional agency pay at inner London Trusts was causing higher agency spends at Newham University Hospital and Whipps Cross Hospital. The Group Director of People confirmed that this was the case and such disparities were part of a national issue. The Deputy Group Chief Executive added that transparency between NEL workforce teams was important to reflect on. He noted that survey data showed that people would rather stay at their current working locations.

Dr McLean noted that achieving the required reduction in agency pay spend for next year seemed a difficult bridge to gap. The Group Director of People noted there was an ongoing process in place with each hospital to ensure workforce productivity metrics were presented and aligned to realistic trajectories.

Mr Williams wanted to know the reasons behind the low levels of appraisals reported. The Group Director of People acknowledged improvements could

be made in this area, noting that outcomes from recent improvement work showed that high levels of team engagement was helpful for maintaining staff morale. The Chair promoted advising all managers to focus on making improvements in appraisal rates.

(v) Financial Performance

The Group Chief Finance Officer noted non-elective and workforce pressures, particularly around agency staffing spend, played a part in compromising the Trust's January financial position, details of which had been shared in the report. All managers were expected to attend leadership and development training programmes to ensure group-level messages were being received. The agreed control total was predicted to be met by year-end despite the pressures, though this would be reliant on non-recurrent funds that would need to be addressed in the next month. There was increasing pressure to meet the capital spend limit this year though the aim was to stay within the allocation. This was as a consequence of NEL receiving the lowest capital allocation in London and The Group Chief Finance Officer confirmed penalties would be imposed for overspending and for underspending.

The Chair asked what steps the ICS was taking to achieve additional funding and resources. The Group Chief Executive noted the ICS Chair recognised the lack of regional funding was a large issue and conversations were progressing with national colleagues, details of which were being shared at ICS forums.

28/23 REPORTS FROM BOARD COMMITTEES

Reports were received from Board committees.

Finance, Investment and Performance Committee

Mr Sharples noted that the committee had met that week and reviewed the current financial position, which was on track for this year, though next year would prove to be challenging considering the underlying deficit and anticipated budget. The Group Chief Finance Officer was working with system partners to address the upcoming financial issues including the likely inability to meet standards within the constrained capital allocation for next year. The committee had welcomed a new investment framework and, in relation to operational matters, noted a strong performance against the cancer 2 week wait standard with further work to address referral to treatment pathways.

Audit and Risk Committee

The Director of Corporate Development noted that a helpful discussion had been held around data quality with external and internal assurance reports also being received and discussed by the committee.

Quality Assurance Committee

Dr McLean noted that the committee's terms of reference had been agreed. The committee would be following up on actions relating to children and young people's services. The committee had received a BAF deep dive report and there would be a development session in April reflecting on the recent committee effectiveness review.

Nominations and Remuneration Committee

The Chair noted that a new approach to Very Senior Managers (VSM) pay progression had been agreed along with implementation of the VSM pay award. At this meeting, the committee had also reviewed and agreed the pension recycling policy.

29/23 PEOPLE STRATEGY IMPLEMENTATION

WeBelong Annual Report

The Group Director of Inclusion and Equity highlighted maintained focus on having inclusive leadership with a fair and just culture that would lead to equity between for staff and patients. The WeBelong Inclusion Strategy would be refreshed in the coming months and include ways of promoting inclusion and equity, such as mentoring, leadership initiatives and having more appraisal opportunities.

Ms Teather felt that the report was very informative and helpful in signposting charity supported initiatives. Ms Seary felt that it would be good to have similar discussions via place based partnership forums. The Group Director of Inclusion and Equity confirmed that the scope of the project search programme was being extended to system level. Ms Ferns was impressed with the report and the work being done by the Inclusion Board. She noted there were some references in the report that were now out of date and confirmed that she had held conversations with leads on future initiatives.

30/23 MATERNITY

The Group Director of Midwifery presented the report noting still birth and neonatal death rates were included and benchmarking data showed the Trust was tracking at above average against these standards. Data reviews were continued to be developed and ethnic minority data matches the national picture, though differs from borough to borough.

Maternity departments were working with women to understand the importance of regular foetal movements. A key element of prevention was in identifying babies that had stopped growing.

Maternity improvement advisors from NHSE were currently assisting and the strategic maternity and neonatal group had been meeting for a year to share learning and best practice.

In relation to the Care Quality Commission's (CQC) Maternity Incentive Scheme, CNST, the Trust demonstrated it was compliant against three of the ten standards and there was clarity around the actions required to achieve full compliance going forward.

The Group Chief Nurse confirmed further benchmarking data would be included in future reports and she confirmed the clinical process was underway to ensure the right informatics model was embedded.

Dr McLean noted that the Group Director of Midwifery had achieved a lot of positive work in a short space of time and should be commended.

Ms Teather was impressed with staff resilience in the face of very high pressures, noting it would be helpful to share the report with community partners.

Mr Sharples was reassured in regard to national comparison data and was interested to see if there was any underling reason for still birth rates to be higher among ethnic minorities. The Group Director of Midwifery noted that reasons for structural discrimination were being explored and acknowledged there were more questions than answers currently. The Trust was looking to progress working with Birth Rights, who provide human rights training to maternity units.

31/23 PATIENT EXPERIENCE

The Group Chief Nurse highlighted FFT improvements related to having a Director of Insight to help track the data flowing through into each hospital. The use of QR codes were being explored to make further improvements. Equity data gathered was showing no major differences across minority groups and targeted work was going into driving A&E improvements. There would be a report on complaints/PALs coming to the Board for review later in the year and key headlines from inpatient surveys had been shared. Patient experience feedback was being used to improve waiting times and patient personas were being developed to help quality improvement and leadership teams.

Ms Seary noted it was helpful to read about what the Trust was doing in response to patient feedback.

Mr Sharples advised monitoring the differences between responses at Whipps Cross Hospital and Newham University Hospital. The Group Chief Nurse confirmed new FFT methods were being embedded at Newham University Hospital and she was assured improvements would soon be evidenced.

32/23 ST BARTHOLOMEW'S HOSPITAL 900TH ANNIVERSARY

The Chief Executive of St. Bartholomew's Hospital introduced the report and encouraged members to attend upcoming events relating to the 900th year anniversary of the hospital. He specifically noted the importance of the Foundation Day on 25th March and View Day service at the Guild Hall. Charity and church fundraisers had been actively supporting events and he highlighted the importance of maximising any links with businesses and high net worth individuals to drive fundraising and investment.

The Chair encouraged Board members to introduce potential donors, noting that the celebrations also tied in with Newham University Hospital's 40th anniversary. She welcomed further fundraising initiatives, reiterating how the creation of the clinical research facility and breast cancer centre would help to improve the care of patients across NEL.

33/23 GUARDIANS OF SAFE WORKING

The Trust guardian of safe working, Ms Nashaba Matin, provided details of her role working to protect junior doctor contracts and ensure that the Trust was fulfilling their contractual obligations as employers. Part of this was helping junior doctors to feel more confident in reporting issues, checking rota relevancy and embedding training programmes. The number of exception reports had risen post-Covid-19 and the benefits of the programme could now be seen.

Dr McLean asked how likely it would be to reach a position where there was zero exception reporting (reflecting full compliance with contractual working conditions). Ms Matin noted that the Trust hoped to achieve this in a few years' time.

The Chair thanked Ms Matin for her presentation.

34/23 ANY OTHER BUSINESS

There was no other business.

35/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting inviting questions from the public, which had been helpfully submitted prior to the meeting.

The Waltham Forest Save our NHS campaign group representative asked about details of bereavement counselling at Whipps Cross, including the disbanding of voluntary counselling support workers.
The Chief Nurse advised that there had been no change to the bereavement and support services available to families and loved ones of patients who passed

away at Whipps Cross. In addition to bereavement counselling, psychological support, chaplaincy support and the introduction of compassionate champions for families of inpatients, the service had historically received referrals from the community. This arrangement had changed in 2022 with those in need being supported by community mental health services rather than in the hospital setting (with the bereavement counselling for inpatients provided by core staff rather than volunteers).

The Waltham Forest Save our NHS campaign group representative asked about the proportion of Trust medical consultants undertaking private practice and details of the time involved and safeguards to prevent NHS patients being directed to private practice treatment.
The Chief Medical Officer advised that approximately 229 consultants (approximately 18% of the 1,252 consultants in total) had job plans that included provision for private practice. Of the total number of 1,252 Barts Health consultants, approximately 2.7% of the total job planned time for consultants was allocated to Private Practice. Schedule 9 of the Consultant Contract (2003) included a number of provisions governing the relationship between NHS work and private practice and this is followed in line with the Consultant's Code of Conduct. The Trust's Private Patient Policy was also clear that 'Consultants should not actively persuade or coerce NHS eligible patients to switch from NHS to private care within or outside of the Trust…. Consultants must not discuss private healthcare options with NHS patients unless they raise the issue….[and] Consultants should not market or promote private services within their NHS communications to patients and the public'.

The Waltham Forest Save our NHS campaign group representative asked about the Trust's annual report on overseas patients.
The Director of Corporate Development confirmed that the Trust Board had received this report on 5 October 2022 and was scheduled to receive the next yearly report on 13 September 2023.

The representative from Newham Save our NHS campaign group asked questions about the name of the Nuffield Health private patients unit and details of the Trust's contractual payments in relation to this and for breast cancer surgery for NHS patients. A query was also raised in relation to any impact on Barts Health business rates of the unit using Trust buildings.
The Chief Finance Officer confirmed that the Trust authorised the use of the private patients' unit name ('Nuffield Health at St Bartholomew's Hospital') as part of an 'Operating Agreement' governing the arrangements between the parties. The contractual arrangements between Barts Health and Nuffield Health in respect of the private patient unit, as detailed in the Operating Agreement, is underpinned by a financial mechanism, which takes into account a number of different factors and forms of 'consideration' between the two parties. As such, it is not possible to isolate a specific cost assigned to Nuffield's use of Barts Health's name, which forms only a part of the arrangement between the two parties. A 3-year contract for breast cancer surgery, with an option to extend at

the end of that initial terms, was agreed on 23 May 2022. This agreement could be terminated at any point but required 6 months' notice. There had been no impact on business rates payable by Barts Health. The previously empty buildings did not attract business rates. Nuffield Health, as the holders of a Lease in respect of those buildings, was responsible for paying its own business rates on those buildings.

The representative from Newham Save our NHS campaign group asked for details of patients invoiced for NHS care at each hospital during the previous three years, including the number of whom were subsequently found to be eligible for free NHS care.

The Director of Inclusion and Equity advised that the number of male, female and total patients invoiced for care in 2021/22 was 597, 485 and 1089. The equivalent totals for 2020/21 were 469, 213 and 682. The equivalent totals for 2019/20 were 529, 439 and 977. Patients were only invoiced after successive attempts had been made to seek evidence of eligibility for free NHS care. The number of the above patients later found to be eligible and had their invoices cancelled in 2021/22 were 29 (male), 44 (female) and 73 in total. The equivalent totals for 2020/21 were 36, 5 and 41. No comparable data was held for 2019/20. It was confirmed that details would be supplied on breakdowns for the three hospitals following the meeting.

ACTION: Trust Secretary

36/23 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public will be held on Wednesday 3 May 2023 at 11.00am in The Great Hall, North Wing, St. Bartholomew's Hospital, London.

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 06

Action Log

Trust Board 1 March 2023			
No.	Action	Lead	By
1	Details on breakdowns referenced in public questions would be supplied to Newham Save our NHS campaign group following the meeting.	Trust Secretary	Completed

Barking, Havering and Redbridge University Hospitals NHS Trust

Barts Health NHS Trust

Report to Barts Health and BHRUT Trust Board: 3 May 2023 (Barts Health part 1) and 4 May 2023 (BHRUT part 1)	**TB 24/23**

Title	Provider Collaboration Update
Accountable Director	Group Deputy CEO / Trust CEO (BHRUT)
Author(s)	Collaboration Programme Director
Purpose	To update the Board on collaboration between the three acute providers in North East London and progress towards a Barts Health / BHRUT integrated group
Previously considered by	-

Executive summary

The three acute providers of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust 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.

The ambition of the three trusts is to improve quality and access for patients through collaboration. Working together as an acute provider collaborative (APC) they have agreed to take forward clinical transformation programmes across six clinical pathways and three cross-cutting strategic themes. These programmes are in varying stages of maturity and the APC itself continues to be in a process of development. The APC is currently reviewing its priorities for 2023/24, with each of the programmes developing their plans that set out their key deliverables and impact on addressing health inequalities.

Barts Health and BHRUT each face significant challenges in delivering sustainable improvements for their populations and believe they can more effectively deliver change by working together as an 'integrated group' of seven hospitals. Both organisations are also looking for ways to provide the best care and to deliver value for money by avoiding duplication. By working together on several enablers of transformation, they intend to deliver both short term benefit through and sustained improvement and reduction in inequality for the populations served by both organisations.

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.

Barking, Havering and Redbridge University Hospitals NHS Trust

Barts Health NHS Trust

REPORT TO THE TRUST BOARD: 3 MAY 2023

UPDATE ON COLLABORATION BETWEEN BARTS HEALTH AND BHRUT WITHIN THE NORTH EAST LONDON ACUTE PROVIDER COLLABORATIVE

Introduction

In north east London, the three acute providers of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust are working together as an acute provider collaborative (APC) 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.

This builds on the considerable work that has already been undertaken to shape the closer collaboration between BHRUT and Barts Health, including the recruitment of a Chair in Common, three joint non-executive director roles and a single Group CEO, with the BHRUT CEO also undertaking the role of Deputy Group CEO.

Acute Provider Collaborative

The three acute providers have been working together as an Acute Provider Collaborative, for approaching a year, with the APC continuing to develop and mature.

For 2022/23 the APC Executive agreed a portfolio of programmes to be taken forward to improve quality and access for our patients. Figure 1 sets out the clinical change programmes alongside the three strategic priorities.

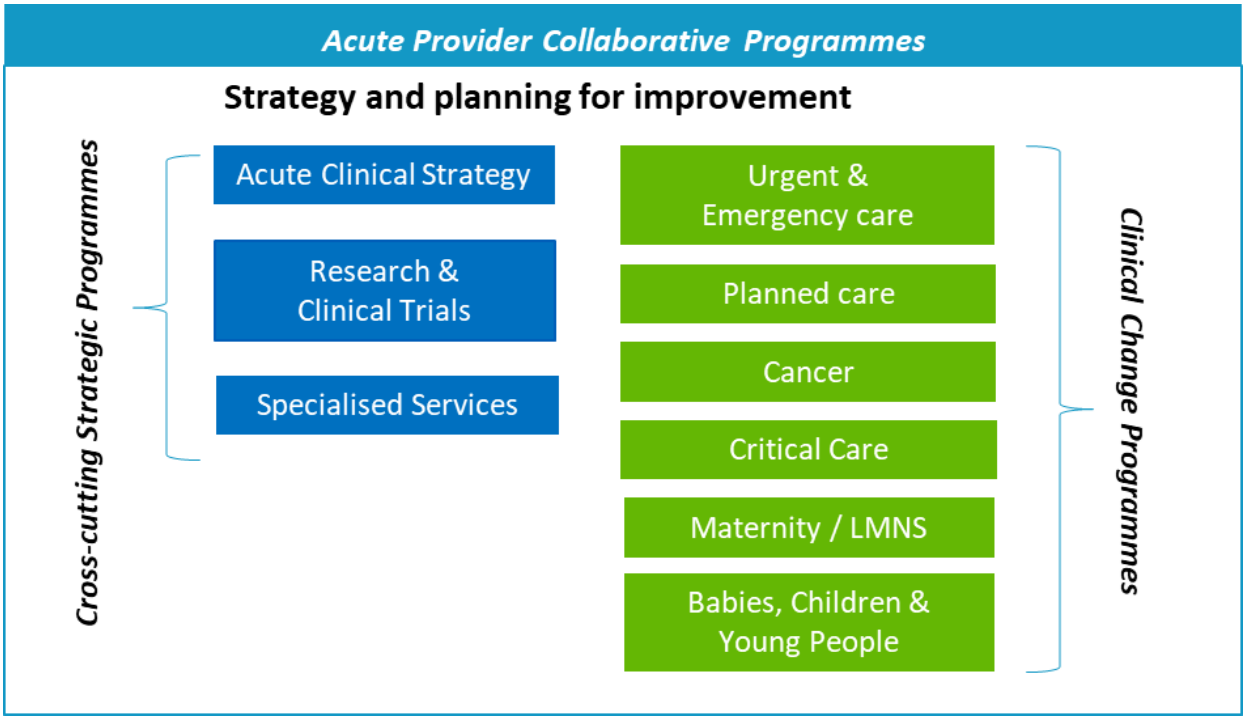


Figure 1 – APC programmes (Babies, Children and Young People most recently incorporated into the APC)

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 the rapidly growing population of north east London. Programmes are at varying stages of maturity, with some well-established across the system, while others are still confirming their scope and areas of focus.

In the established programmes, there have been some notable successes during 2022/23 that include improved patient access and significant investment into infrastructure projects that will provide for increased and enhanced facilities. For example:

Planned Care

- Secured inward investment of £62m to north east London for theatre, ITU and bed expansion – that will enable faster access for patients to access their procedure
- Finalised a three-year funding settlement of £33m for implementing community diagnostic centres – providing patients with speedier and more convenient access for their scans
- Development of Women's Health Hubs in City & Hackney and Tower Hamlets through close collaboration with acute, community and primary care providers – with more hubs to be rolled out across the other boroughs of north east London.

Critical Care

Building on the existing North East London Critical Care and Retrieval (NECCTAR) service, the programme successfully bid for the London Acute Critical Care Transfer Service, maintain all the current NECCTAR provision whilst providing a robust and sustainable solution for London. Pan London service commenced 01 April 2023.

Cancer

The NEL Cancer Alliance continues to support delivery of improved quality and access to cancer care across the patient pathway from early diagnosis to care beyond diagnosis and treatment.

- NEL remains one of the best performing systems in England with the 62-day cancer waiting time performance for NEL overall is above the England average.
- Plans for expansion of the Targeted Lung Health Check programme are in place, with over 17000 invitations sent, 2000+ low dose CT scans undertaken, and c20 confirmed lung cancers to date – a great initiative to improve early diagnosis of lung cancer in high-risk groups

Specialised Services

- By working together, Barts Health and BHRUT are combining resources to develop a joint mechanical thrombectomy service for NEL. This provides full 24/7 access to stroke patients in NEL and neighbouring areas and can be the difference between requiring lifelong rehabilitation or continuing life as before.

The specialised services programme has also collaborated with patients and healthcare partners across the health and care system to develop and implement improvements to Renal services.

An Independent Therapies Centre (ITC) at Mile End Hospital will be completed by July 2023. The centre will encompass home haemodialysis training, peritoneal dialysis training, a home-away-from-home space for haemodialysis and nocturnal bedrooms for overnight haemodialysis for patients who are able to be trained to dialyse themselves at home but whose homes are unsuitable. The ITC will also house a first-of-its-kind pioneering Young Adults unit, in collaboration with colleagues at Great Ormond Street Hospital.

Working closely with community and primary care providers, and the wider community, proposals have also been developed to increase community renal dialysis provision. Plans are underway for the establishment of two home-away-from-home haemodialysis stations in the East London Mosque, and a self-caring bay of dialysis stations at the St George's Health and Wellbeing Hub in Hornchurch (opening May 2024). Population health modelling has also been undertaken to determine the location of further dialysis units across north east London to dialyse patients close to their homes.

2022/23 has been a transitional year in the establishment of the APC. As it now matures, and with increasing clarity on both system operating models and resource availability, there is an opportunity to revisit the priority programmes and ensure that they remain relevant for 2023/24.

To progress this, each of the programmes have been reviewing and updating their objectives for 2023/24 and developed a 'plan on a page', setting out the key deliverables and impact on addressing health inequalities, with draft proposals included within the recently submitted ICB Joint Forward Plan. Final approval of the plans will be taken through the APC Executive and Board, both of which have representation from the Integrated Care Board (ICB) to ensure there is system alignment on the priority areas of focus.

In addition, clinical leadership will be strengthened across the programmes. Clinical Boards already exist across the Barts Health Group and clinical leads across the three providers have developed proposals to expand these NEL wide. These will integrate with the transformation programmes to ensure a clinical view is central to developments and ensure no overlap of governance. An Executive led Task & Finish Group has been established to work through the next stages of design including the relationship between the clinical boards and transformation programmes in a way that recognises the critical role of the boards supporting and advising across the breadth of APC activities.

Along with reviewing the programmes' delivery and leadership, the APC is intending to evolve its governance structure. During 2023/24, there is an agreement in principle to establish an APC Joint Committee that will comprise the three acute trusts and the ICB. This will allow for future delegation when the conditions are right to do so and represents a logical next step in strengthening governance between the four organisations.

Integrated Group - Barts Health and BHRUT

In November 2022, the executive teams for Barts Health and BHRUT met in a facilitated workshop to start to explore how they would work together in a deeper collaboration within

the Acute Provider Collaborative (APC). As outlined above, both organisations are committed to working with Homerton Healthcare through the APC to take forward the clinical and strategic change programmes.

Barts Health and BHRUT each face significant challenges in delivering sustainable improvements for their populations and believe that we can more effectively deliver change by working together as a 'integrated group' of seven hospitals, using the experience of the Barts Health Group as a starting point.

Both organisations are working together on a wide range of enablers of transformation. These are intended to deliver both short term benefit through an improved regulator rating by BHRUT against the NHSE System Oversight Framework (currently SOF4), and sustained improvement and reduction in inequality for the populations served by both organisations.

The areas of focus are:

1. **Temporary staff:** aligning approaches to temporary staff management and bank infrastructure
2. **Medical education[1]:** exploring opportunities to strengthen the model of education provision
3. **Leadership development:** for board, executive and senior leaders
4. **Review of corporate support services:** to improve efficiency and effectiveness across ICT, Estates, Procurement, Finance, HR and Business Intelligence
5. **Integrated group model:** design and implement an integrated group model, including an enhanced site-based leadership model at BHRUT
6. **Digital capability:** development and implementation of BHRUT electronic patient record business case and joint approach to tackling BHRUT's digital maturity challenge
7. **Finance:** deliver the Drivers of Deficit action plan

In the meantime, both organisations continue to provide updates on progress on the benefits of collaboration. Most recently on the 'proof of concept' extension of Barts' REACH (Remote Emergency Access Coordination Hub) model to BHRUT[2].

Through this, hospital consultants provide 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

[1] To be progressed later in 2023/24

[2] Regional funding secured for full health economic evaluation prior to any decision on full roll out

are redirected away from long waits at A&E to more appropriate and convenient treatment, with an estimated further 25 people a day who do not need to attend a busy A&E at BHRUT.

In addition, Barts Health are supporting BHRUT in progressing their plans for the implementation of an Electronic Patient Record (EPR) System across the Trust. Leveraging the experience from Barts Health, BHRUT are now finalising their full business case ahead of final decisions later in 2023. BHRUT are one of a few trusts, nationally, who do not have an EPR. Once implemented, this will have significant benefits for both patients and staff in how they access and receive care.

Progress has also been made in aligning temporary staffing pay rates. Working together, and with Homerton Healthcare, there is agreement to have an agreed approach to rates of pay and any subsequent changes to reduce the competition between organisations and ensure best value is being achieved.

Building on this collaborative approach, both organisations will work together to design the strategy, culture and leadership of the 'integrated group' of seven hospitals and progressively and thoughtfully align operating models within the governance framework of two statutory trust boards. Key priorities will be:

- the strengthening of site-based leadership arrangements at Queen's and King George hospitals, particularly in relation to urgent and emergency care;
- the establishment of cross-cutting clinical leadership on an APC footprint, taking forward clinical strategy and supporting the clinical programmes;
- drawing on the resources of the integrated group to enable short term improvement, particularly in relation to SOF4 exit at BHRUT.

Through the closer collaboration, all seven hospitals will play a significant role within the place-based partnerships of the integrated care system. Each are committed to working with borough councils, the 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, the two trusts will also work together to provide opportunities for local people to train and work in the NHS.

Summary

The Trust Board is asked to note the progress of the maturing APC, its constituent programmes and its forward plan of developments. In parallel, to also note the progress of the strengthening collaboration between BH/BHRUT, its priorities on enabling

transformation, its relationship with the APC and the progression of the integrated group between the two organisations.

NHS
Barts Health
NHS Trust

Barts Health Integrated Performance Report

May-23

Performance for: **Mar-23**

Pack Contents

May-23

May-23

NHS
Barts Health
NHS Trust

Executive Summary

EXECUTIVE SUMMARY

Executive Summary

May-23

Quality

Complaints performance has shown an improvement following targeted improvement interventions. Our focus will be on sustaining this. Pressure Ulcer rates continue to be a challenge and there is a targeted improvement plan in place. Although our rates of Escherichia coli (E. coli) Blood Stream infections improved over the most recent 3 months we will not meet our 22/23 target. A focused Quality Improvement Plan has been developed by the Strategic Infection Control Group to improve this position. A Never Event has been reported at St Bartholomew's Hospital as a result of inadvertent use of a coronary stent which was not the intended size. The error was immediately identified and the patient had a good outcome with no harm

Operational Performance – *A summary performance analysis is provided on Slide 17 with detailed performance reports in this section.*

- **Urgent & Emergency Care**

The second wave of industrial action (IA) taken by junior doctors has again dominated the operational landscape. In urgent and emergency care the performance was stable with a focus on safe services delivered through a multidisciplinary clinical workforce throughout the 4-day period of action. The operational hub and operational teams from Group and Hospital sites worked together to maintain and manage services. Outside of IA the Emergency Care improvement actions to deliver the operational plans have been finalised at a hospital level. Group Improvement and Transformation Team efforts will focus on patient flow and ward processes to reduce length of stay and reduce the time to discharge on the day.

- **Elective Care**

As with first period of disruption from IA the second 4-day interruption has had a significant impact on the elective programme. Total cancellation numbers across March and April were 748 elective and 12,536 outpatients. Whilst there is continued progress on the very long waiting patient groups it has impacted on the planned reduction in those patients waiting in the 70+ week category. Booking teams and service leads are working to mitigate the impact on patients and to rebook as soon as possible those patients whose appointments were cancelled. The Group Improvement and Transformation Team are developing a programme of work with Whipps Cross Hospital to support the Eye Treatment Centre.

- **Cancer & Diagnostics**

The impact on Cancer services of IA resulted in 35 patients for whom a procedure needed to be rebooked and 257 patients whose outpatient appointment needed to be rescheduled. Despite this there has been planned recruitment activity in ENT and additional validation support to optimise available capacity. Whilst diagnostic activity continued largely as planned there is work to explore the balance of activity delivered through additional temporary sessions and the improvement in productivity metrics that has been a focus in elective care.

Equity

While ethnicity capture rates in all three activity areas remain above 90%, this month, there was a marginal decline in capture rates from the last reporting period for A&E and Outpatients by 0.3 and 0.4 percentage points, respectively.

This month's snapshot revealed no certain differences in the data for waits between ethnic groups, between male and female patients or for patients with learning disabilities. Patients from the most deprived postcodes do appear to wait slightly longer than those from the wealthiest postcodes. Site-level data showed slightly longer waits at Royal London for people from more deprived backgrounds.

People

The trust ended the year with a 94.4% substantive fill rate with registered nursing and midwifery now at 86.2% up from 83% at the start of the year – a growth of 180 WTE registered nurses and midwives. Staff turnover reduced to 12.2%, down form a peak of 13.9% demonstrating improved retention although this varies across hospital sites.

Finance

The Trust has reported to NHS England a (£12.9m) adverse variance for the full year due to the impact of unfunded hyper-inflation pressures (£27.0m), less non-recurrent savings (£5.0m), less additional income from NEL ICB for mental health enhanced care nursing costs (£3.0m) and (£6.1m) for the Barts share of the additional NEL system allocation from NHS England. This draft position will now be subject to external audit prior to adoption of the accounts by the Trust board.

NHS
Barts Health
NHS Trust

Quality Report

SUMMARY

Quality Summary

May-23

Complaints
It is positive to note that complaints response performance has continued to improve and we are now meeting our objective again.

FFT Response Rate
The Friends and Family (FFT) Recommend score is the combination of both the 'very good' and 'good' responses from the patients who complete the FFT. This score is available for all services who actively collect Friends and Family Insight across the Trust. NHS England have recently clarified that FFT scores will be presented simply as % positive (as opposed to the full formula we were previously using [% positive - % negative]). This simplified approach accounts for the rise in the recommend score between December 2022 and January 2023. This is being rolled out across all our FFT reporting for consistency. However, sustaining improvements in receiving patients feedback remains a challenge and continues to be focused on. We have just concluded a very proactive Experience of Care Week across the Trust.

Duty of Candour
The Trust compliance with the Duty of Candour remain relatively static although below the Trust target of 100%. An analysis of December data has been undertaken to determine if the impact of regrading incidents is a key driver in performance and impacts the ability to fulfil Duty of Candour. Conclusions were reached that no amendment is required to the data collection methodology to accommodate regraded incidents at the current time. All of our hospitals are focusing on improvement on this standard.

E.Coli Bacteraemia Bloodstream Infections
The data indicates a downward trend over the last 3 months despite breaching our objective for 2022/23. The downward trend noted across all sites with exception of St Bartholomew's Hospital. We have breached our objective this year and have a number of QI projects planned to support reductions going forward.

Pressure Ulcers
The data indicates an on-going increase in pressure ulcers reported at a Trust level. Analysis of the data indicates the exception is driven by an increase at Category 2 pressure ulcers at Whipps Cross and increase in Category 4 at Newham Hospitals. This is attributed to continued operation pressures that are impacting the length of stay in the Emergency Department, significant use of temporary workers due to increase in short term sickness that are not familiar with agreed processes and procedures and the quality of assessments and documentation of risk and wounds, (including lack of/inadequate documentation). Robust education sessions in place across all hospital with a key focus on complex wounds, leg ulcers and staging of skin damage and focused training sessions in our emergency departments.

To allow time for data to be refreshed, reviewed to identify exceptions that require further analysis, gather feedback from the hospitals and provide assurance through hospital and trust governance processes, quality data is reported in the IPR one month behind other data.

CARING

Domain Scorecard

May-23

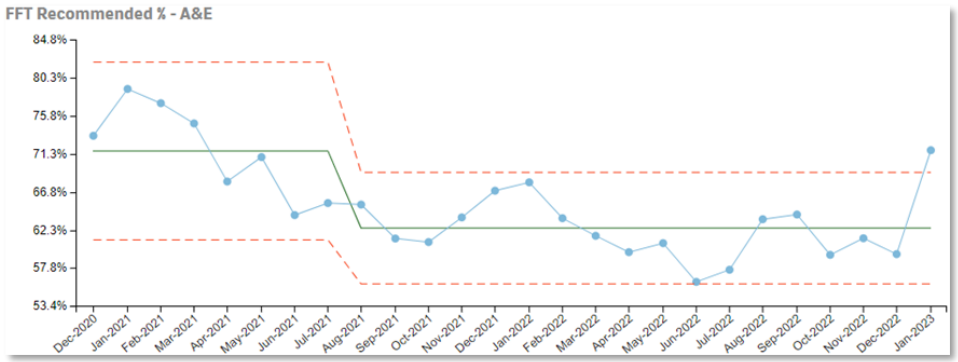
	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: Other	Excep.
Patient Experience	C12	MSA Breaches	●	○	○	Feb-23 (m)	<=0	43	**36**	***458***	1	15	18	2	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2022/23 Q3 (q)	SPC Breach	22.1	**22.4**	***22.4***	27.0	38.5	27.7	14.3	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Jan-23 (m)	>= 95%	91.3%	**90.5%**	***90.2%***	87.0%	93.4%	91.0%	89.6%	-	○
	C2	FFT Recommended % - A&E	●	○	○	Jan-23 (m)	>= 86%	59.5%	**71.8%**	***61.6%***	70.5%	76.5%	66.4%	-	-	○
	C3	FFT Recommended % - Maternity	●	○	○	Jan-23 (m)	>= 96%	90.4%	**95.3%**	***93.0%***	95.7%	95.8%	94.3%	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	○	Jan-23 (m)	>= 23%	26.5%	**27.3%**	***28.4%***	19.2%	43.4%	23.2%	28.5%	-	○
	C21	FFT Response Rate - A&E	●	○	○	Jan-23 (m)	>= 12%	6.6%	**8.7%**	***8.6%***	9.2%	10.7%	6.3%	-	-	○
	C22	FFT Response Rate - Maternity	●	○	○	Jan-23 (m)	>= 17.5%	11.9%	**21.4%**	***15.6%***	5.9%	45.3%	17.5%	-	-	○
	OH4	CQC Inpatient Survey	○	○	○	2021/22 (y)	-	85.0%	**0.0%**	***0.0%***	79.0%	76.0%	68.0%	93.0%	-	○
Service User Support	R78	Complaints Replied to in Agreed Time	●	○	○	Feb-23 (m)	>= 80%	75.7%	**80.6%**	***79.9%***	80.8%	89.4%	60.0%	100.0%	-	●
	R30	Duty of Candour	●	○	○	Jan-23 (m)	>= 100%	81.4%	**83.9%**	***87.0%***	90.9%	82.4%	81.8%	66.7%	-	●

*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

FFT Recommended % A&E

May-23



Indicator Background:

The Friends and Family (FFT) Recommend score is the combination of both the 'very good' and 'good' responses from the patients who complete the FFT. This score is available for all services who actively collect Friends and Family Insight across the Trust.

NHS England have recently clarified that FFT scores will be presented simply as % positive (as opposed to the full formula we were previously using [% positive - % negative]).

What is the Chart Telling us:

The simplified approach accounts for the rise in the recommend score between December 2022 and January 2023. This is being rolled out across all our FFT reporting for consistency.

Performance Overview	Responsible Director Update
As part of an ongoing plan to improve the number of FFT responses from patients, their relatives and carers, self service FFT Kiosks have been sited in the 3 main A&E departments and work is continuing to get these up and running. There are still significant challenges obtaining patient feedback in real time.	The FFT relies on patients, relatives and carers completing the questionnaire if received by SMS or using the online version available through the QR codes or on a paper versions of the questionnaire. Sustaining improvements in receiving patients feedback is a challenge. Therefore various options are being explored. Waiting times, communication and environment are the biggest items of feedback shared by the users. QI project commenced in April 2023

SAFE

Domain Scorecard

May-23

		Exception Triggers					Performance			Site Comparison							
Ref	Indicator	Month Target	Step Change	Contl. Limit	This Period	This Period Target	Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health	Excep.
S10	Clostridium difficile - Infection Rate	●			Feb-23 (m)	<=16	22.2	**3.5**	***16.8***	0.0	13.3	0.0	0.0	-	-	3.5	
S11	Clostridium difficile - Incidence	●			Feb-23 (m)	<=9	14	**2**	***110***	0	2	0	0	-	0	2	
S2	Assigned MRSA Bacteraemia Cases	●			Feb-23 (m)	<=0	1	**0**	***19***	0	0	0	0	-	0	0	
S77	MSSA Bacteraemias				Feb-23 (m)	SPC Breach	9	**0**	***104***	0	0	0	0	-	0	0	
S76	E.coli Bacteraemia Bloodstream Infections	●		●	Feb-23 (m)	<=20	22	**4**	***266***	1	2	1	0	-	0	4	
S3	Never Events	●			Feb-23 (m)	<=0	1	**1**	***5***	0	0	0	1	-	0	1	
S45	Falls Per 1,000 Bed Days	●			Feb-23 (m)	<=4.8	4.6	**3.9**	***3.8***	4.2	3.7	3.8	3.1	-	-	3.9	
S25	Medication Errors - Percentage Causing Harm	●			Feb-23 (m)	<=4%	5.1%	**3.5%**	***3.6%***	3.4%	3.9%	6.3%	2.6%	-	-	3.5%	
S57	Medication Errors - Potential SIs (Patient)				Feb-23 (m)	SPC Breach	4	**0**	***36***	0	0	0	0	-	0	0	
S49	Patient Safety Incidents Per 1,000 Bed Days				Feb-23 (m)	SPC Breach	54.0	**55.9**	***53.8***	45.5	68.3	59.2	59.4	-	-	55.9	
S53	Serious Incidents Closed in Time	●	●		Feb-23 (m)	>=100%	20.0%	**17.9%**	***23.1%***	23.1%	28.6%	0.0%	-	-	-	17.9%	●

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

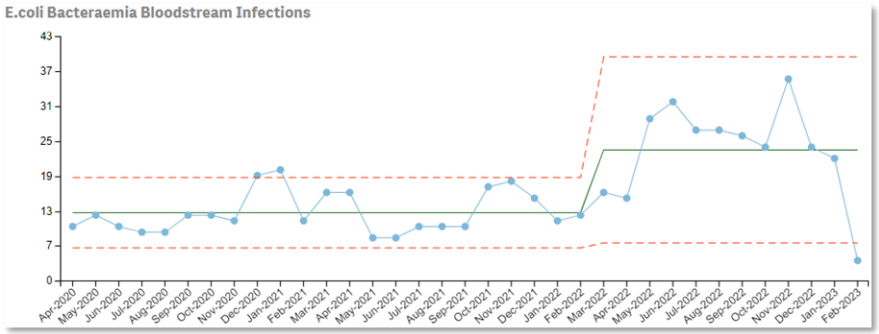
May-23

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: Other	Excep.
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	●	○	Feb-23 (m)	<=0.6	1.7	**1.8**	***1.4***	1.8	2.6	0.8	1.5	-	○
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	○	Feb-23 (m)	SPC Breach	0.2	**0.2**	***0.2***	0.2	0.2	0.1	0.2	-	○
	S27	Patient Safety Alerts Overdue	●	○	○	Feb-23 (m)	<=0	0	**0**	***0***	-	-	-	-	-	○

SAFE

E.Coli Bacteraemia Bloodstream Infections

May-23



Indicator Background:

The national ambition to reduce by half the number of healthcare associated Gram negative bloodstream infections (GNBSIs) by 2024 remains in place

It is also relevant to note that E. coli remains the most frequent cause of bloodstream infection in the UK and we will continue with our work to identify the themes and trends to prevent avoidable infections and to improve our position nationally.

What is the Chart Telling us:

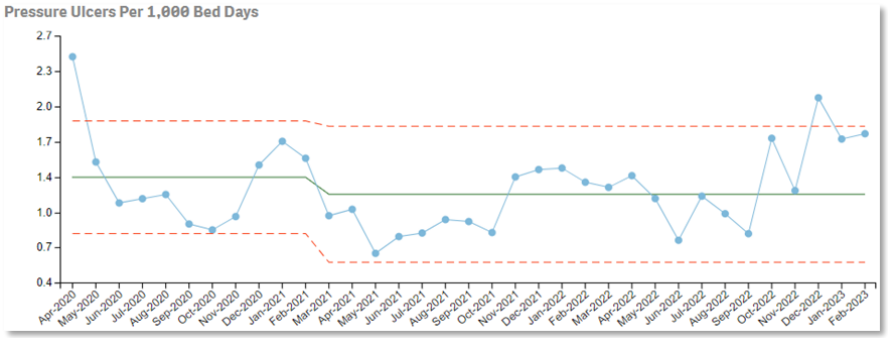
The data indicates a downward trend over the last 3 months despite breaching our objective for 2022/23. The downward trend noted across all sites with exception to St Bartholomew's Hospital.

Performance Overview	Responsible Director Update
The root cause for this organism is extremely hard to determine. However RCA investigations suggested the top 5 likely sources were urinary tract infection, Hepatobiliary procedure (ERCP or MRCP or similar) 28 days prior, Vascular device (PPM or ICD) or CVC inserted, removed, manipulated 28 days prior, urinary catheter. At St Bartholomew's Hospital the main cause was Anti-cancer chemotherapy in 28 days prior to specimen date. A deep dive into our hepatobiliary cases was undertaken. No clear evidence of concern with regards healthcare association was identified.	• We have breached our objective this year and have a number of QI projects planned to support reductions of GNBSI's. Each hospital has a plan to support reduction which will be monitored for effectiveness.

SAFE

Pressure Ulcers

May-23



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 (aSSKINg) care model all outline how to prevent pressure ulcers.

What is the Chart Telling us:

The data indicates an on-going 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 Whipps Cross and increase in Category 4 at Newham Hospitals.

Performance Overview	Responsible Director Update
• Robust education sessions in place across all hospitals with a key focus on complex wounds , leg ulcers and staging of skin damage • Focus on emergency department staff training • Learning together events with external partners • NEL Wound Healing programme joint working schedule for QR1 2023/24 • Shared learning from deep dive Whipps Cross across services • Refresh via Millennium on SKINN Bundle and Risk Assessment • Recruitment of a Lead Nurse for the network service to provide a strategic oversight	• Flow through Emergency Department – increased length of stay and access to the correct surface and treatment for all patients at risk of pressure injury development or deterioration have impacted on our performance. Continue to see under reporting via our ED's therefore capturing incidents upon admission to ward areas. • Increase short term sickness has significant impact on delivery of service at each hospital and significant use of temporary workers not familiar with agreed processes and procedures. • Prevalence of pressure injuries in the community imported into the hospital. • The initiatives described in the performance overview will support targeted improvement.

EFFECTIVE

Domain Scorecard

May-23

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: Other	Excep.
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).

Maternity

Maternity Dashboard – Key Metrics

May-23

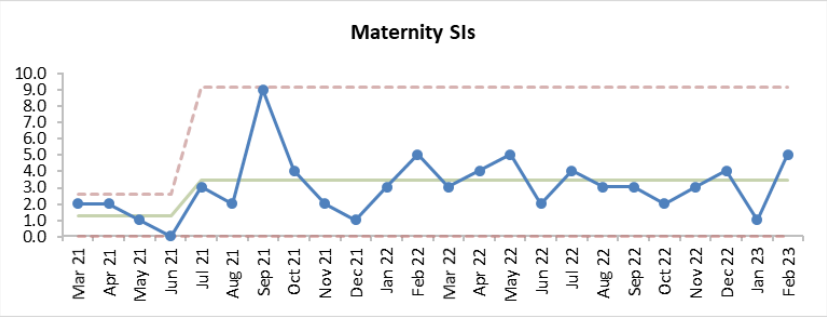
		RAG Rating												Last Month's Site Position		
Category	Metric	Red	Amber	Green	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Royal London	Whipps Cross	Newham
Method of Delivery	Percentage of spontaneous vaginal birth (including vaginal breech Birth)				54.9%	54.4%	56.7%	57.6%	52.0%	53.2%	55.2%	54.0%	50.7%	53.4%	49.2%	49.0%	52.7%	47.1%
	Percentage of Operative Vaginal Birth				10.4%	10.9%	9.6%	10.6%	11.7%	9.0%	11.7%	9.8%	10.2%	10.6%	11.7%	14.7%	11.5%	9.3%
	Total Percentage of Birth by Vaginal route				65.4%	65.4%	66.3%	68.2%	63.7%	62.1%	66.9%	63.8%	60.9%	64.0%	60.9%	63.7%	64.2%	56.3%
Critial 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%	4.5%	5.7%	1.8%	5.4%
	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%	2.2%	3.4%	2.2%	1.2%
	Maternal Deaths	>1		0	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	48	20	17	11
	Neonatal Deaths				3	6	1	2	5	2	5	1	3	2	1	0	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	1.75	0.95	0.00	3.56	0.00
	HIE				1	1	0	1	0	0	2	1	1	2	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	1.90	5.62	0.00	0.00
Workforce	1:1 care in established labour	<90%	90%-94.9%	>=95%	97.1%	98.5%	98.1%	97.6%	98.0%	97.6%	96.5%	97.7%	97.5%	98.5%	98.6%	98.4%	97.5%	99.4%

Performance Overview	Responsible Director Update
• Ongoing QI work on Post Partum Haemorrhage (PPH), including risk assessment and early preventative intervention at Royal London, and lessons shared across Barts Health maternity sites. Increasing PPH rates link to rising rates of caesarean section and induction of labour as well as obesity, maternal age and pre-eclampsia. Understanding our trends is key in reducing PPH and the morbidity associated with this. • Neonatal death rates are not corrected for our tertiary neonatal service at Royal London Hospital. Individual cases are reviewed using the Perinatal Mortality Review Tool (PMRT) as well as presented back to the Local Maternity and Neonatal Systems (LMNS) as part of quality reviews. More work is needed to produce rolling rates over a 12 month period to better identify trends in cases. Rolling 12 month position will support better reporting as the red flag for one case would not on its own be cause for concern • Stillbirth rates have come in line with national trends over the last 5 months. Continued work with the Saving Babies Lives Care bundle will be contributing to this. • RAG ratings need to be reviewed across the KPIs to ensure visual queues are easy to understand	• Work is ongoing to be able to express the data for perinatal outcomes in a 12 month rolling rate which would identify meaningful trends in perinatal mortality. • Stillbirth rates across the sites have seen improvements over the last few months, and learning from incidents which has led to more robust screening and care planning for high risk women and improving compliance with the Saving Babies Lives Care Bundle will be contributing to this.

SPOTLIGHT

Maternity

May-23



Maternity SIs in Latest Month (Feb-23)				
Theme	**Royal London**	**Whipps Cross**	**Newham**	**Barts Health**
Total Number of SIs	**1**	**0**	**4**	**5**
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	1	0	2	3
% HSIB Investigations	100.0%	-	50.0%	60.0%

Maternity SIs in Last 12 Months to Feb-23 - Top by Theme				
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	5	1	1	7
Intrapartum - Stillbirth	4	0	1	5
Neonatal - pH <7.1(arterial) at birth	1	1	3	5
Intrapartum - Obstetric haemorrhage leading to hysterectomy	0	0	2	2
Antenatal - Care plan	0	0	2	2

Actions on Maternity SIs in Last 12 Months to Feb-23 - Top by Action Type				
Action Type	**Royal London**	**Whipps Cross**	**Newham**	**Barts Health**
Total Number of Actions	**28**	**22**	**90**	**140**
Review / amend processes	1	2	31	34
No actions recorded	16	4	6	26
Review or update guidelines / documentation	2	1	16	19
Other action	1	4	12	17
Education and training	3	1	8	12

Performance Overview

- Concerns with Cardiotocography (CTG) Interpretation and action have been noted in the learning from cases at Newham. The maternity safety support programme will be supporting a deep dive into cases whilst we wait for Healthcare Safety Investigation Branch (HSIB) reports. There are a number of immediate actions which centre around staff updates and training, and adopting the Royal College of Obstetricians & Gynaecologists (RCOG) approach to "Teach or Treat" when asked to review a CTG by the case midwife. This approach has been rolled out across Barts Health Maternity.
- Deep dives into governance processes at the sites is also underway as part of the maternity safety support programme, and will be included in the diagnostic reports. This will focus on process and workforce, as well as reporting and structures.

Responsible Director Update

- Thematic reviews from term admissions to the neonatal unit for all sites are focused on CTG interpretation. Concerns with delays in treatment are also noted from women. We are focusing on review of demand and capacity and a programme of work has been initiated across the Trust. Through the Acute Provider Collaborative we are working with other units in NEL to understand how the system can support better access for women.

May-23

NHS
Barts Health
NHS Trust

Operational Performance Report

SUMMARY

Operational Summary

May-23

Summary Performance

Urgent & Emergency Care

- In March 2023, 43,202 attendances were recorded, 3,824 (9.7%) more than recorded in February.
- Despite the significant increase in attendances A&E 4-hour performance for March improved from February's 65.8% to 68.1%, an improvement of 2.3%. For 2022/23 as a whole the trust reported a performance of 67.7%, however 2022/23 also saw the greatest volume of attendances ever recorded at 514,816.
- The proportion of patients with an A&E 12-hour journey time improved slightly from 6.7% in February to 6.4% in March, against a national standard of no greater than 2%.
- For March 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 8th out of 16 trusts reporting data in London and was the 2rd best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.

Cancer

- In February 2023 a performance of 93.6% was recorded in relation to the 2 week wait standard of 93%, an improvement of 1.7% against January's 91.9%. This also represents a return to compliance with the national standard for the first time since July 2022.
- 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, however performance against the standard has been challenged since October 22, for February 2023 the trust returned to compliance recording 75.7%, an improvement of 7.3% against January's performance of 68.4%. For February the trust achieved the standard for Breast Symptomatic referrals, however did not achieve the standard for All and Screening Service referrals.
- With continued focus from NHS England on 62 day backlog clearance as at 9 April 2023 North East London (NEL) had the second lowest backlog of the London Integrated Care Boards (ICBs), with 663 patients waiting over 62 days, however at 8.5% of the total waiting list, this represented the largest proportion of long waiters of any of the London ICBs.

Diagnostics

- For March 2023 a performance of 80.2% was recorded, while only a slight improvement on February's 79.7% this is the first 80%+ performance recorded since November 2020.
- In March the greatest challenge remained in MRI, non-obstetric ultrasound (NOUS) and audiology. MRI breaches accounted for 30.5%, NOUS breaches 41.7% and Audiology breaches 17.7% of all breaches in the month.
- Growth in demand remains a concern, but activity is delivered at more than 110% of 19/20 levels. Reviews of pathways are commencing in support of direct access for cancer and urgent referrals and demand management opportunities. Opportunities for process and productivity improvements; helping to mitigate the need for additional staff, are being developed.

Elective Care

- For March 2023 the trusts admitted (inpatient and day case) trajectory set a target of 103% of 2019/20 BAU against which the trust achieved 92% (-954 admissions). For the full year the trajectory set a target of 100% of BAU, against which the trust delivered 87% (-13%). Under-delivery of the March admitted activity plan was influenced by the Junior Doctors industrial action, which took place between Monday 13 and Wednesday 15 March, as well as sustained emergency pressures and reduced bed-flow. For outpatients (first and follow up) for the same month the trajectory set a target of 100% of BAU, against which the trust achieved 104% (+5,758 attendances). For the full year the trajectory set a target of 103% of BAU, against which the trust delivered 104% (+1%).
- In relation to the RTT month-end nationally submitted data the trust reported 1 pathway waiting 104+ weeks at the end of March 2023, a decrease of 6 pathways against the February position. This represents a significant reduction of 231, against the 232 reported in April 2022.
- Looking at London, of the nine Trusts reporting 104+ week waits for February 2023 (the most recent national data), Barts Health had the second greatest number, reporting 7. The highest number of 104+ week waits reported by a London trust in February was 10.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last 12 months with 1,309 pathways reported at the end of April 2022 reducing to 224 at the end of March 2023, a decrease of 1,085 (-83%), this also represents a significant decrease on February's position of 523 (-299) however is greater than the reduction plan of zero for March (+224).

RESPONSIVE

Domain Scorecard

May-23

Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Mar-23 (m)	>=90%	65.8%	**68.1%**	***67.7%***	63.3%	71.8%	70.9%	-	-	68.1%
A&E 12 Hours Journey Time	●			Mar-23 (m)		6.7%	**6.4%**	-	6.5%	7.0%	5.8%	-	-	6.4%
Ambulance Handover - Over 60 mins				Mar-23 (m)	-	486	**504**	-	68	211	225	-	-	504
Ambulance Handover - Over 30 mins				Mar-23 (m)	-	1,118	**1,246**	-	394	383	469	-	-	1,246
Cancer 62 Days From Urgent GP Referral	●			Feb-23 (m)	>=85%	56.3%	**49.1%**	***56.7%***	55.8%	46.9%	63.2%	41.9%	-	49.1%
Cancer 31 Day Diagnosis to First Treatment	●			Feb-23 (m)	>=96%	94.2%	**99.1%**	***96.6%***	98.1%	100.0%	100.0%	99.1%	-	99.1%
Cancer 28 Day FDS 2WW	●			Feb-23 (m)	>=75%	65.7%	**73.4%**	***74.3%***	76.6%	67.1%	81.6%	89.4%	-	73.4%
Cancer 28 Day FDS Breast Symptomatic	●		●	Feb-23 (m)	>=75%	93.7%	**98.1%**	***98.5%***	-	99.0%	96.5%	98.1%	-	94.9%
Cancer 28 Day FDS Screening	●			Feb-23 (m)	>=75%	81.8%	**71.8%**	***80.4%***	52.6%	100.0%	90.0%	66.7%	-	71.8%
Diagnostic Waits Over 6 Weeks	●			Mar-23 (m)	>=95%	79.7%	**80.0%**	***75.4%***	65.6%	99.4%	96.8%	75.7%	-	80.0%
78+ Week RTT Breaches	●			Mar-23 (m)	178	523	**224**		121	56	47	-	-	224
104+ Week RTT Breaches	●			Mar-23 (m)	0	7	**1**		1	-	-	-	-	1
Completeness of Ethnicity Recording				Mar-23 (m)		92.3%	**92.0%**	-	91.5%	91.6%	94.2%	91.6%	-	92.0%

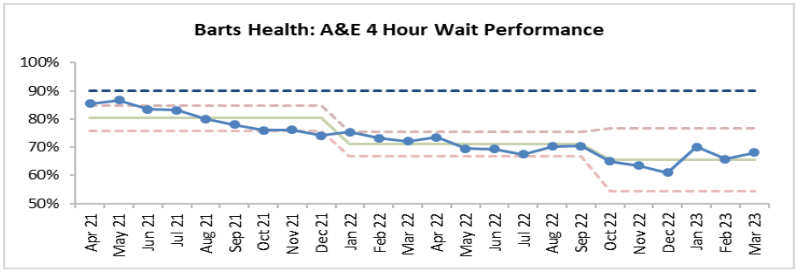
Note to table:

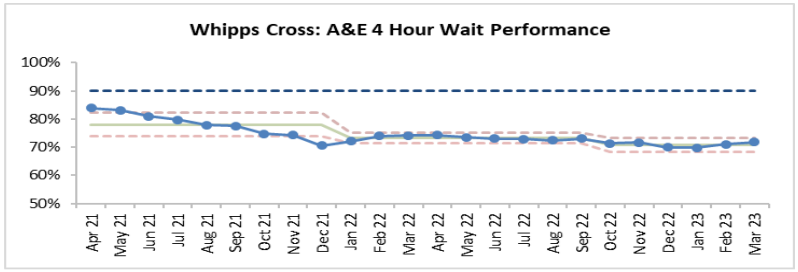
- The ambulance handover metrics are those reported for London Region and do not reflect a Barts Health validated position
- 78 and 104 RTT weeks wait is RAG rated against each wait bands recovery trajectory
- A 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied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

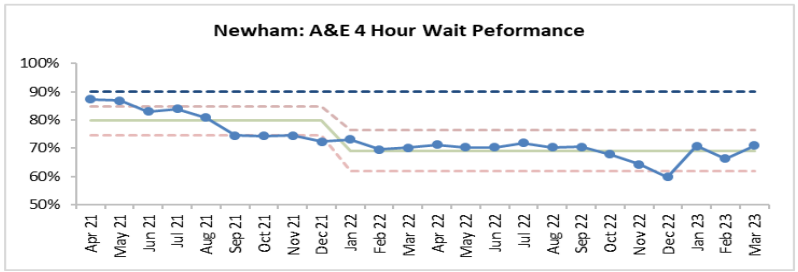
RESPONSIVE
Urgent & Emergency Care

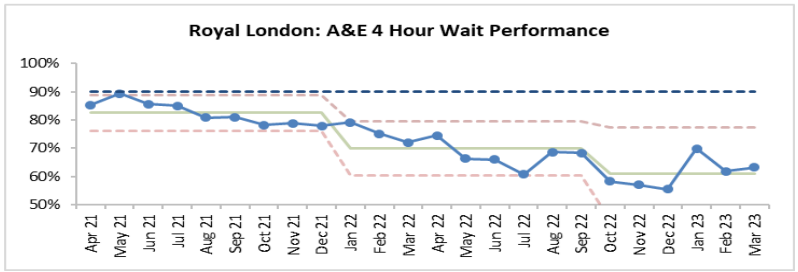
A&E 4 Hour Waiting Time

May-23









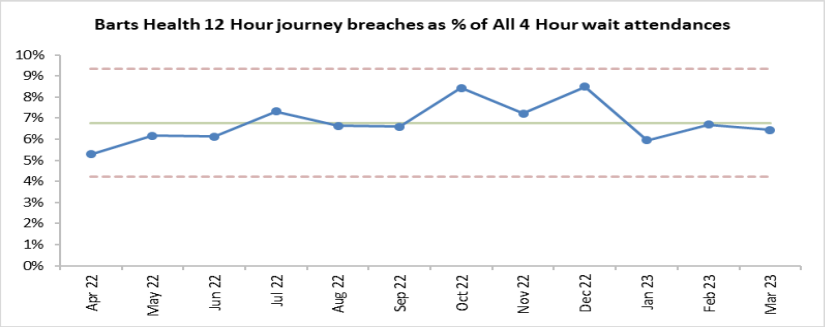
Mean UCL LCL Metric Target

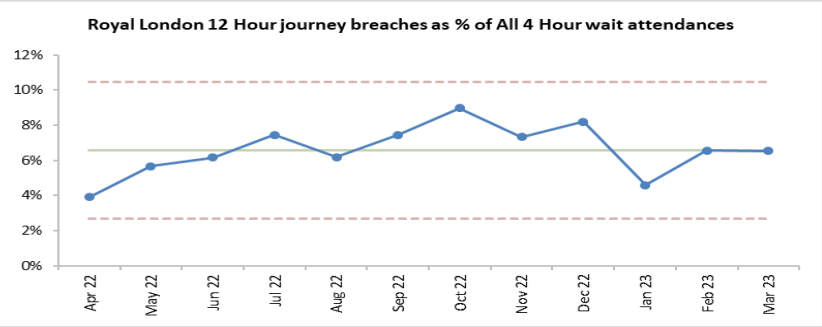
Performance Overview	Responsible Director Update
• In March 2023, 43,202 attendances were recorded, 3,824 (9.7%) more than recorded in February. • Despite the significant increase in attendances A&E 4-hour performance for March improved from February's 65.8% to 68.1%, an improvement of 2.3%. The NHSE plan published in January sets out a clear framework through which improvement in the experiences that patients have of our Urgent and Emergency Care services should be delivered.	The trust delivered performance of 67.74% for all types of patients activity in 2022/23 and in April are currently reporting 68.05% (20th April), against a plan of 72.35%. In the last month a detailed thematic review of breach reasons has been completed and presented at both Finance, Investment and Performance Committee (FIP) and Group Executive Board (GEB) along with the first version of detailed improvement plans. In April 2023 the Trust had a follow up meeting from NHS London and feedback on themes and recommendations following hospital visits in January and February 2023. These included; • Variation across the group is an enduring challenge, and the trust should speed up the elements of the improvement journey and move to delivery • Hospitals should focus on improving performance that they can influence as a priority • Leadership, ownership and culture are key elements for improvement plans, this should be a priority for the trust • Workforce planning across the group should be considered as part of the UEC planning solutions • The feedback also identified the achievement of 76% performance, reduced occupancy and 12 hour length of stay are considered as indications of safe care for patients on urgent and emergency care pathways • NHSL will return to the trust in May 2023 which will include system representation Hospital plans have mobilised and will include learning from the recent junior doctors industrial action. Support and assurance on plan delivery will continue through the Unplanned Care Board with daily, 30 day and quarterly performance updates.

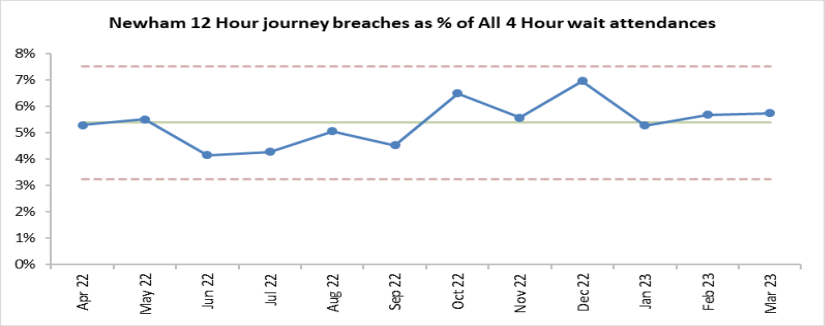
RESPONSIVE
Urgent & Emergency Care

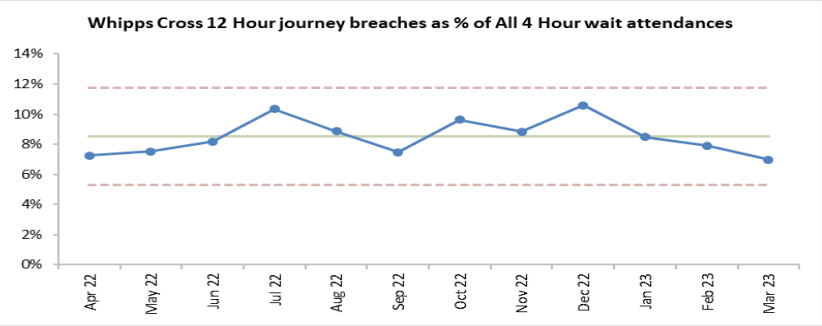
A&E 12 Hrs Journey time

May-23









Performance Overview

- Despite a 9.7% increase in attendances across February and March, +3,824, the proportion of patients with an A&E 12-hour journey time improved slightly from 6.7% in February to 6.4% in March, against a national standard of no greater than 2%.

Hospital site performance:

- Whipps Cross – 7.0%
- Royal London – 6.5%
- Newham – 5.7%

Responsible Director Update

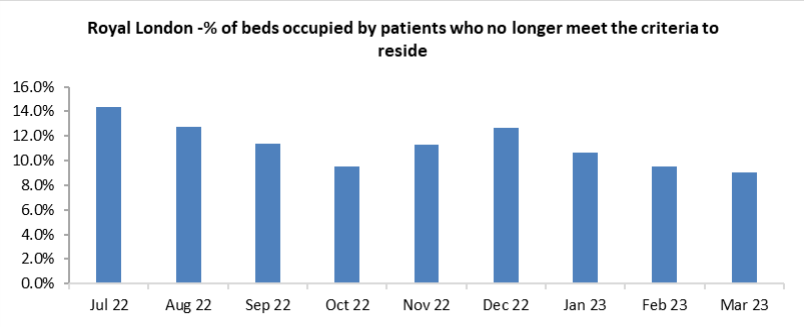
- The 12 hour from arrival to departure data length of stay data has been published against all type attendances. Barts Health reported a reduction from 6.7% to 6.4% against the national standard of maximum threshold of 2%
- Hospitals have mobilised improvement plans including a targeted reduction in 12 hour length of stay commencing with children, we would expect to see a further 0.3% reduction from May 2023 with further reductions as plans are implemented. Key enablers of the 12 hour journey is flow and lowering of occupancy through targeting improvement in managing the front door, strengthening our Same Day Emergency Care plans (SDEC), reducing length of stay and working in system partnership for patients with mental health illness, in line with the business assurance framework (BAF6)
- These actions will also impact on performance for 12 hour LOS, 76% 4 hours performance and 92% occupancy which reduced to 91.4% which included sustaining all escalation beds, but excluding elective patients due into hospitals and patients with decision to admit in the emergency department. The trust continues to seek clarity on bed capacity funding including SDEC at Whipps Cross with the support of system leadership.

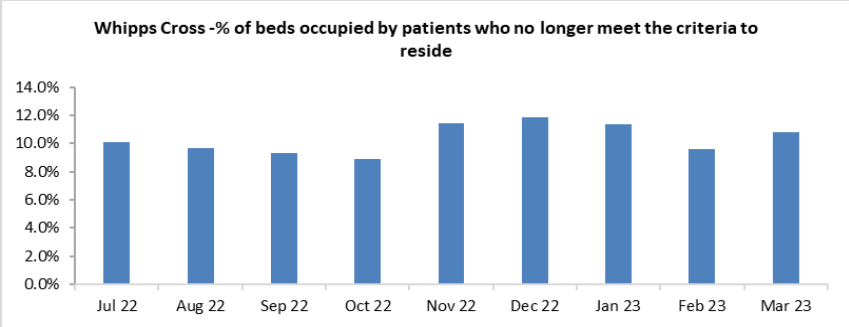
RESPONSIVE
Urgent & Emergency Care

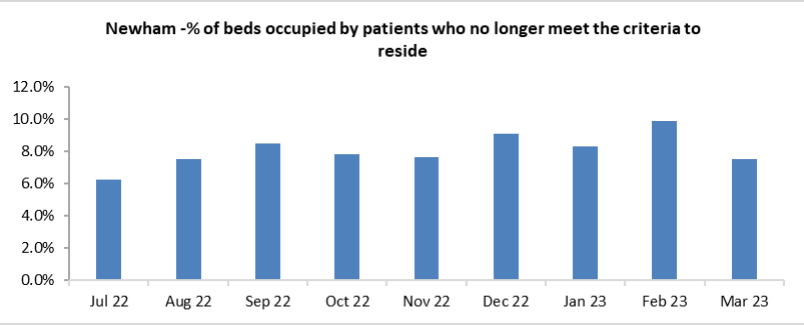
Discharge Activity

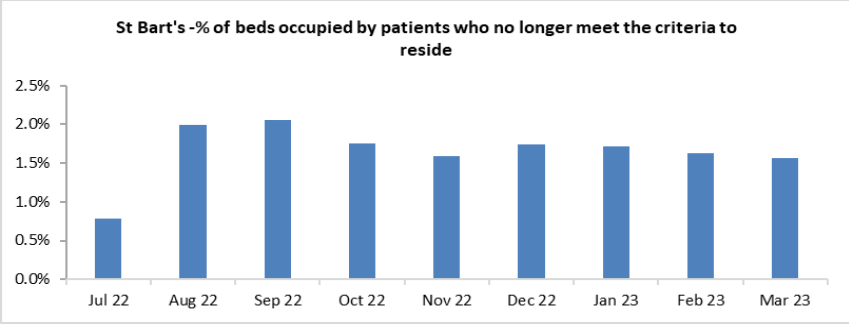
May-23

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









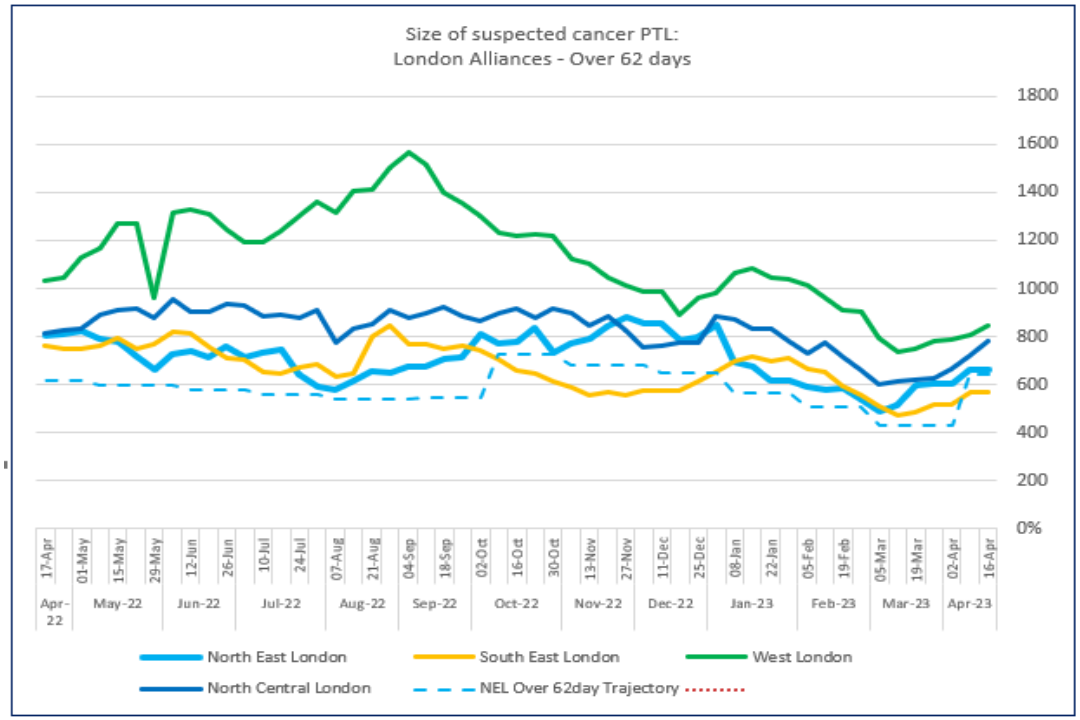
Note to Graphs: The data collection method changed from July 2022, making it impossible to meaningfully compare data prior to this point.

Performance Overview	Responsible Director Update
• In March 2023 8.17% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 718 patients (average across the month of 23 patients a day) and a total of 3,577 bed days. Hospital site performance is set out below: • Whipps Cross: 10.8% equivalent to 282 patients, average across the month of 9 patients a day. • Royal London: 9.1% equivalent to 271 patients, average across the month of 9 patients a day. • Newham: 7.5% equivalent to 147 patients, average across the month of 5 patients a day. • St Bart's: 1.6% equivalent to 22 patients, average across the month of less than 1 patient per day.	Discharge optimisation through ward processes and system working is key in driving healthy hospital flow and reducing bed occupancy. In 2022/23 our medically optimised patient numbers averaged 130 each day, with a total of patients with no criteria to reside at 220-330 beds. From a flow and performance perspective, bed availability challenges resulting in breaches of 8% to 15% of 4 hour breaches and contributed to high occupancy, patients waiting for emergency care beds, and access for elective care patients. Hospital improvement plans are supported by place based and system planning with clear improvement ambitions to; • Targeting 30% of discharges by 11am each day with a current position of approximately 5% • Conversion rate of 40-50% of admission to Same Day Emergency Care pathways • Digital and clinical ward process development, targeting discharge to assess and better use of discharge lounges • Reduction of our discharge ready (medically optimised) with support of system partners and use of community provision including virtual beds, discharge to assess and merging of Integrated Discharge and community hubs.

Cancer waiting times Benchmarking performance

Cancer Benchmarking Against Other Trusts

Apr-23



16-Apr	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	**661**	**-2**	**8.2%**	**-15**
North Central London	783	+59	9.0%	n/a
South East London	570	-1	7.5%	n/a
West London	847	+42	5.6%	n/a
England	**22373**	**+1376**	**8.9%**	n/a

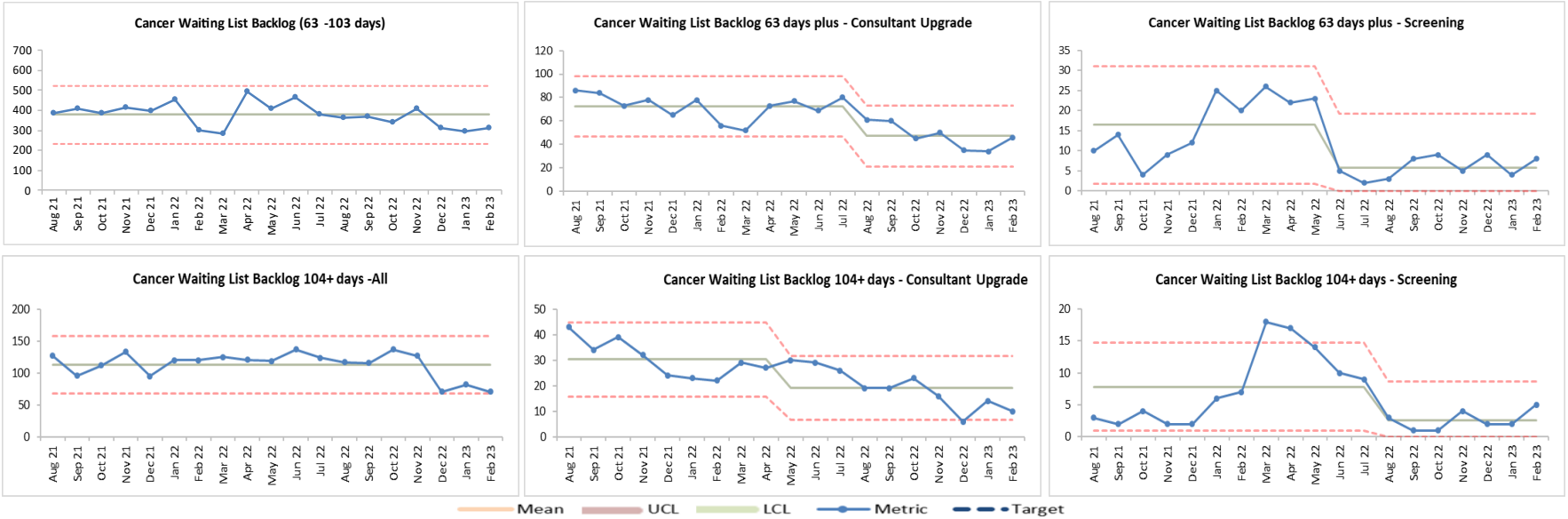
16-Apr	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	661	-2	8.2%	-15
Barking	**191**	**-37**	**5.9%**	**39**
Barts Health	**438**	**+29**	**11.4%**	**-50**
Homerton Univ	**32**	**+6**	**3.3%**	**-4**
London	2861	+98	7.3%	n/a

- Published CWT standards in February, Barts Health achieved 8 of the 10 constitutional standards, which meant NEL was the best performing cancer alliance in London, achieving 7 of the 10 standards, compared to 1-3 within other alliances.
- As at 16 April 2023 North East London (NEL) had the third largest backlog of the London Integrated Care Boards (ICBs), with 661 patients waiting over 62 days, however Barts Health backlog is 11.10%, this is mainly made up of ENT, Urology and LGI, all of which have a mitigation plan.
- Performance continues to be monitored through weekly performance meetings through the Cancer Alliance.
- BH continues to work collaboratively with colleagues in NEL. There is a process underway of recruiting four additional Improvement Managers to support Prostate, Gynae, Upper GI, Lung, Lower GI and Oesophageal Cancers. The managers will be hosted by BH. It is planned the managers will be commence in post in June.

RESPONSIVE

Cancer 63+ Waiting List Backlog

May-23



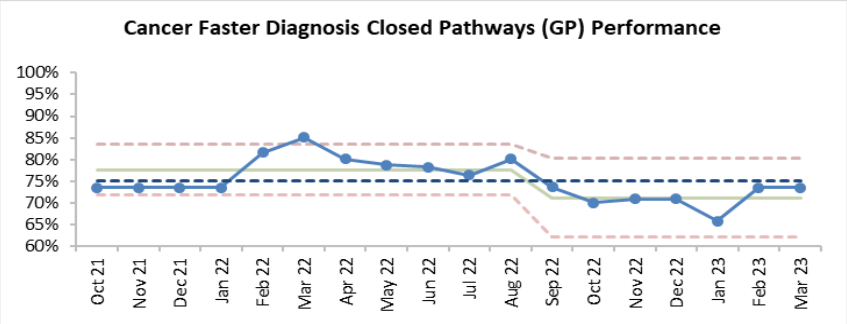
Performance Overview	Responsible Director Update

• 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, pre-pandemic levels, by March 23.
• The March 2023 backlog reduction milestone is therefore set at 197 against which the trust recorded 474, 277 greater than plan and 92 more than February.
• Of the 474 patients waiting longer than 63 days, 389 had waited between 63 – 103 days and 85 greater than 104 days, this is a slight increase of 14 against February. 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.
	• The waiting list backlog is monitored via daily and weekly governance with update reports provided to the Elective Recovery Board on a weekly basis.
	• The NEL MDT Improvement lead started in post on 1st April, for two years and this post will focus on MDT improvements and transformation, focusing on all pathways and improving standardisation across the Trust and NEL.
	• Performance has deteriorated from 8.1% to 10%, which relates to the following:
	  • Urology consultant capacity
	  • ENT (head neck pathway) workforce shortages and triaging. Triaging has now been rectified so recent improvements made
	  • volume and access to diagnostics in Colorectal (Lower GI)
	  • Impact of Industrial action with redeployment of staff to support operational pressures
	• To ensure improvement in performance and that patients are treated with the 62 day standard, recruitment is underway for urology medical staff, and additional nurse and medical workforce in ENT have commenced in post. A deep dive session is planned within Lower GI, with the intention of agreeing an improvement plan in addition to waiting list initiatives and use of the Early Diagnosis Centre to reduce diagnostic delay

RESPONSIVE

Cancer Faster Diagnosis Standard Metrics

May-23



Breakdown by Tumour Sites Failing 28 Day FDS 2 Week Wait Standard - Feb-23			
Tumour Site	**Seen**	**Breaches**	**Performance**
All Tumour Sites	**2,428**	**646**	**73.4%**
Lower Gastrointestinal	500	276	44.8%
Urological	206	103	50.0%
Upper Gastrointestinal	195	78	60.0%
Testicular	12	4	66.7%
Haematological	20	6	70.0%

Cancer Faster Diagnosis Standard (FDS) Metrics							
	Jan-23			Feb-23			
Metric	**Seen**	**Breaches**	**%**	**Seen**	**Breaches**	**%**	**Variance**
Cancer 28 Day FDS 2 Week Wait	2,582	885	65.7%	2,428	646	73.4%	7.7%
Cancer 28 Day FDS Breast Symptomatic	252	16	93.7%	260	5	98.1%	4.4%
Cancer 28 Day FDS Screening	33	6	81.8%	39	11	71.8%	-10.0%

Performance Overview

- 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, however for February 2023 the trust returned to compliance recording 75.7%, an improvement of 7.3% against January's performance of 68.4%. For February the trust achieved the standard for Breast Symptomatic referrals, however did not achieve the standard for All and Screening Service referrals.

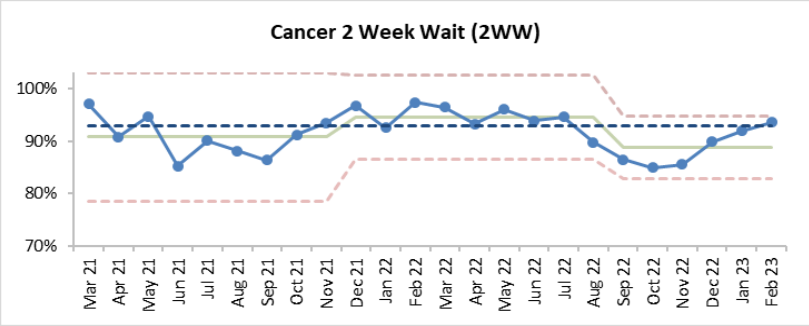
Responsible Director Update

- The FDS aggregated performance in March 2023 was compliant.
- Monitoring to ensure improved of utilisation is key with a focus on MRI and template biopsies.
- There is a focus, in particular, on the recovery of the FDS 2ww standard which was non compliant in February and March. This is key to enable patients to be informed by day 28 as to whether they have a diagnosis or not.
- There is a plan to roll out the ENT triage calculator for new 2ww referrals received at Barts Health following a consultation with GPs and support from Cancer Alliance. This will ensure patients are on the most appropriate pathway in a timely manner .
- Deep dives are planned within LGI, to support increasing performance above 75% in line with trajectories set for 23/24.

RESPONSIVE

Cancer 2 Week Wait

May-23



Cancer 2WW Breakdown by Site - Feb-23

Site	Seen	Breaches	Performance	Target
Royal London	1,490	248	83.4%	93.0%
Whipps Cross	2,994	100	96.7%	93.0%
Newham	982	10	99.0%	93.0%
St Bart's	422	18	95.7%	93.0%
Barts Health	**5,888**	**376**	93.6%	**93.0%**

Breakdown by Tumour Sites Failing Cancer 2WW Standard - Feb-23

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	**2,944**	**188**	**93.6%**
Brain/CNS	4	2	50.0%
Children's	17	4	76.5%
Urological	289	40	86.2%
Testicular	24	3	87.5%
Head and Neck	369	45	87.8%
Gynaecological	367	39	89.4%
Lung	54	4	92.6%
Upper Gastrointestinal	224	16	92.9%

Performance Overview

- In February 2023 a performance of 93.6% was recorded in relation to the 2 week wait standard of 93%, an improvement of 1.7% against January's 91.9%. This also represents a return to compliance with the national standard for the first time since July 2022.
- Of the trusts hospital sites three were compliant with the 93% national standard, with the Royal London non-compliant, recording a performance of 83.4%.

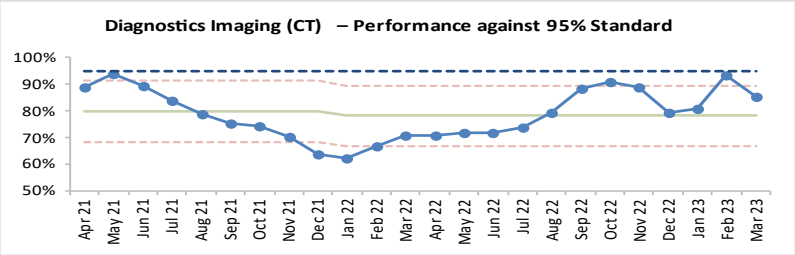
Responsible Director Update

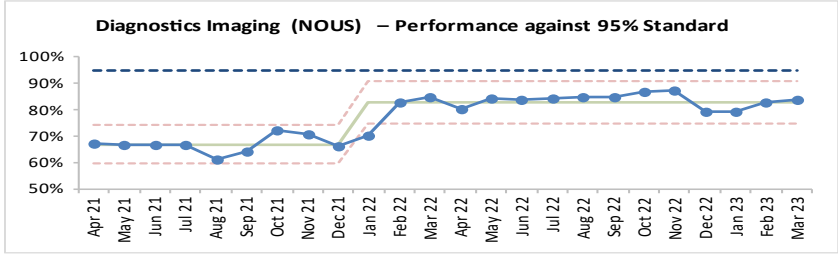
- The February 2ww position was compliant, at 93.6% with 2944 attendances, a return to compliance against this metric since July 2022.
- All hospitals were impacted by industrial action in March and April 2023 affecting 2ww patients. Across Barts Health a total of 177 2ww appointments were cancelled, all of which have since been rebooked.
- The March position deteriorated to 89.9% with both SBH and RLH showing a non compliant position, which saw number of breaches in Breast (70), ENT (62), urology (64) and Skin (20).
- There is a focus on mitigation plans to support recovery including :the appointment of additional locum Urology Doctor; the commencement of triaging and clearing the backlog by an additional ENT doctor; and additional doctors across a number of specialties seeing patients.

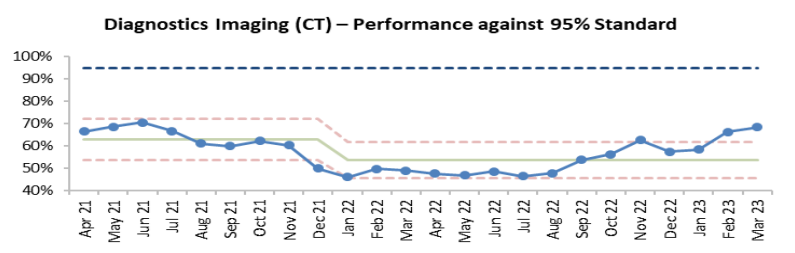
RESPONSIVE

Diagnostic Imaging Waits Over 6 Weeks

May-23







NB: Modalities apart from Imaging are shown on the slide that follows

DM01 Breakdown by Test

	Feb-23			Mar-23			
Test Name	**Waiting**	**Breaches**	**Performance**	**Waiting**	**Breaches**	**Performance**	**Variance in Performance**
Barium Enema	3	2	33.3%	3	3	0.0%	-33.3%
Magnetic Resonance Imaging	7,101	2,396	66.3%	6,819	2,157	68.4%	2.1%
Non-obstetric ultrasound	17,774	3,061	82.8%	18,378	2,950	83.9%	1.2%
Computed Tomography	3,370	229	93.2%	3,050	447	85.3%	-7.9%
DEXA Scan	974	94	90.3%	1,065	107	90.0%	-0.4%
Grand Total	**29,222**	**5,782**	**80.2%**	**29,315**	**5,664**	**80.7%**	**0.5%**

Performance Overview

- For March 2023 a performance of 80.0% was recorded, while only a slight improvement on February's 79.7%, this is the first 80%+ performance recorded since November 2020.
- No patients are waiting longer than 52 weeks and around 60 patients are waiting more than 26 weeks within Diagnostic Imaging.
- The greatest challenge is in MRI, Cardiac CT and non-obstetric ultrasound (NOUS). MRI breaches account for 30.5% and NOUS for 41.7% of all DM01 breaches at the end of March 2023, a reduction in both cases compared to February 2023.
- CT 6 week wait performance is not compliant (85.3%) and has declined with the declining position mainly associated with cardiac CT (66.2%).

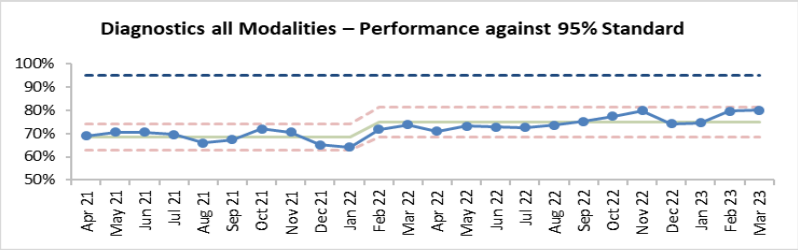
Responsible Director Update

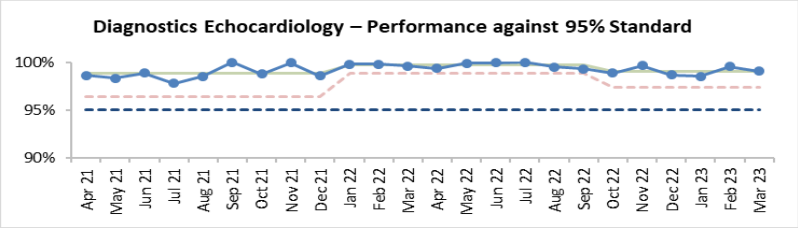
- Diagnostic services continue to work towards the national aim of at least 95% of patients waiting less than six weeks by March 2025. Imaging performance is improving at St Barts and the Royal London, whilst it is being maintained at Newham and Whipp's Cross. Growth in demand remains a concern, but activity is delivered above plan at more than 110% of 19/20 levels.
- Reviews of pathways are commencing in support of direct access for cancer and urgent referrals and demand management opportunities. Opportunities for process and productivity improvements; helping to mitigate the need for additional staff are being developed.
- Integrated planning sponsored by Health Education England has been completed through the Imaging network. Work is underway to update and enhance monitoring of the plan for activity, performance, productivity, finance and workforce KPIs.
- Opportunities to share expanded MRI capacity across hospitals are being discussed with new capacity at Newham and Mile End. Work is ongoing to agree funding of a second MRI scanner at Newham from Summer 2024 as proposed in capital planning.
- Standardised digital solutions and standard operating procedures are being implemented to support enhanced patient communications and to share patient information between hospitals; supporting collaborative capacity.
- The annual national Imaging Data Collection is underway, with the collection process to be agreed, and it will be signed off through the Elective Recovery Board.

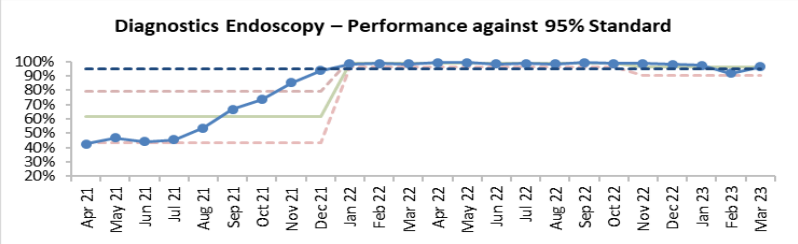
RESPONSIVE

Other Diagnostic Waits Over 6 Weeks

May-23







DM01 Breakdown by Test

	Feb-23			Mar-23			
Test Name	**Waiting**	**Breaches**	**Performance**	**Waiting**	**Breaches**	**Performance**	**Variance in Performance**
Urodynamics - pressures & flows	76	64	15.8%	62	49	21.0%	5.2%
Audiology - Audiology Assessments	1,786	1,145	35.9%	2,033	1,255	38.3%	2.4%
Cystoscopy	280	50	82.1%	260	69	73.5%	-8.7%
Neurophysiology - peripheral neurophysiology	55	8	85.5%	54	8	85.2%	-0.3%
Respiratory physiology - sleep studies	113	1	99.1%	86	10	88.4%	-10.7%
Cardiology - echocardiography	1,963	9	99.5%	1,888	17	99.1%	-0.4%
Colonoscopy	1,007	118	88.3%	869	4	99.5%	11.3%
Gastroscopy	773	16	97.9%	720	3	99.6%	1.7%
Flexi sigmoidoscopy	189	5	97.4%	145	0	100.0%	2.6%
Cardiology - Electrophysiology	0	0	100.0%	0	0	100.0%	0.0%
Grand Total	**6,242**	**1,416**	**77.3%**	**6,117**	**1,415**	**76.9%**	**-0.4%**

NB: Imaging Modalities are shown on the preceding slides

Performance Overview

- For March 23 a performance of 76.9% was recorded for Non-Imaging modalities; a decline of 0.4% on February's 77.3%. However, the total volume of patients waiting decreased, with those waiting over 6 weeks remaining almost exactly the same (1,415).
- The greatest challenge is in audiology. Audiology breaches account for 17.7% of all 6 week wait standard modality breaches in March 2023.
- Endoscopy performance is now compliant for waits over 6 weeks following some recent challenges with only 76 cases over 6 weeks.

Responsible Director Update

- The Trust is working closely with ICB colleagues to develop a strategy for Audiology services across NEL.
- There are capacity challenges in Audiology linked to workforce and demand and discussions underway with BHRUT to agree collaborative capacity for Audiology.
- Endoscopy services are eligible for Elective Recovery Funding (ERF) funding and services are reviewing opportunities to continue to support collaborative capacity across London.
- A review of all diagnostic activity reporting methodology, with support of BIU colleagues across the Trust, will commence in May 2023 with the establishment of a steering group which will include all key stakeholders. The BH Data Quality team are setting up a task and finish group to review internal processes, which will then feed into the new diagnostic steering group.

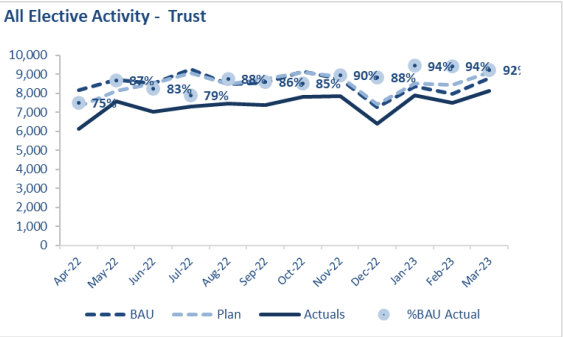
RESPONSIVE
Elective activity

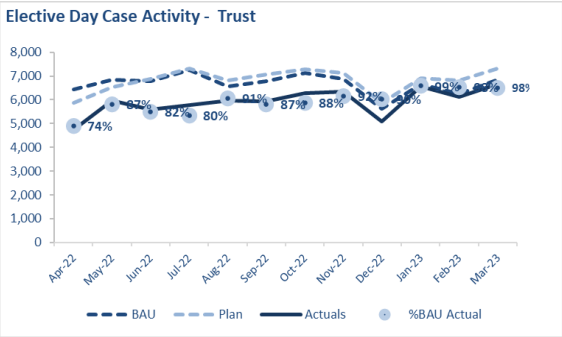
Admitted Activity against Plan

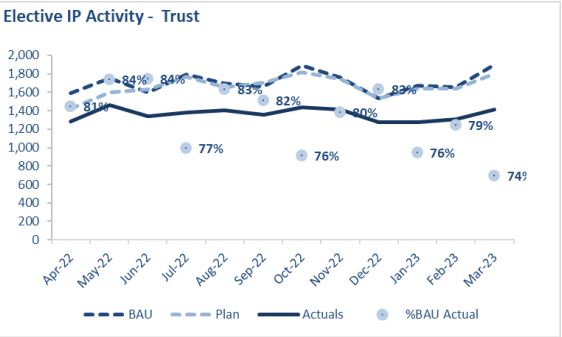
May-23

Admitted Elective Activity

		Barts Health						Last Month's Site Position				
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Royal London	Whipps Cross	Newham	St Bart's	Other
All Elective Activity	Plan	9,109	8,885	7,421	8,536	8,464	***9,104***	*4,565*	*1,833*	*1,413*	*1,226*	*67*
	Actuals	7,813	7,849	6,420	7,914	7,505	***8,150***	*4,147*	*1,592*	*1,175*	*1,236*	-
	Mth variance plan	*-1,331*	*-1,133*	*-1,173*	*-724*	*-959*	*-954*	*-418*	*-241*	*-238*	*10*	*-67*
Elective Day Case Activity	Plan	7,295	7,140	5,887	6,896	6,825	***7,303***	*3,772*	*1,486*	*1,224*	*754*	*67*
	Actuals	6,290	6,334	5,089	6,562	6,119	***6,673***	*3,526*	*1,315*	*1,026*	*806*	-
	Mth variance plan	*-1,005*	*-806*	*-798*	*-334*	*-706*	***-630***	*-246*	*-171*	*-198*	*52*	*-67*
Elective IP Activity	Plan	1,814	1,745	1,534	1,640	1,639	***1,801***	*793*	*347*	*189*	*472*	-
	Actuals	1,440	1,416	1,272	1,278	1,310	***1,409***	*600*	*277*	*149*	*383*	-
	Mth variance plan	*-374*	*-329*	*-262*	*-362*	*-329*	***-392***	*-193*	*-70*	*-40*	*-89*	
Independent Sector Elective Activity	Actuals	**83**	**99**	**59**	**74**	**76**	**68**	*21*	*0*	*0*	47	







Performance Overview

- For March 2023 the trusts admitted (Inpatient and Day Case) trajectory was set to a target of 9,104 admissions. 8,150 admissions were achieved, a shortfall of 954 admissions (-10.5%).
- For Day Cases the trajectory set a target of 7,303 admissions against which the trust achieved 6,673, a shortfall of 630 Day Cases (-8.6%).
- For Inpatients the trajectory set a target of 1,801 admissions against which the trust achieved 1,409 cases, a shortfall of 392 Inpatient admissions (-21.8%).
- During March, 68 elective admissions were recorded in the Independent Sector against a BAU of 77, please note there can be a lag in reporting Independent Sector activity.
- Whilst we are adverse to activity against plan we were improving our delivery trajectories through focused work on productivity

Responsible Director Update

- Elective Recovery Board will continue to focus on key actions being undertaken to recover activity lost during the strike period and in addition will monitor progress against targets as set out in the 2023/24 operational plan
- The Trust had seen a continued improvement in run rate through Q4 on admitted activity
- Industrial Action (IA) during March resulted in a total of 326 elective cases (DC & IP). The April IA has resulted in a total of 422 elective cases cancelled
- When the IA period was announced, a pause in booking was started which created additional impact not reflected in cancellation volumes resulting in capacity lost for admitted patients
- The hospitals have detailed records of all cancellations and have been rebooking with priority given to Cancer, Urgent and Long waiting patients. The Deputy Chief Medical Officer is leading on the clinical harm review process
- A group has been set up to oversee and drive movement of activity across the group (RLH, NUH, WX) reviewing opportunities across all specialties. Key specialties of focus are Gynae, General Surgery and OMFS

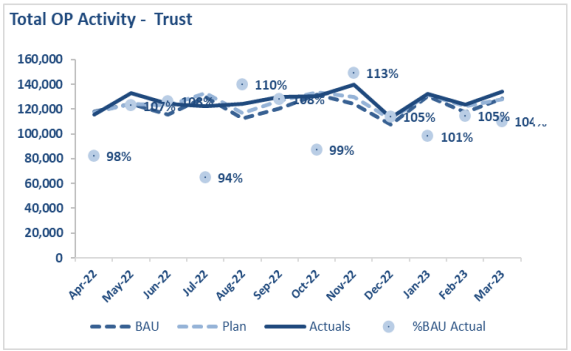
RESPONSIVE
Elective activity

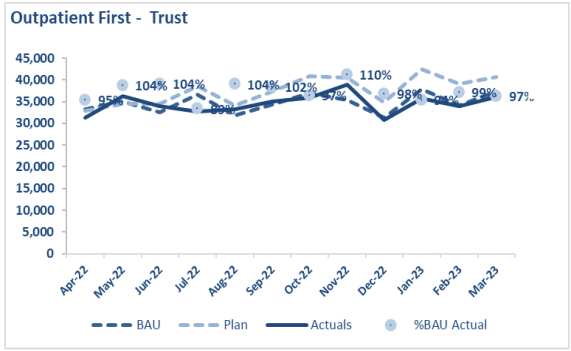
Non Admitted Activity against Plan

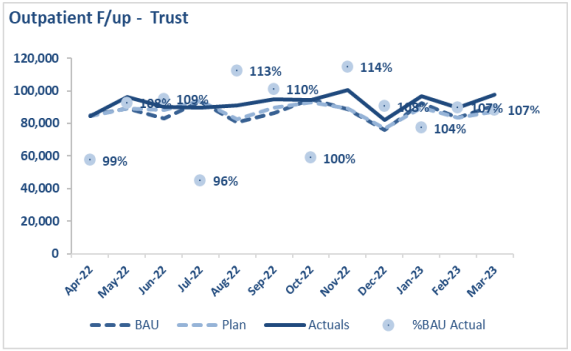
May-23

Outpatient Activity

		Barts Health						Last Month's Site Position				
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	133,767	129,528	111,548	131,775	122,446	**128,044**	56,042	27,679	19,336	24,987	0
	Actuals	130,534	139,531	112,808	132,317	123,485	**133,802**	56,087	31,567	20,719	25,359	70
	Mth variance plan	-3,233	10,003	1,260	542	1,039	**5,758**	45	3,888	1,383	372	70
Outpatient First	Plan	40,910	40,430	34,788	42,371	39,022	**40,608**	18,045	10,728	5,703	6,132	-
	Actuals	35,984	38,915	30,861	35,703	33,882	**36,160**	14,080	11,761	4,718	5,601	-
	Mth variance plan	-4,926	-1,515	-3,927	-6,668	-5,140	**-4,448**	-3,965	1,033	-985	-531	
Outpatient F/up	Plan	92,857	89,098	76,760	89,404	83,424	**87,436**	37,997	16,951	13,633	18,855	0
	Actuals	94,550	100,616	81,947	96,614	89,603	**97,642**	42,007	19,806	16,001	19,758	70
	Mth variance plan	1,693	11,518	5,187	7,210	6,179	**10,206**	4,010	2,855	2,368	903	70







Performance Overview

- For March 2023 the outpatient attendances (first and follow up) trajectory was set at 128,044, against which the trust achieved 133,802 an over performance of 5,758 outpatient attendances (+4.5%).
- For First attendances the trajectory was set at 40,608 against which the trust achieved 36,160 a shortfall of 4,448 attendances (-11%).
- For Follow-up attendances the trajectory set was at 87,436 against which the trust achieved 97,642 an overperformance of 10,206 attendances (+11.7%).

Responsible Director Update

- The Trust has committed to reduce follow up attendances during 2023/24 and support will be provided to the Hospitals via the I&T team
- The Improvement and Transformation (I&T) team are working with hospitals to be clear on support and priorities to outpatients for the next year and this is being discussed and agreed at the Elective Recovery Board
- There is a focus on coding and counting opportunities and work is underway with Hospitals and BIU
- During the Junior Doctors Industrial Action (IA) in April, 7,658 out patient appointments were cancelled. This is in addition to the 4,878 cancellations during March.
- As with admitted, the Trust took the decision to pause booking when the IA was announced in order to avoid rescheduling avoid additional rescheduling of patients who have already been adversely impacted
- Rebooking of patients is underway and this is being tracked by Hospitals. Additional Capacity is being put in place where required to address demand.

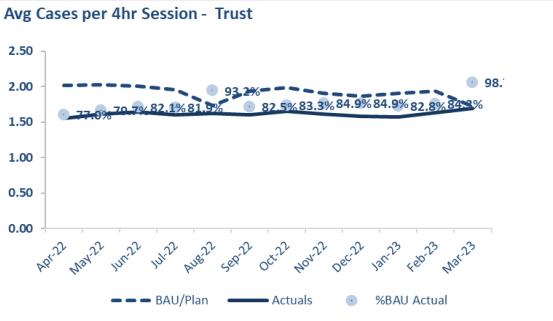
RESPONSIVE
Elective activity

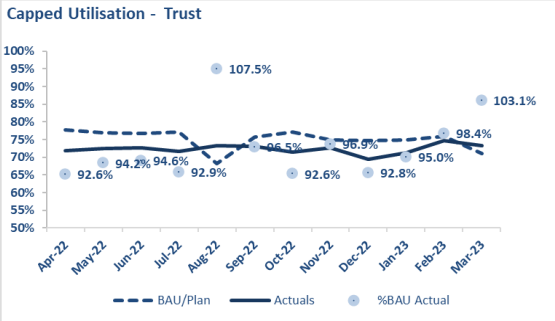
Theatre Efficiency

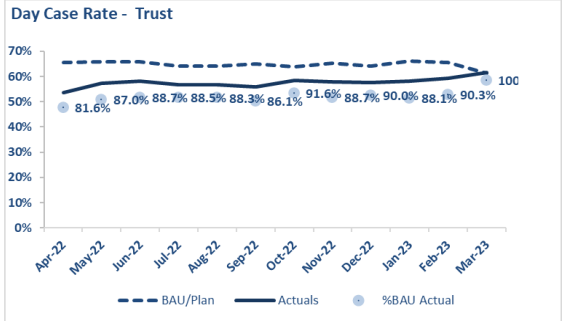
May-23

Efficiency Activity

		Barts Health						Last Month's Site Position			
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.66	1.62	1.59	1.58	1.63	1.70	1.55	2.23	2.21	1.03
	BAU	1.99	1.90	1.87	1.90	1.94	1.72	1.73	2.33	1.89	1.03
	Mth variance plan	*-0.33*	*-0.29*	*-0.28*	*-0.33*	*-0.30*	*-0.02*	*-0.18*	*-0.10*	*0.32*	*0.00*
Capped Utilisation	Actuals	71.5%	72.6%	69.3%	71.2%	74.8%	73.3%	73.4%	67.7%	71.5%	82.6%
	BAU	77.2%	75.0%	74.7%	74.9%	76.0%	71.1%	72.1%	69.6%	66.0%	72.9%
	Mth variance plan	-5.7%	-2.4%	-5.4%	-3.7%	-1.2%	2.2%	1.3%	-1.8%	5.5%	9.6%
Day Case Rate	Actuals	58.4%	57.9%	57.6%	58.2%	59.2%	61.6%	61.3%	69.5%	74.9%	16.6%
	BAU	63.7%	65.3%	64.0%	66.1%	65.5%	61.4%	62.8%	75.8%	65.7%	20.8%
	Mth variance plan	-5.3%	-7.4%	-6.4%	-7.9%	-6.3%	0.2%	-1.5%	-6.3%	9.3%	-4.2%







Performance Overview

- Set against internal trust data, a capped utilisation rate of 73.3% was recorded during March 23 against a BAU of 71.1% (+2.2%).
- For the same month, 1.70 cases per list were achieved against a BAU of 1.72 (-0.02).
- For March a Daycase rate of 61.6% was recorded against a BAU of 61.4% (+0.2%).

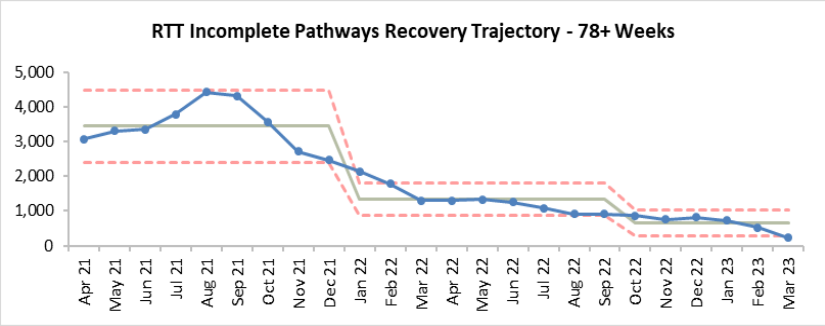
Responsible Director Update

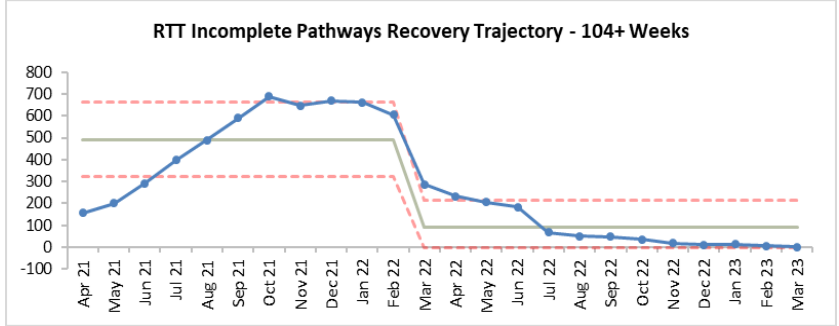
- Hospitals have started to meet to discuss movement of patients across the group and how best to utilise operating capacity to improve productivity metrics. 5.5. sessions of OMFS has moved from RLH – WX along with 1 monthly ENT session with further moves in progress
- Our Capped theatre utilisation remains above 80% on Model Hospital
- RLH have support from external improvement who started w/c 11.04.23 and are focusing on theatre productivity metrics and continuing to drive improvements already achieved around increasing cases per list. This work will be overseen through the Elective Recovery Board
- The CCS (Care Coordination Solution) programme of work is established and aiming to go live within T&O in Q2 23/24. This programme will support improvement in use of theatre capacity. There is a roll out plan for other specialties across the rest of the year
- During the last month, Industrial action has had a significant impact on the theatres improvement work. However hospitals continue to work on improving utilisation and number of cases per list

RESPONSIVE
RTT waiting times

78+ & 104+ Week RTT Activity

May-23





Performance Overview	Responsible Director Update
• In relation to the RTT month-end nationally submitted data the trust reported 1 pathway waiting 104+ weeks at the end of March 2023, a decrease of 6 pathways against the February position. This represents a significant reduction of 231, against the 232 reported in April 2022. • Looking at London, of the nine Trusts reporting 104+ week waits for February 2023 (the most recent national data), Barts Health had the second greatest number, reporting 7, a reduction of 6 against January. The highest number of 104+ week waits reported by a London trust in February was 10. • In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last 12 months with 1,309 pathways reported at the end of April 2022 reducing to 224 at the end of March 2023, a decrease of 1,085 (-83%), this also represents a significant decrease on February's position of 523 (-299) however is greater than the reduction plan of zero for March (+224).	• The Trust had a continued improvement in reduction of 104 week waits during March 23 ending the month with 2 patients waiting for treatment. 1 patient has a TCI booked before the end of April. The other has elected a date in May therefore patient choice has been applied • The Trust committed to achieve a position of less than 276 78 week waits by the end of March 23 and we achieved a final validated position of 225 • The Trust continues with detailed tracking of patients who are >78 weeks across all sites • During the last month the Trust has undertaken work on validation of May – July 23 78ww tip ins (2858 pathways). This validation has resulted in 13% (376) of these pathways being identified as no longer requiring treatment so they have been removed from the trust PTL • Those identified as requiring their 1st appointment from the validation exercise are being prioritised for booking. A contact exercise will be undertaken for those patients who are awaiting confirmation of their elective procedure date to confirm that they will be available for treatment • The period of Industrial action has had a significant impact on sustaining the Trusts 78 week reduction plan and work is being undertaken to understand the required run rate, capacity and actions in order to achieve a sustainable position of 0 78 week waiters by June 2023. • The Trust is continuing to work with North East London Acute Provider Collaborative (NEL APC) on use of collaborative capacity to support long waiters • Comments have been received from key stakeholders on the access policy. It is anticipated this will be finalised at May 23 Elective recovery board

NHS
Barts Health
NHS Trust

Equity Report

SUMMARY

Equity Summary

May-23

Equity in our waiting lists

Analysis
The Trust has reviewed its 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. This review is a snapshot of data from 17th of April.

We also reviewed ethnicity capture across A&E, Inpatients and Outpatient activity types. This data is a snapshot of data on 12th of April.

Findings
While ethnicity capture rates in all three activity areas remain above 90%, this month, there was a marginal decline in capture rates from the last reporting period for A&E and Outpatients by 0.3 and 0.4 percentage points, respectively.

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 that those from the wealthiest postcodes. Site-level data showed slightly longer waits at Royal London for people from more deprived backgrounds.

Similar to last month, the difference in wait for patients with Learning Disabilities is approximately 8 days. It is possible that the difference is due to chance. In the past, the difference in waiting time was partly due to the long waiting list at Royal London for Restorative Dentistry, as this speciality has a high proportion of patients with Learning Disabilities.

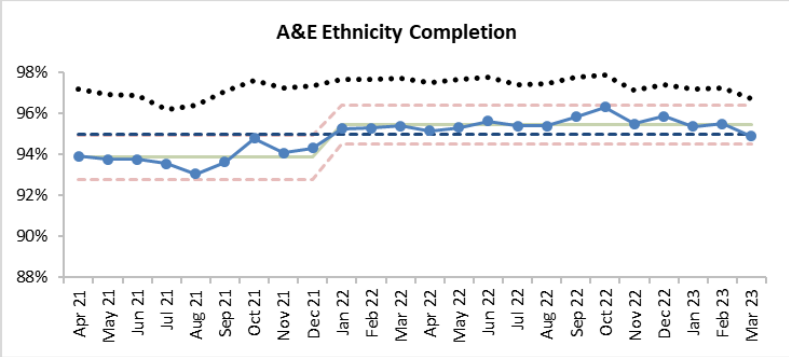
Next steps
We will be working with Royal London and selected specialties to understand better the difference in waiting times between patients living in wealthier postcodes and poorer postcodes to understand the reasons for this.

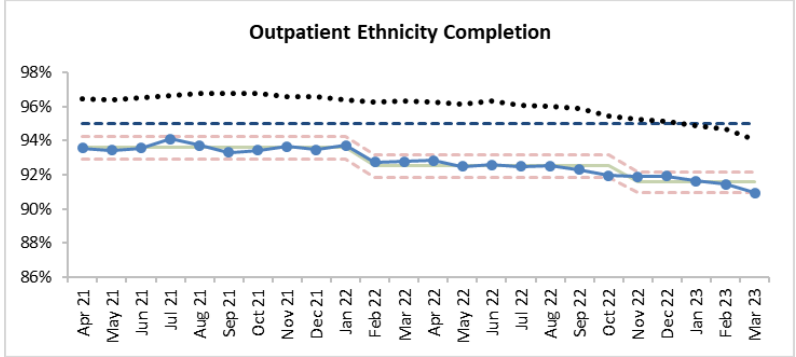
We are also working with our analytics team to improve these reports, including adding median wait times, and graphs which enable us to better view and interpret trends over time.

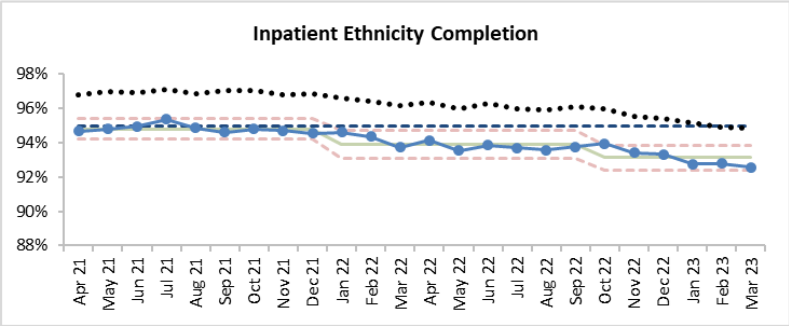
RESPONSIVE

Ethnicity Recording by Activity Type

May-23







Ethnicity Recording by Activity Type - % Completion - Mar-23

Site	A&E	Inpatient	Outpatient
Royal London	95.9%	90.3%	90.2%
Whipps Cross	93.1%	92.8%	90.8%
Newham	95.4%	95.7%	93.2%
St Bart's	-	95.4%	91.1%
Trust	**94.9%**	**92.6%**	**90.9%**

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%. However, it is concerning to see a marginal decline in capture rates from the last reporting period for A&E and Outpatients by 0.3 and 0.4 percentage points, respectively.
- Royal London continues to achieve the highest capture rates in A&E at 95.9%. However, this is a decline of 0.9 percentage points from last reporting period. There is also a small increase in capture rates in Inpatient and Outpatient departments by 0.9 and 0.2 percentage points, respectively.
- Both Whipps Cross and St Barts have seen a slight decline in capture rates across their respective areas.
- Newham continues to be the best performing site achieving above 95% capture in A&E, and Inpatients.

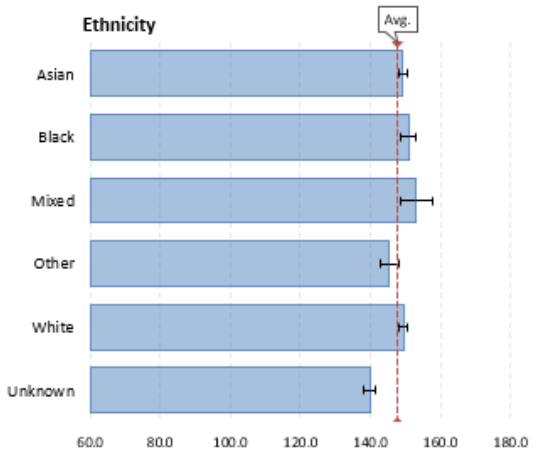
Responsible Director Update

- The ongoing decline in capture rates is of concern and will be escalated to the Addressing Inequalities in Care Group
- It is encouraging to see 95% capture being achieved in individual areas. However, across the Trust, Outpatients is still a concern.
- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- Ethnicity capture reporting is now included as part of standard divisional PR packs.

RESPONSIVE

Equity - Wait Times By Ethnicity

May-23



Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,234,049	35,088
Black	2,035,728	13,494
Mixed	408,568	2,668
Other	1,055,929	7,258
White	5,989,730	40,083
Unknown	2,840,242	20,307

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	149.2	147.9	150.4
Black	150.9	148.8	152.9
Mixed	153.1	148.5	157.8
Other	145.5	142.8	148.2
White	149.4	148.2	150.6
Unknown	139.9	138.3	141.5
Grand Total	**147.7**		

Commentary

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

On average, the longest waiters identify as 'Mixed' ethnic category with an average of 153.1 days. This equates to 13.2 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.

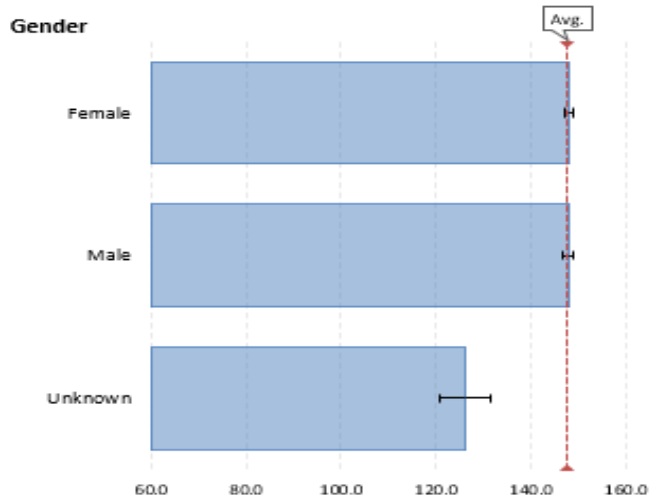
We are currently looking to understand the difference in waiting times for the 'Unknown' ethnicity group which are significantly shorter than other groups.

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

RESPONSIVE

Equity – Wait Times by Gender

May-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 (148.1 days vs 147.9 days, respectively).

The 'Unknown' category tend to be patients referred urgently and hence are more likely to have incomplete data.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	9,747,685	65,826
Male	7,623,983	51,544
Unknown	192,578	1,528

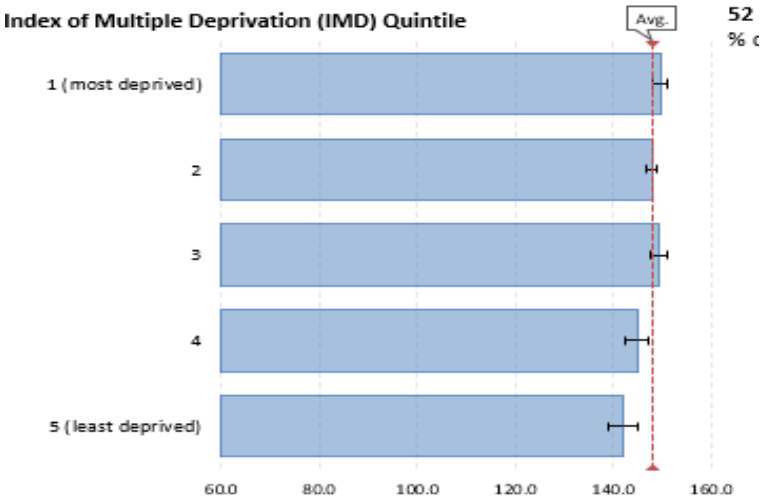
Pathways with no Week Wait details

Gender	Average Wait	Lower	Upper
Female	148.1	147.2	149.0
Male	147.9	146.9	149.0
Unknown	126.0	120.6	131.5
Grand Total	**147.7**		

RESPONSIVE

Equity – Wait Times By Deprivation

May-23



Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,211,331	28,153
2	7,967,551	53,891
3	2,897,051	19,401
4	1,435,079	9,910
5 (least deprived)	847,382	5,967

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	149.6	148.2	151.0
2	147.8	146.8	148.9
3	149.3	147.6	151.1
4	144.8	142.5	147.1
5 (least deprived)	142.0	139.1	144.9
Grand Total	**148.0**		

Commentary

In this month's snapshot, at Trust level, there appears to be a small difference in average wait time between patients living in the wealthiest and poorest areas of approximately 7.6 days.

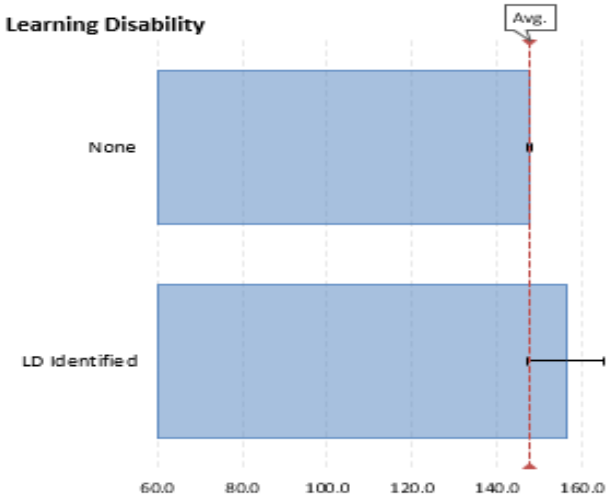
The average Trust wait time by level of deprivation is 148 days. While there is a difference in average waiting times between patients living in the most deprived postcodes compared to those living in the least deprived postcodes, there does not appear to be a clear trend between deprivation and waiting times.

We will be investigating this further to understand and reasons and will be monitoring for trends. This is broadly consistent findings from the previous two months.

RESPONSIVE

Equity – Wait Times by LD

May-23



Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	17,450,682	118,171
LD Identified	113,564	727

Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper
None	147.7	147.0	148.4
LD Identified	156.2	147.0	165.4
Grand Total	**147.7**		

Commentary

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

Patients with Learning Disabilities, wait on average, approximately eight and a half days longer. However, the numbers are not big enough to infer for certain if this is due to chance.

Previously, there was a large disparity in waiting times for patients with learning disabilities. We found the disparity to be due to 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. We are working with our Analytics Team to add separate data on this speciality.

We are also working with our Analytics Team to include graphs to show trends over time.

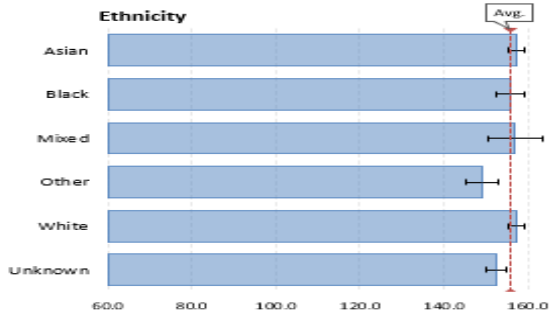
Note: This is a snapshot of Data from 17th April

RESPONSIVE

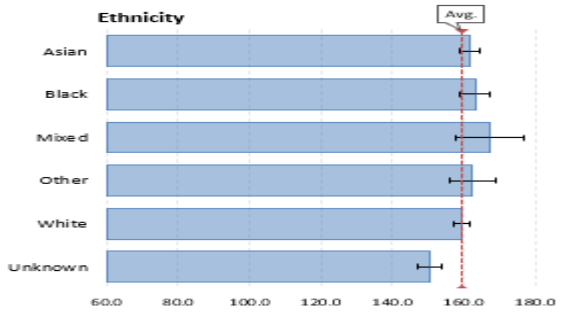
Equity - Wait Times By Ethnicity (Sites)

May-23

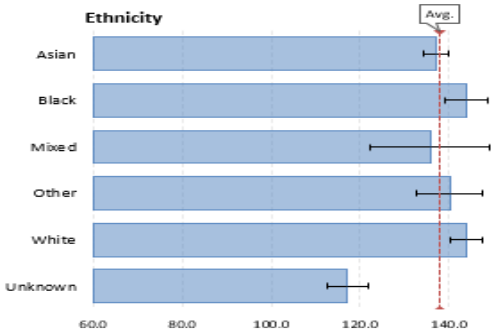
Royal London



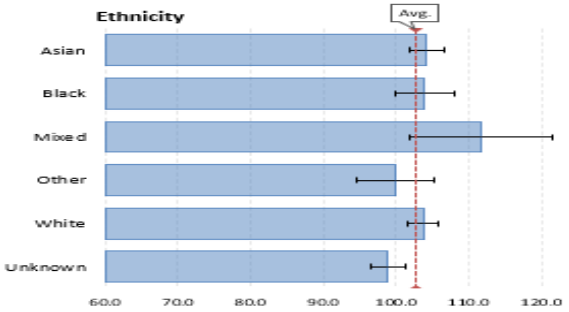
Whipps Cross



Newham



St Barts



Commentary

There are no significant differences in waiting times for patients based on the ethnicity with which they identify.

This broadly reflects findings from the last reporting period. We will continue to monitor this for trends.

There are no other significant differences between ethnic groups at site level. The 'Unknown' patient cohort appear to have shorter wait times across sites. This is an ongoing trend. We are currently working with the BIU team to report median wait times and interquartile ranges given the skewed distribution of equity related data.

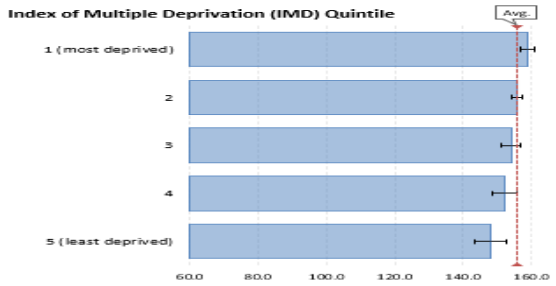
Note: This is a snapshot of Data from 17th April

RESPONSIVE

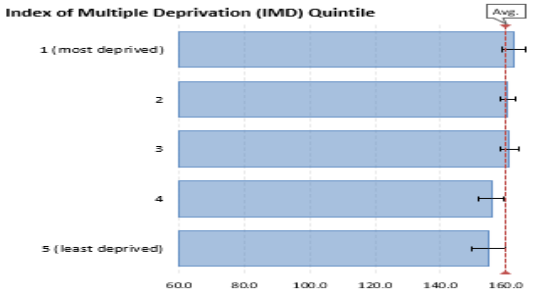
Equity – Wait Times By Deprivation (Sites)

May-23

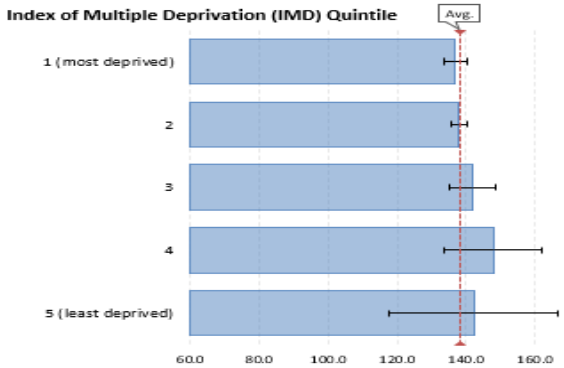
Royal London



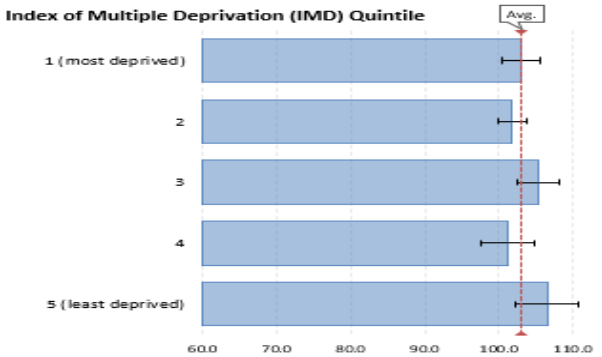
Whipps Cross



Newham



St Barts



Commentary

At Royal London Hospital, patients living in deprived areas wait on average, 9.6 days longer than those from the least deprived areas.

This relationship between deprivation and waiting times at Royal London could be due to a few specific specialties which treat a high proportion of patients from deprived postcodes from across North East London, but operate primarily out of Royal London. For example, Oral Surgery and Restorative Dentistry treat a significant proportion of patients who live in deprived postcodes. We will, however, be working closely with Royal London to understand this trend better.

NHS
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People Report

SUMMARY

People Summary

May-23

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing

- Our substantive staff in post grew marginally by 4 WTE in month and we are now reporting a 94.4% fill rate, however adjusted for the staff who have transferred to Barts as part of the SERCO TUPE arrangement there is an underlying rate of 92.2% an improvement from the 90% at the start of the year. Both Whipps Cross and St Bartholomew's saw increases in staff (and fill rate) in month with Whipps Cross now at 90.8% and St Barts now at 93.4%. Newham remains out most challenged site for substantive staffing at 86.8%.
- Nursing and Midwifery fill rate has plateaued at 86.2% however this is an improvement from 83.% in April 22 and an increase of 180 WTE registered nurses and midwives in the year.

Turnover

- The annualised voluntary turnover rate reduced from 12.4% to 12.2% in month. Excluding the impact of the SERCO TUPE we have an underlying rate of 12.4%, significantly improved from the peak of 13.9% in July 2022. We have seen continued improvement at The Royal London and Whipps (from 13.3% to 12.8% and from 11.8% to 11.5% respectively), although Newham turnover has got worse. (from 10.5% to 10.8%)
- Within this we have seen continued improvement in the retention of registered nurses and midwives from 14.3% to 14.1% driven by the improvements at The Royal London and Whipps, whilst Newham and St Bartholomew's have seen a worsening position.

Proportion of temporary staff

- The proportion of temporary staff used deteriorated in March from 14.4% to 16.2% as anticipated with and increase of 379 WTE temporary staff used in month.
- Full year spend on agency was £66.5m – 5.2% of pay bill (5.9%, £10.2m in month).

Annualised Sickness Absence

- Annualised sickness absence has continued to improve and now stands at 4.83% of which 0.58 percentage points were due to COVID related absence.

Roster Compliance

- We saw a reduction in the proportion of rosters fully approved on time from 57% to 46% however St Barts achieved 100% and Whipps Cross 83%
- Roster quality, which factors in the likes of absence, charge cover, skill mix and effective use of contracted hours at the point of laying down the roster improved from 18.7% to 28.5% with specific improvement at Whipps Cross from 16% to 35% and St Barts from 14% to 24%.
- Effective rostering is a key tool in achieving improved efficiency in the new financial year.

WELL LED

Domain Scorecard

May-23

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: Other
People	W19	Turnover Rate	●			Mar-23 (m)	<= 12.25%	12.40%	**12.18%**	***12.18%***	12.76%	11.46%	10.77%	13.87%	10.75%
	OH7	Proportion of Temporary Staff	●		●	Mar-23 (m)	<= 11.3%	14.5%	**16.1%**	***14.8%***	15.7%	20.8%	24.7%	13.2%	7.1%
	W20	Sickness Absence Rate	●		●	Feb-23 (m)	<= 3%	4.89%	**4.83%**	***4.83%***	4.88%	4.96%	5.39%	3.96%	5.04%
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	●			2021/22 (y)	>= 7	6.9	**6.7**	***6.7***	6.6	6.6	6.6	6.8	26.3
Compliance	W50	Mandatory and Statutory Training - All	●			Mar-23 (m)	>= 85%	86.5%	**87.0%**	***85.0%***	85.7%	87.8%	85.9%	90.4%	86.2%
	W11	Mandatory and Statutory Training - National	●			Mar-23 (m)	>= 85%	85.3%	**86.1%**	***84.1%***	84.2%	87.0%	86.4%	89.8%	85.6%
	W29	Appraisal Rate - Non-Medical Staff	●			Mar-23 (m)	>= 90%	56.2%	**58.1%**	***58.1%***	54.0%	62.6%	56.4%	60.8%	60.3%
	W30	Appraisal Rate - Medical Staff	●			Mar-23 (m)	>= 95%	88.0%	**88.4%**	***88.4%***	87.8%	91.5%	88.4%	88.1%	58.8%

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

WELL LED

Domain Scorecard

May-23

Barts Health

Group	Indicator	Targets	Performance		YTD	Mar-23 (Site)			
		Target	Feb-23	Mar-23		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	Staff in Post - Actual	>=Plan	17,616	17,621		6,395	3,040	2,128	2,769
	Bank WTE - Actual	<=Plan	2,129	2,436		893	551	470	328
	Agency WTE - Actual	<=Plan	862	934		297	245	228	93
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	94.4%	94.4%	-	94.4%	90.8%	86.8%	93.4%
	Unconditional Offers - Actual	>=Plan	414	464	1,522	160	71	39	110
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	56.9%	45.7%	-	20.0%	83.3%	28.6%	100.0%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	18.7%	28.5%	-	27%	35%	24%	24%
Diversity	% of BME Staff at Band 8a to VSM	-	37.9%	40.1%		38%	42%	49%	32%

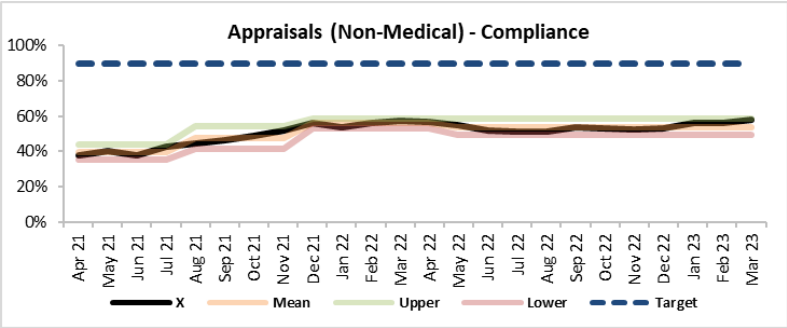
Target for % Utilisation (Total Fill Rate)	95% to 100%	<95%	>100%
Target for Staff in Post Actual Against Plan (% Variance)	>=0%	Between 0% and -5%	<=-5%
Targets for Bank, Agency and Total Staffing Actual Against Plan (% Variance)	<=-5%	Between 0% and -5%	>=0%
Target for Unconditional Offers Actual Against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

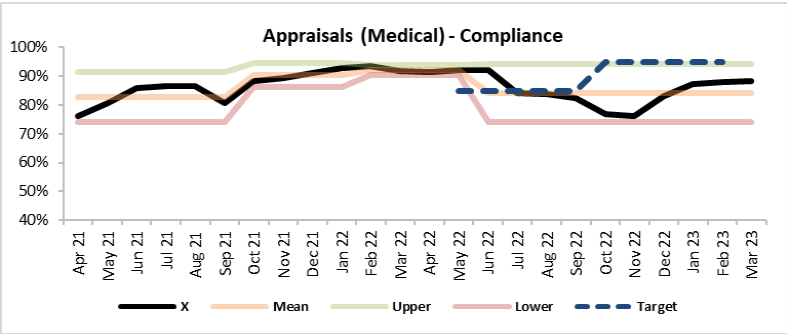
Notes: YTD figures for workforce metrics are only shown where appropriate

WELL LED

Appraisal Rate

May-23





% Completion of Appraisals (Non-Medical) by Site - Mar-23				
Site	Completed	Due	Total	% Completed
Royal London	2,195	1,869	4,064	54.0%
Other	1,572	1,048	2,620	60.0%
Whipps Cross	1,348	805	2,153	62.6%
St Bart's	1,091	703	1,794	60.8%
Newham	871	673	1,544	56.4%
Grand Total	**7,077**	**5,098**	**12,175**	**58.1%**

Appraisals (Medical) - Compliance by Site					
	Mar-23				Feb-23
Site	Compliant	Non-Compliant or Missed	Total	% Compliant	% Compliant
Royal London	875	122	997	87.8%	88.0%
Whipps Cross	364	34	398	91.5%	88.6%
Newham	251	33	284	88.4%	90.3%
St Bart's	333	45	378	88.1%	87.1%
Other	10	7	17	58.8%	53.8%
Grand Total	**1,833**	**241**	**2,074**	**88.4%**	**88.0%**

Performance Overview

- Medical appraisal rates are largely stable at 88% for the group.
- Non medical appraisals saw an increase from 56.2% to 58.1% in month although rates remain similar to where they were at the end of 2022 (57.1%).

Responsible Director Update

- Following a review of our appraisal framework, pilot groups have been set up at each of the four hospital sites. These will focus on testing the proposed amendments to the process and form and support the design of the longer term transformational processes.
- There will be close working with the Education Academy to strengthen the appraisal training offering and with the communications team to ensure staff are aware of the new and improved appraisal framework.
- Roll out of the reimagined appraisal framework will be from July 2023.

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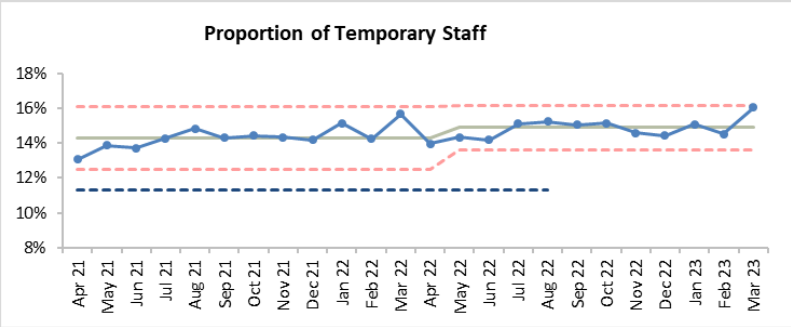
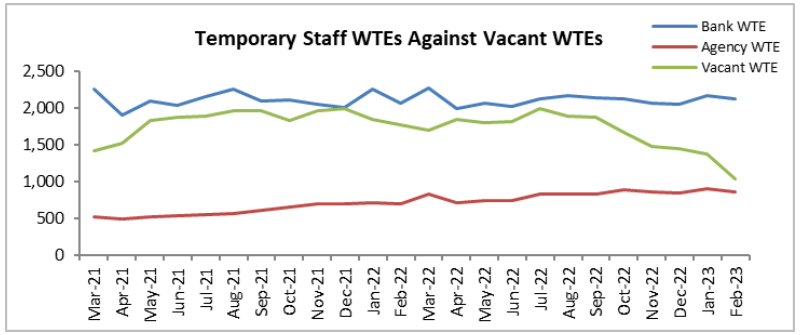
Proportion of Temporary Staff

May-23





Proportion of Temporary Staff by Site

		Average of Previous 6 Months			Mar-23			
Site	Staff Group	Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	Variance
Royal London	All Staff Groups	1,011	7,353	**13.7%**	1,190	7,585	**15.7%**	**1.9%**
Whipps Cross	All Staff Groups	757	3,688	**20.5%**	797	3,837	**20.8%**	**0.3%**
Newham	All Staff Groups	568	2,684	**21.2%**	698	2,826	**24.7%**	**3.5%**
St Bart's	All Staff Groups	385	3,117	**12.4%**	421	3,190	**13.2%**	**0.9%**
CSS	All Staff Groups	20	242	**8.5%**	27	246	**10.8%**	**2.4%**
Other	All Staff Groups	241	2,974	**8.1%**	236	3,306	**7.1%**	**-1.0%**

Performance Overview

- The proportion of temporary staff used deteriorated in March from 14.4% to 16.2% as anticipated with an increase of 379 WTE temporary staff used in month. This is likely driven by the using up of annual leave at the end of the financial year with carry forward limited compared to the previous two years post pandemic.
- Full year spend on agency was £66.5m – 5.2% of pay spend (5.9%, £10.2m in month). This varies across sites with Newham and Whipps up at 9.0% and 8.3% respectively whilst St Bartholomew's and The Royal London are at 3.5% and 3.6% respectively.

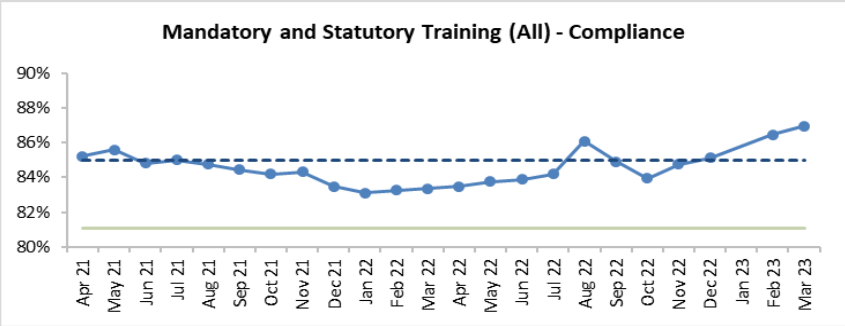
Responsible Director Update

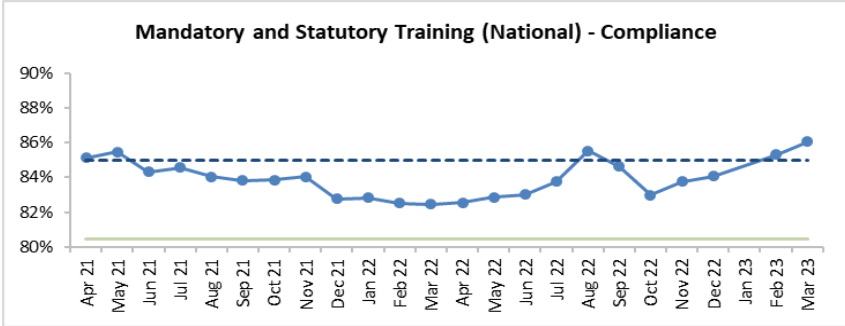
- Reduction in demand on temporary staffing is a key component of improving workforce productivity in 23/24 with focus on delivering this through:
  - Reduction in sickness absence – if we deliver against the 4% annualised target this will result in reduced demand for temporary staffing to cover
  - Improved rostering quality – by ensuring that we effectively utilise contracted hours we expect to see a small reduction in demand
- Alongside this focus will be on reducing high cost demand – such as demand that goes to off-framework agencies – in order to reduce costs where temporary workforce continues to be required..

WELL LED

Mandatory and Statutory Training

May-23





Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months	Mar-23	
	Compliance	Compliance	Staff Non-Compliant
Safeguarding Children L2	73.3%	76.1%	3,095
Resuscitation - Basic Life Support	78.1%	78.9%	2,351
Fire Safety	86.5%	88.5%	2,086
Safeguarding Adults L1	87.6%	88.6%	2,061
Infection Control (Clinical)	81.9%	83.2%	1,940

Bottom 5 Departments: Total Number of Non-Compliant Employees

Departments	Previous 6 Months	Mar-23	
	Compliance	Compliance	Staff Non-Compliant
A & E Helicopter Service	69.4%	78.3%	48
Cardiac Research - Nursing Staff Salaries (Veerapen/Mathur)	40.4%	46.9%	16
Staff Salaries Only (Pearse)	52.1%	67.7%	16
Clinical Virology	58.3%	44.9%	12
COVID19 Costs - NUH	21.1%	37.3%	10

Non-mandatory competencies have been excluded from the above tables

Performance Overview

- Trust wide compliance remains above the Trust target of 85%.
- Across the bottom 5 competencies we are seeing an improved position when compared to the previous 6 months.
- 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 number of subjects at the same time. However compared to the previous 6 month we are seeing improving performance across 4 of these departments.

Responsible Director Update

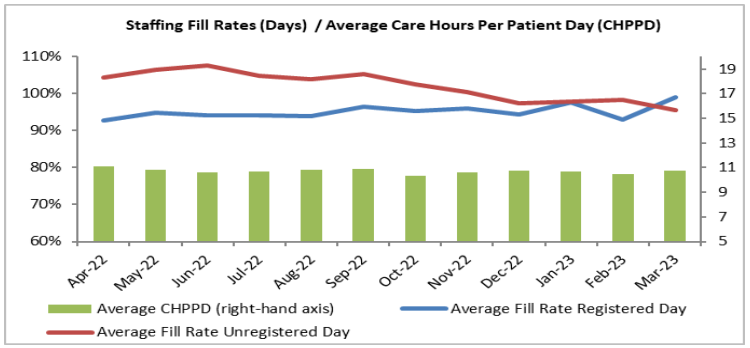
- All staff receive monthly emails to alert them of non –compliance or subjects that are due to expire within 3 months.
- Statutory and mandatory training data is reviewed in Hospital Divisional and Site PR packs with spotlights on specific issues.
- A review of all subjects on the Barts Health Statutory, 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.
- 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.
- Work is being undertaken to ensure that all subjects have a renewed e-learning package which contains a bank of questions of which a random selection is chosen for each member of staff.

SAFE STAFFING

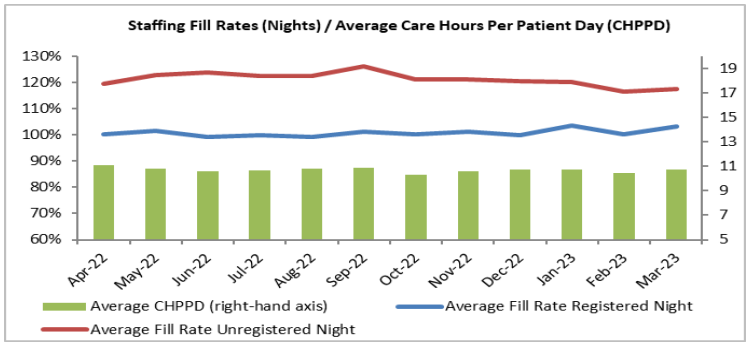
Safe Staffing

May-23

- Overall average fill rates at organisational level remained above 90% target in March 2023 for Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) across both day and night shifts.
- Overall average Care Hours Per Patient Day (CHPPD) remained stable at 10.7 in March. This is above last published London average (9.0; January 2023). 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.
- A CHPPD Master Class, facilitated by NHSE, will be delivered in coming months to support increased use of CHPPD for identifying warranted/unwarranted variation.
- 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, vacancies and sickness absence. As per the safer staffing policy, risks were reviewed and mitigated, with senior staff working clinically when required.
- There were a total 20 Red Flag staffing incidents reported: 4 in NUH and 16 in RLH. For NUH there was also a Red Flag reported for theatres, although that area does not fall within the scope of this report. The incidents were responded to, with staff redeployed to areas of greatest need and senior nursing and midwifery staff working clinically as needed. Work continues to ensure Red Flag reporting is embedded and consistently applied to ensure timely, accurate reporting and real-time resolution.
- Recruitment activity continues across each site as part of the Drive 95 programme, with new recruits starting to come into post.
- SafeCare compliance fell compared to February, achieving 75% at organisational level against the target 90%. This deterioration was anticipated due to the linked SNCT deep dive, which requires forensic monitoring, concluding. However, compliance continues to be above reported levels for the same time last year.
- Ward-based training continues to be provided by the group workforce nurse and is well attended. This is driving not only compliance with reporting, but also use of findings in daily practice.
- The SafeCare Sunburst (demand vs capacity visual tool) is being used more consistently at safety huddles, to assist with redeployment decisions, which supports safety and efficient use of resources



	Staffing Figures by Site - Mar-23					
	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
Site	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	**98.9%**	**95.4%**	**103.3%**	**117.4%**	**10.7**	**20**
Royal London	100.8%	88.3%	107.4%	120.0%	10.3	16
Whipps Cross	94.8%	106.8%	100.4%	117.1%	10.5	0
Newham	112.2%	94.3%	113.8%	116.6%	10.7	4
St Bart's	88.6%	89.6%	89.7%	112.0%	12.7	0



May-23

NHS
Barts Health
NHS Trust

Finance Report

EXECUTIVE SUMMARY

Finance Executive Summary

May-23

- The Trust has reported to NHS England a (£12.9m) adverse variance for the full year due to the impact of unfunded hyper-inflation pressures (£27.0m), less non-recurrent savings (£5.0m), less additional income from NEL ICB for mental health enhanced care nursing costs (£3.0m) and the Barts share of the additional year end NEL system allocation (£6.1m). This draft position will now be subject to external audit prior to adoption of the accounts by the Trust board.

- Income is £92.0m favourable against the year to date plan. NHS Patient Treatment income is £76.6m favourable, the favourable variance includes additional income in month 12 for 2022/23 A4C pay award offer (£32.0m) and ICB year end income (£9.1m) as well as on-going over-performance for high cost drugs. There is no income deduction in 2022/23 for clawback in relation to elective recovery under performance against the 104% target. Other income is £15.4m favourable for the year, favourable variances include Health Education England funding (£4.6m) and SLAs with other NHS organisations and NHS project allocations (£4.1m) and income for overseas patients which is largely offset by provisions for the risk of non-payment.

- Expenditure is (£104.8m) adverse against the year to date plan. Site and Services expenditure is (£83.7m) adverse primarily 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 (£14.0m) adverse which includes a provision for costs of the AFC pay award offer offset by favourable variances for central non-recurrent benefits.

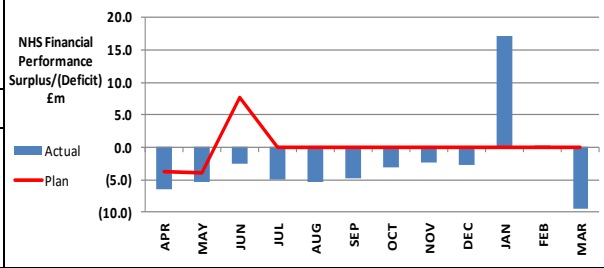
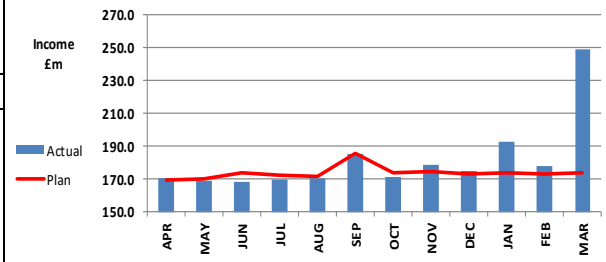
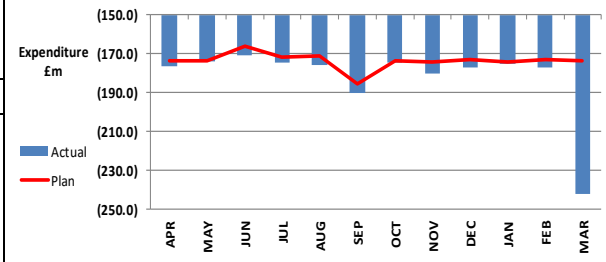
- Capital expenditure to date is £95.9m against a plan of £89.8m which results in an overspend against CRL of £6.1m comprised of £5.5m against the main exchequer programme and £0.6m for the Horace Evan House finance lease which did not qualify for cover under the IFRS16 arrangements and was not awarded discretionary lease cover. Against the donated programme forecast at £5m, the Trust incurred cost of £5.3m and secured funding of £5.3m.

- Cash balances outturn for the year is in line with the plan. The Trust received £32.3m PDC in March to fund various capital projects, and paid the second half of the PDC dividend of £5.3m. The closing cash balance for the financial year 2022/23 is in line with the plan.

KEY METRICS

Finance Key Metrics

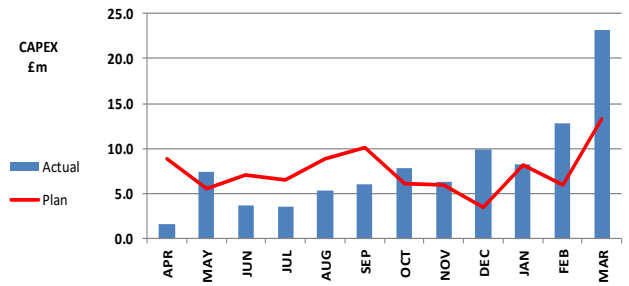
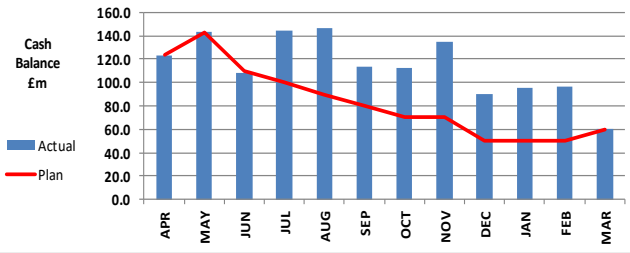
May-23

Metrics	Current Performance Year To Date £millions		Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan	(0.0)		The Trust has reported to NHS England a (£12.9m) adverse variance for the full year due to the impact of unfunded hyper-inflation pressures (£27.0m), less non-recurrent savings (£5.0m), less additional income from NEL ICB for mental health enhanced care nursing costs (£3.0m) and (£6.1m) for the Barts share of the additional NEL system allocation from NHS England.
	Actual	(12.9)		
	Variance	(12.9)		
Total Income	Plan	2,084.2		Income is £92.0m favourable against the year to date plan. NHS Patient Treatment income is £76.6m favourable, the favourable variance includes additional income in month 12 for 2022/23 A4C pay award offer (£32m) and ICB year end income (£9.1m) as well as on-going over-performance for high cost drugs. There is no income deduction in 2022/23 for clawback in relation to elective recovery under performance against the 104% target. Other income is £15.4m favourable for the year, favourable variances include Health Education England funding (£4.6m) and SLAs with other NHS organisations and NHS project allocations (£4.1m) and income for overseas patients which is largely offset by provisions for the risk of non-payment.
	Actual	2,176.2		
	Variance	92.0		
Total Expenditure	Plan	(2,084.2)		Expenditure is (£104.8m) adverse against the year to date plan. Site and Services expenditure is (£83.7m) adverse primarily 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 (£14.0m) adverse which includes a provision for costs of the AFC pay award offer offset by favourable variances for central non-recurrent benefits.
	Actual	(2,189.0)		
	Variance	(104.8)		

KEY METRICS

Finance Key Metrics

May-23

Metrics	Current Performance Year To Date £millions		Trend	Comments
Capital Expenditure	Plan	89.8		Capital expenditure to date is £95.9m against a plan of £89.8m which results in an overspend against CRL of £6.1m comprised of £5.5m against the main exchequer programme and £0.6m for the Horace Evan House finance lease which did not qualify for cover under the IFRS16 arrangements and was not awarded discretionary lease cover. Against the donated programme forecast at £5m, the Trust incurred cost of £5.3m and secured funding of £5.3m.
	Actual	95.9		
	Variance	6.1		
Cash	Plan	60.0		Cash balances outturn for the year is in line with the plan. The Trust received £32.3m PDC in March to fund various capital projects, and paid the second half of the PDC dividend of £5.3m. The closing cash balance for the financial year 2022/23 is in line with the plan.
	Actual	60.2		
	Variance	0.2		

Key Issues
The Trust has submitted to NHS England a draft income and expenditure position of a (£12.9m) deficit for 2022/23, which incorporates: - (£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. - £6.1m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England. This draft position will now be subject to external audit prior to adoption of the accounts by the Trust board.

INCOME & EXPENDITURE

Income & Expenditure - Trustwide

May-23

PY Actual	£millions	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Annual Plan
	Income							
136.5	NHS Patient Treatment Income	137.1	138.0	1.0	1,593.6	1,590.8	(2.8)	1,593.6
0.4	Other Patient Care Activity Income	0.6	0.6	0.1	6.8	3.2	(3.6)	6.8
11.1	Other Operating Income	10.1	15.3	5.2	124.8	132.7	8.0	124.8
148.0	**Total Income**	**147.7**	**154.0**	**6.2**	**1,725.2**	**1,726.7**	**1.5**	**1,725.2**
	Operating Expenditure							
(97.0)	Pay	(97.8)	(107.0)	(9.2)	(1,125.6)	(1,171.7)	(46.1)	(1,125.6)
(17.1)	Drugs	(15.7)	(17.3)	(1.5)	(185.3)	(205.9)	(20.6)	(185.3)
(13.9)	Clinical Supplies	(14.0)	(15.8)	(1.8)	(165.5)	(165.7)	(0.2)	(165.5)
(25.6)	Other Non Pay	(25.0)	(24.5)	0.5	(296.1)	(312.9)	(16.8)	(296.1)
(153.7)	**Total Operating Expenditure**	**(152.5)**	**(164.6)**	**(12.0)**	**(1,772.5)**	**(1,856.1)**	**(83.7)**	**(1,772.5)**
(5.7)	**Site & Services Budgets Total**	**(4.8)**	**(10.6)**	**(5.8)**	**(47.3)**	**(129.4)**	**(82.1)**	**(47.3)**
-	Pathology Partnership (net)	(4.6)	(4.3)	0.3	(55.1)	(54.1)	1.0	(55.1)
-	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0)	-	0.1	0.1	-
-	Research & Development (net)	0.0	1.1	1.1	0.0	1.1	1.1	0.0
(173.5)	Central NHS PT Income	4.9	64.3	59.4	106.2	185.6	79.4	106.2
-	Central RTA & OSV Income (net)	0.6	(0.6)	(1.2)	6.8	6.0	(0.8)	6.8
-	Central Expenditure (net)	0.2	(46.8)	(47.0)	2.5	(23.4)	(25.9)	2.5
-	Reserves (net)	4.1	3.6	(0.5)	(11.9)	-	11.9	(11.9)
(179.2)	**EBITDA**	**0.4**	**6.7**	**6.4**	**1.2**	**(14.1)**	**(15.3)**	**1.2**
-	Depreciation and Amortisation (net)	(6.0)	(6.0)	(0.0)	(70.9)	(70.4)	0.5	(70.9)
-	Interest	(6.0)	(5.7)	0.3	(70.2)	(68.3)	1.9	(70.2)
-	PDC Dividends	(0.9)	(1.0)	(0.1)	(10.7)	(10.8)	(0.1)	(10.7)
-	Profit On Fixed Asset Disposal	0.0	0.1	0.0	0.1	0.2	0.2	
-	Loss on return of COVID assets to DHSC	-	-	-	-	-	-	
(179.2)	**Surplus/(Deficit) Before System Top-Up**	**(12.5)**	**(5.9)**	**6.6**	**(150.5)**	**(163.4)**	**(12.9)**	**(150.6)**
173.5	System Top-Up Income	12.5	12.5	-	150.5	150.5	-	150.5
(5.7)	**NHS Reporting Surplus/(Deficit)**	**(0.0)**	**6.6**	**6.6**	**(0.0)**	**(12.9)**	**(12.9)**	**(0.1)**
-	*Capital Donations I&E Impact*		*(16.0)*			*(16.0)*		
-	*Fixed Asset Impairments*		*0.7*			*2.2*		
(5.7)	**Surplus/(Deficit)**		**(8.7)**			**(26.7)**		

CAPITAL EXPENDITURE

Capital Expenditure Summary - Trustwide

May-23

21/22 YTD	Programme Area	In Month				Year to Date					Annual				
Prev Yr Actual	£millions	Plan	Actual	Variance	%	Plan	Actual	Variance	%		Funded Balanced Plan Mar	Forecast M12	Variance	%	
18.9	Equipment (Medical and Other)	2.9	6.3	(3.5)	(121)%	14.4	16.9	(2.5)	(17)%		14.4	15.7	(1.4)	(9)%	
8.6	Informatics	4.2	4.2	(0.0)	(0)%	8.6	7.7	0.9	10 %		8.6	8.2	0.4	4 %	
31.9	Estates	2.8	3.2	(0.4)	(15)%	22.7	29.6	(6.8)	(30)%		22.7	29.5	(6.7)	(30)%	
17.3	New Build and Site Vacations	4.4	6.2	(1.8)	(40)%	27.0	24.0	3.0	11 %		27.0	24.7	2.2	0.0	
8.7	PFI Lifecycle Assets	0.9	0.9	(0.0)	(0)%	10.4	10.4	-	0 %		10.4	10.4	-	- %	
	New Build - Diagnostics	-	-	-	- %	-	-	-	- %		-	-	-	- %	
3.9	Finance Lease	(1.8)	2.4	(4.2)	232 %	6.8	7.4	(0.6)	(9)%		6.8	7.4	(0.6)	(9)%	
89.2	**Total Exchequer programme**	**13.3**	**23.2**	**(9.9)**	***(74)%***	**89.8**	**95.9**	**(6.1)**	***(7)%***		**89.8**	**95.9**	**(6.1)**	***(0.0)***	
-															
89.2	**Total Trust Funded Assets**	**13.3**	**23.2**	**(9.9)**	***(74)%***	**89.8**	**95.9**	**(6.1)**	***(7)%***	*	**89.8**	**95.9**	**(6.1)**	***(7)%***	
4.8	Donated	0.3	0.9	(0.6)	(188)%	5.3	5.3	(0.0)	(0)%		5.3	5.3	-	- %	
94.0	**Total Capital Expenditure**	**13.7**	**24.2**	**(10.5)**	***(77)%***	**95.1**	**101.2**	**(6.1)**	***(6)%***		**95.1**	**101.2**	**(6.1)**	***(6)%***	

Key Messages

The full year funded exchequer capital plan is £89.8m (£92.2m, m11). The change from month 11 relates a reduction of IFRS 16 Lease CRL of £1.9m due to the reduced lease cost at Kenworthy Road (c£1.3m) and the lease at Horace Evans House not qualifying for cover (£630k) together with a reduction of £425k because of additional PDC for the WXH redevelopment programme not being secured.

The full year expenditure outturn was £95.9m. This has resulted in an overspend against CRL of £6.1m comprised of £5.470m against the main exchequer programme and £630k for the Horace Evan House finance lease which did not qualify for cover under the IFRS16 arrangements and was not awarded discretionary lease cover.

Capital Funding:
Outturn Exchequer capital funding allocated to the Trust is £89.8m. In addition the Trust applied for additional CRL cover of £6.1 from NEL underspends. NEL has identified that it can support £3.94m. This leaves a net overspend of £2.16m which has so far not been covered. Discussions continue with NHSE about cover for the CRL overspend which will potentially be clawed back against the 2023/24 funding allocation creating a further cost pressure for the Trust.

Capital Expenditure:
Exchequer expenditure in M12 is £23.2m (M11, £12.9m)

Against the donated programme forecast at £5m, the Trust incurred cost of £5.3m and secured funding of £5.3m

Capital Funding

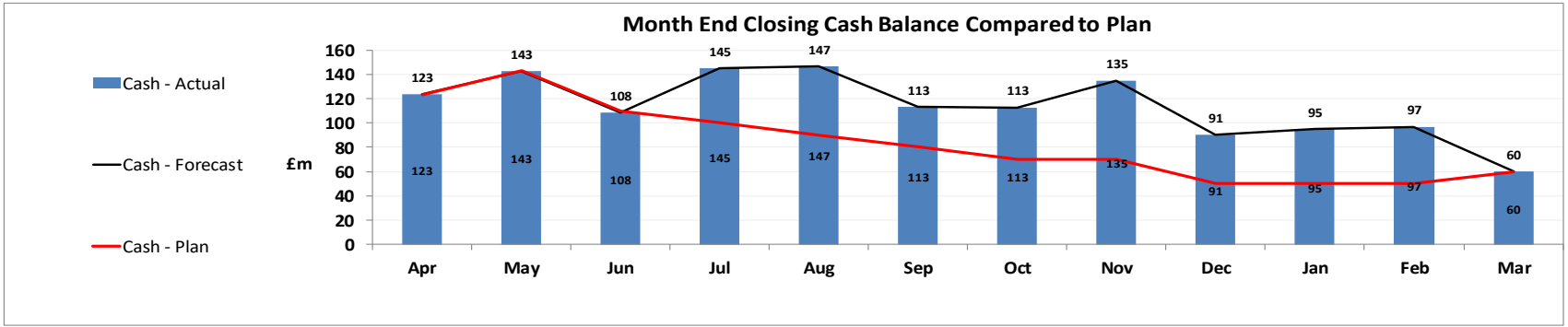
	Capital Plan	Secured/ Drawndown	Not Secured/ Drawdow	% Secured
Gross Depreciation	61.2	61.2	-	*100 %*
IFRS 16 deprecation	9.8	9.8		*100 %*
Repayment of PFI principal	(25.3)	(25.3)	-	*100 %*
Repayment of Loans / Other Finance Leases	(1.8)	(1.8)	-	*100 %*
Repayment Other Finance Leases (IFRS16)	(9.7)	(9.7)	-	*100 %*
Net Depreciation	**34.1**	**34.1**	**-**	**100 %**
CRL (not cash backed)	16.3	16.3	-	*100 %*
Other Leases CRL adjustment	0.6		0.6	*- %*
Add CRL - Neonatal cot capacity RLH (not cash b	0.4	0.4	-	*100 %*
PDC- TIF NUH Modular Build BC932	11.4	11.4	-	*100 %*
PDC- MEH CDC	8.0	8.0	-	*100 %*
IFRS16 CRL adjustment	6.8	6.8	-	*100 %*
PDC - Front Line Digitalisation	2.4	2.4	-	*100 %*
PDC- Mothballed NUH Theatres	2.0	2.0	-	*100 %*
PDC - Other	8.5	8.5	-	*100 %*
Planned Capital exc. Donated	**90.4**	**89.8**	**0.6**	**99 %**
Asset sales	-	-	-	*- %*
***Total approved Exchequer funding ex donated**	**90.4**	**89.8**	**0.6**	**99 %**
Donated	5.3	5.3	(0.0)	*100 %*
Planned Capital inc. Donated	**95.8**	**95.1**	**0.6**	**99 %**
*CRL overspend	(5.5)			

CASHFLOW & BALANCE SHEET

Cashflow

May-23

£millions	Actual 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**	**96.9**	**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	162.1	181.2	1,927.7
Other income	23.5	37.0	16.5	40.5	25.7	13.4	41.0	42.7	17.7	27.8	27.1	27.2	340.1
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	32.3	32.3
Total cash inflows	**185.0**	**193.5**	**167.4**	**199.8**	**186.2**	**186.5**	**202.9**	**197.1**	**172.2**	**179.6**	**189.2**	**240.7**	**2,300.1**
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)	(61.6)	(69.6)	(719.5)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(52.6)	(45.3)	(42.8)	(42.0)	(45.7)	(60.6)	(520.6)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(105.0)	(83.2)	(65.0)	(108.0)	(66.9)	(69.3)	(127.3)	(1,004.4)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(2.0)	(8.4)	(5.2)	(6.7)	(4.6)	(10.8)	(14.6)	(71.4)
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)**	**(187.4)**	**(277.4)**	**(2,326.6)**
Net cash inflows / (outflows)	**36.7**	**19.6**	**(34.6)**	**36.4**	**2.0**	**(33.8)**	**(0.1)**	**21.8**	**(44.2)**	**4.6**	**1.8**	**(36.7)**	**(26.5)**
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**	**96.9**	**60.2**	**60.2**
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 outturn for the year is in line with the plan. The Trust received £32.3m PDC in March to fund various capital projects, and paid the second half of the PDC dividend of £5.3m.
The closing cash balance for the financial year 2022/23 is in line with the plan.

CASHFLOW & BALANCE SHEET

Statement of Financial Position

May-23

21/22		Actual												
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	1,477.3	1,594.2	163.4
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	16.9	16.8	1.7
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**	**1,494.3**	**1,611.0**	**165.0**
	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	31.3	31.4	7.1
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	88.9	145.5	17.9
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	83.9	60.2	(26.5)
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**	**204.1**	**237.1**	**(1.5)**
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**	**1,698.4**	**1,848.1**	**163.5**
	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)	(263.9)	(290.1)	(51.2)
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(16.3)	(13.2)	(18.7)	(18.7)	(16.8)	(2.8)	15.9
(27.1)	Liabilities arising from PFIs / Finance Leases	(27.1)	(36.8)	(36.9)	(36.9)	(36.9)	(36.9)	(36.9)	(36.9)	(36.6)	(36.5)	(36.7)	(37.3)	(10.2)
(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)**	**(317.4)**	**(330.2)**	**(45.5)**
(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)**	**(113.3)**	**(93.1)**	**(47.0)**
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**	**1,381.0**	**1,517.9**	**118.0**
	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)	(4.9)	(5.9)	0.1
(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)	(918.2)	(915.2)	2.4
(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)**	**(923.6)**	**(921.5)**	**2.5**
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**	**457.4**	**596.4**	**120.5**
	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	1,080.6	32.3
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(898.9)	(903.0)	(905.6)	(907.9)	(910.5)	(893.2)	(892.8)	(901.0)	(26.7)
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	416.8	114.9
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**	**457.4**	**596.4**	**120.5**

NHS
Barts Health
NHS Trust

Glossary

CHANGES TO REPORT

Changes to Report

May-23

- ***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.*

CHANGES TO REPORT

Changes to Report

May-23

	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	•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	

GLOSSARY

Operational Planning 2023/24

May-23

On Wednesday 22 March 23, Barts Health submitted its 2023/24 activity and performance trajectories to North East London ICB for onwards submission to NHS England by 30 March 23.

The key NHS England Urgent and Emergency Care and Elective performance objectives and milestones are set-out in the table opposite. However a number of high-priority operational standards are expected to sit alongside these once the 2023/24 NHS Oversite metrics are published, these may include:

- ✓ A&E 12-hour journey times, measuring the wait time from arrival to departure, rather than the previous version of the standard which measured wait time from decision to admit to admission
- ✓ Ambulance handover delays of greater than 30 and 60 minutes

In relation to Activity, North East London, including Barts Health, were set an objective by NHS England to deliver 109% of Value Weighted Activity against 2019/20 baseline.

Submitted activity trajectories achieve the 109% objective with a 0.3% contribution relating to improved Outpatient Procedure Recording. NHS England has prescribed the Activity types contributing to the Value Weighted total, these include:

- ✓ First outpatient appointments
- ✓ First and follow up outpatient procedures
- ✓ Elective ordinary (inpatient) admissions
- ✓ Day case admissions

	Objective	Deadline
Urgent & Emergency Care	76% of patients seen within 4-hours	Mar-24
	Achieve 92% G&A bed occupancy	No deadline published
Elective Waits	Eliminate waits of over 65 weeks	Mar-24
	Eliminate waits of over 52 weeks	Mar-25
Cancer	Meet the 75% cancer faster diagnosis standard	Mar-24
	Continue to reduce the number of patients waiting over 62 days	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks to 95%	Mar-25

GLOSSARY

Domain Scorecard Glossary

May-23

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

GLOSSARY

Domain Scorecard Glossary

May-23

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

GLOSSARY

Domain Scorecard Glossary

May-23

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

GLOSSARY

Domain Scorecard Glossary

May-23

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

GLOSSARY

Domain Scorecard Glossary

May-23

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

GLOSSARY

Workforce Summary Glossary

May-23

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	

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Appendix

APPENDIX

Interpretation of Scorecards

May-23

How to Interpret the Scorecard

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Newham	St Bart's	CSS	Other	Barts Health	Excep.
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)

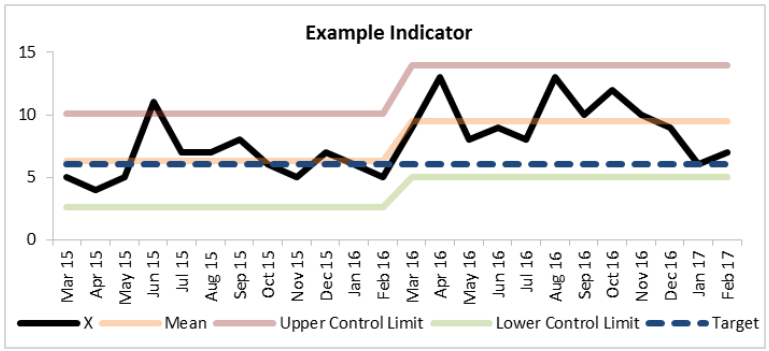
Reporting month target for reporting site

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.

APPENDIX

Safe Staffing Fill Rates by Ward and Site

May-23

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,138.5	2,417.3	1,069.5	957.2	1,759.5	1,928.3	713.0	1,483.5	113.0%	89.5%	109.6%	208.1%	821	5.3	3.0	8.3
Royal London	10F RLH	1,115.5	1,160.5	758.0	903.0	1,022.0	1,054.3	341.0	847.0	104.0%	119.1%	103.2%	248.4%	499	4.4	3.5	7.9
Royal London	11C RLH	2,852.0	2,854.5	1,426.0	1,301.5	2,840.5	2,943.0	713.0	839.5	100.1%	91.3%	103.6%	117.7%	725	8.0	3.0	10.9
Royal London	11E & 11F AAU	3,902.5	4,346.5	1,782.5	1,688.5	3,929.5	4,500.8	1,426.0	1,886.0	111.4%	94.7%	114.5%	132.3%	1,483	6.0	2.4	8.4
Royal London	12C RLH	1,919.0	2,877.0	1,426.0	1,369.5	1,863.0	2,809.0	1,069.5	1,391.0	149.9%	96.0%	150.8%	130.1%	835	6.8	3.3	10.1
Royal London	12D RLH	1,426.0	2,603.5	713.0	922.5	1,426.0	2,584.5	356.5	736.0	182.6%	129.4%	181.2%	206.5%	493	10.5	3.4	13.9
Royal London	12E RLH	2,797.5	2,800.5	1,426.0	1,304.5	2,495.5	2,519.5	1,426.0	1,449.0	100.1%	91.5%	101.0%	101.6%	716	7.4	3.8	11.3
Royal London	12F RLH	2,047.0	1,966.5	1,782.5	1,825.0	1,771.0	1,689.5	1,782.5	2,012.5	96.1%	102.4%	95.4%	112.9%	812	4.5	4.7	9.2
Royal London	13C RLH	1,932.0	2,504.0	713.0	782.5	1,426.0	2,162.0	713.0	897.0	129.6%	109.7%	151.6%	125.8%	737	6.3	2.3	8.6
Royal London	13D RLH	1,771.0	2,254.0	713.0	782.0	1,426.0	2,053.0	713.0	1,000.5	127.3%	109.7%	144.0%	140.3%	727	5.9	2.5	8.4
Royal London	13E RLH	2,066.0	2,347.5	724.5	782.0	1,690.5	2,191.0	713.0	851.0	113.6%	107.9%	129.6%	119.4%	744	6.1	2.2	8.3
Royal London	13F RLH	1,782.5	2,416.0	977.5	1,080.0	1,771.0	2,553.0	713.0	1,069.5	135.5%	110.5%	144.2%	150.0%	685	7.3	3.1	10.4
Royal London	14E & 14F RLH	3,381.0	1,897.5	2,691.0	1,196.0	2,840.5	1,414.5	2,139.0	1,265.0	56.1%	44.4%	49.8%	59.1%	1,526	2.2	1.6	3.8
Royal London	14F RLH	1,880.5	1,615.0	1,426.0	1,115.5	1,426.0	1,368.5	1,069.5	1,219.0	85.9%	78.2%	96.0%	114.0%	772	3.9	3.0	6.9
Royal London	3D RLH	4,841.5	4,267.5	3,417.5	2,070.5	3,921.5	4,234.0	2,495.5	2,116.0	88.1%	60.6%	108.0%	84.8%	1,059	8.0	4.0	12.0
Royal London	3E RLH	2,138.0	2,150.5	717.0	928.3	1,782.5	1,920.5	713.0	1,115.5	100.6%	129.5%	107.7%	156.5%	793	5.1	2.6	7.7
Royal London	3F RLH	1,596.5	1,769.0	1,069.5	793.5	1,069.5	1,897.5	713.0	667.0	110.8%	74.2%	177.4%	93.5%	335	10.9	4.4	15.3
Royal London	4E RLH	13,868.0	15,521.3	1,067.5	1,012.0	13,891.5	15,314.2	1,069.5	1,092.5	111.9%	94.8%	110.2%	102.2%	1,285	24.0	1.6	25.6
Royal London	6C RLH	4,086.0	3,173.5	667.0	483.0	3,565.0	3,027.8	644.0	333.5	77.7%	72.4%	84.9%	51.8%	238	26.1	3.4	29.5
Royal London	6E & 6F RLH	6,000.5	4,804.6	1,426.0	1,214.5	5,347.5	4,977.5	1,069.5	680.0	80.1%	85.2%	93.1%	63.6%	905	10.8	2.1	12.9
Royal London	7C RLH	1,426.0	1,307.0	356.5	776.3	1,069.5	1,161.5	356.5	801.5	91.7%	217.7%	108.6%	224.8%	398	6.2	4.0	10.2
Royal London	7D RLH	1,782.5	1,701.8	885.5	671.9	1,426.0	1,759.3	713.0	850.3	95.5%	75.9%	123.4%	119.2%	417	8.3	3.7	12.0
Royal London	7E RLH	2,850.0	2,575.3	1,069.5	1,117.5	2,495.5	2,518.5	1,069.5	1,782.5	90.4%	104.5%	100.9%	166.7%	699	7.3	4.1	11.4
Royal London	7F RLH	1,426.0	1,272.0	609.5	920.0	1,069.5	1,199.0	552.0	1,081.0	89.2%	150.9%	112.1%	195.8%	312	7.9	6.4	14.3
Royal London	8C RLH	1,688.5	1,892.5	1,018.5	861.5	1,426.0	1,751.5	701.5	966.0	112.1%	84.6%	122.8%	137.7%	568	6.4	3.2	9.6
Royal London	8D RLH	8,186.5	7,037.0	1,276.5	391.0	7,831.5	6,568.0	563.5	563.5	86.0%	30.6%	83.9%	100.0%	988	13.8	1.0	14.7
Royal London	8F RLH	1,829.5	1,715.0	1,503.3	1,399.8	1,069.5	1,069.0	1,426.0	1,403.0	93.7%	93.1%	100.0%	98.4%	1,542	1.8	1.8	3.6
Royal London	9E HDU RLH	1,423.5	1,323.5	356.5	303.7	1,414.5	1,173.0	0.0	356.5	93.0%	85.2%	82.9%		329	7.6	2.0	9.6
Royal London	9E RLH	1,780.0	2,070.5	713.0	701.5	1,426.0	1,771.0	701.5	874.0	116.3%	98.4%	124.2%	124.6%	795	4.8	2.0	6.8
Royal London	9F RLH	1,782.5	1,787.5	713.0	795.5	1,426.0	1,541.5	713.0	1,232.0	100.3%	111.6%	108.1%	172.8%	725	4.6	2.8	7.4

APPENDIX

Safe Staffing Fill Rates by Ward and Site

May-23

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Site	Ward name	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	4,646.0	5,520.8	2,518.5	2,552.9	4,646.0	5,653.7	2,139.0	2,248.6	118.8%	101.4%	121.7%	105.1%	1,150	9.7	4.2	13.9
Whipps Cross	ACACIA	970.5	916.9	446.5	780.8	713.0	739.0	701.5	1,025.0	94.5%	174.9%	103.6%	146.1%	341	4.9	5.3	10.2
Whipps Cross	ACORN	3,779.3	2,347.0	355.0	825.0	2,852.0	2,289.5	358.0	391.0	62.1%	232.4%	80.3%	109.2%	597	7.8	2.0	9.8
Whipps Cross	B3 WARD WXH	1,327.0	1,350.0	1,067.0	1,309.0	1,069.5	1,127.0	713.0	1,058.0	101.7%	122.7%	105.4%	148.4%	510	4.9	4.6	9.5
Whipps Cross	BIRCH	1,069.5	1,311.5	1,067.5	1,207.5	1,058.0	1,104.0	712.0	897.0	122.6%	113.1%	104.3%	126.0%	475	5.1	4.4	9.5
Whipps Cross	BLACKTHORN	1,046.5	1,415.0	1,069.0	1,126.0	1,068.5	1,196.0	713.0	1,035.0	135.2%	105.3%	111.9%	145.2%	473	5.5	4.6	10.1
Whipps Cross	Bracken Ward WXH	1,334.0	1,454.5	1,069.5	1,046.5	1,069.5	1,125.3	713.0	724.5	109.0%	97.8%	105.2%	101.6%	487	5.3	3.6	8.9
Whipps Cross	CEDAR	1,414.5	1,258.0	1,431.5	1,782.5	1,069.5	1,046.5	1,069.5	1,416.5	88.9%	124.5%	97.8%	132.4%	538	4.3	5.9	10.2
Whipps Cross	CHESTNUT	977.5	885.5	356.5	713.0	713.0	1,035.0	356.5	770.5	90.6%	200.0%	145.2%	216.1%	320	6.0	4.6	10.6
Whipps Cross	CONIFER	1,421.5	1,360.5	1,453.5	1,679.5	1,069.5	1,023.5	1,069.5	1,426.0	95.7%	115.5%	95.7%	133.3%	494	4.8	6.3	11.1
Whipps Cross	CURIE	1,426.0	1,277.0	1,058.0	1,184.5	1,426.0	973.0	1,069.5	1,196.0	89.6%	112.0%	68.2%	111.8%	520	4.3	4.6	8.9
Whipps Cross	DELIVERY SUITE WXH	6,120.8	5,105.7	1,069.5	1,069.0	4,841.5	4,566.2	1,046.5	1,139.5	83.4%	100.0%	94.3%	108.9%	573	16.9	3.9	20.7
Whipps Cross	ELIZABETH	1,690.5	1,708.5	356.5	469.0	1,426.0	1,426.5	356.5	368.0	101.1%	131.6%	100.0%	103.2%	558	5.6	1.5	7.1
Whipps Cross	FARADAY	1,782.5	1,747.5	711.0	697.5	1,679.0	1,771.0	356.5	483.0	98.0%	98.1%	105.5%	135.5%	469	7.5	2.5	10.0
Whipps Cross	Frail Elderly WXH	885.5	725.9	356.5	690.0	713.0	714.5	355.5	466.8	82.0%	193.5%	100.2%	131.3%	270	5.3	4.3	9.6
Whipps Cross	ICU WXH	6,967.5	5,805.3	1,923.0	1,330.0	6,402.0	5,433.2	1,375.0	450.8	83.3%	69.2%	84.9%	32.8%	325	34.6	5.5	40.1
Whipps Cross	MARGARET	1,082.8	1,050.0	356.5	356.0	713.0	713.0	356.5	368.0	97.0%	99.9%	100.0%	103.2%	322	5.5	2.2	7.7
Whipps Cross	MULBERRY	2,209.0	1,884.7	1,408.0	823.5	1,426.0	1,345.0	839.5	828.0	85.3%	58.5%	94.3%	98.6%	1,014	3.2	1.6	4.8
Whipps Cross	NEONATAL WXH	2,369.5	2,056.8	1,161.3	472.8	2,081.5	1,992.5	701.5	322.0	86.8%	40.7%	95.7%	45.9%	377	10.7	2.1	12.8
Whipps Cross	NIGHTINGALE	1,782.5	1,563.0	356.5	482.5	1,690.5	1,449.0	356.5	570.4	87.7%	135.3%	85.7%	160.0%	389	7.7	2.7	10.4
Whipps Cross	PEACE	1,690.5	1,753.0	1,426.0	1,382.3	1,069.5	1,267.0	1,069.5	1,056.8	103.7%	96.9%	118.5%	98.8%	468	6.5	5.2	11.7
Whipps Cross	POPLAR	1,771.0	1,690.5	1,069.5	1,104.0	1,426.0	1,210.5	1,069.5	884.5	95.5%	103.2%	84.9%	82.7%	372	7.8	5.3	13.1
Whipps Cross	PRIMROSE	1,782.5	2,143.5	1,426.0	1,597.0	1,424.5	1,991.0	1,069.5	1,426.0	120.3%	112.0%	139.8%	133.3%	865	4.8	3.5	8.3
Whipps Cross	ROWAN	1,780.0	2,047.5	1,426.5	1,706.5	1,426.0	1,771.0	1,069.5	1,587.0	115.0%	119.6%	124.2%	148.4%	820	4.7	4.0	8.7
Whipps Cross	SAGE	1,690.5	1,689.5	1,426.0	1,540.0	1,426.0	1,451.0	1,069.5	1,299.5	99.9%	108.0%	101.8%	121.5%	762	4.1	3.7	7.8
Whipps Cross	SYCAMORE	1,334.0	1,588.3	1,329.5	1,559.5	1,069.5	1,368.5	1,069.5	1,495.0	119.1%	117.3%	128.0%	139.8%	768	3.8	4.0	7.8
Whipps Cross	SYRINGA	1,426.0	1,230.1	1,782.5	2,001.0	1,069.5	1,035.0	1,069.5	1,817.0	86.3%	112.3%	96.8%	169.9%	763	3.0	5.0	8.0

APPENDIX

Safe Staffing Fill Rates by Ward and Site

May-23

	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	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
AAU NUH	4,357.0	5,367.0	2,484.0	2,035.5	3,921.5	5,101.5	2,495.5	2,656.5	123.2%	81.9%	130.1%	106.5%	1,485	7.0	3.2	10.2
BECKTON	1,426.0	1,690.5	1,069.5	828.0	1,403.0	1,437.5	1,069.5	1,115.5	118.5%	77.4%	102.5%	104.3%	575	5.4	3.4	8.8
Custom House NUH	1,437.5	1,862.5	1,069.5	1,250.5	1,069.5	1,472.0	1,414.5	1,550.5	129.6%	116.9%	137.6%	109.6%	588	5.7	4.8	10.4
DELIVERY SUITE NUH	5,275.0	4,982.7	713.0	700.9	4,724.5	4,596.8	713.0	700.1	94.5%	98.3%	97.3%	98.2%	722	13.3	1.9	15.2
EAST HAM	1,782.5	2,786.0	1,069.5	1,114.8	1,368.5	2,444.5	1,069.5	1,322.5	156.3%	104.2%	178.6%	123.7%	665	7.9	3.7	11.5
HEATHER	2,139.0	2,449.5	1,069.5	1,400.3	2,139.0	2,218.5	1,069.5	1,610.0	114.5%	130.9%	103.7%	150.5%	782	6.0	3.8	9.8
LARCH	3,351.0	2,980.2	2,091.0	1,754.5	2,185.0	2,144.0	1,771.0	1,690.5	88.9%	83.9%	98.1%	95.5%	1,734	3.0	2.0	4.9
Manor Park ITU NUH	3,954.5	4,275.3	713.0	602.0	4,013.5	4,309.0	713.0	563.5	108.1%	84.4%	107.4%	79.0%	375	22.9	3.1	26.0
MAPLE	1,069.5	1,012.0	713.0	678.5	1,058.0	992.5	713.0	678.5	94.6%	95.2%	93.8%	95.2%	231	8.7	5.9	14.6
NEONATAL NUH	3,346.5	2,985.0	678.5	322.0	3,243.0	2,706.5	598.0	437.0	89.2%	47.5%	83.5%	73.1%	497	11.5	1.5	13.0
NUH MIDWIFERY	1,046.0	1,055.3	347.0	335.5	1,069.5	1,011.5	356.5	356.5	100.9%	96.7%	94.6%	100.0%	125	16.5	5.5	22.1
PLASHET	1,598.5	2,672.5	1,069.5	1,285.0	1,449.0	2,265.5	1,069.5	1,383.0	167.2%	120.1%	156.3%	129.3%	767	6.4	3.5	9.9
RAINBOW	3,032.5	2,783.5	1,148.5	1,059.5	1,782.5	2,398.0	356.5	713.0	91.8%	92.3%	134.5%	200.0%	398	13.0	4.5	17.5
SILVERTOWN	1,782.5	2,806.0	1,012.0	885.5	1,782.5	2,197.5	1,046.5	1,679.0	157.4%	87.5%	123.3%	160.4%	745	6.7	3.4	10.2
STRATFORD	1,414.5	1,887.0	1,069.5	1,127.0	1,426.0	1,886.0	1,069.5	1,276.0	133.4%	105.4%	132.3%	119.3%	540	7.0	4.5	11.4
WEST HAM	1,297.5	1,382.0	966.0	920.0	1,023.5	1,138.5	379.5	816.5	106.5%	95.2%	111.2%	215.2%	631	4.0	2.8	6.7
1C	6,080.0	4,736.0	353.0	310.5	5,508.5	4,441.0	218.5	253.0	77.9%	88.0%	80.6%	115.8%	321	28.6	1.8	30.3
1D	3,186.5	2,308.0	353.0	379.5	2,852.0	2,255.0	356.5	402.5	72.4%	107.5%	79.1%	112.9%	294	15.5	2.7	18.2
1E	4,946.0	3,929.0	353.0	310.5	4,991.0	4,013.5	356.5	356.5	79.4%	88.0%	80.4%	100.0%	269	29.5	2.5	32.0
3A SBH	4,657.5	4,227.0	1,403.0	1,288.0	4,657.5	4,428.0	1,426.0	1,391.5	90.8%	91.8%	95.1%	97.6%	918	9.4	2.9	12.3
3D SBH	1,594.5	1,793.5	1,221.5	1,347.5	1,552.5	1,564.0	977.5	919.5	112.5%	110.3%	100.7%	94.1%	506	6.6	4.5	11.1
4A SBH	1,762.5	1,921.5	1,035.0	942.0	1,426.0	1,599.5	356.5	713.0	109.0%	91.0%	112.2%	200.0%	593	5.9	2.8	8.7
4B SBH	1,594.5	1,543.5	1,215.0	1,149.5	1,426.0	1,403.0	713.0	908.5	96.8%	94.6%	98.4%	127.4%	598	4.9	3.4	8.4
4C SBH	1,778.5	1,564.0	965.5	827.0	1,426.0	1,230.5	977.5	885.5	87.9%	85.7%	86.3%	90.6%	532	5.3	3.2	8.5
4D & 4E SBH	1,727.5	1,960.0	690.0	586.5	1,633.0	1,702.0	713.0	736.0	113.5%	85.0%	104.2%	103.2%	393	9.3	3.4	12.7
5A SBH	2,215.3	2,156.3	919.3	902.5	1,452.0	1,643.5	341.0	558.8	97.3%	98.2%	113.2%	163.9%	593	6.4	2.5	8.9
5B SBH	1,414.5	1,281.0	692.5	586.5	1,428.0	1,370.5	356.5	609.5	90.6%	84.7%	96.0%	171.0%	400	6.6	3.0	9.6
5C SBH	2,106.0	2,159.7	682.5	391.0	1,771.0	1,844.0	356.5	333.5	102.5%	57.3%	104.1%	93.5%	575	7.0	1.3	8.2
5D SBH	2,105.5	1,729.5	683.5	735.5	1,782.5	1,760.5	701.5	818.5	82.1%	107.6%	98.8%	116.7%	672	5.2	2.3	7.5
6A SBH	6,388.0	5,694.5	356.5	352.0	6,405.5	5,338.0	356.5	345.0	89.1%	98.7%	83.3%	96.8%	322	34.3	2.2	36.4
6D SBH	1,781.5	1,413.5	1,051.0	621.0	1,426.0	1,069.5	713.0	759.0	79.3%	59.1%	75.0%	106.5%	463	5.4	3.0	8.3

NHS
Barts Health
NHS Trust

Report to the Trust Board: 3 May 2023	TB 26/23

Title	Finance, Investment and Performance Committee Exception Report
Chair	Mr Adam Sharples, 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 Committee met on 26 April 2023 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**
Operational performance (constitutional standards)	5,6
Monthly finance report	8
Capital programme report	9
NEL forecast report	9
Procurement strategy and plan	9
Whipps Cross BAF deep dive report	13
Corporate service collaboration	12
Newham fire safety expenditure	9

Key areas of discussion arising from items appearing on the agenda

Operational performance (constitutional standards)

The Committee reviewed in detail performance against operational constitutional standards, with a focus on urgent and emergency care; waiting list reductions; cancer and diagnostics performance (with key details appearing in the Trust Board's IPR). The committee recognised the significant challenges ahead to meet these standards and, particularly, reductions in the volumes of long waiters during 2023/24.

Monthly finance report

The Committee discussed and noted the unaudited outturn position for 2022/23 (detailed in the IPR).

Capital programme report

The Committee noted the ongoing significant challenges of capital constraints in 2022/23 and looking ahead to 2023/24. The Committee noted a historically challenged capital allocation for NEL compared to some regions. Although there were some further options to be clarified in relation to capital surpluses potentially available from elsewhere in the system, the committee anticipated reporting an overspend against the plan and CRL for 2022/23.

BAF deep dive

The committee received a BAF entry deep dive report on Whipps Cross redevelopment. The committee heard about an ongoing process to assess the implications of a confirmed delay to the programme – which would result in a revised BAF entry being formulated in due

course. **Financial plan 2023/24** The committee spent significant time considering the plan for 2023/24, a high savings and efficiency target and some key dependencies (including workforce productivity and system working) to ensure that the plan was deliverable.
Any key actions agreed / decisions taken to be notified to the Board Approved extension to capital expenditure on Newham fire safety works
Any issues for escalation to the Board Final sign off on the Operational and Financial plan 2023/24

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes.

Action required by the Board The Trust Board is asked to note the exception report.

NHS
Barts Health
NHS Trust

Report to the Trust Board: 3 May 2023	TB 27/23

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 26 April 2023 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**
Draft annual accounts, remuneration report and annual governance statement	All
External Audit progress report	All
Internal Audit progress report	All
BAF and risk appetite	All
QAC exception report	All
Committee ToR	11, 13
Cycle of business	All

Key areas of discussion arising from items appearing on the agenda

Draft annual accounts, remuneration report and annual governance statement

The committee considered the above key components of these draft elements of the statutory return (the annual report and accounts). The committee confirmed no material concerns with the drafts and noted the timetable for approval, submission and publication (concluding with presentation at the AGM on 5 July 2023).

BAF, risk appetite and high risk report

The committee received a report confirming the 'close down' of the 2022/23 BAF and proposals for revised BAF entries for 2023/24 (with mapping of any entries being carried forward against the new annual objectives). A discussion of a proposed risk appetite statement was held and further board time identified to support the conclusion of this. The committee received details of high risks, including those scored at 20 owned by hospitals – recommending a number of improvements to the recording and management of these.

Internal Audit reports

The committee reviewed outcomes of two audits (on payroll and service line reportin) assigned reasonable or substantial assurance ratings. The committee also discussed limited assurance reviews considered in full by the Quality Assurance Committee. The committee also reviewed the number of overdue management actions arising from previously completed audit reviews. The volume remained higher than desirable and it was agreed to strengthen executive oversight on these; it was also recognised that improvements had been

made resulting in fewer aged actions.

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.

Committee ToR

The Committee agreed a refresh of its terms of reference (appearing in board papers for approval)

Any key actions agreed / decisions taken to be notified to the Board

None

Any issues for escalation to the Board

None

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes.

Action required by the Board

The Trust Board is asked to note the Audit and Risk Committee exception report.

NHS
Barts Health
NHS Trust

Report to the Trust Board: 3 May 2023	TB 28/23

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 19 April 2023 to discuss items on its agenda relevant to its terms of reference, including matters related to quality improvement and maternity services.

Key agenda items	**BAF entries**
• Maternity	7
• Nursing Establishment Review	4
• St. Bartholomew's Hospital Quality Report	All
• Quality Report	All
• Integrated Risk Report	All
• Internal Audit Report	All
• Quality Accounts	All
• Terms Of Reference	All
• Board Visit Feedback	All

Any key actions / decisions taken to be notified to the Board:

Maternity

- Substantial assurance received by the committee.
- The information within the report reflected actions in line with Ockenden and progress made in response to any identified concerns at provider level. Data showed we were slightly higher than the national rate for stillbirths and neonatal deaths. The maternity data sets were currently being reviewed and migration into Qlicksense platform to improve reporting functionality to express the rates, alongside the national ambition, and in line with benchmarking across NEL and London on a monthly basis.
- The Group Director of Midwifery confirmed revisions to the report so a one page summary of key points would be made available to the committee in the near future.
- The Group Director of Midwifery would connect with the Director of Improvement offline around gathering more ethnicity data.

St. Bartholomew's Hospital Quality Report

- Reasonable assurance received by the committee.
- Overall, the hospital was improving access to care and delivering on constitutional standards. The Group Chief Nurse agreed to share the outcomes from the external review into nuclear medicine at St. Bartholmew's Hospital with the committee.

Nursing Establishment Review

- The committee noted progress with the priority actions taken forward during the past year and supported the recommendations for nursing, midwifery and Allied Health Professionals (AHP) safe staffing across the Trust. The committee supported the priority actions for 2023/24 and the plan to refine these and map into exiting work streams.

Quality Report

- The committee reviewed exceptions against quality performance metrics in December 2022 and January 2023 that were included in the report.
- The Group Chief Nurse would identify the correct ICB contact and escalate the actions around delivering more timely assessments for mental health patients waiting in EDs.
- The Group Chief Nurse agreed to look into mapping in a deeper focus on the fundamentals into the next quality report, such as VTE, pressure ulcers and managing complaints.

Integrated Risk Report

- There was less of a profile on urgent and emergency care risks. Fire safety compliance was now more relevant and a risk relating to the eye treatment centre at Whipps Cross Hospital had been added to the register. All sites had fed back that all the risks currently on the register were relevant and it was confirmed all seven highest scoring risks were reviewed monthly.
- An integrated risk report with more detail on the ophthalmology risk at Whipps Cross Hospital would be reviewed by the committee at the next meeting.

Quality and Safety Internal Audit Reports

- Limited assurance reports relating to hospital processes for never events and SIs were discussed; and reasonable assurance, and substantial assurance reports were noted by the committee. The committee also noted the update on overdue management actions.

Quality Accounts

- The committee noted the report, which was an early draft and would evolve in due course. The final version would be shared with the committee, following external stakeholder review.

Terms of Reference

- The terms of reference were agreed and signed-off by the Chair.

Board Visit Feedback

- The Chair and Group Chief Nurse had discussed and agreed the Board visit feedback process offline. Feedback received by Board and committee members would be used to make improvements at hospital level and some specific issues raised would be picked up with the hospital leadership teams when they attended this committee. Committees would then have the chance to see if the feedback had resonated.

Any issues for escalation to the Board There were no items requiring escalation to the Board.	
Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.
Action required The Board is asked to note the report.	

Barts Health NHS Trust

Report to the Trust Board: 3 May 2023	TB 29/23

Title	Responding to Deaths Annual Report
Sponsoring Director	Chief Medical Officer
Author(s)	Magda Smith, Group Deputy Chief Medical Officer
Purpose	To ensure Trust Board is informed of Trust progress against the National Quality Board mortality requirements.
Previously considered by	Mortality Review Group 19 January 2023 Quality Board 19 January 2023 Quality Assurance Committee 1 February 2023 Group Executive Board 25 April 2023

Executive summary
In line with the National Quality Board Framework for Learning from Deaths (2017) this report outlines the activity of responding to deaths at Barts Health for the calendar year 2022. The report include a review of the organisational process and details reporting both in terms of data as well as team and organisational learning. There are links to key improvement activities which are informed in part by learning from deaths and incidents. The work of the mortality review group is undertaken in collaboration with the End of Life Care Group, Learning Disability Teams and Women and Child Health as well as palliative care and bereavement services. During the latter part of 2022 the involvement of the Director of Public Health brought an appropriate focus on equity in these reviews.

Related Trust objectives	
2. To improve health and care services for all our population – transforming clinical services while reducing health inequalities and inequities of provision: Quality Objective: A provider of excellent patient safety	

Risk and Assurance	This report provides assurance in relation to objective 2 and BAF risk 2
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 in NEL

Legal implications/ regulatory requirements	NHSE Learning from Deaths Framework 2017 Health and Social Care Act 2008 (Regulation 2014) - CQC Regulation 12: Safe Care and Treatment; Regulation 17: Good Governance; Regulation 20: Duty of Candour

Action required:
The Trust Board is asked to note the report

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 3 MAY 2023

RESPONDING TO DEATHS

1. INTRODUCTION/ PURPOSE

1.1. In line with the National Quality Board Framework for Learning from Deaths (2017) this report outlines the activity of responding to deaths at Barts Health for the calendar year 2022. The report includes a review of the organisational process and details reporting both in terms of data as well as team and organisational learning. There are links to key improvement activities which are informed in part by learning from deaths and incidents. The work of the mortality review group is undertaken in collaboration with the End of Life Care Group, Learning Disability Teams and Women and Child Health as we all as palliative care and bereavement services. During the latter part of 2022 the involvement of the Director of Public Health brought an appropriate focus on equity in these reviews.

1.2. This report encompasses the following:

- The Mortality Review Process
- Review of comparative data – SHMI, RAMI and Crude mortality*
- Response to alerts
- Learning from Serious Incidents
- The Medical Examiner
- Specific Groups
- Key objective 2023-4

*Appendix 1 contains the definitions used in this report
Appendices 2 and 3 contains information on linked reports within Barts Health and a Bibliography respectively

2. MORTALITY REVIEW PROCESS

2.1. Barts Health has a Mortality Review Group (MRG) which is led by the Group Deputy Chief Medical Officer. Membership is formed from the Clinical Effectiveness Unit and Hospital Site Learning from Deaths Clinical Leads, Lead Medical Examiner and Lead Medical Examiner Officer, Lead Learning Disability Nurse, Director of Midwifery and is supported by the Business Intelligence Unit. The MRG reports to Patient Safety Committee and provides quarterly exception reports to the Quality Board and Quality Assurance Committee of the Board.

2.2. During 2022 the MRG met on 8 occasions. Terms of Reference were reviewed in 2022 and amended from a monthly meeting frequency to bimonthly full meeting and an interval operational group.

2.3. Reports reviewed included:

- Monthly indicator review (SHMI, RAMI, Crude Mortality)
- Clinical Coding Updates
- LEDER update
- Medical Examiner Office report
- Learning from Serious Incidents
- Covid 19 deaths
- Perinatal mortality

2.4. Mortality Policy

The mortality policy Responding to Deaths is due for renewal. This is currently progressing through stakeholders and is due to be presented to Trust Policy Committee in June 2023.

2.5. Key Activities in 2022 included:

- Review of comparative data (SHMI, RAMI)
- Revision of deep dive process in response to outlier alerts (see below)
- Review of key alert concerns
- Outcome of serious incident investigations
- LEDER mortality review reporting
- Full establishment of the Medical Examiner office

3. DATA

3.1. Covid deaths:

Although the number of deaths due to Covid fell significantly in 2022 there continued to be evidence of deaths due to Covid following nosocomial infection. Between April and December there were a total of 94 deaths following nosocomial infection. 41 were deaths during the same hospital admission of which 13 were registered as Covid in part 1a of the death certificate and 12 where Covid was a contributing factor. 46 of the deaths occurred within 30 days of a positive swab.

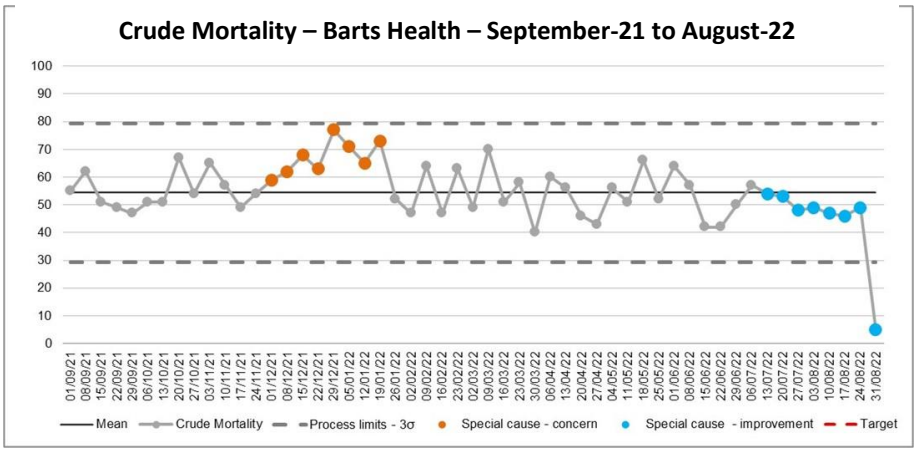
3.2. Mortality Indicators

Mortality indicators are reviewed in retrospect with a time lag between month of death and publication of indicator data. This is at least 6 months in retrospect. This allows completion of uploading of coded data and comparative data to be compiled. Indicator data includes potential alerts in specific clinical groups which required further detailed review to understand the drivers and potential actions that are required. Over the last year there has been significant progress in improving the

quality of coded data as well as the development of a robust process to review alert indicators. In the first instance this includes a review of the quality of coded data and following this a clinical review of a defined set of cases to investigate a specific concern.

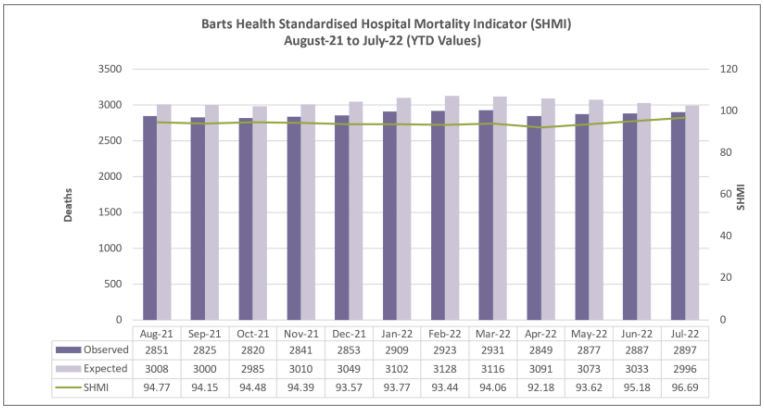
3.3. Crude mortality

There was an increase in crude mortality at Barts Health in the winter period of 2021-22. This was driven by deaths in the over 70 year old age group predominantly at Whipps Cross Hospital. This reflects the local demographic of the population and supports the strategic development of Whipps Cross as a centre of excellence for older peoples' care.



3.4. SHMI

The SHMI remained below 100 across for Barts Health from May 2021 to July 2022. This implies that Barts Health has the number of observed deaths than would be expected when taking account of the patients and co-morbidity treated. Recent data has shown a slight increase in the SHMI for NUH and RLH in July 2022. This is under investigation at present. SBH remains in band 3 (lower than expected) and RLH, NUH and WXH in band 2 (as expected) for SHMI (source NHS Digital Jan 2023).

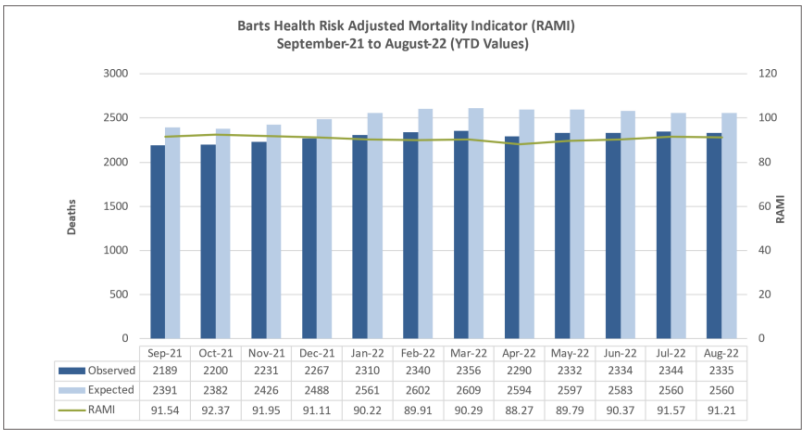


	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Observed	2851	2825	2820	2841	2853	2909	2923	2931	2849	2877	2887	2897
Expected	3008	3000	2985	3010	3049	3102	3128	3116	3091	3073	3033	2996
SHMI	94.77	94.15	94.48	94.39	93.57	93.77	93.44	94.06	92.18	93.62	95.18	96.69

Total observed and expected deaths reflects a 12 month rolling number and not total deaths within the month. This data includes death within 30 days of admission to hospital

3.5. RAMI

The RAMI has remained below 100 for all sites from May 2021-July 2022



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Observed	2189	2200	2231	2267	2310	2340	2356	2290	2332	2334	2344	2335
Expected	2391	2382	2426	2488	2561	2602	2609	2594	2597	2583	2560	2560
RAMI	91.54	92.37	91.95	91.11	90.22	89.91	90.29	88.27	89.79	90.37	91.57	91.21

Total observed and expected deaths reflects a 12 month rolling average and not total deaths within the month. This data includes death within 30 days of admission to hospital

3.6. Alerts

The following alerts have undergone investigation in 2022.

	Site	Issue	Investigation	Outcome
	NUH	Increased surgical mortality	Coding review	Improve site coding
	WXH	Intestinal obstruction	Case note review	No avoidable deaths or serious incidents. High risk interventions needed
	SBH	Diseases of white cells	Case note/ discharge summary review	No concerns identified. Reflects acuity and specialist unit work
	WXH	Failure to detect and act on deteriorating patient	Review of 18 months of deaths identified 13 patients who deteriorated with no clear escalation or plan.	This has led to a QI project on Do Not Attempt Cardiopulmonary Resuscitation with task and finish groups in progress.

The following diagnosis codes are under current clinical investigation:

- Diabetes Mellitus with complications
- Aortic, peripheral and visceral artery aneurysms.

Additional work is ongoing to review clinical coding in surgical specialties at the Royal London Hospital.

4. LEARNING FROM SERIOUS INCIDENTS:

During 2022 there were 25 serious incident reports reviewed following the death of a patient.

Each SI review assesses the potential for a different plan of care to influence the outcome of the patient:

- Outcome 1 Appropriate care, unavoidable event/outcome
- Outcome 2 Lessons can be learnt although this did not affect the final outcome/event. Indirect system or care issues.
- Outcome 3 A different plan and/or delivery of care may have resulted in a different outcome i.e., systemic factors identified though uncertainty regarding impact on patient outcome/event.
- Outcome 4 A different plan and/or delivery of care would on balance of probability have been expected to result in a more favourable outcome i.e. systemic factors considered to have an adverse and causal influence on patient outcome / event.

Of 25 SI reports reviewed outcomes were as follows.

Outcome	**1**	**2**	**3**	**4**
Number of patients	1	6	12	6

Key learning points have been:

- Poor handover practice
- Need to improve end of life decision making and treatment escalation decisions
- Failure to review and act upon results
- Need to improve practice around anticoagulation and thromboprophylaxis decisions

This learning has been fed back to individual teams. However where Trust wide or hospital themes have been identified the following links to the Trust Quality Improvement Programme have been made:

- Deteriorating patient QI workstream – incorporates handover and treatment escalation plans including DNCPR (Do Not Attempt CardioPulmonary Resuscitation)
- Results Endorsement workstream
- Safer Anticoagulation practice – key workstream for Medicines Safety Committee

5. MEDICAL EXAMINER

Barts Health hosts a Medical Examiner service for the National Medical Examiner. The Medical Examiners (ME) across Barts Health have provided scrutiny of deaths at all sites in 2022. The scrutiny includes a review of the medical record, discussion with the medical team about care provided and also a discussion with the bereaved to identify any concerns and to explain the potential cause of death. For this purpose the Medical Examiner is acting independently of the Trust and reports directly to the regional ME. The Medical Examiner is supported by a team of Medical Examiner Officers who collate information and ensure relevant information is recorded. Following scrutiny by the Medical Examiner a number of options are pursued:

- A recommendation to the clinical team to issue the MCCD with no concerns
- A recommendation to the clinical team to issue the MCCD with some concerns and recommendation for a local mortality specialty review
- A recommendation to issue the MCCD but with significant concerns about care to be escalated via the clinical incident and potential serious incident process for learning
- A referral to HM Coroner following which a Coronial investigation or inquest is undertaken or a recommendation to issue a death certificate (form 100a) is made by HM Coroners office.

During 2022 the following activity and outcomes were recorded:

Medical Examiner data April -Dec 2022*

Quarter	*Number of deaths within scope*	*Number of deaths scrutinised*	*Referrals to HM Coroner*	*Investigation/ Inquest by HM Coroner*	*Referred for internal M&M review*	*Potential serious incident escalated*
Q1 2022/3	**755**	**555**	**163**	**11**	**24**	**0**
Q2 2022/3	**745**	**315**	**90**	**20**	**11**	**1**
Q3 2022/3	**906**	**358**	**98**	**22**	**13**	**0**

*Full Data prior to April 2022 cannot be verified at present.

There was an increase in the number of deaths in Q3 – this data is being investigated. There was a reduction in proportion of deaths scrutinised in Q2 and Q3 – there was a reduction in capacity within the ME team at this time.

3.5% of scrutinised deaths referred back to clinical teams to undertake a mortality review. Following a Coronial referral HM Coroner will undertake further investigation or inquest in a proportion of cases. All others are referred back to the clinical team to issue the MCCD or a post-mortem identifies cause of death and a MCCD is directly issued.

In 2022 the Trust has appointed to the Lead Medical Examiner and the Lead Medical Examiner Officer role. The lead ME and the lead MEO are working to ensure all hospital deaths are scrutinised by the end of 2022-23 and the Trust is in a position to include scrutiny of community deaths in 2023. Key issues associated with this are: Access to community health records with appropriate information.

Liaison with community partners including general practitioners
The provision of services for urgent issue of MCCD – this process is in active discussion with the London ME Office regarding process with a specific focus on the population that BH serves.

6. SPECIFIC GROUPS

6.1. Learning Disability

Barts Health participates in the Learning Disabilities Mortality Review Programme (LeDeR). Deaths are identified and reviewed by the Lead Nurse and escalated for external LEDER review by an appointed reviewer. During 2022 this process has been revised in line with the new responsibilities of the Integrated Care Board. The lead nurse for Learning Disability and the DCMO both attend the Integrated Care System LEDER review group on a regular basis.

During 2022 the Lead Nurse for Learning Disability has been invited to join the Mortality Review Group and presents information on deaths in patients with a learning disability and autism.

Key learning points from reviews have included:

- Importance of making reasonable adjustments for patients including full involvements of families and carers in hospital care
- Appropriate application of the Mental Capacity Act was observed
- There was good practice in the care of older patients
- Correct completion of death certificates is needed to ensure correct cause of death recorded
- Enhanced training in emergency departments to improve awareness and care of patients with a learning disability or autism.
- A review of the processes of results review and endorsement following deaths where results have not been reviewed or acted upon in a timely manner
- The need to include advocacy services at an early stage, particularly in those with complex care needs.

The Lead Nurse for Learning Disability has developed a daily report for hospital executive teams to identify where patients with learning disability or autism are admitted to hospital for their oversight.

6.2. **Child Deaths**:

The Child Death process has been under review nationally; the Mortality Review Group and the Children's Safeguarding team are working together to understand the implications this will have for Barts Health.
Across the Barts Health group a new post of a Child Death Lead Nurse ensures statutory child death processes are of high quality and are completed in a timely manner. The role is essential in ensuring data is of high quality to inform learning at Northeast London, London region and national levels, as part of the NHS England Child Mortality work, to prevent future deaths. The post also has a remit for enhancing family experiences and for linking families to ongoing key worker support provided by Child Bereavement UK (CBUK). In 2023 the process of child death scrutiny will be aligned with the role of the Medical Examiner and this critical post will support the Trusts' learning from deaths process.

6.3. Maternity

The Director of Midwifery regularly attends the Mortality Review Group meetings. The group has received reports on improvement plans in response to an outlier alert of perinatal deaths. Key learning included:

- Ensuring CO2 monitoring compliance – this has followed a period of supply issues due to Covid
- Embed the Saving babies lives care bundle all sites
- Improving documentation
- Enhancing mandatory maternity training

7. KEY OBJECTIVES FOR 2023-24

- To embed the Structured Judgement Review process across all sites
- To provide assurance of consistency of the Morbidity and Mortality review process at Hospital/ Divisional and Speciality level
- To extend the Medical Examiner Process in scrutiny of all non-coronial deaths in the community
- To incorporate learning from inquests in the mortality review process
- To develop review of deaths with an equality and diversity focus.

8. RECOMMENDATION

8.1 The Trust Board is asked to receive the report and recognise the progress and objectives for 2023-4

Appendix 1: Definitions

SHMI	Summary Hospital-level Mortality Indicator. This indicator looks at deaths following admission from hospital and within 30 days of discharge. The indicator provides weighting for certain characteristics such as age, sex, co-morbidities (using the Charlson co-morbidity index) SHMI does not distinguish patients under palliative care services. It excludes Covid related deaths (the indicator was not developed for pandemic circumstances). The indicator uses admitted patient care data and so organisations with increasing use of same day emergency care services are disadvantaged. Barts Health has been recognised as one such organisation (Source: NHS Digital: SHMI England). This indicator is the nationally used mechanism of mortality data collection. SHMI rebases every month. Organisations can fall into three categories: 1 = worse than expected, 2 = as expected, 3 = better than expected.
HSMR	Hospital Standardised Mortality Ratio is the ratio of deaths *in hospital* following admission. It does recognise palliative care coding. It is also weighted for co-morbidities etc.
RAMI	Barts Health contracts with CHKS as its provider of mortality comparative data. CHKS uses the Risk Adjusted Mortality Indicator. It includes Covid admissions and deaths. It includes length of stay within risk adjustment.
Crude mortality	This is the actual number of deaths at each site.
Charlson co-morbidity index	The Charlson co-morbidity index is a suite of 14 indicators which are used to predict 10 year survival. This is dependant on the quality and 'depth' of coding following a hospital admission (i.e. number of comorbidities recorded)
Medical Examiner	Medical examiners are doctors who are at least 5 years post-graduate with a GMC licence to practice and who have completed recognised training with the Royal College of Pathologists. They report to the National Medical Examiners office. They provide independent scrutiny of deaths, currently in hospital, and from April 2023 all non-coronial deaths (including community, mental health etc). Barts Health hosts the employment of a number of Medical Examiners who have both an acute and a primary care background. They support the Qualified Attending Practitioner and medical or other clinical staff in relation to the MCCD and appropriate Coronial referral. They discuss with and support the bereaved, undertake mortality screening (identifying deaths requiring further review) and escalate any concerns to the Lead ME.
Medical Examiner Officer	The Medical Examiner Officer is a non-clinical role which supports the Medical Examiner in preparation of information following the death of a patient. They work closely with the Bereavement Officers and the Registrar of Births and Deaths.
MCCD	The Medical Certificate of Cause of Death (Death certificate) is issued by the Qualified Attending Practitioner (Medical Practitioner who has seen the patient during their last illness). The patient must have been seen within 28 days of death. The MCCD must be issued and the informant (usually a relative) register the death with the Registrar unless the patient has been referred to HM Coroner. From April 2023 the ME must have undertaken scrutiny of the death prior to issue of the MCCD.

Nosocomial infection	Infection deemed to have been acquired during a hospital admission. This has different definition parameters depending upon the type of infection
Hospital Acquired Covid	This has been defined in four categories depending upon the date of a positive test following admission: 0-3 days: Definite community acquired 4-7 days: Probable community acquired 8-14 days: Probable hospital onset/acquired >14 days: Definite hospital onset/acquired

Appendix 2: Linked Reports

- Bereavement Group
- End of Life Care Annual Report
- LEDER reports
- Safeguarding Annual report
- National Audit of Care at the End of Life

Appendix 3: Bibliography

National Quality Board guidance on learning from deaths 2017

nqb-national-guidance-learning-from-deaths.pdf (england.nhs.uk)

LEDER programme

Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) (kcl.ac.uk)

NHS Digital

Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, September 2021 - August 2022 - NDRS (digital.nhs.uk)

MCCD

Guidance for doctors completing medical certificates of cause of death in England and Wales (accessible version) - GOV.UK (www.gov.uk)

NHS
Barts Health
NHS Trust

Report to the Trust Board: 3 May 2023	TB 30/23

Title	Barts Health Operational Plan
Accountable Director	Mark Turner, Group Executive Director of Strategy and Planning
Author(s)	Jon Hibbs, Director of Communications and Engagement Greg Madden, Business Planning
Purpose	• Update the Board on the operational planning process for 2023/24 • Publish a document that summarises our strategic objectives and direction of travel as a group of hospitals
Previously considered by	Group Executive Board

Executive summary

NHS England published operational and financial planning guidance for the NHS on 23rd December 2022. The national planning process requires Integrated Care Boards – in our case North East London ICB - to submit a system wide plan to NHS England.

Over the last period, we have been developing our plans for the coming year, working across the organisation and, through the lens of our vision, values and strategic objectives, to;

- provide excellent and equitable health and care for our patients
- become an outstanding and inclusive place to work for our people
- work together with our partners and communities

As with other organisations across the NHS, the critical challenge this year is to deliver improvements for patients in a sustainable way through achieving greater productivity and efficiency in all that we do.

Through this we have been contributing to the North East London (NEL) ICB operational plan, which is due to be submitted in its final form by NEL ICB to NHSE in early May. As such we will provide an update on the final output of the planning process at the next Board meeting.

In the meantime, as part of the process of developing our plans, we have refined our strategic objectives and have provided these, alongside a summary of our current position and direction of travel as a group of hospitals in a public-facing document, *We Are Barts Health*.

Barts Health NHS Trust

This will be published on our website and circulated to staff and stakeholders to inform a wider understanding of our strategic direction in the context of the services we provide and the challenges we face in future.	
Related Trust objectives	
All	
Risk and Assurance	Assurance in relation to all objectives
Related Assurance Framework entries	All
Legal implications/ regulatory requirements	None

Action required by the Board

The Board is asked to:

- note the work to develop the 23/24 operating plan as part of the wider planning process with NEL ICB and NHSE which is due to conclude in early May and the intent to update the Board on this at the next Board meeting;

- endorse the public facing document that summarises our strategic direction of travel in the context of our values, vision and objectives.

NHS
Barts Health
NHS Trust

Whipps Cross Hospital

Mile End Hospital

St Bartholomew's Hospital

The Royal London Hospital

Newham Hospital

We are
Barts Health

WeCare
Our vision, values and behaviours

Safe, compassionate and efficient: our mission for 2023-25

NHS
Barts Health
NHS Trust

Our vision

To be a high performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond

Why we're here –
our vision and values

WeCare
Our vision, values and behaviours

WELCOMING · ENGAGING · COLLABORATIVE · ACCOUNTABLE · RESPECTFUL · EQUITABLE

What we do –
our priorities and objectives

Our people
culture

Becoming an outstanding, inclusive place to work

Our patients
care

Providing excellent and equitable health and care

Our partnerships
collaboration

Working together with our local communitiess

SUPPORTS

SUPPORTS

How we'll do it –
our commitments and approach

- Creating a fair and just culture
- Supporting the wellbeing of our people
- Working differently to transform care
- Recruiting a permanent, stable, workforce

- Increasing performance and productivity
- Transforming services through innovation
- Improving equity, quality and standards
- Preventing ill-health in our population

- Acting as an effective hospital group
- Cooperating across north east London
- Contributing as an anchor institution
- Progressing long-term projects*

900 BARTS 1123 - 2023
CELEBRATING NINE CENTURIES OF ST BARTHOLOMEW'S HOSPITAL

Living our values through our everyday behaviours: **WeBelong, WeImprove** and **WeLead**

Supported by: financial sustainability, world-leading research, high quality education and training, enhanced estates and facilities, digital transformation, and excellent communications

*Barts Life Sciences · *A new Whipps Cross · *Our green plan

Introduction from the Group CEO

These are testing times for the NHS. This year we celebrate the 75th anniversary of an institution that has become an essential part of the fabric of our society. Together we successfully navigated an unprecedented pandemic. It ushered in a new era of mutual aid, partnership working, and innovation driven by ground-breaking research, though its legacy in our hospitals is a backlog of operations, staff shortages, and robust infection control.

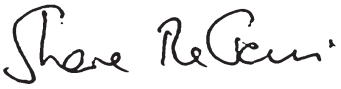
As society struggles with the cost of living and constrained resources, the NHS faces similar pressures. Price rises and inflation make it difficult for any of us to balance the books. In north east London we have record demand for health and care services from a unique, diverse and growing local population. Our challenge as a group of hospitals is to help our hard-pressed staff do their job even better so we continue to improve the quality of healthcare for patients.

Barts Health is one of the biggest NHS trusts, with the largest number of emergency patients in the country, one of the biggest maternity caseloads, and the largest waiting list for routine procedures. Every day, about 6,000 patients come through our doors seeking treatment, expert advice and relief from anxiety or pain. We spend over £2bn a year on improving the quality of life of our local communities.

We have much to be proud of. This year we celebrate the 900th anniversary of the country's oldest hospital, St Bartholomew's, and the 40th anniversary of the youngest in our group, at Newham. These milestones follow on the heels of the recent 280th anniversary of The Royal London hospital and the 100th birthday of Whipps Cross.

We now anticipate collaborating ever more closely with our neighbours in Barking, Havering and Redbridge University Hospitals Trust (BHRUT) through a new integrated model. As one group, the two Trusts will support each of our hospitals to improve further by doing what we can best do together, and thereby strengthen acute services across north east London.

This report sets out who we are, what we are doing, and where we are going. It charts our strategic direction of travel as we refresh our clinical strategy in partnership with the other acute trusts and NHS bodies in north east London. In doing so, it reaffirms both our long-standing commitment to providing safe, compassionate and efficient care for our patients, and our continuing ambition to pursue equity of access, experience and outcomes. We are on an exciting journey of improvement as we work closely with our partners in both health and local government to overcome the varied challenges facing us all.



Shane DeGaris

Group Chief Executive for Barts Health NHS Trust and
Barking, Havering and Redbridge University Hospitals NHS Trust

May 2023

Our plan

We have a clear vision of our role in the NHS and a well-established set of WeCare values by which we live and work. Our watchwords are safe, compassionate and efficient care. Before the pandemic we set a course for our hospitals to become good and outstanding for the quality of services we offer, and that remains our aim.

We are proud of our achievements in pulling through the pandemic peaks, and a lot changed because of Covid-19. We are collaborating more closely with NHS and social care partners than ever before and taking advantage of virtual technology to improve patient care and experience.

Yet the shadow of the coronavirus still looms over us: the necessary focus on emergency activity bequeathed a record waiting list. We are significantly reducing the numbers waiting too long for routine procedures or appointments, yet there are still over 110,000 people on the list. We are also making strenuous efforts to speed up diagnostic testing and ensure suspected cancer patients are seen promptly.

The pandemic both highlighted and widened health inequalities, particularly among minority ethnic groups who suffered disproportionate deaths associated with high-risk occupations, household overcrowding and lower vaccine uptake. Delays in getting back to normal will adversely affect those who are already suffering from pre-existing health conditions.

The NHS is coming to terms with what this means for the shape of health and care services in future. At a national level we have a long-term plan and requirements for the coming year. We are expected to recover those core services impacted by the pandemic, as well as continuing to transform services for the future. The goal remains more personalised, proactive and joined up care for patients. We must achieve this within the context of creating a local integrated care system (ICS) that brings health and social care partners together in a common enterprise.

Within north east London we are making good progress, driven by our closer collaboration with BHRUT. To support the seven hospitals working together in an increasingly integrated group, we are developing shared approaches to workforce, estates, and financial planning. We are also helping BHRUT develop a plan to introduce electronic patient records.

This work feeds naturally into a broader Acute Provider Collaborative that includes Homerton and aligns our clinical leadership with the other acute hospitals in north east London. For example, we aim to set up clinical boards which will oversee a common set of clinical standards and help develop a mutual clinical strategy on behalf of all patients in the patch.

In contributing to this process we developed some interim guiding principles of our own for the benefit of our staff and stakeholders. These strategic objectives are the basis on which we intend to operate for the foreseeable future:

- To provide excellent and equitable health and care for our patients
- To become an outstanding and inclusive place to work for our people
- To work together with our partners and local communities

Under each of these headings we agreed a set of high-level commitments, through which we will deliver demonstrable changes to our workplace culture, our care for patients, and our collaborative ventures with others. We will translate them into specific and measurable deliverables for each Barts Health hospital in 2023/4 in our forthcoming Group Operational Plan.

Our population

Our hospitals serve a core population of about one million people across Newham, Tower Hamlets, and Waltham Forest, extending into the City of London and Hackney in the east and Redbridge in the west. Understanding the health needs of our diverse and often deprived communities is crucial to how we design services fit for the future.

The diversity of our communities is both a strength and a challenge. Across the three boroughs 60% belong to an ethnic group other than White British, compared to 20% nationally. Newham is the most diverse borough in the country: half its population is Asian, of whom a third are Indian, a quarter Bangladeshi, and a fifth Pakistani. Within Tower Hamlets, one-third of residents are of Bangladeshi heritage, the biggest ethnic concentration of any local authority. Waltham Forest hosts our biggest Black community, and a quarter of its population don't speak English as a first language.

This diverse population is growing fast – north east London as a whole will expand by 15% over the next 15 years, equivalent to a new borough. Newham and Tower Hamlets alone are forecast to take more than half the extra numbers. The age profile is young, too, with an average age of 30-35 compared to 40 for London as a whole.

We are also poorer, with two-thirds of residents living in one of the 20% most deprived neighbourhoods in England. Unemployment is almost twice the national average. A quarter of children in Newham and Tower Hamlets are growing up in poverty. Life expectancy is growing, yet unequally, and older patients use services more frequently.

These factors contribute to high levels of health inequality and pose a challenge for the planning of NHS services. We know there is a higher prevalence of long-term conditions in some areas, such as diabetes & obesity in Newham. There is a higher prevalence of preventable issues in others, like smoking in Tower Hamlets and Newham. And the pandemic exposed a higher incidence of Covid-19 deaths in Newham and Waltham Forest.

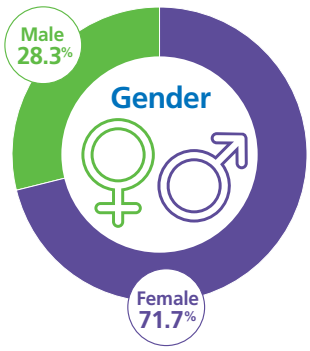
These considerations form the backdrop to the work of the ICS in developing a draft strategy for population health in north east London. We share its triple aim to reduce variation and inequality in outcomes, access and experience; to improve the resilience of the health and care system; and to specialise and consolidate services where that will improve outcomes and add value.

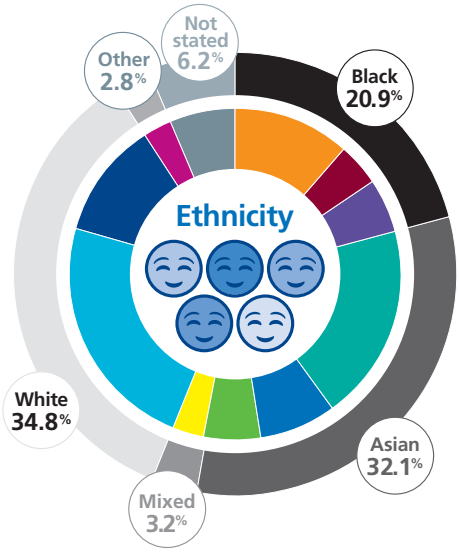
Diversity
at Barts Health NHS Trust
Our staff and patients

The Barts Health workforce is one of the most diverse in the NHS, and serves some of the most diverse communities in the country. These are badges we wear with pride as we work to ensure that all of us feel included in all we do, and are respected for who we are. One way we can do this is through communications that are tailored to our different audiences, and celebrate our differences.

Below is a summary of who we are in relation to age, ethnicity, gender and religion.
In addition, 3% of our workforce has a disability and 3% identify as LGBTQ+.

Our staff



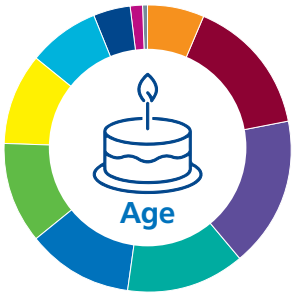


Ethnicity	%
Black African	11.6%
Black Caribbean	4.2%
Black Other	5.2%
South Asian (Indian, Pakistani, Bangladeshi	19.2%
South east and East Asian (Chinese, Filipino, Malaysian)	7.6%
Asian Other	5.4%
Mixed	3.2%
White British	23.3%
White Other	11.5%
Other	2.8%
Not stated	6.2%

Our community: Population health

- **Social isolation and loneliness** is high in our local areas and has an important impact on wellbeing.
- **Food insecurity:**
  13.4% - 16.9% are worried about getting food, worse than the national average.
- **Migration and mobility:**
  The high rate of turnover of our population, both within the UK and internationally, is likely to continue and net inwards migration may well increase from 2022 relative to 2020/21.
- **Population growth** is estimated to increase **1 - 1.5%** over the next 5-10 years.
- The proportion of people aged 65+ is projected to increase from **8.5%** in 2021 to **9.7%** by 2026.
- **Age standardised mortality** is highest in South Asian and Black ethnic groups from circulatory diseases.
- People working in manual occupations and mixed ethnic groups are likely to smoke. Contributing to high local mortality rates from diseases including COPD and lung cancer.

References: As at 31 March 2022, data sourced from ESR



Age	%
25 and below	6.6%
26 - 30	15.4%
31 - 35	17.0%
36 - 40	13.4%
41 - 45	12.1%
46 - 50	11.4%
51 - 55	10.2%
56 - 60	7.9%
61 - 65	4.3%
66 - 70	1.4%
71 and over	0.4%

Religion	%
Atheism	7.4%
Buddism	0.5%
Christianity	32.6%
Hinduism	3.3%
Islam	13.1%
Jainism	0.0%
Judaism	0.4%
Sikhism	0.6%
Other	2.6 %
Non-disclosure*	39.5%

* I do not wish to disclose my religion/belief

Our patients

Our top priority is providing safe and compassionate care and treatment for our patients. This collective effort involves doctors, nurses, other health professionals and a multitude of other experts who support them both on the wards and elsewhere. It finds expression not only through specialist clinical pathways, but also in how we look after our patients and ensure they have an acceptable experience of care.

The pandemic changed everything, and we are working through the consequences. We recently removed the most visible aspect of Covid-19 restrictions, compulsory mask-wearing, yet maintain a rigorous infection prevention and control regime. We revamped our WeImprove approach to bring quality improvement and clinical transformation together in a single team. We overhauled how we obtain feedback from patients and how we engage with them to improve care. We also reviewed our strategy, and after extensive consultation with clinicians agreed four commitments to guide our contribution to creating a wider clinical strategy for north east London.

1. Increasing performance and productivity

Expanding alternatives to A&E and emergency admission

More patients are coming through the front door seeking urgent care, and more of them are sicker and need to be admitted to hospital; so it makes sense to find new way of promptly treating the others who aren't and don't. Part of the answer is offering effective alternatives instead of hospital; and part is ensuring patients can access appropriate community services so they can leave hospital.

Our three A&E hospitals have dedicated Same Day Emergency Care units where patients are assessed, diagnosed, treated and sent home without needing an overnight stay in a bed. They are triaged from GPs, A&E itself, Outpatients or NHS 111; this is particularly valuable for children. Patients don't wait so long for treatment and get home sooner, freeing up hospital beds for those who need them most and reducing the risk of cross-infection.

Transforming outpatients to provide more personalised care

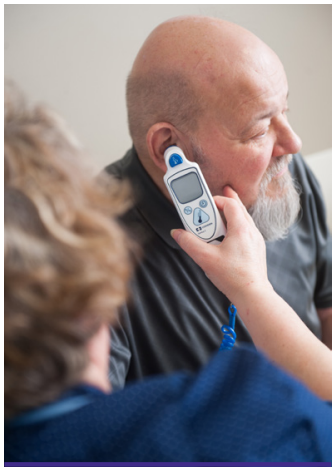
The numbers accessing outpatient appointments doubled in a decade and now average 30,000 a week. Covid infection control made us think differently about managing this demand and now all specialities hold virtual clinics. We also support greater independence among patients through remote monitoring. A range of digital tools, patient apps and wearable technology make it possible for patients to interact regularly with their clinicians from home and exercise more control over their care. To free up more capacity in clinics, we also encourage patients to request follow-up sessions rather than automatically booking appointments that may be unnecessary.

Reducing waiting times for elective, cancer and diagnostic services

No-one is now forced to wait two years for routine treatment, and fewer are waiting more than 12 months. To clear the backlog we must be more efficient, and increase capacity in our operating theatres. Our new Community Diagnostic Centre at Mile End is increasing the number of scans we offer and providing quicker results for patients, while also relieving pressure on acute hospital sites.

Build and develop capacity to meet the longer-term needs of our population

The Royal London has undeveloped space on the 14th and 15th floors which could house extra inpatient beds. Newham is refurbishing theatres for daycase surgery. Extra critical care beds for specialised services are in the pipeline at St Bartholomew's, where Barts Charity is raising funds for a breast surgery centre to improve outcomes for patients and increase participation in research.



2. Transforming services through innovation

To develop our clinical services to meet future challenges, we must embrace innovation, research, and improvement methodology, and draw on the scale of our group. For example, surgeons performing more operations in a single location can improve safety, outcomes and experience for patients. So we will create centres of excellence across the group for complex, daycase and specialist services, building on the models of the Barts Heart Centre in St Bartholomew's hospital and the major trauma centre, childrens hospital and hyper-acute stroke unit at The Royal London.

We plan two more centres of excellence at The Royal London, for complex head and neck surgery, and complex abdominal surgery. Each will bring together clinical co-dependencies from across the group: for example, complex head and neck work involves specialists in ENT (ear, nose and throat), plastics and neurosurgery.
We will also set up six daycare surgical centres for ENT, gynaecology, general surgery, ophthalmology, orthopaedics, and urology. These will enable us to operate on more patients more often, reducing the elective backlog while improving outcomes and experience.

We will also seek to ensure equity of access, standardise practice and improve patient experience through cross-site collaboration. Networks for endoscopy and imaging will maximise the use of facilities to reduce waiting times for patients and offer staff extra work and training opportunities. We also want to improve access to our specialist care facilities for patients at other hospitals within the group.

3. Improving equity, quality, and standards

We regularly review waiting list data for potential inequalities, such as the disparities we tackled among patients with learning disabilities. A new outpatient equity dashboard identified disproportionately high rates of missed appointments for both young black men and patients living in the most deprived areas. The next step is to embed equity data in the running of services to improve how they are delivered.

We will refresh our quality strategy and update its objectives to reflect ongoing feedback from patients about their experience, implement the new national patient safety incident response framework, and deliver the national maternity standards to ensure all pregnant women have a personalised care plan and are supported to make informed choices.

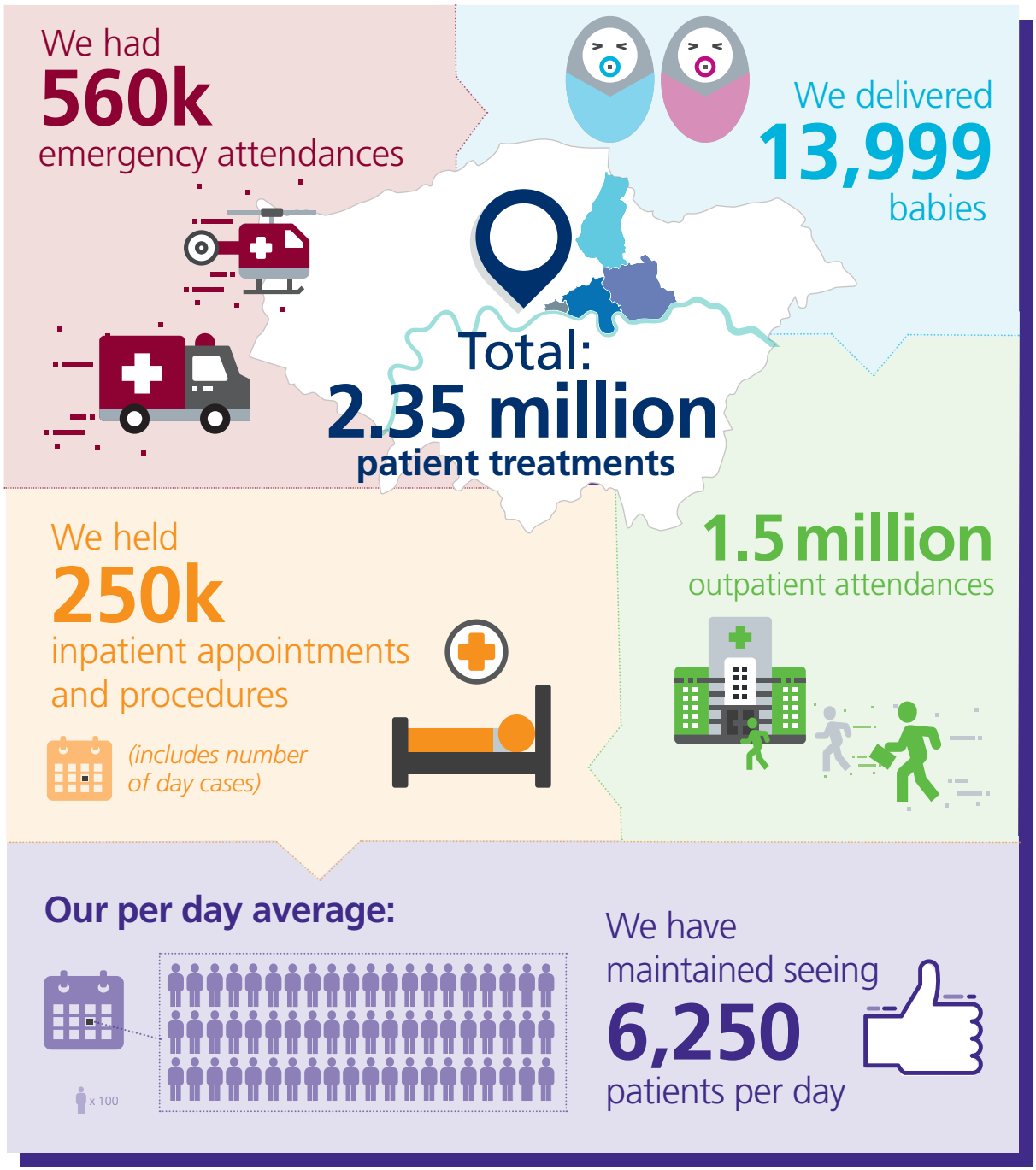
4. Preventing ill-health in our population

Our hospitals have a long-established role in improving the health of our local communities through managing long-term conditions. The integrated delivery framework for Waltham Forest that emerged from redeveloping Whipps Cross hospital shows how we can go further through the new place-based partnerships.

We can also do more within hospitals to help patients manage their health, in the way our tobacco dependence team works with smokers and pregnant women. We could further develop community outreach schemes like the pioneering East London Cardiovascular Disease Prevention programme (ELoPE).

East London has one of the capital's highest rates of heart disease and ELoPE aims to reduce the risk of premature death. The preventative cardiology department at St Bartholomew's works with GPs to manage cholesterol, abnormal heart rhythm and blood pressure in patients, thus reducing the likelihood of heart attacks and stroke. With the British Heart Foundation the team also developed and delivered lessons to over 6,500 children in schools across north east London.

Delivering care
over the last year



Figures for 2022/23

Our people

We want to be an outstanding place to work. A workplace in which our talented and dedicated staff are proud to remain, and a workplace which skilled and enthusiastic people want to join. In these challenging times for the NHS, the latest annual staff survey shows our people feel safer at work, more valued by managers, and their voices are heard. Yet we also have more to do because the proportion who would recommend the organisation as a place to work fell significantly, to just over half. This may reflect wider dissatisfaction with NHS pay and conditions, but we cannot afford to be complacent about what our own staff tell us about their experience.

We are therefore determined to press on and meet our bold commitment to eradicate racism and all forms of discrimination and inequality. This is embodied in our WeBelong approach, which seeks to embed inclusivity and equity in everything we do - not just through our People policies and practices but in all our interactions with Patients and Partners too.

Creating a fair and just culture

We are proud of our diversity and believe it is a force for good. However, we are also conscious that we don't always live up to our own expectations. Although 60% of our staff classify themselves as Black and Minority Ethnic, for example, less than one-fifth of our most senior leaders fall into that category. This is a glaring mismatch we are determined to overcome step by step through our career development programmes, along with addressing similar discrepancies among women and colleagues with disabilities.

Our dedicated Inclusion Centre team is offering bespoke cultural intelligence training to staff and recruiting more inclusion ambassadors for job selection panels. We will continue fostering active staff diversity networks, as well as identifying and supporting future leaders through mentoring, shadowing and learning opportunities. We are rolling out a programme to boost the leadership skills of middle-managers, too. We will monitor progress in reducing disparities in career progression and disciplinary cases through the workforce race and disability equality standards, and tackle the gender pay gap.

Supporting the wellbeing of our people

The unprecedented pressures of the pandemic brought home the importance of supporting staff wellbeing and we are grateful to Barts Charity for enabling us to invest in wellbeing hubs in each hospital, refurbish rest rooms and other local facilities, and set up a pioneering psychological support service for stressed staff. We now also have a network of wellbeing leads who actively support managers and their teams to improve work experience on the wards and in offices, thereby helping both the recruitment and retention of staff.

Working differently to transform care

Change is the mantra of the 21st Century. No-one and nothing stands still, and to be a sustainable organisation we must both adapt to the changes happening around us and shape those changes for the benefit of our patients. We should take advantage of any opportunity to add value by doing things differently, in order ultimately to be able to transform care.

This means embracing new roles and new ways of working in both clinical and support areas, collaborating with colleagues and partners across and outside our group of hospitals, and being flexible in response to productivity challenges, so our people are the best they can be at work.

Recruiting a permanent, stable workforce

We employ about 18,500 people, of whom about 60% were in post before the pandemic. We have shortages of skilled workers in some key areas, notably anaesthetists, nurses in critical care, emergency and theatres, and midwives. We also remain over-reliant on temporary staff to fill shifts at short notice. Along with others in the NHS we are expected to reduce our spending on agencies.

We are reviving our Drive to 95 programme which aims to reduce our vacancies from 8% to 5%. We anticipate taking on 600 more permanent employees in 2023/4, of whom almost half will be nurses and midwives.

We are also developing a fresh approach to temporary staffing rules and rates to ensure consistency across the group, not least because this offers many of our own employees an opportunity to earn more through overtime.

Our partners

The north east London integrated care partnership agreed four priorities to address the health and care needs of our population. These are, to provide the best start in life for babies, children and young people; to support everyone at risk of a long-term condition or living with one to live a longer and healthier life; to improve mental health and wellbeing; and to create meaningful jobs and employment opportunities. As a member of the partnership we are expected to develop our own role in delivering integrated care on two levels:

- across the system through sector collaboratives: in our case, with the other acute hospitals in Homerton Healthcare and Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- locally through place-based partnerships; in our case, the boroughs of Tower Hamlets, Newham and Waltham Forest, and the City of London.

Acting as an effective hospital group

Our closer collaboration with BHRUT pre-dated the creation of the acute provider collaborative (APC) and evolved to become the effective engine room of this wider effort. Together we aim to support clinical collaboration both by progressing mutual improvement and transformation projects, and by working more closely together on the back-office functions that support them like procurement, finance, estates management and workforce planning.

For example, to reduce our reliance on temporary staff, we are aligning pay rates between the two trusts, taking a common approach to using Bank Partners, and advertising jointly to recruit in shortage areas like emergency nurses.

Collaborating across north east London

The three acute trusts are working together on immediate clinical improvement and transformation programmes in six areas: urgent and emergency care, planned care, cancer, maternity, critical care, and babies, children and young people. In due course we intend to bring our clinical leaders together through common networks to oversee clinical standards across the ICS and determine an overarching clinical strategy for meeting the diverse health needs of a growing population.

Contributing as an anchor institution

As the biggest employer in east London and a major purchaser of goods and services, our group of hospitals plays a key role in economic regeneration and environmental improvement. We insist suppliers pay the London Living Wage and increasingly take social value into account in procuring IT software, medical devices, and construction projects (like the Mile End community diagnostic centre).

We will extend the reach of award-winning schemes like Community Works for Health, Healthcare Horizons and Project Search to provide even more employment opportunities for young people with disabilities or from disadvantaged backgrounds. We want to engage more with patients and community representatives, building on our existing patient panels and the networks we established during the pandemic. As a first step towards patient participation in service development we will recruit a lay co-chair to provide a patient voice in our governance arrangements.

Progressing long-term projects

A new Whipps Cross hospital

We have cleared the site of the old nurses' home, obtained planning permission, and are ready to build a new multi-storey car park nearby - but are still awaiting the go-ahead from the Government's new hospitals programme. This delay outside our control means construction is unlikely to begin until 2025 at the earliest. Meanwhile we are working with local partners to progress plans for redeveloping the rest of the estate and developing community health services outside of the hospital.

Barts Life Sciences

With our academic partners at Queen Mary University of London we are helping the Department of Health and Social Care create a life sciences centre in Whitechapel to bring clinicians, researchers and industry together in developing innovative approaches to healthcare. This includes seeking Barts Charity funding for a precision medicine platform that will give researchers access to anonymised mass patient data. Thanks to a £14m investment from the charity we will also open our own world-class clinical research facility at The Royal London hospital.

Our Green Plan

We share a common plan with BHRUT to meet the NHS ambition to become net zero by 2040. The first step is establishing a joint sustainability team led by a recognised environmental expert to optimise resources and expertise. These professionals will be supported by seven Clinical Fellows devoting their time to embedding good environmental practice into all aspects of operational healthcare.

Newham Hospital

Investment in the 40-year-old infrastructure includes extensive fire safety improvements to modernise the way the hospital works; constructing a new modular building to house a 26-bed ward and 14-bed intensive care unit; and re-opening two mothballed operating theatres. The extra capacity will enable Newham to meet demand from a growing local population, including in Barking and Dagenham.

Barts 900

In partnership with Barts Charity and others celebrating the 900th anniversary of the founding of St Bartholomew's hospital and church, we are raising funds to host a breast cancer centre of excellence. This will consolidate all breast treatment across the trust in a dedicated site at St Bartholomew's, reducing inequalities in access and improving outcomes for patients. We are also creating a clinical research facility at The Royal London hospital that will develop innovative research programmes and engage more patients in clinical trials.

Promoting and supporting our plans

Financial sustainability

In partnership with BHRUT and in pursuit of mutual sustainability we are tackling three common factors that drive our underlying deficit: a reliance on temporary staffing; the use of separate back-office services; and operating theatre inefficiencies. We are aligning medical pay rates and creating a joint Bank for temporary staff. We are exploring common approaches to finance, procurement and payroll services. And we are sharing learning on reducing costs and making savings in theatres.

World-leading research

We have a track record of securing sponsorship, and well-established centres for life sciences and trauma sciences at The Royal London. The Barts Charity will fund a state-of-the-art facility where we undertake life-changing clinical research within under-represented communities. There remain internal disparities between specialties and sites on both academic performance and ability to recruit patients to clinical trials. We aim to partially redress the balance by creating an Academic Centre for Healthy Ageing at Whipps Cross.

High quality education and training

Our Education Academy trains student doctors through clinical placements using simulation techniques, artificial intelligence and live patient interaction. We will develop career pathways for medical graduates (including refugee and speciality doctors), and roll out bespoke induction programmes for recruits from overseas to support them in their new working lives within the NHS. We are also developing leadership training for team leaders and senior managers across the organisation.

Digital transformation

We are half-way through a phased £70m investment transforming our digital infrastructure. We replaced the computer network, moved data storage hosting to the cloud, started renewing our telecommunications, and began to upgrade all end-user devices. We successfully moved away from relying on paper records to implement electronic prescribing on the wards. These changes increase efficiency, improve patient safety, and facilitate better services like virtual clinics. We are now working with our partners to standardise, and then optimise, our respective digital capacity.

Excellent communications

We aim to promote the reputation of the services that Barts Health provides to patients by communicating and engaging effectively with our staff, stakeholders and local communities. This report shows we have a series of great stories to tell, and its own look and feel illustrates our positive, proactive and professional approach to making the most of them.

WeBelong
Becoming a truly inclusive organisation

Designed and produced by the Barts Health design and communications team

MMXXIII

BH5423

Barts Health NHS Trust

Report to the Trust Board: 3 May 2023	TB 31/23

Title	2022 NHS Staff Survey Results
Accountable Director	Group Director of People
Author(s)	Valerie Swaby, Associate Director of Clinical Quality Improvement Aurea Jones, Director of People Strategy
Purpose	To provide an overview of the 2022 NHS Staff Survey results for Barts Health, focusing on the themes for improvement and describing the action being taken in response to the feedback. The Trust Board is asked to note the staff survey report for 2022 and how the feedback received informs the People Plan and priorities for 2023/24.
Previously considered by	Group Executive Board

This paper provides an overview of the 2022 NHS Staff Survey results for Barts Health. The feedback received provides insight that informs our priorities for 2023/24. The paper focuses on the national benchmark report, its alignment with the NHS People Plan, People Promise, and the overall performance for Barts Health, when compared to the average NHS organisation benchmark group of 124 acute, and acute and community trusts. The paper includes information about how responses changed from 2021 to 2022 and provides some comparative data for staff survey responses across our hospitals and Group Support Services. The paper concludes with how we are responding to feedback and how the feedback informs our People Plan for 2023/24. All the detailed Staff Survey benchmark reports have been made available to the Hospital People Directors and Group Support Services leads, to inform local planning.

Related Trust objectives	
Becoming an outstanding, inclusive place to work	

Risk and Assurance	Assurance in relation to the below
Related Assurance Framework entries	1. A lack of evidenced delivery on **the operational plan's** inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level. 2. Insufficient leadership capacity and capability to effectively prioritise wellbeing plans impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and

	system level

Legal implications/ regulatory requirements	All NHS trusts are required to participate in the NHS Staff Survey

Action required:
The Trust Board is asked to note the staff survey report for 2022 and how the feedback received informs the People Plan and priorities for 2023/24

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 3 MAY 2023

STAFF SURVEY

INTRODUCTION

1. The NHS Staff Survey for 2022 was published on 9th March 2023 and this paper sets out key headlines from the NHS Staff Survey for Barts Health. It focuses on the national benchmark report, its alignment with the NHS People Plan, People Promise, and the overall performance for Barts Health, when compared to the average NHS organisation benchmark group of 124 acute, and acute and community trusts.

2. This is the second consecutive year that the NHS Staff Survey results have been measured against the seven elements of the NHS People Promise and against two of the themes reported in previous years, namely Staff Engagement and Morale.

3. For 2022, the health and wellbeing questions, previously seen in the 2020 NHS Staff Survey, have been added back in, allowing comparison of this year's results with previous years, to identify trends.

4. For the first time this year, bank workers were eligible to participate in the NHS Staff Survey, through the trusts that they have worked at, for a minimum of six months. The qualifying bank workers at Barts Health were invited to complete the Staff Survey.

5. This paper intentionally narrows its focus to the three areas that have shown the most improvement, remained stable or compare favourably with the national average. It then identifies the three areas where we have comparably the most improvement to make at Group, GSS and Hospital levels. A view is also provided of our results over five years, compared to the average response rate for our national benchmark group.

6. The paper will also consider the need to review our approach to how we engage our people with the Staff Survey, to ensure that we hear from as many voices as possible.

7. The NHS Staff Survey results offer one lens of insight into staff experience at Barts Health. It remains important that these findings are triangulated with other sources of data, including the People Pulse, Freedom to Speak Up, outputs from our Staff Partnership Forum, staff networks, patient experience, clinical outcomes, financial data, and qualitative insights.

8. The Staff Survey results offer the opportunity to identify and celebrate areas that are doing well, supports learning about the necessary conditions for success, and informs the priorities for delivery over the coming year. The survey also offers the opportunity to flag potential hotspot areas for focused intervention. This is the work we invite our sites and

divisional leadership teams to do, informed by discussion of the Staff Survey results and triangulated where necessary with their immediate teams across Barts Health.

9. The paper concludes with how we are responding to feedback and the action we are taking, with a continued focus on WeBelong, delivery of our Wellbeing Strategy, WeImprove retention, leadership development and next steps.

SUMMARY OF STAFF SURVEY RESULTS

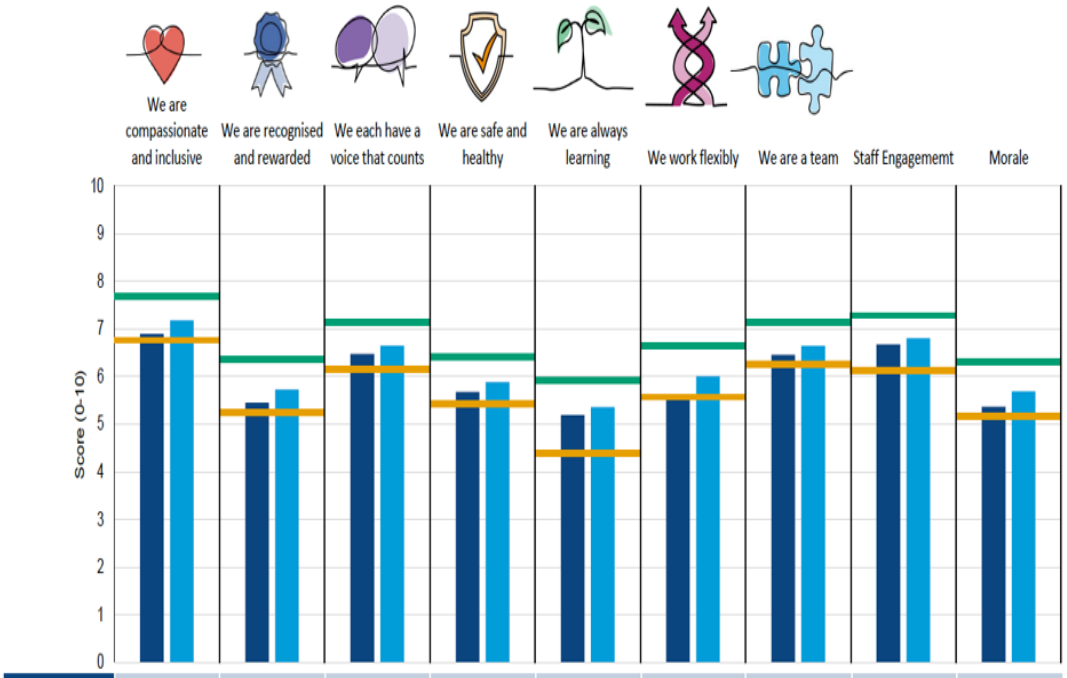
10. 17,733 colleagues at Barts Health were invited to participate in the NHS Staff Survey online between September and November 2022. 37.4% (6,495) colleagues completed a survey questionnaire compared to 47.4% in 2021. The median response rate for the national Staff Survey benchmark group (124 acute, and acute and community trusts) was 44%.

11. The Staff Survey also provides the opportunity for colleagues to leave free text comments, which can provide further detail to the feedback. In 2022, 1,814 colleagues provided a free text comment.

12. The staff engagement score has remained steady, even during the pandemic, at 6.8 in 2021 (6.9 in 2017 and 2020) and at 6.7 for 2022, close to this year's national average of 6.8.

13. The following table shows the benchmarked results for Barts Health for the survey themes compared to the best and worst organisations. Overall, most responses for Barts Health were below average, putting our Group at the top end of the bottom quartile.

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



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	6.9	5.5	6.5	5.7	5.2	5.6	6.4	6.7	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	6478	6480	6443	6457	6183	6461	6476	6490	6488

14. On reviewing Barts Health scores against the themes, 'we work flexibly' stands out as an area for improvement, but it is only when we review the detailed information in the sub-scores and responses to each question (111 questions in total) that the detail to inform is found.

15. The headline themes show there are many areas to celebrate and where to focus for improvement. We saw significant improvements in appraisal rates and a reduction in physical violence experienced by colleagues, mostly at The Royal London and Newham hospitals. Our people also told us that their line managers ask for their opinions before making decisions that affect them and that they were able to contribute to making improvements for their team. Feedback across many areas remained the same, despite ongoing challenges.

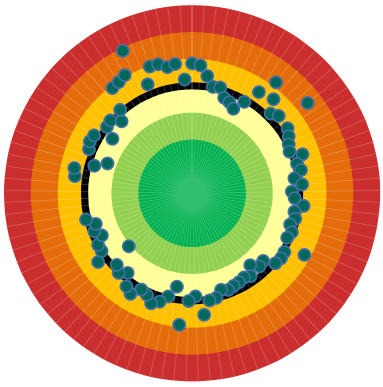
16. The results bring into sharp focus the need to provide our people with the resources required to do their job and deliver care, and for more adjustments to be available for disabled colleagues.

17. The following diagram is taken from the 'Picker' management report (Picker provides the analysis of the Staff Survey results for Barts Health) and shows how the responses to all the Staff Survey questions changed between 2021 and 2022.

KEY

This score is considerably better than the comparison score

This score is considerably worse than the comparison score

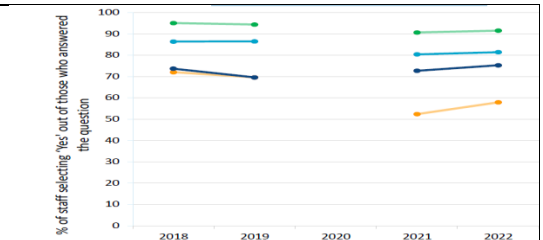


Three most improved areas in 2022

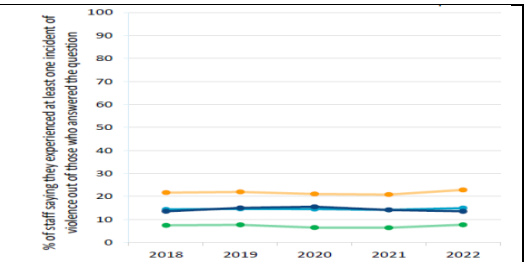
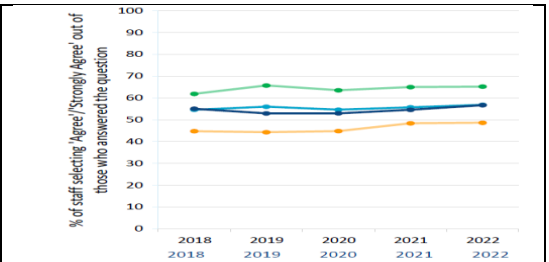
18. This year, the response to 55 questions improved upon the 2021 survey scores. The questions below are amongst the most improved scores matching or approaching the benchmark average.

We are always learning – Development

1. Question 21a ''In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?'' scored 75.3% the (benchmark group average of 81.4%) an improvement of +2.6 percentage points from 2021 (72.7%) results. A testament to the commitment from team leaders to undertake timely appraisals.

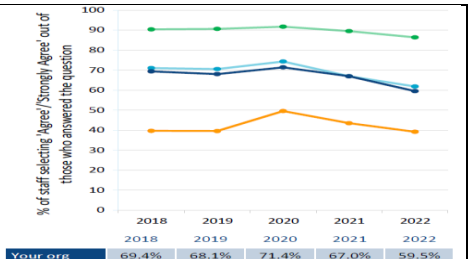


	2018	2019	2020	2021	2022
Your org	73.7%	69.6%	-	72.7%	75.3%
Best	95.1%	94.4%	-	90.7%	91.5%
Average	86.4%	86.5%	-	80.4%	81.4%
Worst	72.1%	69.6%	-	52.4%	57.9%
Responses	7157	7253	-	7733	6452

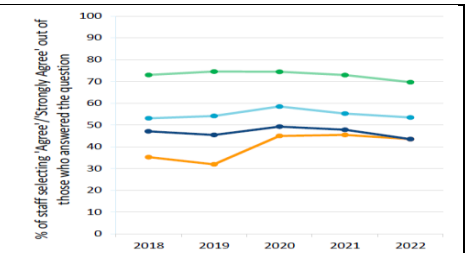
We are safe and healthy	**We are safe and healthy: Negative experiences** **2. Question 13a "In the last 12 months, how many times have you personally experienced physical violence at work from... patients / service users, their relatives or other members of the public?"** scored 13.5% which compares favourably to the (benchmark average of 15.0%) a reduction of 0.7 percentage points from 2021 (14.2%) results. This is a year on year-on-year decline, with less of our people experiencing physical violence at work.	 2018 2019 2020 2021 2022 Your org 13.6% 15.0% 15.5% 14.2% 13.5% Best 7.5% 7.7% 6.5% 6.4% 7.7% Average 14.4% 14.6% 14.5% 14.2% 15.0% Worst 21.7% 22.0% 21.1% 20.8% 22.8% Responses 7247 7346 7889 7758 6435
We are a team	**We are a team: Line Management** **3. Question 9c "My immediate manager asks for my opinion before making decisions that affect my work?"** scored 56.7% putting us on a par with the (benchmark group average of 56.9%) this is an improvement of +2.1 percentage points from 2021 (54.6%) results. Scores for this question continue to improve year-on-year.	 2018 2019 2020 2021 2022 Your org 55.1% 53.0% 53.0% 54.6% 56.7% Best 61.9% 65.8% 63.6% 65.1% 65.3% Average 54.7% 56.0% 54.7% 55.8% 56.9% Worst 44.8% 44.4% 44.9% 48.4% 48.7% Responses 7272 7367 7904 7792 6473

Areas for improvement

19. The three areas below have deteriorated the most since last year's survey or are worse than the national benchmark group average.

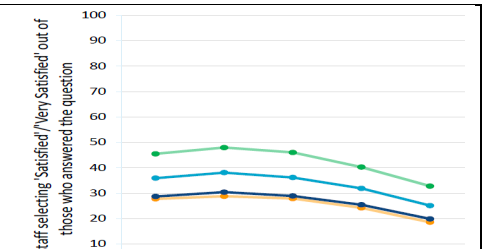
Staff Engagement	**Staff engagement: Advocacy** **1. Question 23d "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation?"** scored 59.5% the (benchmark group average of 61.9%) this is a significant decline of -7.5 percentage points from 2021 (67.0%).	 2018 2019 2020 2021 2022 Your org 69.4% 68.1% 71.4% 67.0% 59.5% Best 90.4% 90.6% 91.8% 89.5% 86.4% Average 71.1% 70.6% 74.3% 67.0% 61.9% Worst 39.7% 39.6% 49.6% 43.5% 39.2% Responses 7079 7190 7795 7651 6457

The trend continues from last year, with more of our colleagues considering leaving Barts Health (Q24c). ''As soon as I can find another job, I will leave this organisation'' showed a sharp increase of 3.6% points to 26.5%, compared to 22.9% in 2021.

Morale	**Morale: Work Pressure** **2. Question 3h ''I have adequate materials, supplies and equipment to do my work?''** scored 43.6% below the (benchmark group average of 53.5.9%) this is a significant decline of -4.2 percentage points from 2021 (47.8%). Historic trends indicate this question has been largely stable with a peak response of 49.3% in 2020 during the pandemic. We will need to explore this further with teams.	 2018 2019 2020 2021 2022 Your org 47.1% 45.5% 49.3% 47.8% 43.6% Best 73.0% 74.6% 74.5% 72.9% 69.7% Average 53.1% 54.2% 58.5% 55.3% 53.5% Worst 35.3% 32.0% 45.0% 45.5% 43.6% Responses 7384 7443 7955 7965 6473

More of our people (Q3i) reported not having enough staff to do the job. A decline of -2.2 percentage points from 2021 to 24.4% (national average of 25.1%), an issue felt nationally.

The overall score for morale has deteriorated since 2020, from 5.8 to 5.4 for this year; the benchmark average was 5.7 with the worst organisations scoring 5.2. In 2021, we achieved a score of 5.5.

	**We are recognised and rewarded** **3. Question 4c "How satisfied are you with each of the following aspects of your job? My level of pay"** Dissatisfaction with the level of pay is one of the most declined areas for the trust, a score of 19.8% puts us in the bottom quartile and (below the group benchmark average of 25.1%), a significant decline of -5.6 percentage points from 25.4% in 2021. This concern over pay was seen across all sites and amongst bank workers. A similar picture was seen nationally.	 2018 2019 2020 2021 2022 Your org 28.7% 30.4% 28.9% 25.4% 19.8% Best 45.5% 47.9% 46.0% 40.3% 32.8% Average 35.9% 38.1% 36.2% 31.9% 25.1% Worst 27.7% 28.7% 27.9% 24.2% 18.5% Responses 7322 7410 7935 7941 6467

Pay and resources to do the job were most frequently mentioned in the free text comments about 'my job'. However, despite these concerns, 68.9% colleagues told us (Q9e) ''My immediate manager values my work'', a +1.5% increase from 67.6% in 2021 (benchmark average of 70.2%).

Other key themes

20. **Flexible Working** is a key priority for the Trust, our retention agenda and to attracting candidates to work with us. **Under the People Promise element – we work flexibly** (Q4d) ''How satisfied are you with each of the following aspects of your job?''. The

opportunities for flexible working patterns declined from 50.0% in 2018 to 47.3% in 2022. 39.8% of colleagues believed (Q6b) ''My organisation is committed to helping me balance my work and home life'', compared to 40.1% in 2021.

21. **We are compassionate and inclusive: compassionate culture** – (Q23b) **''**My organisation acts on concerns raised by patients/service users'' has seen a significant decline of -3.7 percentage points to 67.4% from 71.1% in 2021. The level of confidence our people have in the organisation addressing concerns raised, requires renewed focus.

22. **We are safe and healthy – health and safety climate:** More colleagues than previously, report that they are not able to meet all the conflicting demands on their time at work (Q3g), from 45.1 in 2021 to 43.9, with the national average of 42.9%, we can see this is a common trend.

23. (Q11a) ''My organisation takes positive action on **health and wellbeing**'' at 52.6%, is below the benchmark average of 55.6% and stress and pressure are mentioned most frequently in the free text comments under health and wellbeing, further underlying the need to remain focused on the wellbeing of all colleagues.

COMPARISON WITH THE REST OF LONDON

24. The HSJ is the first to produce organisation-specific comparison tables. The following is taken from the HSJ on 9th March 2023, in response to the question Q23c ''I would recommend my organisation as a place to work''. The table also notes the change in ranking since 2019.

25. The Barts Health score fell significantly from 60% in 2021 to 56% in 2022. Compared with the rest of London, this puts us top of the bottom quartile.

All London - ranked in order of staff "agreeing" or "strongly agreeing" they would recommend it as a place to work

Trust	2019	2020	2021	2022	Change 2021 to 2022	Change 2019 to 2022
University College London Hospitals NHS Foundation Trust	72%	78%	74%	75%	1%	3%
Guy's and St Thomas' NHS Foundation Trust			73%	71%	-2%	
Imperial College Healthcare NHS Trust	68%	71%	64%	66%	2%	-2%
Chelsea and Westminster Hospital NHS Foundation Trust	70%	71%	67%	65%	-2%	-5%
Kingston Hospital NHS Foundation Trust	74%	75%	62%	63%	1%	-10%
Homerton University Hospital NHS Foundation Trust	67%	69%	66%	62%	-4%	-5%
Royal Free London NHS Foundation Trust	62%	69%	61%	60%	-1%	-2%
Whittington Health NHS Trust	63%	66%	59%	59%	0%	-4%
St George's University Hospitals NHS Foundation Trust	61%	67%	58%	58%	0%	-2%
Lewisham and Greenwich NHS Trust	60%	60%	56%	58%	2%	-3%
King's College Hospital NHS Foundation Trust	56%	60%	55%	56%	1%	0%
Croydon Health Services NHS Trust	59%	61%	55%	56%	0%	-3%
Barts Health NHS Trust	63%	66%	60%	56%	-4%	-7%
Epsom and St Helier University Hospitals NHS Trust	62%	64%	59%	55%	-3%	-7%
London North West University Healthcare NHS Trust	54%	59%	55%	53%	-2%	0%
North Middlesex University Hospital NHS Trust	64%	60%	53%	53%	-1%	-11%
Barking, Havering and Redbridge University Hospitals NHS	57%	54%	49%	47%	-2%	-10%
The Hillingdon Hospitals NHS Foundation Trust	54%	50%	46%	44%	-2%	-10%

COMPARISON OF HOSPITAL AND SITES STAFF SURVEY RESULTS

26. The following section provides an overview of hospital/site scores, compared to the overall Barts Health score and the national benchmark average. It shows that overall, Group Support Services (GSS) and Research & Development (R&D) Projects scored most favourably across all nine survey areas and all elements of the NHS People Promise. R&D Projects superseded the national benchmark group average scores, with GSS achieving similar scores.

27. St Bartholomew's Hospital (SBH) exceeded or matched the group average score for seven of the nine areas. Whipps Cross Hospital (WXH) and Newham Hospital (NUH) scored below the Trust average on seven out of nine areas.

28. In terms of 'We are compassionate and inclusive', the overall score for our organisation is 6.9, just below the national benchmark group score of 7.2. Royal London Hospital (RLH), SBH, GSS and R&D Projects all scored above our Trust overall score.

29. With an overall score of 5.5 for 'We are recognised and rewarded', all hospitals scored below this, except for GSS (6.1) and R&D Projects (6.3) who scored above.

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

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
National benchmark group average score	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Barts Health	6.9	5.5	6.5	5.6	5.2	5.6	6.4	6.7	5.3
Newham	6.7	5.3	6.4	5.5	5.2	5.4	6.3	6.6	5.3
Whipps Cross	6.8	5.3	6.4	5.5	5.3	5.4	6.3	6.6	5.3
Royal London	6.9	5.4	6.4	5.4	5.2	5.4	6.5	6.6	5.2
St Bartholomew's	7.0	5.4	6.6	5.7	5.2	5.5	6.5	6.8	5.4
Group Support Services	7.1	6.1	6.6	6.3	5.4	6.5	6.8	6.8	5.7
Pathology Partnership	6.6	5.2	6.2	5.7	4.2	5.2	5.9	6.2	5.0
*Other Teams	6.6	5.2	6.4	5.6	4.7	5.2	6.3	6.5	4.8
R&D Projects	7.5	6.3	6.9	6.8	5.5	6.8	7.3	7.2	6.1

*Includes GCS Pharmacy and Vaccination Centre

WE ARE COMPASSIONATE AND INCLUSIVE - WRES Staff Survey Summary

30. Less people (12.9%) reported that they had experienced discrimination at work (Q16a) in the last 12 months, compared to 13.7% in 2021 and the benchmark average of 7.8%.

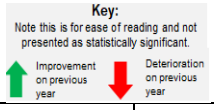
31. However, this year's Staff Survey results show decline in three of the WRES metrics from 2021.

32. There has been an increase in the number of colleagues reporting that Barts Health acts fairly with career progression: 47%, compared to 46.6% in 2021, (benchmark average of 55.6%). The figure for black, Asian and minority ethnic colleagues believing that Barts Health acts fairly with career progression, has also increased again this year to 42.1% compared to 41.4% last year, as we continue to make progress with the work underway as part of the WeBelong strategy. It should be noted that the score for white colleagues has deteriorated, in contrast to the improvement for black, Asian or minority ethnic staff who are largely responsible for this increase.

33. The latest Staff Survey figures show that the percentage of people experiencing bullying from managers is unchanged from last year, 15.9%.

34. The number of people experiencing bullying and harassment from colleagues has been decreasing for several years and the percentage has increased a small amount, 23.2% compared to 22.9% in the previous year. We continue to have a range of channels in

place for people to use if they experience unacceptable behaviours. This may be formally through a Dignity at Work case, or informally, by talking to our Freedom to Speak Up Guardian or Inclusion Signposter, who can provide support to resolve issues.



Category	2017	2018	2019	2020	2021	2022	Overall improvement since 2017?
WRES 5 % BME staff experiencing **bulling, abuse or harassment from service users** in last 12 months	31.9%	34.0% ↓	34.4% ↓	30.7% ↑	28.2% BME ↑ 29.2% for white 28.8% BME national average	30.4% BME ↓ 29.8% for white 30.8% BME national average 26.9% White national average	**YES** - % of BME staff being bullied has improved since 2017 however it has increased since 2021.
WRES 6 - % of BME staff **experiencing bullying, abuse** or harassment **from staff** in last 12 months	34.2%	35.0% ↓	34.5% ↑	33.1% ↑	31.4% ↑ 26.5% for white 28.5% BME national average	31.9% ↓ 26.2% for white 28.8% for BME national average 23.3% White national average	**YES** - % of BME staff experienced harassment, bullying and abuse this year has improved since 2017 however it remains too high
WRES 7 - % of BME staff that believe the Trust provides **equal opportunities for career progression** or promotion	433%	41.2% ↓	41.4% ↑	39.8% ↓	41.4% ↑ 54.9% for white 44.6% BME national average	42.1% ↑ 54.4% for white 47.0% BME national average 58.6% White national average	**NO** – a lower % of BME staff believe the Trust provides equal career progression opportunities since 2017.However there has been an improvement both years since 2020.
WRES 8 – % of BME staff who personally experienced discrimination from managers, team leaders or colleagues in last 12 months	18.8%	18.6% ↑	17.3% ↑	18.9% ↓	18.5% ↑ 11% for white 17.3% BME national average	19.3% ↓ 10.7%for white 17.3% BME national average 6.5% White national average	**NO –** a higher % of people experienced discrimination from managers and colleagues in 2022 than in 2017. The number of people experiencing discrimination has increased

BANK WORKERS - the Headlines

Overall, bank workers consistently achieved average or above the national average response rates during the live survey. We are unable to compare percentage points with previous years, as 2022 was the first year that bank workers could take part in the NHS Staff Survey.

- **9** (out of 89) questions scored above 80%
- **28** (out of 89) questions scored below 50%

Questions with the highest scores

Description	Percentage
Not experienced physical violence from managers	95.73%
Not experienced physical violence from other colleagues	94.87%
Feel trusted to do my job	92.88%
Feel my role makes a difference to patients/service users	89.42%
Always know what work responsibilities are	88.15%

Areas with the lowest score/focus for improvement

Description	Percentage
Satisfied with level of pay	21.15%
Never/rarely worn out at the end of work	21.64%
Have realistic time pressures	23.18%
Never/rarely find work emotionally exhausting	23.77%
Never/rarely feel burnt out because of work	30.79%

RESPONDING TO THE STAFF SURVEY

35. The Group People Plan for 2023/24 reflects the feedback that we receive from colleagues. We have in place, several key programmes to improve the experience of working at Barts Health. Data from the Staff Survey and quarterly feedback from the People Pulse continues to inform the delivery of these programmes. The table below shows examples of how the People Plan is informed by feedback from colleagues.

People Plan Pillar	Staff Survey: People Promise Themes	People Plan Programmes
Creating a Fair and Just Culture	*We are compassionate and Inclusive* WRES 5 &6: bullying and harassment	- Deliver the next phase of the Cultural Intelligence Programme

	WRES 7: Career Development WRES 8: Discrimination	- Embed career development and succession planning - Continue our work to build a fair and just culture
Supporting the Wellbeing of our People	*We are Safe and Healthy* - Supporting balance between my work and home life (39.8%) - My organisation takes positive action on health and wellbeing (52.6%)	- Maximise the learning from being a part of the NHSE Retention Exemplar programme, focusing on flexible working and building capacity to manage rostering flexibly - Roll-out the WeLead leadership programme with its focus on compassionate leadership - Continue delivery of the Wellbeing Strategy and the focus on 'getting the basics' right
Working Differently to Transform Care	*Staff Engagement* - If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (59.5%)	- Transfer of SERCO colleagues to Barts Health - Develop a Group wide approach to assessing and improving workforce productivity - Promote new roles and ways of working, to improve workforce supply and support service transformation
Recruiting a permanent and stable workforce	*We are a Team* - There are enough staff to do the job properly (24.4%) - Adequate materials to do the job (43.6%)	- Drive to 95 – focusing on recruitment to get to 95% substantive fill rate - Developing consistent Group wide temporary staffing rates and governance - Build local WF supply as an Anchor organisation

36. We will continue our focus on the health and wellbeing of our people, building on the progress made over the last two years, to ensure that we have a sustainable approach to getting the basics right.

37. The refreshed WeBelong Strategy, with its continued focus on career development and work to build a fair and just culture, delivering the next phase of the Cultural Intelligence programme and work to improve representation in leadership positions, directly seeks to address feedback received from colleagues.

38. In 2023/24, we are rolling out the WeLead core leadership and management skills programme, focusing on colleagues new to leadership roles. The programme complements the wide portfolio of leadership development offered by the Education Academy and will underline what it means to be a leader at Barts Health.

39. The draft workforce plan for 2023/24 targets retention, with a spotlight on 'flexible working' as part of the wider retention agenda and our work as part of the NHSE Exemplar Programme, to learn from others and encourage best practice.

40. Our focus on recruitment through the 'Drive for 95' programme is starting to make progress, with substantive workforce numbers increasing, providing greater stability and continuity to our teams.

41. The fall in completion rates of the Staff Survey has highlighted the need for us to look at how we engage with colleagues across the Group. We are reviewing our approach to recognition, how we share our corporate vision sustainability and how we listen to colleagues throughout the organisation.

42. To understand better why the completion rate for the NHS Staff Survey fell this year, we are taking the opportunity to review how we manage the Staff Survey and the approach we take to engage our people about both the NHS Staff Survey and People Pulse. We will take a structured approach using an after-action review methodology and engage all sites with the review. The review will inform the planning for the 2023 Staff Survey, due to commence in September 2022.

PEOPLE PULSE

43. We have commenced year two of running the People Pulse survey. This is a quarterly survey that focuses on one or two areas of the NHS People Promise each time it is run. It is a short survey, with results being available within a few days at Group and Hospital level. We are finding the survey useful, in providing more granular feedback on key topics, and Hospital Executive teams are using the feedback to inform local action.

44. The People Board continues to oversee the development of our use of the People Pulse and its point in time feedback, reflection on mood, feelings and engagement. We will continue to build implementation and trend data from the consistent People Pulse questions.

CONCLUSION

45. The results show that we still have much to do to improve our culture and achieve our aspiration of making Barts Health a great place to work. As a result of the feedback, we have reviewed our People Plan for the year ahead and remain confident that we have the right set of programmes in place. However, the results tell us that we need to continue to ensure this remains a key priority for the Group, so that we can continue to build momentum in response to the needs of our people.

46. The wider context of cost-of-living, discontent about pay and operational pressures are seen in our Staff Survey results and across the results for the NHS. Confidence in the quality-of-care colleagues are able to provide and a decrease in morale is highlighted, underlining the need to maintain our focus on building a great place to work.

47. The drop in completion rate is disappointing, and we will review how we manage the Staff Survey across our hospitals in preparation for the 2023 survey. It also points to the need to look at engagement more broadly.

48. Many areas for feedback have remained the same, despite the many operational challenges, with significant improvements in our rates of appraisal, reduction in physical violence and the number of colleagues involved in deciding changes that affect their work. The NHS Staff Survey and feedback from the quarterly People Pulse continue to inform our workforce plan and priorities for action and underline our continued work to deliver WeBelong and the ambitions of WeLead and the Wellbeing Strategy.

49. The feedback from the NHS Staff Survey offers the opportunity to identify areas where we are making progress and supporting further learning, and informs priorities for focused delivery in the coming year.

NOTE:

The full NHSE Staff Survey 2022 Benchmark report for Barts Health NHS Trust is available at:

Local results for every organisation | NHS Staff Survey (nhsstaffsurveys.com)

Barts Health NHS Trust

Report to the Trust Board: 3 May 2023	TB 32/23

Title	Trust Board and committee terms of reference
Sponsoring Director	Trust Chair
Author(s)	Trust Secretary
Purpose	To approve revised Board committee terms of reference and membership
Previously considered by	Audit and Risk Committee, Quality Assurance Committee, Finance Investment and Performance Committee

In accordance with the Trust's Standing Orders and Standing Financial Instructions, the Trust Board and its committees operate in accordance with terms of reference, which are reviewed every two years. Additionally the terms of reference provide for regular 'meeting effectiveness reviews' – based upon a survey of members to assess whether the committee ways of working are satisfactory and/or can be improved. During 2022/23, members of the Trust Board and committees participated in effectiveness reviews, with the findings presented to the respective committees (and to a meeting of the chairs of the Board and board committees). These effectiveness reviews were based on use of the same survey (designed with reference to HFMA and other best practice guidance) for each board and committee, and with a common 1-5 rating scoring approach for each of the 23 questions - to support ease of comparison. Some key themes from these effectiveness reviews included:

- Scoring indicated a consistency in views of members of all committees and the board regarding the effectiveness of meetings – with average scores for all questions above 3.5 and the the vast majority of average scores above 4 against the 1-5 scale.
- A number of helpful comments about ways of working were elicited and informed planned development sessions for the Trust Board (and also for the Quality Assurance Committee).
- Strengths identified in feedback included: the quality of chairing; openness of dialogue in meetings; improving committee workplans; the quality of minutes; and relationships between executive and non-executive colleagues.
- Some themes of feedback included opportunities: to clarify roles of committee members (including developmental support recommendations); for more consistent upwards reporting and clarity on escalation arrangements; to develop more timely and concise reports; and for consistency on the approach to sharing learning.

The outputs of this review have informed a refresh of the Board and committee terms of reference, which have been considered by each of the respective committees (focusing on changes to previous iterations) and are appended for approval. The revisions to ToR reflect a range of updates but do not feature any significant material changes, with the possible exception of the change to the portfolios of FIP and QAC to reflect the enhanced remit of the former in oversight of performance against

constitutional standards.

Related Trust objectives
n/a

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

Legal implications/ regulatory requirements	No direct legal implications identified.

Action required by the Board
The Trust Board is asked to note this report and approve revised terms of reference for the Trust Board, Audit and Risk Committee, Quality Assurance Committee and Finance Investment and Performance Committee.

BARTS HEALTH NHS TRUST

TRUST BOARD

TERMS OF REFERENCE

1. Introduction

1.1 These terms of reference describe the role and working of the Trust Board and are for the guidance of the Board, for the information of the Trust as a whole and serve as the basis of the terms of reference for the Board's own committees.

2. Purpose

2.1 The Trust Board's authority derives from its Establishment Order, its Standing Orders and Standing Financial Instructions and compliance with CQC and related statutory and regulatory requirements. The Trust exists to "to provide goods and services, namely hospital accommodation and services and community health services, for the purposes of the health service". [1] The Trust's structure is based on a Group operating model, with the Trust Board setting and monitoring the strategy for delivery of high quality health care services across its hospital and community settings.

2.2 The Trust has a Board of Directors ('Trust Board') which exercises all the powers of the Trust on its behalf, but the Board may delegate any of those powers to a committee of the Board or to an Executive Director. Arrangements for the reservation and delegation of powers are set out in the Trust's Standing Orders and Standing Financial Instructions.

2.3 The purpose of the Trust Board is to govern the organisation effectively and in doing so to build public and stakeholder confidence that their health and healthcare is in safe hands and to ensure that the Trust is providing safe and compassionate, high quality, patient-centred care. The purpose of the Trust Board's terms of reference should be viewed in the context of the above.

3. Membership and quorum

3.1 The Trust Board's voting membership consists of the Chair, five Executive Directors, one of whom is the Group Chief Executive, and seven Non Executive Directors.

[1] *SI 2012 No. 796, The Barts Health National Health Service Trust (Establishment) and the Barts and The London National Health Service Trust, the Newham University Hospital National Health Service Trust and the Whipps Cross University Hospital National Health Service Trust (Dissolution) Order 2012.*

3.2 The Group Chief Executive and Executive Directors shall be appointed by the Trust Board's Nominations and Remuneration Committee. The Chair and Non Executive Directors shall be appointed by the NHS Improvement on behalf of the Secretary of State for Health, with one of these being appointed from Queen Mary University of London.

3.3 The voting members of the Trust Board shall be as follows:

Executive	**Non Executive**
Group Chief Executive	Chair
Group Deputy Chief Executive	7 Non Executive Directors
Group Chief Medical Officer	
Group Chief Nurse	
Group Chief Finance Officer	

3.4 The Trust Board shall appoint one of the independent Non Executive Directors to be the Senior Independent Director and Vice Chair of the Board. The Vice Chair will take on the Chair's duties if the Chair is absent for any reason.

3.5 No business shall be transacted at a meeting of the Board unless at least one third of the whole number of the Chair and members (including at least two Executive directors and two Non Executive Directors) is present.

3.6 Members should make every effort to attend all meetings of the Trust Board and will be required to provide an explanation to the Chair of the Trust Board if they fail to attend two meetings in a calendar year. If a member fails to attend more than two meetings in a calendar year the Chair of the Trust Board will consider the appropriate action to be taken. The Trust Secretary shall monitor attendance by members and report this to the Chair of the Trust Board on a regular basis.

4. Attendance

4.1 The Group Director of People, the Group Director of Strategy, the Group Director of Corporate Development, the Group Director of Inclusion and any appointed Associate Non Executive Directors shall attend meetings of the Trust Board in a non-voting capacity at the standing invitation of the Chair of the Trust.

4.2 Any other individual deemed appropriate by the Chair of the Trust should be invited to attend for specific agenda items.

4.3 The Trust Secretary shall act as Secretary to the Trust Board, providing appropriate administrative support to the Chair and Board members. This will include agreement of the agenda with the Chair and attendees, collation of papers, taking the minutes and keeping a record of matters arising and issues to be carried forward and advising the Trust Board as appropriate.

5. Frequency of meetings

5.1 The Trust Board shall normally meet on a two monthly basis, with at least six meetings a year being held in public. There will be an opportunity at the end of each meeting held in public for members of the public to ask questions.

5.2 Matters which are confidential on the grounds of commercial sensitivity or involving personnel issues will be discussed in a separate closed session which will not be attended by members of the public. In addition, the Trust Board will hold regular informal seminars/development workshops.

5.3 The Trust Board will hold an Annual General Meeting each year, at which it will receive the Annual Report and Accounts of the Trust.

6. Reporting

6.1 The approved minutes of the Trust Board's meetings will be circulated to all Board members and agendas, minutes and papers of Trust Board meetings held in public will be published on the Trust website.

6.2 Board members will receive the papers and minutes of all meetings of the committees of the Trust Board unless otherwise stated within the committee terms of reference. The Chairs of each Board committee will provide a report to the Trust Board following each committee meeting.

7. Board committees

7.1 The Trust Board will review the Board committee structure and terms of reference of each Board committee at least every two years.

7.2 The Board has established the following committees of the Trust Board:

- Audit and Risk Committee
- Quality Assurance Committee
- Finance and Investment Committee
- Nominations and Remuneration Committee

8. Duties [2]

8.1 The Trust Board leads the Trust by undertaking three key core roles:

- Formulating the Trust's strategy to deliver safe and compassionate, high quality, patient-centred care.

[2] The practice and procedures of the meetings of the Trust Board and its committees are set out in the Standing Orders of the Trust.

- Ensuring accountability by holding the organisation to account for the delivery of the strategy and for organisational performance, and through seeking assurance that systems of control are robust and reliable.

- Establishing the values of the Trust and promoting these in the way that the Board does business and interacts with the rest of the organisation and external stakeholders.

Formulating strategy

8.2 To agree and maintain the Trust's strategic vision, aims and objectives, ensuring that the necessary financial, physical and human resources are in place for it to meet the objectives.

8.3 To agree the annual operating plan for the Trust, including the annual financial plan, as a means of taking forward the organisational strategy.

8.4 To agree the clinical and organisational strategy for the Trust, within the context of the strategy for the local health economy, and to oversee its implementation.

8.5 To take decisions on significant services changes, investment/disinvestment opportunities and other strategic matters as expressly reserved to the Trust Board.

8.6 To ensure that the formulation of strategy is underpinned by an informed consideration of risk, in particular through the development and review of the Board Assurance Framework.

Ensuring accountability

8.7 To hold the organisation to account for its performance in the delivery of the Trust's strategy and the achievement of the Trust's strategic objectives. Specifically, the Board has duties:

- To put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for the Trust.

- To assure itself that the Trust is operating effectively, efficiently and economically and with probity in the use of resources, including achieving the statutory financial break even duty.

- To seek assurance that the organisation is operating within the law and in accordance with its statutory duties.

8.8 To seek assurance that the systems of governance, risk management and internal control operating in the Trust are robust and reliable and support the

delivery of the operating plan and compliance with Care Quality Commission and any other registration requirements.

Shaping culture

8.9 Establishing the values of the Trust, taking account of the NHS Values as defined in the NHS Constitution.

8.10 Promoting the Trust values in the way that the Board does business and interacts with the rest of the organisation and external stakeholders.

Key enablers

8.11 The following will support the Trust Board in fulfilling these roles:

- The Board should develop a comprehensive understanding of the external national, regional and local context in which it operates.
- The Board should use a range of intelligence to form its judgements on the strategic and operational performance of the Trust, including quantitative performance data and qualitative feedback and intelligence from patients, staff and stakeholders; and assure itself of the robustness of the quality of the data underpinning its decisions.
- The Board should give priority to engaging with key stakeholders and opinion formers within and beyond the organisation, and operating constructively within the health and social care system.
- The Board should ensure that high standards of corporate governance and personal integrity are maintained in the conduct of Trust business.
- The Board should seek assurance that the group's governance structures operate effectively to support clear accountabilities and appropriate delegation of authority.

9. Review

9.1 The Terms of Reference should be reviewed and approved by the Trust Board at least every two years.

Version date: April 2023
Last Approved Trust Board: 1 May 2019

BARTS HEALTH NHS TRUST

AUDIT AND RISK COMMITTEE

TERMS OF REFERENCE

1. Authority

1.1 The Audit and Risk Committee is constituted as a standing committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.

1.2 The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Trust and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

2. Purpose

2.1 The Audit and Risk Committee will assist the Trust Board with its oversight responsibilities and will independently and objectively monitor, review and report to the Trust Board on the processes of governance, internal control and risk management in place in the Trust and, where appropriate, facilitate and support through its independence the attainment of effective processes.

2.2 In fulfilling its responsibilities, the Audit and Risk Committee will work with the Quality Assurance Committee, which has a specific focus on the quality of services provided by the Trust and the governance, risk management and internal control systems to ensure that the Trust's services deliver safe, high quality, patient-centred care.

3. Membership

3.1 The Committee shall be appointed by the Trust Board and shall be composed of four Non Executive Directors (including Associate NEDs), one of whom will be appointed as the Chair of the Audit and Risk Committee by the Trust Board. At least one member of the Audit and Risk Committee should have significant, recent and relevant financial experience.

3.2 A quorum shall be two members. The Chair of the Trust shall not be a member of the Committee.

3.3 One of the Non Executive Director members of the Trust's Quality Assurance Committee (either the chair or another member nominated by the chair) should also be a member of the Audit and Risk Committee.

3.4 Members should make every effort to attend all meetings of the Committee and will be required to provide an explanation to the Chair of the Committee if they fail to attend two meetings in a calendar year. If a member fails to attend more than two meetings in a calendar year the Chair of the Committee will consider any extenuating circumstances (such as sickness absence) and/or the appropriate action to be taken, including the option of recommending to the Trust Board the removal of the member from the Committee. The Committee Secretary will monitor attendance by members and report this to the Chair of the Committee on a regular basis and via the Trust's annual report.

4. Attendance

4.1 The Group Chief Financial Officer and Group Director of Corporate Development and appropriate representatives of Internal and External Audit shall generally attend routine meetings at the invitation of the Committee. The Group Chief Executive will be invited and attend at least annually.

4.2 Other executive directors or any other individual deemed appropriate by the Committee may be invited to attend for specific items for which they have responsibility.

4.3 A representative of the local counter fraud service (part of the Internal Audit function) may be invited to attend meetings of the Committee.

4.4 Pre-meets will be regularly scheduled with the Internal and/or External Auditors (and without executive directors present).

4.5 The Group Director of Corporate Development will ensure that the Trust Office provides a Secretary to the Committee and appropriate administrative support and advice to the Chair and committee members. This shall include agreement of the agenda with the Chair and attendees,

collation of papers, taking the minutes and keeping a record of matters arising and issues to be carried forward and advising the Committee as appropriate.

5. Access

5.1 Internal and external auditors have a right of direct access to the Committee Chair.

6. Frequency of meetings

6.1 Meetings shall be held at least four times a year (to coincide with key dates in the Trust's financial reporting cycle) including an informal meeting to review either the draft accounts or preliminary External Audit findings, with additional meetings arranged where necessary. The External Auditor or Director of Internal Audit may request a meeting if they consider that one is necessary.

7. Reporting

7.1 The approved minutes of the Audit and Risk Committee's meetings will be circulated to all Trust Board members for information and the Chair of the Audit and Risk Committee will provide an exception report to the next Trust Board after each Committee meeting.

7.2 The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Board or require executive action. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters.

7.3 The Committee will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference.

7.4 Such a report should specifically include:

- A summary of the role of the Audit and Risk Committee.
- The names of all members of the Audit and Risk Committee during the period.
- The number of Audit and Risk Committee meetings, with attendance by each member detailed in the Trust's annual report.
- The way the Audit and Risk Committee has discharged its responsibilities.
- The Committee's work in support of the Annual Governance Statement, specifically commenting on:
    - the fitness for purpose of the Board Assurance Framework;

- the completeness and maturity of risk management in the Trust;
- the integration of governance arrangements;
- the appropriateness of compliance with CQC regulatory standards. In doing so, it will in particular draw on the work undertaken and the assurances gained by the Quality Assurance Committee on quality and safety; and
- the robustness of the process supporting development of the quality accounts.

7.5 The Quality Assurance Committee will provide an annual report to the Audit and Risk Committee on the effectiveness of its work and its findings, including its review of the Board Assurance Framework and the high level risk register and audit reports covering areas within its terms of reference.

7.6 In addition, there will be a standing item on the agenda at each meeting for the Chair of the Quality Assurance Committee to report back on the work of that Committee (Minutes of the Quality Assurance Committee will also be shared with the Audit and Risk Committee and Board members). The Audit and Risk Committee will also receive a regular report covering significant issues considered by the Risk Management Board. This will assist the Audit and Risk Committee in discharging its responsibility for providing assurance to the Trust Board in relation to all aspects of governance, risk management and internal control within the Trust.

8. Review

8.1 The Terms of Reference should be reviewed by the Committee and approved by the Trust Board at least every two years.

9. Duties

Governance, internal control and risk management

9.1 The Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust's activities that support the achievement of the organisation's objectives. The Audit and Risk Committee will be assisted in this duty by the Quality Assurance Committee, which will have responsibility for providing assurance in relation to clinical, research and development, and education and training governance and risk management. In line with the Group Accountability Framework, the Committee will rely primarily on the work of executive group boards and their management of systems of control. The Committee may require hospital-level attendance by exception where additional assurance is required.

9.2 In particular, the Committee will review – either directly or through the work of the Quality Assurance Committee – the adequacy of:

- The Trust's risk management structures, processes and responsibilities. This will include review and approval of the Trust's Risk Management Strategy and Risk Management Policy.

- All risk and control-related disclosure statements together with any accompanying Head of Internal Audit Opinion, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Trust Board.

- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- Policies for ensuring compliance with relevant regulatory, legal and conduct requirements and any related reporting and self-certifications.

- Policies and procedures for all work related to fraud and security (including addressing NHS Counter Fraud Authority standards).

9.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other management and assurance functions such as Risk Management, Quality Improvement, the Business Intelligence Unit and Clinical Effectiveness. Its work will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, and other board committees on the overarching systems ofgovernance, risk management and internal control, together with indicators of their effectiveness.

9.4 This will be evidenced through the Committee's use of an effective Board Assurance Framework (BAF) to guide its work and that of the audit and assurance functions that report to it. The Audit and Risk Committee will receive and review at each meeting the BAF entries to be overseen by the Audit and Risk Committee. (Agreement on the allocation of primary oversight of BAF risks between the Quality Assurance Committee, Finance Investment and Performance Committee and the Audit and Risk Committee will be made by the chairs of these committees.) The full BAF will be received by the Trust Board at least three times a year and the Audit and Risk Committee will receive and review the BAF ahead of this.

9.5 A thematic report on the Trust's high level risk register (risks scoring 15 and above) will be reviewed by the Audit and Risk Committee at each meeting, or other frequency as agreed with the Chair.

Internal Audit

9.6 The Committee shall ensure that there is an effective internal audit function put in place by management that meets mandatory NHS Internal Audit standards (including *Public Sector Internal Audit Standards, 2017)* and provides appropriate independent assurance to the Audit and Risk Committee, Group Chief Executive and Board. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

- Review and approval of the Internal Audit strategy, operational plan and detailed work programme, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework and the recommendations of the Quality Assurance Committee.

- Consideration of the major findings of Internal Audit work and the management response and ensuring coordination between Internal Audit, Clinical Audit and External Auditors (including joint work) to optimise audit resources. While the Quality Assurance Committee will lead on the review of audit reports covering patient safety, quality and experience, education and research, the Audit and Risk Committee will receive assurance that they have been carefully reviewed by the Quality Assurance Committee. If there is any perceived ambiguity regarding the relative roles of the Audit and Risk Committee and the Quality Assurance Committee in this respect, the committee chairs will liaise to agree a satisfactory approach.

- Reviewing and monitoring management's responsiveness to auditor's findings and recommendations, assuring itself that the management of the Trust is implementing the agreed recommendations of Internal Audit reports in a timely and effective way.

- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.

- An annual review of the effectiveness of Internal Audit, based on the HFMA Audit Committee Handbook self-assessment checklists and the results of independent quality reviews.

External Audit

9.7 NHS trusts appoint their own External Audit providers. The Audit and Risk Committee will act as the Board appointed Auditor Panel in line with the Local Audit and Accountability Act 2014 in order to (i) review and make recommendations to the Board on the appointment and removal of External Auditors and (ii) retain oversight of the following:

- Ensuring contract arrangements (i.e. procurement and the selection of external auditors) are appropriate;
- Ensuring the relationship and communications with the external auditors are professional; and
- Ensuring conflicts of interest are effectively dealt with.

9.8 The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular the Committee will review the work and findings of the External Auditors and consider the implications and management responses to their work. This will be achieved by:

- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy.

- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

- Agreeing the policy and approach for the conduct of any non-audit work conducted by External Audit partners.

- Review of External Audit reports, including agreement of the annual audit letter before submission to the Trust Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses. While the Quality Assurance Committee will lead on the review of external audit reports covering patient safety and quality risk and controls, the Audit and Risk Committee will seek assurance that they have been carefully reviewed by the Quality Assurance Committee.

- Assuring itself that the management of the Trust have implemented the agreed recommendations of External Audit reports in a timely and effective way.

Other assurance functions

9.9 The Audit and Risk Committee shall review as appropriate the findings of other significant assurance functions, both internal and external to the

organisation, and consider the implications to the governance of the organisation. These may include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges).

9.10 In doing this, the Committee may review the work of other committees within the Trust whose work can provide relevant assurance to the Audit and Risk Committee's own scope of work. In particular, the Audit and Risk Committee will look to the assurance provided by the Quality Assurance Committee. In reviewing clinical governance arrangements the Audit and Risk Committee will wish to satisfy itself on the assurance that can be gained from the work of the Quality Assurance Committee.

Counter Fraud and Security Management

9.11 The Committee shall satisfy itself that the Trust has adequate arrangements in place for counter fraud and security management that meet NHS Counter Fraud Authority standards and shall review the outcomes of work in these areas.

Management

9.12 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements

Whistleblowing / Raising Concerns

9.13 The Committee should review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently following Trust whistleblowing policies and procedures (or similar agreed reporting mechanisms).

Financial Reporting (including Annual report and accounts review)

9.14 The Audit and Risk Committee shall review the statutory annual report (finance and governance sections) and accounts before these are presented to the Trust Board. This review will cover but not be limited to:

- Completeness, objectivity, integrity and accuracy of the figures shown in financial statements and related notes.

- Completeness, integrity and accuracy of the Annual Governance Statement.
- Significant judgements exercised in preparation of the financial statements, including changes in, and compliance with, accounting policies and practices.
- Explanation of estimates or provisions having material effect.
- Any unadjusted misstatements.
- Explanations for significant variances from plan.
- Any reservations and disagreements between the External Auditors and management which have not been satisfactorily resolved.
- Letters of representation.

9.15 The Committee shall also ensure that the systems for financial reporting to the Finance Investment and Performance Committee and the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board.

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

9.16 The Audit and Risk Committee will review on behalf of the Trust Board the operation of, and proposed changes to, the Standing Orders and Standing Financial Instructions, the Scheme of Delegation and Standards of Business Conduct, including the maintenance of registers of interests.

9.17 The Committee will examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension.

9.18 Specifically, the Committee will receive regular reports on Waivers of Standing Orders, Losses and Special Payments, and Directors' expenses.

Reviewed by the Audit and Risk Committee: 26 April 2023
Last Approved by Trust Board: 4 November 2020

BARTS HEALTH NHS TRUST

FINANCE INVESTMENT AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1. Authority

1.1 The Finance Investment and Performance Committee is constituted as a standing committee of the Trust Board and has no executive powers. Its terms of reference and membership are set out below and can only be amended with the approval of the Trust Board.

1.2 The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Trust and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Trust Board to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

2. Purpose

2.1 The Finance Investment and Performance Committee shall undertake on behalf of the Trust Board objective scrutiny of the Trust's financial plans, investment policy and major investment decisions. The Committee will review the Trust's monthly financial performance and performance against NHS constitutional standards for performance and identify the key issues and risks requiring discussion or decision by the Trust Board. Additionally, the Trust Board may request that the Committee reviews specific aspects of financial or operational performance where the Board requires additional scrutiny and assurance.

3. Membership

3.1 The Committee shall be appointed by the Trust Board and be composed of:

Non Executive Director lead for Finance
Three additional Non Executive members of the Board (including associate NEDs)
Group Chief Executive
Group Chief Finance Officer
Group Chief Operating Officer
Group Director of People
Group Director of Strategy

3.2 One Non Executive member of the Board will be appointed as the Chair of the Committee by the Trust Board.

3.3 A quorum shall be three members, at least two of whom should be Non Executive members of the Trust Board.

3.4 Members should make every effort to attend all meetings of the Committee and will be required to provide an explanation to the Chair of the Committee if they fail to attend two formal meetings in a calendar year. If a member fails to attend more than two formal meetings in a calendar year the Chair of the Committee will consider the appropriate action to be taken, including the option of recommending to the Trust Board the removal of the member from the Committee. The Committee Secretary will monitor attendance by members and report this to the Chair of the Committee on a regular basis and publish this via the annual report.

4. Attendance

4.1 All members of the Trust Board will receive papers to be considered by the Committee.

4.2 Other executive directors or any other individual deemed appropriate by the Committee should be invited to attend for specific agenda items for which they have responsibility.

4.3 The Trust Secretary will ensure that the Trust Office provides a Secretary to the Committee and appropriate administrative support to the Chair and committee members. This shall include agreement of the agenda with the Chair and attendees, collation of papers, taking the minutes and keeping a record of matters arising and issues to be carried forward and advising the Committee as appropriate.

5. Frequency of meetings

5.1 Meetings will normally be held monthly, with additional meetings where necessary.

6. Reporting

6.1 The approved minutes of the Finance Investment and Performance Committee meetings will be circulated to all Trust Board members for information and the Chair of the Finance Investment and Performance Committee will provide an exception report to the next Trust Board after each Committee meeting.

6.2 The Chair of the Committee will draw to the attention of the Trust Board key issues arising from the Committee's monthly meetings which require Board discussion and/or decision. The Chair of the Committee will draw to the attention of the Board any other issues that require disclosure to the full Board, including

those that affect compliance with operational constitutional standards, the financial standing of the Trust or require executive action.

7. Review

7.1 The terms of reference should be reviewed by the Committee and approved by the Trust Board at least every two years.

8. Duties

8.1 Scrutinise the development of the Trust's annual financial plan and long-term financial strategy and plan (both revenue and capital plans), including the underlying assumptions and methodology used, ahead of review and approval by the Trust Board.

8.2 Review the Trust's monthly financial performance (including performance on key transformation and efficiency programmes) and identify the key issues and risks requiring discussion or decision by the Trust Board, recognising that the primary ownership and accountability for the Trust's financial performance rests with the full Trust Board.

8.3 Review at the request of the Trust Board specific aspects of financial performance including cash position where the Board requires additional scrutiny and assurance.

8.4 Conduct an annual review of service line reporting and discuss the implications for potential investment or disinvestment in services.

8.5 Approve and keep under review, on behalf of the Trust Board, the Trust's investment and borrowing strategy and policies. Receive reports on any non-compliance with treasury policies and procedures.

8.6 Evaluate, scrutinise and approve individual investment decisions, including through the review of Strategic, Outline and Full Business Cases. Business cases will usually be referred to the Committee following initial review by the executive Investment Steering Committee and/or Group Executive Board, with input from Procurement as appropriate. The following investment decisions shall be subject to review by the Committee:

- All capital schemes (including leased assets and property) with an investment value between £1 million and below £15 million.
- All revenue investment proposals with a cost implication in excess of £9 million over three years.
- All proposed asset disposals where the value of the asset is between £1 million and £15 million.

8.7 Receive reports from the Investment Steering Committee on the monitoring of major capital schemes and/or post project evaluation reports where related

business cases have required prior Finance Investment and Performance Committee approval (or on an exception basis following ISC/other executive committee review).

8.8 Receive a report each year regarding the key principles and assumptions for the Trust's business planning and budget setting process.

8.9 The Committee will, as delegated by the Trust Board, monitor performance on a regular basis against the NHS constitutional standards (relating to urgent and emergency care, planned care, cancer and diagnostics). This will include review of progress against any identified operational recovery trajectories, relevant regulatory interventions and/or supporting governance mechanisms supporting the delivery of the annual operational and financial plan.

8.10 To receive and review at each meeting entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the Committee. Agreement on the allocation of oversight of BAF risks to lead committees will involve the relevant chairs and will be endorsed by the Trust Board. The full BAF will be received by the Trust Board at least three times a year.

8.11 Approve the establishment of joint ventures or other commercial partnerships/relationships including the incorporation of start-up companies. Make recommendations to the Trust Board in relation to any due diligence, warranties, assignments, investment agreements, etc. related to joint ventures, commercial partnerships or incorporation of start-up companies.

8.12 Examine any matter referred to the Committee by the Trust Board.

Reviewed by the Finance Investment and Performance Committee: 27 February 2023
Last Approved by Trust Board: 4 November 2020

NHS
Barts Health
NHS Trust

BARTS HEALTH NHS TRUST

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

1. Authority

1.1 The Quality Assurance Committee is constituted as a standing committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.

1.2 The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Trust and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Trust Board to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

2. Purpose

2.1 The Quality Assurance Committee will monitor, review and report on the quality of clinical services provided by the Trust. This will include review of:

- Governance, performance and internal control systems supporting the delivery of safe, high quality, patient-centred care.
- Quality indicators flagged as of concern through escalation reporting or as requested by the Trust Board.
- Progress in implementing action plans to address shortcomings in the quality of services, should they be identified.

2.2 Through the steps outlined in paragraph 2.1, the Quality Assurance Committee will provide assurance to the Trust Board via the Audit and Risk Committee that effective systems are in place and the associated assurance processes are optimal. The Trust Board may request that the Quality Assurance Committee reviews specific issues where it requires additional assurance about the effectiveness of the systems in place to deliver items listed at 2.1 and any quality and safety matters arising from the Trust's recent operational and quality and safety performance).

2.3 The Quality Assurance Committee will also be responsible for reviewing, on behalf of the Trust Board, the proposed quality improvement priorities set in the annual plan and Quality Account. It will provide assurance to the Trust Board that improvement targets are based on achievable action plans to deliver them and support the development of the Trust's quality strategy.

2.4 The Trust's Audit and Risk Committee will retain overall responsibility for independently monitoring, reviewing and reporting to the Trust Board on all aspects of governance, risk management and internal control. Section 6 of these terms of reference sets out the reporting arrangements which will support the Audit and Risk Committee in discharging this responsibility.

3. Membership

3.1 The Committee shall be appointed by the Trust Board and be composed of:

- Three Non Executive Directors (plus one Associate NED on invitation, depending on board composition)
- Group Chief Operating Officer
- Group Chief Medical Officer
- Group Chief Nursing Officer
- Group Director of Corporate Development
- Group Director of Improvement
- Director of Quality Governance

3.2 One Non Executive Director will be appointed as the Chair of the Quality Assurance Committee and another will be appointed as the Vice Chair by the Trust Board. At least one member of the Quality Assurance Committee should preferably have relevant clinical experience or qualifications. One of the Non Executive Director members of the Quality Assurance Committee should also be a member of the Trust's Audit and Risk Committee.

3.3 A quorum shall be three members, at least two of whom should be Non Executive (or Associate Non Executive) members of the Trust Board.

3.4 Members should make every effort to attend all meetings of the Committee and will be required to provide an explanation to the Chair of the Committee if they fail to attend four meetings in a calendar year. If a member fails to attend more than four meetings in a calendar year the Chair of the Committee will consider the appropriate action to be taken, including the option of recommending to the Trust Board the removal of the member from the Committee. The Committee Secretary will monitor attendance by members and report this to the Chair of the Committee on a regular basis and via the Trust's Annual Report.

4. Attendance

4.1 Hospital Chief Executives and Clinical Board Chairs will be invited to attend to support a rolling programme of exception reports. Other Non Executive Directors shall be welcome to attend, on request and all members of the Trust Board will receive papers to be considered by the Committee.

4.2 The Committee may invite other Trust staff to attend its meetings as appropriate. In particular, where appropriate, the Committee will invite clinical teams to attend its meetings to provide assurance on key governance and risk issues.

4.3 The Group Director of Corporate Development will ensure that the Trust Office provides a Secretary to the Committee and appropriate administrative support to the Chair and committee members. This shall include agreement of the agenda with the Chair and attendees, collation of papers, taking the minutes and keeping a record of matters arising and issues to be carried forward and advising the Committee as appropriate.

5. Frequency of meetings

5.1 Meetings will generally be held on a bimonthly basis, with a minimum of five meetings a year.

6. Reporting

6.1 The Quality Assurance Committee will receive regular exception reports covering quality and safety issues escalated from the Quality Board and Risk Management Board. The Committee will also receive regular exception reports from any sub-committee it establishes.

6.2 The approved minutes of the Quality Assurance Committee's meetings will be circulated to all Trust Board members for information and an exception report presented to the next Trust Board meeting following each Committee meeting to draw to the attention of the Trust Board any issues that require disclosure to the full Board.

6.3 The Quality Assurance Committee will provide an annual report to the Audit and Risk Committee on the effectiveness of its work and its findings, including its review of relevant Board Assurance Framework entries and audit reports covering areas within its terms of reference. This will assist the Audit and Risk Committee in discharging its responsibility for providing assurance to the Trust Board in relation to all aspects of governance, risk management and internal control. In addition, a Quality Assurance Committee exception report will be included as a standing item on the Audit and Risk Committee agenda for information enabling a representative of the Quality Assurance Committee to report back on the work of the Quality Assurance Committee. If there is any perceived ambiguity regarding the relative roles of the Audit and Risk

Committee (or the Finance Investment and Performance Committee) and the Quality Assurance Committee in this respect, the committee chairs will liaise to agree a satisfactory approach.

7. Review

7.1 The Terms of Reference should be reviewed by the Committee and approved by the Trust Board at least every two years. This will be supported by periodic self-assessment reviews of the Committee's effectiveness; and review of any findings relevant to the Committee's arrangements arising from national policy, regulatory or other external agency activity.

8. Duties

Governance, internal control, performance and risk

8.1 To review the establishment and maintenance of an effective system of governance, performance and internal control in relation to clinical services, research and development, and education and training in order to ensure the delivery of safe, high quality, patient-centred care.

8.2 To receive and review at each meeting those entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the Quality Assurance Committee. (Agreement on the allocation of oversight of BAF risks will involve the chairs of the Board committees and will be endorsed by the Trust Board.) The full BAF will be received for approval by the Trust Board at least three times a year. The Committee may seek to receive dedicated 'deep dive' reports to assure on the management of BAF risks it has been assigned.

8.3 To advise the Trust Board on the appropriate quality and safety indicators and benchmarks for inclusion on the Trust Integrated Performance Framework and supporting data quality for these metrics. To support the development and ongoing monitoring of ward quality and safety dashboards.

Quality and safety reporting

8.5 The Trust's quality strategy (Getting to Good and Outstanding) has been developed with key stakeholders and sets out the principles for developing the Trust's clinical quality, supported by education and research. Through its work, the Quality Assurance Committee will play a key role in ensuring that its operational plans and delivery are consistent with the quality strategy and Trust values. The Committee will also consider how plans at NEL level and as part of the provider collaboration with BHRUT will support these principles.

8.6 The Quality Assurance Committee will take a lead role in reviewing progress against this plan, through hospital exception reporting from each site on its

action plans (see paragraph 8.6) and thematic quality assurance reports and risk management reporting. The Committee will, specifically:

- Through Quality Improvement and Transformation reporting, track the implementation and delivery of the Barts Health Quality Improvement Plan against key milestones and outcomes, in relation to cross-cutting clinical board and site-specific aspects.
- Consider key issues and risks and seek assurance that appropriate mitigations are in place, escalating to the Trust Board as necessary.
- Agree any additional resources required to secure the delivery of Quality Improvement and Transformation objectives.

8.7 The Committee will receive exception reports from each hospital on a rolling basis to update on progress in delivering clinical quality and safety, QI and transformation plans, response to the findings of internal and external reviews, audits and inspections and trends in adverse events, complaints, claims and litigation. Hospital CEOs and senior members of the site leadership team may be invited to attend for these items.

8.8 The Committee will receive reports based on key quality and safety themes (identified and agreed by the Chair and lead executives as part of its work plan, consistent with Well Led Key Lines of Enquiry). These will include, but not be limited, to reports on infection control, safeguarding, mortality, maternity safety, complaints, etc.

8.10 To receive, at least annually, assurance reports in relation to:

- Research and development and education and training governance issues.
- Health and Safety.
- Work of the Infection Prevention and Control Committee.
- Clinical Audit (see paragraph below).
- Aggregated analyses of adverse events (including serious incidents), complaints, claims and litigation to identify common themes and trends and gain assurance that appropriate actions are being taken to address these.
- Patient experience (see paragraph below).
- Safeguarding children and adults.
- Maternity safety.

- Nursing and midwifery establishment (safe staffing).

8.11 To receive other related reporting on compliance with the Care Quality Commission's principal regulatory standards, including any areas of current concern or focus. This will include involve work with executive groups established to support related improvement activities to address CQC findings (e.g. Quality Board).

8.12 To receive and review the Quality Account (including progress against annual quality objectives) and any other key non-financial governance submissions to national bodies and to make recommendations for sign off by the Trust Board.

Audit and assurance

8.13 To review the annual Clinical Audit programme and receive assurances from Internal Audit on quality and safety reviews (including an in-depth review on a three-yearly basis regarding the effectiveness of the Trust's clinical effectiveness function).

8.14 To receive details of all national clinical audits where the Trust is identified as an outlier or a potential outlier. This should include but not be limited to mortality outlier alerts.

8.15 To review the Internal Audit operational plan and more detailed work programme and to make recommendations, subject to Audit and Risk Committee approval, on the clinical, research and development, and education and training aspects of the Internal Audit annual work plan.

8.16 To receive and review the findings of Internal and External Audit reports covering patient safety, quality and experience, research and development, and education and training, and to assure itself that the management of the Trust is implementing the agreed management actions in a timely and effective way.

External Assurance

8.17 To consider all reports on the Trust produced by the Care Quality Commission and to seek assurance, as delegated by the Trust Board, on the actions being taken to address recommendations and other issues identified.

8.18 To ensure that the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the safety and quality of care.

8.19 To receive reports on significant concerns or adverse findings highlighted by external bodies in relation to clinical quality and safety and the actions being taken by management to address these (including, specifically, any external

quality reviews commissioned by the Trust Board or conducted by third parties and due for publication, with potential stakeholder or media interest).

8.20 To monitor and review the systems and processes in place in the Trust in relation to Infection Control and to review progress against identified risks to reducing hospital acquired infections.

8.21 To ensure the work of the Committee is informed by and feeds into the work of the Trust's Quality Board (and any associated executive patient experience groups), including reviewing key messages from survey findings and ensuring a specific focus on sharing best practice, promotion of and learning from patient experience.

Approved by the Quality Assurance Committee: 19 April 2023
Last Approved by Trust Board: 12 September 2018

Barts Health NHS Trust

Report to the Trust Board: 3 May 2023	TB 33/23

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

Executive summary

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

15 March 2023

- A lease relating to London Square, Whitechapel, E1 1BJ between Barts Health NHS Trust and The Mayor and Burgesses of The London Borough of Tower Hamlets.

29 March 2023

- A lease relating to Ambrose King Centre, Part of The Royal London Hospital Whitechapel, E1 1BB between The Secretary of State for Health and Social Care and Barts Health NHS Trust.
- A lease of premises at Kenworthy Road Health Centre, Kenworthy Road, Hackney, E9 5TD between Community Health Partnerships Ltd and Barts Health NHS Trust.

Related Trust objectives
n/a

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

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

Action required by the Board

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