NHS
Barts Health
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BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
Wednesday 2 March 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.	**WELCOME**		Rt Hon J Smith	11.00
2.	**APOLOGIES FOR ABSENCE:**			
3.	**DECLARATION OF INTERESTS** To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting including gifts and hospitality (accepted or refused)			
4.	**MINUTES** To approve the Minutes of the meeting held on 19 January 2022 (no outstanding actions on the action log)	17/22	Rt Hon J Smith	11.00
5.	**BOARD MEMBERSHIP** To approve changes to Trust Board membership	18/22	Rt Hon J Smith	11.00
6.	**MATTERS ARISING** To consider any matters arising from the Minutes not covered elsewhere on the agenda			
7.	**PATIENT STORY** To hear a patient story		Ms C Alexander	11.05
8.	**CHAIR'S REPORT** To receive the Chair's report		Rt Hon J Smith	11.20

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		Paper TB	Lead	Time
9.	**GROUP CHIEF EXECUTIVE'S REPORT** To receive the Group Chief Executive's report		Ms A Williams	11.30
QUALITY AND PERFORMANCE				
10.	**BOARD ASSURANCE FRAMEWORK** To receive and approve the year end BAF	19/22	Mr A Hines	11.40
11.	**INTEGRATED PERFORMANCE REPORT – 2021/22 M10** To receive the report and discuss: • Operational performance • Quality and Safety • People and vaccination • Financial performance • Elective recovery and national delivery plan	20/22	Mr S DeGaris Prof A Chesser / Ms C Alexander Mr D Waldron Mr H Virdee Mr S DeGaris	11.50
12.	**REPORTS FROM BOARD COMMITTEES** 12.1 Finance and Investment Committee (oral) 12.2 Audit and Risk Committee 12.3 Quality Assurance Committee 12.4 Nominations and Remuneration Committee (oral)	21/22 22/22	Mr A Camp Mr G Dalal Dr K McLean Rt Hon J Smith	12.30
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
13.	**WELLBEING STRATEGIC DEVELOPMENT PLAN** To approve the Wellbeing strategic development plan	23/22	Mr D Waldron	12.40
14.	**WHIPPS CROSS REDEVELOPMENT** To note the progress report	24/22	Mr A Finney	12.50
GOVERNANCE				
15.	**MATERNITY – OCKENDON AND KIRKUP REVIEWS** To receive an assurance report	25/22	Ms C Alexander and Ms S Peterson	13.00
16.	**USE OF THE SEAL** To ratify use of the Trust Seal	26/22	Mr S Collins	13.10

17.	**ANY OTHER BUSINESS**			
18.	**QUESTIONS FROM MEMBERS OF THE PUBLIC**	27/22		13.15

19.	**DATE OF THE NEXT MEETING** The next meeting of the Trust Board in public will be held on Wednesday 4 May 2022 at 11.00am (venue tbc)			
20.	**RESOLUTION** That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).			

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0642

Barts Health NHS Trust

TB 17/22

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting in public on
Wednesday 19 January 2022 at 11.00am held via Webex Videoconferencing

Present:
Rt Honourable J Smith (Chair)
Dame A Williams (Group Chief Executive)
Dr N Ashman (Director of Transformation)
Ms C Alexander (Chief Nurse)
Mr A Camp (Non Executive Director)
Professor A Chesser (Chief Medical Officer)
Professor Sir M Caulfield (Non Executive Director)
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 M Turner (Interim Director of Strategy)*
Mr H Virdee (Chief Finance Officer)
Mr D Waldron (Director of People)*
Mr C Williams (Associate Non Executive Director) *

In attendance:
Mr S Collins (Trust Secretary)
Mr A Finney (Director of Redevelopment)
Mr A Abraham (Co-Chair, Inclusion Board)
Ms B Thompson (Associate Director, Inclusion)
Mr M Rickets (Homerton NED – observing)
Mr M Bagnall (Director of Estates and Facilities)
Ms N Audhali (Green at Barts group representative)

Apologies: None

** Non-voting member*

01/22 WELCOME

The Chair welcomed everyone to the meeting.

02/22 BOARD MEMBERSHIP

The Chair noted the departures of Ms Margaret Exley, following completion of her term as a non executive director, and Mr Ralph Coulbeck, who had now taken on the role of Interim Chief Executive at Whipps Cross Hospital. Mr Mark Turner and Dr Neil Ashman were welcomed to the Trust Board in their respective capacities as Interim Director of Strategy and Director of Transformation.

The Chair also took the opportunity to congratulate Professor Sir Mark Caulfield on his appointment as Queen Mary's University of London's Vice Principal (Health). Steps were underway to recruit to vice chair positions for both Barts Health and Barking, Havering and Redbridge University and progress updates would be provided at the next meeting.

03/22 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.

04/22 MINUTES

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

05/22 MATTERS ARISING

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

06/22 STAFF STORY

The Chief Nurse introduced Lucie Butler, Director of Nursing for The Royal London and Mile End and two members of the Psychological Support team, Maria Vidal and Carla Croft. The purpose of the session was to illustrate the work that the team carried out, with a focus on support for staff working on 13 Floor of The Royal London.

Ms Vidal outlined the complex work carried out on this floor to support the specialist treatment of patients with a range of conditions including respiratory infectious diseases, endocrine, sickle cell disease. The floor had historically proved a challenging environment, featuring a number distressed patient groups linked to the nature of their condition. There had been a higher than average number of incidents of violence or abuse and the pandemic had added to the level of challenges. Clinical psychology support

had been targeted to assist staff in the context of this challenge with the concept of providing mental health first aid for our workers. She outlined the experience of the early days of introducing this support, noting that take up had been lower than anticipated with some concerns that this may be associated with individuals feeling too busy, tired or concerned about perceptions of accessing this service. The support had changed emphasis over time, with an increasing focus on targeting individual ward leaders and towards group sessions. In introducing regular meetings with ward leaders to take the temperature of teams, the service had been struck by the impact on senior nursing staff when staff absences occurred (as had been increasingly common as the pandemic peaks arrived). The sessions provided a safe space for important conversations exploring staff resilience and needs. Dr Croft confirmed that this targeted work should be viewed in the context of a far reaching approach across the Trust, with over 4000 staff contacts made.

The following points were made in discussion:

- Ms Kinnaird felt that this had been an inspiring conversation. She was keen to understand how learning from the 13 Floor work may have been shared, and whether Board support was required for this service to function effectively. Ms Kinnaird also highlighted the need for the team themselves to receive the right psychological support. Dr Croft recognised that the resource remained relatively small, totalling 8 staff with some working part-time, and this could reach further into the Trust with greater numbers of staff. It was recognised that this was a relatively new area of work and findings highlighted how those feeling stressed or vulnerable could feel isolated. Improving communication channels for teams was shown to be the most powerful way of recognising, sharing and addressing these factors at an early stage in a supportive setting.

- Mr Camp asked whether the team had a view on the level of unmet mental health needs in the Trust and where gaps in support for those feeling isolated may be greatest. Dr Croft outlined the steps taken to use staff survey data to target support. This increasingly considered trends in data to identify any deteriorating settings. It was noted that steps were being taken to link in with partners and potential sources of support such as NELFT and ELFT mental health trusts. In terms of areas of greatest need, Dr Croft felt that a number of the stressors were likely to have existed pre-pandemic but had not been grasped. There was a growing consensus that this support would be needed on a longer term basis as opposed to being a short term response to the pandemic.

- Dr McLean agreed with points made about teams getting together and reconnecting informally, recognising that the pandemic had worked against this. Dr Croft agreed that informal communication was powerful and messages to leaders had emphasised the need to make the most of opportunities for personal, human contacts where these were possible. It

was anticipated that there would be, in due course, research into the impact of increased virtual working and how this may best evolve.

- The Director of People emphasised that this type of staff support could not be seen as a luxury and would need to be mainstreamed. The decision of Barts Charity to confirm wellbeing as one of their priorities would prove helpful in this regard.

- Professor Sir Mark Caulfield noted the relentless nature of the pandemic waves and that issues could surface as the peaks ebbed away. He queried the role of managers in identifying those potentially needing support and how to best signpost sources of support. Dr Croft noted that a distinctive feature had been the identified need and benefits of group psychological support rather than individualised treatment. In viewing this more in terms of supporting resilience, the close working with colleagues on the wider staff wellbeing offer was important. Ms Vidal agreed that peer support was particularly important and suggested that this needed support from a wider base than solely clinical interventions.

The Chair thanked colleagues for attending to share this important story. She noted that the related Trust wellbeing strategy was scheduled for approval at the Trust Board in March 2022.

07/22 CHAIR'S REPORT

The Chair provided an update on the provider collaborative at Barking, Havering and Redbridge University Hospital Trust (BHRUT) since publication of the *Closer Collaboration* document and a memorandum of understanding agreed by the two Boards. She indicated that this was now in a delivery phase following identification of some initial priorities. She noted that recent joint work had underlined the potential benefits of closer working, including referral of some Barts Health patients on waiting lists for ultrasound, endoscopy and ENT surgery to capacity at Barking, Havering and Redbridge University Hospital Trust. Improving urgent and emergency care would be a priority and the Trust was sharing some of its expertise with colleagues at BHRUT including secondment of a lead clinician. She had recently visited the Queens' Hospital Romford emergency department with executive colleagues to explore options to work more closely across NEL and with partners such as London Ambulance Service. A further area of focus would be working more closely on joint workforce plans. In this context, the Chair looked forward to welcoming Dr Magda Smith – currently the Barking, Havering and Redbridge University Hospital Trust Chief Medical Officer – to join Barts Health as Deputy Chief Medical Officer. The Chair anticipated that this was an early example of career progression across the two organisations going forward. To help progress the provider collaborative, Andrew Hines would be working closely with Alwen Williams (acting as the Senior Responsible Officer for the programme).

In terms of the plans to develop NE London Integrated Care Systems (ICSs), some delays to the progress of the Health and Social Care Bill had resulted in the timing for launch of the ICS (and the associated Integrated Care Board) being delayed until July. This should provide an opportunity for some 'shadow running' of the new and existing structures. The Chair noted that she had been invited to join the ICB for NE London to represent acute hospital trusts.

A report at the previous Board meeting had noted the planned development of a Clinical Research Facility at The Royal London and Breast Cancer Centre at St Bartholomew's Hospital as part of the Barts 900 year anniversary. The Chair would chair a co-ordinating committee bringing partner organisations such as the Heritage Trust and Barts Charity together. Some key meetings attended since the last Trust Board meeting included a forum for NEL CCG chairs to explore the next steps for primary care delivery.

08/22 GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief took the opportunity to thank clinical staff responding to significant pressures across our hospitals during winter and the festive season. Thanks were extended to the military for their support at sites during this period, as well as to the London Borough of Waltham Forest for making vaccinations available on the Whipps Cross University Hospital site during this busy period. She noted that, despite the operational pressures, the Trust had made progress on developing its strategies, with the WeBelong and sustainability strategies appearing later on the agenda.

National guidance had now been received on priorities for operational plans. These would be developed in the context of a NEL ICS setting reflecting greater integration.

The Group Chief Executive noted some executive team changes. Ralph Coulbeck had taken up a role as Whipps Cross University Hospital Interim Chief Executive, with Alan Gurney having stepped down following a period of ill-health. Adam Sewell-Jones had moved to a chief executive role at East and North Hertfordshire NHS Trust, with Simon Ashton stepping in as Interim Chief Executive for Newham Hospital. Finally, she highlighted the positive news on national honours, with Professor Nick Lemoine receiving a CBE, Dr Ali Jawad receiving an OBE and Ms Banji Adewumi receiving an MBE.

09/22 COVID-19 AND WINTER UPDATE

The Group Deputy Chief Executive provided an overview of Covid-19 rates in local boroughs. He outlined a focus on monitoring the rates of infection for the cohort of patients aged 60 years or over. Since the last meeting, there had been some spikes in infections associated with aspects such as schools

reopening, but noted an overall picture of a 14% reduction in the 7-day rolling average for admissions. Pressures had been largely on general beds, with intensive care occupancy remaining relatively constant at around 30 Covid-19 inpatients. He recognised that the Omicron variant appeared to have been different to earlier variants with an increased number of 'incidental' cases (where patients arriving for another reason are found to be Covid-19 positive on testing). Should there be no further surge in coming weeks, it was notable that this peak had been managed without extensive cancellations of planned care or staff redeployment.

The Director of People highlighted ongoing issues with staff absences, peaking at c.10% in December. More recent data suggested a return to an improved pre-peak position. He highlighted the importance of staff wellbeing and ensuring that 'touch points' for staff were maximised to acknowledge the commitment of staff and challenges that had dominated working lives for the last two years. Some funding had been identified to support local priorities for wellbeing initiatives with a view to support medium term resilience. In terms of staff vaccination, additional capacity had been identified to support a broad programme of boosters. Approximately 89% of staff had now had at least one dose of the Covid-19 vaccination, with some variation across sites, specialties and professions on comparative take up. The lowest rates of vaccination were being reported among administrative and clerical and healthcare assistant staff groups. The nationally identified differentials on BAME vaccination rates was reflected in the Trust's position. In relation to national mandates for staff vaccination, the Director of People's priority would be to avoid losing staff at a time of great challenges for the service. The Trust would seek to be compassionate in conversations with the vaccine hesitant and be flexible where possible. Increasingly, feedback was identifying that there were staff that did not yet feel ready to commit to vaccination (for a variety of reasons). As such a supportive environment would be important to allow individuals to make their decisions. Although for good reason this had not received similar attention to previous years, flu vaccination had separately remained an important offer and 42% of staff had received this.

The Director of Transformation confirmed that Covid-19 prevalence remained high in the community, and accordingly the robust infection control framework remained in place. It was recognised that this was, however, a constraint on elective activity levels. A focus of attention had been on getting people home promptly following treatment providing that they were fit enough to do so. A hub had been established to support this. The Trust had managed to avoid widespread cancellations of activity in the recent peak. Although the waiting list had not grown, there had been less progress in addressing the long waiters than had been hoped.

The Chief Nurse recognised that, although widespread redeployment into other roles had not been required, there had been significant flexibility among staff being relocated to areas of greatest need and working across sites.

Infection control practices had been effectively adhered to and only a few small outbreaks had occurred, with these having been well managed. The Trust's benchmarked position on nosocomial infections had remained good.

The Chair thanked colleagues for updates. She felt that the challenges faced in the peak could not be overstated even if this had not reached the worst case scenario levels of some modelling.

Dr McLean recognised that February would provide a key milestone for unvaccinated staff in terms of the national mandate. The Director of People agreed and outlined the approach to support managers to have conversations with team members and record outcomes of these. There could be as many as 1600 staff needing to go through vaccination regimes. It was noted also that this could be complicated by a historically high level of annual leave in the next few months.

Mr Williams asked if there were a further cohort of staff with 'unknown' status which would further increase the challenge set out. The Director of People advised that securing access to national systems and data matching exercises had resulted in the number of staff remaining in the 'unknown' status category being small.

Mr Dalal asked whether patients being reluctant to attend hospitals remained a factor for the long waiters cohort. The Chief Medical Officer confirmed that this was the case. It was recognised that as Spring developed it might be hoped that the hospital environment would be perceived to be safer than at present.

Professor Sir Mark Caulfield asked whether recent advances on discharge and greater knowledge of variants would be factored into plans for elective recovery. The Director of Transformation felt that this would be essential. Operational planning guidance assumed a return to a position nearer to 'business as usual'. Mr Camp noted the need to sustain the momentum of innovation and partnership working that had enabled an effective response to the pandemic.

10/22 INTEGRATED PERFORMANCE REPORT

The Chair introduced the item, recognising that the previous item had been intended to cover the operational priorities associated with winter and the and pandemic and had invited updates on other performance by exception only.

The Deputy Chief Executive provided headline messages around improving cancer standards performance; below trajectory performance on diagnostics targets; and relatively strong performance on emergency care standards. The Chief Nurse and Chief Medical Officer noted ongoing pandemic related pressures on serious incident investigation and complaints timeliness. The Director of People noted an ongoing focus on staff retention and outlined

important items appearing on this agenda and the forward plan relevant to this. The Chief Finance Officer confirmed that the outlook remained positive for achieving financial breakeven for 2021/22 and outlined a focus on capital investment for the remainder of the year.

Mr Camp asked about a reported increase in medication incidents, particularly at Whipps Cross University Hospital. The Chief Nurse explained that the introduction of WeConnect2 and ePrescribing had improved the profile and medication, with automation supporting the accurate reporting of all errors. It was felt that this accuracy would provide benefits for staff and patients.

Dr McLean recognised the value of collaboration shown by the offer of earlier diagnostics for the Trust's longer waiters at Barking, Havering and Redbridge University Hospital Trust. She asked about anticipated returns to planned trajectories for the Trust on diagnostics and cancer. The Deputy Chief Executive outlined efforts to recover the MRI and CT scanning position, including hiring of MRIs at all sites. Similar efforts were being made in Cancer and the acknowledged track record of the Cancer clinical leadership provided some grounds for confidence that this would be effective. These two key areas would be tracked closely through reporting to the Quality Assurance Committee.

The Trust Board noted the report.

11/22 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 Month 8 position and capital programme, confirming some delays to planned investment owing to suppliers experiencing pandemic-related issues. The Committee had also reviewed BAF entries assigned to it.

- Mr Dalal noted the Audit and Risk Committee exception report and highlighted positive findings from an external quality assessment follow up of Internal Audit services.

- Dr McLean noted that the Quality Assurance Committee had arranged an additional meeting to consider the management of winter pressures among other specific items.

- The Chair confirmed the inclusion of the exception report from the recent Nominations and Remuneration Committee meeting.

12/22 PEOPLE – WE BELONG INCLUSION STRATEGY REFRESH

The Director of People introduced the refreshed 2022 WeBelong inclusion strategy, which had been updated to reflect Trust Board input in December. The Co-Chair of the Inclusion Board outlined the engagement process that had informed the strategy refresh and confirmed that this paper provided a helpful summary of a more detailed programme. He suggested that there were many achievements in the last year to celebrate while noting challenges ahead. Among other aspects he highlighted work on improving career opportunities and talent management, with specific initiatives to help establish a fair and just culture. The Associate Director of Inclusion provided details of a cultural intelligence training programme with the aim of developing a shared language and understanding.

Mr Williams recognised the ambitious targets for the cultural intelligence training programme. He felt that the Trust Board would need to provide strong support and leadership to drive this. The Associate Director of Inclusion confirmed that the Trust Board members would be included in an early cohort for training on cultural intelligence (with members of the Group Executive Board having recently completed masterclasses on this). The Chair took the opportunity to thank Mr Williams for having agreed recently to represent the Trust on a pan-London network focusing on workforce race equality responses.

Ms Kinnaird recognised that this strategy was a key enabler for delivering the Trust's objectives. She felt that it would be helpful to closely align internal diversity work with wider patient equity of access agenda. Recognising the need to view this work as a multi-year programme, she recommended that some milestones for years 1, 2 and 3 would help to reassure on progress being made. The Co-Chair of the Inclusion Board and noted also the need to link this to Quality Improvement initiatives to seek out where the greatest impact could be made. He noted examples shared by the Chief Finance Officer on how this work could best be translated into his directorate's plans.

The Chair noted the importance of this strategy for staff at Barts Health and looked forward to her meetings with staff diversity networks later in the week.

The Trust Board noted the report and approved the refreshed strategy.

13/22 WHIPPS CROSS REDEVELOPMENT

The Director of Redevelopment introduced the report and recognised that the programme started in a strong position, with progress made on service transformation design and KPIs to track whether assumptions underpinning the design were on track. Further positive announcements had been made following the agreement of planning permission for the wider site plans. Alongside this, the Trust had entered a second phase of the associated

enabling works for the plan. Following earlier demolition works, the business case was being drafted for multi storey car parks, anticipating that this would receive a green light in Spring to progress with this. In terms of the overall timetable, challenges remained in relation to the national New Hospitals Programme (NHP) input to the outline business case. The absence of confirmed funding and explicit approval to move to the next stages of business case development meant that some of the original milestones for the programme would not now be met and the overall timeline for completion would be delayed. It was anticipated that a planned discussion between the NHP leadership and HM Treasury would be key to determining the allocations that would be made. However, he noted that the team continued to benefit from a close working relationship with the NHP team and would maintain the momentum on other areas of the programme within the Trust's control.

The Chair felt that it was important to note that elements of the programme dependent on the Trust and local partners had progressed well, with other elements involving government and central support moving more slowly.

Dr McLean noted the significant extent of consultation with local households and asked whether there were any clear themes of feedback. It was confirmed that broad engagement had taken place and informed design and thinking. He noted examples of this such as reflecting in designs the importance of green space around hospital and residential areas; development of clinical pathway plans for end of life care; and building in flexibility of the design to respond to any identified need for additional bed capacity. He noted that dedicated fora were being developed to tackle specific aspects of the programme, while also noting work to seek to involve groups considered 'harder to reach'.

The Trust Board noted the progress report.

14/22 FIRE SAFETY IMPROVEMENTS AT NEWHAM

The Deputy Group Chief Executive introduced the report. This outlined steps taken to invest in fire safety improvement at Newham, to respond to an enforcement notice regarding the pace of this work and to note key outputs from a review of the governance supporting the improvement programme.

The Chair recognised the progress made and felt that it was helpful to share further details of the programme and next steps with the Board in a transparent way.

The Trust Board noted the report.

15/22 SUSTAINABILITY AND GREEN PLAN

The Deputy Group Chief Executive introduced the report, noting that this reflected work carried out over an extended period, with this final Board report delayed due to pandemic priorities. He thanked the Director of Estates and Facilities and Mr Rob Speight for leading this work as well as Ms Audhali from the Green at Barts group for their contributions to the design. He also noted work led by the Barts Health team with Barking, Havering and Redbridge University Hospital Trust to ensure that their recently approved Green Plan was cohesive across the two organisations.

The Director of Estates and Facilities and Ms Audhali highlighted details of the Green Plan including aspirations on a net zero NHS for emissions and the aims and motivations of the Trust's Green at Barts group to help to develop a more sustainable future for the next generation. It was confirmed that intention was that the Green Plan would be owned by the whole organisation rather than being perceived as an Estates led initiative.

The following points were made in discussion:

- The Deputy Group Chief Executive outlined the importance of ensuring this Green Plan informed a wide range of initiatives and recognised the need to free up time for important contributors to support implementation of this work.

- The Chair recognised that a recent staff webinar had highlighted the level of interest in this work and felt that further engagement on implementation of this plan would prove successful. The Chair also noted the importance of developing a clear way for the Board to monitor progress. Mr Dalal agreed that this would benefit from some form of supporting dashboard to identify milestones and track improvements. The Deputy Group Chief Executive agreed the need to move away from a yearly progress update and towards in-year 'business as usual' reporting. He noted the need for care on designing something for this that would be equally valuable at hospital and group level.

- Ms Kinnaird noted the importance of the Trust's supply chain contribution on this agenda and the need to build this into procurement planning.

- Dr McLean recognised the broad scope of this plan and recommended that some prioritisation would help to ensure that success could be built on in future years.

- The Group Chief Executive recognised that the Trust had received operational planning guidance and it would be important to now design

the Trust's plan and budgets with some of these key strategies at the forefront of thinking. She felt that this supported the approach of presenting strategies for Board approval as this would inform how resources would be allocated and captured in the plan.

The Trust Board noted and approved the Green Plan.

16/22 GOVERNANCE ITEMS – SOS AND SFIS, YEARLY REPORTS AND USE OF THE SEAL

The Trust Board reviewed and approved:

- The revised Standing Orders and Standing Financial Instructions.
- The North Thames clinical research network annual report and annual plan.
- The yearly report on Emergency Planning, Resilience and Response (EPRR).
- The yearly report on compliance with terms of reference for the Finance and Investment Committee.
- The yearly reports on compliance with terms of reference for the Audit and Risk Committee.
- The use of the Trust seal as outlined in the paper.

17/22 ANY OTHER BUSINESS

There was no other business.

18/22 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting inviting questions from the public. She noted that the questions received in advance had been published in the papers. These were displayed on screen during the meeting with the option for individuals to read their questions aloud.

A representative of the Action 4 Whipps campaign group (Ms Frances Simmonds) asked for a Board commitment on reproviding the Margaret Centre in the new Whipps Cross redevelopment (full details of the questions provided in published Trust Board papers for the 19 January 2022 meeting, paper reference TB 16/22)

The Group Chief Executive confirmed the following in response:

- The Trust Board was committed to providing the highest standards of specialist palliative and end of life care in the new hospital, and recognised the affection for the Margaret Centre model.
- As part of the redevelopment design work, the team was reviewing both the inpatient and wider community models of care for these specialties with the intention of improving both quality and choice for all patients at the end of life, and supporting their care to take place in their preferred place.

- Work continued with clinicians, patients and the wider community to ensure that high quality, multidisciplinary end of life and palliative care was provided to our patients. This work will be concluded as part of the next phase of the design work. No specific date for this could be provided, recognising the dependencies on consultation timeframes and external approvals.

Newham Save our NHS campaign group representatives (Ms Mykura and Mr Cooper) asked questions relating to capital underspends; scanning insourcing; the scheduled opening of a Nuffield private patients unit at St Bartholomew's Hospital; delays to fire safety works at Newham; and overseas patient charges and ethnicity data collection. (Full details of the questions provided in published Trust Board papers for the 19 January 2022 meeting, paper reference TB 16/22)
In relation to the above questions, the Chief Finance Officer and Group Deputy Chief Executive confirmed that:

- The Trust was currently underspending against its capital programme, but this was not to the detriment of any area of spend that the Trust needs or wants to invest in. The primary reasons for the underspend were delays in significant estates schemes, exacerbated by the impact of Covid-19 and Brexit on securing the necessary raw materials and experienced labour; and lead times between ordering and taking delivery of items, with similar pandemic issues proving a factor. To compensate for these delays, the Trust had been overcommitting the capital programme to ensure a sufficient volume of projects and orders were underway and to ensure that as much of the yearly capital budget was invested as possible.
- Linked to the desire to reduce waiting times that had built up during the pandemic, three MRI scanners (at Mile End, Whipps and Newham) and one PET CT at St Bartholomew's Hospital had been leased from InHealth. Up to 200 scans per week were also being sent to the InHealth facility at Stratford.
- The Nuffield Health private patients unit had not yet opened, although this was anticipated shortly. In terms of existing private patients capacity at St Bartholomew's Hospital, the majority had been repurposed for NHS patient use during the pandemic.
- A report had been discussed earlier in the meeting in relation to fire improvement works and a review of the programme's governance mechanisms.
- 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.
- Ethnicity data had been included in the Trust's Report on NHS overseas visitor charging in 2021, with details taken from Trust patient administration systems. It was planned to include this in future annual reports to the Board.

19/22 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.

20/22 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
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Barts Health NHS Trust

Report to the Trust Board: 2 March 2022	TB 18/22

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

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

- Ms Lesley Seary has joined the Trust Board as non executive director with effect from 1 February 2022. This represents a joint appointment, as Lesley currently also serves as a non-executive director with Barking, Havering and Redbridge University Hospital Trust.
- Mr Camp and Mr Dalal will step down from the Trust Board following completion of their terms on 31 March 2022, with both having served on the Board for over ten years.

Interviews are being held in March 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).

Related Trust objectives
n/a

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

Legal implications/ regulatory requirements	No direct legal implications identified.

Action required by the Board
The Trust Board is asked to note the above changes to Trust Board membership.

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Report to the Trust Board: 2 March 2022	19/22

Title	Board Assurance Framework
Sponsoring Director	Group Director of Corporate Development
Author(s)	Trust Secretary Head of Risk Management
Purpose	The Board Assurance Framework (BAF): • Provides an assessment of the principal risks to the Trust's strategic annual objectives. • Is used to assist the commissioning of assurances and the development of work plans for the Board's assurance committees. Is an essential requirement for trusts to produce, demonstrating the Board's oversight of the organisation's systems of control.
Previously considered by	Risk Management Board

Executive summary

The Board Assurance Framework (BAF) provides an overview of principal risks to the delivery of the Trust's objectives. This BAF report provides a year-end close down report on the 2021/22 BAF (and a look ahead at development of the 2022/23 BAF). Some specific changes are outlined below:

- Reduction in risk score for BAF entry 3 in relation to infection control and Covid-19 to 3x3=9, recognising progress in year in understanding and management of the disease, more effective treatment and infection control, and a reducing acuity of the current prevailing variant.
- Increase in risk score for BAF entry 9 in relation to Whipps Cross redevelopment business case proposal to 3x4=12. This change in risk score reflects reporting at the January Trust Board meeting on strong progress with internal programme work but also dependency on external approvals and funding (with associated impact on the overall programme deadline).

The paper also sets out next steps for development of the 2022/23 BAF (due in April and May) in terms of improvements to format; and on specific risks that may be incorporated. At its next meeting the Audit and Risk Committee will receive an Internal Audit review of the BAF including a developmental proposal on assurance mapping that will support this work.

Risk and Assurance	A determined and systematic approach to risk mitigation (as low as reasonably possible and in date) must be driven and monitored through the site management teams/directorates
BAF entries	All

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

Action required:

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

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 2 MARCH 2022

BOARD ASSURANCE FRAMEWORK

1. INTRODUCTION

1.1 The key purpose of the BAF is to identify the principal risks to the delivery of the Trust's objectives. The Trust Board receives the Board Assurance Framework (BAF) three times per year in order to discuss and agree the principal risks to the delivery of the Trust's strategic objectives. This follows a review process involving the executive Risk Management Board and lead directors. The terms of reference for the Board's principal assurance and lead committees (the Quality Assurance Committee, Finance and Investment Committee and Audit and Risk Committee) establish that the respective Committees will receive and review at each meeting BAF entries allocated to them for oversight (and/or deep dive reviews on specific entries). The BAF is also used to inform the development of annual work plans for these committees and their role in commissioning assurances on key controls. Risk scores are assigned to all risks appearing on the risk register and the BAF. Risk scoring is assessed based on a 1-5 consequence multiplied by 1-5 likelihood - i.e. a 5x5 rating.

2. BAF FORMAT AND USE OF THE BAF DURING 2021/22

2.1 The BAF heatmap summarises the identified principal risks to Trust objectives, details of lead directors and committees; the current risk score as set against the risk appetite for its corresponding objective; and any movement in risk score in the last quarter. The BAF follows a recommended NHS format in terms of controls and assurances, but also includes cross referenced details of related high risks on the risk register; risk appetite details; and has started to include details of escalation triggers (see section 4 regarding next steps for BAF development).

2.2 The BAF is reviewed annually by Internal Audit to assure on its development and effectiveness as one of the core mechanisms for assuring the Trust's systems of internal control. A draft review has been completed and will be presented at the next ARC meeting, with the aim of achieving a 'substantial' assurance rating again this year.

2.3 A schedule of deep dives was reintroduced for board committees during the year (following a pause on this approach during the pandemic) to ensure focused discussion on management of BAF risks (as these related to agenda items). A similar schedule will be developed as part of the annual refresh of the BAF (and the operational plan 2022/23 objectives) in April.

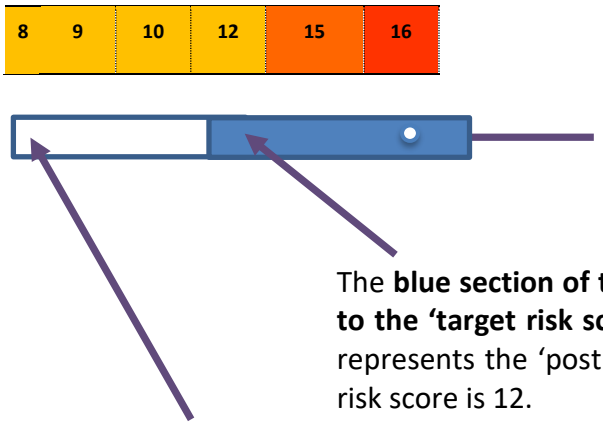
2.4 The BAF was also used to inform the commissioning of assurances (such as prioritising use of Internal Audit) and setting agendas and workplans for the Trust Board and Board committtees.

3. Q4 BAF – YEAR END CLOSE DOWN REPORT

BAF heatmap

3.1 The heatmap for the BAF is shared at appendix 1 and the supporting detail for all BAF entries assigned to ARC is shown at appendix 2. Figure 2 provides an illustration of the BAF heatmap format.

Fig.2 *BAF heatmap entry example*



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

BAF Q4 review

3.2 The BAF reflects a review undertaken with lead directors to revisit as at Q4 the risk scores, controls and assurances.In addition to updates made to controls and assurances detailed in the report, the following risk scores have been proposed for amendment this quarter.

- Reduction in risk score for BAF entry 3 in relation to infection control and Covid-19 to 3x3=9, recognising progress in year in understanding and management of the disease, more effective treatment and infection control, and a reducing acuity of the current prevailing variant. Significantly the Trust has benchmarked very well on levels of nosocomial infections throughout the pandemic, evidencing a good infection control culture.

- Increase in risk score for BAF entry 9 in relation to Whipps Cross redevelopment business case proposal to 3x4=12. This change in risk score reflects reporting at the January Trust Board meeting on strong progress with internal programme work but

also dependency on external approvals and funding (with associated impact on the overall programme deadline). Standing reports to the Board will update on any announcements regarding funding for the wider national hospitals programme that would reduce this risk.

Risk score – tracking over 2021/22

3.3 As an end of year report, and in line with feedback from the Audit and Risk Committee, the Trust Board is asked to note some significant movement in BAF risk scores for the majority of BAF entries during 2021/22. This should provide assurance that actions taken have had an impact; or that the control environment for any given risk has been successfully identified as having changed (potentially requiring either greater or less senior management focus).

3.4 By exception, the following BAF risks did not move in terms of overall risk score during 2021/22: BAF risks 1 (inclusion), 10 (clinical transformation), 11 (the financial framework and underlying run rate), 12 (ICT and cyber) and 14 (research and education). In developing the BAF for 2022/23, this will inform a) the framing of any similar 2022/23 risks identified to ensure that these are not too broad in scope, but remain specific, measurable and focused and b) prioritising of any similar 2022/23 risks in terms of escalation triggers to support an agreed, transparent and objective threshold for determining levels of scrutiny of this risk.

NEXT STEPS FOR BAF DEVELOPMENT

Risk appetite

4.1 A risk appetite dimension has been incorporated in the BAF in 2022/23 reflecting work by the executive to agree risk appetite. This has been built on in management of the wider risk register – using 'distance from risk appetite' as a way of prioritising risks requiring greater focus.

4.2 It has been agreed to revisit this risk appetite and escalation triggers at a Board seminar in May 2022 to secure ongoing Board support and to inform development of a BAF for 2022/23. In doing so, it is recognised that the concepts of risk appetite and risk tolerance in NHS are not entirely intuitive and may require some space for consideration and discussion. A discussion of risk appetite will be supported by planned work in parallel to identify potential escalation thresholds/triggers (effectively risk tolerance thresholds) for Board discussion

Assurance Mapping

4.3 Good practice has identified the importance of making links between audit and assurance mapping (the Brydon Review 2019). An early iteration of the proposed approach to assurance mapping will be shared at the next Audit and Risk Committee meeting and reflect a move towards a RAG rating of first line, second line and third

line assurances, cross referencing relevant committee ToR duties. It is anticipated that this will aid transparency and support a more objective approach to describing the risk management approach to each BAF entry.

NEL System level risk management

4.4 The Risk Management function intends also to play a role in ICS development offering support to the anticipated need to develop a consistent NEL system wide approach on identifying risks to system plans. ICS leads have welcomed an approach to support this work.

BAF ENTRIES - 2022/23

5.1 Discussions have begun with lead executives to assist the development of a long list of potential BAF risks. Some initial thoughts will inform the development of a proposed BAF to be submitted to the next Trust Board (in May). Some early suggestions for consideration and further executive discussion include:

- The potential addition of a Covid-19 variant risk, recognising that nationally, operational plans are being developed with the expectation that any new variant that may emerge will not have the severity of impact (compared with the peaks in pressure seen in the last two years).

- The potential addition n of a risk linked to 'living with Covid-19' including management of long Covid, those with long-term conditions and other patient groups more susceptible to Covid-19; and operational implications of infection control measures.

- The potential addition of a finance risk to more clearly differentiate between short term delivery risks and longer term or sector-wide approaches to financial sustainability.

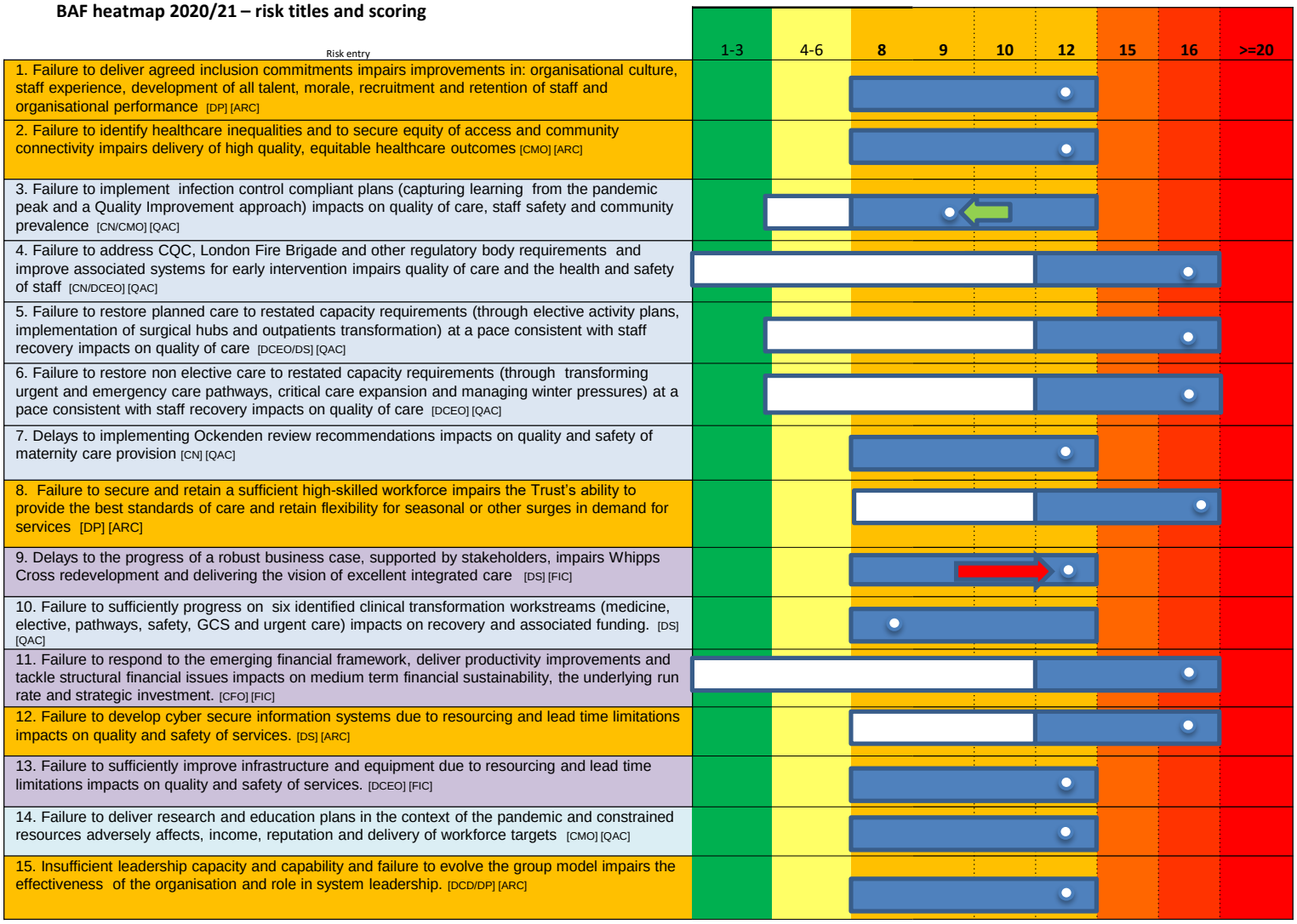
- The potential amendment to a more narrowly scoped risk on clinical transformation, albeit following steps to further assure the Trust Board on progress with wider programme objectives.

- The potential amendment to a reframed Maternity risk recognising progress against the more recent regulatory recommendations but anticipating a broader regulatory focus on maternity services in the coming months.

RECOMMENDATION

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

BAF heatmap 2020/21 – risk titles and scoring



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

APPENDIX – BOARD ASSURANCE FRAMEWORK 2021/22

STRATEGIC OBJECTIVE 1. To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work

Risk appetite for sub-objective relevant to risk**: 8-12 (Moderate)** Risk tolerance triggers: Percentage of BAME staff 8a+ more than 1% below the target trajectory; implementation of 'WeLead' curriculum including cultural intelligence [threshold to be confirmed]; Likelihood ratio of BAME to White disciplinary cases rising above 1.6

Gap: risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
1. Failure to deliver agreed inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff **Executive lead:** Director of People **Subcommittee role:** Audit and Risk Committee/Inclusion Advisory Board	**Current risk – Quarter 4 risk score: (4x3=12)** Outset risk: April 2020 (4x3=12) *Datix ref: 4477* ***Related high risks >15*** *(See table below*	*Controls:* **1.** January 2022 Board approved refreshed WeBelong inclusion strategic delivery plan (also informed by NHS People Plan 2021). Annually refreshed Equality Objectives with specific targets **2.** Inclusion commitments supported by establishment of Inclusion Centre; Anchor organisation development; and Inclusion observatory. **3.** WeCare Values & Behaviours and equitable inclusion measures embedded in business planning and recruitment/appraisal materials. **4.** OD team supports diversity networks in coordinating improvement activity, including leadership development and career progression with equalities focus. **5.** Annual NHS Staff survey and Director of Insight role to extend assessment of staff satisfaction. **6.** Equity of access work led by Public Health to investigate healthcare inequalities (including staff). **7.** Leadership development initiatives to focus on compassionate and inclusive leadership, including cultural intelligence.	*Management Assurances on listed controls:* Trust Board quarterly inclusion and equalities report covers equality objective delivery and Workforce Race Equality Standards and Workforce Disability Equality Standards **(assurance on controls 1-7)** Extended staff health and wellbeing focus of HEBs and PRs **(3).** NED-chaired Inclusion Advisory Panel and Inclusion Board co-chaired by CEO established to oversee delivery of Equality Objectives and inclusion commitments **(1-3, 7).** OD Board oversight on related workforce issues. Established Equality networks and site Inclusion Boards to support trustwide board **(1-3).** *Independent Assurance* Annual NHS staff surveys indicate improvements sustained in relevant domains. Staff FFT surveys to monitor in-year progress on staff engagement, with refreshed approach for Q1 2020 to improve response rate WRES data published annually, tracking improvement. Patient surveys with equalities dimension e.g. MBRACE Internal Audit report Staff Engagement 20/21 **(3 and 6)** Internal Audit report Advocacy 19/20 **(5)** Internal Audit report Staff Survey 19/20 (**6)** Internal Audit report Safeguarding Adults 19/20 **(7)**	*Gap: Diversity in leadership roles* *Action: Embed 2020 inclusive recruitment practice* *Gap: Address the current ethnicity inequality in staff entering formal HR processes* *Action: Simplified and improved policies; cultural intelligence leaders programme developed* *Gap: Perceived commitment to inclusion at all levels in the Trust* *Action: Strengthened inclusion governance; hospital level WRES data monitoring*	*Q4 2021/22 (4x2=8)*

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

APPENDIX – BOARD ASSURANCE FRAMEWORK 2021/22

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

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE		TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*		*Target (by Q4 unless stated)*
2. A risk of not identifying healthcare inequalities and/or not securing equity of access and community connectivity impairs delivery of high quality, equitable healthcare **Executive lead:** Chief Medical Officer **Subcommittee role:** Audit and Risk Committee/Inclusion Advisory Board	**Current risk – Quarter 4 risk score: (4x3=12)** Outset risk: April 2020 (4x4=16) *Datix ref:* ***Related high risks >15*** *(See table below)*	*Controls:* **1.** Integrated Performance Report includes key metrics on access to healthcare services **2.** Patient Experience Strategy published with action to commission cultural intelligence and competency programme. **3.** Equity of access work led by Public Health to investigate healthcare inequalities. **4.** Patient Experience Strategy published with action to commission cultural competency programme. **5.** Development of Anchor Institution strategy, building on development of community employment and related initiatives e.g. ELBA alliance, apprenticeships, Project Search etc	*Management Assurances on listed controls:* Trust Board quarterly inclusion and equalities report references patient equity aspects **(assurance on controls 1-5)** Equity of access Board report reports on identified key risks relating to healthcare interventions and equity of access **(1-3).** Quality Assurance Committee oversight of patient experience, surveys and insight reporting **(2)**. *Independent Assurance* Mortality, public health and patient survey indicators support benchmarking of healthcare equity of access. Internal Audit report Advocacy 19/20 **(2)** Internal Audit report Safeguarding Adults 19/20 **(2)**	*Gap: Board agreed anchor institution / sustainability strategy Action: Agreement of a Green plan and Board seminar time on anchor institution development* *Gap: Impact assessment required on any unintended consequences of pandemic related innovation and practice.* *Action: Impact assessment of virtual clinical under way*		*Q4 2021/22 (4x3=12)*

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

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

Risk appetite for sub-objective relevant to risk**: 4-6 (Cautious)** Risk tolerance triggers: Nosocomial infection rates (threshold tbc) Outbreak/ward closure rate (threshold tbc); cancelled operations rate (threshold tbc)

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

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
3. Failure to implement infection control compliant plans (capturing learning from the pandemic peak and a Quality Improvement approach) impacts on quality of care, staff safety and community prevalence. **Executive lead:** Chief Nurse **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (3x3=9)** Outset risk: April 2020 (5x3=15) *Datix ref: [3473]* ***Related high risks >15*** *(See table below)*	*Controls:* **1.** Winter plan (including high and very high pressure plan for Covid-19 management). **2.** Quality & safety metrics including Infection Prevention and Control (IPC) contained in Covid dashboards and integrated performance reporting. **3.** Segregation of clinical areas and staffing, testing and vaccination programmes to mitigate risks of Covid-19 nosocomial infections. **4.** PPE provision and fit testing arrangements **5.** Dedicated IPC team in place with Board level Director of IPC. Representation of IPC team on key Covid-19 workstreams and operational groups. **6.** Weekly Covid IPC working group with key stakeholder involvement **7.** Case management, cluster, outbreak management policy in place to minimise risk of nosocomial transmission **8.** Policies and SOPs updated to respond to pandemic issues **9.** Targeted training plan and communications **10.** Clinical audit programme and Quality Improvement programme established with focus on safety **11.** IPC plan described in an IPC specific BAF	*Management Assurances on controls:* Trust Board review of IPR quality metrics **(assurance on controls 1-4, 11)**. Board receipt of Covid dashboard providing assurance on nosocomial infection rates (benchmarking positively) **(1-6)** QAC and Quality Board thematic and exception reporting, including deep dive reviews **(1-11).** Look back reporting on Covid-19 waves with focus on identifying learning **(1-11).** Annual report on infection control received by Trust Board **(1-11)** *Independent assurance:* CQC review of plans National benchmarking reports Internal Audit of our IPC BAF PHE involvement in outbreak management Internal Audit report Nightingale Preparedness review 20/21 **(3)** Internal Audit report Procurement19/20 (**4)** 2021 Reasonable assurance Internal Audit report – IPC BAF	*Gap: Capacity plans to address elective recovery and Covid-19 workloads* *Action: winter plans and recovery trajectories in place*	*Q4 2021/22 (5x1=5)*

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

3543 Crowding within Whipps Cross Emergency Department (risk score 20, lead Whipps Cross Chief Executive)
5937 Risk of Covid outbreak among staff at Whipps Cross (risk score 16, lead Whipps Cross Chief Executive)
5849, 5850, 5884 Insufficient clinical engineering workspace with no dedicated decontamination facilities (risk score 16, lead St Bartholomew's, Newham and Whipps Cross Chief Executives)
5251 Lack of sustainable antimicrobial stewardship (risk score 16, lead GCS Managing Director)
6416 Rightsizing IPC department (risk score 16, lead GCS MD)

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

Risk appetite for sub-objective relevant to risk**: 4-6 (Cautious)** Risk tolerance triggers: CQC rating deterioration; Regulatory notice received; Internal Audit or external 'insufficient assurance' review

Gap risk score to risk appetite: 8 (current risk score 12; in year target risk score: 8; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
4. Failure to address CQC, London Fire Brigade and other regulatory body requirements and improve associated systems for early intervention impairs quality of care and the health and safety of staff **Executive lead:** Chief Nurse, Deputy Chief Executive **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (4x3=12)** Outset risk: April 2020 (4x3=12) *Datix ref: [3538]* ***Related high risks >15*** *(See table below)*	*Controls:* **1.** Approved Quality Strategy, quality assurance framework and Quality Improvement programme includes systematic 'ward to board' quality intelligence system in place, incorporating ward dashboards and Perfect Ward data. **2.** CQC action plan reporting including site deep dives. Monthly CQC BAU meeting to ensure consistent review of CQC activity **3.** Well Led improvement plan and site self assessment processes and diagnostics to review leadership and governance capability and capacity. **4.** Corporate compliance function, Estates team and trust wide Safety Academy monitor regulatory activities and share learning. Risk management arrangements in place to monitor identified gaps. Clinical Boards focus on standardisation **5.** Three-year fire remediation plan and rolling programme of improvements (including Whipps Cross misting, escape routes and compartmentation work and Newham compartmentation works). Executive assigned additional in-year funding to accelerate improvements to recognised fire safety deficiencies (including those at Newham).	*Management assurances on controls:* Quality Assurance Committee and executive Quality Board monitoring of CQC healthcare regulations and QI programme **(1 -3)** Quality Performance Review mechanism for hospitals **(2)** Peer reviews of wards and departments [including August review of hospital imaging services] **(1-3)**. Quality Governance team role in monitoring of external agency inspections and regulations (QAC report Sept 21) **(1-3)** Health and Safety Committee oversight of fire safety improvement with regular reporting into Risk Management Board **(5)** Fire remediation oversight includes January 2022 Trust Board report, FIC oversight of investment plans and ARC oversight of regulatory/governance aspects **(5)** *Independent assurance:* CQC inspections of sites including more recent reviews of Newham diagnostics/maternity, Whipps Cross maternity and imaging; Royal London imaging (**1-4)** Related agency inspections including HSE, HEE and MHRA **(1-4)** 2018 Well Led external developmental review and improvement plan implementation **(1-4)** 2021 External review of fire safety governance at Newham **(5)** 2021 Reasonable assurance Internal Audit reviews– Health and Safety/Fire **(5)** 2021 Reasonable assurance Internal Audit review - External reviews and visits **(4)**	*Gap: Coverage and closing loop on clinical audits and investigations* *Action: Performance management and audit arrangements - in place but will need to be revisited post pandemic.* *Gap: LFB Enforcement notice in place* *Action: Ongoing dialogue and strong relationship with LFB to agree remedial priorities. Extension of notice timelines anticipated in the next month.* *Gap: CQC Imaging Services reviews at RLH and Whipps Cross review highlighted areas for improvement in safety/risk, leadership and culture*	*Q4 2021/22 (4x2=8)*

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

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

Risk appetite for sub-objective relevant to risk**: 4-6 (Cautious)** Risk tolerance triggers: Adverse variance from agreed activity trajectories for each constitutional target for 3 consecutive months

Gap risk score to risk appetite: 12 (current risk score 16; in year target risk score: 12; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
5. Failure to restore planned care to restated capacity requirements (through elective activity plans, implementation of surgical hubs and outpatients transformation) at a pace consistent with staff recovery impacts on quality of care **Executive lead:** Deputy Chief Executive and Director of Strategy **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (4x4=16)** Outset risk: April 2020 (4x4=16) *Datix ref: (2845)* ***Related high risks >15*** *(See table below)*	*Controls:* **1.** IPR and 18 Week RTT performance and data quality reporting including weekly activity tracker. **2.** Established PTL supported by single Cerner system. **3.** Reset of data validation programme and staff training programme to support 'right every time' data entry/quality and targeted on repeat errors. **4.** Elective recovery plan re-set. Prioritisation approach to identify clinically urgent patients in pandemic. **5.** Independent sector support during Covid-19 pandemic for elective patients. Monitor utilisation to ensure capacity is fully utilised. **6.** Establishment of surgical hubs to support high throughput. **7.** Workforce planning and waiting list initiatives to address elective backlogs. **8.** Established outpatients transformation programme with emphasis on increasing virtual clinics and care closer to home principles **9.** Elective recovery plan and prioritisation approach to ensure high risk patients are reviewed.	*Management assurances on controls:* Business as usual RTT/Elective Care programme board and RTT Operations Group with escalation Covid-19 governance arrangements for pandemic higher pressure levels **(assurance on controls 1-5)**. Monitoring of the impact of stretch staffing models reviewing red flags and Care Hours per Patient Day across the group **(7)** Data sampling exercises and planned list validation exercises to assure on data quality **(1-3)** Escalation meetings to review any off-trajectory RTT performance **(4)** Business as usual dedicated programme board and Clinical Board focus on transformation **(8-9)** Monitoring of the impact of Covid-related accelerated introduction of virtual clinics **(8-9)** *Independent assurance:* NHSE/I and ICS level governance and monitoring of key metrics **(4-9)** External review process for any potential clinical harm associated with long waits – chaired by NHS England Medical Director and GP representative**(4)** Internal Audit report Income 20/21 **(1)** Internal Audit report Data Security and Protection Toolkit 2021 **(2 and 8)** 2021 Reasonable assurance Internal Audit review – Cancer waits (**10)**	*Gap: Elective backlog due to pandemic wave and emergency care demand during winter.* *Action: Board-level and site focus on prioritised elective long waiters but gaps on trajectory remain.* *Gap: Workforce constraints impede plans for wider elective programme during pandemic.* *Action: Use of Independent Sector capacity and innovative approaches to patient pathways to minimise hospital lengths of stay*	*Q4 2021/22 (4x3=12)*

Related high risks (>15) on the risk register – Datix refs:
4765 IT- Business Continuity (risk score 16, lead Group Director of Strategy)
5997 Theatre capacity for complex elective orthopaedic surgery (risk score 15, lead Royal London Chief Executive) 5590 Cessation of electivity activity during Covid 19 (risk score 15, lead Royal London Chief Executive)
5825 No elective operating and reduced outpatients generating backlog (risk score 15, lead Newham Chief Executive) 5825 Elective and reduced outpatients generating backlog (risk score 15, lead Newham Chief Executive)
5860 Harm to patients awaiting diagnostic procedures in endoscopy (risk score 15, lead Newham Chief Executive) 4019 Outpatient appointment capacity (risk score 16, lead Whipps Cross Chief Executive)
5946 Prescription and supply of medicines to patients attending virtual outpatient clinics (risk score 16, lead GCS Manging Director) 5989 Consultant vacancy palliative care (risk score 15, lead Whipps Cross Chief Executive)
5825 Elective and reduced outpatients generating backlog (risk score 15, lead Newham Chief Executive)
5518 ILD Service consultant staffing (risk score 16, lead SBH Chief Executive)

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

Risk appetite for sub-objective relevant to risk: **4-6 (Cautious)** Risk tolerance triggers: 12 hour waits for 2 months for any hospital; change to Covid pressure status/national incident/critical care surge

Gap risk score to risk appetite: 12 (current risk score 16; in year target risk score: 12; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
6. Failure to restore non elective care to restated capacity requirements (through transforming urgent and emergency care pathways, critical care expansion and managing winter pressures) at a pace consistent with staff recovery impacts on quality of care **Executive lead:** Deputy Chief Executive **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (4x4=16)** Outset risk: April 2020 (4x4=16) *Datix ref: 1981* ***Related high risks >15*** *(See table below)*	*Controls* **1.** Winter Plan setting out emergency care operating model, pandemic aspects including mutual aid and transfer. **2.** Covid-19 escalation plan with identified measures in onset of medium, high and very high pressure status; including for expanded critical care and emergency care **3.** Sector approach to capacity constraints for emergency care and to address interface on ambulance transfers. **4.** BAU hospital improvement plans set out optimum conditions (internal and sector) and actions to achieve trajectories for performance. Hubs established to support sector co-ordination. **5.** Oxygen supply resilience monitoring led by Estates **6.** Workforce flexed to support critical care expansion	*Management assurances on controls:* EC&T clinical board meetings to discuss department issues and problems, working together across the Trust to ensure optimum emergency flow on each site **(assurance on controls 1-3)**. Board monthly reporting via the Integrated Performance Framework **(1-3)**. Adapted Covid governance arrangements in event of escalation of pressure status **(4-6)**. Business as usual NEL and London emergency and critical care governance **(3)** *Independent assurance:* Internal Audit report Nightingale Preparedness review 20/21 **(3)** Internal Audit report Medical Gases 2019/20 **(6)**	*Gap: Emergency care performance for RLH, Newham and Whipps Cross impacted by pandemic pressures and constraints associated with segregation of activity and workforce supply.* *Action: Performance discussed at twice daily cross site operational calls. Reasons and mitigations in place to maintain patient flow as much as possible discussed.* *Patient safety also discussed with actions being taken described to ensure the longer waiting times did not lead to patient harm* *Gap: Whipps Cross additional risks of infection with limited isolation facilities and capacity issues in Waltham Forest result in extended operational pressures* *Action: Local summit meetings, highlighting the actions required by the wider health and social care systems in WF and other boroughs*	*Q4 2021/22 (4x3= 12)*

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

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

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
7. Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision **Executive lead:** Chief Nurse **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (4x3=12)** Outset risk: April 2021 (4x3=12) *Datix ref: tbc* ***Related high risks >15*** *(See table below)*	*Controls* **1.** Ockendon compliance submission process **2.** Safe staffing processes and annual midwifery establishment review using national Birthrate Plus benchmarking information. **3.** Survey/insight available from FFT, Hundred Voices, Women's Experience Forums. **4.** MDT training including foetal monitoring. **5.** National PMR Tool used to review perinatal deaths. Established process for maternity SIs. **6.** Continuity of care metrics developed and models of staffing being explored.	*Management assurances on controls:* Quality Board and QAC oversight of Ockendon recommendation implementation **(1, 6)** CNST Maternity Incentive Scheme – self assessment against 10 key risk areas (**2-4)** IPR reports on safe staffing, NEs and SIs **(1, 5)** *Independent assurance:* Reasonable assurance 2021 Internal Audit report – Maternity safety **(2-4)** 2021 CQC review of maternity services **(all)**	*Gap: Development of a longer term maternity quality and safety programme extending beyond the scope of Ockendon recommendations* *Action: In development* *Gaps: Partial compliance on some Ockendon recommendations to be considered and approach to full compliance agreed with NEL partners (and following clarity on funding bid)* *Action: Ongoing actions and reporting on progress via Quality Board.*	*Q4 2021/22(4x2=8)*

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

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

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE		TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*		*Target (by Q4 unless stated)*
8. Failure to secure and retain a sufficient high skilled workforce impairs the Trust's ability to provide the best standards of care and retain flexibility for seasonal or other surges in demand for services. **Executive lead:** Director of People **Subcommittee role:** Audit and Risk Committee	**Current risk – Quarter 4 risk score: (4x4=16)** Outset risk: April 2020 (4x4=16) *Datix ref tbc* ***Related high risks >15*** *(See table below*	*Controls:* **1.** Workforce establishment, operational plan and budget sets baseline for workforce. **2.** Focus on substantive fill rates, recruitment and retention in Drive 95 programme. **3.** Sector leadership, local employment, research and education focus to attract and retain high calibre clinical staff. Underpinned by Outstanding Place to Work programme and WeBelong inclusion work (community connectivity and development of inclusion centre and inclusion observatory) as part of aspiration to be an anchor institution. **4.** WeLead programme, Talent Management approach to develop skills and opportunities. **5.** Pandemic workforce plans developed supported by detailed people recovery and restoration plan focusing on staff welfare and wellbeing, with associated investment. **6.** Provider Collaborative extends shared learning and career opportunities across the NEL sector.	*Management assurances on listed controls:* Trust Board standing item on People Strategy implementation **(assurance on controls 1-5)** People Board oversight of key controls **(1-5)** *Independent assurance:* 2021 Reasonable assurance Internal Audit review of employment checks	*Gap:* *Insufficient numbers of trained staff in key specialties (including critical care, emergency care) and professions locally and nationally* *Actions:* *Recruitment campaigns including overseas recruitment initiatives.* *Outstanding Place to Work*		*Q4 2021/22 (3x3=9)*

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

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

Risk appetite for sub-objective relevant to risk**: Moderate (risk score 8-12)** Risk tolerance trigger: clear timelines for OBC submission by end 2021

Gap risk score to risk appetite: 0 (current risk score 12; in year target risk score: 9; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
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 **Executive lead:** Director of Strategy **Subcommittee role:** Finance and Investment Committee	**Current risk – Quarter 4 risk score: (3x4=12)** Outset risk: April 2020 (4x4=16) *Datix ref (5427)* ***Related high risks >15*** *(See table below*	*Controls:* **1.** Established programme governance and reporting arrangements, including a monthly Programme Executive Board; a programme team and external expert advisors. **2.** Named as one of eight 'pathfinders' in the Government's New Hospital Programme (NHP) with the commitment to funding a new hospital subject to business case approvals **3.** Six facet survey provides baseline on the condition of the existing estate. Flooding during summer 2021 reconfirms need for a new hospital and enhanced flood mitigation. **4.** Partnership working alongside the NHP, local health and local government as well as input from expert advisors, to finalise an Outline Business Case (OBC) **5.** Outline planning applications submitted in May '21 with planning determination expected in 2021. **6.** Extensive stakeholder, staff and community engagement has been undertaken to support development of the plans and respond to feedback. This will continue. **7.** Whipps Cross health and care services strategy refreshed in November 2020 to reflect design lessons from Covid-19 pandemic. **8.** Enabling works with demolition completed and car park plans developed. Planning permission confirmed.	*Management assurances on listed controls:* Regular review of business case development and by the Whipps Cross Redevelopment Programme Board, Whipps Cross Hospital Executive Board, Trust Board and Finance and Investment Committee **(assurance on controls 1-8)** Whipps Cross Estate Strategy assurance provided through Hospital Executive Board **(5)**. *Independent assurance:* DHSC letter from Secretary of State for Health and Social Care in 2019, confirms Whipps Cross as one of six HIP1 redevelopment schemes to share in £2.7bn funding, subject to business case approvals. Whipps Cross since confirmed by the NHP as one of eight pathfinders in the New Hospital's Programme with a collaboration agreement in place to support joint working. This includes the NHP providing feedback and assurance on the development of the plans for Whipps Cross along with other schemes.NEL ICS response to NHS Long Term plan confirmed Whipps Cross redevelopment as key capital investment priority.	*Gap: Steps required to complete the process of business case approvals including assurance on capital and revenue requirements. Action: The Redevelopment Team continue to work closely with the NHP with a view to finalising the Outline Business Case ahead of submission to Trust Board.*	*Q4 2021/22 (3x3=9)*

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

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

Risk appetite for sub-objective relevant to risk**: Moderate (risk score 8-12)** Risk tolerance triggers: ERF funding variance (threshold tbc); Adverse variance (threshold to be confirmed) against workstream milestone

Gap: risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
10. Failure to sufficiently progress on six identified clinical transformation workstreams (medicine, elective, imaging, patient safety, discharge and urgent care) impacts on recovery and associated funding. **Executive lead:** Director of Transformation **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (4x2=8)** Outset risk: April 2020 (4x3=12) *Datix ref (5427)* ***Related high risks >15*** *(See table below*	*Controls:* **1.** Clinical Boards with sector reach leading clinical engagement on surgery, pathology and medicine transformation programmes. **2.** East and South East London Pathology Network established. Recruitment in progress with Managing Director appointed; business case refinements under way and a partnership agreement in development. **3.** WeConnect 2 and digital infrastructure improvements to support clinical transformation programmes (e.g. virtual clinics and ePrescribing). **4.** Steps taken to devolve support services into hospital structures and develop increased tailored hospital-specific direction and management.	*Management assurances on listed controls:* Trust Board and FIC oversight of elective recovery and ERF funding **(assurance on controls 1-3)**. Transformation Board established in Q3/4 to lead workstreams.**(assurance on controls 1-3)**. Reporting on imaging and outpatients to Quality Assurance Committee in 2021/22.**(assurance on controls 1-3)**. Adapted Covid-19 governance arrangements to retain oversight of surgery elective programme and outpatients **(assurance on controls 1-3)**. Business as usual dedicated programme board and Clinical Board focus on surgical hub development and outpatients transformation programmes **(1-2)**. Monitoring of the impact of Covid-related accelerated introduction of virtual clinics **(1-2)**	*Gap: Pandemic imperatives limit accelerate sector collaboration but limit scope of some transformation initiatives .* *Action: Close working with ICS and local partners on innovation and opportunities for developing centres of excellence*	*Q4 2021/22 (4x2=8)*

Related high risks (>15) on the risk register – Datix refs:
3816 Insufficient theatre capacity for adult orthopaedic trauma (risk score 16, lead Royal London Chief Executive)
3646 Follow up on abnormal pathology and imaging results (risk score 16, lead St Bartholomew's Chief Executive)
5367 Shortage of Consultant histopathologists (risk score 16, lead GCS Managing Director)
4765 IT- Business Continuity (risk score 16, lead Group Director of Strategy)
5997 Theatre capacity for complex elective orthopaedic surgery (risk score 15, lead Royal London Chief Executive)

STRATEGIC ENABLERS: Financial plan delivery

Risk appetite for sub-objective relevant to risk**: Averse (risk score 1-4)** Risk tolerance triggers: ERF funding variance (threshold tbc); adverse variance to plan for 2 consecutive months (threshold tbc)

Gap risk score to risk appetite: 15 (current risk score 16; in year target risk score: 12; long term risk appetite: 1-4)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
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 **Executive lead:** Chief Finance Officer **Subcommittee role:** Finance and Investment Committee	**Current risk – Quarter 4 risk score: (4x4=16)** Outset risk: April 2020 (4x4=16) *Datix ref: (1985)* ***Related high risks >15*** *(See table below*	*Controls:* **1.** Monthly finance reporting, operational and financial metrics reporting and financial accounting governance arrangements detail progress against operational plan and budget. **2.** Transformation and efficiency workstreams focus on key schemes (including theatres; workforce; outpatients; procurement) to support underlying position improvments. **3.** Service Line Reporting structures (in conjunction with Model Hospital and GIRFT data) inform targeted transformation schemes. **4.** Quality Improvement PMO team support hospitals and corporate directorates to identify and deliver quality, efficiency and financial improvements. **5.** System work includes analysis of strategic drivers of the deficit position commissioned by the ICS and acute providers.	*Management Assurances on listed controls:* Review of financial performance at weekly GEB, monthly Finance and Investment Committee and Trust Board review **(assurance on controls 1-3**). Implementation of Financial Planning Group meetings to review hospital plan progress chaired by CFO and informs PRs **(1-4).** Investment Steering Committee oversight of major investment schemes **(1,3)** Site performance review focus on progress against financial plans, CQUINs and other contractual KPIs **(4)** *Independent assurance:* Dedicated NHSI support and review of Trust plans. NHSI / CQC Use of Resources assessment, with evidence of productivity improvements 2020 Internal Audit report Income and Billing **(1)** 2020 Internal Audit report Budgetary Control and Financial Reporting **(1)** 2020 Internal Audit report Treasury Management **(1)** 2020 Internal Audit reports on COVID19 Expenditure; Nightingale Financial Governance; and PPE **(1)** 2021 Reasonable assurance Internal Audit review of Bank and Agency controls/usage 2021 Substantial assurance Internal Audit review of key financial controls 2021 Substantial assurance Internal Audit review of Payroll and pensions	*Gap: Underlying deficit impact on cash position and requirement for non-standard / loan funding* *Action: Efficiency programmes to mitigate productivity risks (with FIC reporting on key metrics)*	*Q4 2021/22(4x3=12)*

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

STRATEGIC ENABLERS: Digital strategic delivery plan and capital investment programme

Risk appetite for sub-objective relevant to risk**: Cautious (risk score 4-6)** Risk tolerance triggers: Adverse variance (threshold to be confirmed) against ICT metrics on downtime/breaches/implementation targets

Gap risk score to risk appetite: 12 (current risk score 16; in year target risk score: 12; long term risk appetite: 4-6)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE		TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*		*Target (by Q4 unless stated)*
12. Failure to develop cyber secure information systems due to resourcing and lead time limitations impacts on quality and safety of services **Executive lead:** Director of Strategy **Subcommittee role:** Audit and Risk Committee	**Current risk – Quarter 4 risk score: (4x4=16)** Outset risk: April 2020 (4x4=16) *Datix ref: (4109) (1990)* ***Related high risks >15*** *(See table below*	*controls:* **1.**Ringfenced element of capital programme, to renew ICT infrastructure, PCs, data centres and networks. Finance team liaison with NHSI/E on securing funding. **2.**Approved Informatics strategic delivery plan and consolidated Millennium Cerner EPR system. **3.** Upgrades of Millennium Cerner (following consolidation of single PTL) **4.** Information Governance team and Data Security Protection Toolkit. 5. WeConnect2 programme successfully rolled out to strengthen digital systems, electronic prescribing and documentation.	*Management assurances on above controls:* Investment Steering Committee lead role in ensuring capital programme is appropriately specified and delivered, with Risk Management Board monitoring associated risks **(1-4)** Informatics Board oversight of ICT investment programme with 6 monthly reporting into Audit and Risk Committee on key ICT developments **(1-3)** Board and ARC review of Data Security Protection Requirements compliance **(2)** *Independent assurance* Internal Audit report COVID19 Expenditure **(1)** Internal Audit report Data Security and protection Toolkit **(4)** 2021 Follow-up improved assurance Internal Audit report on cyber **(1)**	*Gap: Variable network performance and outtages still have potential for major impact on operational performance* *Action: Steps to improve ICT infrastructure including approved business case and phased replacement programme* *Gap: Risk of information security breaches remains high* *Action: Steps taken to improve network security* *Gap: Insufficient assurance Internal Audit report on cyber* *Action: Follow up ARC report reflected improved assurance rating*		*Q4 2021/22(4x3=12)*

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

4766 Network Obsolete (risk score 20, lead Group Director of Strategy)
4765 IT business continuity (risk score 16, lead Group Director of Strategy)
4768, 4769, PC and server ageing infrastructure (risk score 16, lead Group Director of Strategy)
5931 IT security of radiotherapy equipment (risk score 16, lead Group Director of Strategy)
4767 ICT cyber security standards management and investment (risk score 16, lead Group Director of Strategy)
4770 SBH datacentre infrastructure (risk score 16, Group Director of Strategy)

STRATEGIC ENABLERS: Estates strategy and capital investment programme
Risk appetite for sub-objective relevant to risk**: Cautious (risk score 4-6)** Risk tolerance triggers: Volume of medical equipment risks identified on risk register seeking treatment via capital investment (threshold tbc); Receipt of any regulatory notices; or internal audit/external assurances indicating reasonable or insufficient assurance rating
Gap risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 4-6)

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

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

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

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE		TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*		*Target (by Q4 unless stated)*
14. Failure to deliver research and education plans in the context of the pandemic and constrained resources adversely affects, income, reputation and delivery of workforce targets **Executive lead:** Chief Medical Officer **Subcommittee role:** Quality Assurance Committee	**Current risk – Quarter 4 risk score: (4x3=12)** Outset risk: April 2020 (4x3=12) *Datix ref: [4925]* ***Related high risks >15*** *(See table below)*	*Controls:* **1.** Research strategic delivery plan and education strategic delivery plan **2.** Education Academy and education governance framework to manage new NHS education contract (which replaced the LDA). **3.** Improving Service Line Reporting transparency for allocation of resources and incentivising research and education activities internally. **4.** People Strategy describes development of new workforce roles and career pathways including using apprenticeships, local employment and overseas recruitment to mitigate training post losses. **5.** Brand and reputation of Trust as a recognised destination for career development and research opportunities (including apprenticeships workstream) **6.** Programme with university partners to expand nursing and midwifery student numbers by 25%. **7.** BRC bid process with significant focus in 22/23.	*Management Assurances on listed controls:* Education Committee and Joint Research Board oversight **(assurance on controls 1-7)** Apprenticeship Steering Group, which reports into Education Committee reviews work on new career models **(4)**. GMC and professional surveys used to monitor quality of trainee experience **(5, 6)** *Independent assurance:* Health Education England visit and student survey findings inform planning Research grant application outcomes Internal Audit report 19/20 research and Development Governance **(1)**	*Gap: Pandemic disruption to education delivery may result in loss of training posts and/ or impair training quality* *Action: Active monitoring and management of quality of training posts via Education Academy.* *Gap: Lead time in recovering research activity reductions linked to pandemic* *Action: Monitor specific issues around the recovery of research activity and prioritise and support restarts*		*Q4 2021/22 (4x2=8)*

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

STRATEGIC ENABLERS: Governance, leadership capacity and capability

Risk appetite for sub-objective relevant to risk**: Moderate (risk score 8-12)** Risk tolerance triggers: Board and VSM staff substantive fill rates (threshold tbc); Sustained 'high pressure' or above on Covid escalation framework; Delays to WeLead framework refresh (threshold tbc)

Gap: risk score to risk appetite: 4 (current risk score 12; in year target risk score: 8; long term risk appetite: 8-12)

PRINCIPAL RISKS	CURRENT RISK SCORE	KEY CONTROLS	ASSURANCES	GAPS IN CONTROL / ASSURANCE	TARGET RISK SCORE
Description of risk	*[Consequence x Likelihood]*	*Most significant controls/systems in place.*	*Details of available assurances to provide evidence that controls/systems, on which we are placing reliance, are effective*	*Where are we failing to a) put effective controls/systems in place? b) gain evidence that controls are effective*	*Target (by Q4 unless stated)*
15. Insufficient leadership capacity and capability and failure to evolve the group model impairs the effectiveness of the organisation and role in system leadership. **Executive lead:** Director of Corporate Development and Director of People **Subcommittee role:** Audit and Risk Committee	**Current risk – Quarter 4 risk score: (4x3=12)** Outset risk: April 2021 (4x3=12) *Datix ref: tbc* ***Related high risks >15*** *(See table below)*	*Controls* **1.** Group governance refresh in line with Well Led framework. **2.** Sector leadership, local employment, research and education focus to attract and retain high calibre leaders. Underpinned by Outstanding Place to Work programme and WeBelong inclusion work (community connectivity and development of inclusion centre and inclusion observatory) as part of aspiration to be an anchor institution. **3.** WeLead framework, Talent Management approach to develop skills and opportunities. **4.** Publication of 'Closer Collaboration' and development of Memorandum of Understanding following appreciative inquiry process - to set out provider collaboration objectives with BHRUT	*Management assurances on controls:* GEB and Trust Board oversight of group model development and provider collaborative **(1,2)** Performance Review mechanism to monitor hospital leadership effectiveness **(1)** Trust Board standing item on People Strategy implementation **(1-4)** Executive Collaborative Board oversight of priorities for joint work with BHRUT **(4)** *Independent assurance:* Role of NEL ICS, JOSCs and Healthwatches in oversight of system development and place-based governance CQC oversight of Well Led domain	*Gap: ICS and wider system governance remains in development* *Action: Development of final provider collaborative agreement* *Development of talent management to address required skills and leadership*	*Q4 2021/22(4x2=8)*

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

RISK APPETITE - ANNEX

In 2019/20 the executive undertook an extensive exercise to identify risk appetite in relation to 33 sub-objectives ; aggregating this up to a risk appetite statement in relation to the Trust's overarching objectives. The below table maps the risk appetite for 2019/20 objectives/sub-objectives to 2020/21 objectives

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

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

Barts Health NHS Trust

Report to the Trust Board: 2 March 2022	TB 20/22

Title	Integrated Performance Report (Month 10)
Accountable Director	Deputy Group Chief Executive
Author(s)	Director of Performance
Purpose	Performance against constitutional standards and KPIs

Executive summary

The Integrated Performance Report provides detail in relation to performance drivers and recovery actions at Trust and Hospital Site level in relation to the 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 also provides a summary of the recent progress on clearance of long waiting patients along with the potential number who will be waiting at 104 weeks for treatment at the end of March 2022. A summary is provided on the key commitments and deliverables as set out in the Elective recovery plan which was published by NHS England in February 2022. The paper includes information on the approach Barts Health has been taken in responding to the 2022/23 plan which is due for submission in March 2022.

Related Trust objectives
All trust objectives

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

Legal implications/ regulatory requirements	N/A

Action required by the Board

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

Barts Health NHS Trust

Barts Health Integrated Performance Report

Mar-22

Performance for: **Jan-22**

CHANGES TO REPORT

Changes to Report

Mar-22

- **Overall Report:**
    - Some national reporting for which metrics are usually presented in the report has been temporarily suspended during the Covid-19 pandemic crisis. For most, the performance from the last national submission before the suspension is the latest included in the report, as indicated below:
        - 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.
- **Targets:**
    - Targets for most metrics have been rolled forward from 2019/20 or Mar-20 (for metrics where the target changed over the course of 2019/20 to reach a set target by Mar-20). Some targets have been set for 2021/22 (e.g. A&E 4 Hours Waiting Time).

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Covid-19 Monitoring and Recovery

Covid-19 Inpatient Activity Levels

- The second Covid-19 wave peaked at 835 total inpatients on 14/01/2021 and 182 critical care inpatients on 24/01/2021. The fourth (Omicron) wave of the pandemic peaked on 12/01/2022 with 392 total inpatients of which 35 were in a critical care bed. The peak of the fourth wave was equivalent to 47% of wave two total bed occupancy and 19% of critical care occupancy. Unlike the second wave impact, the fourth wave saw the majority of patients admitted to a general and acute bed with only a minority of patients admitted to critical care. Since 12/01/2022, Covid-19 inpatient numbers have been reducing, initially at a significant rate, but now far more slowly. This suggests that the tail of this wave will reduce at a slower rate compared to the second wave. Inpatient volumes are currently at 71% of the volume recorded at the same point in the second wave; however, unlike the second wave a significant proportion of Covid-19 inpatients have incidental Covid-19 and are primarily being treated for other conditions.

- On the day of finalising the data for this report (21/02/2022), the number of Covid-19 positive inpatients across the Trust was 196, a 50% reduction against the peak of the fourth wave recorded on 12/01/2022. Of these, 8 patients are being cared for in a critical care bed; this represents a 77% reduction against the peak of the fourth wave and is equivalent to 7% of the total number of critical care beds available.

- Looking at patient demographic and length of stay profiles, it is noticeable that the age range of patients has started to increase in recent weeks, rising to 69 years for the week ending 13/02/2022 against 64 years for the preceding week. Length of stay has reduced to 7 days for the four week period ending 06/02/2022 from 14 days for the previous four week period.

Covid-19 Community Cases

- Comparing the week starting 02/02/2022 to the week starting 09/02/2022 shows the following movements in the case rate per 100,000 population:
  - For Tower Hamlets, a decrease from 665 to 455 (-32%).
  - For Waltham Forest, a decrease from 604 to 422 (-30%).
  - For Newham, a decrease from 481 to 343 (-29%).
  - For Hackney and City of London, a decrease from 620 to 480 (-23%).
- As a comparator the London case rate has decreased from 659 to 453 (-31%) while the England case rate has decreased from 688 to 461 (-33%).

Staffing

- Having seen a spike in sickness and Covid-19 related absence during Dec-21 and the first half of Jan-22, the position has now stabilised. On 15/02/2022, 3.06% (540 staff) of the total workforce were absent due to sickness and 0.24% (42 staff) were absent due to Covid-19 related reasons such as self-isolation. The equivalent data for 31/12/2021 was a 5.9% (1,025 staff) sickness rate and a 1.1% (197 staff) Covid-19 absence rate.

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Covid-19 Monitoring and Recovery (Continued)

Elective Activity Recovery Trajectories

- The Trust submitted elective activity recovery trajectories to NHS England for the first half of the year ending in Sep-21 and submitted re-based trajectories for the second half of the year during Nov-21. Additionally, long waiter eradication trajectories have also been submitted. Elective activity is being focussed on clinically prioritised and long-waiting patients with performance tracked each week by a senior executive-led operations group. Elective admitted and outpatient activity tracked above plan for the three month period Apr-21 to Jun-21 and long waiter reduction rates exceeded planned levels. For the period of Jul-21 to Sep-21 it became much more difficult to sustain planned elective activity levels due to non-elective pressures, including increasing numbers of Covid-19 patients, and the impact of a major incident (flooding) at Whipps Cross. As a result, elective activity volumes fell relative to plan and the rate of reduction for long-waiting patients also slowed. For Oct-21, the Trust re-based its elective activity profile to take account of autumn and winter pressures and achieved its admitted plan for Oct-21; however, for the period Nov-21 to Jan-22 the trust under-achieved against the admitted trajectory though did deliver required outpatient activity volumes until Jan-22 when output dipped just below target levels. For Jan-22 the volume of 52 week waits was 7,359 against a re-based planned position of 7,728 (369 better than plan).
- The Trust has made significant progress in reducing the size of the 104 week wait backlog. So far in quarter 4 of 2021/22, the Trust has delivered:
    - 50% reduction in longest waiter backlog (104 week wait Mar-22 cohort).
    - As at 20/02/2022 there are 916 patients who have waited 98+ weeks for treatment (643 admitted and 273 non-admitted pathways).
    - The Trust has undertaken a re-planning exercise and is predicting between 135-308 patients waiting for treatment at the end of Mar-22. This is mainly being driven by 3 specialties: ENT, Trauma and Orthopaedics and Gynaecology.
    - The national expectation is that the Trust will have treated all 104 week waits by quarter 1 of 2022/23.

Vaccinations (Covid-19 and Flu)

- 91% of staff (permanent and fixed term employees) have received one dose of Covid-19 vaccination (89% when including staff in partner companies such as Serco). 86% of staff have received a first and second dose of Covid-19 vaccination. Flu vaccination uptake increased to 43.3% for frontline staff (41.4% for all staff) against a London delivery of 46.6%. The flu vaccination season is now concluded for the 2021/22, with a national plan to recommence in quarter 2 of 2022.
  On 31/01/2022, the mandatory vaccination requirement for all staff was paused at national level, and is currently subject to a consultation, with a report due by the end of Mar-22. It is unclear what the next steps may be in relation to the mandate; however, it is expected that the legislation will be revoked. Following the sudden cancellation of the mandate, services are being put in place to support staff and managers to work through the implications of the decision and reflect on their experience of the process.
- As a result of lower demand for staff vaccination and outreach, the hospital hubs are under active review. The hubs at Royal London and St Bart's have now closed, with hospital hubs for staff and public at Whipps Cross and Newham remaining open until the operating framework from the vaccination taskforce is published, which is expected to be by the end of Mar-22.
- A trust vaccination plan for 2022/23 is in development, including flu and Covid-19 as required.

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Quality & Performance

Responsive

A&E 4 Hour Performance

- In Jan-22, 39,194 attendances were recorded, 90% of the total volume recorded in Jan-20 (pre-pandemic). For Jan-22, a performance of 75.3% was recorded, compared to 74.2% in Dec-21. Jan-22 performance was the second lowest (Dec-21 representing the lowest) since the last Covid-19 pandemic peak in Jan-21. During Jan-22 both the volume of attendances and performance were heavily influenced by the impact of the Omicron variant and the arrival of the fourth wave of the Covid-19 pandemic together with the impact of autumn / winter related emergency pressures.
- For Jan-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 10th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

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, for Barts Health 7,359 52 week breaches were recorded at the end of Jan-22 which represents a reduction of 8,490 breaches (54%) over an eleven month period.
- Looking at London, of the 18 Trusts reporting 52 week breaches for Dec-21 (the most recent national data), Barts Health ranked 17th with 8% of the waiting list waiting 52 weeks or longer compared to a total London performance of 3.1%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 6th 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 7.7%.

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 Jan-22, a performance of 64.2% 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 97.5% of all breaches in Jan-22.
- Looking at the 18 London acute Trusts, for Dec-21 (the most recent national data), Barts Health was the second worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was ranked 5th in terms of performance.

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 Dec-21. For Dec-21, the Trust recorded a performance of 68.9%. 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 cancer leadership team is aiming to return to compliance with the standard by the end of Mar-22.
- The Trust failed 62 day screening standard in May-21 and between Aug-21 and Nov-21. For Dec-21, the Trust achieved compliance, recording a performance of 90.3% against the 90% standard. The trust recorded 1.5 breaches of the standard, 1 in Breast and 0.5 in 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.

EXECUTIVE SUMMARY

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Quality & Performance (Continued)

Caring

- Performance for complaints replied to within the agreed time has improved in Jan-22.
- Duty of candour performance is under review. An improvement programme is underway and includes updating the Trust's policy, recording on Cerner (the Trust's patient administration system), improving the quality of the duty of candour interactions with patients and families, strengthening training and a programme of audit around the quality of the letters written. Roll-out is expected from Apr-22 onwards.

Safe and Effective

- Infection prevention and control: the Trust continues to report low Covid-19 outbreak rates, ranking in the top quartile of London Trusts. The incidence of other hospital acquired infections is above trajectory, though the Trust notes the positive performance at St Bart's which has not had an MRSA bacteraemia case in 12 months. The Infection Prevention and Control Committee reviewed these rates at its Feb-22 meeting and a re-focus on interventions which minimise risks for these infection (e.g. line care) is being implemented.
- Performance on closing serious incidents within agreed timeframes continues to be a challenge and has been affected by the operational pressures in Dec-21 and Jan-22. All hospital site leadership teams are focusing on this as a priority.
- The number of never events continues to track below 2020/21.

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Finance

- The Trust is reporting a £0.2m favourable variance against its breakeven plan for the year to date.
- Income is £17.1m favourable year to date. NHS Patient Treatment income is £25.7m favourable driven by over-performance against the Elective Recovery Fund (ERF) thresholds for Apr-21 to Jun-21 (£12.1m) and additional allocations notified in Jan-22 (£11.3m) including elective funding for independent sector provider costs in the second half of the year (£5.6m). Other income is (£8.6m) adverse. Hospital site and service other income is (£3.8m) adverse with the key shortfalls being reduced private patient activity (£2.6m) and estates property rental income (£1.5m). Central other income is (£4.8m) adverse which includes adjustments to match expenditure for vaccination programme re-imbursement (£2.6m) and donated asset income (£2.4m).
- Expenditure is (£16.9m) adverse against the year to date plan. Hospital site and service expenditure is (£11.6m) adverse year to date with the largest overspend being for the purchase of independent sector activity to support elective recovery (£8.7m). The impact of the Omicron variant wave has been managed with existing budgets with additional costs lower than experienced for previous COVID -19waves particularly for critical care. Key increased costs reported in Jan-22 were for implementation of staff enhanced bank rates from 21/12/2021 to 31/01/2022 (£2.2m) and additional staff catering provision over the Christmas period (£0.6m).
- The year to date capital expenditure is £58.4m against a phased plan of £66.7m, which gives a year to date underspend of £8.2m for exchequer funded schemes. The variance is caused by slippage in the delivery of schemes and ordering of equipment later than initially planned. The size of the year to date variance continues to decrease as the level of monthly expenditure steps up following approval of business cases and issuing of capital expenditure authorisations. However, it is noted that at Jan-22 (Month 10) year to date expenditure represents only 66.4% of the funded plan and 58.8% of the forecast outturn. To deliver the target funded plan, expenditure in Mar-22 (Month 12) is currently forecast at £21.3m (this compares to £26.9m delivered in Mar-21).
- Cash balances are higher by £148.2m 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 made a Public Dividend Capital (PDC) interest payment of £1.9m in Sep-21, which was £3.4m lower than plan because of the prior year's receivable balance. No further payments are anticipated for the second half of the year because the PDC interest calculation will be reduced by the consistently high cash balances held during the year.
- The Trust is forecasting a breakeven income and expenditure position for the year.

EXECUTIVE SUMMARY

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Mar-22

People

Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.65% in Nov-21 to 4.81% in Dec-21. This is expected to continue to increase when the data for Jan-22 are reported, due to the impact of the latest pandemic wave.

- **Appraisal rates** – recorded non-medical appraisals now stand at 55.5%, slightly down from the 56.3% reported for Dec-21; however, this reduction likely reflects the impact of the latest pandemic wave. The Trust will need to return to a focus on improving the appraisal rate, having come out of winter and the Omicron wave of the Covid-19 pandemic. The medical appraisal rate stands at 93%.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – in Jan-22, 518 unconditional offers were made, up from 380 in Dec-21. In addition, 905 Whole Time Equivalent (WTE) roles were advertised, the third consecutive month over 900.

- The Trust's substantive staff fill rate in Jan-22 was at 90.2%, up from 89.5%, reflecting a growth of 125 WTE substantive staff.

- The overall substantive fill rate masks a higher level of nurse vacancies; analysis of this is due to be undertaken to identify hotspots followed by the development of a focused plan to reduce these. This will incorporate the existing work on Theatres, Critical Care and Anaesthetics as well as the ongoing international recruitment.

- **Turnover** – annualised voluntary turnover is increasing and is now at 12.2%, up from 11.7% last month. Turnover has continually increased since Apr-21 and is projected to rise further over the coming months.

- The Trust is now one of the People Promise Exemplar sites in the NHS with funding for an 8a People Promise Manager to focus on delivery of the Trust's retention strategy and working in collaboration with Integrated Care System (ICS) leads. Alongside this, the Trust's retention working group is in place to deliver on and oversee key retention work.

- **Temporary staffing** – temporary staffing usage increased by 207 WTE compared to Dec-21, with a reduction of 8 WTE agency and a growth of 215 WTE bank. The proportion of temporary staff as part of the workforce increased from 14.0% to 14.9%. This reflects the continued demand for workforce through the Omicron wave, with activity levels being maintained where possible and a greater impact on General and Acute beds due to the change in acuity compared to previous variants.

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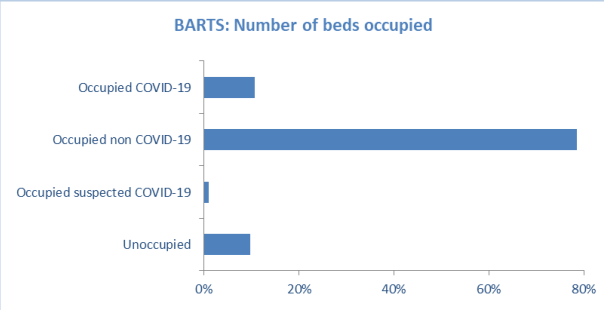
NHS
Barts Health
NHS Trust

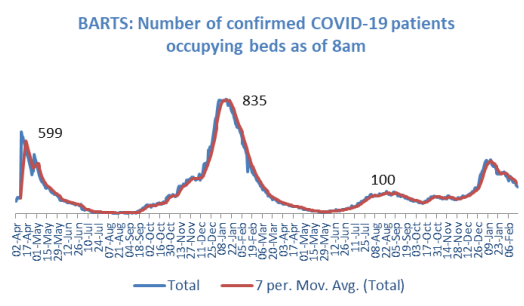
Covid-19 Monitoring and Recovery Report

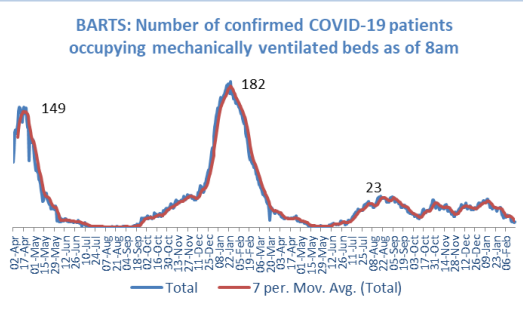
COVID-19

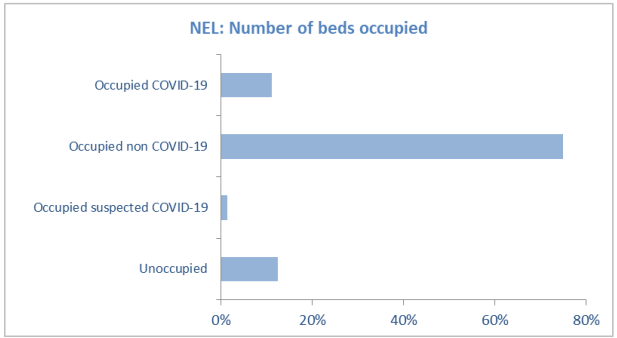
COVID-19 – Barts Health

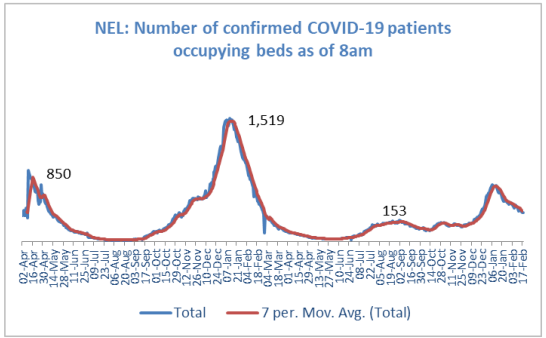
Mar-22

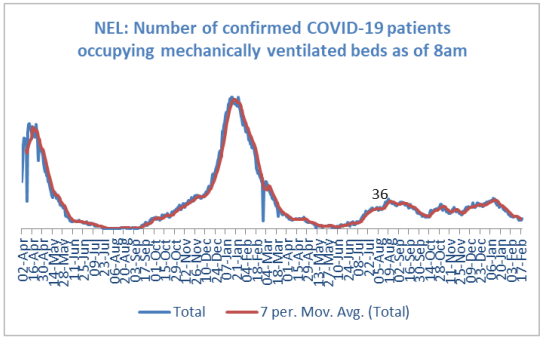


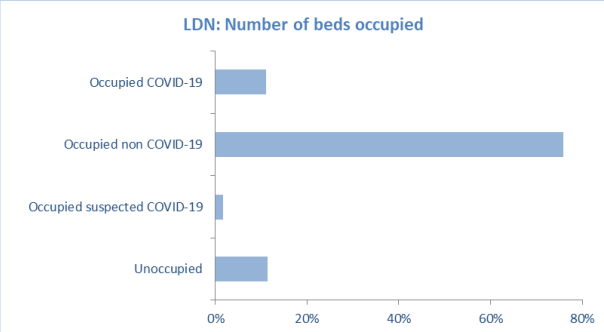


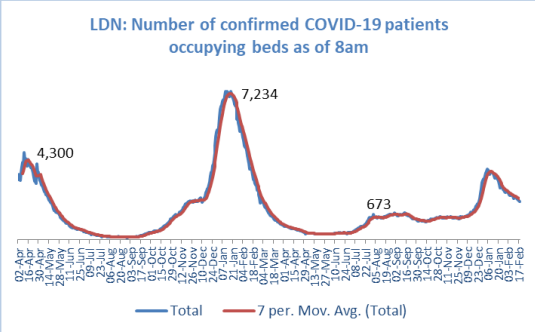


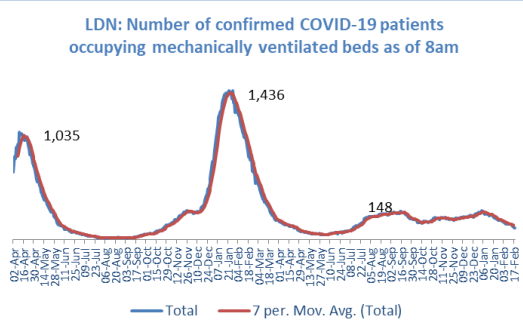












Data as at 18/02/2022

COVID-19

COVID-19 Community Clusters

Mar-22

Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2022-02-09

Area	Cases W/C 02/02	Cases W/C 09/02	Rate per 100,000 W/C 02/02	Rate per 100,000 W/C 09/02	% Change in Case Rate Week on Week
Redbridge	1,582	999	521	329	-36.9%
Havering	1,269	868	492	337	-31.6%
Newham	1,694	1,208	481	343	-28.7%
Tower Hamlets	2,114	1,446	665	455	-31.6%
Waltham Forest	1,672	1,169	604	422	-30.1%
Barking and Dagenham	1,035	612	488	289	-40.9%
Hackney and City of London	1,733	1,341	620	480	-22.6%
London	57,896	39,871	659	453	-31.3%
England	397,667	268,017	688	461	-33.0%

COVID-19

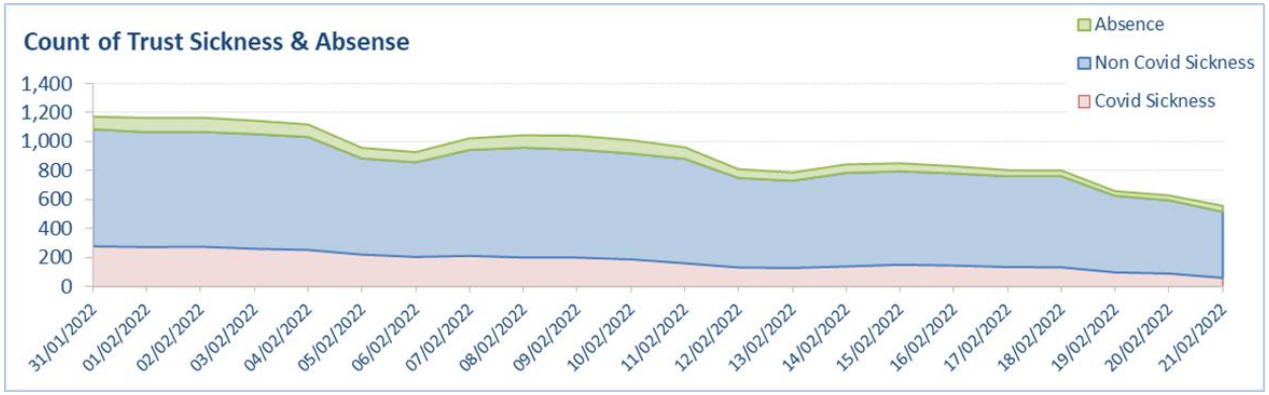
COVID-19 Staff Sickness Absence

Mar-22

Data as of: 21/02/22

Total Staff Count:	Covid Sickness Group	Non-Covid Sickness Group	Covid Related Absence Group
17,657	**59**	**457**	**40**
Proportion against Total Staff	**0.33%**	**2.59%**	**0.23%**

Total Sickness	Total Sickness + Covid Related Absence
516	**556**
2.92%	**3.15%**



	2 weeks ago (average) (08/Feb - 14/Feb)	1 week ago (average) (15/Feb - 21/Feb)	Current
Covid Sickness Group	163	115	59
Non-Covid Sickness Group	689	576	457
Covid Related Absence Group	75	41	40

COVID-19

Activity

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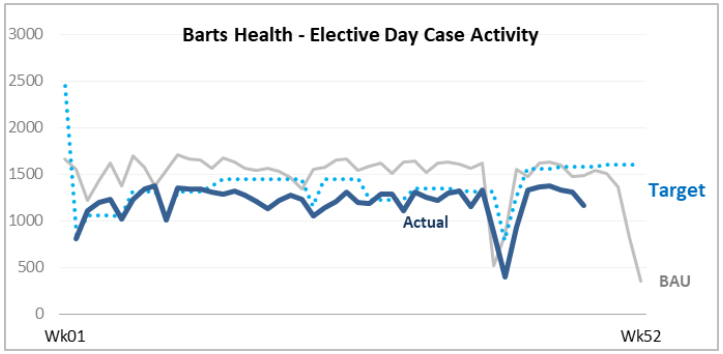
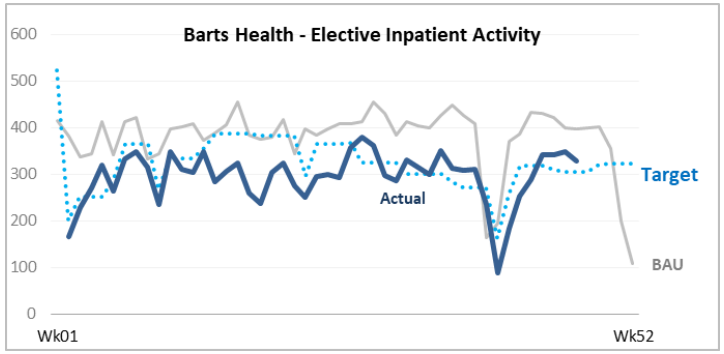
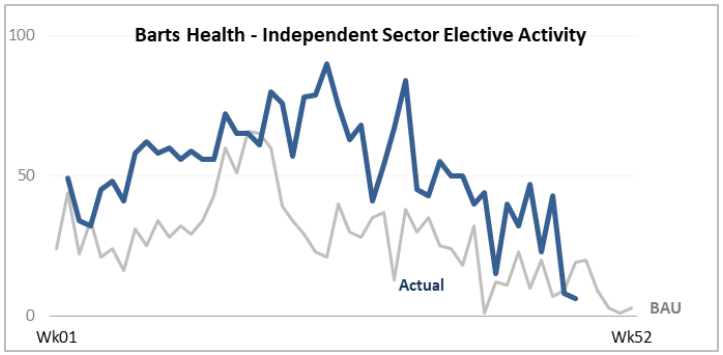
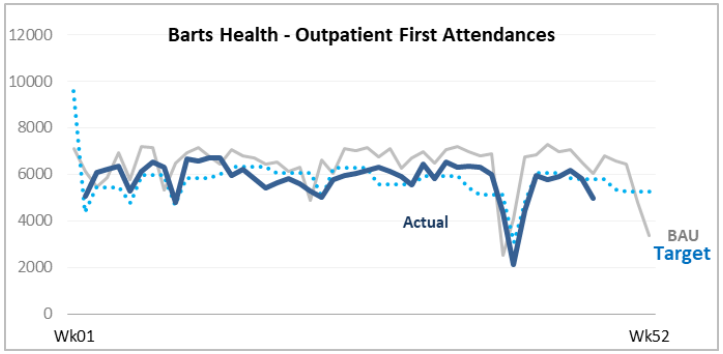
Elective Activity

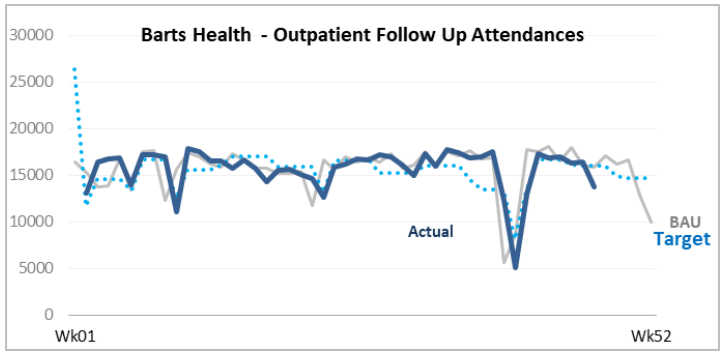






Outpatient Activity



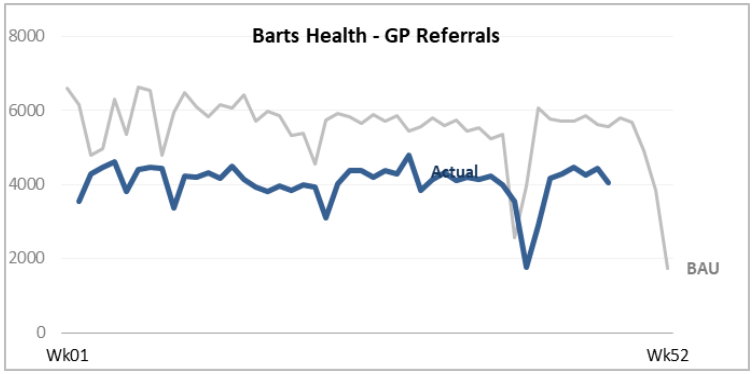


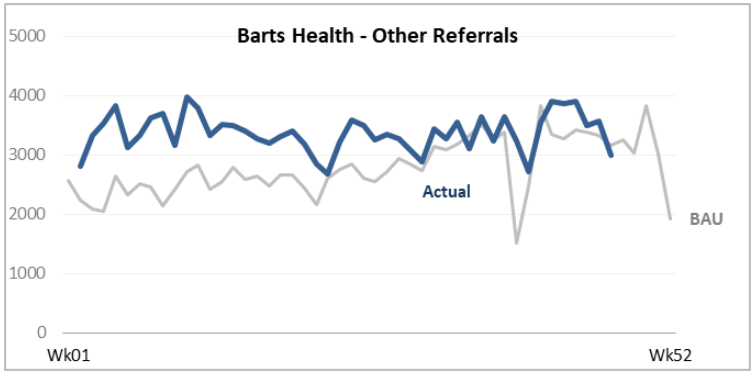
COVID-19

Activity

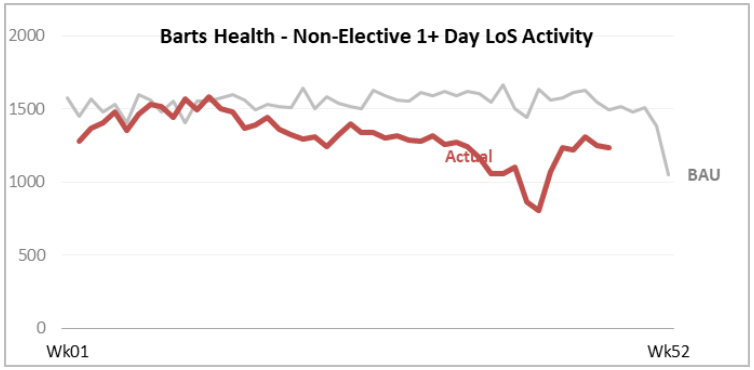
Mar-22

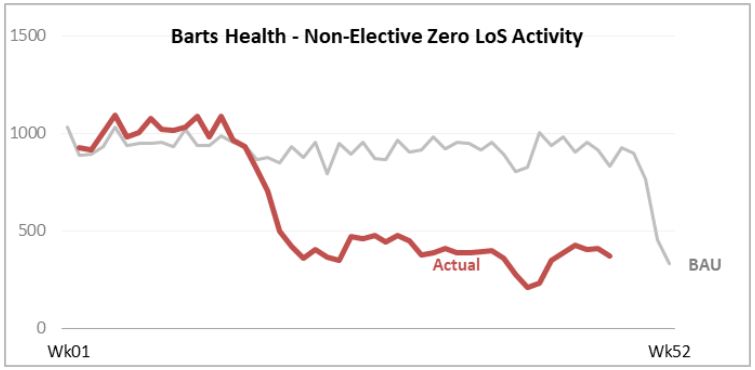
Referrals Activity





Non-Elective Activity





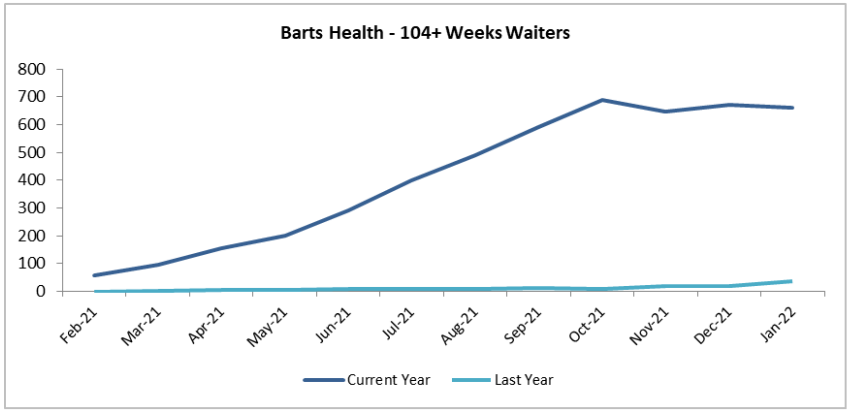
Note: the reduction in non-elective zero day length of stay activity is a known issue and reflects a national change in recording practice for those patients treated on a Same Day Emergency Care Pathway (SDEC). These patients are recorded as Type 5 A&E attendances and are no longer recorded as admissions.

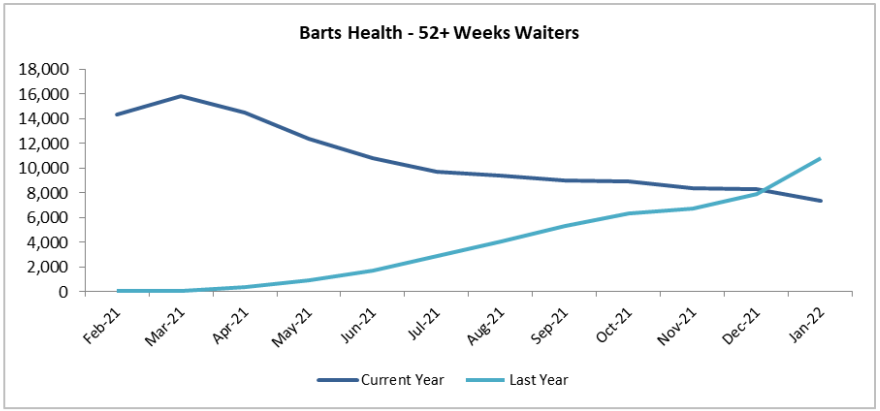
COVID-19

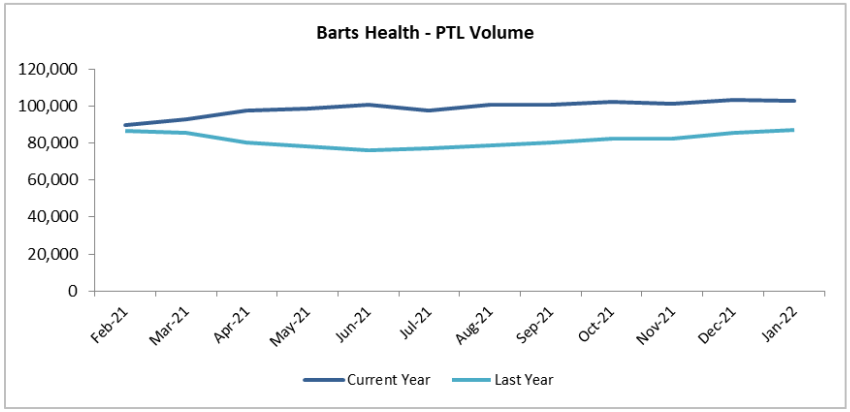
Referral to Treatment (RTT) and Diagnostic (DM01) Activity

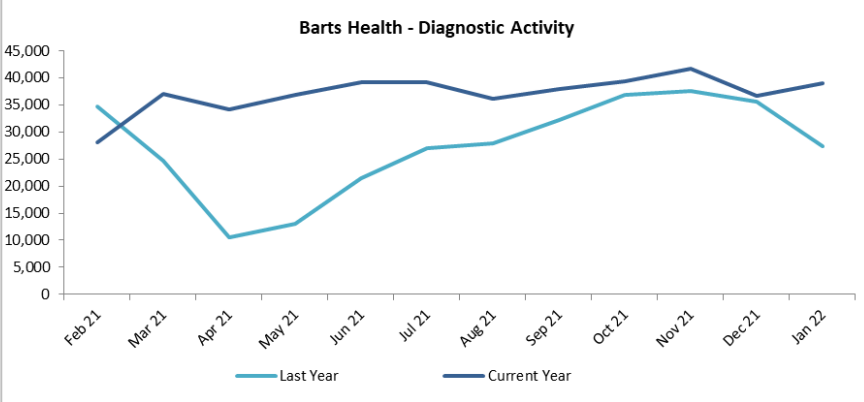
Mar-22

Barts Health						Latest Month's Site Position					
Setting	Reporting Period	Oct-21	Nov-21	Dec-21	Jan-22	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other
PTL Activity	52+ Weeks Waiters	8,932	8,393	8,244	7,359	4,317	2,337	684	17	0	4
	104+ Weeks Waiters	688	646	670	662	555	60	47	0	0	0
	PTL Volume	102,476	100,942	103,126	102,897	49,119	29,195	11,764	12,651	0	168
DM01	Diagnostic Activity	39,367	41,682	36,714	39,007	13,655	9,040	7,708	8,604	-	0
	Equivalent Month Position Last Year	*36,936*	*37,625*	*35,550*	*27,310*	*7,786*	*5,952*	*3,826*	*9,746*	-	*0*









COVID-19

COVID-19 Vaccination Progress

Mar-22

Summary of Vaccinations Given to Barts Health Staff as at 14/02/2022

	Site	Total Staff	Vaccinations Overall			% Vaccinated	Doses Administered		
			Yes	No - Unknown	No - Decline		Dose 1 & 2	Dose 3	Dose 1, 2 & 3
Permanent and Fixed Term Employees (Including Active Bank Staff)	Royal London	6,901	6,388	513	0	93%	6,103	4,734	4,715
	Whipps Cross	2,987	2,719	268	0	91%	2,556	1,951	1,944
	Newham	2,093	1,908	185	0	91%	1,757	1,289	1,283
	St Bart's	2,840	2,679	160	1	94%	2,583	2,139	2,134
	Group Support Services	2,002	1,799	201	2	90%	1,688	1,275	1,271
	Pathology Partnership	771	696	75	0	90%	652	468	468
	R&D Projects	253	235	18	0	93%	230	192	190
	Other	118	96	22	0	81%	89	80	76
	Bank Staff	2,653	2,262	391	0	85%	2,131	1,565	1,547
Other Staff	External Companies (Serco, Linet, etc.)	1,913	1,379	534	0	72%	1,253	923	917
All Staff	**Grand Total**	**22,531**	**20,161**	**2,367**	**3**	**89%**	**19,042**	**14,616**	**14,545**

Note: % vaccinated relates to staff who have had at least one dose. Group Clinical Services are currently incorporated into the Group Support Services figures.

Summary of Vaccinations Given to Barts Health Staff (Permanent/Fixed Term) by Ethnic Category as at 14/02/2022

	Ethnicity Group	Total Staff	Vaccinations			% Vaccinated
			Yes	No - Unknown	No - Decline	
Permanent and Fixed Term Employees (Including Active Bank Staff)	Asian or Asian British	4,646	4,357	289	0	94%
	Black or Black British	4,168	3,491	676	1	84%
	Mixed	599	532	67	0	89%
	Other Ethnic Groups	2,020	1,896	124	0	94%
	White	6,940	6,592	346	2	95%
	Not Stated	2,245	1,914	331	0	85%
	Grand Total	**20,618**	**18,782**	**1,833**	**3**	**91%**

- 91% of staff (permanent and fixed term employees) have received one dose of Covid-19 vaccination (89% when including staff in partner companies such as Serco). 86% of staff have received a first and second dose of Covid-19 vaccination. Flu vaccination uptake increased to 43.3% for frontline staff (41.4% for all staff) against a London delivery of 46.6%.
- Covid-19 vaccination saw an increase in uptake in all staff ethnic categories, with a reduction in declines and also in staff for whom their vaccination status had previously been unknown, as a result of obtaining access to the national information management system (NIMS), one-to-one meetings with staff and a comprehensive hesitancy and engagement programme.

Mar-22

NHS
Barts Health
NHS Trust

Quality & Performance Report

RESPONSIVE

Domain Scorecard

Mar-22

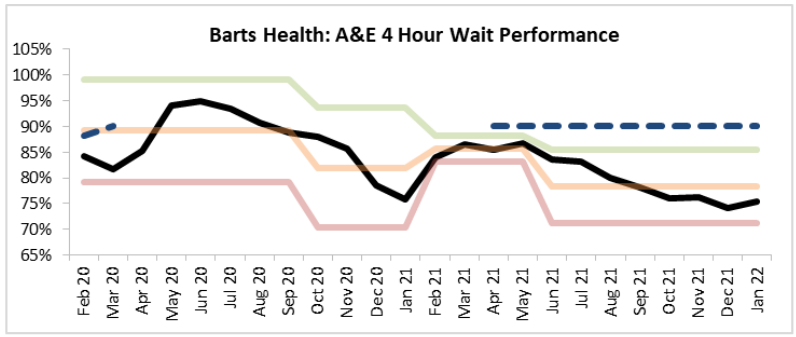
	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: CSS	Site Comparison: Other	Excep.
Waiting Times	R1	A&E 4 Hours Waiting Time	●			Jan-22 (m)	>=90%	74.2%	**75.3%**	***79.9%***	79.2%	72.0%	73.1%	-	-	-	●
	R35	Cancer 62 Days From Urgent GP Referral	●			Dec-21 (m)	>=85%	73.3%	**68.9%**	***77.1%***	72.7%	70.4%	80.8%	55.1%	-	-	●
	R36	Cancer 62 Days From Screening Programme	●			Dec-21 (m)	>=90%	87.5%	**90.3%**	***86.6%***	100.0%	83.3%	100.0%	90.9%	-	-	
	R6	Diagnostic Waits Over 6 Weeks				Jan-22 (m)	-	65.1%	**64.2%**	***68.6%***	53.0%	59.4%	99.8%	71.6%	-	-	●
	R5	52+ Week RTT Breaches	●			Jan-22 (m)	<=7,728	8,244	**7,359**	***98,653***	4,317	2,337	684	17	-	4	●

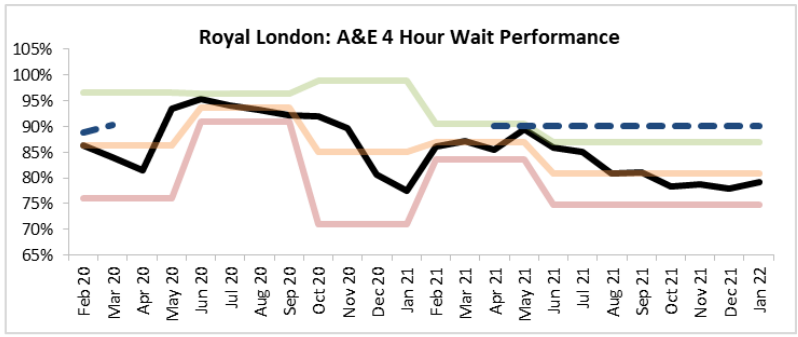
Note: the 18 Week RTT Compliance (Incomplete) metric is no longer being reported while the Trust takes part in the NHS England pilot project to assess the new RTT metric looking at average waiting time instead

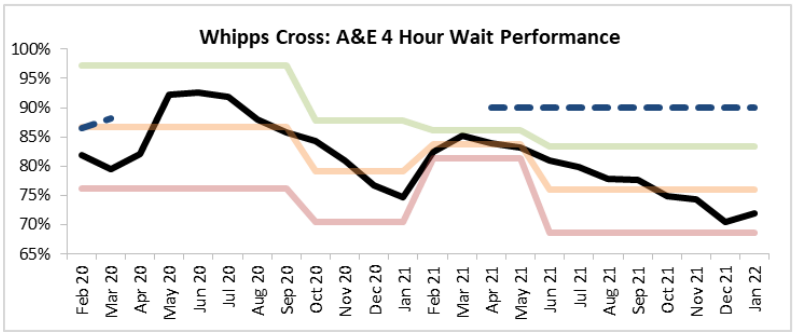
RESPONSIVE

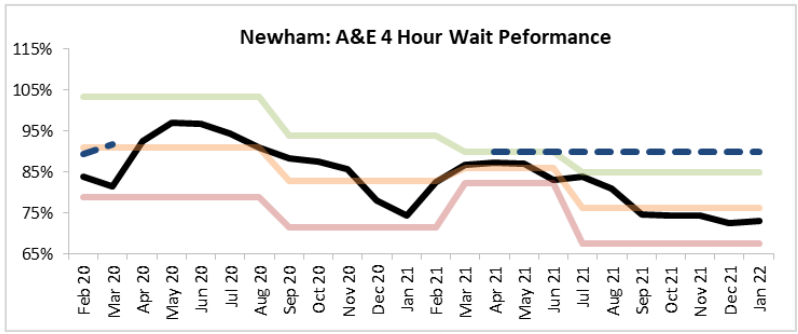
A&E 4 Hours Waiting Time

Mar-22





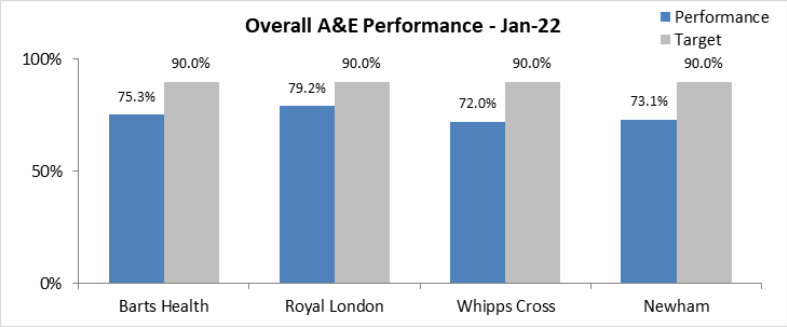




RESPONSIVE

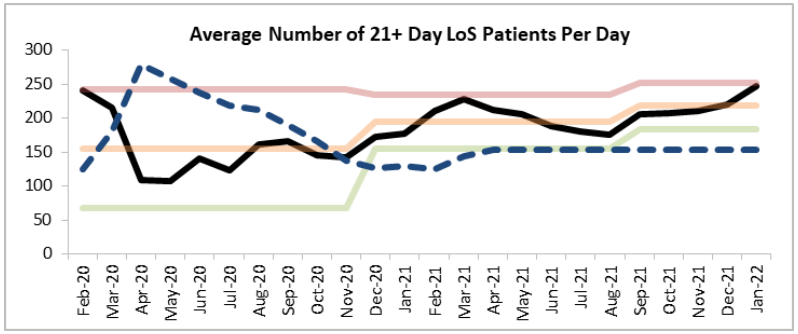
A&E 4 Hours Waiting Time

Mar-22



All Type Attendances by Site

Site	Jan-21	Jan-22	Variance
Barts Health	**26,135**	**39,194**	**50.0%**
Royal London	10,941	16,297	49.0%
Whipps Cross	7,687	11,390	48.2%
Newham	7,507	11,507	53.3%

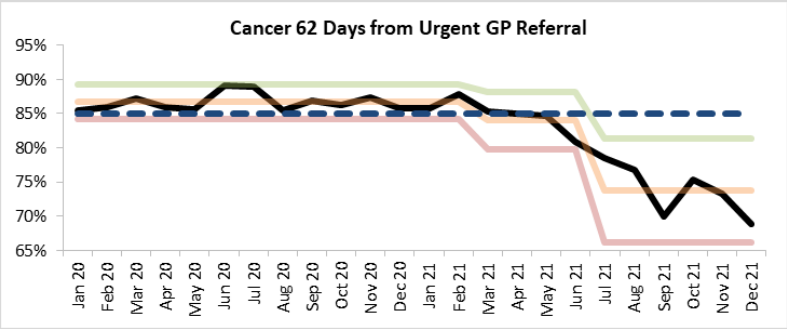


Performance Overview	Responsible Director Update
• In Jan-22, 39,194 attendances were recorded, 90% of the total volume recorded in Jan-20 (pre-pandemic). For Jan-22, a performance of 75.3% was recorded, compared to 74.2% in Dec-21. Jan-22 performance was the second lowest (Dec-21 representing the lowest) since the last Covid-19 pandemic peak in Jan-21.	• During Jan-22 both the volume of attendances and performance were heavily influenced by the impact of the Omicron variant and the arrival of the fourth wave of the Covid-19 pandemic together with the impact of autumn / winter related emergency pressures.

RESPONSIVE

Cancer 62 Days From Urgent GP Referral

Mar-22



Breakdown by Tumour Sites Failing Standard - Dec-21

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	**114**	**35.5**	**68.9%**
Other	1	0.5	50.0%
Lower Gastrointestinal	18	9	50.0%
Upper Gastrointestinal	6.5	3	53.8%
Gynaecological	10.5	4.5	57.1%
Urological	27	10	63.0%
Head and Neck	11	3	72.7%
Haematological	4	1	75.0%
Breast	12.5	3	76.0%
Lung	8	1.5	81.3%

Cancer Faster Diagnosis Standard (FDS) Metrics

	Nov-21			Dec-21			
Metric	**Seen**	**Breaches**	**%**	**Seen**	**Breaches**	**%**	**Variance**
28 Day FDS Two Week Wait	3,086	816	73.6%	2,580	553	78.6%	5.0%
28 Day FDS Breast Symptomatic	346	2	99.4%	299	6	98.0%	-1.4%
28 Day FDS Screening Referral	92	7	92.4%	65	4	93.8%	1.5%

Breakdown by Internal/External Pathways - Dec-21

Internal / External	Start Site	End Site	Seen	Breaches	Performance
Internal	Royal London	Royal London	19	3	84.2%
		St Bart's	6	5	16.7%
	Whipps Cross	Royal London	1	1	0.0%
		Whipps Cross	38	8	78.9%
		St Bart's	14	8	42.9%
	Newham	Whipps Cross	3	0	100.0%
		Newham	8	1	87.5%
		St Bart's	7	3	57.1%
	St Bart's	St Bart's	3	1	66.7%
Transfer In	Barnet	St Bart's	0.5	0	100.0%
	Basildon	Royal London	0.5	0	100.0%
	Homerton	Royal London	1	0	100.0%
		St Bart's	4.5	1	77.8%
	King George	Royal London	0.5	0.5	0.0%
		St Bart's	1	0	100.0%
	Mid Essex	St Bart's	0.5	0.5	0.0%
	Princess Alexandra	St Bart's	0.5	0.5	0.0%
	Queen's	Royal London	1	0.5	50.0%
		St Bart's	1	0	100.0%
Transfer Out	Royal London	Royal Free	0.5	0.5	0.0%
		UCLH	1.5	0	100.0%
	Whipps Cross	UCLH	2	2	0.0%
Grand Total			**114**	**35.5**	**68.9%**

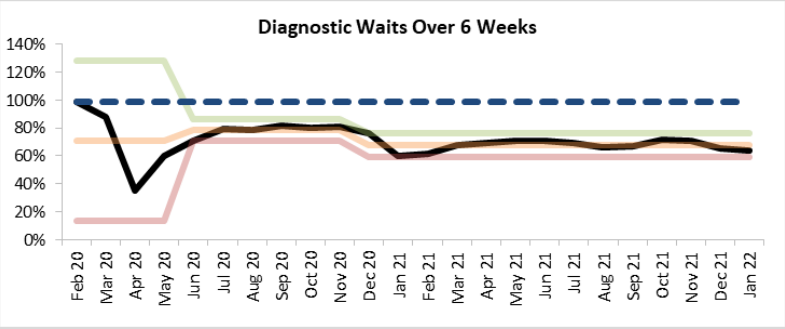
Commentary

- 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 Dec-21. For Dec-21, the Trust recorded a performance of 68.9%.
- 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-23.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

Mar-22



DM01 Breakdown by Test							
	Dec-21			Jan-22			
Test Name	Waiting	Breaches	Performance	Waiting	Breaches	Performance	Variance in Performance
Neurophysiology - peripheral neurophysiology	106	52	50.9%	98	60	38.8%	-12.2%
DEXA Scan	1,455	504	65.4%	1,405	853	39.3%	-26.1%
Magnetic Resonance Imaging	8,982	4,509	49.8%	9,021	4,877	45.9%	-3.9%
Urodynamics - pressures & flows	33	19	42.4%	46	20	56.5%	14.1%
Computed Tomography	5,645	2,036	63.9%	5,496	2,076	62.2%	-1.7%
Audiology - Audiology Assessments	764	217	71.6%	635	192	69.8%	-1.8%
Non-obstetric ultrasound	14,691	4,942	66.4%	13,533	4,002	70.4%	4.1%
Cystoscopy	133	19	85.7%	103	23	77.7%	-8.0%
Colonoscopy	523	8	98.5%	472	1	99.8%	1.3%
Cardiology - echocardiography	2,302	33	98.6%	2,163	4	99.8%	1.2%
Flexi sigmoidoscopy	137	4	97.1%	133	0	100.0%	2.9%
Respiratory physiology - sleep studies	50	0	100.0%	39	0	100.0%	0.0%
Cardiology - Electrophysiology	3	0	100.0%	2	0	100.0%	0.0%
Gastroscopy	707	64	90.9%	681	0	100.0%	9.1%
Grand Total	**35,531**	**12,407**	**65.1%**	**33,827**	**12,108**	**64.2%**	**-0.9%**

Performance Overview

- The impact of the Covid-19 pandemic on the diagnostic waiting list has been significant, resulting in increased waiting times. For Jan-22, a performance of 64.2% 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 97.5% of all breaches in Jan-22.

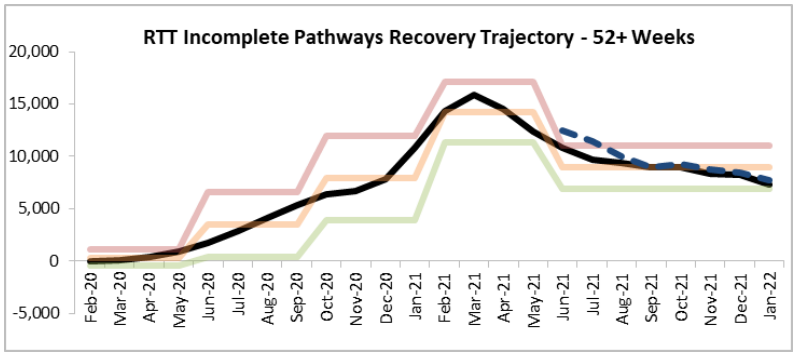
Responsible Director Update

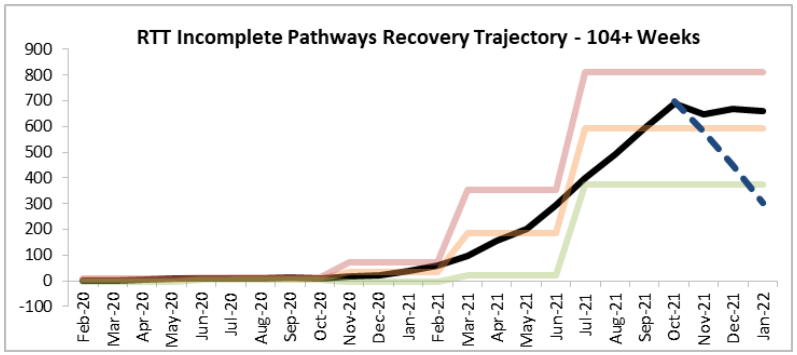
- An elective recovery plan has been developed with improvement trajectories submitted through to Mar-22. The diagnostic element of the recovery plan focuses on Endoscopy and Imaging diagnostic recovery in the first instance with performance tracked weekly by an executive level group. The following modalities each have an improvement trajectory with imaging modality recovery supported by demand and capacity modelling as well as detailed performance reports:
  - Magnetic Resonance Imaging
  - Computed Tomography
  - Non-Obstetric Ultrasound
  - Colonoscopy
  - Flexi Sigmoidoscopy
  - Gastroscopy
  - Echocardiography

RESPONSIVE

52+ Week RTT Breaches

Mar-22





52+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)

Specialty Name	Actual	Trajectory	Variance
ENT	1,149	1,333	-184
Trauma & Orthopaedics	1,008	1,556	-548
Urology	651	412	239
Colorectal Surgery	602	284	318
Gynaecology	493	324	169
General Surgery	431	378	53
Paediatric Dentistry	409	706	-297
Ophthalmology	279	300	-21
Vascular Surgery	275	243	32
Oral Surgery	263	428	-165

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

104+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)

Specialty Name	Actual	Trajectory	Variance
ENT	219	178	41
Trauma & Orthopaedics	65	8	57
Paediatric Dentistry	54	68	-14
Vascular Surgery	49	6	43
Gynaecology	48	8	40
Urology	48	10	38
Colorectal Surgery	39	3	36
Restorative Dentistry	32	9	23
Paediatric Ear Nose And Throat	25	2	23
Oral Surgery	23	5	18

Performance Overview

- 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, at Barts Health 7,359 52 week breaches were recorded at the end of Jan-22 which represents a reduction of 8,490 breaches (54%) over an eleven month period.

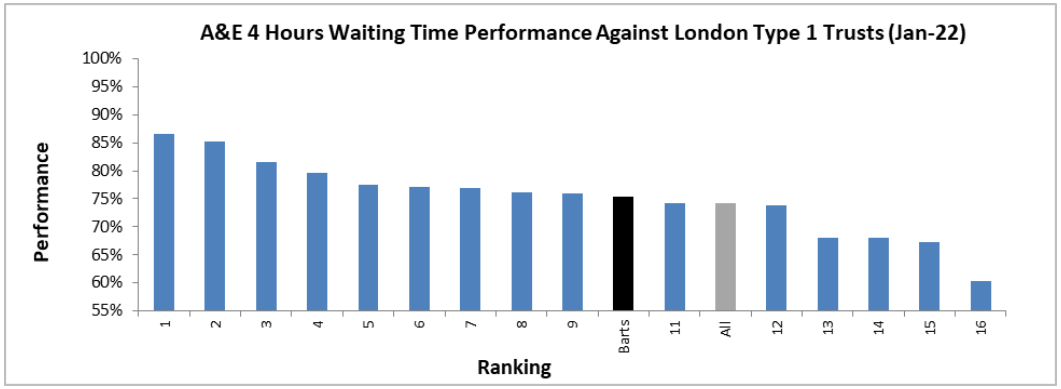
Responsible Director Update

- The reduction in long-waiting pathways reflects both the impact of the elective re-start programme, including the concentration of capacity on 52 week wait backlog prevention and clearance, and a greater focus on validation and data quality. However, it should be noted that as elective activity reduced over the summer and autumn months, and more latterly the winter months as the fourth wave of the pandemic impacted, so did the rate of backlog clearance. Elective activity and 52 week wait eradication trajectories have been submitted to NHS England and local commissioners, with a re-based trajectory recently submitted for the second half of the year.

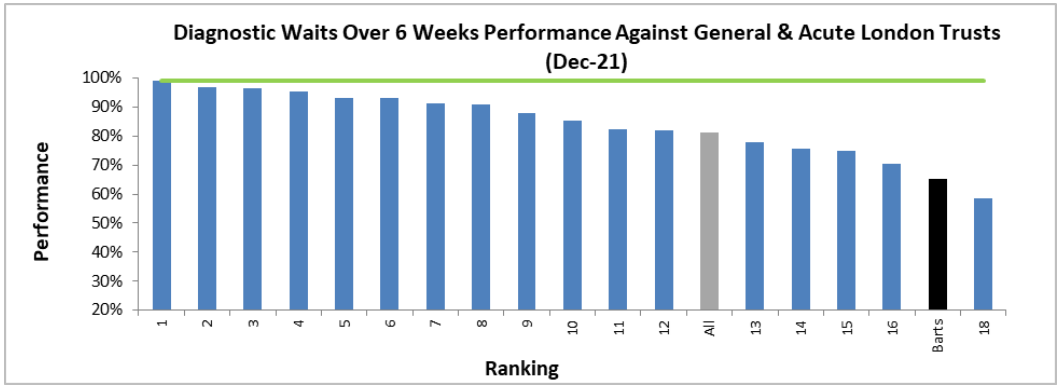
RESPONSIVE

Benchmarking Against Other Trusts

Mar-22



- For Jan-22 Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 10th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

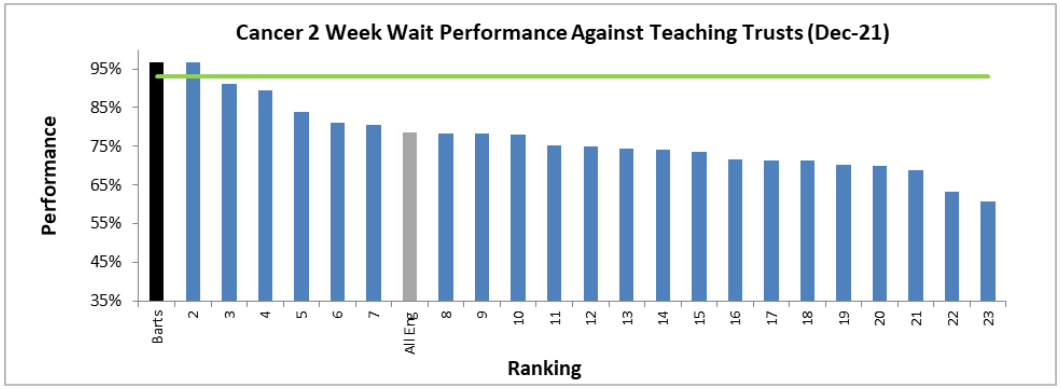


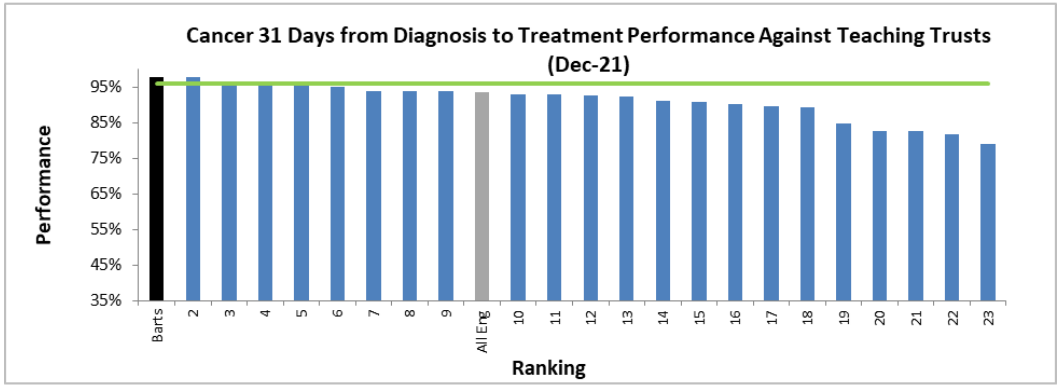
- Looking at the 18 London acute Trusts, for Dec-21 (the most recent national data), Barts Health was the second worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was ranked 5th in terms of performance.

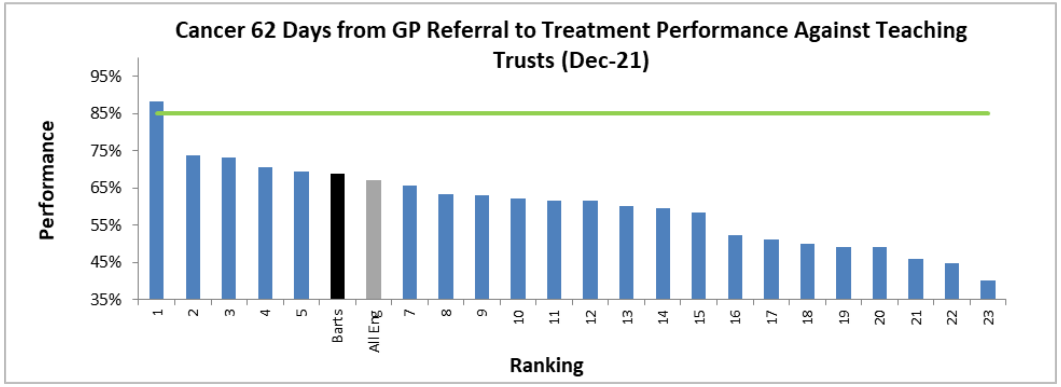
RESPONSIVE

Benchmarking Against Other Trusts

Mar-22





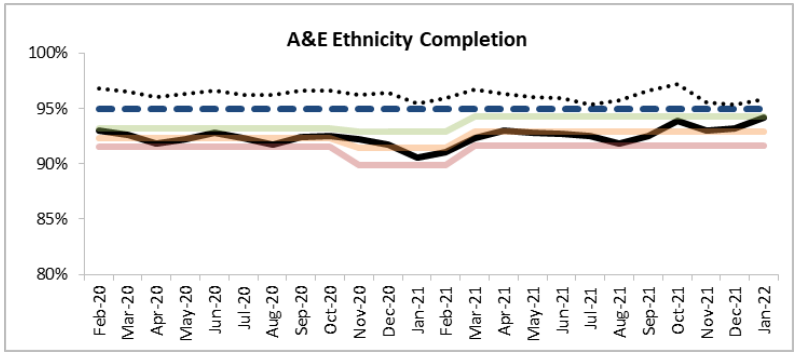


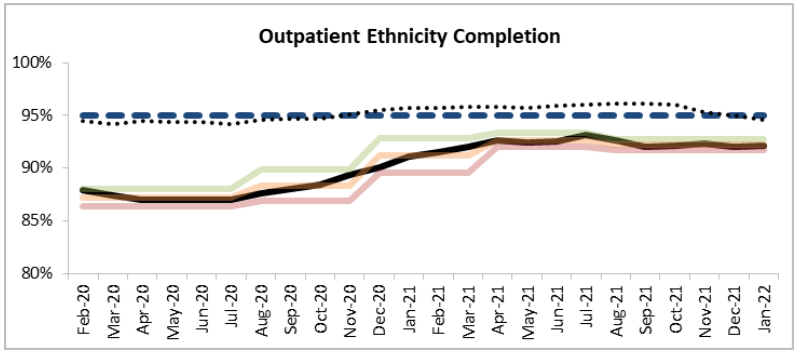
- For Dec-21, performance for the 2 week wait standard was 96.8% against the 93% target resulting in Barts Health being the best performing of the 23 Teaching Trusts.
- In relation to the 31 Day Diagnosis to Treatment target the Trust recorded a performance of 97.8% against the 96% standard. For Dec-21, Barts Health was the best performing of the 23 Teaching Trusts.
- For the 62 Day GP standard for Dec-21, the Trust recorded a performance of 68.9% against the 85% standard. As a consequence, Barts Health was the 6th best performing of the 23 Teaching Trusts.

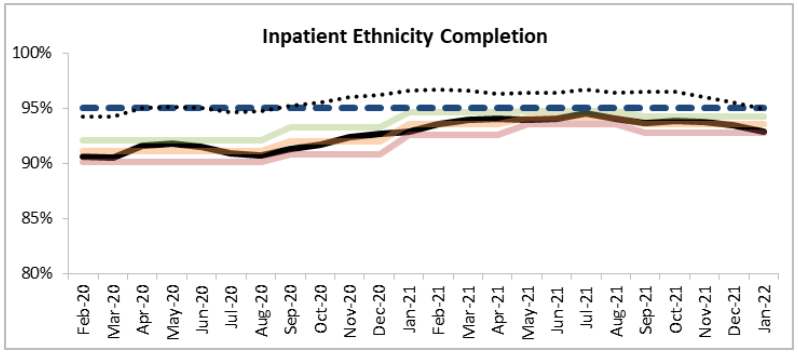
RESPONSIVE

Ethnicity Recording by Activity Type

Mar-22







Ethnicity Recording by Activity Type - % Completion - Jan-22

Site	A&E	Inpatient	Outpatient
Royal London	94.1%	89.4%	89.7%
Whipps Cross	93.9%	95.2%	93.6%
Newham	94.4%	95.0%	95.4%
St Bart's	-	96.5%	92.7%
Other	-	-	95.5%
Trust	**94.2%**	**92.9%**	**92.1%**

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

Performance Overview

- Overall performance has improved in both A&E and Outpatient services when compared to the previous month. A&E reached 94.2% compared to 92.8% at the time of the last report, and Outpatient services reached 92.1% compared to 90.8%. The improvement is due in large part to an improvement in data collection at Royal London.
- Data collection in Inpatient services remains strong with three hospital sites achieving over 95% ethnicity recording.
- This month Newham is the best performing hospital site, achieving over 95% in both Inpatient and Outpatient services. Royal London has a significant opportunity for improvement in both Inpatient and Outpatient services.

Responsible Director Update

- The Trust set itself a goal to reach 95% ethnicity capture across Inpatient, Outpatient and A&E services by Mar-22. The Trust ran a final communications campaign this month to help achieve this aim, including distributing additional resources via its intranet, embedding a screen saver reminder across the Trust and using the Operations Board.
- Achieving 95% in Outpatient services, currently at 92.1%, will be the most challenging.
- The uploading of the GP data continues to improve the overall position. Additionally, the Trust is looking into an automated (rather than manual) download of the GP data, which would further help hospital sites to achieve the 95% target.

CARING

Domain Scorecard

Mar-22

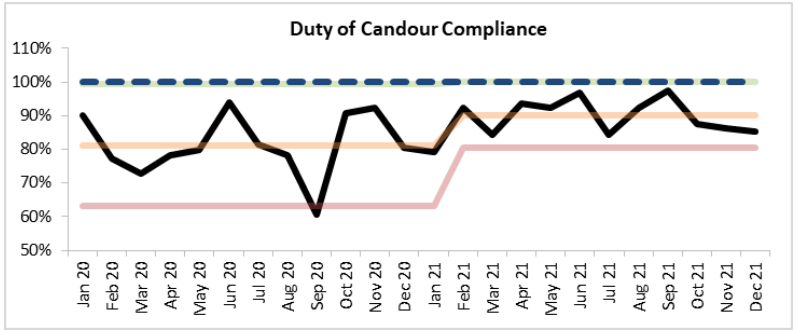
			Exception Triggers					Performance			Site Comparison						
	Ref	Indicator	Month Target	Step Change	Contl. Limit	This Period	This Period Target	Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Excep.
Patient Experience	C12	MSA Breaches	●			Jan-22 (m)	<=0	16	**24**	***73***	2	10	12	0	-	-	
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2021/22 Q3 (q)	SPC Breach	23.2	**24.8**	***24.8***	26.0	44.7	35.1	20.5	-	-	
	C1	FFT Recommended % - Inpatients	●			Dec-21 (m)	>=95%	91.3%	**89.6%**	***89.7%***	86.7%	93.5%	77.5%	91.6%	-	-	
	C2	FFT Recommended % - A&E	●			Dec-21 (m)	>=86%	63.8%	**67.0%**	***65.2%***	68.3%	72.0%	56.9%	-	-	-	
	C3	FFT Recommended % - Maternity	●			Dec-21 (m)	>=96%	98.7%	**91.6%**	***93.9%***	100.0%	94.2%	86.2%	-	-	-	
	C20	FFT Response Rate - Inpatients	●	●		Dec-21 (m)	>=23%	20.6%	**20.7%**	***20.6%***	16.0%	34.3%	11.1%	19.4%	-	-	
	C21	FFT Response Rate - A&E	●	●		Dec-21 (m)	>=12%	7.0%	**7.4%**	***8.6%***	7.4%	9.6%	5.5%	-	-	-	
	C22	FFT Response Rate - Maternity	●			Dec-21 (m)	>=17.5%	19.2%	**6.9%**	***7.6%***	0.5%	15.4%	6.4%	-	-	-	
	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	●			Jan-22 (m)	>=85%	84.0%	**87.4%**	***86.2%***	88.6%	82.8%	81.3%	100.0%	-	-	
	R30	Duty of Candour	●			Dec-21 (m)	>=100%	86.4%	**85.2%**	***90.3%***	63.6%	84.6%	92.6%	90.0%	-	-	●

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

CARING

Duty of Candour

Mar-22



Duty of Candour Compliance by Site - Dec-21			
Site	**No of Apologies**	**No of Incidents**	**Compliance**
Trust	**52**	**61**	**85.2%**
Royal London	7	11	63.6%
Whipps Cross	11	13	84.6%
Newham	25	27	92.6%
St Bart's	9	10	90.0%
Other	0	0	N/A
Of Which CSS	0	0	N/A

Duty of Candour Compliance - Dec-21 (All Measures)					
Period	**Apology Offered Within 2 Weeks**	**Patient Notification & Apology Offered**	**Written Notification**	**Support Offered**	**Further Enquiries Advised**
Previous 6 Months	90.7%	98.2%	97.8%	97.4%	95.6%
This Period	85.2%	96.7%	90.2%	93.4%	90.2%

Performance Overview	**Responsible Director Update**
• There has been a further small deterioration in performance this month (Dec-21) although this must be seen in the context of the recent Covid-19 pandemic wave in this reporting period. 52 incidents out of 61 were fully compliant with the Trust's internal standard of 14 calendar days but note that the legal requirement is "as soon as reasonably practicable".	• A sub-group of the Safety Committee is continuing with preparations to change the way that the Trust manages duty of candour. This includes incorporating incidents that meet the harm threshold which have arisen as a result of known risks and complications. The changes will include a revised policy, the means to record duty of candour on a proforma in Cerner (the Trust's patient administration system) and training. • These measures seek to improve the quality of duty of candour interactions with patients and relatives and they will also deal with the recommendations made in a recent internal audit report. There is a particular focus on improving the quality of the initial verbal notification as well as improving the quality of the written follow-up to ensure that the correct information is included, especially a heartfelt apology, and that the letters are written with an appropriate degree of empathy.

SAFE

Domain Scorecard

Mar-22

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Excep.
Infection Control	S10	Clostridium difficile - Infection Rate	●			Jan-22 (m)	<=16	15.7	**20.5**	***12.1***	26.4	12.6	0.0	55.8	-	-	●
	S11	Clostridium difficile - Incidence	●			Jan-22 (m)	<=8	9	**12**	***67***	7	2	0	3	-	0	●
	S2	Assigned MRSA Bacteraemia Cases	●			Jan-22 (m)	<=0	2	**1**	***6***	1	0	0	0	-	0	●
	S77	MSSA Bacteraemias				Jan-22 (m)	SPC Breach	14	**10**	***78***	1	5	2	2	-	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●	●		Jan-22 (m)	<=9	15	**11**	***123***	5	1	3	2	-	0	
Incidents	S3	Never Events	●			Jan-22 (m)	<=0	0	**0**	***3***	0	0	0	0	-	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Jan-22 (m)	<=0.9%	2.1%	**2.3%**	***1.5%***	2.2%	2.6%	1.8%	2.2%	-	-	
	S45	Falls Per 1,000 Bed Days	●			Jan-22 (m)	<=4.8	3.5	**3.9**	***3.6***	3.1	4.2	4.0	6.1	-	-	
	S25	Medication Errors - Percentage Causing Harm	●			Jan-22 (m)	<=4%	4.1%	**2.6%**	***3.5%***	3.0%	1.8%	3.4%	2.0%	-	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days			●	Jan-22 (m)	SPC Breach	56.2	**49.1**	***55.8***	33.9	67.8	52.7	56.6	-	-	
	S53	Serious Incidents Closed in Time	●			Jan-22 (m)	>=100%	29.4%	**28.6%**	***37.9%***	50.0%	12.5%	50.0%	-	-	-	●

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.

SAFE

Domain Scorecard

Mar-22

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: CSS	Site Comparison: Other	Excep.
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	●		Jan-22 (m)	<=0.6	1.4	**1.4**	***1.0***	1.4	1.1	1.9	1.4	-	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Jan-22 (m)	SPC Breach	0.3	**0.3**	***0.2***	0.4	0.3	0.3	0.2	-	-	
	S17	Emergency C-Section Rate				Dec-21 (m)	-	19.5%	**19.2%**	***19.0%***	17.5%	22.3%	18.5%	-	-	-	
	S27	Patient Safety Alerts Overdue	●	●		Jan-22 (m)	<=0	2	**3**	***3***	-	-	-	-	-	-	
Assess & Prevent	S36	VTE Risk Assessment	●			Jan-22 (m)	>=95%	97.2%	**96.9%**	***97.1%***	98.5%	94.1%	94.8%	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.

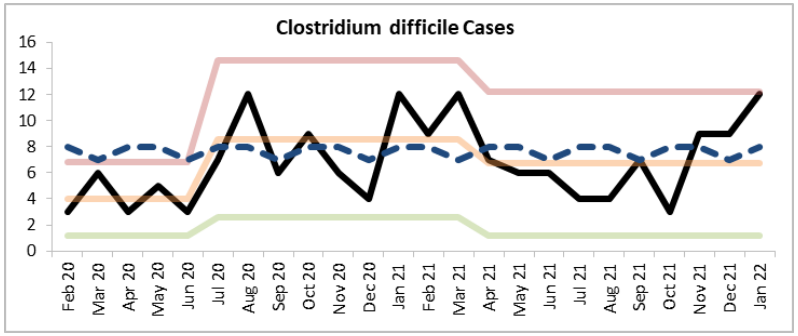
Patient safety alerts: three safety alerts are currently overdue. These are being actively actioned by the Trust.

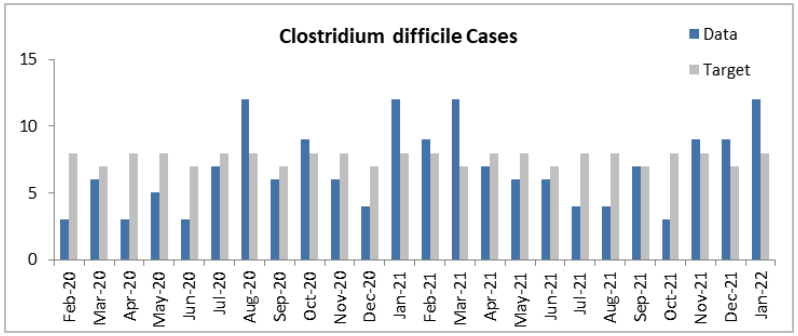
Dementia metrics: Feb-20 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report.

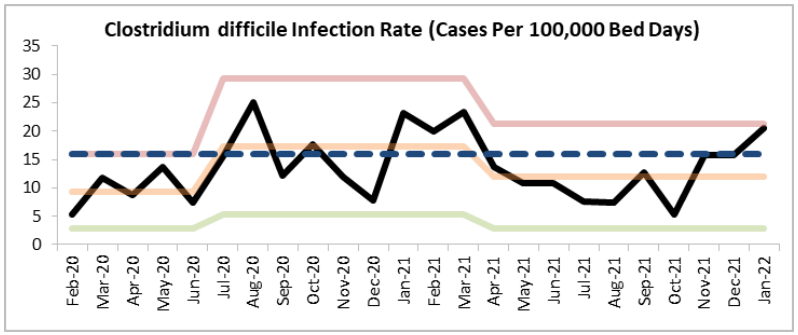
SAFE

Clostridium Difficile - Incidence

Mar-22







Clostridium difficile Cases - Jan-22

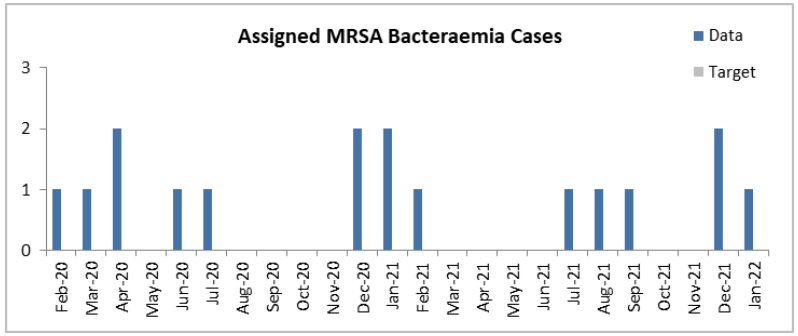
Site	Specialty	Location	No of Cases
Royal London	Gastroenterology	11F Ward	1
Royal London	Geriatric Medicine	14E Ward	1
Royal London	Geriatric Medicine	14F Ward	2
Royal London	Infectious Diseases	13E Ward	1
Royal London	Plastic Surgery	14E Ward	1
Royal London	Vascular Surgery	10E Ward	1
Whipps Cross	General Medicine	Bracken Ward	1
Whipps Cross	Trauma & Orthopaedics	Primrose Ward	1
St Bart's	Haematological Oncology	5C Ward	1
St Bart's	Haematological Oncology	5D Ward	1
St Bart's	Medical Oncology	5D Ward	1

Performance Overview	Responsible Director Update
• There have been 67 Trust-acquired C.difficile cases in the year to date. • There was an Increased number of cases in Jan-22 at Royal London; cases on wards 14E and 14F were not linked. These cases will be further reviewed to confirm no breaches of care and also to share learning. • The cases on ward 5D at St Bart's are not related; both patients had underlying risk factors.	• Areas continue to be monitored for documentation of bowel charts and relevance of sample taking. • Antimicrobial usage is reviewed in all cases.

SAFE

Assigned MRSA Bacteraemia Cases

Mar-22



Assigned MRSA Bacteraemia Cases - Jan-22

Site	Specialty	Location	This Period
Royal London	Hepatobiliary & Pancreatic Surgery	3F Ward	1

Assigned MRSA Bacteraemia Cases - Previous 6 Months and This Period

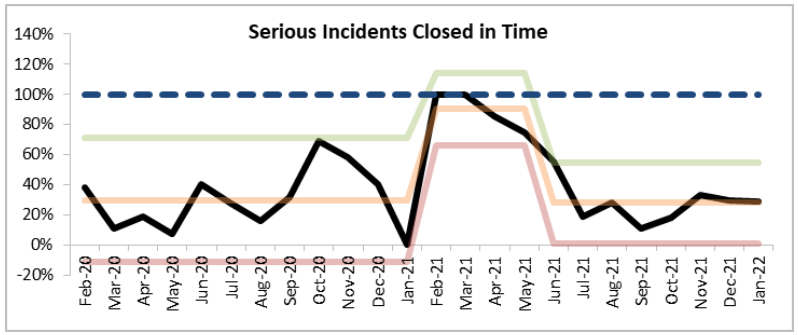
Site	Specialty	Location	Previous 6 Months	Jan-22
Royal London	Vascular Surgery	8C Ward	1	0
Whipps Cross	Geriatric Medicine	Syringa Ward	1	0
Newham	Obstetrics	Maternity	1	0
Newham	Gastroenterology	Silvertown Ward	1	0
Royal London	Nephrology	15C Ward	1	0
Royal London	Hepatobiliary & Pancreatic Surgery	3F Ward	0	1

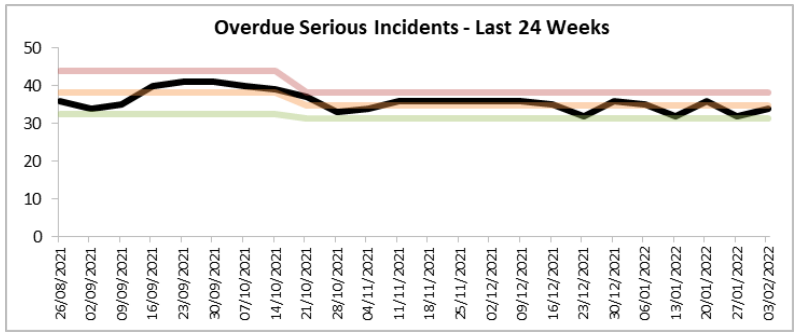
Performance Overview	Responsible Director Update
• There have been 6 Trust-attributed MRSA bacteraemias year to date; of these, three were considered unavoidable following review, one was a contaminant and one related to a peripheral line. The other case, at Royal London in Jan-22, remains under investigation to identify the source, which could be respiratory or a vascular device. • The Trust notes the positive performance at St Bart's which has not had an MRSA bacteraemia case in 12 months.	• Ongoing monitoring of device care continues as well as education for staff taking blood cultures.

SAFE

Serious Incidents Closed in Time

Mar-22





Serious Incidents Closed - Top 5 Categories in Previous 6 Months

Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	32	6
Treatment	16	0
Obstetrics	14	3
Patient Falls	9	1
Medication	5	2
Pressure Ulcers	5	0

Overdue Serious Incidents - Top 5 Categories as at 03/02/2022

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	14	44	3	114
Obstetrics	4	24	8	43
Patient Falls	3	68	36	99
Estates/Facilities	2	49	39	59
Appointments and Clinics	2	9	3	14
Medication	2	92	46	137
Treatment	2	67	27	107

Performance Overview

- Trust performance in closing serious incidents on time deteriorated very slightly to 28.6% in Jan-22 from 29.4% in Dec-21. Year to date performance is 37.9% against a target of 100%.

Responsible Director Update

- The 60 day time limit for the submission of serious incident investigation reports has been suspended during the pandemic and a decision is awaited from NHS England/Improvement 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, shift the temporal focus of the investigation towards quality and have a better fit with the forthcoming Patient Safety Incident Response Framework (PSIRF).

EFFECTIVE

Domain Scorecard

Mar-22

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: CSS	Site Comparison: Other	Excep.
Mortality	E1	Summary Hospital-Level Mortality Indicator	●			Aug-21 (m)	<=100	95	**96**	***96***	92	102	105	82	-	-	
	E3	Risk Adjusted Mortality Index	●			Dec-21 (m)	<=100	92	**92**	***92***	90	99	90	83	-	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	**4**	***11***	-	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Jan-22 (m)	<=0.51	1.43	**1.16**	***0.77***	1.41	2.57	0.00	0.44	-	-	

Summary Hospital-Level Mortality Indicator and Risk Adjusted Mortality Index: these metrics are adjusted for Covid-19 (i.e. confirmed or suspected cases of Covid-19 are not included).

SPOTLIGHT

Prevention of Future Deaths' Notices

Mar-22

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

Patient 1

Background
A patient was admitted to Whipps Cross, having been unable to stem the bleeding from a wound on her arm. Those treating the patient did not escalate the results of blood tests to a specialist haematologist. The patient suffered a cardiac arrest and died, despite resuscitative efforts. Following the patient's death, the haematology department reported that she was suffering from acquired haemophilia, a treatable clotting disorder.

Concerns Raised
1. In the face of contradictory blood results, the clinical team treating the patient did not reconsider their initial diagnosis that her bleeding was caused by a combination of blood thinning medication and poor kidney function.
2. The clinical team treating the patient did not seek specialist haematology advice, and the diagnosis of acquired haemophilia was not made until after her death.

Actions and Learning
The trust reported the patient's death externally as a serious incident, and agreed that action was necessary both to educate doctors about rare clotting disorders, and about the need to involve specialist haematologists when treating patients with bleeding disorders. The specialist haematology team have now provided three teaching sessions covering these topics. In addition, the serious incident report has been shared for learning, and a summary of the Prevention of Future Deaths' report has been discussed at the hospital site's Quality and Safety Board.

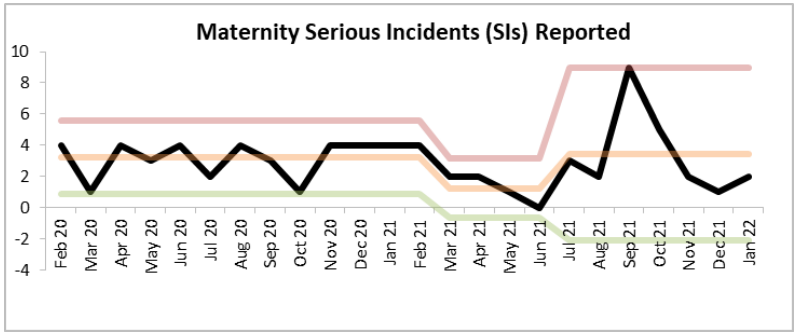
Patient 2

- A second Regulation 28 (Prevention of Future Deaths) notice was received concerning the death of a patient undergoing a revision hip replacement operation at Newham. The coroner arrived at a narrative conclusion incorporating a finding of unlawful killing. Three matters of concern were raised for action:
    - No formal risk assessment tool was adopted during the pre-operative assessment.
    - There was poor communication between the anaesthetist and the surgeon during the operation.
    - The senior consultant surgeon left the surgery prior its conclusion, lengthening the procedure, without effectively communicating to the theatre team.
- Actions are being taken to address all of these concerns. Risk assessment tools are being mandated for pre-operative assessments throughout the Trust. Surgeons and anaesthetists are being reminded of the need for close communication during a procedure and of their responsibility to remain in the vicinity until safe and effective handover of the patient has occurred.
- The learning from this case was discussed in depth at the Quality Assurance Committee in Feb-22.

SPOTLIGHT

Maternity Serious Incidents (SIs)

Mar-22



Maternity SIs in Latest Month (Jan-22)				
Theme	**Royal London**	**Whipps Cross**	**Newham**	**Barts Health**
Total Number of SIs	**0**	**2**	**0**	**2**
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	0	1	0	1
% HSIB Investigations	-	50.0%	-	50.0%

Maternity SIs in Last 12 Months to Jan-22 - Top by Theme				
Theme	**Royal London**	**Whipps Cross**	**Newham**	**Barts Health**
Total Number of SIs	**11**	**9**	**13**	**33**
Antenatal - Antepartum Stillbirth	2	1	5	8
Neonatal - Unanticipated admission to Neonatal unit	3	2	0	5
Neonatal - pH <7.1(arterial) at birth	2	1	1	4
Intrapartum - Retained vaginal swab/tampon	1	1	1	3
Maternal death	1	1	0	2
Intrapartum - Stillbirth	1	1	0	2

Progress Summary

- One maternity serious incident (SI) was reported in Dec-21, at Royal London, where the baby had to be admitted for therapeutic cooling; the case is currently under Healthcare Safety Investigation Branch (HSIB) investigation. Two SIs were reported in Jan-22, both at Whipps Cross. One was an intrapartum stillbirth and the other was a case of low cord gas at birth, which may be suggestive of hypoxia (reduced oxygen to the brain) near the time of birth.
- Two SIs are currently overdue; both are Newham patients who experienced antepartum intrauterine deaths, one at 34 weeks and one at 40 weeks. For the second case, the Trust has received post mortem information which showed that the death was antepartum and that there were no care delivery issues. The Trust has sought de-escalation from the North East London Commissioning Support Unit (NELCSU) and is waiting to hear the outcome of this request.

Noteworthy Improvements

- All failsafe officers for Antenatal and Newborn Screening are now in post and the Trust is now able to track screening incidents via its Datix system. A revision of the Trust's Adverse Incident policy will further ratify the NHS Screening Incident framework, thus strengthening the systems for the reporting, investigating and tracking of these.

Next Steps

- The HSIB has raised concern about an "emerging theme" (following investigation of two serious incidents) regarding of "lack of oversight of clinical pathways" at Royal London. The clinical experts who reviewed these cases identified that the Trust did not manage these women's care in line with local / national guidance. The actions arising from the response will be monitored through the Royal London's Divisional Performance Review Meeting.

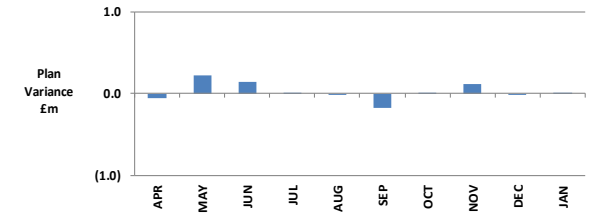
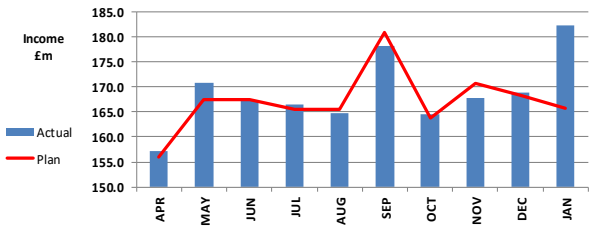
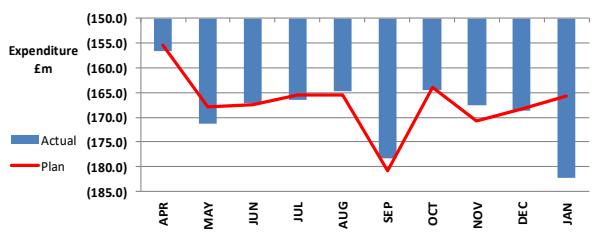
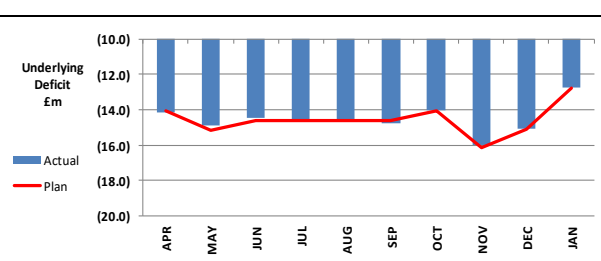
NHS
Barts Health
NHS Trust

Finance Report

KEY METRICS

Finance Key Metrics

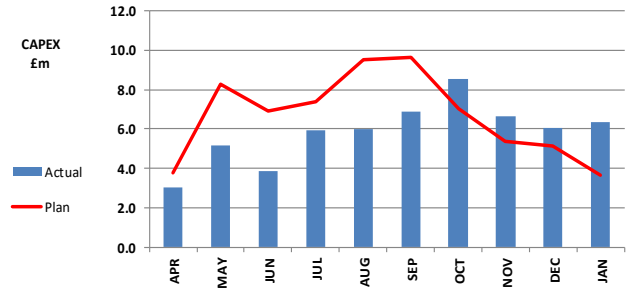
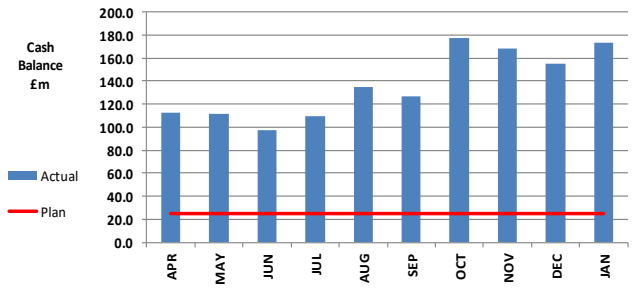
Mar-22

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (0.0) Actual 0.2 Variance 0.2		The Trust is reporting a £0.2m favourable variance against its breakeven plan for the year to date.
Total Income	Plan 1,671.0 Actual 1,688.1 Variance 17.1		Income is £17.1m favourable year to date. NHS Patient Treatment income is £25.7m favourable driven by over performance against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m) and additional allocations notified in month 10 (£11.3m) including elective funding for independent sector provider costs in H2 (£5.6m). Other income is (£8.6m) adverse. Sites and Services other income is (£3.8m) adverse with the key shortfalls being reduced private patients activity (£2.6m) and Estates property rental income (£1.5m). Central other income is (£4.8m) adverse which includes adjustments to match expenditure for vaccination programme re-imbursement (£2.6m) and donated asset income (£2.4m).
Total Expenditure	Plan (1,671.1) Actual (1,687.9) Variance (16.9)		Expenditure is (£16.9m) adverse against the year to date plan. Site & Services expenditure is (£11.6m) adverse year to date with the largest overspend being for purchase of independent sector activity to support elective recovery (£8.7m). The impact of the Omicron variant wave has been managed with existing budgets with additional costs lower than experienced for previous COVID waves particularly for critical care. Key increased costs reported in January were for implementation of staff enhanced bank rates from 21st December-31st January (£2.2m) and additional staff catering provision over the Christmas period (£0.6m). Central expenditure is (£5.2m| adverse YTD due to movements on central provisions.
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan (145.5) Actual (145.3) Variance 0.2		The Trust is reporting a pre system top-up deficit of £145.3m, which is a £0.2m favourable variance against the year to date plan. The system top-up is an allocation the North East London system receives for its providers during the period of COVID-19 financial arrangements and effectively replaces what was known as the Financial Recovery Fund (FRF) allocation pre-pandemic. System top-up funding is primarily based on NHS England's calculation of the Trust's pre-pandemic (2019/20) underlying deficit.

KEY METRICS

Finance Key Metrics

Mar-22

Metrics	Current Performance Year To Date £millions		Trend	Comments
Capital Expenditure	Plan	66.7		The year to date capital expenditure is £58.4m against a phased plan of £66.7m, which gives a year to date underspend of £8.2m for exchequer funded schemes. The variance is caused by slippage in the delivery of schemes and ordering of equipment later than initially planned. The size of the year to date variance continues to decrease as the level of monthly expenditure steps up following approval of business cases and issuing of capital expenditure authorisations. It is noted however that at Month 10 year to date expenditure represents only 66.4% of the funded plan and 58.8% of the forecast outturn. To deliver the target funded plan, expenditure in Month 12 is currently forecast at £21.3m (this compares to £26.9m delivered in Month 12 of 2020/21).
	Actual	58.4		
	Variance	(8.2)		
Cash	Plan	25.0		Cash balances are higher by £148.2m 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 made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance. No further payments are anticipated for the second half of the year because the PDC interest calculation will be reduced by the consistently high cash balances held during the year.
	Actual	173.2		
	Variance	148.2		

Key Year To Date Issues

Financial performance is in line with the breakeven plan for the year to date.

Key Risks & Opportunities

The Trust is forecasting a breakeven income and expenditure position for the year. The key focuses for the remainder of the current financial year include:

- Ensuring recurrent delivery of the 1.5% recurrent efficiency target set within Sites and Services budgets in H2 2021/22.
- Supporting non-recurrent expenditure planned in the final quarter of the year on elective recovery measures, staff well being and other strategic priorities.

INCOME & EXPENDITURE

Income & Expenditure - Trustwide

Mar-22

20/21 YTD Prev Yr Actual	£millions	In Month Plan	In Month Actual	In Month Variance		Year to Date Plan	Year to Date Actual	Year to Date Variance		Annual Plan
	Income									
1,201.8	NHS Patient Treatment Income	124.2	127.9	3.7		1,226.5	1,240.8	14.3		1,473.1
2.1	Other Patient Care Activity Income	0.3	0.1	(0.2)		4.8	2.0	(2.8)		5.4
81.0	Other Operating Income	10.0	11.5	1.5		100.3	99.2	(1.1)		120.2
1,285.0	**Total Income**	**134.5**	**139.5**	**5.0**		**1,331.6**	**1,342.0**	**10.4**		**1,598.7**
	Operating Expenditure									
(832.5)	Pay	(89.8)	(92.9)	(3.2)		(898.5)	(885.7)	12.8		(1,078.0)
(140.8)	Drugs	(15.0)	(17.2)	(2.2)		(148.0)	(156.5)	(8.5)		(178.1)
(92.8)	Clinical Supplies	(10.4)	(10.7)	(0.3)		(103.7)	(104.4)	(0.8)		(124.6)
(246.6)	Other Non Pay	(25.8)	(27.3)	(1.4)		(234.9)	(250.1)	(15.2)		(281.9)
(1,312.6)	**Total Operating Expenditure**	**(141.0)**	**(148.1)**	**(7.1)**		**(1,385.0)**	**(1,396.7)**	**(11.6)**		**(1,662.5)**
(27.7)	**Site & Services Budgets Total**	**(6.5)**	**(8.7)**	**(2.1)**		**(53.4)**	**(54.7)**	**(1.2)**		**(63.9)**
(42.0)	Pathology Partnership (net)	(5.2)	(5.3)	(0.1)		(51.7)	(52.5)	(0.9)		(62.0)
(30.7)	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
12.7	Central NHS PT Income	9.6	20.4	10.8		93.4	104.5	11.0		111.9
0.2	Central RTA & OSV Income (net)	0.6	(0.2)	(0.7)		4.8	1.2	(3.5)		5.9
(12.4)	Central Expenditure (net)	(0.9)	(13.1)	(12.2)		(9.6)	(30.0)	(20.4)		(11.4)
(3.6)	Reserves (net)	0.7	3.9	3.2		(19.4)	(6.4)	13.0		(22.1)
(104.4)	**EBITDA**	**(1.8)**	**(2.9)**	**(1.1)**		**(35.9)**	**(37.9)**	**(2.0)**		**(41.6)**
(43.2)	Depreciation and Amortisation (net)	(4.9)	(4.9)	0.0		(46.6)	(46.6)	(0.0)		(56.4)
(53.6)	Interest	(5.5)	(5.3)	0.2		(53.9)	(53.8)	0.1		(65.2)
(8.5)	PDC Dividends	(0.6)	0.3	0.9		(9.2)	(7.0)	2.2		(10.4)
(209.6)	**Surplus/(Deficit) Before System Top-Up**	**(12.7)**	**(12.7)**	**0.0**		**(145.5)**	**(145.3)**	**0.2**		**(173.6)**
203.2	System Top-Up Income	12.7	12.7	0.0		145.4	145.4	-		173.5
(6.4)	**NHS Reporting Surplus/(Deficit)**	**(0.0)**	**(0.0)**	**0.0**		**(0.0)**	**0.2**	**0.2**		**(0.1)**
0.1	*Profit On Fixed Asset Disposal*		*0.0*				*0.1*			
-	*Loss on return of COVID assets to DHSC*		-				*(6.8)*			
2.2	*Capital Donations I&E Impact*		*0.2*				*0.4*			
-	*Fixed Asset Impairments*		-				-			
(4.1)	**Surplus / (Deficit)**		**0.2**				**(6.1)**			

CAPITAL EXPENDITURE

Capital Expenditure Summary - Trustwide

Mar-22

20/21 YTD Actual	Programme Area £millions	In Month Plan	In Month Actual	In Month Variance	In Month %	Year to Date Plan	Year to Date Actual	Year to Date Variance	Year to Date %	Annual Plan	Annual Forecast	Annual Variance	Annual %
6.7	Equipment (Medical and Other)	0.7	1.1	(0.4)	*(51)%*	11.9	9.2	2.8	*23 %*	16.4	15.2	1.2	*7 %*
6.2	Informatics	0.2	0.2	(0.0)	*(15)%*	7.2	5.3	1.9	*27 %*	7.6	8.4	(0.8)	*(10)%*
14.4	Estates	1.6	3.3	(1.8)	*(114)%*	23.5	25.4	(1.9)	*(8)%*	31.0	32.9	(1.9)	*(6)%*
13.7	New Build and Site Vacations	0.5	1.0	(0.5)	*(107)%*	16.7	11.3	5.4	*32 %*	24.0	33.8	(9.9)	*(41)%*
5.3	PFI Lifecycle Assets	0.7	0.7	(0.0)	*(0)%*	7.3	7.3	0.1	*1 %*	8.8	8.8	0.0	*0 %*
46.2	**Total Exchequer Programme exc. COVID19**	**3.7**	**6.4**	**(2.7)**	***(73)%***	**66.7**	**58.4**	**8.2**	***12 %***	**87.9**	**99.2**	**(11.3)**	***(13)%***
12.6	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-
21.6	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-
4.0	COVID19 Expenditure - UEC	-	-	-	-	-	-	-	-	-	-	-	-
1.6	COVID19 - Endoscopy recovery	-	-	-	-	-	-	-	-	-	-	-	-
0.6	COVID19 - Restart	-	-	-	-	-	-	-	-	-	-	-	-
40.4	**Total COVID19**	**-**	**-**	**-**	***- %***	**-**	**-**	**-**	***- %***	**-**	**-**	**-**	***- %***
86.6	**Total Trust Funded Assets**	**3.7**	**6.4**	**(2.7)**	***(73)%***	**66.7**	**58.4**	**8.2**	***12 %***	**87.9**	**99.2**	**(11.3)**	***(13)%***
5.2	Donated	0.6	0.5	0.1	*12 %*	5.8	2.6	3.3	*56 %*	4.9	4.9	-	*- %*
91.8	**Total Capital Expenditure**	**4.3**	**6.9**	**(2.6)**	***(61)%***	**72.5**	**61.0**	**11.5**	***16 %***	**92.8**	**104.1**	**(11.3)**	***(12)%***

Key Messages

To date the Trust has secured exchequer funding of £80.6m (£79.0m in Month 9) compared to a plan of £87.9m. In the period the Trust received formal confirmation of PDC funding for LIMS (£0.6m); Echo Simulator (£0.1m); MSK - triage/referral optimisation (£0.2m) and TNE equipment (£0.3m). In addition, charitable funds of £2.6m has also been secured.

The funded exchequer capital expenditure plan is currently £87.9m (£86.7m, in Month 9), an increase of £1.1m due to securing funding for additional PDC schemes as noted above. The forecast outturn is currently £99.2m including an approved over commitment of £11.3m (11.4%). The over commitment of schemes is to compensate for any further slippage of the programme and the uncertainly of delivery lead times for equipment, so that the outturn target can be achieved.

The Trust continues to seek additional funding sources to fund the over commitments and discussions are ongoing with NEL about accessing possible underspends from elsewhere in NEL/London. Currently underspend in London is estimated at c. £50m.

The cumulative expenditure at Month 10 is £58.4m (£52.1m in Month 9) against the original phased plan of £66.7m, a year to date variance of £8.2m for exchequer funded schemes. The variance is caused by slippage in the delivery of schemes and ordering of equipment later than initially planned. The size of the year to date variance continues to decrease as the level of monthly expenditure steps up following approval of business cases and issuing of capital expenditure authorisations. It is noted however that at Month 10 year to date expenditure represents only 66.4% of the funded plan and 58.8% of the forecast outturn. To deliver the target funded plan, expenditure in Month 12 is currently forecast at £21.3m (this compares to £26.9m delivered in Month 12 of 2020/21).

Expenditure in Month 10 is £6.4m (£6.0m in Month 9) against a plan of £3.7m, a difference of (£2.7m). This continues the trend of overspend over the latter part of the year and reduction in the year to date underspend.

Capital Funding

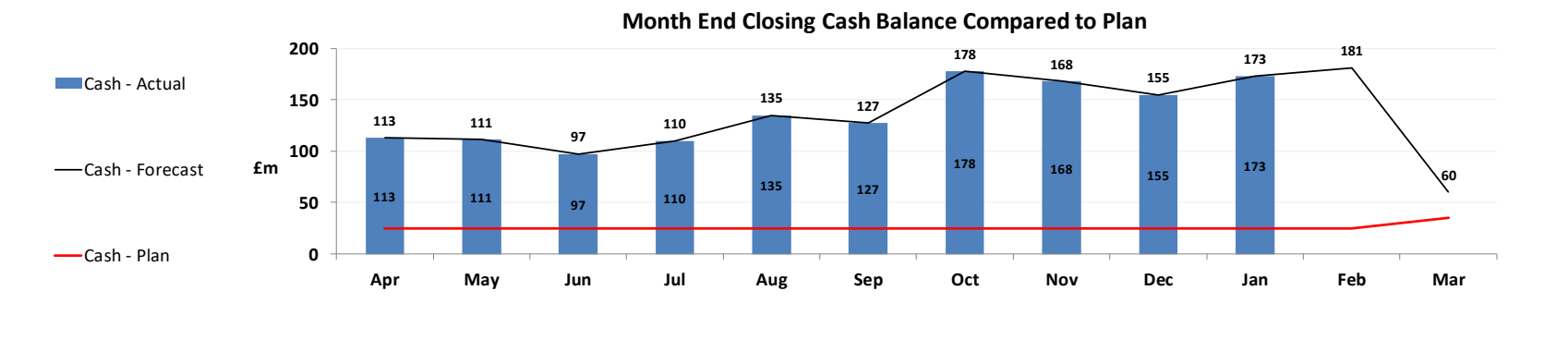
	Capital Plan	Secured	Not Yet Secured	% Secured
Gross Depreciation	56.4	56.4	-	*100 %*
Repayment of PFI Finance Lease	(25.0)	(25.0)	-	*100 %*
Repayment of Loan/Other Finance Leases	(1.8)	(1.8)	-	*100 %*
Net Depreciation	**29.6**	**29.6**	**-**	**100 %**
CRL (not cash backed)	27.6	27.6	-	*100 %*
Specific PDC: WXH Redevelopment	3.8	3.8	-	*100 %*
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 Interopability (POC)	0.0	0.0	-	*100 %*
PDC: Home reporting upgrades	0.7	0.7	-	*100 %*
PDC - Imaging Academy	0.1	0.1	-	*100 %*
PDC - Digital Pathology	0.6	0.6	-	*100 %*
PDC - Procure/Implement Backup Capability	0.1	0.1	-	*100 %*
PDC - LIMS Pathology Network	0.6	0.6	-	*100 %*
PDC - Echo Simulator	0.1	0.1	-	*100 %*
PDC - MSK - triage/referral optimisation	0.2	0.2	-	*100 %*
PDC - TNE equipment	0.3	0.3	-	*100 %*
Specific PDC: Targeted Investment Fund	5.7	5.7	-	*100 %*
Specific PDC: CDH MRI at MEH	3.7	3.7	-	*100 %*
Planned Capital exc. Donated	**87.8**	**80.6**	**7.2**	**92 %**
Asset sales	0.0	0.0	-	*100 %*
Total Approved Exchequer Funding exc. Donated*	**87.9**	**80.7**	**7.2**	**92 %**
Donated	4.9	2.6	2.4	*52 %*
Planned Capital inc. Donated	**92.8**	**83.2**	**9.6**	**90 %**
*(Over)/Under commitment vs Forecast	(11.3)			

CASHFLOW & BALANCE SHEET

Cashflow

Mar-22

£millions	Actual										Forecast		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	**54.4**	**112.8**	**111.3**	**97.5**	**109.9**	**135.1**	**127.3**	**177.5**	**168.1**	**154.9**	**173.2**	**180.9**	**54.4**
Cash inflows													
Healthcare contracts	118.0	116.1	123.4	123.2	144.5	140.2	144.9	136.8	132.1	128.3	128.0	110.4	1,545.9
Other income	54.2	38.8	51.3	50.5	46.9	49.9	68.2	44.0	40.1	42.9	53.0	38.8	578.6
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	24.8	24.8
Total cash inflows	**172.2**	**154.9**	**174.7**	**173.7**	**191.4**	**190.1**	**213.1**	**180.8**	**172.2**	**171.2**	**181.0**	**174.0**	**2,149.3**
Cash outflows													
Salaries and wages	(51.5)	(50.5)	(51.1)	(53.4)	(52.7)	(59.0)	(54.7)	(53.3)	(53.4)	(56.4)	(55.2)	(55.3)	(646.5)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.4)	(38.0)	(39.8)	(45.5)	(40.6)	(39.8)	(38.9)	(43.7)	(40.0)	(443.3)
Non pay expenditures	(49.8)	(64.0)	(95.4)	(64.0)	(71.3)	(93.5)	(57.5)	(92.9)	(85.6)	(53.1)	(68.4)	(169.7)	(965.2)
Capital expenditure	(9.7)	(6.6)	(2.5)	(4.5)	(4.2)	(3.7)	(5.2)	(3.4)	(6.6)	(4.5)	(6.0)	(29.9)	(86.8)
Dividend and Interest payable	-	-	-	-	-	(1.9)	-	-	-	-	-	-	(1.9)
Total cash outflows	**(113.8)**	**(156.4)**	**(188.5)**	**(161.3)**	**(166.2)**	**(197.9)**	**(162.9)**	**(190.2)**	**(185.4)**	**(152.9)**	**(173.3)**	**(294.9)**	**(2,143.7)**
Net cash inflows / (outflows)	**58.4**	**(1.5)**	**(13.8)**	**12.4**	**25.2**	**(7.8)**	**50.2**	**(9.4)**	**(13.2)**	**18.3**	**7.7**	**(120.9)**	**5.6**
Closing cash at bank - actual / forecast	**112.8**	**111.3**	**97.5**	**109.9**	**135.1**	**127.3**	**177.5**	**168.1**	**154.9**	**173.2**	**180.9**	**60.0**	**60.0**
Closing cash at bank - plan	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**25.0**	**35.0**	**35.0**



Key Messages

Cash balances are higher by £148.2m 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 made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance. No further payments are anticipated for the second half of the year because the PDC interest calculation will be reduced by the consistently high cash balances held during the year.

CASHFLOW & BALANCE SHEET

Statement of Financial Position

Mar-22

20/21		Actual										Forecast		
31 Mar 2021	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	20/21 v 21/22
	Non-current assets:													
1,388.7	Property, plant and equipment	1,386.9	1,388.0	1,386.8	1,387.8	1,388.9	1,386.8	1,388.5	1,390.9	1,391.9	1,393.6	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	0.4	0.5	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	17.1	17.1	13.9	15.8	0.0
1,404.6	**Total non-current assets**	**1,401.1**	**1,404.1**	**1,403.1**	**1,404.3**	**1,405.5**	**1,403.6**	**1,405.5**	**1,408.0**	**1,409.4**	**1,411.2**	**1,453.3**	**1,404.6**	**0.0**
	Current assets:													
22.0	Inventories	22.0	21.5	21.8	22.6	22.0	23.1	23.6	22.7	23.1	22.3	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	98.3	94.3	92.5	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	154.9	173.2	180.9	60.0	5.8
207.0	**Total current assets**	**254.3**	**263.1**	**265.9**	**273.3**	**265.8**	**283.4**	**297.1**	**267.3**	**276.3**	**289.8**	**296.6**	**229.9**	**22.9**
1,611.6	**Total assets**	**1,655.4**	**1,667.2**	**1,669.0**	**1,677.6**	**1,671.3**	**1,687.0**	**1,702.6**	**1,675.3**	**1,685.7**	**1,701.0**	**1,749.9**	**1,634.5**	**22.9**
	Current liabilities													
(179.5)	Trade and other payables	(225.1)	(239.1)	(244.0)	(255.0)	(251.3)	(274.2)	(294.1)	(280.4)	(293.2)	(310.1)	(332.8)	(217.4)	(37.9)
(4.1)	Provisions	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(3.0)	(2.8)	(2.8)	(2.8)	(2.8)	1.3
(26.8)	Liabilities arising from PFIs / Finance Leases	(26.8)	(26.8)	(26.8)	(26.8)	(26.8)	(25.5)	(25.5)	(25.5)	(25.9)	(25.9)	(26.0)	(26.0)	0.8
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(210.4)	**Total current liabilities**	**(256.0)**	**(270.0)**	**(274.9)**	**(285.9)**	**(282.2)**	**(303.8)**	**(323.7)**	**(308.9)**	**(321.9)**	**(338.8)**	**(361.6)**	**(246.2)**	**(35.8)**
(3.4)	**Net current (liabilities) / assets**	**(1.7)**	**(6.9)**	**(9.0)**	**(12.6)**	**(16.4)**	**(20.4)**	**(26.6)**	**(41.6)**	**(45.6)**	**(49.0)**	**(65.0)**	**(16.3)**	**(12.9)**
1,401.2	**Total assets less current liabilities**	**1,399.4**	**1,397.2**	**1,394.1**	**1,391.7**	**1,389.1**	**1,383.2**	**1,378.9**	**1,366.4**	**1,363.8**	**1,362.2**	**1,388.3**	**1,388.3**	**(12.9)**
	Non-current liabilities													
(17.6)	Provisions	(17.4)	(17.3)	(17.2)	(17.1)	(16.8)	(16.7)	(16.6)	(5.5)	(5.5)	(5.7)	(5.5)	(5.7)	11.9
(941.2)	Liabilities arising from PFIs / Finance Leases	(939.0)	(937.1)	(934.5)	(932.4)	(930.3)	(928.9)	(926.7)	(924.7)	(921.7)	(919.6)	(939.2)	(939.2)	2.0
0.0	Other Payables	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	(0.5)	(0.5)	(0.4)	(0.4)
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(958.8)	**Total non-current liabilities**	**(956.2)**	**(954.4)**	**(951.7)**	**(949.5)**	**(947.1)**	**(945.6)**	**(943.3)**	**(930.2)**	**(927.7)**	**(925.8)**	**(945.2)**	**(945.3)**	**13.5**
442.4	**Total Assets Employed**	**443.2**	**442.8**	**442.4**	**442.2**	**442.0**	**437.6**	**435.6**	**436.2**	**436.1**	**436.4**	**443.1**	**443.0**	**0.6**
	Financed by:													
	Taxpayers' equity													
1,025.3	Public dividend capital	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	0.0
(853.9)	Retained earnings	(853.4)	(853.6)	(854.0)	(854.2)	(854.4)	(858.8)	(860.8)	(860.2)	(860.3)	(860.0)	(853.4)	(853.4)	0.5
271.0	Revaluation reserve	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	0.1
442.4	**Total Taxpayers' Equity**	**443.0**	**442.8**	**442.4**	**442.2**	**442.0**	**437.6**	**435.6**	**436.2**	**436.1**	**436.4**	**443.0**	**443.0**	**0.6**

NHS
Barts Health
NHS Trust

People Report

WELL LED

People Executive Summary

Mar-22

Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.65% in Nov-21 to 4.81% in Dec-21. This is expected to continue to increase when the data for Jan-22 are reported, due to the impact of the latest pandemic wave.

- **Appraisal rates** – recorded non-medical appraisals now stand at 55.5%, slightly down from the 56.3% reported for Dec-21; however, this reduction likely reflects the impact of the latest pandemic wave. The Trust will need to return to a focus on improving the appraisal rate, having come out of winter and the Omicron wave of the Covid-19 pandemic. The medical appraisal rate stands at 93%.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – in Jan-22, 518 unconditional offers were made, up from 380 in Dec-21. In addition, 905 Whole Time Equivalent (WTE) roles were advertised, the third consecutive month over 900.

- The Trust's substantive staff fill rate in Jan-22 was at 90.2%, up from 89.5%, reflecting a growth of 125 WTE substantive staff.

- International recruitment continues at pace with 48 nurses arriving in late Jan-22 and a further 48 expected in Mar-22.

- The overall substantive fill rate masks a higher level of nurse vacancies; analysis of this is due to be undertaken to identify hotspots followed by the development of a focused plan to reduce these. This will incorporate the existing work on Theatres, Critical Care and Anaesthetics as well as the ongoing international recruitment.

- **Turnover** – annualised voluntary turnover is increasing and is now at 12.2%, up from 11.7% last month. Turnover has continually increased since Apr-21 and is projected to rise further over the coming months.

- The Trust is now one of the People Promise Exemplar sites in the NHS with funding for an 8a People Promise Manager to focus on delivery of the Trust's retention strategy and working in collaboration with Integrated Care Systems (ICS) leads. Alongside this, the Trust's retention working group is in place to deliver on and oversee key retention work.

- **Temporary staffing** – temporary staffing usage increased by 207 WTE compared to Dec-21, with a reduction of 8 WTE agency and a growth of 215 WTE bank. The proportion of temporary staff as part of the workforce increased from 14.0% to 14.9%. This reflects the continued demand for workforce through the Omicron wave, with activity levels being maintained where possible and a greater impact on General and Acute beds due to the change in acuity compared to previous variants.

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Domain Scorecard

Mar-22

		Targets	Performance		Jan-22 (Site)				
Group	Indicator	Target	Dec-21	Jan-22	Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	97.2%	98.6%	99.0%	99.3%	100.3%	97.5%	104.6%
	Staff in Post - Actual	>=Plan	16,425	16,550	6,101	2,805	2,027	2,616	214
	Staff in Post - Plan	-	16,487	16,555	5,676	2,642	1,943	2,417	1,149
	Bank WTE - Actual	<=Plan	2,007	2,222	815	504	417	301	8
	Bank WTE - Plan	-	1,904	1,904	692	348	326	266	49
	Agency WTE - Actual	<=Plan	674	666	204	211	144	61	10
	Agency WTE - Plan	-	393	393	86	148	69	27	8
	Total Staffing - Actual	<=Plan	19,106	19,438	7,120	3,521	2,587	2,978	232
	Total Staffing - Plan	-	18,783	18,852	6,454	3,138	2,338	2,710	1,205
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	89.5%	90.2%	92.8%	87.4%	85.9%	91.8%	90.5%
	Substantive Fill Rate - Plan	-	89.4%	89.7%	91.9%	86.8%	86.4%	92.0%	92.5%
	Unconditional Offers - Actual	>=Plan	380	518	216	92	58	80	9
	Unconditional Offers - Plan	-	293	293	138	40	32	69	27
Rosters	Additional Duty Hours (Nursing)	-	82,129	87,082	31,486	28,478	21,706	4,700	-
Diversity	% of BME Staff at Band 8a to VSM	-	36.1%	37.3%	34%	44%	54%	25%	65%

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

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Domain Scorecard

Mar-22

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Site Comparison: CSS	Site Comparison: Other	Excep.
People	W19	Turnover Rate	●			Jan-22 (m)	<= 12.25%	11.68%	**12.17%**	***12.17%***	12.64%	10.70%	10.70%	13.22%	17.72%	12.21%	●
	OH7	Proportion of Temporary Staff	●			Jan-22 (m)	<= 11.3%	14.0%	**14.9%**	***14.2%***	14.3%	20.3%	21.7%	12.2%	7.7%	7.1%	●
	W20	Sickness Absence Rate	●			Dec-21 (m)	<= 3%	4.65%	**4.81%**	***4.81%***	4.93%	5.21%	5.34%	4.00%	3.84%	4.61%	●
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	●			Jan-22 (m)	>= 85%	83.5%	**83.1%**	***84.5%***	82.0%	87.1%	81.7%	84.2%	82.0%	80.7%	●
	W11	Mandatory and Statutory Training - National	●			Jan-22 (m)	>= 85%	82.8%	**82.8%**	***84.1%***	81.5%	86.7%	83.3%	83.0%	84.4%	80.9%	●
	W29	Appraisal Rate - Non-Medical Staff	●			Jan-22 (m)	>= 90%	56.3%	**55.5%**	***55.5%***	50.8%	49.9%	47.2%	71.4%	83.4%	59.3%	
	W30	Appraisal Rate - Medical Staff	●			Jan-22 (m)	>= 95%	91.1%	**93.0%**	***93.0%***	92.1%	94.6%	94.6%	92.6%	-	100.0%	

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

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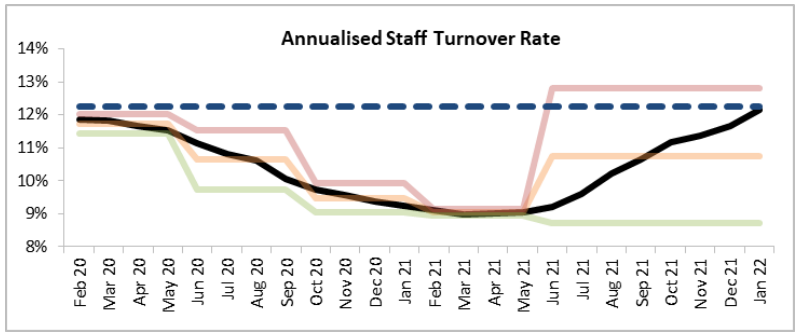
Turnover Rate

Mar-22



Annualised Staff Turnover - Highest by Site/Staff Group (by Staff Leaving in Latest Year)								
		6 Months Ago			Jan-22			
Site	Staff Group	12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	Variance
Royal London	Nursing and Midwifery Registered	261	2,112	**12.38%**	347	2,121	**16.35%**	**3.97%**
St Bart's	Nursing and Midwifery Registered	123	908	**13.58%**	141	902	**15.65%**	**2.07%**
Other	Administrative and Clerical	107	1,242	**8.59%**	120	1,299	**9.20%**	**0.61%**
Whipps Cross	Nursing and Midwifery Registered	91	986	**9.26%**	99	1,011	**9.77%**	**0.50%**
Newham	Nursing and Midwifery Registered	68	805	**8.46%**	81	819	**9.94%**	**1.47%**

Performance Overview	Responsible Director Update

• Annualised Voluntary Turnover has now reached 12.2%, having increased consistently since Apr-21. It has now exceeded the level of turnover seen pre-pandemic (11.8% in Feb-20) and is projected to grow further over the coming months, potentially up to 14% and beyond.	• There are a number of factors contributing to the high turnover rates experienced at present including:
	  • An increase in retirements (185 in the last 12 months compared to c150 per year prior to that) with a further increase expected in Mar-22 (c60 due to retire compared to a normal average of 26 in Mar-22).
	  • The impact of COVID-19 and the greater level of stress experienced by staff.
	• To mitigate against this, a number of actions are being undertaken:
	  • The Trust is proud to be one of the People Promise Exemplar sites, securing funding for an 8a People Promise Manager post to focus on delivery of the Trust's retention strategy and working in collaboration with Integrated Care System (ICS) leads.
	  • The retention working group to deliver on and oversee key retention work.
	  • Career Development Working Groups.
	  • A focus on recruitment to close the vacancy gaps across the Trust, reducing the pressure on current staff.

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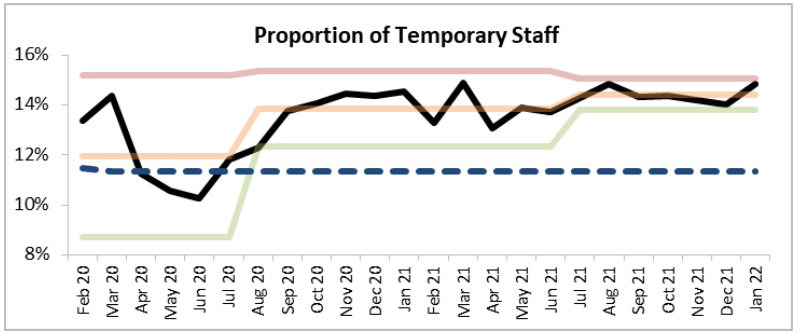
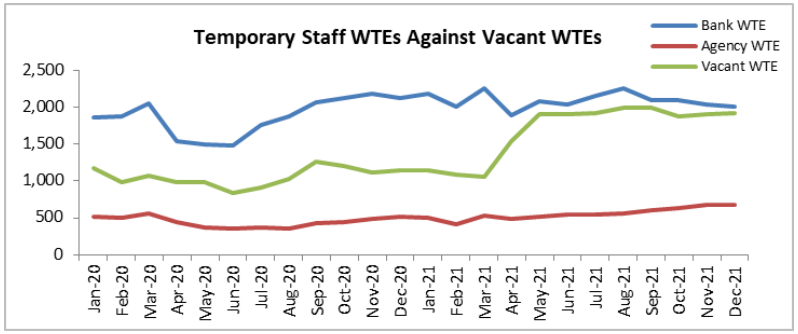
Proportion of Temporary Staff

Mar-22





Proportion of Temporary Staff by Site

		Average of Previous 6 Months			Jan-22			
Site	Staff Group	Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	Variance
Royal London	All Staff Groups	937	6,954	**13.5%**	1,019	7,120	**14.3%**	**0.8%**
Whipps Cross	All Staff Groups	662	3,402	**19.5%**	716	3,521	**20.3%**	**0.9%**
Newham	All Staff Groups	509	2,521	**20.2%**	561	2,587	**21.7%**	**1.5%**
St Bart's	All Staff Groups	351	2,937	**11.9%**	362	2,978	**12.2%**	**0.2%**
CSS	All Staff Groups	22	247	**9.1%**	18	232	**7.7%**	**-1.4%**
Other	All Staff Groups	249	2,970	**8.4%**	212	3,001	**7.1%**	**-1.3%**

Performance Overview

- Temporary staffing demand and use increased in Jan-22. This reflects the increased demand resulting from staff absence across the Trust during the latest Covid-19 wave.
- There is an underlying shift towards agency usage which is a result of the Trust's own bank staff pool being at capacity and the need to reach out to other providers.

Responsible Director Update

- A combination of planned substantive recruitment, including 240 international nurses expected to arrive between Mar-22 and Nov-22, and reduced Covid-19 related absence should contribute towards reduced temporary demand as the year progresses.
- Counterbalancing this is the need to deliver increased elective activity compared to 2019/20 and it is likely that there will be increased demand for workforce, especially in theatres as the Trust seeks to deliver this requirement
- With a high level of vacancies, particularly amongst nursing staff, there will be a renewed focus on recruitment over the next 12 months and the Trust is aiming towards a 95% fill rate.

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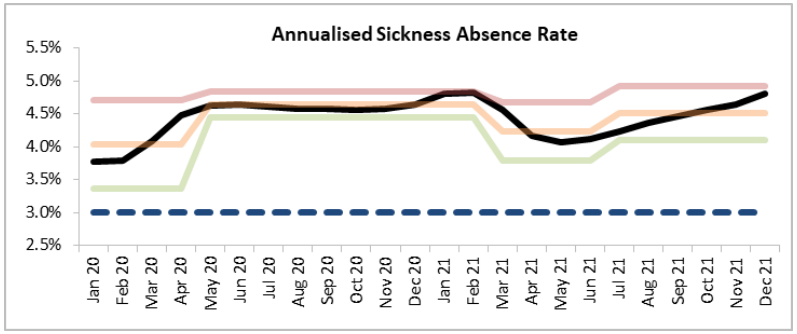
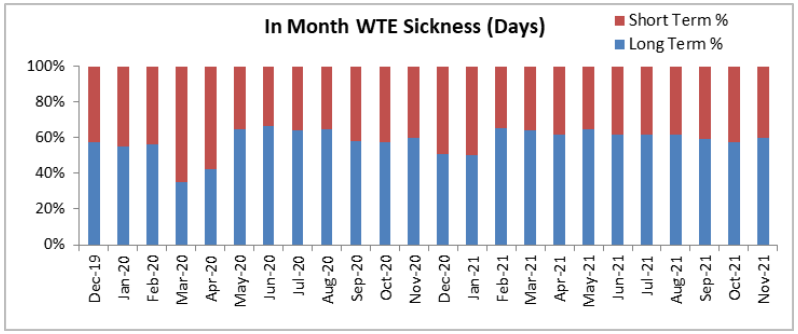
Sickness Absence Rate

Mar-22





Annualised Sickness Absence Rate by Site

		6 Months Ago			Dec-21			
Site	Staff Group	Sick WTE Days	Available WTE Days	%	Sick WTE Days	Available WTE Days	%	Variance
Royal London	All Staff Groups	89,562	2,157,236	**4.15%**	107,748	2,187,771	**4.93%**	**0.77%**
Whipps Cross	All Staff Groups	43,671	995,048	**4.39%**	52,260	1,002,677	**5.21%**	**0.82%**
Newham	All Staff Groups	34,758	722,602	**4.81%**	39,120	732,461	**5.34%**	**0.53%**
St Bart's	All Staff Groups	33,519	945,727	**3.54%**	37,910	948,022	**4.00%**	**0.45%**
CSS	All Staff Groups	2,854	91,448	**3.12%**	3,390	88,187	**3.84%**	**0.72%**
Other	All Staff Groups	36,242	917,759	**3.95%**	44,562	966,379	**4.61%**	**0.66%**

Performance Overview	Responsible Director Update
• Annualised sickness absence increased to 4.81% from 4.65%. During Dec-21, sickness absence and other Covid-19 related absence peaked at 10.8% as a result of the Omicron wave (with over 1,000 staff off due to Covid-19 related absence at the peak), and between 15/12/2021 and 07/01/2022, weekend and bank holidays excluded, this absence was consistently over 9%. Numbers have since reduced; however, even into the second week of Feb-22, the Trust is seeing on average 190 staff off due to Covid-19.	• The Omicron Covid-19 wave resulted in further staff absence and the Trust would expect to see the annualised rate increase further when the Jan-22 position is formally reported. • A business case has been submitted for the Employee Wellbeing Service, linked to increasing the support for staff given the long term impact of Covid-19.

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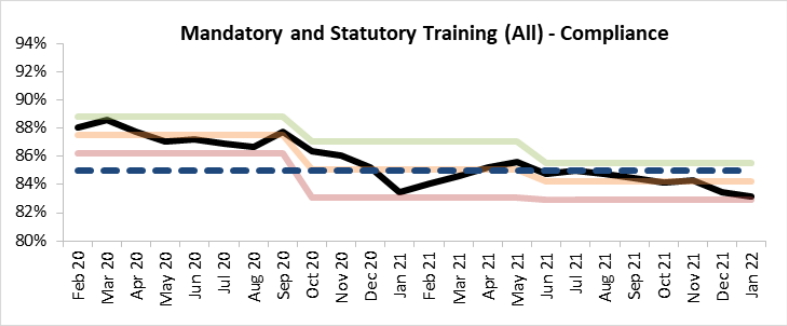
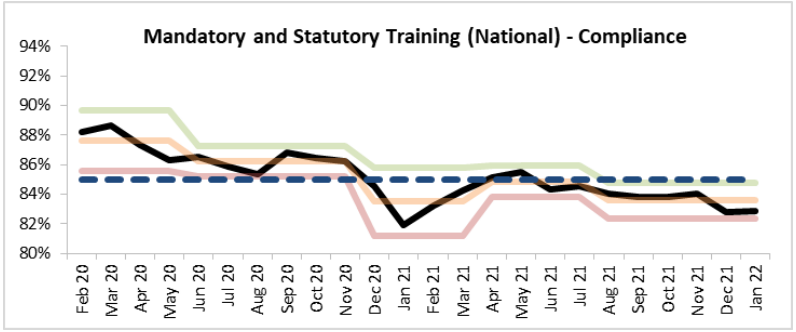
Mandatory and Statutory Training

Mar-22





Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months	Jan-22	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	79.0%	77.9%	3,856
Fire Safety	78.7%	78.8%	3,700
Resuscitation - Basic Life Support	68.3%	67.3%	3,407
Infection Control (Clinical)	77.6%	75.3%	2,778
Health, Safety, Incidents	86.6%	84.8%	2,657

Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Jan-22	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	59.9%	57.8%	63
A & E Nursing WC (Royal London)	85.6%	81.0%	57
Orthopaedic Medical Staff (Royal London)	62.9%	46.9%	50
ANA Medical Staff (Royal London)	84.8%	82.1%	49
Dental Management Team (Royal London)	78.0%	38.3%	49

Non-mandatory competencies have been excluded from the above tables

Performance Overview

- Trust-wide compliance against the 11 Core Skills Training Framework subjects and overall training compliance across all subjects are both below the Trust target of 85%.
- All Core Skills Training Framework subjects are showing a decline in performance. This may, in part, be attributed to staff absences caused by Covid-19 and staff not being able to be released to do training due to having to cover clinical duties.
- Within the bottom 5 departments, dental management is showing a significant decrease in compliance due to a number of new honorary contract holders joining the team whose substantive employer holds their training record which is currently being transferred to Barts Health.

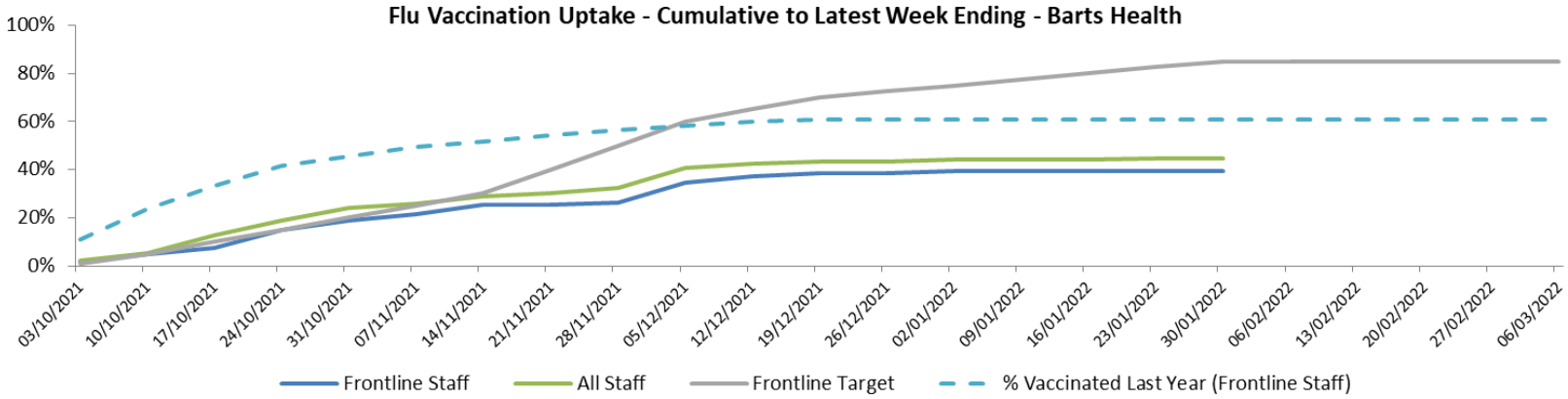
Responsible Director Update

- Work is being undertaken with the Information Governance team to investigate low areas of compliance, in particular those staff who have not completed this subject for over 24 months. On examination, most of these staff appear to be honorary contract holders who may no longer be with Barts Health.
- Work is being undertaken with QMUL (Queen Mary University of London) to review the current training materials and look at new ways of completing subjects. This work will focus on creating scenarios based on reported incidents and will integrate a number of subjects within each scenario. This will reduce the training burden on staff whilst ensuring that training is focussed on current areas of concern, e.g. Nasogastric Tubes.
- Work is being undertaken to look at taking training to departments of particular concern. The focus of this training will be fire safety, resuscitation and information governance.

PEOPLE SPOTLIGHT

Flu Vaccination Update

Mar-22



Flu Vaccination Uptake by Site - to 30/01/2022 - All Staff

Site	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Royal London	2,923	6,851	42.7%	165	2.4%
Whipps Cross	1,424	2,964	48.0%	103	3.5%
Newham	764	2,106	36.3%	59	2.8%
St Bart's	1,541	2,850	54.1%	80	2.8%
GCS	102	229	44.5%	5	2.2%
GSS	685	1,772	38.7%	91	5.1%
Pathology Partnership	276	790	34.9%	30	3.8%
R&D Projects	121	252	48.0%	5	2.0%
Other	578	2,023	28.6%	5	0.2%
Sub-Total	***8,414***	***19,837***	***42.4%***	***543***	***2.7%***
Bank Staff	831	2,482	33.5%	43	1.7%
Grand Total	**9,245**	**22,319**	**41.4%**	**586**	**2.6%**

Flu Vaccination Uptake by Site - to 30/01/2022 - Frontline Staff

Site	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Royal London	2,617	5,870	44.6%	132	2.2%
Whipps Cross	1,243	2,478	50.2%	83	3.3%
Newham	669	1,800	37.2%	47	2.6%
St Bart's	1,358	2,401	56.6%	58	2.4%
GCS	42	107	39.3%	1	0.9%
GSS	175	465	37.6%	9	1.9%
Pathology Partnership	242	708	34.2%	25	3.5%
R&D Projects	71	126	56.3%	0	0.0%
Other	419	1,442	29.1%	0	0.0%
Sub-Total	***6,836***	***15,397***	***44.4%***	***355***	***2.3%***
Bank Staff	735	2,086	35.2%	28	1.3%
Grand Total	**7,571**	**17,483**	**43.3%**	**383**	**2.2%**

Note: this is the final position for the 2021/22 flu season

Flu Vaccination Uptake by Ethnic Grouping - to 30/01/2022 - All Staff

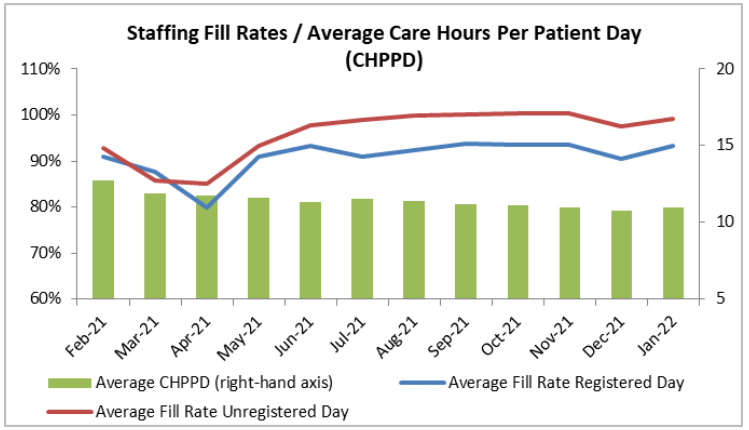
Ethnic Grouping	Vaccinated	Total Eligible	% Vaccinated	Declined	% Declined
Asian or Asian British	1,632	4,626	35.3%	162	3.5%
Black or Black British	1,113	4,121	27.0%	133	3.2%
Mixed	257	593	43.3%	20	3.4%
Other Ethnic Groups	1,008	1,963	51.3%	54	2.8%
White	3,934	6,898	57.0%	169	2.4%
Not Stated/Undefined	1,301	4,118	31.6%	48	1.2%
Grand Total	**9,245**	**22,319**	**41.4%**	**586**	**2.6%**

SAFE STAFFING

Safe Staffing

Mar-22

- Restoration and recovery work continues alongside ongoing admissions for Covid-19.
- Across the Trust, there was upward movement in overall average fill rates in Jan-22; these remained above 90% for Registered Nursing and Midwifery (RNs/RMs) and Care Staff (HCAs) on both day and night shifts.
- Where gaps were experienced, mitigating actions were ramped up in line with the winter plan. Staff were redeployed between wards, and senior staff worked clinically to maintain services and patient safety. Clinical staff time to care was maximised through support services assisting with administrative tasks during the highest pressures.
- St Bart's average fill rates were 80% at their minimum for RNs and HCAs. Staffing was in line with actual demand based on some beds being closed. The senior nursing team worked closely with critical care to maintain safe nurse to patient ratios. The Trust's Critical Care workforce group continued to function and there was a daily review of staff ratios within North East London. Where required, staff were redeployed to meet patient need.
- The overall Care Hours Per Patient Day (CHPPD) increased slightly from 10.8.to 11.0.
- Women's services continued to be under pressure with ongoing staff absences from sickness, stress and Covid-19 isolations. The closing of the Barkantine and Lotus Birth Centres helped to facilitate safe staffing for women in labour. No adverse clinical events were reported as a result of short staffing as safety was maintained through redeploying staff between wards and senior midwifery staff supporting frontline care.
- 10 red flag incidents were reported. There were 8 at Royal London and 2 at Newham. None of the red flags recorded any harm to patients.
- Recruitment activity continued with the Trust welcoming domestic and internationally educated nurses as well as focussed drives to attract more healthcare support workers including those who are new to care. There is a senior-led workstream to drive fast-paced recruitment and workforce transformation in critical care.
- The bi-annual in-depth look at the Safer Nursing Care Tool commenced in Jan-22, which will also lead to increased Safe Care census compliance. Education in the use of the tools has been delivered to all hospital sites; however, uptake is low, with capacity to be released for the training impacted by staffing shortages. Teaching will continue in coming months to drive compliance.
- Safe staffing continues to be monitored daily through hospital site based safety huddles and dynamic staff management/deployment by the senior nursing teams.



	Staffing Figures by Site - Jan-22					
	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
Site	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	**93.4%**	**99.2%**	**102.2%**	**119.4%**	**11.0**	**10**
Royal London	100.0%	94.0%	108.0%	127.3%	10.6	8
Whipps Cross	93.4%	110.7%	106.1%	117.7%	10.4	0
Newham	92.0%	100.5%	104.4%	115.1%	10.3	2
St Bart's	81.8%	84.8%	85.2%	109.2%	14.7	0

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Glossary

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Domain Scorecard Glossary

Mar-22

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

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Domain Scorecard Glossary

Mar-22

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

GLOSSARY

Domain Scorecard Glossary

Mar-22

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

GLOSSARY

Domain Scorecard Glossary

Mar-22

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

GLOSSARY

Workforce Summary Glossary

Mar-22

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	

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Appendix

APPENDIX

Interpretation of Scorecards

Mar-22

How to Interpret the Scorecard

	Ref	Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Newham	St Bart's	CSS	Other	Barts Health	Excep.
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)

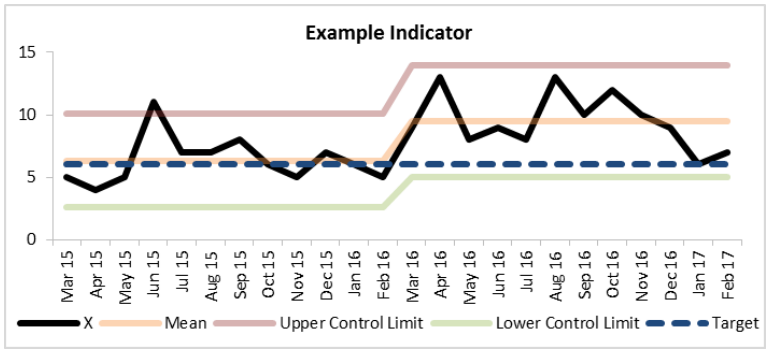
Reporting month target for reporting site

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.

APPENDIX

Safe Staffing Fill Rates by Ward and Site

Mar-22

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,151.0	2,082.5	1,066.5	954.5	1,770.0	2,058.5	713.0	1,149.0	96.8%	89.5%	116.3%	161.2%	765	5.4	2.7	8.2
Royal London	10F RLH	1,106.5	1,226.5	737.0	684.0	1,023.0	1,124.0	682.0	770.0	110.8%	92.8%	109.9%	112.9%	465	5.1	3.1	8.2
Royal London	11C RLH	2,495.5	2,154.0	1,423.0	1,335.5	2,495.5	2,461.0	713.0	1,081.0	86.3%	93.9%	98.6%	151.6%	718	6.4	3.4	9.8
Royal London	11E & 11F AAU	3,894.5	4,244.3	1,768.0	1,885.0	3,910.0	4,940.5	1,424.0	1,837.4	109.0%	106.6%	126.4%	129.0%	1,483	6.2	2.5	8.7
Royal London	12C RLH	1,887.0	1,825.0	1,422.5	1,400.0	1,897.5	1,858.0	1,069.5	1,301.5	96.7%	98.4%	97.9%	121.7%	800	4.6	3.4	8.0
Royal London	12D RLH	1,411.5	2,032.0	713.0	751.5	1,426.0	2,216.8	356.5	874.0	144.0%	105.4%	155.5%	245.2%	471	9.0	3.5	12.5
Royal London	12E RLH	2,722.0	2,731.0	1,423.0	1,680.9	2,484.0	2,674.0	1,426.0	1,751.5	100.3%	118.1%	107.6%	122.8%	698	7.7	4.9	12.7
Royal London	12F RLH	1,763.5	1,692.5	1,778.5	1,544.0	1,782.5	1,840.0	1,782.5	1,817.0	96.0%	86.8%	103.2%	101.9%	773	4.6	4.3	8.9
Royal London	13C RLH	1,902.0	1,842.5	706.0	666.5	1,414.5	1,633.0	713.0	1,173.0	96.9%	94.4%	115.4%	164.5%	758	4.6	2.4	7.0
Royal London	13D RLH	1,737.5	2,072.0	710.0	967.5	1,426.0	2,288.5	713.0	1,104.0	119.3%	136.3%	160.5%	154.8%	723	6.0	2.9	8.9
Royal London	13E RLH	2,064.0	2,218.5	756.0	655.5	1,851.5	2,042.0	747.5	954.5	107.5%	86.7%	110.3%	127.7%	709	6.0	2.3	8.3
Royal London	13F RLH	1,757.5	2,175.5	954.5	897.0	1,771.0	2,484.0	713.0	1,000.5	123.8%	94.0%	140.3%	140.3%	643	7.2	3.0	10.2
Royal London	14E RLH	1,675.0	1,840.0	1,115.5	1,283.5	1,426.0	1,681.0	1,092.5	1,403.0	109.9%	115.1%	117.9%	128.4%	758	4.6	3.5	8.2
Royal London	14F RLH	1,819.0	1,671.0	1,436.0	1,322.5	1,426.0	1,403.0	1,081.0	1,437.5	91.9%	92.1%	98.4%	133.0%	780	3.9	3.5	7.5
Royal London	3D RLH	3,144.5	2,622.4	2,138.0	1,473.7	3,197.0	2,918.0	1,771.0	1,794.0	83.4%	68.9%	91.3%	101.3%	855	6.5	3.8	10.3
Royal London	3E RLH	2,139.0	2,059.5	713.0	829.0	1,782.5	2,081.5	713.0	1,081.0	96.3%	116.3%	116.8%	151.6%	785	5.3	2.4	7.7
Royal London	3F RLH	1,558.5	1,465.7	1,069.5	505.0	1,069.5	1,621.5	713.0	586.5	94.0%	47.2%	151.6%	82.3%	295	10.5	3.7	14.2
Royal London	4E RLH	14,658.0	18,186.3	713.0	1,179.3	14,777.5	18,259.2	356.5	1,112.8	124.1%	165.4%	123.6%	312.2%	1,465	24.9	1.6	26.4
Royal London	6C RLH	3,549.5	2,527.8	356.5	356.5	3,565.0	2,641.8	356.5	345.0	71.2%	100.0%	74.1%	96.8%	187	27.6	3.8	31.4
Royal London	6E & 6F RLH	5,272.5	4,687.7	1,432.5	921.5	5,348.5	4,986.3	1,069.5	817.5	88.9%	64.3%	93.2%	76.4%	744	13.0	2.3	15.3
Royal London	7C RLH	1,415.0	1,516.0	356.5	619.0	1,069.5	1,244.0	356.5	709.5	107.1%	173.6%	116.3%	199.0%	338	8.2	3.9	12.1
Royal London	7D RLH	1,776.0	1,732.8	870.5	912.4	1,426.0	1,448.5	713.0	943.0	97.6%	104.8%	101.6%	132.3%	389	8.2	4.8	12.9
Royal London	7E RLH	2,827.5	2,446.5	1,069.5	1,022.5	2,495.5	2,450.5	1,069.5	1,092.5	86.5%	95.6%	98.2%	102.2%	630	7.8	3.4	11.1
Royal London	7F RLH	1,426.0	1,370.5	598.0	586.5	1,069.5	1,115.5	552.0	552.0	96.1%	98.1%	104.3%	100.0%	337	7.4	3.4	10.8
Royal London	8C RLH	1,632.5	1,431.3	704.8	750.5	1,426.0	1,529.5	713.0	874.0	87.7%	106.5%	107.3%	122.6%	506	5.9	3.2	9.1
Royal London	8D RLH	8,183.5	6,826.5	1,276.5	713.0	7,832.8	6,610.5	552.0	402.5	83.4%	55.9%	84.4%	72.9%	1,027	13.1	1.1	14.2
Royal London	8F RLH	1,364.5	1,285.0	1,782.5	1,667.5	1,058.0	1,023.5	1,069.5	1,058.0	94.2%	93.5%	96.7%	98.9%	1,329	1.7	2.1	3.8
Royal London	9E HDU RLH	1,426.0	1,116.5	356.5	276.0	1,426.0	1,138.5	0.0	253.0	78.3%	77.4%	79.8%		304	7.4	1.7	9.2
Royal London	9E RLH	1,763.5	1,644.5	713.0	578.5	1,426.0	1,392.5	356.5	931.5	93.3%	81.1%	97.7%	261.3%	714	4.3	2.1	6.4
Royal London	9F RLH	1,771.0	1,551.5	711.5	600.0	1,426.0	1,451.0	713.0	725.5	87.6%	84.3%	101.8%	101.8%	709	4.2	1.9	6.1

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Safe Staffing Fill Rates by Ward and Site

Mar-22

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	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	4,646.0	5,037.8	2,484.0	2,723.0	4,634.5	5,520.0	2,139.0	2,300.0	108.4%	109.6%	119.1%	107.5%	1,223	8.6	4.1	12.7
Whipps Cross	ACACIA	954.5	776.5	471.5	553.5	713.0	713.5	713.0	865.0	81.4%	117.4%	100.1%	121.3%	315	4.7	4.5	9.2
Whipps Cross	ACORN	3,666.0	2,524.5	356.5	416.0	2,740.0	2,405.2	356.5	195.5	68.9%	116.7%	87.8%	54.8%	456	10.8	1.3	12.2
Whipps Cross	B3 WARD WXH	1,322.5	1,208.0	1,092.5	1,136.5	1,069.5	1,092.5	724.5	885.5	91.3%	104.0%	102.2%	122.2%	492	4.7	4.1	8.8
Whipps Cross	BIRCH	1,069.5	1,240.0	1,056.0	1,209.5	1,069.5	1,083.0	713.0	943.0	115.9%	114.5%	101.3%	132.3%	474	4.9	4.5	9.4
Whipps Cross	BLACKTHORN	1,069.5	1,059.0	1,088.0	1,333.5	1,069.5	1,023.0	713.0	966.0	99.0%	122.6%	95.7%	135.5%	467	4.5	4.9	9.4
Whipps Cross	Bracken Ward WXH	1,302.5	1,385.0	1,116.3	1,188.0	1,069.5	1,196.0	713.0	943.0	106.3%	106.4%	111.8%	132.3%	498	5.2	4.3	9.5
Whipps Cross	CEDAR	1,667.5	2,280.7	1,426.0	2,707.3	1,426.0	2,036.0	1,078.5	2,323.0	136.8%	189.8%	142.8%	215.4%	870	5.0	5.8	10.7
Whipps Cross	CHESTNUT	948.0	736.0	356.5	862.5	713.0	1,107.0	356.5	414.0	77.6%	241.9%	155.3%	116.1%	288	6.4	4.4	10.8
Whipps Cross	CURIE	1,391.0	1,184.0	1,069.5	1,226.5	1,426.0	1,140.5	1,069.5	1,150.0	85.1%	114.7%	80.0%	107.5%	532	4.4	4.5	8.8
Whipps Cross	DELIVERY SUITE WXH	4,968.0	4,029.8	713.0	828.0	3,817.5	3,378.2	713.0	990.0	81.1%	116.1%	88.5%	138.8%	470	15.8	3.9	19.6
Whipps Cross	ELIZABETH	1,667.5	1,273.0	586.5	714.0	1,426.0	1,299.5	299.0	517.5	76.3%	121.7%	91.1%	173.1%	543	4.7	2.3	7.0
Whipps Cross	FARADAY	1,058.0	1,385.0	713.0	1,042.5	1,069.5	1,712.8	356.5	517.5	130.9%	146.2%	160.1%	145.2%	453	6.8	3.4	10.3
Whipps Cross	Frail Elderly WXH	833.0	770.2	356.5	639.3	713.0	713.0	356.5	713.0	92.5%	179.3%	100.0%	200.0%	296	5.0	4.6	9.6
Whipps Cross	ICU WXH	6,120.0	5,748.3	1,729.5	679.5	5,456.0	5,533.5	1,364.0	605.0	93.9%	39.3%	101.4%	44.4%	338	33.4	3.8	37.2
Whipps Cross	MARGARET	1,023.5	912.0	409.0	393.5	713.0	714.0	356.5	369.0	89.1%	96.2%	100.1%	103.5%	287	5.7	2.7	8.3
Whipps Cross	MIDWIFERY WXH	757.5	669.0	356.5	273.0	713.0	675.7	356.5	345.0	88.3%	76.6%	94.8%	96.8%	88	15.3	7.0	22.3
Whipps Cross	MULBERRY	2,204.0	1,831.3	1,358.5	958.5	1,426.0	1,368.5	851.0	910.0	83.1%	70.6%	96.0%	106.9%	997	3.2	1.9	5.1
Whipps Cross	NEONATAL WXH	2,356.5	2,106.0	1,129.0	602.3	2,118.0	2,224.5	724.5	207.0	89.4%	53.3%	105.0%	28.6%	294	14.7	2.8	17.5
Whipps Cross	NIGHTINGALE	1,081.0	1,349.5	356.5	771.0	1,092.5	1,574.5	356.5	713.0	124.8%	216.3%	144.1%	200.0%	324	9.0	4.6	13.6
Whipps Cross	PEACE	1,667.5	1,610.0	805.0	1,322.0	1,069.5	1,312.0	713.0	1,081.0	96.6%	164.2%	122.7%	151.6%	459	6.4	5.2	11.6
Whipps Cross	POPLAR	1,748.0	1,322.5	1,069.5	943.0	1,426.0	1,237.0	1,069.5	908.5	75.7%	88.2%	86.7%	84.9%	392	6.5	4.7	11.3
Whipps Cross	PRIMROSE	1,764.5	1,863.0	1,426.0	1,506.5	1,414.5	1,633.0	1,069.5	1,322.5	105.6%	105.6%	115.4%	123.7%	781	4.5	3.6	8.1
Whipps Cross	ROWAN	1,782.5	1,876.5	1,426.0	1,529.5	1,403.0	1,498.0	1,069.5	1,207.5	105.3%	107.3%	106.8%	112.9%	790	4.3	3.5	7.7
Whipps Cross	SAGE	1,667.5	1,262.5	1,460.0	1,697.5	1,426.0	1,289.0	1,069.5	1,322.5	75.7%	116.3%	90.4%	123.7%	774	3.3	3.9	7.2
Whipps Cross	SYRINGA	1,424.0	1,138.2	1,782.5	1,854.5	1,070.0	1,081.5	1,069.5	1,460.5	79.9%	104.0%	101.1%	136.6%	732	3.0	4.5	7.6
Whipps Cross	VICTORY	1,310.5	1,506.5	1,299.5	1,334.0	1,058.0	1,426.0	1,069.5	1,058.0	115.0%	102.7%	134.8%	98.9%	782	3.8	3.1	6.8

APPENDIX

Safe Staffing Fill Rates by Ward and Site

Mar-22

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	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	4,282.0	3,685.5	2,495.5	2,741.5	3,921.5	4,073.0	2,495.5	3,013.0	86.1%	109.9%	103.9%	120.7%	1,484	5.2	3.9	9.1
Newham	Custom House NUH	1,414.5	1,217.5	1,069.5	1,161.5	1,069.5	1,069.5	1,403.0	1,516.5	86.1%	108.6%	100.0%	108.1%	605	3.8	4.4	8.2
Newham	DELIVERY SUITE NUH	5,445.0	4,562.8	725.3	656.3	4,991.0	3,920.3	724.5	713.0	83.8%	90.5%	78.5%	98.4%	686	12.4	2.0	14.4
Newham	EAST HAM	1,782.5	1,886.0	1,069.5	1,092.5	1,426.0	1,784.5	1,069.5	1,564.0	105.8%	102.2%	125.1%	146.2%	710	5.2	3.7	8.9
Newham	HEATHER	2,136.5	1,863.0	1,069.5	1,145.5	2,139.0	2,221.5	1,069.5	1,610.0	87.2%	107.1%	103.9%	150.5%	782	5.2	3.5	8.7
Newham	LARCH	3,246.8	2,520.9	2,236.0	2,100.0	2,196.5	2,020.0	1,932.0	1,795.0	77.6%	93.9%	92.0%	92.9%	1,507	3.0	2.6	5.6
Newham	Manor Park ITU NUH	2,495.5	4,115.2	356.5	575.0	2,449.5	4,379.0	356.5	517.5	164.9%	161.3%	178.8%	145.2%	362	23.5	3.0	26.5
Newham	MAPLE	1,426.0	1,095.5	713.0	667.0	1,311.0	901.5	701.5	552.0	76.8%	93.5%	68.8%	78.7%	188	10.6	6.5	17.1
Newham	NEONATAL NUH	3,162.5	2,893.0	609.5	402.5	2,898.0	2,439.0	621.0	425.5	91.5%	66.0%	84.2%	68.5%	509	10.5	1.6	12.1
Newham	NUH MIDWIFERY	1,265.5	909.5	356.5	287.5	1,069.5	858.0	356.5	345.0	71.9%	80.6%	80.2%	96.8%	131	13.5	4.8	18.3
Newham	RAINBOW	3,154.5	2,288.0	1,135.0	986.0	1,782.5	1,840.0	356.5	575.0	72.5%	86.9%	103.2%	161.3%	310	13.3	5.0	18.4
Newham	SILVERTOWN	1,939.0	1,627.5	1,069.5	1,161.5	1,759.5	1,794.5	1,012.0	1,380.0	83.9%	108.6%	102.0%	136.4%	708	4.8	3.6	8.4
Newham	STRATFORD	1,391.5	1,736.5	1,069.5	1,127.0	1,357.0	2,070.0	1,046.5	1,184.5	124.8%	105.4%	152.5%	113.2%	513	7.4	4.5	11.9
Newham	WEST HAM	1,426.0	1,403.0	1,069.5	1,012.0	1,069.5	1,372.5	1,046.5	1,136.6	98.4%	94.6%	128.3%	108.6%	657	4.2	3.3	7.5
St Bart's	1C	5,962.5	4,438.5	356.5	460.0	5,669.5	4,564.5	184.0	391.0	74.4%	129.0%	80.5%	212.5%	334	27.0	2.5	29.5
St Bart's	1D	3,196.5	2,131.0	356.5	322.0	2,852.0	1,989.5	356.5	345.0	66.7%	90.3%	69.8%	96.8%	248	16.6	2.7	19.3
St Bart's	1E	4,976.5	3,910.5	356.5	302.5	4,968.0	3,775.0	356.5	344.5	78.6%	84.9%	76.0%	96.6%	233	33.0	2.8	35.8
St Bart's	3A SBH	4,646.0	4,147.5	1,426.0	1,322.5	4,623.0	4,427.5	1,426.0	1,368.5	89.3%	92.7%	95.8%	96.0%	794	10.8	3.4	14.2
St Bart's	3D SBH	1,552.5	1,506.5	1,196.0	1,096.5	1,495.0	1,380.0	954.5	931.5	97.0%	91.7%	92.3%	97.6%	31	93.1	65.4	158.5
St Bart's	4A SBH	1,782.5	1,610.0	975.0	1,021.5	1,426.0	1,322.5	356.5	632.5	90.3%	104.8%	92.7%	177.4%	631	4.6	2.6	7.3
St Bart's	4B SBH	1,583.5	1,366.4	1,227.0	897.0	1,426.0	1,299.5	713.0	643.5	86.3%	73.1%	91.1%	90.3%	517	5.2	3.0	8.1
St Bart's	4C SBH	1,771.0	1,433.5	954.5	713.0	1,403.0	1,310.0	954.5	885.5	80.9%	74.7%	93.4%	92.8%	492	5.6	3.2	8.8
St Bart's	4D & 4E SBH	1,785.0	1,428.0	713.0	605.9	1,621.5	1,138.5	713.0	770.5	80.0%	85.0%	70.2%	108.1%	291	8.8	4.7	13.5
St Bart's	5A SBH	2,153.2	1,906.5	892.0	798.0	1,364.0	1,226.0	341.0	627.5	88.5%	89.5%	89.9%	184.0%	447	7.0	3.2	10.2
St Bart's	5B SBH	1,423.0	1,270.0	711.0	552.0	1,426.0	1,403.0	356.5	494.5	89.2%	77.6%	98.4%	138.7%	325	8.2	3.2	11.4
St Bart's	5C SBH	2,122.0	1,549.5	713.0	575.0	1,748.0	1,621.5	356.5	552.0	73.0%	80.6%	92.8%	154.8%	477	6.6	2.4	9.0
St Bart's	5D SBH	2,125.0	1,593.5	713.0	598.0	1,782.5	1,612.5	713.0	634.5	75.0%	83.9%	90.5%	89.0%	461	7.0	2.7	9.6
St Bart's	6A SBH	6,400.5	5,654.0	356.5	310.5	6,417.0	5,669.5	356.5	345.0	88.3%	87.1%	88.4%	96.8%	330	34.3	2.0	36.3
St Bart's	6D SBH	1,782.5	1,440.3	1,069.5	621.0	1,426.0	1,058.0	713.0	701.5	80.8%	58.1%	74.2%	98.4%	460	5.4	2.9	8.3

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Report to the Trust Board: 2 March 2022	TB 21/22

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

Executive summary

The Audit and Risk Committee met on 9 February 2022 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

Key agenda items	**BAF entries**
External Audit progress report	11
Internal Audit progress report	11-13
Standing items on waivers, losses and counter fraud	11-13
QAC exception report	3-7
BAF and risk register	12
Raising concerns (Whistleblowing) policy	All

Key areas of discussion arising from items appearing on the agenda

BAF and Integrated risk report

The Committee spent significant time reviewing the high risk register and the BAF, including the steps to identify and refine risk tolerances in the BAF. The Committee recommended steps to capture risks relating to staff morale linked to vaccine mandate and late changes to this policy; to further assess whether longstanding risks had crystallised as issues requiring a different management approach; and recommended a full Board review of risk appetite (now scheduled in for a Board seminar in May, to support the 2022/23 BAF development).

Internal Audit report

The Committee spent time reviewing outcomes of recent audits (including further discussion of an *insufficient assurance* review considered by QAC) and development of the 2022/23 Internal Audit plan. It was agreed to commission a review of the approach taken elsewhere for Board level assurance of major transformation schemes (including, specifically go live processes). A positive report was also received on the outputs of a follow up review of the external quality assessment (conducted in the prior year to assess Internal Audit effectiveness).

Other items

The Committee approved a revised Raising Concerns (Whistleblowing) policy ahead of a broader Trust Board discussion planned for April's Board seminar. The Committee received its standing items as detailed above and looked ahead to the annual report and accounts process.

Any key actions agreed / decisions taken to be notified to the Board Approval of a revised Raising Concerns (Whistleblowing) policy
Any issues for escalation to the Board None

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes.

Action required by the Board The Trust Board is asked to note the Audit and Risk Committee exception report.

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Report to the Trust Board: 2 March 2022	TB 22/22

Title	Quality Assurance Committee Exception Report
Chair	Dr Kathy McLean, Non-Executive Director
Author / Secretary	Shalin Sharma, Deputy Trust Secretary
Purpose	To advise on work of Trust Board Committees

Executive summary

The Quality Assurance Committee met on 2nd February 2022 to discuss items on its agenda relevant to its terms of reference, matters related to current operational pressures and included a review of the status of actions around internal audits and BAF risks.

Key agenda items	**BAF entries**
Imaging Learning Review	4
Operational Performance	2
Workforce and Safeguards	8
Covid and Influenza vaccinations	2
Learning From Deaths Report	2
Coroner inquest for Newham Patient	2
Maternity Update	7
Quality Dashboard	2
Medicines Management Report	2
Internal Audit Progress Report	11
BAF Risks	10

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

- **Imaging Learning Review**
  The review was considered with agreement for this to be brought back to the April meeting exploring how services have been embedded in the hospitals, progress made and the learning shared.
- **Operational Performance**
  QAC agreed to write to clinical leaders to thank them for their efforts over the winter period. Given the risks, QAC was only partially assured that planned care and diagnostic trajectories would be met and agreed to review progress at the April meeting.
- **Learning From Deaths Report**
  QAC agreed the recommendations in the 2021 report. Steps would be taken to improve triangulation of learning from inquests with avoidable deaths reported in each hospital.
- **Maternity**
  QAC approved the proposed quality board maternity metrics and noted the update on the Maternity CNST Incentive Scheme. All actions from the first Ockenden and

Kirkup reports are scheduled to be covered off prior to publication of the 2nd Ockenden report and the 2nd Kirkup report in March.

- **BAF Risks**
  QAC undertook a deep dive into 2 BAF risks linking these to items appearing on the agenda (winter and imaging):

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

  and

  Failure to sufficiently progress on six identified clinical transformation workstreams (medicine, elective, pathways, safety, GCS and urgent care) impacts on recovery and associated funding.

  It was agreed a further 2 BAF entries would be reviewed by the committee in April.

Any issues for escalation to the Board
The Committee noted the following to be escalated/notified to the Board:

Inquest findings
The committee received a report on an inquest in December 2021 into the death of a patient at Newham Hospital in 2018. The coroner gave a narrative verdict including a conclusion of unlawful killing, and issued a Prevention of Future Deaths notice. It was noted that the case had not been referred to the police by the coroner. The committee was informed of the actions that had been taken since 2018 as a result of two internal serious incident investigations and an independent review of theatre safety.

Duty Of Candour Internal Audit report
QAC discussed a limited assurance report on Duty Of Candour. The committee were informed of the work being done to improve the overall quality, tone and transparency of the letters to patients, as well as the timeliness of responses. The committee was given assurance that the quality of letters would be expected to improve as a result of the requirement for more senior sign off. QAC requested a further detailed update in April in order to be assured that improvements are taking place and learning has been disseminated.

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.

Action required
The Trust Board is asked to note the report.

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Report to the Trust Board: 2 March 2022	TB 23/22

Title	Wellbeing Strategic Development Plan
Sponsoring Director	Group Director of People
Author(s)	Geraldine Cunningham, Associate Director of Culture Change and Trust Wellbeing Lead, Aurea Jones, People Strategy and OD Director;
Purpose	To approve the Wellbeing Strategic Development Plan
Previously considered by	People Board, Staff Partnership Forum, All HEBs, Group Executive Board

Executive Summary

Our aim to become an outstanding place to work encompasses the approach described in WeBelong, our People Strategy and our leadership framework, WeLead. Health and wellbeing and caring for our people to be the best they can be at work, is integral to the delivery of this aim. The Wellbeing Strategy describes our learning over the past two years and sets our ambition to have a sustainable approach to how we care for our people. It then focuses on the wellbeing priorities identified by colleagues from across our hospitals and Group Support Services. The Strategy has been co-designed with over 3,000 colleagues and in its final stages; we have consulted on a final draft with staff networks, the Staff Partnership Forum, Hospital People and Values Committees, Hospital Executive Boards, the People Board and the Group Executive Board.

Related Trust objectives	1. To create a truly inclusive organisation, without discrimination, based on a fair and just culture that helps us meet our ambition to be an outstanding place to work
Risk and Assurance	Assurance in relation to the above objective and below risk
Related Assurance Framework entries	5 Failure to restore planned care to restated capacity requirements (through elective activity plans, implementation of surgical hubs and outpatients transformation) at a pace consistent with staff recovery impacts on quality of care.
Legal implications/ regulatory requirements	None

Action required:

To approve the Wellbeing Strategic Development Plan

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 2 MARCH 2022

STRATEGIC DEVELOPMENT PLAN

1. INTRODUCTION / PURPOSE

We have learnt much from Covid and that the health and wellbeing of our people is more important than ever. The NHS People Plan and Our NHS People Promise highlight that if we don't look after ourselves and each other, we cannot deliver safe, high quality care to our patients and communities.

The business case is strong, particularly as we focus on how we recruit and retain our people; however the reality of embedding health and wellbeing into how we plan our work is more challenging. At the start of Covid, we responded to the immediate needs of colleagues, and asked 'what matters to you?' and took that learning to work with Barts Charity to develop our health and wellbeing infrastructure. Working with colleagues across our Group, we have now developed a new Wellbeing Strategy that will ensure that we not only build on our recent learning to create a sustainable approach to health and wellbeing, and also to stay close to the emerging research specifically related to the impact of Covid on NHS colleagues and further our approach to become an outstanding place to work.

Our Wellbeing Strategy is for all our colleagues across Barts Health; this includes all of our colleagues employed by partner organisations. We want to fundamentally make a significant cultural shift in how we approach wellbeing: traditionally we have always put patients first, and we are now putting a greater emphasis on putting our people first. This will require a systemic shift in how we design work, develop our leaders and recruit and retain people. We strive to create conditions for our people to be at their very best when they work at Barts Health.

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

2. BACKGROUND

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

1. Improved physical health and wellbeing
2. Improved mental health and wellbeing

3. Improved general health, linked to a healthy weight and diet

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

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

- Identifying Trust and site Wellbeing Leads to promote health and wellbeing and support colleagues to access the support available. The Leads were also supported by Wellbeing Prescribers, to help to further translate the offer.

- Agreeing principles with colleagues to identify the most appropriate approaches/activities/initiatives to enable sites to innovate locally.

- Maximising the use of support offered from external partners, to support colleagues across the Group, such as individual coaching, team coaching, freebies and discounts.

- Working in collaboration with Barts Charity, that has led to our ongoing partnership on wellbeing, and provided £4.5 million that enabled us to focus on what matters to our people.

- Providing psychological support to colleagues. Our patient clinical psychology team diverted their support to colleagues across Barts Health to provide psychological first aid to individuals and teams. Building on this, with support from Barts Charity, we put in place a Psychology Support Service.

- Setting up temporary Wellbeing Hubs on each site, which have now been funded by the charity to become permanent hubs.

- Putting in place a buddying system, where we linked with colleagues across the group to understand what mattered to them in real time, to ensure that we are meeting the needs of colleagues.

- Building two gardens at WXH and NUH.

- Making available team coaching and coaching for individuals.

- Utilising the national and local offer and ensuring our people could access resources as needed.

- And lots more……

3. BARTS CHARITY FUNDED SUPPORT

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

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

A Psychological Support team has been funded for 24 months, providing support to colleagues. Since April 2021, over 3,000 people and teams have accessed our Psychological Support service.

The NHS annual Staff Survey data provides us with feedback from our people about their working lives and has consistently highlighted that we are in the lower quartile for health and wellbeing, with very little improvement for many years. The 2020 Staff Survey demonstrated clearly that colleagues valued the positive actions that we have taken, with our Staff Survey questions about health and wellbeing increasing positively from 24% to 29%: a 5 percentage point increase in one year.

The table below shows the Group level results for questions related to health and wellbeing in the national Staff Survey. This will be updated once the NHS Staff Survey results for 2021 are published.

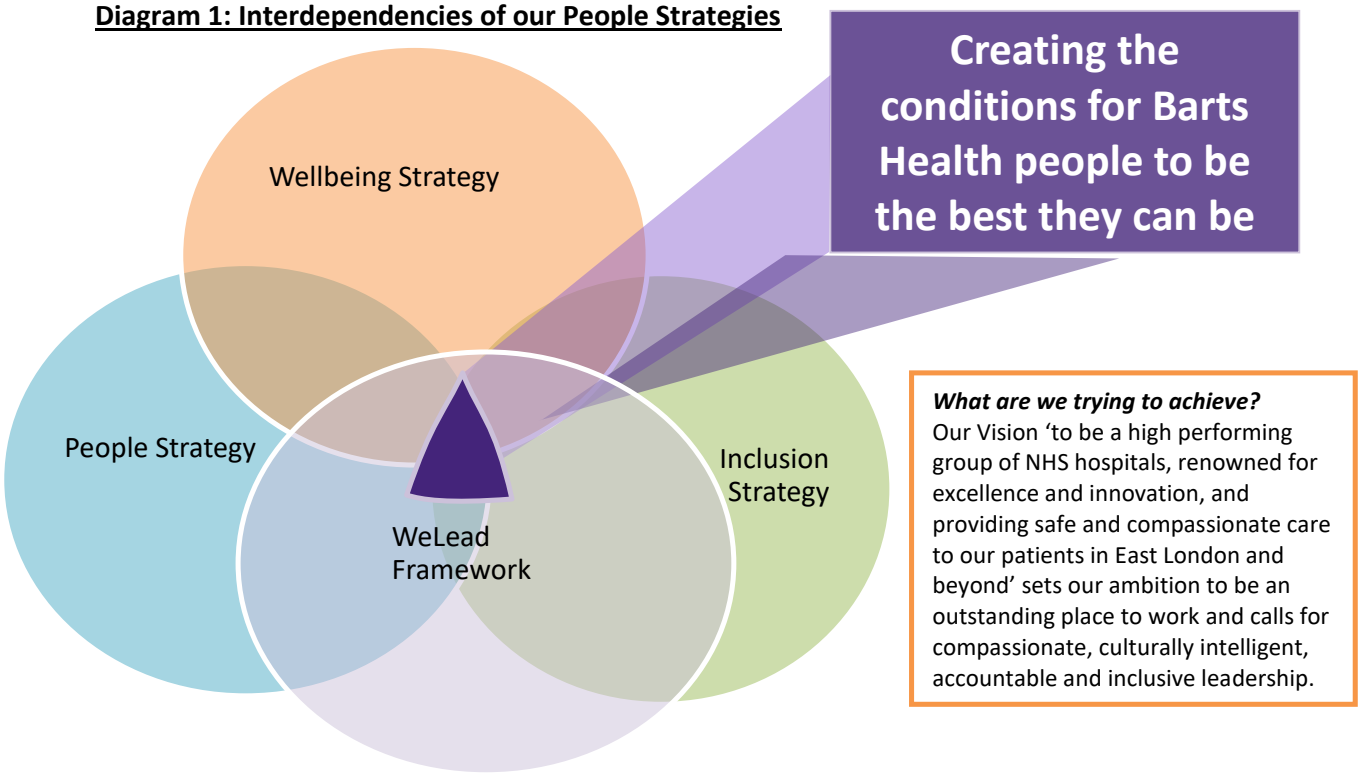
		2016	2017	2018	2019	2020 (movement from 2019	Picker Average	Your Organisation (Picker average)
Organisational work on health and wellbeing								
Q11a	Organisation definitely takes positive action on health and well-being	28%	28%	26%	24%	**29%**	32%	**29%**
Q5h	Satisfied with opportunities for flexible working patterns	48%	48%	50%	48%	**51%**	55%	**51%**
Staff health								
Q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	70%	68%	66%	66%	65%	71%	**65%**
Q11c	In last 12 months, have not felt unwell due to work related stress	60%	56%	57%	54%	**53%**	56%	**53%**
Q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	43%	42%	43%	41%	**51%**	52%	51%

4. CO-DESIGN OF THE WELLBEING STRATEGY

Recognising the learning from Covid, it was clear that we needed to develop a sustainable approach to health and wellbeing that reflected the new evidence available and our recent experience and builds on our existing core employee wellbeing offer (described at appendix 2). We have therefore taken a co-design approach to developing the Wellbeing Strategy. To date, we have worked with over 3,000 colleagues from across the Group, and we are proud that we have engaged with people at every level. This approach will ensure that the strategy is underpinned by what matters to our people and it will help us to achieve our vision of being an outstanding place to work.

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

Diagram 1: Interdependencies of our People Strategies



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

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

We recognise the interdependencies to the People Strategy (PS), WeBelong (WEBS), WeLead Framework (WLF), and the Health and Wellbeing Strategy (HWBS) and have mapped them here:

1. Ensuring **basic wellbeing needs are met** for every person at Barts Health (HWBS)
2. **Protecting time and flexibility** for all people to have team time and breaks and to access wellbeing enhancing initiatives and promote agile working (PS)
3. Encouraging **autonomy and sense of belonging,** decision making locally to empower people-driven changes (WEBS)
4. Promoting and enabling access to regular **wellbeing activities** on site (psychological support, financial wellbeing, exercise classes) (HWBS)

5. Providing **suitable, sustainable facilities** that promote all dimensions of health and wellbeing (green space, technology, rest spaces, healthy food) (HWBS)

6. Improve **communication** – encourage curiosity and ensure people feel listened to and heard, and actions followed. (PS)

7. Support everyone's development and specifically focus on our team leaders' **development opportunities** to enable them to be the best they can to support their own and others' wellbeing (WLF)

8. Review ability for people to maintain **physical wellbeing** at work (cycling, seating, stairs) (HWBS)

9. Provide **equitable support for all people** to truly embed an inclusive wellbeing culture (WEBS)

We then checked the nine priority areas against work streams in place and through further consultation with colleagues across our hospitals; we identified four priorities directly related to health and wellbeing:

- Getting the basics right
- Team leader development
- Psychological support
- Continuing to deliver our existing core offer

There is a fundamental belief from colleagues that until we address some of the basics, we will be unable to achieve Barts Health's overall vision. *"We don't want pizza and massage chairs, we want to come to work and have the things we need to do the job and we want to feel safe."* Over and over again, we heard this from individuals and teams at every level of Barts Health. We have had a strong commitment from each HEB and encouragement to be even bolder in our determination to get the basics right.

We believe that focusing on the four priority areas provides us with a good foundation to strengthen Barts Health's ability to become an outstanding place to work. We will focus our attention on these four areas for the next 12 months. We cannot impress enough how much getting the basics right means to our people. The culture change required to embed the changes, need our managers to be fully supported and equipped with the skills to support their own and their team's wellbeing.

5. KEY PRIORITIES - YEAR ONE

a) Getting the basics right

- To build our understanding of why getting the basics right sustainably is so difficult to address
- Establishing a framework for planning and assessing the basics, to ensure we have a good baseline of metrics (appendix 3) (drinking water, food,

ICT, safety of personal belongings, personal safety, GSS support being responsive to the needs of colleagues)
- Developing local improvement projects, to make changes
- Making sense of what we learn and embed into our ways of working
- Launching the Violence and Aggression Campaign

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

c) Psychological Support
- Build the business case for sustained dedicated psychological support available across the whole of BH
- Psychological drop-in sessions
- Team support, building psychological safety
- Compassionate leadership
- Access to online support
- Working across the ICS to ensure we maximise resources available to support our people as we learn more about the longer term impact of COVID
- Evaluate the impact of the psychological support service

d) Continuing to deliver our existing offer (Appendix 2)
- Work with our Communications team link person to ensure we widely disseminate our offer
- Review existing material with ongoing research and evaluation
- Build on national offer
- Continue to ask for feedback from colleagues

e) In order to deliver the Wellbeing Strategy for Barts Health, a sustainable source of funding is required for:
- An appropriate-sized wellbeing team at each hospital and GSS which does not rely on redeployed people
- Ongoing funding for upgrading and maintaining for rest spaces, and refreshments and sundries for use in these spaces
- 24 hour provision of healthy food and drink to Barts Health people
- Funding to allow teams to take time out for team development activity
- Ongoing projects to research and evaluate the impact of wellbeing interventions and roll out successful initiatives across the organisation

- Funding for a permanent psychological support service when the current funding from Barts Charity ends, including provision of administrative support and to cover parental leave
- Rollout of interventions which have proved their value in small tests of change, such as the cardiac testing of staff by ELOPE which identified problems and enabled early interventions to support the health of Barts Health people

6. NEXT STEPS IN THE MEDIUM TO LONG TERM

We will build on delivery of year 1 priorities, ensuring that our attention is given to completing the baseline metrics and taking action from the findings, to ensure that we can demonstrate improvements at six, nine and 12 months and further to ensure that we develop a sustainable approach. This will necessitate a robust governance process and ownership by the Hospital Executive Boards and Group Support Services Board.

We will continue to evaluate the impact of our psychological support service and wider wellbeing interventions and consider ways of sustaining these as we learn from evaluation, the research into the impact of Covid on our people and the national People Promise.

We will continue our collaboration with Barts Charity demonstrating value and learning from the investment received to date and working with the Charity to identify further Priority areas for support.

Each year we will review progress to inform the development of our priorities, paying attention in particular to the long term mental health impact of Covid on our people.

7. EMBEDDING THE GOVERNANCE OF WELLBEING INTO THE STRATEGY

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

- **Making wellbeing a priority** - People items to move higher up the agenda on all key governance meetings at hospital and Group level. Board paper and standard templates to be updated to include a section on wellbeing and inclusion, so that we always consider the impact of any changes. Ensuring robust governance of wellbeing so that we can commit to and demonstrate improvements.

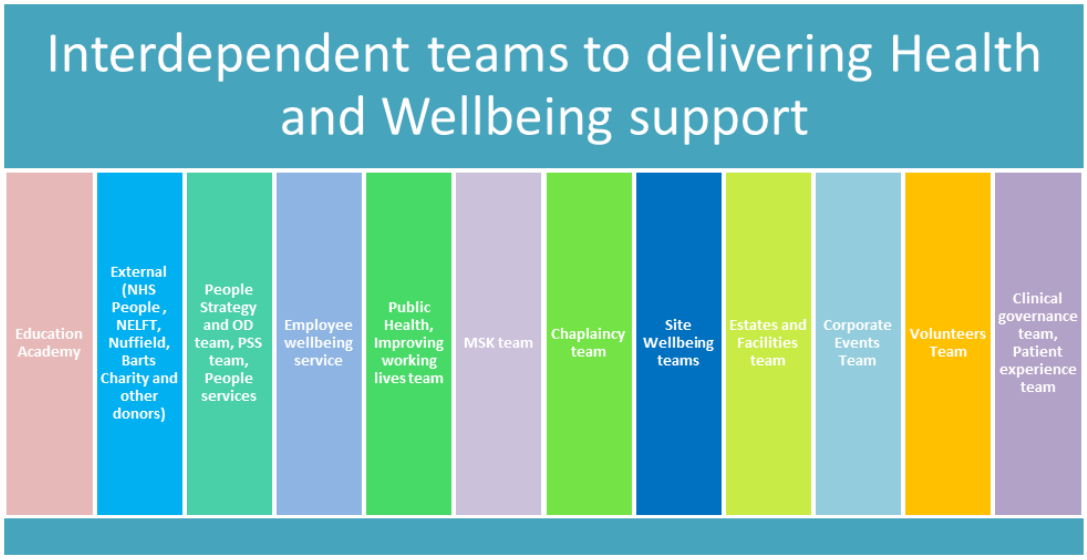
- **Getting the basics sorted** - Senior visits and clinical Fridays to start with our People areas, e.g. overnight rooms, hubs and rest rooms; leaders stepping into the shoes of frontline colleagues and committing to improving the basics; taking breaks, team meetings, 1:1s and appraisals becoming the norm. Establishing a baseline of metrics. Shadowing frontline colleagues.

- **Sustaining improvements** in health and wellbeing – commitment to invest, ensuring that that health and wellbeing is designed into every business case and capital development plan and using evidenced based approaches to new wellbeing initiatives.

- **WeLead** - a priority: clarity of role, qualities and leadership behaviours, made explicit for all leaders, starting with Team Leaders, so that they are supported in their development and to lead their team with compassion.

- **Communication** – Create conditions for colleagues to be curious and feel listened to and heard and evidence that things improve as a result of curious conversations. Develop psychological safety and a culture that supports speaking up. Colleagues have specifically requested that we change our language from 'staff' to 'our people' or 'colleagues' in our communications.

- **Interdependent Teams** - We will continue to ensure that that we engage all the interdependent teams in the delivery of the strategy.



8. COLLABORATION

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

The Tavistock Workforce Stress and the supportive organisation framework is a framework (see diagram 2) that through reflection, curiosity and change, aims to help an organisation create the right conditions for improving staff wellbeing, to provide a way of effectively engaging staff to influence positive change, and to provide the

opportunity for staff to think in a structured (evidence based) way about what drives wellbeing in their organisation (or their team or department) and what systemic changes are needed.

We will use the Tavistock model to help embed system wide changes to support the implementation of the Health and Wellbeing Strategy.

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

9. RECOMMENDATIONs

The Trust Board is asked to note the co-design process that has been followed in the development of the Wellbeing Strategy and the subsequent engagement with Hospital and GSS Boards to ensure wide involvement with setting our wellbeing priorities.

1. Build and sustain a wellbeing team on each hospital site
2. Align the wellbeing strategy with investment, for example through the investment gap assessment project, to enable sustained investment in the wellbeing of all of our colleagues

3. Develop robust governance approaches to ensure we continuously develop the wellbeing offer for our people at Barts Health
4. Support developing a business case to have ongoing funding to sustain our wellbeing activity.

The Board is asked to approve the Wellbeing Strategic Development Plan.

Appendix 1

BARTS CHARITY FUNDED SUPPORT

On-call rooms - John Harrison House, RLH

Post makeover

Pre makeover

On Call rooms - NUH

Post makeover

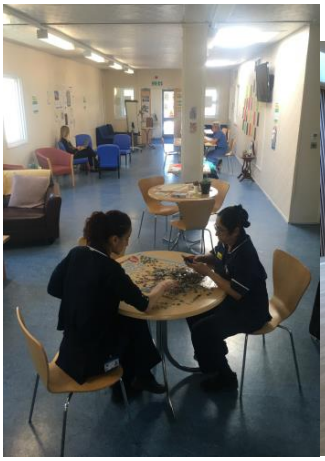
Pre maker over

St Bartholomew's Hospital - Health & Wellbeing Hub

Whipps Cross Hospital - Wellbeing Hub

Pre makeover

Post makeover



Appendix 2

Wellbeing Offer

Internal support:

- Employee wellbeing service -https://weshare.bartshealth.nhs.uk/ews
- Guardian of safe working – https://weshare.bartshealth.nhs.uk/gsw
- Chaplaincy support - https://www.bartshealth.nhs.uk/chaplaincy
- Inclusion centre contact - diversityninclusion.bartshealth@nhs.net
- Education academy resources - https://learning.bartshealth.nhs.uk/#/login; contact : Laura Zarb – laura.zarb@nhs.net
- Employee Assistance Call: 0800 085 1376 Email: assist@cic-eap.co.uk (open 24/7)
- Financial advice - https://weshare.bartshealth.nhs.uk/saving-money
- Restaurants and dining - https://weshare.bartshealth.nhs.uk/restaurants-and-dining
- Keeping fit and active - https://weshare.bartshealth.nhs.uk/active
- Looking after your mind - https://weshare.bartshealth.nhs.uk/your-mind
- Psychological support service – https://weshare.bartshealth.nhs.uk/trustwide-news/new-psychological-support-service-available-for-staff-11934
- Wellbeing hubs – RLH – 7th Floor, North tower, The Calm space at ACCU; SBH – North wing, NUH – St Andrews wing, 1st Floor, WXH – Education centre dining room, junction 11.(https://weshare.bartshealth.nhs.uk/trustwide-news/wellbeing-hubs-10051
- Green at Barts - https://weshare.bartshealth.nhs.uk/green-at-barts-health
- Support at work - https://weshare.bartshealth.nhs.uk/support-at-work
- Guardian of safe working – https://weshare.bartshealth.nhs.uk/gsw
- Chaplaincy support - https://www.bartshealth.nhs.uk/chaplaincy
- Memorial garden - https://weshare.bartshealth.nhs.uk/memorial-garden
- Inclusion centre contact - diversityninclusion.bartshealth@nhs.net
- Reducing violence and agression campaign and support**:** https://weshare.bartshealth.nhs.uk/trustwide-news/we-are-launching-our-violence-and-aggression-campaign-12082
- Team leader support - https://weshare.bartshealth.nhs.uk/welead

External support:

- NHS People support - https://people.nhs.uk/
- Keeping WellNel - https://keepingwellnel.nhs.uk/share-shape/

Appendix 3

Baseline metrics

The baseline questions were developed in collaboration with the wellbeing leads, building on feedback from colleagues across all of Barts Health. The baseline audit will be completed by the end of February.

Creating the conditions for health and wellbeing

1. Can you store your personal belongings safely while you are at work? (car, bicycle, money, etc)
2. Do you usually take your breaks? (could we probe)
3. Do you have easy access to drinking water?
4. Do you have access to buy food while at work?
5. Do you have somewhere to relax during your break?
6. Do you have the equipment/tools you need to do your job? (probe what equipment/tools)
7. Do you feel physically safe at work?
8. Have we missed anything that matters to you?

Barts Health NHS Trust

Report to the Trust Board: 2 March 2022	TB 24/22

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

Executive summary

In January 2022, the Trust Board received a report on the progress of the Whipps Cross Redevelopment programme, including: 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 our continuing communications and engagement work with community groups, local residents and political representatives. This paper provides an update on: mobilising an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care; next steps of our 'enabling works'; an update on the New Hospital Programme; and, finally, our continuing communications and engagement work with community groups, local residents and political representatives.

Related Trust objectives	
• SO3 Service Transformation	
Risk and Assurance	This report provides assurance in relation to the below BAF entry.
Related Assurance Framework entries	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
Legal implications/ regulatory requirements	None

Action required by the Board

The Trust Board is asked to note:

- the work under for mobilising an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care;
- next steps on the 'enabling works';
- the update on the New Hospital Programme; and
- our continuing communications and engagement work with community groups, local residents and political representatives.

Barts Health NHS Trust

BARTS HEALTH NHS

REPORT TO TRUST BOARD: 2 MARCH 2022

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. In January 2022, the Trust Board received a report 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.

2. This paper provides an update on: mobilising an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care; next steps of our 'enabling works'; an update on the New Hospital Programme; and, finally, our continuing communications and engagement work with community groups, local residents and political representatives.

WHIPPS CROSS REDEVELOPMENT UPDATE: SUMMARY POSITION

3. Overall the programme has started 2022 in a strong position, given the progress experienced over the previous year, which has been reported previously. This puts the programme in an advanced position to proceed once given the 'green light' by the national New Hospital Programme (NHP) to finalise our Outline Business Case (OBC) for submission and approval.

A COLLABORATIVE APPROACH TO SERVICE TRANSFORMATION

4. Whilst we wait for further guidance from the NHP, we have continued to work with our local health and care partners to mobilise a new integrated delivery framework, to oversee the planning and delivery of service transformation across the Whipps Cross catchment area. We anticipate this framework for closer collaboration between partners to be in place from April, emphasising the importance of a system-wide approach to transformation that will lead to improvements in the health and wellbeing of our local population in a way that also supports a new hospital for Whipps Cross.

End-of-Life Care

5. As previously reported to the Board, the hospital will continue to provide high-quality specialist palliative and end-of-life care in the new hospital, though we have yet to decide how we will organise and configure it, as we have for many of our inpatient services. Meanwhile, in line with the increasingly collaborative approach for planning and delivering service transformation, Barts Health and local partners – including North East London CCG, North East London NHS FT, St Joseph's Hospice and Saint Francis Hospice – have begun to work together to develop a single, coherent strategy for the future of specialist palliative and end-of-life care for people across the Whipps Cross catchment area.

6. This work will consider how services could be delivered from the Margaret Centre and whether the unit itself would remain at Whipps Cross site or be re-provided elsewhere in the Whipps Cross catchment area. It will also need to set out how providers of care respond to what people say they want, such as receiving the support to die at home should that be their choice.

7. Dedicated project management resources are currently being secured for the work. The work will be undertaken over the coming months, supported by clinicians and a service user and carer forum, building on the existing clinical and public engagement and the work being planned to strengthen the involvement of our local communities, so that services are sensitive and responsive to different needs and cultures.

8. We anticipate the work will culminate in the publication of a set of proposals in late summer 2022.

DELIVERING OUR ENABLING WORKS PROGRAMME

9. The first phase of our enabling works programme - the demolition of the disused buildings on the site of the former nurses' accommodation and the temporary re-provision of hundreds of car parking spaces – will be completed imminently. This paves the way for the second part of our enabling works programme, which is the construction of a 500-space multi-storey 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.

10. We aim to submit a detailed business case for the approval of - and national funding for - this second phase of enabling works shortly. Subject to approvals, we anticipate that the construction of the new car park could begin during the summer 2022.

NEW HOSPITAL PROGRAMME UPDATE

11. As we reported in January, 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.

12. We have been informed by the NHP team that they are working towards securing approval of a programme business case with HM Treasury in the next few months. Its purpose is to strengthen the case to Treasury in justifying the strategic, financial and economic rationale of the national programme and how the programme needs to organise itself and engage with the construction market to ensure delivery. The case will also need to respond to the economic and inflationary pressures associated with a 10-year hospital building programme.

13. We will continue to work closely with NHP colleagues over the coming period, as we now know that the national programme business case will not provide scheme-specific assessments or agree funding envelopes for individual schemes, such as that for Whipps Cross. This will only begin to be determined once the Treasury has endorsed the programme business case.

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 further two redevelopment newsletters**, providing a comprehensive update on progress to our stakeholders and community groups, which can be viewed at the following link;

- published a document that sets out **a summary of the extensive communications and engagement activities** on the Redevelopment programme since 2016, which can be viewed at the following link;

- **held meetings** with each of the **Whipps Cross Community Forum** and our **Residents' Representative Forum**; and

- presented, alongside our local system partner colleagues, at the **Whipps Cross Joint Health Overview and Scrutiny Committee** on 26 January, which focused on the approach the programme has taken to model future activity and capacity assumptions, as part of the development of the business, in the context of the system-wide service transformation being planned and/or delivered.

CONCLUSION AND RECOMMENDATIONS

15. The Board is asked to note:

- the work under for mobilising an integrated delivery framework for service transformation, including next steps on developing a coherent strategy for the future of end-of-life care;

- next steps on the 'enabling works';

- the update on the New Hospital Programme; and

- our continuing communications and engagement work with community groups, local residents and political representatives.

Barts Health NHS Trust

Report to the Trust Board: 2 March 2022	TB 25/22

Title	Progress update on implementation of the recommendations from the Ockenden and Kirkup reports
Accountable Director	Chief Nursing Officer
Author(s)	Group Director of Midwifery
Purpose	To update the Board on the Trust's response to the Ockenden and Kirkup reviews of Maternity Services
Previously considered by	Group Executive Board

Executive summary

This paper provides the Board with an overview of the position of the Trust in relation to the recommendations from the immediate and essential actions from the interim Ockenden report published in December (2020) and the completion of actions from the Kirkup Review (2015). The report also describes:

- The current challenges to recruitment in midwifery and the actions being taken.
- The findings of the CQC maternity survey published in February 2022 and our approach to improvement
- A brief update on work underway to finalise a new model of governance and oversight for maternity services across the Trust as part of the refresh of the Group Operating Model.

Related Trust objectives	To restore and transform clinical services, finding new and innovative ways to reduce waiting list backlogs, and making material progress against our Quality Strategy
Risk and Assurance	Assurance in relation to the above objective and below risk
Related Assurance Framework entries	7. Delays to implementing Ockenden review recommendations impacts on quality and safety of maternity care provision
Legal implications/ regulatory requirements	None

Action required:

To discuss the report

Barts Health NHS Trust

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 2 MARCH 2022

MATERNITY ASSURANCE REPORT

1. Introduction

1.1. This paper provides the Board with an overview of the position of the Trust in relation to the recommendations from the immediate and essential actions from the interim Ockenden report published in December (2020) and the completion of actions from the Kirkup Review (2015). It also updates the Board on the recently published maternity survey.

2. Ockenden report

2.1. The interim Ockenden report (2020) was written following a review at the Shrewsbury and Telford Hospital NHS Trust following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at the hospital. The former Secretary of State for Health and Social Care, Jeremy Hunt instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at that Trust.

2.2. A year on from the report publication and ahead of publication of the full report of the Ockenden Enquiry and the expected report by Bill Kirkup into concerns at East Kent hospitals, all Trust Boards have been asked (in a letter from the NHSE Chief Nursing Officer and Chief Operating Officer) to review progress with implementation of the 7 Immediate and Essential Actions (IEAs) outlined in the Ockenden report and the plan to ensure full compliance. The discussion should also cover Maternity services workforce plans.

2.3. The letter also makes reference to the original recommendations made by Bill Kirkup in his report into Morecambe Bay.

3. Current position

3.1. The Trust is compliant with the majority of the Ockenden 7 IEAs (see appendix 1). Of the 112 actions related to clinical priorities, 6 are outstanding:

- Strengthen our reporting of the Maternity Dashboard to Local Maternity and Neonatal System
- Reinstate non-executive safety champion walk about

- Formalise local pathways and referral criteria to maternal medicine centre
- Finalise the antenatal care guideline
- Standardise documentation of risk-assessment of women at every antenatal appointment
- Audit the use of personalised care plans

4. Maternity staffing

4.1. Midwifery

3.1.1. Safe Midwifery staffing levels are vital to the provision of safe maternity Services. The maternity services at Barts Health NHS Trust use the nationally recommended tools and guidance to maintain safe staffing locally and guide recruitment, local escalation and day to day monitoring.

3.1.2. Recently we have had significant challenges around maintaining safe midwifery staffing due to:

- Increased activity and complexity of women and babies
- Increasing background vacancy rate
- Sickness absence due to Covid-19 and other reasons
- Self-isolation due to Covid-19

3.1.3. The maternity team have been working to maintain safe staffing levels and have plans in the short, medium and long term to tackle the challenge. Midwifery staffing across the UK is a challenge in terms of recruitment and retention. Barts Health, along with other London Trusts, has faced the challenge of vacancies, a lack of experienced midwives leading to skill mix challenges and a 10% turnover of staff. Maternity services continue to care for women with COVID 19. Some of these have been unwell, requiring HDU care within the maternity service or transfer to ITU. Workload in maternity fluctuates due to the unpredictability of the activity leading to peaks and troughs in activity and acuity. The labour wards can be similar to emergency departments with little control over levels of activity.

3.1.4. In the past 18 months work has been undertaken to further improve the resilience of the services to cope with these peaks and troughs in activity. These have included:

- Twice daily Maternity Staffing Huddles continue, with additional huddles if needed.
- Maternity bleep holder at all hospitals
- Communication and collaboration with the hospital site teams and on call managers
- Senior Midwife on call rota remains in place with on-site presence at weekends when needed
- Improved planning of elective activity with cross site consideration to manage workload
- Using registered nurses and additional support staff to mitigate midwifery gaps

- Redeployment of specialist midwives and the senior team into clinical shifts
- Daily/weekly SitRep reporting to NHSE regarding safe staffing

4.2. **Midwifery Vacancies/Recruitment**

4.2.1. We currently have a midwifery vacancies rate of 15.6% across the Trust. There are specific vacancy hot spots within the services. The hospitals have recruitment plans in place that include the following measures:

4.2.2. Short term:

- Engagement with international recruitment programme
- Ensuring swift on boarding of midwives in the current pipeline
- Improvements to our advert wording
- Recruitment video
- Close monitoring of recruitment numbers

4.2.3. Medium term

- The service has been given £150k from NHSE to improve preceptorship support, this will allow us to significantly increase the number of preceptor midwives (external) that we recruit
- Upskilling our maternity support workers

4.2.4. Long term

- In the past two years we have increased the overall number of student midwives per year by 8, we will continue to increase these numbers.

4.2.5. Our 3 yearly Birth rate plus assessment is underway with the final report expected imminently. The outcome of the assessment will be presented to the Trust board with the annual safe staffing paper.

4.2.6. Birth rate plus Birthrate Plus® (BR+) is the evidence based staffing tool recognised by NICE and the Royal College of Midwives. Following the process of BirthRate Plus® audit in 2019, there has been an increase in the midwifery staffing establishment.

4.2.7. The current funded midwifery to birth ratio:

- Royal London -1:23
- Whipps Cross - 1:28
- Newham – 1:25

4.2.8. This ratio reflects local variation in midwifery models and activity/complexity.

4.3. **Medical workforce**

4.3.1. The service undertakes an annual job planning process that involves demand and capacity, service development and professional development requirements. As part of the gap analysis following the Ockenden report, a number of gaps in consultant staffing were identified, such as; lack of dedicated Fetal Wellbeing Lead Consultant Obstetrician at WXH and a shortfall of consultant presence on Labour ward. Barts Health received Ockenden funding for 2.2WTE (less than requested) consultant obstetricians. This funding has been distributed across all the hospitals. Business cases are under development for additional investment through the annual business planning process to address shortfall of 7.8 WTE.

4.3.2. The junior doctor rota is staffed with a mixture of General Practitioners Vocational Training Scheme, deanery trainees and foundation trainees. Gaps in the rota are managed through a Clinical Fellow rota, which has the benefit of providing professional development opportunities whilst providing cover for gaps in the rota. The service also develops business cases for any additional FTE required.

5. Kirkup review

5.1. The Kirkup report (2015) was written following an independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust from 2004 to 2013. There were some serious failings identified as part of the review. The findings of the Kirkup Report were related to failings at almost every level, from the maternity unit to those responsible for regulating and monitoring the Trust.

5.2. Of the 44 recommendations from the Kirkup Report, 18 apply to Trusts. Barts Health is compliant with 15 of the 18 recommendations that relate to Trusts. Where there are gaps and additional action required, these are detailed in the attached document (see appendix 1). The main areas include:

- Clinical Risk Assessment at every appointment – currently being done but limited evidence available due to hybrid record keeping (paper / electronic).
- A need to increase safety champions walkabouts with robust evidence of actions taken following staff feedback.

6. Maternity CQC patient experience survey

6.1. The NHS Maternity Survey 2021 published in February 2022 was carried out by Picker on behalf of the Trust, surveying the views of all eligible women who delivered in February 2021. The Maternity Survey has undergone several significant methodology changes, and

now runs every two years. Prior to the 2021 survey, the Maternity Survey last ran in 2019. The 2020 survey was cancelled due to COVID-19, with Picker running a voluntary new mother' experiences of care survey. All 2020 results within this report refer to the new mothers' experiences of care survey. This report shows results in comparison to the average of the 66 organisations who work with Picker (the "Picker Average") and Barts Health performance historically.

6.2. A total of 87 questions were asked in the 2021 survey, of these 52 can be positively scored, with 41 of these which can be historically compared. The Trusts results include every question where the organisation received at least 30 responses (the minimum required)

Top 5 scores vs Picker Average	Trust	Picker Avg
F1. Given a choice about where postnatal care would take place	46%	38%
B5. Given enough information about where to have baby	80%	76%
C10. Involved enough in decision to be induced	87%	83%
F20. Felt GP talked enough about physical health during postnatal check-up	68%	65%
C9. Felt they were given enough information before induction	89%	87%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
F6. Saw the midwife as much as they wanted (postnatal)	44%	61%
C18. Not left alone when worried (during labour and birth)	62%	75%
B16. Provided with relevant information about feeding their baby	72%	81%
B12. Given enough support for mental health during pregnancy	74%	82%
B10. Asked about mental health by midwives (antenatal)	83%	91%

Most improved scores	Trust 2021	Trust 2020
B13. Given the help needed by midwives (antenatal)	90%	87%
B15. Involved enough in decisions about their care (antenatal)	95%	93%
B14. Spoken to in a way they could understand (antenatal)	99%	99%
F16. Received help and advice about feeding their baby (first six weeks after birth)	82%	82%

Most declined scores	Trust 2021	Trust 2020
B16. Provided with relevant information about feeding their baby	72%	81%
B5. Given enough information about where to have baby	80%	88%
D6. Treated with kindness and understanding (in hospital after birth)	86%	93%
F13. Given information about changes to mental health after having baby	84%	91%
C18. Not left alone when worried (during labour and birth)	62%	68%

6.3. The survey result by hospital has shown the following:

6.3.1. Newham hospital has seen an overall increase in the number of positively scored questions. Comparisons with similar organisations demonstrated that NUH performed:

- Significantly better in 5 questions
- Significantly worse in 0 questions
- No significant difference in 47 questions

6.3.2. Whipps Cross Hospital survey results are comparable to previous survey results:

- Significantly better in 1 question
- Significantly worse in 1 question
- No significant difference in 50 questions

6.3.3. Royal London Hospital results show a decline in women's score from previous survey. It is this survey result which has contributed to the Trust being identified as an outlier:

- Significantly better in 1 question
- Significantly worse in 6 questions
- No significant difference in 46 questions

6.4. The areas of concerns were: not being treated with kindness and dignity, not given enough information on how to feed their baby, left alone when worried, not given enough advice and support at the start of labour

6.5. Each hospital has developed an action plan in response to the survey findings which is supported by a cross site plan that covers the following themes: information on where to have their baby, feeding support, information about mental health changes after having their baby. In addition to developing an action plan and with the support of our Maternity Voices Partnership (Service user group) Chairs, the services will be hosting a workshop to develop a work plan in response to the areas of priority identified by women. As well as the above, Matrons and patient experience midwives also undertake daily walkabouts; any concerns from women are addressed immediately.

6.6. We recognise some of the changes to our pathways in response to the evolving nature of the COVID-19 pandemic and the impact of staffing challenges, had on some women's experience of our maternity services. The majority of these changes and restrictions have been lifted. It is hoped that this and the measures outlined above will help to improve women's experience of our maternity services.

7. Maternity Governance

7.1. We are currently refreshing the governance and oversight for maternity services across the Trust as part of the refresh of the Group Operating Model. This will include how we work within the Trust at group and hospital level and within the context of the Acute Collaborative and Local Maternity and Neonatal System. It is planned that this will be operationalised from April. These changes will enable more strategic connectivity and engagement of all stakeholders.

8. Conclusion

8.1. Despite the operational pressures in maternity service due to the pandemic, our Maternity services continue to make good progress against the seven IEAs from the original Ockenden report and are compliant with the majority of the recommendations in the Kirkup report.

Action plans are in place where further work is required. These will be shared with the Regional Chief Midwife.

8.2. Pressures on staffing in maternity services are being proactively managed.

8.3. Our Maternity Survey results are disappointing but by working closely in partnership with local women and the MVPs which was challenging during the height of the pandemic, we are confident that the plans being put in place to improve the experience of women will deliver early improvements.

8.4. An update will be provided in six month following the completion of outstanding actions and implementation of new governance arrangements.

9. Actions for the Board

9.1. The Board is asked to:

- Note progress on the implementation of the interim Ockenden (2020) and Kirkup (2015) recommendations and the challenges regarding midwifery staffing and the plans in place to improve recruitment.
- Note the actions being taken in response to the CQC maternity experience survey.

Barts Health NHS Trust

Appendix 1

Ockenden and Kirkup Action Plan

Key for RAGBW rating of Actions:

(**W**)hite = Not yet started	(**G**)reen = Completed	(**A**)mber = In progress	(**R**)ed = Due but not complete

Action number	Specific	Measurable	Action	Timescale	Person Responsible	RAG rating/date action completed	Progress update
1	Maternity Dashboard to LMNS every 3 months	Minutes and agendas of LMNS safety group to refer to maternity dashboard	To present (quarterly) maternity dashboard at LMNS safety subgroup .	01/06/2022	ADoMs		Safety metrics are discussed at LMNS level but not in the form of the Maternity Dashboard report. LMNS wide dashboard is being developed at present – awaiting more guidance from regional team.
2	Non-executive director who has oversight of maternity services	Evidence of ward to board and board to ward activities e.g. NED walk around and subsequent actions	NED to walk around and listen to staff concerns and report on the actions taken	01/04/2022	Safety Champions		Kathy Mclean, Chair of QAC is our NED maternity Safety Champion. Walk rounds for NEDs have not been possible during the Pandemic – these are being re-established from March We hold regular meetings with our NED to update on Safety Champions progress.
3	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	SOP to be created that demonstrates maternal medicine pathways	01/06/2022	Obstetric physician – lead for maternal medicine		National Maternal Medicine pathways discussed but further work needed to define process at a local level. The Royal London is a tertiary centre and these pathways need to be written, formalised and agreed across the LMNS.
4	Compliance with all five	Guidelines with	Incorporate all the	18/03/2022	ADoM (WXH)		Awaiting for the final guideline –

	elements of the Saving Babies' Lives care bundle Version 2	evidence for each pathway	comments into the final version of the guideline prior to ratification				Antenatal Care Guideline to be ratified at March Perinatal Board
5	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	SOP that includes definition of antenatal risk assessment as per NICE guidance.	Create a SOP re: risk assessment.	18/03/2022	ADoM (WXH)		The Perinatal Institute handbook is the handheld records used by Women. A risk assessment is done at booking for all women. Page 15 shows the on-going tool used for each appointment. SOP is being developed.
6	Women must be enabled to participate equally in all decision-making processes	Audit of notes to be presented at audit meeting demonstrates women's involvement in the decision making about their care	Site audit midwives to audit 1% of the notes	31/03/2022	Site audit midwives		Women centred care and partnership is part of philosophy of Maternity. This is evidence in Personalised Care Plans (PCP) discussions. However, due to increased activity and acuity in clinical areas, we were not able to complete this audit. We are planning to restart this work in March.

Barts Health NHS Trust

Report to the Trust Board: 2 March 2022	TB 26/22

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

Executive summary

This paper documents the use of the Trust Seal on the following occasions:

24 January 2022

- A lease in relation to land at Whipps Cross Hospital, Front Lea Bridge Road, London E17 between Barts Health NHS Trust and Richard Stanley Wood (trading as Maslen Motors).
- A lease of private patients unit at and forming part of the former Pathology Building and RSQ building, Giltspur Street, West Smithfield between Barts Health NHS Trust and Nuffield Health
- Agreemeng of sub consultant warranties for WSP UK Ltd and Hoare Lea LLP in relation to NEL4 professional services appointment between Barts Health NHS Trust and Ryder Architecture Ltd (Architect Led Design Team)
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Related Trust objectives
n/a

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

Legal implications/ regulatory requirements	The Trust's lawyers were involved in drawing up the documents requiring sealing.

Action required by the Board

The Trust Board is asked to ratify the use of the Seal on the occasions listed above.

Barts Health NHS Trust public board meeting: Wednesday 2 March 2022
Written questions from members of the public

Waltham Forest Save our NHS campaign group (Jim Fagan)

Question
1. Payment plans for undocumented migrants a) How many migrants deemed ineligible for free NHS care were paying their debt to Barts Health via a payment plan in 2020/21? How many migrants deemed ineligible for free NHS care were/are paying their debt via payment plan in 2021/22? b) What was the average total debt being paid by these migrants (on payment plans) in 2020/21 and 2021/22? c) How many of these payment plans amounted to £25 per month or less during 2020/21 and during 2021/22? d) How many of these payments plans were being paid by people who had declared themselves to be destitute to Barts Health? e) How many debts owed by migrants deemed to be ineligible for free NHS care were written off by the Trust in 2020/21 and 2020/22, and what was the average total debt written off per individual?
2. Income from private patients a) How much income did the Trust earn from private patients during 2020/21, excluding income from so-called "overseas patients" (ie migrants resident in London who are deemed ineligible for free NHS care). b) How much income is the Trust projecting it will earn from private patients in 2021/22, 2022/23 and 2023/24 excluding income from so-called "overseas patients" (ie migrants resident in London who are deemed ineligible for free NHS care)? c) Will any beds in the new Whipps Cross hospital be allocated to private patients? If so, how many? d) How many beds are allocated to private patients now at Newham Hospital, St Barts Hospital and the Royal London Hospital? e) How many beds are projected to be allocated to private patients in 2021/22, 2022/23 and 2023/24 at Newham Hospital, St Barts Hospital and the Royal London Hospital?

Questions to Barts Board meeting of 2 March 2022 on behalf of Waltham Forest Age UK – (Ms Terry Day)

1. Loss of muscle mass whilst confined to bed

Your website states: For every 10 days of bed-rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80-years old, and building this muscle strength back up takes twice as long as it does to deteriorate. One week of bed-rest equates to 10% loss in strength, and for an older person that can make the difference between dependence and independence.

Question
a) Does an older person who is lying in bed at home experience muscle ageing and loss of strength at the same rate as an older person lying in bed in hospital? b) How much muscle mass would an older person lose in 4 weeks spent lying in bed waiting for an assessment by a community physio/OT? Is 4 weeks bedrest at home likely to reduce their chances of regaining the level of mobility they had prior to hospital discharge?

2. Rehabilitation therapies (physio and OT) / toileting

We understand that for an older person discharged home from Whipps Cross under Pathway 1, the current waiting time to be seen and assessed by a community-based physiotherapist or occupational therapist is around 4 weeks.

Question
a) If an older person was mobile and able to use the toilet independently before they were admitted to hospital, would it be a reasonable expectation that they receive NHS rehabilitative therapy to help them regain that level of mobility? b) Do the physiotherapists and occupational therapists based on the wards at Whipps Cross, especially those wards catering for frail elderly people, do actual therapy with patients whilst they are on the wards, or do they only undertake assessments to expedite the discharge of frail elderly patients?
3. Toileting a) Does an older person in hospital, who is able to control their own bowel movements and urination and can mobilise with assistance, usually get help to go to the toilet from a nurse or HCA? b) How long would it be considered acceptable for an older person to lie in a soiled incontinence pad whilst they are in hospital? Does lying in a soiled incontinence pad increase the risk of pressure sores? c) How long is it considered acceptable for an older person to lie in a soiled incontinence pad once they have been discharged home?

4. Learning from Case Studies of older people recently discharged into the community from Whipps Cross Hospital

We understand that the Trust's Chief Executive, Dame Alwen Williams, is now playing a key role in supporting the system-wide programme of service transformation, including in community and primary health services. We have come across a number of cases where the current arrangements for so-called "Integrated Discharge" are clearly not working well for frail older patients or their families.

Question
a) Would Dame Williams be willing to meet with us to explore the policy and practice issues arising from the cases we have come across? We believe this would help her approach her task in terms of service transformation from a perspective informed by grass roots experience in the community health services. b) Would the Board consider hearing about one of the cases we have come across (a patient recently discharged, then readmitted, to Whipps Cross Hospital) in the Patient Story slot at a future Board meeting?

Question to Barts Board meeting of 2 March 2022 on behalf of Action 4 Whipps – (Mr Geoffrey Wolfson)

The future of the Connaught Day Hospital at Whipps Cross Hospital (WXH), and of holistic services for the frail elderly with complex conditions. In its 2019 document Whipps Cross Health and Care Services Strategy, Barts Health NHS Trust sets out its vision for the new Whipps Cross Hospital. The document notes the projected increase of 26% by 2029 in the number of people aged over 65 as a proportion of the catchment population (soon after the new hospital is planned to open). In planning for the sustainability and capacity of the new hospital after 2029, it is important to take into account the continuing projected growth of over-65's and over-75's both in absolute numbers and as a proportion of the WXH catchment population.

In response to this indicator of demand, paragraph 4.1.2 of the Health and Care Services Strategy sets out the Trust's vision that the new WXH will "be renowned for the integrated treatment and care of frail and older people within its catchment area". The Strategy goes on to note (Section 4.3, p20) that "One of the dominant trends ……is the increasing number of patients who require treatment for more than one condition. This is particularly the case amongst elderly patients, who may also suffer from frailty. Being treated for multiple conditions can be difficult, as treatments for some conditions may be incompatible and the number of different professionals and medications that one person has to keep track of can quickly become confusing. Ensuring that patients with multiple needs are treated holistically (for all their needs at the same time) is a key requirement in driving improvements in quality and experience."

For the current service users of the Connaught Day Hospital (CDH) at WXH, and their carers and volunteer supporters, the CDH provides an integrated service hub for elderly patients. The CDH has multi-disciplinary roles in assessment, diagnosis, care planning, treatment, rehabilitation and support. The staff teams based in CDH link with WXH services and departments, with patients' primary care team(s), with patients' community care team(s), and with patients' carers, families and support groups. The CDH receives patients both from the hospital and the community; it helps inform the planning, delivery and review / monitoring of treatment and care. Our experience (and our feedback) is that users find the CDH to be a supportive and enabling resource, whose involvement enhances the quality and effectiveness of the healthcare that they receive.

The huge and unique benefit of the Connaught Day Hospital is its holistic basket of specialist outand day-patient care for the elderly; there is no other similar facility in either Redbridge or Waltham Forest. This basket of care (assessment, diagnosis, care planning, treatment, rehabilitation and support) simply cannot be provided in the same multi-disciplinary, clinically integrated and holistic way in a standard outpatient department. If the new hospital is going to achieve the Trust's stated aim of being a centre of excellence for specialist surgery for the frail older people, then, for the outcomes of that surgery to be successful, it will be essential that surgical services and other clinical interventions are supported by an integrated community of clinical and therapeutic good practice, which cannot be provided by a disparate and diverse range of different provider contracts.

We had heard that the CDH was "no longer functioning", that it was viewed as "outmoded" and "not a model of care proposed for the future." We are much encouraged to learn that the CDH is still functioning. However, we very concerned that we can find no reference to the continuing provision of the CDH's services in the published planning documents for the proposed redevelopment of WXH, neither in the last iteration of the WXH site plans, nor in the Health and Care Services Strategy.

We note that the more recent Trust document (April 2021) "Health and Care in a New Whipps Cross Hospital" maintains that "we are still committed to establishing Whipps Cross as a centre of expertise for the way different professionals work together in the treatment and care of frail and older people".

Question
Connaught Day Hospital 1. Does Barts NHS Trust propose to ensure the re-provision, either at WXH or at another site or

sites, of all the services presently provided at WXH by the CDH?
2. If the Trust does propose re-provision of these existing services, then:
 where will the holistic centre currently provided by CDH be located?
 will all the current basket of services provided by CDH be included?
 how and by whom will they continue to be provided?
3. If a holistic centre for the frail elderly with complex co-morbidities is planned, but not at WXH,
what is the rationale for it not being located at the local hospital, one of whose main clinical specialties will be "frailty"?
4. If the holistic range of assessments, treatments, therapies and services currently provided by the CDH will not be provided on one accessible site, why would the Trust permit this to be the case when its own vision for the new WXH is the integrated treatment and complex care of frail and older people with multiple co-morbidities?

Newham Save our NHS (NEWSON)
Questions to Barts NHS Trust Board (virtual) meeting on Wed 2nd March 2022, 11am-13.45.

1a. **Fire Safety**. Will Barts NHS Trust meet the London Fire Brigade required compliance date of 9th March 2022 for the Enforcement Notice regarding completion of Fire Safety Works at Newham Hospital?
1b Was the Maternity booking/antenatal fire safety work at Newham Hospital completed as planned in January 2022?
1c. Will the Gateway Surgical Centre fire safety work at Newham Hospital, including replacement of external cladding, be completed by April 2022?
1d. When is the work starting on the Newham Hospital new, permanent, two-story block with 40 beds that will enable the fire replacement works?

2. **Private Patients**. Barts NHS Trust sees its new service giving private, paying patients from the UK and overseas access to NHS services as having 'great potential for growth.'
What are Barts NHS Trust Private Patient income targets for four hospitals, Newham Hospital, St. Bartholomew's Hospital, Whipps Cross Hospital and Royal London Hospital?

3 **Inclusion Observatory**. Barts says its 'Inclusion Observatory' will create coordinated insight through data harvesting, analytics and research. Last year's ethnicity data on Hostile Environment NHS patient charging was unusable, as it had large numbers of 'not known, 'not stated' and 'any other ethnic group.'
3a Has the Barts 'Inclusion Observatory' made any reports?
3b What is the Barts 'Inclusion Observatory' currently working on?
3c With Barts advertising "one of the largest overseas visitors teams in the country," please will Barts Trust make publicly available in its third annual 2022 report on NHS patient charging the following: the data on ethnicity of Barts patients who are charged for NHS care, broken down by EU/non EU; by hospital; by gender; and by those wrongly invoiced for NHS charging?