

Barts Health Integrated Performance Report

Jun-22

Performance for: **Apr-22**



- **Overall Report:**

- Some national reporting for which metrics are usually presented in the report has been temporarily suspended during the Covid-19 pandemic. 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:**

- As part of the national imperative to recover elective and emergency services following the Covid pandemic the NHS has set out a series of activity and performance recovery milestones to be delivered over the course of the next three financial years, to March 2025. The milestones are set out on the following page with the relevant quality and safety pages of this report updated to provide views of progress towards meeting the milestones. In reviewing these pages please note that NHS England has recently asked all trusts to review and resubmit their activity and long waiter clearance trajectories, as well as supporting finance and workforce plans, for resubmission on 20 June 2022, future editions of this report will be updated with any material changes to delivery trajectories.

	Deliverable	Milestone
Elective (RTT) Waits	No one will wait longer than two years (104 weeks)	Jul-22
	Eliminate waits over 18-months (78 weeks)	Apr-23
	Eliminate waits over 65 weeks (15 months)	Mar-24
	Eliminate waits over 12 months (52 weeks)	Mar-25
Diagnostic (DM01)	95% of patients needing a diagnostic test receive it within six weeks	Mar-25
Cancer	The number of people waiting more than 62 days from an urgent referral to treatment back to pre-pandemic levels	Mar-23
	75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Mar-24

	Deliverable	Target
A&E	Reduce 12-hour waits in A&E	Towards zero and no more than 2%
	Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards	<ul style="list-style-type: none"> eliminating handover delays of over 60 minutes ensuring 95% of handovers take place within 30 minutes ensuring 65% of handovers take place within 15 minutes
	Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of A&E, to enable emergency medicine specialists to focus on higher acuity need within the A&E	

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Barts Health
NHS Trust

Executive Summary



Covid-19 Monitoring and Recovery

Covid-19 Inpatient Activity Levels

- The second Covid-19 wave peaked at 835 total inpatients on 14 January 2021 and 182 critical care inpatients on 24 January 2021. The fourth (Omicron) wave of the pandemic peaked on 12 January 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 January 2022 and 28 February 2022 Covid-19 inpatient numbers reduced, initially at a significant rate but then far more slowly. However from 01 March 2022 Covid-19 inpatient numbers started to rise, driven by the rapid community transmission of the Omicron variant, BA.2. Between 01 March 2022 and 04 April 2022 inpatient volumes rose from 155 to 242, an increase of 87 or 56% between the two date points. However, from early April Covid inpatient numbers started to reduce, albeit slowly, with 88 beds occupied on 24 May, of these only 2 were critical care beds. It is also important to recognise that a significant proportion of Covid-19 inpatients have incidental Covid and are primarily being treated for other conditions, however the trust continues to closely monitor community case rates and inpatient volumes as well as acuity.

Covid-19 Community Cases

- Comparing the week starting 04/05/2022 to the week starting 11/05/2022 shows the following movements in the case rate per 100,000 population:
 - For Tower Hamlets, a decrease from 98 to 75 (-23%).
 - For Newham, a decrease from 63 to 61 (-4%).
 - For Waltham Forest, a decrease from 65 to 63 (-3%).
 - For Hackney and City of London, a decrease from 79 to 77 (-2%).
- As a comparator the London case rate decreased from 91 to 75 (-17%) while the England case rate decreased from 99 to 79 (-20%).

Covid-19 Monitoring and Recovery (Continued)**Elective Activity Recovery Trajectories**

- The Trust submitted 2022/23 elective activity recovery trajectories to NHS England on 28 April 22. NHS England set out an expectation that elective activity for the year ahead would deliver 104% of cost weighted activity against 2019/20 baseline. The core assumption being that increased activity will drive the long waiter reduction ambitions set out on page 3 of this report, namely for this year clearance of 104 week RTT waiters by July 22, 78 week RTT waiters by April 23 with a Cancer 62 day backlog reduction to pre-pandemic levels by March 23. The trusts trajectory submission was consistent with these requirements with delivery now tracked through the weekly Operations Delivery Board.
- For April 22 the trusts admitted (inpatient and day case) trajectory set a target of 90% of BAU against which the trust achieved 74%, for outpatients (first and follow up) the trajectory was set at 100% of BAU against which the trust achieved 96%. Under-delivery of the admitted plan was heavily influenced by significant and sustained emergency pressures, particularly A&E attendance and emergency admissions as well as the continued impact of Covid related infection control measures and staff sickness. However admitted month to date actuals and forecasts for May 22 suggests significant improvement.

Vaccinations (Covid-19 and Flu)

- The current focus of the national vaccination programme is 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.
- The Hospital Hub+ sites at Whipps Cross and Newham have remained open but will close at the end of June 2022.
- Discussions are underway to transfer the outreach service currently provided on behalf of NEL to ELFT over the summer months, at which point the vaccination service within Barts will close.
- Full details are awaited regarding an expected Autumn booster campaign, but interim guidance indicates an offer to Cohorts 1-6 which includes frontline health and social care staff. A Trust staff vaccination plan for 2022/23 has been developed which describes the delivery structure of the service sitting within the Employee Wellbeing Service as a BAU model, working closely with sites.

Quality & Performance

Responsive

A&E 4 and 12 Hour Performance

- In April 22, 41,682 attendances were recorded, 4,379 fewer than March 22. For April 22, against the 4-hour standard a performance of 73.5% was recorded, compared to 72.1% in March 22; for March 22 performance was the lowest since the start of the pandemic. During March and April 22 performance was heavily influenced by the impact of the Omicron sub-variant (BA.2) particularly in relation to Covid bed occupancy, at the start of April 220 Covid inpatients were occupying a bed, reducing to 148 inpatients at the end of the month.
- For 2022/23 NHS England requires trusts to manage performance against a new standard, 12 hour waiting time from arrival to discharge, admission or transfer, with an operational standard of no more than 2% against all attendances. This metric replaces the previous 12 hour standard which measured the waiting time for patients requiring an admission from the decision to admit to admission. As a new metric the trust has to be confident in the quality and completeness of the data before performance is reported to the board and the public. The trust is urgently working with its three A&E provider sites to ensure operational focus is applied and waiting times validated. It is expected that performance data will be reported to the board in the July 22 report.
- Trusts are also required to apply a greater focus on reducing ambulance handover delays with an ambition of eliminating 60 minute delays and ensuring 95% of handovers take place within 30 minutes. This data is not fully validated, in part as a consequence of the London Ambulance Service (LAS) validation portal failing, however the trust is building its own internal validation pathway with LAS. The 60 minute handover delay metric will be reported in future editions of this report once the quality and accuracy of the data is assured.
- For April 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 was the ranked 8th best performing out of 16 trusts reporting data in London and was the 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 104+, 78+ and 52+ week wait pathways. All trusts have been required to submit eradication trajectories delivering zero 104+ week waiters by the end of June 22 and zero 78+ week waiters by the end of March 23.
- The Trust has made significant progress in reducing the size of the 104 week wait backlog. At the end of April 22 there were 232 patients waiting 104+ weeks, 24 better than the April trajectory of 256 submitted as part of the national planning exercise.
- Progress has also been made in relation to reducing the size of the 78 week wait backlog. At the end of April 22 there were 1,309 patients waiting 78+ weeks, 158 better than the April trajectory of 1,467 submitted as part of the national planning exercise.
- In relation to delivering the national 104+ and 78+ week wait eradication trajectories the trust is currently working through a waiting list validation exercise, to complete by mid-June 22. The validation exercise may result in some risk to delivering the 104+ and 78+ week trajectories in June 22 and March 23, the trust is working to mitigate this risk and is keeping commissioners closely informed of progress.
- Looking at London, of the 18 Trusts reporting 52+ week breaches for March 22 (the most recent national data), Barts Health ranked 17th with 5.8% of the waiting list waiting 52 weeks or longer compared to a total London performance of 2.6%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 5th 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 8.4%.

Quality & Performance

Responsive (continued)

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 April 22, a performance of 70.9% was recorded, a reduction on March's performance of 73.8%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 96% of all breaches in Mar-22. However progress has been made in non-obstetric ultrasound with the waiting list size approaching pre pandemic levels.
- Looking at the 18 London acute Trusts, for March 22 (the most recent national data), Barts Health was the 15th 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 the best performing.

Cancer 62 Days from GP Referral and Faster Diagnosis Standard

- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance since June 21. For March 22, the Trust recorded a performance of 69.8% with 122.5 pathways seen and 37 breaches. 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 ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 23 in line with national requirements.
- For 2022/23 NHS England have prioritised delivery of the Faster Diagnosis Standard (FDS), with 75% of patients urgently referred by their GP receiving a diagnosis or having cancer ruled-out within 28 days. The standard applies to patients who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening. For March 22 the trust is compliant against all three elements of the standard, achieving 86% at aggregate level against the 75% standard. Also for March 22 the North East Cancer Alliance, which includes Barts Health NHS Trust, Homerton Healthcare NHS Foundation Trust and Barking, Havering and Redbridge University Hospitals NHS Trust, was the highest performing Alliance in England, achieving 82.1% against the 75% FDS target.

Quality & Performance (Continued)**Caring**

Duty of Candour performance continues to be challenged. Newham and St Bart's managed to meet the standard fully this month. Whipps Cross and Royal London remained below standard due to operational pressures impacting on processes.

Complaints closed on time performance in April continued to be impacted by operational pressures and staff sickness (in particular Whipps Cross). All hospitals are focusing on performance and the sharp reduction in the number of overdue complaints is evidence of this.

The FFT response rate has continued to improve which is helping us to have better insight into the views of our patients. Newham is prioritising increasing their rate as other hospitals have achieved over the last few months.

Safe and Effective

As with complaints – Serious Incident performance has remained challenging due to operational pressures (in particular Whipps Cross). Targeted improvement is underway.

Hospital Acquired Pressure Ulcers continue to be above target except at Whipps Cross where significant improvement has been seen this month. This is particularly positive considering the operational pressures the hospital has faced within the urgent and emergency care pathway.

Finance

- The Trust is reporting a £6.5m deficit for month 1, which is a (£2.6m) adverse variance against plan.
- Income is £0.9m favourable against month 1 plan. NHS Patient Treatment income is £0.9m favourable due to passthrough drugs income, which offsets with associated passthrough expenditure. Other income is (£0.1m) adverse. Sites and Services other income is (£0.6m) adverse, mainly due to reduced private patients activity. Central other income is £0.5m favourable, which includes increased funding to match expenditure for vaccination programme re-imburement (£0.3m) and injury cost recovery income (£0.2m).
- Expenditure is (£3.5m) adverse against plan for month 1. Site and Services expenditure is (£6.7m) adverse, primarily due to growth in high cost drugs (£1.7m), purchase of independent sector activity to support elective recovery (£1.3m), underachievement in efficiency savings due to productivity gains underperformance (£0.7m), and pay overspends (£1.9m). Temporary staffing spend remains high as a result of the on-going trend of increased bank and particularly agency staffing usage and the use of high cost off-framework agencies to meet staffing requirements. Central expenditure is £3.2m favourable which includes underspend against inflation and contingency reserves held pending to NHSE/I approval of the plan deficit.
- Capital expenditure in Month 1 is £1.6m, which is £8.2m behind plan. £4.4m of the variance is for an IFRS16 adjustment for finance leases which will now take place in June 2022. The balance of the variance is due to the slow commencement of schemes following approval of the capital programme in April 2022. Expenditure against donated schemes is £0.6m with a variance of £0.1m to plan.
- Cash balances are higher by £73.4m compared to a plan of £50.0m, as a result of higher closing cash balance of £86.7m in March 2022 and other movements in working capital.
- The key financial challenges for the Trust in achieving its plan for this financial year include: uncertainty in the Elective Recovery Fund trajectory and the associated funding as clarification on the baseline is yet to be confirmed; ensuring improvements in productivity in order to deliver the efficiency savings target set within Sites and Services budgets; and the additional funding for inflation is yet to be clarified.

Looking After the Trust's People

- **Annualised sickness absence rates** has continued to increase to 5.05% (from 4.91%). In month sick absence for March 22 was at 5.38%, higher than the same period in 2021 (3.64%). We expect further increases in the annualised rate as a reflection of in month absences being higher than the same period in 2021.
- Work is underway with the Employee Wellbeing Service to proactively follow up on long term sick cases that have not been referred for occupational health input, whilst also opening up the routes in for referral to enable site wellbeing leads, psychologists and people business partners to refer for support. As we move into a more stable position with staff sickness hospital people teams are developing more targeted and structured support for managers.
- **Appraisal rates** – recorded non-medical appraisals now stand at 56.4%, slightly down from the 57.1% reported for Mar-22; The medical appraisal rate remains high at 91.9%. Each hospital has set an improvement trajectory for non-medical appraisal, monitored through performance reviews.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** –366 unconditional offers were made, down from 582 in March 22. Of these 139 were for nursing and midwifery roles, including HCAs. In addition, 610 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in was at 92.1%, up from 91.3%. This is driven by a reduction in reported establishment of 255 WTE, linked in with the budget setting for the new financial year, including removal of non-recurrent posts.
- Alongside this there has been a reduction of 80 WTE staff in post. A key contributor to this has been the level of retirements with 41 WTE more retiring in March 22 compared to March 21 (the impact of which is seen in April).
- The registered nursing fill rate is currently 90.1% no change from the previous month.
- **Turnover** – annualised voluntary turnover continues to increase and is now at 13.3%, up from 12.8% last month. As previously detailed we expect the annualised figure to continue to increase over the coming months.
- **Temporary staffing** – temporary staffing usage reduced by 425 WTE compared to March, with a decrease of 131 WTE agency and 294 WTE bank. The proportion of temporary staff as part of the workforce reduced from to 15.5% to 13.7% whilst spend on temporary staff as a proportion of pay budget reduced from 26.7% to 16.1%. Both reductions reflect a level of seasonality with March often being a high demand month, linked with annual leave, but also the month agencies will push for invoices to be cleared as part of year end.
- There was a drop off in **roster approval compliance** to 22.9% (rosters fully approved 6 weeks in advance), however final approval for these rosters were due shortly after the Easter bank holiday which would have created a delay across the group.

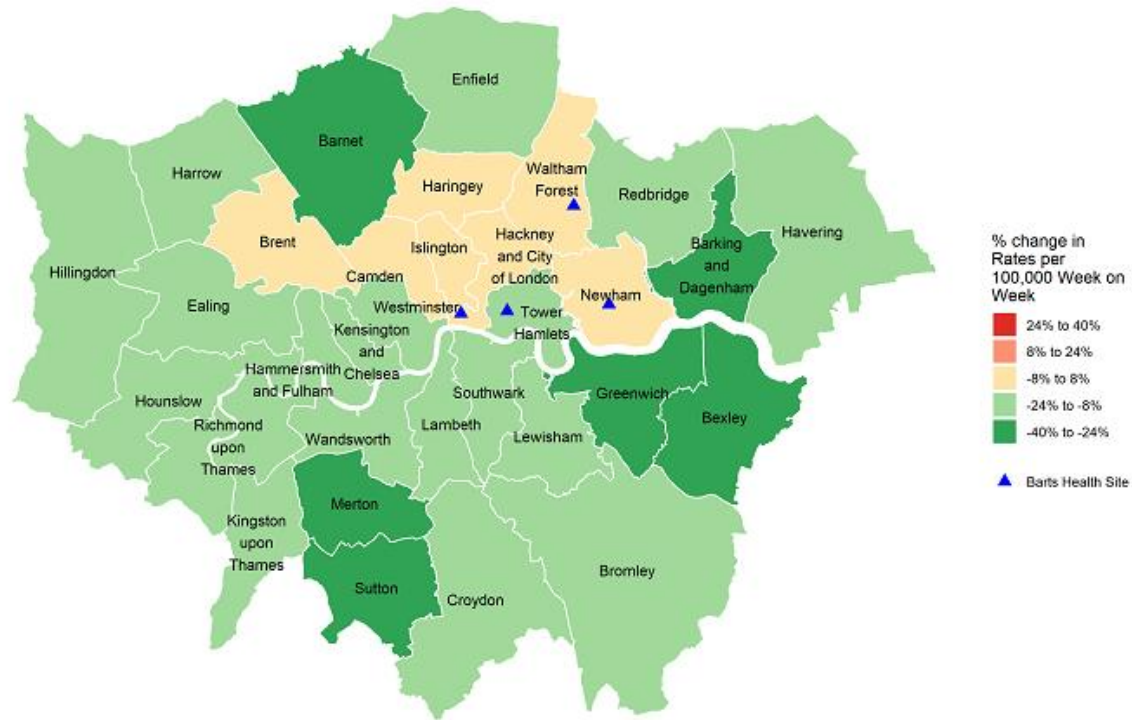


Barts Health
NHS Trust

Covid-19 Monitoring and Recovery Report

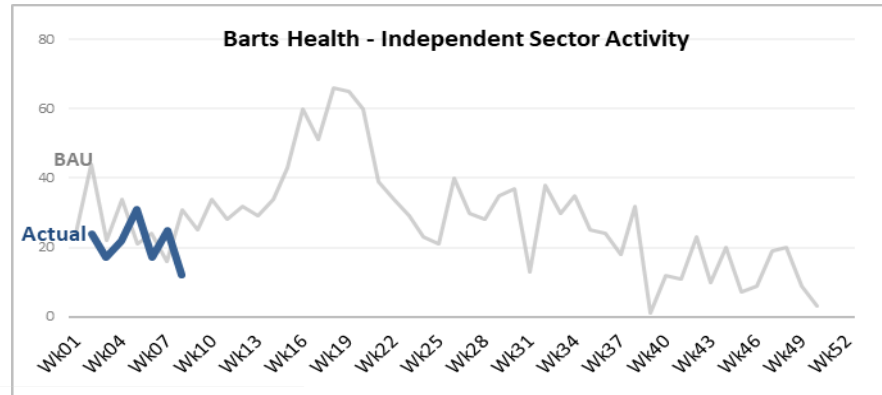
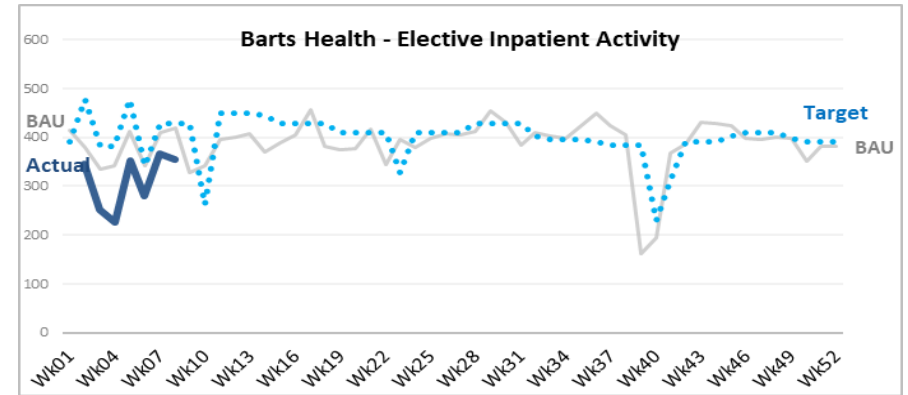
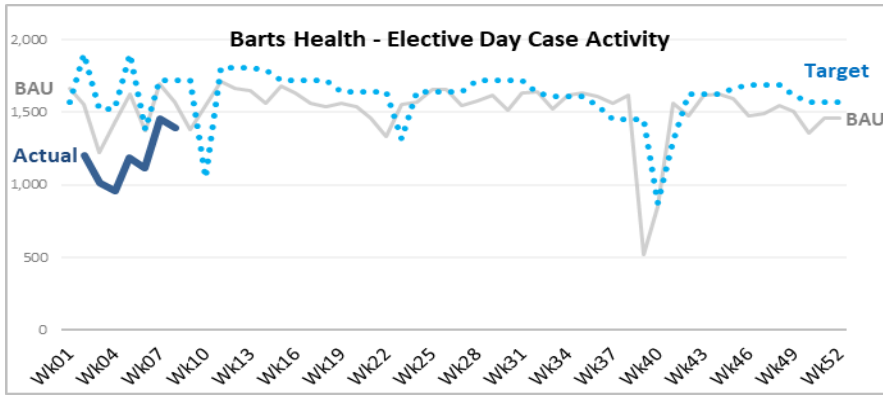


Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2022-05-11



Area	Cases W/C 04/05	Cases W/C 11/05	Rate per 100,000 W/C 04/05	Rate per 100,000 W/C 11/05	% Change in Case Rate Week on Week
Redbridge	207	160	68	53	-22.7%
Havering	218	198	85	77	-9.2%
Newham	223	213	63	61	-4.5%
Tower Hamlets	311	239	98	75	-23.2%
Waltham Forest	180	174	65	63	-3.3%
Barking and Dagenham	150	107	71	50	-28.7%
Hackney and City of London	220	216	79	77	-1.8%
London	7,997	6,602	91	75	-17.4%
England	55,370	43,930	99	79	-20.3%

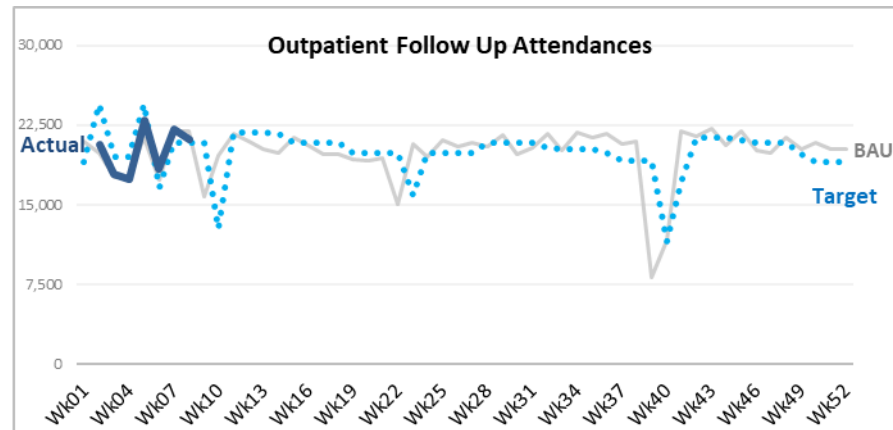
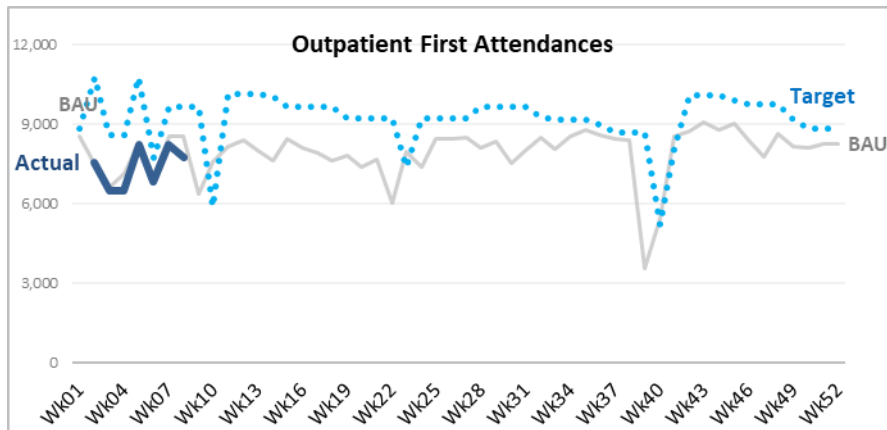
Elective Activity



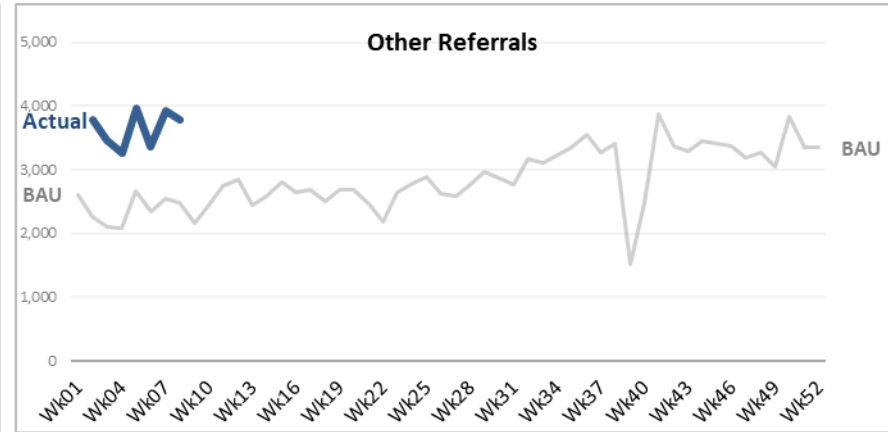
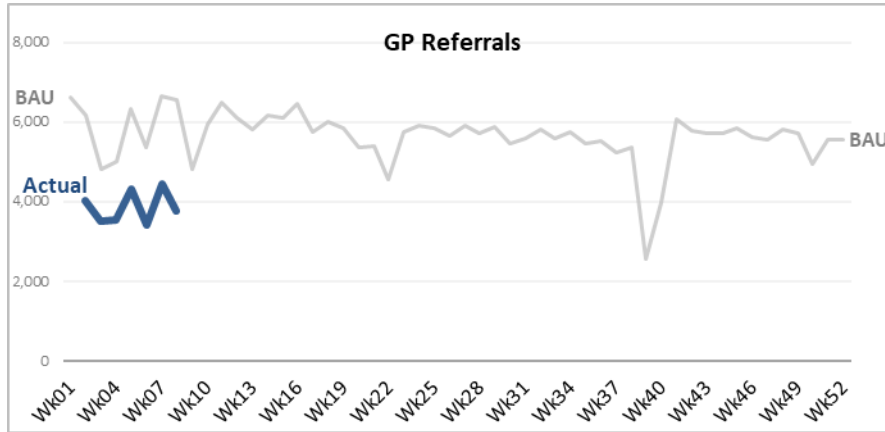
*BAU Activity is from Financial Year 2019/2020

**Weekly data in graphs is presented up to a week previous to the current week to allow for validation and late data entry

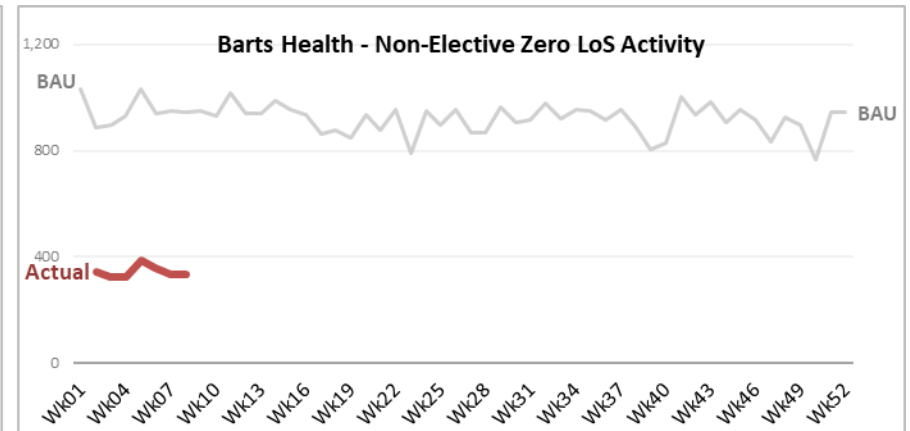
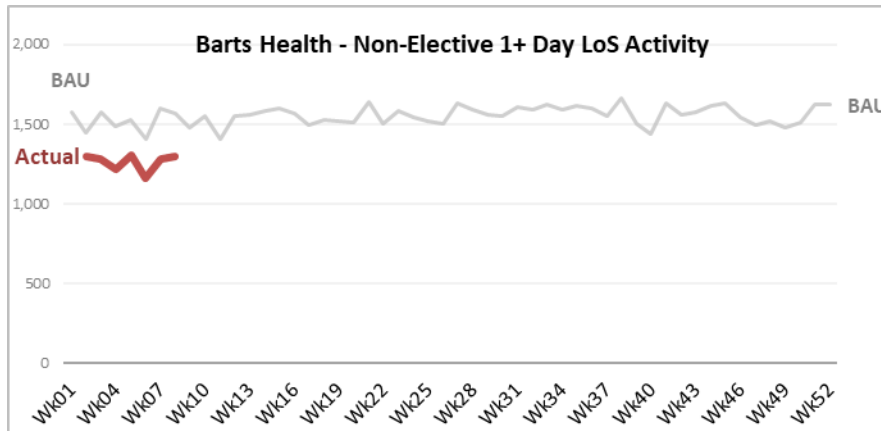
Outpatient Activity



Referrals Activity



Non-Elective Activity

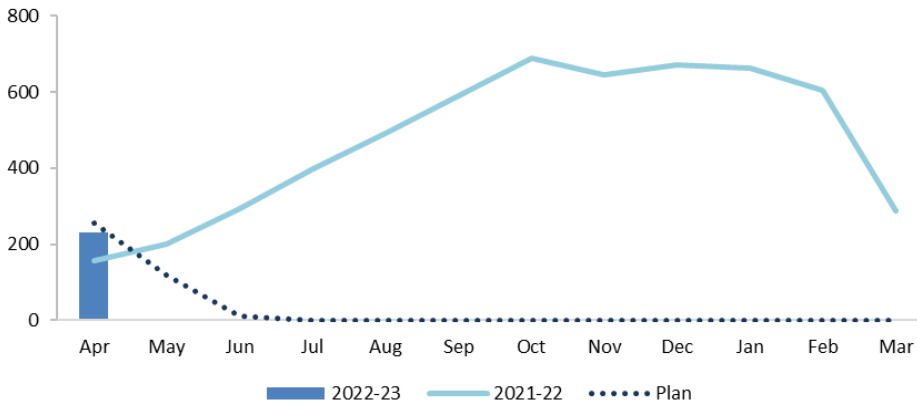


The reduction in zero Non-Elective LoS activity presented in the chart above is an artefact of a national reporting change moving such activity into a new A&E Type 5 Attendance Type.

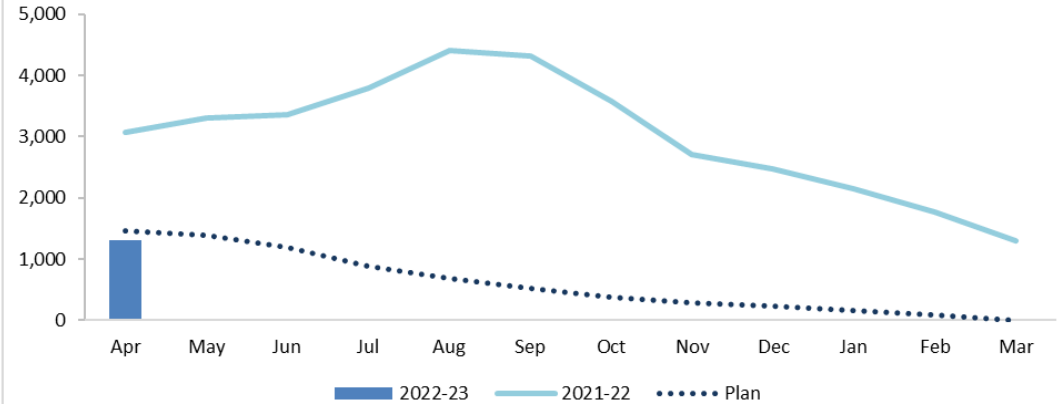
Referral to Treatment (RTT) and Diagnostic (DM01) Activity (Elective Backlog Clearance)

Barts Health						Last Month's Site Position				
Setting	Reporting Period	Jan-2022	Feb-2022	Mar-2022	Apr-2022	Royal London	Whipps Cross	Newham	St Bart's	Other
PTL Activity	78+ Weeks Waiters	2,146	1,777	1,306	1,309	910	314	75	9	1
	104+ Weeks Waiters	662	606	287	232	189	29	8	6	0
DM01	Diagnostic Activity	36,203	35,736	38,156	34,756	855	673	373	4,677	28,178
	Endoscopy	1,955	1,985	1,985	1,614	751	497	366	0	0
	Imaging	30,142	29,875	32,010	29,469	104	176	7	1,004	28,178
	Echocardiography	4,106	3,876	4,161	3,673	0	0	0	3,673	0
	<i>Equivalent Month Position Last Year</i>	<i>24,035</i>	<i>25,026</i>	<i>32,532</i>	<i>32,940</i>	<i>1,389</i>	<i>669</i>	<i>295</i>	<i>4,375</i>	<i>26,212</i>

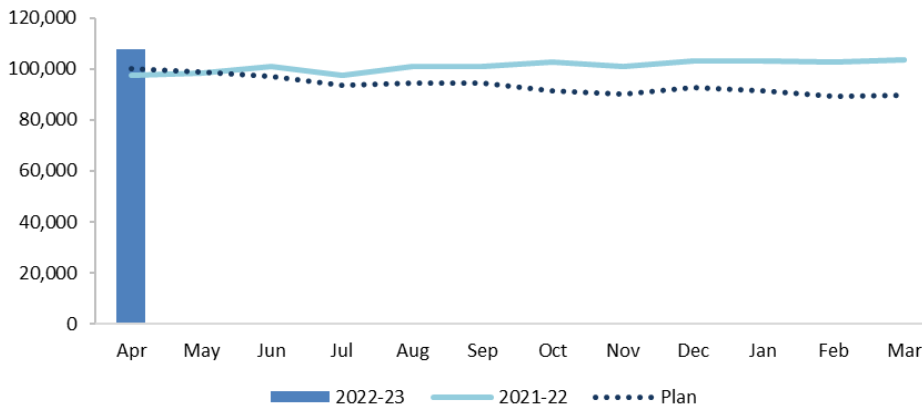
Barts Health - 104+ Weeks Waiters



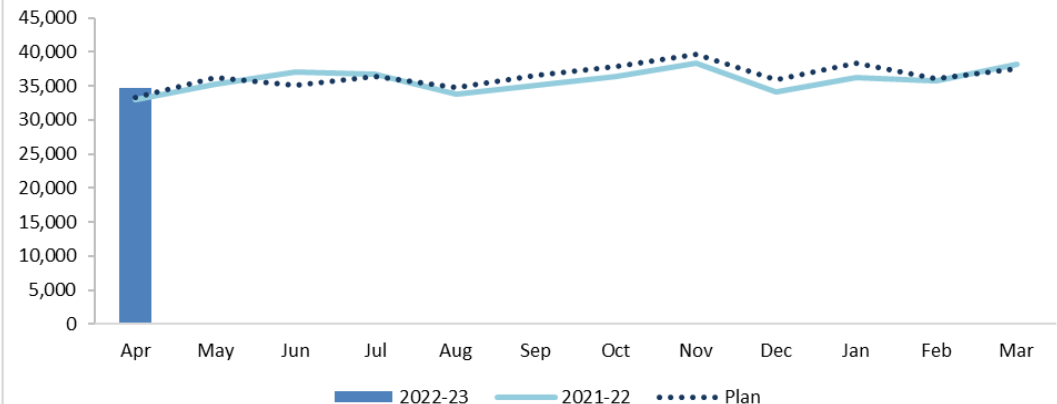
Barts Health - 78+ Weeks Waiters



Barts Health - PTL Volume



Barts Health - Diagnostic Activity





Barts Health
NHS Trust

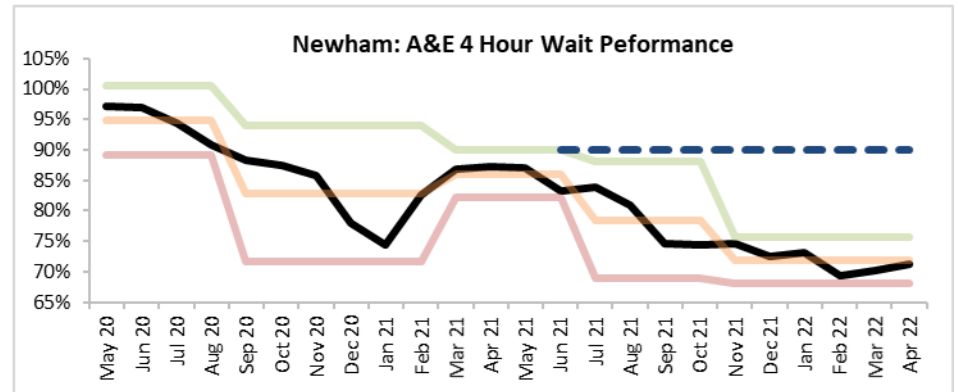
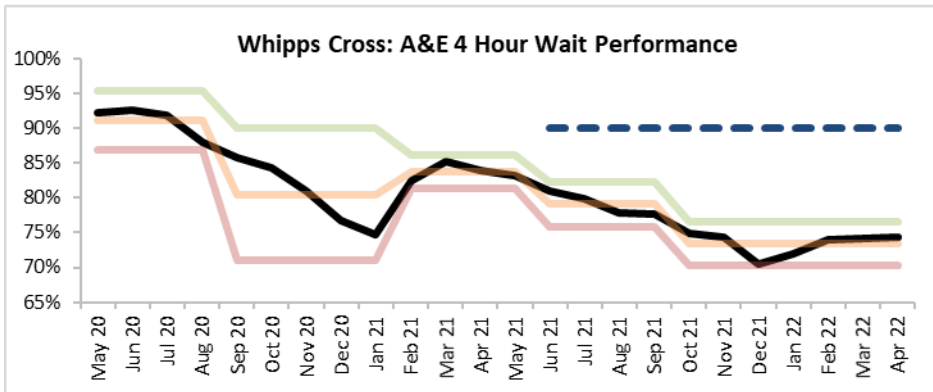
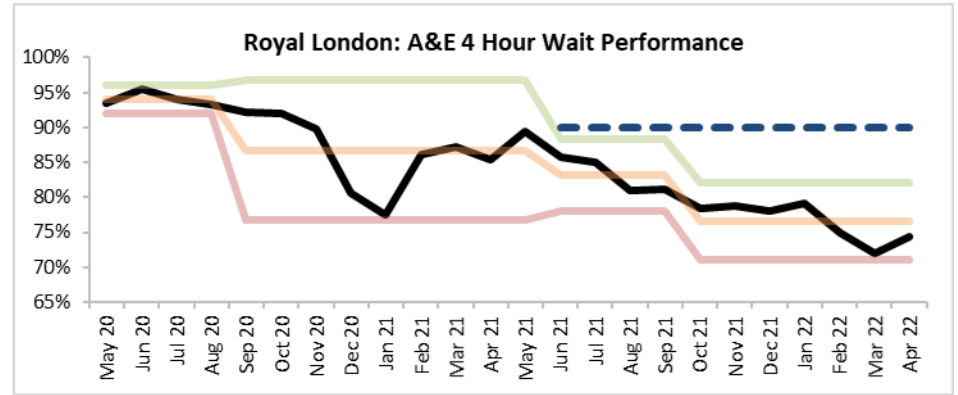
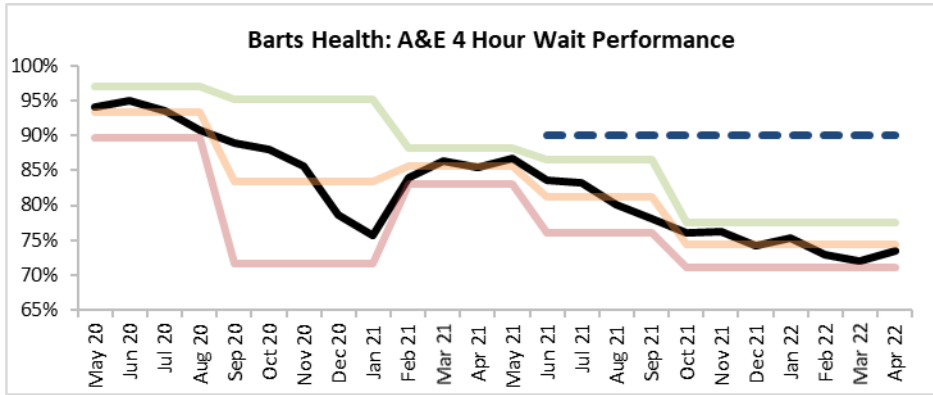
Quality & Performance Report



		Indicator	Exception Triggers			Performance		Site Comparison						Excep.			
			Month Target	Step Change	Contl. Limit	This Period	This Period Target	Last Period	This Period	YTD	Royal London	Whipps Cross	Newham		St Bart's	Other	Barts Health
Waiting Times	A&E	A&E 4 Hours Waiting Time	●			Apr-22 (m)	>= 90%	72.1%	73.5%	73.5%	74.4%	74.4%	71.4%	-	-	73.5%	●
		A&E 12-Hour Wait Time From Arrival To Departure					<= 2%	-	-	-	-	-	-	-	-	-	
		Ambulance To Hospital Handover (60 Minute Delays)					<=0	-	-	-	-	-	-	-	-	-	
		Ambulance To Hospital Handover (within 30 minutes)					>= 95%	-	-	-	-	-	-	-	-	-	
		Ambulance To Hospital Handover (within 15 minutes)					>= 65%	-	-	-	-	-	-	-	-	-	
	Cancer	Cancer 62 Days From Urgent GP Referral	●	●		Mar-22 (m)	>= 85%	73.0%	69.8%	75.8%	74.5%	72.1%	60.7%	64.7%	-	69.8%	●
		Cancer 31-day decision-to-treat to first treatment standard	●			Mar-22 (m)	>=96%	97.0%	96.5%	98.0%	-	-	-	-	-	-	
		Cancer 28-day FDS - All Urgent Suspected Cancers	●			Mar-22 (m)	>= 75%	83.3%	86.0%	86.0%	-	-	-	-	-	86.0%	
		Cancer 28-day FDS - Urgent Breast Symptomatic	●			Mar-22 (m)	>= 75%	98.3%	96.8%	96.8%	-	-	-	-	-	96.8%	
		Cancer 28-day FDS - Urgent Screening Referrals	●			Mar-22 (m)	>= 75%	83.3%	80.3%	80.3%	-	-	-	-	-	80.3%	
	DM01	Diagnostic Waits Over 6 Weeks				Apr-22 (m)	>= 95%	73.8%	70.9%	70.9%	58.6%	74.4%	99.7%	71.8%	-	70.9%	●
	RTT	78+ Week RTT Breaches	●			Apr-22 (m)	1,467	1,306	1,309		910	314	75	9	1	1,309	
104+ Week RTT Breaches		●			Apr-22 (m)	256	289	232		189	29	8	6	0	232		

Note to table:

- The ambulance handover metrics are not currently reported as trust / LAS validation processes are being built, the metrics will be reported once the accuracy of the data is assured
- The last period RAG rating column for 78 and 104 RTT weeks wait is not RAG rated on the basis there was no national trajectory for last year
- The 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year



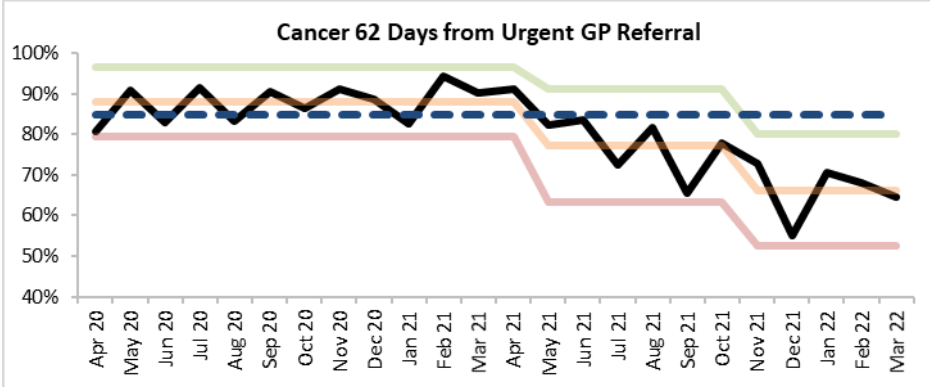
Performance Overview

- In April 22, 41,682 attendances were recorded, 4,379 fewer than March 22. For April 22, against the 4-hour standard a performance of 73.5% was recorded, compared to 72.1% in March 22; for March 22 performance was the lowest since the start of the pandemic. During March and April 22 performance was heavily influenced by the impact of the Omicron sub-variant (BA.2) particularly in relation to Covid bed occupancy, at the start of April 22 Covid inpatients were occupying a bed, reducing to 148 inpatients at the end of the month.

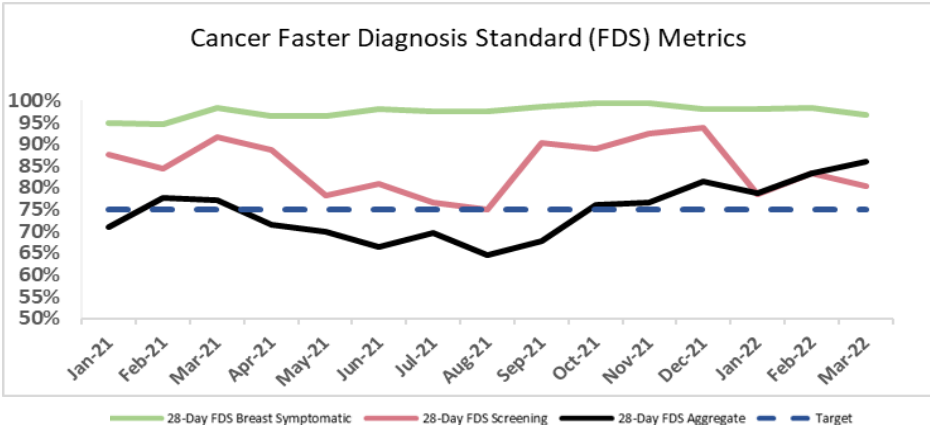
Responsible Director Update

- For 2022/23 NHS England requires trusts to manage performance against a new standard, 12 hour waiting time from arrival to discharge, admission or transfer, with an operational standard of no more than 2% against all attendances. This metric replaces the previous 12 hour standard which measured the waiting time for patients requiring an admission from the decision to admit to admission.
- As a new metric the trust has to be confident in the quality and completeness of the data before performance is reported to the board and the public. The trust is urgently working with its three A&E provider sites to ensure operational focus is applied and waiting times validated. It is expected that performance data will be reported to the board in the July 22 report.

Cancer 62 Days From Urgent GP Referral & Faster Diagnosis Standard



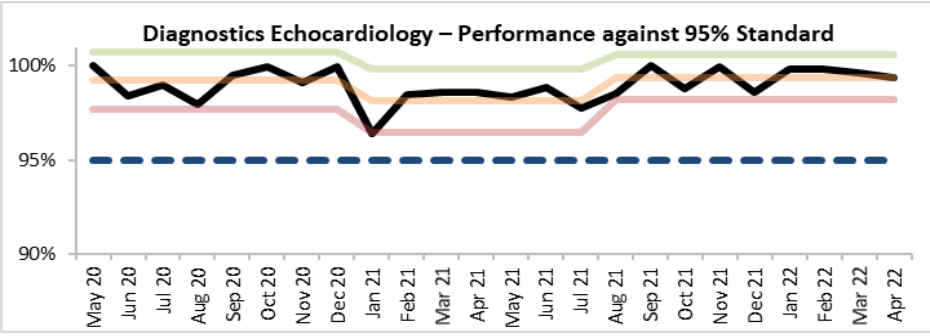
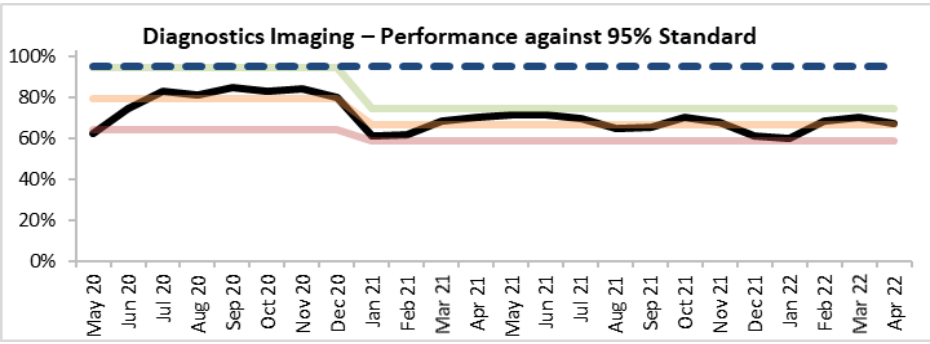
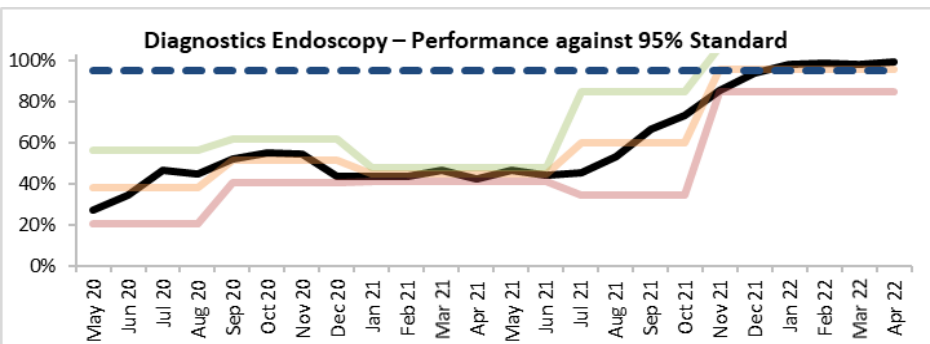
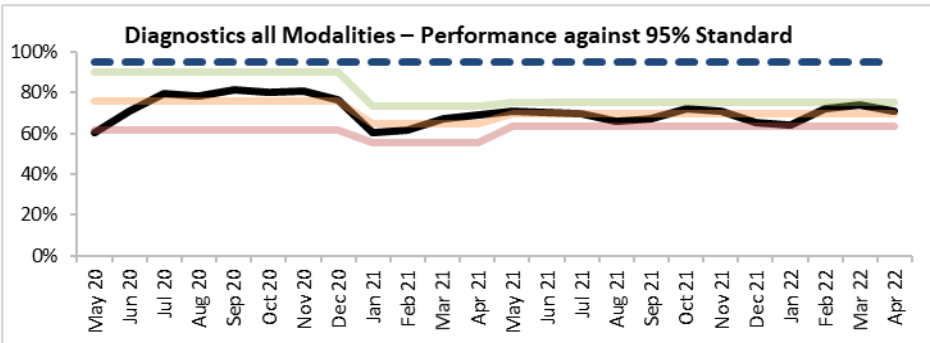
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	25.5	9	64.7%
Head and Neck	0.5	0.5	0.0%
Lower Gastrointestinal	2	1.5	25.0%
Upper Gastrointestinal	3	2	33.3%
Urological	2	1	50.0%
Lung	8	3	62.5%
Breast	6.5	1	84.6%



Internal / External	Start Site	End Site	Seen	Breaches	Performance		
Internal	Royal London	Royal London	38	6	84.2%		
		Whipps Cross	4	0	100.0%		
	Whipps Cross	St Bart's	12	6	50.0%		
		Royal London	2	0	100.0%		
	Newham	Whipps Cross	Whipps Cross	86	22	74.4%	
			Newham	2	0	100.0%	
		St Bart's	St Bart's	32	10	68.8%	
			Royal London	4	2	50.0%	
		Whipps Cross	Newham	Whipps Cross	2	0	100.0%
				Newham	18	8	55.6%
St Bart's			St Bart's	8	0	100.0%	
			St Bart's	8	2	75.0%	
Transfer In	Basildon	St Bart's	2	1	50.0%		
		Royal London	2	2	0.0%		
	Homerton	St Bart's	10	5	50.0%		
		King George	St Bart's	1	0	100.0%	
	Queen's	Royal London	2	2	0.0%		
		St Bart's	3	1	66.7%		
		Royal London	2	0	100.0%		
	Transfer Out	Unknown	St Bart's	1	1	0.0%	
			Whipps Cross	Charing Cross	1	1	0.0%
		Newham	UCLH	3	3	0.0%	
UCLH			UCLH	2	2	0.0%	
			UCLH	2	2	0.0%	
Grand Total			245	74	69.8%		

Commentary

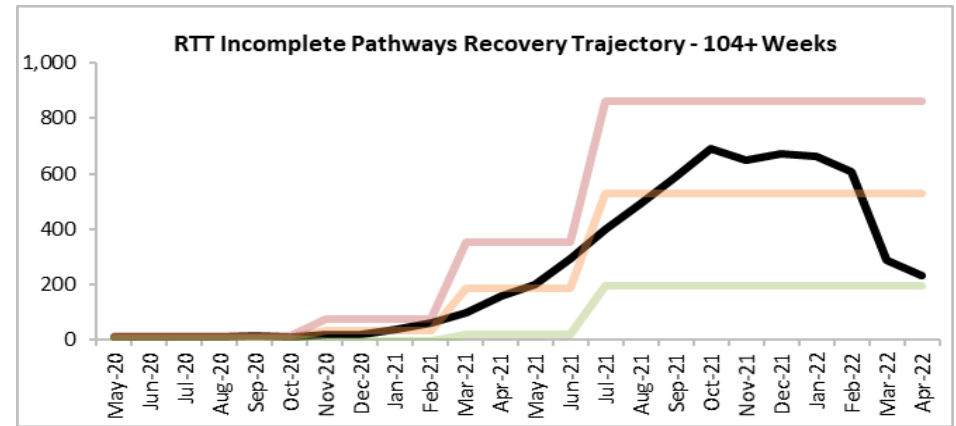
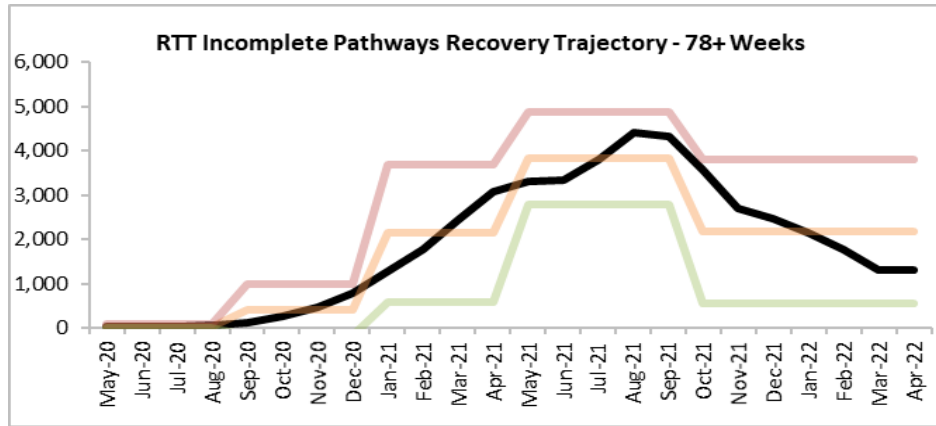
- Having achieved the 62 day GP standard for each month of the last two years, the Trust has failed to achieve 85% compliance since June 21. For March 22, the Trust recorded a performance of 69.8%. The focus is on seeing and treating the clinically prioritised most urgent patients; this work is well 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 ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 23 in line with national requirements.



Test Name	DM01 Breakdown by Test						
	Mar-22			Apr-22			
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	Variance in Performance
Neurophysiology - peripheral neurophysiology	69	35	49.3%	81	50	38.3%	-11.0%
DEXA Scan	1,393	595	57.3%	1,379	729	47.1%	-10.2%
Magnetic Resonance Imaging	9,291	4,753	48.8%	8,971	4,709	47.5%	-1.3%
Audiology - Audiology Assessments	1,023	283	72.3%	829	329	60.3%	-12.0%
Computed Tomography	4,678	1,359	70.9%	4,653	1,350	71.0%	0.0%
Non-obstetric ultrasound	14,762	2,225	84.9%	14,604	2,867	80.4%	-4.6%
Urodynamics - pressures & flows	45	12	73.3%	59	11	81.4%	8.0%
Cystoscopy	169	28	83.4%	160	9	94.4%	10.9%
Respiratory physiology - sleep studies	19	0	100.0%	28	1	96.4%	-3.6%
Cardiology - echocardiography	2,591	10	99.6%	2,346	15	99.4%	-0.3%
Gastroscopy	717	0	100.0%	756	2	99.7%	-0.3%
Colonoscopy	602	3	99.5%	632	1	99.8%	0.3%
Flexi sigmoidoscopy	167	0	100.0%	161	0	100.0%	0.0%
Barium Enema	1	0	100.0%	1	0	100.0%	0.0%
Cardiology - Electrophysiology	4	0	100.0%	1	0	100.0%	0.0%
Grand Total	35,531	9,303	73.8%	34,661	10,073	70.9%	-2.9%

Commentary

- For April 22, a performance of 70.9% was recorded, a reduction on March’s performance of 73.8%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 96% of all breaches in Mar-22.
- For 2022/23 NHS England requires all trusts to deliver up to 120% of 2019/20 BAU activity across the three key modalities of:
 - Echocardiology
 - Endoscopy
 - Imaging
- The aim is the recover six week waiting times to a 95% performance standard by March 2025.



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

Specialty Name	Actual
ENT	355
Trauma & Orthopaedics	181
Colorectal Surgery	102
Urology	66
Gynaecology	56
Paediatric Ear Nose And Throat	54
Oral Surgery	43
Plastic Surgery	36
General Surgery	30
Paediatric Dentistry	28

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

Specialty Name	Actual
ENT	96
Trauma & Orthopaedics	21
Gynaecology	16
Restorative Dentistry	15
Colorectal Surgery	14
Urology	11
Oral Surgery	9
Plastic Surgery	8
Paediatric Dentistry	7
Paediatric Ear Nose And Throat	6

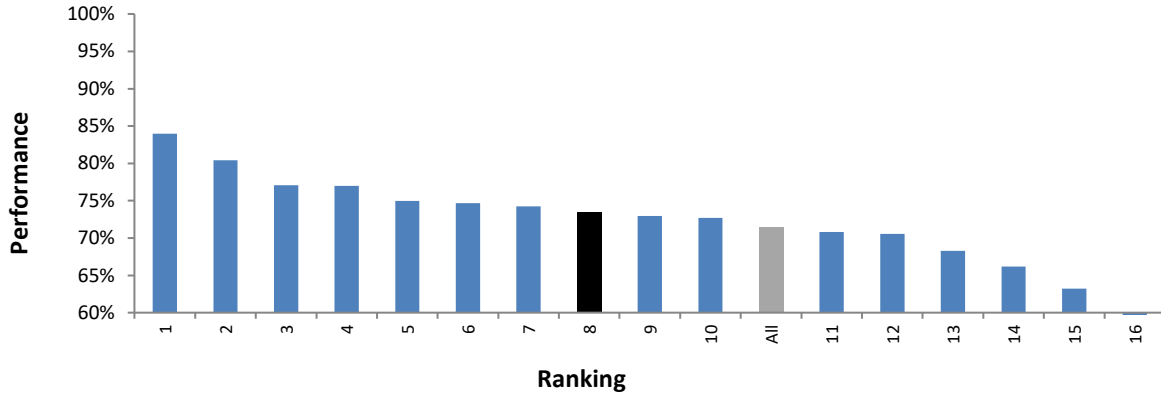
Performance Overview

- The Trust has made significant progress in reducing the size of the 104 week wait backlog. At the end of April 22 there were 232 patients waiting 104+ weeks, 24 better than the April trajectory of 256 submitted as part of the national planning exercise. We are working to ensure there will be no patients waiting more than 104 weeks for treatment beyond Jun-22 in line with national requirements.
- Progress has also been made in relation to reducing the size of the 78 week wait backlog. At the end of April 22 there were 1,309 patients waiting 78+ weeks, 158 better than the April trajectory of 1,467 submitted as part of the national planning exercise. We are working to ensure there will be no patients waiting more than 78 weeks for treatment beyond March 23 in line with national requirements.

Responsible Director Update

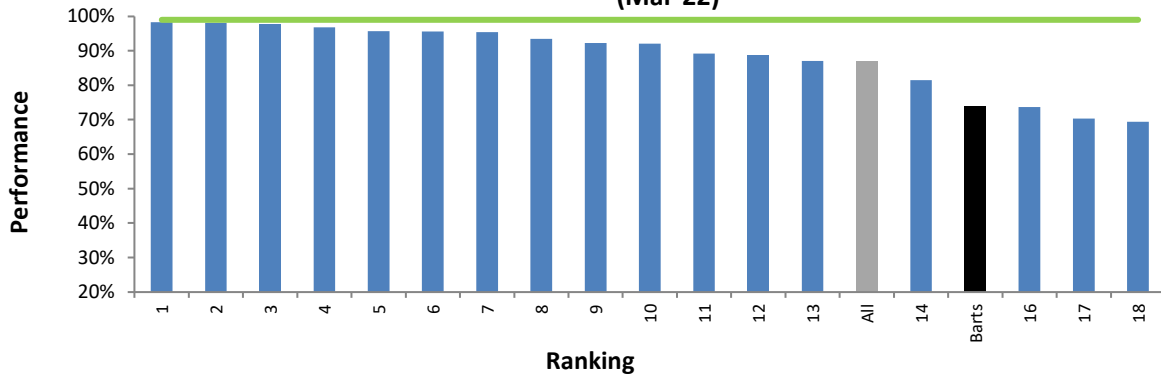
- The Programme Director for Elective Recovery works with the hospital site Directors of Operations through a series of weekly meetings to ensure that long waiter clearance trajectories are being delivered and that if a site or specialty is off plan to agree and implement corrective action.
- Detailed tracking of each patient who is a risk of being at 104+ weeks at the end of June 22 is in place with continued support from other NEL providers on mutual aid where possible.

A&E 4 Hours Waiting Time Performance Against London Type 1 Trusts (Apr-22)



- For April 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 was the ranked 8th best performing out of 16 trusts reporting data in London and was the best performing out of the top 10 English trusts (ranked by volume of attendances).

Diagnostic Waits Over 6 Weeks Performance Against General & Acute London Trusts (Mar-22)

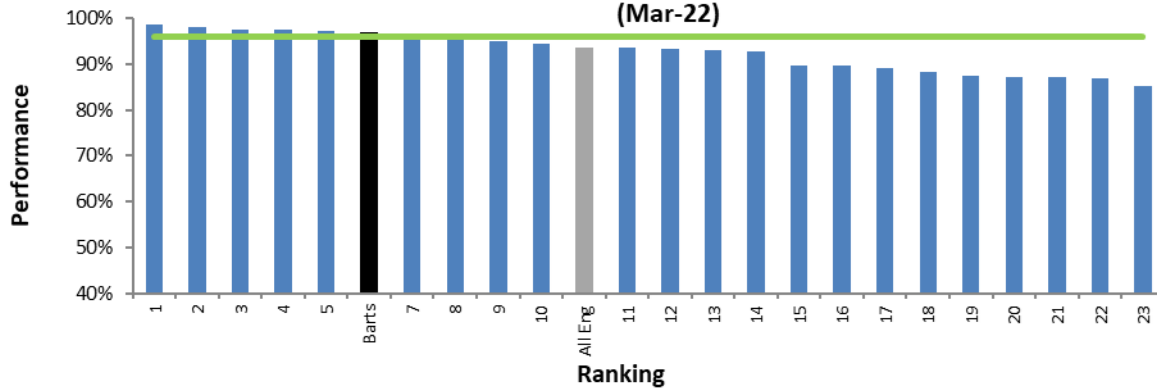


- Looking at the 18 London acute Trusts, for March 22 (the most recent national data), Barts Health was the 15th worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health was the best performing.

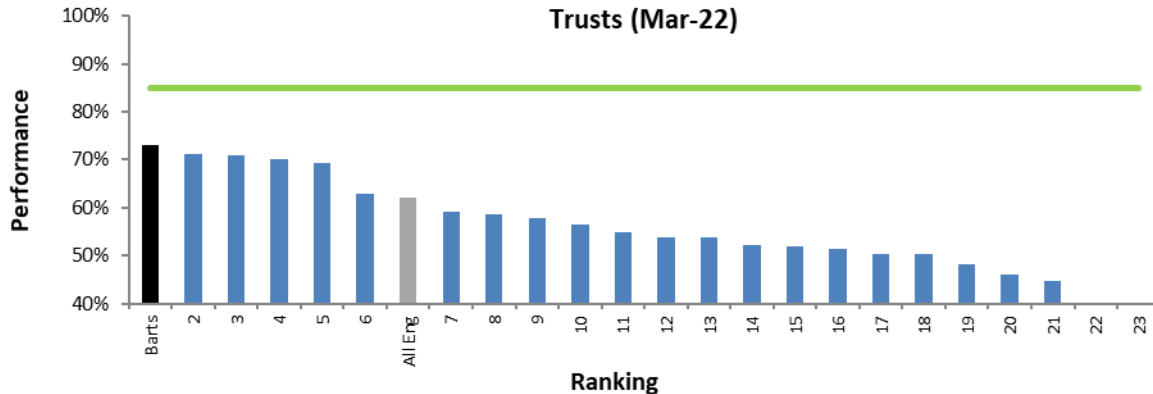
Cancer 2 Week Wait Performance Against Teaching Trusts (Mar-22)



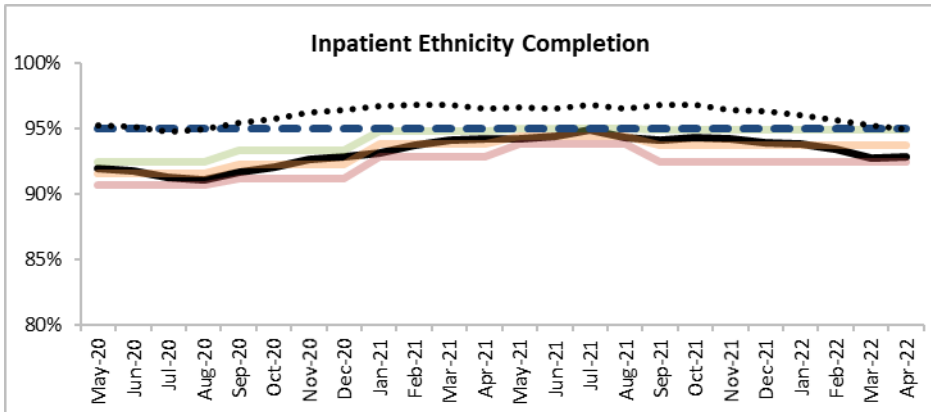
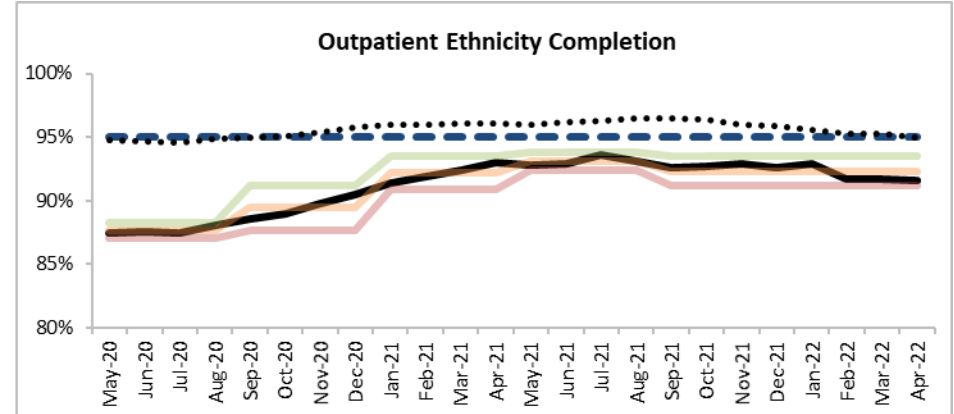
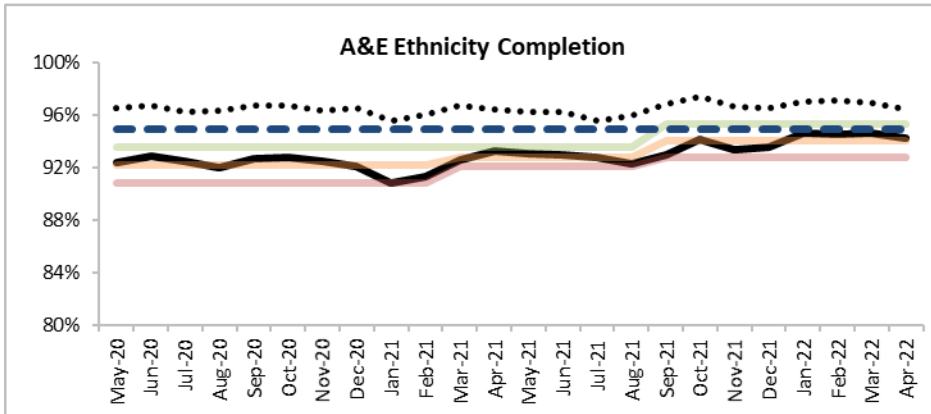
Cancer 31 Days from Diagnosis to Treatment Performance Against Teaching Trusts (Mar-22)



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



- The trust achieved compliance against the 93% target recording a performance of 96.5% for March 22. In relation to benchmarked performance Barts Health ranked best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in March 22 against the 31 Day Diagnosis to Treatment standard, recording a performance of 96.5% against the 96% target. For Mar-22, Barts Health was the 6th 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 since June 21. 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 ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 23 in line with national requirements. For March 23 the trust was the best performing of the peer group of 23 teaching trusts.



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

Site	A&E	Inpatient	Outpatient
Royal London	94.6%	89.5%	89.6%
Whipps Cross	93.2%	94.5%	91.5%
Newham	94.8%	95.5%	95.7%
St Bart's	-	96.1%	92.7%
Other	-	-	66.7%
Trust	94.2%	92.8%	91.6%

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

Performance Overview

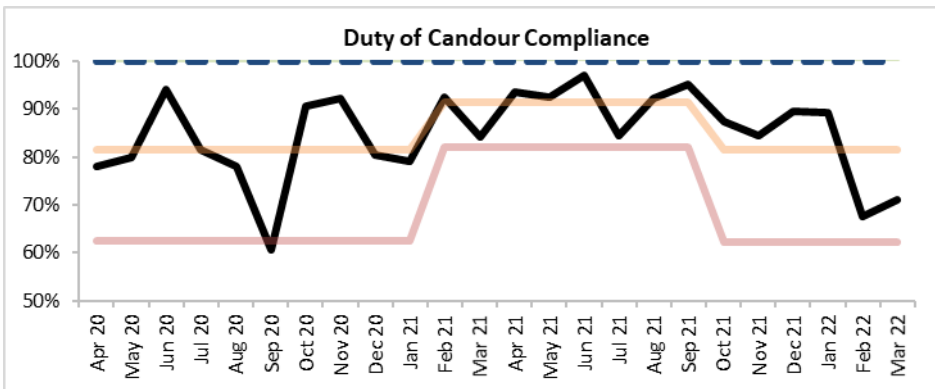
- Overall, Trust performance in April (reflected in June report) changed little since last month, but marginal improvements have been observed in Inpatients with capture rates up 0.6 percentage points to 92.8%. Capture rates in A&E have remained steady at 94.2%.
- Ethnicity capture has historically been difficult to achieve in Outpatients; however, Trust-wide performance this month is up 0.5 percentage points to 91.6%.
- Newham is the highest performing site with only A&E falling shy of the 95% target (94.8%). Both Inpatient and Outpatient departments exceeded target levels at 95.5% and 95.7% respectively.
- All three departments at Royal London have seen improved capture rates. This is most notable for Inpatients which achieved 89.5% capture, up 0.8 percentage points from last month.
- Whipps Cross has also made efforts to improve capture rates in Inpatients (up 1.1 percentage points) and Outpatients (up 0.7 percentage points).
- The 'other' category in April consisted of only three patients and, therefore, did not have a significant impact on the Trust wide statistics.

Responsible Director Update

- The Trust has included achieving 95% ethnicity capture across A&E, Inpatient and Outpatient services at all sites to its planning objectives for 2022/2023.
- Improvements in capture rates at RLH and Outpatients is encouraging, we will continue to work with the team to gather and share learning across sites.
- 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	Other	
Patient Experience	C12	MSA Breaches	●	○	○	Apr-22 (m)	<=0	29	25	25	2	9	14	0	-	●
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2021/22 Q4 (q)	SPC Breach	25.5	26.6	26.6	35.1	43.5	34.4	12.5	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Mar-22 (m)	>= 95%	90.8%	90.3%	89.9%	86.7%	93.9%	84.2%	93.0%	-	○
	C2	FFT Recommended % - A&E	●	○	○	Mar-22 (m)	>= 86%	63.8%	61.7%	65.0%	58.4%	69.7%	53.8%	-	-	○
	C3	FFT Recommended % - Maternity	●	○	○	Mar-22 (m)	>= 96%	88.5%	94.9%	93.7%	66.7%	95.8%	91.7%	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	○	Mar-22 (m)	>= 23%	29.5%	26.8%	22.0%	20.8%	40.4%	17.7%	31.2%	-	○
	C21	FFT Response Rate - A&E	●	○	○	Mar-22 (m)	>= 12%	8.7%	8.7%	8.6%	8.5%	11.2%	6.5%	-	-	○
	C22	FFT Response Rate - Maternity	●	○	○	Mar-22 (m)	>= 17.5%	7.2%	13.5%	8.2%	0.7%	44.3%	2.8%	-	-	○
	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	●	○	○	Apr-22 (m)	>= 85%	79.7%	73.7%	73.7%	81.1%	48.6%	75.0%	100.0%	-	●
	R30	Duty of Candour	●	○	○	Mar-22 (m)	>= 100%	68.6%	76.1%	86.9%	57.9%	78.6%	100.0%	100.0%	-	●

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



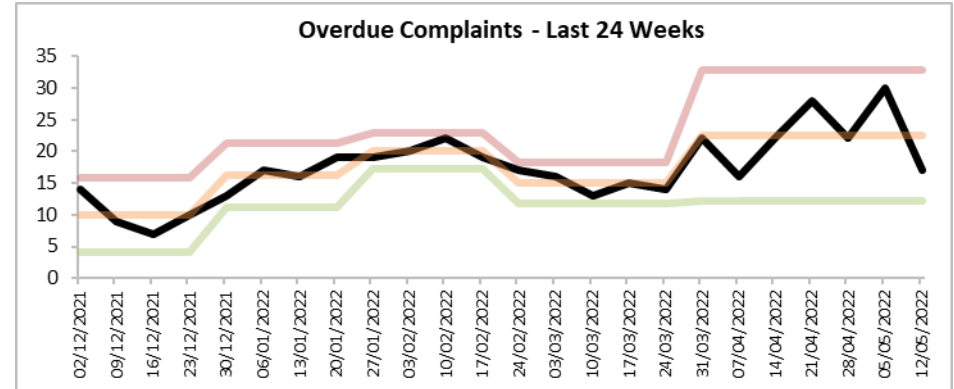
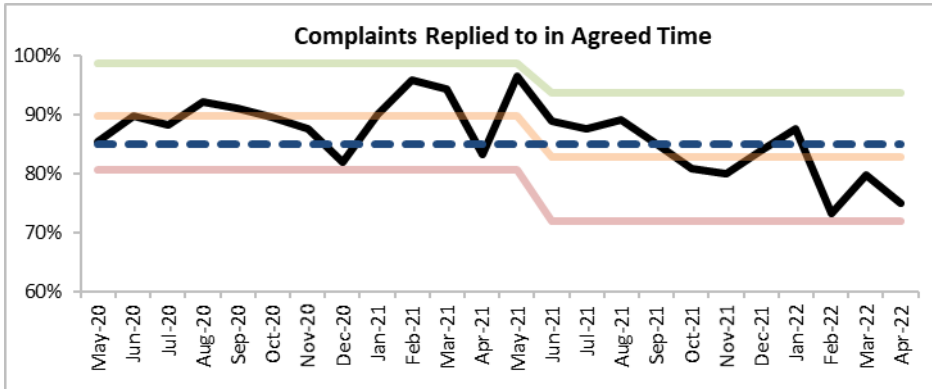
Site	No of Apologies	No of Incidents	Compliance
Trust	32	45	71.1%
Royal London	10	15	66.7%
Whipps Cross	8	14	57.1%
Newham	8	8	100.0%
St Bart's	6	8	75.0%
Other	0	0	N/A
Of Which CSS	0	0	N/A

Performance Overview

- Performance across the Group was 76.1% in Mar-22, a modest recovery from the Feb-22 position of 68.6%. Year to date performance in 2022/23 is 86.9%. 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
- Just one hospital managed to discharge the Duty in March for all qualifying cases

Responsible Director Update

- The CQC are currently reviewing the guidance they issued last year, particularly in relation to known risks and complications reaching the threshold at which the Duty must be discharged
- The changes planned within the trust in relation to known risks and complications are currently on hold pending the CQC's review
- Initiatives aimed at the qualitative improvements highlighted in the internal audit report have commenced, including the assurance of the quality of Duty of Candour letters in the hospitals.
- Meanwhile, our hospitals are focussed on improving performance against the trust's target but this has proved challenging with operational pressures



Complaints Replied to - Top 5 Subjects in Previous 6 Months		
Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	294	68
Communication - verbal / written / electronic	140	30
Delays in care	115	22
Appointments / Clinics	52	14
Security and unacceptable behaviour	38	6

Overdue Complaints - Top 5 Subjects as at 12/05/2022				
Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Diagnosis / Treatment	8	10	1	36
Delays in care	4	55	9	160
Communication - verbal / written / electronic	3	19	1	50
Medication / Radiation	1	16	16	16
Security and unacceptable behaviour	1	7	7	7

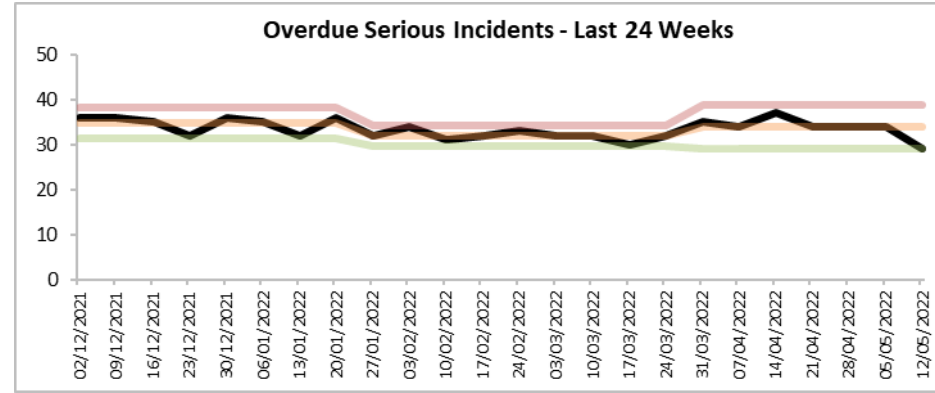
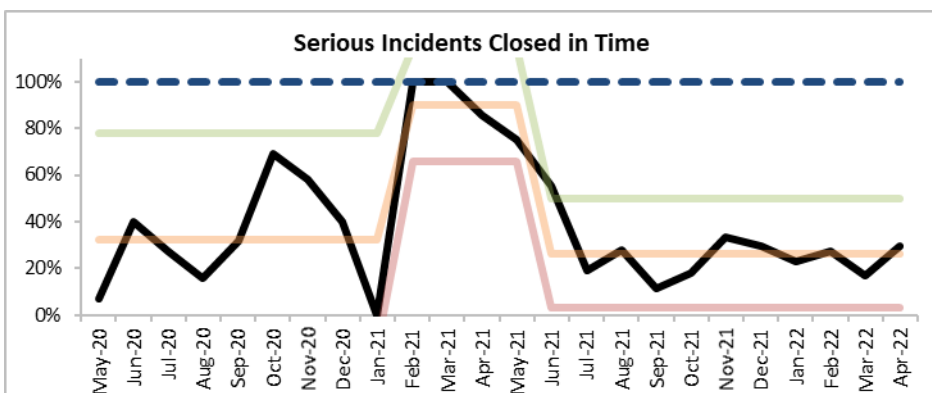
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Performance across the Group in April 2022 was 73.7% compared to 79.7% in Mar-22. Year to date performance is also 73.7% against a target of 85% Only one hospital managed to achieve the target in April, although only small numbers of complaints were involved. The remaining hospitals with more significant volumes were more challenged, some significantly so. 	<ul style="list-style-type: none"> Performance in April continued to be impacted by operational pressures Reasons for the sub-optimal performance include delays in the quality assurance process, staff sickness absence and shortage due to the pandemic and missing records The hospitals continue to focus on their performance and the sharp reduction in the number of overdue complaints is evidence of this

	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	●	●	○	Apr-22 (m)	<= 16	11.4	25.2	25.2	20.4	31.5	30.1	19.2	-	-	○
	S11	Clostridium difficile - Incidence	●	●	○	Apr-22 (m)	<= 8	7	14	14	5	5	3	1	-	0	○
	S2	Assigned MRSA Bacteraemia Cases	●	○	○	Apr-22 (m)	<= 0	2	0	0	0	0	0	0	-	0	○
	S77	MSSA Bacteraemias	○	○	○	Apr-22 (m)	SPC Breach	10	0	0	0	0	0	0	-	0	○
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Mar-22 (m)	<= 8	12	16	151	6	1	4	5	-	0	○
Incidents	S3	Never Events	●	○	●	Apr-22 (m)	<= 0	0	1	1	0	1	0	0	-	0	○
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	●	Apr-22 (m)	<= 0.9%	1.7%	2.3%	2.3%	2.7%	1.7%	1.8%	2.8%	-	-	○
	S45	Falls Per 1,000 Bed Days	●	○	○	Apr-22 (m)	<= 4.8	3.3	2.3	2.3	1.9	2.0	2.9	3.7	-	-	○
	S25	Medication Errors - Percentage Causing Harm	●	○	○	Apr-22 (m)	<= 4%	6.0%	3.4%	3.4%	4.1%	5.2%	0.0%	2.4%	-	-	○
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	○	Apr-22 (m)	SPC Breach	53.4	36.4	36.4	29.2	42.1	41.0	40.8	-	-	○
	S53	Serious Incidents Closed in Time	●	○	○	Apr-22 (m)	>= 100%	16.7%	29.4%	29.4%	33.3%	0.0%	33.3%	100.0%	-	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	●	●	○	Apr-22 (m)	<= 0.6	1.3	1.1	1.1	1.3	0.7	1.3	1.3	-	-	○
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	○	Apr-22 (m)	SPC Breach	0.1	0.0	0.0	0.0	0.1	0.0	0.1	-	-	○
	S17	Emergency C-Section Rate	○	○	○	Mar-22 (m)	-	19.2%	21.6%	19.3%	22.9%	21.5%	20.5%	-	-	-	○
	S27	Patient Safety Alerts Overdue	●	○	○	Apr-22 (m)	<= 0	1	1	1	-	-	-	-	-	-	○
Assess & Prevent	S36	VTE Risk Assessment	●	○	○	Apr-22 (m)	>= 95%	96.1%	95.1%	95.1%	98.5%	83.9%	83.4%	96.2%	-	-	○
	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%	-	-	

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



Serious Incidents Closed - Top 5 Categories in Previous 6 Months

Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	29	4
Obstetrics	15	4
Treatment	13	4
Patient Falls	6	0
Appointments and Clinics	4	0
Medication	4	1

Overdue Serious Incidents - Top 5 Categories as at 12/05/2022

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	8	67	8	131
Obstetrics	5	48	1	110
Treatment	4	25	2	47
Patient Falls	3	47	7	103
Appointments and Clinics	2	50	30	70
Safeguarding Adults	2	37	5	69

Performance Overview

- Trust performance closing serious incidents on time improved slightly to 29.4 in Apr-22 from 16.7% in Mar-22. Year to date performance is 29.4% against a target of 100%
- There has been a modest decrease in the number of overdue reports

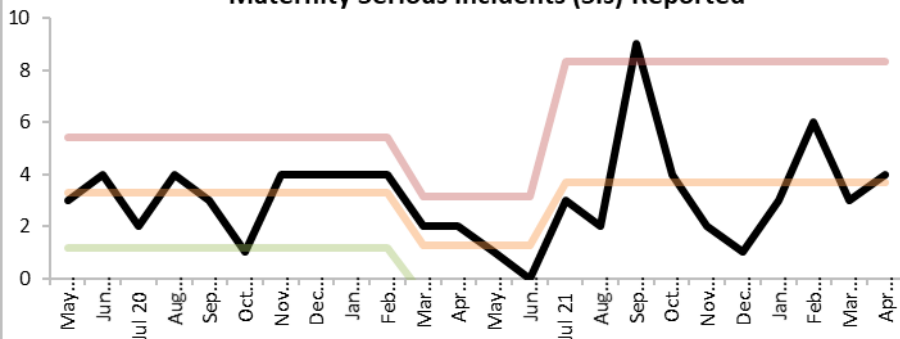
Responsible Director Update

- The 60 day time limit for the submission of serious incident investigation reports remains suspended. An announcement from NHS England/Improvement on whether the target will be permanently removed was anticipated before the end of the last 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 operational pressures

	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	●			Oct-21 (m)	<= 100	94	93	93	87	99	101	86	-	-	
	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	●			Apr-22 (m)	<= 0.51	0.52	0.72	0.72	0.31	1.18	2.15	0.22	-	-	

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 Last 12 Months to Apr-22 - Top by Theme

Theme	Newham	Royal London	Whipps Cross	Barts Health
Total Number of SIs	18	13	7	38
Neonatal - Unanticipated admission to Neonatal unit	1	4	2	7
Antenatal - Antepartum Stillbirth	3	2	1	6
Neonatal - pH <7.1(arterial) at birth	1	3	1	5
Intrapartum - Stillbirth	2	2	1	5
Maternal death	2	0	1	3
Intrapartum - Retained vaginal swab/tampon	1	1	1	3

Maternity SIs in Latest Month (Apr-22)

Theme	Newham	Royal London	Whipps Cross	Barts Health
Total Number of SIs	1	2	1	4
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	1	0	1	2
% HSIB Investigations	100.0%	0.0%	100.0%	50.0%

Actions on Maternity SIs in Last 12 Months to Apr-22 - Top by Action Type

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	30	19	53	102
No actions recorded	11	4	12	27
Review / amend processes	7	2	14	23
Education and training	5	4	10	19
Other action	3	0	4	7
Share report with family	0	0	5	5
Audit	0	1	4	5
Sharing the learning	2	2	1	5

Progress Summary

- Four serious incidents (SI) were declared in April 2022. Of the four, each of the maternity sites escalated appropriately for a for investigation led by Healthcare Safety Investigation Branch (HSIB). The break down are: Royal London Hospital (RLH) – stillbirth during an induction and a baby who died soon after birth due to maternal excessive blood loss; in Newham (NUH), a maternal death; and Whipps Cross (WHX) a baby who experienced brain injury due to oxygen deprivation.
- SI actions remain open: All hospital units are addressing the timely closure of actions with a focus actions plans that, in agreement with commissioners, should be prioritised.

Trust currently has 14 active investigations (Royal London = 6; Newham = 4 & Whipps Cross = 4) that are led by the HSIB investigation team. Thirteen cases relate to care of the mothers and their babies who have been admitted to the neonatal unit for treatment of brain injuries due to oxygen deprivation during labour or delivery, while one was for care of a mother who with multiple co-morbidities who died 34 days after birth of her baby.

Risks & Issues

The Trust is changing provision of trisomy screening - a specialised blood test that examines fetal DNA in the maternal bloodstream to determine whether the baby is at risk of Down syndrome, extra sequences of chromosome 13 (trisomy 13) or extra sequences of chromosome 18 (trisomy 18) to Barking, Havering and Redbridge University Hospitals NHS Trust. This is due to the decommissioning of the current provider. The teams are addressing the required essential actions for a safe move, and also identifying potential risks associated with the transition. The move is expected in mid June.



Barts Health
NHS Trust

Finance Report



Metrics	Current Performance		Trend	Comments
	Year To Date	Emillions		
NHS Financial Performance Surplus / (Deficit)	Plan	(3.8)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	The Trust is reporting a £6.5m deficit for month 1, which is a (£2.6m) adverse variance against plan.
	Actual	(6.5)		
	Variance	(2.6)		
Total Income	Plan	170.2	<p>Total Income £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	Income is £0.9m favourable against month 1 plan. NHS Patient Treatment income is £0.9m favourable due to passthrough drugs income, which offsets with associated passthrough expenditure. Other income is (£0.1m) adverse. Sites and Services other income is (£0.6m) adverse, mainly due to reduced private patients activity. Central other income is £0.5m favourable, which includes increased funding to match expenditure for vaccination programme re-imburement (£0.3m) and injury cost recovery income (£0.2m).
	Actual	171.1		
	Variance	0.9		
Total Expenditure	Plan	(174.1)	<p>Total Expenditure £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	Expenditure is (£3.5m) adverse against plan for month 1. Site and Services expenditure is (£6.7m) adverse, primarily due to growth in high cost drugs (£1.7m), purchase of independent sector activity to support elective recovery (£1.3m), underachievement in efficiency savings due to productivity gains underperformance (£0.7m), and pay overspends (£1.9m). Temporary staffing spend remains high as a result of the on-going trend of increased bank and particularly agency staffing usage and the use of high cost off-framework agencies to meet staffing requirements. Central expenditure is £3.2m favourable which includes underspend against inflation and contingency reserves held pending to NHSE/I approval of the plan deficit.
	Actual	(177.6)		
	Variance	(3.5)		
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan	(16.1)	<p>Underlying Deficit £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	The Trust is reporting a pre system top-up deficit of £18.7m for month 1, which is a (£2.6m) adverse variance against 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	(18.7)		
	Variance	(2.6)		

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 9.8	<p>CAPEX £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	Capital expenditure in Month 1 is £1.6m, which is £8.2m behind plan. £4.4m of the variance is for an IFRS16 adjustment for finance leases which will now take place in June 2022. The balance of the variance is due to the slow commencement of schemes following approval of the capital programme in April 2022. Expenditure against donated schemes is £0.6m with a variance of £0.1m to plan.
	Actual 1.6		
	Variance (8.2)		
Cash	Plan 50.0	<p>Cash Balance £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	Cash balances are higher by £73.4m compared to a plan of £50.0m, as a result of higher closing cash balance of £86.7m in March 2022 and other movements in working capital.
	Actual 123.4		
	Variance 73.4		

Key Issues

The next iteration of the NHSE/I baseline is still waiting to be clarified, therefore coupled with no coding data for April, there is a degree of uncertainty on the Elective Recovery Fund calculation for month 1.

Key Risks & Opportunities

The key financial challenges for the Trust in achieving its plan for this financial year include:

- Uncertainty in the Elective Recovery Fund trajectory and the associated funding as clarification on the baseline is yet to be confirmed,
- Ensuring improvements in productivity in order to deliver the efficiency savings target set within Sites and Services budgets,
- The additional funding for inflation is yet to be clarified.

21/22 YTD Prev Yr Actual	£millions	In Month			Year to Date			Annual Plan
		Plan	Actual	Variance	Plan	Actual	Variance	
117.4	Income							
0.2	NHS Patient Treatment Income	121.7	120.1	(1.7) ●	121.7	120.1	(1.7) ●	1,523.2
9.6	Other Patient Care Activity Income	0.6	0.2	(0.4) ●	0.6	0.2	(0.4) ●	6.8
	Other Operating Income	10.3	10.1	(0.2) ●	10.3	10.1	(0.2) ●	119.8
127.2	Total Income	132.6	130.3	(2.2) ●	132.6	130.3	(2.2) ●	1,649.8
	Operating Expenditure							
(86.0)	Pay	(89.1)	(91.0)	(1.9) ●	(89.1)	(91.0)	(1.9) ●	(1,065.8)
(15.3)	Drugs	(15.4)	(17.3)	(1.8) ●	(15.4)	(17.3)	(1.8) ●	(185.3)
(8.7)	Clinical Supplies	(11.6)	(11.8)	(0.2) ●	(11.6)	(11.8)	(0.2) ●	(137.9)
(25.3)	Other Non Pay	(24.5)	(27.3)	(2.8) ●	(24.5)	(27.3)	(2.8) ●	(280.8)
(135.3)	Total Operating Expenditure	(140.6)	(147.3)	(6.7) ●	(140.6)	(147.3)	(6.7) ●	(1,669.8)
(8.2)	Site & Services Budgets Total	(8.0)	(17.0)	(8.9) ●	(8.0)	(17.0)	(8.9) ●	(20.0)
(4.5)	Pathology Partnership (net)	(4.6)	(4.4)	0.1 ●	(4.6)	(4.4)	0.1 ●	(54.7)
0.0	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0) ●	-	(0.0)	(0.0) ●	-
0.0	Research & Development (net)	0.0	0.0	0.0 ●	0.0	0.0	0.0 ●	0.0
10.1	Central NHS PT Income	16.5	19.1	2.6 ●	16.5	19.1	2.6 ●	136.8
0.3	Central RTA & OSV Income (net)	0.6	0.3	(0.3) ●	0.6	0.3	(0.3) ●	6.8
(0.9)	Central Expenditure (net)	0.2	(0.0)	(0.3) ●	0.2	(0.0)	(0.3) ●	2.8
(0.3)	Reserves (net)	(8.3)	(4.2)	4.0 ●	(8.3)	(4.2)	4.0 ●	(113.4)
(3.4)	EBITDA	(3.6)	(6.3)	(2.7) ●	(3.6)	(6.3)	(2.7) ●	(41.7)
(4.5)	Depreciation and Amortisation (net)	(5.8)	(5.8)	- ●	(5.8)	(5.8)	- ●	(70.7)
(5.1)	Interest	(5.8)	(5.8)	0.1 ●	(5.8)	(5.8)	0.1 ●	(70.9)
(1.1)	PDC Dividends	(0.9)	(0.9)	- ●	(0.9)	(0.9)	- ●	(10.7)
(14.1)	Surplus/(Deficit) Before System Top-Up	(16.1)	(18.7)	(2.6) ●	(16.1)	(18.7)	(2.6) ●	(194.0)
14.6	System Top-Up Income	12.3	12.3	- ●	12.3	12.3	- ●	147.4
0.5	NHS Reporting Surplus/(Deficit)	(3.8)	(6.5)	(2.6) ●	(3.8)	(6.5)	(2.6) ●	(46.6)
0.0	Profit On Fixed Asset Disposal		0.0			0.0		
-	Loss on return of COVID assets to DHSC		-			-		
(0.3)	Capital Donations I&E Impact		0.3			0.3		
-	Fixed Asset Impairments		-			-		
0.2	Surplus / (Deficit)		(6.1)			(6.1)		

21/22 YTD	Programme Area	In Month				Year to Date				Annual			
		Actual	Millions	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast
0.3	Equipment (Medical and Other)	1.4	0.4	1.0	70 %	1.4	0.4	1.0	70 %	23.3	17.8	5.5	24 %
0.1	Informatics	0.1	0.0	0.1	55 %	0.1	0.0	0.1	55 %	7.9	5.4	2.5	32 %
1.7	Estates	0.9	0.2	0.7	79 %	0.9	0.2	0.7	79 %	7.2	41.8	(34.6)	(483)%
0.2	New Build and Site Vacations	2.3	0.1	2.1	94 %	2.3	0.1	2.1	94 %	63.1	58.6	4.6	7 %
0.7	PFI Lifecycle Assets	0.8	0.9	(0.0)	(0)%	0.8	0.9	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%
-	Finance Lease	4.4	-	4.4	100 %	4.4	-	4.4	100 %	4.4	4.4	-	- %
3.0	Total Trust Funded Assets	9.8	1.6	8.2	83 %	9.8	1.6	8.2	83 %	116.2	138.3	(22.1)	(19)%
-	Donated	0.7	0.6	0.1	17 %	0.7	0.6	0.1	17 %	9.9	9.9	(0.0)	(0)%
3.0	Total Capital Expenditure	10.5	2.2	8.3	79 %	10.5	2.2	8.3	79 %	126.1	148.3	(22.1)	(18)%

Key Messages

In April 2022, the Trust submitted a balanced exchequer programme to NHSE/I of £116.2m, inclusive of an IFRS16 adjustment for new finance leases of £4.4m. The overcommitted capital programme originally approved at FIC was £136.1m. This has increased by a £4.4m IFRS finance lease adjustment offset by a £2.2m reduction in digital levelling up PDC schemes, which were withdrawn by NHSE/I leaving a revised capital programme of £138.3m. The resulting programme is overcommitted by *£22.1m against the funded plan.

*The overcommitment in the table (£22.1m) is shown less payment for IFRIC 12 (a payment relating to the PFI) which is why it varies to the overcommitment submitted in the plan signed off at last month's ISC. This is a presentational point only and adding the £10.4m IFRIC payment to the reconciliation shows the overall £32.5m overcommitment of this year's capital programme.

Based on previous years' experience it is anticipated that not all schemes given in the plan will be delivered due to slippage and underspends, this will be monitored closely throughout the year to allow as much funding as possible to be freed up to fund other schemes. There is also a £9.9m programme funded by charitable donations.

Funding of £116.2m has been identified comprising: £33.8m net depreciation; £18.5m of CRL cover (depending on the cash position of the Trust we may need to apply for this in the form of a cash backed emergency funding arrangement (EFA)); £38.8m New hospital programme PDC for the WXH redevelopment and enabling works (requested, but the amount that will actually be drawdown is dependent on when the Outline Business Case for the scheme is approved); and Target Investment Funding (TIF) bids for PDC of £20.6m against three schemes including the Newham Modular Build. The PDC funded schemes await formal approval at national level but to avoid delay, planning for these schemes is being progressed at risk. Negotiations are underway with NEL and NHS London to secure underspend funding to support the overcommitted schemes. In addition, the Trust will submit bids for any centrally released funding for items such as diagnostic equipment, elective recovery and digital transformation as the opportunities arise.

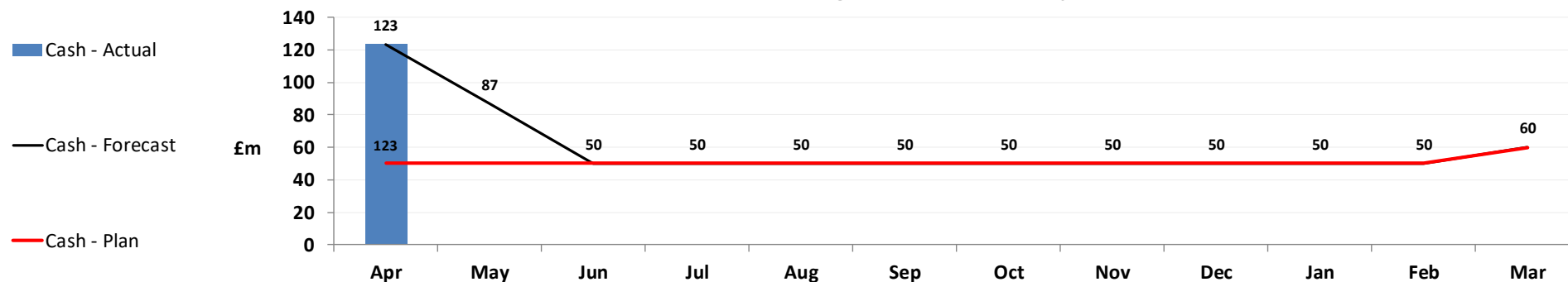
Expenditure in Month 1 is £1.6m which is £8.2m behind the plan. £4.4m of the variance is for an IFRS16 adjustment for finance leases which will now take place in June 2022. The balance of the variance is due to the slow commencement of schemes following approval of the capital programme in April 2022. Expenditure against donated schemes is £0.6m with a variance of £0.1m to plan.

Capital Funding

	Capital Plan	Secured/ Drawn down	Not Secured/ Drawn down	% Secured
Gross Depreciation	60.8	60.8	-	100 %
IFRS 16 Deprecation	9.9	9.9	-	100 %
Repayment of PFI Finance Lease	(25.3)	(25.3)	-	100 %
Repayment of Loan/Other Finance Leases	(1.8)	(1.8)	-	100 %
Repayment Other Finance Leases (IFRS16)	(9.7)	(9.7)	-	100 %
Net Depreciation	33.8	33.8	-	100 %
CRL (not cash backed)	18.5	-	18.5	- %
EFA (requirement for an EFA is TBC)	-	-	-	- %
IFRS16 CRL adjustment	4.4	-	4.4	- %
PDC: WXH Redevelopment Core Programme Team	3.2	-	3.2	- %
PDC: WXH Redevelopment NHP Development Costs	7.7	-	7.7	- %
PDC: WXH Enabling Works	27.9	-	27.9	- %
PDC: TIF NUH Modular Build BC932	14.9	-	14.9	- %
PDC: Mothballed NUH Theatres	5.2	-	5.2	- %
PDC: ITU Expansion SBH	0.5	-	0.5	- %
PDC: Digital Cyber	0.1	-	0.1	- %
Planned Capital exc. Donated	116.2	33.8	82.4	29 %
Asset sales	-	-	-	- %
Total Approved Exchequer Funding exc. Donated*	116.2	33.8	82.4	29 %
Donated	9.9	0.6	9.4	6 %
Planned Capital inc. Donated	126.1	34.4	91.8	27 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(22.1)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(32.5)			

£millions	Actual	Forecast												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn	
Opening cash at bank	86.7	123.4	86.7	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	86.7
Cash inflows														
Healthcare contracts	161.5	124.4	127.7	127.7	127.7	127.7	127.7	127.7	127.7	127.7	137.7	127.7		1,572.9
Other income	23.5	24.7	24.8	34.0	29.2	27.6	34.3	40.6	45.8	34.2	28.7	46.7		394.1
Financing - Capital Loans / PDC	-	-	-	-	-	24.5	-	-	20.3	-	-	16.3		61.1
Total cash inflows	185.0	149.1	152.5	161.7	156.9	179.8	162.0	168.3	193.8	161.9	166.4	190.7		2,028.1
Cash outflows														
Salaries and wages	(55.7)	(56.1)	(56.0)	(54.1)	(54.8)	(56.0)	(54.1)	(56.7)	(54.1)	(54.1)	(56.7)	(54.1)		(662.5)
Tax, NI and pensions	(18.3)	(41.3)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)		(468.6)
Non pay expenditures	(67.4)	(54.8)	(83.3)	(59.6)	(52.2)	(72.8)	(59.8)	(63.9)	(92.3)	(62.9)	(64.0)	(72.3)		(805.3)
Capital expenditure	(6.9)	(33.6)	(9.0)	(7.1)	(9.0)	(4.8)	(7.2)	(6.8)	(6.5)	(4.0)	(4.8)	(8.1)		(107.8)
Dividend and Interest payable	-	-	-	-	-	(5.3)	-	-	-	-	-	(5.3)		(10.6)
Total cash outflows	(148.3)	(185.8)	(189.2)	(161.7)	(156.9)	(179.8)	(162.0)	(168.3)	(193.8)	(161.9)	(166.4)	(180.7)		(2,054.8)
Net cash inflows / (outflows)	36.7	(36.7)	(36.7)	-	-	-	-	-	-	-	-	10.0		(26.7)
Closing cash at bank - actual / forecast	123.4	86.7	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	60.0		60.0
Closing cash at bank - plan	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	60.0		60.0

Month End Closing Cash Balance Compared to Plan



Key Messages

Cash balances are higher by £73.4m compared to a plan of £50.0m, as a result of higher closing cash balance of £86.7m in March 2022 and other movements in working capital.

21/22		Actual	Forecast											21/22 v
31 Mar 2022	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23
	Non-current assets:													
1,430.8	Property, plant and equipment	1,427.8	1,408.6	1,411.8	1,416.2	1,422.9	1,429.0	1,433.9	1,438.6	1,444.2	1,438.0	1,453.1	1,455.1	24.3
0.2	Intangible assets	0.2	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.3
15.1	Trade and other receivables	15.1	17.0	17.0	16.9	16.9	16.9	16.9	16.8	16.8	16.8	16.8	16.7	1.6
1,446.1	Total non-current assets	1,443.1	1,426.1	1,429.3	1,433.6	1,440.3	1,446.4	1,451.3	1,455.9	1,461.5	1,455.3	1,470.4	1,472.2	26.2
	Current assets:													
24.3	Inventories	26.2	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	(0.3)
127.6	Trade and other receivables	99.2	133.7	145.0	139.2	117.1	131.4	96.0	98.0	108.3	105.3	112.4	131.0	3.4
86.7	Cash and cash equivalents	123.4	86.7	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	60.0	(26.7)
238.6	Total current assets	248.8	244.4	219.0	213.2	191.1	205.4	170.0	172.0	182.3	179.3	186.4	215.0	(23.6)
1,684.7	Total assets	1,691.9	1,670.5	1,648.3	1,646.8	1,631.4	1,651.8	1,621.3	1,627.9	1,643.8	1,634.6	1,656.8	1,687.2	2.6
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(167.8)	(149.8)	(150.9)	(138.1)	(153.0)	(140.9)	(150.0)	(157.5)	(150.7)	(175.5)	(201.0)	37.9
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	15.9
(27.1)	Liabilities arising from PFIs / Finance Leases	(27.1)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(36.7)	(9.6)
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
(284.7)	Total current liabilities	(299.9)	(223.2)	(205.2)	(206.3)	(193.5)	(208.4)	(180.4)	(189.5)	(197.0)	(190.2)	(215.0)	(240.5)	44.2
(46.1)	Net current (liabilities) / assets	(51.1)	21.2	13.8	6.9	(2.4)	(3.0)	(10.4)	(17.5)	(14.7)	(10.9)	(28.6)	(25.5)	20.6
1,400.0	Total assets less current liabilities	1,392.0	1,447.3	1,443.1	1,440.5	1,437.9	1,443.4	1,440.9	1,438.4	1,446.8	1,444.4	1,441.8	1,446.7	46.8
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.8)	0.2
(917.6)	Liabilities arising from PFIs / Finance Leases	(915.9)	(949.4)	(940.3)	(940.3)	(940.3)	(931.1)	(931.1)	(931.1)	(921.9)	(921.9)	(921.9)	(913.1)	4.5
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(924.1)	Total non-current liabilities	(922.1)	(955.6)	(946.5)	(946.5)	(946.5)	(937.3)	(937.3)	(937.3)	(928.1)	(928.1)	(928.1)	(919.3)	4.7
475.9	Total Assets Employed	469.9	491.7	496.6	494.0	491.4	506.1	503.6	501.1	518.7	516.3	513.7	527.4	51.5
	Financed by:													
	Taxpayers' equity													
1,048.3	Public dividend capital	1,048.3	1,048.3	1,055.7	1,055.7	1,055.7	1,072.9	1,072.9	1,072.9	1,093.2	1,093.2	1,093.2	1,109.4	61.1
(874.3)	Retained earnings	(880.3)	(858.5)	(861.0)	(863.6)	(866.2)	(868.7)	(871.2)	(873.7)	(876.4)	(878.8)	(881.4)	(883.9)	(9.6)
301.9	Revaluation reserve	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	0.0
475.9	Total Taxpayers' Equity	469.9	491.7	496.6	494.0	491.4	506.1	503.6	501.1	518.7	516.3	513.7	527.4	51.5



Barts Health
NHS Trust

People Report



Looking After the Trust's People

- **Annualised sickness absence rates** has continued to increase to 5.05% (from 4.91%). In month sick absence for March 22 was at 5.38%, higher than the same period in 2021 (3.64%). We expect further increases in the annualised rate as a reflection of in month absences being higher than the same period in 2021.
- Work is underway with the Employee Wellbeing Service to proactively follow up on long term sick cases that have not been referred for occupational health input, whilst also opening up the routes in for referral to enable site wellbeing leads, psychologists and people business partners to refer for support. As we move into a more stable position with staff sickness hospital people teams are developing a more targeted and structured support for managers.
- **Appraisal rates** – recorded non-medical appraisals now stand at 56.4%, slightly down from the 57.1% reported for Mar-22; The medical appraisal rate remains high at 91.9%. Each hospital has set an improvement trajectory for non-medical appraisal, monitored through performance reviews.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

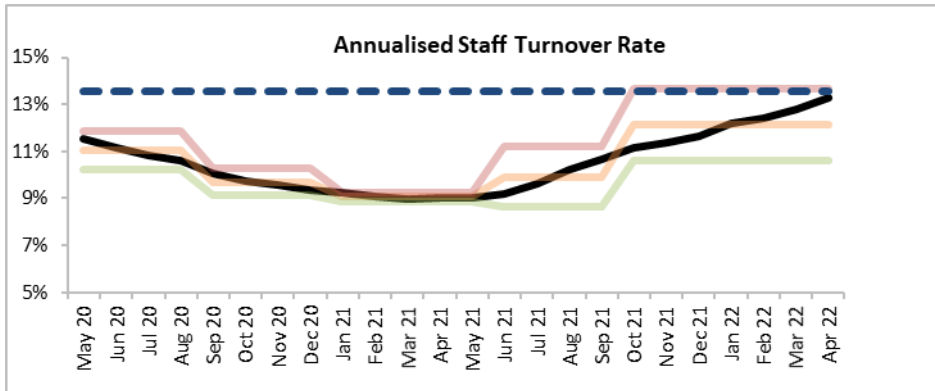
- **Recruitment** –366 unconditional offers were made, down from 582 in March 22. Of these 139 were for nursing and midwifery roles, including HCAs. In addition, 610 Whole Time Equivalent (WTE) roles were advertised.
- The Trust's substantive staff fill rate in was at 92.1%, up from 91.3%. This is driven by a reduction in reported establishment of 255 WTE, linked in with the budget setting for the new financial year, including removal of non-recurrent posts.
- Alongside this there has been a reduction of 80 WTE staff in post. A key contributor to this has been the level of retirements with 41 WTE more retiring in March 22 compared to March 21 (the impact of which is seen in April).
- The registered nursing fill rate is currently 83.4% up from 82.9% the previous month.
- **Turnover** – annualised voluntary turnover continues to increase and is now at 13.3%, up from 12.8% last month. As previously detailed we expect the annualised figure to continue to increase over the coming months.
- **Temporary staffing** – temporary staffing usage reduced by 425 WTE compared to March, with a decrease of 131 WTE agency and 294 WTE bank. The proportion of temporary staff as part of the workforce reduced from to 15.5% to 13.7% whilst spend on temporary staff as a proportion of pay budget reduced from 26.7% to 16.1%. Both reductions reflect a level of seasonality with March often being a high demand month, linked with annual leave, but also the month agencies will push for invoices to be cleared as part of year end.
- There was a drop off in **roster approval compliance** to 22.9% (rosters fully approved 6 weeks in advance), however final approval for these rosters were due shortly after the Easter bank holiday which would have created a delay across the group.

Group	Indicator	Targets	Performance		YTD	Apr-22 (Site)			
		Target	Mar-22	Apr-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	100.7%	100.3%	-	102.2%	101.6%	100.7%	100.3%
	Staff in Post - Actual	>=Plan	16,743	16,662		6,187	2,879	2,047	2,671
	Bank WTE - Actual	<=Plan	2,272	1,978		694	461	360	299
	Agency WTE - Actual	<=Plan	800	668		183	217	149	78
	Total Staffing - Actual	<=Plan	19,814	19,309	-	7,063	3,557	2,556	3,048
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	91.3%	92.1%	-	95.9%	87.9%	87.3%	94.0%
	Unconditional Offers - Actual	>=Plan	582	366	366	153	51	34	64
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	46.2%	22.9%	-	2.6%	44.8%	20.0%	33.3%
Diversity	% of BME Staff at Band 8a to VSM	-	37.3%	37.0%		34%	42%	53%	25%

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	Barts Health	
People	W19	Turnover Rate	●			Apr-22 (m)	<= 12.25%	12.76%	13.27%	13.27%	14.19%	12.19%	11.06%	13.48%	17.44%	13.51%	13.27%	●
	OH7	Proportion of Temporary Staff	●			Apr-22 (m)	<= 11.3%	15.5%	13.7%	13.7%	12.4%	19.1%	19.9%	12.4%	8.6%	6.5%	13.7%	●
	W20	Sickness Absence Rate	●			Mar-22 (m)	<= 3%	4.91%	5.05%	5.05%	5.16%	5.37%	5.57%	4.23%	4.12%	4.98%	5.05%	●
	W1	Staff Overpayments (Late Leaver Notifications)	●			Mar-22 (m)	<= 0	6	7	92	2	1	3	0	0	1	7	
Staff Feedback	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	6.9	
Compliance	W50	Mandatory and Statutory Training - All	●			Apr-22 (m)	>= 85%	83.4%	83.5%	83.5%	82.7%	86.7%	84.8%	85.0%	84.8%	81.2%	83.5%	●
	W11	Mandatory and Statutory Training - National	●			Apr-22 (m)	>= 85%	82.5%	82.5%	82.5%	81.2%	86.3%	82.5%	83.1%	83.3%	80.8%	82.5%	
	W29	Appraisal Rate - Non-Medical Staff	●			Mar-22 (m)	>= 90%	56.3%	57.1%	57.1%	53.7%	51.0%	51.5%	73.7%	77.3%	57.1%	57.1%	
	W30	Appraisal Rate - Medical Staff	●			Mar-22 (m)	>= 95%	93.4%	91.9%	91.9%	90.6%	94.9%	94.7%	90.2%	-	100.0%	91.9%	



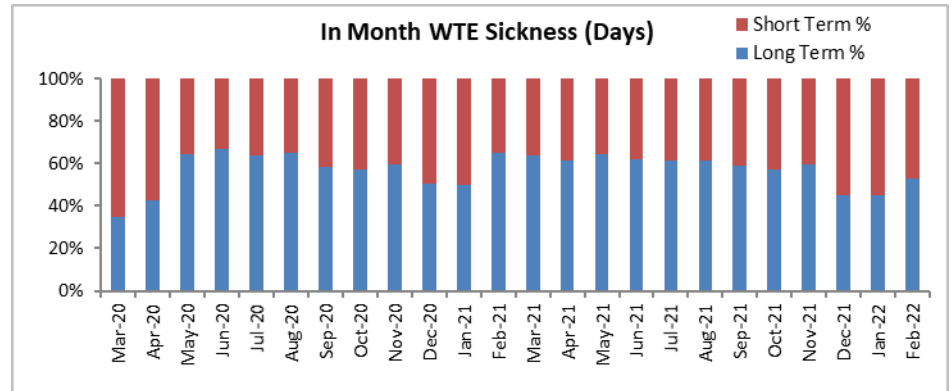
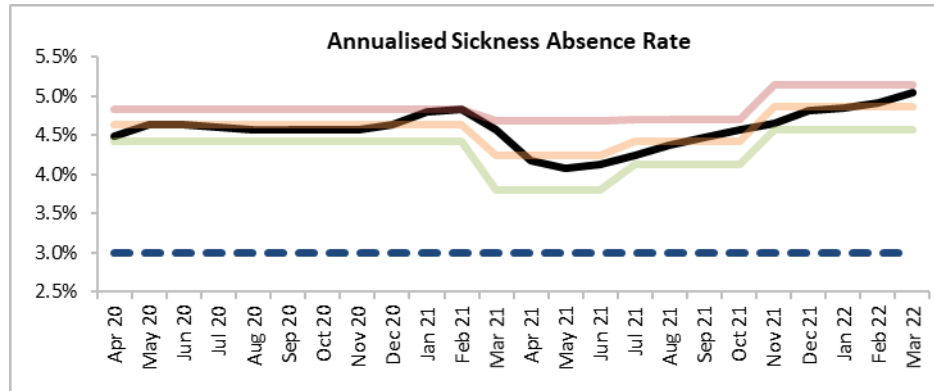
Site	Staff Group	6 Months Ago			Apr-22			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	291	2,123	13.71%	374	2,125	17.60%	3.88%
St Bart's	Nursing and Midwifery Registered	144	907	15.87%	149	897	16.59%	0.71%
Other	Administrative and Clerical	120	1,233	9.71%	148	1,275	11.60%	1.89%
Whipps Cross	Nursing and Midwifery Registered	98	989	9.86%	118	1,026	11.48%	1.62%
Royal London	Additional Clinical Services	71	823	8.64%	108	868	12.46%	3.82%

Performance Overview

- Annualised voluntary turnover continues to increase and is now at 13.3%, up from 12.8% last month. As previously detailed we expect the annualised figure to continue to increase over the coming months.
- Rates vary across the group as below
 - St Bartholomew's – 13.5% (up from 13.1%)
 - The Royal London – 14.2% (up from 13.7%)
 - Whipps – 12.2% (up from 11.6%)
 - Newham – 11.1% (up from 10.7%)
 - Pathology Partnership - 19.8% (up from 19.4%)
 - Group Support Services – 11.1% (up from 10.0%)

Responsible Director Update

- We are progressing our retention work through working with NHSE&I leads on the Exemplar Site Retention programme and have now submitted our baseline data that will serve as a comparison for the evaluation. We have successfully recruited a People Promise Manager, expected to start in mid-June. This post will drive our retention agenda aligned to the NHS People Promise, working across our hospital group and the ICS.
- Alongside this there is a task and finish group reviewing the exit questionnaire process to help improve our understanding of why colleagues leave the organisation

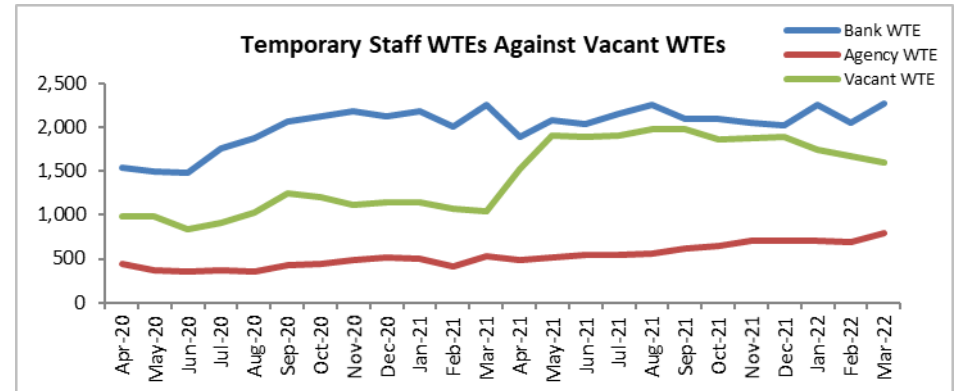
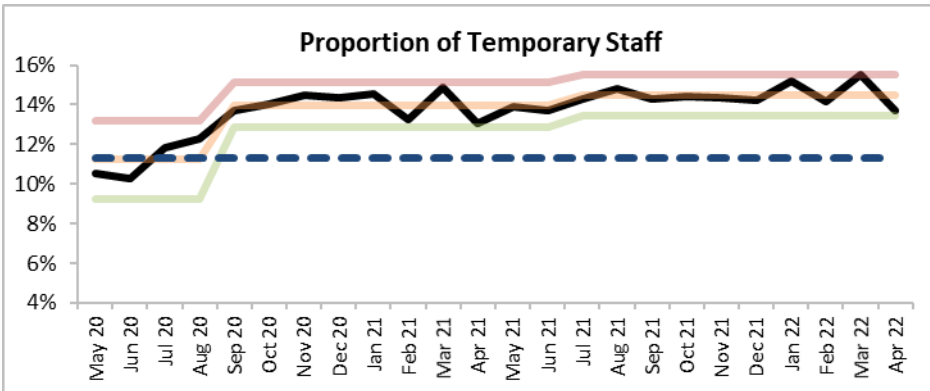


Performance Overview

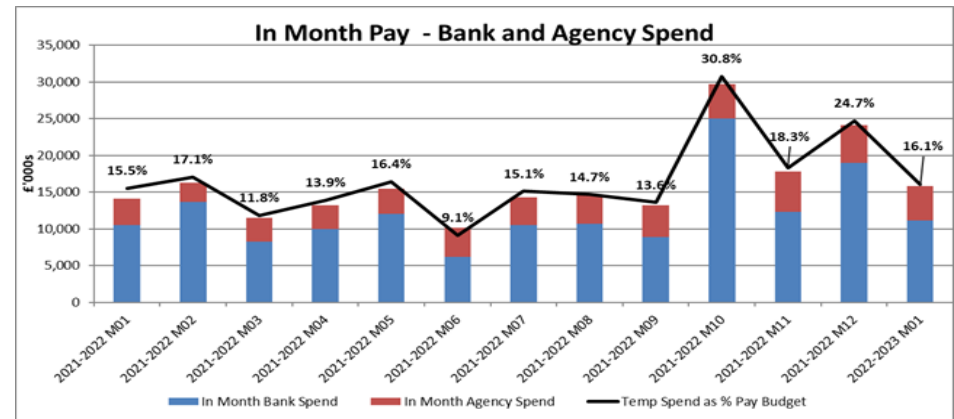
- Annualised Sickness Absence has increased to 5.05% from 4.91%. This is a reflection of in month absence for March 22 being at 5.38% compared to 3.64% in March 21. Across the group rates have increased
 - Newham 5.57% (up from 5.44%)
 - St Bartholomew's 4.23% (up from 4.08%)
 - The Royal London 5.16% (up from 5.00%)
 - Whipps Cross 5.37% (up from 5.25%)
 - Pathology Partnership 5.57% (up from 5.38%)
 - Group Support Services 5.22% (up from 5.03%)
- We expect the April figure, when formally reported, to show a further increase in the annualised rate with in month absence expected to be around 5% compared to less than 4% in April 21.

Responsible Director Update

- With long term sick (LTS) accounting for over half the sickness absence recorded the employee wellbeing service (EWS) is initiating a programme of proactive LTS case findings, reviewing causation and identifying forward action required to resolve the absence period.
- Alongside this staff who act in health & well-being, psychology or people business partner capacity will be able to refer colleagues into EWS as well as line managers. In enabling this route in this we are anticipating staff getting earlier access to EWS with its supported routes for recovery as well as well-being support planning



Proportion of Temporary Staff by Site								
Site	Staff Group	Average of Previous 6 Months			Apr-22			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	960	7,076	13.6%	876	7,063	12.4%	-1.2%
Whipps Cross	All Staff Groups	696	3,523	19.8%	678	3,557	19.1%	-0.7%
Newham	All Staff Groups	538	2,596	20.7%	509	2,556	19.9%	-0.8%
St Bart's	All Staff Groups	365	2,992	12.2%	377	3,048	12.4%	0.2%
CSS	All Staff Groups	23	246	9.4%	21	249	8.6%	-0.9%
Other	All Staff Groups	236	2,890	8.2%	185	2,836	6.5%	-1.6%

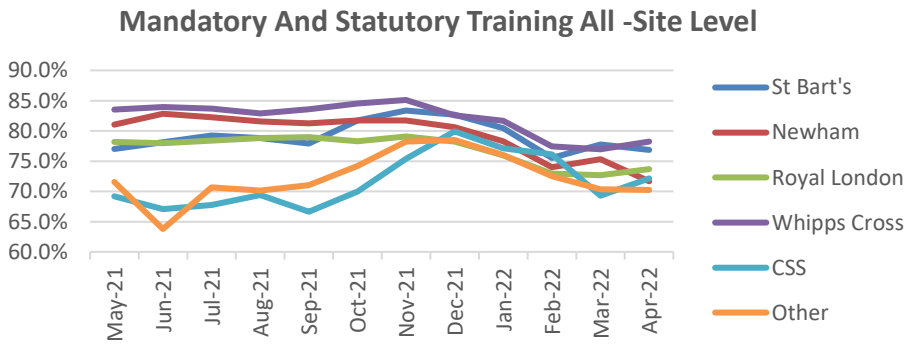
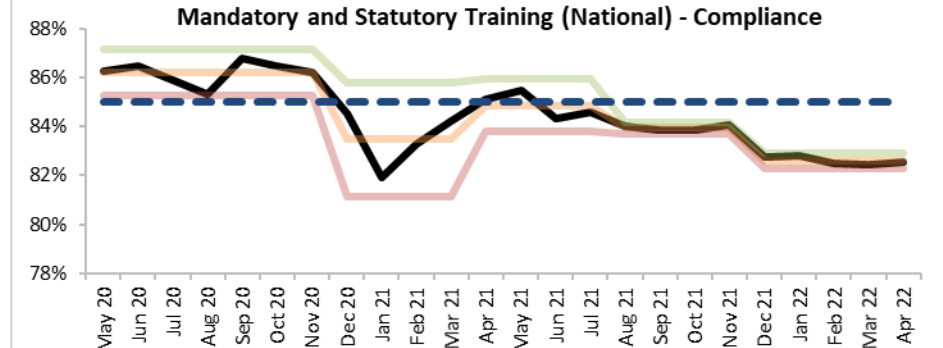
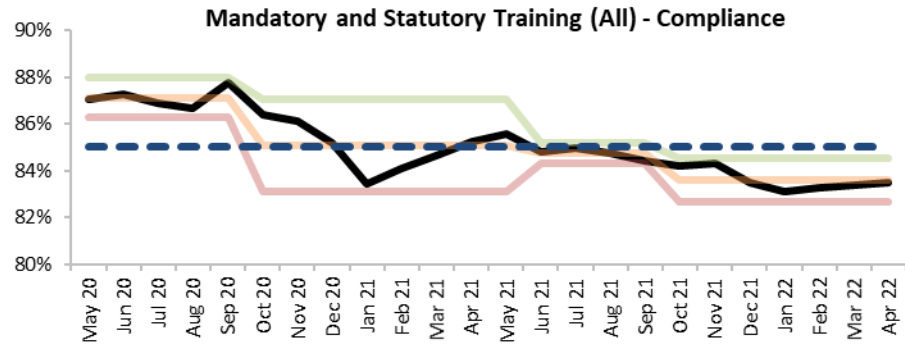


Performance Overview

- The proportion of temporary staffing compared to the overall workforce dropped from 15.5% to 13.7% in April. This is a reflection of a number of factors including
 - The Easter bank holiday reducing demand for shifts in areas that do not operate on a 24/7 basis
 - The new annual leave year (March of each year tends to see an increase in colleagues using up annual leave which impacts temp demand, this drops of in April)
- Whilst as a group it has reduced the proportion remains high at Whipps (19.1%) and Newham (19.9%)
- As well as a reduction in temporary staffing, there was also a reduction in the proportion of the pay budget spent on temporary staffing – this reduction is more significant than the reduction in use, a reflection of invoices being pushed through as part of year end

Responsible Director Update

- We are currently awaiting further information from NHSI/E around the national pay savings initiatives that will be launched in the coming months to understand the potential impact on the group these may have.
- In addition central monitoring of agency use that was put on hold during the pandemic will be reintroduced, alongside additional controls on bank workers. We await further detail on these in order to assess the potential impact



Bottom 5 Departments: Total Number of Non-Compliant Employees			
Department	Previous 6 Months	Apr-22	
	Compliance	Compliance	Staff Non-Compliant
Dental Management Team	98.4%	83.4%	98
NGH Vaccination Management	80.9%	76.1%	84
HUH Haematology	48.0%	46.5%	36
BRC 2017-2022	71.6%	63.7%	36
Staff Salaries Only (Pearse)	47.0%	43.0%	24

Non-mandatory competencies have been excluded from the above tables

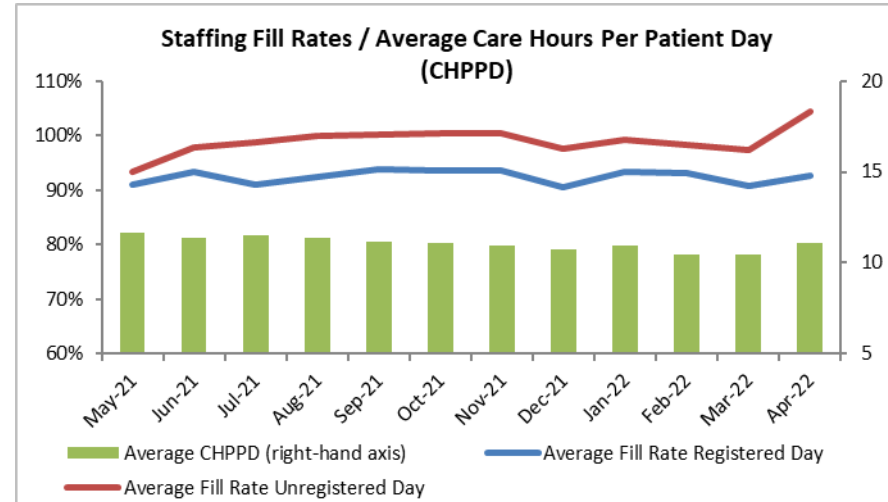
Performance Overview

- Trust-wide compliance against the 11 Core Skills Training Framework subjects has improved over the past month and currently stands at 82.73%, 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 improved.
- Fire safety compliance rates have shown an increase over the past month and this trend is expected to continue as restrictions to training are revised.
- Newly appointed honorary contract holders have impacted on compliance in the BRC where compliance had dropped by 8%.
- The Pathology Partnership has shown significant improvement over the past month with overall compliance reaching the current Trust average.

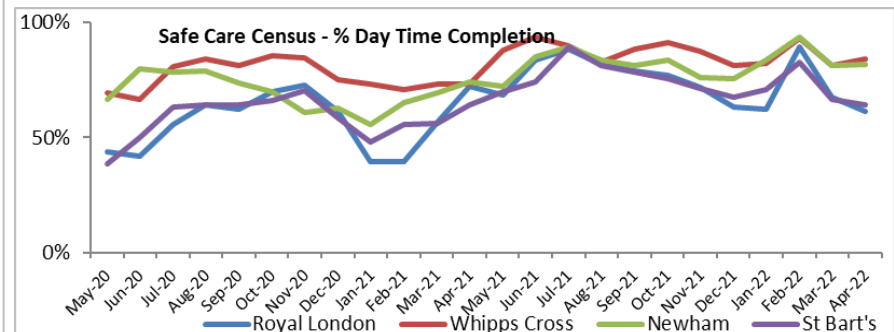
Responsible Director Update

- Work is ongoing to raise compliance, with non-compliant staff receiving monthly emails with details of overdue subjects.
- Statutory and Mandatory training is a standing item on site performance reviews with spotlight subjects each month.
- Work is continuing with the Information Governance team to raise compliance with Microsoft Teams session planned for the coming months.
- Work has started on recruiting a new Statutory and Mandatory Training lead who will be tasked with reviewing current training materials and working with subject matter experts to create new packages in line with current guidance and Trust priorities.
- Changes to IPC guidelines have increased capacity within training rooms and work has started on the backlog of face to face training.

- Across the Trust, the overall average fill rates remained above 90% on both day and night shifts for registered Nursing and Midwifery (RNs/RMs) and Care Staff (HCAs).
- A slight increase was noted in overall in the Care Hours Per Patient Day (CHPPD). In March CHPPD were 10.4 and 11.1 in April.
- In areas that had poor staffing levels, the gaps were mitigated by redeployment of staff between wards including having Senior staff work clinically to maintain services and patient safety. Where appropriate, non-clinical staff supported with administrative duties to release clinical staff time to care for patients. Surgical areas at RLH struggled when escorting patients out for procedures such as those needing chemotherapy from RLH.
- The average fill rates for St Bart's improved slightly by 7% from the level of circa 80% usually reported for day shifts whilst the average fill rate for nights was >90% for both 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.
- The Women's services continue to be under pressure requiring consolidated support and flexing of some units. Low fill rates were as a result of sickness and vacancies; recruitment into the vacancies continues to ensure sustainable staffing and prevent staff burnout and stress. RLH has a Quality Improvement project for managing sickness to facilitate return to work for staff. Senior management supported the service through redeployment of staff and closure of some areas to mitigate risk. Senior midwifery staff supported delivery of frontline care, resulting in nil adverse clinical events being reported as a result of staffing gaps.
- A total of 19 Red flag incidents were reported across the Trust with none recorded as causing any harm to patients.
- Recruitment activities continue across the Trust for both domestic and internationally educated nurses. We are targeting healthcare support workers including those new to care.
- Safe staffing continues to be monitored and addressed daily through hospital site based safety huddles. Use of the SafeCare Live electronic workforce tool together with professional judgement by the senior nursing teams facilitates dynamic staff redeployment to maximise patient safety and effective use of resources.
- Daily use of acuity and dependency scoring of patients saw a further decrease in compliance to 71%. Also, red flags appear to be under reported. To address both of these issues, targeted education sessions will be delivered by the Safe Staffing Nurse in June as part of preparations for the 4-week Safer Nursing Care Tool acuity-dependency deep dive scheduled for July 2023.



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	92.6%	104.3%	100.1%	119.6%	11.1	23
Royal London	94.9%	99.5%	102.0%	126.1%	10.3	19
Whipps Cross	92.0%	119.2%	103.8%	125.2%	11.4	2
Newham	94.1%	99.8%	103.0%	106.7%	10.6	1
St Bart's	87.9%	87.8%	90.3%	109.5%	13.3	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

Category	Ref	Metric Name	Description	Target			Risk Rating Logic
				Red	Amber	Green	
Safe and Compassionate	OG19	FFT Recommended % - Composite Metric	The number of patients who responded that they were extremely likely or likely to recommend the service they received to friends and family, divided by the total number of patients who responded to the Friends and Family Test (FFT). This is a composite metric combining the results from the inpatient, A&E and maternity (birth) Friends and Family Tests	>2.5% Below Target	0 to 2.5% Below Target	>= 95%	Red: 4 to 6 of the latest 6 months failed their target; Amber: 3 failed; Green: 1 to 2 failed (adapted accordingly if necessary to accommodate recovery actions being taken)
Safe and Compassionate	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. The time to reply is counted from the date consent was obtained (if consent was required and the date is available) or the date first received	>2.5% Below Target	0 to 2.5% Below Target	>= 85%	Logic as above
Safe and Compassionate	S2	Assigned MRSA Bacteraemia Cases	The number of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias which can be directly associated to the trust	>2.5% Above Target	0 to 2.5% Above Target	<= 0	Logic as above
Safe and Compassionate	S3	Never Events	The number of never events reported via the Strategic Executive Information System (STEIS)	>2.5% Above Target	0 to 2.5% Above Target	<= 0	Logic as above
Safe and Compassionate	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	>2.5% Above Target	0 to 2.5% Above Target	<= 0.6	Logic as above
Safe and Compassionate	R1	A&E 4 Hours Waiting Time	The number of all 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	< Trajectory	-	>= Trajectory	Logic as above

Category	Ref	Metric Name	Description	Target			Risk Rating Logic
				Red	Amber	Green	
Safe and Compassionate	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	< 85.0%	-	>= 85.0%	Logic as above
Safe and Compassionate	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	< Trajectory	-	>= Trajectory	Logic as above
Efficient and Effective	OG18	Variance from Budget Control Total (£m)	Variance from budget control total (excludes Retrospective Top-Up, Provider Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate Emergency Tariff (MRET) funding). However, note that from Oct-20 this is measured as the variance from the Covid-19 Phase 3 Plan submission instead of from the budget control total	<£0	-	>=£0	Logic as above
Efficient and Effective	OG4	CIP Performance Against Plan (£000)	Cost improvements made under the cost improvement programme. The target is the planned cost improvements	< Plan	-	>= Plan	Logic as above
Efficient and Effective	OG15	Elective Activity	Chargeable activity for elective inpatients (not including maternity deliveries). The target is the planned activity	<= -5% Variance	0 to -5% Variance	>= 0% Variance	Logic as above
Service Transformation	R40	Theatres: Utilisation (to Patient Out of Room)	Minutes utilised (from anaesthesia start to patient out of room) in theatre sessions for elective cases divided by total minutes available in theatre sessions for elective cases (including breaks)	<=75.0%	75.0% to 85.0%	>=85.0%	Logic as above
Service Transformation	OG9	Non-Elective Activity: Demand Management	Chargeable activity for non-elective inpatients (not including maternity deliveries). The target is the planned activity	>= ±5% Variance	±2.5% to ±5% Variance	<= ±2.5% Variance	Logic as above
Developing our People	W25	Substantive Staffing Fill Rate	Percentage of Substantive Staff in Post Against the Substantive and Locum Establishment	>2.5% Below Target	0 to 2.5% Below Target	>= 93.2%	Logic as above
Developing our People	OG11	% 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. YTD is latest period	>2.5% Below Target	0 to 2.5% Below Target	TBC	Logic as above
Research & Education	RE01	Recruitment to NIHR Studies	Number of patients recruited to National Institute for Health Research (NIHR) studies. Metric reported quarterly (to the latest complete quarter from data 2 months in arrears to ensure more stable figures)	>2.5% Below Target	0 to 2.5% Below Target	-	Red: 2 to 3 of the latest 3 quarters failed their target; Amber: 1 failed; Green: 0 failed

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 Equivalent (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalent (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalent (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalent (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)

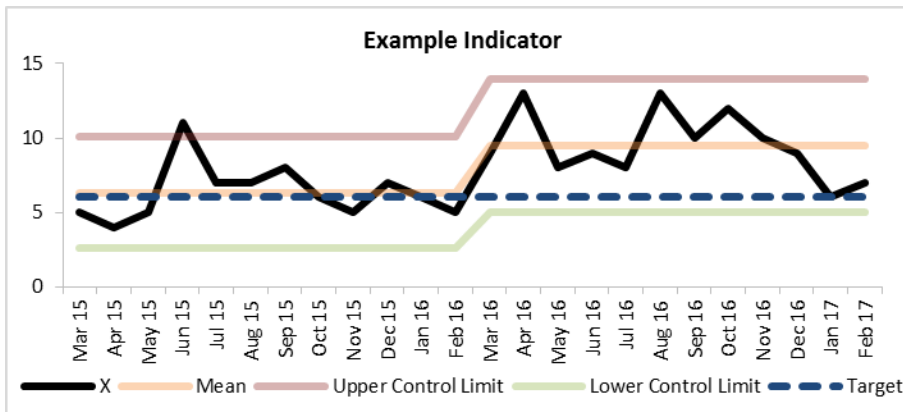
Reporting month target for reporting site

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

Jun-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,054.0	1,835.0	1,033.0	874.0	1,725.0	2,014.0	690.0	839.5	89.3%	84.6%	116.8%	121.7%	759	5.1	2.3	7.3
Royal London	10FRLH	1,077.5	1,188.0	716.5	744.0	979.0	1,133.0	660.0	506.0	110.3%	103.8%	115.7%	76.7%	469	4.9	2.7	7.6
Royal London	11CRLH	2,396.5	1,688.5	1,375.0	1,820.0	2,403.5	2,231.0	690.0	1,173.0	70.5%	132.4%	92.8%	170.0%	713	5.5	4.2	9.7
Royal London	11E & 11F AAU	3,784.0	3,669.5	1,720.5	1,756.3	3,783.5	4,131.5	1,368.5	1,690.5	97.0%	102.1%	109.2%	123.5%	1,436	5.4	2.4	7.8
Royal London	12CRLH	1,828.5	1,945.5	1,380.0	1,426.5	1,771.0	1,848.5	1,035.0	1,253.5	106.4%	103.4%	104.4%	121.1%	718	5.3	3.7	9.0
Royal London	12DRLH	1,376.0	2,670.7	690.0	702.0	1,380.0	2,683.5	345.0	919.2	194.1%	101.7%	194.5%	266.4%	463	11.6	3.5	15.1
Royal London	12ERLH	2,681.5	2,662.5	1,380.0	1,467.5	2,415.0	2,443.8	1,380.0	1,552.5	99.3%	106.3%	101.2%	112.5%	655	7.8	4.6	12.4
Royal London	12FRLH	1,944.5	2,358.3	1,720.0	1,529.5	1,725.0	2,346.0	1,725.0	1,725.0	121.3%	88.9%	136.0%	100.0%	746	6.3	4.4	10.7
Royal London	13CRLH	1,870.5	2,171.5	684.0	783.5	1,380.0	1,933.0	690.0	1,276.5	116.1%	114.5%	140.1%	185.0%	738	5.6	2.8	8.4
Royal London	13DRLH	1,718.0	1,947.5	690.0	1,090.5	1,380.0	1,633.0	690.0	1,541.0	113.4%	158.0%	118.3%	223.3%	717	5.0	3.7	8.7
Royal London	13ERLH	1,967.5	2,065.0	701.5	737.0	1,621.5	1,970.0	678.5	1,012.0	105.0%	105.1%	121.5%	149.2%	679	5.9	2.6	8.5
Royal London	13FRLH	1,699.0	1,816.0	931.5	1,035.0	1,713.5	2,063.0	690.0	1,058.0	106.9%	111.1%	120.4%	153.3%	598	6.5	3.5	10.0
Royal London	14ERLH	1,616.5	1,552.5	1,033.0	1,207.5	1,380.0	1,391.5	1,035.0	1,311.0	96.0%	116.9%	100.8%	126.7%	738	4.0	3.4	7.4
Royal London	14FRLH	1,774.5	1,488.0	1,380.0	1,182.0	1,380.0	1,299.5	1,035.0	1,092.5	83.9%	85.7%	94.2%	105.6%	700	4.0	3.2	7.2
Royal London	3DRLH	3,091.0	2,479.0	2,065.0	1,555.8	3,105.0	2,716.0	1,725.0	1,789.8	80.2%	75.3%	87.5%	103.8%	790	6.6	4.2	10.8
Royal London	3ERLH	2,062.0	1,896.8	690.0	890.5	1,725.0	1,920.5	690.0	690.0	92.0%	129.1%	111.3%	100.0%	739	5.2	2.1	7.3
Royal London	3FRLH	1,511.8	1,654.3	1,035.0	655.5	1,035.0	1,690.5	690.0	529.0	109.4%	63.3%	163.3%	76.7%	197	17.0	6.0	23.0
Royal London	4ERLH	14,447.0	14,342.4	690.0	1,334.5	14,846.5	14,626.9	345.0	1,323.0	99.3%	193.4%	98.5%	383.5%	1,256	23.1	2.1	25.2
Royal London	6CRLH	3,545.3	2,560.3	345.0	563.5	3,450.0	2,482.3	345.0	323.3	72.2%	163.3%	71.9%	93.7%	101	49.9	8.8	58.7
Royal London	6E & 6FRLH	5,144.5	4,410.3	1,380.0	931.5	5,175.0	4,887.0	1,035.0	796.5	85.7%	67.5%	94.4%	77.0%	846	11.0	2.0	13.0
Royal London	7CRLH	1,380.0	1,414.5	345.0	608.6	1,035.0	1,161.3	345.0	640.2	102.5%	176.4%	112.2%	185.6%	316	8.2	4.0	12.1
Royal London	7DRLH	1,725.0	1,610.0	840.0	762.8	1,380.0	1,437.5	690.0	701.5	93.3%	90.8%	104.2%	101.7%	376	8.1	3.9	12.0
Royal London	7ERLH	2,740.0	2,430.5	1,035.0	1,022.8	2,415.0	2,300.0	1,035.0	1,044.0	88.7%	98.8%	95.2%	100.9%	566	8.4	3.7	12.0
Royal London	7FRLH	1,376.5	1,310.0	586.5	678.5	1,035.0	1,000.5	529.0	586.5	95.2%	115.7%	96.7%	110.9%	330	7.0	3.8	10.8
Royal London	8CRLH	1,614.5	1,563.0	687.0	833.5	1,380.0	1,597.8	690.0	954.5	96.8%	121.3%	115.8%	138.3%	530	6.0	3.4	9.3
Royal London	8DRLH	7,920.0	6,218.0	1,242.0	759.0	7,567.0	6,138.3	517.5	517.5	78.5%	61.1%	81.1%	100.0%	1,018	12.1	1.3	13.4
Royal London	8FRLH	1,431.5	1,303.0	1,725.0	1,463.0	1,035.0	1,023.5	1,035.0	1,012.0	91.0%	84.8%	98.9%	97.8%	1,544	1.5	1.6	3.1
Royal London	9EHDU RLH	1,334.0	977.5	345.0	161.0	1,357.0	1,046.5	0.0	195.5	73.3%	46.7%	77.1%		304	6.7	1.2	7.8
Royal London	9ERLH	1,722.0	1,575.5	690.0	586.5	1,380.0	1,357.0	345.0	793.5	91.5%	85.0%	98.3%	230.0%	720	4.1	1.9	6.0
Royal London	9FRLH	1,725.0	1,641.5	687.5	513.0	1,380.0	1,342.0	690.0	691.5	95.2%	74.6%	97.2%	100.2%	687	4.3	1.8	6.1

Safe Staffing Fill Rates by Ward and Site

Jun-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,481.0	5,105.0	2,415.0	2,633.5	4,485.0	5,689.0	2,070.0	2,196.5	113.9%	109.0%	126.8%	106.1%	260	41.5	18.6	60.1
Whipps Cross	ACACIA	931.5	798.5	448.5	506.0	678.5	694.0	690.0	771.3	85.7%	112.8%	102.3%	111.8%	320	4.7	4.0	8.7
Whipps Cross	ACORN	3,547.5	2,285.8	345.0	420.3	2,638.5	2,304.3	345.0	264.5	64.4%	121.8%	87.3%	76.7%	416	11.0	1.6	12.7
Whipps Cross	B3 WARD WXH	1,268.0	1,234.0	1,035.0	1,310.0	1,035.0	1,058.0	690.0	1,035.0	97.3%	126.6%	102.2%	150.0%	460	5.0	5.1	10.1
Whipps Cross	BIRCH	1,031.0	1,121.0	1,035.0	1,387.5	1,035.0	1,037.0	690.0	1,023.5	108.7%	134.1%	100.2%	148.3%	520	4.2	4.6	8.8
Whipps Cross	BLACKTHORN	1,035.0	1,134.0	1,033.0	1,332.0	1,035.0	1,012.0	690.0	1,012.0	109.6%	128.9%	97.8%	146.7%	494	4.3	4.7	9.1
Whipps Cross	BRACKEN WARD WXH	1,341.3	1,359.3	1,144.5	975.4	1,035.0	1,023.5	690.0	713.0	101.3%	85.2%	98.9%	103.3%	469	5.1	3.6	8.7
Whipps Cross	CEDAR	1,621.5	2,333.5	1,380.0	3,555.5	1,368.5	1,998.5	1,035.0	2,656.5	143.9%	257.6%	146.0%	256.7%	987	4.4	6.3	10.7
Whipps Cross	CHESTNUT	931.5	668.0	345.0	940.5	689.0	931.5	345.0	825.0	71.7%	272.6%	135.2%	239.1%	267	6.0	6.6	12.6
Whipps Cross	CURIE	1,354.5	1,182.5	1,035.0	1,207.5	1,380.0	1,035.0	1,035.0	1,058.0	87.3%	116.7%	75.0%	102.2%	510	4.3	4.4	8.8
Whipps Cross	DELIVERY SUITE WXH	4,619.5	3,440.8	690.0	885.5	3,448.0	2,958.5	690.0	1,000.5	74.5%	128.3%	85.8%	145.0%	367	17.4	5.1	22.6
Whipps Cross	ELIZABETH	1,633.0	1,568.5	586.5	565.0	1,380.0	1,393.0	126.5	356.5	96.1%	96.3%	100.9%	281.8%	513	5.8	1.8	7.6
Whipps Cross	FARADAY	1,723.0	1,474.0	683.5	1,184.5	1,621.5	1,714.0	345.0	425.5	85.5%	173.3%	105.7%	123.3%	434	7.3	3.7	11.1
Whipps Cross	Frail Elderly WXH	832.5	766.5	345.0	678.3	690.5	690.3	345.0	670.8	92.1%	196.6%	100.0%	194.4%	288	5.1	4.7	9.7
Whipps Cross	ICU WXH	6,166.5	5,312.1	1,729.5	859.5	5,247.0	4,907.0	1,320.0	396.0	86.1%	49.7%	93.5%	30.0%	256	39.9	4.9	44.8
Whipps Cross	MARGARET	1,032.5	844.0	345.0	370.7	690.0	679.5	345.0	379.5	81.7%	107.4%	98.5%	110.0%	229	6.7	3.3	9.9
Whipps Cross	MIDWIFERY WXH	740.5	726.3	347.0	250.0	690.0	512.5	345.0	345.5	98.1%	72.0%	74.3%	100.1%	53	23.4	11.2	34.6
Whipps Cross	MULBERRY	2,161.2	1,864.6	1,370.5	886.5	1,380.0	1,300.4	793.5	839.5	86.3%	64.7%	94.2%	105.8%	936	3.4	1.8	5.2
Whipps Cross	NEONATAL WXH	2,393.5	2,055.5	1,100.0	525.0	2,104.5	2,233.5	690.0	207.0	85.9%	47.7%	106.1%	30.0%	403	10.6	1.8	12.5
Whipps Cross	NIGHTINGALE	1,714.0	1,346.5	345.0	437.5	1,611.8	1,425.0	333.5	450.3	78.6%	126.8%	88.4%	135.0%	357	7.8	2.5	10.3
Whipps Cross	PEACE	1,621.5	1,667.5	782.0	1,356.5	1,035.0	1,391.5	690.0	1,066.3	102.8%	173.5%	134.4%	154.5%	404	7.6	6.0	13.6
Whipps Cross	POPLAR	1,690.5	1,207.5	1,035.0	1,136.2	1,380.0	1,105.0	1,035.0	1,013.0	71.4%	109.8%	80.1%	97.9%	381	6.1	5.6	11.7
Whipps Cross	PRIMROSE	1,725.0	1,910.0	1,380.0	1,820.5	1,368.5	1,837.5	1,035.0	1,541.0	110.7%	131.9%	134.3%	148.9%	818	4.6	4.1	8.7
Whipps Cross	ROWAN	1,713.5	2,005.0	1,380.0	1,690.5	1,357.0	1,826.0	1,033.5	1,468.8	117.0%	122.5%	134.6%	142.1%	747	5.1	4.2	9.4
Whipps Cross	SAGE	1,621.5	1,386.0	1,387.5	1,603.0	1,380.0	1,323.5	1,035.0	1,265.0	85.5%	115.5%	95.9%	122.2%	746	3.6	3.8	7.5
Whipps Cross	SYCAMORE	1,276.5	1,380.0	1,272.0	1,593.5	1,035.0	1,357.0	1,035.0	1,322.0	108.1%	125.3%	131.1%	127.7%	743	3.7	3.9	7.6
Whipps Cross	SYRINGA	1,380.0	1,276.5	1,721.0	1,736.5	1,046.5	1,035.0	1,035.0	1,380.0	92.5%	100.9%	98.9%	133.3%	725	3.2	4.3	7.5

Safe Staffing Fill Rates by Ward and Site

Jun-22

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	AAU NUH	4,194.0	4,149.0	2,403.5	2,323.0	3,795.0	4,347.0	2,415.0	2,494.5	98.9%	96.7%	114.5%	103.3%	1,387	6.1	3.5	9.6
Newham	Custom House NUH	1,380.0	1,373.4	1,035.0	1,209.0	1,035.0	1,035.0	1,334.0	1,447.0	99.5%	116.8%	100.0%	108.5%	544	4.4	4.9	9.3
Newham	DELIVERY SUITE NUH	5,486.5	4,615.7	742.5	655.5	4,623.0	4,037.1	690.0	644.0	84.1%	88.3%	87.3%	93.3%	630	13.7	2.1	15.8
Newham	EAST HAM	1,725.0	1,771.0	1,023.5	1,184.5	1,380.0	1,724.3	1,035.0	1,264.3	102.7%	115.7%	124.9%	122.1%	633	5.5	3.9	9.4
Newham	HEATHER	2,070.0	2,104.5	1,035.0	1,236.0	2,070.0	2,199.5	1,035.0	1,644.5	101.7%	119.4%	106.3%	158.9%	738	5.8	3.9	9.7
Newham	LARCH	3,079.0	2,580.0	1,954.5	1,653.5	2,116.0	1,921.5	1,713.5	1,552.5	83.8%	84.6%	90.8%	90.6%	1,542	2.9	2.1	5.0
Newham	Manor Park ITU NUH	3,438.5	4,004.0	690.0	816.5	3,427.0	4,004.0	690.0	678.5	116.4%	118.3%	116.8%	98.3%	321	24.9	4.7	29.6
Newham	MAPLE	1,311.0	1,289.0	678.5	920.0	1,036.0	1,013.0	667.0	655.5	98.3%	135.6%	97.8%	98.3%	284	8.1	5.5	13.7
Newham	NEONATAL NUH	3,024.5	2,608.5	701.5	356.5	2,862.0	2,443.0	644.0	356.5	86.2%	50.8%	85.4%	55.4%	502	10.1	1.4	11.5
Newham	NUH MIDWIFERY	1,235.0	1,193.0	345.0	299.0	1,035.0	919.0	345.0	345.0	96.6%	86.7%	88.8%	100.0%	140	15.1	4.6	19.7
Newham	RAINBOW	2,495.0	2,103.5	966.0	839.5	1,725.0	1,679.0	345.0	368.0	84.3%	86.9%	97.3%	106.7%	288	13.1	4.2	17.3
Newham	SILVERTOWN	1,825.0	1,713.3	1,035.0	1,046.5	1,610.0	1,885.5	1,046.5	1,310.5	93.9%	101.1%	117.1%	125.2%	654	5.5	3.6	9.1
Newham	STRATFORD	1,380.0	1,396.5	1,035.0	1,035.0	1,368.5	1,485.5	989.0	1,138.5	101.2%	100.0%	108.5%	115.1%	439	6.6	5.0	11.5
Newham	WEST HAM	1,368.5	1,104.0	1,035.0	1,069.5	1,023.5	1,278.5	989.0	977.5	80.7%	103.3%	124.9%	98.8%	522	4.6	3.9	8.5
St Bart's	1C	5,831.0	4,991.9	345.0	329.5	5,554.5	4,876.0	195.5	264.5	85.6%	95.5%	87.8%	135.3%	384	25.7	1.5	27.2
St Bart's	1D	3,105.0	2,639.5	321.0	213.5	2,760.0	2,393.0	345.0	264.5	85.0%	66.5%	86.7%	76.7%	334	15.1	1.4	16.5
St Bart's	1E	4,827.5	4,093.5	342.0	283.5	4,830.0	3,985.0	345.0	333.5	84.8%	82.9%	82.5%	96.7%	250	32.3	2.5	34.8
St Bart's	3A SBH	4,459.5	4,094.0	1,364.5	1,265.0	4,485.0	4,243.5	1,380.0	1,299.5	91.8%	92.7%	94.6%	94.2%	763	10.9	3.4	14.3
St Bart's	3D SBH	1,496.5	1,273.0	1,126.0	1,327.0	1,472.0	1,276.0	931.5	953.5	85.1%	117.9%	86.7%	102.4%	432	5.9	5.3	11.2
St Bart's	4A SBH	1,700.5	1,620.8	917.0	919.8	1,380.0	1,345.5	345.0	793.3	95.3%	100.3%	97.5%	230.0%	644	4.6	2.7	7.3
St Bart's	4B SBH	1,518.5	1,458.0	1,167.5	966.0	1,380.0	1,359.0	690.0	874.0	96.0%	82.7%	98.5%	126.7%	552	5.1	3.3	8.4
St Bart's	4C SBH	1,707.5	1,598.5	925.5	828.0	1,368.5	1,288.0	931.5	818.3	93.6%	89.5%	94.1%	87.8%	532	5.4	3.1	8.5
St Bart's	4D & 4E SBH	1,667.0	1,214.5	708.8	761.5	1,564.0	1,219.0	690.0	793.5	72.9%	107.4%	77.9%	115.0%	320	7.6	4.9	12.5
St Bart's	5A SBH	2,041.0	2,005.3	887.3	879.0	1,319.8	1,370.3	330.0	660.0	98.2%	99.1%	103.8%	200.0%	532	6.3	2.9	9.2
St Bart's	5B SBH	1,335.2	1,189.2	657.0	517.5	1,367.5	1,322.5	345.0	414.0	89.1%	78.8%	96.7%	120.0%	373	6.7	2.5	9.2
St Bart's	5C SBH	2,034.0	1,882.0	659.5	563.5	1,725.0	1,693.7	345.0	381.5	92.5%	85.4%	98.2%	110.6%	487	7.3	1.9	9.3
St Bart's	5D SBH	1,964.0	1,584.3	665.5	428.5	1,725.0	1,580.0	690.0	655.5	80.7%	64.4%	91.6%	95.0%	513	6.2	2.1	8.3
St Bart's	6A SBH	6,194.8	5,550.3	330.5	332.5	6,198.5	5,770.0	345.0	253.0	89.6%	100.6%	93.1%	73.3%	339	33.4	1.7	35.1
St Bart's	6D SBH	1,725.0	1,380.0	1,030.0	437.0	1,380.0	1,035.0	690.0	655.5	80.0%	42.4%	75.0%	95.0%	396	6.1	2.8	8.9