

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board
via videoconferencing (Cisco Webex) on Wednesday 8 September 2021 at 11.00am
Scheduled to end by 1.30pm

AGENDA

Please note that this is a Trust Board meeting held by videoconferencing with access to the public to view and submit questions in advance. In accordance with the Trust's Standing Orders, no recording of the meeting is permitted.

		Paper TB	Lead	Time
1.	WELCOME		Mr I Peters	11.00
2.	APOLOGIES FOR ABSENCE: Ms C Alexander			
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.	TRUST BOARD MEMBERSHIP To note changes to Board membership	42/21	Mr I Peters	
5.	MINUTES To approve the Minutes of the meeting held on 7 July 2021 and review the appended action log	43/21	Mr I Peters	
6.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
7.	STAFF STORY To hear a staff story		Ms L Hicks	11.00
8.	CHAIR'S REPORT To receive a report from the Chairman		Mr I Peters	11.15
9.	CHIEF EXECUTIVE'S REPORT To receive a report from the Chief Executive		Ms A Williams	11.20

		Paper TB	Lead	Time
QUALITY, SAFETY AND PERFORMANCE				
10.	INTEGRATED PERFORMANCE REPORT – M4 To receive the report and discuss: <ul style="list-style-type: none"> • Covid-19 • Access • Quality and Safety • Financial performance • People • Vaccination 	44/21	Mr R Coulbeck Mr S DeGaris Prof A Chesser Mr H Virdee Mr D Waldron Mr A Hines	11.30
11.	REPORTS FROM BOARD COMMITTEES 11.1 Finance and Investment Committee 11.2 Quality Assurance Committee	Oral 45/21	Mr A Camp Dr K McLean	12.00

STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
12.	PEOPLE STRATEGY IMPLEMENTATION To receive an Inclusion report	46/21	Mr D Waldron and Mr A Abraham	12.20
13.	RESEARCH STRATEGY IMPLEMENTATION To receive an annual report on the research strategy	47/21	Prof A Chesser and Prof R Pearse	12.40
14.	WHIPPS CROSS REDEVELOPMENT To receive a progress update	48/21	Mr R Coulbeck and Mr A Finney	12.55

ITEMS FOR INFORMATION (UNLESS OTHERWISE STATED) / ANY OTHER BUSINESS				
15.	YEARLY REPORTS FOR APPROVAL 15.1 Infection Prevention and Control report 15.2 Overseas visitors report	49/21 50/21	Prof A Chesser Mr S DeGaris	13.05
16.	ANY OTHER BUSINESS			
17.	QUESTIONS FROM MEMBERS OF THE PUBLIC			13.10

<p>18.</p>	<p>DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 3 November 2021 at 11.00am in the Board Room, Whipps Cross Hospital, Whipps Cross Road, Leytonstone, London (to be confirmed).</p>			
<p>19.</p>	<p>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).</p>			

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0637

Report to the Trust Board: 8 September 2021	TB 42/21
--	-----------------

Title	Trust Board membership
Sponsoring Director	Chairman
Author(s)	Trust Secretary
Purpose	To note changes to Board membership
Previously considered by	n/a

Chair

Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust have confirmed the appointment of the Right Honourable Jacqui Smith as chair in common and she will take up post on 1 October 2021. This joint appointment reflects the closer collaboration between the two trusts (which will retain separate boards). Jacqui will succeed Ian Peters, following his appointment to the position of Chair of the new UK Health Security Agency.

Executive Director

Mr Daniel Waldron took up post as Director of People and non-voting Trust Board member on 2 August 2021.

Related Trust objectives

n/a

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

Legal implications/regulatory requirements	No direct legal implications identified.
---	--

Action required by the Board

The Trust Board is asked to note the above changes to Trust Board membership

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting in public on
Wednesday 7 July 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 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)
- Mr C Williams (Associate Non Executive Director)

In attendance: Mr S Collins (Trust Secretary)

Apologies: Mr G Dalal (Vice Chairman)

** Non-voting member*

60/21 WELCOME

The Chairman welcomed everyone to the meeting.

The Group Chief Executive noted that this was likely to be the final Trust Board meeting to be chaired by Ian Peters. She recognised his great contribution and leadership during in an intense period for Barts Health and the NHS, and one which had proved a time of great rewards as well as challenges. She knew that he had taken pride in the Trust's delivery of great care during the pandemic and thanked him for his presence as an encouraging leader and as someone able to listen at times when wise counsel had been needed. During his tenure some key markers of quality and organisational sustainability had been achieved, including securing exit from

special measure regime. She expressed her personal thanks and best wishes on behalf of the Trust Board, with confidence that his contribution would now be at a national stage with the UK Health Security Agency. Mr Camp also expressed his thanks on behalf of the Non Executive director team and reflected on the direction provided to Barts Health, with a determination to grip operational imperatives and create scope for strategic thinking to develop. He noted that the strong relationship between chair and chief executive was fundamental to an organisation's success and recognised that the Board and executive team had transformed in recent years. Board members appreciated how he had ensured the voice of the Board and the local population was heard and felt that this had been valued by NHSE/I and others.

61/21 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.

62/21 MINUTES

The Minutes of the meeting of the Trust Board held in public on 5 May 2021 were received and approved.

63/21 MATTERS ARISING

There were no matters arising or actions due to be reported back on at this meeting.

64/21 PATIENT STORY

The Chief Nurse welcomed Dhruvi Jadeja, a younger person who had lived with diabetes for nearly all of her life and had been a regular attendee at Newham Hospital. Dhruvi was accompanied by Desiree Campbell-Richards, a diabetic Specialist Research Nurse from Newham, who was in attendance as a clinician involved in the Young Adult Peer Support Programme.

Dhruvi outlined her experience as a patient and how she had felt so unlucky in having diabetes and learning how to live with managing this condition. At a very young age she had experienced symptoms such as reduced bladder control and during one episode had suffered massive weight loss leading to eventually ending up in a coma. It was only at this point that she had been diagnosed with diabetes. Following her diagnosis she had made adaptations but had found school life and events such as sports days a trauma and had faced continual concerns about experiencing 'hypo' episodes. Her diet had to change dramatically and she had injections constantly (around 8 per day).

Her experience of care as part of a paediatric department had been as expected, but she emphasised how hard it had been as a child to be constantly told what to do and how to eliminate risks associated with her lifestyle. She noted that, at 18 years old she had moved under the care of an adult department and had found the care and advice provided far more laidback and empathetic to the lifestyle issues associated with the condition.

Desiree outlined details of the peer support programme for young adults in place at Newham. This had been originally set up recognising that there were many issues with the approach to encouraging effective self-management of this condition. A youth worker post had been introduced supported with research funds. The research had explored social issues associated with transferring from paediatric into adult care processes and how best to support the step into self-care. She emphasised the importance of social media to enable group sharing experiences, maintain contact and build goodwill with younger patients (often in their late teens) reporting that they felt that they had much greater support now.

Ms Exley noted the important role of research that had been described and asked if there were other areas that, as a patient, more support or research might help. Dhruvi agreed that research often provided opportunities to innovate, with Google contact lenses enabled to test blood pressure as an example. She noted that needles caused bruising and that there may be options to make a big difference to patients' lives, noting for example changes to standard injections 6mm to 5mm needles having been a great improvement. She noted that with long term conditions, many key considerations were lifestyle-related.

Dr McLean recognised the difficulties in treating and supporting children diagnosed with diabetes and wondered if there were any immediate changes that could improve matters. Dhruvi indicated that there were no easy solutions but there needed to be a recognition that attempts to enforce rules relating to lifestyle would have limited effectiveness with children when surrounded by others without any conditions to manage.

Mr Williams noted that technology seemed to have an important role to play. The Chief Medical Officer noted that the diabetes service had been pioneering in the way it engages with its patients. Desiree agreed that social media had been a key tool, recognising that there have been issues to surmount around data protection. An increased connectivity with patients during the pandemic had proved important and patients appreciated that making these connections was important.

The Group Chief Executive highlighted the need to consider further how to support education, in its broadest sense, for management of diabetes. Making this resonant in local communities is important, recognising that childhood diabetes is an unknown condition to many. An educational

approach would be essential for supporting patients to manage long term conditions.

The Chief Medical Officer expressed his thanks to Dhruvi and Desiree for their presentation and noted that Dhruvi was a role model for others with diabetes. He took the opportunity to thank the Newham diabetes team who were world leaders in many areas of diabetes care. This included the key role of Dr Shanti Vijayaraghavan, who had very recently retired, having led this service to national awards.

65/21**CHAIR'S REPORT**

The Chairman thanked colleagues for their kind words at the start of the meeting. He reflected that his tenure had started during a more troubled time for the Trust. He had been determined to join the Trust because of people he had met, the communities served and the values exemplified by the Chief Executive. During his time at the Trust, there had been challenges such as terrorist attacks, ICT viruses and pandemics and he reflected on the professional response shown by staff to all of these circumstances. He recognised the opportunities to develop in future and felt that great strides had already been made towards this.

Since the last meeting, Covid-19 infections had risen across the UK, albeit that these appeared currently to be at a lower level in NE London and thankfully with greatly reduced mortality rates. He noted the isolation of increasing numbers of staff and the need to monitor the potential impact on morale of a further surge and associated stresses. In other developments, there had been continued engagement with stakeholders regarding the potential for closer working with Barking, Havering and Redbridge University Hospitals NHS Trust, further national honours (including a CBE for Martin Griffiths) and a welcome to Professor Sir Mark Caulfield following his appointment as CEO of Barts Lifesciences.

66/21**GROUP CHIEF EXECUTIVE'S REPORT**

The Group Chief Executive noted some key events since the last meeting. The Trust had marked the 73rd birthday of the NHS with cupcakes for staff members. She noted the honour of the George Cross medal having been bestowed on whole NHS, reflecting the gratitude towards to our people for a tremendous year of commitment and work. The Minister of State for Health, Edward Agar, had visited Whipps Cross and been able to view progress with demolition and enabling works. The East and South East London Pathology Partnership had been initiated and chair interviews were being held later today. Steps to explore closer collaboration with Barking, Havering and Redbridge University Hospitals NHS Trust were now being taken forward in line with the principles and design framework set out for Integrated Care Systems. The published guidance reinforced the role of provider

collaboration and place-based leadership (i.e. working closely with boroughs) as a key strand of national policy and direction.

67/21 OPERATIONAL PLAN 2021/22

The Director of Corporate Development introduced the Operational Plan 2021/22 and summary narrative. He noted that this plan provided an opportunity to reflect on how to build on the operational performance progress made in recent years and harness learning from the pandemic. The plan reflected that this remained an exceptional year, with the forward look reflecting a financial framework that only accounted for the first half of the year; the plan would need to adapt to national guidance and frameworks once these were published for Quarters 3 and 4. The plan sought to create a balance between the operational targets and more strategic objectives. This included the deliberate positioning of inclusion as the first of our three strategic objectives for the year. Promoting equity was a theme throughout the plan. Other features of the plan included setting out a roadmap for restoring elective services embracing quality improvement principles. He reflected that in the initial months of 2021/22 early progress had been made on delivering elective activity increases. The plan set out some key ambitions specific to each hospital site (such as harnessing and embracing the 900 year anniversary at St Bartholomew's Hospital, or responding to the population growth at Newham). He concluded that approval of the plan was now sought including for the summary developed for public and stakeholder involvement.

The following points were made in discussion:

- The Chairman thanked in particular the authors and contributors to the public-facing summary of the plan, which he felt to be excellent.
- Dr McLean noted that she had seen many similar plans in the past but felt that this was the best operating plan she had received. The plan set out proposed actions, while enshrining the Trust's vision and values. She welcomed the ambition shown in the plan and felt that it would be helpful to further consider what may be the key risks to this plan, barriers that could result in going off trajectory and any mitigations that could be considered. The Director of Corporate Development highlighted the key role of the Board Assurance Framework in articulating the key risks and how assurances would be provided in year. The Chairman recommended that scheduling a 6-month update on progress and risks to the Operational Plan would help to retain a focus on this.

ACTION: Director of Corporate Development

The Chairman agreed that this provided a balanced plan which was patient centred, ambitious and recognised the Trust's role as part of the wider NE London system. The Trust Board approved the Operational Plan 2021/22.

68/21 INTEGRATED PERFORMANCE REPORT

The Chairman introduced colleagues to provide highlight by exception only. The Deputy Chief Executive reflected on emergency attendances increasing from March, with May and June reporting an increase to pre-pandemic levels. This was consistent with the experience of most NHS trusts during this period. He outlined the significant work by clinicians on waiting list activity resulting in turning a corner on Referral to Treatment Time performance. turned a corner - huge work with clinicians to achieve this. The Chief Nurse highlighted complaints and serious incident response rate improvements at Newham (which had previously been an area of concern). Other quality metrics were indicating positive trends and infection control would remain an area of particular importance. Friends and Family Test patient feedback had returned and the uptake had increased for these surveys. The team were exploring new way of considering findings from feedback. She noted that inspections had been carried out by the CQC and Health and Safety Executive (HSE) on Imaging services at The Royal London and Whipps Cross, with final report findings anticipated in the next 3 weeks. An inspection at Newham's maternity department had also been carried out with a slightly longer timeframe for reporting back. The Chief Medical Officer added that the team had spent some time looking at mortality rates at Newham. He anticipated that the findings would reflect the second surge of Covid-19 cases and a report would be developed for the Quality Assurance Committee following further review. The Interim Director of People noted a spotlight on WeLead training and development, appraisal and staff recognition recently. Key workforce metrics reflected a reducing annualised sickness absence rate although isolation requirements associated with Covid-19 meant that absences remained high overall. The Chief Finance Officer confirmed that the prior year's position provided a stronger platform for 2021/22 budgets. Month 2 reflected a positive variance to the planned position due largely to elective recovery and associated incentive funding. He noted however, that the current funding arrangements were not expected to remain in place.

Ms Exley agreed with the need to remain ambitious on recovering appraisal rates. She asked about the numbers of staff not yet vaccinated and the proportion of these that were patient-facing. The Director of Corporate Development confirmed that around 87% of staff were vaccinated and steps being taken to close the gap on validating vaccination records with the Electronic Staff Record system. This step will support accuracy of staff data and the ability to identify those yet to receive full doses and to follow up to promote vaccination. It was noted that the main hub for all vaccinations was based at Stratford Westfield (replacing ExCel Centre facilities). He confirmed that the pressure on providing sufficient capacity had reduced and the focus

was now on encouraging take up. In addition to moving the main hub to a more accessible site, steps were being taken to provide vaccinations closer to communities in a targeted way. It was agreed to provide further validated information in due course on the breakdown by role of staff remaining unvaccinated.

ACTION: Director of Corporate Development

Mr Camp asked about head and neck cancer and gynaecology oncology specialties which appeared to be experiencing longer waiting times than others. He also recognised the strains that the increased activity presented for diagnostics. The Deputy Chief Executive confirmed that both specialties identified were facing shortfalls on available capacity to support the catch-up required on shortfalls. He noted, however, that the Trust had demonstrated a strong track record on cancer waiting times which provided reasons for optimism on tackling the issues. A diagnostics trajectory, broken down by modality was being developed to present at the next Trust Board meeting, recognising the backlog.

ACTION: Deputy Chief Executive

Dr McLean recognised the major challenges for reducing the size of waiting lists and asked about the plans for statutory and mandatory training, recognising that other core activities had been necessarily prioritised ahead of this in recent months. The Deputy Chief Executive indicated that the initial progress on elective recovery enabled him to have some confidence in the Trust's ability to reduce waiting times. He felt that the work to identify and differentiate the approach for high volume low complexity activity had supported this. He noted the risk that the third wave caseload impaired elective activity but noted mitigations to retain as far as possible a full elective programme. The Director of Strategy noted that the elective recovery trajectory was not a flat one and he would not expect the current rate of waiting list reduction to continue at this level, with different cohorts of patients approaching 52 week waiting times and requiring attention. The Interim Director of People confirmed that there had been a spotlight on appraisals recently, which would enable managers to pick up statutory and mandatory training as part of this. She confirmed that the approach to appraisals was to support conversations on aspects such as training rather than focus heavily on templates and objective-setting.

The Trust Board noted the report.

69/21 REPORTS FROM BOARD COMMITTEES

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

- Mr Camp confirmed that the Finance and Investment Committee had spent time reviewing capital plans and reintroduced productivity metrics. Looking forward, the Committee would need to respond to any

emerging guidance on the financial framework for the second half of the year.

- Dr McLean confirmed the range of topics covered as detailed in the Quality Assurance Committee exception report, which had included review of a number of the annual reports being presented for approval later on this agenda. She noted that a learning review would be developed to explore any key findings of the recent CQC inspections.
- Mr Dalal noted the Audit and Risk Committee's recent focus on finalising the Trust's Annual Report and Accounts. A discussion of principal risks on the Board Assurance Framework was scheduled for later on this agenda, following the Committee's review.

70/21 OUTSTANDING PLACE TO WORK

The Interim Director of People introduced the report, confirming that the aspiration to be an outstanding place to work was central to the operational plan. The report expanded on the approach to listening to our people through the staff survey but also other mechanisms, including staff networks, the Staff Partnership Forum and pulse checks. This feedback was used to inform the People plan for the year. She highlighted some of the movements in survey findings from the prior year, including improvements on bullying and harassment, providing a safe environment and quality of care indicators (which triangulated well with patient feedback findings). Areas of greater concern included support for team working, which she felt may in part be linked to changes on remote working and redeployment associated with the pandemic. The Interim Director of People outlined comparisons with London peers and noted some variance within the group, with Newham and Whipps Cross survey findings not comparing favourably with London averages. An advantage of the group model was the access to known practices that had proved successful and could be engaged to help address areas of concern. She concluded by highlighting some of the key actions being taken on improving working lives, with a focus on aspects such as ICT and estates to equip people to do their jobs effectively.

The Chairman thanked the Interim Director of People and welcomed Daniel Waldron, who would be joining in August as the substantive Director of People. Mr Waldron confirmed that he was excited about the opportunity to join the Board and felt that there was much that was positive to build on.

Ms Exley asked about leadership development and asked for some further detail on the numbers of staff that this would reach and any timescales for this. She noted that it would be helpful to track the take up of leadership development support. The Interim Director of People noted the structure in place to support leadership development with input from the OD function, inclusion team and Education Academy. A number of existing activities would

be brought together to focus on a cadre of around 1200 identified line managers. A series of meetings had been scheduled ahead of a planned roll out of the programme during September. In terms of some of the immediate manager questions for which feedback would be sought, these would include testing the frequency of seeing their line manager and whether managers provided the support needed. Results would be collated but this was not intended to provide a binary output but link into other assessments such as quality of appraisals and inclusivity.

Mr Williams endorsed the approach to appraisals and agreed that these should be seen as an opportunity to develop our staff.

Mr Camp noted the variation on survey scores across the hospitals, including those in relation to health and wellbeing and morale. He suggested that leadership development should include some link to developing and sharing best practice across the group.

71/21 BOARD ASSURANCE FRAMEWORK

The Director of Corporate Development introduced the Board Assurance Framework (BAF). He suggested that the version being presented reflected the development in parallel of the operational plan, with risks aligned to the three strategic objectives outlined earlier in the meeting. He highlighted that of the 14 BAF risks, none were scored at 20 or above but six were in the high risk category, requiring particular attention. Two of these risks were at significant variance from the associated risk appetite/tolerance. These related to CQC and regulatory risk, where a low risk appetite existed and reflected, for example risks associated with the challenging fire safety improvement programme; and on finance risk, reflecting a low risk appetite and known gaps in the financial framework for the second half of this year. He noted that there had been two additional risks identified (relating to maternity service transformation and provider collaboration) with the hope that both could reduce in year. He noted that BAF risk scores had reduced where the organisation had embedded infection control practices and progress on Whipps Cross redevelopment OBC and planning stages.

Subject to approval of the principal risks shown, the next stage would be to fully work up the detail of controls and assurances that would be used during the year to monitor progress in managing the risks. Alongside this, discussions would take place with Board committee chairs regarding the scheduling of deep dive reviews for BAF entries. A further developmental aspect would be Board seminar work during the autumn to help quantify risk tolerance thresholds, building on some initial work on this shown in the paper.

The Chairman felt that it was pleasing to see an increasing maturity in the approach being taken in this area of risk management. The Trust Board approved the Board Assurance Framework.

52/21 WHIPPS CROSS REDEVELOPMENT

The Director of Redevelopment introduced the progress report. He confirmed progress on demolition and enabling works funded by government and endorsed during the recent ministerial visit. He outlined engagement and further development on the health care services strategy and a related focus on palliative care reflecting feedback acknowledging its importance. Work with system partners on service transformation plans was a key focus and would further inform the sizing and service offer within the final design. He acknowledged that, ideally the OBC would be approaching approval stage at this time. As work had developed with the national new hospitals programme, the status of Whipps Cross as one of only 8 pathfinder schemes had informed the standardisation theme across hospital builds and an alliance on procurement developed, with benefits expected to accrue from this locally. Feedback from national colleagues on the programme remained positive. He concluded that the readiness of the programme remained on track, with the potential to submit an OBC for approval by the end of the year and to deliver a new hospital by 2026.

The Trust Board noted the progress report.

73/21 QUALITY ACCOUNT

The Chief Nurse introduced the Quality Account. She outlined progress made on quality objectives and benchmarked indicators, confirming plans in year to revisit how performance could improve against these. She noted positive comments received from CCGs and Healthwatches and welcomed their support in meeting the accelerated timelines for providing responses.

Mr Camp asked whether the Quality Account had been subject to auditing. The Trust Secretary confirmed that the national policy had been to suspend auditing of Quality Accounts this year due to the pandemic. He noted that the Annual Report, which accompanied this and had recently been approved by the Board also contained some key performance details which had been subject to review by External Audit.

Dr McLean expressed her thanks to colleagues involved in pulling this together in challenging circumstances. She also noted that there may be some options to review lessons from some organisations that appeared to have performed very strongly on the benchmarked indicators.

The Trust Board approved the Quality Account.

74/21 MATERNITY SELF ASSESSMENT CHECKLIST AND OCKENDON UPDATE

The Chief Nurse introduced the report. As in previous years, the CNST programme provided an opportunity to reflect on progress against some key safety standards ahead of a planned submission by 22 July 2021. The progress report on Ockendon Review actions highlighted the remaining areas where actions were outstanding, with the expectation that these would be closed during July 2021. The Trust was awaiting feedback on the outcome of bid for funding to support recruitment of additional midwifery and obstetric staff.

The Chief Nurse outlined the challenges on delivering the aspirations around continuity of care (characterised as having the same named team or carer during the whole episode of care). It was noted that this would require very different funding and workforce models to achieve consistently. In terms of assurance reporting, maternity metrics had been incorporated into the Integrated Performance Report and regular meetings involving the Quality Assurance Committee chair, lead executives and Women's Board leads would focus on Ockendon-related initiatives.

Dr McLean confirmed arrangements to closely monitor maternity improvements and supported the self-assessment. She noted some reservations regarding continuity of care, recognising that staff with family and other responsibilities could not necessarily adapt working hours to meet all the potential clinical circumstances that could arise during labour. Ms Exley asked how achievable this aspiration might be. The Chief Nurse suggested that the scheduled BirthRate plus review would help inform an assessment of this, with funding a further consideration. She agreed with earlier comments that reflected the rationale for on-call arrangements and the unpredictable nature of maternity caseloads.

The Trust Board noted the report and approved the CNST submission.

75/21 ITEMS FOR APPROVAL - ANNUAL REPORTS

The Chairman highlighted a number of important annual reports, which had been presented for approval following review by other committees. The Trust Board approved:

- the health and safety annual report;
- the complaints annual report;
- the safeguarding adults annual report;
- the safeguarding children annual report;
- the nursing safer staffing report; and
- the Inclusion Matters equalities information report.

76/21 USE OF THE SEAL

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

77/21 ANY OTHER BUSINESS

There was no other business.

78/21 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chairman introduced the section of the meeting inviting questions from the public. Given the 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 Unite representative (Mr Hockey) asked whether the Trust Board would exercise a break clause in the Trust's contract with Serco to allow workers to be insourced (full details of the questions provided in published Trust Board papers for 7 July, paper reference TB 41/21)

The Deputy Chief Executive advised that the current contract that the Trust has with Serco ran until 2024 but does provide an option for the Trust to terminate by giving 18 month's notice from 1st November 2021. There was currently no plan to pursue this option. As with all major contracts the long term future of this service provision would be considered as part of annual business planning processes and there would be opportunities to review all of the options going forward for this contract.

Representatives of Waltham Forest Save our NHS campaign group (Ms Day and Ms King) asked questions relating to the Integrated Discharge Hub in terms of targets and metrics, readmissions and patient satisfaction (full details of the questions provided in published Trust Board papers for 7 July, paper reference TB 41/21)

The Deputy Chief Executive advised that the Integrated Discharge Hub was run by Waltham Forest Council and NELFT and delivered in partnership with the Trust referring patients into the Hub. It was created in response to the COVID-19 pandemic and has been retained as its ambitions align with getting patients home wherever it is suitable and safe to do so. The Hub was run by our community partners best placed to help the hospital manage patients who are medically optimised for discharge (i.e. no longer need to remain in hospital for medical reasons). The number of patients suitable for the Integrated Supported Discharge Hub at any one time was fewer than 40 patients a day. All the patients who are suitable are referred into the Hub and all other discharges are managed directly by the hospital team. The service standard aspires to discharging all patients referred to the unit on the same day where possible, in line with the NHS Hospital Discharge guidance. However, there was

a shared understanding that safe transition out of hospital into the most appropriate setting was prioritised ahead of speed of discharge. Other measures captured by the Hub included details of destination, length of stay, reasons for not discharging any patients that may otherwise meet discharge criteria and failed discharges (those patients who are re admitted within 28 days of being discharged with the same issue).

As a hospital we monitor all readmissions and the national reportable period is within 28 days, these are included in our routine performance reports. The hospital is in the process of re-launching the friends and family test reviews following a pause during the pandemic. The intention is to monitor all patient feedback including those patients referred to the Hub. Outcomes will be published in the Integrated Performance Report alongside other patient experience metrics. Further details on patient experience and information on patients specifically discharged and readmitted through the Hub would be available from North East London NHS Foundation Trust.

Representatives of Waltham Forest Save our NHS campaign group (Ms Day and Ms King) asked questions relating to plans for the provision of education services in the redeveloped Whipps Cross Hospital (full details of the questions provided in published Trust Board papers for 7 July, paper reference TB 41/21)

The Director of Strategy confirmed that training and education for undergraduate students and postgraduate clinicians of all disciplines was a priority for Barts Health and key to all workforce recruitment and retention. The plan for the redeveloped hospital would include high quality education and research facilities improve the range of clinical education and training and the access to it. The education spaces will equip staff and students with high-performing facilities to support the advancement of learning and practice of complex skills within a safe environment. Some facilities may be consolidated together in a central location, whereas others – particularly seminar rooms – will be distributed throughout the whole hospital.

Newham Save our NHS campaign group representatives (Ms Mykura and Mr Cooper) asked questions relating to Newham maternity demand and capacity; staff vacancies; steps to seek feedback from service users and/or those subject to charging regulations; and rationale for locating the maternal medicine hub at The Royal London (full details of the questions provided in published Trust Board papers for 7 July, paper reference TB 41/21)

The Deputy Chief Executive reported that there were 69 inpatient beds for maternity excluding Barking Birthing Centre (4 beds), maternity observation and triage (4 beds) and Maternity assessment unit (4 beds). In 2020/21 there were 5537 births at Newham. Currently there were 31 WTE (Whole Time Equivalent) vacancies for midwifery. There were 17 midwives in the recruitment pipeline projected to start fairly shortly and 8.85 WTE midwives on maternity leave). Plans are underway to recruit 10 WTE midwives, with some on fixed term contracts for maternity cover, with potential for these to be converted to substantive posts where vacancies arose. In terms of consultants,

there were 2 vacancies (covered by consultants on Fixed Term Contracts, with feasibility proposals to recruit these posts substantively). All maternity services users were provided with the opportunity to provide feedback on their experience via various forums including Friends and Family Test and Matrons and Women's' Experience Lead Midwife walkabouts. The *Notice of Charge* process introduced by the Overseas Visitors team is now embedded. Responses to our requests for supporting information to confirm entitlement to NHS secondary care have increased as have the timeliness of patient replies. This patient engagement has enabled us to successfully conclude our enquiries more quickly.

The Chief Nurse confirmed that, in line with plans for implementation of networked maternal medicine services nationally, the NEL ICS selected the Royal London Hospital to be the hub for the NEL maternal medicine network. This was selected in line with the required co-location of specialist services, a key requirement in the national service specification for these networks.

79/21 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 8 September 2021 at 11.00am via videoconferencing, with joining details to be published on the website.

80/21 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: 7 July 2021			
No.	Action	Lead	By
	Operational Plan: Provide 6-monthly progress report on the Operational Plan	Director of Corporate Development	3 November 2021
	Integrated Performance Report: Provide staff breakdown on vaccination rates	Director of Corporate Development	Completed 8 Sept IPR
	Integrated Performance Report: Provide details of diagnostics trajectory	Deputy Chief Executive	8 September 2021

Trust Board Part 1: 5 May 2021			
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: 8 September 2021	TB 44/21
--	-----------------

Title	Integrated Performance Report (Month 4)
Accountable Director	Director of Strategy
Author(s)	Director of Performance
Purpose	This report provides a performance update

Executive summary
 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.

Related Trust objectives
 All trust objectives

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

Legal implications/ regulatory requirements N/A

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

Barts Health Integrated Performance Report

Sep-21

Performance for: **Jul-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 previously noted, clock stops were 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 monitor the SI process according to internal targets 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.

- **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).

Pack Contents

Sep-21

Report	Page
Executive Summary	4
Covid-19 Monitoring and Recovery Report	13
Quality & Performance Report	22
Finance Report	44
People Report	51
Glossary	60
Appendix	66

Sep-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 critical care 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. The Trust has been carefully monitoring local borough case rates and Covid-19 admissions to assess the scale of a third wave of the pandemic. Whilst infections and admissions increased across Jul-21 and the first half of Aug-21, hospitalisations were far below wave one and wave two levels and have been stabilising.
- Looking at Aug-21 against Jul-21 (to 24/08/2021), weekly average Covid-19 admissions have increased from 56 to 75(+34%); however, this is a fraction (11%) of the 665 average weekly admissions recorded across the second wave period, Dec-20 to Jan-21.
- On the day of finalising this report (01/09/2021), the number of Covid-19 positive inpatients across the Trust was 160, with 37 being cared for in a critical care bed. This represents 31% of the Trust's current overall critical care capacity and is 20% of the volume experienced at the height of the second wave peak of the pandemic.
- Looking at patient demographic and length of stay profiles, it is noticeable that the age range of patients has reduced considerably in the third compared to the second wave. In the second wave, 60% of Covid-19 patients were under the age of 65 years, with 40% over 65. In the third wave the proportion of Covid-19 patients under 65 years has increased; however, a reducing trend is now visible in the data. During Jun-21, 84% of Covid-19 admissions were under 65, reducing to 79% during Jul-21 with 72% recorded for Aug-21 to date. There was a corresponding increase in the proportion of Covid-19 admissions over 65 years of age, with 16% recorded in Jun-21, rising to 21% in Jul-21 and 28% during Aug-21 to date. Similarly, length of stay has reduced from a high of 10.7 days in Dec-20 to 7.4 days in Jun-21, reducing to 6 days during Jul-21. The reduction in the age range of Covid-19 admissions may reflect the pattern of the national mass vaccination programme with older age groups prioritised. The reducing length of stay may reflect a changing clinical profile associated with the age of patients admitted.
- Sadly there have been 31 further patient deaths during Aug-21 (to 24/08/2021) within 28 days of a positive Covid-19 diagnosis; however, for the same period, 917 inpatients with confirmed Covid-19 recovered and were discharged.

Covid-19 Community Cases

- Comparing the week commencing 05/08/2021 to the week commencing 12/08/2021 shows the following movements in the case rate per 100,000 population:
 - For Waltham Forest, an increase from 255 to 257 (+1)
 - For Newham, a decrease from 328 to 277(-16%)
 - For Hackney and City of London, a decrease from 301 to 258(-14%)
 - For Tower Hamlets, a decrease from 321 to 278(-13%)
- As a comparator the London case rate has decreased from 284 to 271(-5%) while the England case rate has increased from 313 to 326(+4%).

Staffing

- For staff there was a decrease in absence due to all Covid-19 related reasons, with 205 absent staff recorded at the end of Jul-21, decreasing to 147 as at 22/08/2021, a decrease of 58 (-28%).

Covid-19 Monitoring and Recovery (Continued)

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. Elective admitted and outpatient activity tracked above plan for the three month period Apr-21 to Jun-21, but for Jul-21 both activity types performed below plan. Long waiter (52 week) eradication trajectories are performing better than plan.

Vaccinations

- The Trust's vaccination centre relocated to The Street in the Stratford Westfield Centre at the end of Jun-21, now offering AstraZeneca and Pfizer vaccinations for booked and walk-in members of the public.
- 152,962 vaccinations have been delivered by the vaccination centre since it opened on 11/01/2021.
- Work continues on delivering "hyper local" outreach vaccination clinics in Tower Hamlets, City and Hackney, Newham and Waltham Forest. The outreach team has been shortlisted for a Health Service Journal award.
- 75% of current Barts Health substantive staff (12,656) have been matched to national vaccination records, with work continuing to match individual records to the electronic staff record (this has reduced from 76% due to new starters). Overall vaccine uptake continues to be estimated at 87%. Staff are able to be vaccinated at Royal London as well as at the vaccination centre and in primary care. The vaccination clinic at Royal London for women attending antenatal services continues to operate.
- The Board has requested information on vaccination rates in patient-facing roles. 85% of allied health professionals, 80% of nurses and midwives and 75% of the medical and dental staff groups have been matched to national vaccination records (the vaccination rate for medical staff is understated due to a data lag following changeover of junior doctors). Line managers have been asked to refresh individual risk assessments, which include vaccination status. Information on unvaccinated staff continues to be shared with line managers, encouraging them to have one to one conversations. All unvaccinated staff have received a personal communication from the Chief Medical Officer and Chief Nurse urging them to take up the vaccine. An influencers' forum is encouraging vaccine uptake amongst hesitant staff, with further engagement planned with faith leaders and community partners. Vaccination status forms part of Covid-19 risk assessments.
- The North East London Integrated Care System (ICS) continues planning for phase 3 of the vaccination programme from Sep-21 onwards. The contribution from the Trust is likely to focus on hospital hubs and outreach, with an integrated approach to flu and Covid-19 vaccination.

Quality & Performance

Responsive

A&E 4 Hour Performance

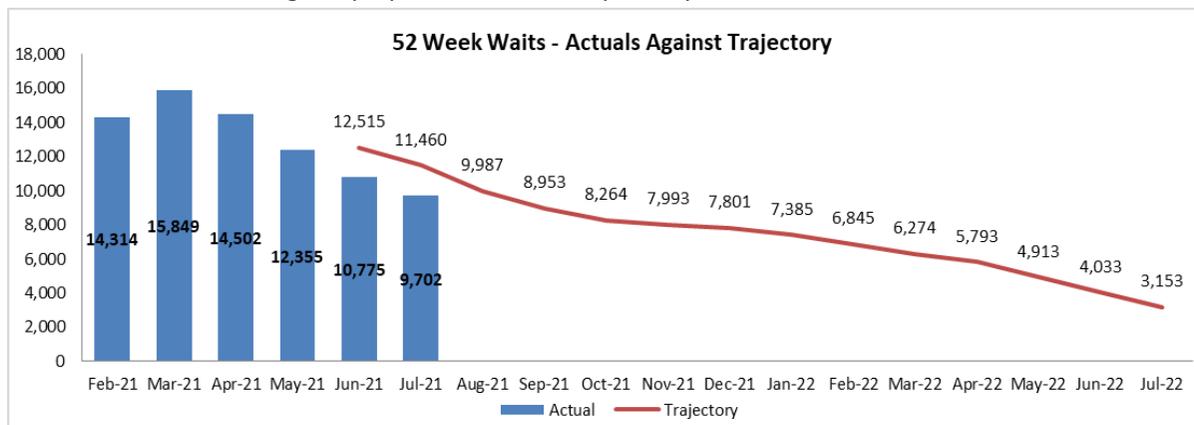
- Due to reductions in demand resulting from the public's response to the Covid-19 pandemic, attendances at the Trust's A&E departments decreased during the first wave but then started to rise again. From Oct-20 the impact of the second wave of the Covid-19 pandemic started to be felt and there were escalating social distancing measures such that attendances started to reduce again. However, from Mar-21 attendances have increased at an escalating rate. Between Feb-21 and Jul-21, attendances increased by 17,025, a 67% increase. In Jul-21, 42,509 attendances were recorded, 95% of the total volume recorded in Jul-19 (pre-pandemic).
- Of the 42,509 total attendances, 55% (23,381) were Type 1 (higher acuity) and 45% (19,128) were Type 2/3 (lower acuity); proportionally this is slightly fewer Type 1 attendances (-6%) and slightly more Type 2/3 attendances (+6%) compared to the baseline month of Jul-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 Jul-21 performance has improved from 75.8% to 83.2%, a 7.4% improvement.
- For Jul-21, the Trust was ranked seventh 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. To set this in context, the Trust recorded 23 52 week pathways at the end of Feb-20 rising to a high point of 15,849 at the end of Mar-21. Each month since then, breach volumes have fallen, with 9,702 recorded at the end of Jul-21. This represents a reduction of 6,147 breaches (39%) over a four month period and for Jul-21 is 1,758 better than plan.
- 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 eradication trajectories have 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 Jun-21 (the most recent national data), Barts Health ranked 17th with 10.7% of the waiting list waiting 52 weeks or longer against a total London performance of 4.6%. Turning to the top 10 largest provider Trusts in England (by size of waiting list) reveals that Barts Health had the seventh 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 Jun-21, performance improved with 70.6% recorded at the end of Jun-21, an improvement of 9.3% against Feb-21. However, performance reduced slightly in Jul-21 to 69.6%. During Jul-21, the greatest challenge was in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for over 80% of all breaches.
- Turning to London benchmarking, Barts Health was ranked 17th best performing out of 18 Trusts for Jun-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 seventh best performing.

Cancer 62 Days from GP and Screening Service Referral

- Having achieved the 62 day GP standard for each month of the last two years, the Trust failed to achieve 85% compliance for Jun-21 and as a consequence also failed to achieve the standard for quarter 1. For Jun-21, the Trust recorded a performance of 82.0% and 84.5% for the quarter. Performance in Jun-21, and for the period between Jun-21 to Aug-21, is being impacted by the Wave 3 recovery programme, which is set against national guidelines. The focus is on seeing and treating the clinically prioritised most urgent patients rather than focussing instead on treating patients within defined maximum waiting times. This is likely to result in a three month period of non-compliance with the 62 day GP standard and is also likely to result in non-compliance for quarters 2 and 3. However, apart from the benefit associated with treating the most urgent patients in order of clinical priority, it is also expected to result in a reduction in the overall volume of patients on the waiting list to pre-pandemic volumes.
- In relation to the 62 day screening standard, the Trust achieved the standard in Apr-21 but failed it in May-21, recording 84.2% against the 90% target. However, the Trust returned to compliance in Jun-21 with a performance of 97.2%. Target failure in May-21 was caused by 1.5 breaches in the Lower Gastroenterology tumour pathway. Referral volumes for screening are still below pre-pandemic levels with average patients treated running at 17 per month in 2019/20 against an average of 8 during 2020/21 and 13 in the first three months of 2021/22. 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**

- Duty of Candour – some degree of stability appears to be returning to duty of candour performance. In Jun-21, 32 of 35 incidents were compliant with the internal standard to offer an apology within two weeks.
- Friends and Family Test (FFT) – the inpatient response rate has improved and is almost on target, and there has been a similar improvement in the recommend score which is now over 91%. With the resumption of national reporting the Trust can start to benchmark against other Trusts.

Safe and Effective

- No never events were reported during Jul-21. However, a never event was declared in Aug-21 as a result of a misplaced naso-gastric tube and will be included in the next report.
- One MRSA bacteraemia was reported in Jul-21 and a refresher programme to support accurate and consistent line care documentation has been implemented.
- A national serious incident “clock stop” remains in place with the effect that the Trust is not currently required to report serious incident performance externally as explained on slide 2.
- In the reporting period, no responses to Her Majesty’s Coroner were sent following the issue of a Regulation 28 (Prevention of Future Deaths) notice.

Care Quality Commission (CQC) Unannounced Inspection – Diagnostic Imaging

- The Care Quality Commission (CQC)/Health and Safety Executive (HSE) undertook unannounced inspections of Diagnostic Imaging services at Whipps Cross and Royal London on 18/05/2021 and 19/05/2021, identifying a number of risk areas. The Trust received a Warning Notice from the CQC on 28/05/2021 and subsequently the CQC and HSE issued a number of Improvement Notices. Inspection reports were published on 30/07/2021: as the Royal London service had not been inspected previously, a rating was not issued, while the Diagnostic Imaging rating at Whipps Cross moved from Requires Improvement to Inadequate.
- To oversee the implementation of the associated actions, and the completion of the required CQC and HSE responses, the Trust has established a weekly CQC Oversight Group, chaired by the Deputy Chief Executive. An assurance process and plan has been developed and implemented. It is anticipated that the CQC /HSE will re-inspect in early Sep-21.

Finance

- The Trust is reporting a £0.3m favourable variance against its breakeven plan for the year to date.
- Income is £5.7m favourable year to date. This includes a £11.9m favourable variance in NHS Patient Treatment income, which is primarily due to hospital site over-performance on elective and outpatient activity against the Elective Recovery Fund (ERF) thresholds for Apr-21 to Jun-21 (£9.7m). No ERF was generated in Jul-21 due to the impact of ERF thresholds increasing from 85% to 95% and the flooding incidents at Whipps Cross and Newham. Other income is (£6.3m) adverse with key shortfalls being reduced private patient activity (£1.3m), reduced overseas patient and Road Traffic Accident (RTA) income (£1.2m), other hospital site and service income shortfalls (£1.7m) and donated asset income (£1.5m).
- Expenditure is (£5.4m) adverse against the year to date plan. Expenditure at hospital sites and services is (£3.2m) adverse. Pay expenditure is £9.2m 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 (£12.4m) adverse against the year to date plan, primarily due to the costs of independent sector provider activity to support elective recovery (£6.3m) and pass-through drugs and devices (£3.2m) which is partially offset by related pass-through income. There is a (£2.1m) adverse variance centrally which includes provision for risks around operation of the elective recovery scheme.
- The year to date capital expenditure is £17.9m against a phased plan of £26.3m, which gives a year to date variance of £8.4m 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, VAT recoveries arising on prior year schemes and a slower than anticipated close out of the 2020/21 over commitment projects. Expenditure is expected to increase in the coming months as business cases are approved and capital expenditure authorisations are issued.
- Cash balances are higher by £84.9m compared to a plan of £25.0m, as a result of higher opening cash balance of £54.2m on 01/04/2021, and other movements in working capital.
- The key challenges over the remainder of the first half of 2021/22 (Apr-21 to Sep-21) include managing the impact of the COVID-19 third wave and sustaining the year to date financial performance, which is reliant on further increases in elective and outpatient activity in line with ERF thresholds. However, the impact of ERF thresholds increasing from 85% to 95% and the flooding incidents at Whipps Cross and Newham have resulted in no ERF generated in Jul-21. The full impact of the major incident and downtime at the hospital sites is still to be quantified.

People

We Belong

- At present, 35.6% of the Trust's Band 8A+ staff are from a Black, Asian and Minority Ethnic (BAME) background, a modest increase from 35.3% in the previous month, yet maintaining a positive trend and above plan.

Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.06% in May-21 to 4.11% in Jun-21, potentially reflecting the early stages of the latest increase in COVID-19 rates
- **Appraisal rates** – there has been an increase in non-medical appraisals from 38.0% to 42.6% in month. Hospital sites and departments have set improvement trajectories with Sep-21 and year end milestones to achieve a 90% target. For medical appraisals, there has been an increase from 85.9% to 86.8%.

New Ways of Working

- **Nursing roster approval compliance** (approved six weeks in advance) reduced from 43.4% to 34.0%. 44% of rosters were approved at least five weeks in advance and 57% four weeks in advance.
- **Nursing roster quality** reporting indicates that 24.1% of rosters that were due for approval in Jul-21 were of good or high quality across the domains of budget, fairness, safety, unavailability, effectiveness and annual leave (down from 25.6%). Hospital sites have identified that the impact of COVID-19 has made compliance with roster approval timeframes and quality challenging.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Workforce Plans** – workforce plans have been drafted by hospital sites and check and challenge meetings are now taking place with the People Services team, following which final versions will be published.
- **Recruitment** – in Jul-21, 410 unconditional offers were made, down from 458 in Jun-21. In addition, 837 Whole Time Equivalent (WTE) roles were advertised. The Trust's substantive staff fill rate in Jul-21 was at 89.4%, very slightly down from 89.5%, reflecting a reduction of 9 WTE substantive staff.
- **Turnover** – annualised voluntary turnover remains low against the long term position but has seen an increase from 9.2% reported in Jun-21 to 9.6% in Jul-21.
- **Temporary Staffing** – temporary staffing usage increased by 73 WTE compared to Jun-21, with the proportion of temporary staff as part of the workforce increasing from 13.6% to 14.0%. Whilst supply is high, it is becoming increasingly challenging to meet the demand from increased activity.

Safe Staffing

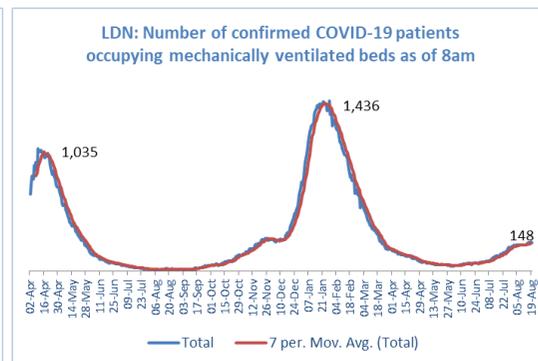
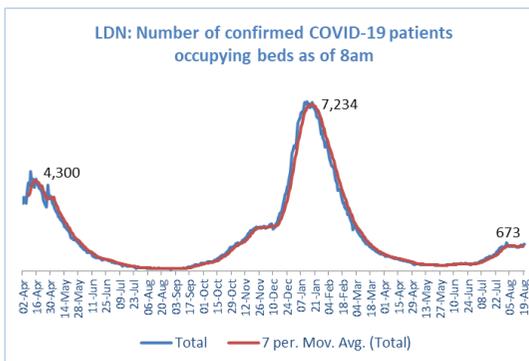
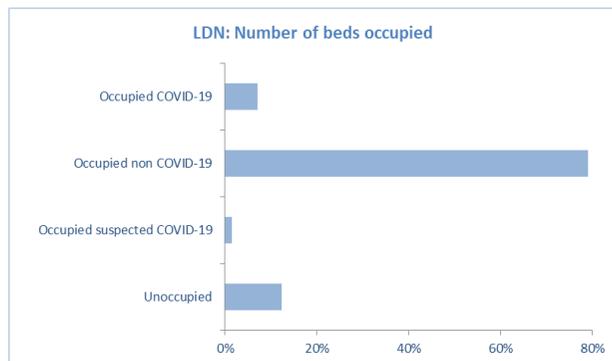
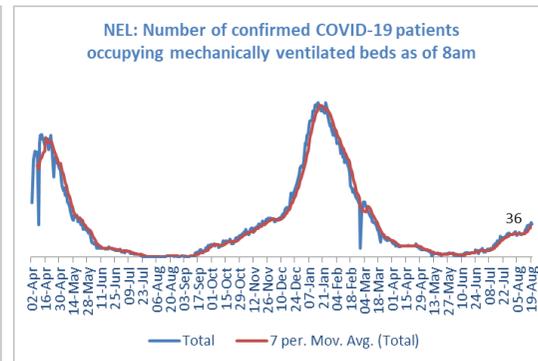
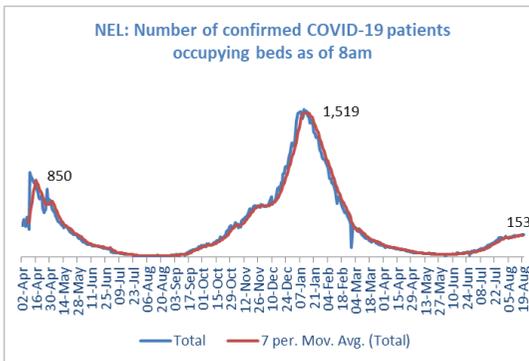
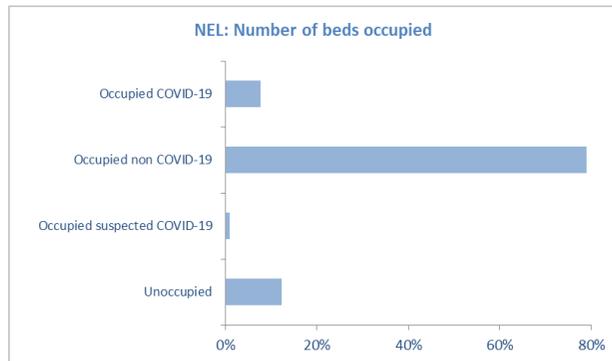
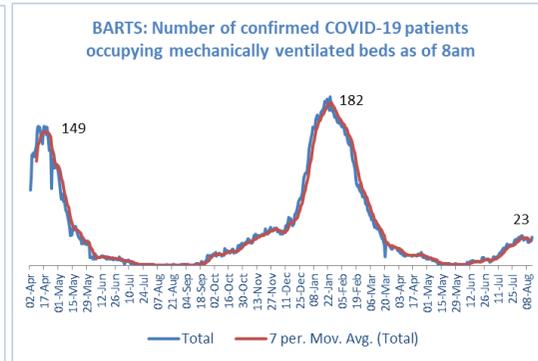
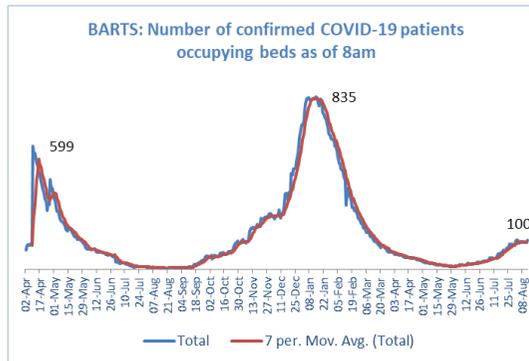
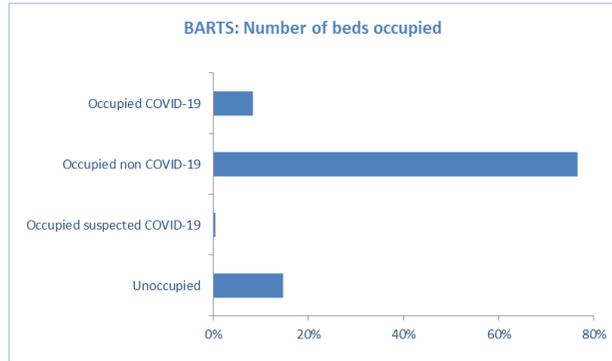
- **Average fill rates against plan** for Jul-21 for Registered Nursing and Midwifery (RN/RM) reduced to 91.1% for day and 96.4% for nights, but both remained above 90%. Care Hours Per Patient Day (CHPPD) remained in line with the previous month.
- There were 5 red flags reported in Jul-21. All 5 were no harm incidents mitigated at the time by the actions of senior staff with staff shortages pertaining predominantly to enhanced care and dynamic internal movement of staff to ensure risk mitigation across the hospital site.

Sep-21



Covid-19 Monitoring and Recovery Report



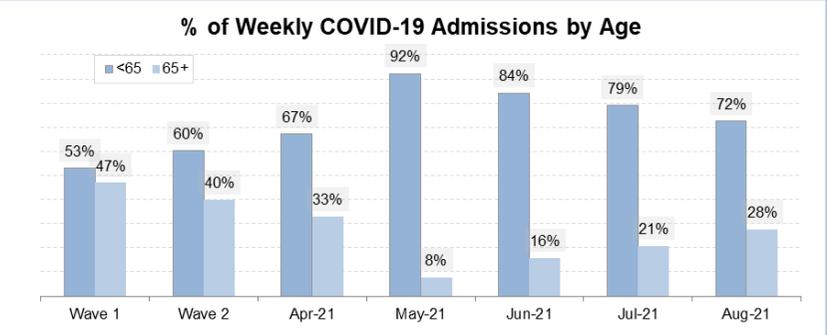


Data as at 20/08/2021

COVID-19

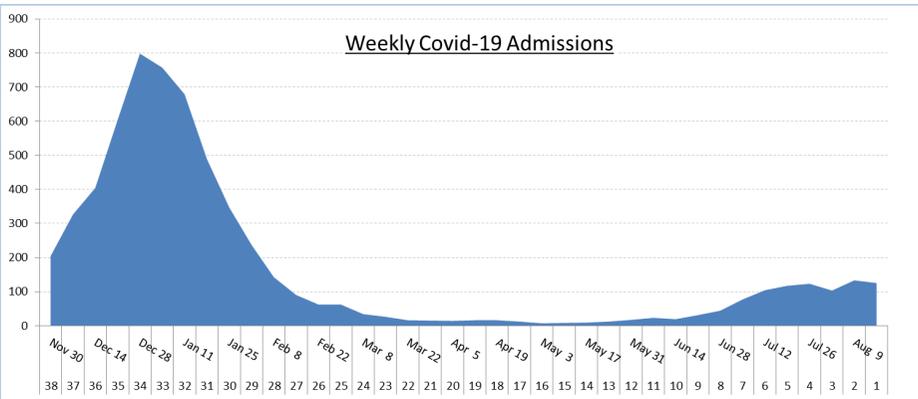
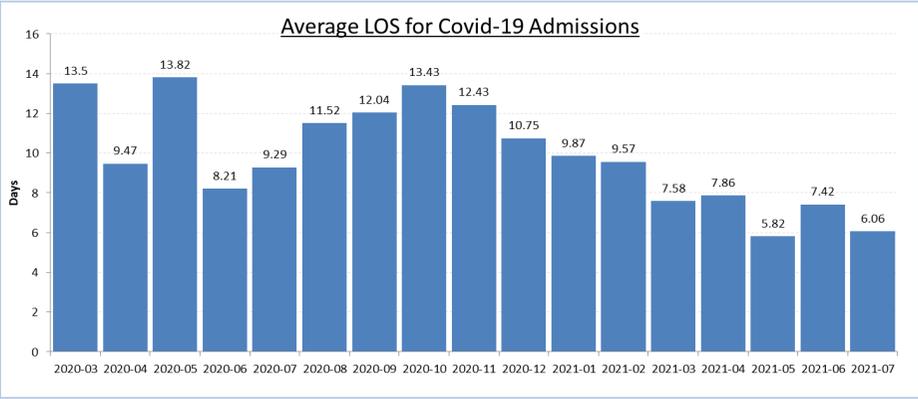
COVID-19 Admissions and Discharges

Sep-21



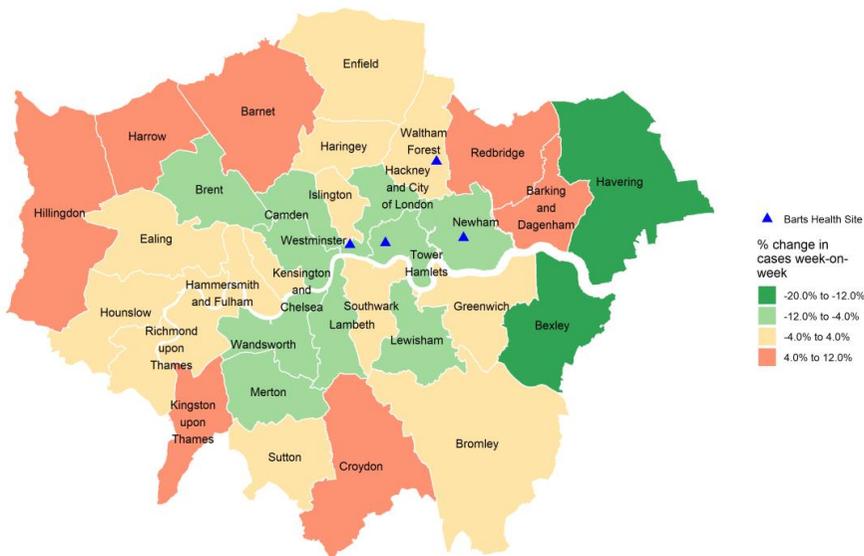
Date	Age Group						Total
	<18	18-30	30-50	50-65	65-85	85+	
Wave 1	2%	5%	19%	28%	36%	11%	100%
Wave 2	3%	8%	23%	27%	30%	10%	100%
Apr-21	7%	6%	34%	19%	27%	6%	100%
May-21	26%	8%	46%	13%	8%	0%	100%
Jun-21	11%	17%	39%	18%	11%	5%	100%
Jul-21	7%	19%	36%	17%	17%	4%	100%
Aug-21	9%	14%	28%	21%	21%	6%	100%

Age Group	
<65	65+
53%	47%
60%	40%
67%	33%
92%	8%
84%	16%
79%	21%
72%	28%



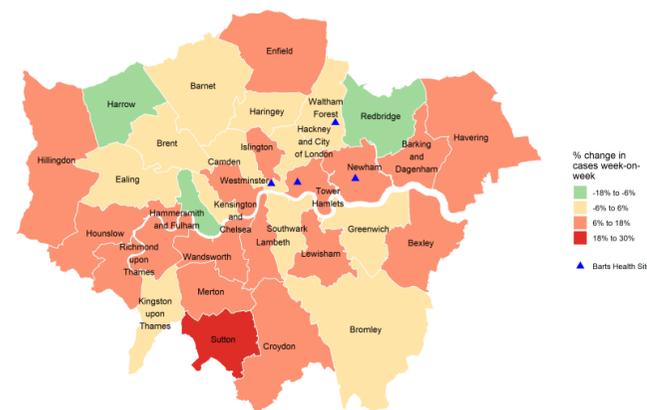
COVID-19 **COVID-19 Community Clusters** **Sep-21**

Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2021-08-11



Area	Cases W/C 04/08	Cases W/C 11/08	Rate per 100,000 W/C 04/08	Rate per 100,000 W/C 11/08	% Change in Cases Week on Week
Havering	722	605	280.1	234.7	-16.2%
Newham	1,122	1,018	318.7	289.2	-9.3%
Tower Hamlets	1,006	942	316.6	296.5	-6.4%
Hackney and City of London	821	778	293.6	278.2	-5.2%
Waltham Forest	730	718	263.8	259.5	-1.6%
Redbridge	745	779	245.2	256.4	4.6%
Barking and Dagenham	538	567	253.8	267.5	5.4%
London	25,335	24,804	283	277.3	-2.1%
England	172,220	180,057	312.9	324.3	4.6%

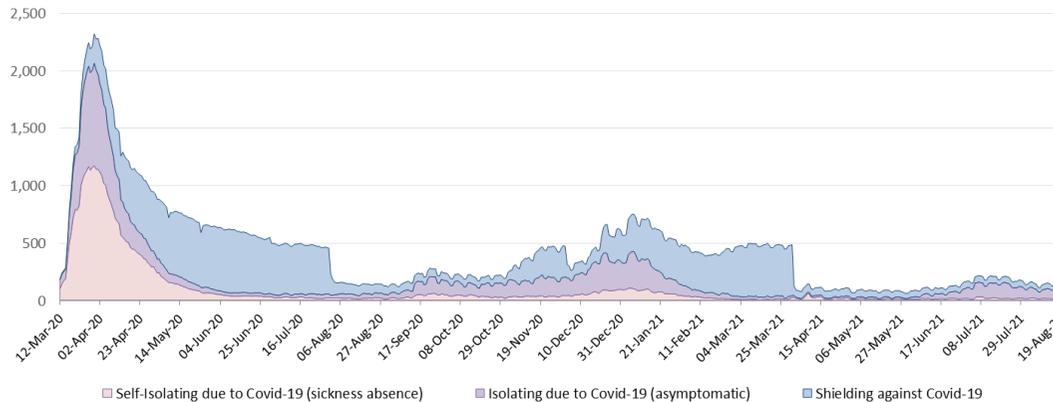
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2021-08-04



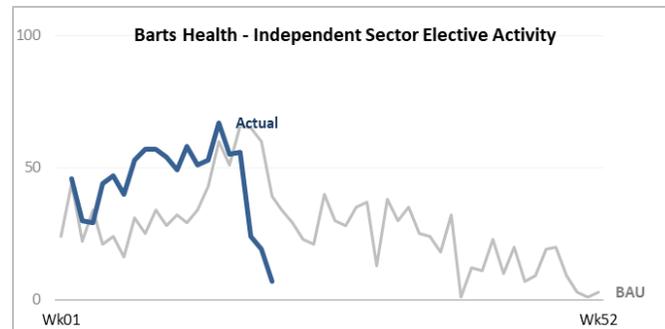
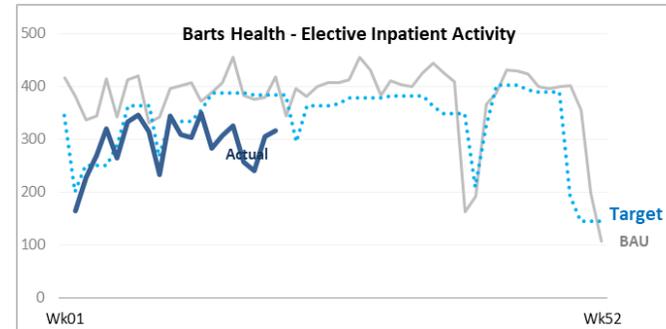
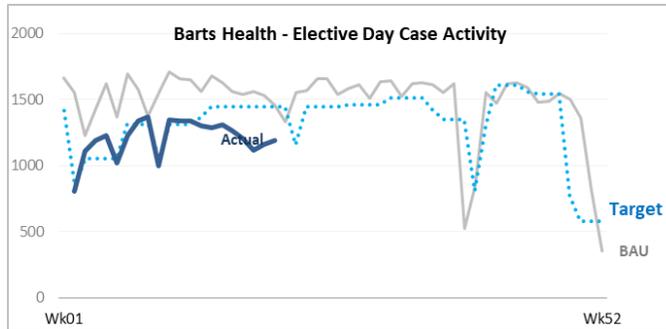
COVID-19 Staff Sickness Absence

Trust	Number of Staff:	Previous Week (Sunday Position)	Latest Week (Mon-Sun)							WoW Variance
			Mon 16/08	Tue 17/08	Wed 18/08	Thu 19/08	Fri 20/08	Sat 21/08	Sun 22/08	Sun 22/08
Trust	Shielding against Covid-19	39	41	39	38	39	37	33	32	-7
	Isolating due to Covid-19 (asymptomatic)	83	92	81	86	80	71	60	56	-27
	Self-Isolating due to Covid-19 (sickness absence)	81	100	98	97	98	89	64	59	-22
	Total	203	233	218	221	217	197	157	147	-56
Royal London	Shielding against Covid-19	18	16	16	15	16	16	13	13	-5
	Isolating due to Covid-19 (asymptomatic)	26	29	28	26	30	30	27	27	+1
	Self-Isolating due to Covid-19 (sickness absence)	28	37	36	38	39	36	25	24	-4
	Total	72	82	80	79	85	82	65	64	-8
Whipps Cross	Shielding against Covid-19	2	2	2	2	2	2	2	2	+0
	Isolating due to Covid-19 (asymptomatic)	13	13	10	12	13	10	9	8	-5
	Self-Isolating due to Covid-19 (sickness absence)	6	6	7	6	5	4	4	4	-2
	Total	21	21	19	20	20	16	15	14	-7
Newham	Shielding against Covid-19	12	12	12	12	11	10	11	10	-2
	Isolating due to Covid-19 (asymptomatic)	14	14	11	11	8	7	8	8	-6
	Self-Isolating due to Covid-19 (sickness absence)	11	13	12	11	12	12	9	9	-2
	Total	37	39	35	34	31	29	28	27	-10
St Bart's	Shielding against Covid-19	5	5	4	4	5	4	4	4	-1
	Isolating due to Covid-19 (asymptomatic)	18	20	20	21	12	9	6	4	-14
	Self-Isolating due to Covid-19 (sickness absence)	13	14	15	14	15	13	10	7	-6
	Total	36	39	39	39	32	26	20	15	-21

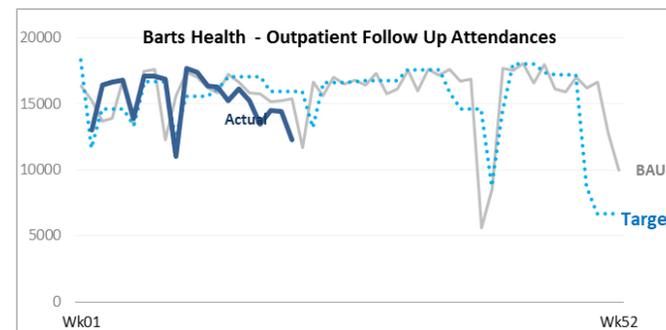
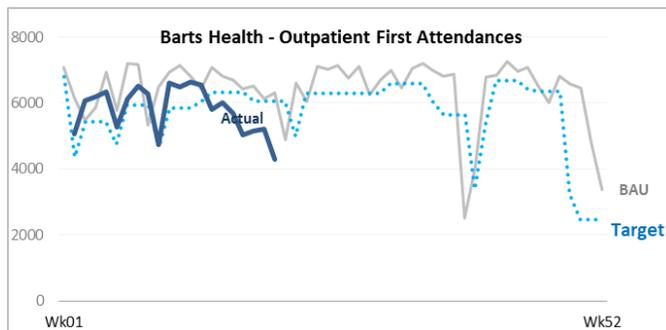
Trustwide Staff Sickness



Elective Activity



Outpatient Activity

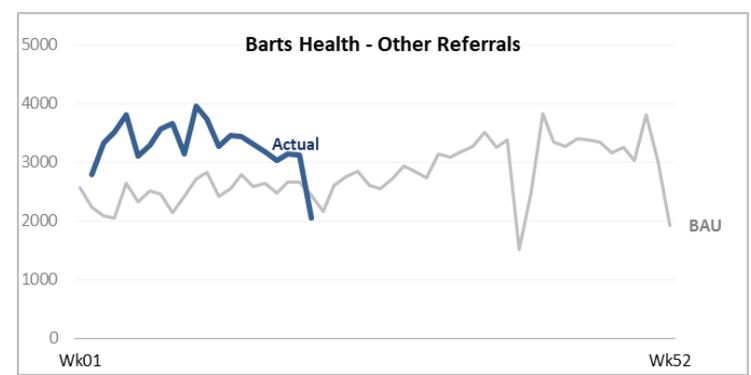
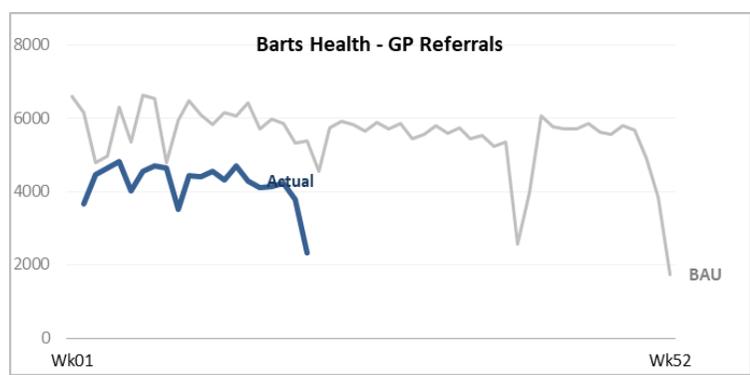


COVID-19

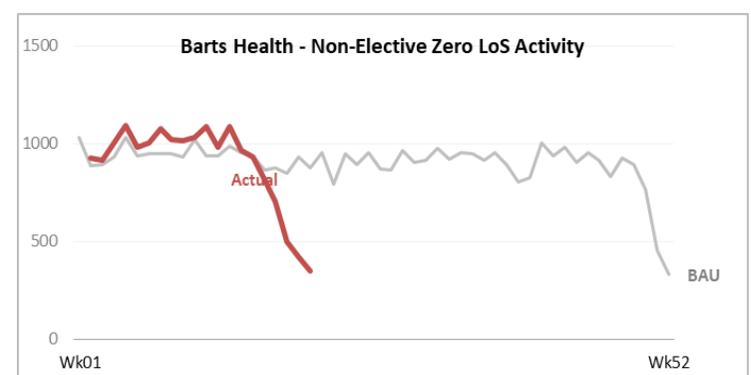
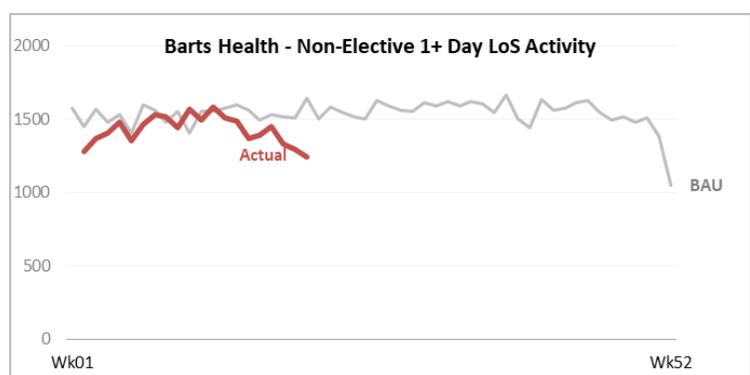
Activity

Sep-21

Referrals Activity



Non-Elective Activity

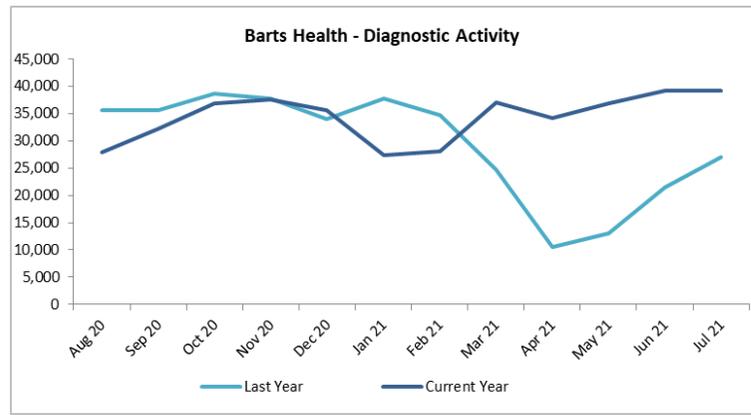
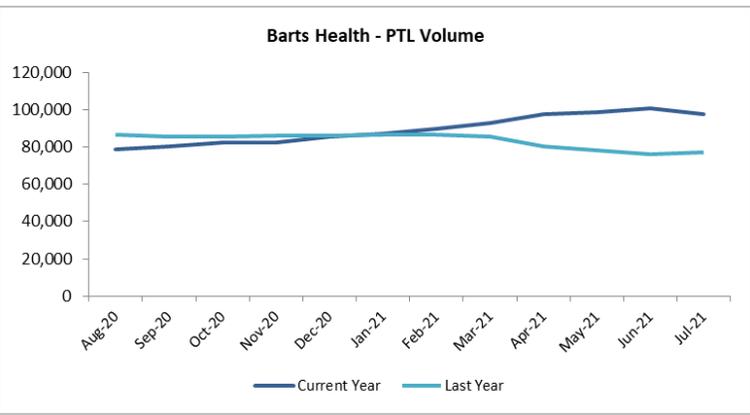
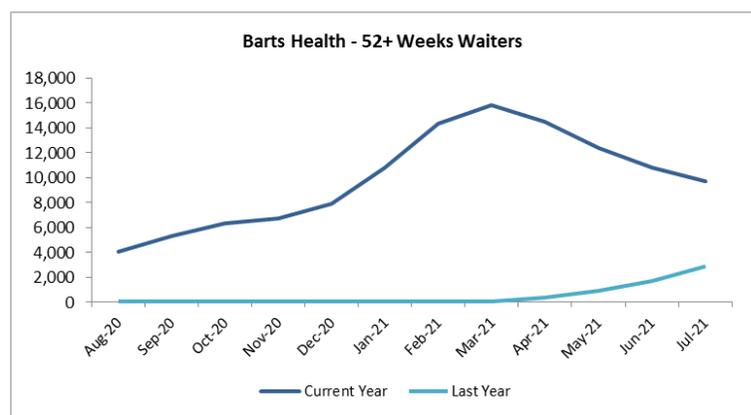
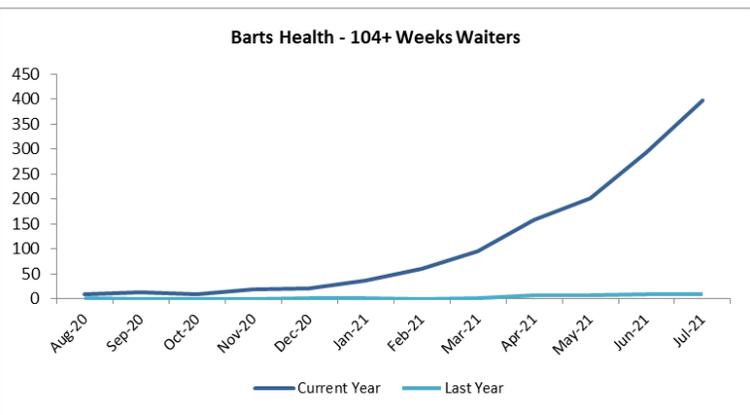


COVID-19

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

Sep-21

Barts Health							Latest Month's Site Position					
Setting	Ref	Reporting Period	Apr-21	May-21	Jun-21	Jul-21	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other
PTL Activity	0481	52+ Weeks Waiters	14,502	12,355	10,775	9,702	5,435	3,135	1,110	15	2	5
		104+ Weeks Waiters	157	201	293	398	359	24	15	0	0	0
	0482	PTL Volume	97,273	98,466	100,774	97,324	43,350	30,146	11,011	11,635	1,074	108
DM01	0487	Diagnostic Activity	34,258	36,874	39,175	39,168	3,965	1,071	486	5,499	28,147	-
		Equivalent Month Position Last Year	10,591	13,023	21,392	26,953	1,022	209	283	6,728	18,711	-



Summary of Vaccinations Given to Barts Health Staff as at 24/08/2021

75% of current Barts Health substantive staff (12,656) have been matched to national vaccination records, with work continuing to match individual records to the electronic staff record (this has reduced from 76% due to new starters); overall vaccine uptake continues to be estimated at 87%. Information on unvaccinated staff continues to be shared with line managers, encouraging them to have one to one conversations.

	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	5,750	4,404	1,341	5	77%	4,392	3,841
	Whipps Cross	2,763	2,016	742	5	73%	2,011	1,770
	Newham	1,983	1,419	563	1	72%	1,414	1,201
	St Bart's	2,403	1,989	412	2	83%	1,984	1,832
	Central Income & Expenditure	187	155	32	0	83%	155	140
	Group Clinical Services	1,157	928	229	0	80%	921	796
	Group Support Services	1,666	1,267	385	14	76%	1,264	1,108
	Other	863	478	384	1	55%	474	417
	Grand Total	16,772	12,656	4,088	28	75%	12,615	11,105
Barts Health Temporary and Contract Employees	Grand Total		6,503		3		5,748	5,110

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 is a small number of 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 24/08/2021

Barts Health Perm-Fixed Term Employees	BAME Group	Total Staff	% Staff In Each Ethnic Category	Vaccinations			% Vaccinated
				Yes	No - Unknown	No - Decline	
	BAME	9,661	58%	6,836	2,810	15	71%
	White	5,957	36%	4,978	967	12	84%
	Not Stated/Undefined	1,154	7%	842	311	1	73%
	Grand Total	16,772	100%	12,656	4,088	28	75%

Sep-21

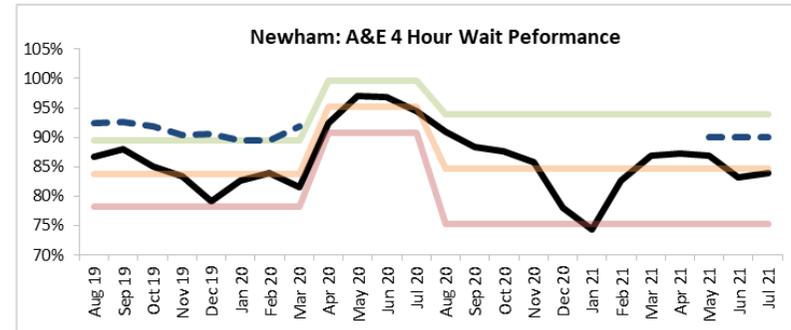
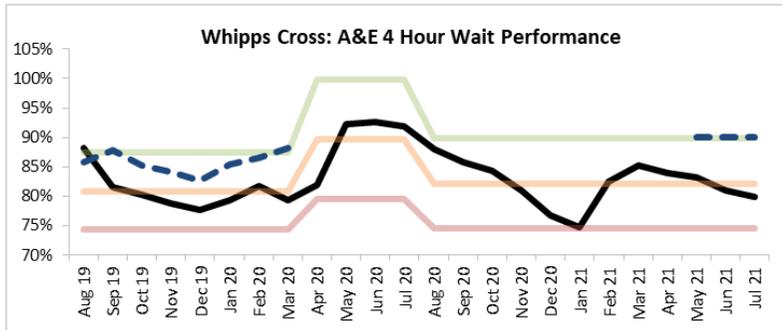
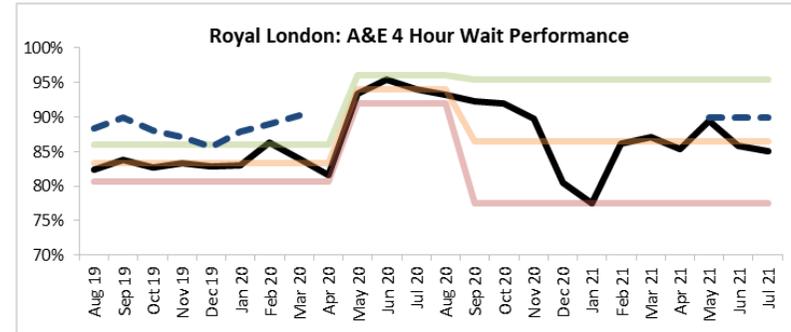
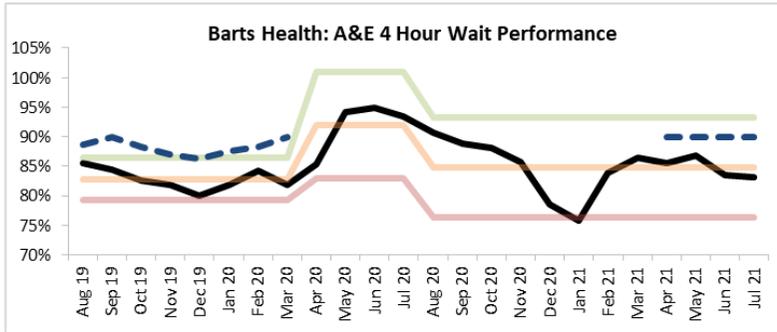


Quality & Performance Report



	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	●			Jul-21 (m)	>=90%	83.6%	83.2%	84.7%	85.1%	79.8%	83.9%	-	-	-	●
	R35	Cancer 62 Days From Urgent GP Referral	●		●	Jun-21 (m)	>=85%	85.5%	82.0%	84.5%	84.9%	77.4%	91.7%	83.6%	-	-	●
	R36	Cancer 62 Days From Screening Programme	●			Jun-21 (m)	>=90%	84.2%	97.2%	92.0%	100.0%	-	100.0%	96.8%	-	-	
	R6	Diagnostic Waits Over 6 Weeks				Jul-21 (m)	-	70.6%	69.6%	70.0%	64.3%	44.7%	64.2%	94.4%	68.4%	-	●
	R5	52+ Week RTT Breaches				Jul-21 (m)	-	10,775	9,702	47,334	5,435	3,135	1,110	15	2	5	●

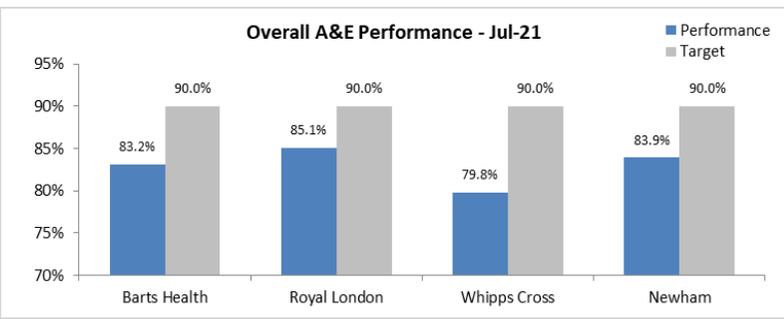
Note: the 18 Week RTT Compliance (Incomplete) metric is no longer being reported while the Trust takes part in the NHS England pilot project to assess the new RTT metric looking at average waiting time instead



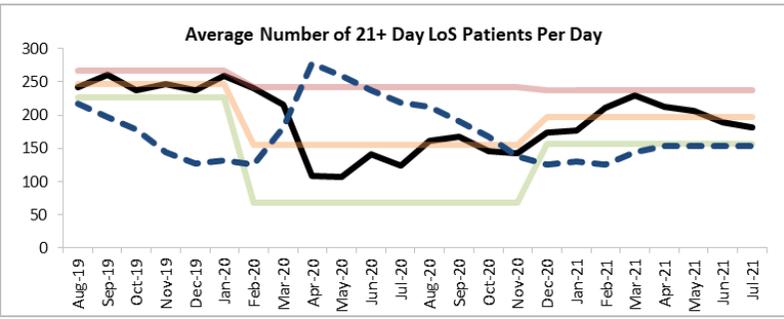
RESPONSIVE

A&E 4 Hours Waiting Time

Sep-21



Site	Jul-20	Jul-21	Variance
Barts Health	29,921	42,509	42.1%
Royal London	10,347	17,003	64.3%
Whipps Cross	10,367	12,723	22.7%
Newham	9,207	12,783	38.8%



Performance Overview

- As the second wave of the pandemic ended, A&E attendances increased. Between Feb-21 and Jul-21, attendances increased by 17,025, a 67% increase. In Jul-21, 42,509 attendances were recorded, 95% of the total volume recorded in Jul-19 (pre-pandemic).
- Of the 42,509 total attendances, 55% (23,381) were Type 1 (higher acuity) and 45% (19,128) were Type 2/3 (lower acuity); proportionally this is slightly fewer Type 1 attendances (-6%) and slightly more Type 2/3 attendances (+6%) compared to the baseline month of Jul-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 Jul-21 performance has improved from 75.8% to 83.2%, a 7.4% improvement.

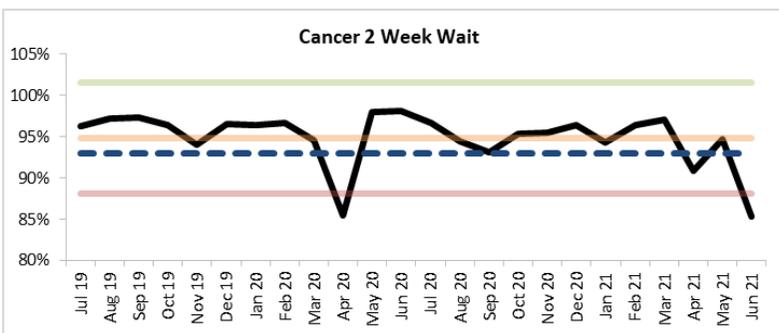
Responsible Director Update

- Performance improvement trajectories have been constructed and implemented. 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 and as it manages the competing demands of the third Covid-19 wave and the escalating elective programme.
- In order to manage the Trust's bed-base across competing elective, Covid-19 and non-elective demand, a number of interventions are being put in place designed to reduce length of stay, either through admission avoidance or by more effectively managing discharge for those patients with the longest lengths of stay.

RESPONSIVE

Cancer 2 Week Wait

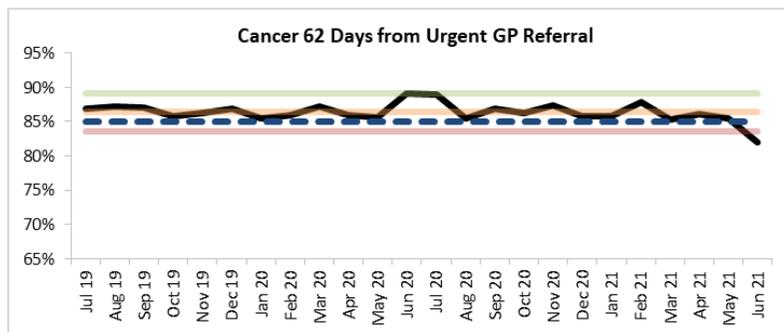
Sep-21



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,274	483	85.2%
Head and Neck	377	251	33.4%
Lower Gastrointestinal	631	94	85.1%
Upper Gastrointestinal	219	21	90.4%
Skin	643	56	91.3%
Gynaecological	333	28	91.6%
Lung	55	4	92.7%

Site	Seen	Breaches	Performance	Target
Royal London	988	200	79.8%	93.0%
Whipps Cross	1,494	267	82.1%	93.0%
Newham	557	14	97.5%	93.0%
St Bart's	235	2	99.1%	93.0%
Barts Health	3,274	483	85.2%	93.0%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For Jun-21, performance for the 2 week wait standard did not meet the target, with a performance of 85.2% against a target of 93%. Given that the Trust also failed the standard in Apr-21, this resulted in a failure of the standard for quarter 1. 	<ul style="list-style-type: none"> There has been an increase in the number of referrals received for 2WW skin (140 per week) in comparison to the last two years. Capacity has been impacted due to annual leave and availability of clinicians to do additional clinics. There has been a combination of CT capacity issues, Endoscopy capacity issues, patient choice and complex pathways. These issues are being discussed with the clinical teams to see where improvements can be made. The Trust is outsourcing Endoscopy procedures to other NHS Trusts as well as insourcing to support with capacity. The Clinical Nurse Specialist (CNS) is also running clinics for cancer patients. Head & Neck recovery is involving clinic and workforce changes, and ensuring that the service is effectively forecasting its requirement for 40 slots per week. In the Lower Gastrointestinal service there have been issues with sickness, vacancies and annual leave. Improvement actions for first appointments include the provision of additional capacity and continued monitoring to ensure that capacity meets demand. In Gynaecology, a middle grade doctor has been appointed which has helped with additional capacity since Jul-21 so performance is expected to improve. In addition a locum consultant is starting in Sep-21 with the addition of another middle grade doctor to further improve capacity.



Breakdown by Tumour Sites Failing Standard - Jun-21

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	125	22.5	82.0%
Lower Gastrointestinal	14	9	35.7%
Urological	22	7	68.2%
Haematological	3.5	1	71.4%
Lung	7.5	2	73.3%
Upper Gastrointestinal	8	2	75.0%

Cancer Faster Diagnosis Standard (FDS) Metrics

Metric	Jun-21			Q1 (Apr-21 to Jun-21)		
	Seen	Breaches	%	Seen	Breaches	%
28 Day FDS Two Week Wait	2,953	1,071	63.7%	8,152	2,744	66.3%
28 Day FDS Breast Symptomatic	222	4	98.2%	720	22	96.9%
28 Day FDS Screening Referral	63	12	81.0%	212	36	83.0%

Breakdown by Internal/External Pathways - Jun-21

Internal / External	Start Site	End Site	Seen	Breaches	Performance
Internal	Royal London	Royal London	18	1	94.4%
		St Bart's	9	3	66.7%
	Whipps Cross	Royal London	1	1	0.0%
		Whipps Cross	39	6	84.6%
		St Bart's	17	5	70.6%
		Newham	Royal London	1	1
		Whipps Cross	2	0	100.0%
		Newham	7	0	100.0%
		St Bart's	7	1	85.7%
		St Bart's	St Bart's	11	1
Transfer In	Homerton	Royal London	2.5	0	100.0%
		St Bart's	4	0	100.0%
	King George	Royal London	0.5	0.5	0.0%
		St Bart's	0.5	0	100.0%
Transfer Out	Princess Alexandra	St Bart's	0.5	0	100.0%
		Queen's	St Bart's	0.5	0
	Whipps Cross	Royal Free	0.5	0.5	0.0%
		UCLH	3.5	2.5	28.6%
	St Bart's	Queen's	0.5	0	100.0%
Grand Total			125	22.5	82.0%

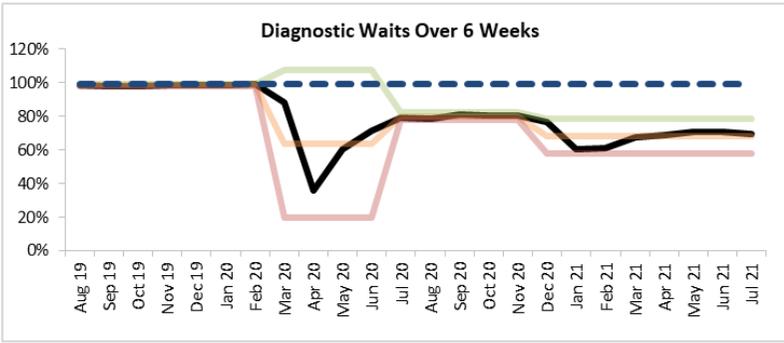
Commentary

- Having achieved the 62-day standard for each month of the last two years, the Trust failed to achieve 85% compliance for Jun-21 and as a consequence also failed to achieve the standard for quarter 1. For Jun-21, the Trust recorded a performance of 82% and 84.5% for the quarter.
- Performance in Jun-21, and for the period between Jun-21 to Aug-21, is being impacted by the Wave 3 recovery programme, which is set against national guidelines. The focus is on seeing and treating the clinically prioritised most urgent patients rather than focussing instead on treating patients within defined maximum waiting times. This is likely to result in a three month period of non-compliance with the 62 day GP standard and is also likely to result in non-compliance for quarters 2 and 3.
- However, apart from the benefit associated with treating the most urgent patients in order of clinical priority, it is also expected to result in a reduction in the overall volume of patients on the waiting list to pre-pandemic volumes.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

Sep-21



DM01 Breakdown by Test							
Test Name	Jun-21			Jul-21			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Flexi sigmoidoscopy	400	270	32.5%	382	242	36.6%	4.1%
Gastroscopy	1,581	953	39.7%	1,305	762	41.6%	1.9%
Colonoscopy	1,359	662	51.3%	1,283	640	50.1%	-1.2%
Neurophysiology - peripheral neurophysiology	172	97	43.6%	129	46	64.3%	20.7%
Audiology - Audiology Assessments	487	227	53.4%	517	235	54.5%	1.2%
Cystoscopy	150	61	59.3%	138	48	65.2%	5.9%
Non-obstetric ultrasound	20,406	6,819	66.6%	20,285	6,714	66.9%	0.3%
Magnetic Resonance Imaging	7,225	2,142	70.4%	6,972	2,325	66.7%	-3.7%
Urodynamics - pressures & flows	55	9	83.6%	31	6	80.6%	-3.0%
Computed Tomography	4,275	448	89.5%	4,623	751	83.8%	-5.8%
Respiratory physiology - sleep studies	107	5	95.3%	56	7	87.5%	-7.8%
DEXA Scan	717	1	99.9%	690	28	95.9%	-3.9%
Cardiology - echocardiography	2,895	33	98.9%	2,661	59	97.8%	-1.1%
Cardiology - Electrophysiology	3	0	100.0%	4	0	100.0%	0.0%
Grand Total	39,832	11,727	70.6%	39,076	11,863	69.6%	-0.9%

Performance Overview

- 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 Jun-21, performance improved with 70.6% recorded at the end of June, an improvement of 9.3% against Feb-21. However, performance reduced slightly in Jul-21 to 69.6%. During Jul-21, the greatest challenge was in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for over 80% of all breaches.

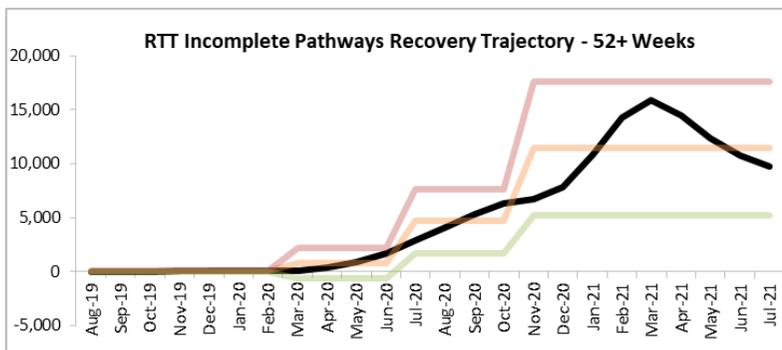
Responsible Director Update

- An elective recovery plan has been developed with improvement trajectories through to Sep-21. The diagnostic element of the recovery plan focuses on Endoscopy and Imaging diagnostic recovery in the first instance with performance tracked weekly by an executive level group. The following modalities each have an improvement trajectory:
 - Magnetic Resonance Imaging
 - Computed Tomography
 - Non-Obstetric Ultrasound
 - Colonoscopy
 - Flexi Sigmoidoscopy
 - Gastroscopy
 - Echocardiography

RESPONSIVE

52+ Week RTT Breaches

Sep-21



Specialty Name	52-104 Weeks	>104 Weeks	Grand Total
Trauma & Orthopaedics	1,651	26	1,677
ENT	1,457	92	1,549
Paediatric Dentistry	623	133	756
Urology	641	8	649
Paediatric Ear Nose And Throat	494	5	499
Colorectal Surgery	476	13	489
Gynaecology	447	26	473
Oral Surgery	438	25	463
General Surgery	444	4	448
Vascular Surgery	393	21	414

Performance Overview

- The highest point for breach volumes was recorded at the end of Mar-21 with 15,849 52 week breaches. Each month since then, breach volumes have fallen with 9,702 recorded at the end of Jul-21. This represents a reduction of 6,147 breaches (39%) over a four month period.

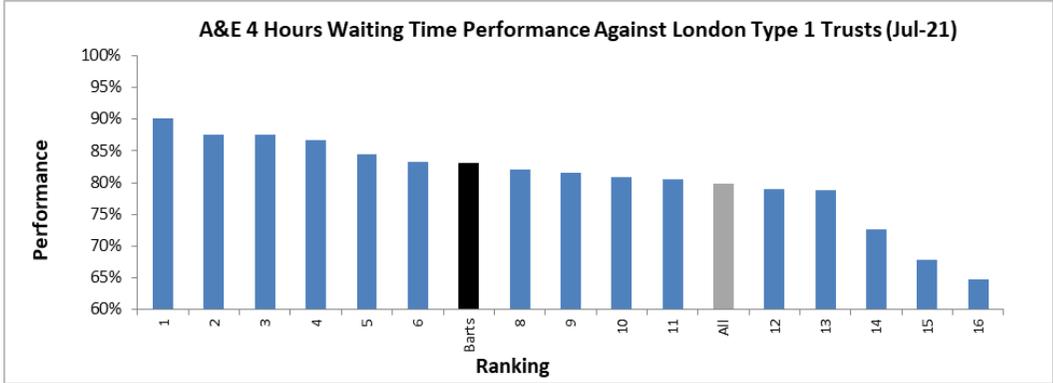
Responsible Director Update

- The Trust has produced 52 and 104 week wait eradication trajectories and is currently outperforming the plan for 52 week waits.
- The trajectories provide 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, which goes live during early Aug-21, and a paediatric dentistry recovery plan.

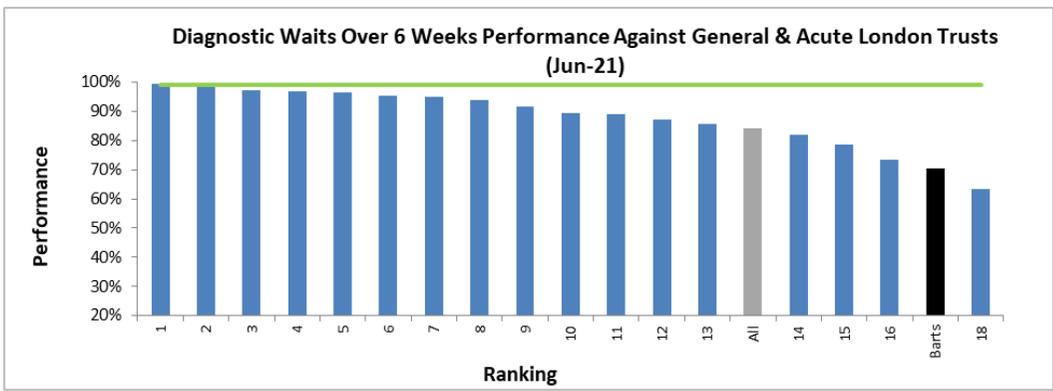
RESPONSIVE

Benchmarking Against Other Trusts

Sep-21



- For Jul-21, the Trust was ranked seventh 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.

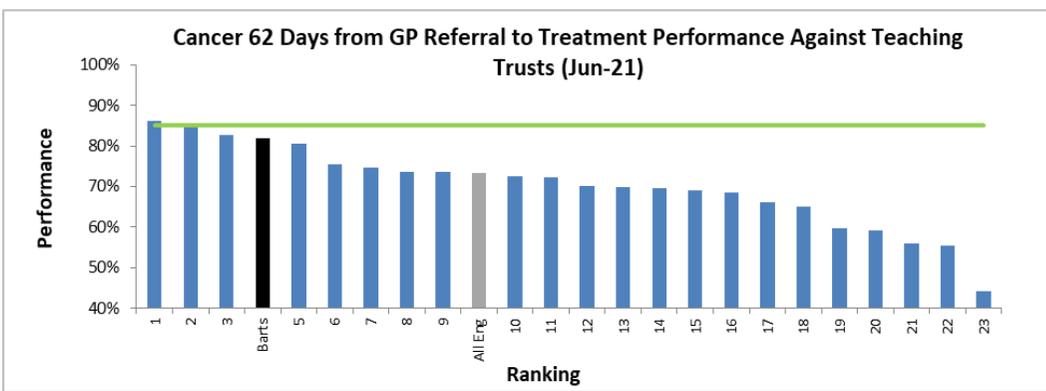
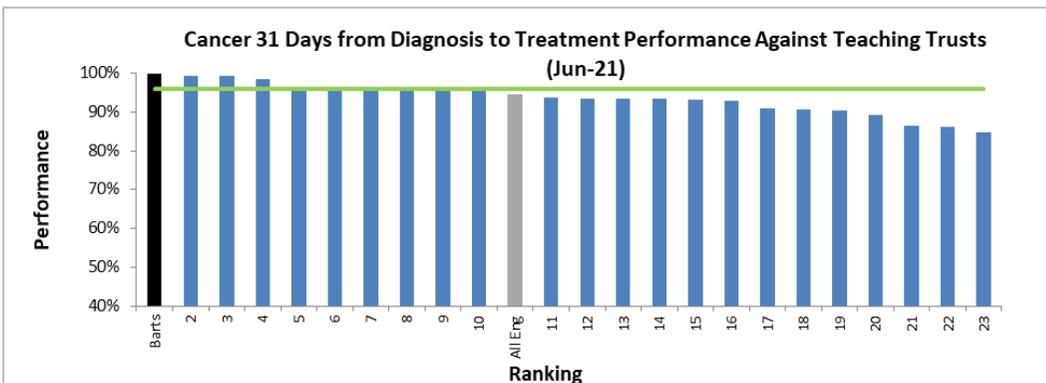
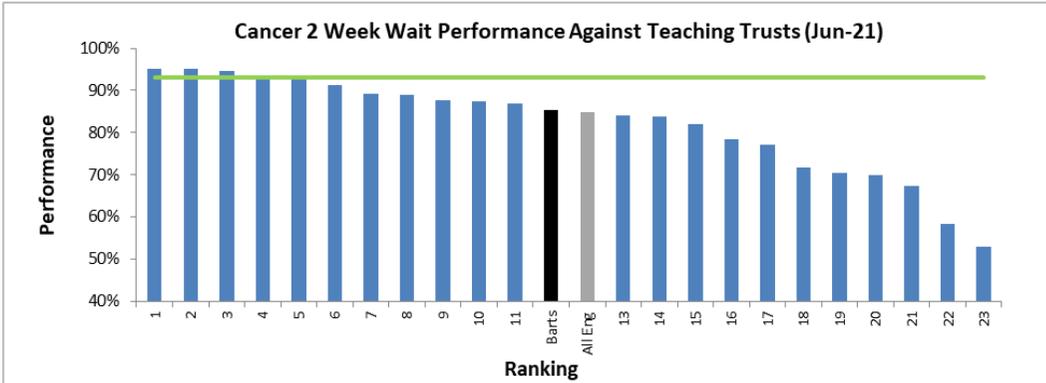


- Barts Health was ranked 17th best performing out of 18 London Trusts for Jun-21, the most recent month for which national data are available. Turning to the top 10 largest provider Trusts (by size of waiting list) reveals that Barts Health has the largest waiting list and was seventh best performing.

RESPONSIVE

Benchmarking Against Other Trusts

Sep-21

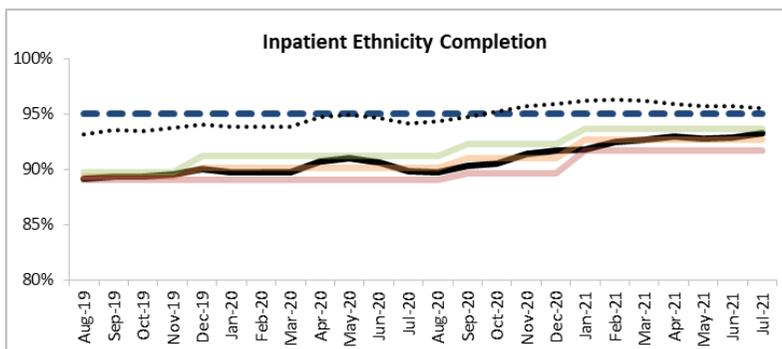
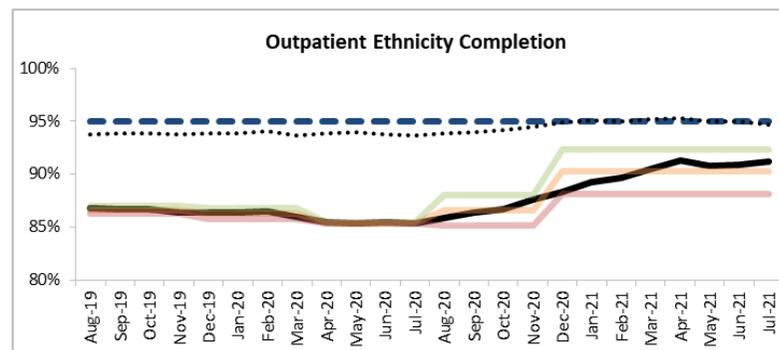
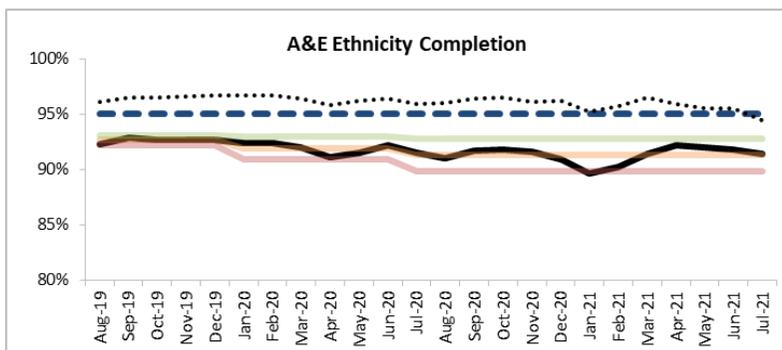


- The Trust did not achieve compliance against the 2 Week Wait standard in Jun-21, with a performance of 85.2% against the 93% target. Given that the Trust also failed the standard in Apr-21 this also resulted in failing the standard for quarter 1. For Jun-21 Barts Health was the 12th best performing of the peer group of 23 Teaching Trusts.
- The Trust achieved compliance in Jun-21 against the 31 Day Diagnosis to Treatment standard, with 302 patients treated and no breaches recorded, resulting in a performance of 100% against the 96% target. The standard was also achieved for quarter 1. For Jun-21, Barts Health was the best performing of the 23 Teaching Trusts.
- As mentioned previously, the Trust did not achieve the 62 Days from GP Referral standard for Jun-21 with a performance of 82.0% against the 85% target. This also resulted in failing the standard for quarter 1. For Jun-21, Barts Health was the fourth best performing of the 23 Teaching Trusts.

RESPONSIVE

Ethnicity Recording by Activity Type

Sep-21



Site	A&E	Inpatient	Outpatient
Royal London	90.0%	90.0%	89.6%
Whipps Cross	93.5%	94.0%	91.1%
Newham	91.0%	94.4%	94.1%
St Bart's	-	96.6%	92.0%
CSS	-	95.8%	93.2%
Trust	91.4%	93.3%	91.2%

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

Performance Overview

- The Trust recently uploaded a significant amount of data from GP records from the Discovery Data Service. The dotted black line in the charts above indicates the proportion of patient activity that the Trust would have ethnicity details for if these GP data were included. While the Trust will be working on uploading these data in the coming months, the GP data are not yet uploaded into Cerner (the Trust's Patient Administration System) and therefore are not yet visible for external reporting such as the NHS Digital Dashboard.
- The Trust's overall performance continues to improve. Whipps Cross remains the best performing hospital site for A&E recording, achieving 93.5%. St Bart's has significantly improved its performance in Inpatient ethnicity recording (at 96.6% in Jul-21) and it is the best performing hospital site in this area. Newham is the best performing hospital site for ethnicity recording in Outpatient services.

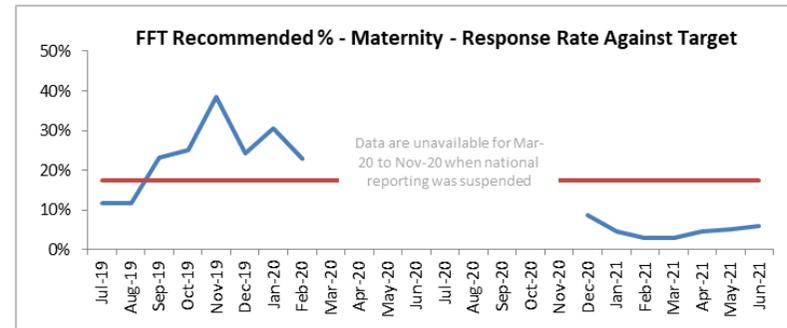
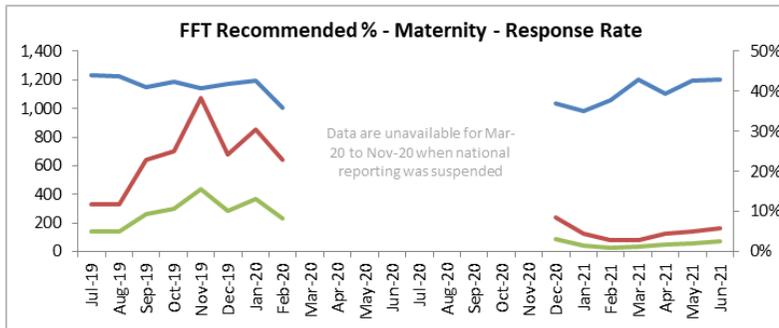
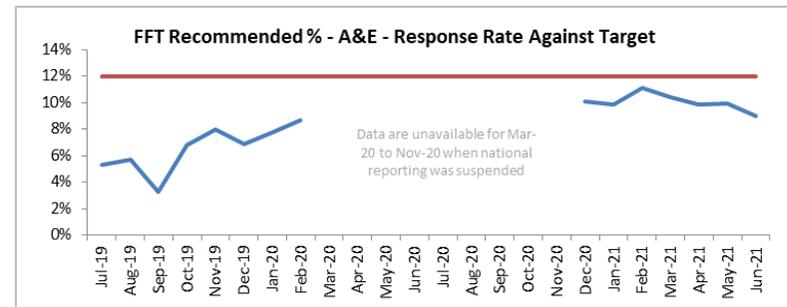
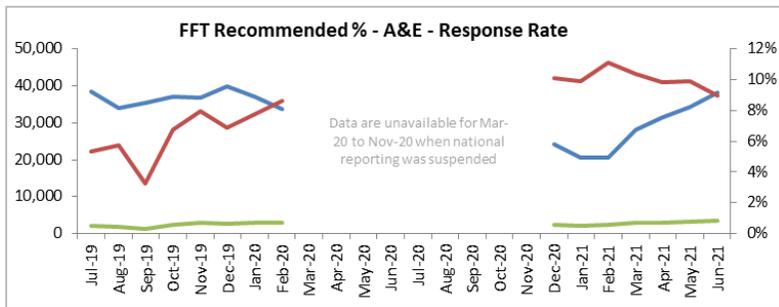
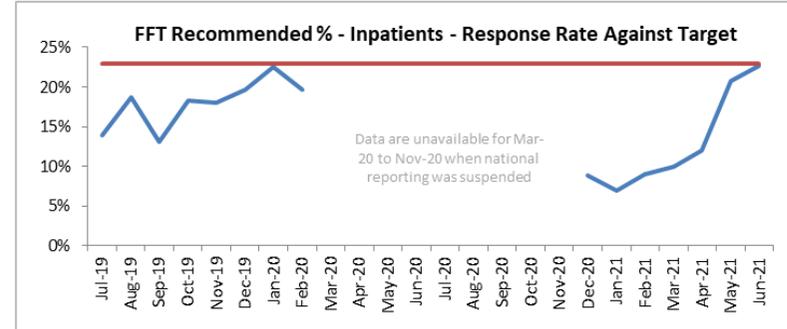
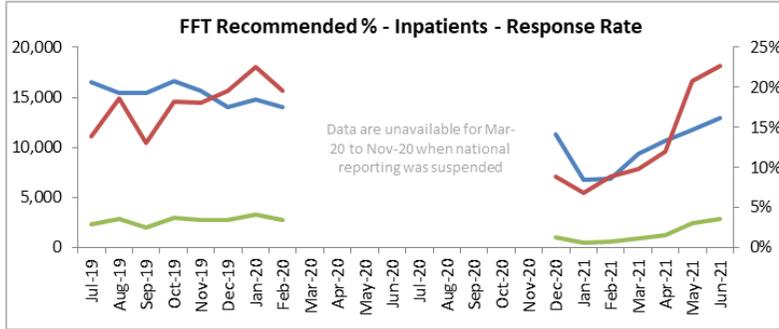
Responsible Director Update

- The Trust continues to employ a multi-pronged approach to improve ethnicity recording, including increased monitoring, operational changes and increased education.
- Monitoring of ethnicity recording at hospital site-level continues in Performance Review meetings.
- Services are now working on uploading the available information into Cerner, which should result in continued improvements in performance in the coming months.
- The Trust has embedded short sessions on the importance of ethnicity recording into the Trust-wide Team Leaders webinars in mid Sep-21, and at a similar time the Trust is planning to disseminate hospital site-based communications with tools for increasing performance.

	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				2021/22 Q1 (q)	SPC Breach	22.8	27.1	27.1	31.1	54.7	30.3	20.4	-	-	
	C1	FFT Recommended % - Inpatients	●			Jun-21 (m)	>=95%	88.2%	91.1%	89.8%	88.2%	93.3%	89.7%	92.1%	-	-	●
	C2	FFT Recommended % - A&E	●			Jun-21 (m)	>=86%	71.0%	64.1%	67.7%	64.4%	65.6%	61.6%	-	-	-	●
	C3	FFT Recommended % - Maternity	●			Jun-21 (m)	>=96%	83.6%	95.8%	91.3%	94.1%	100.0%	95.3%	-	-	-	●
	C20	FFT Response Rate - Inpatients	●			Jun-21 (m)	>=23%	20.8%	22.6%	18.8%	15.2%	38.8%	15.2%	28.7%	-	-	●
	C21	FFT Response Rate - A&E	●			Jun-21 (m)	>=12%	9.9%	9.0%	9.6%	9.3%	11.2%	6.7%	-	-	-	●
	C22	FFT Response Rate - Maternity	●			Jun-21 (m)	>=17.5%	5.1%	6.0%	5.2%	4.3%	3.4%	9.4%	-	-	-	●
	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	●			Jul-21 (m)	>=85%	89.3%	88.0%	89.2%	85.0%	81.8%	100.0%	100.0%	-	-	
	R30	Duty of Candour	●			Jun-21 (m)	>=100%	92.3%	91.4%	92.5%	100.0%	85.7%	100.0%	75.0%	-	-	●

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%



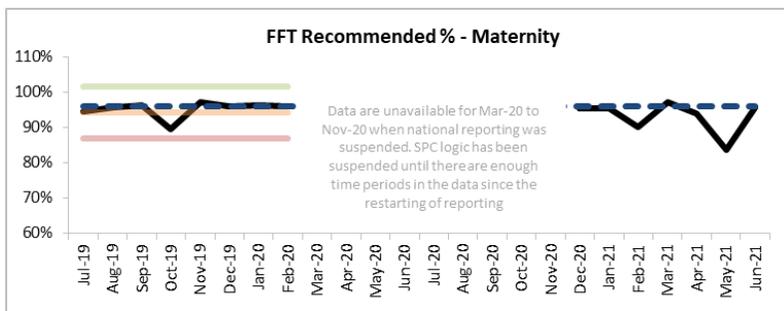
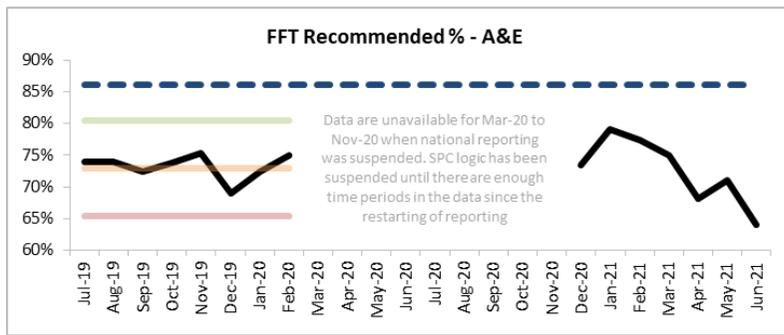
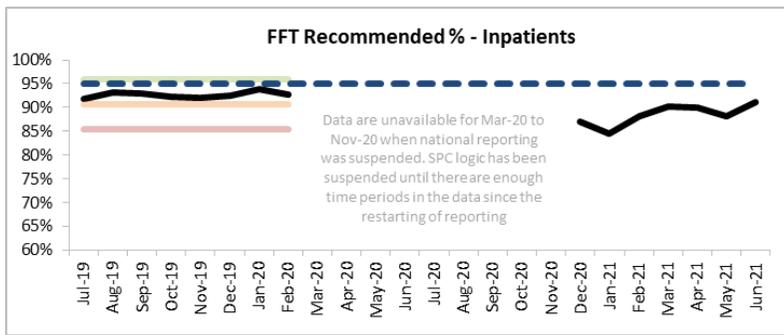
— Eligible to Respond — Responded — Response Rate

— Response Rate — Target

CARING

FFT Recommended %

Sep-21



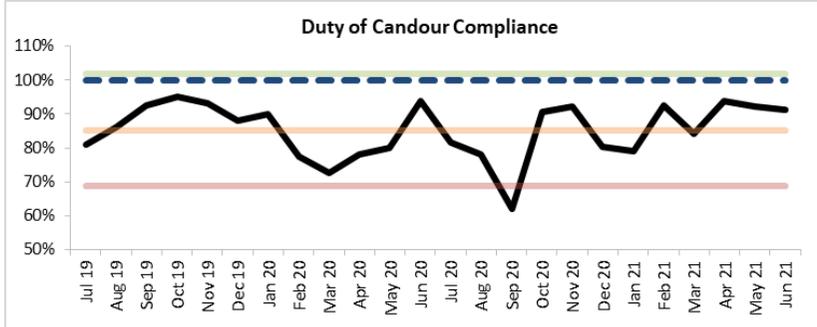
Bottom 5 Scores Against Picker Average	Barts Health	Picker Average
Q43. Staff discussed transport arrangements before leaving A&E	36%	50%
Q20. Doctors/nurses did not talk in front of patients as if they were not there	74%	84%
Q35. Able to get suitable food or drink	58%	67%
Q21. Right amount of information given on condition or treatment	69%	78%
Q47. Rated experience as 7/10 or more	78%	86%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The Inpatient response rate has improved and is almost on target, and there has been a similar improvement in the recommend score which is now over 91%. The Maternity response rate continues to be below the target at only 6%, but the service rating is on target with a recommend score of just below 96%. A&E is the outlier with the recommend score significantly below target and in a declining trend over the last few months. The Trust was ranked 53 out of the 66 Trusts covered by the Picker Urgent and Emergency Care Survey 2020. Top 5 areas of concern are in the table above. Results from the recent Inpatient survey have been shared with all hospital sites, following which St Bart's, Whipps Cross and Newham have shared their plans for improvement with the Patient Experience Committee. 	<ul style="list-style-type: none"> National reporting has now resumed so the Trust can start to benchmark against other Trusts. The FFT survey has been translated into Bengali and the community engaged to sense check the translation. Plan to launch in Sep-21. A Picker-facilitated workshop for the A&E survey was offered to the Covid-19 Emergency Group (COVEG), but the Trust chose to discuss it at its Emergency Care & Trauma Board and has come up with an action plan to address the A&E performance.

CARING

Duty of Candour

Sep-21



Site	No of Apologies	No of Incidents	Compliance
Trust	32	35	91.4%
Royal London	8	8	100.0%
Whipps Cross	12	14	85.7%
Newham	9	9	100.0%
St Bart's	3	4	75.0%
Other	0	0	N/A
Of Which CSS	0	0	N/A

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	86.6%	99.2%	98.3%	97.1%	98.3%
This Period	91.4%	97.1%	94.3%	94.3%	94.3%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Some degree of stability appears to be returning to duty of candour performance although performance in Jun-21 declined slightly to 91.4%, from 92.7% in May-21. In Jun-21, 32 of 35 incidents were compliant with the internal standard to offer an apology within two weeks. One of the three non-compliant incidents is still being followed up but the other two complied with the legal duty to apologise as soon as is reasonably practicable. 	<ul style="list-style-type: none"> Being a legal requirement, the threshold is 100% and the hospital sites continue to focus on achieving this target.

	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	●			Jul-21 (m)	<= 16	10.9	7.3	10.6	11.8	0.0	0.0	16.7	-	-	
	S11	Clostridium difficile - Incidence	●			Jul-21 (m)	<= 8	6	4	23	3	0	0	1	-	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Jul-21 (m)	<= 0	0	1	1	0	1	0	0	-	0	●
	S77	MSSA Bacteraemias			●	Jul-21 (m)	SPC Breach	5	12	28	2	4	0	6	-	0	●
	S76	E.coli Bacteraemia Bloodstream Infections	●			Jul-21 (m)	<= 8	8	10	42	3	2	2	3	-	0	
Incidents	S3	Never Events	●			Jul-21 (m)	<= 0	0	0	0	0	0	0	0	-	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Jul-21 (m)	<= 0.9%	1.3%	1.2%	1.3%	1.9%	0.5%	1.6%	1.2%	-	-	
	S45	Falls Per 1,000 Bed Days	●			Jul-21 (m)	<= 4.8	3.3	3.8	3.7	3.5	5.2	2.3	4.0	-	-	
	S25	Medication Errors - Percentage Causing Harm	●			Jul-21 (m)	<= 4%	1.9%	3.0%	3.0%	5.1%	0.0%	0.0%	2.3%	-	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Jul-21 (m)	SPC Breach	56.8	58.2	57.0	38.2	89.4	62.4	59.9	-	-	
	S53	Serious Incidents Closed in Time	●			Jul-21 (m)	>= 100%	55.6%	18.2%	54.3%	0.0%	0.0%	33.3%	-	-	-	●

Serious Incidents Closed in Time: clock stops are still in place nationally and Barts Health continues to monitor the Serious Incident process according to internal targets, noting that there are challenges remaining in maintaining performance – 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	●	●		Jul-21 (m)	<=0.6	0.8	0.8	0.8	0.5	0.8	1.1	1.5	-	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Jul-21 (m)	SPC Breach	0.1	0.2	0.1	0.1	0.3	0.3	0.0	-	-	
	S17	Emergency C-Section Rate	●			Jun-21 (m)	<= 16.7%	19.4%	19.2%	19.4%	20.6%	18.5%	18.5%	-	-	-	
	S27	Patient Safety Alerts Overdue	●			Jul-21 (m)	<= 0	1	1	1	-	-	-	-	-	-	
Assess & Prevent	S36	VTE Risk Assessment	●			Jul-21 (m)	>=95%	97.5%	97.4%	97.7%	98.7%	99.1%	95.7%	97.0%	-	21.1%	
	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%	-	-	

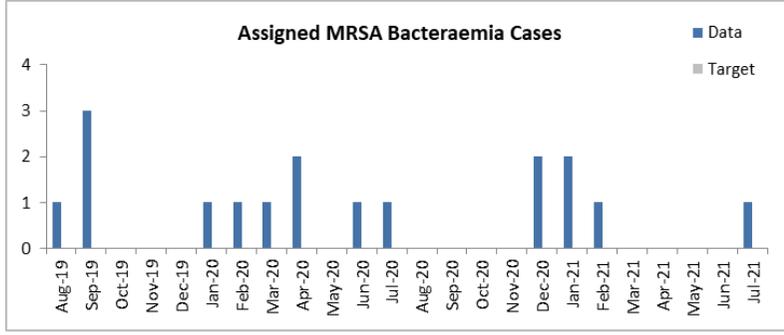
Patient safety alerts: 1 safety alert is described as overdue on the dashboard, which relates to foreign body aspiration during intubation, advanced airway management or ventilation. A working group has been set up to action this alert, led by the Deputy Chief Medical Officer. Procurement has identified which products are non-compliant and is working with hospital site clinical leads to identify alternatives that should be purchased. This is due for completion by the end of Sep-21.

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

Assigned MRSA Bacteraemia Cases

Sep-21



Site	Specialty	Location	Previous 6 Months	Jul-21
St Bart's	Haematological Oncology	5D Ward	1	0
Whipps Cross	Geriatric Medicine	Syringa Ward	0	1
Royal London	General Medicine	12F Ward	1	0
Whipps Cross	Gastroenterology	B3 Ward	1	0

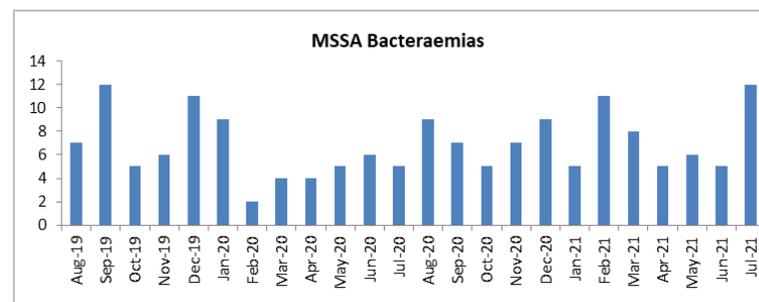
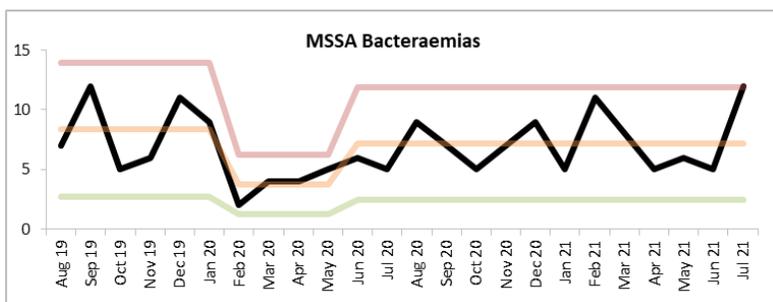
Site	Specialty	Location	This Period
Whipps Cross	Geriatric Medicine	Syringa Ward	1

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The Trust has had one hospital-associated MRSA bacteraemia in 2021/22, occurring in Jul-21 at Whipps Cross. The patient did not have a history of MRSA colonisation but was immunocompromised and undergoing chemotherapy. During the investigation the Trust was unable to identify where the cross-infection occurred, but the cause of bacteraemia was related to a peripheral line. 	<ul style="list-style-type: none"> The Trust has a number of actions related to this incident, including: <ul style="list-style-type: none"> Ward staff reminded to ensure that there is a sufficient supply of blood culture collection sets on the ward. Updates on line care – a refresher programme highlighting accurate and consistent Peripheral Venous Catheter (PVC) documentation will be reiterated to all staff with ward-based support.

SAFE

MSSA Bacteraemias

Sep-21



Site	Location	Location Main Specialty	This Period
Royal London	12E Ward	Neurosurgery	1
Whipps Cross	Rowan Ward	General Surgery	1
St Bart's	7A Ward	Medical Oncology	1
St Bart's	4A Ward	Cardiothoracic Surgery	1
St Bart's	3D Ward	Cardiology	1
Whipps Cross	Intensive Care Unit (ICU)	Critical Care	1
St Bart's	4B Ward	Cardiothoracic Surgery	1
St Bart's	3A Ward	Cardiology	1
Whipps Cross	Bracken Ward	Geriatric Medicine	1
Whipps Cross	Curie Ward	Endocrinology	1
Royal London	13D Ward	General Surgery	1
St Bart's	5A Ward	Medical Oncology	1

Site	Location	Location Main Specialty	Previous 6 Months	Jul-21
Royal London	4E Ward	Critical Care	3	0
Royal London	4F Ward	Critical Care	2	0
Whipps Cross	Neonatal Unit	Paediatrics	2	0
Royal London	14F Ward	Geriatric Medicine	2	0
Whipps Cross	Victory Ward	Geriatric Medicine	2	0
Newham	Silvertown Ward	Geriatric Medicine	2	0
Royal London	9F Ward	Nephrology	2	0

Performance Overview

- There has been an increase in MSSA bacteraemia cases in Jul-21 but no clusters as they were all in different locations.
- Sources of cases include: skin/soft tissue , surgical site infection (SSI), septic arthritis, chest, intravenous devices.
- Themes of sources have been identified, with most cases being related to SSI/skin and soft tissue or intravenous devices.

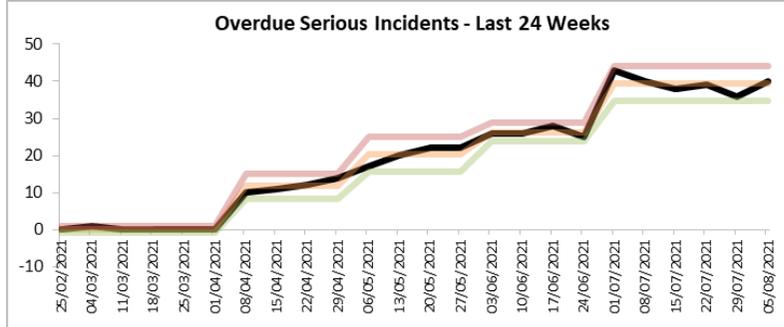
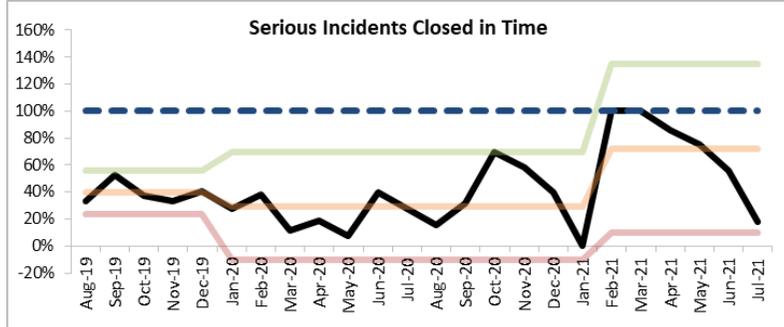
Responsible Director Update

- Local focus group is in place on hospital sites where SSI/skin soft tissue cases have been reported.
- 2 month bundle focus was on line care in Jun-21/Jul-21.

SAFE

Serious Incidents Closed in Time

Sep-21



Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	23	6
Obstetrics	11	4
Treatment	8	4
Medication	6	4
Infection Control	4	1
Patient Falls	4	1

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	14	23	2	86
Patient Falls	5	20	11	26
Treatment	4	61	22	86
Medication	3	24	11	34
Food and Nutrition	2	31	26	36
Pressure Ulcers	2	19	11	26
Safeguarding Adults	2	40	26	54
Estates/Facilities	2	83	80	86

Performance Overview

- The deterioration seen is largely attributable to the pressures of the pandemic which have resulted in many fewer incidents being concluded on time as well as a number of overdue investigations.
- This is due in large part to the availability of clinicians to conduct, or input to, investigations.
- The national clock stop remains in place which means that, insofar as external stakeholders are concerned, there is currently no measure of performance, nor of overdue investigations.
- These data reflect the position had the clock stop not been in place.

Responsible Director Update

- Hospital sites are focussed on recovering the situation over the coming weeks and months.

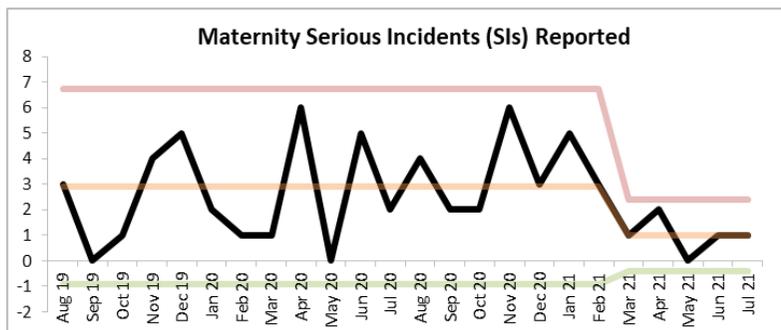
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●			Feb-21 (m)	<= 100	96	96	96	91	101	104	87	-	-	
	E3	Risk Adjusted Mortality Index	●			Jun-21 (m)	<= 100	93	93	93	92	95	100	83	-	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Jul-21 (m)	<= 0.51	0.63	0.52	0.59	0.47	0.67	1.18	0.00	-	-	

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

SPOTLIGHT

Maternity Serious Incidents (SIs)

Sep-21



Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	13	12	35	60
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	7	3	14	24
% HSIB Investigations	53.8%	25.0%	40.0%	40.0%

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	13	12	35	60
Neonatal - Unanticipated admission to Neonatal unit	3	3	8	14
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	44	51	245	340
Review / amend processes	7	2	49	58
Sharing the learning	8	8	38	54
Education and training	5	5	43	53
Other action	9	8	34	51
Review or update guidelines / documentation	7	8	28	43

Progress Summary

- One serious incident was reported externally in Jul-21 for an antepartum death at Newham where there was concern with the pregnancy care of a mother with a growth-restricted foetus.
- The following remain the top priorities for the three maternity hospital sites: foetal surveillance in pregnancy, foetal monitoring during labour, pressure area care of the mother during labour and prolonged obstetric operative procedures.
- Serious incident action closure continues to the target dates set.

Noteworthy Improvements

- Hospital sites and Healthcare Safety Investigation Branch (HSIB) teams are maintaining momentum on closure of serious incident investigations within the negotiated timeframe.

Risks & Issues

- Performance in Newborn and Infant Physical Examination (NIPE) is affected by capacity for baby hip ultrasounds at the Royal London one-stop clinic. Assistance is being provided to the paediatric Imaging team by Governance Leads for Group Clinical Services and Women’s Health to manage the risk.

Next Steps

- The maternity services are in the process of implementing the recommendations from a review by Public Health England of Trust screening fail safes.

Sep-21



Finance Report



KEY METRICS

Finance Key Metrics

Sep-21

Metrics	Current Performance Year To Date £millions	Trend	Comments						
NHS Financial Performance Surplus / (Deficit)	<table border="1"> <tr><td>Plan</td><td>(0.0)</td></tr> <tr><td>Actual</td><td>0.3</td></tr> <tr><td>Variance</td><td>0.3</td></tr> </table>	Plan	(0.0)	Actual	0.3	Variance	0.3		The Trust is reporting a £0.3m favourable variance against its breakeven plan for the year to date.
Plan	(0.0)								
Actual	0.3								
Variance	0.3								
Total Income	<table border="1"> <tr><td>Plan</td><td>656.3</td></tr> <tr><td>Actual</td><td>662.0</td></tr> <tr><td>Variance</td><td>5.7</td></tr> </table>	Plan	656.3	Actual	662.0	Variance	5.7		Income is £5.7m favourable year to date. This includes a £11.9m favourable variance in NHS Patient Treatment income, which is primarily due to site over performance on elective and outpatient activity against the Elective Recovery Fund (ERF) thresholds for April to June (£9.7m). No ERF was generated in July due to the impact of ERF thresholds increasing from 85% to 95% and the flooding incidents at Whipps Cross and Newham Hospitals. Other income is (£6.3m) adverse with key shortfalls being reduced private patients activity (£1.3m), reduced overseas patient and RTA income (£1.2m), other sites and services income shortfalls (£1.7m) and donated asset income (£1.5m).
Plan	656.3								
Actual	662.0								
Variance	5.7								
Total Expenditure	<table border="1"> <tr><td>Plan</td><td>(656.3)</td></tr> <tr><td>Actual</td><td>(661.7)</td></tr> <tr><td>Variance</td><td>(5.4)</td></tr> </table>	Plan	(656.3)	Actual	(661.7)	Variance	(5.4)		Expenditure is (£5.4m) adverse against the year to date plan. Expenditure in sites and services is (£3.2m) adverse. Pay expenditure is £9.2m 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 (£12.4m) adverse against the year to date plan, primarily due to the costs of independent sector provider activity to support elective recovery (£6.3m) and passthrough drugs and devices (£3.2m) which is partially offset by related passthrough income. There is a (£2.1m) adverse variance centrally which includes provision for risks around operation of the elective recovery scheme.
Plan	(656.3)								
Actual	(661.7)								
Variance	(5.4)								
Underlying Deficit Excluding System Top-Up Income	<table border="1"> <tr><td>Plan</td><td>(58.4)</td></tr> <tr><td>Actual</td><td>(58.1)</td></tr> <tr><td>Variance</td><td>0.3</td></tr> </table>	Plan	(58.4)	Actual	(58.1)	Variance	0.3		The Trust is reporting a pre system top-up of £58.1m deficit, which is a £0.3m favourable variance against the year to date plan.
Plan	(58.4)								
Actual	(58.1)								
Variance	0.3								

KEY METRICS **Finance Key Metrics** **Sep-21**

Metrics	Current Performance Year To Date £m/llions	Trend	Comments
Capital Expenditure	Plan 26.3		The year to date capital expenditure is £17.9m against a phased plan of £26.3m, which gives a year to date variance of £8.4m 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, VAT recoveries arising on prior year schemes and a slower than anticipated close out of the 2020/21 over commitment projects. Expenditure is expected to increase in the coming months as business cases are approved and capital expenditure authorisations are issued.
	Actual 17.9		
	Variance (8.4)		
Cash	Plan 25.0		Cash balances are higher by £84.9m compared to a plan of £25.0m, as a result of higher opening cash balance of £54.2m on 1st April 2021, and other movements in working capital.
	Actual 109.9		
	Variance 84.9		

Key Year To Date Issues

Performance is in line with plan for the first four months of the year. Further increases in elective and outpatient activity in line with ERF thresholds will be required to sustain this financial performance. However the impact of ERF thresholds increasing from 85% to 95% and the flooding incidents at Whipps Cross and Newham Hospitals have resulted in no ERF generated in July. The full extent of the major incident and downtime at the hospitals both in terms additional costs and impact on income is still to be quantified. In addition, managing the impact of the COVID-19 third wave will be a key challenge over the remainder of H1.

Key Risks & Opportunities

- Increasing Elective Recovery Funding thresholds over the remainder of H1 (April 70%, May 75%, June 80%, Quarter 2 95%).
- Anticipated increase in COVID-19 patient activity over the remainder of H1 due to the spread of the Delta coronavirus variant.
- Full impact of the major incident and downtime at Whipps Cross and Newham Hospitals is still to be quantified.

20/21 YTD Prev Yr Actual	Emillions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
	Income							
480.7	NHS Patient Treatment Income	130.2	132.7	2.6 ●	484.1	496.8	12.7 ●	1,459.9
0.8	Other Patient Care Activity Income	0.6	0.3	(0.2) ●	2.3	1.0	(1.3) ●	7.0
31.2	Other Operating Income	10.1	9.5	(0.6) ●	40.1	38.4	(1.7) ●	116.7
512.7	Total Income	140.8	142.6	1.7 ●	526.5	536.3	9.7 ●	1,583.6
	Operating Expenditure							
(327.1)	Pay	(87.7)	(85.1)	2.6 ●	(351.0)	(341.8)	9.2 ●	(1,039.1)
(53.2)	Drugs	(14.6)	(15.7)	(1.0) ●	(58.5)	(61.1)	(2.6) ●	(175.3)
(38.4)	Clinical Supplies	(10.2)	(10.5)	(0.2) ●	(41.2)	(41.2)	(0.0) ●	(120.7)
(107.6)	Other Non Pay	(23.2)	(24.7)	(1.5) ●	(92.3)	(102.1)	(9.8) ●	(276.0)
(526.2)	Total Operating Expenditure	(135.7)	(136.0)	(0.3) ●	(543.0)	(546.2)	(3.2) ●	(1,611.2)
(13.4)	Site & Services Budgets Total	5.1	6.6	1.5 ●	(16.4)	(10.0)	6.5 ●	(27.6)
(17.5)	Pathology Partnership (net)	(5.1)	(5.1)	(0.0) ●	(20.0)	(20.1)	(0.1) ●	(61.0)
(28.3)	Vaccination Programme & Nightingale (net)	(0.0)	0.0	0.0 ●	-	(0.0)	(0.0) ●	-
(0.2)	Research & Development (net)	0.0	0.0	- ●	0.0	0.0	- ●	0.0
(9.9)	Central NHS PT Income	(0.8)	(0.7)	0.1 ●	33.0	32.2	(0.8) ●	49.4
3.0	Central RTA & OSV Income (net)	0.4	0.8	0.3 ●	1.7	1.9	0.3 ●	5.9
(2.0)	Central Expenditure (net)	(0.9)	(0.8)	0.1 ●	(3.6)	(4.0)	(0.4) ●	(10.9)
(1.8)	Reserves (net)	(2.0)	(4.0)	(2.0) ●	(9.0)	(14.1)	(5.1) ●	4.1
(70.2)	EBITDA	(3.4)	(3.3)	0.0 ●	(14.3)	(14.0)	0.4 ●	(40.2)
(16.6)	Depreciation and Amortisation (net)	(4.7)	(4.7)	(0.0) ●	(18.1)	(18.1)	(0.1) ●	(56.4)
(21.3)	Interest	(5.5)	(5.5)	(0.0) ●	(21.5)	(21.5)	(0.0) ●	(65.2)
(3.3)	PDC Dividends	(1.1)	(1.1)	- ●	(4.5)	(4.5)	- ●	(13.4)
(111.4)	Surplus/(Deficit) Before System Top-Up	(14.6)	(14.6)	0.0 ●	(58.4)	(58.1)	0.3 ●	(175.1)
111.3	System Top-Up Income	14.6	14.6	(0.0) ●	58.3	58.3	(0.0) ●	175.0
(0.0)	NHS Reporting Surplus/(Deficit)	(0.0)	(0.0)	0.0 ●	(0.0)	0.3	0.3 ●	(0.1)
0.0	Profit On Fixed Asset Disposal		0.0			0.1		
0.2	Capital Donations I&E Impact		(0.3)			(0.6)		
-	Fixed Asset Impairments		-			-		
0.2	Surplus / (Deficit)		(0.3)			(0.2)		

CAPITAL EXPENDITURE

Capital Expenditure Summary - Trustwide

Sep-21

20/21 YTD Prev Yr Actual	Programme Area <i>£millions</i>	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance	%
0.9	Equipment (Medical and Other)	0.9	0.8	0.1	16 %	2.3	1.7	0.6	26 %	15.0	15.7	(0.7)	(5)%
2.8	Informatics	0.6	0.5	0.2	28 %	4.1	2.7	1.3	33 %	6.6	7.5	(0.9)	(13)%
3.3	Estates	2.7	2.7	0.0	1 %	7.9	6.5	1.4	18 %	25.2	32.8	(7.6)	(30)%
2.6	New Build and Site Vacations	2.4	1.3	1.1	46 %	9.2	4.1	5.0	55 %	19.3	23.1	(3.8)	(20)%
2.9	PFI Lifecycle Assets	0.7	0.7	(0.0)	(0)%	2.9	2.9	0.0	1 %	8.8	8.8	0.0	0 %
12.4	Total excluding COVID19	7.4	5.9	1.4	20 %	26.3	17.9	8.4	32 %	74.9	87.9	(12.9)	(17)%
7.3	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-
21.6	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-
0.4	COVID19 - Restart	-	-	-	-	-	-	-	-	-	-	-	-
29.4	Total COVID19	-	-	-	- %	-	-	-	- %	-	-	-	- %
41.8	Total Trust Funded Assets	7.4	5.9	1.4	20 %	26.3	17.9	8.4	32 %	74.9	87.9	(12.9)	(17)%
1.4	Donated	0.6	0.1	0.5	89 %	2.3	0.9	1.5	63 %	7.0	7.0	-	- %
43.2	Total Capital Expenditure	7.9	6.0	2.0	25 %	28.7	18.8	9.9	34 %	81.9	94.9	(12.9)	(16)%

Key Messages

The current forecast exchequer capital programme is £87.9m, a decrease on the previous month's plan which was £88.8m. The plan over commitment reduced to £12.9m (£13.8m in month 3) against current identified exchequer funding of £74.9m. The reduction occurs following the decision to release the reserve capital allocation to cover ERF schemes of £0.9m.

To bridge the funding gap, additional funding sources are being explored and discussions are ongoing with STP and NEL about increasing the size of the funding envelope for the Trust.

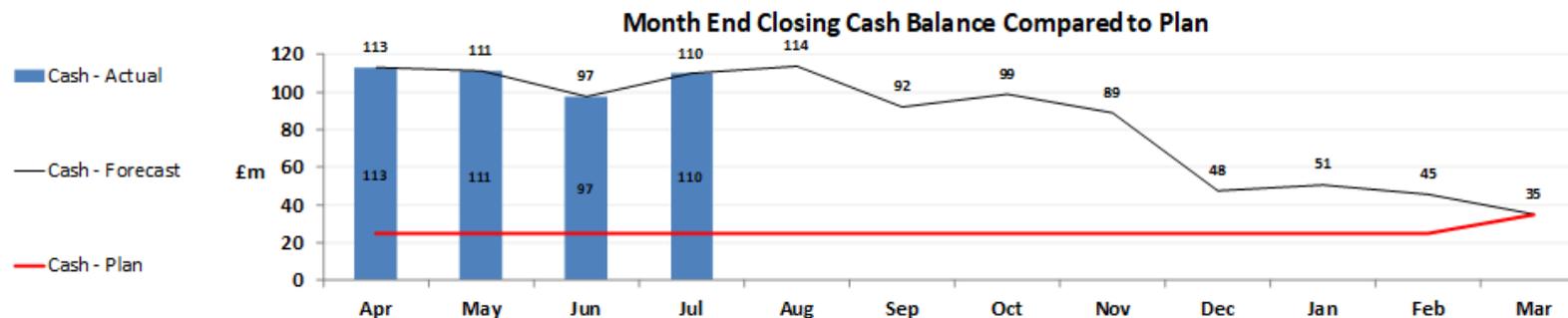
To date the Trust secured £29.6m of retained depreciation against the exchequer funded plan together with asset sales of £49k. PDC of £1.2m was secured in the period for the Helipad scheme. In addition charitable funds of £0.9m have also been secured.

The cumulative expenditure at month 4 is £17.9m (£12.0m in month 3) against a phased plan of £26.3m which gives a year to date variance of £8.4m 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, VAT recoveries arising on prior year schemes and a slower than anticipated close out of the 2020/21 over commitment projects. Expenditure is expected to increase in the coming months as business cases are approved and capital expenditure authorisations are issued.

Capital 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 Loan /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 Enabling works	11.1	-	11.1	- %
Specific PDC: Helipad	1.2	1.2	-	100 %
DHSC CRL from Steels Lane	1.6	-	1.6	- %
Specific PDC: Diagnostics	1.1	-	1.1	- %
Planned Capital exc Donated	74.9	30.7	44.2	41 %
Asset sales	0.0	0.0	-	100 %
Total Trust Funded Assets	75.0	30.8	44.2	41 %
Donated	7.0	0.9	6.1	12 %
Planned Capital inc Donated	82.0	31.7	50.3	39 %
*(Over)/Under commitment	(12.9)			

Emillions	Actual				Forecast								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	54.4	112.8	111.3	97.5	109.9	113.9	92.2	98.8	88.7	47.8	50.8	45.4	54.4
Cash inflows													
Healthcare contracts	118.0	116.1	123.4	123.2	121.4	117.6	117.6	117.6	117.6	117.6	117.6	136.7	1,444.4
Other income	54.2	38.8	51.3	50.5	38.7	34.7	42.4	30.1	25.5	41.8	29.8	31.4	469.2
Financing - Capital Loans / PDC	-	-	-	-	-	22.1	-	-	-	-	-	22.2	44.3
Total cash inflows	172.2	154.9	174.7	173.7	160.1	174.4	160.0	147.7	143.1	159.4	147.4	190.3	1,957.9
Cash outflows													
Salaries and wages	(51.5)	(50.5)	(51.1)	(53.4)	(53.0)	(53.7)	(54.9)	(53.0)	(55.6)	(53.0)	(53.0)	(55.1)	(637.8)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.4)	(40.0)	(40.0)	(40.0)	(40.0)	(40.0)	(40.0)	(40.0)	(41.0)	(438.0)
Non pay expenditures	(49.8)	(64.0)	(95.4)	(64.0)	(57.1)	(90.3)	(52.5)	(60.3)	(83.6)	(56.6)	(53.8)	(82.9)	(810.3)
Capital expenditure	(9.7)	(6.6)	(2.5)	(4.5)	(6.0)	(6.8)	(6.0)	(4.5)	(4.8)	(6.8)	(6.0)	(16.4)	(80.6)
Dividend and Interest payable	-	-	-	-	-	(5.3)	-	-	-	-	-	(5.3)	(10.6)
Total cash outflows	(113.8)	(156.4)	(188.5)	(161.3)	(156.1)	(196.1)	(153.4)	(157.8)	(184.0)	(156.4)	(152.8)	(200.7)	(1,977.3)
Net cash inflows / (outflows)	58.4	(1.5)	(13.8)	12.4	4.0	(21.7)	6.6	(10.1)	(40.9)	3.0	(5.4)	(10.4)	(19.4)
Closing cash at bank - actual/forecast	112.8	111.3	97.5	109.9	113.9	92.2	98.8	88.7	47.8	50.8	45.4	35.0	35.0
Closing cash at bank - plan	25.0	35.0	35.0										



Key Messages

Cash balances are higher by £84.9m compared to a plan of £25.0m, as a result of higher opening cash balance of £54.2m on 1st April 2021, and other movements in working capital.

Statement of Financial Position

Sep-21

20/21		Actual				Forecast								
31 Mar 2021	Emillions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	20/21 v 21/22
	Non-current assets:													
1,388.7	Property, plant and equipment	1,386.9	1,388.0	1,386.8	1,387.8	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	0.0	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	16.3	16.4	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	1,403.1	1,404.3	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	21.8	22.6	23.0	23.5	23.1	23.1	23.8	23.5	23.2	22.0	0.0
130.8	Trade and other receivables	119.3	130.3	146.6	140.8	141.6	142.7	161.1	162.4	141.9	172.6	180.9	147.9	17.1
54.2	Cash and cash equivalents	112.8	111.3	97.5	109.9	113.9	92.2	98.8	88.7	47.8	50.8	45.4	35.0	(19.2)
207.0	Total current assets	254.1	263.1	265.9	273.3	278.5	258.4	283.0	274.2	213.5	246.9	249.5	204.9	(2.1)
1,611.6	Total assets	1,655.2	1,667.2	1,669.0	1,677.6	1,705.9	1,690.3	1,717.8	1,711.9	1,657.5	1,695.9	1,702.8	1,609.5	(2.1)
	Current liabilities													
(179.5)	Trade and other payables	(224.9)	(239.1)	(244.0)	(255.0)	(273.8)	(260.6)	(288.1)	(282.2)	(227.8)	(266.2)	(273.1)	(179.6)	(0.1)
(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)	(26.8)	(26.8)	(26.8)	(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
(210.4)	Total current liabilities	(255.8)	(270.0)	(274.9)	(285.9)	(306.3)	(290.7)	(318.2)	(312.3)	(257.9)	(296.3)	(303.2)	(209.7)	0.7
(3.4)	Net current (liabilities) / assets	(1.7)	(6.9)	(9.0)	(12.6)	(27.8)	(32.3)	(35.2)	(38.1)	(44.4)	(49.4)	(53.7)	(4.8)	(1.4)
1,401.2	Total assets less current liabilities	1,399.4	1,397.2	1,394.1	1,391.7	1,399.6	1,399.8	(1.4)						
	Non-current liabilities													
(17.6)	Provisions	(17.4)	(17.3)	(17.2)	(17.1)	(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)	(934.5)	(932.4)	(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)	(951.7)	(949.5)	(956.6)	(956.8)	2.0						
442.4	Total Assets Employed	443.0	442.8	442.4	442.2	443.0	0.6							
	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)	(853.6)	(854.0)	(854.2)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	(853.4)	0.5
271.0	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	0.1
442.4	Total Taxpayers' Equity	443.0	442.8	442.4	442.2	443.0	0.6							

Sep-21



People Report



Group	Indicator	Targets	Performance		YTD	Jul-21 (Site)				
		Target	Jun-21	Jul-21		Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	97.0%	-	-	-	-	-	-	-
	Staff in Post - Actual	>=Plan	16,229	16,220		5,521	2,605	1,927	2,347	1,116
	Staff in Post - Plan	-	-	-	-	-	-	-	-	-
	Bank WTE - Actual	<=Plan	2,034	2,119		691	433	366	284	148
	Bank WTE - Plan	-	-	-	-	-	-	-	-	-
	Agency WTE - Actual	<=Plan	525	513		135	166	85	42	33
	Agency WTE - Plan	-	-	-	-	-	-	-	-	-
	Total Staffing - Actual	<=Plan	18,788	18,852	-	6,347	3,204	2,377	2,673	1,298
Total Staffing - Plan	-	-	-	-	-	-	-	-	-	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	89.5%	89.4%	-	93.0%	86.1%	88.2%	89.1%	90.5%
	Substantive Fill Rate - Plan	-	-	-	-	-	-	-	-	-
	Unconditional Offers - Actual	>=Plan	458	410	1,574	160	53	35	63	60
	Unconditional Offers - Plan	-	-	-	-	-	-	-	-	-
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	43.4%	34.0%	-	47.5%	32.0%	28.6%	15.0%	-
	Nursing Roster Quality - % Blue or Cloudy Sky	-	25.6%	24.1%	-	19%	30%	35%	10%	-
	Additional Duty Hours (Nursing)	-	68,229	73,016	-	25,929	16,198	17,344	5,591	19
Diversity	% of BME Staff at Band 8a to VSM	-	35.3%	35.6%	-	30%	42%	52%	20%	52%

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

- At present, 35.6% of the Trust's Band 8A+ staff are from a Black, Asian and Minority Ethnic (BAME) background, a modest increase from 35.3% in the previous month, yet maintaining a positive trend and above plan.

Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.06% in May-21 to 4.11% in Jun-21, potentially reflecting the early stages of the latest increase in COVID-19 rates.
- **Appraisal rates** – there has been an increase in non-medical appraisals from 38.0% to 42.6% in month. For medical appraisals, there has been an increase from 85.9% to 86.8%.
- For non-medical appraisals, the new and simplified, appraisal paperwork has gone live and now includes an inclusion objective for all staff. Hospital sites and departments have set improvement trajectories with Sep-21 and year end milestones to achieve a 90% target.

New Ways of Working

- **Nursing roster approval compliance** (approved six weeks in advance) reduced from 43.4% to 34.0%. 44% of rosters were approved at least five weeks in advance and 57% four weeks in advance.
- **Nursing roster quality** reporting indicates that 24.1% of rosters that were due for approval in Jul-21 were of good or high quality across the domains of budget, fairness, safety, unavailability, effectiveness and annual leave (down from 25.6%). Hospital sites have identified that the impact of COVID-19, including the need to adjust and change rosters on a regular basis and the redeployment of staff, has made compliance with roster approval timeframes and quality challenging. Whilst continued disruption to the workforce is anticipated in the current COVID-19 wave, a renewed focus on improving rostering practice has been committed to.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

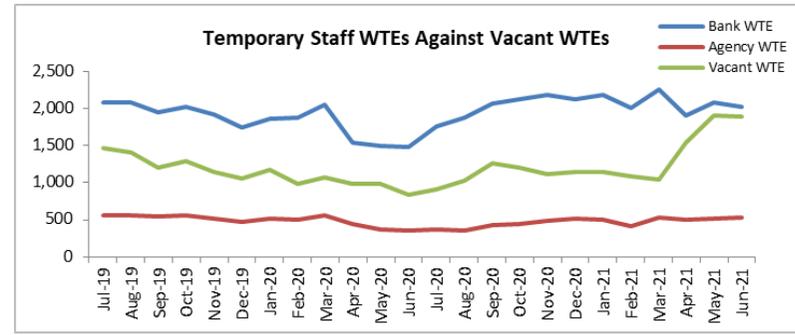
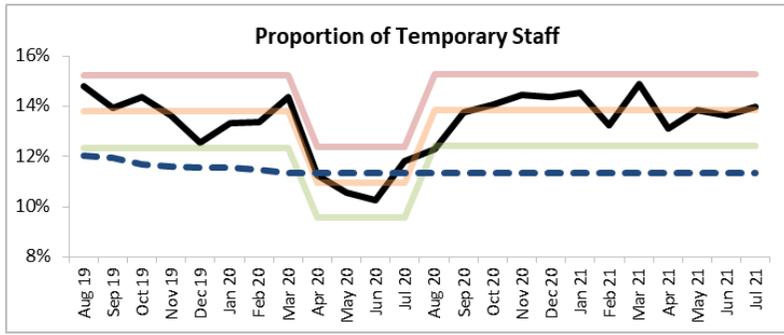
- **Workforce Plans** – workforce plans have been drafted by hospital sites and check and challenge meetings are now taking place with the People Services team, following which final versions will be published.
- **Recruitment** – in Jul-21, 410 unconditional offers were made, down from 458 in Jun-21. In addition, 837 Whole Time Equivalent (WTE) roles were advertised. The Trust's substantive staff fill rate in Jul-21 was at 89.4%, very slightly down from 89.5%, reflecting a reduction of 9 WTE substantive staff.
- **Turnover** – annualised voluntary turnover remains low against the long term position but has seen an increase from 9.2% reported in Jun-21 to 9.6% in Jul-21.
- **Temporary Staffing** – temporary staffing usage increased by 73 WTE compared to Jun-21, with the proportion of temporary staff as part of the workforce increasing from 13.6% to 14.0%. Whilst supply is high, it is becoming increasingly challenging to meet the demand from increased activity.

	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	●			Jul-21 (m)	<= 12.25%	9.18%	9.57%	9.57%	10.19%	8.45%	8.75%	11.39%	7.87%	9.11%	
	OH7	Proportion of Temporary Staff	●			Jul-21 (m)	<= 11.3%	13.6%	14.0%	13.6%	13.0%	18.7%	19.0%	12.2%	14.0%	8.4%	●
	W20	Sickness Absence Rate	●			Jun-21 (m)	<= 3%	4.06%	4.11%	4.11%	4.16%	4.40%	4.80%	3.59%	3.35%	3.97%	●
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	●			Jul-21 (m)	>= 85%	84.8%	85.0%	85.1%	85.0%	89.2%	85.7%	85.8%	81.5%	77.9%	
	W11	Mandatory and Statutory Training - National	●	●		Jul-21 (m)	>= 85%	84.3%	84.6%	84.9%	84.9%	88.8%	86.5%	84.4%	81.9%	77.8%	●
	W29	Appraisal Rate - Non-Medical Staff	●			Jul-21 (m)	>= 95%	38.0%	42.6%	42.6%	44.6%	35.4%	56.0%	47.6%	37.8%	34.2%	●
	W30	Appraisal Rate - Medical Staff	●	●		Jul-21 (m)	>= 85%	85.9%	86.8%	86.8%	85.8%	88.4%	89.6%	83.5%	91.0%	-	

WELL LED

Proportion of Temporary Staff

Sep-21



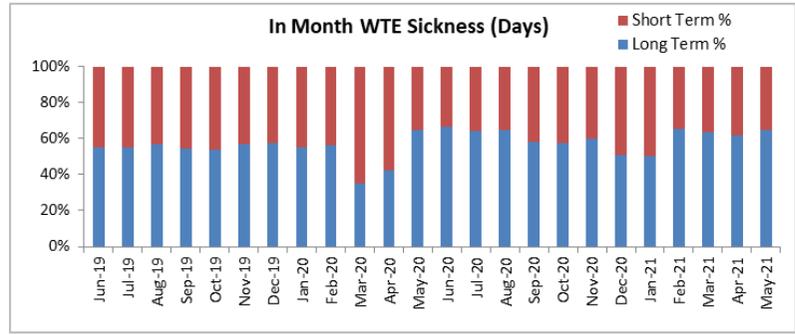
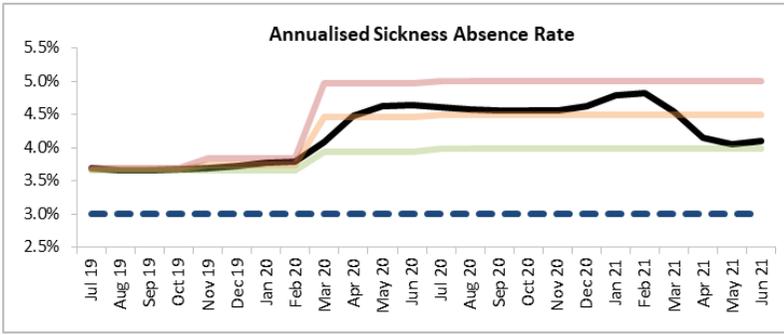
Site	Staff Group	Average of Previous 6 Months			Jul-21			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	845	6,348	13.3%	826	6,347	13.0%	-0.3%
Whipps Cross	All Staff Groups	557	3,176	17.5%	599	3,204	18.7%	1.1%
Newham	All Staff Groups	477	2,385	20.0%	450	2,377	19.0%	-1.0%
St Bart's	All Staff Groups	275	2,632	10.4%	326	2,673	12.2%	1.8%
CSS	All Staff Groups	176	1,252	14.0%	182	1,298	14.0%	0.0%
Other	All Staff Groups	250	2,787	9.0%	249	2,954	8.4%	-0.6%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The proportion of temporary staff increased from 13.4% to 14.0% in month. This was driven by an increase 85 Whole Time Equivalent (WTE) Bank combined with a small reduction of 12 WTE Agency. Overall 2,119 Bank WTE and 513 Agency WTE were used in Jul-21. 	<ul style="list-style-type: none"> Temporary staffing demand remains high with pressures across the Trust to deliver elective activity and support additional critical care beds. Whilst overall supply remains high, and in Jul-21 at levels akin to those provided in the second wave, meeting demand is becoming more challenging with staff taking leave or choosing not to work as many additional shifts. Other options continue to be explored in the temporary staffing marketplace; however, it is proving difficult to secure additional supply with high demand across the sector, reinforcing the need to focus on recruitment to substantive vacancies.

WELL LED

Sickness Absence Rate

Sep-21



Site	Staff Group	6 Months Ago			Jun-21			Variance
		Sick WTE Days	Available WTE Days	%	Sick WTE Days	Available WTE Days	%	
Royal London	All Staff Groups	90,228	2,022,284	4.46%	84,743	2,037,559	4.16%	-0.30%
Whipps Cross	All Staff Groups	50,490	948,993	5.32%	42,043	954,922	4.40%	-0.92%
Newham	All Staff Groups	38,572	679,659	5.68%	33,291	693,122	4.80%	-0.87%
St Bart's	All Staff Groups	34,679	864,241	4.01%	31,098	866,321	3.59%	-0.42%
CSS	All Staff Groups	14,389	375,531	3.83%	12,943	386,866	3.35%	-0.49%
Other	All Staff Groups	40,000	909,260	4.40%	36,314	915,445	3.97%	-0.43%

Performance Overview

- The annualised sickness absence rate has increased from 4.06% to 4.11% in Jun-21, reflecting an increase in the in month absence during Jun-21 (4.20%, up from 3.83% in May-21 and above the 3.64% reported for Jun-20). This is anticipated to increase further when Jul-21 absence is reported (the current indication is a 4.54% in month rate for Jul-21, compared to 3.34% in Jul-20).
- The top reasons for sickness absence are "Cold, Cough, Flu – Influenza" accounting for 20% of absence days (including COVID-19 sickness) and "Anxiety/stress/depression/other psychiatric illnesses" accounting for 17.7% of absence days.

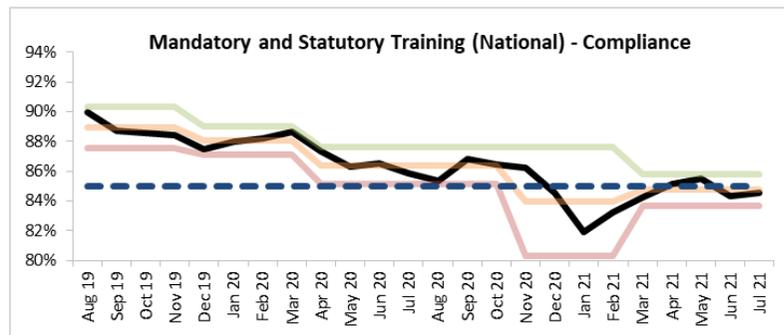
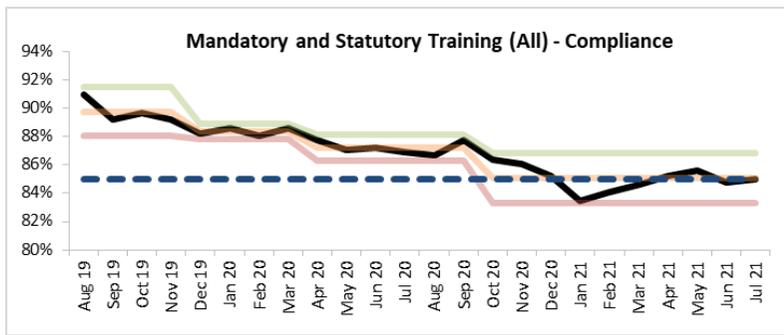
Responsible Director Update

- The increase in absence aligns with the early impact of the current COVID-19 wave (with Jun-21 historically being the month with one of the lowest absence rates across the year).

WELL LED

Mandatory and Statutory Training

Sep-21



Competency	Previous 6 Months	Jul-21	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	70.9%	77.8%	3,803
Resuscitation - Basic Life Support	67.1%	68.5%	3,488
Fire Safety	79.5%	81.0%	3,256
Infection Control (Clinical)	76.7%	78.7%	2,492
Moving Handling - Clinical	79.7%	80.5%	2,252

Department	Previous 6 Months	Jul-21	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	67.5%	63.1%	57
QEH Biochemistry (Other)	1.3%	1.6%	50
Cardiology Trainees (St Bart's)	46.8%	47.8%	43
QEH Microbiology (Other)	0.3%	0.8%	42
A & E Nursing WC (Royal London)	82.8%	84.8%	42

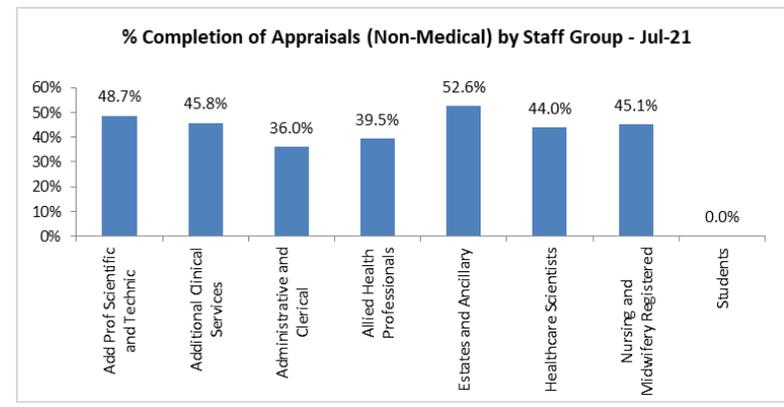
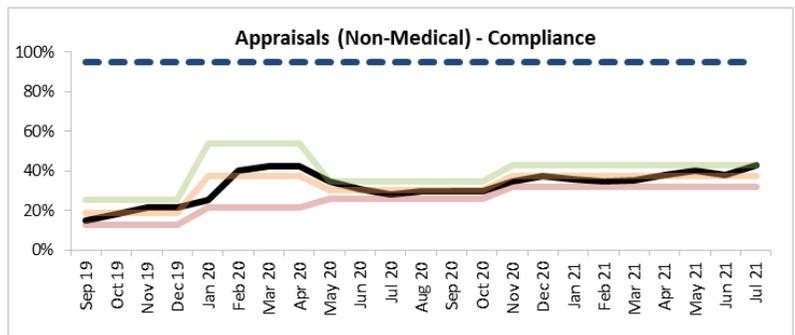
Non-mandatory competencies have been excluded from the above tables

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Trust-wide compliance against the 11 Core Skills Training Framework subjects has risen over the past month and currently stands at 84.6%, an increase of 0.3% since the previous month and currently just below the Trust target of 85%. Overall training compliance across all subjects has also increased and it is expected that this trend will continue. All core skills training framework subjects have shown an increase in compliance this month with a marked improvement in information governance. Reporting now includes the new Pathology Partnership which has resulted in a number of new areas showing low compliance figures. 	<ul style="list-style-type: none"> Work is being undertaken to obtain training data for all staff recently transferred to the Pathology Partnership. This is taken some time to complete due to the inconsistent nature of training data provided, requiring cleansing and formatting, ready for upload to the system. Gaps in training data will be reported to the Managing Director of the Pathology Partnership for further investigation. Work is being undertaken to update the Naso-Gastric Tube e-learning package and to add this to the training system. A training needs analysis is unavailable for this subject due to the ad hoc nature of the medical staff requiring the competency. However, the subject will still be applied to the WIRED recording system but only at subject level. This will not affect compliance rates or individual staff records but will allow the Trust to confirm who has completed the necessary training.

WELL LED

Appraisal Rate - Non-Medical Staff

Sep-21



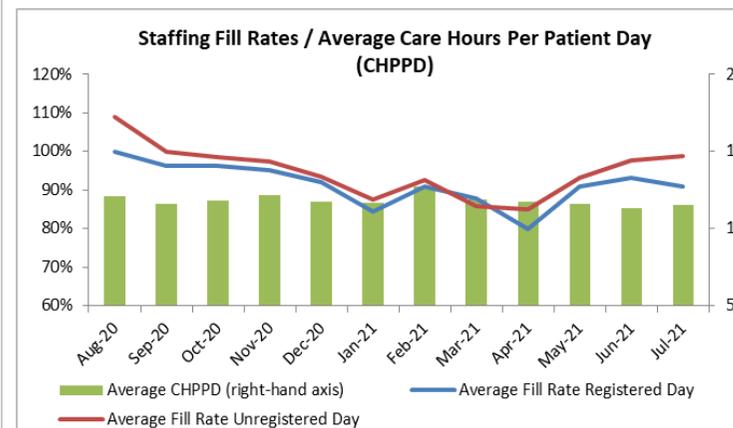
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Non-medical appraisal rates vary across the Trust as follows: <ul style="list-style-type: none"> Newham – 56.0% St Bart’s – 47.6% Pathology Partnership – 45.1% Royal London – 44.6% Group Clinical Support (CSS) – 37.8% Whipps Cross – 35.4% Group Support Services – 33.5% 	<ul style="list-style-type: none"> It is acknowledged that the Sep-21 deadline to achieve 90% was very challenging, particularly given the ongoing third wave. The Trust remains committed to achieving 90%; however, hospital sites and departments have now been asked to set clear trajectories with end of Sep-21 and Dec-21 milestones, which are being monitored through Performance Review meetings. The appraisal form has been refreshed with a focus on compassionate conversations, paying attention to staff’s own wellbeing and career planning, along with incorporating an inclusion objective for all staff. Communications reinforcing the importance of appraisals went out in the Take 5 Staff bulletins during Jul-21. This has been supported through a focus on appraisals in the team leader webinars Weekly reporting has been implemented to provide an up-to-date appraisal position to the hospital sites.

SAFE STAFFING

Safe Staffing

Sep-21

- Recovery and restoration work continued, alongside rising pressure in relation to the pandemic's predicted third wave which is currently being managed outside of widespread re-deployment models and monitored through internal assurance processes.
- Across the Trust, average fill rates for Jul-21 for Registered Nursing and Midwifery (RN/RM) reduced to 91.1% for day and 96.4% for nights, but both remained above 90%. Care Hours Per Patient Day (CHPPD) remained in line with the previous month.
- Fill rates at Royal London, Whipps Cross and Newham were above 90%, as were care staff fill rates at St Bart's. RN/RM fill rates at St Bart's were similar to the past three months, with an increased CHPPD as activity and staffing return closer to pre-pandemic levels. CHPPD at Royal London and Whipps Cross remained static. CHPPD at Newham reduced slightly although remained higher than pre-pandemic.
- The drop in fill rates across the Trust was due to the lower fill rates at St Bart's. This was primarily due to changes in activity and rosters for these areas with activity matching staffing levels and current closed beds. CHPPD at St Bart's remained higher than pre-pandemic and increased in Jul-21 to an average of 13.3. The Director of Nursing reported no negative impact on patient care with non-urgent activity adjusted accordingly.
- Across the Trust, there has been increased pressure through low critical care fill rates counteracted through reduced elective activity and stretch of critical care staffing ratios. There was an average fill rate of 84.8% RN days and 87.5% RN nights in critical care with dynamic staff deployment required across the Trust.
- There were 5 red flags reported in Jul-21, all at Royal London over 3 different wards. 3 of these incidents were reported on Ward 11E where fill rates have been consistently higher than 95% and CHPPD was 9.6. All 5 were no harm incidents mitigated at the time by the actions of senior staff with staff shortages pertaining predominantly to enhanced care and dynamic internal movement of staff to ensure risk mitigation across the hospital site.
- Safe staffing continues to be monitored daily through hospital site based safety huddles and dynamic staff management/deployment by the senior nursing teams, alongside the Safe Care (Allocate) management system. The system saw widespread improvements in daily census entry and an increase of 4.2% compliance (to 90.4%) across the Trust in Jul-21 which is above the Trust target of 90% compliance.



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	91.1%	98.8%	96.4%	115.1%	11.5	5
Royal London	91.6%	95.5%	96.7%	120.1%	11.1	5
Whipps Cross	92.8%	104.3%	100.1%	114.1%	11.0	0
Newham	94.6%	98.2%	103.5%	111.1%	11.7	0
St Bart's	84.9%	95.8%	86.1%	110.9%	13.3	0

Sep-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	

Sep-21



Appendix



APPENDIX Interpretation of Scorecards Sep-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)

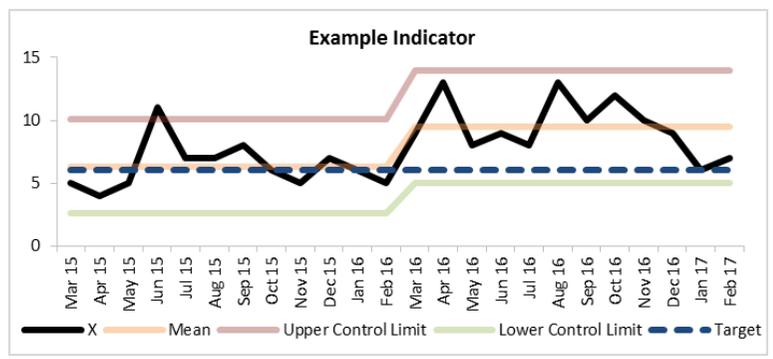
Reporting month target for reporting site

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.

Safe Staffing Fill Rates by Ward and Site

Sep-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
Royal London	10ERLH	2,123.0	2,081.5	1,125.8	998.0	1,765.5	1,786.0	713.0	1,088.5	98.0%	88.7%	101.2%	152.7%	705	5.5	3.0	8.4
Royal London	10FRLH	1,113.5	1,056.0	744.0	756.0	682.0	1,001.0	341.0	748.0	94.8%	101.6%	146.8%	219.4%	442	4.7	3.4	8.1
Royal London	11CRLH	2,466.0	2,236.0	1,409.5	1,292.0	2,495.5	2,493.5	713.0	1,092.5	90.7%	91.7%	99.9%	153.2%	620	7.6	3.8	11.5
Royal London	11E & 11FAAU	3,919.0	4,040.0	1,780.0	1,717.5	3,921.5	4,168.0	1,426.0	1,631.0	103.1%	96.5%	106.3%	114.4%	1,203	6.8	2.8	9.6
Royal London	12CRLH	1,893.5	1,978.8	1,423.0	1,391.0	1,886.0	1,981.3	1,069.5	1,172.0	104.5%	97.8%	105.1%	109.6%	720	5.5	3.6	9.1
Royal London	12DRLH	1,416.8	2,267.5	704.0	691.0	1,436.5	2,259.5	356.5	516.2	160.0%	98.2%	157.3%	144.8%	431	10.5	2.8	13.3
Royal London	12ERLH	2,739.0	2,690.8	1,426.0	1,600.0	2,495.5	2,601.5	1,426.0	1,602.0	98.2%	112.2%	104.2%	112.3%	702	7.5	4.6	12.1
Royal London	12FRLH	1,796.0	2,358.0	1,751.0	1,609.0	1,782.5	2,473.5	1,782.5	1,887.0	131.3%	91.9%	138.8%	105.9%	706	6.8	5.0	11.8
Royal London	13CRLH	1,922.0	1,782.5	699.5	908.5	1,426.0	1,414.5	713.0	1,012.0	92.7%	129.9%	99.2%	141.9%	650	4.9	3.0	7.9
Royal London	13DRLH	1,748.0	1,654.7	709.0	695.5	1,426.0	1,473.0	713.0	885.5	94.7%	98.1%	103.3%	124.2%	689	4.5	2.3	6.8
Royal London	13ERLH	2,001.0	2,383.0	713.0	897.0	1,651.0	2,330.5	713.0	1,069.5	119.1%	125.8%	141.2%	150.0%	712	6.6	2.8	9.4
Royal London	13FRLH	1,759.0	2,304.0	920.0	894.8	1,782.5	2,530.0	713.0	851.0	131.0%	97.3%	141.9%	119.4%	550	8.8	3.2	12.0
Royal London	14ERLH	1,671.5	1,656.0	1,173.0	1,422.5	1,426.0	1,506.5	1,081.0	1,406.0	99.1%	121.3%	105.6%	130.1%	715	4.4	4.0	8.4
Royal London	14FRLH	2,028.0	1,691.5	1,078.5	1,426.0	1,414.5	1,368.5	1,069.5	1,394.5	83.4%	132.2%	96.7%	130.4%	732	4.2	3.9	8.0
Royal London	3DRLH	3,227.5	3,308.3	2,162.0	1,662.2	3,220.0	3,522.3	1,782.5	2,060.5	102.5%	76.9%	109.4%	115.6%	906	7.5	4.1	11.6
Royal London	3ERLH	2,136.0	2,117.5	711.0	908.5	1,782.5	1,783.5	713.0	1,058.0	99.1%	127.8%	100.1%	148.4%	706	5.5	2.8	8.3
Royal London	3FRLH	1,574.5	1,185.5	1,069.5	747.5	1,064.8	1,298.0	713.0	563.5	75.3%	69.9%	121.9%	79.0%	211	11.8	6.2	18.0
Royal London	4ERLH	18,979.0	14,879.0	1,058.0	966.0	18,959.5	15,417.5	1,069.5	1,233.1	78.4%	91.3%	81.3%	115.3%	1,225	24.7	1.8	26.5
Royal London	6CRLH	4,066.8	2,634.8	356.5	241.5	3,918.8	2,541.5	356.5	230.0	64.8%	67.7%	64.9%	64.5%	189	27.4	2.5	29.9
Royal London	6E & 6FRLH	5,431.0	5,110.2	1,407.5	999.0	5,347.5	5,098.6	1,069.5	955.5	94.1%	71.0%	95.3%	89.3%	821	12.4	2.4	14.8
Royal London	7CRLH	1,417.0	1,184.5	355.5	772.5	1,069.5	1,058.0	356.5	894.5	83.6%	217.3%	98.9%	250.9%	305	7.4	5.5	12.8
Royal London	7DRLH	1,760.5	1,756.0	873.8	901.0	1,426.0	1,533.5	713.0	805.0	99.7%	103.1%	107.5%	112.9%	353	9.3	4.8	14.2
Royal London	7ERLH	2,812.0	2,569.3	1,067.3	954.5	2,495.5	2,261.3	1,069.5	1,012.0	91.4%	89.4%	90.6%	94.6%	564	8.6	3.5	12.1
Royal London	7FRLH	1,426.0	1,333.5	609.5	609.5	1,069.5	1,059.5	552.0	552.0	93.5%	100.0%	99.1%	100.0%	347	6.9	3.3	10.2
Royal London	8CRLH	1,679.0	1,522.5	713.0	681.0	1,426.0	1,414.5	713.0	716.5	90.7%	95.5%	99.2%	100.5%	497	5.9	2.8	8.7
Royal London	8DRLH	8,283.0	6,987.5	1,272.5	810.0	7,843.0	6,681.5	552.0	483.0	84.4%	63.7%	85.2%	87.5%	998	13.7	1.3	15.0
Royal London	8FRLH	1,432.0	1,353.0	1,782.5	1,483.5	1,069.5	1,069.5	1,069.5	1,069.5	94.5%	83.2%	100.0%	100.0%	1,448	1.7	1.8	3.4
Royal London	9E HDU RLH	1,387.0	1,061.0	356.5	138.0	1,426.0	818.0	0.0	0.0	76.5%	38.7%	57.4%		98	19.2	1.4	20.6
Royal London	9ERLH	1,771.0	1,683.5	713.0	643.5	1,426.0	1,541.0	356.5	851.0	95.1%	90.3%	108.1%	238.7%	659	4.9	2.3	7.2
Royal London	9FRLH	1,758.0	1,496.5	709.5	667.5	1,414.5	1,391.5	713.0	749.0	85.1%	94.1%	98.4%	105.0%	664	4.3	2.1	6.5

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,634.5	5,682.0	2,484.0	2,597.4	4,634.5	5,714.0	2,139.0	2,403.5	122.6%	104.6%	123.3%	112.4%	1,155	9.9	4.3	14.2
Whipps Cross	ACACIA	922.5	843.5	460.0	460.5	713.0	717.0	724.5	720.5	91.4%	100.1%	100.6%	99.4%	252	6.2	4.7	10.9
Whipps Cross	ACORN	3,825.5	2,407.0	392.0	153.3	2,849.8	2,127.8	356.5	11.5	62.9%	39.1%	74.7%	3.2%	452	10.0	0.4	10.4
Whipps Cross	B3 WARD WXH	1,315.5	1,281.0	1,092.5	1,196.0	1,069.5	1,069.5	736.0	1,000.5	97.4%	109.5%	100.0%	135.9%	485	4.8	4.5	9.4
Whipps Cross	BIRCH	1,069.5	1,023.5	1,068.5	1,228.5	1,069.5	1,058.0	713.0	1,012.0	95.7%	115.0%	98.9%	141.9%	468	4.4	4.8	9.2
Whipps Cross	BLACKTHORN	1,069.5	947.0	1,035.0	1,122.0	1,069.5	1,035.0	713.0	816.5	88.5%	108.4%	96.8%	114.5%	466	4.3	4.2	8.4
Whipps Cross	Bracken Ward WXH	1,340.0	1,269.2	1,100.0	1,043.3	1,069.5	1,103.2	713.0	770.5	94.7%	94.8%	103.1%	108.1%	475	5.0	3.8	8.8
Whipps Cross	CEDAR	1,679.0	2,460.0	1,437.5	2,988.5	1,437.5	2,265.5	1,069.5	2,208.0	146.5%	207.9%	157.6%	206.5%	917	5.2	5.7	10.8
Whipps Cross	CHESTNUT	964.5	862.5	356.5	770.5	701.5	1,081.0	356.5	414.0	89.4%	216.1%	154.1%	116.1%	253	7.7	4.7	12.4
Whipps Cross	CURIE	1,426.0	1,369.5	1,069.5	1,138.5	1,426.0	1,138.5	1,067.5	1,150.0	96.0%	106.5%	79.8%	107.7%	496	5.1	4.6	9.7
Whipps Cross	DELIVERY SUITE WXH	4,752.8	3,825.4	713.0	827.0	3,565.0	2,916.6	713.0	1,005.5	80.5%	116.0%	81.8%	141.0%	500	13.5	3.7	17.1
Whipps Cross	ELIZABETH	1,679.0	1,686.5	356.5	369.5	1,414.5	1,394.5	253.0	356.5	100.4%	103.6%	98.6%	140.9%	551	5.6	1.3	6.9
Whipps Cross	FARADAY	1,065.0	1,234.0	713.0	905.5	1,069.5	1,290.0	356.5	954.5	115.9%	127.0%	120.6%	267.7%	431	5.9	4.3	10.2
Whipps Cross	Frail Elderly WXH	855.5	819.5	356.5	447.6	713.0	713.0	356.5	425.5	95.8%	125.5%	100.0%	119.4%	249	6.2	3.5	9.7
Whipps Cross	ICU WXH	5,973.0	4,668.8	1,773.0	904.5	5,038.0	4,312.0	1,364.0	671.0	78.2%	51.0%	85.6%	49.2%	251	35.8	6.3	42.1
Whipps Cross	MARGARET	945.5	869.5	521.5	456.5	713.0	719.0	356.5	334.0	92.0%	87.5%	100.8%	93.7%	187	8.5	4.2	12.7
Whipps Cross	MIDWIFERY WXH	764.0	684.3	364.5	281.0	711.0	677.0	356.5	310.5	89.6%	77.1%	95.2%	87.1%	71	19.2	8.3	27.5
Whipps Cross	MULBERRY	2,194.0	2,064.3	1,334.5	885.0	1,426.0	1,366.0	839.5	931.5	94.1%	66.3%	95.8%	111.0%	1,042	3.3	1.7	5.0
Whipps Cross	NEONATAL WXH	2,466.8	2,394.5	1,093.0	637.0	2,227.3	2,493.8	747.5	301.8	97.1%	58.3%	112.0%	40.4%	399	12.3	2.4	14.6
Whipps Cross	NIGHTINGALE	1,069.5	1,339.0	356.5	598.0	1,069.5	1,484.0	356.5	586.5	125.2%	167.7%	138.8%	164.5%	284	9.9	4.2	14.1
Whipps Cross	PEACE	1,679.0	1,621.5	805.0	1,437.0	1,069.5	1,334.0	713.0	1,241.8	96.6%	178.5%	124.7%	174.2%	444	6.7	6.0	12.7
Whipps Cross	POPLAR	1,782.5	1,425.0	1,063.0	898.0	1,426.0	1,096.5	1,067.0	1,035.0	79.9%	84.5%	76.9%	97.0%	360	7.0	5.4	12.4
Whipps Cross	PRIMROSE	1,775.5	1,465.0	1,426.0	1,422.0	1,426.0	1,253.5	1,069.5	1,092.5	82.5%	99.7%	87.9%	102.2%	500	5.4	5.0	10.5
Whipps Cross	ROWAN	1,977.5	1,721.5	1,850.5	1,727.9	1,426.0	1,265.0	1,069.5	1,019.5	87.1%	93.4%	88.7%	95.3%	591	5.1	4.6	9.7
Whipps Cross	SAGE	1,679.0	1,416.0	1,448.0	1,534.5	1,426.0	1,143.5	1,068.0	1,196.5	84.3%	106.0%	80.2%	112.0%	617	4.1	4.4	8.6
Whipps Cross	SYRINGA	1,426.0	1,311.0	1,782.5	1,690.5	1,069.0	1,104.5	1,069.5	1,404.0	91.9%	94.8%	103.3%	131.3%	612	3.9	5.1	9.0
Whipps Cross	VICTORY	1,318.5	1,253.5	1,322.5	1,242.0	1,069.5	1,069.5	1,069.5	1,069.5	95.1%	93.9%	100.0%	100.0%	560	4.1	4.1	8.3

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	4,271.0	3,979.0	2,664.5	2,871.0	4,276.0	4,402.5	2,668.0	2,990.0	93.2%	107.8%	103.0%	112.1%	1,269	6.6	4.6	11.2
Newham	Custom House NUH	1,610.0	1,460.5	1,414.5	1,504.5	1,334.0	1,150.0	1,023.5	1,736.5	90.7%	106.4%	86.2%	169.7%	540	4.8	6.0	10.8
Newham	DELIVERY SUITE NUH	5,367.5	4,948.2	1,059.3	714.3	4,830.0	4,472.5	1,069.5	793.5	92.2%	67.4%	92.6%	74.2%	744	12.7	2.0	14.7
Newham	EAST HAM	1,782.5	1,702.0	1,069.5	1,023.5	1,425.0	1,325.5	1,069.5	1,255.5	95.5%	95.7%	93.0%	117.4%	518	5.8	4.4	10.2
Newham	HEATHER	1,782.5	2,208.0	1,426.0	1,472.0	1,780.5	2,312.5	1,426.0	1,529.5	123.9%	103.2%	129.9%	107.3%	709	6.4	4.2	10.6
Newham	LARCH	5,150.0	4,438.3	3,040.0	2,596.1	2,992.0	2,931.0	2,265.5	2,110.0	86.2%	85.4%	98.0%	93.1%	1,389	5.3	3.4	8.7
Newham	Manor Park ITU NUH	2,494.5	3,233.0	356.5	460.0	2,495.5	3,404.0	356.5	529.0	129.6%	129.0%	136.4%	148.4%	291	22.8	3.4	26.2
Newham	MAPLE	1,388.5	1,242.0	713.0	982.5	1,150.0	920.0	712.5	690.0	89.4%	137.8%	80.0%	96.8%	298	7.3	5.6	12.9
Newham	NEONATAL NUH	3,066.5	2,883.5	402.5	237.5	2,771.5	2,510.0	414.0	379.5	94.0%	59.0%	90.6%	91.7%	507	10.6	1.2	11.9
Newham	NUH MIDWIFERY	1,103.0	983.8	356.5	311.3	1,058.0	948.5	356.5	345.0	89.2%	87.3%	89.7%	96.8%	135	14.3	4.9	19.2
Newham	PLASHET	1,590.0	1,736.5	1,426.0	1,701.3	1,426.0	1,609.5	1,426.0	1,885.3	109.2%	119.3%	112.9%	132.2%	685	4.9	5.2	10.1
Newham	RAINBOW	2,803.5	2,295.0	1,172.5	1,128.0	1,782.5	1,825.5	356.5	506.0	81.9%	96.2%	102.4%	141.9%	379	10.9	4.3	15.2
Newham	SILVERTOWN	1,938.5	2,024.3	1,058.0	1,437.5	1,782.5	2,151.5	1,012.0	1,507.5	104.4%	135.9%	120.7%	149.0%	679	6.1	4.3	10.5
Newham	STRATFORD	1,069.5	1,552.5	1,069.5	1,104.0	1,069.5	1,635.0	1,069.5	1,115.5	145.2%	103.2%	152.9%	104.3%	421	7.6	5.3	12.8
Newham	WEST HAM	2,277.0	954.5	1,472.0	819.5	1,403.0	1,069.5	1,069.5	736.0	41.9%	55.7%	76.2%	68.8%	426	4.8	3.7	8.4
St Bart's	1C	6,045.0	4,937.0	356.5	330.5	5,761.5	4,748.0	195.5	229.4	81.7%	92.7%	82.4%	117.4%	361	26.8	1.6	28.4
St Bart's	1D	3,208.5	2,139.0	356.5	563.5	2,817.5	2,001.5	356.5	425.5	66.7%	158.1%	71.0%	119.4%	325	12.7	3.0	15.8
St Bart's	1E	4,956.5	3,986.0	356.5	287.5	4,991.0	3,979.0	356.5	345.0	80.4%	80.6%	79.7%	96.8%	221	36.0	2.9	38.9
St Bart's	3A SBH	4,985.5	4,285.5	1,426.0	1,228.5	4,991.0	4,170.0	1,424.5	1,298.0	86.0%	86.2%	83.6%	91.1%	648	13.0	3.9	16.9
St Bart's	3D SBH	1,550.0	1,478.0	1,217.0	1,163.5	1,518.0	1,459.8	954.5	1,035.0	95.4%	95.6%	96.2%	108.4%	350	8.4	6.3	14.7
St Bart's	4A SBH	1,782.5	1,861.0	966.0	1,115.5	1,414.5	1,552.5	356.5	598.0	104.4%	115.5%	109.8%	167.7%	685	5.0	2.5	7.5
St Bart's	4B SBH	1,591.0	1,389.0	1,234.5	1,058.0	1,426.0	1,382.0	713.0	841.0	87.3%	85.7%	96.9%	118.0%	599	4.6	3.2	7.8
St Bart's	4C SBH	1,782.5	1,529.5	966.0	798.8	1,426.0	1,176.5	966.0	807.0	85.8%	82.7%	82.5%	83.5%	505	5.4	3.2	8.5
St Bart's	4D & 4ESBH	1,774.5	1,274.0	713.0	828.0	1,621.5	1,198.0	713.0	782.0	71.8%	116.1%	73.9%	109.7%	370	6.7	4.4	11.0
St Bart's	5A SBH	2,140.3	2,137.3	852.0	1,088.5	1,364.0	1,336.3	341.0	682.5	99.9%	127.8%	98.0%	200.1%	616	5.6	2.9	8.5
St Bart's	5B SBH	1,403.0	1,277.5	713.0	690.0	1,426.0	1,460.5	356.5	425.5	91.1%	96.8%	102.4%	119.4%	366	7.5	3.0	10.5
St Bart's	5C SBH	2,139.0	2,076.3	717.5	782.8	1,782.5	1,978.0	356.5	595.5	97.1%	109.1%	111.0%	167.0%	518	7.8	2.7	10.5
St Bart's	5D SBH	2,127.5	1,943.5	713.0	713.0	1,769.0	1,792.0	713.0	667.0	91.4%	100.0%	101.3%	93.5%	643	5.8	2.1	8.0
St Bart's	6A SBH	6,336.5	4,935.0	356.5	322.0	6,405.5	5,106.0	356.5	356.5	77.9%	90.3%	79.7%	100.0%	296	33.9	2.3	36.2
St Bart's	6D SBH	1,782.5	1,771.0	1,065.0	540.5	1,426.0	1,230.5	713.0	747.5	99.4%	50.8%	86.3%	104.8%	485	6.2	2.7	8.8

Report to the Trust Board: 8 September 2021	TB 45/21
--	-----------------

Title	Quality Assurance Committee Exception Report
Chair	Dr Kathy McLean, Non-Executive Director
Author(s) / Secretary	Marcia Marrast-Lewis, Deputy Trust Secretary
Purpose	To advise on work of Trust Board Committees

Executive summary
 The Quality Assurance Committee met on 1st September 2021 to discuss items on its agenda relevant to its terms of reference, matters related to the CQC improvement plans in relation to Imaging Services and GCS devolution together with a review the status of actions associated with external reviews undertaken across hospital sites and within Group Clinical Services (GCS).

Key agenda items	BAF entries
• <i>Diagnostic Imaging Update</i>	4
• <i>External & Peer Reviews</i>	2-6
• <i>Quality Dashboard</i>	2-6
• <i>Internal Audit Progress Report</i>	3
• <i>Education Update</i>	1
• <i>Quality Risk Report</i>	3
• <i>Annual Reports:</i>	
• <i>Research Annual Report</i>	1,2,8
• <i>Infection Prevention and Control Annual Report</i>	3,4
• <i>End of Life Care Annual Report</i>	2

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

- The Committee discussed an update on recent CQC improvement activity (following on from May inspections and a warning notice relating to imaging services). Members considered the report in conjunction with the Board Assurance Framework entry 4 on regulatory compliance to confirm assurance that appropriate action had been taken to address CQC, and other regulatory body requirements to improve associated systems for early intervention and quality of care and the health and safety of staff. The committee took limited assurance that changes were sufficient, due to the need to receive more granular information on gaps and interventions. The Committee agreed that a high-level action plan would be considered at the next meeting. A further update was given on GCS devolution as part of development of the Trust's group model and sector collaboration, with positive assurances received.
- The Committee considered the processes in place to review the status of actions arising out of external and peer reviews undertaken across hospital sites and within Group Clinical Services (GCS). The Committee agreed that a common approach was needed for reporting external peer reviews which would be developed and submitted to the next meeting for assurance.

<ul style="list-style-type: none"> • The Committee received the report of the Internal Auditors noting that several reviews had been completed and noted that an increasing number had achieved reasonable assurance. • The committee received the Quality Dashboard noting specific focus on maternity services at NUH following a CQC inspection and two CQC domains, Safe – update on the National Patient Safety Programme, including Barts Health Patient Safety Programme and the Patient Safety Incident Response Framework (PSIRF) and Responsive – which outlined the Trust’s response to a Clinical Harm review. • The Committee discussed the Trust Education report which set out the priorities for the Education Department for 20221/22 which had been developed taking into account the spread of Covid-19, the greater number of student nurses and medical undergraduates against an ongoing reduction of funding. • The Committee received and noted three annual reports for submission to the Trust Board on 8th September 2021. • The Committee received a quality risk report which reflected a reduced number of high risks, with only one high risk scored at 20 (reflecting pandemic-related infection control constraints on physical capacity and increased emergency attendances at Whipps Cross). The Committee discussed movements in risk scores for other quality high risks and noted that imaging risks had yet to be assessed following peer reviews and progress assessments. 	
<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"> • Further assurance was requested with regard to the Diagnostic imaging service improvements • QAC requested the development of a high-level action plan in respect of CQC inspection of imaging together with the learning to be presented in January 2022. • The development of a common approach to external reviews to be developed and reported back to QAC at the next meeting. 	
<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: 8 September 2021	TB 46/21
--	-----------------

Title	Inclusion report – Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES)
Accountable Director	Group Director of People
Author(s)	Deputy Group Director of People
Purpose	To update the Trust Board on our on-going efforts to deliver the ambitions set out in WeBelong and note the WRES and WDES reports and action plan for 21/22
Previously considered by	Inclusion Board, Group Executive Board

<p>Executive summary</p> <p>To continue to work towards our goal of eliminating discrimination, inequality and creating a safe and inclusive place to work, the update to our WeBelong operational plans for 2021/22 has been agreed. These plans have been co-designed through extensive engagement across Barts Health including through staff Diversity Networks, staffside colleagues and Staff Partnership Forum, Site Committees, leadership webinars, the Inclusion Board and Group Executive Board. Barts Health is committed to taking a systematic Trust-wide approach which is part of our wider programme of work supporting the development of an anchor institution within the community, providing employment, investment in the local area and addressing health and social inequalities. We believe that by ensuring we focus on the equality of our people this will translate into better care for our patients and the people we serve in our local communities. The priorities set out in WeBelong are having a positive impact for our people, which is evidenced by the progress made:</p> <ul style="list-style-type: none"> • Our goals increase diversity in our senior leadership is showing progress, we have seen an increase in the proportion of BME staff in 8a+ roles – this was 33.6% as of March 2021 and had risen to 35.5% by June 2021 with a target of 36.4% by March 2022. • Barts Health has successfully been recognised as a Disability Confident Leader by the Department for Work and Pensions. This is the highest level of recognition that demonstrates and signals our commitment to our people, where we will influence and champion being a Disability Confident Leader within the communities that we serve. • There has been significant progress to achieve the aims of a fair and just culture and we have seen a reduction in the numbers of disciplinary cases that enter a formal stage by resolving issues informally as they arise. • Our support for colleagues with a long term condition or disability has been improved with a broader programme including centralised funding for reasonable adjustments. <p>In order to continue to improve the experience for our people, address the significant</p>

remaining challenges and deliver our goals we have set out clear action plans aligned to WeBelong and, nationally, the NHS People Strategy and Model Employer goals as follows:

- Reinforcing the foundational importance of one to ones and appraisals
- Developing a more integrated approach between Group, Staff Diversity Networks and Site Committees that ensures the deliverability of our collective ambitions
- Strengthening the on-going dialogue with our people, ensuring their voice is at the centre of our work and their wellbeing is paramount
- Recognising the imperative to improve career progression, through succession planning, and allow the talent within Barts Health to flourish by providing targeted support and ensuring transparency and objectivity in the recruitment panels linking our Inclusion Ambassador programme is at its centre.

The purpose of this paper is to update specifically on the annual WRES and WDES 2021 submissions and the associated action plans (Appendices 1 and 2).

Related Trust objectives SO1	
Risk and Assurance	This report provides assurance in relation to objectives and BAF entry 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
Legal implications / regulatory requirements	WRES and WDES regulations

Action required The Trust Board is asked to:
<ul style="list-style-type: none"> • Note the progress to deliver our 2021/22 priority actions • Note the WRES and WDES measures and draft reports and action plans

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 8 SEPTEMBER 2021

INCLUSION REPORT – WORKFORCE RACE EQUALITY SCHEME (WRES) AND WORKFORCE DISABILITY EQUALITY SCHEME (WDES)

INTRODUCTION TO BOARD

1. Barts Health is committed to taking a systematic Trust -wide approach to eliminating discrimination and inequality and creating a safe and inclusive place to work. The Trust is also committed to acting as an anchor institution within the community, providing employment, investment in the local area and addressing health and social inequalities. The commitment to do so was outlined in the WeBelong Inclusion Strategy which was first published in November 2020 and supplemented with our 2021/22 operational plans. We believe that by ensuring we focus on the equality of our people this will translate into better care for our patients and the people we serve in our local communities.
2. The 2021/22 plans have been developed with extensive co-design and thoughtful dialogue with our Staff Diversity Networks (SDNs), Staffside colleagues and Staff Partnership Forum (SPF), Site Inclusion Committees and leadership webinars. The Inclusion Board and Group Executive Board have also provided valuable input into the 21/22 priorities:
 - **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
 - **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 achieve 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
 - **Priority Action 5:** By March 2022, all potential misconduct concerns will be subject to a 'pause and reflect' process which includes exploring the appropriateness of informal action or an agreed outcome when formal action is a proportionate response
 - **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

3. Oversight of the priority actions will be driven through the Inclusion Board working in partnership with Staff Diversity Networks and Site Committees to provide scrutiny, support and accountability for delivery. This will be supplemented using key national measures including the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) metrics and results from the National Staff Survey. We will also build on progress towards our model employer goals and the Medical WRES measures which are being developed. Successful achievement of our goals, including a real change in organisational culture, has to be developed through facilitating delivery at all levels across Barts Health from Group, Networks and Hospital Sites and Group Support Services (GSS). This has been facilitated by providing each hospital site and GSS with divisional level metrics where by the site committees are able to take proactive steps in addressing key areas of concern. By doing so this will enable more of a focused conversation with specific actions to address these.
4. A further opportunity of working with our partners across NEL ICS as well as Barking, Havering and Redbridge University Hospitals will enable collaborative conversations to take place to positively take forward our collective ambitions. This will enable positive support of our shared agenda.
5. Meaningful improvement will be built upon effective one to ones and appraisals between line managers and our people. We have improved the support and guidance for our managers to strengthen this and get these basics right. These conversations will cover the support our people need to secure their wellbeing and ensuring risk assessments are up to date. Career development and taking positive actions to improve inclusion will also be at the core of the discussion. Our improved talent management and succession planning approach needs to be based on supporting our people and ensuring excellent patient care with a specific focus on inclusion. We will continually strive to listen to our people, ensure there is an active dialogue throughout the year and proactively respond to any feedback.
6. The purpose of this paper is to update specifically on the WRES and WDES 2021 submissions and our action plans for 2021/22 (Appendices 1 and 2). These include key indicators designed to support NHS Trusts to close any gaps between the experience of staff from diverse backgrounds. This will be a public facing document published by October 2021, in line with expectations on all NHS organisations to publish their WRES and WDES reports annually.



Workforce Race Equality Standard

Barts Health Data Summary

2020 / 2021 *(draft)*

1. What is WRES?

In April 2015 NHS England introduced the Workforce Race Equality Scheme (WRES). The scheme consists of nine indicators and helps NHS organisations recognise, and reduce any inequality gaps between white and Black, Asian and minority ethnic staff (BAME).

Barts Health has committed to taking a transparent and proactive approach to addressing inequality. Whilst submitting WRES data annually to NHSE is a statutory requirement, we have chosen to additionally publish a public report to improve accessibility to our data, and help drive improvements in the Trust in line with recommendations in the London Workforce Race Equality Strategy.

This pack contains the updated WRES Metrics for Barts Health for 2021, this data is based on the period April 2020 - March 2021 including results from the staff survey that was carried out in Autumn 2020. In this summary, data from the previous year is also reported, alongside our 2016/17 submission, which is our earliest available full set of WRES data. This is to understand if we have improved since last year, and whether or not improvements have been made overall since first reporting. This report also refers to the WRES national report and average to provide context for how the metrics have changed for the rest of the NHS in comparison to Barts Health.

Across Barts Health we use these indicators to ensure that we are taking active and positive steps to achieve our ambition of eliminating discrimination, ensuring equality of opportunity and promoting good relations between all people. This data is critical in monitoring our progress towards the Model Employer Goals and will help us achieve our target of representative leadership by 2028.

This report contains a summary of our WRES data only. A separate action plan will be provided to show how Barts Health are closing the remaining gaps in equality, and what key interventions have already been implemented in the last year.

For the first time, the NHS have also published the national Medical Workforce Race Equality Standard (MWRES) report. For interested readers, the national MWRES report provides further insight into specific considerations within the medical leadership across the NHS

Note on terminology:

Barts Health has fed into a national process to review, and agree updated terminology that our colleagues will better identify with. In the meantime, this document continues to use the terms BME and BAME to follow the WRES technical guidance's that ensures consistent data collection and analysis across the NHS.

NHS Workforce Race Equality Standard

2021 Metrics | Barts Health Trust

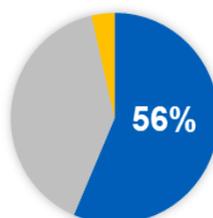


The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2021. Some of these numbers have been rounded to the nearest %.

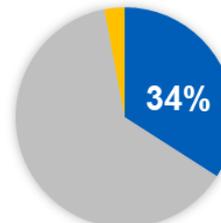
Indicator 1: Our Staff

All staff



Ethnically diverse people* make up the majority of staff at Barts Health.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting** compared to ethnically diverse staff:

1.65x

This means white staff are 1.65 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering a **formal disciplinary** process compared to white staff:

1.31x

This means ethnically diverse staff are 1.31 times more likely to enter formal disciplinary.

Indicator 4: Training

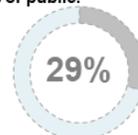
The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.43x

This means white staff are less than half as likely to access training.

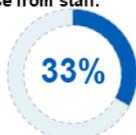
Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or abuse from **patients, relatives or public**:



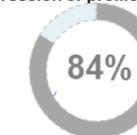
Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from **staff**:



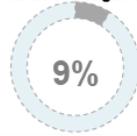
Indicator 7: Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:



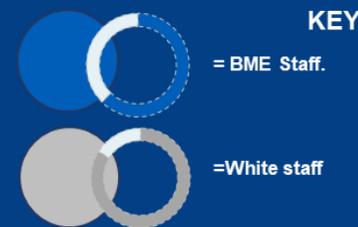
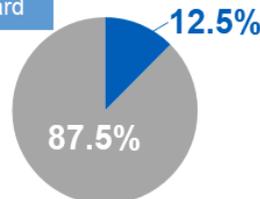
Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues**:



Indicator 9: The Board

Composition of the Trust Board:



2. 2020/21 Narrative on WRES Metrics for Barts Health NHS Trust

Summary of findings from each metric:

Metric 1: Representation

- The proportion of BME staff in the trust has grown overall. Between 2019/2020 and 2020/21 the percentage of BME staff in positions at 8a and above has seen a modest increase from 55.8% to 56.4%. Since first reporting in 2016/17, a 7.9% growth in BME staff above 8a has been seen.
- To ensure we achieve representative leadership by 2028, Barts Health will require 3 percentage point year on year growth (i.e. 22 percentage point growth overall). The inclusive senior recruitment process at Barts Health has been improved, including training more Inclusion Ambassadors to sit on panels. A career progression offer is being developed which will launch in 2022 to further accelerate growth in senior leadership.

Metric 2: Shortlisting

- The relative likelihood of BME candidates being shortlisted has remained similar since first reporting (1.66 to 1.65). Between 2020/21, the gap between white and BME staff increased slightly at Barts Health, albeit less than the increased gap seen nationally. Despite this, continued growth has been seen in the BME workforce at senior positions. Improvements to our recruitment processes following a review led to a modest increase in BME and female staff being shortlisted, although this will only be expected to have a measurable impact on the WRES metrics in the next year.

Metric 3: Disciplinary Process

- A modest increase in the relative likelihood of BME staff entering a disciplinary process vs. white staff was also seen between 2019/2020 and 2020/21. This was in contrast to a decreasing gap experienced nationally. Overall, the relative likelihood has been drastically reduced since 2016/17 at Barts Health (from 1.91 to 1.31 2020/21). In addition, the total number of cases has halved. This is a significant achievement which has been tied to our innovative *Just Culture* and *Pause and Reflect* framework.

Metric 4: Training

- BME staff continue to have greater access to training and are almost twice as likely to access non-mandatory training to white staff. This is due to our continued commitment to providing opportunities via a number of inclusive routes, but exposes a significant disparity in the number of white staff accessing training. Reaching these staff may improve the culture of the organisation overall.

Metric 5 – 6: Harassment from staff and service users

- BME staff experiencing harassment and bullying from both staff and service users has decreased since the previous year but remains similar to 2016/17 levels. The decrease from last year is greater than the reduction seen nationally, but still disproportionate compared to harassment experienced in white staff.

Metric 7: Career progression

- Although the proportion of BME staff has increased and a higher proportion of BME staff access non-mandatory training, the percentage of BME staff that believe in equal opportunities for career progression has seen a modest decrease since 2017 (from 63% to 62.4%). Nationally, there has been a modest increase in this metric since last year. In response, Barts Health will create an ambitious career development offer, and further develop our award-winning career workshops for BME and female staff, which are currently in their 37th cohort. Further investigation into the number of white vs. BME staff being promoted will help understand this perception, and how to best communicate to staff to address it.

Metric 8: Experiencing discrimination

- The percentage of BME staff experiencing discrimination from a colleague or manager has slightly increased since the 2016/17 (18% to 18.9%). This is in contrast to the decrease seen nationally. To address this trend, Barts Health has invested in an ambitious cultural intelligence programme that will seek to reach every member of staff by 2023 to embed inclusive behaviours and a Just Culture to address this and metrics 5-6. In addition, our reciprocal mentoring programme has launched 2 cohorts which will seek to foster a greater understanding between colleagues of different backgrounds and complement our participation in the NHSE White Allies Programme. Barts Health has committed to providing an equal workplace for all staff within our overall Trust objectives and will continue to take any discrimination seriously.

Metric 9: Board composition

- Board membership has remained unchanged since the previous year, but is 2.5 percentage points higher than the national average. Despite this, further intervention will be required to ensure our board is representative of our workforce.

3. WRES Metrics 2020-2021:

WRES Metric	Barts Health		Barts Health		National	Average
	2016/17	2019/20	2020/21	2020/21	(change from 2019/20 in brackets)	
WRES 1 - % Staff from BAME background	52.2%	55.8%	56.4%		21%	(1.3% increase)
WRES 1 - % Band 8a+ Staff from BAME background	27.1%	32.5%	34.0%			
WRES 2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.66	1.63	1.65		1.61	(0.15 increase)
WRES 3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.91	1.25	1.31		1.16	(0.06 decrease)
WRES 4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.8	0.98	0.43		1.14	(0.01 decrease)
WRES 5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	30%	34.4%	30.4% (29.3%*)		30.3%	(0.5% increase)
WRES 6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	33%	34.5%	33.1% (29.1%*)		28.4%	(0.6% decrease)
WRES 7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion	63%	63.7%	62.4% (83.5%*)		71.2%	(1.3% increase)
WRES 8 - Percentage BAME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	18%	17.3%	18.9% (9.0%*)		14.5%	(0.8% decrease)
WRES 9 - % Board members from a BAME background	Not available	12.5%	12.5%		10%	(1.6% increase)

Key and Explanation:

Green: Improved since previous year

Red: Metric has worsened since previous year.

Yellow: Metric based on a very small number of cases.

Years 2016/17, 2019/20 and 2020/21 are included in this table to:

- Understand any changes since last year
- Provide context for how things have changed since first reporting (2017/17)

The last column includes the latest WRES data from the NHS as a whole. This is to help understand how any changes at Barts Health between 2019/20 and 2020/21 compare nationally for the same time period.

4. Highlights from 2020/21:

To drive the improvements seen in the data, Barts Health NHS Trust has established a robust form of governance to address opportunity areas within our inclusion agenda. A Group Inclusion Board is accountable for delivering a set of newly agreed objectives that align to London Workforce Race Equality Strategy, the NHS People Plan and other statutory reporting requirements. A dedicated Inclusion Centre drives the delivery of these objectives, and each hospital has a local inclusion committee that feeds into the board and addresses site specific considerations. The board is supported by 6 staff diversity networks, with the BME Network support work related to WRES.

Over the last 12 months, the BME network with support from the group inclusion board has achieved the following to improve the experience of our BME staff:

- **Awareness and Support:** The network delivered in-person and virtual listening/wellbeing workshops, in addition to numerous awareness/celebration events (including Back History Month) to ensure staff were supported throughout the pandemic, and that inclusion remained a top priority. As a result, the BME network membership grew significantly.
- **Governance and Influencing:** The network worked alongside the Trust Executive, Inclusion Team and other networks to co-create the Inclusion Strategy; openly speaking about race, racism, micro-aggressions and cultural intelligence. The network also participated in Trust wide webinars and attended Trust Board bring staff voices and the race equality agenda to the forefront for action.
- **Using Data:** In addition to our statutory WRES reporting, Barts Health issued site and division level breakdowns of WRES to all hospitals, these will allow us to find particular areas of improvement and develop specific interventions and plans. Monthly reporting of the proportion of BME staff in 8a+ positions is also in place to ensure continued growth.
- **Career Development:** We have delivered our 38th cohort for the Women and BME staff Career Development Programme. This programme has been previously recognised with a HSJ award, and since its inception has helped an estimated 600+ staff.
- **Inclusion Ambassadors:** Barts Health has continued to refine senior recruitment processes following a complete overhaul last year. This has included reviewing and retraining our "Inclusion Ambassadors", a specially trained group of over 100 colleagues from across all parts of Barts Health who are part of all senior (8a+) recruitment panels and provide support to ensure a fair process.
- **Cultural Intelligence:** The Trust cultural intelligence formally started in July, with the group executive board embarking on a 3 step masterclass. In the programme's second phase, a cohort of trained facilitators will ensure every member of the trust receives cultural intelligence training.
- **Protected Time:** A standard operating procedure was agreed trust wide as part of our inclusion governance overhaul. This ensures the BME network co-chairs formally receive a minimum amount of protected time a month to effectively fulfil their network commitments. A coaching resource is also under development to provide on-going support to network co-chairs who request it.
- **Just culture:** Barts Health has introduced "Pause and Reflect" and "Dignity at Work" policies which aim to provide respectful route to mutual resolution of grievances and potential disciplinary cases. This has led to a sharp decline in the number of disciplinary cases.

5. Looking Ahead: Our WRES action plan 2021/22

As part of our commitment to diversity and inclusion, we have set out high-level proposals for a comprehensive programme to create a truly inclusive organisation, co-created together with our staff. Building on existing work, we propose to take a fundamentally different approach to inclusion to make clear and rapid progress to become more inclusive for everyone.

Our action plan is built upon our WeBelong strategy to develop a truly inclusive organisation. The themes that focus on our Barts Health People are:

1. To create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required.
2. To deliver a **fair and just culture** which enables delivery of our WeCare values.

The action plan summary table included in this document relates to actions against the WRES metrics and shows how these actions are aligned with our priority areas.

BAME colleagues have been involved in developing and delivering these actions through the staff BME network, representation on each site Equality and Inclusion Committees and through representation on the Trust wide Equality & Inclusion Board.

Each specific action will be developed into a delivery plan with clear outcomes and delivery metrics. This will be supported with clear governance through the BME staff diversity network and Inclusion Board to ensure delivery.

WRES

Action

Plan

summary:

WeBelong Aspiration	Objective	Actions	Linked WRES Metric(s)
To create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required	Leadership Development	<p>Currently underway</p> <ul style="list-style-type: none"> Confirm dedicated resource for group wide cultural intelligence training Deliver GEB and Trust Board cultural intelligence master classes (in addition to attending White Allies Programme) Mass cultural intelligence webinars and dedicated site facilitators Restart reciprocal mentoring programme and develop internal offer for sustainability <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Design and agree a single integrated WeLead leadership programme with a golden thread of inclusion running throughout for kick-off in 2022 Encourage adherence to training and explore protected time 	2,3,4,5,6,8
	Career Advice and Talent Management	<p>Currently underway</p> <ul style="list-style-type: none"> Develop talent management offer for under-represented staff Continue to deliver career development workshops beyond cohort 38 <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Provide access to 1-2-1 career coaching for BME staff 	1,4,7,9
	Growing Ethnic Minority Workforce in 8a+	<p>Currently underway</p> <ul style="list-style-type: none"> Support hospital level review of WRES data for local action plans <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Scale inclusion recruitment process to band 7 positions (including inclusion ambassadors sitting on panels) Double the number of active trained inclusion ambassadors to cover all 8+ panels and ensure protected time. Ensure all members of GEB and HEBs conduct succession planning in their team to promote BME staff through to senior positions 	1, 2, 7 1,2,7 All Metrics
To deliver a fair and just culture which enables delivery of our WeCare values	Pause and Reflect Process	<p>Currently underway</p> <ul style="list-style-type: none"> Continue to promote Just Culture and Dignity at work policies <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Review and develop existing support provision Provide additional training to network leads to signpost staff to the most effective route 	3,4,5,6
	Enhanced appraisals:	<p>Currently underway</p> <ul style="list-style-type: none"> Ensure every member of staff has an inclusion objective (facilitated via the new appraisal process) Ensure career development and wellbeing conversations are part of every appraisal 	4,5,7 1,2,4,7

7. Closing Statement

Barts Health has seen a number of improvements across the WRES metrics since first reporting. Notably, the gap between the relatively likelihood of entering a disciplinary process between BME and white staff has been significantly reduced. In addition, representation at positions above bands 8a has seen consistent growth and suggests the trust can be optimistic about achieving representative leadership by 2028.

Conversely, metrics regarding discrimination, bullying and harassment, feelings of fair progression and shortlisting have remained static since first reporting. In response, Barts Health has created a more ambitious set of priority actions for 2021 and beyond. These aspirations will be outlined in detail in our separate WRES action plan, but will focus on:

- Continued Career progression for BME staff and inclusive recruitment
- Promote culture change, including greater appreciation and recognition – this will be driven through our ambitious Reciprocal Mentoring and organisation wide Cultural intelligence programme.
- Ensure dignity at work and a Just Culture by reducing bullying and harassment and ensuring equitable treatment in capability processes.
- Conduct a deeper analysis of our own MWRES data at Barts Health to ensure the medical workforce is also representative.

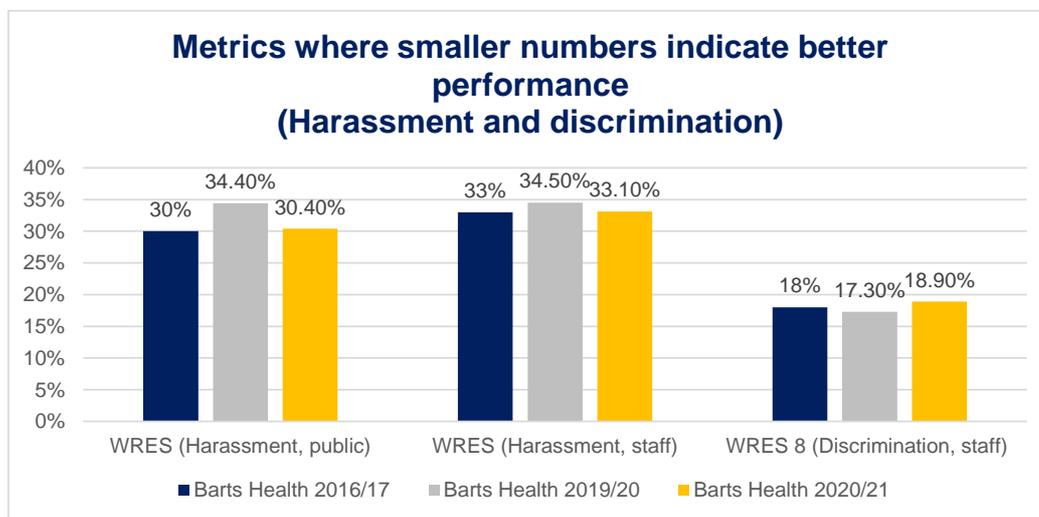
A number of interventions are already underway to make this step change. This has included reviewing and retraining our “Inclusion Ambassadors”, a specially trained group of over 100 colleagues from across all parts of Barts Health who are part of all senior (8a+) recruitment panels and provide support to ensure a fair process. We have also launched a cultural intelligence programme which will be instrumental in creating organisation wide culture change to embed equality for our staff. Moving forward, we will review our wider leadership and strategy frameworks to ensure inclusion is a central tenant across all programmes. The proactive, action driven BME network will also be a key enabler in driving equality in everything we do.

This document provides just a snapshot of our work towards inclusion. To find out more about how we are supporting our staff with a disability, or to learn about our overarching inclusion strategy, please contact diversityinclusion.bartshealth@nhs.net

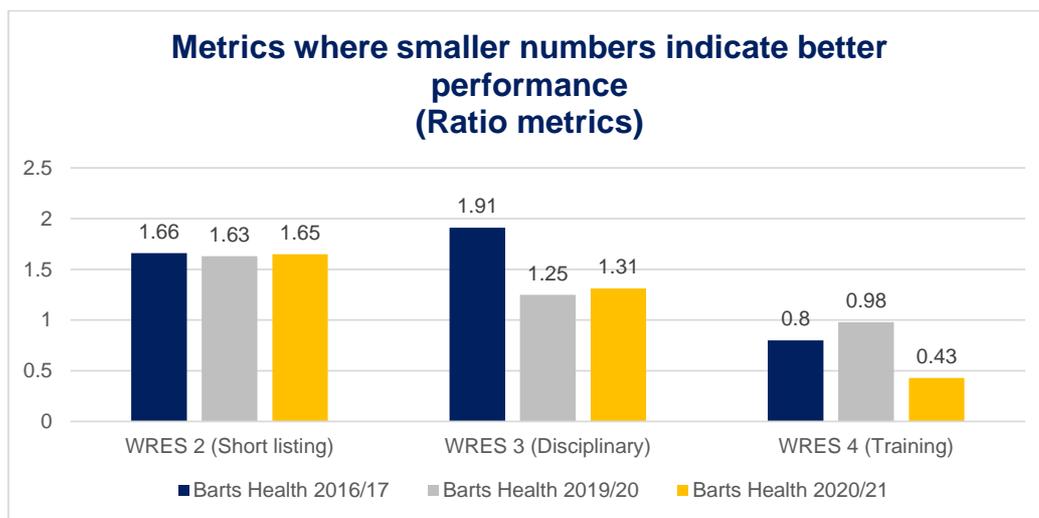
Appendix: Summary Graphs

Note these graphs do not follow sequential years so do not show a true trend.

Staff Survey Metrics where a decrease indicates an improvement:

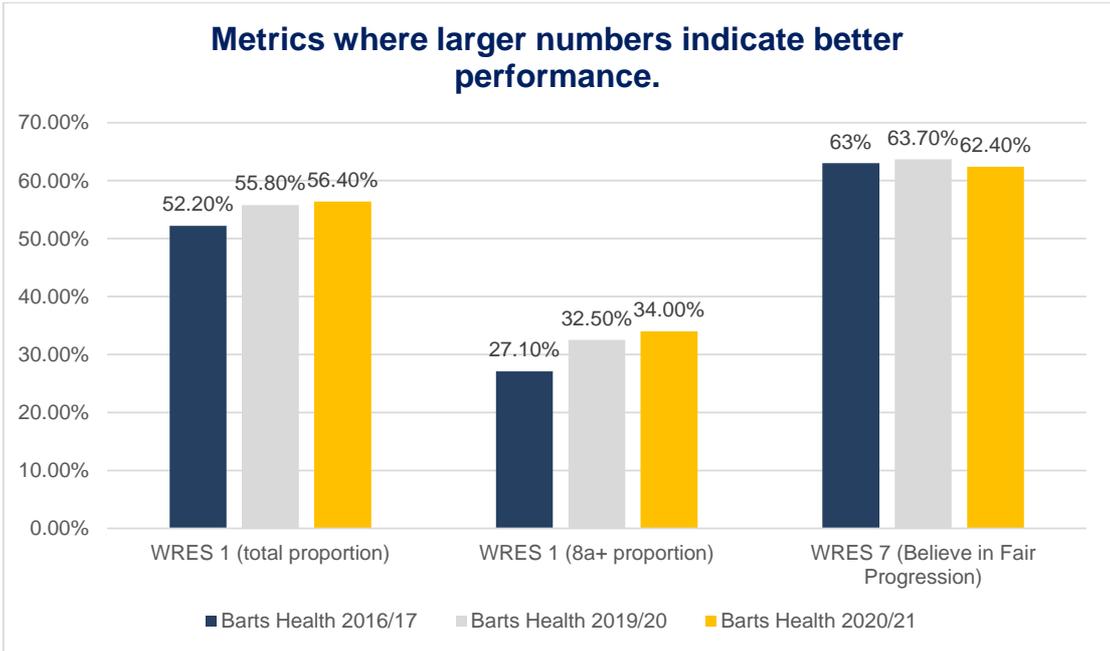


Metrics on harassment have decreased since last year, but remain similar to 2017 levels, discrimination saw an increase since last year, but remains similar to 2017 levels. This is cause for increased focus in order to ensure BME staff can experience equality



Metrics on shortlisting has remained relatively static, this is reflected in the staff survey results around feelings of fair progression. In addition to the on-going overhaul of recruitment (which has started to break the trend above according to early data), a deeper dive will be undertaken to understand where bottlenecks exists. Disciplinary metrics look more positive, with a significant reduction in the disparity between white and BME staff. Training continues to be accessed more so by BME staff.

Staff Survey Metrics where an increase indicates an improvement:



The overall proportion of BME staff, and proportion of BME staff in 8a+ positions has grown consistently. At the current trajectory, we are on track to reach our target of representative leadership by 2028. Conversely, the proportion of BME staff believing in fair career progression has remained static. Aforementioned intentions will be put in place to address this feeling and promote fairer progression.

Appendix: Site Level WRES Data 2020/21

WRES Metric	Barts 2020	Health 2021	Barts 2021	Health 2021	GCS 2021	GSS 2021	NUH 2021	SBH 2021	RLH 2021	WXH 2021
WRES 1 - % Staff from BAME background	55.8%		56.4%		53.4%	47.5%	71.0%	50.3%	55.4%	61.7%
WRES 1 - % Band 8a+ Staff from BAME background	32.5%		34.0%		38.6%	35.1%	55.0%	21.2%	29.6%	44.8%
WRES 2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.63		1.65		1.31	1.54	1.45	1.79*	1.81*	1.63
WRES 3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.25		1.31		1.27	1.5	0.95	5.19*	2.19*	0.56
WRES 4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.98		0.43		0.98	1.09	0.16*	0.62	0.42	0.27*
WRES 5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	34.4%		30.4%		16.6%	9.4%	35.0%	31.1%	39.2%	36.6%
WRES 6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	34.5%		33.1%		33.9%	28.5%	33.4%	36.1%	32.4%	34.9%
WRES 7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion	63.7%		62.4%		55.1%*	57.2%*	63.1%	61.5%	65.3%	65.5%
WRES 8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	17.3%		18.9%		20.5%	14.6%	20.8%	21.3%	18.6%	17.9%
WRES 9 - % Board members from a BAME background	12.5%		12.5%		28.6%	7.1%	28.6%	11.1%	30.8%	18.2%

*Areas of note for sites to address against the Trust average.

Yellow: Metric based on a very small number of cases and not statistically significant at site level. This was fed back to the national team as a limitation in metric 3 as the ratio can be skewed in either direction. This has also been experienced by other Trusts where disciplinary cases continue to decrease.



NHS Workforce Disability Equality Standard

Barts Health Data Summary and Action Plan

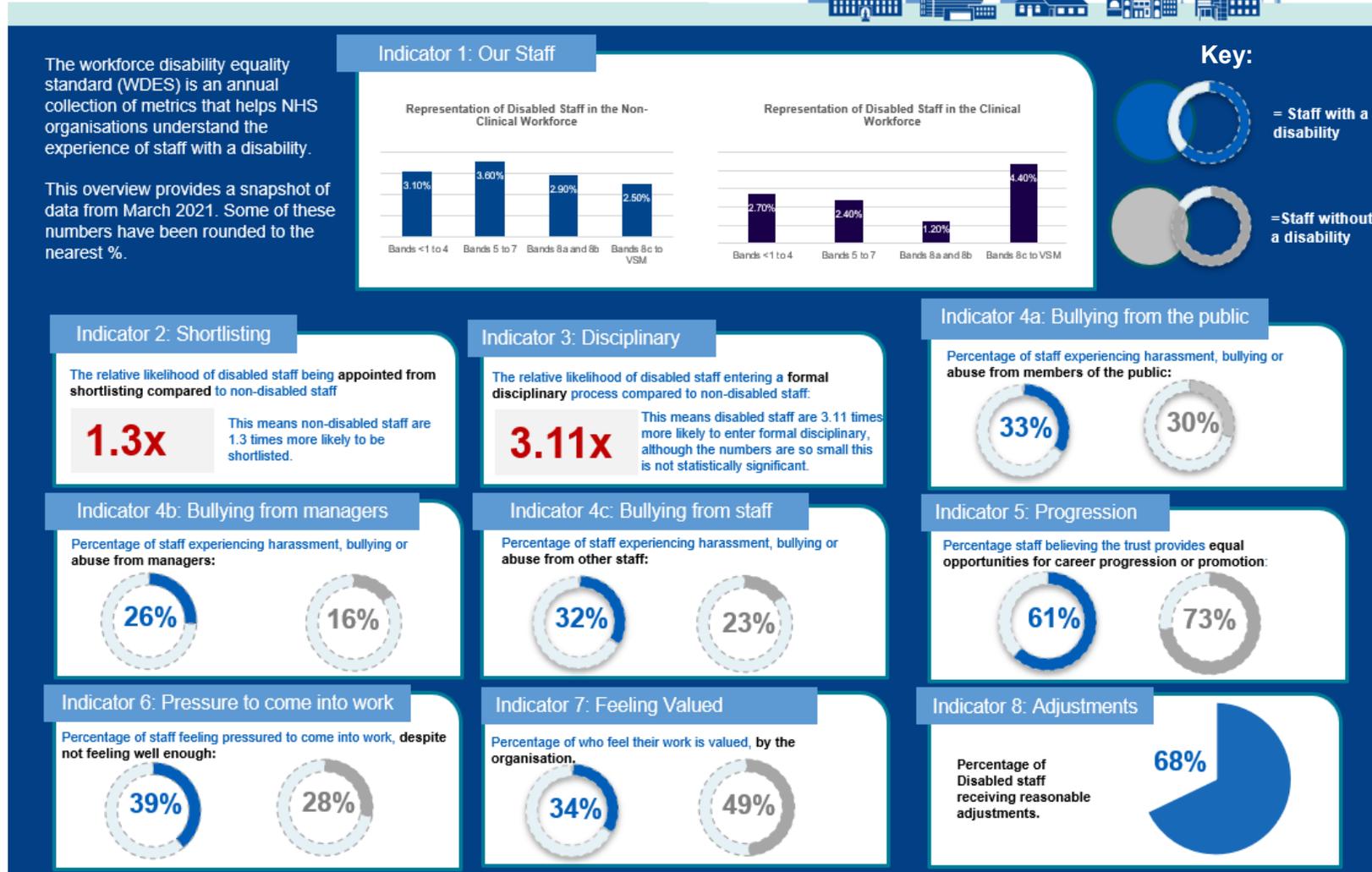
2020 / 2021 *(draft)*

Summary Report using data from March 2020 - 2021

Figure 1: WDES 2020/21 On a Page: Indicators 4-8 have been rounded to the nearest percent.

NHS Workforce Disability Equality Standard

2021 Metrics | Barts Health Trust



Executive Summary:

This report summarises our Workforce Disability Equality Standard (WDES) metrics with latest data from the 2020/21 period. WDES is a statutory requirement for NHS organisations and is designed to help improve the experience for staff with a disability. WDES was first mandated for the 2018/19 period, therefore this report includes three years of data to observe any emerging trends and monitor how the experience of disabled staff has changed over time. The report provides a snapshot of key findings from the data, as well as our 2021 action plan to show how Barts Health will continue to develop an inclusive workplace for staff with a disability. Overall we have seen an increase in the number of our people recording that they have a long term condition or disability from 308 (1.9%) in 2018/19 to 408 (2.4%) in 2020/21. **Key findings in the report:**

- Metrics 1-4 have all improved since first reporting. This means that compared to their experience in 2018, disabled staff are better represented across senior bands, less likely to enter a disciplinary process, more likely to be appointed from shortlisting and a lower proportion receive harassment from service users or colleagues – when they do receive harassment, disabled staff are more comfortable reporting it than in 2018.
- The proportion of staff that are recorded with a disability in almost all levels has increased significantly since the previous report. This reflects the focus across Barts Health to improve reporting and visibility of disabilities and ensuring records are accessible through self-service access and up dated when new colleagues join Barts Health.
- Whilst representation of staff with a disability has improved in most senior positions, (notably up from 3.3% last year to 4.5% this year in 8c+ clinical roles), the proportion of staff with a disability feeling that career progression is fair has remained similar since 2018 (61.8% in 2018/19 to 61.4% in 2020/21). A number of initiatives are underway to address this, including the use of Inclusion Ambassadors in the senior appointment process and a planned career progression offer.
- Since 2018, the proportion of disabled staff feeling pressured to come into work has increased. This has also increased for staff who do not have a disability. Of note, staff without a disability saw a greater increase in the proportion of those feeling pressured since last year. This is potentially due to the impact the pandemic had on all of our colleagues.
- The proportion of staff with a disability who feel their work is valued has remained almost static since 2018. Conversely, the proportion of staff without a disability who feel their work is valued has decreased. Although a gap remains, this demonstrates Barts Health's commitment to supporting staff with a disability.
- A 5% increase in the proportion of staff with a disability accessing reasonable adjustments has been recorded since 2019/20. This large improvement may provide evidence that Barts Health's ambitious programme to improve access to reasonable adjustments including a dedicated central budget and awareness campaigns are having an impact.
- Board representation and the staff survey engagement score for disabled staff has remained unchanged. This will require a different approach to see year on year improvement.

- Overall, this latest cut of WDES data shows a range of improvements. Barts Health continued to provide support and improve policies throughout the pandemic to ensure our commitment to inclusion received minimal disruption to achieve this.
- Whilst this data shows that improvements have been made, there is still a notable difference in experience between disabled and non-disabled staff. This includes in the likelihood of being shortlisted and entering disciplinary process, but the most noticeable gap is seen in experiencing harassment from staff and service users, as well as feeling pressured to come into work. More work is required to close this gap.
- The Trust Inclusion Strategy has seen an ambitious update to set a high-standard of inclusive practices for 2021/22 and beyond. In line with this, we have developed an updated WDES action plan that is designed to see continued improvement of the WDES metrics to create a truly inclusive workplace at Barts Health.

2. What is WDES?

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The full list of metrics can be found [here](#).

NHS organisations use the metrics data to develop and publish an action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality. Creating workplace equality for all staff is a key commitment in the NHS People Plan and one of the overall Trust objectives at Barts Health, to be delivered through our WeBelong inclusion strategy.

In the NHS as a whole, WDES data analysis highlights that Disabled job applicants are less likely to be appointed through shortlisting. Whilst Disabled NHS staff [are](#):

- More likely to go through performance management capability processes
- More likely to experience harassment, bullying or abuse
- Less likely to feel that they have equal opportunities for career progress or promotion
- More likely to feel pressured to attend work
- Less likely to feel valued for their contribution to the organisation
- Less likely to feel engaged.

This report contains data for Barts Health NHS to understand the experience of our disabled staff, how we compare to the NHS as a whole and clearly articulate how we are taking steps to create a more equal workplace.

3. 2020/21 WDES Narrative for Barts Health NHS Trust

Summary:

The points below summarise notable highlights relating to metrics 1-10.

1. Representation of staff with a disability has improved across all clinical and non-clinical clusters with the exception of clinical band 8a/8bs. Interestingly, disabled staff are better represented in the most senior roles (8c+) amongst clinical staff, whilst non clinical 8c+ roles are closer to other bandings. Further investigation would be required to understand drivers for this, which could include the association with age and long-term conditions, completion of risk assessments, or increased confidence in senior staff to disclose a disability.
2. Compared to 2019, there has been a slight decrease in the likelihood of disabled staff being appointed vs. non-disabled staff however this is still a significant improvement since 2018.
3. On average, only 2 staff with a disability enter formal disciplinary every 2 years. The relative likelihood of a disabled staff member entering a disciplinary process vs. non-disabled has improved. Currently, disabled staff are 3x more likely to enter a disciplinary, however this is based on a very low number of cases.
4. The % of disabled staff experiencing harassment from patients and service users has decreased since the previous two years, in line with the reduction also seen by non-disabled staff.
 - The % of disabled staff experiencing harassment from their managers has decreased by 1.2% since 2019, but remains similar to 2018 levels. Non-disabled staff saw a greater reduction since 2019 (2%) in the same metric, Almost half the proportion of non-disabled staff experienced harassment from managers compared to disabled staff, meaning an opportunity for improvement exists.
 - The % of disabled staff experiencing harassment from colleagues has consistently decreased for the last 3 years. The reduction for disabled staff experiencing harassment since 2019 is 3.4% vs. a 1.1% reduction for non-disabled staff, although a notable gap still exists between the two groups.
 - A greater proportion of disabled staff feel comfortable to report abuse when they receive it since the previous year (44.1 to 47.5%), whilst the % of non-disabled staff who feel comfortable has decreased (49.4 to 46.1%).
5. The % of disabled staff that feel there is equal opportunity for progression has slightly decreased (the same trend has been seen in non-disabled staff)
6. The % of disabled staff that felt pressured to come into work has consistently increased since 2019 and 2018, this has also been true for non-disabled staff and is potentially a result of the pandemic. There still exists a notable gap between disabled and non-disabled staff in this metric.
7. The proportion of disabled staff who feel their work is valued has decreased since last year but remains relatively static since 2018, despite non-disabled staff seeing a measurable reduction in feeling their work is valued.
8. The proportion of disabled staff receiving adjustments to carry out their work has significantly increased; this is likely a result of our ambitious reasonable adjustment fund and the Barts Ability Passport.
9. The engagement score for disabled and non-disabled staff has remained static, meaning a gap still exists (6.5 vs. 7.1), suggesting staff with a disability feel less engaged with.
10. Board representation remains unchanged since the previous 3 years.

The majority of metrics have seen continued improvement since 2018 with the exception of metrics 5, 9, 10 which have remained relatively static. Improvements in responses from disabled staff are mostly in-line with those of non-disabled staff, and in some cases (i.e. metric 4c) seen more drastic improvement. Although improvements have been made, staff with a disability still have less favourable experiences in shortlisting, disciplinary, feeling pressured to come into work, believing in fair progression, experiencing harassment and representation at board level. Further work will be required to close this gap to provide equitable experiences for all staff.

4. WDES Metrics 2018-2021:

Metric	2018/19	2019/20	2020/21
1a) Non clinical Representation			
Cluster 1: AfC Bands <1 to 4	2.3%	2.7%	3.1%
Cluster 2: AfC bands 5 to 7	2.3%	2.9%	3.6%
Cluster 3: AfC bands 8a and 8b	1.5%	2.3%	2.9%
Cluster 4: AfC bands 8c to VSM	1.0%	2.2%	2.5%
1b) Clinical Representation			
Cluster 1: AfC Bands <1 to 4	2.1%	2.2%	2.7%
Cluster 2: AfC bands 5 to 7	1.7%	2.0%	2.4%
Cluster 3: AfC bands 8a and 8b	2.5%	1.6%	1.2%
Cluster 4: AfC bands 8c to VSM	2.5%	3.3%	4.4%
Medical & Dental Staff, Consultants	0.5%	0.8%	1.1%
Medical & Dental Staff, Non-Consultants career grade	0.8%	1.0%	2.8%
Medical & Dental Staff, Medical and dental trainee grades	0.9%	1.3%	1.4%
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.64	1.25	1.3
3. Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	N/A	3.33	3.11
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	37.3% (33.3)	37.0% (34.2)	33.2% (29.8)
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	26.3% (17.5)	27.4% (16.7)	26.6% (15.5)
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.4% (24.3)	33.4% (24.9)	32.0% (23.2)
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	44.1% (46.9)	44.1% (49.4)	47.5% (46.1)
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	61.8% (74.0)	63.4% (74.3)	61.4% (73.4)
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	36.5% (25.8)	36.9% (27.0)	39.2% (28.7)
7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	34.2% (50.2)	35.5% (49.5)	34.3% (48.7)
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	63.7%	62.7%	67.8%
9. The staff engagement score for Disabled staff, compared to non-disabled staff.	6.5	6.5	6.5
10. Disabled staff on Board (voting and non-voting)	0%	0%	0%

Green: Improved since previous year

Blue: remained the same since previous year.

Red: Metric has worsened since previous year.

Yellow: Metric based on a very small number of cases

*Numbers in brackets indicate staff survey response for non-disabled staff for comparison.

4. Highlights from 2020/21:

To drive the improvements seen in the data, Barts Health NHS Trust has established a robust form of governance to address opportunity areas within our inclusion agenda. A group Inclusion Board is accountable for delivering a set of newly agreed objectives that align to WDES, the NHS People Plan and other statutory reporting requirements. A dedicated Inclusion Centre drives the delivery of these objectives, and each hospital has a local inclusion committee that feeds into the board and addresses site specific considerations. The board is supported by 6 staff diversity networks, with “BartsAbility” being the lead network for staff with a disability.

Over the last 12 months, the BartsAbility network with support from the group inclusion board has achieved the following to improve the experience of our staff with a disability:

- **Disability Confident Leader** - Our application to the Department for Work and Pensions, has been successful and we have been recognised as a Disability Confident Leader – this is the highest level of recognition of the Disability Confident Scheme. By becoming a Disability Confident Leader, Barts Health can gain recognition amongst our peers, acting as a champion within our local community, organisations and across our networks. This demonstrates and signals our commitment to disabled people that we are an employer that will always strive to support our people and will play a proactive role in helping other organisations to become Disability Confident. We also have the opportunity to influence and demonstrate the positive impact this will have on the communities we serve.
- **Reasonable Adjustments** – Continued support for a dedicated centralised budget of £100k+ for ‘reasonable adjustments’. To improve access to this support the BartsAbility passport has been embedded as part of an updated appraisal process to prompt line managers to proactively discuss reasonable adjustments for their direct reports. A number of events have also been run, including a webinar in partnership with our local DWP, Employee Wellbeing Service/ OH and colleagues with lived experience.
- A multi-directorate partnership (including Unions) created a **Shielders working group** to ensure that we effectively communicated with, supported and kept in touch with over 600 colleagues who had to shield.
- **Inclusion Ambassadors:** Barts Health has continued to refine senior recruitment processes following a complete overhaul last year. This has included reviewing and retraining our “Inclusion Ambassadors”, a specially trained group of over 100 colleagues from across all parts of Barts Health who are part of all senior (8a+) recruitment panels and provide support to ensure a fair process.
- The **Project Search Programme** has continued to transform the lives of many young interns as they have become more confident, job ready and now can travel independently to and from work. On the programme, we have young people with a disability being supported into securing employment within or outside of the health care sector and in developing employability skills. To date 60% of interns are in paid employment with any employer and 35% of interns are now in sustained employment with Barts Health or with one of its contractors.
- Monthly **virtual staff diversity network BartsAbility meetings** with colleagues have continued during the pandemic and throughout the reporting period. Matters raised via meetings have been signposted to support services where appropriate, including Clinical

Psychologists. As well as support, a number of QI projects have been run, including promoting the use of Sunflower Lanyards across the Trust.

- **Protected Time:** A standard operating procedure was agreed trust wide as part of our inclusion governance overhaul. This ensures the BartsAbility network co-chairs formally receive a minimum amount of protected time a month to effectively fulfil their network commitments. A coaching resource is also under development to provide on-going support to network co-chairs who request it.
- **Training and Awareness events:** Hundreds of staff have received various inclusion training, including disability awareness workshops (which saw a 50% increase in attendance). As a result of this (and improving adherence to personal risk assessments), we have seen a significant increase in the number of staff recording their disability on ESR. In addition, phase 1 of our reciprocal mentoring and cultural intelligence programme has been initiated. These programmes will aim to reach all staff in a phased approach to embed a more inclusive culture for all.
- **Lexic 100 change programme:** BartsAbility have joined a partnership programme with NHSE to conduct an ambitious project that will further enhance access to support for neurodiverse colleagues (including building on the existing text to help offer).
- **Just culture:** Barts Health has introduced “Pause and Reflect” and “Dignity at Work” policies which aim to provide respectful route to mutual resolution of grievances and potential disciplinarys.

5. Looking Ahead: Our WDES action plan 2021/22

As part of our commitment to diversity and inclusion, we have set out high-level proposals for a comprehensive programme to create a truly inclusive organisation, co-created together with our staff. Building on existing work, we propose to take a fundamentally different approach to inclusion to make clear and rapid progress to become more inclusive for everyone.

Our action plan is built upon our WeBelong strategy to develop a truly inclusive organisation. The themes that focus on our Barts Health People are:

3. To create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required.
4. To deliver a **fair and just culture** which enables delivery of our WeCare values.

The action plan summary table included in this document relates to actions against the WDES metrics and shows how these actions are aligned with our priority areas.

Staff with disabilities have been involved in developing and delivering these actions through the staff disability network, representation on each site Equality and Inclusion Committees and through representation on the Trust wide Equality & Inclusion Board.

Each specific action will be developed into a delivery plan with clear outcomes and delivery metrics. This will be supported with clear governance through the BartsAbility Network and Inclusion Board to ensure delivery.

WeBelong Aspiration	Objective	Actions	Linked WDES Metric(s)
To create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required	Increase visibility and awareness for colleagues with a long-term condition or disability	<p>Currently underway</p> <ul style="list-style-type: none"> Continue to build on the progress made in Closing the gap to ensure that all staff with a long-term condition or disability have up to date ESR records to enable support to be targeted Embed and promote BartsAbility Passport – which is designed to for colleagues and their managers to ensure that reasonable adjustments are in place and wellbeing is a promoted Awareness programme of support starting with recruitment and induction and on-boarding Continue to deliver disability awareness training targeted to line managers and team leaders Maintain progress with support for BartsAbility network including dedicated time for co-Chairs and site lead representation <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Embed the values of the Disability Confident Leader recognition in our local community Refresh the Embracing the Difference campaign to promote awareness and highlight support available for all colleagues Distribute and promote sunflower lanyards to increase awareness of hidden disabilities 	<p>1, 2, 7</p> <p>8, 9</p> <p>3, 4, 7</p> <p>3, 7</p> <p>3, 7, 9</p> <p>3, 7</p> <p>3, 4</p> <p>3,7</p>
	Take positive action on recruitment and career progression	<p>Currently underway</p> <ul style="list-style-type: none"> Embed inclusive recruitment action plan for all senior appointments: diverse panels, agreed recruitment plans, IAs in 8a+, inclusive language Support the first cohort of Barts Health colleagues through the Calibre programme , a bespoke leadership programme designed to address the challenges staff with a long-term condition or disability face in the workplace Extend the project Search programme focussed on preparing people with learning disabilities, autism and/or sensory impairment into paid employment. Working with NHS England and Improvement to develop a Learning Disability Employment Pledge in demonstration of our commitment to inclusion and learnings of inequality following COVID-19. <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Career Development Programme targeted at colleagues with a long-term condition or disability Develop an approach to understand representation of colleagues with a long-term condition or disability at all levels and relevant benchmarks Improve exit interview process, revise questionnaire and collect data on protected characteristics Develop talent management approach including specific focus on colleagues with a long-term condition or disability 	<p>1, 2, 5, 10</p> <p>1, 2, 5</p>
To deliver a fair and just culture which enables delivery of our WeCare values	Fair and Just culture	<p>Currently underway</p> <ul style="list-style-type: none"> Embed 'fair and just' principles in all polices specifically focused on challenges for colleagues with a long-term condition or disability <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Improve awareness of options to raise concerns and learning from issues raised 	<p>3, 4</p> <p>3, 4</p>
	Improve support and wellbeing	<p>Currently underway</p> <ul style="list-style-type: none"> Continue to improve access to reasonable adjustments Continued support for staff returning from Shielding <p>Planned to start 2021/22</p> <ul style="list-style-type: none"> Improve uptake of Text to Help software to support staff with neurodifference All colleagues to have meaningful one to one and appraisal conversations with a focus on wellbeing, career progression and support 	<p>6, 8</p> <p>6</p> <p>8</p> <p>6</p>

6. Closing Statement:

Our [WeBelong](#) Inclusion Strategy 2020 to 2023 launched in November 2020 and describes our ambition to become an inclusive organisation recognised locally and nationally for the delivery of Workforce Disability Equality. Phase one of WeBelong set out ambitions up until March 2021. These ambitions have been progressed, and Barts Health has since issued an updated set of commitments that stretch into 2022 and beyond.

To achieve these ambitions, we must ensure that outcomes for staff with disabilities, as measured by WDES, show a year-on-year improvement against each of the 10 metrics. These metrics will be regularly reviewed to ensure accountability, and continuous improvement to understand what interventions can deliver the most impact.

Our action plan will ensure:

- Continued Career progression for staff with disabilities and inclusive recruitment
- Promote culture change, including greater appreciation and recognition
- Enhance the reasonable adjustment service
- Ensure dignity at work by reducing bullying and harassment and ensuring equitable treatment in capability processes.

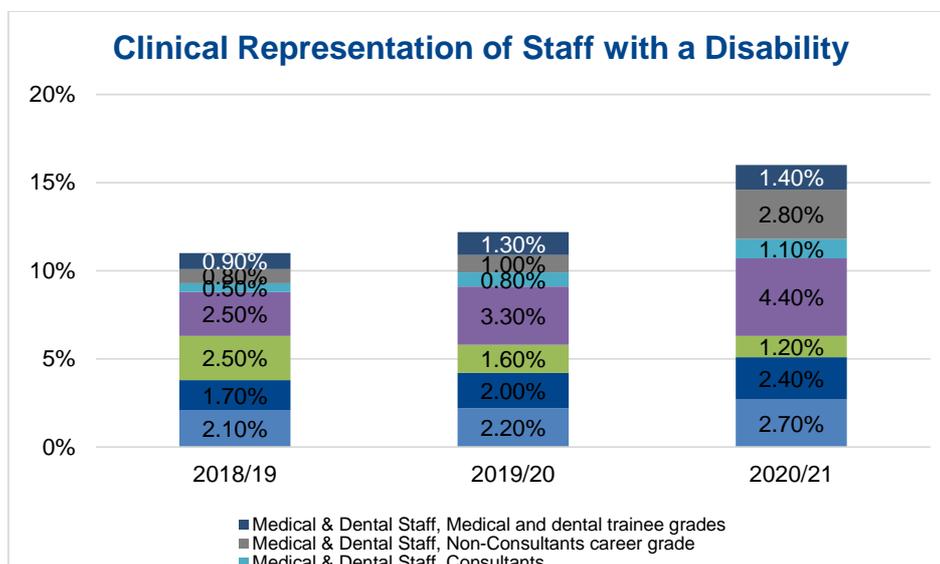
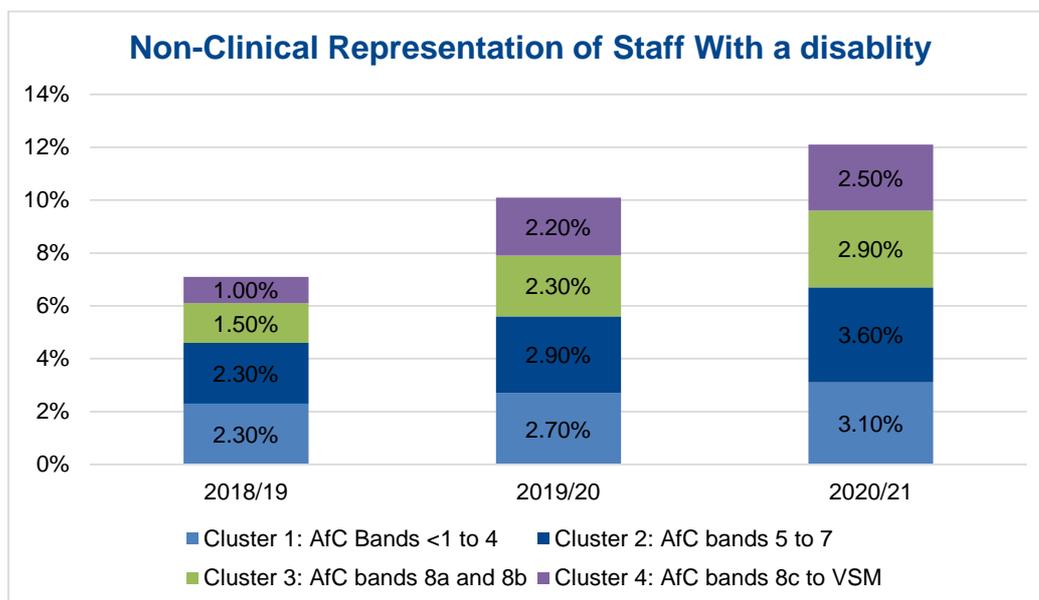
Progress toward our action plan will be monitored via monthly updates at the group inclusion board and via quarterly internal data submissions to ensure continued improvement.

Through these plans, as well as our aspiration to embed an overarching, integrated inclusive leadership and management programme, Barts Health remains committed to delivering an equitable work place for all.

This document provides just a snapshot of our work towards inclusion. To find out more about how we are supporting our staff with a disability, or to learn about our overarching inclusion strategy, please contact diversityinclusion.bartshealth@nhs.net .

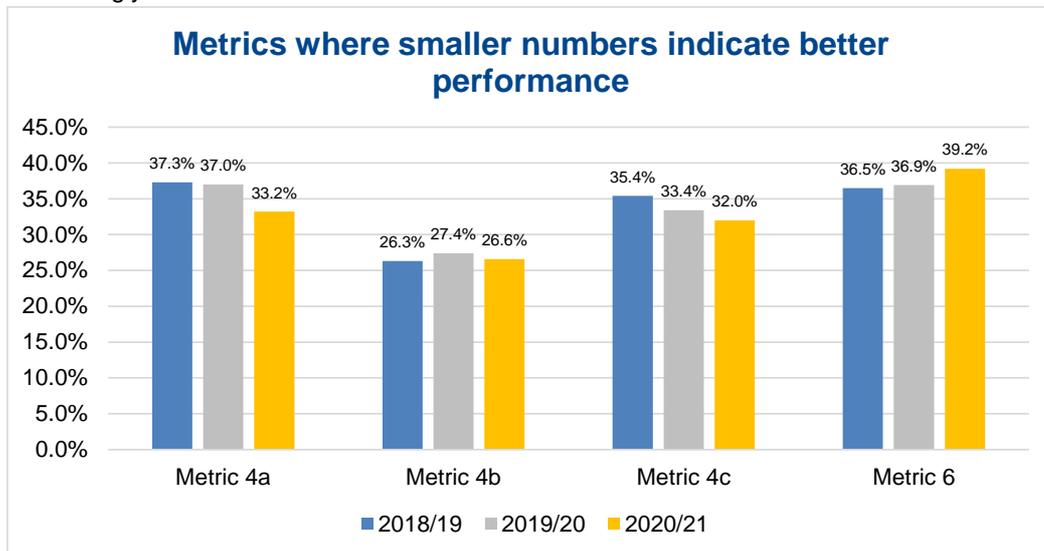
Appendix: Graphs of Note:

Metric 1: Representation has increased across non-clinical and clinical banding, showing an overall increase in the proportion of staff at Barts Health who have a disability.



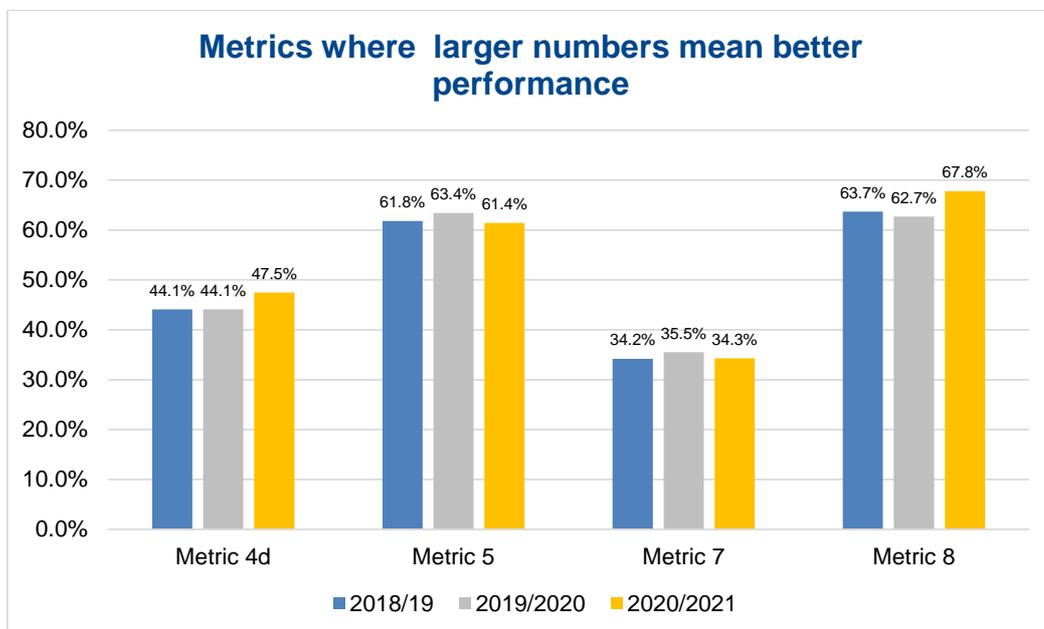
Staff Survey Metrics where a decrease indicates an improvement:

Metrics 4a and 4c have seen consistent improvement since 2018. Metric 4b has remained static. Whilst metric 6 has worsened, this is thought to be driven by increased pressures due to covid – interestingly a similar but more severe trend was seen in staff without a disability.



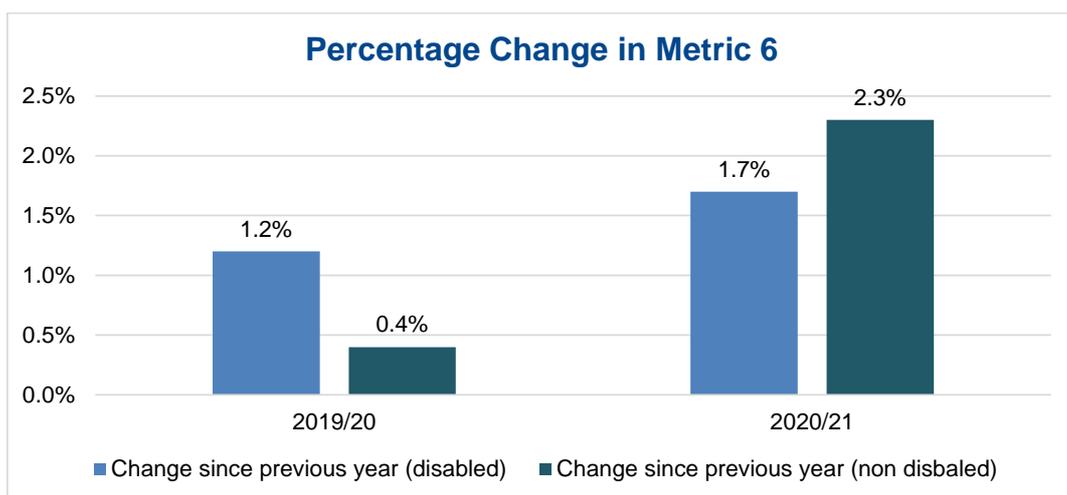
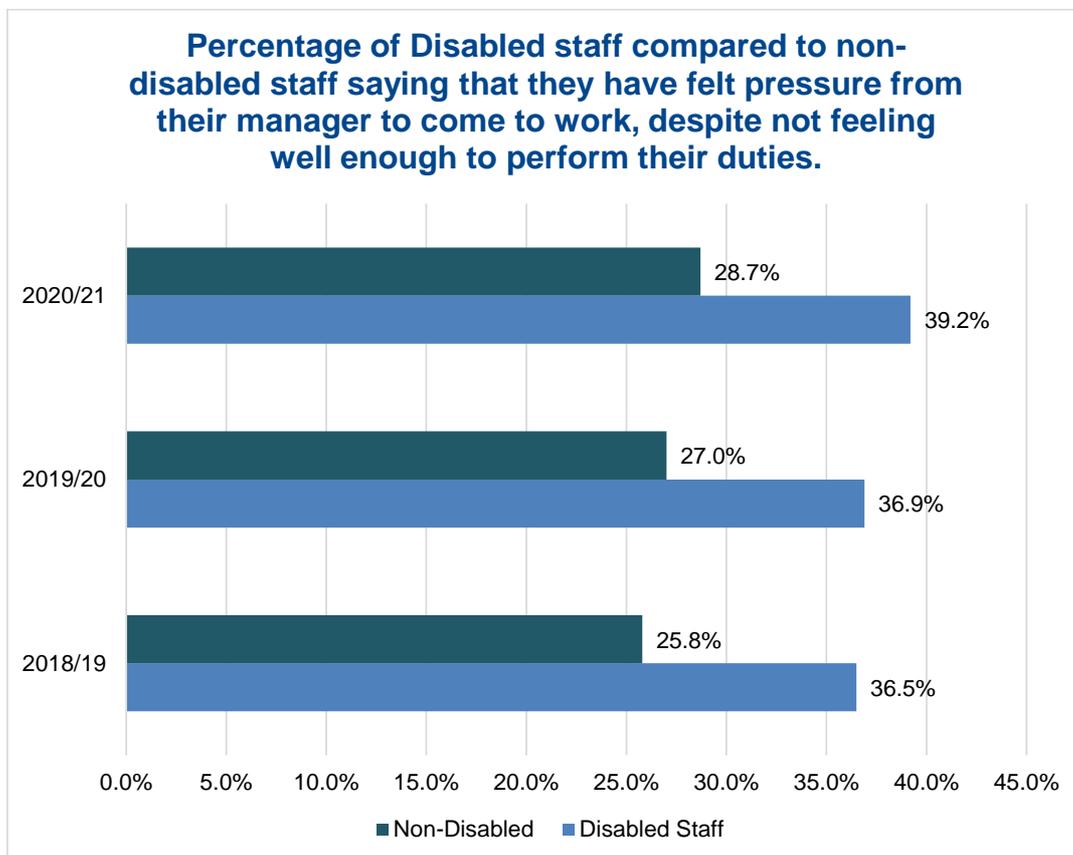
Staff Survey Metrics where an increase indicates an improvement:

Metrics 4d and 8 have shown consistent improvements, whilst metrics 5 and 7 have fluctuated. Improvements in 5 and 7 were seen pre-covid, however these improvements returned to 2018 levels in the 2020 staff survey.



Spotlight: Metric 6

As highlighted, an increase in the proportion of staff feeling pressured to come to work has increased in both disabled and non-disabled staff. The largest jump was seen between 2020/21 and 2019/20, possibly indicating covid has driven this. The increase was greater in non-disabled staff.



Report to the Trust Board: 8 September 2021	TB 47/21
--	-----------------

Title	Research and Development Annual Report 2020/21
Accountable Director	Chief Medical Officer
Author(s)	Gerry Leonard, Director of Research Development
Purpose	Update on R&D progress
Previously considered by	Barts Health Research Board, Quality Assurance Committee

Executive summary

This report sets out the progress made this year against the rearticulated priorities set out in our annual plan and how the research community has reacted to the Covid-19 Pandemic, together with the impact this has had on the achievement of our five year strategic plan. Of the three main research risks identified at the beginning of the year the possible impact that MHRA inspection and the impact that BREXIT might have had on our research activity have reduced. Managing the risks that the Covid-19 Pandemic presented in relation to our research activity was the focus of much of our activity this year. Many of our clinical trials and research studies were suspended for most of the year and our research community focussed its resources on delivering front-line care to our Covid patients, delivering associated treatment trials to our severely ill patients and participating in the delivery of vaccine trials. Our participation in treatment studies such as the Recovery trial helped to save lives in our hospitals and advanced the use of new therapies that are now standard of care for Covid-19 patients. Through a coordinated effort led by Professor Chloe Orkin, the Bethnal Green Library Vaccine Centre was opened last November and has successfully participated in the Janssen vaccine study, becoming the highest recruiting site in the world. The Trust has also been involved in a wide range of important, Urgent Public Health badged studies, such ISARIC and GenOMICC and continues its involvement as a leading UK research organisation. Overall we have recruited over 11,000 subjects to Covid19 studies and our recruitment outturn this year to exceeded our revised targets. The Trust is managing its research re-start programme as our clinical services resume. The suspension of the majority of our research activities has impacted on forecast activity indicators, but not to the level anticipated at the start of the year, with commercial income and recruitment to trials and research studies better than expected, exceeding our revised forecasts. Other objectives this year have been impacted by the pandemic but work will be carried out next year to refresh the five year strategy, incorporating the lessons learnt during the pandemic into future plans for the remainder of its five-year lifespan. The report includes our R&D objectives for 2021/22.

Related Trust objectives	
SO3	
Risk and Assurance	Assurance in relation to the below BAF risk

Related Assurance Framework entries	13. Failure to deliver research and education strategic improvement plans maximising available resources adversely affects, income, reputation and delivery of workforce targets
--	--

Legal implications/ regulatory requirements	None specific
--	---------------

<p>Action required: The Trust Board is asked to note and approve the annual report</p>

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 8 SEPTEMBER 2021****RESEARCH AND DEVELOPMENT ANNUAL REPORT 20/21****1. Executive summary**

This report sets out the progress made this year against the rearticulated priorities set out in our annual plan and how the research community has reacted to the Covid19 Pandemic, together with the impact this has had on the achievement of our five year strategic plan.

Of the three main research risks identified at the beginning of the year the possible impact that MHRA inspection and the impact that BREXIT might have had on our research activity have reduced. Managing the risks that the Covid-19 Pandemic presented in relation to our research activity was the focus of much of our activity this year.

Many of our clinical trials and research studies were suspended for most of the year and our research community focussed its resources on delivering front-line care to our Covid patients, delivering associated treatment trials to our severely ill patients and participating in the delivery of vaccine trials. Our participation in treatment studies such as the Recovery trial helped to save lives in our hospitals and advanced the use of new therapies that are now standard of care for Covid19 patients. Through a coordinated effort led by Professor Chloe Orkin, the Bethnal Green Library Centre was opened last November and has successfully participated in the Janssen vaccine study, becoming the highest recruiting site in the world. The Trust has also been involved in a wide range of important, Urgent Public Health badged studies, such as ISARIC and GenOMICC and continues its involvement as a leading UK research organisation. Overall we have recruited over 12,000 subjects to Covid19 studies and our total patient recruitment outturn this year exceeded our revised targets.

As this second surge abates the Trust is managing its research re-start programme as our clinical services resume. The suspension of the majority of our research activities has impacted on forecast activity indicators, but not to the level anticipated at the start of the year, with commercial income and recruitment to trials and research studies better than expected, exceeding our revised forecasts.

Other objectives this year have been impacted by the pandemic but work will be carried out next year to refresh the five-year strategy, incorporating the lessons learnt during the pandemic into future plans for the remainder of its five-year lifespan.

2. Introduction

In our 2019/20 report to the Board we noted that the Covid-19 pandemic would have a significant impact on our research activity this year with a knock-on effect on income. Because of this, our forecasts for the year reflected greatly reduced activity levels and income. This report sets out the progress that has been made this year against rearticulated priorities introduced because of the Covid19 Pandemic and the impact this has had on our planned activities for the year.

3. Identified Research Risks

The main potential research risks for R&D were identified as being:

- The impact of the Covid-19 pandemic on future research activity and revenues, both of which are likely to be significantly reduced in 2020/21.
- Imminent MHRA inspection, following on from the 2014 inspection when the Trust and QMUL received three critical findings.
- BREXIT and the potential for a "no-deal" exit in January 2021.

It is highly unlikely that the MHRA will inspect the Trust this year; although this remains on our risk register and R&D is prepared should an inspection be notified. BREXIT has now happened and a deal agreed with the EU. Although new regulations and ways of working in research are evolving, the full impact will not be known until the interim arrangements that have been put in place for clinical trials, research governance, transfer of data, export and import of human tissues etc. are replaced with UK regulations. However, the risk of any major disruption to our current working arrangements is now low.

4. Objectives: 2020/2021

In setting our objectives for this year we were unsure what the full impact of the Covid-19 pandemic might be. We did predict reduced income from commercial research would impact heavily on our ability to maintain the successful growth we have recorded in the last few years in this area. We also pointed out that reductions to our Network support budget that provides infrastructure support funding, would have an impact on our ability to adequately resource NIHR portfolio studies. In fact the Trust has made full use of the opportunities made available to the research sector for accessing additional Covid 19 support funding and has obtained an additional £318k from the NIHR to support the vaccine centre and treatment trials.

Dealing with the impact that the present emergency has had on our Trust and facilitating research activity to combat this has been our primary objective this year, although Research Development continued to pursue our strategic objectives in line with our research strategy, insofar as we were able to do so. Our priorities were:

- Full involvement in Covid-19 treatment and vaccine studies, with the principal objective of giving access to our patients to new treatment therapies and our workforce and community the opportunity in participating in vaccine studies.
- Ensuring that adequate resources are allocated to Covid-19 vaccine trials.
- Re-start suspended studies where it is safe to do so.
- Pursue all of our strategic objectives within the contingent constraints that have arisen as a result of the Pandemic.

5. Results for the year

Priority areas for 2020/21

In March 2020, the Trust began the process of suspending all of its non-Covid research projects and trials, except those where closure would have a severe impact on the health and wellbeing of patients receiving research therapies as part of their care at Barts Health. At the same time, our research group personnel were either deployed to front line services to help cope with the

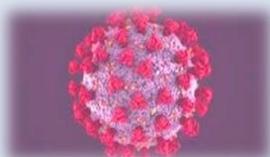
large influx of patients with the virus, or deployed onto Urgent Public Health (UPH) prioritised trials. The Trust has contributed significantly to these national priority studies and continues to recruit to them, during the second wave of the Pandemic, with approximately 12,000 patients recruited to UPH studies this year.

Covid19 Treatment Studies and other Urgent Public Health (UPH) studies

Our priorities this year have been to focus all of our energy and research resources into Covid-19 treatment and vaccine clinical trials which are still in progress. This year we participated in 7 Covid 19 treatment studies and 28 other UPH studies and recruited approximately 12,000 patients.

It is worth noting our very successful participation in the Recovery platform clinical trial which has had a direct impact on the treatment of our patients suffering from Covid 19. This study has identified several treatments that are now part of standard care for critically ill patients and have reduced mortality in our hospitals. Simon Tiberi, our local Principle Investigator and his team have recruited 666 patients to the study, one of the highest recruitment rates in the country.

We opened our Vaccine Research Centre at the Bethnal Green Library site, with the support of Tower Hamlets Council and started recruiting to the Ensemble 2, Janssen vaccine study in November last year. Our recruitment target was 300, but our team, led by Patrick Kennedy, recruited over 600 subjects, the highest number of recruits for any centre in this international study, a remarkable achievement. See Appendix 3 for list of COVID 19 studies undertaken.



Covid19 Treatment Studies and other Urgent Public Health (UPH) studies

Our priorities this year have been to focus all of our energy and research resources into Covid-19 treatment and vaccine clinical trials which are still in progress. Never has more hope been placed on clinical trials and the global clinical research community than over the past 18 months. During this time, the Barts Health's research community rose to the challenge Covid-19 presented and played a vital role in driving forward our understanding of the virus and the development of treatments and vaccines against it.

The Facts and Figures

75 Covid-related clinical studies opened.

13 studies badged UHP by the Department of Health and Social Care.

7 Covid-19 treatment studies.

28 other UPH studies.

12,000+ participants from across our workforce and local communities enrolled into these studies.

A bespoke vaccines trials centre set up in the heart of east London at the Bethnal Green Library.

We were the highest recruiting site in the UK for the Janssen ENSEMBLE-2 vaccine trial.

Barts Health researchers recruited over 700 patients to the RECOVERY trial, which established dexamethasone as a treatment for Covid-19 patients on oxygen or ventilators early on in the pandemic.

Research is a core part of Barts Health's treatment service offer. Our research impacts on people's lives and gives our patients access to new treatments long before they are adopted into general use, enhancing the care we can offer to the people of east London and beyond. This is what defines Barts Health as being one of the foremost teaching and research trusts in the UK and maintains our international reputation for healthcare excellence.

(See Appendix 3 for list of Covid-19 studies undertaken)

Re-Start Programme

Our third priority was re-starting projects that were suspended between March and July last year and again from the start of the second surge. Although recruitment to re-start studies is limited due to the suspension of normal clinical services in our hospitals and the impact of social distancing within the hospital environment, research groups have been advised that research may re-start where it is practicable and safe to do so. It will take some time for research activity to hit the record levels it had reached before the Pandemic and this will have a continued impact on activity and research income for the 2021/22 financial year.

These priorities will be continuously reviewed as the position changes. Our plans will continue to put patient safety at the forefront of all decision making in response to any urgent action required to combat the virus.

6. Brief review of progress against Strategic Plan Objectives

Key Performance Indicators

Working with the Trust's Commercial and Life Sciences teams to increase revenue from commercial research by £5m over five years.

Our revised income target for 20/21 was £5,040k, based on the assumption that the vast majority of our commercial trials would be suspended for a large proportion of the year. However, actual outturn for the year significantly exceeded this target (see table 1) and was £9,573K. Three factors have impacted on this high income level. During the lockdown period the JRMO Post Award team, who are responsible for invoicing sponsors, have concentrated on resolving historic issues on individual trial finances and cleared a backlog of outstanding invoices. In addition, the Janssen Vaccine study has recruited well above target and generated income of approximately £2m since November. This has pushed commercial research income well above our anticipated outturn. Finally, many of our Cancer studies and some trials in other specialities were not suspended and contributed to our accumulated income. Appendix 1 shows outturn by Clinical Board.

Table 1: Actual Outturn 2020/21	2020/21	2019/20	Inc/Decr	Actual	
	Target	Outturn		Outturn	RAG
	£000	£000	%	£000	
Commercial Research Income	5,040	8,119	-38%	9,573	Green
NIHR Projects Income	17,076	17,076	0%	16,070	Red
Charitable and Other Income	3,366	3,366	0%	2,232	Red
Total Income (NIHR, Commercial and Other)	25,482	28,561	-11%	27,875	Green
Number of portfolio trials with patients recruited in current FY	274	344	-20%	191	Red
Number of portfolio patients recruited in current FY	10,000	16,249	-38%	15,965	Green
Number of commercial research projects generating income in last 12 months	370	463	-20%	439	Green
Number of PIs generating income in last 12 months	160	185	-14%	160	Green

Work to ensure a sustained growth in research income, allowing investment in research infrastructure, as well as providing revenue which can be used to improve patient care.

Income from the National Institute for Health Research (NIHR) has reduced this year largely because of reductions to our Network allocations. Our total outturn exceeded our reduced income target because of sustained levels of commercial income.

Other Elements of the five-year strategic plan

Bioinformatics and information governance: Consider how the large resources of clinical data held by the Trust can be used to support investigator-led research for patient benefit, as well as contributing to the Life Sciences Initiative in partnership with QMUL

The importance of collecting, collating and researching large data sets has been highlighted this year as a number of research groups focussed on working with data collected from Covid19 patients in large scale national studies, including ISARIC and GenOMICC and internal studies, to inform future research into the management and treatment of Covid19 patients. Life Sciences, R&D teams and QMUL worked together to review and approve the many studies put forward by external and internal research groups in a managed approach to the development of our Covid19 research portfolio. This experience has added to our institutional learning that will be of considerable value as we consider our future direction in this area.

Other Strategic initiatives

Clearly the Pandemic has had a major impact on some elements of our strategic plan and caused suspension or disruption to programmes. This includes the following:

- **Consultant leadership: Support ten consultants to become research active within two years:** Initiative suspended during Pandemic, will be re-visited and revitalised in 21/22.
- **Clinical academic leadership:** The objective is to establish new clinical academic roles within departments with little or no current research activity. Work on this is on-going.

- **Nursing and allied health professionals:** Work is on-going and we have some nurse-led projects in our Covid 19 portfolio.
- **Infrastructure funding bids:** Biomedical Research Centre bids likely to be called for in 21/22. Consultations between QMUL and BH underway.
- **Clinical trials infrastructure:** Application to Bart Charity for funding for a large scale clinical Research Facility at the Royal London Hospital will be submitted this year.

7. Research and Development Objectives 2021/2022

Introduction

In setting objectives for the year it will be necessary to consider the impact that the Covid 19 Pandemic has had on our R&D activities and strategic objectives, what our present position is in relation to what seems to be the end of the second surge and how we manage our re-start programme as hospital services return to normal.

Many of our clinical trials and research studies were suspended for most of last year and our research community focussed its resources on delivering front-line care to our Covid patients, delivering associated treatment trials to our severely ill patients and participating in the delivery of vaccine trials. Overall we had a very successful year in terms of recruitment from clinical trials and research income. However, next year is likely to be more challenging as closed studies begin to re-start and enrolment of patients and subjects into Covid 19 treatment and vaccine studies declines. The possibility of a third surge later in the year will also need to be taken into account and contingency plans in place that can be swiftly implemented.

Other objectives this year have been impacted by the pandemic but work will be carried out in 2021/22 to refresh the five-year strategy, incorporating the lessons learnt during the pandemic into future plans for the remainder of its five-year lifespan.

Objectives 2021/22

Re-start programme.

- Implement a managed re-start programme, prioritising projects where necessary according to JRMO published guidelines.
- Continuously review the position as the Pandemic progresses, implementing relevant procedures should the UK face another surge in Covid 19 cases.
- Incorporate lessons learnt from dealing with emergency measures adopted during the pandemic around study approvals and costing and contracting processes, with the objective of improving performance in study set-up timelines.

Covid 19 Research

- Continue to follow national guidelines on Covid 19 prioritisation of Urgent Public Health projects.
- Support participation in Covid 19 vaccine studies and the Bethnal Green Library vaccine trials centre.

Finance and Performance Metrics

Although the Trust met most of its financial and non-financial targets in 20/21 it did so on the back of a strong performance in recruiting to both commercial and non-commercial Covid 19 treatment and vaccine studies and maintaining its cancer research programme. This year it is likely that Covid 19 related recruitment will drop substantially as a result mainly of the roll-out of the UK vaccination programme and this will impact on income, which for Covid 19 related research exceeded £2m last year.

It will take time for research groups to re-start their studies this year and it is likely that their ability to recruit patients will be limited by the extent to which normal clinical service is resumed across our sites and the impact that social distancing rules may have on patient attendance patterns. For these reasons forecast patient recruitment to clinical trials and consequently research income, is likely to be less than achieved in 20/21 and this is reflected in targets for the year. Table 2 below shows 21/22 forecasts.

Table 2 Forecasts 21/22	2021/22 Target £000	2020/21 Outturn £000	Inc/Decr %
Commercial Research Income	7,180	9,573	-25%
NIHR Projects Income	16,000	16,401	-2%
Charitable and Other Income	2,344	2,232	5%
Total Income (NIHR, Commercial and Other)	25,523	27,645	-8%
Number of portfolio trials with patients recruited in current FY	230	191	20%
Number of portfolio patients recruited in current FY	16,000	15,965	0%
Number of commercial projects generating income in last 12 months	370	439	-16%
Number of PIs generating income in last 12 months	185	160	16%

Consultant leadership: Support ten consultants to become research active within two years.

Although this initiative was suspended during the Pandemic it will be re-visited and revitalised in 21/22. Recipients of PA support in 2020/21 will be consulted and immediate re-start plans, resource requirements and revised programme timelines determined. Consideration will be given to opening up the initiative for new applicants in 2021.

Clinical academic leadership

The initial objective was to establish two new clinical academic roles within departments with little or no current research activity and a post in Orthopaedics has now been filled. Work on this is on-going with a number of avenues being explored for developing similar roles in partnership with Queen Mary University of London.

Nursing and allied health professionals

We will work with leaders within the Trust for nursing, midwifery and allied health professionals to promote multi-professional research activities in the Trust as part of the review of the current strategy.

Infrastructure funding bids

Our objective here is work in partnership with QMUL to bid for funds to develop our research infrastructure. Two major projects are underway and bids will be submitted this year.

- **Biomedical Research Centre:** Outline bids will be submitted in May this year and consultations between QMUL and BH are underway. The bid will be led by Professor Sir Mark Caulfield and the process will conclude in the autumn.
- **Clinical trials infrastructure:** Following the successful submission of an outline bid to Bart's Charity for funding for a large scale clinical Research Facility at the Royal London Hospital, a substantial application will be submitted this year. A bid will also be submitted to the NIHR in September for CRF support funding.

Bioinformatics and information governance

Work will continue to develop our drive to develop a secure data facility with robust information governance procedures to support research using NHS patient data. The establishment of data sharing policies and our approach to commercial partnerships will be explored with the Life Sciences and Commercial Directorates in line with our objective of establishing a service which enables external partners to conduct research using our patient data by the end of the Year.

Barts Research Strategy Review, 2021

The Trust's five year strategy initiated in 2019/20 runs until April 2024. This year the Strategy will be reviewed and refreshed where necessary in preparation for the development of a new five strategy in 2023 that will be implemented in April 2024. See appendix 2 for an outline plan for this review.

Patient & Public Involvement and Engagement (PPIE)

We will continue to work to ensure that we maximise the opportunities for Patient and Public Involvement and Engagement in our research. We will actively support inclusion, diversity and equity, supporting the involvement of groups who are often excluded from participation in research. We will embed standards, reporting and a culture of feedback and evaluation to demonstrate and evidence the impact of PPIE on our research programmes. We will champion reward, recognition and payment for those involved in our PPIE activities. We will strengthen and build upon existing work by the NIHR and others and learn and share knowledge and experience of PPIE throughout our organisation.

Rupert Pearse

Clinical Director of Research

Gerry Leonard

Director of Research Development

Appendix 1: Key Performance Indicators by Clinical Boards

Actual Outturn 2020/21 by Clinical Board	2020/21	2019/20	Inc/Decr	AHS	Cancer	Cardiovascular	Childrens Health	CSS	Medicine	Surgery	Womens Health	Other	Total
	Target	Outturn											
	£000	£000	%	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Commercial Research Income	5,040	8,119	-38%		2,974	1,289	279	387	4,172	434	0	38	9,573
NIHR Projects Income	17,076	17,076	0%	5,333	802	2,603	542	806	3,862	902	263	958	16,070
Charitable and Other Income	3,366	3,366	0%		40	731	129	113	873	163	151	31	2,232
Total Income (NIHR, Commercial and Other)	25,482	28,561	-11%	5,333	3,816	4,623	950	1,307	8,908	1,498	413	1,027	27,875
<i>Number of portfolio trials with patients recruited in current FY</i>	274	344	-20%	0	47	22	8	3	86	14	8	3	191
<i>Number of portfolio patients recruited in current FY</i>	10,000	16,249	-38%	0	145	582	90	3	14,159	629	165	192	15,965
<i>Number of commercial research projects generating income in last 12 months</i>	370	463	-20%	0	94	97	31	28	138	32	4	15	439
<i>Number of PIs generating income in last 12 months</i>	160	185	-14%	0	19	39	15	13	52	14	2	6	160

Appendix 2: Barts Health Research Strategy Review, 2021

Barts Health 5-year Research Strategy runs FY 2019/20 to 2023/24. This mid-term review should:

- Confirm the Strategy still fit for purposes
- Begin process of defining what the 5-year Strategy should be from 1st April 2024
- Draw up a timetable for pre-2024 review and related stakeholder engagement
- Align Strategy review, in so far as it is possible, to joint policies review

1. Overarching issues

- Structure alignment issues:
 - Sites and Clinical Boards versus Clinical Boards only
 - Need to embed research leadership in site: Should there be a research lead for each hospital?
- Clinical Director leadership roles

2. Resource/ Infrastructure issues

- 2nd Professor (Geriatric medicine?)
- CRF development and possible NIHR bid
- Central pool of nursing, medical and support resources
- CTU support (w/i JRMO)
- Trust investment in research
- Nursing and midwifery
- BRC application
- Consultant development

3. Life Sciences/ Data management

- Corporate governance and leadership
- Process alignment: e.g., audit overseen by CEU with research oversight by JRMO
- Data access and strategy ownership
- Enabling BLS data science goals

4. Lessons learnt from the pandemic:

- Clinical support for JRMO Research Governance team set-up
- Fast-track review process (additional resourcing for greater flexibility)
- Learning from what went right during pandemic - and what went wrong

5. Research Finances

- Targets and metric development

6. Queen Mary Partnership

- Life Sciences
- Public health
- BRC and CRF bids
- Clinical academic posts/ roles

7. Other Partnerships

- CRN
- UCLP
- Fostering relationships with neighbouring NHS Trusts

Appendix 3: Covid 19 Research Studies and Trials

IRAS Categories	Project Short title	Recruited (total)	Principal Investigator	CMO/U PH Badged	Sponsors	Project type
Study limited to working with data (specific project only)	The PRIEST Study	491	Bloom, Dr Benjamin	Yes	Sheffield Teaching Hospitals NHS Foundation Trust,STH NHS FT	Non-commercial portfolio
Basic science study involving procedures with human participants	ISARIC	4918	Cutino-Moguel, Maria-Teresa	Yes	University of Oxford	Non-commercial portfolio
Basic science study involving procedures with human participants	GenOMICC	308	Collier, Dr David	Yes	NHS Lothian ,University of Edinburgh	Non-commercial portfolio
Clinical trial of an investigational medicinal product	REMAP-CAP	76	Puthucherry, Dr Zudin	Yes	Intensive Care National Audit & Research Centre (ICNARC) Clinical Trials Unit, University Medical Centre Utrecht	Non-commercial portfolio
Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Coronavirus infection in immunosuppressed children	24	Ho, Dr John	Yes	University Hospital Southampton NHS Foundation Trust	Non-commercial portfolio
Clinical trial of an investigational medicinal product	RECOVERY trial	666	Tiberi, Dr Simon	Yes	University of Oxford	Non-commercial portfolio
Basic science study involving procedures with human participants	COVID-19: Healthcare worker Bioresource: Immune and Pathogenesis (Covid, Covid-19 , Coronavirus)	511	Treibel, Dr Thomas	No	University College London	Non-commercial non-portfolio
Study involving qualitative methods only	Rapid appraisal of perceptions of COVID-19 (Covid, Covid-19 , Coronavirus)	34	Ricketts, Dr William	No	University College London	Non-commercial non-portfolio

Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Patient recovery from heart surgery during the Covid-19 pandemic	262	Sanders, Prof Julie	No	Barts Health NHS Trust	Non-commercial non-portfolio
Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	DIAMONDS Search	143	Rughani , Dr Prita	Yes	Imperial College London	Non-commercial portfolio
Study limited to working with data (specific project only)	OnCovid (Covid, Covid-19 , Coronavirus)	124	Diamantis, Nikolaos	No	Imperial College London	Non-commercial non-portfolio
Study limited to working with data (specific project only)	GS-US-540-5807	40	Orkin, Dr Chloe	No	Gilead Sciences, Inc	Commercial non-portfolio
Basic science study involving procedures with human participants	NHS CHECK	55	Greenberg , Prof Neil	Yes	King's College London	Non-commercial portfolio
Study limited to working with data (specific project only)	RECEDE C19	71	Thornhill, Dr John	No	Guy's and St Thomas' NHS Foundation Trust	Non-commercial non-portfolio
Other research	CAPTURE (COVID-19) (Covid, Covid-19 , Coronavirus)	131	Bloom, Dr Benjamin	No	LumiraDx Limited	Commercial portfolio
Study limited to working with data (specific project only)	COVID-19 infection in patients with haematological disorders	25	Riches, Dr John	No	University College London	Non-commercial non-portfolio
Study limited to working with data (specific project only)	Pregnancy and Neonatal Outcomes in COVID-19	113	Iliodromiti, Dr Stamitina	Yes	Imperial College of Science, Technology and Medicine	Non-commercial portfolio
Basic science study involving procedures with human participants	ROAD-COVID19	4	Mohiddin, Dr Saidi	No	Barts Health NHS Trust	Non-commercial portfolio

Study limited to working with data (specific project only)	Neonatal Complications of Coronavirus Disease (COVID-19) Study	7	Sinha, Dr Ajay	Yes	University of Oxford	Non-commercial portfolio
Clinical investigation or other study of a medical device	Panbio™ COVID-19 IgG/IgM Rapid Test Device Matrix Equivalence Study	228	Kennedy, Dr Patrick	No	Abbott GmbH & Co. KG	Commercial non-portfolio
Basic science study involving procedures with human participants	COVIpreg	40	Iliodromiti, Dr Stamitina	No	Queen Mary University of London	Non-commercial portfolio
Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	CLARITY: impaCt of bioLogic therApy on saRs-cov-2 Infection & immunity	296	Kok, Dr Klaartje Bel	Yes	Royal Devon and Exeter NHS Foundation Trust	Non-commercial portfolio
Clinical trial of an investigational medicinal product	Personal Covid BP study	151	Collier, Dr David J	No	Queen Mary University of London	Non-commercial portfolio
Clinical trial of an investigational medicinal product	ATOMIC2, Version 1.0	7	Bloom, Dr Benjamin	No	University of Oxford	Non-commercial portfolio
Study limited to working with data (specific project only)	PROTECT-ASUC: Covid-19 Pandemic response of assessment, endoscopy and treatment in Acute Severe Ulcerative Colitis.	23	Lindsay, Dr James	No	Hull University Teaching Hospitals NHS Trust	Non-commercial non-portfolio
Basic science study involving procedures with human participants	COVID-19 Antibody Response in Healthcare Staff	2014	Kennedy, Dr Patrick	No	Abbott GmbH & Co. KG	Commercial portfolio
Basic science study involving procedures with human participants	Anti-SARS-CoV-2 immunity	3	Gnanapavan, Dr Sharmilee	No	Queen Mary University of London	Non-commercial non-portfolio

Basic science study involving procedures with human participants	COVID-HEART study	23	Moon, Prof James	Yes	University of Leeds	Non-commercial portfolio
Clinical trial of an investigational medicinal product	ARCADIA Trial_SGS1656.201_V1.0	8	McCafferty, Dr Kieran	No	St George Street Capital Ltd	Commercial portfolio
Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	SARS-CoV-2 in MS	184	Dobson, Dr Ruth	No	Queen Mary University of London	Non-commercial portfolio
Study involving qualitative methods only	EXPRESS-COVID-19 V1.0 Dated 14.05.2020	15	Veerapen, Devanayagi Jessy	No	City University London	Non-commercial non-portfolio
Basic science study involving procedures with human participants	PHOSP-COVID	43	Pfeffer, Dr Paul	Yes	University of Leicester	Non-commercial portfolio
Clinical trial of an investigational medicinal product	ENSEMBLE 2 - Phase 3 COVID-19 Vaccine Study - VAC31518COV3009	666	Kennedy, Dr Patrick	Yes	IQVIA Limited, Janssen Research and Development	Commercial portfolio
Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Vitamin D to reduce risk of COVID-19 and other respiratory infections (CORONAVIT)	1	Martineau, Adrian	Yes	Queen Mary University of London	Non-commercial portfolio
Clinical trial of an investigational medicinal product	STORM CHASER - D8850C00003: AZD7442 Post-exposure Prophylaxis of COVID-19	20	Orkin, Dr Chloe	Yes	AstraZeneca AB - Sweden	Commercial portfolio

Report to the Trust Board: 8 September 2021	TB 48/21
--	-----------------

Title	Whipps Cross Redevelopment
Accountable Director	Group Director of Strategy
Author(s)	Alastair Finney, Redevelopment Director, Whipps Cross Hospital
Purpose	To provide an update on the Whipps Cross redevelopment programme
Previously considered by	Group Executive Board

Executive summary

In June 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: the work to finalise the Outline Business Case, working alongside the national New Hospital Programme; key ongoing programme delivery activities, including the demolition work to prepare the ground for a new hospital; and our ongoing communications and engagement activities. This paper includes an update on: how the case for investment has been strengthened by the recent flooding and infrastructure challenges at Whipps Cross; how we are listening and responding to the views of local people on key issues of concern; the progress of the demolition works; and the recruitment to key posts to support the Whipps Cross Community Forum.

Related Trust objectives

- SO3 Service Transformation

Risk and Assurance	Assurance in relation to the below BAF risk
Related Assurance Framework entries	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
Legal implications/regulatory requirements	None

Action required by the Board

The Board is asked to note:

- recent flooding and infrastructure challenges at Whipps Cross strengthening the case – and the urgency – for the redevelopment of Whipps Cross Hospital;
- steps to listen and respond to concerns on the bed capacity of the new hospital, on the future of specialist palliative and end-of-life care services and our commitment to continue working with local people, staff, partner organisations and stakeholders;
- continued progress of the demolition works on the site of the former nurses' accommodation; and

- recruitment to key posts to support the continued development of the Whipps Cross Community Forum, which aims strengthen involvement and participation in the programme and the work of the hospital more widely.

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 8 SEPTEMBER 2021****WHIPPS CROSS REDEVELOPMENT PROGRAMME****INTRODUCTION**

1. In June 2021, the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: the work to finalise the Outline Business Case (OBC), working alongside the national New Hospital Programme (NHP); key ongoing programme delivery activities, including the demolition work to prepare the ground for a new hospital; and our ongoing communications and engagement activities.
2. This paper includes an update on: how the case for investment has been strengthened by the recent flooding and infrastructure challenges at Whipps Cross; how we are listening and responding to the views of local people on key issues of concern; the progress of the demolition works; and the recruitment to key posts to support the Whipps Cross Community Forum.

RECENT FLOODING REINFORCES THE CASE FOR THE REDEVELOPMENT

3. On Sunday 25 July Barts Health declared a major incident due to the very heavy rainfall that caused flooding at Whipps Cross Hospital. The flooding caused significant damage to buildings and the electrical system that fed the southern side of the site, which resulted in a power cut to many services and wards and the immediate loss of 168 beds and 12 surgical theatres. With the help of the London Fire Brigade, over 100 inpatients from the affected buildings had to be transferred to other areas of Whipps Cross or to other hospitals.
4. This was a huge logistical effort that our staff, with support from local partners, responded to superbly, ensuring the care and safety of our patients. However, it also exposed the fragilities of the Whipps Cross Site, not only the disruption caused on the day itself, but the impact on services after the event with the cancellation or rescheduling of well over 500 planned surgical operations and over 3,000 outpatient appointments. Our ageing and sprawling estate makes the hospital particularly vulnerable to such events; and the fact that it was a newer part of the hospital most affected by the floods reinforces the case for building a new, modern, hospital on the site as soon as possible.

5. Our proposed flood mitigation plans for the new hospital have been based on extensive modelling that has identified that the original drainage is insufficient, with the site covered in concrete hardstanding, which does not allow for good surface water management. Our plans for the new hospital and wider site include collection tanks, green roofs and a significant 're-greening' of the site, with the proposed establishment of three public parks and 'green' walkways. The area of the current site worst affected by the recent flooding has been designated a critical drainage area in the site masterplan and we will continue to work with the local council to make sure flooding risk is alleviated after the new hospital is completed, including use of ponds, 'green' space and collection tanks.
6. Overall, our flood mitigation plans have been designed to promote increases water use efficiency, reduce surface water, enhance biodiversity and promote urban greening. However, these plans can only be delivered in full through the redevelopment of the hospital and the wider site.

LISTENING AND RESPONDING TO ISSUES OF PUBLIC CONCERN

7. As we reported to the Board in July, we continue to work closely with the national NHP team in order to finalise our OBC; and our planning applications were submitted to the Local Planning Authority earlier this year. In reaching this stage, a significant amount of engagement with staff, patients, the public and their representatives has taken place. Though there is overwhelming support for a new hospital, we also know there have continued to be specific concerns raised about the capacity of the new hospital - including the number of beds - and the model of care for specialist palliative and end-of-life services and its implications for the future of the Margaret Centre.

Bed capacity in the new hospital

8. Our clinically-led health and care services strategy for Whipps Cross aims to deliver improvements in services that, working collaboratively with primary care and community services partners, will help more people avoid the need to attend hospital in the first place, will reduce the need for admissions for those that do attend and, for those that are admitted, will reduce the time needed to be spent in a hospital bed. Overall, we expect this to mean fewer days spent in hospital beds each year at Whipps Cross.
9. It is for this reason that the outputs from our capacity modelling suggest the new hospital will need fewer overnight beds even after taking into account future population growth. However, we know that this has been a cause of concern for some people. We have heard this and, in response, have continued to work with our

architect-led design team to review our plans to test that the designs are flexible and adaptable enough to increase the number of beds in the new hospital ahead of construction if necessary. This work has confirmed that we will provide at least the same number of overnight inpatient beds in the new hospital as are provided at present, if that proves to be required.

10. We will keep the bed capacity for the new hospital under continuous review. We will maintain a relentless focus on delivering improvements to services - in the hospital and across the local health and care system - each year between now and when the new hospital opens. As we see the impact of these changes, we can continue to refine our assumptions for future capacity during the planning and the construction phases for the new hospital, recognising the demand for inpatient beds will change over time.
11. We plan to report progress on the impact of service transformation and how that relates to our hospital capacity assumptions on an annual basis. This will include, for example, how improvements in primary care and community services - and the shift towards more same day care in the hospital - are supporting our assumptions on both overnight and same day bed capacity, in order to inform whether further changes to our plans are needed ahead of the new hospital's completion.
12. Moreover, the new hospital will have more clinical space than it does today. It will have nearly 50% more day case beds, reflecting the changing pattern of healthcare delivery with an increasing emphasis on same-day care, avoiding overnight admission where that is possible. This will be supported by a near doubling of CT and MRI scanners (from 5 to 9) providing over 30,000 more scans each year for patients. This will transform our ability to diagnose and treat swiftly and reduce unnecessary stays in hospital. For those that do stay, many more will be able to enjoy the privacy and dignity of single rooms, with over 70% single rooms in the new hospital compared to around 17% today.

Specialist palliative and end-of-life care

13. We previously reported that we took the decision earlier this year to undertake a clinically-led review of the model for specialist palliative and end-of-life care in light of the representations that had been made to us about the Margaret Centre and the positive feedback on the work that the Centre continues to do. We remain committed to working with local people and actively responding to their concerns.
14. The findings of our review to date are that clinical care should be driven by patient choice, with services planned and delivered around the patient with enhanced multi-professional working, and improved links with primary care and community

services. The hospital will continue to provide high-quality specialist palliative and end-of-life care, in both the Margaret Centre and other inpatient wards until the new hospital is built.

15. We have reflected on the discussions we have had with patients and local interest groups during the review and we recognise there is an opportunity for the hospice movement to be more involved in the delivery of end-of-life care. Therefore, we have agreed with St Joseph's Hospice that we will work with them, with North East London Clinical Commissioning group (CCG) and others, through a process of co-design, to establish what an end-of-life care offer for Waltham Forest and the rest of the Whipps Cross catchment population should look like, in a way that could be delivered from the Margaret Centre. In doing so, we would need to look at whether the unit itself would remain on the Whipps Cross site, or be re-provided elsewhere in Waltham Forest.
16. This next phase of the work will be taken forward by North East London CCG, working with St Joseph's and Barts Health. We should expect it to involve specialist clinicians, members of the multi-professional team, patients' representatives and community organisations. St Joseph's will also be liaising closely with St Francis Hospice to ensure a partnership approach across the whole of the Whipps Cross catchment area including Redbridge. The detail of next steps will be agreed and communicated in the coming weeks.

DEMOLITION WORKS PROGRESS

17. The demolition works are progressing well. Work is well under way with demolition of the large red brick buildings (the former nurses' accommodation) and work on the chimney and boiler house is due to start shortly.
18. We are on track for completion by the end of 2021. Due to the impact of the recent site flooding on the works, is it possible that some minor works associated with the demolition will extend into early 2022; however, we are working closely with the demolition contractor to mitigate this risk.

COMMUNITY INVOLVEMENT

19. We are continuing to develop the Whipps Cross Community Forum that has been established to strengthen community involvement and participation, both in the redevelopment programme and in the work of the hospital more widely. We have recently recruited Althea Bart to the new substantive post of Whipps Cross Hospital Community Participation Lead – Althea is currently operations manager of

Healthwatch Waltham Forest and she will bring a wealth of experience to the role when she joins the Trust later this month.

20. We are currently undertaking a process to recruit an independent chair for the Forum, which we expect to conclude later this month. We are seeking an experienced individual with a track record of taking forward the inclusion agenda and who can chair and facilitate meetings to help drive forward the work of the Forum.
21. We also held a meeting last month with our Residents' Representative Forum – our closest local residents - to discuss the latest progress with the redevelopment, in particular the ongoing demolition works.

CONCLUSION AND RECOMMENDATIONS

22. Building a new hospital for our local communities and our staff to benefit from is a once-in-a-lifetime opportunity. The case for this – and the urgency of it – has been underlined by the recent flooding major incident. We remain committed to working closely with local people, staff, partner organisations and stakeholders as we develop our plans with them to make that a reality.
23. The Board is asked to note:
 - how the recent flooding and infrastructure challenges at Whipps Cross have served to strengthen the case – and the urgency – for the redevelopment of Whipps Cross Hospital;
 - how we are listening and responding to key concerns on the bed capacity of the new hospital and on the future of specialist palliative and end-of-life care services and our commitment to continue working with local people, staff, partner organisations and stakeholders;
 - the continued progress of the demolition works on the site of the former nurses' accommodation; and
 - the recruitment to key posts to support the continued development of the Whipps Cross Community Forum, which aims strengthen involvement and participation in the programme and the work of the hospital more widely.

Report to the Trust Board: 8 September 2021	TB 49/21
--	-----------------

Title	Infection Prevention and Control Annual Report
Accountable Director	Chief Nurse
Author(s)	Clinical Director of Infection Prevention & Control
Purpose	Assurance on all aspects of infection, prevention and control and proposed measures in place to mitigate risks
Previously considered by	Trust Infection Prevention & Control Committee; Quality Board; Group Executive Board, Quality Assurance Committee

<p>Executive summary</p> <p>To provide an update of the Trust performance in relation to Infection Prevention and Control activities for the last financial year 2020 / 2021. The annual report executive summary is attached; following review by the Quality Assurance Committee the full report has been circulated to Trust Board members separately.</p>
--

<p>Related Trust objectives</p> <p>SO2. Quality objective: Reduce avoidable MRSA bacteraemia by 50%.</p>

Risk and Assurance	This report provides assurance in relation to objectives and BAF entry 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
---------------------------	---

Legal implications / regulatory requirements	To comply with the Health and Social Care Act 2008 (update 2015) and register with the Care Quality Commission (CQC).
---	---

<p>Action required</p> <p>The Trust Board is asked to note and approve the Infection Prevention and Control Annual Report 2020 – 2021</p>
--

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 8 SEPTEMBER 2021****INFECTION PREVENTION AND CONTROL ANNUAL REPORT****Executive Summary and Overview**

1. The COVID 19 pandemic has been the greatest challenge faced by the NHS in its 73-year history. At Barts Health; we worked with partners to develop and implement a plan to maximise capacity for both waves of the pandemic, while also taking the NHS Nightingale Hospital London into our group of hospitals and then the Excel vaccination centre on behalf of the wider London system. We acknowledge that this reporting period has been unlike any other with the COVID 19 incident response requiring us to work in different ways and respond to significant and unprecedented Infection Prevention and Control (IPC) challenges. We are proud as an organisation to have stepped up to this challenge and support our patients, staff and partners in a robust response.
2. This annual report covers the period 1st April 2020 to 31st March 2021 and has been written in line with the ten criteria outlined in the Health and Social Care Act 2008 Code of Practice in the Prevention and Control of Infection (updated 2015). These criteria are used by the Care Quality Commission to judge a registered provider on how it complies with Cleanliness and Infection Prevention & Control requirements detailed in the legislation. The report provides information on IPC activities across North East London, demonstrating the governance arrangements and providing assurance that good IPC practices are consistently implemented across all our Hospitals, ensuring that the people who use our services receive safe effective care. This report acknowledges the hard work and diligence of all our staff, clinical and non-clinical who play a vital role in improving the quality of patient care and experience as well as helping to reduce the risk of infections.
3. Additionally, it demonstrates the continued commitment of the Trust to IPC and provides evidence throughout the delivery of the Trust-wide IPC programme of activity which is linked to the organisation's ambitions and quality objectives. National guidance and initiatives have been key drivers for elements of our annual work programme, and this evolving work stream will continue into 2021/22.
4. Whilst the year has been challenging, not least due to the impact of COVID 19, the year has seen key achievements. These are highlighted below and described in more detail throughout the report.

Key achievements

5. In 2020/2021 the COVID 19 global pandemic was the most significant issue faced in relation to Infection Prevention and Control (IPC) in the Trust and across the NHS.

There was a first wave which lasted from March 2020 to June 2020. This was followed by a second wave which impacted across the Trust from the end of December 2020 and continued, though this was abating, at the end of March 2021.

- The arrival of the COVID 19 pandemic introduced a new and very significant challenge to all acute services, the NHS as a whole in the UK and to health services internationally. The IPC team along with the Division of Infection and corporate services were actively involved in planning for patients with COVID 19 and helping staff with their diagnosis, management and movement. This involved continuous and repeated updating and training of staff in line with new guidance being released as knowledge about the virus emerged.
- The IPC team and Division of Infection attended daily meetings on control of COVID 19, including placement of patients, advice on ventilation, Personal Protective Equipment (PPE) for different procedures, management of clusters of patients, outbreaks, and additional methods of reducing transmission e.g. improving social distancing of patients and education of staff.
- We owe a huge debt of thanks to the Division of Infection including the laboratory staff who worked long hours and overcame many obstacles to rapidly introduce and accelerate testing for COVID 19. A test for COVID 19 was developed very quickly nationally allowing testing at reference laboratories from February 2020. From early March 2020 testing was being done in our own Virology Department in the Trust and all symptomatic inpatient admissions were being screened. The range of testing across patient groups, further in-patient screening, screening of elective admissions and the staff increased exponentially through to September 2020. A range of new testing machines were procured nationally for laboratories to increase testing capability to cope with the volume of testing required. By October 2020 we could give results an average of 10 - 12 hours after arrival in the laboratory.
- In addition to the polymerase chain reaction (PCR) testing the Trust also implemented antibody testing. Within three weeks of the national announcement a system wide process was put in place for testing including an antibody testing booking line with phlebotomy.
- Due to COVID 19 the Trust was not set formal targets for *Clostridium difficile* (C difficile) for 2020/2021. In agreement with the CCG and Public Health England (PHE) the decision was made to adopt the target from the previous financial year (2019/2020) which was no more than 92 cases in patients over the age of two years. This was achieved with 88 cases, down from 96 cases in 2019/2020.
- Despite the COVID 19 pandemic the Trust continued to undertake root cause analysis (RCA) for significant events such as some cases of hospital acquired bacteraemia including: *Escherichia coli* (E.coli) and Methicillin-susceptible *Staphylococcus aureus* (MSSA), and MRSA. Medical staff, ward nurses, the IPC

team, pharmacy, cleanliness staff and microbiology medical staff participated in these RCAs.

- The IPCT have adopted a strategy of priorities and continued to provide advice and lead on the implementation of the infection control work plan and audit programme, as the pandemic has allowed.
- We continued to have responsibility and oversight of the Nightingale Hospital; caring for critically sick patients until it was replaced by the newly refurbished Queen Elizabeth Unit on the 14th and 15th floors of The Royal London Hospital.
- We provided expert advice to Estates colleagues on the demobilisation of the Nightingale and the building of the new critical care units.
- We supported commission of the units, training of staff and advice on patient placement in the new critical care units.
- Our 'flu vaccine uptake for the 2020/2021 campaign reached 66% for frontline healthcare workers, with a total of 10,000 influenza vaccines given to frontline healthcare workers. This was a great achievement, which was prioritised in view of the potential impact of the pandemic and the expected workload of the COVID 19 vaccination programme.
- The COVID 19 vaccination programme commenced in December 2020. All front line staff in the Trust were offered a COVID 19 vaccination. By the end of March 2021 the hospital hubs had delivered 28,995 first doses and 13,902 second doses of the vaccine.
- We commissioned a temporary COVID 19 vaccination centre in Newham; based at the ExCeL London to deliver the vaccine to staff and members of the public. The service also extended through outreach clinics in the community, with mosques, synagogues, churches and temples stepping up to provide clinics for people to get their vaccine and assuage concerns from the religious communities they serve.

Key challenges

6. The principal challenge for Infection Prevention and Control in 2021 / 2022 is one that we will continue to face for the next few months at least, the COVID 19 pandemic, staff compliance with standards and preparation for a potential third wave. IPC resource was significantly stretched during the pandemic. This was partially mitigated by redeployment of some of the division of infection specialists as elective activity cancelled and travel very limited. This was further supported from the CNO and CMO teams and programme management capability from the CSU.
7. Going forward we will need to ensure that we minimise the risk of Sars-CoV-2 outbreaks in our hospitals and manage further waves of the pandemic.

8. The rate of bacteraemias both Gram positive (*S. aureus*) and Gram negative has not reduced at the pace we had hoped.
9. The Trust Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia target is zero. In 2020/21 the Trust reported eight cases of MRSA bacteraemia. Many of these were related to line care.
10. Risk of a major infection/outbreak – this is a risk for any service and remains on our Risk Register for Whipps Cross and Newham Hospitals, where there were a small number of minor outbreaks of COVID infection in 2020 - 2021.
11. Ensuring that the environment continues to be maintained in good physical repair and condition is a constant challenge due to the age of some of our estate. Maintenance of the environment and cleaning standards remains a risk.
12. One of the biggest challenges going forward is ensuring we have a suitable IPC resource to maintain our high standard of activity for COVID alongside non-COVID activity. The current nursing and medical resource is currently insufficient to ensure this will happen.
13. The annual report describes the activities we have undertaken to improve and sustain patient, visitor and staff safety across all of our healthcare settings, much of which has been achieved in conjunction with partner organisations.

Key plans for 2020/21

14. An annual programme is prepared by the Clinical Director of Infection Prevention and Control, agreed by the Infection Prevention and Control Committee and ratified by the Quality Board.
15. The programme of work is mapped to the duties of the Code of Practice thus validating the continued work to maintain compliance with the Code. This year we have used a bundle approach for the Quality Improvement section of the plan, progress is monitored by the Infection Prevention and Control Committee. Any significant delays to the programme are escalated to the Quality Board.
16. The annual programme is a dynamic programme and often work streams are added to it within the year in response to unforeseen national and local drivers.

2021 'Flu / COVID 19 Campaign

17. The World Health Organization (WHO) has finalised its recommendations for the Northern Hemisphere's 2021-22 influenza season vaccine, it was made within the context of the on-going COVID 19 pandemic, which led to record-low levels of influenza detections reported. Because of the unpredictability of influenza, it is uncertain whether the 2021 – 2022 influenza season will be more severe than this

past season, as a large number of people may be more susceptible to influenza because of waning immunity due to less exposure to the virus since early 2020.

18. Currently NHSE and PHE are considering if a booster COVID 19 vaccine is required and if this can be incorporated into the seasonal influenza vaccine. The outcome of these discussions will support the approach to our campaign.
19. The Trust will build on the successful campaigns of 2020 / 2021. We continue to work towards the concept that all those eligible should be given a 'flu vaccination as soon as possible so that individuals are protected when 'flu begins to circulate. The IPC Team also provides support directly to clinical teams in collaboration with Pharmacy to improve on uptake of the influenza vaccine to 'at risk' people using our services.

Winter

20. We build on our learning each year, and in particular this last year, that resilient infection prevention and control arrangements are required to mitigate winter pressures. Minimising the risks of Sars-CoV-2 and other outbreaks such as norovirus, planning for a subsequent Sars-CoV-2 wave, 'flu vaccination and IPC controls for the elective restart in addition to continuously monitoring and improving our core IPC standards and practices are our priorities.
21. It has been important to build a positive and real time relationship with IPC networks across the NEL ICS and nationally in order to inform management decisions and manage risks that have been evident throughout the Sars-CoV-2 response and forward planning. This will continue through the winter 2021 / 2022.
22. We are preparing for a winter that could see the annual 'flu season coincide with a further surge in Sars-Cov-2 in unvaccinated adults or in Children and a rise in RSV, this is a critical element of the system-wide approach for delivering robust and resilient services throughout the winter period.
23. Challenges remain around availability of single rooms; in both Whipps Cross and Newham, we plan to mitigate this during winter season by establishing cohort bay / ward as additional capacity.

Healthcare Associated Infections

24. Consider a system wide quality improvement approach to reduce E. coli and other gram negative bacteraemias.
25. Using a bundle approach to:
 - Progress work with the Urinary Catheter Group to improve standards and reduce gram negative bacteraemias.

- Improve our compliance on line related care to support reduction of both Gram positive (*S. aureus*) and Gram negative bacteraemias.

Health and Safety

26. We have commissioned an internal audit review on our Safer Sharps programme, this will consider our compliance in reviewing the annual risk assessments and continuing progress against the work plans.
27. We continue to review work space to ensure work spaces are COVID secure and staff have had an updated risk assessment.

Recruitment and business planning

28. We are working on a Trust-wide business case to increase the resource of the wider infection prevention and control team to ensure we can deliver a robust and safe service, and align our establishment closer to other London Trusts. The business case will be presented to the Investment Steering Group shortly.
29. The Trust Board is asked to note this executive summary and approve the Infection Prevention and Control annual report 2020/21.

Report to the Trust Board: 8 September 2021	TB 50/21
--	-----------------

Title	Overseas Visitors Annual Report
Accountable Director	Deputy Chief Executive
Author(s)	Deputy Chief Financial Officer Operational Finance
Purpose	To provide an annual report on implementation of NHS (Charges to Overseas) Regulations 2015
Previously considered by	Group Executive Board

<p>Executive summary This paper provides an update on the Trust’s implementation of the national guidance in relation to overseas visitors. Charging is a sensitive issue and the Trust is committed to being transparent, fair and equitable to patients and staff in fulfilling our statutory obligations. This report outlines activities in the last year to support this objective.</p>
--

Related Trust objectives
SO1 and SO2

Risk and Assurance	This report provides assurance in relation to the above objectives.
Related Assurance Framework entries	2. Failure to identify healthcare inequalities and to secure equity of access and community connectivity impairs delivery of high quality, equitable healthcare outcomes

Legal implications/ regulatory requirements	National Health Services (Charges to Overseas Visitors) Regulations 2015 and related DHSC guidance
--	--

<p>Action required The Trust Board is asked to approve the annual report.</p>

BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 8 SEPTEMBER 2021****ANNUAL UPDATE ON OVERSEAS VISITORS****INTRODUCTION**

1. This paper provides an update on the Trust's implementation of the national guidance in relation to overseas visitors.
2. Like all NHS trusts, Barts Health has a legal duty to recover costs from patients who are not entitled to NHS treatment.
3. However, those who need care that is clinically deemed urgent or immediately necessary - including all maternity care - will always be treated promptly, even if a patient indicates that they cannot afford to pay.
4. The Barts Health group of hospitals serves one of the most diverse communities in the country with a catchment of around 2.5 million people living in east London. We take pride in providing quality care for all our patients, and do not want to deter anyone from seeking treatment.
5. We are committed to ensuring our hospitals are consistent, clear and equitable in applying the national eligibility and charging rules around overseas visitors.

LEGAL OBLIGATIONS

6. National regulations stipulate that patients must be "ordinarily resident" in the United Kingdom(UK) to qualify for free NHS-funded hospital care. This means living here lawfully, with a settled purpose, for the time being. Nationals of countries outside the UK who have indefinite leave to remain in the UK or who have been given EU settlement status are eligible for free NHS care, but many British nationals who now live overseas may not be.
7. Any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies. Where charges apply, the Trust cannot waive the fees in whole or part.
8. Those who need care that is clinically deemed to be immediately necessary (including maternity care) or urgent care will always be treated in a timely way. We do not turn such patients away. However, treatment is not necessarily free of charge simply by virtue of being provided on an immediately necessary or urgent basis.

9. With effect from October 2017, the Trust has a legal duty to recover the costs of clinically routine treatment from patients before treatment is given.

COVID-19

10. The diagnosis and treatment of Covid-19 is free to everyone in order to protect the wider public health. No patient is denied treatment for Covid-19 on the basis of being unable to pay.
11. The Trust website was updated to confirm that overseas visitors to England including anyone living in the UK without permission would not be charged for the testing, treatment and vaccine for Covid-19.
12. During the pandemic, we focused on supporting our patients, their families, and the wider community by providing as much information as possible. This includes assurance that NHS services continue to provide urgent and emergency care, and people should not delay seeking treatment or advice if they or a member of their family is unwell.

OVERSEAS VISITORS TEAM

13. We have a well-established and experienced Overseas Visitors Team. It provides advice and support to patients to help them understand their and our obligations around entitlement and payment.
14. We have worked with NHS England and Improvement, and local Trusts to further improve the support and services we offer in this area. This includes collaboration with North East London(NEL) providers to share best practice.
15. Several of the team are multi-lingual. In addition the team can draw on the language skills of our Advocacy Service to help communicate with patients whose first language is not English.
16. Patients can contact the Overseas Visitors Team directly and further information, including how patients can access guidance and support, is available on the Trust website.
17. The Overseas Visitors Team attend national seminars to keep their knowledge up to date and share best practice. Most recently this has included EU Exit training to ensure changes in national policy are deployed timely and the team can provide clarity on eligibility to all our patients.

ADAPTING OUR APPROACH

18. We recognise that charging is a sensitive issue and are committed to being transparent, fair and equitable to patients and staff in fulfilling our statutory obligations.

19. We listen to the views of our patients to address their concerns in order to provide the best possible care.
20. Early engagement with our patients offers greater scope to give reassurance and support on eligibility for NHS treatment.
21. We have developed a comprehensive training package to increase knowledge and awareness among clinical, reception and administrative staff, ensuring all new patients are asked about their residency status. This will form part of our statutory and mandatory training requirement for all frontline staff. The roll out of this programme has been delayed by the pandemic and is now anticipated to commence in April 2022 subject to operational priorities at that time.
22. Our website and staff intranet were refreshed to include temporary contact information for the Overseas Visitors team during the pandemic. In addition the standard Department of Health and Social Care(DHSC) clinical assessment form was refreshed to ensure clinicians alerted the Overseas Visitors Team when patients were being treated for Covid-19 which is a medical exemption from charge.
23. During the pandemic the Overseas Visitors Team have continued to pro-actively engage and support individuals to check their eligibility for NHS treatment by telephone. Experience has shown that reaching out proactively to patients and being able to answer their queries informally continues to improve relationships.
24. We also put extra checks and balances into our processes to reduce the need for reminder letters whilst focusing on pro-active engagement through our Notice of Charge process. Sending someone a bill for treatment remains an action of last resort, in those cases where we are either sure the individual is not eligible for free treatment or (despite our best efforts) have been unable to ascertain their status. We also offer patients the option of staged payment plans to spread out the cost of care following an assessment of their income and expenditure.
25. We continue to identify effective and innovative ways of working, consolidating our administrative processes and adopting best practice as part of an ongoing programme aimed at improving our effectiveness.
26. We have observed that patients are responding in a positive manner to improvements in communication at a personal level and our positive approach to managing relationships with them. In the last 15 months the level of patient response has increased and the timeliness of response has also improved. This is due to the successful embedding of our Notice of Charge process and increased availability of individuals during the pandemic. The combination of these factors allowed us to conclude our enquiries more quickly.
27. A further update to Trust policy and internet will be made to reflect EU Exit.

FINANCIAL INFORMATION ON OVERSEAS PATIENTS CHARGES IN 2020/21 AND COMPARISON WITH 2019/20

28. The numbers of chargeable patients has declined in the year due to the impact of the pandemic and restrictions on international travel. In addition patients treated for Covid-19 were exempt from charge.
29. Cash recovered from individual overseas patients decreased significantly from £1,429K in 2019/20 to £693K in 2020/21 (although it should be noted broadly in line with the percentage drop for Trusts in the south). The Trust reacted positively to patients who requested payment breaks due to the impact on their income as a result of the pandemic.
30. Total cash received increased from £1,777K in 2019/20 to £2,397K in 2020/21 but this was entirely due to increases in payments to the Trust under the EU reciprocal scheme. Most of these payments related to patients who had been treated in previous financial years.
31. With improved systems, and earlier engagement, we are more expert in ensuring patients can demonstrate their entitlement to treatment before any invoice is sent. Other factors may include:
- Pro-actively evaluating waiting list information, leading to earlier patient contact to establish entitlement to free NHS secondary care;
 - Using technology to identify inpatients in real-time and establish contact whilst they are still in our care, greatly reducing the need for follow up enquiries with patients;
 - Utilising patient notes and information on the NHS spine to assist in assessing chargeable status.
32. Under the EU reciprocal healthcare agreements, the Trust can reclaim the costs of emergency treatment for European Economic Area (EEA) residents from Clinical Commissioning Groups and the Government. We have become more efficient in collecting this income, which requires minimal involvement with patients once their status as EEA residents is clear. This income was limited during the year due to travel restrictions though cash received increased as the CCG paid invoices relating to 2018/19 and 2019/20 in 2020/21. This scheme continues despite the UK's departure from the EU.
33. Due to changes in the financial regime of the NHS in response to the pandemic, there is no separately identifiable CCG income for patients treated under these reciprocal arrangements in 2021/22.
34. The following tables show overseas patients charged in 2020/21 and 2019/20 and show the ethnicity of charged overseas patients

Patients charged in 2020/21

Sites	Number of invoices	Number of patients invoiced	Payments received £000s
Newham	284	235	213
Royal London	340	254	360
St Bartholomews	107	84	62
Whipps Cross	117	109	58
Total for overseas patients	848	682	693
Payments received under EU reciprocal schemes			1704
Total			2397

Patients charged in 2019/20

Sites	Number of invoices	Number of patients invoiced	Payments received £000s
Newham	306	262	326
Royal London	518	383	500
St Bartholomews	182	151	449
Whipps Cross	222	181	155
Total for overseas patients	1,228	977	1,429
Payments received under EU reciprocal schemes			348
Total			1777

Note: Payments received may relate to invoices raised in previous years. The cash received under EU reciprocal schemes in 2020/2021 mostly related to 2019/2020 invoices.

Overseas receipts will not agree to the figures stated in the accounts due to differing categorisation of the values received under the EU reciprocal schemes.

Ethnicity of overseas patients charged in 2020/21 and 2019/20

	2020/21	2019/20
Any other ethnic group	60	120
Asian	219	277
Black (African, Caribbean and any other Black)	78	106
Mixed background	9	7
Not known or Not stated	179	217
White	137	250
Total	682	977

Note: Ethnicity data has been taken from the Trust patient administration systems

RECOMMENDATION

35. The Trust Board is asked to note the report.