

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
 Wednesday 7 July 2021 at 11.00am via Webex videoconferencing
Scheduled to end by 13.45

AGENDA

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

		Paper TB	Lead	Time
1.	WELCOME		Mr I Peters	11.00
2.	APOLOGIES FOR ABSENCE:			
3.	DECLARATION OF INTERESTS To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting including gifts and hospitality (accepted or refused)			
4.	MINUTES To approve the Minutes of the meeting held on 5 May 2021 and review the appended action log	23/21	Mr I Peters	11.00
5.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
6.	PATIENT STORY To hear a patient story		Ms C Alexander	11.10
7.	CHAIR'S REPORT To receive a report from the Chairman		Mr I Peters	11.25
8.	CHIEF EXECUTIVE'S REPORT To receive a report from the Chief Executive		Ms A Williams	11.30

QUALITY, SAFETY AND PERFORMANCE				
		Paper TB	Lead	Time
9.	OPERATIONAL PLAN 2021/22 9.1 To approve the operational plan 9.2 To note the summary public narrative	24/21	Mr A Hines	11.40
10.	INTEGRATED PERFORMANCE REPORT – 2021/22 M2 To receive the report and discuss performance on: Covid-19; Access; Quality and Safety; People; and Finance	25/21	Executive leads	11.50
11.	REPORTS FROM BOARD COMMITTEES 11.1 Finance and Investment Committee (oral) 11.2 Quality Assurance Committee 11.3 Audit and Risk Committee 11.4 Nominations and Remuneration Committee	26/21 27/21 28/21	Mr A Camp Dr K McLean Mr G Dalal Mr I Peters	12.10
12.	BECOMING AN OUTSTANDING PLACE TO WORK To receive a progress report	29/21	Ms R Bhamber	12.20
13.	BOARD ASSURANCE FRAMEWORK To approve the principal risks to objectives in the BAF	30/21	Mr A Hines	12.30
GOVERNANCE				
14.	WHIPPS CROSS REDEVELOPMENT To receive a programme update report	31/21	Mr R Coulbeck	12.40
15.	QUALITY ACCOUNT To approve the 2020/21 Quality Account	32/21	Ms C Alexander	12.50
16.	MATERNITY SERVICES To receive a report on Ockendon Review actions and approve a CNST self assessment checklist submission	33/21	Ms C Alexander	13.00

ANY OTHER BUSINESS/ITEMS FOR INFORMATION (UNLESS OTHERWISE STATED)				
17.	ITEMS FOR APPROVAL [full reports have been published separately] 17.1 To approve the health and safety annual report 17.2 To approve the complaints annual report 17.3 To approve the safeguarding adults annual report	34/21 35/21 36/21	Mr S DeGaris Ms C Alexander Ms C Alexander	13.10

	17.4 To approve the safeguarding children annual report 17.5 To approve the nursing safer staffing report 17.6 To approve the Inclusion Matters equalities information report	37/21 38/21 39/21	Ms C Alexander Ms C Alexander Ms R Bhamber	
18.	USE OF THE SEAL To ratify use of the Trust Seal	40/21	Mr S Collins	13.15
19.	ANY OTHER BUSINESS			
20.	QUESTIONS FROM MEMBERS OF THE PUBLIC	41/21		13.20
21.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 8 September 2021 at 11.00am (venue details to be confirmed)			
22.	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
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BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting in public on
Wednesday 5 May 2021 at 11.00am held via Webex Videoconferencing

Present:

- Mr I Peters (Chairman)
- Ms A Williams (Group Chief Executive)
- Ms C Alexander (Chief Nurse)
- Mr A Camp (Non Executive Director)
- Professor A Chesser (Chief Medical Officer)
- Mr R Coulbeck (Director of Strategy)*
- Mr G Dalal (Vice Chairman)
- Mr S DeGaris (Deputy Chief Executive)
- Ms M Exley (Non Executive Director)
- Mr A Hines (Director of Corporate Development)*
- Ms K Kinnaird (Non Executive Director)
- Ms K McLean (Non Executive Director)
- Ms R Bhamber (Interim Director of People)*
- Ms T Rehal (NExT Director)*
- Professor S Thornton (Non Executive Director)
- Mr H Virdee (Chief Finance Officer)

In attendance:

- Mr S Collins (Trust Secretary)
- Dr R Serafino Wani (Guardian of Safe Working)
- Dr I Basnett (Director of Public Health)
- Mr A Abraham (Co-Chair, Inclusion Panel)

Apologies:

- Mr C Williams (Associate Non Executive Director)
- Ms N Howard (Non Executive Director)
- * Non-voting member*

39/21 WELCOME

The Chairman welcomed everyone to the meeting

40/21 DECLARATION OF INTERESTS

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

41/21 MINUTES

The Minutes of the meeting of the Trust Board held in public on 3 March 2021 were received and approved.

42/21 MATTERS ARISING

The Chair confirmed that the next scheduled update on the Ockendon review would be on 7 July 2021.

43/21 BOARD MEMBERSHIP

The Group Chief Executive noted that Ian Peters would be stepping down as Chairman of Barts Health. On behalf of the Trust Board, she congratulated the Chairman on his appointment to such a critical national role and hoped that there would be opportunities in coming weeks for Board members to recognise and thank him for his unstinting work over the last few years.

The Group Chief Executive confirmed the appointment of Ms Raj Bhamber on secondment as the Interim Director of People. She also took the opportunity to announce the appointment of Daniel Waldron to the substantive post of Director of People. Mr Waldron was currently the Director of Organisational Development at Guy's and St Thomas' and was familiar with the NE London sector having previously worked at Homerton University Hospitals NHS FT.

The Chairman noted that, having served for four years as a non-executive director, Natalie Howard had decided to stand down following this meeting. Ms Howard had recently taken up a leadership role at a leading investment bank with a significant portfolio. The Chairman noted that Ms Howard had contributed well, particularly in advising on property and estates issues. The Chairman had left open the potential for Ms Howard to rejoin in a less formal capacity in future once current workloads stabilised.

44/21 STAFF STORY

The Chief Nurse introduced Sarah Teather, Jesuit Refugee Society Chief Executive and members of staff, Tejal Patel, Tomi Shitta and Abe Addo-Atuah. The aforementioned were attending to provide some insights into issues around access for vulnerable groups to Covid-19 vaccination and 'hesitancy' related to personal concerns or beliefs about this. Ms Teather outlined some joint work supporting a vulnerable section of the community to access vaccines and to reflect on steps to support vaccine uptake among those that might not otherwise normally participate in such a programme. Ms Teather set out the role of the Jesuit Refugee Society (JRS) in offering support to refugees often experiencing extreme poverty, many living in hostels or homeless and frequently with chronic health problems not being addressed

through standard routes for accessing health and care services. She noted also that some fairly extreme theories about vaccination had been emerging among many deprived communities, linked in part to negative past experiences. Conversely, she appreciated that the pandemic had opened up debate and some more fruitful conversations about how society could better support vulnerable minority groups. Ms Teather and JRS had explored some partnership opportunities with Barts Health on vaccination with an emphasis on holistic and personal approaches. JRS had sought to provide hot food and opportunities to register with GPs alongside vaccination offers. She highlighted the very positive conversations with senior staff at the Trust, who had taken the time to understand the challenges that refugees faced. Joint on-line videoconferencing sessions and workshops had been arranged to encourage questions and to address concerns. Momentum had slowly built, although this had still only resulted in small numbers of this population being vaccinated. The JRS had been keen to roll out this positive approach to enable other charity groups and organisations to benefit from access to vaccinations (including St Barnabas charity as an early collaborator). She emphasised that, without this work, many people would not have accessed vaccines and that many may have never had any type of vaccine in their lives previously. This step of reaching out had also helped to develop mutual trust and an understanding of how to access and benefit from health services in future.

Ms Patel, Ms Shitta and Ms Addo-Atuah outlined some key features of concerns held either personally or by colleagues and the steps taken to discuss and engage on the benefits of vaccination and science supporting this.

Trust Board members discussed the helpful presentations and recognised the importance of testing further any assumptions that may have been present at the outset regarding vaccinations and concerns circulating regarding these, while also noting the need to be mindful of those with reduced access to healthcare. The Chairman, on behalf of the Board thanked those attending for providing an important perspective on this matter.

45/21

CHAIR'S REPORT

The Chairman highlighted the context of a London position suggesting some flattening of demand in terms of Covid-19 specific pressures. Services remained mindful of emerging Covid-19 variants reinforcing the need for vigilance and planning for risks of a further wave in coming months.

The Chairman confirmed that he would be stepping down from his role at Barts Health following his appointment as Chair of the UK Health Security Agency but hoped to remain in post to chair the next Board meeting in July. He felt that his appointment reflected the progress that the Trust as a whole had made in recent years.

The Chairman noted that the pandemic had brought NEL partners closer than ever before. He highlighted particularly the effective and close working of the three acute hospital trusts in the sector. He recognised a number of factors accelerating the pace of change in the sector and felt that reducing waiting list backlogs, addressing inequalities and working closer on emergency care would be made possible with greater cohesion. In this context, he noted that the proposal had been made to appoint a single chair-in-common for Barts Health NHS Trust and Barking and Havering University Hospitals NHS Trust following his departure.

The Chairman recognised the extensive history of healthcare provided by this organisation, reflected in the launch of a St Bartholomew's Hospital 900 year anniversary campaign. In keeping with current inclusivity aspirations, the hospital had been set up originally by Rahere to provide free care for all of London's population. The campaign incorporated a heritage focus, linked with the North Wing proposals and other forward-looking plans linked to clinical research.

46/21 GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief took the opportunity to recognise the contribution of midwives working in the Trust as part of national Midwifery Day. She noted that, since the last public board meeting, clinical teams had remained largely focused on Covid-19 patients, the recovery of staff and the restoration of elective services and continuing the vaccination programme (paying tribute to those involved in the vaccination work, which often sat outside individuals' core roles). She confirmed that over 74,000 vaccinations had been delivered to date (including over 50,000 provided via the ExCel hub and community outreach) highlighting the important contribution of Andrew Hines, Jan Flint, Raliat Onatade and others involved in leading this work. She also wished to acknowledge the leadership of Ralph Coulbeck and the collaborative approach of all parties involved enabling the successful establishment of the new East and South East London Pathology Partnership. The Director of Strategy noted that this Partnership agreement, which went live from 1 May 2021, represented the culmination of work over the last two years. In its role as host, Barts Health had welcomed some new staff joining the partnership. He indicated that the 'go live' stage had not resulted in any operational issues to date. A first phase of transformation would start in July with the oversight of the Trust Boards of the three partner organisations.

47/21 NEXT PHASE PLANS

Overview

The Director of Strategy set out the focus on recovery of elective services, transformation (with the benefit of experience of the pandemic) and the wellbeing agenda for staff. He noted that the current Covid-19 patients were

often long stay patients and that clinicians were mindful of the appearance of new variants regarding risks of further surges in demand. Contingency planning in critical care and emergency care was a key component of current thinking.

The Deputy Chief Executive recognised that critical care capacity had proved a pinch point in the first two pandemic waves and that there was a need for plans to identify capacity that was resilient enough to preserve elective programmes and safe transfer of patients, where required, during any further surge. He outlined some key infection control and patient flow priorities, the importance of maintaining principles for mutual aid and the arrangements in place to ensure close monitoring of staffing resource equitably shared across sites. He noted some clinically-led initiatives supporting steps to improve care for many emergency patients that could be managed without requiring attendance at hospital. This had benefits for patients and, subject to continued effective working with partners, the Trust was keen to continue to develop this model. He noted also some place-based approach work with boroughs and mental health partners to support efficient discharge and provision of care closer to home.

The Director of Strategy set out some of the challenges associated with having very high numbers of long waiters. An elective recovery fund had been established centrally to support steps to reduce this backlog. He confirmed that Barts Health faced particularly significant challenges, having faced some of the highest volumes of second wave Covid-19 patients. Within this cohort of long waiters, there were some particularly high volumes of patients for specialties in north east London such as dentistry – which featured intensive restrictions around infection control. Changing the ways of managing patient pathways and expanding capacity (including use of independent sector capacity) would inform the planned approach going forward. However, he cautioned that that hospitals would be operating at lower than usual activity levels given the ongoing infection control restrictions. Changes to referral pathways, use of video and remote consultations and personalised follow-up would be important features of refining hospital-based support for patients with long term conditions. He confirmed that changes had been already made relatively effectively at pace in the sector. Some specific ambitions included developing a paediatric dentistry centre. In terms of the recovery plan, initial reporting reflected that services were doing relatively well in restoring activity (including being ahead of plan on general surgery, including priority surgery for higher risk patients). The challenge would be to achieve a sustainable increase in activity and appropriate targeting of available capacity towards the longer waiters.

The Director of Corporate Development outlined the Trust's commitment to vaccinating the Trust's workforce and also participating in the campaign for the wider community. Hospital hubs had played a key role in vaccinating the primary care and hospital clinical workforce in north east London and had completed their task in the last two weeks. Approximately 87% of staff had

received their vaccinations. He recognised the points made in the staff story earlier regarding the need to win over some individuals to support vaccination uptake and outlined steps taken to advocate the importance of vaccination. The fastest rate of uptake being seen was now in the black Caribbean and black African ethnicities. 75,000 vaccinations had now been carried out at the ExCel Centre with the help of many partners such as St John's Ambulance. It was noted that this hub would be relocated to Stratford Westfield Centre providing a different ability and level of access to younger populations targeted for the next phase.

Ms Exley recognised the significant challenges with very long waiting lists and verifying the level of actual clinical needs, suggesting that the Board would benefit some idea of timeframes to return to pre-pandemic waiting list lengths. She noted that some staff involved in the elective recovery would not have received their vaccination and asked about arrangements for testing for patient facing staff. The Director of Strategy noted that the high number of unvalidated appointments was reducing through the validation work. The timeframe to recover was a complex assessment, involving checks of the numbers currently confirmed as seeking treatment while also projecting the anticipated numbers that will be referred now and in the future. He noted some initiatives such as a specific project focussing on the dental perspective. The experience of drill down specialty reviews has been to help identify the key enablers (which in this case was the identification of additional theatre capacity). The Chief Medical Officer noted that lateral flow testing was available for all patient-facing staff. He noted the particular importance of assurance on infection status for staff operating in 'green zones'. He confirmed that staff undertook daily checks of symptoms and in some case temperature checks were routinely in place.

Mr Camp asked about the role of clinical harm reviews in assessing harm risks associated with treatment delays and recognised the challenges of delivering this for such a large cohort of long waiters. He also recognised the potential logistical challenge to deliver a continuous vaccination programme should Covid-19 variants make this necessary. The Director of Corporate Development noted that Trust would expect to retain responsibility for vaccination of its workforce. For community vaccination, he anticipated the need to work with partners in north east London to agree the right model, accepting that this could look very different to the recent campaign. The Chief Medical Officer confirmed that the clinical harm review process would have a role and that this was necessarily being streamlined given the numbers involved. It was agreed to return to the Trust Board to report on plans for this once the plans for this had been developed further.

ACTION: Chief Medical Officer

Professor Thornton asked about the work to transform surgical services and developing an approach to high volume low complexity activity. He also sought details on the prioritisation approach being taken on waiting lists. The Director

of Strategy noted that the treatment systems by default were set to prioritise higher clinical priority (termed P1 and P2) individuals to treat first. He noted some complexities within this, however, such as the relatively higher volume of complex cases at The Royal London. He noted also the paediatric dentistry waiting list plan was being developed at a regional rather than Trust level.

The Chairman welcomed the scale of change and progress, also highlighting some additional funding to support the elective restart. He recognised that at specialty level there would be some variance in approach and that clinical risk would need to remain a focal consideration in managing the backlog. He also congratulated the team on progress with vaccination delivery.

48/21 INTEGRATED PERFORMANCE REPORT

The Chairman welcomed a very clear report and introduced colleagues to provide highlight by exception only. The Deputy Chief Executive noted that diagnostics demand had picked up as part of the elective recovery work. Cancer performance had remained strong throughout the pandemic. On screening, two breaches had however been identified for two patients with complex pathways. The Chief Medical Officer noted that the Trust was in the process of agreeing quality objectives via the Quality Assurance Committee. A relaunched patient safety programme was intended to have a particular focus on minimising serious incidents and never events. The Chief Nurse noted that the maternity board had reviewed the position at Newham as this had appeared an outlier on serious incidents. This review had confirmed some differences in the reporting approach and thresholds at Newham. The Chief Finance Officer confirmed that subject to audit, The Trust would submit a breakeven outturn. He recognised that previous financial systems and incentives had been disrupted during the pandemic and was reassured that hospital-level grip had been retained on cost control and meeting financial obligations. This breakeven had been achieved in a year where the Trust had invested double the usual level of capital seen in recent years, reflecting an improved investment levels in facilities and equipment to aid patient care. He suggested that the outturn position provided a good platform as the focus shifting towards addressing the underlying position.

Dr McLean asked about diagnostic recovery, recognising the potential bottlenecks that could arise. The Deputy Chief Executive suggested that activity was recovering at a positive rate. He noted that for each modality target trajectories had been set but acknowledged that it would be hard to predict levels of future demand and the adequacy of current capacity and resourcing.

Mr Camp asked about red flags identified in the Royal London Hospital safe staffing reporting. The Chief Nurse confirmed that all situations where red flags indicated staffing shortages on wards were mitigated at the time by reallocating staff from other sites.

The Chairman suggested that there had been a drop in referrals during the second wave and highlighted a concern that this could store up additional complexity and volumes that would need to be addressed in coming months. The Chief Medical Officer agreed that this was a major concern being discussed with GP colleagues to encourage patients to seek treatment where needed.

The Trust Board noted the report.

49/21 REPORTS FROM BOARD COMMITTEES

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

- Mr Camp confirmed the achievement of a breakeven outturn position. The Finance and Investment Committee had spent time on the sector financial budget for 2021/22 Q1 and Q2 (with an expectation that a plan to breakeven would be submitted). Work would be required to look at the second half of the year once greater detail was available. Capital plans for 2021/22 would strongly feature Newham fire safety investment. The Committee discussed Whipps Cross redevelopment affordability and anticipated that the Outline Business Case would be ready for consideration shortly.
- Dr McLean confirmed the range of topics covered as detailed in the Quality Assurance Committee exception report. She felt an important focus for the year would be challenging on what would constitute 'good and outstanding' CQC ratings. The Committee had spent time on insight and surveys and the item to escalate had been addressed earlier around clinical harm.
- The Chairman outlined discussions held at Nominations and Remuneration Committee.

In discussion, it was confirmed that the quality objectives would be reviewed by the Trust Board in due course as part of the overall 2021/22 operational plan.

The Trust Board noted the reports from Board committees and approved the Quality Assurance Committee terms of reference.

50/21 INCLUSION

Mr Abraham, in his capacity as Co-Chair of the Inclusion Board introduced the report, noting that this restated some of the key objectives of the WeBelong strategy and priorities for next year relating to BAME representation in staffing, addressing inequalities in employee relations cases, the development of

reciprocal mentoring, strengthening staff diversity networks and making progress on gender pay gap priorities.

Outlining priorities for 2021/22, he suggested that there would be no shortcuts to the destination desired and anticipated a long, slow walk to progress. Alongside policy and procedure changes it would be important to develop the culture. A Quality Improvement approach would be sought, encouraging staff and communities in co-creating the inclusion and equity priorities. The Inclusion Advisory Panel would have a role in tandem with Public Health on equity of access, anchor organisation development and creation of an inclusion observatory. A co-designed programme would be developed with the intention to report back to the Trust Board on progress.

Ms Kinnaird thanked Mr Abraham for his leadership on this agenda. She emphasised the need to identify what was needed to support those achieving shortlisting to make the next step in securing promotions. She agreed the need for Board time dedicated to support this work and felt it would be important to understand any other support that was needed. Mr Abraham indicated that 2021/22 priorities would reflect support needed. He suggested that securing dedicated time for staff networks and creating an interfaith network would help to support engagement.

Ms Exley welcomed the data driven approach and giving staff opportunity to voice their views. She suggested that on Gender Pay Gap, some thinking suggested that much of the inequality resulted from historical factors and that a patient approach would be necessary. Mr Abraham felt that the Trust could not be passive and the suggested view did not chime with the views of the Women's Network leading in this area.

Dr McLean noted that reciprocal mentoring needed resources and queried whether more support was required. Mr Abraham indicated that feedback had so far been positive. Input from Eden Charles' team was proving helpful for those involved to date and the risk would be that initial enthusiasm waned. The Group Chief Executive added that the Board would need to be updated on cultural intelligence work in due course, noting the need to capture and develop in-house expertise on this.

51/21

EQUITY

The Director of Public Health introduced the report, noting the Trust's longstanding to understanding and addressing equity of care. He confirmed that, where research had identified inequalities, the team had involved clinicians to explore rapidly options to address these (noting for example improvements made in terms of Covid-19 outcomes for patients with Learning disabilities in wave 2 compared with the first wave).

The following questions were raised in discussion:

- Mr Camp asked about the issue of cancer referrals and gender differentials, suggesting that a community-level intervention may be required working with primary care. In terms of digitising outpatients he noted the need to develop confidence in technology and access to safe and secure spaces for communication. The Director of Public Health agreed that the findings on cancer referrals were striking and communications would reflect this. He was meeting with a north east London ICS group on cancer to discuss the issues further with GPs and hoped to agree some steps on this. He felt that this was an interesting development for the future, in looking at unmet needs in a sector-level integrated way. He noted an aspiration that c.25% of outpatient attendances became virtual given the known benefits for many patients and agreed that some safety net aspects would be required for this.
- Ms Kinnaird asked about patients with LDs and risks around unconscious bias. The Director of Public Health noted that the piece of work exploring this initially had been concerning, but pleasing in terms of the speed of reaction to this. He appreciated that unconscious bias was a wider cultural issue and felt that further awareness was required. The team would monitor how data was developed better to ensure effective monitoring of other patient groups with similar needs for tailored care.
- The Chairman noted an issue previously identified regarding older people and timely access to emergency care. The Deputy Chief Executive noted some progress but felt that there was more to be done. The Director of Public Health noted some positive actions such as development of frailty services for the group. However, the previous focus on 4-hour wait standards was changing and priorities would need to reset the assessment of impact for older people.

The Trust Board noted the report.

52/21 WHIPPS CROSS REDEVELOPMENT

The Director of Redevelopment introduced the progress report. He confirmed work with the national programme and progress on developing the OBC. The focus since March had been review with cost advisors of initial capital requirement estimates (to support the next design stage). He noted that completion of the OBC would involve the input and help of the national programme. The Trust had not proceeded to test the market as planned as it awaited the national programme's procurement strategy plans. The Trust had now submitted two planning applications for the multi storey car park and an outline application for the wider development. The applications would be considered with Waltham Forest over the next two weeks ahead of a formal

consultation process. Demolition works were advanced, to prepare for future construction and some temporary reprovision of nearby car parking was in place. The team were in contact with neighbours to provide information and reassurance on construction disturbance. The report highlighted other engagement work, including public meetings. Feedback on specific aspects of the build had been a feature but this had also extended to wider discussions of clinical care (for example, regarding palliative care provision in the locality).

The Trust Board noted the progress report.

53/21 LEARNING FROM DEATHS

The Chief Medical Officer highlighted the impact of Covid-19 making this an unusual year, while noting that the standard indicators remained positive. The ambition to appoint to medical examiner posts had been slowed but were now in place at each site. New software as part of the main reporting systems would support this work.

Dr McLean noted that, based on her knowledge of comparative progress elsewhere, the Trust was in a positive position regarding mortality and capturing learning from deaths.

The Trust Board noted the report.

54/21 GUARDIAN OF SAFE WORKING

The Chairman welcomed the Trust's new Guardian of Safe Working (GoSW), Dr Serafino Wani and thanked Dr Kirwan the outgoing GoSW. Dr Serafino Wani noted that he had taken over the role during an unusual year and in the peak of the pandemic. A main theme of the reports showed that many plans had needed to be modified to reflect the unique circumstances. As services moved back to normal rotas he hoped to see that this was reflected in good practice and exception report submission where improvement was required.

The Chairman asked whether a potential third wave was likely to have a big impact. Dr Serafino Wani hoped that any further wave was less significant than the previous two. He expected exception report volumes to increase as staff familiarise themselves with new Allocate software and as clinical activity normalised.

The Chief Medical Officer thanked Dr Serafino Wani for taking on this important responsibility and took the opportunity to acknowledge the work of doctors in training, who had been in the front line throughout the pandemic and been so flexible to the exceptional pressures. He thanked in particular the doctor-in-training representatives on sites for their leadership, maturity and wisdom during the pandemic.

55/21 USE OF THE SEAL

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

56/21 ANY OTHER BUSINESS

There was no other business.

57/21 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chairman introduced the section of the meeting inviting questions from the public. Given the high number of questions the Board had taken decision to publish the questions in the papers and display these on screen during the meeting (rather than invite individuals to read the questions); this was to allow sufficient time to reply to all of the questions and invite any response.

A Waltham Forest Save our NHS campaign group representative (Ms Day) asked questions relating to the plans for future provision of haemodialysis services and therapies and audiology services in the Whipps Cross hospital redevelopment (full details of the questions provided in published Trust Board papers for 5 May, paper reference TB 22/12)

The Chief Medical Officer confirmed that the three dialysis units currently located at Whipps Cross had 54 dialysis stations, providing services to 288 patients from Waltham Forest, Redbridge and Hackney. The new hospital would retain urgent inpatient dialysis provision, as currently. In line with previously published plans, steps would be explored to relocate the outpatient dialysis service to support routine renal dialysis closer to home – in either their own place of residence, or a community clinic (with locations of these being considered by commissioners). The operating model for the new inpatient dialysis unit is being agreed, recognising that most renal centres manage dialysis units on a partnership basis. Barts Health will continue to retain direct clinical control over our dialysis units. Specialist advice will be available to community teams from the hospital renal team and patients requiring urgent inpatient dialysis will be managed either in intensive care for haemofiltration out of hours, or by the acute dialysis team on the wards during normal working hours. Informal discussions had taken place with many patients and the Trust's Dialysis Patient Forum pending more formal engagement.

The Director of Strategy outlined the proposed model for therapies. Estates plans for therapies included provision of a gym; access to outpatient clinic space and PC workspaces for therapists; and increased individual patient rooms on inpatient wards to maintain patient privacy and dignity. Space had been identified for audiology services (provided by Barts Health) to support Ear, Nose and Throat outpatient services, and patients who have more complex requirements. Ophthalmology services in the new hospital would include outpatients, pre-operative assessment, day case surgery and emergency services as currently. In line with the NHS Long Term Plan and the redevelopment health and care services strategy, some eye services that are

currently delivered from the Whipps Cross Hospital site could be delivered from more appropriate community settings in the future.

Ms Day recommended that details about where reprovided services might be located (such as renal dialysis) were shared with service users. The Chief agreed noting that the emphasis would be on tailoring any service provision closer to patients rather than in more distant hospitals.

A member of the public (Ms Ritten) asked questions relating to overall bed numbers and the plans for future provision of services currently located in the Woodbury Unit, Margaret Centre, Woodlands day unit and Connaught Day Centre in the Whipps Cross hospital redevelopment (full details provided in published Trust Board papers for 5 May, paper reference TB 22/12)

The Director of Strategy noted that Services in the Woodbury Unit were provided by North East London NHS Foundation Trust and the redevelopment of Whipps Cross would not have an impact. The new hospital would continue to provide specialist palliative and end-of-life care as provided in the Margaret Centre currently. The future model of care was being reviewed with partner organisations across the local integrated care system to agree configurations of services. . We are including patient representatives in this process, which will agree how specialist palliative and end-of-life care services will be configured in the new hospital. In terms of services currently provided in the Woodlands and Connaught units, the plan was to provide these services in the new facilities. The new hospital would have more space for clinical activities than at present, and we expect to treat more patients without requiring an overnight stay requiring bed space. The actual number of beds in any hospital was not fixed, and some flexibility built in to respond to changes in operational and specialty pressures to ensure an appropriate number of beds in the new hospital.

A Newham Save our NHS campaign group representative (Ms Mykura) asked questions relating to expenditure with InHealth Group for scanning services; implications for Newham Hospital of plans to collaborate more closely with Barking, Havering and Redbridge University Hospitals Trust; and assessing the impact of patient charging procedures in maternity services (full details of the questions provided in published Trust Board papers for 5 May, paper reference TB 22/12).

The Deputy Chief Executive noted that the total amount Barts Health paid to Inhealth in 2020/21 was £2.9m and in 2019/20 was £4.3m. He explained the rationale of high demand for these services, comprising mobile scanner costs for MRI, CT and PET scans and related services. In outlining this response he noted that previous queries had been limited to just MRI scanning services costs.

The Director of Corporate Development noted initial proposals for collaborating more closely with BHRUT in the context of greater integration of services in north east London, with steps to involve staff and stakeholders in designing a model to maximise the strengths of all the hospitals involved. He noted that this model would include Newham hospital in its scope, highlighting

the benefits of £17m capital investment during 2020/21 on fire safety improvements, new medical equipment and Covid-specific works.

The Deputy Chief Executive noted the national regulations in place regarding overseas patient charges and steps to engage patients at an early stage on eligibility. Ethnicity was not a factor in determining entitlement to free NHS care; an annual report on overseas charging had been instituted and this would pick up ethnicity and other demographic breakdowns.

Ms Mykura suggested that there had been some destabilisation at Newham arising from the 2012 merger and expressed concern about any top-down changes being implemented. Ms Mykura added that ethnicity should be investigated to identify any causal link to determining the application of charging regimes and indicated that the Ockendon Review had highlighted weaknesses in systems of maternity care specifically. The Chairman noted that a progress report following the Ockendon Review had been scheduled for a forthcoming Trust Board meeting in public, with the CQC expected to provide assurance on the Trust’s services.

58/21 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 7 July 2021 at 11.00am via videoconferencing, with joining details to be published on the website.

59/21 RESOLUTION

The Board resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0637

Action log

Trust Board Part 1: 5 May 2021			
Page No.	Action	Lead	By
	Covid-19 report: report back on proposals for clinical harm review processes	Chief Medical Officer	8 September 2021

Report to the Trust Board: 7 July 2021	TB 24/21
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Title	2021/22 Group Operational Plan
Accountable Director	Andrew Hines, Group Director of Corporate Development
Author(s)	Tom Ellis, Head of Business Planning Jon Hibbs, Director of Communications & Engagement
Purpose	To seek Board approval for the 2021/22 Group Operational Plan and the associated public-facing version
Previously considered by	Group Executive Board Trust Board Seminar 16 June 2021

Executive Summary	<p>The Trust has completed a short but intense planning round, an integrated process with two distinct but interwoven outputs. The Trust has worked with the North-East London Integrated Care System (ICS) to develop an ICS level plan, covering narrative, activity, finance, and workforce, which was submitted to NHSE/I on 3 June 2021. The Trust has developed its own extensive Group Operational Plan (GOP) for 2021/22, which set out as an organisation what our key areas of focus and associated deliverables are – utilising, as appropriate, elements of our contribution to the NEL ICS submission. This latter document is the focus of this Board paper. The 2021/22 Group Objectives, previously reviewed at the Board seminar on 16 June 2021, provide the framework and structure for the GOP. These Group objectives represent an evolution of the objectives agreed for 2020/21 which helped pilot the Trust through the Covid pandemic, and are grouped under three key headings:</p> <ul style="list-style-type: none"> • To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work • To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy • To progress our longer term strategic plans for the benefit of our patients and our communities <p>Attached is a summary of the full GOP that distils the key issues into five sections:</p> <ol style="list-style-type: none"> 1. Barts Health in 2021/22 – organisation, population, and our place in the North-East London sector 2. Inclusion, Equity and delivering our People Plan 3. Restore and Transform Clinical Services 4. To progress our longer term strategic plans for the benefit of our patients and our communities 5. Enabling Strategies and Financial Plan <p>There is an emphasis within the GOP on measurable deliverables which will materially</p>
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move the organisation forward or address key issues. This structure enables easier monitoring, at a Group level, of how well we are delivering the GOP through the year, and we will build regular reviews of delivery of the plan into our performance management architecture of the organisation. The GOP is underpinned by individual Hospital and Group Clinical Support plans which were signed off at the June Performance Review meetings. These plans follow a similar structure and layout which we will seek to refine and develop further in future years. It should be noted that whilst the GOP is for the full year 2021/22, the activity and finance elements of the plan only relate to the period April – September (H1) and there is an expectation that a further in-year planning process will need to be undertaken to inform activity and finance plans for the second half of the financial year. The Trust has duty, particularly at this time, and particularly given the content around inclusion and equity, to be open with the people and communities that use our Trust about our plans for the coming year. To this end, as in previous years, a public-facing version of the plan has also been developed, that is more accessible, and provides greater context on certain issues. This public-facing document is presented for information only.

Related Trust objectives
 The annual planning process should address all Trust objectives

Risk and Assurance	Any risks associated with the content of this plan are managed through the Trust’s BAF and Risk Registers, and GEB will have oversight of delivery of the actions contained within the plan.
Related Assurance Framework entries	There is a separate paper on the Board Assurance Framework that aligns with the Group Objectives

Legal implications/regulatory requirements	The Group Operational Plan is a local requirement and there are no legal implications relating to its production.
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Action required

1. The Board is asked to approve the 2021/22 Group Operational Plan
2. The Board is asked to note the associated public-facing version for wider dissemination



Barts Health
NHS Trust

Barts Health NHS Trust Group Operational Plan 2021/22 – Board summary

Trust Board 7th July 2021

Version 4.3





Barts Health
NHS Trust

The 2021/22 Group Operational Plan

This consolidated Group Operational Plan (GOP) represents a distillation of the key elements of the full Group Operational Plan, against which the Trust will measure itself this financial year. The GOP has an emphasis, for each area of focus, on deliverables, which will enable the Trust to better monitor and report against through the year. The GOP has five key strands, outlined below:

1. Barts Health in 2021/22 – organisation, population, and our place in the North-East London sector (Slides 3 – 5)

This section outlines who we are as an organisation and who the population are that we serve. Crucially, it outlines our compelling purpose for this year and the Group Objectives. These objectives provide the framework for the structure of this plan, and the delivery against these objectives will move us towards implementing and delivering the Trust's vision.

2. Inclusion, Equity and delivering our People Plan (Slides 6 – 9)

Becoming a truly inclusive organisation is one of the three key objectives for the Trust this year. Through pro-actively taking this agenda forward, we put in place many of the conditions necessary for the workforce of this organisation to thrive, and for Barts Health to be the “outstanding place to work” as described in our Quality Strategy. The section looks at the actions the Trust will be taking to deliver the WeBelong inclusion programme and then segue into the People Plan for 2021/22 and the other three pillars of Looking after our People, New ways of working and Growing for the Future.

3. Restore and Transform Clinical Services (Slides 10 – 19)

The Covid-19 pandemic has seriously impacted elective clinical activity since March 2020. Waiting lists for elective care will take many months to clear. This section describes how the Trust will take those first steps in addressing the waiting list backlog, supported by six Clinical Transformation Programmes which seek to harness the innovative working practices adopted through Covid. This section also outlines the actions associated with implementing the Trust's Quality Strategy.

4. To progress our longer term strategic plans for the benefit of our patients and our communities (Slides 20 – 23)

The Trust also must progress its significant longer term plans, delivery of which will move the trust towards meeting its vision. A new hospital for Whipps Cross is not due to open until 2026, but concrete actions will need to take place this year, as will enhancing the Newham site. Likewise, the Barts Life Sciences is crucial to the Trust's longer term vision and finally St. Bartholomew's celebrates its 900th anniversary in 2023, and the Trust will develop plans to mark our amazing history and outline our plans for the future.

5. Enabling Strategies and Financial Plan (Slides 24 – 27)

Delivering our inclusion agenda, restoring elective clinical services and supporting the development of our longer term strategic developments relies on the Trust having robust and costed Information Technology and Estate development plans. Without these services many of the aspirations, targets and deadlines in this document will not be realised. Finally, having a robust financial plan is the essential precursor to success. This section will outline the high-level financial assumptions and plans which will provide the financial envelope in which all the activity and developments described in this plan will be delivered.

2

Our compelling purpose for 2021/22



The challenges of the Covid pandemic continue to bring out the very best in #TeamBartsHealth. Together we witnessed the most extraordinary response in the face of adversity from all our staff. Over the past year you brought our vision– to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in East London and beyond – to life in ways we never imagined, and delivered tangible benefits for our patients and communities.

Our staff have always been our greatest asset, and their unwavering levels of care and commitment in the face of adversity and uncertainty are testament to this. We thank our staff for their dedication and professionalism and we will seek to secure a lasting legacy for them, and our patients and communities. Our task for the year ahead is to build on the scale and pace of transformational change achieved so far. We have learned what worked well, and will hold onto the conditions that enabled teams to be their best. That way we can continue to live our vision and secure a lasting legacy for our staff, our patients and our communities.

We express our vision in our six WeCare values (Welcoming, Engaging, Collaborative, Accountable, Respectful, Equitable) and the behaviours that follow from them – and in particular, through a shared leadership culture that is fully committed to continuous quality improvement. And each year we renew our commitment by setting ourselves some specific short-term goals. In this Group Operational Plan for 2021/22 we will pledge to:

- To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work
- To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy
- To progress our longer term strategic plans for the benefit of our patients and our communities

Our locality is one of the most culturally diverse and deprived areas in the country, which experienced some of the highest mortality rates in the UK. Barts Health recognises the need to ensure equity is embedded at all levels, and will seek to develop plans that not only begin to tackle the inequalities that have occurred due to the pandemic, but also those that existed before it.

We will take forward each of these priorities in close collaboration with our local partners in NEL, with our patients and with our communities. As well as the alignment with system level plans, this group plan is supported by detailed plans for each of our Hospitals – St. Bartholomew's, The Royal London & Mile End Hospitals, Whipps Cross and Newham University Hospital as well as Group Clinical Support services. Together, this suite of plans set out an exciting and challenging programme of work, developing our role as a significant economic and social role as an anchor organisation within north east London, and one that materially moves the Trust towards delivering its vision.



2021/22 Group Objectives

The organisational priorities proposed below are an extension and development of the priorities agreed for 2020/21, and reflect the focus on restoration and recovery of services post-Covid.

Trust Vision	To be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in East London and beyond.		
One-year Objectives	To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work	To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy	To progress our longer term strategic plans for the benefit of our patients and our communities
Supporting Programmes	Create a culturally intelligent, accountable and inclusive leadership	To restore elective activity, develop our Clinical Transformation Programmes and support our Clinical Boards to drive service improvement	To develop our plans for the redevelopment of Whipps Cross Hospital
	Develop community partnership that promotes equity and restores services inclusively	To be fully prepared for further Covid waves and manage their aftermath	Develop Barts Life Sciences and our Research & Education agendas
	Create a fair and just culture, delivering the WeCare Values	To make progress in implementing our Quality Strategy	Deliver a successful Barts900 campaign
	Support Staff Wellbeing and recovery	To develop our Imaging and Pathology Networks	Develop and enhance Newham University Hospital to meet its growing populations' needs

Enhancing Our Group Model and building the ICS



The Group Model

There are five key components to the Group Model: Group Leadership, Hospitals, Clinical Boards, Group Support Services (GCS), Group Support Services (GSS). The continuing development of the Group Model is a key component of supporting the organisation to deliver the Group objectives. There has been a continued maturing of the Group model during 2020/21 as we responded to the pandemic. We will continue to build and develop this Group Model in 2021/22, including:

1. Refresh of the Group accountability framework to reflect the evolution of the Group model
2. Increasing our role and leadership at a system level
3. Further devolve authority to Hospital CEOs and expand Clinical Boards remit to include clinical transformation and network development
4. Continuing transformation of GCS through a greater focus on developing networks within Barts Health and across North East London
5. Continuing to develop Group Support Services to be an integrated transactional hub with services that are responsive to customer needs
6. Evolution of the model to reflect the outputs of the partnership discussions underway with BHRUT

Developing the ICS

Working in partnership with other healthcare providers will be an increasing focus of the Trust over the coming year. As the largest provider in north-east London we are aware of our impact, ability and obligation to positively shape the overall north-east London health economy. With legislation expected during 2021 to create statutory NHS Integrated Care Systems in April 2022, this year will very much be a developmental year for the ICS, putting in place the structures, and building the relationships and networks that will allow the ICS to flourish in 2022/23. As well as work to strengthen the Provider Collaborative, Barts Health will support the ICS to deliver the following actions:

- **By end Q1** Update System Development Plans, confirm proposed boundaries, partner organisations and place-based arrangements.
- **By end Q2** Confirm designate appointments of ICS chair and chief executive, along with proposed governance arrangements
- **By end Q3** Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders.
- **By end Q4** Complete due diligence and preparations for staff and property transfers from CCGs to new ICS bodies.
- **1 April 2022** Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

Crucially, delivery of activity, finance and workforce plans will be monitored by NHSE at an ICS level in 2021/22. Our own success as an organisation is therefore intrinsically bound up with the success and delivery of other NHS providers in our north east London ICS. The ICS will be developed in cooperation with other partners, with Barts Health playing a leading role in its development. A successful ICS will see significant benefits accruing over time to the patients and population of north east London, as well as our staff.

Finally, in 2021/22 we will work with our NEL ICS partner organisation, Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT) to understand where and how we can integrate across a range of functions and services, to the benefit of both organisations, our patients, staff and communities.

WeBelong – our inclusion programme



Aspiration: To create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required

1. Creating a culturally intelligent leadership community

Barts Health is an incredibly diverse organisation with people from all different backgrounds. We want to create a working culture that will recognise, respect, value and harness difference for the benefit of the organisation, its people and ultimately the patients we serve.

- **Priority Action 1:** By August 2021 we will develop a 'WeLead' curriculum which will provide integrated and systematic leadership development, including cultural intelligence, QI and people management programmes, across the organisation. This will be rolled out across the trust from September.

2. Creating inclusive leadership who lead positive change

We have made strong progress in ensuring that our senior leadership represents all of the diversity of the people in Barts Health and the population we serve. We want to accelerate this and to ensure that groups that historically have faced unfair barriers to career opportunities are supported to develop their careers at Barts Health at all levels.

- **Priority Action 2:** Every colleague who is part of a group underrepresented in senior leadership (8a+) will have access to career advice through an established talent management approach by March 2022.
- **Priority Action 3:** We will grow our ethnic minority workforce in bands 8a+ by 3% every year to hit our target of ensuring representative leadership by 2028 and ensure that diversity is reflective in all levels of senior leadership
- **Priority Action 4:** We will conduct 90% of appraisal/ well-being conversations by September 2021 and the WeLead curriculum will be available to leaders and potential leaders as part of their personal development.

Aspiration: To deliver a fair and just culture which enables delivery of our WeCare values

1. Creating a fair and just culture

A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution. We will become an organisation where we learn from the times that things went wrong to ensure that we can learn and grow to become better. This will foster a culture where our patients will receive the best care and our people can bring the whole self to work

- **Priority Action 5:** By March 2022 all disciplinary cases will embed our New Era policies to promote a 'pause and reflect' period, look for informal mutually agreed resolution and achieve an agreed outcome whether the case is formal or informal.

2. Enabling the delivery of our WeCare values:

Everyone in Barts Health should live our WeCare values to ensure that we can achieve the ambitions for equity we have set ourselves. This has to be demonstrated in the actions we all take. Our leaders have a particular duty to act in a positive way to promote these values.

- **Priority Action 6:** Barts Health will demonstrate that every senior leader is a champion for inclusion by ensuring all leaders have an inclusion objective embedded in their personal development plan by July 2021. This will include a focus on promoting career progression and leadership competencies.

WeBelong – our inclusion programme



Barts Health
NHS Trust

Aspiration: *To work in community partnership to promote equity by restoring services inclusively and, in our role as an anchor institution, address the wider determinants of health*

1. Working in community partnership – Building strong partnerships with our communities that are inclusive and representative is key to improving services. We will raise the profile of patient and community engagement in quality improvement and transformation activities and promote place based participation with our hospitals to address the wider determinants of health.

- **Priority action 7:** Work in partnership with patients and community partners to jointly design and promote measures to optimise health and quality of life and implement a joint wellness campaigns as part of waiting list and winter initiatives in 2021-22
- **Priority action 8:** By March 2022 we will have integrated Patient Activation Measures and tested the impact within 2 transformation programmes and during 2021-22 we will increase user involvement satisfaction by a further 10% across the Barts Health Group (using Healthwatch insight data)
- **Priority action 9:** By March 2022 all transformation and quality improvement programmes will have access to patient/community engagement for co-design and participation through our engagement bureau and toolkit and all Barts Health QI and transformation will be confident engaging patients and community partners in improvement and service transformation

2. Promoting equity and restoring services inclusively – We are committed to promoting equity by restoring services inclusively. We will use data and insight to establish new ways of working and seek to ensure no groups are disadvantaged.

- **Priority action 10:** In order to ensure no group is disadvantaged in accessing our services, we will review our waiting lists by ethnicity and deprivation to identify any disparities. This will be developed into an action plan by August 2021. By March 2022 we will achieve 95% and aim for 100% ethnicity coding to improve insight into any inequalities and drive improvement.
- **Priority action 11:** During 2021 we will increase accessibility of remote consultations for patients who do not speak English. By September 2021 we will establish a baseline of utilisation and by December 2021 we increase the use of advocates in virtual appointments by 20%.

3. Our role as an anchor institute – Barts Health will build upon existing work to ensure even more people are recruited from the local community, regardless of background and protected characteristics. We will also use our significant buying power to invest and promote the local economy and businesses.

- **Priority Action 12:** To improve recruitment from the community Barts Health Futures centre with Newham College will be developed to engage more young people to join the NHS and we will increase the number of direct entry apprenticeship and other community/youth opportunities during 21/22. We will also implement Phase 2 of the Healthcare Horizons programme to engage younger cohorts of school/college students in health careers.
- **Priority Action 13:** By March 22 we will ensure a robust social value framework is applied for initial procurement of Whipps Cross redevelopment and align programmes for community employment and careers against Levelling Up framework to improve investment in the local area
- **Priority Action 14:** During 21/22 Provide an analysis by postcode, contract value and ownership of SMEs in the Barts Health supply chain and scope out potential employment and economic opportunities associated with the supply chain

Barts Health People Plan 2021/22



Barts Health

People Plan Pillar	2. Looking After Our People	3. New Ways of Working	4. Growing for the future
Back-ground	<ul style="list-style-type: none"> Our People Strategy 2019-2022 recognises the importance of creating a healthy and inclusive organisation The pandemic has had a significant physical, mental and psychological impact on our people and we will feel the effects for some time 	<p>Build the future workforce' – build new models of care, develop team establishments, build greater flexibility, accommodate apprenticeship</p>	<p>Both 'expand and develop our workforce' and also develop the WeLead Framework to embed a systematic approach to leadership development, linking to the WeBelong strategy.</p>
Priorities / Actions	<ul style="list-style-type: none"> Staff rest and recovery Annual leave is planned to ensure that colleagues have planned break Pay attention to staff feedback and focus on getting the 'basics' right Ensure that health and wellbeing is a regular part of supporting our staff by. Revise our appraisal policy to focus on health and wellbeing Launch the Carers passport. Launch the reducing violence and aggression work stream Embed Psychology support service Deliver estates and facilities programme to build permanent health and wellbeing hubs, improve oncall facilities etc. 	<ul style="list-style-type: none"> Developing a workforce plan that enables the delivery of planned activity and inform reporting to the Acute Alliance, wider ICS that can be replicated at hospital and GCS level. We will promote the implementation of new roles (Nursing Associates, Physicians Assistants, ACPs, Medical Support Workers), and new ways of working. Implement job planning and e-rostering giving colleagues better control and visibility of working patterns. Review the 2019 Agile working policy in light of Covid experience Use the NHSE/I Digital Staff Passport to facilitate the movement across the system Work with ICS partners to identify areas for to support workforce flexibility including the potential for a shared bank. 	<ul style="list-style-type: none"> Support clinical strategy to develop a workforce that reflects new ways of working and new service models. Work with Clinical Transformation Programmes to develop sustainable models for change. Ambitious international nurse recruitment campaign and targeted recruitment campaigns Support employment from the local community utilising apprenticeships. Anchor Institution development through Community Works for Health programme, 'Women into Health' programme, Project Search and Healthcare Horizon's scheme.
Metrics	<p>21/22 Staff Survey – Aim for scores to be above London acute Trust average – Progress monitored through PRs</p> <p>Vaccinations – National target for COVID is 90%</p> <p>Sick absence – 4.0% target for annualised sickness absence.</p> <p>Stat Mand Training- 85% Target</p> <p>Management Referrals to Employee Wellbeing Service & Health MOT Uptake - To be monitored through PR spotlights</p> <p>Uptake of financial wellbeing offering - To be monitored through PR spotlights</p>	<p>Roster compliance (timeliness and quality). 90% target of rosters approved 6 weeks in advance. 70%+ quality rosters</p> <p>Job planning completion – 90% target</p> <p>New roles - Implementation to be monitored through regular PR spotlights</p> <p>Flexible Working - % jobs advertised as flexible - to be monitored through regular PR spotlights</p>	<p>Recruitment (Offers made against plan)– Target: 100% of plan</p> <p>Substantive fill rate % (staff group view) Target: 95% fill rate</p> <p>Voluntary Turnover rate –Target of 11% annualised to improve on pre-pandemic levels</p> <p>Temporary staff usage %. Target awaiting local plans to be agreed (end of June)</p>

Barts Health People Plan 2021/22

People Plan Pillar

4. Growing for the future

Workforce Forecast Narrative and key assumptions

Baseline of the plan is year end (31 March 2021) with a focus is on Q1 and Q2 21/22 and expecting to be within Q3 20/21 WTE run rate. This remains subject to refinement as budgets and activity plans are finalised

Workforce for elective recovery is largely focused on theatre expansion (extra sessions and additional theatres at Newham) and during the first half of the year expected to be delivered through temporary staffing ranging from 21 WTE in M1 to 172 WTE in M6

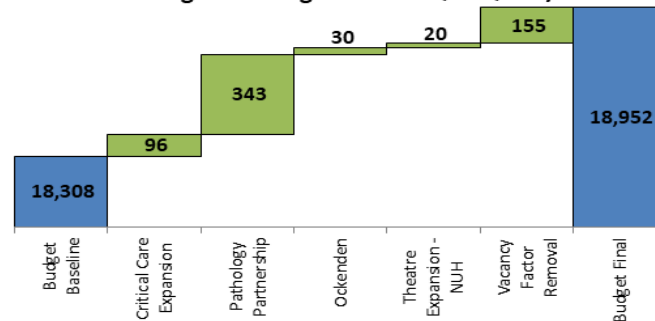
The approach to the substantive workforce has been to focus on known significant changes as follows;

- Pathology Partnership - 303 substantive WTE joined us on 1st May (343 WTE budget)
- Critical Care Bed Expansion – 15 Beds at RLH – equates to 70 additional RNs. In addition c.20 additional RNs required at Newham and 47 at Whipps. Assuming recruitment of 20 RN per quarter.
- Ockenden submission bid by Barts Health (30 WTE) .
- Theatre expansion at Newham– 21 WTE nursing.
- Inclusion of 21 WTE international RNs joining shortly but no further international included at this stage for Q1 or Q2
- Inclusion of 41 WTE additional HCAs recruited each quarter
- Additional growth of substantive staffing (BAU recruitment) will be reflected once hospital workforce plans finalised

Bank and Agency WTE assumed to be the average of Q3 20/21 Bank and Agency. This reflects the period being one of elective recovery between peaks when 78% of elective inpatient and 91% of outpatient active was achieved.

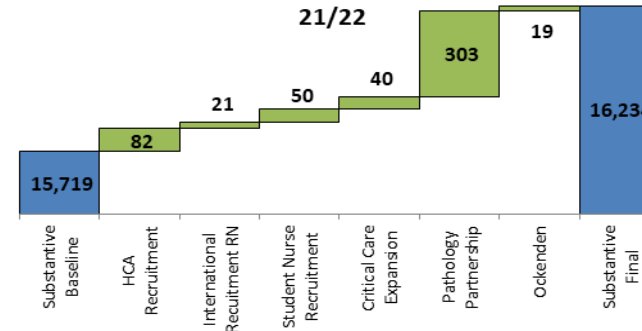
Workforce Forecast Numbers

Core Changes to Budgeted WTE Q1&Q2 21/22



This reflects significant changes to our budget for workforce in H1

Core Changes to Substantive WTE Q1&Q2 21/22



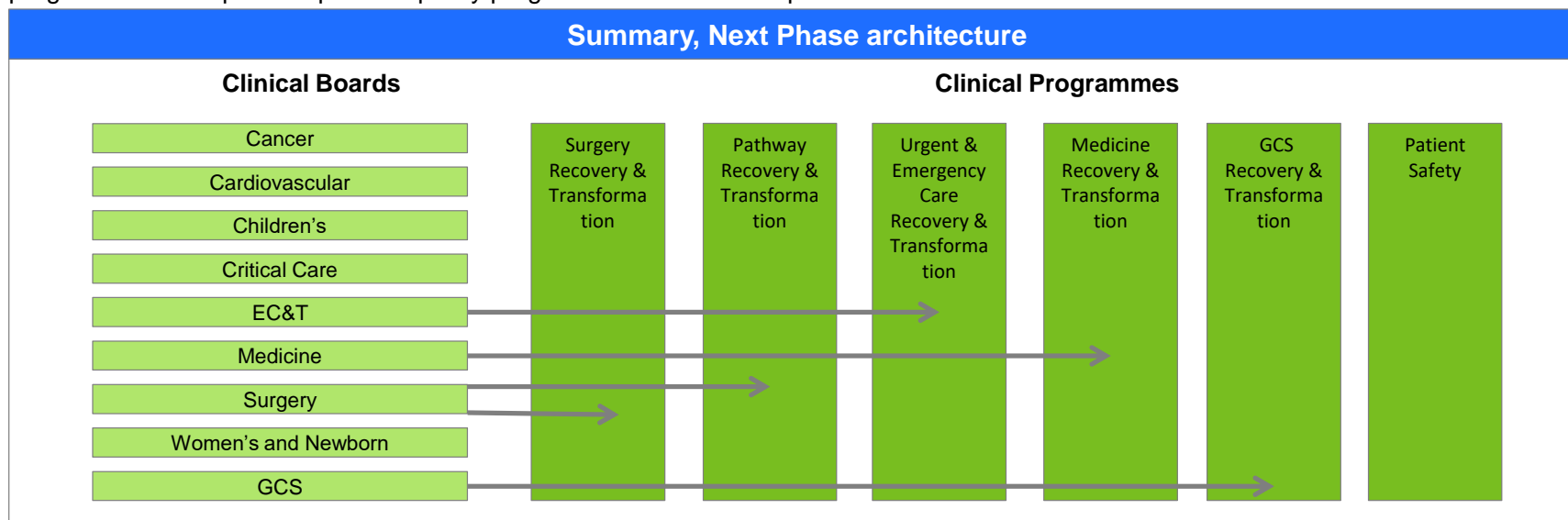
This reflects anticipated and known changes to our substantive contracted workforce in H1

Clinical Boards and Clinical Transformation Programmes



Clinical Boards were established to support the standardisation of the delivery of clinical services and develop the clinical strategy across our five hospital sites. The Trusts response to Covid brought the role of Clinical Boards to the fore, and they will now help us oversee our recovery and transformation of services as we recover from the pandemic. We have set up six Clinical Transformation Programmes (CTP) to help us make concrete the statement in this plans introduction – namely that *“We have learned what worked well, and will hold onto the conditions that enabled teams to be their best.”*

Each Clinical Programme has been scoped and organised on the basis of QI methods with these continuing to guide the transformation agenda. The 6 major Clinical Programmes have 19~ aligned Projects and are projected to run to March 2022 in the first instance. The six programmes are shown below, with their links to the appropriate overseeing clinical board. Patient Safety is an overarching Trust programme and is picked up in the quality programme section of the plan.



In addition to these cross cutting programmes the Clinical Boards are also supporting and overseeing a number of significant areas, covered in the appropriate Clinical Board slide, including:

- Changes as a result of Ockenden requirements (Women's Clinical Board)
- Mile End Early Diagnosis Centre (Cancer Clinical Board)
- Supporting recovery of Children's and young people's services (Children's Health Board)
- Implementation of the Surgery Change Programme (Surgery Clinical Board)

Surgery Clinical Board and Recovery & Transformation Programme



The Surgery Clinical Board is overseeing both the elective surgery recovery and the Pathway Recovery Clinical Transformation Programmes, both of which are crucial to reducing our waiting lists.

The table below outlines the three key priority areas for the Surgery Clinical Board in 2021/22 and the subsequent pages provide more detail on the development of High-Volume, Low-Complexity (HVLC) hubs. In addition to this the following will be further explored and developed in 2021/22:

- **Project Tooth Fairy** – will see a new regional service at Royal London to increase capacity for children’s dentistry, an area with long waiting times – three additional procedure rooms will be available from Autumn 2021
- **Community Diagnostic Hubs** – The Mile End Early Diagnosis Centre is now operational - endoscopy and ultrasound. We will look to develop additional diagnostic capacity as part of the national CDH programme, focusing on CT, MRI and ultrasound
- **Capacity expansion** – Further options being developed at all hospitals e.g. expansion of day case capacity at Newham hospital.

Priority area	Interdependencies	Outcomes/ deliverables	Measures/ metrics	Timing
Recovery and transformation of surgical services (Supporting oversight of the Recovery and Transformation Hub)	<ul style="list-style-type: none"> • Support for the Lead Hospital model from Hospitals • Diagnostic capacity to deliver increased throughput • Women’s Clinical Board (Gynae) • Resourcing to support Networks and Hospitals 	<ul style="list-style-type: none"> • Establish HVLC Hubs in Orthopaedics, Urology, General Surgery, Gynaecology, ENT and Ophthalmology • Plans to reduce backlog 	<ul style="list-style-type: none"> • Admitted and non-admitted PTLs • Waiting times • Capacity utilisation 	December 2021 and beyond for backlog clearance
Surgery Change Programme (Surgical Strategy implementation)	<ul style="list-style-type: none"> • Elective recovery and transformation programme • Hospital/Community Clinical/ operations teams • Surgical strategy & associated capital investment (theatres at NUH & beds at RLH) 	<ul style="list-style-type: none"> • Development of 2 mothballed theatres at NUH • Supporting changes to emergency General Surgery provision • Critical Care & ward bed requirement at RLH 	<ul style="list-style-type: none"> • Reduction in clinical incidents • Additional theatre capacity 	March 2023 +
Strengthening Clinical Networks and supporting GIRFT delivery	<ul style="list-style-type: none"> • Hospital clinical / operations teams • Recovery and transformation programme • Surgery Change Programme 	<ul style="list-style-type: none"> • Standardisation of practice across BH sites • Compliance with GIRFT best practice • Network visibility of job plans and activity 	<ul style="list-style-type: none"> • Visibility of Clinical Network data • Uptake of lead hospital model 	March 2022 for wave 1

Restoring Elective Services – Challenge & approach



Challenge - The Covid-19 response necessitated the transfer of theatre and other staff to support and provide additional ICU capacity, and the cancellation of a great deal of regular elective surgical and non-admitted procedures. Staff sickness related to Covid, new and more stringent infection control requirements, patient hesitancy also contributed to a significant reduction in normal hospital operations. As the pandemic recedes, Barts Health was faced with more than 16,000 left waiting more than a year compared to just 26 pre-pandemic. Tackling this waiting list is without doubt, the single biggest challenge that Barts Health faces for 2021/22 and beyond, with the ever-present threat of further Covid waves leading to further constraints on normal elective activity and further waiting list growth.

The Elective Recovery Fund – To support the Trust to address the waiting list challenge, the national planning guidance outlines the introduction of an Elective Recovery Fund to encourage an increase in the number of patients being treated. Where we are able to treat more patients than a set threshold the Trust will be funded at 120% of tariff. Thresholds are measured at system level, based on a percentage of weighted activity compared with pre-pandemic (2019/20) levels. The thresholds are: 70% in April, 75% in May, 80% in June, 85% from July onwards. In addition, in order to receive ERF funding, systems also need to meet 5 conditions: Clinical prioritisation and validation of waiting lists; Staff rest and recovery; Address health inequalities; System oversight of waiting times; Outpatient transformation

Approach – Barts Health needs to ensure that the restoration of elective activity meets the challenges in the wake of Covid-19 namely:

- Restoring our complex activity and reducing waiting times for urgent (P2) surgery,
- Meeting rising demand for non-elective care as the lockdown is lifted,
- Treating long waiting patients to reduce our backlog, and
- Ensuring good management of clinical risk for those waiting for care

The Trust will look to a range of mechanisms and processes to help us deliver this including:

- Utilising the Clinical Transformation Programme to build and embed the flexibilities and new ways of working developed through the pandemic to improve the trusts efficiency and productivity, maximising activity through the capacity we already have.
- High quality operational management of inpatient and outpatient waiting lists at hospital and specialty level in order to maintain high data quality, maximise operational productivity and focus capacity on areas with longer waiting times.
- Transformation of surgical services in line with the trust's surgical strategy and with a particular focus on establishing and optimising high-volume low-complexity hubs for routine elective surgery, and the consolidation of other clinical services.
- Develop options to increase our own elective capacity through revenue and capital investment.
- Working with the wider sector, to secure independent sector capacity in the short term to supplement NHS capacity, and to explore options for in specialties with mutual aid particular capacity challenges (e.g. ENT, gynaecology and general surgery).
- Transform outpatient pathways to reduce non-admitted demand and improve referral, clinic and follow-up systems through digitisation.
- Review the impact of our processes on equity of care to ensure that changes don't inadvertently disadvantage any particular group



Elective Recovery – activity projections

The Trust has modelled its recovery of elective activity utilising a number of sources, with the baseline being the April 2021 submission to NEL ICS. Due to the number of variables in play, modelling nationally and locally is only being undertaken for the first half of the year. The assumption is a further round of planning will be undertaken to inform Q2 to trust and local ICS expectations about activity.

The current Trust activity assumptions for outpatient, inpatient and A&E attendances are shown in the table below. The table shows, for comparison the activity in the first six months of 2019/20, the last pre-pandemic year. This provides context for the proposed activity number for the first six months of this financial year (H1). Broadly this shows that, we will deliver approximately the same outpatient activity, though with an increasing proportion being advice & guidance, that Inpatient elective activity down against 2019/20 but showing activity growing through the first six months and that Non-elective inpatient activity back to previous levels and A&E attendances growing by 4.9%

Category	Measure	Apr 2019- Mar 2020	Apr 2019- Sep 2019	Apr 2021-Sep 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
Outpatients	Total Acute Outpatient Attendances	1,164,527	579,612	556,654	80,072	86,145	94,310	102,824	92,436	100,867
	Total Advice and Guidance requests processed/answered	-	2,901	19,965	2,328	2,437	2,960	3,520	4,080	4,640
	Patients moved/discharged to a PIFU pathway for the first time	-	-	858	36	36	36	143	250	357
Inpatients	Total number of Specific Acute elective spells in the period	100,229	51,621	42,572	5,196	6,375	7,257	8,085	7,699	7,960
	Number of Specific Acute non-elective spells in the period	129,326	64,679	62,901	10,127	10,456	11,021	10,471	10,007	10,819
A&E	Total number of attendances at ALL A&E departments	425,672	225,658	236,702	37,432	40,881	41,999	39,966	35,301	41,123

It should be noted that the H1 activity plan assumes no direct impact on activity/trajectories due to any further Covid waves.

Eradicating Long Waiters – London was hit hard by the second wave. At the end of April a record 97,000 people were waiting for planned treatment in our hospitals. Of these, more than 16,000 were waiting over a year – compared to just 26 about 12 months before. Some have now waited over two years, and we are determined to clear these cases quickly. The 52-week backlog will take longer but we have already cut it by 30% - over 5,000 cases - and will clear it by December 2022.

Pathway Recovery & Transformation Programme

The pathway recovery workstream covers both outpatient and inpatient discharge pathways. Both workstreams combine elements of well understood good practice and also new ideas developed in response to the Covid pandemic.

Outpatient Pathway Transformation

- The aim of the programme is for *“Safe, Timely and Equitable access to Outpatient Care with treatment in the most appropriate setting”*
- The following are some of the issues that need to be addressed in order to deliver the programme - Redesign community pathways and reduce unnecessary referrals, One stop approach to diagnostics delivered in the community, OP environment, new ways of working and patient experience, Development of novel practice and digitally enabled care
- Some of the ideas being considered to deliver these include:
 - Redesign community pathways – Maximise effective use of A&G, expand peer-peer referral reviews across primary care and improve and increase use of GP referral templates
 - One stop diagnostic testing – explore Online and Postal Testing
 - New ways of working - Patient Autonomy and Self Management including Patient Initiated follow-up appointments

Discharge Pathway Transformation

- The aim of the programme is *“To improve flow through our hospitals by helping medically fit people leave hospital”*
- The primary drivers include – valuing patient time, ensuring patients have a positive experience, ensuring the inpatient stay has been valuable and that the trust maximises its use of resources
- Some of the ideas being considered include:
 - Valuing patient time – Daily Board Rounds and Wrap ups – Standardised Agenda and actions Trustwide
 - Improved patient experience – Homes/Self management packs and patients families being more informed about patients care plan and discharge date/expectations
 - Valuable inpatient stay – Avoiding over medicalisation and increase patient empowerment
 - Maximise use of resources – Patient flow facilitators supporting all wards to complete simpler discharge checklists

Taken together the change ideas and plans will lead to a significantly improved discharge pathway

Emergency Care & Trauma Clinical Board and Transformation Programme



The CTP for UE&TC has the following aim: *Achieve system wide safe, timely and equitable access to emergency care and treatment in the most appropriate setting*

To facilitate this the aim is to have clarified process for management of unscheduled care by September 2021, with the associated transformation being in place by the winter of 20 21. Measures to show whether the changes are having a measurable impact include:

- Reduction in the number of people attending the emergency department however able to receive specialised advice.
- Reducing unnecessary attendances at ED.

Priority area	Interdependencies	Outcomes/ deliverables	Measures/ metrics	Timing
Implement new UEC standards	<ul style="list-style-type: none"> • Hospital operational teams 	<ul style="list-style-type: none"> • Adoption of new UEC standards 	<ul style="list-style-type: none"> • Compliance with standards 	The three standards in the Operating Plan – to be introduced by July 21. The full set of standards have not been launched yet - no date of when to be implemented
Consistency in performance across all three ED sites	<ul style="list-style-type: none"> • Pathway transformation work adopted via CoVEG • Hospital teams 	<ul style="list-style-type: none"> • Standardisation in practice 	<ul style="list-style-type: none"> • ED performance metrics 	End of June 21
Response to the staff survey and QI based approach to embed sustainable action plan	<ul style="list-style-type: none"> • QI support • Staff survey • Hospital teams 	<ul style="list-style-type: none"> • QI based action plan developed • Improvement in staff survey metrics 	<ul style="list-style-type: none"> • Staff survey metrics 	July 21 for the action plan
Embed of transformation works via CoVEG	<ul style="list-style-type: none"> • Resourcing • Funding to support changes 	<ul style="list-style-type: none"> • Standardisation in new models of practice across BH hospitals 	<ul style="list-style-type: none"> • TBC 	August 21
Monitoring of a developed dashboard to capture UEC standards and KPIs	<ul style="list-style-type: none"> • BIU support to develop • Operational hospital teams for monitoring 	<ul style="list-style-type: none"> • KPI dashboard developed 	<ul style="list-style-type: none"> • UEC standards measured 	End of June 21

Medicine Clinical Board and Clinical Transformation Programme



The Medicine Clinical Board will take forward these five key developments in 2021/22, which link to our elective recovery and transformation agenda, NEL ICS partnership working and an enhanced service offer to our local communities.

Priority area	Interdependencies	Outcomes/ deliverables	Measures/ metrics	Timing
Outpatients Define and implement new outpatient models of care	<ul style="list-style-type: none"> Outpatient Transformation Programme Hospitals Commissioners System partners/ programmes (TNW /NEL) 	<ul style="list-style-type: none"> Backlog clearance Optimise referrals pathways (A&G and triage) Virtual consultations Personalise care – remote monitoring and PIFU 	<ul style="list-style-type: none"> Number of A&G referrals and conversion Proportion of consultations undertaken virtually and DNA's First to Follow up ratios Patient experience Staff/Referrer satisfaction 	52+ week waiters – Dec 2022 Significant progress in transformation areas to March '22 ongoing in 22/23 driven through clinical networks
Ambulatory Best practice ambulatory care for all medical specialties across Barts	<ul style="list-style-type: none"> ED, Beach, SDEC, UTC Primary care Hospital teams Diagnostics (inc. CDH) Non-medical specialties 	<ul style="list-style-type: none"> Exemplary ambulatory care provision across medical specialties providing equitable access to advice and care, sharing expertise and resource to meet patient needs 	<ul style="list-style-type: none"> Patient outcomes and experience Staff experience Pathway value Patient flow 	Oct '21 to deliver an offer for urgent ambulatory (HoTs Clinics/slots) in all medical specialties. Further development through remainder 21/22 into 22/23
New Medical Model Transformation of acute general & specialist inpatient medical care models to best practice	<ul style="list-style-type: none"> Hospital teams Junior Doctors Education Academy 	<ul style="list-style-type: none"> Best practice standards for inpatient care of medical specialties across Barts Health with respect to access to consultant specialist care, nursing and medical staffing of wards and acute medical take 	<ul style="list-style-type: none"> Patient outcomes Patient safety Staff experience Consistent OOH and weekend working across sites Defined expectations around Equitable access to specialist support 	Jan 2022
Mile End Create an inflammatory & metabolic Medical Unit in the Bancroft Block at Mile End	<ul style="list-style-type: none"> Diagnostics Pharmacy Divisions 	<ul style="list-style-type: none"> Mile End: Inflammatory & metabolic rare diseases Centre of Excellence 	<ul style="list-style-type: none"> Patient outcomes and experience Staff satisfaction Access to clinical trials Referrer experience Education and training 	Expectation this will run into 2022/23
Networks Recommend services to place or system, to site or network, and suggest an alignment	<ul style="list-style-type: none"> BHRUT System partners Hospital sites GSS and GCS 	<ul style="list-style-type: none"> Each service described through the lens of place and system Optimal specialist pathways Joint clinical working and dual site & group identities 	<ul style="list-style-type: none"> Staff satisfaction Patient outcomes and experience World leading services recognised for clinical and academic excellence Improved integration of care 	March 2022

Imaging Network Development



A number of national papers have been published detailing the way Imaging should seek to organise and develop services in a network model, spanning more than one organisation. The benefits of a networked approach are well documented:

- Improves clinical quality, better for patients
- Improves service resilience, underpinned by digital interoperability, AI and research capabilities
- Economies of scale, particularly procurement (equipment, IT systems and consumables) and concentration of expertise
- Enables workforce optimisation and solutions to localised recruitment challenges.

NEL ICS has established a diagnostic and imaging recovery and transformation programme, with an Imaging Working Group now established. Imaging services across provider organisations in NEL have established an information network to tackle challenges associated with recovery and transformation in response to COVID 19.

The current arrangement is information with no MOU or contracting arrangements in place. Following the recent notification from NHSE & I, formalising this arrangement has now been directed with commitment to establishing the Network approved by Provider Collaborative CEOs. This model provides a solid foundation to develop a networked service to realise the benefits for patients, staff and service users. Working in collaboration will ensure sustainable high quality imaging services for NEL.

Next Steps

1. Informal Imaging Networks have now been directed to formalise the management and commercial arrangements. Establishing the commercial model and the associated governance will be critical to future success.
2. A number of workshops have been held to describe the region wide developments of Imaging Networks and available support from NHSL. Additional workshops to describe the response to the Richard's Report are in train. The NHSL CLG has developed a transformational programme in line with these requirements.
3. NEL have established Acute Alliance Programme group to oversee the development of this work

Imaging service inspections

The CQC's Hospital Inspection and IR(ME)R teams, together with the Health and Safety Executive, conducted unannounced inspections of diagnostic imaging services at the Royal London and Whipps Cross Hospitals on 18 and 19 May respectively. The Trust has responded to the initial feedback received and is currently engaged in ensuring the factual accuracy of the draft inspection reports which have been received from the Hospital Inspection Team. This process is due to conclude on Monday 10 July with publication of the reports expected around ten working days later. We have been asked to submit responses to the CQC's IR(ME)R Team and the Health and Safety Executive in August.



Barts Health
NHS Trust

Preparing for a third Covid wave

The Trust responded magnificently to the first two waves of Covid, with over 800 patients in critical care (CC) and general and acute (G&A) beds at the peak in early 2021. Though inpatient numbers have significantly fallen, and the vaccination campaign continues to make great strides nationally, the Trust needs to prepare for any potential future waves of inpatient activity during 2021/22. We have therefore started planning for a third covid wave in the July - September 2021 period. This is expected to be smaller than previous waves with current assumptions are up to 50% of wave one, though potentially a different ratio of CC and G&A beds. Currently vaccination uptake rates in north-east London are lower than the national average, putting local people and the Trust at greater risk from a third wave, though this may be offset in part by the relative youth of our age distribution.

Plans are at an early stage of development but the following points are key to our response:

- We will refresh our “Winter/ Second Wave plan” rather than create a brand new approach, keeping what worked well, and learning and adapting from our 2nd wave experience.
- We are refreshing the five pressure levels created in our second wave plan, and modelling several scenarios for likely numbers of covid positive patients in hospitals and at what level of acuity.
- The plan is based on latest NHS London Covid modelling, overlaid with national assumptions and then informed by local insight
- Our planning process is designed to minimise the impact on elective activity as far as possible, planning across the Trust and the wider system as to how we can best do that
- These assume that we will be able to continue to deliver 80% of planned elective activity through a third wave i.e. there will be no major reduction in normal hospital activity
- We understand that our workforce will again be key, particularly as this next wave is timed over summer holidays and that we continue to have a duty of care to do everything that we feasibly can to protect and support our staff.

The ability to provide significant increased capacity is very reliant on redeploying staff but initially this might be mitigated by either increasing bank supply or stretching staffing ratios in CC to reduce the need for additional staff and the associated risk of disrupting elective activity. We have significant learning from previous phases as to how best to manage the pressure on staff – many of our teams have received additional training both in critical care and general wards which will serve us well.

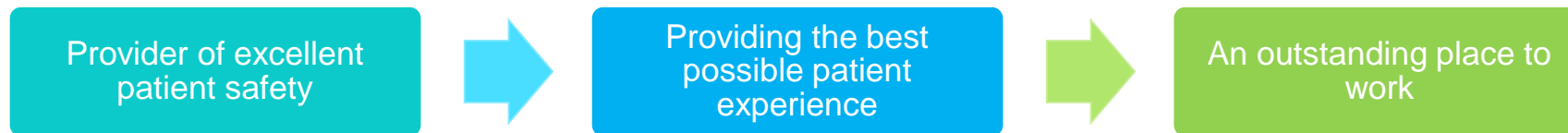
Aspects of our response are again dependent on effective system working and partnerships at regional, NEL and WEL level, in particular:

- Queen Elizabeth Unit providing critical care surge capacity for the Trust
- New surgical hubs in north-east London and changes to urgent and emergency care pathways to maintain cold elective activity and facilitate the delivery of non-Covid, non-elective activity
- Working with local partners to transform pathways of urgent and emergency care between local NHS providers
- The continuing provision of NECCTAR - a dedicated CC transfer service funded by the 3 acute trusts - will enable the sector to manage demand and capacity most flexibly by allowing us to safely move patients for specialist care or decompression purposes.

Quality objectives and metrics



Our Quality Strategy describes our collaborative approach to improving quality. Barts Health have a well established Quality Strategy built on three strategic goals. Quality Objectives are agreed yearly to support delivery of the strategy, as part of the planning cycle.



The table below outlines our quality objectives for 21/22, and our measures for success

Objectives	Outcomes/ deliverables	Measures/ metrics
Patient Safety <ul style="list-style-type: none"> Correct calculation and escalation of NEWS, leading to timely care and treatment Reducing surgical harm events Enhancing our safety culture Managing waiting lists to improve timely access to care and reducing delays 	<ul style="list-style-type: none"> Complete sepsis 6 Improve DNAR recording Reducing Never Events Identifying key metrics to support early identification of potential harm Implement PSIRF by Spring 2022 Maternity and neonatal safety improvement programme to include safety culture. Monitoring harm on waiting list 	<ul style="list-style-type: none"> % Sepsis 6 completion CRS escalation forms complete (count) Reduce absolute cardiac arrest rate by agreed percentage Reduce mortality from failure to identify and treat deterioration by agreed amount in 2021/22 % reduction (TBC) of moderate harm SIs associated with elective procedures Increasing % of Consent obtained 72 hours prior to surgery Staff perception of safety measured through staff survey Duty of candour compliance
Patient Experience <ul style="list-style-type: none"> Ensure community engagement and experience is included in the design and delivery of our services Reduce inequities in patient feedback opportunities by using language alternatives Improve the opportunity for shared decision making in the digital world 	<ul style="list-style-type: none"> Ensure patient voice and feedback is Included in the design and testing of initiatives to improve experience Increase FFT language format to 3 languages by Dec 21 Further increase to five languages by X date Successfully establish E-consent programme for delivery within 2021 Undertake audit of consent conversations and processes Improve access to interpreter 	<ul style="list-style-type: none"> Ensure we have patient voice / feedback / x number of decision making groups and QI initiatives Number of patients using Bengali and Romanian FFT Measurement of uptake of alternative language FTT Increasing the % of consent given prior to the date of surgery Increase the % of e-consent Perfect Ward reporting
People Experience <ul style="list-style-type: none"> Continued improvement of diversity in leadership roles Improving psychological safety/wellbeing Increase opportunities for staff to be engaged and feel connected in their work life Reducing violence and aggression by taking a system wide approach 	<ul style="list-style-type: none"> Team leader development Embed the WeLead framework Supporting wellbeing conversations Establishment of Wellbeing Hubs on each site (target date December 2021) Active participation in the staff networks and SPF QI initiatives at NUH Perfect ward targeted audits Safety intervention training (train the trainer) to create a critical mass of empathy and understanding trainers to impact on organisational culture 	<ul style="list-style-type: none"> Every colleague who is part of a group underrepresented in senior leadership (8a+) will have career advice through an established talent management approach by March 2022. We will grow our ethnic minority workforce in bands 8a+ by 3% every year to hit our target of ensuring representative leadership by 2028 and ensure that diversity is reflective in all levels of senior leadership Aim for Staff Survey scores to be above London acute Trust average (Psychological safety, violence, engagement). Improvement in position as shown Annual WRES submission FFT/people pulse check Increased Datix reporting

Whipps Cross University Hospital redevelopment



The case for redeveloping Whipps Cross Hospital is well established. Over 40% of the estate pre-dates the NHS and 80% of the estate is rated as significant risk or high risk. The condition of the estate leads to increased safety risks for patients, negatively impacts on privacy, dignity and infection control as well as on patient and staff experience of the hospital environment. The layout of the site means poor clinical adjacencies and efficiencies with facilities that are not suitable for delivering 21st century healthcare to a growing population.

The Whipps Cross Redevelopment Programme aims to deliver the construction of a new, state-of-the-art hospital – delivering the same core services as today - within a new health and wellbeing setting, which will be integral to the implementation of new clinical models – for example delivery of the surgical strategy and of outpatient digital transformation plans – across Barts Health and the local health and care systems. The redevelopment of Whipps Cross goes beyond the hospital itself. It will also stimulate economic growth in the area, bringing with it opportunities for employment and businesses, through the delivery of hundreds of new homes and with supporting community facilities including retail, leisure and culture. The Whipps Cross Redevelopment has been endorsed by the Government and confirmed as one of the ‘front runners’ in the national new hospital building programme (NHP) aiming to deliver 40 new hospitals by 2030.

The programme is overseen by a core programme team supported by a range of external expert advisors, including an Architect Led Design Team – Ryder Architecture. Following Strategic Outline Case (SOC) endorsement in 2020, the programme is aiming to secure Outline Business Case (OBC) approval from the Trust Board in summer 2021 and then Government approval in autumn 2021. It is expected that planning approval will be required for OBC approval. Planning applications for the new hospital and car park as well as the transformation of the wider Whipps Cross site have been submitted and approval is anticipated in September 2021.

Enabling works, funded by the Government, have begun on the site with the demolition of the buildings on the disused site of the former nurses’ accommodation to prepare the ground for the new hospital. These are expected to complete by the end of 2021. The second phase of the enabling works is the construction of a new Multi-Storey Car Park. Subject to planning approval, this will begin in early 2022. Subject to OBC and planning approvals – and the awaited commercial strategy of the NHP - the key next step for the redevelopment will be to appoint a main works contractor and develop a Full Business Case – the last stage in the business case process – expected to be approved by Government in Spring 2023. The new hospital is anticipated to be completed by autumn 2026.

Key action area	Milestones	Interdependencies	This supports delivery of	Success criteria
Gaining planning approval	End September 2021	Local Planning Authority decision	Redevelopment of hospital and wider site	Planning approval provided
Completing demolition works	End 2021	None	Construction of the car park and new hospital	Completion by end '21
Gaining OBC Approval	Autumn 2021	New Hospital's programme/Govt.	Whipps Cross Redevelopment	OBC approval provided

Barts Life Sciences



Barts Life Sciences is a partnership Barts Health NHS Trust and Queen Mary University of London. Our vision is to create an ecosystem that will:

- Accelerate, with confidence and safety, research and development through the innovation chain from the bench to the patient.
- Reduce health inequalities and transform patient care in East London and the wider UK.
- Create a sustainable NHS which will be recognised as world-leading in prevention, prediction and precision health care.

Our main work programmes focus on providing infrastructure and support for achieving this vision:

Research: working with the clinical research team (see page XX) we are designing and developing the business case for a new clinical research facility at the Royal London Hospital.

Skills: new opportunities for education, training and skills development in life sciences and digital technologies.

Digital: supported by a Barts Charity grant, developing a research data core and data access service to harness the power of clinical data analytics, genomics and artificial intelligence to improve early detection, treatment and management of diseases.

Adoption: developing links between academic and clinical staff with commercial partners to develop grant applications, collaboration and start-ups to develop new products and services.

Infrastructure: supporting the DHSC plans for a new life sciences campus in Whitechapel, bringing investment and jobs to tackle economic and health inequalities in east London.

Key action area	Milestones	Interdependencies	This supports delivery of	Success / Delivery criteria
Digital: development of data core and data access service	Provide demonstration of data access service (Oct 21) Complete specification the data core and data access service (Mar 22)	Close working with Trust IT and IG teams to ensure that the development is technically feasible and meets required governance safeguards.	Access to curated data for research and improving health outcomes	Curated data sets available for use. Procurement specification for data core and access services.
Skills: Opening of Barts Health Futures skills and apprenticeship hub	Hub opens at Newham College (Jun 21) Full range of programmes starts (Oct 21)	Co-ordination with Newham Hospital and Newham College to identify suitable staff	Skills and employment opportunities for staff and local people	Apprenticeship and training programmes established Programmes are utilised
Infrastructure: development of Whitechapel life sciences hub	Planning application submitted (Oct 21) Planning application approval (Mar 22)	Planning application is led by NHSPS on behalf of DHSC Requires commitment and support from local stakeholders	A new life sciences campus in Whitechapel	Planning application approved Effective engagement with local stakeholders

Barts900



In March 2023 St Bartholomew's Hospital and Church will celebrate 900 years since their foundation in 1123. The Trust is working in partnership with Barts Charity, Barts Heritage, QMUL and St Bartholomew the Great church on a 900th anniversary campaign that will mark this unique occasion through joint and individual celebrations and by fundraising for a range of transformational projects which span world-leading medicine, research, education, wellbeing and heritage. 2021/22 will see the campaign launch, consolidation of the 900th programme plan and the start of major donor fundraising. 2023 will see a wide range of celebratory events for partner organisations, supporters, staff, patients and the public, as well as a major public fundraising campaign.

The Trust's initial fundraising priorities are two significant new developments that will constitute key elements of its long-term strategy to deliver transformation and world-class care to the populations it serves:

- **Breast Cancer Centre of Excellence at St Bartholomew's Hospital** – aligning with the Trust's surgical strategy, this will consolidate breast surgery from across the Trust, reduce variation inequality, improve outcomes and patient experience and offer improved research and training opportunities
- **Clinical Research Facility at the Royal London Hospital** – a key element of Barts Life Sciences, this will provide significantly increased opportunity to develop new and innovative research programmes, engage more patients in research and improve outcomes and clinical care

Additionally in relation to the Trust, Barts Heritage is fundraising to renovate and restore the North Wing and Henry VIII Gatehouse at St Bartholomew's Hospital.

The 900th programme is overseen by an Advisory & Fundraising board led by the Trust's Chair and the Executive board is responsible for delivering the programme plan.

Key action areas for 2021/22 include:

1. Barts900 campaign launch in May 2021
2. Finalisation of the business cases for the breast cancer centre and the clinical research facility
3. Start of major donor fundraising
4. Development of an engagement programme, commencing with the Trust's clinicians and academics
5. Establishment of a range of celebratory and fundraising events for 2023

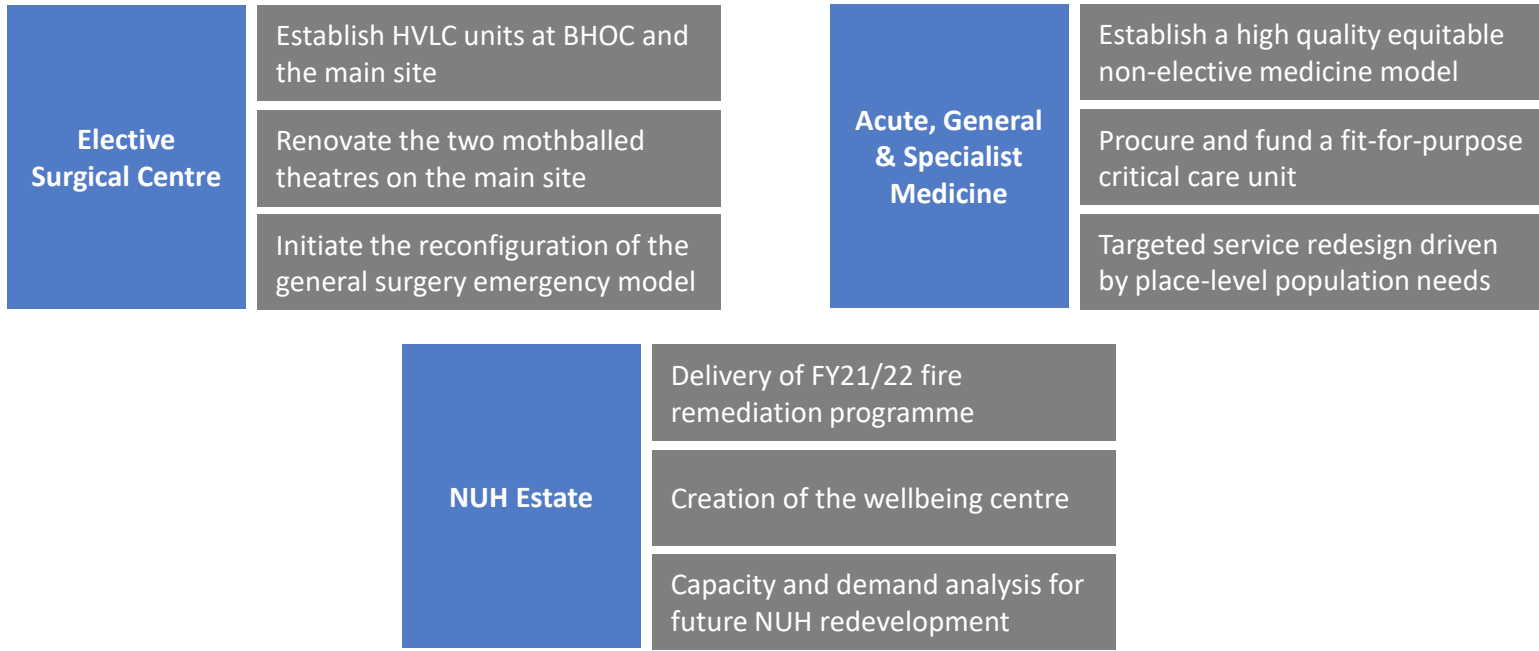


Develop and enhance Newham University Hospital

2021/22 is a key year in delivering key components of Newham’s longer term strategic projects. The focus for the coming year is in response to three key challenges:

1. The large health inequities across the Borough that have been highlighted further by the pandemic, against a backdrop of large population growth, which will worsen the current position
2. The large elective backlog faced by the Trust that has been exacerbated by the pandemic
3. The hospital estate in terms of capacity and quality alongside the on-going fire remediation programme. The projects below are the key steps we are aiming to deliver this year to start to address these longer-term strategic challenges

In 2021/22 we will also develop a five-year joint health and care strategy that supports Newham’s diverse communities to maximise their health, wellbeing and independence. We want residents to easily access quality services, provided as close to home as possible by a workforce that is proud to work for Newham.



Enabling Strategies – Informatics



The informatics team has three focus areas, which are based on the mission and needs of the Trust:

- **A single systems approach** – with the aim to have only one system and one patient record across all our hospitals.
- **Connectedness** – by delivering technology which enables seamless connections with other service providers
- **Use of information** – by turning data into information and generate actionable insights for health professionals and patients to conduct research, treat disease and maintain health.

The pandemic has shown us how well our staff are able to flex and adapt to changes in the environment, and IT was there to help support a significant percentage of our administrative workforce to working from home. In 2021/22, we will continue to focus on our key areas and deliver the priorities set out in our Informatics strategy, by continuing our work to become paperless and record all clinical data electronically, working to replace the main network, and upgrading wireless connectivity at all of our hospitals in order to deliver greater infrastructure stability and security. Informatics is also a key enabler to a number of our long term strategic programmes, such as the Barts Life Sciences programme, where we will be working with our partners to enable data sharing to support research, and the development of data driven population health initiatives, resulting in an outstanding level of patient care and outcomes in East London.

Key action area	Milestones	Interdependencies	This supports delivery of	Success / Delivery criteria
Software roll-out Implementations of: <ul style="list-style-type: none"> • EPMA • O365 • OP patient portal • BLS data core design 	<ul style="list-style-type: none"> • EPMA go live: Q2 phased rollout commences • Cloud system migrations Q3 • BLS design proposal Q4 	Funding of in-year cost pressures outside the core remediation programme elements	<ul style="list-style-type: none"> • NEL ICS population health capability • Outpatient transformation • Paperless working and medicines safety improvements 	<ul style="list-style-type: none"> • Staff adoption and usage rates • Elimination of paper drug charts • Reduced/elimination of paper medical records • Data repository for BLS provides research support
Infrastructure Resilience <ul style="list-style-type: none"> • Network replacement • Continued cyber security improvements • External cloud datacentre 	<ul style="list-style-type: none"> • RLH/WX network completions Q2 • NEL ICS patient portal kick-off Q2 	Delivery and completion of strategic network replacement programme trust wide	<ul style="list-style-type: none"> • Both clinical and administrative staff experience, and patients as a result of more reliable infrastructure • Quicker TAT for new projects and initiatives 	<ul style="list-style-type: none"> • Evidence of uptime availability being achieved at “5 nines” or better • Timeframes for business cases to hardware availability shortened from months to weeks, as the cloud will “spin up” requirements virtually • Cyber resilience increased with NIMM 4 rating achieved
Developing Pathology services <ul style="list-style-type: none"> • Digital pathology • Phase1 of Path partnership 	<ul style="list-style-type: none"> • Digital pathology Q4 • Path partnership P1 go live Q3 	Partner technical dependencies (HUH/LGT) completed to plan	<ul style="list-style-type: none"> • Service consolidation and rationalisation for east London diagnostics • Removal of manual reporting solutions for histo/cell path and modernisation of data capture 	<ul style="list-style-type: none"> • Single flows of pathology data and clinical working across the ESEL partners • Synoptic (codified) reporting for histopathology supports research and increased accuracy of outcomes (cancer) • Elimination of manual processes and physical microscopes allows flexible teaching and working

Enabling Strategies – Estates



Barts Health
NHS Trust

The Barts Health EFM objectives are to ensure that all clinical space and facilities are available for the delivery of high standards of patient care at all times. This means that infrastructure and facilities need to be fit for purpose, meet the required regulatory standards and be delivered in a cost effective way. We have two of the newest PFI hospitals in the NHS where the quality of the clinical environment is of a high standard. EFM are also involved in the design of the new Whipps Cross Hospital where we can use our experience to help shape this vital new hospital. We also investing over £40m at Newham and Mile End in the next few years to ensure that they too are effective places where patients receive high quality and safe care.

The EFM team also leads on sustainability at the Trust and we play a leading role in NEL in this capacity. We have our own waste reprocessing plant and we have two large scale combined heat and power engines. On a smaller scale we are piloting several new initiatives to reduce waste such as introducing reusable sharps containers which reduces the amount of plastic sent for incineration.

The team is around 530 strong and this includes ambulance drivers, electricians, car park officers, estates and facilities managers, project managers, property surveyors, engineers and many others. We manage colleagues employed by contractors which number over 2,000 and these staff work in cleaning, feeding patients and staff, security, sterilising instruments, maintaining the PFI buildings, keeping the shops and cafes open and a range of other vital functions. The team is working on moving to as local level as possible and a significant number of colleagues will be transitioning to be managed by the Hospital CEOs.

The Trust has a large capital programme which was £122m last year and is likely to be around £80m in the current year. The challenge of the EFM Project Team is to deliver high quality projects whilst getting the best value for money on our capital schemes.

Key action area	Milestones	Interdependencies	This supports delivery	Success criteria
We will complete the Group Estates Strategy which will ensure that the space that the Trust has available is used in the most effective way to treat our patients.	The Estates Strategy will need to be re-scoped. Re-engage with clinical leaders and external specialist advisors. Present to HEBs, GEB and Trust Board	Clinical strategies. NEL Estates Strategy IT Strategy Commercial Strategy	<ul style="list-style-type: none"> All patient centred activities at the Trust. BAF risk mitigation 	Completion of the Estates Strategy will mean that we have made the most effective use possible of the spaces that we have available.
Completion of the NUH Fire Safety Work	Phases are set out in the project plan and will be completed on a rolling basis	Trust Capital Plan	<ul style="list-style-type: none"> Safe environment for patients and staff. BAF risk mitigation. 	London Fire Brigade being satisfied that the hospital is compliant with regulations.
Completion of the Group Model for EFM	Transfer of line management functions. Full Budget transfer	Transferring of EFM lines of responsibilities	Ensuring that Hospitals have accountability for the patient environment	Full integration of EFM services with Hospital Executive Boards.

Financial Arrangements H1 (April-Sept) 2021/22

NHS Financial Arrangement H1 2021/22

- Financial arrangements for April-September (H1) 2021/22 are similar to those implemented for October-March 2020/21 with a fixed financial envelope for the NEL system.
- As in H2 2020/21 the COVID-19 virus testing and vaccine services costs are directly reimbursable by NHS England. For the time being PPE will continue to be procured nationally and supplied to providers free of charge.
- The re-imbursement process for specialised high cost drugs costs in place in H2 2020/21 will continue in 2021/22.
- Systems can access additional growth funding for acute elective and outpatient activity through the Elective Recovery Fund.
- Financial arrangements for the second half of 2021/22 are not yet known and will depend on a number of factors.

North East London System Financial Envelope

- Barts Health agreed its allocation from the system envelope for H1 2021/22 with system partners. The financial plan includes the additional £46.1m of COVID funding from the system financial envelope

Barts Budget Setting

- The budget is for break even position and is in line with NEL system financial plan assumptions for Barts,
- The Trust has completed a full budget setting process and the budget includes funding for approved H1 cost pressures and developments.
- No target is set within the opening budget for Elective Recovery Fund income in line with national planning guidance. Income received through this scheme in H1 will be a favourable variance that will offset additional non-recurrent costs incurred to deliver this elective activity e.g. outsourcing activity to the independent sector.

	2020/21 Actual			H1 21/22 Opening Budget £m
	H1 (Apr- Sep) £m	H2 (Oct- Mar) £m	Outturn £m	
Total NHS Patient Income	721.0	720.1	1,441.1	723.3
Private Patient Income	1.1	0.5	1.6	3.7
Non-Clinical Income	49.5	61.1	110.6	60.4
Total Other Income	50.6	61.7	112.3	64.1
Total Pay	(510.2)	(535.0)	(1,045.2)	(537.1)
Passthrough Expenditure	(70.7)	(77.4)	(148.1)	(75.3)
Drugs & Clinical Supplies	(80.0)	(81.7)	(161.7)	(88.3)
Other Non-Pay	(156.4)	(143.5)	(299.9)	(141.0)
Total Non-Pay	(236.4)	(225.2)	(461.6)	(229.3)
Sites & Services Budget Total	(45.7)	(55.8)	(101.4)	(54.4)
Nightingale & Vaccination Income	-	7.0	7.0	10.8
Nightingale & Vaccination Exp	(30.8)	(6.9)	(37.7)	(10.8)
R&D Projects	(0.2)	0.1	(0.1)	0.0
Central NHS PT Income	(15.6)	20.9	5.3	6.2
Central Income COVID19 Allocation	-	21.9	21.9	46.1
Central OSV & RTA Income (net)	4.6	(10.0)	(5.4)	2.5
Central Expenditure	(5.0)	(1.8)	(6.9)	(15.4)
Reserves	(2.3)	4.2	1.9	(6.2)
EBITDA	(95.0)	(20.5)	(115.5)	(21.1)
Depreciation, Interest & Dividends	(61.9)	(60.4)	(122.4)	(66.3)
Pre Top-Up Control Total (Deficit)	(156.9)	(80.9)	(237.8)	(87.5)
System Top-Up	73.5	81.1	154.6	87.5
Retrospective Top-Up	83.3	-	83.3	
NHS Reporting Surplus / (Deficit)	(0.2)	0.2	0.0	0.0

Capital Programme

Capital funding and investment will operate in 2021/22 in a similar manner to 2020/21 with a capital control total being given to each ICS.

Although the national capital allocation has increased, the proposed control total in 2021/22 for NEL is lower, at £96.1m, than last year. This is low in absolute terms as and lower than previous years. The principle cause for the small NEL allocation is the impact of the two large PFIs in the sector (the Royal London Hospital and Queen's Hospital, Romford), where the assumption is that the PFI debt repayments are repaid from the sectors capital allocation.

The initial funding the Trust can plan to is £58.8m:

- The share of the NEL control total of £48.4m
- Trust allowance that the PFI Lifecycle costs supported (via the Emergency Funding Application) of £8.8m
- Contribution of £1.6m from "PDC Overage Scheme" in relation to the Sale of Steels Property in 2019/20.

In order to generate the funding for the £58.8m, the Trust will need to make an application for "Emergency Funding" to DHSC of £27.6m. The internal programme of expenditure that the Trust is looking to set is £72.8m which is £14.0m more than the funds available. The Trust is in discussion with NHSL to seek further support. If this is not possible, then the programme will have to be reduced.

Additionally the Trust has built into the programme anticipated DHSC support for i) WX Redevelopment (£13.9m) and ii) Helipad (£1.2m) and an assumed contribution from charitable sources of £7.0m for a range of small to medium projects.



		Funded by		
		Internal programme	Public Dividend Capital	Charity Funded
		£m	£m	£m
contractually committed	Programme Line			
	PFI Lifecycle Works	8.8		
	Slippage b/f (ie schemes from prior year)	6.0		
	PFI RMES/MES - Replace Equip	4.7		
	Fire Safety (including CHL Settlement of £0.75m)	0.5		
	IT Infrastructure (Network and Datacentre schemes)	3.1		
	Total	23.1	0.0	0.0
Regular allocations	Medical Equipment	1.5		
	Informatics	1.5		
	Estates Backlog and Fire Safety	5.8		
	Non MES imaging	1.5		
	Image Durables	0.8		
	Capitalisation	2.0		
	Smaller Schemes Fund	0.5		
		Total	13.6	0.0
specifically required	NUH Fire	21.0		
	NUH 2nd CT	2.0		
	IT infrastructure 3 (EUC)	1.1		
	Dental Undergrag (funds rec'd 20/21)	1.1		
	MEH - Thames and Columbia wards	1.0		
	14/15 floor Fire Dampers	1.0		
	FP531 WX MRI installation	0.9		
	BC527 Pathology Network	0.8		
	Other schemes <£1.0m	7.2		
		Total	36.1	0.0
Externally funded schemes	WX Redevelopment		13.9	
	Helipad		1.2	
	Schemes funded from charitable sources			7.0
	Total	0.0	15.1	7.0

Gross programme	72.8	15.1	7.0	94.9
Under / (Over) commitment vs anticipated Exch funding	(14.0)			(14.0)
	58.8	15.1	7.0	80.9



Looking Ahead - Our plans for the next year



July 2021



Our vision and goals

Our vision is to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing equitable, safe and compassionate care to our patients in east London and beyond.

That means being a provider of excellent patient safety, known for consistently high standards of harm-free care and always caring for patients in the right place at the right time. It means being an outstanding place to work, in which our WeCare values and behaviours are visible to all and guide us in how we work together. And it means offering the best possible patient experience, as we make further progress to becoming acknowledged for good and outstanding care.

We affirmed these goals before Covid struck and they remain our medium-term mission. Inevitably, we adapted our approach in the light of what we learned through the pandemic. As we came to terms with the prospect that our communities and hospitals will be living with the coronavirus for some time, we set ourselves more immediate objectives on inclusion, recovery, and transformation.

This document sets out how we are refreshing those immediate objectives for 2021/2, and reconnecting with our strategic mission as we look to the future. Our operating plan for the financial year reflects the latest NHS planning guidance, and links to the strategic aims of the NHS Long-Term Plan.

Crucially, we are implementing it alongside deeper collaboration with our partners in the integrated care system for north east London (NEL) as a whole. This means our detailed plans for each hospital and department both reflect specific local needs, and dovetail with the plans of neighbouring NHS organisations in the capital.

Looking ahead Our plans for the next year

Introduction

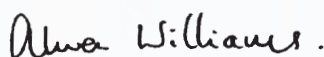
The challenges of Covid brought out the best in #TeamBartsHealth. Together we responded magnificently in the face of adversity, and brought our vision and WeCare values to life in ways we never imagined. I want to thank our staff for their tremendous dedication and professionalism; and above all, for the compassion they show to our patients at the most testing of times. Thank you.

Our staff remain our greatest asset, and their well-being is at the heart of our plans for the future. We learned much about ourselves through the pandemic, and listened hard when we gave our people some space to rest, recuperate and reflect after the second peak. We want to hold on to those conditions that enabled our teams to be their best.

We are proud that our staff work – and many live – in one of the most culturally diverse and vibrant parts of the country. We are also conscious that east London contains some of the most deprived areas, with the biggest health challenges. So I do not apologise for saying our top priority is developing as an inclusive organisation providing equitable services. We pledge to create a just and fair culture that will support the well-being of our staff, realise our ambition to be an outstanding place to work, and consolidate our role as an anchor institution within our communities.

We are also determined to build on the scale and pace of transformational change we have achieved so far. Our second group objective this year is to restore and transform planned clinical services, while preparing for any further Covid wave. Alongside this we will also progress our signature strategic transformation plans for the long-term benefit of our patients, like the redevelopment of Whipps Cross and the creation of a life sciences centre in Whitechapel.

This document summarises how we intend to realise these three objectives in our operational plan for 2021/2. Our confidence is based on the strength of our model as a group of hospitals, and the power of our partnerships with other parts of the north east London health and care system - including increasingly with our neighbours in the Barking, Havering and Redbridge University Hospitals NHS Trust. We showed the benefits of working together in responding to the pandemic, and we look forward to an era of even closer collaboration with partners, patients and our communities.



Alwen Williams
Group Chief Executive

June 2021



Alwen Williams

The Covid context

The pandemic legacy

The second wave peaked in January and by the beginning of May had all but disappeared. For a precious fortnight we had no new Covid-19 admissions to any of our hospitals. Yet towards the end of that month, the number of cases in our local communities started to rise again. The positivity rate in our boroughs increased noticeably in early June, with Tower Hamlets growing the fastest, as the easily-transmissible Delta variant spread.



Scientists warn Covid is now endemic in society. As we look forward to each small step in the gradual easing of social restrictions, we must be conscious that the virus and its variants are not going away. So far more than 14,500 Covid-19 patients were successfully treated by our doctors and nurses, who learned new skills and adapted old ones to manage an unfamiliar disease.

We now must balance the requirement to manage an unpredictable number of Covid patients with the short-term need to restore planned services, the longer-term imperative to accelerate transformation, and our ongoing duty to maintain the well-being of our staff. We drew up our plans in line with national NHS guidance to:

- Create time and space for staff rest and recuperation
- Continue high quality care for Covid-19 patients
- Sustain emergency services including cancer, trauma and cardiac
- Restore routine services like elective surgery, outpatients and diagnostics
- Transform care by building on innovations developed during the crisis
- Provide Covid-19 vaccinations to staff, patients and the public



Vaccination

As Prof Alistair Chesser, our Chief Medical Officer, puts it, vaccination is a game-changer, and the sooner we get everyone jabbed the better. “Those patients sick enough to need admission are almost invariably unvaccinated, and those who are vaccinated do not in general appear to be getting that sick. The vaccine protects people from getting very sick with Covid-19 and helps break the link between prevalence and serious illness,” he says.

Our hospital hubs delivered more than 55,000 doses of the Pfizer vaccine to health and care workers. Our vaccination centre in the Excel conference complex has so far delivered more than 121,000 doses of the AstraZeneca vaccine, including almost 10,000 through outreach clinics in the community. From July operations will transfer to “The Street” at the Westfield centre in Stratford. This venue will offer up to 2,000 vaccinations a day, with either the AstraZeneca or the Pfizer vaccines, promising greater access to the under 40s.

We estimate that 87% of our own substantive staff are now vaccinated. We are working hard to reach those who are still hesitant, and ensure they get their second dose. We are reminding front-line staff of the importance of testing themselves twice a week with lateral flow kits.

A third wave?

Fewer people are coming into our hospitals with Covid, they tend to be much younger than previously in the pandemic, and they are mainly treated on general wards rather than requiring critical care.

While the NHS is actively planning for a third wave, we are not expecting a repeat of the previous sharp peaks. Fewer people are likely to require hospital care, and the initial impact will be felt in summer rather than the winter months. We also intend to keep elective services running for as long as we can.

We learned a lot from successfully implementing our winter plan, and will retain what worked well, such as the five-point pressure thresholds for potential escalation. These prepared a range of interventions we could make as demand changes, each intended to reduce the likelihood of escalating to the next level. At each trigger point plans for critical care, general beds and elective care will align so we take account of the impact on our workforce (with summer holidays particularly in mind).

Our contingency plans envisage a maximum 50% increase in critical care capacity, or 40 extra beds on the baseline complement of 121. (For comparison, at the peak of wave one in April 2020 we had 158 patients in critical care, a 63% increase, as opposed to 221 or 84% extra at the peak of wave two in January 2021).

If such an expansion was required, we would once again be reliant on redeploying staff, although we would want to delay this as long as possible to protect elective activity. We have a duty of care to do everything we feasibly can to protect and support our staff during a period of high demand for NHS services.

To protect non-Covid activity, hospitals will continue to be segregated into blue, yellow and green zones. We will also maintain effective working with our partners across north east London, particularly in managing access to the surge capacity at the Queen Elizabeth Unit in The Royal London. We will keep using the NECTARR service to move patients requiring critical care to the most effective location, too.

Inclusion and staff wellbeing

Our commitment to inclusion, expressed in #WeBelong, is the thread that links and binds all that we do. We want everybody in #TeamBartsHealth to embrace inclusive behaviours and embed an inclusive approach in all aspects of their work. We will make further progress during 2021/2 by developing inclusive leadership across the organisation, supporting a fair and just culture at work, and enabling equity in healthcare and well-being for our patients, staff and communities.

Although we launched #WeBelong in the autumn of 2020, it was planned before the pandemic and delayed by the first peak. This new approach intensified our long-standing commitment to taking positive action to end discrimination. The pandemic pressures highlighted the central importance of staff wellbeing. By improving what we are doing for staff and patients with protected characteristics – who are the majority of both groups - we will create a positive step-change in the culture of our organisation that will bring benefits to all.



Our key themes for the current year expand on our existing efforts but seek to take them to a higher level with measureable outputs and clear outcomes. They are:

- To create a **culturally intelligent leadership community** who lead for positive change and take accountability for delivering the impact required
- To deliver a **fair and just culture** which enables delivery of our WeCare values
- To work in community partnership to **promote equity** by restoring services inclusively, and address the wider determinants of health in our role as an anchor institution

Each of these refreshed themes will be supported and enabled by our existing commitments to the principles of using data-driven insight, continuous quality improvement, and shared accountability. We set up three specific pillars of work to support the strategy – our Inclusion Centre, our Inclusion Observatory, and a Community Connectivity programme. Together their outputs contribute to the role the NHS plays through Barts Health and our health and care partners as an anchor institution for the diverse and often deprived communities of east London.

a) A culturally intelligent leadership community

We are an incredibly diverse organisation with people from all backgrounds, and want to create a working culture that not only respects difference but harnesses it for the benefit of patients. We will create an ambitious new curriculum within our WeLead leadership development programme to integrate cultural intelligence, quality improvement and people management, and roll this out across the group from September.

To ensure our senior leadership reflects the diversity of our staff and local population, we will again increase the proportion of ethnic minority staff in Bands 8a and above by 3% a year. To overcome barrier to career progression that some have faced in the past, we will offer career advice and talent management to anyone in a senior leadership group that is under-represented. Our plans to undertake well-being appraisal conversations with most staff by the autumn will ensure potential leaders can access the expanded We Lead programme.

b) A fair and just culture

In a just culture, colleagues analyse when things go wrong without fear of retribution, enabling everyone to learn from mistakes and provide a better service for patients next time. To support this, we will ensure that by March 2022 all disciplinary cases adopt a “pause and reflect” period and seek an informal mutually agreed resolution.

Our leaders also have a duty to promote our WeCare values, so by July we will require all those in Band 8a and above to become inclusion champions through adopting a specific inclusion objective in their personal development plans.

However, a just culture cannot be imposed from above. It has to grow and flourish through the behaviours of individuals, particularly team leaders and line managers. We want to support and encourage them to engage with their team members and direct reports on a regular basis. A one-off annual appraisal is no substitute for frequent one-to-one conversations about on-going wellbeing issues, career progression, and access to training and development opportunities.

c) Community partnership to promote equity

We are building strong partnerships with our local communities and want their representatives actively engaged in designing improvements to services. We will invite them to join a wellness campaign this autumn to support our efforts to tackle waiting lists and manage demand over winter. We will also establish an engagement bureau to match external interest to internal activity so that by March 2022, some form of public participation is an element of all our quality improvement and service transformation programmes. By that point we will also test the impact of the steps taken within at least two programmes as part of a drive to increase user satisfaction.

To provide insight into potential inequalities, we aim to achieve 95% ethnicity coding of our patient data by March 2022. In order to ensure no-one is disadvantaged in accessing services, we will immediately review waiting lists by ethnicity and deprivation. We will also increase accessibility to remote consultations for patients who do not speak English, by using more advocates in virtual appointments.

In our role as an anchor institution, we will increase the number of direct-entry apprenticeships and expand our work with local schools and colleges to promote careers in health and care, such as the Barts Health Futures centre at Newham Sixth-Form College. We will also analyse all the small businesses in our supply chain to scope further local employment and economic opportunities.

Our People Plan

We recognised the importance of creating a healthy and inclusive organisation in our People Strategy for 2019-22. The pandemic is taking a significant mental, physical and psychological toll on our staff and looking after our people is an essential precondition to our plans. This means setting aside time for rest and recuperation, listening and responding to staff feedback, developing services like access to psychological support and mental health first-aiders, and building permanent health and well-being hubs.

Other elements of our People Plan encourage new ways of working and look to grow our workforce for the future. We will promote new roles like Nursing Associates, Physician Assistants, and Medical Support Workers, and develop targeted recruitment campaigns, including welcoming nurses from abroad. We expect to employ about 500 extra staff over the year, although most of these are transfers from other trusts to join our pathology partnership.



Recovery and transformation

As the second wave of the pandemic receded, we began restarting planned services that were suspended at the winter peak. By the end of April, we were running elective operations and outpatient appointments at the levels of last autumn: approximately 1,500 and 20,000 cases a week respectively. We aim to reach 90% of pre-pandemic business as usual by September, and are starting to tackle the backlog of unresolved cases waiting too long for treatment.

London was hit hard by the second wave. At the end of April a record 97,000 people were waiting for planned treatment in our hospitals. Of these, more than 16,000 were waiting over a year – compared to just 26 about 12 months before. Some have now waited over two years, and we are determined to clear these cases quickly. The 52-week backlog will take longer but we have already cut it by 30% - over 5,000 cases - and will clear it by December 2022.

Restoring elective services is a balancing act. Among long-waiters, some cases are more urgent than others, requiring surgery sooner. Emergency cases demand immediate attention, and we anticipate more as the lockdown lifts. We prioritise patients by the urgency of treatment they require, and the average wait for those needing urgent surgery is down from ten weeks to less than four. Five services account for one-third of the waiting list: ear, nose and throat (ENT); bones and joints (orthopaedics); women’s health (gynaecology); eye problems (ophthalmology); and urinary issues (urology).

In the short-term we will continue to invoke mutual aid from partners, and use the independent sector at NHS rates to supplement in-house capacity. To receive the fastest, most appropriate care and treatment, some patients may be asked to go to another hospital that is not their nearest. For example, since March over 300 of our patients were transferred for treatment to Homerton hospital.

In the longer-term we will introduce new ways of working to maximise productivity, through a series of clinical transformation programmes, covering key areas like surgery, medicine, and urgent and emergency care. These are overseen by relevant clinical boards, in a natural extension of their initial remit to develop clinical strategy and oversee clinical standards.

In addition, the women’s and newborn health board will oversee our response to the national Ockenden report on maternity services. We are also working closely with our NEL partners to take an integrated approach and tackle inequalities in waiting times or access issues.



Planned operations (electives)

The majority of planned surgery undertaken in our hospitals (80%) is done as day cases and does not require an overnight stay. Beds are not the issue as much as operating theatre capacity, although in the new hospital environment such provision must be segregated in “green” zones that are Covid-free. All our hospitals have extra capacity so we now have 37 elective theatres across the group (out of 51 in total).

Before the pandemic, we obtained backing from local commissioners for the principle of consolidating specialist surgery in a series of centres of excellence. The pandemic reinforced the case and the NEL integrated care system is developing a series of surgical hubs across north east London in six specialities. These allow specialist surgeons to operate effectively and safely on a high volume of low complexity cases from a single base.

Within Barts Health, the standalone Gateway centre in Newham is doing routine hip and knee operations for the whole group. Whipps Cross is using the Eye Treatment Centre for cataract operations, and the Plane Tree Unit for ENT operations and common bladder surgery. This is in line with the hospital's ambition to be renowned for the integrated care and treatment of frail people, like the elderly. A consequence is that some patients may be asked to move their treatment to a different hospital where this is appropriate.

The expansion of high-volume low-complexity work at Whipps Cross means more complex surgery will go to The Royal London (and orthopaedics to Newham). The Royal London's role as a specialist centre for complex surgery will be enhanced. It remains a major trauma centre for London and a specialist stroke centre. However its own high-volume low-complexity work in urology, ophthalmology, ENT and orthopaedics will gradually transfer to Whipps Cross and Newham respectively as these hospitals develop networked services within the group.

As a specialist heart centre, St Bartholomew's hospital was always open for urgent cardiac cases, even though many medical and nursing staff were redeployed elsewhere, and it has now restored elective activity. A hub at Homerton hospital will offer some of our patients the prospect of prompt access to gynaecology and general surgery; while patients elsewhere in north east London will be served by a parallel suite of six hubs at the King George Hospital in Ilford. We also plan a new regional service to increase capacity for children's dentistry, Project Tooth Fairy, and a specialist pain management centre at Mile End hospital.

Our medicine clinical board is overseeing a transformation programme to improve flow through our hospitals, by helping patients who are medically fit leave promptly. The pressure on general beds during the Covid peaks put a premium on discharging inpatients in a timely fashion. We want to build on the lessons learned to make permanent improvements that ensure patients don't stay in hospital unnecessarily. The Discharge to Access model now used across Tower Hamlets, Newham and Waltham Forest will reduce long stays by speeding up home-care assessments and integrating access to rehabilitation or residential care.



Outpatients

In early June over 14,000 people were waiting more than a year for an outpatients' appointment or procedure. Before the pandemic, our outpatients departments would typically see 5,000 patients a day. To get through the waiting list we now have to see at least 500 more each day. This is not simply a question of working harder, but a question of working differently.

We are transforming the traditional model of outpatients departments. For example, patients no longer need to come to hospital for a blood test, thanks to a network of community phlebotomy hubs. Medicines are now being delivered direct to homes or local pharmacies. Over the past year we saw a five-fold increase in GPs using our advice & guidance service – the ability to contact a consultant for an instant expert opinion, rather than make a referral to hospital – and we want to double this.



The key to transformation is running clinics virtually rather than face-to-face, unless an in-person consultation is clinically necessary. Remote consultations put patients in control of their appointments, allowing us to create more capacity to see more of them at weekends and in the evenings. We are developing a secure digital portal through which patients will be invited to take part in video consultations, manage their appointments, and request a follow-up if necessary.

We are currently providing about 90% of pre-pandemic appointments and plan to fully restore that activity by September. By December 2022, no-one will wait 12 months for an outpatients' appointment or procedure again. We will be helped by maximising community provision, including agreeing single points of access with our partners for specialties like cardiology, dermatology, colorectal, gastroenterology and musculo-skeletal services. We are also procuring new community services for Tower Hamlets, Newham and Waltham Forest, starting with ENT and plans for trauma and orthopaedics, and gynaecology.

Diagnostics

The Early Diagnosis Centre at Mile End hospital is open and providing extra services for people across NEL who are living with conditions that could increase the risk of cancer, such as gastric ulcers and inflammatory bowel disease. We expect to carry out 16,500 procedures this year at these facilities, among the first of their kind in the country, and detecting disease earlier should boost survival rates. Meanwhile we are working with our partners on establishing a network of community diagnostic hubs to further increase access to tests.

This will require further capital investment, though Mile End already plans an additional MRI scanner, a 7-day endoscopy service, increased ultrasound capacity and expanded long-Covid clinics.

These measures are vital because of the size of the backlog for ultrasound tests and MRI and CT scans that developed earlier this year, partly because clinical staff were redeployed elsewhere. As they returned, we embraced longer opening hours and weekend working. To supplement hospital imaging capacity we are hiring mobile scanners, and outsourcing to the independent sector.

Our most urgent challenge remains the backlog of people waiting for an endoscopy procedure, despite increasing the rate at which patients are seen to more than 500 a week. Opening new rooms at Mile End will help, and the team plan to develop a fully networked service managing a group-wide patient list through multiple sites.

Urgent and emergency care

Emergency care for life-threatening illness and injuries continued during the pandemic, although overall fewer people turned up in our A&E departments. The numbers are now increasing, giving added impetus to our plans to expand the availability of specialist advice for those who need urgent (but not emergency) care, and reduce unnecessary attendances in A&E.

Key to this is the BEACH (Barts Emergency Access Co-ordination Hub) model, which provides early assessment to ambulance crews and NHS 111 operators. When invoked by them, it diverts about half the patients away from A&E to more appropriate treatment elsewhere. When emergency patients are admitted to hospital, our MEADOW (Medical Examination And Disposition Of Walk-ins) model ensures senior clinical assessment within an hour, and streams a further 40% away. Walk-in patients are generally assessed within 15 minutes and a similar proportion advised to go to the urgent treatment centre co-located nearby and staffed by GPs or others with a primary care background.

As we embed these models in all three emergency departments at The Royal London, Whipps Cross and Newham, we are also designing pathways for Same Day Emergency Care for conditions such as deep vein thrombosis, falls among the over 65s, chest pain and kidney infection. These innovations are monitored through data dashboards linked to the proposed new suite of ten national performance metrics.

Quality

Our approach to continuous quality improvement, expressed as #WeImprove, underpins all our activity, and we will continue to pursue our three strategic quality objectives - safer care for patients, the best possible experience for our patients and their loved ones, and making Barts Health an outstanding place to work.

This year we will place specific focus on identifying and treating the sickest patients on our wards, using advances in technology and better use of early warning indicators to reduce delays in responding to clinical deterioration. We will also speed up steps to prevent sepsis, and improve compliance with surgical safety rules. We aim to reduce the number of so-called "never" events that shouldn't happen in the first place, and learn lessons from any serious incidents that cause harm to patients.

Digital

The unsung heroes of our infomatics team were at the heart of our Covid response, fitting out the temporary Nightingale hospital, the Queen Elizabeth Unit, and the Newham vaccination centre at ExCeL London. Faced with the virtual meetings and with many colleagues working from home, the team secured a ten-fold expansion in the number of remote access accounts, now numbering 8,000.

We were able to do this on the back of our previous move to host data in the cloud rather than on individual desktops. The next step is transferring our datacentre off-site to release space and improve security. We will also resume progress with the shift to electronic prescribing this autumn in the wake of the successful pre-pandemic move to digitise nursing documentation. Moving away from paper records is the biggest clinical change in our hospitals in a decade and will transform patient care.

Pursuing our strategic programmes



An artist's impression of the potential front entrance of the new hospital

> Build a new Whipps Cross hospital in 2026

We await the outcome of a planning application for a new hospital, as part of the redevelopment of the existing estate for health and community purposes. If we get approval later this year, enabling works will start, following demolition of the derelict former nurses' accommodation on the site of the proposed new building. The outline business case for investment is almost ready to be submitted, following extensive local engagement on the design of the building and the scope of services it will offer. As a frontrunner in the Government's new hospitals programme, we are awaiting guidance about how it will be procured.

> Create a BartsLifeSciences centre in Whitechapel

Covid-19 accelerated data-driven innovation across the globe, and our researchers are at the forefront of efforts to harness Artificial Intelligence to predict and prevent disease. We are working with our academic partners at Queen Mary University of London (QMUL) to transfer such skills from the laboratory to the hospital, so we can transform patient care and reduce health inequalities. We will support a planning application by the Government for a life sciences campus next door to The Royal London, and Barts Charity is funding a plan to create a research data warehouse.

Most clinical trials and research studies were suspended last year except for Covid-related work, so we revised our ambitions accordingly. Nevertheless, with our QMUL partners we expect to recruit 16,000 people to clinical trials and generate over £7m in commercial income. We plan to submit joint bids to the National Institute for Health Research to develop our Biomedical Research Centre, and support the case for a Clinical Research Facility at The Royal London hospital.

> Fund the Barts900 breast cancer centre at St Bartholomew's

We are raising awareness among potential major donors to fund transformational projects to mark the 900th anniversary of the founding of St Bartholomew's hospital and church in 1123.

The Barts900 campaign is a partnership between the Trust, QMUL (which runs the Barts and the London medical school), the St Bartholomew the Great church, Barts Charity, and Barts Heritage.



Activity so far has focused on fundraising to renovate and restore the historic North Wing and Henry VIII Gatehouse in the hospital. The next step is finalising a business case for a breast cancer centre. Consolidating specialist breast surgery on one site will reduce variations in clinical standards and improve patient outcomes and experience. We plan most public celebrations for the anniversary year in 2023.

> **Develop Newham hospital as a centre of excellence**

Newham has one of the most diverse and fast-growing populations in the country, and the pandemic highlighted health inequalities in the borough. Yet it is served by the smallest hospital within the Barts Health group, and our ability to meet this demand is constrained by the capacity of the estate and the ongoing fire safety works. Our surgery strategy identified a future role for the hospital as a centre of excellence for day surgery and women’s health, and we are working with the borough council on planning services according to future population needs.

Together we will develop a five-year joint health and care strategy that supports our diverse communities to maximise their health, wellbeing and independence. We want residents to easily access quality services, provided as close to home as possible by a workforce that is proud to work for Newham.

> **Provide services for the wider NHS and care system**

In April our pathology laboratories became part of a pioneering partnership hosted by Barts Health on behalf of two other trusts, Homerton, and Lewisham and Greenwich. As one of the largest pathology providers in the NHS, the partnership provides patients in east and south-east London with a high-quality, cost-effective and sustainable service.

By December 2023 this will operate as a fully integrated network, with a hub at The Royal London and spokes (or “essential services labs”) at six other locations, including St Bartholomew’s, Newham and Whipps Cross. The interim arrangements proved the value of the model during the pandemic, as our virology service was able to expand to meet increased demand and operate longer hours, seven days a week.

We are exploring the potential to build on this model in other services. For example, an imaging network for NEL would improve both clinical quality for patients and the resilience of a service affected by recruitment challenges. As we develop our group operating model to explore the potential benefits of closer collaboration with our neighbours in Barking, Havering and Redbridge University Hospitals NHS Trust, we are also examining whether group support services like payroll could offer economies of scale if expanded and run in partnership with others.



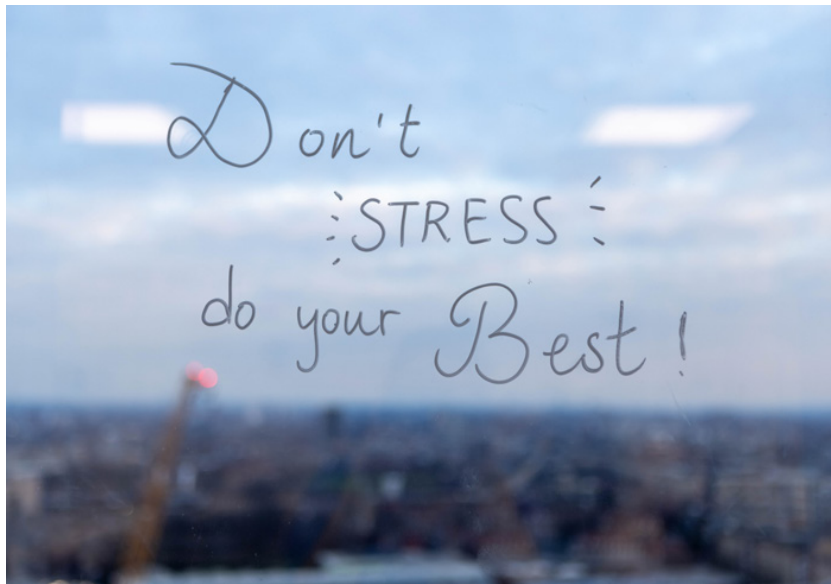
Conclusion

No summary can do full justice to the depth and breadth of healthcare activity that takes place across our five hospitals. We continue to treat more than 6,000 people every day, two-thirds of them outpatients (and therefore increasingly through virtual clinics) but almost one quarter coming in person through A&E. We are no longer the biggest NHS trust in the country, yet on the measure most people associate with hospitals we continue to treat the most patients by a long way.

The turnover of the Barts Health group is now over £1.6bn a year, and we balanced our books in 2020/21. The NHS continues to make special financial provision in response to the pandemic, so for example we will be reimbursed this year for virus testing and vaccinations. As we await guidance on future funding, we will continue to maximise all available resources and adapt to the changing nature of how services are provided.

We believe the foundation of our improvement is our flexible group model, combining strategic leadership and a common identity with operational responsibility delegated to each hospital. This will continue to evolve as we absorb the lessons from the pandemic, collaborate with local partners on integrating the provision of care, and learn from others in the NHS on similar journeys.

We will shortly appoint a new chair to our Board, who will also chair the Board of BHRUT, and take forward a new era of closer collaboration with our neighbours. Working with our partners in the local healthcare system, we intend to play a key role in developing a place-based approach to providing integrated care across north east London for the benefit of all our patients.



Large print and other languages

For this leaflet in large print, please speak to your clinical team.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বকলিফ ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যতে পারে। আরও তথ্যের জন্য আপনার ক্লিনিকিয়াল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

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Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

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Report to the Trust Board: 7 July 2021	TB 25/21
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Title	Integrated Performance Report (Month 2)
Accountable Director	Director of Strategy
Author(s)	Director of Performance
Purpose	This report provides a performance update

<p>Executive summary</p> <p>The Integrated Performance Report provides detail in relation to performance drivers at Trust and Hospital level in relation to the NHSI single oversight framework indicators as well as the Trust’s own improvement plan, Safe and Compassionate. The report also identifies exceptions, including positive exceptions, where performance has outperformed usual tolerances, or where a target has been failed. The report will be presented by the respective lead directors for Covid-19, access, quality and safety, finance and people sections.</p>

Related Trust objectives
All trust objectives

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

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

Barts Health Integrated Performance Report

Jul-21

Performance for: **May-21**



- **Overall Report:**

- Some national reporting for which metrics are usually presented in the report has been temporarily suspended during the Covid-19 pandemic crisis. For most, the performance from the last national submission before the suspension is the latest included in the report, as indicated below:
 - Mixed sex accommodation breaches: Feb-20 performance.
 - Dementia screening: Feb-20 performance.
 - Venous Thromboembolism (VTE) Risk Assessment: performance continues to be monitored internally.
 - Staff Friends and Family Test (FFT): 2019/20 Q4 performance.
- The above suspended metrics have been temporarily greyed out in the report.
- Serious Incidents Closed in Time:
 - As noted last month, clock stops have been applied to all Serious Incidents (SIs) throughout the Covid-19 second wave. It has been confirmed that clock stops will remain at all points of the SI management process, until there is a national patient safety update/directive detailing otherwise. When the national directive is changed and clock stops lifted, there will be an extra 20 working days provided for new SIs notified during the first month of change and 10 working days extra for new SIs notified the next month, with a return to the normal 60 day timeframe on month 3 post clock stop lifting. Trusts are particularly encouraged to continue investigations/SI management of Maternity and Never Event incidents.
 - Barts Health continues to manage the SI process according to an internal target with revised dates for completion of investigations applied to SIs declared during Jan-21 to Mar-21, with the 60 day timeframe applied to SIs declared from 01/04/2021.
- Turnover rate data are not available for May-21.

- **Targets:**

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

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Jul-21



Executive Summary



Covid-19 Monitoring and Recovery

Covid-19 Inpatient Activity Levels

- The second Covid-19 wave peaked at 835 total inpatients on 14/01/2021 and 182 intensive care unit (ITU) inpatients on 24/01/2021. This level of activity was 38% greater than that experienced by the Trust at the first peak of the pandemic in early Apr-20. Whilst the second Covid-19 peak has now passed, the Trust is currently carefully monitoring local borough case rates and Covid-19 admissions in order to detect any early warnings that a third wave is approaching.
- Looking at May-21 against Jun-21 (to 27/06/2021), weekly average Covid-19 admissions have increased from 11 to 23; however, this is a fraction (3%) of the 665 average weekly admissions recorded across the second wave period, Dec-20 to Jan-21.
- On the day of finalising this report (30/06/2021), the number of Covid-19 positive inpatients across the Trust was 40, with 6 being cared for in an ITU bed. This represents 5% of the Trust's current overall ITU capacity and is 3% of the volume experienced at the height of the second peak of the pandemic.
- Sadly there have been 6 further patient deaths during Jun-21 (to 28/06/2021) within 28 days of a positive Covid-19 diagnosis; however, for the same period, 932 inpatients with confirmed Covid-19 recovered and were discharged.

Covid-19 Community Cases

- Comparing the week commencing 09/06/2021 to the week commencing 16/06/2021 shows the following movements in the case rate per 100,000 population:
 - For Waltham Forest, an increase from 77.0 to 107.7 (+40%).
 - For Tower Hamlets, an increase from 116.8 to 146.7 (+26%).
 - For Hackney and City of London, an increase from 88.7 to 119.8 (+35%).
 - For Newham, an increase from 61.1 to 80.7 (+32%).
- As a comparator the London case rate has increased from 77.6 to 96.4 (+25%) while the England case rate has increased from 92.8 to 128.6 (+40%).

Staffing

- For staff there was an increase in absence due to all Covid-19 related reasons, with 86 absent staff recorded at the end of May-21 increasing to 123 as at 21/06/2021, an increase of 37 (43%).

Elective Activity Recovery Trajectories

- The Trust has submitted elective activity recovery trajectories to NHS England for the first half of the year ending in Sep-21. Additionally long waiter eradication trajectories have also been submitted for the same period. Elective activity is being focussed on clinically prioritised and long-waiting patients with performance tracked each week by a senior executive-led operations group.

Covid-19 Monitoring and Recovery (Continued)**Vaccinations**

- The Trust is working closely with North East London (NEL) partners to deliver the vaccination “sprint” to maximise second dose vaccination in the over 40s, First dose vaccination in the under 40s and “hyper-local” targeting of vulnerable groups.
- The vaccination centre at the ExCeL centre relocated to a new site at the Westfield Centre in Stratford on 26/06/2021. More than 121,000 vaccinations have been delivered to date. The new site is offering both Pfizer and Astra Zeneca vaccines, improving access for the under 40s.
- Nearly 10,000 vaccinations have been delivered in outreach settings and this is a key ongoing area of focus, particularly in the inner NEL boroughs.
- 75% of Barts Health substantive staff (12,620) have been matched positively to national vaccination records. Work continues to match individual records, with overall take-up estimated at 87%. Written communication is being extended to all hospital sites for staff who have not yet been vaccinated, encouraging them to do so, with a continuing focus on equitable access.

Quality & Performance

Responsive

A&E 4 Hour Performance

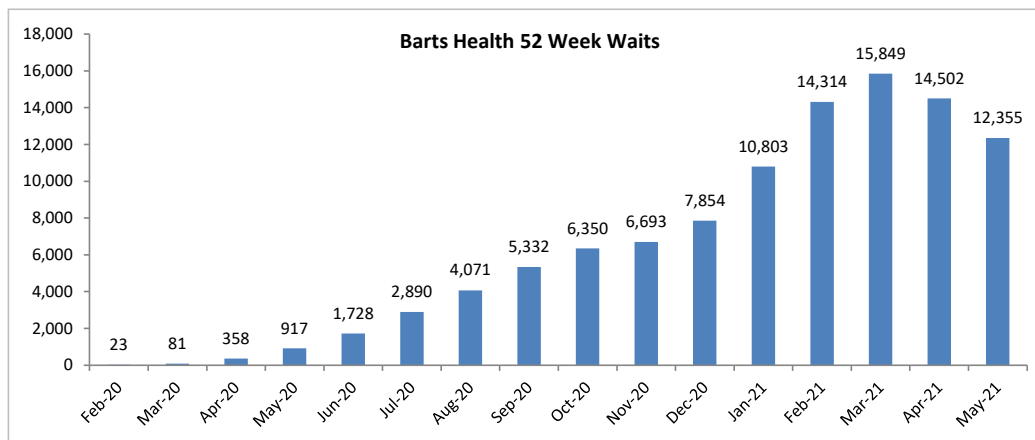
- Due to reductions in demand resulting from the public's response to the Covid-19 pandemic, attendances at the Trust's A&E departments decreased by nearly half between Mar-20 and Apr-20. By Sep-20, attendances had recovered to 80% of the volume recorded in Sep-19. However, from Oct-20 attendances started to reduce again as the impact of the second wave of the Covid-19 pandemic started to be felt and the government introduced escalating social distancing measures. Between Sep-20 and Feb-21, attendances reduced by nearly a quarter. However, from Mar-21 attendances have increased at an escalating rate. Between Feb-21 and May-21 attendances increased by 15,376, a 60% increase. In May-21, 40,860 attendances were recorded, 94% of the total volume recorded in May-19 (pre-pandemic).
- Of the 40,860 total attendances, 56% (22,960) were Type 1 (higher acuity) and 44% (17,900) were Type 2/3 (lower acuity); proportionally this is slightly fewer Type 1 attendances (-5%) and slightly more Type 2/3 attendances (+5%) compared to the baseline month of May-19.
- During the first wave of the pandemic, as attendances fell so performance against the 4 hour standard improved with performance levels exceeding 90% between May-20 and Aug-20. However, such was the severity of the second wave impact, particularly in relation to Covid-19 patient bed occupancy, that even though attendances reduced, performance could not be maintained, with reductions in 4-hour compliance recorded each month between Sep-20 and Jan-21. However, between Jan-21 and May-21 performance has improved from 75.8% to 86.8%, an 11% improvement.
- For May-21, the Trust was ranked ninth best performing of the 16 London Acute Trusts reporting data and the third best performing of the top 9 largest (by volume of attendances) Trusts in England reporting data.

Quality & Performance (Continued)

Responsive (Continued)

Referral to Treatment (RTT)

- During the course of the Covid-19 pandemic, the NHS has been required to suspend elective services, firstly between Mar-20 and Jun-20 and then between Dec-20 and Mar-21. This has had a significant impact on waiting lists across England, including growth in 52 week wait pathways. This growth is driven by the compound effect of existing 52 week wait breach volumes being inflated each month by additional pathways moving from under to over 52 weeks. For Apr-21, the Trust reported 14,502 52 week pathways, the first reduction recorded since Feb-20. For May-21, the number of 52 week pathways has reduced by a further 2,147 to 12,355.
- The reduction in long-waiting pathways reflects both the impact of the elective re-start programme, including the concentration of capacity on 52 week wait backlog prevention and clearance, and a greater focus on validation and data quality. Elective activity and 52 week wait recovery and improvement trajectories to the end of Sep-21 have recently been submitted to NHS England and local commissioners.
- The growth in 52 week pathways has affected all Trusts. However, given that Barts Health has the largest waiting list of the London providers and the third largest waiting list in England, due to the scale of its operations, the volume of 52 week pathways will inevitably be greater than most other Trusts. It is therefore helpful to look instead at the proportion of 52 week breaches against the total waiting list. Looking at London, of the 18 Trusts reporting 52 week breaches for Apr-21, Barts Health ranked 17th with 14.9% of the waiting list waiting 52 weeks or longer against a total London performance of 6.9%. Turning to the top 10 largest provider Trusts in England (by size of waiting list) reveals that Barts Health had the ninth highest proportion of 52 week pathways.



Quality & Performance (Continued)**Responsive (Continued)****Diagnostic 6 Week Wait Standard**

- As with the RTT waiting list, the impact of the Covid-19 pandemic on the diagnostic waiting list has been significant, resulting in increased waiting times.
- Placing this in context, between Feb-20 and May-20 the number of patients waiting for a diagnostic test reduced by 50%. However, the number of 6 week breaches increased from 288 to 5,609. From Jun-20 to Sep-20, the volume of referrals received and the waiting list started to recover as did performance improvement in relation to the 6 week waiting time standard. At the end of Sep-20, the waiting list had recovered to pre-pandemic levels with performance improving from the Apr-20 low of 35.5% to 81.3%.
- However, as the second wave pandemic approached, referrals started to reduce, declining by 14% between Sep-20 and Jan-21. Due to capacity constraints and the pull of clinical staff to Covid-19 facing duties, performance reduced from 81.3% at the end of Sep-20 to 60.1% at the end of Jan-21.
- Between Feb-21 and May-21, waiting list volumes and performance started to recover with performance against the 6 week standard improving each month from 60.1% in Jan-21 to 70.7% in May-21, a 10.6% improvement. During May-21, the greatest challenge was in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for over 78% of all breaches.
- Turning to London benchmarking, Barts Health was ranked 17th best performing out of 18 Trusts for Apr-21, the most recent month for which national data are available. Turning to the top 10 largest provider Trusts (by size of waiting list) reveals that Barts Health has the largest waiting list and was fifth best performing.

Cancer 62 Days from GP and Screening Service Referral

- For Apr-21, performance for the 62 day GP standard was 86.1% against the 85% target. Barts Health has therefore continued to deliver the national standard for each month since the start of the Covid-19 pandemic, thereby ensuring that essential cancer treatment has been provided to patients throughout the course of the pandemic to date. During the first phase of the Covid-19 pandemic, cancer treatment was supported by independent sector outsourcing; this continued through the second wave and will also continue until the Trust fully restarts its elective programme.
- In relation to the 62 day screening standard, the Trust achieved the standard in Apr-21 recording a performance of 90.0% against the 90% target with 10 pathways seen and 1 breach in the Lower Gastrointestinal tumour site. Locally and nationally, the NHS is investing in multi-media awareness programmes designed to return screening programmes to pre-pandemic service levels.

Quality & Performance (Continued)**Caring**

- Performance for complaints replied to within the agreed time has been strong.
- Duty of Candour performance has improved in Apr-21 following performance challenges in the second peak of the pandemic, and three out of four hospital sites achieved 100% compliance. The Trust's objective is to sustain this and continue to strengthen processes so that they are as robust as possible despite times of pressure.

Safe and Effective

- Performance for serious incident investigations closed in time has significantly improved over the past couple of years. There was a dip in performance in May-21 following an all time performance high in Apr-21. This is due to cumulative pressure as a result of the pandemic. Most investigators are drawn from the Trust's clinical staff who find themselves challenged with competing priorities. Each of the hospital site leadership teams is proactively managing compliance to minimise unnecessary delays.
- Three safety alerts are described as overdue on the dashboard. Two have since been closed and this will be ratified at the Jul-21 Safety Committee. For the other alert, all actions are underway and risks mitigated.
- Hospital Acquired Pressure Ulcer rates continue to improve – Whipps Cross and St Bart's have targeted improvement plans in place to continue to get them back on track.
- Infection control metrics continue on a positive trajectory this month.
- It is important to note continued improvement at Newham on complaints, duty of candour and closure of serious incidents. The improvement plans are having the desired impact and the objective of the team is now to sustain this and drive further improvements.

Care Quality Commission

- The CQC's Hospital Inspection and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) teams, together with the Health and Safety Executive, conducted unannounced inspections of diagnostic imaging services at Royal London and Whipps Cross on 18/05/2021 and 19/05/2021 respectively. The Trust has responded to the initial feedback received and concerns raised. An improvement plan is in place and the Trust is currently engaged in ensuring the factual accuracy of the draft inspection reports which have been received from the Hospital Inspection Team. This process is due to conclude on 12/07/2021 with publication of the reports expected around ten working days later. The Trust has been asked to submit responses to the CQC's IR(ME)R Team and the Health and Safety Executive in Aug-21.
- The CQC's Hospital Inspection Team has also conducted an unannounced inspection of maternity services at Newham. The inspection did not identify any immediate safety concerns or breaches of the regulations. The CQC has made a number of requests for further information (as is usual following an inspection) and responses to these are currently being collated. Once the inspectors have considered the responses, they will issue a draft inspection report for factual accuracy checking.
- Further updates will be provided as the inspection process progresses.

Finance

- The Trust position including system top-up is £0.2m surplus, which is a £0.2m favourable variance against plan for the year to date.
- Income is £2.9m favourable year to date. This includes a £5.6m favourable variance in NHS Patient Treatment income, which is primarily due to hospital site over performance against the Elective Recovery Fund thresholds for elective and outpatient activity (£5.5m). Other income is (£2.7m) adverse variance with key shortfalls being reduced private patient activity (£0.7m), reduced overseas patient activity and Road Traffic Accident (RTA) income (£0.8m), other hospital site and service income shortfalls (£0.7m) and donated asset income (£0.5m).
- Expenditure is (£2.7m) adverse against the year to date plan. Expenditure at hospital sites and services is (£1.0m) adverse. Pay expenditure is £3.1m favourable year to date, which is driven by reduced expenditure for COVID-19 capacity and reduced staff COVID-19 sickness and absence cover. Non pay expenditure is (£4.1m) adverse against the year to date plan primarily due to the costs of independent sector provider activity to support elective recovery (£3.3m). There is a (£1.7m) adverse variance centrally which includes provision for risks around operation of the elective recovery scheme.
- The forecast outturn for capital expenditure is £89.6m, which is an over commitment of £14.7m against current identified exchequer funding of £74.9m. The year to date capital expenditure is £8.1m against a phased plan of £12.1m, which gives a year to date variance of £3.9m for exchequer funded schemes. The variance can be attributed to the approval of the capital programme in Apr-21 slowing the start of projects in the new financial year.
- Cash balances are higher by £86.3m compared to a plan of £25m, as a result of a higher closing cash balance of £54.2m in Mar-21 and other movements in working capital.

People

We Belong

- The short term commitments in We Belong have been reviewed to agree an expanded set of ambitious but realistic actions that have been signed off by the Inclusion Board to accelerate the road to equality.
- At present, 36.5% of the Trust's Band 8A+ staff are from a Black, Asian and Minority Ethnic (BAME) background, a modest increase from 36.2% in the previous month. This is a continuing positive trend – the Trust will aim to continue an annual 3% point growth in representation of BAME colleagues at these levels as part of the Trust's Inclusion Plan.
- Staff diversity network co-chairs have received formal protected time to enable their work to help ensure that all staff feel supported and protected. This aims to further improve the Trust's staff survey results, which improved in a number of areas from the previous year, including the Health and Wellbeing domain.
- A cultural intelligence programme (CQ) has launched and options are being developed to ensure that capacity is dedicated to roll out the programme Trust-wide – delivery for all managers/team leaders is anticipated to span over an 12-18 month period.

Looking After the Trust's People

- **Annualised sickness absence rates** have notably reduced from 4.54% in Mar-21 to 4.14% in Apr-21.
- **Appraisal rates** – there has been an increase in non-medical appraisals from 38% to 40% in month. A target of achieving 90% appraisal completion by the end of Sep-21 has been set and hospital sites are working on plans to achieve this. For medical appraisals, there has been an increase from 76% to 81%.

New Ways of Working

- **Nursing roster approval compliance** (approved six weeks in advance) increased to 44% from 36%. 56% of rosters were approved at least five weeks in advance.
- **Nursing roster quality** reporting indicates that just 22% of rosters that were due for approval in May-21 were of good or high quality across the domains of budget, fairness, safety, unavailability, effectiveness and annual leave (down from 29%).

Growing the Workforce

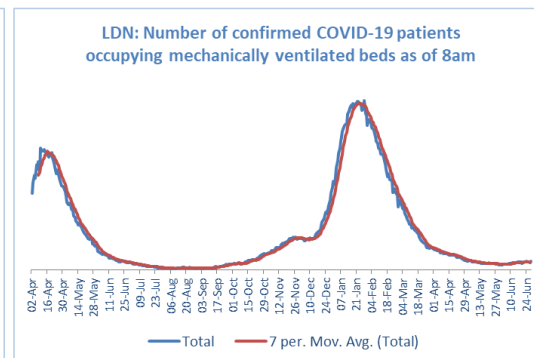
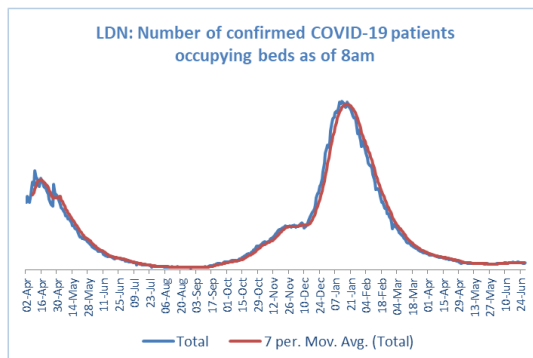
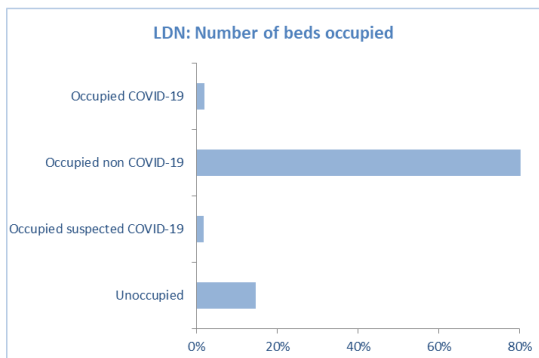
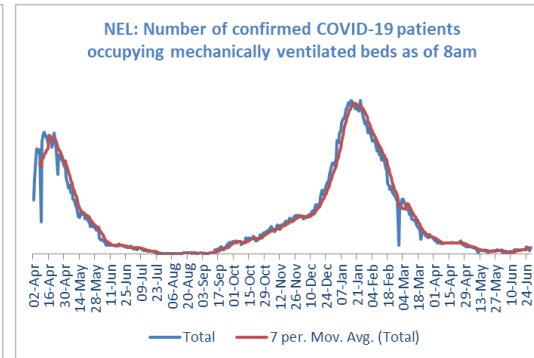
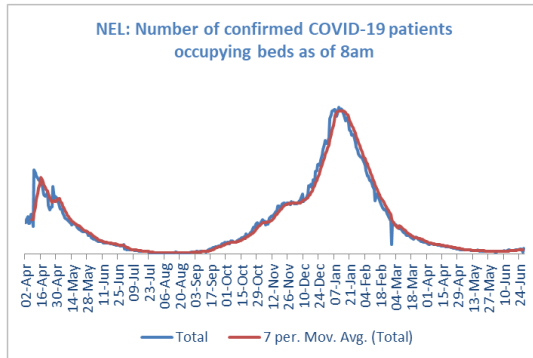
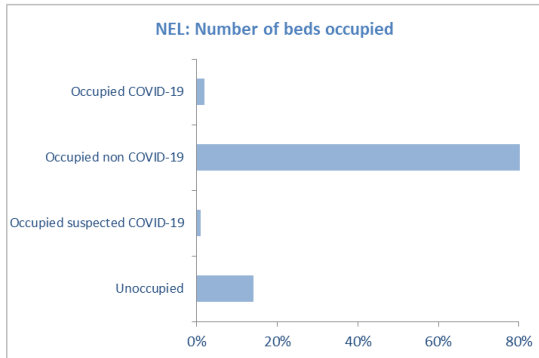
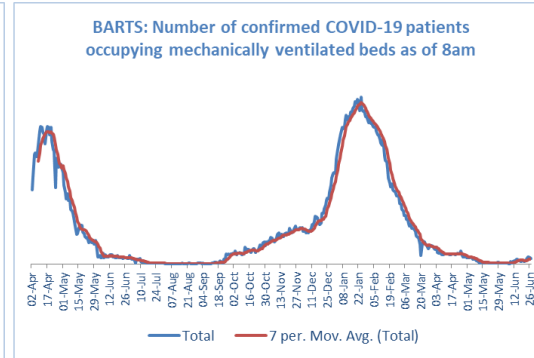
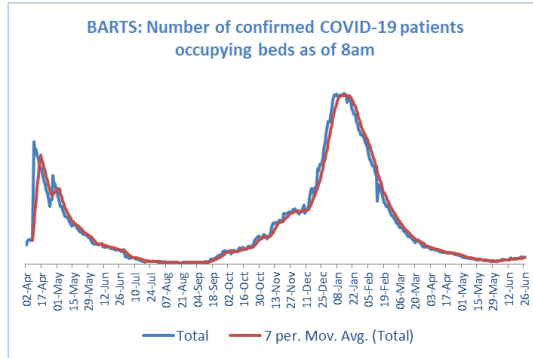
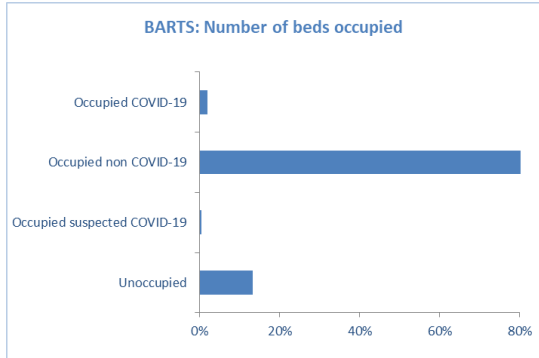
- **Workforce Plans** – workforce plans are being finalised in line with operating plans and will inform recruitment and temporary staffing targets from next month.
- **Recruitment** – in May-21, 340 unconditional offers were made, down from 366 in Apr-21. In addition, 720 Whole Time Equivalent (WTE) roles were advertised.
- Staff in post increased by 297 WTE as a result of the transfer in of colleagues from Homerton and Lewisham & Greenwich into the Pathology Partnership.
- **Temporary Staffing** – temporary staffing usage increased by 141 WTE compared to Apr-21, with the proportion of temporary staff as part of the workforce increasing to 13.5% from 13.0%. Work is taking place to collaborate across the North East London Health Care Partnership on a consistent bank rate card and a joint preferred agency supplier list for Acute Trusts.

Jul-21



Covid-19 Monitoring and Recovery Report

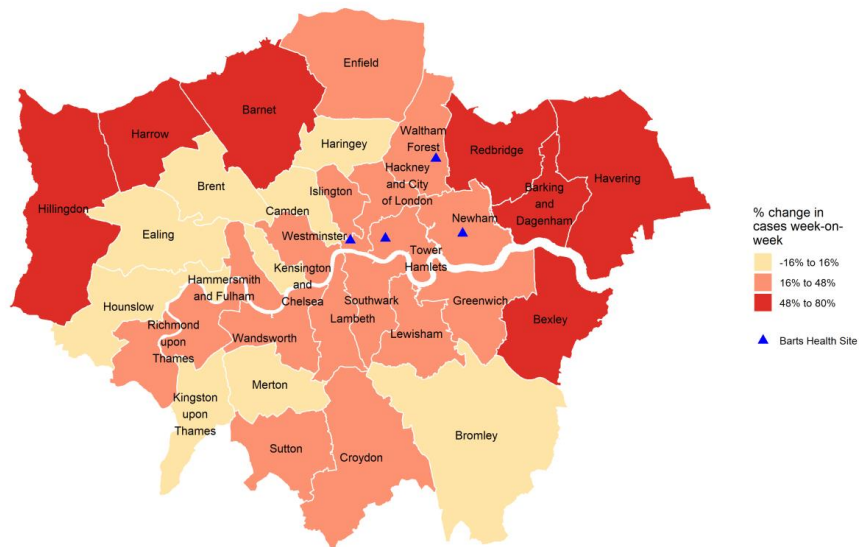




Data as at 28/06/2021

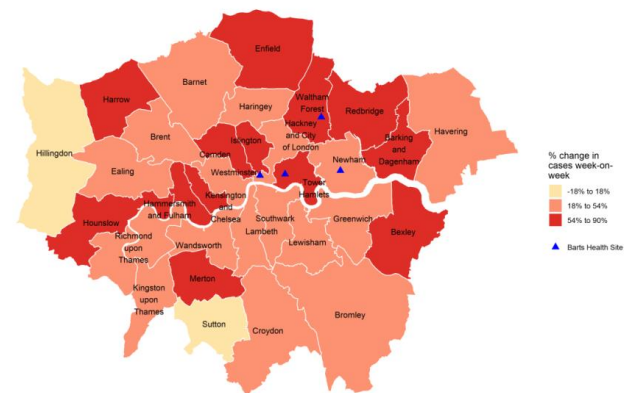
COVID-19 COVID-19 Community Clusters Jul-21

Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2021-06-16



	Cases Week to Jun 15	Cases Week to Jun 22	Rate /100,000 Week to Jun 15	Rate /100,000 Week to Jun 22	% change in cases Week on Week
Tower Hamlets	371	466	116.8	146.7	26%
Newham	215	284	61.1	80.7	32%
Hackney and City of London	248	335	88.7	119.8	35%
Waltham Forest	213	298	77.0	107.7	40%
Barking and Dagenham	77	114	36.3	53.8	48%
Havering	100	159	38.8	61.7	59%
Redbridge	144	258	47.4	84.9	79%
London	6860	8561	77.6	96.4	25%
England	47878	66811	92.8	128.6	40%

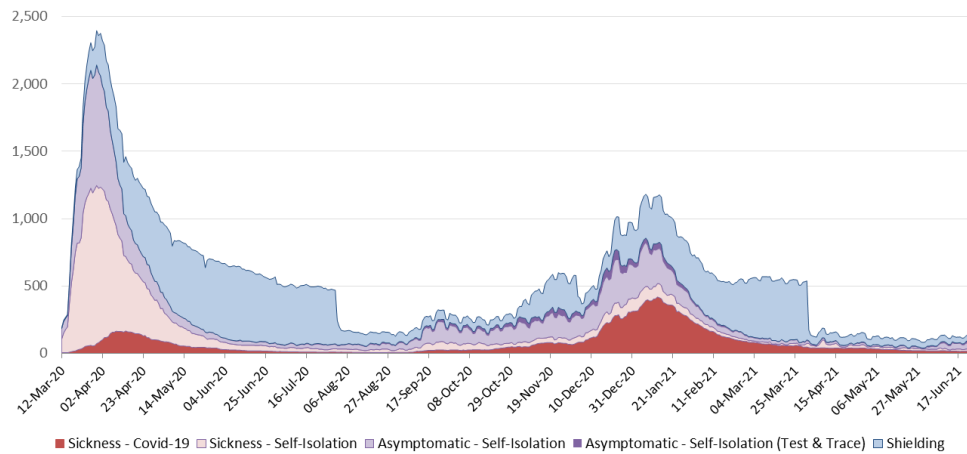
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2021-06-06



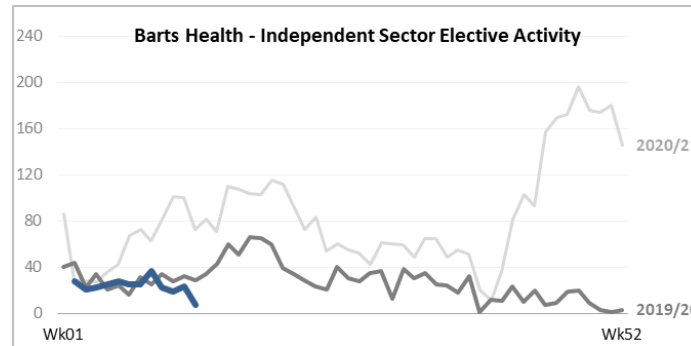
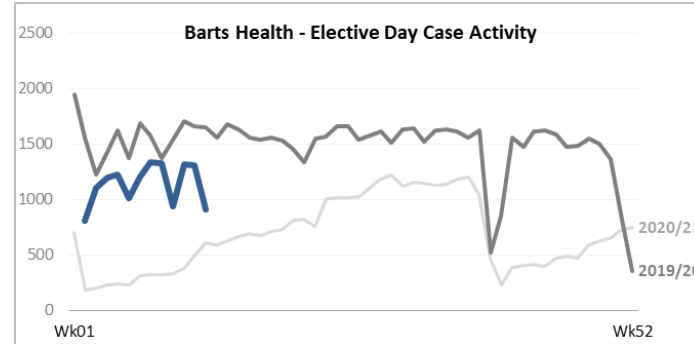
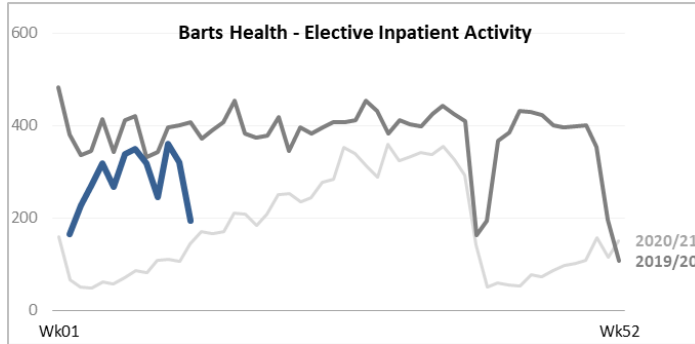
COVID-19 Staff Sickness Absence

Trust		Previous Week (Sunday Position)	Latest Week (Mon-Sun)						
			Mon 21/06	Tue 22/06	Wed 23/06	Thu 24/06	Fri 25/06	Sat 26/06	Sun 27/06
Trust	Shielding against Covid-19	43	42	43	42	43	44	43	43
	Isolating due to Covid-19 (asymptomatic)	43	55	63	67	70	70	64	59
	Self-Isolating due to Covid-19 (sickness absence)	30	34	33	33	29	24	23	21
Royal London	Shielding against Covid-19	21	21	21	22	23	23	23	23
	Isolating due to Covid-19 (asymptomatic)	14	19	17	19	21	23	21	19
	Self-Isolating due to Covid-19 (sickness absence)	12	11	10	11	11	8	7	5
Whipps Cross	Shielding against Covid-19	4	3	4	4	4	5	5	5
	Isolating due to Covid-19 (asymptomatic)	8	11	15	12	11	13	14	15
	Self-Isolating due to Covid-19 (sickness absence)	6	7	6	5	4	4	4	4
Newham	Shielding against Covid-19	8	9	9	9	9	9	8	8
	Isolating due to Covid-19 (asymptomatic)	4	4	8	8	8	8	9	9
	Self-Isolating due to Covid-19 (sickness absence)	1	2	2	2	2	2	2	2
St Bart's	Shielding against Covid-19	6	6	7	5	5	5	5	5
	Isolating due to Covid-19 (asymptomatic)	8	9	9	9	5	6	5	4
	Self-Isolating due to Covid-19 (sickness absence)	5	5	6	5	5	5	5	4

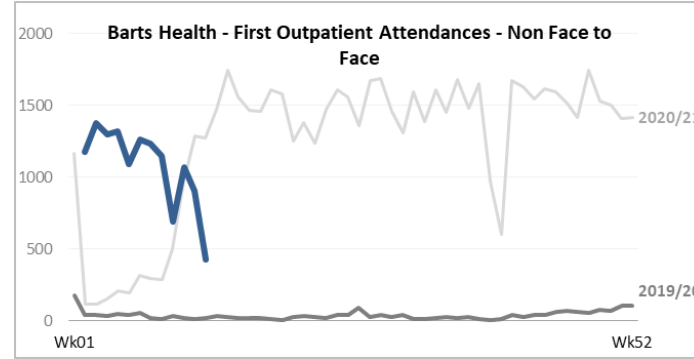
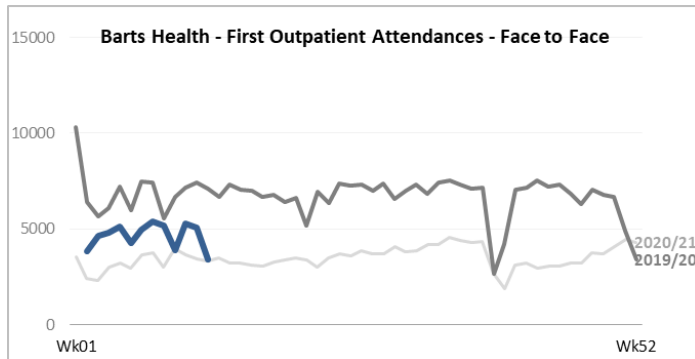
Trustwide Staff Sickness



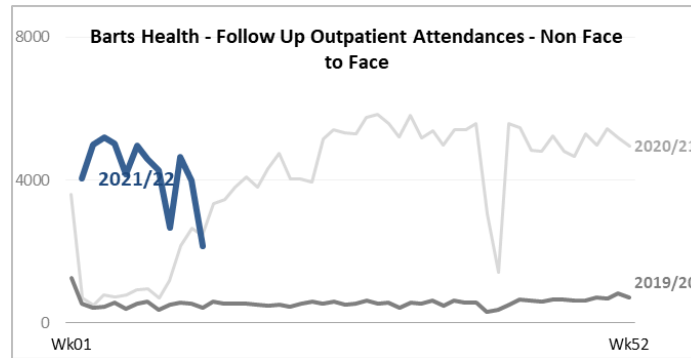
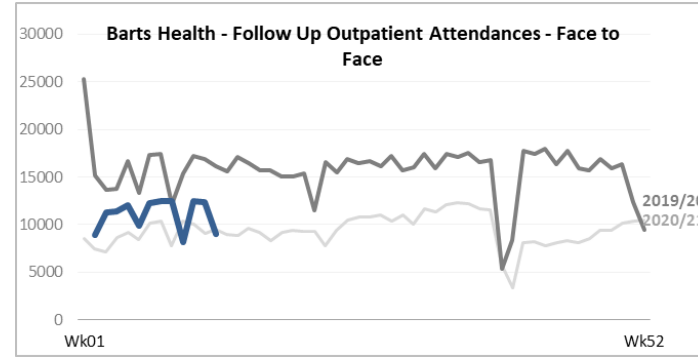
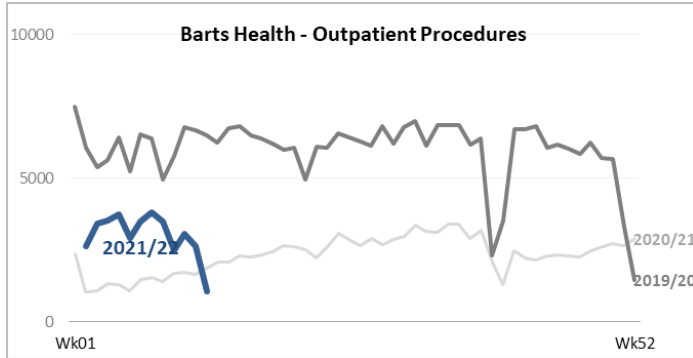
Elective Activity



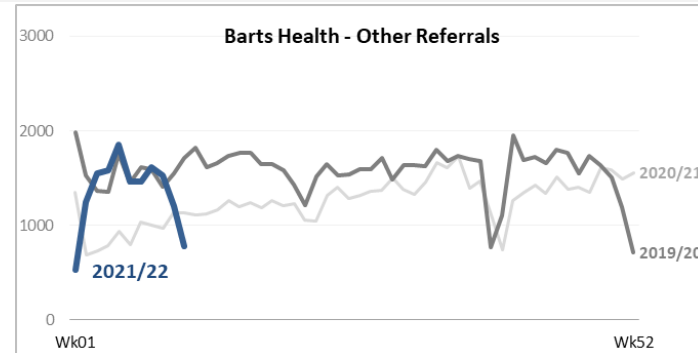
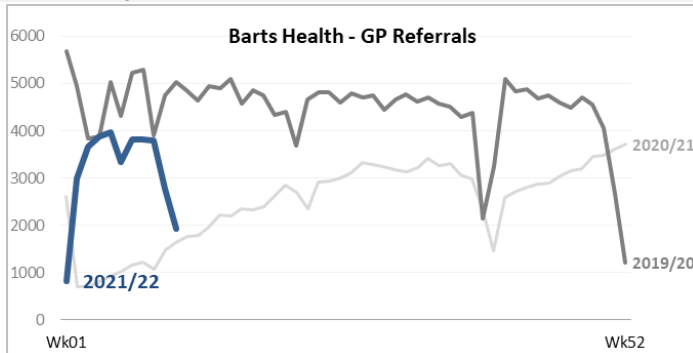
Outpatient Activity



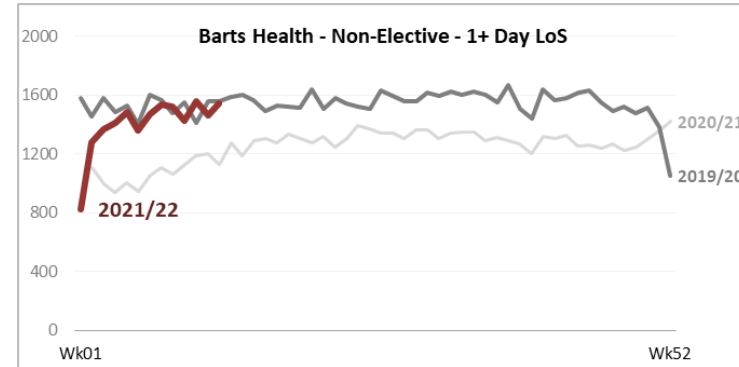
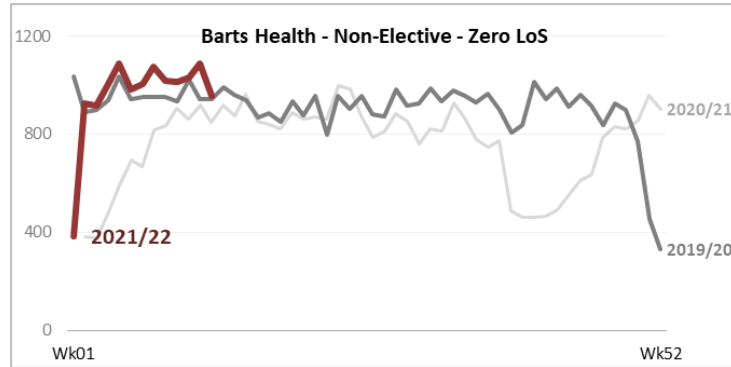
Outpatient Activity



Referrals Activity



Non-Elective Activity

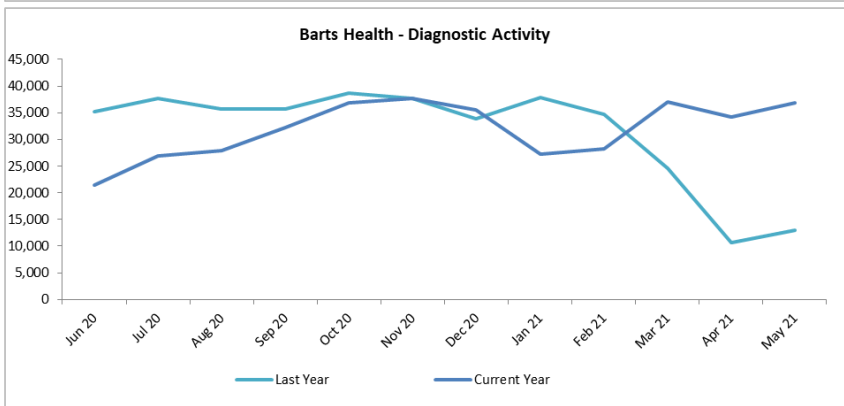
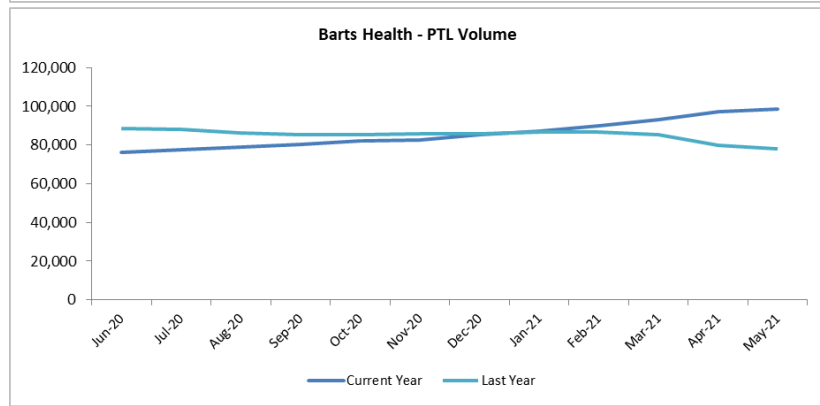
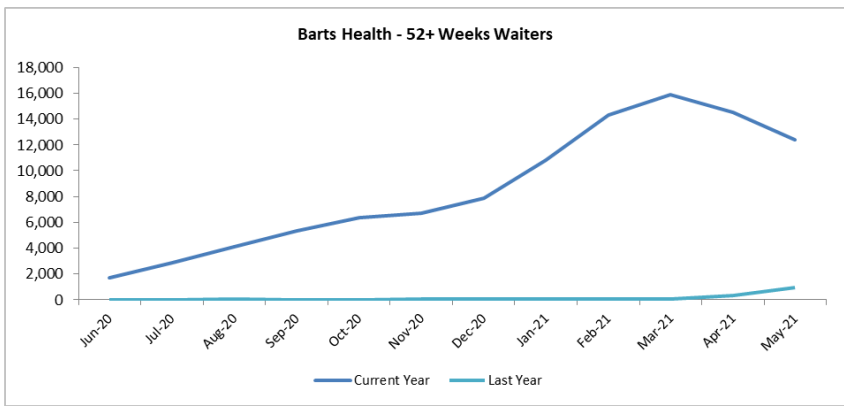
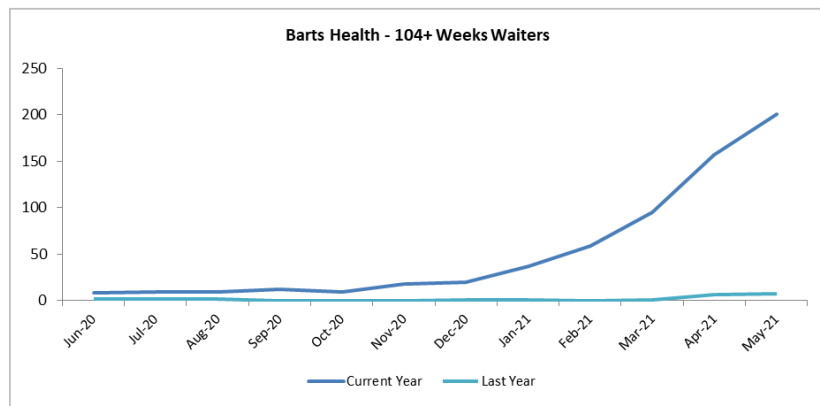


COVID-19

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

Jul-21

Barts Health							Latest Month's Site Position					
Setting	Ref	Reporting Period	Feb-21	Mar-21	Apr-21	May-21	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other
PTL Activity	0481	52+ Weeks Waiters	14,314	15,849	14,502	12,355	7,348	3,339	2,111	149	10	3
		104+ Weeks Waiters	59	95	157	201	175	16	10	0	0	0
	0482	PTL Volume	89,897	92,888	97,273	98,466	45,036	30,066	11,391	10,960	940	73
DM01	0487	Diagnostic Activity	28,170	37,042	34,258	36,874	2,983	1,110	423	4,926	27,432	-
		<i>Equivalent Month Position Last Year</i>	<i>34,688</i>	<i>24,618</i>	<i>10,591</i>	<i>13,023</i>	<i>396</i>	<i>53</i>	<i>22</i>	<i>2,218</i>	<i>10,334</i>	<i>-</i>



Summary of Vaccinations Given to Barts Health Staff as at 22/06/2021

	Site	Total Staff	Vaccinations Overall			% Vaccinated	Doses Administered	
			Yes	No - Unknown	No - Decline		Dose 1	Dose 2
Barts Health Perm-Fixed Term Employees	Royal London	5,756	4,449	1,302	5	77%	4,443	3,887
	Whipps Cross	2,762	2,048	710	4	74%	2,041	1,775
	Newham	1,956	1,422	533	1	73%	1,419	1,168
	St Bart's	2,411	2,001	410	0	83%	1,997	1,793
	Central Income & Expenditure	188	156	32	0	83%	156	139
	Group Clinical Services	1,635	1,265	369	1	77%	1,261	1,084
	Group Support Services	1,662	1,234	415	13	74%	1,234	1,047
	Other	387	45	342	0	12%	41	42
	Grand Total	16,757	12,620	4,113	24	75%	12,592	10,935
Barts Health Temporary and Contract Employees	Grand Total		5,734		3		4,994	4,409

Note: % vaccinated relates to staff who have had at least one dose. There is a small difference between the figures for total staff vaccinated and dose 1 because there are 28 staff who have been recorded as having only their second dose but not their first dose

Summary of Vaccinations Given to Barts Health Staff (Permanent/Fixed Term) by Ethnic Category as at 22/06/2021

Barts Health Employees	BAME Group	Total Staff	% Staff In Each Ethnic Category	Vaccinations			% Vaccinated
				Yes	No - Unknown	No - Decline	
	BAME	9,546	57%	6,676	2,857	13	70%
	White	6,000	36%	5,072	918	10	85%
	Not Stated/Undefined	1,211	7%	872	338	1	72%
	Grand Total	16,757	100%	12,620	4,113	24	75%

Jul-21

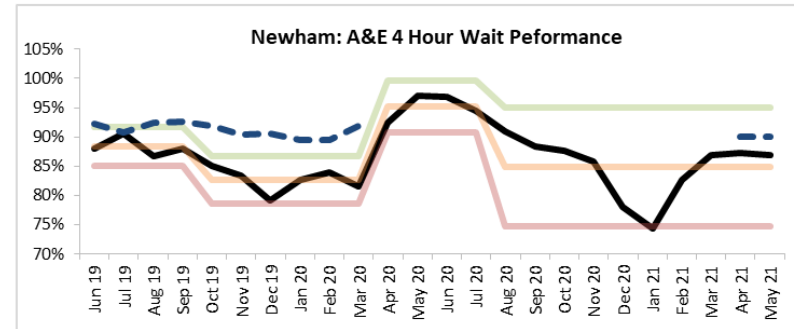
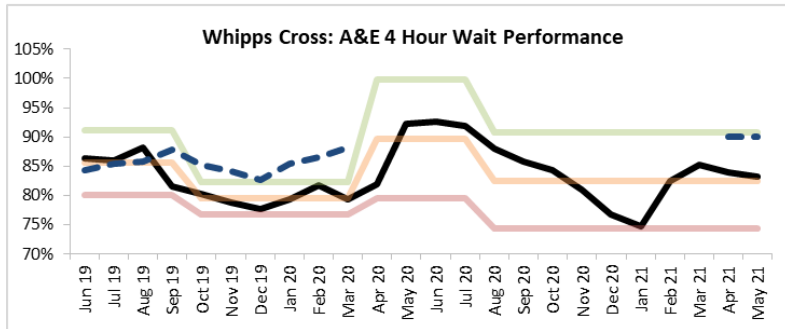
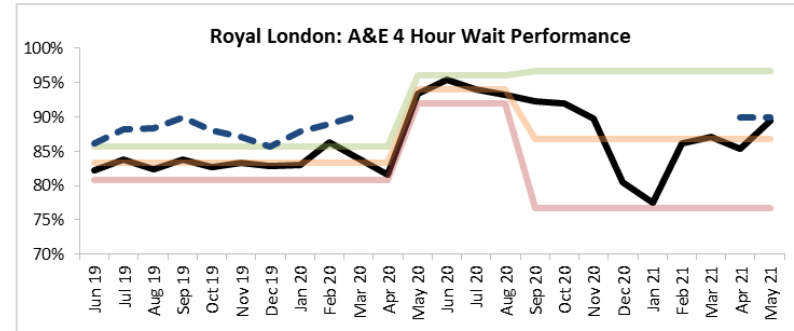
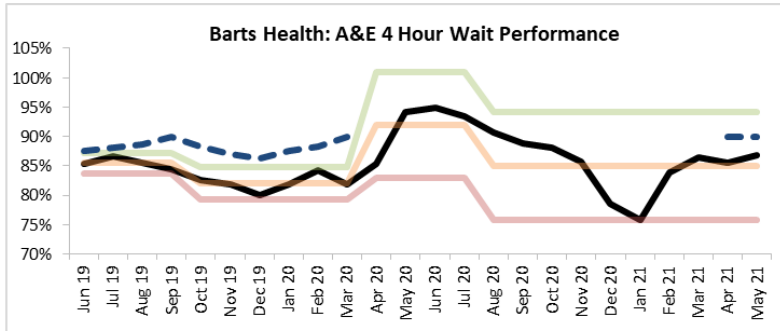


Quality & Performance Report

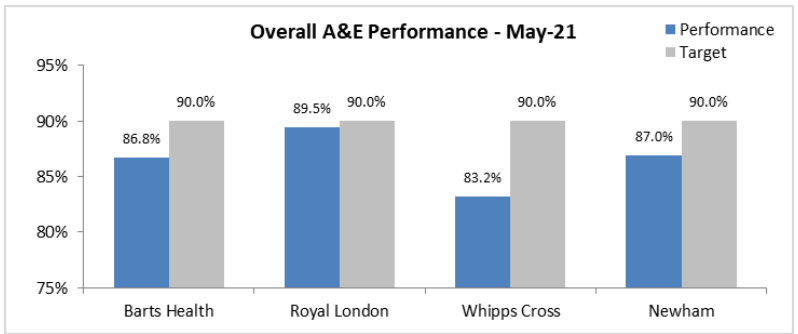


	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Waiting Times	R1	A&E 4 Hours Waiting Time	●			May-21 (m)	>=90%	85.5%	86.8%	86.1%	89.5%	83.2%	87.0%	-	-	-	●
	R35	Cancer 62 Days From Urgent GP Referral	●			Apr-21 (m)	>=85%	85.4%	86.1%	86.1%	74.0%	87.5%	89.7%	91.3%	-	-	●
	R36	Cancer 62 Days From Screening Programme	●			Apr-21 (m)	>=90%	95.5%	90.0%	90.0%	0.0%	100.0%	100.0%	100.0%	-	-	
	R6	Diagnostic Waits Over 6 Weeks				May-21 (m)	-	69.0%	70.7%	69.9%	58.4%	49.5%	43.0%	98.9%	69.1%	-	●
	R5	52+ Week RTT Breaches				May-21 (m)	-	14,502	12,355	26,857	7,348	3,317	1,625	60	2	3	●

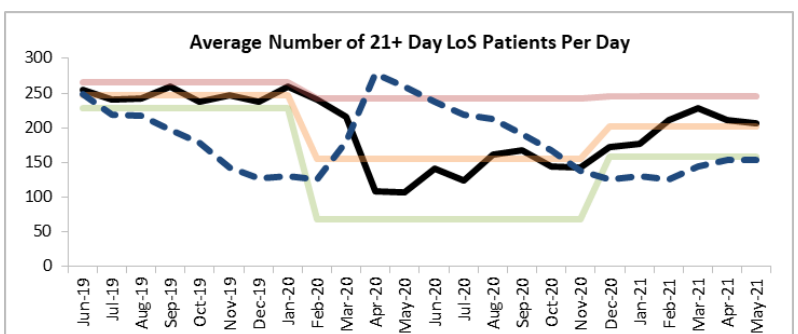
Note: the 18 Week RTT Compliance (Incomplete) metric is no longer being reported while the Trust takes part in the NHS England pilot project to assess the new RTT metric looking at average waiting time instead



RESPONSIVE **A&E 4 Hours Waiting Time** **Jul-21**

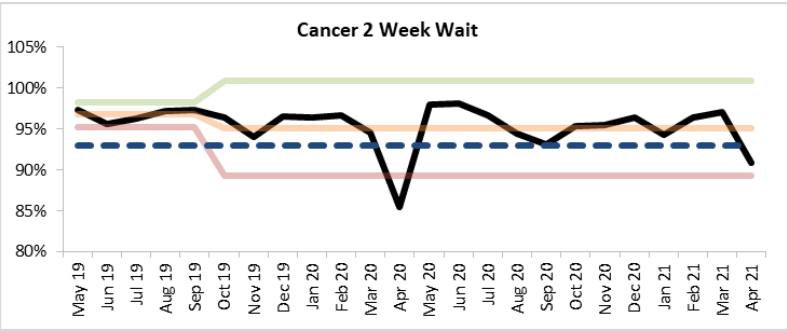


Site	May-20	May-21	Variance
Barts Health	22,003	40,860	85.7%
Royal London	7,342	15,676	113.5%
Whipps Cross	7,719	12,681	64.3%
Newham	6,942	12,503	80.1%



Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Between Feb-21 and May-21 attendances increased by 15,376, a 60% increase. In May-21, 40,860 attendances were recorded, 94% of the total volume recorded in May-19 (pre-pandemic). Of the 40,860 total attendances, 56% (22,960) were Type 1 (higher acuity) and 44% (17,900) were Type 2/3 (lower acuity); proportionally this is slightly fewer Type 1 attendances (-5%) and slightly more Type 2/3 attendances (+5%) compared to the baseline month of May-19. During the first wave of the pandemic, as attendances fell so performance against the 4 hour standard improved with performance levels exceeding 90% between May-20 and Aug-20. However, such was the severity of the second wave impact, particularly in relation to Covid-19 patient bed occupancy, that even though attendances reduced, performance could not be maintained, with reductions in 4 hour compliance recorded each month between Sep-20 and Jan-21. However, between Jan-21 and May-21 performance has improved from 75.8% to 86.8%, an 11% improvement. 	<ul style="list-style-type: none"> Performance improvement trajectories have recently been constructed. It is expected that performance will be improved primarily through a reduction in non-admitted breaches, with a greater tolerance applied to admitted breaches while the Trust reorganises its bed base following the second wave of the pandemic and as it prepares plans for a potential third wave.

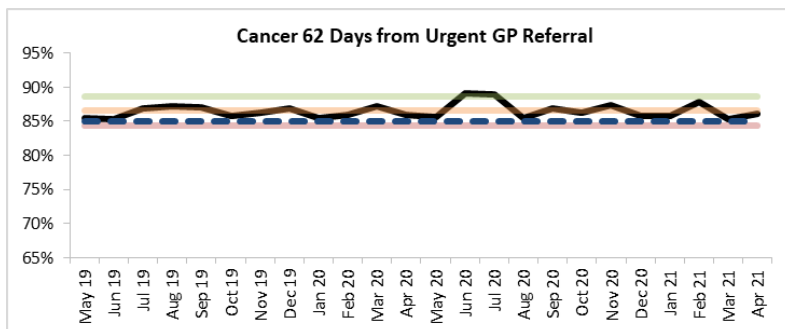
RESPONSIVE **Cancer 2 Week Wait** **Jul-21**



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2,626	241	90.8%
Head and Neck	286	118	58.7%
Children's	20	5	75.0%
Gynaecological	298	58	80.5%
Upper Gastrointestinal	208	29	86.1%
Lung	44	4	90.9%

Site	Seen	Breaches	Performance	Target
Royal London	815	66	91.9%	93.0%
Whipps Cross	1,130	154	86.4%	93.0%
Newham	457	15	96.7%	93.0%
St Bart's	224	6	97.3%	93.0%
Barts Health	2,626	241	90.8%	93.0%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For Apr-21, performance for the 2 week wait standard did not meet the target – performance was 90.8% against a target of 93%. There were challenges within both Royal London and Whipps Cross. 	<ul style="list-style-type: none"> At Royal London, there was an ENT and Gynaecology capacity shortfall. Also, Upper Gastrointestinal had a number of patient choice breaches. At Whipps Cross, there were challenges in ENT due to increased demand and workforce shortage. Gynaecology struggled with taking diversions from Homerton which made them result in breaches. There were also a high number of patient choice breaches > 14 days. Also at Whipps Cross, validation of breaches was not carried out, which resulted in an increase in Gynaecology and Paediatric breaches. This has been rectified and will be revised at the next bulk upload of data to the national system.



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	122	17	86.1%
Sarcoma	0.5	0.5	0.0%
Gynaecological	7	4	42.9%
Lower Gastrointestinal	7.5	3	60.0%
Lung	7.5	2	73.3%
Urological	24.5	5.5	77.6%

Metric	Mar-21			Apr-21			Variance
	Seen	Breaches	%	Seen	Breaches	%	
28 Day FDS Two Week Wait	2,966	754	74.6%	2,505	801	68.0%	-6.6%
28 Day FDS Breast Symptomatic	302	5	98.3%	291	10	96.6%	-1.8%
28 Day FDS Screening Referral	97	8	91.8%	80	9	88.8%	-3.0%

Internal / External	Start Site	End Site	Seen	Breaches	Performance	
Internal	Royal London	Royal London	16	3	81.3%	
		Whipps Cross	1	0	100.0%	
		St Bart's	7	2	71.4%	
		Whipps Cross	Whipps Cross	37	3	91.9%
		St Bart's	14	4	71.4%	
		Newham	Royal London	2	1	50.0%
		Whipps Cross	Whipps Cross	4	0	100.0%
			Newham	8	1	87.5%
		St Bart's	St Bart's	7	0	100.0%
		St Bart's	Royal London	1	0	100.0%
Transfer In	Homerton	St Bart's	16	0	100.0%	
		Royal London	1	0	100.0%	
		St Bart's	4	0	100.0%	
		King George	Royal London	1	1	0.0%
Transfer Out	Royal London	Queen's	0.5	0	100.0%	
		Royal Free	0.5	0.5	0.0%	
		UCLH	0.5	0.5	0.0%	
		Whipps Cross	Guy's and St Thomas'	0.5	0.5	0.0%
		Royal Free	0.5	0.5	0.0%	
		UCLH	0.5	0	100.0%	
Grand Total			122	17	86.1%	

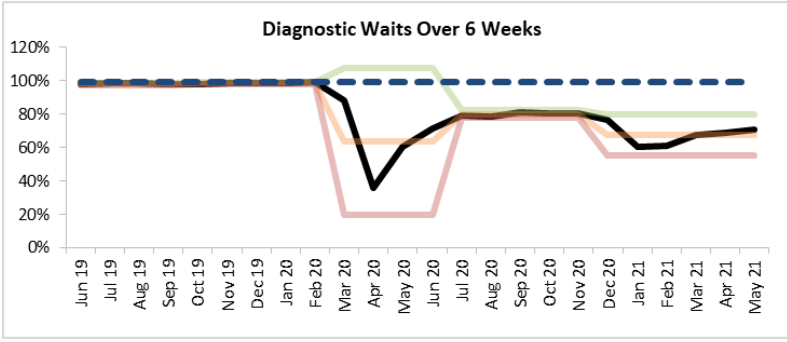
Commentary

- For Apr-21, performance for the 62 day GP standard was 86.1% against the 85% target. Barts Health has therefore continued to deliver the national standard for each month since the start of the Covid-19 pandemic, thereby ensuring that essential cancer treatment has been provided to patients throughout the course of the pandemic to date.
- During the first phase of the Covid-19 pandemic, cancer treatment was supported by independent sector outsourcing; this continued through the second wave and will also continue until the Trust fully restarts its elective programme.
- A breakdown of those tumour sites not achieving the target in Apr-21 is presented in the table to the left. Urology and Lower Gastrointestinal performance is being influenced by Endoscopy diagnostic test availability and timeliness; recovering Endoscopy activity levels is a Trust priority.
- Faster Diagnosis Standard (FDS) 2 Week Wait reported a performance of 68%, below the threshold of 75%. The Trust is working to the five timed pathways (Prostate, Lower Gastrointestinal, Upper Gastrointestinal, Gynaecology and Lung) this year to help improve the position; additional funding has been secured from the cancer alliance for trackers and two clinical nurse specialists to support the workforce.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

Jul-21



DM01 Breakdown by Test							
Test Name	Apr-21			May-21			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Neurophysiology - peripheral neurophysiology	303	249	17.8%	192	163	15.1%	-2.7%
Flexi sigmoidoscopy	458	281	38.6%	434	268	38.2%	-0.4%
Gastroscopy	2,125	1,329	37.5%	1,920	1,060	44.8%	7.3%
Colonoscopy	1,463	736	49.7%	1,328	640	51.8%	2.1%
Audiology - Audiology Assessments	595	314	47.2%	535	239	55.3%	8.1%
Cystoscopy	104	37	64.4%	137	67	51.1%	-13.3%
Non-obstetric ultrasound	19,997	6,515	67.4%	19,478	6,493	66.7%	-0.8%
Magnetic Resonance Imaging	6,414	2,151	66.5%	6,889	2,176	68.4%	1.9%
Urodynamics - pressures & flows	39	15	61.5%	40	7	82.5%	21.0%
Respiratory physiology - sleep studies	66	9	86.4%	182	12	93.4%	7.0%
Computed Tomography	3,453	383	88.9%	4,006	247	93.8%	4.9%
DEXA Scan	608	33	94.6%	614	0	100.0%	5.4%
Cardiology - echocardiography	3,464	48	98.6%	3,172	52	98.4%	-0.3%
Barium Enema	0	0	100.0%	1	0	100.0%	0.0%
Cardiology - Electrophysiology	0	0	100.0%	0	0	100.0%	0.0%
Grand Total	39,089	12,100	69.0%	38,928	11,424	70.7%	1.6%

Performance Overview

- As the second wave pandemic approached, referrals started to reduce, declining by 14% between Sep-20 and Jan-21. Due to capacity constraints and the pull of clinical staff to Covid-19 facing duties, performance reduced from 81.3% at the end of Sep-20 to 60.1% at the end of Jan-21.
- Between Feb-21 and May-21, waiting list volumes and performance started to recover with performance against the 6 week standard improving each month from 60.1% in Jan-21 to 70.7% in May-21, a 10.6% improvement. During May-21, the greatest challenge was in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for over 78% of all breaches.

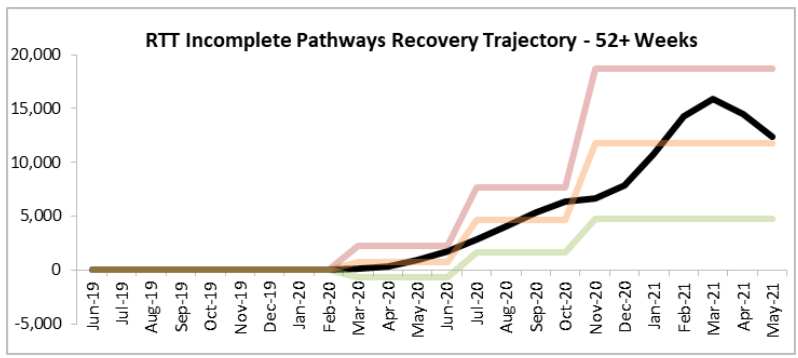
Responsible Director Update

- Following the second wave peak of the Covid-19 pandemic, an elective recovery plan has been developed with improvement trajectories through to Sep-21. The diagnostic element of the recovery plan will focus on Endoscopy and Imaging diagnostic recovery in the first instance, including the following modalities:
 - Magnetic Resonance Imaging
 - Computed Tomography
 - Non-Obstetric Ultrasound
 - Colonoscopy
 - Flexi Sigmoidoscopy
 - Gastroscopy
 - Echocardiography

RESPONSIVE

52+ Week RTT Breaches

Jul-21



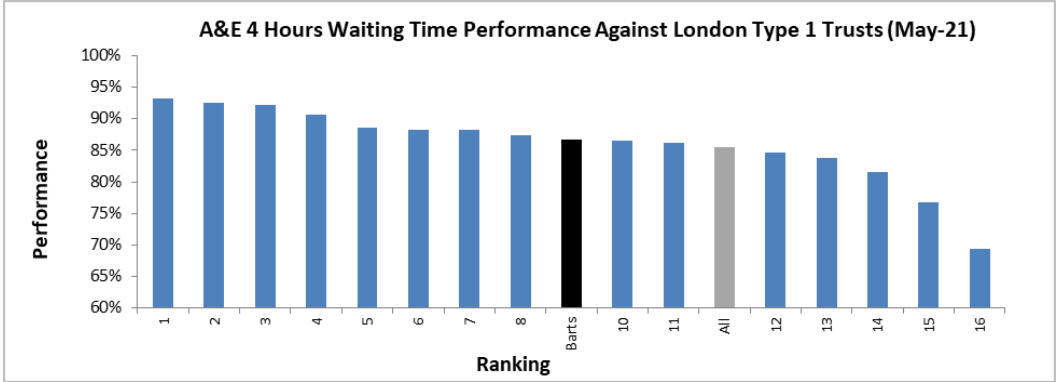
Specialty Name	52-104 Weeks	>104 Weeks	Grand Total
ENT	2,106	31	2,137
Trauma & Orthopaedics	1,721	14	1,735
Paediatric Dentistry	856	46	902
Oral Surgery	713	20	733
Urology	704	9	713
Paediatric Ear Nose And Throat	699	1	700
Ophthalmology	658	0	658
Gynaecology	608	19	627
General Surgery	543	0	543
Colorectal Surgery	518	8	526

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For Apr-21, the Trust reported 14,502 52 week pathways, the first reduction recorded since Feb-20. For May-21, the number of 52 week pathways has reduced by a further 2,147 to 12,355. 	<ul style="list-style-type: none"> The Trust has produced an initial 52 week wait reduction trajectory and is currently outperforming the plan. The trajectory provides additional granular focus on reducing the volume of breaches across the High Volume Low Cost (HVLC) admitted pathway, the non-admitted pathway and clearance trajectories designed to ensure that patients are not waiting for longer than 78 weeks. A number of strategic interventions are in an advanced stage of development designed to support long waiter eradication; these include a community ENT service and a paediatric dentistry recovery plan.

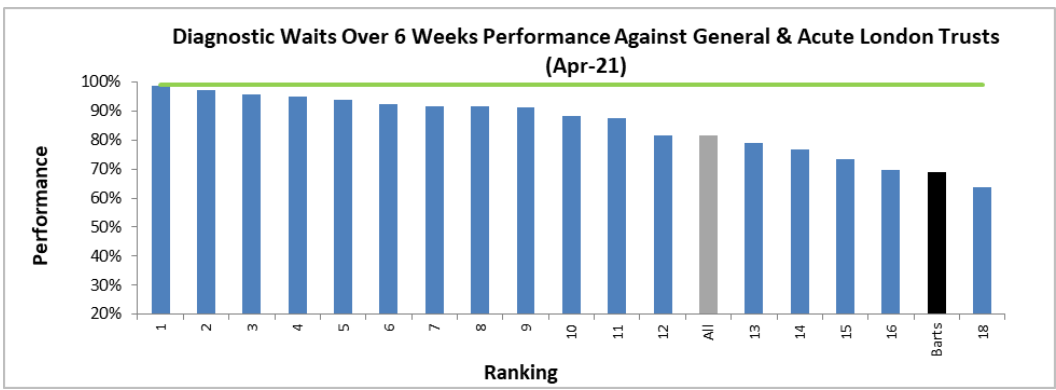
RESPONSIVE

Benchmarking Against Other Trusts

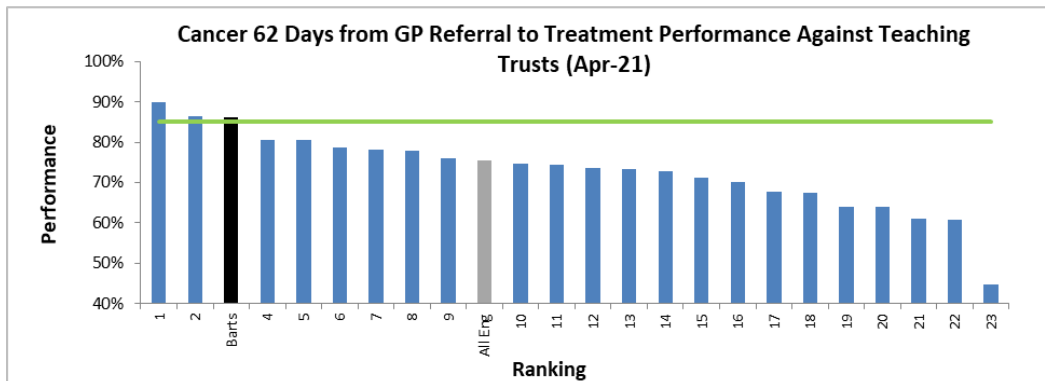
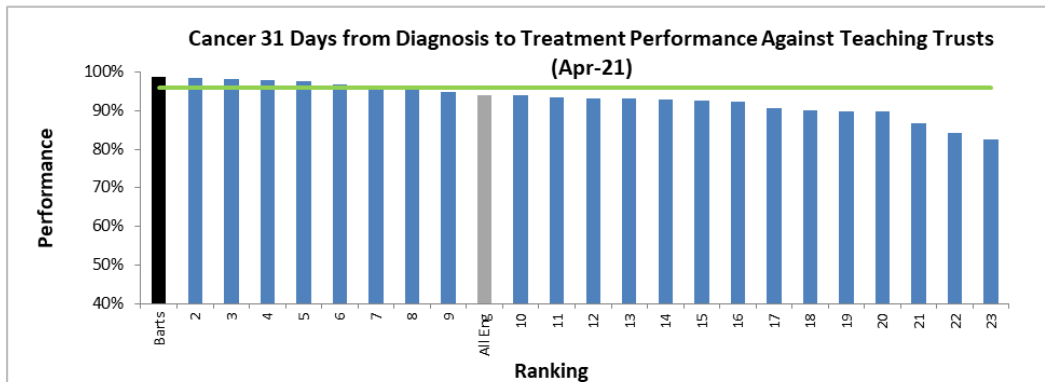
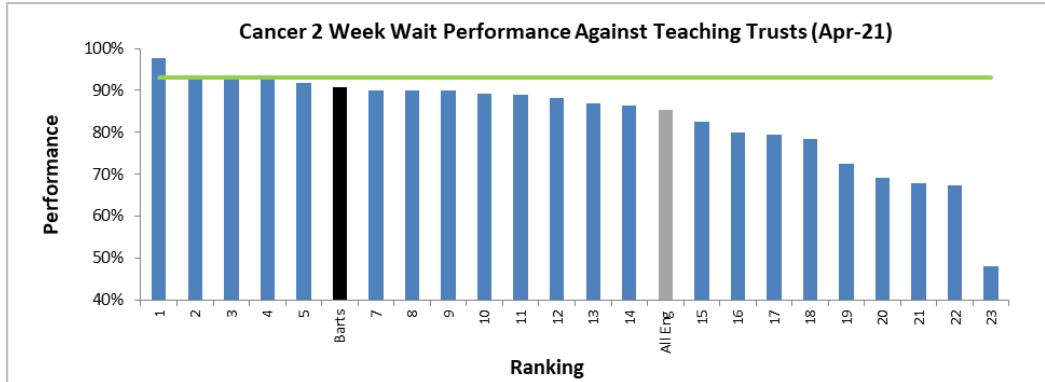
Jul-21



- For May-21, the Trust was ranked ninth best performing of the 16 London Acute Trusts reporting data and the third best performing of the top 9 largest (by volume of attendances) Trusts in England reporting data. Returning to London performance the top four performing Trusts all reported over 90% compliance against the 4 hour standard.



- Barts Health was ranked 17th best performing out of 18 Trusts for Apr-21, the most recent month for which national data are available. Turning to the top 10 largest provider Trusts (by size of waiting list) reveals that Barts Health has the largest waiting list and was fifth best performing.

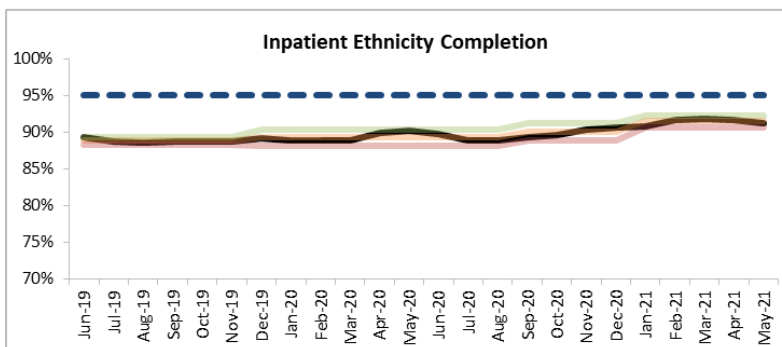
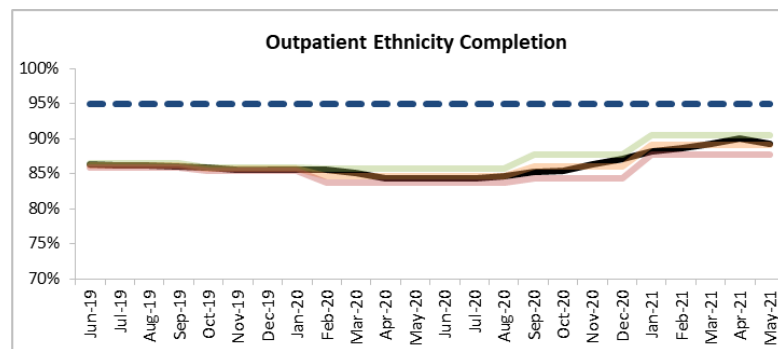
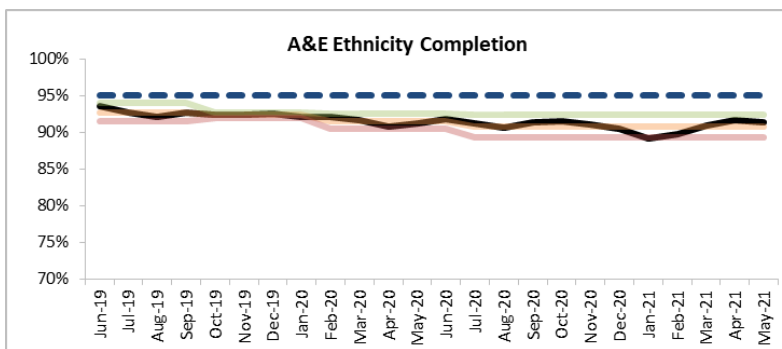


- The Trust did not achieve compliance against the 2 Week Wait standard in Apr-21, with a performance of 90.8% against the 93% target. This resulted in Barts Health being the sixth best performing of the peer group of 23 Teaching Trusts.
- The Trust achieved compliance in Apr-21 against the 31 Day Diagnosis to Treatment standard, with 258 patients treated and 3 breaches recorded, resulting in a performance of 98.8% against the 96% target. For Apr-21, Barts Health was the best performing of the 23 Teaching Trusts.
- As mentioned previously, the Trust achieved compliance against the 62 Days from GP Referral standard for Apr-21 with a performance of 86.1% against the 85% target. For Apr-21, Barts Health was the third best performing of the 23 Teaching Trusts.

RESPONSIVE

Ethnicity Recording by Activity Type

Jul-21



Site	A&E	Inpatient	Outpatient
Royal London	90.0%	87.9%	88.2%
Whipps Cross	92.5%	93.2%	90.5%
Newham	91.9%	93.0%	92.1%
St Bart's	-	93.2%	86.9%
CSS	-	91.2%	92.1%
Trust	91.4%	91.2%	89.2%

The above figures show the percentage of the activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it)

Performance Overview

- Whipps Cross remains the best performing hospital site for A&E and has also achieved the joint highest Inpatient completion rate alongside St Bart's, with Newham and CSS (GCS) the best performing for Outpatient ethnicity recording. Conversely Royal London is the worst performing hospital site for A&E and Inpatient recording, with St Bart's the worst performing hospital site for Outpatient recording.
- While falling short of the 95% target, there have been some significant improvements. When compared with the same time last year, Newham recording has improved in A&E (87%/91.9%), Inpatients (88.9%/93%) and Outpatients (80.4%/92.1%). Royal London and Whipps Cross have both improved ethnicity capture in Outpatient data (83.6%/88.2%), and (85.4%/90.5%) respectively. St Bart's has improved ethnicity capture in Inpatient data (88.4%/93.2%).

Responsible Director Update

- The Trust has taken a multi-pronged approach to improving ethnicity capture, including increased monitoring, operational changes and increased education.
- The Trust-wide COVID-19 dashboard includes information on ethnicity capture and is monitored every month. Departments and hospital sites have also embedded data on ethnicity capture into department and hospital site performance reviews.
- St Bart's has embedded operational changes that include pulling ethnicity data from other available records, such as GP records, and manually updating patient information. This practice and increased monitoring has led to a 5% improvement for St Bart's and has been shared with other hospital sites.
- In order to educate patients about the importance of this information, the Trust has developed an "Asking about your ethnicity" poster for clinical areas. There are also plans to work with the Trust's Communications team to help educate staff on the importance and usefulness of the data.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Patient Experience	C12	MSA Breaches				Feb-20 (m)	<= 0	22	27	226	1	16	10	0	-	-	
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2020/21 Q4 (q)	SPC Breach	21.5	22.8	22.8	29.3	38.6	34.1	13.0	-	-	
	C1	FFT Recommended % - Inpatients	●			Apr-21 (m)	>=95%	90.1%	90.0%	90.0%	87.6%	92.3%	85.6%	93.4%	-	-	
	C2	FFT Recommended % - A&E	●			Apr-21 (m)	>=86%	75.0%	68.1%	68.1%	66.0%	72.8%	65.7%	-	-	-	
	C3	FFT Recommended % - Maternity	●			Apr-21 (m)	>=96%	97.2%	94.0%	94.0%	100.0%	100.0%	93.8%	-	-	-	
	C20	FFT Response Rate - Inpatients	●			Apr-21 (m)	>= 23%	9.9%	12.0%	12.0%	9.2%	20.3%	8.3%	12.2%	-	-	
	C21	FFT Response Rate - A&E	●			Apr-21 (m)	>= 12%	10.4%	9.9%	9.9%	10.6%	10.6%	8.3%	-	-	-	
	C22	FFT Response Rate - Maternity	●			Apr-21 (m)	>= 17.5%	3.0%	4.5%	4.5%	0.3%	0.3%	12.1%	-	-	-	
	OH4	CQC Inpatient Survey				2018/19 (y)	-	-	85.0%	85.0%	78.0%	79.0%	80.0%	95.0%	-	-	
Service User Support	R78	Complaints Replied to in Agreed Time	●			May-21 (m)	>=85%	84.0%	96.4%	89.7%	94.1%	97.5%	100.0%	100.0%	-	-	
	R30	Duty of Candour	●			Apr-21 (m)	>=100%	84.6%	93.3%	93.3%	80.0%	100.0%	100.0%	100.0%	-	-	●

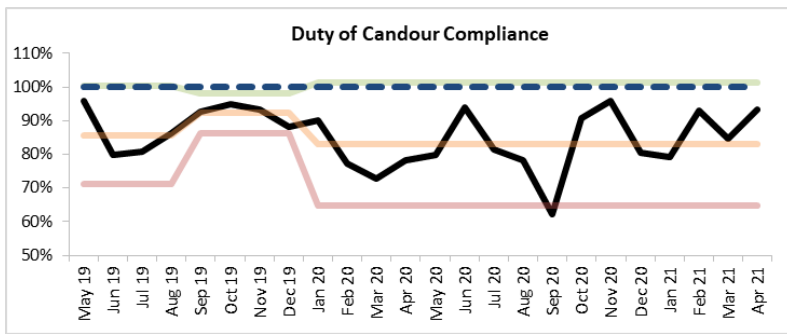
MSA breaches: Feb-20 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report

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

CARING

Duty of Candour

Jul-21



Site	No of Apologies	No of Incidents	Compliance
Trust	28	30	93.3%
Royal London	8	10	80.0%
Whipps Cross	11	11	100.0%
Newham	5	5	100.0%
St Bart's	4	4	100.0%
Other	0	0	N/A
Of Which CSS	1	1	100.0%

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	86.3%	99.6%	97.4%	96.5%	98.2%
This Period	93.3%	100.0%	86.7%	100.0%	93.3%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Performance in Apr-21 has improved and is within control limits and well above the mean at 93.3% (84.6% in Mar-21). Just two patients did not receive their apology within the 14 calendar days prescribed by this metric. Both patients did subsequently receive their apology. In some circumstances it is difficult to coordinate the apology within 14 days; the legal requirement is to do so as soon as reasonably practicable. 	<ul style="list-style-type: none"> Now that the pandemic pressures seen earlier in the year have eased, hospital sites are focusing on delivering consistency in relation to this metric.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Infection Control	S10	Clostridium difficile - Infection Rate	●			May-21 (m)	<= 16	13.6	10.7	12.1	3.9	27.2	0.0	16.5	-	-	
	S11	Clostridium difficile - Incidence	●			May-21 (m)	<= 8	7	6	13	1	4	0	1	-	0	
	S2	Assigned MRSA Bacteraemia Cases	●			May-21 (m)	<= 0	0	0	0	0	0	0	0	-	0	
	S77	MSSA Bacteraemias				May-21 (m)	SPC Breach	5	6	11	2	3	0	1	-	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●			May-21 (m)	<= 9	16	8	24	1	2	1	4	-	0	
Incidents	S3	Never Events	●			May-21 (m)	<= 0	0	0	0	0	0	0	-	0		
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			May-21 (m)	<= 0.9%	1.3%	1.6%	1.5%	1.6%	1.3%	1.8%	2.0%	-	-	
	S45	Falls Per 1,000 Bed Days	●			May-21 (m)	<= 4.8	4.1	3.5	3.8	3.4	3.0	3.7	4.7	-	-	
	S25	Medication Errors - Percentage Causing Harm	●			May-21 (m)	<= 4%	4.3%	3.0%	3.6%	3.4%	2.9%	7.9%	0.0%	-	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				May-21 (m)	SPC Breach	55.9	56.6	56.2	39.1	80.4	62.1	55.1	-	-	
	S53	Serious Incidents Closed in Time	●			May-21 (m)	>= 100%	85.7%	75.0%	80.0%	66.7%	100.0%	75.0%	100.0%	-	-	●

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●			May-21 (m)	<= 0.6	1.1	0.7	0.9	0.3	1.7	0.3	0.7	-	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				May-21 (m)	SPC Breach	0.2	0.2	0.2	0.2	0.1	0.1	0.2	-	-	
	S17	Emergency C-Section Rate	●			Apr-21 (m)	<= 16.7%	17.4%	19.6%	19.6%	17.6%	21.0%	20.1%	-	-	-	
	S27	Patient Safety Alerts Overdue	●		●	May-21 (m)	<= 0	0	3	3	-	-	-	-	-	-	
Assess & Prevent	S36	VTE Risk Assessment	●			May-21 (m)	>= 95%	97.9%	97.9%	97.9%	98.8%	99.1%	95.4%	98.2%	-	24.9%	
	S5	Dementia - Screening				Feb-20 (m)	>= 90%	95.0%	95.5%	95.0%	93.4%	97.5%	96.8%	83.7%	-	-	
	S6	Dementia - Risk Assessment				Feb-20 (m)	>= 90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	
	S7	Dementia - Referrals				Feb-20 (m)	>= 90%	73.3%	57.1%	86.4%	16.7%	100.0%	100.0%	0.0%	-	-	

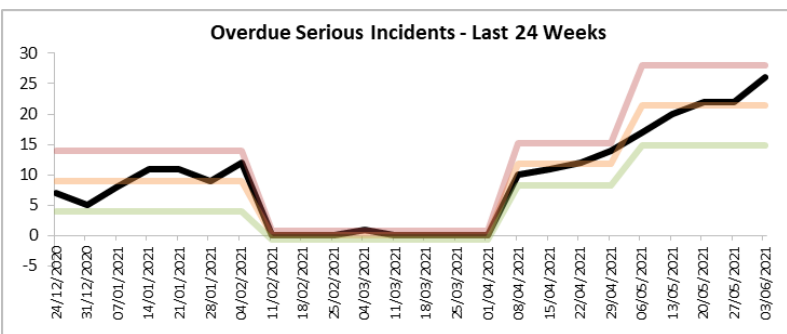
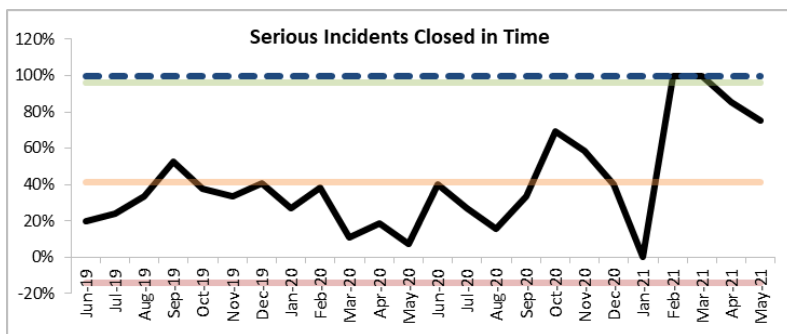
Patient safety alerts: three safety alerts are described as overdue on the dashboard. Two have since been closed and this will be ratified at the Jul-21 Safety Committee. For the other alert, all actions are underway and risks mitigated.

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

SAFE

Serious Incidents Closed in Time

Jul-21



Category	Closed in Previous 6 Months	Closed This Period
Obstetrics	17	3
Delays in Care	14	6
Treatment	10	2
Medication	9	0
Patient Falls	4	2

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Treatment	7	19	2	41
Delays in Care	6	25	2	41
Obstetrics	3	16	1	37
Medication	3	11	1	23
Estates/Facilities	2	38	35	41
Communication Issues	2	30	19	41

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Performance for serious incident investigations closed in time deteriorated in May-21 to 75.0%, from 85.7% in Apr-21. This is partly due to the cumulative effects of the pandemic and the restart of services. Both these factors impact on investigators who are usually busy clinicians. 	<ul style="list-style-type: none"> The increasing number of overdue investigation reports is evidence of pressure in this system and there is a further batch of investigations which will go overdue at the end of Jun-21. Hospital sites are focussed on recovering the position on completing investigation reports on time although it is of note that current performance is still considerably better than has been seen over the past couple of years.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●			Dec-20 (m)	<= 100	93	94	94	87	99	102	91	-	-	
	E3	Risk Adjusted Mortality Index	●			Apr-21 (m)	<= 100	95	97	97	94	97	108	91	-	-	
	E25	Number of Avoidable Deaths				2020/21 Q1 (q)	-	0	7	7	-	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			May-21 (m)	<= 0.51	0.58	0.63	0.61	0.63	0.82	0.86	0.24	-	-	

Risk Adjusted Mortality Index (RAMI) metric is adjusted for Covid-19 (i.e. confirmed or suspected cases of Covid-19 are not included). The higher than expected RAMI at Newham during the last few months is under investigation and an update will be provided at a future Board or Quality Assurance Committee meeting.

Sepsis: it is not currently possible to accurately populate the metric "Sepsis 6 Antibiotic Administration (60 Mins)".

In the reporting period, one response to Her Majesty's Coroner was sent following the issue of a Regulation 28 (Prevention of Future Deaths) notice.

Patient 1

Background

- A patient attended Whipps Cross by ambulance with chest pain and was directed to the Urgent Care Centre by an Emergency Department nurse and then by a streamer. He was assessed by a GP and discharged with a diagnosis of costochondritis. He collapsed at home a few days later from an aortic dissection and could not be resuscitated.

Concerns Raised

- 1) The streaming guidance in place for Barts Health A&E staff and North East London NHS Foundation Trust (NELFT) staff had not been updated to take into account the learning from the patient's death and to take into account the guidance from the THINK AORTA Campaign (launched in 2016).
- 2) The nurse making the decision to re-direct a patient from A&E did not record a full set of observations, to include a pain score, prior to diverting the patient from the A&E department. The nurse did not document her decision making process and rationale for redirecting the patient from A&E.
- 3) A junior sister who provided evidence at the Inquest was not aware of the THINK AORTA campaign. The Inquest heard that the senior leadership team had recently agreed to embed the THINK AORTA learning into practice at all levels within the emergency department. This learning had not been embedded at the time of the Inquest hearing.

Actions and Learning

- 1) NELFT and Barts Health have worked closely to review the current streaming guidance and incorporate the learning from the THINK AORTA campaign. The guidance was reviewed on 18/05/2021 by Clinical and Operational leads in NELFT and Barts Health. It has now been submitted to the joint governance and operational group for consideration and sign-off at the next session.
- 2) Whipps Cross will ensure that the pre-arrival documentation made on CRS (the Trust's patient administration system) when ambulances arrive includes documentation supporting any decision to divert the patient to the Urgent Care Centre. This will include vital signs observations and pain scores.
- 3) All Barts Health Emergency Departments now display THINK AORTA posters in prominent positions.
- 4) Whipps Cross and Newham will join Royal London in incorporating the THINK AORTA campaign as a recurring topic of education in departmental multidisciplinary teaching.
- 5) A learning piece describing the clinical characteristics of aortic dissection seen in the local population will be shared in departmental teaching.
- 6) The Barts Health Heart Attack Centre feedback template has been updated to prompt exclusion of aortic dissection as a cause of non-cardiac chest pain.

Category	Metric	RAG Rating			2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	Jan-21	Feb-21	Mar-21	2020/21 Q4 Total
		RED	AMBER	GREEN								
Births	Total number of babies born				3,555	3,715	3,927	3,509	1,029	1,088	1,258	3,375
Method of Delivery	Percentage emergency C-section	>= 18%	17.1-17.9%	<= 17%	17.5%	18.2%	18.8%	19.3%	17.7%	18.0%	17.4%	17.7%
Neonatal Morbidity	Rate of HIE (hypoxic-ischaemic encephalopathy)				0.1%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%
Neonatal Morbidity	Total still births				23	14	18	20	11	2	7	20
Workforce	1:1 care in established labour	<90%	90-94%	>=95%	98.4%	98.5%	98.3%	98.2%	98.4%	98.8%	97.8%	98.3%

Progress Summary

- There was an improvement in the emergency Caesarean section rate in Mar-21, although the year end rate remains in the red. However, this is notable across all Barts Health hospital sites and is similar to the picture across Trusts in London. A slight and expected increase in elective and emergency Caesarean sections has been noted throughout the pandemic. A benchmark against other London tertiary units showed average rates all >35% with some sitting around 40% and with all units noting a rise of 3-5% in 2020. In light of the Ockenden review and planning for the new Perinatal Surveillance model, ensuring that women have access to the correct clinical pathways of care, there will be a move away from RAG (red/amber/green) targets and data-driven Caesarean section ratings to improve safety and outcomes nationally.

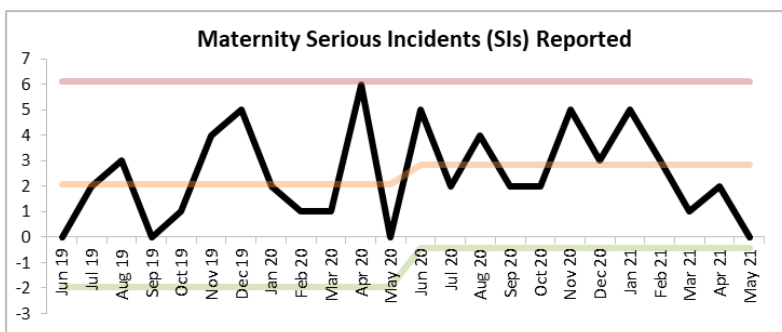
Noteworthy Improvements

- The total Caesarean section rate has mostly been within trajectory and in line with most other London units of a similar size and complexity, and with a rise in women choosing Caesarean section, the overall Caesarean section rate was 29.3% in 2020/21, which is below the national average of 30%.

SPOTLIGHT

Maternity Serious Incidents (SIs)

Jul-21



Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	14	11	34	59
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	8	2	13	23
% HSIB Investigations	57.1%	18.2%	38.2%	39.0%

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	14	11	34	59
Neonatal - Unanticipated admission to Neonatal unit	3	2	8	13
Antenatal - Antepartum Stillbirth	2	1	6	9
Intrapartum - Retained vaginal swab/tampon	2	1	2	5
Neonatal - Other neonatal event	0	0	3	3
Intrapartum - Stillbirth	1	1	1	3
Maternal death	0	0	3	3

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	224	356	1,245	1,825
Sharing the learning	40	95	219	354
Education and training	20	43	197	260
Review or update guidelines / documentation	32	47	141	220
Review / amend processes	44	12	162	218
Other action	9	10	150	169

Progress Summary

- Avoiding Term Admission to Neonatal Unit (ATAIN) review identified the following issues:
 - Improvement is required for timely recognition, escalation and transfer to the neonatal unit of sick babies (sepsis).
 - Need to complete birth centiles for all babies and escalate all at the extreme ends of the spectrum.
 - Robust monitoring is needed for the compliance for the Spontaneous Rupture of Membranes (SROM) and reduced foetal movement care bundles.
- A cross-hospital site action plan is place to address the themes.

Noteworthy Improvements

- No maternity serious incidents declared in May-21.

Risk Issues

- All hospital sites are addressing backlog of action plans following receipt of final Healthcare Safety Investigation Branch (HSIB) report.

Next Steps

- Assurance that all action plans are drafted and uploaded on Datix (the Trust's incident management system).
- To provide the findings of the audit of the Growth Assessment Protocol which is the tool used for antenatal foetal surveillance.



Finance Report



KEY METRICS

Finance Key Metrics

Jul-21

		<u>2021/22</u>	
	<i>£millions</i>	Year To Date	
Pre Top-Up Surplus / (Deficit)	Budget	(29.2)	The Trust is reporting a pre system top-up of £29.0m deficit, which is a £0.2m favourable variance against year to date plan.
	Actual	<u>(29.0)</u>	
	Variance	<u>0.2</u>	
NHS Reporting Post Top- Up Surplus/(Deficit)	Budget	0.0	The Trust position including system top-up is a £0.2m surplus, which is a £0.2m favourable variance against year to date plan.
	Actual	<u>0.2</u>	
	Variance	<u>0.2</u>	
Total Income	Budget	325.2	Income is £2.9m favourable year to date. This includes a £5.6m favourable variance in NHS Patient Treatment income, which is primarily due to site over performance against the Elective Recovery Fund thresholds for elective and outpatient activity (£5.5m). Other income is (£2.7m) adverse variance with key shortfalls being reduced private patients activity (£0.7m), reduced overseas patient and RTA income (£0.8m), other sites and services income shortfalls (£0.7m) and donated asset income (£0.5m).
	Actual	<u>328.1</u>	
	Variance	<u>2.9</u>	
Total Expenditure	Budget	(325.2)	Expenditure is (£2.7m) adverse against year to date plan. Expenditure in sites and services is (£1.0m) adverse. Pay expenditure is £3.1m favourable year to date, which is driven by reduced expenditure for COVID-19 capacity and reduced staff COVID-19 sickness and absence cover. Non pay expenditure is (£4.1m) adverse against year to date plan primarily due to the costs of independent sector provider activity to support elective recovery (£3.3m). There is a (£1.7m) adverse variance centrally which includes provision for risks around operation of the elective recovery scheme.
	Actual	<u>(327.9)</u>	
	Variance	<u>(2.7)</u>	
Capital Expenditure	Budget	12.1	The Trust has approved additional schemes totalling £1.7m. This has increased the forecast outturn to £89.6m, which has increased the over commitment to £14.7m against current identified exchequer funding of £74.9m. The year to date expenditure is £8.1m against a phased plan of £12.1m, which gives a year to date variance of £3.9m for exchequer funded schemes. The variance can be attributed to the approval of the capital programme in April slowing the start of projects in the new financial year.
	Actual	<u>8.1</u>	
	Variance	<u>(3.9)</u>	
Cash	Plan	25.0	Cash balances are higher by £86.3m compared to a plan of £25m, as a result of higher closing cash balance of £54.2m in March 2021 and other movements in working capital.
	Actual	<u>111.3</u>	
	Variance	<u>86.3</u>	

Key Issues

Performance is in line with plan for the first two months of the year. Further increases in elective and outpatient activity in line with Elective Recovery Fund thresholds will be required to sustain this financial performance. Managing an anticipated increase COVID-19 patient activity will be a key challenge over the remainder of H1.

Risks & Opportunities

- Increasing Elective Recovery Funding thresholds over the remainder of H1 (April 70%, May 75%, June 80%, Quarter 2 85%).
- Anticipated increase in COVID-19 patient activity over the remainder of H1 due to the spread of the Delta coronavirus variant.

**INCOME &
EXPENDITURE**

Income & Expenditure - Trustwide

Jul-21

2020/21				£millions	2021/22										
Year to Date					In Month				Year to Date				Annual		
Budget	Actual	Variance	%		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan		
Income															
235.1	234.7	(0.5)	(0)%	NHS Patient Treatment Income	118.0	121.4	3.5	3 %	●	232.7	238.9	6.1	3 %	●	1,454.9
1.2	0.6	(0.5)	(45)%	Other Patient Care Activity Income	0.8	0.3	(0.5)	(60)%	●	1.4	0.5	(0.9)	(65)%	●	7.7
20.0	17.4	(2.7)	(13)%	Other Operating Income	9.1	9.5	0.4	5 %	●	19.6	19.1	(0.6)	(3)%	●	115.1
256.3	252.7	(3.7)	(1)%	Total Income	127.9	131.3	3.4	3 %	●	253.7	258.4	4.7	2 %	●	1,577.7
Operating Expenditure															
(158.5)	(162.1)	(3.7)	(2)%	Pay	(88.8)	(86.6)	2.2	2 %	●	(175.8)	(172.6)	3.1	2 %	●	(1,034.9)
(27.1)	(24.0)	3.2	12 %	Drugs	(15.0)	(14.3)	0.7	5 %	●	(29.2)	(29.6)	(0.4)	(1)%	●	(175.3)
(19.5)	(20.6)	(1.1)	(6)%	Clinical Supplies	(10.5)	(10.6)	(0.1)	(1)%	●	(20.5)	(19.3)	1.2	6 %	●	(119.4)
(45.7)	(55.5)	(9.7)	(21)%	Other Non Pay	(23.0)	(25.7)	(2.7)	(12)%	●	(46.0)	(50.9)	(4.9)	(11)%	●	(274.8)
(250.9)	(262.2)	(11.3)	(5)%	Total Operating Expenditure	(137.2)	(137.2)	0.1	0 %	●	(271.6)	(272.5)	(1.0)	(0)%	●	(1,604.4)
5.4	(9.6)	(15.0)	(276)%	Site & Services Budgets Total	(9.4)	(5.9)	3.5	37 %	●	(17.8)	(14.1)	3.7	21 %	●	(26.7)
(10.4)	(9.9)	0.6	6 %	Pathology Partnership (net)	(5.3)	(5.1)	0.2	4 %	●	(9.8)	(9.6)	0.2	3 %	●	(62.4)
-	(25.1)	(25.1)	- %	Vaccination Programme & Nightingale (net)	0.0	(0.0)	(0.0)	(100)%	●	0.0	0.0	(0.0)	(84)%	●	-
0.0	-	(0.0)	- %	Research & Development (net)	0.0	-	(0.0)	- %	●	0.0	0.0	(0.0)	- %	●	0.0
1.1	0.8	(0.3)	(26)%	Central NHS PT Income	15.2	14.9	(0.3)	(2)%	●	25.6	25.0	(0.6)	(2)%	●	53.0
1.9	1.2	(0.7)	(36)%	Central RTA & OSV Income (net)	0.3	0.4	0.1	34 %	●	0.8	0.8	0.0	1 %	●	5.9
(0.9)	(1.2)	(0.3)	(29)%	Central Expenditure (net)	(0.9)	(0.9)	(0.0)	(4)%	●	(1.8)	(1.8)	0.0	1 %	●	(10.9)
(1.7)	(1.6)	0.1	4 %	Reserves (net)	(4.2)	(6.8)	(2.7)	(64)%	●	(4.2)	(7.2)	(3.0)	(71)%	●	1.0
(4.6)	(45.3)	(40.7)	(881)%	EBITDA	(4.3)	(3.5)	0.8	18 %	●	(7.3)	(7.0)	0.3	4 %	●	(40.2)
(7.6)	(8.9)	(1.3)	(18)%	Depreciation and Amortisation (net)	(4.4)	(4.5)	(0.1)	(2)%	●	(8.9)	(8.9)	(0.0)	(0)%	●	(56.4)
(10.7)	(10.6)	0.0	0 %	Interest	(5.4)	(5.8)	(0.4)	(8)%	●	(10.7)	(10.9)	(0.2)	(1)%	●	(65.2)
(1.6)	(1.9)	(0.3)	(17)%	PDC Dividends	(1.1)	(1.1)	(0.0)	(3)%	●	(2.2)	(2.2)	-	- %	●	(13.4)
(24.5)	(66.8)	(42.3)	(173)%	Pre Top-Up Surplus/(Deficit)	(15.1)	(14.9)	0.2	1 %	●	(29.2)	(29.0)	0.2	1 %	●	(175.1)
24.5	66.8	42.3	173 %	PSF, FRF & System Top-Up Income	14.6	14.6	(0.0)	(0)%	●	29.2	29.2	(0.0)	(0)%	●	175.0
0.0	(0.0)	(0.0)	- %	NHS Reporting Surplus/(Deficit)	(0.5)	(0.3)	0.2	41 %	●	0.0	0.2	0.2	392 %	●	(0.1)
	0.0			Profit On Fixed Asset Disposal		0.0					0.1				
	0.1			Capital Donations I&E Impact		0.4					0.1				
	-			Fixed Asset Impairments		-					-				
	0.1			Surplus / (Deficit)		0.1					0.3				

2020/21 Year to Date				Programme Area	In Month				2021/22 Year to Date				Year End			
Budget	Actual	Variance	%		Budget	Actual	Variance	%	Budget	Actual	Variance	%	Capital Plan	Capital Forecast	Variance	%
6.5	1.1	5.3	82 %	Equipment (Medical and Other)	1.1	0.2	0.9	83 %	1.6	0.5	1.2	71 %	15.7	17.1	(1.4)	(9)%
-	2.8	(2.8)	- %	Informatics	2.5	2.2	0.3	13 %	2.6	2.3	0.3	12 %	6.6	8.6	(2.0)	(31)%
0.1	1.4	(1.3)	(1485)%	Estates	1.4	0.3	1.1	77 %	2.3	2.0	0.3	14 %	24.5	32.2	(7.7)	(31)%
0.6	0.7	(0.1)	(17)%	New Build and Site Vacations	2.6	1.7	0.8	33 %	4.1	2.0	2.1	52 %	19.3	22.9	(3.6)	(19)%
1.5	1.5	0.0	0 %	PFI Lifecycle Assets	0.7	0.7	(0.0)	(0)%	1.5	1.4	0.0	1 %	8.8	8.8	0.0	0 %
8.6	7.4	1.2	13 %	Total Exchequer programme ex COVID19	8.3	5.1	3.1	38 %	12.1	8.1	3.9	32 %	74.9	89.6	(14.7)	(20)%
8.2	2.8	5.5	67 %	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-
-	19.9	(19.9)	- %	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-
8.2	22.7	(14.5)	(176)%	Total COVID19	-	-	-	- %	-	-	-	-	-	-	-	- %
16.8	30.1	(13.3)	(79)%	Total Trust Funded Assets	8.3	5.1	3.1	38 %	12.1	8.1	3.9	32 %	74.9	89.6	(14.7)	(20)%
1.2	0.9	0.3	24 %	Donated	0.6	0.7	(0.1)	(15)%	1.2	0.7	0.5	42 %	7.0	7.0	-	- %
18.0	31.0	(13.0)	(72)%	Total Capital Expenditure	8.9	5.8	3.1	34 %	13.2	8.8	4.4	33 %	81.9	96.6	(14.7)	(18)%

Key Messages

The Trust has approved additional schemes totalling £1.7m. This has increased the forecast outturn to £89.6m (£87.9m in month 1), which has increased the over commitment to £14.7m (£14.0m in month 1) against current identified exchequer funding of £74.9m (and £15.8m above the Plan of £73.9m) To bridge the funding gap additional funding sources are being explored and discussions are ongoing with the STP and NEL about increasing the size of the funding envelope for the Trust.

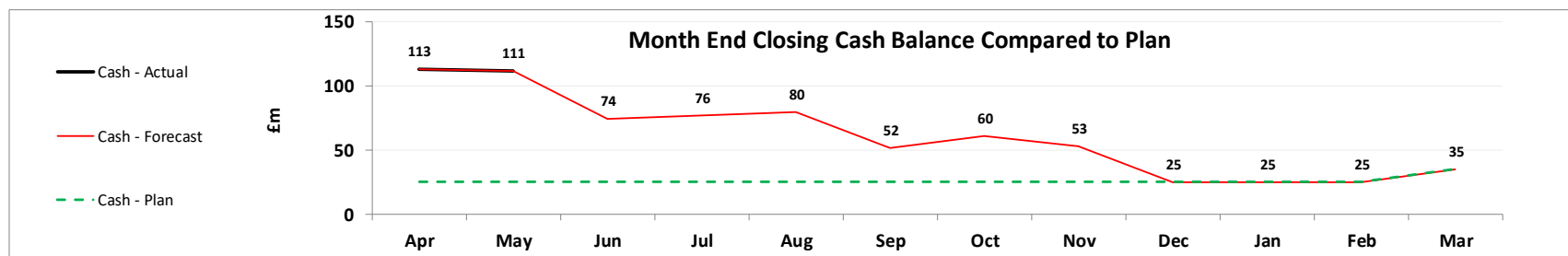
To date the Trust secured £29.6m of retained depreciation against the Exchequer funded plan.

The cumulative expenditure at month 2 is £8.1m (£3.0m in month 1) against a phased plan of £12.1m, which gives a year to date variance of £3.9m for exchequer funded schemes. The variance can be attributed to the approval of the capital programme in April slowing the start of projects in the new financial year.

	Funding			
	Capital Plan	Secured	Not Yet Secured	% Secured
Gross Depreciation	56.4	56.4	-	100 %
Repayment of PFI Finance Lease	(25.0)	(25.0)	-	100 %
Repayment of Loans / Other Finance Leases	(1.8)	(1.8)	-	100 %
Net Depreciation	29.6	29.6	-	100 %
NHSI Financing	27.6	-	27.6	- %
Specific PDC: WXH Redevelopment	2.8	-	2.8	- %
Specific PDC: WXH Redevelopment Enabling works	11.1	-	11.1	- %
Specific PDC: Helipad	1.2	-	1.2	- %
DHSC CRL from Steels Lane	1.6	-	1.6	- %
Specific PDC: Diagnostics	1.1	-	1.1	- %
Planned Capital exc Donated	74.9	29.6	45.4	39 %
Asset Sales	-	-	-	- %
Total Exchequer funding exc Donated*	74.9	29.6	45.4	39 %
Donated	7.0	0.7	6.3	10 %
Planned Capital inc. Donated	81.9	30.2	51.7	37 %

*(Over)/Under commitment (14.7)

	2021/22												F/cast Outturn Total £m
	Actual		Forecast										
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	
Opening cash at bank	54.4	112.8	111.3	74.4	76.5	79.6	51.6	60.5	52.7	25.0	25.0	25.0	54.4
Cash inflows													
Healthcare contracts	118.0	116.1	122.3	117.6	126.7	117.6	117.6	117.6	117.6	117.6	117.6	137.6	1,443.9
Other income	54.2	38.8	22.3	43.8	30.0	26.0	42.4	30.1	25.5	41.8	29.8	31.9	416.6
Financing - Interim Working Capital Loan	-	-	-	-	-	-	-	-	-	-	-	-	-
Financing - Capital Loans / PDC	-	-	-	-	-	22.1	-	-	-	-	-	22.2	44.3
Total cash inflows	172.2	154.9	144.6	161.4	156.7	165.7	160.0	147.7	143.1	159.4	147.4	191.7	1,904.8
Cash outflows													
Salaries and wages	(51.5)	(50.5)	(51.7)	(54.4)	(51.8)	(52.5)	(53.7)	(51.8)	(54.4)	(51.8)	(51.8)	(57.1)	(633.0)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.0)	(39.0)	(39.0)	(39.0)	(39.0)	(39.0)	(39.0)	(39.0)	(40.4)	(429.9)
Non pay expenditures	(49.8)	(64.0)	(84.3)	(60.1)	(56.8)	(90.1)	(52.4)	(60.2)	(72.6)	(61.8)	(50.6)	(67.0)	(769.7)
Capital expenditure	(9.7)	(6.6)	(6.0)	(5.8)	(6.0)	(6.8)	(6.0)	(4.5)	(4.8)	(6.8)	(6.0)	(12.0)	(81.0)
Dividend and Interest payable	-	-	-	-	-	(5.3)	-	-	-	-	-	(5.3)	(10.6)
Total cash outflows	(113.8)	(156.4)	(181.5)	(159.3)	(153.6)	(193.7)	(151.1)	(155.5)	(170.8)	(159.4)	(147.4)	(181.8)	(1,924.2)
Net cash inflows / (outflows)	58.4	(1.5)	(36.9)	2.1	3.1	(28.0)	8.9	(7.8)	(27.7)	-	-	9.9	(19.4)
Closing cash at bank - actual / forecast	112.8	111.3	74.4	76.5	79.6	51.6	60.5	52.7	25.0	25.0	25.0	35.0	35.0
Closing cash at bank - plan	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	35.0	35.0



Key Messages

Cash balances are higher by £86.3m compared to a plan of £25m, as a result of higher closing cash balance of £54.2m in March 2021 and other movements in working capital.

Statement of Financial Position

Jul-21

2020/21	2021/22												Movement	
	Act	Act	F/cast	F/cast	F/cast	F/cast	F/cast	F/cast	F/cast	F/cast	F/cast	F/cast		2020/21 v 2021/22
Balance as 31 Mar 2021	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22	
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Non-current assets:														
1,388.7	Property, plant and equipment	1,386.9	1,387.9	1,413.9	1,414.8	1,413.6	1,418.1	1,421.1	1,424.0	1,430.2	1,435.1	1,439.3	1,388.7	0.0
0.1	Intangible assets	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
15.8	Trade and other receivables	14.1	16.1	13.7	13.7	13.7	13.7	13.6	13.6	13.7	13.8	13.9	15.8	0.0
1,404.6	Total non-current assets	1,401.1	1,404.1	1,427.7	1,428.6	1,427.4	1,431.9	1,434.8	1,437.7	1,444.0	1,449.0	1,453.3	1,404.6	0.0
Current assets:														
22.0	Inventories	22.0	21.5	24.6	23.8	23.0	23.5	23.1	23.8	23.5	23.2	22.0	22.0	0.0
128.1	Trade and other receivables	119.3	130.3	176.8	180.7	175.9	183.3	199.4	198.4	164.7	198.4	201.3	147.9	19.8
54.2	Cash and cash equivalents	112.8	111.3	74.4	76.5	79.6	51.6	60.5	52.7	25.0	25.0	25.0	35.0	(19.2)
204.3	Total current assets	254.1	263.1	275.8	281.0	278.5	258.4	283.0	274.2	213.5	246.9	249.5	204.9	0.6
1,608.9	Total assets	1,655.2	1,667.2	1,703.5	1,709.6	1,705.9	1,690.3	1,717.8	1,711.9	1,657.5	1,695.9	1,702.8	1,609.5	0.6
Current liabilities														
(176.7)	Trade and other payables	(224.9)	(239.1)	(273.8)	(279.9)	(273.8)	(260.6)	(288.1)	(282.2)	(227.8)	(266.2)	(273.1)	(179.6)	(2.9)
(4.1)	Provisions	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	0.0
(26.8)	Liabilities arising from PFIs / Finance Leases	(26.8)	(26.9)	(26.0)	(26.0)	(28.4)	(26.0)	(26.0)	(26.0)	(26.0)	(26.0)	(26.0)	(26.0)	0.8
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
(207.6)	Total current liabilities	(255.8)	(270.1)	(303.9)	(310.0)	(306.3)	(290.7)	(318.2)	(312.3)	(257.9)	(296.3)	(303.2)	(209.7)	(2.1)
(3.3)	Net current (liabilities) / assets	(1.7)	(7.0)	(28.1)	(29.0)	(27.8)	(32.3)	(35.2)	(38.1)	(44.4)	(49.4)	(53.7)	(4.8)	(1.5)
1,401.3	Total assets less current liabilities	1,399.4	1,397.1	1,399.6	1,399.6	1,399.6	1,399.6	1,399.6	1,399.6	1,399.6	1,399.6	1,399.6	1,399.8	(1.5)
Non-current liabilities														
(17.6)	Provisions	(17.4)	(17.3)	(17.4)	(17.4)	(17.4)	(17.4)	(17.4)	(17.4)	(17.4)	(17.4)	(17.4)	(17.6)	0.0
(941.2)	Liabilities arising from PFIs / Finance Leases	(939.0)	(937.1)	(939.2)	(939.2)	(939.2)	(939.2)	(939.2)	(939.2)	(939.2)	(939.2)	(939.2)	(939.2)	2.0
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(958.8)	Total non-current liabilities	(956.4)	(954.4)	(956.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.8)	2.0
442.5	Total Assets Employed	443.0	442.7	443.0	443.0	443.0	443.0	443.0	443.0	443.0	443.0	443.0	443.0	0.5
Financed by:														
Taxpayers' equity														
1,025.3	Public dividend capital	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	0.0
(853.9)	Retained earnings	(853.4)	(853.7)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	0.5
271.1	Revaluation reserve	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	0.0
442.5	Total Taxpayers' Equity	443.0	442.7	443.0	443.0	443.0	443.0	443.0	443.0	443.0	443.0	443.0	443.0	0.5

Jul-21



People Report



Group	Indicator	Targets	Performance		YTD	May-21 (Site)				
		Target	Apr-21	May-21		Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	98.2%	96.9%	-	100.3%	96.6%	93.3%	95.2%	99.4%
	Staff in Post - Actual	>=Plan	15,882	16,179		5,489	2,627	1,897	2,355	1,049
	Staff in Post - Plan	-	-	-	-	-	-	-	-	-
	Bank WTE - Actual	<=Plan	1,906	2,058		691	435	368	275	132
	Bank WTE - Plan	-	-	-	-	-	-	-	-	-
	Agency WTE - Actual	<=Plan	477	468		106	181	82	26	43
	Agency WTE - Plan	-	-	-	-	-	-	-	-	-
	Total Staffing - Actual	<=Plan	18,265	18,705	-	6,287	3,243	2,347	2,655	1,224
	Total Staffing - Plan	-	-	-	-	-	-	-	-	-
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	91.1%	89.4%	-	92.9%	86.1%	86.9%	89.4%	85.1%
	Substantive Fill Rate - Plan	-	-	-	-	-	-	-	-	-
	Unconditional Offers - Actual	>=Plan	366	340	706	105	42	45	45	54
	Unconditional Offers - Plan	-	-	-	-	-	-	-	-	-
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	35.9%	43.7%	-	51.3%	22.2%	42.1%	61.1%	-
	Nursing Roster Quality - % Blue or Cloudy Sky	-	28.6%	21.8%	-	26%	23%	11%	25%	-
	Additional Duty Hours (Nursing)	-	63,080	69,699	-	24,096	16,787	16,651	5,637	-
Diversity	% of BME Staff at Band 8a to VSM	-	36.2%	36.5%		30%	43%	55%	23%	47%

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

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

We Belong

- The short term commitments in We Belong have been reviewed to agree an expanded set of ambitious but realistic actions that have been signed off by the Inclusion Board to accelerate the road to equality.
- At present, 36.5% of the Trust's Band 8A+ staff are from a Black, Asian and Minority Ethnic (BAME) background, a modest increase from 36.2% in the previous month. This is a continuing positive trend – the Trust will aim to continue an annual 3% point growth in representation of BAME colleagues at these levels as part of the Trust's Inclusion Plan.
- Staff diversity network co-chairs have received formal protected time to enable their work to help ensure that all staff feel supported and protected. This aims to further improve the Trust's staff survey results, which improved in a number of areas from the previous year, including the Health and Wellbeing domain.
- A cultural intelligence programme (CQ) has launched and options are being developed to ensure that capacity is dedicated to roll out the programme Trust-wide – delivery for all managers/team leaders is anticipated to span over an 12-18 month period. CQ will work seamlessly with reciprocal mentoring (the Trust implemented cohort 2 in Jun-21), white allies (cohort 1 has begun with 6 senior leaders) and a planned integrated We Lead training programme.
- Career development training for BAME staff and women has reached its 40th cohort – plans have been made to enhance this with coaching and talent management for under-represented staff to form a robust career development offer.

Looking After the Trust's People

- **Annualised sickness absence rates** have notably reduced from 4.54% in Mar-21 to 4.14% in Apr-21, continuing to reflect the effect of the first wave of the pandemic coming out of the data.
- **Appraisal rates** – there has been an increase in non-medical appraisals from 38% to 40% in month. A target of achieving 90% appraisal completion by the end of Sep-21 has been set and hospital sites are working on plans to achieve this. For medical appraisals, there has been an increase from 76% to 81%.
- For non-medical appraisals, the Trust is revising the documentation in support of appraisals to ensure that it provides the best guide to colleagues, that the appraisal properly reflects the We Belong aspirations and amplifies the importance of wellbeing and career conversations as part of performance review.

New Ways of Working

- **Nursing roster approval compliance** (approved six weeks in advance) increased to 44% from 36%. 56% of rosters were approved at least five weeks in advance .
- **Nursing roster quality** reporting indicates that just 22% of rosters that were due for approval in May-21 were of good or high quality across the domains of budget, fairness, safety, unavailability, effectiveness and annual leave (down from 29%).
- Directors of Nursing are fully aware of the roster metrics and advise that these metrics are addressed through their hospital site workforce meetings and their people board (or equivalent) as well as picking these up via their divisional structures / Performance Reviews.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Workforce Plans** – workforce plans are being finalised in line with operating plans and will inform recruitment and temporary staffing targets from next month.
- **Recruitment** – in May-21, 340 unconditional offers were made, down from 366 in Apr-21. In addition, 720 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in May-21 was at 89.4%, down from 91.1%, reflecting finalised budgets for Apr-21 to Sep-21.
- Staff in post increased by 297 WTE as a result of the transfer in of colleagues from Homerton and Lewisham & Greenwich into the Pathology Partnership with a small reduction of 6 WTE once this is accounted for.
- **Temporary Staffing** – temporary staffing usage increased by 141 WTE compared to Apr-21, with the proportion of temporary staff as part of the workforce increasing to 13.5% from 13.0%. Work is taking place to collaborate across the North East London Health Care Partnership on a consistent bank rate card and a joint preferred agency supplier list for Acute Trusts.

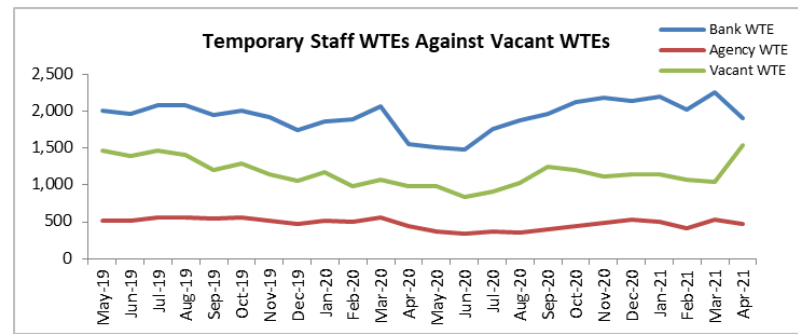
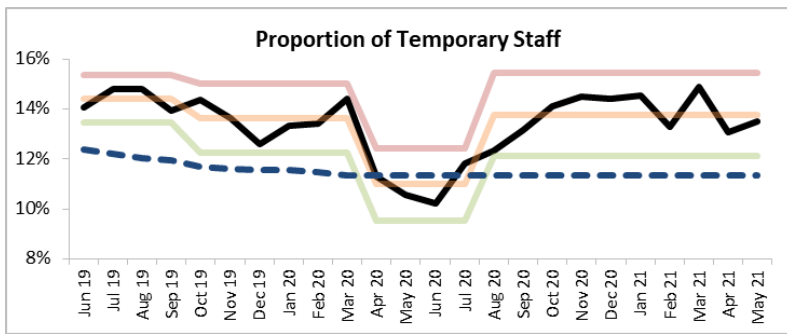
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
People	W19	Turnover Rate	●			Apr-21 (m)	<= 12.25%	8.95%	8.96%	8.96%	9.06%	6.99%	7.73%	10.14%	11.34%	8.36%	
	OH7	Proportion of Temporary Staff	●			May-21 (m)	<= 11.3%	13.0%	13.5%	13.3%	12.7%	19.0%	19.2%	11.3%	14.3%	6.3%	●
	W20	Sickness Absence Rate	●		●	Apr-21 (m)	<= 3%	4.54%	4.14%	4.14%	4.09%	4.56%	5.03%	3.64%	3.32%	3.95%	●
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	72.3%	73.1%	
	OH6	NHS Staff Survey	●			2020/21 (y)	>= 7	7.0	6.9	6.9	7.0	6.8	6.9	7.1	6.7	7.0	
Compliance	W50	Mandatory and Statutory Training - All	●			May-21 (m)	>= 85%	85.2%	85.6%	85.4%	85.0%	89.3%	85.4%	85.9%	85.4%	80.9%	
	W11	Mandatory and Statutory Training - National	●			May-21 (m)	>= 85%	85.1%	85.5%	85.3%	84.9%	89.1%	86.2%	84.7%	85.6%	81.9%	●
	W29	Appraisal Rate - Non-Medical Staff	●			May-21 (m)	>= 95%	37.9%	40.2%	40.2%	45.6%	35.2%	54.2%	37.3%	38.0%	26.2%	●
	W30	Appraisal Rate - Medical Staff	●			May-21 (m)	>= 85%	76.1%	80.6%	80.6%	77.9%	82.4%	85.4%	79.1%	86.4%	-	●

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

WELL LED

Proportion of Temporary Staff

Jul-21



Site	Staff Group	Average of Previous 6 Months			May-21			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	869	6,358	13.7%	798	6,287	12.7%	-1.0%
Whipps Cross	All Staff Groups	539	3,160	17.1%	616	3,243	19.0%	1.9%
Newham	All Staff Groups	508	2,416	21.0%	450	2,347	19.2%	-1.8%
St Bart's	All Staff Groups	275	2,635	10.4%	301	2,655	11.3%	0.9%
CSS	All Staff Groups	176	1,238	14.2%	175	1,224	14.3%	0.1%
Other	All Staff Groups	241	2,670	9.0%	187	2,949	6.3%	-2.7%

Performance Overview

- The proportion of temporary staff increased in month from 13.0% to 13.5%. This was driven by an increase of 152 Bank Whole Time Equivalent (WTE), although a small reduction in Agency WTE (-9) was seen.

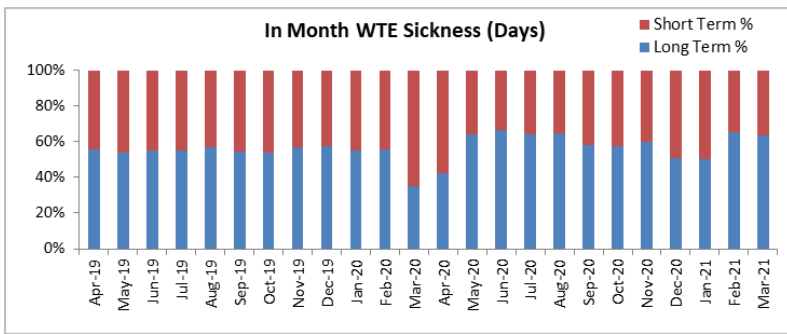
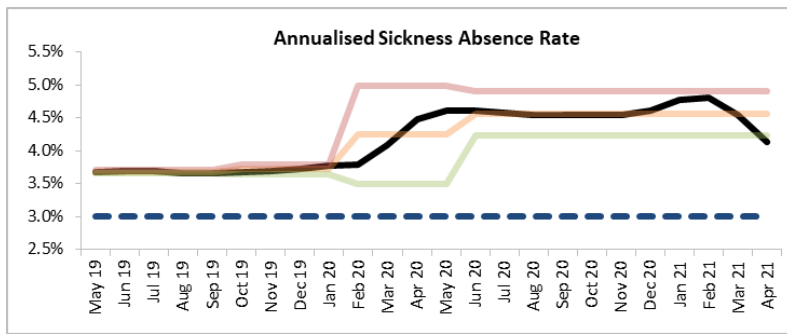
Responsible Director Update

- Hospital sites are finalising their workforce plans against which temporary staffing usage against plan can be tracked.
- As both elective activity steps up and the Trust starts to see an impact from the third wave of the pandemic, the Trust would expect to see further increases in temporary staffing demand. Work is ongoing to plan for this demand
- The Trust is currently collaborating with the North East London Health Care Partnership (NEL HCP) to establish a joint bank rate card across the region. In addition the Trust is collaborating with NEL Acute Trusts to create a joint preferred supplier list for agency suppliers.

WELL LED

Sickness Absence Rate

Jul-21



Site	Staff Group	6 Months Ago			Apr-21			Variance
		Sick WTE Days	Available WTE Days	%	Sick WTE Days	Available WTE Days	%	
Royal London	All Staff Groups	88,393	2,029,858	4.35%	83,772	2,047,146	4.09%	-0.26%
Whipps Cross	All Staff Groups	49,373	952,705	5.18%	43,564	955,097	4.56%	-0.62%
Newham	All Staff Groups	36,636	676,113	5.42%	34,730	691,075	5.03%	-0.39%
St Bart's	All Staff Groups	34,724	866,055	4.01%	31,621	868,046	3.64%	-0.37%
CSS	All Staff Groups	13,856	370,596	3.74%	12,625	380,775	3.32%	-0.42%
Other	All Staff Groups	40,653	910,686	4.46%	35,968	910,846	3.95%	-0.52%

Performance Overview

- The annualised sickness absence rate dropped further from 4.54% to 4.14%, continuing to reflect the impact of the first peak of the pandemic coming out of the reported rate.

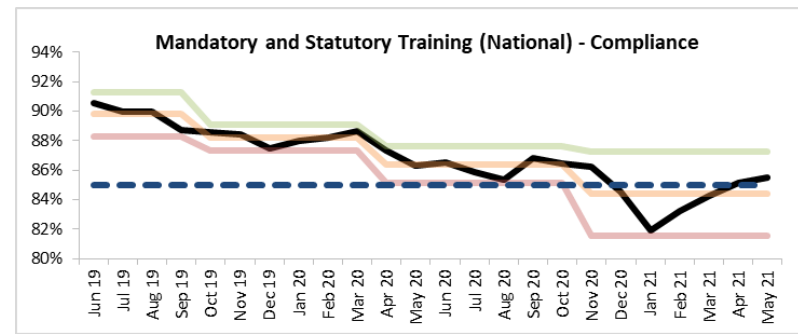
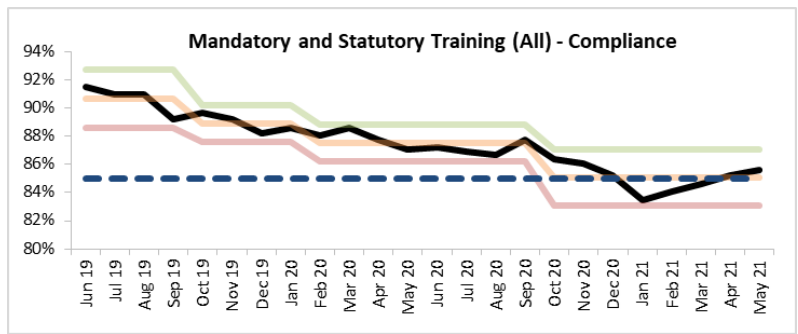
Responsible Director Update

- A paper updating the Group Executive Board on how the Trust is supporting Team Leaders to care for their teams, health and wellbeing conversations, ensuring that there is a sustainable health and wellbeing infrastructure and the implementation of the Barts Charity funded health and wellbeing facilities was considered in Jun-21.
- A Leadership webinar also focussed on the importance of health and wellbeing in the preparation for a third wave of the pandemic and the Trust's Health and Wellbeing Leads showcased examples of the interventions in place to support individuals and teams.
- The Psychological Support Team has been in place since Mar-21 and is actively supporting teams and Team Leaders across the Trust through 1 to 1 support, group and team events.

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Mandatory and Statutory Training

Jul-21



Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	May-21	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	72.8%	77.3%	3,814
Resuscitation - Basic Life Support	67.4%	67.7%	3,526
Fire Safety	78.8%	81.0%	3,185
Moving Handling - Clinical	79.8%	80.2%	2,328
Infection Control (Clinical)	75.3%	80.0%	2,308

Bottom 5 Departments: Total Number of Non-Compliant Employees			
Department	Previous 6 Months	May-21	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	73.4%	61.2%	50
A & E Nursing WC (Royal London)	83.1%	84.4%	46
NGH Vaccination Management (Other)	30.0%	25.4%	41
Cardiology Trainees (St Bart's)	45.1%	52.7%	40
WXH Core Services (CSS)	71.4%	71.5%	37

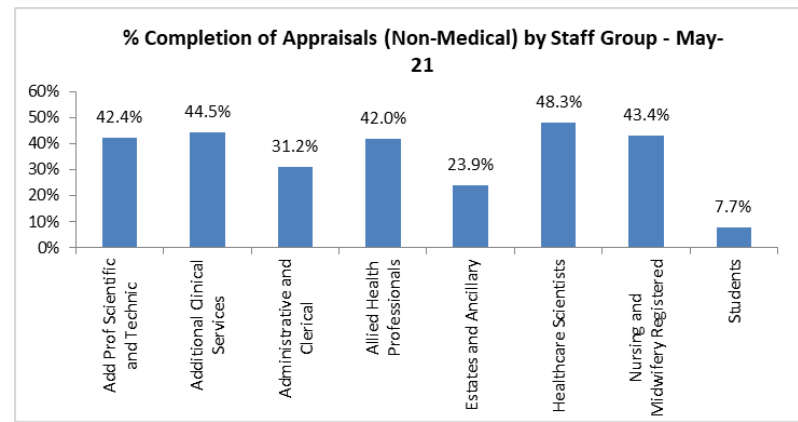
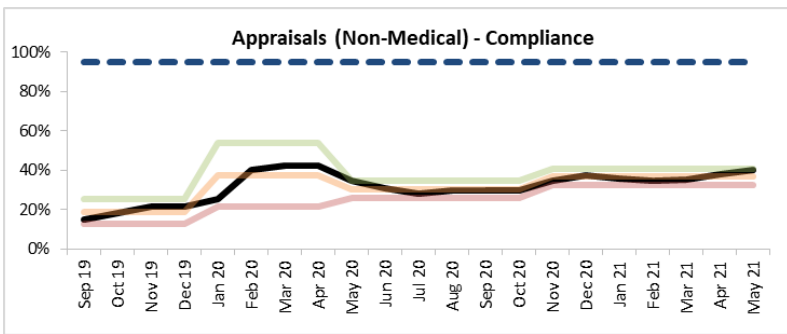
Non-mandatory competencies have been excluded from the above tables

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> As expected, Trust-wide compliance against the 11 Core Skills Training Framework subjects has continued to rise over the past month and currently stands at 85.5%, an increase of 0.4% since the last report and above the Trust target of 85%. Overall training compliance across all subjects has also increased (to 85.6%) and it is expected that this trend will continue. Compliance with Fire Safety continues to increase and now stands at 81%, an increase of almost 1% from Apr-21. It is anticipated that this subject will meet the Trust target of 85% in Sep-21. All subjects are showing an upwards trend due to the restarting of face to face training and staff being released to attend their booked sessions. 	<ul style="list-style-type: none"> Seven of the core skills training framework subjects are below the Trust target of 85%. However, all are showing an upwards trend in compliance rates. Work is being undertaken to review areas of low compliance, with e-mails being sent directly to staff to remind them of the importance of completing training. Work is being undertaken to identify all staff who have not created a profile on the Education Academy learning portal, where mandatory and statutory training is hosted, and e-mails will be sent to encourage staff to register as soon as possible, together with the offer of help and instructional videos.

WELL LED

Appraisal Rate - Non-Medical Staff

Jul-21

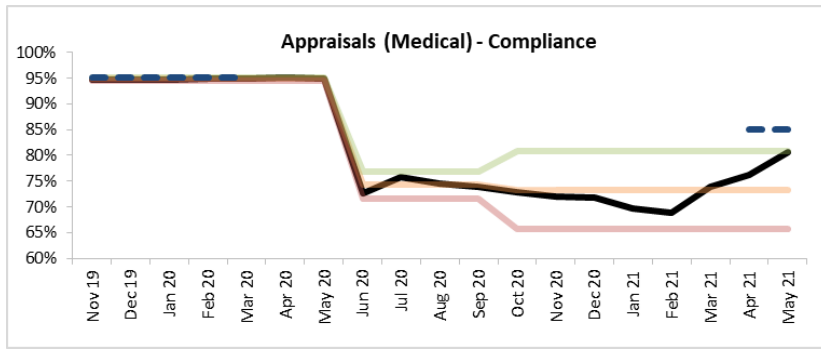


Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Non-medical appraisal rates vary across the Trust as follows: <ul style="list-style-type: none"> Newham – 54.2% Royal London – 45.6% Group Clinical Support (CSS) – 38.0% St Bart’s – 37.3% Whipps Cross – 35.2% Group Support Services – 27.8% 	<ul style="list-style-type: none"> Hospital sites have been set a target of 90% appraisal compliance by the end of Sep-21. To support this, work is currently being undertaken to review and slim down the current appraisal form; however, a further review will be required on a long term basis in line with a review of the appraisal policy. As part of this revision, the Trust is looking to ensure that it provides the best guide to colleagues, that the appraisal properly reflects the We Belong aspirations and amplifies the importance of wellbeing and career conversations as part of performance review.

WELL LED

Appraisal Rate - Medical Staff

Jul-21

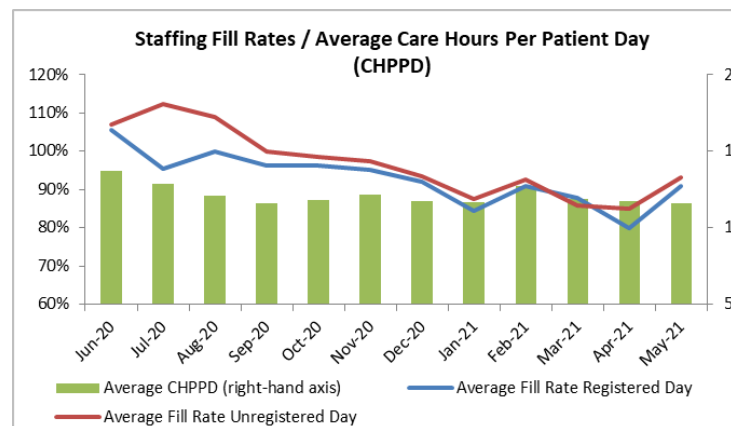


Site	May-21			Apr-21	
	Compliant	Non-Compliant or Missed	Total	% Compliant	% Compliant
Royal London	617	175	792	77.9%	72.7%
Whipps Cross	294	63	357	82.4%	77.0%
Newham	182	31	213	85.4%	79.7%
St Bart's	269	71	340	79.1%	76.2%
CSS	146	23	169	86.4%	85.6%
Grand Total	1,508	363	1,871	80.6%	76.1%

*Non-compliant appraisals include those which were missed due to Covid-19 (so non-compliant or missed)

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For the last 4-5 years, the Trust's medical appraisal rate has been in the high 90%. At the start of the first wave of the pandemic in Mar-20, the General Medical Council advised an appraisal holiday with all revalidation dates delayed by 12 months and the expectation was that appraisals would be put on hold. There was also a demand for when they restarted for them to be "lighter". 	<ul style="list-style-type: none"> During the latter half of 2020, the Trust restarted appraisals even though the GMC were not pushing the agenda. Software was upgraded to include more on wellbeing and a reduction in the information that needed to be gathered. The Trust is slowly returning to normal rates, concentrating as usual on those that are very delayed.

- Across the Trust, restoration and recovery from the Covid-19 pandemic continues. Average fill rates in May-21 for Registered Nurses/Midwives (RN/RM) increased back to above 90% for both days and nights. Trust average fill rates for care staff were also above 90%. Care Hours Per Patient Day (CHPPD) across the Trust were comparable with the previous month and remains higher than pre-pandemic. Appendix 1 shows the staffing fill rate and CHPPD by ward.
- The increase in average fill rates across the Trust is primarily due to increases at Royal London. This change at Royal London is due to the reset of the critical care planned rota after the recent critical care expansion for the Covid-19 surge. Critical care patient numbers and CHPPD were closer to pre-pandemic levels in May-21. CHPPD at Royal London remains higher than pre-pandemic.
- There was 1 red flag reported in the group in May-21 which was for the Renal High Dependency Unit at Royal London. This was a no harm incident related to staffing levels with risks being mitigated by senior nursing staff at the time.
- Both Whipps Cross and Newham had fill rates above 98% across RN/RM and care staff for days and nights. Whipps Cross saw an increase in CHPPD which is related to increased demand for enhanced care. CHPPD at both Whipps Cross and Newham remains higher than pre-pandemic.
- St Bart's also had an increase in RN fill rates in May-21 and both fill rates and CHPPD at St Bart's were restored close to pre-pandemic levels.
- Based upon fill rates and CHPPD, no ward across the Trust was a cause for concern in May-21. Safe staffing continues to be monitored through the hospital site safety huddles with dynamic staff deployment by senior staff to areas of greatest need to mitigate risks and maintain patient and staff safety.



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	91.0%	93.2%	95.0%	107.9%	11.6	1
Royal London	85.4%	81.9%	88.9%	100.8%	11.1	1
Whipps Cross	98.2%	103.1%	104.8%	116.7%	11.5	0
Newham	99.8%	100.5%	107.3%	108.3%	12.0	0
St Bart's	87.9%	95.1%	89.1%	112.1%	12.8	0

Jul-21



Glossary



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

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

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	S36	VTE Risk Assessment	The number of adult hospital admissions (aged 18 and over) who were risk assessed for Venous Thromboembolism (VTE) divided by the number of adult hospital admissions	Monthly	National
Safe	Assess & Prevent	S5	Dementia - Screening	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who were asked the dementia case finding question within 72 hours of admission, or who had a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question could not be completed for clinical reasons	Monthly	National
Safe	Assess & Prevent	S6	Dementia - Risk Assessment	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who scored positively on the case finding question, or who had a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations	Monthly	National
Safe	Assess & Prevent	S7	Dementia - Referrals	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (with an outcome of "positive" or "inconclusive") and who have been referred for further diagnostic advice in line with local pathways	Monthly	National
Effective	Mortality	E1	Summary Hospital-Level Mortality Indicator	The ratio between the actual number of patients who died following hospitalisation at the trust and the number who would be expected to die on the basis of average England figures (given the characteristics of the patients treated at the trust), multiplied by 100	Monthly	National
Effective	Mortality	E3	Risk Adjusted Mortality Index	The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100, at trust level. This metric considers mortality on weekdays and weekends	Monthly	National
Effective	Mortality	E25	Number of Avoidable Deaths	The number of adult inpatient deaths which occurred at the trust or site which were considered avoidable	Quarterly	National
Effective	Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	The number of 2222 emergency calls which were for cardiac arrests on wards (including medical emergencies leading to cardiac arrests) per 1,000 admissions, i.e. the number of calls divided by the number of admissions which has been multiplied by 1,000	Monthly	Local
Effective	Outcomes	S42	Sepsis 6 Antibiotic Administration (60 Mins)	The number of audited inpatients who deteriorated, were screened for sepsis and found to have sepsis who received antibiotics 60 minutes or less after the time of deterioration divided by the total number of audited inpatients who deteriorated, were screened for sepsis and found to have sepsis	Monthly	Local

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

Jul-21



Appendix



APPENDIX Interpretation of Scorecards Jul-21

How to Interpret the Scorecard

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

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

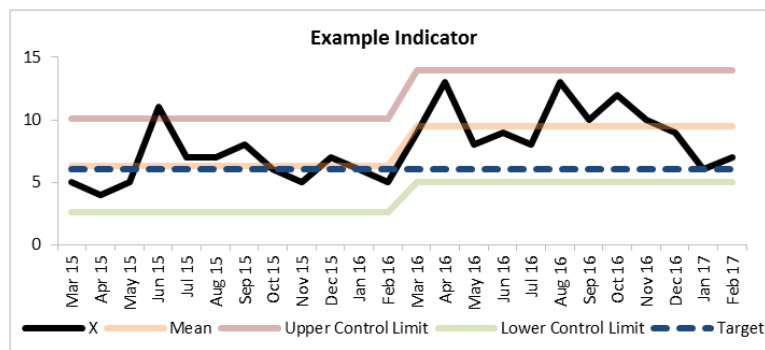
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



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

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

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

How Exceptions Are Identified For Inclusion

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

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



Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,630.5	5,817.0	2,493.5	2,508.5	4,634.5	5,875.5	2,139.0	2,264.8	125.6%	100.6%	126.8%	105.9%	1,145	10.2	4.2	14.4
Whipps Cross	ACACIA	953.5	881.5	455.5	618.0	713.0	715.5	710.0	787.0	92.4%	135.7%	100.4%	110.8%	343	4.7	4.1	8.8
Whipps Cross	ACORN	4,703.0	3,651.0	700.5	457.5	2,852.0	2,535.8	356.5	138.3	77.6%	65.3%	88.9%	38.8%	455	13.6	1.3	14.9
Whipps Cross	B3 WARD WXH	1,279.5	1,378.0	1,058.0	1,161.0	1,058.0	1,230.5	713.0	874.0	107.7%	109.7%	116.3%	122.6%	470	5.6	4.3	9.9
Whipps Cross	BIRCH	1,068.5	1,070.0	1,069.5	1,173.0	1,069.5	1,068.2	713.0	828.0	100.1%	109.7%	99.9%	116.1%	514	4.2	3.9	8.1
Whipps Cross	BLACKTHORN	1,065.0	874.0	1,010.0	1,620.0	1,069.5	931.5	713.0	1,379.0	82.1%	160.4%	87.1%	193.4%	506	3.6	5.9	9.5
Whipps Cross	Bracken Ward WXH	1,367.0	1,337.5	1,137.5	1,133.4	1,069.5	1,069.5	711.5	883.0	97.8%	99.6%	100.0%	124.1%	486	5.0	4.1	9.1
Whipps Cross	CHESTNUT	954.5	954.5	356.5	689.0	713.0	1,023.5	356.5	402.5	100.0%	193.3%	143.5%	112.9%	267	7.4	4.1	11.5
Whipps Cross	CONIFER	1,976.8	2,016.0	1,815.0	1,572.8	1,426.0	1,529.5	1,069.5	1,138.5	102.0%	86.7%	107.3%	106.5%	445	8.0	6.1	14.1
Whipps Cross	CURIE	1,426.0	1,422.5	1,069.5	1,058.0	1,426.0	1,186.0	1,069.5	1,127.0	99.8%	98.9%	83.2%	105.4%	526	5.0	4.2	9.1
Whipps Cross	DELIVERY SUITE WXH	4,768.0	4,167.5	709.5	974.0	3,634.0	3,441.4	713.0	1,049.5	87.4%	137.3%	94.7%	147.2%	419	18.2	4.8	23.0
Whipps Cross	ELIZABETH	1,667.5	1,636.0	356.5	470.3	1,426.0	1,428.5	241.5	357.0	98.1%	131.9%	100.2%	147.8%	556	5.5	1.5	7.0
Whipps Cross	FARADAY	1,069.5	1,426.8	713.0	825.8	1,058.0	1,484.5	356.5	756.8	133.4%	115.8%	140.3%	212.3%	469	6.2	3.4	9.6
Whipps Cross	Frail Elderly WXH	865.0	833.2	355.5	379.5	713.0	711.1	356.5	460.0	96.3%	106.8%	99.7%	129.0%	263	5.9	3.2	9.1
Whipps Cross	ICU WXH	6,050.0	5,216.0	1,741.5	967.5	5,247.0	4,897.0	1,364.0	781.0	86.2%	55.6%	93.3%	57.3%	314	32.2	5.6	37.8
Whipps Cross	MARGARET	945.5	944.5	514.0	461.5	713.0	717.0	356.5	355.5	99.9%	89.8%	100.6%	99.7%	261	6.4	3.1	9.5
Whipps Cross	MIDWIFERY WXH	924.5	915.1	436.5	280.0	825.0	802.5	356.5	358.5	99.0%	64.1%	97.3%	100.6%	144	11.9	4.4	16.4
Whipps Cross	MULBERRY	2,195.0	2,100.8	1,397.0	903.0	1,426.0	1,427.0	793.5	793.5	95.7%	64.6%	100.1%	100.0%	908	3.9	1.9	5.8
Whipps Cross	NEONATAL WXH	2,309.5	2,281.3	1,145.0	660.5	2,095.0	2,284.0	724.5	368.5	98.8%	57.7%	109.0%	50.9%	305	15.0	3.4	18.3
Whipps Cross	NIGHTINGALE	1,069.5	1,367.0	356.5	804.0	1,069.5	1,393.5	356.5	702.0	127.8%	225.5%	130.3%	196.9%	333	8.3	4.5	12.8
Whipps Cross	PEACE	1,664.0	1,817.0	803.5	1,407.0	1,069.5	1,430.0	713.0	1,425.0	109.2%	175.1%	133.7%	199.9%	464	7.0	6.1	13.1
Whipps Cross	POPLAR	1,780.5	1,774.0	1,069.5	1,046.5	1,426.0	1,463.5	1,069.5	1,035.0	99.6%	97.8%	102.6%	96.8%	457	7.1	4.6	11.6
Whipps Cross	SAGE	1,667.5	1,671.5	1,486.0	1,872.5	1,426.0	1,392.0	1,069.5	1,575.5	100.2%	126.0%	97.6%	147.3%	783	3.9	4.4	8.3
Whipps Cross	SYRINGA	1,424.5	1,391.5	1,782.5	1,759.5	1,069.5	1,127.0	1,069.5	1,403.0	97.7%	98.7%	105.4%	131.2%	729	3.5	4.3	7.8
Whipps Cross	VICTORY	1,309.5	1,288.0	1,311.0	1,322.5	1,069.5	1,069.5	1,069.5	1,115.5	98.4%	100.9%	100.0%	104.3%	560	4.2	4.4	8.6

Safe Staffing Fill Rates by Ward and Site

Jul-21

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	AAU NUH	4,378.5	3,731.5	2,737.0	3,143.5	4,278.0	4,361.5	2,780.0	2,759.3	85.2%	114.9%	102.0%	99.3%	1,276	6.3	4.6	11.0
Newham	Custom House NUH	1,518.0	1,518.0	1,363.0	1,500.5	1,207.5	1,173.0	1,069.5	1,541.0	100.0%	110.1%	97.1%	144.1%	592	4.5	5.1	9.7
Newham	DELIVERY SUITE NUH	5,465.3	5,380.9	1,236.3	1,102.0	4,634.5	4,612.5	1,069.5	1,058.0	98.5%	89.1%	99.5%	98.9%	679	14.7	3.2	17.9
Newham	EAST HAM	1,782.5	1,679.0	1,069.5	1,058.0	1,426.0	1,334.0	1,069.5	1,150.0	94.2%	98.9%	93.5%	107.5%	567	5.3	3.9	9.2
Newham	HEATHER	1,782.5	2,277.0	1,437.5	1,552.5	1,782.5	2,312.5	1,426.0	1,552.5	127.7%	108.0%	129.7%	108.9%	759	6.0	4.1	10.1
Newham	LARCH	4,966.0	4,914.0	3,088.0	2,475.0	3,201.5	3,251.5	2,231.0	2,002.0	99.0%	80.1%	101.6%	89.7%	1,439	5.7	3.1	8.8
Newham	Manor Park ITU NUH	2,486.0	2,885.5	356.5	506.0	2,484.0	2,980.5	356.5	632.5	116.1%	141.9%	120.0%	177.4%	211	27.8	5.4	33.2
Newham	MAPLE	1,265.0	1,230.5	713.0	866.0	1,035.0	1,012.0	690.0	643.5	97.3%	121.5%	97.8%	93.3%	265	8.5	5.7	14.2
Newham	NEONATAL NUH	3,231.5	3,247.5	368.0	299.0	3,001.5	2,787.5	379.5	347.5	100.5%	81.3%	92.9%	91.6%	556	10.9	1.2	12.0
Newham	NUH MIDWIFERY	1,129.5	1,053.5	356.5	321.3	1,069.5	1,054.5	356.5	357.0	93.3%	90.1%	98.6%	100.1%	158	13.3	4.3	17.6
Newham	PLASHET	1,583.5	1,681.5	1,426.0	1,373.3	1,426.0	1,599.5	1,426.0	1,508.5	106.2%	96.3%	112.2%	105.8%	595	5.5	4.8	10.4
Newham	RAINBOW	2,783.0	2,907.5	1,149.5	1,111.5	1,782.5	2,544.0	356.5	517.5	104.5%	96.7%	142.7%	145.2%	430	12.7	3.8	16.5
Newham	SILVERTOWN	1,914.5	2,182.8	1,069.5	1,495.0	1,771.0	2,116.0	1,058.0	1,552.5	114.0%	139.8%	119.5%	146.7%	575	7.5	5.3	12.8
Newham	STRATFORD	1,069.5	1,458.5	1,069.5	1,288.0	1,069.5	1,565.0	1,069.5	1,129.0	136.4%	120.4%	146.3%	105.6%	459	6.6	5.3	11.9
Newham	WEST HAM	2,239.0	1,380.0	1,435.0	874.0	1,426.0	1,207.5	1,069.5	1,012.0	61.6%	60.9%	84.7%	94.6%	452	5.7	4.2	9.9
St Bart's	1C	5,959.8	5,192.5	356.5	448.5	5,669.5	5,328.5	184.0	355.0	87.1%	125.8%	94.0%	192.9%	420	25.1	1.9	27.0
St Bart's	1D	3,208.5	2,587.5	356.5	575.0	2,854.0	2,281.0	356.5	483.0	80.6%	161.3%	79.9%	135.5%	354	13.8	3.0	16.7
St Bart's	1E	4,991.0	4,146.8	356.5	345.0	4,956.5	4,221.5	356.5	356.5	83.1%	96.8%	85.2%	100.0%	280	29.9	2.5	32.4
St Bart's	3A SBH	4,782.0	4,501.0	1,426.0	1,104.0	4,634.5	4,427.5	1,426.0	1,184.5	94.1%	77.4%	95.5%	83.1%	860	10.4	2.7	13.0
St Bart's	3D SBH	1,449.0	1,478.5	1,138.5	1,147.5	1,414.5	1,430.0	908.5	964.5	102.0%	100.8%	101.1%	106.2%	376	7.7	5.6	13.4
St Bart's	4A SBH	1,782.5	1,683.0	977.5	1,011.5	1,426.0	1,403.0	356.5	460.0	94.4%	103.5%	98.4%	129.0%	704	4.4	2.1	6.5
St Bart's	4B SBH	1,581.5	1,394.0	1,227.0	897.0	1,426.0	1,357.0	713.0	701.5	88.1%	73.1%	95.2%	98.4%	645	4.3	2.5	6.7
St Bart's	4C SBH	1,757.0	1,483.5	945.0	824.5	1,426.0	1,198.0	954.5	839.0	84.4%	87.2%	84.0%	87.9%	512	5.2	3.2	8.5
St Bart's	4D & 4ESBH	1,740.5	1,303.0	713.0	689.8	1,621.5	1,219.0	713.0	655.5	74.9%	96.7%	75.2%	91.9%	324	7.8	4.2	11.9
St Bart's	5A SBH	2,141.5	2,157.1	873.3	961.3	1,364.0	1,373.8	341.0	648.0	100.7%	110.1%	100.7%	190.0%	578	6.1	2.8	8.9
St Bart's	5B SBH	1,414.5	1,311.0	713.0	667.0	1,414.5	1,426.0	356.5	437.0	92.7%	93.5%	100.8%	122.6%	383	7.1	2.9	10.0
St Bart's	5C SBH	2,183.0	2,030.8	713.0	741.5	1,782.5	1,725.0	356.5	529.0	93.0%	104.0%	96.8%	148.4%	513	7.3	2.5	9.8
St Bart's	5D SBH	2,127.5	2,127.5	713.0	1,069.5	1,780.5	1,898.5	690.0	1,311.0	100.0%	150.0%	106.6%	190.0%	668	6.0	3.6	9.6
St Bart's	6A SBH	6,325.0	4,712.0	356.5	276.0	6,325.0	4,602.0	356.5	322.0	74.5%	77.4%	72.8%	90.3%	250	37.3	2.4	39.6
St Bart's	6D SBH	1,782.5	1,874.5	1,058.0	586.5	1,426.0	1,322.5	713.0	598.0	105.2%	55.4%	92.7%	83.9%	505	6.3	2.3	8.7

Report to the Trust Board: 7 July 2021	TB 26/21
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Title	Quality Assurance Committee Exception Report
Chair	Dr Kathy McLean, Non-Executive Director
Author(s) / Secretary	Deputy Trust Secretary
Purpose	To advise on work of Trust Board Committees

Executive summary

The Quality Assurance Committee met on 16th June 2021 to discuss items on its agenda relevant to its terms of reference, matters related to the Imaging Improvement Plan and response to the CQC Notice and to receive an update on CNST submission in advance of July deadline.

Key agenda items	BAF entries
• <i>Diagnostic Imaging – Improvement Plan and response to CQC</i>	4
• <i>2021/22 Quality Objectives For Approval</i>	3-9, 12
• <i>Quality & Performance Dashboard</i>	2-9, 12
• <i>NUH Quality Assurance Report</i>	2-9, 12
• <i>Children’s Services Report</i>	2-9, 12
• <i>Maternity Report - Ockenden / Maternity CNST</i>	7
• ANNUAL REPORTS:	
○ <i>Safeguarding Children Annual Report</i>	4
○ <i>Safeguarding Adults Annual Report</i>	4
○ <i>Complaints Annual Report</i>	4
○ <i>Health and Safety Annual Report</i>	4
• <i>Annual Safe Staffing Report</i>	2-9
• <i>Quality Risks & Board Assurance Framework</i>	All
• <i>Committee Effectiveness Report</i>	2-9,12
• <i>Quality Account</i>	2-9,12
• <i>Internal Audit Progress Report</i>	All

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

- The Committee discussed the Trust’s response to initial feedback received following CQC/HSE inspections of diagnostic imaging at Whipps Cross and the Royal London Hospitals (with a report anticipated in the next month following the standard factual accuracy process). The Committee agreed that a root cause analysis and learning review should be undertaken to ensure learning from this is incorporated into assurance processes and our operating model going forward.
- The Committee received and noted progress of Quality Objectives for 2021/22.
- The committee received the Quality Dashboard which focused on two CQC domains, Effective – including progress on the Quality Improvement programme and improvement and outcomes to CAMIO (Clinical Assurance Meeting for Improvement and Outcomes); and Caring which reported on progress on Patient Experience including outcomes from the Emergency and Urgent care Survey.

<ul style="list-style-type: none"> • The Committee considered a report from Newham hospital which focussed on quality and safety indicators and their quality and safety strategy for 2021/22. The Committee noted good progress made in complaints response times but acknowledged that more work was needed to improve on an overall culture of quality improvement at the hospital. • The Committee received and noted the Children’s Services Report which detailed specific work to improve Babies, Children & Young People services at the Trust. The Committee acknowledged the need to track the projected increase in Respiratory syncytial virus (RSV) in paediatrics and anticipated operational pressures in paediatrics, with a view to receiving an update report in 6 months. • The Committee received an update on the CNST Maternity Incentive Scheme and the safety action plan acknowledging compliance of the 10 safety actions under the scheme. Assurance was received in respect of progress on delivery of the national requirements in regard to Continuity of Carer (CoC) and implementation of Ockenden recommendations. • The Committee approved a number of Annual Reports for submission to the Trust Board on 7 July. • The Committee received and noted the actions agreed in the 2020/21 safe staffing review due to the impact of the Covid-19 pandemic and supported the recommendations for nursing, midwifery and therapy safe staffing across the group and the priorities for 2021/22. • The Committee received a quality risk report noting the reduction of all high risks in the previous report but acknowledging that imaging risks had yet to be assessed and recorded on Trust risk registers. 	
<p>Any issues for escalation to the Board</p> <p>The Committee noted the following to be escalated/notified to the Board:</p> <ul style="list-style-type: none"> • development of a programme of actions in response to the initial inspection findings on Imaging Services at Whipps Cross and The Royal London including a root cause analysis to cover, governance, risk assessment and cultural aspects. 	
<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: 7 July 2021	TB 27/21
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Title	Audit and Risk Committee Exception Report
Chair	Mr Gautam Dalal, 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	
<p>The Audit and Risk Committee met on 19 May and subsequently on 16 June 2021 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>	
Key agenda items	BAF entries
<i>External Audit progress report (16 June)</i>	10
<i>Internal Audit progress report (19 May)</i>	All
<i>Standing items on waivers, losses and counter fraud (19 May)</i>	10
<i>QAC exception report (19 May)</i>	3-7, 13
<i>Bad debt report</i>	10
<i>BAF and risk register (19 May)</i>	All
<i>Annual Accounts, Annual Report including Annual Governance Statement, management representations letter (19 May and 16 June)</i>	All
<i>Head of Internal Audit opinion (19 May)</i>	All
<i>Provider licence compliance (16 June)</i>	All
Key areas of discussion arising from items appearing on the agenda	
Annual Report and Accounts	
<p>At its meeting on 19 May, The Committee reviewed and endorsed the Trust’s statutory annual report (including annual governance statement) and subsequently met on 16 June 2021 to consider the annual accounts and the related management representations letter. The Committee reviewed a number of the key disclosures and notes to the accounts, including those relating to valuation of assets. The annual report and accounts were subsequently reviewed alongside the External Audit audit findings report and approved by the Trust Board (incorporating changes in line with ARC recommendations) at its meeting on 28 June for submission to the Department of Health the following day. The Committee recommended an amendment to a foreword to recognise the scale and duration of liabilities influencing the Trust’s underlying position (which was reflected in the final Board approved version). The annual report and accounts will be presented for adoption at the Trust’s AGM on 22 September 2021.</p>	
External Audit	
<p>The Committee received an annual accounts audit progress report (with the final audit findings report subsequently provided to the Trust Board on 28 June). External Audit provided an unqualified opinion on the accounts and highlighted no material issues, misstatements or other major findings. The timetable for finalising an accompanying value</p>	

for money assessment would be concluded in line with the exercising of an extension period. It was agreed to arrange a debrief to consider potential for improving external audit processes going forward, recognising that this had been the first year that Mazars LLP had provided this service to the Trust.

Internal Audit reports

The Committee received and noted the Head of Internal Audit opinion, recognising that this was consistent with the Annual Governance Statement and identified control issues. Audit reviews were received at the meeting on 19 May covering the following essential control areas: the Board Assurance Framework; private patients arrangements, external reviews; cardiology stock, procurement of PPE; fire safety; and stock control. The majority of time was spent reviewing a limited assurance review of cyber security. The external expert highlighted the challenging environment facing all NHS trusts and the relative progress made by Barts Health. The Committee recognised the critical role of digital systems, the significant infrastructure improvement programme that the Trust was part-way through implementing and the importance of cyber security. Proposals were agreed for twice yearly progress reports on this topic to the Committee going forward.

Fire safety improvement programme at Newham

An independent report was received in relation to the governance of the fire safety improvement programme at Newham. The Committee noted opportunities to improve project management, governance and costings (while recognising the constrained capital environment).

Risk management

The Committee received a report on the Trust's risk management arrangements and themes of reported high risks. The Committee discussed the further development of the BAF (with a report scheduled for the Trust Board on 7 July 2021 to identify proposed risks to revised 21/22 objectives and some initial proposals around risk tolerance thresholds).

Supplier due diligence and bad debts reports

The Committee reviewed arrangements for contracting and contract management with commercial entities (in the context of the financial challenges facing many companies during the pandemic). A follow up report was commissioned to explore options to standardise arrangements and develop additional controls and safeguards.

Provider licence compliance

The Committee recommended to the Trust Board (which subsequently approved) an annual statement of compliance with relevant provider licence conditions GT4 and 6, with the exception of one subsection. This statement reflected the improved compliance self assessment on financial duties, while recognising some ongoing operational issues with meeting national standards on waiting lists.

Other items

The Committee agreed the counter-fraud workplan for 2021/22, the information governance annual report and data security and protection toolkit submission, a recent report on staff overpayments/underpayments, accounting standard changes, waivers, losses and special payments and a report on the Quality Assurance Committee's recent activity.

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

Endorsement of the annual report and accounts; and provider licence compliance statements (subsequently signed off by the Board on 28 June 2021).

Any issues for escalation to the Board

A 'limited assurance' rated review of cyber security and revised oversight arrangements
To note a planned review of the key controls on bad debts and commercial supplier contract

management arrangements.

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes.
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Action required by the Board
The Trust Board is asked to note the Audit and Risk Committee exception report.

Report to the Trust Board: 7 July 2021	TB 28/21
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Title	Nominations and Remuneration Committee Exception Report
Chair	Ian Peters, Chairman
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees

Date of meeting	The Nominations and Remuneration Committee met on 2 June 2021
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Key areas of discussion arising from items appearing on the agenda	The Nominations and Remuneration Committee held a meeting on 2 June 2021. At this meeting the Committee received reports and verbal updates on: a historic clinical excellence awards appeal and to confirm the nationally agreed process for 2020/21; a review of two recent employment tribunals and current employee relations casework; the appointment of Daniel Waldron to the substantive Director of People post; the process for recruiting a chair-in-common for Barts Health and Barking, Havering and Redbridge University Hospitals NHS Trust; executive succession planning; Fit and Proper Persons arrangements and details of settlements and redundancies.
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Any key actions agreed / decisions taken to be notified to the Board	See above.
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Any issues for escalation to the Board	None.
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Legal implications/ regulatory requirements	n/a
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Action required by the Board	The Trust Board is asked to note this exception report from the Nominations and Remuneration Committee.
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Report to the Trust Board: 7 July 2021	TB 29/21
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Title	Becoming an Outstanding Place to Work: Listening to Our People
Accountable Director	Raj Bhamber, Interim Group People Director
Author(s)	Delvir Mehet, Deputy Group Director of People Aurea Jones, Director of People Strategy Natalie Nettel, Organisational Development Practitioner Geraldine Cunningham, Associate Director Culture Change
Purpose	To update the Board on the implementation plans at Group hospital, GCS and GSS levels, to creating an outstanding place to work, in response to the NHS Staff Survey
Previously considered by	-

<p>Executive Summary</p> <p>Our goal at Barts Health is to be an outstanding place to work, as we believe that by becoming an outstanding place to work, our people will be able to provide the best care for our patients. This means that we strive to be a place where our people feel a sense of belonging and everyone has the opportunity to contribute. To achieve this, we have identified Trust wide priorities as part of operational planning that further this ambition and assist in our response to the feedback from colleagues as detailed in the 2020 NHS Staff Survey. This paper reminds us of our WeBelong aspirations and sets out our ambition to improve staff wellbeing and our priorities for delivery, to embed improvements and to change the culture across Barts Health. These plans have been co-developed across Barts Health with leadership from the Group Executive Board and Hospital CEOs and continual engagement from SPF and Staff Diversity Networks. Our plans for delivery will be supported by a communications and engagement plan, to ensure that the voice of colleagues is included and that the plans and areas of improvement are highlighted.</p>

Related Trust objectives	All
Risk and Assurance	This report provides assurance in relation to all of the Trust objectives.
Related Assurance Framework entries	11. A failure to effectively communicate across a large organisation to lead and embed consistent values behaviours and accountability impacts on delivering workforce goals
Legal implications/regulatory requirements	None

<p>Action required</p> <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the results and comparative reports from the 2020 NHS Staff Survey • Note the development of a broad programme at Hospital, GCS and GSS and Group action plans to identify and deliver improvements for our people

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 7 JULY 2021

BECOMING AN OUTSTANDING PLACE TO WORK: LISTENING TO OUR PEOPLE

INTRODUCTION

1. We will create a truly **inclusive organisation**, without discrimination, based on a **fair and just culture** that helps us meet our ambition to be an **outstanding place to work**.
2. We believe that by becoming an outstanding place to work, our people will be able to provide the best care for our patients, where our people feel a sense of belonging and everyone has the opportunity to contribute and be listened to.
3. This paper sets out how we are responding to the feedback given in the 2020 NHS Staff Survey. The paper provides a summary of the Staff Survey results and a comparative look at the results across our hospitals, GSS and GCS and provides a comparison to the results seen in other London acute trusts.
4. The paper goes on to remind us of our WeBelong aspirations, provides an overview of our People Plan and Inclusion priorities, as set out in the Operating Plan for 2021–2022 and how they are set to respond to feedback received in the Staff Survey. It also provides some examples of programmes to improve the experience of work already underway.

SUMMARY OF STAFF SURVEY RESULTS

5. The results of the Staff Survey from autumn 2020 were published in March 2021 when an update on the Barts Health position was shared with the Trust Board. The summary table shows that in three areas we saw an improvement from the previous year's results. The results relating to team working have deteriorated in 2020 in comparison with 2019. This may be attributable to the pandemic and its potential impact on team work, including remote working and redeployments.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	8.3	7321	8.3	7862	Not significant
Health & wellbeing	5.4	7379	5.7	7896	↑
Immediate managers †	6.6	7378	6.6	7911	Not significant
Morale	5.8	7185	5.8	7783	Not significant
Quality of care	7.5	6862	7.6	7342	↑
Safe environment - Bullying & harassment	7.4	7245	7.6	7640	↑
Safe environment - Violence	9.4	7274	9.3	7869	Not significant
Safety culture	6.7	7287	6.7	7837	Not significant
Staff engagement	7.0	7482	6.9	7995	Not significant
Team working	6.4	7364	6.3	7884	↓

6. The general improvement in results should not be seen as sufficient progress. A deeper analysis shows that the overall results mask variation between the hospital sites within Barts Health. Work has also been undertaken to compare Barts Health to other acute trusts in London, which indicates room for improvement.
7. The table below presents Barts Health Trust scores for each of the ten staff survey themes, in comparison with the London Acute Trust average scores.

	Equality, Diversity & Inclusion	Safety Culture	Health & Wellbeing	Immediate Managers	Quality of Care	Morale	Staff Engagement	Bullying & Harassment	Violence	Team Working
Barts Health NHS Trust	8.3	6.7	5.7	6.6	7.6	5.8	6.9	7.6	9.3	6.3
London Acute Average	8.4	6.7	6	6.7	7.7	6	7	7.7	9.4	6.5
Margin	0.1 below London Acute Average	In line with London Acute Average	0.3 below London Acute Average	0.1 below London Acute Average	0.1 below London Acute Average	0.2 below London Acute Average	0.1 below London Acute Average	0.1 below London Acute Average	0.1 below London Acute Average	0.2 below London Acute Average

In comparison with all London Acute Trusts:

- Barts Health scored in line with the London acute average in one domain – this was safety culture
- While Barts Health does not exceed the London acute average in any domains, it is worth noting that, in part due to improvements in certain themes, the Trust tracks alongside the

average London Acute theme scores (either 0.1 below or within 0.1) in six themes. These are equality, diversity & inclusion, immediate managers, quality of care, staff engagement, bullying & harassment, and violence.

- Barts Health scored 0.2 points below the London acute average in two domains – these are morale and team working. It is notable that London acute trusts, as a group, have seen either significant decreases or no real change in the theme of team work and this may in part be due to the impact of the pandemic as noted above.
 - Health and Wellbeing is the area which scores most below the London acute average (0.3 below), however, this is one of the themes in which the Trust has significantly improved since 2019 and this improvement may reflect our focus on health and wellbeing since the start of the pandemic.
8. The table below sets out the scores for each theme at site level including GCS and GSS and compares against the London acute trust average (green indicates above average scores and purple indicates below average scores).

	Equality, Diversity & Inclusion	Safety Culture	Health & Wellbeing	Immediate Managers	Quality of Care	Morale	Staff Engagement	Bullying & Harassment	Violence	Team Working
Group Clinical Services 1179 responses 57.4% response rate	8.5	6.5	5.7	6.5	7.4	5.6	6.7	8	9.6	6.3
Group Support Services 1083 responses 64.7% response rate	8.7	6.5	6.3	6.9	7.5	6	7	8.5	9.8	6.5
Newham University Hospital 902 responses 48.8% response rate	7.9	6.7	5.3	6.4	7.6	5.7	6.9	7.2	9	6.3
St Barthomew's Hospital 1133 responses 47.7% response rate	8.4	6.9	5.8	6.7	7.6	6.1	7.1	7.7	9.5	6.3
Royal London Hospital 2698 responses 48.8% response rate	8.2	6.9	5.7	6.6	7.7	5.9	7	7.3	9.2	6.5
Whipps Cross Hospital 1146 responses 44.9% response rate	8.1	6.7	5.4	6.4	7.6	5.8	6.8	7.2	9.1	6.2
London Acute Average	8.4	6.7	6	6.7	7.7	6	7	7.7	9.4	6.5

The table shows that:

- GSS exceeds the London average in 8 out of the 10 themes and SBH exceeds the London average in 7 out of the 10 themes.

- NUH, WXH, RLH and GCS are more challenged, in comparison to the London average.
- The table includes the response rate per site, to demonstrate how the varied responses contribute to our overall group level results.
- When we compare Barts Health scores against the 18 acute trusts in London, Barts Health results are consistently among the lowest scores.
- Therefore, we can see we have some good results across the Trust but the variation between sites clearly impacts on the overall scores for Barts Health. Our ambition is to improve all domains and secure greater consistency across the group.
- As a result of this analysis, our aim is to ensure that our 2021 Staff Survey scores are above the London acute trust average.

PRIORITIES FOR ACTION

9. Our Trust wide priorities for action, as set out in the Operating Plan for 2021-2022 Inclusion and People Plan reflect the areas of challenge identified at group, hospital GCS and GSS level, identified in the NHS Staff Survey and will be taken forward across the Trust to improve the experience of our people at Barts Health.
10. The Staff Survey results have been shared with colleagues in hospitals and divisions and across teams in GCS and GSS, all of which have local plans, led by the Hospital CEOs and the Group Director for GCS and GSS, to address the local priorities.
11. Two dedicated task and finish groups have been established in parallel, to oversee the action plans. The groups comprise of a range of key stakeholders and include staffside representation:
 - I. Improving everyday working lives:** A clear theme from the Staff Survey as well as feedback from wellbeing leads and CEOs is that we need to address day to day issues that are raised frequently by our people. Based on these discussions, the initial priority areas that will be focused on are ICT, Payroll and Estates. The cause of these issues will often be complex, and we are utilising the QI methodology to understand the root causes and to ensure we provide sustainable solutions.
 - II. Looking after our people, including the health, wellbeing and experience of colleagues:** Building on our Health and Wellbeing programme and our priorities developed in #WeBelong, a task and finish subgroup of the People Board has been created to ensure that we recognise the individual needs of our people and put in place the right type of personalised support to create a positive experience across the organisation. This group will keep an overview of local plans and our group programmes, to ensure a coordinated response to feedback from our colleagues.

12. The grid below sets out the group-wide improvement programmes and the Staff Survey domains that our actions will influence.

Trust Improvement Programme	Key Priorities	Staff Survey Domain/s
<p>WeBelong</p> <ul style="list-style-type: none"> To create a culturally intelligent, inclusive leadership community To deliver a fair and just culture which enables delivery of our WeCare values 	<p>* Every colleague who is part of a group under-represented in senior leadership (8a+) will have access to career advice through an established talent management approach by March 2022.</p> <p>* We will grow our ethnic minority workforce in bands 8a+ by 3% every year, to ensure that diversity is reflective in all levels of senior leadership.</p> <p>* By March 2022, in line with our New Era approach, all disciplinary cases will utilise a 'pause and reflect' period and look to achieve a mutually agreed resolution whether the case is formal or informal.</p>	<p>Equality, Diversity & Inclusion</p> <p>Safe environment - Bullying and Harassment</p>
<p>Leadership Development</p>	<p>* By August 2021, we will develop a 'WeLead' curriculum, which will provide integrated and systematic leadership development, including cultural intelligence, QI and people management programmes, across the organisation.</p> <p>* We will conduct 90% of appraisal/ well-being conversations by September 2021. The WeLead curriculum will be available to leaders and potential leaders as part of their personal development.</p>	<p>Immediate Managers</p> <p>Team working</p>
<p>Health & Wellbeing</p>	<p>* Delivery of the Barts Charity funded Estates health and wellbeing projects.</p> <p>* Supporting our Team Leaders – to be explicit about what is expected and support them to have the skills and time to do their team leader roles well.</p> <p>* Ensure we support our team leaders to have wellbeing conversations with team members and have the support they need to follow up concerns.</p> <p>* Agree a sustainable health and wellbeing infrastructure on each site.</p>	<p>Health & Wellbeing</p> <p>Morale</p> <p>Staff Engagement</p>

	* Complete the co-design of the health and wellbeing strategy, to ensure a sustainable approach going forward.	
Violence	* Delivery of the key projects as agreed by the Violence & Aggression Collaborative including: <ul style="list-style-type: none"> – Safety intervention training – Perfect ward targeted audits – Support for local QI initiatives 	Safe environment - Violence
Quality Objectives 2021-2022 <ul style="list-style-type: none"> – Patient Safety – Patient experience – People experience 	* Quality improvement projects focused on patient engagement and the deteriorating patient * Engaging with colleagues and involving them in decisions related to their work life and the care that they provide.	Safety Culture Quality of Care

EXAMPLES OF PROGRAMMES OF WORK TO IMPROVE THE EXPERIENCE OF WORK

13. There are many examples of good practice and innovative programmes of work in response to our focus on wellbeing and improving working lives in place across Barts Health. Just a few examples of these are given here:

a) Supporting our Team Leaders – to be explicit about what is expected and support them to have the skills and time to do their team leader role well (Whipps Cross Hospital)

The wellbeing prescribers have been a great success, they help to proactively translate the wellbeing offer and support team leaders to prepare to hold wellbeing conversations well. They are encouraging attendance at the team leader webinars and take up coaching offers and team coaching.

“Thank you so much for all your support with our reflect and refresh session. It really meant a great deal to me personally as you took the time to help when you didn't have to; I really appreciated your kindness.”

b) Ensure we support our team leaders to have wellbeing conversations with team members and have the support they need to follow up concerns (Royal London Hospital)

The Theatre Wellbeing Project run by theatre staff has set up daily wellbeing sessions to enable all members of the team to take time out of their day to recharge and reset. The sessions take place every morning for half an hour, before theatres start, with a Psychologist who provides a variety of mindfulness, meditation and relaxation sessions. Personal one-to-one sessions are also available on request for those that need them, alongside breakout sessions where staff can share stories, or engage in a morning yoga session to start the day. These sessions aim to provide a safe space for staff to unwind, learn skills to deal with stress, and reflect on their experience.

"I have worked here for 22 years - this is the first time that something has been done for us, the staff, just for ourselves, and it makes such a huge difference to me."

c) Co-design of the health and wellbeing strategy to ensure a sustainable approach going forward (St Bartholomew's Hospital)

Barts Health has been testing the Workforce Stress and Supportive Organisation model developed by the National Work Skills Development Unit hosted by the Tavistock. The model moves us away from individual resilience to building system wide resilience. We are now further testing the model with a group of 30 team leaders at St Barts. The focus of the framework is on taking the time and making the space to carefully consider the elements of the organisational experience that can impact on staff psychological wellbeing.

Early feedback tells us that the sessions are useful to the leaders attending. The framework provides a simple, easy to understand perspective on wellbeing. Leaders can see how some pillars are more within their influence (psychological safety, leadership) than others (structures & processes).

d) Health and Wellbeing (Newham Hospital)

Working in partnership with the School of Health Sport & Bioscience University of East London, sports therapy degree students have been providing soft tissue massages twice a week. To date, over 300 colleagues have used the service, with over 99% satisfaction reported.

"I had an amazing experience. The massage was perfectly tailored to my needs and I was given great advice to prevent further problems. Thanks so much"

e) Ensure we support our team leaders to have wellbeing conversations with their teams (Group Clinical Support Services)

The Pharmacy team, working together have implemented a number of initiatives that include:

- Team and 1:1 coaching

"I had four sessions which was great. It helped with focusing and prioritising next steps as we came out of the first surge."

- Emotional doffing / donning (daily huddles am/pm to discuss the good and bad during the shift)

"I have found it really helpful. It is an opportunity to let go of the challenges of the day. I think it has helped everybody, because we had patients with complex needs and there were some difficult conversations which take their toll."

- Vaccine hesitancy - the team ran sessions to discuss vaccination, provide support and tell stories

"One colleague, who has never had the flu vaccine, received the Covid vaccine after one of these sessions and became a support, helping to encourage many other people."

f) A sustainable health and wellbeing infrastructure at each site (Group Support Services)

The opening of the Canary Wharf offices is having a very positive impact on staff experience. The offices' infrastructure was designed with health and wellbeing in mind, creating a good work environment that promotes team working and collaboration.

“Lovely place to work and I look forward to going in. The offices are beautifully designed, clean, bright and quite inspiring.”

**g) Improving Every Day Working Lives – delivery of the Barts Charity funded Estates health and wellbeing projects across all hospitals
Psychological Support Service**

The Barts Charity funded Psychology team is making a very positive impact on supporting colleagues. Their work has included:

- Working with 60+ groups on a variety of topics, including reflecting on their experience and escalating themes, supporting wellbeing workshops and providing a compassionate space
- Supporting 150+ people to explore issues such as low mood, anxiety, sleep disturbance, fear of the future, impact of trauma and exhaustion
- Meeting with 50+ managers, team leaders and wellbeing leads, to support one-to-one planning around need

“I really appreciated the speed with which I received a response after contacting the service. I felt very safe to discuss the things that had been bothering me, which was important to me as that is not something I do.”

Health and Wellbeing Hubs

13. All sites continue to have temporary health and wellbeing hubs, whilst permanent hubs are developed on all of our five hospital sites by autumn 2021. Canary Wharf had a health and wellbeing space identified from opening.

Staff on-call rooms, changing facilities and rest rooms

14. Fourteen staff on-call rooms at the Royal London Hospital and eight rooms at Newham have been updated, with new lockers also available.
15. At Whipps Cross Hospital, the work to upgrade changing facilities has been completed and the upgrade of 16 on-call rooms is due for completion imminently.
16. 150 rest rooms across our hospitals are receiving a face-lift and updated furniture and white goods such as fridges and water dispensers have been delivered.

COMMUNICATION AND ENGAGEMENT

17. To ensure a continued dialogue with all of our people, a communication plan has been developed to support the aims of our programmes at Group, hospital GCS and GSS levels. The objectives of the communications and engagement plan are:

- To raise awareness of our ambition to create a fair and just culture, in line with #WeBelong
- To promote examples of good practice, to celebrate success and inspire others to create an outstanding place to work in their own teams
- To highlight local action plans as they emerge, to show impact and to reassure our people that their experience at work is important

18. Local leaders will take responsibility for ensuring that the voice of our people is heard, with site teams supporting team leaders to facilitate change locally. This will ensure that we highlight case studies and examples of good practice to inspire and guide each other.

MEASURING PROGRESS

19. The risks to the delivery of the priority actions described, not least our capacity to deliver whilst managing a potential for a third COVID wave and the demands of elective recovery, are being considered with corresponding mitigations at Group, Hospital GCS and GSS level to maximise the plan for delivery.
20. Delivery of our action plans in response to the NHS Staff Survey will progress through the 'Looking after our people, including the health, wellbeing and experience of colleagues' task and finish group. Progress will be communicated to our people through People Directors, Hospital Executive Boards and communication teams. There will also be a focus on the programme through the leadership forum webinars.
21. The Operating Plan - Inclusion and People Plan provides details of the metrics that will be measured to monitor progress against our priorities with the Group Executive Board providing oversight of delivery against the Operating Plan and Trust priorities.

CONCLUSION

22. The NHS Staff Survey 2020 was carried out in an extraordinary year. The pandemic has ensured that we are focussed on inclusion and the wellbeing of all colleagues in a way that we haven't collectively before.
23. The feedback from colleagues given in the Staff Survey has influenced our priorities at Group, hospital GCS, GSS and team levels as we continue to pursue our ambition to be an outstanding place to work.

Report to the Trust Board: 7 July 2021	TB 30/21
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Title	Board Assurance Framework
Sponsoring Director	Group Director of Corporate Development
Author(s)	Trust Secretary
Purpose	To seek approval of the revised BAF
Previously considered by	Group Executive Board, Risk Management Board 29 June 2021

Executive summary

The Board Assurance Framework (BAF) provides an overview of principal risks to the delivery of the Trust's objectives. The BAF was substantially revised during the second half of 2020/21 to reflect significant pandemic-related risks and in response to the operational plan for this period. Anticipating some delays in receiving the national guidance and development of the Operational Plan for 2021/22, the Trust Board agreed at its meeting on 3 March 2021 that the 2020/21 Quarter 4 BAF appropriately highlighted the key pandemic-related risks heading into Quarter 1 of 2021/22. The Operational Plan for 2021/22 (also being presented at the 7 July Trust Board meeting) confirms that there is significant continuity in terms of the Trust's objectives for 2021/22. To minimise delays, the proposed principal risks have been discussed with lead executives in parallel with development of the Operational Plan; a mapping exercise was conducted to assess BAF coverage of the key risks to the new objectives. This paper sets out proposed changes to BAF risks arising from this exercise; following approval the supporting detail on controls and assurances will be further refined and reflected in the September Audit and Risk Committee papers and Q2/3 BAF submission to the Trust Board. Following approval of the principal risks, the lead assurance committees will schedule BAF risk deep dive reports into their workplans. As previously highlighted, the BAF incorporates a risk appetite / risk tolerance dimension. It has been agreed to schedule some seminar time to agree accompanying risk tolerance thresholds (which would support effective escalation). Some initial recommendations arising from discussions with lead directors regarding potential risk tolerance triggers and thresholds are noted ahead of review at a forthcoming seminar.

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

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

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 7 JULY 2021****BOARD ASSURANCE FRAMEWORK REPORT****BOARD ASSURANCE FRAMEWORK**

1. The Trust Board receives the Board Assurance Framework (BAF) three times per year in order to discuss and agree the principal risks to the delivery of the Trust's strategic objectives. This follows a review process involving the executive Risk Management Board and lead directors. The terms of reference for the Board's principal assurance and lead committees (the Quality Assurance Committee, Finance and Investment Committee and Audit and Risk Committee) establish that the respective Committees will receive and review at each meeting a report specifically related to a BAF entry topic or a summary of all the BAF entries allocated to them (to assess whether their respective agendas sufficiently address key risks). The BAF is used to inform the development of annual work plans for these committees and their role in commissioning assurances on key controls.
2. The BAF is designed to identify the principal risks to the delivery of the Trust's objectives. The Trust's objectives for 2021/22 are being presented for approval by the Trust Board in parallel with the BAF (as part of the operational plan); following final approval of the objectives and principal risks a further refinement of the BAF (in terms of supporting detail on controls and assurances) will follow. As in Q4 of 2021/22, the BAF contains a greater focus on pandemic-related plans; equalities and inclusion goals and imperatives; implementation of key strategic plans; and the emerging financial framework (for the second half of 2021/22).
3. The BAF is reviewed annually by Internal Audit to assure on its development and effectiveness and was assigned 'substantial assurance' in relation to its design and use during 2021/22 – this rating also applied to the Trust's Covid-19 specific risk management arrangements beyond the scope of the BAF.

RISK APPETITE

4. Risk appetite reflects the extent to which the organisation will tolerate, accept or embrace risks – both in terms of outcomes materialising and activities undertaken – to achieve its objectives; recognizing explicitly that this will differ according to the objective/activity involved.

Fig.1 – Risk appetite scale

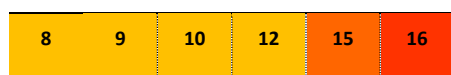
Avoid No risk	Averse (risk scores 1-3)	Cautious (risk scores 4-6)	Moderate (risk scores 8-12)	Open (risk scores 15+)
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5. The position on the scale (Fig.1) is considered for each Trust objective and enabler. For example:
- An 'averse' (low) risk appetite can reflect a) a requirement or decision to adopt a cautious, conservative approach to addressing objectives and accompanying risks and/or b) minimal tolerance of adverse outcomes.
 - An 'open' (higher) risk appetite may indicate that a) the approach being taken in relation to delivering an objective involves a more innovative or high risk/high reward approach either inherent in the nature of the activity (e.g. R&D); or because a more radical approach is felt to be required to unlock an intransigent issue – and/or b) reflect a recognition of higher tolerance of an adverse outcome.
6. Risk appetite sets out the context in which a given risk sits. A lower risk appetite is neither 'better' or 'worse' than a higher risk appetite. To illustrate:
- the Trust's risk appetite in relation to financial objectives is 'averse' – neither adverse outcomes or innovative approaches to achieving targets are tolerated or sought;
 - the appetite in relation to quality objectives is 'cautious' recognizing that some fairly significant inherent risk in hospital care pathways and acceptance of the need for some innovation to achieve objectives;
 - the appetite in relation to research and development is 'moderate' reflecting the need to embrace innovation and some risk in order to achieve objectives.

BAF Format

7. The format of the BAF heatmap incorporates a risk appetite dimension as shown in Fig.2 below.

Fig.2 BAF heatmap entry example



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

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

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

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

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

BAF RISK AMENDMENTS

8. Recognising similarities between the new 2021/22 objectives and those for the prior year, a mapping exercise was conducted to assure that last year's BAF entries when rolled forward provided sufficient coverage of the key risks to the new objectives (or whether new/amended entries were required). This paper sets out proposed changes to BAF risks arising from this exercise. Following approval the supporting detail on controls and assurances will be further refined to include in the September Audit and Risk Committee risk report and Q2/3 BAF submission to the Trust Board.
9. Following review meetings with lead directors and informed by the mapping exercise referenced above, the BAF has been updated to add two new proposed entries; to reword existing BAF risks and revisit risk scores; review allocation of risks to lead directors and principal board committees; and to identify some initial proposals for risk appetite triggers/thresholds for escalation.
10. The initial proposals for inclusion as risk tolerance triggers/thresholds reflect a recognition that the distance from risk appetite or tolerance will be a factor in determining escalation – but also that other bespoke triggers should be identified.

11. This BAF version builds on the 2020/21 Q4 BAF with key changes outlined below (risk scoring is assessed based on a 1-5 consequence multiplied by 1-5 likelihood - i.e. a 5x5 rating) :

- 3. 'Failure to implement infection control compliant plans (capturing learning from the pandemic peak and a Quality Improvement approach) impacts on quality of care, staff safety and community'. **Risk score reduced from 5x3=15 to 5x2=10 reflecting increased assurance on zoning and IPC precautions.**
- 4. 'Failure to address CQC, London Fire Brigade and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff'. **Risk score increased from 4x3=15 to 4x4=16 reflecting increased levels of fire safety work scheduled to complete during 21/22 and changes to CQC focus.**
- 6. 'Failure to restore non elective care to restated capacity requirements (through transforming urgent and emergency care pathways, critical care expansion and managing winter pressures) at a pace consistent with staff recovery impacts on quality of care'. **Risk score reduced from 4x4=16 to 3x4=12 reflecting increased assurance on zoning and IPC precautions (with lower risk on emergency relative to non-elective capacity issues).**
- 7. **[NEW]** 'Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision'. [CN] [QAC] Risk score 4x3=12.
- 8. 'Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care'. **Risk score reduced from 4x4=16 to 3x3=9 reflecting progress on business case and affordability development.**
- 9. 'Failure to progress strategic plans, networks and partnerships for surgery pathology and medicine impacts on the Trust's pandemic response and developing centres of excellence' **wording amended to: 9. 'Failure to sufficiently progress on six identified clinical transformation workstreams (medicine, elective, pathways, safety, GCS and urgent care) impacts on delivering recovery plans and funding'.**
- 11. 'Capital funding constraints impairs the provision of safe, digitally-enabled clinical environments impacting on quality and safety' **wording amended to: 11. 'Failure to develop cyber secure information systems due to resourcing and lead time limitations impacts on quality and safety of services'.**
- 12. 'Capital funding constraints impairs investment in infrastructure and equipment impacting on quality and safety' **wording amended to: 12.**

‘Failure to sufficiently improve infrastructure and equipment due to resourcing and lead time limitations impacts on quality and safety of services’.

- **14. [NEW]** ‘Failure to implement leadership development at all levels of the Trust and secure responsiveness to governance developments impairs the organisation’s capacity and capability to deliver the evolution of the group and new models of collaborative sector-wide care provision’ [DCD, DP] [ARC].
12. A heatmap is appended summarising the BAF entries, corresponding risk appetite and changes to risk scores.
13. Figure 3 below indicates some initial proposals for risk tolerance triggers and thresholds based on discussion. It is intended that these criteria will help to determine the level of Board or Board Committee scrutiny of each entry. The distance between actual risk score and risk appetite will be one factor to consider; other bespoke triggers will be developed and discussed at a forthcoming Board seminar.

Fig. 3 Risk tolerance triggers – initial recommendations

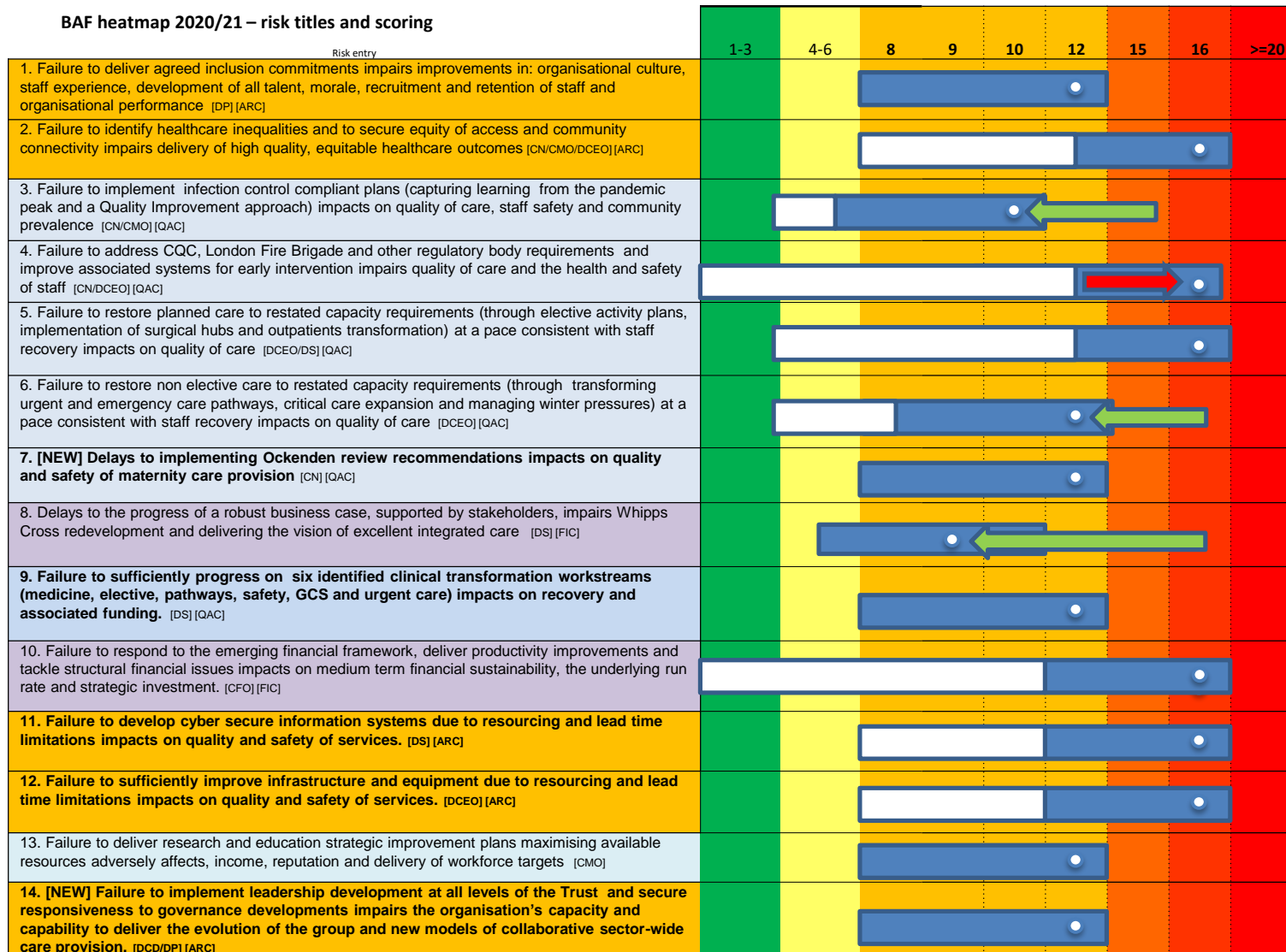
Risk description – BAF entry	Proposed risk tolerance triggers
1. Failure to deliver agreed inclusion commitments impairs improvements in: organisational culture, staff experience, development of all talent, morale, recruitment and retention of staff and organisational performance	a. Risk score increases to exceed risk appetite b. Adverse variance (threshold to be confirmed) against published board commitments/milestones.
2. Failure to identify healthcare inequalities and to secure equity of access and community connectivity impairs delivery of high quality, equitable healthcare outcomes	a. Risk score not mitigated to within risk appetite in-year b. Adverse variance (threshold to be confirmed) against identified Covid-19 population health metrics.
3. Failure to implement infection control compliant plans (capturing learning from the pandemic peak and a Quality Improvement approach) impacts on quality of care, staff safety and community prevalence	a. Risk score not mitigated to within risk appetite in-year b. Adverse variance (threshold to be confirmed) against nosocomial infection rates.
4. Failure to address CQC, London Fire Brigade and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff	a. Risk score not mitigated to within risk appetite in-year b. Receipt of any regulatory notices; or internal audit/external assurances indicating reasonable or insufficient assurance rating.
5. Failure to restore planned care to restated	a. Risk score not mitigated to within risk

capacity requirements (through elective activity plans, implementation of surgical hubs and outpatients transformation) at a pace consistent with staff recovery impacts on quality of care	<p>appetite in-year</p> <p>b. Adverse variance (threshold to be confirmed) against specialty trajectories.</p>
6. Failure to restore non elective care to restated capacity requirements (through transforming urgent and emergency care pathways, critical care expansion and managing winter pressures) at a pace consistent with staff recovery impacts on quality of care	<p>a. Risk score not mitigated to within risk appetite in-year</p> <p>b. ED 4 hr waits / ambulance queuing metrics</p> <p>c. Critical care surge / national incident status [or internal pressure status]</p>
7. [NEW] Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision.	<p>a. Risk score increases to exceed risk appetite</p> <p>b. Adverse variance (threshold to be confirmed) against timelines for recommendation implementation.</p>
8. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care	<p>a. Risk score increases to exceed risk appetite</p> <p>b. Notification of central approvals delay.</p>
9. Failure to sufficiently progress on six identified clinical transformation workstreams (medicine, elective, pathways, safety, GCS and urgent care) impacts on delivering recovery plans and funding.	<p>a. Risk score increases to exceed risk appetite</p> <p>b. Adverse variance (threshold to be confirmed) against timelines for workstream milestone completion.</p>
10. Failure to respond to the emerging financial framework, deliver productivity improvements and tackle structural financial issues impacts on medium term financial sustainability, the underlying run rate and strategic investment.	<p>a. Risk score not mitigated to within risk appetite in-year</p> <p>b. Adverse change to Single Oversight Framework segment status</p> <p>c. Adverse variance (threshold to be confirmed) against financial plan.</p>
11. Failure to develop cyber secure information systems due to resourcing and lead time limitations impacts on quality and safety of services.	<p>a. Risk score not mitigated to within risk appetite in-year.</p> <p>b. Adverse variance (threshold to be confirmed) against ICT metrics on downtime/breaches/implementation targets.</p>
12. Failure to sufficiently improve infrastructure and equipment due to resourcing and lead time limitations impacts on quality and safety of services.	<p>a. Risk score not mitigated to within risk appetite in-year.</p> <p>b. Receipt of any regulatory notices; or internal audit/external assurances indicating reasonable or insufficient assurance rating</p>
13. Failure to deliver research and education strategic improvement plans maximising available resources adversely affects, income, reputation and delivery of workforce targets	<p>a. Risk score increases to exceed risk appetite</p> <p>b. Delivery of scheduled assurance reporting.</p>

14. [NEW] Failure to implement leadership development at all levels of the Trust and secure responsiveness to governance developments impairs the organisation's capacity and capability to deliver the evolution of the group and new models of collaborative sector-wide care provision	<ul style="list-style-type: none"> a. Risk score increases to exceed risk appetite b. Delays to roll out of leadership development programme c. Senior staff turnover rates
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RECOMMENDATION

13. The Trust Board is asked to note and endorse the proposed Board Assurance Framework entries, including changes to risk scores and wording as highlighted in this paper; and note initial proposals for risk appetite triggers/thresholds for further Board discussion at a seminar.



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

Report to the Trust Board: 7 July 2021	TB 31/21
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Title	Whipps Cross Redevelopment
Accountable Director	Ralph Coulbeck, Group Director of Strategy
Author(s)	Alastair Finney, Redevelopment Director, Whipps Cross
Purpose	To provide an update on the progress of the Whipps Cross redevelopment programme
Previously considered by	Group Executive Board

Executive summary

In May 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, with particular reference to; the development of the Outline Business Case (OBC) and longer term programme plan assumptions in the context of our engagement and collaboration with the New Hospitals Programme (NHP), two major milestones reached with the commencement of demolition of the disused buildings on the site of the former nurses accommodation and the submission of our planning applications as well as our ongoing, extensive, communications and engagement work. This paper provides a brief update on the programme, including: the work to finalise the OBC working alongside the NHP, key ongoing programme delivery activities – including the demolition work to prepare the ground for a new hospital - and the continuation of our communications and engagement work.

Related Trust objectives

3. To make progress on our longer term strategic priorities

Risk and Assurance	Assurance in relation to below BAF risk
Related Assurance Framework entries	7. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care [DS]
Legal implications/ regulatory requirements	No new implications to report

Action required by the Board

The Trust Board is asked to note:

- the close working with the NHP to finalise the OBC over the coming period and our position as a ‘pathfinder’ in that programme which we anticipate will enable us to maintain our expected new hospital completion date of Autumn 2026;
- key ongoing programme delivery activities – including the demolition work to prepare the ground for a new hospital;
- the continuation of our communications and engagement work with staff and communities.

BARTS HEALTH NHS TRUST**REPORT TO TRUST BOARD: 7 JULY 2021****WHIPPS CROSS REDEVELOPMENT PROGRAMME****INTRODUCTION**

1. In May 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, with particular reference to; the development of the Outline Business Case (OBC) and longer term programme plan assumptions in the context of our engagement and collaboration with the New Hospitals Programme (NHP), two major milestones reached with the commencement of demolition of the disused buildings on the site of the former nurses accommodation and the submission of our planning applications as well as our ongoing, extensive, communications and engagement work.
2. This paper provides a brief update on the programme, including: the work to finalise the OBC working alongside the NHP, key ongoing programme delivery activities – including the demolition work to prepare the ground for a new hospital and the continuation of our communications and engagement work.

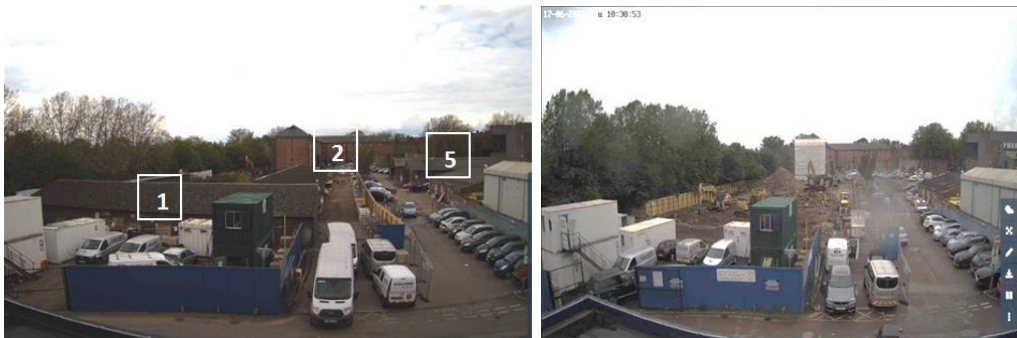
OUTLINE BUSINESS CASE (OBC) AND THE NEW HOSPITAL PROGRAMME

3. Our last report to the board explained that as one of 40 hospital development schemes in the Government's New Hospitals Programme (NHP), we are working closely with national colleagues as we finalise our OBC. The NHP team is bringing a programmatic approach to delivery with a particular focus on the delivery of key national priorities such as net zero carbon, digital transformation, repeatable design and Modern Methods of Construction.
4. The Whipps Cross scheme is firmly established as one of 8 'pathfinders' within the NHP and, as one of the more advanced Trusts within that group, we are both participating in and supporting the NHP's work to achieve greater standardisation of design across schemes. This will support a centrally led commercial strategy aimed at ensuring market readiness for a pipeline of schemes, increasing the pace of delivery and reducing cost and risk. Over the coming period we will continue to collaborate with the NHP and other schemes and following the conclusion of that work, expect to be able to complete and submit our OBC to Government for approval later this year.

5. Although that will mean an OBC submission later than originally planned, we continue to anticipate that the benefits of being part of the national programme mean it remains feasible to maintain our expected new hospital completion date of Autumn 2026. This will of course be subject to business case and planning approvals and of confirmation, in due course, of our individual scheme timelines with the NHP as part of their overall approach to phasing of the schemes within the programme.

ONGOING PROGRAMME DELIVERY

6. Over and above our work with the NHP on the OBC we continue to undertake a range of key tasks and activities to maintain momentum on the programme.
7. The **demolition of the disused buildings on the site of the former nurses accommodation** is well underway. The 'phase 1' building – adjacent to Peterborough Road - has been demolished with new surface car parking to be laid in its place. Preparation for the demolition of the phase 2 building (the former nurses accommodation) is well underway and phase 5 has been partially brought forward with two buildings also demolished to slab level.



8. The first part of a **clinically-led review for the future model for specialist palliative and end-of-life care** in the new Whipps Cross Hospital is soon to conclude. The review is looking at the models of care both in the hospital and in the community and as such is being taken forward by working groups led by the hospital and by North East London CCG respectively. These have been designed to ensure that both clinical staff and service user input is gathered in shaping the review.
9. The key output of this work will be a clear and compelling vision for how palliative and end-of-life care will continue to be transformed to benefit patients across the Whipps Cross Hospital catchment area. The second part of the review, following on from that, will be to assess the options for the configuration of specialist services in the new hospital, as the redevelopment plans are taken forward in greater detail. In

the meantime we continue to discuss the progress of the work with patient representatives and local interest groups.

10. We continue to work with our partners in North East London Health and Care Partnership **on the planning and delivery of both in-hospital and out of hospital transformation** required over the coming years, supported by a new Clinical and Professional Advisory Group (CPAG) bringing together clinical and professional leaders from across our health and care system to support the development of closer integration, to improve services sustainably to meet the priority needs of local people.
11. We're also developing key 'enabling' plans that will help drive service transformation, including a digital strategy aligned to the overall Trust-wide Informatics strategy and linking with system partners to develop plans for workforce transformation.
12. Meanwhile the Local Planning Authority have been undertaking a statutory consultation on our two **outline planning applications** - for the hospital and the car park and for the wider redevelopment of the site. We anticipate planning determination in the autumn.

COMMUNICATIONS AND ENGAGEMENT

13. We continue to communicate and engage with our staff and communities on the redevelopment, including:
 - a **virtual celebration event in May**, hosted by Zebina Ratansi, Director of Nursing at Whipps Cross attended by many former and current nurses at Whipps Cross to share memories of the old nurses accommodation and look forward to the prospect of a new hospital
 - meeting with our **Whipps Cross Community Forum** in May with a further meeting planned for July – this has now grown to 10 community members who are in leadership positions with a specialism in community development and engagement, working in organisations with an interest in health and wellbeing and community cohesion
 - attending the **Outer North East London Joint Health Overview and Scrutiny Committee** on 15th June to discuss the latest with the redevelopment, including the clinically-led review for the future model for specialist palliative and end-of-life care

- **writing to our closest neighbours** in June – to over 2,500 residences – to keep them informed with the latest on the demolition works as well as sending out weekly emails to those on our electronic mailing list.

14. The Board is asked to note:

- the close working with the NHP to finalise the OBC over the coming period and our position as a ‘pathfinder’ in that programme which we anticipate will enable us to maintain our expected new hospital completion date of Autumn 2026
- key ongoing programme delivery activities – including the demolition work to prepare the ground for a new hospital
- the continuation of our communications and engagement work with staff and communities

Report to the Trust Board: 7 July 2021	TB 32/21
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Title	Quality Accounts progress update
Accountable Director	Director of Quality Governance
Author(s)	Corporate Communications Manager
Purpose	To report to the Trust Board on progress of the Quality Accounts following submission deadline change from DHSC.
Previously considered by	GEB, QAC 16 June 2021

<p>Executive summary</p> <p>The Trust Board is asked to note a reduced timeline for producing the 2020/21 Quality Accounts and approve a document that meets the minimum statutory reporting requirements, deferring non-mandatory reporting to the 2021/22 Quality Accounts.</p>

<p>Related Trust objectives</p> <p>Accountable value and provider of excellent patient safety – reporting in the 2020/21 Quality Accounts details our trust progress on patient safety incidents and complaints.</p>

Risk and Assurance	TBC
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Legal implications/ regulatory requirements	<p>The Department of Health and Social Care (DHSC) requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS website by June 30 each year. The requirement is set out in the Health Act 2009.</p> <p>Amendments were made in 2012, such as the inclusion of quality indicators according to the Health and Social Care Act 2012. The DHSC has confirmed that the deadline to publish 2020/21 Quality Accounts remained Wednesday 30 June 2021. DHSC advice is where trusts could not meet the 30 June date, they "should endeavour to do so as quickly as possible thereafter".</p>
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<p>Action required</p> <p>The Trust Board is asked to note that reporting on non-statutory performance objectives in the 2020/21 Quality Accounts have been deferred to the 2021/22 Quality Accounts report due to the Covid-19 pandemic, and approve the revised timeline and production schedule for the 2020/21 Quality Accounts.</p>

BARTS HEALTH NHS TRUST

REPORT TO TRUST BOARD 7 JULY 2021

QUALITY ACCOUNTS PROGRESS UPDATE

INTRODUCTION

1. On 26 Jan 2021, NHSE advised trusts that the DHSC was reviewing whether Regulations should be amended to extend the 30 June deadline for 2020/21 Quality Accounts. This was after the deadline was removed for the 2019/20 Quality Accounts due to Covid-19. Barts Health published its 2019/20 Quality Accounts in December 2020.
2. On 14 April, 2021, DHSC advised that the 30 June deadline would be removed. However, on 29 April, NHSE shared advice that DHSC would not be removing the 30 June deadline.
3. NHS Providers have raised concerns with the DHSC that – given the short notice and in the context of other pressing priorities – trusts could struggle to meet the 30 June date. The response from the DHSC was that where trusts cannot meet the 30 June date, they "should endeavour to do so as quickly as possible thereafter".
4. This allows for our trust group executive board to approve a production timeline for a Quality Account that presents only the statutory required information, as close as possible to the 30 June deadline.

QUALITY ACCOUNTS REQUIREMENTS AND STATUS

5. The previous December 2020 deadline for the 2019/20 Quality Accounts allowed for a detailed document reflecting the breadth of activity at our trust – including hospital-specific narratives and infrastructure improvement narratives. This detail will not be able to be included in the 2020/21 Quality Accounts due to the reduced timeline.
6. At a minimum, the 2020/21 Quality Accounts require statutory segments including a chief executive statement, reporting on quality objectives outcomes from the previous year, quality assurance statements, and reporting on mandated indicators.
7. DHSC has allowed that, given the exceptional challenges of 2020/21, trusts can note where reduced or altered activities and services took place, and share plans to reinstate them.

8. In place of a duplicated and separate stream of work, the 2020/21 Quality Accounts will incorporate required statutory elements of the annual accounts, reduced reporting on non-statutory elements and draw its narrative from recent publications such as *A winter like no other*.
9. The working draft for the 2020/21 Quality Accounts is attached in **Appendix 1**, with the stakeholder statements attached in **Appendix 2**.
10. Note that the current presentational design for the document will be finalised following trust board approval of the revised timeline and production schedule.

CONSULTATION

11. Due to the strict timeline, the 2020/21 Quality Accounts was produced with a shorter stakeholder consultation period.
12. Healthwatch representatives agreed to a reduced consultation period at the Quarterly meeting between Healthwatch and Barts Health on Wednesday 19 May 2021.
13. Healthwatch and CCG representatives provided their feedback in June 2021.

TIMELINE AND NEXT STEPS

A draft incorporating stakeholder feedback was shared with the 16 June Quality Assurance Committee meeting.

14. A final version of the 2020/21 Quality Accounts was sent to design following the 16 June Quality Assurance Committee meeting.
15. Shortly after the 7 July trust board meeting, the 2020/21 Quality Accounts design will be finalised, published online and sent to NHSE.

RECOMMENDATION

16. The Trust Board is asked to:
 - Note that reporting on non-statutory performance objectives in the 2020/21 Quality Accounts have been deferred to the 2021/22 Quality Accounts report due to the Covid-19 pandemic.
 - Approve the revised timeline and production schedule for 2020/21 Quality Accounts.

Matthew Incerti
Corporate Communications Manager
2 July 2021

Quality Accounts

Annual review
2020/21

Design Cover



Group CEO forward

2020/21 represented a year dominated by the coronavirus Covid-19 pandemic. This previously unknown disease took lives and had far reaching effects across the world. The impact on the NHS has been profound and is likely to continue for some time, as the process of safely restoring services progresses.

During the year the trust dealt with more than 12,000 coronavirus cases. Many thousands of patients have now recovered from Covid-19 thanks to the skill and compassion of our hospital staff. Our hospitals have transformed in adapting to the new clinical circumstances and our staff have responded with patience, professionalism and pride in their work.

Evidence of trust staff exemplifying the organisation's WeCare values has been provided by widespread recognition in local communities, the media and in national honours. The Trust has among the most diverse catchment populations in the country. Covid-19 also shone a spotlight on health inequalities through its disproportionate impact on BAME communities.

The first wave of the pandemic between March and May 2020 provided a shock to healthcare systems in the UK and worldwide. The second wave of the pandemic during the winter of 2020/21 lasted longer than the first, and its peak was higher for a longer period. This was particularly true of the experience in north east London, with our hospitals treating more than double the number of Covid-19 patients than in the first wave.

While we plan for potential further pandemic peaks in the winter ahead, we take confidence from what we've already achieved. Our leadership enabled us to take on the running of the temporary hospital at NHS Nightingale London, to deliver critical care training to hundreds of staff, and to double our own numbers of intensive care beds.

This included fitting out two floors of The Royal London that were previously empty to create six permanent new wards and embracing innovative approaches such as the creation of the North East London Critical Care transport and retrieval service (NECCTAR).

In 2020/21 we streamlined our approach to focus on three strategic objectives directly linked to pandemic priorities: to create an inclusive organisation by taking a systematic trust-wide approach to eliminating discrimination and racial inequality; to restart and transform clinical services to provide equitable access, high quality outcomes and a focus on population health; and to make progress on our longer term strategic priorities. This report, in conjunction with the annual report, confirms the progress made against these objectives.

Against the backdrop of such severe challenges, the trust worked more closely than ever before with our partners across North East London on implementing the principles of the NHS long-term plan to create a more seamless and integrated healthcare system for the future. As the pandemic stretched clinical teams to face new challenges, innovative approaches were embraced and have since been retained in plans

for new patient pathways and the roles of multiple agencies, guided by principles of supporting care closer to home where possible while concentrating excellence in hubs that will deliver improved outcomes.

This integrated approach will be ever more important as the Trust restores its elective services and minimises long waiting times. The Trust also took on the management of the Nightingale Hospital based at the ExCel Centre, initially serving as a critical care facility for the Covid peak and subsequently as a vaccination hub, providing much needed support for East London's population. Barts Health has played a key role in the widely-celebrated success of the coronavirus vaccination programme, with a key role in hosting research trials, delivering 1,620 vaccinations in hospital hubs, and a further 51,683 at the ExCel.

Despite the pandemic, progress continued on some key strategic developments, including the establishment of a pathology network (in partnership with Homerton University Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust); visible progress being made on the redevelopment of Whipps Cross University Hospital, accompanied by significant engagement with stakeholders and the local community on its design and planning; major investment in refurbishment and fire safety improvement works at Newham Hospital; and further progress towards realising the Whitechapel lifesciences vision.

Barts Health can, therefore, look back on 2020/21 with some pride in its achievements but also embrace the great potential of the year ahead, building on the confidence gained from its handling of the seismic challenges of coronavirus. Perhaps symbolically, the trust enters 2021/22 contemplating preparations for the 900 year anniversary celebration of St Bartholomew's Hospital's existence, with its origins in the founder Rahere's desire to provide care for all including the poorest inhabitants of London. We couldn't have achieved so much this year without the support of our people, our partners, and our public.

I would especially like to thank local businesses and charities, including Barts Charity for their unstinting support, which helps us offer extraordinary healthcare to the people of east London and look after the wellbeing of our staff.

Dame Alwen Williams, DBE
Group Chief Executive Officer

Performance overview

The purpose of this section is to outline the framework for delivering high quality care, comprising details of structures, performance reporting tools and performance management mechanisms.

Details of Trust performance during 2020/21 is provided separately via the monthly Integrated Performance Report published on the Trust website under the section 'about us/our board/board papers'. Details of the risks and issues to delivery are detailed in subsequent sections of this annual report (the accountability report and annual governance statement) and the going concern statement is contained in the annual accounts.

Clinical and organisational strategy

The Trust's clinical and organisational strategy provides a framework within which the Trust Board seeks to deliver its immediate and long-term operational priorities.

The Trust's vision is to establish a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond. We aspire to achieve this in everything we do, by living our WeCare values of being welcoming, engaging, collaborative, accountable, respectful and equitable.

As medicine advances, health needs change and society develops, the NHS has responded with an ambitious national programme to equip our local health care system over the next decade. The Barts

Health group of hospitals is playing a major part in that long-term transformation by working with local partners to identify and meet the needs of a growing and diverse population in north east London. Some specific themes that have been identified during the pandemic have included the need to expand critical care capacity; to ensure hospital design is flexible to deliver required infection prevention and control standards (supporting the need for hospital redevelopment); and to support digitally enabled care closer to home (outside the hospital setting, whether through virtual outpatients clinics or outreach services).

We are guided by the five principles outlined in our five year clinical and organisational strategy, Sustaining Safe and Compassionate Care:

- Tailoring services to the needs of our growing and diverse population, to reduce health inequalities.
- Changing services to prioritise prevention, and put patients first.
- Reducing variation, to improve quality and productivity.
- Networking services, to drive higher standards of care.
- Pursuing clinical and academic excellence at all times.

In support of our vision we have set three strategic objectives for 2021/22 relating to the following themes: creating an inclusive organisation; effective restoration of clinical services as the Trust emerges from the pandemic; and delivering longer term

strategic transformation ambitions. This builds on a similar approach taken in terms of scale and focus to objective setting in 2020/21.

As we evolve our group operating model, the role of clinical boards plays an increasingly crucial role, constantly reviewing our strategy for developing services (incorporating the role of system partners in this transformation) while retaining the principles of sustaining consistent and high standards of care across the group and sector. The trust has developed a suite of strategic delivery plans setting out our mission and medium-term goals in eight areas that are critical to the provision of modern healthcare – quality, people, finance, transformation, informatics, estates, inclusion, and research. These act as a bridge between our over-arching group strategy and our annual business plan.

Group model

Barts Health NHS Trust is an acute provider of clinical services to populations based in north east London and beyond. The Trust's organisational model is based on a group structure. An operating model with supporting accountability framework sets out the respective roles of the component elements involved in delivery of healthcare services:

- **Group Leadership (HQ):** Comprises the group executive, led by the Group Chief Executive, and its direct support - core functions include communication and engagement, strategy and planning, improvement, developing leadership and commissioning Group Support Services (GSS).
- **Hospitals:** Led by a hospital chief executive who reports to the Group Chief Executive and supported by a hospital executive board. Each hospital has a divisional structure based on clinical specialties. The hospitals are responsible for the oversight and delivery of their respective clinical services; accordingly the majority of Barts Health's staff and resources are managed by the hospitals.
- **Clinical Boards:** clinical boards, led by a chair, have a trustwide role for specialities within their remit – this focuses on devising strategy and vision for their specific service across the group, setting

standards and minimising variation, supporting group collaboration, with input to research and innovation.

- Group Clinical Services (GCS), led by a managing director, provide a group of clinical services and networks supporting front line delivery.
- Group Support Services (GSS), led by a management board and comprising all corporate directorates.

Anchor institution

Anchor institutions are large and influential public sector employers which play a lead role in creating growth in the areas that they serve in a more inclusive and sustainable way. The role of acute trusts as anchors was explored in The NHS Long Term Plan, with NHS England committing to develop this work. Barts Health has an ideal opportunity to improve local residents' health through the way we interact with local communities and our local economy. There are opportunities to consciously adopt anchor principles so that they become a valued part of how Barts Health functions. As a major employer of local east London residents (with around 42% of staff drawn from this population) and a large procurer of services and goods, the Trust can play a role in supporting business in the local economy as well as consider our employment offer to residents. An effective Green Plan can help target action for minimising air pollution from health-related transport, travel and logistics, and have a direct impact on the health and wellbeing of local residents. Exploring equity and equality issues through our clinical work streams will also inform and improve our approach to reducing health inequalities for patients accessing our services across east London.

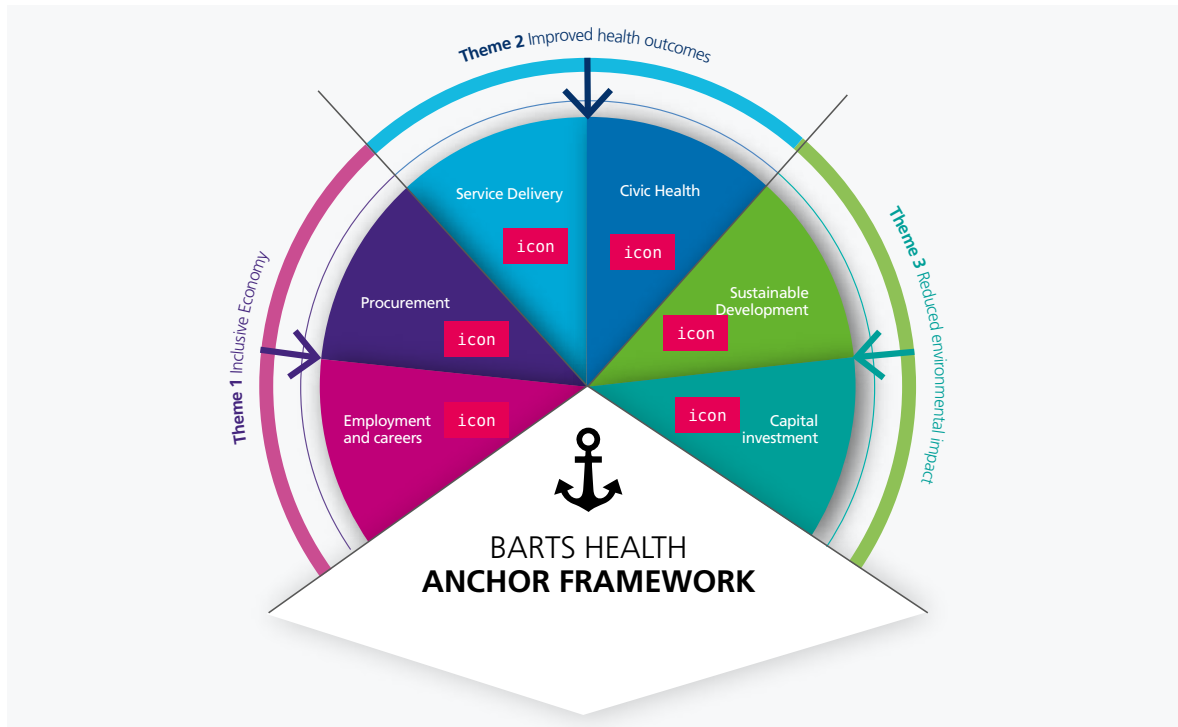
There are a range of anchor activities already taking place across Barts Health that provide a foundation to develop a more comprehensive approach.

Barts Health has agreed an outline framework for its Anchor Institution development as part of its overall programme for diversity and inclusion. This entails sustaining its work as a local employer through its

Community Works for Health programme which ring fences Band 2 and 3 roles for initial recruitment from a talent pool of local residents. This talent pool is managed to assess on functional skills and suitability and includes pre-employment training and work placements when feasible. The pool is supplied through partnerships with Local Authorities and Housing Associations. Over 80 local people gained work through this route last year, including some in the vaccination campaign.

Other local employment initiatives include the Women into Health programme which provides placements for community candidates sourced by LB Tower Hamlets at the Royal London and Mile End hospitals, and the Project Search placement scheme which has been restored at Whipps Cross Hospital. Project Search generates placements and job opportunities for young people with learning disabilities, including those who are autistic and has a track record of 50% + employment following placement. A follow on coaching approach has been trialled successfully during the last difficult year which has helped retain the 50 + Project Search candidates who now work across the Trust. In the next 6 months the Trust will seek to restore Project Search supported employment at Newham Hospital and advance planning for a Project Search cohort at Barts Hospital in the City.

This work is complemented by the Healthcare Horizons' scheme offering advice and guidance to school and college students. This has helped over 1000 students in 37 schools and colleges and



its widening participation approach will help over 100 students enter a health related degree course. In addition over 80 young people have started an apprenticeship or job in the NHS since the scheme commenced in 2018. Due to COVID 19 an online programme of “work experience” has been developed and this innovative approach is being developed as a bespoke platform (with the help of the JP Morgan Force for Good programme) at present.

Thanks to funding from Barts Charity and the Princes Trust, Healthcare Horizons Phase II will commence in July 2021, and will extend its reach to Years 10 and 11 to sharpen the approach to addressing inequalities by working upstream with less advantages and connected students. The Trust’s Education Academy continues to work closely with the Mulberry UTC with its health and care curriculum and the Volunteer Service will continue its work with St John’s Ambulance on the cadet scheme for young volunteers.

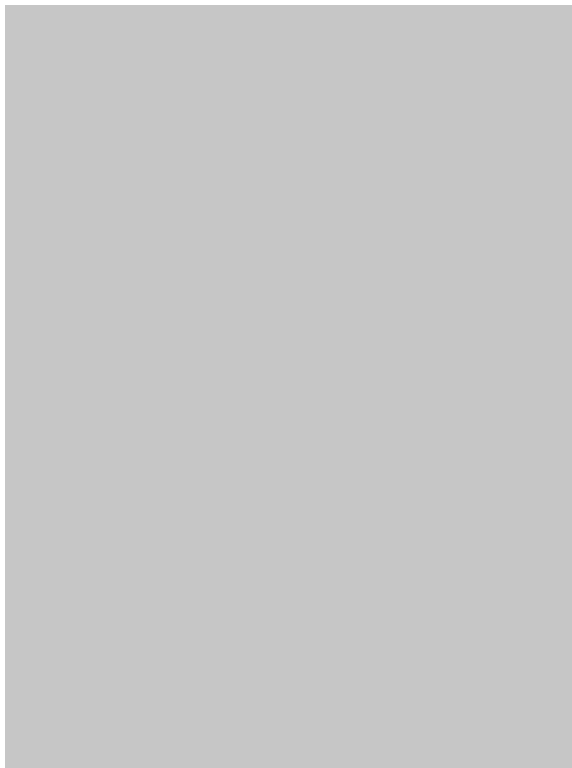
The Barts Health Futures Centre is due to launch at Newham College, Stratford - an anchor institution approach working with a further education College. Inspired by the emerging Lifesciences programme at Whitechapel, the Centre (funded by the GLA) will offer a route into health careers through a dedicated Get into Health programme and a careers practice area equipped to a hospital specification.

To capture all of this work (plus other importance activity on promoting community health (ELOPE) and violence reduction (the Violence Reduction nurse led outreach scheme), a Youth and Community Opportunities Board will be established in 2021, which will focus work on youth unemployment and educational disruption.

The Trust will continue working across NEL on its health and care careers programme, joining the dots across the health and care economy and simplifying the communications offer to the local community.

System development and integrated care

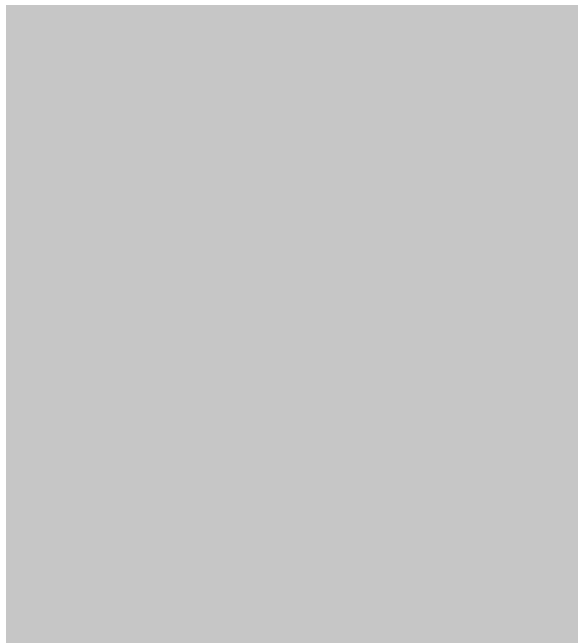
During 2020/21, the Trust continued to engage in important work with system partners at borough, multi-borough, Integrated Care System (ICS), Academic Health Sciences Network and pan-London level. The publication of the health and social care White Paper Integration and Innovation in February 2021 cemented the principles for closer integration of healthcare services and underpinned developments in the following areas:



At north east London level, the Trust is a member of the East London Health and Care Partnership ICS and its clinical senate which oversee the wider system and support a range of priorities, including improvements to cancer services, end of life care, maternity provision, mental health, work to prevent ill health, primary care and urgent and emergency care. Building on the work of the NEL Acute Alliance of hospital providers in the sector, Homerton University NHS Foundation Trust, Barking Havering and Redbridge University Hospitals NHS Trust and the Barts Health group worked together more closely than ever before to co-ordinate care for critically ill Covid-19 patients during 2020/21. Under the umbrella of the NEL ICS, proposals are now being drawn up to develop a provider collaborative arrangement across the Barking Havering and Redbridge University Hospitals NHS Trust hospitals and the Barts Health group. This closer coordination will support plans to transform healthcare services for the benefit of patients, staff and communities, while the two organisations will remain separate statutory bodies.

- At multi-borough level, the Trust is a key partner in TNW – Tower Hamlets, Newham, and Waltham Forest (formerly known as Waltham Forest and East London or WEL). Priorities for improvement at this level include our outpatient transformation strategy to improve experience and reduce the need for face-to-face appointments, same day emergency care standards, our surgical strategy to create centres of expertise across our hospitals and developing a strategy for medicine across this footprint. <cut one word to take line up one>

- At borough level, our hospitals work closely with primary, community and social care partners in our boroughs. The trust is an active partner in the Tower Hamlets Together programme, the Newham Wellbeing Partnership and the Better Care Together programme in Waltham Forest. These partnerships are focusing on improving how health and social care work together in integrated care systems. They are working to improve population health by equipping local people to manage their own health and wellbeing, and to access the health and care services which best meet their needs, as close to home as possible. The work of borough urgent care groups (reporting into a regional emergency care delivery board) during the pandemic epitomises the increasingly system-based approach to improving patient care pathways.
- The Trust has a leading role in a number of pan-London partnerships, including the north east London cancer alliance (established to improve survival and earlier diagnosis), the East London maternity system (set up to reduce still births and maternal mortality and improve continuity of care), an integrated Stroke Delivery Network across east London, a north London specialised children’s services network, and an emerging pathology network serving east and south east London.
- Barts Health NHS Trust, Lewisham and Greenwich NHS Trust and Homerton University Hospital NHS Foundation Trust are jointly working to set up a shared pathology service from May 2021. The NHS East and South East London Pathology Partnership will be hosted by Barts Health NHS Trust, and its purpose is to provide patients and clinicians with a high-quality, cost-effective service that ensures the long-term sustainability of NHS pathology services. NHS pathology staff from Homerton and Lewisham and Greenwich will TUPE transfer to Barts Health, and existing Barts Health pathology staff will remain employed by the Trust. The Partnership will have an operating budget of c. £123m per annum, with a workforce establishment of c.900 WTE. Over the next four years, the Pathology Partnership will move to a hub and Essential Service Laboratory structure across the three Trusts. <cut few words take line up one>
- The new hospital redevelopment at Whipps Cross is part of first wave of the national HIP1 (Hospital Improvement Programme). Barts Health is working on next stage of business case development for the Whipps Cross redevelopment programme in partnership with patient and stakeholder representative groups, East London Health and Care Partnership, London Borough of Waltham Forest, North East London NHS Foundation Trust and neighbouring Clinical Commissioning Groups.
- The Trust is a member of the UCLP Academic Health Science Network (AHSN) and the UCLH cancer collaborative, both of which operate across north east and north central London. The AHSN focuses on collaborative clinical research and the adoption of innovation. The trust is the second highest patient recruiter to trials in the North Thames Clinical Research Network’s portfolio. The development of a Lifesciences campus at Whitechapel represents a highly significant opportunity to bring together leading health, research and commercial partners in the capital and this will increasingly be a focus of the Trust’s strategic plans.



Launching our family contact centres

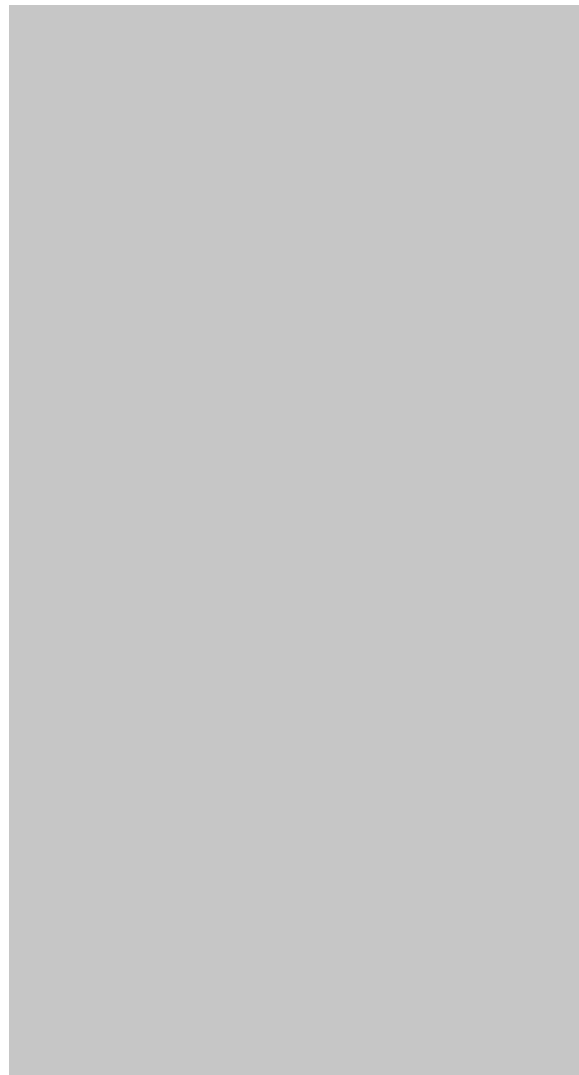
As the Trust responded to the COVID 19 pandemic, visiting to all our hospitals was restricted. This meant the option for relatives to maintain regular contact and obtain updates about their loved ones' was limited to remote access only.

Family Contact Centres (FCC) were set up and Royal London Hospital in particular noted the impact of having a FCC in the hospital and the differences having an FCC as opposed to a PALS made.

Differences noted included:

- speedier resolution of concerns
- early identification of issues
- offering above and beyond services such as passing on messages to staff, messages to patients, laminating loved ones photos and messages and dropping off items from Chaplaincy e.g. Qu'ran cubes
- facilitating End of Life Care visits or visits for complex families
- booking and facilitating virtual visits

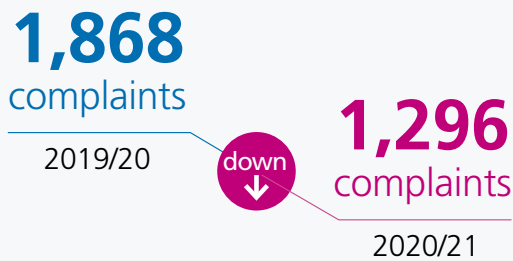
The benefits of having an FCC in the Royal London Hospital have led the hospital to consider retaining the service as part of early resolution processes going forward.



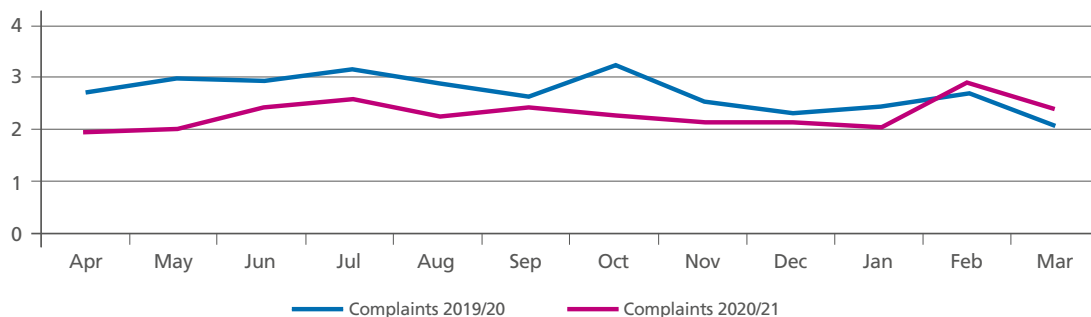
Responding to complainants

This year, the Trust received 1,296 complaints compared with the previous year when 1,868 cases were recorded. It is important to note that last year's annual account reported 1,859 complaints, however retrospective record management and administration meant the final position was slightly higher than reported. The number of complaints received this year was the lowest the Trust recorded in the last 7 years.

During the year, the Trust had fewer complaints per thousand bed days than we did in 19/20, although same as the previous year, a slight increase was noted in February just as the second lock down began to ease off.



1a. Complaints per 1000 bed days



All NHS organisations and those delivering NHS services are required to submit quarterly complaints returns to NHS Digital who analyse and report complaints activity on behalf of the NHS. Annually, Barts Health use this data to rate our performance nationally. The statutory data collection known as KO41a was suspended last year in response to the pandemic and pressures at the NHS frontline. It has however since been reinstated but no reports are available yet, resulting in an absence of data to compare our activity against this year. Data collection commenced again in April 2021 and submissions will be closed in May 2021, after which reports for all 4 quarters of the year will be available.

An improvement in the complaints response performance was noted this year, with 90.47% of complaints responded to within their negotiated timescale compared with 82% in the previous year.

Overall; reduced patient volumes, fewer complaints than in previous years and longer response timescales negotiated of up to 60 days were contributory factors in maintaining a higher performance this year compared with the previous years. We continue to aspire to achieve 100% in our acknowledgement response rates. This has therefore been included in our complaints management improvement plan for the next year.

The Trust has seen a decrease in the number of reopened complaints this year compared with the previous year. 107 were reopened this year compared with 162 in the previous year. Going forward, reopened complaints will be an area of improvement being monitored via the Complaints Management Quality Improvement Group.

The Parliamentary and Health Service Ombudsman (PHSO) is responsible for implementing stage 2 of the NHS and Social Care Complaints Regulations. To that end, where complainants remain dissatisfied with actions taken at a local level, they have the option of contacting the PHSO for an independent review of their complaint.

During the last financial year 4 new PHSO complaints were opened. For the same period 8 on-going

cases were closed. 2 were not upheld and 6 were partly upheld but were subsequently closed with recommendations for improvement made. No complaints were fully upheld during the year.

Outcomes from cases that were partially upheld included:

- dissemination and discussion of the PHSO's findings to appropriate consultants in order to improve communication pathways between primary and secondary care
- financial redress to the complainants, which is often recommended where the PHSO considers that the Trust should help complainants get back to the position they would have been in had they not had the experience they did
- using daily team safety huddles, multidisciplinary and governance meetings to share learning from complaints
- in response to concerns about falls, audits and ongoing monitoring to identify falls incidents trends and themes were undertaken and action plans developed. This has ensured all staff are aware of their responsibilities in preventing falls. what to do and how to support patients following a fall.
- staff being reminded of the importance of reporting incidents to facilitate change
- The PHSO recently launched the new NHS Complaints Standards which will be tested in pilot sites during 2021. Once the pilot is completed, the standards will be refined and introduced across the NHS in 2022.

Barts Health has been nominated as 1 of the 12 pilot sites and a project plan will be developed between May and September 2021 in preparation for piloting. The project will be led by the Central Complaints Team, with reports on progress provided to the Trust, and the PHSO at key milestones. The PHSO have pledged their support and will be working alongside the Trust to ensure this is delivered successfully.

Risk management and systems of control

The Trust Board is accountable for delivery of the trust's objectives and robust risk reporting is a key aspect of this. Approval of the trust's risk management strategy is reserved to the trust board. There has been considerable work in 2020/21 to strengthen risk management and the following highlights are noted:

- Further development of the board assurance framework with the introduction of a risk appetite domain. Used in shadow form by executive and board assurance committees, the approach to risk appetite was approved by the Board in March 2021, and will be developed further in 2021/22.
- Implementation of a dedicated risk tracking mechanism for Covid-19 risks and a dedicated risk register/risk appetite statement for the time-limited Nightingale Hospital (during its service as a support function to London's critical care capacity surge response).
- A 'substantial' assurance internal audit opinion on the Board Assurance Framework (and Covid-19 risk management arrangements) in terms of design, content and application. This assessment is supported by the 2019 independent Deloitte review of the Trust's risk management arrangements, indicating that the Trust's Risk Management Board benchmarks well with other NHS organisations.
- Publication of an updated Corporate Governance Manual setting out arrangements for risk management (in the wider context of Trust governance structures and terms of reference).
- The work of a trust wide Risk Review Group to support Hospitals, Group Support Services and Group Clinical Services in implementing the risk management policy consistently across the group. Appointment to an additional Risk Manager post during the year will better support the central function's role.

Board assurance framework

The board assurance framework (BAF) sets out the principal risks to achievement of the trust's strategic objectives, while the annual governance statement (included in the next section of the report) provides a year-end assessment of the trust's systems of control and key issues that materialised during the year, thereby informing plans for 2021-22.

The principal risks to the trust objectives in the board assurance framework (BAF) are detailed in Appendix 1 of this report section. BAF entries are identified through review of the trust's main risk reporting tool (the risk register) and through discussions with board directors, informed by performance reporting and assurances received in-year. The board assurance framework format includes an explicit link between the entries shown and related high risks appearing on the risk register. The format and use of the BAF was strengthened to reflect prior year audit recommendations and observations from Well Led external review. Although the trust board owns the board assurance framework, the executive risk management board, chaired by the group director of corporate development, plays a key role in monitoring the key risks to the organisation, with

the board seeking assurances directly or through its assurance committees (with specific lead roles assigned to board committees to seek assurance on the BAF entries as reflected above). The audit and risk committee received and reviewed the BAF strategic risks and highest risks on the risk register during the year ahead of Board submission to provide assurance on the effectiveness of risk escalation and monitor the development of risk management processes.

The BAF entries describe the principal risks to the trust's operational, clinical quality, financial, workforce, strategic and academic objectives. The trust reported only moderate success in mitigating board assurance framework risk scores downwards during 2020/21, with the BAF reflecting the emergence of a number of high risks associated with the pandemic in the short and longer term. Assurance was however provided on the quality of services by a consistent trend of improving CQC ratings, the Trust exiting financial special measures in December 2020 and the aggregated findings of other regulatory reviews. The year-end BAF risk scores reflected continuing operational risks despite progress identified internally and by external stakeholders and regulators in managing these. Inevitably, the pandemic dominated the Trust's assessment of principal risks during the year. In March 2021, the Trust Board endorsed the incorporation of a risk appetite dimension to the Board Assurance Framework. In doing so, the Trust Board recognised the potential for this to be developed further, with plans to build on this risk appetite assessment with risk triggers to support effective escalation. Steps are also in place to more closely align the process of assessing key risks with the Trust's business planning processes (identifying priorities for action and tracking progress against these during the year).

Risk register and overarching risk management system

During the year work has continued to strengthen and improve risk management systems and processes across the organisation. CQC inspections in 2018 indicated that risk management systems and

processes were well embedded at a hospital-level and group level. An Internal Audit review commissioned by the risk team, extended the scope of the yearly audit of the BAF to consider the effectiveness of the Trust's arrangements for Covid-specific risk management. The overall rating for this review reflected the highest available 'substantial' assurance rating.

The development of the group model and enhanced site-based leadership has contributed to improved risk management maturity, reflected in an overall CQC Well Led domain rating of 'good'. The trust risk management board has met monthly throughout the year and maintains corporate oversight of risk in the organisation, reporting regularly to the Group Executive Board on its work (in addition to standing items on risk management at Audit and Risk Committee and Quality Assurance Committee meetings). At each meeting the risk management board reviews the trust's highest risks and reviews quarterly progress on key risk reporting metrics. A risk management strategy, approved in 2018, has been supported by an approved risk management policy.

The risk management function conducted a comprehensive training needs assessment and launched new training materials to be used as part of statutory and mandatory training. We will continue to offer training on risk management, targeting key roles with risk management involvement.

Thematic review of our risks has continued to inform the approach to mitigation. This has worked well in the case of risks related to medical equipment and triangulation with capital investment processes. This informs the process of replacement of medical equipment, allowing equipment to be replaced in a prioritised way so that we make best use of the finite resource available. Similar risk assessment has informed the prioritisation of funding for fire safety improvements and ICT infrastructure as well as emerging Covid-19 risks.

Our site through Covid-19

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After the first peak, the NHS brought back routine activity towards business as usual. As part of this national recovery we gradually rebuilt our elective programme and by the autumn were performing planned surgery once again on about 350 patients a week.

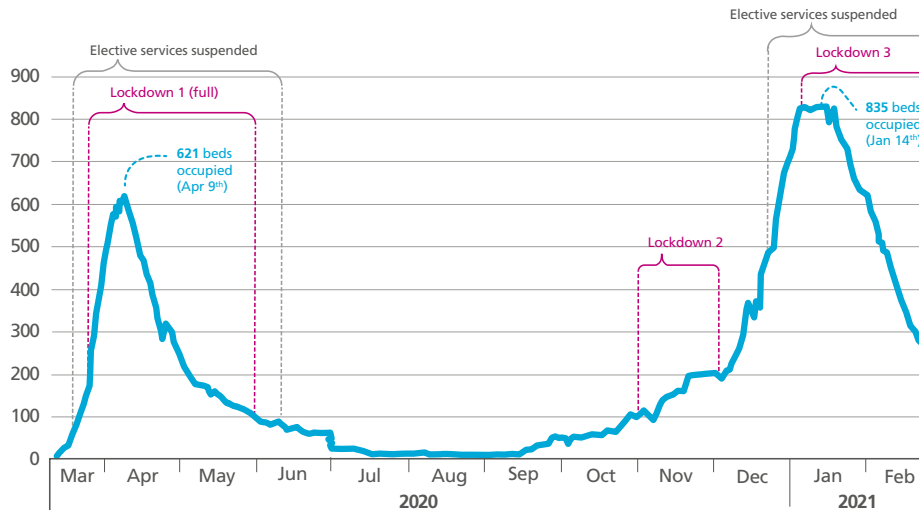
In outpatients, we restored about half the previous level of face-to-face clinics (about 3,000 patients a week), but the real success story was the growth in remote consultations. The use of video and telephone rose sharply and averaged 1,400 consultations a week.

While this was happening, however, the numbers of Covid-19 cases started picking up again from September onwards. Anticipating the worst, we developed robust trust-wide plans to manage enhanced seasonal pressures. The intention this time was to maintain access to planned services like cancer, diagnostics and elective surgery. Crucial to these contingency plans was our new critical care unit on the 14th and 15th floors of the Royal London Hospital.



Covid Occupancy

Daily number of beds occupied by COVID-19 positive patients



- The second peak in December and January was longer and higher than the first peak in April
- We treated more than double the number of patients in the second wave, compared to the first
- The total number of patients with completed treatment passed 12,000, representing ~1% of our population

This state-of-the-art facility was built during the first peak as a dedicated space for Covid-19 patients, then put on hold as pressure eased. We designed it as surge capacity so we could maintain other services elsewhere. It started taking patients once again in September, under a phased expansion plan.

By October, when we published the winter escalation plan, we were already in the territory the plan defined as “rising pressure.” By November that became “medium pressure.” The pace of escalation was manageable because of the advance planning we undertook. Many activities not subject to Covid-19 restrictions continued to take place.

For example, we started consulting on planning applications for the Whipps Cross hospital redevelopment, based on exciting designs for “a hospital in a garden and a garden in a hospital.”

Our army of group support staff moved from ageing accommodation in Prescot St to a brand new corporate base at Canary Wharf. And we launched our long-delayed inclusion strategy, WeBelong, originally planned for a staff celebration event in March that fell foul of the first wave.

Covid-19 inpatient numbers really took off in early December, taking us into “high pressure” territory. We registered over 300 inpatients with Covid-19 for the first time since the end of April.

At this point the case-rate in our east London communities was running at 50% higher than the rest of the capital. Hot spots in Chingford and East Ham contributed to intense demand on the emergency departments at Whipps Cross and Newham. Following our winter escalation plan, we cancelled all non-essential meetings, and began taking steps to reduce routine elective capacity.

We worked with neighbouring hospitals across north east London to develop a critical care hub, a forum for sharing information about demand and capacity so members could invoke mutual aid when necessary. A similar systematic approach to strategic planning was developed across London as a whole. Co-operation between partners at different levels became an important feature of the NHS response. Our hospitals could not have managed the increasing demand without help from primary care and community services. This supported more people to be treated at home rather than hospital, and enabled us to safely and speedily discharge patients when hospital treatment was complete.

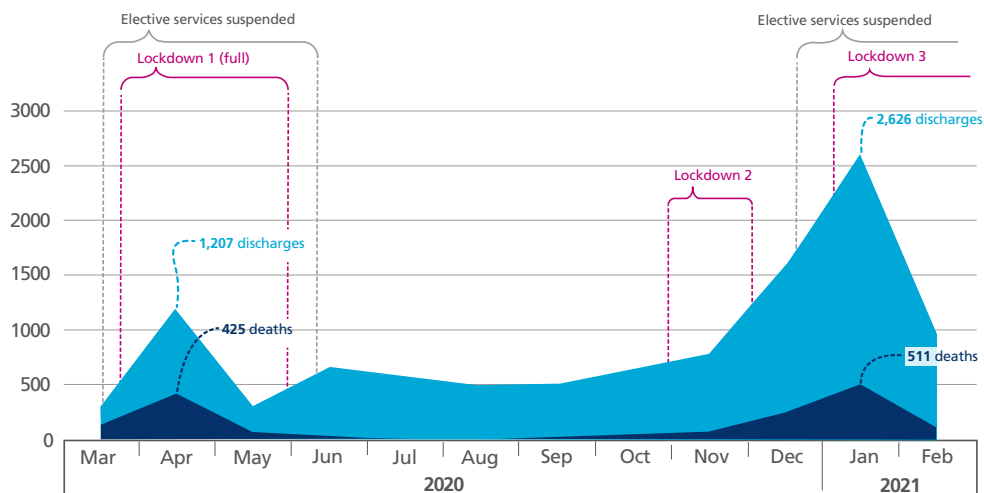
In the run-up to Christmas, staff maintained festive traditions in novel ways to provide relief and support to hard-pressed colleagues during increasingly fraught times. The annual Festival of Carols from

St Bartholomew's church was even more uplifting for being filmed remotely. Thank you messages poured in from celebrity patients like Sir Michael Palin. NHS England sent an unexpected Christmas present, advising the Trust that after four years of regulatory scrutiny it was confident we have a sustainable future, and lifting the trust out of financial special measures.

The pace of the pandemic continued to pick up remorselessly, and a new variant of the coronavirus emerged. London and the South East went into Tier 4 public health restrictions on 22 December, and the NHS quietly stepped up its response. Like other London providers, we stood down all remaining routine planned care in order to redeploy staff to critical care and Covid wards. All elective operations, many outpatient appointments, and some diagnostic tests were postponed.

Covid Deaths Against Discharges

Monthly number of COVID-19 related deaths against COVID-19 related discharges



¹ Definitions of COVID-19 related deaths and discharges:

- **Deaths:** patient deaths after 28 days of a positive test received;
- **Discharges:** patients discharged, having received at least one positive test in any admitted spell

Staff rostered or volunteering to work over Christmas and the New Year responded magnificently to the stresses and strains on the wards. We entered “very high pressure” on 28 December and the following day inpatient numbers exceeded the busiest day of the first peak (621). The numbers reached new heights between 5 and 19 January with over 800 inpatients each day. For a week we consistently registered about 830 inpatients (with 835 on 14 January); while latterly we saw most pressure on critical care, with a record 223 beds open on 19 January.

By working as a group of hospitals, we sought to share the burden equitably, helped by securing regular ambulance diverts to The Royal London. For the whole of January we agreed with the London Ambulance Service that The Royal London would be our main receiving centre for all of the most serious Covid-19 cases, as well as trauma and emergency patients.

This created valuable breathing space at Whipps Cross and Newham so they could focus on treating less complex or high-risk cases on behalf of the group. The two hospitals still took less sick Covid-19 patients, including those on oxygen, and their emergency departments continued to accept walk-in patients. Yet rebalancing the overall workload across the group meant Whipps Cross was able to take on gynaecological cases, injuries, and urgent surgery previously done at The Royal London.

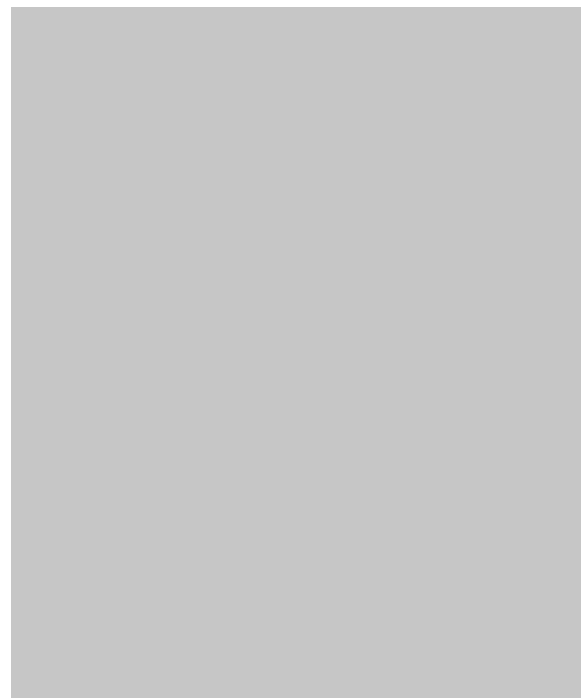
The quid pro quo was the further expansion of the critical care unit at The Royal London, now one of the biggest of its kind in the country with six wards. The hospital tripled its total critical care capacity from a baseline of 44 beds to about 150.

In a fitting tribute to the central role the team was playing, we learned in January that Her Majesty agreed to bestow her name on the Queen Elizabeth Unit. This mark of the Sovereign’s favour cemented a link harking back to the royal naming of the hospital itself, and was doubly appropriate for occurring as

we celebrated the hospital’s 280 years of service to east London.

At this juncture, the Barts Health group was treating more Covid-19 patients than any other NHS trust, and supplying 5% of all critical care beds in the country. Our biggest challenge was staffing all these extra beds. The group executive board met daily to co-ordinate a permanent juggling act by clinicians and operational teams across the group.

In recent years, following new national guidance and frameworks, we’ve worked incredibly hard to embed an improved culture around learning from and responding to deaths. Barts Health has around 3000 inpatient deaths per year; the expectation is that each of these will receive an initial review by an independent medical examiner and a more detailed targeted review as required by the clinical team. We have an assurance framework utilising the medical examiner system to make sure we can embed the learning locally and also disseminate across the trust.



St Bartholemew's Hospital



After the first wave St Bartholemew's was designated a "green" or Covid-free site to maintain its core cancer and emergency cardiac services. In the second wave, this focus enabled it to release over 300 members of staff to help manage pressures elsewhere.

For the four weeks from Christmas, some 75 critical care and theatre nurses, about 100 consultants (about half the workforce), another 60 junior doctors, plus other professionals, were redeployed. Most supported the expansion of critical care at The Royal London, but some also helped run general medical wards at Newham and Whipps Cross.

Meanwhile cancer teams worked doubly hard to keep new and existing patients safe and continue life-saving therapies. The acute assessment unit – a hotline for cancer patients concerned about symptoms triggered by their treatment – became a 24/7 service, and a partnership with the Physician Response Unit helped treat cancer patients at home.

The heart centre continued to perform emergency cases, despite stretched staffing ratios. Ward nurses with no previous experience of intensive care were redeployed to look after the sickest patients and those recovering from major procedures. The centre also cared for the most seriously unwell patients requiring specialist heart and lung support, known as ECMO, and opened additional beds to take patients from across London.

In the same collaborative spirit, cardiologist David Wald created more of his pioneering animations to explain Covid treatments; bilingual colleagues translated screening information into local community languages, and staff introduced a text messaging service to stay in touch with those posted elsewhere.

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hospital. This allowed it to continue running essential safe services for vulnerable patients, including infusion and pain procedures.

The Royal London and Mile End Hospital



The second wave was more challenging than the first because we held on to planned elective work for much longer, and faced higher demand for emergency trauma care. We balanced retaining routine services with expanding to care for the most unwell Covid-19 patients.

At the peak we cared for 400 Covid patients, of whom over 150 required critical care (almost double the level last April). We managed through the extra capacity of the Queen Elizabeth Unit, plus extra temporary staffing (notably from St Bartholemew's).

We are proud of the response of all our staff, particularly those redeployed for the second time in a year. In January we redeployed 336 nurses and 339 doctors to cover 1,300 shifts. Substantive staff with critical care and respiratory experience provided mentoring.

Our medical physics teams helped set up six additional wards in record time; our pharmacy teams changed their ways of working to ensure that nursing and doctor time was spent on essential tasks; and our support service partners managed a huge increase in requirements – from procuring 12,000 additional scrubs to supplying 29,000 free meals a week.

Our mortuary staff rose to unexpected fame in Clive Myrie's atmospheric pieces for the BBC, at the height of the January pressure, but we owe a huge debt to all bereavement, chaplaincy and volunteer teams for their unstinting support to families. We are also grateful to well-being teams for looking after staff through psychology, tuck shops, therapy sessions and massage chairs.

Winter was business as usual for Tower Hamlets maternity services, which delivered over 1,700 babies between October and February.

Mile End worked closely with tenant partners to create a "green" Covid-free zone at the front of the

Newham Hospital

The Borough of Newham was hit disproportionately hard by new cases in the second wave (as in the first).



In response the hospital expanded its 8-bed intensive care unit to 21 beds by taking over the theatre recovery suite. An upgrade of the hospital's oxygen supply (almost doubling the flow rate) enabled it to take on more Covid patients requiring ventilation, too.

At the peak the hospital was caring for about 190 adult Covid-19 patients, effectively becoming a Covid-only hospital for a short time. Yet the maternity service – the busiest in the group - continued to flourish and staff delivered 1,250 babies over three months.

A new Family Contact Centre was developed to keep patients in touch with their loved ones when visiting restrictions prevented regular personal contact. Patients used iPads to video call their families, who in turn could drop off letters and parcels to volunteers who delivered them to the bedside.



Whipps Cross Hospital

The numbers of patients with severe Covid-19 symptoms took off in late



November, posing a challenge to the normal functioning of the hospital and putting us in the vanguard of the group's escalation plans. We started reducing routine surgery, and redeployed qualified staff to increase our critical care capacity.

At the peak we had 63 patients requiring critical care, managed from 11 different locations across the hospital. In parallel, we provided staff to help the group-wide effort to open extra beds at The Royal London. More than 40 colleagues redeployed to work fulltime at the new Queen Elizabeth Unit, and many other doctors, nurses, and allied health professionals provided additional cover on a daily basis.

Our emergency teams were incredibly busy and (unlike the first peak) we saw no reduction in nonCovid-19 emergencies. We received extensive support from partners in primary care, social care and community services to improve discharge pathways. For example, we introduced a low flow oxygen pathway for recovering Covid-19 patients.

Estates and facilities teams maintained pace with building works to keep our working environments safe, and domestic teams adapted to substantial change as working areas were redefined and segregated. The flexibility and responsiveness of all teams kept patients safe in challenging times.

Group Clinical Services

Our expert virologists took centre stage during the pandemic, recruiting extra staff and providing about 2,000 tests a day. They use five different analyser platforms to run PCR tests, all of which are complex, time-consuming and labour-intensive. Ours is one of the few UK labs doing sequencing work on the virus, and supporting national tracking of variants.

The other ten departments within Pathology are also busy because Covid patients require considerable support, and supporting each other to meet demand and manage staff shortages.

Medical Physics teams equipped the hospital expansions, Imaging undertook mobile ward rounds, and both Pharmacy and Therapies transformed their ways of working.

For example, Pharmacy adapted to the large number of Covid patients requiring drugs with a series of innovations to shift patterns, record-keeping and medicines management. We speeded up discharges by working with Lloyds Pharmacy to introduce a remote dispensing and delivery service direct to patients' homes. Many pharmacists and technicians were redeployed, and those isolating at home found novel ways to keeping working and supporting teams on the wards.

Daily mid-morning huddles ensured work was efficiently allocated, provided support for juniors managing complex patients, and kept an eye on the well-being of teams.

Some Pharmacy staff were redeployed to critical care at The Royal London to relieve specialist nurses of the burden of preparing common but time-consuming intravenous infusions. The team made up over 50 doses every day.

Meanwhile the Medicines and Healthcare Products Regulatory Agency inspected our blood banks at Whipps Cross in December, and subsequently lifted supervisory sanctions that previously applied across the Trust.

Group Support Services

Many staff in corporate functions like People, or Finance and Procurement, worked from home in accordance with Government guidelines. Yet this did not diminish the importance of their (often unsung) contribution to the everyday working life of our hospitals.

For example, workforce teams faced unprecedented levels of demand for temporary staff to fill shifts so we could open extra beds for Covid patients - not to mention escalated daily reporting requirements to NHS England. We continued to provide a seven-day Employee Wellbeing Service, and established a central redeployment hub to co-ordinate efforts to make the most of underused skills.

Within GSS, almost 200 staff volunteered to be redeployed in hospital functions. Some ran a specialist workforce hub for critical care at The Royal London, managing the redeployment of 400 nurses from across the Trust. Others provided a welcome desk for new staff re-deployed at the Queen Elizabeth Unit, meeting, greeting and registering them.

Redeployed staff supported stock and materials management teams on all sites, and helped deliver hundreds of hot meals to front-line teams. They filled new roles as Ward VIPs (Versatile Important Persons), taking on routine duties so clinical staff could focus on patient care. Others helped run family liaison teams, making calls to keep families in touch, inform relatives of progress, or arranging and rescheduling appointments.

Quality objectives review

The trust's Quality Strategy was launched in November 2019 with the ambition to get to Good and Outstanding by 2023 against our three strategic goals:

- Provider of excellent patient safety
- An outstanding place to work
- Best possible patient experience

Quality objectives are agreed yearly to support delivery of the strategy. As part of the planning cycle, progress against the quality objectives over the past year has been reviewed and used as the basis for developing quality objectives for the coming year.

Delivery in 2020/21 should be seen in the context of the COVID-19 pandemic which presented unprecedented challenges across the whole of the

organisation in maintaining safe and compassionate care for our patients.

We set ourselves seven ambitions, detailed in the Quality Account 2019/20, to support the quality priorities as set out in our Quality Strategy.

Alongside the 2021/21 quality objective measures a number of performance measures are tracked, highlighting the huge amount of effort and focus that has been invested in keeping patients safe and maintaining quality standards. It should be noted that staff have adapted to the changes presented by the pandemic over the past year with rapid learning and agility.

The table below details overall progress against all seven quality objectives.



Quality objectives 20/21

Overall progress against all seven quality objectives

Objective 20/21	Measurement	Performance 19/20	Target 20/21	Performance 20/21	Variance	Objective Progress
Reduce harm to patients	Reduction in number of incidents that result in moderate, severe harm or death	458	10% REDUCTION ↓ <small>compared to 2020</small>	389	-15.1%	ACHIEVED
Reducing avoidable cardiac arrests on general wards	Number of cardiac arrests in general wards leading to attempted cardiopulmonary resuscitation	197	50% REDUCTION ↓ <small>compared to 2020</small>	161	-18.3%	FURTHER WORK IN PROGRESS
Reducing infection from MRSA	Reduction in hospital acquired MRSA infection	9	100% REDUCTION ↓ <small>Zero reported cases compared to 2020</small>	9	0	FURTHER WORK IN PROGRESS
Reducing the number of falls resulting in harm	Number of falls over 1,000 feet	4.41	<4.8% FALLS <small>With harm per 1,000 bed days, each week</small>	4.25	-3.7%	ACHIEVED
Reducing the medication error which result in harm to the patient	Number of medication incidents reported which cause harm to patients	92	4% <small>Of all medication incidents associated with harm</small>	105	14.1%	FURTHER WORK IN PROGRESS
Reduce hospital acquired pressure ulcers	Number of pressure ulcers acquired while under the care of the Trust	0.86	<1 <small>Per 1,000 bed days</small>	1.33	54%	FURTHER WORK IN PROGRESS
Improving the timely treatment of possible sepsis	Time to antibiotics after possible sepsis diagnosed	-	80% of all patients <small>reported at points, were to receive first dose of antibiotics within 1 hour</small>	-	NOT REPORTING	NOT REPORTING

Sepsis reporting was paused so there is no data available to compare. Cardiac arrest 2222 calls metric has been updated and replaced with the number of Cardiac Arrest per 1,000 admissions to provide a more practical and useful performance value.

Do you have this diagram?

Reducing harm and falls

In 2020/21 we achieved our objective in reducing harm to our patients and the number of falls resulting in harm.

Cardiac Arrest Calls

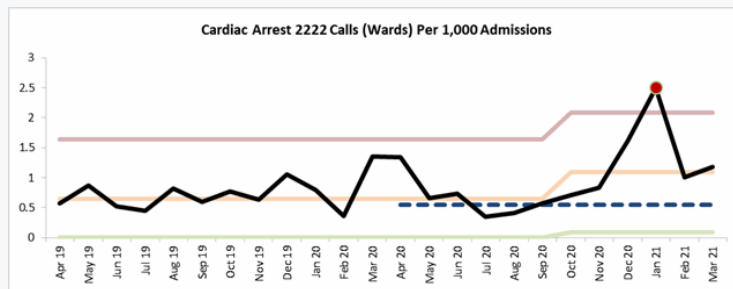
We saw a noticeable improvement in our ambition to reduce the number of cardiac arrest calls.

Cardiac arrest numbers have reduced from a peak in January 2021, reflecting the reduction in Covid-19 patients on the wards. Further work is progressing on early recognition of the deteriorating patient which should lead to further reductions in the numbers of emergency calls to general wards.



Cardiac Arrest 2222 calls (wards)

Per 1,000 admissions



Redraw diagram

Infection Prevention and Control

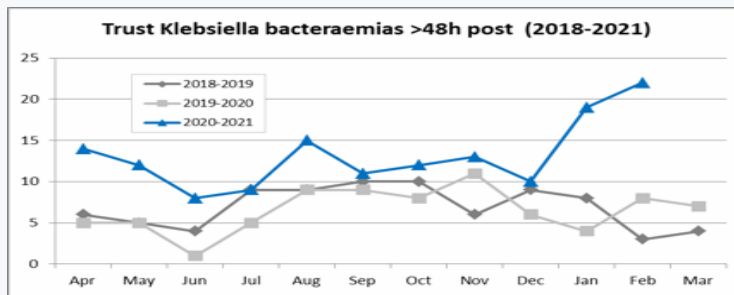
COVID-19 has posed a significant Infection prevention and control healthcare challenge. In comparison with previous years January and February 2021 saw a notable increase in the number of Klebsiella bacteraemias in the trust, predominantly on the 15th floor of the Royal London Hospital. Adjusting for ICU bed occupancy we confirmed that there was no change in the proportion of hospital-acquired Klebsiella bacteraemias.

Antimicrobial use remains an area of concern however no lapses in care were identified.

The trust remains vigilant in monitoring activity. Our focus has been on being Covid secure and we are placed in the top quartile of trusts in relation to Hospital Acquired Covid.



Trust Klebsiella bacterawemias >48h post (2018-2021)



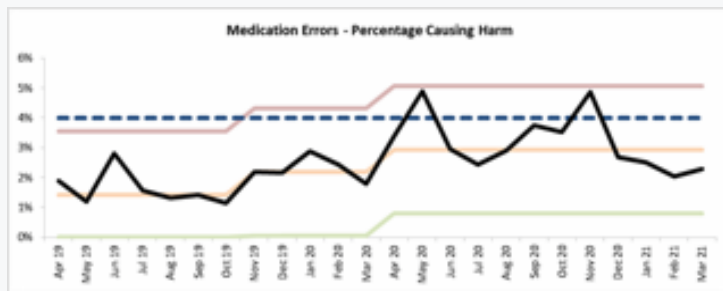
Redraw diagram

Medication errors

As in many quality indicators we saw a rise in medication errors resulting in harm during the first and second waves of the pandemic. Looking forward the roll out of Electronic Prescribing and Medication Administration (ePMA) in the coming year will support improvement in medication errors.



Medication errors
Percentage causing harm

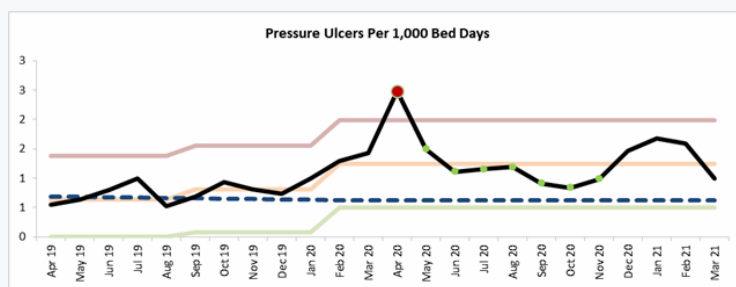


Redraw diagram

Pressure Ulcers

There was an increase in pressure ulcers reported in both the first and second wave of the pandemic.

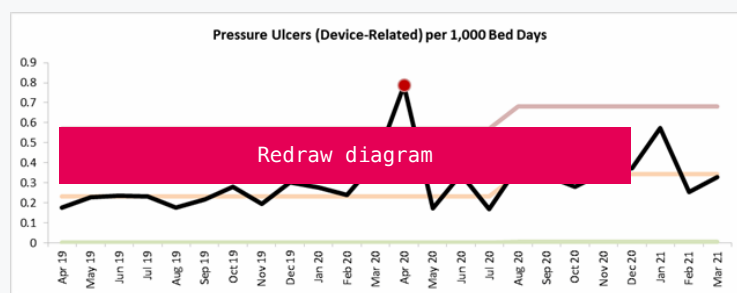
Pressure ulcers
Per 1,000 bed days



Redraw diagram

The graph below highlights the number of pressure ulcers reported related to medical devices as a result of patients needing oxygen therapy and proning.

Pressure ulcers (device related)
Per 1,000 bed days



Redraw diagram

As the trust moves out of the pandemic phase there is a refresh and focus on prevention of pressure ulcers, reviewing ward action plans and examining positive results and areas of improvement.

Staff health and wellbeing

Looking after, and supporting our staff, has been and remains a key focus of our Quality Strategy. The table below tracks progress over the past two years with respect to our ambition to be a great place to work.

Quality Priority	Performance Measure	2018	2019	2020	Picker average
Improving health and wellbeing	Staff survey – taking positive action	26%	24%	29%	32%
Reducing violence and aggression	Incidence reported staff survey (not experienced)	86%	85%	85%	85%
Improving psychological safety	Recommended place to work staff survey	63%	63%	66%	66%
Fostering equality and inclusion	Proportion of BME staff in leadership positions (8a and above)	31.3%		35.4% (Feb21)	NA

Information governance assessment

Our forecast for the 20/21 Data Security and Protection Toolkit (DSP-T) is that we will seek a status of ‘standards not met – improvement plan agreed’.

Of the 110 evidence items required, the only one we do not expect to meet is the requirement that 95% of staff complete their annual information governance training. We will submit an improvement plan for this item.

These compliance ratings will be subject to an internal audit, approval by our Information Governance Committee, and sign off by the SIRO before submission to NHS Digital.

Quality indicators

Please can you let me know if you want to see the '%' sign in these tables. Some tables have them and some don't. What do you prefer for consistency

The following tables present an indication of the quality of our care in comparison with other trusts in England and Wales.

SHMI

Definition

The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to –

- (a) the value and banding of the summary hospital-level mortality indicator ('SHMI') for the trust for the reporting period; and
- (b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. **The palliative care indicator is a contextual indicator.*

Data period Jan 2020 – Dec 2020; published in May 2021

SHMI	Best	0.70	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
	2 nd	0.73	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
	3 rd	0.75	IMPERIAL COLLEGE HEALTHCARE NHS TRUST
	30 th	0.94	BARTS HEALTH NHS TRUST
	Average	1.00	
	Worst	1.18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
Patients receiving palliative care*	Best	61.0%	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST
	Average	37.0%	
	Barts Health	34.0%	BARTS HEALTH NHS TRUST
	Worst	8.0%	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST

PROMS
Definition

The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the Trust’s patient reported outcome measures scores for –

- (i) hip replacement surgery
- (ii) knee replacement surgery

Data period TBC

PROMS (i) Primary hip replacement surgery – ED –VAS (%Adjusted average health gain)	Best	19.52	BMI – THE WINTERBOURNE HOSPITAL (NT443)
	2 nd	19.38	CIRCLE READING HOSPITAL (NV323)
	3 rd	18.46	BMI - THE HARBOUR HOSPITAL (NT419)
	215 th of 231	14.60	BARTS HEALTH NHS TRUST
	Average	13.97	ENGLAND
	Worst	7.14	SPIRE METHLEY PARK HOSPITAL (NT350)
PROMS (ii) Primary knee replacement surgery – ED–VAS (% Adjusted average health gain)	Best	12.61	NUFFIELD HEALTH, NEWCASTLE UPON TYNE HOSPITAL (NT229)
	2 nd	11.39	CIRCLE READING HOSPITAL (NV323)
	3 rd	11.19	NUFFIELD HEALTH, CAMBRIDGE HOSPITAL (NT209)
	41 st of 233	8.15	BARTS HEALTH NHS TRUST
	Average	7.81	ENGLAND
	Worst	1.25	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST (R1K)

Readmission to hospital within 28 days of discharge**Definition**

The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients aged –

- (i) 0 to 14; and
- (ii) 15 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Data period March 2020 – February 2021

Overall	Best	3.03%	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
	2 nd	5.13%	IMPERIAL COLLEGE HEALTHCARE NHS TRUST
	3 rd	5.55%	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST
	Average	8.94%	CHKS PEER GROUP
		11.16%	BARTS HEALTH NHS TRUST
	Worst	12.41%	LEWISHAM AND GREENWICH NHS TRUST
Readmissions 0-14	Best	0.00%	LIVERPOOL UNIVERSITY HOSPITALS
	2 nd	0.47%	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
	3 rd	0.05%	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
	Average	9.09%	CHKS PEER GROUP
		9.62%	BARTS HEALTH NHS TRUST
	Worst	17.14%	EAST AND NORTH HERTFORDSHIRE NHS FOUNDATION TRUST
Readmissions 15 and over	Best	3.22%	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
	2 nd	5.33%	IMPERIAL COLLEGE HEALTHCARE NHS TRUST
	3 rd	5.63%	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST
	Average	8.93%	CHKS PEER GROUP
		11.42%	BARTS HEALTH NHS TRUST
	Worst	12.78%	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHST

Responsiveness**Definition**

The data made available to the trust by the Information Centre with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period. Patient experience measured by scoring the results of a selection of questions from the National Inpatient Survey focusing on the responsiveness to personal needs.

Consultation feedback indicated that personalisation and service responsiveness are important issues for inpatients. This indicator aims to capture inpatients' experience of this.

**Data period from Hospital stay: 01/07/2019 to 31/07/2019;
Survey collected 01/08/2019 to 31/01/2020**

Trust responsiveness to the personal needs of its patients	Best	84.2	THE ROYAL MARSDEN NHS FOUNDATION TRUST
	2 nd	83.1	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST
	3 rd	83.1	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
	Average	67.1	ENGLAND
	111 th of 143	63.4	BARTS HEALTH NHS TRUST
	Worst	59.5	LEWISHAM AND GREENWICH NHS TRUST

Friends and Family Test – staff**Definition**

The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute and acute specialist Trust who took part in the staff survey.

Data period Q4 2019-20

Friends and Family Test – staff	Best	100	NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST
	2 nd	100	SALISBURY NHS FOUNDATION TRUST
	3 rd	99	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST
	Average	81	ENGLAND
	135 th of 213	77	BARTS HEALTH NHS TRUST
	Worst	50	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST

Friends and Family Test – patients

Definition

The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).

Data period February 2020

Friends and Family Test – inpatients	Best	70.94%	EAST LANCASHIRE HOSPITALS NHS TRUST
	2 nd	52.90%	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
	3 rd	52.12%	THE ROTHERHAM NHS FOUNDATION TRUST
	Average	23.70%	ENGLAND (EXCLUDING INDEPENDENT SECTOR)
	136 th of 147	19.60%	BARTS HEALTH NHS TRUST
	Worst	1.11%	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
Friends and Family Test – outpatients	Best	31.87%	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
	2 nd	30.69%	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
	3 rd	27.02%	EAST CHESHIRE NHS TRUST
	Average	7.09%	ENGLAND (EXCLUDING INDEPENDENT SECTOR)
	61 st of 151	6.85%	BARTS HEALTH NHS TRUST
	Worst	0.00%	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST
Friends and Family Test – A&E	Best	44.45%	ROYAL FREE LONDON NHS FOUNDATION TRUST
	2 nd	37.50%	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
	3 rd	34.12%	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST
	Average	12.14%	ENGLAND
	88 th of 135	8.65%	BARTS HEALTH NHS TRUST
	Worst	0.00%	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST

VTE**Definition**

The data made available to the National Health Service Trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Data period TBC

Percentage of patients admitted to hospital who were risk assessed for VTE	Best	100%	ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
	7 th of 150	99.07%	BARTS HEALTH NHS TRUST
	Average	95.40%	ENGLAND
	Worst	71.85%	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Clostridium Difficile**Definition**

The data made available to the National Health Service Trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of clostridium difficile infection reported within the Trust amongst patients aged two or over during the reporting period

Clostridium Difficile	Best	0	LIVERPOOL WOMENS'
	2 nd	0	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
	3 rd	0	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL
	39 th of 146	28.04	BARTS HEALTH NHS TRUST
	Average	37.43	ENGLAND
	Worst	142.82	THE ROYAL MARSDEN NHS FOUNDATION TRUST

Patient safety incidents reported

Definition

The data made available to the National Health Service Trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Rate of patient safety incidents reported (a higher rate of incident reporting is seen as positive)	Best	110.2	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST
	54 th of 130	51.5	BARTS HEALTH NHS TRUST
	Average	50.7	ACUTE NON-SPECIALIST TRUST
	Worst	15.7	MEDWAY NHS FOUNDATION TRUST
Percentage of patient safety incidents which resulted in severe harm or death	Best	0	ISLE OF WIGHT NHS TRUST
	39 RD of 130	0.16	BARTS HEALTH NHS TRUST
	Average	0.33	ACUTE NON-SPECIALIST TRUST
	Worst	1.49	MEDWAY NHS FOUNDATION TRUST

- **FFT IP/OP/AE:** National reporting for this metric has been suspended since the beginning of the Covid-19 pandemic and the last nationally reported data available are for February 2020. Performance continues to be monitored internally within the Trust.
- **FFT Staff:** National reporting for this metric has been suspended since the beginning of the Covid-19 pandemic and the last nationally reported data available are for 2019/20 Q2. Performance continues to be monitored internally within the Trust.
- **VTE:** National reporting for this metric has been suspended since the beginning of the Covid-19 pandemic and the last nationally reported data available are for 2019/20 Q3. Performance continues to be monitored internally within the Trust.

Our year ahead

Our Quality Strategy describes our collaborative approach to improving quality. In line with this approach a workshop was held on 7 April 2021 with a wide range of internal stakeholders including site Directors of Nursing, Medical Directors, Allied Health Professionals, clinical board members, Patient Experience Committee members, Organisational Development colleagues and volunteer representatives

The purpose and intended outcomes of the workshop was to:

- Actively engage a wider audience in the development of the quality objectives

- Review our position to understand the current baseline and impact
- Consider how we ensure that quality objectives reflect trust wide programmes
- Agree improvement goals for 2021-22 with identified measures to provide a clear line of accountability, assurance and confidence in delivery.

Outputs from the session have been collated to form the proposed



Quality Objectives for 2021/22:

Provider of excellent patient safety

- Correct calculation and escalation of MEWS, leading to timely care and treatment
- Reducing surgical harm events
- Enhancing our safety culture
- Managing waiting lists to improve timely access to care and reducing delays

An outstanding place to work

- Continued improvement of diversity in leadership roles
- Increase opportunity for colleagues to be engaged and feel connected in their work life
- Reducing system-wide app

Do something with this content

Best possible patient experience

- Ensure the engagement and experience of our community is included in the design and delivery of our services
- Reduce inequities in patient feedback opportunities by using language alternatives
- Improve the opportunity for shared decision making in the digital world

Improvement measures based on Quality Improvement methodologies will be developed with the support of the Business Intelligence Unit to monitor progress during 2021/22. We will agree accountabilities for delivery through the Hospital Executive Boards and Clinical Boards, to include local quality objectives.

The Quality Governance Committee will be responsible for ensuring measures are tracked on a monthly basis with reporting quarterly to the Quality Board and assurance via the Quality Assurance Committee.

Appendices

- Ward quality and safety dashboard overview 2020-21
- Performance measures data Dec 2020-May 21*

*due to updated data measures May 2020-Nov 2020 figures unavailable at the time of publication

Awaiting content

Large print and other languages

For this leaflet in large print, please speak to your clinical team. For help interpreting this leaflet in other languages, please ring 020 8223 8934.

Te informacje mogą zostać na żądanie przedstawione w formatach alternatywnych, takich jak łatwy do czytania lub duża czcionka, i w różnych językach. Prosimy o kontakt pod numerem 020 8223 8934.

Macluumaadkan waxaa lagu heli karaa qaabab kale, sida akhriska fudud ama daabacaadda wayn, oo waxaa lagu heli karaa luqaddo kale, marka la codsado. Fadlan la xidhiidh 020 8223 8934.

এই তথ্য বকিন্দ্র ফরম্যাটে, যমেন সহটে পডা়ায় অথি ডি বনিট এহি আপনার অনুটরাটে বকিন্দ্র ভাষায় পাওযা়া যটেত পাটর। অনুগ্রহ পূকিব যোগাটেগে কবুন 02082238934।

Bu bilgiler, okuması kolay veya büyük baskılar gibi alternatif biçimlerde ve talep üzerine alternatif dillerde de sunulabilir. İrtibat için lütfen 020 8223 8934 numaralı telefondan ulaşın.

رپے ای ناسرا سیم ےن ہڈپ، ےس یج، لکش لدابتم وک نامول عم سا رپ ےن رک تس او خرد روا، ے اتکس اج ایارک بایتسد سیم، فورح ہار ب ے اتکس اج ایارک بایتسد یھب سیم نابز لدابتم ےسا سیرک مطبار رپ 02082238934 ین ابرم

WeCare

Our values



Designed and produced by the
Barts Health Communications team

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The East London Healthwatch recognise the extraordinary achievements made by staff and management during the pandemic for which the Trust is to be congratulated. The creation of the Nightingale Hospital, the Queen Elizabeth Unit and the redeployment of such large numbers of staff was an incredible feat greatly appreciated by local residents.

We believe that the Account is a fair reflection of the healthcare services provided by Barts Health, and of the Trust's activities, over 2020/21

During the year the eight local Healthwatch from across north east London (Tower Hamlets, Hackney, City, Waltham Forest, Newham, Redbridge, Barking and Dagenham and Havering) have worked together to gather and analyse the experience of patients from across the Barts Trust hospitals through a wide range of mechanisms including surveys, signposting, patient forums, online feedback, and social media. This resulted in 3,453 issues from 707 people which is a significant decrease from last year, we think largely due to the pandemic.

The insights continue to support a trajectory of gradual improvement in patient experience with overall satisfaction improving from 61% positive to 71.9% with improvements in staff attitude, quality, user involvement, support, and hygiene. Departments where feedback was positive included cardiology, acute care, paediatrics, general outpatients and A&E.

Poor communication with patients is impacting negatively on patient experience, particularly information and administration. Unfortunately, there has been a steady decline in patient experience in this area: administration (6%) Waiting List (13%) Booking (25%) Communication (48%) Waiting Times (49%). This concerns local Healthwatch as Covid is likely to result in longer delays in treatment. Support to manage the wait effectively will be crucial and many patients will appreciate greater access to, and support to understand, their medical records and test results, self and remote monitoring, and referral to trusted resources for support. The opportunities provided by the fast tracking of virtual access and expansion of information technology due to Covid present a real opportunity. It is absolutely crucial that communication systems between patient and the Trust are improved to enable this to happen.

Comments relating to maternity were only 38% positive and mental health only 49%. Departments where feedback seems to be less positive were neurology, radiography, maternity, physiotherapy and orthopaedics.

The Trust has significantly improved its partnership working with the communities it serves particularly with faith groups and specific ethnic minority communities such as the Bangladeshi and Somali communities. We would like to see more progress in patient participation on the Clinical Boards

Slow progress has been made on joining up our community insights data and on patients being supported to engage in quality improvement programmes but we are definitely moving the right direction and Healthwatch are at the heart of discussions.

The Trust has worked with Healthwatch to understand more about those residents at risk of digital exclusion and the importance of offering choice in the way in which patients wish to engage. This is a key area where co-designing services with a wide range of patients is important moving forward.

Our insights also indicate that people from our Black African, Black Caribbean, Asian and ethnic minority communities have a less positive experience of services; feel less well informed, involved and supported; struggle more with access; and have a poorer experience in terms of quality and empathy of staff. As the rates of serious Covid are far higher in these communities and they are likely to suffer symptoms for longer, it is important that Barts tackle any inequalities. At a minimum there should be reporting on patient experience against ethnicity.

NHS NEL CCG (North East London Clinical Commissioning Group) Commissioner Statement for Barts Health NHS Trust 2020-21 Quality Account

NHS NEL CCG welcomes the opportunity to provide this statement on Barts Health NHS Trust Quality Account.

We recognise and thank the Trust's hardworking staff for their continuing efforts to manage the demand on services during the COVID-19 pandemic and for their ongoing determination to provide quality healthcare to the residents of East London during this time. The Trust took swift action to re-organise services, scale elective activity up and down as needed, re-deploy staff and create additional Covid-19 capacity at the Royal London Hospital and in laboratory services to support PCR testing, as well as set up Family Contact Centres to assist patients' relatives with contacting their loved ones during a time when visiting in person was restricted. Against this backdrop of unparalleled challenges the Trust has continued to work with East London partners in the development of the North East London Integrated Care System, and borough based partnerships. We look forward to continuing to work together on this, and use this opportunity to further look at how partners can work together to deliver system quality improvement.

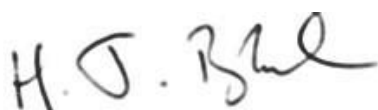
Review of Quality Objectives for 2020-2021

We recognise that the pandemic impacted significantly on the achievement of the 2020/21 quality objectives, and that the measurements used to determine success of the delivery of these objectives were impacted by the clinical presentation of patients and the need for services to focus on different clinical priorities. We commend the continued focus on patient safety and the positive incident reporting culture that Barts Health has developed over time remaining in place throughout the pandemic.

Priorities for Improvement 2021-22

We are supportive of the identified priorities for 2021-22 and the use of Quality Improvement methodologies to define and monitor achievement against these. We particularly welcome: the prioritisation of staff engagement, along with the promotion of diversity at all levels in the workforce; and greater engagement of patients in the delivery of services and in shared decision making, as this is key to driving up patient satisfaction. We recognise the challenges ahead for the Trust in the restoration and recovery of services, and that there may be future waves which impact on the Trust's ability to deliver against the identified priorities. We will work with the Trust to support the delivery of these objectives, as well as support wider system quality improvement, ensuring best practice is shared across the North East London system.

Having reviewed the content of the Quality Account against the requisite information, form and content as set out by NHS England/Improvement, we are of the view that the account is in line with the requirements and is a fair reflection of the healthcare services provided by the Trust in 2020-21.



Henry Black
Accountable Officer
NHS North East London Clinical Commissioning Group

Report to the Trust Board: 7 July 2021	TB 33/21
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Title	Maternity Report: Progress with CNST, the Ockenden Report action plan , Continuity of Carer Implementation and update on Perinatal Mortality Review Tool (PMRT)
Accountable Director	Chief Nursing Officer
Author(s)	Director of Midwifery Chair, Women's and Neonatal Clinical and Consultant Obstetrician.
Purpose	The objective of this paper is to bring the Board up to date with current priorities in Maternity Services and covers <ul style="list-style-type: none"> • CNST • Ockenden actions • Progress on Continuity of Carer • Update on Perinatal Mortality Review Tool
Previously considered by	Quality Assurance Committee

Executive summary

This paper provides an update to the board in relation to our CNST compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions (in line with the requirements of the scheme). This includes an update on the Trust progress against the national Continuity of Carer ambition and Perinatal Mortality Review Tool. The Trust has self-assessed as being compliant with all of the 10 safety actions. This self-assessment has been conducted following review by the Trust compliance and safety lead of the evidence to provide assurance of compliance to QAC of the Trust's ability to achieve full compliance on the 10 CNST safety actions.

Related Trust objectives

All

Risk and Assurance	BAF entry 7. Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision. The risk identified involved the Trust's inability to deliver on the 10 safety actions resulting into not benefiting from the full 10% CNST premium reduction.
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Legal implications/ regulatory requirements	CNST and CQC Well Led domain KLoEs
Action required	The Trust Board is asked to: <ul style="list-style-type: none"> • Note the update on CNST and the implementation of the Ockenden Report action plan • Support submission of the CNST Safety Standards in time for the deadline of 22nd July 2021 • Note progress on Continuity of Care and PMRT as part of the CNST submission

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 7 JULY 2021****MATERNITY REPORT****INTRODUCTION**

1. The objective of this paper is to bring the Board up to date with current priorities in Maternity Services and covers
 - CNST
 - Ockenden actions
 - Progress on Continuity of Carer
 - Update on Perinatal Mortality reviews
2. This paper provides an update to the board in relation to our CNST compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions in line with the requirements of the scheme. This includes an update on the Trust progress against the national Continuity of Carer ambition and Perinatal Mortality Review Tool.

CNST

3. CNST Maternity Incentive Scheme (MIS) Year 3 was re-launched on 1 October 2020. Under this scheme, Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet all ten safety actions will not recover their contribution to the CNST maternity incentive fund, but may be eligible for a small discretionary payment from the scheme to help them to make progress against any actions they have not achieved. Such a payment would be at a much lower level than their original 10 per cent contribution.
4. The Trust was successful in achieving all of the standards in the first two years of the Scheme and recovered our contribution to CNST and a share of the unallocated funds.
5. We are due to submit our evidence of compliance for the 10 safety standards on 22nd July 2021 for Year 3 of the Scheme. The following table describes our compliance status for these standards. The Women's Board has overseen completion of these safety actions with regular reports to GEB and QAC on progress.
6. This year, the evidence has been reviewed and verified by the Quality Governance Team to ensure that there are no gaps in assurance.
7. We are submitting evidence to support compliance of all 10 safety standards on 22 July 2021.

Safety action – please see the guidance for the detail required for each action	Action met? (Y/N)	Leads
Safety Action 1 Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard? Elements A- D	Yes All sites compliant – see section on PMRT below	Director of Midwifery (DoM) / Associate Directors of Midwifery (ADoMs)
Safety Action 2 Are you submitting data to the Maternity Service Data Set MSDS required standard	Yes Confirmation obtained from Data Warehouse. Trust is compliant with all 13 data sets.	DoM/ Data Warehouse
Safety Action 3 Can you demonstrate that you have Transitional Care Services to support Avoidable Term Admissions into neonatal units A-G	Yes Hospital Transitional Care service available on all sites. Transitional Care in community pilot commenced.	Consultant Paediatrician (Neonatal lead for Perinatal Network Board)
Safety Action 4 Can you demonstrate medical workforce planning to the required standard A-D The focus is now with Anaesthetist, neonatal medical & neonatal nursing staffing	Yes Anaesthetic medical staffing is compliant with Anaesthesia Clinical Services Accreditation (ACSA) standards. Neonatal medical workforce meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing Neonatal nursing meets the service specification for neonatal nursing standards	Consultant Paediatrician (Neonatal lead for Perinatal Network Board) DONs – NUH, WX and RLH
Safety Action 5 Can you demonstrate an effective system of midwifery workforce planning to the required standard	Yes Midwifery establishment review undertaken annually. Birth rate plus completed in 2018 to be undertaken again in November 2021 on plan.	DoM
Safety Action 6 Can demonstrate compliance with all 4 elements of Saving Babies Lives Care Bundle Elements A-C?	Yes Compliance achieved as all elements of Saving Babies Lives Care bundle implemented across all three sites	DoM / Consultant Midwife for Education
Safety Action 7 Can you demonstrate that you have a patient feedback mechanism for maternity services that you have regularly act on feedback	Yes Evidence Available – eg, FFT, Hundred Voices, Women’s Experience Forums	DoM / ADoMs
Safety Action 8 The Trust Board to facilitate 90% MDT training including fetal monitoring, have been removed. -COVID-19 e-learning - team required to be involved in	Yes Due to the pandemic the 90% compliance was removed . However Barts Health fetal monitoring compliance is 95% Training with neonatal nurses is a new	Clinical Directors / ADoMs

immediate resuscitation [requirements for neonatal nurses and Anaesthetists involvement in training have been removed]	addition to CNST. We have a programme of simulation training in place which includes neonatal scenarios. These are organised cross site and ensure it is MDT and includes the neonatal team	
Safety Action 9 Can you demonstrate that the Trust Safety Champions (Obs/ MWs) are meeting bi-monthly with the Board level Champions to escalate locally identified issues	Yes Safety Champion meetings with Chief Nurse have resumed post-acute phase of pandemic and are effective. Bi monthly meeting of CMO/CNO/Director of Midwifery and Chair of the Women's Board in place with the NED Maternity Champion	Chief Nurse / Safety Champion Leads
Safety Action 10 Have reported 100% of qualifying 2018/19 incidents under NHS Resolution and early notification scheme	Yes Confirmation of submission of 100% of the qualifying incidents received from 1April 2019- 31 st March 2020	DoM / ADoMs

OCKENDEN REPORT UPDATE

8. All evidence to support our Ockenden self-assessment has been uploaded to the portal. Our self-assessment has been ratified by peer review/NHSE. Following opportunity to bid for funding to support implementation of the immediate and essential actions – a bid was submitted for funding of a number of midwifery and obstetrician staff – we are still awaiting the outcome of this bid.
9. Maternity services has made good progress on the action plan developed against the Immediate and Essential actions . The following actions are still underway and are on track for completion. A report is schedule to go to Quality Board in Autumn on any remaining outstanding actions.

IEA	Specific	Measurable	Action	Timescale	Person Responsible	RAG rating/date action completed
	Develop an audit tool to check consultant attendance at twice daily ward rounds, and to check if these ward rounds are multidisciplinary learning experiences.	Documented evidence in women's clinical notes of consultant presents during ward rounds	Clinical documentation audit to include evidence of consultant's presence during ward round	31/07/2021	Site Maternity Governance Leads	
	Work with the ELLMS for external validation MDT training & working	Evidence of NELLMS validation of Barts Health MDT training	PDM to become part of core membership of NELLMS Workforce/ Education sub-group	31/07/2021	The Consultant Midwife for Education, Practice Development Midwives (PDM) and RCOG College tutors	
	Develop Antenatal Care guideline for Complex Care	Cross-site guideline implemented	Perinatal Network to commission the guideline	31/07/2021	Perinatal Network Chair	

OVERVIEW OF COMPLIANCE WITH CONTINUITY OF CARER

10. At the heart of the Better Births vision is the ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. This continuity of care and relationship between care giver and receiver has been shown to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience. The latest Maternity Incentive Scheme includes an element of Continuity of Carer and an action plan to demonstrate how the service will progress towards achieving 51% of women booked on to a Continuity of Carer pathway by March 31st 2021. The Trust has achieved this target.

11. In practice, Continuity of carer (CoC) means that:

- A woman's maternity care is provided by midwives organised into teams of eight or fewer (headcount)
- Each midwife will aim to provide all antenatal, intrapartum (labour) and postnatal care for up to 36 women per year, but at agreed times is supported by the team, such as for unsocial hours or out of hours care.
- All staff in the maternity service contributes to achieving Continuity of Carer, including CoC team midwives, core midwives and other in the MDT working in the acute setting such as obstetricians and sonographers.

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12. The majority of women accessing maternity care at Barts Health (85%) are placed on to a Continuity of Carer pathway (above the national target of 51%) with 12.4% of women receiving full continuity of carer. The implementation of continuity models has been a challenge nationally due to the level of service transformation, such as implementation of caseloading team model which is not appealing to most midwives due to significant on-call commitment. There are significant financial cost associated with implementing this model. There is recognition nationally, that implementation of CoC for all women will require an iterative approach. As it will require buy-in from midwives to adopt a certain way of working and potentially significant midwifery staffing investment. The Trust three yearly Birth Rate plus midwifery staffing review is due to commence in November . Following this processes, the service will be in a more informed position to advise the Trust Board on the full implications of the CoC trajectory
13. In the interim , maternity services continue to work on achieving some level of CoC for our most vulnerable women such as, BAME and women with perinatal mental health needs. In order to achieve this objective there is a cross site action plan in place which is being monitored via the Midwifery Board.

PERINATAL MORTALITY REVIEW TOOL

14. The aim of the Perinatal Mortality Review Tool (PMRT) is to support standardised perinatal mortality reviews across NHS maternity and neonatal units in England, Scotland and Wales. Management of the PMRT process is complex and we have developed a new trust wide Standard Operation Procedure (SOP) has been drafted which outlines a consistent approach to PMRT process across all site and timelines, including cases which require external review. This new process will reduce the number of cases which requires external reviews (some site uses external review for all cases) prevent back log. A single reporting template has been implemented to facilitate consistent presentation and analysis of the data. Themes and actions will be shared via a quarterly staff Newsletter. The following table demonstrates a summary of the PMRT reviews (in line with CNST criteria) undertaken during the period of 1 November 2020 to 31 March 202. The table demonstrates compliance with the standards set. Our objective is to maintain these standards and increase the number of reports being completed within the 4 month timeframe.

	NUH	WXH	RLH
Total PMRT qualifying cases	16	10	22
PMRT reviews of babies who were born and died were completed to a point that a draft report was generated within 4 months of the death (target 50%)	62.5%	50%	59%
Parents were told that a review was taking place and given opportunity to put forward any concerns or perspectives (target 95%)	100%	100%	100%

Report to the Trust Board: 7 July 2021	TB 34/21
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Title	Health and Safety Summary Report 2020/21
Accountable Director	Deputy Group Chief Executive Officer
Author(s)	Associate Director EFM – Compliance/Risk
Purpose	Annual H&S Assurance reporting
Previously considered by	Trust Health and Safety Committee

EXECUTIVE SUMMARY:

The following report provides assurance on the current Health and Safety compliance with legislation and policy adoption across the whole of Bart’s Health NHS Trust from the periods of December 2019 - 2020. The report provides an update on the activities and progress, and raises awareness of any identified compliance gaps and weaknesses. In addition the report also covers all staff deaths related to COVID- 19 up to Apr 2021. Following review at the Trust H&S Committee, future reports will now be amended to report in accordance to financial years from this report onward. The full report has been published separately.

Related Trust objectives

Trust objective 11: We will meet all national minimum standards and regulatory requirements, delivering consistent and standardised clinical practice.

Risk and Assurance	Fire Risk Entries: 4493, 5921, 6053, 5971, 5992, 3619, 4761, 3468, 6049, 5963, 6045, 4043, 5928, 5976, 6061, 112, 5839, 6029, 6022, 3091. Health and Safety Risk Entries: 4812, 4808, 4810, 5200
Related Assurance Framework entries	Board Assurance Framework - 14

Legal implications/ regulatory requirements	<ul style="list-style-type: none"> • Health and Safety at Work Act 1974 • CQC • NHS Improvement • HTM 05-01 (Managing Healthcare Fire Safety) • HTM 05-02 (Firecode)
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Action required:

- To note the appraisal of the annual Health and Safety Report;
- To provide continued support, to the Health and Safety Team in providing a positive health and safety culture throughout Bart’s Health NHS Trust;
- To approve the annual fire statement

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 7 JULY 2021

HEALTH AND SAFETY SUMMARY REPORT 2020/21

1. This paper is submitted to provide an appraisal of the annual review of the Trust's current position for Health and Safety, Security and Fire Safety compliance within 2020/21. The full report, reviewed by the
2. As with all areas of Barts Health NHS Trust; 2020 was an exceptionally busy year for the Trust Health and Safety team in relation to reacting and proactively managing Health and Safety, Fire Safety and Security Management issues across each of our five hospital sites. However due to the impact and response to the Coronavirus pandemic, the overall Health and Safety policy and performance status was updated to reflect the changing requirements of Health and Safety within the Trust.
3. Over the reporting period; there has been an increase in reported Health and Safety related incidents. Additionally there have been a significant number of reported no harm and low harm occurrences; However there has been a decrease of 3% in the number of reports to the Health and Safety Executive (HSE) under the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR). The number of 7 Day injuries has decreased from 47 to 41, with Dangerous Occurrence down from 18 incidents to 9.
4. The Health and Safety Team continue, in conjunction with the Health and Wellbeing Service and Clinical Teams to work towards introduction and increase the use of safer sharp devices.
5. Sadly during the reporting period seven (confirmed) staff members passed away following contracting COVID-19. Four of the staff deaths were reported to the HSE under the newly established RIDDOR regulations with extensive internal investigations taking place into all cases. The Health and Safety Executive (HSE) are also investigating the circumstances relating to the individual staff members contraction of COVID-19 whilst working in a healthcare setting; and at the date of this report the HSE investigations are on-going.
6. Within the reporting period the London Fire Service issued an Enforcement Notice at the Newham University Hospital Site. As a result the Trust has now embarked on undertaking a significant refurbishment program throughout the Site. This program will continue to provide on-going site improvements until April 2022 with continuing financial investment.
7. It is also noted that a detailed review of the governance of risk and escalation is has been concluded by Deloitte's to ensure learning is obtained from this unfortunate enforcement action.
8. During the reporting period security incidents fell by 26%; Verbal abuse is the highest recorded Security related incidents for 2019 and 2020.

9. Barts Health NHS Trust is required to implement and monitor the Health, Safety and Welfare of its employees, patients and members of the public. Failure to comply with the Health and Safety at Work Act could lead to prosecution and or negative public image. Non-compliance may result in a breach of the requirements of the Care Quality Commission (CQC), the Health and Safety Executive (HSE) and NHS England.
10. All organisations therefore have a legal duty to put in place suitable arrangements to manage Health and Safety, which this is extended to the wider Group Model implemented by the Trust.
11. In progressing the management strategy of Health and Safety throughout the Trust, the Team use the Health and Safety Executive (HSE) model for Managing Health and Safety HSG65 (See Figure 1). The Trust Health and Safety Policy is aligned to the key components of HSG65 within this guidance. The figure below explains the Plan, Do, Check, Act approach and outlines what areas to cover in achieving a balance between the systems and behavioural aspects of management. It also treats Health and Safety management as an integral part of good management generally, rather than as a stand-alone system.

Figure 1: HSG65



12. To ensure that Health and Safety is on the Trust agenda and embedded throughout the sites and directorates, a variety of monitoring methods have been established.
 - Group Health and Safety Committee (Quarterly)
 - Site Health and Safety Committee (Monthly)
 - Group Fire Safety Committee (Quarterly)
 - Site Fire Operational Group (Monthly)
 - Safer Sharps Group (Quarterly)

HEALTH AND SAFETY EXECUTIVE VISITS

13. On the 2nd October 2020; The Health and Safety Executive (HSE) conducted an “on the spot” visit at the ICT/Clinical Coding Department located within 56 - 76 Ashfield Street at the Royal London Hospital. During this visit the HSE audited the COVID-19 safety provisions. Following the audit a number of concerns were indicated around staff movement, social distancing and general cleaning regimes. A formal Task and Finish Group was established to provide a formal response to actions being undertaken in the area.

COVID-19

14. The key focus for the Health and Safety Team during this unprecedented time of COVID-19 has been to support each Site complete risk assessments and staff safety.
15. During the COVID-19 pandemic the Health and Safety Team assessed and processed the COVID-19 Return to work Risk Assessments. The staff based risk assessments covered the Public Health England risk factors and outcomes of COVID-19, highlighted that some groups of people may be at more risk of being infected and/or an adverse outcome if infected.

Staff Deaths

16. Unfortunately seven (confirmed) staff members have sadly passed away following the contraction of COVID-19, up to the reporting period and extended to April 2021. Four of the staff deaths were reported to the HSE under the newly established COVID-19 RIDDOR regulations, with all remaining staff deaths being subjected to rigorous internal review and learning.
17. The Health and Safety Executive (HSE) are investigating the four reported staff deaths, due to the circumstances relating to the individual staff members contraction of COVID-19, whilst working in a healthcare setting. At the date of this report the HSE investigations are continuing.

REPORTING OF INJURIES DISEASES & DANGEROUS OCCURRENCES REGULATIONS (RIDDOR)

18. RIDDOR places duties on the Trust to identify any staff injury/illness for reportable cases and places the requirement on the Trust to undertake and record their investigations following a reportable RIDDOR incident. During 2020, 60 RIDDORs were reported; which equates to 6.2 % of the total recorded Health and Safety Incidents in 2020 (*a downward trend of 2.5% on 2019*). Of the incidents 5% of the RIDDOR's were reported within the HSE determined timescale, the reporting delays were related to the lack of incident information from incident managers.

FIRE SAFETY GOVERNANCE

19. Following the submission of both the Dame Judith Hackitt Report and the most recent (stage 1) Grenfell Inquiry report, the Trust's Fire Policy was reviewed to ensure we could identify areas for improvement and changes in legislation that may impact on our current Estate. The fire safety environment continues to evolve with New legalisation (Building Safety Reforms), with wide ranging implications to general fire safety covering fire doors, evacuation plans, cladding and building control obligations.
20. However, due to the current Trust position of ward renovations, training reviews and capital schemes being undertaken, the organisation now finds itself in an undesirable fire safety position with the receipt of a London Fire Service Enforcement Notice related to Newham University Hospital Site.
21. The progress to move to a compliant fire safety position is being managed by robust site risk management and governance regimes are being implemented. A dedicated project governance team has been established within the Newham Site, to support the Site Operations Team and ensure that the Trust meets the requirements of the Fire Service Enforcement Notice.
22. The causation events leading to the Fire Service Notice was investigated by Deloitte as an independent review of fire safety governance within the Trust and Newham Site. All actions and recommendations from the Deloitte review are now incorporated into the Fire Safety Management Plan for 2021.

Fire Service Inspections and Warning Notices

23. Over the past twelve months the London Fire Service has conducted formal audits of the Bart's Health NHS Trust Premises: with one new Fire Enforcement Notice being issued at Newham University. This notice requires the entire Newham University Hospital Site to be fire safety compliant the 1st March 2022. The Enforcement Notice has been placed on the public register, entries on the register will be kept by the London Fire Service for a period of at least three years. As a result of the Enforcement Action the Fire Service have increased their Inspections from six months to three months.
24. Fire Service Enforcement Notices and Notice of Deficiencies

Newham Site

1. Following a Fire Service inspection of the Newham Hospital Site the Trust following the Grenfell fire a Notification of Fire Safety Deficiencies was issued on the 11/07/2017. The Fire Service Notice highlighted the lack of fire compartmentation, fire alarm system, emergency lighting system, fire compartmentation. The Notice

required the Trust to commence remedial works by the 08th of August 2017. – **Remedial works planned in 2021.**

2. Following a Fire Service inspection of the Newham Hospital Site the Trust received a Notification of Fire Safety Deficiencies on the 07/09/2018. The Fire Service Notice highlighted the lack of fire compartmentation, fire alarm system, emergency lighting system, smoke extraction system and the fire service fire fighting facilities. The Notice required the Trust to commence remedial works by the 30th of November 2018. - **Remedial works have now commenced and are being monitored by the Fire Safety Committee.**
3. Following a Fire Service inspection of the Newham Hospital Site the Trust received a Notification of Fire Safety Enforcement on the 09/09/2020. The Fire Service Notice highlighted the lack of fire compartmentation, fire alarm system, emergency lighting system, smoke extraction system and the fire service fire fighting facilities. The Notice requires the Trust to complete all remedial works by the 1st March 2022. - **Remedial works have now commenced and are being monitored by the Fire Safety Committee.**

Whipps Cross

1. Following a Fire Service inspection of the Whipps Cross Site the Trust received a Notification of Fire Safety Deficiencies on the 15/10/2018. The Fire Service raised concerns over the lack of fire compartmentation and provision of a fire alarm system, emergency lighting system. The Notice required the Trust to commence remedial works by the 30th of November 2018. – **Remedial works are well underway and are being monitored by the Fire Safety Committee.**

Within 2021/22 the Fire Team with the Capital Projects Team will continue the improvement strategy on all sites. Within Newham University Hospital Site in 2021/2022 significant capital investment will be required to maintain the Fire Service Enforcement Notice Target.

The pace of fire safety improvements across the Trust is being assessed through joint Trust and London Fire Service audits on a three monthly program to ensure safe premises of staff and patients.

Report to the Trust Board: 7 July 2021	TB 35/21
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Title	Complaints Annual Report
Accountable Director	Chief Nursing Officer
Author(s)	Central Complaints and PALS Teams (Compliance Unit)
Purpose	To provide a summary of reportable complaints and PALS activity received in 2020/21
Previously considered by	Quality Assurance Committee Group Executive Board

Executive summary

The work on complaints management was impacted by changes implemented in response to the pandemic. Redeployment of complaints teams members during the year meant many activities teams would usually be engaged in were paused. Notwithstanding that, teams were able to continue with ensuring key performance standards were met and complainants were able to access support when required. Notably, the Trust continues to make significant improvements in how we manage complaints in particular:

- this year, for the first time in its history, the Trust response performance has, each month, remained consistently above the standard agreed with our commissioners;
- the Trust recorded the lowest number of complaints it has ever had in the past 7 years;
- although still significantly higher than the number of complaints recorded, there has also been a reduction in PALS contacts recorded this year compared with the previous year;
- the top 3 key themes identified, during the year, across both PALS and complaints were: diagnosis and treatment, communication and concerns about appointments & clinics.

The full report has been published separately following review by the Quality Assurance Committee. The Trust Board receives monthly details of complaints performance through the IPR.

Related Trust objectives	SO1 Safe and Compassionate Care
Risk and Assurance	The report sets out the current key risks to the above objective.
Related Assurance Framework entries	1. A failure to learn from Never Events, serious incidents and complaints adversely impacts on quality and safety
Legal implications/regulatory requirements	Supports compliance with The Local Authority Social Services and National Health Service Complaints Regulations (England) Regulations 2009

Action required:

The Trust Board is asked to approve the annual report shared separately and note this report summary

Report to the Trust Board: 7 July 2021	TB 36/21
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Title	Safeguarding Adults Annual Report April 2020 – March 2021
Accountable Director	Chief Nurse
Author	Clare Hughes Lead Named Nurse for Safeguarding Children and Interim Head of Safeguarding Adults
Purpose	To update the Trust Board on progress against the delivery of the safeguarding adult's agenda in the Trust in line with national guidance and approve action on the recommendations.
Previously considered by	Quality Assurance Committee

Executive summary

As a NHS Trust Barts Health has a statutory responsibility to make arrangements to safeguard vulnerable adults. The purpose of this annual report is to update the Board against a number of specific elements of the Safeguarding Adult's agenda affecting the Trust's performance on Safeguarding and on progress with objectives and challenges since the last report was presented. Key Issues and achievements detailed within the report include:

- During the financial year 2020/2021 there has been an increase in the number of safeguarding referral raised by Barts Health and the number of concerns raised against the trust has remained the same.
- Safeguarding referrals for self-neglect have increased - in particular at the RLH site where the local authority have campaigned to change the culture of how we support this cohort of patients.
- Despite the wide media coverage there has not been a significant increase in the number of domestic abuse referrals.
- A number of the objectives for 2020/21 were unable to be progressed due to the impact of COVID and also capacity issues within the safeguarding adult team workforce
- The safeguarding team has experienced difficulties with recruitment during this reporting period.

The Lead Named Nurse for Safeguarding Children has been the interim Head of Safeguarding Adults since May 2020 and this has promoted the Think Family approach to safeguarding. The full report has been published separately following QAC review – the Trust Board will also receive a safeguarding training at its July board seminar.

Related Trust objectives

2. To restore and transform planned care services, prepare for future covid surges and winter pressures to ensure that we deliver high quality, safe and equitable care. We will continue to innovate and implement change at pace given the scale of elective backlog

Risk and Assurance	This report provides assurance that work is being undertaken to ensure the Trust is meeting statutory requirements to protect adults at risk of abuse and neglect.
Related Assurance Framework entries	-
Legal implications/regulatory requirements	Mental Capacity Act 2005; Care Act 2014. Standards for Safeguarding Adults and Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework Pan-London Policies and Procedures for Adult Safeguarding

<p>Action required</p> <p>The Trust Board is asked to approve the annual report published separately and to:</p> <ul style="list-style-type: none"> • Note the work undertaken over the last 12 months to support and provide assurance on Safeguarding Adults. • Note and discuss the content of the report

Report to the Trust Board: 7 July 2021	TB 37/21
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Title	Safeguarding Children Annual Report April 2020- March 2021
Accountable Director	Chief Nurse
Author(s)	Clare Hughes, Lead Named Nurse for Safeguarding Children and Interim Head of Safeguarding Adults
Purpose	To update the Quality Assurance Committee on progress against the delivery of the safeguarding children’s agenda in the Trust in line with national guidance and approve he recommendations.
Previously considered by	Quality Board 20 May 2021 GEB 1 June 2021 Quality Assurance Committee 16 June 2021

Executive summary

As a NHS Trust Barts Health has a statutory responsibility to make arrangements to safeguard and promote the welfare of children. The purpose of this annual report is to update the Board against a number of specific elements of the Safeguarding Children’s agenda affecting the Trust’s performance on Safeguarding and on progress with objectives and challenges since the last report was presented. Each Hospital has produced a report which is available from the site Directors of Nursing. Key issues within this report include:

- COVID-19 pandemic has had an impact of the level 3 and supervision compliance across the organisation.
- Capacity within the team has been challenging during the last year; the team have prioritised the operational management of safeguarding cases.
- Child Death Review Processes are still being established in light of National changes to child death process.
- This annual report will be presented to Children’s Clinical Board in order for the board to consider the key issues raised in the report in terms of service planning .

Achievements:

- Literature review of safeguarding supervision and policy updated accordingly.
- Safeguarding Training Policy has been updated.
- Throughout the pandemic safeguarding team have maintained physical and visible presence across the hospital sites.
- Safeguarding weeks were run on each site which included:
 - Professional Curiosity
 - Voice of Child
 - Child focused safeguarding
 - Difficult conversations and professional challenge
- Short term funding was agreed by the CCG to support the recruitment to a liaison post at Newham.

- Development of Microsoft Teams virtual training which compliments the e-learning for health.

Risks:

- Safeguarding children supervision compliance - this is monitored monthly at the site safeguarding meetings with exception reports to the Trust operational meetings and development plans in place.
- Whilst there has been some audits completed. It is recognised there is a need to increase audit activity for 2021-22.
- Safeguarding children training compliance – the target compliance is 85% however there are areas of the Trust where compliance is as low as 66% so there is need to remain vigilant with monitoring training compliance and any hotspots.
- The Child Death process and the interface with WELC CDR Hub this has remained a risk for 2020/21.

Main themes from SCRs and SIs:

- Escalation processes not always fully embedded
- Inadequate documentation
- Supervision of vulnerable 16-17 year olds
- Evidence of lack of effective communication between services
- Pre-birth assessments and working in partnership to complete these
- ‘Think family approach’ – exploring of other children and fathers.
- Inadequate exploration of further safeguarding concerns
- Full body mapping of injuries

Plans for 2021/22:

- Embed the revised training proposal
- To have an effective child death process across BH and WEL
- To work with partners to implement a standardised referral form for safeguarding children referrals from Barts Health to children social care
- Ensure robust implementations of actions and recommendations from SCRs
- Continue to increase compliance with supervision and training
- Deliver audit programme
- Analysis of equalities data to inform practice changes
- Participation in the shaping of the Integrate Care System across North East London for Safeguarding
- Continue to strengthen the visibility of safeguarding children at hospital based meetings. To ensure the hospitals are using the knowledge from the experts to drive local improvements in service delivery.

The full report has been published following review by the Quality Assurance Committee. The Trust Board will receive safeguarding training at its July Trust Board Seminar

Related Trust objectives Improve patient care, further improving safety, clinical outcomes and patient experience

Risk and Assurance	The report sets out the current key risks to the Safeguarding Children’s agenda and how they are being mitigated.
Legal implications/ regulatory requirements	Safeguarding Children is governed by a range of legal and regulatory requirements including: “Working Together to Safeguard Children (2018)” which sets out how organisations and individuals should work together to safeguarding and promote the welfare of children and young people in accordance with the Children Acts 1989 and 2004: the Care Quality Commission’s Essential Standard of Quality and Safety Outcome 7 (Regulation 11) on safeguarding people who use services from abuse
Action required The Trust Board is asked to approve the annual report and note this summary.	

Report to the Trust Board: 7 July 2021	TB 38/21
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Title	Nursing, Midwifery and Therapies Establishment Review 2020/21
Sponsoring Director	Chief Nurse
Author(s)	Associate Chief Nurse
Purpose	To provide Trust Board with the outcome of the NMAHP 2020/21 safe staffing review and assurance of the process used in the review.
Previously considered by	Quality Assurance Committee 16 June 2021, GEB 01 June 2021

<p>Executive summary</p> <p>In line with National Quality Board guidance Barts Health undertakes regular nursing and midwifery establishment reviews reflecting the principles of best practice. This paper outlines the governance process of the safe staffing review for end of year 2020/21, the outcome in terms of changes to the establishment, the financial impact and safe staffing priorities for 2021/22. The outcome of the review was approved by GEB and then QAC in June 2021. The full report has been published separately following this review.</p>

Related Trust objectives
2.

Risk and Assurance	This report provides assurance on nursing, midwifery and therapies staffing levels
Related Assurance Framework entries	-
Legal implications/regulatory requirements	NHSI will carry out an annual assessment of compliance with the Developing Workforce Safeguards (2018) through the Single Oversight Framework

<p>Action required by the Trust Board</p> <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> Formally note the outcome of the 2020/21 nursing, midwifery and therapy safe staffing review and support the recommendations for changes to establishments. Note GEB and HEBs have identified the safe staffing priorities which are funded from Q1 2021/22. The remaining safe staffing priorities are prioritised for Q3 budget setting 2021/22 pending Trust Board approval. Note the challenges delivering some of the actions agreed in the 2020/21 safe staffing review due to the impact of the Covid-19 pandemic Support the priorities for 2021/22 and plan to refine these and map them into existing work streams

Report to the Trust Board: 7 July 2021	TB 39/21
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Title	Inclusion Matters: Equality Information & Gender Pay Gap Report 2020
Accountable Directors	Interim Group Director of People
Author(s)	Director of Communication & Engagement Associate Director Inclusion Head of Workforce Information Systems and Insight
Purpose	Provide an update on the Trust's response to statutory requirements under the Equality Act 2010 to publish Equality Information and Gender Pay Gap data by 30 March 2020.
Previously considered by	Equality and Inclusion Board 11 February 2020 People Leadership Team 13 February 2020 Group Executive Board 24 February 2020

<p>Executive summary</p> <p>The Inclusion Matters report details the Trust's progress on meeting our Public Sector Duty for the year and the journey towards delivering our equality objectives and commitments. The full report has been published separately.</p>

<p>Related Trust objectives</p> <p>SO1: Safe and Compassionate Care; SO2: Efficient and Effective Care; SO4: A Strong Engaged workforce</p>

Risk and Assurance	This report provides assurance in relation to the above objectives.
Related Assurance Framework entries	12. Risk of not delivering workforce and patient equalities and inclusion goals impact on delivery of key objectives

Legal implications/regulatory requirements	The content of this paper is in line with our Public Sector Equality Duty requirements and relates to a KLOE under the 'Well-led' domain of CQC inspection framework.
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<p>Action required by Trust Board members:</p> <p>The Trust Board is asked to approve the Inclusion Matters report and note this summary</p>

Report to the Trust Board: 7 July 2021	TB 40/21
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Title	Use of the Trust Seal
Sponsoring Director	Trust Secretary
Author(s)	As above
Purpose	To seek Trust Board ratification of use of the Seal, pursuant to Standing Order 21.2.
Previously considered by	n/a

Executive summary	
This paper documents the use of the Trust Seal on the following occasions:	
29 June 2021	
<ul style="list-style-type: none"> • Deeds of novation of contracts pursuant to the formation of NHS East and South East London Pathology Partnership between Homerton University Hospitals NHS FT and Barts Health NHS Trust and: <ul style="list-style-type: none"> ○ Sebia (UK) Ltd ○ Qiagen Ltd ○ Launch Diagnostics Ltd ○ DX Network Services Ltd ○ Bruker UK Ltd ○ Beckman Coulter UK Ltd ○ Northstar Scientific Ltd ○ Biomerieux UK Ltd ○ Sysmex UK Ltd 	

Related Trust objectives
n/a

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

Legal implications/ regulatory requirements	The Trust's lawyers were involved in drawing up the documents requiring sealing.
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Action required by the Board
The Trust Board is asked to ratify the use of the Seal on the occasions listed above.

Questions for the Barts Health NHS Trust Board meeting on 7 July 2021

A. Representative of Unite (Leonard Hockey)

1. You can this year act to deliver pay justice to low paid Serco workers by deciding to take them back in house. They are paid nearly £3k less than directly employed staff doing the same job. There is a break clause in your contract. Will you take this opportunity to end poverty pay and make these workers truly feel like members of the 'Bart's family'?

B. Waltham Forest Save Our NHS (Ms Terry Day / Ms Molly Cooper)

1. Integrated Supported Discharge Hub at Whipps Cross Hospital

We understand that in May 2020, 54% of discharges referred to the hub were achieved within 24hrs of a referral, which rose to 75% by October 2020.

- a) Is speed of discharge the only measure of success you apply to the Integrated Supported Discharge Hub? If not, what are the other measures of success?
- b) Do the people working within the Integrated Supported Discharge Hub work to targets for speed of discharge after referral, or any other targets or KPIs? If yes, what are these targets and KPIs?
- c) How many people aged over 65 who were discharged from Whipps Cross Hospital via the Integrated Supported Discharge Hub were readmitted to hospital within 30 days (or whatever periods you routinely use to measure readmittances) of having been discharged?
- d) Do you have any system in place for routinely monitoring patient, and family of patient, satisfaction levels with the care they are offered, and arrangements put in place after discharge via the Integrated Supported Discharge Hub? If yes, can the outcome of such monitoring be shared with Waltham Forest Save Our NHS? If no, why not?
- e) We have come across many older people who have been discharged via the Integrated Supported Discharge Hub where they and their families are far from satisfied with the care that has been provided to them after discharge from Whipps Cross. Given that you have the ambition of Whipps Cross becoming a centre of excellence for frailty, would you consider commissioning an independent evaluation of how well this is really working for older patients' quality of life?

2. Plans for New Whipps Cross Hospital

We have heard from a number of current staff at different levels in different professions and occupations at Whipps Cross Hospital that they are concerned the facilities for staff learning and development, and for staff well-being, in the new hospital will not be adequate.

- a) What will the facilities be for staff learning and development and clinical skills in the new hospital?
- b) Will the full range of clinical training and education currently provided on site in Whipps be reprovided at Whipps?
- c) Will the level of access for staff to this training be maintained, reduced or improved?

Will the specialist services for staff, providing not only training but advice, support and intervention across the hospital, be based on site and be provided with the facilities they need to do their work?

C. Newham Save our NHS questions (Ms Ros Mykura/Mr Alan Cooper)

1. How many beds are there currently for maternity patients at Newham Hospital, for how many births per year at Newham maternity unit?
2. What are the staffing shortages at Newham Hospital Maternity for midwives and consultants?

2. 3 Has Barts Board asked maternity patients who are wrongly denied free NHS maternity care by Barts NHS invoicing procedures to give feedback on the impact of this on their NHS maternity care experience?
3. Why has Barts Trust agreed the location of the 'maternal medicine hub' at the Royal London Hospital, rather than at its biggest maternity unit at Newham Hospital?