

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board
via videoconferencing (Cisco Webex) on Wednesday 3 November 2021 at 11.00am
Scheduled to end by 1.45pm

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		Rt Hon J Smith	11.00
2.	APOLOGIES FOR ABSENCE:			
3.	DECLARATION OF INTERESTS To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting including gifts and hospitality (accepted or refused)			
4.	TRUST BOARD MEMBERSHIP To note changes to Board membership	50/21	Rt Hon J Smith	
5.	MINUTES To approve the Minutes of the meeting held on 8 September 2021 and the AGM held on 22 September 2021	51/21 51/21a	Rt Hon J Smith	
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 C Alexander	11.00
8.	CHAIR'S REPORT To receive an oral report from the Chairman		Rt Hon J Smith	11.15
9.	CHIEF EXECUTIVE'S REPORT To receive an oral report from the Chief Executive		Ms A Williams	11.20

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		Paper TB	Lead	Time
QUALITY, SAFETY AND PERFORMANCE				
10.	BOARD ASSURANCE FRAMEWORK To approve the BAF and principal risks to objectives	52/21	Mr A Hines	11.30
11.	INTEGRATED PERFORMANCE REPORT – M6 To receive the report and discuss: <ul style="list-style-type: none"> • Covid-19 • Access • Quality and Safety • Financial performance • People 	53/21	Mr R Coulbeck Mr S DeGaris Prof A Chesser/ Ms C Alexander Mr H Virdee Mr D Waldron	11.40
12.	REPORTS FROM BOARD COMMITTEES 12.1 Finance and Investment Committee 12.2 Audit and Risk Committee	Oral 54/21	Mr A Camp Mr G Dalal	12.10
13.	WINTER PLANNING To note the development of winter plans	55/21	Mr A Hines	12.20

STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
14.	PEOPLE STRATEGY IMPLEMENTATION To receive a health and wellbeing report	56/21	Mr D Waldron	12.40
15.	WHIPPS CROSS REDEVELOPMENT To receive a progress update	57/21	Mr R Coulbeck and Mr A Finney	12.50
16.	900 YEAR ST BARTHOLOMEW'S HOSPITAL ANNIVERSARY To receive a report on the anniversary and fundraising campaign	58/21	Prof C Knight	13.00

ITEMS FOR INFORMATION (UNLESS OTHERWISE STATED) / ANY OTHER BUSINESS				
17.	USE OF THE SEAL			

	To ratify use of the Trust Seal	59/21	Mr S Collins	13.15
18.	ANY OTHER BUSINESS			
19.	QUESTIONS FROM MEMBERS OF THE PUBLIC	60/21		13.20
20.	<p>DATE OF THE NEXT MEETING</p> <p>The next meeting of the Trust Board in public will be held on Wednesday 19 January 2022 at 11.00am in the Board Room, Whipps Cross Hospital, Whipps Cross Road, Leytonstone, London (to be confirmed).</p>			
21.	<p>RESOLUTION</p> <p>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: 3 November 2021	TB 50/21
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Title	Trust Board membership
Sponsoring Director	Chairman
Author(s)	Trust Secretary
Purpose	To note changes to Board membership
Previously considered by	n/a

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

- Ms Tajinder Rehal completed her one year term as a NExT Director and stepped down from the Trust Board on 30 September 2021.
- Following a secondment to UCL Partners managing director, Professor Steve Thornton has stepped down from his roles as Vice Principal (Health) at Queen Mary's University of London and as the nominated University representative on the Barts Health Trust Board with effect from 19 September 2021.
- Professor Sir Mark Caulfield has agreed to join the Trust Board as the nominated University representative Non Executive Director on an 18 month term effective from 20 September 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.
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Action required by the Board

The Trust Board is asked to note the above changes to Trust Board membership
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BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting in public on
Wednesday 8 September 2021 at 11.00am held via Webex Videoconferencing

Present: Mr I Peters (Chair)
Ms A Williams (Group Chief Executive)
Mr A Camp (Non Executive Director)
Professor A Chesser (Chief Medical Officer)
Mr R Coulbeck (Director of Strategy)*
Mr G Dalal (Vice Chairman)
Mr S DeGaris (Deputy Chief Executive)
Ms M Exley (Non Executive Director)
Mr A Hines (Director of Corporate Development)*
Ms K Kinnaird (Non Executive Director)
Ms K McLean (Non Executive Director)
Ms T Rehal (NExT Director)*
Mr D Waldron (Director of People)*
Mr H Virdee (Chief Finance Officer)
Mr C Williams (Associate Non Executive Director)*

In attendance: Rt. Hon. J Smith (Chair in Common designate)
Mr S Collins (Trust Secretary)
Prof L Hicks (Deputy Chief Nurse)
Prof R Pearse (Director of Research)
Mr A Abraham (Co-Chair, Inclusion Board)
Ms N Mynott-Gardiner (Diversity Network chair)
Mr A Finney (Director of Redevelopment)

Apologies: Ms C Alexander (Chief Nurse)
Professor S Thornton (Non Executive Director)

** Non-voting member*

81/21 WELCOME

The Chair welcomed everyone to the meeting.

82/21 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.

83/21 MINUTES

The Minutes of the meeting of the Trust Board held in public on 7 July 2021 were received and approved.

84/21 MATTERS ARISING

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

85/21 STAFF STORY

The Deputy Chief Nurse welcomed Zebina Ratansi, Director of Nursing for Whipps Cross and team members Isata Sisay, Janet Utonwanne and Leofrancis Calvo. The Director of Nursing for Whipps Cross indicated that the team were attending to provide the Trust Board with an overview of how care was organised during the 24-hour period following the extreme weather and flooding at Whipps Cross Hospital during July, which had resulted in the evacuation of approximately 100 patients.

The team set out the challenges immediately following the flooding, with a number of patient care areas plunged into darkness, recounting the anxieties of many patients that this had created. Having determined that there was a need to move patients, there was some delay in prioritising the order in which patients were moved. Having subsequently prioritised ambulatory patients to move to other sites, work progressed at a rapid rate without breaks to move patients safely. The team were fortunate that there was the ability to move patients to The Royal London and St Bartholomew's Hospitals, although the layout of the hospital mean that escorting patients generally involved moving these down stairs. Partners in ambulance and fire emergency services had helped to provide support in finding solutions. Due to the electrical failures following the flooding, staff were using phones to light the way and to read prescriptions or other notes. Many patients were anxious and staff could not always provide answers about the logistical details of the moves being prepared, while some confused patients found this particularly difficult. Informing relatives became a further challenge. At the end of the evacuation many staff were exhausted but relieved. The ability to temporarily redeploy staff to new areas worked well and teams worked collaboratively across hospital sites to recover the position.

The Chair reflected on a story that highlighted the courage of teams in finding solutions in challenging and unusual circumstances and noted that he felt reassured by the emphasis that had been placed on demonstrating compassion towards patients.

Ms Exley asked whether the experience had identified any learning opportunities, for example in relation to safe evacuation. The Director of Nursing for Whipps Cross felt that this had highlighted the importance of regular refresher training. She noted the importance of communication during a major incident and clarity about how and when business continuity plans are triggered.

Dr McLean noted the anxiety of patients and indicated the need to support and reassure staff also following an incident such as this. It was confirmed that patient views and concerns had been invited and welcomed during and after the event to provide feedback on what could improve in future. It was felt that counselling for staff had proved particularly helpful. The event had highlighted the importance of harmonious ward relationships.

The Group Chief Executive added her thanks to the staff members for their work during a distressing and difficult experience. She also thanked the hospital senior team for their leadership as well as directors on call during this incident. Again, staff had been tested and been asked to show their commitment in redeploying to other areas to support patients. Finally she noted that the incident had reinforced the need for a new hospital at Whipps Cross as it was hoped that staff should not have to face similar circumstances again.

86/21**CHAIR'S REPORT**

The Chairman reflected on high levels of Covid-19 patients in the hospitals, while recognising impressive prioritisation levels of elective activity despite these pressures. He recognised that performance reporting reflected a period where commitments to staff with booked leave had been managed well; and recognised that exceptional events in terms of flooding at Whipps Cross and Newham had added.

He confirmed the appointment of Rt. Hon Jacqui Smith as Co-Chair of Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust. There had been continued significant engagement with Barking, Havering and Redbridge University Hospitals NHS Trust through an appreciative enquiry process and he hoped to share some details of areas for further opportunities for close working with the public ahead of the Trust's AGM on 21 September 2021. He looked ahead to the winter period and recognised that this would involve the executive team on planning and responding to the emerging framework for planning and resourcing of the second half of the year.

87/21

GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive provided some details of operational pressures currently faced and careful planning required for winter. These included a high level of Covid-19 pressures, although it appeared that these appeared to be at a stable plateau rather than rapidly increasing as in previous waves. The Trust's models anticipated continued challenges going into winter. Despite pressures with increased attendances, the Trust remained the third best performing emergency care provider of the nine large providers in England. In terms of Covid-19 caseloads, most patients in the hospitals were unvaccinated, with a clear correlation between serious illness and vaccine status. This emphasised the need to reiterate the messages of encouragement for all to accept invitations for vaccination. In addition to the provider collaboration of the two trusts, all healthcare in NE London was integrating more closely. Adverts to recruit accountable officers of the Integrated Care Systems had been issued with legislation placing these ISCs on a statutory footing from April 2022. The Group Chief Executive noted examples of recognition for Trust services and congratulated The Royal London team on their recent HSJ Value award for innovative Barts Emergency Access Co-ordination Hub (BEACH) services.

The Group Chief Executive invited the Director of Strategy to update on the mobilisation of *WeConnect2* Electronic Prescribing and Medicines Administration (EPMA) at The Royal London. The Director of Strategy outlined a two year programme which had started with improving the nursing documentation aspect. The second phase of this programme involved roll out of EPMA and doctors documentation. This represented a significant stage in moving to a paperless environment. He noted that EPMA would be rolled out one hospital at a time between now and December 2021, with a tailored process to transition from paper systems to electronic. Over the course of 5 days, all inpatient wards at The Royal London had been moved over to EPMA. This had been achieved successfully due to exceptional teamwork and change management. Technical underpinning changes had been completed ahead of further roll outs to Whipps Cross, Newham and St Bartholomew's Hospital over the next few months. In terms of a 'maturity scale' for informatics, this would move the organisation from a 3 to a 7 on this index, representing a material improvement. The Deputy Chief Nurse confirmed that a command centre had been established to oversee the implementation. Teams were working very closely together across the clinical systems, and staff could identify immediate patient benefits such as junior doctors being able to access systems remotely; improved recording and warnings on allergies; real time recording of key patient information; and improved sharing of information with patients returning home or to

community settings. She emphasised that working together as a multidisciplinary team was an important part of this, with very few technical hitches identified so far.

88/21 INTEGRATED PERFORMANCE REPORT

The Chair introduced colleagues to provide highlights by exception only and the following points were made:

- The Director of Strategy confirmed that, at for the previous reporting period, there had been 58 confirmed inpatients with Covid-19. This had increased to 147 with an average of around 12 new admissions per day. Pressures had been distributed across all hospitals, with the highest numbers in recent weeks being seen at Newham. In terms of the Trust's escalation framework, the Trust was operating at the 'medium pressure' level. Unlike in previous waves, the Trust continued in parallel to manage non-elective pressures. He suggested that, despite the more modest increases in Covid-19 cases than in wave 2, the position was very challenging. Looking forwards, he noted that in East London overall there appeared a modest trend downwards on case numbers, but there was an expectation that, with schools returning and reduced social distancing, some increases in case numbers would be seen. Given the range of potential factors influencing case numbers there remained a need to plan for a range of scenarios.
- The Deputy Chief Executive outlined performance on constitutional standards. He noted an increase in levels of Emergency Department attendances (which was approaching pre-pandemic levels), while there was a continuing cohort of Covid-19 admissions. Despite these pressures, Barts Health had maintained a relatively good performance comparative to peers and other London trusts. In terms of 18 weeks referral to treatment time, the graph reflected a movement in the right direction in the face of huge backlogs. Looking beyond the aggregated picture there were many differentials across specialties. The Trust's strong performance on cancer access had been compromised by the pandemic, with at least 3 months anticipated where the 62-day standard would not be met. Diagnostics represented a key bottleneck and mitigating options were being explored. A trajectory for recovery had been set, with the expectation that for the rest of this year the Trust will not meet the national standard but with the aim of returning to target trajectory by April 2022. A report to the Quality Assurance Committee was in development and the Chair recommended that this was shared with the wider Trust Board in due course.

ACTION: Deputy Chief Executive

- The Chief Medical Officer noted that reports on CQC inspections of imaging services had now been finalised, with the Whipps Cross rating being downgraded from *requires improvement* to *inadequate*. The Royal London Hospital imaging services had not previously received a CQC rating and no rating had been issued following its recent inspection. The CQC team had been visiting The Royal London Hospital at the time of this meeting and feedback would be provided on observed progress. A further CQC report was anticipated in the next two weeks on Newham maternity services. He confirmed that the Quality Assurance Committee would receive reporting on the inspection findings and related improvement actions. In terms of other key quality metrics, he noted improvements on complaints response times but less positive performance on serious incident investigation timelines (recognising that this was a challenge for very stretched teams). A clinical harm review process for long waiters had been considered by the Quality Assurance Committee, noting that the reporting had so far indicated a very low incidence of harm attributed to waiting times.
- The Chief Finance Officer outlined progress in the year to date including securing funding for meeting elective recovery targets. He confirmed that the thresholds for this funding had changed from Month 4 onwards and there were reducing prospects for consistently meeting this. Despite this, the Trust had secured a relatively secure financial position in the year to date and he remained confident about achieving the breakeven target. NHS trusts were still awaiting further details of the financial settlement and mechanisms for the second half of the year.
- The Director of People noted the central importance of securing a workforce to support operational plans and noted step to maximise the temporary staff supply. Having increased the underlying rates of temporary staff usage any further increases could only be made by turning attentions towards permanent staff expansion with recruitment campaigns at each site. An estimated expansion of 200 critical care nurses to address recovery plans represented an example of the key challenges faced. He highlighted also retention initiatives and to reinstate rostering disciplines as part of the return to more planned care.

Ms Kinnaird asked about Covid-19, vaccination and staff absences. The Director of Corporate Development reported that public vaccination was at a challenging stage in terms of reaching the remaining cohort of unvaccinated adults. Although Westfield served as the main campus, outreach services were proving to be valuable in targeting 'hard to reach' groups. He confirmed that front line staff vaccinations stood at 85% for medical, dental and AHP professions and 80% for nursing. Feedback confirmed that hesitancy issues existed with younger staff and black staff groups in particular. He recognised concerns about safety, which was being mitigated through lateral flow testing arrangements alongside awareness steps to share key messages on benefits of vaccination. Dr McLean queried whether any specific ambition had been set in

terms of target rates of staff vaccination and it was confirmed that no national target had been set for this.

Mr Dalal asked about long waiters and any trends anticipated around risks of patient harms. The Chief Medical Officer noted that the Trust had been trying to prioritise the highest risk, vulnerable patients; however, he recognised that any wait is a cause of harm in itself. He confirmed that the harm review process captured specific and well established definitions for severe and moderate harm; and that the process had not identified any long waiters in this category to date. Dr McLean suggested that an accompanying theme around our communications with patients and GPs would provide assurance that long waiters did not feel that they had been 'lost in the system'. The Chief Medical Officer noted the need for a range of approaches, including validating waiting lists to ensure treatment is still needed and wanted. He agreed the importance of keeping GP channels of communication open to support dialogue. In terms of elective recovery, the Director of Strategy highlighted that a gap against target trajectory for 52 week waiters had been closed during July. However, he recognised that this momentum was likely to prove hard to maintain during winter months.

Ms Exley asked about outpatients patient experience data and it was noted that more in depth reporting on this at the Quality Assurance Committee was scheduled.

The Trust Board noted the report.

89/21 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 the financial outlook recognising strong performance in the first half of the year. Investment via the capital programme was going well, with a strong emphasis in this programme on fire safety improvement works, with a deep dive report on fire safety investment scheduled for October 2021. The Committee received updates on major developments including Whitechapel estate developments. Dr McLean asked if there had been any indications of what the emphasis would be in terms of the financial framework for the second half of the year. The Chief Finance Officer suggested that the framework would be likely juggling of Covid-19, ED attendance increases and elective increases. Suggested that workforce aspects of this to be the biggest challenge. He anticipated an increased focus on efficiency measures within a new regime.

- Dr McLean confirmed the range of topics that had been discussed as detailed in the Quality Assurance Committee exception report. The Committee had considered CQC diagnostics assurance reporting and requested further, more granular reporting on this; and noted progress on peer reviews and external assurances; and education and research. There had been a good discussion about patient experience and an agreement to return to this topic in coming months.

90/21

INCLUSION

The Director of People and Co-Chair of the Inclusion Board outlined the update on WeBelong inclusion operational plans and the annual Workforce Race Equality Scheme and Workforce Disability Equality Scheme 2021 submissions. The Trust Board noted the key role of diversity networks on plans across sites and the introduction of a cultural intelligence programme to be rolled out over the next year. WRES data indicated moderate increases and good news had been received on the Trust successfully achieving Level 3 on Disability Confidence accreditation. This enabled the Trust to support colleagues and other organisations to be disability confident (with plans to link with Barking, Havering and Redbridge and community partners to raise awareness of this). The Chair congratulated the Disability Network Chair, Natalie Mynott-Gardiner on this important achievement. The Director of People agreed that this supports the Trust's system leader and anchor institution aspirations.

The Director of People confirmed positive progress but felt that the team were restless to extend this further. He reflected that some of the next steps to improve the culture would be very challenging. He emphasised the need to mainstream important conversations on wellbeing, raising concerns, lived experiences and career opportunities through regular 1-1s and appraisals. The team would be looking to develop the leadership strategy to explore how this aligned with cultural intelligence and embeds as a sustained process. He appreciated the need to make it easier for BAME staff to progress, with some identified bottlenecks at certain career grade and bands. He highlighted the opportunity to develop staff education, confidence and inclusivity including through initiatives at site and group level.

Mr Williams congratulated the team on the approach taken. He felt that there was a strong offer at the Trust on education and training and suggested that there may be benefits in exploring further the opportunities to provide less structured exposure to senior roles (such as acting up, shadowing and mentored coaching). The Director of People agreed and noted the gap in perceptions about career opportunities between BME and white staff.

Ms Exley asked if there were plans to track how many of leaders took up the offers on cultural intelligence, leadership and management development and recommended some Board engagement on cultural intelligence training. It was confirmed that Board engagement would feature in the roll out. Mr Abraham

noted a theme within the WeLead framework that leadership is not optional, but an expectation – and that leaders and wider staff participate in personal development.

Ms Kinnaird felt that a systematic approach was required and emphasised the importance of being transparent about uncomfortable truths uncovered. She also felt that talent management should seek to develop a pipeline of identified prospects who could be supported into leadership roles.

91/21

RESEARCH

The Director of Research outlined some of the key research activities in the last year and planned steps in coming months. He outlined how routine research during Covid-19 had effectively halted which would be reflected in a downturn in research performance indicators. However, the Trust had played a sizeable role in coronavirus research, including trial at the Barts vaccine research centre in Bethnal Green library and recruitment to the leading Recovery trial. Anticipating reduction in coronavirus research, there would be some lag in returning to prior areas of research activity. However, he took the opportunity to note some highlights of translational research recently including in bladder cancer and haemophilia.

The following points were made in discussion:

- The Chief Medical Officer noted the benefits of aligning the Trust's research interests with our local population including for example developing frailty research and services at Whipps Cross.
- The Chair asked about a potential Clinical Research Facility development. The Director of Research noted that the 900 year anniversary campaign will target projects including Clinical Research Facility development. This would enable a dedicated space for more complex drugs and early stage research to be conducted (such as 'first in man' trials which were currently rare in this region). There may also be options to broaden the scope of trials that the Trust was currently able to pursue. In the context of clinical research funding reductions and growing competition from research centres, there would be an increasing need to diversify research activity and the avenues for securing funding (which such a facility could support).
- Mr Camp felt that this was a helpful report and provided examples of excellent innovation in the last year. He asked about the principal barriers to returning to business as usual research. The Director of Research indicated that the issue was common across the UK. Challenges included administrative aspects of research governance and reduced direct patient contact linked to the pandemic.

- Dr McLean highlighted her support for the proposals for a second academic chair in geriatrics at Whipps Cross. She also queried if targets on numbers of research active consultant was ambitious enough. The Director of Research outlined some challenges to developing a comprehensive support framework for consultants. He suggested that an increase in numbers by 10 each year (which involved some relatively intensive mentoring and support at early stages) would produce measurable improvements.
- Mr Dalal recommended that some case studies or examples of benefits of translational research may help in future reports.

92/21 WHIPPS CROSS REDEVELOPMENT

The Director of Strategy introduced the reporting and noted the recent flooding incident, which underlined the need for a new hospital. The Director of Redevelopment outlined the ongoing work with the national New Hospitals Programme colleagues towards finalising the OBC; planning and consultation activity; and patient and community involvement. The team had been exploring some specific areas which were themes of feedback received during this stage. The first area linked to the overall capacity and specifically the number of overnight beds included in the design. Key considerations for this included hospital avoidance; reducing the need for overnight stays for those requiring admission; and reducing lengths of stay for those that do require overnight inpatient stays. Responding concerns expressed about the modelling used, the team had further tested available options and were able to confirm that flexible design methods enabled options to remain open on bed numbers (which could extend to retaining the same number as the current hospital) while also retaining the ambition to extend day case rates by up to 50%. This view maintained the underpinning principle that transformation would be a key element of the formula. A second key theme of feedback had been around the model of palliative and end of life care. This included specifically the role of the Margaret Centre. He confirmed that there would be specialist hospital palliative care and a role for the Margaret Centre in end of life care. The team were liaising with St Joseph's Hospice to agree a strategy for an enhanced end of life care pathway for Waltham Forest (with some joint working with St Francis hospice in Havering). Work with partners would develop this strategy and provide a more complete plan for this in coming months.

The Trust Board noted the progress report.

93/21 YEARLY REPORTS FOR APPROVAL

The Deputy Chief Nurse and Deputy Chief Executive outlined the key features of the Infection Prevention and Control (IPC) report and Overseas Visitors report.

Dr McLean confirmed that the IPC report had been reviewed by the Quality Assurance Committee, highlighting in particular the successful measures to minimise nosocomial infections during the pandemic peaks.

The Trust Board approved the yearly reports.

94/21 ANY OTHER BUSINESS

There was no other business.

95/21 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chairman introduced the section of the meeting inviting questions from the public, noting that, on this occasion no questions had been received in advance of the meeting.

A Waltham Forest Save our NHS campaign group representative (Ms Day) asked a question regarding the planned design of the Whipps Cross redevelopment. She had noted that the report reflected on steps to review the flexibility in the scheme to provide at least the same number of overnight inpatient beds in the new hospital as provided at present (if proven to be required). Ms Day indicated that the report had not suggested a change to the overall footprint of the hospital design and asked what might expected to be substituted to provide this additional bed capacity.

The Director of Strategy noted that the configuration options would be worked through with the design team further to assess capacity requirements and test assumptions. He confirmed that flexibility for additional beds could be supported through different provision of space for plant and for administrative space. This could include consolidating space identified for plan on certain floors in the new hospital. If space for administrative staff reduced, then alternatives for accommodating non-clinical staff on existing Trust premises (for example adjacent to new build) was feasible.

A Newham Save our NHS campaign group representative (Ms Mykura) stated that questions had been sent to the Trust Secretary in advance, although these had not appeared to have been safely received. A number of observations were made in relation to the report on overseas patient charging (suggesting that invoices were sent on a speculative basis, with an unfair burden placed on individuals to prove their eligibility for free treatment). Some further data not contained in the report was sought regarding invoices and subsequent cancellation of these. The Trust Board were asked whether the Trust's inclusion observatory would examine the impact for patients regarding the invoicing for care; and whether the Trust Board would agree not to approve the yearly report presented at this meeting.

The Chair would ask the Trust Secretary to investigate the issues relating to the issues with submitting questions (with the intention of understanding why this may have occurred and addressed in future). He agreed to review any more

detailed questions that would require further analysis of data. As a matter of procedure, he confirmed that the Trust Board had approved the yearly report earlier in the meeting; however, the option to revisit this topic at the next meeting would remain open.

96/21 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 3 November 2021 at 11.00am via videoconferencing, with joining details to be published on the website.

97/21 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: 8 September 2021			
No.	Action	Lead	By
	Integrated Performance Report: Develop report on diagnostics trajectory for QAC to be shared onwards with the Trust Board	Deputy Chief Executive	Q3-4 2021

BARTS HEALTH NHS TRUST

ANNUAL GENERAL MEETING

Minutes of the Annual General meeting held in public on Wednesday 16 September 2020 at 5.30pm held via Webex Videoconferencing

Present: Mr I Peters (Chairman)
Ms A Williams (Group Chief Executive)
Ms C Alexander (Chief Nurse)
Dr K McLean (Non-Executive Director)
Mr A Camp (Non-Executive Director)
Ms M Exley (Non-Executive Director)
Prof A Chesser (Chief Medical Officer)
Mr A Hines (Director of Corporate Development)
Mr D Waldron (Director of People)
Mr S DeGaris (Deputy Chief Executive)
Mr H Virdee (Chief Finance Officer)

In attendance: Mr S Collins (Trust Secretary)
Ms M Skinner (Deputy Director, Communications)
Dr E Rowland (Medical Director, St Bartholomew's Hospital)
Ms J Sullivan (Chief Executive, Royal London and Mile End Hospitals)
Dr H Noble (Acting Chief Executive, Whipps Cross Hospital)
Mr A Sewell-Jones (Chief Executive, Newham Hospital)

1. WELCOME AND INTRODUCTION

1.1 The Chairman opened the meeting and welcomed members of staff and the public.

He reflected on the fact that this was the second consecutive year for which the Trust's AGM would have been dominated by themes relating to the pressures of the Covid-19 pandemic. He recognised the wide ranging implications of this pandemic for so many people in north east London. However, he welcomed the fact that, despite the overwhelming nature of the pandemic, the Trust could reflect on many significant achievements in the last year, including, for example, a step change in how the Trust had addressed the equalities and inclusion agenda. He took the opportunity to reflect also on the commitment shown by staff during an immensely challenging year and the care shown by colleagues towards patients and each other. He was delighted to have served as the Chair of Barts Health NHS Trust and it was with some sadness that he confirmed that this would be his last meeting before handing over to The Right Honourable Jacqui

Smith as the new Trust Chair.

He outlined the planned format of the meeting, welcoming the engagement of members of the public through providing a number of questions in advance on a range of matters of importance to the local community. Accordingly, the agenda had been designed to allow time for questions and answers on the important matters raised.

2. ANNUAL REPORT AND AUDITED ACCOUNTS

- 2.1 The Trust Board received and adopted the Annual Report and Accounts for 2020/21. The Chairman confirmed that these had been reviewed and approved by the Trust Board prior to publication.

3. GROUP CHIEF EXECUTIVE'S REPORT

- 3.1 The Group Chief Executive welcomed and expressed her appreciation to those present for taking the time to join this Annual General Meeting.

- 3.2 The Group Chief Executive gave a presentation which summarised the Trust's activities over the past year, with a particular focus on the second wave of Covid-19 during the previous winter. She recognised that this account of the year would not do justice to the full extent of work undertaken by staff and volunteers, but hoped that this would acknowledge their work and the work of the Trust's partners to provide care to local people during the pandemic. In doing so she also took the opportunity to remember staff members who had died of Covid-19 over the last year, patients who had sadly died of Covid-19 and all of those who had suffered serious illness as a result of the pandemic. She recognised that Covid-19 had disproportionately affected our black and minority ethnic communities and staff. It had also been proven that vaccination had been effective in preventing the most serious impact of the virus and recognised the importance of the vaccination campaign operated by the Trust and partners across NE London. This campaign reflected the wider collaborative and partnership approach taken by the Trust and its partners during the last year and the Group Chief Executive thanked those key stakeholders and organisations.

- 3.3 The Group Chief Executive reflected on the challenges of the second wave. The very high numbers of seriously ill patients during this period had resulted in the new Queen Elizabeth Unit for intensive care (which had been established to expand critical care capacity across London) being fully occupied. The most recent third wave caseloads mirrored the high numbers of infections in the community and nationally, but with thankfully

fewer cases resulting in more serious infection and intensive care admissions. Nonetheless, managing these patients alongside the rising emergency attendances and the prioritised elective activity for patients on waiting lists (which had grown during the pandemic), the overall position had continued to present an extraordinary operational challenge.

- 3.4 The Group Chief Executive outlined some key aspects of the Trust's handling of the peak Covid-19 response, the vaccination campaign and the Trust's role on research. The Trust had participated in the Recovery trial, acting as one of highest recruiters to this trial in the country. Similarly, the Trust had been working with QMUL academic partners on the Janssen vaccine study. These initiatives reflected the increasing ambition and importance of the Trust playing a leading role in Lifesciences. The Trust had hosted the mass vaccination centre at ExCel (as well as staff vaccination centres). Staff at the ExCel centre had delivered 128,000 vaccines, with a further 32,000 delivered so far at The Street in Stratford Westfield.
- 3.5 The Group Chief Executive outlined the emphasis on staff wellbeing during the recovery phase. Extensive efforts had been made to protect the workforce through provision of PPE, staff testing and other programmes.
- 3.6 The Group Chief Executive looked back on a range of achievements during the last year including continued care provision and improvements such as reduced numbers of complaints and a 15% reduction in harms. She outlined strong performance against national standards for patient access and robust financial improvements (including exiting financial special measures and achieving financial balance for the 2020/21 financial year). This sound financial position was achieved in the context of higher investment than in previous years to improve infrastructure, including the creation of a potential 150 bed critical care unit at the Royal London Hospital to respond to the capital's need for expansion; and investments in urgent care, maternity and early diagnostics facilities across the Trust.
- 3.7 Creating an outstanding place to work would be a key objective during the next year, with workstreams established to support inclusion, compassionate leadership and flexibility in ways of working. There would be an accompanying need to increase the overall size of our workforce to meet the heightened demand for services. An Inclusion strategy and measurable commitments had been developed at pace, with help from staff diversity networks, and the Trust Board had agreed that this represented the most important element of recovery plans.
- 3.8 The Trust Board had agreed to explore more formal joint working with Barking, Havering and Redbridge University NHS Trust. A 'Closer

Collaboration' document had been published setting out some initial collaboration priorities for clinical services; and the Trust would welcome the Right Honourable Jacqui Smith as chair in common of both trusts from 1 October 2021.

3.9 The Trust would continue to pursue its medium term strategic initiatives. The business case for Whipps Cross hospital redevelopment had been considered a flagship redevelopment by HM Government's new hospitals programme. Progress had continued on Lifesciences, with the appointment of Professor Sir Mark Caulfield as Barts Lifesciences Chief Executive. The ICT team had helped to develop and implement ePrescribing and taken further steps on improving our informatics infrastructure. Meanwhile, plans were in development to mark the 900 year anniversary of St Bartholomew's Hospital in a fitting and exciting way.

3.10 The Chief Executive took the opportunity to thank the group executive and hospital leadership teams, many working seven days a week to meet the challenges of the pandemic, for their hard work and commitment. She also thanked the outgoing Chair, Ian Peters, for all he had done to support the Trust during the last 4 years and offered best wishes for the future.

3.11 The Chair closed this section of the meeting, thanking the Chief Executive for the comprehensive review of the year. He applauded the achievements made alongside managing the pressures of Covid and personally thanked Alwen Williams, whose service had been rightly recognised with the award of a DBE in the national honours during the year.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

4.1 The Chair invited questions from the public. He noted a high number of written questions submitted and welcomed the interest shown in the important work of the Trust and its future plans, particularly as regards the Whipps Cross hospital redevelopment. He invited members of the public to read out questions and reflect on the answers provided. Where members of the public were unable to join, he would read these out in full (with questions summarised in the minutes in the usual way).

4.2 The Chairman noted that around 15 questions had been submitted in advance by six individuals:

Connaught centre question

Ms Ritten had asked about the redevelopment, querying where the replacement Connaught day centre would be sited and whether the space

would match the current space facilities.

The Director of Strategy confirmed that the new hospital would continue to deliver outpatient services for older people, led by consultant geriatricians as part of a multi-professional team, as is provided now. We anticipate that all outpatient services in the new hospital will be located together.

As with all outpatient services, we will be developing and improving the way that care is provided to older people. We aim to deliver care in, or as close to people's homes as possible, where that is appropriate for the patient, and to reduce unnecessary hospital attendances.

Margaret Centre questions

Ms Ritten had asked for details of where in Waltham Forest the new Margaret Centre would be sited and how many beds it would have.

Ms Gross noted the plan for Barts Health to work with St Joseph's Hospice and the North East London CCG to determine what "an end of life care offer could look like in a way which could be delivered from the Margaret Centre". She asked how this work would be taken forward, to what timetable, and how will staff, patients representatives and community groups, including Action4Whipps, be involved?

The Director of Strategy confirmed that the new hospital would continue to provide specialist palliative and end of life care for those that require hospital care. North East London CCG are leading work with St Joseph's Hospice and Barts Health to establish what a non-hospital, end-of-life care offer for Waltham Forest could look like, in a way that could be delivered from the Margaret Centre. However, the location of the centre had not been decided yet. As part of this review, the CCG will look at whether the unit itself would remain on the Whipps Cross site or be re-provided elsewhere in Waltham Forest. St Joseph's would also be liaising closely with Saint Francis Hospice to ensure a partnership approach across the whole of the Whipps Cross catchment area (including Redbridge).

Flood risk question

Ms Ritten had asked about plans to mitigate flood risks, following the recent major incident event. She noted that the new hospital and car park seemed to be sited in the area most prone to flooding. She asked for details of mitigation and how much this would add to the costs of the rebuild.

The Director of Strategy reflected that those involved in the recent serious incident would reflect on the importance of addressing this risk. He noted that current plans did not site the redevelopment on the area of greatest risk of flooding (towards the James Lane end of the hospital's footprint). The hospital would capture flood mitigation in its design; in practice this had been incorporated already (including use of green roofs and attenuation tanks to reduce run off on the site). Mitigations were planned in the design although no separate figure had been identified for this; he

noted that many of these measures were now relatively common in modern construction techniques and factored into standard pricing.

Engagement

Ms Monro had noted the principle of co-design and reported that staff felt unable to influence plans for aspects such as education and training facilities, their own working space and in some cases clinical department designs. She sought assurance that the redevelopment team would work with staff on a co-design basis to achieve the best possible working conditions for staff along with the best possible patient experience. Similar to embedding sustainability in redevelopment plans, she sought details on how this would be engaged to support staff well-being and ease of use.

Mr Lovell had indicated that, from his perspective, the engagement with residents and stakeholders needed significant improvement. He expressed concern that valid points raised during events had not been addressed.

The Director of Strategy replied in relation to the first point regarding staff engagement on design plans. He recognised that there were challenges in ensuring everyone was involved; however, he reflected that the programme was still at a relatively early stage in the design process so there would be further opportunities to influence design on some aspects of particular interest such as educational facilities. He noted that the Trust had welcomed involvement and a wider perspective, noting for example how this had helped to inform the sustainability agenda for the redevelopment. The new hospital would place a priority on wellbeing, reflected in space set aside for staff and recognising how this can make a big difference.

In relation to public engagement, he understood that frustrations existed but did not share the views expressed about the attempts to engage and reflect views and noted his thanks to the Whipps Cross team for their efforts on this. Despite the challenges of COVID in the last year the Trust had held over 100 meetings to discuss our plans with members of the public, community groups and health overview and scrutiny committees, including nine virtual public meetings with around 375 people attending and four virtual staff meetings attended by 183 people. 23 focus groups had been held with patients and several meetings arranged with our closest local residents. An online survey had received over 1,000 responses on the emerging designs for the hospital and the wider site. He noted, for example, how views expressed on end of life care provision had informed plans further. A Whipps Cross Community Forum had now been established to strengthen engagement and participation in the redevelopment and the wider work of the hospital.

Bed capacity

Mr Gay noted recent confirmation that bed numbers in the new hospitals may be similar to the existing hospital and sought confirmation as to whether the footprint of the building would exceed the designs that had been submitted for planning permission. Ms Day asked what services may be displaced if more beds were incorporated.

The Director of Strategy recognised that these were important design considerations. He noted that the recent study had confirmed the ability to provide at least the same number of overnight inpatient beds in the new hospital as are provided at present if that is required, without increasing the footprint. He emphasised that inpatient beds were only a part of a hospital (typically occupying a third of the footprint) and that flexing the number of beds would not represent a fundamental design issue. In terms of plant and administrative space, there would be options elsewhere including adjacent to the hospital. He also recognised that demand for space can be subject to change, as seen with the increase in agile working recently.

Ms Day had asked about how the Trust would measure the service transformation which informed assumptions for design plans.

The Director of Strategy confirmed that no final decisions had been determined on service transformation metrics. He noted some measures such as the reductions in emergency admissions, the average duration of overnight hospital stays, and reduced delayed transfers of care as well as key indicators on the clinical quality of care and patient experience.

"Where the Trust is aware of their status, patients who are ineligible or potentially ineligible for free NHS elective care will be told that they are likely to be charged before treatment if their care is not urgent or immediately necessary. We take care to ensure maternity patients in particular are not deterred from seeking ongoing care to protect the health of the mother and her unborn child even if they are unable to make payment. It may not always be possible to advise a patient of their potential chargeable status before their treatment when they are receiving emergency care. In line with national regulations immediately necessary or urgent patient care must not be delayed to determine a patient's chargeable status. Patients are not charged in advance for emergency care as the Trust is legally obliged to treat all patients requiring urgent and immediately necessary care regardless of NHS eligibility.

Patients who are travelling on a visa will have been informed when receiving their visa whether they are eligible for free NHS care as part of their visa application process.

We have developed a comprehensive training package to increase knowledge and awareness among clinical, reception and administrative staff. 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.

Overseas patient charging

Ms Day asked a) whether it was the Trust's policy to inform patients deemed ineligible or potentially ineligible for free NHS secondary care that they are likely to be charged BEFORE they receive treatment? b) In 2020/2021 how many of the 682 patients who were issued with invoices were subsequently found to be eligible for free NHS secondary care, and had their invoices revoked? c) If the Acute Assessment Unit was considered to be part of A&E? When a patient deemed ineligible or potentially ineligible for free NHS secondary care is moved from A&E into the Acute Assessment Unit, are they informed that they will be charged for their treatment from that point on?

The Deputy Chief Executive advised that, where the Trust was aware of their status, patients who are ineligible or potentially ineligible for free NHS elective care will be told that they are likely to be charged before treatment if their care is not urgent or immediately necessary. We take care to ensure maternity patients in particular are not deterred from seeking ongoing care to protect the health of the mother and her unborn child even if they are unable to make payment. It may not always be possible to advise a patient of their potential chargeable status before their treatment when they are receiving emergency care. In line with national regulations immediately necessary or urgent patient care must not be delayed to determine a patient's chargeable status. Patients are not charged in advance for emergency care as the Trust is legally obliged to treat all patients requiring urgent and immediately necessary care regardless of NHS eligibility. Patients who are travelling on a visa will have been informed when receiving their visa whether they are eligible for free NHS care as part of their visa application process. We have developed a comprehensive training package to increase knowledge and awareness among clinical, reception and administrative staff. 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.

On receipt of their invoice, 44 (6%) invoices were cancelled, of these 39

patients had subsequently produced documents to show that they were entitled to free NHS care. 2 further patients subsequently provided a valid European Health Insurance Card and 3 further patients were established to be exempt from charging. All patients had been contacted to request their documentation before invoices were raised. We will always review new documentation supplied by a patient at a future point even if an invoice for care has already been raised. Patients who attend the Acute Assessment Unit (AAU) are admitted and hence are chargeable where ineligible for free NHS care. If a patient does not require an admission to AAU, they will be discharged from A&E and no charges will apply.

Where the Trust is aware of a patient's status, the Paying Patients Team will advise the patient of when charges will occur. However it may be clinically inappropriate to interview a patient to determine their eligibility status when they are accessing emergency care due to the nature of the emergency. Delivering emergency patient care is the priority at our Trust and emergency treatment will not be delayed to establish NHS eligibility.

This area will be covered in the training package referred to in question 1.

4.3

The Chairman confirmed that the questions submitted in advance had been concluded and invited other questions from the public.

Patient and Public Engagement

Mr Burbidge recognised that there had been a pause on some core patient and public engagement during the pandemic and sought details of planned next steps.

The Group Chief Executive noted ongoing engagement with staff and patients during the response to Covid-19. She recognised that the emerging context of healthcare had changed recognising for example the impact on patient visiting. There had been some engagement on this topic since the onset of the pandemic and the road to planned care recovery and service transformation agenda would involve further engagement.

Mr Burbidge indicated some patient concerns in areas bordering Hackney, where emergency patients were taken to Homerton rather than The Royal London. He also asked that, where changes to provision of services, such as elective surgery, were planned, that patients were advised in advance.

The Chief Medical Officer outlined the position with emergency care. He confirmed that no diversions were in place from Barts Health unless exceptional periods of pressure existed. Diversions were rare but could happen and may be disruptive when in place, so these were minimised. In terms of patients travelling to destinations other than their local hospital for surgery, he recognised that during the Covid-19 pandemic steps had

been to maximise use of theatres across group reflecting infection control restrictions. This included increased orthopaedics volumes at Newham and breast surgery at Barts. In every event, the Trust senior team were cognisant of the knock on effects for patients and families in terms of practical issues such as transport. He also maintained that the Trust remained in the midst of a pandemic and that some prioritisation based on clinical need would take precedence.

Mr Burbidge asked about steps to validate waiting list lengths given the likelihood that some treatments may no longer be needed over time.

The Chief Medical Officer confirmed steps to review the waiting list with a focus on long waiters. The process included where necessary contacting patients to check if treatments were still required. He outlined a clinical harm review process enabling clinicians to explore whether there could be adverse effect due to waiting times. So far evidence of moderate or severe harm arising from the increased cohort of long waiters had been close to zero. However, he recognised that the backlog of long waiters was significant so there would be a need to continue to monitor this closely.

Mr Gay expressed a concern about land on the Whipps Cross site not being retained solely for NHS use and any plans to revisit this.

The Director of Strategy noted that plans had not been set in stone; and that the focus of the plan did not make land sales an essential prerequisite of the business case and affordability. Within the plans currently being put forward there was space for community healthcare provision, while some land would be retained to recognise some benefits in terms of flexibility for any future expansion needs.

5. CLOSE

- 5.1 The Chair thanked the public for attending and staff involved in the organisation of the event.

Report to the Trust Board: 3 November 2021	TB 52/21
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Title	Board Assurance Framework
Sponsoring Director	Group Director of Corporate Development
Author(s)	Trust Secretary
Purpose	<p>The Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> • Provides an assessment of the principal risks to the Trust’s strategic annual objectives. • Is used to assist the commissioning of assurances and the development of work plans for the Board’s assurance committees. • Is an essential requirement for trusts to produce, demonstrating the Board’s oversight of the organisation’s systems of control.
Previously considered by	Group Executive Board, Audit and Risk Committee

Executive summary

The Board Assurance Framework (BAF) provides an overview of principal risks to the delivery of the Trust’s objectives. This BAF version builds on the July 2021 version with key changes outlined below:

- Addition of a new BAF entry **8. Failure to secure and retain a sufficient high-skilled workforce impairs the Trust’s ability to provide the best standards of care and retain flexibility for seasonal or other surges in demand for services [DP] [ARC]**. The executive have agreed that workforce issues represent a principal risk factor for Trusts in the context of the pandemic and activity increases and should be articulated separately on the BAF (i.e. as distinct from other broader operational risks) to ensure oversight of the key controls.
- **Reduction** in risk score for BAF entry 2 in relation to healthcare inequality, recognising steps taken since its original inclusion on the BAF to identify, track and monitor key pandemic-related risks to equity of access.
- **Increase** in risk score for BAF entry 6 in relation to non elective care; reflecting the significant challenges of increased ED attendances while constraints remain around infection control compliance, high levels of elective activity and Covid caseloads.
- **Reduction** in risk score for BAF entry 10 on clinical transformation, reflecting good progress on these workstreams underpinned by digital improvements such as WeConnect 2 roll out.
- **Reduction** in risk score for BAF entry 13 in relation to infrastructure and equipment. The profile of risks on the high risk register for medical equipment replacement in particular has changed significantly in the last two years; while other major estates transformation

opportunities are being explored in relation to the most challenged estate for backlog maintenance (Whipps Cross redevelopment; expression of interest at Newham and Barking).

Related Trust objectives

All Trust objectives

Risk and Assurance	This report highlights proposed principal risks to the delivery of the Trust's annual objectives for 2021/22.
Related Assurance Framework entries	All

Legal implications/ regulatory requirements	It is a requirement as part of the Trust's Annual Governance Statement (an element of the Trust's Annual Report and Accounts) that the Trust evidences its systems of control, most commonly through the development of a BAF. Its development and use is reported on in the related Head of Internal Audit Opinion.
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Action required

The Trust Board is asked to approve the Board Assurance Framework, including changes to risk scores and wording as highlighted.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 3 NOVEMBER 2021

BOARD ASSURANCE FRAMEWORK

INTRODUCTION AND BACKGROUND

1. The key purpose of the BAF is to identify the principal risks to the delivery of the Trust's objectives. The Trust Board receives the Board Assurance Framework (BAF) three times per year in order to discuss and agree the principal risks to the delivery of the Trust's strategic objectives. This follows a review process involving the executive Risk Management Board and lead directors. The terms of reference for the Board's principal assurance and lead committees (the Quality Assurance Committee, Finance and Investment Committee and Audit and Risk Committee) establish that the respective Committees will receive and review at each meeting BAF entries allocated to them for oversight (and/or deep dive reviews on specific entries). The BAF is also used to inform the development of annual work plans for these committees and their role in commissioning assurances on key controls.

Risk scores are assigned to all risks appearing on the risk register and the BAF. Risk scoring is assessed based on a 1-5 consequence multiplied by 1-5 likelihood - i.e. a 5x5 rating.

BAF DEVELOPMENT - FORMAT AND USE

2. The BAF format retains a close link to the Trust's risk register and provides for an ongoing monitoring of 'bottom up' risk reporting cross referencing the related high risks that appear on the risk register. KPIs are identified by lead directors where such performance metrics provide an indication of the effectiveness of identified controls and mitigations; these will be tracked and assessed during the year.
3. The BAF is reviewed annually by Internal Audit to assure on its development and effectiveness as one of the core mechanisms for assuring the Trust's systems of internal control.
4. Following an extensive exercise in 2019 (and in subsequent years, a mapping exercise against revised annual objectives) the BAF assigns a corresponding risk appetite to objectives, sub-objectives and key enablers. The BAF heatmap format differentiates between the current risk score, its distance from risk appetite and its distance from the risk score target for the year (where the latter two are not the same) as shown in paragraph 7. The refinement of the Trust's risk appetite dimension is detailed below.

RISK APPETITE

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

Fig.1 – Risk appetite scale

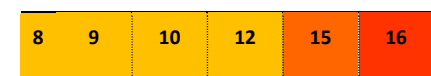
Avoid	Averse	Cautious	Moderate	Open
No risk	(risk scores 1-3)	(risk scores 4-6)	(risk scores 8-12)	(risk scores 15+)

- The position on the scale (Fig.1) is considered for each Trust objective and enabler. For example:
 - An ‘averse’ (low) risk appetite can reflect a) a requirement or decision to adopt a cautious, conservative approach to addressing objectives and accompanying risks and/or b) minimal tolerance of adverse outcomes.
 - An ‘open’ (higher) risk appetite may indicate that a) the approach being taken in relation to delivering an objective involves a more innovative or high risk/high reward approach either inherent in the nature of the activity (e.g. R&D); or because a more radical approach is felt to be required to unlock an intransigent issue – and/or b) reflect a recognition of higher tolerance of an adverse outcome.
- Risk appetite sets out the context in which a given risk sits. A lower risk appetite is neither ‘better’ or ‘worse’ than a higher risk appetite. To illustrate:
 - the Trust’s risk appetite in relation to financial objectives is ‘averse’ – neither adverse outcomes or innovative approaches to achieving targets are tolerated or sought;
 - the appetite in relation to quality objectives is ‘cautious’ recognizing that some fairly significant inherent risk exists in hospital care pathways and acceptance of the need for some innovation to achieve objectives;
 - the appetite in relation to research and development is ‘moderate’ reflecting the need to embrace innovation and some risk in order to achieve objectives.

BAF Format

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

Fig.2 BAF heatmap entry example



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

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

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

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

Risk tolerances

8. This version of the BAF includes for the first time draft risk tolerance 'triggers / thresholds' for BAF risks. As part of the development of the 2022/23 BAF, it is planned to review these tolerances in more detail in Board seminar time. This will seek to ensure that the Trust Board has an opportunity to discuss the triggers/threshold; explore more fully expectations around the form of escalation that follows; and confirm the in-year target scores for risks.

BAF RISK AMENDMENTS

9. In July 2021, the Trust Board approved the BAF principal risks. Following review meetings with lead directors, the BAF has been updated to add one new proposed entries; to refine wording of existing BAF risks; and highlight proposed changes to risk scores. The details of related controls and assurances have also been included in this version of the BAF.

10. This BAF version builds on the July 2021 version with key changes outlined below:

- Addition of a new BAF entry **8. Failure to secure and retain a sufficient high-skilled workforce impairs the Trust's ability to provide the best standards of care and retain flexibility for seasonal or other surges in demand for services [DP] [ARC]**. The executive have agreed that workforce issues represent a principal risk factor for Trusts in the context of the pandemic and activity increases and should be articulated separately on the BAF (i.e. as distinct from other broader operational risks) to ensure oversight of the key controls.

- **Reduction** in risk score for BAF entry 2 in relation to healthcare inequality, recognising steps taken since its original inclusion on the BAF to identify, track and monitor key pandemic-related risks to equity of access.
- **Increase** in risk score for BAF entry 6 in relation to non elective care; reflecting the significant challenges of increased ED attendances while constraints remain around infection control compliance, high levels of elective activity and Covid caseloads.
- **Reduction** in risk score for BAF entry 10 on clinical transformation, reflecting good progress on these workstreams underpinned by digital improvements such as WeConnect 2 roll out.
- **Reduction** in risk score for BAF entry 13 in relation to infrastructure and equipment. The profile of risks on the high risk register for medical equipment replacement in particular has changed significantly in the last two years; while other major estates transformation opportunities are being explored in relation to the most challenged estate for backlog maintenance (Whipps Cross redevelopment; expression of interest at Newham and Barking).

ASSURANCE REPORTING ON BAF ENTRIES

11. A timetable for assurance reporting/deep dives for BAF risks at Board Committees for the remainder of the financial year has been agreed as below:

2021/22 QAC meetings	BAF risk / deep dive
September 2021:	Regulatory / CQC Imaging (BAF entry 4) [CA]
November 2021:	Maternity (BAF entry 7 a) [CA] / Research (BAF entry 13) [AC]
December 2021 (winter plan meeting):	Elective restoration (BAF entry 6) [SDG] / Non elective care (BAF entry 5) [SDG]
February 2022:	Education (BAF entry 13) [AC] / Infection control (BAF entry 3) [CA]
April 2022:	Regulatory compliance (BAF entry 4) [CA] / Education (BAF entry 13) [AC]

2021/22 ARC meetings	BAF risk / deep dive
September 2021:	BAF and high risks [AH]
November 2021:	Cyber / ICT infrastructure (BAF entry 11) [RC] Regulatory compliance - Fire safety (BAF Entry 4) [SDG]
February 2022:	Leadership and group development (BAF entry 14) [AH/DW]
April 2022:	Inclusion, staff and patients (BAF entries 1 and 2) [DW]

2021/22 FIC meetings	BAF risk / deep dive
October 2021:	Regulatory compliance - Fire safety (BAF Entry 4) [SDG] – <i>risk ownership transfer to ARC</i>
December 2021:	Financial framework response (BAF entry 10)

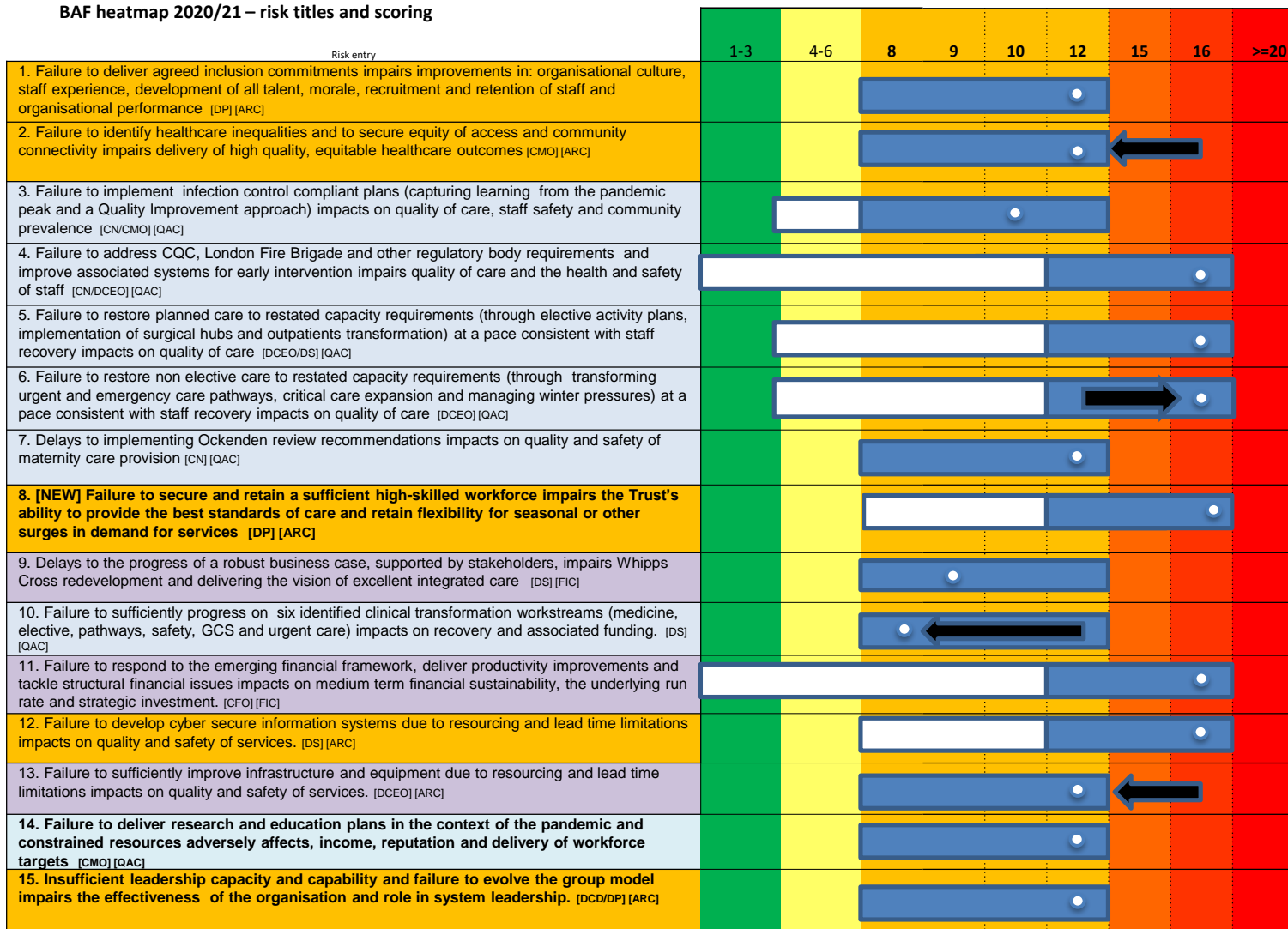
	[HV]
January 2022	Whipps Cross redevelopment business case (BAF entry 9) [RC]
February 2022:	Infrastructure and medical equipment (BAF entry 12) [SDG]

12. A rolling programme will be extended for 2022/23 subject to agreement of refreshed 2022/23 BAF risks.
13. Each Board Committee will receive a deep dive report on the above topics (many of which had already featured on forward plans as topics setting aside the risk aspect). In reviewing deep dive reports, members will be asked to review the relevant BAF entry and consider the listed controls, assurances and gaps with some standardised prompts.

RECOMMENDATION

14. The Trust Board is asked to note and approve the Board Assurance Framework, including changes to risk scores and wording as highlighted in this paper.

BAF heatmap 2020/21 – risk titles and scoring



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

STRATEGIC OBJECTIVE 1. To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work
Risk appetite for sub-objective relevant to risk: 8-12 (Moderate) Risk tolerance triggers: Percentage of BAME staff 8a+ more than 1% below the target trajectory; implementation of 'WeLead' curriculum including cultural intelligence [threshold to be confirmed]; Likelihood ratio of BAME to White disciplinary cases rising above 1.6
Gap: risk score to risk appetite: 4 (current risk score 12 ; in year target risk score: 8 ; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>1. Failure to deliver agreed inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff</p> <p>Executive lead: Director of People Subcommittee role: Audit and Risk Committee/Inclusion Advisory Board</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2020 (4x3=12)</p> <p><i>Datix ref: 4477</i></p> <p>Related high risks >15 <i>(See table below)</i></p>	<p><i>Controls:</i></p> <ol style="list-style-type: none"> Board approved three year Inclusion strategic delivery plan 2020 – 2023 informed by NHS People Plan 2021. Annually refreshed Equality Objectives with specific targets Inclusion commitments supported by establishment of Inclusion Centre; Anchor organisation development; and Inclusion observatory. WeCare Values & Behaviours and equitable inclusion measures embedded in business planning and recruitment/appraisal materials. OD team supports diversity networks in coordinating improvement activity, including leadership development and career progression with equalities focus. Annual NHS Staff survey and Director of Insight role to extend assessment of staff satisfaction. Equity of access work led by Public Health to investigate healthcare inequalities (including staff). Leadership development initiatives to focus on compassionate and inclusive leadership, including cultural intelligence. 	<p><i>Management Assurances on listed controls:</i></p> <p>Trust Board quarterly inclusion and equalities report covers equality objective delivery and Workforce Race Equality Standards and Workforce Disability Equality Standards (assurance on controls 1-7)</p> <p>Extended staff health and wellbeing focus of HEBs and PRs (3).</p> <p>NED-chaired Inclusion Advisory Panel and Inclusion Board co-chaired by CEO established to oversee delivery of Equality Objectives and inclusion commitments (1-3, 7).</p> <p>OD Board oversight on related workforce issues.</p> <p>Established Equality networks and site Inclusion Boards to support trustwide board (1-3).</p> <p><i>Independent Assurance</i></p> <p>Annual NHS staff surveys indicate improvements sustained in relevant domains.</p> <p>Staff FFT surveys to monitor in-year progress on staff engagement, with refreshed approach for Q1 2020 to improve response rate</p> <p>WRES data published annually, tracking improvement.</p> <p>Patient surveys with equalities dimension e.g. MBRACE</p> <p>Internal Audit report Staff Engagement 20/21 (3 and 6)</p> <p>Internal Audit report Advocacy 19/20 (5)</p> <p>Internal Audit report Staff Survey 19/20 (6)</p> <p>Internal Audit report Safeguarding Adults 19/20 (7)</p>	<p><i>Gap: Diversity in leadership roles</i> <i>Action: Embed 2020 inclusive recruitment practice</i></p> <p><i>Gap: Address the current ethnicity inequality in staff entering formal HR processes</i> <i>Action: Simplified and improved policies; cultural intelligence leaders programme developed</i></p> <p><i>Gap: Perceived commitment to inclusion at all levels in the Trust</i> <i>Action: Strengthened inclusion governance; hospital level WRES data monitoring</i></p>	<p>Q4 2021/22 (4x2=8)</p>

Related high risks (>15) on the risk register – Datix refs:
 5660 – Pandemic impact on staff wellbeing linking to patient care (risk score 16, lead SBH CEO)
 6111 – Pandemic impact on staff wellbeing linking to patient care (risk score 16, lead GCS MD)

STRATEGIC OBJECTIVE 1. To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work
Risk appetite for sub-objective relevant to risk: 8-12 (Moderate) Risk tolerance triggers: Covid-19 high or very high pressure status
Gap: risk score to risk appetite: 4 (current risk score 16; in year target risk score: 12; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>2. A risk of not identifying healthcare inequalities and/or not securing equity of access and community connectivity impairs delivery of high quality, equitable healthcare</p> <p>Executive lead: Chief Medical Officer Subcommittee role: Audit and Risk Committee/Inclusion Advisory Board</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p><i>Datix ref:</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls:</i></p> <ol style="list-style-type: none"> 1. Integrated Performance Report includes key metrics on access to healthcare services 2. Patient Experience Strategy published with action to commission cultural intelligence and competency programme. 3. Equity of access work led by Public Health to investigate healthcare inequalities. 4. Patient Experience Strategy published with action to commission cultural competency programme. 5. Development of Anchor Institution strategy, building on development of community employment and related initiatives e.g. ELBA alliance, apprenticeships, Project Search etc 	<p><i>Management Assurances on listed controls:</i></p> <p>Trust Board quarterly inclusion and equalities report references patient equity aspects (assurance on controls 1-5)</p> <p>Equity of access Board report reports on identified key risks relating to healthcare interventions and equity of access (1-3).</p> <p>Quality Assurance Committee oversight of patient experience, surveys and insight reporting (2).</p> <p><i>Independent Assurance</i></p> <p>Mortality, public health and patient survey indicators support benchmarking of healthcare equity of access.</p> <p>Internal Audit report Advocacy 19/20 (2)</p> <p>Internal Audit report Safeguarding Adults 19/20 (2)</p>	<p><i>Gap: Board agreed anchor institution / sustainability strategy</i></p> <p><i>Action:</i></p>	<p>Q4 2021/22 (4x3=12)</p>

Related high risks (>15) on the risk register – Datix refs:
 5484 Inequitable care for patients with a learning disability (risk score 15, lead Chief Nurse)

STRATEGIC OBJECTIVE 2. To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy

Risk appetite for sub-objective relevant to risk: **4-6 (Cautious)** Risk tolerance triggers: reaching OPEL 3 level (infection control escalation); cancelled operations rate (threshold tbc)

Gap risk score to risk appetite: **8** (current risk score 15; in year target risk score: 10; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>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.</p> <p>Executive lead: Chief Nurse Subcommittee role: Quality Assurance Committee</p>	<p>Current risk – Quarter 2/3 risk score: (5x2=10)</p> <p>Outset risk: April 2020 (5x3=15)</p> <p><i>Datix ref: [3473]</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls:</i></p> <ol style="list-style-type: none"> 1. Winter plan (including high and very high pressure plan for Covid-19 management). 2. Quality & safety metrics including Infection Prevention and Control (IPC) contained in Covid dashboards and integrated performance reporting. 3. Segregation of clinical areas and staffing, testing and vaccination programmes to mitigate risks of Covid-19 nosocomial infections. 4. PPE provision and fit testing arrangements 5. Dedicated IPC team in place with Board level Director of IPC. Representation of IPC team on key Covid-19 workstreams and operational groups. 6. Weekly Covid IPC working group with key stakeholder involvement 7. Case management, cluster, outbreak management policy in place to minimise risk of nosocomial transmission 8. Policies and SOPs updated to respond to pandemic issues 9. Targeted training plan and communications 10. Clinical audit programme and Quality Improvement programme established with focus on safety 11. IPC plan described in an IPC specific BAF 	<p><i>Management Assurances on controls:</i></p> <p>Trust Board review of IPR quality metrics (assurance on controls 1-4, 11).</p> <p>QAC and Quality Board thematic and exception reporting, including deep dive reviews (1-11).</p> <p>Look back reporting on Covid-19 waves with focus on identifying learning (1-11).</p> <p>Annual report on infection control received by Trust Board (1-11)</p> <p><i>Independent assurance:</i></p> <p>CQC review of plans</p> <p>National benchmarking reports</p> <p>Internal Audit of our IPC BAF</p> <p>PHE involvement in outbreak management</p> <p>Internal Audit report Nightingale Preparedness review 20/21 (3)</p> <p>Internal Audit report Procurement19/20 (4)</p> <p>2021 Reasonable assurance Internal Audit report – IPC BAF</p>	<p><i>Gap: Capacity plans to address winter and Covid-19 workloads</i></p>	<p>Q4 2021/22 (5x1=5)</p>

Related high risks (>15 at outset) on the risk register – Datix refs:
 3543 Crowding within Whipps Cross Emergency Department (risk score 20, lead Whipps Cross Chief Executive)
 5937 Risk of Covid outbreak among staff at Whipps Cross (risk score 16, lead Whipps Cross Chief Executive)
 5849, 5850, 5884 Insufficient clinical engineering workspace with no dedicated decontamination facilities (risk score 16, lead St Bartholomew’s, Newham and Whipps Cross Chief Executives)
 5251 Lack of sustainable antimicrobial stewardship (risk score 16, lead GCS Managing Director)
 6416 Rightsizing IPC department (risk score 16, lead GCS MD)

STRATEGIC OBJECTIVE 2. To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy	
Risk appetite for sub-objective relevant to risk: 4-6 (Cautious) Risk tolerance triggers: CQC rating deterioration; Regulatory notice received; Internal Audit or external 'insufficient assurance' review	
Gap risk score to risk appetite: 8 (current risk score 12 ; in year target risk score: 8 ; long term risk appetite: 4-6)	

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>4. Failure to address CQC, London Fire Brigade and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff</p> <p>Executive lead: Chief Nurse, Deputy Chief Executive</p> <p>Subcommittee role: Quality Assurance Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2020 (4x3=12)</p> <p><i>Datix ref: [3538]</i></p> <p>Related high risks >15 (See table below)</p>	<p>Controls:</p> <ol style="list-style-type: none"> Approved Quality Strategy, quality assurance framework and Quality Improvement programme includes systematic 'ward to board' quality intelligence system in place, incorporating ward dashboards and Perfect Ward data. CQC action plan reporting including site deep dives. Monthly CQC BAU meeting to ensure consistent review of CQC activity Well Led improvement plan and site self assessment processes and diagnostics to review leadership and governance capability and capacity. Corporate compliance function, Estates team and trust wide Safety Academy monitor regulatory activities and share learning. Risk management arrangements in place to monitor identified gaps. Clinical Boards focus on standardisation Three-year fire remediation plan and rolling programme of improvements (including Whipps Cross misting, escape routes and compartmentation work and Newham compartmentation works). Executive assigned additional in-year funding to accelerate improvements to recognised fire safety deficiencies (including those at Newham). 	<p>Management assurances on controls:</p> <p>Quality Assurance Committee and executive Quality Board monitoring of CQC healthcare regulations and QI programme (1-3)</p> <p>Quality Performance Review mechanism for hospitals (2)</p> <p>Peer reviews of wards and departments [including August review of hospital imaging services] (1-3).</p> <p>Quality Governance team role in monitoring of external agency inspections and regulations (QAC report Sept 21) (1-3)</p> <p>Health and Safety Committee oversight of fire safety improvement with regular reporting into Risk Management Board (6,7)</p> <p>Independent assurance:</p> <p>CQC inspections of sites including more recent reviews of Newham diagnostics/maternity, Whipps Cross maternity and imaging; Royal London imaging (1-4)</p> <p>Related agency inspections including HSE, HEE and MHRA (1-4)</p> <p>2018 Well Led external developmental review and improvement plan implementation (1-4)</p> <p>2021 External review of fire safety governance at Newham (5)</p> <p>2021 Reasonable assurance Internal Audit reviews– Health and Safety/Fire (5)</p> <p>2021 Reasonable assurance Internal Audit review - External reviews and visits (4)</p>	<p>Gap: Coverage and closing loop on clinical audits and investigations</p> <p>Action: Performance management and audit arrangements - in place but will need to be revisited post pandemic.</p> <p>Gap: Surveillance data not yet developed for non-ward areas</p> <p>Action: Quality governance developmental work with external support</p> <p>Gap: CQC Imaging Services reviews at RLH and Whipps Cross review highlighted areas for improvement in safety/risk, leadership and culture</p>	<p>Q4 2021/22 (4x2=8)</p>

<p>Related high risks (>15) on the risk register – Datix refs:</p> <p>3468 Non-compliance of Fire Safety Order at Newham Hospital (risk score 15, lead Newham Chief Executive);</p> <p>3619 Non-compliance of Fire Safety Order at Whipps Cross Hospital (risk score 16, lead Whipps Cross Chief Executive)</p> <p>4043 Non-compliance of Fire Safety Order at SBH (risk score 16, lead SBH Chief Executive); 6428 Fire safety compliance in WX Maternity (risk score 16, lead Whipps Cross Chief Executive)</p> <p>5562 Non-compliance with MHRA medicines manufacturing licence for Radiopharmacy and BHP (risk score 16, lead GCS Managing Director) ; 5267 Radiation safety staffing levels (risk score 16, lead GCS Managing Director)</p> <p>2674 Neonatal facilities for medical equipment cleaning (risk score 15, lead Newham Chief Executive)</p> <p>5367 Shortage of Consultant histopathologists (risk score 16, lead RLH CEO); 227 Lift failure at WX (risk score 16, lead Whipps Cross CEO)</p>

STRATEGIC OBJECTIVE 2. To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy
Risk appetite for sub-objective relevant to risk: 4-6 (Cautious) Risk tolerance triggers: Adverse variance from agreed activity trajectories for each constitutional target for 3 consecutive months
Gap risk score to risk appetite: 12 (current risk score 16; in year target risk score: 12; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>5. Failure to restore planned care to restated capacity requirements (through elective activity plans, implementation of surgical hubs and outpatients transformation) at a pace consistent with staff recovery impacts on quality of care</p> <p>Executive lead: Deputy Chief Executive and Director of Strategy</p> <p>Subcommittee role: Quality Assurance Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x4=16)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p>Datix ref: (2845)</p> <p>Related high risks >15 (See table below)</p>	<p>Controls:</p> <ol style="list-style-type: none"> IPR and 18 Week RTT performance and data quality reporting including weekly activity tracker. Established PTL supported by single Cerner system. Reset of data validation programme and staff training programme to support ‘right every time’ data entry/quality and targeted on repeat errors. Elective recovery plan re-set. Prioritisation approach to identify clinically urgent patients in pandemic. Independent sector support during Covid-19 pandemic for elective patients. Monitor utilisation to ensure capacity is fully utilised. Establishment of surgical hubs to support high throughput. Workforce planning and waiting list initiatives to address elective backlogs. Established outpatients transformation programme with emphasis on increasing virtual clinics and care closer to home principles Elective recovery plan and prioritisation approach to ensure high risk patients are reviewed. 	<p>Management assurances on controls:</p> <p>Business as usual RTT/Elective Care programme board and RTT Operations Group with escalation Covid-19 governance arrangements for pandemic higher pressure levels (assurance on controls 1-5).</p> <p>Monitoring of the impact of stretch staffing models reviewing red flags and Care Hours per Patient Day across the group (7)</p> <p>Data sampling exercises and planned list validation exercises to assure on data quality (1-3)</p> <p>Escalation meetings to review any off-trajectory RTT performance (4)</p> <p>Business as usual dedicated programme board and Clinical Board focus on transformation (8-9)</p> <p>Monitoring of the impact of Covid-related accelerated introduction of virtual clinics (8-9)</p> <p>Independent assurance:</p> <p>NHSE/I and ICS level governance and monitoring of key metrics (4-9)</p> <p>External review process for any potential clinical harm associated with long waits – chaired by NHS England Medical Director and GP representative(4)</p> <p>Internal Audit report Income 20/21 (1)</p> <p>Internal Audit report Data Security and Protection Toolkit 2021 (2 and 8)</p> <p>2021 Reasonable assurance Internal Audit review – Cancer waits (10)</p>	<p>Gap: Elective capacity reduced by increasing pandemic waves and emergency care demand during winter surge.</p> <p>Action: Board-level and site focus on quality and safety of prioritised elective programme</p> <p>Gap: Workforce constraints impede plans for wider elective programme during pandemic.</p> <p>Action: Use of IS capacity and innovative approaches to patient pathways to minimise hospital lengths of stay</p>	<p>Q4 2021/22 (4x3=12)</p>

Related high risks (>15) on the risk register – Datix refs:

4765 IT- Business Continuity (risk score 16, lead Group Director of Strategy)

5997 Theatre capacity for complex elective orthopaedic surgery (risk score 15, lead Royal London Chief Executive) 5590 Cessation of electivity activity during Covid 19 (risk score 15, lead Royal London Chief Executive)

5825 No elective operating and reduced outpatients generating backlog (risk score 15, lead Newham Chief Executive) 5825 Elective and reduced outpatients generating backlog (risk score 15, lead Newham Chief Executive)

5860 Harm to patients awaiting diagnostic procedures in endoscopy (risk score 15, lead Newham Chief Executive) 4019 Outpatient appointment capacity (risk score 16, lead Whipps Cross Chief Executive)

5946 Prescription and supply of medicines to patients attending virtual outpatient clinics (risk score 16, lead GCS Manging Director) 5989 Consultant vacancy palliative care (risk score 15, lead Whipps Cross Chief Executive)

5825 Elective and reduced outpatients generating backlog (risk score 15, lead Newham Chief Executive)

5518 ILD Service consultant staffing (risk score 16, lead SBH Chief Executive)

STRATEGIC OBJECTIVE 2. To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy
Risk appetite for sub-objective relevant to risk: 4-6 (Cautious) Risk tolerance triggers: 12 hour waits for 2 consecutive months for any hospital; change to Covid pressure status/national incident/critical care surge
Gap risk score to risk appetite: 12 (current risk score 16; in year target risk score: 12; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>6. Failure to restore non elective care to restated capacity requirements (through transforming urgent and emergency care pathways, critical care expansion and managing winter pressures) at a pace consistent with staff recovery impacts on quality of care</p> <p>Executive lead: Deputy Chief Executive Subcommittee role: Quality Assurance Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x4=16)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p>Datix ref: 1981</p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls</i></p> <ol style="list-style-type: none"> 1. Winter Plan to set out emergency care operating model, pandemic aspects including mutual aid and transfer. 2. Covid-19 escalation plan with identified measures in onset of medium, high and very high pressure status; including for expanded critical care and emergency care 3. Sector approach to capacity constraints for emergency care. 4. BAU hospital improvement plans set out optimum conditions (internal and sector) and actions to achieve trajectories for performance. 5. Oxygen supply resilience monitoring led by Estates 6. Workforce flexed to support critical care expansion 	<p><i>Management assurances on controls:</i> EC&T clinical board meetings to discuss department issues and problems, working together across the Trust to ensure optimum emergency flow on each site (assurance on controls 1-3). Board monthly reporting via the Integrated Performance Framework (1-3). Adapted Covid governance arrangements in event of escalation of pressure status (4-6). Business as usual NEL and London emergency and critical care governance (3)</p> <p><i>Independent assurance:</i> Internal Audit report Nightingale Preparedness review 20/21 (3) Internal Audit report Medical Gases 2019/20 (6)</p>	<p><i>Gap: Emergency care performance for RLH, Newham and Whipps Cross impacted by pandemic pressures and constraints associated with segregation of activity and workforce supply.</i> <i>Action: Performance discussed at the twice daily cross site operational calls. Reasons and mitigations in place to maintain patient flow as much as possible discussed.</i> <i>Patient safety also discussed with actions being taken described to ensure the longer waiting times did not lead to patient harm</i></p> <p><i>Gap: Whipps Cross additional risks of infection with limited isolation facilities and capacity issues in Waltham Forest result in extended operational pressures</i> <i>Action: Local summit meetings, highlighting the actions required by the wider health and social care systems in WF and other boroughs</i></p>	<p>Q4 2021/22 (4x3= 12)</p>

Related high risks (>15) on the risk register – Datix refs:
 5152 Emergency Access Performance (risk score 16, lead Deputy Chief Executive) 5014 ERCP procedures (risk score 16, lead Whipps Cross Chief Executive)
 3543 Crowding within the Emergency Department in Whipps Cross ED (risk score 20, lead Whipps Cross Chief Executive) 5156 Winter pressures (risk score 16, lead Whipps Cross Chief Executive)
 4765 IT- Business Continuity (risk score 16, lead Group Director of Strategy)
 3062 Junior doctor cover in ED (risk score 15, lead Whipps Cross Chief Executive)
 5849, 5884 Insufficient clinical engineering workspace with no dedicated decontamination facilities (risk score 16, lead St Bartholomew’s and Whipps Cross Chief Executives)
 5850 Insufficient clinical engineering workspace with no dedicated decontamination facilities (risk score 15, lead Newham Chief Executive)
 5904 Inadequate space on ICU for aspects of service (risk score 15, lead Newham Chief Executive)

STRATEGIC OBJECTIVE 2. To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy
Risk appetite for sub-objective relevant to risk: 4-6 (Cautious) Risk tolerance triggers: Adverse variance against timelines for Ockendon recommendation implementation; maternity dashboard (metric and threshold tbc)
Gap risk score to risk appetite: 6 (current risk score 12 ; in year target risk score: 8 ; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>7. Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision</p> <p>Executive lead: Chief Nurse Subcommittee role: Quality Assurance Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2021 (4x3=12)</p> <p>Datix ref: tbc</p> <p>Related high risks >15 (See table below)</p>	<p>Controls</p> <ol style="list-style-type: none"> Ockendon compliance submission process Safe staffing processes and annual midwifery establishment review using national Birthrate Plus benchmarking information. Survey/insight available from FFT, Hundred Voices, Women’s Experience Forums. MDT training including foetal monitoring. National PMR Tool used to review perinatal deaths. Established process for maternity SIs. Continuity of care metrics developed and models of staffing being explored. 	<p>Management assurances on controls:</p> <p>Quality Board and QAC oversight of Ockendon recommendation implementation (1, 6)</p> <p>CNST Maternity Incentive Scheme – self assessment against 10 key risk areas (2-4)</p> <p>IPR reports on safe staffing, NEs and SIs (1, 5)</p> <p>Independent assurance:</p> <p>Reasonable assurance 2021 Internal Audit report – Maternity safety (2-4)</p> <p>2021 CQC review of maternity services (all)</p>	<p>Gap: Development of a longer term maternity quality and safety programme extending beyond the scope of Ockendon recommendations</p> <p>Action:</p> <p>Gaps: Partial compliance on some Ockendon recommendations to be considered and approach to full compliance agreed with NEL partners (and following clarity on funding bid)</p> <p>Action:</p>	<p>Q4 2021/22(4x2=8)</p>

Related high risks (>15) on the risk register – Datix refs:
 5968, 6347 Inadequate management and storage of CTG's - multiple sites (risk score 16, lead Director of Midwifery)
 6437 – O&G consultant staffing (risk score 16, lead NUH CEO)

STRATEGIC OBJECTIVE 3. To progress our longer term strategic plans for the benefit of our patients and our communities
Risk appetite for sub-objective relevant to risk: 8-12 (Moderate) Risk tolerance triggers: 95% fill rate target adverse variance (threshold tbc)
Gap: risk score to risk appetite: 4 (current risk score 16; in year target risk score: 12; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>8. Failure to secure and retain a sufficient high skilled workforce impairs the Trust’s ability to provide the best standards of care and retain flexibility for seasonal or other surges in demand for services.</p> <p>Executive lead: Director of People</p> <p>Subcommittee role: Finance and Investment Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x4=16)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p><i>Datix ref tbc</i></p> <p>Related high risks >15 (See table below)</p>	<p>Controls:</p> <ol style="list-style-type: none"> 1. Workforce establishment, operational plan and budget sets baseline for workforce. 2. Focus on substantive fill rates, recruitment and retention in Drive 95 programme. 3. Sector leadership, local employment, research and education focus to attract and retain high calibre clinical staff. Underpinned by Outstanding Place to Work programme and WeBelong inclusion work (community connectivity and development of inclusion centre and inclusion observatory) as part of aspiration to be an anchor institution. 4. WeLead programme, Talent Management approach to develop skills and opportunities. 5. Pandemic workforce plans developed supported by detailed people recovery and restoration plan focusing on staff welfare and wellbeing, with associated investment. 	<p>Management assurances on listed controls:</p> <p>Trust Board standing item on People Strategy implementation (assurance on controls 1-5)</p> <p>People Board oversight of key controls (1-5)</p> <p>Independent assurance:</p> <p>2021 Reasonable assurance Internal Audit review of employment checks</p>	<p>Gap:</p> <p><i>Insufficient numbers of trained staff in key specialties (including critical care, emergency care) and professions locally and nationally</i></p> <p>Actions:</p> <p><i>Recruitment campaigns including overseas recruitment initiatives. Outstanding Place to Work</i></p>	<p>Q4 2021/22 (3x3=9)</p>

<p><i>Related high risks (>15) on the risk register – Datix refs:</i></p> <p>3062 – WX junior doctor staffing (risk score 15, lead WX CEO)</p> <p>6423 – Junior doctor medicine staffing (risk score 16, lead WX CEO)</p> <p>5251 – Antimicrobial stewardship human resource (risk score 16, lead Chief Nurse)</p> <p>5267 – Radiation team staffing (risk score 16, lead GCS MD)</p> <p>5367, 6237 – Histopathology consultant staffing, Biochemistry staffing (risk score 16, lead Pathology Partnership MD)</p> <p>5518 – ILD consultant staffing (risk score 16, lead SBH CEO)</p> <p>5989, 6312 – Palliative care consultant staffing at WX, Palliative care consultant staffing at SBH (risk score 16, lead WX and SBH CEOs)</p> <p>6057 – Anaesthetic out of hours cover (risk score 16, lead RLH CEO)</p> <p>6111 – Wellbeing (risk score 16, lead GCS MD)</p> <p>6300 – Stroke middle grade cover (risk score 16, lead RLH CEO)</p> <p>6366 – Acorn ward nursing staffing (risk score 16, lead WX CEO)</p> <p>6427 – Respiratory junior doctor rota cover (risk score 16, lead SBH CEO)</p> <p>6437 – O&G consultant staffing (risk score 16, lead NUH CEO)</p>

STRATEGIC OBJECTIVE 3. To progress our longer term strategic plans for the benefit of our patients and our communities
Risk appetite for sub-objective relevant to risk: Moderate (risk score 8-12) Risk tolerance trigger: clear timelines for OBC submission by end 2021
Gap risk score to risk appetite: 0 (current risk score 9; in year target risk score: 9; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>9. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care</p> <p>Executive lead: Director of Strategy</p> <p>Subcommittee role: Finance and Investment Committee</p>	<p>Current risk – Quarter 2/3 risk score: (3x3=9)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p><i>Datix ref (5427)</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls:</i></p> <ol style="list-style-type: none"> Established programme governance and reporting arrangements, including a monthly Programme Executive Board; a programme team and external expert advisors. Named as one of eight ‘pathfinders’ in the Government’s New Hospital Programme (NHP) with the commitment to funding a new hospital subject to business case approvals Six facet survey provides baseline on the condition of the existing estate. Flooding during summer 2021 reconfirms need for a new hospital and the redevelopment of the wider site will provide enhanced flood mitigation. Partnership working alongside the NHP, local health and local government as well as input from expert advisors, to finalise an Outline Business Case (OBC) for submission to Board/external approval.. Outline planning applications submitted in May ’21 with planning determination expected in 2021. Extensive stakeholder, staff and community engagement has been undertaken to support development of the plans and respond to feedback. This will continue. Whipps Cross health and care services strategy refreshed in November 2020 to reflect design lessons from Covid-19 pandemic. 	<p><i>Management assurances on listed controls:</i></p> <p>Regular review of business case development and by the Whipps Cross Redevelopment Programme Executive Board, Whipps Cross Hospital Executive Board, Trust Board and Finance and Investment Committee (assurance on controls 1-7)</p> <p>Whipps Cross Estate Strategy assurance provided through Hospital Executive Board (5).</p> <p><i>Independent assurance:</i></p> <p>DHSC letter from Secretary of State for Health and Social Care in 2019, confirms Whipps Cross as one of six HIP1 redevelopment schemes to share in £2.7bn funding, subject to business case approvals.</p> <p>Whipps Cross since confirmed by the NHP as one of eight pathfinders in the New Hospital’s Programme with a collaboration agreement in place to support joint working. This includes the NHP providing feedback and assurance on the development of the plans for Whipps Cross along with other schemes.NEL ICS response to NHS Long Term plan confirmed Whipps Cross redevelopment as key capital investment priority.</p>	<p><i>Gap: Steps required to complete the process of business case approvals including assurance on capital and revenue requirements.</i></p> <p><i>Action: The Redevelopment Team continue to work closely with the NHP with a view to finalising the Outline Business Case ahead of submission to Trust Board.</i></p>	<p>Q4 2021/22 (3x3=9)</p>

<p><i>Related high risks (>15) on the risk register – Datix refs:</i></p> <p>5014 ERCP procedures (risk score 16, lead Whipps Cross Chief Executive)</p> <p>4019 Outpatient appointment capacity (risk score 16, lead Whipps Cross Chief Executive)</p> <p>3543 Crowding within the Emergency Department in Whipps Cross ED (risk score 20, lead Whipps Cross Chief Executive)</p> <p>5156 Winter pressures (risk score 16, lead Whipps Cross Chief Executive)</p> <p>3619 Whipps Cross Fire Safety Order (risk score 16, lead Whipps Cross Chief Executive)</p> <p>227 Failure of lift blocks and DDA non-compliance (risk score 15, lead Whipps Cross Chief Executive)</p> <p><i>Programme risk register held separately for redevelopment</i></p>

STRATEGIC OBJECTIVE 3. To progress our longer term strategic plans for the benefit of our patients and our communities
Risk appetite for sub-objective relevant to risk: Moderate (risk score 8-12) Risk tolerance triggers: ERF funding variance (threshold tbc); Adverse variance (threshold to be confirmed) against workstream milestone (tbc)
Gap: risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>10. Failure to sufficiently progress on six identified clinical transformation workstreams (medicine, elective, pathways, safety, GCS and urgent care) impacts on recovery and associated funding.</p> <p>Executive lead: Director of Strategy</p> <p>Subcommittee role: Finance and Investment Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x2=8)</p> <p>Outset risk: April 2020 (4x3=12)</p> <p><i>Datix ref (5427)</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls:</i></p> <ol style="list-style-type: none"> Clinical Boards with sector reach leading clinical engagement on surgery, pathology and medicine transformation programmes. East and South East London Pathology Network established. Recruitment in progress with Managing Director appointed; business case refinements under way and a partnership agreement in development. WeConnect 2 and digital infrastructure improvements to support clinical transformation programmes (e.g. virtual clinics and ePrescribing). Steps taken to evolve group clinical services and develop increased tailored hospital-specific direction and management. 	<p><i>Management assurances on listed controls:</i></p> <p>Trust Board and FIC oversight of elective recovery and ERF funding</p> <p>Adapted Covid-19 governance arrangements to retain oversight of surgery elective programme and outpatients (assurance on controls 1-3).</p> <p>Business as usual dedicated programme board and Clinical Board focus on surgical hub development and outpatients transformation programmes (1-2).</p> <p>Monitoring of the impact of Covid-related accelerated introduction of virtual clinics (1-2)</p>	<p><i>Gap: Pandemic imperatives limit accelerate sector collaboration but limit scope of some transformation initiatives .</i></p> <p><i>Action: Close working with ICS and local partners on innovation and opportunities for developing centres of excellence</i></p>	<p>Q4 2021/22 (4x2=8)</p>

Related high risks (>15) on the risk register – Datix refs:

3816 *Insufficient theatre capacity for adult orthopaedic trauma (risk score 16, lead Royal London Chief Executive)*

3646 *Follow up on abnormal pathology and imaging results (risk score 16, lead St Bartholomew's Chief Executive)*

5367 *Shortage of Consultant histopathologists (risk score 16, lead GCS Managing Director)*

4765 *IT- Business Continuity (risk score 16, lead Group Director of Strategy)*

5997 *Theatre capacity for complex elective orthopaedic surgery (risk score 15, lead Royal London Chief Executive)*

STRATEGIC ENABLERS: Financial plan delivery
Risk appetite for sub-objective relevant to risk: Averse (risk score 1-4) Risk tolerance triggers: ERF funding variance (threshold tbc); adverse variance to plan for 2 consecutive months (threshold tbc)
Gap risk score to risk appetite: 15 (current risk score 16 ; in year target risk score: 12 ; long term risk appetite: 1-4)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>11. Failure to respond to the emerging financial framework, deliver productivity improvements and tackle structural financial issues impacts on medium term financial sustainability, the underlying run rate and strategic investment</p> <p>Executive lead: Chief Finance Officer Subcommittee role: Finance and Investment Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x4=16)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p>Datix ref: (1985)</p> <p>Related high risks >15 (See table below)</p>	<p>Controls:</p> <ol style="list-style-type: none"> Monthly finance reporting, operational and financial metrics reporting and financial accounting governance arrangements detail progress against operational plan and budget. Transformation and efficiency workstreams focus on key schemes (including theatres; workforce; outpatients; procurement) to support underlying position improvements. Service Line Reporting structures (in conjunction with Model Hospital and GIRFT data) inform targeted transformation schemes. Quality Improvement PMO team support hospitals and corporate directorates to identify and deliver quality, efficiency and financial improvements. 	<p>Management Assurances on listed controls:</p> <p>Review of financial performance at weekly GEB, monthly Finance and Investment Committee and Trust Board review (assurance on controls 1-3). Implementation of Financial Planning Group meetings to review hospital plan progress chaired by CFO and informs PRs (1-4). Investment Steering Committee oversight of major investment schemes (1,3) Site performance review focus on progress against financial plans, CQUINs and other contractual KPIs (4)</p> <p>Independent assurance:</p> <p>Dedicated NHSI support and review of Trust plans. NHSI / CQC Use of Resources assessment, with evidence of productivity improvements 2020 Internal Audit report Income and Billing (1) 2020 Internal Audit report Budgetary Control and Financial Reporting (1) 2020 Internal Audit report Treasury Management (1) 2020 Internal Audit reports on COVID19 Expenditure; Nightingale Financial Governance; and PPE (1) 2021 Reasonable assurance Internal Audit review of Bank and Agency controls/usage 2021 Substantial assurance Internal Audit review of key financial controls 2021 Substantial assurance Internal Audit review of Payroll and pensions</p>	<p>Gap: Underlying deficit impact on cash position and requirement for non-standard / loan funding Action: Efficiency programmes to mitigate productivity risks (with FIC reporting on key metrics)</p>	<p>Q4 2021/22(4x3=12)</p>

Related high risks (>15) on the risk register – Datix refs: **None**

STRATEGIC ENABLERS: Digital strategic delivery plan and capital investment programme
Risk appetite for sub-objective relevant to risk: Cautious (risk score 4-6) Risk tolerance triggers: Adverse variance (threshold to be confirmed) against ICT metrics on downtime/implementation targets
Gap risk score to risk appetite: 12 (current risk score 16; in year target risk score: 12; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>12. Failure to develop cyber secure information systems due to resourcing and lead time limitations impacts on quality and safety of services</p> <p>Executive lead: Director of Strategy Subcommittee role: Audit and Risk Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x4=16)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p>Datix ref: (4109) (1990)</p> <p>Related high risks >15 (See table below)</p>	<p><i>controls:</i></p> <ol style="list-style-type: none"> Ringfenced element of capital programme, to renew ICT infrastructure, PCs, data centres and networks. Finance team liaison with NHSI/E on securing funding. Approved Informatics strategic delivery plan and consolidated Millennium Cerner EPR system. Upgrades of Millennium Cerner (following consolidation of single PTL) Information Governance team and Data Security Protection Toolkit 	<p><i>Management assurances on above controls:</i></p> <p>Investment Steering Committee lead role in ensuring capital programme is appropriately specified and delivered, with Risk Management Board monitoring associated risks (1-4)</p> <p>Informatics Board oversight of ICT investment programme with 6 monthly reporting into Audit and Risk Committee on key ICT developments (1-3)</p> <p>Board and ARC review of Data Security Protection Requirements compliance (2)</p> <p><i>Independent assurance</i></p> <p>Internal Audit report COVID19 Expenditure (1)</p> <p>Internal Audit report Data Security and protection Toolkit (4)</p> <p>Insufficient assurance Internal Audit report on cyber (1)</p>	<p><i>Gap: Variable network performance and outages impact on operational performance</i></p> <p><i>Action: Steps to improve ICT infrastructure including approved business case and phased replacement programme</i></p> <p><i>Gap: Risk of information security breaches remains high</i></p> <p><i>Action: Steps taken to improve network security</i></p> <p><i>Gap: Insufficient assurance Internal Audit report on cyber</i></p> <p><i>Action: Recommendations implemented and follow up ARC reporting due in Nov 2021</i></p>	<p>Q4 2021/22(4x3=12)</p>

<p><i>Related high risks (>15) on the risk register – Datix refs:</i></p> <p>4766 Network Obsolete (risk score 20, lead Group Director of Strategy)</p> <p>4765 IT business continuity (risk score 16, lead Group Director of Strategy)</p> <p>4768, 4769, PC and server ageing infrastructure (risk score 16, lead Group Director of Strategy)</p> <p>5931 IT security of radiotherapy equipment (risk score 16, lead Group Director of Strategy)</p>	<p>4767 ICT cyber security standards management and investment (risk score 16, lead Group Director of Strategy)</p> <p>4770 SBH datacentre infrastructure (risk score 16, Group Director of Strategy)</p>
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STRATEGIC ENABLERS: Estates strategy and capital investment programme
Risk appetite for sub-objective relevant to risk: Cautious (risk score 4-6) Risk tolerance triggers: Volume of medical equipment risks identified on risk register seeking treatment via capital investment (threshold tbc); Receipt of any regulatory notices; or internal audit/external assurances indicating reasonable or insufficient assurance rating
Gap risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>13. Failure to sufficiently improve infrastructure and equipment due to resourcing and lead time limitations impacts on quality and safety of services.</p> <p>Executive lead: Deputy Chief Executive</p> <p>Subcommittee role: Finance and Investment Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2020 (4x4=16)</p> <p><i>Datix ref: (4109) (1990)</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>controls:</i></p> <p>1. Ringfenced element of capital programme for Estates backlog maintenance (including fire safety investment); and medical equipment procurement. Finance team liaison with NHSIE on securing funding.</p> <p>2. Multi-year risk based approach to medical equipment replacement programme.. Clinical Engineering providing a co-ordination role on monitoring equipment assets, maintenance investment.</p> <p>3. Independent surveys used to support development of Trust fire safety remediation plan shared with London Fire Brigade.</p> <p>4. Three-year fire remediation plan and rolling programme of improvements (including 2020 additional in-year funding to accelerate improvements at Newham).</p> <p>5. Trust fire officers provide professional advice and lead on established relationship with London Fire Brigade</p>	<p><i>Management assurances on above controls:</i></p> <p>Investment Steering Committee lead role in ensuring capital programme is appropriately specified and delivered, with Risk Management Board monitoring associated risks (1-5)</p> <p>Medical Devices Group, RMB and ISC oversight of medical equipment risks and investment (2)</p> <p>Fire Committee, Health and Safety Committee monitoring of estates backlog and fire safety investment and risks (1-5)</p> <p><i>Independent assurance</i></p> <p>2020 Commissioned external review of fire safety investment programme.</p> <p>Internal Audit plan includes reviews of key infrastructure risks</p> <p>Memorandum of understanding with London Fire Brigade assures on Trust’s remediation plan</p> <p>Internal Audit report 20/21 COVID19 Expenditure (1)</p>	<p><i>Gap: Changes in LFB interpretation or revision to national fire safety requirements; or findings from inspections and surveys results in additional costs and operational impact of works</i></p> <p><i>Action: Rapid response to any arising remediation requirements</i></p> <p><i>Gap: Absence of aggregated assessment of risks associated with specific medical equipment shortfalls</i></p> <p><i>Action: Steps to develop matrix approach to managing risks.</i></p>	Q4 2021/22 (4x2=8)

Related high risks (>15) on the risk register – Datix refs:
 Medical equipment risks: 2395, 5489, 5860
 227 Lifts failure at WX (risk score 15, lead WX CEO)
 4761 Non-compliance of Fire Safety Order within John Harrison House (risk score 16, lead Royal London Chief Executive) 4043 Non-compliance of Fire Safety Order within Kenton and Lucas (risk score 16, lead St Bartholomew’s Chief Executive)
 3619 Non-compliance of Fire Safety Order within Whipps Cross Hospital (risk score 16, lead Whipps Cross Chief Executive) 6045 Non-compliance with Fire Safety Management Policy (risk score 15, lead St Bartholomew’s Chief Executive)

STRATEGIC ENABLERS: Research strategic delivery plan and education strategic delivery plan
Risk appetite for sub-objective relevant to risk: Moderate (risk score 8-12) Risk tolerance triggers: BRC accreditation loss; loss of medical training posts (threshold tbc); failure to recover research activity downturn (threshold tbc)
Gap: risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>14. Failure to deliver research and education plans in the context of the pandemic and constrained resources adversely affects, income, reputation and delivery of workforce targets</p> <p>Executive lead: Chief Medical Officer</p> <p>Subcommittee role: Quality Assurance Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2020 (4x3=12)</p> <p><i>Datix ref: [4925]</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls:</i></p> <ol style="list-style-type: none"> 1. Research strategic delivery plan and education strategic delivery plan 2. Education Academy and education governance framework to manage new NHS education contract (which replaced the LDA). 3. Improving Service Line Reporting transparency for allocation of resources and incentivising research and education activities internally. 4. People Strategy describes development of new workforce roles and career pathways including using apprenticeships, local employment and overseas recruitment to mitigate training post losses. 5. Brand and reputation of Trust as a recognised destination for career development and research opportunities (including apprenticeships workstream) 6. Programme with university partners to expand nursing and midwifery student numbers by 25%. 	<p><i>Management Assurances on listed controls:</i> Education Committee and Joint Research Board oversight (assurance on controls 1-7) Apprenticeship Steering Group, which reports into Education Committee reviews work on new career models (4). GMC and professional surveys used to monitor quality of trainee experience (5, 6)</p> <p><i>Independent assurance:</i> Health Education England visit and student survey findings inform planning Research grant application outcomes Internal Audit report 19/20 research and Development Governance (1)</p>	<p><i>Gap: Pandemic disruption to education delivery may result in loss of training posts and/or impair training quality</i> <i>Action: Active monitoring and management of quality of training posts via Education Academy.</i></p> <p><i>Gap: Lead time in recovering research activity reductions linked to pandemic</i> <i>Action: Monitor specific issues around the recovery of research activity and prioritise and support restarts</i></p>	<p>Q4 2021/22 (4x2=8)</p>

Related high risks (>15) on the risk register – Datix refs:
 6394 Education centre redevelopment at NUH (risk score 16, lead Newham CEO)
 3062 ED junior doctor vacancies (risk score 15, lead Whipps Cross Chief Executive)

STRATEGIC ENABLERS: Governance, leadership capacity and capability
Risk appetite for sub-objective relevant to risk: Moderate (risk score 8-12) Risk tolerance triggers: Board and VSM staff substantive fill rates (threshold tbc); Sustained 'high pressure' or above on Covid escalation framework; Delays to WeLead framework refresh (threshold tbc)
Gap: risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
<i>Description of risk</i>	<i>[Consequence x Likelihood]</i>	<i>Most significant controls/systems in place.</i>	<i>Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective</i>	<i>Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective</i>	<i>Target (by Q4 unless stated)</i>
<p>15. Insufficient leadership capacity and capability and failure to evolve the group model impairs the effectiveness of the organisation and role in system leadership.</p> <p>Executive lead: Director of Corporate Development and Director of People</p> <p>Subcommittee role: Audit and Risk Committee</p>	<p>Current risk – Quarter 2/3 risk score: (4x3=12)</p> <p>Outset risk: April 2021 (4x3=12)</p> <p><i>Datix ref: tbc</i></p> <p>Related high risks >15 (See table below)</p>	<p><i>Controls</i></p> <ol style="list-style-type: none"> Group governance refresh in line with Well Led framework. Sector leadership, local employment, research and education focus to attract and retain high calibre leaders. Underpinned by Outstanding Place to Work programme and WeBelong inclusion work (community connectivity and development of inclusion centre and inclusion observatory) as part of aspiration to be an anchor institution. WeLead framework, Talent Management approach to develop skills and opportunities. Publication of 'Closer Collaboration' and development of Memorandum of Understanding following appreciative inquiry process - to set out provider collaboration objectives with BHRUT 	<p><i>Management assurances on controls:</i></p> <p>GEB and Trust Board oversight of group model development and provider collaborative (1,2)</p> <p>Performance Review mechanism to monitor hospital leadership effectiveness (1)</p> <p>Trust Board standing item on People Strategy implementation (1-4)</p> <p>Executive Collaborative Board oversight of priorities for joint work with BHRUT (4)</p> <p><i>Independent assurance:</i></p> <p>Role of NEL ICS, JOSCs and Healthwatches in oversight of system development and place-based governance</p> <p>CQC oversight of Well Led domain</p>	<p><i>Gap: ICS and wider system governance remains in development</i></p> <p><i>Action: Development of final provider collaborative agreement</i></p> <p><i>Development of talent management to address required skills and leadership</i></p>	<p>Q4 2021/22(4x2=8)</p>

Related high risks (>15) on the risk register – Datix refs:
None

RISK APPETITE - ANNEX

In 2019/20 the executive undertook an extensive exercise to identify risk appetite in relation to 33 sub-objectives ; aggregating this up to a risk appetite statement in relation to the Trust’s overarching objectives. The below table maps the risk appetite for 2019/20 objectives/sub-objectives to 2021/22 objectives and enablers

Objective 2019/20	Risk Appetite 2019/20		Objective 2021/22	Risk appetite 2020/21
Developing Our People	Moderate (risk score 8-12)	→	1. To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work	Moderate (risk score 8-12)
Safe and Compassionate Care	Cautious (risk score 4-6)	→	2. To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy	Cautious (risk score 4-6)
Improving our infrastructure	Cautious (risk score 4-6)	→	3. To progress our longer term strategic plans for the benefit of our patients and our communities	Moderate (risk score 8-12)
Service Transformation	Moderate (risk score 8-12)	→		

Sub-objective 2019/20	Risk Appetite 2019/20		Enablers 2021/22	Risk appetite 2020/21
Financial plan	Averse (1-4)	→	Financial framework/finance strategy including capital programme	Averse (risk score 1-4)
Capital Investment	Cautious (risk score 4-6)	→		
Research and Education	Moderate (risk score 8-12)	→	Research and education strategy	Moderate (risk score 8-12)

Report to the Trust Board: 3 November 2021	TB 53/21
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Title	Integrated Performance Report (Month 6)
Accountable Director	Director of Strategy
Author(s)	Director of Performance
Purpose	This report provides a performance update

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

Related Trust objectives
All trust objectives

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

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

Nov-21

Performance for: **Sep-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.
- Appraisal Rate – Medical Staff: the latest data are not currently available.
- Risk Adjusted Mortality Index (RAMI): the latest data are not currently available.

• Targets:

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

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Nov-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 the winter phase of the pandemic. Whilst infections and admissions increased across Jul-21 and Aug-21 there was a steady decline during Sep-21, with infections increasing again during Oct-21 though admissions have remained stable. Across the Trust, Covid-19 admissions are far below wave one and wave two levels. London Trusts have been asked to plan for significantly increased Covid-19 and non Covid-19 demand over the course of autumn and winter. Escalation and mitigation plans for both Critical Care and General & Acute beds have been prepared and will be submitted to NHS England (London).
- Looking at Oct-21 against Sep-21, weekly average Covid-19 admissions have decreased from 93 to 66 (-29%); this is a fraction (10%) of the 665 average weekly admissions recorded across the second wave period, Dec-20 to Jan-21.
- On the day of finalising the data for this report (25/10/2021), the number of Covid-19 positive inpatients across the Trust was 125, with 21 being cared for in a critical care bed. This represents 19% of the Trust's current overall critical care capacity and is 12% 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 recent months 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. During Jun-21 the proportion of Covid-19 patients under 65 years increased to 84%; however, a reducing trend is now visible in the data, with 68% recorded in Sep-21. This was accompanied by an increasing trend in the proportion of Covid-19 patients over 65, with 16% recorded in Jun-21 rising to 32% in Sep-21. Length of stay has reduced from a high of 10.9 days in Dec-20 to 5.9 days in Sep-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, including the booster vaccination programme. The reducing length of stay may reflect a changing clinical profile associated with the age of patients admitted. However, it is unclear from the data why the age distribution of patients now seems to be changing, with an increase in the age profile of admitted patients.
- Sadly there have been 13 further patient deaths during Oct-21 (to 24/10/2021) within 28 days of a positive Covid-19 diagnosis; however, for the same period, 932 inpatients with confirmed Covid-19 recovered and were discharged.

Covid-19 Community Cases

- Comparing the week starting 29/09/2021 to the week starting 06/10/2021 shows the following movements in the case rate per 100,000 population:
 - For Newham, a decrease from 172 to 169 (-2%).
 - For Hackney and City of London, an increase from 161 to 170 (+6%).
 - For Tower Hamlets, an increase from 174 to 195 (+12%).
 - For Waltham Forest, an increase from 189 to 224 (+19%).
- As a comparator the London case rate has increased from 211 to 236 (+12%) while the England case rate has increased from 336 to 401 (+19%).

Staffing

- For staff there was a decrease in absence due to all Covid-19 related reasons, with 172 absent staff recorded at the end of Sep-21, decreasing to 114 as at 24/10/2021, a decrease of 58 (-34%).

Covid-19 Monitoring and Recovery (Continued)

Elective Activity Recovery Trajectories

- The Trust submitted elective activity recovery trajectories to NHS England for the first half of the year ending in Sep-21 and has recently submitted trajectories for the second half of the year. Additionally, long waiter eradication trajectories have also been submitted. 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 and long waiter reduction rates exceeded planned levels. For the period of Jul-21 to Sep-21 it has become much more difficult to sustain planned elective activity levels due to non-elective pressures, including increasing numbers of Covid-19 patients, and the impact of the major incident (flooding) at Whipps Cross in Jul-21 and Aug-21. As a result, elective activity volumes have fallen relative to plan and the rate of reduction for long-waiting patients has slowed. For Sep-21, the Trust's volume of 52 week waits was 8,980 against a planned position of 8,953.

Vaccinations (Covid-19 and Flu)

- The Street vaccination centre closed to the public on 30/09/2021 having delivered 39,913 vaccinations in 96 days.
- As at 28/10/2021, the Trust had achieved a vaccination rate of 80% for Covid-19 and 16% for flu.
- Phase 3 of the vaccination programme has commenced, based on an integrated approach to staff Covid-19 and flu vaccinations across all four hospital sites. Key measures across both programmes include:
 - Vaccination hubs have been established on all hospital sites where staff can receive both their flu and Covid-19 vaccine. In addition peer vaccinators are providing flu jabs to colleagues within their services.
 - Data by hospital site and department is being shared with hospital site leads on a twice weekly basis to enable a targeted approach to supporting staff with vaccine uptake. For the 20% of staff that have not had the Covid-19 vaccination or where their status is not known, a further round of making contact through line managers will take place in the coming weeks.
 - The Trust is looking into whether it can establish a direct link with the national vaccination database in order to improve data validation for staff that have been vaccinated in other locations.
 - The vaccination steering group has been re-established to oversee delivery of the programme, with the Trust's Director of People becoming the Senior Risk Officer (SRO) for the programme.

Quality & Performance

Responsive

A&E 4 Hour Performance

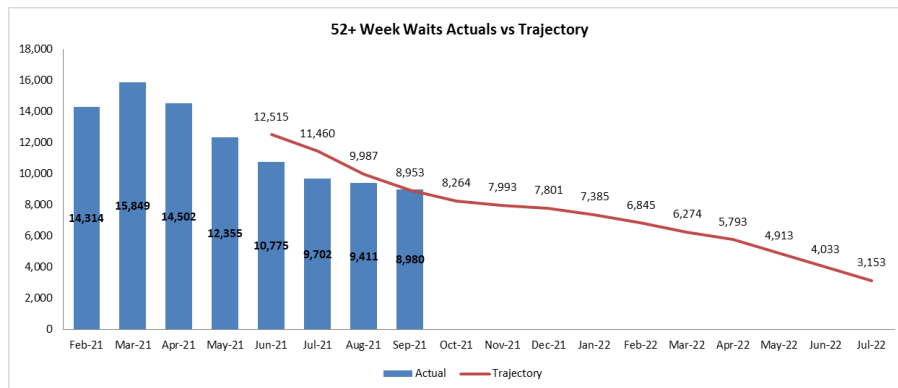
- Due to reductions in demand resulting from the public's response to the Covid-19 pandemic, attendances at the Trust's A&E departments decreased during the first wave but then started to rise again. From Oct-20 the impact of the second wave of the Covid-19 pandemic started to be felt with attendances reducing as a consequence of escalating social distancing measures. However, from Mar-21 attendances have been increasing again. Between Feb-21 and Sep-21, attendances increased by 18,364, a 72% increase. In Sep-21, 43,848 attendances were recorded, 105% of the total volume recorded in Sep-19 (pre-pandemic).
- Of the 43,848 total attendances, 54% (23,628) were Type 1 (higher acuity) and 46% (20,220) were Type 2/3 (lower acuity); proportionally this is fewer Type 1 attendances (-9%) and more Type 2/3 attendances (+9%) compared to the baseline month of Sep-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 Sep-21 performance has improved from 75.8% to 78.1%, a 2.3% improvement. But performance has recently been reducing, with a 3.1% reduction between Jul-21 and Aug-21 and a further 2% reduction between Aug-21 and Sep-21.
- For Sep-21, the Trust was seventh best performing of the 16 London Acute Trusts reporting data and the second 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 8,980 recorded at the end of Sep-21. This represents a reduction of 6,869 breaches (43%) over a six month period; however, for Sep-21 this is slightly (-27) below 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. However, it should be noted that as elective activity reduced over the summer and autumn months so did the rate of backlog clearance. 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 fifth 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 Aug-21 (the most recent national data), Barts Health ranked 17th with 9.3% of the waiting list waiting 52 weeks or longer against a total London performance of 3.7%. Turning to the top 10 largest provider Trusts in England (by size of waiting list) reveals that Barts Health had the 6th highest proportion of 52 week pathways, but across the top 10 English providers the proportion of 52 week pathways was far higher than London at 8.4%.



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 in both Jul-21 and Aug-21 with a performance of 66.0% recorded in Aug-21. A slight improvement has been recorded for Sep-21 at 67.3%. As with previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 90% of all breaches in Sep-21.
- Turning to London benchmarking, Barts Health was the worst performing of the 18 London Trusts for Aug-21 (the most recent national data). In relation to the top 10 largest provider Trusts (by size of waiting list), Barts Health has the largest waiting list and was 6th 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 has failed to achieve 85% compliance between Jun-21 and Aug-21. For Aug-21, the Trust recorded a performance of 76.8%, 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; this work is now well advanced. The cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The work is being taken forward through tried and tested backlog clearance approaches, supported by demand and capacity modelling. In planning for the second half of the year, the leadership team is aiming to return waiting list backlog to pre-pandemic levels by end of Mar-22.
- In relation to the 62 day screening standard, the Trust achieved the standard in Apr-21 but failed it in May-21, returning to compliance in Jun-21 and Jul-21. However, the Trust has failed the screening standard in Aug-21 with a performance of 76.5% against the 90% standard. This represents 4 breaches (3.5 in Lower Gastrointestinal and 0.5 in Gynaecology) against 17 pathways. The breaches were triggered by a lack of surgical capacity, PET capacity and complex patient issues. Referral volumes for screening are still below pre-pandemic levels; average patients treated ran at 17 per month in 2019/20, 8 during 2020/21 and 13 in the first five 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**

- Performance for complaints replied to within the agreed time continues to be sustained.

Safe

- There were two never events (retained swabs) in maternity and an After Action Review has been undertaken. The review identified a number of areas for improvement such as: standardisation of documentation, robust and embedded systemic change, standardisation of suture and vaginal delivery. Local Safety Standard for Invasive Procedures (LocSSIPs) will be one of the projects linked with the recently launched maternity safety programme. The aim of the programme is to support the maternity services through a quality improvement methodology approach to help with the Trust's quality objectives and the national ambition to halve the rate of stillbirths, neonatal deaths, maternal deaths and brain injury occurring during or shortly after birth by 2025.
- The maternity serious incidents page describes nine serious incidents being reported in Sep-21 – this is a reporting adjustment which is explained in the commentary on that page.
- Serious incident investigation closure continues to be a challenge, particularly at Whipps Cross and Royal London. Targeted work to improve this position is underway. Newham's improvement programme is starting to show some positive progress.
- Hospital-acquired pressure ulcer rates have not returned to pre-pandemic levels and each of the Directors of Nursing are reviewing practice through deep dives. The Annual Prevalence Audit is due in Dec-21; from this, further review of the Trust's strategy will be undertaken. Good practice identified at Newham will be shared.
- Patient safety alerts: two safety alerts are currently overdue. These are being actively actioned by the Trust.

Effective

- The increase in the Summary Hospital-Level Mortality Indicator (SHMI) at Newham reported for Apr-21 has been investigated. The change is most likely due to the result of the change in case mix during the pandemic with no underlying concerns found. Since then mortality ratios have been returning towards pre-pandemic levels.

Finance

- The Trust is reporting a £0.1m favourable variance against its breakeven plan for the year to date.
- Income is £2.4m favourable against plan for the year to date. NHS Patient Treatment income is £10.9m favourable, primarily due to over-performance on elective and outpatient activity against the Elective Recovery Fund (ERF) thresholds for Apr-21 to Jun-21 (£12.1m). Other income is (£8.5m) adverse with key shortfalls being reduced private patient activity (£2.1m) and other hospital site and service income shortfalls (£1.5m). There are other central income adjustments for vaccination programme re-imburement (£2.5m) and donated asset income (£2.3m) which fully offset with associated expenditure. The Sep-21 position includes income for the 2021/22 3% pay award (£15m year to date).
- Expenditure is (£2.3m) adverse against plan for the year to date. Hospital site and service pay expenditure is £12.2m favourable year to date, which is driven by reduced expenditure for COVID-19 capacity and COVID-19 staff absence cover and by under-spending against non-clinical staffing budgets. Substantive staffing costs in Sep-21 include the impact of the 2021/22 pay award backdated to Apr-21. Hospital site and service non-pay expenditure is (£19.1m) adverse, with the largest variances being the costs of independent sector provider activity to support elective recovery (£9.7m) and pass-through drugs (£4.7m). There are favourable central expenditure variances of £4.6m, primarily due to lower vaccination programme costs and donated asset depreciation.
- The year to date capital expenditure is £30.8m against a phased plan of £45.5m, which gives a year to date variance of £14.7m 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 £102.3m compared to a plan of £25.0m, as a result of a high opening cash balance of £54.2m on 01/04/2021, and other movements in working capital. The Trust paid the half yearly dividend of £1.9m in Sep-21, which was £3.4m lower than plan because of the prior year's receivable balance.
- The Trust has ceased to earn additional Elective Recovery Fund (ERF) income since the threshold was increased to 95% for the second quarter of the year. The Trust is continuing to incur significant additional costs for outsourcing elective activity to the independent sector. The level of COVID-19 inpatients, a key cost driver, was relatively low in the first quarter of the year, but has now increased due to the spread of the Delta COVID-19 variant.
- Following the publication of the Oct-21 to Mar-22 (H2) planning guidance on 30/09/2021, the Trust has undertaken planning for H2, taking into account the challenges of elective recovery, the COVID-19 pandemic and non-elective growth, along with the efficiency targets within the guidance. The Trust is currently working with system partners to confirm funding for these plans.

People

Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.22% in Jul-21 to 4.35% in Aug-21. This is a reflection of both the higher impact of COVID-19 absence (although down in month from Jul-21) as well as increased exposure of staff to other sickness causes compared to Aug-20 when restrictions were tighter and shielding was in place.
- **Appraisal rates** – there has been an increase in non-medical appraisals from 44.4% to 46.3% in month. This increase is lower than expected and a reflection of the demands on managers and levels of annual leave across the Trust in Sep-21.

New Ways of Working

- **Nursing roster approval compliance** (approved six weeks in advance) increased from 46.2% to 48.5%. This is variable across the hospital sites with Whipps Cross down at 32% but St Bart's up at 79%.
- Finalising rotas six weeks in advance continues to be challenging in the face of activity driving ward/specialty changes and where vacancy or sickness absence levels are above plan.
- There is a need to balance early approval against the risk of numerous changes to published rotas, which is disruptive for staff and can cause delays with temporary staffing requests.
- **Nursing roster quality** reporting indicates that 29.3% of rosters that were due for approval in Sep-21 were of good or high quality across the domains of budget, fairness, safety, unavailability, effectiveness and annual leave. This varies from 24% at St Bart's to 38% at Newham.
- There will be a renewed focus on roster metrics at the hospital site workforce meetings.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Workforce plans**– the updated workforce plan is provided later in the report with charts showing plans and performance against plan for recruitment, temporary staffing and substantive staffing.
- **Recruitment** – in Sep-21, 439 unconditional offers were made, up from 392 in Aug-21. In addition, 789 Whole Time Equivalent (WTE) roles were advertised, above the plans from the hospital sites. The Trust's substantive staff fill rate in Sep-21 was at 85.2%, down from 85.5%, reflecting both a small growth of 5 WTE substantive staff and increase in budget of 36 WTE.
- Plans are in place for a short term increase in the size of the recruitment team to support progressing the high volume of recruitment activity being commissioned by the hospital sites.
- **Turnover** – annualised voluntary turnover is increasing and is now at 10.58%, up from 10.14% last month. This is a continued increase, which in part was expected as the Trust moves away from the period of low recruitment and turnover that resulted from the initial impact of the pandemic. A retention working group has been set up, tasked with developing a Trust-wide retention action plan.
- **Temporary staffing**– temporary staffing usage reduced by 138 WTE compared to Aug-21, most notably with a reduction of 170 Bank WTE (a growth of 32 Agency WTE) with the proportion of temporary staff as part of the workforce decreasing from 14.7% to 14.0%.

Nov-21



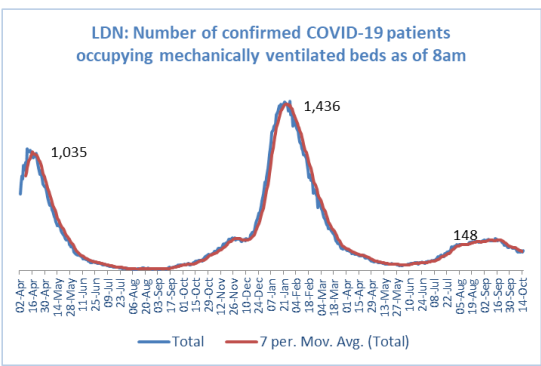
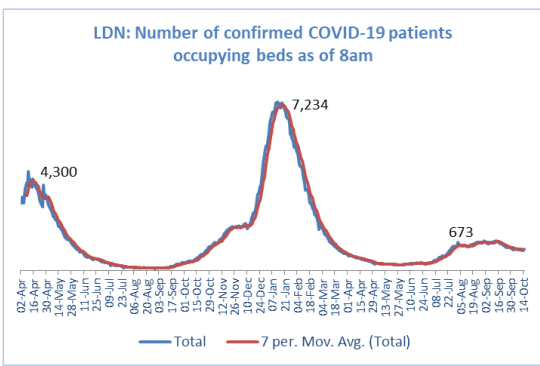
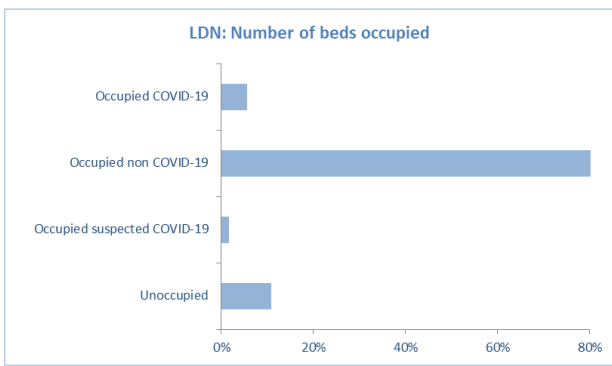
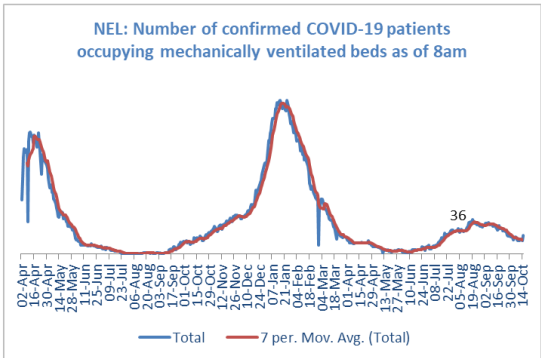
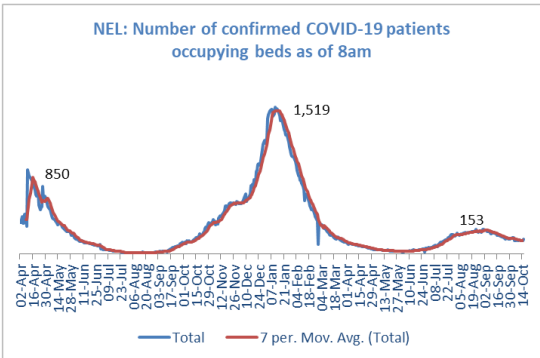
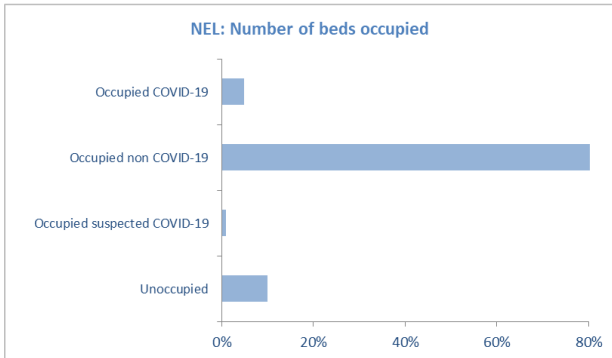
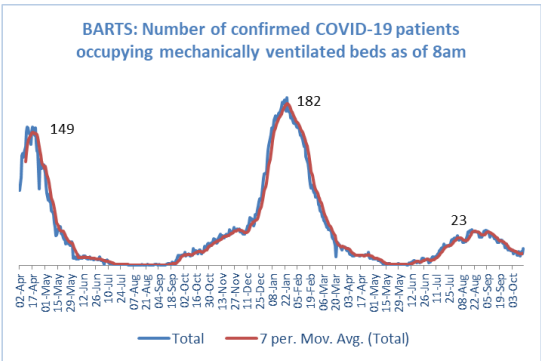
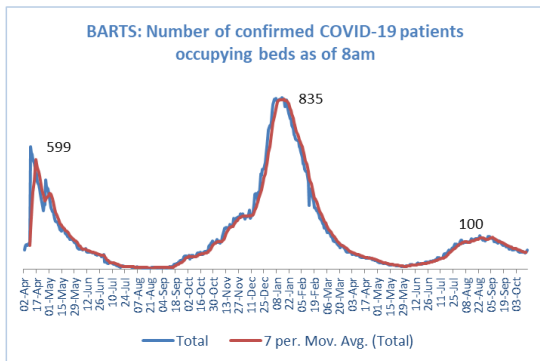
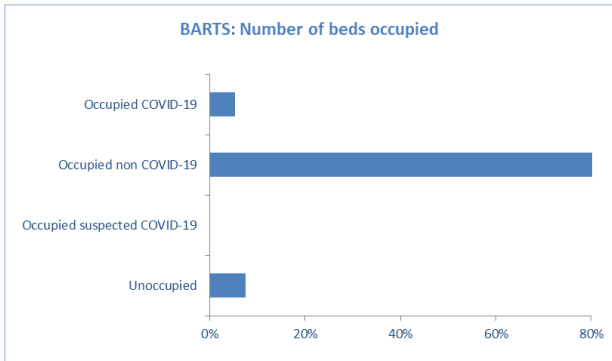
Covid-19 Monitoring and Recovery Report



COVID-19

COVID-19 – Barts Health

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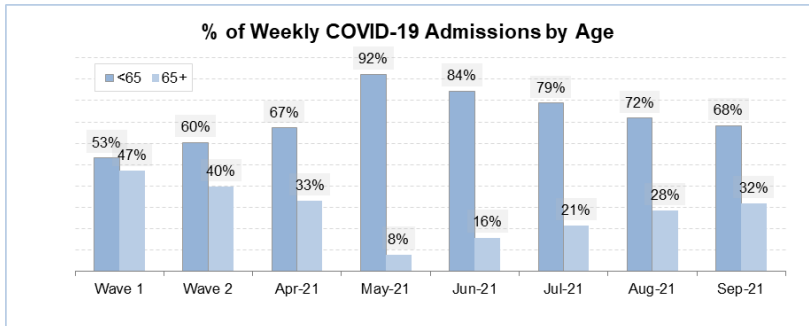


Data as at 15/10/2021

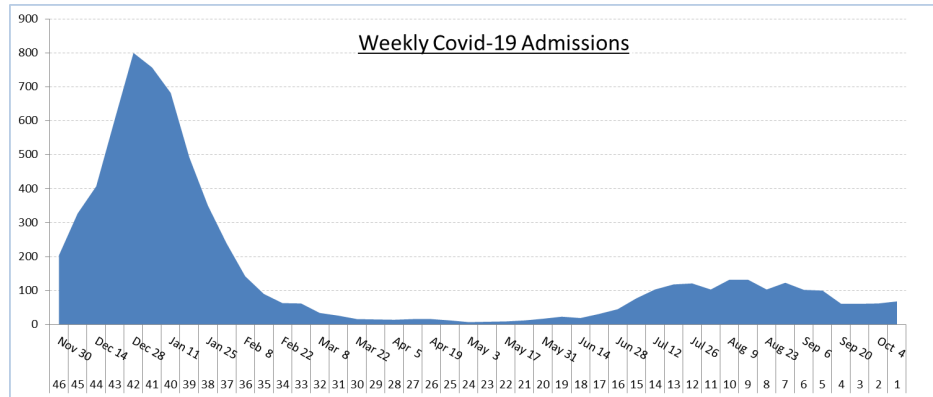
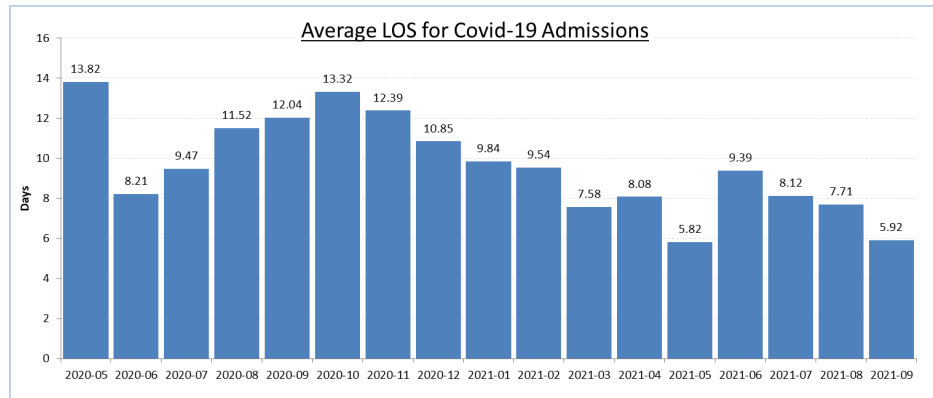
COVID-19

COVID-19 Admissions and Discharges

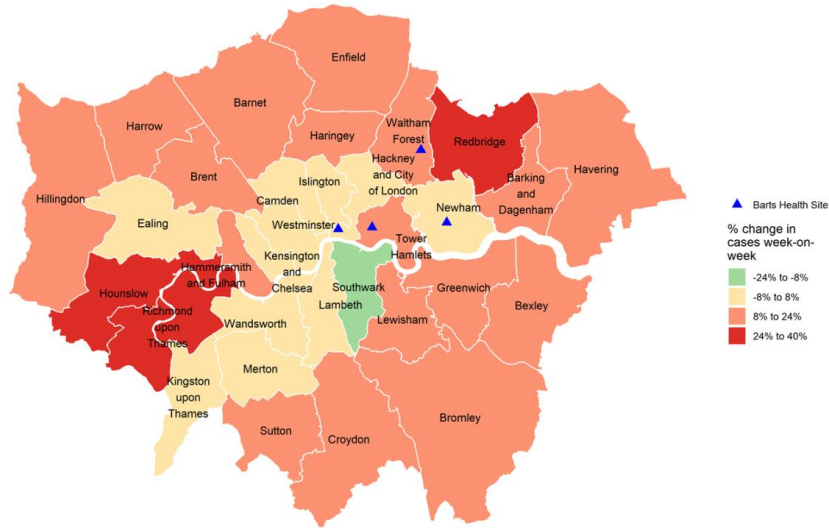
Nov-21



Date	Age Group						Total	Age Group	
	<18	18-30	30-50	50-65	65-85	85+		<65	65+
Wave 1	2%	5%	19%	28%	36%	11%	100%	53%	47%
Wave 2	3%	8%	23%	28%	30%	10%	100%	60%	40%
Apr-21	7%	6%	34%	19%	27%	6%	100%	67%	33%
May-21	26%	8%	46%	13%	8%	0%	100%	92%	8%
Jun-21	11%	17%	39%	18%	11%	5%	100%	84%	16%
Jul-21	7%	19%	35%	18%	17%	4%	100%	79%	21%
Aug-21	9%	13%	30%	20%	22%	7%	100%	72%	28%
Sep-21	9%	10%	27%	22%	23%	9%	100%	68%	32%

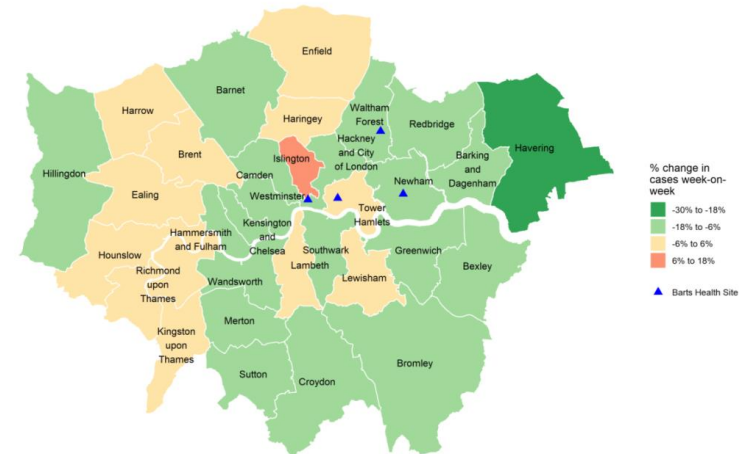


Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2021-10-06



Area	Cases W/C 29/09	Cases W/C 06/10	Rate per 100,000 W/C 29/09	Rate per 100,000 W/C 06/10	% Change in Case Rate Week on Week
Newham	604	595	171.6	169.0	-1.5%
Hackney and City of London	451	476	161.3	170.2	5.5%
Tower Hamlets	553	620	174.1	195.1	12.1%
Barking and Dagenham	341	386	160.9	182.1	13.2%
Havering	514	586	199.4	227.3	14.0%
Waltham Forest	524	620	189.4	224.1	18.3%
Redbridge	581	721	191.2	237.3	24.1%
London	18,546	20,647	211.4	235.6	11.4%
England	192,260	231,030	335.5	401.5	19.7%

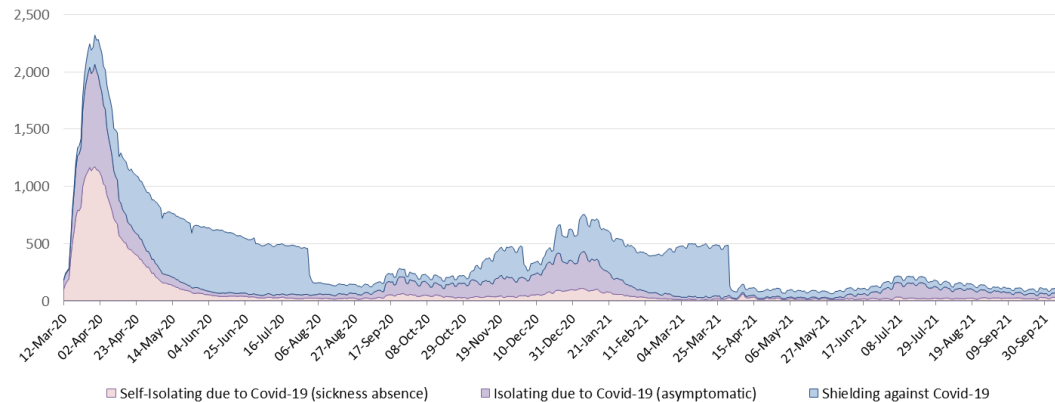
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2021-09-29



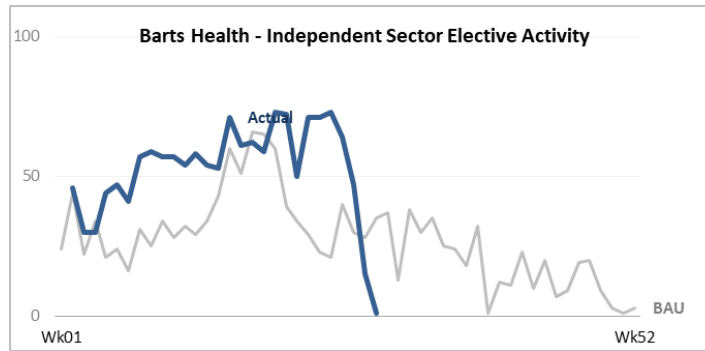
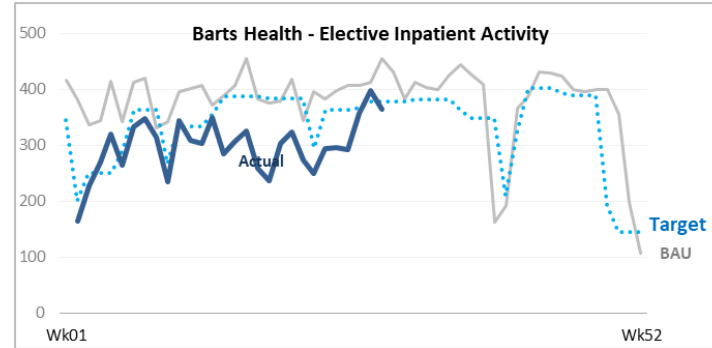
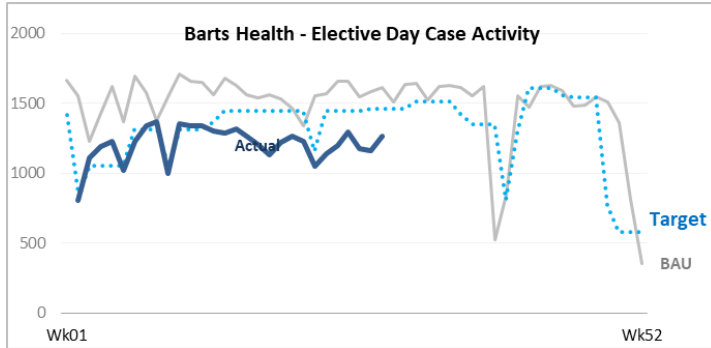
COVID-19 Staff Sickness Absence

Trust	Number of Staff:	Previous Week (Sunday Position)	Latest Week (Mon-Sun)							WoW Variance
			Mon 11/10	Tue 12/10	Wed 13/10	Thu 14/10	Fri 15/10	Sat 16/10	Sun 17/10	Sun 17/10
Trust	Shielding against Covid-19	37	36	36	36	38	34	33	34	-3
	Isolating due to Covid-19 (asymptomatic)	39	50	51	50	43	38	31	26	-13
	Self-Isolating due to Covid-19 (sickness absence)	68	82	84	80	80	76	61	59	-9
	Total	144	168	171	166	161	148	125	119	-25
Royal London	Shielding against Covid-19	17	18	18	18	18	17	16	17	+0
	Isolating due to Covid-19 (asymptomatic)	15	14	14	13	13	12	10	7	-8
	Self-Isolating due to Covid-19 (sickness absence)	27	28	28	27	24	25	24	23	-4
	Total	59	60	60	58	55	54	50	47	-12
Whipps Cross	Shielding against Covid-19	6	6	5	6	6	5	5	5	-1
	Isolating due to Covid-19 (asymptomatic)	5	10	10	10	9	9	7	6	+1
	Self-Isolating due to Covid-19 (sickness absence)	7	7	7	7	9	9	8	8	+1
	Total	18	23	22	23	24	23	20	19	+1
Newham	Shielding against Covid-19	4	4	4	4	5	4	4	4	+0
	Isolating due to Covid-19 (asymptomatic)	5	6	8	8	5	5	5	4	-1
	Self-Isolating due to Covid-19 (sickness absence)	7	6	6	5	5	5	5	4	-3
	Total	16	16	18	17	15	14	14	12	-4
St Bart's	Shielding against Covid-19	5	4	5	4	5	4	4	4	-1
	Isolating due to Covid-19 (asymptomatic)	5	7	6	5	4	3	1	2	-3
	Self-Isolating due to Covid-19 (sickness absence)	8	10	10	11	11	9	7	8	+0
	Total	18	21	21	20	20	16	12	14	-4

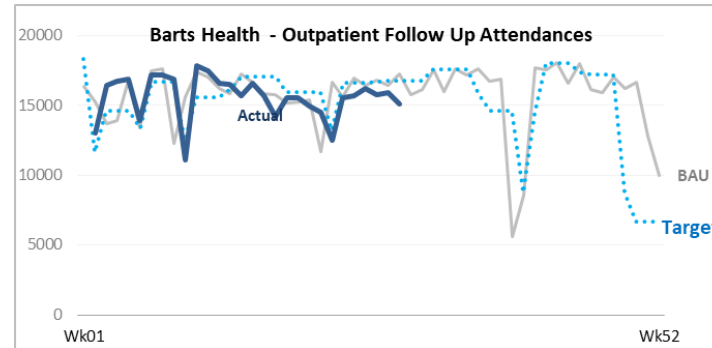
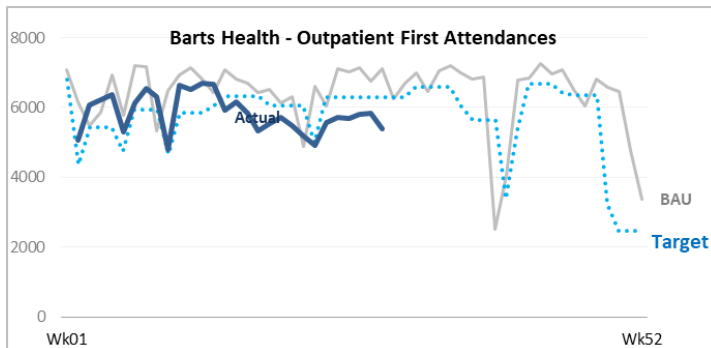
Trustwide Staff Sickness



Elective Activity



Outpatient Activity

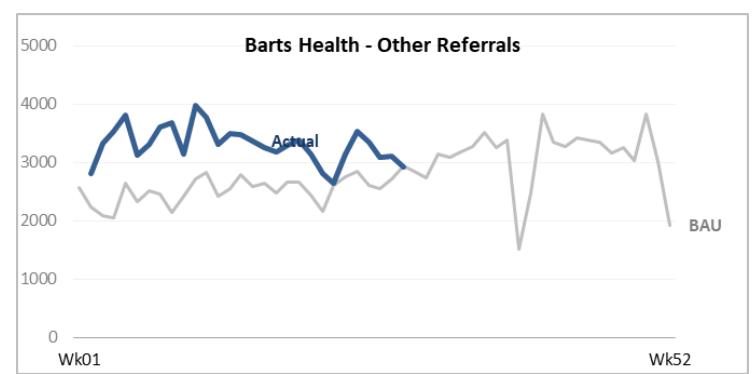
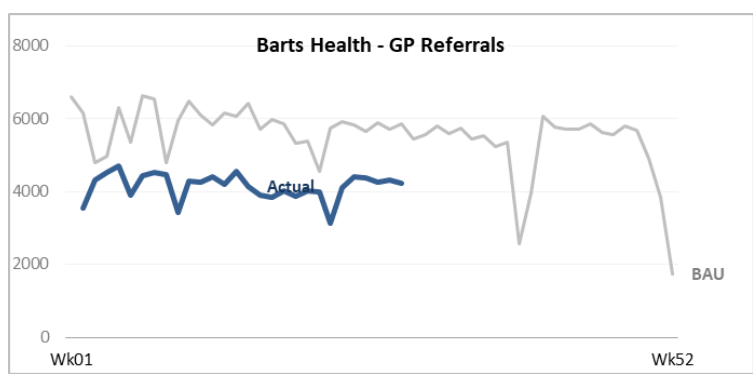


COVID-19

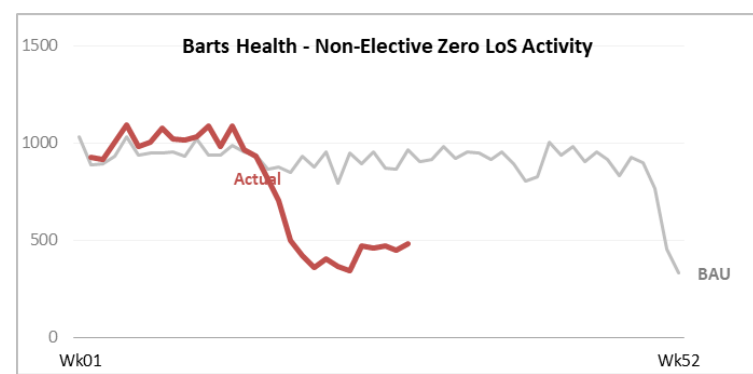
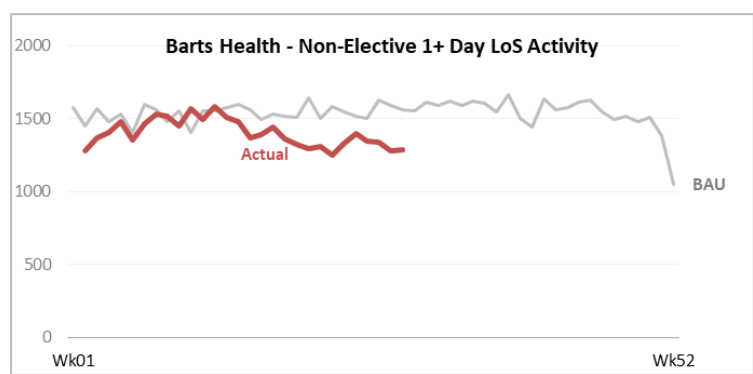
Activity

Nov-21

Referrals Activity



Non-Elective Activity

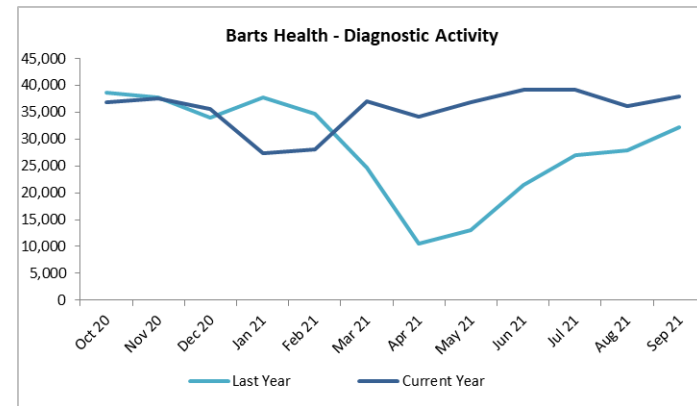
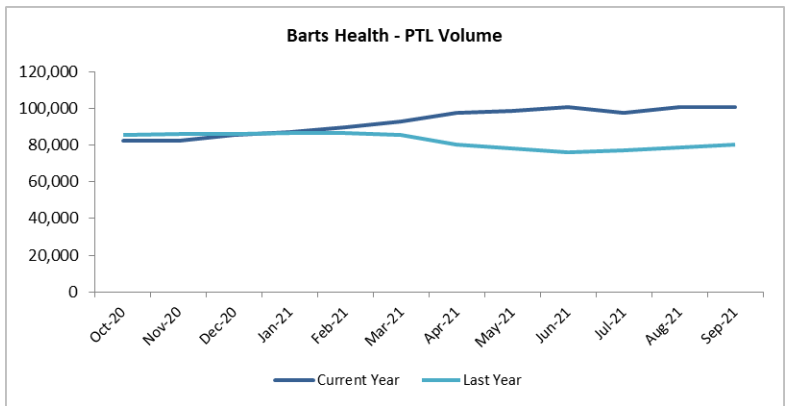
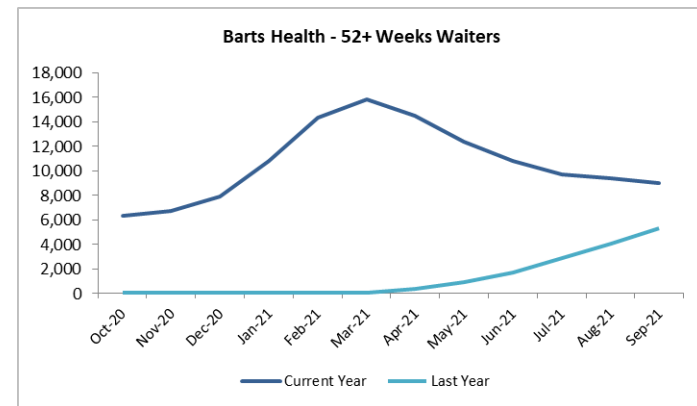
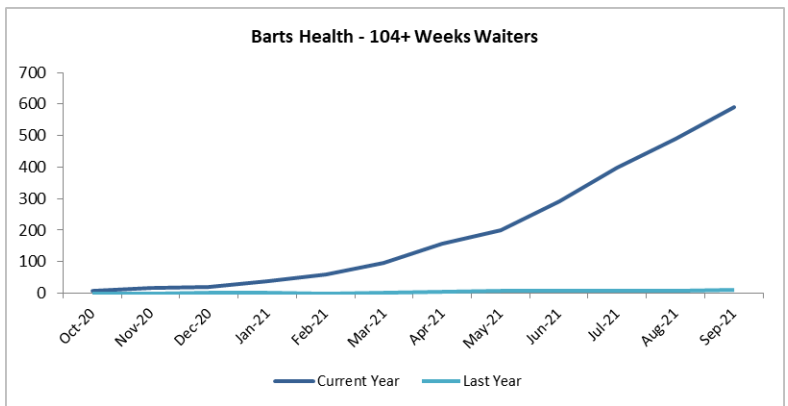


COVID-19

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

Nov-21

Barts Health							Latest Month's Site Position					
Setting	Ref	Reporting Period	Jun-21	Jul-21	Aug-21	Sep-21	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other
PTL Activity	0481	52+ Weeks Waiters	10,775	9,702	9,411	8,980	5,231	2,910	818	16	0	5
		104+ Weeks Waiters	293	398	490	591	539	32	20	0	0	0
	0482	PTL Volume	100,774	97,324	100,821	100,840	46,418	30,593	11,614	12,110	0	105
DM01	0487	Diagnostic Activity	39,175	39,168	36,095	37,892	13,183	8,584	7,418	8,707	-	0
		Equivalent Month Position Last Year	21,392	26,953	27,904	32,138	9,378	6,763	5,157	10,840	-	0



Summary of Vaccinations Given to Barts Health Staff as at 19/10/2021

	Site	Total Staff	Vaccinations Overall			% Vaccinated	Doses Administered		
			Yes	No - Unknown	No - Decline		Dose 1	Dose 2	Dose 3
			Permanent and Fixed Term Employees	Royal London	6,249		5,086	1,158	5
Whipps Cross	2,853	2,260		588	5	79%	2,234	2,000	515
Newham	2,074	1,609		464	1	78%	1,595	1,385	407
St Bart's	2,645	2,300		338	7	87%	2,272	2,106	848
Central Income & Expenditure	186	157		29	0	84%	154	139	45
Group Clinical Services	250	204		46	0	82%	201	176	40
Group Support Services	1,691	1,343		335	13	79%	1,337	1,173	291
Other	845	493		351	1	58%	486	438	116
Grand Total	16,793	13,452		3,309	32	80%	13,324	11,910	3,306
Temporary and Contract Employees	Grand Total		7,490		4		6,611	5,899	719

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 19/10/2021

	BAME Group	Total Staff	% Staff In Each Ethnic Category	Vaccinations			% Vaccinated
				Yes	No - Unknown	No - Decline	
Permanent and Fixed Term Employees	BAME	9,708	58%	7,367	2,326	15	76%
	White	5,974	36%	5,225	734	15	87%
	Not Stated/Undefined	1,111	7%	860	249	2	77%
	Grand Total	16,793	100%	13,452	3,309	32	80%

Nov-21



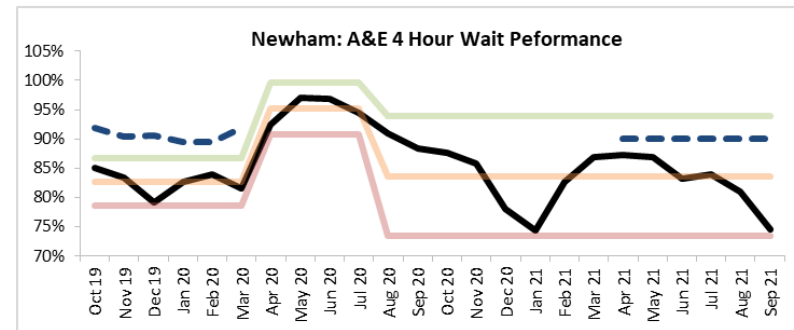
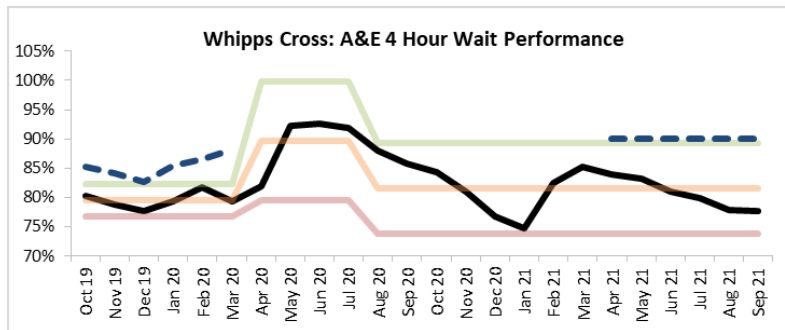
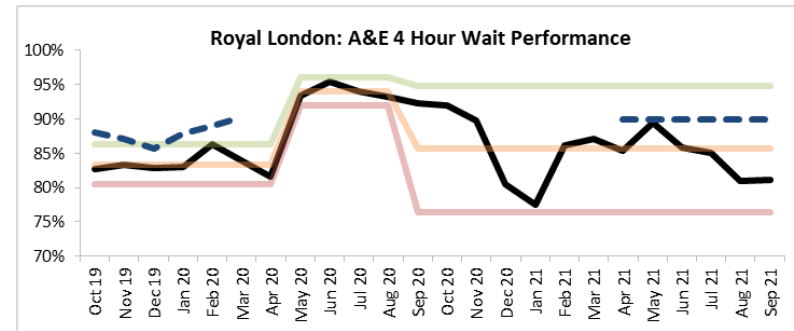
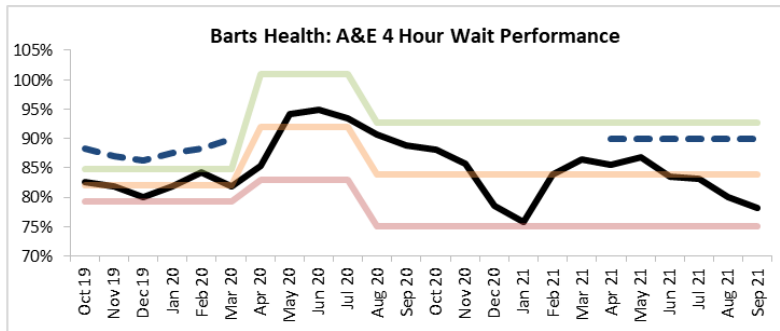
Quality & Performance Report



	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	●			Sep-21 (m)	>=90%	80.1%	78.1%	82.8%	81.1%	77.6%	74.5%	-	-	-	●
	R35	Cancer 62 Days From Urgent GP Referral	●			Aug-21 (m)	>=85%	81.0%	76.8%	82.6%	63.5%	87.5%	68.8%	81.8%	-	-	●
	R36	Cancer 62 Days From Screening Programme	●		●	Aug-21 (m)	>=90%	91.7%	76.5%	88.0%	12.5%	100.0%	-	95.2%	-	-	●
	R6	Diagnostic Waits Over 6 Weeks				Sep-21 (m)	-	66.0%	67.3%	68.9%	59.2%	56.2%	89.9%	78.7%	-	-	●
	R5	52+ Week RTT Breaches	●			Sep-21 (m)	<=8,953	9,411	8,980	65,725	5,231	2,910	818	16	-	5	●

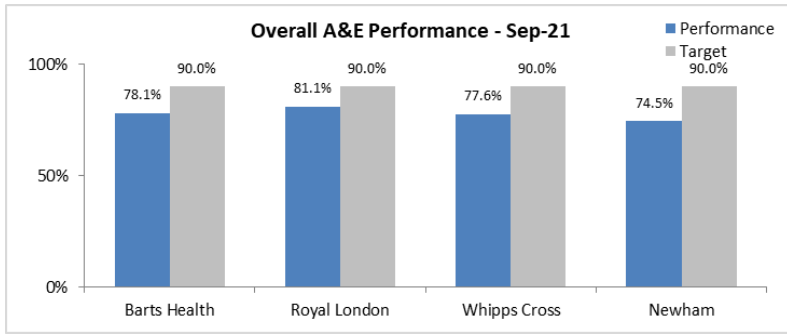
Note: the 18 Week RTT Compliance (Incomplete) metric is no longer being reported while the Trust takes part in the NHS England pilot project to assess the new RTT metric looking at average waiting time instead

A&E 4 Hours Waiting Time

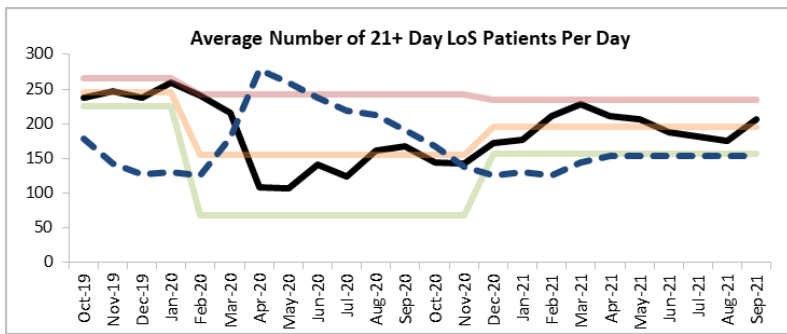


RESPONSIVE **Nov-21**

A&E 4 Hours Waiting Time



Site	Sep-20	Sep-21	Variance
Barts Health	33,281	43,848	31.8%
Royal London	11,937	17,850	49.5%
Whipps Cross	11,031	12,842	16.4%
Newham	10,313	13,156	27.6%



Performance Overview

- As the second wave of the pandemic ended, A&E attendances increased. Between Feb-21 and Sep-21, attendances increased by 18,364, a 72% increase. In Sep-21, 43,848 attendances were recorded, 105% of the total volume recorded in Sep-19 (pre-pandemic).
- Of the 43,848 total attendances, 54% (23,628) were Type 1 (higher acuity) and 46% (20,220) were Type 2/3 (lower acuity); proportionally this is fewer Type 1 attendances (-9%) and more Type 2/3 attendances (+9%) compared to the baseline month of Sep-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 Sep-21 performance has improved from 75.8% to 78.1%, a 2.3% improvement. But performance has recently been reducing, with a 3.1% reduction between Jul-21 and Aug-21 and a further 2% reduction between Aug-21 and Sep-21.

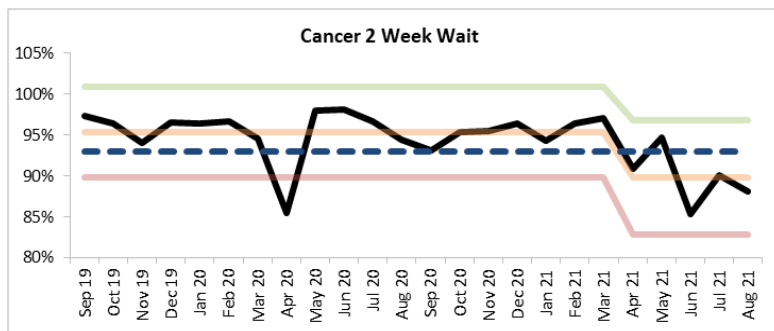
Responsible Director Update

- 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 winter pressures (including increasing Covid-19 and non Covid-19 emergency admitted activity) while maintaining the 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 length of stay reductions through more effective discharge management for those patients with the longest lengths of stay.

RESPONSIVE

Cancer 2 Week Wait

Nov-21



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2,775	330	88.1%
Head and Neck	383	132	65.5%
Skin	404	128	68.3%
Children's	7	2	71.4%
Brain/CNS	4	1	75.0%
Lung	32	5	84.4%
Upper Gastrointestinal	208	23	88.9%
Testicular	10	1	90.0%

Site	Seen	Breaches	Performance	Target
Royal London	912	200	78.1%	93.0%
Whipps Cross	1,206	114	90.5%	93.0%
Newham	408	11	97.3%	93.0%
St Bart's	249	5	98.0%	93.0%
Barts Health	2,775	330	88.1%	93.0%

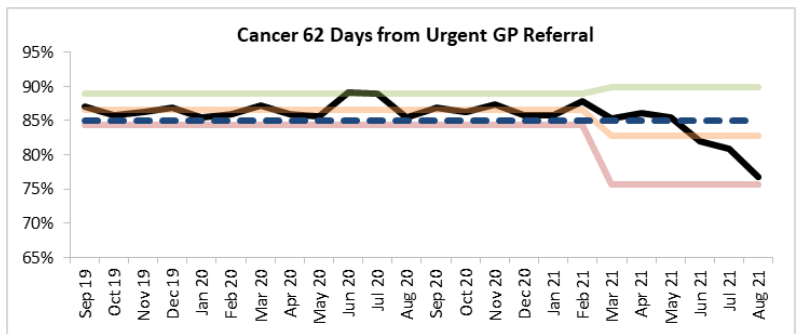
Performance Overview

- For Aug-21, performance for the 2 week wait standard did not meet the target, with a performance of 88.1% against a target of 93%, a drop of 1.9% from Jul-21.

Responsible Director Update

- The Trust always sees a seasonal reduction in referrals in August, due to staff and patients being away.
- There is a seasonal increase in 2 week wait referrals within skin.
- There are currently challenges in seeing all ENT patients within 14 days at Royal London.
- The Trust is working with primary care to decrease the number of 2 week wait patient choice breaches.
- There is a focus at hospital site access meetings to get back to a compliant position.
- The cancer team is working with the Trust's Business Intelligence Unit on modelling for the top six most challenged pathways.

RESPONSIVE **Cancer 62 Days From Urgent GP Referral** **Nov-21**



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	84	19.5	76.8%
Lung	0.5	0.5	0.0%
Urological	14.5	8.5	41.4%
Gynaecological	7.5	3.5	53.3%
Head and Neck	6.5	2	69.2%
Haematological	9.5	2	78.9%
Lower Gastrointestinal	10	2	80.0%

Metric	Jun-21			Jul-21			Variance
	Seen	Breaches	%	Seen	Breaches	%	
28 Day FDS Two Week Wait	2,953	1,071	63.7%	2,459	980	60.1%	-3.6%
28 Day FDS Breast Symptomatic	222	4	98.2%	295	7	97.6%	-0.6%
28 Day FDS Screening Referral	63	12	81.0%	100	25	75.0%	-6.0%

Internal / External	Start Site	End Site	Seen	Breaches	Performance
Internal	Royal London	Royal London	16	4	75.0%
		St Bart's	4	2	50.0%
	Whipps Cross	Royal London	3	1	66.7%
		Whipps Cross	20	1	95.0%
	Newham	St Bart's	13	4	69.2%
		Newham	6	2	66.7%
		St Bart's	4	1	75.0%
	St Bart's	St Bart's	10	0	100.0%
Transfer In	Barnet	St Bart's	0.5	0	100.0%
	Homerton	Royal London	4.5	2	55.6%
	King George	Royal London	1.5	1.5	0.0%
		St Bart's	0.5	0	100.0%
	Queen's	St Bart's	0.5	0.5	0.0%
Transfer Out	Royal London	Royal Free	0.5	0.5	0.0%
Grand Total			84	19.5	76.8%

Commentary

Cancer 62 Days From Urgent GP Referral:

- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Aug-21. For Aug-21, the Trust recorded a performance of 76.8%, 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; this work is now well advanced. The cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The work is being taken forward through tried and tested backlog clearance approaches, supported by demand and capacity modelling. In planning for the second half of the year, the leadership team is aiming to return waiting list backlog to pre-pandemic levels by end of Mar-22.

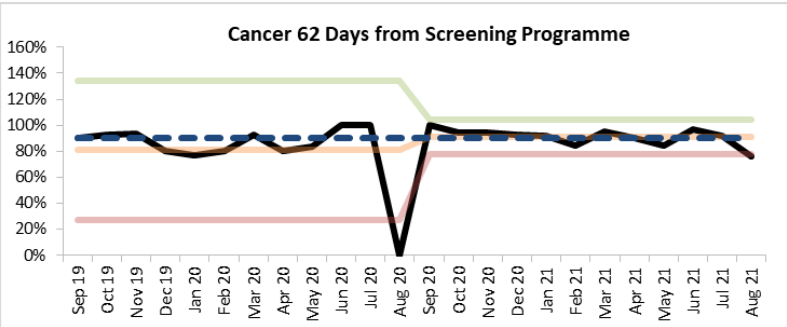
Faster Diagnostic Standard:

- Faster Diagnostic Standard (FDS) performance continues to be challenged.
- Recruitment of senior information analyst to develop dashboard.
- Two dedicated agency co-ordinators focusing on "quick wins" and data quality checks commenced in mid Oct-21.
- Recruitment of four FDS trackers, who will be in post by Nov-21.
- Focus sessions planned with all hospital site imaging teams on FDS and recovery.
- Focus on timed pathways and key areas in cancer recovery plan.

RESPONSIVE

Cancer 62 Days From Screening Programme

Nov-21



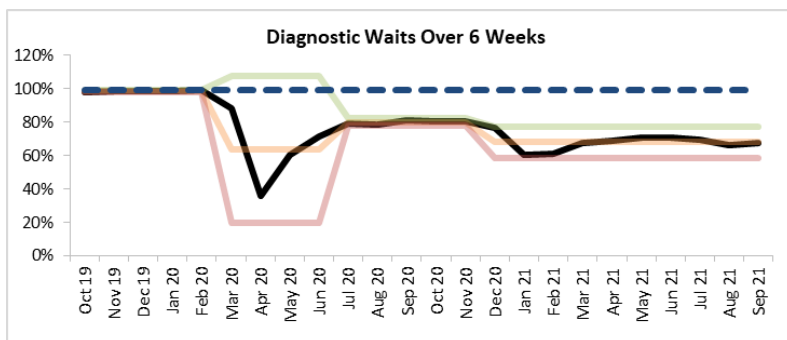
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	17	4	76.5%
Gynaecological	0.5	0.5	0.0%
Lower Gastrointestinal	4.5	3.5	22.2%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> In relation to the 62 day screening standard, the Trust achieved the standard in Apr-21 but failed it in May-21, returning to compliance in Jun-21 and Jul-21. However, the Trust has failed the screening standard in Aug-21 with a performance of 76.5% against the 90% standard. 	<ul style="list-style-type: none"> Target failure resulted from 4 breaches (3.5 in Lower Gastrointestinal and 0.5 in Gynaecology) against 17 pathways. The breaches were triggered by a lack of surgical capacity, PET capacity and complex patient issues. Referral volumes for screening are still below pre-pandemic levels; average patients treated ran at 17 per month in 2019/20, 8 during 2020/21 and 13 in the first five 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.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

Nov-21



DM01 Breakdown by Test							
Test Name	Aug-21			Sep-21			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Neurophysiology - peripheral neurophysiology	113	49	56.6%	228	158	30.7%	-25.9%
Flexi sigmoidoscopy	333	202	39.3%	284	117	58.8%	19.5%
Audiology - Audiology Assessments	555	299	46.1%	597	262	56.1%	10.0%
Gastroscopy	1,263	568	55.0%	1,188	420	64.6%	9.6%
Magnetic Resonance Imaging	7,004	2,730	61.0%	7,937	3,193	59.8%	-1.3%
Colonoscopy	1,227	576	53.1%	1,098	345	68.6%	15.5%
Non-obstetric ultrasound	20,200	7,811	61.3%	20,363	7,222	64.5%	3.2%
Computed Tomography	4,924	1,047	78.7%	5,063	1,260	75.1%	-3.6%
Urodynamics - pressures & flows	95	5	94.7%	55	27	50.9%	-43.8%
DEXA Scan	861	87	89.9%	1,032	215	79.2%	-10.7%
Cystoscopy	117	20	82.9%	102	11	89.2%	6.3%
Respiratory physiology - sleep studies	53	2	96.2%	27	1	96.3%	0.1%
Cardiology - echocardiography	2,778	40	98.6%	2,475	0	100.0%	1.4%
Barium Enema	0	0	100.0%	2	0	100.0%	0.0%
Cardiology - Electrophysiology	0	0	100.0%	5	0	100.0%	0.0%
Grand Total	39,523	13,436	66.0%	40,456	13,231	67.3%	1.3%

Performance Overview

- 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 in both Jul-21 and Aug-21 with a performance of 66.0% recorded in Aug-21. A slight improvement has been recorded for Sep-21 at 67.3%. As with previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 90% of all breaches in Sep-21.

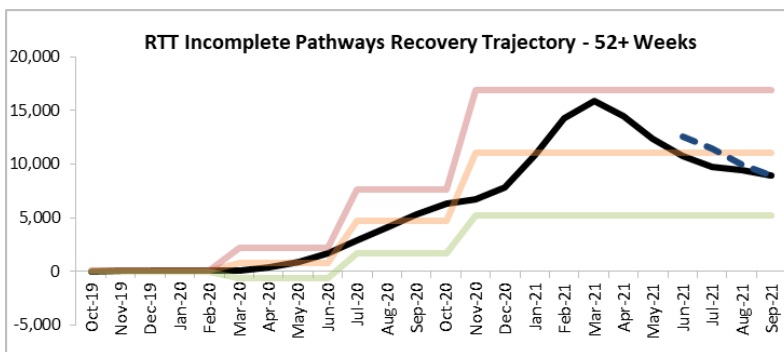
Responsible Director Update

- An elective recovery plan has been developed with improvement trajectories submitted through to Sep-21. Improvement trajectories for the second half of the year will be submitted nationally during Nov-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 with imaging modality recovery supported by demand and capacity modelling:
 - Magnetic Resonance Imaging
 - Computed Tomography
 - Non-Obstetric Ultrasound
 - Colonoscopy
 - Flexi Sigmoidoscopy
 - Gastroscopy
 - Echocardiography

RESPONSIVE

52+ Week RTT Breaches

Nov-21



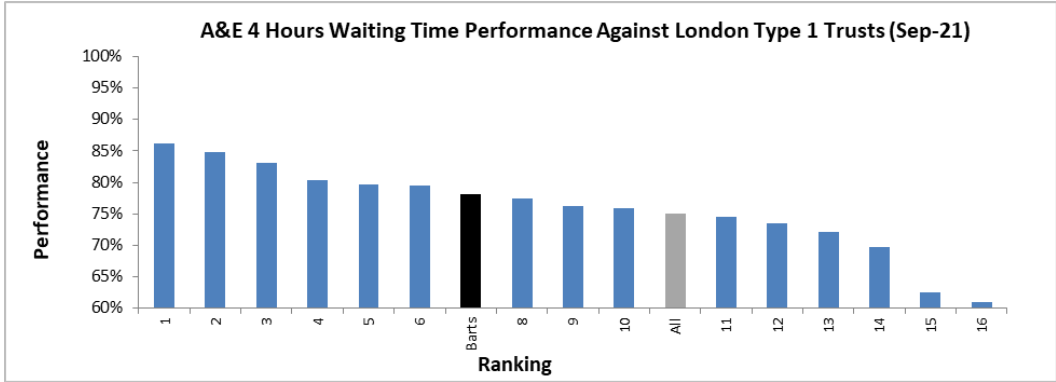
Specialty Name	52-104 Weeks	>104 Weeks	Grand Total
Trauma & Orthopaedics	1,498	37	1,535
ENT	1,298	184	1,482
Paediatric Dentistry	588	190	778
Urology	586	24	610
Colorectal Surgery	471	24	495
General Surgery	456	12	468
Gynaecology	405	28	433
Oral Surgery	379	17	396
Vascular Surgery	367	18	385
Paediatric Ear Nose And Throat	354	8	362

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> 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 8,980 recorded at the end of Sep-21. This represents a reduction of 6,869 breaches (43%) over a six month period; however, for Sep-21 this is slightly (-27) below 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. However, it should be noted that as elective activity reduced over the summer and autumn months so did the rate of backlog clearance. 	<ul style="list-style-type: none"> The Trust has submitted elective activity recovery trajectories, with activity focussed on clinically prioritised and long-waiting patients. Performance is 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 the period Jul-21 to Oct-21 to date both activity types have performed below plan. Long waiter (52 week+) eradication trajectories have under-performed for Sep-21 to Oct-21 to date, influenced by the reduction in elective activity output. As Covid-19 and non Covid-19 emergency activity pressures increase across the winter months, the Trust will be balancing its resources across elective and emergency flows. However, this may result in a reduction in elective activity should the need arise. In order to compensate for this potential impact, elective activity will continue to be focussed on clinically prioritised and long waiting patients. Additionally, throughput will be maximised by ensuring high levels of efficiency in relation to theatre and outpatient slot utilisation.

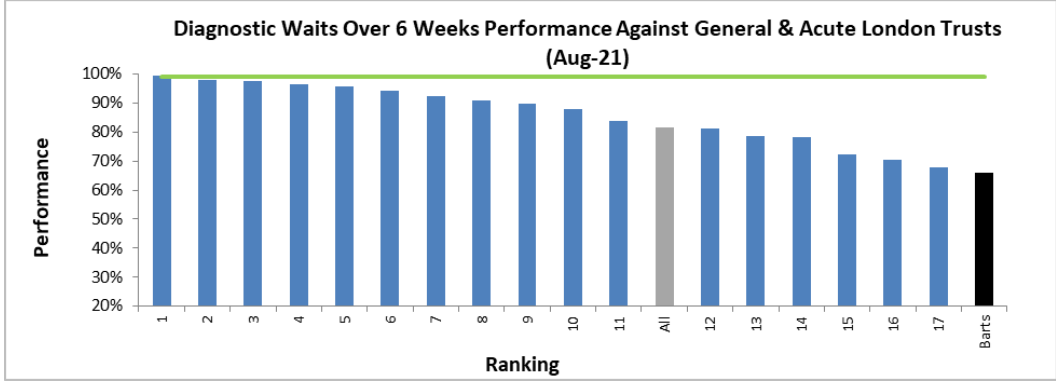
RESPONSIVE

Benchmarking Against Other Trusts

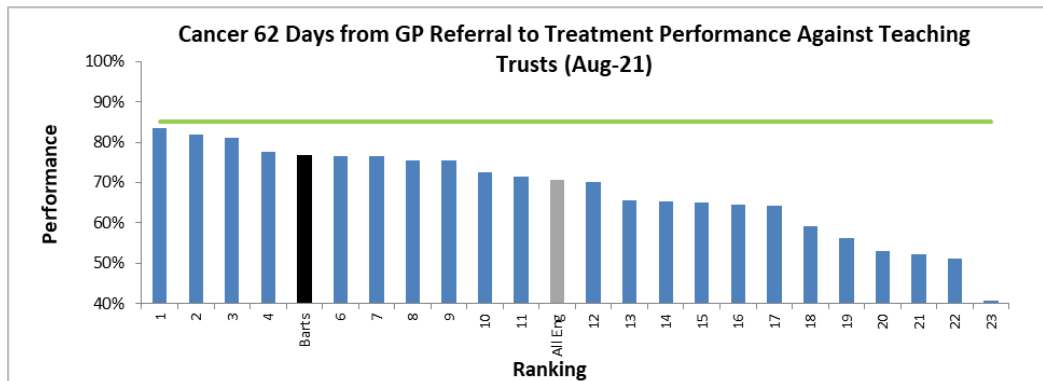
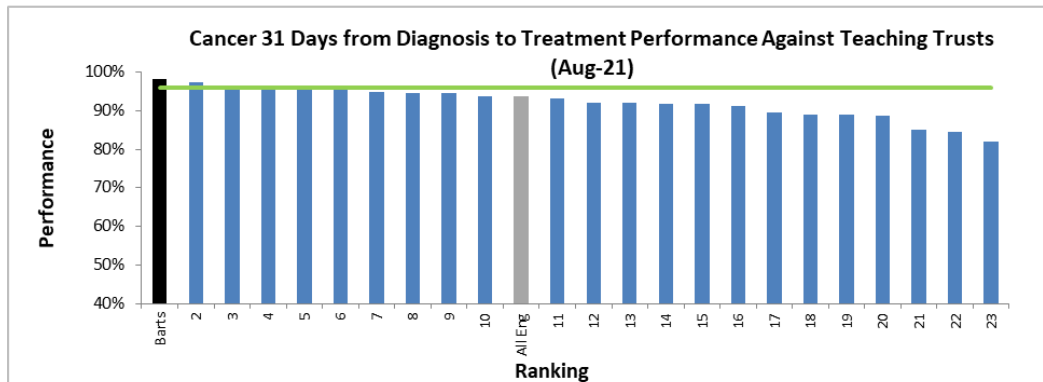
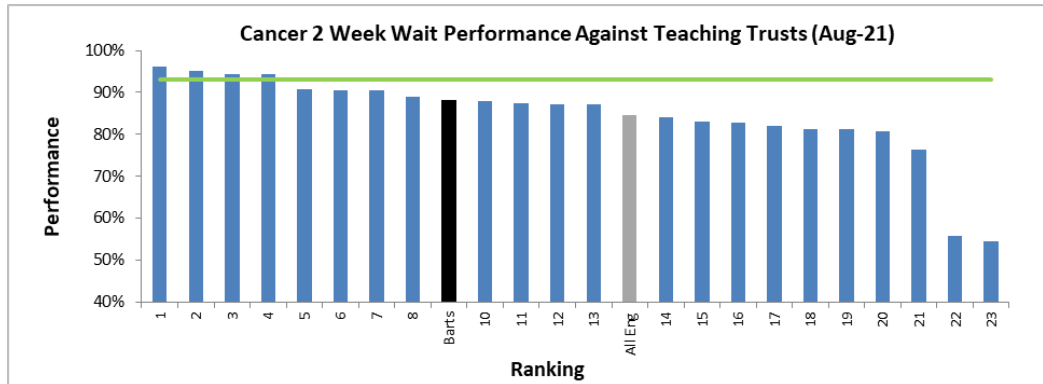
Nov-21



- For Sep-21, the Trust was seventh best performing of the 16 London Acute Trusts reporting data and the second best performing of the top 9 largest (by volume of attendances) Trusts in England reporting data.

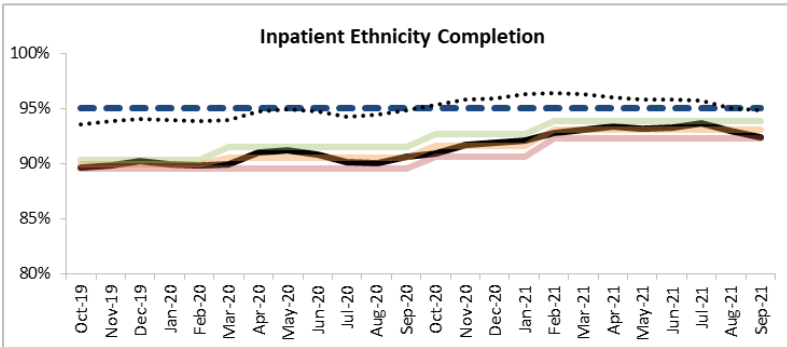
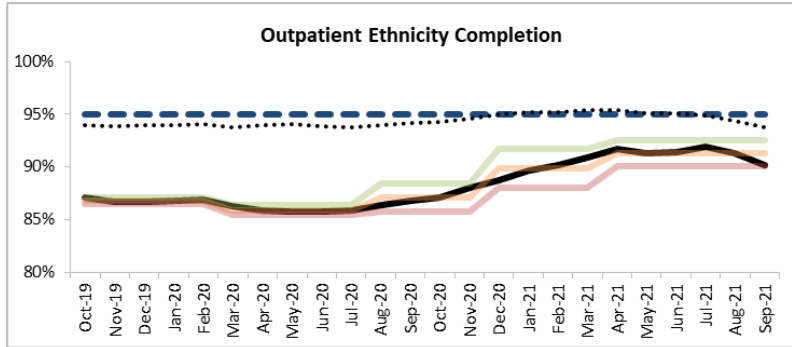
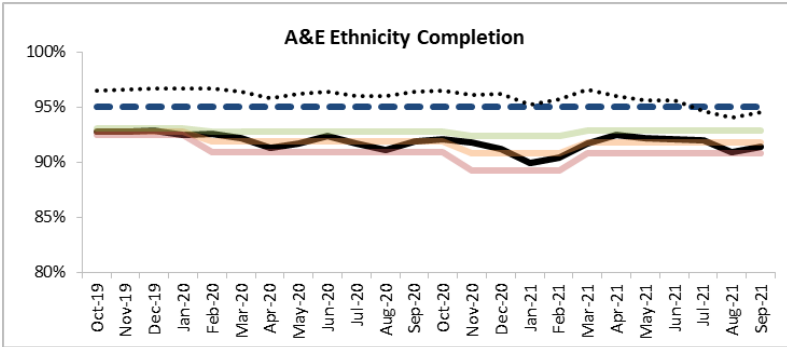


- Barts Health was ranked 18th best performing out of 18 London Trusts for Aug-21 (the most recent national data). Turning to the top 10 largest provider Trusts (by size of waiting list) reveals that Barts Health has the largest waiting list and was 6th best performing.



- For Aug-21, performance for the 2 week wait standard did not meet the target, with a performance of 88.1% against a target of 93%, a drop of 1.9% from Jul-21. For Aug-21 Barts Health was the 9th best performing of the peer group of 23 Teaching Trusts.
- The Trust achieved compliance in Aug-21 against the 31 Day Diagnosis to Treatment standard, with 225 patients treated and 4 breaches recorded, resulting in a performance of 98.2% against the 96% target. For Aug-21, Barts Health was the best performing of the 23 Teaching Trusts.
- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Aug-21. For Aug-21, the Trust recorded a performance of 76.8%, impacted by the Wave 3 recovery programme, which is set against national guidelines. As a consequence of target failure in Aug-21, Barts Health has fallen from best performing to fifth best performing of the 23 Teaching Trusts.

RESPONSIVE **Ethnicity Recording by Activity Type** **Nov-21**



Site	A&E	Inpatient	Outpatient
Royal London	89.9%	89.3%	88.3%
Whipps Cross	92.9%	93.1%	89.8%
Newham	91.9%	94.2%	94.0%
St Bart's	-	96.9%	91.7%
Other	-	-	93.5%
Trust	91.4%	92.4%	90.2%

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	Responsible Director Update
<ul style="list-style-type: none"> As previously stated, the Trust recently uploaded a significant amount of data from GP records from the Discovery Data Service. While the GP data are not yet uploaded into Cerner (the Trust's Patient Administration System) and therefore not yet visible for external reporting such as the NHS Digital Dashboard, there is a cross-Trust initiative to input these data over the coming months. The uploading of these data should significantly improve the overall position. Ethnicity capture remains best in the Trust's Inpatient services. All but one hospital site was above 93% in Sep-21. St Bart's reached 96.9%. In A&E, Whipps Cross performed best, achieving 92.9%, and Newham achieved the highest proportion of Outpatient ethnicity data recording at 94.0%. 	<ul style="list-style-type: none"> The Trust continues to employ a multi-pronged approach to improving ethnicity recording, including increased monitoring, operational changes and increased education. Last month, the Trust included ethnicity capture in Team Leader webinars. In Oct-21, the Trust has been working closely with its Communications Department to refine and improve the Trust's messaging. The Trust will continue consulting with its staff and obtaining patient input to ensure that staff are clear on the rationale for collecting the data and that the Trust communicates the benefits of collecting the data in a way that best resonates with its patients. Continued improvements are expected as services continue to upload GP ethnicity data into Cerner.

	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	22.7	27.0	27.0	31.3	54.7	29.7	20.0	-	-	
	C1	FFT Recommended % - Inpatients	●			Aug-21 (m)	>=95%	90.3%	89.5%	89.9%	86.3%	91.1%	86.9%	93.0%	-	-	
	C2	FFT Recommended % - A&E	●			Aug-21 (m)	>=86%	65.5%	65.4%	66.8%	65.4%	69.9%	58.0%	-	-	-	
	C3	FFT Recommended % - Maternity	●			Aug-21 (m)	>=96%	93.1%	95.6%	92.6%	100.0%	85.7%	96.4%	-	-	-	
	C20	FFT Response Rate - Inpatients	●			Aug-21 (m)	>=23%	21.2%	21.4%	19.8%	13.4%	35.7%	16.9%	30.0%	-	-	
	C21	FFT Response Rate - A&E	●			Aug-21 (m)	>=12%	8.7%	8.8%	9.2%	8.8%	11.1%	6.6%	-	-	-	
	C22	FFT Response Rate - Maternity	●			Aug-21 (m)	>=17.5%	6.1%	5.4%	5.4%	1.1%	2.1%	11.5%	-	-	-	
	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	●			Sep-21 (m)	>=85%	89.0%	84.8%	88.3%	79.7%	88.9%	84.2%	100.0%	-	-	●
	R30	Duty of Candour	●			Aug-21 (m)	>=100%	87.1%	94.7%	93.1%	90.0%	88.9%	100.0%	100.0%	-	-	●

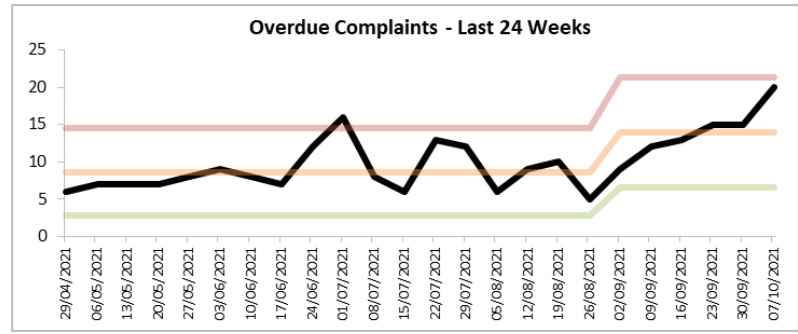
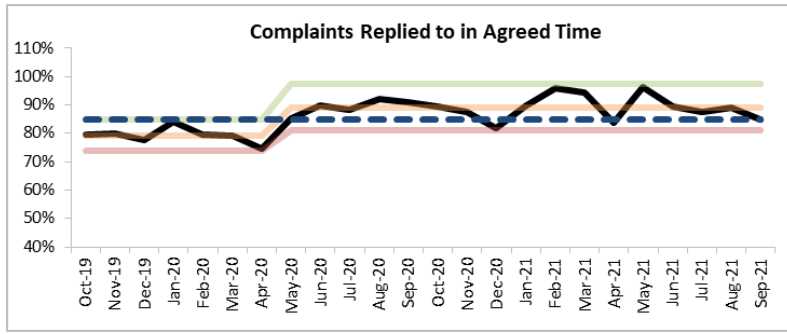
MSA breaches: Feb-20 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report

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

CARING

Complaints Replied to in Agreed Time

Nov-21



Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	298	62
Communication - verbal / written / electronic	214	29
Appointments / Clinics	83	8
Delays in care	79	18
Security and unacceptable behaviour	25	3

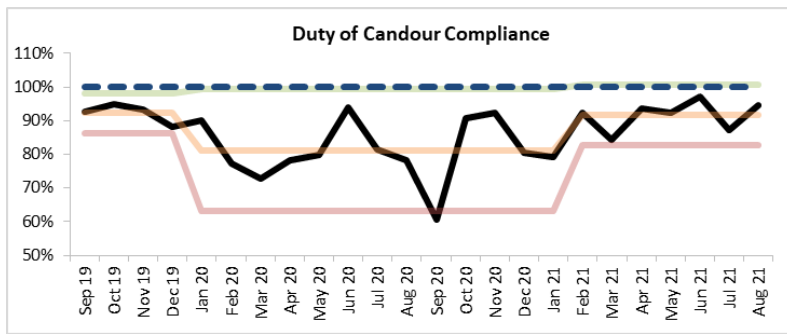
Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Diagnosis / Treatment	12	8	1	28
Delays in care	2	15	11	19
Transport	2	2	1	3
Communication - verbal / written / electronic	2	5	5	5
Appointments / Clinics	1	2	2	2
Security and unacceptable behaviour	1	3	3	3

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Response performance has been consistently at or near target for some months. Performance in Sep-21 was 84.8% against a target of 85%. Year to date performance of 88.3% demonstrates the consistency of performance over time. 	<ul style="list-style-type: none"> Sound response performance allows focus on other areas of the complaints' process such as response quality.

CARING

Duty of Candour

Nov-21



Site	No of Apologies	No of Incidents	Compliance
Trust	36	38	94.7%
Royal London	9	10	90.0%
Whipps Cross	8	9	88.9%
Newham	9	9	100.0%
St Bart's	10	10	100.0%
Other	0	0	N/A
Of Which CSS	1	1	100.0%

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	91.1%	98.6%	99.1%	96.7%	98.6%
This Period	94.7%	94.7%	94.7%	97.4%	94.7%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Duty of candour has been carried out for all qualifying incidents in this reporting period. Two incidents did not meet the internal metric target to apologise within 14 calendar days. Performance is stable and within the usual limits of normal variation. 	<ul style="list-style-type: none"> Whilst there are some variations, performance continues to stabilise and is now broadly comparable with that seen pre-pandemic.

	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	●			Sep-21 (m)	<= 16	7.4	12.8	10.5	0.0	28.4	0.0	50.2	-	-	
	S11	Clostridium difficile - Incidence	●			Sep-21 (m)	<= 7	4	7	34	0	4	0	3	-	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Sep-21 (m)	<= 0	1	1	3	0	0	1	0	-	0	●
	S77	MSSA Bacteraemias				Sep-21 (m)	SPC Breach	3	8	38	2	2	1	3	-	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●	●		Sep-21 (m)	<= 9	10	10	62	6	0	4	0	-	0	
Incidents	S3	Never Events	●			Sep-21 (m)	<= 0	1	2	3	1	0	1	0	-	0	●
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Sep-21 (m)	<= 0.9%	1.6%	2.0%	1.4%	2.1%	1.2%	1.8%	4.8%	-	-	
	S45	Falls Per 1,000 Bed Days	●	●		Sep-21 (m)	<= 4.8	3.3	3.9	3.7	3.4	4.9	3.5	4.4	-	-	
	S25	Medication Errors - Percentage Causing Harm	●	●		Sep-21 (m)	<= 4%	2.3%	2.9%	2.9%	3.0%	2.2%	2.3%	3.5%	-	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Sep-21 (m)	SPC Breach	55.3	57.1	57.1	40.4	78.5	65.2	58.0	-	-	
	S53	Serious Incidents Closed in Time	●			Sep-21 (m)	>= 100%	27.8%	12.5%	45.8%	0.0%	0.0%	0.0%	100.0%	-	-	●

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

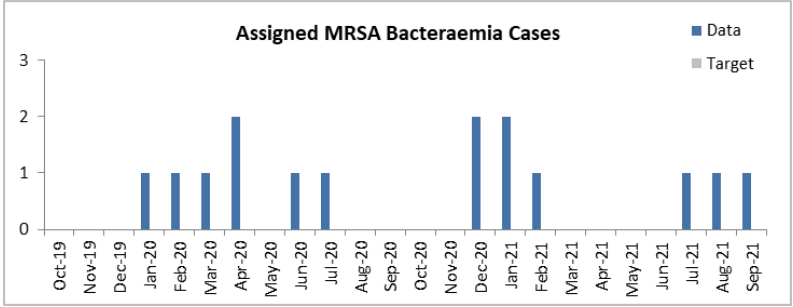
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	●		Sep-21 (m)	<=0.6	1.0	0.9	0.9	0.6	1.2	1.1	1.3	-	-	●
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Sep-21 (m)	SPC Breach	0.2	0.2	0.2	0.1	0.2	0.2	0.7	-	-	
	S17	Emergency C-Section Rate				Aug-21 (m)	-	18.5%	18.5%	19.0%	16.4%	16.5%	21.8%	-	-	-	
	S27	Patient Safety Alerts Overdue	●	●		Sep-21 (m)	<=0	2	2	2	-	-	-	-	-	-	
Assess & Prevent	S36	VTE Risk Assessment	●		●	Sep-21 (m)	>=95%	97.7%	95.0%	97.2%	97.3%	93.7%	93.5%	93.0%	-	4.7%	●
	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%	-	-	

Emergency C-Section Rate: a recent Health and Social Care Committee report recommended an immediate end of the use of total Caesarean Section percentages as a metric for maternity services, to be replaced by using Robson criteria to measure Caesarean Section rates more intelligently. The maternity team will be implementing this recommendation as part of the ongoing work into the maternity dashboard review and refresh. Meanwhile, the target has been removed from the metric.

Patient safety alerts: two safety alerts are currently overdue. These are being actively actioned by the Trust.

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** **Nov-21**



Site	Specialty	Location	Previous 6 Months	Sep-21
Whipps Cross	Geriatric Medicine	Syringa Ward	1	0
Newham	Obstetrics	Maternity	1	0
Newham	Gastroenterology	Silvertown Ward	0	1

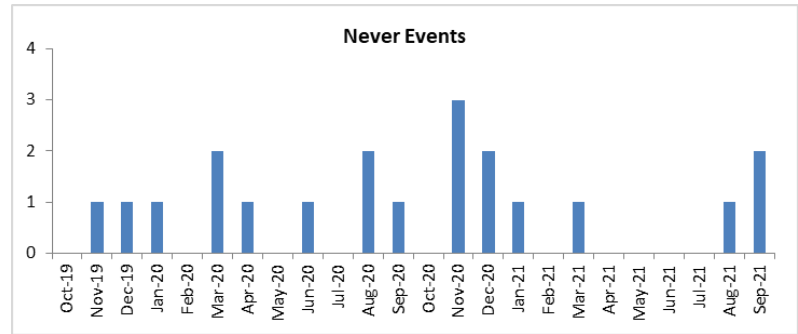
Site	Specialty	Location	This Period
Newham	Gastroenterology	Silvertown Ward	1

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The Trust had one hospital-associated MRSA bacteraemia in Sep-21, occurring in Gastroenterology at Newham. This brings the total for 2021/22 to 3 cases, as compared to 4 cases in the same time period in 2020/21. At the post infection review meeting for the Sep-21 case, it was found that the case was unavoidable and originated in the community (though is attributed to the Trust because the blood culture was taken just after 48 hours after admission). 	<ul style="list-style-type: none"> Continue to adhere to the guidance on screening for MRSA and decolonising all patients who screen positive.

SAFE

Never Events

Nov-21



Never Event Type	Site	Number of Events
Retained foreign object post-procedure	Royal London	2
Misplaced naso or oro-gastric tubes	Royal London	2
Retained foreign object post-procedure	Whipps Cross	1
Unintentional connection of a patient requiring oxygen to an air flowmeter	St Bart's	1
Retained foreign object post-procedure	Newham	1
Unintentional connection of a patient requiring oxygen to an air flowmeter	Whipps Cross	1
Wrong route administration of medication	Whipps Cross	1
Retained foreign object post-procedure	St Bart's	1

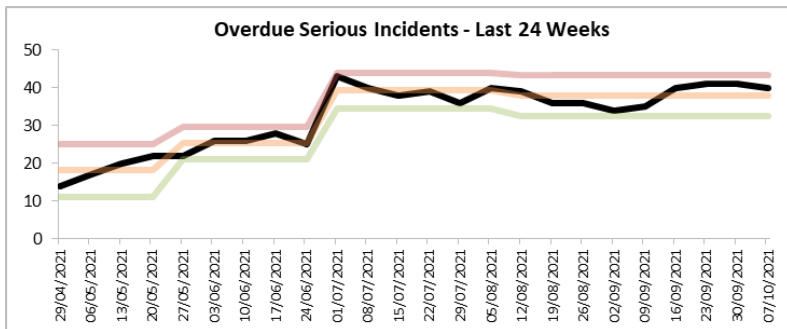
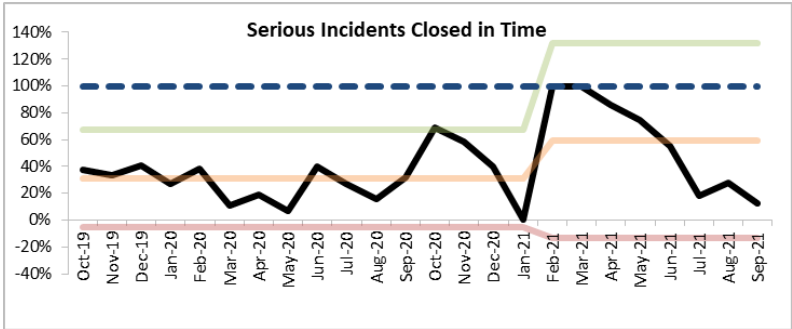
Site	Specialty	Location	Never Event Type
Royal London	Obstetrics	6F Ward	Retained foreign object post-procedure
Newham	Obstetrics	Delivery Suite	Retained foreign object post-procedure

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Two never events were reported in maternity services in Sep-21 along with one similar near-miss incident. All three incidents involved the retention of vaginal swabs or packs but all occurred at different hospital sites. The last similar obstetric incident was in Nov-20 and prior to that a cluster of three incidents in summer 2020. There have been three never events (all categories) in 2021/22 compared to five at the same point in 2020/21. 	<ul style="list-style-type: none"> An After Action Review (AAR) took place with all of the maternity services, led by the Director of Improvement, with clear actions and learning from these incidents. The maternity safety programme has launched as part of the Trust safety programme. This is led by the Director of Midwifery and the Chair of the Women's Board. This is using a Quality Improvement (QI) approach and focussing on the culture of the units as well as the improvements and actions required, with an aim to make sustainable change.

SAFE

Serious Incidents Closed in Time

Nov-21



Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	32	4
Obstetrics	13	0
Treatment	12	0
Medication	11	1
Patient Falls	7	2

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	15	39	1	130
Treatment	5	77	7	130
Patient Falls	3	42	17	70
Food and Nutrition	2	23	19	26
Patient Action	2	11	4	18
Medication	2	67	55	78
Estates/Facilities	2	127	124	130

Performance Overview

- Performance in closing serious incident investigations on time remains sub-optimal with an overall deterioration noted since the spring.

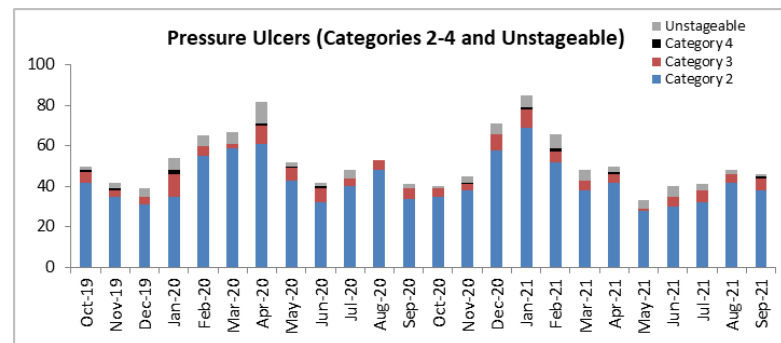
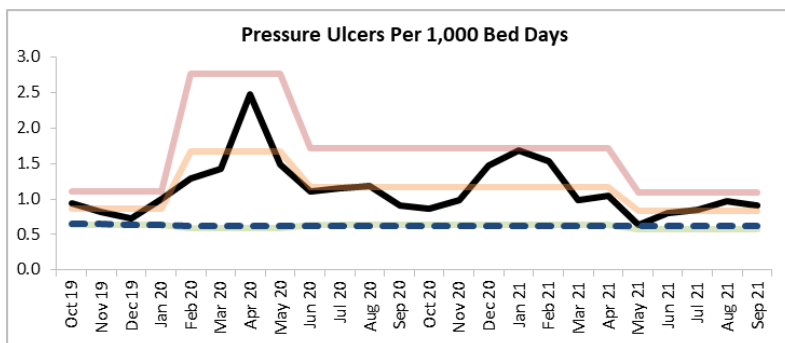
Responsible Director Update

- This performance is thought to be associated with the considerable backlog of investigations that have accrued as a result of the pandemic which reflects the national picture.
- The number of overdue investigations, whilst not improving presently, is broadly stable and not deteriorating. The hospital sites are very focussed on reducing the backlog and improving performance but the investigations require considerable input from clinical staff who remain busy with the pandemic, the backlog and the restoration of services.

SAFE

Pressure Ulcers Per 1,000 Bed Days

Nov-21



Pressure Ulcers (Categories 2-4 and Unstageable) - Highest Locations in Sep-21

Site	Location	Location Main Specialty	Category			
			2	3*	4	All
Newham	A&E	A&E	2	1	0	3
Whipps Cross	Rowan Ward	General Surgery	2	0	0	2
Royal London	4F Ward	Critical Care	2	0	0	2
Whipps Cross	Sycamore Ward	T&O	2	0	0	2
Royal London	10E Ward	Gastroenterology	2	0	0	2
Whipps Cross	Primrose Ward	General Surgery	2	0	0	2
Royal London	11F Ward	General Medicine	1	1	0	2
Whipps Cross	Sage Ward	Geriatric Medicine	2	0	0	2
Royal London	9F Ward	Nephrology	2	0	0	2
Newham	Silvertown Ward	Geriatric Medicine	2	0	0	2
Whipps Cross	Syringa Ward	Geriatric Medicine	2	0	0	2
St Bart's	5C Ward	Clinical Haematology	1	1	0	2
Newham	Intensive Care Unit (ICU)	Critical Care	2	0	0	2
St Bart's	5D Ward	Clinical Haematology	1	0	1	2

*Includes category 3 and unstageable pressure ulcers (which are at least category 3)

Pressure Ulcers (Categories 2-4 and Unstageable) Highest Locations in Previous 6 Months

Site	Location	Location Main Specialty	Previous 6 Months	Sep-21
Newham	Silvertown Ward	Geriatric Medicine	10	2
Whipps Cross	Rowan Ward	General Surgery	8	2
St Bart's	5C Ward	Clinical Haematology	8	2
Royal London	14E Ward	Geriatric Medicine	8	0
Whipps Cross	A&E	A&E	8	1
Royal London	14F Ward	Geriatric Medicine	8	0

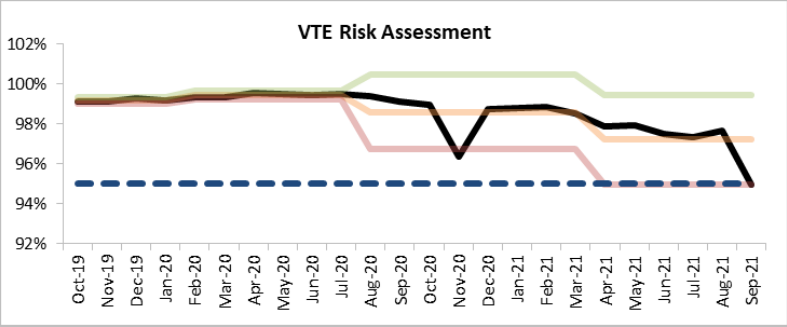
Performance Overview

- Root cause analysis is showing that patients are not getting timely pressure ulcer prevention interventions such as risk assessments (Waterlow), regular and accurate skin assessments, repositioning, mattress ordering.
- Impact of vacancies and high use of temporary staff.
- Targeted training in place.
- Wards also have action plans that include oversight and audits by ward managers and matrons on pressure ulcer interventions.
- Round table patient case reviews have been carried out with staff involved with the care of patients who developed pressure damage in their areas.

Responsible Director Update

- Each hospital site Director of Nursing is reviewing the specific issues for their hospital site through deep dives and the learning from Newham, who have seen improvements, is being shared.
- The next pressure ulcer prevalence audit is being undertaken in Dec-21/Jan-22 with Linet (the bed management company). From this, the Trust will continue to refine the Trust's strategy.

SAFE **VTE Risk Assessment** **Nov-21**



Site	Ward	No of VTE Risk Assessments	No of Admissions	% VTE Risk Assessments
Royal London	Gerry Bennett Ward	0	149	0.0%
Other	Early Diagnosis Centre	13	279	4.7%
Newham	Clove Ward	10	92	10.9%
St Bart's	Francis Fraser Ward	9	53	17.0%
Royal London	Emergency Surgical Ambulatory Care	34	98	34.7%

*With 50 or more admissions

Site	Specialty	No of VTE Risk Assessments	No of Admissions	% VTE Risk Assessments
Other	Gastroenterology	13	279	4.7%
St Bart's	Endocrinology	29	73	39.7%
Newham	Trauma & Orthopaedics	121	241	50.2%
Royal London	General Surgery	143	192	74.5%
Royal London	Trauma & Orthopaedics	72	93	77.4%

*With 50 or more admissions

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The Trust's current venous thromboembolism (VTE) risk assessment completion performance as at 15/10/2021 was 95.72% against a target of 95%. Therefore performance has recovered since this reduction in Sep-21. 	<ul style="list-style-type: none"> It is unusual to have a reduction in VTE risk assessment performance and it is encouraging to see that it has recovered throughout Oct-21. There is an automated system to ensure that this assessment is completed. A one-off dip in performance is not a cause for concern and this needs to be monitored closely to ensure that this does not recur or become a trend.

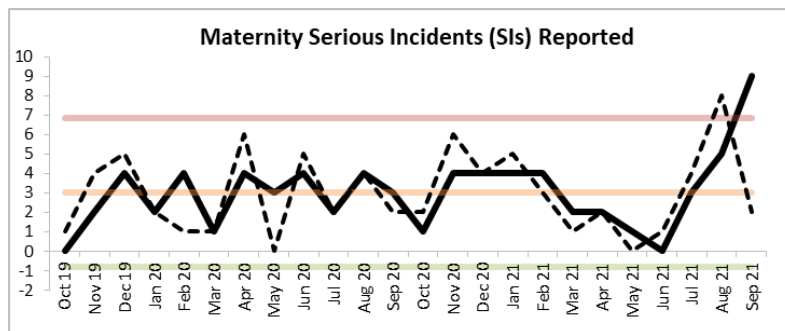
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●	●		Apr-21 (m)	<= 100	95	97	97	93	102	106	89	-	-	
	E3	Risk Adjusted Mortality Index	●			Jul-21 (m)	<= 100	92	92	92	91	96	98	80	-	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Sep-21 (m)	<= 0.51	1.06	0.55	0.65	0.55	0.79	0.41	0.43	-	-	

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 increase in the SHMI at Newham reported for Apr-21 has been investigated. The change is most likely due to the result of the change in case mix during the pandemic with no underlying concerns found. Since then mortality ratios have been returning towards pre-pandemic levels.

SPOTLIGHT

Maternity Serious Incidents (SIs)

Nov-21



The chart and tables on this page have been amended to show the month that the incident was reported to the external reporting portal StEIS (Strategic Executive Information System) rather than the month it was reported on the Trust's Datix system. This does not materially change the number of incidents shown (72 as compared to 71), just the month under which they are shown. The previous method is shown as a dotted line in the chart above.

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	15	14	43	72
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	8	4	13	25
% HSIB Investigations	53.3%	28.6%	30.2%	34.7%

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	15	14	43	72
Neonatal - Unanticipated admission to Neonatal unit	4	3	9	16
Antenatal - Antepartum Stillbirth	2	2	9	13
Intrapartum - Retained vaginal swab/tampon	3	2	3	8
Intrapartum - Stillbirth	2	1	1	4
Maternal death	0	1	3	4

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	46	49	269	364
Other action	11	11	43	65
Review / amend processes	7	2	53	62
Sharing the learning	8	7	44	59
Education and training	5	4	43	52
Review or update guidelines / documentation	7	8	30	45

Commentary

- Nine maternity serious incidents were reported to StEIS (Strategic Executive Information System) in Sep-21. Four related to stillbirths, one was an unanticipated admission to the neonatal unit, one was an MRSA case and three were related to retained foreign objects. Seven of these incidents have already been mentioned in previous Board Report commentary (as explained in the chart above). Two are newly reported to the Board this month: one retained vaginal swab/tampon incident at Royal London and one at Whipps Cross.
- Provisional data show that the number of incidents reported to StEIS has lowered to five in Oct-21 to date.
- As mentioned on the Never Events page, an After Action Review (AAR) with colleagues from all the maternity services was facilitated by the Director of Quality Improvement. The review identified a number of areas for improvement such as: standardisation of documentation, robust and embedded systemic change, standardisation of suture and vaginal delivery. Local Safety Standard for Invasive Procedures (LocSSIPs) will be one of the projects linked with the recently launched maternity safety programme. The aim of the programme is to support the maternity services through a quality improvement methodology approach to help with the Trust's quality objectives and the national ambition to halve the rate of stillbirths, neonatal deaths, maternal deaths and brain injury occurring during or shortly after birth by 2025.
- The situation for newborn hips screening is improving, with the full re-opening of the neonatal hips ultrasound service at Whipps Cross and Newham
- On 15/10/2021, the Healthcare Safety Investigation Branch (HSIB) Maternity Investigation team submitted a letter of concern to the Trust regarding the identification of infection in women in labour at Royal London. As part of the response to the HSIB letter of concern, a deep dive of the cases was undertaken. The conclusion of this was that while three of the women had an infection, their clinical presentation was different with only one having a temperature in labour, so no missed opportunities were identified. However, the team recognises the importance of timely identification and escalation of sepsis. The Trust's response letter outlined the ongoing actions taken to support staff education and training.

Nov-21



Finance Report



KEY METRICS

Finance Key Metrics

Nov-21

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (0.0)		The Trust is reporting a £0.1m favourable variance against its breakeven plan for the year to date.
	Actual 0.1		
	Variance 0.1		
Total Income	Plan 1,002.5		Income is £2.4m favourable against plan for the year to date. NHS Patient Treatment income is £10.9m favourable primarily due to over performance on elective and outpatient activity against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m). Other income is (£8.5m) adverse with key shortfalls being reduced private patients activity (£2.1m) and other sites and services income shortfalls (£1.5m), there are central other income adjustments for vaccination programme re-imburement (£2.5m) and donated asset income (£2.3m) which fully offset with associated expenditure. The September position includes income for the 21/22 3% pay award (£15m year to date).
	Actual 1,004.9		
	Variance 2.4		
Total Expenditure	Plan (1,002.5)		Expenditure is (£2.3m) adverse against plan for the year to date. Site & Services pay expenditure is £12.2m favourable year to date, which is driven by reduced expenditure for COVID-19 capacity and COVID-19 staff absence cover and by under spending against non-clinical staffing budgets. Substantive staffing costs in September include the impact of the 21/22 pay award backdated to April. Sites & Services non pay expenditure is (£19.1m) adverse, with the largest variances being the costs of independent sector provider activity to support elective recovery (£9.7m) and pass-through drugs (£4.7m) . There are favourable central expenditure variances of £4.6m primarily due to lower vaccination programme costs and donated asset depreciation.
	Actual (1,004.8)		
	Variance (2.3)		
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan (87.5)		The Trust is reporting a pre system top-up deficit of £87.4m which is a £0.1m favourable variance against the year to date plan. The system top-up is the allocation the North East London system receives during the period of COVID-19 financial arrangements in respect of the Barts Health underlying deficit.
	Actual (87.4)		
	Variance 0.1		

KEY METRICS

Finance Key Metrics

Nov-21

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan	45.5	<p style="font-size: 8px; margin-top: 5px;"> ■ Actual — Plan </p>
	Actual	30.8	
	Variance	(14.7)	
Cash	Plan	25.0	<p style="font-size: 8px; margin-top: 5px;"> ■ Actual — Plan </p>
	Actual	127.3	
	Variance	102.3	

Key Year To Date Issues

Financial performance is in line with the breakeven plan for the first half of the year, however:

- Elective Recovery Funding (ERF) thresholds have increased as a percentage of business as usual (2019/20) activity levels (April 70%, May 75%, June 80%, Quarter 2 95%). Following the increase in the ERF threshold to 95%, the Trust has ceased to earn additional ERF income. ERF income earned in the first quarter has enabled breakeven performance to be maintained for the year to date while incurring significant additional costs for outsourcing elective activity to the independent sector.
- The level of COVID-19 inpatients, a key cost driver, was relatively low in the first quarter of the year, but is now increasing due to the spread of the Delta coronavirus variant.

Key Risks & Opportunities

- Following the publication of the H2 planning guidance on 30th September 2021, the Trust has undertaken planning for H2, taking into account the challenges of elective recovery, COVID-19 pandemic and non-elective growth, along with the efficiency targets within the guidance. The Trust is working with system partners to confirm funding for these plans.
- The Trust will need to improve efficiency and increase internally generated elective and outpatient activity levels in the second half of the year if breakeven financial performance is to be sustained.
- The level of COVID-19 patient activity in H2 will be a key factor in determining expenditure levels.

**INCOME &
EXPENDITURE**

Income & Expenditure - Trustwide

Nov-21

20/21 YTD		In Month			Year to Date			Annual
Prev Yr	Actual	Plan	Actual	Variance	Plan	Actual	Variance	Plan
		Emillions						
Income								
720.9	NHS Patient Treatment Income	125.3	126.2	0.8 ●	731.1	741.8	10.8 ●	1,459.9
1.1	Other Patient Care Activity Income	0.6	0.2	(0.4) ●	3.5	1.4	(2.1) ●	7.0
46.7	Other Operating Income	10.2	9.9	(0.3) ●	60.4	58.9	(1.4) ●	117.1
768.7	Total Income	136.1	136.2	0.1 ●	795.0	802.2	7.2 ●	1,584.0
Operating Expenditure								
(493.9)	Pay	(101.1)	(98.4)	2.7 ●	(540.1)	(527.9)	12.2 ●	(1,067.2)
(81.7)	Drugs	(14.6)	(16.1)	(1.4) ●	(87.7)	(92.4)	(4.7) ●	(175.4)
(56.9)	Clinical Supplies	(10.3)	(10.6)	(0.3) ●	(61.7)	(61.6)	0.2 ●	(121.0)
(155.5)	Other Non Pay	(22.9)	(25.0)	(2.1) ●	(138.5)	(153.1)	(14.6) ●	(275.6)
(788.0)	Total Operating Expenditure	(148.9)	(150.1)	(1.2) ●	(828.0)	(834.9)	(6.9) ●	(1,639.1)
(19.3)	Site & Services Budgets Total	(12.8)	(13.8)	(1.0) ●	(33.0)	(32.7)	0.3 ●	(55.2)
(26.3)	Pathology Partnership (net)	(5.6)	(5.6)	0.0 ●	(30.7)	(31.1)	(0.4) ●	(62.0)
(30.8)	Vaccination Programme & Nightingale (net)	0.0	0.0	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)	(0.0) ●	0.0
(15.6)	Central NHS PT Income	18.7	17.3	(1.5) ●	59.4	59.6	0.2 ●	64.1
4.6	Central RTA & OSV Income (net)	0.4	0.9	0.5 ●	2.5	3.3	0.8 ●	5.9
(5.0)	Central Expenditure (net)	(1.0)	(1.1)	(0.1) ●	(5.5)	(5.8)	(0.2) ●	(11.1)
(2.3)	Reserves (net)	(3.3)	(1.4)	1.9 ●	(13.8)	(14.3)	(0.4) ●	18.1
(94.9)	EBITDA	(3.5)	(3.7)	(0.2) ●	(21.2)	(21.0)	0.2 ●	(40.2)
(25.0)	Depreciation and Amortisation (net)	(4.7)	(4.7)	(0.0) ●	(27.4)	(27.5)	(0.1) ●	(56.4)
(32.0)	Interest	(5.3)	(5.3)	(0.0) ●	(32.2)	(32.3)	(0.0) ●	(65.2)
(4.9)	PDC Dividends	(1.1)	(1.1)	- ●	(6.7)	(6.7)	- ●	(13.4)
(156.8)	Surplus/(Deficit) Before System Top-Up	(14.6)	(14.8)	(0.2) ●	(87.5)	(87.4)	0.1 ●	(175.1)
156.7	System Top-Up Income	14.6	14.6	(0.0) ●	87.5	87.5	(0.0) ●	175.0
(0.1)	NHS Reporting Surplus/(Deficit)	(0.0)	(0.2)	(0.2) ●	(0.0)	0.1	0.1 ●	(0.1)
0.1	Profit On Fixed Asset Disposal		0.0			0.1		
1.1	Loss on return of COVID assets to DHSC		(4.1)			(4.1)		
-	Capital Donations I&E Impact		(0.2)			(0.9)		
-	Fixed Asset Impairments		-			-		
1.1	Surplus / (Deficit)		(4.5)			(4.9)		

20/21 YTD	Programme Area	In Month				Year to Date				Annual							
		Actual	£millions			Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance	%
2.4	Equipment (Medical and Other)	3.9	0.8	3.1	79 %	8.4	3.8	4.6	54 %	15.0	15.2	(0.2)	(1)%				
3.0	Informatics	0.7	0.2	0.5	66 %	5.7	3.2	2.5	44 %	6.6	7.5	(0.9)	(13)%				
5.1	Estates	2.5	3.4	(0.9)	(36)%	13.3	12.5	0.8	6 %	25.2	27.1	(1.8)	(7)%				
4.6	New Build and Site Vacations	1.8	1.7	0.1	3 %	13.7	6.9	6.8	49 %	19.3	21.6	(2.3)	(12)%				
3.2	PFI Lifecycle Assets	0.7	0.7	0.0	3 %	4.4	4.3	0.1	1 %	8.8	8.8	(0.0)	(0)%				
18.3	Total Exchequer Programme exc. COVID19	9.7	6.9	2.8	29 %	45.5	30.8	14.7	32 %	74.9	80.1	(5.2)	(7)%				
11.4	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-				
21.0	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-				
1.9	COVID19 - Restart	-	-	-	-	-	-	-	-	-	-	-	-				
34.3	Total COVID19	-	-	-	- %	-	-	-	- %	-	-	-	- %				
52.6	Total Trust Funded Assets	9.7	6.9	2.8	29 %	45.5	30.8	14.7	32 %	74.9	80.1	(5.2)	(7)%				
2.9	Donated	0.6	0.2	0.4	74 %	3.5	1.2	2.3	66 %	7.0	7.0	-	- %				
55.5	Total Capital Expenditure	10.2	7.0	3.2	31 %	49.0	32.0	17.0	35 %	81.9	87.1	(5.2)	(6)%				

Key Messages

Following the reforecast exercise last month which identified programme handback of funding no longer required in 2021/22 (£9.3m), VAT recoveries (£1.4m) as well as further over commitment requirements of £3m, the current forecast exchequer capital programme is £80.1m (£87.9m in Month 5). The current over commitment is £5.2m, 6% (£12.9m, 16% in Month 5) against current identified exchequer funding of £74.9m. Overall £33m of cost pressures for 2021/22 have been identified against which it is intended to approve sufficient cases to increase the capital programme over commitment to c£15m. The Trust is seeking to address the additional funding requirement by a bid for Targeted Investment Funding (TIF) of £8.7m, exploring additional funding sources and ongoing discussions with the NEL about increasing the size of the funding envelope for the Trust.

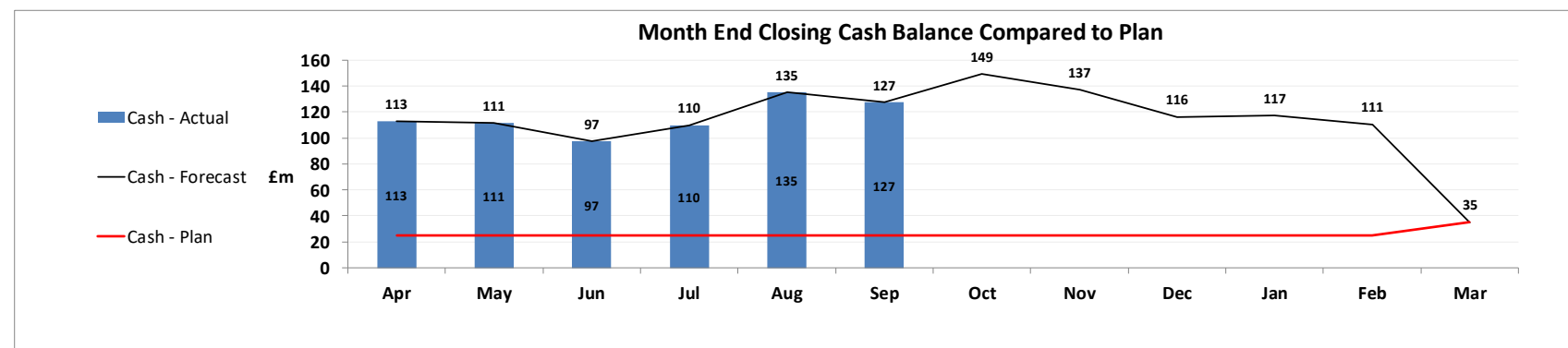
To date the Trust secured funds of £36.3m. In addition, charitable funds of £1.2m have also been secured.

The cumulative expenditure at Month 6 is £30.8m (£23.9m in Month 5) against the original phased plan of £45.5m which gives a year to date variance of £14.7m 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	5.5	5.6	50 %
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	36.3	38.7	48 %
Asset sales	0.0	0.0	-	100 %
*Total Exchequer Funding exc. Donated	75.0	36.3	38.7	48 %
Donated	7.0	1.2	5.8	17 %
Planned Capital inc. Donated	82.0	37.5	44.5	46 %
*(Over)/Under commitment	(5.2)			

£millions	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	135.1	127.3	149.1	137.0	116.2	117.3	110.5	54.4
Cash inflows													
Healthcare contracts	118.0	116.1	123.4	123.2	144.5	140.2	117.6	117.6	117.6	117.6	117.6	136.2	1,489.6
Other income	54.2	38.8	51.3	50.5	46.9	49.9	64.1	30.1	25.5	41.8	30.4	48.8	532.3
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	22.1	-	-	22.2	44.3
Total cash inflows	172.2	154.9	174.7	173.7	191.4	190.1	181.7	147.7	165.2	159.4	148.0	207.2	2,066.2
Cash outflows													
Salaries and wages	(51.5)	(50.5)	(51.1)	(53.4)	(52.7)	(59.0)	(56.0)	(54.1)	(56.7)	(54.1)	(54.1)	(55.2)	(648.4)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.4)	(38.0)	(39.8)	(45.4)	(40.9)	(40.9)	(40.9)	(40.9)	(41.0)	(444.8)
Non pay expenditures	(49.8)	(64.0)	(95.4)	(64.0)	(71.3)	(93.5)	(52.5)	(60.3)	(83.6)	(56.5)	(53.8)	(159.6)	(904.3)
Capital expenditure	(9.7)	(6.6)	(2.5)	(4.5)	(4.2)	(3.7)	(6.0)	(4.5)	(4.8)	(6.8)	(6.0)	(21.6)	(80.9)
Dividend and Interest payable	-	-	-	-	-	(1.9)	-	-	-	-	-	(5.3)	(7.2)
Total cash outflows	(113.8)	(156.4)	(188.5)	(161.3)	(166.2)	(197.9)	(159.9)	(159.8)	(186.0)	(158.3)	(154.8)	(282.7)	(2,085.6)
Net cash inflows / (outflows)	58.4	(1.5)	(13.8)	12.4	25.2	(7.8)	21.8	(12.1)	(20.8)	1.1	(6.8)	(75.5)	(19.4)
Closing cash at bank - actual / forecast	112.8	111.3	97.5	109.9	135.1	127.3	149.1	137.0	116.2	117.3	110.5	35.0	35.0
Closing cash at bank - plan	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	35.0	35.0



Key Messages

Cash balances are higher by £102.3m compared to a plan of £25.0m, as a result of a high opening cash balance of £54.2m on 1st April 2021, and other movements in working capital. The Trust paid the half yearly dividend of £1.9m in month 6, which was £3.4m lower than plan because of the prior year's receivable balance.

20/21		Actual						Forecast						
31 Mar 2021	£millions	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	1,388.9	1,386.8	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	16.5	16.7	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	1,405.5	1,403.6	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	22.0	23.1	23.1	23.1	23.8	23.5	23.2	22.0	0.0
130.8	Trade and other receivables	119.5	130.3	146.6	140.8	108.7	133.0	137.7	139.0	131.9	127.1	135.4	147.9	17.1
54.2	Cash and cash equivalents	112.8	111.3	97.5	109.9	135.1	127.3	149.1	137.0	116.2	117.3	110.5	35.0	(19.2)
207.0	Total current assets	254.3	263.1	265.9	273.3	265.8	283.4	309.9	299.1	271.9	267.9	269.1	204.9	(2.1)
1,611.6	Total assets	1,655.4	1,667.2	1,669.0	1,677.6	1,671.3	1,687.0	1,744.7	1,736.8	1,715.9	1,716.9	1,722.4	1,609.5	(2.1)
	Current liabilities													
(179.5)	Trade and other payables	(225.1)	(239.1)	(244.0)	(255.0)	(251.3)	(274.2)	(315.0)	(307.1)	(286.2)	(287.2)	(292.7)	(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)	(26.8)	(25.5)	(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	(256.0)	(270.0)	(274.9)	(285.9)	(282.2)	(303.8)	(345.1)	(337.2)	(316.3)	(317.3)	(322.8)	(209.7)	0.7
(3.4)	Net current (liabilities) / assets	(1.7)	(6.9)	(9.0)	(12.6)	(16.4)	(20.4)	(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	1,389.1	1,383.2	1,399.6	1,399.6	1,399.6	1,399.6	1,399.6	1,399.8	(1.4)
	Non-current liabilities													
(17.6)	Provisions	(17.4)	(17.3)	(17.2)	(17.1)	(16.8)	(16.7)	(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)	(930.3)	(928.9)	(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)	(947.1)	(945.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.6)	(956.8)	2.0
442.4	Total Assets Employed	443.0	442.8	442.4	442.2	442.0	437.6	443.0	443.0	443.0	443.0	443.0	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)	(854.4)	(858.8)	(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	442.0	437.6	443.0	443.0	443.0	443.0	443.0	443.0	0.6

Nov-21



People Report



Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.22% in Jul-21 to 4.35% in Aug-21. This is a reflection of both the higher impact of COVID-19 absence (although down in month from Jul-21) as well as increased exposure of staff to other sickness causes compared to Aug-20 when restrictions were tighter and shielding was in place.
- **Appraisal rates** – there has been an increase in non-medical appraisals from 44.4% to 46.3% in month. This increase is lower than expected and a reflection of the demands on managers and levels of annual leave across the Trust in Sep-21.

New Ways of Working

- **Nursing roster approval compliance** (approved six weeks in advance) increased from 46.2% to 48.5%. This is variable across the hospital sites with Whipps Cross down at 32% but St Bart's up at 79%.
- Finalising rotas six weeks in advance continues to be challenging in the face of activity driving ward/specialty changes and where vacancy or sickness absence levels are above plan.
- There is a need to balance early approval against the risk of numerous changes to published rotas, which is disruptive for staff and can cause delays with temporary staffing requests.
- **Nursing roster quality** reporting indicates that 29.3% of rosters that were due for approval in Sep-21 were of good or high quality across the domains of budget, fairness, safety, unavailability, effectiveness and annual leave. This varies from 24% at St Bart's to 38% at Newham.
- There will be a renewed focus on roster metrics at the hospital site workforce meetings.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Workforce plans**– the updated workforce plan is provided later in the report with charts showing plans and performance against plan for recruitment, temporary staffing and substantive staffing.
- **Recruitment** – in Sep-21, 439 unconditional offers were made, up from 392 in Aug-21. In addition, 789 Whole Time Equivalent (WTE) roles were advertised, above the plans from the hospital sites. The Trust's substantive staff fill rate in Sep-21 was at 85.2%, down from 85.5%, reflecting both a small growth of 5 WTE substantive staff and increase in budget of 36 WTE.
- Plans are in place for a short term increase in the size of the recruitment team to support progressing the high volume of recruitment activity being commissioned by the hospital sites.
- **Turnover** – annualised voluntary turnover is increasing and is now at 10.58%, up from 10.14% last month. This is a continued increase, which in part was expected as the Trust moves away from the period of low recruitment and turnover that resulted from the initial impact of the pandemic. A retention working group has been set up, tasked with developing a Trust-wide retention action plan.
- **Temporary staffing**– temporary staffing usage reduced by 138 WTE compared to Aug-21, most notably with a reduction of 170 Bank WTE (a growth of 32 Agency WTE) with the proportion of temporary staff as part of the workforce decreasing from 14.7% to 14.0%.

Group	Indicator	Targets	Performance		YTD	Sep-21 (Site)				
		Target	Aug-21	Sep-21		Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	97.5%	96.2%	-	97.3%	98.4%	93.5%	95.4%	99.8%
	Staff in Post - Actual	>=Plan	16,202	16,207		5,527	2,600	1,920	2,353	1,109
	Staff in Post - Plan	-	16,195	16,267	-	5,562	2,603	1,907	2,366	1,125
	Bank WTE - Actual	<=Plan	2,235	2,065		698	429	329	281	149
	Bank WTE - Plan	-	1,904	1,904	-	717	347	387	282	93
	Agency WTE - Actual	<=Plan	548	580		158	185	117	34	31
	Agency WTE - Plan	-	393	393	-	84	158	66	27	8
	Total Staffing - Actual	<=Plan	18,985	18,851	-	6,383	3,215	2,366	2,669	1,289
Recruitment Plans	Total Staffing - Plan	-	18,491	18,564	-	6,363	3,109	2,360	2,675	1,226
	Substantive Fill Rate - Actual	<=Plan	85.5%	85.2%	-	87.5%	81.0%	78.4%	86.8%	91.9%
	Substantive Fill Rate - Plan	-	89.3%	89.6%	-	91.7%	85.8%	86.7%	89.9%	90.2%
	Unconditional Offers - Actual	>=Plan	392	439	2,350	155	53	41	66	31
Rosters	Unconditional Offers - Plan	-	293	293	3,511	138	40	53	69	46
	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	46.2%	48.5%	-	46.2%	32.0%	45.0%	78.9%	-
	Nursing Roster Quality - % Blue or Cloudy Sky	-	30.1%	29.3%	-	26%	30%	38%	24%	-
Diversity	Additional Duty Hours (Nursing)	-	82,195	80,459	-	28,598	25,250	21,531	4,895	129
	% of BME Staff at Band 8a to VSM	-	35.5%	37.2%		33%	42%	54%	24%	59%

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

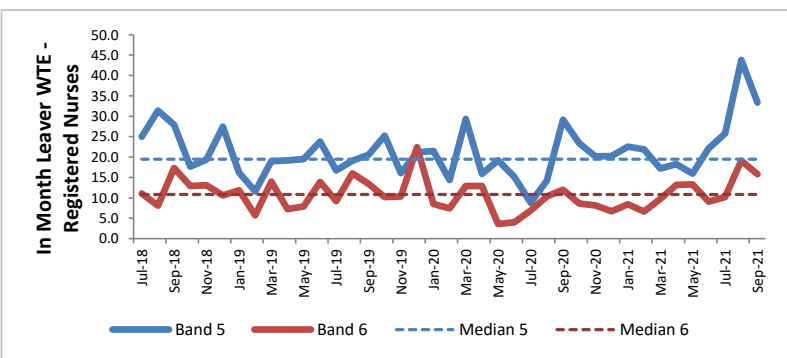
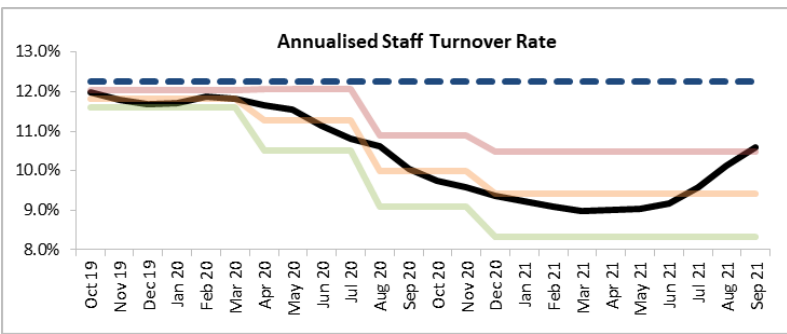
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
People	W19	Turnover Rate	●		●	Sep-21 (m)	<= 12.25%	10.14%	10.58%	10.58%	10.97%	9.84%	9.37%	12.48%	8.72%	10.50%	●
	OH7	Proportion of Temporary Staff	●			Sep-21 (m)	<= 11.3%	14.7%	14.0%	13.9%	13.4%	19.1%	18.8%	11.8%	14.0%	7.9%	●
	W20	Sickness Absence Rate	●			Aug-21 (m)	<= 3%	4.22%	4.35%	4.35%	4.46%	4.71%	5.00%	3.72%	3.46%	4.20%	
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	●			Sep-21 (m)	>= 85%	84.7%	84.4%	85.0%	84.7%	88.6%	84.6%	84.5%	76.8%	77.3%	●
	W11	Mandatory and Statutory Training - National	●			Sep-21 (m)	>= 85%	84.0%	83.8%	84.6%	84.5%	88.0%	85.1%	83.0%	80.8%	76.8%	●
	W29	Appraisal Rate - Non-Medical Staff	●			Sep-21 (m)	>= 90%	44.4%	46.3%	46.3%	45.9%	36.3%	48.7%	55.0%	68.8%	45.2%	●
	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%	-	

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

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Turnover Rate

Nov-21



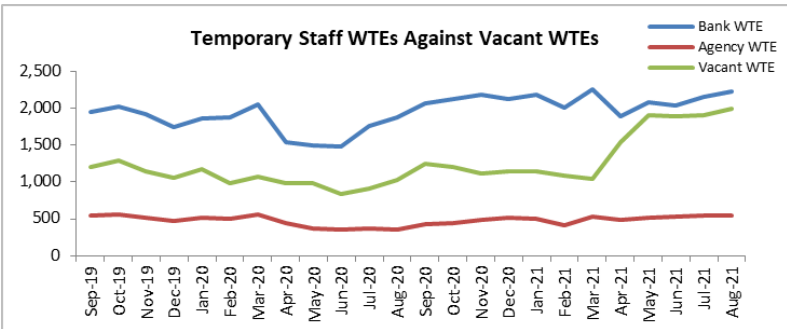
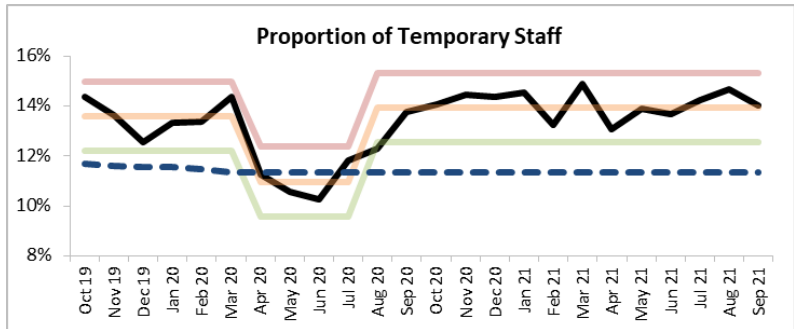
Site	Staff Group	6 Months Ago			Sep-21			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	225	2,058	10.96%	267	2,031	13.17%	2.21%
St Bart's	Nursing and Midwifery Registered	109	895	12.19%	135	897	15.07%	2.88%
Other	Administrative and Clerical	98	1,221	8.03%	112	1,245	8.97%	0.94%
Whipps Cross	Nursing and Midwifery Registered	80	996	8.08%	92	980	9.36%	1.28%
Newham	Nursing and Midwifery Registered	66	804	8.22%	75	797	9.39%	1.16%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The annualised turnover rate has shown a further increase in Sep-21 from 10.1% to 10.6%. The rate remains below pre-pandemic levels; however, if there are similar increases to those seen in the last 4 months, the Trust we will be back at pre-pandemic levels by the end of Dec-21. Sep-21 has seen a higher number of leavers from the Trust's permanent workforce compared to Sep-20 – 61 more Whole Time Equivalents (WTE) in month (excluding medical staff). Band 5 registered nursing leavers in particular have been higher for the last 4 months than the median of the 20 months pre-pandemic. 	<ul style="list-style-type: none"> A retention working group has been set up with an objective of developing and supporting a retention action plan. As part of the first meeting in Nov-21, the future work priorities will be identified based around the "We Are the NHS: People Plan 2020-21 – action for us all".

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Proportion of Temporary Staff

Nov-21



Proportion of Temporary Staff by Site								
Site	Staff Group	Average of Previous 6 Months			Sep-21			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	834	6,348	13.1%	856	6,383	13.4%	0.3%
Whipps Cross	All Staff Groups	586	3,200	18.3%	615	3,215	19.1%	0.8%
Newham	All Staff Groups	476	2,386	19.9%	446	2,366	18.8%	-1.1%
St Bart's	All Staff Groups	313	2,666	11.7%	315	2,669	11.8%	0.1%
CSS	All Staff Groups	182	1,272	14.3%	181	1,289	14.0%	-0.3%
Other	All Staff Groups	247	2,878	8.6%	233	2,929	7.9%	-0.6%

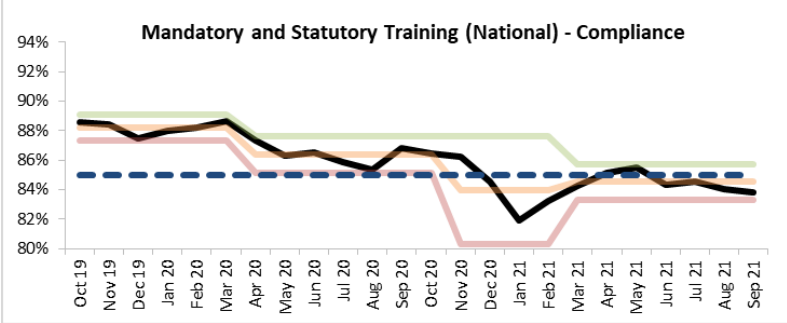
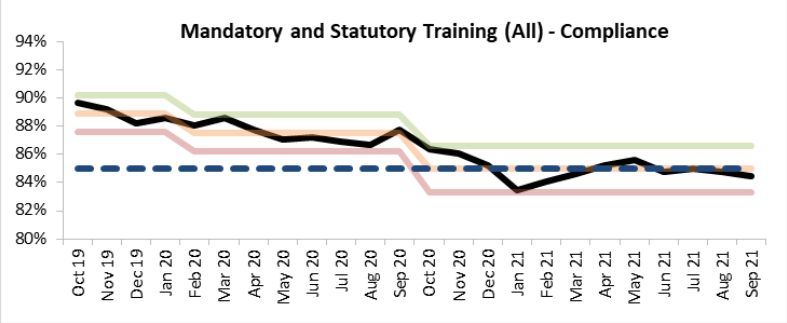
Performance Overview

- Temporary staffing accounted for 14.0% of the workforce in Sep-21, compared to 14.7% in Aug-21.
- 2,645 WTE (Whole Time Equivalent) temporary staff were used, of which 2,065 Whole Time Equivalent (WTE) were Bank (down from 2,235 WTE in Aug-21) and 580 were Agency (up from 548 WTE).

Responsible Director Update

- Overall demand for the Trust continues to be trending above normal for the time of year. Supply also continues to be limited across the region for all staff groups. Critical Care and Paediatrics are particularly affected in Barts Health, whereas Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) has acute shortages in A&E, Critical Care and Paediatrics.
- A rise in demand driven by sickness absence has resulted in shorter notice for shifts and as a result has hampered the fill rates.
- Work is being done on developing several new reports, including triangulation of temporary workforce with vacancy rates and roster management, as well as a forward look at expected demand versus actual upcoming demand, to try to reduce the incidence of short notice shifts.

WELL LED **Mandatory and Statutory Training** **Nov-21**



Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	Sep-21	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	76.0%	78.3%	3,601
Fire Safety	80.3%	79.7%	3,372
Resuscitation - Basic Life Support	67.8%	69.0%	3,118
Moving Handling - Clinical	80.2%	78.3%	2,548
Infection Control (Clinical)	78.6%	78.2%	2,332

Bottom 5 Departments: Total Number of Non-Compliant Employees			
Department	Previous 6 Months	Sep-21	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	63.8%	59.2%	59
QEH Biochemistry (Other)	2.0%	17.3%	46
QEH Microbiology (Other)	0.6%	1.5%	44
QEH General Pathology (Other)	9.3%	8.8%	38
Cardiology Trainees (St Bart's)	46.5%	32.1%	38

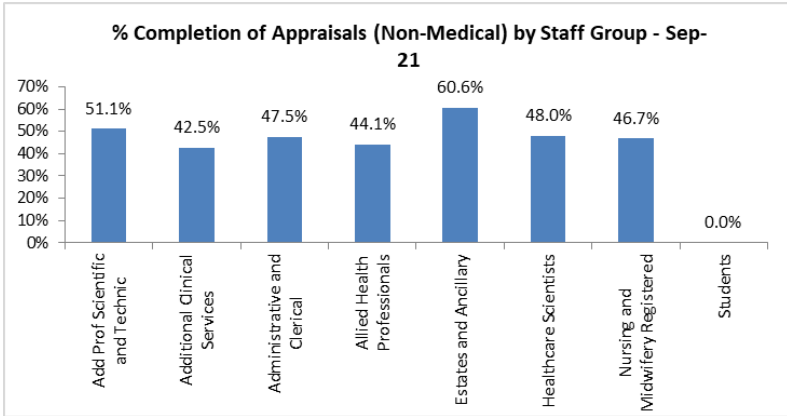
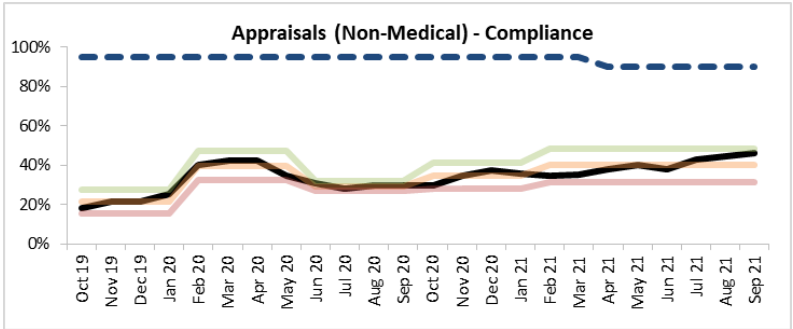
Non-mandatory competencies have been excluded from the above tables

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Trust-wide compliance against the 11 Core Skills Training Framework subjects has fallen over the past month and currently stands at 83.8%, a decrease of 0.2% since the last report and below the Trust target of 85%. Overall training compliance across all subjects has also decreased. This variation is, in part, caused by the new junior doctor intake coupled with staff taking annual leave over the summer months. Work is being undertaken with the HR lead for the Pathology Partnership to gather all training histories for staff working at Queen Elizabeth Hospital. The Education Academy has seen an increase of 7% in staff numbers monitored since Jan-21. This amounts to an additional 1,200 staff training histories within the compliance system, and almost 30,000 extra compliance items. 	<ul style="list-style-type: none"> All staff without an Education Academy training account have now been contacted by e-mail. A video has been created to assist staff in creating the training account with the offer of face to face help where required. Additional face to face training sessions are being planned for Fire Safety, Moving and Handling and Resuscitation. However, COVID-19 distancing measures are still in place which has reduced capacity on each training session. It is expected that all non-compliant staff will have an improvement plan put in place as part of their appraisal which will have an impact on the overall compliance rates over the coming months.

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Appraisal Rate – Non-Medical Staff

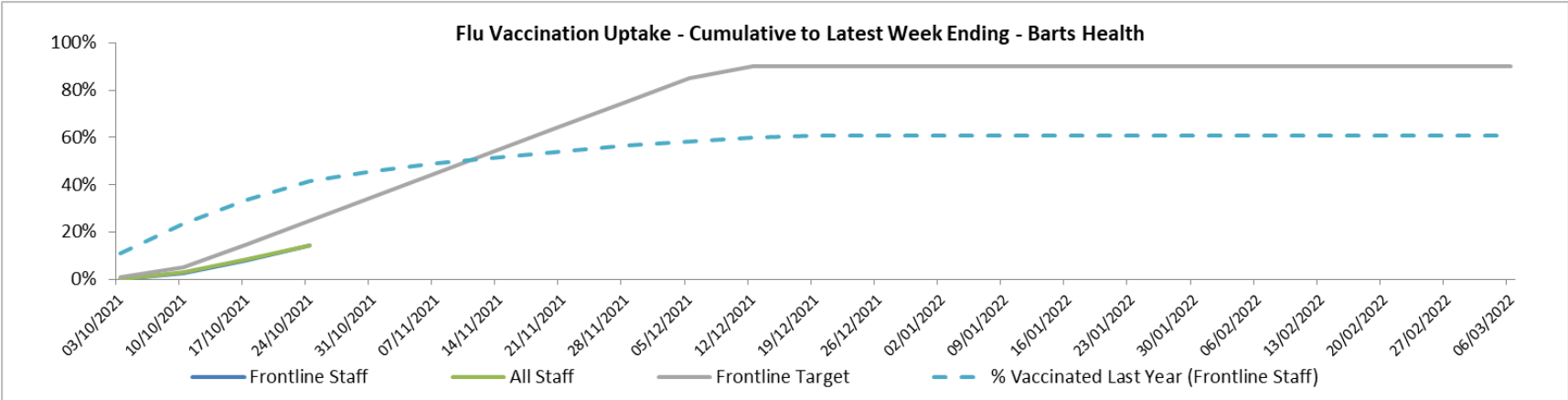
Nov-21



Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The recorded appraisal rate has increased from 44.4% in Aug-21 to 46.3% in Sep-21: <ul style="list-style-type: none"> Royal London – 45.9% up from 44.7%. Whipps Cross – 36.3% down from 38.5%. Newham – 48.7% down from 55.1%. St Bart’s – 55.0% up from 50.0%. Group Clinical Support (CSS) – 68.8% up from 45.2%. Group Support Services – 48.0% up from 39.6%. 	<ul style="list-style-type: none"> Progress on appraisal completion has been slower than expected, in part due to high levels of annual leave and managers dealing with conflicting demands on their time. Completion of appraisals continues to be reinforced across the Trust and hospital sites are continuing to pursue completion locally.

WELL LED **Nov-21**

Flu Vaccination Update



Site	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Royal London	959	8,110	11.8%	31	0.4%
Whipps Cross	588	3,576	16.4%	33	0.9%
Newham	313	2,582	12.1%	2	0.1%
St Bart's	715	3,343	21.4%	25	0.7%
GCS	44	308	14.3%	2	0.6%
GSS	240	1,792	13.4%	21	1.2%
Pathology Partnership	95	806	11.8%	7	0.9%
Other	150	467	32.1%	0	0.0%
Sub-Total	3,104	20,984	14.8%	121	0.6%
Bank Staff	199	2,030	9.8%	2	0.1%
Grand Total	3,303	23,014	14.4%	123	0.5%

Site	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Royal London	825	6,700	12.3%	22	0.3%
Whipps Cross	460	2,916	15.8%	26	0.9%
Newham	259	2,152	12.0%	2	0.1%
St Bart's	595	2,710	22.0%	20	0.7%
GCS	14	146	9.6%	0	0.0%
GSS	70	529	13.2%	2	0.4%
Pathology Partnership	82	712	11.5%	7	1.0%
Other	50	176	28.4%	0	0.0%
Sub-Total	2,355	16,041	14.7%	79	0.5%
Bank Staff	166	1,640	10.1%	1	0.1%
Grand Total	2,521	17,681	14.3%	80	0.5%

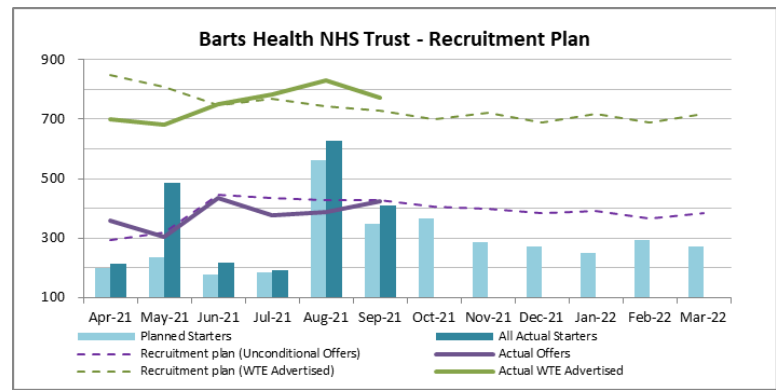
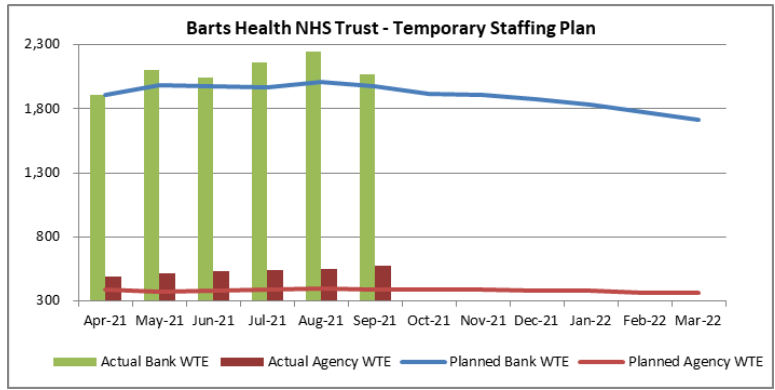
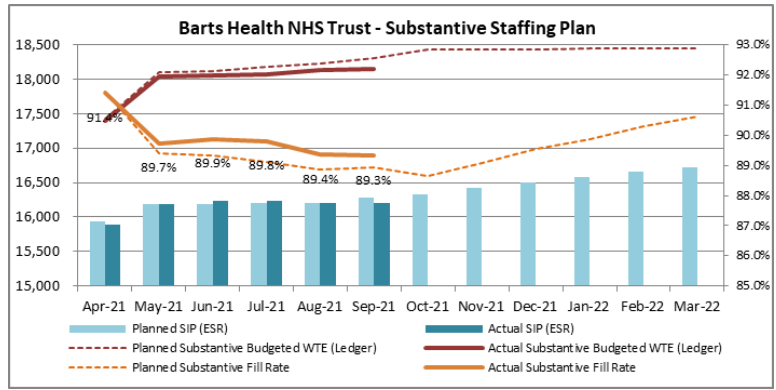
Commentary

- Commentary on the flu vaccination programme is provided in the Vaccinations (Covid-19 and Flu) paragraph of the Covid-19 Monitoring and Recovery executive summary.

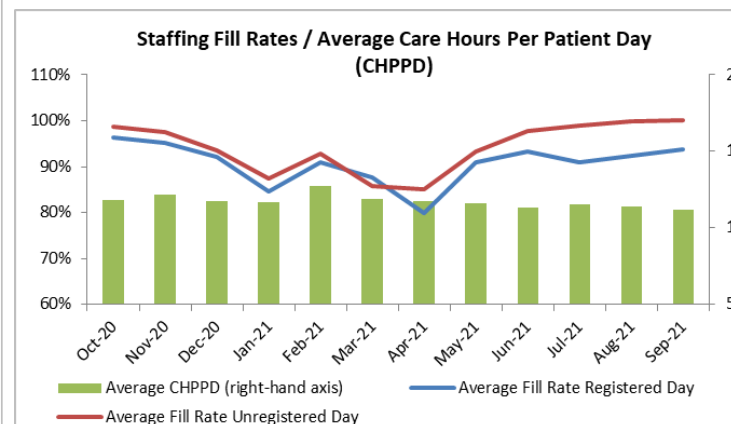
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Workforce Plan

Nov-21



- Restoration and recovery work continues alongside ongoing admissions related to Covid-19. Demand is currently being met without widespread redeployment of staff.
- For the Trust overall, average fill rates in Sep-21 continued their upward trajectory and remained above 90% for Registered Nurses and Midwives (RNs/RMs) and Care Staff (HCAs) across days and nights.
- St Bart's reported average fill rates below 90% for RNs; however staffing was in line with actual demand, with a number of beds remaining closed. When required, staff were redeployed between areas to meet patient need.
- Average Care Hours Per Patient Day (CHPPD) was stable at 11.2 for the Trust compared to 11.4 in Aug-21. This stability was seen across each of the hospital sites.
- Critical care units remained under pressure. Rota gaps were addressed by redeploying staff from across the wider surgical teams.
- The maternity units were also pressurised in Sep-21. Royal London reported high sickness absence levels (8%). All units maintained safe staffing through redeploying staff between wards and senior midwifery staff supporting frontline care.
- There were 11 red flag incidents reported in Sep-21, an increase from 2 in Aug-21. All were at Royal London, spread across 3 wards: 11E, 11F and 14E. None resulted in harm. Senior staff responded appropriately to resolve issues.
- Recruitment work continues, with the Trust welcoming domestic and internationally educated nurses. A senior-led workstream is in place to drive fast-paced recruitment and workforce transformation in critical care.
- Staffing continues to be monitored each shift via safety huddles and use of the Safe Care demand and capacity tool, with gaps mitigated in real time.



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	93.7%	100.2%	100.2%	121.5%	11.2	11
Royal London	93.9%	96.1%	101.8%	127.0%	10.7	11
Whipps Cross	98.5%	108.4%	104.3%	121.9%	10.8	0
Newham	97.4%	99.2%	107.8%	117.4%	11.4	0
St Bart's	84.7%	93.8%	87.1%	111.3%	13.1	0

Nov-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	

Nov-21



Appendix



APPENDIX Interpretation of Scorecards Nov-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)

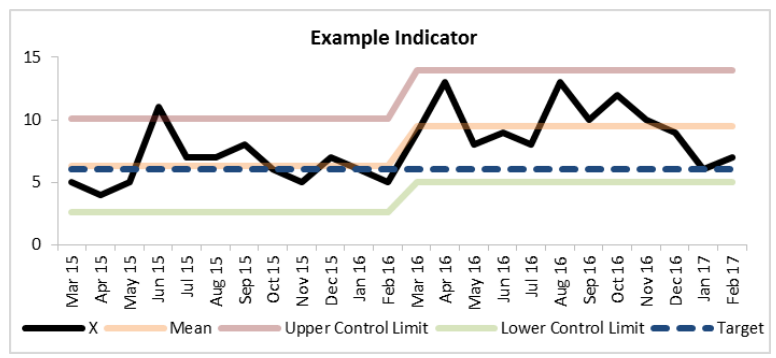
Reporting month target for reporting site

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

Nov-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	2,061.5	1,886.0	1,040.0	956.0	1,725.0	1,817.0	690.0	1,046.5	91.5%	91.9%	105.3%	151.7%	664	5.6	3.0	8.6
Royal London	10FRLH	1,157.0	1,302.5	720.0	648.0	660.0	1,166.5	330.0	704.0	112.6%	90.0%	176.7%	213.3%	452	5.5	3.0	8.5
Royal London	11CRLH	2,383.0	2,067.3	1,374.0	1,329.5	2,415.0	2,219.5	690.0	1,253.5	86.7%	96.8%	91.9%	181.7%	722	5.9	3.6	9.5
Royal London	11E & 11FAAU	3,774.5	3,706.0	1,718.0	1,802.7	3,795.0	3,843.5	1,380.0	1,897.5	98.2%	104.9%	101.3%	137.5%	1,385	5.5	2.7	8.1
Royal London	12CRLH	1,819.0	2,377.5	1,412.0	1,396.0	1,817.0	2,440.2	1,035.0	1,095.3	130.7%	98.9%	134.3%	105.8%	734	6.6	3.4	10.0
Royal London	12DRLH	1,380.5	2,174.5	688.0	839.5	1,380.0	2,265.5	345.0	574.5	157.5%	122.0%	164.2%	166.5%	463	9.6	3.1	12.6
Royal London	12ERLH	2,674.5	2,653.0	1,403.0	1,453.5	2,415.0	2,499.1	1,380.0	1,486.5	99.2%	103.6%	103.5%	107.7%	688	7.5	4.3	11.8
Royal London	12FRLH	1,707.0	1,920.5	1,725.0	1,700.5	1,725.0	2,127.5	1,725.0	1,966.5	112.5%	98.6%	123.3%	114.0%	750	5.4	4.9	10.3
Royal London	13CRLH	1,855.0	1,618.5	690.0	813.0	1,380.0	1,324.0	690.0	989.0	87.3%	117.8%	95.9%	143.3%	733	4.0	2.5	6.5
Royal London	13DRLH	1,703.0	1,859.0	690.0	689.0	1,368.5	1,702.5	690.0	1,092.5	109.2%	99.9%	124.4%	158.3%	678	5.3	2.6	7.9
Royal London	13ERLH	1,972.5	2,452.0	698.5	699.5	1,629.0	2,294.0	678.5	1,013.0	124.3%	100.1%	140.8%	149.3%	725	6.5	2.4	8.9
Royal London	13FRLH	1,710.0	2,011.0	943.0	910.1	1,725.0	2,351.0	690.0	1,000.5	117.6%	96.5%	136.3%	145.0%	552	7.9	3.5	11.4
Royal London	14ERLH	1,700.0	1,508.0	1,173.0	1,207.5	1,403.0	1,368.5	1,046.5	1,276.5	88.7%	102.9%	97.5%	122.0%	761	3.8	3.3	7.0
Royal London	14FRLH	1,790.0	1,639.5	1,391.5	1,158.0	1,391.5	1,483.5	1,081.0	1,299.5	91.6%	83.2%	106.6%	120.2%	757	4.1	3.2	7.4
Royal London	3DRLH	3,102.5	2,936.5	2,024.0	1,679.0	3,105.0	3,271.0	1,725.0	2,003.5	94.6%	83.0%	105.3%	116.1%	990	6.3	3.7	10.0
Royal London	3ERLH	2,070.0	2,185.0	690.0	805.0	1,725.0	2,024.0	690.0	1,012.0	105.6%	116.7%	117.3%	146.7%	729	5.8	2.5	8.3
Royal London	3FRLH	1,545.0	1,459.5	1,035.0	736.0	1,035.0	1,473.0	690.0	586.5	94.5%	71.1%	142.3%	85.0%	193	15.2	6.9	22.0
Royal London	4ERLH	18,470.0	17,357.2	1,630.5	1,951.2	18,457.5	17,726.8	1,414.5	2,469.3	94.0%	119.7%	96.0%	174.6%	1,445	24.3	3.1	27.3
Royal London	6CRLH	3,878.5	2,671.8	337.5	161.0	3,747.7	2,828.9	345.0	291.5	68.9%	47.7%	75.5%	84.5%	219	25.1	2.1	27.2
Royal London	6E & 6FRLH	5,205.3	4,559.0	1,375.0	1,021.0	5,186.5	5,017.9	1,035.0	967.0	87.6%	74.3%	96.7%	93.4%	833	11.5	2.4	13.9
Royal London	7CRLH	1,375.5	1,196.0	345.0	445.0	1,035.0	1,023.0	345.0	402.5	87.0%	129.0%	98.8%	116.7%	373	5.9	2.3	8.2
Royal London	7DRLH	1,710.0	1,501.8	855.0	835.3	1,368.5	1,485.5	690.0	793.5	87.8%	97.7%	108.5%	115.0%	385	7.8	4.2	12.0
Royal London	7ERLH	2,738.5	2,277.1	1,012.0	970.3	2,403.5	2,135.5	1,035.0	1,057.3	83.2%	95.9%	88.8%	102.1%	590	7.5	3.4	10.9
Royal London	7FRLH	1,368.5	1,128.0	598.0	611.0	1,035.0	990.8	552.0	597.5	82.4%	102.2%	95.7%	108.2%	321	6.6	3.8	10.4
Royal London	8CRLH	1,626.0	1,463.5	690.0	762.5	1,380.0	1,497.5	690.0	920.0	90.0%	110.5%	108.5%	133.3%	571	5.2	2.9	8.1
Royal London	8DRLH	7,949.8	6,696.5	1,230.5	1,050.0	7,590.0	6,485.5	552.0	563.5	84.2%	85.3%	85.4%	102.1%	968	13.6	1.7	15.3
Royal London	8FRLH	1,399.5	1,390.5	1,725.0	1,449.0	1,035.0	1,023.5	1,046.5	1,046.5	99.4%	84.0%	98.9%	100.0%	1,579	1.5	1.6	3.1
Royal London	9EHDU RLH	1,380.0	824.0	345.0	69.0	1,380.0	816.5	0.0	0.0	59.7%	20.0%	59.2%		115	14.3	0.6	14.9
Royal London	9ERLH	1,725.0	1,559.5	690.0	818.5	1,380.0	1,357.0	345.0	682.0	90.4%	118.6%	98.3%	197.7%	611	4.8	2.5	7.2
Royal London	9FRLH	1,688.0	1,357.5	690.0	773.5	1,380.0	1,427.0	690.0	759.0	80.4%	112.1%	103.4%	110.0%	648	4.3	2.4	6.7

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	4,485.0	5,427.0	2,415.0	2,495.5	4,485.0	5,393.5	2,070.0	2,196.5	121.0%	103.3%	120.3%	106.1%	1,096	9.9	4.3	14.2
Whipps Cross	ACACIA	943.0	844.0	437.0	561.5	691.0	717.0	690.0	785.5	89.5%	128.5%	103.8%	113.8%	308	5.1	4.4	9.4
Whipps Cross	ACORN	3,343.0	2,190.4	336.3	286.8	2,756.0	1,935.5	345.0	105.3	65.5%	85.3%	70.2%	30.5%	398	10.4	1.0	11.4
Whipps Cross	B3 WARD WXH	1,288.0	1,229.5	1,023.5	1,054.5	1,035.0	1,023.5	690.0	977.5	95.5%	103.0%	98.9%	141.7%	464	4.9	4.4	9.2
Whipps Cross	BIRCH	1,020.0	1,201.0	1,025.0	1,058.0	1,035.0	1,092.0	690.0	793.5	117.7%	103.2%	105.5%	115.0%	490	4.7	3.8	8.5
Whipps Cross	BLACKTHORN	1,035.0	967.0	989.0	1,158.0	1,035.0	977.5	690.0	1,058.5	93.4%	117.1%	94.4%	153.4%	484	4.0	4.6	8.6
Whipps Cross	Bracken Ward WXH	1,281.0	1,222.5	1,123.8	1,132.5	1,035.0	1,023.5	689.0	769.5	95.4%	100.8%	98.9%	111.7%	471	4.8	4.0	8.8
Whipps Cross	CEDAR	1,632.0	2,351.8	1,368.5	2,775.5	1,380.5	2,024.5	1,035.0	2,185.0	144.1%	202.8%	146.6%	211.1%	471	9.3	10.5	19.8
Whipps Cross	CHESTNUT	943.0	899.2	333.5	621.0	690.0	920.0	345.0	517.5	95.4%	186.2%	133.3%	150.0%	272	6.7	4.2	10.9
Whipps Cross	CURIE	1,351.0	1,199.0	1,022.5	1,138.5	1,380.0	1,023.5	1,035.0	1,207.5	88.7%	111.3%	74.2%	116.7%	494	4.5	4.7	9.2
Whipps Cross	DELIVERY SUITE WXH	4,574.8	3,503.0	688.0	827.0	3,434.0	2,811.5	690.0	957.5	76.6%	120.2%	81.9%	138.8%	582	10.8	3.1	13.9
Whipps Cross	ELIZABETH	1,633.0	1,515.0	345.0	382.0	1,368.5	1,337.0	253.0	379.5	92.8%	110.7%	97.7%	150.0%	533	5.4	1.4	6.8
Whipps Cross	FARADAY	1,015.0	1,010.0	685.0	1,033.5	1,035.0	1,175.8	310.5	839.5	99.5%	150.9%	113.6%	270.4%	417	5.2	4.5	9.7
Whipps Cross	Frail Elderly WXH	809.0	814.8	345.0	479.7	690.0	655.5	345.0	654.8	100.7%	139.0%	95.0%	189.8%	290	5.1	3.9	9.0
Whipps Cross	ICU WXH	5,736.0	6,392.0	1,713.0	717.0	4,840.0	5,744.5	1,320.0	495.0	111.4%	41.9%	118.7%	37.5%	327	37.1	3.7	40.8
Whipps Cross	MARGARET	910.5	849.0	510.0	444.0	690.0	706.5	345.0	356.5	93.2%	87.1%	102.4%	103.3%	233	6.7	3.4	10.1
Whipps Cross	MIDWIFERY WXH	755.5	712.3	430.5	272.5	715.5	710.0	345.0	346.0	94.3%	63.3%	99.2%	100.3%	47	30.3	13.2	43.4
Whipps Cross	MULBERRY	2,103.5	1,809.0	1,344.0	891.5	1,391.5	1,270.0	805.0	722.5	86.0%	66.3%	91.3%	89.8%	1,082	2.8	1.5	4.3
Whipps Cross	NEONATAL WXH	2,336.5	2,029.0	1,093.0	398.5	2,012.5	1,801.5	646.5	382.5	86.8%	36.5%	89.5%	59.2%	226	16.9	3.5	20.4
Whipps Cross	NIGHTINGALE	1,035.0	1,405.8	345.0	560.0	1,035.0	1,493.1	345.0	607.2	135.8%	162.3%	144.3%	176.0%	310	9.4	3.8	13.1
Whipps Cross	PEACE	1,633.0	1,529.0	793.5	1,309.1	1,035.0	1,288.0	690.0	1,126.8	93.6%	165.0%	124.4%	163.3%	453	6.2	5.4	11.6
Whipps Cross	POPLAR	1,713.5	1,408.5	1,012.0	1,023.5	1,357.0	1,196.0	1,035.0	1,000.5	82.2%	101.1%	88.1%	96.7%	483	5.4	4.2	9.6
Whipps Cross	PRIMROSE	1,713.5	1,955.0	1,367.0	1,585.0	1,380.0	1,667.5	1,035.0	1,184.5	114.1%	115.9%	120.8%	114.4%	824	4.4	3.4	7.8
Whipps Cross	ROWAN	1,686.5	1,842.0	1,311.0	1,621.5	1,380.0	1,495.0	1,012.0	1,472.0	109.2%	123.7%	108.3%	145.5%	540	6.2	5.7	11.9
Whipps Cross	SAGE	1,633.0	1,450.5	1,417.5	1,712.0	1,380.0	1,313.0	1,035.0	1,276.5	88.8%	120.8%	95.1%	123.3%	724	3.8	4.1	7.9
Whipps Cross	SYRINGA	1,380.0	1,276.5	1,725.0	1,667.5	1,035.0	1,023.5	1,035.0	1,494.5	92.5%	96.7%	98.9%	144.4%	707	3.3	4.5	7.7
Whipps Cross	VICTORY	1,299.5	1,500.5	1,288.0	1,512.7	1,035.0	1,275.0	1,033.5	1,173.0	115.5%	117.4%	123.2%	113.5%	769	3.6	3.5	7.1

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	4,190.0	4,054.5	2,412.5	2,863.5	3,802.5	3,917.5	2,415.0	3,082.0	96.8%	118.7%	103.0%	127.6%	1,288	6.2	4.6	10.8
Newham	Custom House NUH	1,580.0	1,421.9	1,334.0	1,334.0	1,150.0	1,299.5	1,035.0	1,449.0	90.0%	100.0%	113.0%	140.0%	547	5.0	5.1	10.1
Newham	DELIVERY SUITE NUH	5,278.2	4,746.8	1,101.5	747.5	4,531.0	3,867.8	862.5	805.0	89.9%	67.9%	85.4%	93.3%	720	12.0	2.2	14.1
Newham	EAST HAM	1,722.0	1,617.5	1,033.0	959.5	1,380.0	1,368.5	1,035.0	1,184.5	93.9%	92.9%	99.2%	114.4%	597	5.0	3.6	8.6
Newham	HEATHER	1,767.0	2,012.5	1,035.0	1,365.5	1,771.0	2,162.0	1,035.0	1,458.5	113.9%	131.9%	122.1%	140.9%	710	5.9	4.0	9.9
Newham	LARCH	4,980.0	3,851.0	3,031.0	2,320.0	2,783.0	2,570.0	2,173.5	2,035.5	77.3%	76.5%	92.3%	93.7%	1,379	4.7	3.2	7.8
Newham	Manor Park ITU NUH	2,426.5	3,738.0	345.0	487.0	2,425.5	4,032.0	345.0	506.0	154.0%	141.2%	166.2%	146.7%	333	23.3	3.0	26.3
Newham	MAPLE	1,353.8	1,002.5	667.0	886.0	1,058.0	793.5	667.0	644.0	74.1%	132.8%	75.0%	96.6%	170	10.6	9.0	19.6
Newham	NEONATAL NUH	3,254.5	3,239.5	287.5	253.0	2,863.5	2,820.5	437.0	437.0	99.5%	88.0%	98.5%	100.0%	518	11.7	1.3	13.0
Newham	NUH MIDWIFERY	1,000.5	995.5	345.0	189.8	1,046.5	929.0	345.0	322.0	99.5%	55.0%	88.8%	93.3%	139	13.8	3.7	17.5
Newham	RAINBOW	3,054.5	2,486.8	1,094.5	1,115.0	1,725.0	1,898.5	345.0	504.0	81.4%	101.9%	110.1%	146.1%	414	10.6	3.9	14.5
Newham	SILVERTOWN	1,880.0	2,010.0	1,035.0	1,119.5	1,725.0	2,187.0	1,035.0	1,495.0	106.9%	108.2%	126.8%	144.4%	693	6.1	3.8	9.8
Newham	STRATFORD	1,368.5	1,702.0	1,035.0	1,127.0	1,380.0	1,897.5	1,023.5	1,071.5	124.4%	108.9%	137.5%	104.7%	458	7.9	4.8	12.7
Newham	WEST HAM	1,094.0	1,151.5	1,012.0	866.8	1,104.0	1,253.5	782.0	897.0	105.3%	85.6%	113.5%	114.7%	511	4.7	3.5	8.2
St Bart's	1C	5,850.0	4,827.5	345.0	333.5	5,600.5	4,473.5	207.0	322.0	82.5%	96.7%	79.9%	155.6%	320	29.1	2.0	31.1
St Bart's	1D	3,105.0	2,313.5	345.0	425.5	2,760.0	2,208.0	345.0	460.0	74.5%	123.3%	80.0%	133.3%	283	16.0	3.1	19.1
St Bart's	1E	4,809.5	3,890.5	345.0	414.0	4,818.5	3,690.0	345.0	379.5	80.9%	120.0%	76.6%	110.0%	238	31.9	3.3	35.2
St Bart's	3A SBH	4,495.5	3,703.0	1,380.0	1,178.8	4,473.5	3,864.5	1,380.0	1,207.5	82.4%	85.4%	86.4%	87.5%	736	10.3	3.2	13.5
St Bart's	3D SBH	1,541.0	1,412.0	1,192.5	982.0	1,495.0	1,414.5	943.0	943.0	91.6%	82.3%	94.6%	100.0%	427	6.6	4.5	11.1
St Bart's	4A SBH	1,725.0	1,621.5	931.5	1,000.5	1,380.0	1,313.0	345.0	621.0	94.0%	107.4%	95.1%	180.0%	641	4.6	2.5	7.1
St Bart's	4B SBH	1,545.0	1,252.0	1,200.0	972.5	1,380.0	1,265.0	690.0	782.0	81.0%	81.0%	91.7%	113.3%	481	5.2	3.6	8.9
St Bart's	4C SBH	1,725.0	1,426.0	943.0	851.0	1,380.0	1,253.5	943.0	874.0	82.7%	90.2%	90.8%	92.7%	484	5.5	3.6	9.1
St Bart's	4D & 4E SBH	1,738.5	1,168.5	690.0	742.6	1,585.0	1,311.0	690.0	690.0	67.2%	107.6%	82.7%	100.0%	463	5.4	3.1	8.4
St Bart's	5A SBH	2,064.0	2,303.0	839.8	1,036.0	1,386.0	1,579.3	328.0	649.0	111.6%	123.4%	113.9%	197.9%	616	6.3	2.7	9.0
St Bart's	5B SBH	1,380.0	1,267.5	690.0	674.5	1,380.0	1,311.0	345.0	414.0	91.8%	97.8%	95.0%	120.0%	359	7.2	3.0	10.2
St Bart's	5C SBH	2,058.5	1,729.7	690.0	732.2	1,725.0	1,682.0	345.0	620.5	84.0%	106.1%	97.5%	179.9%	493	6.9	2.7	9.7
St Bart's	5D SBH	2,069.0	1,769.5	690.0	713.0	1,713.5	1,552.5	690.0	747.5	85.5%	103.3%	90.6%	108.3%	524	6.3	2.8	9.1
St Bart's	6A SBH	6,208.0	5,366.0	345.0	308.5	6,210.0	5,600.5	345.0	322.0	86.4%	89.4%	90.2%	93.3%	306	35.8	2.1	37.9
St Bart's	6D SBH	1,721.5	1,560.5	1,035.0	575.0	1,378.5	1,161.5	690.0	575.0	90.6%	55.6%	84.3%	83.3%	486	5.6	2.4	8.0

Report to the Trust Board: 3 November 2021	TB 54/21
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Title	Audit and Risk Committee Exception Report
Chair	Mr Gautam Dalal, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Executive summary	
The Audit and Risk Committee met on 22 September 2021 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).	
Key agenda items	BAF entries
<i>External Audit progress report</i>	10
<i>Internal Audit progress report</i>	All
<i>Standing items on waivers, losses and counter fraud</i>	10
<i>QAC exception report</i>	3-7, 13
<i>BAF and risk register</i>	10
<i>Annual Auditors Report</i>	All
Key areas of discussion arising from items appearing on the agenda	
Annual Auditors Report	
The annual auditors report, which replaced the previous annual audit letter as part of a commitment towards greater transparency, was reviewed by the Committee ahead of publication on the Trust website alongside the annual report and accounts.	
External Audit	
The Committee received an auditors progress report. It was agreed to arrange a debrief to consider the potential for improving external audit processes going forward, recognising that this had been the first year that Mazars LLP had provided this service to the Trust. Subsequently some changes have been agreed and will be considered further at the next meeting in November.	
Internal Audit report	
The Committee spent the majority of its time reviewing outcomes of the following audits (none of which were assigned insufficient assurance ratings):	
<ul style="list-style-type: none"> • <i>Pre-Employment Checks – Reasonable assurance</i> • <i>Bank & Agency - Governance, Usage and Payment Control - Reasonable assurance</i> • <i>Key Financial Controls - Substantial assurance</i> • <i>Payroll & Pensions - Reasonable assurance</i> • <i>DSP Toolkit – Moderate [Reasonable] assurance</i> • <i>Non-emergency Patient Transport - Reasonable assurance</i> • <i>ICT Service Desk – Reasonable assurance</i> 	
The Committee also reflected on a high number of outstanding audit recommendations and some factors, including pandemic, that had influenced this. The Committee noted some	

<p>delays associated with clinical review recommendations requiring a number of hospitals to make progress ahead of achieving group level compliance. The Committee also received an update on steps taken to improve the Internal Audit function. <i>BAF</i> The Committee spent some time reviewing high risk register and the BAF, including the steps to identify and refine risk tolerances in the BAF.</p>	
<p>Any key actions agreed / decisions taken to be notified to the Board Endorsement of the annual auditors report for publication</p>	
<p>Any issues for escalation to the Board To note steps being taken to improve the timeliness of management actions / audit recommendations arising from Internal Audit reviews.</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes.</p>
<p>Action required by the Board The Trust Board is asked to note the Audit and Risk Committee exception report.</p>	

Report to the Trust Board: 3 November 2021	TB 55/21
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Title	2021/22 winter and H2 planning
Accountable Director	Group Director of Corporate Development
Author(s)	Jon Hibbs, Director of Communication and Engagement
Purpose	To update the Board on the refresh of the Trust's operational plan for winter and the second half of 2021/22, in line with national planning expectations.
Previously considered by	Group Executive Board

<p>Summary</p> <p>The Trust Board approved the 2021/22 Group Operational Plan in July. Subsequent to this, further national planning guidance has been published setting out delivery requirements for winter and the second half ('H2') of the financial year. This paper updates the Board on the approach we are taking to the development of our winter / H2 plan, which will be finalised in early November to enable the North East London ICS in turn to finalise its H2 plan by 16 November.</p>

Related Trust objectives
This paper relates to all of the objectives in the Group Operational Plan.

Risk and Assurance	Board Assurance Framework: all risks
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Legal implications/ regulatory requirements	Compliance with NHSE/I planning guidance
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<p>Action required</p> <p>The Trust Board is asked to note the approach being taken to the development of the Trust's winter/H2 plan.</p>
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BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 3 NOVEMBER 2021

PLANNING FOR WINTER

1. Every year the NHS seeks to guide the service to share a series of national priorities for the period ahead. The most recent national planning guidance covers the six months to next March and followed the announcement of an extra £5.4bn funding in September. That preceded this week's Budget announcement of a further £5.9 billion capital to cut waiting lists. We don't know yet how either tranche will be allocated to the front-line, but it is widely anticipated that this coming winter will be one of the most challenging the NHS has ever faced.
2. Although it was unusual to split the planning year into two, the national guidance for the second half of 2021/22 reflected the priorities for the first that we incorporated into our group operational plan. This recognised that we will continue to be busy, and so our winter plan is structured around four enduring themes:
 - Meeting Covid-19 and winter pressures (including rolling out vaccinations)
 - Managing front door demand in urgent and emergency care
 - Looking after the health and wellbeing of our staff
 - Recovering routine services and reducing care backlogs
3. We are now in the process of drawing up detailed group-level and hospital-level contingency plans covering these main headings. These are building on what we've learned from previous phases of the pandemic, particularly an explicit staged approach to escalation as demand levels increase. We are required to submit our contributions to the North East London integrated care system winter plan by 16 November (covering activity, performance, and workforce) and on finance by 25 November.
4. As before, we are hoping for the best but planning for the worst. We will continue to deliver in the context of our group strategic objectives to:
 - Create a truly inclusive organisation, without discrimination, with a fair and just culture that helps us meet our ambition to be an outstanding place to work
 - Restore and transform clinical services, finding innovative ways to reduce waiting list backlogs, and making material progress on our quality strategy
 - Progress our long-term strategic plans (eg Whipps Cross redevelopment, Barts Life Sciences and Barts 900) for the benefit of patients and communities

Covid-19

5. The number of Covid cases in our hospitals is rising once again, reflecting increasing positivity in the community, particularly among the over-60s. We are averaging 12 new patients a day, and as of 29 October are caring for 124 inpatients (of whom 34

are in critical care and 7 on enhanced levels of oxygen). This represents about 10% of the volumes we experienced in the second peak last winter, and so far is well within the “medium pressure” of our winter escalation framework. No-one knows what will happen in coming months but it is prudent to plan on the basis this steady upward trend will continue.

6. So we anticipate there will be greater demand for critical care beds, though not at the level of last winter. With our hospitals already facing some staffing shortages, particularly of anaesthetists and critical care nurses, we are stepping up recruitment. We want to protect elective activity for as long as possible, and only redeploy staff as a last resort to protect their health and wellbeing.
7. Each hospital is carefully mapping how changing demand for critical care beds could affect workforce supply and thus impact elective services. For example, The Royal London can open an extra 15 critical care beds from its own resources using temporary staffing, but capacity beyond those 59 beds in a “high pressure” scenario would require group-wide redeployment. We anticipate some modest increase critical care beds at Whipps Cross and Newham, but will reserve capacity at St Bartholomew’s for the most critically ill patients requiring ECMO heart and lung treatment. Alongside this we will ensure our hospitals have sufficient General and Acute beds to enable patients to step down from critical care in a timely way, and work with our local partners to consolidate integrated discharge processes so patients don’t stay in hospital longer than they need.
8. Vaccination is a game-changer and broke the link between community incidence of Covid-19, hospitalisation and death. Across north east London, more than eight out of ten Covid patients in intensive care are unvaccinated. About 80% of our staff are fully vaccinated, the same proportion as the general public, but reported uptake is among the lowest in the NHS. All unvaccinated colleagues are being contacted in person to address any hesitancy issues and encourage them to take up both the Covid and ‘flu vaccines. We will continue to vaccinate other healthcare workers, maintain our outreach clinics for vulnerable groups, and start a new monoclonal antibody service for the community.

Urgent and emergency care

9. Our “steady state” plans envisage about 10% of the group’s bed base occupied by Covid patients (compared to up to 50% during last year’s peaks), but there is a high potential for other respiratory illnesses kept at bay by the lockdowns to be severe this winter.
10. Our emergency departments were busier than usual over the summer, and in September recorded 5% more attendances than two years ago, with 10% more walk-ins. Each hospital is working with local partners to manage rising demand for urgent care and avoid unnecessary admission. This includes a focus on reducing the length of time patients stay in hospital, and ensuring they are promptly discharged home or to a more appropriate care environment.

11. We are investing £3m in a series of hospital schemes to increase local winter resilience. These include opening 12 extra beds at Newham, employing extra specialist registrars at Whipps Cross for faster decision-making, and increasing capacity at St Bartholomew's to operate on heart and respiratory patients at weekends.
12. In collaboration with Barking, Havering and Redbridge Hospitals NHS Trust (BHRUT), we are also investigating how we can make swift progress to jointly improve performance for the benefit of patients across north east London. This work will focus on speeding up ambulance handover times, reducing waiting time in emergency departments, and ensuring patients receive urgent care in the most appropriate setting.

Health and wellbeing

13. Our workers are tired, having toiled intensively through the pandemic, and are subject to the same health risks and illnesses as the rest of the community. Like all other NHS trusts we are competing in the same limited national pool to fill vacancies for key staff, and our ability to fill gaps in rotas through bank and agency staff is constrained.
14. All colleagues are encouraged to use the annual appraisal process to help prepare them for the winter ahead, by getting vaccinated and updating their risk assessment. Health and wellbeing support is available through the new network of hubs, including access to psychology advice. Team leaders are coached through weekly webinars on support techniques, and we agreed a redeployment framework to govern how any decisions are made to redirect staff.

Elective recovery

15. All of us in the NHS are expected to build on what we have learned during the pandemic to transform the delivery of planned services. Putting the national guidance together with our Trust plans, our shared aims are:
 - No-one waits two years for treatment after March 2022
 - We reduce 52-week waits – and aim to eliminate them by December 2022
 - Fewer patients wait overall.
16. We have over 100,000 people currently waiting for an outpatient treatment decision, procedure or operation as a result of the NHS suspensions of elective services in 2020/21. However, we are bringing down the backlog of 104-week waiters (now 591, mainly in paediatric dentistry and targeted by Operation Tooth Fairy); and 52-week waiters (down from over 16,000 in April to 8,980 in September).
17. To make further progress, the NHS recommends we focus on
 - Doing high volumes of low-complexity procedures in expert hubs

- Validating waiting lists so they are accurate
- Using capacity in private hospitals where appropriate (including for cancer)
- Responding to more outpatient referrals through advice and guidance (12%)
- Moving more outpatients to patient-initiated follow-ups (2%)
- Conducting more outpatient clinics remotely (25%)

18. Together these steps will accelerate the restoration of elective care. For example, to protect elective capacity, the Barts Health Orthopaedic Centre at Newham will remain a “green” (Covid-free) site. The Royal London has ring-fenced 10 adult and three paediatric theatres. We are currently sending 150 patients a week to the independent sector for high-volume low-complexity work.

19. Under national guidance we are also expected to restore the full operation of all cancer services. Our cancer recovery plan is already achieving a steady reduction in breaches of the 62-day GP standard (which we consistently met in the previous two years), and we aim to be back to pre-pandemic levels by the end of the year. Teams are seeing and treating the clinically-prioritised most urgent cases. We are also changing the way we work from being hospital-based to focusing on tumour groups that see patients in chronological order and implement timed treatment pathways.

20. Accelerating the pace of recovery in planned care (including cancer and diagnostics) is also an early priority for our efforts to work in closer collaboration with our neighbours at BHRUT. For example, we have jointly identified opportunities to optimise staffing in Ear, Nose and Throat treatment, endoscopy and non-obstetric ultrasound scans. Together we are also exploring scope to utilise extra capacity at Mile End hospital, along with facilities at King George hospital in Ilford and at Barking community hospital.

Finance

21. NHS funding is managed through the financial envelopes allocated to each integrated care system, and allocated by mutual agreement among local NHS organisations. For North East London this amounts to £3.8bn for 2021/22. On top of this some Covid-19 costs such as vaccine services, laboratory testing and personal protective equipment are paid directly or recoverable from government. Support for elective recovery is also available from two targeted national funds, and we are seeking to submit about £10m worth of agreed bids for medical equipment and IT to enable us to further increase our capacity.

22. We will continue to keep Board members briefed on our plans as they develop, and propose to bring a further paper to the January Trust Board Part 1 meeting.

Report to the Trust Board: 3 November 2021	TB 56/21
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Title	Wellbeing Strategy update
Sponsoring Director	Group Director of People
Author(s)	Aurea Jones, People Strategy and OD Director; Geraldine Cunningham, Associate Director of Culture Change and Trust Wellbeing Lead
Purpose	This paper provides an update on our work to date, the programme of work supported by Barts Charity and an update on the development of the Health and Wellbeing Strategy.
Previously considered by	People Board

Executive Summary

Our aim to become an outstanding place to work encompasses the approach described in WeBelong, our People Strategy and our leadership framework WeLead. Health and wellbeing and caring for our people to be the best they can be at work, is integral to the delivery of our aim.

This paper provides an update on our work to date, the programme of work supported by Barts Charity and provides an update on the development of the Health and Wellbeing Strategy.

Related Trust objectives

To become an outstanding place to work

Risk and Assurance

Assurance in relation to below BAF entries

Related Assurance Framework entries

5. Failure to restore planned care to restated capacity requirements (through elective activity plans, implementation of surgical hubs and outpatients transformation) at a pace consistent with staff recovery impacts on quality of care [DCEO/DS] [QAC]

6. Failure to restore non elective care to restated capacity requirements (through transforming urgent and emergency care pathways, critical care expansion and managing winter pressures) at a pace consistent with staff recovery impacts on quality of care [DCEO] [QAC]

Legal implications/ regulatory requirements

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Action required:

The Trust Board is asked to note and comment on the following updates:

- the programme of work supported by Barts Charity
- the development of the Health and Wellbeing Strategy

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 3 NOVEMBER 2021

WELLBEING STRATEGY UPDATE

1. INTRODUCTION / PURPOSE

Covid has taught us that the health and wellbeing of our people is more important than ever. The business case is strong; however the reality of embedding health and wellbeing into how we plan our work is more challenging. At the start of Covid, we responded to the immediate needs of colleagues, and taking that learning, we worked with Barts Charity to develop our health and wellbeing infrastructure. Working with colleagues across our Group, we are now developing a Health and Wellbeing Strategy that will ensure that we not only build on our recent learning to create a sustainable approach to health and wellbeing, but also further our approach to become an outstanding place to work.

Our aim to become an outstanding place to work encompasses the approach described in WeBelong, our People Strategy and our leadership framework, WeLead. Health and wellbeing and caring for our people to be the best they can be at work, is integral to the delivery of our aim.

This paper provides an update on our work to date, the programme of work supported by Barts Charity and provides an update on the development of the Health and Wellbeing Strategy.

2. BACKGROUND

Prior to the pandemic, we had a Health and Wellbeing Strategy that was developed in 2018. The strategy focused on the following areas:

1. Improved physical health and wellbeing
2. Improved mental health and wellbeing
3. Improved general health, linked to a healthy weight and diet

The strategy implementation was supported by a health and wellbeing committee and the health and wellbeing offer included an Employee Wellbeing Service, Employee Assistance Programme, Public Health activities, and exercise classes, smoking cessation, discounts and freebies. Covid immediately presented other needs, such as access to psychological support, food, drink and accommodation and getting the basics in place to enable people to do their job well in difficult circumstances.

With the support of Barts Charity, NHSE, NEL and various benefactors we responded by:

- Identifying Trust and site Wellbeing Leads to promote health and wellbeing and support colleagues to access the support available. The Leads were also supported by Wellbeing Prescribers, to help to further translate the offer.
- Agreeing principles with colleagues to identify the most appropriate activities.
- Maximising the use of support offered from external partners to support colleagues across the Group such as individual coaching, team coaching, freebies and discounts.
- Providing psychological support to colleagues. Our patient clinical psychology team diverted their support to colleagues across Barts Health to provide psychological first aid to individuals and teams. Building on this, with support from Barts Charity, we put in place a Psychology Support Service.
- Setting up temporary Wellbeing Hubs on each site, which have now been funded by the charity to become permanent hubs.
- Putting in place a buddying system, where we linked with colleagues across the group to understand what mattered to them in real time, to ensure that we are meeting the needs of colleagues.
- Building two gardens at WXH and NUH.
- Making available team coaching and coaching for individuals.
- Working in collaboration with Barts Charity, leading to support £4.5 million, that has focused on what matters to our people.
- And lots more.....

3. BARTS CHARITY FUNDED SUPPORT

We have worked with Barts Charity and colleagues from across the Group, to identify the health and wellbeing infrastructure priorities, to determine the Barts Charity investment programme.

The investment has facilitated the development of new Wellbeing Hubs on each site. The hubs are co-designed by colleagues at each hospital and provide space to relax, refresh and seek support. We have also developed online wellbeing services and worked with partners to build two remembrance gardens at WXH and NUH, providing peaceful reflective spaces. We have refurbished 34 on-call rooms at RLH, NUH and WXH, installed eight showers, nine WCs and 680 lockers at WXH and NUH and 150 rest rooms have been updated. We have also commissioned 420 bike racks across SBH, RLH and WXH, which will be available in spring 2022. (Appendix 1)

A Psychological Support team has been funded for 24 months, providing support to colleagues. Since April 2021, over 600 people and teams have accessed our Psychological Support service. (Appendix 2)

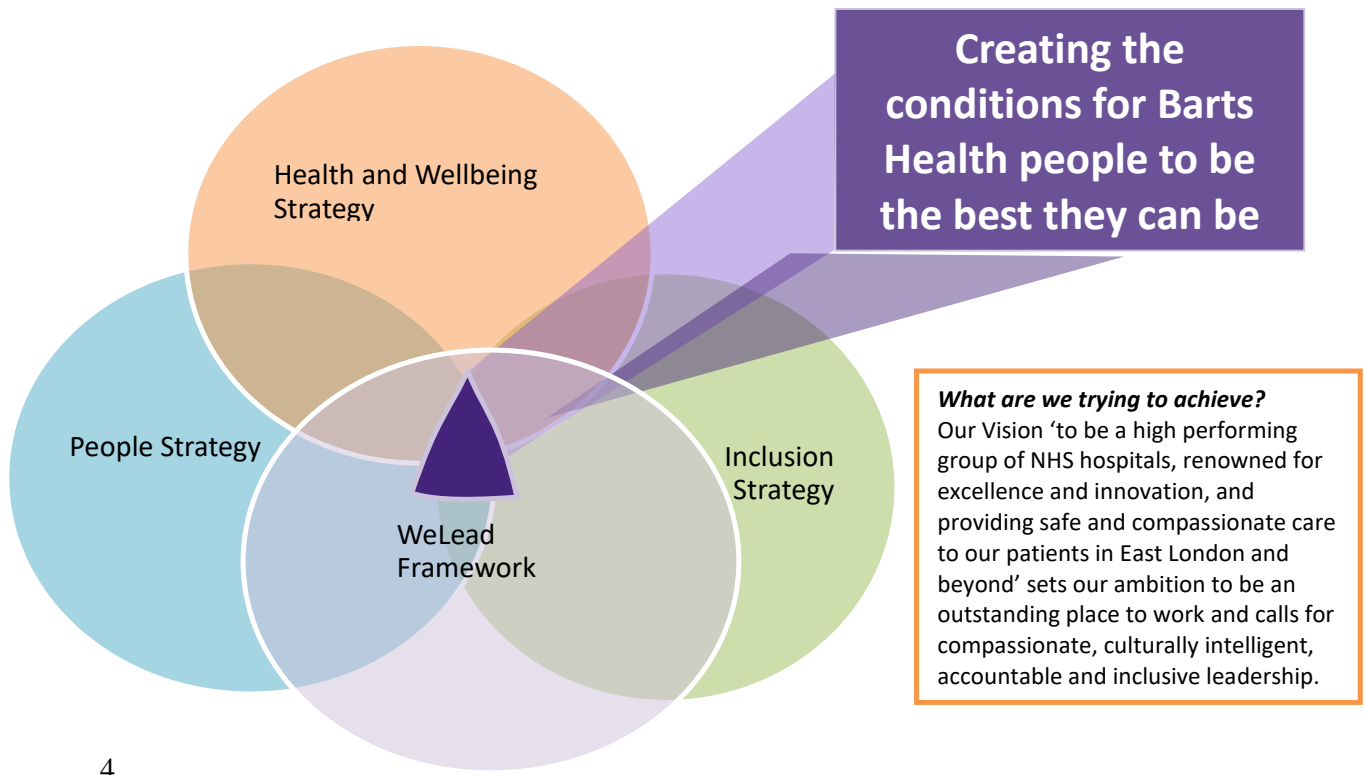
The 2020 Staff Survey demonstrated that colleagues valued the positive actions that we have taken, with our Staff Survey questions about health and wellbeing increasing positively from 24% to 29%: a 5 percentage point increase in one year.

4. CO-DESIGN OF THE HEALTH AND WELLBEING STRATEGY

Recognising the learning from Covid, it was clear that we needed to develop a sustainable approach to health and wellbeing that reflected the new evidence available, our recent experience and builds on our existing core offer. We have therefore taken a co-design approach to developing the Health and Wellbeing Strategy. To date we have worked with over 3,000 colleagues from across the Group, and we are proud that we have engaged with people at every level. This approach will ensure that the strategy is underpinned by what matters to our people and it will help us to achieve our vision of being an outstanding place to work.

In planning the co-design, we recognise the interdependencies between a Health and Wellbeing Strategy, the People Strategy, WeBelong and our WeLead leadership framework, all of which provide a systemic and sustainable approach for creating the conditions for our people to be at their best. We have drawn on the available literature to support what we do and have collaborated with external partners to facilitate our learning.

Diagram 1: Interdependencies of our People Strategies



One, notable collaboration is the work that the Tavistock has done on workforce stress and the supportive organisation. This model moves us away from looking at individuals being resilient, to how we develop our systems to support people to be the best they can. We participated in a pilot, funded by HEE, to test the Tavistock model and we have used the model to inform our Health and Wellbeing Strategy.

The Tavistock Workforce Stress and the supportive organisation framework is a framework (see diagram 2) that through reflection, curiosity and change, aims to help an organisation create the right conditions for improving staff wellbeing, to provide a way of effectively engaging staff to influence positive change, and to provide the opportunity for staff to think in a structured (evidence based) way about what drives wellbeing in their organisation (or their team or department) and what systemic changes are needed.

We will use the Tavistock model to help embed system wide changes to support the implementation of the health and wellbeing strategy.

Diagram 2: The Workforce Stress and the supportive organisation - A framework for reflection, curiosity and change



Health and Wellbeing themes and priorities arising from the co-design

Through the co-design process, eight themes emerged which we tested widely and through the wider consultation this became 11 themes which we further tested at the second co-design event. These themes have been translated into nine priority areas.

We used the Tavistock model, to determine the interdependencies of the themes with WeBelong, the People Strategy and the WeLead framework.

The following priorities and links to the People Strategy (PS), WeBelong (WEBS), WeLead Framework (WLF), and the Health and Wellbeing Strategy (HWBS) were identified:

1. Ensuring **basic wellbeing needs are met** for every person at Barts Health (HWBS)
2. **Protecting time and flexibility** for all people to have team time and breaks and to access wellbeing enhancing initiatives and promote agile working (PS)
3. Encouraging **autonomy and sense of belonging**, decision making locally to empower people-driven changes (WEBS)
4. Promoting and enabling access to regular **wellbeing activities** on site (psychological support, financial wellbeing, exercise classes) (HWBS)
5. Providing **suitable, sustainable facilities** that promote all dimensions of health and wellbeing (green space, technology, rest spaces, healthy food) (HWBS)
6. Improve **communication** – encourage curiosity and ensure people feel listened to and heard, and actions followed. (PS)
7. Support everyone's development and specifically focus on our team leaders' **development opportunities** to enable them to be the best they can to support their own and others' wellbeing (WLF)
8. Review ability for people to maintain **physical wellbeing** at work (cycling, seating, stairs) (HWBS)
9. Provide **equitable support for all people** to truly embed an inclusive wellbeing culture (WEBS)

Following identification of the priorities, mapping against our other Strategies and using evidence, we have prioritised three areas for us to focus our attention on for the next 12 months. This will not detract from us continuing to provide our core health and wellbeing offer and the remaining priority areas will be picked up through the other

strategy programmes. However, we cannot impress enough how much getting the basics right means to our people. In addition, the culture change required to embed the changes, need our managers to be fully supported and equipped with the skills to support their own and their team's wellbeing.

5. KEY PRIORITIES

a) Getting the basics right

- Curiosity in understanding why getting the basics right is so difficult to change
- Establishing a framework for planning and assessing the basics, to ensure we have a good baseline of metrics (drinking water, food, ICT, safety of personal belongings, personal safety)
- Developing local improvement projects, to make changes
- Making sense of what we learn and embed into our ways of working
- Launching the Violence and Aggression Campaign

b) Team Leader development

- Clarifying the expectations of a Team Leader
- Team Leader webinars/leadership forums
- Protected time to access learning and development
- Team Leader development programmes
- Promoting best practice and sharing positive examples
- Acknowledging the interdependencies to teams that are recruiting and retaining colleagues and support team leaders to be at their best.
- Creating a psychologically safe place to work

c) Psychological Support

- Psychological drop-in sessions
- Team support, building psychological safety
- Compassionate leadership
- Dedicated psychological support available across the whole of BH
- Access to online support

6. IMPLEMENTING THE STRATEGY

Through the co-design we have identified some early steps to implement the three priority areas:

- **Making wellbeing a priority** - People items to move higher up on Board pack and other agendas; Board paper template to be updated to include a section on wellbeing and inclusion, so that we always consider impact of any changes
- **Getting the basics sorted** - Senior visits and clinical Fridays to start with our People areas, e.g. overnight rooms, hubs and rest rooms; strategic leaders

stepping into the shoes of frontline colleagues and committing to improving the basics; taking breaks, team meetings, 1:1s and appraisals becoming the norm

- **Sustaining improvements** in health and wellbeing – commitment to invest ensuring that that health and wellbeing is designed into every business case and capital development plan and using evidenced based approaches to new wellbeing initiatives
- **Team Leader Development** - a priority: clarity of role, qualities and competencies made explicit and Team Leaders to be supported in their development
- **Communication** – Create conditions for colleagues to be curious and feel listened to and heard and evidence that things improve as result of curious conversations. Develop psychological safety and a culture that supports speaking up. Colleagues have specifically requested that we change our language from ‘staff’ to ‘our people’ or ‘colleagues’ in our communications.

7. NEXT STEPS

The next steps in developing the Health and Wellbeing Strategy are to:

1. Test the themes and priorities from the co-design with wellbeing leads, Public Health, EWS, participants of the wellbeing co-design event, People and Values groups and SPF and incorporate feedback before discussion with each HEB.
2. Establish a framework for planning and assessing basics, so that we can establish baseline metrics by December 2021.
3. Finalise the HWB Strategy for the agreement of the Trust Board early in 2022.

Appendix 1: Investing in Health and Wellbeing Facilities with Barts Charity

Health and Wellbeing Hubs:

- **St Bartholomew’s:** Opened on 11th October, with 300 visitors in the first week
- **Newham:** Opening on 29th November
- **Whipps Cross:** Planned completion 15th November*
- **Mile End:** Building work completed in September*
- **Royal London:** Work commences in mid-November

*Delay in furniture delivery, due to global supply chain issues

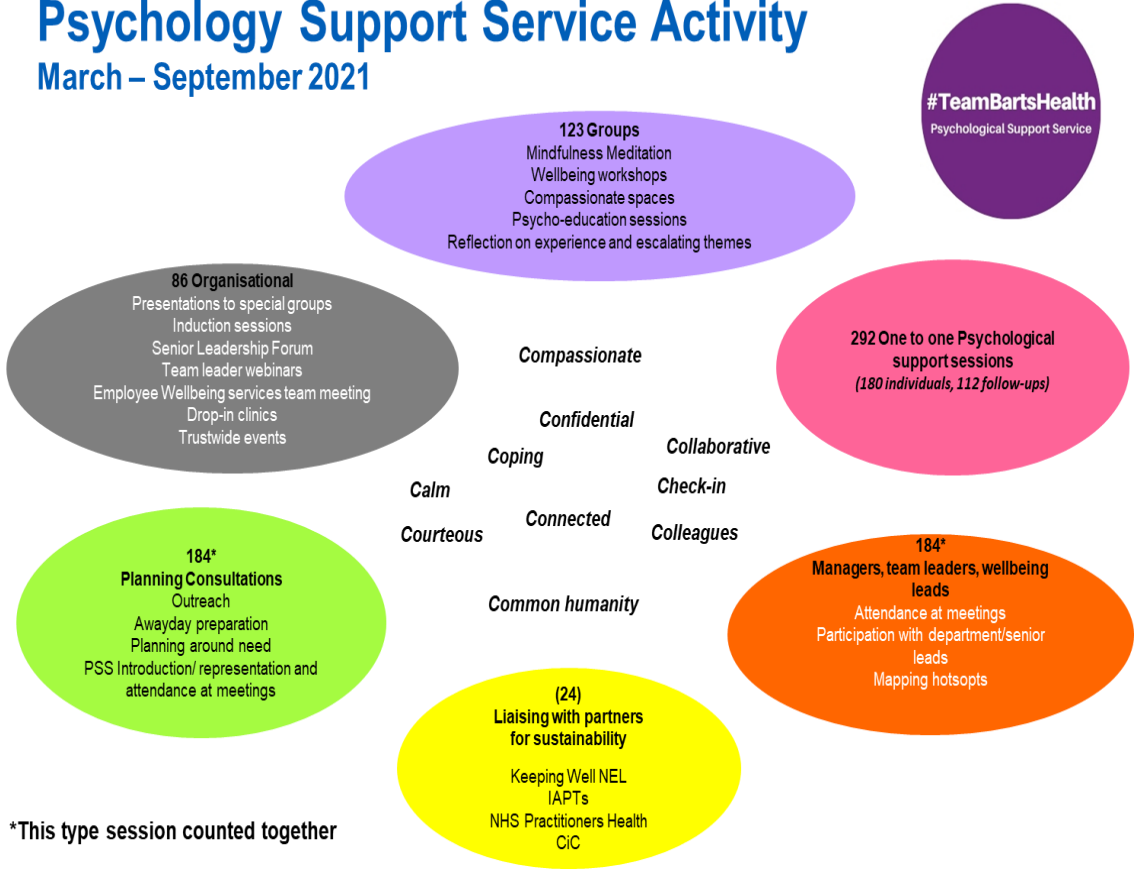


- **34** on-call rooms updated at RLH, NUH and WXH
- **8** showers, **9** WCs and **680** lockers installed at WXH and NUH
- **150** rest rooms updated
- **420** bike racks commissioned across SBH, RLH and WXH, for completion in spring 2022



Appendix 2: Psychological Support Service Activity (March 2020-September 2021)

Psychology Support Service Activity March – September 2021



Report to Barts Health NHS Trust Board 3 November 2021	ENC
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Title	Whipps Cross Redevelopment
Accountable Director	Ralph Coulbeck, 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	

Executive summary

- In September 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: how the case for investment has been strengthened by the July 2021 flooding major incident, how we are continuing to listen and respond 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.
- This paper provides an update on: our continuing engagement with the national New Hospital Programme; the latest progress with our programme of ‘enabling works’; how we are continuing to respond to key issues associated with the capacity of the new hospital and the link to service transformation; next steps on improving specialist palliative and end-of-life care; and our ongoing community and stakeholder engagement.

Related Trust objectives

- SO3 Service Transformation
- SO5 Improving our Infrastructure

Risk and Assurance

Related Assurance Framework entries

(Trust office to complete)

Legal implications/regulatory requirements

None

Action required by the Board

The Board is asked to note:

- our continuing engagement with the national New Hospital Programme;
- the continued progress with our enabling works;
- how we are continuing to respond to key issues associated with the capacity of the new hospital and the link to service transformation;
- next steps on improving specialist palliative and end-of-life care; and
- our ongoing community and stakeholder engagement.

REPORT TO BARTS HEALTH NHS TRUST BOARD

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. In September 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: how the case for investment had been strengthened by the July 2021 flooding major incident; how we are continuing to listen and respond 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.
2. This paper provides an update on: our continuing engagement with the national New Hospital Programme (NHP); the latest progress with our programme of 'enabling works'; how we are continuing to respond to key issues associated with the capacity of the new hospital and the link to service transformation; next steps on improving specialist palliative and end-of-life care; and our ongoing community and stakeholder engagement.

WHIPPS CROSS REDEVELOPMENT PROGRAMME: UPDATE

NEW HOSPITAL PROGRAMME ENGAGEMENT

3. As previously reported to the Board, we continue to work closely with the national New Hospital Programme (NHP) team in order to finalise our Outline Business Case (OBC) ahead of submission to Government.
4. We await further details from the NHP team about the next steps for our programme - including a timeline for submitting the OBC and the agreement of a national commercial strategy that will be critical to us appointing a construction partner. We continue to assume completion of the new hospital by the end of 2026, subject to planning and business case approvals.

DELIVERING OUR ENABLING WORKS PROGRAMME

5. The first part of our enabling works programme, funded by the Government, is the demolition of the disused buildings on the site of the former nurses' accommodation. These works, which began in April this year, are preparing the ground for the building of the new hospital, as this location will allow us to build the new hospital in a single phase whilst continuing to maintain, in full, the operation of the current hospital.

6. The demolition works have continued to make excellent progress with the major works due to be completed by the end of the calendar year, with the chimney to be demolished this month.
7. The completion of the demolition works will pave the way for the second part of our proposed enabling works programme – the construction of a 500-space multi-storey car park. This is required to be built before construction of the new hospital begins to counter the number of surface car park spaces that will be lost during the hospital construction phase. Subject to business case and planning approvals we anticipate that the construction will begin in the Spring of 2022.

CAPACITY OF THE NEW HOSPITAL

8. In our original business case (the Strategic Outline Case) the output from our modelling showed the average bed number in 2018/19 was 576. In refreshing the modelling to support the work on the OBC, the comparable measure for 2019/20 was 572. Cross-checking the modelling against data from daily reporting, the average number of beds available for use in 2019/20 was 580.
9. The “current” bed base of the hospital, against which we should compare future bed capacity, is therefore between 570 and 580. It is normal to see a fluctuation in the actual number of beds used in the hospital at different points throughout each year. Since the onset of the pandemic around the end of 2019/20, the hospital has seen even bigger fluctuations than normal as it responded to unprecedented operational and clinical challenges, the impact of which continues to be felt today.
10. We continue to work with our architect-led design team to make sure we have flexibility in our planning and our design. If necessary, with a few alterations, we could physically accommodate 600 beds. This is why we are now confident that we can provide at least as many beds in the new hospital as at present, should that prove necessary.
11. The number of inpatient beds is only one measure of a hospital’s capacity. New medical technology, developments in clinical practice and improved treatments mean that fewer patients require overnight stays. This changing pattern of health care is reflected in the hospital’s health and care services strategy and so the plans for the new hospital include, for example, an increase of 45% in space for day cases and a near doubling of the number of MRI / CT scanners.
12. Working collaboratively with primary care and community services partners, our clinically-led health and care services strategy for Whipps Cross will deliver

improvements in services that will help more people avoid the need to attend hospital in the first place, reduce the need for admissions for those that do attend, and reduce the time those admitted need to spend in a hospital bed. We and our system partners are working to create a single integrated delivery framework for the planning, delivery and oversight of the service transformation that will be in place ahead of the new hospital.

13. Working with those partners, and with input from patient and community groups, we will begin to develop and design a transparent annual reporting process early next year. This will chart the progress we are making in service transformation, and inform a continual evaluation of our capacity assumptions (including beds) for the new hospital.
14. Reporting measures will quantify progress and demonstrate the impact of healthcare transformation activities. The measures could include reductions in emergency admissions, the average duration of overnight hospital stays and reduced delayed transfers of care. They will not be limited to hospital activity, but also make sure changes in community services and primary care, for example, are measured and made public. We will also identify key indicators on the clinical quality of care and on patient experience.

IMPROVING SPECIALIST PALLIATIVE AND END-OF-LIFE CARE

15. As reported to the Board in September, the hospital will continue to provide high-quality specialist palliative and end-of-life care, in both the Margaret Centre and across other inpatient wards, until the new hospital is built. The Margaret Centre has 11 inpatient beds, which are included in the hospital's overall bed base (as per paragraph 8).
16. We will continue to provide specialist palliative and end-of-life care in the new hospital, though we have yet to decide how we will organise and configure it, as we have for many of our inpatient services. For example, we could 'ringfence' some or all of the 11 beds as a palliative care 'unit' – noting that for the last five years the Margaret Centre has had an average bed occupancy rate of around two-thirds. In any case, we would ensure that multi-disciplinary, multi-professional teams are organised to provide high-quality specialist palliative and end-of-life care to patients across the whole hospital, as they are today. We will make these decisions as part of the next stage of design for the new hospital next year and continue to work with staff, patient and public representatives in doing so.

17. Meanwhile, in partnership with us, North East London CCG is now taking forward work with St Joseph's Hospice and others to develop a non-hospital, specialist palliative and end-of-life care offer for people in the Whipps Cross catchment area. As reported in September, the review will also consider how the new service model could be delivered from the Margaret Centre, and whether the unit itself would remain on the Whipps Cross site or be re-provided elsewhere in Waltham Forest.
18. A Community Specialist Palliative Care Transformation Group has been established to develop a sustainable and coordinated response to specialist palliative care across Newham, Tower Hamlets and Waltham Forest. The group will work closely with Redbridge to ensure that all people in the Whipps Cross catchment area have equal access to specialist palliative care. The group includes clinical leads from each of the boroughs as well as Barts Health and St Joseph's Hospice and has representation from service users and carers.
19. The work is beginning with a review of current specialist palliative care activity in each borough as well as looking at the current patient experience. The work will be undertaken over the coming months, with a series of workshops to look at the current and future position, supported by a clinical reference group and a service user and carer forum. It will culminate in the publication of a strategy and delivery plan by April next year.

COMMUNITY AND STAKEHOLDER ENGAGEMENT INVOLVEMENT

20. Since our last board report we are continuing our community and stakeholder engagement. This includes meeting local interest groups to discuss key aspects of the redevelopment, in particular around specialist palliative and end-of-life care and the capacity assumptions for the new hospital.
21. The new Whipps Cross Joint Health Overview and Scrutiny Committee met for the first time on 19 October. This provided an opportunity to set out progress with the redevelopment programme in general, as well as a specific focus on how we have refreshed some of our health and care services strategy and our preliminary design for the new hospital in the light of our response to the pandemic. The Committee will now establish its forward work programme.
22. This month there are meetings with the Whipps Cross Community Forum – on 2 November - and with our Residents' Representative Forum – on 8 November.

CONCLUSION AND RECOMMENDATIONS

23. The Board is asked to note:

- our continuing engagement with the national New Hospital Programme;
- the continued progress with our enabling works;
- how we are continuing to respond to key issues associated with the capacity of the new hospital and the link to service transformation;
- next steps on improving specialist palliative and end-of-life care; and
- our ongoing community and stakeholder engagement.

Report to the Trust Board: 3 November 2021	TB 58/21
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Title	St Bartholomew's Hospital 900 th anniversary (Barts900) campaign update
Sponsoring Director	Chief Executive, St Bartholomew's Hospital
Author(s)	Strategic Projects Lead, St Bartholomew's Hospital
Purpose	To provide a comprehensive update on campaign progress to date and to outline next steps
Previously considered by	Group Executive Board – 26 October 2021

<p>Executive summary</p> <p>This paper details the progress of the St Bartholomew's 900th anniversary campaign to date and provides updates on the campaign's healthcare and Barts Heritage fundraising priorities:</p> <ul style="list-style-type: none"> • the development of a new Breast Cancer Centre • the development of a Clinical Research Facility • the restoration of the North Wing and Henry VIII Gatehouse by Barts Heritage
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Related Trust objectives	
1. To restart and transform clinical services to provide equitable access, high quality outcomes and a focus on population health 3. To make progress on our longer term strategic priorities	

Risk and Assurance	This report provides assurance in relation to objectives 1 and 3 above and BAF entry below.
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 13. Failure to sufficiently improve infrastructure and equipment due to resourcing and lead time limitations impacts on quality and safety of services

Legal implications/regulatory requirements	N/A
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<p>Action required:</p> <p>The Trust Board is asked to note the report, progress to date and the campaign's next steps.</p>
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BARTS HEALTH NHS TRUST**REPORT TO THE TRUST BOARD: 3 NOVEMBER 2021****ST BARTHOLOMEW'S 900TH ANNIVERSARY - CAMPAIGN UPDATE****1. INTRODUCTION**

We launched Barts900 in May 2021 with a message of support from HRH the Prince of Wales in his capacity as Royal Patron of Barts Heritage. In the run-up to the 900th anniversary in 2023 of the founding of St Bartholomew's Hospital, the campaign aims to raise funds for transformational projects covering medicine, research, education, staff wellbeing and heritage. We will also be organising a range of inclusive celebratory events. The overall target for the fundraising priorities for the 900th Partners is c. £75m.

This paper provides a progress report so far.

2. CONTEXT

The Trust is working closely with Barts Charity, Queen Mary University of London (QMUL), Barts Heritage, St Bartholomew the Great church and the Guild of the Royal Hospital of St Bartholomew to ensure the anniversary is fittingly commemorated and a lasting legacy created.

For healthcare, we have initiated a fundraising campaign, funded by Barts Charity, which will go through different phases over five years and result in improvements to health and healthcare for east London and beyond. Our aim is to reflect 900 years of caring and innovation, respond to the diversity and healthcare needs of our local populations, and address long standing health inequalities.

The first phase includes planning for the development of a new Breast Cancer Centre at St Bartholomew's Hospital and a Clinical Research Facility at The Royal London Hospital, in line with the Trust's long-term strategy.

A subsequent phase will include projects to be developed at Newham Hospital, and to support staff health and wellbeing. Meanwhile, Barts Heritage is continuing with its fundraising project to restore the North Wing and Henry VIII Gatehouse. This will

indirectly benefit healthcare as at present the Trust is liable for the cost of maintaining and repairing these buildings.

3. THE PRIORITIES

A Breast Cancer Centre of Excellence at St Bartholomew's Hospital

Key to the Trust's strategy is the strengthening of cancer services and surgery across Barts Health. Over the last 10 years, St Bartholomew's Hospital has become an international centre for research into triple negative breast cancer and has developed new combination treatments for patients all over the world.

Despite this progress, outcomes in northeast London still lag behind the rest of London, the UK and OECD nations. Patient experience is in the bottom four of all trusts nationally. Currently only about 10% of patients enter window trials to develop new treatments.

As a result, the breast team across all four trust sites are working with QMUL to strengthen breast cancer services. We have an opportunity to enhance patient access to trials, giving them the opportunity of cutting edge therapy whilst helping to develop new treatments for patients suffering with aggressive disease, which is a particular problem in northeast London. Our ambition is for all patients to be treated by clinicians that specialise in breast surgery, oncology, research and education. There is also a need to increase access to immediate breast reconstruction surgery, reduce waiting times for diagnostics, a further stepped change in screening and early diagnosis.

The breast network across Barts Health will develop an engagement programme with patients, our local community and commissioning partners to significantly improve breast cancer outcomes across NEL. Barts Charity has backed this approach and pledged to support initiatives to make this a reality which could include a new surgical centre, a new tissue bank at Charterhouse Square, investment in academic positions and strengthening local services.

A Clinical Research Facility at The Royal London Hospital

As part of the Trust's strategy for research and life sciences, we want to develop new and innovative research programmes, engage more patients in high quality clinical trials, and improve patient outcomes and clinical care. We are working closely with QMUL to develop a new and expanded facility that will also enable us to recruit and retain highly-skilled staff.

In light of the significant impact of Covid-19 on BAME communities and the ethnically diverse population served by the Trust, there is now an even greater urgency and emphasis on targeted clinical research for the Trust related to our local communities with translational benefits nationally and internationally. Other potential benefits include attracting external investment, thereby contributing to the local economy.

The restoration of the North Wing and Henry VIII Gatehouse

Barts Heritage, a registered charity set up to repair and renovate historic buildings and collections on the St Bartholomew Hospital site, is fundraising for a comprehensive restoration project. The vision is to bring the buildings and collections back to life as a place of discovery, resource for education and cultural events, promoting health and well-being for London and beyond. A unique collaboration with the Trust will also see the provision of facilities to promote the health and wellbeing of hospital staff that will provide a bridge between the past and the priority of supporting staff health and wellbeing both now and in the future.

The project will be divided into two phases, each costed at around £10m. The first phase (2023-25) will restore the envelope of the North Wing, and conserve and repair its interiors including the Great Hall and the Hogarth Stair. Some repairs to the Gatehouse will also be included in this phase. A second phase of works will address the re-servicing and renovation of the many other spaces and establish a new museum.

St Bartholomew the Great

The church's principal fundraising priority is the development of a new education centre that will respond to the ever-increasing number and requirements of visitors from London, nationwide and internationally. Additional priorities may include restoration projects and a new pipe organ.

4. CAMPAIGN HIGHLIGHTS TO DATE

Launch event

Owing to the Covid-19 pandemic, the Barts900 campaign launch in May 2021 took place on-line. A wide range of individuals and organisations were invited, including local MPs, leaders from local authorities and neighbouring NHS organisations, and representatives from local Health & Wellbeing Boards and Healthwatch bodies. The partners created a 'Barts900.org' website and logo for the event, which was well attended and generated positive feedback. The launch can be viewed here: www.barts900.org.

City of London Corporation becomes formal partner

The City of London Corporation has agreed to join the 900th campaign as a formal partner. This commitment reflects the longstanding, shared history between the Corporation, individuals and organisations connected with the City and St Bartholomew's Hospital. The Corporation is already represented on the 900th Anniversary & Fundraising board.

Establishing a Philanthropy Board

We aim to recruit a dozen members to a Philanthropy Board with a diversity of experience, background and expertise that can support the Major Gifts team at Barts

Charity. An interim Chair and five members have been appointed, and approaches made to other potential members. The Charity's fundraising team is coordinating meetings to enable members to learn more about the healthcare projects directly from project leads and senior Barts Health staff.

Fundraising narrative

Barts Charity is working with a specialist design company to develop a compelling fundraising narrative for the two healthcare projects that will appeal specifically to major donors. An initial brochure for the Philanthropy Board and potential lead donors is being prepared.

Clinical engagement

Barts Charity is meeting project leads and clinicians connected to the two healthcare projects to discuss fundraising plans and the role individuals can play. A first workshop was held with 16 clinicians, researchers and senior staff involved in the breast cancer centre. Further workshops are planned in late November and early in 2022 with the Clinical Research Facility team.

PR partner appointed

Following a procurement process, we appointed a public relations company, Pagefield, to work from January 2022 in close collaboration with the Communications and Fundraising teams at Barts Health and Barts Charity to maximise public support for the fundraising priorities.

Events programme

The partner organisations continue to scope and develop a range of celebratory and fundraising events. This includes plans for an exhibition about the 900th anniversary on display in both the Guildhall Yard and Paternoster Square, with the support of the City of London.

5. FUNDRAISING PROGRESS

5.1 Healthcare

Barts Health Breast Cancer Centre

With the support of Barts Charity, Barts Health cancer teams are already transforming breast cancer care across all our hospitals and engaging patients to help us design the optimal patient pathways for breast cancer patients. Professor Peter Schmid's team has consulted a group of women at different points in their treatment pathway, to gain insight into how we can improve their experience. Their continuing engagement will be invaluable as the service is developed.

Local commissioners flagged the case for a breast cancer centre of excellence in our joint 2019 proposals for a network of surgical hubs, on the principle that surgeons perform best when undertaking a large number of the same operations in the same place. The transformation group plans to seek a wide range of views as we develop the project, modelled on the successful community engagement programme for the Barts Heart Centre.

Clinical Research Facility

The Trust Board approved a Strategic Outline Case for a new Clinical Research Facility (CRF) in September 2019, originally as part of the proposed new life sciences campus in Whitechapel. As these plans developed, it is now proposed to locate the CRF on the 14th/15th floor of The Royal London Hospital. In July 2021 Barts Charity approved a £550,000 grant to develop the detailed design specification for the CRF. This will support the development of the business case.

We anticipate the design stage and outline business case will be completed in April 2022. Subject to Barts Charity approval of the full costs of the CRF development, procurement for fit out of the new unit could commence in 2022/23, followed by completion of the full business case in 2023. Works would commence in 2023, with a planned opening of the new CRF in 2024.

5.2 Barts Heritage

In September, Barts Heritage was awarded a £445,000 National Lottery Heritage Fund development grant for the North Wing. This initial sum is part of a £4.75m grant to be awarded at the end of a successful development phase in the summer of 2022. The grant will provide the core funding for 'Sharing Historic Barts', a £9.1m scheme to not only restore and rejuvenate the North Wing but also establish a new model of heritage-based support for wellbeing and skills development. This is a major vote of confidence in the project and should open the way for other important funders to follow. The project is on track to start in the spring of 2023.

The City of London has already granted planning permission for the restoration works, and Barts Heritage has applied to its CIL Neighbourhood Fund for £774,000 towards the cost of a public engagement programme. The charity aims to create a new vibrant cultural resource in the City, reach a broader range of residents, workers and visitors through educational, wellbeing and skills development programmes, and introduce a new model of heritage-based support for Barts' staff and patient communities. Feedback is positive so far and the outcome expected by early December.

Barts Heritage intends to submit bids to other major grant-givers over the coming few months, alongside a programme to cultivate potential individual donors.

6. NEXT STEPS

We will consolidate the 900th programme plan and continue our approaches to major donors and grant sources throughout 2022. We will hold some small-scale fundraising events during the year, building up to the celebrations and a major public fundraising campaign in 2023.

We also anticipate further developing the business cases for our healthcare priorities and an engagement programme within the Trust and consolidating the programme of celebratory and fundraising events for 2023. We will update the Trust Board again in June and December 2022.

7. RECOMMENDATION

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

Elizabeth Raidan
Strategic Projects Lead, St Bartholomew's Hospital

29 October 2021

Report to the Trust Board: 3 November 2021	TB 59/21
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Title	Use of the Trust Seal
Sponsoring Director	Trust Secretary
Author(s)	As above
Purpose	To seek Trust Board ratification of use of the Seal, pursuant to Standing Order 21.2.
Previously considered by	n/a

<p>Executive summary</p> <p>This paper documents the use of the Trust Seal on the following occasions:</p> <p>19 October 2021</p> <ul style="list-style-type: none"> • Renewal of an underlease for Part of Vicarage Lane Health Centre, 10 Vicarage Lane E15 between Community Health Partnerships and Barts Health NHS Trust • Agreement of a lease, car parking licence and deed of covenant for Pontoon Dock Health Centre, Units 2.03 and 2.04, Plot 2, Royal Wharf between Oxley Wharf Property Ltd and Barts Health NHS Trust <p>29 October 2021</p> <ul style="list-style-type: none"> • Renewal of a lease, variation of services agreement, transfer of additional land, sale agreement deed of variation, deed of overage and deed of release, variation and grant of easements relating to Plot D, Car Park, Royal London Hospital between the Secretary of State for Health and Barts Health NHS Trust

Related Trust objectives
n/a

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

Legal implications/ regulatory requirements	The Trust's lawyers were involved in drawing up the documents requiring sealing.
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Action required by the Board
The Trust Board is asked to ratify the use of the Seal on the occasions listed above.

Barts Health NHS Trust public board meeting: Wednesday 3 November 2021

Written questions from members of the public

Waltham Forest Save Our NHS

1. Overseas visitor charging

1a] In 2020/2021 how many of the 682 patients who were issued with invoices were subsequently found to be eligible for free NHS secondary care, and had their invoices revoked

1b] Is it the Trust's policy to inform patients deemed ineligible or potentially ineligible for free NHS secondary care that they are likely to be charged *before* they receive treatment, so that they can make an informed decision whether or not to go ahead with treatment?

1c) Is the Acute Assessment Unit considered to be part of A&E? When a patient deemed ineligible or potentially ineligible for free NHS secondary care is moved from A&E into the Acute Assessment Unit, are they informed that they will be charged for their treatment from that point on?

1d) Where a patient is deemed ineligible for free secondary care, and is issued with an invoice, but it is then discovered that the patient is destitute and has no means to pay their bill, does the Trust have any discretion on writing off that debt?

2. Whipps Cross Redevelopment

The Trust has recently stated that it 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 when the new hospital opens"* and
- *"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"*.

However, the Trust stated at its AGM in September 2021 that no final decision had yet been taken on service transformation metrics

2a): When and where will the service transformation metrics –including both at the level of hospital performance and in terms of improvements in primary care and community services - be determined and will they be published?

2b): Will the process for measuring the success of service transformation and how that relates to the assumptions being made about hospital capacity be a process which is transparent and open to the public?

2c) if there are as yet no measures of success for the anticipated service transformation, how can the Trust rely on assumptions about service transformation to determine the overall size and capacity of the hospital for planning purposes?

2d) At a recent meeting we had with the Redevelopment Director, Alastair Finney, much was made of the flexibility contained within the Masterplan regarding land use, but the Masterplan has never been made available to the public. Will the Trust provide a copy of the Masterplan to Waltham Forest Save Our NHS and/or publish it on their website?

2e) Will the services currently provided at the Connaught Day Centre be reprovided in the new hospital? If not, why not?

Newham Save our NHS campaign group

1. Secrecy and delays to Newham Hospital Fire safety works arising from lack of NHS capital for investment.

Whilst wishing to avoid anything that will 'impair the Trust's security arising from actions of a hostile third party,' the repeated delay to fire safety works continues to be of itself a risk to staff and public. Mysteriously, this is now being managed secretly via consultants' report, with seeming further delays to safety work. In contrast, previous years saw the trust openly and regularly stating fire risks related to ongoing delays to work at Newham Hospital arising from lack of NHS capital for investment.

Now it appears that even the Fire Brigade's Enforcement Notice compliance date of 9th March 2022 may not be met.

1a Why has the trust changed from openness to secrecy on the subject of delays to Newham Hospital Fire safety works arising from lack of NHS capital for investment?

1b Will the delayed fire safety works at Newham Hospital be completed by 9th March 2022?

1c Please will the trust publish the redacted Deloitte report now, rather than delaying indefinitely by making public FOI requests a condition of the redacted report's publication?

2. NHS Hostile Environment - Misleading September 2021 second annual report.

Barts say by email that 44 patients (6%) of invoiced NHS patients were wrongly invoiced in 2020-2021, but this is not in the report. Also omitted is the number of EU patients who were charged in 2020-2021, though for Barts as a whole the report shows money received from the EU has gone up by 500%.

2a Are the wrongly invoiced 44 patients 6% of the total of 682 patients invoiced in 2020-2021?

2b Please will Barts Board reject their September 2021 second annual report on NHS patient charging because it omits figures of patients wrongly charged, thereby giving a misleading impression of the number of patients not entitled to free NHS care?

2c Please can the data of wrongly invoiced patients be included in future reports?

2d Please will Barts future reports on NHS patient charging identify the numbers of EU patients charged at each of the four hospitals and identify monies received from these EU patients?

3. NHS Hostile Environment - NHS Covid-19 patients referred to Overseas Visitors Team

Barts state (page 157 Sep 2021 Barts papers) that the Trust ensures 'clinicians alerted the Overseas Visitors Team when patients were being treated for Covid-19, which is a medical exemption from charge.'

3a At what date did this practice start?

3b How many NHS Covid-19 patients have been referred to the OVT since the start of Covid -19 at each of these four Barts Trust Hospitals: Newham Hospital, Whipps Cross Hospital, Royal London Hospital, St Bartholomew's Hospital?

3c How have Barts Covid-19 patients who have been referred to Barts OVT been informed that their names have been shared with the Home Office? eg by letter? By Email?

4. Barts 'Closer Collaboration' report Sep 2021 - Newham Hospital- an unrealistic proposal.

This envisages the population of Newham (about 350,000) being joined by the population of Barking and Dagenham which lacks a hospital (about 220,000) in accessing care at Newham Hospital on its already overcrowded and restricted site.

Why has this unrealistic proposal been made?