

Barts Health Integrated Performance Report

Aug-22

Performance for: **Jun-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.
- 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. Barts Health continues to monitor the SI process according to internal targets.

- **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, by 20 June 2022. The trust has resubmitted its elective activity trajectories, recalibrated to make up shortfalls in activity output recorded across quarter 1 by the end of the year. The next edition of this report will reflect those changes subject to any feedback received from NHS England.

	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 fourth (Omicron) wave of the pandemic peaked on 12 January 2022 with 392 total inpatients of which 35 were in a critical care bed. 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.
- On 22nd July 2022 there were 197 Covid-19 positive patients occupying a bed of which 5 were occupying a critical care bed, this equates to 50% of the fourth wave peak in terms of total bed occupancy and 14% for critical care occupancy. However it is also important to recognise the pace at which Covid bed occupancy is increasing, on 22nd June 2022 there were 96 Covid patients occupying a bed against 197 on 22nd July 2022, an increase of 101 (+105%), however critical care occupancy has not increased. 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, which had been rising, as well as inpatient volumes and acuity. The increase in community case rates is being driven by fast spreading Omicron subvariants, BA.4 and BA.5, however the data suggests that cases per 100,000 population are now declining.

Covid-19 Community Cases

- Comparing the week beginning 13/07/2022 to the week beginning 20/07/2022 shows the following movements in the case rate per 100,000 population:
 - For Newham, a decrease from 159 to 78 (-51%)
 - For Hackney & City of London, a decrease from 139 to 89 (-36%)
 - For Tower Hamlets, a decrease from 156 to 90 (-43%)
 - Waltham Forest, a decrease from 179 to 100 (-44%)
- As a comparator the London case rate decreased from 180 to 103 (-43%), with the England case rate decreasing from 204 to 127 (-38%).

Covid-19 Monitoring and Recovery

Elective Activity Recovery Trajectories

For June 2022 the trusts admitted (inpatient and day case) trajectory set a target of 100% of 2019/20 BAU against which the trust achieved 81% (-1,625 admissions). For outpatients (first and follow up) the trajectory was set at 106% of BAU for June 2022, against which the trust achieved 105% (-1,438 outpatient attendances). Under-delivery of the admitted plan was influenced by sustained emergency pressures and reduced bed-flow.

Vaccinations (Covid-19 and Flu)

- The current focus of the national vaccination programme is planning for Autumn Booster/Flu vaccination
- The Hospital Hub+ sites at Whipps Cross and Newham have now closed and RLH will close end of August 2022
- Staff Consultation period will end 4th August 2022 and staff will be given their notice letter on 5th August 2022
- The vaccination Allergy service is now managed by the Adult Allergy Service at St Bartholomew's Hospital
- The vaccination team are continuing to provide the outreach service on behalf of NEL over the summer months until end of August 2022, at which point the vaccination service within Barts will close.
- NHSE have issued an operational note on the next steps for the Covid-19 vaccination programme.
Key points: Final JCVI advice confirms that the COVID-19 Autumn booster should be offered to the following groups:
 - Residents in a care home for older adults and staff working in care homes for older adults
 - Frontline health and social care workers
 - All adults aged 50 years and over
 - Persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book
 - Persons aged 5 to 49 years who are household contacts of people with immunosuppression
 - Persons aged 16 to 49 years who are carers, as set out in the Green Book.
- A Trust staff vaccination plan for covid and flu for 2022/23 has been developed with a delivery structure via the Employee Wellbeing Service as a BAU model, working closely with hospital sites.

Quality & Performance

Responsive

A&E 4 Hour Performance

- In June 22, 45,788 attendances were recorded, almost the same volume recorded in May 2022. For June 2022 a performance of 69.5% was recorded against the 4-hour standard, against 69.6% in May 2022. During June 2022 performance was influenced by the impact of Omicron subvariants particularly in relation to Covid bed occupancy, at the start of June 79 Covid inpatients were occupying a bed, increasing to 129 inpatients at the end of the month.
- For June 2022, 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 ranked 11th out of 16 trusts reporting data in London and was the 5th best performing out of the top 10 English trusts (ranked by volume of attendances).

Referral to Treatment (RTT)

- In relation to the end-month nationally submitted data the trust reported 183 pathways waiting 104+ weeks at the end of June 2022. In relation to delivering the national 104+ week wait eradication trajectory the trust has recently completed a waiting list validation exercise. The trust is liaising closely with commissioners and NHS England to agree a revised position and clearance trajectory and is expected to end up at around 70 by the end of July.
- Looking at London, of the 13 Trusts reporting 104+ week waits for May 2022 (the most recent national data), Barts Health ranked 13th with 0.19% of the waiting list waiting 104+ weeks or longer compared to a total London performance of 0.03%. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 7th highest volume and proportion of 104+ week wait pathways, but across these top 10 English providers the proportion of 104+ week wait pathways was higher than London at 0.20%.

Diagnostic 6 Week Wait Standard

- For June 22 a performance of 72.7% was recorded, a reduction on May's 73.2%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 91% of all breaches in June 2022.
- Looking at the 18 London acute Trusts, for May 2022 (the most recent national data), Barts Health was the 17th 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 had the 2nd largest waiting list and was the second best performing.

Cancer 62 Days from GP Referral and Faster Diagnosis Standard

- For May 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 63.8% with 112 pathways seen and 41 breaches. The cancer leadership team is working to ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels by March 2023 in line with national requirements.
- The Faster Diagnosis Standard (FDS) requires 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 May 2022 the trust is compliant against all three elements of the standard, achieving 81% at aggregate level against the 75% standard.

Finance

The Trust is reporting a (£14.4m) adverse variance against its breakeven plan for the year to date.

• Income

Income is (£5.5m) adverse against the year to date plan. NHS Patient Treatment income is (£5.0m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance. Allowance for clawback of 75% of ERF Quarter 1 allocations (£5.3m) by the Integrated Care Boards (ICBs) has been assumed in the Trust's position. This reflects elective underperformance against the 104% target for non-specialised activity for the year to date. Other income is (£0.5m) adverse, which is mainly due to reduced private patients activity (£1.0m), other sites and services income shortfalls (£0.9m), offset by an increase in overseas patient and RTA income (£1.5m).

• Expenditure

- Expenditure is (£8.9m) adverse against the year to date plan. Site and Services expenditure is (£19.5m) adverse, primarily due to underachievement against the 3% recurrent efficiency savings target (£9.0m), high cost drugs and devices (£4.1m) and purchase of independent sector activity to support elective recovery (£3.1m). Temporary staffing costs in 2022/23 Quarter 1 reduced from 2021/22 Quarter 4 spend level but remains higher than plan with the key drivers of the adverse variance being increasing non-elective activity pressures, increasing staff sickness absence due to COVID wave and slippage against recurrent efficiency savings plans. Central expenditure is £10.6m favourable which is due to release of non-recurrent benefits and reserves.
- The year to date capital expenditure is £12.7m against a plan of £22.9m, which gives a year to date underspend of £10.2m for exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined underspend £6.5m) due to contractor related delays. The year to date expenditure against the donated programme is £1.4m against a plan of £2.7m resulting in an underspend of £1.3m. This is mainly due to delays in MEH Renal Unit and SBH Breast Cancer Centre schemes.
- Cash balances are broadly in line with the plan at £108.4m, with slippage on the capital programme largely offsetting the impact of the I&E deficit at this stage.

• Key Challenges

The Main challenges to ensure financial plan achievement in 2022/23 include:

- Hyper-inflation pressures in excess of that allowed for within the national tariff cost uplift factor. The Trust is actively engaging with the ICB and other system partners to resolve recurrent funding for these pressures,
- Performance against the Elective Recovery 104% target and any associated funding clawback for underperformance by ICBs and NHSE,
- Ensuring improvements in productivity in order to deliver the 3% efficiency savings target set within Sites and Services budgets,
- Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

People

- **Annualised sickness absence rate** has continued to increase to 5.19% (from 5.16%). In month sick absence for May 2022 was at 4.33%, down from the 4.96% in Mar 2022 but still higher than the same period in 2021 (3.86%). The increase in annualised absence is expected to continue once June is formally reported, with indications than in month absence in June 2022 being higher than June 2021
- **Appraisal rates** – recorded non-medical appraisals rate has reduced to 52.1%, down from 55.0%. With the exception of Newham (which increased from 51% to 53%) all sites showed a reduction. Medical appraisals have remained stable at 92%

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – 330 unconditional offers were made, down from 424 in May 2022 and reflective of the volume of overall work, including advertising, where 1,397 WTE worth of adverts were placed in the month.
- The Trust's substantive staff fill rate remained at 90.3%. This is driven by a small increase in staff in post of 10 WTE and an increase in budgeted establishment of 29 WTE
- **Turnover** – annualised voluntary turnover has increased to 13.5% this month from 13.3%. Across the group we are seeing continued increases at Whipps Cross Hospital, St Bart's Hospital, Royal London Hospital, GSS and Newham Hospital with only Pathology Partnership showing a reduction.
- **Temporary staffing** – temporary staffing usage reduced by 93 WTE compared to May, with a reduction of 34 WTE agency and 59 WTE bank. The proportion of temporary staff as part of the workforce reduced from 14.2% to 13.8% whilst spend on temporary staff as a proportion of pay budget slightly reduced from 16.2% to 15.8%.
- In month spend on agency for May was £4.5m and for bank was £10.9m



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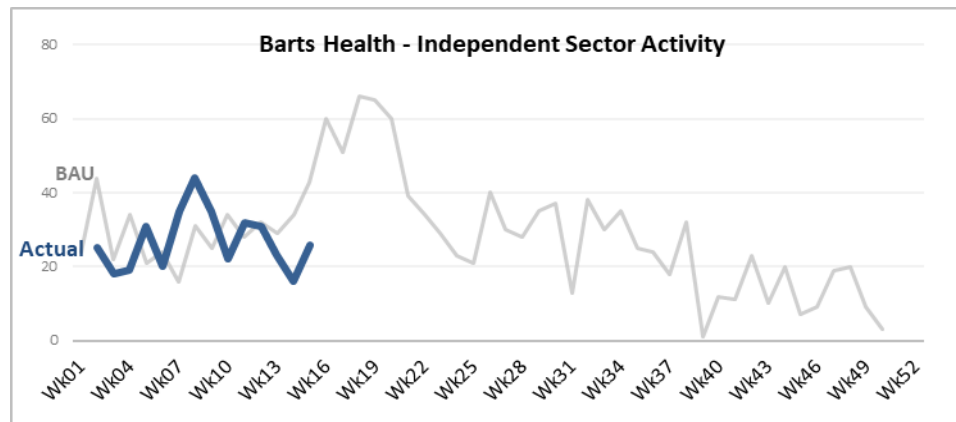
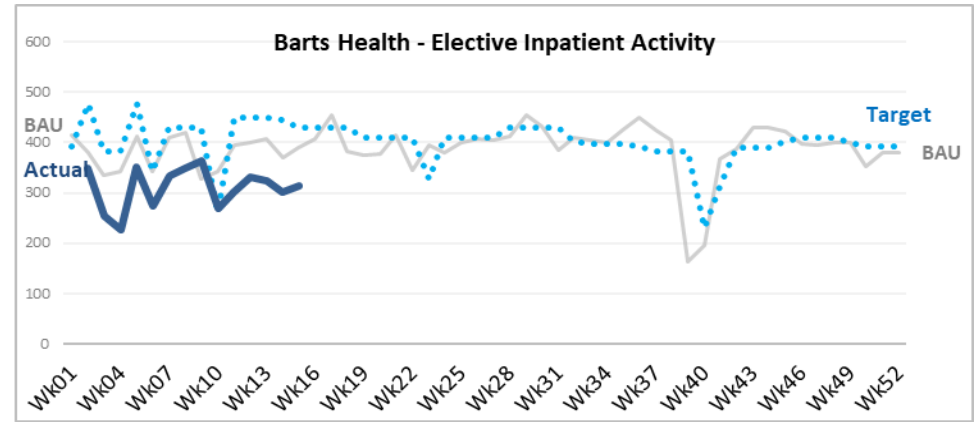
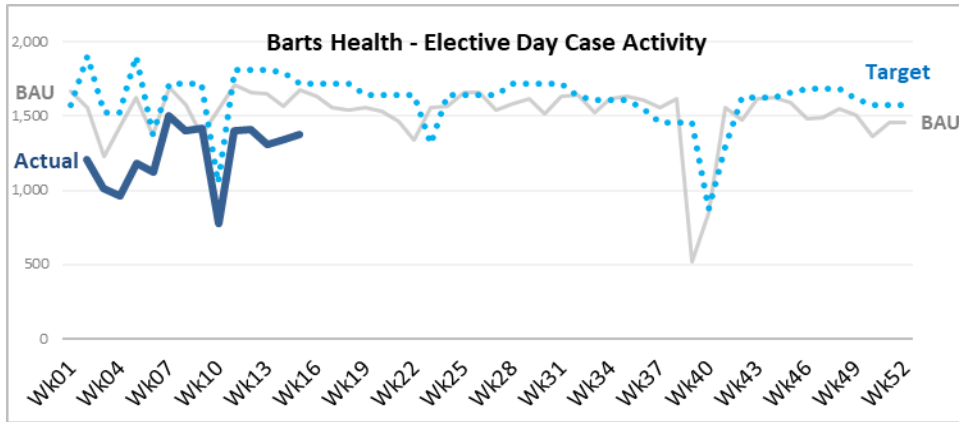
Covid-19 Monitoring and Recovery Report



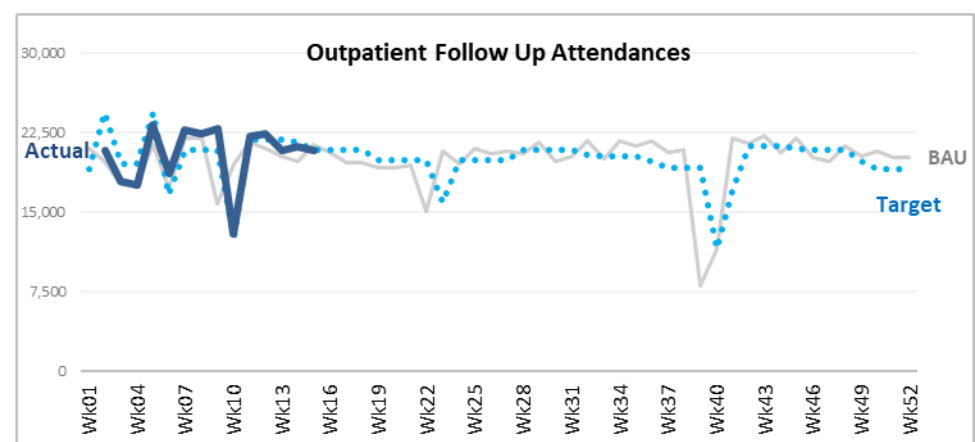
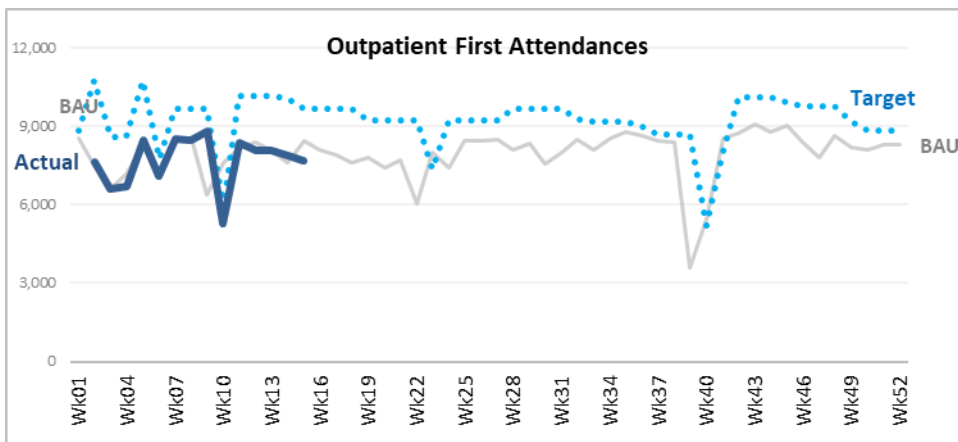
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
 Week Beginning 2022-07-20



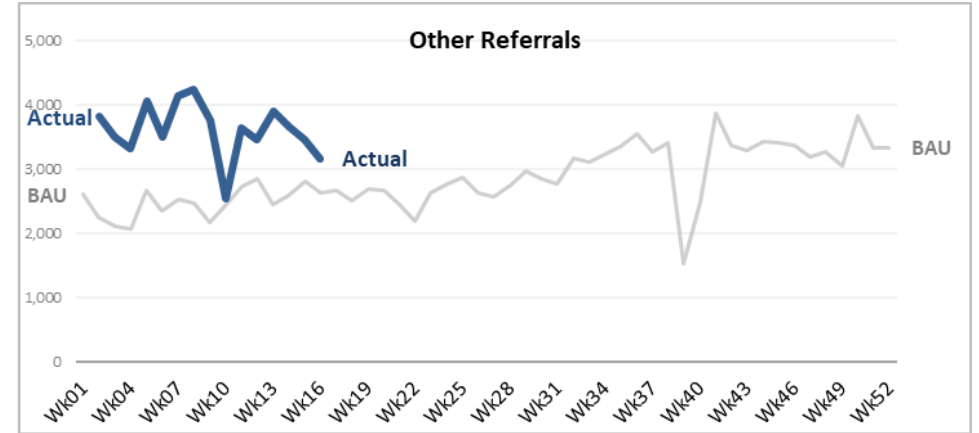
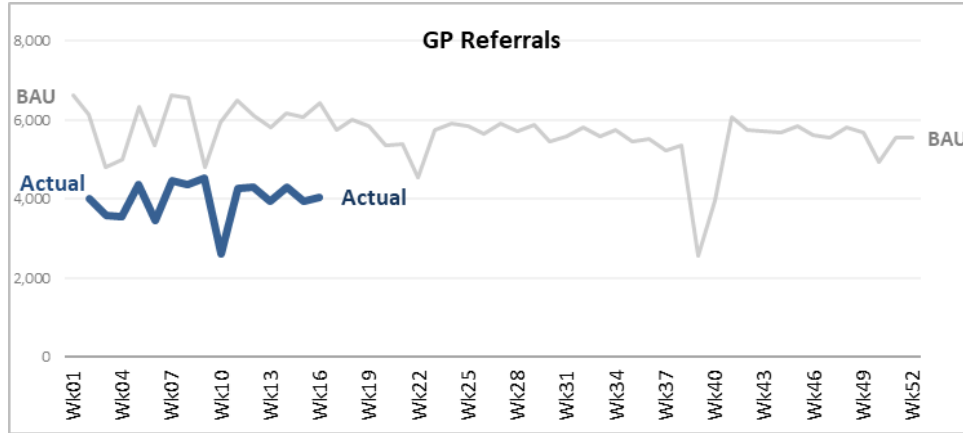
Elective Activity



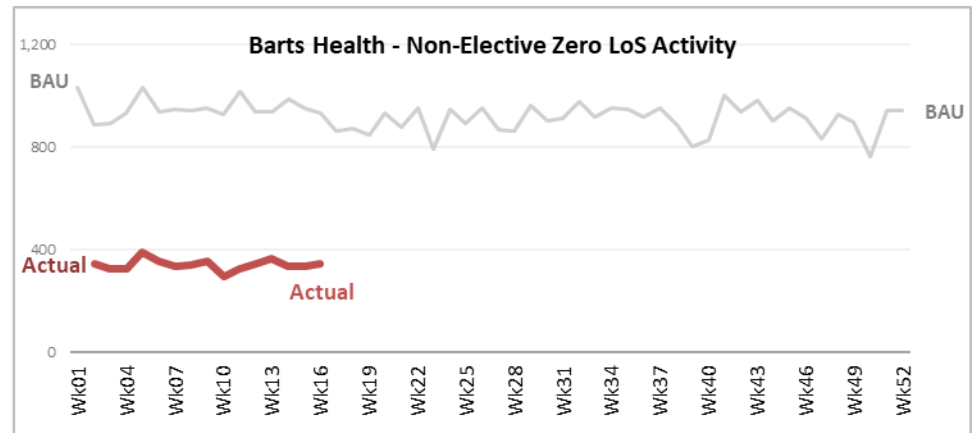
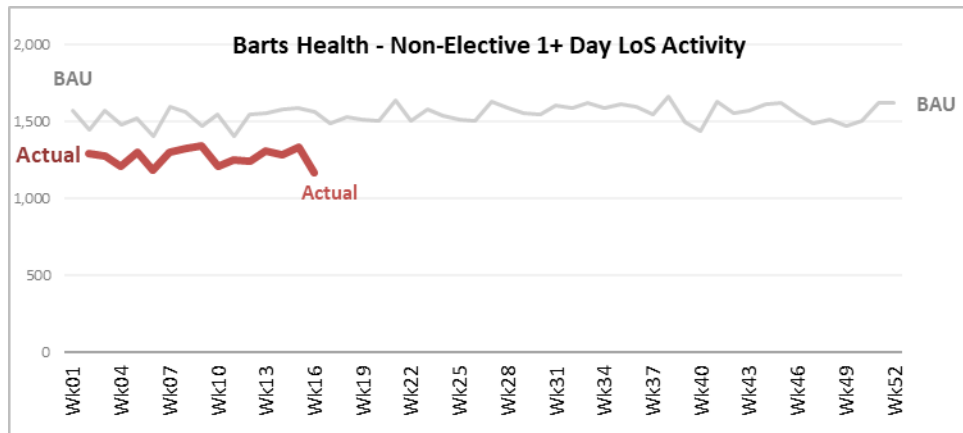
Outpatient Activity



Referrals Activity

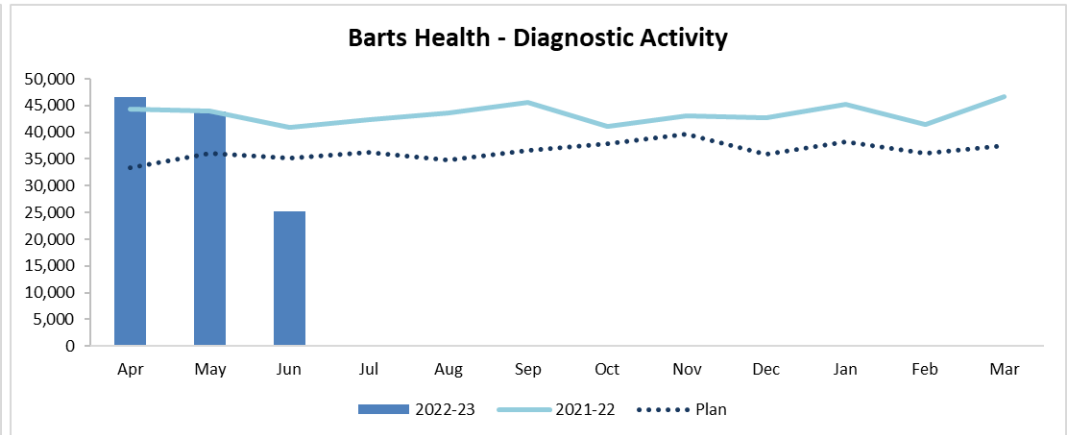
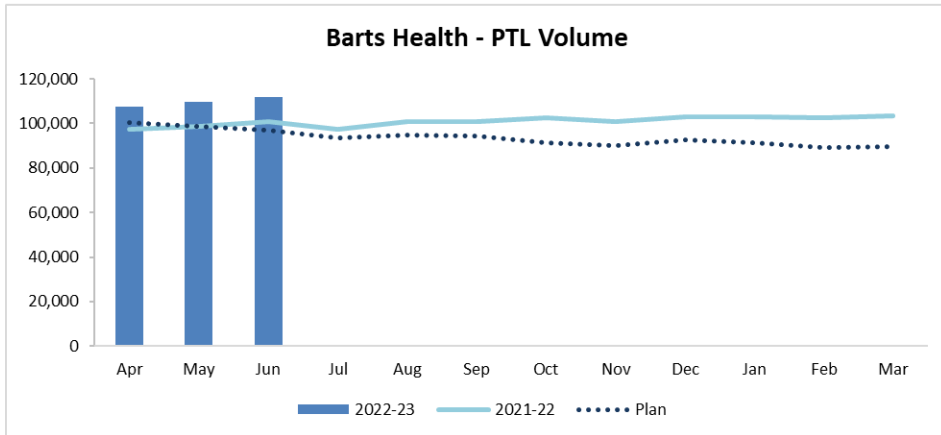
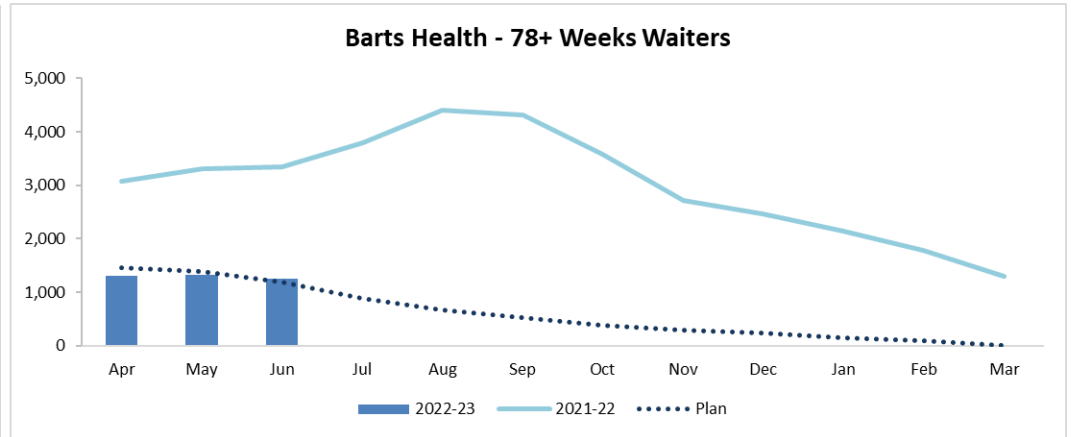
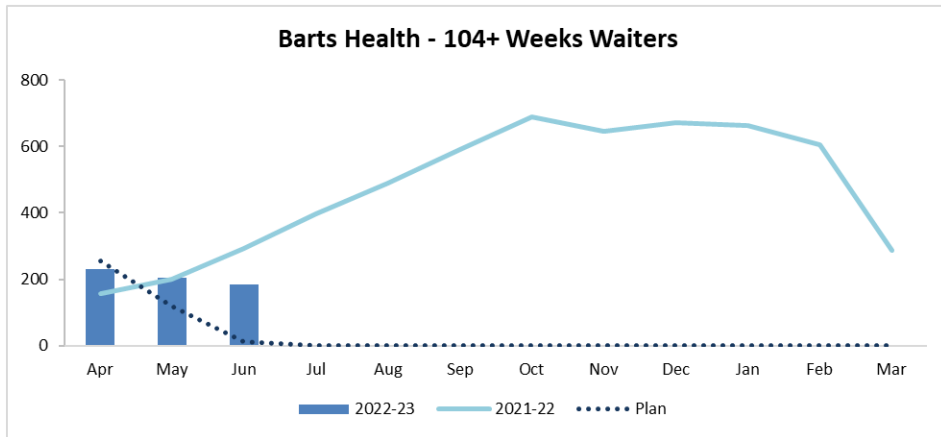


Non-Elective Activity



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

Barts Health						Last Month's Site Position				
Setting	Reporting Period	Mar-2022	Apr-2022	May-2022	Jun-2022	Royal London	Whipps Cross	Newham	St Bart's	Other
PTL Activity	78+ Weeks Waiters	1,306	1,309	1,330	1,261	865	291	74	28	3
	104+ Weeks Waiters	287	232	205	183	123	30	6	24	0
DM01	Diagnostic Activity	45,268	41,459	46,618	43,900	1,096	869	336	5,125	36,474
	Endoscopy	1,983	1,614	2,164	1,902	965	603	334	0	0
	Imaging	38,941	36,013	40,161	38,289	131	266	2	1,416	36,474
	Echocardiography	4,344	3,832	4,293	3,709	0	0	0	3,709	0
	<i>Equivalent Month Position Last Year</i>	39,715	39,813	42,745	44,351	1,554	815	393	5,899	35,690





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Quality & Performance Report

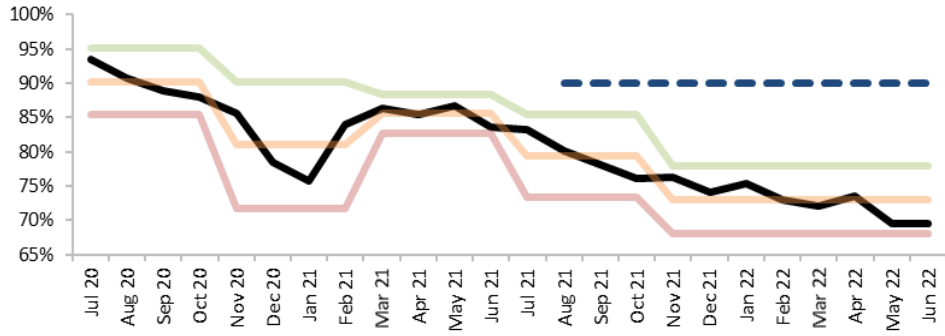


Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health	
A&E 4 Hours Waiting Time	●			Jun-22 (m)	>= 630%	69.6%	69.5%	70.8%	66.2%	73.1%	70.5%	-	-	69.5%	
A&E 12 Hours Waiting Time		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Ambulance Handover - Over 60 mins		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Ambulance Handover - Within 15 mins		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Ambulance Handover - Within 30 mins		●	●	-	-	-	-	-	-	-	-	-	-	-	●
Cancer 62 Days From Urgent GP Referral	●		●	May-22 (m)	>= 595%	67.7%	67.0%	67.4%	61.1%	76.0%	28.0%	72.7%	-	67.0%	
Cancer 31 Day Diagnosis to First Treatment	●	●	●	May-22 (m)	>= 672%	98.4%	96.9%	97.6%	93.1%	98.6%	100.0%	97.5%	-	96.9%	●
Cancer 28 Day FDS Breast Symptomatic		●	●	May-22 (m)	-	98.1%	99.4%	98.8%	-	100.0%	100.0%	98.5%	-	99.4%	●
Cancer 28 Day FDS Screening		●	●	May-22 (m)	-	93.5%	89.1%	90.9%	89.5%	33.3%	95.8%	-	-	89.1%	●
Diagnostic Waits Over 6 Weeks	●	●		Jun-22 (m)	>= 665%	73.2%	72.8%	72.3%	55.6%	84.9%	99.8%	75.6%	-	72.8%	
78+ Week RTT Breaches				Jun-22 (m)	1192	1,330	1,261		865	291	74	28	3	1,258	
104+ Week RTT Breaches				Jun-22 (m)	12	205	183		123	30	6	24	-	183	
Completeness of Ethnicity Recording				Jun-22 (m)		95.4%	95.2%	-	93.8%	95.9%	98.3%	93.4%	-	95.2%	

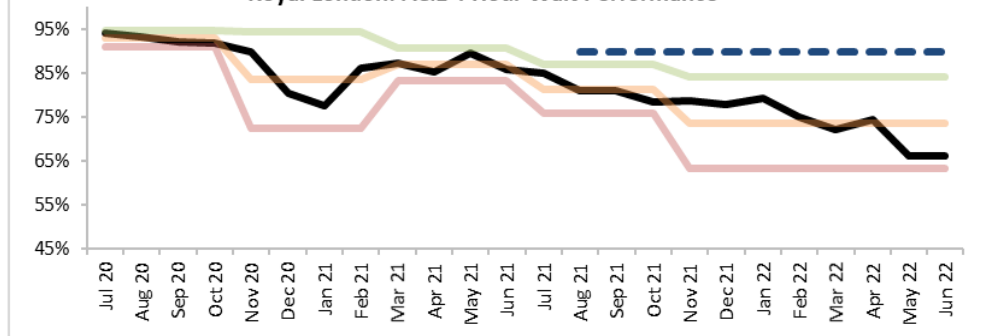
Note to table:

- 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

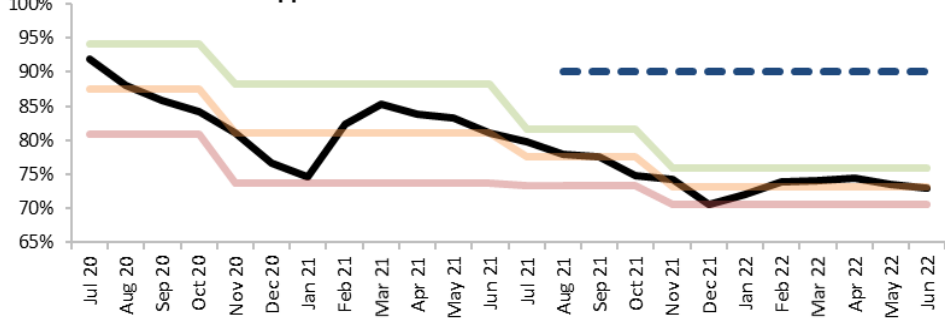
Barts Health: A&E 4 Hour Wait Performance



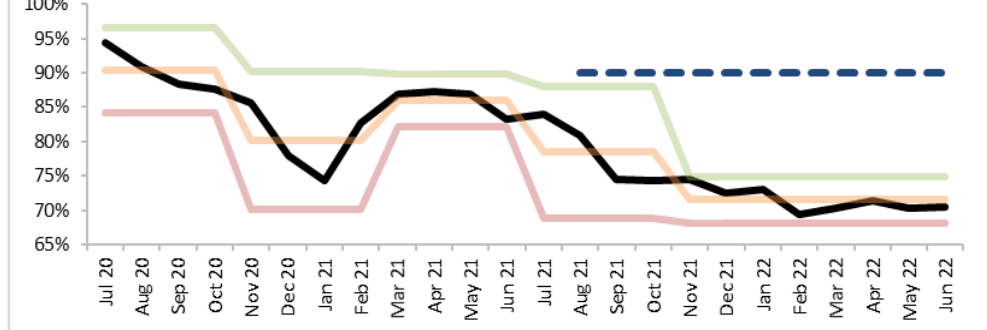
Royal London: A&E 4 Hour Wait Performance



Whipps Cross: A&E 4 Hour Wait Performance

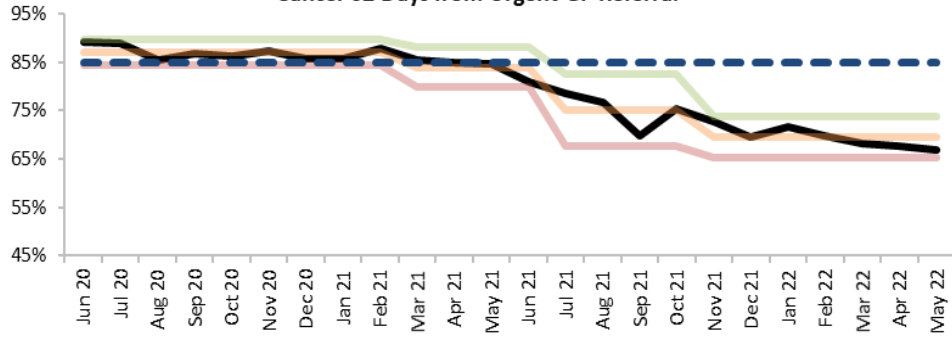


Newham: A&E 4 Hour Wait Performance



Cancer 62 Days From Urgent GP Referral & Faster Diagnosis Standard

Cancer 62 Days from Urgent GP Referral



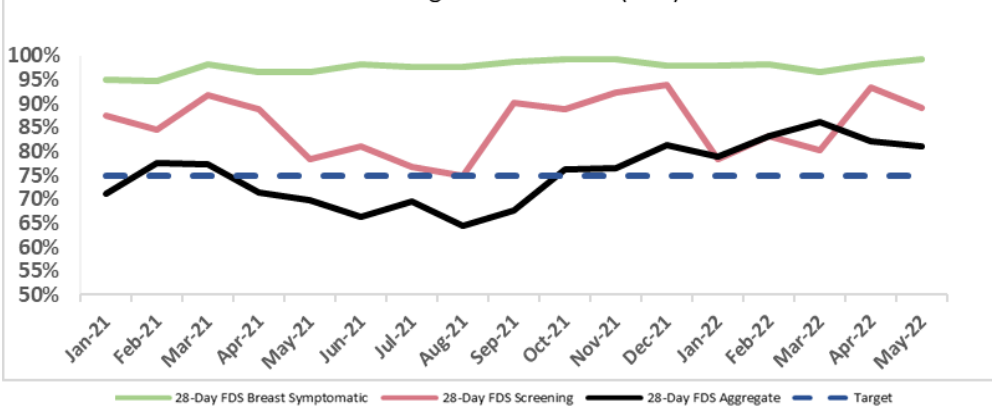
Breakdown by Tumour Sites Failing Standard - May-22

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	106	35	67.0%
Urological	27.5	16	41.8%
Gynaecological	4	2	50.0%
Upper Gastrointestinal	4.5	2	55.6%
Head and Neck	8	3.5	56.3%
Breast	23.5	7.5	68.1%
Lower Gastrointestinal	8.5	2.5	70.6%

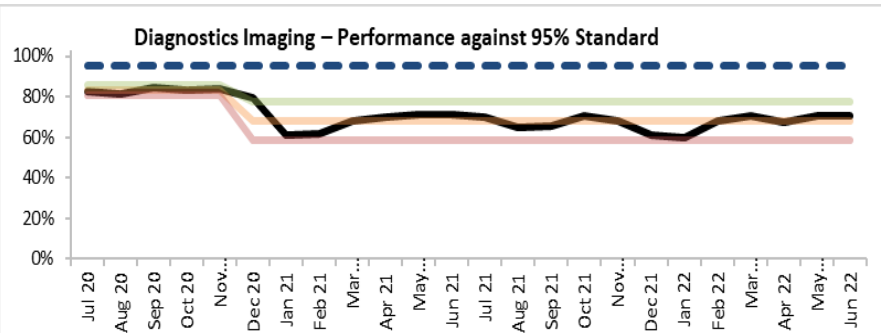
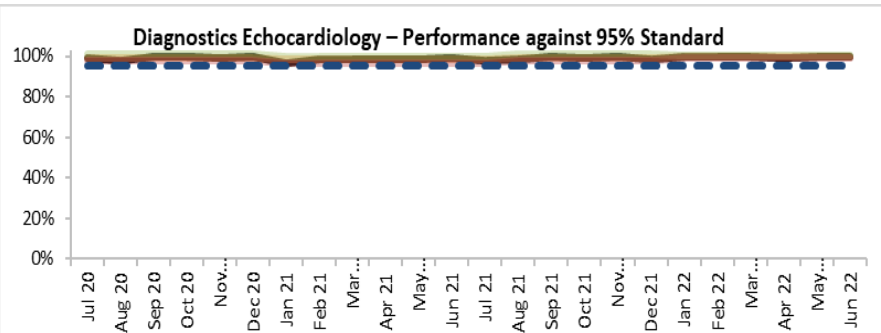
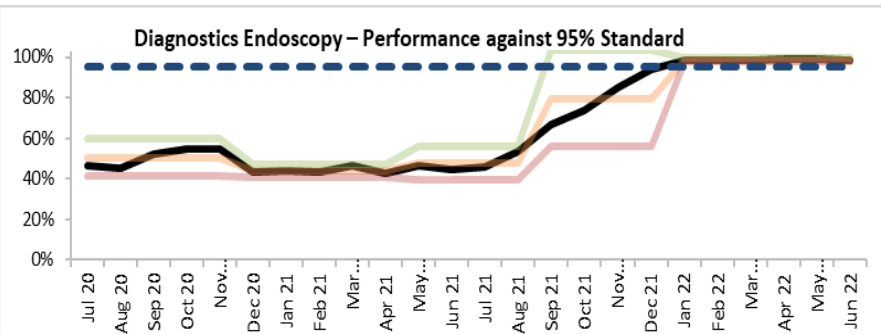
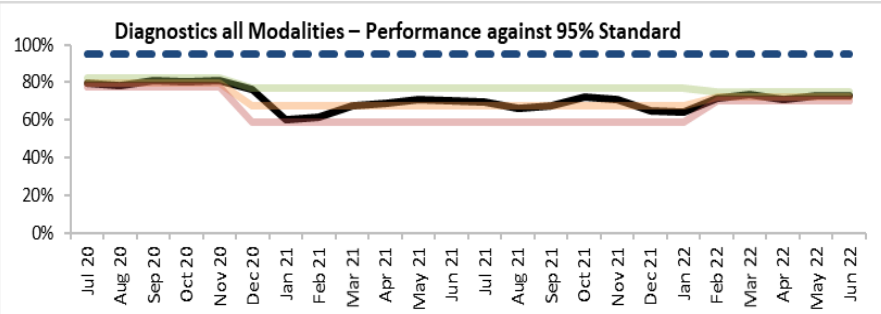
Breakdown by Internal/External Pathways - May-22

Internal / External	Start Site	End Site	Seen	Breaches	Performance	
Internal	Royal London	Royal London	6	1	83.3%	
		St Bart's	3	0	100.0%	
	Whipps Cross	Royal London	4	1	75.0%	
		Whipps Cross	39	7	82.1%	
		Newham	1	1	0.0%	
	Newham	St Bart's	9	4	55.6%	
		Whipps Cross	2	1	50.0%	
		Newham	7	5	28.6%	
		St Bart's	7	5	28.6%	
		St Bart's	16	3	81.3%	
Transfer In	Basildon	St Bart's	0.5	0	100.0%	
	Homerton	Royal London	6	3	50.0%	
		St Bart's	1	0	100.0%	
	King George	Royal London	0.5	0.5	0.0%	
Transfer Out	Queen's	Royal London	1	1	0.0%	
		St Bart's	0.5	0	100.0%	
	Southend	Royal London	0.5	0.5	0.0%	
	Royal London	UCLH	0.5	0.5	0.0%	
	Whipps Cross	UCLH	1	1	0.0%	
	Newham	UCLH	0.5	0.5	0.0%	
	Grand Total			106	35	67.0%

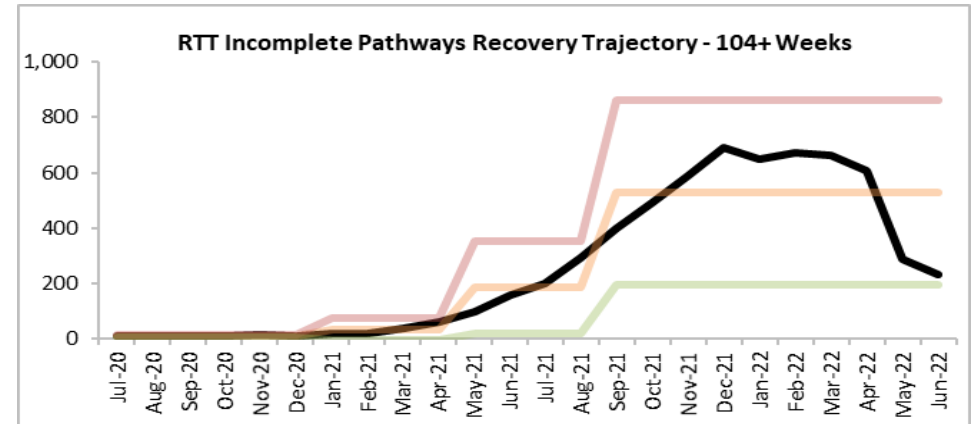
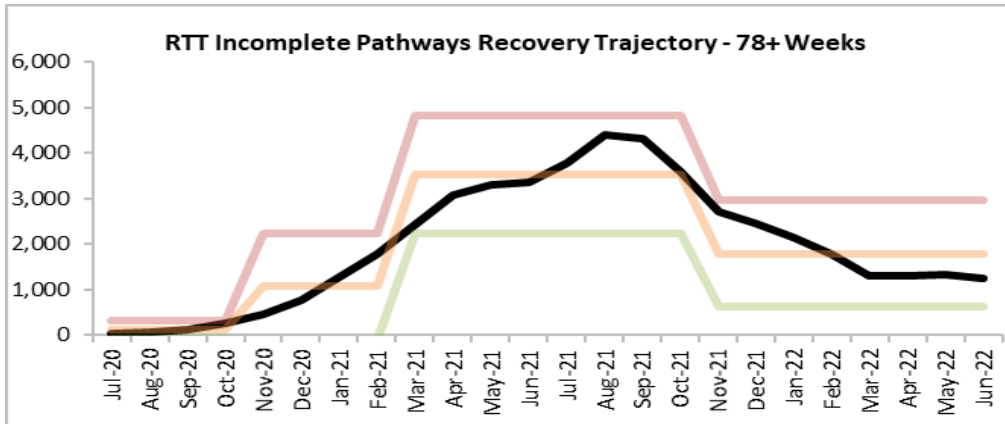
Cancer Faster Diagnosis Standard (FDS) Metrics



Diagnostic Waits Over 6 Weeks



Test Name	DM01 Breakdown by Test						
	May-22			Jun-22			
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	Variance in Performance
Barium Enema	0	0	100.0%	2	2	0.0%	-100.0%
Audiology - Audiology Assessments	1,232	490	60.2%	1,350	827	38.7%	-21.5%
Magnetic Resonance Imaging	9,423	5,017	46.8%	8,699	4,493	48.4%	1.6%
Neurophysiology - peripheral neurophysiology	98	56	42.9%	64	32	50.0%	7.1%
DEXA Scan	1,444	471	67.4%	1,509	611	59.5%	-7.9%
Urodynamics - pressures & flows	42	2	95.2%	43	14	67.4%	-27.8%
Computed Tomography	5,175	1,446	72.1%	4,915	1,387	71.8%	-0.3%
Non-obstetric ultrasound	15,000	2,307	84.6%	15,077	2,410	84.0%	-0.6%
Cystoscopy	161	13	91.9%	184	26	85.9%	-6.1%
Gastroscopy	686	1	99.9%	606	2	99.7%	-0.2%
Cardiology - echocardiography	2,534	2	99.9%	2,650	1	100.0%	0.0%
Flexi sigmoidoscopy	165	0	100.0%	144	0	100.0%	0.0%
Respiratory physiology - sleep studies	33	1	97.0%	48	0	100.0%	3.0%
Colonoscopy	647	1	99.8%	686	0	100.0%	0.2%
Cardiology - Electrophysiology	7	0	100.0%	0	0	100.0%	0.0%
Grand Total	36,647	9,807	73.2%	35,977	9,805	72.7%	-0.5%



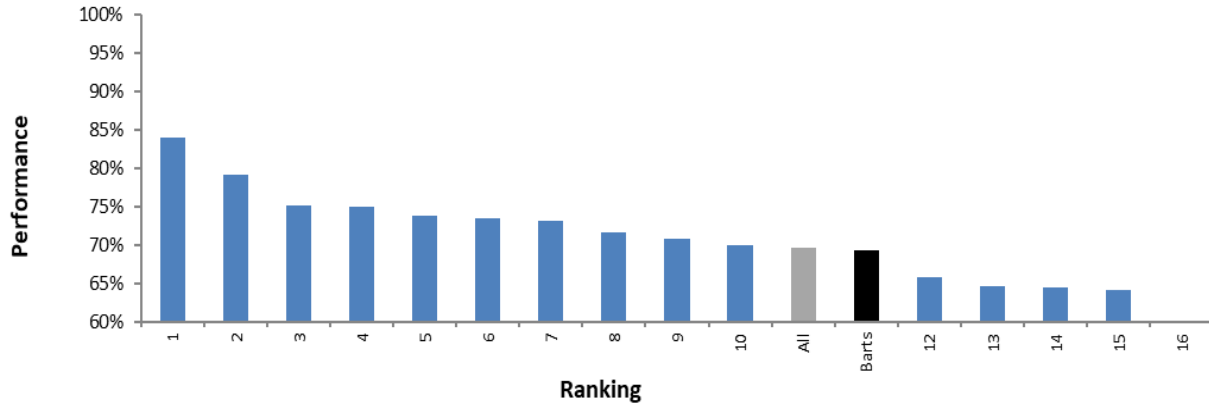
78+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)

Specialty Name	Actual
ENT	220
Trauma & Orthopaedics	179
Colorectal Surgery	159
Urology	114
General Surgery	72
Gynaecology	70
Paediatric Dentistry	59
Oral Surgery	43
Paediatric Ear Nose And Throat	39
Plastic Surgery	38

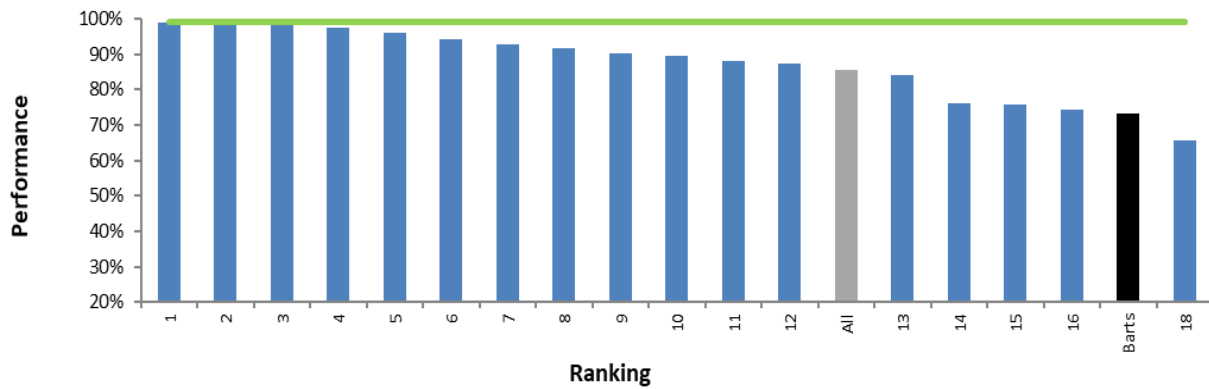
104+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)

Specialty Name	Actual
ENT	27
Pain Management	18
Trauma & Orthopaedics	14
Allergy	13
Gynaecology	13
Colorectal Surgery	11
Urology	11
Plastic Surgery	11
General Surgery	10
Paediatrics	7

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



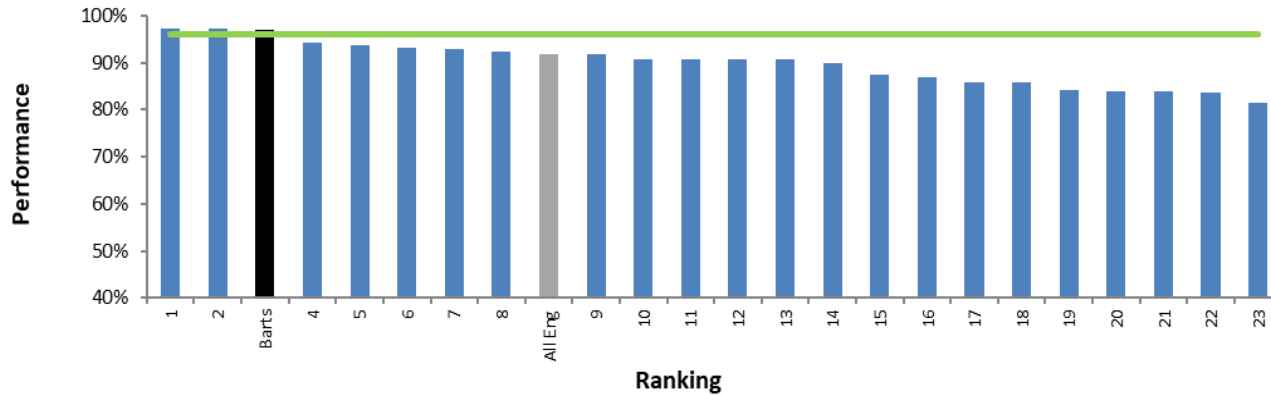
Diagnostic Waits Over 6 Weeks Performance Against General & Acute London Trusts (May-22)



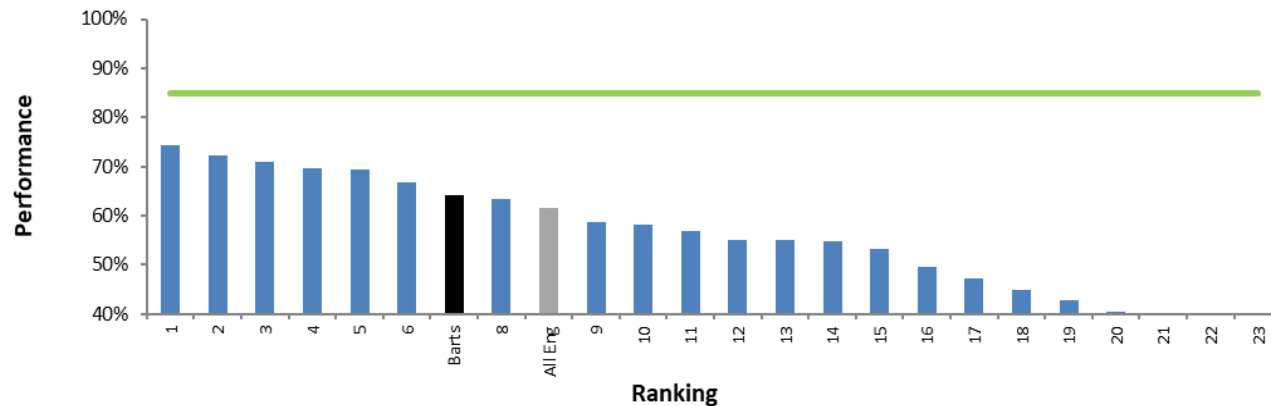
Cancer 2 Week Wait Performance Against Teaching Trusts (May-22)



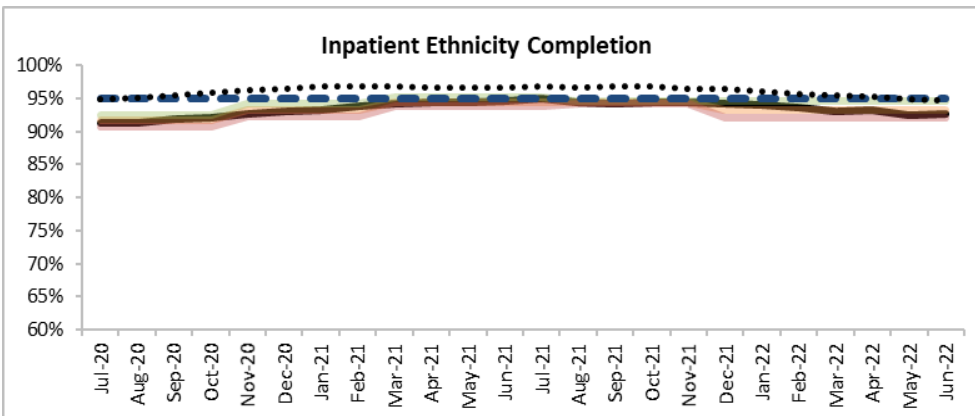
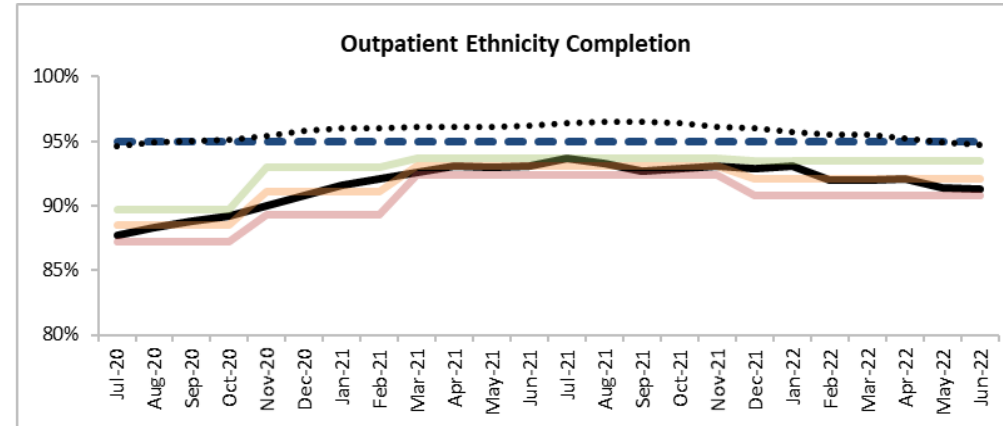
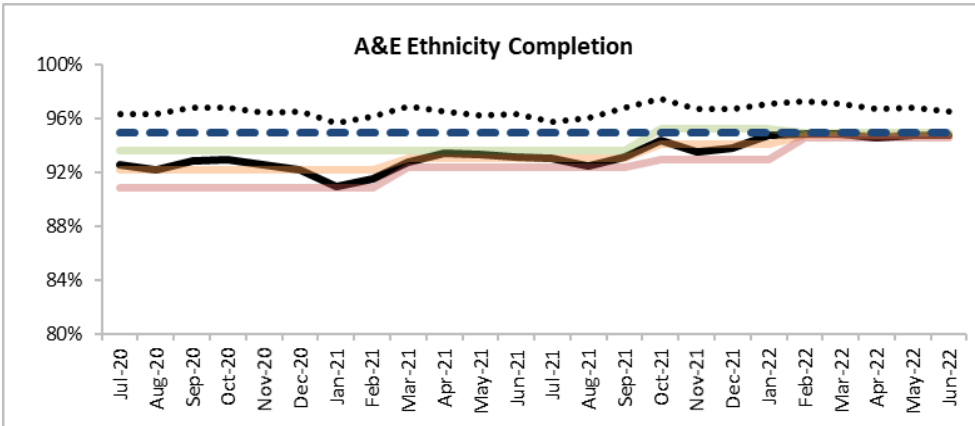
Cancer 31 Days from Diagnosis to Treatment Performance Against Teaching Trusts (May-22)



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



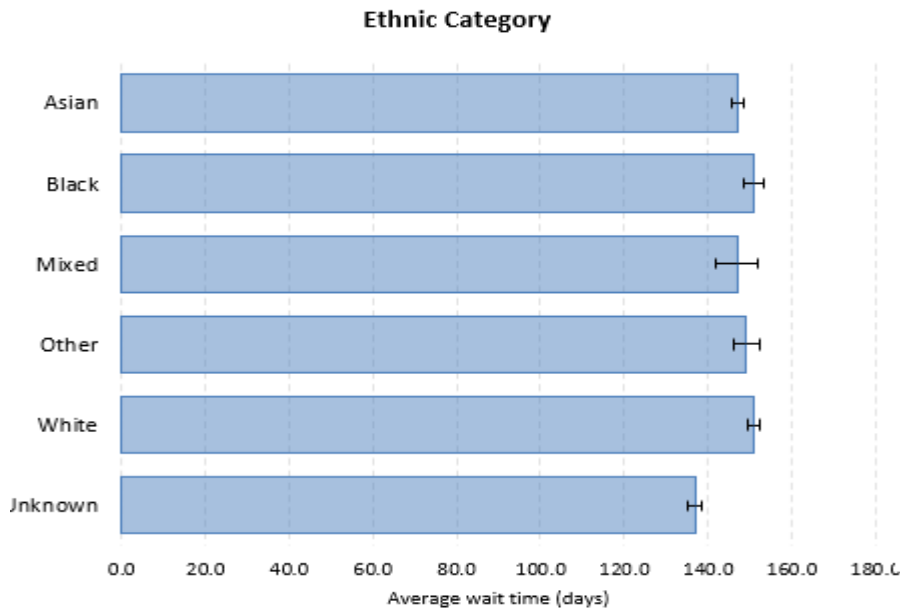
Ethnicity Recording by Activity Type



Site	A&E	Inpatient	Outpatient
Royal London	95.8%	89.9%	89.7%
Whipps Cross	93.2%	93.7%	90.7%
Newham	94.9%	95.4%	95.2%
St Bart's	-	95.5%	92.4%
Trust	94.8%	92.7%	91.3%

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

Equity - Wait Times By Ethnicity



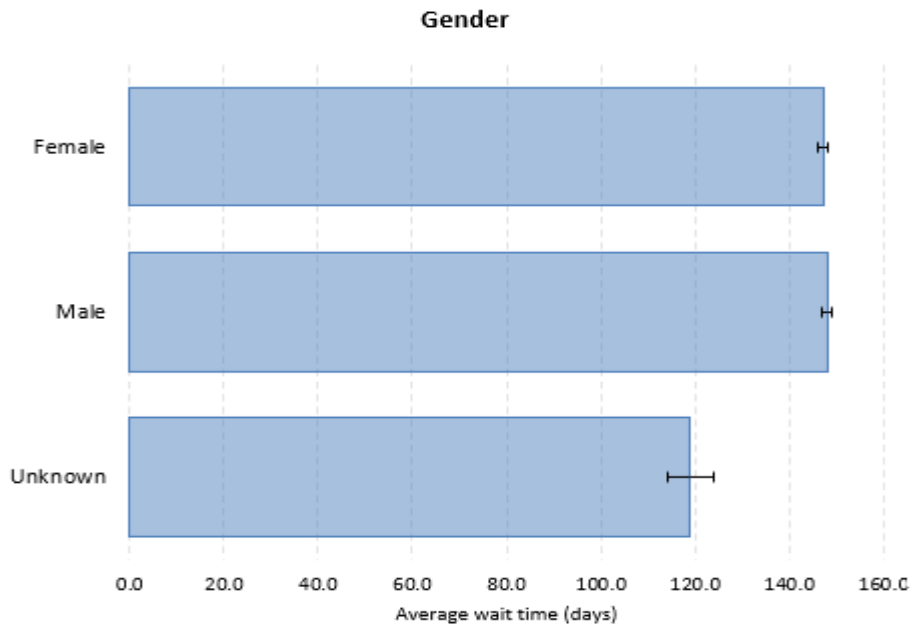
Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	4,869,497	33,122
Black	1,949,746	12,914
Mixed	365,782	2,489
Other	988,314	6,620
White	5,814,688	38,521
Unknown	2,608,423	19,053

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	147.0	145.7	148.4
Black	151.0	148.7	153.3
Mixed	147.0	142.1	151.8
Other	149.3	146.3	152.3
White	150.9	149.6	152.2
Unknown	136.9	135.2	138.6
Grand Total	147.2		

Equity – Wait Times by Gender



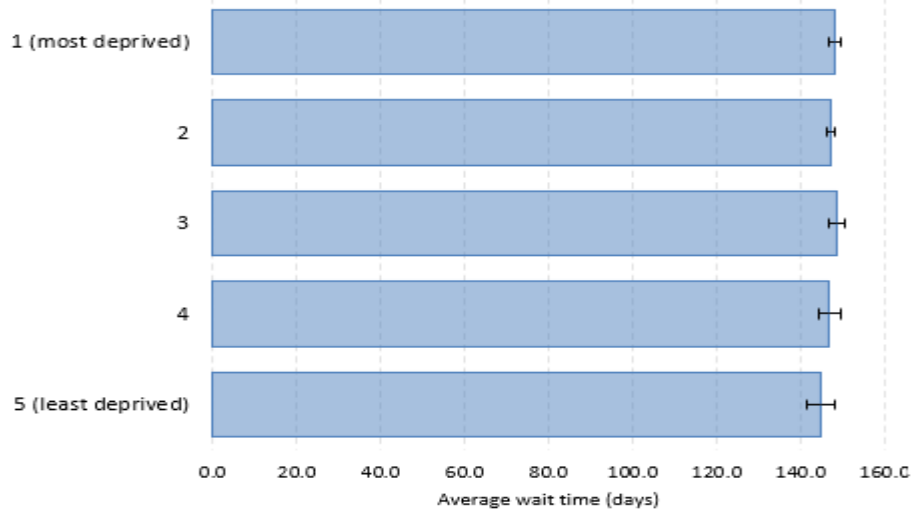
Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	9,122,390	61,916
Male	7,280,130	49,174
Unknown	193,930	1,629

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper
Female	147.3	146.3	148.3
Male	148.0	146.9	149.2
Unknown	119.0	114.0	124.1
Grand Total	147.2		

Index of Multiple Deprivation (IMD) Quintile



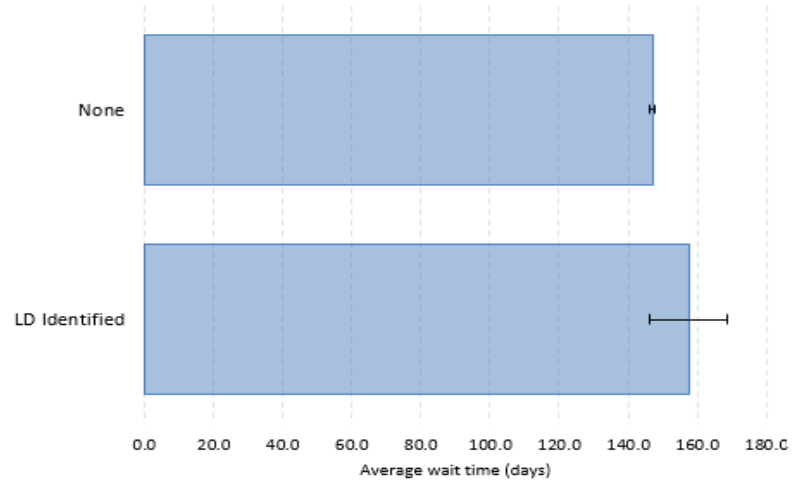
Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,042,001	27,287
2	7,590,756	51,525
3	2,644,055	17,785
4	1,350,831	9,195
5 (least deprived)	788,117	5,439

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	148.1	146.6	149.6
2	147.3	146.2	148.4
3	148.7	146.8	150.6
4	146.9	144.3	149.5
5 (least deprived)	144.9	141.6	148.2
Grand Total	147.6		

Learning Disability



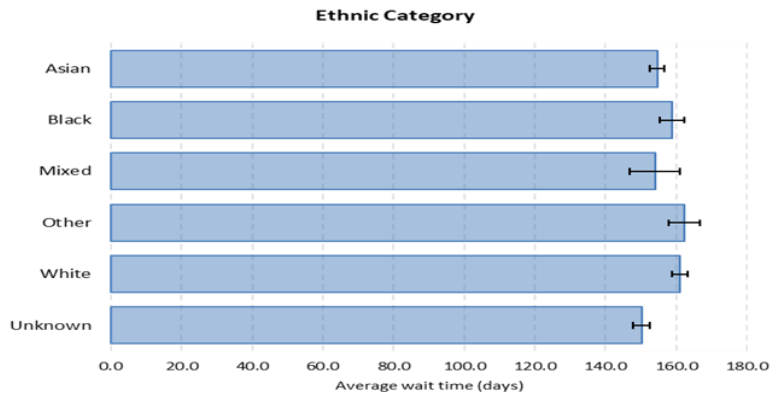
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	16,504,013	112,132
LD Identified	92,437	587

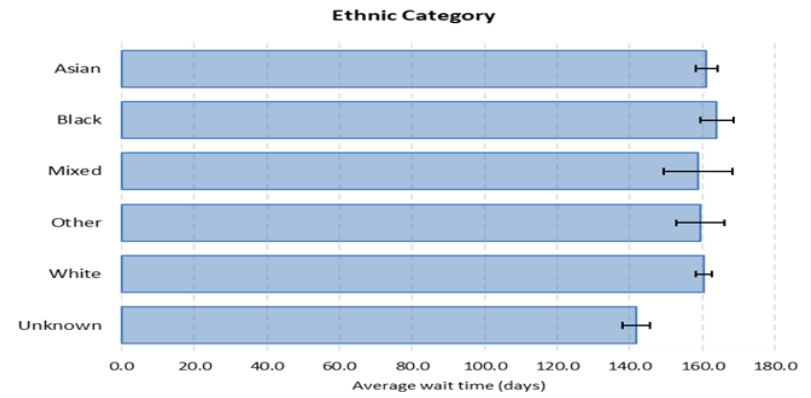
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper
None	147.2	146.4	147.9
LD Identified	157.5	146.1	168.8
Grand Total	147.2		

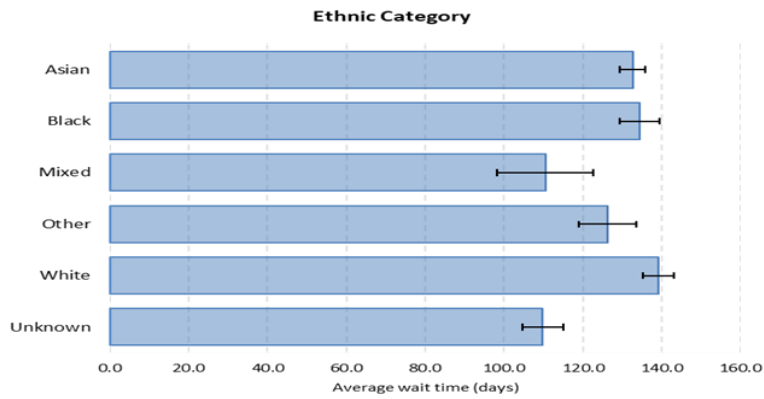
Royal London



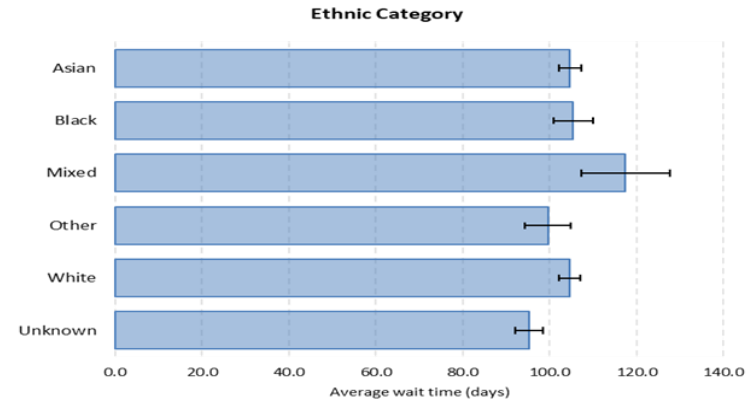
Whipps Cross



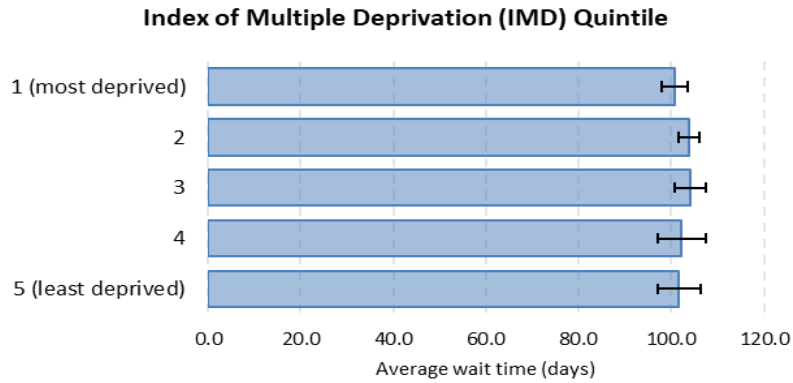
Newham



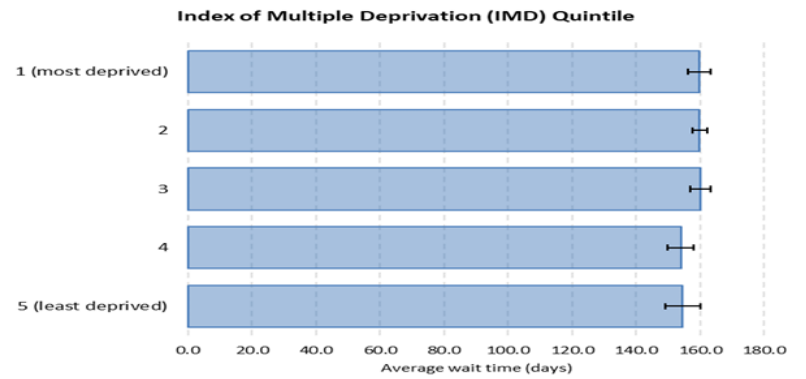
St Bart's



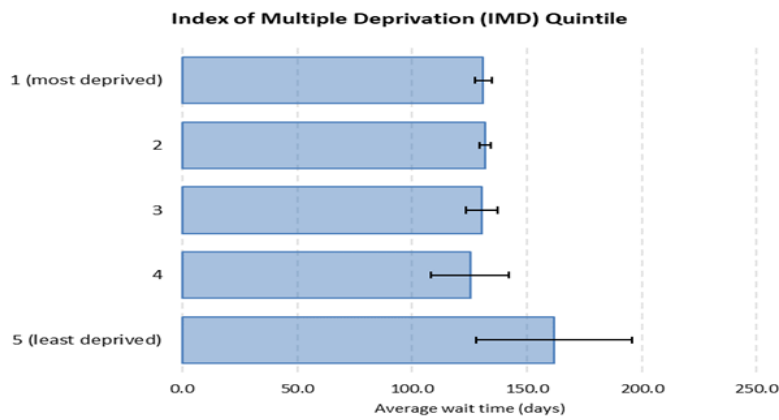
Royal London



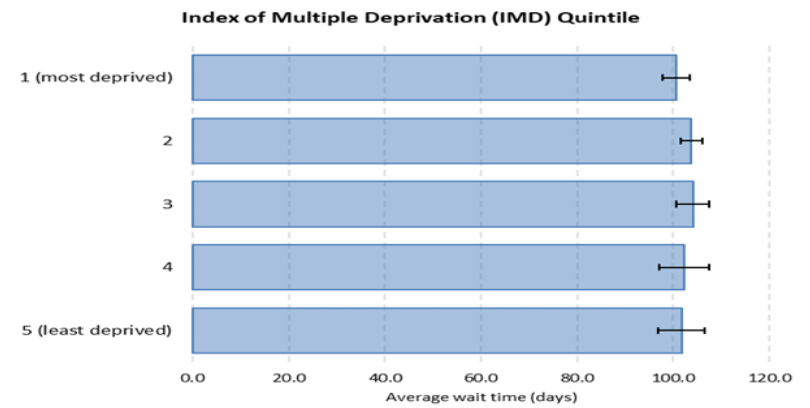
Whipps Cross



Newham

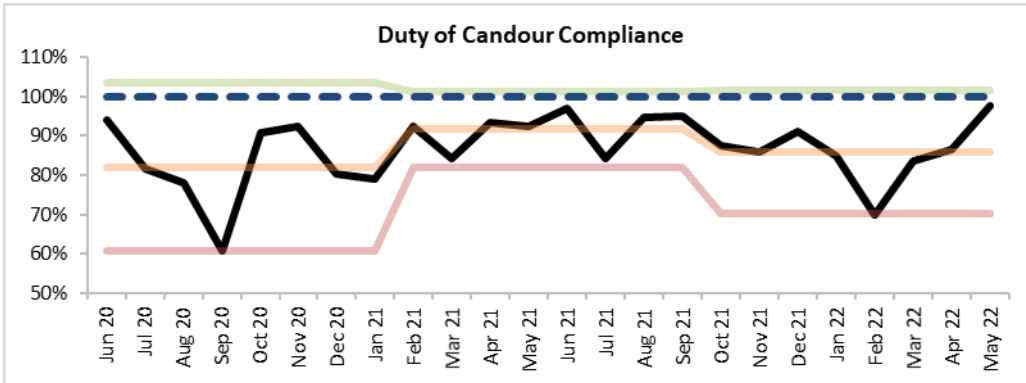


St Bart's



	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	●			Jun-22 (m)	<= 0	15	20	60	1	5	14	0	-	
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2021/22 Q4 (q)	SPC Breach	24.8	23.6	23.6	27.2	43.2	32.9	12.4	-	
	C1	FFT Recommended % - Inpatients	●	●		May-22 (m)	>= 95%	90.0%	90.5%	90.3%	87.5%	93.1%	84.5%	93.7%	-	
	C2	FFT Recommended % - A&E	●			May-22 (m)	>= 86%	59.7%	60.8%	60.3%	55.3%	70.5%	53.2%	-	-	
	C3	FFT Recommended % - Maternity	●			May-22 (m)	>= 96%	92.7%	94.1%	93.5%	66.7%	93.4%	97.4%	-	-	
	C20	FFT Response Rate - Inpatients	●	●		May-22 (m)	>= 23%	26.7%	27.3%	27.0%	21.7%	40.6%	16.0%	30.7%	-	
	C21	FFT Response Rate - A&E	●			May-22 (m)	>= 12%	8.0%	7.4%	7.7%	7.2%	9.8%	5.5%	-	-	
	C22	FFT Response Rate - Maternity	●			May-22 (m)	>= 17.5%	15.4%	19.5%	17.5%	1.4%	45.8%	17.0%	-	-	
	OH4	CQC Inpatient Survey	●			2020/21 (y)	>= 85%	84.0%	85.0%	85.0%	87.0%	81.0%	75.0%	93.0%	-	
Service User Support	R78	Complaints Replied to in Agreed Time	●	●		Jun-22 (m)	>= 85%	76.0%	85.9%	78.9%	89.8%	89.7%	63.6%	100.0%	-	●
	R30	Duty of Candour	●			May-22 (m)	>= 100%	86.4%	97.6%	91.9%	100.0%	91.7%	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	41	42	97.6%
Royal London	17	17	100.0%
Whipps Cross	11	12	91.7%
Newham	9	9	100.0%
St Bart's	4	4	100.0%

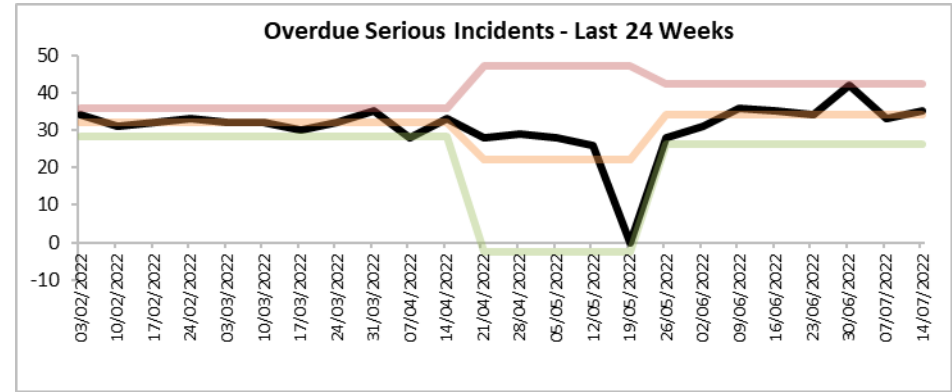
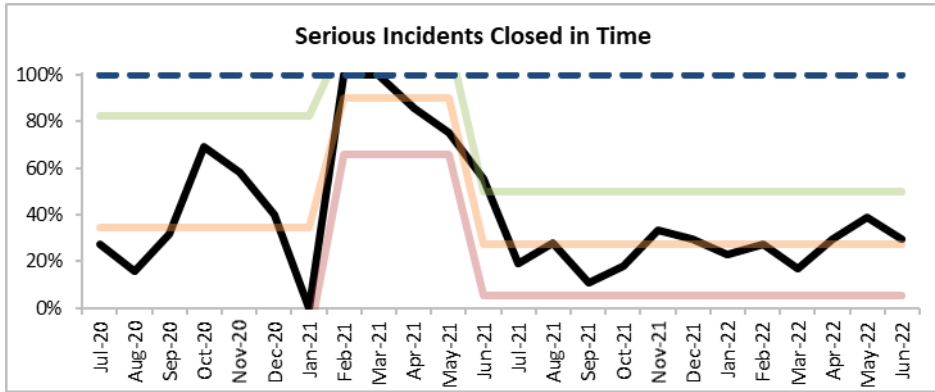
Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	84.7%	98.5%	98.5%	94.6%	93.9%
This Period	97.6%	100.0%	92.9%	100.0%	95.2%

	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	
Infection Control	S10	Clostridium difficile - Infection Rate	●			Jun-22 (m)	<= 16	17.6	14.9	19.9	10.9	6.2	19.2	48.6	-	
	S11	Clostridium difficile - Incidence	●			Jun-22 (m)	<= 7	11	9	36	3	1	2	3	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Jun-22 (m)	<= 0	1	1	2	1	0	0	0	0	
	S77	MSSA Bacteraemias				Jun-22 (m)	SPC Breach	11	10	34	5	2	0	3	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●		●	Jun-22 (m)	<= 9	29	33	77	10	6	9	8	0	
Incidents	S3	Never Events	●			Jun-22 (m)	<= 0	1	1	3	0	0	0	1	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●		●	Jun-22 (m)	<= 0.9%	1.6%	2.3%	1.8%	1.9%	1.0%	3.3%	5.5%	-	
	S45	Falls Per 1,000 Bed Days	●	●		Jun-22 (m)	<= 4.8	3.5	3.6	3.5	3.9	3.3	2.2	5.2	-	
	S25	Medication Errors - Percentage Causing Harm	●			Jun-22 (m)	<= 4%	3.7%	4.8%	3.4%	4.6%	4.8%	7.0%	3.6%	-	●
	S49	Patient Safety Incidents Per 1,000 Bed Days				Jun-22 (m)	SPC Breach	48.9	49.6	49.8	37.2	62.7	55.3	57.9	-	
	S53	Serious Incidents Closed in Time	●			Jun-22 (m)	>= 100%	38.9%	29.4%	32.7%	40.0%	0.0%	66.7%	50.0%	-	●

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

	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	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●			Jun-22 (m)	<= 0.6	1.1	0.7	1.1	0.5	0.7	1.2	1.1	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Jun-22 (m)	SPC Breach	0.2	0.1	0.1	0.2	0.0	0.3	0.0	-	
	S17	Emergency C-Section Rate				May-22 (m)	-	21.3%	21.2%	21.3%	23.3%	19.4%	20.7%	-	-	
	S27	Patient Safety Alerts Overdue	●	●		Jun-22 (m)	<= 0	1	0	0	-	-	-	-	-	
Assess & Prevent	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	26	7
Obstetrics	14	3
Treatment	12	3

Overdue Serious Incidents - Top 5 Categories as at 14/07/2022

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	8	21	3	51
Treatment	8	13	1	45
Obstetrics	6	27	2	75
Medication	3	29	3	52
Patient Falls	2	98	50	146
Infection Control	2	28	27	29

	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	
Mortality	E1	Summary Hospital-Level Mortality Indicator	●			May-22 (m)	<= 100	96	96	96	94	102	106	82	-	
	E3	Risk Adjusted Mortality Index	●	●		Apr-22 (m)	<= 100	90	90	90	92	92	87	81	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●	●		Jun-22 (m)	<= 0.51	0.58	0.74	0.68	0.59	0.79	1.29	0.64	-	

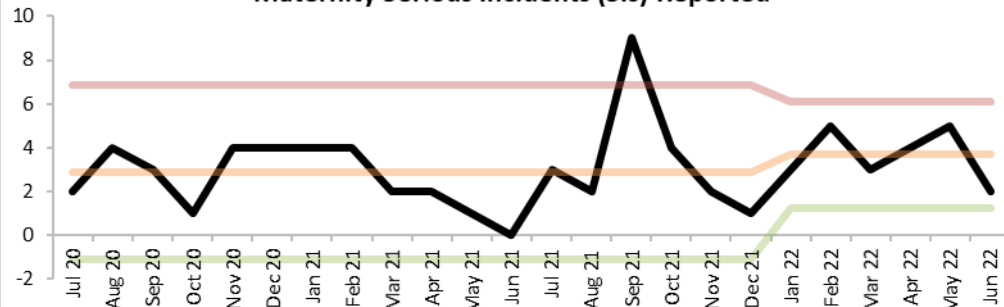
Summary Hospital-Level Mortality Indicator and Risk Adjusted Mortality Index: these metrics are adjusted for Covid-19 (i.e. confirmed or suspected cases of Covid-19 are not included).

Barts Health

Category	Metric	RAG Rating			2020/21 Q4	2021/22 Q1	2021/22 Q2	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		RED	AMBER	GREEN									
Births	Total number of babies born				3,375	3,632	3,861	1,225	1,212	1,254	1,123	1,127	1,213
Neonatal Morbidity	Rate of HIE (hypoxic-ischaemic encephalopathy)				0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.0%	0.3%	0.1%
Neonatal Morbidity	Total still births				20	18	20	4	5	3	9	9	5
Workforce	1:1 care in established labour	<90%	90-94%	>=95%	98.3%	96.9%	97.1%	97.3%	96.1%	96.4%	97.8%	97.8%	97.8%

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

Maternity Serious Incidents (SIs) Reported



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

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	17	7	19	43
Neonatal - Unanticipated admission to Neonatal unit	5	2	0	7
Antenatal - Antepartum Stillbirth	2	1	3	6
Intrapartum - Stillbirth	3	1	2	6
Intrapartum - Retained vaginal swab/tampon	2	1	1	4
Neonatal - pH <7.1(arterial) at birth	2	1	1	4

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

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	43	27	94	164
Education and training	13	4	22	39
Review / amend processes	5	5	24	34
No actions recorded	14	2	9	25
Sharing the learning	5	3	5	13
Other action	0	0	12	12



Barts Health
NHS Trust

Finance Report



Metrics	Current Performance	Trend	Comments
	Year To Date Emillions		
NHS Financial Performance Surplus / (Deficit)	Plan (0.0)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	The Trust is reporting a (£14.4m) adverse variance against its breakeven plan for the year to date.
	Actual (14.4)		
	Variance (14.4)		
Total Income	Plan 515.1	<p>Income £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	Income is (£5.5m) adverse against the year to date plan. NHS Patient Treatment income is (£5.0m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance. Allowance for clawback of 75% of ERF Quarter 1 allocations (£5.3m) by the Integrated Care Boards (ICBs) has been assumed in the Trust's position. This reflects elective underperformance against the 104% target for non-specialised activity for the year to date. Other income is (£0.5m) adverse, which is mainly due to reduced private patients activity (£1.0m), other sites and services income shortfalls (£0.9m), offset by an increase in overseas patient and RTA income (£1.5m).
	Actual 509.6		
	Variance (5.5)		
Total Expenditure	Plan (515.1)	<p>Expenditure £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	Expenditure is (£8.9m) adverse against the year to date plan. Site and Services expenditure is (£19.5m) adverse, primarily due to underachievement against the 3% recurrent efficiency savings target (£9.0m), high cost drugs and devices (£4.1m) and purchase of independent sector activity to support elective recovery (£3.1m). Temporary staffing costs in 2022/23 Quarter 1 reduced from 2021/22 Quarter 4 spend level but remain higher than plan with the key drivers of the adverse variance being increasing non-elective activity pressures, increasing staff sickness absence due to COVID wave and slippage against recurrent efficiency savings plans. Central expenditure is £10.6m favourable which is due to release of non-recurrent benefits and reserves.
	Actual (524.0)		
	Variance (8.9)		
Underlying Deficit (Deficit Excluding System Top-Up Income)	Plan (37.1)	<p>Underlying Deficit £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	The Trust is reporting a pre system top-up deficit of £51.5m, which is a (£14.4m) adverse variance against the year to date plan. The system top-up is an allocation the North East London system receives for its providers during the period of COVID-19 financial arrangements and effectively replaces what was known as the Financial Recovery Fund (FRF) allocation pre-pandemic. System top-up funding is primarily based on NHS England's calculation of the Trust's pre-pandemic (2019/20) underlying deficit.
	Actual (51.5)		
	Variance (14.4)		

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 22.9	<p>CAPEX £m</p>	<p>The year to date capital expenditure is £12.7m against a plan of £22.9m, which gives a year to date underspend of £10.2m for exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined underspend £6.5m) due to contractor related delays. The year to date expenditure against the donated programme is £1.4m against a plan of £2.7m resulting in an underspend of £1.3m. This is mainly due to delays in MEH Renal Unit and SBH Breast Cancer Centre schemes.</p>
	Actual 12.7		
	Variance (10.2)		
Cash	Plan 110.0	<p>Cash Balance £m</p>	<p>Cash balances are broadly in line with the plan at £108.4m, with slippage on the capital programme largely offsetting the impact of the I&E deficit at this stage.</p>
	Actual 108.4		
	Variance (1.6)		

Key Issues
<p>At the end of Quarter 1, the Trust is reporting a year to date adverse variance of (£14.4m), which is mainly due to the impact of unfunded hyper-inflation pressures, slippage on efficiency savings plans and allowance for potential ERF clawback by ICBs.</p>
Key Risks & Opportunities
<p>The key financial challenges for the Trust in achieving its balanced plan for this financial year include:</p> <ul style="list-style-type: none"> - Hyper-inflation pressures in excess of that allowed for within the national tariff cost uplift factor. The Trust is actively engaging with the ICB and other system partners to resolve recurrent funding for these pressures, - Performance against the Elective Recovery 104% target and any associated funding clawback for underperformance by ICBs and NHSE, - Ensuring improvements in productivity in order to deliver the 3% efficiency savings target set within Sites and Services budgets, - Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

21/22 YTD Prev Yr Actual	£millions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
	Income							
364.1	NHS Patient Treatment Income	132.4	129.3	(3.2) ●	382.7	378.9	(3.8) ●	1,554.2
0.7	Other Patient Care Activity Income	0.6	0.4	(0.2) ●	1.7	0.7	(1.0) ●	6.8
28.9	Other Operating Income	10.7	10.1	(0.5) ●	31.5	30.6	(0.9) ●	120.3
393.7	Total Income	143.7	139.8	(3.9) ●	415.9	410.1	(5.7) ●	1,681.3
	Operating Expenditure							
(256.7)	Pay	(89.9)	(91.6)	(1.6) ●	(268.2)	(275.0)	(6.8) ●	(1,069.1)
(45.4)	Drugs	(15.4)	(17.1)	(1.7) ●	(46.3)	(51.8)	(5.5) ●	(185.2)
(30.4)	Clinical Supplies	(17.0)	(14.2)	2.8 ●	(40.2)	(40.0)	0.2 ●	(159.7)
(77.7)	Other Non Pay	(24.2)	(27.2)	(3.0) ●	(73.3)	(80.7)	(7.4) ●	(294.7)
(410.2)	Total Operating Expenditure	(146.6)	(150.1)	(3.5) ●	(428.0)	(447.6)	(19.5) ●	(1,708.7)
(16.5)	Site & Services Budgets Total	(3.0)	(10.3)	(7.3) ●	(12.2)	(37.4)	(25.3) ●	(27.4)
(14.9)	Pathology Partnership (net)	(4.6)	(4.4)	0.1 ●	(13.7)	(13.2)	0.4 ●	(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
32.9	Central NHS PT Income	8.7	7.0	(1.7) ●	35.0	33.8	(1.2) ●	116.7
1.3	Central RTA & OSV Income (net)	0.6	0.6	0.0 ●	1.7	1.8	0.1 ●	6.8
(3.4)	Central Expenditure (net)	0.2	6.4	6.1 ●	0.7	6.9	6.2 ●	2.8
(10.0)	Reserves (net)	5.6	(1.9)	(7.5) ●	(11.0)	(5.7)	5.3 ●	(40.8)
(10.6)	EBITDA	7.5	(2.7)	(10.2) ●	0.5	(13.9)	(14.4) ●	3.4
(13.5)	Depreciation and Amortisation (net)	(5.8)	(5.8)	- ●	(17.5)	(17.5)	- ●	(70.9)
(16.0)	Interest	(5.6)	(5.7)	(0.1) ●	(17.5)	(17.4)	0.0 ●	(70.2)
(3.3)	PDC Dividends	(0.9)	(0.9)	0.0 ●	(2.7)	(2.7)	0.0 ●	(10.7)
(43.5)	Surplus/(Deficit) Before System Top-Up	(4.8)	(15.1)	(10.3) ●	(37.1)	(51.5)	(14.4) ●	(148.4)
43.8	System Top-Up Income	12.5	12.5	- ●	37.1	37.1	- ●	148.4
0.3	NHS Reporting Surplus/(Deficit)	7.7	(2.6)	(10.3) ●	(0.0)	(14.4)	(14.4) ●	(0.0)
0.1	Profit On Fixed Asset Disposal		0.0			0.1		
-	Loss on return of COVID assets to DHSC		-			-		
(0.3)	Capital Donations I&E Impact		0.4			0.6		
-	Fixed Asset Impairments		-			-		
0.0	Surplus/(Deficit)		(2.2)			(13.7)		

21/22 YTD	Programme Area	In Month				Year to Date				Annual				
		Actual	Emillions	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance
0.9	Equipment (Medical and Other)		2.0	0.5	1.5	76 %	5.0	1.0	3.9	79 %	23.3	17.8	5.5	24 %
2.3	Informatics		1.0	0.1	0.9	85 %	1.4	0.3	1.1	80 %	8.0	5.5	2.5	31 %
3.8	Estates		0.6	1.5	(0.9)	(159)%	2.4	3.5	(1.1)	(44)%	7.2	41.8	(34.6)	(482)%
2.8	New Build and Site Vacations		2.5	0.2	2.2	92 %	6.7	0.5	6.3	93 %	33.3	28.8	4.5	14 %
2.2	PFI Lifecycle Assets		0.8	0.9	(0.0)	(1)%	2.6	2.6	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%
-	Finance Lease		0.5	0.5	0.0	0 %	4.8	4.8	0.0	0 %	8.4	8.4	-	- %
12.0	Total Trust Funded Assets		7.3	3.7	3.6	50 %	22.9	12.7	10.2	45 %	90.6	112.7	(22.1)	(24)%
0.8	Donated		1.1	0.6	0.5	44 %	2.7	1.4	1.3	50 %	9.9	9.9	(0.0)	(0)%
12.8	Total Capital Expenditure		8.4	4.3	4.1	49 %	25.6	14.0	11.6	45 %	100.5	122.6	(22.1)	(22)%

Key Messages

The current approved exchequer forecast of £112.7m against the exchequer capital plan (£90.6m) remains the same as Month 2. This represents a £22.1m (24%) overcommitment against the funded plan as at Month 3.

*The overcommitment of £22.1m noted above varies from the £32.5m presented to ISC in the final plan for 2022/23 for presentational reasons only. By adding the £10.4m payment for IFRIC 12 (a payment relating to the PFI) to the reconciliation, shows the full £32.5m overcommitment of this year's capital programme.

There is no further update regarding the PDC funded schemes (TIF & NHP) and still awaiting 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. To date charitable funds of £1.4m have been secured.

Expenditure in Month 3 is £3.7m (£7.4m in Month 2) against the original phased exchequer plan of £7.3m, an adverse variance of £3.6m. The variance can be attributed to the slow start of the schemes and delays in the completion of slippage schemes. Expenditure against the charitable programme in Month 3 is £0.6m (£0.2m in Month 2), a variance of £0.5m to plan.

The cumulative expenditure at Month 3 is £12.7m against a plan of £22.9m, which results in a year to date adverse variance of £10.2m for exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined underspend £6.5m) due to contractor related delays. Year to date expenditure against the donated programme is £1.4m against a plan of £2.7m resulting in an underspend of £1.3m. This is mainly due to delays in MEH Renal Unit and SBH Breast Cancer Centre schemes.

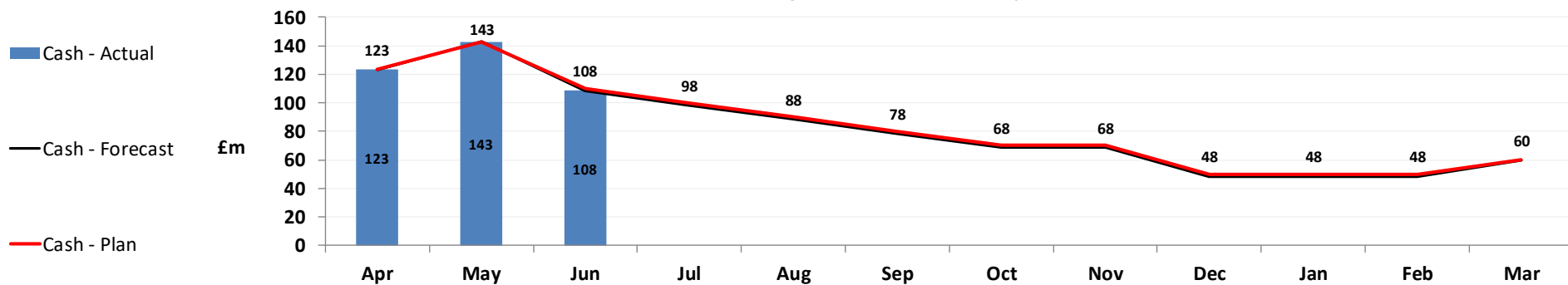
Based on previous years' experience it is anticipated that not all schemes in the plan will be delivered due to slippage and underspends, this will be monitored closely throughout the year to allow as much funding as possible to be freed up to fund other schemes/overcommitments. In Month 3, a reforecast exercise has been undertaken to update the initial phasing of the programme and indicate expenditure will be occurred later in the year than had initially been anticipated.

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 principal	(25.3)	(25.3)	-	100 %
Repayment of Loans/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	-	-	-	- %
Additional CRL from London Region(not cash backed)	-	-	-	- %
IFRS16 CRL adjustment	8.4	-	8.4	- %
PDC: WXH Redevelopment Core Programme Team	1.8	1.1	0.8	58 %
PDC: WXH Redevelopment NHP Development Costs	1.2	-	1.2	- %
Specific PDC: WXH Enabling works	6.0	-	6.0	- %
PDC: TIF NUH Modular Build BC932	14.9	-	14.9	- %
PDC: TIF Mothballed NUH Theatres	5.2	-	5.2	- %
PDC: TIF ITU Expansion SBH	0.5	-	0.5	- %
PDC: Digital Cyber	0.2	-	0.2	- %
Planned Capital exc. Donated	90.6	34.9	55.7	39 %
Asset sales	-	-	-	- %
Total Approved Exchequer Funding exc. Donated*	90.6	34.9	55.7	39 %
Donated	9.9	1.4	8.6	14 %
Planned Capital inc. Donated	100.5	36.2	64.2	36 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(22.1)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(32.5)			

£millions	Actual			Forecast									Outturn
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Opening cash at bank	86.7	123.4	143.0	108.4	98.4	88.4	78.4	68.4	68.4	48.4	48.4	48.4	86.7
Cash inflows													
Healthcare contracts	161.5	156.5	150.9	127.7	127.7	137.8	127.7	127.7	128.1	127.7	137.7	137.1	1,648.1
Other income	23.5	37.0	16.5	34.0	29.2	31.6	34.3	40.6	29.8	34.2	28.7	46.7	386.1
Financing - Capital Loans / PDC	-	-	-	-	-	10.4	-	-	10.8	-	-	8.5	29.8
Total cash inflows	185.0	193.5	167.4	161.7	156.9	179.8	162.0	168.3	168.7	161.9	166.4	192.3	2,064.0
Cash outflows													
Salaries and wages	(55.7)	(54.8)	(57.0)	(54.1)	(54.8)	(56.0)	(54.1)	(56.7)	(54.1)	(54.1)	(56.7)	(54.1)	(662.2)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(40.9)	(471.7)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(69.6)	(62.2)	(82.8)	(69.8)	(63.9)	(87.3)	(62.9)	(64.0)	(72.3)	(876.0)
Capital expenditure	(6.9)	(3.2)	(1.8)	(7.1)	(9.0)	(4.8)	(7.2)	(6.8)	(6.5)	(4.0)	(4.8)	(8.1)	(70.2)
Dividend and Interest payable	-	-	-	-	-	(5.3)	-	-	-	-	-	(5.3)	(10.6)
Total cash outflows	(148.3)	(173.9)	(202.0)	(171.7)	(166.9)	(189.8)	(172.0)	(168.3)	(188.8)	(161.9)	(166.4)	(180.7)	(2,090.7)
Net cash inflows / (outflows)	36.7	19.6	(34.6)	(10.0)	(10.0)	(10.0)	(10.0)	-	(20.1)	-	-	11.6	(26.7)
Closing cash at bank - actual / forecast	123.4	143.0	108.4	98.4	88.4	78.4	68.4	68.4	48.4	48.4	48.4	60.0	60.0
Closing cash at bank - plan	123.4	143.0	110.0	100.0	90.0	80.0	70.0	70.0	50.0	50.0	50.0	60.0	60.0

Month End Closing Cash Balance Compared to Plan



Key Messages

Cash balances are higher and broadly in line with the plan at £108.4m because of higher closing cash balance of £86.7m in March 2022 and other movements in working capital.

21/22		Actual			Forecast									21/22 v 22/23
31 Mar 2022	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,430.8	Property, plant and equipment	1,427.8	1,467.3	1,463.8	1,471.1	1,474.5	1,481.6	1,485.1	1,490.2	1,493.1	1,494.5	1,495.1	1,496.2	65.4
0.2	Intangible assets	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	(0.1)
15.1	Trade and other receivables	15.1	17.3	17.2	17.3	17.3	17.2	17.2	17.2	17.2	17.1	17.1	17.1	2.0
1,446.1	Total non-current assets	1,443.1	1,484.8	1,481.2	1,488.6	1,491.9	1,498.9	1,502.4	1,507.5	1,510.4	1,511.7	1,512.3	1,513.3	67.3
	Current assets:													
24.3	Inventories	26.2	25.7	25.7	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	74.4	111.4	100.9	78.7	108.4	96.0	98.0	98.3	95.3	91.6	119.5	(8.1)
86.7	Cash and cash equivalents	123.4	143.0	108.4	98.4	88.4	78.4	68.4	68.4	48.4	48.4	48.4	60.0	(26.7)
238.6	Total current assets	248.8	243.1	245.5	223.3	191.1	210.8	188.4	190.4	170.7	167.7	164.0	203.5	(35.1)
1,684.7	Total assets	1,691.9	1,727.9	1,726.7	1,711.9	1,683.0	1,709.7	1,690.8	1,697.9	1,681.1	1,679.4	1,676.3	1,716.8	32.2
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(222.9)	(193.1)	(200.5)	(208.8)	(215.2)	(176.0)	(184.7)	(181.2)	(206.0)	32.9
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(20.3)	(20.3)	(20.3)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	15.9
(27.1)	Liabilities arising from PFIs / Finance Leases	(27.1)	(36.8)	(36.9)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.4)	(9.3)
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)	(311.7)	(317.3)	(280.0)	(250.2)	(257.6)	(248.4)	(254.8)	(215.6)	(224.3)	(220.8)	(245.2)	39.5
(46.1)	Net current (liabilities) / assets	(51.1)	(68.6)	(71.8)	(56.7)	(59.1)	(46.8)	(60.0)	(64.4)	(44.9)	(56.6)	(56.8)	(41.7)	4.4
1,400.0	Total assets less current liabilities	1,392.0	1,416.2	1,409.4	1,431.9	1,432.8	1,452.1	1,442.4	1,443.1	1,465.5	1,455.1	1,455.5	1,471.6	71.7
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	(5.7)	0.3
(917.6)	Liabilities arising from PFIs / Finance Leases	(915.9)	(945.3)	(940.6)	(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
(924.1)	Total non-current liabilities	(922.1)	(951.8)	(947.1)	(946.5)	(946.5)	(937.3)	(937.3)	(937.3)	(928.1)	(928.1)	(928.1)	(919.2)	4.8
475.9	Total Assets Employed	469.9	464.4	462.3	485.4	486.3	514.8	505.1	505.8	537.4	527.0	527.4	552.4	76.5
	Financed by:													
	Taxpayers' equity													
1,048.3	Public dividend capital	1,048.3	1,048.3	1,048.3	1,055.6	1,055.6	1,083.2	1,072.7	1,072.7	1,093.1	1,093.1	1,093.1	1,117.8	69.5
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(872.1)	(871.2)	(870.3)	(869.5)	(868.8)	(857.6)	(868.0)	(867.6)	(867.3)	7.0
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	464.4	462.3	485.4	486.3	514.8	505.1	505.8	537.4	527.0	527.4	552.4	76.5



Barts Health
NHS Trust

People Report



Looking After the Trust's People

- **Annualised sickness absence rate** has continued to increase to 5.19% (from 5.16%). In month sick absence for May 2022 was at 4.33%, down from the 4.96% in Mar 2022 but still higher than the same period in 2021 (3.86%). The increase in annualised absence is expected to continue once June is formally reported, with indications than in month absence in June 2022 being higher than June 2021
- **Appraisal rates** – recorded non-medical appraisals rate has reduced to 52.1%, down from 55.0%. With the exception of Newham (which increased from 51% to 53%) all sites showed a reduction. Medical appraisals have remained stable at 92%

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Recruitment** – 330 unconditional offers were made, down from 424 in May 2022 and reflective of the volume of overall work, including advertising, where 1,397 WTE worth of adverts were placed in the month.
- The Trust's substantive staff fill rate remained at 90.3%. This is driven by a small increase in staff in post of 10 WTE and an increase in budgeted establishment of 29 WTE
- **Turnover** – annualised voluntary turnover has increased to 13.5% this month from 13.3%. Across the group we are seeing continued increases at Whipps Cross Hospital, St Bart's Hospital, Royal London Hospital, GSS and Newham Hospital with only Pathology Partnership showing a reduction.
- **Temporary staffing** – temporary staffing usage reduced by 93 WTE compared to May, with a reduction of 34 WTE agency and 59 WTE bank. The proportion of temporary staff as part of the workforce reduced from 14.2% to 13.8% whilst spend on temporary staff as a proportion of pay budget slightly reduced from 16.2% to 15.8%.
- In month spend on agency for May was £4.5m and for bank was £10.9m

Barts Health

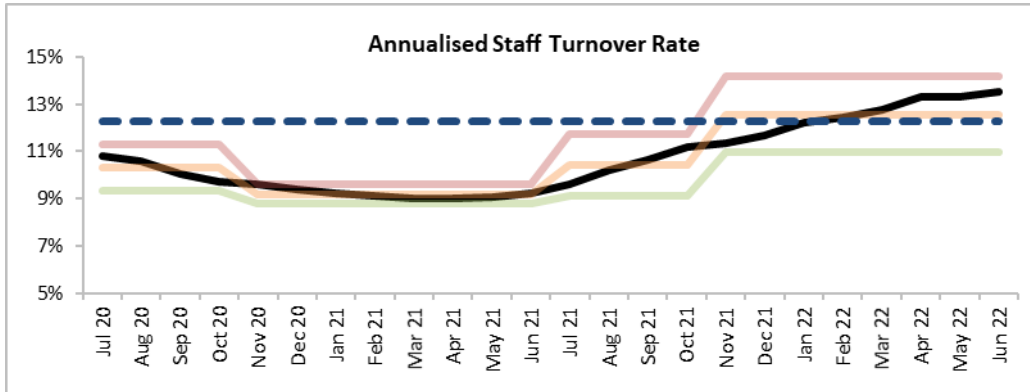
Group	Indicator	Targets	Performance		YTD	Jun-22 (Site)			
		Target	May-22	Jun-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	100.8%	100.5%	-	102.6%	101.9%	100.9%	99.7%
	Staff in Post - Actual	>=Plan	16,718	16,728		6,226	2,865	2,065	2,678
	Staff in Post - Plan	-	16,727	16,766	-	6,213	2,945	2,102	2,673
	Bank WTE - Actual	<=Plan	2,048	1,989		699	472	361	271
	Bank WTE - Plan	-	1,968	1,976	-	842	357	311	273
	Agency WTE - Actual	<=Plan	731	697		191	242	153	68
	Agency WTE - Plan	-	604	600	-	201	165	105	46
	Total Staffing - Actual	<=Plan	19,496	19,413	-	7,116	3,579	2,579	3,016
	Total Staffing - Plan	-	19,299	19,341	-	7,257	3,466	2,518	2,991
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	90.3%	90.3%	-	93.8%	85.6%	84.9%	91.4%
	Substantive Fill Rate - Plan	-	90.6%	90.7%	-	91.9%	89.9%	88.8%	92.2%
	Unconditional Offers - Actual	>=Plan	424	330	1,120	136	58	29	50
	Unconditional Offers - Plan	-	358	383	1,115	153	60	55	70
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	28.7%	-	-	-	-	-	-
	Nursing Roster Quality - % Blue or Cloudy Sky	-	22.6%	-	-	-	-	-	-
	Additional Duty Hours (Nursing)	-	91,564	86,842	-	31,672	29,477	15,125	9,525
Diversity	% of BME Staff at Band 8a to VSM	-	37.0%	36.1%		31%	42%	55%	23%

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	Other	
People	W19	Turnover Rate	●	○	○	Jun-22 (m)	<= 12.25%	13.31%	13.50%	13.50%	14.54%	12.96%	11.16%	14.00%	12.72%	○
	OH7	Proportion of Temporary Staff	●	○	○	Jun-22 (m)	<= 11.3%	14.2%	13.8%	14.0%	12.5%	20.0%	19.9%	11.2%	7.3%	○
	W20	Sickness Absence Rate	●	○	○	May-22 (m)	<= 3%	5.16%	5.19%	5.19%	5.29%	5.48%	5.73%	4.29%	5.21%	○
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	73.1%	
	OH6	NHS Staff Survey	●	○	○	2020/21 (y)	>= 7	7.0	6.9	6.9	7.0	6.8	6.9	7.1	7.0	○
Compliance	W50	Mandatory and Statutory Training - All	●	○	○	Jun-22 (m)	>= 85%	83.7%	83.9%	83.7%	83.0%	86.5%	81.6%	85.8%	82.3%	●
	W11	Mandatory and Statutory Training - National	●	○	○	Jun-22 (m)	>= 85%	82.9%	83.0%	82.8%	81.6%	85.8%	82.8%	84.3%	81.8%	●
	W29	Appraisal Rate - Non-Medical Staff	●	○	○	May-22 (m)	>= 90%	-	57.1%	57.1%	53.7%	51.0%	51.5%	73.7%	57.1%	●
	W30	Appraisal Rate - Medical Staff	●	○	○	Jun-22 (m)	>= 85%	92.0%	92.0%	92.0%	89.4%	95.1%	93.7%	94.5%	-	○

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



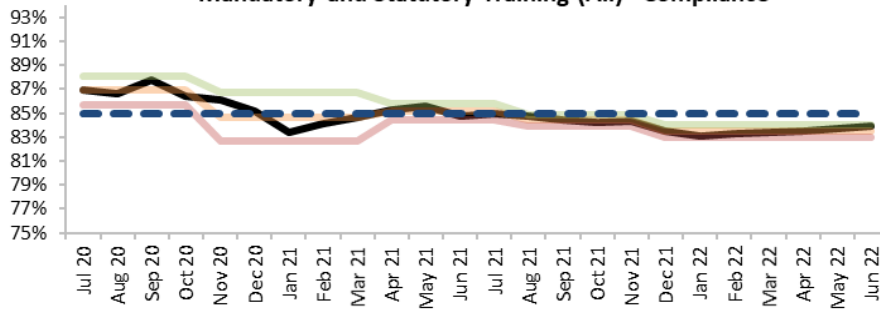
Site	Staff Group	6 Months Ago			Jun-22			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	325	2,127	15.29%	380	2,145	17.70%	2.41%
Other	Administrative and Clerical	116	1,255	9.24%	149	1,288	11.56%	2.31%
St Bart's	Nursing and Midwifery Registered	138	905	15.20%	145	896	16.23%	1.02%
Whipps Cross	Nursing and Midwifery Registered	99	1,002	9.90%	129	1,025	12.54%	2.64%
Royal London	Additional Clinical Services	71	826	8.62%	111	888	12.47%	3.85%

Performance Overview

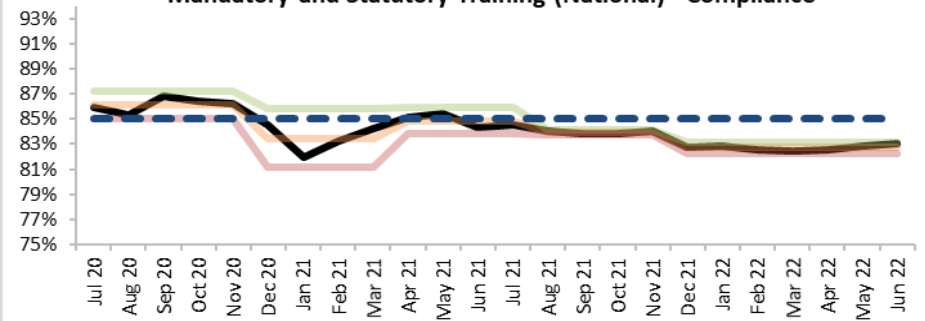
- Annualised turnover has increased to 13.5% this month, up from 13.3%
- Changes by site are as follows:
 - St Barts 14.0% from 13.8%
 - Royal London 14.5% from 14.3%
 - Whipps 13.0% from 12.8%
 - Newham 11.2% from 11.0%
 - GSS 11.7% from 11.4%
 - Path Partnership 14.8% from 15.1%

Responsible Director Update

Mandatory and Statutory Training (All) - Compliance



Mandatory and Statutory Training (National) - Compliance



Bottom 5 Competencies: Total Number of Non-Compliant Employees

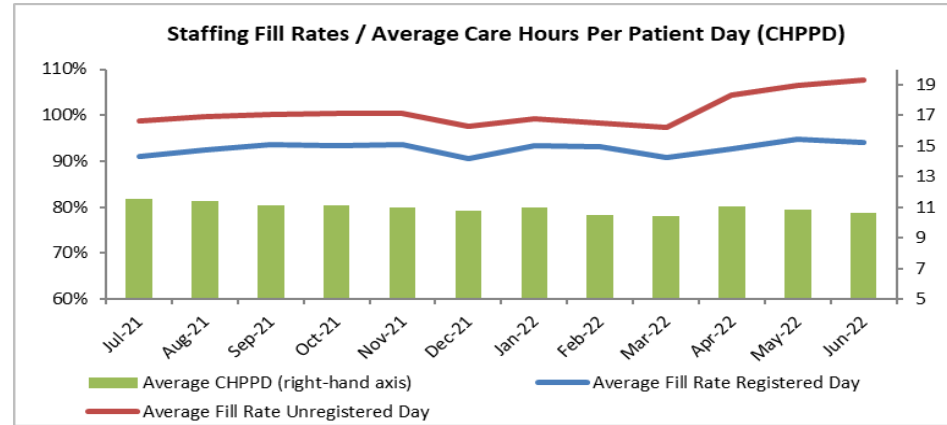
Competency	Previous 6 Months	Jun-22	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	75.9%	76.9%	4,100
Resuscitation - Basic Life Support	67.9%	70.5%	3,232
Health, Safety, Incidents	84.4%	83.0%	3,010
Fire Safety	79.8%	84.4%	2,761
Infection Control (Clinical)	75.4%	76.8%	2,653

Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Jun-22	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	51.3%	46.0%	107
ANA Medical Staff (Royal London)	81.0%	81.6%	56
A & E Nursing WC (Royal London)	80.5%	81.3%	56
Pharmacy Management (CSS)	82.1%	84.0%	45
Dental Management Team (Royal London)	41.5%	42.6%	45

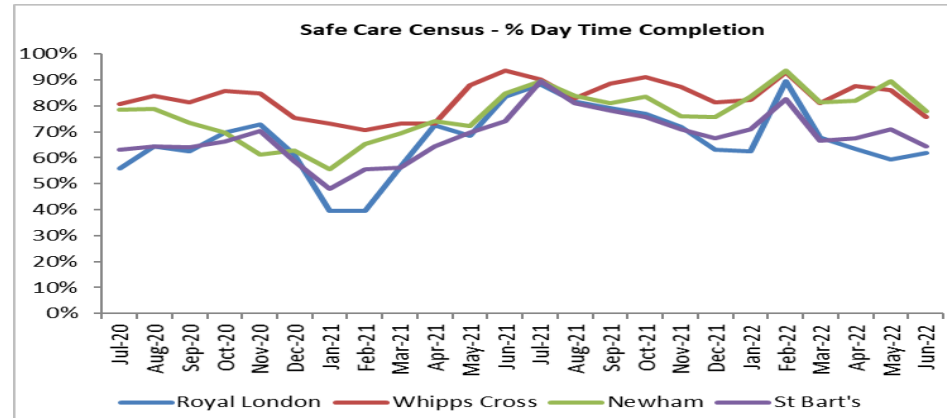
Non-mandatory competencies have been excluded from the above tables

- Overall, the average Trust 'fill rates were above 90% for Registered Nursing and Midwifery (RNs/RMs) and Care Staff (HCAs) on both day and night shifts.
- No significant change in overall Care Hours Per Patient Day (CHPPD). They were 10.6 whereas in June the figure was 10.8. In May.
- All staffing gaps identified were mitigated by staff redeployments of Senior staff, PDNs, Nurses in charge and ward managers supporting by caring for cohorts of patients on critical days to maintain services and ensure patient safety. Where appropriate, non-clinical staff supported with administrative duties to release clinical staff time to care for patients.
- St Bart's continue to have an average fill rates of 80% for both RNs and HCAs. Their 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. The DoN/ADoN has ongoing contact and reviews staffing needs of critical care to make sure emergency capacity is available. Where required, staff were redeployed to meet patients' needs.
- The Women's services continued to be under pressure due to increased vacancies for MCAs who are difficult to retain, increased sickness levels encompassed with high acuity levels. Some areas have had to be closed to mitigate risk resulting in others having unusual high CHPPD. Having closed some wards due to the afore mentioned reasons, nil adverse clinical events were reported where staffing gaps existed.
- 13 Red flag incidents were reported. 11 red flags were raised at Newham whilst Royal London raised 2. From the reported red flags, no harm was caused to patients.
- We have a Trust wide recruitment drive for all specialties and we are welcoming domestic and internationally educated nurses. We are targeting to attract more healthcare support workers including those who are new to care. There is a dedicated Senior-led workstream to drive fast-paced recruitment and workforce transformation in critical care.
- We are due to start our bi-annual Safer Nursing Care Tool deep dive in August. Training continues for accurate scoring of acuity and dependency of patients which should result in increased compliance of Safe Care Live completion. In June SCL census decreased to 69% Trust wide. Education sessions continued with poor attendance .
- Safe staffing continues to be monitored and addressed daily through hospital site based safety huddles. Use of the SCL Sunburst together with professional judgement by the senior nursing teams facilitates dynamic staff redeployment to maximise patient safety and effective us of resources.



Staffing Figures by Site - Jun-22

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	94.1%	107.6%	99.3%	123.8%	10.6	TBC
Royal London	98.1%	104.8%	104.3%	130.4%	10.3	TBC
Whipps Cross	94.7%	118.4%	101.8%	130.5%	10.5	TBC
Newham	95.2%	105.3%	101.0%	108.8%	10.3	TBC
St Bart's	84.8%	92.0%	85.6%	114.0%	12.2	TBC





Barts Health
NHS Trust

Glossary



Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	R35	Cancer 62 Days From Urgent GP Referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R36	Cancer 62 Days From Screening Programme	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of referral from a NHS Cancer Screening Service. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R6	Diagnostic Waits Over 6 Weeks	The number of patients still waiting for diagnostic tests who had waited 6 weeks or less from the referral date to the end of the calendar month, divided by the total number of patients still waiting for diagnostic tests at the end of the calendar month. Only the 15 key tests included in the Diagnostics Monthly (DM01) national return are included	Monthly	National
Responsive	Waiting Times	R5	52+ Week RTT Breaches	The number of patients on incomplete 18 week referral to treatment (RTT) pathways who had waited more than 52 weeks from the referral date (or clock start date) to the end of the calendar month	Monthly	Recovery trajectory
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

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

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

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

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

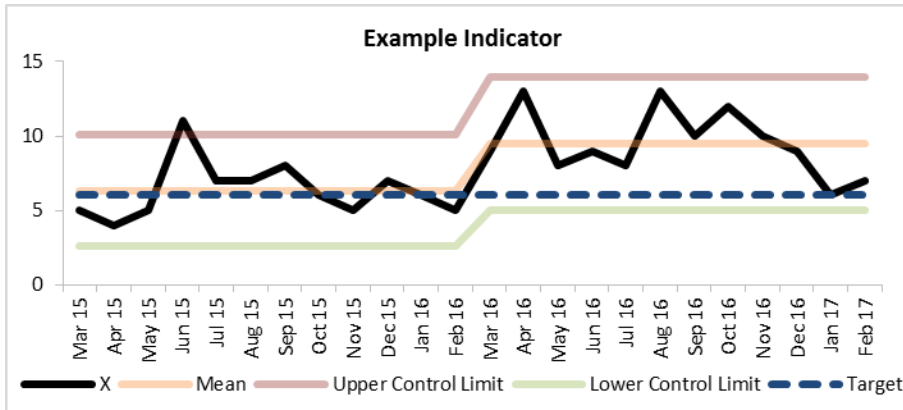
Reporting month target for reporting site

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

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,058.5	2,187.0	1,023.5	859.5	1,725.0	2,048.5	690.0	897.0	106.2%	84.0%	118.8%	130.0%	775	5.5	2.3	7.7
Royal London	10F RLH	1,080.0	1,194.0	720.0	768.0	990.0	1,123.0	660.0	748.0	110.6%	106.7%	113.4%	113.3%	493	4.7	3.1	7.8
Royal London	11C RLH	2,759.5	2,248.0	1,380.0	1,488.5	2,702.5	2,679.5	690.0	793.5	81.5%	107.9%	99.1%	115.0%	729	6.8	3.1	9.9
Royal London	11E & 11F AAU	3,795.0	3,807.5	1,743.5	1,847.0	3,783.5	4,002.0	1,368.5	1,828.5	100.3%	105.9%	105.8%	133.6%	1,406	5.6	2.6	8.2
Royal London	12C RLH	1,821.5	2,183.9	1,380.0	1,404.5	1,794.0	2,238.2	1,035.0	1,263.0	119.9%	101.8%	124.8%	122.0%	784	5.6	3.4	9.0
Royal London	12D RLH	1,380.0	1,730.3	690.0	1,071.5	1,380.0	1,811.3	345.0	931.5	125.4%	155.3%	131.3%	270.0%	489	7.2	4.1	11.3
Royal London	12E RLH	2,705.5	2,628.0	1,380.0	1,555.5	2,415.0	2,411.0	1,380.0	1,748.1	97.1%	112.7%	99.8%	126.7%	715	7.0	4.6	11.7
Royal London	12F RLH	1,978.0	1,974.5	1,725.0	1,694.5	1,725.0	1,928.5	1,725.0	1,794.0	99.8%	98.2%	111.8%	104.0%	771	5.1	4.5	9.6
Royal London	13C RLH	1,899.5	2,819.0	690.0	702.0	1,380.0	2,668.0	690.0	724.5	148.4%	101.7%	193.3%	105.0%	763	7.2	1.9	9.1
Royal London	13D RLH	1,719.0	1,707.0	690.0	884.0	1,380.0	1,472.0	690.0	1,219.0	99.3%	128.1%	106.7%	176.7%	710	4.5	3.0	7.4
Royal London	13E RLH	1,978.0	2,159.5	747.5	743.5	1,654.5	2,073.5	736.0	897.0	109.2%	99.5%	125.3%	121.9%	712	5.9	2.3	8.2
Royal London	13F RLH	1,723.0	2,153.5	943.0	1,000.5	1,725.0	2,221.5	690.0	1,000.5	125.0%	106.1%	128.8%	145.0%	621	7.0	3.2	10.3
Royal London	14E RLH	1,633.0	1,850.5	1,069.5	1,150.0	1,380.0	1,667.5	1,035.0	1,242.0	113.3%	107.5%	120.8%	120.0%	756	4.7	3.2	7.8
Royal London	14F RLH	1,804.0	1,793.5	1,483.5	1,334.5	1,380.0	1,483.5	1,035.0	1,138.5	99.4%	90.0%	107.5%	110.0%	759	4.3	3.3	7.6
Royal London	3D RLH	3,103.0	3,057.0	2,056.0	1,567.0	3,105.0	3,333.5	1,725.0	1,974.0	98.5%	76.2%	107.4%	114.4%	909	7.0	3.9	10.9
Royal London	3E RLH	2,070.0	2,173.5	690.0	1,166.5	1,725.0	2,209.5	690.0	920.0	105.0%	169.1%	128.1%	133.3%	770	5.7	2.7	8.4
Royal London	3F RLH	1,512.4	1,347.0	1,035.0	878.5	1,035.0	1,442.0	690.0	710.5	89.1%	84.9%	139.3%	103.0%	237	11.8	6.7	18.5
Royal London	4E RLH	14,469.0	14,313.5	690.0	2,168.7	14,823.0	14,662.8	345.0	2,102.0	98.9%	314.3%	98.9%	609.3%	1,263	22.9	3.4	26.3
Royal London	6C RLH	3,450.0	2,707.8	345.0	442.8	3,450.0	2,909.5	345.0	368.0	78.5%	128.3%	84.3%	106.7%	256	21.9	3.2	25.1
Royal London	6E & 6F RLH	5,156.0	4,618.4	1,374.0	1,057.8	5,175.0	4,755.5	1,035.0	874.0	89.6%	77.0%	91.9%	84.4%	835	11.2	2.3	13.5
Royal London	7C RLH	1,380.0	1,303.5	345.0	492.7	1,035.0	1,104.0	345.0	504.3	94.5%	142.8%	106.7%	146.2%	344	7.0	2.9	9.9
Royal London	7D RLH	1,725.0	1,633.0	855.0	825.5	1,380.0	1,391.5	690.0	839.5	94.7%	96.5%	100.8%	121.7%	449	6.7	3.7	10.4
Royal London	7E RLH	2,756.0	2,503.0	1,035.0	1,005.0	2,415.0	2,242.5	1,035.0	1,037.5	90.8%	97.1%	92.9%	100.2%	666	7.1	3.1	10.2
Royal London	7F RLH	1,380.0	1,173.0	598.0	734.5	1,035.0	1,023.5	552.0	839.5	85.0%	122.8%	98.9%	152.1%	324	6.8	4.9	11.6
Royal London	8C RLH	1,629.0	1,882.3	690.0	834.3	1,380.0	1,529.5	690.0	976.7	115.5%	120.9%	110.8%	141.5%	545	6.3	3.3	9.6
Royal London	8D RLH	7,930.0	6,807.0	1,230.5	805.0	7,557.5	6,570.5	552.0	460.0	85.8%	65.4%	86.9%	83.3%	1,101	12.2	1.1	13.3
Royal London	8F RLH	1,438.0	1,291.5	1,725.0	1,518.0	1,035.0	977.5	1,046.5	1,046.5	89.8%	88.0%	94.4%	100.0%	1,423	1.6	1.8	3.4
Royal London	9E HDU RLH	1,380.0	1,069.5	345.0	123.8	1,368.5	1,082.0	0.0	34.5	77.5%	35.9%	79.1%		309	7.0	0.5	7.5
Royal London	9E RLH	1,725.0	1,763.0	701.5	655.5	1,380.0	1,482.5	345.0	816.5	102.2%	93.4%	107.4%	236.7%	743	4.4	2.0	6.3
Royal London	9F RLH	1,723.0	1,578.5	688.0	727.0	1,380.0	1,381.0	690.0	967.0	91.6%	105.7%	100.1%	140.1%	718	4.1	2.4	6.5

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,485.0	5,139.9	2,409.0	2,579.8	4,485.0	5,404.5	2,070.0	2,288.5	114.6%	107.1%	120.5%	110.6%	1,155	9.1	4.2	13.3
Whipps Cross	ACACIA	943.0	904.8	437.0	593.5	690.0	695.5	690.0	816.2	95.9%	135.8%	100.8%	118.3%	343	4.7	4.1	8.8
Whipps Cross	ACORN	3,599.3	2,402.0	345.0	552.0	2,621.0	2,178.0	345.0	264.5	66.7%	160.0%	83.1%	76.7%	560	8.2	1.5	9.6
Whipps Cross	B3 WARD WXH	1,288.0	1,326.8	1,035.0	1,186.5	1,035.0	1,035.0	690.0	931.5	103.0%	114.6%	100.0%	135.0%	479	4.9	4.4	9.4
Whipps Cross	BIRCH	1,035.0	1,307.5	1,035.0	1,267.0	1,035.0	1,048.5	690.0	1,035.0	126.3%	122.4%	101.3%	150.0%	479	4.9	4.8	9.7
Whipps Cross	BLACKTHORN	1,035.0	1,173.0	1,031.5	1,564.0	1,035.5	978.0	690.0	1,276.5	113.3%	151.6%	94.4%	185.0%	524	4.1	5.4	9.5
Whipps Cross	Bracken Ward WXH	1,288.0	1,402.0	1,118.3	1,383.3	1,035.0	1,256.0	690.0	1,011.5	108.9%	123.7%	121.4%	146.6%	481	5.5	5.0	10.5
Whipps Cross	CEDAR	1,621.5	2,304.5	1,380.0	3,580.6	1,380.0	2,011.9	1,035.0	2,746.0	142.1%	259.5%	145.8%	265.3%	997	4.3	6.3	10.7
Whipps Cross	CHESTNUT	936.0	683.0	345.0	977.5	690.0	966.0	345.0	851.0	73.0%	283.3%	140.0%	246.7%	286	5.8	6.4	12.2
Whipps Cross	CURIE	1,366.0	1,215.5	1,032.5	1,231.0	1,380.0	1,081.0	1,035.0	1,046.5	89.0%	119.2%	78.3%	101.1%	517	4.4	4.4	8.8
Whipps Cross	DELIVERY SUITE WXH	4,654.7	3,514.7	690.0	911.5	3,440.0	2,911.0	690.0	967.5	75.5%	132.1%	84.6%	140.2%	420	15.3	4.5	19.8
Whipps Cross	ELIZABETH	1,633.0	1,594.0	598.0	559.0	1,380.0	1,407.5	69.0	436.0	97.6%	93.5%	102.0%	631.9%	538	5.6	1.8	7.4
Whipps Cross	FARADAY	1,694.0	1,468.5	678.5	1,034.3	1,633.0	1,606.3	345.0	798.5	86.7%	152.4%	98.4%	231.4%	460	6.7	4.0	10.7
Whipps Cross	Frail Elderly WXH	795.0	788.5	345.0	677.2	690.0	689.8	345.0	677.3	99.2%	196.3%	100.0%	196.3%	279	5.3	4.9	10.2
Whipps Cross	ICU WXH	6,476.0	5,753.3	1,713.0	732.0	5,686.0	5,272.8	1,320.0	451.0	88.8%	42.7%	92.7%	34.2%	304	36.3	3.9	40.2
Whipps Cross	MARGARET	1,023.5	937.5	345.0	425.5	690.0	690.0	345.0	448.5	91.6%	123.3%	100.0%	130.0%	274	5.9	3.2	9.1
Whipps Cross	MIDWIFERY WXH	736.0	676.7	415.0	299.0	680.8	515.2	345.0	334.5	91.9%	72.0%	75.7%	97.0%	55	21.7	11.5	33.2
Whipps Cross	MULBERRY	2,114.5	1,732.9	1,317.5	853.0	1,380.0	1,211.3	759.0	736.0	82.0%	64.7%	87.8%	97.0%	941	3.1	1.7	4.8
Whipps Cross	NEONATAL WXH	2,331.5	1,959.3	1,058.0	553.0	2,070.0	1,950.5	678.5	322.0	84.0%	52.3%	94.2%	47.5%	361	10.8	2.4	13.3
Whipps Cross	NIGHTINGALE	1,713.5	1,575.5	333.5	403.3	1,633.0	1,585.5	345.0	356.1	91.9%	120.9%	97.1%	103.2%	365	8.7	2.1	10.7
Whipps Cross	PEACE	1,633.0	1,713.5	1,265.0	1,626.3	1,035.0	1,379.0	977.5	1,391.5	104.9%	128.6%	133.2%	142.4%	471	6.6	6.4	13.0
Whipps Cross	POPLAR	1,713.5	1,439.5	1,035.0	862.5	1,379.0	1,091.5	1,035.0	818.5	84.0%	83.3%	79.2%	79.1%	393	6.4	4.3	10.7
Whipps Cross	PRIMROSE	1,725.0	1,736.5	1,389.0	1,664.0	1,380.0	1,656.0	1,035.0	1,449.0	100.7%	119.8%	120.0%	140.0%	784	4.3	4.0	8.3
Whipps Cross	ROWAN	1,725.0	1,937.0	1,368.5	1,564.0	1,368.5	1,706.5	1,023.5	1,529.5	112.3%	114.3%	124.7%	149.4%	740	4.9	4.2	9.1
Whipps Cross	SAGE	1,632.0	1,534.8	1,380.0	1,802.5	1,380.0	1,357.0	1,035.0	1,391.5	94.0%	130.6%	98.3%	134.4%	785	3.7	4.1	7.8
Whipps Cross	SYCAMORE	1,299.5	1,530.0	1,288.0	1,442.0	1,035.0	1,344.5	1,035.0	1,115.5	117.7%	112.0%	129.9%	107.8%	796	3.6	3.2	6.8
Whipps Cross	SYRINGA	1,380.0	1,368.5	1,725.0	1,782.5	1,034.5	1,035.0	1,035.0	1,529.5	99.2%	103.3%	100.0%	147.8%	765	3.1	4.3	7.5

Safe Staffing Fill Rates by Ward and Site

Aug-22

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
AAU NUH	4,209.5	4,200.5	2,406.0	2,338.0	3,795.0	4,186.0	2,415.0	2,679.8	99.8%	97.2%	110.3%	111.0%	1,415	5.9	3.5	9.5
Custom House NUH	1,380.0	1,379.5	1,035.0	1,736.5	1,023.5	1,265.0	1,345.5	1,851.5	100.0%	167.8%	123.6%	137.6%	592	4.5	6.1	10.5
DELIVERY SUITE NUH	5,374.0	4,764.5	833.3	671.3	4,818.5	4,146.0	690.0	689.8	88.7%	80.6%	86.0%	100.0%	649	13.7	2.1	15.8
EAST HAM	1,723.5	1,459.0	1,023.5	1,046.5	1,380.0	1,368.5	1,023.5	1,092.5	84.7%	102.2%	99.2%	106.7%	675	4.2	3.2	7.4
HEATHER	2,070.0	2,248.5	1,035.0	1,377.8	2,070.0	2,277.0	1,035.0	1,368.5	108.6%	133.1%	110.0%	132.2%	755	6.0	3.6	9.6
LARCH	3,263.5	2,707.5	1,847.5	1,722.5	2,139.0	1,863.0	1,725.0	1,713.5	83.0%	93.2%	87.1%	99.3%	1,576	2.9	2.2	5.1
Manor Park ITU NUH	3,434.5	3,149.5	690.0	747.5	3,450.0	3,184.0	690.0	611.5	91.7%	108.3%	92.3%	88.6%	261	24.3	5.2	29.5
MAPLE	1,345.5	1,256.5	690.0	682.5	1,069.5	1,023.5	690.0	678.5	93.4%	98.9%	95.7%	98.3%	193	11.8	7.1	18.9
NEONATAL NUH	3,507.5	3,348.0	529.0	368.0	2,863.5	2,530.0	655.5	540.5	95.5%	69.6%	88.4%	82.5%	625	9.4	1.5	10.9
NUH MIDWIFERY	1,174.5	950.3	345.0	331.5	1,012.0	887.5	345.0	345.0	80.9%	96.1%	87.7%	100.0%	113	16.3	6.0	22.3
RAINBOW	2,540.0	2,261.0	1,150.0	1,192.5	1,713.5	1,702.0	345.0	552.0	89.0%	103.7%	99.3%	160.0%	388	10.2	4.5	14.7
SILVERTOWN	1,689.0	2,514.0	1,035.0	1,196.0	1,725.0	2,771.5	1,035.0	1,355.9	148.8%	115.6%	160.7%	131.0%	718	7.4	3.6	10.9
STRATFORD	1,380.0	1,265.0	1,035.0	977.5	1,380.0	1,403.0	1,035.0	989.0	91.7%	94.4%	101.7%	95.6%	535	5.0	3.7	8.7
WEST HAM	1,377.5	1,304.5	1,035.0	1,081.0	1,035.0	1,164.5	1,023.5	828.0	94.7%	104.4%	112.5%	80.9%	561	4.4	3.4	7.8
1C	5,890.0	4,683.0	333.5	448.5	5,610.5	4,623.0	207.0	287.5	79.5%	134.5%	82.4%	138.9%	359	25.9	2.1	28.0
1D	3,098.0	2,194.5	342.0	333.5	2,760.0	2,014.5	345.0	345.0	70.8%	97.5%	73.0%	100.0%	313	13.4	2.2	15.6
1E	4,813.0	3,567.3	345.0	299.0	4,830.0	3,336.5	345.0	333.5	74.1%	86.7%	69.1%	96.7%	192	36.0	3.3	39.3
3A SBH	4,466.0	4,209.0	1,366.5	1,288.0	4,462.0	4,290.5	1,380.0	1,299.5	94.2%	94.3%	96.2%	94.2%	823	10.3	3.1	13.5
3D SBH	1,525.0	1,518.0	1,153.0	957.2	1,495.0	1,484.5	943.0	929.5	99.5%	83.0%	99.3%	98.6%	459	6.5	4.1	10.7
4A SBH	1,710.5	1,794.0	903.0	989.0	1,380.0	1,357.0	345.0	759.0	104.9%	109.5%	98.3%	220.0%	715	4.4	2.4	6.9
4B SBH	1,545.0	1,512.0	1,189.0	954.5	1,379.5	1,368.5	690.0	723.0	97.9%	80.3%	99.2%	104.8%	596	4.8	2.8	7.6
4C SBH	1,703.5	1,537.5	936.5	851.0	1,368.5	1,368.5	943.0	908.5	90.3%	90.9%	100.0%	96.3%	596	4.9	3.0	7.8
4D & 4E SBH	1,734.5	1,338.0	676.0	584.2	1,587.0	1,150.0	690.0	690.0	77.1%	86.4%	72.5%	100.0%	326	7.6	3.9	11.5
5A SBH	2,105.2	1,980.5	856.3	995.3	1,320.0	1,333.8	330.0	662.5	94.1%	116.2%	101.0%	200.8%	626	5.3	2.6	7.9
5B SBH	1,349.0	1,253.0	667.5	598.0	1,380.0	1,334.0	345.0	345.0	92.9%	89.6%	96.7%	100.0%	424	6.1	2.2	8.3
5C SBH	2,060.0	1,993.2	639.2	570.5	1,737.5	1,727.3	345.0	747.5	96.8%	89.3%	99.4%	216.7%	582	6.4	2.3	8.7
5D SBH	2,029.0	1,801.5	654.5	547.0	1,725.0	1,716.5	690.0	698.5	88.8%	83.6%	99.5%	101.2%	527	6.7	2.4	9.0
6A SBH	6,159.8	4,831.5	345.0	517.5	6,209.0	4,921.0	345.0	425.5	78.4%	150.0%	79.3%	123.3%	282	34.6	3.3	37.9
6D SBH	1,711.8	1,337.8	1,026.5	587.5	1,380.0	1,035.0	690.0	690.0	78.2%	57.2%	75.0%	100.0%	483	4.9	2.6	7.6