

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
 Wednesday 17 January 2024 at 11.00am in the Bainbridge Room, Robin Brook Centre, St
 Bartholomew's Hospital, West Smithfield, London EC1A 7BE

Scheduled to end by 13.30

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 1 November 2023 and review the action log appended to the Minutes	01/24	Rt Hon J Smith	11.00
5.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
6.	PATIENT STORY To hear a patient story		Ms C Alexander	11.05
7.	CHAIR'S REPORT To receive the Chair's report		Rt Hon J Smith	11.30
8.	CHIEF EXECUTIVE'S REPORT To receive the Chief Executive's report		Mr S DeGaris	11.35

		Paper TB	Lead	Time
9.	PROVIDER COLLABORATION To note the update report	02/24	Mr M Trainer	11.40
QUALITY AND PERFORMANCE				
10.	INTEGRATED PERFORMANCE REPORT – 2023/24 M8 To receive the report and discuss: <ul style="list-style-type: none"> • Quality and Safety • Operations • Equity • People • Finance 	03/24	<i>[by exception]</i> Prof A Chesser/Ms C Alexander Ms R Carlton Mr A Abraham Mr D Waldron Mr H Virdee	11.50
11.	REPORTS FROM BOARD COMMITTEES 11.1 Finance Investment and Performance Committee 11.2 Audit and Risk Committee (including appointment of external auditor) 11.3 Quality Assurance Committee 11.4 Collaboration Committee	04/24 05/24 06/24 07/24	Mr A Sharples Ms K Kinnaird Dr K McLean Rt Hon J Smith	12.30
12.	WINTER PLAN To receive a report on winter plan implementation	08/24	Ms R Carlton	12.40
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
13.	PEOPLE STRATEGY IMPLEMENTATION To receive a report on inclusion (WeBelong)	09/24	Mr D Waldron	12.50
14.	WHIPPS CROSS REDEVELOPMENT To receive an update report	10/24	Dr A Jhund	13.00
GOVERNANCE				
15.	VETERANS COVENANT To receive and approve	11/24	Ms C Alexander	13.10
16.	INFECTION PREVENTION AND CONTROL To receive and approve the yearly report	12/24	Ms C Alexander	13.15
17.	USE OF THE TRUST SEAL To ratify use of the Trust Seal	13/24	Mr S Collins	

18.	ANY OTHER BUSINESS			
19.	QUESTIONS FROM MEMBERS OF THE PUBLIC			13.20

20.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 6 March 2024 at 11.00am in Room 2.35, Garrod Building, The Royal London Hospital, Whitechapel E1 2BL			
21.	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

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on
Wednesday 1 November 2023 at 11.00am, Room 5, Education Centre,
Mile End Hospital, Bancroft Road, London

Present:

- Rt Honourable J Smith (Chair)
- Mr A Sharples (Vice Chair)
- Mr S DeGaris (Group Chief Executive)
- Mr M Trainer (Deputy Group Chief Executive)
- Dr K McLean (Non-Executive Director)
- Ms K Kinnaird (Non-Executive Director)
- Ms L Seary (Non-Executive Director)
- Ms H Spice (Non-Executive Director)
- Professor Sir M Caulfield (Non-Executive Director)
- Mr C Williams (Associate Non-Executive Director) *
- Ms S Teather (Associate Non-Executive Director) *
- Professor A Chesser (Chief Medical Officer)
- Ms C Alexander (Chief Nurse)
- Mr H Virdee (Chief Finance Officer)
- Mr A Hines (Director of Group Development) *
- Ms R Carlton (Chief Operating Officer)*
- Mr D Waldron (Director of People) *
- Mr A Abraham (Director of Inclusion and Equity) *
- Professor C Knight (Chief Executive, St Bartholomew's Hospital) *
- Dr N Ashman (Chief Executive, Royal London and Mile End Hospitals) *
- Mr S Ashton (Chief Executive, Newham Hospital) *
- Dr A Jhund (Chief Executive, Whipps Cross Hospital) *

In Attendance: Mr S Sharma (Deputy Trust Secretary)

Apologies: Ms J Nelson-Ferns (Non-Executive Director)

** Non-voting member*

01/24 WELCOME

The Chair welcomed Board members, staff and members of the public to the meeting.

Apologies were noted.

02/24 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).

No declarations were made.

03/24 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Trust Board held in public on 13 September 2023 were received and approved.

04/24 MATTERS ARISING

There were no matters arising.

05/24 PATIENT STORY

The Trust Board received an account from Ms Tasnim Ahmad, who had been a user of services at The Royal London and Mile End Hospitals since 2012 after she was diagnosed with Crohn's disease. Miss Ahmad had had two pregnancies since her original diagnosis. Her second was a twin pregnancy which had been complicated by a flare up of her Crohn's condition and exposure to chickenpox requiring specialist combined care. She had been receiving infusions at Mile End Hospital since the service moved there during the pandemic and was regularly monitored by the Inflammatory Bowel Disease Clinical Nursing Specialist (CNS) team, receiving yearly consultant appointments. She had also undergone a surveillance colonoscopy procedure at Mile End Hospital in 2023 and was currently doing well with her ongoing therapy. Ms Ahmad spoke positively about the care and kindness she experienced from nursing staff, noting CNS team leaders were always easy to contact.

Trust Board members asked questions about Ms Ahmad's experience:

- Dr McLean was interested to know if there were any benefits gained from transferring to Mile End Hospital and if there was anything the service could have been done to provide better care.
- The Chair asked Ms Ahmad about the level of co-ordination between the Crohn's specialists and the high risk pregnancy teams.
- Dr Ashman inquired whether Ms Ahmad had felt that she had been provided with the full details of her condition to feel informed about her care.

- Ms Carlton asked about Miss Ahmad's experience with GP communications.

Ms Ahmad noted that there were no benefits in terms of location or travel resulting from the transfer but the level of service had remained unchanged and there was nothing that she felt could have been done better by staff. The specialist teams had combined effectively and she was given all the information needed to understand the condition. Some gaps in GP communications were noted and Ms Ahmad confirmed that she had a preference for being treated by hospital services, rather than primary care services.

Professor Knight asked about how the department was managing senior doctor training. The divisional director accompanying Ms Ahmad noted that training was being managed effectively within a close multidisciplinary team.

The Chair thanked Ms Ahmad for sharing her valuable experiences with board members.

06/24

CHAIR'S REPORT

The Chair opened her report by reflecting on the Gaza conflict, acknowledging the impact of the distressing humanitarian crisis for patients and staff in the area and beyond. She made clear that all Trust staff and patients should expect to work in a safe and caring environment, and shared concerns about the escalating incidents of antagonism and hatred being reported nationally. Psychological support services, in place for all staff, would be required to provide important outlets for those anxious, concerned or more directly affected by the events and ongoing conflict.

The Chair confirmed that good progress was being made on collaboration objectives with Barking, Havering and Redbridge University Hospitals NHS Trust. The next phase of collaboration work anticipate the creation of a single group executive team and each hospital developing their identity to provide effective, place based care as part of a single group, comprising the two Trusts and seven hospitals.

Since the last meeting, the Trust's patient experience team had received a national award for a programme designed to help improve better communication with patients. Clinical research trials had resulted in new treatment for bladder cancer patients, lowering the risk of death by fifty percent. The Trust had signed the NHS Sexual Health Safety Charter and a task and finish group had been formed to ensure staff responsibilities were understood and that there was a safe space for all to discuss relevant issues. This had followed surveys confirming that a high proportion of female staff working in surgical setting had suffered sexual assault and/or unwanted

advances. Staff would be encouraged to speak up and support colleagues using these channels to report any incidents of concern.

07/24 GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive thanked staff who had maintained the safety of services during industrial action, while equally recognising the rights of staff to take action. Demand pressures on elective activity performance and, in turn, financial recovery had been compounded by the intermittent periods of industrial action and there was a hope that the Government could resolve the dispute with trade unions soon. Emergency pathways continued to be very busy with attendances up by seven percent on last month. The Trust was working hard with Integrated Care Board partners to improve patient experience, with a current focus on urgent treatment centre performance. Winter planning was underway at Integrated Care Board and hospital level, with the aim of ensuring safe emergency pathways for patients this winter. The Group Chief Executive had met with the board of charity trustees, thanking them for their ongoing funding contributions. An annual leadership conference in November involving over a hundred senior managers would have a focus on how to be more compassionate and inclusive leaders and the Trust's objective of a fair and just culture.

08/24 PROVIDER COLLABORATION – TOWARDS AN INTEGRATED GROUP

The Deputy Chief Executive introduced the report, highlighting the closer partnership arrangements being developed, moving towards an integrated group comprising two organisations and seven hospitals. Working towards a single board for the group would involve appointing joint executive roles covering finance, strategy and planning, and group development and digital, by April 2024. The appointment of a joint Chief Information Officer as an early priority was also highlighted.

A key collaboration milestone was highlighted with Barking, Havering and Redbridge University Hospitals NHS Trust securing £44m of inward investment to move to an electronic patient record and prescribing system.

Further steps were being planned to align the governance arrangements for the integrated group and he noted in particular work to be done to ensure a consistent approach on quality governance mechanisms.

The Deputy Chief Executive confirmed that he was working with Professor Sir Mark Caulfield on developing estates, finance and workforce opportunities for staff across NE London as well as on the education and research portfolio at Barking, Havering and Redbridge University Hospitals NHS Trust.

The Chair confirmed that formal discussions had been held by both boards around integrating board level governance and a move towards board

committees in common over the next year. Engagement on this would be in the context of place based developments. She acknowledged there would need to be close monitoring of how this board maintained a focus on quality and safety as well as communication with patients and stakeholders as the group grew.

Dr McLean welcomed the update and suggested that it would be helpful to include examples of the impact the collaboration is having in future reports.

The Trust Board approved the further development of an integrated Barts NHS Group and proposed steps towards establishing a single Trust Board.

09/24

INTEGRATED PERFORMANCE REPORT

(i) Quality and Safety

The Chief Nurse outlined the headline messages on quality and safety. A maternity summit had been held in September and more details on maternity would feature in the January integrated performance report. She noted also that there were no major significant exceptions or variations when comparing maternity services across hospitals in the group. Rates of infections were continuing to be closely monitored and there was a strong focus on maintaining quality and safety levels through peer reviews. Duty of candour performance was still proving a challenge and improvement work was being carried out.

The Chief Medical Officer noted that a board seminar had considered the new Patient Safety Incident Response Framework (PSIRF). This nationally mandated framework would be launched in coming weeks and there was optimism that it would assist with the learning and resolution of root causes of serious incidents and the tailoring of investigations.

Ms Teather praised the efforts of maternity staff at The Royal London Hospital for the identified improvements in post-partem haemorrhage care. The Chief Nurse confirmed that best practice was shared between sites and recognised that there were opportunities as a group to reduce some variation in patient outcomes and experience currently.

Mr Sharples asked what key performance metrics the board should focus on following the implementation of the new Patient Safety Incident Response Framework (PSIRF) and whether an improvement in closing serious incident investigations within the sixty day timeframe could be anticipated. The Chief Medical Officer noted that work was being done to identify the most appropriate metrics to be tracked following this change. He felt that there would be a greater emphasis on ownership of serious incidents and greater organisational control over investigation timescales as part of the PSIRF principles. He noted that the new approach would theme incidents and enable

investigations for similar incidents to be completed more quickly. Dr McLean felt that it was important that learning gained from the previous serious incident investigation process was retained and embedded in the new approach. The Chief Nurse confirmed the approach to capturing learning and noted that performance indicators had been scoped by senior leadership linked to quality improvement themes.

The Chair noted that duty of candour performance was deteriorating despite the Board's focus. She also asked about factors resulting in the reported increase in infection rates. The Chief Medical Officer shared the Chair's disappointment that duty of candour standards were not being met and confirmed his commitment to address this. The Chief Medical Officer confirmed that the NHS as a whole was experiencing an increase in reported infections, affecting many trusts.

(ii) Operational Performance

The Chief Operating Officer outlined the report and confirmed that sustained periods of industrial action had resulted in appointment cancellations with over three thousand reported delays to planned care. Letters and text messages had been sent to patients on current long waiting lists to assess their status and get a clearer understanding of the numbers of people still requiring treatment. The Trust was working with Homerton Healthcare FT as well as Barking, Havering and Redbridge University Hospitals NHS Trust to offer the fastest possible treatments faster to NE London patients. She highlighted progress in orthopaedics waiting lists while remaining concerned about the growing mental health capacity challenge and its impact on emergency departments and inpatient wards.

The Chair asked about discharge activity at Whipps Cross Hospital. The Whipps Cross Chief Executive confirmed that ambulance responses in the Waltham Forest area had been good but the discharge of the hospital's high proportion of medically optimised patients from outside the area was proving harder to address. He noted, for example, that the amount of patients staying more than seven days had increased from two hundred to three hundred in the past month (although this was now reducing).

In relation to the emergency pathway, Dr McLean asked whether current mitigations were felt to be adequate to maintain safety. She was also keen to assess confidence in meeting targets for eliminating the longest waiting cohort of patients. The Chief Operating Officer noted minimal progress in addressing the number of patients with mental health conditions presenting at emergency departments and associated increased length of stays. She was more confident in terms of the elective recovery plans and confirmed that work was on track to reduce the backlog of patients waiting longer than sixty five weeks.

Ms Kinnaird asked whether planning for winter was highlighting any specific concerns and if there was anything that could be done to secure wider system support. The Chief Operating Officer anticipated that January and February would be testing months and building blocks had been put in place, including a system control centre that would support and coordinate all acute providers in north east London. She anticipated securing some additional capacity in the next month and noted that teams were working to improve system relations including the interface with ambulance services.

(iii) Equity

The Director of Equity and Inclusion summarised the key outcome measures on equity of access, acknowledging equity of access data was not yet sufficient to make any assumptions of this nature. There were positive steps being taken to address inequalities by staff networks and recent progress highlighted at Whipps Cross and Newham Hospitals. A slippage in performance for learning disability waiting times was noted, particularly in restorative dentistry, and work was being done to make improvements for this patient group.

Ms Seary asked whether any reasons had been established for the deterioration on learning disability patient waiting times. The Director of Equity and Inclusion confirmed that longer waits in restorative dentistry had had a disproportionate impact for this cohort of patients and reduced access to anaesthesia was a further related issue.

Mr Williams was pleased to receive the analysis of waiting times and asked if similar data improvements may be available through this reporting. The Director of Equity and Inclusion confirmed that he hoped to develop more in-depth narrative reporting on maternity equity data in future.

(iv) People

The Director of People noted sustained improvements in the metrics on fill rates, staff turnover and sickness absence. Nursing and midwifery fill rates were improving but remained below 90%. All hospitals were reporting a strong nursing recruitment pipeline and there was a slight improvement in appraisal rates, following a focused effort and hospitals setting improvement trajectories. Staff survey responses were currently being sought and, so far, thirty two percent of staff had responded.

Ms Spice asked whether learning could be gained from the Whipps Cross performance on e-rostering. She also asked about steps being taken to address long-term sickness absences. The Director of People felt assured that good rostering practice was being applied at each site and this was translating into performance metrics improving. Targeted interventions were being applied to long term sickness absences with the employee wellbeing team focussed on tracking data.

Dr McLean was pleased to see the reduction in agency spend and queried how the Trust was filling recently vacated roles. The Director of People noted that improvement targets were being set for the second half of the year and pay expenditure was being tracked. On the subject of appraisals, Dr McLean asked if any significant improvement could be anticipated, as this had been a longstanding issue. The Director of People confirmed the conclusion of a review of appraisal processes and hospitals would be asked to set improvement trajectories in coming weeks.

(v) *Financial Performance*

Mr Sharples confirmed that the Finance Investment and Performance Committee had reviewed the position in detail and he noted the challenges to deliver financial targets in the second half of the year. Excess pay expenditure linked to cover for staff taking industrial action. NHS England were closely monitoring the Trust's financial position and recovery plans.

The Chief Financial Officer confirmed a significant adverse variance in the year to date position. National guidance was expected shortly in relation to addressing costs associated with industrial action. The recovery plan was on track and planned activity levels were being delivered. Elective activity levels would need to increase in the second half of the financial year in order to meet the targets. A decrease in temporary staffing numbers was welcomed and the Chief Financial Officer was optimistic that this would continue with tighter workforce controls in place. Mental health pressures in emergency departments were being discussed at system level as these were contributing to the overall financial challenge. In relation to capital spend, it was expected that the capital resourcing limit would be exceeded this year.

Professor Sir Mark Caulfield asked whether a perceived lack of government engagement in trade union discussions had disproportionately impacted on the current position. The Chief Financial Officer agreed that some costs were outwith the Trust's control. He also noted the detrimental disruption that the continued strikes were having for patients and booking and scheduling staff. He indicated that, if the costs of industrial action had been excluded from the financial position, the Trust would be the highest performing acute Trust in NE London.

10/24

REPORTS FROM BOARD COMMITTEES

Finance, Information and Performance Committee

Mr Sharples confirmed that there had been two meetings held during October. As indicated previously, the Committee had noted that the impact of industrial action had made it difficult to assess the underlying position and activity trends. The Committee had noted some digital innovations to mitigate

cancelled and postponed appointments. Patient feedback had indicated some greater flexibility in terms of where they would receive treatment in view of ongoing disruptions. A detailed report had been considered in relation to the urology cancer services which had struggled to meet faster diagnosis performance standards. The committee was also continuing to focus on productivity in high volume specialities with the greatest impact on overall performance.

Audit and Risk Committee

Ms Kinnaird outlined key agenda items discussed by the Audit and Risk Committee at its October meeting, including an initial review of the Lucy Letby prosecution and implications for services. Conversations also took place around how we track the operational plan and how this aligns to our Board Assurance Framework. Internal audits were also focussed on at the meeting and assurance was being sought around ensuring learning was gained from clinical audit results. There was more work to be done on risk appetite, transparency and risk mitigation in order to improve high risk reporting.

Nominations and Remuneration Committee

The Chair outlined the key agenda items reviewed by the Committee.

Collaboration Committee

The Chair outlined the key agenda items reviewed by the Committee. She confirmed that the Collaboration Committee had reviewed the purpose statement for the integrated group (appearing separately in the board papers) and received an update on the temporary staffing workstream and Acute Provider Collaborative developments.

11/24

BOARD ASSURANCE FRAMEWORK

The Director of Group Development introduced the report and outlined work carried out to refine the format of the board assurance framework. He noted also considerable work reviewing how the Trust managed its highest scoring risks on the risk register.

He highlighted the highest scored BAF risks, including the risk to delivering the financial plan, and confirmed that prioritised deep dive reviews were scheduled for board committees to facilitate closer scrutiny. In terms of risk score movements, the BAF risk associated with effective collaboration had reduced since the last update.

Dr McLean asked what actions were being taken to reduce the risk score for the risk associated with insufficient system wide mental health care capacity. The Director of Group Development confirmed that this was a regular feature

of system discussions. He would review how this was addressed in the risk description with the Chief Operating Officer and ensure that the effectiveness of controls was reflected in the BAF.

The Trust Board noted the report.

12/24

PEOPLE STRATEGY IMPLEMENTATION

The Director of People introduced the headline messages and noted that it had been a challenging year dealing with the impact of the industrial action, the cost of living crisis and recovery from Covid-19.

Progress was noted on violence and aggression reduction metrics and the psychological support teams had received confirmation of charity funding to extend their service for three more years. Staff turnover had decreased by three percent in the past three months and a reduction in job vacancies had also been reported. The People team would further engage with hospitals around 'getting the basics right', flexible working options explored and steps to improve substantive staffing fill rates. The team leader development programme was playing an important role in addressing issues highlighted in surveys with four hundred staff members having attended accredited education programmes during the year. Clear metrics had also been developed for core wellbeing offers.

Ms Seary reported that staff had been complimentary about the psychological support services during her visit to Mile End Hospital earlier that day. She agreed that getting the basics right was important and urged the need to maintain this focus. Ms Seary asked about support provided to those staff affected by domestic abuse. The Director of People confirmed that support was provided by the psychological support team rather than a dedicated domestic abuse specialist service. He highlighted the availability of a clinical care helpline that could be used for advice and support. The Chair noted the importance of supporting any staff who had been the victim of domestic abuse.

Ms Teather wanted to know why rates of 'burnout' were above the national average. She also emphasised the importance of flexible working options and support for staff who were also carers. The Director of People noted that training, guidance and support was provided for line managers and there were dedicated projects to take learning from, such as e-rostering. In terms of supporting carers, the Trust had an active staff network for carers and a policy in place to support this. He also felt that improving substantive staff fill rates and reducing vacancies provided benefits in terms of settled teams and ways of working. He recognised that it would be an ongoing programme of seeking to improve the work-life balance for staff.

The Trust Board noted the report.

13/24 MEDICAL REVALIDATION

The Chief Medical Officer confirmed the appointment of Dr Liat Sarnier, the Whipps Cross Medical Director, to the position of Senior Responsible Operating for medical revalidation. He confirmed that there had been a number of revalidations deferrals this year and acknowledged that medical appraisal rates required improvement. Reminders had been sent reiterating the importance of completing the appraisals, as part of the improvement actions being taken.

The board approved the report.

14/24 ANY OTHER BUSINESS

There was no other business.

15/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting inviting questions from the public.

The Newham Save our NHS campaign group representative, Mr Alan Cooper, asked questions in relation to:

- *the use of St Martins Le Grand building and how the Trust had used charitable funding received for capital works during the year;*
- *the hospital areas impacted by delays to Newham fire safety improvements, the expected completion date of works to comply with the related enforcement notice and a request to receive details of an external review of the programme; and*
- *a hospital breakdown of female patients across the Trust invoiced under the scope of overseas visitors charging regulations for maternity care during 2022/23.*

The Chief Executive of St Bartholomew's Hospital advised that the Trust had occupied space at 1 St Martins Le Grand since 2015, following the redevelopment of St Bartholomew's Hospital and exit from Gloucester House. A recent notice from the landlord had indicated plans for redevelopment and requirement to vacate 1 St Martins Le Grand space by June 2026 at the latest. The Trust's lease, due to expire in 2024 had been extended until June 2026 while a permanent accommodation solution was sought. It was confirmed that this space was primarily used for management and clinical administration services (with on average 600 staff using this per day). In view of the continued prioritisation of the main hospital for clinical service delivery (including new ICU

and breast care centres) alternative office space would be sought. In relation to charity funding for the £9.5m restoration of historic Barts buildings, a major grant had been secured from the National Lottery heritage fund for over half the funds required. Match funding was secured from a variety of charitable trusts and foundations including the Voluntary Hospital of St Bartholomew, CIL Neighbourhood Fund, Thompson Family Charitable Trust, Wolfson Foundation, Garfield Weston Foundation, Foyle Foundation, City Bridge Trust, the Childwick Trust and others. The remaining amount was secured through gifts from individuals, some of whom were Barts alumni.

The Chief Executive of Newham Hospital confirmed that no hospital operations had been affected by delayed implementation of fire safety works. The works were currently paused as the Trust and London Fire Brigade were reviewing a revised scope of works in response to affordability concerns and the complexity of undertaking extensive construction works in a live hospital environment. The Board would be advised on any revised programme of works in due course. He confirmed that the Trust's estates team were reviewing the Freedom of Information (FoI) request for an external review report in line with the Trust's FoI policy, including any use of exemptions provided for in the Act and with an associated appeals procedure in place. He noted that the Trust Board had received a fire safety report at its meeting on 19 January 2022 detailing the LFB notice and Trust response (including governance revisions associated with an external review). In this report the basis for not publishing the external review, which contained sensitive fire safety information on security, health and safety grounds was noted.

The Director of Inclusion and Equity outlined the scope of overseas visitors charging regulations and steps taken to ensure that all maternity care was provided immediately on the basis of urgent necessity and irrespective of ability to pay. He provided the hospital breakdown requested and indicated that this would also be shared following the meeting by email.

16/24 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 17 January 2024 at 11.00am in the Bainbridge Room, Robin Brook Centre, St Bartholomew's Hospital

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0641

Action Log

Trust Board 1 November 2023			
No.	Action	Lead	By
	<i>No new actions identified</i>		

Report to Barts Health and BHRUT Trust Boards: 17 January 2024 (Barts Health part 1) 18 January 2024 (BHRUT part 1)	TB 02/24
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Title	Provider Collaboration Update
Accountable Director	Group CEO Group Deputy CEO / Trust CEO (BHRUT)
Author(s)	Collaboration Director
Purpose	To update the Board on collaboration between the three acute providers in North East London
Previously considered by	-

Executive summary

The three acute providers of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust are working together to address mutual challenges and deliver better care, using a co-ordinated approach to population needs, so that services are arranged around our patients, not organisational boundaries.

The ambition of the three trusts is to improve quality and access for patients through collaboration. Working together as an acute provider collaborative (APC) we have agreed to take forward transformation programmes across five clinical pathways. These programmes are in varying stages of maturity and the APC itself continues to be in a process of development. The APC is currently reviewing its priorities for 2024/25, with each of the existing programmes developing their plans that set out their key deliverables and impact on addressing health inequalities.

As part of establishing the APC work programme for 2024/25, discussions are underway that consider the merits of including non-clinical programmes into the APC where there is benefit in the acute providers coming together, such as procurement and workforce.

Clinical leadership continues to be strengthened across the programmes with separate Medicine and Surgery Clinical Boards now established, providing a forum for divisional clinical, nursing and AHP leaders from across the three Trusts to come together on common challenges.

As the Boards develop, it is anticipated that they will start to focus on specific service challenges and report these through to the APC Executive via the APC Clinical Strategy Board that will commence late January 2024.

These associated activities are being developed in the context of the regional NHSE commissioned review on the future role and development of Provider Collaboratives in London.

Related Trust objectives

All

Risk and Assurance

This report provides assurance in relation to the evolving and maturing collaboration between Barts Health, BHRUT and Homerton Healthcare as part of an Acute Provider Collaborative.

**Legal implications/
regulatory requirements**

None

Action required

The Trust Board is asked to NOTE the update.

UPDATE ON COLLABORATION BETWEEN BARTS HEALTH, BHRUT AND HOMERTON HEALTHCARE WITHIN THE NORTH EAST LONDON ACUTE PROVIDER COLLABORATIVE

Introduction

1. In north east London, the three acute providers of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust are working together as an acute provider collaborative (APC) to address mutual challenges and deliver better care, using a co-ordinated approach to population needs, so that services are arranged around our patients, not organisational boundaries.

Acute Provider Collaborative

2. The three acute providers have been working together as an Acute Provider Collaborative for 18 months, with the APC continuing to develop and mature.
3. For 2023/24 the APC Executive agreed a portfolio of programmes to be taken forward to improve quality and access for our patients. Figure 1 sets out the clinical and strategic change programmes.

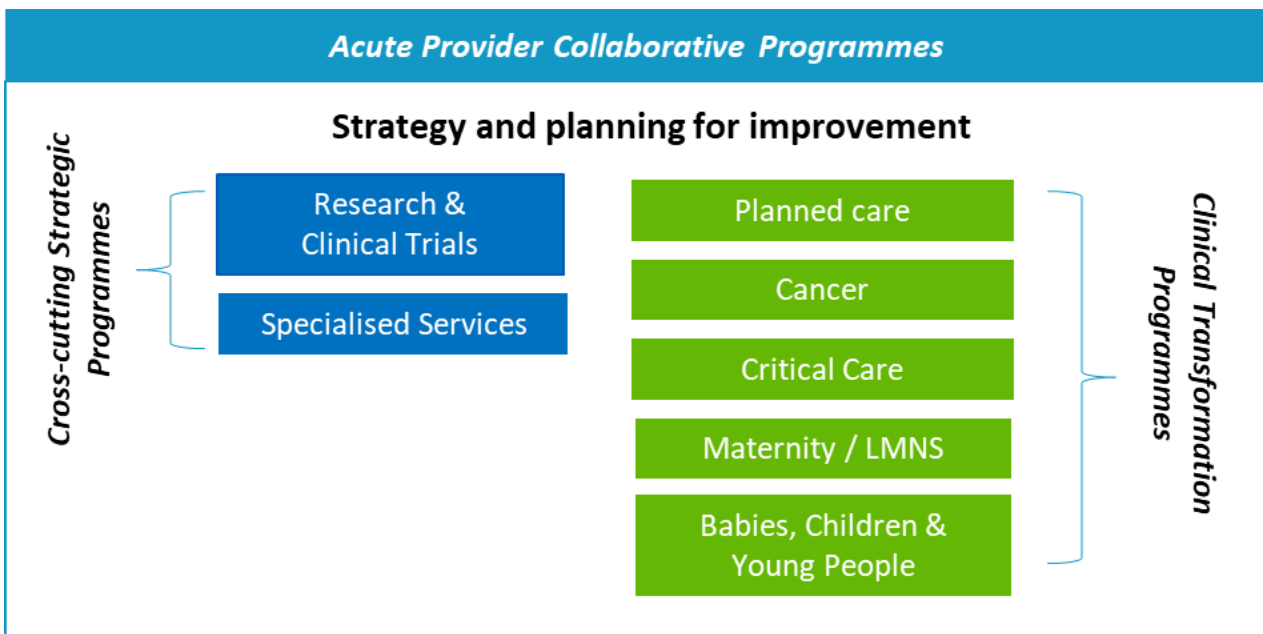


Figure 1 – APC programmes: 2023/24

4. Some of the benefits achieved to date include:
 - Planned care backlog reduction through sharing our capacity across NEL

- Secured inward investment of £62m for theatre, ITU and bed expansion that will enable faster access to treatment
 - Finalised a three-year funding settlement of £33m for implementing community diagnostic centres – providing patients with speedier and more convenient access for their scans
 - Extension of the successful NEL critical care retrieval service to cover the London region
 - NEL cancer performance is consistently strong compared with other ICS
5. 2023/24 has been a year of consolidation in the establishment of the APC. As it now matures, there is an opportunity to revisit the priority programmes and ensure that they remain relevant for 2024/25.
 6. As part of an agreed NEL system planning process, each of the programmes have been reviewing and updating their objectives for 2024/25 and developed a ‘plan on a page’, setting out the key deliverables and impact on addressing health inequalities, with proposals to be included within the refreshed NEL ICB Joint Forward Plan.
 7. Draft plans have been discussed at an ICB convened multi partner workshop in December 2023, with representatives from providers, Place and collaboratives in attendance to test for relevance and alignment. Draft plans have also been discussed at the January 2024 APC Executive where, subject to some minor amendments, the plans were approved in principle.
 8. As part of establishing the APC work programme for 2024/25, discussions are also underway that consider the merits of including non-clinical programmes into the APC where there is benefit in the acute providers coming together, such as procurement and workforce.
 9. APC programmes are intended to support the ICP strategy, consequently APC priorities should directly align with and support the ICP ambition and four strategic goals of **improved quality and outcomes, securing greater equity, creating value and deepening collaboration**. Final approval of the plans will be taken through the APC and ICB governance to ensure there is system alignment on the priority areas of focus.
 10. As a next step, the APC will need to agree resourcing support to facilitate implementation. Presently, most of the resource to support the APC programmes is provided through the ICBs Delivery Support Unit. Recognising the constraints on ICB resource, trusts should also expect to identify from within existing resources the input

required to progress the areas that are collectively agreed to take forward together through the APC.

11. As part of the ongoing development of the APC, clinical leadership will continue to be strengthened across the programmes. In recent months, separate Medicine and Surgery Clinical Boards have been established, providing a forum for divisional clinical, nursing and AHP leaders from across the three Trusts to come together on common challenges. Since their initial launch, the new Clinical Boards have been refining their role and remit. Terms of reference for both Boards are now confirmed and include supporting Clinical Strategy Development and consideration of APC clinical standards.
12. As a further development during 2024/25, both Boards could be supported through the establishment of Clinical Reference Groups (CRGs) representing individual specialities and consist of service-level clinical leaders (clinical leads, senior nurses and AHP representation). As the Boards develop, it is anticipated that they will start to focus on specific service challenges and report these through to the APC Executive via the APC Clinical Strategy Board.
13. The Clinical Strategy Board will commence late January 2024. Its role will be to bring together clinical, strategic and APC programme leads to consider the implications of current and future service transformation or improvement initiatives. It will also provide oversight of intra-Trust service collaborations and take into consideration population health challenges and growth on future service delivery across NEL. The Clinical Strategy Board will be the mechanism for clinical leadership forums to link in with strategic decision making.

Supported development for the Acute Provider Collaborative

14. The NEL ICB have commissioned a development partner to work with leadership groups across the ICS to help agree what working together more effectively and collectively as a system means in NEL. The system development programme is intended to support the ICS to answer outstanding questions of clarity about responsibilities, accountabilities, systems and processes as well as helping to co-design a core underpinning cultural/behavioural framework for successful collaboration and integration.
15. In addition to supporting the overall system development, the development partner will also provide specific support to the Acute Provider Collaborative to help support its progression. This parallel piece of work is likely to include:
 - Co-design of a shared purpose statement
 - Identification of priorities to support APC development / maturity

- Co-design of a set of collaborative leadership principles (underpinned by an agreement of how to hold each other to account)
 - A set of collaborative competencies to inform leadership development
16. The key deliverables from this commission are anticipated to be completed by March 2024.

NHSE review of Provider Collaboratives

17. NHSE London have commissioned a three-month review, led by a provider CEO, to consider the future role and development of provider collaboratives in London to ensure we leverage most of the opportunities offered by working together as providers.
18. This will include Acute, Mental Health, Community services and Primary Care collaboratives. The review will look at best examples of provider collaboratives nationally and how these could shape the future development of collaboratives within London. Consideration will also be given to how collaboratives can work most effectively with place-based partnerships and how we can make the most of the possibilities of collaboration to improve access and reduce health inequalities.
19. The NEL Acute Provider Collaborative are actively engaging in this process and will be meeting with the review leads in February 2024. Initial outputs from the review are expected to be shared in March 2024, to then discuss and agree next steps for further developing provider collaboration across London.

Summary

20. The Trust Board is asked to note:
- the update on developing APC clinical priorities for 2024/25 as part of the system planning process;
 - that consideration is being given to include non-clinical enabling programmes for 2024/25;
 - the progress made in mobilising clinical boards and associated Clinical Strategy Board;
 - the ICB appointment of a development partner and the specific APC deliverables;
 - the NHSE commissioned review into the future role of provider collaboratives.

Report to the Trust Board: 17 January 2024	TB 03/24
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Title	Integrated Performance Report (Month 8)
Accountable Director	Director of Group Development
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 NHS Oversight Framework indicators. The report also identifies exceptions, including positive exceptions, where performance has outperformed usual tolerances, or where a target has been missed. The report will be presented by the respective lead directors for, quality and safety, operational performance, equity, people and finance sections.

Related Trust objectives
 All trust objectives

Risk and Assurance	This report provides assurance in relation to all trust objectives
Related Assurance Framework entries	All BAF entries

Legal implications/ regulatory requirements N/A

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

Barts Health Integrated Performance Report

January-24

Performance for: **Nov-23**



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Jan-24



Executive Summary



Quality Report

- The Trust went live with the new Learn from Patient Safety Events (LFPSE) which replaces the National Reporting and Learning System on the 1st of November. It is noteworthy that Barts Health is the second Acute Provider Trust to transition in London to LFPSE on DatixWeb (Incident reporting system). Early indications suggest no impact to incident reporting.
- The Patient Safety Incident Response Framework (PSIRF) was soft launched on the 20th November; the Trust is now going through a period of rapid learning and strengthening the processes and structures to ensure the successful full transition to PSIRF in Q1 24/25. The Trust Patient Safety Incident Response Plans (PSIRP) and Patient Safety Incident Response Policy have been published on the Trust intranet following North East London Integrated Care Board panel review and approval. Early indications suggest good Trust wide engagement with PSIRF. Closure of Serious Incidents in advance of full transition to PSIRF in April 2024 is being prioritised with weekly reporting to maintain focus and thematic analysis to ensure rapid application of learning. The current operational pressures are impacting on pace of closure and this is being monitored closely and support provided to investigators to close reports.
- The quality metric position has not changed significantly since the last report but to note the structured improvement plan developed to improve performance for Duty of Candour is presented we are not seeing the impact on performance yet but expect to see this by March/April. Friends and Family feedback reflects the operational pressures we are seeing across our Emergency Departments.

Operational Performance

- The Group and hospital teams continue to focus on the safe delivery of services, as well as seeking to meet constitutional standards. The focus has been to address these objectives in light of the dual pressures of winter and ongoing junior doctor industrial action (IA) and the Trust has implemented well-developed management arrangements for IA. There have, however, been challenges ensuring minimum safe staffing levels across Urgent and Emergency Care (UEC) pathways and there will be considerable implications for elective and cancer performance.
- For urgent and emergency care, the Trust recorded the highest volume of attendances in London and the second highest volume of Emergency Department (ED) attendances in England. Despite the increase in attendance Trust performance was 65%, which is below the trajectory of 67.3%.
- Elective care continues to make good progress outside of the industrial action challenge. There are improvements in theatre productivity and better support to Patient Treatment List (PTL) and access policy management. Tier 1 support from the National and Regional NHSE leads has been productive and helpful, with positive feedback on our approach and helpful challenge and builds on our plans for some pathways.
- The priority for cancer services is to reduce the backlog of patients waiting more than 62 days, with an aim of reducing the backlog of those waiting more than 62 days to the 7% standard by March 24.
- In Diagnostic services there are on-going discussions to ensure that productivity opportunities in diagnostics are fully explored. In addition resourcing is reviewed in line with both temporary pay and outsourcing/insourcing activity. Overall there have been some positive improvements in modalities where operational improvement plans have been started

Equity

- Data quality on ethnicity remains steady, but with room for improvement to reach the Trust's ambition of 95% across all three areas: Inpatients, Outpatient and Emergency care activity.
- At Trust level, our review of waiting lists found no concerning differences in waiting times by ethnicity or deprivation. There was a small but significant difference identified in waiting times by gender. We believe this to be incidental but will watch for trends. At Newham and St Barts, patients living in the least deprived areas tend to wait longer than those in the most deprived areas.
- There continues to be a disparity in waiting times for patients with a learning disability which we have escalated to the Planned Care Board for further review and action.

People

- The substantive fill rate has increased from 92.6% to 93.1% with all sites achieving at least 90% fill. We have also seen continued improvement in the registered nursing and midwifery fill from 87.8% to 89.1%. Newham is most challenged from a recruitment perspective and actions have been, and continue to be, put in place to enable improvement to this position.
- Staff voluntary turnover has reduced from 10.7% to 10.5% and is notably down from 13.2% 12 months ago.
- Agency spend as a % of paybill remains at 4.4% YTD, with a level of 4.1% in month (up from 3.7% in October).

Finance

- The Trust is reporting a £28.9m deficit for the year to date at month 8, this is (£10.5m) adverse against original plan but is in line with the forecast outturn plan agreed with NHSE/ICB in early December for a £36.4m deficit for the year before the impact of any medical industrial action during winter 2023/24. The current month position includes the national funding changes notified in November for the impact of medical industrial action up to the end October 2023. These were £19.1m income for the costs medical industrial action along with a further 2% reduction in the Elective Recovery Fund (ERF) target for the year. The adverse variance year to date includes the loss of clinical negligence premium maternity incentive discount in 2023/24 and the impact of the operational focus on managing industrial action on efficiency savings delivery.
- Following confirmation of allocation of medical industrial action funding in November, the Trust has agreed a forecast outturn target of £36.4m deficit for 2023/24 as part of the NEL planned forecast outturn deficit of £25m. This target deficit excludes the financial impact of any further industrial action post October 2023. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery.
- The key financial challenges for the Trust in achieving its £36.4m forecast outturn deficit for the financial year are:
 - Managing additional costs resulting from the delivery of the winter plan for emergency and urgent care as well as the delivery of elective waiting times trajectory,
 - Improving productivity over the remainder of the year to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets,
 - Managing additional cost pressures following confirmation of claw back of the clinical negligence premium maternity incentive discount for the previous two financial years,
 - The impact of further medical industrial action.

Jan-24



Quality Report



SUMMARY

Quality Summary

Jan-24

As we enter the most pressured time of year for our non-elective services, all our hospitals have coped well with the industrial action by doctors in recent months. However there is a significant knock on impact for patients whose appointments and procedures have had to be postponed.

Winter pressures are leading to busy emergency departments, which may in turn account for lower satisfaction ratings in friends and family ratings than for other services in the Trust

The launch of the National Patient Safety Incident Reporting Framework in the Trust took place in November and has been successful. The way in which incidents are reported to the Board will change as a result in future reports

There remains a backlog of actions from previous incidents to be cleared. The Trust is committed to this piece of work and will continue to report on progress to the Board

Responses to complaints remain a challenge in terms of timeliness, and will be a focus for all of our hospitals in coming weeks.

Considerable work has taken place to improve the quality of the letters we write to patients to fulfil 'duty of candour'. Timeliness remains a challenge but with the new approach is expected to improve. The quality of letters is now continually monitored by senior clinical leaders.

Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
		Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Barts Health
C12	MSA Breaches	●			Oct-23 (m)	<= 0	34	37	243	7	13	10	7	37
C10	Written Complaints Rate Per 1,000 Staff				2023/24 Q2 (q)	SPC Breach	17.7	22.8	22.8	28.6	47.3	30.0	11.8	22.8
C1	FFT Recommended % - Inpatients	●			Oct-23 (m)	>= 95%	90.9%	91.8%	90.7%	90.5%	94.1%	86.4%	94.6%	91.8%
C2	FFT Recommended % - A&E	●			Oct-23 (m)	>= 86%	64.8%	63.0%	66.1%	60.6%	70.3%	55.9%	-	63.0%
C3	FFT Recommended % - Maternity	●			Oct-23 (m)	>= 96%	96.9%	90.3%	95.7%	66.7%	96.9%	83.5%	-	90.3%
C20	FFT Response Rate - Inpatients	●			Oct-23 (m)	>= 23%	29.3%	30.7%	31.3%	26.4%	40.2%	23.7%	38.4%	30.7%
C21	FFT Response Rate - A&E	●	●		Oct-23 (m)	>= 12%	7.6%	6.0%	7.7%	6.4%	7.0%	4.6%	-	6.0%
C22	FFT Response Rate - Maternity	●			Oct-23 (m)	>= 17.5%	11.4%	15.7%	16.9%	0.7%	28.4%	20.0%	-	15.7%
R78	Complaints Replied to in Agreed Time	●			Oct-23 (m)	>= 85%	85.8%	84.0%	84.5%	88.2%	81.0%	73.3%	90.9%	84.0%
R30	Duty of Candour	●		●	Oct-23 (m)	>= 100%	89.7%	67.3%	79.0%	82.4%	81.3%	41.2%	50.0%	67.3%

Update since previous month

The outlier metrics within the quality report are not significant when plotted on statistical process control charts; however the following areas have particular actions to improve performance:

Friends and family metric (FFT): We continue to see low FFT recommend scores in ED, highlighting the pressures being felt across the hospitals. At 62.7% for the year, the scores for ED are 20 percentage points lower than the overall Trust average of 82.7%. As with other services, there is considerable variation between the hospitals. Local interventions to try maximise responses and to minimise the impact of the delays on the experience of patients is in place.

Duty of Candour: In response to the recent audit outcome; we have developed a comprehensive set of improvement plans and strategies targeted at ensuring the improvement of the quality and timeliness of Duty of Candour letters. Key initiatives include:

- 1) Strengthen oversight – Executive review of all duty of candour letters at hospital level with weekly Chief Medical Officer review.
- 2) Quarterly Peer audits reported to the Trust Safety Committee continue.
- 3) Development of a quick reference guide outlining the regulatory requirements to support those writing Duty of Candour letters . 4) A dedicated quality improvement project to be launched focusing on enhancing Duty of Candour performance across the Group. Response to these improvements will not yet have impacted the performance figures presented.

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
Infection Control	S10	Clostridium difficile - Infection Rate	●			Oct-23 (m)	<= 32	19.9	12.5	20.9	10.0	12.5	9.0	14.6	-	12.5
	S11	Clostridium difficile - Incidence	●			Oct-23 (m)	<= 18	24	8	87	3	2	1	1	1	8
	S2	Assigned MRSA Bacteraemia Cases	●			Oct-23 (m)	<= 0	1	1	9	1	0	0	0	0	1
	S77	MSSA Bacteraemias				Oct-23 (m)	SPC Breach	12	10	80	7	1	2	0	0	10
	S76	E.coli Bacteraemia Bloodstream Infections	●			Oct-23 (m)	<= 20	34	25	202	8	6	2	9	0	25
Incidents	S3	Never Events	●			Oct-23 (m)	<= 0	0	0	3	0	0	0	0	0	0
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Oct-23 (m)	<= 0.9%	1.5%	2.0%	1.5%	1.9%	1.6%	3.5%	1.0%	-	2.0%
	S45	Falls Per 1,000 Bed Days	●			Oct-23 (m)	<= 4.8	3.0	3.8	3.6	3.2	4.7	3.4	4.8	-	3.8
	S25	Medication Errors - Percentage Causing Harm	●		●	Oct-23 (m)	<= 4%	4.7%	8.0%	5.0%	10.7%	0.0%	10.2%	6.1%	-	8.0%
	S49	Patient Safety Incidents Per 1,000 Bed Days				Oct-23 (m)	SPC Breach	48.8	52.3	54.3	38.5	67.0	57.4	63.7	-	52.3
	S53	Serious Incidents Closed in Time	●			Oct-23 (m)	>= 100%	0.0%	9.1%	6.4%	20.0%	0.0%	0.0%	-	-	9.1%

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
			Month Target	Step Change	Cont. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
Mortality	E1	Summary Hospital-Level Mortality Indicator			●	May-23 (m)	<= 100	100	-	-	-	-	-	-	-	-
	E3	Risk Adjusted Mortality Index	●			Jun-23 (m)	<= 100	94	94	94	92	97	-	92	-	94
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Oct-23 (m)	<= 0.51	0.55	0.53	0.56	0.67	0.79	0.00	0.39	-	0.53

Annual discharge data, ending in month indicated as 'This period', used for the generation of the indicator. Confirmed or suspected cases of Covid – 19 are excluded.

EFFECTIVE **Domain Scorecard** **Jan-24**

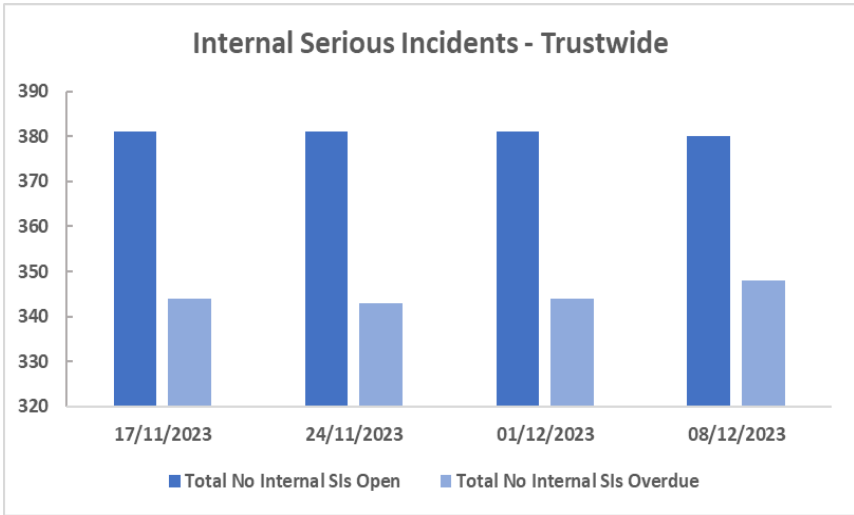
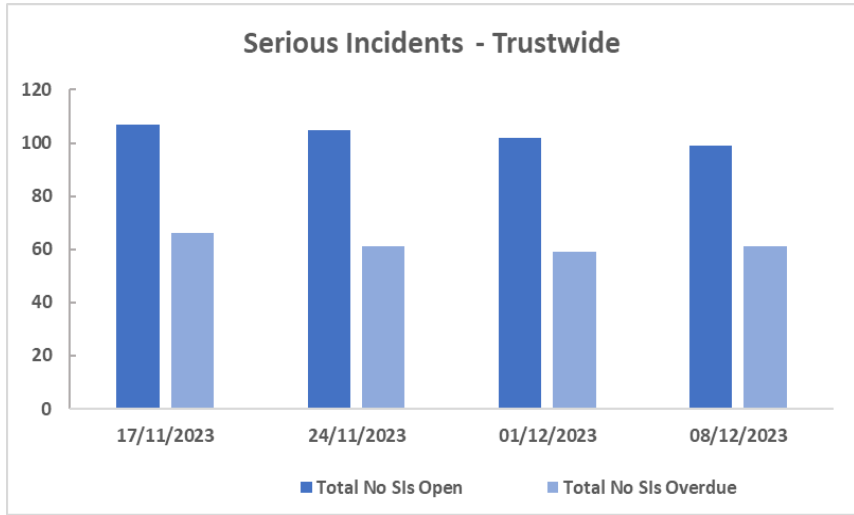
	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
		Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Harm Free Care	Pressure Ulcers Per 1,000 Bed Days	●			Oct-23 (m)	<=0.6	1.0	1.0	1.2	1.0	1.5	0.9	0.3	-
	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Oct-23 (m)	SPC Breach	0.1	0.1	0.1	0.1	0.0	0.2	0.0	-

The Trust is reviewing quality and safety data using statistical process control; this supports early identification of risk and enables proactive planning. A review of the metrics demonstrated common cause variation across the indicator metrics.

SAFE

PSIRF update: Serious Incidents (SIs) and Internal investigations

Jan-24



Trust Responsible Director Update

Serious Incident position:

At the time of PSIRF launch on 20 November the Trust had 107 open Serious Incident investigations with 66 investigations being overdue against the internal 60-day target. A deep dive into the open SIs demonstrated a significant number of these are attributable to maternity with the Health Services Safety Investigations Branch (HSSIB) involvement. Work is underway to develop actions based on the key themes for maximum learning and improvement in line with the principles of PSIRF.

The Trust has an objective of 0 open SIs by March 2024 ahead of the full transition to PSIRF. This is being monitored weekly to maintain focus on delivering this objective.

Since the launch of PSIRF on 20 November the Trust reported **2154 incidents** to LFPSE (up to 14/12/2023).

1969 were reported as patient safety events previously classified as “patient related” under the National Reporting and Learning System (NRLS).

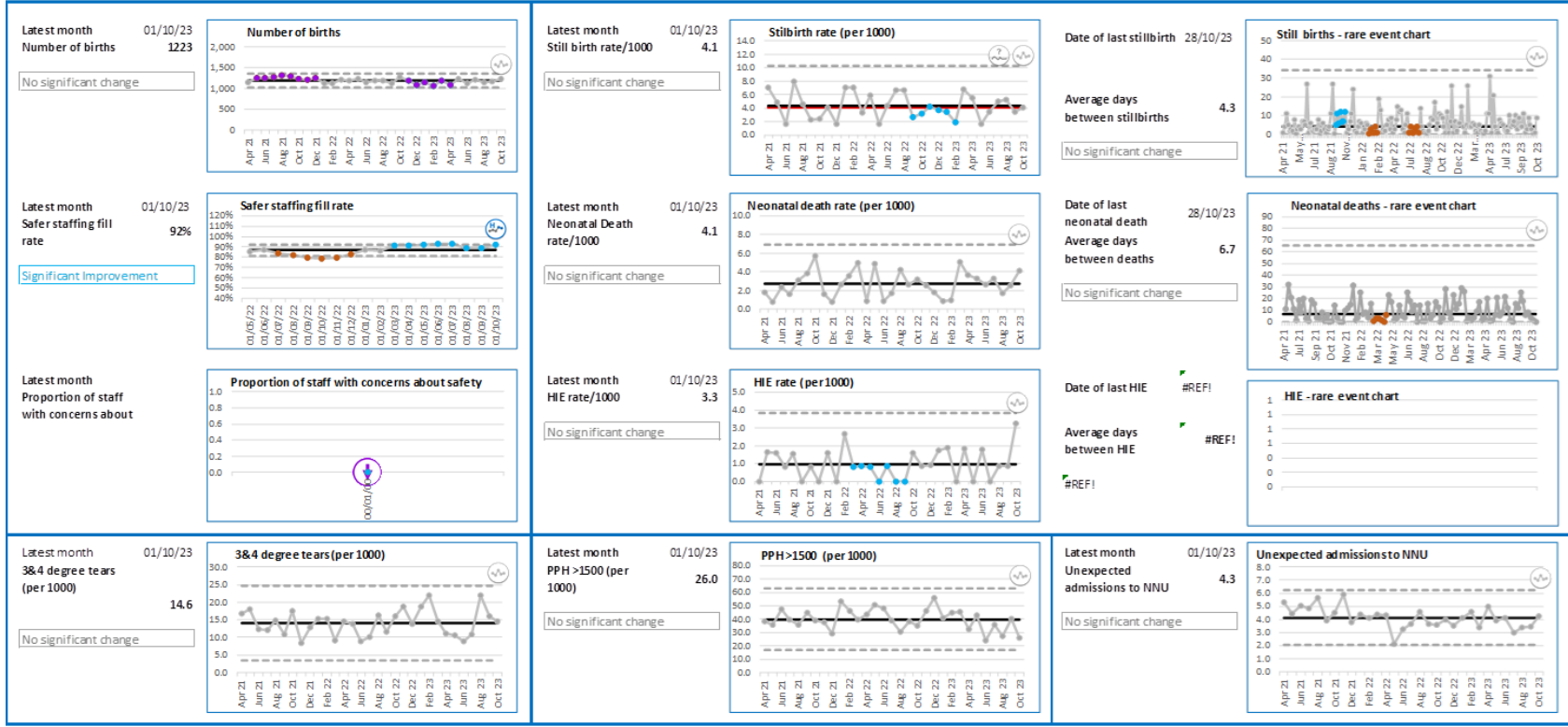
1280 incidents have been reviewed with recommended learning response recorded

Some of these incidents were reported before going live with LFPSE and PSIRF but are managed under the new framework.

Early indications suggest no impact to incident to reporting following Transition; a nationally recognised potential risk.

EFFECTIVE Maternity - Reading the signals Jan-24

Maternity overview Barts Health NHS Trust



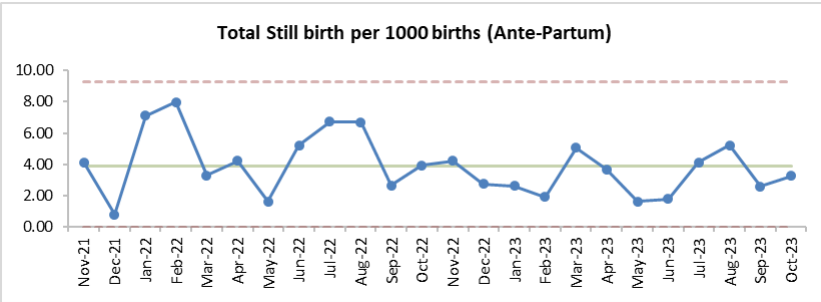
Performance Overview

Based on hospital level data, The Royal London was noted to have an increase in Hypoxic-Ischaemic Encephalopathy (HIE) rates. The Royal London and Newham saw improvements in their Postpartum Haemorrhage (PPH) rates. There have been significant QI programmes of work in this area, and the teams are hopeful for a sustained improvement trajectory. Newham also saw a deterioration in their 3rd and forth degree tear rates. This trend will be subject to a deep dive at hospital level to review cases and identify any learning.

Responsible Director Update

Midwifery staffing – This matrix is based on average fill rates across labour wards, birth centres and inpatient wards. The measure is not sensitive to highlight the acute staffing gaps that are being experienced on the labour wards across the services. Further work will be undertaken to identify a more sensitive measure for safe staffing that builds in acuity. Staffing has been challenging across the Festive period and the teams have mitigated to manage risk.

EFFECTIVE **Total number of Still births (all) per 1000 births** **Jan-24**



Indicator Background:

There is a national ambition to reduce stillbirth, neonatal death and brain injury by 50% by 2025. The stillbirth ambition is for the rate to decrease to 2.6 stillbirths per 1,000 births by 2025. The 2020 national rate was 3.8 stillbirths per 1,000 births unchanged since 2019.

What is the Chart Telling us:

There chart is telling us that overall for Barts Health there has been no significant change to the stillbirth rates.

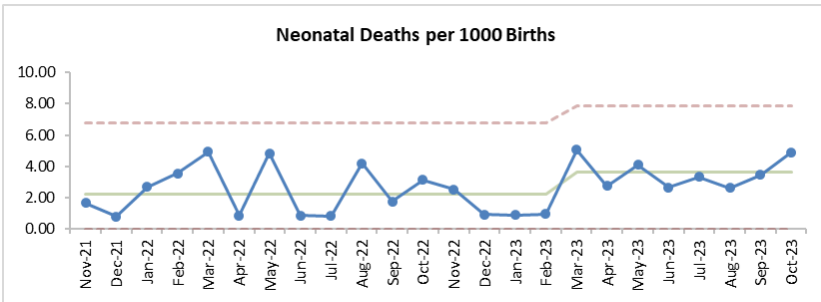
The data displayed does not differentiate between the site outcomes, which a limitation of the data

Performance Overview	Responsible Director Update
<p>In October there were 5 stillbirths across Barts Health. At Royal London Hospital, one case was an expected poor prognosis after a very early rupture of membranes. Two cases relate to women with gestational diabetes. Both babies were smaller than expected for their gestation, and no immediate care issues were found on review. One case showed an abnormal umbilical cord. All cases will be reviewed using the national perinatal mortality review tool, during which parental involvement is supported. The final case at WXH was for a woman who experienced a period of reduced fetal movements for 2-3 days before she attended. It was found that the mother did not receive written information on what to do if you experience reduced fetal movements in her pregnancy record. This finding has been included in the learning from incidents and action plans included in the Datix record.</p>	<p>Stillbirths are reviewed under internal governance and through the local maternity and neonatal system exception reporting. An initial review is undertaken by the governance leads, and a further, more formal review, where parents views are included is undertaken using the national Perinatal Mortality review tool.</p> <p>Deep dive reviews into 6 months of data in line with the Saving babies Lives Care Bundle v3 has been undertaken across NEL, and feedback is expected in early 2024.</p>

EFFECTIVE

Neonatal Deaths per 1000 Births

Jan-24



Indicator Background:

Prior to 2021, the national ambition covered all neonatal deaths, and required the neonatal mortality rate to fall to 1.5 deaths per 1,000 live births by 2025. In 2021, the ambition was revised, as outlined in the Safer maternity care progress report 2021. The ambition was changed to 1.0 neonatal deaths per 1,000 live births for babies born at 24 weeks or over (1.3 for all gestations).

What is the Chart Telling us:

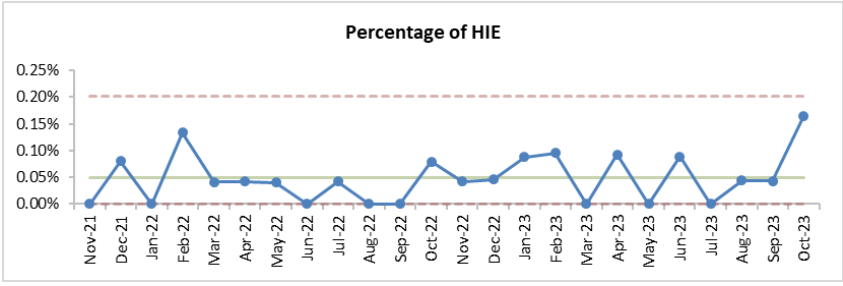
The charts tell us that thankfully neonatal deaths are rare. Because of this, that data fluctuates from month to month. Work with the Making Data Count team at NHS Improvement will support the development of a rare events chart which will assist with visualisation of performance and outcomes.

Performance Overview	Responsible Director Update
<p>There has been an increase seen in neonatal deaths recorded at Royal London Hospital. In month, 5 deaths were recorded. Two of these deaths were for babies transferred in for specialist neonatal care who were born at Newham University hospital. Both were premature babies, who had Necrotising Enterocolitis or NEC. One baby was born extremely prematurely and did not survive. There were two cases that have been identified as having potential care issues. One due to a potential mismanagement of an antenatal e-coli urine infection and one case where it was felt that there may have been an opportunity to deliver the baby earlier.</p> <p>The final case has been referred to MNSI (Maternity and Neonatal Safety Investigation programme) formally HSIB.</p>	<p>Due to the number of cases identified at a single site, there has been an internal review by the obstetric, neonatal and maternity teams with the medical examiners and medical director. No care issues outside of what has been initially found during governance processes were identified. Following the review, the team have asked for the support from the maternity improvement advisors to review these with the national neonatology lead with the support of the maternity safety support programme improvement advisors, to identify themes and learning that are not immediately apparent.</p>

EFFECTIVE

HIE (Hypoxic-Ischaemic Encephalopathy)

Jan-24



Indicator Background:

The rates for brain injury or HIE fluctuate monthly across the sites. Cases of severe brain injury are fortunately rare. Babies who are born in poor condition at birth are reviewed by our neonatal teams to review suitability for cooling therapy which is known to reduce the severity of injury to the brain following acute onset of hypoxia during birth. Cooling therapy is known to slow down the changes in the brain which can continue to have a detrimental effect even after the hypoxic insult has occurred. Babies are cooled for 72 hours, their body temperature is reduced and they are sedated and made comfortable during this process with various medications. Bart's Health provides this therapy at the Royal London site, and we also refer babies to The Homerton hospital where needed.

What is the Chart Telling us:

That there was only 1 diagnosed HIE grade 2/3 in babies born within and receiving treatment at Barts Health. Cases of HIE which are severe are thankfully rare.

Brain injury can be as a result of changes that occur during the pregnancy as a result of reduced blood flow to the placenta, but can also occur during labour, which is why foetal monitoring is a vital component of safe care. Any cases where a baby is referred for cooling and has a brain injury is referred for external review by HSIB. The data captured through Barts Health only includes cases of severe damage (HIE grades 2 &3) and babies both born and treated at Barts Health. Improvement work at Barts health focuses on foetal well being in pregnancy and good foetal monitoring during labour to identify early signs of hypoxia and to help us deliver these babies in a timely way.

Performance Overview

There were 4 cases of HIE grade 2/3 noted across Barts in October. There was 1 case at Whipps cross for a baby who was born after a period of reduced fetal movements, no care issues were identified on initial review. As this baby was less than 37 weeks, it does not meet the threshold for review by MNSI.

There were three cases identified at The Royal London. All cases have been referred to MNSI for investigation. One baby sadly passed away after 12 days. It was noted that there was a potential opportunity to deliver this baby earlier. The remaining two cases will be reviewed identifying any challenges with fetal monitoring and induction of labour processes. Some concerns with following Did Not Attend (DNA) procedures and following up women who do not attend for antenatal care in the community and at the hospital clinics have been identified, and action by the Matrons for antenatal clinic and community has been taken. There has also been publication of a new maternity DNA policy.

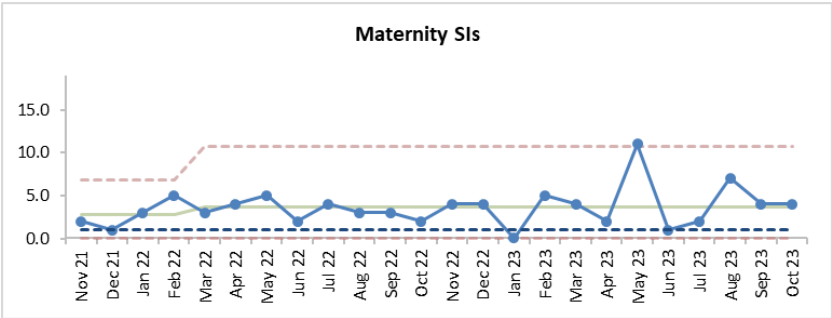
Responsible Director Update

Support for the holistic review of these cases at RLH is underway and will be supported by MNSI as part of their processes.

EFFECTIVE

Maternity – Serious Incidents

Jan-24



Indicator Background:

An SI is an incident in which a patient, member of staff or members of the public suffers serious injury, major permanent harm, or unexpected death, (or the risk of death or injury), on hospital premises. It could be an incident where the actions of healthcare staff are likely to cause significant public concern. It can also be an incident that might seriously impact upon the delivery of service plans and/or may attract media attention and/or result in litigation and/or may reflect a serious breach of standards or quality of service.

In maternity some incidents will still be declared as SIs even if it was not deemed that there was a lapse in care standards due to the serious impact this may have on the woman or baby and the opportunity for learning.

The Healthcare Services Investigation Branch, investigate maternity incidents that meet the Early Notification scheme (stillbirths at term, neonatal deaths, and babies sent for cooling therapy or with confirmed brain injury due to hypoxia) and maternal deaths.

Performance Overview

Whipps Cross: This case related to a woman at 35 weeks who arrived in triage with reduced fetal movements. She was taken for a caesarean section and found to have a uterine rupture. The baby was born in poor condition and went for cooling therapy at Homerton University Hospital. The baby has confirmed hypoxic ischaemic brain injury. No care issues have been identified on initial review.

Royal London: At 27 weeks the mother presented to triage with UTI symptoms. The urine result grew ecoli and ESBL. Follow up did not occur as per guidelines. A week later the mother was admitted with ruptured membranes and had an EMCS. The baby was admitted to NICU and sadly passed away at 12 hours of life (Baby's Blood Cultures grew ecoli/ESBL).

Newham: Mother was found to have antibodies during pregnancy. Some delays in confirmation and management plan during pregnancy. Management plan was not followed after birth and the baby did not have a review until the evening after their birth, and was found to have significant resus disease that required exchange transfusion on NICU. Baby discharged and will have follow up and review of developmental milestones.

Newham: Woman admitted in labour with undiagnosed breech presentation. Difficult delivery noted, and Erbs palsy noted during neonatal review. Referred and seen by neonatal team and neonatal physio before discharge with outpatient plan in place.

Royal London: At 41+4 the mother had an outpatient induction of labour for postdates. During labour a fetal bradycardia was noted on the CTG for approx. 6 minutes. A plan was made to transfer the mother to theatre, however the fetal heart recovered and the delivery did not go ahead until later and a further deterioration in fetal heart monitoring was noted. The baby was admitted to NICU and therapeutic cooling subsequently commenced. Baby diagnosed with HIE.

Jan-24



Operational Performance Report



SUMMARY

Operational Summary

Jan-24

Summary Performance Provided By Business Intelligence

Operational performance relating to Cancer standards presented below was impacted by periods of Junior and Consultant doctor industrial action during October 2023.

Urgent & Emergency Care

- For 2023/24 the NHS has set a 76% A&E performance standard to be achieved by all trusts by March 2024.
- In November 2023, 41,097 attendances were recorded, 1,279 (-3.0%) fewer attendances than October.
- A&E 4-hour performance for November decreased from 66.9% in October 2023 to 65.0% (-1.9%).
- The proportion of patients with an A&E 12-hour journey time increased from 8.3% in October to 9.4% in November (+1.1%), against a national standard of no greater than 2%.
- For November 2023, Barts Health recorded the second highest volume of A&E attendances of any trust in England and the highest volume in London. In terms of performance against the 4-hour standard, the Trust was ranked 12th out of 18 trusts in London and was ranked 7th out of the top 10 English trusts (ranked by volume of attendances).

Cancer

- During August NHS England announced a change to cancer waiting time standards, replacing the current set of ten waiting time standards with a reduced set of three headline measures, applicable from 1st October. Changes in reporting have been applied to this edition of the Board report providing views of aggregate performance relating to the 28-day Faster Diagnosis, 62-day Referral to Treatment and 31-day Decision to Treat standards. This is the first time performance has been reported in aggregate for the 62-day and 31-day standards.
- In October 2023 the trust achieved 75.5% in relation to the Aggregate Faster Diagnosis Standard, requiring 75% of referrals to have cancer diagnosed or ruled-out within 28-days, this marks the fourth consecutive month the national standard has been achieved.
- For October 2023 the trust did not achieve the Aggregate 62-day Referral to Treatment standard, recording a performance of 52.2% against a target of 85%.
- During October 2023 the trust achieved the Aggregate 31-day Decision to Treat standard, recording a performance of 96.1% against a target of 96%.
- With continued focus from NHS England on 62 day backlog clearance, at the end of November 2023, the trust recorded 349 GP referral patients waiting longer than 62-day.
- Whilst no longer a national headline measure the trust is continuing to shadow report internally against the 2-week wait from referral to first appointment standard. Please refer to later sections of this report.

Diagnostics

- For November 2023 a performance of 77.4% was recorded, an increase of 2.8% against October's 74.6%.
- During November the greatest challenges related to MRI, Cardiac CT and non-obstetric ultrasound long waits, with audiology also remaining challenged in relation to long waits and performance, with those specialties contributing 86% of all breaches.

Elective Care

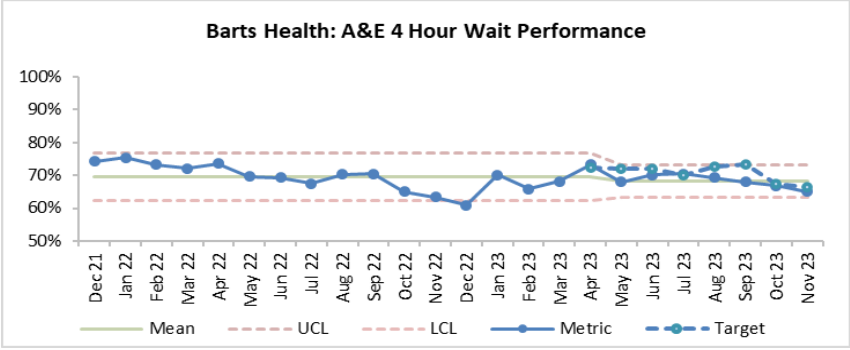
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For November 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,132 admissions against which the trust delivered 8,672 (+540 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 135,097 attendances, against which the trust delivered 148,660 (+13,563 attendances).
- In relation to the RTT month-end nationally submitted data the trust reported 9 pathways waiting 104+ weeks at the end of November 2023, one less than reported at the end of October.
- In relation to 78+ week wait backlog volumes, 305 pathways were reported at the end of November, an increase of 41 against the October position.
- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024. At the end of November the trust recorded 2,498 pathways waiting 65+ weeks, a decrease of 126 against the October position.

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Nov-23 (m)	>=66.3%	66.9%	65.0%	68.8%	64.1%	66.6%	64.4%	-	-	65.0%
A&E 12 Hours Journey Time	●			Nov-23 (m)	<=2.0%	8.3%	9.4%	-	6.9%	13.0%	8.8%	-	-	9.4%
Ambulance Handover - Over 60 mins				Nov-23 (m)	-	142	112	-	22	49	41	-	-	112
Ambulance Handover - Over 30 mins				Nov-23 (m)	-	2,132	2040	-	370	825	845	-	-	2040
Cancer 62 Day Aggregate	●			Oct-23 (m)	>=85%	66.9%	52.2%	62.7%	40.7%	60.8%	53.1%	52.3%	-	52.2%
Cancer 31 Day Aggregate	●			Oct-23 (m)	>=96%	96.7%	96.1%	96.3%	93.9%	89.9%	100.0%	98.0%	-	96.1%
Cancer 28 Day FDS Aggregate	●			Oct-23 (m)	>=75%	75.7%	75.5%	73.8%	72.3%	73.1%	75.7%	93.6%		75.5%
Diagnostic Waits Over 6 Weeks	●			Nov-23 (m)	>=99%	74.6%	77.4%	76.5%	62.4%	99.6%	98.4%	71.6%	100.0%	77.4%
65+ Week RTT Breaches	●			Nov-23 (m)	1,473	2,624	2,498	-	1,801	492	197	8	-	2,498
78+ Week RTT Breaches	●			Nov-23 (m)	45	264	305	-	249	33	21	2	-	305
104+ Week RTT Breaches	●			Nov-23 (m)	0	10	9	-	5	2	1	1	-	9

**RESPONSIVE
Urgent & Emergency
Care**

A&E 4 Hour Waiting Time

Jan-24



Indicator Background:

The A&E four-hour waiting time standard requires patients attending A&E to be admitted, transferred or discharged within four hours. From 2010 the four-hour A&E waiting time target required that at least 95% of patients were treated within four-hours.

As a consequence of the impact of the Covid pandemic, during December 2022 an intermediary threshold recovery target of 76% was set to be reached by March 2024 with further improvement expected in 2024/25. Fundamentally the four-hour access target is a clinical quality and patient experience measure.

Trust Performance Overview

Overall trust 4-hour performance for November was 65.0%, 1.3% below that months target of 66.3%, set to meet the year end national recovery target of 76% by March 24. Year to date the trust is recording a performance of 68.8%.

What is the Chart Telling us:

The data records a reducing trend in relation to performance against the 4-hour standard since the start of the data-series in December 2021. A reducing step-change is triggered from May 2023 resulting from a run of 8 data-points below the mean. A degree of variability is visible in the data from December 2022, with that month recording the lowest performance in the data-series and April 2023 recording the highest since April 2022. A degree of consistency above or close to the 70% threshold is then visible in the data across the period June to August 23 with a reduction in performance from September 23.

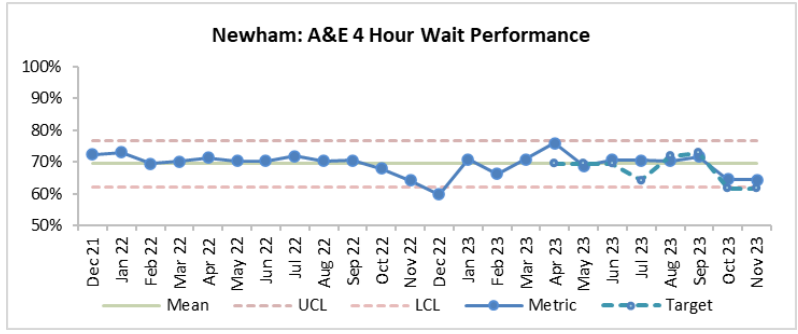
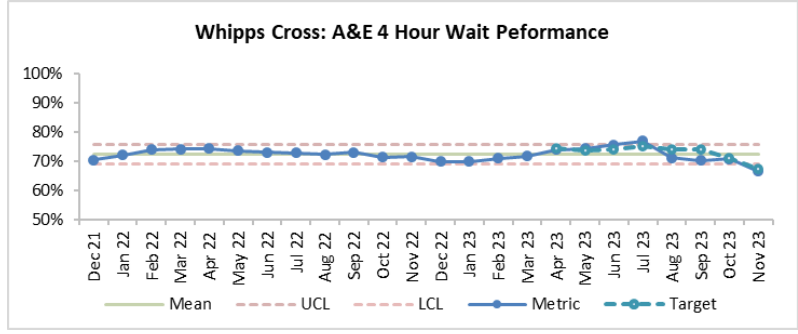
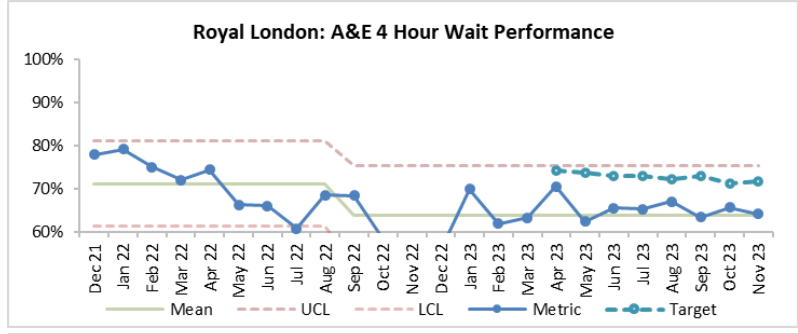
Trust Responsible Director Update

- **Overall Trust performance:** Trust performance was 65%, below the trajectory of 67.3%, with the Trust 12th out of 18 reporting Trusts on the four hour standard. Like all London Trusts, Bart’s has experienced a deteriorating performance position as winter pressures increase.
- **Industrial Action:** The BMA (Junior Doctors) called further industrial action (IA) in December and January, a prolonged period of IA at a time of peak winter pressures. The Trust has implemented well-developed management arrangements for IA, however there have been challenges ensuring minimum safe staffing levels across UEC pathways at each hospital, with Newham hospital contending with particular fragility.
- **UTC performance:** There has been a UCC review now complete at RLH and Newham. The hospital team at Newham recognise some material opportunities for improvement in UTC performance, However opportunities for improvement at RLH are less obvious.
- **Admitted performance:** Type 1 admitted performance improved in month despite the increase in attendances. This was driven by an increase in pre-11 discharges at Trust level.. This was driven by an increase of 1.8% by Newham, and 1% by Whipps Cross with the Royal London improved by 2%. We also saw an increase in the number of patients streamed to SDEC (Same Day Emergency Care) across the Trust.
- **Non-admitted performance:** In October Type 1 Non admitted attendances increased by 568 patients. This in turn impacted on performance which at Trust level deteriorated by 1.8%. Our focus is on supporting the streaming and direct access for our non-admitted patients to our emergency village, as well as working with external partners such as 111, and primary care to redirect patients where appropriate.
- **System working and developments:** The system co-ordination centre for North East London is now live and Barts Health is working with NHS NEL to ensure that the SCC contributes in a positive way to addressing winter pressures. Work is ongoing with NHS NEL and place based colleagues to increase the visibility of our discharge ready cohort of patients, along with confidence that place based actions are delivering an improvement in discharge flow through the hospitals. Plans have been agreed to revise the NEL performance meetings to reflect this. Dialogue continues with London Ambulance Service in an attempt to ensure that STEPS are applied in a logical fashion and that requests for blue divers are responded to consistently.

**RESPONSIVE
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A&E 4 Hour Waiting Time

Jan-24



Hospital Site Performance Overview

Royal London:
The Royal London recorded a performance of 64.1% for November, a decrease of 1.5% against October's 65.6%. Key challenges remain across Type 3 activity at RLH with UTC performance continuing to be variable.

Whipps Cross:
Whipps Cross recorded a performance of 66.6% for November, a decrease of 4.2% against October's 70.8%. There is the expectation that the recent establishment of SDEC and SAU (surgical assessment unit) at Whipps Cross will lead to performance improvements.

Newham:
Newham recorded a performance of 64.4% for November, a reduction of 0.2% against October's 64.6%. Work is in hand to realise the opportunities inherent in improved UTC performance at Newham.

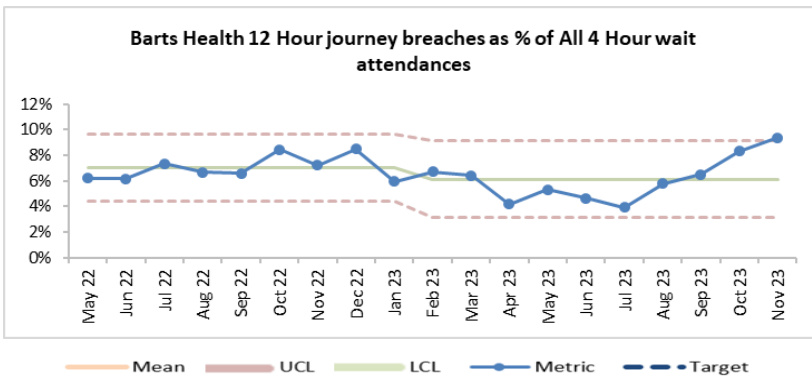
Breach Reduction Across Hospitals
A detailed analysis has been undertaken across our hospitals to outline the potential for reducing daily breaches across each area in ED. This is in line with our ambition to achieve the 76% standard by March 2024. Delivery of this is overseen by the Unplanned Care Board. Summary aims by hospital are set out below:

- **Royal London (50 Less Daily Breaches)** Type 1 (40 less daily breaches) focus on paediatrics, productivity and utilisation, rapid release policy implementation. Type 3 (10 less daily breaches) focus UTC improvement programme, redirection opportunities for Newham residents, overnight breaches.
- **Newham (40 Less Daily Breaches)** Type 1 (20 less daily breaches) focus on increased streaming to SDEC and workforce support in this area. LLOS review and reductions in over 21 day position and moving towards reducing over 17 day position. Type 3 (20 less daily breaches) focus on implementing rota and productivity improvements following ECIST demand and capacity tool review. Reducing breaches through continued productivity improvement work.
- **Whipps Cross (40 Less Daily Breaches)** Type 1 (35 less daily breaches) focus on Pathway Zero Long Length of Stay patients and pre-11am discharges. Ensuring that initial assessment space in the emergency department is not used for patients for whom a decision to admit has already been made. Type 3 (5 less daily breaches). Actively streaming 5 more patients a day from type 1 to reduce demand.

**RESPONSIVE
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A&E 12 Hrs Journey time

Jan-24



Trust Performance Overview

The proportion of patients with an A&E 12-hour journey time increased from 8.3% in October to 9.4% in November (+1.1%), against a national standard of no greater than 2%, with Whipps Cross seeing the largest proportion of patients waiting at 13.0%.

Indicator Background:

The NHS has two methods for measuring twelve-hour A&E waiting times. The first, also referred to as “trolley waits”, refers to the elapsed time from the point a decision is made to admit a patient to the point the patient leaves A&E to be admitted to a hospital bed. As such the standard only measures waiting time against the twelve-hour threshold for patients requiring admission and does not include the period prior to a decision to admit being made.

The second method measures the elapsed time from the moment a patient attends A&E to the time they are admitted, discharged or transferred. As such this version of the standard is referred to as the “total journey time” as it measures all elements of the patients journey regardless of whether or not they require admission.

Both versions of the standard are designed to measure and improve patient experience and clinical care. However, it is the “journey time” standard reported in this section of the performance report. 12 hour journey time is a key performance and safety metric with the Royal College of Emergency Medicine noting a correlation of long waits in A&E’s to potential patient harm and clinical outcome.

What is the Chart Telling us:

The chart presents considerable data-variability above and below the mean (Green line) however without any statistically significant breaches of the upper or lower confidence limits, however a reducing step-change is visible in the data from January 23. July 2023 recorded the lowest proportion of 12-hour breaches up to that point in the data-series at 3.9%, however the proportion of breaches increased across August to November increasing from 5.8% to 9.4% across the period.

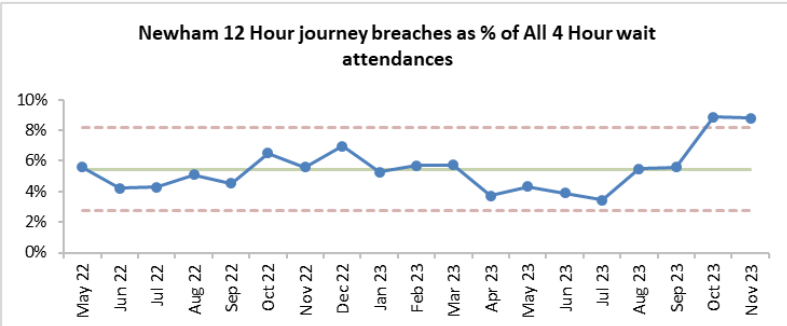
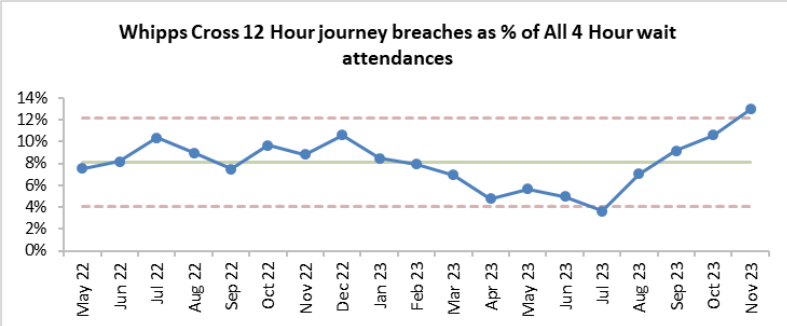
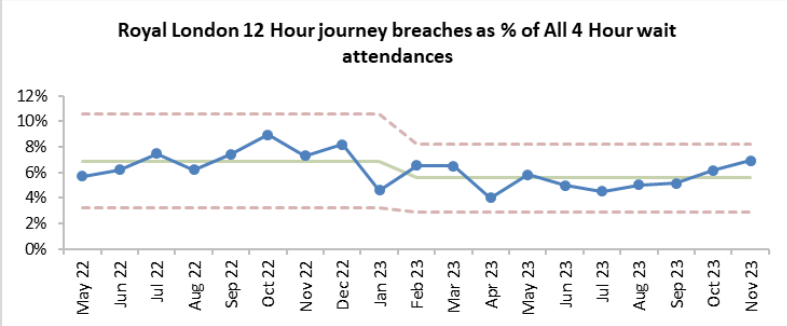
Trust Responsible Director Update

- **Trust wide:** In October, our 12-hour journey time increased by 1.8%. The overall position was driven by an increase in 12 hour journey times at both Whipps Cross and Newham. In correlation our discharge ready position rose by 1.2 %, and the Length of Stay (LoS) for our mental Health patients in ED rose to an average of 18 hrs.
- **Mental Health:** At Whipps Cross the average LoS for our mental health patients has now reached 23hrs, although attendances remain static. At Newham, the average LoS for our mental health patients increased in October to 19hrs. Processes will be developed to monitor the impact through the Trust clinical harm group. Performance in managing mental health delays has improved in recent weeks, analysis of the evidence will follow, with better flow of patients into the most appropriate settings.
- **Rapid release programme:** Trust wide the Hospitals are working to reduce our 12 hour journey time through driving pre-11am discharges and implementing rapid release in our Emergency departments when they become congested. Rapid release is in routine use at RLH.
- **SDEC:** In December the new SDEC at Whipps Cross opened, enabling a number of patients to access specialist care and be discharged on the same day, rather than be admitted.

**RESPONSIVE
Urgent & Emergency
Care**

A&E 12 Hrs Journey time

Jan-24



Mean UCL LCL Metric Target

Hospital Site Performance Overview

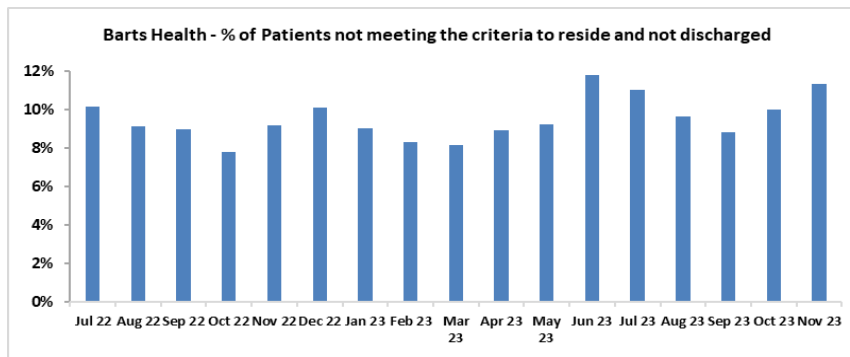
Royal London:
The proportion of 12-hour wait times recorded at the Royal London was 6.9% for November 2023, an increase of 0.7% against October's 6.2%.

Whipps Cross:
The proportion of 12-hour wait times recorded at Whipps Cross was 13.0% for November 2023, an increase of 2.4% against October's 10.6%.

Newham:
The proportion of 12-hour wait times recorded at Newham was 8.8% for November 2023, a decrease of 0.1% against October's 8.9%.

The number and proportion of 12-hour breaches is heavily influenced by the pressure A&E's are under, including patient flow challenges, for example the early availability of inpatient beds and general availability of beds due to increased length of stay. Elevated A&E wait times for mental health patients also has a significant impact on the data.

Percentage of beds occupied by patients who no longer meet the criteria to reside



Indicator Background:

Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. Not only is this bad for patients but it also means the bed cannot be used for someone who needs it, either waiting for admission from A&E or waiting for an elective admission from the waiting list.

In order to focus attention on this issue all hospitals are required to review their patients every day against what are known as the “criteria to reside”. Where a patient no longer needs to be in a hospital bed then they also no longer meet the criteria to reside and should have an active plan in place to discharge them, in some cases with support from health and social care services, or they may require a residential placement in a community setting. Lack of community resources or inefficient hospital discharge processes can result in such patients remaining in a hospital bed.

It is these patients that are reported in this section of the Board report. While there is no national target, the number and proportion of no criteria to reside patients should be as small as possible and reducing over time. A new national discharge ready metric will be reported on a daily basis and replaces the ‘no criteria to reside’ category. This return and discharge processes requires continuing close partnership working between Local Authorities, social care colleagues and acute providers.

Trust Performance Overview
The number of patients who no longer meet the criteria to reside increased in November. During the month 11.4% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 792 patients (average across the month of 26 patients a day) and a total of 4,765 bed days.

- Whipps Cross: 16.4% equivalent to 314 patients, average across the month of 10 patients a day.
- Royal London: 13.0% equivalent to 306 patients, average across the month of 10 patients a day.
- Newham: 8.4% equivalent to 158 patients, average across the month of 5 patients a day.
- St Bart’s: 1.3% equivalent to 20 patients, average across the month of less than 1 patient per day

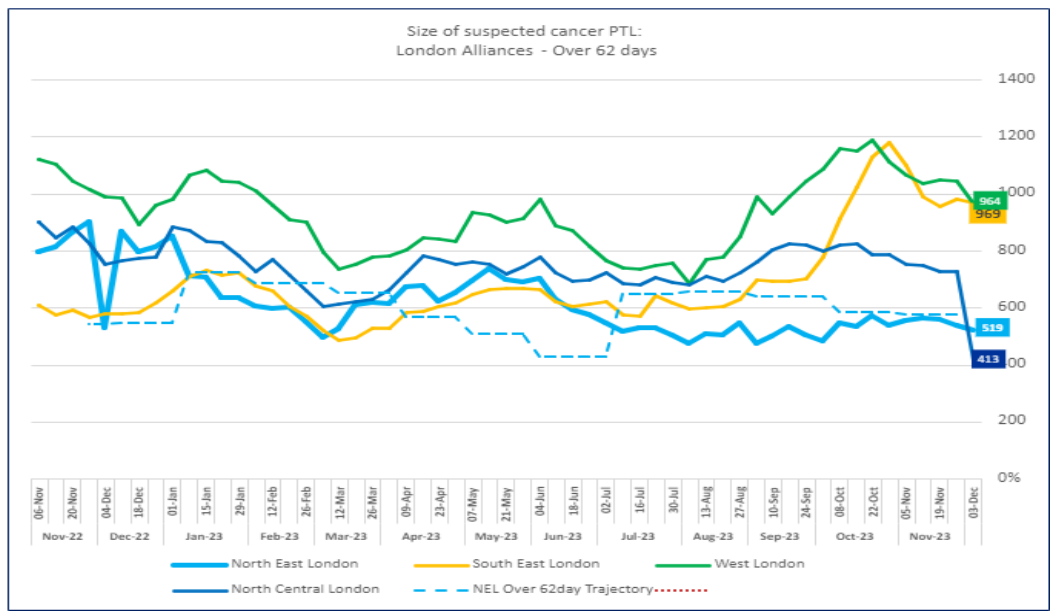
Trust Responsible Director Update

- Discharge ready:** Discharge ready is the new NHSE metric to measure our patients that no longer meet the criteria to reside. Our patients with an historic ‘discharge ready’ date rose by 1.2% in October to 10.1%. This is the equivalent to 704 patients across the Trust
- Whipps Cross** has seen the largest increase with 14.9% of beds occupied with discharge ready patients, a position which has been consistently increasing. We are working with place based partners on alternative pathways for this group of patients to support an earlier discharge date.
- Out of area patients:** Our longest staying patients who are discharge ready are our out of area patients. We are working with our place-based partners to hold a series of MADE (Multi Agency Discharge) events to support getting this group of patients home. We are also using these events to pull out themes and any learning to improve the experience for this group of patients in the future and implement new processes.
- Pre-11am discharges:** Our pre-11 discharges have increased to 13.1%, an increase of 2.6%. An improvement was seen across all of our Hospitals, with the unvalidated pre-11am discharge position of **Newham 7.97%, Royal London 15.97%, Whipps Cross 12.81%, St Bart’s: 12.59%**. This was in parallel to an increase in our discharge lounge utilisation. Work continues to drive this programme of improvement across our Hospitals in collaboration with our Improvement and Transformation teams
- Virtual ward programme:** The number of Virtual wards across the Trust continues to grow each month, and we now have over 100 virtual beds open across the Trust, with a further 50 beds coming on line in December. This offers an alternative pathway for our patients who require ongoing care who do not need to stay in Hospital, with a home first

Cancer waiting times
Benchmarking
performance

Cancer Benchmarking Against Other Trusts

Jan-24

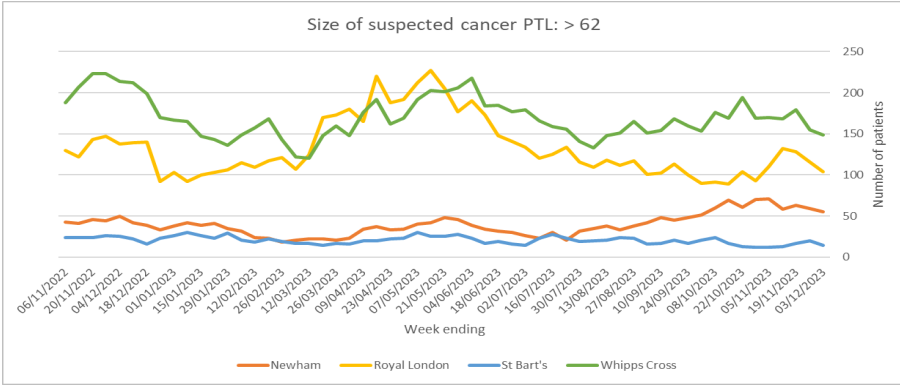


- In October, the published Cancer Waiting Time Standards (CWT), Barts Health achieved 2 of the 3 cancer standards, FDS (75.5%) and 31 Day (96.1%). This change reduced the standards down from 10 to 3. The Trust continues to internally monitor patients through the first new report, which previously would have been a 2WW.
- As of the 3rd of December 23, North East London (NEL) had the second lowest backlog at 6.6% with 519 patients waiting above 62 days.
- Barts Health backlog was 8.7% with 317 patients waiting above 62 days. The Trust target is to be at 272 patients by 31st March 2024 as set out in the H2 plan.
- Barts Health was removed from Tier 2 by NHSE on the 7th December 23, with NHSE being assured of the trust plans. Work continues through the drive to five programme to reduce the backlog further. A capacity and demand tool is being developed in order to support hospitals to putting on additional activity to reduce waits and move closer to delivering the best practice timed pathways (BPTP).

03-Dec	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	519	-19	6.6%	7836
North Central London	413	-316	9.7%	4256
South East London	969	-15	10.2%	9521
West London	964	-81	6.5%	14761
England	21762	-1107	8.7%	248829

03-Dec	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	519	-19	6.6%	59
Barking	175	+5	5.3%	28
Barts Health	317	-24	8.7%	41
Homerton Univ	27	+0	3.0%	-2
London	2865	-431	7.9%	

RESPONSIVE Cancer **Cancer > 63 Waiting List Backlog** **Jan-24**



Month	Total PTL - Actual	Number of 63+ Days (actuals)	Actual Backlog %	7% Target	5% Target
Apr-23	4,169	419	10.1%	292	208
May-23	4,315	457	10.6%	302	216
Jun-23	4,257	353	8.3%	298	213
Jul-23	4,223	308	7.3%	296	211
Aug-23	3,822	310	8.1%	268	191
Sep-23	3,961	315	8.0%	277	198
Oct-23	4,112	344	8.4%	288	206
Nov-23	3,883	322	8.3%	272	194

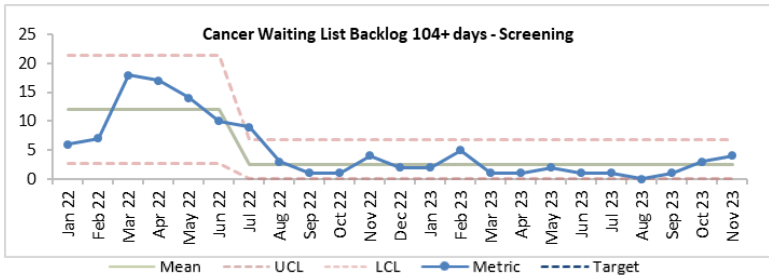
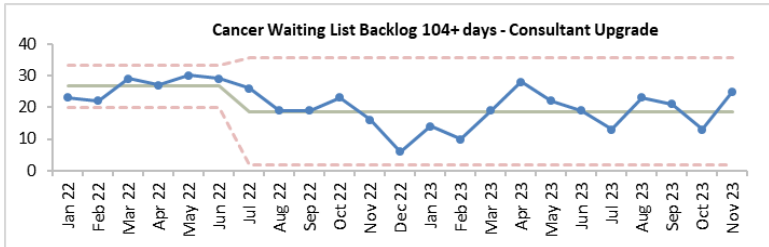
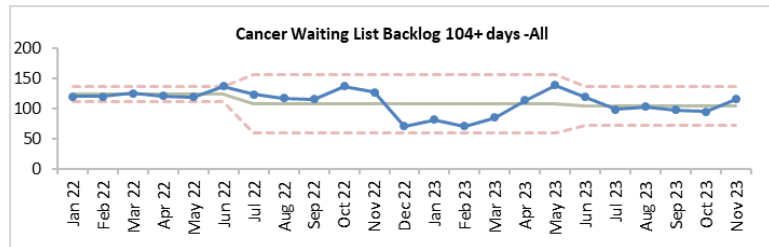
Trust Responsible Director Update

- The Trust monitors all patients waiting over 62 days, which is broken down in > 104 days then 63-103 days. All patients who breach the 62 day standard would go through a clinical harm review process, which would be signed off by the Clinician.
- The biggest backlogs continue to be within Urology, Gynae and Colorectal, all have improvement plans that report into the drive to five programme. There are 3 Operational Improvement Managers that were funded by the Cancer Alliance, that are looking to implement the Best Practice Timed Pathways (BPTP) within Colorectal, Prostate, Lung, Gynae, ENT and Oesophageal pathways.
- There are three main risks and mitigations within cancer:
 - Histopathology turnaround times, will be monitored through Cancer Alliance and new board being launched in January 24.
 - Industrial action, where patients affected all remain on the cancer tracking list so next event can be planned.
 - Imaging reporting, which has a workstream being led by the Acute Provider Collaborative APC, a clinical lead has now been appointed to support this workstream.

**RESPONSIVE
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Cancer 104+ Waiting List Backlog

Jan-24



Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme (a standard of 90%) or by a consultant upgrading the urgency of the referral (a standard of 85%) should be treated within 62 days. Historically performance against each of the standard components has been reported separately with the headline measure those patients referred by their GP.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three 62-day standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

The NHS has made it a priority to clear the backlog of patients waiting longer than 62-days with the number of patients waiting no greater than at the start of the Covid pandemic by March 2024.

What is the Chart Telling us:

The three charts break out 62-day backlog for All referrals as well as for Consultant Upgrade and Screening referrals. For Consultant Upgrade and Screening the charts present reducing step-changes in the data series resulting from a run of 8 data-points below the preceding mean, meaning backlog has reduced over the course of the charts time-series. The reductions have been sufficient to drive a reducing step change against All patients waiting from May 2022 with three last four data points below the mean, however an uptick in November is visible in the data.

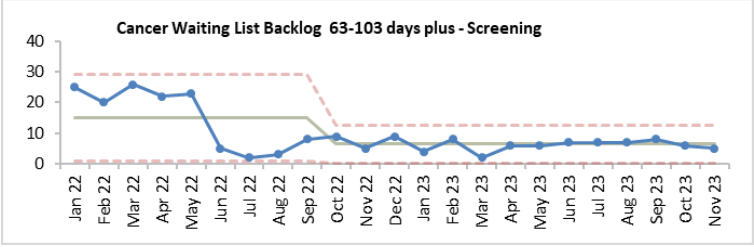
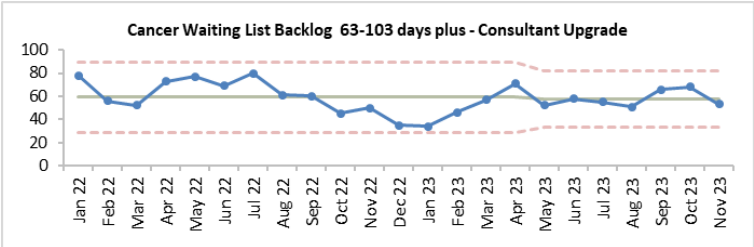
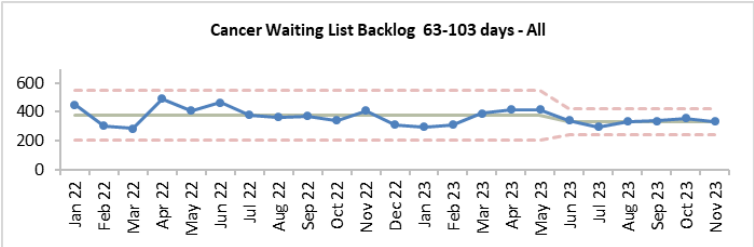
Trust Performance Overview

The charts opposite present the 116 cancer pathways waiting greater than 104 days at the end of November 23, an increase of 23 against the October position of 93. The charts present the number of patients waiting by All referrals, Consultant Upgrade and Screening service referrals. This represents all patients waiting 104 days and above. All these patients will go through the clinical harm review process, once treated.

**RESPONSIVE
Cancer**

Cancer 63 -103 Waiting List Backlog

Jan-24



— Mean — UCL — LCL ● Metric — Target

Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme (a standard of 90%) or by a consultant upgrading the urgency of the referral (a standard of 85%) should be treated within 62 days. Historically performance against each of the standard components has been reported separately with the headline measure those patients referred by their GP.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three 62-day standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

The NHS has made it a priority to clear the backlog of patients waiting longer than 62-days with the number of patients waiting no greater than at the start of the Covid pandemic by March 2024.

What is the Chart Telling us:

Reducing step-changes for 63+ day backlog resulting from Consultant Upgrade and Screening service referrals have driven a reducing step-change against All 63+ day backlog from May 23, the last five data points all show a reduction on or below the mean.

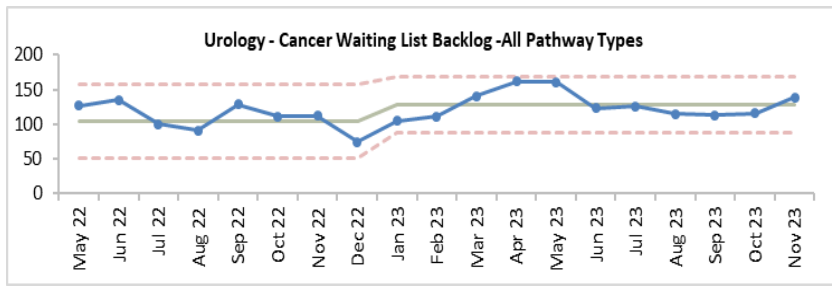
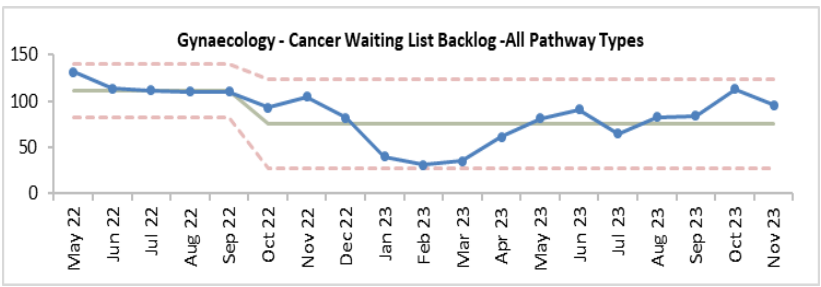
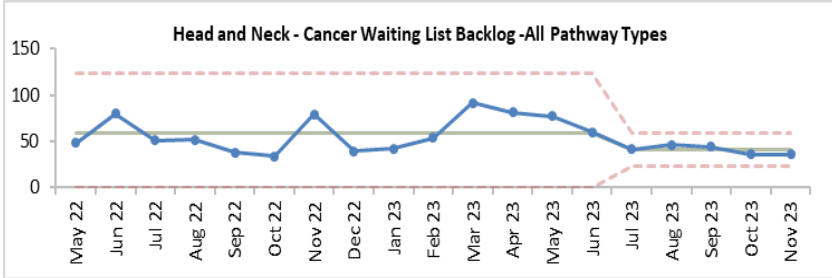
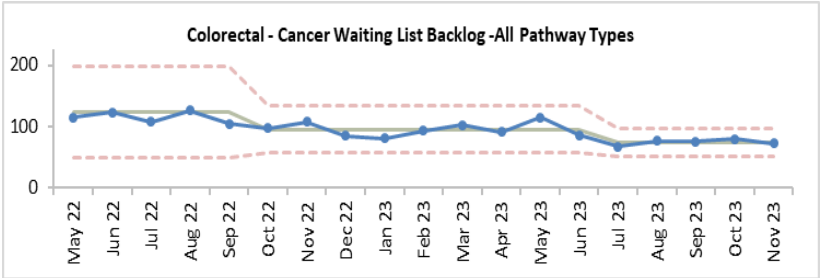
Trust Performance Overview

With continued focus from NHS England on 62 day backlog clearance, at the end of November 2023, the trust recorded 320 patients waiting between 63 and 103-days, representing a decrease of 24 against the October position.

**RESPONSIVE
Cancer**

Cancer Waiting List Backlog Improvements

Jan-24



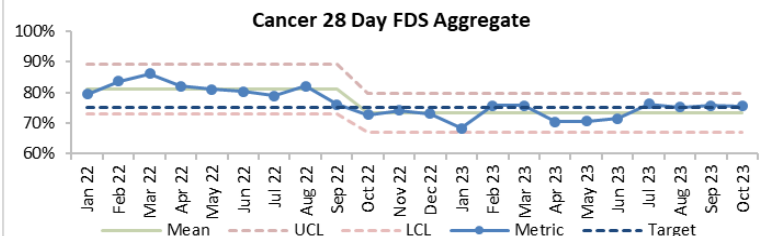
Commentary

- The above SPC charts show the improvements within Colorectal and ENT since the trust went into tier 2 in May before exiting this on 7th December 2023
- Gynae and Urology remain our biggest challenged pathways, they have fluctuated since May but continue to be managed closely and have been impacted by recent Industrial Action (IA).

RESPONSIVE

Cancer Faster Diagnosis Standard Metrics (FDS)

Jan-24



Indicator Background:

Over the last two years the 28-day Faster Diagnosis Standard has been introduced. The standard requires at least 75% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, to have cancer ruled out or receive a diagnosis within 28 days.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three Faster Diagnosis Standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

The Faster Diagnosis Standard is considered a better measure for clinical care and patient experience than the two-week wait target. The two-week wait target simply measured the time from referral to seeing a specialist, it did not measure waiting times for diagnostic tests, results reporting and for the patients to be told whether or not they have cancer. However two-week waiting times continue to be reported to the NHS and are included on a later slide.

Metric Name	Sep-23			Oct-23		
	Seen	Breaches	%	Seen	Breaches	%
Cancer 28 Day FDS Aggregate	3,028	737	75.7%	3076	754	75.5%
Cancer 28 Day FDS Breast Symptomatic	135	1	99.3%	214	2	99.1%
Cancer 28 Day FDS Screening	14	2	85.7%	17	7	58.8%

What is the Chart Telling us:

The chart presents performance against the Aggregate element of the standard. For the period January 2022 to December 2022 compliance was achieved against the 75% standard, however the Trust was non-compliant for the period January 2023 to June 2023. For July, August, September and October 23 the trust returned to compliance recording a performance of 76.3%, 75.3%, 75.7% and 75.5% in each of those months.

Breakdown by Tumour Sites Failing 28 Day FDS Standard (Aggregate) - Oct-23			
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,076	754	75.5%
Upper Gastrointestinal	266	77	71.1%
Haematological	33	12	63.6%
Gynaecological	314	124	60.5%
Lower Gastrointestinal	506	246	51.4%
Urological	257	153	40.5%

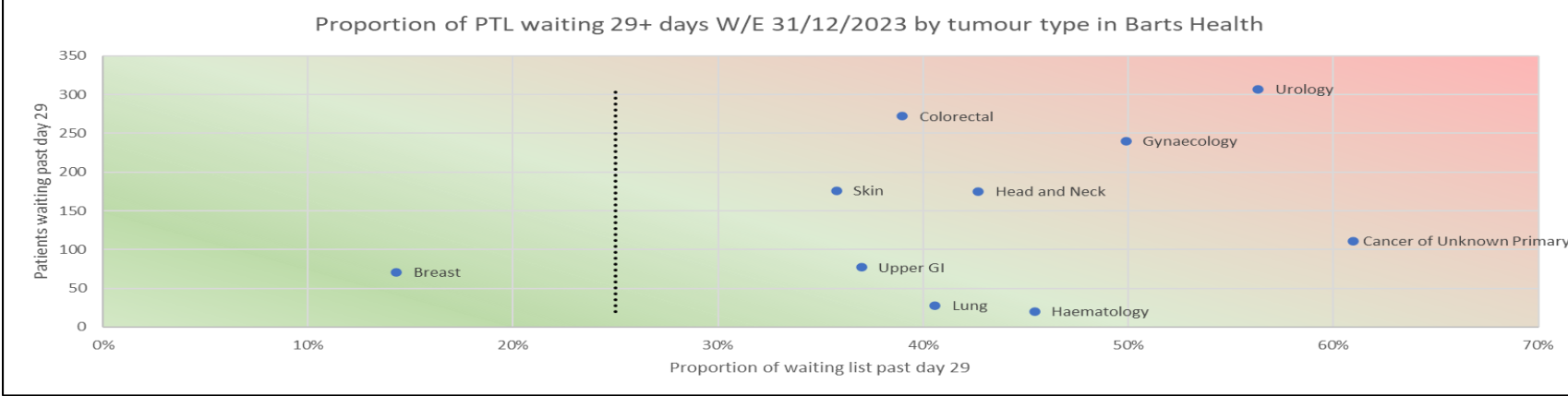
Trust Performance Overview

For October 2023 the Trust achieved the standard for Breast Symptomatic (99.1%), however did not achieve the standard for Screening referrals (58.8%) and just missed the standard for GP urgent referrals (73.8%). However the trust did achieve the standard for All (aggregated) referrals, recording a performance of 75.5%, the fourth consecutive month aggregated performance has been achieved since July 2023.

Trust Responsible Director Update

- Barts Health achieved the aggregated FDS standard at 75.7%, which was for the fourth consecutive month. The provisional November performance is over 76%.
- The 2WW element within FDS standard remains to be challenged at 73.8%, which is due to non compliance within Urology, Colorectal, Upper GI and Gynae, all of which are challenged and the cause of the 62 day backlog.
- The trust continues to use the FDS dashboard, and refocussing data being presented at Elective Recovery Board and weekly access meetings with each hospital.

RESPONSIVE **Cancer Faster Diagnosis Standard Heat Map** **Jan-24**



Barts Health		Breast	Cancer of Unknown Primary	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other (Brain, Other or Paediatric)	Skin	Upper GI	Urology	Total
Maximum tolerance (% waiting 29+ days)		10%	25%	25%	25%	25%	25%	15%	25%	10%	25%	25%	25%
Current Week	31/12/2023	21	66	98	120	9	73	18	1	127	25	171	572
Week prior	24/12/2023	6	56	62	117	6	60	13	1	103	7	146	398
Nov-23	03/12/2023	0	44	64	103	2	72	9	1	141	7	153	411
Oct-23	29/10/2023	-10	32	72	140	7	59	14	2	126	13	132	403
Sep-23	01/10/2023	14	19	105	104	1	4	13	-1	117	9	98	295
Aug-23	03/09/2023	17	46	127	120	13	36	14	2	163	23	119	501
Jul-23	30/07/2023	10	16	56	65	13	81	19	0	51	16	105	225

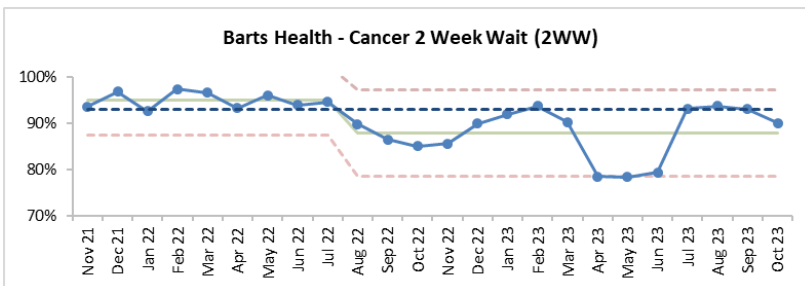
Commentary

- As you can see from the above heat map, the above Challenged tumour groups for Faster Diagnostic Standard (FDS) are within Cancer of Unknown Primary (CUP) know as Non Specific Symptom (NSS) clinic with 66 patients waiting more than 29 days, followed by Urology with 171 patients, then Gynae with 120 patients.
- Skin has been challenged within the first new part of the pathway (previously know as 2WW), the team are currently in sourcing and the corporate cancer team are working with them to develop plans in order to improve FDS part of the pathway.
- A revised FDS pack has been produced for each hospital, to help focus on FDS performance and then track improvements week by week.

RESPONSIVE

Cancer 2 Week Wait

Jan-24



Indicator Background:

The Cancer two-week wait standard has been in place for many years and requires at least 93% of patients urgently referred by their GP for suspected cancer to receive a first outpatient appointment within two-weeks. The standard also requires 93% of patients with breast symptoms, where cancer is not suspected, to receive a first hospital assessment within two-weeks.

Over the course of the last two years the 28-day Faster Diagnosis Standard, reported on the previous page, has been introduced as a better measure of clinical care and patient experience as it includes waiting times for diagnostic tests, results reporting and for the patient to be told whether or not they have cancer.

What is the Chart Telling us:

The chart details a period of variable performance against the 93% standard for the period September 2021 to January 2022. However, the Trust returned to compliance between February 2022 and July 2022, before returning to non compliance between August 2022 to January 2023. The Trust was non compliant between March and June 2023 with April, May and June's performance dropping below the lower confidence limit, a significant reducing change in performance. However, performance significantly improved across July, August and September with the standard achieved in all three months.

Site	Seen	Breaches	Performance	Target
Newham	548	11	98.0%	93.0%
Royal London	925	115	87.6%	93.0%
St Bart's	269	88	67.3%	93.0%
Whipps Cross	1,819	142	92.2%	93.0%
Barts Health	3,561	356	90.0%	93.0%

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,561	356	90.0%
Skin	642	159	75.2%
Other	67	16	76.1%
Children's	11	2	81.8%
Breast	658	89	86.5%
Gynaecological	430	51	88.1%

Trust Performance Overview

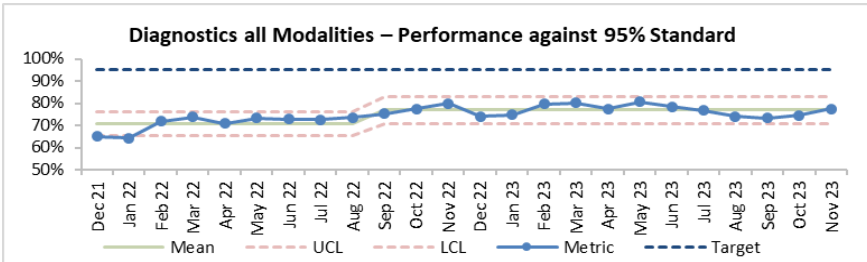
In October 2023 a performance of 90.0% was recorded in relation to the 2 week wait standard, set at 93%, a reduction of 3.0% against September's 93.0%. Breaches of the standard increased from 243 in September to 356 in October (+113), the number of patients seen increased from 3,496 to 3,556 (+60) across the same period meaning the proportion of patients breaching the standard increased.

Trust Responsible Director Update

- The Trust continues to shadow report the 2WW aspect of the previous standard through the first new report that was launched in October 23.
- The drop in performance was related to capacity shortfall in Skin, Breast and Gynae, this continued to be an issue into November, however December saw an improved position.
- The focus in 2024 is reducing waits further, and offering more areas of straight to test where possible.

RESPONSIVE Jan-24

Diagnostic Waits Over 6 Weeks



Trust Performance Overview

- For November 2023 a performance of 77.4% was recorded, an increase of 2.8% against October's 74.6%.
- During November the greatest challenges related to MRI, Cardiac CT and non-obstetric ultrasound long waits, with audiology also remaining challenged in relation to long waits and performance, with those specialties contributing 86% of all breaches.

Indicator Background:

During the period when Referral to Treatment was being introduced across the NHS three key stages of treatment were identified, each to take no longer than six weeks, 18 weeks in total. The three key stages of treatment were:

1. Outpatient Pathway
2. Diagnostic pathway
3. Admitted pathway

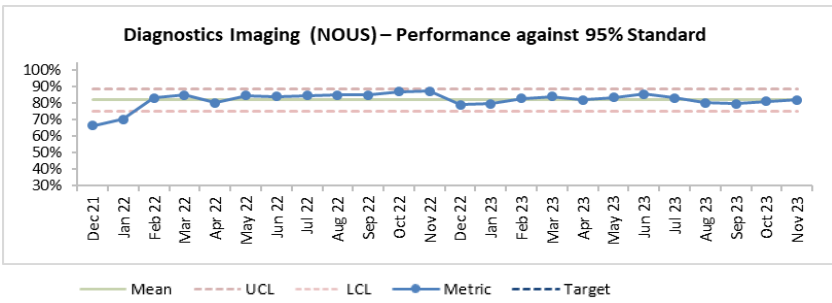
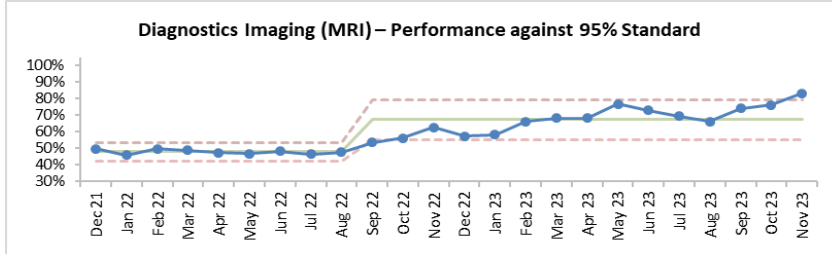
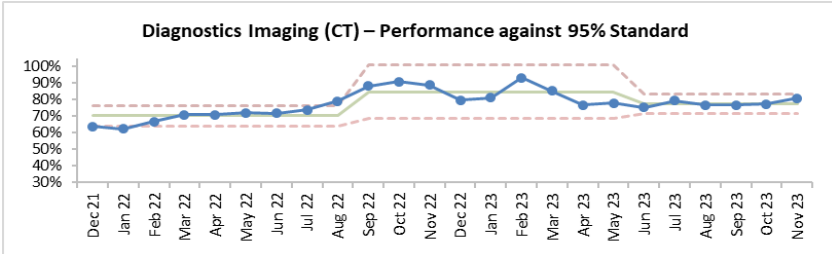
As part of the drive to reduce overall waiting times a 6-week maximum wait was set to receive a diagnostic test following referral for a test with an operational standard set of 99% of patients receiving their test within 6-weeks. The standard applies to a basket of 15 diagnostic modalities across imaging, endoscopy and physiological measurement. As part of the Covid pandemic recovery process a target of 95% has been set across the NHS to be achieved by March 2025.

What is the Chart Telling us:

An increasing step-change (resulting from a run of 8 data-points above the preceding mean) may be observed from August 2022. This suggests a point in time where process changes started to drive breach reductions and performance improvement. Performance has been above or at the mean for the period February to July 23, however there then follow three data points below the mean before an improvement in November 23.

RESPONSIVE Jan-24

Diagnostic Imaging Waits Over 6 Weeks

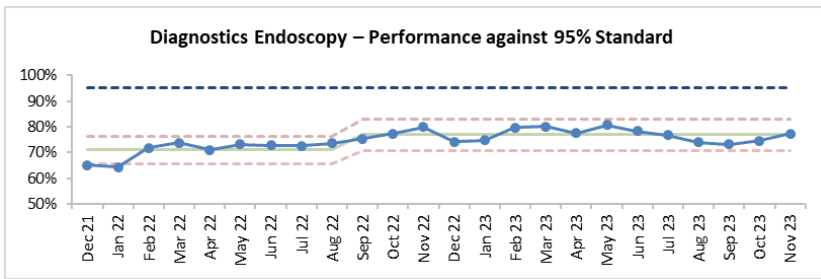
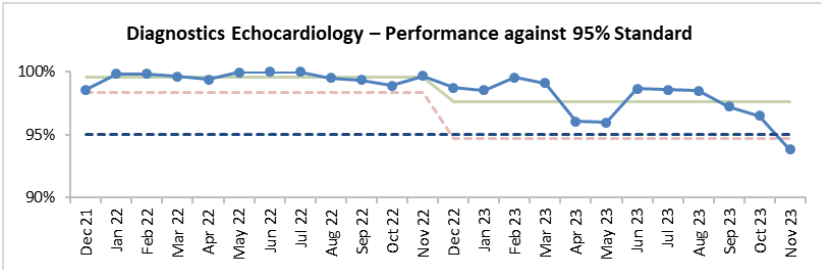


Test Name	Oct-23			Nov-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Computed Tomography	3,435	782	77.2%	3,743	714	80.9%	3.7%
Non-obstetric ultrasound	19,236	3,647	81.0%	18,999	3,436	81.9%	0.9%
Magnetic Resonance Imaging	4,560	1,092	76.1%	5,256	888	83.1%	7.1%
DEXA Scan	1,191	209	82.5%	1,189	146	87.7%	5.3%
Barium Enema	1	0	100.0%	0	0	100.0%	0.0%
Grand Total	28,423	5,730	79.8%	29,187	5,184	82.2%	2.4%

NB: Modalities apart from Imaging are shown on the slide that follows

- Trust Responsible Director Update**
- Group Imaging saw an improved performance at 82.24% which was 2.4% increase from October.
 - CT performance was 80.92% an improvement of 3.69% from October. A recovery trajectory for Royal London, St Bart’s and Newham is being developed to be presented to Elective Recovery Board in January 24.
 - DEXA performance was 87.72% which was a 5.27% improvement from October. Whipps Cross recovered the position as being non compliant in October.
 - MRI performance was 83.11% an improvement of 7.06% from October. Newham saw an improvement of over 28% from October.
 - Non-Obstetric Ultrasound performance was at Royal London was 63.75% an improvement of 2.15% from October 23. As recovery plan has been agreed which shows compliance in February 2024. Both Whipps Cross and Newham were both well over 98%
 - A review of group wide diagnostic risks is underway, with a presentation to Risk Management Board in Q4.

RESPONSIVE **Other Diagnostic Waits Over 6 Weeks** **Jan-24**



DM01 Breakdown by Test							
Test Name	Oct-23			Nov-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Cardiology - Electrophysiology	5	2	60.0%	5	4	20.0%	-40.0%
Audiology - Audiology Assessments	2,981	2,305	22.7%	2,897	2,164	25.3%	2.6%
Neurophysiology - peripheral neurophysiology	464	314	32.3%	321	205	36.1%	3.8%
Urodynamics - pressures & flows	74	52	29.7%	63	35	44.4%	14.7%
Cystoscopy	467	277	40.7%	519	285	45.1%	4.4%
Gastroscopy	1,017	315	69.0%	958	265	72.3%	3.3%
Flexi sigmoidoscopy	204	55	73.0%	181	41	77.3%	4.3%
Respiratory physiology - sleep studies	219	82	62.6%	106	23	78.3%	15.7%
Colonoscopy	831	86	89.7%	796	59	92.6%	2.9%
Cardiology - echocardiography	1,880	66	96.5%	2,039	126	93.8%	-2.7%
Grand Total	8,142	3,554	56.3%	7,885	3,207	59.3%	3.0%

NB: Imaging Modalities are shown on the preceding slides

- Trust Responsible Director Update**
- In November Physiological Measurements and Endoscopy saw an improvement in performance from October 23.
 - Endoscopy performance was 73.51% which was an improvement of 2.61%. The group will be meeting weekly starting in January 24 with focus on Utilisation and cancelation rates.
 - The Urodynamics task and finish continues to meet weekly, a recovery trajectory is being developed following the realignment of the staff to be part of the Urology network.
 - Audiology has agreed to outsource the majority of non complex children to an external provider to commence in January 2024, this should clear the backlog within six months. A meeting is planned for January 2024 with ICB colleagues to review the longer term strategy of this service.
 - A review of the Neurophysiology patients in underway inline with the DM01 guidance review, a detailed update will come to board next month.
 - Cardiology (Echo) saw slight drop in performance last month of 93.8% due to increased demand in this area. The service are reviewing referral criteria with North East and central London providers.

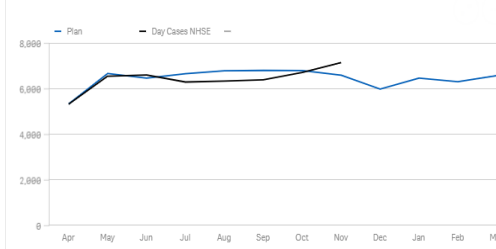
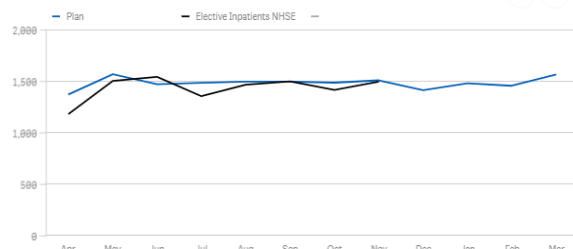
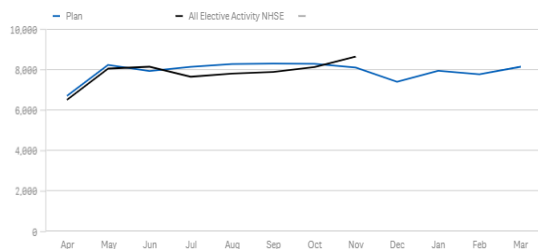
RESPONSIVE
Elective activity

Admitted Activity against Plan

Jan-24

Admitted Elective Activity

		Barts Health						Last Month's Site Position			
		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	7,961	8,167	8,308	8,324	8,312	8,132	3,927	1,812	1,275	1,118
	Actuals	8,172	7,673	7,829	7,913	8,157	8,672	4,259	1,637	1,104	1,672
	Mth variance plan	211	-494	-479	-411	-155	540	332	-175	-171	554
Elective Day Case Activity	Plan	6,484	6,678	6,807	6,823	6,822	6,618	3,320	1,499	1,082	717
	Actuals	6,625	6,314	6,357	6,410	6,736	7,170	3,685	1,400	949	1,136
	Mth variance plan	141	-364	-450	-413	-86	552	365	-99	-133	419
Elective IP Activity	Plan	1,476	1,489	1,500	1,500	1,491	1,514	607	313	193	401
	Actuals	1,547	1,359	1,472	1,503	1,421	1,502	574	237	155	536
	Mth variance plan	71	-130	-28	3	-70	-12	-33	-76	-38	135



Data As at 20/12/2023

Performance Overview

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For November 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,132 admissions against which the trust delivered 8,672 (+540 admissions).

Responsible Director Update

- The validated RTT for November 2023 was 118,897. This is a reduction of 627 pathways from the validated position in October 2023.
- Elective activity was 540 cases above plan during November 2023 which demonstrates the impact on a month with no industrial action.
- During the period of industrial action (IA) in December 2023, 191 Elective Inpatients/ Day cases were cancelled. To date (March 2023 – December 2023) 2,271 elective cases have been cancelled due to IA. Cancellation of patients booked during the January 2024 strike period has commenced.
- The Cross site Surgical Optimisation Group is reviewing it's terms of reference and will be presenting at the Elective Recovery Board in January 2024. The group is currently working with BIU on the modelling work around clearance of the remaining 78 week and 65 week cohort so alignment of theatre capacity can be considered.

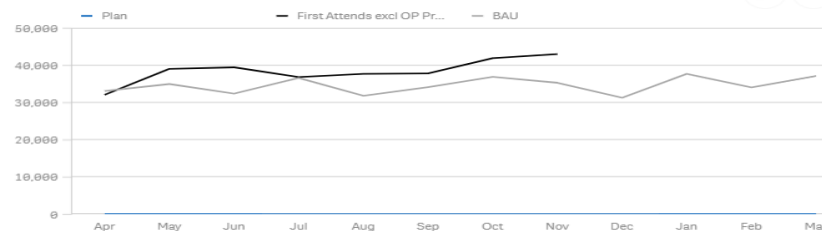
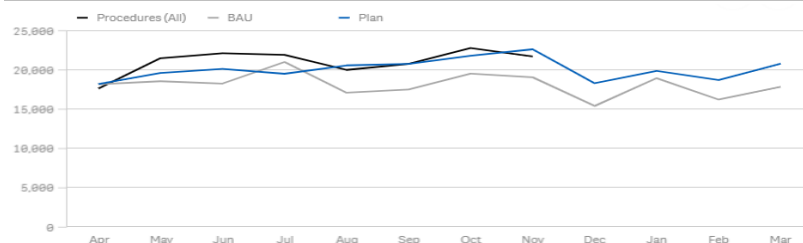
RESPONSIVE
Elective activity

Non Admitted Activity against Plan

Jan-24

Outpatient Activity

		Barts Health						Last Month's Site Position			
		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Royal London	Whipps Cross	Newham	St Bart's
Total OP Activity	Plan	127,368	123,379	125,187	130,476	130,236	135,097	56,183	32,335	22,337	24,241
	Actuals	138,055	130,626	132,267	133,200	141,923	148,660	63,109	33,274	24,025	28,188
	Mth variance plan	10,687	7,247	7,080	2,724	11,687	13,563	6,926	939	1,688	3,947
Outpatient First	Plan	35,970	34,843	35,354	36,846	36,780	38,152	14,964	12,496	5,944	4,747
	Actuals	39,588	36,960	37,817	37,947	42,046	43,129	18,447	12,004	6,124	6,554
	Mth variance plan	3,618	2,117	2,463	1,101	5,266	4,977	3,483	-492	180	1,807
Outpatient F/up	Plan	91,398	88,536	89,833	93,630	93,456	96,945	41,219	19,839	16,393	19,494
	Actuals	98,467	93,666	94,450	95,253	99,877	105,531	44,662	21,270	17,901	21,634
	Mth variance plan	7,069	5,130	4,617	1,623	6,421	8,586	3,443	1,431	1,508	2,140



Data As at 20/12/2023

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For outpatients (first and follow up) for the same month the trajectory set a target of 135,097 attendances, against which the trust delivered 148,660 (+13,563 attendances). 	<ul style="list-style-type: none"> OP activity was positive against plan during November 2023 which reflects the significant opportunity during months when there is no industrial action. During the December 2023 period of Industrial Action (IA), 1321 Out-patient appointments were cancelled. To date (March – December 2023) 26,825 out-patient attendances have been cancelled due to IA. A paper has been taken to the Trust Quality board in December 2023 in order to agree next steps with regards to the patients who did not respond to the letter/ text validation exercise. Next steps will be agreed at Elective Recovery Board on actions to be taken. As of 31st of December 2023, 94,328 patients had enrolled onto Patient Knows Best (PKB). This is slightly short of the target of 100,000 by the end of the calendar year. As part of the plan in Q4 and to aim to get to 200,000 enrolled by the end of March 2024, the team plan to send a text message/ e-mails to patients who have not yet signed up for access to the system. They are also undertaken awareness sessions in key locations across each of the Hospitals and within some local place based buildings. 13.7% of New and follow up outpatient activity in November 2023 was delivered virtually. The outpatient transformation programme has been refocused to concentrate on 2 main areas – improving DNAs and uptake of PIFU (patient initiated follow up). Capacity has been increased for outpatient clinic template reprofiling however work is underway to understand capacity versus demand and the longer term requirements for a sustainable approach to clinic profiles.

RESPONSIVE
Elective activity

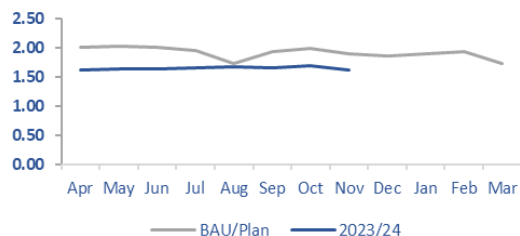
Theatre Efficiency

Jan-24

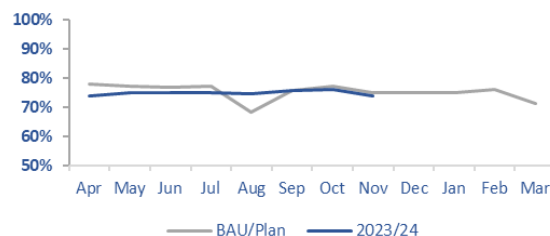
Efficiency Activity

		Barts Health						Last Month's Site Position			
		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.62	1.65	1.68	1.66	1.69	1.61	1.48	2.21	1.98	0.97
	BAU	2.01	1.96	1.74	1.94	1.99	1.90	1.80	2.70	2.13	1.06
	Mth variance plan	-0.39	-0.31	-0.06	-0.28	-0.30	-0.29	-0.32	-0.49	-0.15	-0.09
Capped Utilisation	Actuals	75.4%	74.6%	74.0%	75.6%	75.9%	73.9%	74.6%	66.8%	77.5%	78.8%
	BAU	76.8%	77.2%	68.0%	75.7%	77.2%	75.0%	73.8%	77.8%	73.1%	76.4%
	Mth variance plan	-1.4%	-2.6%	6.0%	-0.1%	-1.3%	-1.1%	0.8%	-11.0%	4.4%	2.4%
Day Case Rate	Actuals	58.0%	60.4%	61.0%	58.2%	61.3%	60.8%	57.8%	73.6%	75.5%	15.2%
	BAU	65.7%	64.2%	64.0%	64.9%	63.7%	65.3%	64.7%	77.3%	71.1%	22.0%
	Mth variance plan	-7.7%	-3.8%	-3.0%	-6.7%	-2.4%	-4.6%	-6.9%	-3.7%	4.4%	-6.9%

Avg Cases per 4hr Session -Trust



Capped Utilisation - Trust



Day Case Rate -Trust



Data As at 20/12/2023

Performance Overview

- Set against internal trust data for November 1.61 cases per list were achieved against a BAU of 1.90 (-0.29).
- For the same month, a capped utilisation rate of 73.9% was recorded against a BAU of 75.0% (-1.1%).
- For November a day case rate of 60.8% was recorded against a BAU of 65.3% (-4.6%).

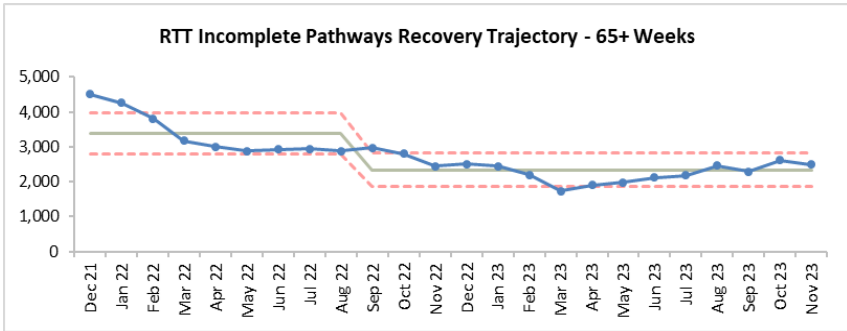
Responsible Director Update

- Barts Health is leading on the programme of work to seek approval for an Electronic Consent platform on behalf of NEL ICB. Money has already been identified through a Health Technology Adoption and Accelerator Fund. A specification for the platform has been agreed and supplier presentations will begin in January 2024. A Programme Board and project team will be established with timelines agreed on implementation. Regular updates will be provided to the Elective Recovery Board.
- Care Coordinate Solution (CCS) continues to have a positive impact at Newham across BHOC and Main theatres. Theatres scheduling meetings are proving to be more efficient and are taking around 15-20 minutes less. BHOC capped utilisation average for the 4 weeks before the start of Industrial Action was 81.4%. Imminent confirmation is expected from the Palantir Team as to when they will return to support Q4 roll out to WX theatres.
- As part of the Tier 1 Elective process, Elin Jones (National Director for Elective Recovery) and Edmund King (NHS London Performance Director) undertook a visit to Theatres at Whipps Cross and Royal London. As part of this walk round they were able to engage directly with clinical and operational teams who provided and update on the work being undertaken in elective recovery. They were also able to hear directly from scheduling and booking teams as to the challenges they continue to experience around displacement of patients who are impacted by industrial action.

RESPONSIVE

65+ Week RTT Activity

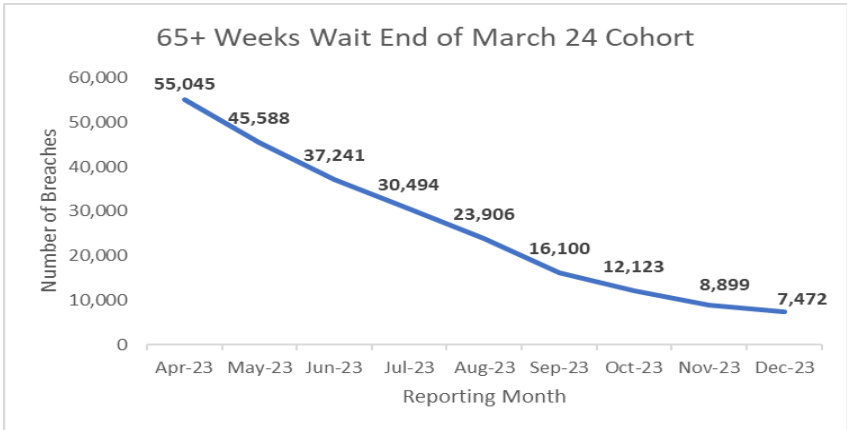
Jan-24



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025



What are the Charts Telling us:

The SPC chart presents a sustained reduction in 65+ week waiters from September 21 to March 23, driving reducing step-changes in May 22 and March 23, this data suggests points in time where process changes started to drive backlog reductions. However increases in the volume 65+ week wait patients have been recorded across the period April to August 23, with August breach volumes approaching the upper confidence limit.

*Note Nov 23 is an unvalidated position at present

Trust Performance Overview

- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024. At the end of November the trust recorded 2,498 pathways waiting 65+ weeks, a decrease of 126 against the October position.

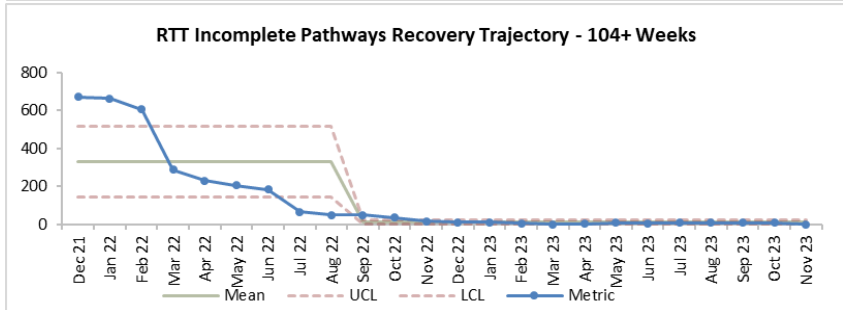
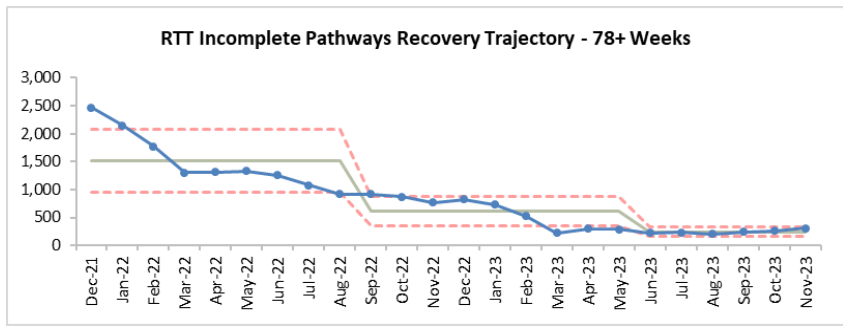
Trust Responsible Director Update

- The trust continues with a positive reduction in the total end of March 65 week wait cohort. As of w/e 24.12.23, there were 7,472 pathways remaining.
- The trust has committed to get to a position of 1,500 pathways left at the end of March 2024 as part of the response to H2 planning. This does not include any impact of Industrial action or roll out of LUNA which may result in pathways being identified .
- As of 24th December 2023, the Trust had **1,711** patients that are expected to be 65+ week waiters by March 2024 that require a first outpatient attendance or have an appointment booked beyond the target date (Dec 23 for Surgical Specialities and Feb 24 for medical specialities).
- The two largest specialties contributing to the pathways left to book are Dermatology (843) and Oral Surgery (297). Dermatology is booking chronologically but due to insourcing support only have 2-3 weeks advance notice of clinics therefore short booking.
- All hospitals are being supported by Group colleagues to work through mitigations to support delivery of the year end position. Mitigating actions include cross site transfer of pathways, continued NEL collaborative capacity and support for additional clearance clinics and theatre sessions.
- Dermatology remains a risk due to volume and high rejection rate from the Tower Hamlets/Newham community provision. Support is being sought from the NEL Director of Planned Care as well as increasing insourcing capacity.

RESPONSIVE

78+ & 104+ Week RTT Activity

Jan-24



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025

What are the Charts Telling us:

Both the 78+ and 104+ weeks wait SPC charts present reducing step-changes (resulting from a run of 8 data-points below the preceding mean) in both cases from September 22 and for 78+ also from May 23. This suggests points in time where process changes started to drive backlog reductions.

Trust Performance Overview

- In relation to 78+ week wait backlog volumes, 305 pathways were reported at the end of November, an increase of 41 against the October position.
- In relation to the RTT month-end nationally submitted data the trust reported 9 pathways waiting 104+ weeks at the end of November 2023, one less than reported at the end of October.

Trust Responsible Director Update

- Of the 9 pathways who were waiting over 104 weeks at the end of November, 6 relate to data quality issues e.g. have only been visible on the Patient treatment list on the last 1-2 months due to an inappropriate application of an RTT at some point during the pathway.
- RTT training has been undertaken over the last 6 months with around 75% of key administration and operational staff trained either via face to face or e-learning. Dashboards have been developed and this allows drill down access to specialties and individuals who are generating errors which allows the Data Quality Intervention team to go and provide desk side training and support. An application is being take through the Education Academy to support RTT training being a core skills module for all trust staff. An outcome is expected in February 2024.
- Line by line review of longest waiters continues on a regular basis with senior Clinical oversight from the Chief of Surgery.
- As part of the Tier 1 process for elective, Barts Health continues to meet weekly with System, Region and National colleagues to provide and update of process, areas of challenge and mitigation.

Jan-24



Equity Report



Ethnicity capture**Analysis**

The Trust has reviewed its waiting lists to identify differences in wait times between groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, learning disability status, and between groups of patients who live in wealthier postcodes compared with those who live in deprived postcodes. We explored differences between ethnic groups and varying levels of deprivation (by postcode) at Trust, as well as hospital level. The analysis is a snapshot of data as of 20th December 2023.

We now include median wait times in our analyses. This is because waiting times are often not a standard distribution and are skewed by a few very long waiters. The median is considered a better summary statistic than the mean or average in those circumstances.

Findings

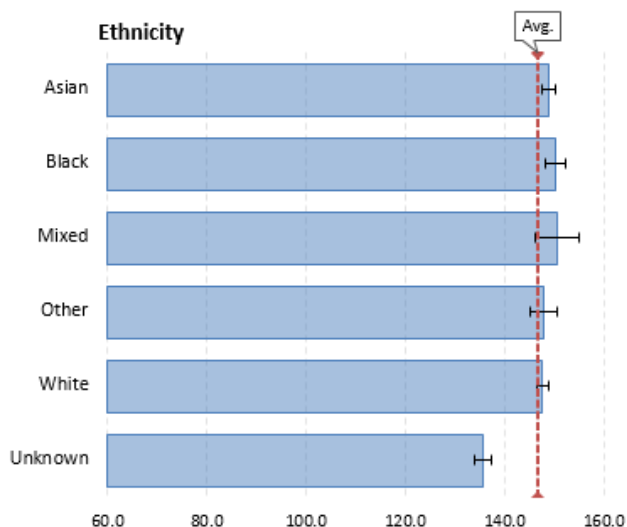
At Trust level, there are no significant differences in average wait times between ethnic groups or by levels of deprivation. There is a small, but statistically significant difference in waiting times by gender. We will continue to monitor this, given this is the second month we have observed these findings.

Similar to last month, we did note a statistically significant difference in waiting times for patients with learning disabilities at Trust level. We have escalated this to the Surgery Leads and have shared the findings with the Planned Care Board. We believe this is primarily a result of long waits in a few services at Royal London, such as Restorative Dentistry.

At site level, we did not find any concerning differences in waiting times by ethnicity but have noted an increase in wait times for patients living in the least deprived areas for Newham and St Barts Hospitals.

Next steps

We will continue to work with our Divisional Teams to mitigate the slight increase in the waiting times for patients with Learning Disabilities and address data quality.



Commentary

At Trust level, there are no statistically significant differences in wait times between patients from known ethnic groups. This is consistent with findings from last month.

The longest waiters identify as belonging to the 'Black' and 'Mixed' ethnic categories with an average wait of 150 days. This is around 2 days longer than the shortest waiters belonging to the 'White' ethnic category. We have not found any statistically significant differences in wait times between any of the known ethnicity groups. This means we cannot infer with confidence if the differences seen in wait times are directly related to ethnicity, or if this is due to random chance.

We believe the shorter waits for unknown ethnic groups may be as they are more likely to be urgent referrals.

Median wait times are 16 – 17 weeks for all known ethnic categories. Findings are consistent with last month's reporting.

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,436,959	36,520
Black	2,153,862	14,345
Mixed	424,902	2,821
Other	1,096,143	7,411
White	6,117,316	41,428
Unknown	2,325,082	17,131

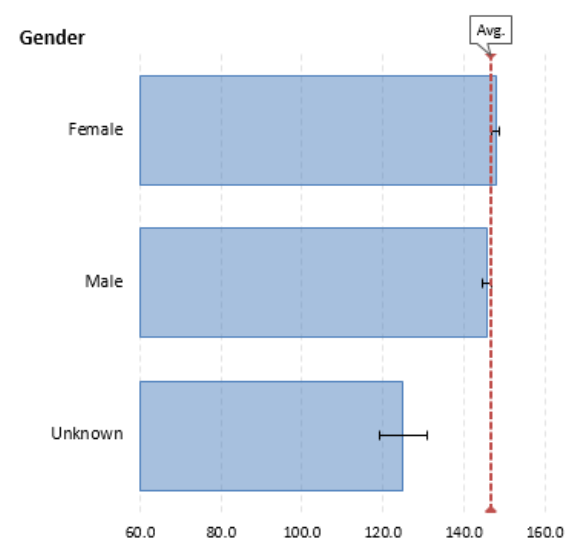
Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	148.9	147.6	150.1	16-17
Black	150.1	148.2	152.1	16-17
Mixed	150.6	146.2	155.0	16-17
Other	147.9	145.2	150.6	16-17
White	147.7	146.5	148.8	16-17
Unknown	135.7	134.0	137.5	12-13
Grand Total	146.7			14-15

RESPONSIVE

Equity – Wait Times by Gender

Jan-24



Commentary

At trust level, there is a small but statistically significant difference in wait times between male and female patients.

Female patients wait on average 2.2 days longer than male patients (147.9 vs 145.7 days). This difference is very small but is considered to be statistically significant. This is the second month we have observed these findings and we will continue to monitor.

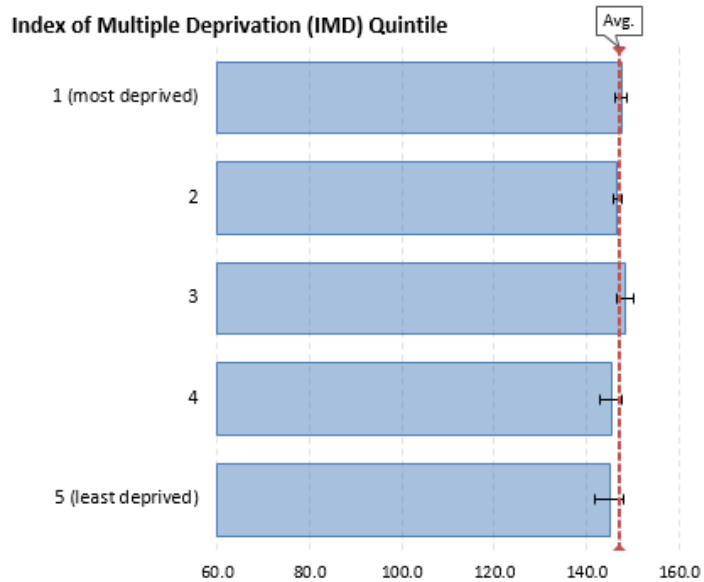
The median weeks wait is 16-17 for female patients and 14-15 for male patients, suggesting there is a skew in the data towards a larger number of female patients being longer waiters on our waiting list.

Patients of 'unknown' gender are a relatively small group and are likely to be urgent referrals. This group has significantly shorter wait times compared to those of known genders.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways	Pathways with no Week Wait details excluded
Female	10,035,759	67,834	
Male	7,325,098	50,275	
Unknown	193,407	1,547	

Gender	Average Wait	Lower	Upper	Median WW
Female	147.9	147.0	148.9	16-17
Male	145.7	144.6	146.8	14-15
Unknown	125.0	119.2	130.8	12-13
Grand Total	146.7			14-15



Commentary

This month, there are no statistically significant differences in wait times between patients in the most deprived postcode areas, and those in the least deprived postcode areas.

This is in line with findings from last reporting period where median and average wait times by deprivation have remained stable.

Median waits for patients living in IMD3 and IMD4 areas are slightly longer at 16 – 17 weeks compared with 14 – 15 weeks for other IMD quintiles.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,284,042	29,058
2	7,992,860	54,520
3	2,781,736	18,755
4	1,426,583	9,821
5 (least deprived)	867,250	5,986

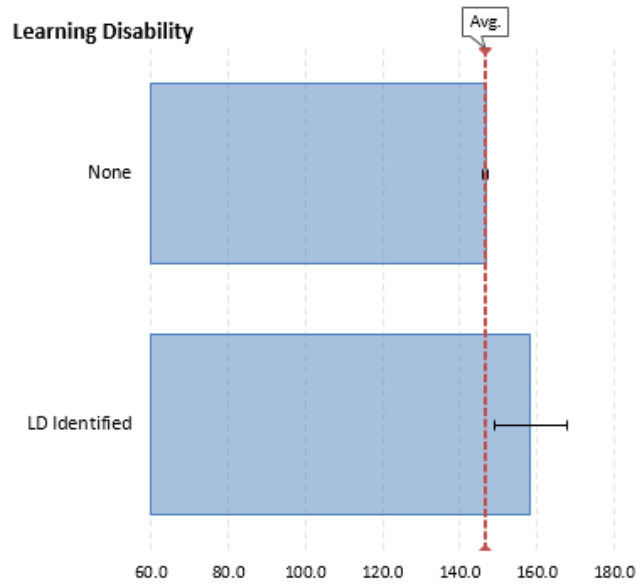
Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	147.4	146.0	148.8	14-15
2	146.6	145.6	147.6	14-15
3	148.3	146.6	150.1	16-17
4	145.3	142.9	147.6	16-17
5 (least deprived)	144.9	141.7	148.1	14-15
Grand Total	146.9			14-15

RESPONSIVE

Equity – Wait Times by LD

Jan-24



Commentary

This month, there is a statistically significant difference in waiting time for patients identified as having a learning disability (LD).

This is consistent with findings from last month. The mean difference in waiting times has decreased from 14.7 days last month to 11.8 days this month, although the finding remains to be significant, which means we can say with a degree of confidence that the difference in wait times is linked to their learning disability status.

Findings have been shared with site leads through the Planned Care Board, and we will continue to monitor trends in the data.

Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	17,435,648	118,907
LD Identified	118,616	749

Pathways with no Week Wait details excluded

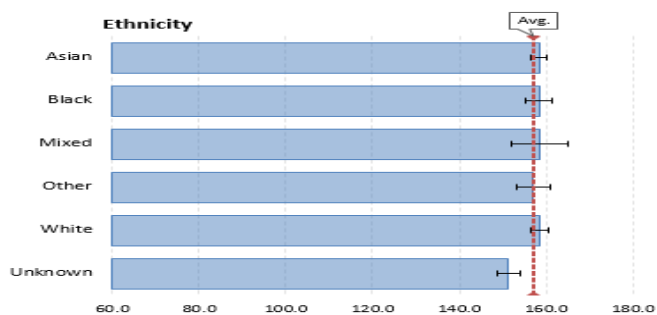
LD_Flag	Average Wait	Lower	Upper	Median WW
None	146.6	145.9	147.3	14-15
LD Identified	158.4	149.2	167.6	16-17
Grand Total	146.7			14-15

RESPONSIVE

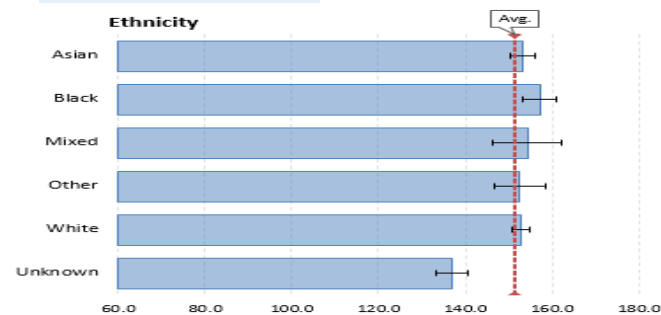
Equity - Wait Times By Ethnicity (Sites)

Jan-24

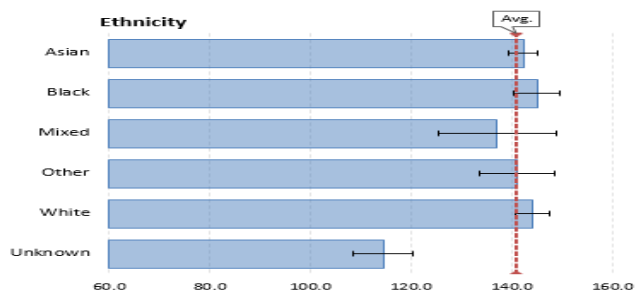
Royal London



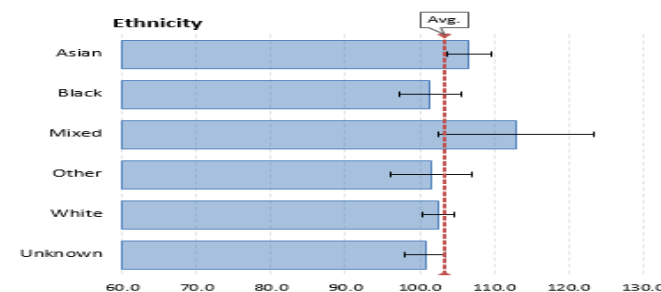
Whipps Cross



Newham



St Barts

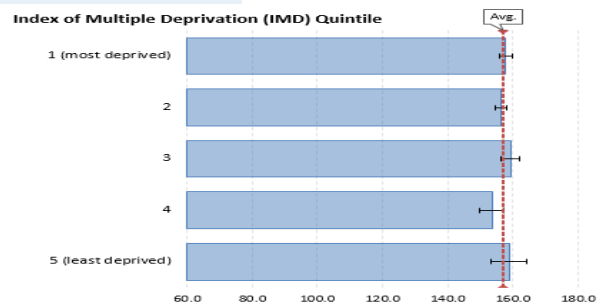


Commentary

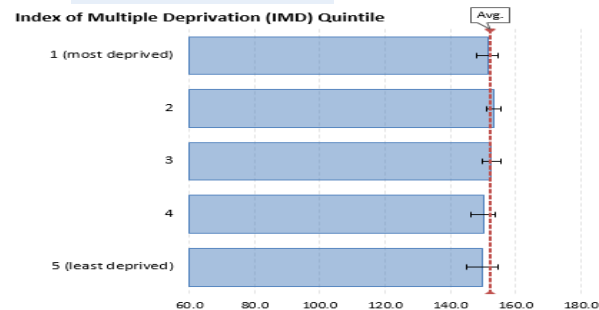
At site level, there are no statistically significant differences in wait times between known ethnicities.

This broadly reflects findings from last month. Wait times by ethnicity show greater variation at Newham hospital, although these differences are not considered to be statistically significant. Wait times are lower for patients of unknown ethnicity at all sites except for St Barts, which we believe to be more likely to be urgent referrals.

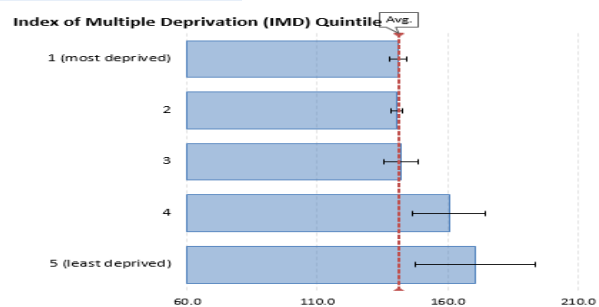
Royal London



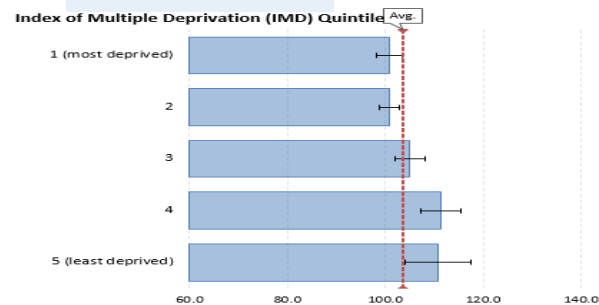
Whipps Cross



Newham



St Barts



Commentary

At Newham and St Barts, patients living in the least deprived areas (IMD 4 and 5) tend to wait longer than patients in the most deprived areas (IMD 1).

This follows similar findings from last month. However, at Newham, the difference in average wait times between IMD 5 and IMD 1 patients is 29.5 days and is now statistically significant.

Interestingly, patients at St Barts who live in IMD 4 areas wait the longest on average at 111.4 days compared with 101.0 days for patients in IMD 1 areas. We will continue to monitor for trends. The average wait time by deprivation for the Trust for this reporting period is 103.6 days with median waits of 10 – 11 weeks.

There are no other concerning statistically significant differences in wait times by level of deprivation.

Jan-24



People Report



WELL LED

Domain Scorecard

Jan-24

	Indicator	This Period	This Period Target	Performance		Site Comparison						
				Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Creating a fair and just culture	Percentage of BAME staff in 8a+ roles	Nov-23		39.2%	39.2%	35.7%	50.8%	59.0%	29.0%	35.4%	35.9%	35.7%
Supporting the wellbeing of our colleagues	Turnover Rate	Nov-23	<= 12.25%	10.7%	10.5%	11.4%	10.0%	9.7%	11.7%	12.7%	7.3%	8.4%
	Sickness Absence Rate	Oct-23	<=4%	4.46%	4.45%	4.43%	4.44%	4.96%	3.60%	4.35%	5.24%	4.33%
	Appraisal Rate - Non-Medical Staff	Nov-23	>=90%	59.0%	57.9%	56.3%	71.7%	51.6%	61.3%	69.8%	45.0%	35.6%
	Appraisal Rate - Medical Staff	Nov-23	>=85%	84.9%	83.5%	82.3%	84.6%	85.5%	84.1%			
	Mandatory and Statutory Training - All	Nov-23	>=85%	87.7%	87.2%	85.8%	89.5%	87.0%	90.6%		84.5%	

	Indicator	This Period	This Period Target	Performance		Site Comparison						
				Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Fostering new ways of working to transform care	Roster compliance - Nursing Units Approved on Time %	Nov-23	100%	49.7%	53.8%	35.6%	88.6%	41.9%	39.1%			
	Roster compliance - Nursing Average Approval Lead Time (Days)	Nov-23	>=42	40.1	40.5	35.4	45.8	38.4	35.8			
	Roster compliance - % Nursing Units with Blue or Cloudy Sky	Nov-23		28.0%	41.3%	35.6%	45.5%	48.4%	34.8%			
	Medical and Dental Job planning completion	Nov-23		44.3%	55.3%	37.5%	76.6%	69.2%	75.4%			
Growing a permanent and stable workforce	Substantive fill rate - all staff	Nov-23	95%	92.6%	93.1%	93.6%	92.2%	90.0%	97.4%	88.5%	90.3%	122.5%
	Substantive fill rate - nursing and midwifery	Nov-23	95%	87.8%	89.1%	90.1%	90.4%	84.0%	89.7%			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Nov-23	10.4	13.4	10.2	10.6	8.2	9.6	10.8	10.2	7.1	
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Medical)	Nov-23	15.00	9.8	11.5	12.6	13.4	17.2	8.1			
	Temporary staffs as a % of workforce	Nov-23		12.5%	12.6%	13.4%	16.9%	17.5%	10.8%	14.6%	4.7%	1.0%
	Agency Spend as % Paybill (YTD)	Nov-23	3.70%	4.43%	4.39%	3.42%	5.48%	6.96%	2.42%	3.42%	6.41%	3.42%
	Agency Spend as % Paybill (In Month)	Nov-23	3.70%	3.71%	4.12%	3.36%	5.12%	4.93%	2.33%	4.31%	6.89%	0.44%

Fostering new ways of working to transform care

Roster compliance – approval on time increased from 49.7% to 53.8% for rosters commencing in November with Whipps Cross continuing to have the highest level of on time approvals at 89%. The average lead time for approval remained 40.5 days.

Roster compliance - % nursing units with blue or cloudy sky is our quality metric for rosters against a set of compliance measures. At the point the rosters were due to be go live 41% of reported rosters achieved a blue or cloudy sky, an improvement on the 28% report last month with all hospitals achieving at least 35%

Signed off **medical job planning** increased to 55.3% in November from 44.3% at the end of October. The highest level of sign off is at Whipps at 77%, followed by St Bartholomew's at 75%, Newham at 69% and Royal London at 38%. Plans are in place at the Royal London to address their gap in compliance and a significant improvement is expected by the middle of January.

Supporting the wellbeing of our colleagues

Overall annualised sickness absence has, as previously identified, plateaued at group level (4.45% compared to 4.46% in the previous month). The highest absence rate is in GSS at 5.24% which is driven by Estates and Facilities at 7.4% (5% long term).

Recorded appraisals for non medical staff showed a small reduction from 59.0% to 57.9%, however it has largely fluctuated between 56% and 61% this year. All hospitals and corporate functions have developed plans to improve their compliance rate.

The medical staff appraisal rate reduced from 84.9% to 83.5%

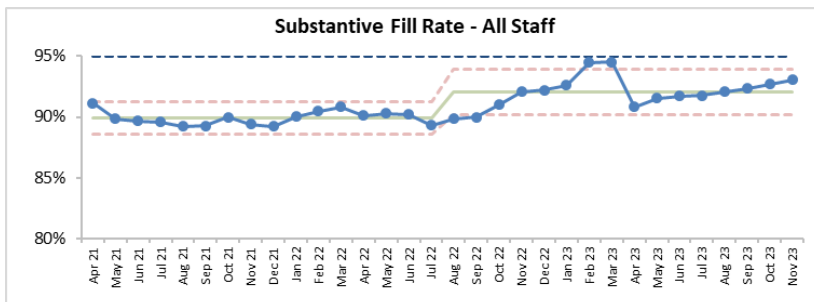
Statutory and Mandatory Training (all) compliance reduced 87.7% to 87.2% with more detail provided in the subsequent exception page.

Annualised voluntary turnover is covered on a following exception page, but has dropped from 10.7% to 10.5%

PEOPLE

Growing a permanent and stable workforce

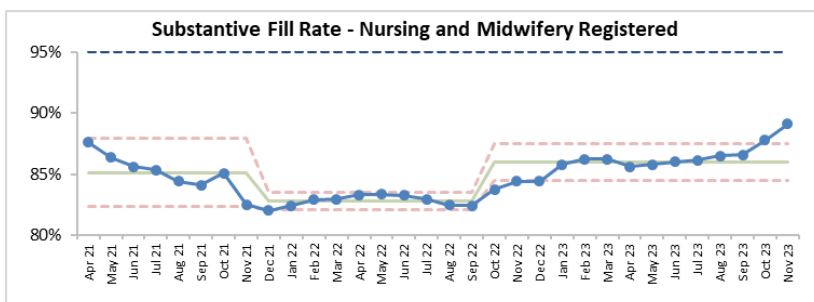
Jan-24



Indicator Background:

The substantive fill rate is an indicator of the contracted WTE employed by Barts Health NHS Trust against budgeted WTE. A long term goal is to deliver a 95% fill rate, minimising vacancies and the need to use temporary staffing.

The period between November 2022 and March 2023 is skewed in part due to the TUPE in of Soft FM services over that period and the budgeted WTE for these services being accurately reflected from April 2023



What are the Charts Telling us:

The charts here are showing our overall substantive fill rate as well as that for our registered nursing and midwifery staff group against the 95% target, the latter being our most challenging in terms of reducing gaps.

For both we are seeing improved fill rates month on month since April 23 with positive special cause variation for Nursing and Midwifery in November 2023 where the fill rate went from 87.8% to 89.1%

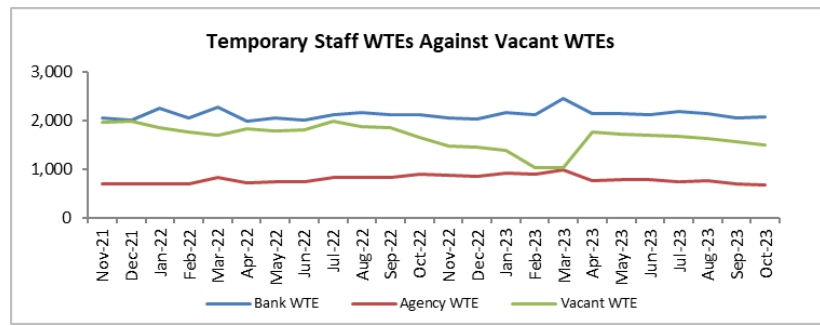
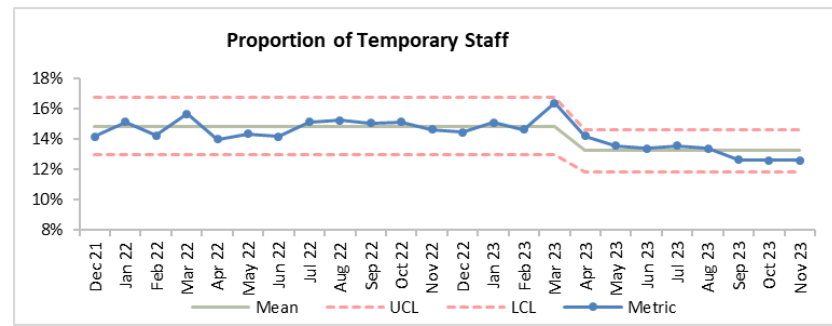
Commentary

- In November we saw an increase of 109 WTE substantive staff, of which 74 WTE were registered nurses and midwives reflecting the work undertaken across the group to recruit newly qualified nurses resulting in 80 band 5 nurses and midwives joining in November. The fill rate is now above 93% at group level and we are now needing to focus on maintaining rather than increasing our substantive staffing level in areas outside of nursing.
- Time to hire for non medical staff was at 10.2 weeks down from 13.4 weeks with performance across the group ranging from 8.2 weeks at Whipps to 10.8 weeks at St Barts. Time to hire for medical staff was up 11.5 weeks from 9.8 weeks
- Specific focus is being given to recruitment at Newham to help overcome some of the challenges faced there this includes
 - Monthly site visits from the Director and Deputy Director of People Services have been in place since August 2023 to review latest recruitment performance data, update on improvement actions taken, and agree further improvement actions.
 - Recruitment improvement working group being established with the first meeting scheduled to take place on 10th January 2024, supported by colleagues from Deloitte. The purpose of the group will be to agree and take forward improvement work with the aim of driving efficiencies in the recruitment process, increase fill rates at NUH, and reduce time to hire.
 - Plans to pilot the use of recruitment system for recruitment approvals rather than the e-forms process.
 - Weekly on site ID checks at recruitment clinics to reduce need for candidates to attend at Canary Wharf
 - Working with People business partners to help unlock any local delays

WELL LED

Proportion of Temporary Staff

Jan-24



Site	Staff Group	Average of Previous 6 Months			Nov-23			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	1,041	7,437	14.0%	1,003	7,513	13.4%	-0.6%
Whipps Cross	All Staff Groups	659	3,717	17.7%	638	3,768	16.9%	-0.8%
Newham	All Staff Groups	567	2,749	20.6%	478	2,729	17.5%	-3.1%
St Bart's	All Staff Groups	378	3,226	11.7%	357	3,317	10.8%	-0.9%
Other	All Staff Groups	215	4,252	5.0%	289	4,526	6.4%	1.3%

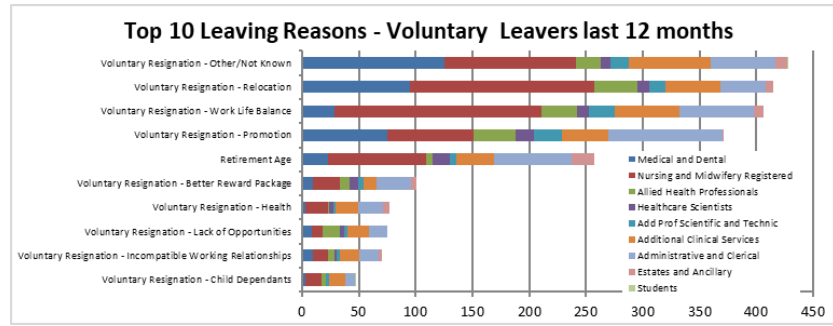
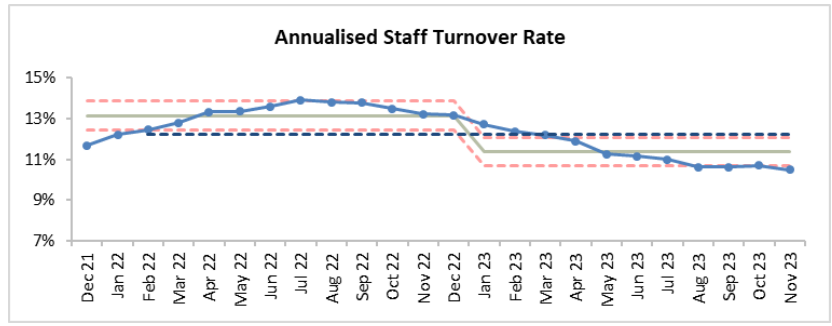
Commentary

- Agency spend as a % pay bill reduced to 4.39% YTD from 4.43%, although it continues to exceed the 3.7% target. In month it was 4.12%, up from 3.71% in the previous month. The four hospital sites are all showing in month agency spend as a proportion of pay bill lower than the YTD figure, however this is not reflected in Pathology Partnership and Group Support Services, the latter of which is driven by Soft FM services.
- The proportion of temporary staff used marginally increased to 12.6%, reflecting a small increase of 16 WTE to 2776 in total, however this is driven by an increase in reportable bank and agency WTE usage within estates and facilities as management of the temporary workforce transitions from previous arrangements to Bank Partners.

WELL LED

Turnover Rate

Jan-24



Site	Staff Group	6 Months Ago			Nov-23			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	317	2,215	14.31%	314	2,258	13.90%	-0.41%
Other	Administrative and Clerical	144	1,402	10.31%	137	1,451	9.46%	-0.85%
St Bart's	Nursing and Midwifery Registered	135	890	15.18%	119	936	12.73%	-2.45%
Whipps Cross	Nursing and Midwifery Registered	117	1,098	10.70%	106	1,140	9.34%	-1.36%
Royal London	Additional Clinical Services	109	897	12.18%	91	887	10.29%	-1.89%

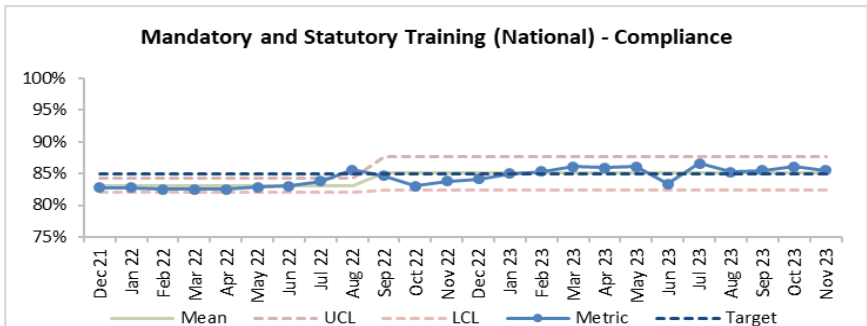
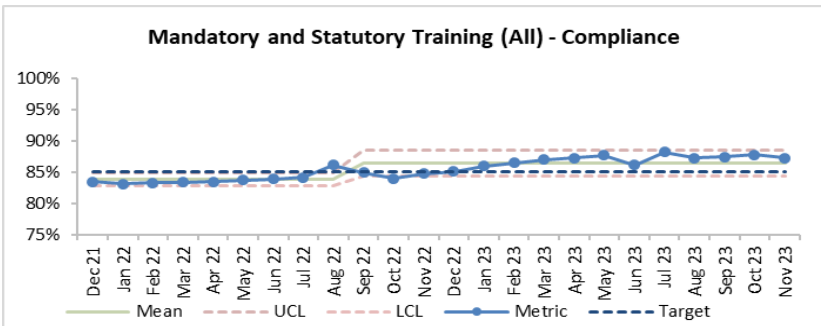
Commentary

- Annualised voluntary turnover reduced from 10.7% to 10.5% in November.
- Across the last 12 months it has dropped from 13.2% (Dec 2022) with on average 20 WTE fewer leavers each month. We saw the following changes at site level
 - Whipps Cross has gone from 12.2% to 10.0%
 - St Bartholomews has gone from 13.8% to 11.7%
 - The Royal London has gone from 14.3% to 11.4%
 - Newham has gone from 11.0% to 9.7%
- At a staff group level we saw improvements across all staff groups but of note is that in the last 12 months nursing and midwifery turnover reduced from 14.6% to 11.8%

WELL LED

Mandatory and Statutory Training

Jan-24



Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	Nov-23	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety	85.1%	82.8%	3,519
Safeguarding Children L2	78.0%	77.5%	2,964
Resuscitation - Basic Life Support	78.1%	78.1%	2,506
Infection Control (Clinical)	82.4%	80.5%	2,319
Safeguarding Adults L1	88.3%	89.0%	2,245

Bottom 5 Departments: Total Number of Non-Compliant Employees			
Departments	Previous 6 Months	Nov-23	
	Compliance	Compliance	Staff Non-Compliant
RLH - Cleaning (Other)	58.9%	78.1%	117
NUH - Cleaning (Other)	37.8%	74.6%	112
BHRUT Patient Transport (Other)	N/A	7.3%	90
TRUST PATIENT TRANSPORT (Other)	81.4%	83.9%	87
SBH - Cleaning (Other)	42.3%	68.8%	72

Non-mandatory competencies have been excluded from the above tables

Performance Overview

- Overall Trust compliance for the Core Skills Training Framework subjects, as defined by Skills for Health, is currently at **85.72%** a decrease of **-0.41%** from October 2023 and is above the Trust target of 85% this month.
- Essential Skills training compliance has decreased by **-0.21%** from 90.82% to 90.61% in December 2023. These subjects change depending on job role.
- Due to the lack of fire safety officers to provide training, the e-Learning for Health package has been made available for staff to complete online. This will help improve compliance in this area.
- The bottom 5 departments are staff who have recently joined the Trust from Serco and BHRUT. These staff have been given a six month grace period to complete all outstanding subjects before being included in the overall Trust compliance figures.

Responsible Director Update

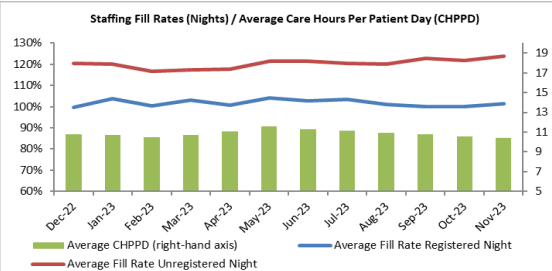
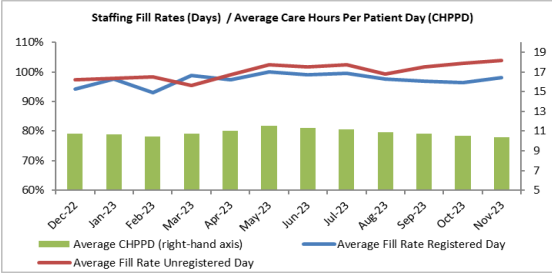
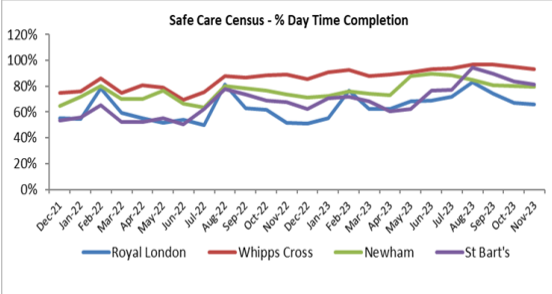
- Monthly reminders continue to be sent to staff to improve compliance and each CEO/MD has received an up-to-date compliance report to ensure they are sighted on their compliance rates.
- Statutory and mandatory training is included in all site PR packs every month with spotlight reports for specific subjects.
- Work is being undertaken in the estates and facilities team to raise compliance with cleaning staff. This has included buddying up, providing time to complete training and work on digital literacy skills and language skills where required.
- BHRUT Patient Transport are a new team and the Trust have been unable to retrieve any previous training records. These staff do not always have access to computers and often start work directly from home with limited time in an office. Work is being undertaken to review how these issues can be overcome and to provide an appropriate solution.

SAFE STAFFING

Safe Staffing

Jan-24

- The Trust’s average fill rates on both day and night shifts for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) remained above 95%.
- Each hospital’s fill rates continued to be above 90% target for RNs/RMs and for HCAs across both day and night shifts.
- Overall average Care Hours Per Patient Day (CHPPD) were stable at 10.4 compared to 10.5 in October. The CHPPD remain above last published peer averages (9.1, ‘recommended peers’; 9.0 ‘region’; September 2023). CHPPD data is less useful at organisation level - the high number of specialist and critical care units within the Barts Health Group will result in high overall CHPPD.
- Enhanced care utilisation remains high in most areas due to the changing health needs of our patients. Hospitals ensure demand is assessed in line with policy and that shifts are approved at ADON level.
- Where incidences of day-to-day staffing pressures occurred at individual ward level across the sites, risks were reviewed and mitigated through dynamic redeployment and/or with senior staff working clinically when required in a timely manner.
- Nursing Red Flag incidents(RFIs) captured on Datix on were 10 in November, which was a slight increase from October from 4 in October. Maternity captured 177 RFIs via Birthrate plus which was an increase of 55% in reporting. This has been reflected in the total RFIs for the Trust and individual hospitals. It should be noted that the criteria for Red Flags differs between maternity and nursing, with the maternity system including a broader range of triggers. The incidents were reported as not resulting in harm.
- Red Flag data collection and reporting processes for nursing are being updated following discussion at NMAHP Board in September. Enabling work is under way , with the new process due to be piloted in February.
- Recruitment activity continues across our 4 hospitals as part of the Drive 95 programme. The impact of bespoke programmes is being realised in maternity and ED departments as is the successful international recruitment programme across all areas.
- Acuity and dependency scoring has dipped slightly in it’s trajectory on Safe Care with day-time census compliance . Compliance was 81.4% for October and is being monitored on a daily basis to support continuous improvement. Outputs reviewed at site safety and staffing huddles to support deployment decisions



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	98.0%	104.0%	101.4%	123.7%	10.4	187
Royal London	103.9%	104.5%	108.8%	138.2%	10.7	96
Whipps Cross	94.5%	107.9%	98.5%	118.5%	9.8	46
Newham	97.7%	101.0%	100.3%	110.7%	9.6	45
St Bart's	90.7%	97.4%	91.2%	119.3%	12.0	0

Jan-24



Finance Report



The Trust is reporting a £28.9m deficit for the year to date at month 8, this is (£10.5m) adverse against original plan but is in line with the forecast outturn plan agreed with NHSE/ICB in early December for a £36.4m deficit for the year before the impact of any medical industrial action during winter 2023/24.

The current month position includes the national funding changes notified in November for the impact of medical industrial action up to the end October 2023. These were £19.1m income for the costs medical industrial action along with a further 2% reduction in the ERF target for the year. The remaining adverse variance for the year to date includes the loss of clinical negligence premium maternity incentive discount in 2023/24 and the impact of the operational focus on managing industrial action on efficiency savings delivery.

- **Income** is £60.9m favourable against plan for the year to date at month 8. NHS Patient Treatment income is £53.1m favourable overall, which is driven by medical industrial action funding of £19.1m, ERF over performance £14.3m, over performance on passthrough drugs £9.3m (offset by associated additional expenditure) and £10.4m central non-recurrent benefits released into the year to date position. Other income is £7.7m favourable, which is driven by £2.5m favourable Royal London Hospital variance primarily for pathology tests provided to other NHS bodies and £4.9m for release of central non-recurrent benefits from balance sheet review.
- **Expenditure** is (£71.4m) adverse against plan for the year to date at month 8. Site and Services pay expenditure is (£48.5m) adverse driven by (£26.5m) of unallocated pay savings targets and (£22.1m) of overspends against existing budgets. Overspends against existing budgets are driven by premium rate costs for medical bank expenditure for both consultants and junior doctors (£13.5m) and by temporary staffing wte in excess of establishment for Soft FM staffing (£4.9m) and nursing and health care assistants (£3.3m). Additional medical staffing costs incurred on industrial action days have been fully funded within site budgets. Sites and Services non-pay expenditure is (£29.0m) adverse year to date, key overspends include unallocated non-pay savings targets (7.4m), increased expenditure on Estates Transport and Soft FM costs (£3.1m), outsourced activity to the independent sector (£4.0m) and loss of clinical negligence premium maternity incentive discount (£2.0m). The overspend for passthrough drugs and devices (£8.3m) offsets with favourable income variance. Central expenditure and reserves are £6.1m favourable year to date, due to release of one-off benefits and a £2.9m favourable variance for interest receivable.
- **Forecast.** Following confirmation of allocation of medical industrial action funding in November, the Trust has agreed a forecast outturn target of £36.4m deficit for 2023/24 as part of an NEL forecast outturn deficit submitted to NHS England of £25m. This target deficit excludes the financial impact of any further industrial action post October 2023. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery.
- **Capital Expenditure** in month 8 is £6.8m. The year to date variance of £17.5m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. Delays with a number of high value externally funded schemes result in a forecast £20.4m underspend in 2023/24 and a cost pressure of £21.9m in 2024/25. Discussions are ongoing with NEL/NHSE to see if some funds can be transferred to 2024/25.
- **Cash balances** in November 2023 are higher by £27.9m compared to a plan of £30.0m, as a result of additional receipts received in month and movement in working capital. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.

KEY METRICS

Finance Key Metrics

Jan-24

Metrics	Current Performance		Trend	Comments
	Year To Date	£millions		
NHS Financial Performance Surplus / (Deficit)	Plan	(18.4)		<p>The Trust is reporting a £28.9m deficit for the year to date at month 8, which is (£10.5m) adverse against plan. The current month position includes the national funding changes notified in November for the impact of medical industrial action up to the end October 2023. These were £19.1m income for the costs medical industrial action along with a further 2% reduction in the ERF target for the year.</p> <p>The adverse variance year to date includes the loss of clinical negligence premium maternity incentive discount in 2023/24 and the impact of the operational focus on managing industrial action on efficiency savings delivery.</p>
	Actual	(28.9)		
	Variance	(10.5)		
Total Income	Plan	1,499.2		<p>Income is £60.9m favourable against plan for the year to date at month 8.</p> <p>NHS Patient Treatment income is £53.1m favourable overall. This is driven by medical industrial action funding of £19.1m, ERF over performance £14.3m, over performance on passthrough drugs £9.3m (which is offset by associated additional expenditure) and £10.4m central non-recurrent benefits released into the year to date position.</p> <p>Other income is £7.7m favourable, which is driven by £2.5m favourable Royal London Hospital variance primarily for pathology tests provided to other NHS bodies and £4.9m for release of central non-recurrent benefits from balance sheet review.</p>
	Actual	1,560.1		
	Variance	60.9		
Total Expenditure	Plan	(1,517.6)		<p>Expenditure is (£71.4m) adverse against plan for the year to date at month 8.</p> <p>Site and Services pay expenditure is (£48.5m) adverse driven by (£26.5m) of unallocated pay savings targets and (£22.1m) of overspends against existing budgets. Overspends against existing budgets are driven by premium rate costs for medical bank expenditure for both consultants and junior doctors (£13.5m) and by temporary staffing wte in excess of establishment for Soft FM staffing (£4.9m) and nursing and health care assistants (£3.3m). Additional medical staffing costs incurred on industrial action days have been fully funded within site budgets.</p> <p>Sites and Services non-pay expenditure is (£29.0m) adverse year to date, key overspends include unallocated non-pay savings targets (7.4m), increased expenditure on Estates Transport and Soft FM costs (£3.1m), outsourced activity to the independent sector (£4.0m) and loss of clinical negligence premium maternity incentive discount (£2.0m). The overspend for passthrough drugs and devices (£8.3m) offsets with favourable income variance.</p> <p>Central expenditure and reserves are £6.1m favourable year to date, due to release of one-off benefits and a £2.9m favourable variance for interest receivable.</p>
	Actual	(1,589.0)		
	Variance	(71.4)		

KEY METRICS

Finance Key Metrics

Jan-24

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 58.6		<p>Capital Expenditure in month 8 is £6.8m. The year to date underspend of £17.5m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. Expenditure against donated schemes is £0.2m (£0.1m in month 7); £2.0m year to date.</p> <p>There are delays with a number of high value externally funded schemes which result in a forecast £20.4m underspend in 2023/24 and a cost pressure of £21.9m in 2024/25. Discussions are ongoing with NEL/NHSE to see if some funds can be transferred to 2024/25.</p>
	Actual 41.1		
	Variance (17.5)		
Cash	Plan 30.0		<p>Cash balances in November 2023 are higher by £27.9m compared to a plan of £30.0m, as a result of additional receipts received in month and movement in working capital. The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) was paid to staff in June 2023. The 2023/24 pay award for Medical staff, backdated to April 2023 (circa £10.2m, funded by the ICBs) was paid to staff in September 2023. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.</p>
	Actual 57.9		
	Variance 27.9		

Key Issues
<p>Following confirmation of allocation of medical industrial action funding in November, the Trust has agreed a forecast outturn target of £36.4m deficit for 2023/24 as part of an NEL system planned forecast outturn deficit of £25m. This target deficit excludes the financial impact of any further industrial action post October 2023. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery.</p>
Key Risks & Opportunities
<p>The key financial challenges for the Trust in achieving its £36.4m forecast outturn deficit for the financial year are:</p> <ul style="list-style-type: none"> - Managing additional costs resulting from the delivery of the winter plan for emergency and urgent care as well as the delivery of elective waiting times trajectory, - Improving productivity over the remainder of the year to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets, - Managing additional cost pressures following confirmation of claw back of the clinical negligence premium maternity incentive discount for the previous two financial years, - The impact of further medical industrial action.

Last Year YTD Actual	Emillions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
	Income							
1,061.8	NHS Patient Treatment Income	146.2	159.0	12.8 ●	1,142.5	1,161.8	19.3 ●	1,705.7
2.1	Other Patient Care Activity Income	0.6	0.4	(0.2) ●	4.6	2.4	(2.2) ●	6.9
83.6	Other Operating Income	12.1	12.2	0.1 ●	86.6	89.3	2.7 ●	131.0
1,147.4	Total Income	158.9	171.6	12.7 ●	1,233.7	1,253.5	19.8 ●	1,843.7
	Operating Expenditure							
(766.2)	Pay	(105.4)	(111.2)	(5.9) ●	(837.5)	(886.0)	(48.5) ●	(1,256.7)
(136.0)	Drugs	(18.1)	(23.1)	(4.9) ●	(140.2)	(149.4)	(9.2) ●	(208.9)
(113.9)	Clinical Supplies	(16.3)	(19.1)	(2.7) ●	(125.8)	(127.4)	(1.6) ●	(188.3)
(210.2)	Other Non Pay	(25.0)	(25.6)	(0.6) ●	(189.4)	(207.6)	(18.2) ●	(283.1)
(1,226.3)	Total Operating Expenditure	(164.8)	(178.9)	(14.1) ●	(1,292.9)	(1,370.4)	(77.5) ●	(1,937.0)
(78.9)	Site & Services Budgets Total	(6.0)	(7.3)	(1.4) ●	(59.2)	(116.9)	(57.7) ●	(93.3)
(36.1)	Pathology Partnership (net)	(4.6)	(4.7)	(0.1) ●	(37.1)	(37.8)	(0.8) ●	(55.6)
0.0	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0) ●	-	(0.0)	(0.0) ●	-
0.0	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	(0.0) ●	0.0
64.8	Central NHS PT Income	9.8	32.9	23.1 ●	94.7	128.6	33.8 ●	149.1
4.8	Central RTA & OSV Income (net)	1.0	0.7	(0.2) ●	7.9	5.7	(2.2) ●	11.8
14.6	Central Expenditure (net)	(0.1)	(0.3)	(0.2) ●	(0.8)	6.5	7.3 ●	(1.2)
(4.3)	Reserves (net)	(2.0)	(0.6)	1.4 ●	(10.6)	(4.5)	6.1 ●	(18.4)
(35.1)	EBITDA	(1.9)	20.7	22.6 ●	(5.0)	(18.5)	(13.5) ●	(7.6)
(47.0)	Depreciation and Amortisation (net)	(6.4)	(6.4)	- ●	(51.0)	(51.0)	- ●	(76.7)
(46.1)	Interest	(5.3)	(4.9)	0.4 ●	(53.8)	(50.9)	2.9 ●	(80.6)
(7.1)	PDC Dividends	(1.3)	(1.3)	0.0 ●	(10.3)	(10.3)	0.0 ●	(15.5)
0.1	Profit On Fixed Asset Disposal	0.0	0.1	0.0 ●	0.0	0.1	0.1 ●	0.1
-	Loss on return of COVID assets to DHSC	-	-	- ●	-	-	- ●	-
(135.3)	Surplus/(Deficit) Before System Top-Up	(14.9)	8.2	23.1 ●	(120.1)	(130.6)	(10.5) ●	(180.4)
100.5	System Top-Up Income	12.7	12.7	- ●	101.7	101.7	- ●	152.6
(34.8)	NHS Reporting Surplus/(Deficit)	(2.2)	20.9	23.1 ●	(18.4)	(28.9)	(10.5) ●	(27.8)

CAPITAL EXPENDITURE

Capital Expenditure Summary - Trustwide

Jan-24

22/23 YTD	Programme Area
Prev Yr Actual	£millions
6.2	Equipment (Medical and Other)
1.6	Informatics
16.4	Estates
5.7	New Build and Site Vacations
6.9	PFI Lifecycle Assets
-	New Build - Diagnostics
4.8	Finance Lease
41.7	Total Exchequer programme
-	
41.7	Total Trust Funded Assets
3.2	Donated
45.0	Total Capital Expenditure

In Month			
Plan	Actual	Variance	%
1.6	3.1	(1.4)	(87)%
0.3	0.1	0.3	79 %
0.3	0.9	(0.6)	(191)%
2.6	1.7	0.9	33 %
1.0	1.0	0.0	0 %
-	-	-	- %
0.8	-	0.8	100 %
6.7	6.8	(0.1)	(1)%
6.7	6.8	(0.1)	(1)%
0.9	0.2	0.6	75 %
7.6	7.0	0.6	8 %

Year to Date			
Plan	Actual	Variance	%
7.8	5.6	2.2	28 %
5.0	4.1	0.8	17 %
5.9	5.1	0.8	13 %
29.9	17.2	12.7	42 %
8.4	8.4	(0.0)	(0)%
-	-	-	- %
1.7	0.6	1.1	64 %
58.6	41.1	17.5	0.0
58.6	41.1	17.5	30 %
6.9	2.0	4.9	71 %
65.5	43.1	22.4	34 %

Annual			
M8 (PFR) Capital Plan	Internally Approved Plan M8	Variance	%
14.6	15.2	(0.6)	(4)%
9.4	11.8	(2.4)	(26)%
9.2	10.5	(1.3)	(14)%
49.4	49.5	(0.1)	(0.0)
12.6	12.6	-	0 %
-	-	-	- %
12.1	12.1	-	- %
107.3	111.7	(4.4)	(0.0)
107.3	111.7	(4.4)	(4)%
10.3	10.3	-	(0)%
117.6	122.0	(4.4)	(4)%

Key Messages

2023/24 position. The internally approved exchequer programme is £111.7m (£111.1m in month 7), which includes £12.4m agreed overspend. In October 2023 NEL/NHSL agreed the Trust could present an £8m overspend within our Capital month 7 return (PFR) which takes the capital plan as per the PFR to £107.3m. This presents an acknowledged £8m overspend which at this point in time, is not matched with CRL funding. Discussions continue with NEL and NHSL to secure the additional CRL required.

In addition to the exchequer capital programme, there is a programme of £10.3m funded from charitable donations.

Funding. The Trust received confirmation of additional CRL of £0.2m for Cyber Security and £0.4m for We Connect digitalisation.

Expenditure in month 8 is £6.8m. The year to date variance of £17.5m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts including the following:-

Externally Funded
 (£4.9m) - MEH CDC - delays during the procurement process for the design and build contractors and a 2 month design delay, estimated c£6m underspend in 2023/24 and resultant £6m cost pressure in 2024/25.
 (£3.5m) - SBH ITU - delayed along with the CRF due to Trust and CHL working through legal issues relating to payment requirements, deed of variation and JCT contract Procurement via CHL as a VE. c£10m expected underspend in 2023/24, with a risk same level cost pressure in 2024/25 unless a deal can be made with NEL/NHSE to broker the funding.
 (£1.3m) - NUH mothballed theatres - this scheme is on pause as funding is insufficient to deliver the scheme. There will be an underspend of £3.3m in 2023/24 and resultant £3.3m cost pressure in 2024/25.
 (1.7m) - Equipment leases - scoping is underway to use this for additional cloud storage.

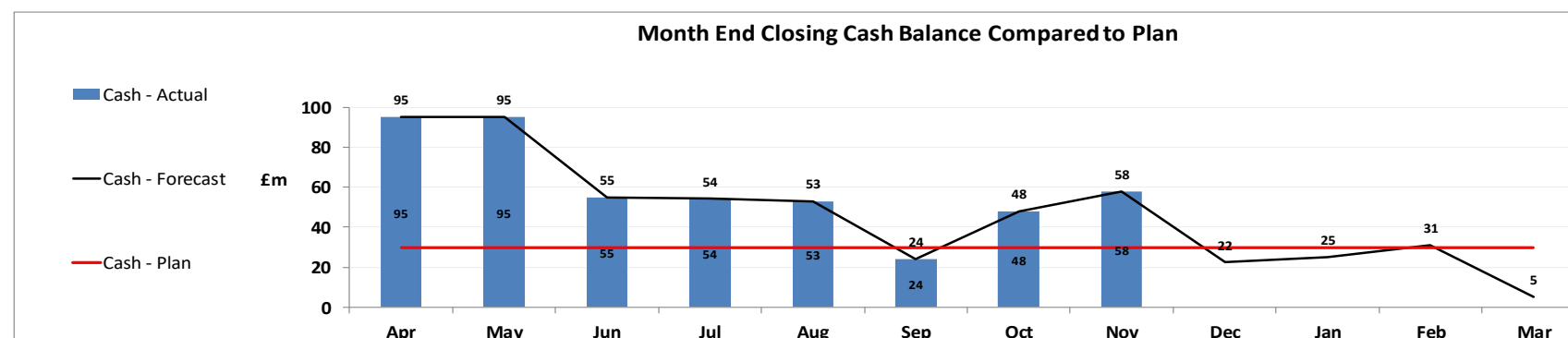
Internally funded
 (£2.9m) - NUH modular build - delays due to supply chain and labour issues which have put the programme behind schedule by c9 weeks. Part of the planning condition works will be a £0.7m cost pressure in 2024/25.
 (£1.0m) - NUH fire programme - timing delay that will be caught up.
 (£0.8m) - CAU - timing delay that will be caught up and additional potential £0.4m cost pressure in year.
 (£0.7m) - VAT recoveries and close out of old year schemes which will be offset against cost pressures.

Expenditure against **donated schemes** is £0.2m (£0.1m in month 7); £2.0m year to date.

Forecast - As noted above there are delays with a number of high value externally funded schemes which will result in a £20.4m underspend in 2023/24 and a cost pressure of £21.9m in 2024/25. The significant cost pressures are MEH CDC c£7.6m, SBH ITU c£10.2m, NUH mothballed theatres c£3.3m. Discussions are ongoing with NEL/NHSE to see if the CDC funds and the ITU funds can be transferred to 2024/25. It may not be possible to broker the Mothballed theatres underspend in which case permission is being sought to use it against the Trust over commitment.

Capital Funding				
	Capital Plan	Secured	Not Yet Secured	% Secured
Gross Depreciation	76.7	76.7	-	100 %
Repayment of PFI principal	(26.0)	(26.0)	-	100 %
Repayment Other Finance Leases (IFRS16)	(11.3)	(11.3)	-	100 %
Net Depreciation	39.5	39.5	-	100 %
CRL (not cash backed)	13.7	13.7	-	100 %
Add CRL - Neonatal cot capacity RLH (not cash backed)	0.7	0.7	-	100 %
EFA	-	-	-	- %
Overspend agreed with NHSE/NEL (not cash backed)	8.0	-	8.0	- %
IFRS16 CRL adjustment	12.1	-	12.1	- %
PDC: WXH Redevelopment core programme team	1.7	1.1	0.5	68 %
PDC: WXH Redevelopment NHP Enabling works costs	2.1	2.1	-	100 %
Specific PDC: WXH Enabling works	-	-	-	- %
TIF NUH Modular Build and Mothballed Theatres	6.3	6.3	-	100 %
TIF - ITU Expansion SBH	11.1	11.1	-	100 %
ACTIF - RLH/WXH	2.7	2.7	-	100 %
PDC- MEH CDC	8.3	8.3	-	100 %
PDC - LIMMS	0.2	0.2	-	100 %
PDC - Paeds Observation rooms	0.5	0.5	-	100 %
PDC - Cyber Security	0.2	0.2	-	100 %
PDC - We Connect	0.4	0.4	-	100 %
Planned Capital exc. Donated	107.3	86.6	20.7	80.7 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	107.3	86.6	20.7	80.7 %
Donated	10.3	1.7	8.7	16.0 %
Planned Capital inc. Donated	117.6	88.3	29.3	75.1 %
*CRL overspend	(4.4)	-	-	- %

£millions	Actual								Forecast				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	60.2	95.0	95.1	54.8	54.2	53.1	24.0	48.0	57.9	22.4	24.8	31.0	60.2
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.7	169.7	174.0	180.1	166.9	191.2	165.8	165.8	183.3	2,089.7
Other income	42.5	24.7	17.4	28.9	30.5	33.8	48.7	28.8	16.1	30.0	24.3	29.9	355.6
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	3.1	-	-	-	2.2	-	11.4	16.7
Total cash inflows	198.4	190.7	220.7	196.6	200.2	210.9	228.8	195.7	207.3	198.0	190.1	224.6	2,462.0
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.0)	(70.5)	(71.5)	(65.8)	(66.7)	(67.4)	(69.8)	(68.8)	(70.0)	(839.0)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(50.2)	(48.3)	(54.9)	(50.2)	(50.0)	(51.0)	(51.0)	(51.0)	(595.9)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(57.7)	(76.6)	(108.2)	(79.6)	(64.9)	(122.2)	(70.3)	(58.6)	(107.2)	(1,002.0)
Capital expenditure	(8.1)	(3.0)	(3.2)	(5.9)	(4.0)	(4.1)	(4.5)	(4.0)	(3.2)	(4.5)	(5.5)	(14.6)	(64.6)
Dividend and Interest payable	-	-	-	-	-	(7.9)	-	-	-	-	-	(7.8)	(15.7)
Total cash outflows	(163.6)	(190.6)	(261.0)	(197.2)	(201.3)	(240.0)	(204.8)	(185.8)	(242.8)	(195.6)	(183.9)	(250.6)	(2,517.2)
Net cash inflows / (outflows)	34.8	0.1	(40.3)	(0.6)	(1.1)	(29.1)	24.0	9.9	(35.5)	2.4	6.2	(26.0)	(55.2)
Closing cash at bank - actual / forecast	95.0	95.1	54.8	54.2	53.1	24.0	48.0	57.9	22.4	24.8	31.0	5.0	5.0
Closing cash at bank - plan	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0



Key Messages

Cash balances in November 2023 are higher by £27.9m compared to a plan of £30.0m, as a result of additional receipts received in month and movement in working capital. The 2022/23 pay rise award for Agenda for Change (AFC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AFC uplift (funded by NHSE and ICBs) was paid to staff in June 2023. The 2023/24 pay award for Medical staff, backdated to April 2023 (circa £10.2m, funded by the ICBs) was paid to staff in September 2023. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.

**CASHFLOW &
BALANCE SHEET**

Statement of Financial Position

Jan-24

22/23		Actual								Forecast				22/23 v 23/24
31 Mar 2023	Emillions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,594.2	Property, plant and equipment	1,592.4	1,589.2	1,588.5	1,587.9	1,585.0	1,585.1	1,583.9	1,584.2	1,626.2	1,629.9	1,633.6	1,634.2	40.0
0.1	Intangible assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
16.8	Trade and other receivables	16.8	16.7	16.7	16.6	16.6	16.5	16.5	16.5	16.7	16.7	16.7	16.2	(0.6)
1,611.1	Total non-current assets	1,609.3	1,606.0	1,605.3	1,604.6	1,601.7	1,601.7	1,600.5	1,600.8	1,643.0	1,646.7	1,650.4	1,650.4	39.4
	Current assets:													
31.4	Inventories	32.1	32.2	33.9	32.9	32.3	33.0	33.2	33.2	31.4	31.4	31.4	31.4	0.0
145.5	Trade and other receivables	132.0	123.8	92.4	125.7	101.0	123.9	106.5	126.9	112.5	108.7	107.9	149.5	4.0
60.2	Cash and cash equivalents	95.1	95.1	54.8	54.2	53.1	24.0	47.9	57.9	22.4	24.8	31.0	5.0	(55.2)
237.1	Total current assets	259.2	251.1	181.1	212.8	186.4	180.9	187.6	218.0	166.3	164.9	170.3	185.9	(51.2)
1,848.2	Total assets	1,868.5	1,857.1	1,786.4	1,817.4	1,788.1	1,782.6	1,788.1	1,818.8	1,809.3	1,811.6	1,820.7	1,836.3	(11.8)
	Current liabilities													
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(305.9)	(288.0)	(285.8)	(297.7)	(310.6)	(236.8)	(241.0)	(251.4)	(265.9)	24.1
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.8)	(2.8)	(2.8)	(2.8)	0.0
(37.3)	Liabilities arising from PFIs / Finance Leases	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(42.0)	(42.0)	(42.0)	(40.5)	(3.2)
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
(330.1)	Total current liabilities	(360.5)	(359.0)	(303.9)	(346.1)	(328.2)	(326.0)	(337.9)	(350.8)	(281.6)	(285.8)	(296.2)	(309.2)	20.9
(93.0)	Net current (liabilities) / assets	(101.3)	(107.9)	(122.8)	(133.3)	(141.8)	(145.1)	(150.3)	(132.8)	(115.3)	(120.9)	(125.9)	(123.3)	(30.3)
1,518.1	Total assets less current liabilities	1,508.0	1,498.1	1,482.5	1,471.3	1,459.9	1,456.6	1,450.2	1,468.0	1,527.7	1,525.8	1,524.5	1,527.1	9.1
	Non-current liabilities													
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.1)	(6.1)	(6.2)	(6.3)	(6.3)	(6.7)	(6.7)	(6.7)	(6.7)	(0.8)
(915.2)	Liabilities arising from PFIs / Finance Leases	(912.2)	(908.9)	(905.8)	(902.7)	(899.5)	(896.8)	(893.8)	(890.7)	(920.1)	(920.1)	(920.1)	(911.1)	4.1
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(921.6)	Total non-current liabilities	(918.4)	(915.3)	(912.3)	(909.3)	(906.1)	(903.5)	(900.6)	(897.5)	(927.3)	(927.3)	(927.3)	(918.2)	3.3
596.5	Total Assets Employed	589.6	582.8	570.2	562.0	553.8	553.1	549.6	570.5	600.4	598.5	597.2	608.9	12.4
	Financed by:													
	Taxpayers' equity													
1,080.6	Public dividend capital	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,083.7	1,083.7	1,083.7	1,100.3	1,100.3	1,100.3	1,114.0	33.4
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(935.4)	(943.6)	(947.4)	(950.9)	(930.0)	(916.7)	(918.6)	(919.9)	(921.9)	(21.0)
416.8	Revaluation reserve	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	0.0
596.5	Total Taxpayers' Equity	589.6	582.8	570.2	562.0	553.8	553.1	549.6	570.5	600.4	598.5	597.2	608.9	12.4

Jan-24



Glossary



The key 2023/24 NHS England Urgent and Emergency Care and Elective performance objectives and milestones are set-out in the table opposite. However a number of high-priority operational standards sit alongside these and include:

- ✓ A&E 12-hour journey times, measuring the wait time from arrival to departure, rather than the previous version of the standard which measured wait time from decision to admit to admission
- ✓ Ambulance handover delays of greater than 30 and 60 minutes

In relation to Activity, North East London, including Barts Health, were set an objective by NHS England to deliver 109% of Value Weighted Activity against 2019/20 baseline.

Submitted activity trajectories achieve the 109% objective with a 0.3% contribution relating to improved Outpatient Procedure Recording. NHS England has prescribed the Activity types contributing to the Value Weighted total, these include:

- ✓ First outpatient appointments
- ✓ First and follow up outpatient procedures
- ✓ Elective ordinary (inpatient) admissions
- ✓ Day case admissions

The Operational Performance chapter of this report (pages 17 to 40) provides monthly and year to date views of delivery against the performance and activity objectives set out above and opposite.

In relation to 2024/25, planning guidance has been delayed until late January or early February 2024, once this guidance has been received this page will be updated with the national planning priorities for next year. It is anticipated that these will build on the current objectives set out above. NHS England will also work with ICBs and providers to agree a standard set of metrics that all executive teams and boards should use as a minimum to track productivity alongside service delivery. Once published views of the productivity metrics will be developed and incorporated within this report.

	Objective	Deadline
Urgent & Emergency Care	76% of patients seen within 4-hours	Mar-24
	Achieve 92% G&A bed occupancy	No deadline published
Elective Waits	Eliminate waits of over 65 weeks	Mar-24
	Eliminate waits of over 52 weeks	Mar-25
Cancer	Meet the 75% cancer faster diagnosis standard	Mar-24
	Continue to reduce the number of patients waiting over 62 days	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks to 95%	Mar-25

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	R8	Cancer 2 Week Wait	Percentage of patients first seen by a specialist for suspected cancer within two weeks (14 days) of an urgent GP referral for suspected cancer	Monthly	National
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 6 weeks or less 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
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

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

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	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
Safe	Saving Lives	S87	Saving Lives: Central Venous Catheter Care Bundle (Continuing Care)	The percentage of central venous catheter care bundle audits carried out (for patients with continuing care) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter injection ports, catheter access, catheter replacement, hand hygiene, etc.	Monthly	TBC
Safe	Saving Lives	S88	Saving Lives: Central Venous Catheter Care Bundle (On Insertion)	The percentage of central venous catheter care bundle audits carried out (on insertion of catheters) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter type, insertion site, safe disposal of sharps, hand hygiene, etc.	Monthly	TBC
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	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

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

Jan-24



Appendix



APPENDIX Interpretation of Scorecards (New QV) Jan-24

How to Interpret the Scorecard

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

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

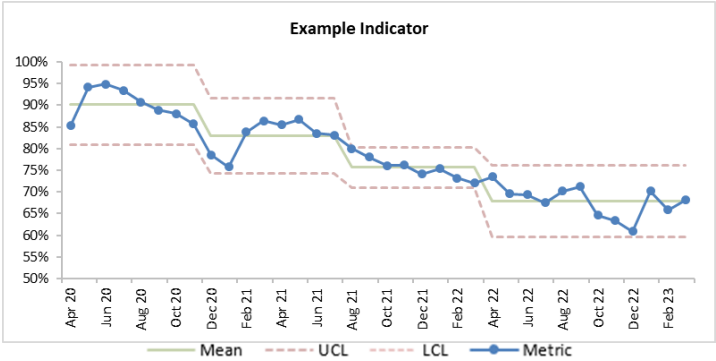
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



Statistical Process Control (SPC) charts using the Individual metric (X shown as blue data points on a line) and it's moving Range (XmR) allows you to identify statistically significant changes in data. The red dotted lines (upper or lower process limits) represent the expected range for data points, if variation is within expected limits - that is, normal. If there is a target, then this will be shown using a black dotted line.

When you are interpreting these SPC charts there are a couple of things that help you identify what the performance is doing.

If any point is outside any of the red dotted lines, then this means that "special cause" variation is present in the system i.e. that data point is unusual and should be investigated.

A step consists of at least 8 data points. A step change is only triggered after the minimum step run and by the next 8 data points ALL being one side of the preceding step mean (green line) i.e.. ALL above or ALL below. In the example to the left the first step has a mean of 90.15% and a step change occurs in Dec 2020 as 8 data points have elapsed in the first step and the next 8 data points are all below the first step mean.

How Exceptions Are Identified For Inclusion

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

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

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,070.0	2,259.5	1,035.0	1,271.5	1,725.0	1,986.0	690.0	1,518.0	109.2%	122.9%	115.1%	220.0%	773	5.5	3.6	9.1
Royal London	10F RLH	1,080.0	1,279.0	720.0	802.8	990.0	1,166.0	330.0	407.5	118.4%	111.5%	117.8%	123.5%	486	5.0	2.5	7.5
Royal London	11C RLH	2,759.5	2,683.5	1,380.0	1,302.3	2,760.0	2,807.0	690.0	1,188.5	97.2%	94.4%	101.7%	172.2%	713	7.7	3.5	11.2
Royal London	11E & 11F AAU	4,183.0	4,988.5	1,725.0	1,745.5	3,795.0	4,795.5	1,380.0	2,103.5	119.3%	101.2%	126.4%	152.4%	1,440	6.8	2.7	9.5
Royal London	12C RLH	1,840.0	2,192.3	1,380.0	1,645.5	1,794.0	2,226.7	1,035.0	1,447.5	119.1%	119.2%	124.1%	139.9%	775	5.7	4.0	9.7
Royal London	12D RLH	1,380.5	1,701.7	690.0	976.5	1,368.5	1,773.0	345.0	816.5	123.3%	141.5%	129.6%	236.7%	468	7.4	3.8	11.3
Royal London	12E RLH	2,704.5	2,754.5	1,380.0	1,428.5	2,415.0	2,495.5	1,380.0	1,667.5	101.8%	103.5%	103.3%	120.8%	697	7.5	4.4	12.0
Royal London	12F RLH	1,974.0	2,411.0	1,725.0	1,843.0	1,725.0	2,173.5	1,725.0	2,024.0	122.1%	106.8%	126.0%	117.3%	754	6.1	5.1	11.2
Royal London	13C RLH	1,874.5	1,969.5	690.0	909.0	1,725.0	1,782.5	678.5	1,184.5	105.1%	131.7%	103.3%	174.6%	755	5.0	2.8	7.7
Royal London	13D RLH	1,725.0	2,402.8	690.0	644.0	1,380.0	1,957.0	690.0	966.0	139.3%	93.3%	141.8%	140.0%	723	6.0	2.2	8.3
Royal London	13E RLH	1,978.0	2,751.5	701.5	900.0	1,644.5	2,493.5	701.5	1,358.5	139.1%	128.3%	151.6%	193.7%	743	7.1	3.0	10.1
Royal London	13F RLH	1,725.0	2,449.5	943.0	966.0	1,713.5	2,301.0	690.0	1,160.0	142.0%	102.4%	134.3%	168.1%	668	7.1	3.2	10.3
Royal London	14E & 14F RLH	3,277.5	4,048.0	2,622.0	2,645.0	2,760.0	3,542.0	2,024.0	2,794.5	123.5%	100.9%	128.3%	138.1%	1,519	5.0	3.6	8.6
Royal London	3D RLH	3,782.5	4,003.0	2,334.5	2,143.0	3,231.5	4,008.5	1,851.5	2,277.0	105.8%	91.8%	124.0%	123.0%	1,159	6.9	3.8	10.7
Royal London	3E RLH	2,070.0	2,213.0	690.0	1,000.5	1,725.0	1,840.0	690.0	1,276.5	106.9%	145.0%	106.7%	185.0%	803	5.0	2.8	7.9
Royal London	3F RLH	1,550.8	2,198.5	1,035.0	678.5	1,023.5	2,171.5	690.0	667.0	141.8%	65.6%	212.2%	96.7%	452	9.7	3.0	12.6
Royal London	4E RLH	13,512.5	13,994.0	1,022.5	1,000.5	13,442.0	13,785.1	1,035.0	1,012.0	103.6%	97.8%	102.6%	97.8%	1,276	21.8	1.6	23.3
Royal London	6C RLH	4,296.5	3,149.2	782.0	546.8	3,496.0	2,732.0	678.5	517.5	73.3%	69.9%	78.1%	76.3%	174	33.8	6.1	39.9
Royal London	6E & 6F RLH	5,765.5	5,339.6	1,385.8	1,400.0	5,175.0	5,291.8	1,035.0	978.5	92.6%	101.0%	102.3%	94.5%	1,016	10.5	2.3	12.8
Royal London	7C RLH	1,380.0	1,345.5	598.0	736.0	1,035.0	1,058.0	552.0	782.0	97.5%	123.1%	102.2%	141.7%	376	6.4	4.0	10.4
Royal London	7D RLH	1,725.0	1,807.3	855.0	732.0	1,368.5	1,572.3	690.0	724.5	104.8%	85.6%	114.9%	105.0%	420	8.0	3.5	11.5
Royal London	7E RLH	2,760.0	2,685.8	1,035.0	1,339.5	2,415.0	2,489.5	1,035.0	1,543.8	97.3%	129.4%	103.1%	149.2%	698	7.4	4.1	11.5
Royal London	7F RLH	1,380.0	1,276.5	345.0	678.5	1,035.0	1,035.0	345.0	816.5	92.5%	196.7%	100.0%	236.7%	344	6.7	4.3	11.1
Royal London	8C RLH	1,910.5	2,230.5	690.0	877.0	1,380.0	1,781.5	690.0	1,025.5	116.7%	127.1%	129.1%	148.6%	547	7.3	3.5	10.8
Royal London	8D RLH	9,780.0	7,830.3	1,545.0	654.0	8,578.0	7,012.8	437.0	586.5	80.1%	42.3%	81.8%	134.2%	1,059	14.0	1.2	15.2
Royal London	8F RLH	1,736.5	1,641.5	1,402.0	1,507.5	1,035.0	1,012.0	1,380.0	1,368.5	94.5%	107.5%	97.8%	99.2%	1,670	1.6	1.7	3.3
Royal London	9E HDU RLH	1,380.0	1,073.0	0.0	0.0	1,380.0	1,094.5	0.0	11.5	77.8%		79.3%		169	12.8	0.1	12.9
Royal London	9E RLH	1,713.5	1,985.5	713.0	1,022.5	1,380.0	1,679.0	690.0	1,276.5	115.9%	143.4%	121.7%	185.0%	763	4.8	3.0	7.8
Royal London	9F RLH	1,725.0	1,727.0	690.0	784.0	1,380.0	1,438.0	690.0	829.0	100.1%	113.6%	104.2%	120.1%	712	4.4	2.3	6.7

Safe Staffing Fill Rates by Ward and Site

Jan-24

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,484.0	4,812.8	2,393.0	2,334.5	4,485.0	5,089.4	2,068.0	2,080.8	107.3%	97.6%	113.5%	100.6%	1,459	6.8	3.0	9.8
Whipps Cross	ACACIA	939.5	937.8	437.0	472.8	690.0	691.5	690.0	692.5	99.8%	108.2%	100.2%	100.4%	353	4.6	3.3	7.9
Whipps Cross	ACORN	3,600.0	2,730.4	345.0	551.3	2,760.0	2,386.0	345.0	310.5	75.8%	159.8%	86.4%	90.0%	574	8.9	1.5	10.4
Whipps Cross	B3 WARD WXH	1,279.0	1,188.0	1,035.0	1,391.5	1,035.0	1,035.0	690.0	1,069.0	92.9%	134.4%	100.0%	154.9%	500	4.4	4.9	9.4
Whipps Cross	BIRCH	1,035.0	1,264.4	1,031.8	1,135.3	1,035.0	1,023.5	690.0	1,083.0	122.2%	110.0%	98.9%	157.0%	524	4.4	4.2	8.6
Whipps Cross	BLACKTHORN	1,035.0	1,290.0	1,032.5	1,343.5	1,035.0	1,035.0	690.0	1,184.5	124.6%	130.1%	100.0%	171.7%	502	4.6	5.0	9.7
Whipps Cross	Bracken Ward WXH	1,288.0	1,466.5	1,035.0	1,285.5	1,034.0	1,206.5	690.0	959.5	113.9%	124.2%	116.7%	139.1%	501	5.3	4.5	9.8
Whipps Cross	CEDAR	1,379.5	1,529.0	1,380.0	1,661.5	1,035.0	1,276.5	1,035.0	1,483.5	110.8%	120.4%	123.3%	143.3%	542	5.2	5.8	11.0
Whipps Cross	CHESTNUT	943.0	885.5	345.0	759.0	690.0	1,023.5	345.0	897.0	93.9%	220.0%	148.3%	260.0%	379	5.0	4.4	9.4
Whipps Cross	CONIFER	1,380.0	1,175.0	1,367.0	1,792.5	1,035.0	1,127.0	1,035.0	1,357.0	85.1%	131.1%	108.9%	131.1%	475	4.8	6.6	11.5
Whipps Cross	CURIE	1,368.5	1,186.0	1,035.0	1,208.0	1,035.0	977.5	1,035.0	1,138.5	86.7%	116.7%	94.4%	110.0%	524	4.1	4.5	8.6
Whipps Cross	DELIVERY SUITE WXH	5,832.9	5,344.2	1,380.0	1,120.6	4,818.5	4,276.2	1,380.0	1,284.5	91.6%	81.2%	88.7%	93.1%	544	17.7	4.4	22.1
Whipps Cross	ELIZABETH	1,633.0	1,570.0	345.0	379.5	1,380.0	1,381.5	345.0	345.5	96.1%	110.0%	100.1%	100.1%	533	5.5	1.4	6.9
Whipps Cross	FARADAY	1,380.0	1,267.5	690.0	821.6	1,380.0	1,404.5	345.0	437.0	91.8%	119.1%	101.8%	126.7%	467	5.7	2.7	8.4
Whipps Cross	Frail Elderly WXH	854.0	822.8	344.5	542.8	688.0	676.4	341.5	662.5	96.4%	157.6%	98.3%	194.0%	31	48.4	38.9	87.2
Whipps Cross	ICU WXH	6,768.0	5,296.5	1,344.0	396.0	6,182.0	4,851.0	1,320.0	451.0	78.3%	29.5%	78.5%	34.2%	348	29.2	2.4	31.6
Whipps Cross	MARGARET	1,031.5	1,022.0	345.0	579.5	690.0	690.0	345.0	644.0	99.1%	168.0%	100.0%	186.7%	308	5.6	4.0	9.5
Whipps Cross	MULBERRY	2,231.0	2,013.5	1,710.0	899.8	1,373.0	1,303.8	1,380.0	1,184.5	90.3%	52.6%	95.0%	85.8%	1,255	2.6	1.7	4.3
Whipps Cross	NEONATAL WXH	2,359.5	1,930.0	1,069.5	638.5	2,051.5	1,749.5	690.0	379.5	81.8%	59.7%	85.3%	55.0%	317	11.6	3.2	14.8
Whipps Cross	NIGHTINGALE	1,375.8	1,352.8	345.0	422.5	1,380.0	1,388.0	345.0	414.0	98.3%	122.5%	100.6%	120.0%	374	7.3	2.2	9.6
Whipps Cross	PEACE	1,633.0	1,692.0	1,380.0	1,345.5	1,035.0	1,370.5	1,035.0	1,024.0	103.6%	97.5%	132.4%	98.9%	449	6.8	5.3	12.1
Whipps Cross	POPLAR	1,690.5	1,680.0	1,033.5	1,220.5	1,380.0	1,440.5	1,035.0	1,184.5	99.4%	118.1%	104.4%	114.4%	645	4.8	3.7	8.6
Whipps Cross	PRIMROSE	1,725.0	1,598.5	1,380.0	1,781.5	1,380.0	1,276.5	1,035.0	1,702.0	92.7%	129.1%	92.5%	164.4%	840	3.4	4.1	7.6
Whipps Cross	ROWAN	1,725.0	1,678.0	1,380.0	1,800.8	1,380.0	1,311.0	1,035.0	1,679.0	97.3%	130.5%	95.0%	162.2%	859	3.5	4.1	7.5
Whipps Cross	SAGE	1,630.5	1,612.0	1,396.0	1,624.0	1,380.0	1,380.5	1,035.0	1,240.5	98.9%	116.3%	100.0%	119.9%	771	3.9	3.7	7.6
Whipps Cross	SYCAMORE	1,288.0	1,633.0	1,380.0	1,713.5	1,035.0	1,380.0	1,035.0	1,426.0	126.8%	124.2%	133.3%	137.8%	805	3.7	3.9	7.6
Whipps Cross	SYRINGA	1,374.5	1,357.0	1,679.0	1,679.0	1,035.0	1,035.0	1,380.0	1,414.5	98.7%	100.0%	100.0%	102.5%	767	3.1	4.0	7.2

Safe Staffing Fill Rates by Ward and Site

Jan-24

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	BECKTON	1,373.5	1,451.5	1,035.0	1,091.0	1,380.0	1,437.5	1,035.0	1,184.5	105.7%	105.4%	104.2%	114.4%	582	5.0	3.9	8.9
Newham	Custom House NUH	1,380.0	1,371.0	1,035.0	1,080.0	1,034.5	1,034.5	1,380.0	1,423.2	99.3%	104.3%	100.0%	103.1%	620	3.9	4.0	7.9
Newham	DELIVERY SUITE NUH	4,751.0	4,628.6	690.0	661.4	4,702.5	4,327.0	690.0	689.2	97.4%	95.9%	92.0%	99.9%	691	13.0	2.0	14.9
Newham	EAST HAM	1,724.0	1,747.0	1,035.0	1,122.5	1,357.0	1,507.5	1,035.0	1,138.5	101.3%	108.5%	111.1%	110.0%	684	4.8	3.3	8.1
Newham	HEATHER	2,069.0	2,302.5	1,035.0	1,195.5	2,070.0	2,380.5	1,035.0	1,206.0	111.3%	115.5%	115.0%	116.5%	765	6.1	3.1	9.3
Newham	LARCH	3,472.0	3,056.9	2,017.5	1,875.3	2,266.0	2,232.8	1,817.0	1,805.5	88.0%	93.0%	98.5%	99.4%	1,837	2.9	2.0	4.9
Newham	Manor Park ITU NUH	4,149.0	3,529.5	690.0	713.0	4,140.0	3,519.0	690.0	747.5	85.1%	103.3%	85.0%	108.3%	309	22.8	4.7	27.5
Newham	MAPLE	1,035.0	1,035.0	690.0	690.0	1,035.0	1,023.5	690.0	690.0	100.0%	100.0%	98.9%	100.0%	222	9.3	6.2	15.5
Newham	NEONATAL NUH	3,174.0	2,899.3	690.0	494.5	3,001.5	2,646.0	701.5	506.0	91.3%	71.7%	88.2%	72.1%	482	11.5	2.1	13.6
Newham	NUH MIDWIFERY	1,069.0	997.3	345.0	311.0	1,035.0	957.8	345.0	346.0	93.3%	90.1%	92.5%	100.3%	181	10.8	3.6	14.4
Newham	PLASHET	1,543.0	1,509.8	1,035.0	1,054.7	1,380.0	1,384.5	1,035.0	1,127.0	97.9%	101.9%	100.3%	108.9%	758	3.8	2.9	6.7
Newham	RAINBOW	2,751.0	2,818.5	962.0	975.5	1,725.0	2,242.5	345.0	460.0	102.5%	101.4%	130.0%	133.3%	391	12.9	3.7	16.6
Newham	SILVERTOWN	1,723.5	1,687.0	1,035.0	1,007.5	1,621.5	1,667.5	1,035.0	1,172.3	97.9%	97.3%	102.8%	113.3%	716	4.7	3.0	7.7
Newham	STRATFORD	1,380.0	1,457.8	1,035.0	1,023.5	1,380.0	1,529.5	1,035.0	1,106.0	105.6%	98.9%	110.8%	106.9%	508	5.9	4.2	10.1
Newham	Tayberry	2,409.8	2,705.3	1,035.0	1,153.0	2,415.0	2,771.5	1,035.0	1,265.0	112.3%	111.4%	114.8%	122.2%	528	10.4	4.6	15.0
Newham	THISTLE	1,725.0	1,698.5	1,035.0	1,081.2	1,725.0	1,713.5	1,035.0	1,345.5	98.5%	104.5%	99.3%	130.0%	754	4.5	3.2	7.7
Newham	WEST HAM	1,251.5	1,248.8	1,000.5	1,033.0	1,035.0	1,035.0	333.5	701.5	99.8%	103.2%	100.0%	210.3%	700	3.3	2.5	5.7
St Bart's	1C	5,912.5	4,936.0	345.0	287.5	5,186.5	4,715.0	207.0	402.5	83.5%	83.3%	90.9%	194.4%	380	25.4	1.8	27.2
St Bart's	1D	3,105.0	2,401.5	345.0	379.5	2,760.0	2,185.0	345.0	414.0	77.3%	110.0%	79.2%	120.0%	331	13.9	2.4	16.3
St Bart's	1E	4,823.0	3,872.0	345.0	340.0	4,830.0	3,783.5	345.0	333.5	80.3%	98.6%	78.3%	96.7%	260	29.4	2.6	32.0
St Bart's	3A SBH	4,828.0	4,688.3	1,380.0	1,294.3	4,830.0	4,819.7	1,380.0	1,449.0	97.1%	93.8%	99.8%	105.0%	977	9.7	2.8	12.5
St Bart's	3D SBH	1,529.5	1,704.0	1,196.0	1,265.5	1,483.5	1,450.0	943.0	943.0	111.4%	105.8%	97.7%	100.0%	526	6.0	4.2	10.2
St Bart's	4A SBH	1,713.5	1,713.5	1,035.0	989.0	1,380.0	1,380.0	342.0	747.5	100.0%	95.6%	100.0%	218.6%	721	4.3	2.4	6.7
St Bart's	4B SBH	1,545.0	1,533.0	1,200.0	984.5	1,380.0	1,371.8	690.0	724.5	99.2%	82.0%	99.4%	105.0%	569	5.1	3.0	8.1
St Bart's	4C SBH	1,725.0	1,585.0	943.0	862.5	1,380.0	1,276.5	931.5	862.5	91.9%	91.5%	92.5%	92.6%	560	5.1	3.1	8.2
St Bart's	4D & 4E SBH	1,638.8	1,552.5	690.0	644.0	1,587.0	1,299.5	690.0	667.0	94.7%	93.3%	81.9%	96.7%	428	6.7	3.1	9.7
St Bart's	5A SBH	2,083.8	2,116.5	876.0	995.0	1,408.0	1,567.1	330.0	672.3	101.6%	113.6%	111.3%	203.7%	603	6.1	2.8	8.9
St Bart's	5B SBH	1,380.0	1,359.8	690.0	609.5	1,380.0	1,380.0	345.0	517.5	98.5%	88.3%	100.0%	150.0%	450	6.1	2.5	8.6
St Bart's	5C SBH	2,066.5	2,024.0	690.0	749.5	1,725.0	1,706.8	345.0	634.5	97.9%	108.6%	98.9%	183.9%	547	6.8	2.5	9.4
St Bart's	5D SBH	2,070.0	1,942.5	690.0	734.3	1,725.0	1,636.3	690.0	828.0	93.8%	106.4%	94.9%	120.0%	707	5.1	2.2	7.3
St Bart's	6A SBH	6,193.5	5,292.5	345.0	391.0	6,198.5	5,302.5	345.0	411.0	85.5%	113.3%	85.5%	119.1%	315	33.6	2.5	36.2
St Bart's	6D SBH	1,403.0	1,391.0	690.0	636.5	1,035.0	1,035.0	690.0	677.5	99.1%	92.2%	100.0%	98.2%	500	4.9	2.6	7.5

Report to the Trust Board: 17 January 2024	TB 04/24
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Title	Finance, Investment and Performance Committee Exception Report
Chair	Mr Adam Sharples, 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)

<p>Executive summary The Committee met on 13 December and 10 January 2024 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).</p>	
<p>Key agenda items</p> <p><i>Operational performance (constitutional standards)</i></p> <p><i>Monthly finance report</i></p> <p><i>Capital programme report</i></p> <p><i>Contracts and waivers</i></p> <p><i>Winter plan</i></p> <p><i>Theatres programme update</i></p> <p><i>Workforce thematic update</i></p>	<p>BAF entries</p> <p>5,6</p> <p>13</p> <p>14</p> <p>13</p> <p>5, 6</p> <p>14</p> <p>1, 4</p>
<p>Key areas of discussion arising from items appearing on the agendas</p> <p>Operational performance (constitutional standards) The Committee reviewed in detail performance against operational constitutional standards, with a focus on urgent and emergency care; waiting list reductions; cancer and diagnostics performance (with key details appearing in the Trust Board’s IPR). The challenges of industrial action disruption to clinical activity were a key theme discussed. It was noted that the Trust’s waiting list performance had resulted in being identified as a Tier 1 Trust for elective (requiring central oversight and support). Conversely, improvements in cancer waiting time performance had resulted in reduced central oversight and support.</p> <p>Workforce The Committee reviewed the IPR section on workforce metrics and noted progress in recent months in relation to substantive recruitment, key controls (such as rostering and job planning) and sickness absence. Industrial action remained a key concern for the Committee in terms of delivery of plans (as well as impacting on staff wellbeing and patient care).</p> <p>Monthly finance reports The Committee discussed and noted the monthly position reports (as summarised in the IPR). In addition to review of the Trust outlook, the Committee spent time reviewing the development and outputs of sector level scrutiny; and revisions to the NEL sector financial plan. The monthly reports indicated that the Trust currently remained on trajectory to achieve its revised control total target.</p> <p>Capital programme report The Committee noted the significant challenges associated with capital constraints to the</p>	

main CDEL programme in 2023/24 and an expected CRL overshoot. The Committee also considered challenges to delivering some specific projects in the timelines required to secure targeted capital funds (which could not be rolled over or reallocated to other schemes). Looking ahead to 2024/25 steps to more sustainably fund longer term capital pressures at sector and Trust level were discussed. It was noted that a business case in development in relation to Newham fire safety seeking central funding. The Committee agreed changes to the ISC committee structure and a proposal on post-project evaluations.

Procurement

The Committee received the new (standing) report supporting the review of major contracts and waivers ahead of Board approval.

Theatres

The Committee received a thematic report on the Theatres programme, a key enabler of elective recovery and plans to reduce long waits. The Committee received positive assurance on digital improvements to support improved theatre utilisation tracking and reporting.

Winter plan

The Committee discussed detailed plans responding to winter pressures, including capacity and virtual wards, greater system co-ordination of emergency care, digital systems improvements and staff vaccinations.

Business cases

The Committee received and supported business case proposals relating to the Whipps Cross enabling scheme (car parking) and SBH corporate accommodation.

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

-

Any issues for escalation to the Board

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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 exception report.

Report to the Trust Board: 17 January 2024	TB 05/24
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Title	Audit and Risk Committee Exception Report
Chair	Ms Kim Kinnaird, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Executive summary	
The Audit and Risk Committee met on 22 November 2023 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).	
Key agenda items	BAF entries
<i>Internal Audit progress report</i>	All
<i>External audit memorandum</i>	All
<i>BAF and high risks report</i>	All
<i>QAC exception report</i>	3, 8, 9, 11, 15
<i>Operational plan – performance and risk Q2 assessment</i>	All
<i>Standing reports on counter fraud, waivers and losses and special payments</i>	All
<i>Declarations of interest</i>	
Key areas of discussion arising from items appearing on the agenda	
Internal Audit reports	
The committee reviewed outcomes of audits assigned reasonable or substantial assurance ratings. The committee discussed two limited assurance reviews covered at the Quality Assurance Committee in relation to Duty of Candour and diagnostic imaging. The committee noted a sustained improvement in the number of overdue management actions arising from audit reviews. A follow-up review of historic limited assurance reviews provided positive assurance on progress since the initial audits. The Committee discussed confidence in completion of the outstanding elements of the 2023/24 internal audit plan and development of the 2024/25 plan.	
Operational plan – performance and risk Q2 assessment	
The Committee reviewed the format and content of a Q2 assessment of operational plan delivery. It was agreed that this was a helpful approach while requiring further embedding and refinement in the articulation and use of identified success measures and tolerances.	
BAF and high risks report	
The Committee spent time reviewing the BAF risks, risk tolerances and high risks appearing on the risk register. The committee spent time reviewing high risks scored at 20 on the risk register, including a specific review of 20 risks at Whipps Cross. The Committee noted steps to improve the articulation and management of 20 scored risks via the Risk Management Board while expressing the need for greater pace on this work. A deep dive review of the BAF entry relating to staff wellbeing was also considered.	

<p>Declarations of Interest</p> <p>The Committee noted declarations received from senior decision makers prior to publication of these details. It was recognised that there had been minimal investment in the existing manual systems and that the number of returns was suboptimal. It was agreed to consider options to strengthen recording mechanisms.</p> <p>Waivers</p> <p>The Committee noted an increase in the number of waiver requests in the last quarter and it was agreed to bring an improvement plan to the next meeting.</p> <p>Ways of working and horizon scanning</p> <p>The Committee noted progress on horizon-scanning and recommended exploring this further at a future board seminar. The Committee noted plans to align the committee’s approach with BHRUT. It was confirmed that, unlike other board committees, there would not be a committee-in-common arrangement put in place during 2024/25. The Committee also discussed steps being taken to explore closer alignment of external and internal audit provision across the integrated group.</p>	
<p>Any key actions agreed / decisions taken to be notified to the Board</p> <p>None.</p>	
<p>Any issues for escalation to the Board</p> <p>The Trust Board is asked to consider the auditor panel’s recommendation for appointment of external auditor (appendix 1) from 1 July 2024.</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes.</p>
<p>Action required by the Board</p> <p>The Trust Board is asked to note the Audit and Risk Committee exception report.</p>	

Appendix 1

Report to the Trust Board: 17 January 2024	TB /24
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Title	External Auditor appointment
Sponsoring Director	Group Chief Finance Officer
Author(s) / Secretary	Associate Director, Financial Services Trust Secretary
Purpose	Board approval for the appointment of a provider for External Auditor as recommended by the Auditor Panel (Trust Audit and Risk Committee) following a tender evaluation process.

Executive summary	<p>In line with the Local Audit Accountability Act 2014 and Guidance on the Local Procurement of External Auditors for NHS Trusts (March 2016), NHS Trusts must procure and locally appoint their External Audit provider and details of appointment must be published. As background, on 27 March 2020, the Trust Board approved the appointment of Mazars LLP for a period of two years from 1 July 2020 with an option to extend this for a further two year period, subsequently exercised.</p> <p>A procurement exercise (compliant with SFIs and procurement regulations) was undertaken during 2023 and expressions of interest sought from potential suppliers on existing national frameworks. Following three expressions of interest, one supplier proceeded to submit a full bid. Members of the Auditor Panel (the Audit and Risk Committee) met on 22 November 2023 to review the proposed contract terms (benchmarked with peer trusts) and confirmed their recommendation to the Trust Board to re-appoint Mazars LLP as the Trust’s External Audit provider from 1 July 2024 for an initial period of 2 years, with an option to extend this for a further two years. Separately, the Trust Board is asked to note that Barking, Havering and Redbridge University NHS Trust conducted a similar procurement exercise and appointed Mazars LLP as their External Audit provider for the financial year commencing 1 April 2023 for a period of three years.</p>
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Related Trust objectives	
	SO 3.

Risk and Assurance	Assurance in relation to above objective
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Legal implications/ regulatory requirements	No specific requirement
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Action required
 The Trust Board is asked to appoint Mazars LLP as the Trust’s External Audit provider from 1 July 2024 for an initial period of 2 years, with an option to extend this for a further two years.

Report to the Trust Board: 17 January 2024	TB /24
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Title	Audit and Risk Committee Exception Report
Chair	Ms Kim Kinnaird, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Executive summary	
The Audit and Risk Committee met on 22 November 2023 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).	
Key agenda items	BAF entries
<i>Internal Audit progress report</i>	All
<i>BAF and high risks report</i>	All
<i>QAC exception report</i>	All
<i>Operational plan – performance and risk 2 assessment</i>	All
<i>Standing reports on counter fraud, waivers and losses and special payments</i>	All
Key areas of discussion arising from items appearing on the agenda	
Internal Audit reports	
The committee reviewed outcomes of audits assigned reasonable or substantial assurance ratings. The committee discussed a limited assurance review of compliance with the Better Payments Practice Code. The committee also noted similar hospital reviews considered in full by the Quality Assurance Committee. The committee noted good progress in reducing the number of overdue management actions arising from audit reviews. Time was spent on the work of counter fraud services to raise awareness and to investigate casework.	
Letby case	
The Committee considered implications arising from the Countess of Chester case, the role of the Committee as lead on Freedom to Speak Up and options to strengthen staff and patient listening mechanisms.	
Operational plan – performance and risk Q1 assessment	
The Committee reviewed the format and content of a Q1 assessment of operational plan delivery.	
BAF and high risks report	
The Committee spent time reviewing the mapping of BAF risks to objectives, committee roles and risk appetites. Aligned with the reporting on operational plan delivery, a full BAF with risk tolerance triggers was considered by the Committee. In relation to other high risks appearing on the risk register, it was agreed to develop a more rigorous review and sign off approach.	
Cyber	

<p>The Committee discussed cyber security arrangements, ICT infrastructure and accreditation.</p>	
<p>Any key actions agreed / decisions taken to be notified to the Board None.</p>	
<p>Any issues for escalation to the Board The Trust Board is asked to consider the auditor panel’s recommendation for appointment of external auditor (appendix 1) from 1 July 2024.</p>	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes.</p>
<p>Action required by the Board The Trust Board is asked to note the Audit and Risk Committee exception report.</p>	

Appendix 1

Report to the Trust Board: 17 January 2024	TB /24
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Title	External Auditor appointment
Sponsoring Director	Group Chief Finance Officer
Author(s) / Secretary	Associate Director, Financial Services Trust Secretary
Purpose	Board approval for the appointment of a provider for External Auditor as recommended by the Auditor Panel (Trust Audit and Risk Committee) following a tender evaluation process.

<p>Executive summary</p> <p>In line with the Local Audit Accountability Act 2014 and Guidance on the Local Procurement of External Auditors for NHS Trusts (March 2016), NHS Trusts must procure and locally appoint their External Audit provider and details of appointment must be published. As background, on 27 March 2020, the Trust Board approved the appointment of Mazars LLP for a period of two years from 1 July 2020 with an option to extend this for a further two year period, subsequently exercised.</p> <p>A procurement exercise (compliant with SFIs and procurement regulations) was undertaken during 2023 and expressions of interest sought from potential suppliers on existing national frameworks. Following three expressions of interest, one supplier proceeded to submit a full bid. Members of the Auditor Panel (the Audit and Risk Committee) met on 22 November 2023 to review the proposed contract terms (benchmarked with peer trusts) and confirmed their recommendation to the Trust Board to re-appoint Mazars LLP as the Trust’s External Audit provider from 1 July 2024 for an initial period of 2 years, with an option to extend this for a further two years. Separately, the Trust Board is asked to note that Barking, Havering and Redbridge University NHS Trust conducted a similar procurement exercise and appointed Mazars LLP as their External Audit provider for the financial year commencing 1 April 2023 for a period of three years.</p>
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Related Trust objectives
SO 3.

Risk and Assurance	Assurance in relation to above objective
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Legal implications/ regulatory requirements	No specific requirement
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Action required
 The Trust Board is asked to appoint Mazars LLP as the Trust’s External Audit provider from 1 July 2024 for an initial period of 2 years, with an option to extend this for a further two years.

Report to the Trust Board: 17 January 2024	TB /
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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 10 January 2024 to discuss items on its agenda relevant to its terms of reference.	
Key agenda items	
<ul style="list-style-type: none"> • Maternity / CNST Assurance • Whipps Cross Eye Treatment Centre • Equity and Inclusion • End Of Life Care • Quality Report • Quality & Safety Internal Audits • Winter Dashboard and Risks • Integrated risk report / BAF Risk Deep Dive • Clinical Informatics • St Bartholomew’s Hospital Quality Report 	

<p>Any key actions / decisions taken to be notified to the Board:</p> <p>Maternity / CNST Assurance:</p> <ul style="list-style-type: none"> • The committee took reasonable assurance from the maternity report. Some further areas would be addressed by the Group Director of Midwifery, specifically around timelines to achieve workforce targets and gaining clarity on how the Trust benchmarks nationally. • The committee noted the self-assessment of the year 5 CNST standards and the assurance model for compliance, and supported the final position for Trust Board approval. <p>Whipps Cross Eye Treatment Centre</p> <ul style="list-style-type: none"> • The committee reviewed the cultural, clinical and safety issues in the report and was committed to supporting improvement actions. The committee was partially assured about the processes and impact. • Clinical engagement had significantly improved (with both medical and nursing staff) within the Eye Treatment Centre. The hospital CEO was leading on the support package and engaging with the Group CFO over resourcing. • It was agreed to arrange a further discussion between the Committee Chair and Executives to provide additional assurance. <p>Equity Annual Report</p>
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<ul style="list-style-type: none"> The committee took reasonable assurance from the report. Some further areas would be addressed by the Group Director of Equity and Inclusion, particularly around priorities and impact. It was agreed a further report would be provided in six months. <p>End Of Life Care Annual Report</p> <ul style="list-style-type: none"> The committee took reasonable assurance from the report. Areas agreed to be developed further in future reports were measuring impact, seeking patient feedback, and themes from medical examiners. <p>Quality Report</p> <ul style="list-style-type: none"> The committee noted the exceptions in the report, which included new PSIRF metrics. Duty of candour actions had been implemented to improve performance but had not yet demonstrated measurable impact. A duty of candour process training day had been scheduled. The Group CMO was reviewing all duty of candour letters and anticipated that measurable improvements would be seen from April 2024. <p>Quality & Safety Internal Audits</p> <ul style="list-style-type: none"> The committee noted the reasonable assurance report on WelImprove. The committee reviewed the draft 2024/25 audit plan which will be approved by the Audit and Risk Committee in February 2024. <p>Winter Dashboard</p> <ul style="list-style-type: none"> The committee reviewed the draft winter dashboard which will supplement the existing approach to monitoring urgent and emergency care performance through winter. The quality dashboard would help triangulate risks and next steps for implementing this were noted. <p>Quality BAF Risks / BAF Risk Deep Dive</p> <ul style="list-style-type: none"> The integrated risk report was reviewed. Most BAF risks delegated to the committee were covered on this meeting agenda. The committee reviewed a deep dive report relating to the BAF entry 8: “Insufficient systems to identify hotspots in a large complex organisation impacts on aspirations to provide ‘good and outstanding’ rated services across the group”. The committee agreed the risk score, target, controls and assurances were appropriate. <p>Clinical Informatics</p> <ul style="list-style-type: none"> The committee noted the report and continuing work to align IT systems with BHRUT. <p>St Bartholomew’s Hospital Quality Report</p> <ul style="list-style-type: none"> The committee commended the progress being made. Key achievements, risks and challenges were discussed. The hospital team was encouraged to measure itself against the CQC’s requirements to be ‘outstanding’. 	
<p>Any issues for escalation to the Board</p> <ul style="list-style-type: none"> The Board will be asked to sign-off the Maternity CNST compliance submission. The Board is asked to note that the committee will continue to seek assurance on improvement actions in relation to the Whipps Cross Hospital Eye Treatment Centre. 	
<p>Legal implications/ regulatory requirements</p>	<p>The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.</p>
<p>Action required The Board is asked to note the report.</p>	

Report to the Trust Board: 17 January 2024	TB 07/24
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Title	Collaboration Committee Exception Report
Chair	Rt Hon Jacqui Smith (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 Board Collaboration Committee met on 6 December 2023 to discuss Acute Provider Collaborative (APC) developments and agree next steps on collaboration workstreams	
<ol style="list-style-type: none"> 1. <i>Acute Provider Collaborative working</i> 2. <i>BH / BHRUT collaboration update</i> 3. <i>Corporate service redesign</i> 	BAF entries 10. Failure to collaborate effectively as a group across Barts Health and BHRUT delays benefits realisation and improved patient outcomes.
Key areas of discussion arising from items appearing on the agenda	
Focused discussions were held in relation to: <ul style="list-style-type: none"> ▪ The North East London acute provider collaborative (APC) and progress on partnership working in clinical workstreams, including the establishment of a clinical strategy board. ▪ Communications and engagement in relation to the next phase of integrated working. ▪ Corporate services collaboration across the group and review of the key enablers to support closer integration (including digital innovation, benchmarking information, staff engagement and consultation). A separate paper with further details on the above appears under the provider collaboration agenda item.	
Any key actions agreed / decisions taken to be notified to the Board	
None	
Any issues for escalation to the Board	
None	

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

Report to the Trust Board: 17 January 2024	TB 08/24
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Title	Barts Health Winter Plan
Accountable Director	Group Chief Operating Officer
Author(s)	Group Director of Urgent and Emergency care
Purpose	To update on the Trusts winter plan and associated progress
Appendices	Appendix 1 Barts Health Winter Executive Summary

Executive summary:

This paper provides a summary of the Barts Health Winter plan, with the executive summary of the plan provided in **Appendix 1 Barts Health Winter Plan Executive Summary**. This paper builds on previous submissions to the Group Executive Board, the Quality Assurance Committee, the Finance, Investment and Performance Committee, and the Trust Board.

There are five key points to note which are set out below:

1. Peak demand

The predicted times of peak demand for the Trust are between 21st January and 1st March 2024.

Focused work for each of the Hospitals will take place prior to these weeks of peak demand, to ensure all discharge opportunities have been maximized. This will include working with place-based teams to reduce the number of discharge-ready patients and community bed capacity mapping as outlined later in this document.

2. Hospital support

To support flow, Hospitals are leading on the following interventions across the Barts Health Trust:

- **Virtual ward capacity** Utilization to 92%.
- **SDEC** Increase SDEC streaming to achieve 40%.

- **Pre-11am discharge** Continue to drive pre-11 discharges to reach the national target of 33%. *Currently at 13% Trust wide.*
- **UTC** Maximize streaming and redirection to UTC, to reduce demand on non-admitted attendances.

3. Group support

The Group UEC function and Operations Hub will continue to be the link between the Hospitals and the NHS NEL SCC. This is inclusive of the following:

- **Step requests** A new NEL step document was approved and implemented in December supporting inter-Trust steps. The Operations Hub will continue work across the Group to support and direct steps as appropriate liaising with the SCC to implement as appropriate.
- **Repatriations and Transfer 24** Escalate and support repatriations and transfers across the Group and externally to the Trust, with a focus on achieving this within 24 hours.
- **Mental Health** To attend the daily escalation calls and manage the Group wide Mental health escalation list, providing updates to Hospitals, and seeking support where required.
- **Over 72 hours in ED patients** Submission of the NHSE report on patients over 72 hours in our Emergency departments for both mental and physical health. The Operations Hub will also seek clear plans for these patients and support with escalation where required.
- **Discharge ready** Facilitate the escalation of our top 10 longest waiting discharge ready patients, through daily review and escalation from external place-based teams. Working with Hospitals to map patients to the community bed capacity available to ensure all external beds are maximized.

4. System support

The following areas of support will be sought from NHS North East London.

- **Mental Health:** The implementation of the Over 72 hours in ED NHSE submission has seen an improvement in our extended Length of Stay for patients over 72 hrs. Barts Health, however, continues to see a high number of mental health patients in Hospital Emergency Departments. Capacity for this group of patients remains unchanged, with

private provider support being offered. A risk remains that private providers can reject referrals and continue to do so leading to extended stays.

- **Discharge ready:** The proportion of discharge ready patients remains high, at 11.4% in November Trust wide. This ranges from 16.4% at Whipps Cross, 13% at Royal London and 7.92% at Newham. NHS NEL have committed to 'reducing this by 50% this winter'. So far, there has not been any discernable impact on the numbers of patients waiting in the acute hospital bed base. The risk is that unless there is improved access to capacity and or additional capacity to support discharge this metric will not show any change in Q4.
- **Ambulance flow:** A new local NEL Step document has been signed off to enable inter Trust steps. This is significant progress for Barts, as we can now support our own Hospitals internally, through supporting and distributing the ambulance pressures across the Group. In recent weeks Barts Health has been able to implement this effectively with the support of the London Ambulance Services (LAS).

5. Further Risks to note:

- **Industrial action:** The plan assumes that planned industrial action continues. This will create significant risk to service delivery and given the latest position creates further performance and quality risks at the beginning of January. Detailed IA planning is overseen by the Unplanned Care Board, with regular updates to the Group Executive Board. It is of note that to date the system response in accelerating discharges in advance of IA has been minimal.

Summary

- Current operational pressures already suggest that this Winter has the potential to be extremely challenging with a number of confounding pressures.
- The Winter plan sets out a series of interventions and mitigations across our Hospitals in response to the modelled demand.
- Predicted surge dates are identified based on BIU modelling and surge of 20%
- The format is similar for each Hospital, encompassing place-based plans with quantified impacts where possible.
- A consistent theme running through the plans is also timely system support in relation to discharge flow and confidence in the capacity available across the NHS NEL plan.
- The internal winter plan schemes are already showing progress with SDEC numbers and

virtual ward numbers increasing across our Hospitals, and REACH maintaining 30% conveyancing.

- Type 1 performance remains our priority, keeping our sickest patients safe this Winter.

The Trust Board is asked to:

Note the winter plan including Group, Hospital, Place and wider system support.

Barts Health

Winter Plan 2023/24





Executive Summary



Executive Summary

Demand forecast modelling - peak G&A bed demand of 1475 on 1st March with upper quartile 1505

- **Demand:** The upper quartile shows this peak at just over **1505 on the 1st March**. This is below the peak of 1539 last winter
- **Peak demand:** The peaks vary across Winter for each of our Hospitals from December to March, with varying demands of pressure, allowing us to work in response to these pressures to support additional capacity across group. **Trust wide peaks in activity can be seen on 21st January and 1st March.**
- **Bed base:** Our maximum G&A beds, modelled at 92% is **1404** with an absolute total maximum capacity of **1,527**
- **Trust level:** Demand modelling at 92% bed occupancy with Trust wide schemes and bed base shows a **bed deficit of 93 beds at peak demand.**
- **Mitigation:** The waterfall charts show the impact of the planned schemes resulting in a **surplus of 33 beds** at peak demand
- **Hospital level:** Royal London is only Hospital with gap of -8 beds; mitigated by further schemes like increasing discharge opportunities
- **SDEC modelling:** incorporates 20% of medical take; based on current performance: plans to increase it described in each Hospital based plan.

Surge planning

- **Demand:** No surge intelligence set nationally; planning based on 20% increase in demand; expectation for local NEL response for discharge and additional operating conditions may require moving into Business continuity as required
- **A demand of 1806 vs a bed base of 1527.**
- **Bed gap of 279 beds:** mitigated by 191 beds released by schemes outlined on Slide 7; **still leaves gap of 88 beds Trust wide.**
- **Usual approach to seasonal holidays:** each Hospital generating its plans and responses with Group Operations Hub overseeing co-ordination
- **Industrial action:** plan assumes that industrial action continues at the current level; creates significant risk to service delivery. Detailed IA planning overseen by Unplanned Care board and detailed in updates to GEB; so far system response in accelerating discharge in advance of IA has been minimal

136 funded Critical Care beds available Trust wide

- **Change from last year:** This is an increase of 20 funded beds since 22/23; 53 at SBH, 54 at RLH, 12 at NUH, and 17 at WXH
- **Physical capacity for further 6 beds:** presents significant staffing challenges; if necessary, could use temporary staff
- **CC network:** key role in daily distribution of pressure across network; Operations Hub ensures minimal stepdowns; this winter CC has remained within overall footprint but risk remains and the focus on stepdowns is at RLH



Winter schemes

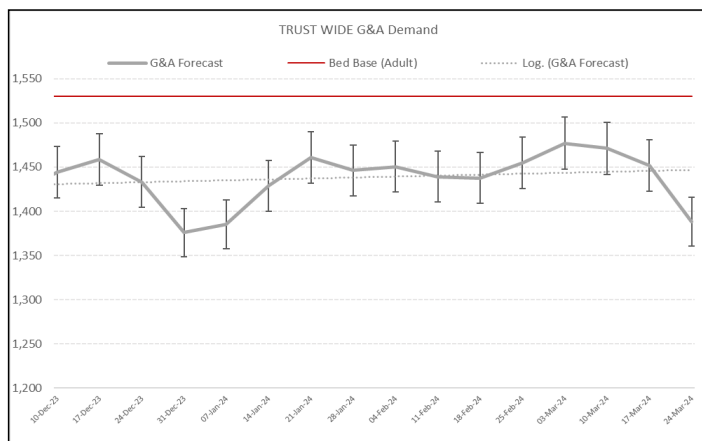
- **Hospital schemes:** now finalised with funding allocated; details in the pack; their impacts are built into net bed gap for each site
- **Place based schemes:** appended at end of each Hospital section
- **Group wide initiatives:** including Transfer, Discharge initiatives and Virtual Wards are being co-ordinated by Unplanned Care Board
- **Funding:** Additional funding secured by place- based teams as part of the Tier 1 system, as well as Section 256 funding
- **Place based schemes:** led by each Hospital have been responsible for allocating new Tier 1 funding made available in November via Urgent Care working groups; further work being undertaken to understand new vs old money; pack describes by Hospital anticipated impacts this Winter
- **Further hospital actions:** should demand continue to exceed capacity these are also set out

System support

- **Governance:** NEL continue to work against 5 pillars of work
- **Mental Health:** MH attendances continue to rise with significant pressures in Emergency departments; include 12 extra mental health beds for NELFT and ELFT
- **System co-ordination centre:** The SCC went live on the 6th December, utilising SHREWD as digital enabler.
- **Discharge ready:** NEL have committed to reducing the discharge ready position by 50%; will be supported by NEL Flow optimisation group (yet to be established); will require capacity in the community to deliver. Work commenced on community bed mapping to ensure beds maximised
- **Ambulance:** new Local NEL Step document has been signed off which enabled inter Trust steps; significant progress for Barts, as we can now support our own Hospitals internally, whilst supporting and distributing the ambulance pressure across the Group, mindful of each Hospitals capacity and ability offload ambulances in a timely manner
- **W45:** Pilot is now complete; combined with other pressures such as MH and discharge ready; but flow through our departments remains challenged. New Ambulance flow optimisation group established clinically led by Barts ED Consultant supporting identification of risk and narrative that identifies risk against whole patient pathway, as opposed to ambulance orientated delays in isolation



Trust Wide Bed Modelling

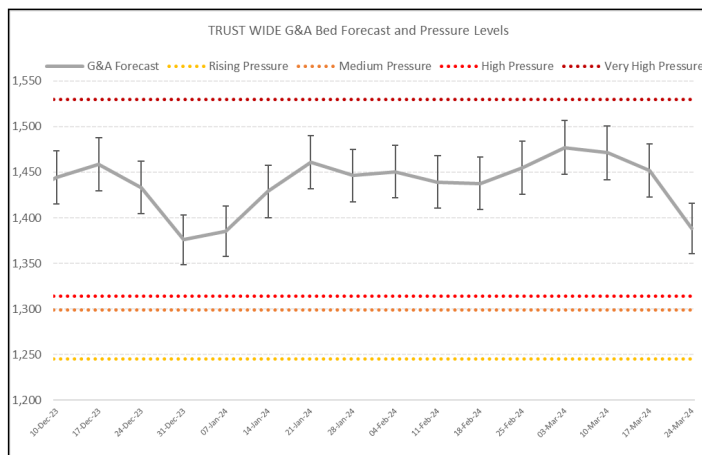


Trust-wide position G&A only

Charts show predicted demand Trust wide through the winter months

Demand: The upper range for demand is 1505. Peaks in Activity can be seen on the 21st January and 1st March.

Bed modelling: Modelling this against schemes at Trust level and bed occupancy of 92%, sees a positive variance of 33 beds at peak demand



Pressure Definitions for G&A

Rising Pressure	Baseline Beds Currently Open	Rising Pressure
Medium Pressure:	Bed Open at latest Bed Census	Medium Pressure
High Pressure:	Maximum Beds Without Impacting Elective Activity	High Pressure
Very High Pressure:	Maximum Beds With Elective Activity Impact	Very High Pressure



NEL Critical Care Winter Bed Capacity

Site	Funded beds			Ringfenced electives		Additional L3 spaces that could be opened immediately	% increase from funded bed capacity
	Level 2	Level 3	Total	Level 2	Level 3		
King George Hospital	8	5	13	4		6	46%
Queen's Hospital	19	25	44	4		4	9%
BHRUT Total	27	30	57	8		10	18%
Saint Barts Hospital	13	40	53	6	13	2	4%
Royal London Hospital	32	22	54	10		2	4%
Newham University Hospital	8	4	12			2	17%
Whipps Cross Hospital	10	7	17			0	0%
BH Total	63	73	136	16	13	6	4%
Homerton Healthcare	4	6	10	0	0	2	20%
NEL Total	94	109	203	24	13	18	9%

Barts Impact

Increase of 20 funded beds since 22/23; 53 at SBH, 54 at RLH, 12 at NUH, and 17 at WXH

Physical capacity for further 6 beds, but this presents significant staffing challenges; if necessary, could use temporary staff

TCC network continued to play a key role in daily distribution of network pressure, across the network. The Operations Hub continue to support this with ensuring stepdowns remain at a minimum.

To date this winter, CC remained in overall footprint, however risk remains and the focus on stepdowns in particular at RLH remains.

Notes:

- Additional beds identified that could be opened urgently are critical care footprint, except Homerton which would be in Recovery
- All subject to additional staffing being sourced, as would any change in the split of level 2/3 beds within the funded bed base
- Any use of protected elective beds for emergency patients would need to be done equitably across sites
- Ideally additional beds would be opened before using elective beds for emergency patients



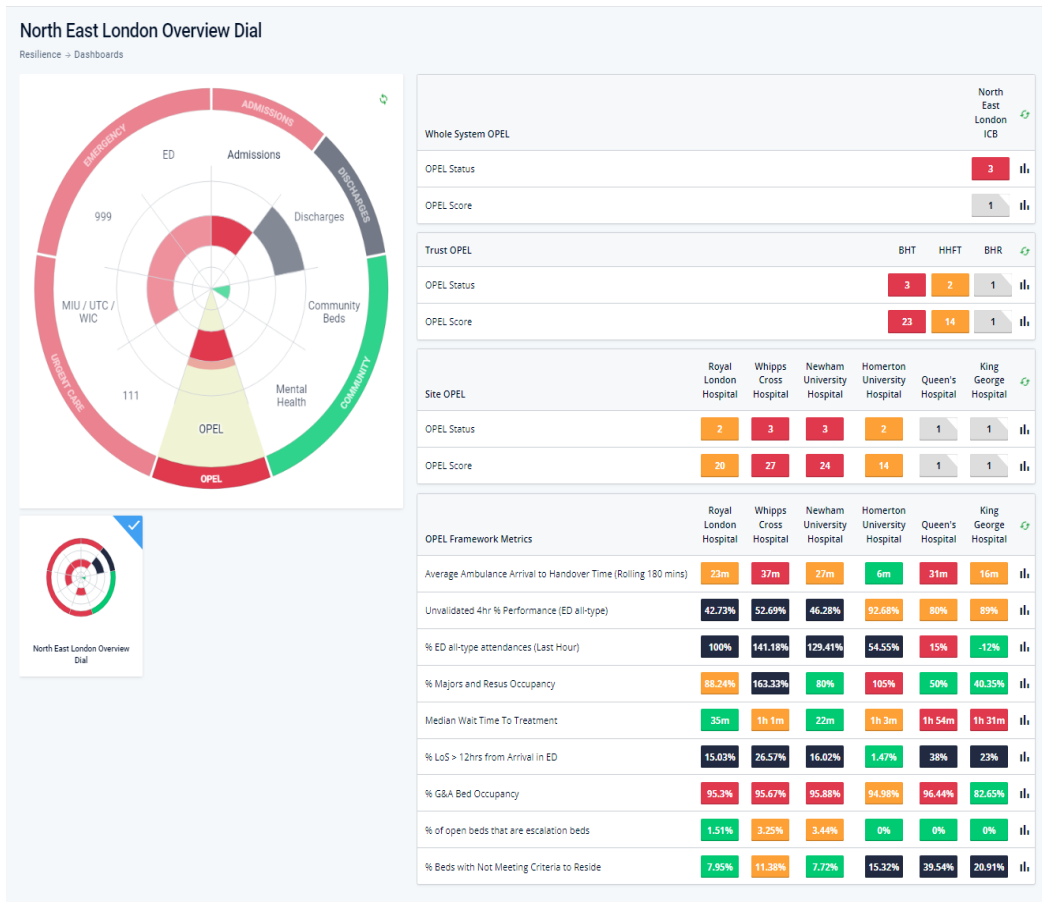
NEL Paediatric Capacity And Surge Plans



	Medium Pressure	High Pressure – 20%	Very High Pressure – 50%
Staffing (medical)	<ul style="list-style-type: none"> Enhanced weekend cover Registrar Paediatric OPD clinics cancelled 	<ul style="list-style-type: none"> Enhanced weekend cover 1 x Additional consultant on ward round 1 x additional registrar on long day Cancel Registrar Paediatric OPD clinics Cancel non-mandatory Nurse training 	<ul style="list-style-type: none"> Enhanced weekend cover 1 x Additional consultant on ward round 1 x additional registrar on long day. Training and study days to be cancelled across Medical and Nursing
Staffing (nursing/AHPs)	<ul style="list-style-type: none"> Bank/agency line of work Continual recruitment plan for RN vacancies NNU redeployment (if available) 	<ul style="list-style-type: none"> Bank and agency line of work Continual recruitment for RN vacancies NNU redeployment (if available) Review student nursing activities/roles 	<ul style="list-style-type: none"> Temporary workers offered LOW and shifts out in time Continual recruitment plan for RN vacancies NNU redeployment (if available) Review student nursing activities/roles Senior staff support theatres/ED Redeploy all non-clinical roles to clinical care
Elective Impact	<ul style="list-style-type: none"> Possibly none 	<ul style="list-style-type: none"> Cancellations to some elective services 	<ul style="list-style-type: none"> Elective activity would cease
Equipment	<ul style="list-style-type: none"> All existing equipment used No contingency for equipment breakage. No contingency turn-around time for cleaning/servicing 	<ul style="list-style-type: none"> Optiflow CPAP and ventilators in use in department or across hospital All monitors in use and prioritised High demand for consumables Cots/beds occupied 	<ul style="list-style-type: none"> Equipment alternatives sourced through ME ME offers enhanced support Enhanced portering support with cylinder changes



System Co-ordination Centre (SCC) And SHREWD



- The SCC went live on the 6th December using SHREWD as its digital platform.
- The SCC will be responsible for the co-ordination of an integrated system response using the OPEL Framework and for supporting interventions across the ICB on key systemic issues that influence patient flow. This includes a concurrent focus on UEC and the system's wider capacity including, but not limited to, NHS111, Primary Care, Intermediate Care, Social Care, Urgent Community Response and Mental Health services.
- This ranges from monitoring ambulance handover times and facilitating steps as required, as well as supporting our mental health patients and discharge ready patients
- Work is ongoing to provide data to SHREWD and provide further information the SCC



NEL ICS System Winter Plans

System co-ordination centre 11 am Daily Emergency care Hub call

Winter planning

- Winter planning is in its final stages through place and partners.
- Capacity planning has been completed including virtual wards, SDEC and alternative pathways of care
- Waterfall analysis has been developed linked to demand and capacity plans

Mental health in ED & Flow

- Mental health attendance and long waits in emergency departments remains challenging despite a comprehensive plan
- The Mental Health Collaborative with acute partners have commenced a number of pilot schemes to add to crisis management and attendance and admissions prevention
- Exploring "discharge ready in Mental Health"
- MH System Improvement Team working with and advising the system on additional opportunities for improvement

Flow and alternative pathways

- Optimising admission avoidance through SDEC using case-mix review through NHSE
- Optimise discharge processes including discharge ready
- Further reduce 12 hour waits in ED both physical and mental health
- Optimise use of virtual care and pathways at place and NEL level.

Type 3 – UTC & Same Day Access

- The system has completed a review of the Urgent Treatment Centres performance at BHRUT and Bart's to improve performance against the 4 hour standard
- This is currently at 77% NEL with an ambition to deliver at > 95% in Q4
- Long term planning as part of the Same Day Access and Fuller

Ambulance conveyances / system clinical coordination

- Implementation of maximum 45 min ambulance handover standard from 26 July has seen a significant improvement for 30 and 60 minute offloading of patients, and releasing fleet back into the community
- Next steps: Cat 2 response time (improved but remains statistically low)
- REACH optimisation, including extension to direct to SDECs, and single point of access

Implementation of a NEL flow programme to support discharge and winter

NEL ICB is committed to improving our operating plan gap on patients that no longer meet the criteria to reside (reduction by 50%).

This would equate to approx. 74 daily extra beds for Barts Health

111 escalation protocol

An escalation protocol has been developed for use of the 111 IUC service in response to increased pressure at the urgent treatment centres and EDs across NEL ICB. Three escalation levels have been identified with clear guidance and actions in- and out-of-hours for each site:

Ambulance flow optimisation group

A newly formed clinically led ambulance flow group with providers across the system and LAS is in place.

The NEL local step arrangement document is in now finalised and live supporting inter Trust steps.



Report to the Trust Board: 17 January 2024	TB 09/24
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Title	2023 WeBelong Annual Summary Report
Accountable Director	Ajit Abraham, Group Director of Inclusion and Equity Daneil Waldron, Group Director of People
Author(s)	Delvir Mehet Group Deputy Director of People Asha Blake, Programme Manager
Purpose	To update the Board on the delivery of the WeBelong inclusion and equity strategy for during 2023
Previously considered by	Inclusion and Equity Board, January 2024

Our WeBelong strategy has been established since its publication in November 2020. Over that period we have made significant and measurable progress towards achieving our aims of becoming a truly inclusive organisation, we have also continually revisited our plans to ensure they are updated, relevant and focus on tackling the key areas to achieve our goals. Our commitment to WeBelong continues to be vital to address the ongoing challenges we know we face to becoming a truly inclusive organisation.

The report highlights progress made during 2023 across our three pillars, focusing on *Our People, Our Community and Our Patients*. Whilst there remains more to do, notable milestones for 2023 include the recognition of many of our programmes in national awards including our Cultural Intelligence programme which won the HPMA award for Education, Learning and Development and a HSJ award for Medicines, Pharmacy & Prescribing Initiative of the year developed to address the unmet needs of the diverse population across North East London.

There has been continued improvements with our Workforce Equality Standards (WRES) metrics and the gender pay gap has been reduced to 8.3%, well ahead of the target we set ourselves of a reduction to 11% by 2025.

Our long-established Healthcare Horizons programme continues to inspire local people into healthcare careers. This has been expanded reaching more than 500 local young people. We have also hosted more than 100 NHS Cadets supporting 14-18 year olds to explore roles in healthcare and volunteering roles.

The ongoing work to improve outcomes for our patients and address health inequalities includes the roll out of the Outpatient Equalities Dashboard to drive improvements in performance. There has been a strong focus on engaging our local Somali population including a focus on breast screening and addressing missed appointments for young black men.

We recognise that there are still on-going challenges in delivering the aim of becoming a truly inclusive organisation, in particular we need to continue to address the challenges facing our disabled colleagues as highlighted in the Workforce Disability Employment Standards (WDES) report. We also recognise the ongoing need in driving cultural change, ensuring people are treated with civility and respect and we embed a compassionate and inclusive culture.

The focus for the coming year will also continue to prioritise the key challenges which remain, (1) representation in the most senior positions (bands 9-VSM) for Women and Black, Asian, and ethnic minority staff (2) unacceptably high levels of bullying and harassment, including disparities in the levels experienced by BAME and disabled staff, compared to white and non-disabled staff (3) working with partners to address the wider determinants of health (4) improving access for those who live in the most deprived postcodes (5) Engaging with patients from marginalised communities. Our plans will also reflect the publication of the NHS equality, diversity and inclusion improvement plan actions and the six high impact actions which already feature as an integral part of our WeBelong commitments.

The paper includes an appendix describing the high impact actions set out in the NHS EDI plan which are due to be delivered between 2024 and 2025. We will review progress against these deliverables through the Inclusion and Equity Board to ensure we are on track to meet these actions which align closely with our underpinning aims of WeBelong.

Related Trust objectives	
	<ol style="list-style-type: none"> 1. To become an outstanding inclusive place to work 2. Providing excellent and equitable health and care

Risk and Assurance	This report provides assurance in relation to objectives 1 and 2 above and BAF entries below.
Related Assurance Framework entries	<ol style="list-style-type: none"> 1. A lack of evidenced delivery on the operational plan's inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level. 8. Failure of systems to identify hotspots in a large complex organisation impacts on aspirations to provide 'good and outstanding' rated services across the group

Legal implications/regulatory requirements	No direct legal implications identified.
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Action required:
The Trust Board is asked to note:

- Our successes in the past year in delivering the aims of WeBelong.
- Our plans to continue to deliver WeBelong aligned to the NHS equality, diversity and inclusion improvement plan actions



WeBelong

Becoming a truly inclusive organisation

2023 Annual Summary Report

November 2022 – November 2023



What have we achieved this year and how will we continue to embed inclusion into 2024 and beyond?

WeBelong

Becoming a truly inclusive organisation

Our 2023 achievements



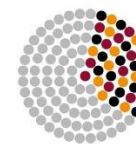
Travel savings

Helped over **500 patients** with hospital travel costs

1.6k



Delivered cultural intelligence training to **1,641 colleagues**



Increased diversity in senior leadership, with **BAME staff in band 8 roles and above increasing to 39%**



Reduced our gender pay gap from **11.7% to 8.3%**

Healthcare Horizons

Community Works for Health

Over **160 people** were supported into employment



Supported **1,000s of patients** with reasonable adjustments to their care



Referred **1,200 patients** for tobacco dependence care with **97% quitting or wanting to quit**



Launched Patients Know Best giving **80,000 patients access to their health records in multiple languages**

BH8321

Introduction

Since the launch of our WeBelong Inclusion strategy in November 2020, we have strengthened our inclusion governance, delivered innovative community employment initiatives, developed programmes for promoting equity of care and commenced a journey of transforming how we embed inclusion within our workforce. We are proud that despite significant operational pressures this year, including recovery of elective care, financial productivity challenges and ongoing industrial action, our organisational commitment to equity and inclusion has been unwavering. We need to continue to focus on inclusion and equity because we know there are significant challenges remaining before we can say we have become a truly inclusive organisation.

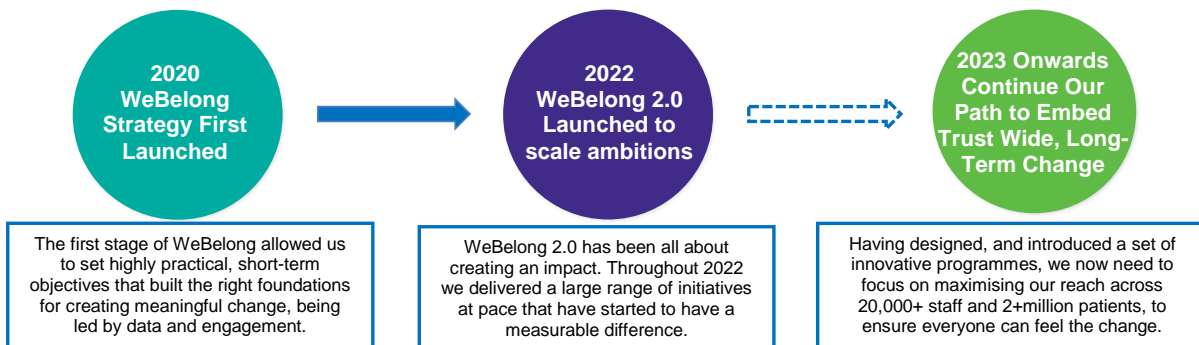
In 2022, we refreshed our inclusion strategy and launched WeBelong 2.0, which aimed to scale the ambitions within our original WeBelong strategy and develop a sustainable approach that would embed a continuous focus on inclusion to address some of our remaining longer-term challenges. In addition to this we have since seen the publication of the national NHS equality, diversity, and inclusion improvement plan which is aimed at delivering six high impact actions focused on the people who work in the NHS (see appendix 1). Through our equality and equity governance we will review progress against these priorities which align closely to our existing WeBelong priorities:

- Work in community partnership to **promote equity** by restoring services inclusively and, in our role as an anchor institution, address the wider determinants of health.
- Deliver a **fair and just culture** which enables delivery of our WeCare values.
- Create a **compassionate and inclusive leadership** community who lead for positive change and take accountability for delivering the impact required.

So, fuelled by the energy and enthusiasm of our six staff diversity networks and the engagement of our Trust Board and Group Executive Board (GEB), the progress we have made in relation to these commitments has been both remarkable and transformational, with measurable improvements being achieved across several of our key performance indicators.

For example, we have surpassed our Gender Pay Gap (GPG) target for 2025 and seen an improvement across six of the nine metrics within our Workforce Race Equality Standard (WRES) data. BAME representation has been a particular success story, rising year on year across the entire workforce including at band 8a and above. There has also been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff. This report is therefore not intended to provide a refresh of our strategy, but rather to provide a summary of progress against the commitments in WeBelong 2.0 during 2023; and to reaffirm our commitment to these goals in 2024 to ensure that we sustain and build on our achievements and ensure that our long journey to equity remains on a committed path.

This progress does not take away from the fact that for too many of the people that work at Barts Health, the communities we serve and the patients we treat there remain issues and challenges we need to face up to. The ongoing commitment to equity is our goal because we recognise the scale of the issue we are facing.



What have we achieved?

Over the past 12 months, we have continued to be proactive in our efforts to drive cultural transformation and foster a culture where all staff feel as though they belong and have parity of experience and opportunity. Our ethos continues to be that we cannot afford to wait for change to happen and we have been steadfast in driving longer term, Trustwave adoption of equity initiatives for the benefit of our workforce, local communities, and patients.

We have been recognised nationally for our work, including:

- ✓ Shortlisted for the Nursing Times Workforce Summit Awards.
- ✓ Shortlisted for the National Diversity Awards.
- ✓ Our Cultural Intelligence Programme won the HPMA award for Education, Learning and Development initiative.
- ✓ HSJ award winner for Medicines, Pharmacy & Prescribing Initiative of the year.
- ✓ As part of our Addressing Inequalities in Care Programme, we have had two NHS case studies of our work around learning disabilities and equity reporting published.
- ✓ Finalists in the PENNA (Patient Experience Network National Awards) 2023 awards for using insight to improve patient experience (category winners for the project 'Valuing Patient and Community Voices' and finalists for 'Tackling health inequalities within the Somali Community in North East London').
- ✓ Our Community Works for Health Programme is cited as good practice for the NHS system in tackling health inequalities in a recent report by UCL Partners and is also featured as a case study for the Health Anchors Learning Network.

It has been encouraging to see the positive response to our work, however we recognise that we must not become complacent and will ensure that inclusion and equity remain at the forefront of our organisational priorities, as evidenced in our Group Operating Plan.

Creating impactful and lasting change requires a sustained and concerted effort that takes time, perseverance and shared ownership – working towards equity does not happen overnight or occur within silos. Recognising this has helped us move from strength to strength in 2023, building on the foundation built in 2022 and years previous.

Our initiatives are already starting to shift the dial on inclusion, as evidenced by the improvements that we have achieved in our WRES and GPG results. Despite this, key challenges remain, for example, we need to do more to ensure we are supporting our colleagues that have a long-term health condition or disability, as detailed in our Workforce Disability Equality Report (WDES).

For Our Workforce:



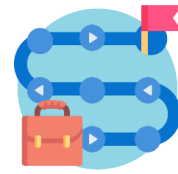
Increased Black and Asian representation in Agenda for Change Bands 8a and above year on year (increasing by 12% from 21.7% in 2017 to 39.1% in 2023).

We have also achieved more parity in our shortlisting, with the process becoming fairer for BAME staff for a consecutive year and fairer disabled staff year on year since 2017.



Continued to reduce the number of formal disciplinary cases, including a reduction in the relative likelihood of BAME staff being entered into the formal disciplinary process to 1.17 x more likely in 2023 compared to 1.91 x more likely in 2017.

We have also trained 22 of our staff in restorative just culture. This group is now leading on delivering a fair, just and inclusive culture across the Trust.



Increased the % of BAME colleagues who believe that the Trust offers fair opportunities for career progression and promotion (increasing by 2.3% from 39.8% in 2020 to 42.1% in 2023)

In March 2023, we recorded a median GPG of 8.3%. Without the SERCO transfer, we would be reporting a median GPG of 11%. We have therefore achieved our goal of reaching a 11% GPG by 2025.



Recognised nationally, having been shortlisted in the Nursing Times Workforce Summit Awards and National Diversity Awards.

The Trust was also awarded the HPMA Hill Dickinson Award for Education, Learning and Development Initiative for the launch and roll out of our Cultural Intelligence Programme.



We have trained a total of 1,641 staff in our **Cultural Intelligence (CQ) Training Programme**.

On average, 54% of respondents to our follow up survey said that they agreed or strongly agreed that their interactions with colleagues and patients have been more inclusive due to CQ.



Trustwide launch and implementation of our Inclusive Career Development Programme, including a pilot of scope for growth career conversations for band 8c+ staff and launch of a consistent approach to succession planning to provide equal opportunities for development and to create a talent pool that is representative of our workforce.

Additional Equity and Inclusion projects for the benefit of our workforce:

- ✓ The ELoPe Staff CVD check offers all staff across the Trust an opportunity to find out their BMI, blood pressure and heart age. So far, the team have seen over 950 staff across all staffing groups and ethnicities. For staff who currently smoke, the team offer advice about the risks and make referrals to smoking cessation services. 15% of staff seen were found to have high blood pressure and for those who do not have their own blood pressure monitor, ELoPe offer a free blood pressure monitor for them to keep and use at home. The checks have had a positive impact on staff with many reporting that this has encouraged them to make positive changes to their diet and lifestyle, some losing weight while others have quit smoking as a result.
- ✓ Launch of the Future VSM Programme, with an intersectional cohort of 22 senior leaders across the Trust. The programme is being delivered in partnership with Inclusive Boards, which exists to support organisations and sectors in their efforts to develop more diverse boards, senior leadership teams and governance structures.
- ✓ We have continued to support and invest in our six staff diversity networks, which are led by Trust-wide Co-Chairs with site leads on each of our hospital sites. Over the last year, the Trust has collaborated with our diversity networks to host over 40 diversity events (including PRIDE, Black History Month and National Carers week) with more than 700 attendees. During 2023, our staff networks have supported our workforce through the delivery of various intersectional engagement events, including schwartz rounds and listening circles. Our LGBTQ+ network led the development of our Trans Staff Equity Policy and led the Trust in achieving a bronze award as part of the NHS Rainbow Badge Accreditation Scheme. Our BAME network has also supported the promotion and roll out of the See Me First Campaign across the Trust. We have appointed new Executive Sponsors to support the work of our staff networks and working with an external partner to support the development of our Network Co-Chairs.

For Our Community:



Inspired people to consider a career in the NHS through **scaling up of the Healthcare Horizons Programme**.

This year, we have delivered 33 career events, engaging around 500 young people. 69 jobs have been offered to young people from local communities, 55 students received mentoring and 328 face to face work experience placements were offered to young people attending local schools.



Hosted over 100 NHS cadets across our hospitals, to inspire 14-18 year olds from groups that have not traditionally engaged and provide opportunities to explore roles in healthcare and **widen access to health volunteering**.



Became **finalists in the PENNA (Patient Experience Network National Awards) 2023** awards for using insight to improve patient experience.

We were category winners for the project 'Valuing Patient and Community Voices' and finalists for 'Tackling health inequalities within the Somali Community in North East London'.



Continued to **engage with local communities**, for example, through listening events, involving patients in quality improvement projects, community forums, and partnering with Healthwatch and local charitable organisations at events to promote health in the community.



Became a **key partner in the new London Bangladeshi Health Partnership (LBHP)** with the Inclusion and Community Engagement Manager sitting as vice-chair and community engagement lead for the partnership. This has led to collaborative opportunities across North East London, fostering stronger links with the Bangladeshi communities.



Secured charitable funding to appoint a community engagement officer in partnership with Citizens UK to use innovative community organising methodology to co-produce interventions to reduce health inequalities in our communities.

Additional Equity and Inclusion projects for the benefit of our community:

- ✓ Staff across the organisation have continued to reach out and provide free health checks including blood pressure and cardiac health at community and faith events across our boroughs.
- ✓ We have appointed a new Associate Director for Patient and Community Engagement and participation and have built strong links and activities with our hospitals and communities.
- ✓ We have appointed lay co-Chairs to our People Participation Group and Strategic Oversight Group for experience, engagement and participation to strengthen the voice of our patients and communities.
- ✓ 998 users signed up to our virtual work experience programme.
- ✓ 21 residents from Tower Hamlets completed our extended placement scheme.
- ✓ Engaged over 1000 local people through our Community Works for Health programme. 75 local people have been provided with 6 week work placements and 133 jobs have been secured by local people (54% from BAME backgrounds, 51% were claiming unemployment benefits and 24% declared disabilities). 12 Tower Hamlets long term unemployed residents were provided with 3 month work placements and 30 Project Search interns completed work placements across 3 of our hospital sites (Whipps Cross Hospital, Newham Hospital and St Bartholomew's Hospital).

For Our Patients:



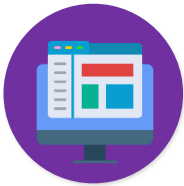
Launched a **social prescribing community of practice** to bridge the gap between primary care, community services and secondary care, and highlight the importance of welfare on health outcomes.



Roll out of our **outpatient equity dashboard**, which was piloted in April 2022 and launched for all Barts staff to access as of July 2023. We are now working with site access leads to **embed this in our everyday monitoring of outpatient performance**.



Co-produced initiatives which impact the Somali community, with multiple community partners. Key initiatives include increasing breast screening among Somali people and addressing missed appointment rates in young, black men.



Launch of the Patients Know Best portal.

80,000 people registered in the first few months, giving them access to their records and results in multiple languages, and empowering our patients to manage their healthcare online.



In collaboration with community partners and patient experience lead midwives, we have held a further seven **maternity outreach drop-in sessions** in the community this year, reaching almost 50 women that might not otherwise have accessed support or antenatal care.



Received over 1,200 referrals for **tobacco dependence treatment for hospital inpatients**, with 60% wanting to give up and 37% successfully quitting.

Over 600 individuals needing support to quit smoking during pregnancy have been referred. Approximately 45% of these individuals were supported, and over half of those supported were not smoking at the time of delivery.

Additional Equity and Inclusion projects for the benefit of our patients:

- ✓ Outreach hypertension case finding in places of worship, libraries, and community centers where 164 people were screened, resulting in 15% of people having an onward referral for either further investigation or medicines optimisation. This pathway integrated with the NHS community pharmacy blood pressure check service for formal diagnosis.
- ✓ Development of a novel integrated pathway, involving specialist input from a multidisciplinary team where specialist hospital pharmacists worked directly with primary care teams, optimising medicines for cardiovascular prevention. Prescription rates for anticoagulants increased from 88% to 94% - well above the national target of 90% - and over 3,000 people were offered statins. This improved access to new therapies and enabled patients to be treated closer to home without the need for onward referral to hospital. (HSJ award winner 2023 for Medicines, Pharmacy & Prescribing Initiative of the year)
- ✓ Both initiatives above take the CORE20PLUS5 approach in addressing the local populations unmet needs.
- ✓ The Alcohol Care Team at Royal London Hospital received over 1,200 referrals with 277 people fully detoxed in hospital.

Taking Inclusion and Equity into 2024

Our commitment to inclusion and equity has steadily advanced since introducing our WeBelong inclusion strategy. We've been making significant strides, building on the foundation laid out in our strategy to foster a more inclusive and equitable environment for the benefit of our workforce, local communities and patients. Bolstered by the work of our staff networks, we have established a cohesive set of initiatives, covering community engagement, workforce inclusion, health equity, and our journey towards becoming an anchor institute. Key initiatives across each of our equity and inclusion pillars have made demonstrable progress in 2023 and we are confident that if we remain steadfast in our approach, we can achieve real cultural transformation over time. In 2024, our focus will be on sustaining and expanding our efforts to ensure that initiatives are locally embedded within our hospital sites and to widen our reach to communities across the wider North East London footprint.

In the coming year we will also prioritise areas where key challenges remain and ensuring we align our plans to deliver on the high impact actions set out in the NHS equality, diversity, and inclusion improvement plan. The WeBelong priorities for 2024 will include: (1) representation in the most senior positions (bands 9-VSM) for Women and Black, Asian, and ethnic minority staff (2) unacceptably high levels of bullying and harassment, including disparities in the levels experienced by BAME and disabled staff, compared to white and non-disabled staff (3) working with partners to address the wider determinants of health (4) improving access for those who live in the most deprived postcodes (5) Engaging with patients from marginalised communities.

The 2022 refreshed WeBelong strategy [outlined](#) some of our priorities for the future to address these challenges, with detailed action plans being available in our latest Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap (GPG) reports. We believe that our areas of focus remain the right areas for 2024 and will spend another 12 months focusing on delivering impactful programmes aligned to the six high impact actions in the NHS EDI Improvement Plan. These high impact actions were co-created with system leaders for all organisations to implement, including NHS Trusts and ICBs, and are designed to support organisations to drive change and achieve strategic EDI outcomes.

For our workforce, our focus for 2024 will be:



Building Compassionate and Inclusive Leadership Capability: We will roll out inclusive recruitment training and continue the roll out of our Cultural Intelligence Programme, aligned to hotspot areas. Through our senior leadership community, we will foster a culture of civility, kindness and respect and ensure that compassion and inclusivity underpin everything we do at all levels of the organisation.



Career Development: Introducing further programmes to our inclusive development framework, as well as embedding the huge variety of existing development options into business as usual, increasing access and impact. We will embed and expand our current approach to talent management and succession planning and empower teams at all levels to have scope for growth career conversations, that translate into meaningful development opportunities, such as stretch assignments / job shadowing.



Fair and Just culture: Working across our hospitals to ensure consistent application of processes, policies and best practice and that there is a fair and just culture lens to everything that we do. In recognition of the learning from high profile cases, such as the Letby case, we will also foster a compassionate and inclusive culture, where staff feel confident to speak up about concerns without fear of retribution. We will ensure that we are bold in our zero-tolerance approach to bullying and harassment of any kind and will commit to clear actions as part of our work around the Anti-Racism and Sexual Safety Charters.



Increasing Engagement, Working with Diversity Networks: Continue to support and develop our staff diversity networks to be a **safe space for colleagues, as well as driving change**. We will also endeavor to better celebrate our staff and ensure inclusion opportunities are easier to

Increasing our reach will underpin our priorities. 2024 is a continuation of our work, delivering at scale and ensuring impact translates into our hospital sites.

Our core focus for 2024, will be around ensuring that all staff live and breathe our WeCare values and show kindness, civility and respect to colleagues and patients. We will work closely with our leadership community, through our senior leadership conferences, team leader webinars and Pass It On briefings to build compassionate and inclusive leadership capability amongst our leadership community, so that they can role model the behaviours that we expect of all staff and create a cultural shift within the organisation.

We are confident that through this approach, coupled with the allyship role our of Executive Sponsors and our robust inclusion and equity governance (including our Group Inclusion and Equity Board and Hospital Equality and Inclusion Committees) that we can build on our achievements in 2023 and create a compassionate and inclusive organisation where all staff feel as though they belong.

Key Resources and Contacts

- WeShare:**
- [WeBelong homepage](#)
 - [Events Calendar](#)
 - [Personal Development and Career Guide](#)
 - [Trust Policies and Guidelines](#)
 - [Ideas for taking action to be more inclusive](#)
 - [BartsAbility passport](#)
 - [Health and Wellbeing](#)

- Barts Health Public Website:**
- [Annual Reports](#)
 - [Gender Pay Gap 2023](#)
 - [WDES 2023](#)
 - [WRES 2023](#)
 - [WeBelong public page](#)
 - [WeBelong one year on report](#)
 - [A Place Where WeBelong \(phase 2 of the strategy\)](#)

Staff Diversity Networks:

Network	Group Co-chair
BME Network	Veronica Lee: bme.bartshealth@nhs.net
LGBTQ+	Megan Bingham and Darren Barnes: bhnt.lgbtq@nhs.net
BartsAbility	Adeshola Akanji and Ian Longhurst: bartshealth.bartsability@nhs.net
Interfaith	Yunus Dudhwala: yunus.dudhwala@nhs.net ,
Women’s Network	Jodi Chapman: bartshealth.bartswomensnetwork@nhs.net
Carers Network	Liam Slattery and Modupe Bolarin: Liam.Slattery@nhs.net , modupe.bolarin@nhs.net



Appendix 1: Delivery of the Six High Impact Actions

The NHS EDI Improvement Plan contains six High Impact Actions (HIA) co-created with system leaders for all organisations to implement, including NHS Trusts and ICBs, which are designed to create the change and achieve strategic EDI outcomes. We will review progress against these actions through our Inclusion and Equity Governance.

High Impact Actions	Success Metric
HIA1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	<ul style="list-style-type: none"> Annual chair and chief executive appraisals on EDI objectives captured in the Board Assurance Framework
HIA2. Overhaul recruitment processes and embed talent management processes	<ul style="list-style-type: none"> Relative likelihood of staff being appointed from shortlisting across all posts NSS Q on access to career progression and training and development opportunities Improvement in race and disability representation leading to parity Improvement in representation senior leadership (Band 8C upwards) leading to parity Diversity in shortlisted candidates NETS Combined Indicator Score metric on quality of training
HIA3. Eliminate total pay gaps with respect to race, disability and gender	<ul style="list-style-type: none"> Improvement in gender, race and disability pay gap To be developed in year two as part of SOF/LTP metrics on diversity to senior leadership
HIA4. Address Health Inequalities within their workforce	<ul style="list-style-type: none"> NSS Q on organisation action on health and wellbeing concerns National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training To be developed in Year 2
HIA5. Comprehensive Induction and onboarding programme for International recruited staff	<ul style="list-style-type: none"> NSS Q on bullying for IR staff NSS Q on bullying, harassment from team manager for IR staff NETS Combined Indicator Score metric on quality of training IR staff
HIA6. Eliminate conditions and environment in which bullying, harassment and physical harassment occurs	<ul style="list-style-type: none"> Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff) Improvement in staff survey results on discrimination from line managers/teams (ALL Staff) NETS Bullying & Harassment score metric (NHS professional groups)

Report to the Trust Board: 17 January 2024	TB 10/24
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Title	Whipps Cross Redevelopment
Accountable Director	Amanjit Jhund, Whipps Cross Chief Executive
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

<p>Executive summary</p> <p>This paper provides an update on the programme for the redevelopment of Whipps Cross Hospital in the context of the national New Hospital Programme and including the business case for the second phase of enabling works; and an update on the ongoing work to transform services across the Whipps Cross Hospital catchment area.</p>

Related Trust objectives	
<ul style="list-style-type: none"> • SO3 Service Transformation • SO5 Improving our Infrastructure 	
Risk and Assurance	Risks to the below BAF risk
Related Assurance Framework entries	12. 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
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<p>Action required by the Board</p> <p>The Board is asked to note:</p> <ul style="list-style-type: none"> • the recent endorsement by the Trust Board’s Finance, Investment and Performance Committee of the full business case for the second phase of enabling works and its submission to national colleagues for final approval;
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- the redevelopment team’s continuing close work with national colleagues to enable the DHSC and NHSE to approve the business case as soon as possible;
- the ongoing engagement with national colleagues to agree a timeline for submitting our outline business case for the overall programme and a timeline for construction of the new hospital; and
- the ongoing work to progress the planning and delivery of key transformation programmes across the Whipps Cross Hospital catchment area.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 17 JANUARY 2024

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. In September 2023, the Trust Board received an update on the latest position on the programme for the redevelopment of Whipps Cross Hospital - in the context of the national New Hospital Programme (NHP) - and on progress on phase two of the enabling works.
2. This report provides an update on the programme, including endorsement of the full business case for the second phase of the enabling works and its submission to national colleagues for review and its approval, which we anticipate in early 2024.

WHIPPS CROSS REDEVELOPMENT UPDATE: SUMMARY POSITION

3. On 13 December, the Trust Board's Finance, Investment and Performance Committee endorsed the full business case (FBC) for the second phase of the enabling works. The works include the construction of a new 500-space multi-storey car park, which must be completed before building of the new hospital itself can begin. The FBC has been submitted to the Department of Health and Social Care (DHSC) and NHS England (NHSE) for final approval.
4. We have continued to work closely with colleagues in the national New Hospital Programme (NHP), with the aim of agreeing next steps for the programme.

ENABLING WORKS - PHASE TWO

5. Since the approval of the outline business case in August 2023, we have successfully procured a preferred construction partner to deliver the new multi-storey car park, IHP (Integrated Health Projects).
6. In collaboration with IHP, we developed the FBC for the works, which was presented to the Trust Board's Finance, Investment and Performance Committee on 13 December, when it was endorsed. The FBC has now been submitted to the DHSC and NHSE for review and approval.

7. Work to finalise the FBC provided further opportunity to improve the design of the multi-storey car park. For example, enhancements have been made to fire protection measures, including incorporation of a sprinkler system, and additional space has been provided around disabled parking bays.
8. The team has been working closely with national colleagues - both prior to submission of the FBC and ongoing - to support the assurance process. Subject to national approval of the FBC, we anticipate that work will begin on site this year. We will confirm key milestones for the construction works once the FBC has been approved, but we still anticipate completion in 2025.

NEW HOSPITAL PROGRAMME – CURRENT POSITION AND NEXT STEPS

9. As previously reported, on 25 May 2023 the Government confirmed its continued commitment to building 40 new hospitals by 2030, including Whipps Cross Hospital. Since then, we have remained in regular contact with the national New Hospital Programme (NHP) team to understand next steps for the national programme and agree next steps for the Whipps Cross programme. Regrettably, specific clarity remains elusive.
10. However, we know that the NHP has developed a further programme business case and is working closely with the government's Major Projects Review Group ahead of a final decision being taken on the case by Treasury ministers. We anticipate that the outputs from this process - including approval of the programme business case - will include agreeing a timeline for submitting our detailed business case, securing confirmation of a final funding allocation, and agreeing an indicative timeline for construction of the new hospital.
11. In the meantime, we remain hopeful that, as part of developing the programme business case, the NHP has begun to form a view that would inform the prioritisation and sequencing of individual programmes which, once agreed, would provide us with an indication of when we should complete our business case.
12. We have done all that we can to make the case that the Whipps Cross programme is ready to move forward with a high degree of preparedness. But we will continue to work closely with the NHP over the coming immediate period to ensure it has all the information on the Whipps Cross programme that it needs to make informed decisions.

13. Whilst it remains feasible for construction of the new hospital to begin before the end of 2025 and to complete before the end of 2029, without a plan and timeline agreed with NHP, increasingly those milestone assumptions look unlikely to be achieved.

Public Accounts Committee Report

14. On 17 November, the Public Accounts Committee published a report following its inquiry into the New Hospital Programme. We expect the government to formally respond to the Committee's recommendations later this month or in early February. The report is provided as an appendix to this update.

AN INTEGRATED DELIVERY FRAMEWORK AND REPORTING ON PROGRESS

15. As previously reported to the Board, a progress report was published in August 2023 to provide information and data about the transformation of key hospital and community-based services across the Whipps Cross Hospital catchment area.
16. That 2022/23 report on the integrated delivery framework highlighted a number of areas for further exploration, including a 'deep dive' analysis of 'front door' attendances at the hospital's Emergency Department. That work is under way. Meanwhile, latest data shows 'front door' attendances for Whipps Cross were 3.1% higher than the same 3-month period last year; non-elective admissions were 1.6% lower than the same 3-month period last year and significantly lower (by over 40%) than the number projected in the activity modelling undertaken for the Whipps Cross redevelopment strategic business case.
17. Transformation programmes continue to gather pace. In the hospital, December saw the roll out of the new same day emergency care (SDEC) service, enabling more patients attending the Emergency Department to be seen, diagnosed, and treated on the same day. A new Surgical Assessment Unit also went live in December, providing a specialised service for the rapid assessment and treatment of a variety of surgical complications.
18. Further, across the Whipps Cross catchment area, virtual wards are being scaled up - capacity has already been increased in west Essex and more virtual ward 'beds' will be available in both Waltham Forest and Redbridge from the Spring. Also, new pathways for people with long-term conditions are being developed in community services across the catchment area and will be in place by March.

19. Following the publication of the 2022/23 report, a feedback session took place with stakeholders who had contributed to the structure and design of the report. Feedback was broadly positive and we will incorporate the views expressed into the next annual report, due to be published later this year. One piece of feedback was the need to make the existing report more immediately accessible to as wide an audience as possible. Consequently, a short video has been produced for the Future Whipps website – and potentially for social media channels – and will be uploaded shortly.

CONCLUSION AND RECOMMENDATIONS

20. The Board is asked to note:

- the recent endorsement by the Trust Board's Finance, Investment and Performance Committee of the full business case for the second phase of enabling works and its submission to national colleagues for final approval;
- the redevelopment team's continuing close work with national colleagues to enable the DHSC and NHSE to approve the business case as soon as possible;
- that we remain in regular contact with national colleagues to agree a timeline for submitting our outline business case for the overall programme and a timeline for construction of the new hospital; and
- the ongoing work to progress the planning and delivery of key transformation programmes across the Whipps Cross Hospital catchment area, with initial steps taken on planning the development of the 2023/24 integrated delivery framework progress report.



House of Commons
Committee of Public Accounts

**The New Hospital
Programme**

First Report of Session 2023–24

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 9 November 2023*

HC 77

Published on 17 November 2023
by authority of the House of Commons

The Committee of Public Accounts

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The current staff of the Committee are Lucy Bishop (Committee Operations Officer), Ameet Chudasama (Committee Operations Manager), Kay Gammie (Chair Liaison), Sarah Heath (Clerk), Tim Jarrett (Second Clerk), Rose Leach (Committee Operations Officer), Edward Sheridan (Media Officer) and Melissa Walker (Assistant Clerk).

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Summary

The New Hospital Programme (NHP) was intended to be a landmark programme, addressing the escalating backlog of investment in hospital buildings by delivering 40 new hospitals in England by 2030. The programme has been marked by slower progress and higher costs than promised, a lack of transparency in scheme selection, and until a few months ago uncertainty about overall funding, scope and timetable. It is now clear that NHP will not deliver all 40 new hospitals by 2030 and is highly unlikely even to construct the 32 new hospitals (under its 2020 definition) that it is now aiming to complete.

The Department of Health and Social Care (DHSC) was aware in 2020 that there were seven NHS hospitals built entirely of reinforced autoclaved aerated concrete (RAAC) which had become structurally unsound. Yet only two of these seven were selected for inclusion in the programme at that time. In May 2023, DHSC reset NHP and included the other five RAAC hospitals. In all seven, costly mitigation measures are required to keep services running until new structures can be built. The 2023 programme reset had the effect of delaying eight other hospitals, which DHSC now will not complete until after 2030, a major disappointment for people living in those communities.

An important feature of NHP is DHSC's aspiration to develop new cheaper and faster approaches to hospital construction. This includes a new standardised hospital design called 'Hospital 2.0'. Resourcing and design capacity issues have hampered the progress of Hospital 2.0 and development of the design and process is now running at least five months behind schedule. The delay to Hospital 2.0 has impacted the programme in two key ways. It has reduced the time available to pilot the new design in real-life scenarios, risking baking-in and replicating design and construction problems across England. The delay has also hindered meaningful engagement between NHP and the construction industry on the details of the design and the commercial pipeline of work. There are big questions about the industry's capacity and appetite to build the required number of hospitals in the new way and to a very tight timetable.

Most worryingly of all, the latest version of Hospital 2.0 is based on assumptions that appear very likely to produce hospitals that are too small. The NHP team is assuming future bed occupancy rates of 95% and reductions in length of patient stay that are unsupported by research it commissioned. The assumptions look particularly heroic in the context of the UK's growing and ageing population, while there is as yet no social care plan in place to alleviate the increasing pressure on hospitals.

DHSC and NHS England have generally failed to build capacity within the NHP team. With 62% of NHP posts filled using consultancy services in February 2023, the programme has been over-reliant on consultants, creating risks of lack of continuity and capability at the heart of the programme as well as making it more expensive.

The Government indicated in March 2023 that the maximum capital funding available to deliver 32 new hospitals by 2030–31 as well as completing eight pre-existing schemes would be £22.2 billion (made up of the original funding up to 2024–25 of £3.7 billion plus an additional £18.5 billion from 2025–26 onwards). The Committee sees multiple affordability challenges which DHSC needs to grapple with, including the fact that changes to the assumptions underlying Hospital 2.0 to make the design fit for purpose will likely increase costs.

Introduction

The NHS in England has around 1,500 hospitals, where most emergency and elective care occurs. The NHS estate contains many old buildings, and its condition has been deteriorating, with some 43% built before 1985, and 15% pre-dating the NHS itself. The value of the total maintenance backlog in NHS hospitals (that is, the estimated cost of restoring all its buildings to an appropriate state) had reached £10.2 billion in 2021–22, compared with £4.7 billion in 2013–14. In 2020, the government committed to build 40 new hospitals by 2030, as well as completing eight schemes that were already in construction or pending final approval.

DHSC set up the New Hospital Programme (NHP) to deliver this commitment. Where hospital construction schemes had previously been funded centrally but delivered locally by NHS trusts, NHP would take a new approach, managing projects as a portfolio and standardising processes and designs with the aspiration, once fully implemented, of making significant time and cost savings in the development of new hospitals. HM Treasury initially provided funding of £3.7 billion for the period to 2024–25. In early 2023, it set an indicative maximum for capital funding of £18.5 billion for 2025–26 to 2030–31, taking the total to £22.2 billion (though the amount is subject to future spending reviews).

Following a reset of the programme in May 2023, NHP now includes the replacement of all seven hospitals built entirely of reinforced autoclaved aerated concrete which has become structurally unsound. The scheduled completion date of eight new hospitals promised in the original programme has now been delayed until after 2030, and in total only 32 of the new hospitals are now planned for completion by 2030.

Conclusions and recommendations

1. **We are extremely concerned by the lack of progress the New Hospital Programme has made in the three years since its creation.** In 2020, when government committed to build 40 new hospitals by 2030, DHSC named 32 of the sites and provided details of what patients could expect in each place. From the perspective of patients, however, very little has happened since. By October 2023, no new hospitals had yet opened, and, in May 2023, DHSC abandoned the idea of building all 40 by 2030. Given the prominence and importance of this commitment, progress has been worryingly slow. Furthermore, with a very large number of hospitals planned to be in construction simultaneously in the last years of the decade, we have no confidence that even the reduced target of 32 new hospitals is achievable by 2030.

Recommendation 1: *DHSC should urgently examine how the programme can be made to deliver some tangible results for patients. This should include considering:*

- *whether the central programme team has the capacity and capability to manage all aspects of the programme as currently configured, including the eight schemes that do not count towards the 40 new hospitals commitment; and*
 - *whether more new hospitals should commence construction sooner using pre-existing approaches to design and contracting.*
2. **DHSC has failed in one of its most basic duties by keeping no proper record to justify its final selection of schemes for the programme.** DHSC and NHS England officials carried out an assessment exercise which recommended 20 schemes for inclusion in the Health Infrastructure Plan (HIP), a 2019 programme that became the main basis for selecting schemes for NHP. In finalising the schemes for announcement, DHSC removed seven of the 20 schemes from the shortlist for HIP and added another 14 that had not been recommended. DHSC told us it was satisfied that those decisions were made on an appropriate basis, but it admitted that no documentation whatsoever existed to explain the decisions. We are troubled that a gap like this can occur regarding such an important investment, particularly since at least some of the seven excluded schemes are known to have an urgent need for major investment or rebuilding. This Committee has previously expressed concern about a lack of evidence to justify scheme selection, and a lack of transparency in selection processes, for the Towns Fund in 2020 and for levelling-up funding in 2022.

Recommendation 2: *For major programmes that involve the selection of schemes from a long list of potential candidates, government should always publish information on selection criteria before decisions are taken and should always be able to provide transparent written evidence to demonstrate why successful schemes were selected.*

3. **Recent events have shown that DHSC will need to go faster with its efforts to deal with reinforced autoclaved aerated concrete (RAAC) in hospitals.** The hospitals named in the government's October 2020 announcement of NHP included only two entirely constructed from RAAC. Five other RAAC hospitals that DHSC knew

about were not included then, only to have to be added later. By early 2023, DHSC had identified a total of 41 NHS buildings with RAAC. Removing or mitigating the risk of RAAC is disruptive, complex and expensive. DHSC has set aside a total of £685 million to fund RAAC works up to 2024–25 and has committed to removing all RAAC from the NHS estate by 2035. After the scale and impact of RAAC problems in schools escalated in August 2023, NHS England contacted trusts to determine whether there was more RAAC than it previously knew about. After our evidence session DHSC reported that, as at 17 October 2023, there were 42 hospital sites (at 39 NHS trusts) where RAAC needs to be removed. Rebuilding the seven RAAC hospitals by 2030 will be extremely challenging, yet there is a serious risk, if these projects are not accelerated and prioritised, that some hospitals may have to close before replacements are ready.

Recommendation 3: *DHSC should revise its plans for managing the RAAC crisis, including:*

- *Expediting surveys of the NHS estate and publishing the results in full so the extent and scale of the RAAC problem is known.*
 - *Reviewing whether the commitment to eradicate RAAC from the NHS should be brought forward from 2035, and, in light of NHS estate survey results, reviewing whether the existing £685 million fund up to 2024–25 is sufficient.*
 - *Aiming to start construction before the end of 2025 on replacements for the seven entirely RAAC hospitals.*
 - *Appointing a named senior official to oversee delivery of its RAAC plan and to support NHS trusts to make the right decisions on the safety of RAAC buildings.*
 - *To ensure transparency on this issue, writing to the Committee alongside its Treasury Minute response with its latest assessment of the scale of RAAC in other parts of the health and social care systems, including community settings, GP practices, and the adult social care sector.*
4. **DHSC must quickly complete and test its standardised hospital design to avert further delays to hospital construction, and to reduce the current high risk of cost and quality issues in years to come.** DHSC has taken too long to get its Hospital 2.0 design off the drawing board. It continues to be optimistic that the design and a related new commercial model will reduce future construction costs by 25% and could even reduce the total time taken to develop new hospitals from 11 years to six. Yet, until the design is complete and has been tested, these claims are at risk of being just pipe dreams. Unlike Denmark’s programme for building ‘super hospitals’, DHSC has not allowed time for proper piloting of its new standard hospital. Failure to pilot thoroughly could store up problems for future generations because of defective or poorly thought through standardisation.

Recommendation 4: *For the twin purposes of piloting and making progress, DHSC should aim to be ready to start construction during 2024 of at least one early scheme that uses its standardised hospital design, with a particular focus on trialling new clinical infrastructure such as standardised operating theatres.*

5. **DHSC is at risk of locking in a standard design that will result in future hospitals being too small, which could lead to significantly greater expenditure and disruption in the long run.** The version of Hospital 2.0 that DHSC used in its business case for NHP, and the basis on which HM Treasury has provided indicative future funding, is founded on unrealistic assumptions. It assumes that increasing demand for hospital care from a growing and ageing population can be mitigated by a very high level of bed occupancy (95%), substantial reductions in patients' average length of stay in hospital, and a significant, recurring 1.8% per annum transfer of patient care out of hospitals into community settings. The NHS already has very high levels of bed occupancy and short average lengths of stay relative to the health services of other advanced nations. It is common knowledge that many parts of the primary and social care sectors are under great strain. Making these assumptions more realistic, at either a programme or scheme level, is likely to increase the cost of new hospitals and make the programme more expensive, meaning this is an issue that needs urgent attention and may well require a further reset of NHP.

Recommendation 5a: *DHSC should amend its Minimum Viable Product version of Hospital 2.0 so it does not result in future hospitals that are too small, and should set out clearly how these future hospitals fit into its assessment of total required hospital capacity nationally and by region.*

b) The Health and Social Care Committee may wish to consider holding an inquiry into DHSC's assumptions about the design of future hospitals.

6. **There appears to be insufficient funding for DHSC to build all the hospitals it plans, and to an adequate size, by 2030.** HM Treasury initially allocated £3.7 billion to NHP for the period up to the end of 2024–25 with no indication of what further money it would give up to 2030. In early 2023, it finally set an indicative maximum for capital funding of £18.5 billion for the following six years, making a total of £22.2 billion. Funding is needed for the schemes to be completed by 2030, as well as for early works on the eight schemes that will now complete after 2030. Long experience suggests that many schemes in NHP will come in over budget. Schemes in NHP's cohorts 1 and 2 have already seen forecast costs increase by 41%. Getting the standard design of future hospitals right may also have the effect of increasing estimated costs. Other factors such as high inflation, insufficient capacity in the construction industry, and the need for many more factories to manufacture modular units offsite could drive up costs further.

Recommendation 6: *DHSC should be realistic about the likely cost of schemes and what can be afforded by 2030. As well as addressing the shortcomings in its Minimum Viable Product version of Hospital 2.0, it should engage further with the construction industry to understand and manage likely capacity constraints. It and HM Treasury should agree explicitly and in writing whether the pre-2030 costs of eight delayed cohort 4 schemes are to be met from the current agreed funding envelope.*

7. **The Programme is over-reliant on consultancy services.** NHP has depended heavily on external consultants since its creation, with 62% of posts filled using consultancy services in February 2023. DHSC estimates it will spend a further £842 million on consultancy services between 2023–24 and 2030³¹. Some use of consultancy is to be expected on major construction programmes, but, as well as being expensive, over-reliance risks a lack of continuity and failure to build in-house capability. NHP aspires to be a long-term programme of hospital improvement well beyond 2030, so it is vital that the public sector itself acquires and retains the right skills.

Recommendation 7: *DHSC should work with HM Treasury and the Cabinet Office to develop a strategy for attracting into the civil service and retaining there the skills it needs to run a rolling programme of hospital construction; it should write to the Committee by March 2024 setting out what it will do differently in future.*

8. **The raiding of capital budgets in the recent past is an underlying cause of the estates crisis the NHS is now in.** As this Committee has highlighted several times, DHSC has for some years focused on short-term financial viability in ways that failed to consider the long-term consequences for services and patient care. DHSC diverted £4.3 billion of NHS capital funding from planned capital spending to day-to-day spending between 2014–15 and 2018–19; and by 2021–22 there was a record maintenance backlog of £10.2 billion. Under-investment in the estate has resulted in a situation that now requires urgent action. This includes but is not limited to the crisis with RAAC. Working in out-of-date buildings that have not been well maintained also makes it hard for the NHS to modernise and recover its performance to the standards required in the NHS Constitution, and is only likely to exacerbate problems in attracting and retaining staff.

Recommendation 8: *DHSC should not reduce planned capital investment to meet day-to-day spending needs in future; if officials were to consider doing this again we would expect the Permanent Secretary to write to Ministers explaining the likely real-life consequences of such a course of action.*

1 Progress in construction and developing new hospital design

1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Department of Health and Social Care (DHSC) and NHS England about the New Hospital Programme (NHP).¹
2. The NHS in England has around 1,500 hospitals, where most emergency and elective care is carried out. The NHS estate contains many old buildings, and its condition has been deteriorating with some 43% built before 1985, and 15% predating the NHS itself. The value of total backlog maintenance in the NHS (that is, the estimated cost of restoring all its buildings to an appropriate state) had reached £10.2 billion in 2021/22, compared with £4.7 billion in 2013–14. In 2020, the government committed to build 40 new hospitals by 2030, as well as completing eight schemes that were already in construction or pending final approval.²
3. DHSC set up NHP to deliver this commitment. Where hospital construction schemes had previously been funded centrally but delivered locally by NHS trusts, NHP would take a new approach, managing projects as a portfolio and standardising processes and designs with the aspiration, once fully implemented, of making time and cost savings in the development of new hospitals. HM Treasury initially provided funding of £3.7 billion for the period to 2024–25. In early 2023, it set an indicative maximum capital funding of £18.5 billion for 2025–26 to 2030–31, taking the total to £22.2 billion (though the amount is subject to future spending reviews).³
4. Following a reset of the programme in May 2023, NHP now includes the replacement of all seven hospitals built entirely of reinforced autoclaved aerated concrete (RAAC) which has become structurally unsound. The scheduled completion date of eight new hospitals in the original programme has now been delayed until after 2030, and in total only 32 new hospitals are now planned for completion by 2030.⁴

Progress with constructing new hospitals

5. During the period 2015 to 2020, the backlog of maintenance across the NHS estate grew and only six new hospitals were completed.⁵ In October 2020, the government announced NHP and committed to build 40 new hospitals by 2030, as well as completing an additional eight (pre-existing) schemes that were in construction or pending final approval. This marked an expansion of the commitments in DHSC's Health Infrastructure Plan, which had been set up in 2019 as a rolling five-year programme to modernise the NHS estate.⁶

1 C&AG's Report, *Progress with the New Hospital Programme*, Session 2022–23, HC 1662, 17 July 2023

2 C&AG's Report, paras 1, 7 and 1.2 and Figure 2

3 C&AG's Report, paras 7, 8, 19 and 1.11

4 C&AG's Report, para 20

5 C&AG's Report, *Progress with the New Hospital Programme*, Session 2022–23, HC 1662, 17 July 2023, Figure 2 and para 1.7

6 C&AG's Reports, paras 7 and 1.8

6. Thirty-two of the 40 new hospitals were identified and detailed in the October 2020 announcement.⁷ Of these, none had opened in the first three years after the announcement. When we took evidence, the first new scheme—the Dyson Cancer Centre, in Bath—was due to open by the end of 2023. There has been some progress with the eight schemes that are part of NHP but which already existed before the 2020 announcement. Though these schemes were not part of the government’s original definition of 40 new hospitals, the achievements are welcome.⁸ Progress with pre-existing schemes includes:

- three that have opened for patients – Northern Centre for Cancer Care in Carlisle, Royal Liverpool University Hospital, and Brighton 3Ts (phase 1 being open, with phases 2 and 3 still to complete);⁹
- two that have entered construction since the programme started – the National Rehabilitation Centre, near Loughborough; and Moorfields Eye Hospital in London; and¹⁰
- two that are expected to open for patients soon – the Greater Manchester Major Trauma Hospital and the first phase of the CEDAR Programme in Northumberland.¹¹

7. Overall, however, progress has been slow even with early schemes that count towards the 40 new hospitals commitment, despite these being selected by NHP as being relatively quick, cheap and straightforward to deliver. For example, by April 2023 none of the ten schemes in cohort 2 had an approved full business case and seven were running late.¹² DHSC told us at the end of September that only one of these schemes was not yet in full business case stage.¹³

8. In May 2023, DHSC changed what it would count as a new hospital for the purposes of its 2030 commitment. At that point DHSC decided it would also count the eight pre-existing schemes which in 2020 were already pending approval or in construction. Based on its original definition, however, it is now aiming to build 32 new hospitals by 2030. DHSC told us that it was developing a full programme business case for the latest list of hospitals announced in May 2023 and that it intended to deliver all of them by 2030.¹⁴

9. DHSC claims that its plans to standardise approvals processes and that hospital design will reduce the time taken to build a hospital from as much as 11 years to about six. We asked whether there was a case for rebuilding some hospitals using traditional methods so that more work could be done sooner – as discussed later in this report, DHSC is delayed in creating the new standardised process and design. DHSC’s view was that reverting to the traditional method would actually take longer.¹⁵ We note though that the Infrastructure and Projects Authority has previously highlighted issues with the

7 HM Government, PM confirms £3.7 billion for 40 hospitals in biggest hospital building programme in a generation, 2 October 2020; accessed at www.gov.uk/government/news/pm-confirms-37-billion-for-40-hospitals-in-biggest-hospital-building-programme-in-a-generation

8 Q 45; C&AG’s Report, para 12 and Figure 5

9 C&AG’s Report, Figure 8; [DHSC letter 26/9]

10 Qq 42–43

11 Qq 56–57

12 C&AG’s Report, Figure 9 and para 2.18

13 [Letter from Shona Dunn, DHSC dated 26 September 2023](#)

14 Qq 47, 52; C&AG’s Report para 20 and Figure 12

15 Qq 29–31

capability of NHP's leadership. As NHP has structured its programme, its central team will need deep expertise in large-scale programme management as well as design and construction skills.¹⁶

10. After the evidence session, DHSC provided us with its current detailed schedule showing the approval and construction stages for each scheme to be completed by 2030. DHSC told us that this would be subject to detailed re-planning which is underway and asked us not to publish the information on the grounds of commercial sensitivity, in particular with future competitive tendering processes in mind.¹⁷ However, with 19 new schemes (cohorts 3 and 4 and the additional RAAC hospitals) all to be completed by 2030 but not yet ready to start construction, it is clear that a very large number are currently scheduled to be under construction simultaneously during the last years of this decade. This is in a context in which a total of just four main contactors appear to be willing to consider building a large new hospital.¹⁸

Developing and testing a new standard hospital design

11. DHSC aims to improve the cost-effectiveness and quality of new hospitals by standardising hospital design, including the business case process, and making increased use of modern methods of construction.¹⁹ Many traditional hospital construction schemes suffered from cost overruns and delays, which the NHP team believes it can reduce through a more centralised, modern approach. But NHP's estimates of the level of savings that can be made are very ambitious. It has previously said that schemes that fully adopt its new approach would cost 25% less and take 20% less time to build than under traditional design and construction approaches. Then, at our evidence session in September, DHSC was more optimistic regarding time savings, telling us the model would reduce the total time taken to develop new hospitals from an average of 11 years to about six. This would amount to a time saving of some 40%, twice as much as was estimated earlier in 2023.²⁰

12. In practice, these future time and cost savings also need to be set against the time and cost taken to develop the new approach and additional costs as a result of inflation while schemes wait to proceed. The Infrastructure and Projects Authority recommended that the NHP team should complete its standardised design by the end of 2022, for use in early proof of concept testing. Instead, the NHP team plans to release the template design, known as Hospital 2.0, in stages during 2023, with the final release by December 2023. However, by July 2023 the NHP team was running around five months behind schedule.²¹ DHSC told us that some elements of the design had been finished and that the complete package would be ready by May 2024.²² The C&AG's report of July 2023 highlighted that there were delays in recruiting a temporary design team of up to 300 specialist designers. Remarkably, in September, DHSC told us that it had now recruited the team it needed to complete Hospital 2.0.²³

16 C&AG's Report, paras 3.24 and 3.25

17 [Letter from Shona Dunn, DHSC dated 26 September 2023](#)

18 C&AG's Report, para 17 and Figure 12

19 Q 29; C&AG's Report, para 3.6

20 Q 29; C&AG's Report, para 3.6

21 C&AG's Report, paras 3.8 and 3.9

22 Q 84

23 Q 31; C&AG's Report, para 3.9

13. Among DHSC's other commitments, the need to rebuild the seven RAAC hospitals by 2030 is particularly pressing. RAAC hospitals are costing taxpayers a lot of money as remedial measures are taken to keep them safe and open.²⁴ In this context, insisting on using Hospital 2.0 designs for all seven schemes seems questionable. The seriousness of the RAAC issue and the need to complete these rebuilds by 2030 creates a strong case for procuring and constructing the seven hospitals under traditional methods, even if that would mean not complying fully with the as yet incomplete Hospital 2.0 design.²⁵

14. More generally, we asked DHSC whether it should commit to first building one hospital according to Hospital 2.0 designs in order to discover its viability in practice, the true scope for cost and time savings, and problems and snags that could be removed, before the design is repeated across multiple schemes. DHSC seemed reluctant to accept the desirability of rigorous real-life testing, replying generically that it was always looking for opportunities to accelerate the programme.²⁶

15. Before the evidence session, we visited a "super hospital" project in Denmark. The Danes had built a prototype of a new operating theatre on the edge of an existing hospital and each surgical team was given access to it so they could test how it worked in practice. Using the lessons from these clinicians, the new hospital was being built with theatres that were already known to work for all types of surgery. We asked whether the NHP team was planning to use similar live clinical exercises. DHSC told us it was consulting with clinicians but was not currently planning live testing. The NHP team will look at organisations that already have new facilities.²⁷ However it decides to proceed, NHP needs to get the Hospital 2.0 design and build right, otherwise all new hospitals will have problems in years to come.²⁸

Assumptions underlying new standard hospital design

16. With the aim of minimising costs while still meeting its programme objectives, the NHP team has been focusing on a basic version of Hospital 2.0, known as the 'minimum viable product' (MVP). Under MVP, hospitals will have the minimum viable set of services, in the minimum viable building size, built to the minimum viable specification, and at the minimum viable cost and time to build. All hospitals from cohort 3 onwards will have single rooms only, instead of open wards.²⁹ But some of the assumptions used to determine the size of an MVP hospital are likely to result in hospitals that are too small to meet future needs, which would be a risk to efficiency and effectiveness as well as presenting clinical challenges:³⁰

- MVP assumes there will be a 1.8% reduction each year in hospital capacity needed as a result of more people being treated outside hospital, in the community.³¹ This may be unrealistic because NHS England does not currently have a funded strategy to deliver such reductions and government has not produced

24 C&AG's Report, para 6

25 Qq 29–31

26 Qq 60, 117

27 Qq 78–79

28 Q 117

29 C&AG's Report, paras 3.9–3.11

30 Q 61; C&AG's Report, para 24

31 C&AG's Report, para 3.14

a long-term plan for social care. Neither does the assumption take account of a number of significant pressures outside hospitals, including in adult social care, community mental health services and GPs.³²

- MVP also assumes that future patients will stay in hospital for 12% less time on average. This may be unrealistic because England already has one of the shortest lengths of stay per patient of any country in the Organisation for Economic Co-operation and Development (OECD) – 4.5 days on average in England in 2019–20, compared with 8 days in the OECD. NHP even paid for research which did not back up this assumption.³³
- Finally, MVP assumes that future bed occupancy will run on average at 95%. Once again, this may be unrealistic because England already has a very high rate of bed occupancy relative to other countries – 90% in 2019 compared with an OECD average of 76%. NHS England currently has a priority to keep occupancy below 92%.³⁴

17. In written evidence to us, NHS Providers advised that the standardised design had to be sufficiently future-proofed to handle changes in demand, practice and public expectations. It was concerned that future planned bed occupancy levels should be safe, and warned that 95% occupancy “may not be sustainable” and might not be flexible enough to allow hospitals to cope with fluctuations in demand.³⁵

18. We challenged DHSC about the realism of the MVP assumptions, particularly in the context of a growing and aging population, and asked if it would review them. DHSC told us that these were baseline assumptions, enabling like-for-like comparisons to be made between schemes, and that it was going through a process to decide what size each new hospital needed to be. It assured us it was going to review the assumptions rigorously.³⁶ As discussed later in this report, however, any deviations from MVP to make individual hospitals bigger may create an affordability problem for NHP, because the hospitals will cost more.

19. We asked NHS England whether it was concerned about the assumptions and if switching to wards with single rooms only was safe. It told us that it was working with the NHP team and that Hospital 2.0 must be fit for purpose and thoroughly tested. It also wanted services in community, primary care and social care to change in a way that would support the aim of reducing the time patients spend in hospital.³⁷ Regarding the safety of single rooms, NHS England assured us that new hospitals could safely monitor and oversee single rooms by adapting their clinical models of care. Some other developed countries already have single rooms as standard and in some it is a legal requirement.³⁸ NHS England acknowledged that there would need to be a change in staff mix, and potentially an increase in staff numbers, to cope with the new single-room layout.³⁹

32 Qq 61, 66; C&AG’s Report, para 3.14

33 C&AG’s Report, para 3.14

34 C&AG’s Report, para 3.14

35 [NHP0005](#)

36 Qq 61–66

37 Qq 65, 74

38 Q 69

39 Q 70

2 Dealing with reinforced autoclaved aerated concrete (RAAC) and transparency of selection

Dealing with RAAC

20. Reinforced autoclaved aerated concrete (RAAC) is a lightweight building material that was widely used from the 1960s to the 1980s. From the late 1990s, industry bodies warned that it was unlikely to remain structurally sound for more than 30 years after construction. NHS England became aware of its problem with RAAC from around 2019, after a school roof collapse led to a national alert in 2019 about the risk of sudden failure.⁴⁰ Mitigating the risk of structural failures from RAAC can be very disruptive to a hospital's operations. We visited two hospitals with RAAC and saw for ourselves the impact on clinical work. This included wards having to close urgently and the managing of patient admissions based on weight because of the risk of a floor collapse. DHSC confirmed that there was an impact on clinical spaces and NHS England told us "the management of RAAC can be really burdensome for local teams" and that mitigations could not completely eliminate risks.⁴¹

21. When the government announced the first 32 new hospitals in October 2020, it included just two hospitals with RAAC throughout (West Suffolk Hospital and James Paget University Hospital).⁴² Five other hospitals with RAAC throughout that DHSC knew about and wanted to replace were not then included in the Programme. These five were added to NHP only when it was reset in May 2023.⁴³

22. NHS England told us that it had set up a separate programme in 2019 to deal with RAAC.⁴⁴ In 2020, government committed to remove RAAC from the NHS estate by 2035, subsequently allocating £685 million for RAAC management and remediation for the period up to 2024–25.⁴⁵ This has been supplemented by £18 million of additional funding from NHS England in 2021–22 and 2022–23 as well as an unspecified amount from trusts' own capital.⁴⁶ By December 2022, DHSC had identified 41 NHS buildings with RAAC, spread across 23 trusts. This includes the seven hospitals with RAAC throughout.⁴⁷

23. After the RAAC crisis in schools escalated in August 2023 and the Institution of Structural Engineers' guidance was updated, NHS England asked all NHS trusts to confirm they were confident that all RAAC buildings had been identified. At the time of our evidence session, NHS England thought it likely that some further RAAC buildings would come to light. Although it did not know the precise number, it thought it was likely to be in the tens and not the hundreds.⁴⁸ NHS England told us it aimed to have full surveys done of all the known RAAC sites in a matter of weeks, but the timing depended on having

40 Q 1; C&AG's Report, para 6

41 Q 24

42 C&AG's Report, Figure 12

43 C&AG's Report, para 10 and Figure 1

44 Q 1

45 C&AG's Report, para 6 and Figure 3

46 Qq 9–10; [Letter from Shona Dunn, DHSC dated 26 September 2023](#)

47 C&AG's Report, Figure 3

48 Qq 1–3

surveyors available. After our evidence session, DHSC published an update of the number of NHS trusts and hospital sites: as at 17 October 2023 there are 42 hospital sites at 39 NHS trusts where RAAC is still to be removed.⁴⁹ There are a limited number of specialist engineering firms that can undertake this work, and NHS England acknowledges that it is “fishing in the same pool” with the Department for Education which also needs surveyors for schools.⁵⁰ This is vital work but also time-consuming. Visual inspections of ceilings may be insufficient as they cannot substantiate one way or the other whether structures above the ceiling are made of RAAC. Invasive inspections can in themselves be disruptive.⁵¹ In written evidence to us, the Manufacturing Technology Centre advocated a RAAC mitigation strategy to coordinate and resource the response across government.⁵²

24. NHS England also provided us with an update on its progress in dealing with known RAAC buildings. At the time we took evidence in September, it told us that there were projects to remove RAAC from the then 24 sites where it had a full understanding of the issues. It was aiming to eradicate RAAC in most places by 2030.⁵³ We asked whether there would be enough money to continue and complete remediation after 2024–25, when current funding runs out. DHSC told us that it had no reason to think there would not be enough funding but that this would have to be considered as part of the next spending review.⁵⁴

25. We asked whether NHS trusts were getting adequate help from national bodies given the risks they had to manage. NHS England told us that it was helping trusts to source the right technical support, but trusts themselves were responsible for managing their estate and the risks within it.⁵⁵ Trusts were already expected to complete a full survey of their estate every five years.⁵⁶

26. The seven RAAC hospitals each has a replacement cost estimated at between £500 million and £1.5 billion.⁵⁷ NHP intends to build all seven RAAC replacement hospitals by 2030 using its standard Hospital 2.0 design. DHSC and NHS England are prioritising NHP schemes above other kinds of capital investment and recognise that they must replace the RAAC hospitals as quickly as possible.⁵⁸ They told us it would be a challenge to complete them by 2030 because of the size of the schemes and the fact that only some of them have previously developed plans.⁵⁹ Hospitals with extensive structural problems due to RAAC, even with mitigations, might be at risk of closure right up until the day they are replaced.⁶⁰

49 DHSC, Transparency data: Hospitals with RAAC in England, 19 October 2023; accessed at www.gov.uk/government/publications/reinforced-autoclaved-aerated-concrete-raac-in-hospitals-management-information

50 Qq 5–6

51 Q 28

52 [NHP0007](#)

53 Q 1

54 Q 8

55 Qq 16–20

56 Q 22; [Letter from Shona Dunn, DHSC dated 26 September 2023](#)

57 C&AG’s Report, Figures 17 and 18

58 Qq 13, 25

59 Qq 1, 14–15, 25

60 Qq 24, 111

Transparency of the scheme selection process

27. DHSC launched a major capital investment programme, the Health Infrastructure Plan (HIP), in 2019. It comprised 27 schemes, all of which joined NHP in 2020. When one of the HIP schemes was split into five separate schemes, the total number grew to 31. An additional scheme (Shotley Bridge Hospital) was then added, making 32 new hospital schemes in the original NHP announcement. A further eight unspecified new hospital schemes were also promised.⁶¹ To bring the total schemes under NHP's management to 48, eight pre-existing schemes were also moved into the programme.⁶²

28. Selection of the 27 HIP schemes was carried out by DHSC and NHS England. NHS England produced a long list of 56 possible schemes, and DHSC reduced this to a shortlist of 20 schemes using clear, evidence-based criteria.⁶³ However, to arrive at that 27 schemes that were announced, DHSC included only 13 of the 20 shortlisted schemes, and removed the other seven. DHSC added another 14 schemes. These had previously been considered but had not scored highly enough in the assessment exercise. Officials told the National Audit Office (NAO) that there was no further documentation available to explain how this final selection was arrived at. This failure of documentation practices meant the NAO had no basis to determine why DHSC selected the 27 HIP schemes and not some of the other shortlisted schemes.⁶⁴ NHS Providers noted that all NHS trust leaders would be concerned about this and would expect such decisions to be made transparently, using clear criteria to evaluate all schemes that applied.⁶⁵

29. We asked DHSC how this serious failure could have occurred and what it was doing about it. DHSC's Second Permanent Secretary confirmed that there was no record from that time which was "extremely disappointing" and said she had improved record keeping in DHSC and hoped a similar omission would not occur now. She told us there were a lot of discussions about scheme selection for HIP. Her predecessor told her he was satisfied that the decisions were made on an appropriate basis. We asked whether interventions in respect of ministers' or special advisors' political priorities might have caused the evidence-based shortlist to change in a way that was not appropriate. The Second Permanent could only say that she was "pretty confident" that her predecessor would have been "pretty confident" in calling out such behaviour.⁶⁶

30. We have previously expressed concern about a lack of evidence and transparency to justify scheme selection in other parts of government.⁶⁷ In our 2020 report on the Towns Fund, we found that the Ministry of Housing, Communities and Local Government was not open about the process it followed and did not disclose reasons for selecting or excluding particular towns. This lack of transparency fuelled accusations of political bias in the selection process.⁶⁸ In our 2022 report on local economic growth, we found that the

61 C&AG's Report, paras 1.8 and 2.7, Figure 5

62 C&AG's Report, para 1.10

63 C&AG's Report para 1.9

64 C&AG's Report, paras 9, 1.8 and 1.9

65 [NHP00005](#)

66 Qq 102–107, 115, 116

67 Q 108

68 Committee of Public Accounts, [Selecting towns for the Towns Fund](#), Twenty-Fourth report of Session 2019–21, HC 651, 2 November 2020

Department for Levelling Up, Housing & Communities' principles for awarding grants of levelling-up funding were only finalised by ministers after they knew which bidders would win grants as a result.⁶⁹

31. We asked witnesses about the implications for the seven schemes that had been removed from the shortlist. For example, it was reported that in August 2023 a ceiling at the hospital in Doncaster collapsed and that there was a risk of the facility closing. NHS England told us that the NHS had to manage these and other risks, such as flooding and fire, "day in, day out". This was linked to the big increase in the maintenance backlog and NHS England had other funds available to help with these situations. It would though continue to argue for increased investment.⁷⁰

69 Commons Committee of Public Accounts, [Local economic growth](#), Fifth Report of Session 2022–23, HC 252, 8 June 2020

70 Qq 111–113

3 Future funding, use of consultants and transfers of capital

Future funding

32. The Government's announcement of the New Hospital Programme in October 2020 stated that the 40 listed schemes (cohorts 1 to 4) would be "fully funded". However, in the 2020 Spending Review, HM Treasury only allocated capital funding of £3.7 billion to the NHP for the four years up to 2024/25; this did not amount to full funding for the 40 new hospitals and the eight pre-existing schemes. There was no indication at that point of what further money it would give up to 2030. In March 2023, HM Treasury finally agreed a funding envelope and scope for NHP up to 2030–31 (subject to future spending reviews). According to this, the maximum NHP could expect to spend on the programme from 2025–26 to 2030/31 was £18.5 billion.⁷¹

33. We have previously reported on many of government's major projects and, time and again, we have seen difficulties with keeping to budgeted costs.⁷² This might well be repeated with NHP. Forecast costs for the 18 schemes in cohorts 1 and 2 increased by 41% between 2020 and 2023.⁷³

34. DHSC faces a number of specific pressures that could make cost overruns more likely. If any of the key assumptions underlying the MVP model of Hospital 2.0 prove overly optimistic or detrimental to future healthcare provision, such as the assumed 95% bed occupancy rate, then NHP may require more funding than has currently been allocated by HM Treasury.⁷⁴ DHSC also told us that the current funding does not include hospitals scheduled to commence reconstruction in the 2020s but to complete after 2030.⁷⁵ That would mean substantially more funding being required from HM Treasury to build the eight cohort 4 schemes that were recently delayed into the 2030s.⁷⁶

35. The NHP team also has to manage a number of commercial risks to the programme which could impact affordability and deliverability. These include a lack of capacity in the UK construction industry, and the significant investment needed in new factory capacity for modular, offsite construction. High inflation in the construction sector (around 14% a year from May to December 2022) might also result in companies being increasingly unwilling to bear the risk of inflation in contracts.⁷⁷

36. We highlighted to DHSC that there seemed to be a black hole in the funding allocated compared with what would be required to get all the hospitals in the programme built, and asked whether it was discussing the issue with HM Treasury. DHSC told us that it had frequent discussions with HM Treasury and considered the funding was sufficient and

71 C&AG's Report, paras 8 and 19

72 Committee of Public Accounts, [Lessons from major projects and programmes](#), Thirty-Ninth Report of Session 2019–21, HC 694, 29 January 2021

73 C&AG's Report, para 13, Figure 8 and Figure 9

74 Q 73

75 Q 46

76 C&AG's Report, para 4.2; [Letter from Shona Dunn, DHSC dated 26 September 2023](#)

77 C&AG's Report, Figure 11

that it had taken account of optimism bias and inflation. It intended to confirm details through the full business case process.⁷⁸ It said that if circumstances continued to change then DHSC would have to take account of new pressures as they arose.⁷⁹

Use of consultants

37. NHP is a long-term programme with at least eight of the current schemes now due to complete sometime during the 2030s, as part of what DHSC intends will be a rolling programme.⁸⁰ One of NHP's strategic objectives is to build national capability in planning and delivering new hospitals. This is to be achieved through a central team, the NHP team, whose functions include some previously performed in local NHS trusts with assistance from private-sector partners. It is normal for consultants to have a role to play in programmes such as NHP, where specific professional or technical expertise is required for certain activities.⁸¹ Typically a programme would aim to have a strong core team and bring in consultants to fill gaps at the margins or for short-duration tasks.⁸²

38. In February 2023, 223 (62%) of the 361 positions in the NHP team were filled by consultants. Consultants outnumbered permanent employees by roughly two to one. Over the period from April 2021 to March 2023, £70 million (79%) of the NHP's total day-to-day expenditure went on consultancy services.⁸³ DHSC told us that it had to choose between making an extremely slow start to the programme, with just those individuals it could recruit, or to start with a larger amount of external consultancy support. It told us it expected later to make a transition to a new operating model, suggesting it would rely less on external support in future.⁸⁴

39. However, DHSC's actual plans seem to contradict this, indicating an ongoing reliance on external delivery partners to provide professional and technical skills and for specific assignments. It estimates that it will spend £842 million on consultancy services between 2023–24 and 2030–31, which represents 75% of its total day-to-day expenditure for those years.⁸⁵ Such a reliance in a long-term programme can be very expensive as well as risking a lack of continuity and loss of knowledge.⁸⁶ DHSC said that many of the consultants would always be necessary but, having firmed up the scope of the programme, it was now starting to recruit towards the planned operating model.⁸⁷

Transfers of capital funding

40. This committee has highlighted many times in the years since 2016 that DHSC has focused on short-term survival of NHS services, while neglecting long-term sustainability,

78 Qq 49–51

79 Q 94

80 Q 91; C&AG's Report, para 4.2

81 C&AG's Report, paras 3.17 and 3.19

82 Q 109

83 Q 109; C&AG's Report, para 18

84 Qq 109, 110

85 C&AG's Report, para 18

86 Q 110; C&AG's Report, para 18

87 Q 110

and has criticised DHSC's lack of long-term planning for capital investment.⁸⁸ A key aspect of this has been the diversion of the NHS's planned capital funding to meet daytoday funding pressures: DHSC diverted £4.3 billion of capital funding in this way from 2014–15 to 2018–19.⁸⁹ Under-investment in the NHS estate partly caused the record maintenance backlog of £10.2 billion in 2021–22, which was twice as high as in 2013–14.⁹⁰ In February 2023, we again warned about the increasingly decrepit condition of much of the NHS estate, the escalating maintenance backlog, and how DHSC seemed unable to make timely decisions to address these problems.⁹¹ This Committee has also reported before that Accounting Officers only rarely flag concerns they have about value for money using the formal mechanism of seeking a ministerial direction, which would alert Parliament to high-risk decisions.⁹²

41. In written evidence, the NHS Confederation also highlighted to us that the NHS was suffering because of the under-investment in capital. It said this was hampering productivity and efficiency at a time when record numbers of adults were unable to work owing to ill health and progress needed to be made on the long NHS waiting lists.⁹³ According to the NHS Constitution, NHS providers are required to comply with legal requirements to deliver care in a clean, secure and suitable environment that is properly maintained. Parts of the NHS estate do not meet the demands of a modern health service.⁹⁴

42. We asked DHSC whether NHP would affect the maintenance backlog. DHSC told us that the programme would help to address the backlog because around a third of the reported backlog was at sites that would be redeveloped or replaced by an NHP scheme. NHS England accepted that there would be some interim spending on the maintenance of buildings that would be replaced, but also noted that this might be necessary for patient and safety care.⁹⁵

88 Committee of Public Accounts, [Sustainability and financial performance of acute hospital trusts](#), Thirtieth Report of Session 2015–16, HC 709, 15 March 2016; Committee of Public Accounts, [Financial sustainability of the NHS](#), Forty-third Report of Session 2016–17, HC 887, 27 February 2017; Committee of Public Accounts, [Sustainability and transformation in the NHS](#); Twenty-Ninth Report of Session 2017–19, HC 793, 27 March 2018; Committee of Public Accounts, [NHS financial sustainability: progress review](#), Ninety-First Report of Session 2017–19, HC 1743, 3 April 2019; Committee of Public Accounts, [NHS capital expenditure and financial management](#), Eighth Report of Session 2019–21, HC 344, 8 July 2020.

89 C&AG's Report, para 5

90 C&AG's Report, para 5

91 Committee of Public Accounts, [Introducing Integrated Care Systems](#), Thirty-Fifth Report of Session 2022–23, HC 47, 8 February 2023

92 House of Commons Committee of Public Accounts report, [Accountability to Parliament for taxpayers' money](#), Thirty-Ninth Report of Session 2015–26 [summary], HC 732, 4 May 2016

93 [NHP0004](#)

94 C&AG's Report, para 1.2

95 Qq 86, 90

Formal minutes

Thursday 9 November 2023

Members present

Dame Meg Hillier, in the Chair

Sir Geoffrey Clifton-Brown

Mr Jonathan Djanogly

Mrs Flick Drummond

Peter Grant

Ben Lake

Anne Marie Morris

Sarah Olney

Declaration of interests

The following declarations of interest relating to the inquiry were made:

7 September 2023

Sir Geoffrey Clifton-Brown declared the following interest: Fellow of the Royal Institute of Chartered Surveyors.

The New Hospital Programme

Draft Report (*The New Hospital Programme*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 42 read and agreed to.

Summary agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Resolved, That the Report be the First Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned till Monday 13 November at 3.30 p.m.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Thursday 7 September 2023

Shona Dunn CB, Permanent Secretary, Department of Health and Social Care;
Natalie Forrest, Senior Responsible Owner for the New Hospitals Programme,
Department of Health and Social Care; **Amanda Pritchard**, Chief Executive, NHS
England; **Julian Kelly**, Chief Financial Officer and Deputy CEO, NHS England;
Professor Sir Stephen Powis, National Medical Director, NHS England

[Q1-117](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

NHP numbers are generated by the evidence processing system and so may not be complete.

- 1 Action4Whipps ([NHP0006](#))
- 2 British Medical Association ([NHP0008](#))
- 3 Manufacturing Technology Centre ([NHP0007](#))
- 4 NHS Confederation ([NHP0004](#))
- 5 NHS Providers ([NHP0005](#))
- 6 New Hospital Campaign ([NHP0003](#))
- 7 Puntis, Dr John ([NHP0010](#))
- 8 Ruane, Dr Sally ([NHP0009](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

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1st	Department for Business, Energy & Industrial Strategy Annual Report and Accounts 2020–21	HC 59
2nd	Lessons from implementing IR35 reforms	HC 60
3rd	The future of the Advanced Gas-cooled Reactors	HC 118
4th	Use of evaluation and modelling in government	HC 254
5th	Local economic growth	HC 252
6th	Department of Health and Social Care 2020–21 Annual Report and Accounts	HC 253
7th	Armoured Vehicles: the Ajax programme	HC 259
8th	Financial sustainability of the higher education sector in England	HC 257
9th	Child Maintenance	HC 255
10th	Restoration and Renewal of Parliament	HC 49
11th	The rollout of the COVID-19 vaccine programme in England	HC 258
12th	Management of PPE contracts	HC 260
13th	Secure training centres and secure schools	HC 30
14th	Investigation into the British Steel Pension Scheme	HC 251
15th	The Police Uplift Programme	HC 261
16th	Managing cross-border travel during the COVID-19 pandemic	HC 29
17th	Government's contracts with Randox Laboratories Ltd	HC 28
18th	Government actions to combat waste crime	HC 33
19th	Regulating after EU Exit	HC 32
20th	Whole of Government Accounts 2019–20	HC 31
21st	Transforming electronic monitoring services	HC 34
22nd	Tackling local air quality breaches	HC 37
23rd	Measuring and reporting public sector greenhouse gas emissions	HC 39
24th	Redevelopment of Defra's animal health infrastructure	HC 42
25th	Regulation of energy suppliers	HC 41
26th	The Department for Work and Pensions' Accounts 2021–22 – Fraud and error in the benefits system	HC 44
27th	Evaluating innovation projects in children's social care	HC 38

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28th	Improving the Accounting Officer Assessment process	HC 43
29th	The Affordable Homes Programme since 2015	HC 684
30th	Developing workforce skills for a strong economy	HC 685
31st	Managing central government property	HC 48
32nd	Grassroots participation in sport and physical activity	HC 46
33rd	HMRC performance in 2021–22	HC 686
34th	The Creation of the UK Infrastructure Bank	HC 45
35th	Introducing Integrated Care Systems	HC 47
36th	The Defence digital strategy	HC 727
37th	Support for vulnerable adolescents	HC 730
38th	Managing NHS backlogs and waiting times in England	HC 729
39th	Excess Votes 2021–22	HC 1132
40th	COVID employment support schemes	HC 810
41st	Driving licence backlogs at the DVLA	HC 735
42nd	The Restart Scheme for long-term unemployed people	HC 733
43rd	Progress combatting fraud	HC 40
44th	The Digital Services Tax	HC 732
45th	Department for Business, Energy & Industrial Strategy Annual Report and Accounts 2021–22	HC 1254
46th	BBC Digital	HC 736
47th	Investigation into the UK Passport Office	HC 738
48th	MoD Equipment Plan 2022–2032	HC 731
49th	Managing tax compliance following the pandemic	HC 739
50th	Government Shared Services	HC 734
51st	Tackling Defra's ageing digital services	HC 737
52nd	Restoration & Renewal of the Palace of Westminster – 2023 Recall	HC 1021
53rd	The performance of UK Security Vetting	HC 994
54th	Alcohol treatment services	HC 1001
55th	Education recovery in schools in England	HC 998
56th	Supporting investment into the UK	HC 996
57th	AEA Technology Pension Case	HC 1005
58th	Energy bills support	HC 1074
59th	Decarbonising the power sector	HC 1003
60th	Timeliness of local auditor reporting	HC 995
61st	Progress on the courts and tribunals reform programme	HC 1002

Number	Title	Reference
62nd	Department of Health and Social Care 2021–22 Annual Report and Accounts	HC 997
63rd	HS2 Euston	HC 1004
64th	The Emergency Services Network	HC 1006
65th	Progress in improving NHS mental health services	HC 1000
66th	PPE Medpro: awarding of contracts during the pandemic	HC 1590
67th	Child Trust Funds	HC 1231
68th	Local authority administered COVID support schemes in England	HC 1234
69th	Tackling fraud and corruption against government	HC 1230
70th	Digital transformation in government: addressing the barriers to efficiency	HC 1229
71st	Resetting government programmes	HC 1231
72nd	Update on the rollout of smart meters	HC 1332
73rd	Access to urgent and emergency care	HC 1336
74th	Bulb Energy	HC 1232
75th	Active travel in England	HC 1335
76th	The Asylum Transformation Programme	HC 1334
77th	Supported housing	HC 1330
78th	Resettlement support for prison leavers	HC 1329
79th	Support for innovation to deliver net zero	HC 1331
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2nd Special Report	Seventh Annual Report of the Chair of the Committee of Public Accounts	HC 1055

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2nd	BBC strategic financial management	HC 187
3rd	COVID-19: Support for children's education	HC 240
4th	COVID-19: Local government finance	HC 239
5th	COVID-19: Government Support for Charities	HC 250
6th	Public Sector Pensions	HC 289
7th	Adult Social Care Markets	HC 252
8th	COVID 19: Culture Recovery Fund	HC 340
9th	Fraud and Error	HC 253
10th	Overview of the English rail system	HC 170
11th	Local auditor reporting on local government in England	HC 171
12th	COVID 19: Cost Tracker Update	HC 173
13th	Initial lessons from the government's response to the COVID-19 pandemic	HC 175
14th	Windrush Compensation Scheme	HC 174
15th	DWP Employment support	HC 177
16th	Principles of effective regulation	HC 176
17th	High Speed 2: Progress at Summer 2021	HC 329
18th	Government's delivery through arm's-length bodies	HC 181
19th	Protecting consumers from unsafe products	HC 180
20th	Optimising the defence estate	HC 179
21st	School Funding	HC 183
22nd	Improving the performance of major defence equipment contracts	HC 185
23rd	Test and Trace update	HC 182
24th	Crossrail: A progress update	HC 184
25th	The Department for Work and Pensions' Accounts 2020–21 – Fraud and error in the benefits system	HC 633
26th	Lessons from Greensill Capital: accreditation to business support schemes	HC 169
27th	Green Homes Grant Voucher Scheme	HC 635
28th	Efficiency in government	HC 636
29th	The National Law Enforcement Data Programme	HC 638
30th	Challenges in implementing digital change	HC 637
31st	Environmental Land Management Scheme	HC 639
32nd	Delivering gigabitcapable broadband	HC 743

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33rd	Underpayments of the State Pension	HC 654
34th	Local Government Finance System: Overview and Challenges	HC 646
35th	The pharmacy early payment and salary advance schemes in the NHS	HC 745
36th	EU Exit: UK Border post transition	HC 746
37th	HMRC Performance in 2020–21	HC 641
38th	COVID-19 cost tracker update	HC 640
39th	DWP Employment Support: Kickstart Scheme	HC 655
40th	Excess votes 2020–21: Serious Fraud Office	HC 1099
41st	Achieving Net Zero: Follow up	HC 642
42nd	Financial sustainability of schools in England	HC 650
43rd	Reducing the backlog in criminal courts	HC 643
44th	NHS backlogs and waiting times in England	HC 747
45th	Progress with trade negotiations	HC 993
46th	Government preparedness for the COVID-19 pandemic: lessons for government on risk	HC 952
47th	Academies Sector Annual Report and Accounts 2019/20	HC 994
48th	HMRC's management of tax debt	HC 953
49th	Regulation of private renting	HC 996
50th	Bounce Back Loans Scheme: Follow-up	HC 951
51st	Improving outcomes for women in the criminal justice system	HC 997
52nd	Ministry of Defence Equipment Plan 2021–31	HC 1164
1st Special Report	Fifth Annual Report of the Chair of the Committee of Public Accounts	HC 222

Session 2019–21

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1st	Support for children with special educational needs and disabilities	HC 85
2nd	Defence Nuclear Infrastructure	HC 86
3rd	High Speed 2: Spring 2020 Update	HC 84
4th	EU Exit: Get ready for Brexit Campaign	HC 131
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6th	Excess votes 2018–19	HC 243
7th	Gambling regulation: problem gambling and protecting vulnerable people	HC 134
8th	NHS capital expenditure and financial management	HC 344

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9th	Water supply and demand management	HC 378
10th	Defence capability and the Equipment Plan	HC 247
11th	Local authority investment in commercial property	HC 312
12th	Management of tax reliefs	HC 379
13th	Whole of Government Response to COVID-19	HC 404
14th	Readying the NHS and social care for the COVID-19 peak	HC 405
15th	Improving the prison estate	HC 244
16th	Progress in remediating dangerous cladding	HC 406
17th	Immigration enforcement	HC 407
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19th	Restoration and renewal of the Palace of Westminster	HC 549
20th	Tackling the tax gap	HC 650
21st	Government support for UK exporters	HC 679
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23rd	Delivering carrier strike	HC 684
24th	Selecting towns for the Towns Fund	HC 651
25th	Asylum accommodation and support transformation programme	HC 683
26th	Department of Work and Pensions Accounts 2019–20	HC 681
27th	Covid-19: Supply of ventilators	HC 685
28th	The Nuclear Decommissioning Authority's management of the Magnox contract	HC 653
29th	Whitehall preparations for EU Exit	HC 682
30th	The production and distribution of cash	HC 654
31st	Starter Homes	HC 88
32nd	Specialist Skills in the civil service	HC 686
33rd	Covid-19: Bounce Back Loan Scheme	HC 687
34th	Covid-19: Support for jobs	HC 920
35th	Improving Broadband	HC 688
36th	HMRC performance 2019–20	HC 690
37th	Whole of Government Accounts 2018–19	HC 655
38th	Managing colleges' financial sustainability	HC 692
39th	Lessons from major projects and programmes	HC 694
40th	Achieving government's long-term environmental goals	HC 927
41st	COVID 19: the free school meals voucher scheme	HC 689
42nd	COVID-19: Government procurement and supply of Personal Protective Equipment	HC 928

Number	Title	Reference
43rd	COVID-19: Planning for a vaccine Part 1	HC 930
44th	Excess Votes 2019–20	HC 1205
45th	Managing flood risk	HC 931
46th	Achieving Net Zero	HC 935
47th	COVID-19: Test, track and trace (part 1)	HC 932
48th	Digital Services at the Border	HC 936
49th	COVID-19: housing people sleeping rough	HC 934
50th	Defence Equipment Plan 2020–2030	HC 693
51st	Managing the expiry of PFI contracts	HC 1114
52nd	Key challenges facing the Ministry of Justice	HC 1190
53rd	Covid 19: supporting the vulnerable during lockdown	HC 938
54th	Improving single living accommodation for service personnel	HC 940
55th	Environmental tax measures	HC 937
56th	Industrial Strategy Challenge Fund	HC 941

Report to the Trust Board: 17 January 2024	TB 11/24
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Title	Veterans Aware Accreditation
Accountable Director	Group Chief Nurse
Author(s)	Jahanara Ahmed CMO/CNO Portfolio Director
Purpose	To formally request the Board’s endorsement of the Armed Forces Covenant
Previously considered by	Inclusion Board and Group Executive Board

Executive summary

As part of our ongoing commitment to fostering a supportive and inclusive organisation, Barts Health NHS Trust is actively working towards achieving Veterans Aware Accreditation by April 2024. The purpose of this paper is to formally request the Board’s endorsement of the Armed Forces Covenant, a crucial step in the accreditation process. The Armed Forces Covenant represents our nation’s promise to ensure that individuals who have served in the Armed Forces are not disadvantaged due to the unique nature of their service. This commitment extends beyond their active duty, recognising and honouring their contributions during and after their service. The Armed Forces Covenant aims to make a positive impact on the armed forces community, including veterans, reservists and families of serving personnel. By aligning ourselves with the Armed Forces Covenant, we reinforce our commitment to inclusivity.

Related Trust objectives
All

Risk and Assurance	BAF Risk 1. A lack of evidenced delivery on the operational plan’s inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level.
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Action required

The Trust Board is asked to:

- Formally endorse the signing of the Armed Forces Covenant.
- Note the plan to achieve Veteran’s Aware Accreditation by April 2024.

Introduction

1. Barts Health NHS Trust began its journey to attain Veterans Aware accreditation in April 2023, with the ambitious goal of achieving accreditation by April 2024. This accreditation holds significance as it reflects compliance with The Covenant Duty under the Armed Forces Act 2021, aligns with the Office of Veterans' Affairs Strategy Action Plan 2022-2024, and fulfils Principle Four of the NHS Constitution.
2. The Veterans' Strategy Action Plan, a crucial aspect of the Office of Veterans' Affairs' broader plan to make the UK the best place for veterans by 2028, emphasises the transformation of services and support for veterans. This includes the accreditation of all NHS Trusts in England as 'Veteran Aware' - a goal Barts Health NHS Trust is actively pursuing. Additionally, the Armed Forces Covenant (AFC) plays a pivotal role, with the accreditation standards requiring the organisation's commitment to the Covenant. This commitment ensures fair treatment and equal access to services for the Armed Forces community.

The Armed Forces Covenant

3. The Armed Forces Covenant (AFC) (See Appendix 1) operates on two key principles: preventing the Armed Forces community from facing disadvantage compared to other citizens and offering special consideration, especially for the injured and bereaved. It is a public commitment that outlines health-related obligations, such as providing equal access to healthcare, retaining family members' NHS Waiting list positions during relocations, granting priority treatment for service-related conditions to veterans, and ensuring proper care for those injured in service.
4. Signing the Covenant is not only a demonstration of commitment but also aligns with the NHS Constitution, reinforcing the principles of fairness and equal access. Furthermore, it supports the broader initiative outlined in Healthcare for the Armed Forces community: a forward view (NHS England, March 2021), which aims to enhance the health and wellbeing of the Armed Forces community by encouraging NHS Trusts to become accredited under the standards of the Veterans Covenant Healthcare Alliance.
5. The concept of "due regard" is established in the Armed Forces Bill, requiring public bodies like the NHS to consider the principles of the AFC when making decisions about healthcare services. Signing the pledge becomes a tangible step in meeting this duty of "due regard."
6. Signing the AFC pledge offers opportunities for the Trust's internal armed forces community. Progressing through the Defence Employer Recognition Scheme (ERS) and joining the NHS Step Into Health program can attract high-calibre

candidates, utilising their transferable skills and cultural values within the NHS, ultimately contributing to recruitment, retention, and career progression within the Trust.

Accreditation implementation and progress

- To guide and oversee this complex process, the Trust has established a Task and Finish Group led by the Group Chief Nurse, with support from the Regional Veterans Aware Lead. This collaborative effort involves ongoing updates at the Inclusion board and a structured approach to compliance with the accreditation standards, grouped into three categories. Through this systematic approach, we are actively working towards becoming Veterans Aware Accredited by April 2024. The group have been working through the standards, which fall within three categories outlined below:

<p>People</p>	<ul style="list-style-type: none"> • The Organisation supports the Armed Forces Community as an employer • The organisation has staff that are trained and educated in the needs of veterans • Consider undertaking a needs assessment of staff to inform a training/awareness plan • Undertake the delivery of a training programme
<p>Patient Experience</p>	<ul style="list-style-type: none"> • Review the patient access policy to ensure the Armed Forces community are referenced in relation to the armed forces covenant (priority treatment for conditions related to time in service) • Explore how to record armed forces status as part of the formal complaints process • Consider how to capture patient feedback from the armed forces community in particular patient stories • Establish how the patient record on Millennium can record armed forces status. Explore if the function needs enabling
<p>Communication</p>	<ul style="list-style-type: none"> • Prepare and disseminate a range of information to raise awareness of the Veteran Aware work.

8. The Trust has made significant progress towards achieving the Veterans Aware accreditation. In the People category, efforts include enabling veteran, reservist, or Armed Forces service self-identification through self-service on ESR (Electronic Staff Record). Discussions are underway to raise awareness of this feature. An E-Learning package is in development to support staff training, and additional resources for new starters are being reviewed. Self-identification functionality in Trac's application forms has been added to the recruitment process, with plans to update recruitment training. Next steps involve conducting a staff survey of veteran colleagues, addressing identified gaps, and potentially exploring participation in a pan London network.
9. The Patient Experience segment focuses on understanding the needs of veteran patients. A veterans' focus group was conducted, resulting in the development of a Patient Persona of a veteran (see appendix 2). The online complaints form is being updated to capture Armed Forces/Veteran status, helping identify recurring themes. Future steps include reviewing and updating the access policy to prioritise veterans and collaborating with the informatics team to capture veteran/armed forces status through the Millenium functionality, facilitating targeted approaches to feedback and complaints.
10. In the Communication domain, Remembrance Day is celebrated annually, with plans to include Armed Forces Day in future communications. Communication will also include signposting patients to relevant charities or NHS services. Communication strategies will also highlight the potential Veterans staff network and the self-service function on ESR.
11. The Inclusion Board will maintain oversight of our commitment to the Covenant and on-going maintenance of compliance with accreditation once we have achieved it in April 2024. Accreditation lasts 5 years.
12. The Trust Board is asked to:
 - Endorse signing the Armed Forces Covenant
 - Note the plan to achieve Veteran's Aware Accreditation by April 2024

Appendix 1 - The Armed Forces Covenant



Barts Health NHS Trust

We, the undersigned, commit to honour the Armed Forces Covenant and support the Armed Forces Community. We recognise the value Serving Personnel, both Regular and Reservists, Veterans and military families contribute to our business and our country.

Signed on behalf of:

Barts Health NHS Trust

Signed:	[Signature]
Name:	[Name]
Position:	[Exec Role]
Date:	DD/MM/YYYY

The Armed Forces Covenant

An Enduring Covenant Between

The People of the United Kingdom
His Majesty's Government

– and –

All those who serve or have served in the Armed Forces of the Crown

And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

Section 1: Principles of The Armed Forces Covenant

1. We, Barts Health NHS Trust, will endeavour in our business dealings to uphold the key principles of the Armed Forces Covenant, which are:
 - *no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen*
 - *in some circumstances special treatment may be appropriate especially for the injured or bereaved.*

Section 2: Demonstrating our Commitment

2. We recognise the value serving personnel, reservists, veterans and military families bring to our country. We will seek to uphold the principles of the Armed Forces Covenant, by:

Promoting the Armed Forces: promoting the fact that we are an Armed Forces-friendly organisation; displaying the Armed Forces Covenant and Employer Recognition Scheme logos where appropriate.

Veterans and spouse/partner employment: seeking to support the employment of veterans (and their partners) of any age, aiming to recognise military skills and qualifications in our recruitment and selection process; endeavouring in the longer term to work with the Career Transition Partnership (CTP) to support the employment of Service leavers and spouses/partners; recognising the temporary nature of deployments can interrupt career progression for spouses/partners and/or result in a multiple short term assignment employment history.

Ensuring that Veterans and their families receive the best quality care: endeavouring to provide timely, quality treatment; recognising the temporary nature of deployments can interrupt care pathways for Veteran, current serving members of the forces, and their families.

Reserves: supporting our employees who are members of the Reserve Forces; where possible accommodating their training and deployment leave requests.

Cadet Organisations: supporting our employees who are volunteer leaders in military cadet organisations to promote NHS careers (including apprenticeships) within their cadet units; recognising the benefits of employing cadets/ex-cadets within the workforce.

National Events: supporting Armed Forces Day, Reserves Day, the Poppy Appeal Day and Remembrance activities.

Third parties; where possible, encouraging all suppliers to support the principles of the Armed Forces Covenant.

Appendix 2- Patient Persona

Seb

How I was treated
 After recognising that his mental and physical wellbeing was declining, Seb decided to proactively try and reach out to other veterans and discuss some of the issues he was facing. This did not come naturally or easily to Seb. Upon having these conversations with friends Seb found that he was not alone in feeling isolated in his new life, and frustrated about the lack of continuing care and support. Through these conversations he started to learn about some charities that exist to help veterans and specifically some to support those from the LGBTQ+ community. These helped Seb to feel less alone while waiting to receive treatment through the NHS and he benefitted from some support groups offered.

After receiving care
 After initially feeling shunned and unsupported by the mainstream veterans charities and services, Seb started to benefit from some of the lesser-known about charitable services available to support people like him. Through this process he came to realise that the signposting to these services was virtually non-existent through primary care services.

Seb started counselling but the number of sessions he receives through the NHS are limited. As he still finds it hard to open-up after many years of hiding his personal life to avoid prejudice and dismissal, he has struggled to get the full benefit from the counselling sessions offered. As a result, Seb is considering having to self-fund some additional private therapy, but this will be a financial strain for him.

Seb now spends his time supporting and raising awareness of some of the support groups and charities that have helped him. He feels there needs to be greater signposting of these services and greater levels of veteran awareness within care services.

My emotional needs...
 While attitudes have improved, stigma from the past and years of avoiding emotional conversations can make it harder for veterans like me, particularly those with HIV or who are gay, to open up on our emotions. It is therefore important that services reflect that we may need more time, patience and understanding to discuss our emotional needs.

When you are in the military it is not just a job but a way of life, both professionally and socially. When you leave that bubble, the world can sometimes feel quiet and empty. I may need to have to re-form social connections and in that process it can feel isolating.

My information needs...
 I may not always be comfortable sharing that I am struggling in some way, particularly with my mental health and wellbeing. I may not feel comfortable in asking about the services available to me. It is therefore important to proactively signpost me to a variety of services for veterans from different backgrounds and communities.

My communication needs...
 It is important for the people who take over my care after retiring to be 'Veteran aware'. I may need more support with navigating and adjusting to civilian life and sometimes I may need my care to be prioritised.

My physical needs...
 After coming from the military where there are often good levels of medical support for physical injuries and ailments, it can be frustrating to wait for the care I need. I may have a variety of physical needs due to my experiences in the military.



Report to the Trust Board: 17 January 2024	TB 12/24
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Title	Infection Prevention and Control Annual Report
Accountable Director	Group Chief Nurse / Group Director of Infection Prevention & Control
Author(s)	Clinical Director of Infection Prevention & Control Trust Lead Infection Prevention & Control Doctor Consultant Virologist with Infection Prevention & Control Remit
Purpose	For members to be assured on all aspects of infection, prevention and control for the Trust and satisfied with the proposed measures in place to mitigate risk
Previously considered by	Reported to the Trust Infection Prevention & Control Committee, Trust Quality Board and assurance received by the Group Executive Board

Executive summary
To provide an update of the Trust performance in relation to Infection Prevention and Control activities for the last financial year 2022 / 2023.

Related Trust objectives
Reduce avoidable infections.

Risk and Assurance	This report provides assurance in relation to the above objective.
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Legal implications / regulatory requirements	To comply with the Health and Social Care Act 2008 (update 2022) and register with the Care Quality Commission (CQC).
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Action required
The report is part one of a suite of three papers (the annual programme of activity and the Board Assurance Framework). It provides evidence of our improvement plans, innovative practice within the trust, celebrating achievements and patient experience partnerships. The Board is asked to receive assurance from this report and note the content for information, with evidence of compliance with criterion to the Department of Health: Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2022). The IPC team activity work plan has been provided to evidence activity and areas of focus for assurance purposes.

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Executive Summary and Overview

The Group Director of Infection Prevention and Control (GDIPC) annual report provides an update on infection prevention and control (IPC) activities within Barts Health NHS Trust from 1st April 2022 to 31st March 2023. The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability. The purpose is to provide assurance that the Trust remains compliant with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2022), as well as the NHSE Board Assurance Framework which was developed to enable a self-assessment of compliance with national COVID-19 related IPC guidance, to identify key risks and to act as an improvement tool. This report provides evidence of a high-quality IPC service ensuring delivery of safe care to patients whilst also protecting staff and visitors. It describes a further challenging year, with new infections of concern and ongoing COVID cases.

The report acknowledges the hard work and diligence of all grades of staff, clinical and non-clinical who play a vital role in improving the quality of patient and stakeholders experience as well as helping to reduce the risk of infections. Additionally, the Trust continues to work collaboratively with a number of outside agencies as part of its IPC and governance arrangements including NEL ICB, UKHSA and other healthcare Trusts in Northeast London.

The authors would like to express their appreciation and thanks to all those that helped the Trust adjust to the demands of the last three years and in the future as well as acknowledging the contribution of other colleagues to this report.

Introduction

This year has been characterised by the slow progression towards business as usual in infection prevention and control. However, at the start of this reporting year we were experiencing what became the second highest rise in numbers of cases of Covid-19 in our hospitals, reaching a peak in early April 2022. This peak in cases and the remaining subsequent waves of peaks and troughs for the rest of the year were primarily driven by the sub-variants of the Omicron variant of SARS-CoV-2. These variants were circulating widely with the removal of all social restrictions and, importantly, many of the cases detected in the hospitals were incidental findings, unrelated to the reason for the patient's admission to hospital.

Another welcome aspect of this changing epidemiology has been that the morbidity and mortality associated with Covid-19 is now and has been for much of this reporting year, much lower than in earlier phases of the pandemic. The pattern of cases and the numbers of inpatients positive for SARS-CoV-2 has continued to gradually reduce for the remainder of 2022-2023 with the number of new inpatients cases in March 2023 across the Trust at around fifty cases.

Fortunately, in the months following this reporting year, those numbers have dwindled further, despite these overall reductions, Covid-19 continued to present a significant operational challenge to the trust and to the IPC team throughout the year. The placing of patients both cases and contacts of Covid-19, in the context of significant operational pressures on patient flow, particularly in the emergency care

pathways, remained very difficult. These challenges required daily support from the IPC team to the hospital site managers and leadership teams and continued to detract from the IPC team's ability to address the wider IPC challenges and goals.

This was particularly true during a very difficult and challenging winter period where the return of seasonal Influenza and, mainly but not exclusively in children, Respiratory Syncytial Virus (RSV) after being largely absent in the two previous winters, led to huge pressures on our ability to place patients in the most appropriate place for their IPC and clinical needs. The World Health Organisation now stepped down the Global Health Emergency status of the pandemic, this is not reflected in a reduced workload for the IPCT who have continued to support the trust response to the pandemic and recovery plans.

This year has seen the continuing changes in how we manage Covid-19 from an IPC perspective. By the end of March 2023, there were further reductions in Covid-19 specific measures. With the exception of some asymptomatic testing requirements associated with transfers to residential care and workup for major surgery or admission to the Bart's Heart Centre settings, all other asymptomatic testing was withdrawn in line with national "Living with Covid" recommendations. PPE use also moved towards a more pre-pandemic approach with the withdrawal of universal masking in line with national guidance and the principles of Transmission-based precautions.

The purpose of this report is to provide the Board with assurance that the Trust is compliant with its statutory obligations under the Health and Social Care Act (2008) Code of Practice – governing infection prevention and control in healthcare settings (DOH 2022) as well as the NHSE Board Assurance Framework which was developed to enable a self-assessment of compliance with national COVID-19 related IPC guidance, to identify key risks and to act as an improvement tool. This report provides evidence of a high-quality IPC service ensuring delivery of safe care to patients whilst also protecting staff and visitors. It describes a further challenging year, with new infections of concern and ongoing COVID cases.

The report is mapped against the ten criteria of the 'Hygiene Code' and takes the opportunity to celebrate successes and highlight the increasing challenges of last year and going forward:

Criterion 1: Reporting and investigation of healthcare-associated infections and outbreaks have been timely and in line with national guidance.

- There were 20 cases of Trust apportioned MRSA bacteraemia against a trajectory of 0, of these 14 were at the Royal London Hospital. A targeted deep dive of these attributed MRSA bacteraemia's was conducted, and a quality Improvement plan was developed and implemented, progress is monitored through the IPCC.
- There were 126 cases of Trust apportioned Clostridium difficile infection (CDI) during this period, against a target of 113 for this financial year.
- There were 311 Trust apportioned E. coli bacteraemia's reported during 2022-23 against a target of 241.
 - Collaboration between Microbiology and Oncology was commissioned to review the cases at St Bartholomew's Hospital looking at patient outcomes now that we have stopped prophylactic antibiotics in Haematology-oncology patients. Initial finding is

that there is an increase in gram negative bacteraemia but that the overall outcomes are better. Once completed this data will be shared at the IPCC.

- After noting an increase in *E.coli* bacteraemias related to a hepatobiliary source, our IPC Lead doctor reviewed the first 87 cases of the 2022-23 year. Her finding was that there was no clear evidence of concern with regards healthcare association for the majority of these infections.
- The IPCT supported the Trust in their response to the COVID-19 pandemic with a focus on returning to business as usual through restart and recovery plans and hospital visits to ensure that all areas of the Trust have in place the required IPC precautions to keep patients, staff and visitors safe.
- There were a number of COVID-19 ward outbreaks during 2022– 23, most of these were in our older estate; Whipps Cross and Newham Hospitals.

Criterion 2: We are insourcing our soft FM services in 2023/24. A Water Safety and Ventilation Subgroups have been organised to provide a more robust assurance of monitoring and actions to ensure a safe healthcare environment.

- We commissioned external cleaning audits to be conducted across the Trust preparing for insourcing, some inconsistency in standards and issues were identified, to rectify the issues and poor standards a specialist FM company called City and Kent were employed to provide additional cleaning.
- Enhanced monitoring for *Pseudomonas aeruginosa* in water outlets continues in augmented care units. Mitigations on positive outlets are agreed by the Clinical Director of Infection Prevention and Control (CDIPC), the IPCT, authorised water engineer and the hard FM providers in conjunction with Estates and Facilities. The Water Safety Group at each hospital meets monthly and the Trust committee meets quarterly and reports into Trust IPCC.
- Water sampling for *Legionella* and Control of Legionnaires’ disease was undertaken in accordance with COSHH Regulation (2002), Approved Code of Practice L8, Health Technical Memoranda (HTM-04) and Health & Safety Guidance (HSG) 274 across Trust sites. Remedial action was successfully undertaken on outlets that did not meet the required standard.
- The ventilation Committee has reviewed the new HTM 03-01 and are assessing our compliance with the guidance.

Criterion 3: Plans for antimicrobial stewardship are in place for 2023/24, however there was limited audit/ monitoring data available to provide assurance with this criterion during 2022/23 and the team have highlighted the challenges due to staffing.

Criterion 4: The IPC Team have continued to review and monitor effectiveness of communication of healthcare-associated infections to patients and healthcare providers. There were many examples throughout the year where rapid communication was required to inform colleagues of guidance related to new infections of concern, this was supported by the communications team who cascaded information and updated the intranet page.

Criterion 5: We have worked with Business Intelligence Unit (BIU) and the Informatics Team to monitor screening for infections, and proactively identifying those at highest risk of infection. The BIU Team responded to our request of recording the lateral flow test on the patient records and developed a way of automating results.

Surveillance of surgical site infection (SSI) was undertaken for total hip replacement and knee surgery for all quarters at Whipps Cross and Newham Hospitals, participation for 1 quarter is mandated by the

Department of Health. The number of elective procedures increased considerably during this period due to the establishment of COVID-19 recovery plans. We also participated in the cardiac SSI programme which is not mandatory.

Criterion 6: The IPCT are working with the education academy to implement the new education framework on IPC. This sets out a vision for the design and delivery of IPC education for our staff, supporting the delivery of effective and safe care across the Trust. The IPCT have increased the number of clinical-based education sessions during 2022/23, as an action to improve IPC Level 2 training compliance.

Criterion 7: Daily ward rounds and collaborative working with site managers, have enabled prioritisation of the single room capacity available, to reduce risk of infection to patients and staff.

Criterion 8: The pathology partnership and virology have provided continued support for COVID-19 testing, including point of care and LFD and linked into outbreak investigations.

Criterion 9: The annual IPC audit plan was completed and provides assurance of adherence to the IPC policies and guidelines.

Criterion 10: Employee Wellbeing Service (EWS) have a robust plan to support staff, including seasonal vaccination programmes which were supported for both COVID-19 and influenza, and staff risk assessments updated in line with national guidance.

IPCT Annual Programme of Activity

Under the leadership of the GDIPC, the IPCT in conjunction with a range of colleagues across the Trust have contributed to the annual programme of work described in this report. Despite the continuing impact of Covid-19 for much of the year, the IPC team were able to complete the elements of the IPC Work Plan that were within their gift and most of the plan was successfully achieved.

Forward Plan

The opportunities for future focus include the continued emphasis on the harmonisation of IPC practices, policies and processes. Performance on healthcare-associated Gram-negative bacteraemia's, MRSA Bacteraemia's and CDI requires further improvement, and the national objectives set will be challenging to achieve.

As part of the annual plan, Infection audit and surveillance require an approach to expand the skills and knowledge of staff, ensuring evidence based clinical guidance on IPC practices and improving accessible patient information. Improvements to water and ventilation must remain a priority for the provision of healthcare environments that promote infection prevention and control. The overarching IPC objectives for 2023/24 are available on request.

The CDIPC and IPC Lead Nurses are actively involved in advising on Trust new builds and refurbishments projects e.g. fire works at Whipps Cross, Newham and St Bartholomew's Hospitals, new builds at Newham, Mile End etc.

The IPCT will also continue to provide reactive IPC advice to Estates and Facilities and support the divisions with COVID-19 restart programmes as well as ensuring that the Trust are always in line with the latest UKHSA respiratory guidance and all other IPC guidance as relevant.

Summary 2023/24

The infection prevention and control annual programme of activity for 2023/24 will continue to ensure that the service delivers against the organisations needs and is aligned with the Health and Social Care Act and the infection prevention and control board assurance framework. Embedding a safety culture is paramount to our goals and the service has identified four quality improvement projects to focus on in the coming year. These are ANTT, line care, PPE / hand hygiene and urinary catheters, though it is acknowledged that completion this financial year will not be the end goal.

As we look forward to 2023/24 the plan is to review the current resourcing of the IPCT with the aim to strengthen team capacity and succession planning. Changes are planned to the way the Hospitals provide assurance to the IPCC, with the transformation of the IPC steering group. We will support and contribute to the clinical strategy to ensure IPC is at the forefront of future developments. Whilst we continue to deal with recovery from the pandemic, infectious disease, and other pathogens we will remain committed to progressing with living with COVID plans and supporting staff to continue to uphold good IPC practice and ensure it becomes embedded in everyday activities.

The Trust IPC Programme outlines the issues to be addressed this year. Each Hospital Director of Infection Prevention & Control (HDIPC) can produce their own programme/action plan detailing how the requirements in the Trust IPC Programme will be undertaken at a local level. A progress report should be returned to the Clinical Director of Infection Prevention & Control (CDIPC) at the end of each quarter, progress in relation to the IPC Programme is the responsibility of the HDIPC.

Infection Prevention and Control Board Assurance Framework

The IPC BAF was produced by NHSE in May 2020 to support all healthcare providers to effectively self-assess their compliance with UKHSA and other COVID-19 related infection prevention and control guidance and to identify risks. The tool has undergone several updates, and in March 2023 a new version was released, it is no longer a Covid-19 specific Board Assurance Framework (BAF), it is now generic relating to IPC principles.

Using this framework is not compulsory; however, it was developed as a source of internal assurance to support organisations to maintain quality standards. The IPC BAF has been shaped using the criterion from the Health and Safety Act, although specific requirements of evidence are made. This document has been included in IPC updates to the Trust Infection Prevention & Control Committee.

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

This criterion links with the Hygiene Code Outcome 6 and Regulation 24 relating to co-operating with other providers in the CQC guidance about compliance.

The Trust is compliant with the elements of the criterion and has the recommended systems in place.

Governance Arrangement

Again, the IPC team has been fully occupied keeping staff and patients safe during the third year of the COVID-19 pandemic though other infections and areas of prevention have also required attention, especially our alert organisms and the return of the winter viruses. More IPC requires constant vigilance and agile responses. The importance of the IP&C standards being delivered to the highest possible level was emphasised as we observed rises in infections which posed challenges to our staff and patients.

Infection Prevention and Control Structure

The Group Chief Nursing Officer is the Trust designated Director of Infection Prevention & Control (DIPC) and is supported in this role by the Clinical Director of Infection Prevention & Control (CDIPC) and The Trust Lead Infection Prevention & Control Doctor.

The IPC team are hospital based and each hospital team are led by an IPC Lead Nurse, providing specialist education, support, and advice to all Trust staff with regard to IPC. The team also liaise regularly with patients and relatives to provide information on alert organisms, offering advice and reassurance when required.

The remit of the IPC team includes:

- To have policies, procedures and guidelines for the prevention, management, and control of infection in place across BH.
- Provision of advice to clinical and management colleagues including:
 - Monitoring of infection risks
 - On-going staff education and training
 - Appropriate advice in response to major outbreaks of communicable infections
- Appropriate IPC advice to key Trust committees, taking national guidance and policy into account.
- To work with other clinicians to improve surveillance and to strengthen prevention and control of infection.
- To share information with relevant stakeholders within the NHS where required.
- To ensure high standards of infection control are maintained throughout BH through a programme of audits and surveillance.
- To liaise with clinicians and operational teams providing operational support and risk management.

The Trust's Infection Prevention and Control structure (see **Appendix 1**) supports frontline staff in the delivery of clean safe care. It promotes and monitors robust IPC practices, ensuring it is of sufficiently high standards.

Specialist advice is provided to clinicians throughout the hospital by the IPC Team. A Consultant Microbiologist is the designated Lead Infection Prevention and Control Doctor (LIPCD) and the appointment of a consultant virologist with a specialist interest in IPC supports the Trust's IPC programme and strategy. The other Infection Diseases / Microbiology / Virology consultants provide reactive support for operational issues. Out of hours advice is provided by a Specialist Registrar or Consultant in Microbiology, this arrangement ensures the Trust has 24-hour cover 7 days a week. We

are also mindful of a significant resource deficit that is detailed in a business case which will be reviewed this financial year.

A key objective of 2023/24 is to refresh the Divisional Leads role and realign the provision to the NHSE Board Assurance Framework and IPC educational strategies.

Integrated governance, risk management and internal control

The CDIPC reports to the IPCC and is directly accountable to the GDIPC. The GDIPC along with the CDIPC and Trust LIPCD provides the strategic direction for prevention and control. The HDIPC's are responsible for supervising the delivery of the annual IPC priorities and audit programme and the IPC annual report, as well as identifying risks relating to IPC via review of risk assessments and incident reports. The IPCT oversees the Trust performance against KPI and ensures there is a strategic response to new legislation and national guidelines.

The GDIPC reports regularly to the board on performance against target trajectories, key issues and actions and any other infection issues when relevant. Updates are provided on Trust performance in mandatory reporting fields to the Quality Board and onwards to Quality Assurance Committee. The Trust monitors risks of infection through data collection, audit and review of clinical incident reporting.

Different levels of assurance are necessary to ensure that prevention of infection risks is monitored and mitigated. To provide hospital and organisational assurance, the IPCT co-designed and co-produced a new governance framework using internal / external peer review, review of high-level meeting and interview. This was a co-ordinated approach; actions arising from the reviews are dealt with appropriately by the correct people within defined timeframes. The findings are linked with quality indicators providing strategic oversight.

The new framework was initially triggered as a result of an increase in MRSA cases at the Royal London Hospital (RLH). The number of MRSA bacteraemia cases reached 13, with an additional case noted in February 2023 and a Trust-wide peer review of IPC practice took place between January and April 2023. In response, a series of actions were undertaken at the Divisional and ward level at RLH in December 2022 to engage and empower teams in driving improvements towards achieving a sustained Zero MRSA position. Subsequently, the decision was made to extend the scope of the review to other hospitals within the Trust.

The outcomes of the peer reviews were used to develop objectives and an improvement plan to address any concerns identified.

The peer review tool assessed various aspects of IPC including the environment, staff knowledge of basic Infection Prevention and Control (IPC) practices, and patient feedback.

We brought together over 100 multidisciplinary colleagues to be reviewers, including external experts from NHSE&I, UKHSA, colleagues from East London Foundation Trust, Barking Havering and Redbridge University Trust, Northeast London Integrated Care Board and Newham Local Authority.

Feedback was provided on positive aspects of the visit and key on-going compliance issues identified. The hospital which was a cause for concern was the Royal London Hospital. An IPC Improvement plan was devised for the hospital, with on-going work with the Divisional Triumvirates to track progress and

provide assurance through Divisional Performance Review Meetings and monthly exception reports to their HEB.

The processes we have put in place will ensure that the risk is managed, good governance includes quality assurance follow up to assess that the risk is not re-occurring, to this end we will incorporate within our assurance framework a cycle of IPC reviews to provide reliable assurance of sustained improvement.

The Care Quality Commission (CQC)

There has been no IPC specific themed CQC inspections during 2022-2023, with the pandemic stepped down these are unlikely to be repeated and these are not part of routine CQC activity. An inspection of maternity services identified some issues relating to cleanliness and some aspects of basic IPC practice. The IPC team supported the Division in putting corrective actions in place to address the findings.

Organisms subject to mandatory reporting

The trust is required to report centrally on the following organisms:

- *Clostridioides difficile* infection (CDI)
- Meticillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (bacteraemia)
- Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia
- *Escherichia coli* blood stream infection
- *Klebsiella* species blood stream infection
- *Pseudomonas aeruginosa* blood stream infection

For all of the above infections, a category is given for reporting purposes based on nationally set criteria. The following two categories assume a link to healthcare provision and therefore attribution is to the Trust (healthcare associated).

- Hospital-Onset, Healthcare Associated (HOHA) Any NHS patient specimens taken on the third day of admission onwards (i.e. \geq day 3 when day of admission is day 1) at an acute trust.
- Community-Onset Healthcare-Associated (COHA) Any case reported by an NHS acute trust not determined to be Hospital-Onset Healthcare Associated and where the patient was discharged within 28 days prior to the current specimen date.

With these new definitions more cases will be incorporated into the healthcare associated category than in previous years making direct comparison to previous year's numbers more difficult. What is now considered healthcare associated in the form of COHA cases would have previously counted towards pre-admission cases when the classification was divided into pre- or post-admission.

Clostridioides difficile infection (CDI)

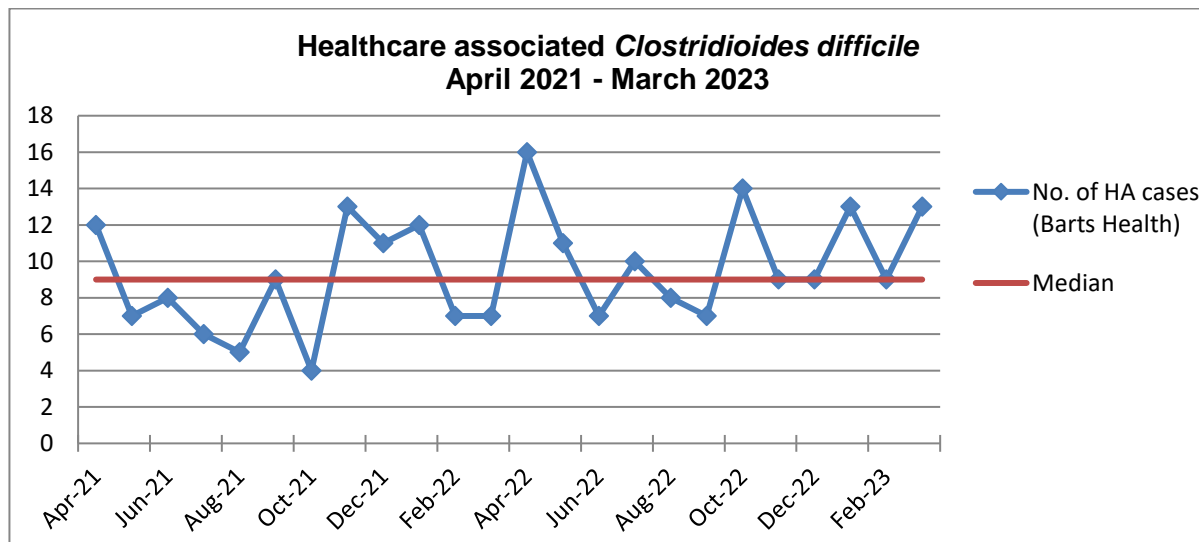
From a national perspective, there has been a sustained increase in (primarily) hospital [1] onset Clostridioides difficile Infection (CDI) cases reported in England compared with 2019. Historical increases in CDI incidence have been linked to newly emergent strains and/or antibiotic prescribing; however, neither cause appears to explain the ongoing increase. A comparison of data from quarter one (January to March) 2022 to the same period in 2019, which is more generalizable than CDI data

recorded during the COVID-19 pandemic, shows there was a 25.5% increase in the number of all reported CDI cases.

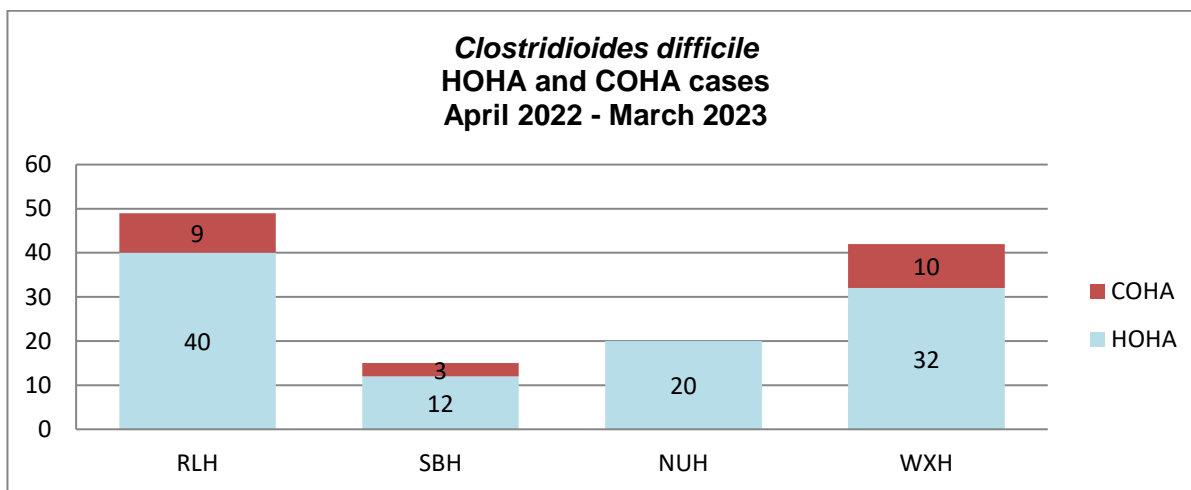
The rise in incidence has been driven primarily by hospital-onset cases, which have increased nationally by 42.5%, from 950 in quarter one in 2019 to 1,354 cases in quarter one 2022. The reason for this national increase is currently unknown but under investigation. As a consequence, NHS England and UKHSA during Quarter 4 (2022-23) invited some Trusts across England to a national CDI collaborative event. Regionally, a working group has been tasked with identifying three key action areas for CDI reduction, with a focus on the behaviour changes needed to drive sustained improvements.

All cases of C difficile infection are actively reviewed by the IPCT and the clinical team responsible for the patients care. There were no reported outbreaks of CDI and no periods of increased incidence. CDI samples are sent to the reference laboratory for ribotyping, with predominant ribotypes affecting patients across East London ICB being 002, 005, 015 and 023.

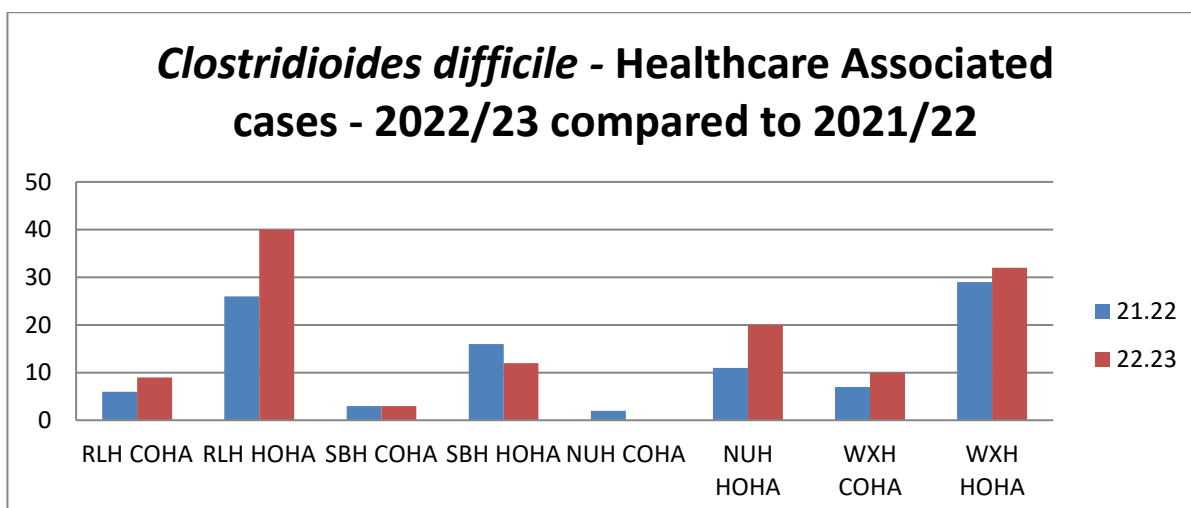
Summary outcomes of reviews are presented to the IPC groups at each Hospital. In most cases there were no significant failures of care apparent that had led to the development of CDI. One identified issue for improvement related to antimicrobial stewardship and adhering to the Trust antimicrobial prescribing guidance, with lapses in practice identified when this was not congruent with Trust guidance. Several measures have been adopted to improve compliance with antimicrobial stewardship but without good data, there is a limit to what may be improved.



At Barts Health there were 126 cases of Trust apportioned *Clostridioides difficile* infection (CDI) during this period, against a target of 113 for this financial year. 22 of these cases were COHA that would previously have been classed as community onset cases. Even so, this was an increase in case numbers when compared to 2021.

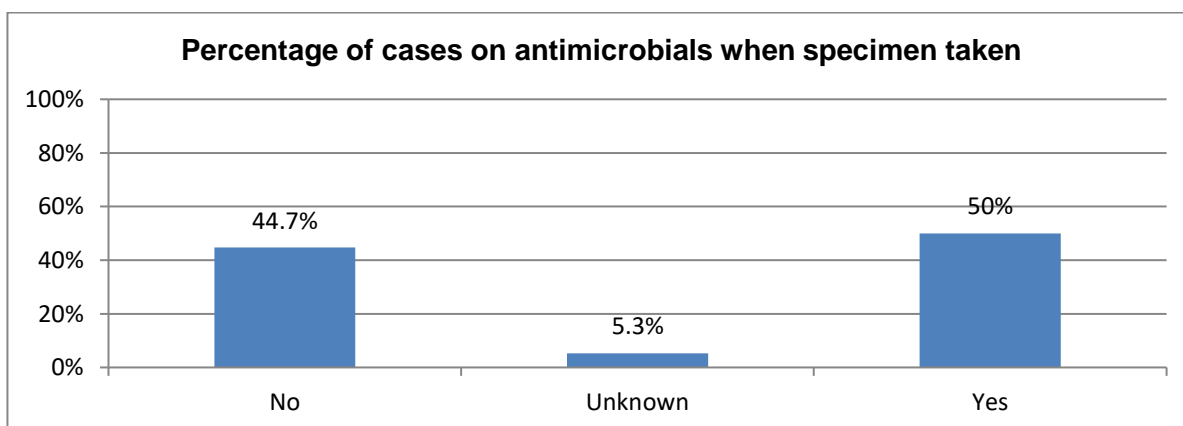


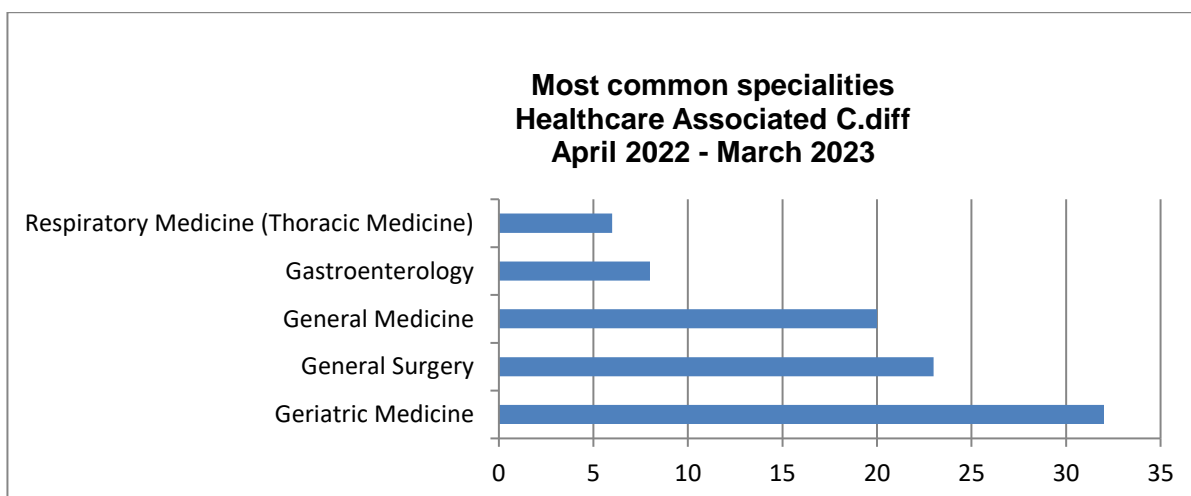
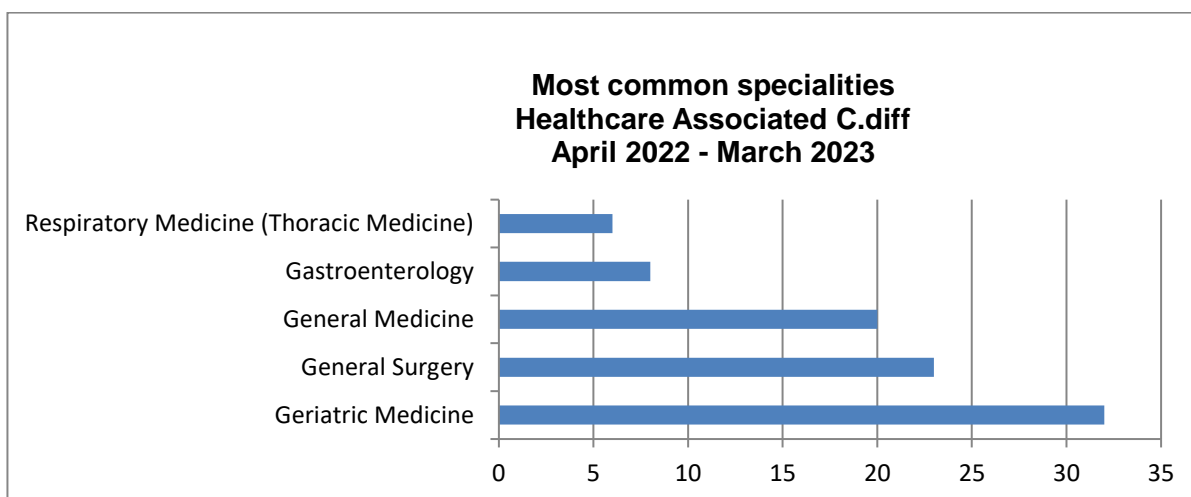
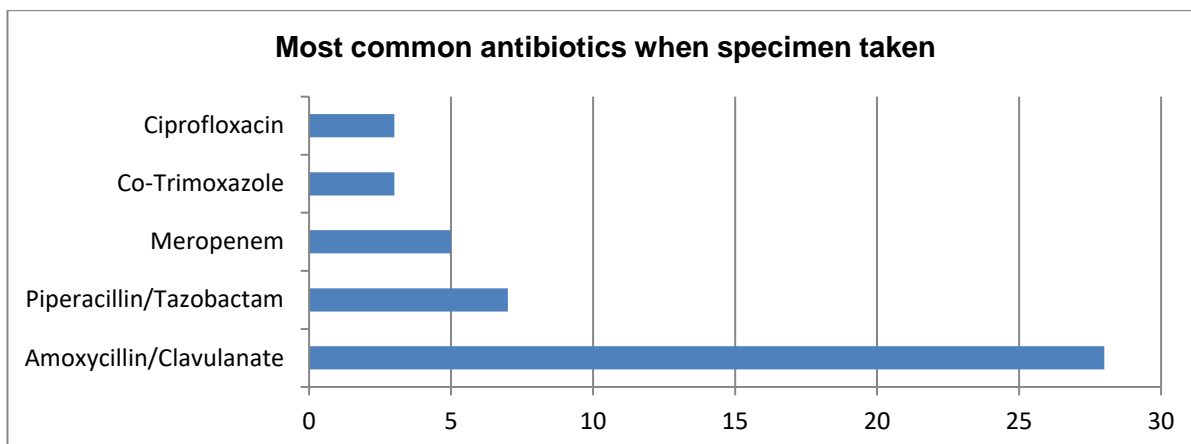
The increase in HOHA cases was most prominent from RLH and NUH.



From the case reviews in most cases there were no significant failures of care apparent that had led to the development of CDI.

50% of patients were on an antimicrobial at the time.





C.diff Hospital Onset, Healthcare Associated Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE ROYAL MARSDEN NHS FOUNDATION TRUST	58.81	81.30
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	34.54	44.61
ROYAL FREE LONDON NHS FOUNDATION TRUST	19.58	31.66
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	19.11	23.42
WHITTINGTON HEALTH NHS TRUST	15.23	22.85
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	14.37	21.13
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	15.08	18.40
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	10.72	17.27
BARTS HEALTH NHS TRUST	13.40	16.99
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	11.21	16.64
CROYDON HEALTH SERVICES NHS TRUST	9.34	16.35
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	19.46	15.57
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	15.88	14.44
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	13.21	14.32
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	14.05	14.05
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	6.31	13.88
KINGSTON HOSPITAL NHS FOUNDATION TRUST	15.27	13.88
LEWISHAM AND GREENWICH NHS TRUST	9.69	13.70
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	9.00	12.00
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	12.16	11.83
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	11.92	9.54
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00

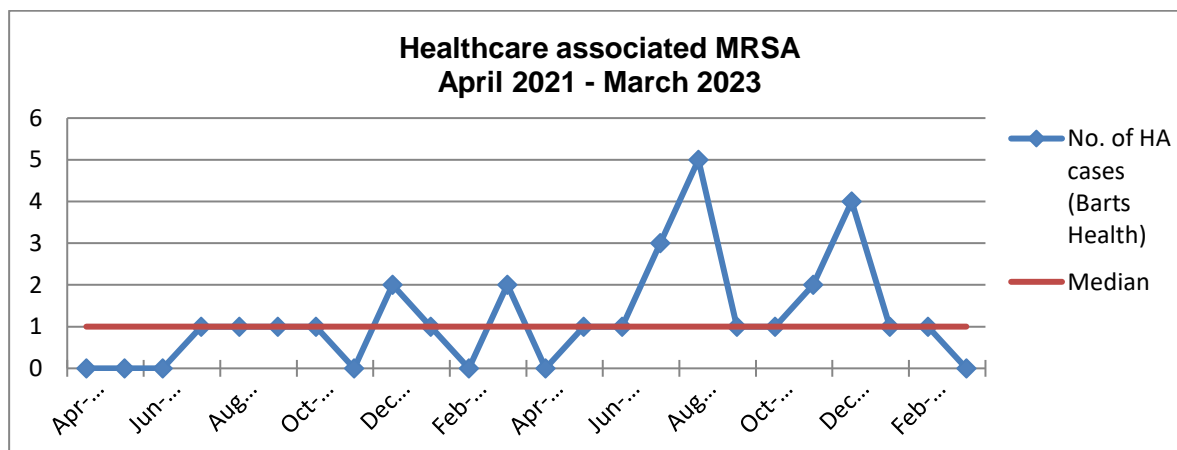
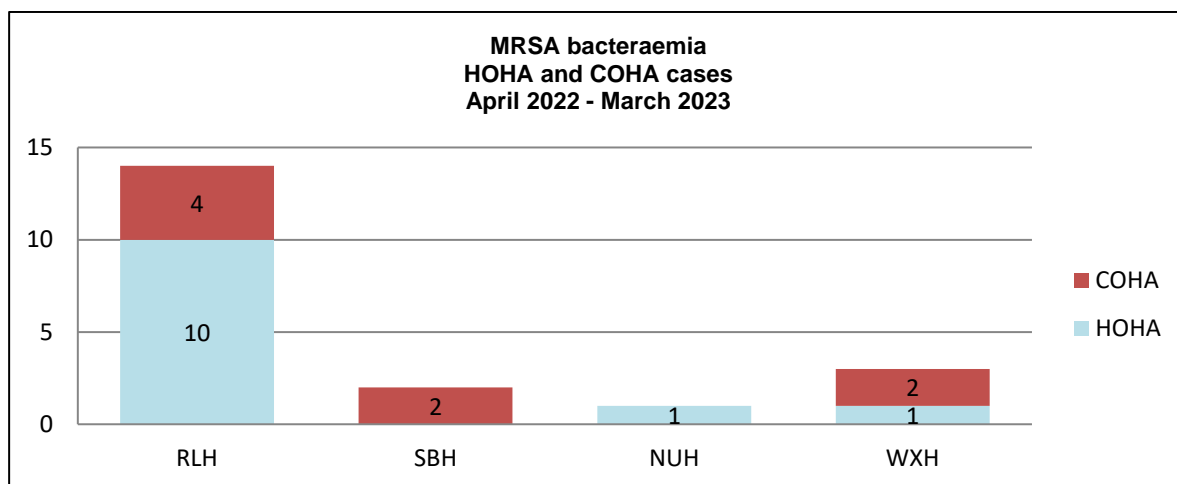
C.diff Community Onset, Healthcare Associated Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE ROYAL MARSDEN NHS FOUNDATION TRUST	19.79	16.66
ROYAL FREE LONDON NHS FOUNDATION TRUST	7.54	6.28
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6.47	5.54
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	2.35	4.47
CROYDON HEALTH SERVICES NHS TRUST	1.58	4.23
KINGSTON HOSPITAL NHS FOUNDATION TRUST	7.76	4.18
BARTS HEALTH NHS TRUST	3.46	4.06
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	5.25	4.04
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2.56	3.59
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.19	3.51
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	6.06	3.36
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	4.26	3.20
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	7.09	3.15
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	5.34	3.14
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	0.00	2.03
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	1.67	1.91
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	3.63	1.56
LEWISHAM AND GREENWICH NHS TRUST	1.54	1.23
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	2.07	1.04
WHITTINGTON HEALTH NHS TRUST	3.82	0.95
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.00	0.00

A comparison with other Teaching Trusts shows that Barts Health has had an increase in the rate.

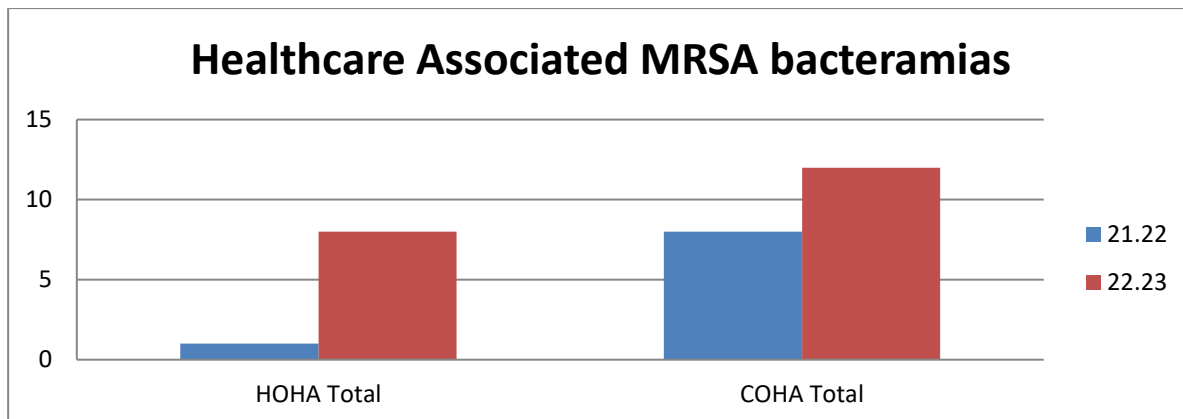
Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia (bloodstream infections)

From 2013-14 the Department of Health & Social Care moved away from a fixed numerical target in favour of a policy of ‘zero tolerance of avoidable infection’. It was accepted, that there would continue to be small numbers of infections seen, and that the national aim was to reach an ‘irreducible minimum’, with national figures supporting this contention.

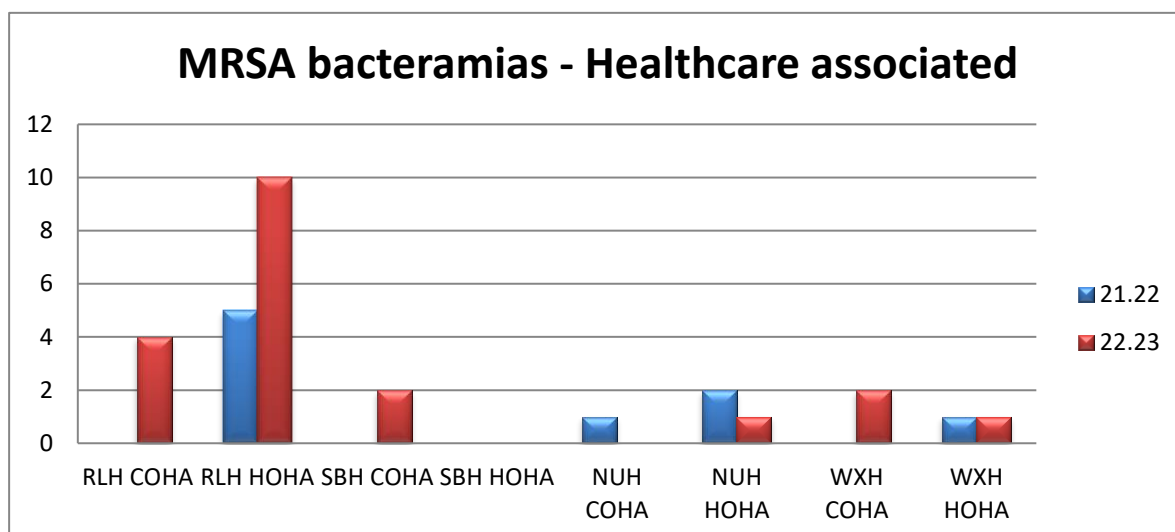
Overall, for the year there were twelve HOHA and eight COHA cases across the Trust.



This is a significant increase in cases (20) compared with the previous year (9) for both COHA and HOHA cases.

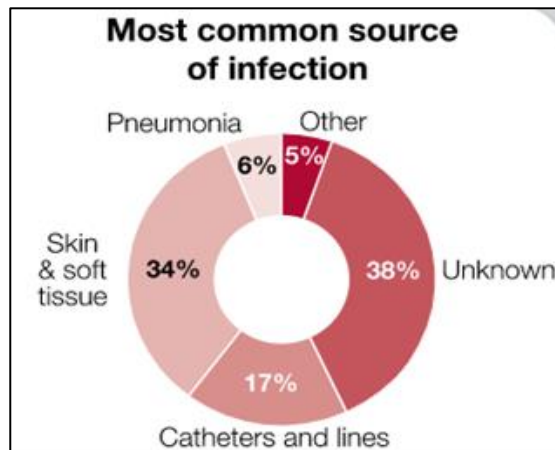
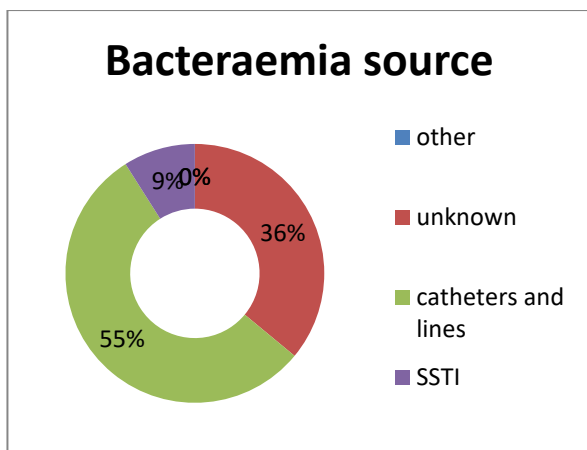


The majority of cases of Trust apportioned MRSA bacteraemia were at the Royal London Hospital. Newham Hospital had a decrease in cases from 3 to 1.

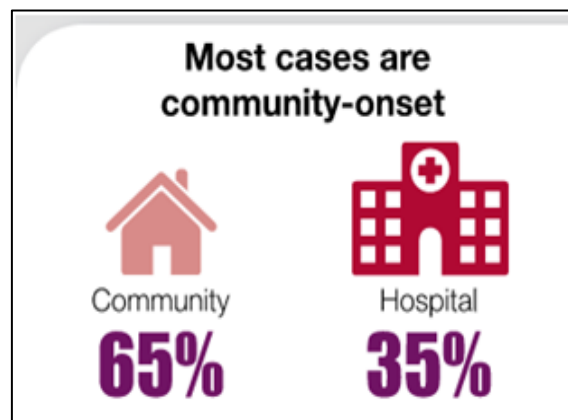
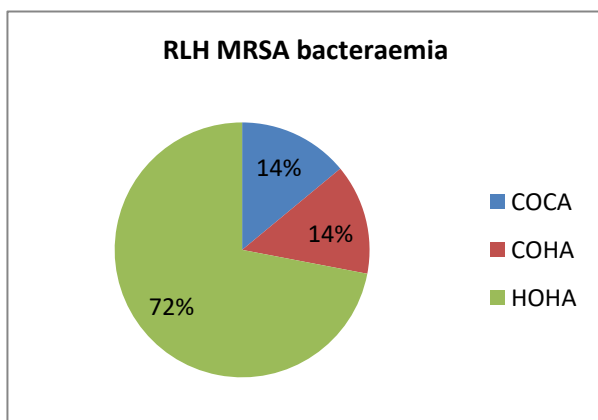


A targeted deep dive of these RLH attributed MRSA bacteraemias was conducted. Almost ¾ of all bacteraemias were HOHAs and 86% healthcare associated. This is significantly higher than national data where only 35% of MRSA bacteraemias were HOHAs.

55% of the bacteraemias were line or catheter related, again high when compared to national figures of 17%.



A comparison with other Teaching Trusts shows that Barts Health has had an increase in the rate.



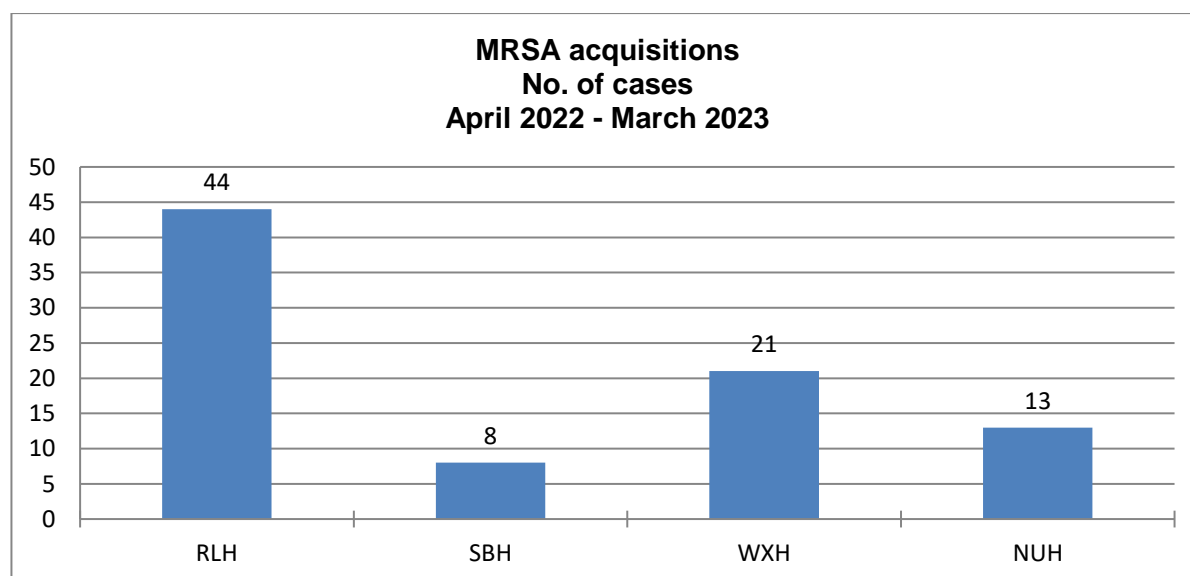
MRSA Hospital Onset, Healthcare Associated		
Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0.00	3.36
BARKING, HAVERING AND REDBRIDGE	2.20	2.83
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1.04	2.07
WHITTINGTON HEALTH NHS TRUST	0.95	1.91
ROYAL FREE LONDON NHS FOUNDATION TRUST	0.94	1.88
BARTS HEALTH NHS TRUST	1.20	1.80
UNIVERSITY COLLEGE LONDON HOSPITALS NHS	1.21	1.62
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2.56	1.28
KINGSTON HOSPITAL NHS FOUNDATION TRUST	1.79	1.19
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS	0.47	1.18
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.73	1.11
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	1.07	1.07
CROYDON HEALTH SERVICES NHS TRUST	0.52	1.06
THE ROYAL MARSDEN NHS FOUNDATION TRUST	0.00	1.04
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	1.02	1.02
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	1.19	0.71
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	0.51	0.51
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.63	0.31
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS	0.00	0.00
LEWISHAM AND GREENWICH NHS TRUST	0.30	0.00
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
ROYAL NATIONAL ORTHOPAEDIC	0.00	0.00

MRSA Community Onset, Healthcare Associated		
Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
BARTS HEALTH NHS TRUST	0.15	1.20
HOMERTON HEALTHCARE NHS	0.00	1.07
CROYDON HEALTH SERVICES NHS TRUST	0.00	1.06
WHITTINGTON HEALTH NHS TRUST	0.00	0.95
ROYAL FREE LONDON NHS FOUNDATION TRUST	1.26	0.94
LEWISHAM AND GREENWICH NHS TRUST	0.61	0.61
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.18	0.55
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION	0.00	0.40
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS	0.00	0.39
CHELSEA AND WESTMINSTER HOSPITAL NHS	1.04	0.34
BARKING, HAVERING AND REDBRIDGE UNIVERSITY	0.00	0.31
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS	0.47	0.23
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	0.00	0.00
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.00	0.00
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.25	0.00
KINGSTON HOSPITAL NHS FOUNDATION TRUST	0.59	0.00
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	0.00	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.00	0.00
ST GEORGE'S UNIVERSITY HOSPITALS NHS	0.00	0.00
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0.00	0.00
THE ROYAL MARSDEN NHS FOUNDATION	0.00	0.00

Trust Wide acquisition of MRSA

The Trust records all instance of MRSA colonisation acquisition in inpatients. This is defined as an individual with a negative admission screen for MRSA who subsequently tests positive on any specimen. Each case is subject to an investigation to identify if any lessons can be learned and applied.

To the end of March 2023 there have been 86 such acquisitions compared with 67 last year. As this is not a mandatory indicator, we do not know how we compare to other NHS trusts; nevertheless we should aim to reduce this by improving practice.



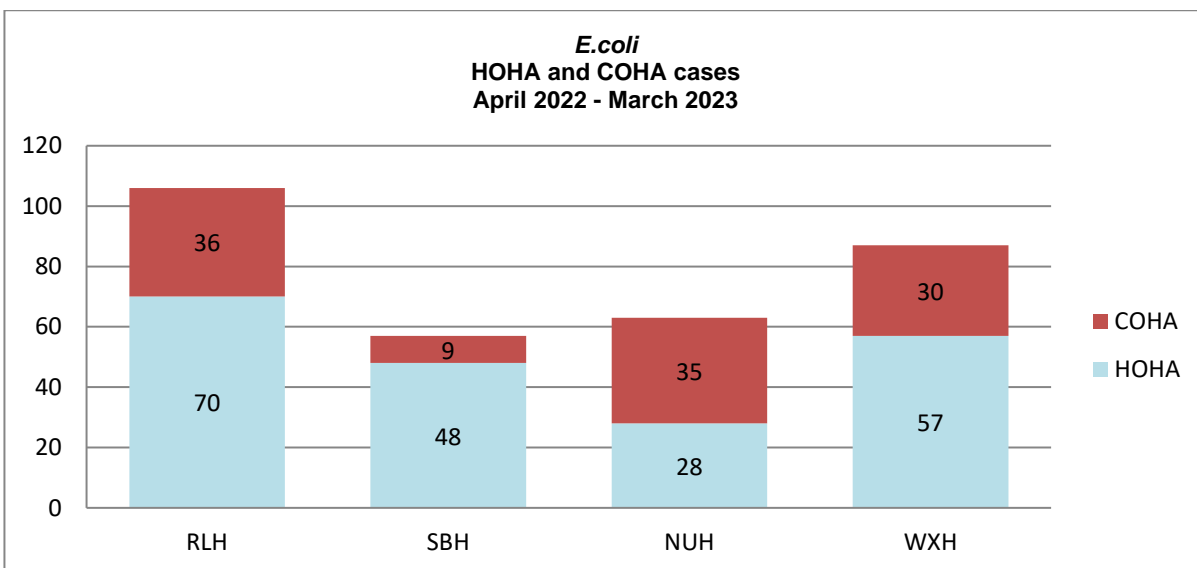
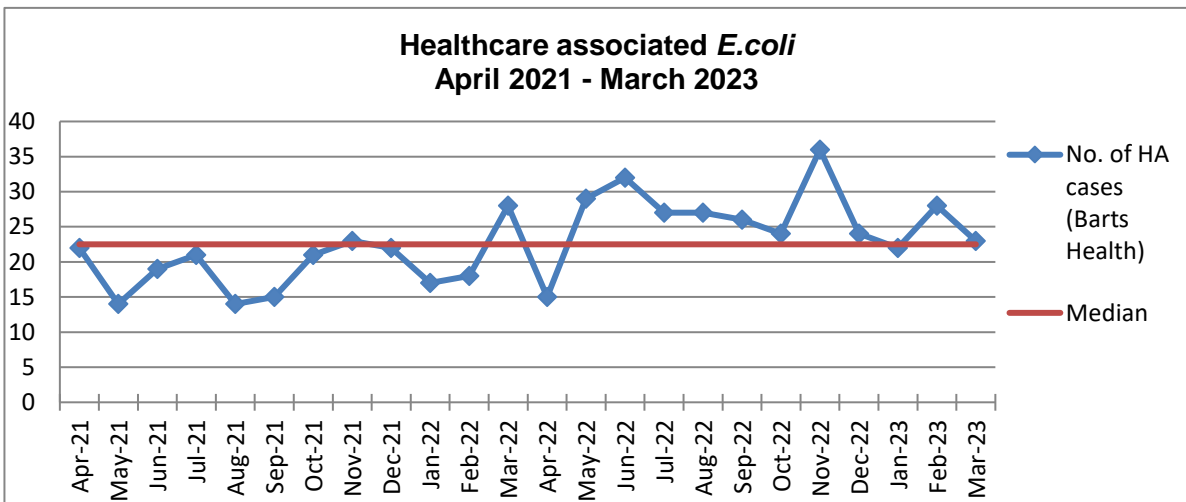
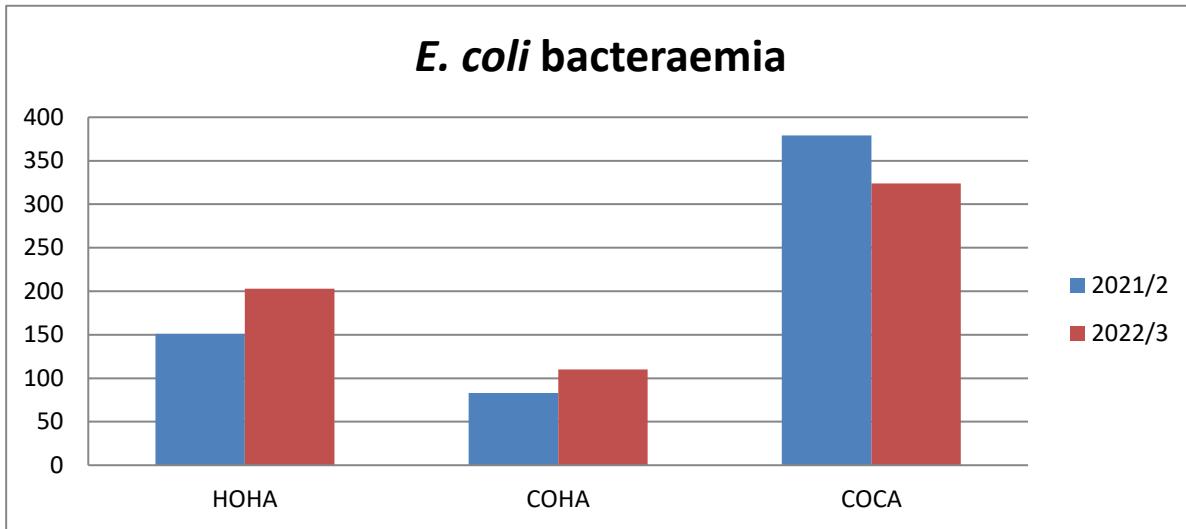
Gram negative bacteraemia

Nationally there has been an increase in *E. coli* bacteraemia numbers over recent years, with the majority of these bacteraemias occur in the community and are identified when the patient is admitted to hospital. The national ambition to reduce by half the number of healthcare associated Gram negative bloodstream infections (GNBSIs) by 2024 remains in place.

Of the gram negative bacteraemias, *E.coli* are by far the most numerous pathogen isolated. Since 2011 there has been a requirement to report *E.coli* bacteraemias. This was extended in 2017 to include reporting of *Klebsiella* and *Pseudomonas aeruginosa* bacteraemias.

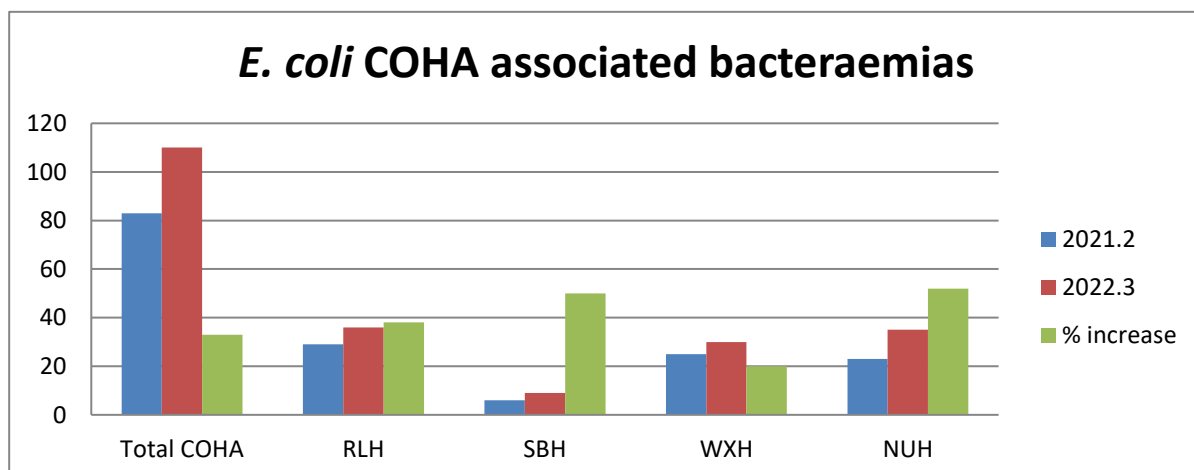
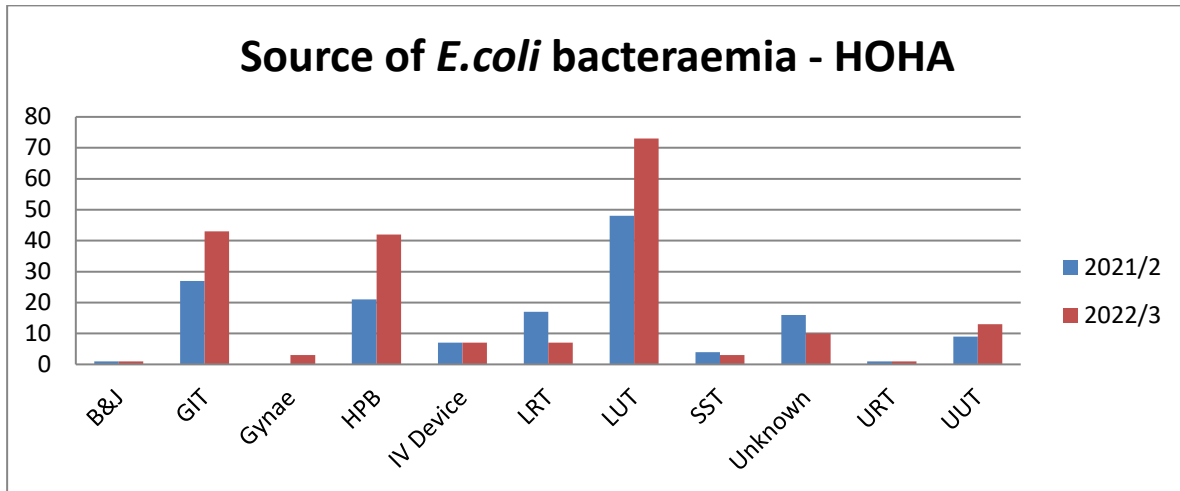
E. coli

In 2022/23 we recorded 313 cases against a national objective of no more than 241 cases; with 110 of these categorized as COHA. This is an overall increase of 33% compared to 234 cases in 2021/22 and occurred in both the COHA and HOHA classified cases. COCA numbers decreased by 15% over this same period.

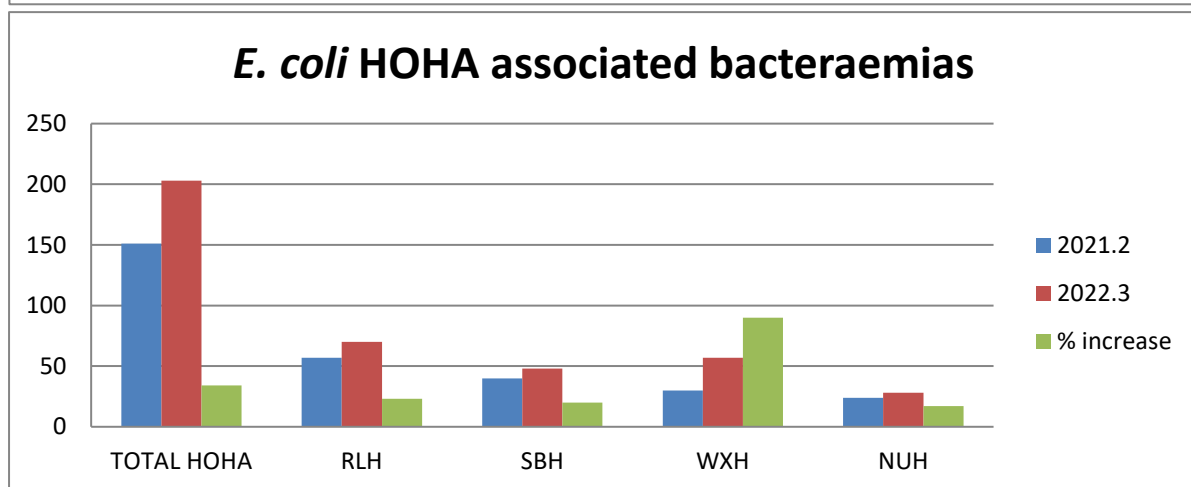
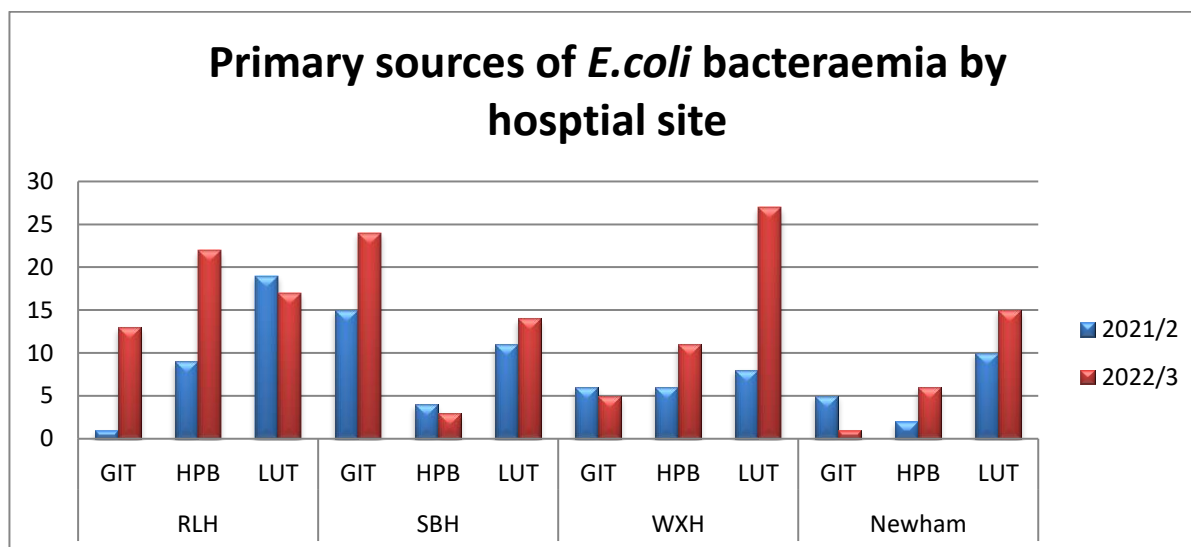


All sites had an increase in both HOHA and COCA cases. WXH had the highest increase (90%) in HOHA cases, with SBH and NUH the highest increase (50%) in COHA cases.

A deeper dive into the cause of the increase showed the majority were due to urinary, gastrointestinal and hepatobiliary sources.



This increase was not consistent across all hospitals.



An increase in *E.coli* bacteraemia secondary to gastrointestinal source occurred at both RLH and SBH sites but decreased at WXH and NUH sites.

At SBH the increase may reflect the removal of ciprofloxacin prophylaxis in cancer patients. This is part of an ongoing QIP between microbiology and cancer services that has shown removing prophylaxis resulted in an increase in Gram negative bacteraemias but with an improved outcome for patients.

A deep dive into the *E.coli* bacteraemia secondary to gastrointestinal source at RLH is planned.

An increase in *E.coli* bacteraemia secondary to a hepatobiliary source occurred at RLH, WXH and NUH. A deep dive into both HOHA and COHA cases of hepatobiliary cases was undertaken revealing 40% being due to acute cholecystitis or cholangitis, 26% related to underlying pancreatic/biliary cancer, and a further 17% related to underlying chronic /recurrent hepatobiliary disease. Only 28% had some

form of biliary tract instrumentation or surgery in the days, weeks or months prior to bacteraemia. There was poor documentation of antibiotic prophylaxis for these procedures. This element will be further investigated.

An increase in *E.coli* bacteraemia secondary to a urinary source was particularly significant at the WXH site with an increase of 240%.

A deep dive into the *E.coli* bacteraemia secondary to urinary source at WXH is planned.

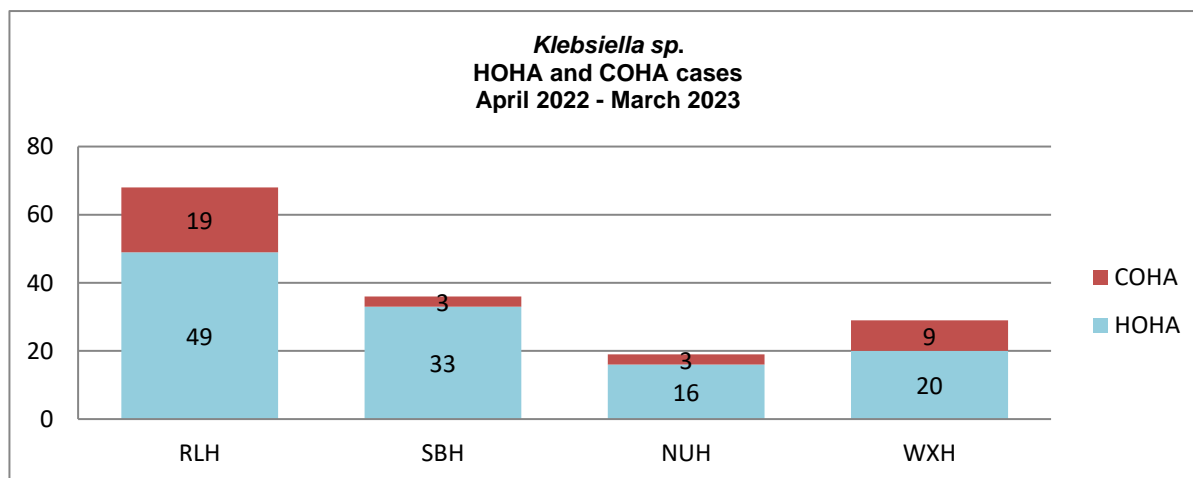
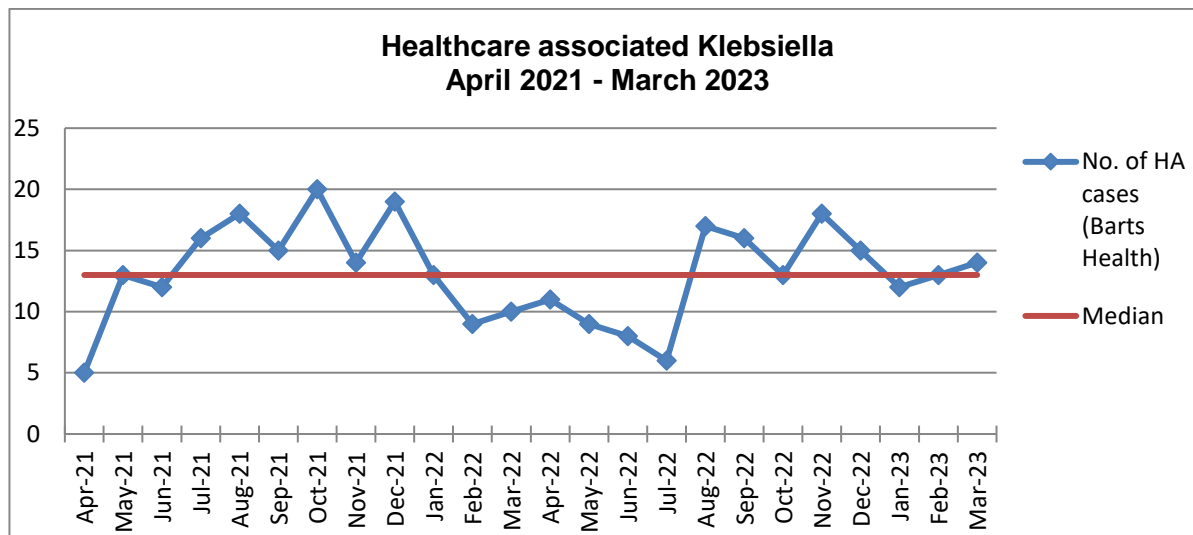
A comparison with other Teaching Trusts, using a rate based on cases per 100,000 occupied bed days.

E.coli Hospital Onset, Healthcare Associated		
Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE ROYAL MARSDEN NHS FOUNDATION TRUST	69.19	74.38
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	38.86	43.65
BARTS HEALTH NHS TRUST	24.68	33.01
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	27.60	30.56
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	19.08	28.62
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	25.15	28.32
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	22.62	27.44
ROYAL FREE LONDON NHS FOUNDATION TRUST	24.48	25.78
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22.07	24.79
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	23.73	23.73
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	24.24	23.69
LEWISHAM AND GREENWICH NHS TRUST	21.38	22.05
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	6.31	20.19
WHITTINGTON HEALTH NHS TRUST	23.94	19.59
KINGSTON HOSPITAL NHS FOUNDATION TRUST	14.57	19.43
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	34.14	18.72
CROYDON HEALTH SERVICES NHS TRUST	18.10	18.69
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	12.45	18.68
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	16.67	18.46
EPSOM AND ST HEUER UNIVERSITY HOSPITALS NHS TRUST	9.62	11.07
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	12.00	3.00
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00

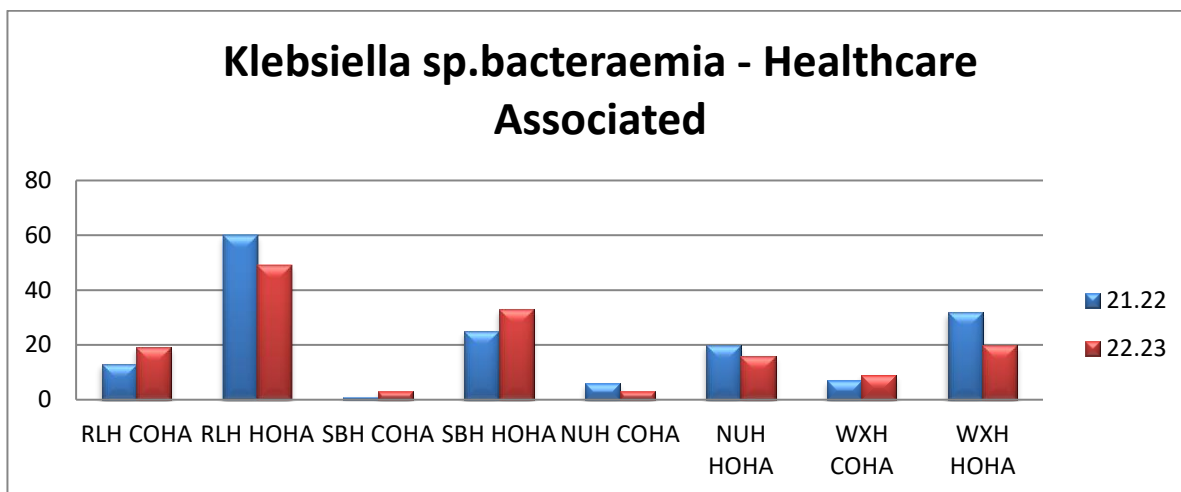
E.coli Community Onset, Healthcare Associated		
Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	27.97	23.26
ROYAL FREE LONDON NHS FOUNDATION TRUST	16.64	17.90
BARTS HEALTH NHS TRUST	12.48	16.54
KINGSTON HOSPITAL NHS FOUNDATION TRUST	8.36	15.53
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	12.46	15.04
EPSOM AND ST HEUER UNIVERSITY HOSPITALS NHS TRUST	16.15	13.40
THE ROYAL MARSDEN NHS FOUNDATION TRUST	9.37	10.42
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	10.01	10.35
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7.03	10.22
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	5.63	9.73
LEWISHAM AND GREENWICH NHS TRUST	13.89	9.57
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	11.44	9.42
CROYDON HEALTH SERVICES NHS TRUST	11.62	8.45
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	11.31	8.08
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	9.80	7.76
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	8.34	6.91
WHITTINGTON HEALTH NHS TRUST	13.36	6.68
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	19.17	6.39
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	0.00	2.03
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	8.83	0.51
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.00	0.00

Klebsiella sp.

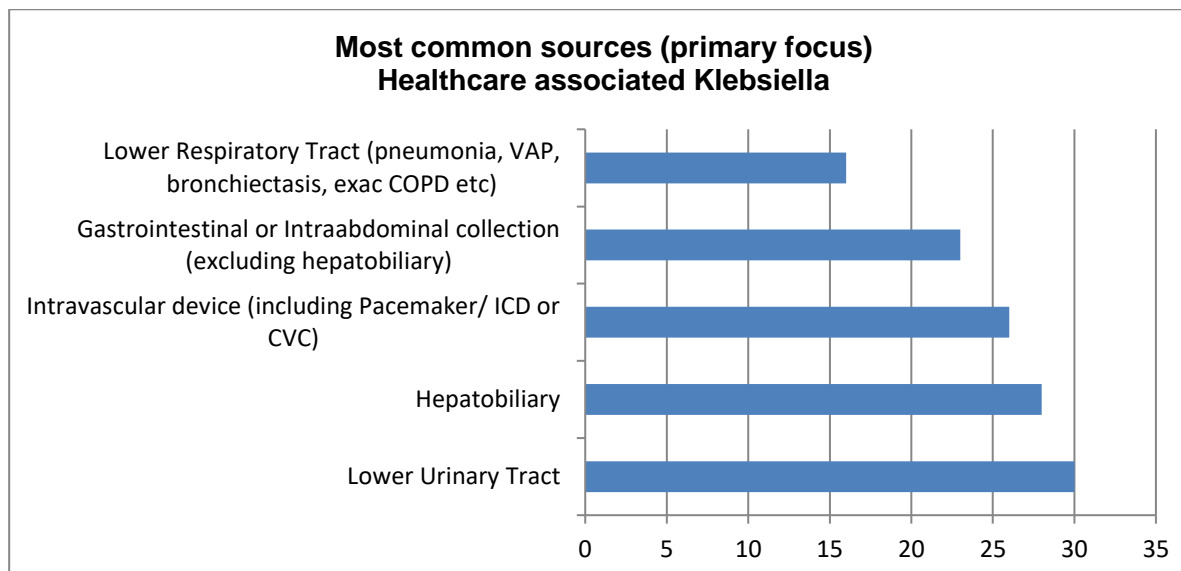
In 2022/23 we recorded 152 cases against a national objective of no more than 175 cases; with 34 of these categorized as COHA. This is an overall reduction from 164 cases in 2021/22, although a slight increase in COHA.



Aside from SBH all hospitals had a reduction in HOHA cases. The increase at SBH is likely due to the removal of antibiotic prophylaxis in the cancer patients as mentioned above.



From the PIRs undertaken the most common sources of the bacteraemias are highlighted below. As with *E. coli*, urinary tract infections followed by hepatobiliary source predominate.



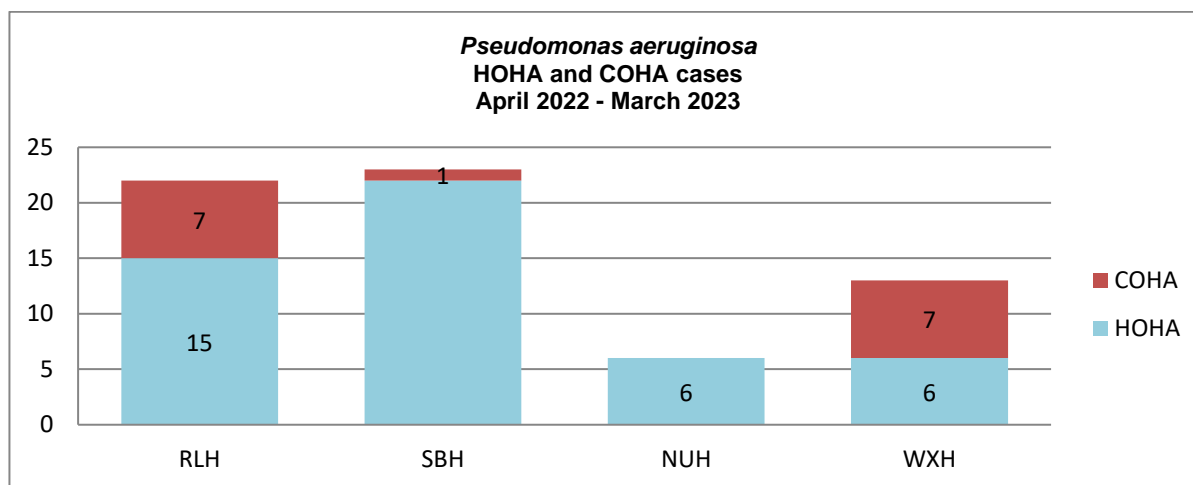
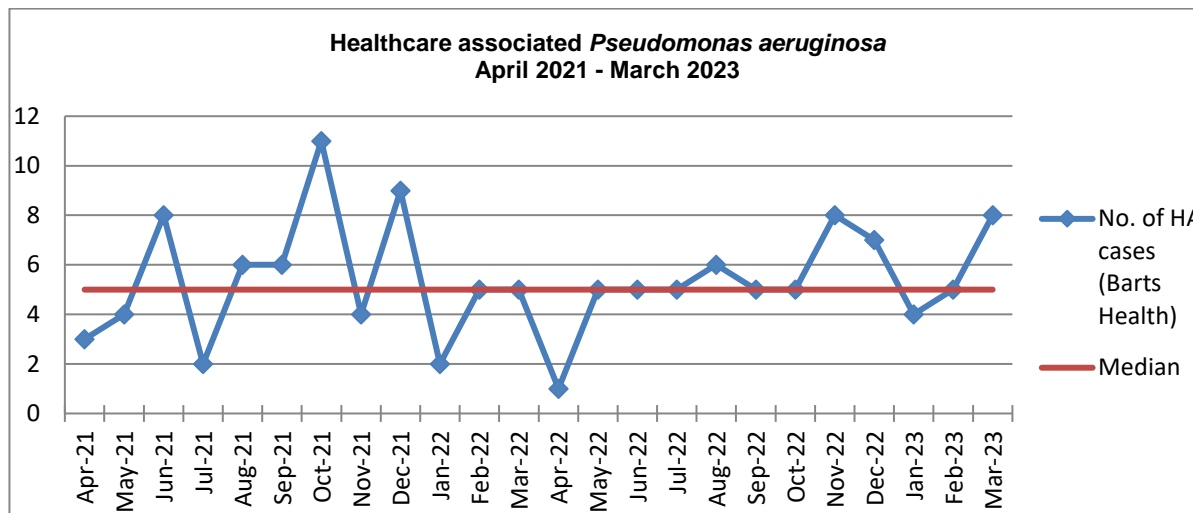
Klebsiella sp. Rate

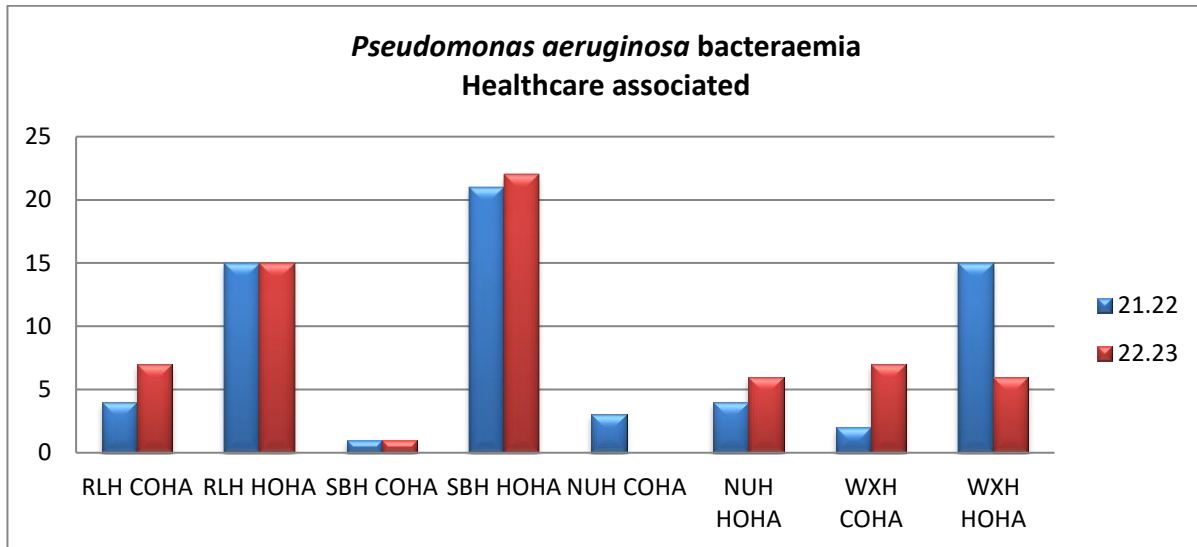
Klebsiella Hospital Onset, Healthcare Associated		
Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE ROYAL MARSDEN NHS FOUNDATION TRUST	38.05	43.24
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	13.88	34.07
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	24.94	28.78
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	23.67	27.89
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	21.69	23.99
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	21.49	23.97
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	16.30	21.39
BARTS HEALTH NHS TRUST	22.39	19.28
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	17.62	17.62
ROYAL FREE LONDON NHS FOUNDATION TRUST	13.38	17.62
WHITTINGTON HEALTH NHS TRUST	15.23	16.32
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	9.54	15.50
LEWISHAM AND GREENWICH NHS TRUST	13.36	14.03
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	20.20	13.87
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	15.72	13.25
CROYDON HEALTH SERVICES NHS TRUST	11.68	12.26
KINGSTON HOSPITAL NHS FOUNDATION TRUST	10.41	10.41
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	14.29	10.12
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	10.12	7.01
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	9.14	6.74
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	3.00	0.00

Klebsiella Community Onset, Healthcare Associated		
Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	10.69	6.91
ROYAL FREE LONDON NHS FOUNDATION TRUST	6.28	6.91
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2.02	6.46
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	2.02	6.06
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	3.53	5.64
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	5.12	5.52
BARTS HEALTH NHS TRUST	4.06	5.11
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	4.87	4.61
THE ROYAL MARSDEN NHS FOUNDATION TRUST	3.12	4.17
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.56	4.15
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4.81	4.07
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	3.58	3.81
LEWISHAM AND GREENWICH NHS TRUST	4.32	3.70
KINGSTON HOSPITAL NHS FOUNDATION TRUST	1.19	3.58
CROYDON HEALTH SERVICES NHS TRUST	4.23	3.17
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	4.26	2.13
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	4.49	1.73
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	3.05	1.02
WHITTINGTON HEALTH NHS TRUST	2.86	0.95
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	2.60	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.00	0.00

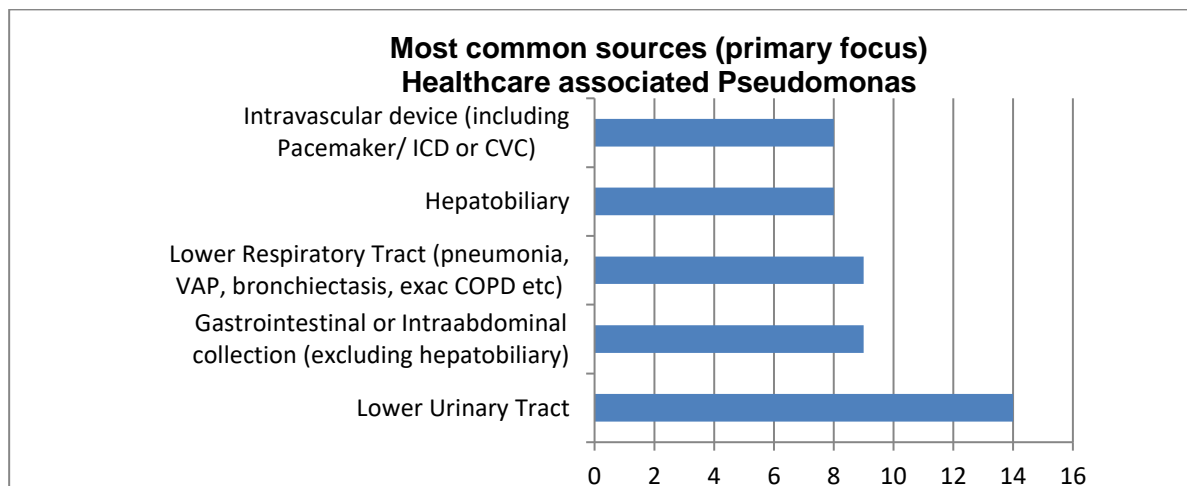
Pseudomonas aeruginosa

In 2022/23 we recorded 64 cases against a national objective of no more than 69 cases; with 15 of these categorized as COHA. This is a reduction of 1 case from 65 cases in 2021/22, although the reduction in HOHA cases was 6, while COHA cases increased by 5.





From the PIRs undertaken the most common sources of the *Ps. aeruginosa* bacteraemias are highlighted below. As with *E. coli* and *Klebsiella* urinary tract infections predominate.



Pseudomonas Rate

Pseudomonas Hospital Onset, Healthcare Associated Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE ROYAL MARSDEN NHS FOUNDATION TRUST	29.41	38.05
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	14.39	14.87
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	13.50	14.60
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	12.68	13.10
ROYAL FREE LONDON NHS FOUNDATION TRUST	8.49	12.40
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	11.36	10.09
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	8.44	9.95
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	6.61	9.91
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	8.94	8.94
BARTS HEALTH NHS TRUST	8.99	8.01
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	8.74	7.95
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	7.23	7.23
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	9.85	7.13
CROYDON HEALTH SERVICES NHS TRUST	4.67	5.26
LEWISHAM AND GREENWICH NHS TRUST	7.35	4.68
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	0.96	3.37
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	3.00	3.00
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	7.74	2.98
KINGSTON HOSPITAL NHS FOUNDATION TRUST	3.47	2.78
WHITTINGTON HEALTH NHS TRUST	1.09	2.18
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	7.01	0.77
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00

Pseudomonas Community Onset, Healthcare Associated Rate based on cases per 100,000 occupied bed days		
Organisation Name	2021/22	2022/23
THE ROYAL MARSDEN NHS FOUNDATION TRUST	5.21	8.33
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	5.25	3.63
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	1.88	2.82
ROYAL FREE LONDON NHS FOUNDATION TRUST	3.77	2.51
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1.79	2.30
BARTS HEALTH NHS TRUST	1.50	2.26
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0.67	2.02
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	1.18	1.97
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	3.51	1.85
KINGSTON HOSPITAL NHS FOUNDATION TRUST	3.58	1.79
CROYDON HEALTH SERVICES NHS TRUST	1.58	1.58
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	4.40	1.57
LEWISHAM AND GREENWICH NHS TRUST	3.40	1.23
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.71	1.19
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	0.69	1.04
WHITTINGTON HEALTH NHS TRUST	0.00	0.95
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.63	0.63
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	1.02	0.00
HOMERTON HEALTHCARE NHS FOUNDATION TRUST	1.07	0.00
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0.00	0.00
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	3.12	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.00	0.00

Carbapenemase Producing Enterobacteriaceae (CPE)

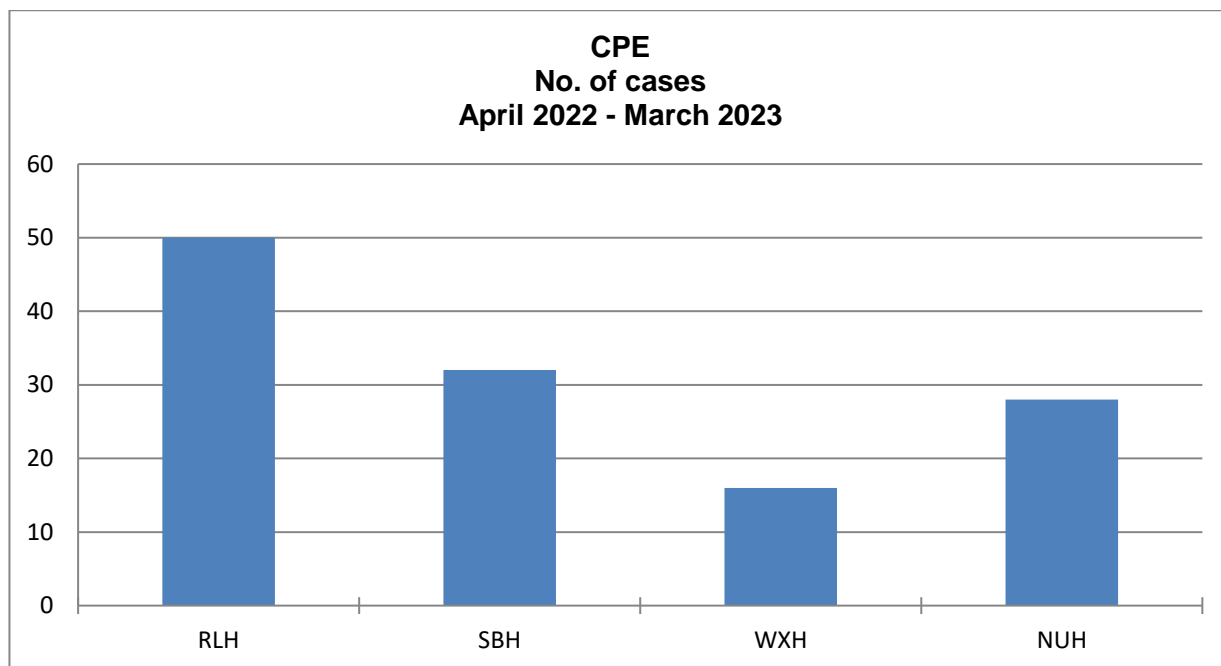
There are different types of Carbapenemases, of which KPC, OXA-48, NDM and VIM enzymes are currently the most common. Rapid spread of carbapenem-resistant bacteria has potential to pose an increasing threat of 'untreatable' infections at a local and national level.

Over the last six years, there has been a rapid increase in the incidence of infection and colonisation in patients in the UK by multi-drug resistant Carbapenemase-producing organisms. In addition, a number of clusters and outbreaks have been reported in England.

The recommendations made in the PHE toolkit are already in place at Barts Health, we had a screening programme fully funded at the end of 2019 but the pandemic delayed its implementation, this is now

launched and the revised policy will go to the policy approval committee. An updated framework of actions to contain CPEs was produced by PHE in 2020 which we have implemented.

The Trust continues to see several cases, 126 episodes during 2022/23; the increase from 2021/22 where we had 40 this may be related to the increased screening we commenced.



Group A Streptococcus

Group A Streptococcus (GAS; *Streptococcus pyogenes*) is a bacterium which can colonise the throat, skin and anogenital tract. It causes a wide range of skin, soft tissue and respiratory tract infections, including tonsillitis, pharyngitis, impetigo, cellulitis, pneumonia, and scarlet fever.

A marked increase in scarlet fever notifications was seen nationally in Quarter 3 (there were 851 cases reported in week 46 of 2022, compared to an average of 186 for the preceding years). GAS can occasionally cause infections that are extremely severe (eg. streptococcal toxic shock syndrome, necrotising fasciitis, puerperal sepsis). Invasive GAS (iGAS) is an infection where the bacteria is isolated from a normally sterile body site, such as the blood. While still uncommon, there was an increase in iGAS cases in December 2022, particularly in children under 10. There were 2.3 cases per 100,000 children aged 1 to 4 compared to an average of 0.5 in the pre-pandemic seasons (2017 to 2019) and 1.1 cases per 100,000 children aged 5 to 9 compared to the pre-pandemic average of 0.3 (2017 to 2019) at the same time of the year.

Nationally there were a small number of recorded deaths within seven days of an iGAS diagnosis in children under 10 in England (one death occurred from a child on presentation at the RLH), and it was thought the high burden of co-circulating viral infections may have contributed to the increased severity and complications through co-infection. The national publicity of these severe infections resulted in a steep increase in Emergency Department attendances with suspected iGAS, and in line with national guidance, the ED clinical teams were advised to have a low threshold to consider and empirically prescribe antibiotics to children presenting with features of GAS infection, including where secondary to viral respiratory illness (which had an impact on supplies of penicillin-based antibiotics).

Polio

In response to detection of Vaccine Derived Polio Virus type 2 (VDPV2) in London sewage samples, the IPC Team sent out communication on the requirement to investigate and report any suspected cases of acute flaccid paralysis/ myelitis (AFP/AFM) to the Trust Emergency Departments in June 2022. No cases were suspected in patients attending the Trust in 2022/23.

Diphtheria

An increase in cases of diphtheria caused by toxigenic *Corynebacterium diphtheriae* was reported amongst asylum seekers in England in September 2022. Details of case definitions and clinical testing required for cases were circulated by the IPC Team to the Trust Emergency Departments. Two suspected cases of cutaneous diphtheria was identified in patients admitted to NUH in September 2022. They had been exposed in a short-stay hotel for asylum seekers. Test results were returned as negative.

Viral infections

Overview of Changes to Respiratory Virus IPC guidelines

In keeping with the national 'Living with Covid-19' strategy, a move into the tail end of the pandemic, and an observed improvement in patient outcomes, stepwise changes in our IPC guidance were made. These changes included:

- Simplification of the Respiratory and Non-respiratory admission pathways with triage to a pathway based on the presence of absence of symptoms only.

- Removal of the mandate for universal masking and changes to PPE recommendations
- Return to the principles of standard infection control precautions (SICPs) and transmission-based precautions (TBPs)
- Removal of routine admission and regular asymptomatic testing for most parts of the trust
- Normalisation of Day Case elective pathways to a pre-pandemic approach with no pre-procedure testing and risk assessment for any cases who present with symptoms on the day.
- Changes to recommendations for staff with symptoms (no longer a requirement to test for Covid-19 unless they work with cohorts of Severely Immunocompromised patients)
- Other changes to testing
 - LFD sufficient for discharge to a care home
 - Positive Covid-19 Abbot ID Now test no longer needs to be confirmed with laboratory PCR out of Flu season (unless patient Severely Immunocompromised or recent travel)

Increased precautions were maintained for high-risk surgery and for areas in St Bartholomew’s Hospital managing cohorts of Severely Immunocompromised patients.

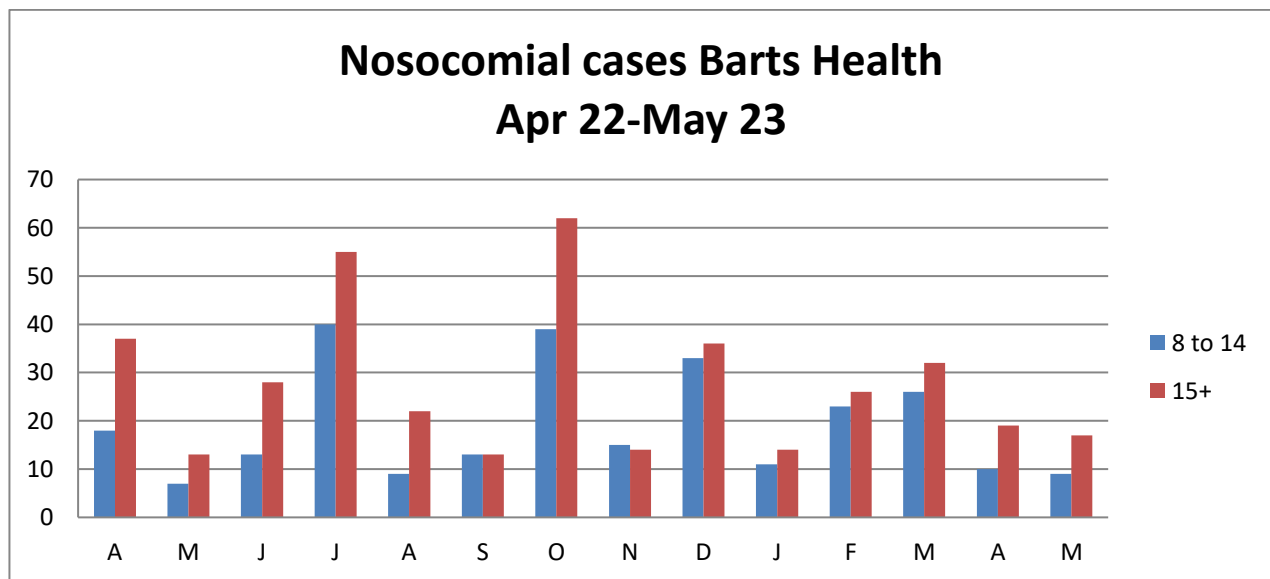
SARS CoV-2:

Covid-19 continued to be seen throughout the year at relatively stable levels. Lab detections dropped after asymptomatic testing was largely withdrawn as expected. It is expected that we would see more nosocomial cases with changing IPC restrictions and a more permissive approach to Covid-19 in line with the national strategy – however it is not clear from the data whether this happened locally or not. This is likely due to fluctuations in community incidence and changes to testing recommendations. In the national reported data, the Trust continued to be listed in the Top 8 Trusts in London with the lowest rates of nosocomial Covid – 19 cases, this is despite the challenges we faced with some very old estate.

Trust Name	Hospital Onset	All Infections	%
Barking, Havering and Redbridge University Hospitals NHS Trust	523	1,879	28%
St George's University Hospitals NHS Foundation Trust	453	1,663	27%
Epsom and St Helier University Hospitals NHS Trust	570	2,108	27%
Croydon Health Services NHS Trust	304	1,219	25%
North Middlesex University Hospital NHS Trust	210	878	24%
Lewisham and Greenwich NHS Trust	427	1,806	24%
The Royal Marsden NHS Foundation Trust	34	151	23%
London North West University Healthcare NHS Trust	701	3,122	22%
Chelsea and Westminster Hospital NHS Foundation Trust	352	1,633	22%
Kingston Hospital NHS Foundation Trust	157	734	21%

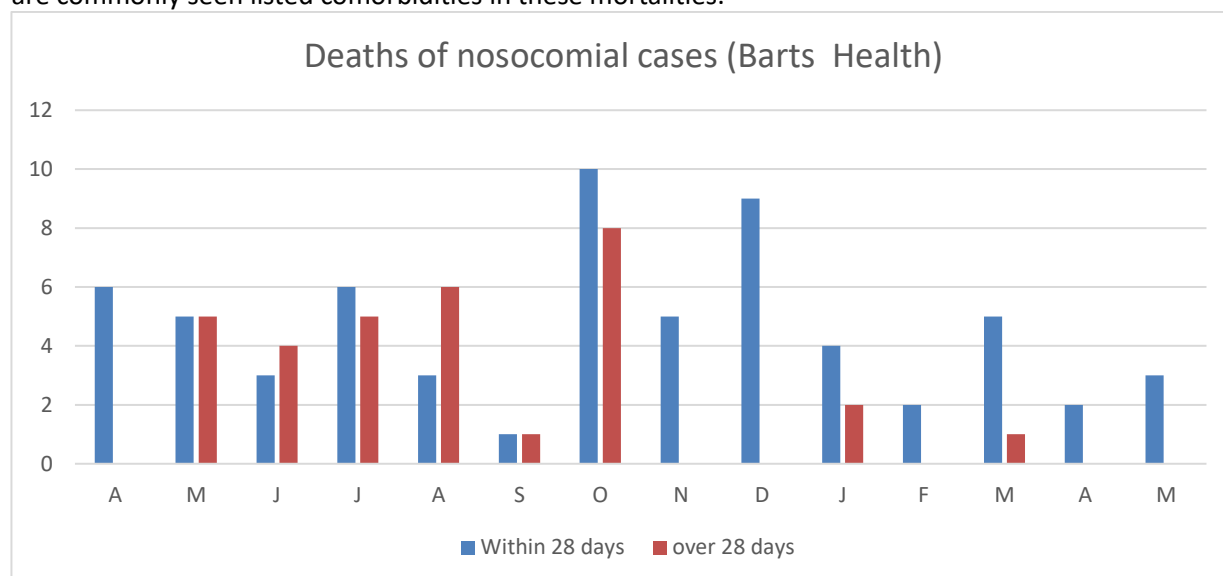
Trust Name	Hospital Onset	All Infections	%
University College London Hospitals NHS Foundation Trust	303	1,545	20%
Guy's and St Thomas' NHS Foundation Trust	173	884	20%
Whittington Health NHS Trust	250	1,385	18%
King's College Hospital NHS Foundation Trust	920	5,362	17%
Barts Health NHS Trust	631	3,620	17%
Great Ormond Street Hospital For Children NHS Foundation Trust	36	227	16%
The Hillingdon Hospitals NHS Foundation Trust	256	1,711	15%
Imperial College Healthcare NHS Trust	498	3,440	14%
Homerton Healthcare NHS Foundation Trust	138	1,188	12%
Royal Free London NHS Foundation Trust	262	2,564	10%

Numbers of nosocomial infections varied across our hospitals with the highest levels seen at Whipps Cross Hospital which is very likely due to the large number of beds in nightingale style wards plus the limited side room capacity outside of AAU. Whipps cross has a total of 27 Covid-19 outbreaks between 31/3/22 and 1/4/23.



ITU admissions involving Covid-19 are seen but are usually incidental. Deaths in patients with Covid-19 continue to be seen with numbers summarised in the graph below. Data is incomplete but on manual review of cases where mortality was seen following a Covid-19 diagnosis many cases seem to

be incidental with no mention of Covid-19 on the death certificate. Dementia and palliative malignancy are commonly seen listed comorbidities in these mortalities.



Norovirus

This winter we saw the return of norovirus. The majority of detections in our laboratory were from community samples sent from primary care. However sporadic cases in inpatients were seen, as were outbreaks.

Summary of Norovirus Outbreaks:

- NUH: 0 norovirus outbreaks
- RLH: 0 norovirus outbreaks
- SBH: 0 norovirus outbreaks
- WXH: 3 norovirus outbreaks

Whipps Cross Hospital had 3 norovirus outbreaks affecting Care of the Elderly wards. The 3 Whipps Cross outbreaks affected a total of 19 patients (confirmed), 9 staff (unconfirmed), and 2 visitors with a total of 16 bed closures.

Management of norovirus outbreaks are led by a multi-disciplinary outbreak team which institutes control measures including containment, enhanced infection control procedures, and environmental cleaning and decontamination. There is currently no rapid testing for norovirus and turnaround times for lab PCR results can be 2-3 days.

Seasonal Influenza

During the 2022-2023 winter seasons we saw the return of a high incidence of Influenza. The Flu season started early, and although incidence was high (with >100 laboratory detections per day at Barts Health at peak), severity was low. The majority of laboratory detections were from patients discharged directly from ED. Admissions to critical care were rare. Most of the Influenza seen was H3, with some H1, with Influenza B being seen later in the season. This was in keeping with the experience from the Southern Hemisphere.

We introduced rapid testing for Influenza with a Lateral Flow Device (LFD). This appeared sensitive in laboratory valuations and helped identify Influenza cases at the front door, helping to fast-track safe patient placement. Feedback on the utility of Influenza rapid testing was good although on review of real-world data from Barts Health NHS Trust the LFDs were missing >50% of PCR confirmed Influenza cases. Next winter we will need to much more sensitive rapid test for Flu to effectively reduce the side room congestion we saw over this winter period.

A mutation in the dominant circulating H3 influenza meant that this variant was not detected on many PCR assays. This was recognised early, and our respiratory virus testing moved to a second assay which did detect the circulating Influenza A, although there were some consequences for laboratory turnaround time of non-Covid-19 respiratory virus PCR results.

Limited side room capacity at Whipps and longer turnaround times for Influenza PCR results created some difficulties with patient flow with bottlenecks in AAU. At peak, we instituted cohort bays for symptomatic admissions pending PCR results (who had not already been diagnosed with a rapid Covid-19 test). An interim pathway was made by Virology and senior IPC staff in collaboration with the site Medical Director and senior medical staff which included a step wise approach based on bed availability with mitigations top reduce risk of transmission and severe outcome including cohorting the lowest risk patients possible, and use of empirical Tamiflu treatment/prophylaxis for symptomatic admissions. This strategy, although a deviation from Trust guidance, helped navigate through the peak of the season and was withdrawn with reversion to trust guidance as soon as possible.

Access to sensitive rapid Flu testing would have had a significant positive impact on patient flow and safety.

Summary of Flu Outbreaks:

- NUH = 0 Flu outbreaks
- WXH = 0 Flu outbreaks
- RLH = 0 Flu outbreaks
- SBH = 1 Flu outbreak

Our single Flu outbreak was seen at St Bart's Hospital in Cancer Services. 4 patients were confirmed infected, with 6 contacts given prophylaxis appropriately. There was no known staff involvement. This outbreak likely would not have happened with access to sensitive rapid Flu testing.

Monkey pox

On 18th May the UK Health Security Agency (UKHSA) reported 9 confirmed cases of Mpox in England with atypical history i.e. no links to foreign travel and the Trust was required to rapidly create a pathway through which suspected cases could be managed safely. There were 24 suspected presentations of Mpox to the Trust, with three confirmed cases. A virtual clinic was set up by Infectious Diseases team to manage cases in the community where possible, and incident meetings were held with colleagues from UKHSA, NHSE and ICB to discuss each patient for any contact tracing etc. Risk assessments were undertaken on a case-by-case basis for exposure and vaccine as per national guidance.

It was noted that Mpox cases imported from Central Africa were still considered an HCID.

Transmission is predominantly by very close contact with most cases being transmitted in sexual networks. Fomite transmission has been described and respiratory transmission in close contact remained a possibility. There is no evidence of any 'airborne' or distance spread but a more precautionary approach was taken in admitted patients or patients who may have pneumonitis (seen extremely rarely).

Ward 13F in Royal London Hospital (RLH) is the regional Infectious diseases Unit for Northeast London (NEL) which has a suite of negative pressure rooms. Protocols were devised to support the transfer of Mpox positive patients from local other hospitals in NEL and over this period there were multiple patients admitted from NEL, which impacted our ability to admit Multidrug resistant TB patients who also required these negative pressure rooms.

VHF

An outbreak of Ebola Virus (Sudan Strain) was declared in Uganda on the 20th September 2022. The index case was 11th September in Mubende District, but the outbreak quickly spread to other districts in South West Uganda and later the capital, Kampala in Eastern Uganda. As of 13th November the outbreak had spread to 9 districts with a total of 162 cases, of which 77 died (case fatality of 47%). The outbreak includes areas close to the border with the DRC.

We had a small number of febrile returning travellers returning from Uganda, the first created a number of operational, logistical and safety issues which required a review of local VHF policy. On 6th October 2022 UKHSA published guidance to care providers to ensure they are ready for any suspected Ebola cases.

<https://www.gov.uk/government/publications/ebola-outbreak-of-sudan-ebolavirus-in-uganda/public-health-message-to-all-nhs-service-providers-regarding-ebola-virus-outbreak-in-uganda-sudan-ebolavirus>

Our policy was significantly updated and published in a new 'Viral Haemorrhagic Fever' policy on WeShare. Collaborating with ED leads at each of our hospitals we included guidance on management of suspected VHF in each emergency department including risk assessment, patient flow and isolation, communication and escalation, testing and IPC precautions. We also prepared for any paediatric cases, which largely followed the same principles.

Measles

Measles is a very contagious viral disease that spreads through respiratory droplets created when an infected individual coughs, sneezes or speaks. Infected individuals can also expose people around them by contaminating surfaces with secretions from the nose, mouth, and throat. Symptoms typically appear 7-14 days after exposure but can develop up to 21 days after exposure. Symptoms generally include fever, cough, runny nose, red eyes, and a red rash that begins on the face and spreads downward. Serious complications - including pneumonia - can occur, especially in children younger than five years old, adults older than 20 years old, and individuals with a weakened immune system.

We noted elevated numbers of patients attend our ED's with measles in the 4th quarter of the year, this has led to several contact tracing exercises, the increased activity is reflective of prevalence across multiple regions in the UK, with London being most affected.

Measles vaccination coverage in the UK is estimated at 79.8 percent, much lower than the 92-95 percent required to prevent wider community transmission, UKHSA recommend that parents ensure their children's measles vaccinations are up to date.

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

This criterion links with Outcome 10, Regulation 15 safety and suitability of premises contained in CQC guidance about compliance.

The 'environment' means the totality of the Trust built environment, including the fabric of the building, related fixtures and fittings, and services such as ventilation and water supplies. A member of the IPCT attends Capital Projects updates, Built Environment Committee, Patient Led Assessment of the Care Environment (PLACE), Soft Service Steering Group, Soft Service Quality Board and meetings/groups associated with the planning, design and management of building works.

Infection Prevention & Control Environmental Audits

The IPC Team carries out a continuing programme of audit of the healthcare environment to monitor its management in the prevention of healthcare-associated infections. The audits monitor cleanliness, storage and management of patient equipment in clinical areas, as well as hand hygiene facilities, availability of personal protective clothing, safe management and disposal of waste, sharps and linen, and isolation facilities.

Soft Facilities (Soft FM) – Insourcing

Serco's Soft Facilities Management (SFM) services contract which commenced on 1st November 2017 ended on Sunday 30th April 2023, when the Trust's newly formed In-House Soft FM directorate will take over the provision of all Soft FM services including cleaning.

The Trust has created a team of Strategic leads – Subject matter experts (SME) for each Soft FM Service that is being repatriated;

- Cleaning Services
- Security & Reception Services
- Patient Catering Services
- Portering & Logistics Services

Demonstrating its understanding of the vital role that these frontline services undertake in delivery of excellent patient care, supporting patient recovery and the maintenance of clean and infection free environments.

Cleaning Services

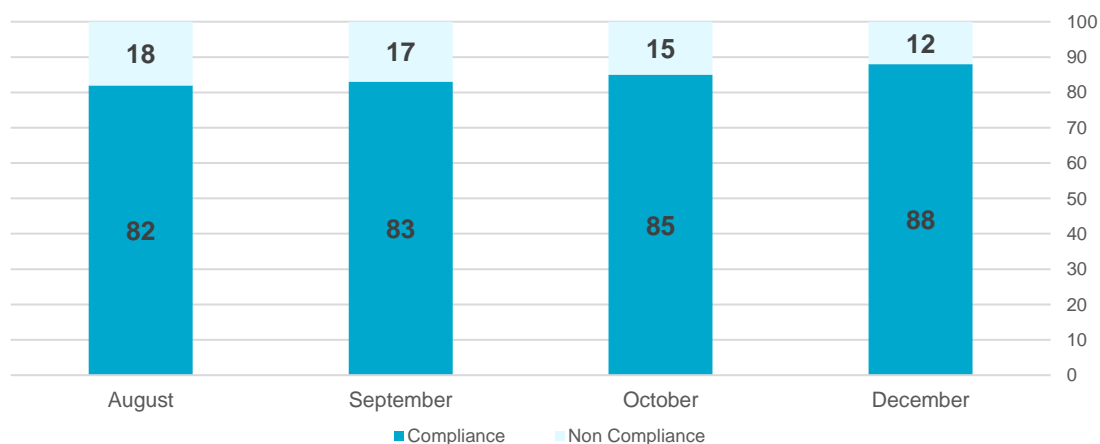
As of 1st of May 2023 the newly appointed Associate Director of Cleaning Services works with the Trust's Director of Soft FM and our Clinical and IPC colleagues in leading a comprehensive strategic review of the cleaning services across all the 5 Barts hospital sites.

Throughout the final stages of the Contract with Serco the Trust has commissioned a renowned industry leading independent auditing contractor to undertake extensive audits across the 5 hospital

sites to identify and benchmark Barts Health cleaning standards against the newly implemented NHS Cleaning Standards 2021.

Results indicated areas of shortfall in the required standards and the Trust embarked on a series of Cleaning Summits with Clinical Site operational leads, Soft FM and IPC colleagues in order to recommit to the understanding and recognition that Cleaning is the responsibility of all and to focus on the standards across all areas in order to drive compliance. It is recognised that a truly collaborative approach is essential to continuously improve cleanliness across the organisation. The Trust engaged with a third-party audit provider, Medical Audits, to conduct an independent assessment across all our hospitals. The intention behind this move was to ensure that we received audit outcomes assigned based on objective and evidence-based assessments and reflects our commitment to providing transparency, accountability, and excellence in all aspects of our operations.

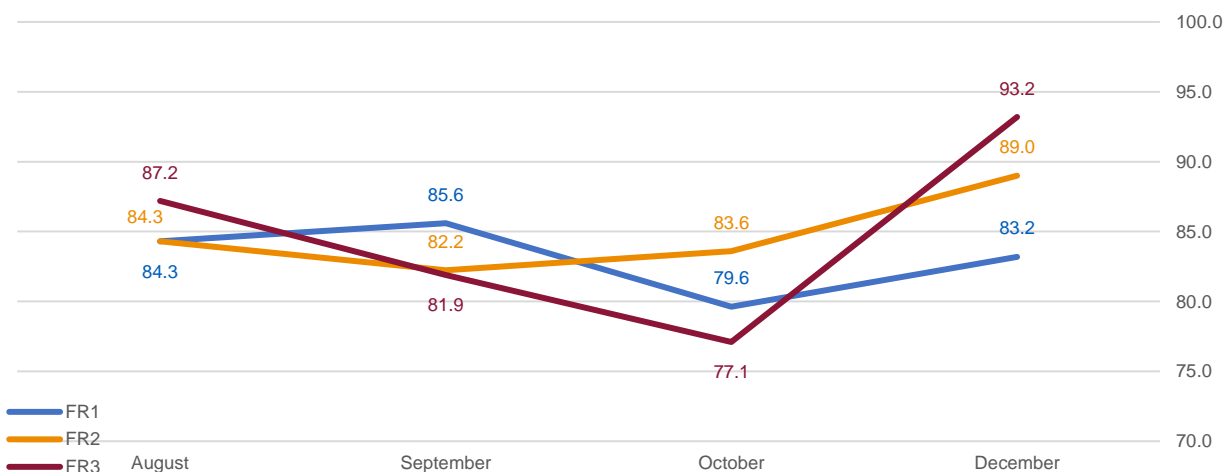
Bart's Health Cleanliness Audit Compliance %



Upon receipt of the Cleanliness Audit results conducted by Medical Audits, a noticeable discrepancy between the results provided by Serco existed and this presented significant cause for concern. Through collaboration and partnership, the Trust and Serco were able to drive a small, yet meaningful improvement in performance across all sites.

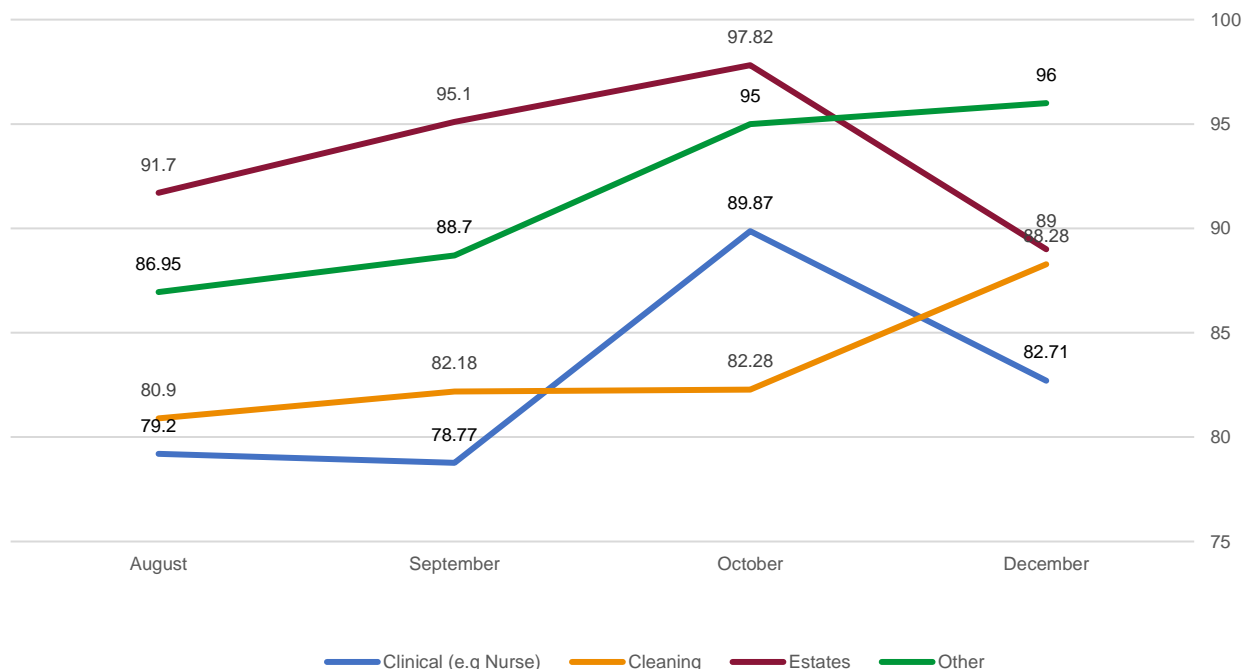
During the period spanning from August to January of 2023, Medical Audits conducted a series of audits across all five of our hospital sites, and the results of these audits revealed a notable improvement in the overall level of cleanliness performance, with a positive increase of 5% observed.

Bart's Health Compliance by Functional Risk Area %



Effective cleaning and disinfection of healthcare facilities and equipment are crucial for preventing the spread of infections, reducing the risk of healthcare-associated infections and maintaining a safe environment for patients and staff. The NHS Cleanliness Standards outline the required cleanliness frequencies through functional risks ratings, highlighting the importance of maintain high standards in high-risk areas. The Functional Risk ratings depict both positive and negative outcomes throughout the audit period.

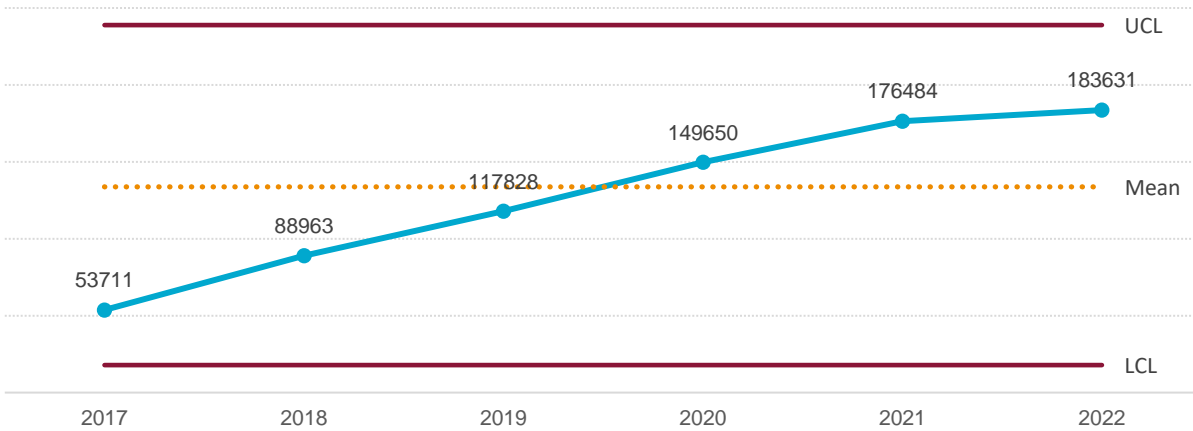
Bart's Health Compliance by Responsible Department %



The NHS Cleanliness Standards 2021 directive highlights the importance of a collaborative effort to maintain cleanliness of our hospitals and not solely the responsibility of the cleaning service, and therefore the audit results have been broken down by department. The audits revealed throughout the period improvements and decreases in performance of the cleaning and the Clinical and Estates departments recorded. This emphasises the need for a collaborative approach to provide a clean and safe environment for our patients.

During the Serco Soft Facilities Management services contract, there had been a recorded increase in reactive cleaning jobs through the helpdesk on a yearly basis, with a total increase of 122,773 recorded since the contract commenced in 2017. The year-on-year increase in reactive cleaning jobs recorded are 35,252 in 2017-2018, 28,865 in 2018-2019, 31,822 in 2019-2020, 26,834 in 2020-2021 and 7,147 2021-2022. Although the number of cleaning reactive jobs recorded a slight increase in the previous year, it is expected that the same trend will continue in the upcoming year. The pandemic resulted in significant increases in the demand and this level has not reduced post pandemic.

Bart's Health Reactive Cleaning Requests (#)



In order to drive cleaning standards upwards and ensure that the Trust can demonstrate compliance with the NHS 2021 Cleanliness standards we recognise that we need to deliver Better; Cleaner; Faster; Safer and Greener: solutions: that all of our cleaning methodologies and staffing arrangements need extensive evaluation and a renewed approach to service delivery to ensure that we achieve:

- An industry leading highly skilled and empowered workforce.
 - All management and staff trained and accredited by the British Institute of Cleaning Science (BICSc)
 - Attracting new talent to what will be recognised as a leading technical services team to support our experienced aging workforce.
- Access to the best in class and most agile cleaning equipment innovations.
 - Maximising the use of the existing equipment on sites and partnering with the world renowned i-team cleaning solutions to ensure that we realise the full benefits of mechanical cleaning.
- Technology to measure how we clean.
 - Synbiotix - AI technology to schedule and record all PPM and Reactive cleaning.
 - Use of Data to make improvements.
- Evolving from Monitoring teams to Quality Assurance Teams
 - Issues identified becoming immediate opportunities to improve cleaning standards.
- Improved partnering with clinical and IPC colleagues to ensure that we have a one vision approach to all cleaning and hygiene standards across the Trust.
- Meet the requirements of CQC outcome standard regulation 15 key criteria 1 and 2 in the Health and Social Care Code of practice 2015 in terms of legal responsibilities.

We will therefore be implementing a fully Trust board endorsed change management programme to ensure that we continually evolve our cleaning services to guarantee we are:



Adoption of a New Cleanliness Auditing System - Synbiotix

The Soft FM Services department at Barts Health is committed to embracing a digital-first approach to enhance customer service and accessibility while also expanding the depth of available data and information. The Synbiotix Cleanliness Audit Application has been implemented across the Trust and it will revolutionise the delivery of our cleaning services across the Trust. This new application will enable our quality assurance teams to conduct audits of our hospitals in line with the NHS Cleanliness Standards 2021, promoting a higher level of trust and accountability with our patients, colleagues, and visitors.

We have complete administrative control of the application, allowing us to make the necessary changes to the 50 elements, frequency rating, and responsibilities, ensuring that all audits are accurate and up to date. Results are automatically pushed to Clinical, Estates, and Domestic staff, providing them with the necessary information and time frame to complete any rectifications. The reporting dashboard will be accessible to all Clinical and FM leads, offering a comprehensive understanding of the overall position of their Hospitals and Wards in an easily accessible format.

This proactive approach to data collation allows us to work closely with our colleagues across the Trust to ensure that changes can be made in real-time, providing patients with a clean and sanitary space to aid in their recovery. In addition to the Cleanliness Audit Application, we are also introducing the Domestic Cleaning Schedule module, which will work in conjunction with the auditing app. This will enable domestic staff to complete rectifications promptly, further promoting accountability and transparency across the Trust.

Overall, the introduction of these new applications is a strategic move towards achieving our goal of providing high-quality Soft FM services. We believe that by embracing a digital-first approach, we will be able to enhance our customer service, accessibility, and accountability, while also providing our patients with the highest level of care possible.

Nutrition and Hydration

As a healthcare organisation we have a responsibility to provide the highest level of care possible for our patients, staff and visitors. This includes the quality, nutritional value and the sustainable aspects of the food and drink that is served, as well as the overall experience and environment in which it is eaten.

It is important that we see the intrinsic value in the view of ‘food as medicine’ and as part of the NHS Food Standards 2022 and that it is a required standing item on the board agenda. The quality of food served in our organisation, and patient and staff nutrition must be prioritised. The NHS standards describe the methods by which Barts Health must ensure the quality and sustainability of the food and drink provision for patients, staff and visitors, and how they should be applied and monitored, as well as recommending future improvement aspirations and actions.

We have undertaken a maturity matrix assessment against the new standards. The maturity matrix will allow us to not only measure our current position but will help the Soft FM team and our wider clinical and operational teams to identify the pathway to growth and excellence. As an indication of how seriously the NHS take nutrition and healthcare food, the new NHS Food Standards 2022 standards form part of the legally binding standards in the NHS Standard Contract as well as already being part of the NHS Long Term Plan.

In March of this year, we continued our commitment to promoting nutrition and hydration within our healthcare setting by supporting the Nutrition & Hydration Week initiative. Across the Trust, we held a range of daily activities designed to promote awareness and engagement among our patients, staff and visitors. One such activity was our Afternoon tea party, held on all inpatient wards and providing our patients with a delightful and enjoyable experience.

With the repatriation of the Patient Catering Service, we see an opportunity to drive innovation in our provision and are excited to introduce and implement the Synbiotix Catering module, Menu Pick, as a key step in this direction. Menu Pick is an innovative and sophisticated system that offers a range of benefits to our patients and the Trust as a whole. At its core, it will enable us to provide meal options that are not only nutritious and satisfying but also tailored to their specific needs and preferences, promoting a positive patient experience, and ultimately contributing to better health outcomes. In addition to patients, the system offers significant advantages for our staff and other departments across the Trust including dietetics, providing access to valuable nutritional data, and allowing for more informed and effective patient care planning.

The implementations of Menu Pick aligns with our broader strategic goals of promoting a culture of optimal nutrition and hydration and are confident we will be able to start providing a higher standard of care to our patients, whilst achieving greater efficiency and effectiveness in our catering operations.

Linen and Laundry

Linen and Laundry was identified as a specialist facilities service which the Trust we decided to continue to outsource.

The North East London Integrated Care System (ICS) Procurement Collaborative is a joint procurement initiative, between the 5 NHS Trusts within the NEL region.

This initiative is based on a strong ambition between the Trusts to work together in partnership through ongoing discussions and joint working on key procurement initiatives. We aimed to align the Linen and Laundry Contract with other Trusts in the North East London ICS Procurement Collaborative, by including options within this agreement for other Trusts to compliantly join this agreement as and when their current contracts come to an end.

A further competition was conducted using the Crown Commercial Services – Linen and Laundry Services Framework RM6154 Lots 1a and 1b Official Journal of European Union (OJEU) reference

2020/S 014-028856. The ITT resulted in tenders from Synergy Health Managed Services Ltd and Elis UK Ltd.

The unanimous recommendation of the evaluation team was that Synergy Health Managed Services Ltd was the preferred supplier, with the contract to be awarded for the provision of the services detailed in the specification. The reason for the recommendation was that Synergy's tender has been evaluated as providing best value for money, having achieved the highest score (90.71%) in comparison with the other tenderer Elis UK Ltd (84.47%).

Linnet Bed Management

The newly formed Soft FM Contracts Management team are examining the performance of the LINET contract with the aim of enhancing bed management service delivery across the Trust. To achieve this the team is developing an improved KPI Dashboard to monitor and measure bed management performance against targets with the ultimate goal to improve patient outcomes, enhance operational efficiency and deliver value for money for the Trust. The reporting of this will form part of the suite of KPI and dashboards that are being developed in order to give timely, accurate and rich data to the organisation, This will allow us to gauge progress, and deliver insights so that better more informed decisions can be taken at all levels of the organisation.

Estates and Facilities

Hard Facilities Management (FM)

Work continues building the improved working relationships and collaborative approach between the Estates and Facilities Teams with clinical teams. Regular scrutiny and review sessions are held in each hospital to maintain focus on the importance of the environment to ensure safe care, and this is further supported with the Hospital Director of Estates now being accountable directly to the relevant Hospital Leadership Teams.

For 2022-2023, the Trust committed to a capital investment funding into refurbishment and backlog maintenance schemes to improve the environment and infrastructure, to support quality patient care and a safe working environment. The IPC teams both at hospital and Trust-wide level have continued to be involved in the planning and agreement of specifications of projects, through to the commissioning and operational opening of clinical areas, ensuring that projects are built to the appropriate standards.

A key focus on all environmental projects has been where practical compliant with IPC guidance e.g., improved access to hand hygiene facilities, isolation rooms and maintenance of an aging estate, and the realignment of the estate following its response to the COVID pandemic.

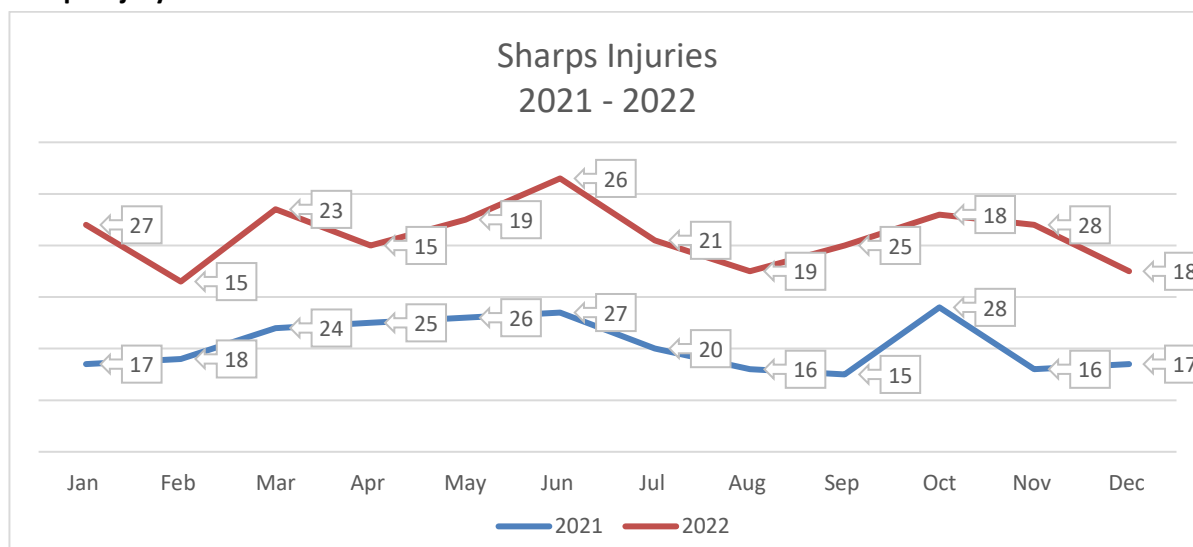
Health & Safety

The Safer Sharps Action Group (SSAG) is scheduled quarterly, and the role of this group is to review the needle stick and sharps data and identify areas of concern. This group has been impacted by COVID-19 recovery and clinical equipment shortages within 2021/22 affecting options for safer devices. As part of incident follow up procedure, the Health and Wellbeing Service (Occupational

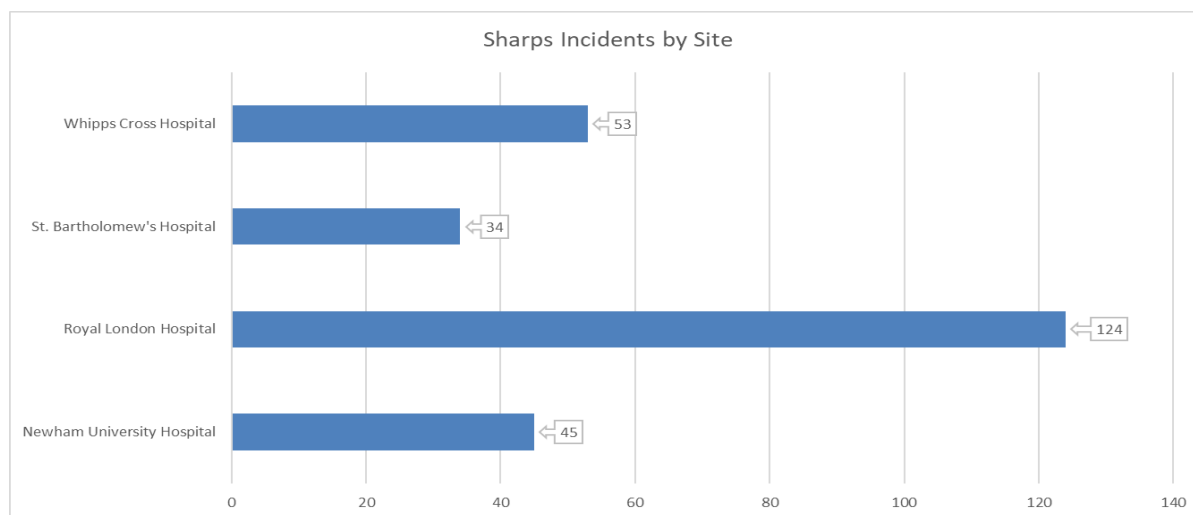
Health) assess the staff member's exposure risk as part of a root cause analysis of high-risk needle sticks.

Within the reporting period 257 incidents occurred with staff members having had contact with a dirty/used sharp item. Of these 224 staff related to contact with Dirty Sharps incident occurred which is an increase of 62% on last year. A deep dive on the incident the RLH Site accounts for 48% of incidents no movement on last year (See graphs). It was noted that the incident location determines that Theatres 11%, Dental 11% and Maternity 10% have the highest rate of incidents.

Sharps injury data



Incident related to Contact with Dirty sharps by Site



A contact within a dirty sharp where the patient is known as infectious with a BBV are reportable to the HSE under RIDDOR requirements. Within the Trust 5% of Sharps injury are reportable to the HSE, up 2% on last year (See table below).

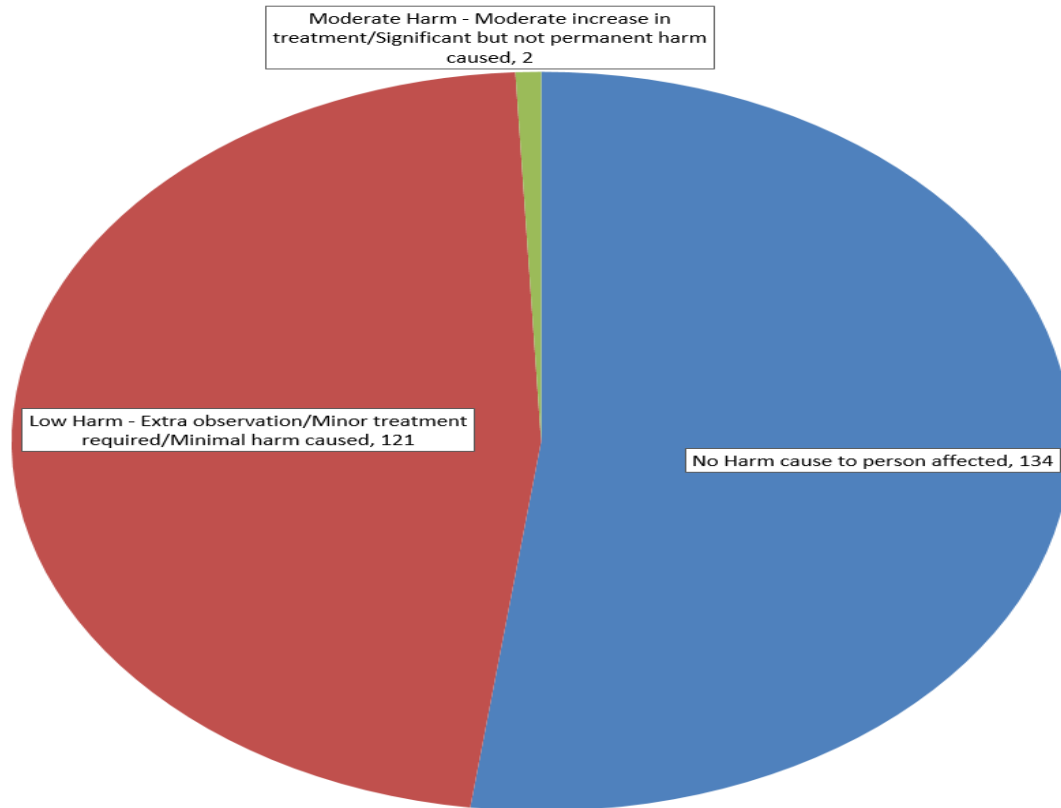
Number of RIDDOR Incidents

²

RIDDOR Types	2019/2020	2020/2021	2021/2022	2022/2023
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Dangerous Occurrence	44	12	14	12
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Dirty Needle Stick Incidents Level of Harm



Ventilation Safety Committee

The Group Ventilation Safety Committee continues to meet quarterly and ensures that the Trust ventilation systems are inspected, maintained and operated safely across all 5 hospitals. Each of the hospitals have established Ventilation Safety Groups which report into the committee. Generally, the sites report that systems are broadly compliant and that verification of critical ventilation systems such as theatres, endoscopy and augmented care units has taken place in accordance with HTM 03-01.

The group also has a remit to ensure that clinical staff are aware of any risks that the ventilation systems may pose to clinical activity.

The committee has also progressed several items through 2022-2023. Key highlights include:

- Appointing a new Authorising Engineer for Ventilation AE (V) following a competitive tender exercise; the AE (V) is an independent subject matter expert who assesses the compliance of the ventilation systems and engineering governance through a recognised audit framework and provides annual and bi-annual reports to the Trust. The AE (V) provides assurance that the Trust is designing, installing, maintaining, and operating its ventilation systems in accordance with relevant legislation and best practice guidance and identifies areas of improvement. Additionally, the AE (V) provides competency assessment and recommendations of appointment for the Authorised Persons responsible for the ventilation systems at each site.

- Finalising the Trust Ventilation Policy, which has been peer reviewed and is due to be presented at the next Trust Policy Committee. The policy ensures a consistent approach to managing ventilation systems across the estate.
- Continuation of Authorised Person training sessions.
- Progressing a programme of ductwork cleaning through the PFI provider at SBH and RLH, informed by deposit thickness testing (DTT) in line with BESA TR19, the industry standard for ductwork cleaning operations.

The committee will endeavour during the next reporting period to further improve the compliance position using the NHS Premises Assurance Model (PAM) as a mechanism to identify areas of improvement.

Water Safety Committee

Within the hospital environment, the most significant infection risks from the water supply are caused by a species of Legionella bacteria and other water borne organisms such as Pseudomonas species. The latter type of bacteria is usually problematic in Augmented Care Units.

The Trust works to the water safety policy and procedures that were developed to establish assurance and governance. The Water Safety Policy defines the Trust's approach to minimising Legionnaires' disease, Pseudomonas aeruginosa infections and scalding (in accordance with the NHS HTM04-01 (Parts A-C and Supplement), HSE HSG274 (Parts 1-3), Legionella ACoP (L8)).

Water hygiene issues are then managed and monitored at Site Level by EFM leads, Appointed Persons (APs), Local Water Safety Group (LWSG). The LWSG groups meet monthly and report into the Group Water Management Committee quarterly and Infection Prevention and Control Committee (IPCC) and Trust H&S Committees.

Several water system improvements have been prioritised, to address legacy issues. Driven by the water risk assessment for each building. Legionella risk assessments are conducted every 2 years or when they are required, mainly because of significant changes to water systems, or the installation of new systems. There are also individual site-based Water Safety plans(s) in place, which are monitored and reported upon at Local Water Safety Groups (LWSG).

The Trust has appointed new Trust wide water contractors. 'Guardian Water Treatment' completes the maintenance and servicing and 'Urban Environments' independently samples the outlets.

The water outlets in the areas designated as "Augmented Care Units" are routinely tested for Pseudomonas sp. These tests are carried out at each hospital site, twice per year. Results for 2022/23 continue to indicate that many water outlets in the augmented care units are consistently negative; however, any outlets that test positive are disinfected and then resampled 3 times before being declared clear of the Pseudomonas.

Barts and Royal London PFI have added the pseudomonas remedial work by contract variation to Skanska, improving on the previous system where there was delay waiting for a PO to be raised. In the PFI the pseudomonas positive samples continue to trend downward.

The control of legionella in the water systems of large buildings, such as hospitals, is a complex business, but relies primarily on the frequency of usage, good design and effective maintenance and monitoring to recognised standards, e.g. Hot and Cold water temperatures.

All water outlets are designated to be flushed regularly in accordance with the Trust Policy to ensure that prolonged stagnation does not occur in these outlets and water temperatures are monitored to ensure that they are within prescribed limits. The performance of water systems is monitored continuously and reviewed by the Local Water Safety Groups (LWSG's) at each hospital.

In most areas this is maintained by normal control systems through a robust monitoring and risk assessment regime, in areas where baseline water temperatures cannot be maintained. Additional controls have been introduced, which in combination with regular cleaning, disinfection and flushing have been effective in controlling the Legionella risk.

The Water Management Committee (WMC) meets quarterly to discuss items on its agenda and matters arising relevant to its terms of reference. Several water system improvements were continuing to be prioritised and actioned, to address legacy performance issues. These relate to both water temperatures and/or Legionella counts.

A new Water Authorised Engineer (AE) has been appointed following a tendering process, where the incumbent AE was unsuccessful. The New AE Karina Jones commenced duties from 1 July 2022. Karina Jones has now completed familiarisation and is embedded with the maintenance structures at each site. Review of policies, procedures, and maintenance records is ongoing and audit in line with the Trust PAM compliance tracker.

Authorised Persons (AP) and Competent Persons (CP) are appointed at their respective sites by the Authorising Engineer (AE). Training for these posts is also ongoing particularly where recruitment or retention of staff has occurred at a site.

Decontamination

Throughout the year, the auditing of decontamination practices was maintained. This included both local decontamination processes throughout the Trust sites together with the centralised facility service provided by Steris at the Royal London to verify that the contractor follows processes to meet requirements of the ISO 13485:2016, HTM 01-01, HTM01-05, HTM 01-06 and The Health and Social Care Act 2008.

The decontamination audit forms and annual schedule were reviewed at the beginning of 2022. Currently, the annual audit schedule reflects audit outcomes to ensure that all actions are completed. The audit forms have been updated to include infection and prevention control and environmental elements. The annual decontamination audits reports are stored on IPC share drive and all exceptions are reported monthly to the local IPC Committees and on a quarterly basis to the Trust Decontamination and Sterile Services Oversight Committee.

The Trust Decontamination and Sterile Services Oversight Committee were introduced in November 2022. New quarterly form for AP (D) s was introduced to verify testing and maintenance of decontamination equipment. Additional quarterly form was introduced for USERS to verify testing and

maintenance of decontamination equipment, training, SOPs, audits, and concerns related to compliance to relevant guidance/standards/Trust policies.

The Trust Wide Sterile Services Working Group was introduced in January 2022. The SSWG has responsibility to provide evidence that the Sterile Service Provider for the Barts Health NHS Trust complies with the relevant ISO, HTMs, the contractual requirements and Trust Policies and reports to the Decontamination & Sterile Services Oversight Group. The SSWG provides a forum to discuss and agree best practice, policies and procedures that promote good decontamination practice as part of the core component of high-quality care within Barts Health Trust. The SSWG reviews the decontamination process of reusable medical devices provided by the sterile service contractor. The SSWG monitors and discusses the key performance indicators for the sterile service provider monthly. The SSWG discusses and considers the effectiveness and the performance of the local operational meetings, including but not limited to aspects such as quarantine and defects meetings and the local customer service meetings. The SSWG provides a learning platform for the end of service users and sterile service provider.

The Trust appointed and awarded the AE (D) contract in April 2022 for 3 years. The contract renewal is subject to annual review of the services.

The procurement of medical devices process introduced in 2019 continues and proved to be effective with monitoring of purchasing new medical devices from regulatory, clinical engineering, IPC, and decontamination perspectives.

All surgical instruments are associated to patient via Surginet. To verify the current process meets requirements of The Health and Social Care Act 2008, an exercise was completed in February 2023 whereby the IT department was asked to locate all sets used with two patients during the period of 2020-2022. The department identified all sets/instruments used with the two sample patients.

Electronic traceability software was installed in the RLH Endoscopy Decontamination Unit in 2022. Currently only SBH Endoscopy Decontamination Unit continues to use manual traceability system.

The refurbishment project for NUH Endoscopy Decontamination Unit was completed in May 2022. The department benefited from additional space in the washroom, 2 new EWDs and 2 new Drying Cabinets. The ventilation system was upgraded to meet the HTM 03-01 guidance.

All local decontamination activity for Semi Invasive probes and nasendoscopes continues to be audited on a regular basis. The Decontamination Folders which include SOP, training records, risk assessments, COSHH risk assessment, decontamination equipment validation, maintenance records and IFUs were recommended to all local decontamination practices. It was agreed that decontamination audits will be performed with IPC representation if possible.

The development of a new Sterile Services Specification was completed in 2022 and the specification was implemented in January 2023. The specification provides a wider choice of Turnaround times; cancel operation protocol, new KPIs, new repair process and effective performance system review. The Sterile Service Department provides 24 hours service 7 days a week across all Barts Health Hospital sites. The implementation process will be completed in September 2023.

The SSD project to replace sterilisers began in December 2021 and continues to date. Two of seven sterilisers were replaced and the replacement of a further five will follow. The inadequate quality of the RO and steam water was identified in 2021. The new RO water treatment system was installed in April 2023. The Washer Disinfectors are due to be replaced in 2023. The preferable supplier was chosen

in 2022, and the purchase order completed with waiting time 20 weeks. The RLH Endoscopy Decontamination Unit project began in March 2023. The first phase is new RO water system to be installed on the fifth floor. The next phase will be reviewed by the clinical leads to ensure that the operational activity can continue during the project. The completion of the project is planned in December 2023.

Criterion 3: Ensure appropriate antimicrobial use and stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Antimicrobial Stewardship and Infection Control

The Antimicrobial review committee (ARC) met monthly during 2022/3 to discuss items drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board, to reduce the risk of adverse events and put controls in to reduce antimicrobial resistance. ARC has collated risks relating to AMS and is sharing these with the relevant site and Trust committees.

Increases in *C. difficile* and MSSA and MRSA bacteraemias have been observed, while reasons are multi-factorial, enhanced antimicrobial stewardship is required to investigate and address these through informed surveillance and stewardship activities, including stewardship rounds to visit patients/clinical areas and intervene in antimicrobial prescribing.

Microbiologist and pharmacy support was given to review *C.difficile* cases and to optimise implementation of the MRSA eradication protocol through exploration of PGDs and use of other products that do not require prescription.

Key outputs of Antimicrobial Review Committee

- Guidelines regularly updated in the light of NICE updates, CAS Alerts, and evidence-based medicine.
- Antimicrobial shortages (listed above) identified and addressed to ensure appropriate antimicrobial treatment for all patients.
- Oral Antibiotic liquid shortage – alternative treatment guidelines produced and introduced. Collaborative work with primary care.
- Teicoplanin withdrawal – collaborative approach to contact OPAT patients and ensure safety of inpatients.
- Penicillin and therapeutic drug monitoring incidents identified from antimicrobial incidents: penicillin teaching and TDM teaching conducted. Antimicrobial pharmacists proactively identify TDM antibiotics using antibiotic dashboard and intervene to prevent some incidents from occurring. Ongoing training for pharmacists and doctors on antimicrobial stewardship and TDM.
- Extensive OPAT guideline produced to address pathway for patients for referral, safe discharge, and follow-up. Role and responsibility for all staff members outlined. Referral forms and accompanying paperwork all enclosed. Engagement with Homerton, Barking Havering and Redbridge in ICS discussion for future OPAT pathways. Guideline submitted for Formulary and Pathway committee.
- EPMA care plans produced and approved to improve OPAT discharge prescriptions. Antimicrobial Key performance indicators audited against EPMA prescriptions. This identified the need for improved documentation and review on EPMA.

- Working party to be developed with clinicians and pharmacists to improve antimicrobial prescribing on EPMA.
- Continued challenges to consistently produce usage data throughout the year.
- Established the need to move away from JAC usage data which reflects stock movement and not prescribing. To invest in EPMA based antimicrobial usage reports. Funding required to undertake project. Business case escalated to sites.

Antimicrobial Strategy - written and accepted by ARC

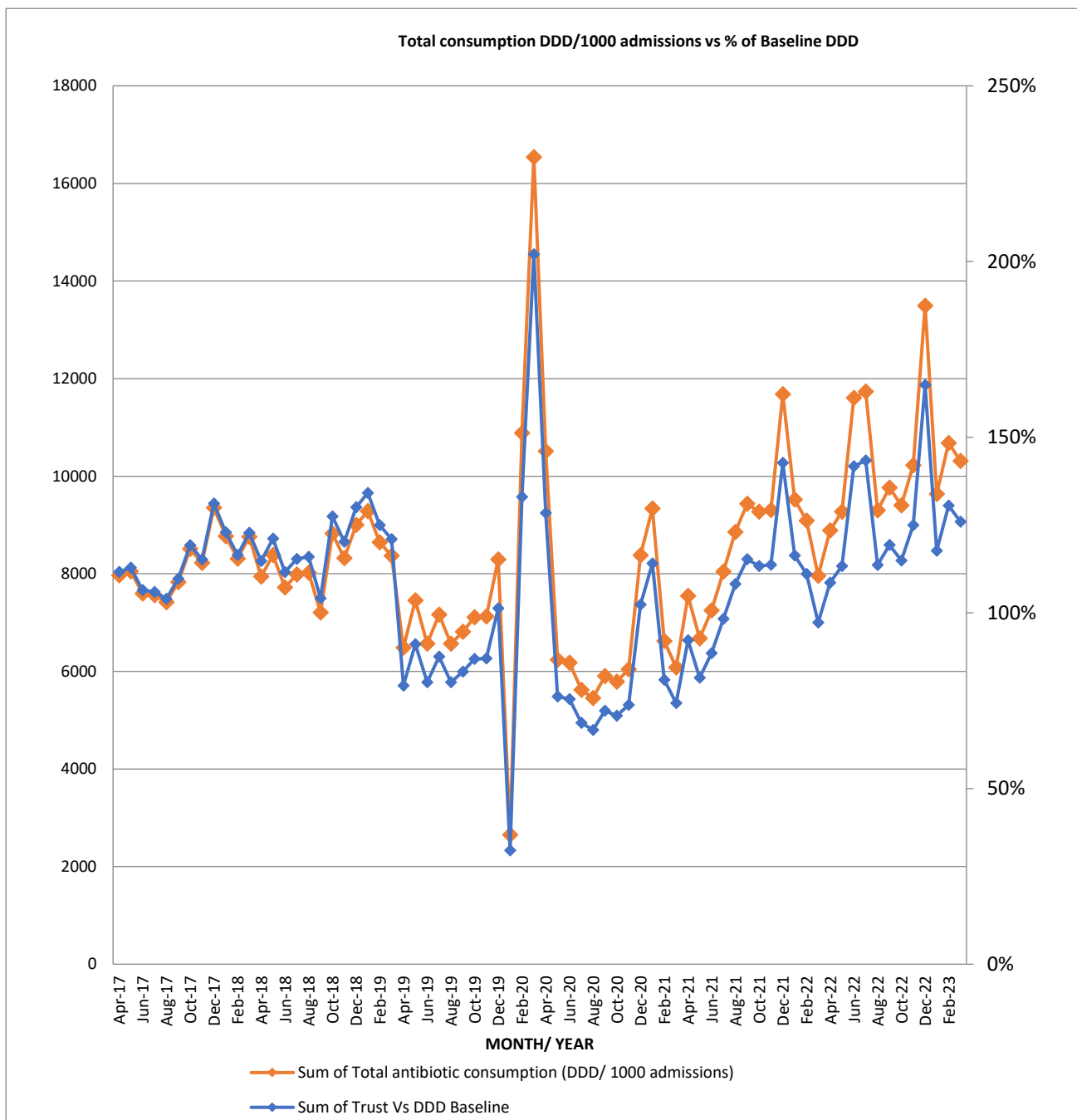
A key element was establishing the strategy which will guide priorities and work streams. The Strategy proposes an ambitious programme of work at individual hospital level, but co-ordinated across the Trust. It includes some basic work that should be expected from any healthcare provider, together with additional developmental work that should be expected from a major organisation such as ours.

Risks associated with antimicrobial stewardship

ARC has reviewed risks around appropriate antimicrobial use. Current and potential mitigations have been considered. The identified risks have been categorised into risks that are specific to individual Trust sites and those that apply across the whole Trust. The risks are being shared with the appropriate Trust committees: Hospital MSMCs and Trust-wide MGB for consideration and inclusion in the appropriate Trust Risk Register(s).

Antimicrobial usage data

Monthly Trust-wide usage data was produced retrospectively and shows a general rise since the main COVID spikes in March 2020 and January 2021. A full breakdown of local data by site into broad spectrum (Watch) or restrictive (Reserve) DDDs (Defined Daily Doses) was not possible at the time due to capacity constraints. Unable to calculate contract baseline and map with prescribing performance for each site throughout the year. NHSE fingertip data is inaccurate and does not reflect Trust antimicrobial use. No breakdown of data of individual agents (e.g., carbapenems, Tazocin and co-amoxiclav) in order to inform interventions is available. Although unable to comment directly to NHS contract requirements, the trend shows an increase, not a decrease as required.



Antimicrobial prescribing audit using EPMA

In July 2022 an audit of antimicrobial prescribing on EPMA was conducted. The aim of this project was to establish new KPIs reflective of EPMA and to identify whether antimicrobial reports can be generated from EPMA to assess prescribing standards for antimicrobials. The key aspects of antimicrobial prescribing: indication, duration, appropriateness, and review at 72hrs will need to be captured. Only certain EMPA fields can be used to generate reports.

The audit showed a large disparity between antimicrobial prescriptions on EPMA fields when compared against the documentation in the CRS clinical notes.

The clinical indication on EPMA and notes, and the duration on EPMA and the notes. This disparity was more than 50% in some clinical areas. Prescribers may not be aware of the need to document in both the EPMA indication field and the CRS clinical notes. Appropriateness of the antimicrobial review was assessed predominately against the CRS documentation and showed 100% in some areas but below 50% in others. Evidence of antimicrobial review also ranged from 100% to below 50%.

Feedback was given to prescribers at the Newham and St Barts Hospital sites and audits repeated. The repeat audit showed significant improvement in documentation and compliance in prescribing especially in surgery at the Newham site. The audits are to be repeated later at Whipps Cross Hospital and Royal London Hospital due to gaps in staffing.

New Guidelines reviewed/ratified:

- BH Infective endocarditis guidelines
- Aminoglycoside consent and Gentamicin PIL
- Guidance for managing recurrent cellulitis and furunculosis
- Meningitis guidelines update
- Diarrhoea and loperamide guidelines for cancer service patients
- Periodontal disease and abscess guidelines
- Neutropenic sepsis guidelines
- H pylori guidelines review
- OPAT guide: Trust-wide document with full SOP for all elements of OPAT.
-including EPMA care plans for prescribing OPAT antibiotics, Patient information leaflets
- Elastomeric device guideline and financial approval for St Barts
- PICC line unblocking guideline

Antimicrobial product Shortages/Recalls Identified and managed throughout the year:

Amikacin, remdesivir, teicoplanin, IV levofloxacin, IV aciclovir, IV fluconazole, micafungin, distamycin, oral antibiotic liquids.

Penicillin de-labelling –work:

Policy written and approved. Commenced to introduce safe relabelling/challenge patients inappropriately labelled as penicillin allergic.

Staffing Escalations:

Pharmacy staffing -gaps identified at Whipps Cross site and Royal London hospital. Escalated to sites to secure funding.

Future Planning for 2023-24

CQUIN plan for 2023-24

The Antimicrobial Review Committee (ARC) considered and supported the IV to Oral CQUIN published for 2023/24; however an emphasis was made for additional resource to support quality improvement approach.

NHS Contract for 2023-24

ARC reviewed the new contract requirement for a 10% reduction in broad spectrum antibiotic categories from the 2018 baseline. NHSE data from DEFINE shows we have an 8.4% increase in usage by Q3 from the 2018 baseline. Although the data on DEFINE is grossly inaccurate, we recognise that the increasing trend in antimicrobial stock issue reflects a genuine increase in antimicrobial usage.

Criterion 4: Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further health and social care support or nursing/ medical care in a timely fashion.

This criterion links with Outcome 6, Regulation 14 co-operating with other providers contained in CQC guidance about compliance.

The IPC team worked with the clinical site managers to advice on patient transfers, moves and de-escalations of patients, and attend the site meetings and safety huddles daily.

General Communications

Since the onset of the pandemic, national and regional guidance distribution has been supported by the Trust's communications team, who for a third year have been instrumental in supporting distribution of these updates in guidance for staff. This year this has included other infections including mpox, Ebola and diphtheria and the IPC Team worked with communications to update the Trust website page for IPC in March 2023.

Signage in the hospital has been reviewed and amended to support patient's staff and visitors understand the use of masks. Key messages have also been shared on social media. The Trust has commenced the removal of the social distancing signage implemented in 2020 as the recommendations have changed.

Information for patients, visitors and carers

During 2022/23 the IPC team reviewed all Patient Information Leaflets. These were shared with the Patient Experience Team to be reviewed by the established Patient Partner Group with feedback being incorporated into the leaflet prior to publication.

A thematic analysis of HCAIs is undertaken by the IPCT, to highlight learning identified and confirm compliance with Trust IPC policies. During our post infection reviews we consider our adherence to the national statutory requirements of communicating healthcare associated infection information to affected patients.

Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

The Trust is able to demonstrate that responsibility for IPC is effectively devolved to all professional groups by means of inclusion in all job descriptions and mandatory inclusion in appraisal documentation.

We have a number of assessment tools available to reduce the risk of transmitting infection, and our admission process includes assessment of patients for signs of infection.

Our Infection Prevention Team works closely on a daily basis with wards, our clinical site management teams, and our cleaning teams, to ensure patients with infection are rapidly identified, isolated correctly, and addition cleaning is in place as required.

During 2022-23 we identified and effectively dealt with a number of infection outbreaks and incidents relating to a range of infections. We also dealt with TB exposures on a number of occasions through the year; these were managed in line with national guidance.

The HDIPC's role is to advise the HEB's on all issues relating to IPC and has delegated responsibility for ensuring that effective systems and processes are in place to minimise the risk of infection across their hospital and that it is in line with the Group annual programme of activity. Furthermore the Trust has in place:

- A robust method of flag alerts on CRS to highlight infections to clinical teams.
- Each week patient's with an alert organisms (MRSA, C.diff, CRO etc.) are visited by the IPC team and reviewed for compliance against guidance.
- CRO alerts are checked to ensure required swabbing is performed and mitigations in place. These patients are reviewed whilst inpatients.
- Surveillance systems in place to monitor for prevalence.
- The team support the management of outbreaks, periods of increased incidence and clinical incidents including the monitoring of all alert organisms to identify trends and potential links between cases based on their location.
- Good relationships and strong governance in alerting NHSE, UKHSA and the ICB to outbreaks and incidents. Fortnightly attendance to the IPC system call with other NEL providers to update and share position and any learning.

Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Criterion 6 refers to the training and education of staff. Mandatory training in IPC is a requirement for all Trust staff including clinical, non-clinical staff and contractors. All clinical staff receives training in IPC annually via electronic learning and a hand hygiene assessment.

Overall Compliance by Site		
Site	Performance	Non-Compliant
Barts Health	79.8%	3,402
Royal London	78.0%	1,630
Whipps Cross	82.8%	580
Newham	81.0%	502
St Bart's	81.4%	498
CSS	78.5%	63
Other	70.8%	129

Data from 29.03.23

Overall Compliance by Site		
Site	Performance	Non-Compliant
Barts Health	91.0%	1,798
Royal London	89.9%	697
Whipps Cross	94.0%	187
Newham	93.1%	152
St Bart's	94.4%	168
CSS	94.0%	10
Other	87.0%	584

Data reported 18.10.23

Compliance with mandatory training and completion of appraisal are reported at hospital and department level, this is monitored at performance reviews and the HIPC meeting. Compliance against these metrics is also reviewed at any outbreak or post infection review meetings for assurance with key actions to rectify any deficit captured on the monitoring pro-forma.

Bart's Health was one of the pilot sites for reviewing the IPC education framework which was published in April 2023. It is collaboration between NHSE and Skills for Health, to outline the behaviours, knowledge and skills required by the health and social care workforce to improve the quality of IPC practice and thereby improving patient outcomes.

The key objectives of the framework are to:

- Support the national and local commissioning, design and delivery of educational programmes

- Enable staff to understand and demonstrate required expectations for effective and safe IPC practice.
- Ensure IPC is a core component of training.
- Ensure evidence-based IPC is consistently built into and delivered within all health and social care related educational programmes

Changes to mandatory training requirements were described in the document, which we have made progress against. As there were no supportive resources made available, the education academy have supported the IPC Team in devising the new training package, with include:

- Support system-wide improvement in IPC and AMR.
- Align practice to transmission based precautions.
- Align practice to evidence-based best practice.
- Support IPC practitioner professional development.

FFP3 Respirator Fit Testing

The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 require employers to provide and maintain a safe working environment so far as reasonably practicable. The use of respiratory protective equipment is outlined in HSG 53 and is also contained in other regulations such as COSHH Regulations 2002; Control of Asbestos Regulations 2012; Control of Lead at Work Regulations 2002; Ionising Radiation Regulations 1999 and Confined Spaces Regulations 1997. An Approved Codes of Practice supports all these regulations.

In June 2021, the Department of Health and Social Care (DHSC) developed five resilience principles:

1. All FFP3 users should be fit tested and using two different masks (ideally three);
2. FFP3 users should interchangeably wear the masks they are fitted to;
3. Trusts should ensure that a range of FFP3 masks are available to users on the frontline and overall should not exceed 25% usage on any one type of FFP3;
4. Frontline stocks will be managed at no more than 7-10 days per stock keeping units (SKU); and
5. Trusts will register FFP3 users and fit test results in ESR and review individual usage every quarter.

These face fit testing principles have been incorporated into the Emergency Preparedness Resilience and Response (EPRR) plans and are a mandatory requirement. These principles have also been incorporated into the BH Fit testing programme and EPRR arrangements. The BH fit testing procedures are matched against the HSE guidance INDG 479 “Guidance on the respiratory protective equipment (RPE) fit testing”. The Trust is compliant with this standard.

The Trust uses quantitative face fit testing; using Porta Count Machines, which is data-based, provides a real objective metric, and usually tests the actual mask individuals will wear to protect them. This is a key is a key component of our PPE strategy.

- Fit Testing is a statutory requirement for the use of an FFP3 mask. Our IPC Guidance is in line with DoHSC and HSE requirements which say that staff is required to be re-tested every 2 years. This approach ensures both on-going personal protection and resilience for the organisation.

- Fit Testing was previously funded via the Covid budget but this has now ceased. The cost of Fit Testing therefore is now a cost pressure for the Trust. The business case for Fit Testing was approved via the ISC group following benchmarking and procurement exercises, with agreement that the costs would be picked up at hospital level.
- As of the 25th April, the Trust has now agreed a 3 year contract with Sunbelt Rentals – our current Fit Testing partner, who is an accredited Fit2Fit provider. A contract is now in place to the 31st March 2026.
- Engagement with the re-testing programme is being reinvigorated as feedback is showing a lack of understanding by staff regarding the need to be re-tested. The below table shows engagement per site. Fit testing activity is included in the hospital deep dives.

Engagement by Site:

Site	Retested	Haven't Retested Yet	Grand Total
THE ROYAL LONDON HOSPITAL	567	1926	2493
NEWHAM UNIVERSITY HOSPITAL	322	704	1026
ST BARTHOLOMEWS HOSPITAL	382	784	1166
WHIPPS CROSS UNIVERSITY HOSPITAL	567	913	1480
Other	34	159	193
Grand Total	1872	4486	6358

As of the 24th April the Trust has 2,746 staff with a valid Fit Test – i.e. completed within the last 2 years.

Criterion 7: Provide or secure adequate isolation facilities.

The IPCT attend the hospitals monthly EFM oversight / planning meetings for PFI and the retained estate and are invited to discuss any refurbishment or building project where this guidance is used to direct the planning team. Single rooms are required for patients in acute Trusts for a variety of reasons as well as for isolation of patients for infection prevention and control reasons. A key focus on all environmental projects has been where practical compliant with IPC guidance e.g. improved access to hand hygiene facilities, isolation rooms and maintenance of an aging estate.

The number of single rooms is monitored by the senior nurses and supported by the IPC Team. An update is provided regularly to the clinical site managers, risks and issues are included in the Hospital Infection Prevention & Control meeting and added to the risk register. The IPCT carry out daily ward rounds, providing advice to staff, prioritising isolation capacity, liaising with clinical site team to ensure patients with infections (including COVID-19), are managed appropriately.

At the Royal London and St Bartholomew's Hospitals over 40% of the bed base are isolation rooms, these include negative and positive pressures rooms for specialists' isolation. The challenge has been significant in Whipps Cross and Newham Hospitals due to the age of the estate and limited number of side rooms, requiring cohort plans and high standard of IPC practices in clinical areas, to prevent onward transmission.

During 2022/23; IPCT supported by reviewing effected COVID bays on a daily basis, and advising on potential opportunities to free up capacity. As guidance changed in September 2022 this requirement became less, however IPC were responsive in influenza / RSV in instigating it again.

Criterion 8: Secure adequate access to laboratory support as appropriate.

Microbiology and Virology Laboratory services are provided by the East and Southeast London NHS Pathology Partnership (ESEL) which is located in the purpose built Pathology Laboratory at Royal London Hospital. This provides a full range of diagnostic services, linking with the national reference laboratory network for specialised testing which cannot be performed locally.

The partnership laboratory team maintained United Kingdom Accreditation Service (UKAS) 15189:12 accreditation for bacteriology, virology, parasitology, and mycology services during 2023/23. The accreditation underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality, and competence. Assessments under UKAS ensure labs meet the

relevant requirements including the operation of a quality management system and the ability to demonstrate that specific activities are performed within set criteria standards. The pathology team work closely with IPC by through escalation and timely reporting of results, processing of clinical samples and provision of expert advice. Introduction of new technology in the department has introduced selective reporting of antimicrobial susceptibility testing results to prioritise prescribing of narrow-spectrum antimicrobials, focussing on patient outcomes.

Throughout 2022-23 the laboratory has maintained sufficient increased capacity to provide all the required testing for COVID-19 for the health system across North East London, via a range of rapid and standard tests. They supported with outbreak management – both in community (Group A streptococcus), asylum seekers and refugees (diphtheria), processing of samples for mpox, CROs within the hospital and COVID outbreaks. They also supported the COVID and influenza near patient testing in the Emergency Department.

In 2023 -24 the laboratory will continue with work to further extend the range and number of rapid testing platforms available for other infections. This includes molecular based testing for a wider range of pathogens to assist in the control of infection.

All of the laboratory's standard operating procedures are version controlled and maintained on Q-pulse; a quality management system.

Criterion 9: The service provider should have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

The IPC team have a range of policies and guidelines on WeShare, the Trust intranet system to support staff in delivering safe effective care. Documents available identify all infections and infectious conditions which require isolation or specific infection control management and describe any specific precautions required.

During 2022/23 the IPC team have updated a number of the infection control policies, procedures and guidance documents.

The National Infection Prevention and Control Manual is mandated to be in place by March 2024. A full gap analysis is currently underway regarding required amendments e.g. quick action guides/ aide memoires, what must be removed and how it will be sign-posted on the intranet to allow staff to access this. We must also review implications / risk raised within the document in terms of deviation from current practice. This will be reported through the IPCC for updates and awareness, and a timeframe applied to ensure the deadline is met.

Criteria 10: The registered provider will have a system or process in place to manage health and care worker health and wellbeing and organisational obligation to manage infection, prevention and control.

The Employee wellbeing service (EWS) has focused on offering the full range of immunisations for all staff joining the Trust and introduced the pertussis programme. It delivered on the Flu/Covid operational plan to vaccinate staff across the group and decommissioned the service at the end of February 2023 as per the agreed plan.

The EWS service has responded to 6 contact tracing episodes following staff exposure to a communicable disease. Collaborative working has increased with the IPC and TB service to ensure that staffs are offered the correct protection again communicable diseases and exposure is reduced.

This report will outline the key areas of the EWS and provide data to highlight activity and trends. It will provide an overview of the risks and the mitigations and a plan for 2023/24 that focuses on staff prevention and protection. In December 2022 a 5 year strategy Growing Occupational Health and Wellbeing together was launched; it aim is to move away from the transactional services to prevention of staff health and wellbeing.

This report focuses on the main topic areas that impact on staff prevention and protection.

Overview

Sharps and Splash incidents

There has not been any noticeable decline in sharps or splash incidents from the previous year. It has been recognised that there is a need for an audit to identify all non-safety sharps procurement within the Trust and devise the plan to replace with non-safety devices. All non-safety devices will be risk assessed as per the recently updated Sharps policy.

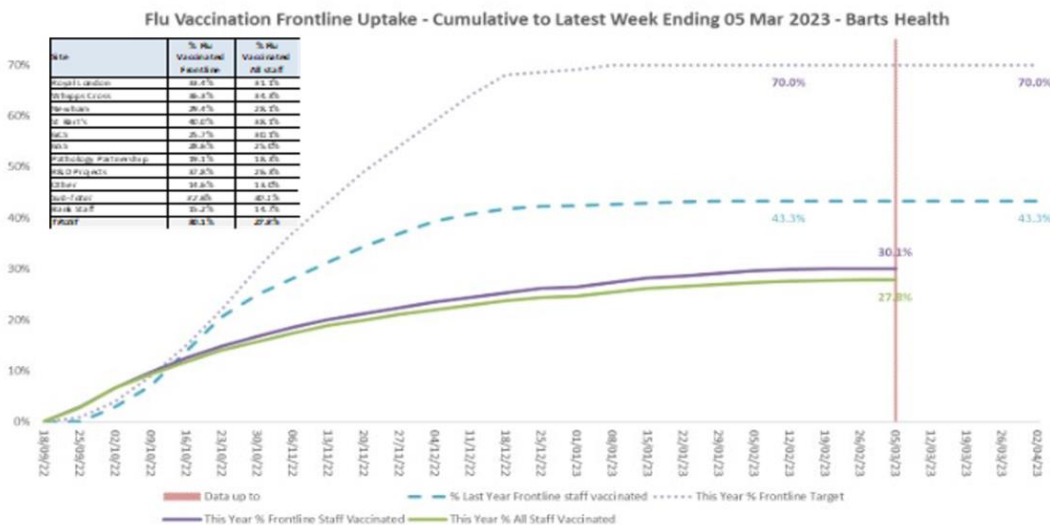
Month/Site	RLH	SBH	NUH	WXH	PP	Grand Total
Apr 21	29	6	6	1	0	42
May 21	26	7	4	4	0	41
Jun 21	16	5	5	3	0	29
Jul 21	13	3	1	3	0	20
Aug 21	21	4	2	6	2	35
Sep 21	16	2	2	4	1	25
Oct 21	30	2	10	5	1	48
Nov 21	15	2	7	6	1	31
Dec 21	20	2	3	4	1	30
Jan 22	22	5	3	3	0	33
Feb 22	10	4	2	6	1	23
Mar 22	11	6	5	1	0	23
Total	229	48	50	46	7	380
Apr 22	22	6	3	1	0	32
May 22	17	4	8	9	1	39
Jun 22	16	2	10	4	0	32
Jul 22	16	7	3	8	0	34
Aug 22	19	10	5	7	0	41
Sep 22	9	5	5	7	1	27
Oct 22	17	7	4	6	0	40
Nov 22	19	6	3	8	3	52

Dec 22	12	5	5	8	0	31
Jan 23	15	5	4	10	1	35
Feb 23	17	0	5	3	2	27
Mar 23	20	3	8	6	0	36
Grand Total	199	61	63	77	8	408

Flu and COVID vaccination update

The agreed plan was devised to offer a variety of options for delivery, whilst at the same time recognising staff by providing health and wellbeing fairs that provided hand creams, massages, and free drinks. The plan also included other incentives in the way of food vouchers and free pens, bottles, and badges. Despite this approach, the uptake for the trust was only around 30% for Flu and 26% for autumn COVID booster. There were challenges with the data from the Foundry around the staff denominator, which made it difficult to report accurately on the staff uptake as the denominator was

Flu Staff Vaccinations



Vaccination data from the National Immunisation and Vaccination System (NIVS) and only matched staff records counted in above.

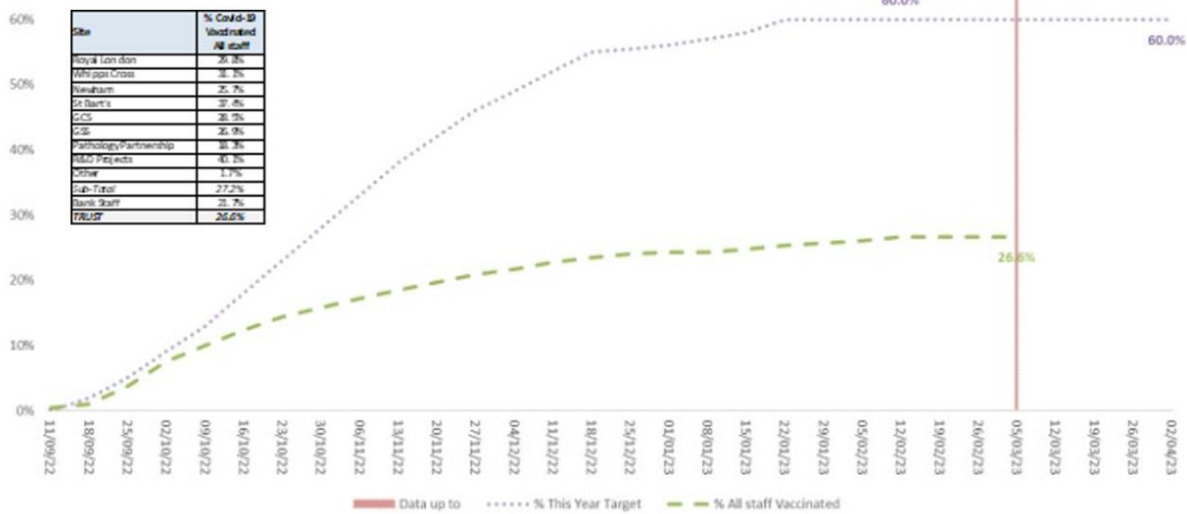


not correct. This was recognised nationally and has been taken as an action for the forthcoming campaign. It was also recognised nationally the impact that VCOD had to vaccine fatigue and staff reluctance to engage with a vaccine programme that is not mandatory. The Flu and Covid vaccine debrief took place on 7th March and had representation from IPC, hospital leads for the vaccination programme, vaccination team, EWS, pharmacy, BIU and communications. Reflections on the positive aspect of the campaign was discussed and areas of concerns that will need to be addressed for the planning of the forthcoming autumn campaign in Sept/Oct 2023. Early planning and representation

from each hospital is essential to deliver the vaccines to all eligible health care staff working in the Trust.

Staff Covid Vaccinations

Covid-19 Vaccination Uptake - Cumulative to Latest Week Ending 05 Mar 2023 - Barts Health



Vaccination data from the National Immunisation and Vaccination System (NIVS) and only matched staff records counted in above.



Vaccination update

- Pertussis roll-out commenced on 13th February 2023.
- Covid vaccine booster stopped on 10th February 2023. Evergreen pathway for 1st and 2nd vaccine is still available until end of June 2023.

Contact Tracing

There a total number of 8 events which required contact tracing exercises. This impacted a total of 239 staff highlighted for possible testing, resulting in 25 staff being tested. Some staff did not require further testing once antibodies had been checked and some staff refused.

Health Surveillance

- Skin surveillance programme is being devised.
- Night worker surveillance programme has been written and is due to be launched.

Policies and Procedures

- A SOP for Sharps Injury and Splash contamination has been written to provide a pathway for all staff who are exposed to an incidence. It will be added to the updated version of the Sharps Policy for the Trust.

Risks

1. Poor uptake of flu and COVID vaccines across all sites
2. Sharps data continues to highlight poor compliance with the use of safety devices.
3. Skin surveillance is yet to be approved and plan agreed for the Trust.
4. No COVID booster vaccination availability for in-patients on site

Mitigations

1. Flu debrief was undertaken on 7th March 2023
2. Further training is required to ensure safety devices are being used across the Trust on all sites to reduce the risk of sharps, incident.
3. For skin surveillance SOP and pathway to be agreed by relevant stakeholders
4. To be escalated to IPC group

EWS Plan for the next coming year 2023/24

- To plan, design and explore funding options for the delivery of the Flu and covid vaccination campaign for health care workers this autumn 2023.
- To work collaboratively with the safer sharps group to ensure completion of the safer sharps audit in all clinical areas.
- To increase the investigation into sharps and splash incidents to identify cause and reduce the risk, to adopt a lesson learnt approach when reporting on incidents.
- To complete the SOP for skin surveillance and devise the pathway for staff who are assessed for contact dermatitis and require reasonable adjustments.

- To devise a communication, roll out to raise awareness of the impact on skin integrity and wet working.
- To work collaboratively with IPC leads and health and safety to identify any COSHH risks and need for ongoing health surveillance such as exposure to skin sensitizers that may impact on skin integrity and risk of infection.
- To commence the 'look back' exercise for all outstanding staff immunisations since 2016 (introduction of the EWS database) to increase compliance. This will ensure efficient contact tracing in future cases and allow all relevant health care staff to access immunisations.

Conclusion

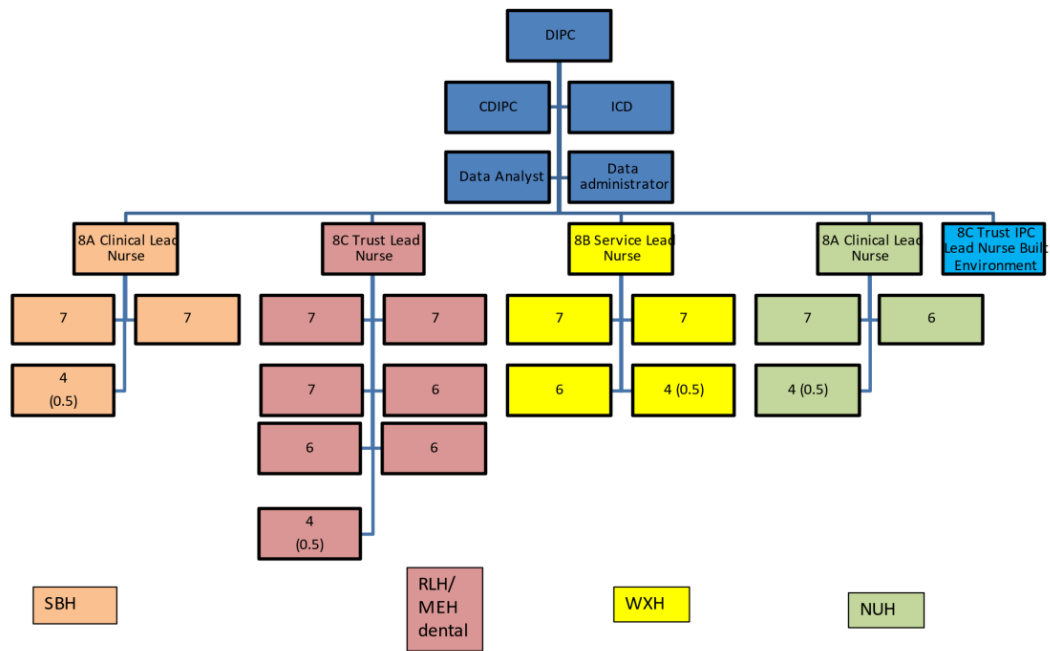
The content of this report details the broad range of IPC activity across the Trust and highlights that preventing and reducing the risk of preventable infections/harm has remained a priority. The GDIPC recognises and acknowledges the breadth and depth of work undertaken by all our staff across the Trust working together to reduce the incidence of preventable HCAs and enhancing patient safety. The key priorities identified in the Trust wide Peer Review are incorporated into Quality Improvement Plans. The high visibility and availability of the IPCT to facilitate effective IPC standards across the Trust is key to the delivery of safe effective care and although challenges remain in the year ahead. This is reflected in the IPC Programme of Activity and our Quality Improvement programmes that have been produced for 2023/24.

As we look forward to 2023/24 the plan is to review the current resourcing of the IPCT with the aim to increase team capacity and to scope potential succession planning. We have reviewed our IPC training will continue to provide high quality, insightful and educational session for our Link professionals and key stakeholders. We will support and contribute to the clinical strategy to ensure IPC is at the forefront of future developments. Whilst we continue to deal with the recovery from the pandemic and the return of winter viruses, we will remain committed to progressing with supporting staff to continue to uphold good IPC practice and ensure it becomes embedded in everyday activities.

Recommendations

The committee is asked to note the contents of the report and receive assurance that statutory obligations and evidence under the Health and Social Care Act 2008 (2022) have been met. The committee is also asked to note the significant sustained activity and contributions of the IPC team during 2022/23 and the actions required to improve our HCAI performance.

Appendix 1 -Trust's Infection Prevention and Control structure



Report to the Trust Board: 17 January 2024	TB 13/24
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Title	Use of the Trust Seal
Sponsoring Director	Trust Secretary
Author(s)	As above
Purpose	To seek Trust Board ratification of use of the Seal, pursuant to Standing Order 21.2.
Previously considered by	n/a

Executive summary

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

13 July 2023

- A deed of variation relating to the North Wing, St Bartholomew's Hospital, London EC1A between Barts Health NHS Trust, St Bartholomew's Heritage and Barts Charity.
- A lease relating to the North Wing, St Bartholomew's Hospital, London EC1A between Barts Health NHS Trust, St Bartholomew's Heritage and Barts Charity.
- A lease relating to the North Wing, the Gatehouse, the Archives area, IT area, Museum and Part Ground Floor (North Wing) between St Bartholomew's Hospital, London EC1A between Barts Health NHS Trust and St Bartholomew's Heritage.

28 July 2023

- A supplementary arrangement and deed of amendment to the operating agreement between Barts Health NHS Trust and Nuffield Health.

20 September 2023

- A deed of surrender relating to Unit 1, Brady Street, London N1 between Barts Health NHS Trust and Gilderton Properties Ltd.
- A lease and licence for alterations for premises at Burdett House, Mile End Hospital, E1 between Barts Health NHS Trust and East London NHS Foundation Trust.
- Leases and deeds of variation in relation to Second and Third Floor, 1 St Martin's Le Grand, London EC1A between HB LeGrand PTE Ltd and Barts Health NHS Trust.

28 November 2023

- A deed of settlement in respect of the project agreement and hard services contract for the Royal London Hospital and Royal Hospital of St Bartholomew between Barts Health NHS Trust, Skanska Rashleigh Weatherfoil Ltd and Capital Hospitals Ltd.

Related Trust objectives
n/a

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

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