

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
 Wednesday 1 May 2024 at 11.00am in the Lecture Theatre, Education Centre, Zone 2, Newham
 University Hospital, Plaistow E13 8SL
Scheduled to end by 13.30

AGENDA

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

		Paper TB	Lead	Time
1.	WELCOME		Rt Hon J Smith	11.00
2.	APOLOGIES FOR ABSENCE: Prof C Knight, Prof A Chesser, Mr A Abraham			
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 6 March 2024 and review the action log appended to the Minutes	22/24	Rt Hon J Smith	11.00
5.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
6.	TRUST BOARD MEMBERSHIP To note changes to membership	23/24	Rt Hon J Smith	
7.	PATIENT STORY To hear a patient story		Ms C Alexander	11.05
8.	CHAIR'S REPORT To receive the Chair's report		Rt Hon J Smith	11.30

		Paper TB	Lead	Time
9.	CHIEF EXECUTIVE'S REPORT To receive the Chief Executive's report		Mr S DeGaris	11.35
10.	PROVIDER COLLABORATION To receive an update on recent developments	24/24	Mr M Trainer	11.40
QUALITY AND PERFORMANCE				
11.	INTEGRATED PERFORMANCE REPORT – 2023/24 M12 To receive the report and discuss: <ul style="list-style-type: none"> Operational performance Quality and Safety Equity People Financial performance 	25/24	<i>[by exception]</i> Ms R Carlton Dr M Smith / Ms C Alexander Dr I Basnett Mr D Waldron Mr H Virdee	11.45
12.	REPORTS FROM BOARD COMMITTEES 12.1 Finance Performance and Investment 12.2 Audit and Risk Committee 12.3 Quality Assurance Committee 12.4 Nominations and Remuneration Committee	26/24 27/24 28/24 29/24	Mr A Sharples Ms K Kinnaird Dr K McLean Rt Hon J Smith	12.25
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
13.	PEOPLE STRATEGY IMPLEMENTATION To receive a report on the NHS Staff Survey	30/24	Mr D Waldron	12.35
14.	WHIPPS CROSS REDEVELOPMENT To receive an update report on Whipps Cross Hospital redevelopment	31/24	Dr A Jhund	12.45
15.	ST. BARTHOLOMEW'S HOSPITAL 900 ANNIVERSARY To receive a report on the 900 th anniversary of St. Bartholomew's Hospital	32/24	Mr A Hines	12.55
16.	GROUP OPERATIONAL PLAN 2024/25 To receive the summary plan	33/24	Ms R Carlton	13.05

17.	ANY OTHER BUSINESS			
18.	QUESTIONS FROM MEMBERS OF THE PUBLIC			13.10
19.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 10 July 2024 at 11.00am in Rooms 5/6, Education Centre, Mile End Hospital, Bancroft Road, London E1 4DG.			
20.	RESOLUTION That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).			

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0642

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on
Wednesday 6 March 2024 at 11.00am in Room 2.35, Garrod Building, Turner St,
Royal London Hospital Whitechapel, E1 2BL

Present:

- Rt Honourable J Smith (Chair)
- Mr A Sharples (Vice Chair)
- Mr S DeGaris (Group Chief Executive)
- Mr M Trainer (Deputy Group Chief Executive)
- Dr K McLean (Non-Executive Director)
- Ms K Kinnaird (Non-Executive Director)
- Ms L Seary (Non-Executive Director)
- Ms H Spice (Non-Executive Director)
- Professor Sir M Caulfield (Non-Executive Director)
- Ms J Nelson-Ferns (Non-Executive Director)
- Mr C Williams (Associate Non-Executive Director) *
- Ms S Teather (Associate Non-Executive Director) *
- Professor A Chesser (Chief Medical Officer)
- Ms C Alexander (Chief Nurse)
- Mr H Virdee (Chief Finance Officer)
- Mr A Hines (Director of Group Development) *
- Ms R Carlton (Chief Operating Officer)*
- Mr D Waldron (Director of People) *
- Mr A Abraham (Director of Inclusion and Equity) *
- Professor C Knight (Chief Executive, St Bartholomew's Hospital) *
- Dr N Ashman (Chief Executive, Royal London and Mile End Hospitals) *
- Mr S Ashton (Chief Executive, Newham Hospital) *
- Dr A Jhund (Chief Executive, Whipps Cross Hospital) *

In Attendance:

- Mr S Sharma (Deputy Trust Secretary)
- Mr S Collins (Trust Secretary)
- Mr J Hibbs (Director of Communications)

Apologies: None

* *Non-voting member*

39/24 WELCOME

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

meeting.

40/24 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.

41/24 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Trust Board held in public on 17 January 2024 were received and approved.

42/24 MATTERS ARISING

There were no matters arising.

43/24 PATIENT STORY

The Trust Board received an account from Ms Alifa Begum, a maternal medicine and cardiology patient at The Royal London Hospital, who had previously received breast cancer treatment. Ms Begum outlined some concerns raised about her experience as a maternity patient while highlighting a number of things that had improved as a result of this. Ms Begum gave an example during her second pregnancy of being told to go home to wait for labour to be further advanced despite having strong contractions and being aware from her previous labour that she was close to giving birth. She had requested medication that was not provided due to staff being extremely busy. Ms Begum told the board that, given her reluctance to return home (knowing that her labour was well advanced) there was no private space available for her to wait and she felt uncomfortable in the open waiting area as contractions set in. She had felt that her previous history of cancer had resulted in her being triaged differently as a high-risk mother and in this case this had worked to her disadvantage. She also suggested that improvements could be made by having a non-emergency triage room available for mothers in her situation and to have tools such as pregnancy balls, gas and air made more readily available.

The Trust Board members asked questions about Ms Begum's experience:

- The Chair asked how the experience for patients could be improved by listening to them more closely. She recognised that mothers and patients were often the most expert in understanding their care requirements. The Royal London Hospital's Director of Nursing agreed the need to ensure that there was someone always available to listen to the patient and agreed that the patient's previous experiences and

understanding of her care should have driven the approach taken. It was also agreed that more visibility of specialist midwives would be helpful in these situations.

- Ms Kinnaird noted that this had been a powerful account and asked if other staff in the organisation had heard Ms Begum's concerns and how widely patient stories like these were shared with colleagues. The Royal London Hospital's Director of Nursing outlined a relaunch of the safety champions programme that would help staff to hear more experience from colleagues. Ms Begum noted she would be attending triage meetings to share her experiences and make suggestions for improvement. Dr McLean praised Ms Begum for having dealt calmly with her situation and agreed the benefits of learning from this case being shared more widely.
- Ms Teather was pleased to hear about reviving the maternity safety champions concept. She felt that teams should challenge on why this common sense approach was not more mainstreamed considering the benefits of learning from the experience of Ms Begum and others.

The Trust Board thanked Ms Begum for her valuable contribution.

44/24

CHAIR'S REPORT

The Chair had hosted a visit to The Royal London Hospital by the Minister for Health, who was made aware of the hospital's approach to accelerating elective activity and reducing the amount of long waiters. It also provided an opportunity for staff to describe the impact of the Covid-19 pandemic. The Trust had separately made its submission to the Covid-19 inquiry outlining details of patient and staff experiences. The Chair confirmed the opening of the Kenworthy Road dental clinic by England's Chief Dental Officer, in partnership with Queen Mary, University of London. The Chair was pleased to note that the maternity CQC patient survey had indicated that nine out of ten mothers were satisfied with safety levels at Barts Health and would be confident to recommend the Trust as a place to give birth. The Chair had attended the Barts Health Heroes awards ceremony in February which had celebrated individuals and teams for their achievements over the past year, highlighting the Trust's diversity and innovation.

45/24

GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive noted the phased implementation of the *Patient Know Best* app and digital information system over the last year. 110,000 patients had signed-up so far and there had been positive feedback on how to enrol and use the service. An electronic consent process was also being set up to help improve the experience for patients. The Group Chief Executive was pleased to report innovations on lung cancer treatment, education and

research. St. Bartholomew's Hospital and Whipps Cross Hospital were highlighted the successful development of Project Search, a business led work-preparation programme supporting young people with a range of disabilities to contribute in NHS work placements and employment. A *Barts Hearts* initiative was launched last month to enable staff to thank colleagues for their helpfulness and dedication. To date, 15,000 messages had been sent to colleagues, with all comments being displayed on the Trust's intranet site. The Group Chief Executive also noted that the Trust had entered into a nursing leadership institute initiative, supported by Barts Charity. From a financial perspective, the Trust was on track to deliver its forecast position despite industrial action costs. National planning guidance would inform the 2024/25 operating plan, although the principal constitutional standards were expected to be similar to last year.

46/24 PROVIDER COLLABORATION – TOWARDS AN INTEGRATED GROUP

The Deputy Chief Executive introduced the report, highlighting that three community diagnostic centres had opened in north east London with one at Mile End Hospital due to be opened in July. Theatre capacity funding had allowed for new theatres to be opened at King George's Hospital and Homerton Hospital and theatre productivity opportunities were being worked on to develop a further sector treatment centre. Clinical strategies to mitigate long waits was developed by the Acute Provider Collaborative, though resourcing issues remained a factor.

Dr McLean asked what the expectations of the new community diagnostic centres were and if they were expected to meet the anticipated growth in demand in coming years. The Deputy Chief Executive felt that these would make significant contributions to addressing diagnostic demand although he recognised that this would not be a panacea for clearing waiting lists.

47/24 INTEGRATED PERFORMANCE REPORT

(i) Financial Performance

Mr Sharples noted that the Trust was broadly on track to deliver the agreed forecast outturn. This was subject to covering industrial action costs, for which there remained some uncertainty about whether these would be reimbursed. The aim for the next year would be to deliver a similarly low level of deficit as a percentage of turnover. There was rising concern about the limited funds available to meet the capital spend required to maintain safe environments.

The Chief Finance Officer confirmed that the year-end forecast deficit had moved from £28m in the plan at the outset of the year to c.£36m. This was due to an unforeseen, increased cost of managing higher volumes of mental health patients than expected and backdated maternity clinical negligence funding incentive reductions. Elective recovery volumes had been some of the highest

in the country. However, the delivery of savings plans alongside this had not been met so the challenge would be carried forward into 2024/25. The Chief Finance Officer confirmed the shared system view that more capital was required in order for the Trust to deliver its obligations. He identified the key areas for improvement over the next year to meet 2024/25 financial targets as being sustained elective activity recovery, workforce and medical pay control effectiveness.

The Chair asked if there was any sign that the Trust might prove successful in securing more capital. The Chief Finance Officer felt that there had been an acknowledgement that the sector received insufficient capital allocations but a change in approach had not yet been described by national colleagues.

Dr McLean congratulated The Chief Finance Officer for how the finance function had managed the Trust's finances in the past year. She noted the need for transformation work in NE London to deliver benefits on a recurrent basis if the sector was to operate on a financially resilient footing.

(ii) *Operational Performance*

The Chief Operating Officer outlined the key messages from the report noting improvements in *did not attend* rates and patient initiated follow ups. A lot of work was being done at The Royal London Hospital to address urgent and emergency care challenges with support from the Integrated Care Board. Some significant improvements had been seen in the last few weeks with accident and emergency four-hour waiting time performance currently exceeding 70%. The performance of UTC and the triage and streaming teams were highlighted. Progress in cancer waiting times was reflected in faster diagnosis standard performance having increased to above 75%, although some tumour groups still required support to make further improvements. The Chief Operating Officer confirmed that elective recovery work to reduce patients waiting over 78 weeks was ongoing higher levels of surgical activity during the latest period of industrial action than previously. Emergency care patients presenting with mental health challenges was still causing issues in all emergency departments and there were still challenges with discharging patients into community healthcare settings. Discussions were ongoing with the Integrated Care Board about these problems.

Ms Teather was keen to know how discharge activity levels could be improved and asked how the virtual ward was performing. She also wanted to know if patient feedback was available to monitor the impact. The Chief Operating Officer noted that virtual ward occupancy metrics showed a level of progress (for example, this was at 78% capacity at Newham University Hospital currently). The Chief Operating Officer agreed that patient feedback would be helpful though no specific details could be shared at this time.

The Chair was disappointed to note the Whipps Cross Hospital issues with discharges. The Chief Executive of Whipps Cross Hospital confirmed that the number of medically optimised patients was a factor and the hospital was working to reduce the number of these patients occupying beds, while acknowledging that significant issues were being worked through at system level. The Chief Operating Officer noted the struggle nationally to achieve sufficient pre-11am discharges to create capacity for incoming patients. She confirmed improvements had been reported at the Royal London Hospital in the last six months with a focus on discharge lounge usage. The Chief Executive of The Royal London Hospital noted that a rapid release tool was being used with the aim of completing more same day ward discharges.

Ms Seary noted a slight improvement in the emergency department waiting times for mental health patients and wanted to know what more could be done to address diagnostic performance, with performance in some areas very low. Ms Seary also made the point that savings targets and budget setting plans were currently being made by local authorities and close liaison would be helpful. The Chief Operating Officer noted a recognition among mental health providers that the current methodology for the emergency pathway was not yet working well. More detail on diagnostic waits would be included in the next performance report.

Dr McLean asked if there was clarity on what contribution would be made by achieving the 5% patient initiated follow up target. The Chief Operating Officer highlighted that the outpatients programme had recently been reset to improve patient initiated follow up rates and clinical directors were working with outpatient teams to achieve the target. She felt that, without the three recent periods of industrial action, the Trust would have been on track to clear the backlog of elective waiters. Similar progress could have been anticipated on emergency care targets if urgent treatment centre performance could have been consistently high.

(ii) Quality and Safety

The Chief Medical Officer confirmed ongoing pressure on emergency pathways, as discussed earlier in the meeting and staff shared the Board's concerns about providing less than optimal care. He thanked all staff for working in unprecedented conditions. He noted that two never events had been recorded at St Bartholomew's Hospital since the last report, totalling five this year. Although this was lower than at the same stage last year this remained an unacceptable level. Both incidents had resulted from processes not being fully focussed on, though no significant harm had resulted for patients involved. Timeliness of duty of candour procedures had improved as well as the quality of letters being sent, which were now all being signed off personally by the Chief Medical Officer. Work to improve patient safety was underway at the Whipps Cross Hospital Eye Treatment Centre with an external

review commissioned and an update scheduled for the Quality Assurance Committee in March.

The Chief Nurse noted that a soft launch of the Patient Safety Incident Response Framework (PSIRF) had been completed. She noted that the backlog of outstanding serious incident investigations had been reduced. She confirmed that there had been an identified functionality issue with reporting systems (for incidents per 1000 bed days) during the month, with a server upgrade planned to address the issue. This was a known national issue, with some organisations reporting a 30% reduction in incident reporting. The Chief Nurse highlighted other quality metric improvements.

Ms Seary asked about steps to ensure incidents were not missed during the transition to the revised national framework and the identified reporting issues. The Chief Nurse noted that incidents were being dealt with in real time while the uploading issues were being resolved. It was agreed to include further details on the handling of this in the next Trust Board performance report.

ACTION: Chief Nurse

Ms Spice asked about steps to improve patient feedback. The Chief Nurse noted that a more effective patient experience committee had been launched supporting engagement and regular detailed reviews of patient experience. This was supported by the insight team presenting regularly at the Quality Assurance Committee.

(iv) People

The Director of People noted sustained improvements in the metrics on job planning. He noted more work to be done to improve appraisal numbers. The overall substantive workforce fill rate had increased by 0.5% to 93% and the nursing fill rate was stronger than at any previous ever before, at 75%. There had not been a reduction in the number of Bank staff but agency working had reduced. A 2% workforce reduction target had been set for next year to support focus on reducing temporary staff usage.

Dr McLean highlighted the challenging position on sickness absence rates and high substantive recruitment targets. The Director of People felt that planned actions had started to have an impact and he was confident in the delivery plan. He confirmed that the workforce required linked to activity increases.

48/24

REPORTS FROM BOARD COMMITTEES

Finance, Investment and Performance Committee

Mr Sharples noted the committee met twice during February and March. There was a focused report on outpatients in February, with the number of 'did not

attend' rates highlighted as a concern. A number of initiatives were being used to address these issues such as sending patients SMS text reminders. Validation work on the outpatient longest waiter list had been completed through asking each patient if they still required an appointment; however, he noted that only half of this cohort had responded. The March meeting had considered steps to address the 76% four hour wait emergency care target by the end of the month. Performance had improved towards this target although urgent treatment centre delays continued to cause issues at The Royal London Hospital in particular.

Audit and Risk Committee

Ms Kinnaird outlined key agenda items discussed by the Audit and Risk Committee at its February meeting, including the limited assurance report regarding fire safety at Newham University Hospital. A significant set of management actions were being completed and an update on plans for a related business case would be presented at a future Trust Board meeting. The committee were content to sign off a comprehensive Internal Audit plan and were satisfied with its scope and the function's capability. Board Assurance Framework risks were connected to assessments of annual plan delivery and continued to be monitored quarterly. The committee also received an update on cyber security.

49/24 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Group Development introduced the BAF which had been discussed by the Risk Management Board and by the Audit and Risk Committee in the past month.

He highlighted the recommendation to reduce the risk score for three BAF entries linked to workforce, research and quality surveillance systems. The provider collaboration risk had been reframed to recognise the wider Acute Provider Collaborative footprint with the expectation that work under way currently would reduce this risk score. Elective waiting times remained one of the highest scoring risks along with the risk associated with mental health patients waiting for treatment in emergency departments.

The Director of Group Development confirmed that the Board Assurance Framework would be refreshed quarterly and external good practice would be considered to inform improvements. He added that Hospital Assurance Framework risks were being embedded into business as usual processes to provide an equivalent view on how strategic risks were being managed at individual hospital level.

The Trust Board noted the report.

50/24

PEOPLE STRATEGY

The Director of People introduced the report noting that the people strategy was now overdue for review, with a refresh in progress seeking to address immediate challenges around workforce productivity and temporary staffing. Longer term, the strategy would need to similarly support focus on innovative workforce models, practices and transformation.

The following points were made:

- Ms Nelson-Ferns suggested that workforce innovation measures tended to be quite broad and risked not being sufficiently clearly focused and offered her support outside the meeting to discuss this.
- Ms Seary recommended the development of more granular information on actions being taken to address key workforce challenges and metrics to track whether target milestones had been achieved. The Director of People acknowledged that work was required to clarify success measures. He noted that the Trust was entering its second year of quarterly monitoring against the group operational plan. With development of a Trust clinical strategy workforce plans would also be aligned with clinical priorities.
- The Chair was keen to see an emphasis on new roles, adding the creation of a multi-professional board would be helpful. In relation to staff retention, the Chair noted the need to be ambitious and use tools that have allowed staff to work more productively, such as flexible working.
- Dr McLean would welcome additional information on wider staff engagement plans.
- Mr Williams recommended the inclusion of positive case studies in future reports.
- Mr Sharples felt that the report was very helpful and suggested that simpler language might improve the messaging on Trust aims.

The Trust Board noted the report.

51/24

EQUITY IN CARE PROGRAMME

The Director of Equity and Inclusion introduced the report highlighting themes from the data insight work on targeted interventions and social prescribing successes in the community in the form of cardio-vascular and babies, children and young people outreach programmes. Anchor institution initiatives like Project Search would be integrated into the equity and inclusion workstream,

where governance had been strengthened and an equity dashboard had now been established.

The following observations were made:

- Mr Sharples was pleased to see the report reflect local diversity and deprivation issues. He felt that it could have more focus on achieving equitable provision, not just internally but also from a regional and national perspective. The Director of Equity and Inclusion agreed this could be drawn out more effectively, confirming a parallel piece of work being done on place-based arrangements which may help to inform this aspect.
- Dr McLean noted the objectives and recommended that the analysis in the report was shared with other acute trust and partner organisations.
- Ms Nelson-Ferns welcomed the data-driven approach. She suggested that equity in emergency department policies and management should be considered. She also suggested that patient travel time and costs should be explored as a potential factor in 'did not attend' rates.
- Ms Seary was pleased to see that the report had been set in the context of social justice. She agreed that it would be helpful to have these discussions at local partnership level. Ms Seary recommended that equity data for those households in temporary accommodation was developed, recognising that the number of families affected by housing issues was high and introduced likely health implications.

The Director of Equity and Inclusion agreed that it was important to maintain a data driven approach, noting the challenge around the scale of the board reporting ask with a small team. He confirmed work included tracking living circumstances and noted engagement with other providers around learning from findings. He also confirmed there was an active plan to publish achievements to date and to capture details of targeted interventions and impacts of these in the equity dashboard. The Chair also confirmed that key equity and inclusion metrics would be included on a quarterly basis in the integrated performance report.

The Trust Board noted the report.

52/24

MATERNITY

The Group Director of Midwifery presented the report, which reflected on systems to 'hear the signals', responding to the maternity safety support programme and developing the culture and governance of maternity services.

The report featured increased trend data based on monitoring and overall suggested that the Trust's performance on a number of recognised KPIs was consistent with the national averages. Particular progress had been made on post-partum haemorrhages which was attributed to improved cross-site learning. Improvements to service design were increasingly featuring a co-production approach to incorporate the views of parents. This would be a focus for 2024/25, seeking to respond to the voice of those facing particular challenges, such as bereaved parents or the views of those living for extended periods in temporary accommodation. The Group Director of Midwifery noted that the suspension of services at Barking Birthing Centre had now been lifted following completion of improvement plans.

Ms Kinnaird noted that the report reflected a number of improvement actions which had not yet appeared to generate improvements in outcomes and survey results including those relating to equity. The Group Director of Midwifery felt that some focused improvements on sonography access, work with the community on diabetes management and improving foetal movement awareness could help to address this.

Professor Sir Mark Caulfield asked about a spike in the number of stillbirth cases in November. The Group Director of Midwifery noted that this had been unusual and linked to a number of cases where parents had chosen to proceed to labour against advice or had not participated in any ante-natal care offers. She confirmed that only one case had met the relevant standard for external referral or investigation.

Ms Teather congratulated the team on progress with post-partum haemorrhage reductions and welcomed encouraging news on procuring a digital maternity system. She reflected on the challenges of a high proportion of women presenting with diabetes and gestational diabetes and noted the low number of births at the reopened birthing centre. A thought-provoking patient story earlier in the meeting had also highlighted the importance of listening to women and the potential for adopting quality improvement methodologies. The Group Director of Midwifery noted that diabetes during pregnancy increased risks of complications and still births. Developing a reliable baseline of data was key to developing an outcomes-led approach. She noted work with high performing peers with similar patient populations had proved valuable while noting that staff training had a key role in supporting a listening culture, while recognising also that improved digital systems would enable a more systematic approach to recording patient views and preferences. In relation to the Barking Birthing Centre, the Newham Chief Executive highlighted a wider range of clinical activities beyond births, such as ante-natal services was provided through the centre. As the only London borough without an acute hospital, there was an appetite locally to continue to support service provision for local mothers.

Dr McLean confirmed that visits by Trust Board members earlier in the day had confirmed the high case complexity among local populations and some clear public health needs. She suggested that time in a Board seminar to consider such issues would be beneficial. Mr Williams also noted a perception among some maternity staff was that this was not a highly valued and prioritised service. The Group Director of Midwifery felt that the hospital CEOs present at the Trust Board meeting would confirm that maternity was a priority of hospital executive boards. The Chief Nurse agreed, noting that this prioritisation was reflected in the regular board and Quality Assurance Committee reporting and nomination of two NED leads for maternity improvement. She highlighted the important role of preceptorship and supporting a supernumerary presence on maternity wards to focus on co-ordinating services.

The Trust Board noted the report.

53/24 ANY OTHER BUSINESS

There was no other business.

54/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting inviting questions from the public.

The Newham Save our NHS campaign group representative, Mr Alan Cooper, asked questions in relation to: a) policy towards sending appointment letters in hard copy – and accommodations for patients unable to access electronic versions via smartphone, tablet or computer; b) details of 2024 meetings with London Fire Brigade and any proposed extension to deadlines for completion of Newham fire safety works; c) details of Newham Gateway surgical centre cladding assessments.

The Chief Operating Officer confirmed that there would be steps to use the Patient Knows Best app more widely for notifying patients of appointment details. However, the Trust would retain the use of hard copy appointment letters for those patients that express a preference to receive these. Patients would be proactively contacted to establish any preference. The Chief Executive of Newham University Hospital confirmed that a productive meeting had been held with LFB on 13 December 2023 and the Trust had requested confirmation of a follow-up meeting date. A proposed extension for completion of specific remedial works (until 2028) had been agreed in principle with LFB. In relation to Gateway cladding assessments, work was due by the end of March 2024 to be carried out by two independent companies to assess any required action to meet recently revised regulations.

55/24

DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 1 May 2024 at 11.00am in the Lecture Theatre, Education Centre, Zone 2, Newham University Hospital, Plaistow E13 8SL.

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0641

Action Log

Trust Board 6 March 2024			
No.	Action	Lead	By
1	Quality report (incident reporting) provide update in IPR on handling of identified functionality issue with reporting systems (for incidents per 1000 bed days) (Page 7)	Chief Nurse	1 May 2024

Report to the Trust Board: 1 May 2024	TB 23/24
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Title	Trust Board membership
Sponsoring Director	Chair in Common
Author(s)	Trust Secretary
Purpose	To note changes to Board membership
Previously considered by	n/a

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

- Ms Ann Hepworth will join the Trust Board as director of strategy and partnership serving as a non-voting member. Ann joins Barts Health NHS Trust having previously acted as director of strategy and partnerships on the board of Barking, Havering and Redbridge University Hospital Trust. A start date for Ann will be confirmed in due course.
- Dr Kathy McLean’s term as a Non Executive Director was extended until 30 June 2024. A recruitment exercise is underway to support the search for a successor.

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

Legal implications/regulatory requirements	No direct legal implications identified.
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Action required by the Board	The Trust Board is asked to note the above changes to Trust Board membership.
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Report to Barts Health and BHRUT Trust Boards: 1 May 2024 (Barts Health part 1); 2 May 2024 (BHRUT part 1)	TB 24/24
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Title	Provider Collaboration Update
Accountable Director	Group Deputy CEO / Trust CEO (BHRUT)
Author(s)	Collaboration Director
Purpose	To update the Board on collaboration between the three acute providers in north east London
Previously considered by	-

Executive summary

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.

The ambition of the three trusts is to improve quality and access for patients through collaboration, using a co-ordinated approach to population needs, so that services are arranged around our patients, not organisational boundaries.

The Acute Provider Collaborative (APC) leads a set of cross-cutting strategic and clinical transformation programmes. In addition to these, several corporate programmes have also been advanced through the closer collaboration between Barts Health and BHRUT.

Recognising the opportunity to strengthen collaboration even further, a series of meetings between the Chairs and CEOs of the three north east London acute Trusts and the Integrated Care Board (ICB) have been held to consider how this could be taken forward, with a particular focus on how corporate initiatives can be progressed on a tripartite basis. This approach has been supported by the regional team of NHS England who have recommended that the APC is used as the main vehicle for acute collaboration in north east London.

In line with operational planning, the APC is currently reviewing its priorities for 2024/25 and developing plans that set out key deliverables and impact on addressing health inequalities. A facilitated development workshop held with the full executive teams from the three providers and representatives from the ICB has helped to iterate the proposals further and determine the key priority areas of focus for this year, which are to:

- Deliver High Quality Clinical Services
- Accelerate Access to Care
- Implement a Sustainable Financial Model

To support the next phase of APC development, programme briefs and plans for each workstream will be developed with a programme architecture to ensure that we have the right assurance process within each Trust and across the ICB.

A Communications and Engagement plan will be developed to engage the right stakeholders and to be clear on our internal and external messages and we will establish an organisation development workstream that will ensure we cultivate the right relationships and culture necessary to collaborate at scale and pace.

Proposals, including an agreed approach to resourcing the APC, will be discussed further by the APC Executive and Joint Committee, with the expectation that these can be presented to the July 2024 Trust Boards for approval.

Related Trust objectives

All

Risk and Assurance

This report provides assurance in relation to the evolving and maturing collaboration between Barts Health, BHRUT and Homerton Healthcare as part of an Acute Provider Collaborative.

**Legal implications/
regulatory requirements**

None

Action required

The Trust Board is asked to NOTE the update.

REPORT TO THE TRUST BOARD: 1 MAY 2024

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

INTRODUCTION

1. 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.

ACUTE PROVIDER COLLABORATIVE

2. The three acute providers have been working together as an Acute Provider Collaborative for approaching two years, with the APC continuing to develop and mature. One area where collaboration has brought notable success has been in improving access to diagnostics and elective care.
3. Collaborative working has enabled the APC to secure a three-year funding settlement of £33m of national funding to implement community diagnostic centres (CDC), providing patients with speedier and more convenient access for their scans. The CDC programme is hosted by the APC and coordinates activities at a system level and provides support with pathway development. Each Trust has a local project team in place to support the implementation.
4. This initiative has started to deliver real benefit to patients across NEL. The Barking Community Hospital CDC has opened and started receiving its first patients in April 2024. In addition, CDCs at St. George's hospital (Havering) and Mile End hospital (Tower Hamlets) will become operational later in 2024. These facilities will provide patients across NEL with local access to diagnostic scans for Xray, CT, MRI and ultrasound.
5. There is also additional investment into increasing theatre capacity across NEL to help accelerate access to treatment. Two additional theatres at King George hospital will open later in May 2024 and are being deployed to provide timely access to patients requiring surgery and help to reduce our overall wait times. A further two theatres at Homerton hospital will be commissioned in April 2025 and, collectively, these will help

address underlying access issues and strengthen the way in which capacity is shared across NEL.

FORWARD LOOK 2024/25

6. Building on the foundations of what has been established and recognising the opportunity to strengthen collaboration even further, a series of meetings between the Chairs and CEOs of the three north east London acute Trusts and the ICB have been held to consider how this could be taken forward. In particular, incorporating the Barts Health / BHRUT collaborative activities and using the APC as the main vehicle for acute collaboration in north east London.
7. A development programme has been established for the APC with the aim of accelerating the progress of our work together and has been supported by a development partner as part of the NEL ICB commissioned system support. The key considerations are being arranged under the themes of:
 - Purpose and ways of working
 - Scope
 - Leadership and governance
 - Resourcing
8. Through the activities of the development programme we will:
 - Co-design a shared purpose statement that makes clear the patient focus
 - Co-design of a set of collaborative leadership principles
 - Clarify how we promote a culture of clinical collaboration
 - Develop a set of collaborative behaviours that leaders are expected to role model with the associated accountabilities
9. To inform the development of the future APC, a series of engagement activities have been undertaken. Most recently, a facilitated development workshop held with the full executive teams from the three providers and representatives from the ICB has helped to iterate the proposals and determine the key priority areas of focus for this year. Each of the providers is committed to delivering lasting improvements to the health care that all NEL residents should expect to receive and are committed to achieving this by working with our partners, at scale, across multiple places, with a shared purpose and effective decision-making arrangements to:
 - ***Deliver High Quality Clinical Services***
 - ***Accelerate Access to Care***

- ***Implement a Sustainable Financial Model***

10. The core programmes of work to be incorporated under each of the priorities for 2024/25 are still to be confirmed. This will be informed by activities that are currently underway across the APC, those specifically between BH/BHRUT and new opportunities identified through the engagement undertaken. Programmes of work will be supported by maximising digital capabilities, leveraging the opportunities of business intelligence insights and consolidating an APC development programme to enable successful delivery.

NEXT STEPS

11. To support the next phase of APC development, we are intending to:

- Establish programme briefs and plans for each workstream so we are clear on the outcomes they are expected to deliver and the associated timelines – recognising that some will be multi-year.
- Design the programme architecture to ensure that we have the right assurance process within each Trust and across the ICB.
- Build the Communications and Engagement plan to engage the right stakeholders and to be clear on our internal and external messages.
- Establish an organisation development workstream that will ensure we cultivate the right relationships and culture necessary to collaborate at scale and pace.
- Develop and agree a resourcing model that enables the APC to deliver on the ambition set out in each of the programmes.

12. APC proposals will be further developed and taken through the APC Executive and APC Joint Committee in June with recommendations to be presented to the July 2024 Trust Boards for approval.

SUMMARY

13. The Trust Board are asked to note the activities underway / proposed to strengthen collaboration across the APC.

Report to the Trust Board: 1 May 2024	TB 25/24
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Title	Integrated Performance Report (Month 12)
Accountable Director	Director of Group Development
Author(s)	Director of Performance
Purpose	Performance against constitutional standards and KPIs

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

Related Trust objectives
 All trust objectives

Risk and Assurance	This report provides assurance in relation to all trust objectives
Related Assurance Framework entries	All BAF entries

Legal implications/ regulatory requirements N/A

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

Barts Health Integrated Performance Report

May-24

Performance for: **Mar-24**



Pack Contents

May-24

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May-24



Executive Summary



Quality Report

- Our emergency departments, in particular WXH and NUH continue to be very busy with long waits and care being delivered in corridors at peak times increasing safety risks and impacting on patient experience. The Hospital teams are managing these pressures, putting enhanced staffing and other mitigations in the departments, focusing on speeding up flow out of the departments and working with system partners to speed up discharges and reduce attendances.
- The Trust received positive inspection reports in the Nuclear medicine service by the CQC IR(ME)R Team; the Human Tissue Authority and the Human Fertilisation and Embryology Authority (HFEA) – SBH.
- In Maternity we are seeing the impact of system wide improvements in managing Induction of labour capacity and use of the OPEL framework to manage increased pressures across our maternity units

Operational Performance

- In unplanned care there was a significant national focus on achieving 76% for 4 hour performance, a step-change in performance during March 24. During March, Barts Health achieved performance of 73.03%, a step-change from the 66% performance of January.
- The overall Cancer backlog at the end of March stood at 6.14%, ahead of the 7% trajectory, with the Trust receiving a congratulatory letter from the NHSE cancer team to mark the improvement in this area
- Diagnostic performance for the full-year 2023/24 recorded a performance of 75.8% patients receiving a diagnostic test within 6 weeks, with an improved performance towards the end of the year (February and March saw a performance of 76.5%).
- Planned care performance at the Trust's final March 24 position was roughly in line with the objectives set for H2.
 - 104 Week Breaches - There were four breaches, which will be eliminated from May 24 onwards.
 - 78 Week Breaches - There were 189 breaches, 39 above plan.
 - 65 Week Breaches - There were 1,514 breaches, 14 above plan.

Equity

- At Trust level, we found statistically significant differences in average waiting times for ethnicity, deprivation, gender, and learning disability status. However, for both ethnicity and deprivation, we believe the findings are skewed by the fact that waits are particularly long at Royal London, which serves very diverse communities often with high levels of deprivation.
- Similar to the last report period, we note a statistically significant difference in waiting times for patients with learning disabilities at Trust level. We have escalated this to the surgery leads, and to the Equity and Inclusion Board. We believe this is primarily a result of long waits in a few services at Royal London, such as Restorative Dentistry. Lastly, we also noted a small but significant difference in waits by gender. The North East London Planned Care Board is working with sites to address this disparity, which is believed to be largely a result of the size of the waiting list for Gynaecology.

People

- Our substantive fill rate ended the year at 93.4% and our nursing fill rate ended the year at 91%. Both of these have seen significant improvements across the last 12 months.
- Agency spend as a % pay bill ended the year at 4.21%, against a target of 3.7%, with improvements in the latter part of the year.

Finance

- The Trust has submitted to NHS England a draft income and expenditure position of a £43.9m deficit for 2023/24, which is in line with the agreed month 8 forecast outturn target of (£36.4m) adjusted for the net impact of junior doctors industrial action from December to February (£5.8m) and NHS England revenue funding shortfall for same day emergency care (SDEC) expansion at Royal London Hospital and Whipps Cross Hospital (£1.7m). The draft position is subject to external audit review prior to adoption of the accounts by the Trust Board.

May-24



Quality Report



SUMMARY

Quality Summary

May-24

The data covered in this report covers the Quality dashboard metrics for the February 2024 reporting period in line with the BH approach to reporting using Statistical Process Control (SPC) methodology.

Our emergency departments, in particular WXH and NUH continue to be very busy with long waits and care being delivered in corridors at peak times increasing safety risks and impacting on patient experience. The Hospital teams are managing these pressures, putting enhanced staffing and other mitigations in the departments, focusing on speeding up flow out of the departments and working with system partners to speed up discharges and reduce attendances.

Quality metric review

Serious incidents:

- There continues to be a downward trend in the number of open Serious Incidents under the legacy Serious Incident framework. Hospitals continue to work to trajectories.

Infection Control:

- There are early indications of an upward trend in the number of E-coli bloodstream infections. The Infection Control team are currently undertaking a thematic review; however, improvement plans have been put into place.
- There has been three reported assigned Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia's reported in February. Two cases were reported for the same patient. There has been an improvement plan developed to address training requirements.

Duty of Candour:

- Performance continues to improve with the continued focus on improving processes to send letters in a timely way and improve the quality of letters

Never Events:

- One Never event was reported in this period relating to wrong side implant at NUH and in the previous period we reported a NE relating to wrong site surgery at SBH, which has been included as was not reported correctly in the previous period due to a data inaccuracy.

Falls and Hospital Acquired Pressure Ulcers:

- We are seeing improvements in the number of falls and hospital acquired pressure ulcers - both are included in thematic programmes of work within our Patient Safety Incident Response Plan

Maternity:

- No significant exceptions to report in February. We are seeing the impact of system wide improvements in managing Induction of labour capacity and use of the OPEL framework to manage increased pressures across our maternity units.

External agency activity:

- The Trust received positive inspection reports in the Nuclear medicine service by the CQC IR(ME)R Team; the Human Tissue Authority and the Human Fertilisation and Embryology Authority (HFEA) – SBH

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison			
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's
Patient Experience	C12	MSA Breaches	●			Feb-24 (m)	<= 0	35	35	387	3	20	7	5
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2023/24 Q3 (q)	SPC Breach	22.8	22.2	22.2	22.8	43.2	43.4	15.1
	C1	FFT Recommended % - Inpatients	●		●	Feb-24 (m)	>= 95%	90.8%	92.3%	90.8%	87.3%	95.3%	93.2%	96.2%
	C2	FFT Recommended % - A&E	●			Feb-24 (m)	>= 86%	58.8%	58.2%	63.7%	54.1%	67.5%	50.1%	-
	C3	FFT Recommended % - Maternity	●			Feb-24 (m)	>= 96%	86.6%	97.0%	94.3%	100.0%	95.7%	97.8%	-
	C20	FFT Response Rate - Inpatients	●			Feb-24 (m)	>= 23%	29.2%	29.3%	30.2%	21.5%	34.7%	34.3%	39.3%
	C21	FFT Response Rate - A&E	●			Feb-24 (m)	>= 12%	10.5%	9.5%	8.0%	9.6%	11.6%	7.3%	-
Service User Support	R78	Complaints Replied to in Agreed Time	●			Feb-24 (m)	>= 80%	83.9%	72.6%	83.3%	74.6%	65.7%	65.4%	100.0%
	R30	Duty of Candour	●			Feb-24 (m)	>= 100%	93.5%	93.9%	82.9%	91.7%	96.0%	100.0%	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%

*FFT Response – Maternity data is being reviewed and is therefore excluded from reporting in this period

SAFE

Domain Scorecard

May-24

	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
Infection Control	S10	Clostridium difficile - Infection Rate	●			Feb-24 (m)	<= 16	15.3	20.6	20.2	6.7	31.7	37.4	28.9
	S11	Clostridium difficile - Incidence	●			Feb-24 (m)	<= 9	10	13	136	2	5	4	2
	S2	Assigned MRSA Bacteraemia Cases	●			Feb-24 (m)	<= 0	0	3	16	2	0	0	1
	S77	MSSA Bacteraemias				Feb-24 (m)	SPC Breach	11	12	119	6	5	1	0
	S76	E.coli Bacteraemia Bloodstream Infections	●			Feb-24 (m)	<= 20	33	35	327	5	16	5	9
Incidents	S3	Never Events	●		●	Feb-24 (m)	<= 0	1	1	7	0	0	1	0
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●		●	Feb-24 (m)	<= 0.9%	2.0%	2.5%	1.6%	1.6%	3.8%	2.6%	1.0%
	S45	Falls Per 1,000 Bed Days	●			Feb-24 (m)	<= 9.6	3.1	3.0	3.3	3.0	3.2	2.1	5.1
	S49	Patient Safety Incidents Per 1,000 Bed Days				Feb-24 (m)	SPC Breach	40.1	41.3	48.4	30.0	52.7	37.7	51.7

EFFECTIVE

Domain Scorecard

May-24

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison			
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's
Mortality	E1	Summary Hospital-Level Mortality Indicator	●			Oct-23 (m)	<= 100	102	102	-	95	107	103	106
	E3	Risk Adjusted Mortality Index	●			Dec-23 (m)	<= 100	92	90	-	85	91	89	100
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Feb-24 (m)	<= 1.01	0.66	0.70	0.57	0.54	1.09	2.42	0.40
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	○	○	Feb-24 (m)	<= 1.2	1.3	1.2	1.3	0.7	2.1	1.3	1.3
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	○	Feb-24 (m)	SPC Breach	0.1	0.1	0.1	0.1	0.1	0.2	0.2

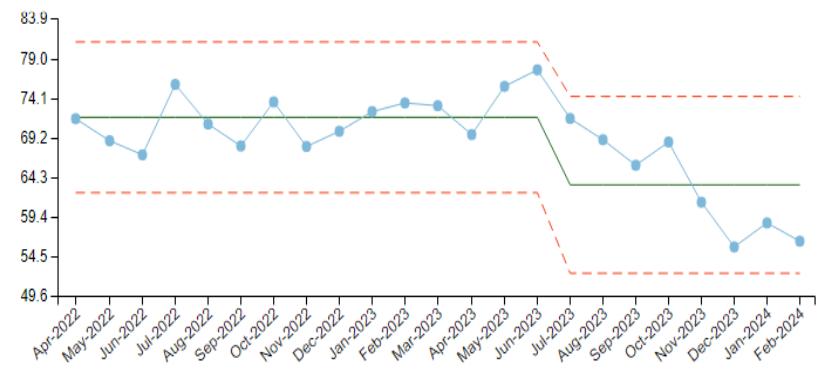
- Annual discharge data, ending in month indicated as 'This period', used for the generation of the indicator. Confirmed or suspected cases of Covid – 19 are excluded.
- The Trust is reviewing quality and safety data using statistical process control; this supports early identification of risk and enables proactive planning. A review of the metrics demonstrated common cause variation across the indicator metrics.

SAFE

Incidents per 1.000 Bed Days - Trust

May -24

Incidents Per 1,000 Bed Days



Indicator Background:

The total number of incidents occurring at the trust per 1,000 inpatient bed days, i.e. the total number of incidents occurring at the trust divided by the number of inpatient bed days which has been multiplied by 1,000.

What is the Chart Telling us:

The chart demonstrates a decline in the number of incidents reported per 1.000 bed days but this remains within the control limits. An analysis of the data of incidents reported between Nov 2022-Feb 2023 and Nov 2023-Feb 2024 indicated that although reporting rates have decreased, staff continue to report moderate and above harm incidents.

Performance overview

Incident reporting numbers are reviewed month on month at Hospital level via the Quality and Safety committees which report into the Trust safety Committee to ensure the organisation does not miss the opportunity to learn and improve from near misses.

The Trust has recently approved the mandating of the National Patient Safety Syllabus which is designed as a starting point for all staff to understand systems approach to safety. It is anticipated that by undertaking the national training and working to the principles of the patient safety incidence response framework we will continue foster a positive reporting culture.

Responsible Directors update:

The Transition from the National Reporting and Learning System (NRLS) to the Learn from Patient safety Events (LFSPE) has resulted in a reporting form that is lengthy which can be a deterrent to incident reporting especially when there are operational pressures. This is a known risk across the NHS.

We are exploring what more can be done to increase incident reporting in this context.

Hospital teams are monitoring this through the local governance arrangements.

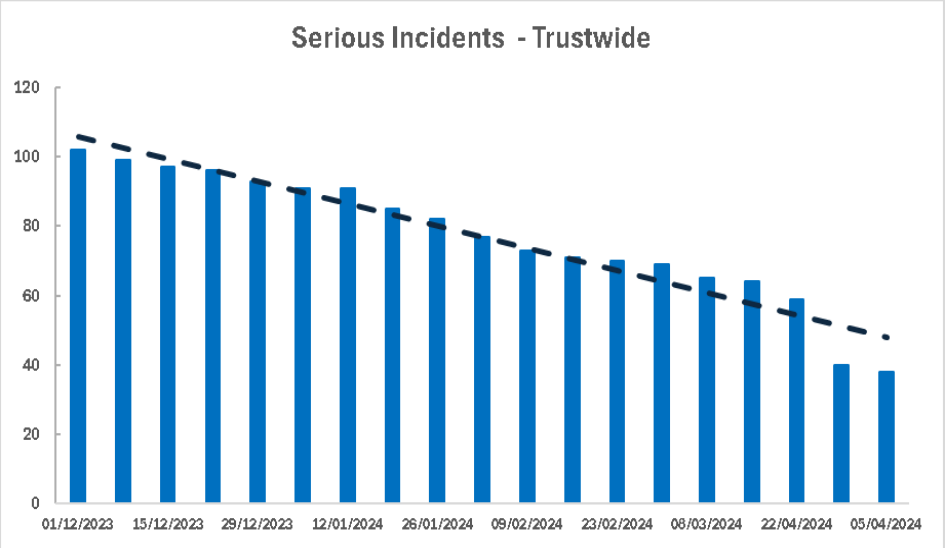
SAFE

Legacy Position: Serious Incidents (SIs)

May-24

Serious Incident Investigations

Comments:



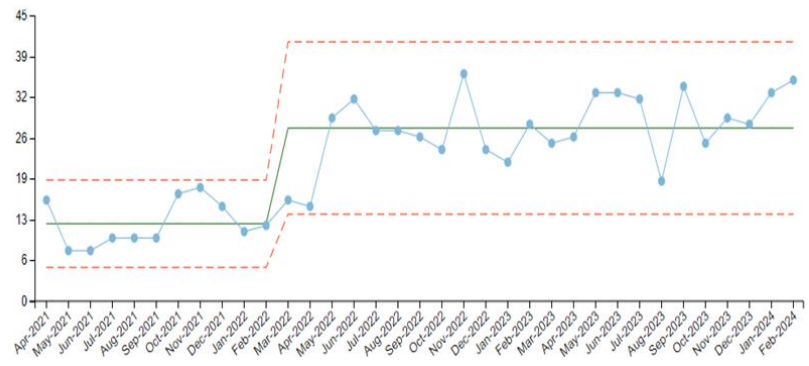
The Charts above demonstrates a downward trend in the number of open Serious Incidents (SIs) ; a significant number of these were closed following a multi-report action plan in response to the maternity and newborn safety investigations (MNSI) recommendations.

SAFE

E.coli Bacteraemia Bloodstream Infections - Trust

May -24

E.coli Bacteraemia Bloodstream Infections



Indicator Background:

The number of Escherichia coli (E.coli) bacteraemia bloodstream infections at the trust (i.e. for which the specimen was taken by the trust)

What is the Chart Telling us:

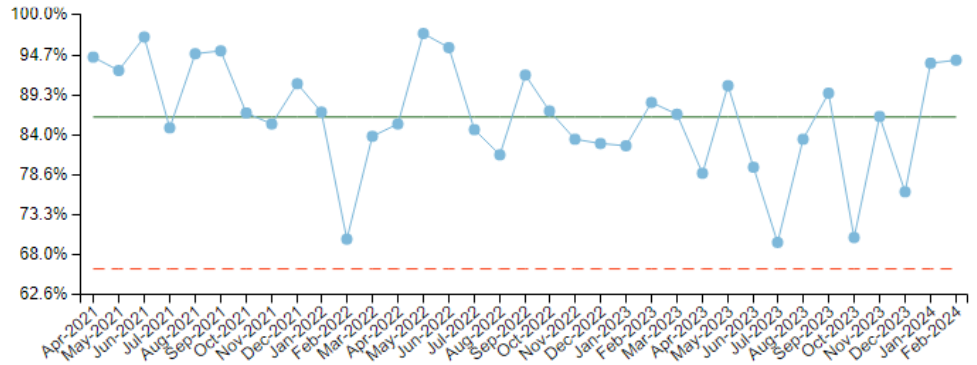
We have seen a sustained increase in rates of E. coli, across the Trust we had 35 cases (Hospital Onset Healthcare Associated (HOHA), and 25 Community Onset Healthcare Associated COHA 10) and are 130 cases above our trajectory.

Performance Overview	Responsible Director Update
<p>Factors that are contributing to the increase in e coli infections include urinary infections and patients with complex medical conditions which increase risk of bloodstream infections and require unavoidable ,appropriate antibiotic treatment.</p> <p>There are a number of quality improvement programmes in place.</p>	<p>Vigilance in relation to Infection Prevention and Control remains a priority for the Trust. The Infection and Prevention Control team are currently completing a thematic review of incidents reported.</p>

CARING

Duty of Candour

Duty of Candour



Trust level performance:

There is improvement in the Trust’s overall position when compared to the previous month.

Comments:

There is continued group focus on improving Duty of Candour performance, both in timeliness and quality of letters. Feedback from CMO review demonstrates improvement in quality potentially attributable to Clinician engagement in writing the Duty of Candour letters and the Senior oversight. Quarterly peer audits in progress.

Never Events

May -24

There were 2 Never events reported in January and February

NE Criteria – Wrong Site Surgery

Month of incident: December 2023

A Patient required Magseed insertion ahead of breast cancer surgery which was placed in the incorrect side. The Magseed is a small marker, placed by imaging to help guide Surgeons during surgery. It is then removed as part of the surgery. The error was recognised whilst the patient was still in the imaging department before the surgery, and this was corrected with the patient's consent.

A swarm huddle (PSIRF response approach) was held at the and this will be investigated via the Patient Safety Incident Investigation (PSII) approach in line with the National requirements

Immediate learning involved the whole multidisciplinary team and the review of booking clinics and adding complex cases to lists at short notice.

NE criteria: Wrong side implant

Month of incident: February 2024

A patient underwent LEFT knee replacement; however, it was identified post-surgery that a right sided implant had been used.

This incident was discussed at the Hospital Patient Safety Incident Response Meeting (PSIRM) and a Patient Safety Incident Investigation (PSII) was declared. The patient was informed of the incident and Duty of Candour was completed with the plan to monitor patient's progress regularly.

Immediate safety action included a review of processes around the practice of checking implant during procedure by a multidisciplinary team.

SAFE

External Agency Activity

May -24

CQC Ionising Radiation (Medical Exposure) Regulations IR(ME)R Inspection Nuclear Medicine - SBH

The CQC IR(ME)R team inspected the Nuclear Medicine service at SBH on the 28th February. They recognised the amount of positive work that had been undertaken in relation to clinical audit, governance and positive engagement and feedback from staff.

Human Fertilisation and Embryology Authority (HFEA) – SBH

An Unannounced inspection of the SBH fertility services took place on the 13 February. There was positive feedback regarding the service and no immediate concerns were raised. It was recognised that documentation had all been submitted 12 weeks before the inspection to a high standard. The final report is to be expected to be received in 28 days. The Chief Medical Officer is the licence holder for this regulated activity.

Human Tissue Authority (HTA) Inspection – RLH and SBH

The HTA conducted an announced inspection on the 27th of February which included a visual inspection at SBH; record review and meetings with staff.

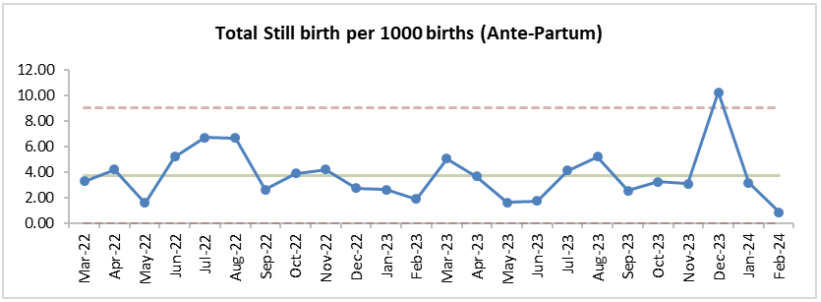
The HTA found the Designated Individual (DI) and the Licence Holder (LH) to be suitable in accordance with the requirements of the legislation.

The Royal London Hospital (the establishment) met the majority of the HTA's standards that were assessed during the inspection with one minor shortfall found relating to the standards for Governance and Quality.

The HTA assessed the establishment as suitable to be licensed for the activities specified, subject to corrective and preventative actions being implemented to meet the shortfall identified during the inspection.

To note: The HTA were satisfied that the establishment submitted sufficient evidence to address this shortfall before the report was finalised; therefore, no further requirements.

EFFECTIVE **Still Births** May -24



Indicator Background:

There is a national ambition to reduce stillbirth, neonatal death and brain injury by 50% by 2025. The stillbirth ambition is for the rate to decrease to 2.6 stillbirths per 1,000 births by 2025. The 2020 national rate was 3.8 stillbirths per 1,000 births unchanged since 2019. When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has had lower stillbirth rates. Rates across the organisation have seen a small decrease over the last five years, with the exception of a small rise during the peak of the first two waves of the pandemic, as seen in national data (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRACE) last published in 2024 for 2022 data).

What is the Chart Telling us:

There chart is telling us that overall for Barts Health there has been no significant change to the stillbirth rates.

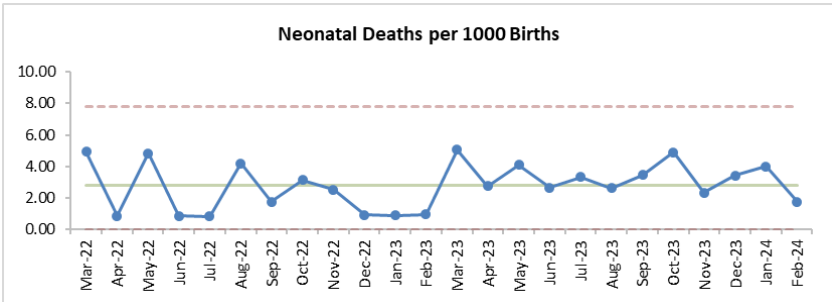
The data displayed does not differentiate between the site outcomes, which a limitation of the data

Performance Overview	Responsible Director Update
<p>Three stillbirths were reported in February, one of them being a medical termination of pregnancy due to fetal abnormality and one due to prematurity following pre-term rupture of membranes.</p>	<p>Themes from our stillbirth reviews include fetal growth surveillance, use of interpreting services, and late access to maternity care. All of these elements have QI programmes through the WelImprove programme, with risk assessment as an additional QI programme across all three hospitals which feeds into all elements of antenatal, labour and postnatal care.</p> <p>Recent MBRACE reports also highlight the disparities seen in robust use of translation services for women who do not speak or understand English. The local maternity and neonatal system through the Acute Provider Collaborative have highlighted this as a system priority and have commissioned a further 12 months of the CardMedic App, which can be used alongside formal remote translation or advocacy services where there is an identified translation need.</p>

EFFECTIVE

Neonatal Deaths

May -24



Indicator Background:

Prior to 2021, the national ambition covered all neonatal deaths, and required the neonatal mortality rate to fall to 1.5 deaths per 1,000 live births by 2025. In 2021, the ambition was revised, as outlined in the Safer maternity care progress report 2021. The ambition was changed to 1.0 neonatal deaths per 1,000 live births for babies born at 24 weeks or over (1.3 for all gestations).

When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has lower Neonatal death rates. MBRACE 2022 (last available data published 2024)

What is the Chart Telling us:

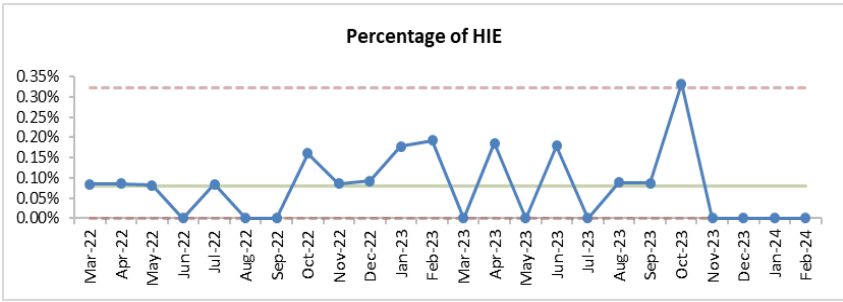
The charts tell us that thankfully neonatal deaths are rare. Because of this, that data fluctuates from month to month. Work with the Making Data Count team at NHS Improvement will support the development of a rare events chart which will assist with visualisation of performance and outcomes.

Performance Overview	Responsible Director Update
<p>There were two neonatal deaths in February. One baby was born following admission with a placental abruption and reduced fetal movements. The baby was referred for specialist care, but unfortunately died. The second case was a baby at 29 weeks following a difficult breech birth. This baby was also transferred to a tertiary service, but sadly passed away.</p> <p>Both of these cases will be reviewed using the national perinatal mortality review tool. No care issues have been identified during initial review.</p>	<p>Our neonatal death data is in line with national corrected data based on our level of NICU service. Quality improvement work regarding pre-term birth optimisation and recognition of pre-term birth is supported at Local Maternity and Neonatal System (LMNS) level as well as through Quality Improvement work within the Saving Babies Lives care bundle.</p>

EFFECTIVE

HIE (Hypoxic-Ischaemic Encephalopathy)

May -24



Indicator Background:

The rates for brain injury or HIE fluctuate monthly across the sites. Cases of severe brain injury are fortunately rare. Babies who are born in poor condition at birth are reviewed by our neonatal teams to review suitability for cooling therapy which is known to reduce the severity of injury to the brain following acute onset of hypoxia during birth. Cooling therapy is known to slow down the changes in the brain which can continue to have a detrimental effect even after the hypoxic insult has occurred. Babies are cooled for 72 hours, their body temperature is reduced and they are sedated and made comfortable during this process with various medications. Bart’s Health provides this therapy at the Royal London site, and we also refer babies to The Homerton hospital where needed.

Brain injury can be as a result of changes that occur during the pregnancy as a result of reduced blood flow to the placenta, but can also occur during labour, which is why foetal monitoring is a vital component of safe care. Any cases where a baby is referred for cooling and has a brain injury is referred for external review by HSIB. The data captured through Barts Health only includes cases of severe damage (HIE grades 2 &3) and babies both born and treated at Barts Health. Improvement work at Barts health focuses on foetal well being in pregnancy and good foetal monitoring during labour to identify early signs of hypoxia and to help us deliver these babies in a timely way.

What is the Chart Telling us:

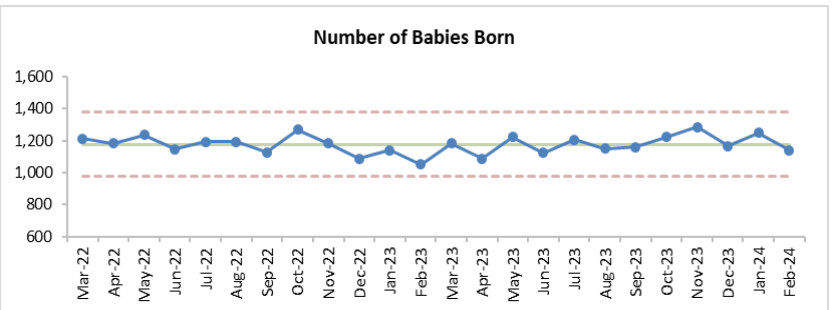
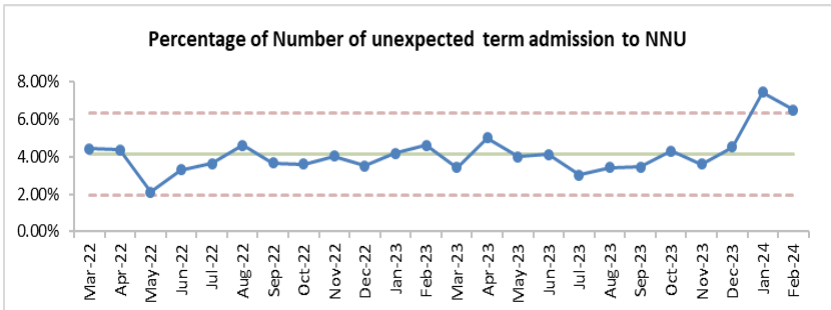
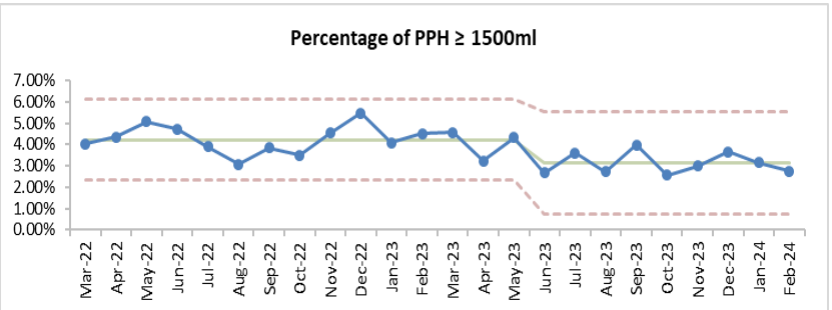
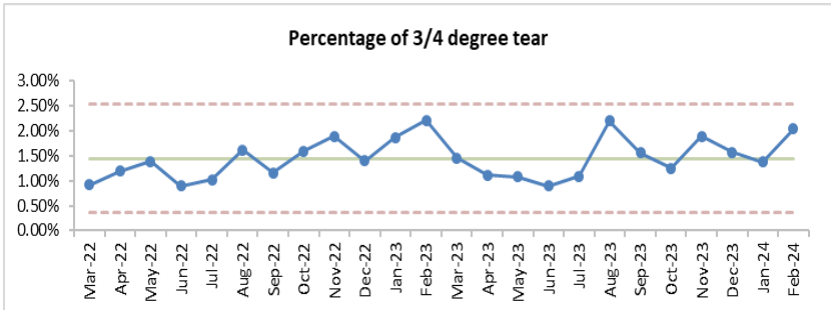
That there were no HIE grade 2/3 in babies born within and receiving treatment at Barts Health.

Performance Overview	Responsible Director Update
<p>There were no cases of hypoxic brain injury in February.</p>	

EFFECTIVE

Maternity Signals

May -24



Performance Overview

Overall birth numbers remain stable across the Trust, with a sustained reduction in postpartum haemorrhage seen following quality improvement work in this space. There has been an increase seen in the numbers of babies admitted to neonatal units at term. This is in part driven by a slight increase seen at Whipps Cross hospital, but also due to a change in coding, which is showing babies on transitional care being on an admitted pathway, which is being rectified.

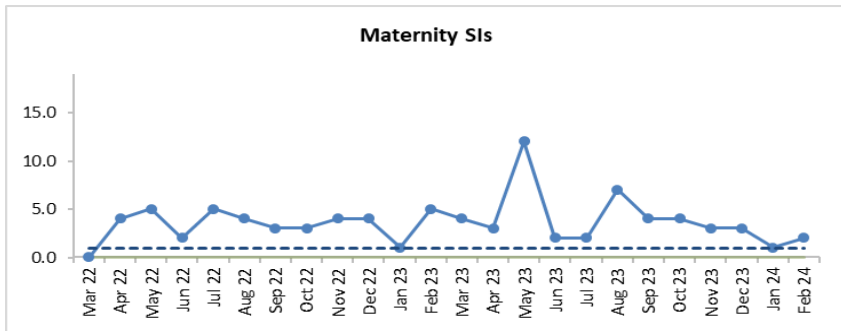
Responsible Director Update

The team at Whipps cross are reviewing their previous few months term admission data between clinical teams from neonatology and maternity. Their thematic review and action plan will be presented through the perinatal optimisation workstream and through their maternity and neonatal committee.

EFFECTIVE

Maternity – Serious Incidents

May -24



Indicator Background:

An SI is an incident in which a patient, member of staff or members of the public suffers serious injury, major permanent harm, or unexpected death, (or the risk of death or injury), on hospital premises. It could be an incident where the actions of healthcare staff are likely to cause significant public concern. It can also be an incident that might seriously impact upon the delivery of service plans and/or may attract media attention and/or result in litigation and/or may reflect a serious breach of standards or quality of service.

In maternity some incidents will still be declared as SIs even if it was not deemed that there was a lapse in care standards due to the serious impact this may have on the woman or baby and the opportunity for learning.

The Healthcare Services Investigation Branch, investigate maternity incidents that meet the Early Notification scheme (stillbirths at term, neonatal deaths, and babies sent for cooling therapy or with confirmed brain injury due to hypoxia) and maternal deaths.

Performance Overview

There were two PSII investigations commissioned in February.

The first case related to a maternal death at Newham hospital, which is being externally reviewed with the support of the Maternity and Newborn Safety Investigations (MNSI) programme

The second case related to a Stillbirth at 40+1, following reduced fetal movements. Potential missed opportunity for obstetric review and plan due to raised CTG baseline, risk assessment for pre-eclampsia and triggers for maternal observations outside of normal parameters.

May-24



Operational Performance Report



SUMMARY

Operational Summary

May-24

Operational performance presented below was impacted by a period of Junior doctor industrial action during February 24.

Urgent & Emergency Care

- For 2023/24 the NHS set a national 76% A&E performance standard to be achieved by all trusts by March 2024, however, more recently NHS London set Barts Health a local improvement target of 73% for March 2024.
- In March 2024, 44,508 attendances were recorded, 3,540 more (+8.6%) than the 40,968 recorded in February.
- Despite recording more attendances, performance against the 4-hour standard improved in March against February's position with a performance of 73.0%, the local improvement target, achieved, this represents an 8.3% improvement against February's 64.8%.
- For the full-year 2023/24 the trust recorded a performance of 68.4% against a 2022/23 performance of 67.7%.
- The proportion of patients with an A&E 12-hour journey time decreased from 9.2% in February to 8.8% in March (-0.4%), against a national standard of no greater than 2%.
- For March 2024, Barts Health recorded the second highest volume of A&E attendances of any trust in England and the highest volume in London. In terms of performance against the 4-hour standard, the Trust was ranked 13th out of 18 trusts in London and was ranked 6th out of the top 10 English trusts (ranked by volume of attendances).

Cancer

- In February 2024, the trust achieved 77.6% in relation to the Aggregate Faster Diagnosis Standard, requiring 75% of referrals to have cancer diagnosed or ruled-out within 28-days, this marks the eighth consecutive month the national standard has been achieved.
- For February 2024, the trust did not achieve the Aggregate 62-day Referral to Treatment standard, recording a performance of 60.8% against a target of 85%, this represents an improvement of 5.9% against January's performance of 54.9%.
- During February 2024, the trust achieved the Aggregate 31-day Decision to Treat standard, recording a performance of 96.4% against a target of 96%, this marks the seventh consecutive month the national standard has been achieved.
- With continued focus from NHS England on 62-day backlog clearance, at the end of March 2024, the trust recorded 305 GP referral patients waiting longer than 62-days, a decrease of 38 against the February position of 343.

Diagnostics

- For March 2024, a performance of 76.5% was recorded, the same performance as recorded in February.
- For the full-year 2023/24 the trust recorded a performance of 75.8% against a 2022/23 performance of 75.4%.
- During March, the greatest challenges related to MRI, Cardiac CT and non-obstetric ultrasound long waits, with audiology also remaining challenged in relation to long waits and performance, with those specialties contributing 85% of all breaches.

Elective Care

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For March 2024, the trusts admitted (inpatient and day case) trajectory set a target of 8,172 admissions against which the trust delivered 8,278 (+106 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 130,522 attendances, against which the trust delivered 130,869 (+347 attendances).
- The Trust RTT Patient Tracking List for March 2024 was 121,895 total pathways, 2,249 more than the February 2024 position of 119,646.
- In relation to the RTT month-end nationally submitted data the trust reported four pathways waiting 104+ weeks at the end of March 2024, six less than the ten reported at the end of February.
- In relation to 78+ week wait backlog volumes, 189 pathways were reported at the end of March, a decrease of 140 against the February position of 329.
- For 2023/24 the NHS set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024 with NHS London setting a local improvement target of 1,500 for Barts Health. At the end of March, the trust recorded 1,514 pathways waiting 65+ weeks, a decrease of 543 against the February position of 2,057.

The key 2024/25 NHS England (NHSE) Urgent and Emergency Care, Elective, Cancer and Diagnostic performance objectives and milestones are set-out in the table opposite. However, a number of high-priority operational standards sit alongside these and include:

Urgent & Emergency Care

- ✓ Systems are also asked to reduce the proportion of waits over 12 hours in A&E compared to 2023/24.
- ✓ NHSE will operate an incentive scheme for providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering over 80% A&E 4-hour performance by the end of the year.
- ✓ Maintain acute G&A beds as a minimum at the level funded and agreed through operating plans in 2023/24

Elective Care

- ✓ Individual system activity targets are the same as those agreed for 2023/24, consistent with the national value weighted activity target of 107%.
- ✓ Make significant improvement towards the 85% day case and 85% theatre utilisation expectations where these are not already being met, using Getting it Right First Time (GIRFT) and moving procedures to the most appropriate settings.
- ✓ Continue to shift the balance of outpatient activity towards clock-stopping, ensuring that the wait to first appointment continues to reduce. To support this, NHSE have introduced a new metric measuring the proportion of all outpatient attendances that are for first or follow-up appointments attracting a procedure tariff (the proportion of activity that is pathway completing). To meet the national ambition of 46% NHSE are asking systems to deliver a 4.5 percentage point improvement against their 2022/23 baseline up to a maximum local ambition of 49%.

The trust is currently completing performance trajectories and activity plans consistent with delivering the North East London ICB requirements in relation to the national objectives set-out above, with a local submission deadline of 23 April and a national submission deadline of 2 May.

The Operational Performance chapter of this report (pages 18 to 41) will be updated to provide monthly and year to date views of delivery against the performance and activity objectives set out above and opposite for the April 24 edition of the report.

	Objective	Deadline
Urgent & Emergency Care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	Mar-25
Elective Waits	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Sep-25
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	Mar-25
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to a national value of 46% across 2024/25	Mar-25
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025	Mar-25
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Mar-28
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Mar-25

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
A&E 4 Hours Waiting Time	●			Mar-24 (m)	>= 76.1%	64.8%	73.0%	68.4%	76.1%	69.6%	72.4%	-	73.0%
A&E 12 Hours Journey Time	●			Mar-24 (m)	<=2.0%	9.2%	8.8%	-	7.3%	12.3%	7.3%	-	-
Ambulance Handover - Over 60 mins				Mar-24 (m)	-	129	173	-	62	53	58	-	-
Ambulance Handover - Over 30 mins				Mar-24 (m)	-	2324	2457	-	563	873	1021	-	-
Cancer 62 Day Aggregate	●			Feb-24 (m)	>=85%	54.9%	60.8%	61.3%	62.3%	62.6%	60.6%	59.5%	-
Cancer 31 Day Aggregate	●			Feb-24 (m)	>=96%	96.9%	96.4%	96.4%	92.8%	92.4%	100.0%	98.1%	-
Cancer 28 Day FDS Aggregate	●			Feb-24 (m)	>=75%	75.1%	77.6%	74.7%	73.6%	75.2%	79.1%	95.9%	-
Diagnostic Waits Over 6 Weeks	●			Mar-24 (m)	>=95%	76.5%	76.5%	75.8%	61.3%	99.4%	98.1%	66.8%	100.0%
65+ Week RTT Breaches	●			Mar-24 (m)	0	2,057	1,514		1038	308	165	3	-
78+ Week RTT Breaches	●			Mar-24 (m)	0	329	189		161	13	14	1	-
104+ Week RTT Breaches	●			Mar-24 (m)	0	10	4		2	-	1	1	

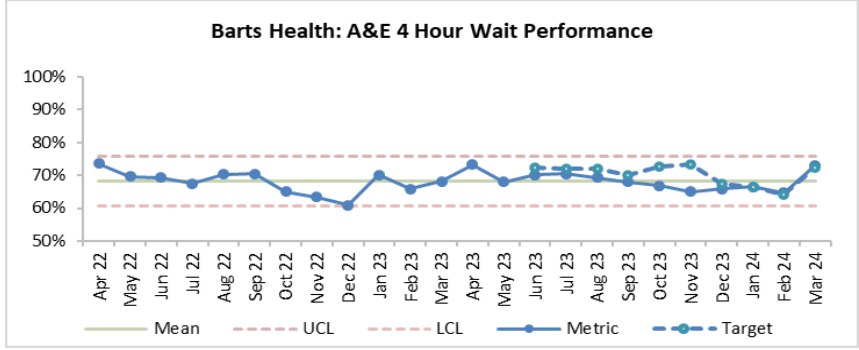
Note to table:

- The ambulance handover metrics are those reported for London Region and do not reflect a Barts Health validated position
- 78 and 104 RTT weeks wait targets were zero for 2023/24, however NHS England have set the trust a revised 65 weeks wait zero delivery objective of end September 2024
- 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 -24



Indicator Background:

The A&E four-hour waiting time standard requires patients attending A&E to be admitted, transferred or discharged within four hours. From 2010 the four-hour A&E waiting time target required that at least 95% of patients were treated within four-hours. As a consequence of the impact of the Covid pandemic, during December 2022 an intermediary threshold recovery target of 76% was set to be reached by March 2024 with further improvement expected in 2024/25. Fundamentally the four-hour access target is a clinical quality and patient experience measure.

What is the Chart Telling us:

The data records a reducing trend in relation to performance against the 4-hour standard between April and December 2022. However, improving performance is visible in the data from January 2023. There is a degree of variability visible in the data with December 2022 recording the lowest performance in the data-series and April 2023 recording the highest. A degree of consistency above or close to the 70% threshold is then visible in the data across the period April to September 23 with reducing performance on or below the mean from October 23 to February 24. There is then an improvement to 73% in March 24.

Trust Performance Overview

Overall trust 4-hour performance for March was 73.0%, 3.1% below that month's target of 76.1%, set to meet the year end national recovery target of 76% by March 24. For the full year 2023/24 the trust recorded a performance of 68.4% against a 2022/23 performance of 67.7%.

However, as mentioned in the Operational Summary page, it should be noted that performance against the 4-hour standard improved in March against February's position with a performance of 73.0%, delivering the local improvement target, this represents an 8.3% improvement against February's 64.8%.

Trust Responsible Director Update

Trust performance: Trust performance achieved 73%, with RLH achieving the 76% target, NUH reaching 72.45% and WXH AT 69.57%.

UTC performance: UTC performance saw a significant improvement Trust wide, with our overall Type 3 performance achieving 94%, a 14.8% improvement from February. This was driven by both RLH and NUH achieving 93% and 92% respectively. RLH saw the greatest improvement with a 25.2% improvement. This was directly linked to funding received by the UTC provider from the ICB to support additional clinical hours and leadership in March. This additional money continues to be funded in April. NUH also saw a significant improvement of 8%, this was achieved through a combination of additional staffing, productivity focus and improved streaming.

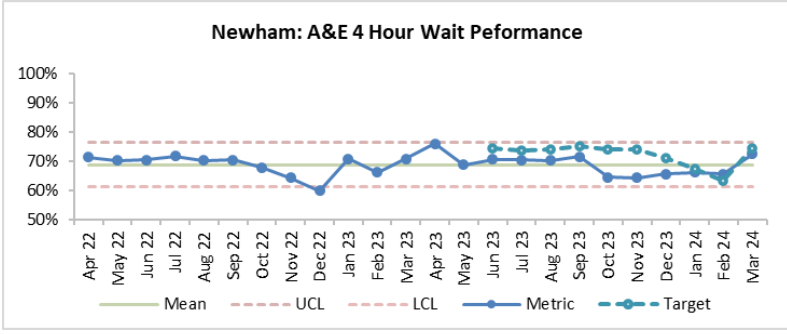
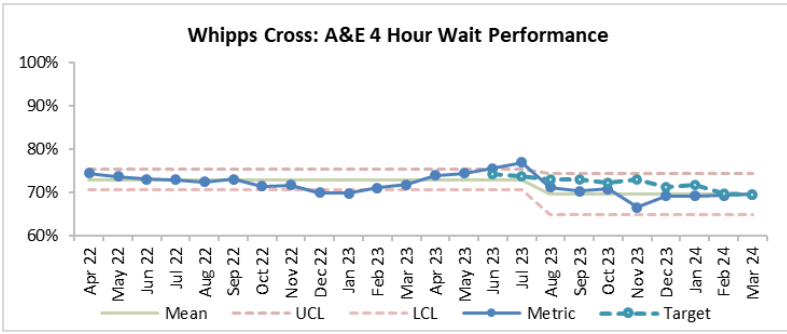
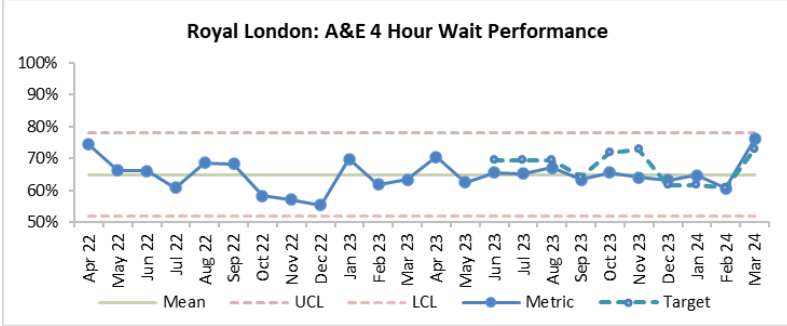
Type 1 performance: Trust wide 57% of our Type 1 patients were seen, treated, discharged or admitted in under 4 hours. Our non-admitted performance improved to 65%, whilst our admitted performance stayed static at 20%.

Unplanned care board: The unplanned care board worked with Hospitals to set realistic targets by Hospital and type, and progress against our 5 point plan set out in February. We saw good progress in month in SDEC, UTC performance, virtual ward occupancy and discharge ready. Pre-11 discharges remained static at 10% Trust wide.

RESPONSIVE
Urgent & Emergency
Care

A&E 4 Hour Waiting Time

May -24



Hospital Site Performance Overview

Royal London:
The Royal London recorded a performance of 76.1% in March, an increase of 15.5% against February's 60.6%. Significant performance improvement across Type 3 Urgent Treatment Centre activity at Royal London contributed to the improved performance.

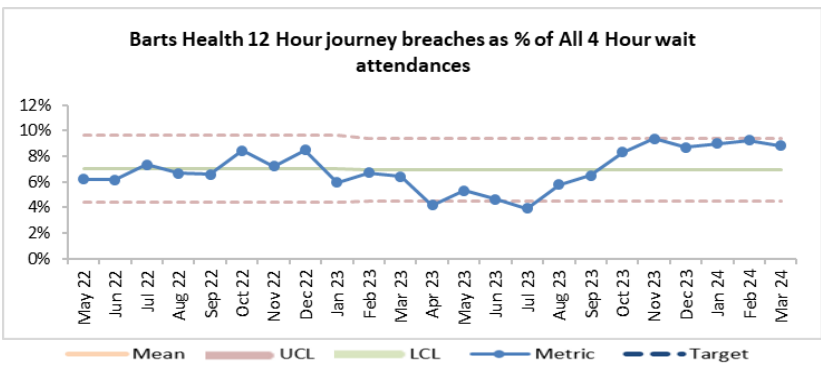
Whipps Cross:
Whipps Cross recorded a performance of 69.6% for March, an increase of 0.3% against February's 69.3%. There is the expectation that the recent establishment of SDEC and SAU (surgical assessment unit) at Whipps Cross will lead to performance improvements.

Newham:
Newham recorded a performance of 72.4% for March, an increase of 6.8% against February's 65.6%, with improved performance supported by reduced Urgent Treatment Centre wait times.

RESPONSIVE
Urgent & Emergency
Care

A&E 12 Hrs Journey time

May -24



Trust Performance Overview

The proportion of patients with an A&E 12-hour journey time decreased from 9.2% in February to 8.8% in March (-0.4%), against a national standard of no greater than 2%.

Trust Responsible Director Update

In March our 12 hour journey time was 8.8%. This was a reduction of 0.4% from February. Both RLH and NUH saw more significant improvements with both achieving 7.3%, a 1% improvement from February. WXH saw a decline in performance to 12.3%, a 1% decline in performance.

Mental Health Length of Stay. In March MH LoS rose again to 20hrs Trust wide. This again was most challenged at WXH, that saw the average at 20hrs, whilst NUH and RLH saw a decline.

SDEC: March saw the highest number of patients in our Same day Emergency care areas in the past 12 months. This reached 4185, this was 720 patients more than February. This was achieved through an increase in direct access to SDEC where GPs can refer directly, avoiding an A&E attendance, as well as improved front door initial assessment models. This consisted of senior decision makers at the front door, ensuring our patient got to the right assessment areas on arrival for their presenting conditions.

Indicator Background:

The NHS has two methods for measuring twelve-hour A&E waiting times. The first, also referred to as “trolley waits”, refers to the elapsed time from the point a decision is made to admit a patient to the point the patient leaves A&E to be admitted to a hospital bed. As such the standard only measures waiting time against the twelve-hour threshold for patients requiring admission and does not include the period prior to a decision to admit being made.

The second method measures the elapsed time from the moment a patient attends A&E to the time they are admitted, discharged or transferred. As such this version of the standard is referred to as the “total journey time” as it measures all elements of the patients journey regardless of whether or not they require admission.

Both versions of the standard are designed to measure and improve patient experience and clinical care. However, it is the “journey time” standard reported in this section of the performance report. 12 hour journey time is a key performance and safety metric with the Royal College of Emergency Medicine noting a correlation of long waits in A&E’s to potential patient harm and clinical outcome.

What is the Chart Telling us:

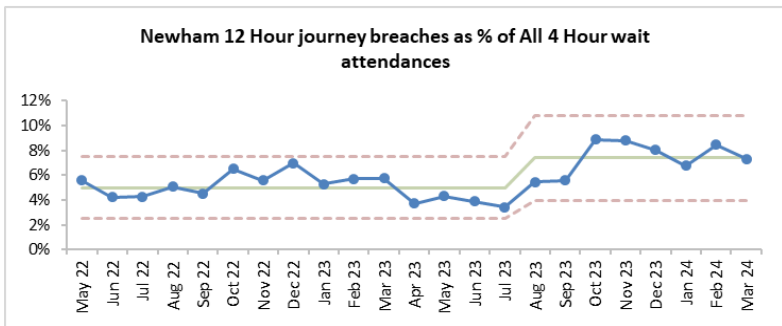
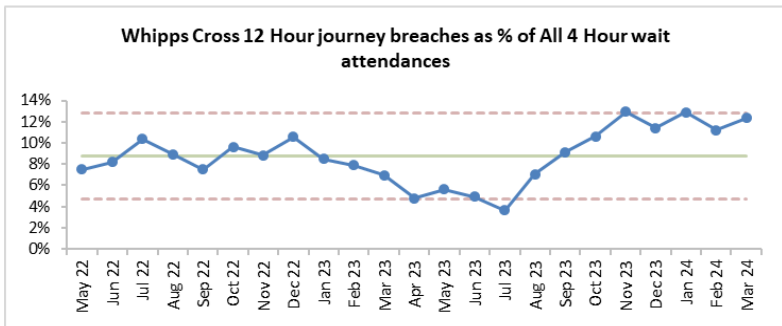
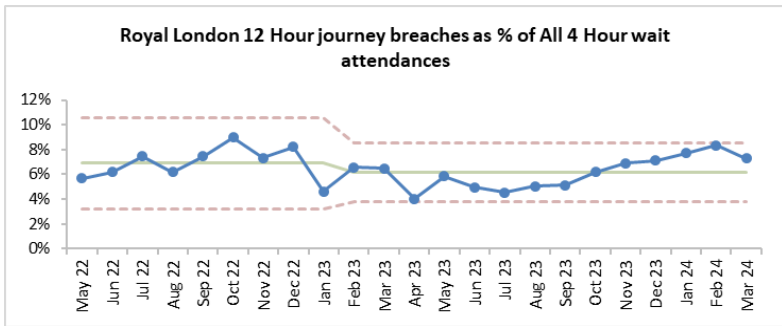
The chart presents considerable data-variability above and below the mean (Green line) however without any statistically significant breaches of the upper or lower confidence limits, apart from July and November 2023 with the data points reaching but not breaching the lower and upper confidence limits, February 2024 also reaches the upper confidence limit. A reducing step-change is visible in the data from January 23.

July 2023 recorded the lowest proportion of 12-hour breaches up to that point in the data-series at 3.9%, however the proportion of breaches increased across August to November increasing from 5.8% to 9.4% across the period. The percentage of 12-hour breaches has then operated within a relatively tight range across December 2023 to March 2024 with the most recent data point recording 8.8%.

**RESPONSIVE
Urgent & Emergency
Care**

A&E 12 Hrs Journey time

May -24



— Mean
 — UCL
 — LCL
 —●— Metric
 —●— Target

Hospital Site Performance Overview

Royal London:
The proportion of 12-hour wait times recorded at the Royal London was 7.3% for March 2024, a decrease of 1.0% against February's 8.3%.

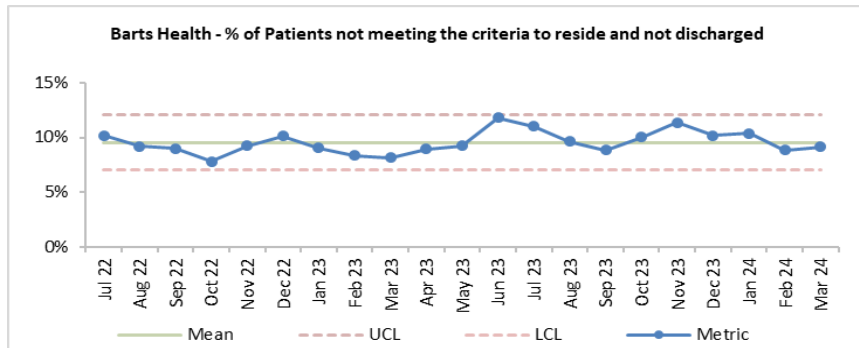
Whipps Cross:
The proportion of 12-hour wait times recorded at Whipps Cross was 12.3% for March 2024, an increase of 1.1% against February's 11.2%.

Newham:
The proportion of 12-hour wait times recorded at Newham was 7.3% for March 2024, a decrease of 1.1% against February's 8.4%.

The number and proportion of 12-hour breaches is heavily influenced by the pressure A&E's are under, including patient flow challenges for example the early availability of inpatient beds and general availability of beds due to increased length of stay.

Discharge Activity

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



Indicator Background:

Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. Not only is this bad for patients but it also means the bed cannot be used for someone who needs it, either waiting for admission from A&E or waiting for an elective admission from the waiting list.

In order to focus attention on this issue all hospitals are required to review their patients every day against what are known as the “criteria to reside”. Where a patient no longer needs to be in a hospital bed then they also no longer meet the criteria to reside and should have an active plan in place to discharge them, in some cases with support from health and social care services, or they may require a residential placement in a community setting. Lack of community resources or inefficient hospital discharge processes can result in such patients remaining in a hospital bed.

It is these patients that are reported in this section of the Board report. While there is no national target, the number and proportion of no criteria to reside patients should be as small as possible and reducing over time.

A new national discharge ready metric will be reported on a daily basis and replaces the ‘no criteria to reside’ category. This return and discharge processes requires continuing close partnership working between Local Authorities, social care colleagues and acute providers.

What is the Chart Telling us:

The chart presents considerable data-variability above and below the mean (Green line) however without any statistically significant breaches of the upper or lower confidence limits, apart from June 23 with the data point reaching but not breaching the upper confidence limit, since December 23 performance has been just above or below the mean. The most recent data point, March 23, records 9.1% of the trust bed base occupied by patients with no criteria to reside.

Trust Performance Overview

The number of patients who no longer meet the criteria to reside marginally increased in March. During the month 9.1% of our bed base of our bed base was occupied by patients with no criteria to reside, against 8.9% in February. Trust wide this is the equivalent of 611 patients (average across the month of 20 patients a day) and a total of 3,932 bed days.

- Whipps Cross: 14.5% equivalent to 277 patients, average across the month of 9 patients a day.
- Newham: 11.2% equivalent to 153 patients, average across the month of 5 patients a day.
- Royal London: 7.3% equivalent to 155 patients, average across the month of 5 patients a day
- St Bart’s: 1.3% equivalent to 28 patients, average across the month of less than 1 patient per day

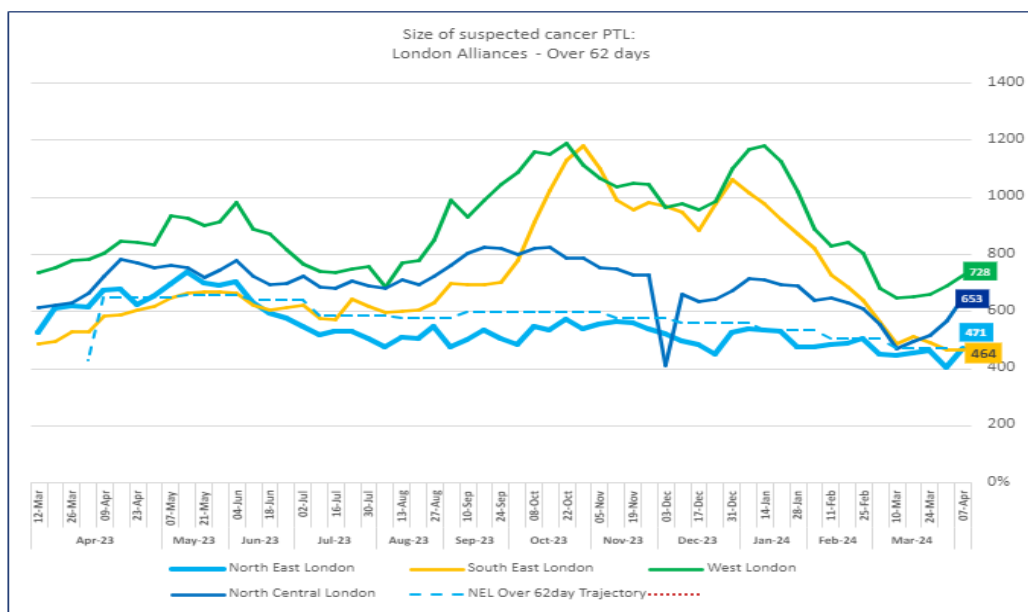
Trust Responsible Director Update

- **Trust wide performance:** In March we set ourselves a target to work with system partners and reduce our discharge ready position by 2%. Trust wide we achieved 1%, with NUH and RLH seeing improvements, sadly WXH once again saw a deterioration with 14.5% of their bed base being occupied with patients awaiting the next step in their care.
- **MADE events:** In March we held a series of Multi-Agency Discharge events. Our place based colleagues attended the hospitals with their expert teams to support discharge of our patients that require more complex discharge planning. The events were a great success and we plan to have a rolling plan for 24/25.
- **Transfer 24:** Work across the hospitals saw a real improvement in our Transfer 24 initiative with the majority our internal repatriations being transferred back to their local hospital within 24hours.

Cancer waiting times
Benchmarking
performance

Cancer Benchmarking Against Other Trusts

May-24



07-Apr	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	471	+68	6.0%	7820
North Central London	653	+87	7.5%	8670
South East London	464	-3	5.7%	8150
West London	728	+38	4.9%	14960
England	16233	+1317	6.7%	242594

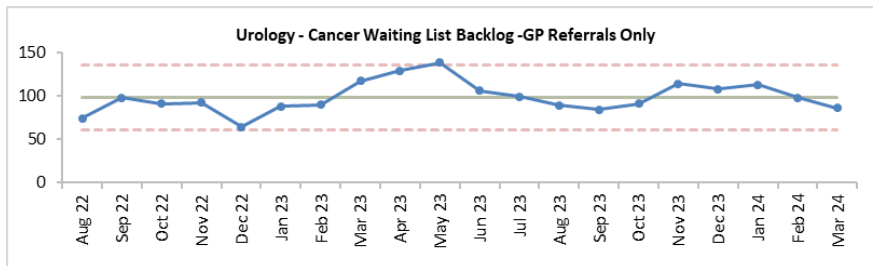
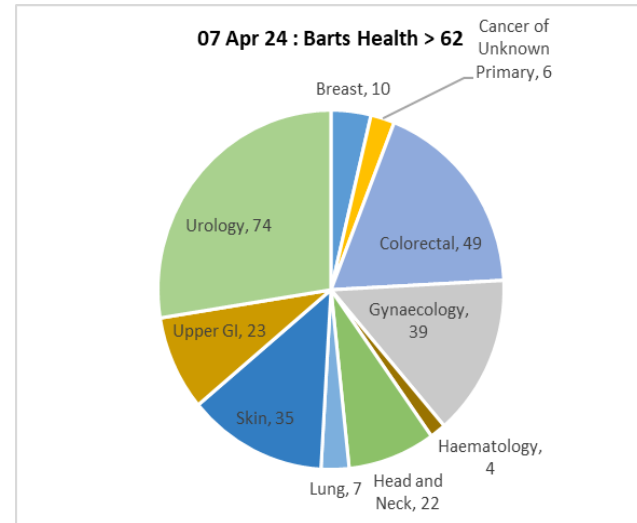
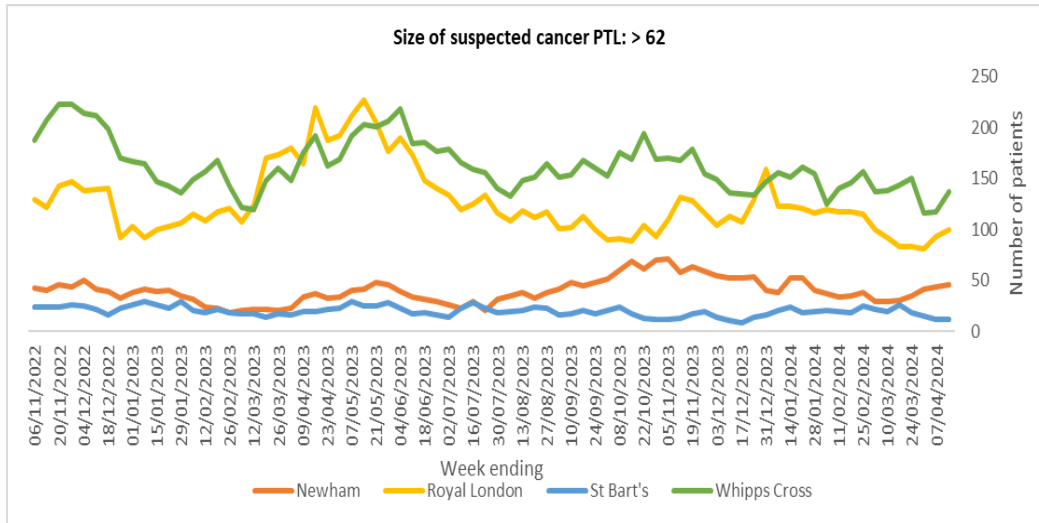
07-Apr	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory	Total PTL
North East London	471	+68	6.0%		7820
Barking	177	+14	5.2%	26	3423
Barts Health	249	+33	7.2%	109	3439
Homerton Univ	45	+21	4.7%	-20	958
London	2316	+190	5.8%		39600

- In March 24, in the published Cancer Waiting Time Standards (CWT), Barts Health achieved 2 of the 3 cancer standards, Faster Diagnosis Standard (77.6%) this was for the eighth consecutive month and 31 Day (96.4%) this was for the seventh consecutive month.
- Barts Health backlog on 7 April 24 was 7.2% with 249 patients in the backlog, which just exceeded the 7% target however, with 30 less patients in the backlog against the 279 patients target as set out in H2 plans.
- From May 24 the trust will launch the new programme drive to 85%, which will support the trust getting to 70% for the 62-day backlog and FDS performance to 77% by March 25.
- The trust has commenced capacity and demand modelling on first new referrals, previously referred to as 2 Week Waits at Whipps Cross which showed a capacity shortfall in Breast, Gynae, UGI and Urology which will be worked through with the divisions. The exercise also showed high DNAs, which will be monitored and addressed with the OP Teams. This exercise will not be completed by the other three hospitals.

**RESPONSIVE
Cancer**

Cancer > 63 Waiting List Backlog

May -24



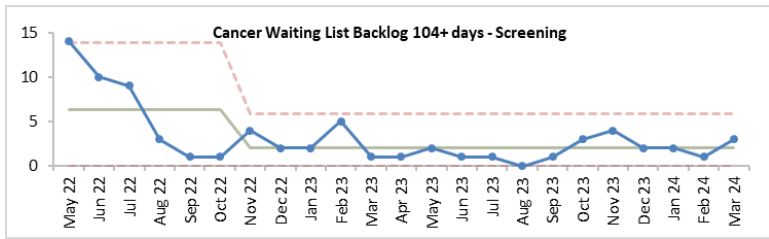
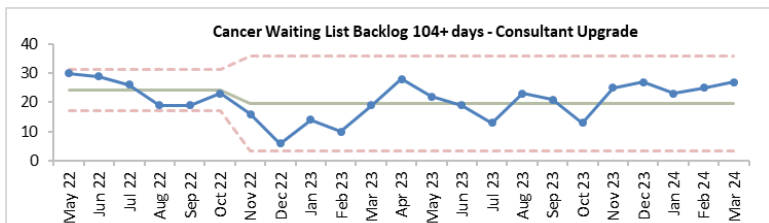
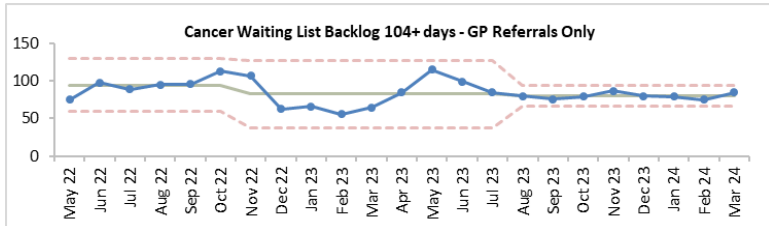
Trust Responsible Director Update

- The backlog position is no longer a metric being monitored from April 24, however the trust will continue to monitor this internally through the drive to 85 programme, and through hospital access meetings.
- This programme will look to improve the 62-day position. The key challenged pathways remain in Urology, Colorectal, Gynae and ENT.

RESPONSIVE
Urgent & Emergency
Care

Cancer 104+ Waiting List Backlog

May -24



— Mean - - - UCL - - - LCL ● Metric - - - Target

Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme (a standard of 90%) or by a consultant upgrading the urgency of the referral (a standard of 85%) should be treated within 62 days. Historically performance against each of the standard components has been reported separately with the headline measure those patients referred by their GP.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three 62-day standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

The NHS has made it a priority to clear the backlog of patients waiting longer than 62-days with the number of patients waiting no greater than at the start of the Covid pandemic by March 2024.

What is the Chart Telling us:

The three charts break out 62-day backlog for GP referrals as well as for Consultant Upgrade and Screening referrals. All three charts present reducing step-changes in the data series, meaning backlog has reduced over the course of the charts time-series. However, the reducing step changes across the three charts relate to the period November 2022, since then there has been considerable data variability above and below the mean but without any statistically significant (special cause) events. For GP referrals in particular backlog has been restricted to a relatively tight data-range between August 23 to March 24.

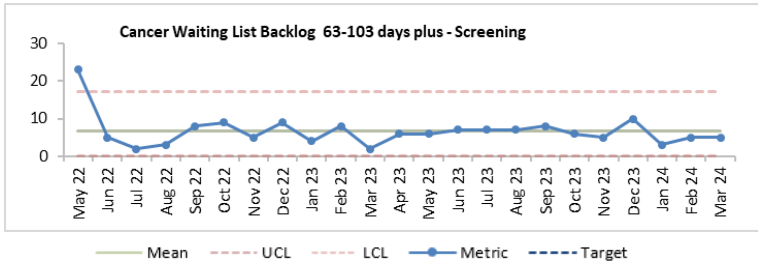
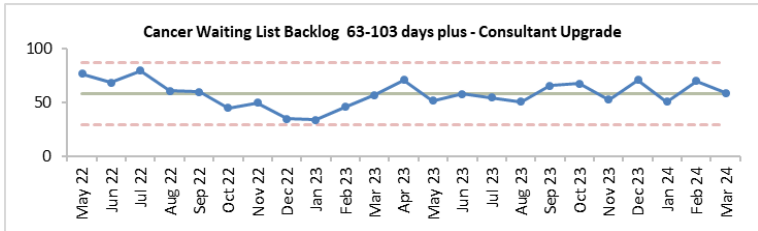
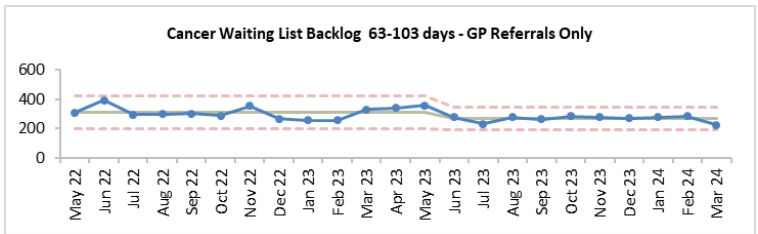
Trust Performance Overview

The above charts represent the 113 cancer pathways with patients waiting greater than 104 days at the end of March 2024, an increase of 12 against the February position of 101. The charts present the number of patients waiting by GP referrals (83), Consultant Upgrade (27) and Screening service referrals (3). This represents all patients waiting 104 days and above. All these patients will go through the clinical harm review process once treated, with a Root Cause Analysis signed off by the treating clinician. This will continue to be monitored across the Trust.

**RESPONSIVE
Cancer**

Cancer 63 -103 Waiting List Backlog

May -24



Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme (a standard of 90%) or by a consultant upgrading the urgency of the referral (a standard of 85%) should be treated within 62 days. Historically performance against each of the standard components has been reported separately with the headline measure those patients referred by their GP.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three 62-day standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

The NHS has made it a priority to clear the backlog of patients waiting longer than 62-days with the number of patients waiting no greater than at the start of the Covid pandemic by March 2024.

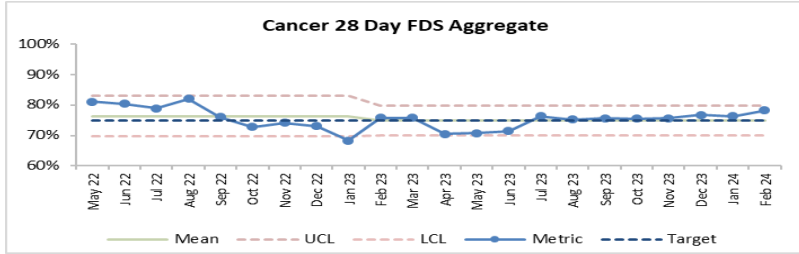
What is the Chart Telling us:

A reducing step-change for 63+ day backlog resulting from a GP referral (top chart) is visible in the data from May 23. However, despite some data variability, the volume of backlog for Consultant Upgrades and Screening service referrals remains relatively consistent across the last 6-months.

Trust Performance Overview

The above charts represent the 282 cancer pathways with patients waiting between 63 to 103 days at the end of March 2024, a decrease of 58 against the February position of 340. The charts present the number of patients waiting by GP referrals (222), Consultant Upgrade (55) and Screening service referrals (5). This represents all patients waiting 104 days and above.

RESPONSIVE Cancer Faster Diagnosis Standard Metrics (FDS) **May -24**



Indicator Background:

Over the last two years the 28-day Faster Diagnosis Standard has been introduced. The standard requires at least 75% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, to have cancer ruled out or receive a diagnosis within 28 days.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three Faster Diagnosis Standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

The Faster Diagnosis Standard is considered a better measure for clinical care and patient experience than the two-week wait target. The two-week wait target simply measured the time from referral to seeing a specialist, it did not measure waiting times for diagnostic tests, results reporting and for the patients to be told whether or not they have cancer. However two-week waiting times continue to be reported to the NHS and are included on a later slide.

Metric Name	Jan-24			Feb-24		
	Seen	Breaches	%	Seen	Breaches	%
Cancer 28 Day FDS Aggregate	2,929	729	75.1%	3198	716	77.6%
Cancer 28 Day FDS 2 Week Wait	2,758	724	73.7%	2939	702	76.1%
Cancer 28 Day FDS Breast Symptomatic	163	2	98.8%	239	6	97.5%
Cancer 28 Day FDS Screening	8	3	62.5%	20	8	60.0%

What is the Chart Telling us:

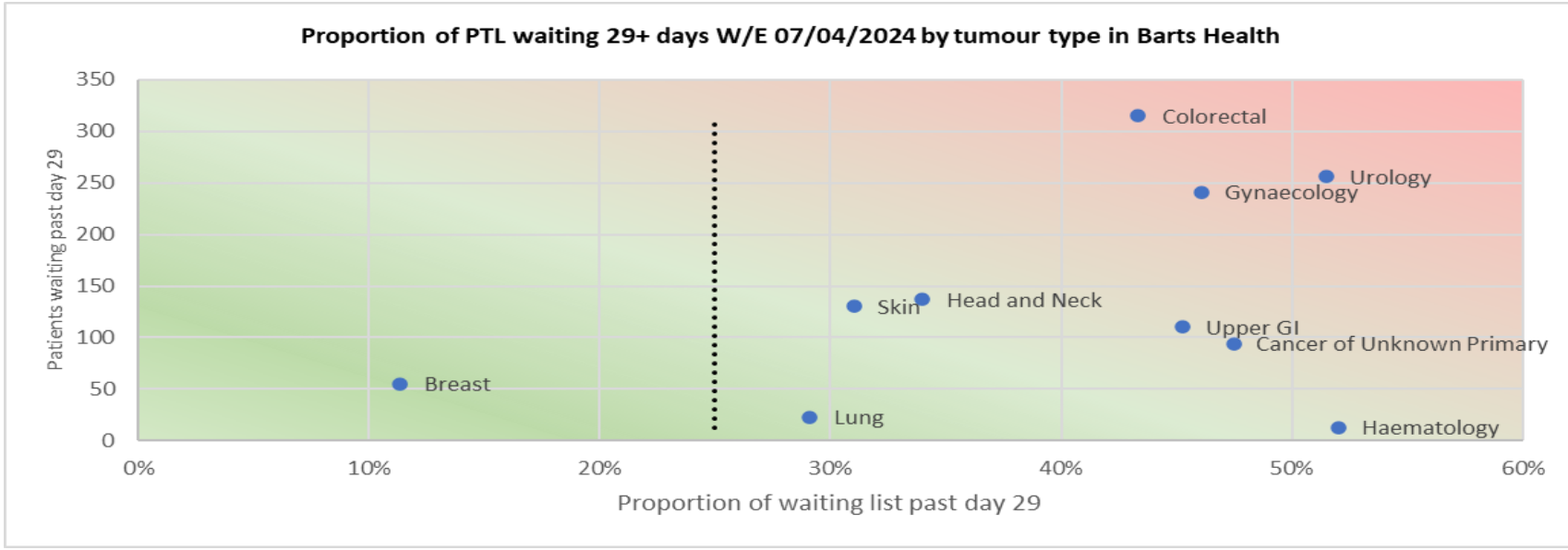
The chart presents performance against the Aggregate element of the standard. For the period May to September 2022 compliance was achieved against the 75% standard, however the Trust was non-compliant for the period October 2022 to January 2023. Since July 23 the trust has achieved compliance each month, with 77.6% recorded in the most recent month, February 2024.

Trust Performance Overview

Trust Performance Overview
 In February 2024, the trust achieved 77.6% in relation to the Aggregate Faster Diagnosis Standard, the sum of all three standard elements, requiring 75% of referrals to have cancer diagnosed or ruled-out within 28-days, this marks the eighth consecutive month the national standard has been achieved.

- Trust Responsible Director Update**
- The trust continues to deliver strong performance in FDS, exceeding 75% for the past eight months, and confident will achieve 76% for March 24.
 - There has been a review with more detail being presented to the hospital access meetings and discussions within the weekly Elective Recovery Weekly. This will include key risks and trajectories to help tumour groups and hospitals improve their performance.
 - The main FDS breaches were within Urology, Colorectal, Gynae and Skin which are due to capacity issues. Plans are being strengthened and will be monitored through drive to 85 programme.
 - The screening breaches were due to Histopathology turnaround times which is a known risk with an improvement plan in place across the Group

RESPONSIVE **Cancer Faster Diagnosis Standard Heat Map** **May -24**

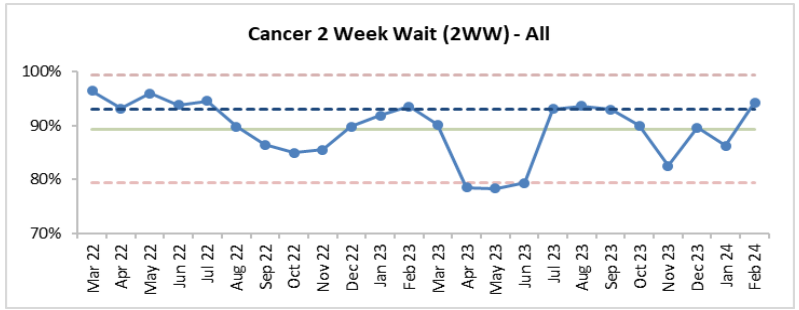


Barts Health		Breast	Cancer of Unknown Primary	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other (Brain, Other or Paediatric)	Skin	Upper GI	Urology	Total
Maximum tolerance (% waiting 29+ days)		10%	25%	25%	25%	25%	25%	15%	25%	10%	25%	25%	25%
Current Week	07/04/2024	7	45	133	110	7	36	11	2	88	49	132	477
Week prior	31/03/2024	10	36	117	103	8	34	12		87	31	139	419
Feb-24	03/03/2024	-1	12	88	78	15	42	17	1	99	36	57	255
Jan-24	28/01/2024	-5	56	72	48	15	16	9		112	1	109	284
Dec-23	31/12/2023	21	66	98	120	9	73	18	1	127	25	171	572
Nov-23	03/12/2023	0	44	64	103	2	72	9	1	141	7	153	411
Oct-23	29/10/2023	-10	32	72	140	7	59	14	2	126	13	132	403

RESPONSIVE

Cancer Two Weeks Wait

May -24



Indicator Background:

The Cancer two-week wait standard has been in place for many years and requires at least 93% of patients urgently referred by their GP for suspected cancer to receive a first outpatient appointment within two-weeks. The standard also requires 93% of patients with breast symptoms, where cancer is not suspected, to receive a first hospital assessment within two-weeks.

Over the course of the last two years the 28-day Faster Diagnosis Standard, reported on the previous page, has been introduced as a better measure of clinical care and patient experience as it includes waiting times for diagnostic tests, results reporting and for the patient to be told whether or not they have cancer.

What is the Chart Telling us:

The chart details a period of consistent delivery of the two-week standard in the early part of the data series, March to July 22, performance drops below the standard for the period August 22 to January 23. A period of exceptionally low performance (although the lower confidence limit is not breached) is recorded across April to June 23. Recovery against the standard is then achieved rapidly between July and September 23, however performance then reduces below the standard for the period October 23 to January 24, however the trust returned to compliance for the most recent month, February 24.

Site	Seen	Breaches	Performance	Target
Royal London	1,022	64	93.7%	93.0%
Whipps Cross	1,710	103	94.0%	93.0%
Newham	573	20	96.5%	93.0%
St Bart's	290	17	94.1%	93.0%
Barts Health	3,595	204	94.3%	93.0%

Trust Performance Overview

The trust has been non compliant with the 2 week wait standard, although it is no longer a "headline measure", for the period October 23 to January 24, however compliance was achieved in February with a performance of 94.3% against the 93% standard, this represents an 8.3% performance improvement against January's 86.0%.

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,595	204	94.3%
Brain/CNS	3	1	66.7%
Gynaecological	410	74	82.0%
Lung	99	15	84.8%
Upper Gastrointestinal	270	23	91.5%

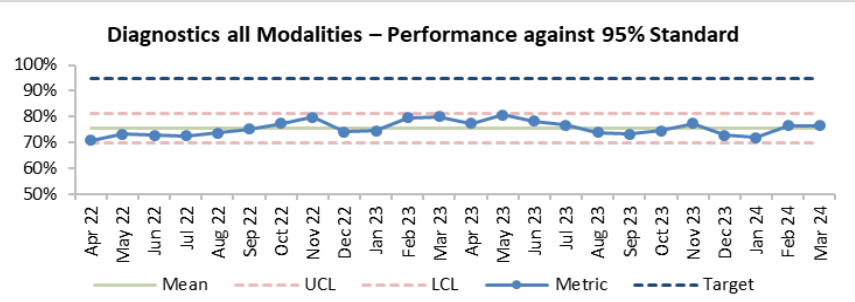
Trust Responsible Director Update

- The February 24 position was 94.3%, March will achieve the standard seeing 3603 new patients. The trust is looking challenged for this standard in April and will not achieve 93% within two of the hospitals.
- The key pathways which were not compliant were within Gynae, Lung and UGI. The focus is on increasing capacity within Gynae and looking to understand the cause within skin.
- The trust continues to monitor internally the First New Position (previously 2WW), with a focus on reducing waits down to 10 days or less and focussing on straight to test to help the trust improve its FDS performance.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

May -24



Indicator Background:

During the period when Referral to Treatment was being introduced across the NHS three key stages of treatment were identified, each to take no longer than six weeks, 18 weeks in total. The three key stages of treatment were:

1. Outpatient Pathway
2. Diagnostic pathway
3. Admitted pathway

As part of the drive to reduce overall waiting times a 6-week maximum wait was set to receive a diagnostic test following referral for a test with an operational standard set of 99% of patients receiving their test within 6-weeks. The standard applies to a basket of 15 diagnostic modalities across imaging, endoscopy and physiological measurement. As part of the Covid pandemic recovery process a target of 95% has been set across the NHS to be achieved by March 2025.

Trust Performance Overview

- For March 2024, a performance of 76.5% was recorded, the same performance as recorded in February.
- For the full-year 2023/24 the trust recorded a performance of 75.8%.
- During March, the greatest challenges related to MRI, Cardiac CT and non-obstetric ultrasound long waits, with audiology also remaining challenged in relation to long waits and performance, with those specialties contributing 85% of all breaches.

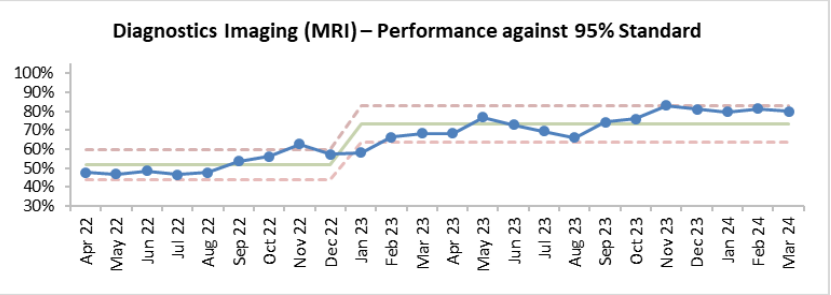
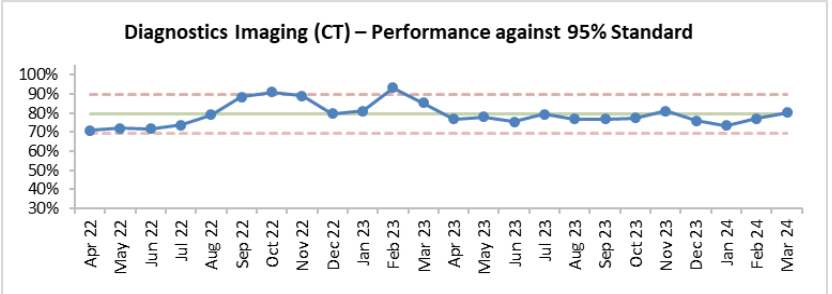
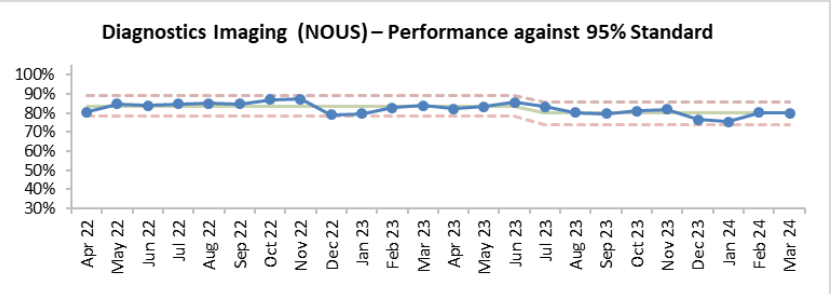
What is the Chart Telling us:

The chart presents a relatively narrow range of performance variability for the period April 22 to March 24, with performance operating just above or below the mean, in effect operating within a 10% band from 70% to 80%. With the most recent month, March 24, recording performance of 76.5%.

Trust Responsible Director Update

There is work underway to understand the impact of moving surveillance patients into the DM01 position and further work with hospital teams on the 24/25 plans for diagnostics. These plans will need to factor in the planning ask to 'improve on 23/24' performance and the investment in workforce through impacting business cases.

RESPONSIVE Diagnostic Imaging Waits Over 6 Weeks **May -24**



— Mean - - - UCL - - - LCL ● Metric - - - Target

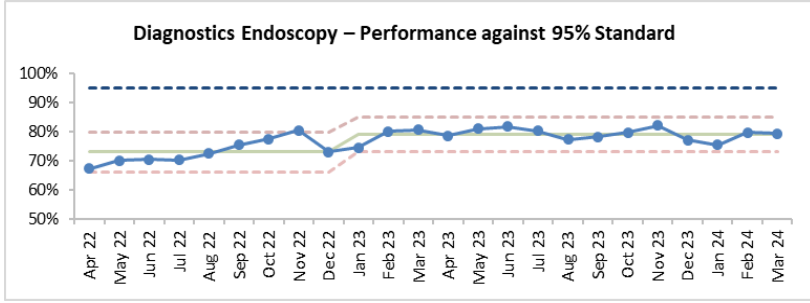
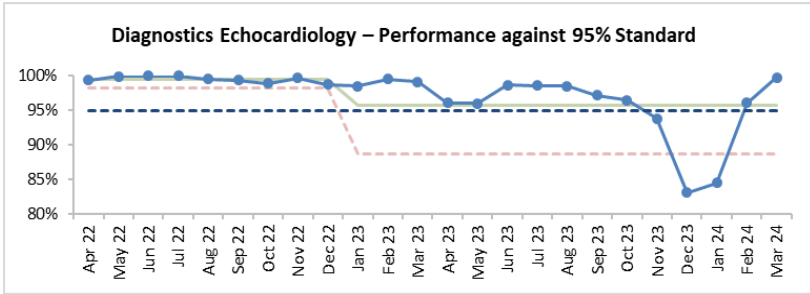
DM01 Breakdown by Test							
Test Name	Feb-24			Mar-24			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
DEXA Scan	1,332	364	72.7%	1,303	398	69.5%	-3.2%
Magnetic Resonance Imaging	5,264	981	81.4%	5,408	1,090	79.8%	-1.5%
Non-obstetric ultrasound	19,705	3,880	80.3%	20,153	4,038	80.0%	-0.3%
Computed Tomography	3,831	883	77.0%	3,624	722	80.1%	3.1%
Grand Total	30,132	6,108	79.7%	30,488	6,248	79.5%	-0.2%

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

Trust Responsible Director Update

- Overall group imaging performance in March was 79.5% with declining performance in DEXA, MRI and NOUS, but an improved position of 3.1% within CT.
- The trust has started a review of its surveillance patients, as there looked to be a number of patients who could have missed their planned date to have a repeat test. This is being worked through with each hospital to validate the correct position. There is also a meeting with ICT to work on improving the planned date to support the management of these patients.
- A review of imaging capacity is underway, to review the capacity shortfall, mobile scanners, the increased investment into workforce and surveillance patients. This is being worked on with a paper going to the Elective Recovery Board in May 24.
- A review of Imaging turnaround times is now monitored through the Elective Recovery Weekly meeting.
- The annual review of National Imaging Data Collection (NIDC) is commencing in May 24, a working group has been set up to support the hospitals before submission to NHSE in June 24.
- The trust Significant Findings Policy has expired, a task and finish group has been established with Radiologist input from each hospital to review this policy. This will be discussed to the Policy board for sign off in June 24.

RESPONSIVE Other Diagnostic Waits Over 6 Weeks May -24



DM01 Breakdown by Test							
Test Name	Feb-24			Mar-24			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Cardiology - Electrophysiology	6	4	33.3%	5	5	0.0%	-33.3%
Urodynamics - pressures & flows	84	57	32.1%	69	59	14.5%	-17.7%
Neurophysiology - peripheral neurophysiology	353	272	22.9%	300	229	23.7%	0.7%
Audiology - Audiology Assessments	2,333	1,583	32.1%	2,430	1,587	34.7%	2.5%
Cystoscopy	437	247	43.5%	492	276	43.9%	0.4%
Gastrosopy	898	194	78.4%	1,049	230	78.1%	-0.3%
Flexi sigmoidoscopy	215	35	83.7%	236	48	79.7%	-4.1%
Respiratory physiology - sleep studies	338	42	87.6%	162	19	88.3%	0.7%
Colonoscopy	829	56	93.2%	1,018	62	93.9%	0.7%
Cardiology - echocardiography	1,122	44	96.1%	1,074	3	99.7%	3.6%
Grand Total	6,615	2,534	61.7%	6,835	2,518	63.2%	1.5%

NB: Imaging Modalities are shown on the preceding slides

- Trust Responsible Director Update**
- Physiological Measurements and Endoscopy saw an improvement of 1.5% from February to March 24.
 - Cardiology was compliant at 99.7%.
 - A group wide review is underway for all diagnostic waits over 13-week waiters has taken place, with each hospital now monitoring this through their local access meeting reporting into the Elective Recovery Weekly Group.
 - A Urodynamic and Endoscopy group continues to monitor and track progress. Recovery trajectories are being developed with presentations to each hospital access meeting.
 - A detailed plan on Endoscopy Utilisation at EDC is being worked up, to support within the trust and NEL this will come to Elective Recovery Board in May 24.
 - Paediatric Audiology outsourcing work is underway, and backlog will be cleared within Q1. A longer-term strategy review of this service is planned in Q1.

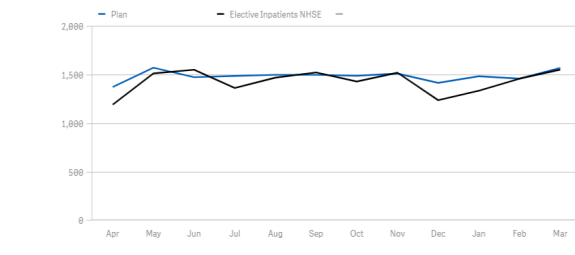
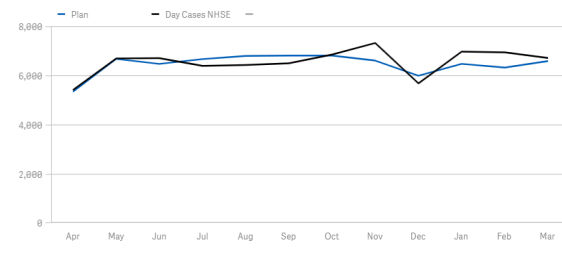
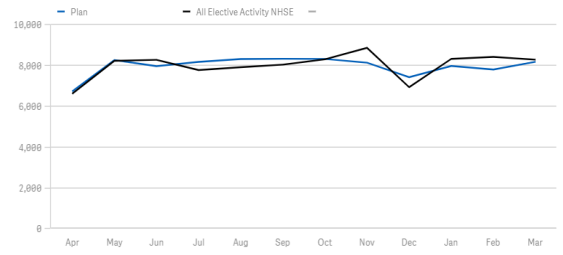
RESPONSIVE
Elective activity

Admitted Activity against Plan

May-24

Admitted Elective Activity

		Barts Health						Last Month's Site Position			
		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,312	8,132	7,420	7,970	7,792	8,172	3,937	1,918	1,199	1,118
	Actuals	8,296	8,858	6,927	8,319	8,414	8,278	3,892	1,705	1,122	1,559
	Mth variance plan	-16	726	-493	349	622	106	-45	-213	-77	441
Elective Day Case Activity	Plan	6,822	6,618	6,002	6,484	6,331	6,600	3,330	1,573	980	717
	Actuals	6,864	7,336	5,688	6,982	6,953	6,724	3,266	1,423	977	1,058
	Mth variance plan	42	718	-314	498	622	124	-64	-150	-3	341
Elective IP Activity	Plan	1,491	1,514	1,418	1,486	1,461	1,572	607	345	219	401
	Actuals	1,432	1,522	1,239	1,337	1,461	1,554	626	282	145	501
	Mth variance plan	-59	8	-179	-149	0	-18	19	-63	-74	100



Data As at 19/04/2024

Performance Overview

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For March 2024, the trusts admitted (inpatient and day case) trajectory set a target of 8,172 admissions against which the trust delivered 8,278 (+106 admissions).

Responsible Director Update

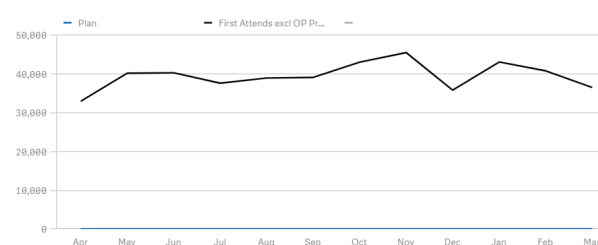
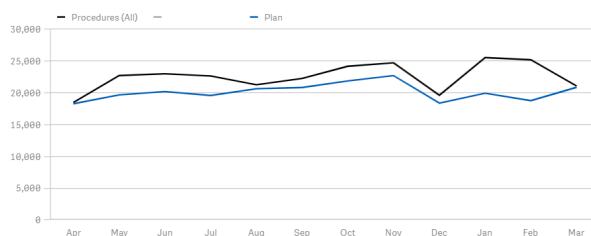
- The validated RTT for March 2024 was 121,895. This is an increase of 2,249 pathways from the validated position in February 2024.
- Across the trust during 2023/24, Elective day case was above plan by 1,052 cases with Elective Inpatient below plan by 688 cases. At total of 2,315 elective cases were cancelled between April 23 – February 24 due to Industrial Action. Had this not occurred the trust would have been 3,367 elective cases above plan in total.
- There may still be further updates to final activity figures through late data capture. Data capture is standing agenda item via the monthly data quality committee to ensure that we are improving performance across the organisation on submitting this in a timely manner to ensure accurate reflection on performance.

RESPONSIVE
Elective activity

Non Admitted Activity against Plan

May-24

		Barts Health						Last Month's Site Position			
		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Royal London	Whipps Cross	Newham	St Bart's
Total OP Activity	Plan	130,236	135,097	119,630	125,264	122,269	130,522	54,506	31,723	20,715	23,578
	Actuals	143,173	152,280	119,406	147,954	140,062	130,869	55,395	29,601	21,014	24,779
	Mth variance plan	12,937	17,183	-224	22,690	17,793	347	889	-2,122	299	1,201
Outpatient First	Plan	36,780	38,152	33,788	35,378	34,531	36,867	14,687	12,556	4,877	4,747
	Actuals	43,049	45,515	35,821	43,082	40,801	36,519	15,526	10,165	5,282	5,546
	Mth variance plan	6,269	7,363	2,033	7,704	6,270	-348	839	-2,391	405	799
Outpatient F/up	Plan	93,456	96,945	85,842	89,886	87,738	93,655	39,819	19,167	15,838	18,831
	Actuals	100,124	106,765	83,585	104,872	99,261	94,350	39,869	19,436	15,732	19,233
	Mth variance plan	6,668	9,820	-2,257	14,986	11,523	695	50	269	-106	402



Data As at 19/04/2024

Performance Overview

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For outpatients (first and follow up) for the same month the trajectory set a target of 130,522 attendances, against which the trust delivered 130,869 (+347 attendances).

Responsible Director Update

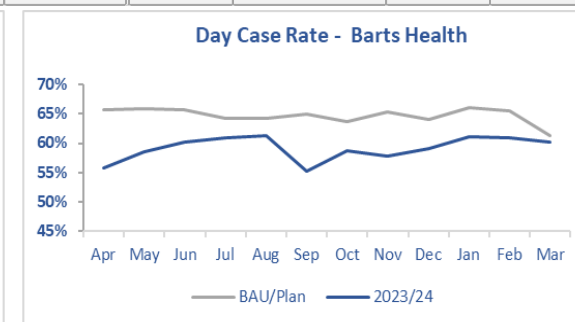
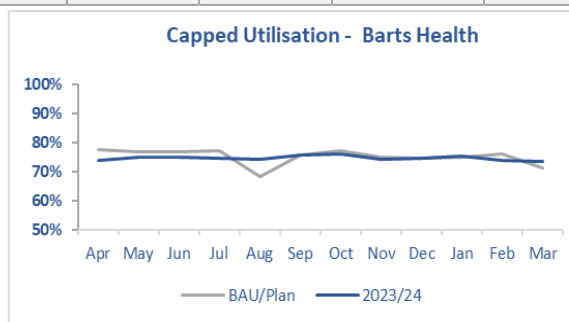
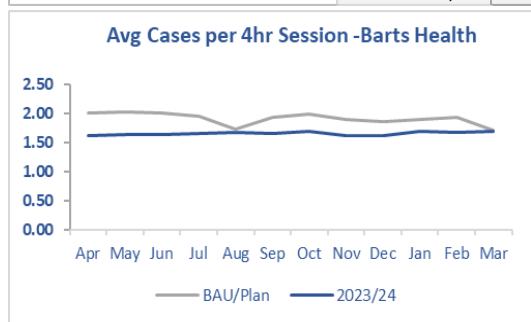
- Across the trust during 2023/24, the trust was 43,054 Outpatient first appointments above plan. A total of 24,810 (new and follow-up appointments) were cancelled between April 23 – February 24 due to industrial action.
- As of 17.04.24, there are 136,000 individuals enrolled onto Patient Knows Best (PKB). There is targeted place-based support (including with specific GP surgeries and NUH) to try and increase uptake within underrepresented communities and groups.
- The outpatient programme governance has moved to implementation with the 1st outpatient transformation steering group scheduled for the 1st week of May. All working groups will have confirmed dates, terms of reference and A3s by the of April 2024.
- The PIFU trajectory for 24/25 has been agreed with all Hospital sites with the commitment to reach 5%. Definitions for PIFU are being confirmed and aligned with NEL and National to ensure accurate counting and coding as it is likely we are currently underreporting.
- The business for template optimisation is in 2nd draft stage with comments received from all Hospital sites, patient systems and finance. The aim is to get final endorsement from ERB in May 24 and subsequent finance committee approval.
- The remote consultation task and finish group has now in place and is focusing on completion of outstanding actions which includes finalisation of policy and agreement of performance metrics to be signed off by ERB in June 2024.
- A NEL DNA masterclass took place on 18.04.24 with representation from all Hospital sites. Learning was shared as to strategies being undertaken and this will be followed up via the NEL Outpatient and Out of Hospital working group.

RESPONSIVE
Elective activity

Theatre Efficiency

May-24

		Barts Health						Last Month's Site Position			
		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.69	1.61	1.63	1.69	1.67	1.69	1.56	2.31	2.04	0.98
	BAU	1.99	1.90	1.87	1.90	1.94	1.72	1.91	2.55	2.19	1.10
	Mth variance plan	-0.30	-0.29	-0.24	-0.22	-0.27	-0.03	-0.36	-0.24	-0.16	-0.12
Capped Utilisation	Actuals	76.0%	74.1%	74.8%	75.5%	73.7%	73.4%	74.0%	68.1%	78.0%	77.1%
	BAU	77.2%	75.0%	74.7%	74.9%	76.0%	71.1%	76.4%	71.5%	77.1%	79.3%
	Mth variance plan	-1.2%	-0.9%	0.0%	0.6%	-2.2%	2.3%	-2.4%	-3.3%	0.9%	-2.2%
Day Case Rate	Actuals	58.8%	57.8%	59.1%	61.1%	60.9%	60.1%	60.9%	72.5%	75.5%	18.7%
	BAU	63.7%	64.0%	64.9%	63.7%	65.3%	64.0%	66.0%	78.3%	69.8%	21.3%
	Mth variance plan	-5.0%	-6.2%	-5.8%	-2.6%	-4.5%	-3.9%	-5.1%	-5.8%	5.7%	-2.6%



Data As at 19/04/2024

Performance Overview

- Set against internal trust data for March 1.69 cases per list were achieved against a BAU of 1.72 (-0.03%).
- For the same month, a capped utilisation rate of 73.4% was recorded exceeding the BAU level of 71.1% (+2.3%).
- For March a day case rate of 60.1% was recorded against a BAU of 64.0% (-3.9%).

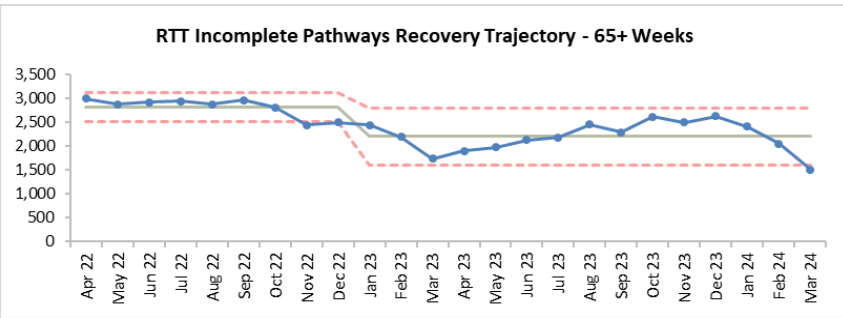
Responsible Director Update

- Barts Health has been offered access to theatre sessions with the BHRUT Targeted Investment Funded theatres at KGH. Through the NEL Surgical Optimisation Group a plan on how best to utilise this resource is being developed.
- The terms of reference are being finalised around the relaunched Planned Care programme board which will bring together hospital site division leads to discuss elective priorities, productivity and facilitate cross site movement to ensure capacity used appropriately. This will also have a strategy component.
- Barts Charity have supported an expansion of the Surgical Robotic Programme. 3 additional robots have been funded in addition to the 2 already installed at SBH and RLH. This will increase access for patients to have minimally invasive procedures for a wider range of conditions.

RESPONSIVE

65+ Week RTT Activity

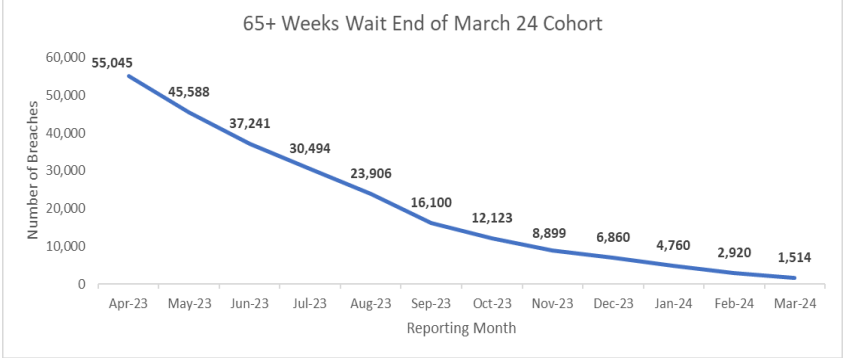
May -24



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025



What are the Charts Telling us:

The SPC chart presents a sustained reduction in 65+ week waiters from October 22 to March 23, driving a reducing step-change in December 22, this data suggest a period where process changes started to drive backlog reductions. However, increases in the volume of 65+ week wait patients were recorded across the period April to December 23, with the period January to March 24 recording a decrease, for March 24 the lower confidence limit is broken representing a statistically significant (special cause) reduction in the volume of 65+ week pathways, a reduction of 543 against the February position.

Trust Performance Overview

- For 2023/24 the NHS set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024 with NHS London setting a local improvement target of 1,500 for Barts Health. At the end of March, the trust recorded 1,514 pathways waiting 65+ weeks, a decrease of 543 against the February position of 2,057.

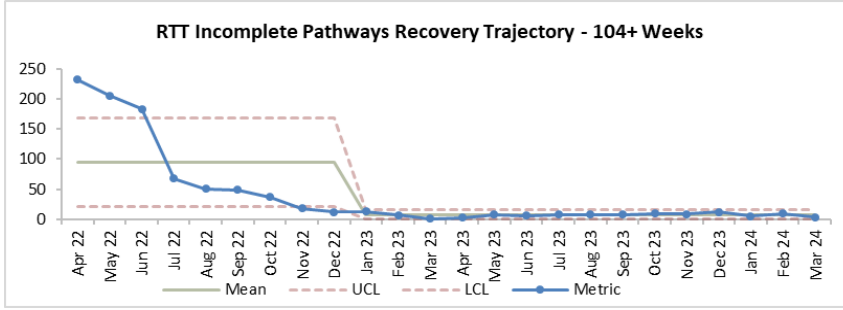
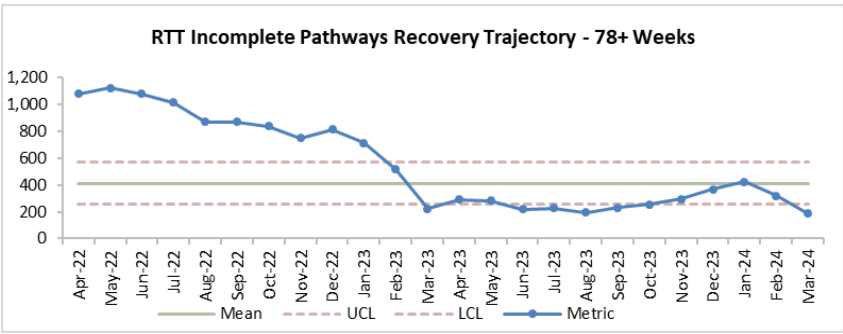
Trust Responsible Director Update

- The trust achieved a validated position in March 2024 of 1514, 65 week wait pathways on the PTL. The commitment was to achieve 1,500 as part of the H2 submission in November 2024 with the assumption that there was no further industrial action however there were 3 further periods of industrial action since that submission however the trust has managed to achieve plan.
- NHSE have now set the target to achieve 0 65 week wait pathways by September 2025. As of 14.04.24, there are a total of 16,873 pathways within this cohort. 1,797 of these pathways have a confirmed clock stop event planned.
- A summit was held with RLH team on 09.04.24 to work through the operational delivery plan with a cross site meeting planned for w/c 22.04.24 to include all hospitals in the conversation be clear on 65-week delivery plan at site level, cross site dependencies and support and collaborative capacity/ mutual aid requests.
- The NEL weekly collaborative capacity group, chaired by the APC Director of Planned Care is continuing to work on opportunity for NEL transfer of activity. Work has commenced on Homerton transfers, and the script used when calling patients has been reviewed and amended to reduce rejection rate. BHRUT are currently only offering support with 15 Ophthalmology cases per week. A request was made for support with ENT, Vascular and Neurosurgery. This will be escalated to the next APC executive group for discussion.
- Barts Health are currently supporting a collaborative capacity request from BHRUT in Neurology through transfer of 20 cases per week.

RESPONSIVE

78+ & 104+ Week RTT Activity

May -24



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025

What are the Charts Telling us:

Both the 78+ and 104+ weeks wait SPC charts present reducing step-changes in both cases from December 22. This suggests a point in time where process changes started to drive backlog reductions. However, 78+ week pathways have increased across the period April 23 to January 24 but with a reduction between February and March, March recorded a reduction of 140 against the February position.

Trust Performance Overview

- In relation to 78+ week wait backlog volumes, 189 pathways were reported at the end of March, a decrease of 140 against the February position of 329.
- In relation to the RTT month-end nationally submitted data the trust reported four pathways waiting 104+ weeks at the end of March 2024, six less than reported at the end of February.

Trust Responsible Director Update

- There were 4 reportable 104 week wait pathways at the end of March 2024. 1 complex T&O, 1 complex Cardiology and 2 Oral Surgery. 3 of the patients have treatment plans in April. The complex T&O has been referred to RNOH for further advice and input. Through the Tier 1 meeting, the trust has been advised that any month end 104 week wait breach moving forward should be treated as a never event. These would then be reported via month elective recovery board.
- The trust achieved a validated position of 189, 78 week wait pathways on the PTL at the end of March 2024. The commitment is to achieve 0 78-week waiters by the end of May 2024 and look to sustain this position moving forward. As of 14.04.24, there are a total of 622 patients who will be 78 weeks by the end of May that don't have a confirmed clock stop event.
- Daily calls with Hospitals continue with a regular situation report provided to all operational leads, Hospital CEOs and Executive Directors on current status and key actions being taken.
- ENT and Oral Surgery continue to be the 2 largest volume specialties which present risk and support is in place from the NHS London team to try and mitigate the risk further with collaborative capacity/ mutual aid.

May-24



Equity Report



Equity

The Trust has reviewed its waiting lists to identify differences in wait times between patient groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, learning disability status, and between patients who live in wealthier postcodes compared to those who live in more deprived postcodes. We explored differences between ethnic groups and varying levels of deprivation at hospital site level as well as at trust level. The analysis is a snapshot of data as of 19 April, 2024.

We include median wait times in our analyses as well as mean wait times. This is because waiting times are often not a standard distribution, and are skewed by a relatively few very long waiters. The median is often considered a better summary statistic than the mean or average in those circumstances.

Data on ethnicity recording was not available this month.

Findings

At Trust level, we found statistically significant differences in average waiting times for ethnicity, deprivation, gender, and learning disability status. However, for both ethnicity and deprivation, we believe the findings are skewed by the fact that waits are particularly long at Royal London, which serves very diverse communities often with high levels of deprivation.

At Trust level, patients from 'White' and 'Other' ethnic categories are experiencing shorter waits than patients from other known ethnic categories. This disparity is in part driven by longer waits and higher numbers of patients belonging to these ethnic categories at Royal London Hospital, as detailed in the slide 'Equity – Wait Times By Ethnicity (Sites)'. Differences in waits by ethnicity are not consistent with the last reporting period, and we will continue to monitor for trends.

Site level findings highlight that the trust level finding of longest waits for our most deprived patients is not consistent across all sites. The difference in waiting times for patients from deprived postcodes is significant only Whipps Cross. At Royal London, St Barts and Newham University Hospital, patients do not wait significantly longer if they live in a deprived post code. This finding further supports the theory that the Trust wide distribution is skewed because of the length of waits at Royal London.

Similar to the last report period, we note a statistically significant difference in waiting times for patients with learning disabilities at Trust level. We have escalated this to the surgery leads, and to the Equity and Inclusion Board. We believe this is primarily a result of long waits in a few services at Royal London, such as Restorative Dentistry.

Lastly, we also noted a small but significant difference in waits by gender. The North East London Planned Care Board is working with sites to address this disparity, which is believed to be largely a result of the size of the waiting list for Gynaecology.

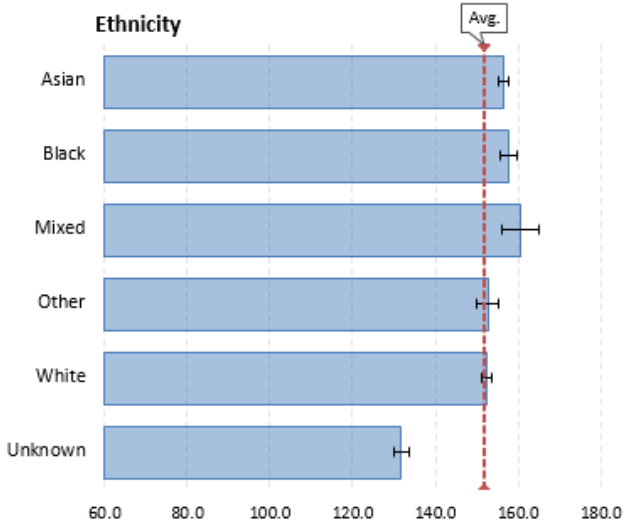
Next steps

We will continue to work to mitigate the increased waiting times for patients with Learning Disabilities. We will also ensure we update on the efforts to address the waits in Gynaecology across North East London. We will work with Whipps Cross to monitor the disparity in patients from deprived post codes and continue to look for trends in deprivation and ethnicity more widely.

RESPONSIVE

Equity - Wait Times By Ethnicity

May-24



Commentary

At Trust level, patients from 'White' and 'Other' ethnic categories are experiencing shorter waits than patients from other known ethnic categories. This difference is 8.4 days, and is considered statistically significant.

The longest waiters identify as belonging to the 'Mixed' ethnic categories with an average wait of 160.7 days, which is 8.4 days longer wait on average when compared to the shortest average waits of 152.3 in 'White' ethnic category patients.

Patients from 'Unknown' ethnic categories have the shortest average wait of 131.7 days, although we believe these patients are more likely to be urgent referrals.

Median wait times are 16-17 weeks for all ethnic categories except for 'Mixed' which have a median wait time of 18-19 weeks.

This disparity is in part driven by longer waits and higher numbers of patients belonging to these ethnic categories at Royal London Hospital, as detailed in the slide 'Equity – Wait Times By Ethnicity (Sites)'

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	6,038,707	38,564
Black	2,332,895	14,791
Mixed	466,317	2,902
Other	1,178,852	7,720
White	6,740,973	44,263
Unknown	2,076,976	15,771

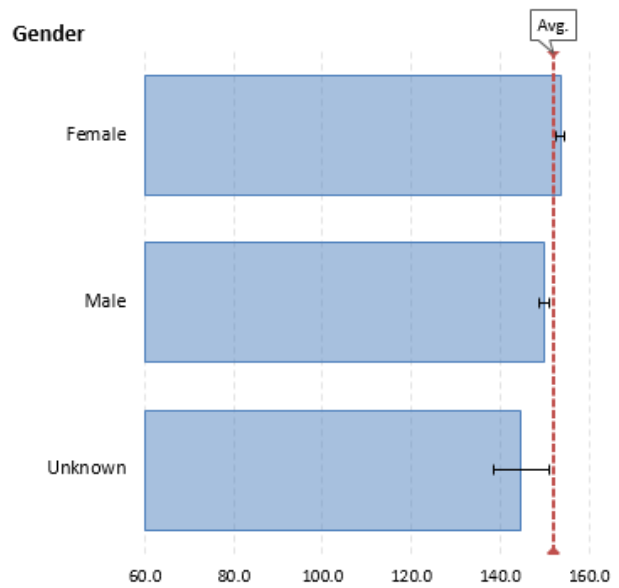
Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	156.6	155.4	157.8	16-17
Black	157.7	155.7	159.7	16-17
Mixed	160.7	156.2	165.2	18-19
Other	152.7	150.0	155.4	16-17
White	152.3	151.1	153.4	16-17
Unknown	131.7	129.9	133.5	12-13
Grand Total	151.9			16-17

RESPONSIVE

Equity – Wait Times by Gender

May-24



Commentary

At trust level, there is a small but statistically significant difference in wait times between male and female patients.

Female patients wait on average 3.6 days longer than male patients (153.5 vs 149.9 days). This difference is very small but is considered to be statistically significant. This is consistent to what we have observed in the last two reporting cycles. Median week waits, however, for the two groups are roughly the same, 16-17 weeks.

Patients of 'unknown' gender are a relatively small group and are likely to be urgent referrals. This group has significantly shorter wait times compared to those of known genders.

The disparity is believed to be partially due to the number of women waiting for Gynaecology Surgery. This disparity and the sheer number of women waiting for Gynaecology has been raised as an issue across North East London (NEL). The NEL Planned Care Team are working with site leads to agree on a solution.

We will continue to monitor this trend and share any agreed actions.

Summary Data

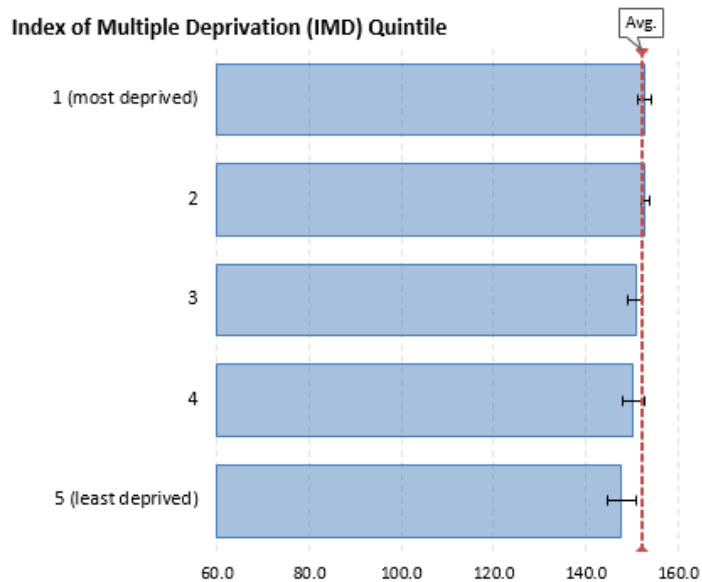
Gender	Total Wait Time (Days)	# of Pathways	Pathways with no Week Wait details excluded
Female	10,703,449	69,723	
Male	7,939,744	52,965	
Unknown	191,527	1,323	

Gender	Average Wait	Lower	Upper	Median WW
Female	153.5	152.6	154.4	16-17
Male	149.9	148.9	150.9	16-17
Unknown	144.8	138.6	150.9	14-15
Grand Total	151.9			16-17

RESPONSIVE

Equity – Wait Times By Deprivation

May-24



Commentary

This month, there is a statistically significant difference in wait times between our patients from the most and least deprived postcodes. Our patients from most deprived postcodes are waiting on average 4.9 days longer for treatment.

Median wait times are consistent for all deprivation levels at 16-17 weeks, which suggests a skew of our longest waiters belonging to the most deprived postcodes. This is not a consistent finding at site level. Site waits are broken down in the slide titled, **Equity – Wait Times By Deprivation (Sites)**

Summary Data

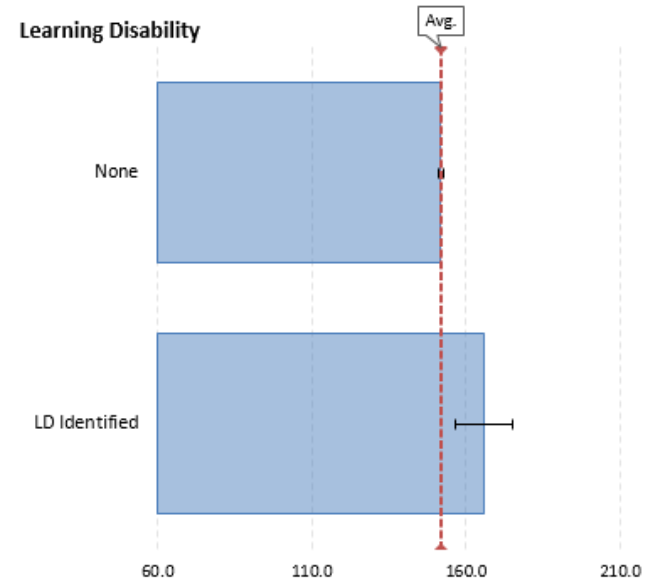
IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,565,520	29,919
2	8,630,664	56,483
3	2,981,315	19,768
4	1,538,708	10,244
5 (least deprived)	912,430	6,176

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	152.6	151.2	154.0	16-17
2	152.8	151.8	153.8	16-17
3	150.8	149.1	152.5	16-17
4	150.2	147.9	152.5	16-17
5 (least deprived)	147.7	144.8	150.7	16-17
Grand Total	152.0			16-17

RESPONSIVE **May-24**

Equity – Wait Times by LD



Commentary

This month, there is a statistically significant difference in waiting time for patients identified as having a learning disability (LD).

This significant finding has been consistent over the last few reporting cycles. The current difference in waiting time is approximately two weeks.

When we view learning disability waits by site, there are no significant differences between patients who have been identified as having a learning disability and those who have not. We believe the trust level disparity to partly be linked to a high proportion of learning disability patients waiting for treatment in Restorative Dentistry at Royal London Hospital. In Restorative Dentistry, patients with a learning disability wait on average 10 weeks longer.

We have escalated this finding to the Inclusion and Equity Board. We have also included this information in the RLH's site performance report.

Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	18,704,538	123,226
LD Identified	130,182	785

Pathways with no Week Wait details excluded

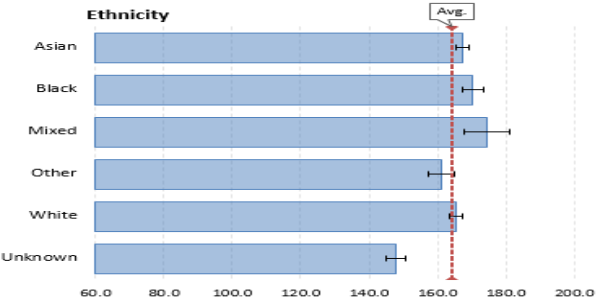
LD_Flag	Average Wait	Lower	Upper	Median WW
None	151.8	151.1	152.5	16-17
LD Identified	165.8	156.6	175.1	18-19
Grand Total	151.9			16-17

RESPONSIVE

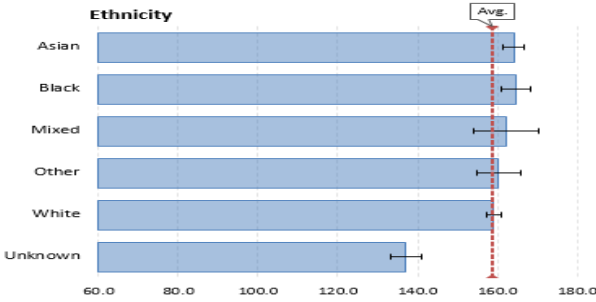
Equity - Wait Times By Ethnicity (Sites)

May-24

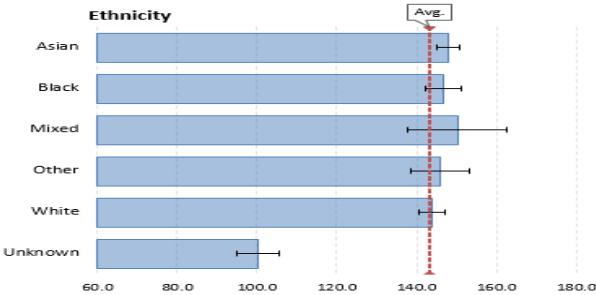
Royal London



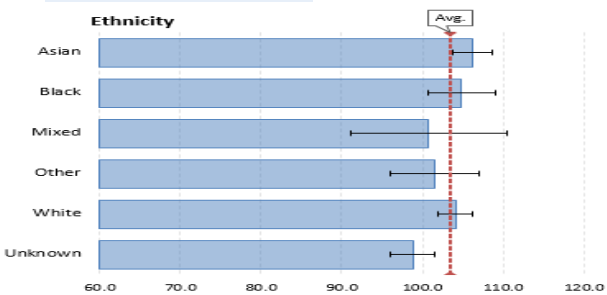
Whipps Cross



Newham



St Barts



Commentary

At site level, findings suggest that the trust position of longer average waits for ‘Asian’ ‘Black’ and ‘Mixed’ ethnic category patients is seen most notably at the Royal London Hospital, where these findings are small but statistically significant. This finding has not been seen in previous months, and we will monitor for trends in the data.

At Royal London, ‘Mixed’ ethnicity patients are waiting on average 13.4 days longer than ‘Other’ ethnicity patients and 9.1 days longer than ‘White’ ethnicity patients. The average wait for all patients at Royal London is 164.2 days compared to the trust average wait of 151.9 days. It is believed that longer waits at Royal London are driving the trust disparity in waits by ethnicity.

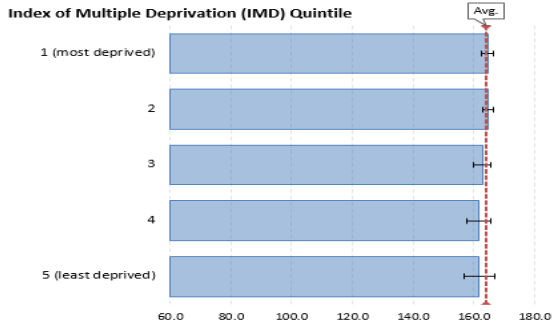
There are some differences in wait times at the other hospital sites, although these are not considered to be statistically significant. This excludes patients of ‘unknown’ ethnicity who are experiencing shorter waits at most sites, which we believe to be more likely to be urgent referrals.

RESPONSIVE

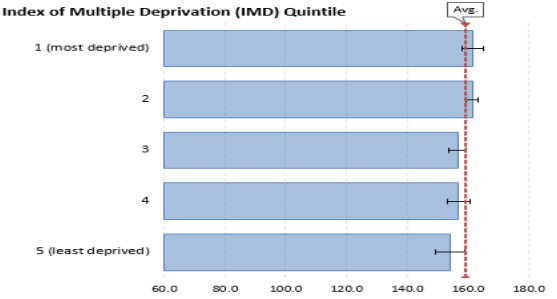
Equity – Wait Times By Deprivation (Sites)

May-24

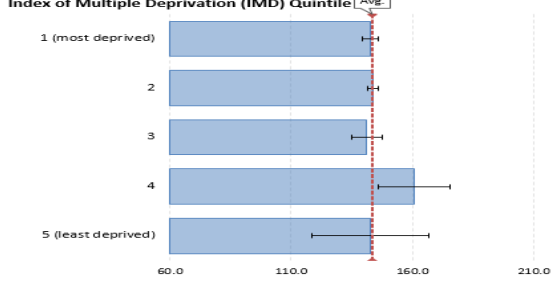
Royal London



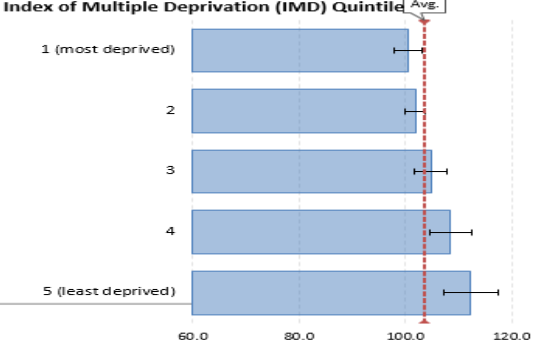
Whipps Cross



Newham



St Barts



Commentary

Site level findings highlight that the trust level finding of longest waits for our most deprived patients is not consistent across all sites. The difference in waiting times for patients from deprived postcodes is significant only Whipps Cross.

At Whipps Cross, our most deprived patients are waiting on average 7.4 days longer than least deprived patients, and this difference is considered to be statistically significant. We will continue to monitor this finding for trends.

There is a trend at St Barts whereby most deprived patients experience shorter waits than least deprived patients. There is a similar trend at Newham, although there is less statistical confidence in the data for least deprived patients as this is a relatively small number of patients.

May-24



People Report



	Indicator	This Period	This Period Target	Performance - ALL		Site Comparison						
				Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Creating a fair and just culture	Percentage of BAME staff in 8a+ roles	Mar-24		39.2%	39.0%	36.0%	51.1%	57.6%	30.0%	33.3%	34.7%	41.1%
Supporting the wellbeing of our colleagues	Turnover Rate	Mar-24	<= 12.25%	10.2%	10.3%	11.1%	9.8%	8.5%	11.0%	13.4%	8.2%	12.3%
	Sickness Absence Rate	Feb-24	<=4%	4.48%	4.48%	4.41%	4.50%	4.80%	3.43%	4.12%	5.63%	4.24%
	Appraisal Rate - Non-Medical Staff	Mar-24	>=90%	57.0%	56.5%	53.6%	59.1%	56.8%	71.3%	56.3%	47.2%	32.5%
	Appraisal Rate - Medical Staff	Mar-24	>=85%	81.8%	82.0%	81.5%	85.2%	81.5%	80.6%			
	Mandatory and Statutory Training - All	Feb-24	>=85%	88.1%	87.9%	85.6%	89.1%	87.6%	92.8%	87.2%		
Fostering new ways of working to transform care	Roster compliance - Nursing Units Approved on Time %	Mar-24	100%	51.4%	75.7%	81.4%	75.0%	51.6%	100.0%			
	Roster compliance - Nursing Average Approval Lead Time (Days)	Mar-24	>=42	40.2	43.0	44.9	41.6	39.1	47.7			
	Medical and Dental Job planning completion	Mar-24		76.5%	76.5%	67.3%	81.5%	80.9%	94.5%			
Growing a permanent and stable workforce	Substantive fill rate - all staff	Mar-24	95%	93.3%	93.4%	96%	91.2%	91.5%	98.7%	86.1%	89.5%	114.9%
	Substantive fill rate - nursing and midwifery	Mar-24	95%	91.0%	91.3%	92.7%	89.6%	87.0%	93.6%			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Mar-24	10.4	9.4	8.8	8.6	9.4	10.2	8.7	7.8	11.0	
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Medical)	Mar-24	15.00	8.8	9.2	9.2	11.4	20.2	6.8			
	Temporary staff as a % of workforce	Mar-24		13.1%	14.8%	12.3%	18.4%	20.3%	10.7%	17.5%	12.9%	5.8%
	Agency Spend as % Paybill (YTD)	Mar-24	3.70%	4.11%	4.21%	3.07%	5.04%	6.30%	2.06%	3.74%	6.97%	3.07%
	Agency Spend as % Paybill (In Month)	Mar-24	3.70%	3.71%	3.60%	2.62%	3.98%	5.01%	1.25%	4.11%	7.63%	2.62%

Fostering new ways of working to transform care:

Roster compliance – approval on time improved from 51% to 75.7% for rosters commencing in February with the highest rate being St Bartholomew's at 100%. The average lead time for approval improved to 43 days but exceeding the 42 day target (42 days being 6 weeks in advance).

Signed off medical job planning remains reported at 76.5% in March from 67% in January. The highest level of sign off is at St Bartholomew's at 95% followed by Newham at 81%, Whipps at 81% and Royal London at 67%.

Supporting the wellbeing of our colleagues:

Overall annualised sickness absence remained at 4.48%. Changes at a site level were marginal with small improvements at Newham, St Barts, Royal London and small declines at Whipps and in GSS

In month sickness absence was at 4.42% compared to 4.33% in the same period in 2023. It decreased from 4.84% in the previous month, however this is in line with seasonal expectations.

Recorded appraisals for non medical staff reduced to 56.5% from 57.0% whilst the medical staff appraisal rate improved slightly to at 82%.

Statutory and Mandatory Training (all) compliance marginally reduced from 88.1% to 87.9% with more detail provided in the subsequent exception page.

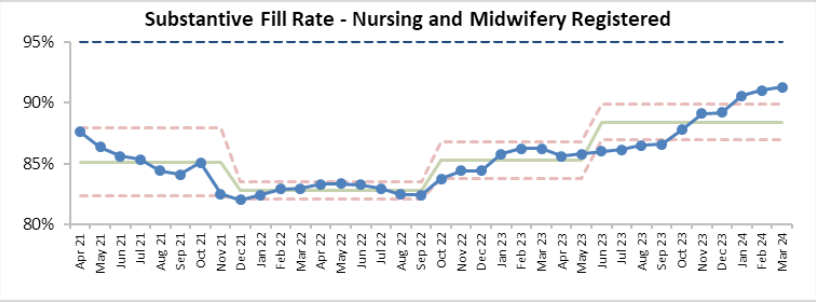
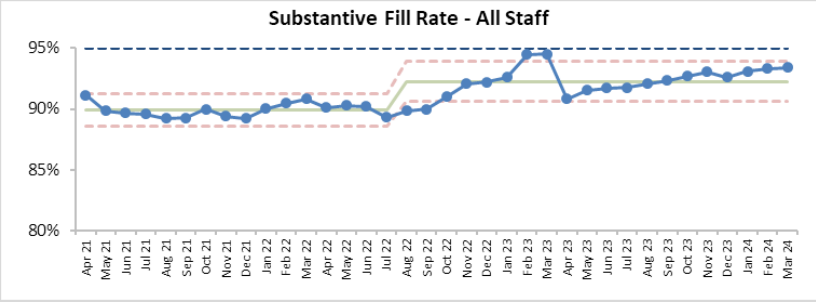
Annualised voluntary turnover increased from 10.2% to 10.3% We saw changes across the group as follows

- Newham decreased from 9.1% to 8.5%
- St Bartholomew's decreased from 11.2% to 11.0%
- Whipps Cross increased at 9.7% to 9.8%
- The Royal London increased at 10.9% to 11.1%
- Group Support Services (GSS) from 7.8% to 8.2%

PEOPLE

Growing a permanent and stable workforce

May -24



Indicator Background:

The substantive fill rate is an indicator of the contracted Whole Time Equivalent (WTE) employed by Barts Health NHS Trust against budgeted WTE. A long-term goal is to deliver a 95% fill rate, minimising vacancies and the need to use temporary staffing.

The period between November 2022 and March 2023 is skewed in part due to the TUPE in of Soft FM services over that period and the budgeted WTE for these services being accurately reflected from April 2023

What are the Charts Telling us:

The charts here are showing our overall substantive fill rate as well as that for our registered nursing and midwifery staff group against the 95% target, the latter being our most challenging in terms of reducing gaps.

For registered nursing and midwifery we are seeing improved fill rates month on month since April 23 with positive special cause variation for Nursing and Midwifery in January and February , with the fill rate at 91.0%

For all staff we saw an increase of the substantive fill rate to 93.3%

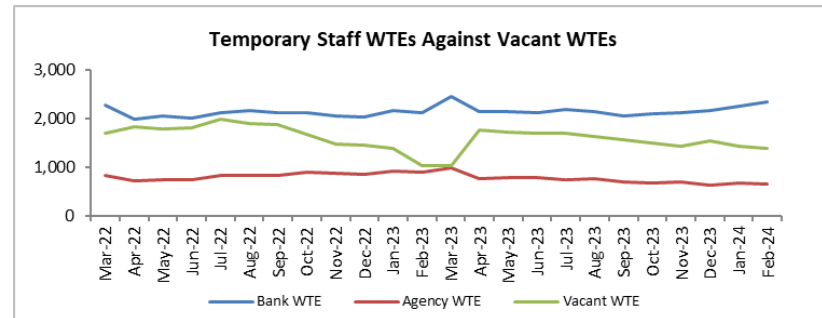
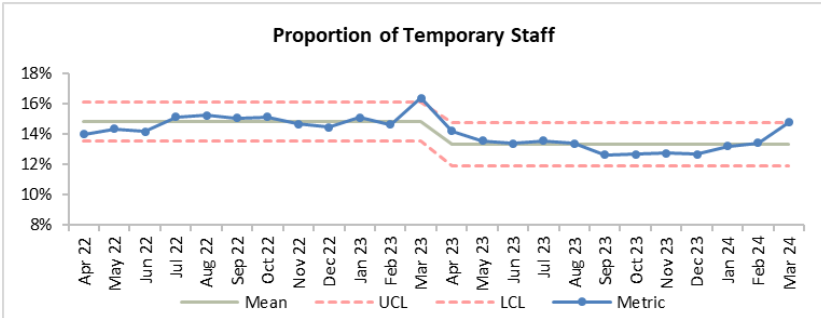
Commentary

- In March we saw an increase of 32 contracted WTE resulting in the overall reported fill rate increasing from 93.3% to 93.4%.
- Growth continues to be driven by increases in staff in post for registered nursing and midwifery and support worker roles with an additional 12 WTE registered nurses and midwives and 13 WTE support workers.
- St Bartholomew’s remains the hospital with the most growth (+20 WTE), followed by Newham (+5.8 WTE) whilst the other hospitals and group support services saw increases and decreases of less than 5 WTE. St Bartholomew’s now has a 98.7% fill rate, with The Royal London at 94.7%, Newham at 91.5% and Whipps at 91.2%
- The nursing and midwifery fill rate has continued to increase to 91.3% with St Bartholomew’s at 93.6%, The Royal London at 92.7% whilst Whipps is 89.6% and Newham 87%.
- Time to hire for non-medical staff reduced to 8.8 weeks and for medical staff it increased to 9.2 weeks, with both meeting their respective targets.

WELL LED

Proportion of Temporary Staff

May -24



Site	Staff Group	Average of Previous 6 Months			Mar-24			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	1,005	7,518	13.4%	1,077	7,702	14.0%	0.6%
Whipps Cross	All Staff Groups	660	3,764	17.5%	707	3,836	18.4%	0.9%
Newham	All Staff Groups	526	2,765	19.0%	580	2,861	20.3%	1.2%
St Bart's	All Staff Groups	357	3,308	10.8%	366	3,416	10.7%	-0.1%

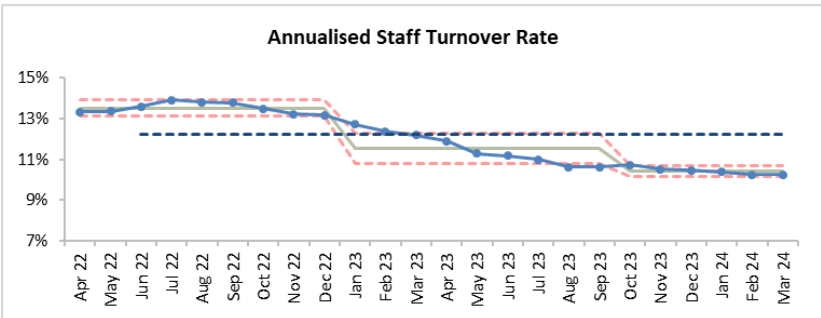
Commentary

- The proportion of temporary staff used increased significantly to 14.8% from 13.1%, reflecting an increase of 364 WTE to 3,374 WTE in total, of which 2,611 WTE is bank and 763 WTE is agency.
- 189 WTE of this growth is in GSS and reflects an increase in the temporary staffing bookings in estates and facilities going via Bank Partners (now that previous Serco contracts have expired) and therefore reflecting in the reported WTE
- Agency spend as a % pay bill YTD was 4.21% and 3.6% for the month.
- The four hospital sites continue to show in month agency spend as a proportion of pay bill lower than the YTD figure and we have now had 4 consecutive months at under 4%.

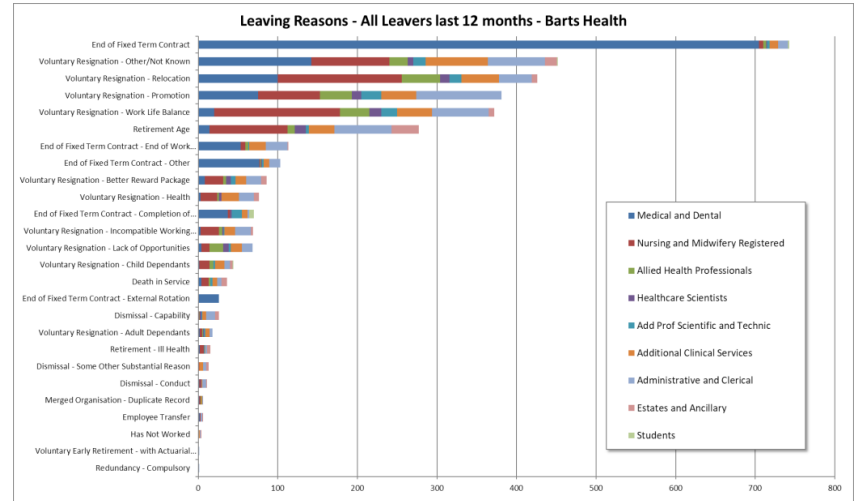
WELL LED

Turnover Rate

May -24



Annualised Staff Turnover - Highest by Site/Staff Group (by Staff Leaving in Latest Year)								
Site	Staff Group	6 Months Ago			Mar-24			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	302	2,200	13.75%	314	2,309	13.61%	-0.13%
Other	Administrative and Clerical	134	1,420	9.41%	146	1,498	9.75%	0.34%
St Bart's	Nursing and Midwifery Registered	123	914	13.44%	104	973	10.71%	-2.73%
Whipps Cross	Nursing and Midwifery Registered	110	1,113	9.91%	99	1,160	8.56%	-1.36%
Royal London	Additional Clinical Services	96	889	10.85%	85	886	9.62%	-1.23%



Commentary

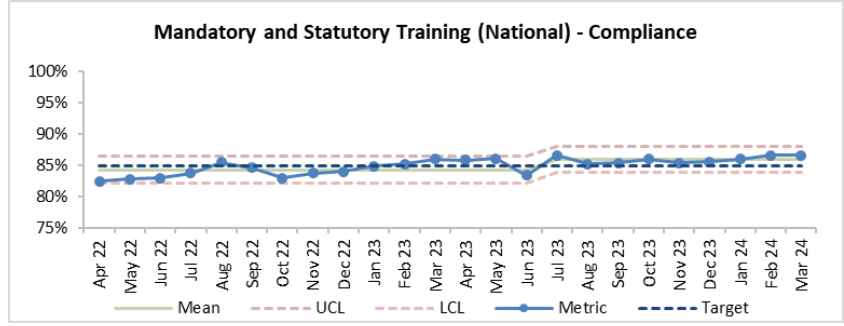
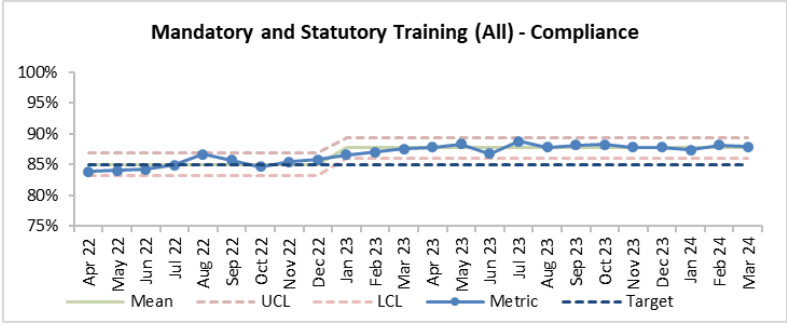
Annualised voluntary turnover increased from 10.2% to 10.3% This is within the current 12.25% target.

Under the direction of the retention sub-group (that reports into People Board) a task and finish group looking at exit questionnaires has been set up, to better understand how we can use the information obtained and improve the processes behind them. The outputs of this would then look to inform ongoing strategies around retention along side other dataset such as Staff Survey results and Pulse surveys.

WELL LED

Mandatory and Statutory Training

May -24



Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months	Mar-24	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety	83.6%	84.5%	3,217

Bottom 5 Departments: Total Number of Non-Compliant Employees

Departments	Previous 6 Months	Mar-24	
	Compliance	Compliance	Staff Non-Compliant
Academic Consultants	90.0%	78.2%	118
BRC 2017-2022	72.3%	59.1%	22
Cardiac Research - Nursing Staff Salaries (Veerapen/Mathur)	48.0%	63.0%	18
Staff Salaries Only (Pearse)	53.9%	65.8%	16
PROF KARIM BROHI (QM) (WAS 27IZ93)	57.6%	47.5%	14

Non-mandatory competencies have been excluded from the above tables

Performance Overview

- Compliance with the Core Skills Training Framework (CSTF) currently stands at 86.12%, a decrease of 0.18% from the last Board report and is above the Trust target of 85% this month. Essential Skills training compliance has increased by 0.27% from 89.19% to 89.46% in January and is also above the Trust target of 85%.
- Subjects within the Core Skills Training Framework are mostly above the Trust target of 85% with the exception of fire safety, IPC for clinical staff, Information Governance, Resuscitation and Safeguarding Adults level 3.
- Fire safety training is being closely monitored due to a lack of fire officers across the Trust and the need for a face to face training sessions for all new staff. eLearning has been reintroduced to reduce the burden on existing fire officers.
- The WIRED system currently monitors training for 21,798 staff and 511,886 compliance items.

Responsible Director Update

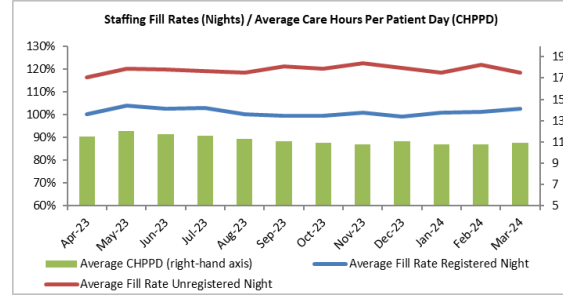
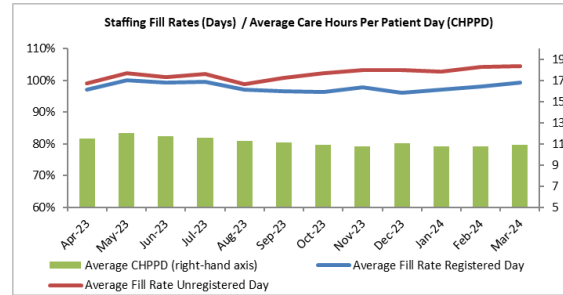
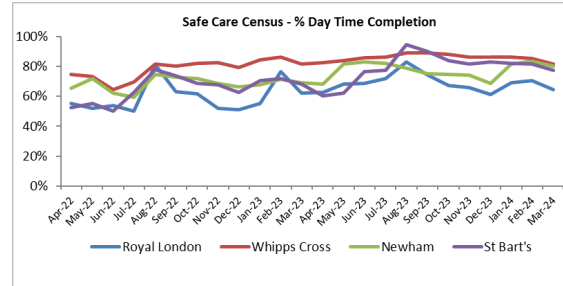
- The Oliver McGowan Mandatory Training on Learning Disability and Autism - Part 1 was added to WIRED in January 2024. Compliance is at 28.60% an increase of 8% since February 2024. Level 1 is applicable to all staff across the Trust. The ICB are responsible for providing face to face training (part 2) and the Trust is still awaiting confirmation of how this training will be delivered given the numbers of staff involved.
- NHSE have recently mandated that all Trust should align to the Core Skills Training Framework and declare alignment by June 2024, with all Trusts using the eLearning for Health materials to provide core training. The Trust is currently aligned to most subjects with changes to Moving and Handling being made to align this subject by the end of April, and further work being undertaken to ascertain how Barts can align Resuscitation training by the required date.

SAFE STAFFING

Safe Staffing

May-24

- The Trust’s average fill rates on both day and night shifts for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) remained above 95%.
- Average fill rates for our 4 hospitals continued to remain above 90% target for both day and night shifts for RNs/RMs and for HCAs.
- The overall average Care Hours Per Patient Day (CHPPD) were stable at 10.9. The CHPPD remain above last published peer averages (9.1, ‘recommended peers’; 9.0 ‘region’; January 2024). CHPPD data is less useful at organisation level - the high number of specialist and critical care units within the Barts Health Group will result in high overall CHPPD. Also noted, data from a significant peer not included in January, lowering average scores.
- All four hospitals report ongoing pressures with at-risk patients requiring enhanced care, which his reflected in fill-rates above plan. Requests for additional staffing are reviewed by senior nursing teams with sign-off at ADoN level.
- NUH and RLH are working in partnership with mental health providers to pilot new mechanisms for staffing enhanced care shifts for relevant patients, with a view to improving oversight and quality of care through stabilising the workforce and reducing agency use.
- Safety concerns continue to be addressed in real time through the senior nursing teams and the safety huddles. Where incidences of day-to-day staffing pressures occurred at individual ward level across the sites, risks were reviewed and mitigated through dynamic redeployment and/or with senior staff working clinically when required in a timely manner.
- There were 7 Nursing Red Flag incidents (RFIs) captured on Datix, an increase from 3 compared to February.; these were all at NUH with no reports of harm. Maternity units across the trust reported 141 RFIs via Birthrate plus compared to 135 last month. It should be noted that the criteria for Red Flags differs between maternity and nursing, with the maternity system including a broader range of triggers. The incidents are reviewed and resolved in real time, with trends monitored via hospital governance processes to enable strategic solutions where indicated.
- Red Flag data collection, reporting and governance processes for nursing are being updated following discussion at NMAHP Board in September. Enabling work is under way , with pilot in selected areas in March. The pilot has been extended to a few more adult areas before going live in May.
- Recruitment activity continues across our 4 hospitals as part of the Drive 95 programme. Overall substantive fill rate is on an upward trajectory for nursing and midwifery. Midwifery vacancies will continue to be a pressure over forthcoming months .
- Sickness absence continues to contribute to rota pressures. All hospitals continue to actively manage this, to support people back to the workplace . NUH have successfully recruited a Lead Nurse for Recruitment, Retention and Wellbeing; impact and learning from this new post will evaluated and shared trust-wide.
- Acuity and dependency scoring captured via SafeCare decreased slightly to 75% compliance for day shifts but remains above same period in 2023 (70.3%). Whilst there continues to be scope for improvement, attention will be paid to compliance as RFIs will now be on the Sunburst .



Site	Staffing Figures by Site - Mar-24				Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents	Safe Staffing Nursing Red Flag Incidents
	Average Fill Rate (Day)	Average Fill Rate (Night)	Average Fill Rate (Day)	Average Fill Rate (Night)			
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)			
Trust	99.2%	104.6%	102.5%	118.4%	10.9	141	7
Royal London	105.6%	112.0%	109.6%	134.2%	11.3	69	0
Whipps Cross	91.8%	101.0%	96.1%	104.0%	10.5	34	0
Newham	102.1%	101.6%	105.1%	116.3%	9.8	38	7
St Bart's	92.4%	99.6%	91.9%	117.1%	12.3	0	0

May-24



Finance Report



- The Trust's draft financial position for the year reported to NHS England is a (£43.9m) deficit, which is (£16.1m) adverse against the full year plan. The draft year end position includes the impact of junior doctors industrial action from December to February (£15.1m) net of the funding for these costs £9.3m, the loss of clinical negligence premium maternity incentive discount in 2023/24 (£3.0m) and the associated claw back for the previous two financial years (£5.5m).
- Income is £133.6m favourable against the full year plan. NHS Patient Treatment income is £93.6m favourable overall. This is driven by medical industrial action funding of £28.4m, ERF overperformance £32.5m and overperformance on passthrough drugs and devices £19.6m (which is offset by associated additional expenditure). Other income is £39.9m favourable, which is driven by £4.0m favourable Royal London Hospital variance primarily for pathology tests provided to other NHS bodies, £6.8m education income per the latest education contract schedule released by NHS England, £5.0m for release of central non-recurrent benefits from balance sheet review, £8.5m year end technical accounting adjustments for pension contributions and pathology partnership (which are offset by expenditure) and £12.0m overperformance on Research & Development income (which is partially offset by associated additional expenditure).
- Expenditure is (£149.6m) adverse against the full year plan. Site and Services pay expenditure is (£69.4m) adverse driven by (£39.0m) of unallocated pay savings targets, premium rate costs for medical bank expenditure for both consultants and junior doctors (£19.2m) and by temporary staffing wte in excess of establishment for Soft FM staffing (£7.7m). Additional medical staffing costs incurred for cover on industrial action days have been fully funded within site budgets. Sites and Services non-pay expenditure is (£53.2m) adverse full year. The overspend for passthrough drugs and devices (£20.8m) offsets with favourable income variance. Excluding passthrough drugs and devices key overspends are unallocated non-pay savings targets (£11.1m), outsourced activity to the independent sector (£7.2m), increased expenditure on Estates Transport and Soft FM costs (£4.7m) and loss of clinical negligence premium maternity incentive discount (£3.0m). Central expenditure and reserves are (£27.0m) adverse full year, which includes the claw back of the clinical negligence premium maternity incentive discount for the previous two financial years (£5.5m), year end technical accounting adjustments for pension contributions and pathology partnership (£8.5m) and Research & Development overspend (£11.4m) (which is offset by associated additional income).
- Capital expenditure full year outturn was £93.3m; £38m was delivered in M12 including £10.6m related to leases. It is noted that the expenditure in month includes c£14m of mitigation schemes successfully delivered over the last few weeks of the month to reduce the underspend reported in M11 from £25.2m to an outturn underspend of £3.4m against the forecast.
- Cash balances in March 2024 are higher by £29.4m compared to a plan of £5.0m, primarily as a result of capital underspend and movement in working capital. The cash position is subject to external audit review.

KEY METRICS

Finance Key Metrics

May-24

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (27.8)		<p>The Trust's draft financial position for the year reported to NHS England is a (£43.9m) deficit, which is (£16.1m) adverse against the full year plan.</p> <p>The draft year end position includes the impact of junior doctors industrial action from December to February (£15.1m) net of the funding for these costs £9.3m, the loss of clinical negligence premium maternity incentive discount in 2023/24 (£3.0m) and the associated claw back of the previous two financial years (£5.5m).</p>
	Actual (43.9)		
	Variance (16.1)		
Total Income	Plan 2,250.1		<p>Income is £133.6m favourable against the full year plan.</p> <p>NHS Patient Treatment income is £93.6m favourable overall. This is driven by medical industrial action funding of £28.4m, ERF overperformance £32.5m and overperformance on passthrough drugs and devices £19.6m (which is offset by associated additional expenditure).</p> <p>Other income is £39.9m favourable, which is driven by £4.0m favourable Royal London Hospital variance primarily for pathology tests provided to other NHS bodies, £6.8m education income per the latest education contract schedule released by NHS England, £5.0m for release of central non-recurrent benefits from balance sheet review, £8.5m year end technical accounting adjustments for pension contributions and pathology partnership (which are offset by expenditure) and £12.0m overperformance on Research & Development income (which is partially offset by associated additional expenditure).</p>
	Actual 2,383.6		
	Variance 133.6		
Total Expenditure	Plan (2,277.9)		<p>Expenditure is (£149.6m) adverse against the full year plan.</p> <p>Site and Services pay expenditure is (£69.4m) adverse driven by (£39.0m) of unallocated pay savings targets, premium rate costs for medical bank expenditure for both consultants and junior doctors (£19.2m) and by temporary staffing wte in excess of establishment for Soft FM staffing (£7.7m). Additional medical staffing costs incurred for cover on industrial action days have been fully funded within site budgets.</p> <p>Sites and Services non-pay expenditure is (£53.2m) adverse full year, excluding passthrough drugs and devices key overspends are unallocated non-pay savings targets (£11.1m), outsourced activity to the independent sector (£7.2m), increased expenditure on Estates Transport and Soft FM costs (£4.7m) and loss of clinical negligence premium maternity incentive discount (£3.0m). The overspend for passthrough drugs and devices (£20.8m) offsets with favourable income variance.</p> <p>Central expenditure and reserves are (£27.0m) adverse full year, which includes the claw back of the clinical negligence premium maternity incentive discount for the previous two financial years (£5.5m), year end technical accounting adjustments for pension contributions and pathology partnership (£8.5m) and Research & Development overspend (£11.4m) (which is offset by associated additional income).</p>
	Actual (2,427.5)		
	Variance (149.6)		

KEY METRICS

Finance Key Metrics

May-24

Metrics	Current Performance Year To Date £millions	Trend	Comments	
Capital Expenditure	Plan	96.7		<p>Capital expenditure full year outturn was £93.3m; £38m was delivered in M12 including £10.6m related to leases. It is noted that the expenditure in month includes c£14m of mitigation schemes successfully delivered over the last few weeks of the month to reduce the underspend reported in M11 from £25.2m to an outturn underspend of £3.4m against the forecast.</p> <p>Against the charitable donations programme forecast of £4.4m, outturn costs were £4.3m, which is £0.1m adverse to plan with secured funding of £4.3m.</p>
	Actual	93.3		
	Variance	(3.4)		
Cash	Plan	5.0		<p>Cash balances in March 2024 are higher by £29.4m compared to a plan of £5.0m, primarily as a result of capital underspend and movement in working capital.</p> <p>The cash position is subject to external audit review.</p>
	Actual	34.4		
	Variance	29.4		

Key Issues

The Trust has submitted to NHS England a draft income and expenditure position of a £43.9m deficit for 2023/24, which is in line with the agreed month 8 forecast outturn target of (£36.4m) adjusted for the net impact of junior doctors industrial action from December to February (£5.8m) and NHS England revenue funding shortfall for same day emergency care (SDEC) expansion at Royal London Hospital and Whipps Cross Hospital (£1.7m). The draft position is subject to external audit review prior to adoption of the accounts by the Trust Board.

Last Year Outturn	£millions	In Month			Outturn		
		Plan	Actual	Variance	Plan	Actual	Variance
	Income						
1,590.8	NHS Patient Treatment Income	143.2	154.0	10.8 ●	1,708.6	1,762.0	53.4 ●
3.2	Other Patient Care Activity Income	0.6	0.7	0.1 ●	6.9	4.2	(2.7) ●
133.1	Other Operating Income	10.9	13.9	3.0 ●	131.2	143.0	11.8 ●
1,727.1	Total Income	154.7	168.6	13.9 ●	1,846.7	1,909.2	62.5 ●
	Operating Expenditure						
(1,172.3)	Pay	(110.8)	(120.3)	(9.5) ●	(1,273.9)	(1,343.4)	(69.4) ●
(205.9)	Drugs	(16.9)	(19.8)	(3.0) ●	(208.9)	(228.2)	(19.3) ●
(165.7)	Clinical Supplies	(15.5)	(16.7)	(1.2) ●	(188.3)	(192.8)	(4.5) ●
(314.2)	Other Non Pay	(27.5)	(31.6)	(4.1) ●	(287.6)	(317.1)	(29.4) ●
(1,858.1)	Total Operating Expenditure	(170.7)	(188.5)	(17.8) ●	(1,958.8)	(2,081.4)	(122.6) ●
(131.0)	Site & Services Budgets Total	(16.0)	(19.9)	(3.8) ●	(112.0)	(172.2)	(60.1) ●
(54.1)	Pathology Partnership (net)	(4.7)	(4.7)	0.1 ●	(55.9)	(56.9)	(1.0) ●
0.1	Vaccination Programme & Nightingale (net)	-	-	- ●	-	(0.0)	(0.0) ●
1.1	Research & Development (net)	0.0	(0.1)	(0.1) ●	0.0	0.6	0.6 ●
185.6	Central NHS PT Income	10.9	12.2	1.3 ●	148.4	188.6	40.2 ●
6.0	Central RTA & OSV Income (net)	1.0	(0.4)	(1.4) ●	11.8	7.4	(4.4) ●
(21.8)	Central Expenditure (net)	(0.1)	5.1	5.2 ●	(1.2)	2.6	3.9 ●
-	Reserves (net)	8.3	5.0	(3.3) ●	1.4	(0.5)	(1.9) ●
(14.1)	EBITDA	(0.7)	(2.8)	(2.1) ●	(7.6)	(30.4)	(22.8) ●
(70.4)	Depreciation and Amortisation (net)	(6.4)	(5.8)	0.6 ●	(76.7)	(74.3)	2.4 ●
(68.3)	Interest	(6.8)	(7.9)	(1.0) ●	(80.6)	(91.9)	(11.3) ●
(10.8)	PDC Dividends	(1.3)	-	1.3 ●	(15.5)	-	15.5 ●
0.2	Profit On Fixed Asset Disposal	0.0	0.0	0.0 ●	0.1	0.2	0.1 ●
(163.4)	Surplus/(Deficit) Before System Top-Up	(15.3)	(16.4)	(1.2) ●	(180.4)	(196.4)	(16.1) ●
150.5	System Top-Up Income	12.7	12.7	(0.0) ●	152.6	152.6	- ●
(12.9)	NHS Reporting Surplus/(Deficit)	(2.5)	(3.7)	(1.2) ●	(27.8)	(43.9)	(16.1) ●

CAPITAL EXPENDITURE

Capital Expenditure Summary - Trustwide

May-24

22/23 YTD	Programme Area	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	M12 (PFR) Capital Plan	Outturn capital programme	Variance	%
16.9	Equipment (Medical and Other)	1.6	11.6	(10.0)	(621)%	12.1	20.7	(8.6)	(71)%	12.1	20.7	(8.6)	(71)%
7.7	Informatics	1.8	6.0	(4.2)	(231)%	8.2	11.8	(3.6)	(44)%	8.2	11.8	(3.6)	(44)%
29.6	Estates	1.7	6.1	(4.4)	(257)%	11.2	13.1	(1.9)	(17)%	11.2	13.1	(1.9)	(17)%
24.0	New Build and Site Vacations	3.6	2.5	1.1	31 %	40.4	23.8	16.5	41 %	40.4	23.8	16.5	41%
10.4	PFI Lifecycle Assets	1.1	1.1	0.0	0 %	12.6	12.6	-	- %	12.6	12.6	-	- %
-	New Build - Diagnostics	-	-	-	- %	-	-	-	- %	-	-	-	- %
7.4	Finance Lease	6.4	10.6	(4.3)	(67)%	12.1	11.2	0.9	7 %	12.1	11.2	0.9	7 %
95.9	Total Exchequer programme	16.2	38.0	(21.8)	(135)%	96.7	93.3	3.4	3 %	96.7	93.3	3.4	3 %
-													
95.9	Total Trust Funded Assets	16.2	38.0	(21.8)	(135)%	96.7	93.3	3.4	3 %	96.7	93.3	3.4	3 %
5.3	Donated	0.2	1.6	(1.4)	(685)%	4.4	4.3	0.1	2 %	4.4	4.3	0.1	2 %
101.2	Total Capital Expenditure	16.4	39.6	(23.2)	(141)%	101.1	97.6	3.5	3 %	101.1	97.6	3.5	3 %

Key Messages

Exchequer expenditure - The full year outturn was £93.3m; £38m was delivered in M12 including £10.6m related to leases. It is noted that the expenditure in month includes c£14m of mitigation schemes successfully delivered over the last few weeks of the month to reduce the underspend reported in M11 from £25.2m to an outturn underspend of £3.4m against the forecast.

The outturn underspend is due to the following factors:-
 (£0.9m) - IFRS16 leases - saving due to positive commercial control securing a lower price together with VAT adjustments (£0.6m) - underspend on Unified Comms due to cost savings and slippage which was not notified in time to be mitigated (£0.5m) - underspend due to continuing legal issues with the PFI partner CHL affecting Mental Health rooms at RLH among other schemes (£1.4m) - underspends on a number of schemes compared to the m11 reforecast which were not notified in time to be mitigated.

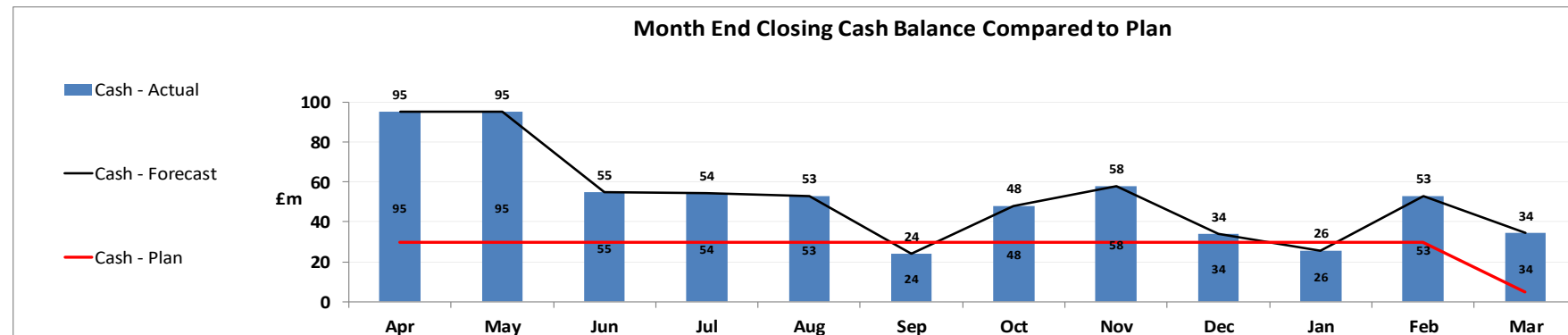
The 2023/4 funded (PFR) exchequer plan was £96.7m (£96.7m, M11); although approval was given to reduce the plan by £300k for slippage on the WXH NHP programme, it was too late to revise the closing plan. Further adjustments are anticipated from depreciation and NHSE which will result in a breakeven CRL position for the year.

Funding. It is noted that approval was given to slip £300k of PDC from 2023/4 to 2024/5 but as this came after the draw downs for the year had been completed, it has not been possible to refund the money already received. Discussions are underway with NHP to request non cashbacked CRL for the £300k in 2024/5.

Against the charitable donations programme forecast of £4.4m, outturn costs were £4.3m, £0.1m adverse to plan with secured funding of £4.3m.

Capital Funding	Capital Plan	Secured/ draw n	Not Yet Secured	% Secured
Gross Depreciation	76.7	76.7	-	100 %
Repayment of PFI principal	(26.0)	(26.0)	-	100 %
Repayment Other Finance Leases (IFRS16)	(11.3)	(11.3)	-	100 %
Net Depreciation	39.5	39.5	-	100 %
CRL (not cash backed)	13.7	13.7	-	100 %
Add CRL - Neonatal cot capacity RLH (not cash backed)	0.7	0.7	-	100 %
EFA	-	-	-	- %
Agreed overcommitment NHSE/NEL	-	-	-	- %
Additional CRL from NHSE/NEL (not cash backed)	5.9	5.9	-	100 %
IFRS16 CRL adjustment	12.1	12.1	-	100 %
PDC: WXH Redevelopment core programme team	1.2	1.2	-	100 %
PDC: WXH Redevelopment NHP Enabling works costs	2.1	2.1	-	100 %
TIF NUH Modular Build and Mothballed Theatres	3.5	3.5	-	100 %
TIF - ITU Expansion SBH	11.1	11.1	-	100 %
ACTIF - RLH/WXH	2.4	2.4	-	100 %
PDC- MEH CDC	2.8	2.8	-	100 %
PDC - LIMS	0.2	0.2	-	100 %
PDC - Paeds Observation rooms	0.5	0.5	-	100 %
PDC - Cyber Security	0.2	0.2	-	100 %
PDC - We Connect	0.4	0.4	-	100 %
PDC - Paediatrics (ARCET)/ Fibroscan/Histopathology	0.4	0.4	-	100 %
PDC- Diagnostic recovery	0.1	0.1	-	100 %
Planned Capital exc. Donated	96.7	96.7	-	100.0 %
Asset sales	-	-	-	- %
* Total approved Exchequer funding exc donated	96.7	96.7	-	100.0 %
Donated	4.4	4.3	0.1	97.8 %
Planned Capital inc. Donated	101.1	101.0	0.1	99.9 %
* CRL underspend	3.4			

£millions	Actual												Outturn
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Opening cash at bank	60.2	95.0	95.1	54.8	54.2	53.1	24.0	48.0	57.9	33.9	25.7	52.9	60.2
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.7	169.7	174.0	180.1	166.9	189.2	173.7	179.3	186.6	2,112.4
Other income	42.5	24.7	17.4	28.9	30.5	33.8	48.7	28.8	18.3	19.9	42.8	28.0	364.3
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	3.1	-	-	-	-	-	21.6	24.7
Total cash inflows	198.4	190.7	220.7	196.6	200.2	210.9	228.8	195.7	207.5	193.6	222.1	236.2	2,501.4
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.0)	(70.5)	(71.5)	(65.8)	(66.7)	(64.1)	(69.5)	(71.5)	(74.6)	(842.7)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(50.2)	(48.3)	(54.9)	(50.2)	(50.0)	(51.2)	(50.7)	(49.8)	(594.6)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(57.7)	(76.6)	(108.2)	(79.6)	(64.9)	(114.6)	(79.2)	(68.4)	(125.9)	(1,031.8)
Capital expenditure	(8.1)	(3.0)	(3.2)	(5.9)	(4.0)	(4.1)	(4.5)	(4.0)	(2.8)	(1.9)	(4.3)	(11.5)	(57.3)
Dividend and Interest payable	-	-	-	-	-	(7.9)	-	-	-	-	-	7.1	(0.8)
Total cash outflows	(163.6)	(190.6)	(261.0)	(197.2)	(201.3)	(240.0)	(204.8)	(185.8)	(231.5)	(201.8)	(194.9)	(254.7)	(2,527.2)
Net cash inflows / (outflows)	34.8	0.1	(40.3)	(0.6)	(1.1)	(29.1)	24.0	9.9	(24.0)	(8.2)	27.2	(18.5)	(25.8)
Closing cash at bank - actual / forecast	95.0	95.1	54.8	54.2	53.1	24.0	48.0	57.9	33.9	25.7	52.9	34.4	34.4
Closing cash at bank - plan	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	5.0	5.0



Key Messages

Cash balances in March 2024 are higher by £29.4m compared to a plan of £5.0m, primarily as a result of capital underspend and movement in working capital. The cash position is subject to external audit review.

**CASHFLOW &
BALANCE SHEET**

Statement of Financial Position

May-24

22/23 31 Mar 2023	€millions	Actual												22/23 v 23/24
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,594.2	Property, plant and equipment	1,592.4	1,589.2	1,588.5	1,587.9	1,585.0	1,585.1	1,583.9	1,584.2	1,583.1	1,581.2	1,580.4	1,581.6	(12.6)
0.1	Intangible assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.5	0.1	0.0
16.8	Trade and other receivables	16.8	16.7	16.7	16.6	16.6	16.5	16.5	16.5	16.4	16.4	16.3	16.3	(0.5)
1,611.1	Total non-current assets	1,609.3	1,606.0	1,605.3	1,604.6	1,601.7	1,601.7	1,600.5	1,600.8	1,600.0	1,598.1	1,597.2	1,597.9	(13.1)
	Current assets:													
31.4	Inventories	32.1	32.2	33.9	32.9	32.3	33.0	33.2	33.2	34.6	33.5	34.8	34.1	2.7
145.5	Trade and other receivables	132.0	123.8	92.4	125.7	101.0	123.9	106.5	126.9	148.5	146.0	122.0	140.8	(4.7)
60.2	Cash and cash equivalents	95.1	95.1	54.8	54.2	53.1	24.0	47.9	57.9	34.0	25.8	53.0	34.4	(25.8)
237.1	Total current assets	259.2	251.1	181.1	212.8	186.4	180.9	187.6	218.0	217.1	205.3	209.8	209.3	(27.8)
1,848.2	Total assets	1,868.5	1,857.1	1,786.4	1,817.4	1,788.1	1,782.6	1,788.1	1,818.8	1,817.1	1,803.4	1,807.0	1,807.2	(40.9)
	Current liabilities													
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(305.9)	(288.0)	(285.8)	(297.7)	(310.6)	(307.1)	(300.6)	(306.4)	(304.5)	(14.5)
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(10.6)	(7.8)
(37.3)	Liabilities arising from PFIs / Finance Leases	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(60.0)	(60.0)	(60.0)	(61.7)	(24.4)
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(330.1)	Total current liabilities	(360.5)	(359.0)	(303.9)	(346.1)	(328.2)	(326.0)	(337.9)	(350.8)	(370.0)	(363.5)	(369.3)	(376.8)	(46.7)
(93.0)	Net current (liabilities) / assets	(101.3)	(107.9)	(122.8)	(133.3)	(141.8)	(145.1)	(150.3)	(132.8)	(152.9)	(158.2)	(159.5)	(167.5)	(74.5)
1,518.1	Total assets less current liabilities	1,508.0	1,498.1	1,482.5	1,471.3	1,459.9	1,456.6	1,450.2	1,468.0	1,447.1	1,439.9	1,437.7	1,430.4	(87.6)
	Non-current liabilities													
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.1)	(6.1)	(6.2)	(6.3)	(6.3)	(5.9)	(5.8)	(5.8)	(5.2)	0.7
(915.2)	Liabilities arising from PFIs / Finance Leases	(912.2)	(908.9)	(905.8)	(902.7)	(899.5)	(896.8)	(893.8)	(890.7)	(1,650.8)	(1,645.8)	(1,640.9)	(1,644.3)	(729.1)
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0	0.0	0.0	0.5
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(921.6)	Total non-current liabilities	(918.4)	(915.3)	(912.3)	(909.3)	(906.1)	(903.5)	(900.6)	(897.5)	(1,657.2)	(1,651.6)	(1,646.7)	(1,649.4)	(727.9)
596.5	Total Assets Employed	589.6	582.8	570.2	562.0	553.8	553.1	549.6	570.5	(210.1)	(211.7)	(209.0)	(219.0)	(815.5)
	Financed by:													
	Taxpayers' equity													
1,080.6	Public dividend capital	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,083.7	1,083.7	1,083.7	1,083.7	1,083.7	1,083.7	1,105.4	24.8
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(935.4)	(943.6)	(947.4)	(950.9)	(930.0)	(1,710.6)	(1,712.2)	(1,709.5)	410.3	1,311.2
416.8	Revaluation reserve	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	(1,734.7)	(2,151.5)
596.5	Total Taxpayers' Equity	589.6	582.8	570.2	562.0	553.8	553.1	549.6	570.5	(210.1)	(211.7)	(209.0)	(219.0)	(815.5)

May-24



Glossary



The key 2023/24 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 sit alongside these and 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

The Operational Performance chapter of this report (pages 17 to 40) provides monthly and year to date views of delivery against the performance and activity objectives set out above and opposite.

In relation to 2024/25, planning guidance has been delayed until late January or early February 2024, once this guidance has been received this page will be updated with the national planning priorities for next year. It is anticipated that these will build on the current objectives set out above. NHS England will also work with ICBs and providers to agree a standard set of metrics that all executive teams and boards should use as a minimum to track productivity alongside service delivery. Once published views of the productivity metrics will be developed and incorporated within this report.

	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

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	R8	Cancer 2 Week Wait	Percentage of patients first seen by a specialist for suspected cancer within two weeks (14 days) of an urgent GP referral for suspected cancer	Monthly	National
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
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

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

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	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
Safe	Saving Lives	S87	Saving Lives: Central Venous Catheter Care Bundle (Continuing Care)	The percentage of central venous catheter care bundle audits carried out (for patients with continuing care) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter injection ports, catheter access, catheter replacement, hand hygiene, etc.	Monthly	TBC
Safe	Saving Lives	S88	Saving Lives: Central Venous Catheter Care Bundle (On Insertion)	The percentage of central venous catheter care bundle audits carried out (on insertion of catheters) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter type, insertion site, safe disposal of sharps, hand hygiene, etc.	Monthly	TBC
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	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

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	

May-24



Appendix



APPENDIX Interpretation of Scorecards (New QV) May-24

How to Interpret the Scorecard

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

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

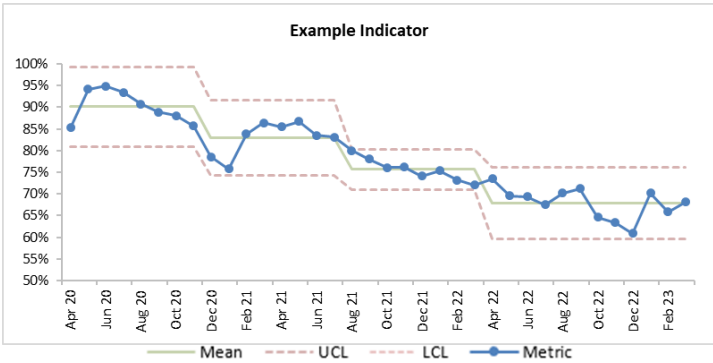
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



Statistical Process Control (SPC) charts using the Individual metric (X shown as blue data points on a line) and its moving Range (XmR) allows you to identify statistically significant changes in data. The red dotted lines (upper or lower process limits) represent the expected range for data points, if variation is within expected limits - that is, normal. If there is a target, then this will be shown using a black dotted line.

When you are interpreting these SPC charts there are a couple of things that help you identify what the performance is doing.

If any point is outside any of the red dotted lines, then this means that "special cause" variation is present in the system i.e. that data point is unusual and should be investigated.

A step consists of at least 8 data points. A step change is only triggered after the minimum step run and by the next 8 data points ALL being one side of the preceding step mean (green line) i.e.. ALL above or ALL below. In the example to the left the first step has a mean of 90.15% and a step change occurs in Dec 2020 as 8 data points have elapsed in the first step and the next 8 data points are all below the first step mean.

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.

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,139.0	2,670.0	1,069.5	1,261.0	1,782.5	2,351.5	713.0	1,311.5	124.8%	117.9%	131.9%	183.9%	773	6.5	3.3	9.8
Royal London	10F RLH	1,116.0	1,920.0	744.0	941.0	1,023.0	1,617.5	341.0	748.0	172.0%	126.5%	158.1%	219.4%	475	7.4	3.6	11.0
Royal London	11C RLH	2,850.0	2,819.0	1,426.0	1,356.5	2,852.0	2,852.5	713.0	862.5	98.9%	95.1%	100.0%	121.0%	757	7.5	2.9	10.4
Royal London	11E & 11F AAU	3,920.0	4,475.0	1,779.0	1,720.3	3,680.0	4,300.8	1,426.0	1,943.5	114.2%	96.7%	116.9%	136.3%	1,490	5.9	2.5	8.3
Royal London	12C RLH	1,886.0	2,211.6	1,426.0	1,449.0	1,827.5	2,212.0	1,068.5	1,402.0	117.3%	101.6%	121.0%	131.2%	808	5.5	3.5	9.0
Royal London	12D RLH	1,421.0	2,187.9	713.0	1,160.3	1,426.0	2,242.5	713.0	1,414.5	154.0%	162.7%	157.3%	198.4%	496	8.9	5.2	14.1
Royal London	12E RLH	2,734.5	3,723.3	1,426.0	1,393.5	2,495.5	3,601.0	1,426.0	1,426.5	136.2%	97.7%	144.3%	100.0%	711	10.3	4.0	14.3
Royal London	12F RLH	2,022.0	2,541.5	1,782.5	1,736.0	1,782.5	2,368.5	1,782.5	1,873.8	125.7%	97.4%	132.9%	105.1%	754	6.5	4.8	11.3
Royal London	13C RLH	1,932.0	2,029.0	713.0	732.5	1,782.5	1,920.5	713.0	759.0	105.0%	102.7%	107.7%	106.5%	785	5.0	1.9	6.9
Royal London	13D RLH	1,782.5	2,582.0	736.0	906.0	1,426.0	2,233.5	713.0	1,414.5	144.9%	123.1%	156.6%	198.4%	754	6.4	3.1	9.5
Royal London	13E RLH	2,024.0	2,656.0	713.0	1,191.0	1,667.5	2,445.5	713.0	1,383.0	131.2%	167.0%	146.7%	194.0%	762	6.7	3.4	10.1
Royal London	13F RLH	1,782.5	2,552.5	919.8	1,000.1	1,782.5	2,369.0	713.0	1,035.0	143.2%	108.7%	132.9%	145.2%	693	7.1	2.9	10.0
Royal London	14E & 14F RLH	3,910.0	3,772.0	2,150.5	2,518.0	2,852.0	3,105.0	2,139.0	2,748.5	96.5%	117.1%	108.9%	128.5%	1,550	4.4	3.4	7.8
Royal London	3D RLH	3,480.5	3,540.8	1,943.5	1,943.5	3,599.5	4,620.2	2,116.0	2,497.5	101.7%	100.0%	128.4%	118.0%	1,215	6.7	3.7	10.4
Royal London	3E RLH	2,139.0	2,139.0	713.0	1,239.0	1,782.5	2,139.0	713.0	1,265.0	200.0%	347.5%	240.0%	354.8%	1,604	10.7	6.2	16.9
Royal London	3F RLH	2,259.5	2,231.5	736.0	667.0	2,196.5	2,058.5	690.0	678.5	98.8%	90.6%	93.7%	98.3%	490	8.8	2.7	11.5
Royal London	4E RLH	13,675.5	13,789.0	736.0	678.5	13,683.5	13,830.3	759.0	747.5	201.7%	184.4%	202.1%	197.0%	2,566	43.1	2.2	45.3
Royal London	6C RLH	3,764.8	3,178.5	218.5	207.0	3,438.5	2,901.5	184.0	218.5	84.4%	94.7%	84.4%	118.8%	200	30.4	2.1	32.5
Royal London	6E & 6F RLH	5,926.5	5,389.3	1,426.0	1,205.5	5,313.0	5,394.9	1,092.5	934.5	90.9%	84.5%	101.5%	85.5%	1,075	10.0	2.0	12.0
Royal London	7C RLH	1,426.0	1,575.5	598.0	851.0	1,069.5	1,323.5	540.5	851.0	110.5%	142.3%	123.7%	157.4%	398	7.3	4.3	11.6
Royal London	7D RLH	1,725.0	1,804.3	713.0	678.5	1,426.0	1,530.5	713.0	759.0	104.6%	95.2%	107.3%	106.5%	428	7.8	3.4	11.2
Royal London	7E RLH	2,852.0	2,795.0	1,069.5	1,327.1	2,484.0	2,484.0	1,069.5	1,518.0	98.0%	124.1%	100.0%	141.9%	652	8.1	4.4	12.5
Royal London	7F RLH	1,418.0	2,004.5	333.5	690.0	1,069.5	1,749.5	356.5	1,092.5	141.4%	206.9%	163.6%	306.5%	285	13.2	6.3	19.4
Royal London	8C RLH	1,880.0	2,201.0	713.0	944.5	1,414.5	1,771.0	713.0	1,046.5	117.1%	132.5%	125.2%	146.8%	606	6.6	3.3	9.8
Royal London	8D RLH	8,920.3	8,081.8	766.3	383.5	8,045.0	7,242.8	299.0	356.5	90.6%	50.0%	90.0%	119.2%	1,023	15.0	0.7	15.7
Royal London	8F RLH	1,814.5	1,826.5	1,426.0	1,414.5	1,069.5	1,071.5	1,426.0	1,425.0	100.7%	99.2%	100.2%	99.9%	1,778	1.6	1.6	3.2
Royal London	9E HDU RLH	1,426.0	1,069.5	0.0	0.0	1,426.0	1,058.0	0.0	0.0	75.0%		74.2%		175	12.2	0.0	12.2
Royal London	9E RLH	1,782.5	1,782.5	713.0	1,150.0	1,426.0	1,402.0	713.0	1,321.7	100.0%	161.3%	98.3%	185.4%	764	4.2	3.2	7.4
Royal London	9F RLH	1,771.0	1,787.5	713.0	772.5	1,426.0	1,415.5	713.0	839.5	100.9%	108.3%	99.3%	117.7%	600	5.3	2.7	8.0

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	6,373.5	5,794.8	3,530.5	3,070.5	5,692.5	5,934.6	3,197.0	2,721.8	90.9%	87.0%	104.3%	85.1%	1,851	6.3	3.1	9.5
Whipps Cross	ACACIA	954.5	965.5	470.5	540.5	713.0	719.5	702.5	797.5	101.2%	114.9%	100.9%	113.5%	360	4.7	3.7	8.4
Whipps Cross	ACORN	3,681.0	2,703.8	392.5	454.3	2,852.0	2,350.8	356.5	438.0	73.5%	115.7%	82.4%	122.9%	509	9.9	1.8	11.7
Whipps Cross	B3 WARD WXH	1,311.0	1,281.0	1,069.5	1,288.0	1,069.5	1,092.5	713.0	954.5	97.7%	120.4%	102.2%	133.9%	478	5.0	4.7	9.7
Whipps Cross	BIRCH	1,069.5	1,427.3	1,069.5	1,482.0	1,069.5	1,303.5	713.0	1,102.5	133.5%	138.6%	121.9%	154.6%	547	5.0	4.7	9.7
Whipps Cross	BLACKTHORN	1,069.5	1,308.0	1,069.5	1,136.5	1,069.5	1,069.5	713.0	805.0	122.3%	106.3%	100.0%	112.9%	487	4.9	4.0	8.9
Whipps Cross	Bracken Ward WXH	1,360.8	1,392.3	1,069.5	1,139.5	1,069.5	1,069.5	713.0	862.5	102.3%	106.5%	100.0%	121.0%	522	4.7	3.8	8.6
Whipps Cross	CEDAR	1,426.0	1,163.0	1,426.0	1,898.5	1,057.0	988.0	1,069.5	1,460.5	81.6%	133.1%	93.5%	136.6%	537	4.0	6.3	10.3
Whipps Cross	CHESTNUT	954.5	821.0	356.5	770.5	711.0	1,069.5	355.5	688.5	86.0%	216.1%	150.4%	193.7%	389	4.9	3.8	8.6
Whipps Cross	CONIFER	1,426.0	1,571.5	1,426.0	1,529.5	1,069.5	1,357.0	1,058.0	1,127.0	110.2%	107.3%	126.9%	106.5%	454	6.5	5.9	12.3
Whipps Cross	CURIE	1,426.0	1,404.0	1,069.5	1,081.0	1,069.5	954.5	1,069.5	1,196.0	98.5%	101.1%	89.2%	111.8%	546	4.3	4.2	8.5
Whipps Cross	DELIVERY SUITE WXH	5,840.0	5,404.2	1,426.0	1,205.3	5,002.5	4,885.3	1,426.0	1,387.0	92.5%	84.5%	97.7%	97.3%	525	19.6	4.9	24.5
Whipps Cross	ELIZABETH	1,662.0	1,628.5	344.0	464.5	1,414.5	1,426.0	356.5	357.0	98.0%	135.0%	100.8%	100.1%	559	5.5	1.5	6.9
Whipps Cross	FARADAY	1,426.0	1,485.5	701.5	814.3	1,425.5	1,588.0	356.5	368.0	104.2%	116.1%	111.4%	103.2%	433	7.1	2.7	9.8
Whipps Cross	ICU WXH	6,943.5	5,183.5	1,368.0	312.0	6,369.0	4,739.0	1,364.0	297.0	149.3%	45.6%	148.8%	43.5%	640	62.0	3.8	65.8
Whipps Cross	MARGARET	1,069.5	1,047.5	356.5	379.5	713.0	713.0	356.5	391.0	97.9%	106.5%	100.0%	109.7%	295	6.0	2.6	8.6
Whipps Cross	MULBERRY	2,288.0	1,810.6	1,748.5	1,281.5	1,426.0	1,384.8	1,426.0	1,185.5	79.1%	73.3%	97.1%	83.1%	1,240	2.6	2.0	4.6
Whipps Cross	NEONATAL WXH	2,364.3	2,325.4	1,143.0	620.0	2,129.5	2,213.5	701.5	241.5	98.4%	54.2%	103.9%	34.4%	384	11.8	2.2	14.1
Whipps Cross	NIGHTINGALE	1,426.0	1,616.0	356.5	699.8	1,426.0	1,655.3	356.5	699.0	113.3%	196.3%	116.1%	196.1%	20	163.6	69.9	233.5
Whipps Cross	PEACE	1,656.0	1,656.0	1,426.0	1,395.0	1,069.5	1,072.5	1,069.5	1,083.0	100.0%	97.8%	100.3%	101.3%	418	6.5	5.9	12.5
Whipps Cross	POPLAR	1,782.5	1,723.0	1,065.0	1,145.5	1,403.5	1,367.5	1,069.5	1,092.5	96.7%	107.6%	97.4%	102.2%	646	4.8	3.5	8.2
Whipps Cross	PRIMROSE	1,782.5	1,895.0	1,434.0	1,757.7	1,426.0	1,541.0	1,069.5	1,759.5	106.3%	122.6%	108.1%	164.5%	844	4.1	4.2	8.2
Whipps Cross	ROWAN	1,779.0	1,778.0	1,426.0	1,589.3	1,426.0	1,391.5	1,069.5	1,543.0	99.9%	111.4%	97.6%	144.3%	853	3.7	3.7	7.4
Whipps Cross	SAGE	1,664.5	1,656.5	1,485.0	1,991.5	1,426.0	1,426.0	1,069.5	1,437.5	99.5%	134.1%	100.0%	134.4%	799	3.9	4.3	8.1
Whipps Cross	SYCAMORE	1,311.0	1,668.5	1,311.0	1,759.5	1,066.5	1,436.5	1,068.5	1,414.5	127.3%	134.2%	134.7%	132.4%	826	3.8	3.8	7.6
Whipps Cross	SYRINGA	1,426.0	1,426.0	1,724.0	1,827.5	1,069.5	1,069.5	1,426.0	1,563.8	100.0%	106.0%	100.0%	109.7%	758	3.3	4.5	7.8

Safe Staffing Fill Rates by Ward and Site

May-24

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	BECKTON	1,420.5	1,707.5	1,069.5	1,173.0	1,184.5	1,345.5	1,081.0	1,380.0	120.2%	109.7%	113.6%	127.7%	592	5.2	4.3	9.5
Newham	Custom House NUH	1,426.0	1,463.5	1,069.5	1,368.5	1,069.5	1,115.5	1,426.0	1,552.5	102.6%	128.0%	104.3%	108.9%	614	4.2	4.8	9.0
Newham	DELIVERY SUITE NUH	4,937.0	4,726.7	705.0	656.8	4,829.0	4,664.0	713.0	713.0	95.7%	93.2%	96.6%	100.0%	720	13.0	1.9	14.9
Newham	EAST HAM	1,782.0	1,793.5	1,069.5	1,096.5	1,426.0	1,460.5	1,069.5	1,196.0	100.6%	102.5%	102.4%	111.8%	736	4.4	3.1	7.5
Newham	HEATHER	2,110.0	2,578.5	1,311.0	1,414.5	2,139.0	2,357.5	1,069.5	1,265.0	122.2%	107.9%	110.2%	118.3%	792	6.2	3.4	9.6
Newham	LARCH	3,416.0	3,005.3	2,311.0	1,938.0	2,254.0	2,326.3	1,863.0	1,850.5	88.0%	83.9%	103.2%	99.3%	1,838	2.9	2.1	5.0
Newham	Manor Park ITU NUH	4,278.0	3,871.5	713.0	552.0	4,266.5	3,872.0	713.0	678.5	90.5%	77.4%	90.8%	95.2%	305	25.4	4.0	29.4
Newham	MAPLE	1,069.5	1,069.5	713.0	644.0	1,069.5	1,069.5	713.0	701.5	100.0%	90.3%	100.0%	98.4%	196	10.9	6.9	17.8
Newham	NEONATAL NUH	3,539.5	3,037.8	471.5	540.5	3,381.0	3,164.0	632.5	494.5	85.8%	114.6%	93.6%	78.2%	544	11.4	1.9	13.3
Newham	NUH MIDWIFERY	1,035.0	931.5	356.5	345.0	1,069.5	979.2	356.5	356.5	90.0%	96.8%	91.6%	100.0%	161	11.9	4.4	16.2
Newham	PLASHET	1,889.0	2,895.5	1,069.5	1,115.5	1,426.0	2,461.0	1,069.5	1,207.5	153.3%	104.3%	172.6%	112.9%	785	6.8	3.0	9.8
Newham	RAINBOW	2,710.0	2,299.5	954.5	943.0	1,771.0	1,855.5	356.5	426.5	84.9%	98.8%	104.8%	119.6%	471	8.8	2.9	11.7
Newham	SILVERTOWN	1,782.5	2,150.0	1,069.5	1,253.5	1,425.0	1,655.0	1,069.5	1,391.5	120.6%	117.2%	116.1%	130.1%	674	5.6	3.9	9.6
Newham	STRATFORD	1,424.5	1,527.0	1,069.5	1,357.0	1,426.0	1,694.5	1,069.5	1,471.0	107.2%	126.9%	118.8%	137.5%	538	6.0	5.3	11.2
Newham	Tayberry	2,484.5	2,507.5	1,069.5	966.0	2,495.5	2,599.0	1,069.5	1,219.0	100.9%	90.3%	104.1%	114.0%	701	7.3	3.1	10.4
Newham	THISTLE	1,780.0	1,746.5	1,063.5	1,058.0	1,782.5	1,778.7	1,069.5	1,242.0	98.1%	99.5%	99.8%	116.1%	792	4.5	2.9	7.4
Newham	WEST HAM	1,265.0	1,850.1	1,069.5	1,016.3	1,069.5	1,441.0	356.5	1,115.5	146.3%	95.0%	134.7%	312.9%	883	3.7	2.4	6.1
St Bart's	1C	5,932.5	4,975.8	353.5	432.0	5,083.0	4,723.0	195.5	457.5	83.9%	122.2%	92.9%	234.0%	377	25.7	2.4	28.1
St Bart's	1D	3,208.5	2,531.0	356.5	437.0	2,852.0	2,132.5	356.5	391.0	78.9%	122.6%	74.8%	109.7%	352	13.2	2.4	15.6
St Bart's	1E	4,979.5	4,084.8	356.5	460.0	4,991.0	3,981.0	356.5	483.0	82.0%	129.0%	79.8%	135.5%	274	29.4	3.4	32.9
St Bart's	3A SBH	4,991.0	4,706.7	1,426.0	1,157.8	4,991.0	4,922.0	1,426.0	1,391.3	94.3%	81.2%	98.6%	97.6%	1,001	9.6	2.5	12.2
St Bart's	3D SBH	1,552.5	1,827.8	1,173.0	1,245.0	1,495.0	1,516.7	954.5	920.0	117.7%	106.1%	101.4%	96.4%	567	5.9	3.8	9.7
St Bart's	4A SBH	1,782.5	1,782.5	1,069.5	1,043.5	1,426.0	1,426.0	356.5	713.0	100.0%	97.6%	100.0%	200.0%	723	4.4	2.4	6.9
St Bart's	4B SBH	1,583.5	1,573.0	1,238.5	1,176.0	1,426.0	1,460.5	713.0	930.0	99.3%	95.0%	102.4%	130.4%	553	5.5	3.8	9.3
St Bart's	4C SBH	1,782.5	1,731.0	954.5	889.0	1,426.0	1,334.0	943.0	885.5	97.1%	93.1%	93.5%	93.9%	575	5.3	3.1	8.4
St Bart's	4D & 4E SBH	1,703.8	1,433.0	713.0	667.0	1,610.0	1,211.5	713.0	701.5	84.1%	93.5%	75.2%	98.4%	410	6.5	3.3	9.8
St Bart's	5A SBH	2,184.0	2,521.8	906.0	1,153.8	1,452.0	1,671.7	341.0	836.9	115.5%	127.3%	115.1%	245.4%	556	7.5	3.6	11.1
St Bart's	5B SBH	1,426.0	1,628.4	713.0	656.5	1,426.0	1,702.0	356.5	437.0	114.2%	92.1%	119.4%	122.6%	415	8.0	2.6	10.7
St Bart's	5C SBH	2,138.5	2,133.0	713.0	677.0	1,782.5	1,786.3	356.5	414.0	99.7%	95.0%	100.2%	116.1%	609	6.4	1.8	8.2
St Bart's	5D SBH	2,139.0	2,060.5	713.0	701.5	1,782.5	1,735.0	713.0	724.5	96.3%	98.4%	97.3%	101.6%	706	5.4	2.0	7.4
St Bart's	6A SBH	6,409.0	5,589.5	356.5	333.5	6,405.5	5,384.0	356.5	322.0	87.2%	93.5%	84.1%	90.3%	301	36.5	2.2	38.6
St Bart's	6D SBH	1,460.5	1,426.0	759.0	724.5	1,081.0	1,069.5	713.0	759.0	97.6%	95.5%	98.9%	106.5%	583	4.3	2.5	6.8

Report to the Trust Board: 1 May 2024	TB 26/24
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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)

<p>Executive summary The Committee met on 3 and 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).</p>	
<p>Key agenda items</p> <p><i>Operational performance (constitutional standards)</i></p> <p><i>Monthly finance report</i></p> <p><i>Capital programme report</i></p> <p><i>NEL forecast report</i></p> <p><i>Procurement strategy and plan</i></p> <p><i>Whipps Cross BAF deep dive report</i></p> <p><i>Corporate service collaboration</i></p> <p><i>Newham fire safety expenditure</i></p>	<p>BAF entries</p> <p>5,6</p> <p>8</p> <p>9</p> <p>9</p> <p>9</p> <p>13</p> <p>12</p> <p>9</p>
<p>Key areas of discussion arising from items appearing on the agenda</p> <p>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 2024/25.</p> <p>Monthly finance report The Committee discussed and noted the unaudited outturn position for 2023/24 (detailed in the IPR).</p> <p>Capital programme report The Committee noted the ongoing significant challenges of capital constraints in 2023/24 and looking ahead to 2024/25. The Committee noted a historically challenged capital allocation for NEL compared to some regions.</p> <p>BAF deep dive The committee received a BAF entry deep dive report on planned care, and noted that despite industrial action the Trust delivered value weighted activity levels 16% higher than the 19/20 baseline level, above the target 9% increase.</p> <p>Financial plan 2024/25 The committee spent significant time considering the plan for 2024/25, a high savings and efficiency target and some key dependencies (including workforce productivity and system</p>	

working) to ensure that the plan was deliverable.	
Any key actions agreed / decisions taken to be notified to the Board -	
Any issues for escalation to the Board Final sign off on the Operational and Financial plan 2024/25	
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.	

Report to the Trust Board: 1 May 2024	TB 27/24
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Title	Audit and Risk Committee Exception Report
Chair	Ms Kim Kinnaird, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Executive summary	
The Audit and Risk Committee met on 10 April 2024 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).	
Key agenda items	BAF entries
<i>External Audit progress report</i>	All
<i>Internal Audit progress report</i>	All
<i>BAF and risk appetite</i>	All
<i>QAC exception report on quality audits</i>	4-7
<i>Counter Fraud annual report and workplan</i>	All
<i>Fit and Proper Persons Test arrangements</i>	-
Key areas of discussion arising from items appearing on the agenda	
BAF and high-risk report	
The committee received a report confirming the ‘close down’ of the 2023/24 BAF and a report on high risks. An early discussion of BAF risks for 2024/25 would be scheduled for the next meeting and a Board seminar arranged later in the year to follow up on outputs of similar seminar in 2023. This would provide a similar focus on risk appetite and the NEL approach to BAFs with the aim of developing a best practice approach. The committee discussed high risks, including those scored at 20 owned by hospitals. It was agreed to monitor risks requiring capital treatment through the year.	
Internal Audit reports	
The committee reviewed outcomes of eight audits with seven assigned reasonable or substantial assurance ratings. The committee considered a limited assurance review on registration authority smartcards, which highlighted issues with temporary smartcards issued and noted the need for processes to track starters and leavers ahead of a longer term move towards ‘virtual’ cards. The committee noted other limited assurance audits considered in full by the Quality Assurance Committee. The committee also noted sustained progress on the number of overdue management actions arising from previously completed audit reviews. The Head of Internal Audit opinion confirmed a reasonable assurance rating for the overall systems of internal control in the Trust.	
Counter fraud	
The committee discussed the annual report and workplan. The committee noted a high level of fraud referrals compared with peers which was felt to be indicative of a healthy reporting culture.	

<p>External Audit report</p> <p>The Committee received and discussed the planned audit approach for the 2023/24 accounts audit and an initial assessment of key risks as part of interim audit work. The committee noted that national changes to accounting standards in relation to accounting for PFI schemes would inform revisions to the balance sheet in the accounts.</p> <p>Losses and special payments</p> <p>The Committee noted the report and agreed to schedule a dedicated follow-up report on non emergency patient transport including policies for handling traffic violation penalties.</p>	
<p>Any key actions agreed / decisions taken to be notified to the Board</p> <p>An additional informal draft annual accounts meeting was held ahead of submission of the draft accounts on 24 April 2024.</p>	
<p>Any issues for escalation to the Board</p> <p>None</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes.</p>
<p>Action required by the Board</p> <p>The Trust Board is asked to note the Audit and Risk Committee exception report.</p>	

Report to the Trust Board: 1 May 2024	TB 28/24
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Title	Quality Assurance Committee Exception Report
Chair	Dr Kathy McLean, Non-Executive Director
Author / Secretary	Shalin Sharma, Deputy Trust Secretary
Purpose	To advise on work of Trust Board Committees

Executive summary

The Quality Assurance Committee met on 13 March 2024 to discuss items on its agenda relevant to its terms of reference.

Key agenda items (relating to BAF entries 1, 8, 9, 11, 16)

- Whipps Cross Eye Treatment Centre
- Whipps Cross Hospital Quality Report
- Quality Report
- Maternity Report
- Clinical Harm
- Quality & Safety Internal Audits
- Winter Dashboard & Risks
- Integrated Risk Report / BAF Risk Deep Dive
- Infected Blood Inquiry

Key areas of discussion arising from items appearing on the agenda

Whipps Cross Eye Treatment Centre

- The committee reviewed the cultural, clinical and safety issues in the report and was encouraged that progress was being made. QAC would continue to receive updates at future meetings. The committee was partially assured about the processes and impact.
- Clinical engagement had significantly improved (with both medical and nursing staff) within the Eye Treatment Centre. Capacity across the collaboration was being used to support waiting list reductions. The hospital CEO was leading on the support package and engaging with the Group CFO over resourcing.

Whipps Cross Hospital Quality Report

- The committee commended the general progress being made. Key achievements were discussed as well as risks and challenges in the emergency department. The hospital team was encouraged to speed up assessment timeframes. The committee recognised a systematic solution was required to help manage the medically optimised discharge process.

Quality Report

- The committee reviewed new PSIRF metrics. Incident reporting was being reviewed at North East London level due to a reduction in reporting generally.

- Duty of Candour compliance had increased although improvement was still under focus. The Group CMO was signing-off all duty of candour letters to ensure a high quality of letters. Measurable improvements were anticipated in reporting from May 2024.
- Staff feedback from the St. Bartholomew's Hospital nuclear medicine CQC inspection would be reviewed by the committee and data on ED waiting times for children and young people would be included in the performance summary of the quality report.
- QAC agreed that a thematic analysis and look-back on Prevention Of Future Death notices should be developed.

Maternity / CNST Assurance:

- The committee took significant assurance from the maternity report. Details of themes would be collated and related actions taken in the last six months, to be presented in positive story form.

Clinical Harm

- QAC commended the innovative practice described, particularly in relation to equity analysis.
- The committee was partially assured by the requested patient experience feedback and pleased with the engagement with hospitals around their approach. The committee requested to see some qualitative data and more follow-up information in order to get an even wider perspective.

Quality & Safety Internal Audits

- The committee reviewed progress against the 2023-24 audit plan (clinical areas) as well as assurance reviews on:
 - Safeguarding: Limited assurance was assigned regarding the processes in operation over Safeguarding at hospital level (with a subsequent second part of the audit expected to achieve a higher assurance rating). The limited assurance rating was due to unclear responsibility over the DBS referral process and the number of medium priority management actions. A number of management actions were identified for the purpose of strengthening controls and addressing risks, including gaining clarity on the DBS referral process.
 - Whipps Cross Hospital Patient Experience: The committee reviewed the report and response, noting that reasonable assurance was assigned regarding the processes in operation over Whipps Cross Hospital Patient Experience. QAC felt that the report provided assurance over the hospital's arrangements to deliver a positive patient experience
 - Clinical Audit: No assurance rating assigned. The committee was pleased with the learning reflection done and from the safety element of the audit and recognised there further work would be done on strengthening the clinical audit process and evidencing outcomes.

Winter Dashboard

- The committee was pleased with the evolution of previously agreed actions. The next iteration of the report would include more information on how risk triggers were identified and balanced against existing risks. Further analysis of clinical outcomes/GIRF metrics for patients, for example around morbidity/mortality would also be included.

<p>Integrated Risk Report / Q4 BAF Risks</p> <ul style="list-style-type: none"> The integrated risk report and Q4 BAF risks were reviewed. Most BAF risks delegated to the committee were covered via items on the meeting agenda. <p>Infected Blood Inquiry</p> <ul style="list-style-type: none"> The committee noted correspondence received in regard to the haemophilia service at The Royal London Hospital and was sighted on the report prior to this being published. 	
<p>Any issues for escalation to the Board</p> <ul style="list-style-type: none"> None. 	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.</p>
<p>Action required</p> <p>The Trust Board is asked to note the report.</p>	

Report to the Trust Board: 1 May 2024	TB 29/24
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Title	Nominations and Remuneration Committee Exception Report
Chair	Rt Hon Jacqui Smith, Chair
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees

<p>Date of meeting The Nominations and Remuneration Committee met on 22 April 2024</p>

<p>Key areas of discussion arising from items appearing on the agenda At this meeting the committee approved the nomination of a new director of strategy and partnerships while noting other executive appointments in the VSM tier. A report on the profile of VSM postholders was considered from an equity and fairness perspective; and a review of pay comparisons undertaken. The committee also received an update on Fit and Proper Persons test arrangements.</p>
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<p>Any key actions agreed / decisions taken to be notified to the Board None.</p>
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<p>Any issues for escalation to the Board None.</p>
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Legal implications/ regulatory requirements	n/a
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<p>Action required by the Board The Trust Board is asked to note the exception report from the Nominations and Remuneration Committee.</p>

Report to the Trust Board: 1 May 2024	TB 30/24
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Title	NHS staff Survey 2023
Accountable Director	Daniel Waldron
Author(s)	Valerie Swaby, Retention & People Promise Exemplar Programme Lead Delvir Mehet, Group Deputy Director of People
Purpose	This paper provides a summary and highlights from the 2023 NHS Staff Survey results.
Previously considered by	GEB

Executive summary

The initial results for the 2023 Staff Survey were presented to the Trust Board in March. This report provides a further update of the Barts Health results, focusing on trends, insights, and outputs from our internal year-on-year analysis over a five year period. The feedback the survey provides us will be used to inform our programmes of work across the Trust and aligned to the People Strategy through staff survey data driven action plans.

Points for the board to note:

- We have improved as a Trust the 2023 NHS Staff Survey had a response rate of 43% an increase from 37% in 2022 and 18% for Bank workers with 1% increase.
- The Trust improved significantly in all People Promise elements theme scores compared to 2022 scores with the biggest improvement seen in the morale (+0.32) and we are always learning (+0.27), scores. Despite these improvements Barts Health remains below the average score in all areas.
- We have moved up the London ranking for the question, *I would recommend my organisation as a place to work*, this question is a key national indicator and used as a litmus test to gauge the reputation of organisations.
- We are an outlier for in the responses to the question regarding unwanted sexual behaviours from staff and the worst in our national benchmark group at 5.73%. Implementing the 10 principles and actions of the sexual safety charter will be critical.
- Year-on-year trend data analysis provides further insight there are a number of areas which have seen consistent improvements over period, in particular levels of bullying and harassment experience by colleagues have fallen and a number of aspects of team working have consistently improved.

- Based on these results we have identified a number of systemic cultural issues we need to focus on to support our people to delivery excellent patient care. These include persistent issues in particular divisional areas, issues around high levels of unacceptable behaviours and the ongoing need to focus on compassionate and inclusive leadership.

Next Steps:

To ensure that we develop and deliver the plans to address the challenges identified our next steps will include:

- The multi-professional People Experience and Engagement Group to develop and finalise the local delivery plans for each Hospital/GSS.
- Integrate plans with existing governance and strategies.
- Ensure accountability for delivery through ownership at Hospital / Group Executive Boards.
- Continue to triangulate the insight provided in the survey alongside other indicators such as the Workforce Race Equality and Workforce Disability Equality Standards.
- Deliver targeted actions in key areas where we have identified significant issues such as the work of the anti-racism and sexual safety delivery groups.

Related Trust objectives:

To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us to meet our ambition to be an outstanding place to work.

Risk and Assurance	Assurance in relation to BAF entries 1-4 on inclusion; workforce capacity and capability; engagement and wellbeing
Legal implications/ regulatory requirements	All NHS Trusts are required to take part in the annual NHS Staff Survey

Action required:

The Trust Board is asked to note the report including trends, insights, and benchmarking data.

**STAFF
SURVEY 2023**

NHS
Barts Health
NHS Trust

TB 30-24a NHS Staff
Survey

NHS Staff Survey

How did we do?

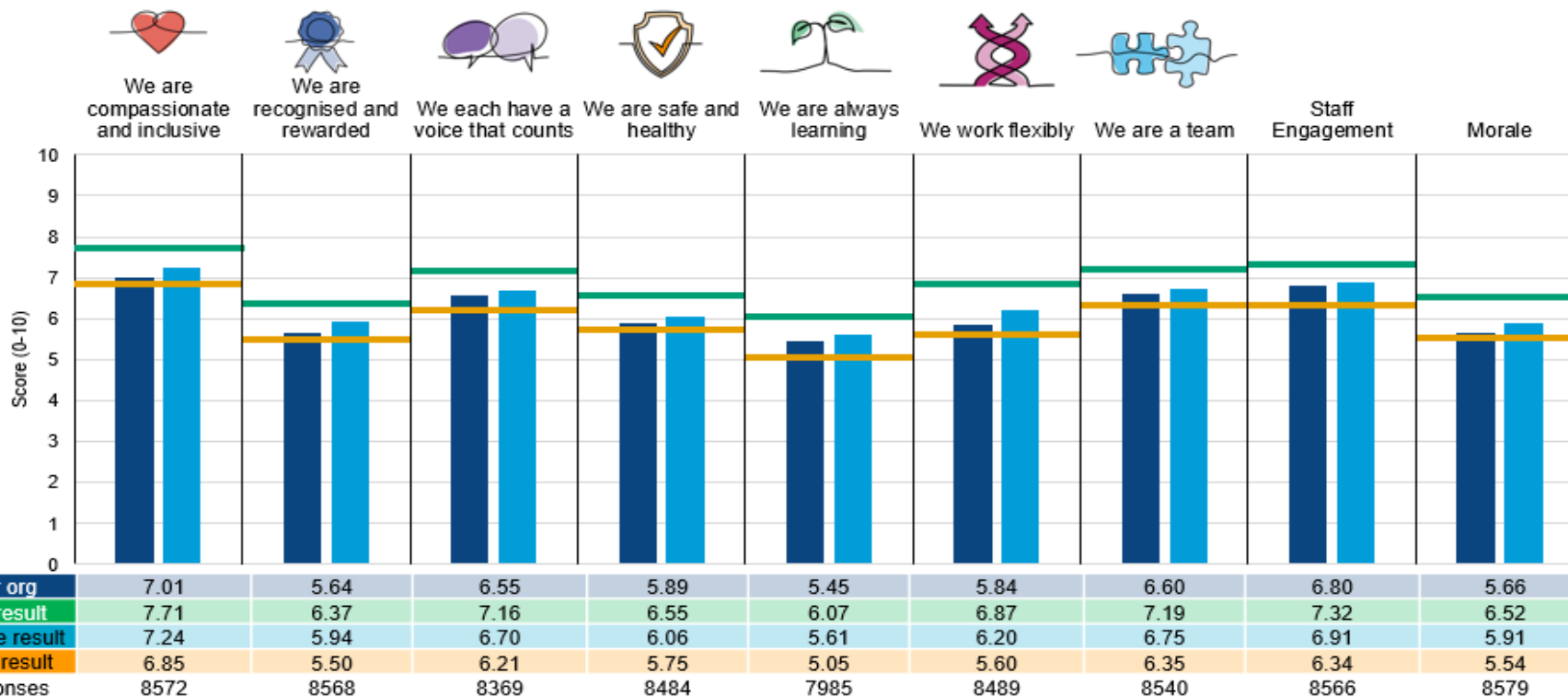
Trust Board Update
1 May 2024

Make your voice count

Executive Summary

- The initial results of the 2023 Staff Survey were presented to the Trust Board on 6 March, and this additional report provides the Board with further **detail on the insights and trends** over a five-year period. We have used our Benchmark group of other acute and acute and community Trust for comparisons nationally and within London.
- The **key headline in this year's results is a strong recovery** following disappointing results in 2022. Overall a **majority of questions improved** compared to the previous year and results for **all People Promise Themes improved**. The **biggest improvements** were seen in **Morale** (+0.32), **We are always learning** (+0.27) themes. The response rate was **43% an increase** compared to 37% in 2022.
- Despite the improvements **Barts Health remains below the average** scores for all of these areas as the national averages also improved this year.
- There are many areas where there is progress to celebrate, the **largest improvements** we have seen this year compared to the 2022 scores are with people saying **there are enough staff** to do the job properly (+7.3%) and **fewer people thinking about leaving** the organisation (-6.2%).
- Another positive was to the question regarding *if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation* where 64.8% of our people agreed, resulting in a **5.2% increase since 2022**, taking us above the **benchmark group average** of 63.3%
- We are an **outlier for the percentage of people experiencing unwanted sexual behaviours** from colleagues where we have the **highest levels in the benchmark** group at 5.7% (Best 1.4%, average 3.8%). **Levels of bullying and harassment**, whilst declining, **remain above the national averages**.
- This paper also sets out some of the **key and persistent cultural issues** indicated by the results which include **ongoing issues in a number of areas** with a need to **retain focus on compassionate leadership** in the **context of operational and financial pressures**.
- Our **response to these results** have been developed **locally at each Hospital/ GSS** and will **overseen by the People Experience and Engagement Group** with assurance through Hospital and Group Executive Boards. We will use the more **frequent insight** from the **National Quarterly Pulse Surveys** to monitor the impact of these actions, though noting that due to the **much lower response rates** the results tend to be **more variable than in the staff survey**.

National Acute and Acute & Community Benchmark Overview: People Promise elements and themes



- Throughout this paper comparisons are made to other acute and acute and community trusts who are our benchmark group.
- The Trust improved in all People Promise elements and themes compared to 2022 scores, however we still score below the benchmark average for many responses
- People Promise elements and Themes furthest away from the benchmark average are We work flexibly, We are recognised and rewarded, and Morale.

London Ranking



Shows us moving up the list

One particularly significant question result from the survey is the percentage of people agreeing they would *recommend the Trust as a place to work*, this is used nationally as an indicator for an organisation. Reviewing this result for all of the London acute trusts shows Barts Health is in the middle of the range, 8th, a significant improvement compared with 13th in 2022.

Trust	2019	2020	2021	2022	2023	Change 2022 to 2023 (p. points)	Change 2019 to 2023 (p. points)
University College London Hospitals FT	71.9%	78.4%	74.2%	75.2%	77.1%	1.9%	5.1%
Chelsea and Westminster Hospital FT	70.0%	70.7%	66.8%	64.6%	70.1%	5.5%	0.1%
Guy's and St Thomas' FT			73.2%	70.8%	69.8%	-0.9%	-
Imperial College Healthcare Trust	67.6%	71.4%	64.4%	66.0%	68.7%	2.7%	1.1%
Kingston Hospital FT	73.5%	74.7%	62.1%	63.3%	67.8%	4.5%	-5.7%
Royal Free London FT	61.9%	68.6%	61.1%	59.6%	65.1%	5.5%	3.2%
Homerton Healthcare FT	67.1%	69.1%	65.4%	61.6%	64.2%	2.6%	-2.9%
Barts Health Trust	62.6%	65.9%	59.8%	55.8%	61.4%	5.6%	-1.2%
Lewisham and Greenwich Trust	60.4%	60.3%	55.6%	57.8%	61.0%	3.2%	0.6%
Whittington Health Trust	62.9%	66.2%	59.1%	58.9%	60.7%	1.9%	-2.2%
St George's University Hospitals FT	60.8%	67.0%	58.4%	58.5%	59.4%	1.0%	-1.4%
Epsom and St Helier University Hospitals Trust	61.9%	64.3%	58.6%	55.4%	59.3%	3.9%	-2.7%
Croydon Health Services Trust	59.3%	61.0%	55.3%	55.8%	58.3%	2.5%	-1.0%
London North West University Healthcare Trust	53.5%	59.2%	55.4%	53.2%	58.0%	4.8%	4.6%
North Middlesex University Hospital Trust	63.7%	60.0%	53.4%	52.5%	56.7%	4.2%	-7.0%
King's College Hospital FT	56.1%	59.9%	55.4%	56.4%	56.4%	-0.1%	0.3%
The Hillingdon Hospitals FT	53.8%	49.9%	46.2%	44.0%	52.5%	8.5%	-1.2%
Barking, Havering and Redbridge University Hos	57.2%	54.4%	49.2%	47.4%	51.3%	3.8%	-6.0%

**STAFF
SURVEY 2023**

NHS

Barts Health
NHS Trust

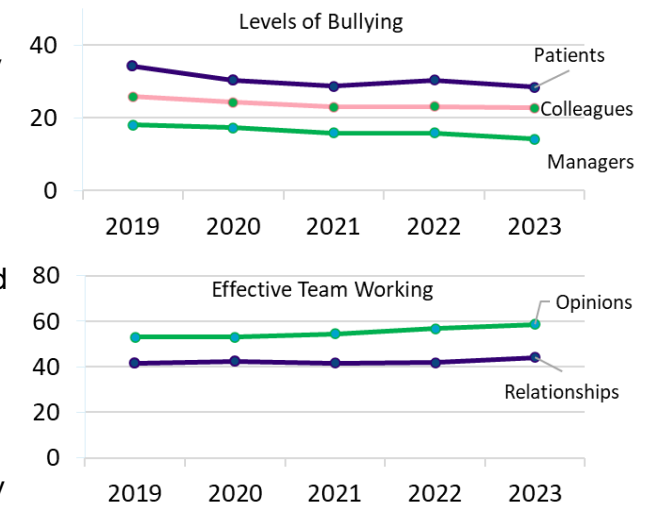
TB 30-24a NHS Staff
Survey

Staff Engagement & People Promise Themes

Make your voice count

Feedback over time

- Year-on-year analysis of trends over the last five years indicates there are two main areas where we have seen consistent improvements:
- Levels of bullying and harassment experienced** have fallen from all three sources captured in the survey, patients and public (reduced by 5.81% points since 2019), managers (reduced by 3.89% points since 2019), and other colleagues (reduced by 3.12% points since 2019). Despite the improvements with these measures Barts Health remains above average for the levels of bullying and harassment across all areas.
- Various aspects of team working have improved** over the period. This includes teams working more effectively together (increased by 2.07% points since the question was introduced in 2021) and several questions relating to direct line managers. In particular, the largest sustained increase in the survey relates to line managers asking for opinions before making changes to people's work (increased by 5.78% points since 2019).
- In addition, we have seen improvements with fewer strained relationships (proportion of colleagues saying that they never or rarely have relationships strained at work has increased by 2.62% points). Fewer people are working unpaid hours (reduced by 3.7% points since 2019)
- Colleagues personally **experiencing discrimination** from their manager/team leader or other colleagues has remained at around the same level, currently 14.65% since 2019. Barts Health has consistently one of the worst scoring Trusts compared to the Benchmark group over this five year period.
- Having **adequate materials, supplies and equipment** to do the job has improved since 2019. However, Barts Health remains the worst scoring Trust compared to the Benchmark group. This is largely being driven by RLH and Pathology Partnership; only 40% report having adequate materials, supplies and equipment to do the job.



Further Insights and Trends over time vs Benchmark

- Reviewing the questions responses over the last five years shows the trends fall a number of broad categories including questions with consistent improvements, consistent declines and those that have fluctuated year on year with no particular pattern.
- The questions belong to each group are laid out in the three columns below grouped into the relevant people promise theme area.
- As noted, Barts tends to be below the benchmark average, questions marked with an * indicate the areas that are above average. Not all questions listed out below including newly added questions some areas where there has been no trend.

Consistent improvements	Consistent declines	Inconsistent response rates (Fluctuates)
<p>Theme: Safe and Healthy</p> <ul style="list-style-type: none"> • Not experienced harassment, bullying or abuse from: <ul style="list-style-type: none"> • Patients/public (65%-72%) • Managers (82% - 86%) • Other colleagues (74%-77%) 	<p>Theme: Compassionate and Inclusive</p> <ul style="list-style-type: none"> • Organisation acts on concerns raised by patients* (73%-70%) • If friend/relative needed treatment would be happy with standard of care (68%-65%)* 	<p>Theme: Always Learning</p> <ul style="list-style-type: none"> • Appraisal helped me improve how I do my job (31%)* • Appraisal helped me agree clear objectives (41%)* • Appraisal left me feeling organisation values my work (33%)
<p>Theme: Team working</p> <ul style="list-style-type: none"> • Team members have a set of shared objectives (68%-71%) • Team often meet to discuss the team’s effectiveness (58%-61%) • Receive the respect I deserve from my colleagues at work –67%-70%) • Manager gives clear feedback on my work (59%-62%) • Manager asks for my opinion before making decisions that affect my work 	<p>Theme: Voice that Counts</p> <ul style="list-style-type: none"> • Feel trusted to do my job (91%-88%) • Able to make suggestions to improve the work of my team (70%-68%) • Have a choice in deciding how to do my work (49%-47%) • Would feel secure raising concerns about unsafe clinical practice (70%-68%) • Feel safe to speak up about anything that concerns me 59%-57%) 	<p>Theme: Morale</p> <ul style="list-style-type: none"> • Able to meet conflicting demands on my time at work (47%)* • Have adequate materials, supplies and equipment to do my work (46%) • Enough staff at organisation to do my job properly (31%) • Don’t think about leaving (40%) • I am unlikely to look for a job at a new organisation in the next 12 months (45%) • I am not planning on leaving this organisation (51%)
<p>Theme Morale</p> <p>Relationships at work are unstrained (42% - 44%)</p>	<p>Theme: Safe and Healthy</p> <ul style="list-style-type: none"> • Experienced MSK problems because of work (34%-36%) 	<p>Theme: Compassionate and Inclusive:</p> <ul style="list-style-type: none"> • Would recommend organisation as place to work (62%)* • Experienced discrimination at work from colleague (15%)
<p>Other</p> <ul style="list-style-type: none"> • Don't work any additional unpaid hours (39% - 43%) 	<p>Theme: Staff Engagement</p> <ul style="list-style-type: none"> • Care of patients is organisation's top priority (77%-75%)* • Time often/always passes quickly when I am working (77%-69%) 	<p>Theme: Recognised and Rewarded</p> <ul style="list-style-type: none"> • Satisfied with recognition for good work (52%) <p>Theme: Safe and Healthy</p> <ul style="list-style-type: none"> • Have not felt unwell due to work related stress (55%)

Most Improved and Declined Scores

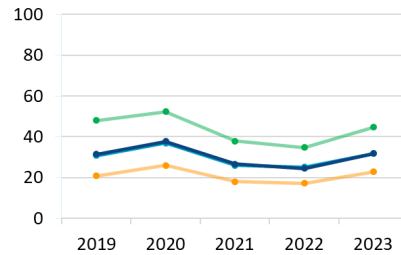
Top 3 Improved and Declined scores from the 2023 National Staff Survey Results compared to last year



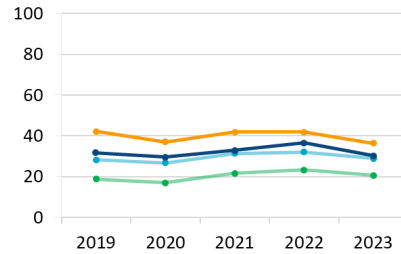
Most Improved scores (areas to celebrate)

Most declined scores (areas for focus)

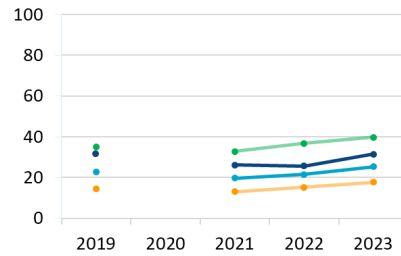
There are enough staff at this organisation for me to do my job properly: scored 31.71% (the benchmark group average is 31.75%) an improvement of +7.31 percentage points from 2022 results (24.40%)



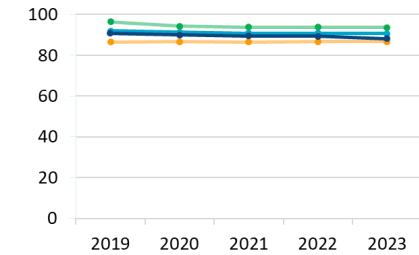
I often think about leaving the organisation: scored 30.29% (the benchmark group average is 28.89%) an improvement of -6.16 percentage points from 2022 results (36.45%)



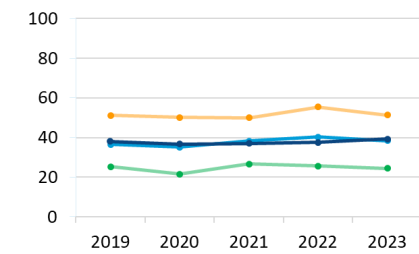
The appraisal/ review helped me how to do my job: scored 31.52% (the benchmark group average is 25.44%) an improvement of +5.75 percentage points from 2022 results (25.77%) (question not included in 2020 survey)



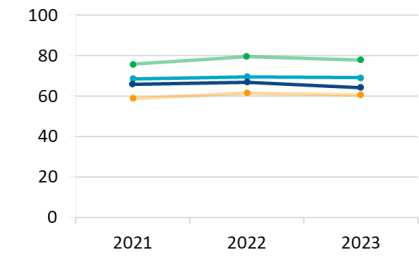
I'm trusted to do my job: scored 88.22% (the benchmark group average is 90.58%) an deterioration of -1.05 percentage points from 2022 results (89.27%)



I work additional PAID hours for this organisation over and above my contracted hours: scored 39.18% (the benchmark group average is 38.45%) an deterioration of +1.6 percentage points from 2022 results (37.58%)



The organisation offers me challenging work: scored 64.15% (the benchmark group average is 69.12%) an deterioration of -2.77 percentage points from 2022 results (66.92%)



Systemic Cultural Issues

- **Ongoing cultures issues:** there is continued evidence of **persistent issues in a large number of areas**. The survey shows that year on year certain divisional areas **that have consistently lower scores**. For example **Newham** and **Pathology Partnership** scored below the trust average in 91% and 79% of questions respectively. Within Hospitals there also are areas that are frequently negative outliers such as **Women's and Children's Divisions** NUH (5.76), RLH (5.59) where the average People Promise themes scores at are significantly below the Trust average (6.16). At each Hospital, the granular local analysis of the results frequently indicate issues in **known hot spot areas**.
- **Just culture** – a clear issue is the **continued high prevalence** of unacceptable behaviours such as bullying, harassment and discrimination. This year's survey has also highlighted the very high levels of **unwanted sexual behaviours** from other colleagues experienced by many people. As noted, levels of bullying have been reducing over the last five years but from very high levels. Overall, around **a third** of our people experience bullying from colleagues each year, **around 1 in 6** experience **discrimination** and more than **1 in 20** experienced **unwanted behaviour of a sexual nature** in the workplace from staff.
- **Ongoing need for Compassionate Leadership** – the evidence shows that there have been **improvements in the compassionate behaviours** from managers that we want to see, the sub-theme score has increased from 6.60 in 2021 to 6.77 in 2023 this is still **below the benchmark average**. We need to continue to **stress the crucial need for managers** to lead compassionately particularly in the light of **ongoing operation pressures** and the rising need to address the **significant financial issues** across the Trust which we know are likely to amplify existing relationship issues.

Triangulating with the People Pulse Survey Results

- In addition to the annual Staff Survey, we also carry out a quarterly **People Pulse survey** – it is paused in Q4 each year when the annual survey takes place.
- This provides real time insight into how our people are feeling in a number of areas and allows us to **monitor progress on our action plans** and provides a **more frequent dialogue** than the annual survey.
- Traditionally the Pulse survey has much lower response rates therefore the scores tend to be much **more variable** than the annual survey.
- The results for the last two years show the same pattern of a dip at the end of 2022 then **recovery during 2023**. Overall, the People Pulse scores provide a different picture to the annual survey.
- In the last two years of the **staff survey** all these scores have been in the range of 6.5-6.9 this is **much higher** than the People Pulse scores which range from 5.8-6.6. There is also a **greater range in the Pulse** compared to the annual survey

People Pulse employee engagement scores & sub-scores, per NQPS for Barts Health

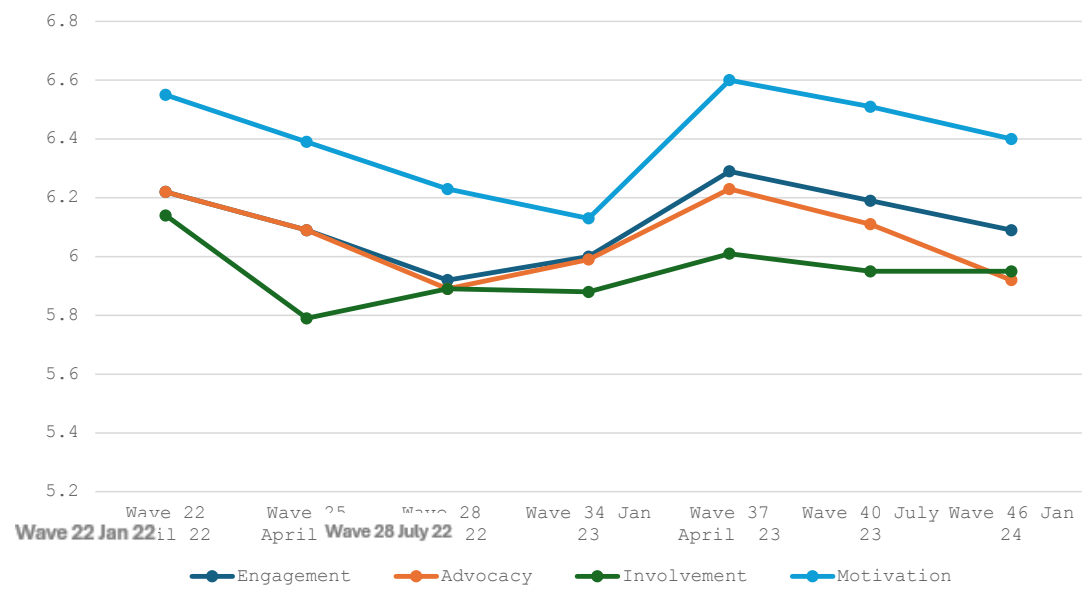


Fig.1 Employee engagement score trend data (NHS Staff Survey and National Quarterly Pulse Survey)

People Pulse Survey: Team support continues to be the key driver of employee engagement

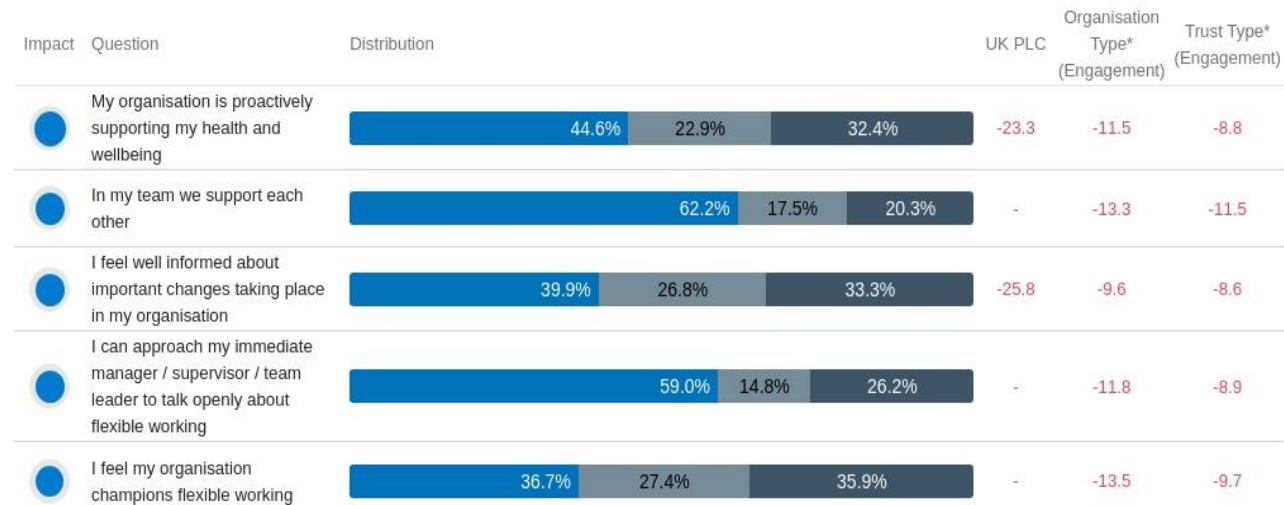
The People Pulse provides information to understand what drives employee engagement and positive mood in our organisation.

The latest results show team support 62.2% had the highest impact on employee engagement and lowest for flexible working at 36.7%.

The emerging data suggests that we should focus on the five areas listed, with good support for the health and wellbeing of our people.

Flexible working and keeping people informed about important changes taking place are key factors to driving employee engagement.

Legend: ● Positive ● Neutral ● Negative



ⓘ Too few responses (26)

Fig.3 Key drivers of engagement (National Quarterly Pulse Survey Q4 23/24)

What is this analysis showing?

This widget shows the output of a correlational analysis that determine which questions (core areas) have the strongest relationships to overall Employee Engagement. These relationships are uniquely reflective of how the people in your organisation feel. Metrics are displayed in order of impact, with the strongest relationships displayed first.

Ultimately, focusing efforts on improving the core areas above, will have a notable impact on overall Employee Engagement. We recommend that you prioritise your focus on the lower scoring core areas as these not only have a high impact on overall Employee Engagement but are also lower scoring.

**STAFF
SURVEY 2023**

NHS

Barts Health
NHS Trust

TB 30-24a NHS Staff
Survey

Responding to the NHS Staff Survey

Make your voice count

Overarching Action Plan (1)

Themes	Challenges	Actions
<p>Addressing the high levels of unacceptable behaviours</p>	<p>Barts Health is an outlier for the question on unwanted sexual behaviours from staff. There are also above average levels of bullying and discrimination which is more likely to impact colleagues from a Black, Asian or minority ethnic background or disabled colleagues</p>	<ul style="list-style-type: none"> Continued the focused delivery of WeBelong centred around the key priorities of: <ul style="list-style-type: none"> Building compassionate and inclusive leadership capability: Career development. Creating a fair and just culture. Supporting our Staff Diversity Networks. Dedicated delivery groups established for sexual safety and anti-racism will develop specific actions to improve awareness and capabilities to reduce the prevalence of these behaviours targeted at the identified hot spot areas in partnership with other leadership and organisational development offers across the Trust. Ensuring colleagues who experience these behaviours are provided with the right support from our comprehensive range of wellbeing offers and improving the capabilities of managers to lead compassionately in these situations. Improve the uptake of and learning from our speak up channels, to ensure colleagues raising concerns to ensure we can address these issues effectively.
<p>Appraisals and Getting the Basics Right</p>	<p>The Staff Survey results highlight the need to consider the resources required to deliver care, get the basics right and appraisals. High number of our people report they do not have the right materials to do the job and we remain below average for the percentage of staff that have had an appraisal.</p>	<ul style="list-style-type: none"> Take action to identify and provide staff with the essential equipment necessary to perform their job and ensure that an efficient system for requesting materials is in place. Further embedding the revised appraisal framework and examine the data to identify any areas where coverage of appraisals is low and emphasise to line managers the importance and value of conducting such developmental reviews / appraisals. These are an ideal opportunity to ensure staff feel valued and listened to. Monitor coverage of yearly appraisals and hold managers accountable for conducting them. Review the catering arrangements available to staff and ensure a wide range of nutritious food to meet different dietary requirements is available

Overarching Action Plan (2)

Themes	Challenges	Actions
<p>Flexible Working and Health and Wellbeing</p>	<p>The results tell us that a high proportion of our colleagues feel worn out and find work emotionally exhausting and frustrating. Although we have improved since 2022, we remain an outlier. This is reflected in our exit interviews; work/life balance is one of the main reasons cited by leavers. We need to enable flexible working to retain and attract talent.</p>	<ul style="list-style-type: none"> • Review flexible working models and develop new roles and continue to create more opportunities and support new ways of working e.g., roll-out team-based/self-rostering • Reduce 'burn out' and negative experiences further embedding the work of our Hospital based Wellbeing champions – Develop wellbeing champions within each defined area. Strengthen rapid wellbeing response – Implementation of trigger plan for MHFA/TRiM/PSS • Improve manager capability and support
<p>Compassionate Leadership Development & Culture</p>	<p>Supporting managers to be effective, compassionate leaders is a key strategic objective for the Trust, which will support the Trust's aim to become an outstanding place to work. This needs to be continuously emphasised in an context of high levels of operational pressures and a increasingly challenged financial environment.</p>	<ul style="list-style-type: none"> • Maximise the take up of the WeLead leadership development offer amongst managers, to increase the compassionate and inclusive leadership capability of our workforce. We will also embed the framework in the new manager induction. A leadership strategy focusing on behaviours linked back to the values we want to see will be developed – this will capture recommendations from the anti-racism and sexual safety working groups. • Reinforce compassionate leadership behaviours through existing channels such as the team leader webinars and Senior Leadership conferences. • Target delivery of key interventions to hotspot areas, tailoring the delivery approach to the specific cultural needs of teams / directorates. • Continue the focus on the delivery of the cultural intelligence masterclasses and expand the team of facilitators with localised Hospital based delivery
<p>Governance & Assurance</p>	<p>The issues highlighted in the staff survey are wide-ranging and in many areas represent long-term systemic challenges. Addressing this with a consistent and focussed approach will require clear plans with local ownership and delivery aligned to existing priorities and delivery.</p>	<ul style="list-style-type: none"> • People Experience and Engagement Group will oversee the development and delivery of the staff survey action plans across the Trust reporting into GEB • Ensure that there is regular monitoring and oversight of key metrics aligned to priority areas in Hospital Performance Review (PR) discussions • Annually benchmark Barts staff survey data against the data for all other London acute trusts, to enable us to judge our performance against similar trusts • Use our existing governance structures (e.g., People Board sub-groups, Hospital Performance Reviews) to ensure the local implementation of the recommendations in the Verita review. • Dedicated delivery groups into IEB for sexual safety and anti-racism • Use the annual triangulated report to integrate insight from across the organisation to ensure that plans are effectively addressing the root causes of the issues we face.

Hospital/GSS response to the 2023 staff survey

High level view of hospital priorities and next steps

Hospital	Key Priorities and Actions	Next Steps
Newham	<ul style="list-style-type: none"> Leadership capabilities: increasing impact of WeLead and sharing best practice with peers Speaking up – improving reporting on incidents with a focus on violence and aggression Appraisals – promoting appraisals to improve uptake levels 	<ul style="list-style-type: none"> Plans in place with delivery through Culture and Wellbeing committee Integration with existing governance through performance reviews
Royal London	<ul style="list-style-type: none"> Restorative just culture – ensure colleagues are treated with dignity, improve the pause and reflect process, improve diversity in senior roles Flexible working – increase opportunity for flexible working Getting the basics right – identify basic tools that staff require to do their jobs Reducing violence and aggression – improve areas to support prevention 	<ul style="list-style-type: none"> Roll out just culture training Establish Substantive Workforce Programme, improved rostering Develop short and long term plans to address unmet needs leading to frustration and impacts on wellbeing Launch new Preventing and Managing Violence and Aggression policy
St Barts	<ul style="list-style-type: none"> Respect for everyone – addressing sexual safety and bullying, harassment and discrimination Work life balance – enhanced wellbeing strategy, flexible working and wellbeing 	<ul style="list-style-type: none"> Develop and pilot a Health and Fitness offer for SBH and a Wellbeing offer for Junior Doctors review flexible working models and develop new roles reduce ‘burn out’ and negative experiences
Whipps Cross	<ul style="list-style-type: none"> Speaking up – Listening Circles, roadshows and workshops Physical and mental wellbeing – Wellbeing at Whipps annual plan Inclusive learning and development – development of apprenticeships, learning and development matrix, coaching, mentoring and shadowing 	<ul style="list-style-type: none"> Four pilot session planned to start in Q1, Agenda for Wellbeing and Inclusion to be presented and approved through people governance meetings Working with internal apprentice lead, Waltham Forest and community employment co-ordinator to plan an agreed approach
GSS	<ul style="list-style-type: none"> Appraisal and essential equipment – increased appraisal uptake, ensuring colleagues have the right tools Violence – understand the issues and targeted interventions Discrimination, focused on age and faith – improve reporting where incidents occur, develop leadership capabilities 	<ul style="list-style-type: none"> Directorate plans for appraisals Identify hotspot areas with training to promote de-escalation and awareness Promote speak up channels, continued rollout of WeLead

Next Steps

The NHS Staff Survey **continues to provide feedback from colleagues** to embed the ongoing dialogue we need to inform our programmes of work across the Trust to **support our people** to provide the **best care for our patients**. In order to ensure that we develop and deliver the plans to address the challenges identified we will:

- Build on the existing work of the **multi-professional People Experience and Engagement Group** to develop and finalise local delivery plans for each Hospital
- Ensure the **integration existing governance and strategies**, with **accountability** for delivery through ownership at **Hospital / Group Executive Boards**
- Ensure that we **triangulate the insight** provided in the survey alongside other indicators such as the Workforce Race Equality (WRES) and Workforce Disability Equality Standards (WDES).
- Deliver **targeted actions in key areas** where we have identified significant issues such as the work of the anti-racism and sexual safety delivery groups

Report to Barts Health NHS Trust Board: 1 May 2024	TB 31/24
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Title	Whipps Cross Redevelopment
Accountable Director	Dr Amanjit Jhund, Chief Executive, Whipps Cross Hospital
Author(s)	Alastair Finney, Redevelopment Director, Whipps Cross Hospital
Purpose	To provide an update on the Whipps Cross redevelopment programme
Previously considered by	Group Executive Board, Redevelopment Programme Board

<p>Executive summary</p> <p>This paper provides an update on the programme for the redevelopment of Whipps Cross Hospital in the context of the national New Hospital Programme and including the business case for the second phase of enabling works.</p>
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Related Trust objectives	
3d. Progressing long term projects 3c. Anchor institution	
Risk and Assurance	Assurance in relation to the below BAF risk
Related Assurance Framework entries	12. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care
Legal implications/regulatory requirements	None

<p>Action required</p> <p>The Board is asked to note:</p> <ul style="list-style-type: none"> • final approval of the business case for phase two of enabling works by the DHSC's and NHSE's joint investment sub-committee, leading to the agreement of a construction contract that we anticipate will be finalised and signed in June; • the ongoing engagement with national colleagues to agree a timeline for submitting our outline business case for the overall programme and a timeline for construction of the new hospital; and • the continuing mobilisation of the Academic Centre for Healthy Ageing and ongoing recruitment to three professorial positions.

BARTS HEALTH NHS

REPORT TO TRUST BOARD: 1 MAY 2024

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. In January, the Trust Board received an update on the latest position on the programme for the redevelopment of Whipps Cross Hospital - in the context of the national New Hospital Programme - and on progress on phase two of the enabling works.
2. This report provides an update on the programme, including progress towards the construction of the first of two new multi-storey car parks and work being undertaken ahead of finalising our outline business case prior to its submission to the Department of Health and Social Care (DHSC) and NHS England (NHSE).

WHIPPS CROSS REDEVELOPMENT UPDATE: SUMMARY POSITION

3. On 2 February, the full business case for phase two of our enabling works received final approval from the DHSC and NHSE. The works include the construction of a new 500-space multi-storey car park, which must be completed before building of the new hospital itself can begin.
4. Meanwhile, we continue to work closely with colleagues in the national New Hospital Programme (NHP), with the aim of agreeing next steps for the programme.

ENABLING WORKS - PHASE TWO

5. As reported to the Trust Board in January, the full business case for phase two of our enabling works was submitted to national colleagues in December 2023.
6. That business case for the works, which includes the construction of a new 500-space multi-storey car park, received final approval by the DHSC's and NHSE's joint investment sub-committee on 2 February, subject to a set of straightforward conditions to be met ahead of the Trust finalising the contract with its construction partner IHP (Integrated Health Projects).

7. The work remains on track. Detail of the construction programme will be negotiated and agreed as part of finalising the contract, but we continue to anticipate work beginning on site this summer and lasting for a period of approximately 12 months.
8. Following contract signature - anticipated in June - a project board will be established to oversee the construction and delivery of the car park and all aspects of the enabling works to meet agreed quality, time and budget parameters.

NEW HOSPITAL PROGRAMME – CURRENT POSITION AND NEXT STEPS

9. The NHP team has now finalised its third version of the overall national Programme Business Case and we understand it has been shared with the government's major projects review group ahead of final submission to Treasury ministers for approval. We have been told by the NHP team that, once the Programme Business Case is approved, we should then expect to agree with national colleagues a timeline for submitting our outline business case (OBC), alongside being given an updated indicative funding allocation and an agreed timeline for construction of the new hospital. The timing of this agreement is not known.
10. We remain in frequent contact with national colleagues in the NHP team and we continue to emphasise the overall state of readiness of the Whipps Cross redevelopment programme, given the statutory planning determination we secured two years ago, the progress being made with the enabling works and the overall stakeholder support for the preferred option for the new hospital.
11. We are also working closely with NHP colleagues as they develop the detail of emerging Hospital 2.0 principles and standards¹.
12. We are not idle whilst we await the conclusion of this national process. Backed by funding from NHP, we have undertaken an assessment of the alignment of our original initial designs for the new Whipps Cross with a small number of key emerging Hospital 2.0 principles and standards. The work, undertaken by our architect-led design team (Ryder Architecture), has assessed the deliverability of

1. Hospital 2.0 is a standardised design for future hospitals that should benefit patients and staff through digital solutions and optimised hospital layout. In theory, Hospital 2.0 should decrease the average time to develop and build hospitals as well as reducing the cost, through economies of scale.

a few scenarios, including: a new hospital with 100% single bedrooms, as opposed to the approximate 70% in our initial designs; and 32-bedded wards, as opposed to the 28-bedded wards in our initial designs.

13. The outputs from this work - currently being finalised - will inform the next phase of our programme of work. This includes a refresh of our clinical and functional brief for Whipps Cross as we review our proposals for the new hospital ahead of finalising the business case.
14. At the same time, we have been working closely with colleagues from the Trust's Business Intelligence Unit and North East London ICB's Insights & Intelligence and Performance & Outcomes teams on a new national demand and capacity model, developed for NHP with the aim of bringing standardisation and consistency to modelling future activity and capacity for the new hospitals within the NHP's scope.
15. All this work - plus further design and costing work - will culminate in a refreshed outline business case (OBC), with the timing of that still to be agreed with NHP (as per paragraph 9).
16. It is too soon to predict, with precision, a set of updated milestone assumptions for the Whipps Cross programme. However, further delays now mean that our previous assumptions, of beginning construction on the new hospital in 2025 and completing it before the end of the decade, are now highly unlikely.

ACADEMIC CENTRE FOR HEALTHY AGEING (ACHA)

17. Following the successful bid to Barts Charity last year, work is now well under way to establish a brand-new research centre at Whipps Cross focussed on healthy ageing - the Academic Centre for Healthy Ageing (ACHA).
18. A board, chaired by Whipps Cross Hospital chief executive Dr Amanjit Jhund, was established in 2023 to lead the mobilisation of the Centre. Staff have been recruited and work to develop ACHA's brand has been completed, including the creation of a 'visual identity' and the development of a recently-launched website to support engagement: <https://acha.qmul.ac.uk/>. Engagement events have taken place both for community representatives and for health and care staff, with more planned.

19. A key focus is now on the recruitment of internationally-renowned academics for three professorial positions. Based at Queen Mary University of London, but holding honorary contracts with Barts Health or other local partners, they will play a critical role in leading the Centre and will focus ACHA's transformational approach to applied research via one of the three main themes:

- addressing the challenges of multi-morbidity, long-term conditions and a focus on the prevention of frailty;
- rehabilitation and recovery for older people following life-changing trauma and illness; and
- cognition and older people's mental health.

It is anticipated that the professorial leads will be in post by this summer, ahead of the formal launch of the Centre in the autumn.

CONCLUSION AND RECOMMENDATIONS

20. The Trust Board is asked to note:

- the final approval of the business case for phase two of enabling works by the DHSC's and NHSE's joint investment sub-committee, leading to the agreement of a construction contract that we anticipate will be finalised and signed in June;
- the ongoing engagement with national colleagues to agree a timeline for submitting our outline business case for the overall programme and a timeline for construction of the new hospital; and
- the continuing mobilisation of the Academic Centre for Healthy Ageing and ongoing recruitment to three professorial positions.

Report to the Trust Board: 1 May 2024	TB 32/24
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Title	Barts 900 Campaign
Sponsoring Director	Chief Executive, St Bartholomew’s Hospital
Author(s)	Strategic Projects Lead, St Bartholomew’s Hospital
Purpose	<ul style="list-style-type: none"> • To provide a summary report on the Barts900 campaign at the end of the anniversary year • To note the closing down arrangements including the standing down of the 900th Campaign and Executive boards • To outline the next steps for the Trust’s 900th priorities
Previously considered by	Group Executive Board – 16 April 2024 Barts900 Executive Board – Chair’s actions

Executive summary:

Following a year of successful celebratory events, St Bartholomew’s Hospital’s 900th anniversary campaign has now come to a formal close and the 900th Campaign and Executive boards have been stood down. This report provides a summary overview of the anniversary year including the events held, progress of the Trust’s 900th priorities and the fundraising campaigns by Barts Charity, Barts Heritage and St Bartholomew the Great Church. The report also notes the next steps for Barts Charity’s continuing fundraising campaign in relation to healthcare’s priorities, the development of a Breast Cancer Centre at St Bartholomew’s Hospital and a Clinical Research Facility at the Royal London Hospital, and anticipated milestones and time-lines for both projects.

Related Trust objectives

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

Risk and Assurance	This report provides assurance in relation to objectives 1 and 2 above and BAF entry below.
Related Assurance Framework entries	13. Failure to sufficiently improve infrastructure and equipment due to resourcing and lead time limitations impacts on quality and safety of services
Legal implications/ regulatory requirements	N/A

Action required:

The Trust Board is asked to note the report following conclusion of the Barts 900 anniversary year.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 1 MAY 2024

BARTS900 CAMPAIGN



INTRODUCTION

1. Celebrations to commemorate St Bartholomew's Hospital's 900th anniversary formally started in March 2023, 900 years from the laying of the first foundation stone for St Bartholomew's Priory and Hospital, and concluded at the end of March 2024.
2. The 900th Campaign and Executive boards oversaw the strategic and operational development and delivery of the campaign during a four year period, including the formal campaign launch in 2021, the wide variety of events throughout 2023 and the fundraising campaigns by Barts Charity, Barts Heritage and St Bartholomew the Great Church.
3. Barts Charity's fundraising campaign for healthcare's 900th priorities - the development of a Breast Cancer Centre at St Bartholomew's Hospital and a Clinical Research Facility at the Royal London Hospital – continued apace during the anniversary year, as did work to progress both projects. Barts Heritage, whose 900th priority was to fundraise for the restoration of the North Wing on the St Bartholomew's site, was an early success with funding for the project secured at the beginning of the anniversary year and the start of the restoration programme by its conclusion.
4. This report summarises the key aspects of the Barts900 campaign including the events, the Trust's 900th priorities and the individual fundraising campaigns and progress.
5. The report also notes the closing arrangements for the campaign, including the standing down of the 900th Campaign and Executive boards at the end of the anniversary year, and looks forward to the next steps which will see Barts Charity continue its fundraising campaign and the realisation of the 900th projects.

CAMPAIGN HIGHLIGHTS

900th Events Programme

6. The comprehensive calendar of events that had been drawn up ahead of March 2023 was delivered successfully throughout the anniversary year. Events ranged from formal and large scale to informal and small, catering for a wide range of audiences including current and former

staff, volunteers, medical and nursing alumni, the SBH affiliated organisations and the general public.

7. The key external events were joint and involved all 900th Partners – these included the Parliamentary reception at the House of Commons, the thanksgiving service at St Paul's Cathedral sponsored by Barts Charity and the reception given by the City of London Corporation at the Guildhall on View Day.
8. The views of SBH staff on how they wanted to celebrate the anniversary had been sought and were delivered as the year progressed – the Foundation Day party in the hospital on 24 March with live music and birthday cake, along with the unveiling by Sir Michael Palin of the '900 Years through 900 pictures' artwork by Adam Dant was followed by a 900th pub quiz night in April in the Great Hall. View Day activities and celebrations in the square in May were followed by an off-site party for staff in September as well as a multi-cultural food festival in the square. All staff and volunteers received a 900th lanyard and souvenir pin, both designed by the Trust's Design team.
9. The bespoke curated 900th outdoor exhibition, 'Life and Death in the archives 1123-2023', spent four weeks in the Guildhall yard from 10th May prior to four weeks in Aldgate square and then remaining in the hospital square until late September, becoming the main element of the hospital's participation in the 2023 London Open House festival.
10. There were two Barts900 symposia arranged by QMUL Faculty of Medicine and Dentistry, a workshop focusing on 'Art and disease: diagnosis through illustration' and a unique lecture entitled 'The musical heart: cardiac health and pathology through a musical lens'.
11. The various associations affiliated to St Bartholomew's hospital also held their own 900th celebrations; the Voluntary Hospital presented a poetry 'Barts and Betjeman' event, the Barts Academic Choir and Orchestra performed Handel's Messiah in the Great Hall and Barts Choir performed at the Albert Hall in July. The Barts League of Nurses organised afternoon teas for its members nationwide, a Nurses' cruise on the Thames and a range of 900th focused City Blue badge walking tours.
12. Barts Charity was able to build on the halo effect of Barts900 to increase its visibility and engagement with Barts Health staff and the wider community including grateful patients and their friends and families as well as former Barts staff and alumni.
13. A Mansion House event was hosted in November 2022 by the outgoing Lord Mayor of the City of London, Vincent Keavney, and the Charity's partnership with the City of London was continued by the sustained support of the incoming Lord Mayor for 2023, Nicholas Lyons.
14. Throughout the anniversary year the Charity provided event support to the League of Nurses, senior volunteers and the Barts Choir and was the beneficiary of monies raised. The Charity was able to enhance its events and stewardship portfolio for supporters with the dedicated 900th events including the Barts Choir at The Royal Albert Hall and Cadogan Hall.
15. Hike for Health, the Charity's first mass participation event in many years, was a successful day with 200 participants raising c. £45k for the Charity. The Charity also purchased more event

places than ever before across all challenge events and raised a record £150,000 with higher-than-average gifts seen from grateful patients and in memory supporters.

Media coverage of the campaign

16. Coverage of the campaign centred naturally on the official anniversary on Foundation Day in March 2023. On the day of the party for staff and volunteers, Friday 24 March, BBC *Breakfast* broadcast live from the hospital and interviewed staff and patients. The programme included two 10 minute films which covered the history of the hospital, current services and ambition for the future.
17. Further television coverage was obtained on the same day on ITV when *Good Morning Britain* interviewed former England football manager Glenn Hoddle about suffering a heart attack in 2018 and his care at Barts, alongside chief surgeon Steve Edmondson. On the same day, GB News also ran a story about the anniversary on its breakfast and mid-morning programmes.
18. Successful coverage in print followed - The Times featured an interview on 24 March with actor, presenter and writer Sir Michael Palin who was the guest of honour at the staff party. There was also coverage in The Sun, The Express, and in more specialist titles such as the Nursing Times and Critic Magazine. Barts Health lead archivist Kate Jarman took part in The Leader podcast from the London Evening Standard and Will Palin, CEO of Barts Heritage, spoke to LBC.
19. During the week of the anniversary, BBC Radio 3 broadcast its *Choral Evensong* live from St Barts the Great. Radio 4's *Sunday Worship* featured a service of Choral Matins, also at the Great, led by the Rt Rev and Rt Hon Dame Sarah Mullally DBE, the 133rd Bishop of London.
20. The hospital and church both starred in two high profile BBC programmes in 2023. In February 2023 the *Antiques Roadshow* broadcast a special nursing edition from the Great Hall and courtyard. There were interviews with staff members and some of the historic collections were featured. In autumn 2023, *Songs of Praise* explored the connection between health care and faith and interviewed members of the hospital staff and representatives from St Bartholomew the Great.
21. Also in 2023, BBC News featured a story about the Adam Dant artwork, and Country Life published an article, 'St Bartholomew's Hospital: 900 years of service' which focused on the site's famous architecture. On the 75th anniversary of the NHS in July, Charles Knight spoke to LBC about the challenges facing the NHS and how St Bartholomew's aims to overcome these through several ambitious fundraising projects.
22. The Trust's Barts900 website, launched in January 2023, was kept regularly updated throughout the year, featuring a range of news about the campaign including all events organised for the 900th, the fundraising priorities and a 'Shop' for 900th merchandise. The website was wound down at the beginning of April 2024.
23. Barts900 logos and Barts900 content were displayed throughout the anniversary year on the ten digital screens located around SBH, helping to share the anniversary year as widely as possible.

900th Merchandise

24. A range of merchandise was produced for the anniversary year by the Guild of St Bartholomew's Hospital, St Bartholomew the Great Church and Barts Heritage, serving to both raise funds and promote the anniversary in general. The items were promoted via the Barts900 website and purchased directly from the organisations.
25. Barts900 souvenir clothing, mugs, notebooks and pens were produced by the Guild and proved very popular. The Guild shop ran out of 900th merchandise on View Day, making a record profit.
26. Two significant history books were published to commemorate the anniversary. St Barts the Great produced "900 Years of St Bartholomew the Great: the history, art and architecture of London's oldest parish church" and Barts Heritage produced the official 900th anniversary history of the hospital, "St Bartholomew's Hospital: 900 years".
27. Three limited edition prints of the Great Hall and St Barts the Great by the artist Gerard Stamp were produced, two for Barts Heritage and one for St Barts the Great.
28. The St Barts League of Nurses also produced memorabilia including a Christmas decoration, paperweight and a special Nurses Gin which proved particularly popular.

Coat of arms

29. Work on the coat of arms for St Bartholomew's Hospital continued throughout 2023. During the lengthy approval process, the heralds at the College of Arms determined that the Board of the Voluntary Hospital of St Bartholomew is also a successor to the mediaeval arms of the Hospital, as a direct continuation of the re-founded hospital under the 1547 charter of King Henry VIII.
30. The petition for confirmation of the mediaeval arms and the grant of new elements will therefore be made from both SBH, in its formal name "The Royal Hospital of St Bartholomew," and "The Voluntary Hospital of St Bartholomew." The confirmation and grant of the new arms will then take the rare form of a joint grant to both bodies, although certain elements will be reserved specifically for the use of SBH. Pending finalisation of the grant, work continues on developing a design for the decorative illuminated border for the Letters Patent.

900TH FUNDRAISING PROJECTS UPDATE

Healthcare

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

Barts Charity

32. Barts Charity continued to work closely with the Trust on the development of the CRF and the Breast Cancer Centre cases and to lead a successful fundraising campaign throughout the anniversary year.

33. Delays to the Breast Cancer Centre case meant that the Major Gift fundraising campaign plan was adjusted to focus initially on the Clinical Research Facility. Applications to large healthcare funders formed the bulk of major gift fundraising and the Charity was able to secure more than £2.4million towards the CRF from important funders including the Charles Wolfson Charitable Trust and The Wolfson Foundation. An approach to the Livery companies also saw 19 successful fundraising asks, totaling c. £30,000.
34. Following Barts Charity Trustee approval of the £2.8m funding for the Breast Cancer centre in September 2023, the Charity embarked on a programme of “campaign-readiness” including the build-out of a new case for support which reflected the new case for change; a major programme of prospect development, including externally-commissioned research; engaging senior clinicians; and initiating conversations with prospects. Large applications are now being scheduled for earliest application post the October 2024 Board meeting and the potential full funding award by the Charity.
35. Next steps for the Charity include finalising the fundraising for the CRF whilst ramping up the initial conversations with identified donors for the Breast Cancer Centre ahead of the Charity’s funding discussions and decision in Q4 this year.

Barts Health Breast Cancer Centre

36. Work on the Breast Cancer Centre project has been progressing well and at pace. The new Programme board, which includes senior executive representation from the Group Executive, SBH’s Executive and Barts Charity, was established towards the end of 2023 and will maintain oversight of the project as a whole from the design and build, to the development and implementation of the clinical case for change.
37. To date, the RIBA stage two design phase is complete and RIBA stage three is in progress - due for completion in April 2024, with the final stage (RIBA stage four) due to be completed in July 2024. Willmott Dixon was appointed at the end of March 2024 as the contractor to complete the Pre-Construction Services Agreement (PCSA). This work will include confirmation of the guaranteed maximum price (GMP) for the build which is due to be submitted to the Charity in November 2024.
38. The updated Clinical Case for Change and funding application are scheduled for submission to Barts Charity in May 2024 with a review by the Charity’s Grants Committee in July 2024. This will provide an opportunity to update the Charity on the progress made against the vision described in the original case for change document. Highlights include the appointment of the clinical transformation lead, Dr Melissa Phillips, the establishment of a cross site network development working group and the pioneering Trust-commissioned report on early diagnosis and screening by Professor Stephen Duffy and team which is due for publication in May 2024. There is also now a patient and public involvement strategy in place. Relationships with local community groups have been actively strengthened and there are plans in place to establish a local community advisory board.
39. Work to progress the design and build, clinical and operational pathways and the governance model will continue throughout 2024 as part of the development of the full business case which will be finalised following confirmation of the GMP. There will be a robust governance process to ensure the case is compliant with HM Treasury’s ‘Green Book’ criteria and NHS England will carry

out a detailed review of each case stage. The internal approvals process will comply with the scheme of delegation, with the Trust Board approving on behalf of the Trust. The Trust will work closely with the NEL ICB and NHS England to ensure a robust and compliant sign off process.

40. Following the approval of the business case at the end of December 2024/early January 2025, a complex decants programme will commence, followed by the build of the centre.

Clinical Research Facility

41. Following Barts Charity funding approval in January 2023, procurement for a construction partner for the new Clinical Research Facility was completed in June 2023 and the full business case was approved in July 2023.
42. The construction programme has now been delayed due to the complexity of reaching an agreement between the Trust and Capital Hospitals Limited (CHL), the PFI operator, on changes to the PFI contract. A draft Deed of Variation was agreed in February 2024 and is now with the PFI funders for their approval, which is expected to be finalised by the end of May 2024. This will allow on-site construction to commence in June 2024, with completion in June 2025. This is a delay of nine months compared with the planned opening date of September 2024.
43. The CRF management team has been able to make some important changes ahead of the opening of the new unit. Senior leadership appointments have been made to create and deliver the necessary oversight for operational infrastructure, workforce, recruitment, public and engagement strategies.
44. The Scientific Advisory Group (SAG) and Community Advisory Group (CAG) have been established, and action plans developed to meet the short and long-term objectives of the unit. A Principal Investigator (PI) scheme has been rolled out across the Trust to increase and engage the number of clinicians delivering research.
45. The team is working closely with the Advanced Therapy Treatment Centre (ATTC) Network and colleagues at QMUL to advise on the requirements for developing and delivering gene therapy trials. Current processes, guidelines and opportunities for funding the infrastructure of these trials are being reviewed and explored.
46. Commercial partnerships and enthusiasm for companies to work with Barts Health have increased. Formal partnerships have been agreed with IQVIA, MSD, Paraxel and Medpace. These agreements provide access to their research portfolio before being offered to other organisations. Engagement activities and collaborations continue with pharmaceutical companies and clinical research organisations (CROs) to open new studies this year

Barts Heritage

47. Following the award of the National Lottery Heritage Fund Round 2 pass and confirmation of the £4.92m grant for the delivery of the 'Sharing Historic Barts' project in January 2023 and achievement of match funding by Barts Heritage, significant progress was made in 2023.
48. The main contractor for the project was appointed in August 2023 and the leases with the Trust for the North Wing and Gatehouse were concluded in November 2023. The building works

commenced in December 2023 with the scaffolding on the North Wing put up in March 2024. The restoration works will take approximately 18 months to complete, during which time there will be opportunities to view the specialist conservation in progress, including the cleaning of the Hogarth paintings.

49. Barts Heritage played a significant role in the 900th campaign, leading key events including two academic conferences in the Great Hall on the history of the Priory and Hospital and commissioning both the 900th anniversary artwork by Adam Dant and the hospital's 900th anniversary book with a launch event ahead of View day. Barts Heritage subsequently jointly funded the facsimile of the Adam Dant artwork with the Barts Guild which now hangs in the hospital foyer.
50. Barts Heritage held a Summer Feast Fundraising event in the Great Hall in June 2023, with a reception in the Pathology Museum. This was attended by 160 people, including the President of the Hospital, HRH the Duke of Gloucester, and finished with an auction, conducted by Clementine Sinclair, Old Masters Specialist at Christie's, which raised c. £60,000.
51. Barts Heritage continued its partnership with The City Music Foundation with monthly live events in the Great Hall throughout the anniversary year and a special 'Medicine and Music' event was held in the Great Hall on 14 June, with narration written and performed by Simon Callow and Donald McLeod including new music commissions from Derri Lewis.

St Bartholomew the Great

52. St Bartholomew the Great Church enjoyed a successful 900th year both in relation to its celebrations and fundraising campaign.
53. A broad range of events for the 900th anniversary was delivered, ensuring the Church's parishioners, hospital staff and the wider public were included. Of particular significance, on the eve of the 900th Foundation day on 25th March, the Church held a celebratory banquet at the Guildhall hosted by the Lord Mayor and Lady Mayoress and the Sheriffs which was sold-out.
54. On Foundation day itself, a procession with a brass band led from the Hospital Courtyard to St Bartholomew's the Great where a service was held to mark the 900 years since the laying of the foundation stone of both St Bartholomew's Priory and Hospital. There were two new musical compositions for the service, including one by John Rutter.
55. An art exhibition was held in the Great in April, attracting great interest. On 30th August, the Church celebrated the return of Bartholomew Fair with an opening ceremony during which the Lord Mayor of the City of London cut a ribbon designed by Damien Hirst at the Church's entrance. This was followed by a traditional Disputation event at the Great. A ten day musical festival that honoured St Barts the Great's long musical tradition followed in September.
56. Further refinement of the Church's 900th fundraising plans resulted in confirmation of the following priorities during the year:
 - Essential repairs to the fabric of the Great and the Less as highlighted in the Church's Quinquennial inspection in 2023.

- Improved facilities in priority areas in the Great and its gardens. These include the renovation of the crypt, the creation of a pop-up kitchen in the Cloister and improved disabled access via a lift, new toilets and landscaping of the gardens to enable wheelchair access.
 - A new pipe organ for the Great.
57. Active fundraising continued throughout the anniversary year and good progress was made. Just over £1m was successfully raised for the repairs to both churches and it is anticipated that the works to the Less will start in June 2025. A confirmed pledged gift of £1m has been made for the new organ, with a further £1m legacy pledge also secured.
58. Significant research into trusts and foundations that support heritage projects was carried out during the course of the year and applications continue to be made. A new application to the National Lottery Heritage Fund will also be made in May 2024.
59. A creative approach to fundraising has also been devised featuring ‘Endow a day of Music’ as well a legacy programme and a ‘Company of Rahere’ pilgrims programme.

NEXT STEPS

60. Following discussion with 900th Campaign and Executive board members in late 2023, it was agreed that, as part of the plan to transition from the campaign’s year-long celebratory events to the next stage of significant fundraising, the campaign and its associated Campaign and Executive boards would formally cease from the end of March 2024, a full year after the opening Foundation day event in March 2023.
61. A key aspect of the transition plan will focus on the role of public communications highlighting the successful progress of the 900th fundraising priorities by the Trust, Barts Heritage and St Barts the Great with the aim of engendering further interest and engagement in the continued fundraising by all partners. This will include the restoration programme for the North Wing throughout 2024 and into 2025, followed by the works to St Barts the Less in 2025.
62. In relation to the healthcare projects, the planned opening of the Clinical Research Facility in 2025 will be celebrated as an important legacy of the 900th campaign, as will the various stages relating to the development of the Breast Cancer Centre as detailed in this report.
63. The enhanced partnership working that developed during the 900th campaign between the Trust and its 900th Partners is also part of the 900th’s significant legacy that will continue, albeit in different forms. The Barts900 campaign has also helped to develop a Culture of Philanthropy between Barts Charity, Barts Health and QMUL. Future governance will relate principally between the Trust and Barts Charity in relation to healthcare’s priorities and will also include links where relevant to Barts Heritage and St Barts the Great. A new Partnership board between the Trust and Barts Heritage has already been established following the successful conclusion of the North Wing Programme and aims to ensure the development of a strong and effective long-term partnership.

RECOMMENDATION

64. The Trust Board is asked to note the success and conclusion of the Barts900 campaign and the next steps for the Clinical Research Facility and the Breast Cancer Centre projects as outlined in the report.

Elizabeth Raidan
Strategic Projects Lead, St Bartholomew's Hospital

24 April 2024

Report to the Trust Board: 1 May 2024	TB 33/24
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Title	Group Operational Plan 2024/25
Accountable Director	Rebecca Carlton, Group Chief Operating Officer
Author(s)	Greg Madden, Director of Planning
Purpose	Update the Board on the completion of the annual plan 24/25
Previously considered by	Group Executive Board

Executive summary

NHS England (NHSE) published the 2024/25 priorities and operational planning guidance on 27th March 2024. This was significantly later than previous years owing to negotiations between Department of Health and NHSE. However, the national priorities are largely consistent with previous years. The overall priority remains the recovery of core services and productivity following the COVID-19 pandemic.

The national planning process requires Integrated Care Boards – in our case North East London ICB - to submit a system wide plan to NHS England. We are contributing to the North East London (NEL) ICB operational plan which is due to be submitted to NHS England in early May.

Our mission remains to provide safe, compassionate and efficient care for the population of North East London. In Spring last year we published *We are Barts Health*, which set out our direction of travel for the following two years - our 2024/25 annual plan will be ‘year 2’, structured around our core Group Objectives of:

- providing excellent and equitable health and care for our **patients**
- becoming an outstanding and inclusive place to work for our **people**
- working together with our **partners and communities**

This paper provides a high-level overview of the national planning parameters and how our 24/25 plans will respond to them in the context of our vision and objectives as an organisation. Once the formal process has concluded with NEL ICB and NHSE England, we will publish a public and staff facing version of our Group Operational Plan for 2024/25.

Related Trust objectives

All	
Risk and Assurance	
Related Assurance Framework entries	All
Legal implications/regulatory requirements	None

Recommendation

The Trust Board is asked to:

- note the update on the conclusion of annual planning for 2024/25, acknowledging the work that has been undertaken across the organisation and with North East London ICB
- note and endorse our key priorities for 24/25 in our mission to provide safe, compassionate and efficient care for the people of North East London, whilst continuing on our journey to be an outstanding place to work
- note our intent to publish a public and staff facing version of our Group Operational Plan for 2024/25 once the formal planning process has concluded with North East London and NHSE.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 1 MAY 2024

BARTS HEALTH GROUP OPERATIONAL PLAN

INTRODUCTION

1. NHS England published operational and financial planning guidance for the NHS on 27th March 2024. The national planning process requires Integrated Care Boards – in our case North East London ICB - to submit a system wide plan to NHS England.
2. We are contributing to the North East London (NEL) ICB operational plan which is due to be submitted to NHS England in early May. This paper provides a high-level overview of the national planning parameters and how our plans respond to them in the context of our vision and objectives as an organisation.

NATIONAL PLANNING GUIDANCE

3. NHS England (NHSE) published the 2024/25 priorities and operational planning guidance on 27th March 2024¹. This was significantly later than previous years owing to negotiations between Department of Health and NHSE. The national priorities are largely consistent with previous years. The overall priority remains the recovery of core services and productivity following the COVID-19 pandemic.
4. Key performance targets include the elimination of 65 week waits for elective care by the end of March '25, 78% of patients to be seen and treated in Accident and Emergency within 4 hours in March '25 and established cancer standards on referral to treatment in 62 days and faster diagnosis. There is also a strong focus on improving safety, through the National Patient Safety Incident Response Framework and continued improvement in maternity services in line with the three year national maternity plan.
5. The financial position across the NHS remains challenging and the planning guidance requires systems to achieve net financial balance, improve productivity and reduce temporary staffing, with agency spend expected to reach no more than 3.2% of the total pay bill. This is alongside previously issued capital allocations that are very constrained.

¹ [2024/25 priorities and operational planning guidance \(england.nhs.uk\)](https://www.england.nhs.uk/2024/03/27/priorities-and-operational-planning-guidance/)

BARTS HEALTH 2024/25 PLAN

6. We began our internal planning process in autumn 2023, working across the organisation through Group and Hospital Site teams and alongside our partners in North East London. As with all organisations across the NHS, we face significant operational challenges, with rising demand for urgent and emergency care, the ongoing threat of industrial action and, against that, the need to improve the quality and value for money of the services we provide for our population.
7. Our mission remains to provide safe, compassionate and efficient care for the population of North East London. In Spring last year we published [We are Barts Health](#), which set out our direction of travel for the following two years - our 2024/25 annual plan is 'year 2' of this, structured around our core Group Objectives (see **Annex A** below) of:
 - providing excellent and equitable health and care for our **patients**
 - becoming an outstanding and inclusive place to work for our **people**
 - working together with our **partners and communities**

Patient Priorities

8. **Improving planned care** – despite the disruptive impact of Industrial Action, responsible for the cancellation of over 2,000 operations in the last year, we continued to reduce long waits for elective care. In line with the national target, our plans aim to ensure that by the end of September 2024 no-one is waiting over 65 weeks for treatment (except where patients choose to wait longer) alongside meeting key national standards for accessing cancer care.
9. We will only achieve this through working closely with our partners across North East London, accessing collaborative capacity where that is required to treat long waiters as well as maximising our own capacity by leveraging opportunities across the Barts Group. It will also require us to improve our productivity – from increasing theatre utilisation to reducing the number of patients who 'Do Not Attend' (DNA) to free up resource to treat others. We'll support this through digital programmes being rolled out across our hospital sites such as the Care Co-ordination Solution, helping staff to manage waiting lists, schedule operations and better plan care.
10. **Improving unplanned care** – we ended the year with improved performance against the 4 hour Accident and Emergency target and are aiming to build on this to meet the national target of no less than 78% of patients seen and treated within 4 hours in A and E in March '25. We'll do this through programmes of work to:

- reduce unnecessary attendances to A and E for example, through the Remote Emergency Access Coordination Hub, which aims to reduce unnecessary hospital visits by facilitating other appropriate care pathways through clinical advice.
- improve the 'patient flow' of those who do attend – through the use of Urgent Treatment Centres and Same Day Emergency Care
- support improved discharge of patients – focusing on reducing the number of 'discharge ready' patients working with local partners and increasing the occupancy of our 'virtual wards' for those who don't need to be in hospital beds.

11. Improving quality and equity – key priorities this year include:

- enhancing our safety culture by embedding the National Patient Safety Incident Response Framework (PSIRF), with a particular focus on improving the time to administration of antibiotics for high risk patients.
- continuing to implement the national delivery plan for maternity and neonatal services, including increasing substantive fill rates for nurses and improving perinatal outcomes through implementing the Saving Babies Lives Bundle.
- continuing to improve the experience of our patients across all our service areas and strengthening how we engage – and work in partnership with – patients to shape our services, for example through our Engagement Exchange programme.
- improving equity of access to care for our population - achieving no significant differences in elective wait times by ethnicity, gender, deprivation and learning disability status.

People priorities

12. At its March meeting the Board were briefed on our refreshed People strategy which remains anchored in the established four pillars of:

- **Creating a fair and just culture (WeBelong and WeLead)** – delivering the next phase of our cultural intelligence programme through our Webelong programme, increasing the percentage of BAME staff in senior roles and delivering key actions in the NHS equality, diversity and inclusion (EDI) improvement plan and sexual safety charter.
- **Supporting the wellbeing of our people (Retain)** – improving our retention of staff through implementing our Retention Exemplar Programme, delivering our well being strategy, offering more flexible working and increasing appraisal rates.

- **Working differently to transform care (Innovate)** – through rolling out team based rostering, establishing our job planning improvement programme and, linked to the development of a new clinical strategy, identifying new roles to develop and recruit to, to transform the way care is delivered.
- **Recruiting a permanent, stable workforce (Attract)** – with a particular focus this year across the NHS on reducing temporary staffing, we are aiming to reduce our agency spend to 3.2% of pay bill in line with the national target. This is supported by our aim to improve our nursing and midwifery substantive fill rate to 93%.

Working with our partners and communities

13. We will only deliver our ambitions for our patients and communities through effective working across our Group of hospitals and with our wider partners in North East London, specifically through:

- **Acting as an effective Hospital Group** – maintaining our ‘good’ rating as part of the CQC’s well led inspection anticipated this year and improving the responsiveness of our Group Support Services.
- **Collaborating across North East London** – as part of North East London’s Acute Provider Collaborative, working at scale, with a common purpose, to deliver high quality clinical services, accelerate access to care and implement a sustainable financial model.
- **Contributing as an anchor institution** – as the biggest employer in east London and a major purchaser of goods and services, our group of hospitals play a key role in economic regeneration and environmental improvement. In 2024/25 we’re aiming to increase local employment through our programmes such as: apprenticeships, Healthcare Horizons and Project Search as well as delivering ‘social value’ objectives through our significant procurements.
- **Progressing our long term projects** – in 2024/25 we will refresh the outline business case for the new Whipps Cross Hospital redevelopment and progress the construction of the new car park ‘enabling works’. We will also progress our plans for a new Breast Cancer centre at St Bartholomews and a new Clinical Research Facility at the Royal London, alongside advancing our Life Sciences programme.

Financial Sustainability

14. The financial position is challenging right across the NHS, with all systems required to deliver net financial balance in 2024/25. The financial plan for North East London is due to be finalised and submitted to NHSE shortly. Whilst discussions are still taking

place within North East London to finalise this, we are clear for Barts Health it requires us to commit to stretching ambitions to reduce our underlying deficit through:

- **Increasing our activity and income** – we will build on our strong performance in 23/24, with an aim to achieve 121% Value Weighted Activity vs. 19/20 levels, over achieving the NEL system elective recovery fund target of 109%, through improved operational productivity.
- **Reducing our expenditure** – through ambitious cost savings plans amounting to 5% efficiencies at site and services level. This includes a workforce cost reduction of a minimum 2% wte – bearing down on temporary staffing alongside stringent workforce pay controls and improving staff sickness levels. We'll also set stretching savings ambitions on areas such as procurement and medicines management.

15. The **capital allocation** for North East London remains extremely constrained, which means we face challenges in managing our expenditure against existing contractual obligations and priorities for investment whilst mitigating risk. Our final capital plan remains in discussion with NEL, but our expectation is that we are likely to need to over commit against our allocation, subject to Trust Board agreement.

16. Finally, the delivery of our plan will be supported by our **Barts Health approach to quality improvement, 'Weimprove'**, which uses the Model for Improvement, as the QI methodology to enable the Trust to move to Good and then Outstanding and embed QI to be "the way we do things round here".

17. In line with NHSE Impact, the new single, shared NHS improvement approach, for 24-25, our programme will build on strong foundations, focusing on truly embedding WeImprove into the organisations 'DNA'. Specifically making continuous improvement part of the daily work through involvement and implementation of a quality management system (planning, control, assurance, improvement).

18. **The Board IS asked to:**

- note the update on the conclusion of operational planning for 2024/25, acknowledging the work that has been undertaken across the organisation and with North East London ICB
- note our key priorities for 24/25 in our mission to provide safe, compassionate and efficient care for the people of North East London, whilst continuing on our journey to be an outstanding place to work

- note our intent to publish a public and staff facing version of our Group Operational Plan for 2024/25 once the formal planning process has concluded with North East London and NHSE.

Annex A – Barts Health Group Objectives

