

Barts Health Integrated Performance Report

Apr-22

Performance for: **Feb-22**



- **Overall Report:**

- Some national reporting for which metrics are usually presented in the report has been temporarily suspended during the Covid-19 pandemic crisis. For most, the performance from the last national submission before the suspension is the latest included in the report, as indicated below:
 - Dementia screening: Feb-20 performance.
 - Venous Thromboembolism (VTE) Risk Assessment: performance continues to be monitored internally.
 - Staff Friends and Family Test (FFT): 2019/20 Q4 performance.
- The above suspended metrics have been temporarily greyed out in the report.
- Serious Incidents Closed in Time: as previously noted, clock stops have been applied nationally to all Serious Incidents (SIs) from the Covid-19 second wave onwards. This remains in place nationally and NHS England/Improvement are currently considering whether the 60 day time limit should be removed permanently from Apr-22. Barts Health continues to monitor the SI process according to internal targets, with revised dates for completion of investigations applied to SIs declared during Jan-21 to Mar-21 and the 60 day timeframe applied to SIs declared from 01/04/2021.

- **Targets:**

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

Report	Page
Executive Summary	4
Covid-19 Monitoring and Recovery Report	11
Quality & Performance Report	19
Finance Report	41
People Report	48
Glossary	57
Appendix	63



Barts Health
NHS Trust

Executive Summary



Covid-19 Inpatient Activity Levels

- The second Covid-19 wave peaked at 835 total inpatients on 14/01/2021 and 182 critical care inpatients on 24/01/2021. The fourth (Omicron) wave of the pandemic peaked on 12/01/2022 with 392 total inpatients of which 35 were in a critical care bed. The peak of the fourth wave was equivalent to 47% of wave two total bed occupancy and 19% of critical care occupancy. Unlike the second wave impact, the fourth wave saw the majority of patients admitted to a general and acute bed with only a minority of patients admitted to critical care. Between 12/01/2022 and 28/02/2022 Covid-19 inpatient numbers reduced, initially at a significant rate but then far more slowly. However from 01/03/2022 Covid-19 inpatient numbers started to rise, driven by the rapid community transmission of the Omicron variant, BA.2. Between 01/03/2022 and 21/03/2022 inpatient volumes rose from 155 to 211, an increase of 56 or 36%. The uptick in Covid-19 inpatient numbers only impacted General & Acute beds, critical care Covid-19 occupancy during the same period reduced from 8 to 2. It is also important to recognise that a significant proportion of Covid-19 inpatients have incidental Covid-19 and are primarily being treated for other conditions, however the trust is closely monitoring inpatient volumes and acuity.
- On the day of finalising the data for this report (21/03/2022), the number of Covid-19 positive inpatients across the Trust was 211, a 46% reduction against the peak of the fourth wave recorded on 12/01/2022. Of these, 2 patients are being cared for in a critical care bed; this represents a 94% reduction against the peak of the fourth wave and is equivalent to 2% of the total number of critical care beds available.

Covid-19 Community Cases

- Comparing the week starting 09/03/2022 to the week starting 16/03/2022 shows the following movements in the case rate per 100,000 population:
 - For Newham, an increase from 358 to 420 (+17%).
 - For Tower Hamlets, an increase from 574 to 624 (+9%).
 - For Waltham Forest, an increase from 601 to 627 (+4%).
 - For Hackney and City of London, an increase from 620 to 635 (+2%).
- As a comparator the London case rate has increased from 625 to 688 (+10%) while the England case rate has increased from 709 to 837 (+18%).

Staffing

- Having seen a spike in sickness and Covid-19 related absence during Dec-21 and the first half of Jan-22, the position has now stabilised. On 21/03/2022, 3.14% (558 staff) of the total workforce were absent due to sickness and 0.24% (42 staff) were absent due to Covid-19 related reasons such as self-isolation, this data is virtually unchanged since the same point in February 2022. The equivalent data for 31/12/2021 was a 5.9% (1,025 staff) sickness rate and a 1.1% (197 staff) Covid-19 absence rate.

Covid-19 Monitoring and Recovery (Continued)

Elective Activity Recovery Trajectories

- The Trust submitted elective activity recovery trajectories to NHS England for the first half of the year ending in Sep-21 and submitted re-based trajectories for the second half of the year during Nov-21. Additionally, long waiter eradication trajectories have also been submitted. Elective activity is being focussed on clinically prioritised and long-waiting patients with performance tracked each week by a senior executive-led operations group. Elective admitted and outpatient activity tracked above plan for the three month period Apr-21 to Jun-21 and long waiter reduction rates exceeded planned levels. For the period of Jul-21 to Sep-21 it became much more difficult to sustain planned elective activity levels due to non-elective pressures, including increasing numbers of Covid-19 patients, and the impact of a major incident (flooding) at Whipps Cross. As a result, elective activity volumes fell relative to plan and the rate of reduction for long-waiting patients also slowed. For Oct-21, the Trust re-based its elective activity profile to take account of autumn and winter pressures and achieved its admitted plan for Oct-21; however, for the period Nov-21 to Feb-22 the trust under-achieved against the admitted trajectory though did deliver required outpatient activity volumes. For Feb-22 the volume of 52 week waits was 6,599 against a re-based planned position of 6,967 (368 better than plan).
- The Trust has made significant progress in reducing the size of the 104 week wait backlog. As of 20-Mar-22 Barts Health had 472 patients who have waited 102 + weeks for treatment (379 admitted, 93 non admitted). We are forecasting <300 patients who will be at 104 + weeks for treatment beyond Mar-23. We are working to ensure there will be no patients waiting more than 104 weeks for treatment beyond Jun-22 in line with national expectations.

Vaccinations (Covid-19 and Flu)

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

Quality & Performance

Responsive

A&E 4 Hour Performance

- In Feb-22, 38,157 attendances were recorded, 95% of the total volume recorded in Feb-20 (pre-pandemic). For Feb-22, a performance of 73.0% was recorded, compared to 75.3% in Jan-22. Feb-22 performance was the lowest since the last Covid-19 pandemic peak in Jan-21. During Feb-22 performance was heavily influenced by the impact of the Omicron variant and the arrival of the fourth wave of the Covid-19 pandemic together with the impact of autumn / winter related emergency pressures.
- For Feb-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 11th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

Referral to Treatment (RTT)

- The NHS has been required to suspend elective services during peaks in the Covid-19 pandemic. This has had a significant impact on waiting lists across England, including growth in 52 week wait pathways. For Barts Health 6,599 52 week breaches were recorded at the end of Feb-22 which represents a reduction of 9,250 breaches (58%) over a twelve month period.
- Looking at London, of the 18 Trusts reporting 52 week breaches for Jan-22 (the most recent national data), Barts Health ranked 18th with 7.2% of the waiting list waiting 52 weeks or longer compared to a total London performance of 2.9%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 7th highest proportion of 52 week pathways, but across these top 10 English providers the proportion of 52 week pathways was far higher than London at 8.2%.

Diagnostic 6 Week Wait Standard

- As for RTT, the impact of the Covid-19 pandemic on the diagnostic waiting list has been significant, resulting in increased waiting times. For Feb-22, a performance of 71.8% was recorded, a significant improvement on January's performance of 64.2%, +7.6%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 97% of all breaches in Feb-22.
- Looking at the 18 London acute Trusts, for Jan-22 (the most recent national data), Barts Health was the worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was ranked 5th in terms of performance.

Cancer 62 Days from GP and Screening Service Referral

- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Jan-22. For Jan-22, the Trust recorded a performance of 72.7%. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The cancer leadership team is aiming to return to compliance with the standard by the end of Mar-22.
- The Trust failed the 62 day screening standard in May-21 and between Aug-21 and Nov-21. For Dec-21, the Trust achieved compliance, however for Jan-22 the trust returned to non compliance recording a performance of 86.4% against the 90% standard. The trust recorded 1.5 breaches of the standard, all in Breast. The breaches related to one complex case and an additional 0.5 breach which was added in error and not removed in time, the error has since been corrected and will be reflected in the national data in May-22. Without the addition of the 0.5 breach the trust would have been compliant with the standard. Referral volumes for screening are still below pre-pandemic levels but are recovering. Locally and nationally, the NHS is investing in multi-media awareness programmes designed to return screening programmes to pre-pandemic service levels.

Quality & Performance (Continued)**Caring**

- Performance for complaints replied to within the agreed time declined in Feb-22, this has been impacted by staff turnover and sickness absence.
- Duty of Candour performance was stable in Jan-22 as preparations continue to introduce the necessary changes to implement CQC requirements and also to address the recommendations of the recent internal audit report, particularly those that are qualitative relating to our interactions with patients and families.

Safe and Effective

- Infection prevention and control: *E.coli* bacteraemia bloodstream infections remain above trajectory although other indicators (*C.diff* rate and incidence and assigned MRSA bacteraemia cases) show an improved position and are below target.
- Performance closing serious incidents on time continues to be a challenge and is affected by ongoing COVID and recovery pressures. All of our hospitals are working to recover this position.
- No never events have been recorded in this reporting period and the number of never events reported in 2021/22 continues to compare extremely well with the 2020/21 outturn position.

Finance

- The Trust is reporting a £0.2m favourable variance against its breakeven plan for the year to date.
- Income is £19.1m favourable year to date. NHS Patient Treatment income is £26.1m favourable driven by over performance against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m) and additional allocations notified in quarter 4 including elective funding for independent sector provider costs in H2 (£4.3m) and specialist commissioning contract variations. Other income is (£7.0m) adverse. Sites and Services other income is (£3.2m) adverse with the key shortfall being reduced private patients activity (£2.8m). Central other income is (£3.8m) adverse which includes donated asset income (£2.8m) and funding reduction to match actual expenditure for vaccination programme re-imburement.
- Expenditure is (£18.9m) adverse against the year to date plan. Site & Services expenditure is (£15.7m) adverse year to date with the largest overspends being for growth in high cost drugs (£9.8m) and for purchase of independent sector activity to support elective recovery (£9.1m). Temporary staffing pay costs significantly increased in January-February due to the impact of the Omicron variant including payments at pandemic enhanced bank rates which were implemented from 21st December-31st January, overall though pay remains underspent for the year to date. Central expenditure is (£3.1m) adverse year to date due to movements on central provisions.
- The year to date capital expenditure is £66.3m against a phased plan of £70.3m, which gives a year to date underspend of £3.9m for exchequer funded schemes. The variance is largely due to slippage in the delivery of schemes and ordering of equipment later than initially planned. It is noted however that at Month 11, year to date expenditure represents 75% of the funded plan and 72% of the forecast outturn, and in line with 2020/21, there will be a significant upward spike in expenditure in Month 12. Expenditure in Month 11 is £7.9m (£6.4m in Month 10) against a plan of £3.6m, a difference of (£4.3m). This continues the trend of overspend over the latter part of the year and reduction in the year to date underspend.
- Cash balances are higher by £157.9m compared to a plan of £25.0m, as a result of a high opening cash balance of £54.2m on 1st April 2021, and other movements in working capital. The Trust made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance. No further payments are anticipated for the second half of the year because the PDC interest calculation will be reduced by the consistently high cash balances held during the year. The Trust is now forecasting a closing cash balance at the end of the financial year of £90m.
- The Trust is forecasting a breakeven income and expenditure position for the year.

People

Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.81% in Dec-21 to 4.84% in Jan-22. This will continue to increase when the data for Feb-22 is reported, with current indications being that absence in Feb-22 was higher than Feb-21 (5.2% v 4.4%).
- **Appraisal rates** – recorded non-medical appraisals now stand at 56.3%, slightly up from the 55.5% reported for Jan-22; The medical appraisal rate remains high at 93.4%. Once Microsoft 365 is rolled out across the group alternative options for capturing appraisal outcomes will be explored to assess if there are ways to make capture of this information easier for managers.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – in Feb-22, 437 unconditional offers were made, down from 518 in Jan-22, although continuing to remain high against the plan. In addition, 850 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in Jan-22 was at 90.6%, up from 90.3%, reflecting a growth of 57 Whole Time Equivalent (WTE) substantive staff in month. The registered nursing fill rate is currently 82.5% and a further 48 nurses are expected through international recruitment in Mar-22.
- Drive 95 has been re-established as a point of focus to increase our substantive fill rate to 95% across the next two years. Current workforce plans are looking to increase to the fill rate to 93% by the end of the 22/23 financial year and then to close the gap further in the following year.
- The People directorate is meeting with sites to cover points of clarification on the forecast demand, provide support and guidance on the development of underlying capacity and look to ensure capacity planning is in place for expected peaks of activity, supported by recruitment commissioning plans.
- Focused recruitment continues across Critical Care, Theatres and Anaesthetics, with Midwifery now also included.
- **Turnover** – annualised voluntary turnover continues to increase and is now at 12.4%, up from 12.2% last month. We expect the annualised figure to continue to increase over the coming months with leavers averaging 60 Whole Time Equivalent (WTE) a month more than were seen 12 months ago
- **Temporary staffing** – temporary staffing usage reduced by 245 WTE compared to Jan-22, with a reduction of 33 Whole Time Equivalent (WTE) agency and 212 Whole Time Equivalent (WTE) bank. The proportion of temporary staff as part of the workforce reduced from 15.0% to 13.9%.

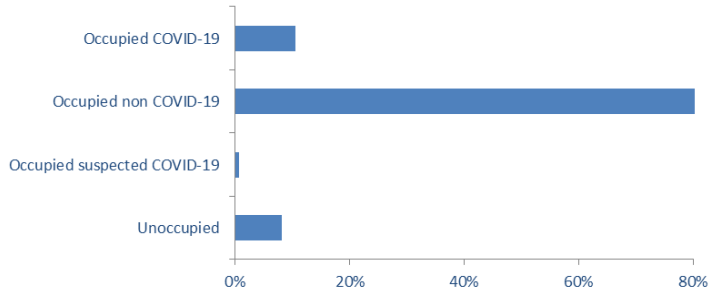


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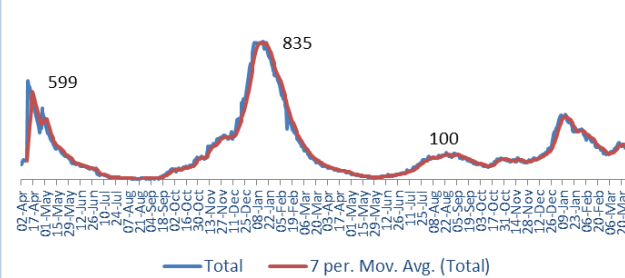
Covid-19 Monitoring and Recovery Report



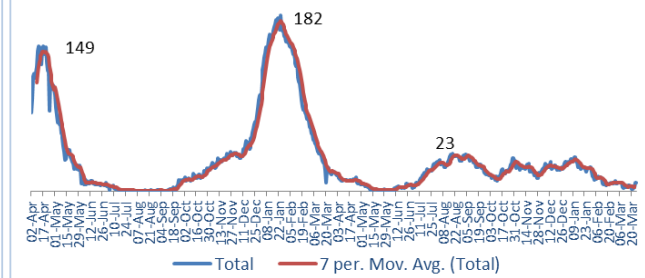
BARTS: Number of beds occupied



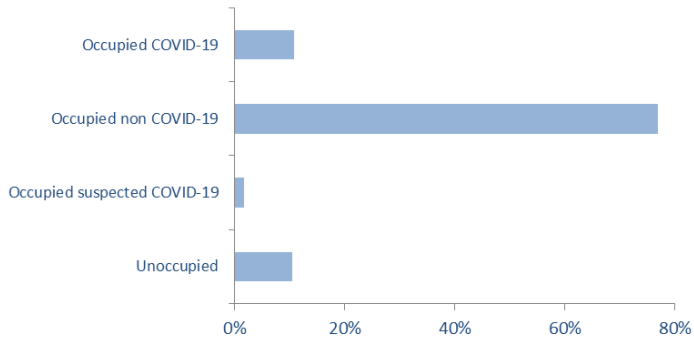
BARTS: Number of confirmed COVID-19 patients occupying beds as of 8am



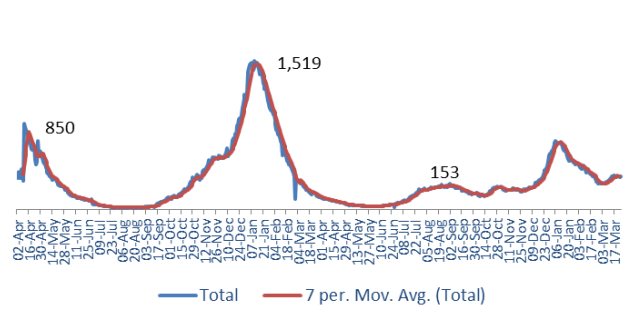
BARTS: Number of confirmed COVID-19 patients occupying mechanically ventilated beds as of 8am



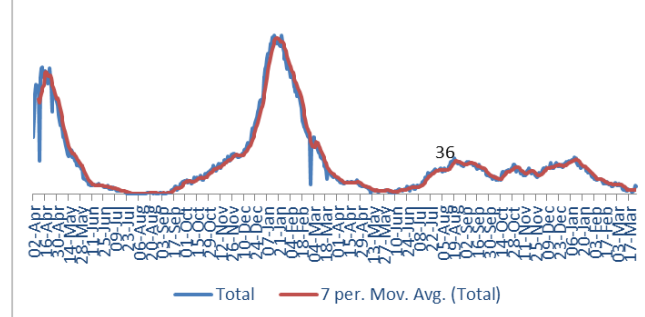
NEL: Number of beds occupied



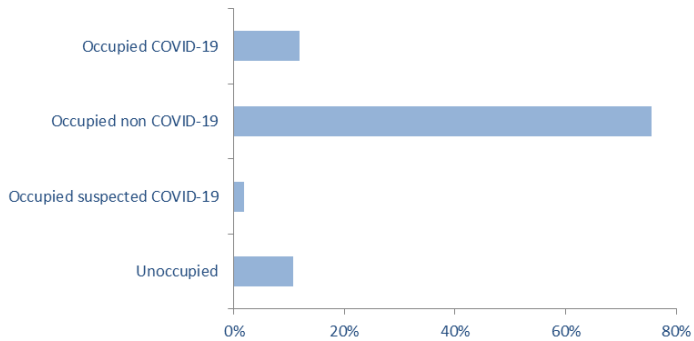
NEL: Number of confirmed COVID-19 patients occupying beds as of 8am



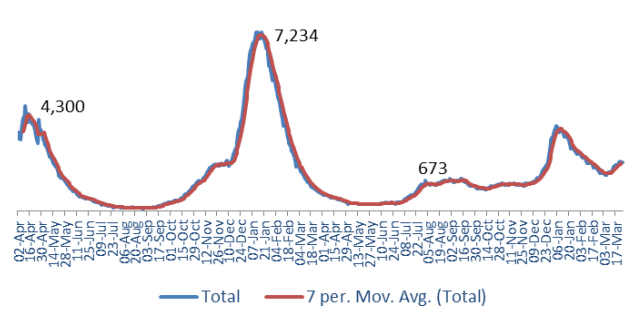
NEL: Number of confirmed COVID-19 patients occupying mechanically ventilated beds as of 8am



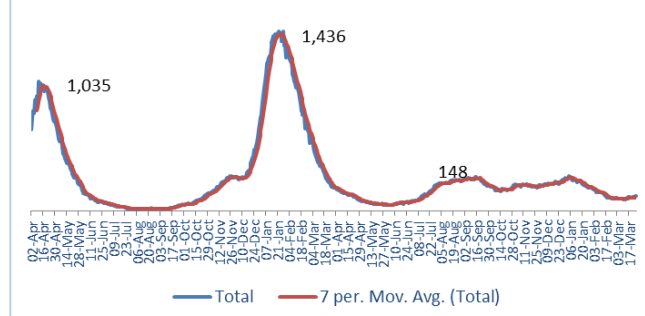
LDN: Number of beds occupied



LDN: Number of confirmed COVID-19 patients occupying beds as of 8am

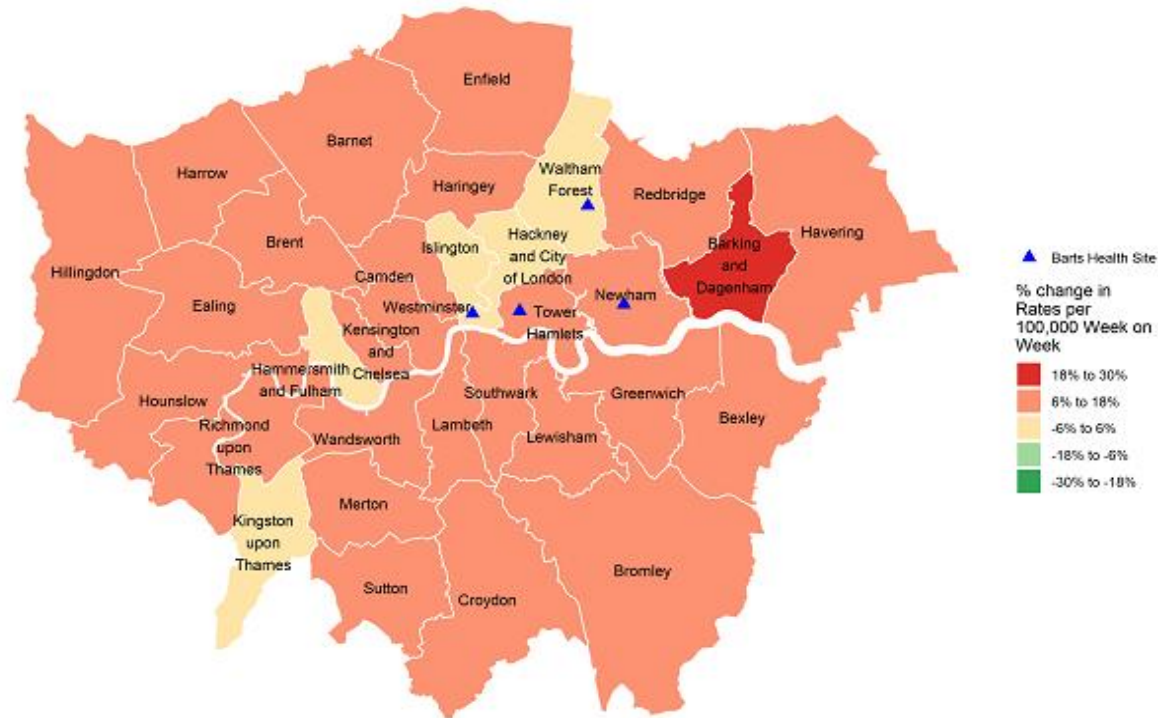


LDN: Number of confirmed COVID-19 patients occupying mechanically ventilated beds as of 8am



Data as at 25/03/2022

Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2022-03-16

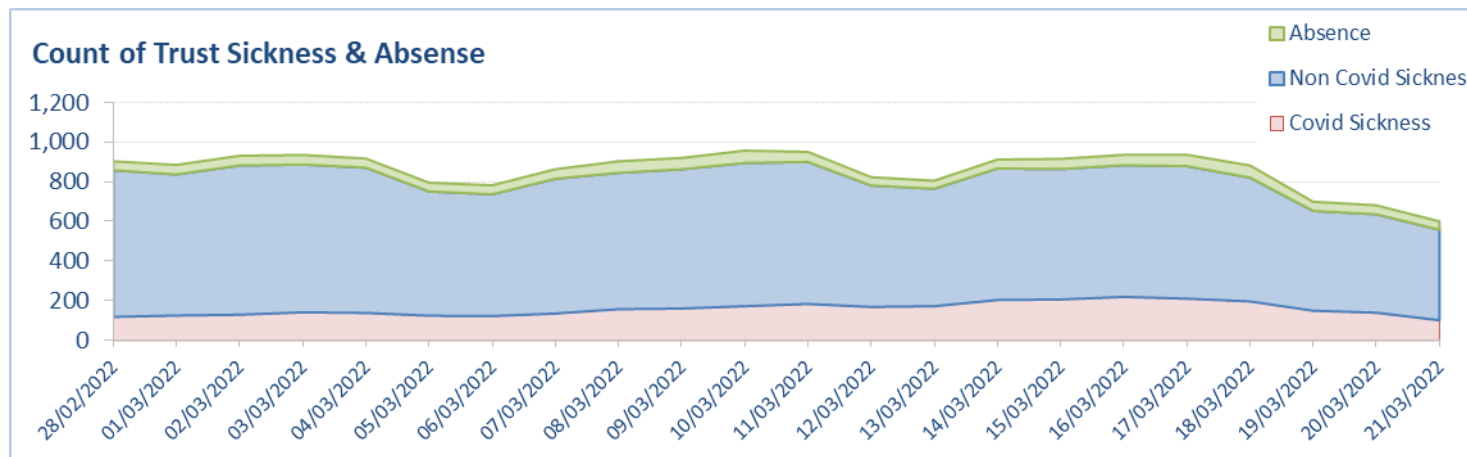


Area	Cases W/C 09/03	Cases W/C 16/03	Rate per 100,000 W/C 09/03	Rate per 100,000 W/C 16/03	% Change in Case Rate Week on Week
Redbridge	1,338	1,525	440	502	14.0%
Havering	1,562	1,738	606	674	11.3%
Newham	1,261	1,477	358	420	17.1%
Tower Hamlets	1,824	1,984	574	624	8.8%
Waltham Forest	1,662	1,734	601	627	4.3%
Barking and Dagenham	721	935	340	441	29.7%
Hackney and City of London	1,733	1,775	620	635	2.4%
London	54,431	60,155	625	688	10.2%
England	421,282	489,445	709	837	18.1%

Data as of: 21/03/22

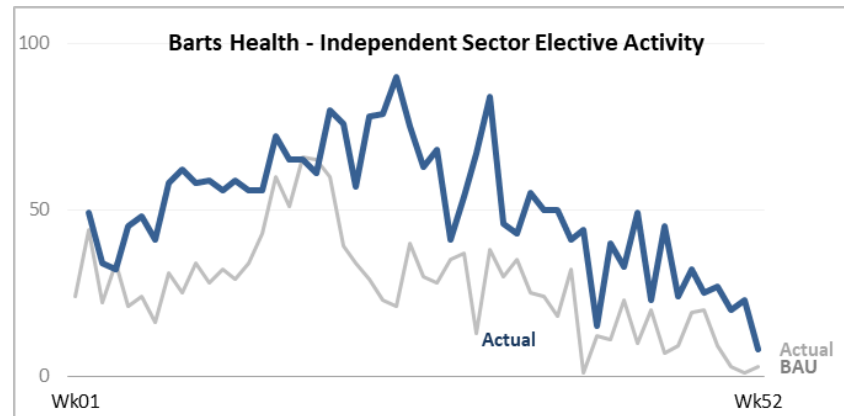
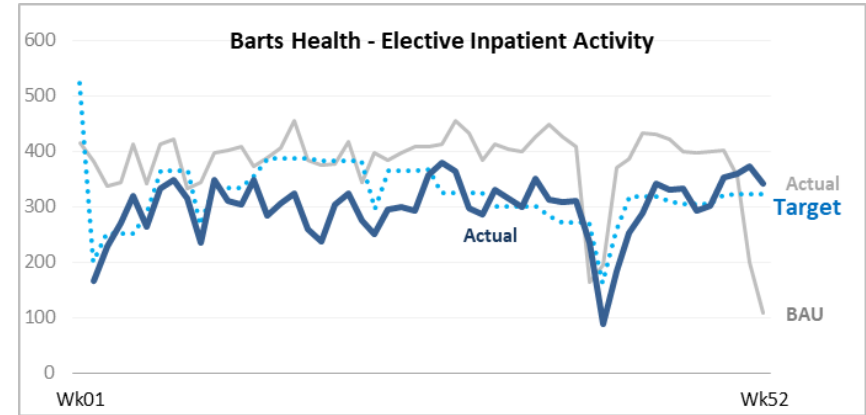
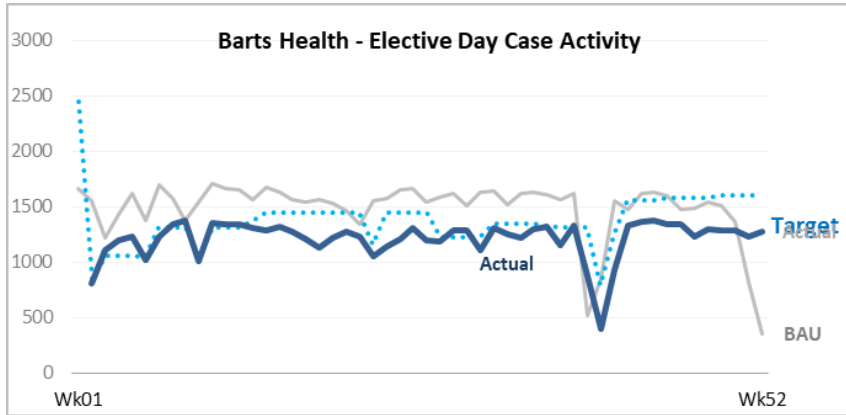
Total Staff Count:	Covid Sickness Group	Non-Covid Sickness Group	Covid Related Absence Group
17,749	101	457	42
Proportion against Total Staff	0.57%	2.57%	0.24%

Total Sickness	Total Sickness + Covid Related Absence
558	600
3.14%	3.38%

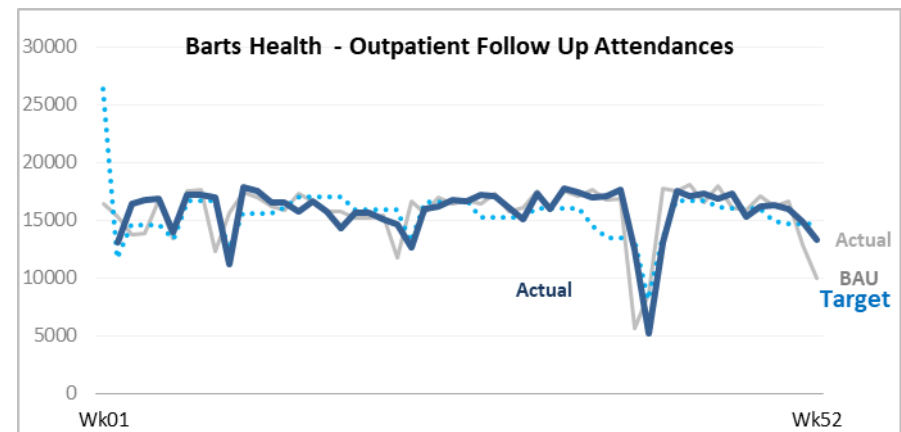
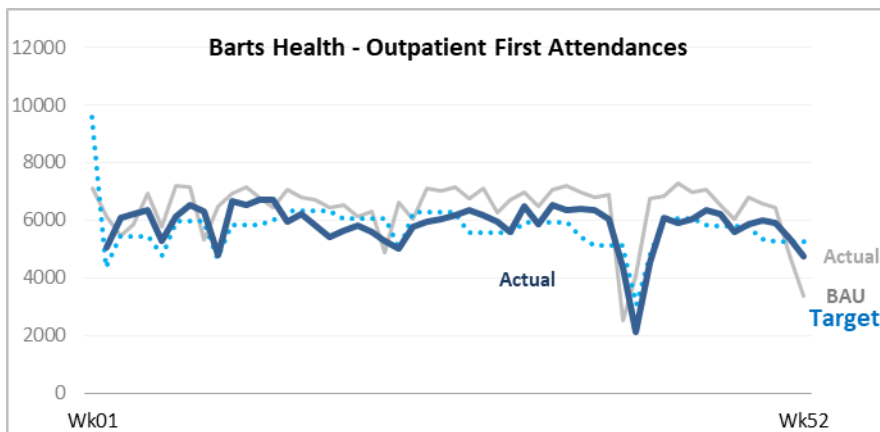


	2 weeks ago (average) (08/Mar - 14/Mar)	1 week ago (average) (15/Mar - 21/Mar)	Current
Covid Sickness Group	174	174	101
Non-Covid Sickness Group	672	582	457
Covid Related Absence Group	51	51	42

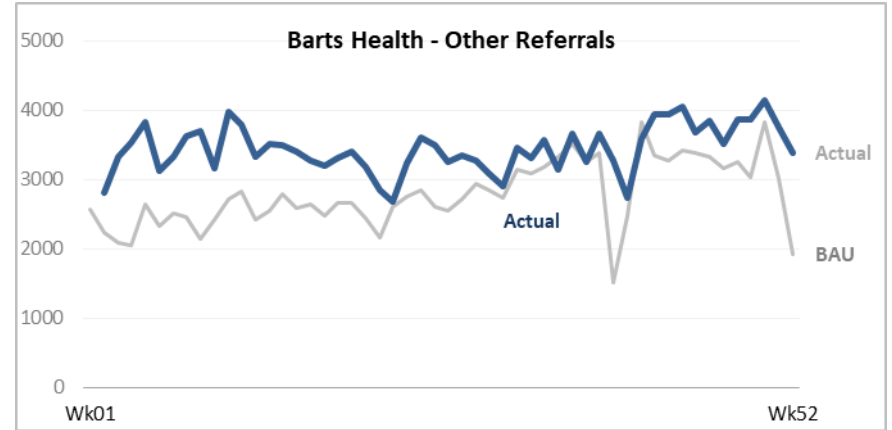
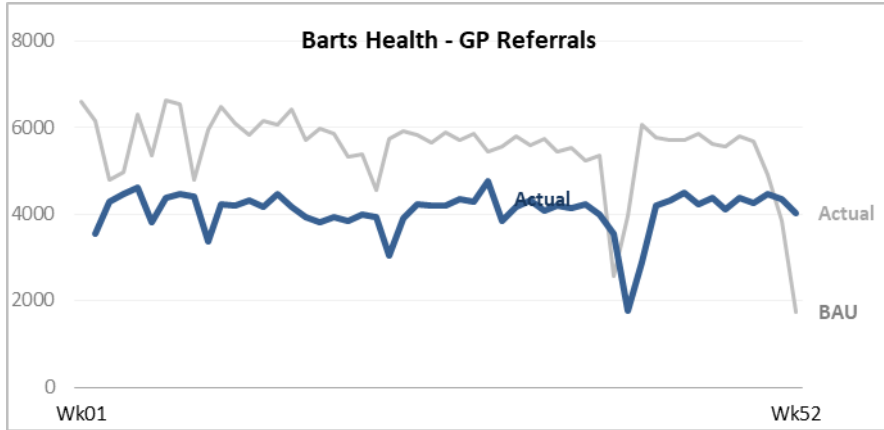
Elective Activity



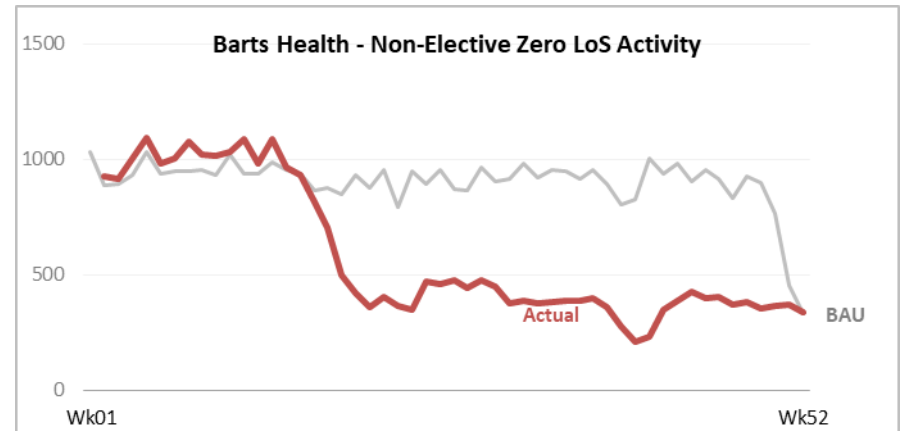
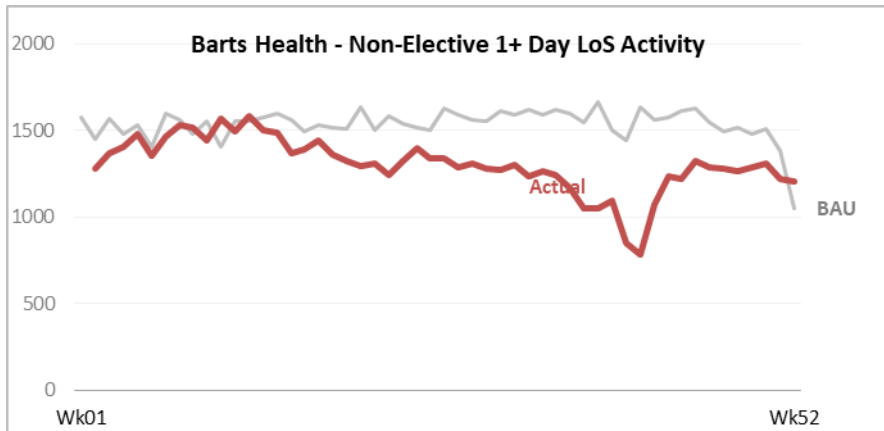
Outpatient Activity



Referrals Activity

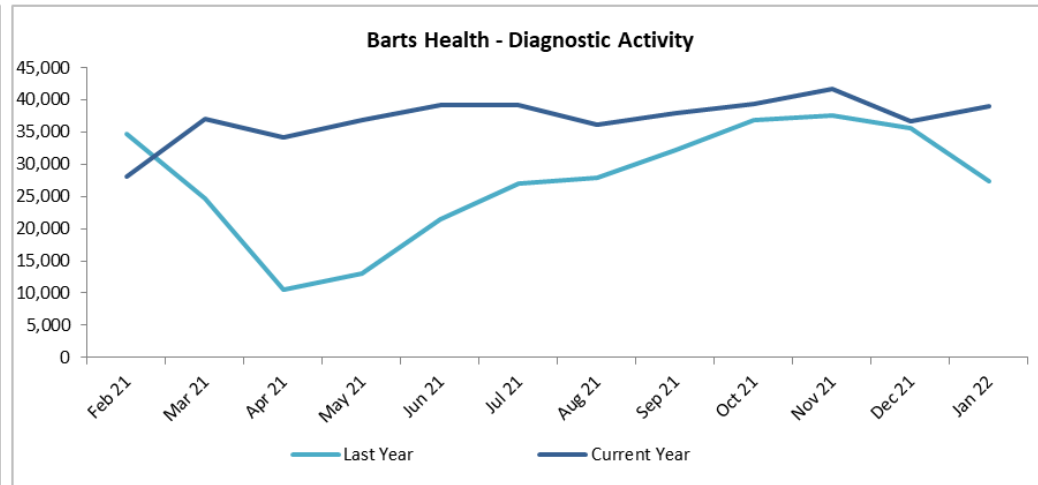
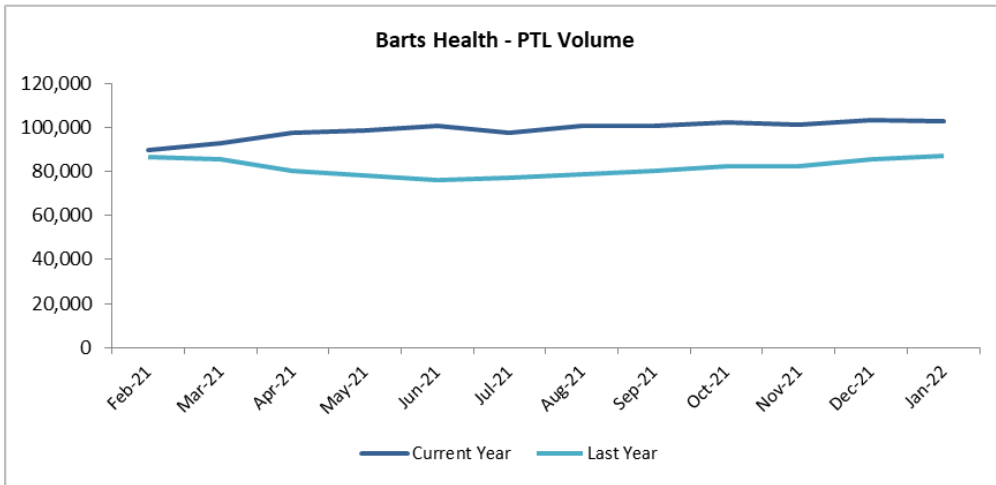
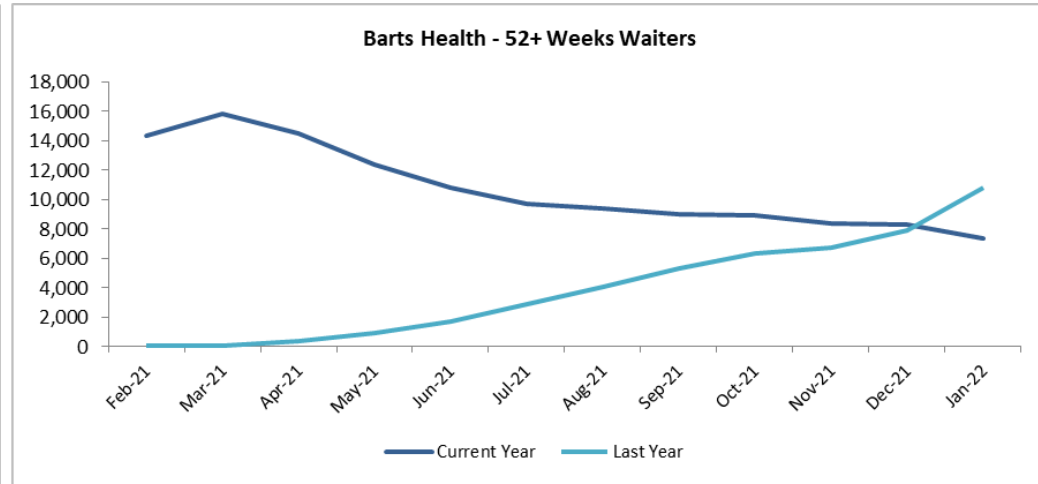
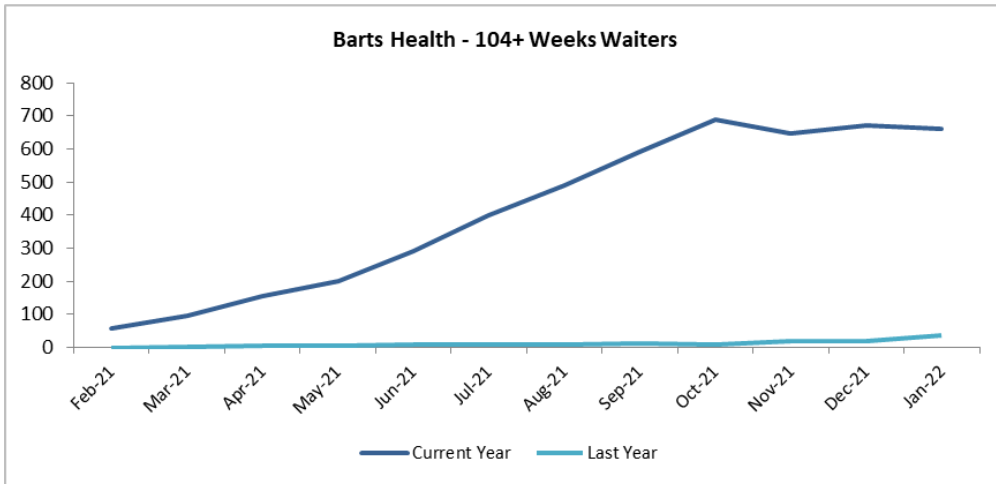


Non-Elective Activity



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

Barts Health							Latest Month's Site Position					
Setting	Ref	Reporting Period	Nov-21	Dec-21	Jan-22	Feb-22	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other
PTL Activity	0481	52+ Weeks Waiters	8,393	8,244	7,359	6,599	3,962	2,045	569	17	0	6
		104+ Weeks Waiters	646	670	662	606	490	74	42	0	0	0
	0482	PTL Volume	100,942	103,126	102,897	102,461	48,867	28,635	11,848	12,914	0	197
DM01	0487	Diagnostic Activity	41,682	36,714	39,007	38,331	13,419	9,375	7,343	8,194	-	0
		Equivalent Month Position Last Year	37,625	35,550	27,310	28,170	8,836	6,062	4,674	8,598	-	0



Data as at 21/03/2022

	Site	Total Staff	Vaccinations Overall			% Vaccinated	Doses Administered		
			Yes	No - Unknown	No - Decline		Dose 1 & 2	Dose 3	Dose 1, 2 & 3
Permanent and Fixed Term Employees (Including Active Bank Staff)	Royal London	6,933	6,367	566	0	92%	6,101	4,707	4,687
	Whipps Cross	3,001	2,740	261	0	91%	2,580	1,954	1,943
	St Bart's	2,859	2,691	167	1	94%	2,596	2,142	2,138
	Newham	2,115	1,918	197	0	91%	1,780	1,300	1,295
	GSS	2,007	1,805	200	2	90%	1,693	1,284	1,279
	Pathology Partnership	770	696	74	0	90%	652	469	469
	R&D Projects	256	236	20	0	92%	232	194	193
	Other	113	93	20	0	82%	88	80	77
Bank Staff	2,746	2,337	409	0	85%	2,201	1,631	1,611	
Other Staff	External Companies (Serco, Linet, etc.)	1,914	1,381	533	0	72%	1,259	925	920
All Staff	Grand Total	22,714	20,264	2,447	3	89%	19,182	14,686	14,612

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

	Ethnicity Group	Total Staff	Vaccinations			% Vaccinated
			Yes	No - Unknown	No - Decline	
Permanent and Fixed Term Employees (Including Active Bank Staff)	Asian or Asian British	4,697	4,390	307	0	93%
	Black or Black British	4,223	3,521	701	1	83%
	Mixed	614	545	69	0	89%
	Other Ethnic Groups	2,036	1,923	113	0	94%
	White	6,972	6,588	382	2	94%
	Z - Not stated	2,258	1,916	342	0	85%
	Grand Total	20,800	18,883	1,914	3	91%

- In 2021/22 and 2022/2023 to date the trust delivered both public and staff vaccinations for flu and COVID 19. Over this period the service at Bart's Health team across a number of settings and delivered;
 - 248,000 COVID 19 vaccinations delivered (since December 2020).
 - 91% of staff have received one COVID 19 vaccination, 86% have received both a first and second dose. National reporting on staff vaccinations is now paused.
 - Flu uptake year end position was 43.3% (London declared 46.4%). The flu vaccination season is concluded for 2021/22 with a national plan to recommence in quarter 2 of 2022.
 - 1362 outreach clinics totalling 53,890 vaccinations (since February 2021)
- National Planning Parameters have been published with plans split into Spring and Summer, and then Autumn and surge. The initial plan focuses on a Spring Booster for over 75s and immunosuppressed, initial vaccination for children aged 5 and above, and on-going evergreen offers, including maternity and allergy patients, and eligible inpatients. To support this, the Hospital Hub+ sites at Whipps Cross and Newham will remain open until the end of Jun-22, alongside our NEL outreach offer. Further details are awaited regarding an expected Autumn booster campaign for the wider public. Trusts have been asked to be prepared to stand up surge capacity within 14 days.
- A Trust vaccination plan for 2022/23 has been developed which describes the national cohort asks and the proposed delivery structure of the service sitting within the Employee Wellbeing Service as a BAU model.



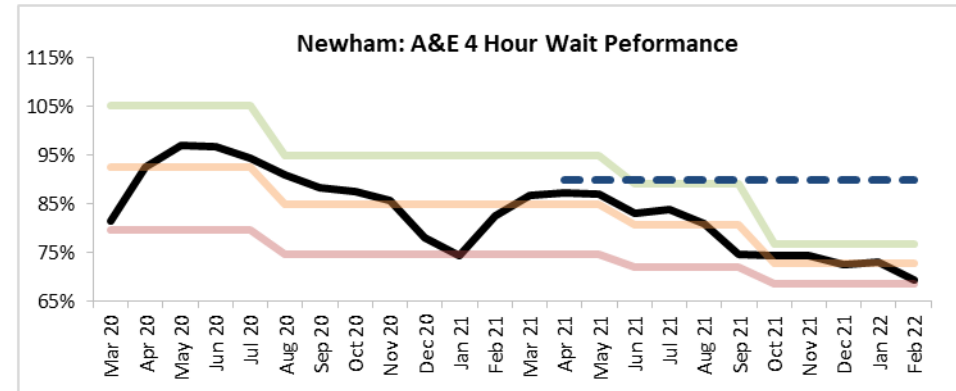
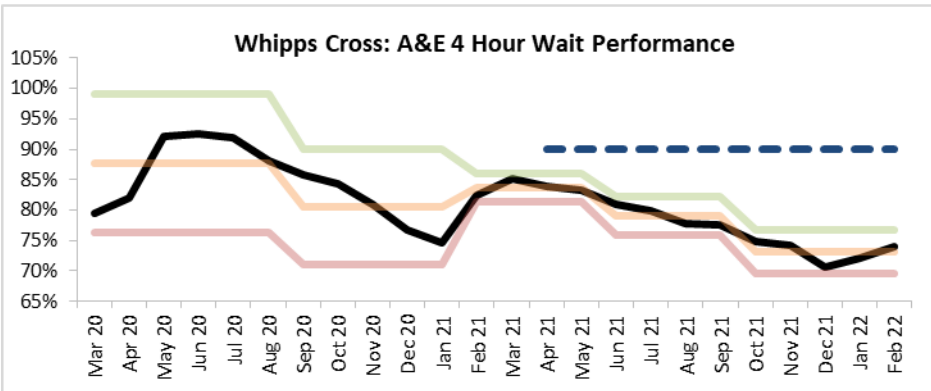
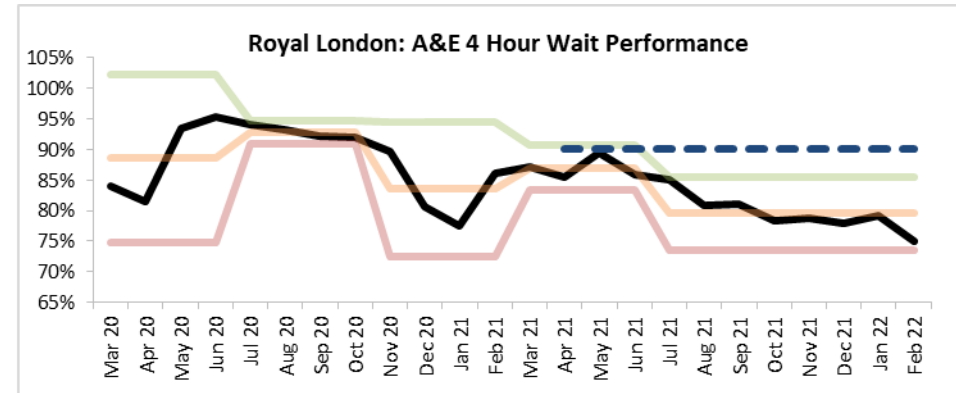
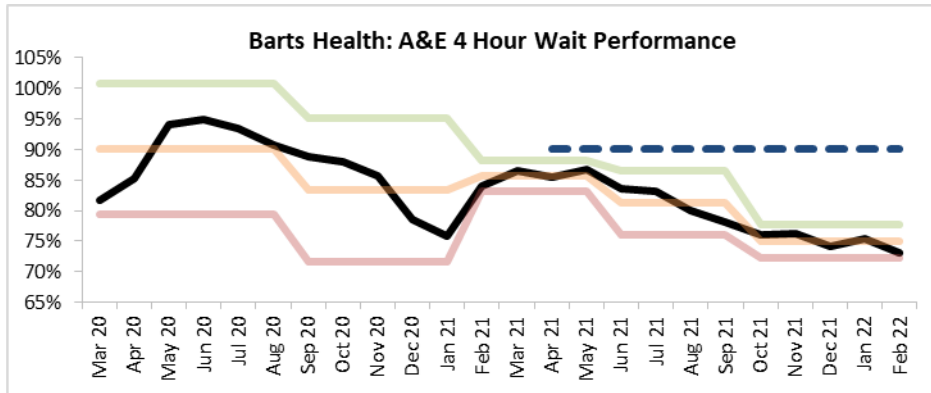
Barts Health
NHS Trust

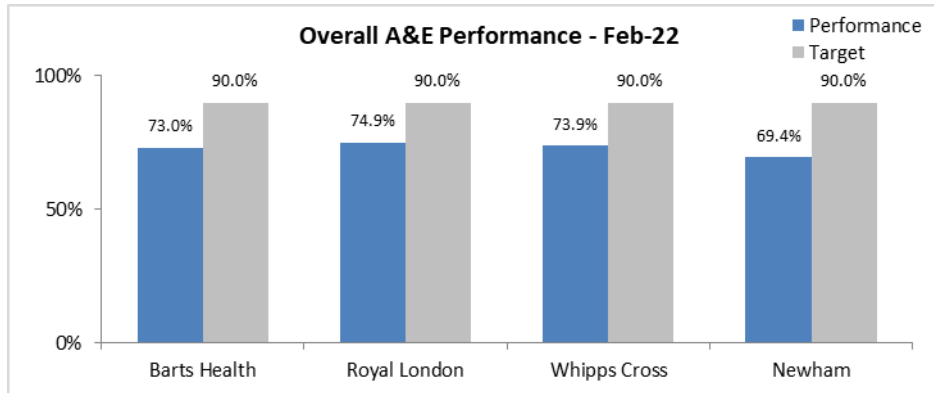
Quality & Performance Report



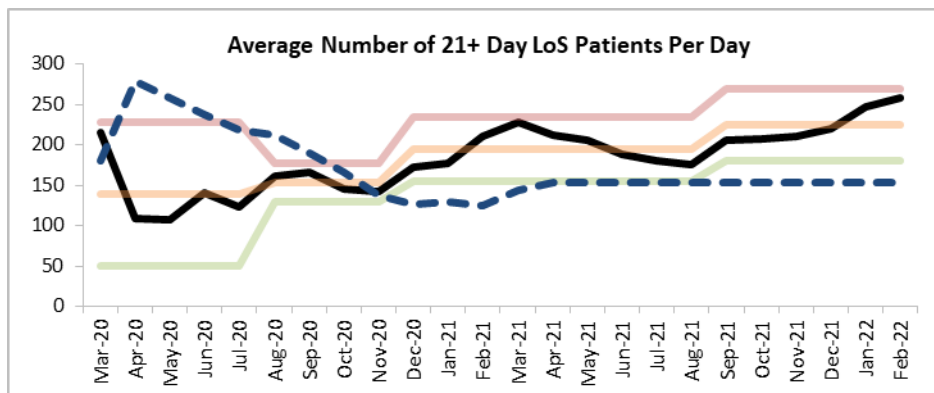
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison							Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health	
Waiting Times	R1	A&E 4 Hours Waiting Time	●	●		Feb-22 (m)	>= 90%	75.3%	73.0%	79.3%	74.9%	73.9%	69.4%	-	-	-	73.0%	●
	R35	Cancer 62 Days From Urgent GP Referral	●			Jan-22 (m)	>= 85%	68.9%	72.7%	76.7%	60.4%	81.2%	72.7%	70.5%	-	-	72.7%	●
	R36	Cancer 62 Days From Screening Programme	●			Jan-22 (m)	>= 90%	90.3%	86.4%	86.6%	-	100.0%	-	83.3%	-	-	86.4%	●
	R6	Diagnostic Waits Over 6 Weeks				Feb-22 (m)	-	64.2%	71.8%	68.9%	59.3%	73.7%	99.7%	77.1%	-	-	71.8%	●
	R5	52+ Week RTT Breaches	●			Feb-22 (m)	<= 6,967	7,359	6,599	-	3,962	2,045	569	17	-	6	6,599	●

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





Site	Feb-21	Feb-22	Variance
Barts Health	25,484	38,157	49.7%
Royal London	9,733	15,961	64.0%
Whipps Cross	8,177	11,020	34.8%
Newham	7,574	11,176	47.6%

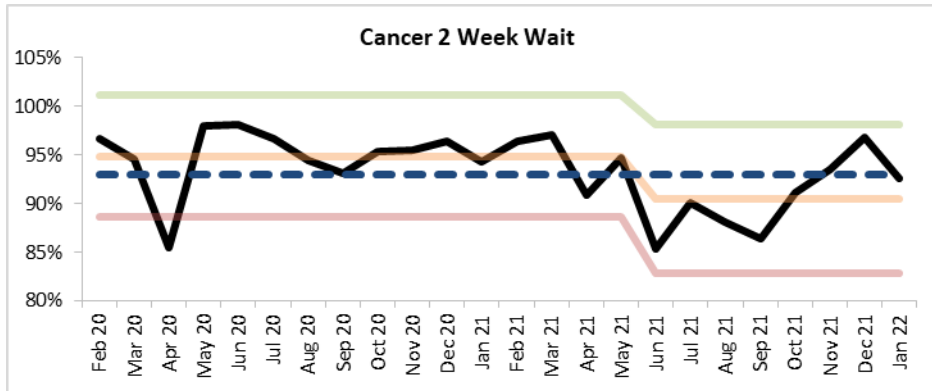


Performance Overview

- In Feb-22, 38,157 attendances were recorded, 95% of the total volume recorded in Feb-20 (pre-pandemic). For Feb-22, a performance of 73.0% was recorded, compared to 75.3% in Jan-22. Feb-22 performance was the lowest since the last Covid-19 pandemic peak in Jan-21.
- For Feb-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 11th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

Responsible Director Update

- During Feb-22 performance was heavily influenced by the impact of the Omicron variant and the arrival of the fourth wave of the Covid-19 pandemic together with the impact of autumn / winter related emergency pressures.



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2,591	194	92.5%
Children's	19	7	63.2%
Gynaecological	321	72	77.6%
Lung	42	6	85.7%
Skin	446	59	86.8%
Upper Gastrointestinal	174	18	89.7%
Urological	227	18	92.1%

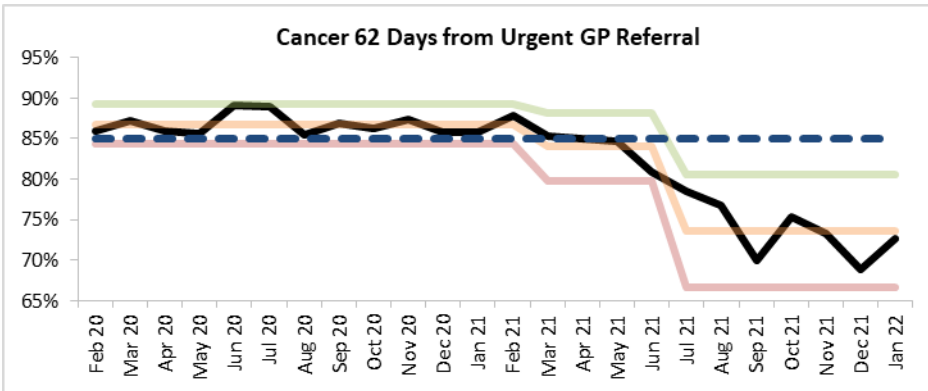
Site	Seen	Breaches	Performance	Target
Royal London	759	28	96.3%	93.0%
Whipps Cross	1,177	123	89.5%	93.0%
Newham	435	41	90.6%	93.0%
St Bart's	220	2	99.1%	93.0%
Barts Health	2,591	194	92.5%	93.0%

Performance Overview

- Following two compliant months 2 week wait performance for Jan-22 did not meet the target, with a performance of 92.5% against a target of 93%. As part of the national cancer recovery plan, the Trust is planning for an increase in referrals from primary care equivalent to 117.7% of 2019 referral volumes and flexing capacity to meet this increased demand.

Responsible Director Update

- The Trust is working with primary care to reduce the number of 2 week wait patient choice breaches.
- There is a focus at hospital site access meetings to get back to a compliant position.
- The cancer team is working with the Trust's Business Intelligence Unit on demand and capacity modelling for the top six most challenged pathways.



Breakdown by Tumour Sites Failing Standard - Jan-22

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	102.5	28	72.7%
Head and Neck	6	3.5	41.7%
Lower Gastrointestinal	9	5	44.4%
Other	2	1	50.0%
Gynaecological	9.5	4.5	52.6%
Breast	20	6	70.0%
Urological	22	6	72.7%

Cancer Faster Diagnosis Standard (FDS) Metrics

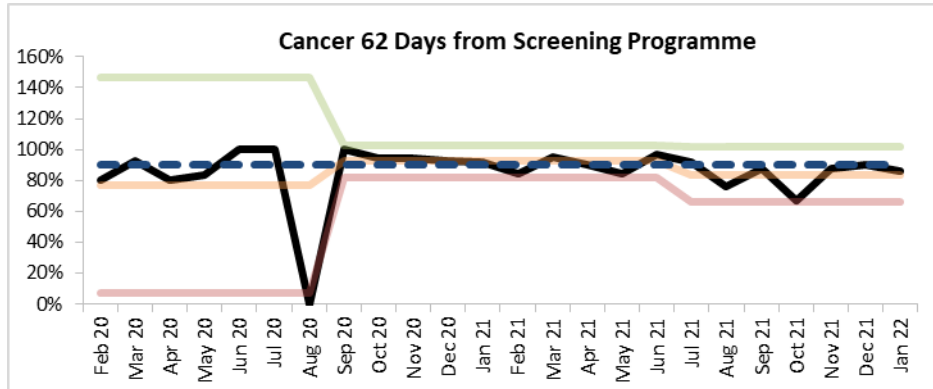
Metric	Dec-21			Jan-22			Variance
	Seen	Breaches	%	Seen	Breaches	%	
Cancer 28 Day FDS 2 Week Wait	2,580	551	78.6%	2,213	518	76.6%	-2.1%
Cancer 28 Day FDS Breast Symptomatic	299	6	98.0%	257	5	98.1%	0.1%
Cancer 28 Day FDS Screening	65	4	93.8%	37	8	78.4%	-15.5%

Breakdown by Internal/External Pathways - Jan-22

Internal / External	Start Site	End Site	Seen	Breaches	Performance
Internal	Royal London	Royal London	13	5	61.5%
		St Bart's	11	3	72.7%
	Whipps Cross	Royal London	2	1	50.0%
		Whipps Cross	30	3	90.0%
	Newham	St Bart's	19	7	63.2%
		Whipps Cross	2	0	100.0%
		Newham	2	1	50.0%
		St Bart's	5	1	80.0%
	St Bart's	St Bart's	7	2	71.4%
		St Bart's	7	2	71.4%
Transfer In	Homerton	Royal London	2	1	50.0%
		St Bart's	5	1	80.0%
	King George	St Bart's	0.5	0.5	0.0%
	Queen's	Royal London	1.5	0.5	66.7%
		St Bart's	0.5	0	100.0%
Transfer Out	Royal London	Queen Charlotte's	0.5	0.5	0.0%
		UCLH	1	1	0.0%
	Whipps Cross	Whipps Cross	1	1	0.0%
Grand Total			102.5	28	72.7%

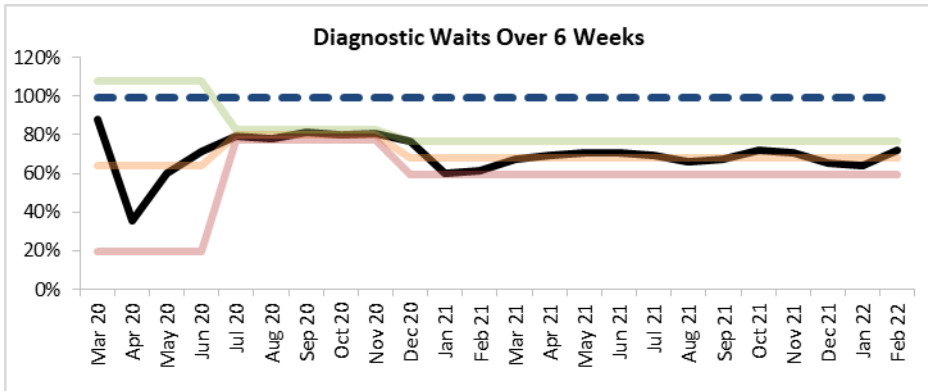
Commentary

- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Jan-22. For Jan-22, the Trust recorded a performance of 72.7%.
- Performance is being impacted by the Wave 3 recovery programme, which is set against national guidelines. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The work is being taken forward through tried and tested backlog clearance approaches, supported by demand and capacity modelling and extremely granular performance reports, drilling down through the hospital sites and individual tumour pathways. In planning for the second half of the year, the leadership team is aiming to return the waiting list backlog to pre-pandemic levels by end of Mar-23 in line with national requirements.



Tumour Site	Seen	Breaches	Performance
All Tumour Sites	11	1.5	86.4%
Breast	11	1.5	86.4%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> The Trust failed the 62 day screening standard in May-21 and between Aug-21 and Nov-21. For Dec-21, the Trust achieved compliance, however for Jan-22 the trust returned to non compliance recording a performance of 86.4% against the 90% standard. 	<ul style="list-style-type: none"> For Jan-22 the trust recorded 1.5 breaches of the standard, all in Breast. The breaches related to one complex case and an additional 0.5 breach which was added in error and not removed in time, the error has since been corrected and will be reflected in the national data in May-22. Without the addition of the 0.5 breach the trust would have been compliant with the standard.



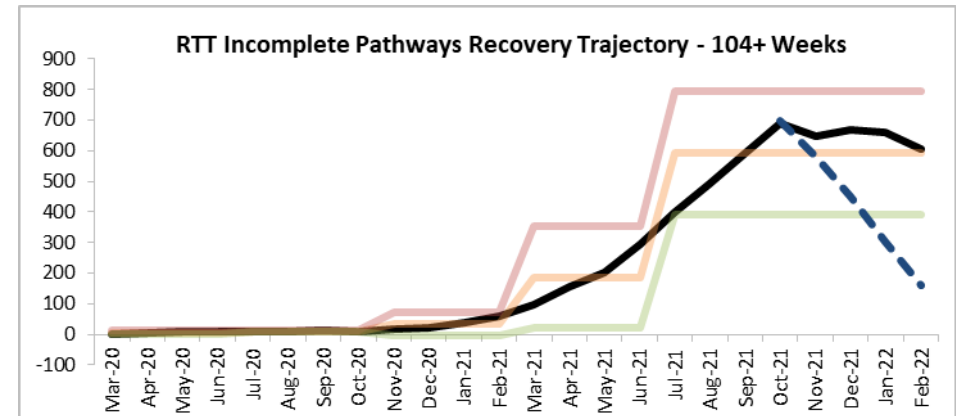
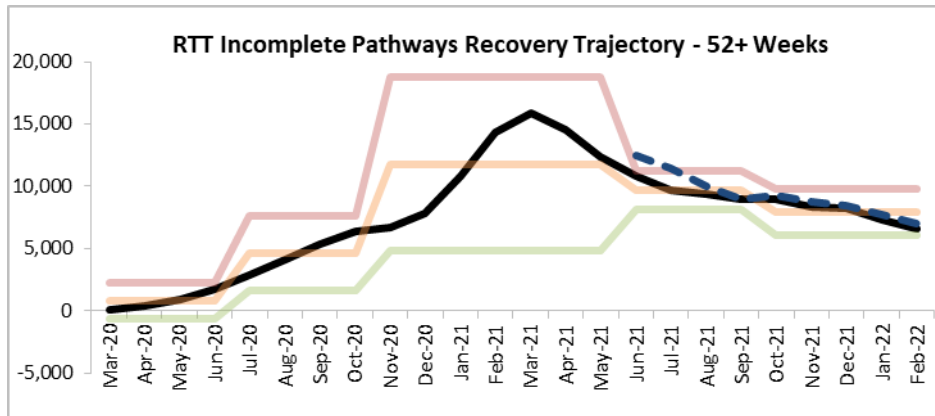
DM01 Breakdown by Test							
Test Name	Jan-22			Feb-22			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Neurophysiology - peripheral neurophysiology	98	60	38.8%	79	51	35.4%	-3.3%
Magnetic Resonance Imaging	9,021	4,877	45.9%	9,775	4,924	49.6%	3.7%
DEXA Scan	1,405	853	39.3%	1,396	590	57.7%	18.4%
Computed Tomography	5,496	2,076	62.2%	5,654	1,885	66.7%	4.4%
Audiology - Audiology Assessments	635	192	69.8%	739	203	72.5%	2.8%
Non-obstetric ultrasound	13,533	4,002	70.4%	13,619	2,306	83.1%	12.6%
Urodynamics - pressures & flows	46	20	56.5%	79	13	83.5%	27.0%
Cystoscopy	103	23	77.7%	128	17	86.7%	9.0%
Cardiology - echocardiography	2,163	4	99.8%	2,794	5	99.8%	0.0%
Gastroscopy	681	0	100.0%	619	0	100.0%	0.0%
Colonoscopy	472	1	99.8%	441	0	100.0%	0.2%
Respiratory physiology - sleep studies	39	0	100.0%	34	0	100.0%	0.0%
Cardiology - Electrophysiology	2	0	100.0%	1	0	100.0%	0.0%
Flexi sigmoidoscopy	133	0	100.0%	114	0	100.0%	0.0%
Grand Total	33,827	12,108	64.2%	35,472	9,994	71.8%	7.6%

Performance Overview

- For Feb-22, a performance of 71.8% was recorded, a significant improvement on Jan-22 performance of 64.2%, +7.6%. As in previous months, the greatest challenge has been in the imaging modalities, particularly CT and MRI; imaging breaches accounted for 97% of all breaches in Feb-22.

Responsible Director Update

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



Specialty Name	Actual	Trajectory	Variance
ENT	1,093	1,233	-140
Trauma & Orthopaedics	852	1,403	-551
Urology	554	372	182
Colorectal Surgery	540	254	286
Gynaecology	475	279	196
General Surgery	382	347	35
Paediatric Dentistry	375	602	-227
Oral Surgery	242	400	-158
Ophthalmology	233	269	-36
Vascular Surgery	231	215	16

Specialty Name	Actual	Trajectory	Variance
ENT	222	102	120
Trauma & Orthopaedics	68	5	63
Gynaecology	41	0	41
Urology	38	5	33
Vascular Surgery	38	3	35
Colorectal Surgery	36	1	35
Paediatric Dentistry	35	35	0
Paediatric Ear Nose And Throat	29	0	29
Restorative Dentistry	27	4	23
Oral Surgery	20	0	20

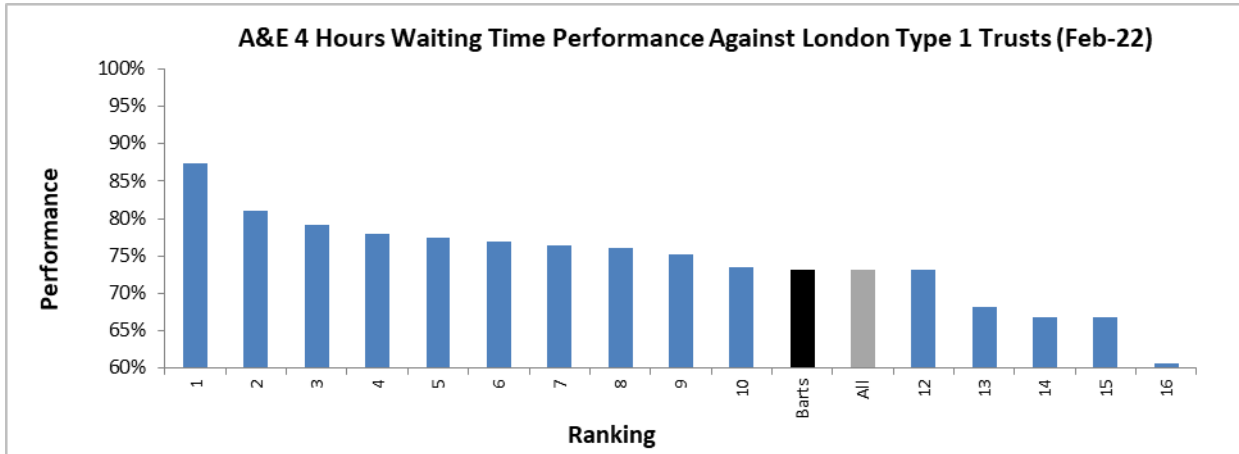
Note: this table shows all waiters at 52 weeks and above, including those at 104 weeks and above which are also shown separately in the second table

Performance Overview

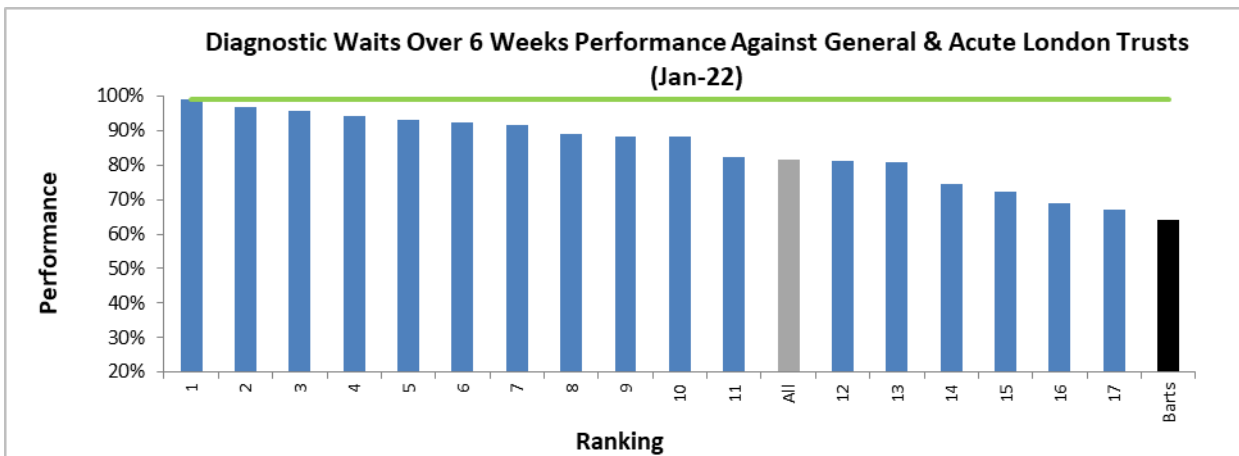
- The NHS has been required to suspend elective services during peaks in the Covid-19 pandemic. This has had a significant impact on waiting lists across England, including growth in 52 week wait pathways. For Barts Health 6,599 52 week breaches were recorded at the end of Feb-22 which represents a reduction of 9,250 breaches (58%) over a twelve month period.
- Looking at London, of the 18 Trusts reporting 52 week breaches for Jan-22 (the most recent national data), Barts Health ranked 18th with 7.2% of the waiting list waiting 52 weeks or longer compared to a total London performance of 2.9%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 7th highest proportion of 52 week pathways, but across these top 10 English providers the proportion of 52 week pathways was far higher than London at 8.2%.

Responsible Director Update

- Elective activity is being focussed on clinically prioritised and long-waiting patients with performance tracked each week by a senior executive-led operations group. Elective admitted and outpatient activity tracked above plan for the three month period Apr-21 to Jun-21 and long waiter reduction rates exceeded planned levels. For the period of Jul-21 to Sep-21 it became much more difficult to sustain planned elective activity levels due to non-elective pressures, including increasing numbers of Covid-19 patients, and the impact of a major incident (flooding) at Whipps Cross. As a result, elective activity volumes fell relative to plan and the rate of reduction for long-waiting patients also slowed. For Oct-21, the Trust re-based its elective activity profile to take account of autumn and winter pressures and achieved its admitted plan for Oct-21; however, for the period Nov-21 to Feb-22 the trust under-achieved against the admitted trajectory though did deliver required outpatient activity volumes. For Feb-22 the volume of 52 week waits was 6,599 against a re-based planned position of 6,967 (368 better than plan).

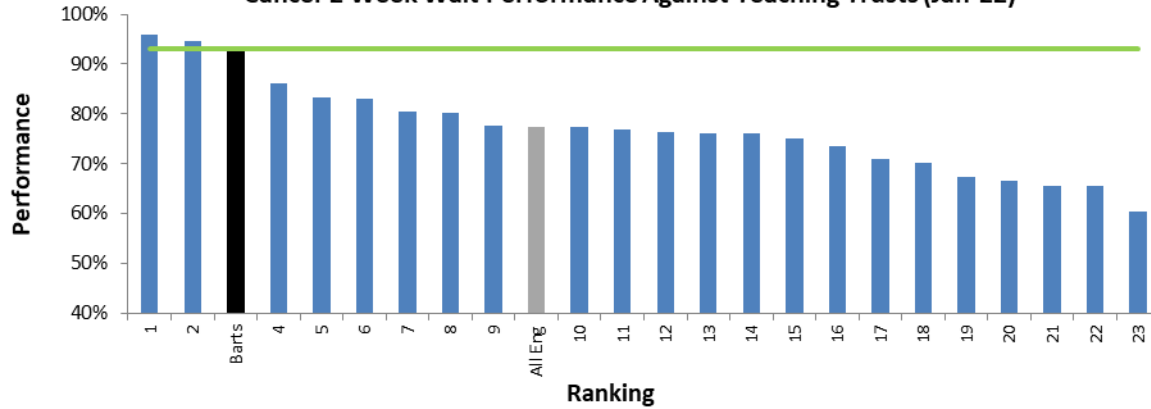


- For Feb-22, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4 hour standard, the Trust ranked 11th best performing out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances).

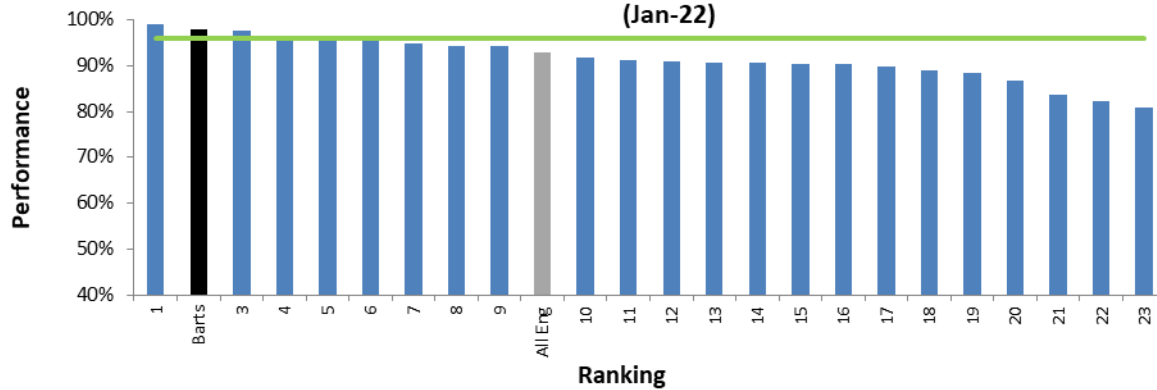


- Looking at the 18 London acute Trusts, for Jan-22 (the most recent national data), Barts Health was the worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was ranked 5th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

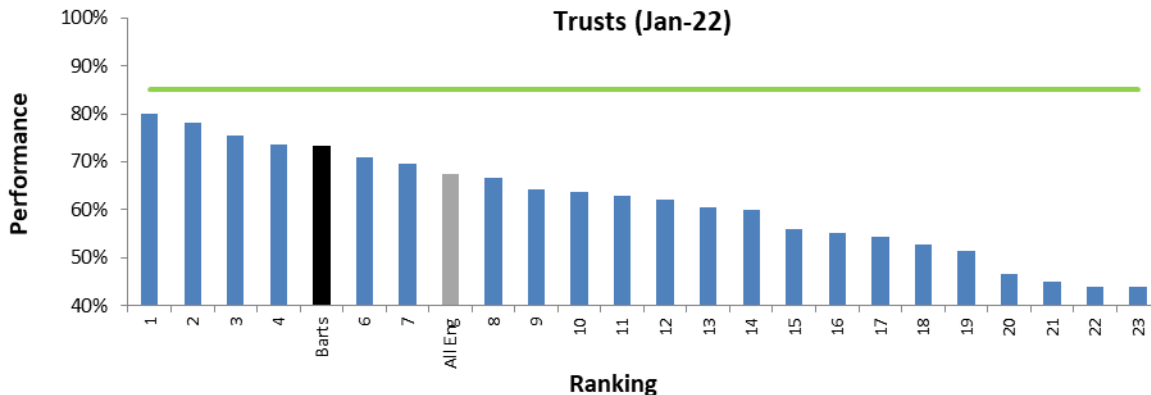
Cancer 2 Week Wait Performance Against Teaching Trusts (Jan-22)



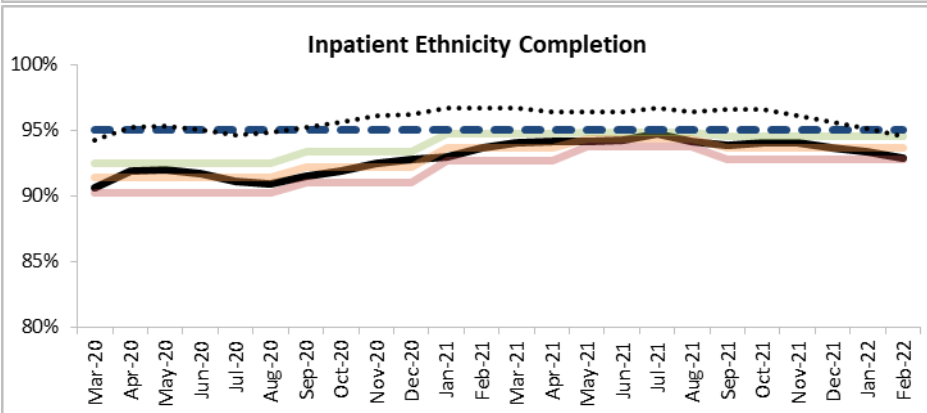
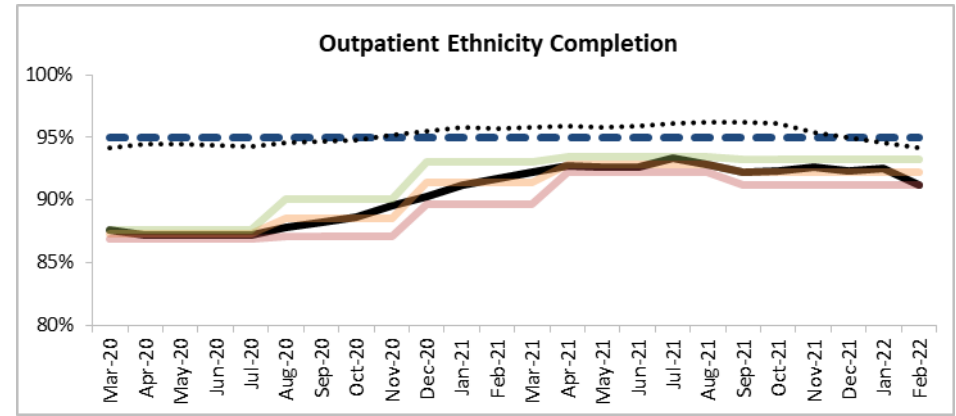
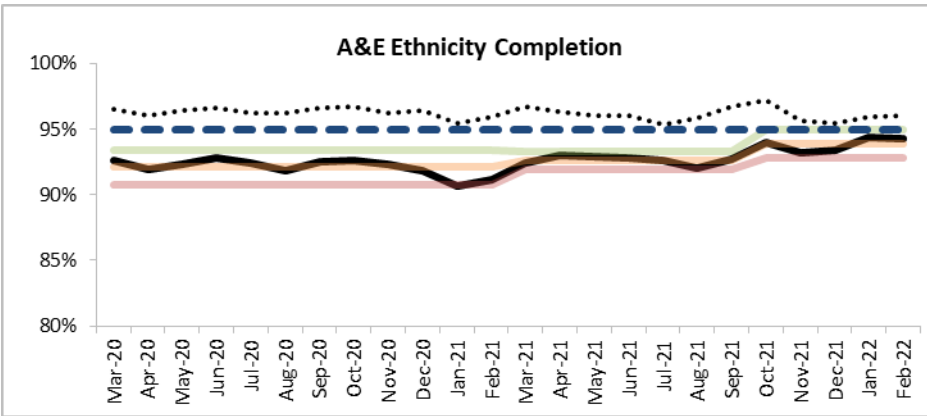
Cancer 31 Days from Diagnosis to Treatment Performance Against Teaching Trusts (Jan-22)



Cancer 62 Days from GP Referral to Treatment Performance Against Teaching Trusts (Jan-22)



- Following two compliant months 2 week wait performance for Jan-22 did not meet the target, with a performance of 92.5% against a target of 93%. In relation to benchmarked performance Barts Health ranked third best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in Jan-22 against the 31 Day Diagnosis to Treatment standard, recording a performance of 96.9% against the 96% target. For Jan-22, Barts Health was the second best performing of the 23 Teaching Trusts.
- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance between Jun-21 and Jan-22. For Jan-22, the Trust recorded a performance of 72.7%. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well advanced and the cancer leadership team is now working on clearing the backlog of those patients with a slightly lower clinical priority. The cancer leadership team is aiming to return to compliance with the standard by the end of Mar-22. Against the 23 teaching trust peers Barts Health was ranked fifth best performing.



Site	A&E	Inpatient	Outpatient
Royal London	94.7%	89.9%	89.0%
Whipps Cross	93.8%	94.6%	91.3%
Newham	94.2%	96.2%	95.6%
St Bart's	-	95.6%	92.2%
Other	-	-	100.0%
Trust	94.3%	92.9%	91.2%

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

Performance Overview

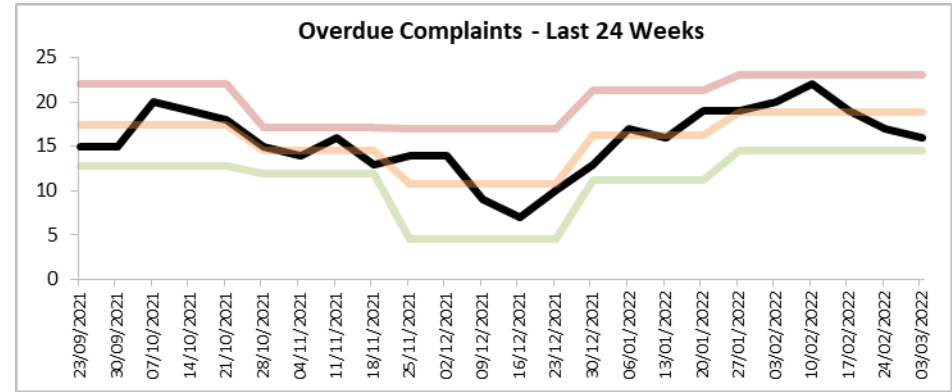
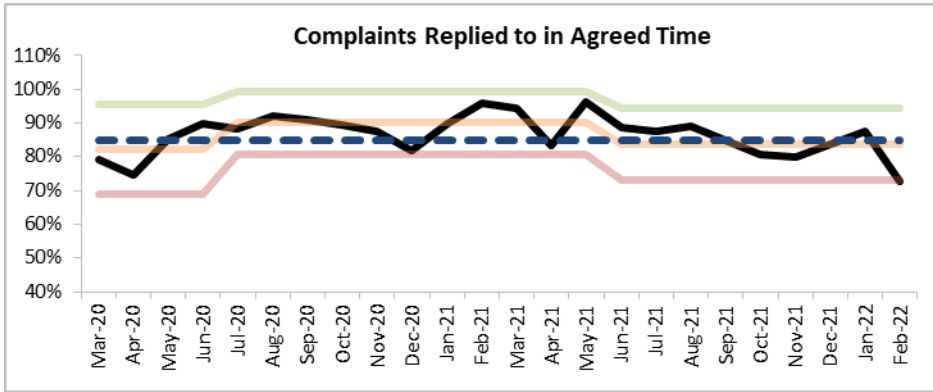
- Trust-wide performance for A&E and Inpatients remains stable. Capture rates for A&E are currently 94.3% compared with 94.1% last month and Inpatient capture rates are consistent with the previous month at 92.9%.
- Overall performance in A&E remains the best area across all sites, with all three achieving 93% or better. The ongoing efforts to improve ethnicity capture in A&E at Royal London Hospital is a possible explanation for this improvement.
- Newham and St Barts both achieved >95% for data capture in Inpatient services.
- Outpatients services Trust-wide have seen a slight dip in capture with ethnicity completion rates falling to 91.2% compared with 92.1% last month.
- As with last month, Newham is the best performing site, achieving >95% in both Inpatient and Outpatient services. There remains a significant opportunity for improvement at Royal London Hospital in both Inpatient and Outpatient services.

Responsible Director Update

- Given improvement at NUH over the last few months, we will be working with the team to gather and share learning with other sites, particularly in their collection of ethnicity data in Outpatient services.
- The uploading of GP data contributes to improving the overall position. Additionally, the Trust is looking into the automatic download of this data, rather than manual, which would further help sites improve.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Patient Experience	C12	MSA Breaches	●	○	○	Feb-22 (m)	<= 0	24	30	103	0	11	19	0	-	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2021/22 Q3 (q)	SPC Breach	23.2	24.8	24.8	26.3	44.0	35.3	20.4	-	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Jan-22 (m)	>= 95%	89.6%	90.1%	89.7%	89.7%	92.3%	79.4%	91.9%	-	-	○
	C2	FFT Recommended % - A&E	●	○	○	Jan-22 (m)	>= 86%	67.0%	68.0%	65.5%	67.0%	72.4%	62.2%	-	-	-	○
	C3	FFT Recommended % - Maternity	●	○	○	Jan-22 (m)	>= 96%	91.6%	94.4%	93.9%	100.0%	95.6%	83.3%	-	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	○	Jan-22 (m)	>= 23%	20.7%	24.8%	21.0%	19.0%	40.6%	15.1%	27.4%	-	-	○
	C21	FFT Response Rate - A&E	●	○	○	Jan-22 (m)	>= 12%	7.4%	8.4%	8.6%	8.4%	10.9%	6.0%	-	-	-	○
	C22	FFT Response Rate - Maternity	●	●	○	Jan-22 (m)	>= 17.5%	6.9%	9.9%	7.8%	1.1%	29.4%	3.0%	-	-	-	○
	OH4	CQC Inpatient Survey	●	○	○	2020/21 (y)	>= 85%	84.0%	85.0%	85.0%	87.0%	81.0%	75.0%	93.0%	-	-	○
Service User Support	R78	Complaints Replied to in Agreed Time	●	○	●	Feb-22 (m)	>= 85%	87.4%	72.8%	84.9%	71.1%	59.5%	80.0%	100.0%	-	-	●
	R30	Duty of Candour	●	○	○	Jan-22 (m)	>= 100%	88.1%	87.2%	90.1%	91.7%	83.3%	90.9%	100.0%	-	0.0%	●

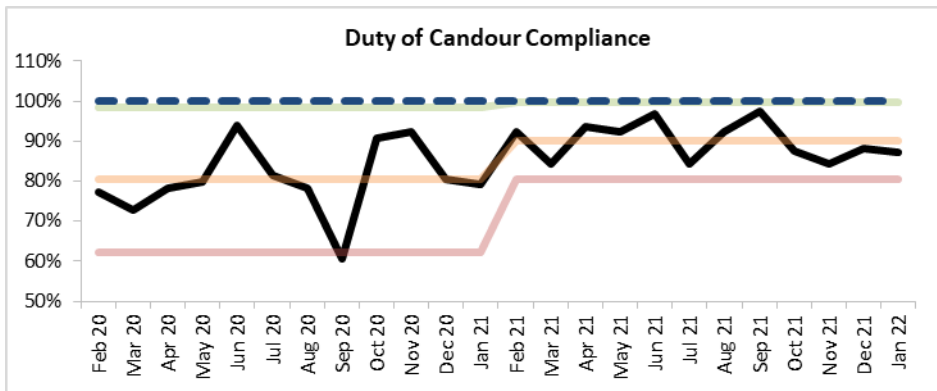
*The metric "Complaints Replied to in Agreed Time" has a Trust-wide target of 85% but an internal stretch target for sites of 95%



Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	298	62
Communication - verbal / written / electronic	175	16
Delays in care	120	15
Appointments / Clinics	46	7
Security and unacceptable behaviour	23	7
Advice and Information	23	4

Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in care	5	27	1	113
Communication - verbal / written / electronic	5	22	3	79
Diagnosis / Treatment	2	11	2	19
Privacy and dignity	1	17	17	17
Consent	1	3	3	3
Appointments / Clinics	1	10	10	10
Security and unacceptable behaviour	1	5	5	5

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Performance across the Group in February 2022 was 72.8% compared to 87.4% in Jan-22. Year to date performance in 2021/22 is 84.9% against a target of 85% Only one site managed to achieve the target in February although only small numbers of complaints were involved. The remaining sites with more significant volumes were more challenged On a more positive note the number of overdue complaints has fallen significantly and is now within the range that may be considered an irreducible minimum 	<ul style="list-style-type: none"> Performance in February has been impacted by staff turnover as well as by sickness-absence in some of the governance teams. The same issues within the services has meant that response can't be turned around as quickly as would be expected and, even when they are, the challenges within governance teams can still lead to delays



Site	No of Apologies	No of Incidents	Compliance
Trust	41	47	87.2%
Royal London	11	12	91.7%
Whipps Cross	15	18	83.3%
Newham	10	11	90.9%
St Bart's	5	5	100.0%
Other	0	1	0.0%
Of Which CSS	0	0	N/A

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	89.0%	97.6%	96.1%	96.1%	93.3%
This Period	87.2%	95.7%	91.5%	93.6%	93.6%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Performance across the Group in January was 87.2%, slightly down from 88.1% in Dec-21. Year to date performance in 2021/22 is 90.1%. Given that Duty of Candour is a legal duty the target is 100%. The performance quoted relates to the trust's own internal target, rather than reflecting performance against the legal duty Whilst there is some month-on-month variation, the overall trend in performance is broadly stable and remaining within control limits 	<ul style="list-style-type: none"> Performance was impacted by the effects of the pandemic in January Preparations are continuing with forthcoming changes aimed at ensuring the Duty is discharged for qualifying incidents involving known risks and complications, improving the quality of our interaction with patients and relatives and ensuring that internal audit recommendations are addressed

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Infection Control	S10	Clostridium difficile - Infection Rate	●	○	○	Feb-22 (m)	<= 16	20.5	12.7	12.5	12.1	6.7	10.0	35.2	-	-	○
	S11	Clostridium difficile - Incidence	●	○	○	Feb-22 (m)	<= 8	12	7	76	3	1	1	2	-	0	○
	S2	Assigned MRSA Bacteraemia Cases	●	○	○	Feb-22 (m)	<= 0	1	0	6	0	0	0	0	-	0	○
	S77	MSSA Bacteraemias	○	○	○	Feb-22 (m)	SPC Breach	10	8	86	2	4	0	2	-	0	○
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Feb-22 (m)	<= 9	11	12	135	6	2	0	4	-	0	○
Incidents	S3	Never Events	●	●	○	Feb-22 (m)	<= 0	0	0	3	0	0	0	0	-	0	○
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	○	Feb-22 (m)	<= 0.9%	1.9%	1.6%	1.5%	1.6%	1.8%	1.2%	1.2%	-	-	○
	S45	Falls Per 1,000 Bed Days	●	○	○	Feb-22 (m)	<= 4.8	3.9	3.5	3.6	3.4	3.3	3.6	3.5	-	-	○
	S25	Medication Errors - Percentage Causing Harm	●	○	●	Feb-22 (m)	<= 4%	3.0%	7.0%	3.8%	6.6%	8.0%	9.7%	5.7%	-	-	●
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	●	○	Feb-22 (m)	SPC Breach	49.3	54.0	55.7	38.1	71.6	59.8	62.7	-	-	○
	S53	Serious Incidents Closed in Time	●	○	○	Feb-22 (m)	>= 100%	23.1%	27.3%	36.8%	40.0%	0.0%	50.0%	0.0%	-	-	●

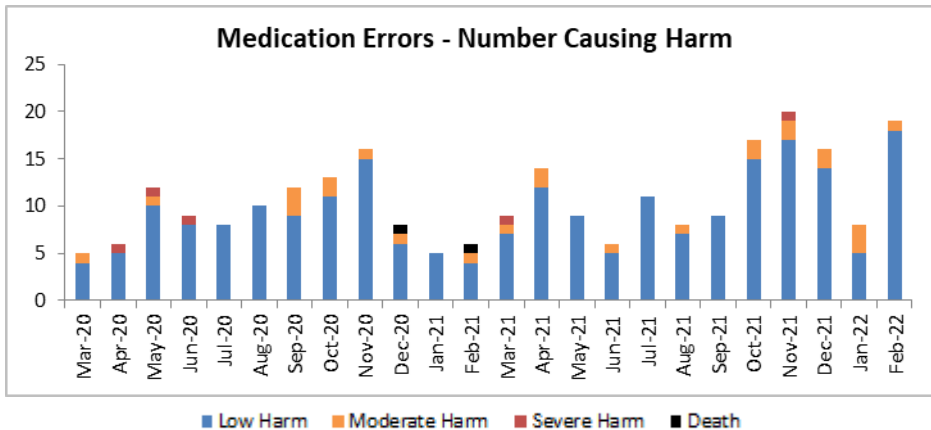
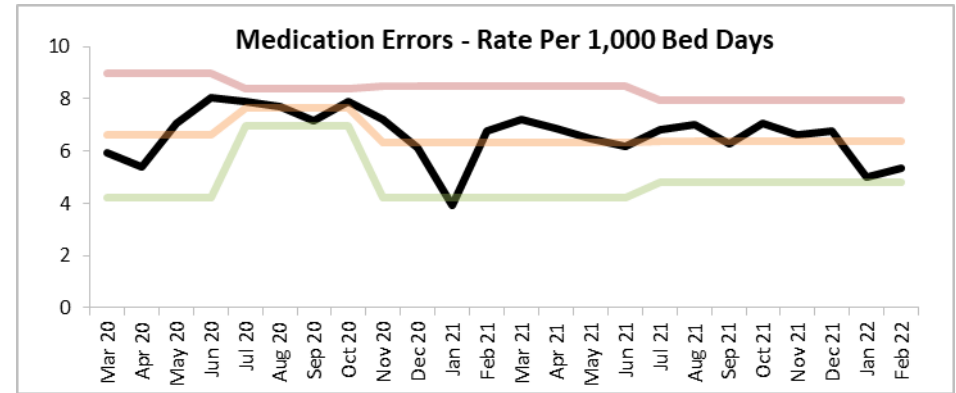
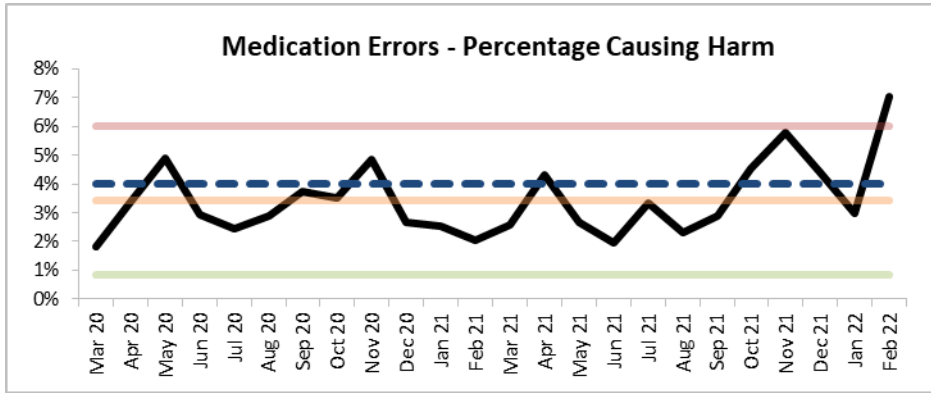
Serious Incidents Closed in Time: clock stops are still in place nationally and Barts Health continues to monitor the Serious Incident process according to internal targets – more details are on the “Changes to Report” page of this report.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	○	○	Feb-22 (m)	<=0.6	1.4	1.3	1.1	1.2	1.5	1.6	1.0	-	-	○
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	○	Feb-22 (m)	SPC Breach	0.3	0.3	0.2	0.3	0.3	0.1	0.8	-	-	○
	S17	Emergency C-Section Rate	○	○	○	Jan-22 (m)	-	19.2%	19.5%	19.0%	17.7%	22.0%	19.1%	-	-	-	○
	S27	Patient Safety Alerts Overdue	●	○	○	Feb-22 (m)	<=0	3	2	2	-	-	-	-	-	-	○
Assess & Prevent	S36	VTE Risk Assessment	●	○	○	Feb-22 (m)	>=95%	96.9%	97.1%	97.1%	98.8%	93.4%	96.1%	92.6%	-	-	○
	S5	Dementia - Screening				Feb-20 (m)	>=90%	95.0%	95.5%	95.0%	93.4%	97.5%	96.8%	83.7%	-	-	
	S6	Dementia - Risk Assessment				Feb-20 (m)	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	
	S7	Dementia - Referrals				Feb-20 (m)	>=90%	73.3%	57.1%	86.4%	16.7%	100.0%	100.0%	0.0%	-	-	

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

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

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



% of Reported Incidents Relating to High Risk Medicines/Situations				
Type	Nov-21	Dec-21	Jan-22	Feb-22
Opioids	18	20	19	22
Anticoagulants	5	6	5	4
Insulin	8	7	4	6
Patient receiving medication despite documented allergies	2	1	1	2

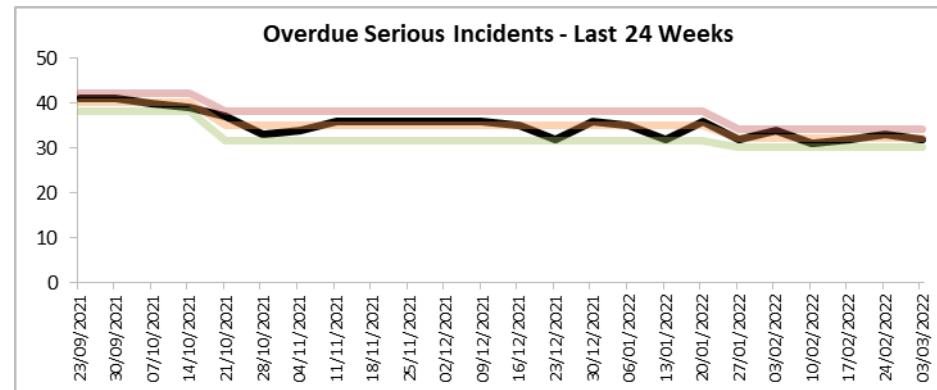
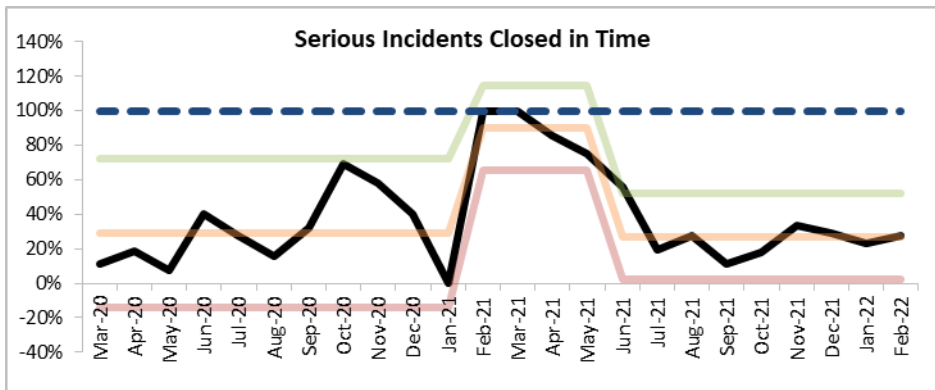
Responsible Director Update

Feb-22 saw the highest proportion of medication harm incidents since April-21.

Increased proportion of medication harm incidents noted due to decreased number of no-harm medication incidents and also an increased number of low-harm medication incident reporting.

Increased reporting of medication incidents and reducing the proportion of medication incidents causing harm at final approval to less or equal to 4% remains a focus for improvement

- QI project to increase doctors reporting medication incidents – results from baseline survey from junior doctors will be acted on via the Medicines Safety Committee
- Thematic analysis of harm related medication incidents under way (30% increase YTD compared to 20-21)



Serious Incidents Closed - Top 5 Categories in Previous 6 Months

Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	32	2
Obstetrics	13	2
Treatment	12	2
Patient Falls	8	3
Medication	4	1

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

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	12	66	19	134
Obstetrics	5	37	10	63
Estates/Facilities	2	69	59	79
Appointments and Clinics	2	29	23	34
Treatment	2	87	47	127

Performance Overview

- Trust performance closing serious incidents on time improved slightly to 27.3% in February 2022 from 23.1% in January 2022. Year to date performance is 36.8% against a target of 100%.
- Whilst overdue reports are not decreasing it is encouraging that they have plateaued

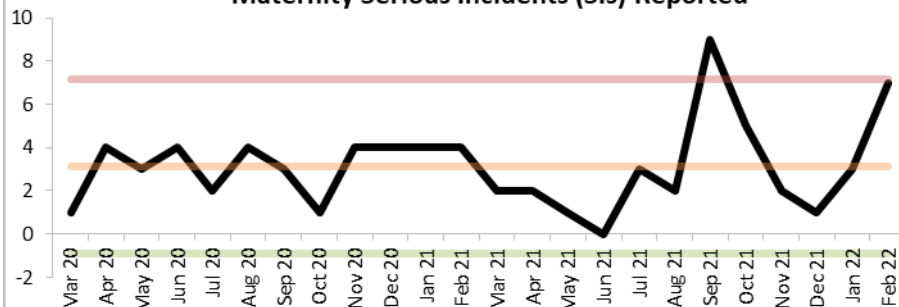
Responsible Director Update

- The 60 day time limit for the submission of serious incident investigation reports has been suspended during the pandemic and a decision is awaited from NHS England/Improvement whether this time limit will be removed permanently from Apr-22. An announcement on this was anticipated before the end on the financial year but this has not been forthcoming at the time of writing
- The hospital sites remain focussed on completing more investigations on time and reducing the number of overdue investigations but this is challenging due to ongoing COVID and recovery pressures and staff sickness absence

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●	○	○	Sep-21 (m)	<= 100	96	94	94	87	-	100	96	-	-	○
	E3	Risk Adjusted Mortality Index	●	○	○	Jan-22 (m)	<= 100	91	91	91	90	98	87	82	-	-	○
	E25	Number of Avoidable Deaths	○	○	○	2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	-	○
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●	●	○	Feb-22 (m)	<= 0.51	1.15	0.79	0.77	1.49	0.56	0.00	0.24	-	-	○

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

Maternity Serious Incidents (SIs) Reported



Maternity SIs in Latest Month (Feb-22)

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	2	0	5	7
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	0	0	2	2
% HSIB Investigations	0.0%	-	40.0%	28.6%

Maternity SIs in Last 12 Months to Feb-22 - Top by Theme

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	11	8	18	37
Antenatal - Antepartum Stillbirth	2	1	4	7
Neonatal - pH <7.1(arterial) at birth	3	1	1	5
Neonatal - Unanticipated admission to Neonatal unit	3	1	1	5
Intrapartum - Stillbirth	1	1	2	4
Intrapartum - Retained vaginal swab/tampon	1	1	1	3

Progress Summary

- All sites continues to ensure on going multi-professional input of SI investigations and external investigators are sought as appropriate. Immediate learning from 72 hour review prior to SI investigations are also shared (where appropriate) within as well as across the hospitals .

Noteworthy Improvements

- Over the last three months , there has been an overall reduction in declared SI at Whipps cross and Newham Hospital

Risks & Issues

- Midwifery staffing challenges continues , this is primarily due to Covid-19 related absences and vacancies at Newham and Whipps Cross Hospitals. Both hospitals are using specialist and management roles to fill staffing gaps. The teams are being supported by the Trust recruitment team with a number of initiatives, such as ; international recruitment, rolling advert and recruitment , recruitment video . Progress on this work is being reported at People Board.

Next Steps

- Continue to recruit to vacancies and make staff absences to improve midwifery staffing levels
- Continue to work through SI actions and shared learning

Category	Metric	RED	AMBER	GREEN	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	Oct-21	Nov-21	Dec-21	2021/22 Q3 Total
Births	Total number of babies born				3,509	3,375	3,632	3,861	1,225	1,212	1,254	3,691
Method of Delivery	Percentage emergency C-section				19.3%	17.7%	19.4%	18.0%	20.4%	19.5%	19.2%	19.7%
Neonatal Morbidity	Rate of HIE (hypoxic-ischaemic encephalopathy)				0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.1%
Neonatal Morbidity	Total still births				20	20	18	20	4	5	3	12
Workforce	1:1 care in established labour	<90%	90-94%	>=95%	98.2%	98.3%	96.9%	97.1%	97.3%	96.1%	96.4%	96.6%

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

Progress Summary

- All sites continue to review rate of HIE and SB via ATAIN and PMRT with recommendations and action plans in relation to any immediate learning.

Noteworthy Improvements

- Despite the staffing challenges across all sites the 1:1 care in established labour remains high

Risks & Issues

- Midwifery establishment vacancies

Next Steps

- Implementation of revised dashboard



Barts Health
NHS Trust

Finance Report



Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (0.1)		The Trust is reporting a £0.2m favourable variance against its breakeven plan for the year to date.
	Actual 0.2		
	Variance 0.2		
Total Income	Plan 1,837.6		Income is £19.1m favourable year to date. NHS Patient Treatment income is £26.1m favourable driven by over performance against the Elective Recovery Fund (ERF) thresholds for April to June (£12.1m) and additional allocations notified in quarter 4 including elective funding for independent sector provider costs in H2 (£4.3m) and specialist commissioning contract variations.
	Actual 1,856.7		
	Variance 19.1		Other income is (£7.0m) adverse. Sites and Services other income is (£3.2m) adverse with the key shortfall being reduced private patients activity (£2.8m). Central other income is (£3.8m) adverse which includes donated asset income (£2.8m) and funding reduction to match expenditure for vaccination programme re-impursement.
Total Expenditure	Plan (1,837.6)		Expenditure is (£18.9m) adverse against the year to date plan. Site & Services expenditure is (£15.7m) adverse year to date with the largest overspends being for growth in high cost drugs (£9.8m) and for purchase of independent sector activity to support elective recovery (£9.1m). Temporary staffing pay costs significantly increased in January-February due to the impact of the Omicron variant including payments at pandemic enhanced bank rates which were implemented from 21st December-31st January, overall though pay remains underspent for the year to date. Central expenditure is (£3.1m) adverse year to date due to movements on central provisions.
	Actual (1,856.5)		
	Variance (18.9)		
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan (159.5)		The Trust is reporting a pre system top-up deficit of £159.3m, which is a £0.2m favourable variance against the year to date plan. The system top-up is an allocation the North East London system receives for its providers during the period of COVID-19 financial arrangements and effectively replaces what was known as the Financial Recovery Fund (FRF) allocation pre-pandemic. System top-up funding is primarily based on NHS England's calculation of the Trust's pre-pandemic (2019/20) underlying deficit.
	Actual (159.3)		
	Variance 0.2		

Metrics	Current Performance Year To Date £millions	Trend	Comments	
Capital Expenditure	Plan	70.3		<p>The year to date capital expenditure is £66.3m against a phased plan of £70.3m, which gives a year to date underspend of £3.9m for exchequer funded schemes. The variance is largely due to slippage in the delivery of schemes and ordering of equipment later than initially planned. It is noted however that at Month 11, year to date expenditure represents 75% of the funded plan and 72% of the forecast outturn, and in line with 2020/21, there will be a significant upward spike in expenditure in Month 12. Expenditure in Month 11 is £7.9m (£6.4m in Month 10) against a plan of £3.6m, a difference of (£4.3m). This continues the trend of overspend over the latter part of the year and reduction in the year to date underspend.</p>
	Actual	66.3		
	Variance	(3.9)		
Cash	Plan	25.0		<p>Cash balances are higher by £157.9m compared to a plan of £25.0m, as a result of a high opening cash balance of £54.2m on 1st April 2021, and other movements in working capital. The Trust made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance. No further payments are anticipated for the second half of the year because the PDC interest calculation will be reduced by the consistently high cash balances held during the year. The Trust is now forecasting a closing cash balance at the end of the financial year of £90m.</p>
	Actual	182.9		
	Variance	157.9		

Key Year To Date Issues

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

Key Risks & Opportunities

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

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

20/21 YTD Prev Yr Actual	£millions	In Month			Year to Date			Annual Plan
		Plan	Actual	Variance	Plan	Actual	Variance	
1,315.7	Income							
2.2	NHS Patient Treatment Income	116.6	118.1	1.5 ●	1,343.2	1,359.2	16.1 ●	1,473.1
100.0	Other Patient Care Activity Income	0.3	0.1	(0.2) ●	5.1	2.1	(3.0) ●	5.4
	Other Operating Income	10.0	10.8	0.9 ●	110.2	110.1	(0.2) ●	120.2
1,417.9	Total Income	126.9	129.0	2.1 ●	1,458.5	1,471.4	12.9 ●	1,598.7
	Operating Expenditure							
(923.8)	Pay	(90.5)	(92.4)	(1.9) ●	(989.0)	(978.2)	10.8 ●	(1,078.8)
(154.7)	Drugs	(15.0)	(16.2)	(1.1) ●	(163.0)	(172.6)	(9.6) ●	(178.1)
(102.0)	Clinical Supplies	(10.5)	(10.6)	(0.1) ●	(114.2)	(115.0)	(0.9) ●	(124.6)
(271.3)	Other Non Pay	(27.2)	(28.0)	(0.7) ●	(262.2)	(278.2)	(16.1) ●	(286.0)
(1,451.8)	Total Operating Expenditure	(143.3)	(147.0)	(3.7) ●	(1,528.3)	(1,544.0)	(15.7) ●	(1,667.4)
(33.9)	Site & Services Budgets Total	(16.4)	(18.0)	(1.6) ●	(69.8)	(72.7)	(2.8) ●	(68.7)
(56.0)	Pathology Partnership (net)	(5.2)	(5.3)	(0.1) ●	(56.9)	(57.8)	(1.0) ●	(62.1)
(30.7)	Vaccination Programme & Nightingale (net)	0.0	(0.0)	(0.0) ●	0.0	0.0	0.0 ●	0.0
(0.9)	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	0.0 ●	0.0
28.4	Central NHS PT Income	15.8	14.7	(1.1) ●	109.2	119.2	9.9 ●	111.9
(5.0)	Central RTA & OSV Income (net)	0.6	0.1	(0.4) ●	5.3	1.4	(3.9) ●	5.9
(13.3)	Central Expenditure (net)	(0.9)	1.6	2.5 ●	(10.5)	(28.4)	(17.9) ●	(11.4)
1.8	Reserves (net)	2.5	2.5	(0.0) ●	(16.9)	(3.9)	12.9 ●	(17.3)
(109.6)	EBITDA	(3.6)	(4.3)	(0.7) ●	(39.5)	(42.3)	(2.8) ●	(41.6)
(47.7)	Depreciation and Amortisation (net)	(4.9)	(5.1)	(0.2) ●	(51.5)	(51.7)	(0.2) ●	(56.4)
(58.5)	Interest	(4.9)	(4.9)	0.0 ●	(58.8)	(58.7)	0.1 ●	(65.2)
(9.4)	PDC Dividends	(0.6)	0.3	0.9 ●	(9.8)	(6.7)	3.1 ●	(10.4)
(225.2)	Surplus/(Deficit) Before System Top-Up	(14.0)	(14.0)	0.0 ●	(159.5)	(159.3)	0.2 ●	(173.6)
220.4	System Top-Up Income	14.0	14.0	- ●	159.5	159.5	- ●	173.5
(4.8)	NHS Reporting Surplus/(Deficit)	(0.0)	(0.0)	0.0 ●	(0.1)	0.2	0.2 ●	(0.1)
0.1	Profit On Fixed Asset Disposal		0.0			0.2		
-	Loss on return of COVID assets to DHSC		-			(6.8)		
2.2	Capital Donations I&E Impact		(0.1)			0.3		
-	Fixed Asset Impairments		-			-		
(2.4)	Surplus / (Deficit)		(0.1)			(6.2)		

20/21 YTD	Programme Area	In Month				Year to Date				Annual				
		Actual	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance	%
	<i>£millions</i>													
9.5	Equipment (Medical and Other)	1.1	1.7	(0.6)	(51)%	13.0	10.8	2.2	17%	16.4	15.2	1.2	7%	
7.3	Informatics	0.0	0.7	(0.6)	(1916)%	7.3	6.0	1.3	18%	8.0	8.5	(0.4)	(5)%	
16.7	Estates	1.3	2.3	(1.0)	(83)%	24.8	27.7	(2.9)	(12)%	31.0	30.4	0.7	2%	
14.6	New Build and Site Vacations	0.5	2.6	(2.1)	(449)%	17.1	13.9	3.2	19%	19.9	29.3	(9.3)	(47)%	
5.8	PFI Lifecycle Assets	0.7	0.7	0.1	9%	8.1	7.9	0.1	2%	8.8	8.8	0.0	0%	
53.9	Total Exchequer Programme exc. COVID19	3.6	7.9	(4.3)	(119)%	70.3	66.3	3.9	6%	84.3	92.1	(7.8)	(9)%	
12.6	COVID19 - Equipment/other	-	-	-	-	-	-	-	-	-	-	-	-	
21.6	COVID19 - 14/15th Floor	-	-	-	-	-	-	-	-	-	-	-	-	
5.2	COVID19 Expenditure - UEC	-	-	-	-	-	-	-	-	-	-	-	-	
1.6	COVID19 - Endoscopy recovery	-	-	-	-	-	-	-	-	-	-	-	-	
0.6	COVID19 - Restart	-	-	-	-	-	-	-	-	-	-	-	-	
41.5	Total COVID19	-	-	-	-	-	-	-	-	-	-	-	-	
95.4	Total Trust Funded Assets	3.6	7.9	(4.3)	(119)%	70.3	66.3	3.9	6%	84.3	92.1	(7.8)	(9)%	
5.5	Donated	0.6	0.2	0.4	68%	6.4	2.7	3.7	57%	4.9	4.9	-	-	
100.9	Total Capital Expenditure	4.2	8.1	(3.9)	(93)%	76.7	69.1	7.6	10%	89.2	97.0	(7.8)	(9)%	

Key Messages

The funded exchequer capital plan is currently £84.3m (£87.9m in Month 10), a net decrease of £3.6m. The reduction is due to a reduction in PDC for the WXH enabling scheme from £11.1m to £6.7m; offset by additional PDC funding for Community Pharmacy (£0.3m) and Network Solutions (£0.2m); and additional retained depreciation (£0.4m).

The forecast outturn at Month 11 is £92.1m which represents an over commitment of £7.8m against the funded plan. The actual overspend against plan is likely to be lower than this and is currently estimated at c.£6.3m as not all commitments will be converted to expenditure before the end of the financial year. The Trust is in discussions with NEL and NHS London to secure underspend funding to offset the potential overspend and has currently secured £5.0m. It is noted that the current forecast outturn includes a number of schemes which will be subject to transfer of ownership (or vesting) arrangements as they will not be delivered to the Trust before the end of the financial year. To assist with managing down the level of potential overspend due to the over commitment, the level of transfer of ownership agreements can be restricted.

The Trust has secured exchequer funding of £84.3m (£80.7m in Month 10). The increase arises following the confirmation in the period of additional PDC funding for the Steels Lane sale overage (£1.6m); Community Pharmacy (£0.3m); and Network Solutions (£0.2m). Retained depreciation increased by £0.4m and Charitable funds of £2.7m have also been secured.

Of the total PDC funds made available to the Trust of £26.6m, £23.0m has been drawn down. The balance of the funds not drawn relate largely to the Cancer Assessment Centre at SBH which received Target Investment Fund (TIF) funding of £3.0m but could not be progressed in year.

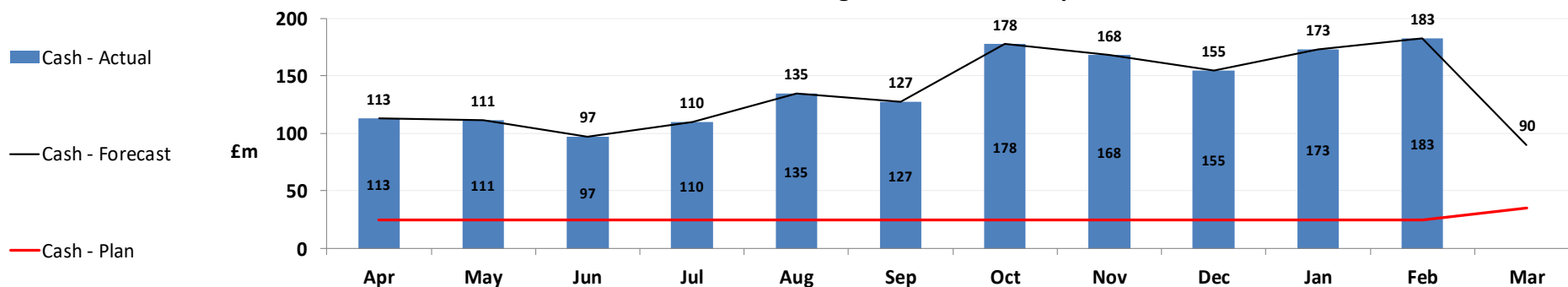
The cumulative expenditure at Month 11 is £66.3m (£58.4m in Month 10) against the original phased plan of £70.3m, a year to date variance of £3.9m for exchequer funded schemes. The variance is largely due to slippage in the delivery of schemes and ordering of equipment later than initially planned. It is noted however that at Month 11, year to date expenditure represents 75% of the funded plan and 72% of the forecast outturn, and in line with 2020/21, there will be a significant upward spike in expenditure in Month 12.

Expenditure in Month 11 is £7.9m (£6.4m in Month 10) against a plan of £3.6m, a difference of (£4.3m). This continues the trend of overspend over the latter part of the year and reduction in the year to date underspend.

Capital Funding				
	Capital Plan	Secured	Not Yet Secured	% Secured
Gross Depreciation	56.8	56.8	-	100%
Repayment of PFI Finance Lease	(25.0)	(25.0)	-	100%
Repayment of Loan/Other Finance Leases	(1.8)	(1.8)	-	100%
Net Depreciation	30.0	30.0	-	100%
CRL (not cash backed)	27.6	27.6	-	100%
Specific PDC: WXH Redevelopment	3.8	3.8	-	100%
Specific PDC: WXH Enabling works	6.7	6.7	-	100%
Specific PDC: Helipad	1.2	1.2	-	100%
DHSC CRL from Steels Lane	1.6	1.6	-	100%
Specific PDC: Diagnostics	1.1	1.1	-	100%
PDC: Rapid Testing Device Interoperability (POC)	0.0	0.0	-	100%
PDC: Home reporting upgrades	0.7	0.7	-	100%
PDC - Imaging Academy	0.1	0.1	-	100%
PDC - Digital Pathology	0.6	0.6	-	100%
PDC - Procure/Implement Backup Capability	0.1	0.1	-	100%
PDC - Laboratory Information Management Sys	0.6	0.6	-	100%
PDC - Echo Simulator	0.1	0.1	-	100%
PDC - MSK - triage/referral optimisation	0.2	0.2	-	100%
PDC - Community Pharmacy	0.3	0.3	-	100%
PDC - Network Solutions	0.2	0.2	-	100%
PDC - TNE Equipment	0.3	0.3	-	100%
Specific PDC: Targeted Investment Fund	5.7	5.7	-	100%
Specific PDC: CDH MRI at MEH	3.7	3.7	-	100%
Planned Capital exc. Donated	84.2	84.2	-	100%
Asset sales	0.0	0.0	-	100%
Total Approved Exchequer Funding exc. Donated*	84.3	84.3	-	100%
Donated	4.9	2.7	2.2	56%
Planned Capital inc. Donated	89.2	87.0	2.2	98%
*(Over)/Under commitment vs Forecast	(7.8)			

£millions	Actual											Forecast	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	54.4	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	154.9	173.2	182.9	54.4
Cash inflows													
Healthcare contracts	118.0	116.1	123.4	123.2	144.5	140.2	144.9	136.8	132.1	128.3	138.3	124.4	1,570.2
Other income	54.2	38.8	51.3	50.5	46.9	49.9	68.2	44.0	40.1	42.9	55.1	24.7	566.6
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	25.6	25.6
Total cash inflows	172.2	154.9	174.7	173.7	191.4	190.1	213.1	180.8	172.2	171.2	193.4	174.7	2,162.4
Cash outflows													
Salaries and wages	(51.5)	(50.5)	(51.1)	(53.4)	(52.7)	(59.0)	(54.7)	(53.3)	(53.4)	(56.4)	(56.6)	(56.1)	(648.7)
Tax, NI and pensions	(2.8)	(35.3)	(39.5)	(39.4)	(38.0)	(39.8)	(45.5)	(40.6)	(39.8)	(38.9)	(43.7)	(41.3)	(444.6)
Non pay expenditures	(49.8)	(64.0)	(95.4)	(64.0)	(71.3)	(93.5)	(57.5)	(92.9)	(85.6)	(53.1)	(80.3)	(136.6)	(944.0)
Capital expenditure	(9.7)	(6.6)	(2.5)	(4.5)	(4.2)	(3.7)	(5.2)	(3.4)	(6.6)	(4.5)	(3.1)	(33.6)	(87.6)
Dividend and Interest payable	-	-	-	-	-	(1.9)	-	-	-	-	-	-	(1.9)
Total cash outflows	(113.8)	(156.4)	(188.5)	(161.3)	(166.2)	(197.9)	(162.9)	(190.2)	(185.4)	(152.9)	(183.7)	(267.6)	(2,126.8)
Net cash inflows / (outflows)	58.4	(1.5)	(13.8)	12.4	25.2	(7.8)	50.2	(9.4)	(13.2)	18.3	9.7	(92.9)	35.6
Closing cash at bank - actual / forecast	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	154.9	173.2	182.9	90.0	90.0
Closing cash at bank - plan	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	35.0	35.0

Month End Closing Cash Balance Compared to Plan



Key Messages

Cash balances are higher by £157.9m compared to a plan of £25.0m, as a result of a high opening cash balance of £54.2m on 1st April 2021, and other movements in working capital. The Trust made a PDC interest payment of £1.9m in September, which was £3.4m lower than plan because of the prior year's receivable balance. No further payments are anticipated for the second half of the year because the PDC interest calculation will be reduced by the consistently high cash balances held during the year. The Trust is now forecasting a closing cash balance at the end of the financial year of £90m.

20/21		Actual											Forecast	
31 Mar 2021	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	20/21 v 21/22
	Non-current assets:													
1,388.7	Property, plant and equipment	1,386.9	1,388.0	1,386.8	1,387.8	1,388.9	1,386.8	1,388.5	1,390.9	1,391.9	1,393.6	1,396.3	1,388.7	0.0
0.1	Intangible assets	0.1	0.0	0.0	0.1	0.1	0.1	0.2	0.2	0.4	0.5	0.5	0.1	0.0
15.8	Trade and other receivables	14.1	16.1	16.3	16.4	16.5	16.7	16.8	16.9	17.1	17.1	17.0	15.8	0.0
1,404.6	Total non-current assets	1,401.1	1,404.1	1,403.1	1,404.3	1,405.5	1,403.6	1,405.5	1,408.0	1,409.4	1,411.2	1,413.8	1,404.6	0.0
	Current assets:													
22.0	Inventories	22.0	21.5	21.8	22.6	22.0	23.1	23.6	22.7	23.1	22.3	22.0	22.0	0.0
130.8	Trade and other receivables	119.5	130.3	146.6	140.8	108.7	133.0	96.0	76.5	98.3	94.3	65.6	158.3	27.5
54.2	Cash and cash equivalents	112.8	111.3	97.5	109.9	135.1	127.3	177.5	168.1	154.9	173.2	182.9	90.0	35.8
207.0	Total current assets	254.3	263.1	265.9	273.3	265.8	283.4	297.1	267.3	276.3	289.8	270.5	270.3	63.3
1,611.6	Total assets	1,655.4	1,667.2	1,669.0	1,677.6	1,671.3	1,687.0	1,702.6	1,675.3	1,685.7	1,701.0	1,684.3	1,674.9	63.3
	Current liabilities													
(179.5)	Trade and other payables	(225.1)	(239.1)	(244.0)	(255.0)	(251.3)	(274.2)	(294.1)	(280.4)	(293.2)	(310.1)	(295.6)	(217.4)	(37.9)
(4.1)	Provisions	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(3.0)	(2.8)	(2.8)	(2.8)	(20.3)	(16.2)
(26.8)	Liabilities arising from PFIs / Finance Leases	(26.8)	(26.8)	(26.8)	(26.8)	(26.8)	(25.5)	(25.5)	(25.5)	(25.9)	(25.9)	(25.9)	(26.0)	0.8
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(210.4)	Total current liabilities	(256.0)	(270.0)	(274.9)	(285.9)	(282.2)	(303.8)	(323.7)	(308.9)	(321.9)	(338.8)	(324.3)	(263.7)	(53.3)
(3.4)	Net current (liabilities) / assets	(1.7)	(6.9)	(9.0)	(12.6)	(16.4)	(20.4)	(26.6)	(41.6)	(45.6)	(49.0)	(53.8)	6.6	10.0
1,401.2	Total assets less current liabilities	1,399.4	1,397.2	1,394.1	1,391.7	1,389.1	1,383.2	1,378.9	1,366.4	1,363.8	1,362.2	1,360.0	1,411.2	10.0
	Non-current liabilities													
(17.6)	Provisions	(17.4)	(17.3)	(17.2)	(17.1)	(16.8)	(16.7)	(16.6)	(5.5)	(5.5)	(5.7)	(5.5)	(5.7)	11.9
(941.2)	Liabilities arising from PFIs / Finance Leases	(939.0)	(937.1)	(934.5)	(932.4)	(930.3)	(928.9)	(926.7)	(924.7)	(921.7)	(919.6)	(917.7)	(939.2)	2.0
	Other Payables	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	(0.5)	(0.5)	(0.4)	(0.4)
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(958.8)	Total non-current liabilities	(956.2)	(954.4)	(951.7)	(949.5)	(947.1)	(945.6)	(943.3)	(930.2)	(927.7)	(925.8)	(923.7)	(945.3)	13.5
442.4	Total Assets Employed	443.2	442.8	442.4	442.2	442.0	437.6	435.6	436.2	436.1	436.4	436.3	465.9	23.5
	Financed by:													
	Taxpayers' equity													
1,025.3	Public dividend capital	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,025.3	1,048.2	22.9
(853.9)	Retained earnings	(853.4)	(853.6)	(854.0)	(854.2)	(854.4)	(858.8)	(860.8)	(860.2)	(860.3)	(860.0)	(860.1)	(853.4)	0.5
271.0	Revaluation reserve	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	271.1	0.1
442.4	Total Taxpayers' Equity	443.0	442.8	442.4	442.2	442.0	437.6	435.6	436.2	436.1	436.4	436.3	465.9	23.5



Barts Health
NHS Trust

People Report



Looking After the Trust's People

- **Annualised sickness absence rates** have increased from 4.81% in Dec-21 to 4.84% in Jan-22. This will continue to increase when the data for Feb-22 is reported, with current indications being that absence in Feb-22 was higher than Feb-21 (5.2% v 4.4%).
- **Appraisal rates** – recorded non-medical appraisals now stand at 56.3%, slightly up from the 55.5% reported for Jan-22; The medical appraisal rate remains high at 93.4%. Once Microsoft 365 is rolled out across the group alternative options for capturing appraisal outcomes will be explored to assess if there are ways to make capture of this information easier for managers.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – in Feb-22, 437 unconditional offers were made, down from 518 in Jan-22, although continuing to remain high against the plan. In addition, 850 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in Jan-22 was at 90.6%, up from 90.3%, reflecting a growth of 57 Whole Time Equivalent (WTE) substantive staff in month. The registered nursing fill rate is currently 82.5% and a further 48 nurses are expected through international recruitment in Mar-22.
- Drive 95 has been re-established as a point of focus to increase our substantive fill rate to 95% across the next two years. Current workforce plans are looking to increase to the fill rate to 93% by the end of the 22/23 financial year and then to close the gap further in the following year.
- The People directorate is meeting with sites to cover points of clarification on the forecast demand, provide support and guidance on the development of underlying capacity and look to ensure capacity planning is in place for expected peaks of activity, supported by recruitment commissioning plans.
- Focussed recruitment continues across Critical Care, Theatres and Anaesthetics, with Midwifery now also included.
- **Turnover** – annualised voluntary turnover continues to increase and is now at 12.4%, up from 12.2% last month. We expect the annualised figure to continue to increase over the coming months with leavers averaging 60 Whole Time Equivalent (WTE) a month more than were seen 12 months ago
- **Temporary staffing** – temporary staffing usage reduced by 245 Whole Time Equivalent (WTE) compared to Jan-22, with a reduction of 33 WTE agency and 212 Whole Time Equivalent (WTE) bank. The proportion of temporary staff as part of the workforce reduced from 15.0% to 13.9%.

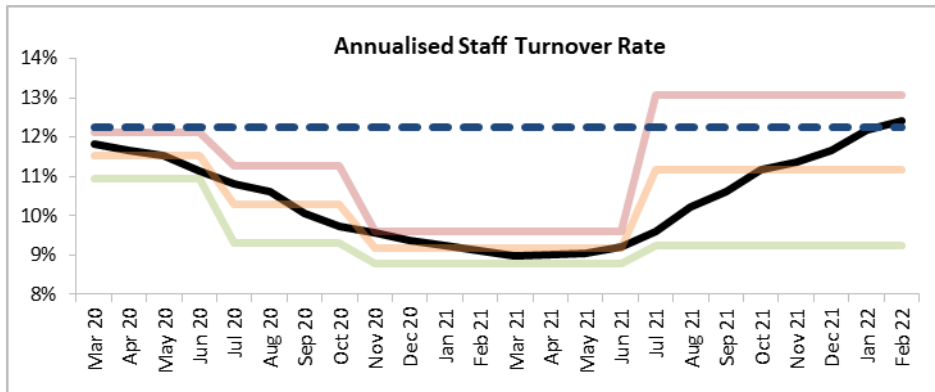
Group	Indicator	Targets	Performance		Feb-22 (Site)				
		Target	Jan-22	Feb-22	Royal London	Whipps Cross	Newham	St Bart's	CSS
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	98.6%	98.2%	98.5%	98.6%	98.3%	98.4%	106.9%
	Staff in Post - Actual	>=Plan	16,563	16,620	6,137	2,836	2,033	2,614	230
	Staff in Post - Plan	-	16,555	16,638	5,695	2,662	1,944	2,433	1,151
	Bank WTE - Actual	<=Plan	2,242	2,030	715	457	376	301	11
	Bank WTE - Plan	-	1,904	1,904	672	338	314	251	49
	Agency WTE - Actual	<=Plan	689	656	200	194	141	77	9
	Agency WTE - Plan	-	393	393	86	138	63	27	8
	Total Staffing - Actual	<=Plan	19,494	19,306	7,052	3,486	2,549	2,992	250
Total Staffing - Plan	-	18,852	18,934	6,453	3,138	2,321	2,710	1,208	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	90.3%	90.6%	93.4%	88.3%	86.1%	91.7%	97.2%
	Substantive Fill Rate - Plan	-	89.7%	90.2%	92.2%	87.4%	86.5%	92.6%	92.7%
	Unconditional Offers - Actual	>=Plan	518	437	161	87	44	72	8
	Unconditional Offers - Plan	-	293	293	133	39	30	70	16
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	45.1%	41.5%	17.5%	41.4%	47.4%	88.9%	-
Diversity	% of BME Staff at Band 8a to VSM	-	37.3%	37.1%	34%	42%	53%	24%	65%

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

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	
People	W19	Turnover Rate	●	○	○	Feb-22 (m)	<= 12.25%	12.18%	12.43%	12.43%	13.24%	10.96%	10.57%	12.80%	18.68%	12.67%	●
	OH7	Proportion of Temporary Staff	●	○	○	Feb-22 (m)	<= 11.3%	15.0%	13.9%	14.2%	13.0%	18.7%	20.3%	12.6%	7.9%	6.9%	●
	W20	Sickness Absence Rate	●	○	○	Jan-22 (m)	<= 3%	4.81%	4.84%	4.84%	4.93%	5.22%	5.35%	4.02%	3.93%	4.73%	○
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	72.3%	73.1%	
	OH6	NHS Staff Survey	●	○	○	2020/21 (y)	>= 7	7.0	6.9	6.9	7.0	6.8	6.9	7.1	6.7	7.0	○
Compliance	W50	Mandatory and Statutory Training - All	●	●	○	Feb-22 (m)	>= 85%	83.1%	83.3%	84.4%	82.3%	87.0%	81.6%	84.0%	84.4%	81.2%	●
	W11	Mandatory and Statutory Training - National	●	○	○	Feb-22 (m)	>= 85%	82.8%	82.5%	83.9%	81.2%	86.3%	82.8%	82.5%	83.0%	81.2%	●
	W29	Appraisal Rate - Non-Medical Staff	●	○	○	Feb-22 (m)	>= 90%	55.5%	56.3%	56.3%	52.2%	51.9%	48.0%	72.6%	82.3%	57.4%	●
	W30	Appraisal Rate - Medical Staff	●	○	○	Feb-22 (m)	>= 95%	93.0%	93.4%	93.4%	92.2%	95.4%	94.7%	93.8%	-	-	○

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



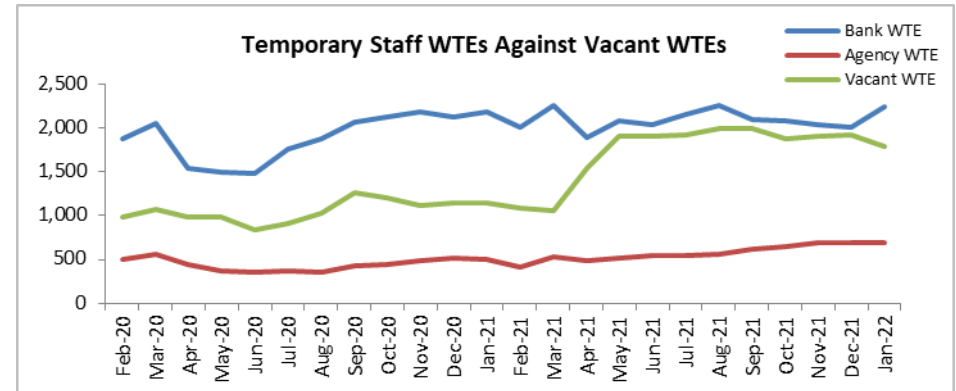
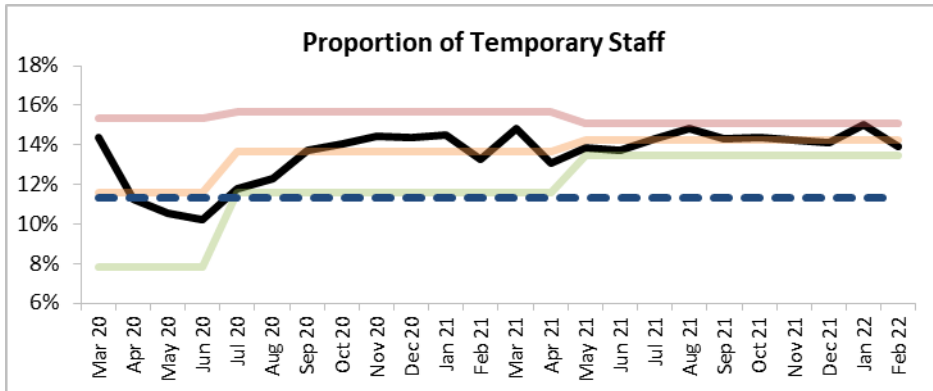
Site	Staff Group	6 Months Ago			Feb-22			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	269	2,097	12.81%	354	2,125	16.66%	3.85%
St Bart's	Nursing and Midwifery Registered	129	906	14.27%	133	899	14.77%	0.49%
Other	Administrative and Clerical	115	1,248	9.25%	132	1,302	10.12%	0.87%
Whipps Cross	Nursing and Midwifery Registered	94	981	9.56%	104	1,019	10.16%	0.60%
Newham	Nursing and Midwifery Registered	77	800	9.58%	84	816	10.23%	0.65%

Performance Overview

- Annualised voluntary turnover rates continued to increase from 12.2% to 12.4%
- We are currently seeing higher levels of leavers than in late 2020/early 2021 with the last 6 months averaging 60 Whole Time Equivalent (WTE) leavers more per month than in the same period 12 months ago. In light of this, and a higher than normal number of retirements taking place in Mar-22, we expect to see turnover continue to increase.
- Across the group turnover rates vary and in some cases have reduced month on month
 - 10.6% at Newham (down from 10.8%)
 - 11.0% at Whipps (up from 10.7%)
 - 12.8% at St Bartholomew's (down from 13.2%)
 - 13.2% at Royal London (up from 12.6%)
 - 19.3% in the Pathology Partnership (down from 19.6%)
 - 10.1% in Group Support Services (up from 9.2%)

Responsible Director Update

- To address our concerns of our people thinking about leaving (2021 NHS Staff Survey data) a working group is being set up, led by the People Director at Royal London Hospital to review the exit questionnaire process and share associated learning
- Career development remains a focus and we are looking at introducing a robust process to bring together different local initiatives
- We continue to progress our work to become a flexible employer in line with Our NHS People Promise 'We Work Flexibly' agenda and our Flexible Working Policy has been update and approved at the Trust Policies Committee, with a view to educate and develop managers as the next step
- It is anticipated that the recruitment drive will have a positive effect on the wellbeing of existing staff. This in turn should contribute to improved retention.



Proportion of Temporary Staff by Site								
Site	Staff Group	Average of Previous 6 Months			Feb-22			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	949	6,979	13.6%	915	7,052	13.0%	-0.6%
Whipps Cross	All Staff Groups	670	3,420	19.6%	651	3,486	18.7%	-0.9%
Newham	All Staff Groups	517	2,531	20.4%	517	2,549	20.3%	-0.2%
St Bart's	All Staff Groups	352	2,944	12.0%	378	2,992	12.6%	0.7%
CSS	All Staff Groups	22	246	8.9%	20	250	7.9%	-1.0%
Other	All Staff Groups	252	2,982	8.4%	206	2,976	6.9%	-1.5%

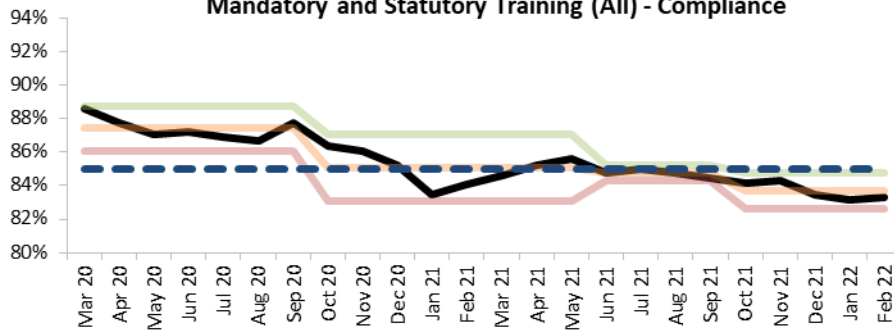
Performance Overview

- Temporary staffing usage reduced by 245 Whole Time Equivalent (WTE) compared to Jan-22, with a reduction of 33 Whole Time Equivalent (WTE) agency and 212 Whole Time Equivalent (WTE) bank
- This, combined with an increase in substantive staff has meant the proportion of temporary staff has reduced to 13.9% from 15.0%
- The reductions were primarily driven by Royal London (-113 Whole Time Equivalent (WTE)), Whipps (-69 Whole Time Equivalent (WTE)) and Newham (-51 Whole Time Equivalent (WTE))

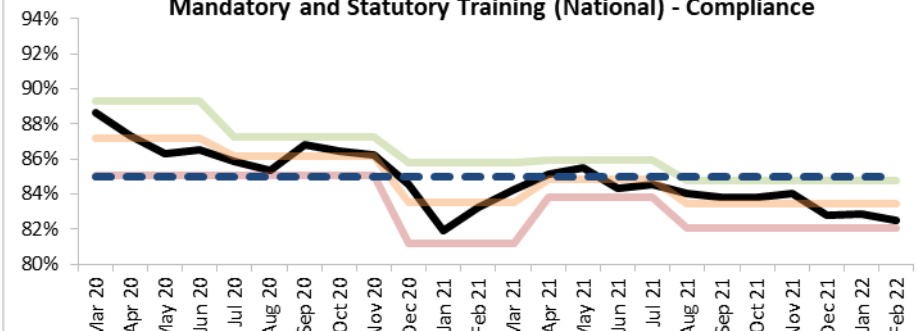
Responsible Director Update

- Whilst temporary staffing reduced in Feb-22 we would anticipate a seasonal increase in March, often linked with an increase in annual leave being taken.
- The recruitment plans being developed under the Drive 95 banner, including overseas recruitment, and continued reduced COVID-19 absence should contribute towards reduced temporary demand as the year progresses.

Mandatory and Statutory Training (All) - Compliance



Mandatory and Statutory Training (National) - Compliance



Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months	Feb-22	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	79.1%	74.2%	4,474
Fire Safety	78.3%	79.5%	3,559
Resuscitation - Basic Life Support	68.1%	67.3%	3,444
Infection Control (Clinical)	77.1%	74.4%	2,869
Health, Safety, Incidents	86.2%	84.7%	2,652

Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Feb-22	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	59.0%	49.8%	85
A & E Nursing WC (Royal London)	84.9%	80.9%	63
ANA Medical Staff (Royal London)	84.1%	80.3%	58
Orthopaedic Medical Staff (Royal London)	58.3%	50.9%	50
Pharmacy Management (CSS)	81.4%	81.9%	49

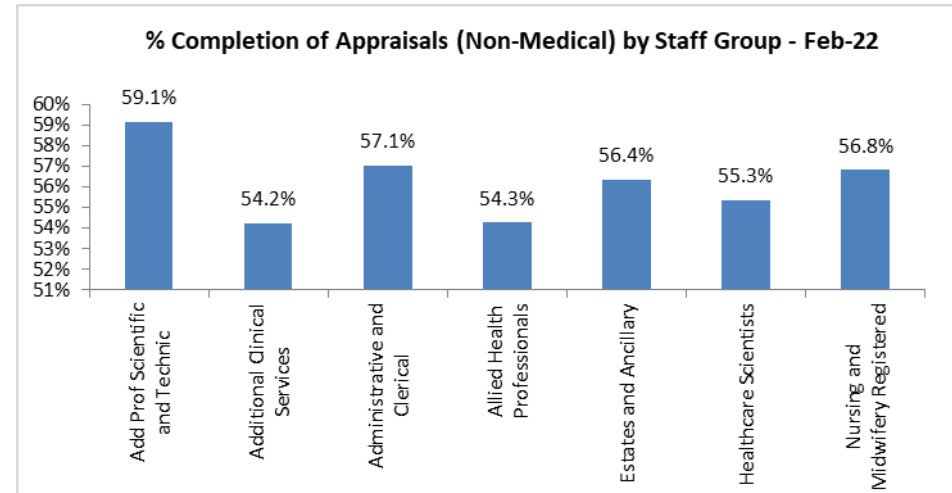
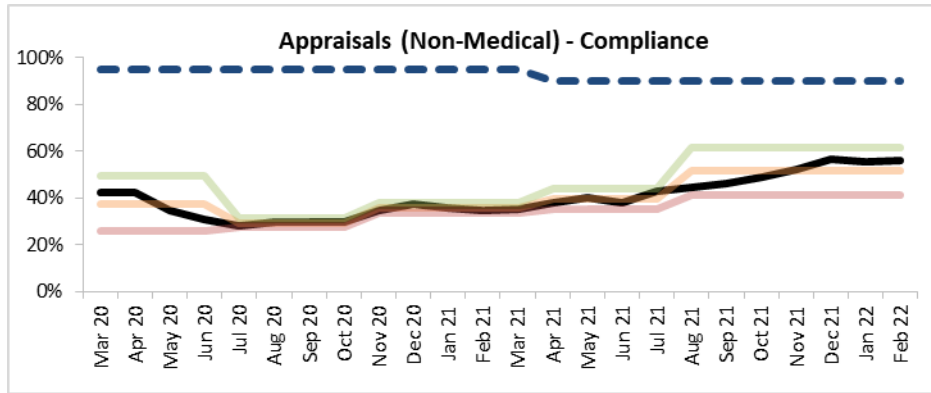
Non-mandatory competencies have been excluded from the above tables

Performance Overview

- Trust-wide compliance against the 11 Core Skills Training Framework subjects has fallen over the past month and currently stands at 82.45%, and is currently below the Trust target of 85%. However compliance rates now appear to be stabilising. Overall training compliance across all subjects has also decreased.
- Subjects within the core skills training framework, particularly the face to face subjects are starting to show improvement but this will be a slow process whilst COVID restrictions remain in place.
- Increases in staff numbers, i.e. Restorative Dentistry increase from 63 in Jan 22 to 85 in Feb 22 are having a significant affect on compliance rates. Over the past two years staff being monitored has increased by around 10%.

Responsible Director Update

- Work continues with the subject matter experts to look at alternative methods of training. This includes using scenario based training which would cover multiple subjects in each training session where the Trust is working with QMUL.
- Work is being undertaken to identify departments across the Trust with low compliance rates for fire safety, resuscitation and information governance with a view to taking training to the department to increase compliance rates in these subjects.
- Work is continuing on identification of honorary contract holders who have now left Barts Health but remain on the ESR system. Whilst this is a very small number of staff this can have a significant impact on departmental compliance rates where there are small numbers of substantive staff.



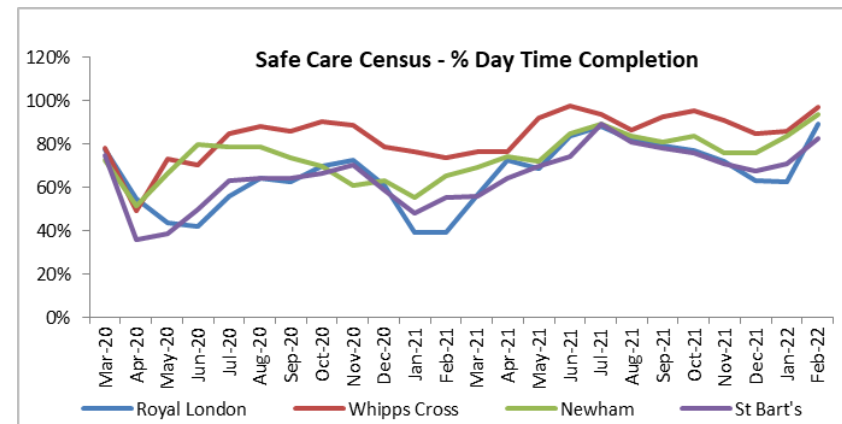
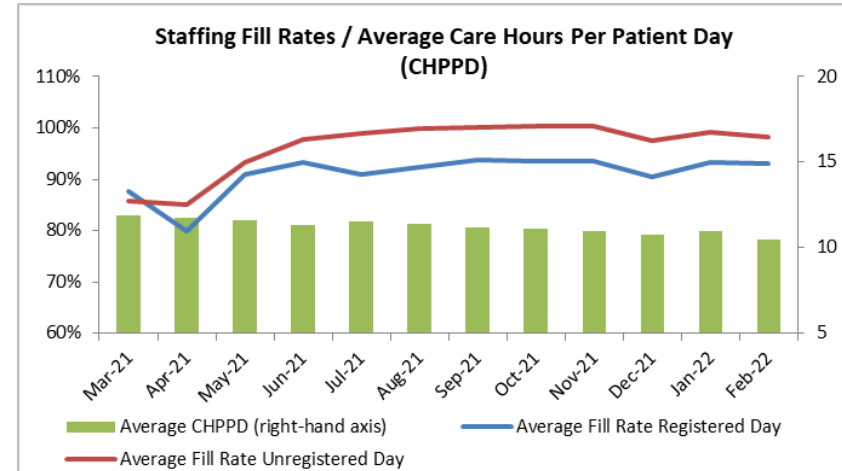
Performance Overview

- The recorded non-appraisal rate has plateaued around the 56%, in part a reflection of the impact of the omicron wave of the pandemic, however it is likely that there is significant under-recording of outcomes.
- This is reflected in NHS Staff survey results for 2021 which showed that 76% of staff had an appraisal in the preceding 12 months with rates ranging from 70% for Healthcare Scientists to 82% for Medics. For Registered Nursing and Midwifery it was 80%

Responsible Director Update

- The hospital sites continue to focus on the delivery of appraisal and improving the level of recording. Sites and divisions will be developing achievable action plans to improve compliance. The Bi-weekly People Directorate Executive meetings will be picking this up.
- Along side this Hr and management support will be targeted at teams and roles where compliance is particularly low.
- As Microsoft365 is rolled out across the group alternative approaches for recording appraisal outcomes will be explored to identify where improvements can be made to minimise the burden on managers as best as possible whilst still enabling central reporting

- Across the Trust, the overall average fill rates remained above 90% for Registered Nursing and Midwifery (RNs/RMs) and Care Staff (HCAs) on both day and night shifts.
- A slight decrease was noted overall in the Care Hours Per Patient Day (CHPPD) from 10.8 to 10.5 for February.
- Where staffing gaps were experienced, staff were redeployed between wards, and senior staff worked clinically to maintain services and patient safety. Where appropriate, non-clinical staff supported with administrative duties to increase clinical staffs' time to care.
- The average fill rates for St Bart's remain at 80% for RNs and HCAs. Staffing was aligned with actual demand due to some beds being closed. The senior nursing team worked closely with critical care to maintain safe nurse patient ratios. Where required, staff were redeployed to meet patients' needs.
- Increased activity in the Women's services required consolidated support and flexing of some units as they continued to be under pressure with on going staff sickness absence. The closure of Barkantine and Lotus Birth Centres released staff to support women in labour. Senior midwifery staff supported delivery of frontline care therefore nil adverse clinical events were reported due to staffing gaps.
- A total of 9 red flag incidents were reported. There were 7 for Royal London, 1 for Newham and 1 for St Bartholomew's. None of the red flags recorded any harm to patients.
- Across the Trust, recruitment activity continues and we are welcoming domestic and internationally educated nurses as well as targeting to attract more healthcare support workers including those who are new to care.
- The evidence-based Safer Nursing Care Tool deep dive was completed this month as part of the twice-yearly establishment review process. It resulted in a significant improvement in compliance with the daily Safe Care Census (SCL) : 82.6% - 97.2% for February. Education sessions for acuity and dependency scoring will continue.
- Safe staffing continues to be monitored and addressed daily through hospital site based safety huddles. Use of the SCL Sunburst together with professional judgement by the senior nursing teams facilitates dynamic staff redeployment to maximise patient safety and effective use of resources.



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	93.1%	98.2%	100.4%	116.6%	10.5	9
Royal London	97.0%	92.8%	104.5%	121.6%	10.1	7
Whipps Cross	91.8%	109.6%	102.5%	117.0%	10.3	0
Newham	92.3%	102.1%	100.2%	112.8%	10.0	1
St Bart's	87.6%	81.0%	90.1%	108.3%	12.6	1



Barts Health
NHS Trust

Glossary



Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	R35	Cancer 62 Days From Urgent GP Referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R36	Cancer 62 Days From Screening Programme	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of referral from a NHS Cancer Screening Service. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R6	Diagnostic Waits Over 6 Weeks	The number of patients still waiting for diagnostic tests who had waited 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
Responsive	Waiting Times	R5	52+ Week RTT Breaches	The number of patients on incomplete 18 week referral to treatment (RTT) pathways who had waited more than 52 weeks from the referral date (or clock start date) to the end of the calendar month	Monthly	Recovery trajectory
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

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

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	S36	VTE Risk Assessment	The number of adult hospital admissions who were risk assessed for Venous Thromboembolism (VTE) divided by the number of adult hospital admissions	Monthly	National
Safe	Assess & Prevent	S5	Dementia - Screening	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who were asked the dementia case finding question within 72 hours of admission, or who had a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question could not be completed for clinical reasons	Monthly	National
Safe	Assess & Prevent	S6	Dementia - Risk Assessment	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who scored positively on the case finding question, or who had a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations	Monthly	National
Safe	Assess & Prevent	S7	Dementia - Referrals	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (with an outcome of "positive" or "inconclusive") and who have been referred for further diagnostic advice in line with local pathways	Monthly	National
Effective	Mortality	E1	Summary Hospital-Level Mortality Indicator	The ratio between the actual number of patients who died following hospitalisation at the trust and the number who would be expected to die on the basis of average England figures (given the characteristics of the patients treated at the trust), multiplied by 100	Monthly	National
Effective	Mortality	E3	Risk Adjusted Mortality Index	The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100, at trust level. This metric considers mortality on weekdays and weekends	Monthly	National
Effective	Mortality	E25	Number of Avoidable Deaths	The number of adult inpatient deaths which occurred at the trust or site which were considered avoidable	Quarterly	National
Effective	Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	The number of 2222 emergency calls which were for cardiac arrests on wards (including medical emergencies leading to cardiac arrests) per 1,000 admissions, i.e. the number of calls divided by the number of admissions which has been multiplied by 1,000	Monthly	Local
Effective	Outcomes	S42	Sepsis 6 Antibiotic Administration (60 Mins)	The number of audited inpatients who deteriorated, were screened for sepsis and found to have sepsis who received antibiotics 60 minutes or less after the time of deterioration divided by the total number of audited inpatients who deteriorated, were screened for sepsis and found to have sepsis	Monthly	Local

Sub-Section	Metric	Description	Notes
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	Contracted substantive WTE (plus Bank and Agency, less maternity leave) as a % of total budgeted WTE	The target is <= 100% but the figure is also of concern if it falls too far below 100% so an amber rating is applied if the figure is <95%
Planned vs Actual WTE	Staff in Post - Actual	Substantive staff in post - actual	
Planned vs Actual WTE	Staff in Post - Plan	Substantive staff in post - plan	
Planned vs Actual WTE	Bank WTE - Actual	Bank Whole Time Equivalentents (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalentents (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalentents (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalentents (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	



Barts Health
NHS Trust

Appendix



How to Interpret the Scorecard

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

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

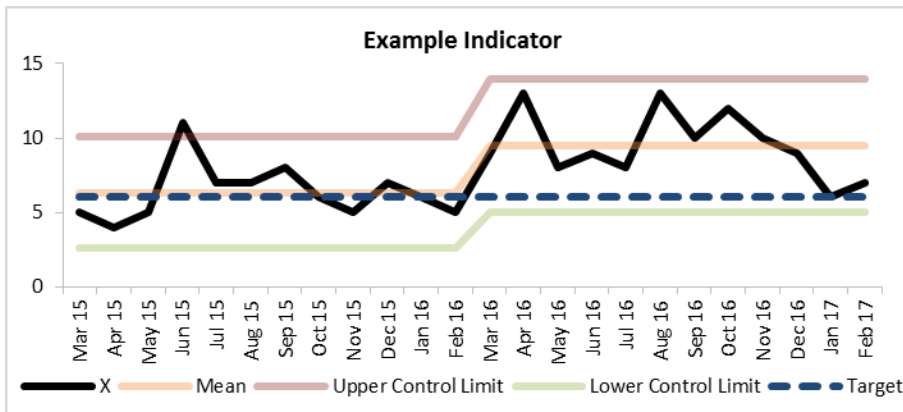
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



Statistical process control (SPC) is a method of quality control which uses statistical methods. When you are interpreting these SPC charts there are 3 rules that help you identify what the performance is doing. If one of the rules has been broken, this means that "special cause" variation is present in the system.

Rule 1: Any point outside one of the control limits (upper or lower control limits)

Rule 2: A run of five points all above or all below the centre line

Rule 3: Any unusual pattern or trends within the control

Indication of Good or Bad performance: to help users identify whether performance is changing in a positive or negative way, the upper and lower control limits are coloured to indicate whether a high value is good (green) or bad (red). In the example to the left, a higher value would be seen as a deterioration in performance (the upper control limit is red).

How Exceptions Are Identified For Inclusion

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

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

Safe Staffing Fill Rates by Ward and Site

Apr-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	1,918.0	1,759.5	956.0	851.0	1,610.0	1,865.0	642.5	1,000.5	91.7%	89.0%	115.8%	155.7%	707	5.1	2.6	7.7
Royal London	10FRLH	1,008.0	1,193.0	672.0	573.5	913.0	1,100.0	616.0	517.5	118.4%	85.3%	120.5%	84.0%	447	5.1	2.4	7.6
Royal London	11CRLH	2,226.0	1,953.5	1,280.0	1,100.0	2,242.5	2,196.5	632.5	839.5	87.8%	85.9%	97.9%	132.7%	657	6.3	3.0	9.3
Royal London	11E & 11FAAU	3,505.5	3,379.0	1,605.5	1,565.0	3,542.0	3,875.5	1,288.0	1,502.0	96.4%	97.5%	109.4%	116.6%	1,317	5.5	2.3	7.8
Royal London	12CRLH	1,690.5	1,892.0	1,288.0	1,227.5	1,702.0	1,876.0	966.0	988.3	111.9%	95.3%	110.2%	102.3%	718	5.2	3.1	8.3
Royal London	12DRLH	1,258.0	1,499.8	637.5	877.5	1,288.0	1,638.0	322.0	862.5	119.2%	137.6%	127.2%	267.9%	451	7.0	3.9	10.8
Royal London	12ERLH	2,499.0	2,849.0	1,288.0	1,277.5	2,254.0	2,852.0	1,288.0	1,428.5	114.0%	99.2%	126.5%	110.9%	637	8.9	4.2	13.2
Royal London	12FRLH	1,732.5	1,755.0	1,623.5	1,549.0	1,610.0	1,851.5	1,610.0	1,656.0	101.3%	95.4%	115.0%	102.9%	739	4.9	4.3	9.2
Royal London	13CRLH	1,748.5	2,011.0	644.0	645.0	1,276.5	1,759.5	632.5	1,081.0	115.0%	100.2%	137.8%	170.9%	710	5.3	2.4	7.7
Royal London	13DRLH	1,581.5	2,031.5	644.0	678.5	1,288.0	1,840.0	644.0	954.5	128.5%	105.4%	142.9%	148.2%	640	6.0	2.6	8.6
Royal London	13ERLH	1,832.0	1,999.0	647.5	586.5	1,541.0	1,910.5	655.5	874.0	109.1%	90.6%	124.0%	133.3%	695	5.6	2.1	7.7
Royal London	13FRLH	1,605.0	1,845.5	870.0	897.0	1,610.0	1,920.5	644.0	920.0	115.0%	103.1%	119.3%	142.9%	552	6.8	3.3	10.1
Royal London	14ERLH	1,510.0	1,541.0	966.0	1,081.0	1,288.0	1,449.0	966.0	1,081.0	102.1%	111.9%	112.5%	111.9%	692	4.3	3.1	7.4
Royal London	14FRLH	1,660.0	1,503.5	1,288.0	1,058.0	1,288.0	1,230.5	966.0	1,069.5	90.6%	82.1%	95.5%	110.7%	691	4.0	3.1	7.0
Royal London	3DRLH	2,888.5	2,579.2	1,932.0	1,549.0	2,909.5	2,933.5	1,610.0	1,702.0	89.3%	80.2%	100.8%	105.7%	851	6.5	3.8	10.3
Royal London	3ERLH	1,928.0	1,805.5	644.0	837.0	1,610.0	1,981.5	644.0	931.5	93.6%	130.0%	123.1%	144.6%	698	5.4	2.5	8.0
Royal London	3FRLH	1,438.0	1,361.0	966.0	448.5	966.0	1,472.0	644.0	448.5	94.6%	46.4%	152.4%	69.6%	210	13.5	4.3	17.8
Royal London	4ERLH	13,445.8	14,335.0	644.0	971.0	13,856.5	14,575.5	322.0	997.5	106.6%	150.8%	105.2%	309.8%	1,251	23.1	1.6	24.7
Royal London	6CRLH	3,231.5	2,244.9	322.0	276.0	3,220.0	2,415.5	320.5	297.5	69.5%	85.7%	75.0%	92.8%	154	30.3	3.7	34.0
Royal London	6E & 6FRLH	4,828.0	4,372.7	1,286.5	933.0	4,818.5	4,357.0	966.0	747.5	90.6%	72.5%	90.4%	77.4%	800	10.9	2.1	13.0
Royal London	7CRLH	1,288.0	1,397.5	322.0	572.8	966.0	1,208.0	322.0	644.0	108.5%	177.9%	125.1%	200.0%	330	7.9	3.7	11.6
Royal London	7DRLH	1,610.0	1,500.3	794.0	673.0	1,288.0	1,276.5	644.0	678.5	93.2%	84.8%	99.1%	105.4%	336	8.3	4.0	12.3
Royal London	7ERLH	2,576.0	2,178.8	966.0	971.5	2,240.3	1,998.8	966.0	966.5	84.6%	100.6%	89.2%	100.1%	578	7.2	3.4	10.6
Royal London	7FRLH	1,283.5	1,170.8	552.0	552.0	966.0	1,008.0	506.0	529.0	91.2%	100.0%	104.3%	104.5%	261	8.3	4.1	12.5
Royal London	8CRLH	1,484.9	1,393.1	633.0	731.0	1,288.0	1,483.5	644.0	1,012.0	93.8%	115.5%	115.2%	157.1%	531	5.4	3.3	8.7
Royal London	8DRLH	7,431.5	6,082.0	1,150.0	663.0	7,084.0	6,003.0	506.0	333.5	81.8%	57.7%	84.7%	65.9%	907	13.3	1.1	14.4
Royal London	8FRLH	1,266.5	1,183.5	1,610.0	1,495.0	966.0	966.0	966.0	966.0	93.4%	92.9%	100.0%	100.0%	1,382	1.6	1.8	3.3
Royal London	9EHDURLH	1,288.0	1,048.5	322.0	103.5	1,265.0	922.0	0.0	184.0	81.4%	32.1%	72.9%		247	8.0	1.2	9.1
Royal London	9ERLH	1,605.5	1,640.5	644.0	598.0	1,288.0	1,436.5	322.0	723.5	102.2%	92.9%	111.5%	224.7%	725	4.2	1.8	6.1
Royal London	9FRLH	1,603.0	1,233.5	644.0	507.5	1,288.0	1,221.3	644.0	701.5	76.9%	78.8%	94.8%	108.9%	665	3.7	1.8	5.5

Safe Staffing Fill Rates by Ward and Site

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	4,186.0	4,804.5	2,254.0	2,218.0	4,186.0	5,094.5	1,932.0	1,978.0	114.8%	98.4%	121.7%	102.4%	1,113	8.9	3.8	12.7
Whipps Cross	ACACIA	874.0	748.0	414.0	579.5	644.0	645.0	644.0	817.0	85.6%	140.0%	100.2%	126.9%	292	4.8	4.8	9.6
Whipps Cross	ACORN	3,348.0	2,294.8	321.8	272.0	2,464.0	2,059.3	325.8	230.0	68.5%	84.5%	83.6%	70.6%	431	10.1	1.2	11.3
Whipps Cross	B3 WARD WXH	1,196.0	1,207.5	966.0	919.0	966.0	1,012.0	644.0	736.0	101.0%	95.1%	104.8%	114.3%	464	4.8	3.6	8.4
Whipps Cross	BIRCH	966.0	1,074.8	951.5	1,127.0	966.0	966.5	644.0	747.5	111.3%	118.4%	100.1%	116.1%	479	4.3	3.9	8.2
Whipps Cross	BLACKTHORN	966.0	1,046.5	954.5	1,067.0	966.0	942.0	644.0	781.0	108.3%	111.8%	97.5%	121.3%	430	4.6	4.3	8.9
Whipps Cross	Bracken Ward WXH	1,189.0	1,276.8	1,011.3	1,036.5	966.0	1,209.0	644.0	736.0	107.4%	102.5%	125.2%	114.3%	460	5.4	3.9	9.3
Whipps Cross	CEDAR	1,518.0	2,054.5	1,288.0	2,671.0	1,276.5	1,967.0	966.0	1,839.5	135.3%	207.4%	154.1%	190.4%	826	4.9	5.5	10.3
Whipps Cross	CHESTNUT	851.0	667.0	310.5	862.5	632.5	897.0	322.0	506.0	78.4%	277.8%	141.8%	157.1%	232	6.7	5.9	12.6
Whipps Cross	CURIE	1,273.0	1,078.0	962.0	1,341.5	1,288.0	966.0	966.0	1,276.5	84.7%	139.4%	75.0%	132.1%	475	4.3	5.5	9.8
Whipps Cross	DELIVERY SUITE WXH	4,397.8	3,298.9	644.0	686.0	3,208.5	2,872.3	644.0	943.0	75.0%	106.5%	89.5%	146.4%	377	16.4	4.3	20.7
Whipps Cross	ELIZABETH	1,518.0	1,400.5	550.0	415.5	1,288.0	1,301.5	276.0	402.5	92.3%	75.5%	101.0%	145.8%	492	5.5	1.7	7.2
Whipps Cross	FARADAY	1,323.5	1,374.0	644.0	1,007.0	1,253.5	1,529.5	322.0	393.0	103.8%	156.4%	122.0%	122.0%	411	7.1	3.4	10.5
Whipps Cross	Frail Elderly WXH	794.0	734.8	310.5	583.0	644.0	644.0	322.0	643.8	92.5%	187.8%	100.0%	199.9%	276	5.0	4.4	9.4
Whipps Cross	ICU WXH	6,003.0	5,177.3	1,585.5	631.0	5,027.0	4,695.4	1,232.0	363.0	86.2%	39.8%	93.4%	29.5%	269	36.7	3.7	40.4
Whipps Cross	MARGARET	966.0	777.0	322.0	403.0	644.0	646.0	322.0	485.5	80.4%	125.2%	100.3%	150.8%	243	5.9	3.7	9.5
Whipps Cross	MIDWIFERY WXH	693.5	653.8	322.0	258.0	632.5	563.2	322.0	323.0	94.3%	80.1%	89.0%	100.3%	61	19.9	9.5	29.5
Whipps Cross	MULBERRY	1,984.0	1,717.5	1,325.5	848.5	1,345.5	1,232.0	782.0	791.2	86.6%	64.0%	91.6%	101.2%	848	3.5	1.9	5.4
Whipps Cross	NEONATAL WXH	2,169.0	1,952.5	1,046.5	414.5	1,897.5	1,933.0	644.0	277.5	90.0%	39.6%	101.9%	43.1%	328	11.8	2.1	14.0
Whipps Cross	NIGHTINGALE	1,606.5	1,195.5	322.0	588.5	1,517.5	1,389.2	322.0	391.0	74.4%	182.8%	91.5%	121.4%	280	9.2	3.5	12.7
Whipps Cross	PEACE	1,517.0	1,331.5	736.0	1,194.0	966.0	1,036.0	644.0	977.5	87.8%	162.2%	107.2%	151.8%	438	5.4	5.0	10.4
Whipps Cross	POPLAR	1,575.5	1,137.0	966.0	862.5	1,242.0	952.0	966.0	851.7	72.2%	89.3%	76.7%	88.2%	384	5.4	4.5	9.9
Whipps Cross	PRIMROSE	1,610.0	1,733.5	1,288.0	1,532.5	1,276.5	1,483.5	966.0	1,311.0	107.7%	119.0%	116.2%	135.7%	693	4.6	4.1	8.7
Whipps Cross	ROWAN	1,610.0	1,720.0	1,288.0	1,505.5	1,276.5	1,461.5	966.0	1,322.5	106.8%	116.9%	114.5%	136.9%	663	4.8	4.3	9.1
Whipps Cross	SAGE	1,518.0	1,302.3	1,315.0	1,394.5	1,299.5	1,138.5	966.0	1,115.5	85.8%	106.0%	87.6%	115.5%	702	3.5	3.6	7.1
Whipps Cross	SYRINGA	1,288.0	1,092.5	1,610.0	1,628.5	966.0	940.5	966.0	1,391.5	84.8%	101.1%	97.4%	144.0%	668	3.0	4.5	7.6
Whipps Cross	VICTORY	1,178.0	1,342.0	1,196.0	1,252.0	977.0	1,230.0	966.0	1,012.0	113.9%	104.7%	125.9%	104.8%	745	3.5	3.0	6.5

Content to follow

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	AAU NUH	3,917.5	3,552.8	2,251.5	2,595.3	3,542.0	3,726.0	2,254.0	2,668.0	90.7%	115.3%	105.2%	118.4%	1,331	5.5	4.0	9.4
Newham	Custom House NUH	1,276.5	1,161.5	966.0	1,065.0	966.0	966.0	1,276.5	1,517.5	91.0%	110.2%	100.0%	118.9%	552	3.9	4.7	8.5
Newham	DELIVERY SUITE NUH	4,864.5	4,144.8	676.5	593.8	4,312.5	3,561.1	644.0	632.5	85.2%	87.8%	82.6%	98.2%	673	11.5	1.8	13.3
Newham	EAST HAM	1,605.0	1,667.5	966.0	1,150.0	1,288.0	1,508.5	966.0	1,414.5	103.9%	119.0%	117.1%	146.4%	612	5.2	4.2	9.4
Newham	HEATHER	1,911.5	1,794.0	966.0	1,127.0	1,932.0	1,920.5	966.0	1,483.5	93.9%	116.7%	99.4%	153.6%	709	5.2	3.7	8.9
Newham	LARCH	2,898.0	2,513.0	1,833.0	1,557.5	1,968.0	1,712.0	1,610.0	1,587.0	86.7%	85.0%	87.0%	98.6%	1,512	2.8	2.1	4.9
Newham	Manor Park ITU NUH	2,771.5	3,887.0	494.5	362.5	2,771.5	3,956.0	494.5	414.0	140.2%	73.3%	142.7%	83.7%	355	22.1	2.2	24.3
Newham	MAPLE	1,265.0	1,262.5	644.0	874.0	1,276.5	960.5	644.0	598.0	99.8%	135.7%	75.2%	92.9%	255	8.7	5.8	14.5
Newham	NEONATAL NUH	2,794.5	2,291.5	644.0	379.5	2,668.0	2,362.5	552.0	299.0	82.0%	58.9%	88.5%	54.2%	438	10.6	1.5	12.2
Newham	NUH MIDWIFERY	1,184.5	810.0	322.0	288.0	954.5	734.8	322.0	288.0	68.4%	89.4%	77.0%	89.4%	130	11.9	4.4	16.3
Newham	RAINBOW	2,843.0	2,092.5	1,030.0	828.0	1,610.0	1,623.5	322.0	356.5	73.6%	80.4%	100.8%	110.7%	246	15.1	4.8	19.9
Newham	SILVERTOWN	1,760.0	1,804.0	966.0	1,150.0	1,598.5	1,727.0	966.0	1,299.5	102.5%	119.0%	108.0%	134.5%	633	5.6	3.9	9.4
Newham	STRATFORD	1,276.5	1,081.5	966.0	874.0	1,276.5	1,196.5	966.0	989.0	84.7%	90.5%	93.7%	102.4%	450	5.1	4.1	9.2
Newham	WEST HAM	1,276.5	1,150.0	966.0	1,138.5	966.0	1,232.5	874.0	954.5	90.1%	117.9%	127.6%	109.2%	616	3.9	3.4	7.3
St Bart's	1C	5,444.0	4,585.0	318.5	172.5	5,198.0	4,556.0	184.0	253.0	84.2%	54.2%	87.6%	137.5%	370	24.7	1.2	25.9
St Bart's	1D	2,908.3	2,451.5	322.0	322.0	2,576.0	2,242.5	322.0	333.5	84.3%	100.0%	87.1%	103.6%	318	14.8	2.1	16.8
St Bart's	1E	4,498.5	4,082.5	322.0	253.0	4,508.0	3,989.7	322.0	287.5	90.8%	78.6%	88.5%	89.3%	262	30.8	2.1	32.9
St Bart's	3A SBH	4,173.5	3,787.0	1,284.5	1,092.5	4,174.5	3,979.0	1,288.0	1,230.5	90.7%	85.1%	95.3%	95.5%	681	11.4	3.4	14.8
St Bart's	3D SBH	1,411.0	1,378.2	1,104.0	997.5	1,380.0	1,299.5	874.0	908.5	97.7%	90.4%	94.2%	103.9%	384	7.0	5.0	11.9
St Bart's	4A SBH	1,595.5	1,403.0	867.0	920.0	1,288.0	1,196.0	322.0	621.0	87.9%	106.1%	92.9%	192.9%	672	3.9	2.3	6.2
St Bart's	4B SBH	1,430.0	1,236.5	1,103.0	828.0	1,288.0	1,253.5	644.0	770.5	86.5%	75.1%	97.3%	119.6%	545	4.6	2.9	7.5
St Bart's	4C SBH	1,604.5	1,437.5	864.5	747.5	1,288.0	1,184.5	874.0	805.0	89.6%	86.5%	92.0%	92.1%	550	4.8	2.8	7.6
St Bart's	4D & 4E SBH	1,663.5	1,457.5	633.5	460.0	1,472.0	1,161.5	644.0	632.5	87.6%	72.6%	78.9%	98.2%	311	8.4	3.5	11.9
St Bart's	5A SBH	1,931.0	1,902.6	798.0	676.3	1,229.3	1,134.0	308.0	473.0	98.5%	84.7%	92.3%	153.6%	507	6.0	2.3	8.3
St Bart's	5B SBH	1,272.0	1,074.5	644.0	598.0	1,288.0	1,265.0	322.0	356.5	84.5%	92.9%	98.2%	110.7%	341	6.9	2.8	9.7
St Bart's	5C SBH	1,871.5	1,494.9	634.5	440.7	1,610.0	1,584.4	322.0	483.0	79.9%	69.5%	98.4%	150.0%	449	6.9	2.1	8.9
St Bart's	5D SBH	1,881.5	1,461.0	644.0	586.5	1,610.0	1,441.0	644.0	642.5	77.7%	91.1%	89.5%	99.8%	554	5.2	2.2	7.5
St Bart's	6A SBH	5,766.0	5,131.5	318.5	230.0	5,784.5	5,175.0	322.0	276.0	89.0%	72.2%	89.5%	85.7%	302	34.1	1.7	35.8
St Bart's	6D SBH	1,610.0	1,332.3	962.5	437.0	1,276.5	963.0	644.0	632.5	82.7%	45.4%	75.4%	98.2%	440	5.2	2.4	7.6