

## BARTS HEALTH NHS TRUST

### TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on  
 Wednesday 19 January 2022 at 11.00am via Webex Videoconferencing  
*Scheduled to end by 13.45*

### AGENDA

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

		Paper TB	Lead	Time
1.	<b>WELCOME</b>		Rt Hon J Smith	11.00
2.	<b>APOLOGIES FOR ABSENCE:</b>			
3.	<b>DECLARATION OF INTERESTS</b> 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.	<b>MINUTES</b> To approve the Minutes of the meeting held on 3 November 2021 and review the action log appended to the Minutes	01/22	Rt Hon J Smith	11.00
5.	<b>BOARD MEMBERSHIP</b> To approve changes to Trust Board membership	02/22	Rt Hon J Smith	11.00
6.	<b>MATTERS ARISING</b> To consider any matters arising from the Minutes not covered elsewhere on the agenda			
7.	<b>STAFF STORY</b> To hear a staff story		Ms C Alexander	11.05
8.	<b>CHAIR’S REPORT</b> To receive the Chair’s report		Rt Hon J Smith	11.20

		Paper TB	Lead	Time
9.	<b>CHIEF EXECUTIVE'S REPORT</b> To receive the Chief Executive's report		Ms A Williams	11.25
<b>QUALITY AND PERFORMANCE</b>				
10.	<b>COVID-19 AND WINTER PLAN IMPLEMENTATION</b> To receive updates on: <ul style="list-style-type: none"> <li>• Covid-19 case rates</li> <li>• Staffing and wellbeing</li> <li>• Vaccinations</li> <li>• Emergency care and Discharge</li> <li>• Planned care</li> <li>• Controlling the infection</li> </ul>	presentation	Mr S DeGaris / Prof A Chesser Mr D Waldron Mr D Waldron Dr N Ashman Mr S DeGaris Ms C Alexander	11.30
11.	<b>INTEGRATED PERFORMANCE REPORT – 2021/22 M8</b> To receive the report and discuss: <ul style="list-style-type: none"> <li>• Operational performance</li> <li>• Quality and Safety</li> <li>• People</li> <li>• Financial performance</li> </ul>	03/22	<i>[by exception]</i> Mr S DeGaris Prof A Chesser / Ms C Alexander Mr D Waldron Mr H Virdee	12.00
12.	<b>REPORTS FROM BOARD COMMITTEES</b> 12.1 Finance and Investment Committee (oral) 12.2 Audit and Risk Committee 12.3 Quality Assurance Committee 12.4 Nominations and Remuneration Committee	04/22 05/22 06/22	Mr A Camp Mr G Dalal Dr K McLean Rt Hon J Smith	12.15
<b>STRATEGIC DELIVERY PLANS AND IMPLEMENTATION</b>				
13.	<b>PEOPLE STRATEGY IMPLEMENTATION</b> To receive the refresh of the 2020 WeBelong strategy	07/22	Mr D Waldron, Mr A Abraham, Mr D Mehet and Ms B Thompson	12.20
14.	<b>WHIPPS CROSS REDEVELOPMENT</b> To note the progress report	08/22	Mr A Finney	12.40
15.	<b>FIRE SAFETY IMPROVEMENT PROGRAMME</b> To receive a progress update report	09/22	Mr S DeGaris	12.50

<b>16.</b>	<b>SUSTAINABILITY AND GREEN PLAN</b> To approve the Green Plan	10/22	Mr S DeGaris	13.00
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<b>GOVERNANCE</b>
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<b>17.</b>	<b>STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS</b> To approve SO and SFI amendments	11/22	Mr H Virdee	13.10
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<b>18.</b>	<b>YEARLY REPORTS</b> 18.1 To approve the North Thames clinical research network annual report and annual plan 18.2 To approve the yearly report on Emergency Planning, Resilience and Response (EPRR) 18.3 To approve the yearly reports on compliance with terms of reference for: <ul style="list-style-type: none"> <li>• Finance and Investment Committee</li> <li>• Audit and Risk Committee</li> </ul>	12/22  13/22  14/22	Prof A Chesser  Mr S DeGaris  Mr S Collins	13.15
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<b>19.</b>	<b>USE OF THE SEAL</b> To ratify use of the Trust Seal	15/22	Mr S Collins	13.20
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<b>20.</b>	<b>ANY OTHER BUSINESS</b>			
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<b>21.</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	16/22		13.25
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<b>22.</b>	<b>DATE OF THE NEXT MEETING</b> The next meeting of the Trust Board in public will be held on Wednesday 4 March 2022 at 11.00am via Webex videoconferencing.			
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<b>23.</b>	<b>RESOLUTION</b> 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).			
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**Sean Collins**  
 Trust Secretary  
 Barts Health NHS Trust  
 020 3246 0642

## **BARTS HEALTH NHS TRUST**

### **TRUST BOARD MEETING (PART 1)**

Minutes of the Trust Board meeting in public on  
Wednesday 3 November 2021 at 11.00am held via Webex Videoconferencing

**Present:**

- Rt Honourable J Smith (Chair)
- Dame A Williams (Group Chief Executive)
- Ms C Alexander (Chief Nurse)
- Mr A Camp (Non Executive Director)
- Professor A Chesser (Chief Medical Officer)
- Mr R Coulbeck (Director of Strategy)\*
- Mr G Dalal (Vice Chairman)
- Mr S DeGaris (Deputy Chief Executive)
- Ms M Exley (Non Executive Director)
- Mr A Hines (Director of Corporate Development)\*
- Ms K Kinnaird (Non Executive Director)
- Ms K McLean (Non Executive Director)
- Mr D Waldron (Director of People)\*
- Professor Sir M Caulfield (Non Executive Director)
- Mr H Virdee (Chief Finance Officer)
- Mr C Williams (Associate Non Executive Director)

**In attendance:**

- Mr S Collins (Trust Secretary)
- Mr A Finney (Director of Redevelopment)
- Prof C Knight (St Bartholomew's Hospital CEO)
- Ms F Millar-Smith (CEO, Barts Charity)
- Ms I Ralphs (Head of Fundraising, Barts Charity)

**Apologies:** None

*\* Non-voting member*

#### **81/21 WELCOME**

The Chair welcomed everyone to the meeting. She noted that this was her first formal Trust Board meeting and she looked forward to working with those present, as well as partners, stakeholders and patients to serve the north east London community.

**82/21 BOARD MEMBERSHIP**

The Chair outlined the changes to Board membership, thanking Professor Steve Thornton and Ms Tajinder Rehal for their service and welcoming Professor Sir Mark Caulfield as the University nominated Non Executive Director. The Chair also noted that Ms Exley's term of office was due to complete at the end of the calendar year and that she had decided to step aside at that point without seeking a further term of office.

**83/21 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.

**84/21 MINUTES**

The Minutes of the meeting of the Trust Board held in public on 8 September 2021 were received and approved.

In relation to the Minutes of the Annual General Meeting held on 22 September 2021, the Trust Secretary advised that responses from the executive lead to three questions from the public had been omitted. It was agreed to circulate a revised version of the AGM Minutes. The Minutes of the AGM were approved subject to this amendment.

**85/21 MATTERS ARISING**

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

**86/21 STAFF STORY**

The Chief Executive, St Bartholomew's Hospital introduced Professor James Moon and Dr Charlotte Manisty, who were attending to provide a staff story. He explained that this story would reflect on how the contributions of Trust staff members to Covid-19 research had played a key role, influencing national policies, the treatment of the disease and the vaccination response.

Professor Moon provided the background to embarking on the study and steps taken to identify a cohort of staff to participate in the trials. This had initially extended to 500 staff across a number of hospitals, but ultimately the cooperation across organisational boundaries had enabled the study to end up involving 1900 staff internationally.

Dr Manisty noted that grants processes typically took around 12 months to secure approval and confirmed that this timeframe had been unworkable given the urgency of the pandemic. Support had been found via crowdfunding initially, followed by approaches to the private sector, which had secured c£1.9m funding. It was noted, however, that subsequently conventional grant awards had also been received.

Early results from sampling in the trials had showed that 7% of staff had confirmed asymptomatic infection. This finding had been important to confirm the risks of spread within hospitals; which had resulted in rapid changes to national policy on infection control measures. Other key results from the trials included evidence of immunity waning over time; recognising that the length of antibody resistance was important to gauge. Other findings from the study that informed the clinical response included measuring the effects of Covid-19 on the heart, the immune system's t-cell response and checks on whether there were any longer term effects of mild Covid-19 disease.

Professor Moon outlined findings from the study on vaccine effectiveness, including for those that had also had prior infection. The results of this included significant changes to national vaccination strategies in major European nations. He noted that the most recent findings, due for publication shortly, focused on why some health care workers exposed to significant Covid-19 infection risks had not become infected. The review of this cohort of staff's T-cells found that they had been boosted (by exposure to common colds) and that this immunity had been pre-existing in this group. This 'abortive infection' finding had major epidemiological implications and would inform the development of the next generation of Covid-19 vaccines. He concluded the session by reflecting on the fast moving approach that had proved possible, using atypical funding streams and the ability of findings to influence national strategies responding to the pandemic.

The following points were made in discussion:

- Dr McLean applauded the effectiveness of collaboration and the pace of this work. She recognised that, in pursuit of this objective, many barriers to collaboration and innovation that had existed pre-Covid had been surmounted and learning from this should be captured. Ms Exley agreed and asked whether, with hindsight, anything could have been approached differently should similar circumstances arise in future. Professor Moon felt that much of this had gone very well. He recognised that as well as the understanding about the supporting science progressing, learning about communication, for example through Twitter, had opened up many more opportunities. He also noted that the approach taken, through identifying a consortium of those most interested in this research, had proved more dynamic than seeking to involve and engage everyone. Looking forward, he felt that the work had revealed some options to learn

about improving appointments systems, confirmation that a multi-institutional approach can work and could attract the best researchers through the strength of programmes involved.

- The Chair asked whether, in light of this success, regulators may be convinced to support innovation in a more rapid timeframe. Professor Moon noted that the MHRA had turned around its permission in one day, which reflected that flexibility had proved possible.
- Mr Dalal welcomed the multi-institutional work and observed the importance of maintaining similar dynamism in the development of the Barts Lifesciences programme. Professor Moon recognised that individual institutions remained important as these supported teamwork and embedded loyalty. However, it was important that challenges such as the pandemic brought the institutions together more effectively. He noted that some already established models such as the Crick Institute had evidenced similar benefits. He anticipated that this would prove valuable in rapidly evolving areas of innovation such as artificial intelligence (AI) and imaging. Professor Caulfield agreed that the progress made had been remarkable and that momentum existed to translate this into a more embedded 'business as usual' approach. Dr Manisty noted the importance of developing meaningful success metrics (such as drugs developed or lives saved) which may be harder to measure than some process metrics, such as numbers recruited to trials. It was agreed that building research into our medical pathways would be integral to making progress.

The Chair thanked colleagues for attending to share this important story.

## 87/21

### CHAIR'S REPORT

The Chair thanked colleagues for providing a warm welcome during her early orientation. As well as meeting many leaders and stakeholders during this induction she had heard a great deal about achievements, challenges and issues in the Trust. She had had the opportunity to participate in staff briefings, the *Over the Rainbow* event (celebrating the achievements of staff over the last year) and had met with the Inclusion Board co-chair, recognising that inclusivity was a focal point of the Trust's objectives. She had similarly been getting familiarised with colleagues at Barking, Havering and Redbridge University Hospital Trust (BHRUT) and had been talking to people across the footprint following publication of the *Closer Collaboration* document. She suggested that an early test would be progressing identified priorities that should enable patients to appreciate the results of improved access and outcomes. She had met with system chairs including the chair of Homerton University Hospital and the chair of the north east London ICS. Strong relationships with local partners would be essential to delivering benefits of

integration and she had spoken with many MPs to understand their perspectives on the sector's healthcare priorities. She noted positive discussions regarding strategic initiatives in Barts Lifesciences and Whipps Cross redevelopment and her participation on the Barts Charity board.

Dr McLean noted that the design for each ICS integrated care board recommended that a sector provider representative would feature among the membership. The Chair recognised that there were decisions to be made on ICB membership and have another ICS chairs meeting on Friday and will update once conclusions reached

88/21

## GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive welcomed Jacqui Smith as the new Chair in Common for Barts Health and BHRUT. She took the opportunity to pay tribute to clinical staff responding to significant pressures across our hospitals, with more detail on winter plans featuring on this agenda. In light of the COP26 summit that was currently under way, she noted the ambition for the NHS was to reach a net zero on carbon status. Barts Health had reduced carbon by 40% and the team was now refreshing the green plan. Working with *Green at Barts*, a staff action group, the Board was asked to endorse a declaration of a healthcare climate emergency and make personal pledges in due course.

The Group Chief Executive noted some recent developments on Soft Facilities Management services, with Serco announcing its notice of terminating its contract in May 2023. This had not been entirely unexpected as Serco had indicated consistently that it had been losing money on this contract. All Serco workers had today been informed of this move and the Trust intended to support the 1700 permanent and other workers in Soft FM. The Trust Board would consider alternative arrangements in due course, including potentially some services returning to in house provision.

The Group Chief Executive noted her thanks to the BAME network for supporting Black History Month events, including a Jerusalema Dance. An important announcement supporting the future of Barts Lifesciences had been made, with QMUL acquiring part of the DHSC property at Whitechapel. The Group Chief Executive confirmed that Alan Gurney, Whipps Cross Chief Executive, had recently resigned due to ill health and conveyed her thanks to him for the progress made in his four years in this role.

The Director of Strategy gave a brief update on rollout of *WeConnect2*, a digital upgrade including implementation of adult electronic prescribing, greatly reducing paper-based burdens. The upgrade was being rolled out sequentially across the hospitals, culminating in the final upgrade at St Bartholomew's Hospital by the end of November 2021. Early indications



suggested a highly successful implementation at Whipps Cross and The Royal London. A lot of teamwork and effort lay behind the success of this.

The Chair confirmed that the Trust Board approved the declaration of a climate emergency.

## **89/21 BOARD ASSURANCE FRAMEWORK (BAF)**

The Director of Corporate Development confirmed that the BAF provided a description of the principal risks to the three core objectives agreed in our annual plan. The report reflected a growing risk maturity, featuring a risk appetite dimension and some early work on setting risk appetite thresholds. The paper included a schedule of deep dives for board committee reviews.

The BAF currently had no risks scored at 20 or 25 (very high) but there were six highly scored risks (at 16). There had been movement in risk scores which helped to confirm that the risk mitigation and review process was dynamic. He outlined the details of the new risk related to staffing shortages and confirmed that risks on operational performance linked closely to items appearing on this agenda in the Integrated Performance Report and winter plan. He highlighted the two risks that remained furthest from risk appetite and confirmed that deep dive reviews had been scheduled at relevant Board committees for these (and the other BAF entries).

Mr Camp agreed that the BAF should be a dynamic tool and welcomed scores moving as mitigation and review progressed. He sought further information on the proposal reduce the risk score on clinical transformation priorities, given that historically it had taken some time to deliver on these areas. The Director of Strategy outlined the progress made on the key clinical transformation workstreams underpinned by significant digital improvements, most noticeably through the roll out of WeConnect2 (introducing significant changes at the front line for electronic prescribing, documentation and enabling increased virtual clinics). It was recognised that further assurance to the Board would help to support this assessment, with the appointment of a Director of Clinical Transformation providing a leading role on this.

## **90/21 INTEGRATED PERFORMANCE REPORT**

The Director of Strategy outlined an intense pressures on services currently. A balance had been sought on managing the Covid-19 challenge, while also addressing other non-Covid pressures and reducing elective backlogs. The Trust had seen an overall decline in Covid-19 admissions from around 160 to 80 in early October. However, there had been a growth in admissions in the last month and there were currently around 130 Covid-19 patients with a relatively high proportion requiring critical care. The outlook remained uncertain, but the proportion of older patients remained high and sustained Covid-19 admissions should be expected this winter. Pressure existed on

general and acute beds above normal levels with a marked increase at The Royal London in particular.

The Deputy Chief Executive noted that Emergency Department attendances had been high, with many at lower end of acuity spectrum. Performance had fluctuated, but on average the Trust was the seventh best across London trusts and second best of the peer group of large acute trusts nationally. In terms of elective activity, the Trust was ahead of its planned trajectory for 104+ week waiters, with good progress on 52 week waiters. Diagnostics remained a harder challenge with Imaging accounting for the highest contributor to backlogs. A detailed trajectory would be presented to the Quality Assurance Committee on the diagnostics position. He was optimistic that cancer standard performance would return to previously high levels by the end of March 2022.

Dr McLean recognised that the Trust was behind others on diagnostics performance and expected that Quality Assurance Committee would wish to focus on this. She noted that there was a balance between urgent care and emergency priorities and felt that the Trust Board would need to monitor and provide a view on the confidence to maintain the elective programme during the winter months. The Deputy Chief Executive recognised that this consideration would be linked to the currently unpredictable levels of Covid and non-Covid emergency attendances. The Trust was seeking to protect insofar as possible elective capacity currently.

The Chief Medical Officer noted that much of the focus currently was on maintaining safety during this period of operational challenges. He recognised that most of the Covid-19 admissions were non-vaccinated individuals and noted the ongoing need to raise awareness of the benefits of vaccinations. The report reflected two maternity Never Events (in different units). He confirmed that both linked to documentation issues and a Quality Improvement collaborative would explore options to improve processes. He noted that maternity services improvements remained an area of significant focus for the Trust as well as nationally. The Chief Nurse confirmed that CQC warning notices had been lifted for diagnostic services and publication of the final report for these services was due by the end of November 2021. Work on Imaging improvements had been progressing well. A CQC report on Maternity services at Newham had now been published with no change to ratings. The report had identified no 'must do' actions, a small number of 'should do' actions and highlighted some examples of good practice. A new Associate Director of Midwifery had been appointed at Newham and was helping to lead work for this unit.

### *Finance*

The Chief Finance Officer outlined the Month 6 Finance position, noting a change to the financial framework from Month 7 onwards. He noted that the Trust had benefitted in the first quarter of the year from Elective Recovery

Funding (ERF), providing good momentum entering into the second half of the year (H2). More stringent thresholds on ERF had reduced the Trust's ability to access that funding source. He confirmed that insurances and compensating funding had been received for losses associated with Whipps Cross flooding. The Trust had achieved the target of breakeven during H1 and was now focusing on the complex task to manage the operational pressures, workforce shortages and financial imperatives. He confirmed some under spending on capital, with a more aggressive approach taken for the remainder of the year to maximise investment opportunities.

Ms Exley asked whether there were any issues with capital impacting on imaging services, such as insufficient equipment. The Chief Finance Officer reported that there had been no issues on medical equipment replacement, noting that spending on this had benefitted from the ability to turn this around relatively quickly.

### *People*

The Director of People summarised headline messages. He outlined the role of peer vaccinators to address the internal aspiration on staff vaccination rates. He felt that a core contributor to staff wellbeing was access to regular appraisals; however, progress on appraisal rates was below the desired level. Rostering processes had been of reduced priority during the pandemic due to the need for greater flexibility on shifts and allocations but this would become more of a focus. The most significant challenge for delivering the operational plan remained workforce supply. Priority areas had dedicated workstreams with dedicated working groups for anaesthetics, critical care nursing and theatres (non-medical) staff. Nursing staff turnover had increased, with some concern where this was at the most junior grades. The team were exploring what support might help keep nurses in the profession and working in the group.

Mr Dalal asked about concerns regarding turnover, noting that fill rates had reached very positive levels in recent years. Ms Exley suggested that the attractiveness of a group model needed to be leveraged to support recruitment and retention. The Director of People noted that a retention group had been established and confirmed that rotation across the sites was often a key incentive for many staff.

The Trust Board noted the report.

**91/21**

## **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 H1 achievement of a balanced position and had looked forward to the H2 plan, noting that the principal challenges were anticipated to be workforce rather than financial constraints.
- Mr Dalal noted the Audit and Risk Committee's recent focus on developing the External Audit relationship with changes made to support their engagement with the Trust for the coming year's audit. He also noted the ambition to catch up on Internal Audit planned activity, given disruption associated with the pandemic.

## 92/21 WINTER AND H2 PLAN

The Director of Corporate Development introduced the draft Winter and H2 Plan and outlined key messages. He confirmed that development of this had represented a more complex task this year as guidance had been released detailing revised central expectations for the second half of the financial year (H2). As reported nationally, the NHS was expecting a challenging winter. The Trust's plans anticipated a high level of non-Covid-19 demand as well as unpredictable Covid-19 caseloads. This would be set in the context of priority work to reduce waiting list backlogs set against an underpinning challenge of staff shortages.

The Director of Corporate Development advised that the Trust anticipated pressures on general and acute wards as well as in critical care and emergency departments. Accordingly, the Trust had invested c.£3m on initiatives to help pathways designed to free up capacity. A key role for the leadership would be to describe how to mitigate the underpinning workforce risks. An update would be provided at the Board seminar on 8 December (with the final published version of the winter plan shared at the Trust Board meeting on 19 January 2021).

The Chair welcomed the report, noting that the operational pressures informing the plans had been covered in some detail earlier in the meeting.

The Trust Board noted the report.

## 93/21 PEOPLE STRATEGY - WELLBEING

The Director of People provided an update on progress in developing the Trust's wellbeing strategy, which had featured a long staff engagement stage to inform the design. He described this strategy as one of a number of contributions towards becoming an outstanding place to work.

It was confirmed that engagement had featured consultation on three key themes: workplace improvements (seeking to understand why we struggle with this through a baseline of areas to improve e.g. ready access to food and

drinking water for all staff); good management practices such as regular 1-1s, staff meetings and appraisals; and leadership. Other features of the strategy included psychological support to staff.

Ms Kinnaird felt that it would be good to consider this wellbeing strategy in the context of the work of the staff retention group including aspects such as drivers for staff departures and outputs from exit interviews. Noted critical that WeLead results in the development of our staff to support others.

Dr McLean recognised that it remained unclear how long it would take staff to recover from the pandemic. She suggested that developing a sense of a longer term plan would help address anxiety around the current short term reactions to pandemic priorities. The Group Chief Executive thanked Geraldine Cunningham for spearheading an innovative approach to this work. She noted some innovative work based on the Tavistock model which would merit some board time.

Mr Williams emphasised the need to target the 'harder to reach' staff groups who may be less confident to express their needs.

Ms Exley welcomed the tracking of impact of interventions. She asked about any increased freedoms on employment contracts to support flexible working. It was confirmed that a range of flexible working options and an agile working policy were being promoted. The People team were encouraging team leaders to engage with their teams on this. An NHSE/I *flexible for the future* initiative was working with clinical and non-clinical teams to explore options available.

The Director of People emphasised the need to reinforce simple messages and provide a clear direction that staff throughout the organisation could readily understand. He felt that there was a need to distill plans to a small number of priorities to focus on initially.

The Trust Board noted the report.

94/21

#### **WHIPPS CROSS REDEVELOPMENT**

The Director of Strategy introduced the report and noted the critical nature of the national New Hospitals Programme input to the outline business case. The absence of an agreed national commercial strategy was important as this would provide a route to a construction partner being identified. However, there had been no suggestion from the central team that this should result in delays to anticipated timelines for the overall programme.

The Director of Redevelopment confirmed that they had looked at bed capacity modelling, using 2018/19 and 2019/20 data to define the current bed baseline. Working with the design team, the conclusion had been that there would be the ability to provide at least as many beds as currently in the redevelopment.

As indicated previously, the team would continue to monitor and evaluate delivery of our service transformation plans that would ultimately inform capacity requirements.

Work continued on the out of hospital palliative care offer, led by NEL CCG in partnership with the Trust and local hospices. It was expected that a confirmed plan would be developed by April 2022. A decision was yet to be taken on end of life care delivery in the hospital. This could include ringfencing 11 beds equivalent to the current Margaret Centre provision, but this would be considered further as hospital designs were developed.

The Chair noted some frustrations regarding some uncertainty about national funding and timely approvals. However, she noted strong local MP support for the redevelopment, which would help keep the urgency of this on the agenda.

#### **95/21 900 YEAR CAMPAIGN**

The St Bartholomew's Hospital CEO introduced the item and provided a presentation. He noted the campaign aims with projects spanning medicine, research, education, heritage and wellbeing dimensions, confirming good progress with the fundraising campaign and support from partners to date.

He set out some exciting opportunities designed to accompany the 900 year anniversary of the hospital, including a proposal for new breast cancer surgery centre and a clinical research facility at The Royal London Hospital providing opportunities not previously available to the Trust to lead on pioneering treatments.

Ms Miller Smith and Ms Ralphs emphasised the importance of this once in a lifetime opportunity to support transformational health projects and change lives for East London patients. Ms Miller Smith outlined a number of competing fundraising ventures in London and set out the funding secured to date towards *Barts 900* projects. She emphasised the importance of close working with clinical teams to develop cases that would meet the Charity's criteria to support.

The Trust Board noted the update.

#### **96/21 USE OF THE SEAL**

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

#### **97/21 ANY OTHER BUSINESS**

There was no other business.

#### **98/21 QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Chairman introduced the section of the meeting inviting questions from the public. Given the number of questions the Board had taken a decision to publish the questions in the papers and display these on screen during the meeting (rather than invite individuals to read the questions) to provide more time for contributions.

*Professor Sir Sam Everington asked for details of the increase in month on waiting list size, noting risks of harm associated with long waits. He also asked which departments were offering an advice and guidance service supporting GPs.*

The Director of Strategy confirmed that the overall waiting list had reached 102,000 as at the end of September and referred to the Integrated Performance Report for month by month figures (or he could provide these following the meeting). He noted that, within this, there had been an over 40% reduction in those waiting for 52 weeks or more. Additionally, there was a prioritisation approach to ensure that the waiting times for the most clinically risky patients were tracked and prioritisation factored into this (i.e. as well as length of waits). He noted that most specialties were now offering advice and guidance services and that some specialties were introducing alternatives to direct booking. The Chief Medical Officer outlined the use of well established methods to analyse potential cases of harm associated with long waits.

*Professor Sir Sam Everington observed the progress made in some specialties such as renal and emphasised the important role of advice and guidance services for specialties such as endocrine based on feedback he had received from GPs.*

*A Representative of Waltham Forest Save our NHS campaign group (Ms Day) asked questions relating to overseas patient charges and Whipps Cross redevelopment (full details of the questions provided in published Trust Board papers for 3 November, paper reference TB 60/21)*

In relation to questions on overseas patients, the Deputy Chief Executive confirmed that:

- Three of the questions submitted had been covered at the AGM and responses would appear in the related minutes.
- Under national regulations where it is clear that a person is destitute or genuinely without access to any funds, a relevant body can conclude that it is not cost effective to pursue payment and write it off in their accounts although this does not mean that the debt is waived, and may be recovered if the patient's ability to pay changes.

In relation to questions on the redevelopment, the Director of Strategy confirmed that:

- Work with primary care and community services partners, and with input from patient and community groups, would support the design of an annual reporting process for transformation in the next year. Progress on service transformation would inform a continuous

evaluation of capacity assumptions (including overnight beds) for the new hospital and seek to demonstrate the impact in terms of outcomes. Measures could include reductions in emergency admissions, the average duration of overnight hospital stays and reduced delayed transfers of care. These would not be limited to hospital activity, but also capture changes in community services and primary care.

- The process for measuring success of transformation and capacity implications would be transparent.
- Detailed demand and capacity modelling underpinned assumptions for the size and capacity of the new hospital for planning purposes. The modelling included projections for a range of hospital activity metrics such as future levels of ED attendances. These had taken into account population growth and the anticipated impact of service transformation by adopting benchmarked improvements against peer group performance both for the Trust and local CCGs. Work with the architect-led design team supports flexibility in our planning such that, should assumptions on service transformation not be delivered in full, options exist to increase capacity (including the number of overnight beds).
- Documentation relating to the master plan for the future of Whipps Cross was in the public domain via the planning applications, with a key document shared evidencing the plan to retain some space on the site, adjacent to or close to the new hospital, to allow for expansion of the hospital in the future should that prove necessary.
- The Connaught Day Centre provided outpatient services for older people. Clinical teams were continually developing and improving the way that care was provided to older people seeking to deliver care in, or as close to people's homes as possible, where that is clinically appropriate for the patient and to reduce unnecessary hospital attendances. The new hospital would continue to provide outpatient services for older people, led by consultant geriatricians as part of a multi-professional team.

*Ms Day reflected on the impact of the overseas charging policy, highlighting the reported experiences of one individual as an example. It was agreed that details of this case would be shared with the Trust to review this further.*

*Newham Save our NHS campaign group representatives (Ms Mykura and Mr Cooper) asked questions relating to fire safety, overseas patient charges and closer collaboration with BHRUT; (full details of the questions provided in published Trust Board papers for 3 November, paper reference TB 60/21)*

In relation to fire safety improvements at Newham, the Deputy Chief Executive confirmed that:

- The Trust had been open about ongoing discussions with London Fire Brigade (LFB) regarding fire improvement works and associated investment.



- The Trust remained in discussions with LFB regarding the work to comply with an Enforcement Notice. It is anticipated that these discussions would be concluded shortly and reported to the Trust Board.
- In respect of the independent report on fire safety improvements at Newham, a query had been received in relation to whether the Trust had plans for publication of this report. Given the sensitivity of the content in terms of patients' health and safety and legal requirements to consult third parties there were currently no plans to publish this. However, the Group Chief Executive agreed that it would be appropriate to provide a report at the next Trust Board meeting in January 2022 on the fire safety improvement works and dialogue with LFB on this.

**ACTION: Deputy Chief Executive**

In relation to questions on overseas patients, the Deputy Chief Executive confirmed that:

- In total, 44 invoices (6% of the total issued) were subsequently cancelled during 2020/21; of which 41 patients subsequently produced documents to show that they were entitled to free NHS care; and 3 further patients were established to be exempt from charging. All patients had been contacted to request documentation before invoices were raised.
- Where the Trust was aware of their status, patients who were ineligible or potentially ineligible for free NHS elective care would be informed before treatment that they are likely to be charged (unless treatment was urgent and immediately necessary). Care was taken to ensure that those requiring maternity services 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. There may be circumstances where it is not possible to advise a patient of their potential chargeable status before their treatment (e.g. when 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 of receiving care. 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. A comprehensive training package had been designed to support knowledge and awareness among clinical, reception and administrative staff of the policy and processes.
- Future board reports would include the numbers of patients invoiced whose invoice was subsequently cancelled due to the patients proving eligibility or exemption. Patients had not, however, been incorrectly invoiced for the reasons stated above. Receipts from the NHS for EU patients under EU reciprocal schemes/EHIC were disclosed in the current report format.

- The Wuhan novel coronavirus (2019-nCoV) exemption from overseas charging regulations came into force on 29 January 2020. One Covid-19 patient had been referred to the overseas visitor team since that date. No details of patients treated for Covid-10 had been referred to the Home Office.

In relation to the 'Closer collaboration' report published in September 2021, the Director of Corporate Development confirmed that:

- Trust Board members had been liaising with BHRUT to identify areas where working together more closely would benefit patients. This included the opportunity to coordinate plans better to meet the needs of patients in Barking and Dagenham, who were currently treated mainly at Queen's, King George and Newham hospitals. There were no plans to redirect flows towards Newham through the collaboration. Projections for the borough indicated significant population growth; joint work could improve the response for this and seek inward investment (noting a recent bid for national funding to the national New Hospitals Programme).

**99/21 DATE OF THE NEXT MEETING**

The next meeting of the Trust Board in public would be held on Wednesday 19 January 2022 at 11.00am via videoconferencing, with joining details to be published on the website.

**100/21 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**

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 02/22</b>
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<b>Title</b>	Trust Board membership
<b>Sponsoring Director</b>	Chair in Common
<b>Author(s)</b>	Trust Secretary
<b>Purpose</b>	To note changes to Board membership
<b>Previously considered by</b>	n/a

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

- As confirmed at the previous Trust Board meeting, Ms Margaret Exley has stepped down from the Trust Board following completion of her term on 31 December 2021.
- Mr Ralph Coulbeck has stepped down from the Trust Board as a non-voting member with effect from 5 December 2021, following his secondment to the position of Interim Chief Executive of Whipps Cross University Hospital.
- Dr Neil Ashman joins the Trust Board as a non-voting member with effect from 19 January 2022, following his appointment as Director of Clinical Transformation.
- Mr Mark Turner joins the Trust Board as a non-voting member with effect from 19 January 2022, following his appointment as Interim Director of Strategy.

The Trust Board is also asked to note the recent appointment of Professor Sir Mark Caulfield as the substantive Vice Principal (Health) of Queen Mary University of London.

Separately, a process is under way to recruit a Vice Chair for Barts Health NHS Trust (with a parallel process for seeking a Vice Chair for Barking, Havering and Redbridge University Hospitals NHS Trust). The Trust Board will be advised on further succession plans for non executive directors in due course, recognising existing vacancies and further departures that will arise as terms are completed later in the year.

<b>Related Trust objectives</b>
n/a

<b>Risk and Assurance</b>	n/a
<b>Related Assurance Framework entries</b>	n/a

<b>Legal implications/regulatory requirements</b>	No direct legal implications identified.
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<b>Action required by the Board</b>
The Trust Board is asked to note the above changes to Trust Board membership



<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 03/22</b>
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<b>Title</b>	Integrated Performance Report (Month 8)
<b>Accountable Director</b>	Director of Strategy
<b>Author(s)</b>	Director of Performance
<b>Purpose</b>	Performance reporting for November 2021

**Executive summary**  
 The Integrated Performance Report provides detail in relation to performance drivers and recovery actions at Trust and Hospital Site level in relation to the 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 access, quality and safety, finance and people sections. This month’s report will be presented in conjunction with a separate status update on Covid-19 (and features some reduced content accordingly).

**Related Trust objectives**  
 All trust objectives

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

**Legal implications/ regulatory requirements**      N/A

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

# Barts Health Integrated Performance Report

Jan-22

Performance for: **Nov-21**



- **Overall Report:**

- **Due to the current pressures on the NHS because of Covid-19, this month's report is a reduced version containing available content only.**
- **Covid-19 summaries have been removed and will be presented separately to the Board.**
- 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:
  - 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 have been applied nationally to all Serious Incidents (SIs) from the Covid-19 second wave onwards. This remains in place nationally and NHS England/Improvement are currently considering whether the 60 day time limit should be removed permanently from Apr-22. 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 and the 60 day timeframe applied to SIs declared from 01/04/2021.
- Appraisal Rate – Medical Staff: 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).

# Pack Contents

Jan-22

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Jan-22



# Executive Summary



## Quality & Performance

### Responsive

#### **A&E 4 Hour Performance**

- In Nov-21, 41,842 attendances were recorded, 95% of the total volume recorded in Nov-19 (pre-pandemic). For Nov-21 a performance of 76.3% was recorded, compared to 76.1% in Oct-21 (which was the lowest since the last Covid-19 pandemic peak in Jan-21). In recent months, A&E performance has been influenced by increasing autumn / winter related emergency activity and an increasing flow of Covid-19 admissions.

#### **Referral to Treatment (RTT)**

- The NHS has been required to suspend elective services during peaks in the Covid-19 pandemic. This has had a significant impact on waiting lists across England, including growth in 52 week wait pathways. However, 8,393 52 week breaches were recorded at the end of Nov-21 which represents a reduction of 7,456 breaches (53%) over a nine month period.
- Elective activity and 52 week wait eradication trajectories have been submitted to NHS England and local commissioners, with a rebased trajectory recently submitted for the second half of the year.
- Looking at London, of the 18 Trusts reporting 52 week breaches for Oct-21 (the most recent national data), Barts Health ranked 18<sup>th</sup> with 8.7% of the waiting list waiting 52 weeks or longer compared to a total London performance of 3.3%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 7<sup>th</sup> highest proportion of 52 week pathways, but across these top 10 English providers the proportion of 52 week pathways was far higher than London at 8.7%.

#### **Diagnostic 6 Week Wait Standard**

- As for RTT, the impact of the Covid-19 pandemic on the diagnostic waiting list has been significant, resulting in increased waiting times. For Nov-21 a performance of 70.7% was recorded. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for over 90% of all breaches in Nov-21.

#### **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 Oct-21. For Oct-21, the Trust recorded a performance of 75.3%. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The leadership team is aiming to return the waiting list backlog to pre-pandemic levels by end of Mar-22.
- The Trust has failed 62 day screening standard in May-21 and Aug-21 to Oct-21. For Oct-21, the Trust recorded a performance of 66.7% against the 90% standard. The breaches were triggered by diagnostic capacity within Breast and surgical capacity within Lower Gastrointestinal. Referral volumes for screening are still below pre-pandemic levels but are recovering. Locally and nationally, the NHS is investing in multi-media awareness programmes designed to return screening programmes to pre-pandemic service levels.

**Finance**

- The Trust is reporting a £0.2m favourable variance against its breakeven plan for the year to date.
- Following conclusion of financial planning for the second half of the year (H2) with system partners in Nov-21, detailed H2 budget updates for hospital sites and services were completed for Nov-21 (month 8) reporting.
- Income is in line with the year to date plan. NHS Patient Treatment income is £8.8m favourable due to over-performance on elective and outpatient activity against the Elective Recovery Fund (ERF) thresholds for Apr-21 to Jun-21 (£12.1m) partially offset by shortfalls for provider to provider and local authority contracts which are outside of block arrangements. Other income is (£8.7m) adverse: hospital site and service other income is (£3.9m) adverse with the key shortfall being reduced private patient activity (£2.4m); central other income is (£4.8m) adverse which includes adjustments for vaccination programme re-imburement (£2.7m) and donated asset income (£2.0m).
- Expenditure is £0.2m favourable for the year to date. Hospital site and services pay expenditure is £14.6m 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. Non pay and central expenditure are (£14.3m) adverse, with the largest variance being the costs of independent sector provider activity to support elective recovery (£8.9m).
- The year to date capital expenditure is £46.0m against a phased plan of £57.9m, which gives a year to date underspend of £11.8m for exchequer funded schemes. The variance can be attributed to the late approval of the capital programme 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 projects. The size of the year to date variance continues to decrease as the level of monthly expenditure steps up and as business cases are approved and capital expenditure authorisations are issued.
- Cash balances are higher by £143.1m 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 £12.7m to exercise its option to buy out the early retirement provision with the NHS Pensions Agency in Nov-21 which will reduce expenditure going forward.
- The financial impact of the current COVID-19 wave as a result of the Omicron variant is still being assessed but it is anticipated that this can be managed within the existing funding levels.

Jan-22



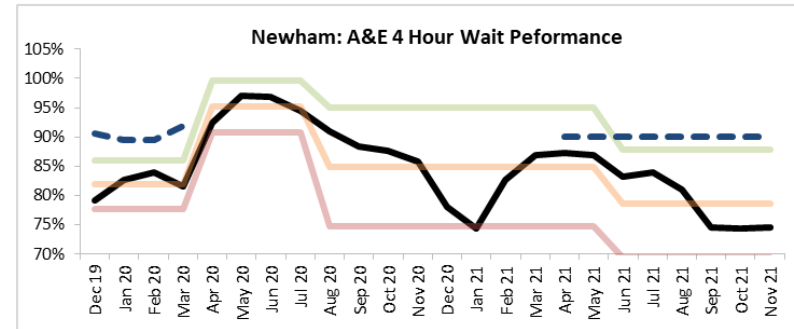
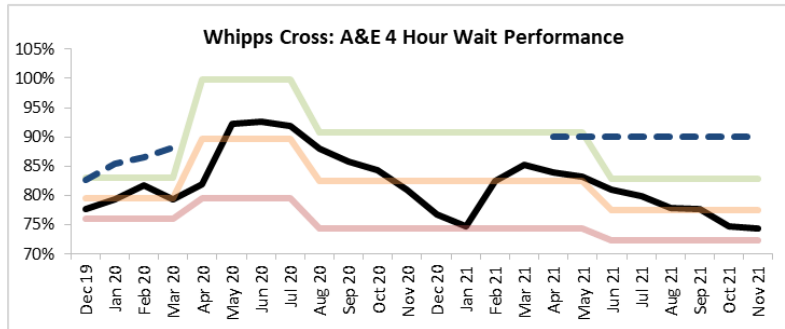
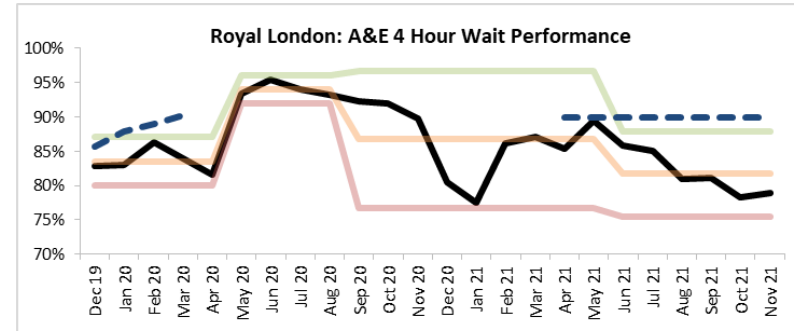
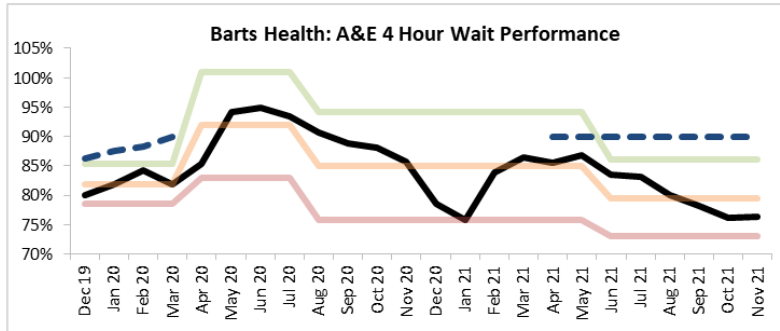
# Quality & Performance Report



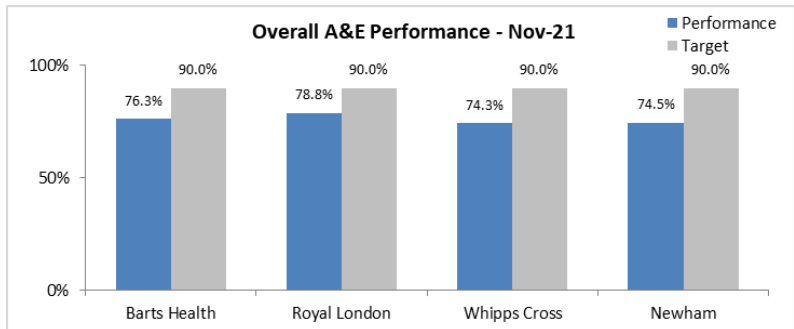
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Waiting Times	R1	A&E 4 Hours Waiting Time	●			Nov-21 (m)	>=90%	76.1%	<b>76.3%</b>	<b>81.1%</b>	78.8%	74.3%	74.5%	-	-	-	●
	R35	Cancer 62 Days From Urgent GP Referral	●			Oct-21 (m)	>=85%	69.9%	<b>75.3%</b>	<b>79.1%</b>	57.5%	83.0%	68.8%	77.8%	-	-	●
	R36	Cancer 62 Days From Screening Programme	●		●	Oct-21 (m)	>=90%	87.5%	<b>66.7%</b>	<b>85.8%</b>	42.9%	100.0%	100.0%	77.8%	-	-	●
	R6	Diagnostic Waits Over 6 Weeks				Nov-21 (m)	-	72.0%	<b>70.7%</b>	<b>69.5%</b>	63.4%	59.8%	99.5%	77.2%	-	-	●
	R5	52+ Week RTT Breaches	●			Nov-21 (m)	<=8,753	8,932	<b>8,393</b>	<b>83,050</b>	4,720	2,869	792	7	-	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

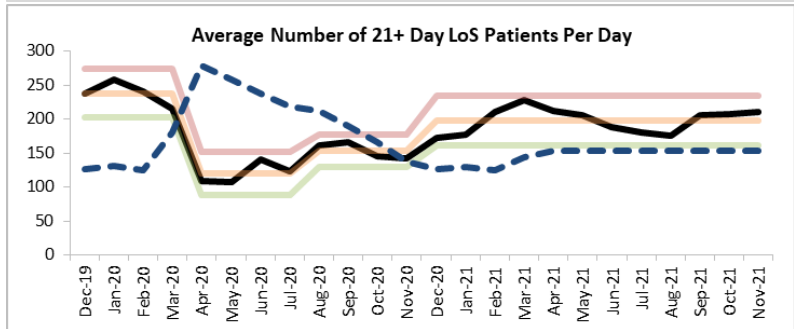
# A&E 4 Hours Waiting Time



**RESPONSIVE** **A&E 4 Hours Waiting Time** **Jan-22**



Site	Nov-20	Nov-21	Variance
Barts Health	30,659	41,842	36.5%
Royal London	11,270	17,704	57.1%
Whipps Cross	9,923	11,777	18.7%
Newham	9,466	12,361	30.6%



**Performance Overview**

- As the second wave of the Covid-19 pandemic ended attendances started to increase. Between Feb-21 and Nov-21, attendances increased by 16,358, a 64% increase. In Nov-21, 41,842 attendances were recorded, 95% of the total volume recorded in Nov-19 (pre-pandemic).
- 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 Aug-21 performance improved from 75.8% to a high of 86.8% recorded during May-21, an 11% improvement. Whilst performance remained above 80% until the end of Aug-21, performance has reduced every month from May-21 onwards, reaching a low of 76.1% at the end of Oct-21. For Nov-21 a performance of 76.3% was recorded. During this latter period, A&E performance has been influenced by increasing autumn / winter related emergency activity and an increasing flow of Covid-19 admissions.

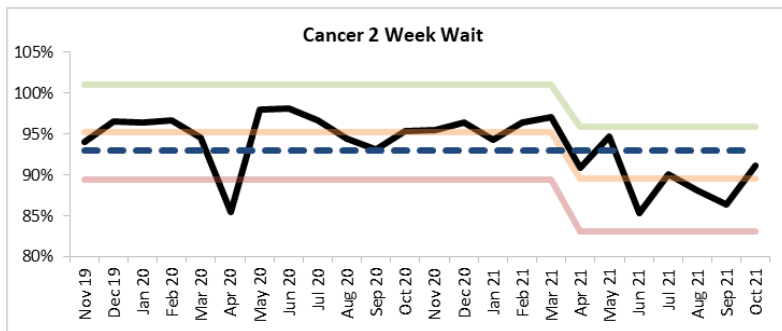
**Responsible Director Update**

- 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 in recognition of the dual impact of winter pressure demand (including increasing Covid-19 and non Covid-19 emergency admitted activity) and 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

Jan-22



Tumour Site	Seen	Breaches	Performance
<b>All Tumour Sites</b>	<b>3,343</b>	<b>296</b>	<b>91.1%</b>
Head and Neck	363	89	75.5%
Skin	659	141	78.6%
Lung	64	13	79.7%

Site	Seen	Breaches	Performance	Target
Royal London	1,093	112	89.8%	93.0%
Whipps Cross	1,461	154	89.5%	93.0%
Newham	536	17	96.8%	93.0%
St Bart's	253	13	94.9%	93.0%
<b>Barts Health</b>	<b>3,343</b>	<b>296</b>	<b>91.1%</b>	<b>93.0%</b>

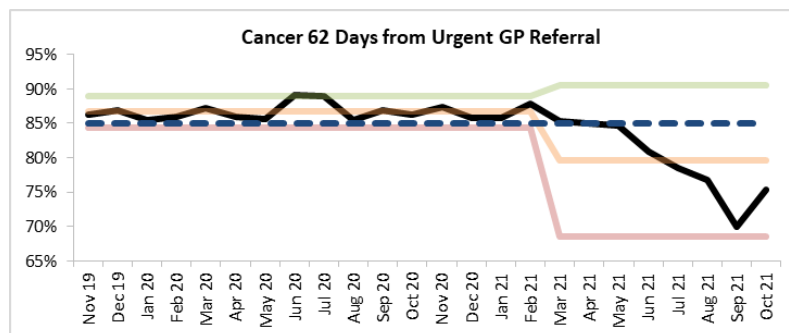
### Performance Overview

- For Oct-21, performance for the 2 week wait standard did not meet the target, with a performance of 91.1% against a target of 93%, an improvement of 4.7% from Sep-21. Looking at Oct-21 against Oct-20, the Trust saw 452 more patients, an increase of 16%. As part of the national cancer recovery plan, the Trust is planning for an increase in referrals from primary care equivalent to 117.7% of 2019 referral volumes.

### Responsible Director Update

- The Trust is working with primary care to reduce 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 demand and capacity modelling for the top six most challenged pathways.





**Breakdown by Tumour Sites Failing Standard - Oct-21**

Tumour Site	Seen	Breaches	Performance
<b>All Tumour Sites</b>	<b>99</b>	<b>24.5</b>	<b>75.3%</b>
Head and Neck	2	2	0.0%
Other	2	2	0.0%
Gynaecological	4.5	3.5	22.2%
Lower Gastrointestinal	12	5	58.3%
Urological	19.5	6.5	66.7%
Lung	5.5	1.5	72.7%
Upper Gastrointestinal	5.5	1	81.8%

**Cancer Faster Diagnosis Standard (FDS) Metrics**

Metric	Sep-21			Oct-21			Variance
	Seen	Breaches	%	Seen	Breaches	%	
28 Day FDS Two Week Wait	2,926	1,041	64.4%	2,995	794	73.5%	9.1%
28 Day FDS Breast Symptomatic	239	3	98.7%	294	2	99.3%	0.6%
28 Day FDS Screening Referral	92	9	90.2%	81	9	88.9%	-1.3%

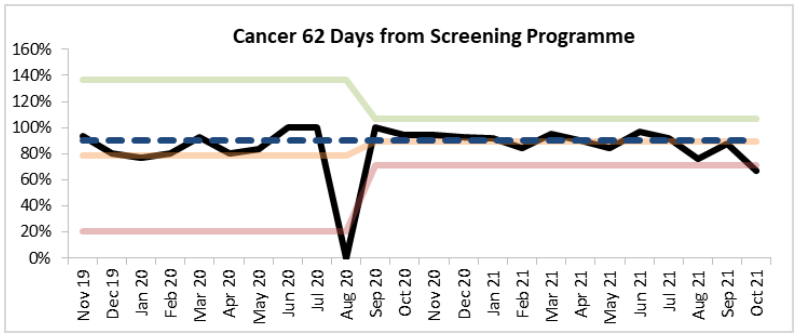
**Breakdown by Internal/External Pathways - Oct-21**

Internal / External	Start Site	End Site	Seen	Breaches	Performance	
Internal	Royal London	Royal London	10	3	70.0%	
		St Bart's	6	1	83.3%	
		Whipps Cross	38	6	84.2%	
		St Bart's	11	3	72.7%	
		Newham	1	1	0.0%	
		Whipps Cross	1	0	100.0%	
		Newham	4	2	50.0%	
		St Bart's	6	0	100.0%	
		St Bart's	13	3	76.9%	
	Transfer In	Colchester	St Bart's	0.5	0	100.0%
Homerton		Royal London	4.5	2.5	44.4%	
		St Bart's	0.5	0.5	0.0%	
		King George	0.5	0.5	0.0%	
		Queen's	1	0	100.0%	
		RNOH	0.5	0.5	0.0%	
Transfer Out		Royal London	Mount Vernon	1	1	0.0%
			Royal Free	0.5	0.5	0.0%
<b>Grand Total</b>				<b>99</b>	<b>24.5</b>	<b>75.3%</b>

#### Commentary

- 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 Oct-21. For Oct-21, the Trust recorded a performance of 75.3%, which represents 99 pathways seen and 24.5 breaches. Performance is being impacted by the Wave 3 recovery programme, which is set against national guidelines. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and 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 and extremely granular performance reports, drilling down through the hospital sites and individual tumour pathways. In planning for the second half of the year, the leadership team is aiming to return the waiting list backlog to pre-pandemic levels by end of Mar-22.
- In relation to the Faster Diagnosis Standard (FDS), the Trust has been focussing on FDS validation from when the standard went live on 01/10/2021, aiming to get above the 75% threshold in aggregate for all three standards (2 week wait, screening and breast symptomatic). For Oct-21, the Trust recorded a performance of 76.1% against all three metrics combined, individually achieving two of the metrics but failing the FDS 2 week wait metric.

**RESPONSIVE** **Cancer 62 Days From Screening Programme** **Jan-22**



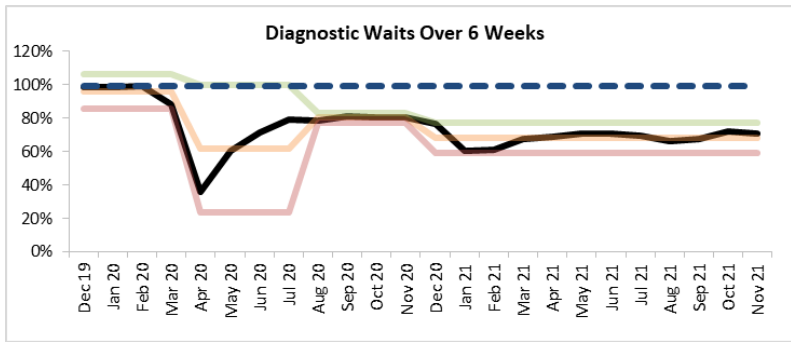
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	9	3	66.7%
Lower Gastrointestinal	2	2	0.0%
Breast	5	1	80.0%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>The Trust failed the standard in May-21 and Aug-21 to Oct-21. For Oct-21, the Trust recorded a performance of 66.7% against the 90% standard, which represents 9 pathways seen and 3 breaches (2 in Lower Gastrointestinal and 1 in Breast).</li> </ul>	<ul style="list-style-type: none"> <li>The breaches in Oct-21 were triggered by diagnostic capacity within Breast and surgical capacity within the Lower Gastrointestinal pathway.</li> </ul>

**RESPONSIVE**

# Diagnostic Waits Over 6 Weeks

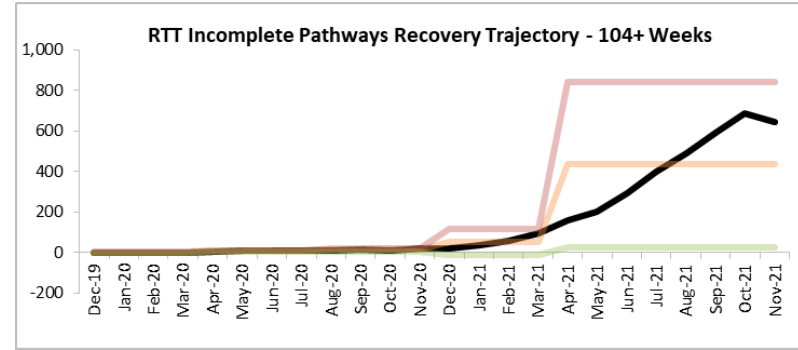
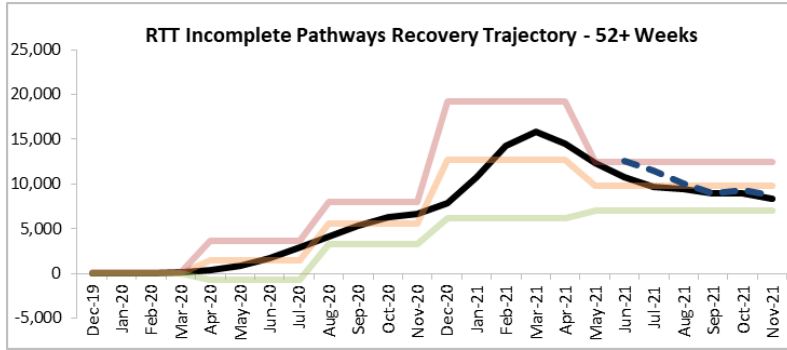
**Jan-22**



DM01 Breakdown by Test							
Test Name	Oct-21			Nov-21			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Neurophysiology - peripheral neurophysiology	207	147	29.0%	108	45	58.3%	29.3%
Magnetic Resonance Imaging	8,556	3,247	62.1%	9,391	3,732	60.3%	-1.8%
Urodynamics - pressures & flows	46	20	56.5%	45	12	73.3%	16.8%
Audiology - Audiology Assessments	628	244	61.1%	620	154	75.2%	14.0%
DEXA Scan	970	196	79.8%	1,101	394	64.2%	-15.6%
Non-obstetric ultrasound	18,321	5,028	72.6%	17,912	5,225	70.8%	-1.7%
Computed Tomography	5,358	1,383	74.2%	5,931	1,746	70.6%	-3.6%
Flexi sigmoidoscopy	220	77	65.0%	130	17	86.9%	21.9%
Gastroscopy	1,069	285	73.3%	890	163	81.7%	8.3%
Colonoscopy	977	249	74.5%	705	86	87.8%	13.3%
Cystoscopy	87	13	85.1%	75	2	97.3%	12.3%
Respiratory physiology - sleep studies	32	0	100.0%	48	2	95.8%	-4.2%
Cardiology - echocardiography	2,505	31	98.8%	2,507	1	100.0%	1.2%
Cardiology - Electrophysiology	1	0	100.0%	1	0	100.0%	0.0%
Barium Enema	2	0	100.0%	1	0	100.0%	0.0%
<b>Grand Total</b>	<b>38,979</b>	<b>10,920</b>	<b>72.0%</b>	<b>39,465</b>	<b>11,579</b>	<b>70.7%</b>	<b>-1.3%</b>

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>Between Feb-21 and Jun-21, performance improved (to 70.6% in Jun-21) but then reduced in both Jul-21 and Aug-21 (to 66.0% in Aug-21). A slight improvement was recorded for Sep-21 at 67.3%, with a further improvement to 72.0% recorded in Oct-21. For Nov-21 a performance of 70.7% was recorded. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for over 90% of all breaches in Nov-21.</li> </ul>	<ul style="list-style-type: none"> <li>An elective recovery plan has been developed with improvement trajectories submitted through to Mar-22. 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 as well as detailed performance reports: <ul style="list-style-type: none"> <li>Magnetic Resonance Imaging</li> <li>Computed Tomography</li> <li>Non-Obstetric Ultrasound</li> <li>Colonoscopy</li> <li>Flexi Sigmoidoscopy</li> <li>Gastroscopy</li> <li>Echocardiography</li> </ul> </li> </ul>

**RESPONSIVE** **52+ Week RTT Breaches** **Jan-22**



Specialty Name	Actual	Trajectory	Variance
ENT	1,331	1,422	-91
Trauma & Orthopaedics	1,238	1,792	-554
Urology	652	470	182
Paediatric Dentistry	566	884	-318
Colorectal Surgery	531	326	205
Gynaecology	507	365	142
General Surgery	505	425	80
Ophthalmology	411	338	73
Vascular Surgery	361	284	77
Gastroenterology	316	153	163

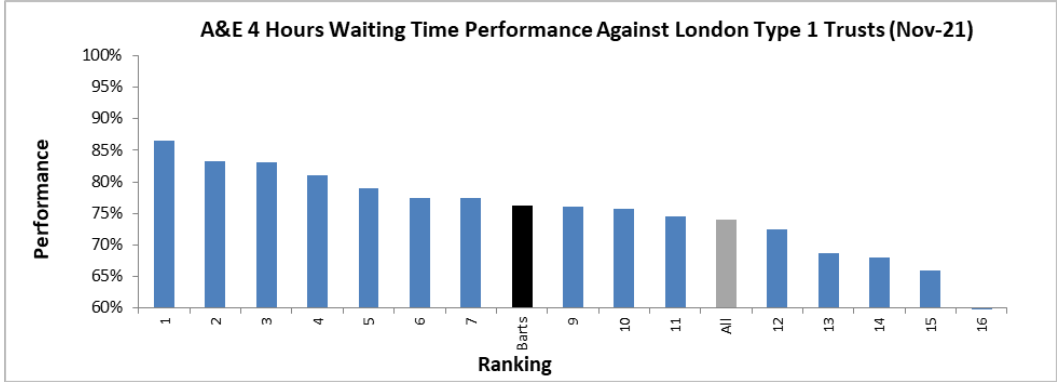
Specialty Name	Actual	Trajectory	Variance
ENT	230	257	-27
Paediatric Dentistry	146	134	12
Trauma & Orthopaedics	41	29	12
Gynaecology	41	24	17
Vascular Surgery	33	17	16
Colorectal Surgery	27	12	15
Urology	27	20	7
Restorative Dentistry	27	16	11
Oral Surgery	18	27	-9
Plastic Surgery	15	15	0

Note: this table shows all waiters at 52 weeks and above, including those at 104 weeks and above which are also shown separately in the second table

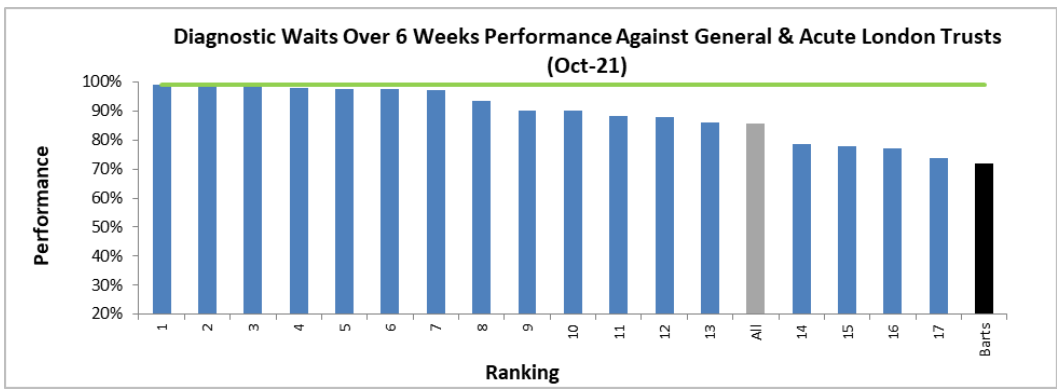
RESPONSIVE

# Benchmarking Against Other Trusts

Jan-22



- For Nov-21, the Trust was eighth 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.

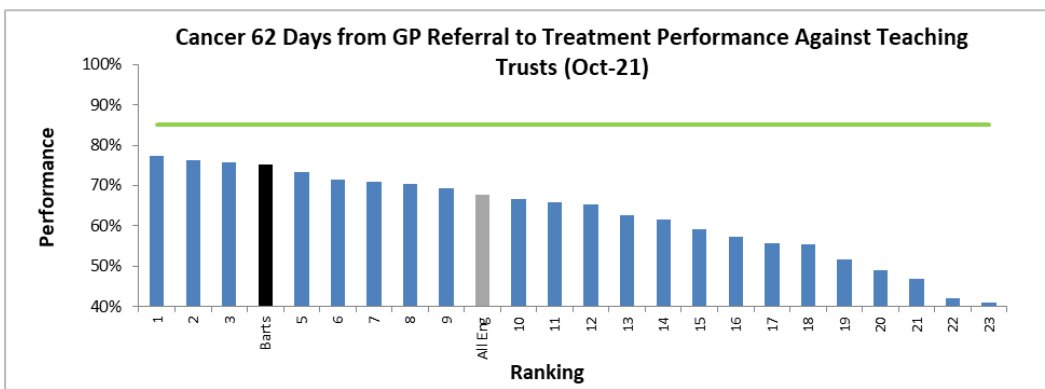
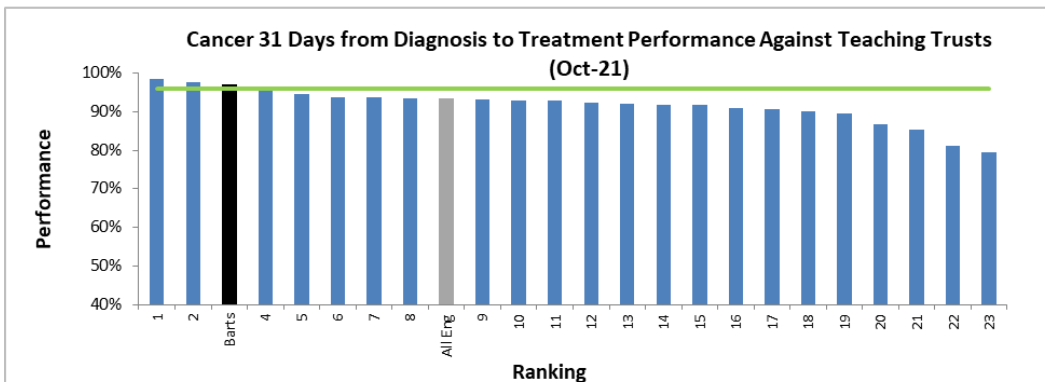
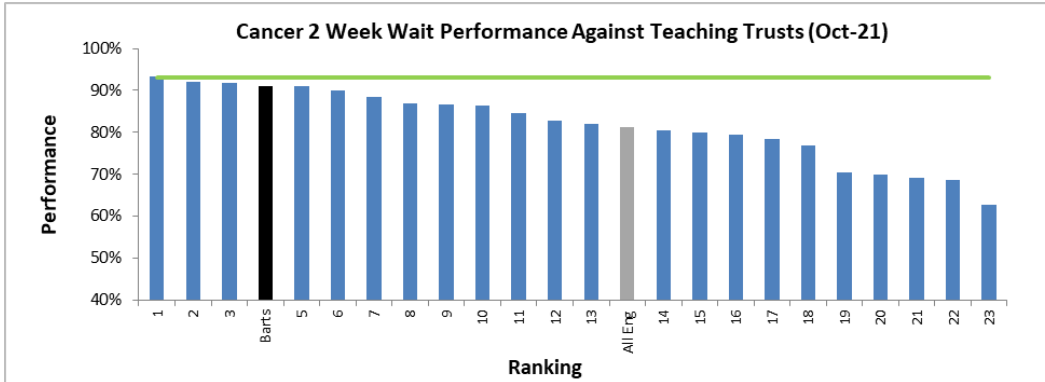


- For Oct-21 (the most recent national data) Barts Health was the worst performing of the 18 London Trusts. In relation to the top 10 largest provider Trusts (by size of waiting list), Barts Health has the largest waiting list and was 4<sup>th</sup> best performing.

RESPONSIVE

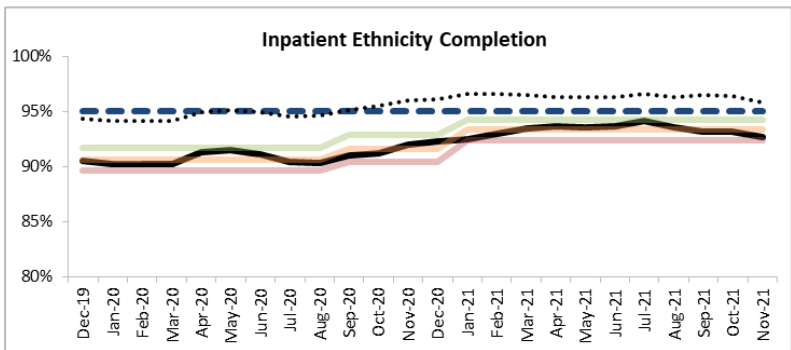
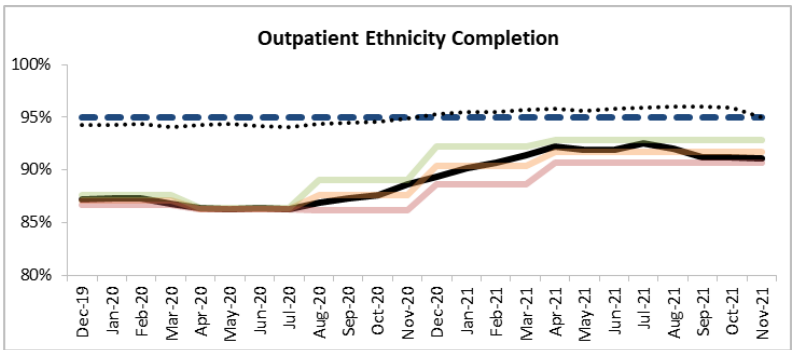
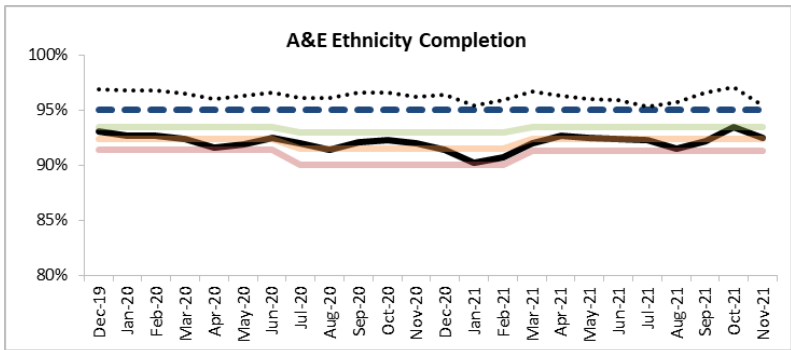
# Benchmarking Against Other Trusts

Jan-22



- For Oct-21, performance for the 2 week wait standard did not meet the target, with a performance of 91.1% against a target of 93%, an increase of 4.7% from Sep-21. For Oct-21, Barts Health was the 4<sup>th</sup> best performing of the peer group of 23 Teaching Trusts.
- The Trust achieved compliance in Oct-21 against the 31 Day Diagnosis to Treatment standard, with 234 patients treated and 7 breaches recorded, resulting in a performance of 97.0% against the 96% target. For Oct-21, Barts Health was the 3<sup>rd</sup> 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 Oct-21. For Oct-21, the Trust recorded a performance of 75.3%, an improvement of 5.4% against Sep-21. Performance has been impacted by the Wave 3 recovery programme, which is set against national guidelines. As a consequence of improved performance Barts Health improved its benchmarked ranking from 6<sup>th</sup> best performing to 4<sup>th</sup> best performing of the 23 Teaching Trusts.

**RESPONSIVE** **Ethnicity Recording by Activity Type** **Jan-22**



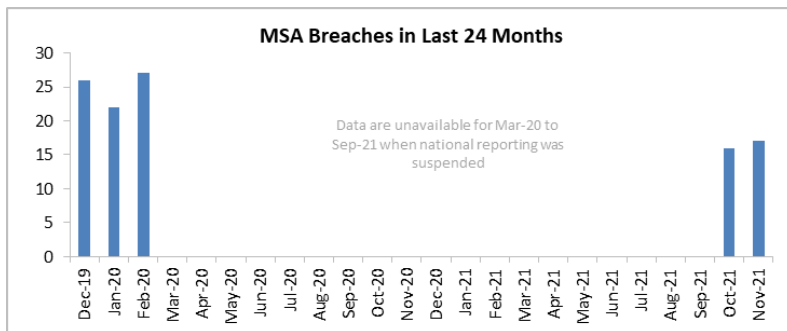
Site	A&E	Inpatient	Outpatient
Royal London	91.7%	89.6%	88.3%
Whipps Cross	93.0%	94.2%	92.6%
Newham	93.0%	94.8%	94.8%
St Bart's	-	96.5%	92.3%
Other	-	-	92.7%
<b>Trust</b>	<b>92.5%</b>	<b>92.7%</b>	<b>91.1%</b>

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

	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	●			Nov-21 (m)	<= 0	16	17	33	3	9	5	0	-	-	●
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2021/22 Q2 (q)	SPC Breach	27.2	23.0	23.0	25.9	30.5	35.0	17.0	-	-	
	C1	FFT Recommended % - Inpatients	●			Oct-21 (m)	>= 95%	87.3%	89.7%	89.5%	87.7%	90.9%	87.4%	93.1%	-	-	●
	C2	FFT Recommended % - A&E	●			Oct-21 (m)	>= 86%	61.3%	60.9%	65.2%	61.1%	63.8%	56.0%	-	-	-	●
	C3	FFT Recommended % - Maternity	●			Oct-21 (m)	>= 96%	94.0%	88.9%	92.1%	90.9%	86.6%	95.2%	-	-	-	●
	C20	FFT Response Rate - Inpatients	●			Oct-21 (m)	>= 23%	22.1%	23.0%	20.6%	16.1%	36.7%	18.6%	27.3%	-	-	●
	C21	FFT Response Rate - A&E	●			Oct-21 (m)	>= 12%	8.5%	8.3%	9.0%	8.3%	11.1%	5.8%	-	-	-	●
	C22	FFT Response Rate - Maternity	●			Oct-21 (m)	>= 17.5%	6.7%	8.3%	6.0%	2.5%	19.6%	5.1%	-	-	-	●
	OH4	CQC Inpatient Survey	●			2020/21 (y)	>= 85%	84.0%	85.0%	85.0%	87.0%	81.0%	75.0%	93.0%	-	-	
Service User Support	R78	Complaints Replied to in Agreed Time	●			Nov-21 (m)	>= 85%	80.6%	79.7%	86.4%	88.2%	67.7%	69.6%	88.9%	-	-	●
	R30	Duty of Candour	●			Oct-21 (m)	>= 100%	100.0%	87.5%	93.2%	100.0%	84.6%	76.9%	100.0%	-	-	●

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

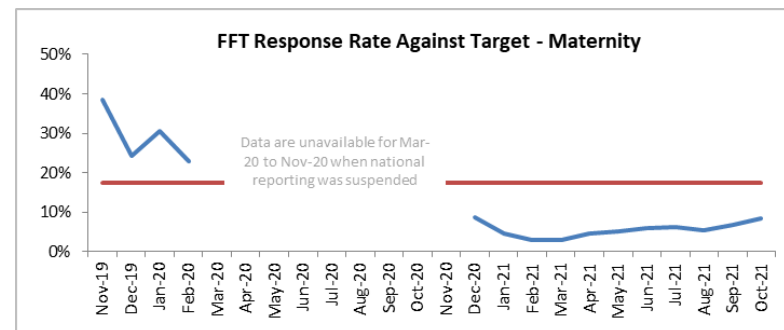
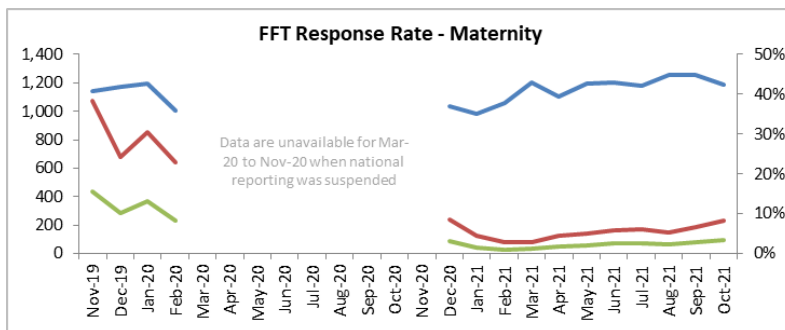
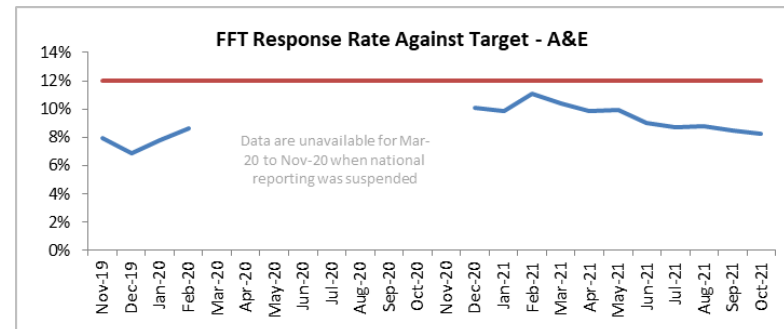
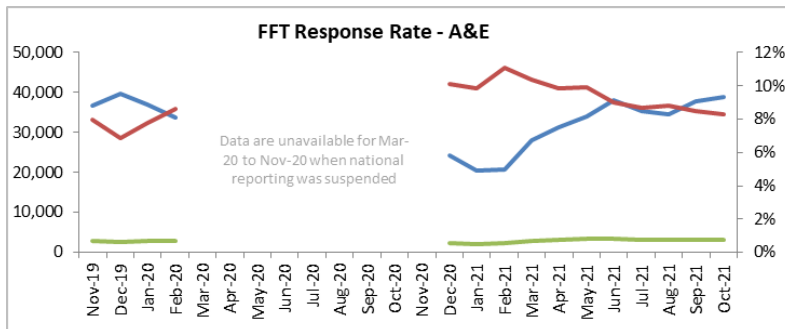
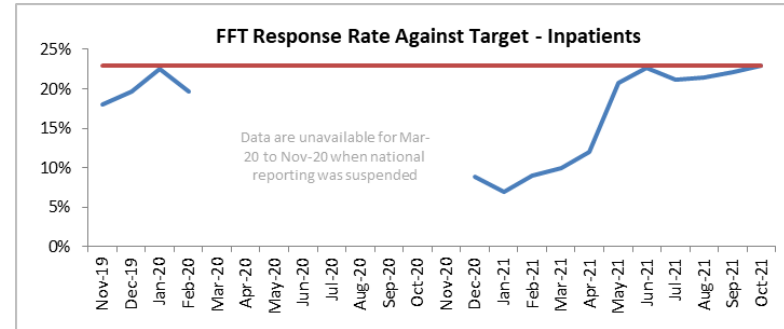
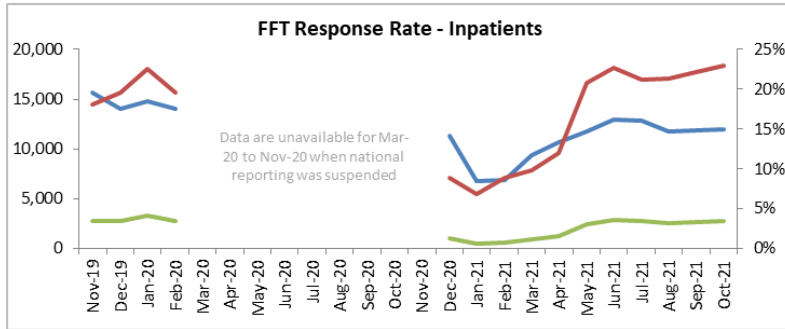




**MSA Breaches Nov-21**

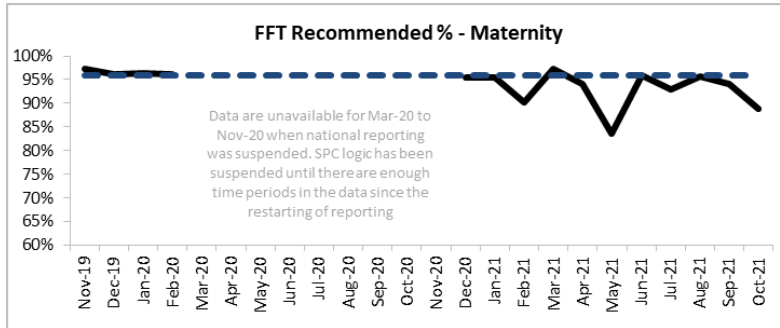
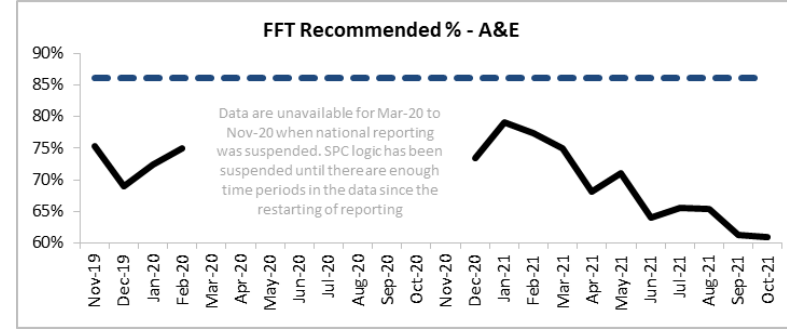
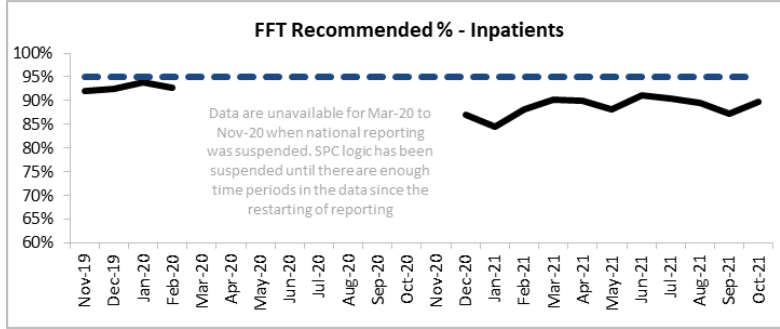
Site	Breach Location	Destination Location	Destination Location Main Specialty	No of Breaches
Whipps Cross	ICU	Faraday Ward	Respiratory Medicine	3
Royal London	ICU	Patient's Residence	N/A	3
Whipps Cross	ICU	Curie Ward	Endocrinology	3
Newham	ICU	Stratford Ward	Respiratory Medicine	2
Newham	ICU	East Ham Ward	General Surgery	1
Newham	ICU	Plasnet Ward	Gastroenterology	1
Whipps Cross	ICU	Acacia Ward	General Medicine	1
Newham	ICU	Heather Ward	Rehabilitation	1
Whipps Cross	ICU	Primrose Ward	General Surgery	1
Whipps Cross	ICU	Patient's Residence	N/A	1

# FFT Response Rate



— Eligible to Respond — Responded — Response Rate

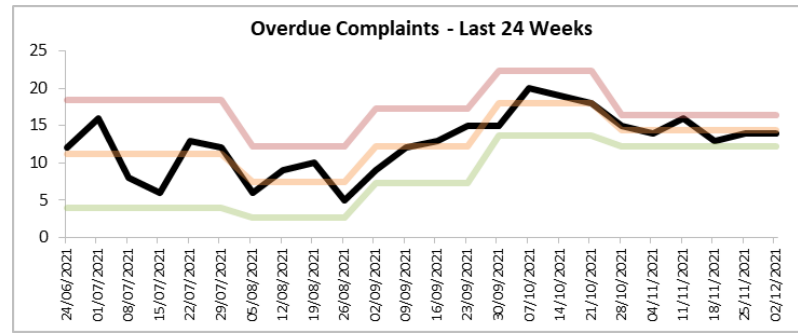
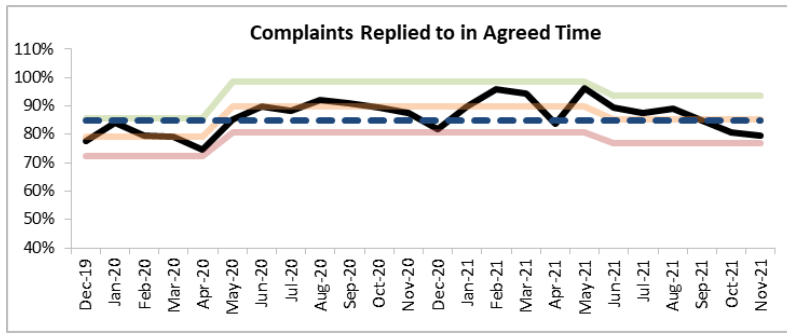
— Response Rate — Target



CARING

# Complaints Replied to in Agreed Time

Jan-22



Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	317	36
Communication - verbal / written / electronic	203	24
Delays in care	97	26
Appointments / Clinics	71	13
Security and unacceptable behaviour	19	6

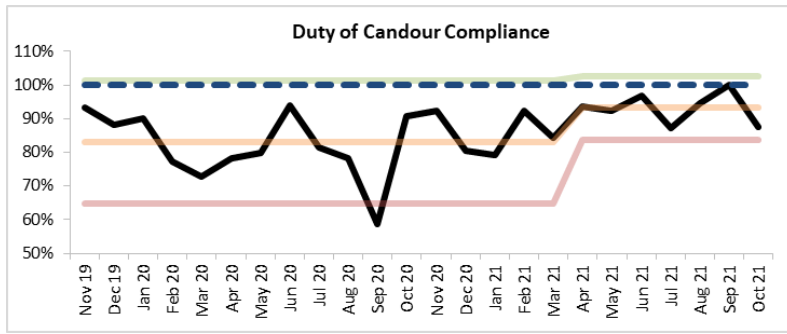
Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Communication - verbal / written / electronic	6	14	1	39
Transport	3	4	2	8
Diagnosis / Treatment	2	4	2	6
Delays in care	1	51	51	51
Medication / Radiation	1	21	21	21
Appointments / Clinics	1	29	29	29

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>Performance in Nov-21 deteriorated slightly to 79.7% from 80.6% in Oct-21, against a target of 85%. Performance has now been below the mean since Sep-21 but still above the lower control limit. None of the hospital sites achieved the target in this reporting period.</li> <li>The number of overdue complaints is broadly stable. This suggests that whilst the response target is missed for some complaints, the delays are not sufficiently long enough to translate into overdue complaints.</li> </ul>	<ul style="list-style-type: none"> <li>These delays appear to be resulting from pandemic-related pressures coupled with staffing challenges within some hospital site governance teams.</li> <li>Hospital site colleagues continue to be focussed on improving performance but in an environment of competing priorities.</li> </ul>

CARING

# Duty of Candour

Jan-22



Site	No of Apologies	No of Incidents	Compliance
<b>Trust</b>	<b>35</b>	<b>40</b>	<b>87.5%</b>
Royal London	10	10	100.0%
Whipps Cross	11	13	84.6%
Newham	10	13	76.9%
St Bart's	4	4	100.0%
Other	0	0	N/A
Of Which CSS	0	0	N/A

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	94.3%	100.0%	98.6%	99.5%	99.1%
This Period	87.5%	100.0%	97.5%	97.5%	92.5%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>Duty of candour performance deteriorated in Oct-21 to 87.5%, down from a finalised 100% in Sep-21.</li> <li>Whilst performance has declined it follows a typical pattern of variation and remains within control limits.</li> <li>Two hospital sites fully met the target whilst two missed the internal target for two and three incidents respectively.</li> </ul>	<ul style="list-style-type: none"> <li>Whilst performance has not fully met the target it has been reasonably consistent outside of the key phases of the pandemic.</li> <li>Implementation plans are currently being developed to enact changes to the way that the Trust handles incidents which have arisen as a result of known risks and complications.</li> <li>Part of this work involves training which will begin to address the quality of duty of candour letters and the formal notification conversations, as well as the ongoing focus on performance.</li> </ul>

	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	●			Nov-21 (m)	<= 16	5.5	9.1	9.7	0.0	21.5	21.6	0.0	-	-	
	S11	Clostridium difficile - Incidence	●			Nov-21 (m)	<= 8	3	5	42	0	3	2	0	-	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Nov-21 (m)	<= 0	0	0	3	0	0	0	0	-	0	
	S77	MSSA Bacteraemias				Nov-21 (m)	SPC Breach	10	6	54	0	2	2	2	-	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●			Nov-21 (m)	<= 8	17	19	98	7	6	1	5	-	0	
Incidents	S3	Never Events	●			Nov-21 (m)	<= 0	0	0	3	0	0	0	0	-	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Nov-21 (m)	<= 0.9%	1.5%	1.8%	1.4%	1.4%	1.7%	1.5%	3.4%	-	-	
	S45	Falls Per 1,000 Bed Days	●			Nov-21 (m)	<= 4.8	3.5	3.2	3.6	2.8	4.0	2.9	3.6	-	-	
	S25	Medication Errors - Percentage Causing Harm	●			Nov-21 (m)	<= 4%	4.6%	6.1%	3.5%	4.4%	11.8%	5.0%	3.2%	-	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Nov-21 (m)	SPC Breach	57.3	58.8	57.4	39.8	87.2	60.9	66.8	-	-	
	S53	Serious Incidents Closed in Time	●			Nov-21 (m)	>= 100%	21.7%	30.8%	40.2%	25.0%	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 – 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	●		●	Nov-21 (m)	<= 0.6	0.9	1.5	1.0	1.6	1.8	0.8	1.9	-	-	●
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Nov-21 (m)	SPC Breach	0.3	0.3	0.2	0.3	0.5	0.2	0.0	-	-	
	S17	Emergency C-Section Rate				Oct-21 (m)	-	16.9%	20.4%	18.9%	22.5%	20.1%	18.3%	-	-	-	
	S27	Patient Safety Alerts Overdue	●			Nov-21 (m)	<= 0	2	2	2	-	-	-	-	-	-	
Assess & Prevent	S36	VTE Risk Assessment	●			Nov-21 (m)	>= 95%	97.1%	96.9%	97.2%	98.7%	95.2%	92.4%	92.9%	-	-	
	S5	Dementia - Screening				Feb-20 (m)	>= 90%	95.0%	95.5%	95.0%	93.4%	97.5%	96.8%	83.7%	-	-	
	S6	Dementia - Risk Assessment				Feb-20 (m)	>= 90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	
	S7	Dementia - Referrals				Feb-20 (m)	>= 90%	73.3%	57.1%	86.4%	16.7%	100.0%	100.0%	0.0%	-	-	

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.

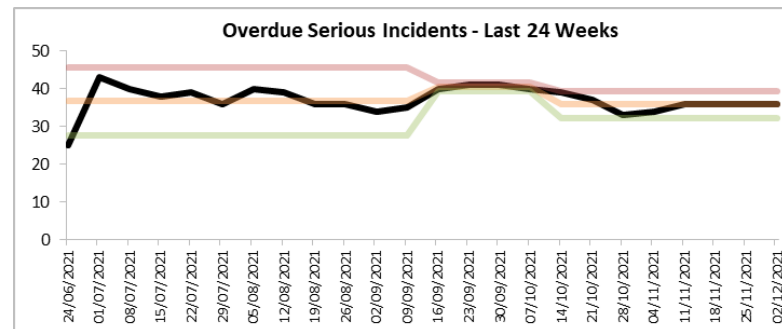
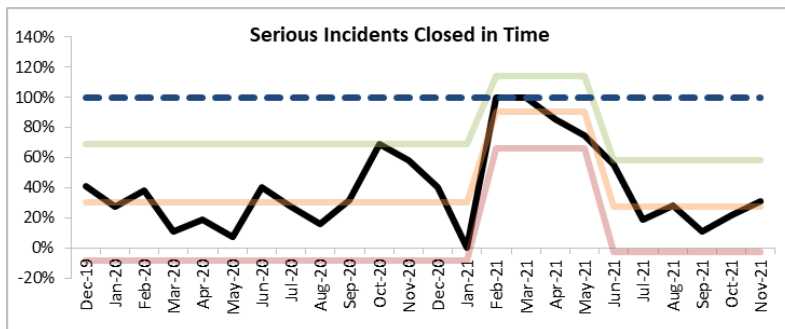
Patient safety alerts: two safety alerts are currently overdue. These are being actively actioned by the Trust.

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

# Serious Incidents Closed in Time

Jan-22



Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	37	6
Obstetrics	16	0
Treatment	13	4
Patient Falls	10	1
Medication	6	0

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	13	54	11	95
Obstetrics	5	14	1	42
Medication	3	72	4	118
VTE - Venous Thromboembolism	2	59	22	95
Patient Falls	2	43	28	57
Estates/Facilities	2	94	17	170
Treatment	2	47	29	65

## Performance Overview

- Performance increased from 21.7% in Oct-21 to 30.8% in Nov-21.
- One hospital site achieved the target, although the number of investigations was small. Two hospital sites did not manage to submit any investigations on time.
- Sufficient numbers of investigations are being completed to keep the number of overdue incidents broadly stable.

## Responsible Director Update

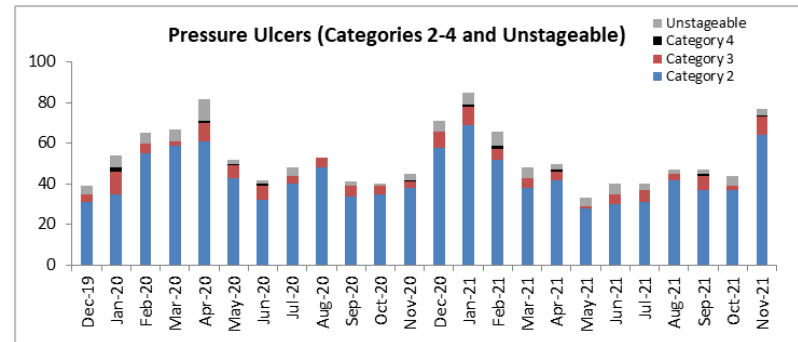
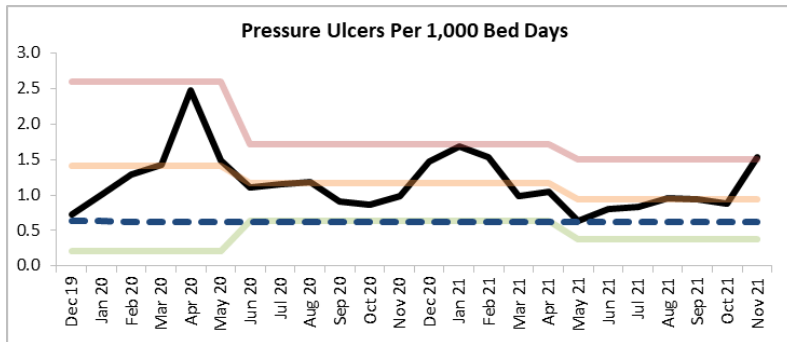
- Although performance improved in Nov-21, it remains well below target, a picture which continues to be seen nationally as a result of backlogs caused by the COVID-19 pandemic. The 60 day time limit for the submission of serious incident investigation reports has been suspended during the pandemic. NHS England/Improvement are currently considering whether this time limit should be removed permanently from Apr-22.
- It is felt that removal of the time limit would allow more flexible timelines to be set in conjunction with the patient or their family, allow for better involvement of the patient or their family and shift the temporal focus of the investigation towards quality.



SAFE

# Pressure Ulcers Per 1,000 Bed Days

Jan-22



Site	Location	Location Main Specialty	Category			
			2	3*	4	All
Whipps Cross	A&E	A&E	7	0	0	7
Royal London	11E Ward	General Medicine	4	1	0	5
Royal London	13C Ward	Gastroenterology	3	1	0	4
Royal London	4E Ward	Critical Care	4	0	0	4
St Bart's	3A West Ward	Cardiology	3	1	0	4

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

Site	Location	Location Main Specialty	Previous 6 Months	Nov-21
Whipps Cross	Rowan Ward	General Surgery	11	1
St Bart's	5C Ward	Clinical Haematology	10	2
Royal London	14E Ward	Geriatric Medicine	10	2
Royal London	11C Ward	General Medicine	9	2
Whipps Cross	A&E	A&E	9	7
Newham	Silvertown Ward	Geriatric Medicine	9	1

	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	●			Jun-21 (m)	<= 100	96	96	96	94	102	106	82	-	-	
	E3	Risk Adjusted Mortality Index	●			Oct-21 (m)	<= 100	92	93	93	91	98	94	85	-	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Nov-21 (m)	<= 0.51	0.83	0.71	0.66	0.68	1.06	1.28	0.21	-	-	

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 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.

In the reporting period, no responses to Her Majesty's Coroner were sent following the issue of a Regulation 28 (Prevention of Future Deaths) notice.

Category	Metric	RAG Rating			2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	Jul-21	Aug-21	Sep-21	2021/22 Q2 Total
		RED	AMBER	GREEN								
Births	Total number of babies born				3,927	3,509	3,375	3,632	1,262	1,308	1,291	3,861
Method of Delivery	Percentage emergency C-section				18.8%	19.3%	17.7%	19.4%	18.5%	18.5%	16.9%	18.0%
Neonatal Morbidity	Rate of HIE (hypoxic-ischaemic encephalopathy)				0.2%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%
Neonatal Morbidity	Total still births				18	20	20	18	10	7	3	20
Workforce	1:1 care in established labour	<90%	90-94%	>=95%	98.3%	98.2%	98.3%	96.9%	97.8%	97.5%	96.0%	97.1%

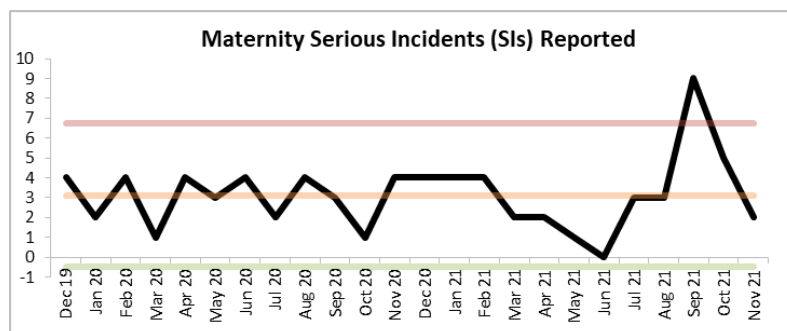
All dashboard metrics are within normal limits and benchmarks.

Note: 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.

SPOTLIGHT

# Maternity Serious Incidents (SIs)

Jan-22



Theme	Royal London	Whipps Cross	Newham	Barts Health
<b>Total Number of SIs</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	0	0	1	1
% HSIB Investigations	0.0%	-	100.0%	50.0%

Theme	Royal London	Whipps Cross	Newham	Barts Health
<b>Total Number of SIs</b>	<b>10</b>	<b>9</b>	<b>20</b>	<b>39</b>
Antenatal - Antepartum Stillbirth	2	1	7	10
Neonatal - Unanticipated admission to Neonatal unit	3	2	3	8
Intrapartum - Retained vaginal swab/tampon	1	1	1	3
Neonatal - pH <7.1(arterial) at birth	1	0	1	2
Maternal death	1	1	0	2
Intrapartum - Stillbirth	1	0	1	2

**Progress Summary**

- Two maternity serious incidents were reported in Nov-21. Newham reported a serious incident where a baby was born in a condition requiring admission to the neonatal unit for active cooling. The baby was admitted to the neonatal unit at Homerton University Hospital. Royal London reported a serious incident which occurred in 2019, where concerns were identified in the management of raised blood pressure when a patient attended triage. The delay was attributed to the pandemic reduction of face-to-face meetings and change of staff.

**Noteworthy Improvements**

- The numbers of serious incidents relating to hypoxic-ischaemic encephalopathy (HIE) and antepartum stillbirths appear to be falling.

**Risks & Issues**

- Short term staff sickness absence or having to take time off to look after sick family members has greatly affected all the maternity sites.
- NICE (National Institute for Health and Care Excellence) has published the long awaited guidance on Induction of Labour. The Perinatal Network has reviewed the guidance and has raised concerns about the revised standards for gestation at which an induction is offered and its impact on the capacity of the maternity units. A risk assessment will be undertaken for the part-implementation of the recommended standards, led by two obstetricians.

**Next Steps**

- The Trust's Director of Midwifery and Lead for Governance are leading on the creation of a Perinatal Quality Surveillance Tool that NHS England has recommended as per the Ockenden Review. It is intended that as well as serious incidents, it will enable the Trust Board to have regular sight of the perinatal clinical quality data in the following areas: morbidity, mortality, staffing issues and obstetric presence in the labour wards.

Jan-22



# Finance Report



KEY METRICS

# Finance Key Metrics

Jan-22

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (0.0)		The Trust is reporting a £0.2m favourable variance against its breakeven plan for the year to date.
	Actual 0.2		
	Variance 0.2		
Total Income	Plan 1,337.1		Income is in line with the year to date plan. NHS Patient Treatment income is £8.8m favourable due to over performance on elective and outpatient activity against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m) partially offset by shortfalls for provider:provider and local authority contracts which are outside of block arrangements. Other income is (£8.7m) adverse. Sites and Services other income is (£3.9m) adverse with the key shortfall being reduced private patients activity (£2.4m). Central other income is (£4.8m) adverse which includes adjustments for vaccination programme re-imbursement (£2.7m) and donated asset income (£2.0m).
	Actual 1,337.1		
	Variance 0.0		
Total Expenditure	Plan (1,337.1)		Expenditure is £0.2m favourable for the year to date. Site & Services pay expenditure is £14.6m 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. Non pay and central expenditure are (£14.3m) adverse, with the largest variance being the costs of independent sector provider activity to support elective recovery (£8.9m).
	Actual (1,336.9)		
	Variance 0.2		
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan (117.7)		The Trust is reporting a pre system top-up deficit of £117.4m, which is a £0.2m 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. System top-up funding is primarily based on NHS England's calculation of the Trust's pre-pandemic (2019/20) underlying deficit and replaces what was known as the Financial Recovery Fund (FRF) allocation pre-pandemic.
	Actual (117.4)		
	Variance 0.2		

KEY METRICS

# Finance Key Metrics

Jan-22

Metrics	Current Performance	Trend	Comments
	Year To Date £millions		
Capital Expenditure	Plan 57.9		<p>The year to date capital expenditure is £46.0m against a phased plan of £57.9m, which gives a year to date underspend of £11.8m for exchequer funded schemes. The variance can be attributed to the late approval of the capital programme 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 projects. The size of the year to date variance continues to decrease as the level of monthly expenditure steps up and as business cases are approved and capital expenditure authorisations are issued. Expenditure in Month 8 was £6.7m against the original plan of £5.4m, a difference of £1.3m. This continues the trend from last month where, due to the slow start to the programme, the programme is expected to overspend over the remainder of the year.</p>
	Actual 46.0		
	Variance (11.8)		
Cash	Plan 25.0		<p>Cash balances are higher by £143.1m 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 £12.7m to exercise its option to buy out the early retirement provision with the NHS Pension agency in November which will reduce expenditure by c£0.5m per annum going forward.</p>
	Actual 168.1		
	Variance 143.1		

**Key Year To Date Issues**

Financial performance is in line with the breakeven plan for the year to date.  
 Following conclusion of H2 financial planning with system partners in November, detailed H2 budget updates for sites and services were completed for month 8 reporting.

**Key Risks & Opportunities**

During the second half of the year, the key financial challenges within the plan were:

- Delivery of the 1.5% recurrent efficiency target set within Sites and Services budgets for H2.
- Managing elective recovery, including the costs of Independent Sector outsourcing where Independent Sector charges exceed NHS national tariff.
- Managing non-elective winter pressures and COVID-19 costs.

The financial impact of the current COVID-19 wave as a result of the Omicron variant is still being assessed but it is anticipated that this can be managed within the existing funding level.

20/21 YTD		In Month			Year to Date			Annual
Prev Yr	Actual	Plan	Actual	Variance	Plan	Actual	Variance	Plan
<b>Emillions</b>								
<b>Income</b>								
964.2	NHS Patient Treatment Income	126.1	124.9	(1.2) ●	983.0	993.8	10.8 ●	1,473.1
1.7	Other Patient Care Activity Income	0.0	0.1	0.1 ●	4.2	1.8	(2.4) ●	5.4
64.3	Other Operating Income	10.4	10.4	(0.1) ●	80.3	78.8	(1.5) ●	120.2
<b>1,030.2</b>	<b>Total Income</b>	<b>136.6</b>	<b>135.4</b>	<b>(1.2) ●</b>	<b>1,067.5</b>	<b>1,074.4</b>	<b>7.0 ●</b>	<b>1,598.7</b>
<b>Operating Expenditure</b>								
(661.4)	Pay	(90.4)	(89.0)	1.4 ●	(719.0)	(704.5)	14.6 ●	(1,077.7)
(110.3)	Drugs	(15.5)	(16.0)	(0.4) ●	(117.9)	(123.5)	(5.6) ●	(178.1)
(75.4)	Clinical Supplies	(11.2)	(10.4)	0.8 ●	(82.8)	(82.4)	0.3 ●	(125.0)
(200.0)	Other Non Pay	(24.1)	(21.8)	2.3 ●	(185.3)	(198.9)	(13.5) ●	(279.6)
<b>(1,047.1)</b>	<b>Total Operating Expenditure</b>	<b>(141.2)</b>	<b>(137.2)</b>	<b>4.0 ●</b>	<b>(1,105.0)</b>	<b>(1,109.3)</b>	<b>(4.3) ●</b>	<b>(1,660.4)</b>
<b>(16.9)</b>	<b>Site &amp; Services Budgets Total</b>	<b>(4.6)</b>	<b>(1.8)</b>	<b>2.8 ●</b>	<b>(37.6)</b>	<b>(34.9)</b>	<b>2.7 ●</b>	<b>(61.8)</b>
(33.8)	Pathology Partnership (net)	(5.4)	(5.4)	(0.1) ●	(41.3)	(41.9)	(0.6) ●	(62.0)
(30.8)	Vaccination Programme & Nightingale (net)	0.0	(0.0)	(0.0) ●	0.0	(0.0)	(0.0) ●	0.0
(0.9)	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	0.0 ●	0.0
21.5	Central NHS PT Income	6.7	4.3	(2.4) ●	70.5	68.3	(2.2) ●	107.5
(0.2)	Central RTA & OSV Income (net)	0.6	(0.4)	(1.0) ●	3.6	2.7	(0.9) ●	5.9
(8.3)	Central Expenditure (net)	(0.9)	(0.9)	0.0 ●	(7.8)	(8.0)	(0.3) ●	(11.4)
(3.9)	Reserves (net)	(2.3)	(2.0)	0.3 ●	(17.4)	(16.1)	1.3 ●	(24.2)
<b>(73.4)</b>	<b>EBITDA</b>	<b>(6.0)</b>	<b>(6.2)</b>	<b>(0.3) ●</b>	<b>(29.9)</b>	<b>(29.9)</b>	<b>(0.0) ●</b>	<b>(46.0)</b>
(34.1)	Depreciation and Amortisation (net)	(4.8)	(4.8)	0.0 ●	(36.9)	(37.0)	(0.1) ●	(56.4)
(42.7)	Interest	(5.3)	(5.3)	(0.0) ●	(43.0)	(43.0)	(0.1) ●	(65.2)
(6.8)	PDC Dividends	(0.1)	0.3	0.4 ●	(7.9)	(7.5)	0.4 ●	(10.4)
<b>(157.0)</b>	<b>Surplus/(Deficit) Before System Top-Up</b>	<b>(16.1)</b>	<b>(16.0)</b>	<b>0.1 ●</b>	<b>(117.7)</b>	<b>(117.4)</b>	<b>0.2 ●</b>	<b>(178.0)</b>
156.7	System Top-Up Income	16.1	16.1	0.0 ●	117.6	117.6	(0.0) ●	177.9
<b>(0.3)</b>	<b>NHS Reporting Surplus/(Deficit)</b>	<b>(0.0)</b>	<b>0.1</b>	<b>0.1 ●</b>	<b>(0.0)</b>	<b>0.2</b>	<b>0.2 ●</b>	<b>(0.1)</b>
0.1	Profit On Fixed Asset Disposal		-			0.1		
-	Loss on return of COVID assets to DHSC		(0.9)			(6.8)		
1.8	Capital Donations I&E Impact		1.4			0.2		
-	Fixed Asset Impairments		-			-		
<b>1.6</b>	<b>Surplus / (Deficit)</b>		<b>0.6</b>			<b>(6.3)</b>		



**CAPITAL EXPENDITURE**

# Capital Expenditure Summary - Trustwide

Jan-22

20/21 YTD Actual	Programme Area Emillions	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance	%
4.5	Equipment (Medical and Other)	1.2	0.9	0.3	27 %	11.4	7.5	3.9	34 %	16.9	17.0	(0.0)	(0)%
3.4	Informatics	0.4	0.4	0.0	5 %	7.5	4.1	3.5	46 %	6.9	8.2	(1.4)	(20)%
9.6	Estates	2.3	3.5	(1.2)	(51)%	18.2	19.6	(1.4)	(8)%	29.5	30.9	(1.5)	(5)%
7.8	New Build and Site Vacations	0.7	1.2	(0.5)	(67)%	14.9	9.1	5.9	39 %	23.0	38.5	(15.4)	(67)%
4.3	PFI Lifecycle Assets	0.7	0.7	0.0	3 %	5.9	5.8	0.1	1 %	8.8	8.8	0.0	0 %
<b>29.5</b>	<b>Total Exchequer Programme exc. COVID19</b>	<b>5.4</b>	<b>6.7</b>	<b>(1.3)</b>	<b>(24)%</b>	<b>57.9</b>	<b>46.0</b>	<b>11.8</b>	<b>20 %</b>	<b>85.1</b>	<b>103.4</b>	<b>(18.3)</b>	<b>(22)%</b>
12.3	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-
20.9	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-
0.0	COVID19 - Cyber Security	-	-	-	-	-	-	-	-	-	-	-	-
2.0	COVID19 Expenditure - UEC	-	-	-	-	-	-	-	-	-	-	-	-
1.6	COVID19 - Endoscopy recovery	-	-	-	-	-	-	-	-	-	-	-	-
0.6	COVID19 - Restart	-	-	-	-	-	-	-	-	-	-	-	-
<b>37.4</b>	<b>Total COVID19</b>	-	-	-	- %	-	-	-	- %	-	-	-	- %
<b>66.9</b>	<b>Total Trust Funded Assets</b>	<b>5.4</b>	<b>6.7</b>	<b>(1.3)</b>	<b>(24)%</b>	<b>57.9</b>	<b>46.0</b>	<b>11.8</b>	<b>20 %</b>	<b>85.1</b>	<b>103.4</b>	<b>(18.3)</b>	<b>(22)%</b>
4.2	Donated	0.6	0.4	0.1	24 %	4.7	1.8	2.9	62 %	7.9	7.9	-	- %
<b>71.1</b>	<b>Total Capital Expenditure</b>	<b>5.9</b>	<b>7.1</b>	<b>(1.2)</b>	<b>(20)%</b>	<b>62.5</b>	<b>47.8</b>	<b>14.7</b>	<b>24 %</b>	<b>93.0</b>	<b>111.3</b>	<b>(18.3)</b>	<b>(20)%</b>

**Key Messages**

To date the Trust secured funds total £47.5m (£41.0m in Month 7) and in the period secured Target Investment Funding (TIF) of £5.7m; additional PDC funding of £0.7m for Home reporting upgrades for Imaging; and £0.02m for Rapid testing as part of the COVID19 response. Following further negotiations with NHSE/I, it has been agreed we will no longer pursue the emergency funding application for £27.6m, and instead we will self fund the capital programme from the Trust cash reserves. This will be updated in the Month 9 position. In addition, charitable funds of £1.8m have also been secured.

The funded exchequer capital expenditure plan is currently £85.1m (£78.7m in Month 7) - an increase of £6.4m due to securing funding for TIF and PDC schemes as noted above. The forecast outturn exchequer programme increased to £103.4m (£102.6m in Month 7) following the addition of the Home reporting upgrades and Rapid testing schemes noted above. The over commitment remains at £18.3m (17.7%). A full review of the forecast outturn is currently underway with outcomes due to be reported in Month 9, it is anticipated that this will result in a reduction in over commitment due to schemes which will slip into the new financial year.

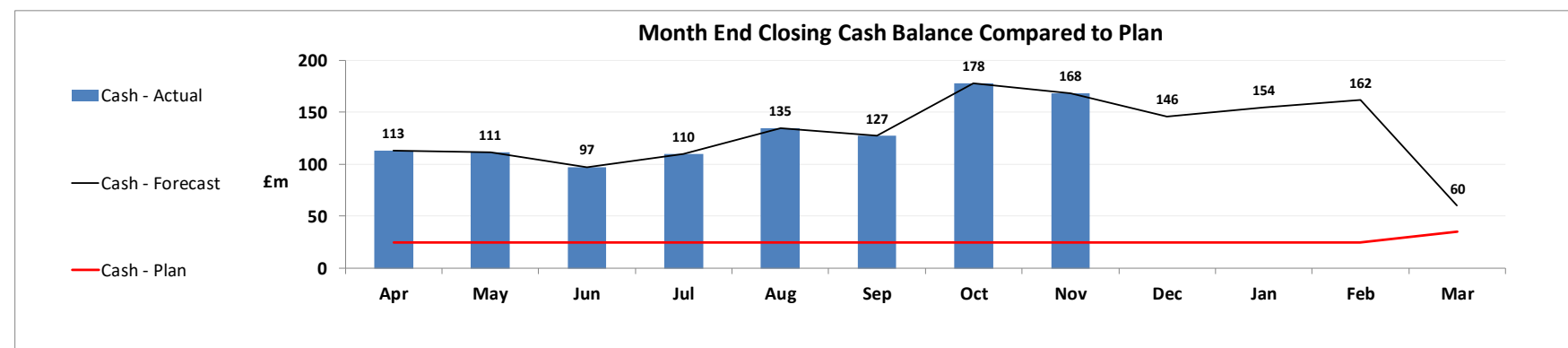
The donated element of the plan increased by £0.9m to £7.9m following the gift of previously loaned assets from NHSE/I that were essential during previous waves of the COVID19 pandemic.

The cumulative expenditure at Month 8 is £46.0m (£39.5m in Month 7) against the original phased plan of £57.9m which gives a year to date variance of £11.8m for exchequer funded schemes. The variance can be attributed to the late approval of the capital programme 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 projects. The size of the year to date variance continues to decrease as the level of monthly expenditure steps up and as business cases are approved and capital expenditure authorisations are issued.

Expenditure in Month 8 was £6.7m against the original plan of £5.4m, a difference of £1.3m. This continues the trend from last month where, due to the slow start to the programme, the programme is expected to overspend over the remainder of the year.

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 %
<b>Net Depreciation</b>	<b>29.6</b>	<b>29.6</b>	-	<b>100 %</b>
NHSE/I 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	-	100 %
PDC: Rapid Testing Device Interoperability (POC)	0.0	0.0	-	100 %
PDC: Home reporting upgrades	0.7	0.7	-	100 %
Specific PDC: CDH MRI at MEH	3.7	3.7	-	100 %
<b>Planned Capital exc. Donated</b>	<b>79.4</b>	<b>41.7</b>	<b>37.6</b>	<b>53 %</b>
Asset sales	0.0	0.0	-	100 %
<b>Exchequer Funding exc. Donated &amp; TIF</b>	<b>79.4</b>	<b>41.8</b>	<b>37.6</b>	<b>53 %</b>
Specific PDC: Targeted Investment Fund	5.7	5.7	-	100 %
<b>Total Exchequer Funding exc. Donated</b>	<b>85.1</b>	<b>47.5</b>	<b>37.6</b>	<b>56 %</b>
Donated	7.9	1.8	6.1	23 %
<b>Planned Capital inc. Donated</b>	<b>93.0</b>	<b>49.2</b>	<b>43.7</b>	<b>53 %</b>

£millions	Actual							Forecast					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
<b>Opening cash at bank</b>	<b>54.4</b>	<b>112.8</b>	<b>111.3</b>	<b>97.5</b>	<b>109.9</b>	<b>135.1</b>	<b>127.3</b>	<b>177.5</b>	<b>168.1</b>	<b>145.6</b>	<b>154.3</b>	<b>161.8</b>	<b>54.4</b>
<b>Cash inflows</b>													
Healthcare contracts	118.0	116.1	123.4	123.2	144.5	140.2	144.9	136.8	130.2	127.9	127.9	131.1	1,564.2
Other income	54.2	38.8	51.3	50.5	46.9	49.9	68.2	44.0	33.3	39.1	34.4	51.7	562.3
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	16.7	16.7
<b>Total cash inflows</b>	<b>172.2</b>	<b>154.9</b>	<b>174.7</b>	<b>173.7</b>	<b>191.4</b>	<b>190.1</b>	<b>213.1</b>	<b>180.8</b>	<b>163.5</b>	<b>167.0</b>	<b>162.3</b>	<b>199.5</b>	<b>2,143.2</b>
<b>Cash outflows</b>													
Salaries and wages	(51.5)	(50.5)	(51.1)	(53.4)	(52.7)	(59.0)	(54.7)	(53.3)	(56.7)	(54.1)	(54.1)	(55.1)	(646.2)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.4)	(38.0)	(39.8)	(45.5)	(40.6)	(40.9)	(40.9)	(40.9)	(40.6)	(444.2)
Non pay expenditures	(49.8)	(64.0)	(95.4)	(64.0)	(71.3)	(93.5)	(57.5)	(92.9)	(83.6)	(56.5)	(53.8)	(177.9)	(960.2)
Capital expenditure	(9.7)	(6.6)	(2.5)	(4.5)	(4.2)	(3.7)	(5.2)	(3.4)	(4.8)	(6.8)	(6.0)	(22.4)	(79.8)
Dividend and Interest payable	-	-	-	-	-	(1.9)	-	-	-	-	-	(5.3)	(7.2)
<b>Total cash outflows</b>	<b>(113.8)</b>	<b>(156.4)</b>	<b>(188.5)</b>	<b>(161.3)</b>	<b>(166.2)</b>	<b>(197.9)</b>	<b>(162.9)</b>	<b>(190.2)</b>	<b>(186.0)</b>	<b>(158.3)</b>	<b>(154.8)</b>	<b>(301.3)</b>	<b>(2,137.6)</b>
<b>Net cash inflows / (outflows)</b>	<b>58.4</b>	<b>(1.5)</b>	<b>(13.8)</b>	<b>12.4</b>	<b>25.2</b>	<b>(7.8)</b>	<b>50.2</b>	<b>(9.4)</b>	<b>(22.5)</b>	<b>8.7</b>	<b>7.5</b>	<b>(101.8)</b>	<b>5.6</b>
<b>Closing cash at bank - actual / forecast</b>	<b>112.8</b>	<b>111.3</b>	<b>97.5</b>	<b>109.9</b>	<b>135.1</b>	<b>127.3</b>	<b>177.5</b>	<b>168.1</b>	<b>145.6</b>	<b>154.3</b>	<b>161.8</b>	<b>60.0</b>	<b>60.0</b>
<b>Closing cash at bank - plan</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>	<b>35.0</b>	<b>35.0</b>



### Key Messages

Cash balances are higher by £143.1m 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 September which was £3.4m lower than plan because of the prior year's receivable balance, and settled the Early Retirement arrangement of £12.7m in month.

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	
	<b>Non-current assets:</b>														
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	1,388.5	1,390.9	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	0.2	0.2	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	16.8	16.9	13.7	13.8	13.9	15.8	0.0	
<b>1,404.6</b>	<b>Total non-current assets</b>	<b>1,401.1</b>	<b>1,404.1</b>	<b>1,403.1</b>	<b>1,404.3</b>	<b>1,405.5</b>	<b>1,403.6</b>	<b>1,405.5</b>	<b>1,408.0</b>	<b>1,444.0</b>	<b>1,449.0</b>	<b>1,453.3</b>	<b>1,404.6</b>	<b>0.0</b>	
	<b>Current assets:</b>														
22.0	Inventories	22.0	21.5	21.8	22.6	22.0	23.1	23.6	22.7	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	96.0	76.5	103.5	98.7	107.0	147.9	17.1	
54.2	Cash and cash equivalents	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	145.6	154.3	161.8	60.0	5.8	
<b>207.0</b>	<b>Total current assets</b>	<b>254.3</b>	<b>263.1</b>	<b>265.9</b>	<b>273.3</b>	<b>265.8</b>	<b>283.4</b>	<b>297.1</b>	<b>267.3</b>	<b>272.9</b>	<b>276.5</b>	<b>292.0</b>	<b>229.9</b>	<b>22.9</b>	
<b>1,611.6</b>	<b>Total assets</b>	<b>1,655.4</b>	<b>1,667.2</b>	<b>1,669.0</b>	<b>1,677.6</b>	<b>1,671.3</b>	<b>1,687.0</b>	<b>1,702.6</b>	<b>1,675.3</b>	<b>1,716.9</b>	<b>1,725.5</b>	<b>1,745.3</b>	<b>1,634.5</b>	<b>22.9</b>	
	<b>Current liabilities</b>														
(179.5)	Trade and other payables	(225.1)	(239.1)	(244.0)	(255.0)	(251.3)	(274.2)	(294.1)	(280.4)	(300.2)	(308.8)	(328.6)	(217.8)	(38.3)	
(4.1)	Provisions	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(3.0)	(3.0)	(3.0)	(3.0)	(3.0)	1.1	
(26.8)	Liabilities arising from PFIs / Finance Leases	(26.8)	(26.8)	(26.8)	(26.8)	(26.8)	(25.5)	(25.5)	(25.5)	(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	
<b>(210.4)</b>	<b>Total current liabilities</b>	<b>(256.0)</b>	<b>(270.0)</b>	<b>(274.9)</b>	<b>(285.9)</b>	<b>(282.2)</b>	<b>(303.8)</b>	<b>(323.7)</b>	<b>(308.9)</b>	<b>(329.2)</b>	<b>(337.8)</b>	<b>(357.6)</b>	<b>(246.8)</b>	<b>(36.4)</b>	
<b>(3.4)</b>	<b>Net current (liabilities) / assets</b>	<b>(1.7)</b>	<b>(6.9)</b>	<b>(9.0)</b>	<b>(12.6)</b>	<b>(16.4)</b>	<b>(20.4)</b>	<b>(26.6)</b>	<b>(41.6)</b>	<b>(56.3)</b>	<b>(61.3)</b>	<b>(65.6)</b>	<b>(16.9)</b>	<b>(13.5)</b>	
<b>1,401.2</b>	<b>Total assets less current liabilities</b>	<b>1,399.4</b>	<b>1,397.2</b>	<b>1,394.1</b>	<b>1,391.7</b>	<b>1,389.1</b>	<b>1,383.2</b>	<b>1,378.9</b>	<b>1,366.4</b>	<b>1,387.7</b>	<b>1,387.7</b>	<b>1,387.7</b>	<b>1,387.7</b>	<b>(13.5)</b>	
	<b>Non-current liabilities</b>														
(17.6)	Provisions	(17.4)	(17.3)	(17.2)	(17.1)	(16.8)	(16.7)	(16.6)	(5.5)	(5.5)	(5.5)	(5.5)	(5.5)	12.1	
(941.2)	Liabilities arising from PFIs / Finance Leases	(939.0)	(937.1)	(934.5)	(932.4)	(930.3)	(928.9)	(926.7)	(924.7)	(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	
<b>(958.8)</b>	<b>Total non-current liabilities</b>	<b>(956.4)</b>	<b>(954.4)</b>	<b>(951.7)</b>	<b>(949.5)</b>	<b>(947.1)</b>	<b>(945.6)</b>	<b>(943.3)</b>	<b>(930.2)</b>	<b>(944.7)</b>	<b>(944.7)</b>	<b>(944.7)</b>	<b>(944.7)</b>	<b>14.1</b>	
<b>442.4</b>	<b>Total Assets Employed</b>	<b>443.0</b>	<b>442.8</b>	<b>442.4</b>	<b>442.2</b>	<b>442.0</b>	<b>437.6</b>	<b>435.6</b>	<b>436.2</b>	<b>443.0</b>	<b>443.0</b>	<b>443.0</b>	<b>443.0</b>	<b>0.6</b>	
	<b>Financed by:</b>														
	<b>Taxpayers' equity</b>														
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)	(860.8)	(860.2)	(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	
<b>442.4</b>	<b>Total Taxpayers' Equity</b>	<b>443.0</b>	<b>442.8</b>	<b>442.4</b>	<b>442.2</b>	<b>442.0</b>	<b>437.6</b>	<b>435.6</b>	<b>436.2</b>	<b>443.0</b>	<b>443.0</b>	<b>443.0</b>	<b>443.0</b>	<b>0.6</b>	

Jan-22



# People Report



Group	Indicator	Targets	Performance		YTD	Nov-21 (Site)				
		Target	Oct-21	Nov-21		Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	98.0%	97.7%	-	98.2%	98.1%	98.7%	97.2%	105.2%
	Staff in Post - Actual	>=Plan	16,302	16,428		6,070	2,768	2,036	2,598	220
	Staff in Post - Plan	-	16,316	16,405	-	5,636	2,623	1,935	2,387	1,143
	Bank WTE - Actual	<=Plan	2,083	2,005		697	451	361	294	10
	Bank WTE - Plan	-	1,904	1,904	-	732	347	349	281	49
	Agency WTE - Actual	<=Plan	622	644		178	219	142	48	14
	Agency WTE - Plan	-	393	393	-	86	158	65	27	8
	Total Staffing - Actual	<=Plan	19,006	19,078	-	6,945	3,438	2,539	2,940	244
	Total Staffing - Plan	-	18,612	18,702	-	6,454	3,127	2,349	2,694	1,200
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	89.6%	89.6%	-	92.4%	86.5%	85.4%	91.6%	92.9%
	Substantive Fill Rate - Plan	-	88.6%	89.0%	-	91.3%	86.5%	86.1%	90.8%	92.0%
	Unconditional Offers - Actual	>=Plan	509	556	-	209	105	55	84	7
	Unconditional Offers - Plan	-	293	293	-	138	40	35	69	29
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	48.5%	23.1%	-	17.9%	30.8%	19.0%	27.8%	-
	Nursing Roster Quality - % Blue or Cloudy Sky	-	21.8%	21.1%	-	12%	26%	35%	14%	-
	Additional Duty Hours (Nursing)	-	82,099	82,082	-	27,370	25,452	22,789	6,065	269
Diversity	% of BME Staff at Band 8a to VSM	-	36.0%	36.1%		32%	41%	54%	23%	63%

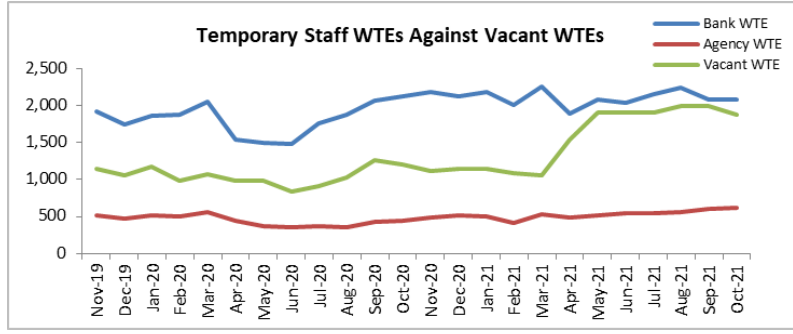
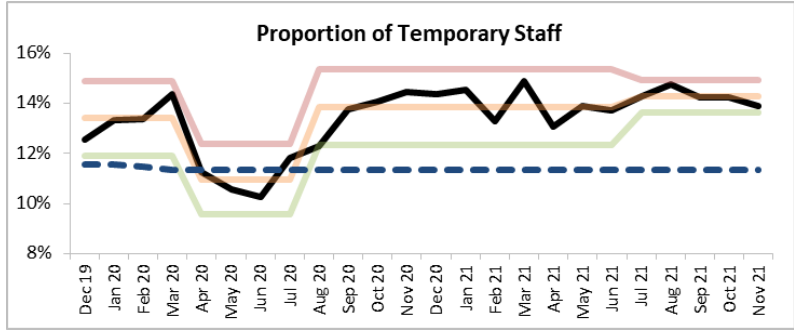
Target for % Utilisation (Total Fill Rate)	95% to 100%	<95%	>100%
Target for Staff in Post Actual Against Plan (% Variance)	>=0%	Between 0% and -5%	<=-5%
Targets for Bank, Agency and Total Staffing Actual Against Plan (% Variance)	<=-5%	Between 0% and -5%	>=0%
Target for Unconditional Offers Actual Against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

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

	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	●			Nov-21 (m)	<= 12.25%	11.15%	11.31%	11.31%	11.22%	10.47%	9.85%	13.01%	15.02%	11.46%	
	OH7	Proportion of Temporary Staff	●	●		Nov-21 (m)	<= 11.3%	14.2%	13.9%	14.0%	12.6%	19.5%	19.8%	11.6%	9.9%	7.9%	●
	W20	Sickness Absence Rate	●			Oct-21 (m)	<= 3%	4.46%	4.56%	4.56%	4.64%	4.96%	5.17%	3.79%	3.64%	4.36%	
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	●			Nov-21 (m)	>= 85%	84.2%	84.3%	84.8%	83.4%	88.2%	83.9%	85.2%	81.8%	80.7%	●
	W11	Mandatory and Statutory Training - National	●	●		Nov-21 (m)	>= 85%	83.8%	84.0%	84.4%	83.1%	87.6%	84.7%	84.2%	84.0%	81.3%	●
	W29	Appraisal Rate - Non-Medical Staff	●			Nov-21 (m)	>= 90%	48.7%	52.1%	52.1%	48.1%	39.5%	45.9%	68.0%	80.2%	59.6%	●
	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

**WELL LED**      **Proportion of Temporary Staff**      **Jan-22**

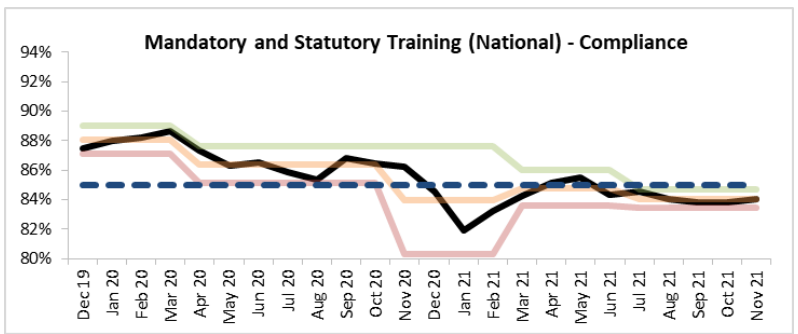
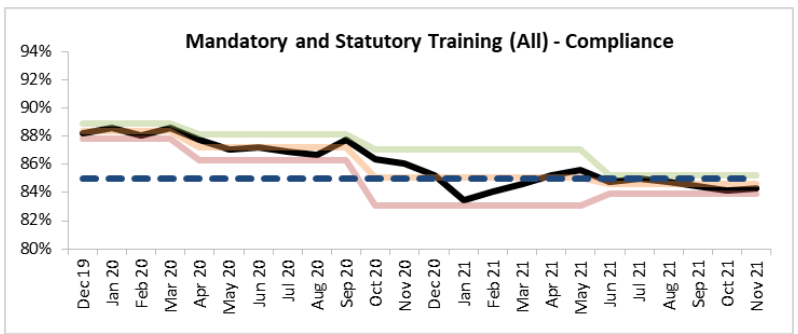


Site	Staff Group	Average of Previous 6 Months			Nov-21			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	918	6,884	13.3%	875	6,945	12.6%	-0.7%
Whipps Cross	All Staff Groups	647	3,375	19.2%	670	3,438	19.5%	0.3%
Newham	All Staff Groups	492	2,494	19.7%	503	2,539	19.8%	0.1%
St Bart's	All Staff Groups	356	2,932	12.1%	342	2,940	11.6%	-0.5%
CSS	All Staff Groups	22	258	8.6%	24	244	9.9%	1.3%
Other	All Staff Groups	248	2,964	8.4%	235	2,971	7.9%	-0.5%

WELL LED

# Mandatory and Statutory Training

Jan-22

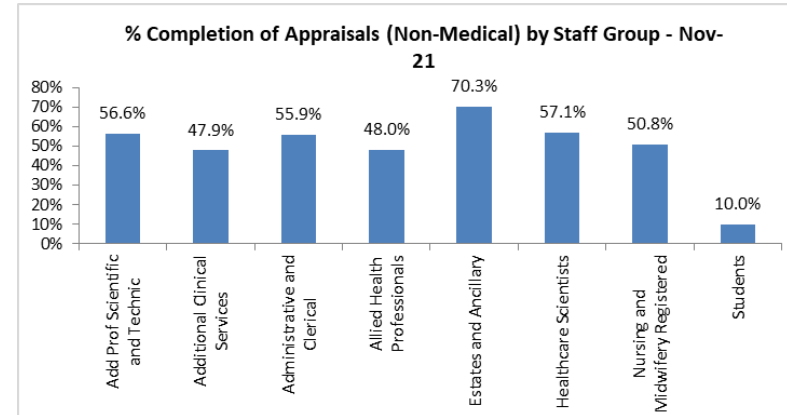
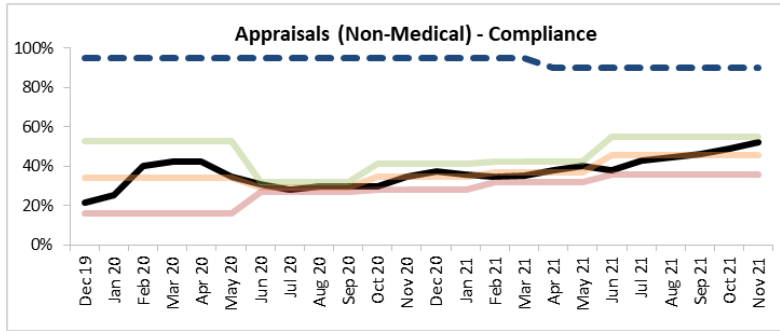


Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	Nov-21	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety	80.2%	79.6%	3,491
Resuscitation - Basic Life Support	68.2%	68.0%	3,359
Information Governance	77.9%	80.9%	3,264
Infection Control (Clinical)	78.7%	76.7%	2,602
Moving Handling - Clinical	79.8%	79.8%	2,367

Bottom 5 Departments: Total Number of Non-Compliant Employees			
Department	Previous 6 Months	Nov-21	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	60.7%	57.0%	60
QEH Microbiology (Other)	1.9%	10.6%	42
Pharmacy Management (CSS)	82.9%	82.5%	41
6E/F - Delivery Suite - RLH (Royal London)	87.4%	83.1%	41
ANA Medical Staff (Royal London)	85.4%	84.8%	39

Non-mandatory competencies have been excluded from the above tables

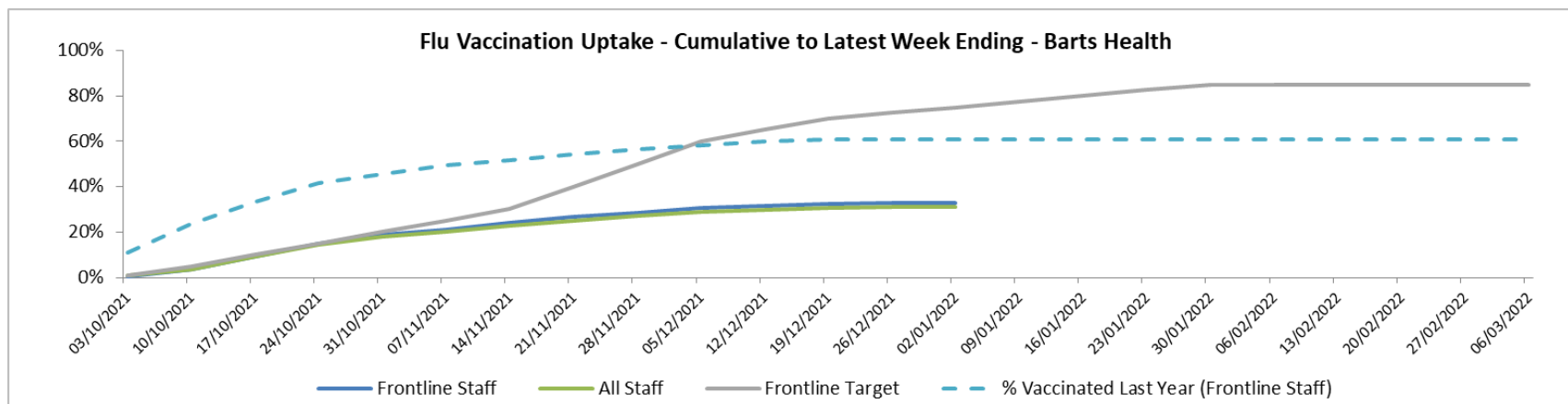




PEOPLE SPOTLIGHT

# Flu Vaccination Update

Jan-22



Site	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Royal London	2,224	6,830	32.6%	159	2.3%
Whipps Cross	1,168	2,923	40.0%	103	3.5%
Newham	597	2,101	28.4%	58	2.8%
St Bart's	1,269	2,812	45.1%	83	3.0%
GCS	99	245	40.4%	5	2.0%
GSS	495	1,745	28.4%	85	4.9%
Pathology Partnership	144	788	18.3%	27	3.4%
R&D Projects	87	253	34.4%	5	2.0%
Other	326	1,984	16.4%	5	0.3%
<b>Sub-Total</b>	<b>6,409</b>	<b>19,681</b>	<b>32.6%</b>	<b>530</b>	<b>2.7%</b>
Bank Staff	422	2,357	17.9%	44	1.9%
<b>Grand Total</b>	<b>6,831</b>	<b>22,038</b>	<b>31.0%</b>	<b>574</b>	<b>2.6%</b>

Site	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Royal London	2,032	5,857	34.7%	128	2.2%
Whipps Cross	1,024	2,445	41.9%	83	3.4%
Newham	535	1,798	29.8%	46	2.6%
St Bart's	1,126	2,400	46.9%	63	2.6%
GCS	39	109	35.8%	1	0.9%
GSS	122	462	26.4%	7	1.5%
Pathology Partnership	128	707	18.1%	22	3.1%
R&D Projects	56	128	43.8%	0	0.0%
Other	230	1,406	16.4%	0	0.0%
<b>Sub-Total</b>	<b>5,292</b>	<b>15,312</b>	<b>34.6%</b>	<b>350</b>	<b>2.3%</b>
Bank Staff	364	1,970	18.5%	27	1.4%
<b>Grand Total</b>	<b>5,656</b>	<b>17,282</b>	<b>32.7%</b>	<b>377</b>	<b>2.2%</b>

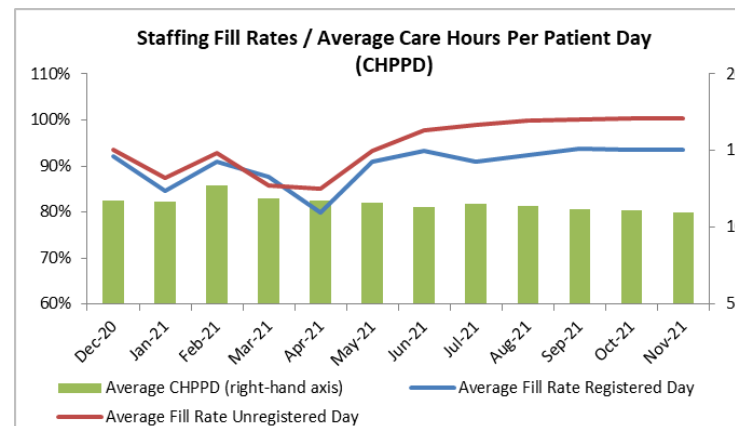
Ethnic Grouping	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
White	3,077	6,831	45.0%	167	2.4%
BAME	2,975	11,107	26.8%	359	3.2%
Not Stated/Undefined	779	4,100	19.0%	48	1.2%
<b>Grand Total</b>	<b>6,831</b>	<b>22,038</b>	<b>31.0%</b>	<b>574</b>	<b>2.6%</b>

SAFE STAFFING

# Safe Staffing

Jan-22

- Restoration and recovery work continues alongside ongoing admissions for Covid-19.
- Overall , the Trust average fill rates for Nov-21 continued their stable position and remained above 90% for Registered Nursing and Midwifery (RNs/RMs) and Care Staff (HCAs) for both day and night shifts.
- St Bart’s reported average fill rates below 90% for RNs and HCAs; however, staffing was in line with actual demand based on some beds being closed. Where required, staff were redeployed between areas to meet patient need.
- Overall average Care Hours Per Patient Day (CHPPD) decreased slightly to 10.9 (from 11.1 in Oct-21).
- Critical care units remained under pressure. Rota gaps were addressed by redeploying staff from across the wider surgical directorates.
- The maternity units continued to be pressurised with staff Covid-19 self-isolations. Royal London and Whipps Cross are still struggling as a result but safety has been maintained through redeploying staff between wards and by senior midwifery staff supporting frontline care.
- 172 red flag incidents were reported in Nov-21, a significant increase over previous months. The predominant theme was staffing numbers below plan on specific shifts rather than omissions in care. Of the reported red flags, 9 were recorded as low harm and 1 as moderate harm, while the remainder were no harm. The moderate harm incident related to the well-being impact on staff. Senior staff responded appropriately to resolve issues. Reporting suboptimal staffing incidents will continue to be encouraged, alongside re-affirming the specifics of the red flag category.
- 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.
- Safe staffing continues to be monitored daily through hospital site based safety huddles and dynamic staff management/deployment by the senior nursing teams. Safe Care census compliance has trended downward but there is improvement work to drive it up in 2022.



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 (%)		
<b>Trust</b>	<b>93.6%</b>	<b>100.4%</b>	<b>99.7%</b>	<b>119.3%</b>	<b>10.9</b>	<b>172</b>
<b>Royal London</b>	95.6%	96.2%	100.6%	126.4%	10.5	65
<b>Whipps Cross</b>	94.3%	110.4%	102.6%	117.2%	10.7	83
<b>Newham</b>	99.0%	99.2%	109.9%	113.1%	10.9	16
<b>St Bart's</b>	84.3%	90.6%	86.8%	114.6%	12.9	8

Jan-22



# 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	National average
Caring	Service User Support	R78	Complaints Replied to in Agreed Time	The number of initial reportable complaints replied to within the agreed number of working days (as agreed with the complainant). The time agreed for the reply might be 25 working days or might be another time such as 40 working days	Monthly	Local

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	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	

Jan-22



# Appendix



APPENDIX Interpretation of Scorecards Jan-22

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)

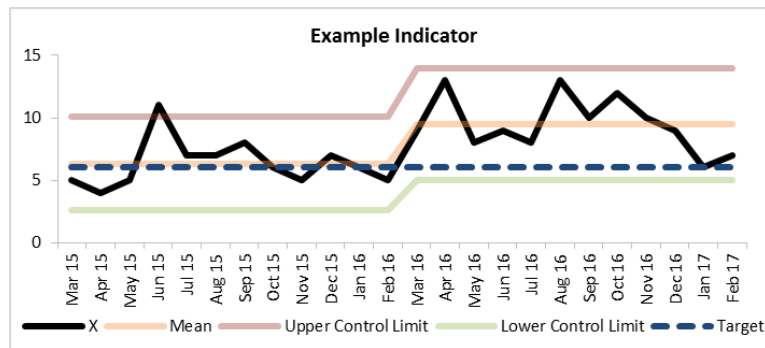
Reporting month target for reporting site

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

Jan-22

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	2,065.0	1,886.0	1,063.0	998.5	1,725.0	1,828.5	690.0	1,012.0	91.3%	93.9%	106.0%	146.7%	727	5.1	2.8	7.9
Royal London	10FRLH	1,080.0	1,224.0	720.0	699.5	979.0	1,155.0	660.0	715.0	113.3%	97.2%	118.0%	108.3%	447	5.3	3.2	8.5
Royal London	11CRLH	2,408.0	2,252.0	1,413.5	1,413.5	2,415.0	2,392.0	678.5	1,058.0	93.5%	100.0%	99.0%	155.9%	663	7.0	3.7	10.7
Royal London	11E & 11F AAU	3,773.5	3,776.3	1,717.0	1,731.5	3,795.0	3,968.5	1,380.0	1,782.5	100.1%	100.8%	104.6%	129.2%	1,419	5.5	2.5	7.9
Royal London	12CRLH	1,814.0	2,116.3	1,380.0	1,406.0	1,817.0	1,994.5	1,035.0	1,269.7	116.7%	101.9%	109.8%	122.7%	728	5.6	3.7	9.3
Royal London	12DRLH	1,376.0	1,712.5	690.0	839.0	1,380.0	1,855.8	345.0	759.0	124.5%	121.6%	134.5%	220.0%	459	7.8	3.5	11.3
Royal London	12ERLH	2,665.0	2,620.0	1,385.8	1,457.0	2,415.0	2,311.5	1,380.0	1,600.0	98.3%	105.1%	95.7%	115.9%	688	7.2	4.4	11.6
Royal London	12FRLH	1,698.0	1,502.0	1,723.0	1,565.3	1,725.0	1,683.0	1,725.0	1,851.5	88.5%	90.8%	97.6%	107.3%	753	4.2	4.5	8.8
Royal London	13CRLH	1,862.0	2,026.0	690.0	644.5	1,380.0	1,748.0	690.0	885.5	108.8%	93.4%	126.7%	128.3%	732	5.2	2.1	7.2
Royal London	13DRLH	1,706.5	1,702.0	690.0	943.0	1,380.0	1,628.5	690.0	770.5	99.7%	136.7%	118.0%	111.7%	708	4.7	2.4	7.1
Royal London	13ERLH	1,958.0	2,209.3	690.0	793.5	1,644.5	2,042.5	690.0	943.0	112.8%	115.0%	124.2%	136.7%	706	6.0	2.5	8.5
Royal London	13FRLH	1,713.5	2,116.5	943.0	977.5	1,725.0	2,242.5	690.0	1,000.5	123.5%	103.7%	130.0%	145.0%	598	7.3	3.3	10.6
Royal London	14ERLH	1,627.5	1,737.4	1,035.0	1,196.0	1,380.0	1,541.0	1,035.0	1,322.5	106.8%	115.6%	111.7%	127.8%	749	4.4	3.4	7.7
Royal London	14FRLH	1,798.0	1,593.5	1,380.0	1,230.5	1,380.0	1,242.0	1,035.0	1,322.5	88.6%	89.2%	90.0%	127.8%	748	3.8	3.4	7.2
Royal London	3DRLH	3,085.5	2,910.0	2,079.5	1,663.5	3,105.0	3,051.5	1,736.5	1,978.0	94.3%	80.0%	98.3%	113.9%	936	6.4	3.9	10.3
Royal London	3ERLH	2,070.0	2,346.0	690.0	989.0	1,725.0	2,154.5	690.0	1,150.0	113.3%	143.3%	124.9%	166.7%	710	6.3	3.0	9.4
Royal London	3FRLH	1,533.0	1,535.0	1,035.0	575.0	1,035.0	1,529.5	690.0	575.0	100.1%	55.6%	147.8%	83.3%	221	13.9	5.2	19.1
Royal London	4ERLH	16,855.5	16,959.8	690.0	1,070.3	17,112.0	17,057.8	345.0	1,482.5	100.6%	155.1%	99.7%	429.7%	1,461	23.3	1.7	25.0
Royal London	6CRLH	3,543.8	2,640.8	345.0	298.8	3,450.0	2,799.8	345.0	410.0	74.5%	86.6%	81.2%	118.8%	245	22.2	2.9	25.1
Royal London	6E & 6FRLH	5,211.5	4,668.6	1,373.0	1,043.5	5,186.5	4,775.5	1,035.0	838.5	89.6%	76.0%	92.1%	81.0%	681	13.9	2.8	16.6
Royal London	7CRLH	1,370.0	1,330.3	345.0	664.9	1,035.0	1,230.5	345.0	828.8	97.1%	192.7%	118.9%	240.2%	379	6.8	3.9	10.7
Royal London	7DRLH	1,716.5	1,414.5	855.0	912.5	1,380.0	1,290.3	690.0	759.0	82.4%	106.7%	93.5%	110.0%	349	7.8	4.8	12.5
Royal London	7ERLH	2,752.5	2,495.5	1,030.8	931.5	2,415.0	2,380.5	1,023.5	1,000.5	90.7%	90.4%	98.6%	97.8%	605	8.1	3.2	11.3
Royal London	7FRLH	1,380.0	1,330.0	598.0	563.5	1,035.0	1,028.0	552.0	555.0	96.4%	94.2%	99.3%	100.5%	314	7.5	3.6	11.1
Royal London	8CRLH	1,620.0	1,348.0	677.5	716.5	1,380.0	1,391.5	690.0	814.2	83.2%	105.8%	100.8%	118.0%	518	5.3	3.0	8.2
Royal London	8DRLH	7,889.0	6,637.0	1,219.0	624.0	7,580.0	6,268.5	552.0	448.5	84.1%	51.2%	82.7%	81.3%	954	13.5	1.1	14.7
Royal London	8FRLH	1,405.0	1,238.0	1,725.0	1,433.0	1,035.0	954.5	1,035.0	1,035.0	88.1%	83.1%	92.2%	100.0%	1,354	1.6	1.8	3.4
Royal London	9E HDU RLH	1,373.0	1,046.5	345.0	184.0	1,380.0	1,035.0	0.0	11.5	76.2%	53.3%	75.0%		211	9.9	0.9	10.8
Royal London	9ERLH	1,702.5	1,403.0	686.5	483.0	1,380.0	1,345.5	345.0	678.5	82.4%	70.4%	97.5%	196.7%	704	3.9	1.6	5.6
Royal London	9FRLH	1,680.5	1,350.0	686.5	703.0	1,380.0	1,325.8	690.0	838.5	80.3%	102.4%	96.1%	121.5%	670	4.0	2.3	6.3

# Safe Staffing Fill Rates by Ward and Site

Jan-22

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	5,095.5	2,415.0	2,600.8	4,485.0	5,335.5	2,069.5	2,276.0	113.6%	107.7%	119.0%	110.0%	1,197	8.7	4.1	12.8
Whipps Cross	ACACIA	934.5	772.2	441.5	676.8	690.0	695.5	690.0	812.0	82.6%	153.3%	100.8%	117.7%	300	4.9	5.0	9.9
Whipps Cross	ACORN	3,583.3	2,368.3	345.3	354.5	2,668.0	2,178.0	345.0	253.0	66.1%	102.7%	81.6%	73.3%	476	9.6	1.3	10.8
Whipps Cross	B3 WARD WXH	1,288.0	1,231.5	1,035.0	1,023.5	1,035.0	1,081.0	690.0	724.0	95.6%	98.9%	104.4%	104.9%	465	5.0	3.8	8.7
Whipps Cross	BIRCH	1,035.0	1,130.7	1,012.0	1,105.0	1,035.0	1,024.5	689.5	931.0	109.2%	109.2%	99.0%	135.0%	504	4.3	4.0	8.3
Whipps Cross	BLACKTHORN	1,035.0	1,098.0	977.5	964.5	1,035.0	989.0	690.0	713.0	106.1%	98.7%	95.6%	103.3%	480	4.3	3.5	7.8
Whipps Cross	Bracken Ward WXH	1,272.0	1,171.5	1,111.5	1,060.0	1,035.0	1,009.3	690.0	746.5	92.1%	95.4%	97.5%	108.2%	415	5.3	4.4	9.6
Whipps Cross	CEDAR	1,633.0	2,266.0	1,380.0	2,814.2	1,380.0	1,990.5	1,035.0	1,922.0	138.8%	203.9%	144.2%	185.7%	506	8.4	9.4	17.8
Whipps Cross	CHESTNUT	931.5	828.0	345.0	678.5	678.5	969.5	345.0	460.0	88.9%	196.7%	142.9%	133.3%	276	6.5	4.1	10.6
Whipps Cross	CURIE	1,372.5	1,201.5	1,031.0	1,160.0	1,380.0	1,047.0	1,035.0	1,138.5	87.5%	112.5%	75.9%	110.0%	502	4.5	4.6	9.1
Whipps Cross	DELIVERY SUITE WXH	4,491.3	3,555.1	690.0	854.3	3,450.0	2,969.8	678.5	944.0	79.2%	123.8%	86.1%	139.1%	427	15.3	4.2	19.5
Whipps Cross	ELIZABETH	1,634.0	1,624.5	345.0	402.5	1,380.0	1,451.0	253.0	506.0	99.4%	116.7%	105.1%	200.0%	530	5.8	1.7	7.5
Whipps Cross	FARADAY	1,035.0	1,369.2	690.0	931.5	1,035.0	1,655.8	345.0	632.5	132.3%	135.0%	160.0%	183.3%	460	6.6	3.4	10.0
Whipps Cross	Frail Elderly WXH	855.0	837.9	342.0	517.1	690.0	690.0	345.0	690.0	98.0%	151.2%	100.0%	200.0%	287	5.3	4.2	9.5
Whipps Cross	ICU WXH	6,648.5	5,658.5	1,701.0	783.5	6,149.0	5,305.3	1,320.0	286.0	85.1%	46.1%	86.3%	21.7%	309	35.5	3.5	38.9
Whipps Cross	MARGARET	915.0	829.7	510.0	415.0	690.0	692.5	345.0	346.0	90.7%	81.4%	100.4%	100.3%	234	6.5	3.3	9.8
Whipps Cross	MIDWIFERY WXH	779.0	738.5	345.5	268.5	688.0	714.5	345.0	335.0	94.8%	77.7%	103.9%	97.1%	98	14.8	6.2	21.0
Whipps Cross	MULBERRY	2,221.5	2,013.0	1,335.9	837.0	1,380.0	1,349.0	805.0	851.0	90.6%	62.7%	97.8%	105.7%	960	3.5	1.8	5.3
Whipps Cross	NEONATAL WXH	2,470.0	2,101.6	1,137.5	695.0	2,148.9	2,295.5	736.0	288.0	85.1%	61.1%	106.8%	39.1%	417	10.5	2.4	12.9
Whipps Cross	NIGHTINGALE	1,031.5	1,335.0	345.0	643.8	1,035.0	1,372.5	345.0	690.0	129.4%	186.6%	132.6%	200.0%	312	8.7	4.3	13.0
Whipps Cross	PEACE	1,633.0	1,432.8	793.5	1,114.5	1,035.0	1,028.0	690.0	1,090.8	87.7%	140.5%	99.3%	158.1%	461	5.3	4.8	10.1
Whipps Cross	POPLAR	1,712.0	1,254.0	1,023.5	837.3	1,299.5	1,092.5	1,035.0	839.5	73.2%	81.8%	84.1%	81.1%	466	5.0	3.6	8.6
Whipps Cross	PRIMROSE	1,672.5	1,721.5	1,343.0	1,617.0	1,334.0	1,462.5	1,035.0	1,138.5	102.9%	120.4%	109.6%	110.0%	498	6.4	5.5	11.9
Whipps Cross	ROWAN	1,713.5	1,817.0	1,357.0	1,506.5	1,357.0	1,368.0	1,035.0	1,196.0	106.0%	111.0%	100.8%	115.6%	731	4.4	3.7	8.1
Whipps Cross	SAGE	1,629.5	1,483.0	1,391.0	2,107.0	1,380.0	1,416.7	1,035.0	1,713.5	91.0%	151.5%	102.7%	165.6%	786	3.7	4.9	8.5
Whipps Cross	SYRINGA	1,380.0	1,288.0	1,725.0	1,794.0	1,035.0	1,035.0	1,036.0	1,575.5	93.3%	104.0%	100.0%	152.1%	764	3.0	4.4	7.5
Whipps Cross	VICTORY	1,288.0	1,575.5	1,276.5	1,424.6	1,035.0	1,414.5	1,035.0	1,161.5	122.3%	111.6%	136.7%	112.2%	737	4.1	3.5	7.6

# Safe Staffing Fill Rates by Ward and Site

Jan-22

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	4,366.0	4,076.5	2,414.5	2,495.0	3,804.0	4,013.5	2,415.0	2,875.0	93.4%	103.3%	105.5%	119.0%	1,362	5.9	3.9	9.9
Newham	Custom House NUH	1,529.5	1,552.0	1,276.5	1,349.8	1,115.5	1,173.0	1,138.5	1,493.8	101.5%	105.7%	105.2%	131.2%	582	4.7	4.9	9.6
Newham	DELIVERY SUITE NUH	5,283.0	4,650.8	757.5	701.5	4,646.0	4,211.8	690.0	690.0	88.0%	92.6%	90.7%	100.0%	670	13.2	2.1	15.3
Newham	EAST HAM	1,724.3	1,817.0	1,035.0	1,219.0	1,380.0	1,583.0	1,035.0	1,357.0	105.4%	117.8%	114.7%	131.1%	639	5.3	4.0	9.4
Newham	HEATHER	2,070.0	2,622.0	1,035.0	1,276.5	2,070.0	2,748.5	1,035.0	1,506.5	126.7%	123.3%	132.8%	145.6%	753	7.1	3.7	10.8
Newham	LARCH	3,772.0	3,135.5	2,475.0	1,985.0	2,357.5	2,177.5	1,909.0	1,828.5	83.1%	80.2%	92.4%	95.8%	1,478	3.6	2.6	6.2
Newham	Manor Park ITU NUH	2,412.5	4,324.0	345.0	453.5	2,415.0	4,483.5	355.5	402.5	179.2%	131.4%	185.7%	113.2%	382	23.1	2.2	25.3
Newham	MAPLE	1,380.0	1,230.5	690.0	908.5	1,288.0	1,095.0	690.0	667.0	89.2%	131.7%	85.0%	96.7%	345	6.7	4.6	11.3
Newham	NEONATAL NUH	3,346.5	3,010.0	782.0	391.0	3,220.0	2,891.5	471.5	241.5	89.9%	50.0%	89.8%	51.2%	575	10.3	1.1	11.4
Newham	NUH MIDWIFERY	1,280.5	1,057.9	345.0	263.5	1,046.5	1,013.5	345.0	334.0	82.6%	76.4%	96.8%	96.8%	126	16.4	4.7	21.2
Newham	RAINBOW	3,100.5	2,505.0	1,158.5	1,125.0	1,725.0	1,852.5	345.0	494.5	80.8%	97.1%	107.4%	143.3%	388	11.2	4.2	15.4
Newham	SILVERTOWN	1,875.5	1,794.0	1,035.0	1,207.5	1,702.0	1,966.5	1,035.0	1,288.0	95.7%	116.7%	115.5%	124.4%	632	6.0	3.9	9.9
Newham	STRATFORD	1,379.5	1,508.5	1,035.0	1,104.0	1,345.5	1,771.0	1,023.5	1,081.0	109.4%	106.7%	131.6%	105.6%	425	7.7	5.1	12.9
Newham	WEST HAM	1,391.5	1,276.5	1,138.5	920.0	1,276.5	1,322.5	1,035.0	1,035.0	91.7%	80.8%	103.6%	100.0%	609	4.3	3.2	7.5
St Bart's	1C	5,899.5	4,665.3	345.0	356.5	5,600.5	4,623.0	195.5	368.0	79.1%	103.3%	82.5%	188.2%	328	28.3	2.2	30.5
St Bart's	1D	3,105.0	2,360.0	345.0	356.5	2,760.0	2,287.0	345.0	356.5	76.0%	103.3%	82.9%	103.3%	272	17.1	2.6	19.7
St Bart's	1E	4,818.5	3,817.0	345.0	287.5	4,830.0	3,707.0	345.0	299.0	79.2%	83.3%	76.7%	86.7%	265	28.4	2.2	30.6
St Bart's	3A SBH	4,508.0	4,173.0	1,380.0	1,276.5	4,485.0	4,071.0	1,380.0	1,299.5	92.6%	92.5%	90.8%	94.2%	761	10.8	3.4	14.2
St Bart's	3D SBH	1,525.0	1,313.0	1,173.5	1,127.0	1,483.5	1,380.0	943.0	988.0	86.1%	96.0%	93.0%	104.8%	393	6.9	5.4	12.2
St Bart's	4A SBH	1,725.0	1,633.0	929.5	969.0	1,380.0	1,345.5	345.0	356.5	94.7%	104.2%	97.5%	103.3%	655	4.5	2.0	6.6
St Bart's	4B SBH	1,545.0	1,327.0	1,200.0	920.0	1,380.0	1,288.0	690.0	805.0	85.9%	76.7%	93.3%	116.7%	536	4.9	3.2	8.1
St Bart's	4C SBH	1,725.0	1,518.5	943.0	805.0	1,380.0	1,265.0	943.0	908.5	88.0%	85.4%	91.7%	96.3%	544	5.1	3.1	8.3
St Bart's	4D & 4E SBH	1,659.5	1,465.0	690.0	632.5	1,587.0	1,563.3	690.0	770.5	88.3%	91.7%	98.5%	111.7%	451	6.7	3.1	9.8
St Bart's	5A SBH	2,128.0	2,186.3	861.0	975.0	1,408.5	1,439.0	330.0	613.8	102.7%	113.2%	102.2%	186.0%	561	6.5	2.8	9.3
St Bart's	5B SBH	1,376.0	1,241.0	690.0	632.0	1,380.0	1,322.5	345.0	414.0	90.2%	91.6%	95.8%	120.0%	348	7.4	3.0	10.4
St Bart's	5C SBH	2,051.5	1,575.2	687.0	613.5	1,725.0	1,563.7	345.0	874.0	76.8%	89.3%	90.6%	253.3%	446	7.0	3.3	10.4
St Bart's	5D SBH	2,067.0	1,673.5	687.0	609.5	1,725.0	1,587.0	690.0	782.0	81.0%	88.7%	92.0%	113.3%	595	5.5	2.3	7.8
St Bart's	6A SBH	6,187.5	4,924.0	345.0	310.5	6,195.5	5,094.5	345.0	345.0	79.6%	90.0%	82.2%	100.0%	301	33.3	2.2	35.5
St Bart's	6D SBH	1,725.0	1,575.5	1,035.0	687.5	1,367.0	1,046.5	690.0	701.5	91.3%	66.4%	76.6%	101.7%	500	5.2	2.8	8.0

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 04/22</b>
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<b>Title</b>	Audit and Risk Committee Exception Report
<b>Chair</b>	Mr Gautam Dalal, Non Executive Director (Chair)
<b>Author(s) / Secretary</b>	Trust Secretary
<b>Purpose</b>	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

<b>Executive summary</b>	
The Audit and Risk Committee met on 24 November 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).	
<b>Key agenda items</b>	<b>BAF entries</b>
<i>External Audit Memorandum</i>	11
<i>Internal Audit progress report</i>	11-13
<i>Standing items on waivers, losses and counter fraud</i>	11-13
<i>QAC exception report</i>	3-7
<i>BAF and risk register</i>	All
<i>Informatics roadmap and forward plans</i>	12
<i>Raising concerns (Whistleblowing) policy</i>	All
<i>SOs and SFIs</i>	All
<i>Newham fire safety</i>	13
<b>Key areas of discussion arising from items appearing on the agenda</b>	
<b>External Audit Memorandum</b>	
The Committee welcomed Suresh Patel as the new partner for Mazars LLP, who introduced the memorandum and key activities planned in 2022. The Committee noted steps to build on learning from the first year in the audit relationship with the Trust. The Committee noted some accounting standards changes which would affect the reporting of leases on the balance sheet.	
<b>Internal Audit report</b>	
The Committee spent time reviewing outcomes of audits of asset register, patient monies and payroll financial controls; cyber security (reflecting improved assurance ratings); and policies management. The Committee also reflected on steps to amend the management of outstanding management actions arising from audits, particularly in relation to clinical quality and safety audits.	
<b>Informatics roadmap and forward plans</b>	
In discussion of the cyber audit and the Trust's digital plans, it was agreed to revisit the approach to go-live and implementation of major projects to support consistent Board committee assurance on oversight of these.	
<b>BAF and Integrated risk report</b>	
The Committee spent some time reviewing high risk register and the BAF, including the steps to identify and refine risk tolerances in the BAF. The Committee noted steps to develop	

<p>assurance mapping in line with Brydon Review good practice recommendations.</p> <p><b>Newham fire safety programme</b> The Committee noted progress and discussed amendments to associated governance mechanisms.</p> <p><b>SOs and SFIs</b> The Committee endorsed planned minor amendments to SOs and SFIs.</p>
<p><b>Any key actions agreed / decisions taken to be notified to the Board</b> To note steps being taken to improve the timeliness of management actions / audit recommendations arising from Internal Audit reviews. Agreement to revisit the approach to go-live and implementation of major projects to support consistent Board committee assurance on oversight of these</p>
<p><b>Any issues for escalation to the Board</b> None</p>

<p><b>Legal implications/ regulatory requirements</b></p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes.</p>
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<p><b>Action required by the Board</b> The Trust Board is asked to note the Audit and Risk Committee exception report.</p>
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<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 05/22</b>
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<b>Title</b>	Quality Assurance Committee Exception Report
<b>Chair</b>	Dr Kathy McLean, Non-Executive Director
<b>Author(s) / Secretary</b>	Deputy Trust Secretary
<b>Purpose</b>	To advise on work of Trust Board Committees

**Executive summary**  
 The Quality Assurance Committee met on 1<sup>st</sup> December 2021 to discuss items on its agenda relevant to its terms of reference, matters related to current winter pressures together with a review of the status of actions.

<b>Key agenda items</b>	<b>BAF entries</b>
• <i>Winter Plan</i>	5,6
• <i>Covid &amp; Influenza Vaccinations</i>	1-6
• <i>Maternity CNST and Perinatal &amp; Mortality Review</i>	-
• <i>DNAR Internal Audit Review</i>	1-5
• <i>External Reviews Assurance Report</i>	1-5

<p><b>Any key actions / decisions taken to be notified to the Board:</b></p> <p><b>Winter Pressures / H2 Plan</b></p> <ul style="list-style-type: none"> <li>• Significant risks were noted around workforce, in particular critical care/anaesthetic staffing.</li> <li>• QAC could not yet be assured that actions were sufficient to make the additional changes to improve the level of community risk. Focus required on safety measures to improve ED incidents and waiting times in UEC.</li> <li>• Publication of theatre utilisation data for each hospital would be considered at a future meeting.</li> <li>• Waiting list numbers to be revisited once all patients had been contacted regarding their status.</li> </ul> <p><b>Vaccinations</b></p> <ul style="list-style-type: none"> <li>• The Committee received an update on flu and Covid vaccine uptake building on the significant risk assessment work being done in December and January.</li> </ul> <p><b>DNAR</b></p> <ul style="list-style-type: none"> <li>• The Committee reviewed an Internal Audit review of the Trust's Do Not Attempt Resuscitation orders arrangements. An update would be provided on progress with implementation of an internal audit action plan in May 2022.</li> </ul> <p><b>External Reviews Report</b></p> <ul style="list-style-type: none"> <li>• The Committee endorsed helpful reporting on this and scheduled further updates into the workplan.</li> </ul> <p><b>Any issues for escalation to the Board</b>            The Committee noted that updates on the following would be appropriate to be</p>
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<p>escalated/notified to the Board:</p> <ul style="list-style-type: none"> <li>• Winter Plan progress, Elective Recovery Plan, Diagnostic Imaging Plan and Staff Covid/Flu Vaccinations.</li> <li>• External Reviews reporting (being monitored by QAC)</li> <li>• Maternity CNST risks (being monitored by QAC)</li> <li>• DNAR procedures actions (being monitored by QAC)</li> </ul>	
<p><b>Legal implications/ regulatory requirements</b></p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.</p>
<p><b>Action required</b> The Trust Board is asked to note the report.</p>	

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 06/22</b>
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<b>Title</b>	Nominations and Remuneration Committee Exception Report
<b>Chair</b>	Rt Hon Jacqui Smith, Chair
<b>Author(s) / Secretary</b>	Trust Secretary
<b>Purpose</b>	To advise the Trust Board on work of Trust Board Committees

<b>Date of meeting</b>	The Nominations and Remuneration Committee met on 2 June 2021
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<b>Key areas of discussion arising from items appearing on the agenda</b>	The Nominations and Remuneration Committee held a meeting on 2 June 2021. At this meeting the Committee received reports and verbal updates on: a historic clinical excellence awards appeal; an update on Trust Board membership and steps to recruit a Vice Chair; an update on hospital leadership team changes; and recommendations for implementing a national pay award.
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<b>Any key actions agreed / decisions taken to be notified to the Board</b>	See above.
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<b>Any issues for escalation to the Board</b>	None.
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<b>Legal implications/ regulatory requirements</b>	n/a
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<b>Action required by the Board</b>	The Trust Board is asked to note this exception report from the Nominations and Remuneration Committee.
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<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 07/22</b>
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<b>Title</b>	Refreshing our inclusion strategy
<b>Accountable Director</b>	Group Director of People
<b>Author(s)</b>	Director of Communications, Deputy Group Director of People
<b>Purpose</b>	Update on progress since the launch of WeBelong and proposed priorities for the future
<b>Previously considered by</b>	Board Seminar December 2021, Inclusion Board, November 2021, Group Executive Board

This document refreshes the inclusion strategy that we launched as WeBelong in November 2020. It sets out progress on the commitments we made at the time, the scale of ongoing challenges we face, and proposals for further action over the coming months and years.

Despite the operating pressures our hospitals have faced over last winter and since, we made significant progress in celebrating the diversity of our people, demonstrating our commitment to inclusion, and addressing some long-standing equity challenges. However we recognise there is still much more to do to achieve our goal of becoming a culturally intelligent and inclusive organisation.

The document expands on our collective determination to embed equity in everything we do, so it becomes a golden thread that joins and illuminates all aspects of our day-to-day activity. The detailed proposals were developed with the active co-operation of our staff diversity networks under the umbrella of the Inclusion Board, and tested with hospital executive boards.

They are expressed in terms of three strategic commitments that will enable us to put our WeBelong principles into practice:

- Create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required
- Deliver a Just and Fair culture which enables us all to live our WeCare values
- Work in community partnership to promote equity by restoring services inclusively and – in our role as an anchor institution – address the wider determinants of health

The text will be turned into a fully-designed publication, complete with illustrations and infographics, for wider distribution amongst staff, stakeholders and the public early next month.

<b>Related Trust objectives</b>	
To create an inclusive organisation by taking a systematic Trust-wide approach to eliminating discrimination and racial inequality	

<b>Risk and Assurance</b>	Assurance in relation to the above objective
<b>Related Assurance Framework entries</b>	1. Failure to deliver agreed inclusion commitments impairs improvements in: organisational culture, staff experience, development of all talent, morale, recruitment and retention of staff and organisational performance

<b>Legal implications/ regulatory requirements</b>	The content of this paper is in line with our Public Sector Equality Duty requirements and relates to a KLOE under the 'Well-led' domain of CQC inspection framework.
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<b>Action required:</b>
The Trust Board is asked to endorse the refreshed WeBelong strategy

**A PLACE WHERE WEBELONG: REFRESHING OUR INCLUSION STRATEGY FOR  
2022**

**Introduction**

1. At the height of the Covid-19 pandemic we set our sights on becoming a truly inclusive organisation. In the spirit of living our WeCare values, we committed ourselves to eliminating racism, discrimination, and inequality. We set this bold ambition despite the operational pressures on the NHS at the time. It was the right thing to do, on the back of the emergence of the Black Lives Matter movement, public outrage at the death of George Floyd in the US, and the evidence of how Covid-19 disproportionately affected ethnic minorities.
2. Those external events galvanised our people to speak out and share their lived experiences. The effect on each of us was both humbling and inspirational. After all, our people make up one of the most diverse workforces in the NHS, and we serve some of the most diverse communities in the country within east London.
3. The operational pressures on the NHS remain, the pandemic is still with us, and we live with variants of Covid-19. It will take time to find a stable business rhythm, but as we reconcile ourselves to these circumstances, we can assess how far we have come on inclusion, and what more we need to do to enshrine fairness for our staff and ensure equity in the care we provide.
4. Our commitment to inclusion is undimmed. We recognise we still have a long way to go. Nevertheless, we are determined to step up the pace of our inclusion journey - towards our goal of becoming an outstanding place to work that provides the best possible care for our communities. This report shows how we will keep striving to be an organisation in which every member of staff, and every patient we treat, can feel WeBelong.

Alwen Williams, Group Chief Executive  
Ajit Abraham, Consultant General Trauma and HPB Surgeon  
Co-chairs of the Inclusion Board, January 2022

## **Establishing the foundations**

5. Within weeks of the launch of our WeBelong inclusion strategy, in November 2020, we entered the worst winter the NHS had endured in its history. Despite this operational challenge, we made steady progress on embedding inclusion into everything we do, fuelled by the energy and enthusiasm of our staff diversity networks. We framed our ambition around the development of three pillars: an Inclusion Centre, an Inclusion Observatory, and Community Connectivity.
6. The Inclusion Centre hit the ground running, building on the existing work of our human resources department and its inclusion team. We are developing the Observatory as a single source of truth for all our inclusion data and the insights derived from it, combined with a knowledge bank of examples of good practice in the field, which together can drive further improvement. The Community Connectivity pillar built on our pre-existing programmes for public health, engaging with patients and the public, and supporting local employment.

### *The Inclusion Centre and Inclusion Observatory*

7. Both pillars developed in step because we allocated dedicated resource to coordinate the programme. We also worked closely with staff diversity networks to learn from their insights and co-design solutions on the “you said, we did” principle. We made significant progress in key priority areas:

### **Changing recruitment practices for senior posts**

- Recruiting managers now shortlist one ethnic minority candidate and one woman for vacant 8a posts
- We trained 178 inclusion ambassadors who are active on interview panels
- We increased the proportion of ethnic minority colleagues in senior roles from 31.9% in October 2020 to 36.1% in December 2021

### **Equalising inequalities in disciplinary and grievance procedures**

- We reviewed and refreshed key policies on dignity at work and disciplinary procedures to reflect a ‘just culture’ approach
- We reduced the frequency of formal disciplinary action: the number of new cases halved to about half a dozen each month, and the proportion involving ethnic minority staff also fell

### **Reciprocal mentoring for top leaders**

- We matched a first cohort of 120 in pairs that are in regular informal dialogue
- After an initial workshop with an expert facilitator, we paused the support programme for reasons outside our control. We hope to restart shortly

### **Senior leaders acting as career mentors**

- We are devising a career development programme for all staff based on our award-winning scheme for women and ethnic minority individuals

### **Refreshing governance arrangements**

- We agreed protected time for the co-chairs of our staff diversity networks – BME, women, BartsAbility, LGBTQ+, Carers, and now an Inter-faith group too.
- We designated members of the group executive board as sponsors of each network, and employed a full-time project officer to support network activities

### **Reasonable adjustments for disabled staff**

- Through our offer to adjust working conditions to reflect an employee's disability or medical condition, we carried out 385 assessments for support from the £100,000 fund for specialist equipment and IT licences last year.

### **Inclusion dashboard**

- We developed a series of dashboards with monthly data for each hospital and group support services, down to divisional level. These monitor ethnic composition (BME, White or not stated) by division and job status, and provide a breakdown by disability, gender, sexual orientation and religion

### **External recognition**

- We gained Disability Confident Leader status in the government scheme
- We made the shortlist for the Recruitment Industry Disability Initiative awards
- We improved our ranking in the annual Stonewall Workplace Equality Index to be among the top 200 organisations in the UK

## *Community Connectivity*

8. This pillar brings together the work of our public health department in understanding the needs of our local populations and reviewing the equity of the care we provide them; our successful programme of local employment and careers support; and our dialogue with all the diverse communities who supply our patients.
9. Together these strands support of our ambition to expand our role as an anchor institution for east London. Barts Health is not only a major employer in the area but a significant purchaser of goods and services in its own right.
10. More than half of the permanent employees of Barts Health are local residents. Our Community Works for Health programme recruited 1,500 local people into jobs in



our hospitals, many from ethnic minority backgrounds and/or receiving benefits. Through our membership of Project Search we provided 106 internships for young people with severe learning disabilities, over half of whom went on to full employment

11. Through our Healthcare Horizons programme we advised 1400 school students on careers, helping over 200 to do a health-related degree. In addition we provided pre-employment training for 240 students, 100 of whom obtained apprenticeships. These young people come from local schools with very high proportions of pupils on free school meals and/or whose first language is not English. Unfortunately progress on all these fronts was affected by Covid, with placements suspended during the pandemic.

12. Nevertheless among achievements over the past year we:

- Reviewed the equity of provision for patients with learning disabilities, resulting in a substantially larger team to improve their care
- Identified interventions to address disparities in access to insulin pumps for diabetic patients living in deprived areas
- Established an informal network to reach representatives of a wide range of local community, language and faith groups across our three boroughs
- Tackled vaccine hesitancy through producing and disseminating videos of community leaders, including speaking languages other than English
- Secured funding to recruit a Somali community development worker in response to local concerns about inpatient care during the pandemic
- Helped co-design a Family Contact Centre at The Royal London hospital to provide relatives with information about the care of their loved ones
- Set up Barts Health Futures in collaboration with Newham College to promote health careers among local students
- Supported the Whipps Cross Community Forum to build relationships strengthening engagement on our hospital redevelopment plans
- Arranged a Youth and Community Opportunities forum to coordinate the Trust's work with young East Londoners

### Ongoing challenges

13. When we talk about the culture of an organisation we mean those shared beliefs and values that are accepted and acknowledged as the proper way to behave at work. Every working day that culture should be established by leaders, embedded by managers, and embraced by staff. Within the Barts Health, we express our own culture through our common WeCare values – being welcoming, engaging, collaborative, accountable, respectful and equitable in all we do.

14. Singling out equity is to make a point about the importance of fairness – towards our people, our patients and the public. We celebrate the benefits of our diversity while ensuring that no individual or group is inadvertently disadvantaged. In that sense all

our values, together, are about inclusion. WeBelong is about living them, by creating an inclusive culture that permeates every aspect of the organisation.

15. An important aspect of living those values is listening to our people, and ensuring we pro-actively communicate with them and engage them on their terms. Working with the staff diversity networks is a necessary but not sufficient condition for this, as we listen out for those voices that are not easily or often heard from all over the Barts Health group. This year we will track key inclusion metrics through the quarterly Pulse survey of a representative sample of staff, to supplement the annual NHS Staff Survey and course-correct the interventions we put in place.
16. Meanwhile we have information from two sources about the views and circumstances of our people that spell out the scale of our inclusion challenge:

### *The NHS Staff Survey*

17. This annual poll is where we measure ourselves against our ideals and aspirations. The next edition comes out shortly but the 2020 findings confirmed that the experience of too many of our ethnic minority staff is unchanged in recent years. They disproportionately report abuse and harassment by service users, discrimination from colleagues, and obstacles in the way of their careers.
18. We are making some incremental progress. The proportion of disabled staff experiencing bullying or harassment is slowly reducing, and more are receiving adjustments to help them do their jobs; but against this they do not yet see improvements in career progression, and more feel pressured to come to work. We also see encouraging reductions in the relatively small numbers who report experience of discrimination on the basis of sexual orientation or religion.
19. Despite progress in recruiting senior staff from an ethnic minority background, however, the top of the organisation remains unrepresentative of our staff as a whole: with only 12.5% members of the trust board from an ethnic minority background compared to 56% of staff. And although members of ethnic minorities are increasingly less likely to enter a formal disciplinary process, about one-third of ethnic minority staff still report harassment, bullying or abuse from colleagues.
20. Key metrics from the staff survey, reported nationally under Workforce Race Equality Standards and the new Workforce Race Disability Standards, show we consistently lag behind our peers in the NHS. We aim to achieve scores at or above the London average on all themes. Each of our hospitals and business units should strive to be best in class.

### *The gender pay gap*

21. By law men and women are paid equally for the same work, but there is a difference between their average pay - in part because women are under-represented in management, and over-represented in roles like nursing and administration. As in

the NHS as a whole, women comprise about nearly three-quarters of our workforce (and three-quarters of our ethnic minority employees). As long as women do a higher proportion of lower-paid jobs in healthcare there will be some gender pay gap.

22. This is expressed as an average figure, and measured in two ways, the mean and the median. However the former – adding up all pay and dividing by the number of staff – is distorted by having a small number of very high senior salaries. So for benchmarking purposes we use the latter, the middle point on the pay band scale.
23. The latest figures (for pay at March 2020) show the median gap between male and female colleagues at Barts Health was 12.7%. This fell from 13.7% when first calculated in 2017. However, compared with our peers among London acute trusts, we are in the bottom half of a range between 9% and 16%. We want to do better than this in future, and formed a task group to accelerate progress.
24. Working closely with the staff women’s network, the group established that the key drivers of our gap were flexible working and career progression. We need to ensure that flexible working options are available and enable women to progress in their careers. Part-time nurses, for example, often get stuck in particular pay-bands and struggle to get promotion. Our Inclusion Board accepted a recommendation to set a target to close the gap to 11% by 2025.
25. Monitoring gender pay is a statutory duty, and one aspect is bonus pay. Within the NHS this only affects clinical excellence awards (CEA) for consultants - 58% of whom are men (while the majority of junior doctors are women). The median bonus gap fell from 32.2% to 20% in three years, which is promising but leaves more to do.
26. We will recalculate the gap in April on the basis of pay data for April 2021 (although these figures will be affected by the temporary suspension of the usual CEA scheme due to Covid-19). We are taking this opportunity to ‘reset’ and refresh the application process, and support female consultants through the women’s network.

### **Plans for the future**

27. To be a truly inclusive organisation, we must embed equity in everything we do, so it becomes a golden thread that joins and illuminates all aspects of our day-to-day activity.
28. We want to create a culture in which thinking about the potential inclusion angle to any issue becomes second nature to our people. We want them to be confident about looking at problems with an inclusion lens, and committed to framing solutions that take account of equity and diversity as a matter of course.
29. This is easy to say, but hard to do. An organisation as big and ambitious as Barts Health also has other cross-cutting imperatives that we want to hard-wire in the hearts and minds of our people as “the way we do things round here”.

30. We described our quality improvement (QI) programme, Welmprove, in this way when it was launched pre-pandemic; and talk in similar terms about our “green plan” to bring a sustainability dimension to all our work. Our challenge as leaders is to knit all these golden threads together as a seamless expression of our WeCare values. We want each element to be a natural part of every conversation, and not become the province of a particular work stream.
31. Members of the Trust Board and group executive increasingly view their roles through an inclusion lens. We could enshrine this approach into our processes by requiring a formal equity impact assessment to be undertaken before any decision is made. However, we don’t want to run the risk of turning inclusion into a token tick-box exercise. As one of our WeCare values, equity should be debated and considered throughout our governance arrangements, in an open and transparent way.
32. Our aim is that taking an equitable perspective should be an intrinsic and instantaneous part of what it means to be a leader at Barts Health. Organic rather than ordered; ingrained rather than instructed; proactive rather than prescribed; integral rather than an add-on.
33. We will seek to extend this attitude of mind through the development of our WeLead framework in the coming months. This will build on work begun before the pandemic to ensure that all leaders are focused on being inclusive, helping their team achieve its purpose, and developing the potential of individual members. As a first step, we propose that all those new to line management or a team leader post will have access to a wide range of learning and training in their first six months.
34. Meanwhile, one specific area where we do adopt an inclusion perspective is vaccinations. The law requires all NHS staff in patient-facing roles to be fully jabbed by April. We know there are greater levels of vaccine hesitancy among some ethnic minorities, which may reflect cultural issues or community preconceptions. Our managers will proceed sensitively as they conduct one-to-one conversations with those staff yet to declare their vaccination status.

*Putting our WeBelong principles into practice: our strategic commitments*

**Create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required**

35. Cultural intelligence is the ability to function effectively in culturally diverse situations. Skills that are critical for working effectively in these environments can be learned and honed through education, training, and experience.
36. We will systematically embed inclusion and cultural intelligence throughout Barts Health. Our forthcoming WeLead framework will set out the clear competences required of all managers in future to ensure fair progression for staff, and a compassionate culture.

37. We will build on the personal experience of executive members who are on a cultural intelligence course, doing reciprocal mentoring, and signed up as white allies. Participants believe this helps them guide Barts Health to being more inclusive.
38. WeLead will be the vehicle for extending our inclusive leadership offer to others. We will launch a revised development programme for all leaders this year. It will be backed by guidance for managers, including access to external coaches, and support for senior staff who are unsuccessful in obtaining internal appointments.
39. We allocated funding to roll-out the cultural intelligence programme and related inclusion training to 12,000 members of staff by June 2023. Ten trainers are in post. We will develop a sustainable reciprocal mentoring programme for 2022/23, building on the pilot over the last year.
40. We are also developing the new role of “inclusion signposter” in recognition that colleagues often lack informal guidance about how to resolve issues at work. Volunteers will act as champions for inclusion, fairness and equity in their teams, flag areas of concern, and support those at risk of bullying and harassment – including pointing them towards official channels.
41. We are on target to increase the proportion of ethnic minority candidates in Band 8a+ posts to 36.4% by March. We intend to increase further by three percentage points a year, in order to achieve a leadership group representative of staff as a whole by 2028. All 8a+ posts will be advertised internally before going to recruit outside. We will also eliminate the disparity in progression between ethnic minority and white colleagues.
42. We will strengthen our governance structures, further develop the use of metrics to monitor progress, and promote intersectional working through our staff diversity networks we are striving to become a flexible employer that promotes and celebrates all types of flexible working opportunities in line with the NHS Our People Promise

### **Deliver a Just and Fair culture which enables us all to live our WeCare values**

43. We will continue to apply and develop our “new era” people policies to make our recruitment, people and retention processes as equitable and effective as possible.
44. To bring equity to life at an individual level we will require all staff to agree a personal inclusion objective through the annual appraisal process. Regular conversations between staff and their line managers are a cornerstone of good employee relations.
45. We will create a career progression framework where everyone can have access to a menu of support linked to a talent management strategy. Managers will be expected

to undertake succession planning, and encourage staff to opt into talent lists to match them to suitable vacancies.

46. We expect all staff to have a career progression conversation with their line manager to act as a gateway to opportunities such as secondments, shadowing, and mentoring, as well as structured learning (either in the classroom or remotely).
47. We will strive to become a flexible employer that promotes and celebrates all types of flexible working opportunities in line with the NHS Our People Promise.
48. We aim to be able to show a further reduction in the disparities among disciplinary cases in the April 2022 WRES data.
49. We are aiming for 20% year-on-year growth in the number of inclusion ambassadors, and plan to train a new generation of 100 inclusion signposters by December 2022.

**Work in community partnership to promote equity by restoring services inclusively and – in our role as an anchor institution – address the wider determinants of health**

50. We will step up the scope of our engagement with our communities, and monitor its impact through Healthwatch insight data – aiming for a 10% improvement in user involvement satisfaction scores by the end of 2022. We want to use engagement to co-develop more inclusive services.
51. We will use ethnicity data to review potential inequities in access to or quality of care. By March 2022 we should have data for 95% of patients, but we aim for 100% to improve our insight into inequalities and take action accordingly.
52. We continue to review our waiting lists to ensure we restore services equitably. We will review the information we provide against national standards so that all patients can access our services.
53. We will view our QI projects through an equity lens to ensure no group is inadvertently put at a disadvantage. We will embed equity in transformation programmes, and include equity metrics within our new digital platforms.
54. As we offer more virtual appointments in outpatient departments, we will encourage the use of remote advocates to help patients with language or other difficulties, aiming to steadily increase utilisation every year.
55. We want to ensure Barts Health is adding social value as an anchor institution, by leveraging our procurement of local goods and services in everyday transactions and capital investment.
56. We will continue to build employment opportunities for young people from our local communities, by setting hospital targets to increase the number of directly-recruited apprentices.

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 08/22</b>
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<b>Title</b>	Whipps Cross Redevelopment
<b>Accountable Director</b>	Ralph Coulbeck, Interim Chief Executive, Whipps Cross Hospital
<b>Author(s)</b>	Alastair Finney, Redevelopment Director, Whipps Cross Hospital
<b>Purpose</b>	To provide an update on the Whipps Cross redevelopment programme
<b>Previously considered by</b>	GEB

#### Executive summary

In November 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: 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. This paper provides an update on: the achievement of key programme milestones, including planning permission and phase 1 of our ‘enabling works’; an update on the New Hospital Programme and current headline planning assumptions for all ‘pathfinder’ schemes – including Whipps Cross – and, finally, our continuing communications and engagement work with community groups, local residents and political representatives.

#### Related Trust objectives

3. To progress our longer term strategic plans for the benefit of our patients and our communities

<b>Risk and Assurance</b>	
<b>Related Assurance Framework entries</b>	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
<b>Legal implications/regulatory requirements</b>	None

**Action required by the Board**

The Board is asked to note:

- the positive progress made in recent months, with the achievement of key programme milestones regarding planning permission and demolition works, which mean the programme ends 2021 in a strong position to proceed once given the 'green light' by the New Hospital Programme (NHP)
- the latest position with respect to the progress of the NHP and current headline planning assumptions for all 'pathfinder' schemes – including Whipps Cross
- our continuing communications and engagement work with community groups, local residents and political representatives



## **BARTS HEALTH NHS TRUST**

### **REPORT TO THE TRUST BOARD: 19 JANUARY 2022**

#### **WHIPPS CROSS REDEVELOPMENT PROGRAMME**

##### **INTRODUCTION**

1. In November 2021 the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: 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.
2. This paper provides an update on: the achievement of key programme milestones, including planning permission and phase 1 of our ‘enabling works’; an update on the New Hospital Programme and current headline planning assumptions for all ‘pathfinder’ schemes – including Whipps Cross – and, finally, our continuing communications and engagement work with community groups, local residents and political representatives.

##### **WHIPPS CROSS REDEVELOPMENT UPDATE: SUMMARY**

3. Overall the programme has ended 2021 in a strong position, enjoying positive progress in recent months, with outline planning permission granted and the near-completion of the demolition works that means the site is being prepared for the commencement of construction. This puts us in an advanced position to proceed once given the ‘green light’ by the New Hospital Programme (NHP) to finalise our Outline Business Case (OBC) for submission and approval.
4. In the meantime, we continue to work with our local health and care partners to advance the planning and delivery of service transformation across the Whipps Cross catchment area. We are developing a framework for closer collaboration between partners, reflecting that the agreed service vision, the new models of care and agreed future activity assumptions can only be delivered through a system-wide approach to transformation.

## OUTLINE PLANNING APPROVAL

5. On 24 November, the Local Planning Authority (Waltham Forest Council) approved both hybrid planning applications that were submitted earlier in the year:
  - i) outline planning for the building of a new hospital, with full planning for the first of two new car parks; and
  - ii) outline planning for the subsequent development of the wider Whipps Cross site, with full planning for the change of use of part of the existing hospital to residential and commercial/community use.
6. This is an important milestone for the programme and a pre-requisite for OBC approval. It represents the culmination of a huge amount of detailed work from the redevelopment team and local partners alongside valuable input from local people in developing the plans. The applications will now be referred to the Mayor of London for Stage 2 final approval.
7. As part of securing planning approval a draft Section 106<sup>[1]</sup> agreement has been developed that secures the commitment of both the Trust and a future developer to a range of wider benefits for the community. This includes financial contributions – for example, towards improving public transport and local highways, enhancing active travel routes (walking and cycling), improving air quality, a carbon offset fund and a mitigation package to ensure no harm is caused to the adjacent Epping Forest as a result of the development. It also includes commitments to ensuring local education and employment opportunities through, for example, work placements, apprenticeships and ensuring a proportion of construction jobs are filled by local residents.

## DELIVERING OUR ENABLING WORKS PROGRAMME

8. 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 2021, have now been largely completed. This means that once the final planning and business case approvals are provided and a construction partner is appointed, the site will be ready for building work to begin.
9. 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

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<sup>[1]</sup>A section 106 agreement is an agreement between a developer and a local planning authority about measures that the developer must take to reduce their impact on the community.

car park and other improvements to the infrastructure of the site. This will be the first of two new car parks for the hospital and 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 approvals, we anticipate that the construction could begin by the end of Spring 2022.

## **NEW HOSPITAL PROGRAMME UPDATE**

10. We continue to maintain a close dialogue with the NHP team about the positive position our programme is in in terms of its state of readiness to progress as one of the eight 'pathfinders' in the Government's new hospital building programme. As we reported in November, we await further details from the NHP team about the next steps for our programme - including a timeline for submitting the OBC and the use of an alliance commercial framework that will be the route towards appointing a construction partner.
11. We have been informed by the NHP team that they are working towards securing approval of their full programme business case with HMT in the Spring of this year, which will be key in determining next steps. In the meantime the guidance the NHP team has given to all pathfinders is to expect the main construction to start within the period April 2023 – September 2024 with completion in the period 2026 - 2028.
12. We continue to anticipate that these start and completion dates work for Whipps Cross, given that the programme is well placed to progress at pace and that the dates are in line with assumptions we made in our plans some months ago. We are awaiting details regarding a programme plan from the NHP setting out the precise next steps. Without this we are no longer able to work to our previously described milestones for the approval of the OBC, or precisely confirm when we expect the construction of the new hospital at Whipps Cross to begin.
13. In the meantime, we continue to engage with NHP colleagues on the details of our scheme and to support and inform their thinking as they develop their programmatic approach to delivery. This includes discussing the importance of progressing the car park element of the business case (phase 2 of our enabling works programme) to ensure we maintain momentum on overall programme delivery.

## COMMUNICATIONS AND ENGAGEMENT UPDATE

14. We are continuing our work to communicate and engage with our communities and with our local political representatives and since the last board meeting have:

- **published a ‘winter 2021’ redevelopment newsletter**, providing a comprehensive update on progress to our stakeholders and community groups, which can be viewed at the following [link](#)
- **held meetings** with each of the **Whipps Cross Community Forum** and our **Residents’ Representative Forum** and we have written to over 2,000 local residences to keep them informed on the progress with the demolition works
- presented, alongside our local system partner colleagues, at the **Whipps Cross Joint Health Overview and Scrutiny Committee** on 6 December, which focused on the work under way to plan improvements in specialist palliative and end-of-life care both in the hospital and in community settings.

## CONCLUSION AND RECOMMENDATIONS

15. The Board is asked to note:

- the positive progress made in recent months, with the achievement of key programme milestones regarding planning permission and demolition works, which mean the programme ends 2021 in a strong position to proceed once given the ‘green light’ by the New Hospital Programme (NHP);
- the latest position with respect to the progress of the NHP and current headline planning assumptions for all ‘pathfinder’ schemes – including Whipps Cross; and
- our continuing communications and engagement work with community groups, local residents and political representatives.

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 10/22</b>
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<b>Title</b>	Green Plan
<b>Sponsoring Director</b>	Group Deputy CEO
<b>Author(s)</b>	WXH Director EFM & Trust Sustainability Team Lead
<b>Purpose</b>	To update the Board on the development of the Trust’s Green Plan and targets to reduce carbon emissions
<b>Previously considered by</b>	The Green Plan Development Group, the Group Executive Board, and individual hospital executive boards

**Executive summary**

The Board formally adopted the NHS declaration of a “healthcare climate emergency” at its last public meeting in November, as world leaders met at the COP26 climate change summit. In support of this, all NHS Trusts in England are required to have a Board-approved ‘Green Plan’ (formerly known as a Sustainable Development Management Plan) by 15 January 2022. Shane DeGaris is the designated Board-level ‘net zero’ lead. Our wide-ranging plan assesses the Trust’s environmental performance and spells out how we can deliver the challenging carbon emission reduction targets set by NHS England. This commits the NHS to achieving net zero overall by 2045, with an 80% reduction against 2008 baseline levels by 2028-2032. The plan was developed by a multi-disciplinary group of Trust representatives, facilitated by an external specialist advisor, and updated to reflect our experience in the Covid-19 pandemic.

<b>Related Trust objectives</b>	
1. To make progress on our longer term strategic priorities	

<b>Risk and Assurance</b>	This report provides assurance in relation to objective 1 above and BAF entry below.
<b>Related Assurance Framework entries</b>	Failure to implement the Trust strategy impacts on sustainability and the development of the group model. (C6) (DS)

<b>Legal implications/regulatory requirements</b>	‘Delivering a Net Zero Carbon National Health Service’ Report – October 2020
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**Action required:**  
The Board is asked to endorse the Green Plan

## BARTS HEALTH NHS TRUST

### REPORT TO THE TRUST BOARD: 19 JANUARY 2021

#### OUR GREEN PLAN

1. Climate change poses a major threat to NHS staff, patients and our communities. There is a direct link between the health of our planet and the health of our people. Across the NHS, we are acting to reduce the harmful gases we put into the atmosphere. Fewer emissions will mean fewer patients with asthma, heart disease and cancer. It will also reduce any disruption to the delivery of the care we provide.
2. The NHS ambition is to be the world's first net-zero health service by 2040. Here at Barts Health we have made great strides towards that target by [reducing our carbon emissions by almost 40% over a decade](#). Together, we can do even more.
3. Last year in anticipation of the COP26 climate change conference in Glasgow, the NHS declared a health climate emergency. The Board formally endorsed this declaration at its November meeting. Our chair, Jacqui Smith, joined senior leaders in making a series of personal pledges about what they would do in their daily lives to lessen their impact on the environment. In the spirit of our collaboration with our neighbours at Barking, Havering and Redbridge University Hospitals NHS Trust, we shared our plans for further improving our environmental management and sustainability.
4. We are proud to support the Greener NHS staff campaign, which is nationally fronted by our very own Zahra Shehabi, a dental consultant and part of the [Green at Barts Health group](#). The group's enthusiasm, energy and expertise was instrumental in developing our Green Plan, alongside a multi-disciplinary group of specialist staff and service representatives.
5. They started work in 2019, after conducting an audit of local carbon emissions compared to a baseline in 2008. This built on an existing strategy that had an ambition to be the leading NHS trust in environmental matters. We had already broken new ground by investing in combined heat and power plants at both St Bartholomew's and Whipps Cross hospitals, and trialling the UK's first clinical waste reprocessing plant at Whipps too. A new plan was in the pipeline when the pandemic began.
6. After an understandable pause, the group returned to the task with renewed vigour, determined to learn lessons from our handling of Covid-19. Meanwhile, NHS England set targets and a route map for all NHS trusts to deliver a net zero health service. Over recent weeks we engaged staff across our hospitals in what

more we could each do to invest in greener medicines, greener transport, greener buildings and greener energy consumption.

7. We now present our revised Green Plan as the vehicle for doubling our reduction in carbon emissions over the next ten years. Our overall target is that by 2028-32 we will have reduced our carbon footprint by 80% from the 2008 baseline.
8. We also set ourselves some specific targets: to cut waste emissions by a quarter, energy and water-related emissions by half, and transport emissions by three-quarters. In addition we committed to significantly reducing emissions from the anaesthetic gases used in surgery. Together these will amount to cutting CORE emissions by two-thirds by 2030. These are challenging targets. Many of the relatively easy wins have already been achieved, and a more intensive approach is required in future.
9. The plan itself is divided into sections to reflect specific areas of activity that impact on the Trust's environmental performance. As well as waste, energy and water, these include clinical care, procurement, and travel. The plan sets out the current position in each area, some examples of good practice and achievements, and suggested improvements for the future. For example, our plans to build a new hospital at Whipps Cross have zero carbon and active travel designed in. And as befitting our role as an "anchor institution" within east London, there is also a section on supporting healthy and resilient communities.
10. Delivering these commitments will require a "whole organisation" approach in which sustainability becomes part of business as usual and is embedded in the way we do things around the group. Implementation of an action plan will be overseen by a delivery group representing all the interested parties who compiled the plan, and progress will be monitored and reported regularly to the Board.

**Rob Speight**  
WX Director EFM & Trust Sustainability Lead

**11 January 2022**

# Barts Health Green Plan

2022-27

-For a Greener and Sustainable Trust-

**NHS**





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## Introductions

As one of the country's largest NHS trusts, providing a wide range of hospital and community services to a large and diverse population across East London and beyond, Barts Health's vision is 'To be a high performing group of NHS hospitals, renowned for excellence and innovation and providing safe and compassionate care to our patients in east London and beyond'.

The Trust therefore seeks to optimise levels of efficiency across healthcare delivery, comply with NHS Standard Terms and relevant legislation and support the NHS England and NHS Improvement 'For a Greener NHS' initiative<sup>1</sup> while addressing the climate health emergency<sup>2</sup>.

This includes using resources efficiently and ensuring the Trust operates so that it minimises its environmental impact, contributes to local economic development and social improvement and enhances health and wellbeing.

The role of Barts Health as an exemplar focusing on environmental improvement has been highlighted by the declaration of a climate emergency and the ambitions set out in this Green Plan align to the landmark English NHS report published in October 2020 'Delivering a Net Zero National Health Service'<sup>32</sup>.

This requires a renewed focus on reducing emissions that contribute to climate change and poor local air quality, minimising waste, making the best use of scarce resources and being resilient to the effects of a changing climate.

At the heart of the Trust's vision as an 'Anchor Institution' is the desire to also make lasting and measurable change to those who live in East London and beyond, addressing some of the key health and social inequalities which are prevalent within our communities. As a major employer and buyer of goods and services Barts Health will work to enhance the health and equality of its community and supply chain, in conjunction with its dedicated workforce, suppliers, commissioners, other NHS Trusts, Health and Wellbeing Boards and partners.

Alignment of this Plan's focus on economic, environmental and social improvement with Trust clinical and non-clinical improvements emphasises its role in directly supporting the vision of the Trust.

This up to date Plan highlights what is being done and needs to be done to continue to improve and the role that we all have in supporting this.

### **Alwen Williams**

Group Chief Executive Officer



## Covid-19 Impact on Sustainability

The year 2020 was unlike any other year in sustainability at Barts Health. It was supposed to be the year the Trust announced a Climate Emergency and published our Green Plan. Instead, the Trust faced a challenge never experienced before. The COVID-19 pandemic unfortunately delayed our announcements but did show what Barts Health was capable of in an emergency. Climate change is a health emergency we need to react to with similar urgency.

The Trust's response to the COVID-19 pandemic generated both swift progress but also regression in certain areas of our sustainability programme. For example, remote working for office based staff and ability to hold virtual meetings has reduced staff travel and the associated vehicle miles and emissions. Additionally, establishing new virtual clinics for some outpatient's appointments also eliminated significant patient travel. COVID-19 was the catalyst for introducing these ICT advances and should continue to develop further in the future.



The landmark '**Delivering a Net Zero National Health Service**' English NHS report<sup>32</sup> published in October 2020, also reflects on the pandemic effects noting, 'early estimates suggest that moving outpatient appointments online could have avoided 58,000,000 miles over three months.'

However, a temporary staff benefit of free parking for staff has seen an increase in people travelling by car to the hospitals. Along increased car use, active travel also soared, as staff moved away from public transport to reduce public contact.

Supporting staff cycling to work became a wellbeing priority as staff needed to stay safe for themselves, their patients and their families. 'Wheels for heroes' was

mobilised at the Trust with free use of a Brompton bikes.

Weekly cycle maintenance days take place at alternate hospitals to support staff cycling in. New changing facilities with showers and extra lockers were built to support these active commutes too. Additional secure and sheltered cycle storage was built with more planned largely supported by generous donation from Barts Charity. Now that many of our staff has switched to active methods of transport, the Trust's Green and Active Travel Plan aims to support our staff to continue to travel actively.

A negative effect of the pandemic was the huge increase in single use waste such as PPE and clinical waste. This posed a huge challenge to the Trust to manage over the past year. With encouragement of the Green at Barts Group (a staff group working to make everything we do in caring for our patients better for the planet) reusable surgical masks are being trialled to combat this increase in waste in non-clinical areas at the Royal London Dental Hospital.

Additionally, the Trust are planning to procure a new waste contract to make further improvements to recycling and waste management such as making the switch to reusable sharps containers that is planned to complete in 2021. The Trust sustainability team held their first staff green staff liaison meeting with Green at Barts to work closer together towards delivering the Green Plan's targets.



We aim to regroup and focus on improving where we have regressed, such as the increases in clinical waste but also embrace and further encourage areas where improvements were made such as less vehicle journeys and more active journeys to and from our hospitals. This will all be driven forward as part of our Green Plan.



# Barts Health Green Plan

Barts Health is committed to delivering world-class healthcare and providing best value for taxpayers' money, while ensuring the most effective, fair and sustainable use of finite resources. It supports the NHS England and NHS Improvement 'For a Greener NHS' initiative and 'Delivering a Net Zero National Health Service' Report.



This Plan adopts the vision originally established in the Sustainable Development Unit's Sustainable Development Strategy 2014-2020 'Sustainable, Resilient, Healthy People & Place' for the NHS, Public Health England (PHE) and Social Care system<sup>3</sup>, which is:

**'A sustainable health and care service that works within the available environmental and social resources protecting & improving health now and for future generations'**

This includes considering how services are best delivered, precious resources are managed and the application of sustainable goals:



The Plan is written in the context of the NHS Long-Term Plan<sup>4</sup>, the urgent need to support efforts to address the climate emergency and the transition to 'net zero' carbon emissions. It also reflects the need to support the transition to a circular economy, protect scarce natural resources, improve local air quality and the resilience of our estate, while addressing social inequalities within East London and ethical sourcing of goods and services<sup>5,6,7</sup>.

It is aligned with Trust strategies and initiatives that focus on efficiency, clinical and care models and social improvement in our community.



As a major employer and provider of services, Barts Health is an ‘Anchor Institution’ within East London. As such we have a mission to advance the welfare of our community. This includes working closely with local partners, using buildings and space to support communities, purchasing locally and for social benefit, widening access to quality work and reducing our environmental impact, while complying with all relevant legislation.

The Plan therefore adopts the following objectives, which include the potential for innovative solutions.

**1. Sustainable Trust and Estate**

Using resources efficiently and responsibly within energy, water, waste, travel, procurement, and buildings while adapting to climate change, in conjunction with our workforce, community, suppliers and strategic partners.

**2. Sustainable Healthcare**

Deliver health care that reflects financial, social and environmental return on investment, including adapting how services are delivered, health promotion, a clear focus on prevention of poor health and developing more sustainable models of care. Helping people lead more healthy lives also reduces pressure on resources.

This Plan details the extent and nature of impacts, good practice examples and intended actions, within the following topics, including the role of staff, patients, visitors, the community and strategic partners. The Trust has demonstrated many examples of reducing costs and environmental impact and some of these past achievements are highlighted here<sup>8</sup>.



The Plan is supported by a set of SMART actions, some of which are highlighted within the following sections and which will be managed and adjusted as necessary during the lifetime of this Plan.



## LEADERSHIP & GOVERNANCE

### Leadership and Governance

The Group Deputy Chief Executive is the nominated Board lead on Sustainability.

The Trust's Green (SDMP) Group, comprising representatives from Estates, Facilities, Communications, Procurement, Waste, Energy, Patient Transport, Human Resources, Leadership & Development, Clinical, Nursing and Public Health, meets regularly to discuss the delivery of this Plan. Other Trust and external representatives are also invited to participate or provide input as relevant from the education department, the quality improvement department, community/patient groups and more access from frontline clinical staff and a Green at Barts representative.

Leadership on actions which arise from this Plan and which will be updated periodically will be allocated to Group members who in turn will work with colleagues to develop progress. The Sustainability Programme Coordinator is responsible for liaison and coordination with members of the Group as well as development of engagement materials and the annual sustainability report.

The Trust will ensure leadership competencies include an understanding and application of sustainable development as an aspect of high-quality healthcare. This will be embedded within the Trust's Leadership Development Strategy. The Trust will also ensure that its Risk Register reflects the risks highlighted within this Plan, including risks arising from not delivering intended objectives, and mitigation measures reflected in this Plan and associated actions.



## MONITORING & REPORTING

### Monitoring and Reporting

Delivery of this Plan, reflecting identified actions, will be monitored by the Green Group and progress reported to the Trust Board on an annual basis. This will highlight the Trust's progress using periodic assessment against the Sustainable Development Assessment Tool<sup>9</sup>, progress against allocated actions and carbon footprint targets in accordance with agreed metrics. The Trust will report progress on the Sustainability Reporting Portal<sup>10</sup> and tailored outputs included in the sustainability section in the Trust's Annual Report, in accordance with NHS Sustainable Development Unit and HM

Treasury guidance.

We will review and benchmark our performance/approach to sustainable development with other NHS Trusts on an annual basis.



## CARBON EMISSIONS

### Carbon emissions

There is no doubt that urgent action on addressing climate change is needed. The link from climate change to public health impacts and NHS resource pressures is clear.

Emissions contributing to climate change arise from activities directly or indirectly undertaken by the Trust, measured in its 'Carbon Footprint'. The further from those identified below as CORE the less control the Trust has but the more value/impact can be achieved in supporting individuals, patients and community to support their health through healthy lifestyles and choices. This supports Barts Health to be an Anchor Institution within the local community.

**CORE:** Emissions from energy, waste, water, business travel and transport and anaesthetic gases.

**COMMISSIONING:** Emissions from healthcare commissioned from NHS providers.

**SUPPLY CHAIN:** Emissions from goods and services procured.

**COMMUNITY:** Emissions from staff commuting, patient and visitor travel and transport.

"The moment of crisis has come, in efforts to tackle climate change...this is an urgent problem that has to be solved and, what's more, we know how to do it"

**Sir David Attenborough 2020**

"Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.

This is why the NHS has launched the 'For a greener NHS' programme, working with our staff, hospitals and our partners. We want to build on the great work being done by trusts across the country, sharing ideas on how to reduce the impact on public health and the environment, save money and – eventually – go net carbon zero."

**NHS England and NHS Improvement 2020**

### Carbon Footprint and achievements of Barts Health

Based on available data the Carbon footprint of the Trust for 2018/19 expressed in Tonnes of CO<sub>2e</sub> has been determined as follows. This concentrates on CORE emissions, although sections in this Plan highlight potential opportunities for environmental and social value improvement from many sources of emissions. The basis of calculation and caveats applying is as follows:



Energy	Based on actual consumption
Water	Based on actual consumption and wastewater data
Waste	Based on actual recorded waste treatment methods
Business Travel	Based on extrapolation of expenses claims and fleet data – makes some assumptions regarding travel mode and vehicles.
Anaesthetic gases	Based on actual consumption

**NHS Targets** for reductions in emissions have been (based on a 2008 baseline):

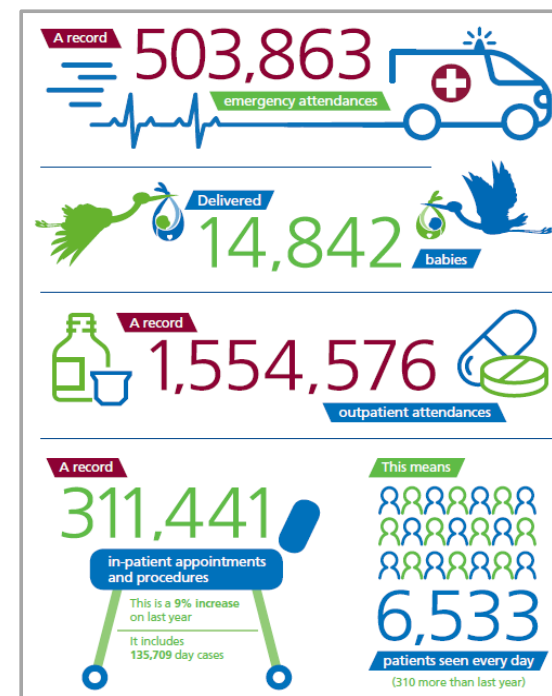
10% by 2015 - 34% by 2020 - 60% by 2030.

Given the revision to the UK Climate Change Act the UK now has a legal target to reduce emissions to ‘Net Zero’ by 2050.

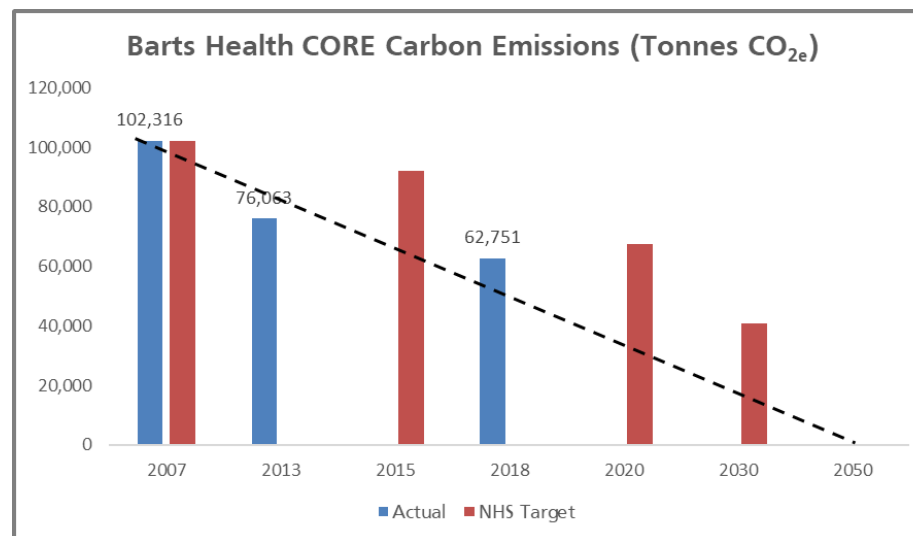
The chart below shows the change in CORE emissions of the Trust since 2007 (blue) relative to the targets (red). This shows a reduction in emissions of 39% since 2007, significantly ahead of the 2020 target. The dashed line shows the (simplified) trajectory needed to achieve Net Zero by 2050.

Reductions have been achieved due to the implementation of many ‘quick wins’. Achieving the revised UK Climate Change Act target of ‘Net Zero’ emissions by 2050 or earlier will require renewed focus and transformation, as well contributions from new technology and changes in the UK energy mix. The planned redevelopment of Whipps Cross Hospital represents one potential opportunity for the Trust.

Reductions have also been despite increases in demand for Trust services. For example, since 2013 all measures of Trust activities have increased by approximately 9%, reaching record levels as the image opposite highlights.



Barts Health CORE Carbon Footprint 2018/19	
Source	Tonnes CO <sub>2e</sub>
Energy	53,455
Water	683
Waste	279
Business Travel	97
Anaesthetic gases	8,237
<b>TOTAL</b>	<b>62,751</b>



As well as the above sources, emissions arise from the following:

Patient Transport	Based on actual recorded data for Patient Transport Trust Fleet, Couriers and Patient Car Service (excludes Hospital Patient Travel Costs Scheme due to availability of data) = <b>1,050 Tonnes CO<sub>2e</sub></b>
Staff Commuting	Data is not included in this Plan given limited information. An up to date analysis of staff travel modes and distance is planned as part of the Trust's Green Travel Plan to identify the impacts of commuting and opportunities to reduce emissions and enhance active and healthy travel (see Travel Section for more details).
Patient/ Visitor travel (excluding Patient Transport)	Data is not included in this Plan given limited information. An up to date analysis of patient and visitor travel is planned to identify the impacts of this travel and opportunities to reduce emissions and enhance active and healthy travel (see Travel Section for more details).
Procurement	This is based on eClass expenditure. The indicative carbon emissions arising from procurement of supplies amounts to <b>209,889 Tonnes CO<sub>2e</sub></b> , much of this relating to procurement by NHS Supply Chain (see the Procurement section for more details).
Transport associated with	Significant movements of waste within London and the UK means that direct and indirect emissions from waste are greater than those identified above, which relate to quantities of waste only. The Trust's waste manager analyses emissions from road travel of

waste | waste; while data is not provided in this Plan this is monitored and opportunities for reduction reviewed and implemented where practical (see the Waste section for more details)

Emissions can also arise from products prescribed by the Trust and used by patients. This can include Metered-dose inhalers (MDIs) which contain propellants which are potent greenhouse gases<sup>11</sup>. A shift from metred dose gas driven inhalers to dry powder inhalers has the potential to also reduce emissions by twice as much as anaesthetic agents/gases. The NHS Long Term Plan targets at least a 50% reduction in absolute inhaler emissions between 2017 and 2030.

Reduction in the above emissions require further measures by the Trust as well as NHS Supply Chain and suppliers/partners.

The Delivering a 'Net Zero' National Health Service Report published in October 2020 set out revised overall carbon reduction targets for the NHS to achieve based upon the 2008 baseline emissions levels. These two overriding targets are:

- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

## Carbon Reduction Targets

The Trust has set the following targets to compliment the overall NHS carbon targets:

- 67% reduction in CORE emissions by 2032, from the 2018 level.
- 50% reduction in energy and water emissions by 2030, from the 2018 level.
- 75% reduction in emissions from business and patient transport by 2030, from the 2018 level.
- 25% reduction in emissions from waste by 2030, from the 2018 level.
- 45% reduction in emissions from anaesthetic agents/gases by 2030, from the 2018 level, including reduce proportion of desflurane to sevoflurane used in surgery to less than 20% by volume by end March 2023 (in accordance with the NHS goal).

These targets are challenging and progress against them will be monitored and reported to the Board and within the Trust's Annual Report. They will be monitored in absolute terms but also relevant normalisation factors, such as Patient Activity and staff WTE.

More detail is provided in the following sections.



## Clinical & Care Models

Prevention is the main focus of Barts Health as an Anchor Institution and this is driving the focus on care models, including more localisation of services and move to telemedicine. This is reflected in Transforming Services Together (TST), which is taking forward the vision within the North East London Sustainability Transformation Plan, in conjunction with other East London NHS Trusts and Local Authorities.

The Trust's Clinical and Organisational Strategy includes the development of new care models to drive greater quality and efficiency and the Getting It Right First Time (GIRFT) programme of clinically-led change, to ensure we have a system approach for the best use of all resources; including financial, staff, patients, public, infrastructure, natural resources, supply chain, local employment and others.

### EXAMPLES OF SUSTAINABLE OUTCOMES

Examples of reviews of clinical care which has resulted in healthcare, economic, environmental and social improvement include:

**Virtual consultations<sup>12</sup>** – The Clinical and Operational Strategy includes plans for a substantial reduction in unnecessary outpatients and diagnostics activity, with an ambitious reduction of up to 20% in these areas.

Since 2011 the Trust has explored the use of video consultations for patients who do not need to come to hospital to attend an appointment, including within Diabetes, Endocrinology, HPB (hepato-pancreato-biliary) Cancer and Haematology.

This addresses problems with current outpatient care which often leads to high rates of non-attendance at appointments and poor patient engagement, resulting in poor health outcomes and greater use of emergency care, plus rising costs. It also has the effect of reducing travel requirements (patients' own travel or arranged by the Trust), reducing related climate change emissions and those that contribute to poor air quality, therefore resulting in additional health outcomes.

**Laparoscopic procedure** – ongoing work underway on a potentially less invasive laparoscopic procedure. This can result in patients being discharged quicker with fewer health complications, reduced costs and savings in waste arising.



**Greener Anaesthesia and sustainability project (GASP)<sup>13</sup>** - originated at Barts Health this group of medical staff look into processes where improvements and behaviour changes can be made to reduce environmental impact. This includes anaesthetic gases.

Data available for 2018/19 estimates the carbon emissions arising from use of relevant gases/ agents, shown opposite, which is equivalent to 34 million miles in a small petrol car.

Gas	Tonnes CO <sub>2e</sub>
Desflurane	1,136
Isoflurane	43
Sevoflurane	123
Nitrous Oxide	3,194
Entonox	3,740
	<b>8,237</b>

Consideration therefore includes issues which the NHS Long Term Plan focuses on:

- Review of the use of Desflurane as an anaesthetic agent (e.g. potentially as a sign out only drug) given that, per hour of anaesthesia, Desflurane is 20 times more potent as a contributor to greenhouse gas emissions than Sevoflurane
- Review and consider use of Sevoflurane in lieu of Isoflurane
- Review flow rates used in procedures
- Review and consider use of safe alternatives to Entonox
- Review and consider use of scavenging systems that capture and purify waste gases for reuse, in redevelopment plans, and the potential for capturing and resupplying anaesthetic agents
- Other opportunities to reduce the environmental impact of clinical procedures.

**RecoMed<sup>14</sup>** - collecting PVC anaesthetic masks, oxygen masks and oxygen tubing, which get recycled into tree ties for the horticultural industry (see Waste section for more details).

**Renal re vending** - the first Trust in the UK to develop the renal re vending machine, allowing renal staff to crush and help recycle all their empty 5-litre virgin plastic bottles generated from patients’ renal dialysis. This has helped recycle nearly 15 tonnes of virgin high-density polyethylene plastic per year (see Waste section for more details).

**Centre for Sustainable Health Green Ward competition 2019<sup>15</sup>** – improvements within the Eye Treatment, Acute Assessment Unit, Neurological Rehabilitation Team, Endoscopy Team, Orthopaedic Physiotherapy Team and Paediatric Respiratory Physiology Team identified potential greenhouse gas emissions savings of 6,000 kgCO<sub>2e</sub>.



## FURTHER ACTIONS

The following reflect actions the Trust will investigate/ implement as part of the delivery of this Plan:

1. In order to realise and identify environmental and social improvement arising from clinical and care model reviews as well as intended healthcare and financial improvement, development/ commissioning of care models is to include sustainable use of resources/ social improvement as a decision criterion, in conjunction with the Trust's Sustainability Programme Coordinator.
2. The Trust is to identify specific case studies of care models that are holistically sustainable (clinically, socially, environmentally as well as financially) to help identify further improvement.
3. Enhance knowledge and awareness of clinicians and leaders of the link between cause and harm; what harm current practice may do and environmental and social improvement. To work with the Trust QI team to embed sustainability practice within QI procedures.
4. Consideration and potential pilot of the suitability of use of remanufactured medical devices, reflecting safety, clinical effectiveness, quality, financial, environmental and social criteria.
5. Embed consideration of sustainable management of theatres within redevelopment plans for Whipps Cross Hospital, including gases scavenger systems, which studies have identified can account for 75% of energy usage in theatres.





## Healthy and Resilient Communities

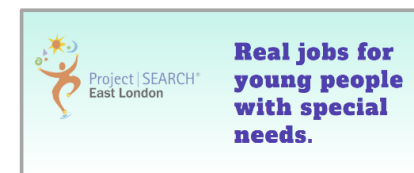
As an East London Trust Barts Health has a responsibility to support efforts to address health and social inequalities within its community. This includes working with its supply chain to deliver enhanced training and employment opportunities to disadvantaged groups and supporting the community to improve its health and wellbeing. There are inevitable links to many of the topics within this Plan, including Procurement, Estates, Clinical and Care Models and engagement with stakeholders.

We also understand the link between reducing our own carbon emissions and the need to adapt to a changing climate. It is important that essential healthcare services the Trust provides are resilient to actual and anticipated changes in the climate.

### EXAMPLES OF SUSTAINABLE OUTCOMES

**Healthy food choices** – In conjunction with contractors the Trust has increased the amount of healthy and sustainable food choices, including from catering services and retail outlets within our estate. This includes information on ‘Veganuary’ and Nutrition days.

**Project SEARCH<sup>16</sup>** - In conjunction with the Whitefield Academy Trust and Kaleidoscope Sabre Associates, the Trust has created “supported internships” that help young people with special needs into full-time paid employment.



**Homelessness** - the Trust has supported work on the homelessness pathway and enabling social care support.

**Protecting patients** - clinical staff should advise on how to reduce exposure to air pollution by taking quieter routes outside of rush hour and by checking the air quality forecast.

### FURTHER ACTIONS

The following reflect actions the Trust will investigate/ implement as part of the delivery of this Plan:

1. Resilience planning will include consideration of scarce natural and man-made resources. Contingency planning will include supply chain failures to reduce the impact on our service delivery, to be reviewed annually.
2. The Trust will develop an integrated Climate Change Adaptation Plan. This will be aligned with risks relating to resilience planning, heat and cold weather plans, multiagency flood plans in conjunction with suppliers, Local Authorities, community groups, Local Health

Resilience Partnerships and other healthcare providers/commissioners. This includes an assessment of the financial impacts of climate change to our organisation and the cost of doing nothing.



BUILDINGS &  
ESTATE

## Estates and Facilities Management

The Trust's Draft Estates Strategy 2020 builds on planned improvements in infrastructure through the redevelopment of Whipps Cross hospital<sup>17</sup> and making better use of capacity at Mile End hospital and the New Life Sciences Centre at Royal London

hospital.

The redevelopment of a state-of-the-art hospital at Whipps Cross reflects the costs of maintaining an existing aged infrastructure and anticipated increases in healthcare demand due to population and demographic changes.

The redevelopment plans have therefore involved consideration of new models of clinical care to improve the speed and coordination of care while our vision is for a new hospital within a wider health and wellbeing setting, alongside new homes, leisure, culture and other community facilities.

In late 2019, the Whipps Cross redevelopment was confirmed as a 'Pathfinder' early priority scheme within the DoH's 'New Hospitals Programme' (NHP) and significant work has been carried out to develop the Outline Business Case (OBC) to include a once in a lifetime opportunity to develop a 'zero carbon' facility. This includes consultation with local health and social care agencies and local community groups to ensure maximum positive impact on the local health system. The new hospital will provide a significant contribution towards the Trust's overall ambitions to deliver its carbon reduction targets.



### EXAMPLES OF SUSTAINABLE OUTCOMES

#### Estate:



**Sub-metering** - across our hospitals we have implemented significant sub metering for electricity to better help the management of demand and monitoring of consumption.

**Facilities efficiency** – we have implemented and continue to seek improvements in the efficiency of our facilities, including operating theatre efficiency.

**Sustainable objectives** - sustainability/ low carbon/ resource efficiency aims are set within capital projects and major refurbishments and reflected in design briefs. Contractors are required to support the Trust's carbon reduction goals.

**Social improvement** – the involvement of SMEs, opportunities for the use of local labour, certified considerate construction and local skills development are considered within Estates procurement.

**Facilities management:**

**Bed management** - Bed Management requirements represent a managed service with beds owned by supplier and the requirement for no new mattresses, including legacy, to be sent to landfill.

**Food waste** - Catering contractors collect food waste in corn starch bags for anaerobic digestion. Used coffee granules are made available to staff, while unused bread is sent for beer making.

**Sustainable contractors** - Facilities contractors routinely provide evidence of their approach to sustainability.

**Social improvement** - skills and training requirements with contractors include links to 'Project Search' and Princes Trust opportunities.

## **FURTHER ACTIONS**

The following reflect actions the Trust will investigate/ implement as part of the delivery of this Plan:

1. Whipps Cross – planning to include consideration of efficient management of operating theatres in conjunction with clinical staff. Lessons to be applied within other sites, including identification of energy/ carbon savings potential.
2. Within the Estates Strategy a focus on green space planning; the quality and accessibility of our green spaces, biodiversity and natural capital and its contribution to health outcomes will be assessed at our sites. Changes to the Estate will be assessed according to the impacts on local biodiversity, identifying mitigating actions in conjunction with local greenspace and biodiversity partners.



ENERGY AND  
WATER

## Energy and Water

The Trust spent over £14m on energy (electricity, gas and a small amount of oil) in 2018/19.

Its carbon footprint from energy consumption in 2018/19 was **53,455 Tonnes CO<sub>2e</sub>**.

This represents a 46% reduction from the 2007 baseline year. The Trust is therefore significantly ahead of the target established in the UK Climate Change Act to reduce emissions by 34% by 2020.

This reduction has been achieved during a period when Trust activity levels have increased. All measures of Trust activity (Outpatient appointments, Daycase admissions, Elective admissions, Non-elective admissions, Other admissions and A&E attendances) have for example risen by an average of 9% since 2013.

The declaration of a climate emergency and delivery of the revised UK Climate Change Act statutory target of 'net zero emissions' by 2050 inevitably represents a major challenge for the Trust despite significant progress to date. This requires a further 54% reduction in energy emissions by 2050, from the 2007 baseline (although changes in the UK's energy mix may have a further positive impact).

Water consumption has decreased by 16% from 2013 to 2018, highlighting the effect of a range of measures undertaken to identify and implement reduction.

In 2018/19 the carbon emissions from water supply and treatment were **683 tCO<sub>2e</sub>**.

As a result, in addition to aspiring to reach 'Net Zero' by 2050 or earlier, the Trust has set the following updated interim target reduction in emissions:

**50% reduction in emissions from energy and water by 2030 - from the 2018 level.**

## EXAMPLES OF SUSTAINABLE OUTCOMES

### Energy:

- The Trust implemented a £1.7m LED project for all its sites which will reduce emissions, with an estimated 3-year financial payback period.
- Whipps Cross Hospital replaced its aged heating and hot water thermal plantroom with a new modern BMS controlled facility in 2018 reducing the size of the steam main.
- Building Management System, which control building environment and reduce energy consumption, upgrades are underway at Newham Hospital with this then being rolled out elsewhere.
- The Trust generates onsite energy at St Bartholomew's Hospital through an efficient combined cooling, heat and power (CCHP) plant, designed to reduce greenhouse gas emissions. Whipps Cross Hospital CCHP plant has recently also come online.
- Whipps Cross Hospital has replaced old Victorian windows with double glazed windows which eliminates heat loss and reduces energy consumption.

### Water:

- From 2008 to 2013 the Trust saved an estimated 856 million litres of water due to new technologies and water saving measures. Since then consumption has risen due in part to increases in activity levels.
- Automatic urinals controls have been introduced at all hospitals.
- Water meters have been installed in some areas to better measure and manage the amounts of water used, identifying unusual activity, which can then be investigated.

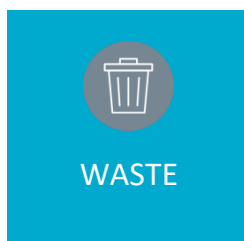


## FURTHER ACTIONS

The following reflect actions the Trust will investigate/ implement as part of the delivery of this Plan:

- Investigate further water saving such as waterless urinals.

- In the redevelopment plans for Whipps Cross Hospital ensure that energy and water saving opportunities are considered on a whole life cost basis, including the potential for innovative solutions, with the aim to support 'net zero' ambitions. Also work with contractors to identify opportunities for zero or low carbon building materials.
- A proposal to replace the gas fired fossil fuel boiler plant at Newham University Hospital with net zero carbon heat pump technology to be considered. An application for capital funding support of £15.3m towards the £16.8m total estimated scheme cost was submitted in October 2021 as part of the HMG 'Public Sector decarbonisation Scheme' (PSDS) Phase 3 round of funding bids.
- Develop proposals to decarbonise the Trust's two PFI hospitals at the Royal London & St Bartholomew's Hospitals. Preliminary discussions commenced in October 2021 with our PFI partners on how this could be achieved.
- Work with clinical specialists to review effective management of Theatre energy consumption.
- Identify further opportunities to reduce energy and water consumption through technology, systems and behaviour.
- Promote the outcomes from the Green Ward competition to enable similar practices and others to be embedded in Ward practice.



## Waste

There have been many improvements in waste management, some of which directly contribute to reductions in carbon emissions; others have enhanced waste services through innovation and behavioural change.

Barts Health was the first Trust to receive the Carbon Trust Standard for Waste Reduction in 2013, holding this recognition for 2 years, and since 2012 no waste has been sent to landfill. It is, however, acknowledged that from 2013 to 2018 clinical and domestic waste rose by 22%. This reflects, in part, increases in patient activity levels during this period, resulting in greater use of resources, while reinforcing the focus on clinical and domestic waste prevention.

We plan to implement a range of measures to improve waste innovation, deliver savings and reduce our waste carbon footprint. Working with lead representatives from Procurement, Estates & Facilities, soft FM contractors [Serco], IP&C, clinical and non-clinical green champions and others, we hope to deliver a new dynamic waste management contract by September 2021, fit for the future.

One potential opportunity is to revisit the use of reusable sharps containers. A two-year trial of using these ended at Whipps Cross in March 2019. On average, a reusable sharps container eliminates the need to use c600 single use containers, and this may support the Head of Profession and Director of NHS Estates 2019 letter to NHS Estates Directors<sup>18</sup>, which sets out cleaner and greener clinical waste NHS options, including working towards eliminating and relying on single use plastics.

Over the last 7 years, Barts Health's waste management team have been recognised as a sustainable leader in waste innovation and best practice, with the award of two HSJ Awards. We recognise the need to reduce waste emissions, but also those associated with the movement of waste within the UK and elsewhere, which can be much greater than from the waste itself.

Indicative emissions in 2018/19, from waste treatment, based on waste quantities are 279 Tonnes CO<sub>2e</sub>. Further significant emissions arise from road travel associated with movement of waste by waste contractors, not quantified here.

The Trust has set a target to **reduce emissions from waste by 25% by 2030, based on 2018/19 data.**

### EXAMPLES OF SUSTAINABLE OUTCOMES

The Trust has a long record of embedding sustainable waste practices<sup>19</sup>, which include:

**Globechain** - Our work with Globechain over the last 5 years earned the waste team our first HSJ Award in 2018. By retrieving and diverting unwanted hospital medical equipment from bulk waste disposal at all of our hospital sites, we have passed on to local, national and global charitable causes and social projects, around 80 tonnes of obsolete or unwanted hospital items, every year. This project saves us £35,000 annually, in bulk waste disposal costs, and reduces waste transport miles by road and air pollution.

Likewise, damaged furnishings are diverted away from bulk waste disposal and passed on to Premier Sustain, our local preferred renovation manufacturer, where they are repaired, recovered and returned back to the Trust for reuse by staff, patients and visitors, to a near new standard, at half the cost of buying new furnishings. This diverts c160 tonnes of chairs, seating arrangements, desks and examination couches from bulk waste, every year, saving over £100,000 and reducing carbon emissions (repairing and refurbishing existing furniture rather than buying new saves c6.5 kgCO<sub>2e</sub> for each chair). This further supports the circular economy.

**Waste compliance** - Clinical staff are supported and encouraged by the waste behavioural change team to dispose of all types of clinical waste correctly, by making sure that it is only clinical waste that goes into clinical waste bags and receptacles. This reduces costs and environmental impacts, winning for the second year in a row, the HSJ Value Award, in the Estates and Facilities category<sup>20</sup>. This includes a review of contents of foot pedal bins and sharps bins, checking compliance v non-compliance.

**Clinical waste treatment** – At Whipps Cross hospital, 100% of all soft bag offensive, infectious orange bag clinical waste and blood only sharps container waste is treated at the hospital site by Mariana WM Ltd. In 2016, Barts Health were the first Trust to use this company's innovative technology. The resultant inert waste flock is compacted, shipped to Europe and used as a high calorific fuel to generate heat in local housing projects. This, and the Whipps Cross hospital clinical waste treatment plant, has supported a reduction in emissions by avoiding unnecessary road movements.

**Offensive waste** - The introduction and roll out of the offensive waste stream to all Barts Health hospital sites, back in 2012, massively reduced our clinical waste destruction costs but also addresses the waste segregation requirement for clinical wastes generated at all NHS Trusts for the next 10 years, as set out in the Head of Profession and Director of NHS Estates 2019 letter<sup>18</sup>.

We are further greening up collections of offensive waste by trialling offensive waste dustcart collections at both the Royal London and St. Bartholomew's hospitals; this reduces road miles emissions and supported our second HSJ Award, in 2019.

**Reverse vending** - In 2015 we installed two Renal Reverse Vending machines at Newham's Gateway Surgical Centre and Whipps Cross's renal dialysis unit. These capture and crush c2000 empty HDPE 5 litre renal bottles per month, reducing portering collection movements and recycling 15 tonnes of HDPE plastic per year. These are the first used in the NHS and feature as an innovative case study on the NHS SDU's website<sup>21</sup>.

Over the last 7 years we also worked with the Reverse Vending Company, winning a "Green Apple" Award in 2014, using three of their machines at the Royal London, Whipps Cross and St. Barts hospitals. These encourage staff, patients and visitors to recycle empty drink cans and plastic bottles; the machine crushes and bulks up these, so content can be recycled. While machines at Royal London and Whipps Cross became obsolete in 2019, we have now been supplied with a new machine. This still crushes and bulks up recyclables but is also WiFi enabled and is 'UK wide Deposit Return Scheme Ready' (this starts in Scotland in March 2021<sup>22</sup>, with the rest of the UK to follow). Barts Health is the only NHS Trust to own such a machine - in the staff Restaurant at Whipps Cross.

**Recomed PVC Recycling Scheme** – Since 2018 Barts Health have participated in this scheme, funded by Vinyl Plus and British Plastics Foundation. With support from clinical staff in Theatre Recovery Areas, the waste audit team and domestic and portering staff, clean, used, PVC oxygen masks and tubing is diverted away from offensive waste bags and placed in dedicated bags and bins. It is bulked up, collected by Recomed, cleaned, chipped and injection moulded into tree ties, used in horticulture - another example of a project supporting the circular economy. This has been rolled out at Whipps Cross and Newham Hospitals, with the St. Barts site to follow. Over a tonne of used PVC masks and tubing will have been diverted by the end of 2020.

**'End of Life' ICT** – otherwise redundant ICT devices are passed to charity or through a zero cost WEEE contract, which seeks to extend the useful life of materials or devices.

**Intelligent Big Belly Bins** – In 2013 Barts Health were the first Trust to install 35 of these solar powered compacting waste bins. They hold c10 times more waste than an average bin, with contents held safely until emptied. Emptying tends to be just once a week, reducing labour costs, prompted by automatically generated email to sites' Estates Managers. In 2017, Whipps Cross hospital installed four more Bins as a legacy to the hospital's 100-year anniversary.

**Catering** - Throughout all hospitals, all patient catering and staff restaurant uneaten food is captured at source and placed into corn starch bags which are transferred to food waste bins. Full bins are taken by our service provider and fed into an anaerobic digestion facility, producing biogas fuel and fertiliser. This reduces emissions by diverting it away from, methane producing, landfill.

#### FURTHER ACTIONS

The following reflect actions the Trust will investigate, pursue, fund and implement to improve better waste management initiatives, to deliver this Plan:

- Fund a fully resourced waste management team to successfully deliver a new, dynamic, waste managed contract beyond March 2023 and fit for the future.
- Trial and potentially fund waste behavioural change auditing to non-clinical areas, mirroring the approach taken for clinical areas, to help office staff capture recyclables to enhance improved waste management and education.
- Resource infrastructure initiatives making it easier for staff to recycle quality items (e.g. non-confidential paper, virgin HDPE, PVC and PPE plastics; while reviewing the practicality of reducing single use plastics within clinical and non-clinical areas.
- Initiate a Procurement / Waste Reduction Leadership Group, comprising a Procurement Lead, Head of Waste, Suppliers and green staff representatives. This would prioritise opportunities to eliminate, reduce or recycle waste in support of the circular economy, delivering change through innovation, single use plastic avoidance and other measures.

- In conjunction with Estates Project, Clinical, Pharmacy and all other relevant project leads, support business case analysis of direct or indirect waste prevention and recycling opportunities when reviewing clinical care models.
- Review the potential for using surplus land with direct connectivity to A13 at Newham University hospital for a possible alternative clinical waste treatment plant, similar to the successful Whipps Cross 'Marianna' trial plant, with the potential to treat our other sites' (Barts, BHRUT and wider NEL ISC) and/or other Trusts' bagged offensive and clinical wastes. Electric vehicles to transport the waste.
- Work with and develop better monitoring methods of food waste compliance and reduction with soft FM contractors.
- Support GOSH's review of their "Gloves Off" campaign and review implementation of similar appropriate use of non-sterile examination gloves, so that they are used, only when necessary, reducing costs, waste and potential cross-contamination<sup>23</sup>.



## Procurement and Supply Chain

In 2018/19 the Trust spent £405m on the procurement of goods and services and c £174m on drugs.

64% of this relates to medical and surgical equipment and 30% on drugs with significant expenditure also on chemicals and reagents, diagnostic imaging and radiotherapy equipment and services, office equipment and laboratory equipment and services.

The Trust is developing a new 3-year Procurement Strategy on the back of achieving Level 1 – 'Procurement and Supplies Focus', of the NHS Procurement & Commercial Standards<sup>24</sup>.



It is now working towards Level 2 – 'Procurement and Commercial Activity Organisation wide', which includes enhanced requirements regarding CSR policy, identification of significant sustainable development aspects within procurement policies and procedures and embedding into procurement and commercial competency requirements.

As an Anchor Institution procurement by Barts Health is an important enabler of increasing local SME spend, delivering social and environmental value within our community and supply chain, commissioning living wage employers, monitoring for equalities and good employment practice, while complying with relevant regulations. This involves working with suppliers to deliver clearly articulated sustainability outcomes, including innovative solutions, where relevant and proportionate.



Procurement of goods and services contributes potentially significant carbon emissions, being those embedded within the products, materials purchased or used in service delivery, or from service activities.

The Trust has therefore identified the indicative carbon footprint of its procurement activities, as follows, based on eClass expenditure data for 2018/19.

The estimated carbon footprint of the procurement of goods, services and drugs in 2018/19 was **209,889 Tonnes Co<sub>2e</sub>**, as set out in the Table below. This demonstrates the importance of a focus on reducing carbon emissions in the supply of goods and services. The Future Operating Model for NHS Procurement, focusing on enhancing procurement efficiency and economies of scale, means that much of the Trust’s procurement is through NHS Supply Chain. While seeking savings, the Trust supports Supply Chain’s efforts to reduce emissions in conjunction with suppliers while also working with those suppliers who supply directly to the Trust.

**EXAMPLES OF SUSTAINABLE OUTCOMES**

The Trust has made significant strides in embedding sustainable procurement practices and principles within its procurement of goods and services and is enhancing this in a number of initiatives. This includes:

**Specifying sustainability** - Specification template includes a focus on Continuous Improvement and Sustainability, developed within the tender to seek detailed evidence of meeting requirements. These include, where relevant, carbon emissions, the application of Anchor principles to enable equality and social improvement and local employment opportunities.

**Ethical sourcing** - The Trust seeks evidence of suppliers’ compliance with ethical sourcing requirements, including the UK Modern Slavery Act 2015 and ILO Conventions.

**Collaboration** – The Trust attends collaboration workshops to share best practice of sustainable procurement and maximise opportunities, with NHS London Procurement Partnership and NHS Improvement.

eClass	tCO <sub>2e</sub>
Medical & Surgical Equipment	111,869
Pharmaceuticals Blood Products & Medical Gases	76,760
Dressings	8,745
Chemicals & Reagents	3,499
Patient's Appliances	3,219
Office Equipment Telecomms Computers & Stationery	1,265
Staff & Patient Consulting Services & Expenses	764
Dental & Optical Equipment	576
Diagnostic Imaging & Radiotherapy Equipment & Services	529
Laboratory Equipment & Services	489
Bedding Linen & Textiles	484
Provisions	454
Staff Clothing	333
Hotel Services Equipment Materials & Services	289
Furniture Fittings	241
Building & Engineering Products & Services	153
Others	222
<b>TOTAL</b>	<b>209,889</b>

Source: Based on eClass Procurement Expenditure 2018-19, using indicative carbon factors (NHS and health sector Sustainable Development Unit).

**Supplier Relationship Management** - The Trust has commenced engagement with key suppliers as part of its Supplier Relationship Management, including a focus on improved logistics to consolidate orders and reduce related emissions, review opportunities arising from care model reviews with suppliers, while investigating innovative solutions.

**Inventory management** - The link between procurement, efficient inventory management and avoidance of waste has been applied in the new Inventory management system which is being rolled out. This enables real time stock management, traceability (including compliance with the new Medical Devices Regulations), the ability to interrogate ordering patterns, actively record wastage, better manage patient safety letters and actions, move stock across trust and within hospitals and standardise and rationalise.

**Managing demand** - Managing demand/ rethink the need for procurement can deliver sustainable outcomes. For example, the Trust uses Globechain<sup>25</sup>, a web-based portal that allows reusable items that the Trust no longer requires to be advertised, thus avoiding unnecessary procurement.

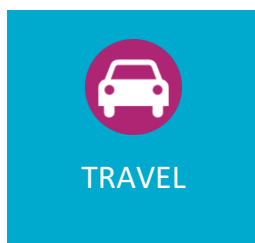
#### FURTHER ACTIONS

The following reflect actions the Trust will investigate/ implement as part of the delivery of this Plan in order to enhance the application of sustainable procurement, aligned with the Trust's new Procurement Strategy while ensuring whole life value for money:

- Publish a CSR Statement setting out the Trust's Sustainable Procurement objectives and communicate it to key internal stakeholders and suppliers.
- Develop and implement a Supplier Relationship Management Programme with strategic suppliers with the aspirational goal of supporting Anchor Institution principles of waste, environment, SMEs, etc.
- Enhance procurement documentation such as the Preliminary Questions and Technical Evaluation Criteria, to support sustainability, environmental and social value. Associated KPIs are developed and included, where possible, within resultant contracts.
- Analyse procurement expenditure to prioritise eClass expenditure categories according to those which the Trust can influence, such as environmental and social value objectives.
- Enhanced focus on contract management will reflect the risks and opportunities involved in contracts, including environmental and social value.



- Explore options for increasing Procurement spend through SMEs and consultancy firms/ contractors in the East London area.
- In line with the continued roll out of the Atticus Inventory Management system, implement the recording of product wastage at a Theatre level and analyse the opportunities for order consolidation to reduce carbon emissions.
- Increase ordering throughput via SCCL reducing the number of vehicles making deliveries to Barts Health Sites and subsequently carbon emissions.
- Enhance collaboration with organisations (other NHS Trusts, Healthcare Horizons, etc) to capture and share sustainable procurement best practice.



## Travel

Travel by staff on Trust business and commuting to work, patients, visitors and contractors working for/supplying to the Trust hospitals and sites represent significant contributors to Trust costs and problems that east London face.

These include emissions that contribute to climate change, poor air quality (e.g. due to NOx and PM2.5 pollution) and consequent impacts on community health. Patient groups particularly vulnerable to air pollution, include those with respiratory illnesses, Coronary Heart Disease (CHD), pregnant women, children and older people. In October 2021, the Mayor of London extended the 'Ultra Low Emission Zone' (ULEZ) to cover the entire internal footprint surrounded by the north & south circular roads. This encompasses all the Trust's hospitals. The ULEZ scheme is specifically targeted at reducing the use of high emitting vehicles.

Measures to reduce the impacts of travel include links to the review of clinical models of care as well as logistics involved within supply of goods and services to the Trust.

**Business travel** comprises staff use of:

- Taxis;
- Zip Cars;
- Staff vehicles;
- Public transport.

**Patient transport services** comprise use of:

- The Trust Ambulance and car fleet;
- Couriers;
- Patient car services;
- Hospital Patient Travel Costs Scheme.

**Other travel** comprises:

- Staff commuting to work;
- Patients and visitors making their own way to/ from hospital.

The carbon footprint of business travel in 2018/19 has been determined as **97 Tonnes Co<sub>2e</sub>**.

The carbon footprint of patient transport in 2018/19 has been estimated as **1050 Tonnes Co<sub>2e</sub>**.

Other emissions arising from staff commuting and other patient and visitor travel have not been quantified at this stage but an up to date analysis of impacts will be undertaken.

The NHS has set targets for at least 25% ULEV and 90% lower emission fleet by 2028/29, and at least a 20% reduction in absolute air pollution emissions (NOx and PM2.5) from business mileage and fleet between 2017/18 and 2023/24.

The Trust supports these targets, with an aspiration to **reduce emissions from business and patient transport by 75% by 2030 from the 2018/19 level.**

## EXAMPLES OF SUSTAINABLE OUTCOMES

The Trust has undertaken various measures to address the environmental, social and health impacts of travel, including in conjunction with suppliers of travel services:

**Active travel** - We have introduced facilities to encourage active travel (e.g. cycle to work scheme, secure cycle parking, bike lock ups, cycle safety, showers, and lockers) that are accessible to staff and visitors alike and the Greenway cycle route into Newham hospital.

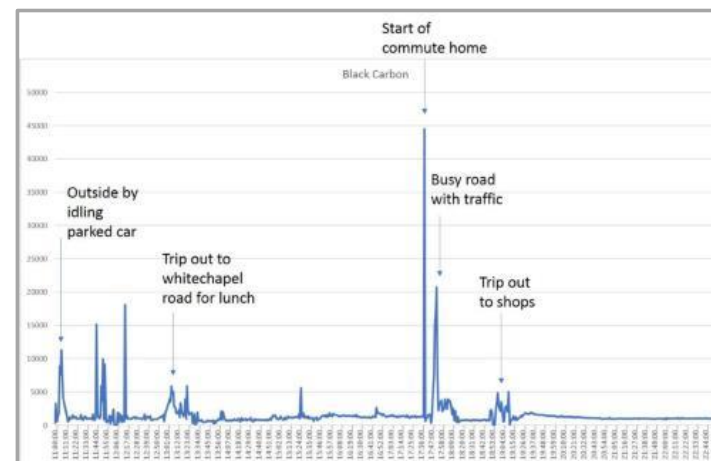
The Trust supports Clean Air Day and the chart opposite shows results from the monitoring of 'Black carbon' pollution during one commuting day by a member of staff in 2019<sup>26</sup>. This highlights the importance of addressing travel impacts and the enhanced monitoring of air pollution.

### Electric and fuel efficient/ lower polluting vehicles

- The Trust's fleet of patient transport ambulances are being replaced in 2022/23 with lower polluting petrol/hybrid vehicles incorporating stop/start technology.
- During procurement of Trust pool cars, fleet vehicles and/or logistics and transport solutions the most sustainable solution is assessed i.e. measuring the CO<sub>2e</sub>, NO<sub>x</sub>, PM2.5 impacts of each option/vehicle type. This will also be undertaken in the Trust's procurement programme to replace the existing fleet of ambulances during 2020.
- Electric charge points for vehicles have been installed at Newham Hospital and Whipps Cross Hospital and porters transport now includes electric vehicles across our larger sites.
- The Trust has reduced the number of leased cars and now uses more fuel-efficient Zip Cars.
- 20 patient transport cars have been switched from diesel to low emission petrol vehicles.

**Models of care and travel** - Innovations in the provision of video-based outpatients appointments have reduced the need for patients to travel or the Trust to provide patient transport as does home dialysis and telemedicine.

**No-idling zones** – The Trust has worked with Tower Hamlet Borough Council to achieve a 'no idling zone' around the Royal London Hospital and to extend this to other Trust sites, resulting in less noise, pollution and improved health and wellbeing of patients, staff and residents.



**Clean Air Hospital Framework** – The Trust has signed up to this framework, collaborating with Tower Hamlets Borough Council, Waltham Forest Borough Council and Global Action Plan to self-assess progress and set ambitions on tackling air pollution in seven key areas: travel, procurement & supply chain, design & construction, energy, local air quality, communication & training and hospital outreach & leadership<sup>27</sup>.

**Eligibility for patient transport review** – in accordance with Department for Health and Social Care guidelines eligibility criteria for the provision of patient transport has been reviewed. This has reduced patient transport by c 40,000 journeys and lower emissions.

#### FURTHER ACTIONS

The following reflect actions the Trust will investigate/ implement which support delivery of this Plan and related initiatives in order to enhance sustainable travel:

- The use of the Health Outcomes of Travel Tool (HOTT)<sup>28</sup> – HOTT enables improved identification of the health impacts of existing travel as well as the implications of changes in travel arrangements or vehicles. This highlights CO<sub>2e</sub>, NO<sub>x</sub>, PM<sub>2.5</sub> health impacts, quality adjusted life years, and financial impacts.
- In order to support completion of HOTT and determine relevant carbon emissions surveys of staff commuting and patient/ visitor travel will be undertaken.
- Clean Air Hospital Framework – development of a comprehensive, practical set of measures in conjunction with Local Authorities.
- The Trust will develop a Board approved '**Active Travel Plan**', promoting healthy/active travel, in coordination with staff, patients, users, clients, visitors and local communities, to encourage active travel. This includes a new Car Parking policy that will promote the use of alternatives to ICE powered transport for staff and sustainable green methods of transport, walking, cycling, public transport.
- The Trusts Estates Strategy considers the options for a central Ambulance Operations Base, to enhance efficiency. This highlights that improved efficiency may be delivered through a potential reduction in 30 non-emergency Patient Transport vehicles.
- As part of patient flow reviews opportunities to reduce patient travel impacts such as discharge delays/ coordinated travel requests will be explored.
- It is anticipated that by the time the 2022/23 sourced Patient Ambulance Service hybrid vehicles are due to be replaced in 2027/28 that a fully electric option will be available that will dramatically cut carbon and other emissions.



## Partnerships

Collaboration with strategic partners to support delivery of the intended sustainable objectives will continue and be enhanced.

As well as the involvement of staff and Trade Unions in the delivery of this Plan we will work with

partners including:

- Clinical Commissioning Groups,
- Local Authorities,
- other NHS Trusts,
- Universities,
- NHS London Procurement Partnership,
- Health Watch,
- Patient Representative Groups,
- local schools and businesses,
- Suppliers,
- Supply Chain Coordination Limited (SCCL) as manager of NHS Supply Chain and others.

Collaboration will seek views on the Trust’s approach to sustainability and best practice lessons which may be applied.

The Trust also has a major role in demonstrating leadership in sustainable development. Successes will be shared, and we will contribute as relevant to our partners’ plans, to discuss and promote sustainable development. For example, Barts Health established the NHS Sustainability Day in 2010, and the NHS Sustainability Awards in 2012. Since then, the date has become nationally recognised and the majority of Trusts and Clinical Commissioning Groups (CCGs) have been engaged, to inspire change and share best practice on how to achieve NHS-wide carbon reduction targets.





## People – engagement and support

Delivery of this Plan and the improvements in health and wellbeing, environmental and social value it seeks requires support for and support and involvement from our workforce as well as support for patients, visitors and our community. There is no doubt that there is increasing interest in and support for practical actions to address the Trust's impacts.

The Trust makes information available on its Sustainability approach on its website<sup>29</sup>. In addition:

- Barts Health Started the NHS Sustainability Day campaign<sup>30</sup>, now embedded as an annual important initiative across the NHS.
- Staff induction introduces sustainability as an important Trust focus demonstrating the role the workforce can play.
- We will provide support to staff on how to minimise waste at work and home through relevant Corporate Communications Channels.
- We engage with community groups regarding the sustainability of and plans for Whipps Cross redevelopment, which has generated considerable interest.
- Improvements within clinical teams from the Green Ward competition resulted in identified reduction in carbon emissions of 6,000 TCO<sub>2e</sub>.
- The Trust has been recognised for its focus on social mobility, ranked as one of the top 75 employers in the Social Mobility Employer Index 2019 due to its success in delivering schemes aimed at people from lower income and challenging backgrounds, from initial engagement, through to the recruitment and selection process, and progression up the ladder within the organisation<sup>31</sup>.
- The Trust supports patients and staff to lead healthy lives through various initiatives as well as apprenticeships, volunteering and workplacements for students.
- Clinical specialists and others support the push for greater sustainability, including through initiatives such as the Greener Anaesthesia and Sustainability Project (GASP) and local Green networks.

The Trust has won various awards and been published due to its focus on sustainability and the support of its staff, including:

- ✓ Centre for Sustainable Healthcare 'Green Ward' competition 2019 publication.
- ✓ Health Service Journal's Awards 2013 in Improving Environmental and Social Sustainability and Energy Efficiency categories and 2019 Facilities and Estates management award as a result of reducing the cost and amount of clinical waste disposal.
- ✓ The first Trust to be awarded the Carbon Trust Standard for Waste in 2013/14.



## FURTHER ACTIONS

The following actions seek to enhance the support for and involvement of staff, patients and the community in delivering this Plan:

- Networking and sharing of good practice will be enhanced across the Trust, supporting and advertising local Green networks and initiatives, including through a regular staff forum to meet and engage with motivated staff groups such as GASP and Green atBarts.
- Trust values are to reflect the alignment of the delivery of healthcare excellence with sustainable objectives.
- Staff induction and training is to reinforce the link from healthcare provision and health improvement to sustainable outcomes and the alignment of this Plan with Trust efficiency and clinical and care model reviews.
- Personal objectives of managers are to reflect leadership in sustainability, to be reflected in appraisal templates while objectives of all staff reflect the need to practically support the delivery of this Plan.
- Carbon intensive and healthy activities are to be highlighted in enhanced communication to staff and patients, identifying simple measures and issues of sustainability policy. Internet/ intranet content is being developed to focus on: What being sustainable means, Why this is important and How to consider and implement relevant measures.
- Review the success of the Green Ward competition so that it can be replicated where relevant.
- Increase the resources devoted to managing the Trust's sustainability programme to supplement the current small team.

While the Trust has demonstrated many successes, there remain many challenges and opportunities to deliver healthcare excellence, improve the health and wellbeing of our community, reduce the pressure on scarce resources and the risks the climate emergency presents.

Delivering this Plan, aligned with Trust efficiency initiatives, requires collaboration among motivated staff, patients, the community and our partners. Initiatives ranging from clinical care reviews to innovative solutions and simple measures within work or home can deliver:

- ✓ Improved health and reduced pressure on NHS resources;
- ✓ Reduced pollution;
- ✓ Reduced emissions that contribute to climate change and related risks;
- ✓ Opportunities for enhanced employment, skills and training and fair and ethical employment practices within the community and our supply chain, including within disadvantaged groups.

## Useful references

(Valid at 2021 and subject to potential change)

- Barts Health Sustainability email address: [bartshealth.sustainability@nhs.net](mailto:bartshealth.sustainability@nhs.net)
- Barts Health Sustainability Programme Coordinator: [Vacant Post](#)
- Staff Green networks: Green@Barts Twitter, Green@Newham and [Greenatbarts@protonmail.com](mailto:Greenatbarts@protonmail.com)
- NHS England and NHS Improvement 'For a Greener NHS' <https://www.england.nhs.uk/greenernhs/>
- NHS Sustainable Development Unit: <https://www.sduhealth.org.uk/>
- The Intergovernmental Panel on Climate Change: <https://www.ipcc.ch/>

### References in this Plan:

<sup>1</sup> NHS 'For a Greener NHS' <https://www.england.nhs.uk/greenernhs/>

<sup>2</sup> NHS England, Sir Simon Stevens 'Health Emergency' <https://www.england.nhs.uk/2020/01/greener-nhs-campaign-to-tackle-climate-health-emergency/>

<sup>3</sup> Sustainable Development Unit's Sustainable Development Strategy 2014-2020 'Sustainable, Resilient, Healthy People & Place' for the NHS, Public Health England (PHE) and Social Care system : <https://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>

<sup>4</sup> NHS Long-Term Plan: <https://www.longtermplan.nhs.uk/>

<sup>5</sup> The 2030 Agenda for Sustainable Development was adopted by all UN Member States in 2015. At its heart are 17 Sustainable Development Goals: <https://sustainabledevelopment.un.org/sdgs>

<sup>6</sup> The UK Government has set a goal to be 'carbon zero' by 2050, which is enshrined in law: <http://www.legislation.gov.uk/ukdsi/2019/9780111187654>.

<sup>7</sup> A circular economy is an economic system aimed at eliminating waste and the continual use of resources. It employs reuse, sharing, repair, refurbishment, remanufacturing and recycling to create a close-loop system, minimising the use of resource and the creation of waste, pollution and carbon emissions.

<sup>8</sup> Barts Health 'What if' Sustainability Infographic: <https://www.bartshealth.nhs.uk/download.cfm?doc=docm93jjm4n662.pdf&ver=929>

<sup>9</sup> NHS Sustainable Development Unit, Sustainable Development Assessment Tool: <https://www.sduhealth.org.uk/sdat/>

<sup>10</sup> NHS Sustainable Development Unit, Sustainability Reporting Portal: <https://srp.digital/>

<sup>11</sup> Metered Dose Inhalers v Metered Dose Inhalers: <https://bmjopen.bmj.com/content/9/10/e028763>

<sup>12</sup> Virtual Consultations: <https://bartshealth.nhs.uk/virtual-consultations>, <https://www.health.org.uk/improvement-projects/scaling-up-virtual-consultations-across-the-nhs—implementing-evaluating-and>

<sup>13</sup> Greener Anaesthesia and Sustainability Project: <https://www.gaspanaesthesia.com/the-projects>

<sup>14</sup> RecoMed: <https://axiongroup.co.uk/services/specialist-collection-schemes/recomed/>

- <sup>15</sup> Centre for Sustainable Health Green Ward: <https://sustainablehealthcare.org.uk/green-ward-competition>, [https://sustainablehealthcare.org.uk/sites/default/files/attachments/final\\_impact\\_report\\_barts\\_health\\_green\\_ward\\_competition\\_june\\_2019.pdf](https://sustainablehealthcare.org.uk/sites/default/files/attachments/final_impact_report_barts_health_green_ward_competition_june_2019.pdf)
- <sup>16</sup> 'Project Search': <https://www.projectsearch.org.uk/>
- <sup>17</sup> Future Whipp's Cross: <https://www.bartshealth.nhs.uk/download.cfm?doc=docm93jijm4n10984.pdf&ver=17927>
- <sup>18</sup> Management of Clinical Waste Across the Healthcare Sector Head of Profession and Director of NHS Estates (includes: "Remove plastics from high temperature incineration; move toward UK approved reusable containers or non-plastic sharps and pharmaceutical packaging". "Waste segregation; waste is to be segregated into three core streams as determined in HTM07-01; The Safe Management of Healthcare Waste. Broadly they are:
- Waste destined for high temperature incineration [hazardous];
  - Waste destined for alternative treatment (e.g. steam sterilisation) [infectious]; and
  - Waste destined for low temperature domestic incineration [no- hazardous and non-infectious];
- The percentage split of the above three streams should broadly constitute 20% destined for high temperature incineration, 20% destined for alternative treatment and 60% destined for low temperature domestic incineration. Note: no NHS waste should be sent to landfill"). <https://www.sfh-tr.nhs.uk/media/7089/enc-15-20191108clinical-waste-updatesc-ltr-final.pdf>
- <sup>19</sup> Barts Sustainable Waste Management: <https://www.bartshealth.nhs.uk/blogs/spotlight-on-sustainability-and-recycling-6221>
- <sup>20</sup> Clinical Waste Compliance HSI Awards: <https://www.hsj.co.uk/the-hsj-awards/hsj-value-awards-2019-facilities-and-estates-management-award-/7025042.article>
- <sup>21</sup> Barts Health Renal Revending Case Study [https://www.sduhealth.org.uk/documents/resources/presentations/n.allen\\_renal\\_revending\\_-\\_rm\\_event\\_july\\_2016.pptx](https://www.sduhealth.org.uk/documents/resources/presentations/n.allen_renal_revending_-_rm_event_july_2016.pptx)
- <sup>22</sup> Deposit Return Scheme Scotland <https://www.gov.scot/publications/deposit-return-scheme-scotland-regulations-accompanying-statement-proposed-regulations/pages/2/>
- <sup>23</sup> Non-sterile examination gloves, Great Ormond Street Hospital: <https://www.his.org.uk/media/1757/193.pdf>
- <sup>24</sup> NHS Procurement and Commercial Standards: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539626/Standards\\_of\\_Procurement.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539626/Standards_of_Procurement.pdf)
- <sup>25</sup> Globechain: <https://www.sduhealth.org.uk/news/496/barts-nhs-trust-joins-forces-with-british-businesses-to-cut-waste-and-support-communities/>
- <sup>26</sup> Clean Air Day 2019 'Black Carbon' monitoring: <https://www.bartshealth.nhs.uk/blogs/my-day-as-a-black-carbon-monitor-andrew-attfield-5941>
- <sup>27</sup> Clean Air Hospital Framework: <https://www.globalactionplan.org.uk/clean-air-hospital-framework/>
- <sup>28</sup> Health Outcomes of Travel Tool: <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>
- <sup>29</sup> Barts Health Sustainability: <https://www.bartshealth.nhs.uk/sustainability>
- <sup>30</sup> NHS Sustainability Day: <https://www.nhssustainabilityday.co.uk/case-studies/>
- <sup>31</sup> 'Barts Health amongst top UK employers for social mobility': <https://bartshealth.nhs.uk/news/barts-health-amongst-top-uk-employers-for-social-mobility-6660>

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<sup>32</sup>Delivering a Net Zero National Health Service Report – October 2020 <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>



<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 11/22</b>
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<b>Title</b>	Refresh of Trust Standing Orders (SOs) and Standing Financial Instructions (SFIs)
<b>Accountable Director</b>	Group Chief Financial Officer
<b>Author(s)</b>	Trust Secretary Associate Director of Financial Services
<b>Purpose</b>	<p>Following the two-yearly review of the Trust's SOs and SFIs, this report highlights the proposed changes, which have been supported by the Audit and Risk Committee. The key changes are:</p> <ul style="list-style-type: none"> <li>• an update to procurement references post Brexit;</li> <li>• Two additional grounds for not requiring a tender added;</li> <li>• Amendment to reflect the new requirement that non-severance special payments &gt; £95k need to be approved by HM Treasury. (Different rules are already in operation for Severance Special Payments).</li> </ul>
<b>Previously considered by</b>	ARC November 2021, GEB January 2022

<b>Related Trust objectives</b>
SO2

<b>Risk and Assurance</b>	This report provides assurance in relation to the below BAF entry
<b>Related Assurance Framework entries</b>	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

<b>Legal implications/ regulatory requirements</b>	No direct legal implications identified.
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<b>Action required</b>
The Trust Board is asked to approve the proposed updates to the SOs and SFIs.

## BARTS HEALTH NHS TRUST

### REPORT TO THE TRUST BOARD: 19 JANUARY 2022

#### REVIEW OF TRUST STANDING ORDERS (SOS) AND STANDING FINANCIAL INSTRUCTIONS (SFIS)

##### Background

1. This paper sets out some proposed amendments to the SOs and SFIs. The timing of this review is in line with the requirement that the SOs and SFIs should be reviewed every two years. The last substantial review was in 2019.
2. This review has been conducted with the support and contribution from relevant colleagues from across the Trust. These changes were approved by the Audit & Risk Committee at its 24 November 2021 meeting.

##### Summary of Changes

3. The key proposed changes to the SOs and SFIs are:
  - Procurement regulations have been amended to reflect the changes post Brexit. The governing regulations are now the Public Contracts Regulations (PCR) 2015;
  - Two additional grounds for not requiring a tender added:
    - Where payment is being made as an extension to a current education or training contract that is in situ and the value of the total contract (including the extension) does not exceed the Public Contracts Regulation 2015 current threshold for education and training.
    - Where payment is being made as an extension to a current education or training contract that is in situ and the value of the total contract (including the extension) does not exceed the Public Contracts Regulation 2015 current threshold for education and training
  - Approval from HM Treasury (via NHS England and NHS Improvement) must be sought for non-severance special payments > £95k. Non-severance special payments (which include extra-contractual and ex-gratia payments which go beyond statutory cover or legal liability) and / or classified as novel, contentious or could cause repercussions elsewhere in the public sector. Approval from Audit & Risk Committee and / or Trust Board will be sought before an application to HMT is made.
4. A list of the changes is at Appendix 1. Due to the length of the document a full 'tracked changes' version of the SOs and SFIs (including proposed amendments) will be circulated separately to the main papers for the meeting.

##### Action

5. The Trust Board is asked to approve these changes.

**Jasmine Lee**  
**Associate Director of Financial Services**

## Appendix 1

## List of proposed amendments to the Standing Orders and Standing Financial Instructions

Page / Para Ref	Amendment / Update
Throughout	After all references to CCG, added "...(or successor organisation(s))"
Definitions, Page 7	Reference to gender amended for inclusivity
Throughout	References to Clinical Support Services (CSS) deleted, due to the devolvement of these services to the hospital sites
Throughout	"OJEU Limits" and "EU Directives" amended to "FTS Limits" and "Public Contracts Regulations (PCR) 2015" respectively, to reflect the changes in procurement rules post Brexit
Throughout	Information Governance Toolkit amended to Data Security & Protection Toolkit
Throughout	Amend Secretary of State's direction on fraud...to NHS Standard Contract service condition 24
SFIs 13.3.2	External auditor's management letter amended to Auditor's Annual Report
16.5.4	Two additional grounds for not requiring a tender added: <ul style="list-style-type: none"> <li>(a) Where external funding, including research and charitable funds, has directly stipulated the end provider of goods and services, and is a condition of the donation/funding</li> <li>(b) Where payment is being made as an extension to a current education or training contract that is in situ and the value of the total contract (including the extension) does not exceed the Public Contracts Regulation 2015 current threshold for education and training.</li> </ul>
SFIs 11.6	Security Management section updated to refer to current legislation (Health and Safety at Work Act 1974).
Page 67 SFIs 19.2.9	Receipting procedures reworded to clarify that, except in limited circumstances, goods must be delivered to the designated Receipt & Distribution area.
C15, p74 23.2.13, p124	<b>Approval of Non-Severance Special Payments</b> Approval from HM Treasury (via NHS England and NHS Improvement) is required for non-severance special payments, or novel or contentious payments, over £95,000. Different rules are already in operation for Severance Special Payments.
Throughout	Minor amendments to job titles, references, and correction of typographical errors.

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 12/22</b>
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<b>Title</b>	CRN governance arrangements and Host approval
<b>Accountable Director</b>	Dr Alistair Chesser (Barts Health Medical Director)
<b>Author(s)</b>	Dr Sharon Barrett (Chief Operating Officer, CRN North Thames)
<b>Purpose</b>	Seek approval of both CRN North Thames Annual Plan 2021/22 and Annual Report 2020/21
<b>Previously considered by</b>	Barts Trust Research Board (meeting 22nd July 2021)

<p><b>Executive summary</b></p> <p>CRN North Thames would like to make the host aware of some changes within the senior leadership team of CRN North Thames. The Scheme of Delegation is therefore under review and an updated version of the governance arrangements document will be circulated once completed. The CRN submitted the 2021/22 Annual Plan in May 2021 and the Annual Report 2020/21. Both documents have been acknowledged and the Annual Plan was signed off by the CRN Executive on 1<sup>st</sup> July 2021 (appendix 1).</p>
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<p><b>Related Trust objectives</b></p> <p>(F) Leading the way in research and education (B) Efficient and effective services</p>
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<b>Risk and Assurance</b>	This report provides assurance in relation to section 4.3 of the Performance and Operating Framework that Host Organisational Board delivers on the LCRN contract in terms of overarching governance.
<b>Related Assurance Framework entries</b>	-

<b>Legal implications/regulatory requirements</b>	Barts Health Group Chief Executive Officer Dame Alwen Williams, DBE is the Accountable Officer for the Department of Health and Social Care (DHSC) LCRN contract, and therefore for delivery against and compliance within said contract
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<p><b>Actions required:</b></p> <p>The Trust Board is asked to:</p> <p>(a) receive and approve the LCRN Annual Plan 2021/22 – appendix 1 (b) receive and approve the LCRN Annual Report 2020/21 – appendix 2 (c) to note that at the next Host Board meeting we will be seeking approval of the updated governance arrangement document later in the year. (d) to note that we will be organising a financial audit c/o R&amp;D Department in Q4 2021</p>
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## BARTS HEALTH NHS TRUST

### REPORT TO THE TRUST BOARD: 19 JANUARY 2022

## LCRN GOVERNANCE ARRANGEMENTS AND HOST APPROVAL

### INTRODUCTION

1. In accepting the Authority's contract for the LCRN, the LCRN Host Organisation will note these General Principles in relation to LCRN Governance, as set out in section A.3. of the CRN Performance and Operating Framework (POF):
  - (a) Work within clear accountability arrangements
  - (b) Ensure equity of access in respect of research participation and opportunities
  - (c) Patient and public involvement and engagement
  - (d) Partnership working (with LCRN Partners) and collaborative decision making
  - (e) Transparency
  - (f) Consistency
2. The LCRN Host Organisation Board shall decide the arrangements for monitoring and assurance in respect of LCRN contract delivery and compliance, subject to these minimum requirements:
  - (a) The Board approves the LCRN Governance Arrangements
  - (b) The Board approves the LCRN Scheme of Delegation
  - (c) The Board receives the LCRN Annual Report
3. LCRN governance arrangements are required to be formally signed off by the Trust Board and by the national CRN Coordinating Centre.

### CRN Governance Update

- Chief Operating Officer, Dr Sharon Barrett was appointed in March 2021. Previously in post as CRN North Thames Deputy Chief Operating Officer, Sharon has worked in several roles within the NIHR CRN since 2008 and having spent the last two years on secondment to the CRN coordinating centre (CRNCC).
- Formal appointment of Deputy Chief Operating Officer, Adeeba Asghar in May 2021. Adeeba was previously acting into the Chief Operating Officer role between July2020-March2021.
- Representatives from academic, acute, primary care and mental health Trusts are now members of the CRN Executive Group
- Following the appointment of the new Chief Operating Officer, a detailed review of the governance arrangements including the scheme of delegation within CRN North Thames is in process and we will be seeking approval of this document at the next appropriate Host Trust Board meeting

### 2021/22 Annual Plan (appendix 1)

4. The annual plan template is set by the NIHR CRN Coordinating Centre and based on the CRN Performance and Operating Framework requirements which include performance indicators such as the High-Level Objectives (HLOs), national priorities areas and local priority areas. Key areas of focus for CRN North Thames this year focus around;
  - Supporting Life-Sciences Industry through the managed recovery programme
  - Working in partnership with our partner organisations on a number of projects and plan including financial management
  - introducing a new agile workforce to support research in the community and non-NHS settings
  - Developing a local Primary Care Strategy to raise awareness of the successes within Primary Care but also consider widening partnerships, raising awareness and increasing capacity

### 2020/21 CRN North Thames Annual Report (appendix 2)

5. The annual plan template allowed a maximum of four pages and therefore an abbreviated summary of successes and challenges in relation to urgent health and vaccine studies were outlined in this document. Other focus areas included workforce, patient and public involvement and engagement and other non-urgent public health related activities. The next steps are for us to produce a longer more inclusive document around some of the successes and learnings from the past eighteen months.

### NEXT STEPS

6. CRN Partnership Group is the representative group of LCRN Partners and is advisory to the LCRN Executive Group and is required to approve both the Annual Report 2020/21 and Annual Plan 2021/22.

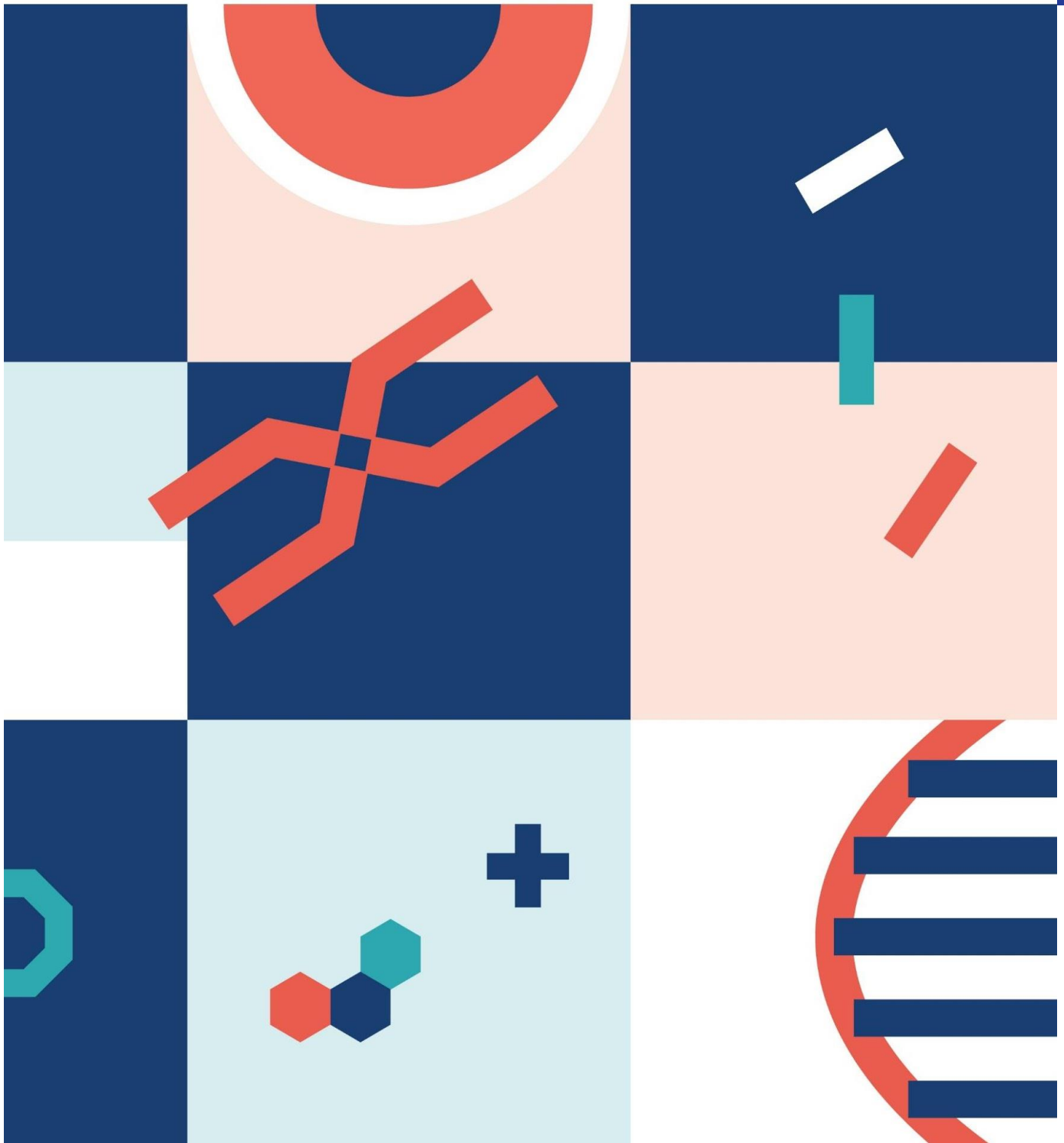
#### UCLPartners Executive (& CRN Partnership Board)

- Chaired by Steve Thornton (UCLPartners MD)
  - Partnership Board portion of the meeting is chaired by David Probert
  - Every other month (2nd Monday of the month starting at midday)
  - Attendees: CEOs and ICS leads of the UCLP geography (geography is the same for ARC, AHSN & CRN)
7. Both papers were taken to UCLP Executive on **12<sup>th</sup> July 2021**, and both were approved. We now require Host Board approval

### RECOMMENDATION

8. The Trust Board is asked to:
  - Review and approve the CRN Annual Report 2020/21
  - Review and approved the CRN Annual Plan for 2021/22

# NIHR CRN North Thames Annual Plan 2021/2022





## Clinical Research Network CRN North Thames

### 2021/22 Annual Plan

Date of Annual Plan submission: 28/May/2021

#### Host Organisation Approval

Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	No
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	Pending 29th July 2021
Confirmation that this Annual Plan has been formally approved by the LCRN Host Organisation Board:	No
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	Pending 22nd July 2021

If this Annual Plan has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN

Section 1. Contract Compliance				
Section 1 of the template should be used to provide the LCRN's RAG status against the mandatory requirements of the Performance and Operating Framework				
RAG Status				
Colours in the RAG column are automated. Please select Green, Amber or Red from the drop-down menu in column D and the colour will update automatically.				
<b>Green</b>		Fully compliant with all mandatory requirements within 2021/22		
<b>Amber</b>		Compliant with some but not all mandatory requirements within 2021/22		
<b>Red</b>		Not compliant with any of the mandatory requirements within 2021/22		
Plan Ref	POF Section		RAG	Comments
1.1	C.2.	General Management	Green	
1.2	C.3.	Financial Management	Green	
1.3	C.4.	CRN Specialties	Green	
1.4	C.5.	Research Delivery	Green	
1.5	C.6.	Information and Knowledge	Green	
1.6	C.7.	Communications	Green	
1.7	C.8.	Patient and Public Involvement and Engagement (PPIE)	Green	
1.8	C.9.	Health and Care Services Engagement	Green	
1.9	C.10.	Workforce Learning and Organisational Development	Green	
1.10	C.11.	Business Development and Marketing	Green	

Section 2: High Level Objectives									
Plan Ref	Objective	Measure	Ambition	LCRN Target	How target has been determined and supporting rationale	Title of Project	Expected outcome(s) as a numbered list	Link (optional)	
2.1	Efficient Study Delivery	Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	(1) Proportion of new commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites	80%	N/A	N/A	1. Use performance monitoring dashboard in national ODP app alongside local data in the CRN NT ODP app. 2. Monitor study and site level performance in accordance with Performance Monitoring and Target Setting SOPs	1. More accurate, real-time, record of local intelligence and study progress and status to allow a more proactive approach to monitoring performance and identifying challenges early.	<a href="#">link to CRN North Thames ODP app</a>
			(2) Proportion of commercial contract studies in the managed recovery process achieving or surpassing their recruitment target during their planned recruitment period	80%	N/A	N/A	1. Use performance monitoring dashboard in national ODP app alongside local data in the CRN NT ODP app. 2. Monitor study and site level performance in accordance with Performance Monitoring and Target Setting SOPs	1. More accurate, real-time, record of local intelligence and study progress and status to allow a more proactive approach to monitoring performance and identifying challenges early.	
			(3) Proportion of non-commercial studies in the managed recovery process achieving or surpassing their recruitment target during their planned recruitment period	70%	N/A	N/A	1. Embed the use of the new PM dashboard on national and NT ODP app to effectively PM CRN NT portfolio studies. 2. Draft local KPIs and create a report to enable awareness and action of problem studies. 3. Report to be shared at all core LCRN mandated (including SPOC visits and specialty) meetings, where appropriate.	1. Increased number of studies meeting RTT targets. 2 & 3. Increased engagement with Partners and responsibility for routinely performance managing their local studies and escalating challenges/barriers to recruitment in a timely manner.	
2.2	Provider Participation	Widen participation in research by enabling the involvement of a range of health and social care providers	(1) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies	99%	N/A	N/A	1. Further training with EDGE Admins and Study Teams, to ensure that they are competent to use EDGE to enter recruitment data as well as address queried data and confirm data in CPMS. 2. Introduce RD Leadership (operational) Group and share reports with them on a regular basis. 3. Increase PPIE activities at Partner Organisations by raising further awareness of research and its benefits with the public and patients. 4. Review SSS services and localise to support the health and social care researchers/organisations (NHS). 5. Build on a training programme/roadshows of the SSS service, in collaboration with BI and Industry Team to ensure that the Core Team and Partner Organisations are abreast of the service offering within CRN NT health and social care provider settings.	1. Increased regular review of the recruitment data and recruitment confirmations undertaken by sponsors on a regular basis. Increased level of engagement with Trust based EDGE Admins, study teams, and sponsors of our lead network studies. 2. Increased awareness of the level of research activity within NHS Partner Organisations, and highlighting opportunities and challenges to deliver research. 3. Increased understanding of the CRN Portfolio in NHS settings. 4. Increase access of SSS amongst NHS settings. 5. Increase compliance noted in the Study Start Up Tracker for NHS setting research.	
			(2) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	70%	N/A	N/A	1. (RRG) Support Partner organisations to rebuild their commercial research activity 2. Mental Health commercial research initiative 3. Where relevant work with partner organisations to review and develop income distribution and capacity building models.	1. Reduce the periods of low commercial recruitment activity 2. Increase the number of commercial studies in Mental Health and Community Trusts. 3. Build capacity for a more sustainable workforce for commercial research	

			(3) Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	45%	N/A	N/A	<p>1) Work cross-divisionally with IoM, RDMs and Specialty Leads to identify and increase the portfolio of studies that can delivered in Primary Care. Sharing examples with secondary care supporting of the types of community services, for example cardiovascular, diabetes and respiratory specialties.</p> <p>2) Build on the PRINCIPLE study identify portfolio studies to ensure continued engagement with Primary Care sites. Utilising local intelligence (Noclor and LEH delivery teams; PC research champions; BI teams) to horizon scan for appropriate studies which meet the varied capabilities of the GPs within the CRN NT region.</p> <p>3) <b>(RRG)</b> CRN NT to directly support post(s) to utilise PC e-records (System One ) across the region to build and implement search facilities for suitable patients for research studies.</p> <p>4) Review the operational role of the PC Research Champion workforce and identify opportunities for expanding the PC research portfolio across the region.</p> <p>5) Establish local working group of PC stakeholders to advise on portfolio studies and strategies to increase recruitment across the region.</p>	<p>1 &amp; 2 &amp; 4 &amp; 5. Increase in the number of studies and recruitment delivered in primary care setting.</p> <p>3. Access to search facility via System One and increased use of this system to identify potential participants.</p>
2.3	Participant Experience	Demonstrate to people taking part in health and social care research studies that their contribution is valued	Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey, each year	12,000	TBC	TBC	<p>1. Better understand why some POs did not deliver PRES during 2020/21 and encourage their involvement this year (Camden &amp; Islington; BEH, and NELFT).</p> <p>2. Ensure participating sites are embedding PRES is routine clinical practice when all patients come to the end of their research trial.</p> <p>3. Encourage all participating sites to review their raw data regularly using the PRES dashboard on the ODP App</p>	<p>1. More POs delivering PRES.</p> <p>2. An increased number of responses from a wider number of specialties compared to 2020/21.</p>

Section 3: CRN National Priorities			
Plan Ref	Priority Activity	Description of any planned contributions (where known)	Link (optional)
<b>COVID-19 Research</b>			
3.1	<p>Deliver new and existing activities relevant to the research response to the COVID-19 pandemic</p> <p>1) COVID-19 Vaccine studies</p> <p>2) COVID-19 Non-Vaccine studies</p>	<p>1a) Continue to host North Thames Vaccine research working group to review study placement and recruitment where appropriate but also consider support for any new COVID related study coming onto the portfolio.</p> <p>1b) Build on the success of the local vaccine regional models and consider process across particular specialities i.e. CVD, cancer or other non-COVID vaccines i.e. MenB/Flu</p> <p>1c) Support national CUE-TIP team (COVID-19 Understanding and Elimination - Trials Implementation Panel): Robert Pleass a member of this group</p> <p>2a) Introduce 'Long-Covid' research working group with Research Specialty Lead as Chair</p> <p>2b) Identify sites in North Thames with capacity to support long covid studies and consider carefully the support they fill is required.</p> <p>2c) To consider webinars to embrace junior doctors and potential PIs for the Associate PI Scheme (reference 4.17)</p>	<p><a href="#">Terms of reference for vaccine research delivery group</a></p>
<b>Recovery, Resilience and Growth of Clinical Research</b>			
3.2	<p>Deliver the CRN activities in the DHSC Recovery, Resilience and Growth Programme</p>	<p><b>SPECIFIC PROJECTS AND PROGRAMMES OF ACTIVITY SUPPORTING THIS NATIONAL PRIORITY RRG ARE LISTED UNDER SECTION 4: LCRN INITIATIVES AND ARE HIGHLIGHTED WITH RRG IN THE SUBJECT HEADING</b></p> <p>1) Supporting the national managed recovery of NIHR CRN Portfolio in partnership with NHS partner organisations. Consider efficient and effective communications and intelligence sharing to reduce admin burden.</p> <p>2) Introduce a working group to review the national guidance around RRG programme and how we implement locally. Group to offer strategic coordination of key areas of work (projects see tab 4), ensuring activities are aligned, and are communicated coherently to our partner organisations, commercial and non-commercial sponsors. These will align with the DHSC UK Vision of Clinical Research.</p> <p>3) Undertake project in collaboration with partner organisations to better understand the barriers and enablers to deliver patient centred research and use this as a basis for the design of interventions which will enable a step change in practice - i.e. identifying local health inequalities and aligning these to funding calls in those respective areas.</p> <p>4) Review and refine the use of metrics, measures and incentives used to drive the behaviours and ultimately the performance needed to achieve the national programmes aims.</p>	
<b>NIHR CRN Strategic Improvement Priorities</b>			



3.3	Primary Care Research Engagement	<p>1) Introduce working group to apply national strategy locally. Establish representation across the existing PC teams, PC Research Champions and identify appropriate individuals with expertise in delivering research in a variety of settings outlined in the Strategy, for example prisons, schools, care homes, to advise on implementation of the Strategy.</p> <p>2) To work with Noclor and Essex and Herts Primary care teams to build capacity in primary care in respective regions, linking with new DDT workforce to deliver research in community and Non-NHS settings linked with PC, such as care homes; prisons; schools.</p> <p>3) Continue to work Pan-London to identify regional opportunities and to share best practice. The Pan-London working group has been a valuable forum for identifying research opportunities and establishing common practices to ensure equity of access across the regions.</p> <p>4) Work closely with CRN RSLs, Continuous Improvement Lead, Business Intelligence team and PC delivery teams to review allocation of recruitment and identify areas where PC research activity can be more fairly acknowledged.</p>	
3.4	Review and Refresh Research Delivery (including Direct Delivery Team)	<p>1) Develop project brief on the plans for the agile workforce (Direct Delivery Team, DDT) in North Thames. Bringing together a working group to discuss employment of DDT, induction, training, risks and issues. To be reported up to Executive at each meeting</p> <p>2) Work with CRN NT RSLs, especially PH and SC and BI to identify areas of activity and unmet need within CRN NT region.</p> <p>2) BI to provide RDMs with a "heat map" of local health needs including non-NHS settings. RDMs to work with RSLs to prioritise delivery of research in those areas, in conjunction with the DDT and where necessary the Social Care and Public Health RSLs to ensure equity of access to research in non-NHS settings such as care homes and schools. Local initiatives may include mental health, obesity, diabetes, respiratory conditions such as childhood asthma.</p>	

**Section 4: LCRN Initiatives**

Section 4 of the template should be used to detail local initiatives and projects to be delivered in 2021/22, that the LCRN would like the CRNCC and other LCRNs to be aware of. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Supra-network collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/or other external organisations should also be included.

In the case of Supra-network projects or collaborative projects with other LCRNs the project should be included in the Annual Plan of each participating LCRN.

Plan Ref	Supra-network	POF section(s)	Title of Project	Expected outcome(s) as a numbered list
4.10	Yes	C.8. Patient and Public Involvement and Engagement	<b>(RRG) Equality, Diversity &amp; Inclusion</b>	<ol style="list-style-type: none"> <li>1) To consider most appropriate next steps to recognise and support equality, inclusion and diversity in our local region (or join EDI group)</li> <li>2) Consider how we engage with underserved communities (e.g focus groups with support from PPIE reps/champions)</li> <li>3) Locally, embed equality, diversity and inclusion in our culture and the way we work, so that we can attract the best people and take forward the best ideas and the best research</li> </ol>
4.11	No	C.9. NHS Engagement	<b>(RRG) Active Promotion of NIHR Funding calls across all specialties</b>	<ol style="list-style-type: none"> <li>1) Regular review of NIHR funding calls through NETSCC, Academy etc.</li> <li>2) Share with specialty leads and NHS R&amp;D</li> <li>2) Monitor the number of funding applications submitted from within North Thames</li> </ol>
4.25	No	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Develop competency framework around Study Support Service for core team staff</b>  (NT CORE team)	<ol style="list-style-type: none"> <li>1) Review of feedback from NHS R&amp;D colleagues across the region and identify key areas for development</li> <li>2) Scope levels of skills and training available associated with national processes and procedures (i.e. Acord)</li> <li>3) Introduce competency framework aligned to annual individuals appraisals and national</li> </ol>
4.2	No	C.3. Financial Management	<b>Re introduce CRN North Thames funding working group</b>	<ol style="list-style-type: none"> <li>1) co-Chair from NHS R&amp;D to support CRN Leadership outputs and communications</li> <li>2) Regular review of finance management</li> <li>3) Wider understanding of the mandated requirements within the POF for NHS R&amp;D</li> </ol>
4.6	No	C.5. Research Delivery	<b>Preparation for planned opening of Proton Beam Therapy Centre research at UCLH</b>	<ol style="list-style-type: none"> <li>1) Plan promotional comms/news piece on opening of Proton Beam centre in August 2021 (work with CRN Greater Manchester and Christie)</li> <li>2) Consider what support NT can offer to support research activity</li> <li>3) Establishing process for acknowledging recruitment activity with recruiting sites other than UCLH</li> </ol>
4.7	No	C.5. Research Delivery	<b>Preparation and planning for potential move of Mount Vernon (Eastern) cancer services move to UCLH (North Thames)</b>	<ol style="list-style-type: none"> <li>1) Seamless move of clinical/research services from Mount Vernon to UCLH</li> <li>2) Agreed process and financial support for research staff currently funded through Eastern CRN</li> </ol>
4.15	No	C.9. NHS Engagement	<b>(RRG) Learning from excellence - Recruiting to RECOVERY</b>  Joint programme of activity with UCLPartners	<ol style="list-style-type: none"> <li>1) Identify two willing partners who recruited to RECOVERY beyond the expectations associated with their research portfolio April-May 2021</li> <li>2) Develop hypotheses for recruitment through stakeholder discussion April 2021</li> <li>3) Test hypotheses using semi-structured interviews of different workforce groups and key individual June 2021</li> <li>4) Results synthesis July 2021</li> <li>5) Socialisation and discussion of findings amongst stakeholders with the partnership - July 2021 onwards</li> </ol>
4.27	No	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Introduce North Thames Training and Development Committee</b>  (NT CORE team)	<ol style="list-style-type: none"> <li>1) Understand the needs of the core team as a whole and identify opportunities for training which may be of benefit to a wider audience, and therefore support Directorate wide activities associated with continuous improvement of service delivery.</li> <li>2) To support individuals within the core team seeking opportunities for personal and professional development.</li> </ol>

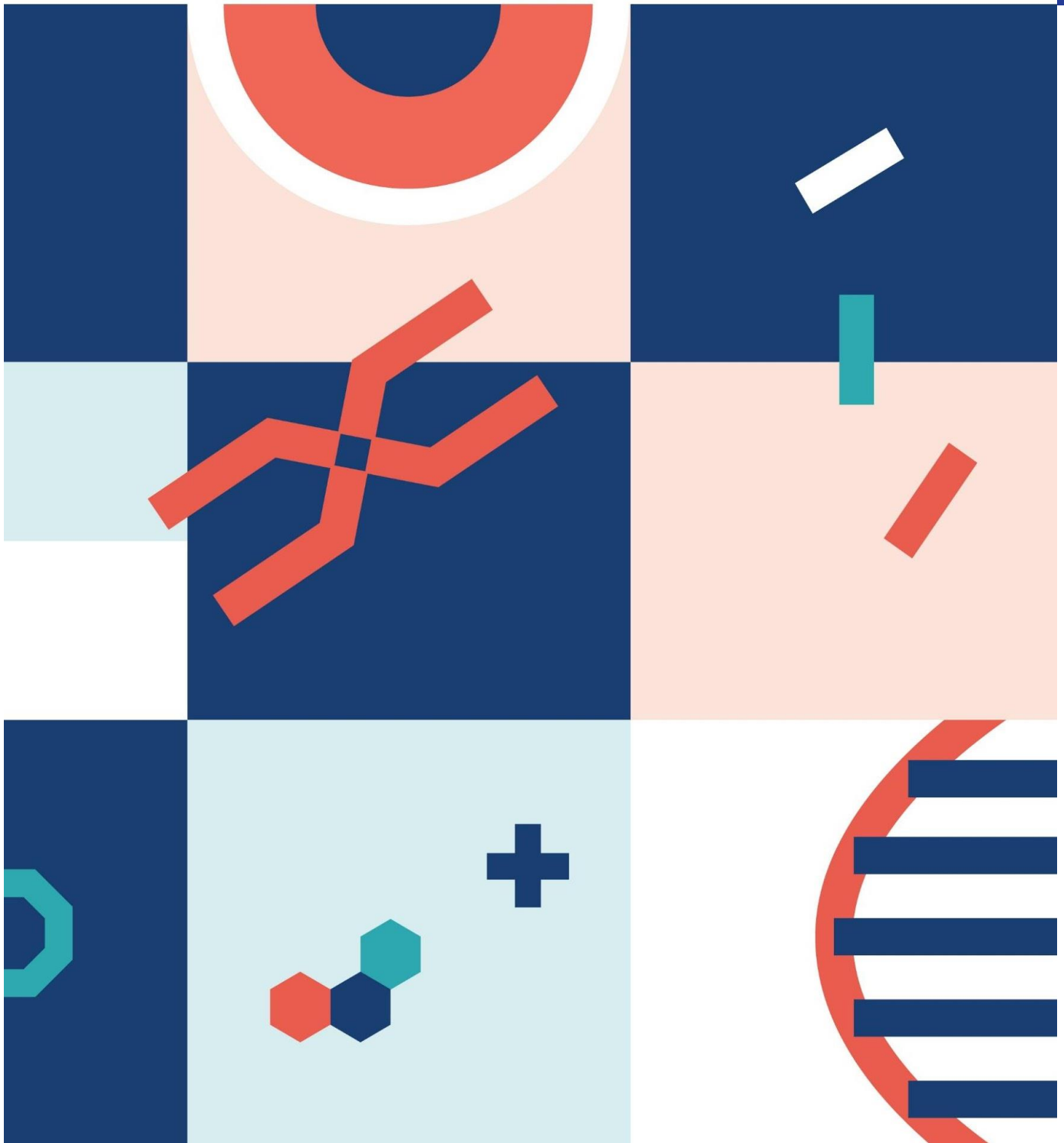
4.17	Yes	C.10. Workforce Learning and Organ	<b>(RRG) Promoting the Associate PI Scheme</b>  Supporting junior medics/research naive clinicians starting in research role	<ul style="list-style-type: none"> <li>1) Communications plan to promote awareness and guidance</li> <li>2) Increase number of individuals registered on the scheme</li> <li>3) Clare Shaw to attend RSL meeting May 2021 to describe API scheme</li> <li>4) Consider how API scheme can influence and support Long covid activities</li> </ul>
4.32	No	C.11. Business Development and Marketing	<b>(RRG) Redesign Feasibility database</b>	<ul style="list-style-type: none"> <li>1) Searchable database of facilities, investigators and capability for commercial research linked to past performance and future ambitions</li> </ul>
4.31	No	C.11. Business Development and Marketing	<b>Mid and South Essex NHS Foundation Trust commercial research strategy</b>	<ul style="list-style-type: none"> <li>1) To support the combined R&amp;D function across the three organisations to develop a strategy to grow the commercial research portfolio and opportunities for the patients</li> </ul>
4.33	No	C.11. Business Development and Marketing	<b>Cognizant Shared Investigator Platform</b>	<ul style="list-style-type: none"> <li>1) Academic and acute Trusts have complete Organisation and facility profiles with appropriate R&amp;D oversight</li> <li>2) Research Teams and PI are registered in SIP</li> <li>3) SIP profiles are aligned with the sponsors use of SIP to optimise site visibility</li> <li>4) Increased use of SIP for study management and delivery</li> </ul>
4.5	No	C.5. Research Delivery	<b>(RRG) Remote Site qualification and selection for commercial studies</b>	<ul style="list-style-type: none"> <li>1) Support sites to develop a 'video walk through' of facilities and capabilities to aid site selection to reduce the need for on site visits</li> </ul>
new	No	C.5. Research Delivery	<b>(RRG) Demonstrate recovery, resilience and growth by delivering increased recruitment to NIHR CRN Portfolio studies, excluding (i) all Urgent Public Health (UPH) studies, and (ii) all non-UPH COVID-19 related) studies</b>	<ul style="list-style-type: none"> <li>1) Embed the use of the new PM dashboard on ODP to effectively PM CRN NT portfolio studies</li> <li>2) Draft local KPIs and create a report to enable awareness and action of problem studies</li> <li>3) Report to be shared at all core LCRN mandated (including SPOC visits and specialty) meetings, where appropriate</li> <li>4) Senior Leadership team to meet with R&amp;D management for each Trust and outline their respective plans for RRG "</li> </ul>
4.18	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Promote and sustain a culture of Continuous Improvement across all areas of LCRN activity to develop the NIHR CRN and its services including optimising performance.</b>  (PAN-LONDON WFDs/CIs)  (aimed at LOCAL DELIVERY teams)	<ul style="list-style-type: none"> <li>1) In discussion with CRN NT Leadership and local partners support the implementation of CI Advocates to identify opportunities for CI projects.</li> <li>2) Work Supra-regionally to develop CI Advocate role description.</li> <li>3) Align CI initiatives with WLOD through joint Supra regional WLOD and CI meetings to share best practice; sharing of learning and training resources (for example NIHR Personal Resilience Training).</li> </ul>
4.4	No	C.5. Research Delivery	<b>Identify potential non-NHS sites</b>	<ul style="list-style-type: none"> <li>1) Work closely with the following stakeholders to jointly identify Non-NHS sites. PC delivery teams (noclor/LEH); PH and Social Care Specialty Research Leads within the ARC; HEIs; NIHR School for Public Health Research at QMUL and School for Social Care at LSE; LAs; local social care networks, eg: PallE8</li> <li>2) Build on the success of the CRN NT-led VIVALDI study to identify care homes in the region that took part in research and continue to engage with them, horizon scanning via national ENRICH team, Social Care Specialty Lead, to ensure appropriate studies can be delivered, in conjunction with DDT workforce, in the region.</li> <li>3) Work with NIHR URiCH information team to build appropriate communication materials and via CRN NT Comms. and local research and delivery teams roll-out to care homes in the CRN NT region to engage research naive care home staff into research.</li> </ul>

4.3	No	C.4. CRN Specialties	<b>Mental Health Research Collaborative</b>  Joint programme of activity with UCLPartners	To build a research active system across the mental health trusts within UCLP to:  1) Deliver equity of access to research for patients 2) Increase staff participation in research 3) Increase volume of research activity (in particular commercial research) 4) Develop a regional Mental Health Marketing profile
4.14	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>(RRG) Return to office (170 Tottenham Court Road)</b>	1) Send out "short survey" to help us understand positives and negatives in with working from home vs. office based - COMPLETE 2) Well-being group to review results from survey and feed into the CRNCC Future Working plans and next steps - COMPLETE 3) Work with UCLPartners and pan-London colleagues in 'office function and layout; ahead of government lifting of working from home rules. - IN PROCESS 4) NT rep to be member of the CRNCC Future Working Knowledge Sharing Group and sharing of best practices - COMPLETE (Ginette Hoare)
4.8	No	C.7. Communications	<b>(RRG) Launch the CRN NT 'big thank you' campaign</b>	1) As part of the RRG working group, prepare project brief for 'big thank you' campaign across the region 2) Prepare a short form for NHS staff to put forward and recognise the efforts of individuals during the pandemic 2) Gather information and approach named individuals for comments/video/blog/photo etc 3) Approach marketing/PR company (possibly through UCL) to develop a short film celebrating some of the successes and challenges. 4) Seek high profile individuals to 'thank' all CRN NHS staff for supporting research
4.28	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>(RRG) Build a local network of research nurses and midwives in North Thames</b>	1) To work with the Lead Research Nurses at the partner organisations to provide joined up nursing leadership and to promote engagement with all research delivery team staff, including those working on BRC and CRF funded research activity. 2) Support initiatives to develop Research Nurses and Midwives to take on the role of Principal Investigator and develop nurse led portfolio research studies 3) To work with NHS R&D to better understand the local workforce, identify challenges and barriers relating to clinical research delivery and work with staff to drive forward potential solutions 4) To raise the profile of clinical research nurses and midwives by acting as an advocate for their work
4.12	No	C.9. NHS Engagement	<b>(RRG) Review and deliver a Local NHS Engagement Plan, and continued engagement of LCRN Host and Partner organisation</b>	1) Review in more detail the latest partner survey, identify themes and consider steps to improve position in forthcoming surveys. 2) Meet with each R&D leadership and establish their role in RRG, performance, VFM and support for a Local NHS Engagement Plan for continued engagement of LCRN Host and Partner organisation 3) Identify projects and programmes from annual plan in which R&D Management could support/co-chair 4) To 're-launch' North Thames with increased interactions with NHS R&D, improved communications resulting in better understanding of the role of the CRN NT and that of its staff"

4.3	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Develop Clinical Research Practitioner community</b>  (PAN-LONDON WFDs)	1) Appoint a supra regional CRP lead with champions from each region to develop a platform for networking, sharing best practice and development.
4.24	No	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Picker staff survey (CORE team)</b>	1) Analyse the findings from the Picker survey 2020  2) Establish working groups to act on findings and share action plan with the core team  3) Review of outcomes and repeat survey in Q3
4.19	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Understand and respond to the development needs of the research workforce</b>  (PAN-LONDON WFDs)  (aimed at LOCAL DELIVERY teams)	1) Administer (national) 'What are your development needs?' survey (Q1)  2) Produce supra-regional report of survey results, to include both the development areas identified as well as the preferred ways of learning (F2F, virtual, blended, bite-size, micro-, self-determined, etc) (by end Q2)  3) Formulate and initiate action plan with agreed milestones for Q3 and Q4
4.20	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Develop training facilitators to deliver training virtually</b>  (PAN-LONDON WFDs)	Group of skilled facilitators across the supra-network who can  1) confidently deliver training (e.g. GCP, Informed Consent, PI Essentials) virtually  2) support continuing development of other facilitators
4.21	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Revitalise and standardise 'Next Steps in Delivering Clinical Research' for national delivery</b>  (PAN-LONDON WFDs)  (LOCAL/CORE DELIVERY team)	1) Existing NWL (flipped-classroom) content made more digitally-engaging (TV&SM learning technologist, Q1)  2) Pilot new-look course across supra-region (Q2-Q4)  3) Present case for inclusion in the National Learning Directory to NLD Steering Group (end Q4)
4.22	No	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Increase access to high quality learning for CRN North Thames CRN funded workforce with the skills to respond to the current needs of the network</b>	(1) Deliver an local programme of engagement and learning activities with identified key communities
4.23	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Develop ALP alumni community of practice</b>  (PAN-LONDON WFDs)	1) Digital platform for supra-regional ALP alumni to share, support and co-create
4.29	Yes	C.10. Workforce Learning and Organisational Development (WLOD)	<b>Develop awareness, culture and training within the workforce of research that involves digital health technologies</b>  (PAN-LONDON WFDs)	1) The creation of CRN digital champions through awards, fellowships and digital health technology company placements  2) The development of technologies to assist and familiarise the workforce with digital tech such as "TypeForm" or "Google Form" hub for submitting CI ideas  3) A CRN communications programme to share and promote good practice using Digital technologies locally and elsewhere (regionally & nationally) e.g. mentoring website, Screening Aid app
4.1	No	C.2. General Management	<b>Introduce CRN North Thames escalation policy and publish governance structure on CRN North Thames website.</b>	1) Review the East Midlands CRN resolution procedure and work with R&D colleagues to establish local CRN North Thames escalation process.  2) Clearly outline the governance arrangements for CRN North Thames, highlight the structure and main contacts and publish on CRN North Thames website
4.13	No	C.9. NHS Engagement	<b>Review of the previous Customer Satisfaction Surveys</b>	1) Better understanding of the detail in the previous customer satisfaction surveys  2) Introduce plan to distribute via central comms and divisional teams and request that NHS R&D support this function and dissemination
4.26	No	C.10. Workforce Learning and Organisational Development (WLOD)	<b>re' Induction of North Thames Specialty leads</b>	1) Invite all specialty leads to describe how they meet requirements within the POF  2) Identify any gaps in training and support for RSLs  2) All specialty leads appointed in 2020 receive face-to-face induction into role

4.16	No	C.10. Workforce Learning and Organ	<p><b>NIHR- AoMRC Competition</b></p> <p>The National Institute of Health Research (NIHR), in partnership with the Academy of Medical Royal Colleges (AoMRC), are inviting Higher Education Institutions to apply for funding to develop a Postgraduate Certificate focused on the practical elements of clinical research.</p> <p>Wed 2 June 2021 - Deadline for submission</p> <p>June/July 2021 - Notification of the award</p>	<p>1) Support from NIHR North Thames in the application process (supporting letter to be submitted)</p> <p>2) Learners will develop practical experience in the supportive context of a clinical research network while working on existing research studies;</p> <p>3) access to high quality interactive online learning to develop knowledge and insight in respect of the approaches to, and delivery of, clinical research.</p>
4.9	No	C.8. Patient and Public Involvement a	<p><b>Secondary schools engagement project</b></p>	<p>1) Establish focus group with stakeholder inclusion</p> <p>2) Produce materials to deliver interactive sessions in schools</p> <p>3) Reach out to small number of secondary schools across NT.</p> <p>4) Deliver sessions in a number of schools</p>

# NIHR CRN North Thames Annual Report 2020/2021



## CRN North Thames 2020/21 LCRN Annual Report

### Section 1. The LCRN's contribution to three Category 1A or Category 1B Priority studies.

Following the announcement of the global pandemic in March 2020, CRN North Thames (NT) immediately created a local operational process, detailing the roles and responsibilities for staff and/or teams within CRN NT. This provided guidance for researchers and Partner Organisations (POs), from early contact and engagement with the research teams, right the way through to delivery of the study. Research Delivery Managers (RDM) were assigned the role of 'Study Coordinator (SC)' for lead network studies and the Senior Portfolio/Industry/SSS Officer acted as SC for participating site studies. The SCs actively worked in collaboration with the national team at CRN Coordinating Centre (CC), study teams/Chief and Principal Investigators, POs across the regions and other Local CRNs (LCRNs), ensuring a high quality service provision to the Urgent Public Health (UPH) badged portfolio of studies. Weekly meetings were held to discuss all UPH badged activity, identify any issues for escalation, report back to the CRN CC and report up to NT Executive Group, enabling successful delivery of the studies. We saw huge successes in the local delivery of the **RECOVERY study (CPMS ID:45388)** with over 3,300 patients recruited NT wide, and the involvement of so many district general hospitals (DGHS) demonstrating the value of a network. A number of new Principal Investigators (PIs) were also identified and keen to be PIs in the future. Three studies, in particular, benefited from this exceptional, innovative leadership and operational support provided by CRN NT colleagues.

**VIRUS WATCH V1 (CPMS ID: 45822) - LEVEL 1B** received its UPH status in April 2020, however, the central study team continued to refine the research questions which initially delayed the planned start date of recruitment until June 2020. The UPH Strategic Oversight Group notified the study team that further delays *could* lead to the study losing its UPH status. A direct and supportive approach from the CRN NT Division 5 RDM encouraged a more focused approach and the need to establish a 'network of Primary Care and Community sites' to deliver the study, in which fortnightly study calls with the sites were enacted. This intervention was pivotal in helping the study team exceed the recruitment target of 45,000 participants, and key data from the study was reviewed by the Scientific Advisory Group for Emergencies (SAGE). [This contributed to understanding the rates of antibody development following the first and second dose of COVID-19 vaccinations.](#)

**SIREN (CPMS ID: 45906) - LEVEL 1B and later recategorised to LEVEL 1A** study required an additional PCR and blood tests to detect the antibodies, which had cost implications. The additional costs activities were attributed inline with the AcoRD principles and costed by the CI and RDM, this was passed directly to Public Health England (PHE) and the Department of Health and Social Care (DHSC). This comprehensive and direct approach led to DHSC and PHE agreeing to cover these costs for all sites. In addition, regular meetings between the LCRNs and central study team enabled a number of issues to be identified and addressed up front. It was also noted early on that there was a disproportionately low number of staff from under-represented groups participating in the study. The central study team were quick to respond and provided helpful strategies to target certain staff groups i.e. staff from minority ethnic communities.

**COG-UK HOCI STUDY (CPMS ID: 45920) - LEVEL 1B** study supported the provision of intelligence, in real time, to the infection control and prevention (ICP) teams participating in the study on the location of transmission of hospital-acquired COVID-19 infections via genomic sequencing. CRN NT had the opportunity to support the team at Barts Health NHS Trust during the second wave of the pandemic (January-March 2021) by deploying a CRN NT core team staff member to the research delivery team at the Trust. Regular meetings enabled effective communication of the unique requirements of the study. CRN NT facilitated the CI and central study team to directly address and work through the logistical challenges experienced with delivering the study at sites e.g. LCRNs identifying local sequencing 'hubs'. Initially, the national calls focussed on study set-up issues but as the study progressed, discussions



## CRN North Thames 2020/21 LCRN Annual Report

moved to support the delivery issues at sites, therefore ensuring the study was delivered effectively and all targets and milestones were met.

### Section 2. Challenges recruiting to Urgent Public Health (UPH) Prioritised studies

The Primary Care study **VIRUS WATCH V1 (CPMS ID: 45822)**, saw general practices use SMS messaging to make their patients aware of the study. This resulted in a significant increase in recruitment across the NT region. In addition, a number of CRN funded staff volunteered to undertake home visits for patients who were reluctant to travel and see their doctor in person. To increase the participation of the local population that are underrepresented in research, CRN NT targeted the local minority ethnic community by promoting their involvement and participation in the study. This was supported by the CRN NT Primary Care Teams by searching the ethnicity of their patients via their GP lists. They used this information to target the GPs with a high percentage of minority ethnic patients, inviting them to sign up to the study. This proved to be a successful approach as ~8,000 minority ethnic participants were recruited to the study.

For the acute/secondary sites, the role of the 'Study Coordinator' and the 'Single Point of Contact' (SPoC) was integral to the success of recruitment. Up-to-date knowledge of each site's UPH research activity was monitored, tracked and shared. A weekly SSS Operational Group meeting allowed any risks or issues to be escalated to the Trust's SPoC and senior leadership team, as necessary. The **VIVALDI study (CPMS ID: 45953)** involved the participation of care homes; however, early interactions identified a high level of resistance from care homes to engage with them due to the concerns with COVID-19 infection safety measures within the care home setting. Careful and sensitive approaches finally enabled engagement and recruitment in care homes.

A NT region-wide approach was adopted to support the delivery of COVID-19 vaccine research studies across NT. CRN NT established the Vaccine Research Delivery Group whereby all studies in the pipeline were discussed to a) ensure that the study sites were fairly spread across the region and b) monitor recruitment. The group encouraged collective decision making on the delivery of the studies, gathered support from the other organisations to identify potential participants, and promoted the studies and national training to the wider research delivery workforce. The majority of POs that were equipped to deliver the vaccine studies took the opportunity to involve their medical students and hence, increase the resources supporting the delivery of the studies locally.

The COVID-19 vaccine research registry was extensively promoted by the CRN NT communications team, through sharing of promotional resources, use of social media channels and media engagement. This resulted in more than 30,000 sign-ups to the registry across the CCGs in the CRN NT region.

The Mental Health and Community Care Trusts within CRN NT did not recruit to any UPH badged studies because they did not come into contact with COVID-19 patients. However, to support their neighbouring Trusts, they initiated the deployment of their research staff to the Trusts that were admitting and hospitalising patients with the infection e.g. Essex Partnership University Hospital research staff supported The Princess Alexandra Hospital during the first wave of the pandemic, or where required they deployed their research staff to the frontline to support their clinical areas.

### Section 3. Workforce

Moving the CRN NT team to remote working was relatively straightforward and demonstrated that despite the different working environment, CRN NT continued to work effectively contributing to the success of undertaking UPH related activities. From the outset, the senior leadership team met virtually three times a week to support the senior management team and continue to do so.

## CRN North Thames 2020/21 LCRN Annual Report

Initially, the first challenge for CRN NT was not having a central flexible team available to 'parachute' to hospital sites which were overwhelmed as COVID-19 hotspots. Like so many of the acute Trusts, Barking, Havering and Redbridge NHS Trust and Barnet Hospital (part of Royal Free London NHS Foundation Trust) struggled to find sufficient nursing support to deliver the platform UPH studies, even via the NHS return to nursing practise programme. One model which was particularly successful was the support provided from neighbouring POs. Many of the specialist Trusts across the network were keen to support the COVID-19 research effort. Staff from Moorfields Eye Hospital supported data entry at Whittington Health NHS Trust and Barts Health whilst Great Ormond Street Hospital deployed paediatric nurses from their Clinical Research Facility to University College London Hospital (UCLH), North Middlesex Hospital and the Royal Free Hospital.

CRN NT core team staff were also encouraged by their Host Organisation, Barts Health NHS Trust, to support frontline duties. Despite the high number of UPH and non-UPH studies requiring set up support, 2.2WTE staff supported UPH and vaccine studies at the Royal London and 2.5WTE supported UPH studies taking place at Watford General Hospital, Barnet Hospital and Whittington Health.

UCLH found it equally difficult to access volunteers to support UPH studies during the first wave of the pandemic, so they used all of their CRN NT vacancy funding to fund a team of 10 UPH research nurses/Clinical Trial Practitioners, which enabled the Trust to continue with minimal disruption. These additional staff also supported the 'restart' endeavour during the second wave. Both Homerton University Hospital and North Middlesex Hospital had a high proportion of staff shielding at home, so they utilised them to undertake remote data entry, study administration and coordination where possible.

### Section 4. Restart and Partner Organisation engagement

In the first quarter of 2020/21, recruitment to commercial contract research fell dramatically as hospitals focused on treating COVID-19 patients and routine clinical services were closed. Following the introduction of the national Restart Framework in May 2020, the CRN NT acting Chief Operating Officer, senior leadership and management teams led a programme of activity directly with POs, to support them in assessing conditions such as study viability, safety, and capacity and site readiness, increasing transparency across all POs.

Recruitment to the commercial portfolio began to increase in Q2 as paused studies started to reopen. Trusts organised their services and research resources to support non-COVID-19 research alongside COVID-19 research. In Q3 of 2021, recruitment to non-COVID-19 commercial clinical research was 78% of that seen at the same time in the previous financial year (451 compared to 577 recruits). In addition, 248 new commercial research clinical trial agreements were signed and confirmation of capacity and capabilities was issued for 257 commercial studies.

Much of the success of the local restart programme for non-commercial studies was through regular meetings with Research Specialty Leads who were monitoring the activity of non-COVID-19 paused studies and the studies that had restarted along with the NT senior management team. By November 2020, 3,408 studies (80%) were open and recruiting and this continued through the second wave across a number of specialties. Engagement with POs via the SPoCs supported conversations about continued CRN-funded staff support to un-paused non-COVID-19 studies.

The communications team extensively supported 'restart' by showcasing some of the activities through a number of case studies which were published on the NIHR website.

## CRN North Thames 2020/21 LCRN Annual Report

### Section 5. Patient and Public Involvement and Engagement (PPIE)

CRN NT supported patient and public involvement in UPH and vaccine studies by involving a number of research champions from CRN NT to be included as members on the national UPH lay person advisory group set up at the beginning of the pandemic. Many of the champions actively promoted the vaccine registry during 2020, through networking and online community meetings which were well received.

In terms of the Participant in Research Experience Survey (PRES), POs were updated on the new standardised approach for capturing information through the PRES and then given the choice of completing a paper survey or completing the survey online. CRN NT PRES 2020/21 was launched at the end of August 2020. With increased pressures on POs in managing the pandemic, the decision was taken not to set targets, but advised the POs to deliver PRES as best they could under the circumstances.

Twelve of our POs successfully delivered PRES to their participants taking part in the UPH and vaccine trials (70% of the adult surveys were badged under the infection specialty). Three sites which delivered vaccine studies: Royal Free Hospital, [UCLH](#) and Barts Health NHS Trust have since used feedback from the PRES to update and provide additional information to improve facilities for their research participants.

### Section 6. Selected non-COVID-19 LCRN achievement

Despite the focus on UPH studies, a number of studies continued to recruit patients across the region. The **OPTI-SURF (CPMS ID: 36652)** study looked at surfactant use in Newborn respiratory distress syndrome at the Homerton University Hospital NHS Trust. The site recruited more than 100 babies, making them one of the top recruiting sites in the country, and it is hoped that outcomes from the study will be used to inform the development of local and national guidelines on the optimal delivery of surfactant.

CRN NT has a large portfolio of cancer studies and it was reassuring to see sites such as UCLH continue to screen and recruit into at least 50 studies, with over 300 patients recruited during the pandemic. The Whittington Health Research and Development team were very effective in setting up, opening and recruiting to the cancer **NOVEL study (CPMS ID: 42025)** in December 2020 at the height of the second wave and has since recruited 12 participants. This demonstrated a determination to restart CRN Portfolio studies and to ensure equity of access to all patients to research.

The **OPTIMAS Trial (CPMS ID: 40836)** was funded through the British Heart Foundation and was investigating anticoagulation treatments in stroke patients. The study continued to recruit across 101 sites in the UK during the pandemic, with UCLH and West Hertfordshire Hospitals NHS Trust being the top two recruiting sites in England and was [highlighted in the UK Vision of Clinical Research published in May 2021](#).

The **ATTIRE study (CPMS ID: 18450)** was a large trial led by UCL/Royal Free Hospital and [published in the New England Journal of Medicine](#). It demonstrated that daily infusions of albumin provided no health benefit to patients hospitalised with advanced liver cirrhosis over and above 'standard care', where patients receive substantially less albumin. This finding results in major savings for the NHS.

Whilst many Mental Health and Primary Care sites closed their face-to-face consultations and moved to online appointments, non-COVID-19 recruitment continued across both settings, with sites such as North East London NHS Foundation Trust contributing to a total of 3,217 participants recruited into Mental Health studies in the region. The Noclor and Luton, Essex and Herts Primary Care teams also successfully recruited over 1,990 into Primary Care collectively placing both specialties ninth nationally for recruitment and demonstrating the importance of inclusivity during this challenging year.

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 13/22</b>
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<b>Title</b>	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2021
<b>Accountable Director</b>	Shane DeGaris, Deputy Chief Executive and Accountable Emergency Officer
<b>Author(s)</b>	Nina Mclean, Head of EPRR for Barts Health, Clinical Lead for Major Incident, Royal London Hospital
<b>Purpose</b>	Provide an annual report on the Trusts Emergency Preparedness to the Trust Board
<b>Previously considered by</b>	Group Executive Board

<p><b>Executive summary</b></p> <p>The report details the activities undertaken over the course of the last 12 months. The report notes that the Trust was reviewed internally and externally through the EPRR NHS England Assurance process and was identified as achieving <i>substantial</i> compliance against the EPRR Core Standards in 2021. The report notes that the assurance process for 2021 had been adapted due to the pandemic; and identifies focus areas for 2022.</p>
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<b>Related Trust objectives</b>
All

<b>Risk and Assurance</b>	All
<b>Related Assurance Framework entries</b>	All

<b>Legal implications/regulatory requirements</b>	This report reflects the Trusts fulfilment of duties and responsibilities under the Civil Contingencies Act (2004).
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<p><b>Action required</b></p> <p>The Trust Board is asked to note the report and approve the key areas of focus identified for the year 2022.</p>
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## **BARTS HEALTH NHS TRUST**

### **REPORT TO THE TRUST BOARD: 19 JANUARY 2022**

#### **EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE ANNUAL REPORT 2021**

- 1.1 The Civil Contingencies Act (2004) places a legal duty on Category one responders, including NHS Acute Trusts, to plan for and respond to a wide range of incidents. This includes implementing plans, providing training and exercises, reviewing response processes and ensuring the organisation can continue to provide services during periods of disruption.
- 1.2 The emergency planning team is responsible for ensuring that Bart's Health NHS Trust meets these obligations.
- 1.3 This report to the board provides a summary of the EPRR activities across the Trust for the period October 2020 to December 2021.

#### **MAJOR EVENTS**

- 2.1 During the identified period, the Trust has responded to three significant internal incidents in addition to the continual pandemic response.
- 2.2 On 7 July, an incident on the Royal London site required the partial evacuation of the site. The overall response to the incident from those involved was swift and demonstrated the caring and responsible attitude of staff towards patient safety and care. The evacuation process highlighted areas of learning for Barts Health staff, and external partners such as the Metropolitan Police Service who were part of the overall response. The incident highlighted the need to ensure that staff across all sites have regular training and exercising with external blue light partners such as the Police and Fire Brigade, as well as with local authority partners. The incident highlighted the importance of escalation and major incident declaration processes. These processes have been reviewed, amended, and approved by the Trust steering committee to ensure that sites are able to quickly declare major incidents in similar future events.
  - 2.2.1 One area of learning was the approach to seeking further back up of Incident Coordination centres (ICC). Since the incident there have been subsequent Tactical and Strategic back up ICC's identified and equipped, both on and off the site.
- 2.3 On 19 July, a critical incident was declared on the Royal London site due to a loss of power and temporary failure of generator back-up. The initial critical incident was stood down the same day but the site remained in business continuity measures for a further twenty-four hours. The cause of the power failure was due to a lightning strike. The incident has been investigated by the EFM team and modifications have been made to the site infrastructure. The site responded quickly and effectively to establish clear command and control structures. The learning review identified a need for greater detail

to be included in business continuity plans, and this has been addressed as part of the continual business continuity improvement programme.

- 2.4 On 25 July, London saw torrential rainfall resulting in two separate incidents for the Trust and the declaration of a major incident. The Newham site saw flooding and loss of service to their emergency department, and the Whipps Cross site saw mass flooding across its maternity and surgical ward areas resulting in the evacuation of 100 patients to other sites within the Trust and neighbouring Homerton Hospital.
- 2.5 The Newham flood resulted from the surge of rainfall and collapsed drainage. These problems were identified quickly and the incident was resolved that evening, and areas continued to be monitored throughout the night.
  - 2.5.1 The surge of rainfall resulted in the flooding of the energy centre and subsequent loss of power to the maternity block, emergency gynaecology unit, eye treatment centre and surgical block. The lack of power to the surgical block closed the urgent treatment centre, ambulatory care, pharmacy, outpatients and therapy services, and 168 beds and 12 theatres.
  - 2.5.2 The major incident status was stood down on 29 July and the Whipps Cross site remained in a critical incident status until 6 August as recovery measures continued through enhanced business continuity arrangements.
  - 2.5.3 Like the incidents seen at The Royal London site this incident highlighted the need to ensure that the Trust continues to train and exercise with external partners such as the London Fire Brigade, to ensure clarity over roles and responsibilities in such incidents.
  - 2.5.4 The incident has highlighted that future flood and evacuation plans need to be specifically tailored to each site. The plans are being refined for all sites within the Trust.
  - 2.5.5 The overall response to the incident was effective, demonstrating staff's flexibility in adapting working practices and their commitment to patient safety and well-being. The EPRR team is currently working to develop an evacuation system for the Trust.

## **EPRR GOVERNANCE AND TEAM STRUCTURE**

- 3.1 In 2020 the Trust Emergency Planning Manager was seconded into the Head of Emergency Planning; this secondment has been made a permanent position since December 2021. The vacant post created from this promotion is currently in the recruitment process.
  - 3.1.1 The team has been expanded on a temporary basis to include an additional three members of staff to support the Covid-19 Trust debrief and approaching public inquiry. The expansion of the team was provisionally for a 6 month period. It has been acknowledged by the Group Executive Board (and the NHSE assurance process) that the current resourcing for the EPRR function of the Trust should be revisited. Provisional agreement has been granted for the permanent expansion of the team, subject to approval of a related business case.

- 3.2 The risk register for emergency planning has been reviewed and risks have been redefined to reflect specific business continuity hazards. Additional risks have also been identified during the year in reviewing the response to incidents and in exercise programmes.

## **TRAINING PROGRAMME**

- 6.1 The annual training plan for 2021 was successfully completed; unfortunately, two exercises had to be cancelled due to staffing shortages and operational pressures. These exercises have been rescheduled for the 2022 training programme.
- 6.2 The training programme for 2022 continues to be developed, recognising a significant increase in training requirements arising from incidents highlighted in this paper.
- 6.3 A new training programme for the Tactical and Strategic staff is being developed and will be aligned to the National Occupational Standards for Major Incident response.
- 6.4 This year the team launched its first multi-agency training sessions with the London Fire Brigade, London Ambulance Service and the Metropolitan Police Counter Terrorism Unit. The sessions were aimed at the senior on-call managers and hospital directors on call. The sessions have been well received by the sites and will form part of the new competencies for tactical and strategic staff.
- 6.5 We continue to deliver counter terrorism training in line with HM government's counter terrorism strategy. We are working with our colleagues in the police to develop ways of delivering this on a much larger scale.

## **EXERCISES**

- 7.1 An exercise was arranged to assess the initial operational response (IOR) for contaminated casualties arriving at St Bartholomew's Hospital following a CBRN event (Chemical, biological, radiological and nuclear defence) and to identify areas of learning. Further exercises were held, including a live CBRN (Chemical, Biological, Radiological, Nuclear) exercise at both The Royal London Hospital and, separately at Whipps Cross Hospital. The exercises tested the emergency department's ability to respond to a CBRN incident including the process of decontamination, and identified areas of learning.
- 7.1.1 These exercises were successful and well received by all members of the multidisciplinary team. They highlighted areas of good practice and key areas for development; have demonstrated that the organisation is able to respond to such an incident, with some training needs identified for all staff and some specialist staff such as security personnel. Findings included:
- The requirement for a specific CBRN plan or standard operating procedure for St Bartholomew's Hospital as its response differs to the acute sites within the

Trust. The implementation of a robust plan combined with regular training will further develop

- The potential benefits of ‘slow time’ simulations to drill decontamination processes; to support staff doff PRPS suits. This role will be created and added to the CBRN plan as part of the action plan following this exercise.

7.2 There was due to be a live CBRN exercise to test the Newham Emergency Departments ability to respond to an incident. Unfortunately, due to staffing there were insufficient staff available to run the exercise on the day. The time was used to focus on wet decontamination skills and working with our external partners such as the LAS and London Fire Brigade. Staff present found it very beneficial to do a slow time simulation. This will now be incorporated in to CBRN training to ensure competence and confidence.

7.3 Walk through simulations for fire evacuation were supported by the London Fire Brigade and London Ambulance Service. Staff highlighted that being able to train with the external partners provided greater insight in to the realities of a fire evacuation and greater understanding of how partners worked.

7.4 A further exercise was conducted as the final part of a three-stage exercise programme looking at the evacuation of the Newham site in the event of a fire. Part 3 of the programme looked at the total evacuation of the Newham site due to fire. The exercise was a mutli agency exercise with members of the London Fire Brigade, Metropolitan police, Local Authority and London Ambulance Service participating. The exercise include all levels of the command and control structure for the Trust.

7.4.1 Participants of the exercise have fed back that they found it beneficial to have all external parties involved in the process enabling them to understand the requirements in a real life scenario.

7.4.2 The exercise has demonstrated key areas for development at all levels of the command and control structure, as well as for staff in the clinical areas. The learning points have formed the basis for the training and exercise programme for 2022 and 2023.

### Plans Review

8.1 The pandemic plan continues to be updated in response to the pandemic; the plan will be formally reviewed on receipt of new guidance from the National EPRR teams. The heat wave plan has undergone its yearly review reflecting changes to national guidance. The cold weather plan has undergone a formal review resulting in a re-write of the plan to incorporate the most recent guidance from UKHSA including considerations for Covid.

8.2 The emergency planning team are working with sites to amend major incident plans to reflect changes to patient flow in response to the pandemic. This will be an on-going process as the response to the pandemic develops.

8.3 The evacuation plans will be re-written this year to reflect learning from the incidents and will also now be site specific to ensure effective management of an evacuation scenario.



- 8.4 The CBRN plan has had its three year formal review, and has also been highlighted by NHSE as an example of best practice during the 2021 assurance process.

### **Business Continuity**

- 9.1 There has been a substantial improvement in the number of completed plans and in the detail within. The team continue to hold business continuity drop in clinics on all of the sites, should the increase to the team establishment be achieved the frequency of these clinics will be increased. The team aim to implement an electronic platform for the business continuity plans during 2022 to support access and the review process..
- 9.2 The 2021 assurance process has seen the Trust maintaining a substantial level of compliance against the EPRR Core Standards.
- 9.3 The drive to ensure all business continuity plans are reviewed and developed will continue, ensuring that all plans are available at the local, tactical and strategic level.
- 9.4 The team will continue to review and maintain response plans, with a particular focus on evacuation for 2022.

### **Recommendation**

- 10.1 The focus for the 2022 period will be to develop existing response structures to align with the requirements of a protracted incident. This will be achieved through bespoke education programmes at the tactical and strategic level. Business continuity reviews will improve resilience across all directorates within the Trust addressing areas of learning identified within the inter-pandemic review.
- 10.2 The Trust Board is asked to note the assurance report requirements and approve the subsequent strategy, objectives and resource requirements for the 2022 period.

**Nina Mclean**  
**Head of Emergency Preparedness, Resilience and Response**  
**Clinical Lead Major Incident Response for the Royal London Hospital.**  
**January 2022**

## BARTS HEALTH NHS TRUST

### REPORT TO THE TRUST BOARD: 19 JANUARY 2022

#### FINANCE AND INVESTMENT COMMITTEE ANNUAL REPORT 2020/21

##### INTRODUCTION AND SCOPE OF THE ANNUAL REPORT

1. In line with established best practice, the Finance and Investment Committee (FIC) submits an annual report to the Board setting out the approach taken to meet its terms of reference during the year, as well as confirming the framework within which ARC should operate. This year's report covers the period from 1 July 2020 to 30 September 2021.
2. The upwards reporting provided in this annual report is in addition to regular reporting to the Trust Board via the circulation of FIC minutes to all Board members and the provision of written / oral exception reports to each Trust Board meeting following each FIC meeting. This annual report therefore seeks to focus solely on (i) performance against ToR requirements and (ii) escalation of issues.
3. The purpose of the Finance and Investment Committee is to assist the Trust Board by acting independently to provide objective scrutiny of the Trust's financial plans, investment policy and major investment decisions. The Committee reviews the Trust's monthly financial performance and identify the key issues and risks requiring discussion or decision by the Trust Board.

##### SUMMARY OF COMPLIANCE WITH TERMS OF REFERENCE

4. FIC retained oversight of the key risks to delivery of the Trust's financial objectives during 2020/21 detailed in the Board Assurance Framework through the assurances outlined in the Committee's terms of reference (see table 1 below for headline details).

Table 1

TERMS OF REFERENCE HEADINGS	REQUIREMENT	EVIDENCE/DETAIL
<i>Authority/Purpose</i>	Role ✓	Met purpose detailed in para 3 above.
<i>Membership / frequency</i>	Meetings quorate ✓ Attendance (of members/attendees) satisfactory ✓ Minimum no of formal meetings held per year (10) ✓	Details of frequency/attendance published in Trust Annual Report. NED membership as at 1 September 2021: Alastair Camp (Chair), Gautam Dalal, Kim Kinnaird (with one vacancy following Natalie Howard's departure)
<i>Reporting /</i>	Escalation of issues in-year ✓	Every Board meeting

<b>escalation</b>		
	Annual work plan ✓	Included on each agenda
<b>Terms of Reference</b>	Review every two years ✓	Approved by Board on 04/11/20.
<b>Compliance with key duties</b>	<p><u>TOR key duties</u></p> <p>Scrutinise the development of the Trust's annual financial plan and long-term financial strategy and plan (both revenue and capital plans), including the underlying assumptions and methodology used, ahead of review and approval by the Trust Board ✓</p> <p>Review the Trust's monthly financial performance (including performance against Cost Improvement Programmes) and identify the key issues and risks requiring discussion or decision by the Trust Board, recognising that the primary ownership and accountability for the Trust's financial performance rests with the full Trust Board ✓</p> <p>Review at the request of the Trust Board specific aspects of financial performance including cash position where the Board requires additional scrutiny and assurance. ✓</p> <p>Conduct an annual review of service line reporting and discuss the implications for potential investment or disinvestment in services. ✓</p> <p>Approve and keep under review, on behalf of the Trust Board, the Trust's investment and borrowing strategy and policies. Receive reports on any non-compliance with treasury policies and procedures. ✓</p> <p>Evaluate, scrutinise and approve individual investment decisions, including through the review of Strategic, Outline and Full Business</p>	<p><u>Sources of assurance:</u></p> <p>Review and agreement of budget setting policy and revenue budgets capital plan and updates and financial aspects of operational plan (dates detailed below). FSM exit reviewed (02/12/20) Longer term system wide Drivers of the Financial Strategy commissioned (06/10/20)</p> <p>Monthly finance report. Efficiency reporting incorporated in this and IPR, with an additional operational and financial metrics monthly report introduced in-year to monitor trends and milestones to deliver value and transformation work.</p> <p>n/a in 2020/21</p> <p>Costing and SLR reports (07/10/20) and (02/06/21)</p> <p>n/a in 2020/21</p> <p>FIC has consistently reviewed all board-level business cases (including in 20/21 pathology partnership plans, Nightingale financing, SMLG, Whitechapel and Whipps Cross</p>

	<p>Cases. Business cases at agreed values will usually be referred to the Committee following initial review by the executive Investment Steering Committee and/or Trust Executive Committee, with input from Procurement as appropriate. ✓</p> <p>Receive reports from the Investment Steering Committee on the monitoring of major capital schemes and/or post project evaluation reports where related business cases have required prior Finance and Investment Committee approval (or on an exception basis following ISC/other executive committee review).</p> <p>Receive a report each year regarding the key principles and assumptions for the Trust's business planning and budget setting process. ✓</p> <p>To receive and review at each meeting those entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the Committee. Agreement on the allocation of oversight of BAF risks to lead committees will involve the relevant chairs and will be endorsed by the Trust Board. The full BAF will be received by the Trust Board at least three times a year. ✓</p> <p>Approve the establishment of joint ventures or other commercial partnerships/relationships including the incorporation of start-up companies. Make recommendations to the Trust Board in relation to any due diligence, warranties, assignments, investment agreements, etc. related to joint ventures, commercial partnerships or incorporation of start-up companies. ✓</p>	<p>redevelopment)</p> <p>Standing item from ISC providing updates on the capital programme, with other major proposals considered by exception (e.g. an Expression of Interest for Newham/Barking investment).</p> <p>Review and agreement of budget setting policy and revenue budgets (07/04/21, 05/05/21, 02/06/21) and H2 plans (03/11/21)</p> <p>Regular updates on the BAF entries with deep dives on fire safety (06/10/21) and further planned in December and February.</p> <p>An east and south east London pathology partnership joint venture was considered and endorsed in 2020/21. The Committee also supported proposals to strengthen existing contract management arrangements through the Procurement function.</p>
<p><b>Key exceptions / Possible gaps in compliance with key duties</b></p>	<p>None identified to report</p>	<p>.</p>

## ESCALATION TO THE BOARD

5. Any issues for escalation are reported to the Trust Board following each meeting; in practical terms, each FIC meeting precedes a meeting of the Trust Board enabling clear and straightforward identification of issues for Board attention.
6. The Finance and Investment Committee performs an important role in reviewing and inputting to the financial management of the organisation. In doing so it supports the Audit and Risk Committee and Quality Assurance Committee in their roles as the primary assurance committees of the Trust Board. FIC draws on the work of the executive Financial Strategy Board, Investment Steering Committee and Group Executive Board.

## COMMITTEE EFFECTIVENESS

7. Committee members undertook a self-assessment survey (alongside the other board committees) with outputs shared at its meeting in May 2021.

## CONCLUSION

8. As a result of its work during 2020/21, the Finance and Investment Committee has fulfilled the duties required by the Board as outlined in its terms of reference and in line with expectations of its regulators under financial special measures arrangements.
9. With the support of the Finance and Investment Committee, the Trust Board is asked to approve this report.

**Sean Collins**  
**Trust Secretary**  
**November 2021**

## BARTS HEALTH NHS TRUST

### AUDIT AND RISK COMMITTEE MEETING: 24 NOVEMBER 2021

### AUDIT AND RISK COMMITTEE ANNUAL REPORT 2020/21

#### INTRODUCTION AND SCOPE OF THE ANNUAL REPORT

1. In line with established best practice, the Audit and Risk Committee (ARC) submits an annual report to the Board setting out the approach taken to meet its terms of reference during the year, as well as confirming the framework within which ARC should operate. This year's report covers the 12 month period to 22 September 2021 (extended beyond the financial year to provide coverage of the Committee's key role in relation to review of statutory year end reporting).
2. The upwards reporting provided in this annual report is in addition to regular reporting to the Trust Board via the circulation of ARC minutes to all Board members and the provision of written exception reports to each Trust Board meeting following an ARC meeting. This annual report seeks therefore to focus solely on (i) performance against ToR requirements and (ii) a collated narrative of issues escalated to the Trust Board during the year.
3. The purpose of the Audit and Risk Committee is to assist the Trust Board by acting independently and objectively to monitor, review and report to the Trust Board on the processes of governance in place in the Trust. In fulfilling its responsibilities, ARC works in conjunction with the Quality Assurance Committee - which has a specific focus on the quality of services provided by the Trust and the governance, risk management and internal control systems required to ensure that the Trust's services deliver safe, high quality, patient-centred care.

#### SUMMARY OF COMPLIANCE WITH TERMS OF REFERENCE

4. The Audit and Risk Committee (ARC) retained oversight of the key risks to delivery of the Trust's objectives during 2020/21 (as detailed in the Board Assurance Framework) through the assurances outlined in the Committee's terms of reference (see table 1 below for headline details).

Table 1

TERMS OF REFERENCE HEADINGS	REQUIREMENT	EVIDENCE/DETAIL
<i>Authority/Purpose</i>	Role ✓	Met purpose – assuring on systems of control and risk management. In April 2021, the Committee reviewed a self-assessment by its members on its effectiveness.

<b>Membership / frequency</b>	Meetings quorate ✓ Attendance (of members/attendees) satisfactory ✓ No of formal meetings per year (3) plus one informal meeting ✓	Details of frequency/attendance published in Trust Annual Report. Membership as at 22 September 2021: Gautam Dalal (Chair), Kathy McLean, Kim Kinnaird and Margaret Exley.
<b>Reporting / escalation</b>	Escalation of issues in-year ✓	Every Board meeting following each ARC meeting
	ARC Annual report ✓	15/07/20
	QAC Annual report ✓	21/10/20
	Annual work plan ✓	22/09/21
<b>Terms of Reference</b>	Review every two years ✓	ToR Reviewed by ARC and approved by the Trust Board in November 2020
<b>Compliance with key duties</b>	<p><u>TOR key duties</u></p> <p>(i) Highlight any potential ultra vires, unlawful or improper transactions (None reported). ✓</p> <p>ii) Review risk management structure, policy and processes ✓</p> <p>iii) Review of adequacy of annual disclosures ahead of Board approval ✓</p> <p>iv) Ensure effective internal audit service and appropriate assurances received, including:</p> <ul style="list-style-type: none"> <li>• Review of audit findings / management responsiveness to findings.</li> <li>• Adequately resourced and effective function. ✓</li> </ul> <p>v) Ensure effective External Audit function and consider implications</p>	<p>Appendix 1 detail papers received (and date).</p> <p><u>Sources of assurance:</u> Counter Fraud service reporting (every meeting), Return on compliance with laws and regulations (16/06/21).</p> <p>Review of high risk register and BAF (each meeting), Annual Governance Statement (16/06/21). Risk Management policy updated and approved during 2020/21, with updates provided on the risk strategy and risk maturity self assessment.</p> <p>Annual Accounts / Annual Report, Annual Governance Statement, HoIA Opinion (16/06/21) and Annual Auditors Report (22/09/21) – ahead of publication. Informal meeting held in May 2021 to review notes to accounts.</p> <p>Internal Audit progress reports, including progress against plan and audit recommendations (each meeting), IA and LCFS annual reports against KPIs (22/09/21), Audit plan approved. Private pre-meetings held with auditors to provide opportunity for raising concerns. An external quality assessment of IA services was conducted (21/10/20) and a follow-up review considered (22/09/21)</p> <p>External audit progress reports (each meeting), review of accounts audit (16/06/21 and 22/09/21). Private</p>

	of External Audit work, including Annual Accounts audit. ✓	pre-meetings with auditors provide opportunity for raising concerns. Two wash-up review meetings were held in 2021 to support improvements ahead of next year's audit.
	vi) Operation of Standing Orders and Standing Financial Instructions ✓	Review of SFIs every two years (on agenda for 24/11/21 meeting), review of waivers, losses and special payments (every meeting), six-monthly report on directors' expenses.
	vii) Whistleblowing / raising concerns	Policy scheduled for 24/11/21 and progress reports received in year (15/10/20)
<b>Key exceptions / Possible gaps in compliance with key duties</b>	Members recommended steps to strengthen processes for the annual report and accounts audit and Auditors Annual Report.	Improvements have been introduced to support the External Audit review of the annual report and accounts

5. A number of important issues have been brought to the attention of the Committee since its last annual report. The above does not seek to provide a comprehensive list of assurances received as the Committee reviewed a number of relevant reports. All Internal Audit limited assurance reviews are routinely reflected in the Head of Internal Audit Opinion each year.
6. The Board Assurance Framework was regularly reviewed. A specific Internal Audit review of the Board Assurance Framework was carried out and confirmed that significant assurance could be gained in relation to its design, content and application.
7. An integrated risk report featured as a regular item throughout the year, assuring on high risks and indicating progress on the Trust's risk strategy and risk maturity.
8. The Committee took an active role in reviewing the content of the Trust's annual report and accounts, reviewing these at draft and final stage including audit assessment of these statutory returns.
9. The Committee received the Quality Assurance Committee's annual report and received verbal / written updates at each meeting.
10. The Committee concluded its findings following an external quality assurance review of the Internal Audit function and agreed steps to develop this service.



## ESCALATION TO THE BOARD

11. Any issues for escalation are reported to the Trust Board following each meeting. Key issues escalated by the Audit and Risk Committee during 2020/21 in assessing the effectiveness of systems of internal control included (date of Board meeting in brackets):
  - A 'reasonable assurance' rated review of staff engagement, noting steps to improve consistency with audit standards on timeliness of management response (July 2020).
  - Agreement to explore a revised model for Internal Audit services (March 2021).
  - A 'limited assurance' rated review of cyber security controls (July 2021).
  - A planned review of the key controls on bad debts and commercial supplier contract management arrangements (July 2021).
  - To note steps being taken to improve the timeliness of management actions / audit recommendations arising from Internal Audit reviews (November 2021)
12. The Audit and Risk Committee and Quality Assurance Committee act as the primary assurance committees of the Trust Board and the respective terms of reference and planning meetings are designed to ensure effective joint working. These Committees in turn draw on the work of the executive Risk Management Committee (which also formally reports in to the Trust Executive Committee). Arrangements are in place with chairs of the respective Board committees to avoid risks of duplication of roles and responsibilities.

## CONCLUSION

13. As a result of its work during 2020/21, the Audit Committee has fulfilled the duties required by the Board as outlined in its terms of reference and the Audit Committee Handbook.
14. With the support of the Audit and Risk Committee, the Trust Board is asked to approve this report.

**Sean Collins**  
**Trust Secretary**  
**15 November 2021**

<b>Report to the Trust Board: 19 January 2022</b>	<b>TB 15/22</b>
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<b>Title</b>	Use of the Trust Seal
<b>Sponsoring Director</b>	Trust Secretary
<b>Author(s)</b>	As above
<b>Purpose</b>	To seek Trust Board ratification of use of the Seal, pursuant to Standing Order 21.2.
<b>Previously considered by</b>	n/a

<p><b>Executive summary</b></p> <p>This paper documents the use of the Trust Seal on the following occasions:</p> <p><b>8 December 2021</b></p> <ul style="list-style-type: none"> <li>• Agreement of a deed of settlement in relation to adjudication pursuant to Schedule 26 of the PFI Project Agreement between Barts Health NHS Trust, Skanska Rashleigh Weatherfoil Ltd and Capital Hospitals Ltd.</li> </ul> <p><b>14 January 2022</b></p> <ul style="list-style-type: none"> <li>• A lease and licence to carry out works relating to Varden St Car Park, 71 Varden St, E1 between Cross Property Services S.A R.L and Barts Health NHS Trust.</li> </ul>
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<b>Related Trust objectives</b>
n/a

<b>Risk and Assurance</b>	n/a
<b>Related Assurance Framework entries</b>	n/a

<b>Legal implications/ regulatory requirements</b>	The Trust's lawyers were involved in drawing up the documents requiring sealing.
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<p><b>Action required by the Board</b></p> <p>The Trust Board is asked to ratify the use of the Seal on the occasions listed above.</p>
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Barts Health NHS Trust public board meeting: Wednesday 19 January 2022  
Written questions from members of the public

*Newham Save our NHS campaign group (Ros Mykura / Alan Cooper)*

Question
<p><b>1. Capital underspend</b></p> <p>In Nov 2021 The Barts Board Meeting heard from its Finance Officer that Barts was underspending on capital.</p> <p>1a What is the impact of the capital underspend on purchase of scanners?</p> <p>1b What is the impact of the capital underspend in other areas?</p> <p>1c How many InHealth mobile scanning units or other InHealth staffed provision are currently located on all Barts NHS sites?</p>
<p><b>2. Private beds</b></p> <p>Nuffield Health's new 55 bed private hospital, on site at St Bartholomew's NHS Hospital in the City of London, was scheduled to open in 2021.</p> <p>2a Have these 55 private beds been used by the NHS during the Covid-19 pandemic?</p> <p>2b Has this private hospital on a Barts NHS site opened as planned?</p> <p>2c Have Barts NHS consultants continued to use Barts own NHS private beds at St Bartholomew's Hospital for private patients during the pandemic?</p>
<p><b>3. Newham Hospital - Delays to fire safety works</b></p> <p>For years Barts Board have openly described delays in fire safety works at Newham Hospital arising from shortages of capital.</p> <p>3a Will the September 2020 London Fire Brigade Enforcement Notice deadline of March 9th 2022 for completion of Fire Safety work at Newham Hospital be met?</p> <p>3b When will the completed but unpublished secret report from Deloitte on years of delay to fire safety work at Newham Hospital be published?</p>
<p><b>4. NHS Hostile Environment - Ethnicity</b></p> <p>Barts Health NHS Trust has been unable to identify the ethnicity of hundreds of its patients wrongly invoiced for NHS care, because Barts has not collected ethnicity data on patients who are charged for NHS care. Has Barts started collecting this data and will it be available in Barts 3rd Annual report on NHS patient charging in 2022?</p>

*Question to Barts Board meeting of 19 January 2022 on behalf of Action 4 Whipps - Margaret Centre group and Wanstead WI (Ms Frances Simmonds)*

There is a high level of community support for the valuable service provided by the Margaret Centre, the specialist palliative care and EOL NHS hospital unit at Whipps Cross. This connection has been built up over many years as we've discovered when listening to local people and their experiences. We welcome the review of palliative and end of life care that is currently being undertaken within the Trust which will report back in April this year. Interim reports from the palliative care and EOL Task and Finish group (in-patient) show that what the community wants is already provided (or was in the case of respite care until recently) in the Margaret Centre, namely:

- calm, peaceful space for patients and their families and carers with flexibility in visiting 24/7
- communal space for patients and families to relax, eat and receive support
- continuity in communication between professionals, patients and their families

Furthermore, the Margaret Centre provides a hub for specialist staff and volunteers to meet and share their knowledge and experience and disseminate this through the hospital, GPs and community. At the Whipps Cross Joint Health Overview Scrutiny committee held on 6 December

2021, councillors for Waltham Forest, Redbridge and Essex County Council expressed their support for the Margaret Centre and recommended unanimously that an option for a specialist in-patient unit for end of life care be included as part of the new Whipps Cross hospital design.

Question

**Therefore, will the Board make a commitment now to reprovide the Margaret Centre at the new Whipps Cross Hospital. And if not now, when?**