

# Barts Health Integrated Performance Report

Sep-22

Performance for: **Jul-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 asked all trusts to review and resubmit their activity and long waiters clearance trajectories, as well as supporting finance and workforce plans, by 20 June 2022. The trust resubmitted its elective activity trajectories, recalibrated to make up shortfalls in activity output recorded across quarter 1 by the end of the year. This edition of Board Report reflects those changes.

	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"> <li>eliminating handover delays of over 60 minutes</li> <li>ensuring 95% of handovers take place within 30 minutes</li> <li>ensuring 65% of handovers take place within 15 minutes</li> </ul>
	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 17 August 2022 there were 125 Covid-19 positive patients occupying a bed of which 5 were occupying a critical care bed, this equates to 32% 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 increased across June and July 22, driven by Omicron subvariant's BA.4 and BA.5, peaking at 213 beds occupied on 20 July 22, this represents 54% of the January Omicron peak.
- 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 are now rapidly declining, as well as inpatient volumes and acuity.

### **Covid-19 Community Cases**

- Comparing the week beginning 27/07/2022 to the week beginning 03/08/2022 shows the following movements in the case rate per 100,000 population:
  - Waltham Forest, a decrease from 86 to 53 (-39%)
  - For Hackney & City of London, a decrease from 65 to 40 (-38%)
  - For Newham, a decrease from 57 to 46 (-18%)
  - For Tower Hamlets, a decrease from 59 to 55 (-7%)
- As a comparator the London case rate decreased from 78 to 53 (-32%), with the England case rate decreasing from 97 to 70 (-28%).

## Covid-19 Monitoring and Recovery

### **Elective Activity Recovery Trajectories**

For July 2022 the trusts admitted (inpatient and day case) trajectory set a target of 107% of 2019/20 BAU against which the trust achieved 84% (-1, 898 admissions). For outpatients (first and follow up) the trajectory was set at 115% of BAU for July 2022, against which the trust achieved 103% (-13,619 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 July 22, 43,959 attendances were recorded, 1,826 fewer than in June 22. For July 2022 a performance of 67.5% was recorded against the 4-hour standard, against 69.4% in June 2022. During July 2022 performance was influenced by the impact of Omicron subvariants particularly in relation to Covid bed occupancy, at the start of July 127 Covid inpatients were occupying a bed, increasing to 173 inpatients at the end of the month.
- For July 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 10<sup>th</sup> worst performing out of 15 trusts reporting data in London and was the 3<sup>rd</sup> 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 68 pathways waiting 104+ weeks at the end of July 2022 against 183 reported at the end of June 22. 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.
- Looking at London, of the 9 Trusts reporting 104+ week waits for June 2022 (the most recent national data), Barts Health had the largest number of pathways at 183, with the Royal Free being the next largest with 10 pathways. The 183 pathways at Barts Health equate to 0.16% of the total waiting list against 0.02% for London as a whole. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 9<sup>th</sup> 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 0.09%.

#### **Diagnostic 6 Week Wait Standard**

- For July 22 a performance of 72.6% was recorded, almost exactly the same as June's performance. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 88% of all breaches in July 2022.
- Looking at the 18 London acute Trusts, for June 2022 (the most recent national data), Barts Health was the 16<sup>th</sup> 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 2<sup>nd</sup> largest waiting list and was the best performing.

#### **Cancer 62 Days from GP Referral and Faster Diagnosis Standard**

- For June 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 61.8% with 116.5 pathways seen and 44.5 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 June 2022 the trust is compliant against all three elements of the standard, achieving 80.4% at aggregate level against the 75% standard.



**Quality & Performance (Continued)****Caring**

- Focused work on improving FFT response rates continues – with in-patient rates having the greatest improvement. Although the response rates in ED are low the low satisfaction rates reflect the current pressures in our Emergency Departments. We received over 13,800 responses for ED YTD, 70% of whom rated the service Very good or Good.
- Our ED departments are continuously reviewing how to improve the experience of our patients who need to wait, eg. ensuring access to food and drink during these particularly pressured times. Despite the large number of negative comments about waiting times and pain, patients rated the staff positively on “professional and competent”, “compassionate” and “helpful”. We use this information at a local level to adapt our care response.
- Complaints performance continues to fluctuate. Each Hospital is focusing on improving this performance. Operational pressures are impacting on this performance.

**Safe and Effective**

- Trust performance for closing serious incident investigations deteriorated slightly in July. The overall trend is stable but is not showing a trend toward improvement. Support for individual hospitals who are facing particular challenges in terms of timely closure and overall numbers of incidents (open and overdue) has been implemented. With the publication on 16 August of the revised Patient Safety Incident Response Framework (PSIRF). This will remove what has long been seen as an unhelpful differentiation between “serious incidents” that meet a predefined threshold and other incidents. The focus will now be on learning responses that deliver the most improvement in patient safety. A sub-group of the Trust Patient Safety Improvement Operational Group (PSOG) will support the implementation of the significant change in focus and process required for the successful implementation of PSIRF. Progress on implementation will be reported to QAC.

## Finance

- The Trust is reporting a (£19.5m) adverse variance against its breakeven plan for the year to date. This is driven by the impact of unfunded hyper-inflation pressures (£9.0m), other budget overspends primarily relating to slippage on efficiency savings plans (£3.4m) and allowance for potential ERF clawback (£7.0m) by the Integrated Care Boards (ICBs).

- **Income**

Income is (£8.9m) adverse against the year to date plan. NHS Patient Treatment income is (£6.0m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance. Allowance for clawback of 75% of ERF allocations (£7.0m) YTD by the 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 (£2.9m) adverse, which is mainly due to reduced private patients activity (£1.3m) and other sites and services income shortfalls (£2.1m), partly offset by an increase in RTA income (£0.6m).

- **Expenditure**

Expenditure is (£10.6m) adverse against the year to date plan. Site and Services expenditure is (£23.5m) adverse, primarily due to the impact of unfunded hyper-inflation pressures, underachievement against the 3% recurrent efficiency savings target, and purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first four months of 2022/23 have reduced by c£1.9m per month on the Quarter 4 2021/22 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 and slippage against recurrent efficiency savings plans. Central expenditure is £12.9m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.

- The year to date capital expenditure is £16.2m against a plan of £31.7m, which gives a year to date underspend of £15.5m for exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined total £7.7m) due to contractor related delays and delay in PFI legal agreement respectively. The other significant underspends to note are; PFI RMES/MES Equipment replacement (c£1m) awaiting on variation responses, NUH 2nd CT (c£1.1m) due to unforeseen structural defects, WXH Redevelopment (£1.3m) and NUH Mothballed Theatres (£0.6m).

- Cash balances are £44.8m higher than plan, this is due to higher closing cash balance of £86.7m in March 2022 and other movements in working capital.

- **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.

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### Looking After the Trust's People

- **Annualised sickness absence rate** has continued to increase to 5.22% (from 5.19%). Sick absence related to COVID has an annualised rate of 0.94%, which means that the annualised rate excluding covid is at 4.28%
- The percentage of sick absence that is long term (28+ days) has reduced in the last 12 months from 2.9% to 2.4% The employee wellbeing service now undertaking it's second cycle of deep dives into staff who have hit long term sick triggers. This will be followed up by a report of the outcomes into the People Executive committee in September 2022.
- **Appraisal rates** – recorded non-medical appraisals rate has reduced to 51.1%, down from 52.1. Medical appraisals have reduced to 87% down from 92%.
- A new piece of work has been commissioned to review the current appraisal process and develop an innovative and engaging new appraisal approach, which will support us to increase completion rates. It will also look to equip individuals with the tools, techniques and behaviours to encourage individual ownership of career development, improving the positioning of appraisals within our wider WeBelong initiatives.

### Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Substantive Staffing** - The Trust's substantive staff fill rate reduced to 89.4% from 90.3%. This is driven by a small increase in budget of 67 WTE and a reduction of staff in post of 104 WTE
- **Recruitment** – 404 unconditional offers were made, up from 323 in Jun 2022 and reflective of the volume of overall work, including advertising, where 1,259 WTE worth of adverts were placed in the month. Demand on the recruitment team remains higher than expected with activity at 168% of the actual capacity of the team. This increase in activity has created a bulge in the recruitment pipeline as more candidates enter the clearance process, and we expect time to hire to increase as the team work through this and new colleagues are brought in to expand capacity of the team. The pipeline (as at 8<sup>th</sup> August) stood at 781 in the non-medical staff groups, of which 382 are registered nurses and 89% are external. This bodes well for the future as clearances are completed and start dates agreed.
- **Turnover** – annualised voluntary turnover has increased to 13.8% this month from 13.5%. This continues the upward trend seen since early 2021. Year on year it has increased from 9.6% (Jul 21).
- Work is ongoing through the People Promise Exemplar Programme to improve the experience of colleagues working at Barts Health and improve retention. Progress on this so far includes
  - Clinical Psychology team providing both 1:1 and group support to teams
  - Focus on RLH Critical Care to support nursing staff to get the basics right for them such as fixing staff fridges
  - A pilot of the WeLead programme at Newham with trust roll-out to come, in the autumn
  - Developing the flexible and agile working offerings across the group
  - Implementation of the Scope for Growth model for career progression
- **Temporary staffing** – temporary staffing usage increased by 150 WTE compared to June, with an increase of 74 WTE agency and 76 WTE bank. The proportion of temporary staff as part of the workforce increased from 14.0% to 14.8% whilst spend on temporary staff as a proportion of pay budget increased from 15.8% to 16.8%. Agency spend accounted for 4.8% of spend against budget.
- In month spend on agency for Jul was £5.0 m for Agency and for bank was £11.5m. YTD these were £18.8m and £45.0m respectively

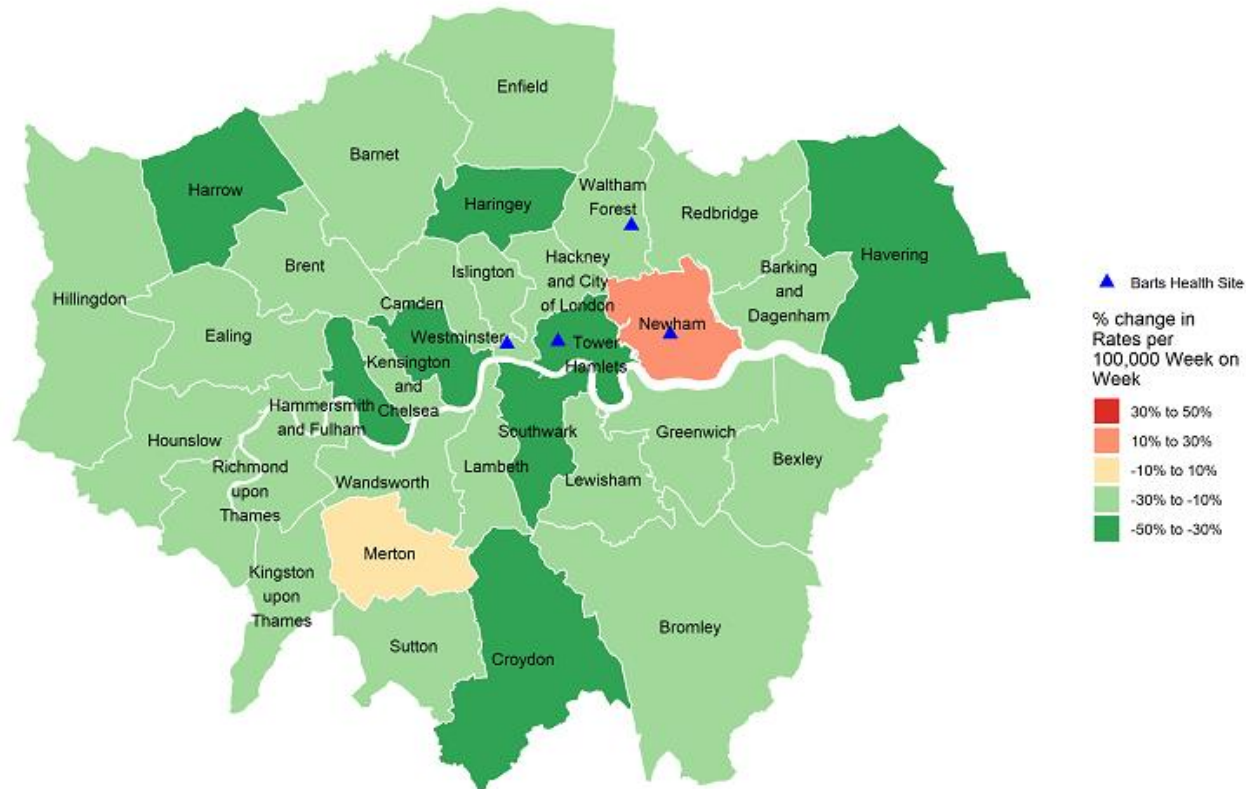


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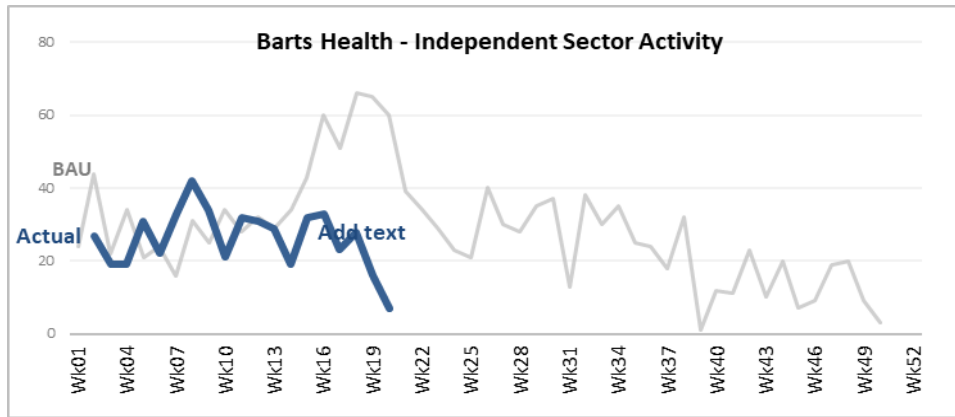
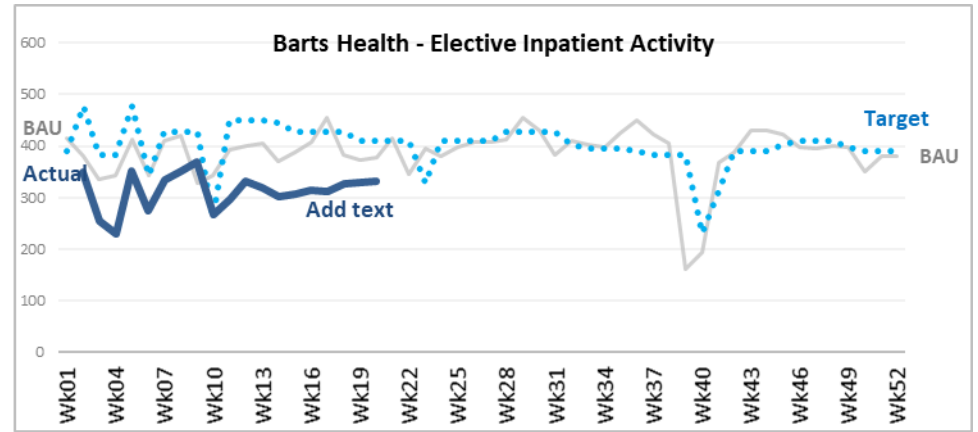
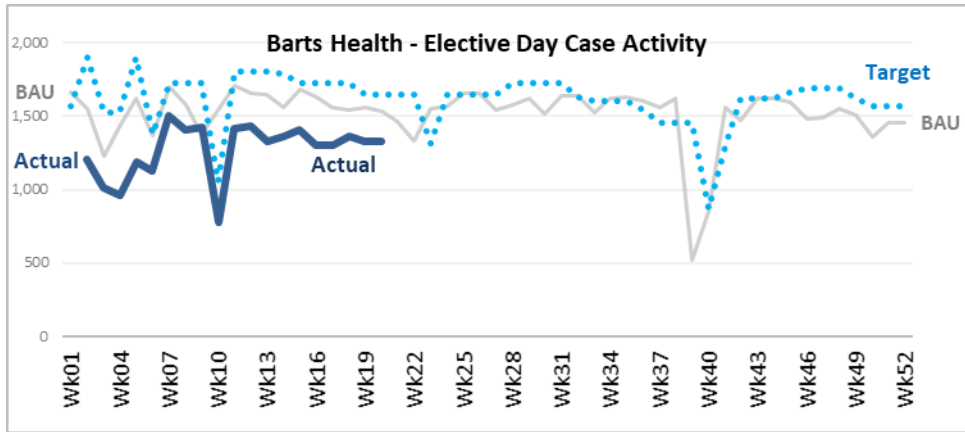
# Covid-19 Monitoring and Recovery Report



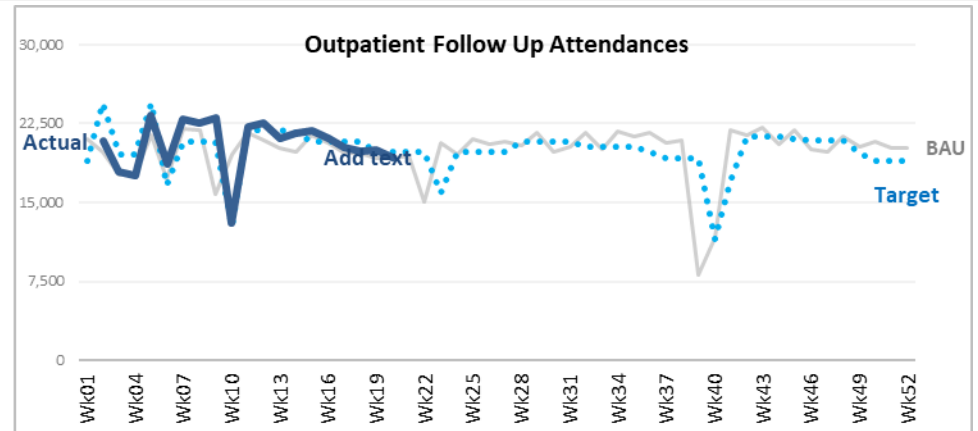
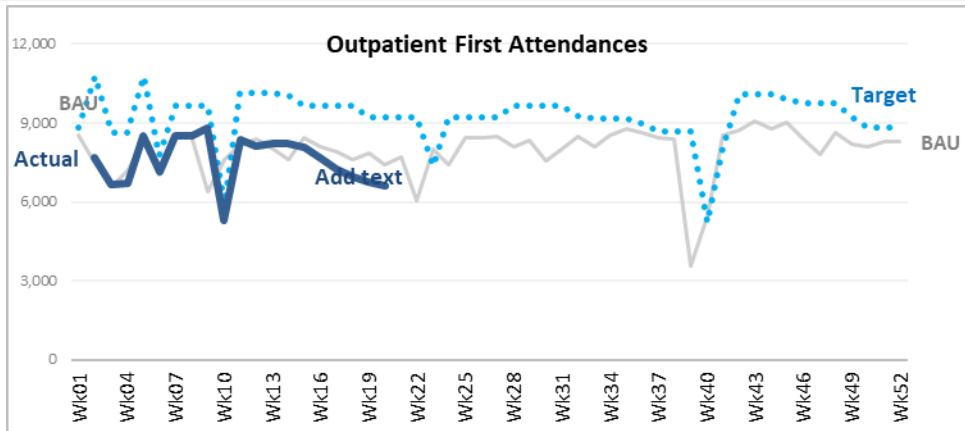
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week  
Week Beginning 2022-08-24



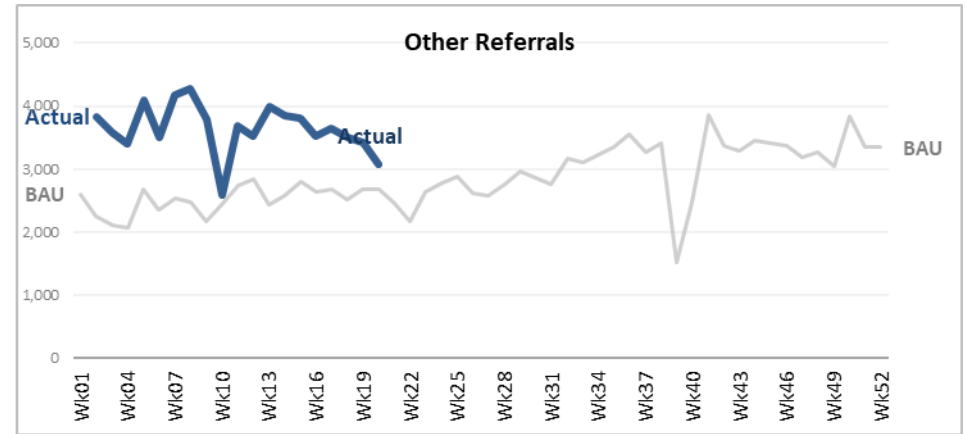
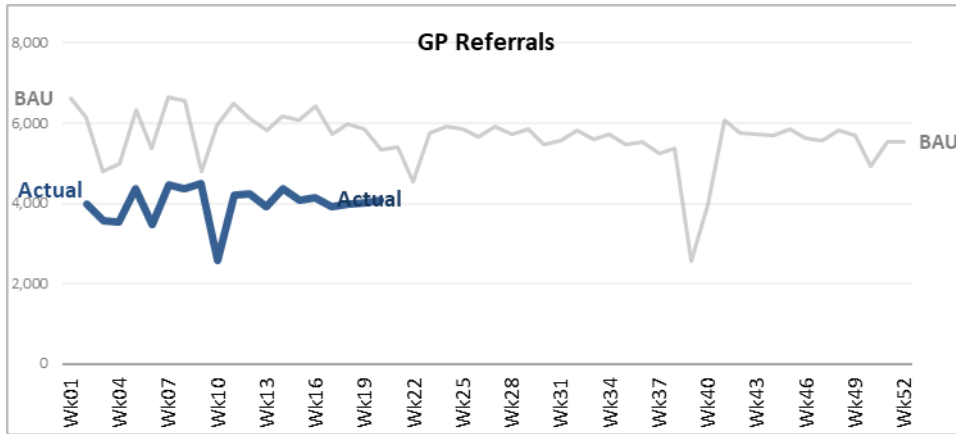
## Elective Activity



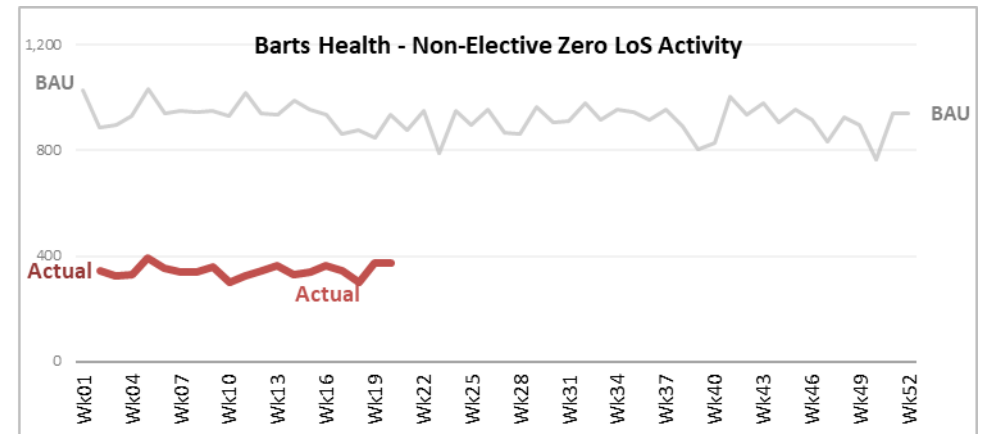
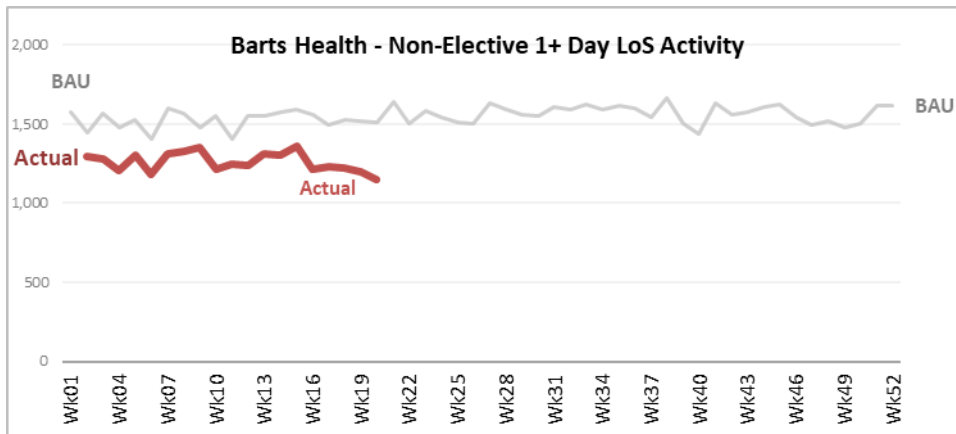
## Outpatient Activity



## Referrals Activity



## Non-Elective Activity

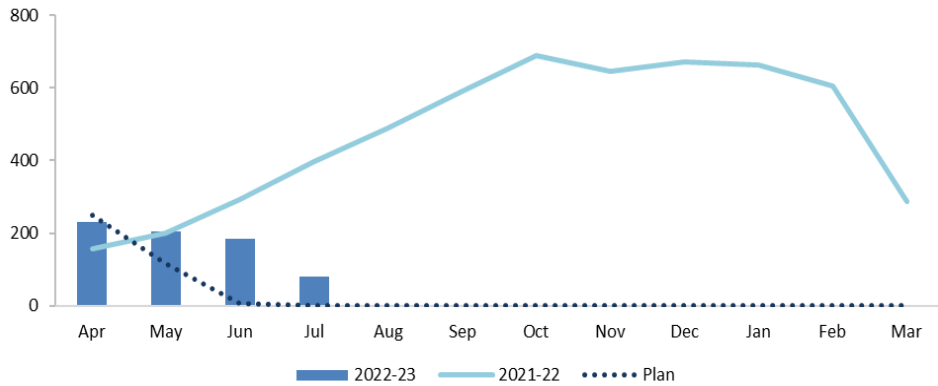




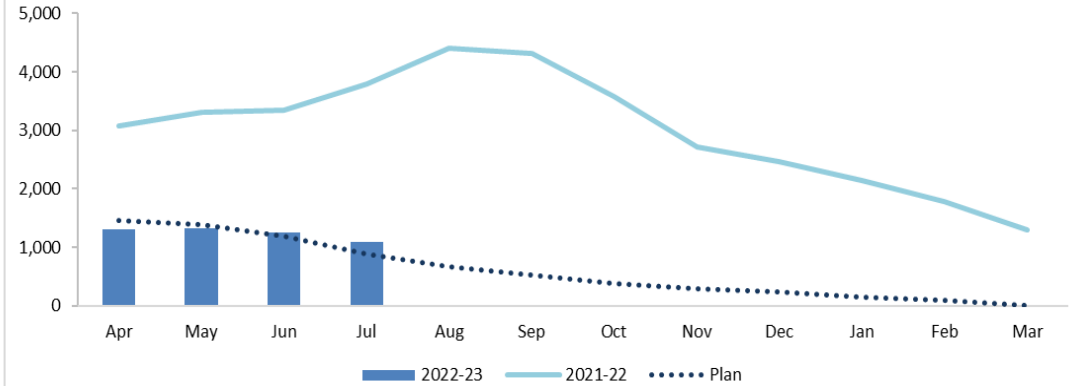
# Referral to Treatment (RTT) and Diagnostic (DM01) Activity

Barts Health						Last Month's Site Position				
Setting	Reporting Period	Apr-2022	May-2022	Jun-2022	Jul-2022	Royal London	Whipps Cross	Newham	St Bart's	Other
PTL Activity	78+ Weeks Waiters	1,309	1,330	1,261	1,094	747	272	62	11	2
	104+ Weeks Waiters	232	205	183	79	58	15	0	6	0
DM01	Diagnostic Activity	41,541	46,769	44,418	43,803	1,215	974	384	5,416	35,814
	Endoscopy	1,614	2,163	1,897	2,083	1,075	632	376	0	0
	Imaging	36,095	40,315	38,817	37,893	140	342	8	1,589	35,814
	Echocardiography	3,832	4,291	3,704	3,827	0	0	0	3,827	0
	<i>Equivalent Month Position Last Year</i>	<i>39,813</i>	<i>42,746</i>	<i>44,355</i>	<i>44,013</i>	<i>1,867</i>	<i>873</i>	<i>465</i>	<i>5,623</i>	<i>35,185</i>

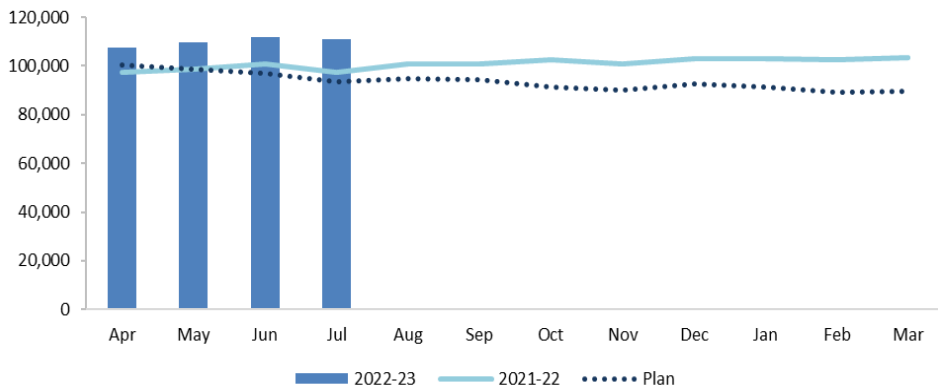
Barts Health - 104+ Weeks Waiters



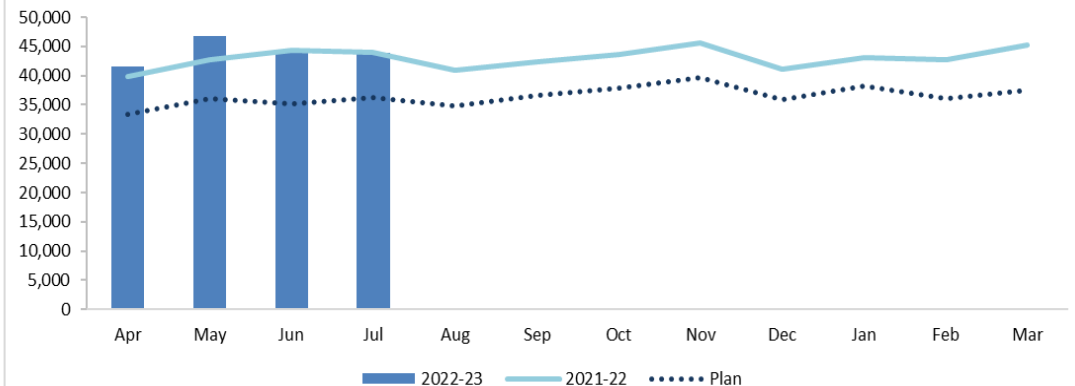
Barts Health - 78+ Weeks Waiters



Barts Health - PTL Volume



Barts Health - Diagnostic Activity





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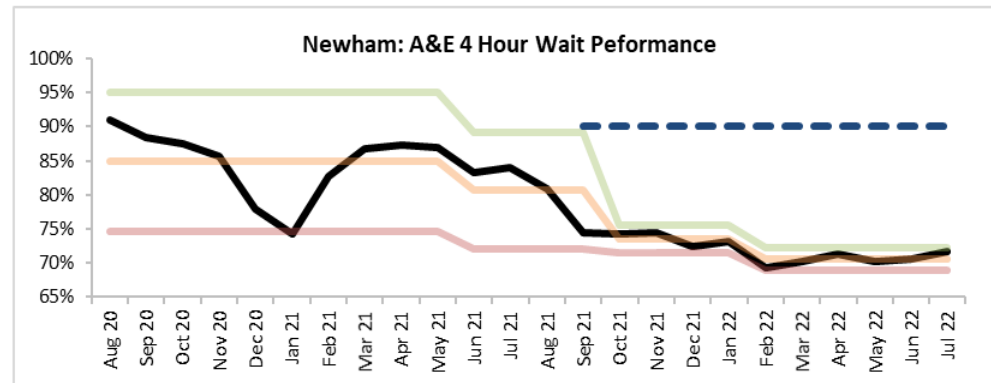
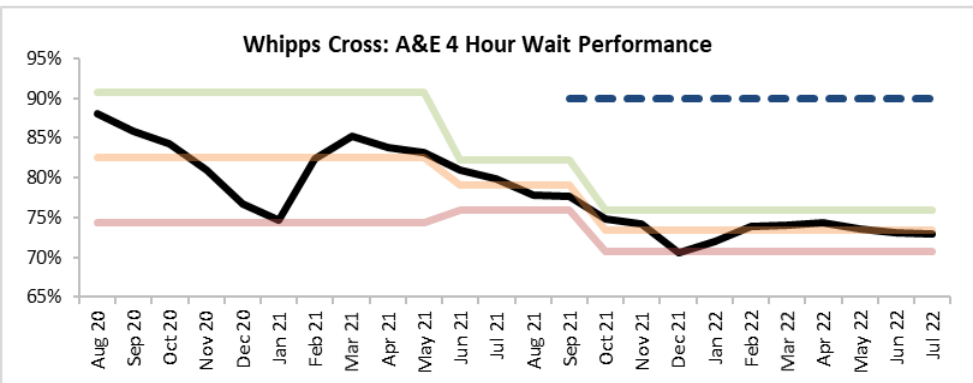
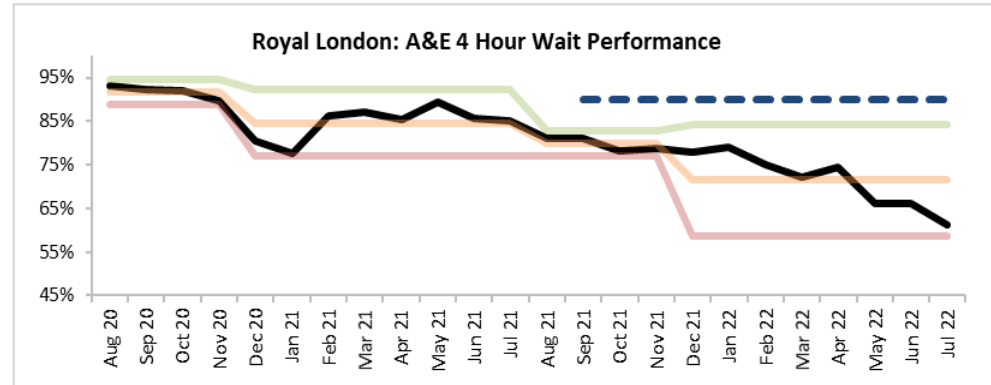
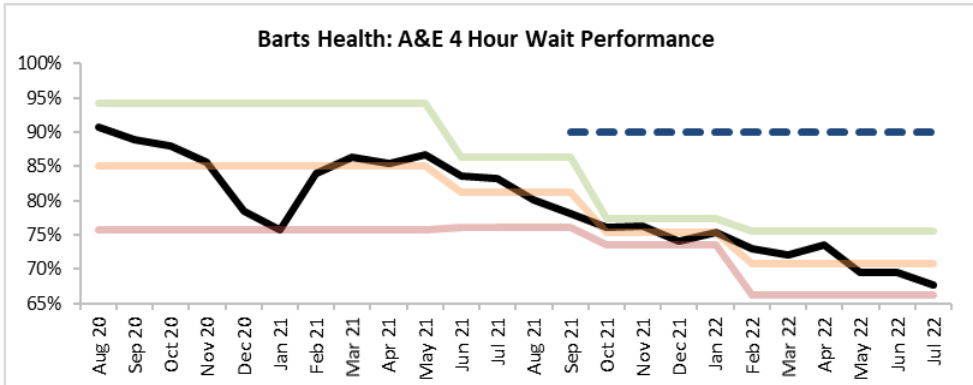
# Quality & Performance Report



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	●			Jul-22 (m)	>= 90%	69.5%	67.6%	70.0%	61.1%	72.9%	71.8%	-	-	67.6%	●
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	●			Jun-22 (m)	>= 85%	64.3%	61.8%	64.6%	47.6%	73.3%	51.5%	57.9%	-	61.8%	●
Cancer 31 Day Diagnosis to First Treatment	●			Jun-22 (m)	>= 96%	96.9%	96.9%	97.4%	87.2%	96.7%	100.0%	100.0%	-	96.9%	●
Cancer 28 Day FDS Breast Symptomatic				Jun-22 (m)	-	99.4%	99.6%	99.1%	-	100.0%	100.0%	99.2%	-	99.6%	●
Cancer 28 Day FDS Screening				Jun-22 (m)	-	89.1%	86.7%	89.3%	78.3%	100.0%	95.0%	-	-	86.7%	●
Diagnostic Waits Over 6 Weeks	●			Jul-22 (m)	>= 95%	72.8%	72.6%	72.4%	55.0%	86.4%	100.0%	76.6%	-	72.6%	●
78+ Week RTT Breaches				Jul-22 (m)	1192	1,261	1,094		747	272	62	11	-	1,094	
104+ Week RTT Breaches				Jul-22 (m)	12	183	79		58	15	0	6	-	79	
Completeness of Ethnicity Recording				Jul-22 (m)		95.2%	95.7%	-	94.7%	97.0%	98.5%	93.3%	-	95.7%	

**Note to table:**

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



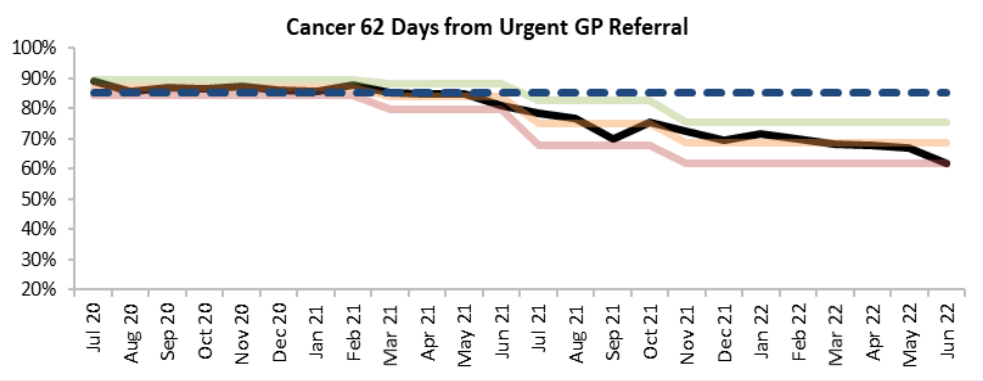
## Performance Overview

- In July 22, 43,959 attendances were recorded, 1,826 fewer than in June 22. For July 2022 a performance of 67.5% was recorded against the 4-hour standard, against 69.4% in June 2022.
- During July 2022 performance was influenced by the impact of Omicron subvariants particularly in relation to Covid bed occupancy, at the start of July 127 Covid inpatients were occupying a bed, increasing to 173 inpatients at the end of the month.

## Responsible Director Update

- For 2022/23 NHS England requires trusts to manage performance against a new standard, 12 hour waiting time from arrival to discharge, admission or transfer, with an operational standard of no more than 2% against all attendances. As a new metric the trust has to be confident in the quality and completeness of the data before performance is reported to the board and the public. The trust has designed and built an operations breach validation tool which was deployed in mid-July meaning that August data will be fully reported in the October Board report.
- Trusts are also required to apply a greater focus on reducing ambulance handover delays with an ambition of eliminating 60 minute delays and ensuring 95% of handovers take place within 30 minutes. This data also requires a validation process which is also being built, with deployment scheduled for the end of August, this means performance will be fully reported in the November Board report.

# Cancer 62 Days From Urgent GP Referral & Faster Diagnosis Standard



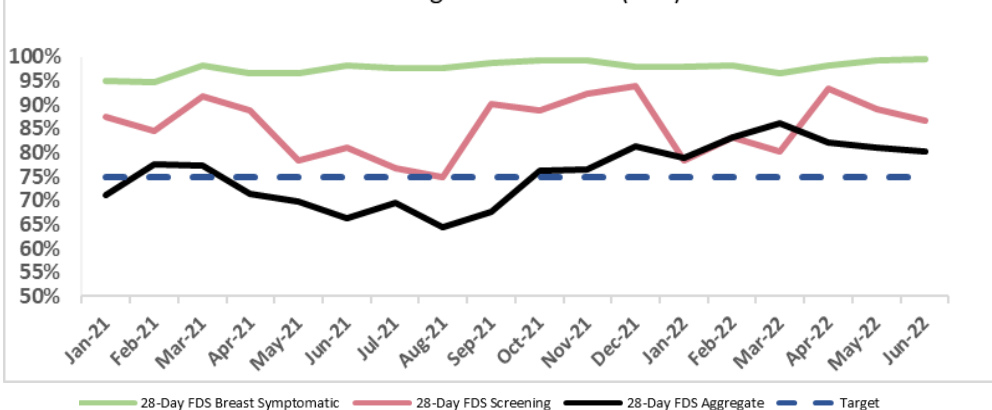
Breakdown by Tumour Sites Failing Standard - Jun-22

Tumour Site	Seen	Breaches	Performance
<b>All Tumour Sites</b>	<b>116.5</b>	<b>44.5</b>	<b>61.8%</b>
Lower Gastrointestinal	11.5	6.5	43.5%
Gynaecological	13.5	7.5	44.4%
Lung	6.5	3.5	46.2%
Head and Neck	7	3.5	50.0%
Urological	30.5	14.5	52.5%
Upper Gastrointestinal	8.5	3.5	58.8%
Breast	21	4.5	78.6%
Haematological	5	1	80.0%

Breakdown by Internal/External Pathways - Jun-22

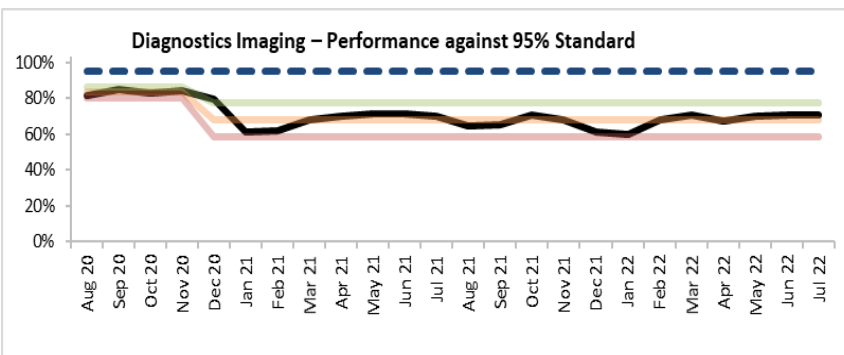
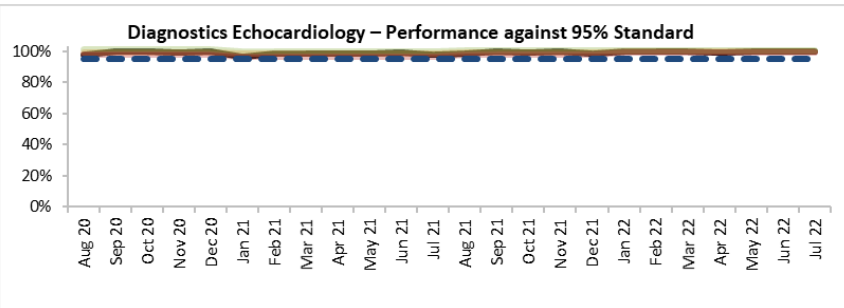
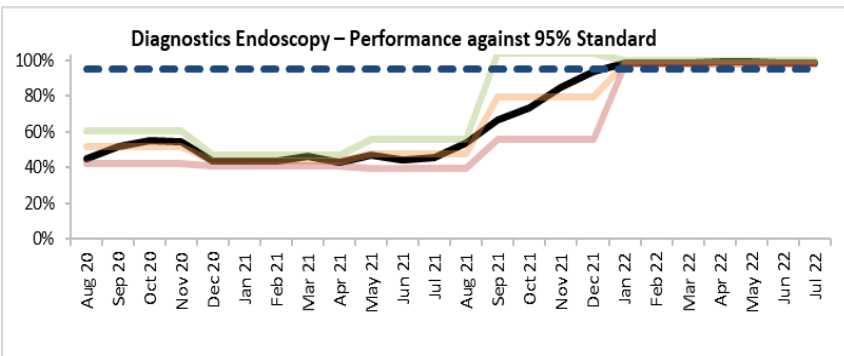
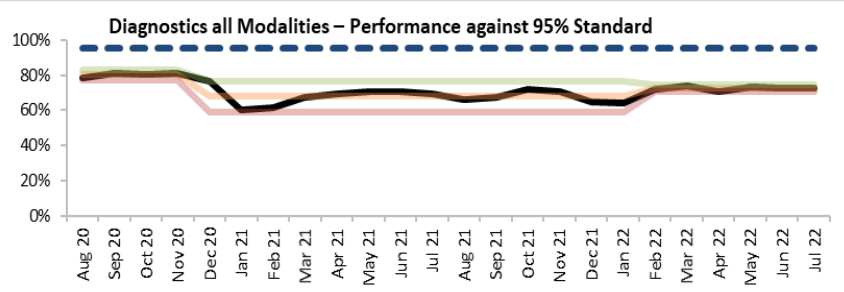
Internal / External	Start Site	End Site	Seen	Breaches	Performance	
Internal	Royal London	Royal London	10	5	50.0%	
		St Bart's	6	3	50.0%	
	Whipps Cross	Royal London	3	1	66.7%	
		Whipps Cross	38	9	76.3%	
		St Bart's	17	7	58.8%	
		Newham	Royal London	3	2	33.3%
		Whipps Cross	4	0	100.0%	
		Newham	9	4	55.6%	
		St Bart's	5	3	40.0%	
		St Bart's	St Bart's	10	3	70.0%
Transfer In	Homerton	Royal London	1.5	1	33.3%	
		St Bart's	3	1.5	50.0%	
	King George	Royal London	0.5	0.5	0.0%	
	Northwick Park	St Bart's	0.5	0.5	0.0%	
	Queen's	Royal London	2	0.5	75.0%	
		St Bart's	1	0.5	50.0%	
	Transfer Out	Royal London	UCLH	1	1	0.0%
		Whipps Cross	Royal Free	0.5	0.5	0.0%
		Newham	Queen's	0.5	0.5	0.0%
			UCLH	1	1	0.0%
<b>Grand Total</b>			<b>116.5</b>	<b>44.5</b>	<b>61.8%</b>	

Cancer Faster Diagnosis Standard (FDS) Metrics



## Commentary

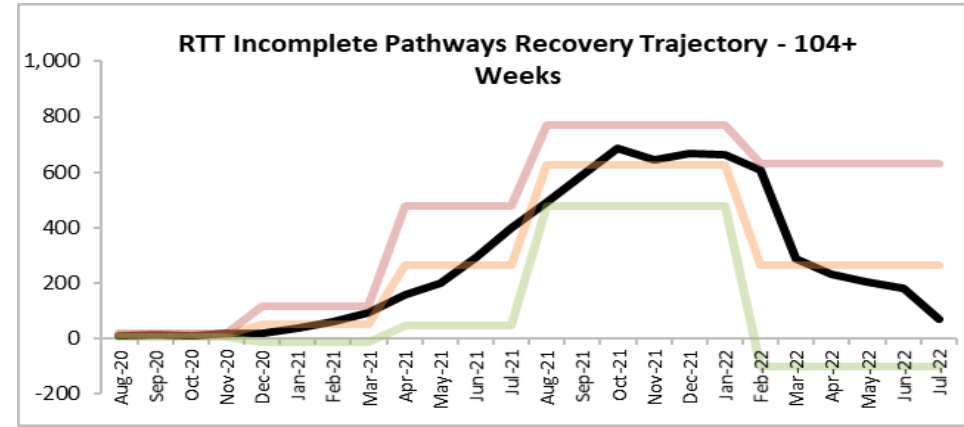
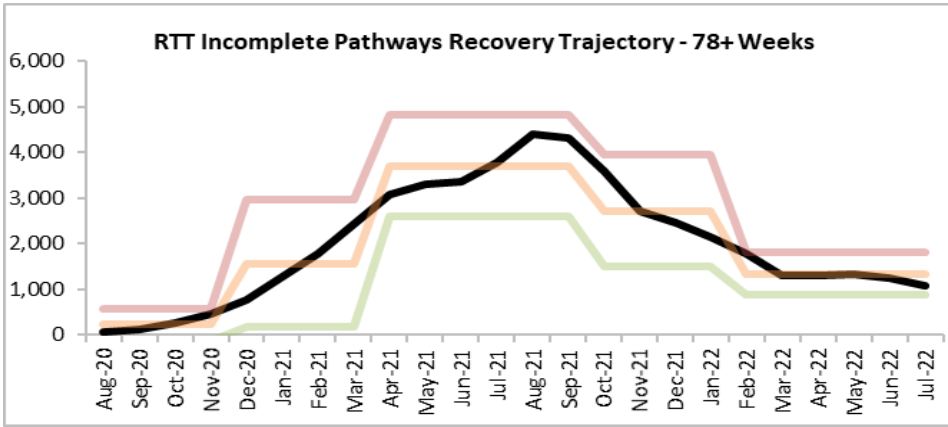
- For June 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 61.8% with 116.5 pathways seen and 44.5 breaches. The cancer leadership team is working to ensure that the number of patients waiting more than 62 days from an urgent referral returns to pre pandemic levels 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 June 2022 the trust is compliant against all three elements of the standard, achieving 80.4% at aggregate level against the 75% standard.



DM01 Breakdown by Test							
Test Name	Jun-22			Jul-22			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Barium Enema	2	2	0.0%	2	2	0.0%	0.0%
Neurophysiology - peripheral neurophysiology	64	32	50.0%	121	99	18.2%	-31.8%
Audiology - Audiology Assessments	1,350	827	38.7%	1,512	953	37.0%	-1.8%
Magnetic Resonance Imaging	8,699	4,493	48.4%	8,223	4,408	46.4%	-2.0%
DEXA Scan	1,509	611	59.5%	1,194	478	60.0%	0.5%
Urodynamics - pressures & flows	43	14	67.4%	42	16	61.9%	-5.5%
Computed Tomography	4,915	1,387	71.8%	4,497	1,180	73.8%	2.0%
Non-obstetric ultrasound	15,077	2,410	84.0%	13,585	2,089	84.6%	0.6%
Cystoscopy	184	26	85.9%	134	19	85.8%	0.0%
Respiratory physiology - sleep studies	48	0	100.0%	54	1	98.1%	-1.9%
Gastroscopy	606	2	99.7%	599	3	99.5%	-0.2%
Flexi sigmoidoscopy	144	0	100.0%	148	0	100.0%	0.0%
Cardiology - echocardiography	2,650	1	100.0%	3,034	0	100.0%	0.0%
Colonoscopy	686	0	100.0%	628	0	100.0%	0.0%
Cardiology - Electrophysiology	0	0	100.0%	1	0	100.0%	0.0%
<b>Grand Total</b>	<b>35,977</b>	<b>9,805</b>	<b>72.7%</b>	<b>33,774</b>	<b>9,248</b>	<b>72.6%</b>	<b>-0.1%</b>

### Commentary

- For July 22 a performance of 72.6% was recorded, almost exactly the same as June's performance. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 88% of all breaches in July 2022.
- For 2022/23 NHS England requires all trusts to deliver up to 120% of 2019/20 BAU activity across the three key modalities of:
  - Echocardiology
  - Endoscopy
  - Imaging
- The aim is to recover six week waiting times to a 95% performance standard by March 2025.



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

Specialty Name	Actual
ENT	191
Colorectal Surgery	169
Trauma & Orthopaedics	167
Urology	93
Gynaecology	68
General Surgery	57
Paediatric Dentistry	55
Oral Surgery	41
Paediatric Ear Nose And Throat	37
Paediatric Audiological Medicine	35

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

Specialty Name	Actual
ENT	13
Trauma & Orthopaedics	8
Urology	7
General Surgery	7
Colorectal Surgery	6
Gynaecology	4
Oral Surgery	3
Allergy	2
Pain Management	2
Paediatric Ear Nose And Throat	2
Plastic Surgery	2
Restorative Dentistry	2

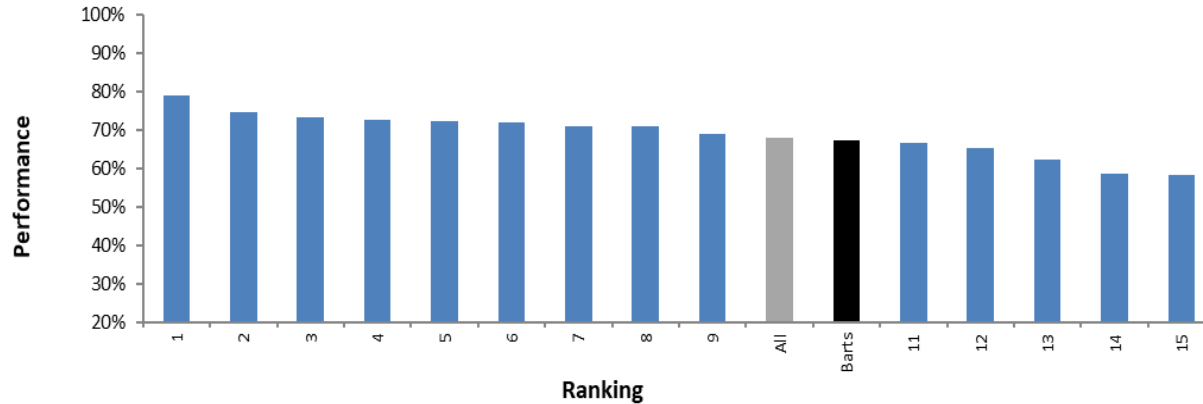
**Performance Overview**

- In relation to the end-month nationally submitted data the trust reported 68 pathways waiting 104+ weeks at the end of July 2022 against 183 reported at the end of June 22 (-115). 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.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last two months with 1,261 pathways reported at the end of June 22 reducing to 1,083 at the end of July 22, a decrease of 178.

**Responsible Director Update**

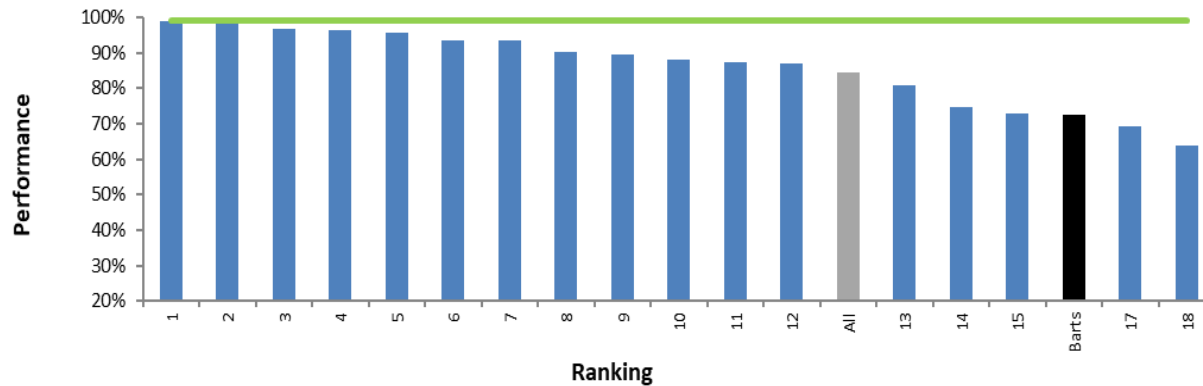
- The Programme Director for Elective Recovery works with the hospital site Directors of Operations through a series of weekly meetings to ensure that long waiter clearance trajectories are being delivered and that if a site or specialty is off plan to agree and implement corrective action.
- Detailed tracking of each patient who is a risk of being at 104+ weeks at the end of August 22 is in place with continued support from other NEL providers on mutual aid where possible.
- Detailed tracking and clearance plans are also in place for patients waiting 78+ weeks with a central NHSE non admitted clearance initiative just launched.

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



- For July 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 the ranked 10<sup>th</sup> worst performing out of 15 trusts reporting data in London and was the 3<sup>rd</sup> best performing out of the top 10 English trusts (ranked by volume of attendances).

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



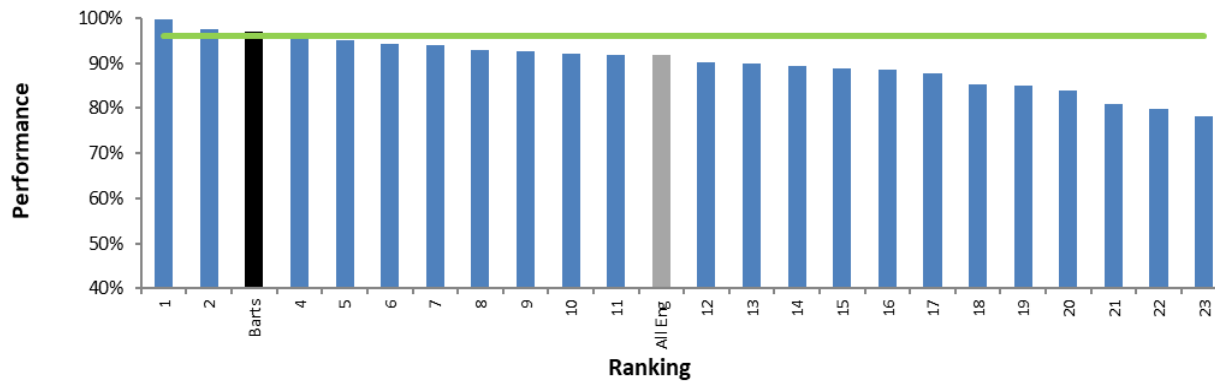
- Looking at the 18 London acute Trusts, for June 2022 (the most recent national data), Barts Health was the 16<sup>th</sup> worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 2<sup>nd</sup> largest waiting list and was the second best performing.



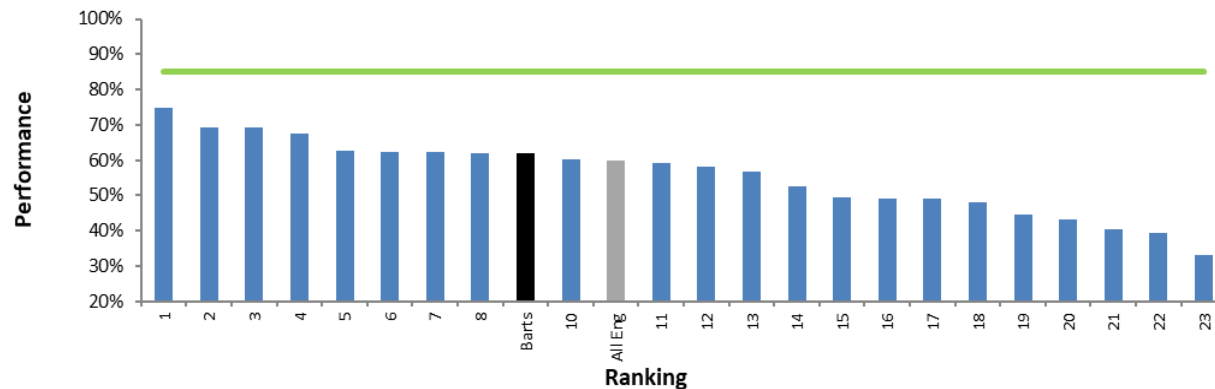
Cancer 2 Week Wait Performance Against Teaching Trusts (Jun-22)



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

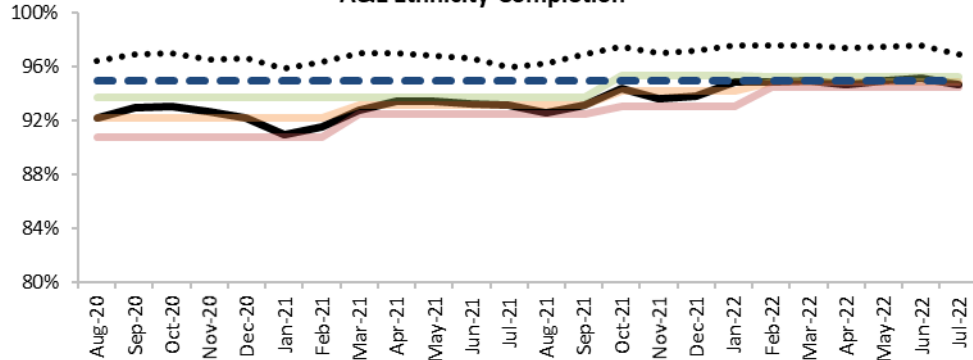


Cancer 62 Days from GP Referral to Treatment Performance Against Teaching Trusts (Jun-22)

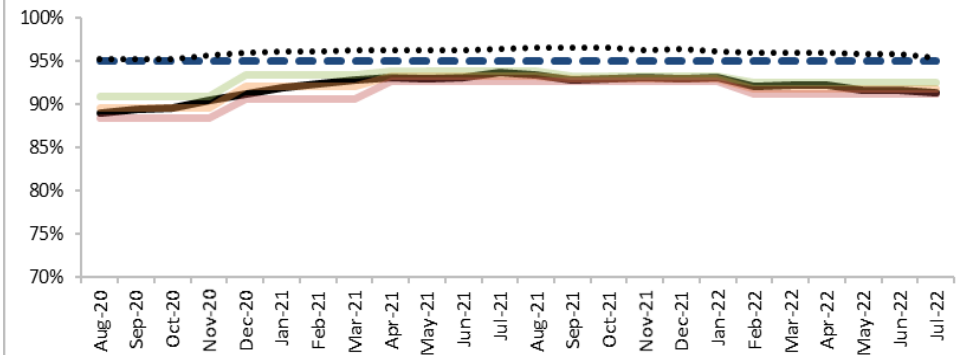


- The trust achieved compliance against the 93% two-week wait target recording a performance of 93.9% for June 22. In relation to benchmarked performance Barts Health ranked the best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in June 22 against the 31 Day Diagnosis to Treatment standard, recording a performance of 96.9% against the 96% target. For June 22, Barts Health was the third best performing of the 23 Teaching Trusts.
- For June 22, the Trust recorded a performance of 61.8% against the 85% 62-day standard and was the seventh best performing of 23 Teaching Trusts. 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 23 in line with national requirements.

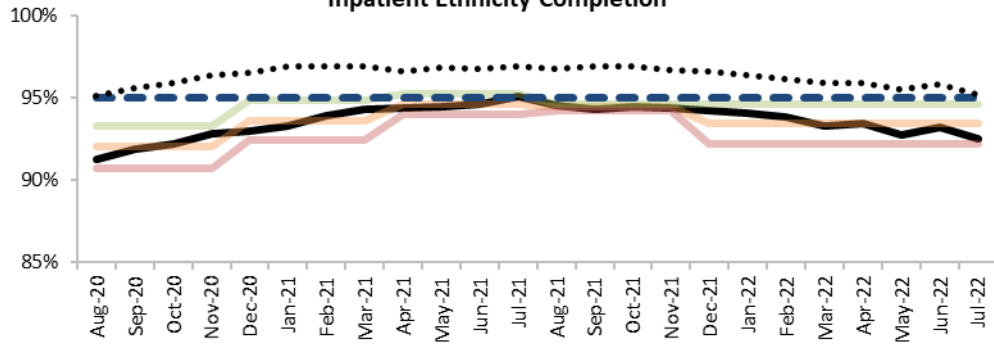
**A&E Ethnicity Completion**



**Outpatient Ethnicity Completion**



**Inpatient Ethnicity Completion**



**Ethnicity Recording by Activity Type - % Completion - Jul-22**

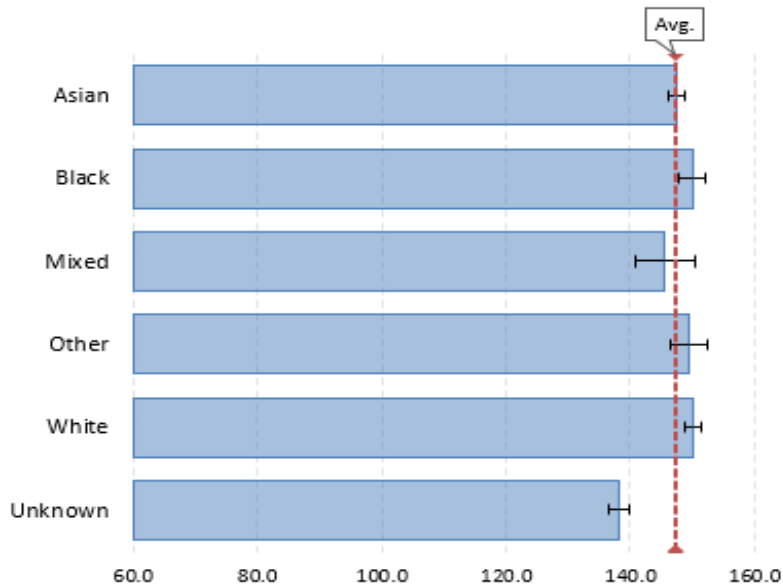
Site	A&E	Inpatient	Outpatient
Royal London	95.7%	89.9%	90.3%
Whipps Cross	93.8%	93.5%	90.7%
Newham	94.0%	95.6%	95.1%
St Bart's	-	95.2%	92.1%
<b>Trust</b>	<b>94.6%</b>	<b>92.5%</b>	<b>91.3%</b>

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

**Performance Overview**

**Responsible Director Update**

Ethnicity



### Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	4,879,886	33,113
Black	1,931,115	12,873
Mixed	369,438	2,538
Other	994,553	6,652
White	5,779,580	38,483
Unknown	2,621,639	18,974

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	147.4	146.0	148.7
Black	150.0	147.8	152.2
Mixed	145.6	140.8	150.3
Other	149.5	146.5	152.6
White	150.2	148.9	151.5
Unknown	138.2	136.5	139.9
<b>Grand Total</b>	<b>147.2</b>		

### Commentary

**At Trust level, there is no practical difference in wait times between ethnic groups.**

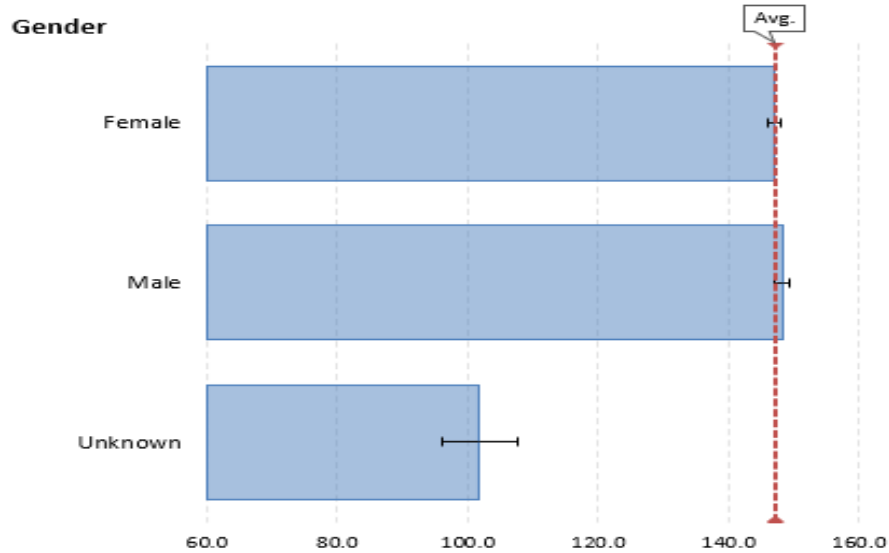
PTL data as of 17 August 2022 shows an average wait time of 147.2 days across all ethnic categories.

Patients who identify as belonging to the 'White' or 'Black' ethnic categories have the longest wait times (150.2 and 150.0 days respectively). However, as 95% confidence intervals for all ethnicities overlap, there is no statistically significant difference in wait times. This means that any difference in wait time between ethnic categories is not practically or materially significant.

Waiting times from the last reporting period, suggested a statistically significant difference between patients who identify as 'White' and 'Asian'. This difference is no longer observed and most likely due to chance.

We are currently looking to understand the difference in waiting times for the 'Unknown' ethnicity group.

The waiting times analysis by ethnicity is now in its third month. Work is underway to include reporting over time to allow meaningful identification and interpretation of trends.



### Commentary

**At Trust level, there is no material or practical difference in waiting times between genders.**

Trust-wide, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (148.4 days vs 147.0 days, respectively). The 95% confidence intervals overlap, and therefore, there is no statistically significant or practical difference in wait times between male and female patients. Additionally, although it's a very small proportion, we are investigating to understand the data quality issues behind the "unknown".

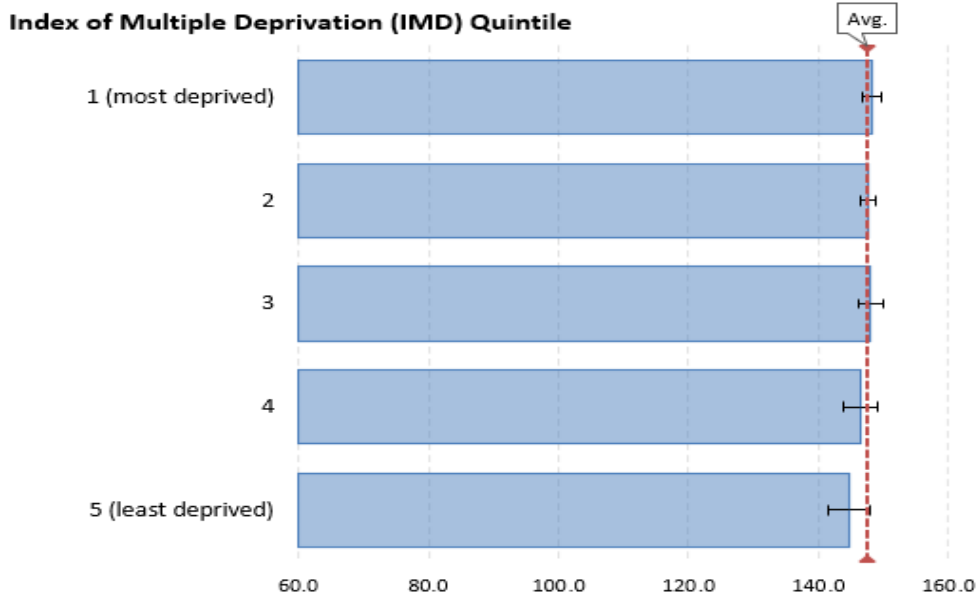
The waiting times analysis by gender is now in its third month. Work is underway to include reporting over time to allow meaningful identification and interpretation of trends.

### Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	9,120,449	62,037
Male	7,343,516	49,494
Unknown	112,246	1,102

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper
Female	147.0	146.0	148.0
Male	148.4	147.3	149.5
Unknown	101.9	96.0	107.7
<b>Grand Total</b>	<b>147.2</b>		



### Commentary

**At Trust level, there is no material or practical difference in wait times between patients living in the most deprived and least deprived areas.**

The average wait time by levels of deprivation (where IMD quintile 1 = most deprived areas and IMD quintile 5 = least deprived areas) is 147.6 days across the Trust.

Patients living in IMD 5 quintile areas have the shortest wait times (144.7 days) compared to other IMD quintile areas. However, the 95% confidence intervals for all IMD quintiles overlap, therefore there is no statistically significant difference in wait times according to level of deprivation. This means that there is no material or practical difference in wait times between patients living in the most deprived areas compared with patients living in the least deprived areas.

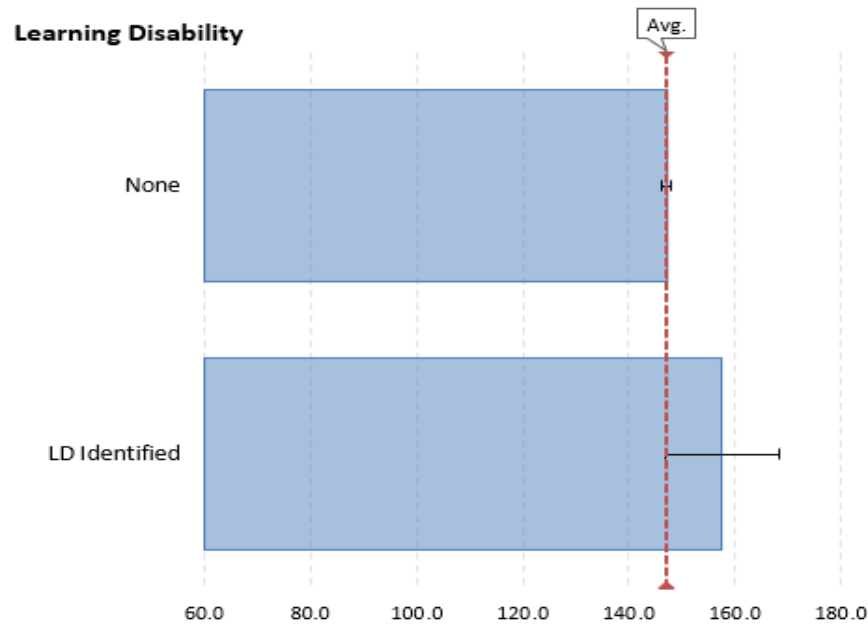
The waiting times analysis by level of deprivation is now in its third month. Work is underway to include reporting over time to allow meaningful identification and interpretation of trends.

### Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,037,929	27,239
2	7,583,744	51,374
3	2,634,229	17,793
4	1,341,300	9,162
5 (least deprived)	789,186	5,455

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	148.2	146.7	149.8
2	147.6	146.5	148.7
3	148.0	146.2	149.9
4	146.4	143.8	149.0
5 (least deprived)	144.7	141.4	147.9
<b>Grand Total</b>	<b>147.6</b>		



### Commentary

At Trust level, patients with learning disabilities, on average, are waiting slightly longer for surgery compared with patients who do not have a learning disability. However, this difference is not statistically significant so could be due to chance.

When looking at the waits by specialty, it becomes apparent that the longer waits for surgery experienced by patients with learning disabilities can be attributed to specific challenges in one specialty - restorative dentistry. Action taken over the last year has significantly reduced the difference in wait times within this specialty, which was previously larger and statistically significant.

Visually, the group identified as having a learning disability will appear as if it is an outlier. However, due to the small size of this patient group (597 pathways) there is no material difference in wait times compared with patients who do not have a learning disability.

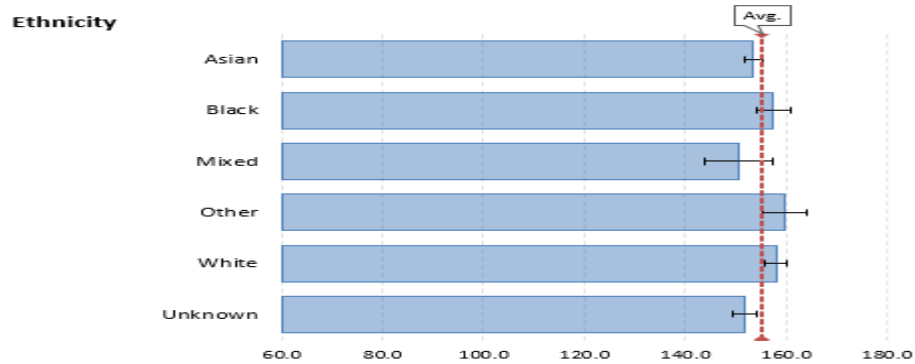
### Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	16,482,110	112,036
LD Identified	94,101	597

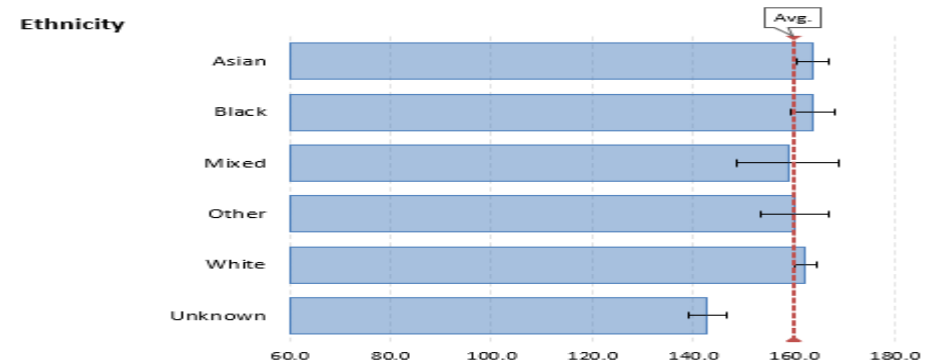
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper
None	147.1	146.4	147.8
LD Identified	157.6	146.8	168.5
<b>Grand Total</b>	<b>147.2</b>		

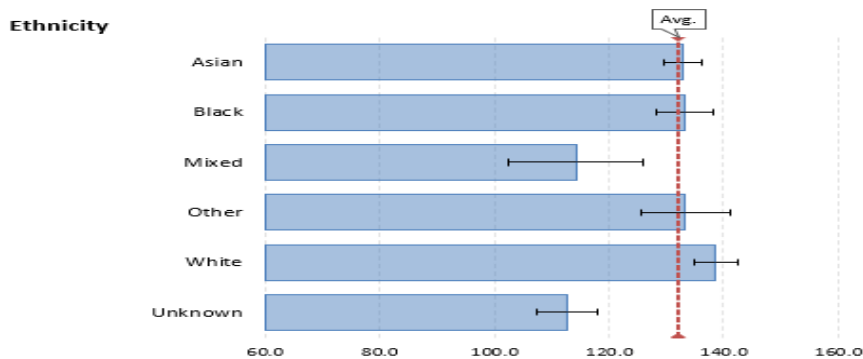
## Royal London



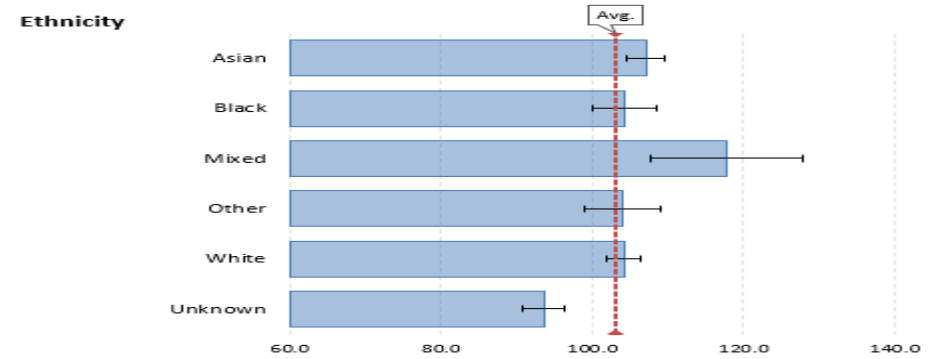
## Whipps Cross



## Newham



## St Barts

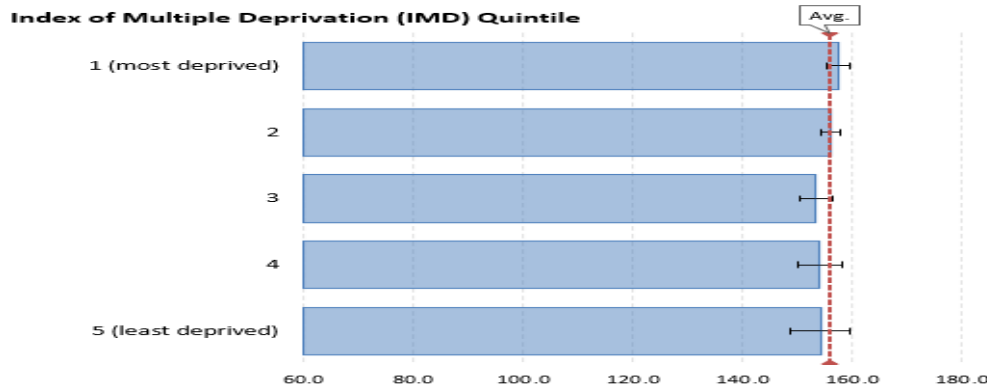


### Commentary

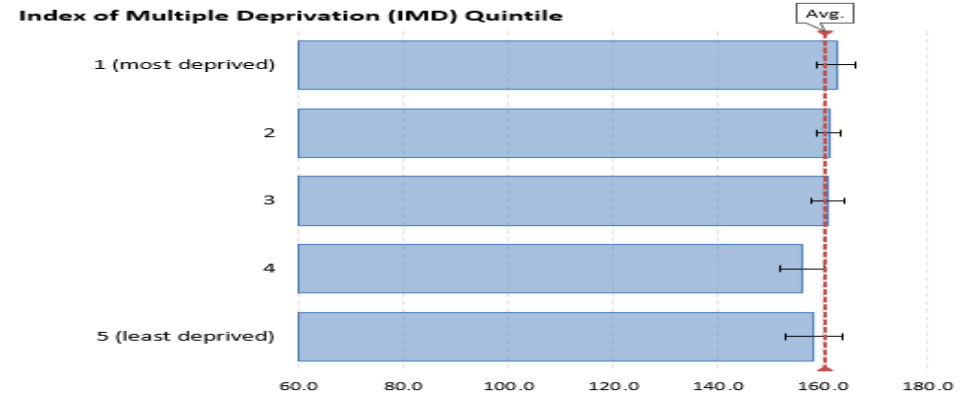
The August data snapshot reflects that at Newham Hospital, patients who identify as 'Mixed' have shorter wait times compared with other ethnic groups. Conversely, 'Mixed' patients at St Barts appear to have longer wait times compared with 'White' patients.

There are no statistical or materially significant differences in waiting times between ethnic groups at RLH or Whipps Cross. The population of 'Mixed' patients across the Trust make up only a small proportion (2.25%) of total patient numbers and therefore it can be expected that waiting times will vary from month to month. This month, RLH and NUH waits for patients of 'Mixed' ethnicity were shorter, and at St Barts 'Mixed' ethnicity waited longer. We will continue to monitor for trends. Additionally, it is important that consideration be given to the size of the 'Unknown' ethnic groups and work carried out to identify patient ethnicity. This month the proportion of 'Unknown' ethnicity ranged from 11.10% at RLH to 19.91% at St Barts.

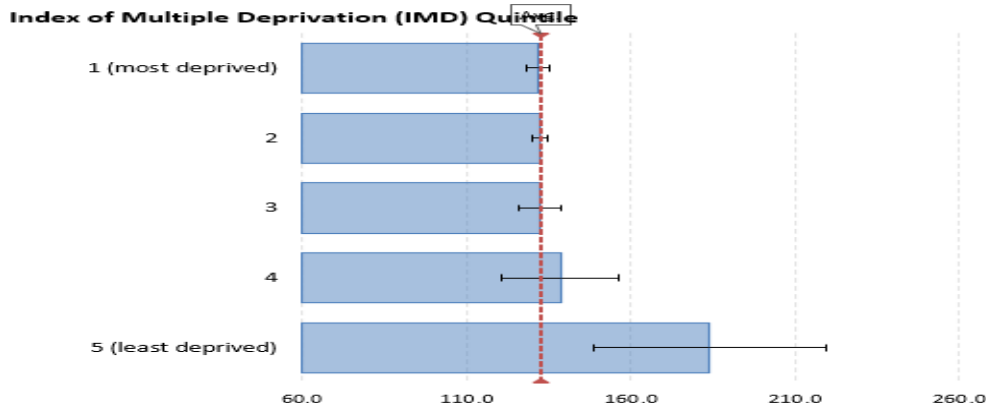
## Royal London



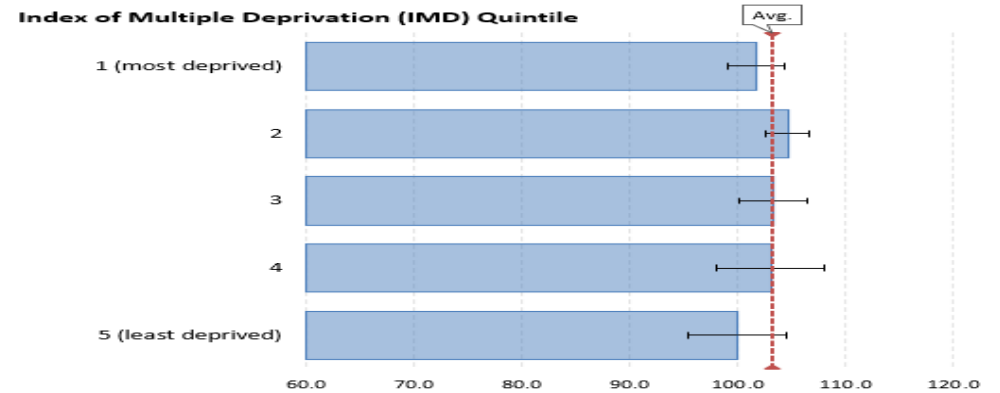
## Whipps Cross



## Newham



## St Barts



### Commentary

Differences in waiting times by deprivation at RLH, Whipps Cross and St Barts are not statistically significant. At Newham Hospital, patients from the least deprived areas (IMD 5) wait longer compared with those from the most deprived areas (IMD 1).

For waits at RLH, Whipps Cross and St Barts the 95% confidence intervals between the five IMD quintiles for each of these sites overlap. Therefore, there is no practical or material difference in wait times.

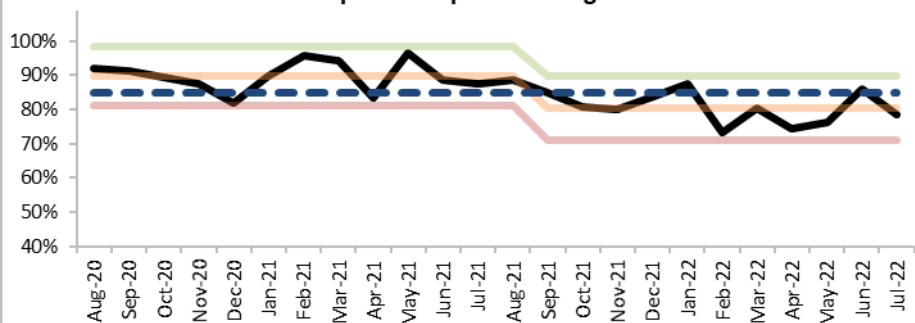
Wait times at Newham Hospital are longer for patients who live in the least deprived areas (IMD quintile 5) at 184.1 days compared with patients in more deprived areas (131.7 days for IMD quintile 1, 132.3 days for IMD quintile 2 and 132.3 days for IMD quintile 3). These findings are statistically significant. One hypothesis is that a proportion of this cohort accessed care privately but wasn't removed from the Patient Tracking List. We are investigating.



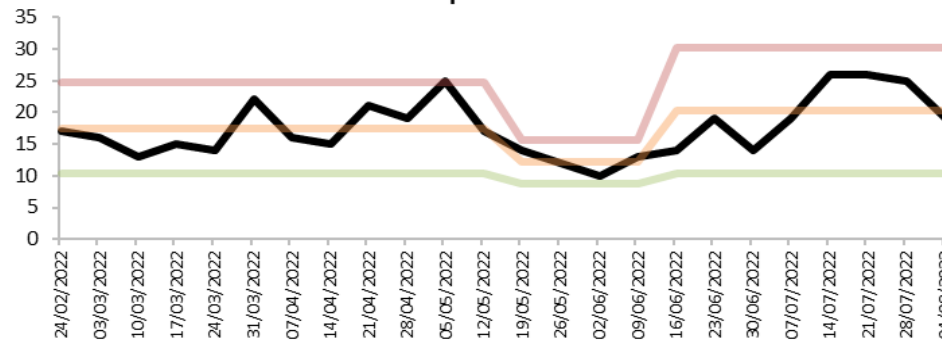
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Patient Experience	C12	MSA Breaches	●			Jun-22 (m)	<= 0	15	20	60	1	5	14	0	-	
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2022/23 Q1 (q)	SPC Breach	23.7	22.6	22.6	31.0	36.3	29.1	7.8	-	
	C1	FFT Recommended % - Inpatients	●			Jun-22 (m)	>= 95%	90.5%	89.5%	90.0%	86.0%	92.2%	84.2%	94.1%	-	
	C2	FFT Recommended % - A&E	●			Jun-22 (m)	>= 86%	60.8%	56.2%	58.9%	53.5%	63.1%	49.9%	-	-	
	C3	FFT Recommended % - Maternity	●			Jun-22 (m)	>= 96%	94.1%	96.4%	94.3%	85.7%	96.7%	97.4%	-	-	
	C20	FFT Response Rate - Inpatients	●			Jun-22 (m)	>= 23%	27.3%	31.1%	28.3%	29.6%	40.2%	17.1%	33.6%	-	
	C21	FFT Response Rate - A&E	●			Jun-22 (m)	>= 12%	7.4%	7.7%	7.7%	7.7%	9.9%	5.8%	-	-	
	C22	FFT Response Rate - Maternity	●			Jun-22 (m)	>= 17.5%	19.5%	15.2%	16.8%	1.8%	40.2%	9.2%	-	-	
	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	●			Jul-22 (m)	>= 85%	85.9%	78.6%	78.9%	85.1%	89.3%	27.8%	100.0%	-	●
	R30	Duty of Candour	●			Jun-22 (m)	>= 100%	97.6%	95.6%	93.1%	93.8%	100.0%	92.9%	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%

Complaints Replied to in Agreed Time



Overdue Complaints - Last 24 Weeks



Complaints Replied to - Top 5 Subjects in Previous 6 Months

Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	315	51
Communication - verbal / written / electronic	117	19
Delays in care	98	24
Appointments / Clinics	65	11
Security and unacceptable behaviour	40	2

Overdue Complaints - Top 5 Subjects as at 04/08/2022

Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in care	7	43	4	218
Diagnosis / Treatment	6	16	3	43
Appointments / Clinics	2	10	5	14
Patient falls	1	9	9	9
Environment	1	18	18	18
Communication - verbal / written / electronic	1	9	9	9
Security and unacceptable behaviour	1	4	4	4

## Performance Overview

- A slight improvement in performance was noted in August, compared with July when a dip in performance was noted. The overall standard we set ourselves is that 80% of complaints received must be responded to, within the negotiated timescales agreed with complainants.
- Although somewhat variable in the last 6 months to date, this pattern of performance is not unusual due to many staff being away for the school and summer holidays. Other contributory factors noted in our performance have included staff turnover, new staff settling in, and staff sickness absence. Delays in the quality assurance process were also noted in one hospital as new executives embedded changes and measures for ensuring the quality of final responses from the hospital improved.
- Overall, stabilising performance and continuing to improve standards is high on our quality improvement agenda and performance remains a standing agenda item in our bi-monthly complaints management improvement group, where issues around performance and quality are regularly monitored and discussed.

## Responsible Director Update

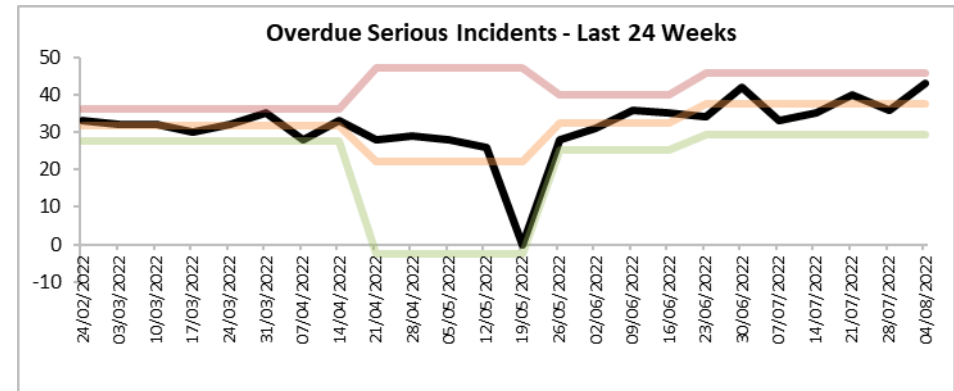
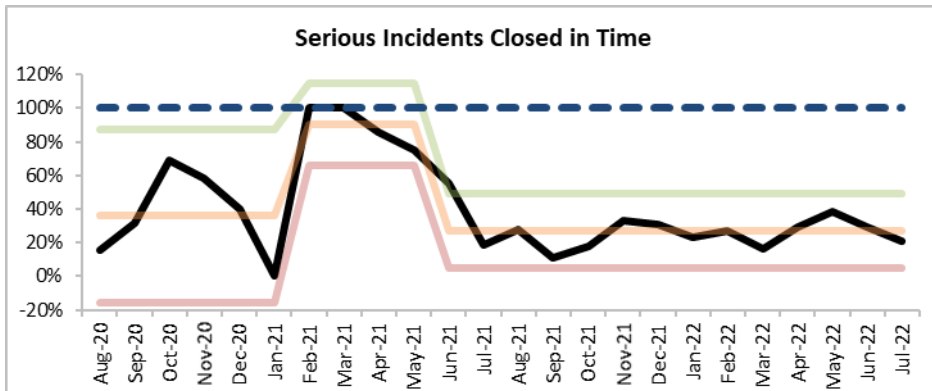
- Overall, hospitals and the central team continue to use the complaints management improvement group as a central point, for addressing quality issues, agreeing objectives and sharing knowledge. This has resulted in more cohesive working across the Group and better collaborative management of complaints.
- Hospitals continue to focus on their performance and they have put in contingency plans for ensuring high performance and improved quality of complaints management in each hospital. Measures include targeted training in specific areas where performance or quality are noted to be an issue and ensuring senior staff within divisions familiarise themselves with standards for maintaining quality in complaints management.

	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	●			Jul-22 (m)	<= 16	15.4	3.3	16.2	3.7	6.1	0.0	0.0	-	
	S11	Clostridium difficile - Incidence	●			Jul-22 (m)	<= 8	9	2	38	1	1	0	0	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Jul-22 (m)	<= 0	1	0	2	0	0	0	0	0	
	S77	MSSA Bacteraemias				Jul-22 (m)	SPC Breach	10	0	34	0	0	0	0	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●			Jul-22 (m)	<= 8	33	2	79	0	1	1	0	0	
Incidents	S3	Never Events	●			Jul-22 (m)	<= 0	1	0	3	0	0	0	0	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Jul-22 (m)	<= 0.9%	1.7%	3.2%	2.0%	5.7%	1.0%	2.1%	2.7%	-	
	S45	Falls Per 1,000 Bed Days	●			Jul-22 (m)	<= 4.8	3.9	3.5	3.7	3.8	2.7	3.3	4.9	-	
	S25	Medication Errors - Percentage Causing Harm	●			Jul-22 (m)	<= 4%	4.1%	5.0%	3.7%	3.3%	6.7%	3.8%	8.1%	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Jul-22 (m)	SPC Breach	52.2	56.6	53.5	45.5	63.5	63.8	70.9	-	
	S53	Serious Incidents Closed in Time	●			Jul-22 (m)	>= 100%	29.4%	21.1%	29.6%	0.0%	0.0%	33.3%	100.0%	-	●

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	●			Jul-22 (m)	<= 0.6	0.7	1.2	1.1	1.2	1.1	0.8	1.9	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Jul-22 (m)	SPC Breach	0.1	0.1	0.1	0.0	0.2	0.0	0.0	-	
	S17	Emergency C-Section Rate				Jun-22 (m)	-	21.2%	20.4%	21.0%	20.5%	17.3%	22.6%	-	-	
	S27	Patient Safety Alerts Overdue	●			Jul-22 (m)	<= 0	0	1	1	-	-	-	-	-	-
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	28	9
Obstetrics	15	3
Treatment	11	2
Appointments and Clinics	7	1
Medication	6	1

**Overdue Serious Incidents - Top 5 Categories as at 04/08/2022**

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	10	24	3	66
Obstetrics	9	29	2	90
Treatment	8	24	3	60
Patient Falls	4	20	1	65
Infection Control	3	29	1	44

### Performance Overview

- Trust performance for closing serious incident investigations deteriorated slightly in July. The overall trend is stable but is not showing a trend toward improvement.
- Support for individual sites who are facing particular challenges in terms of timely closure and overall numbers of incidents (open and overdue) has been identified.

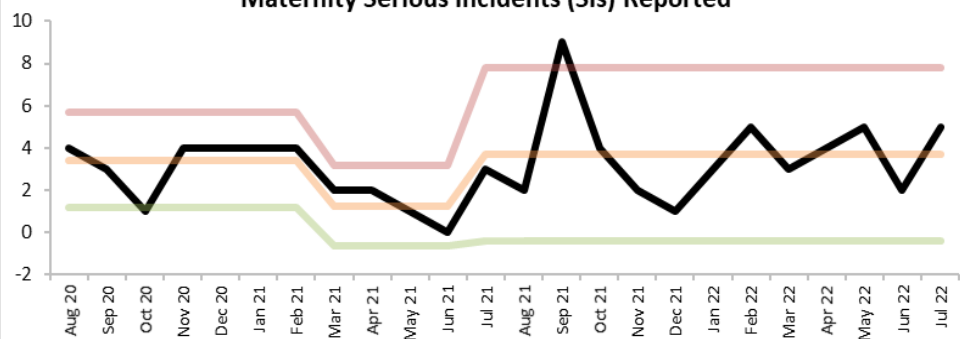
### Responsible Director Update

- With the publication on 16 August of the revised Patient Safety Incident Response Framework (PSIRF) and related documents, focus will begin to move towards a learning approach for safety. This will remove what has long been seen as an unhelpful differentiation between “serious incidents” that meet a predefined threshold and other incidents. The focus will now be on learning responses that deliver the most improvement in patient safety.
- A sub-group of the Trust Patient Safety Improvement Operational Group (PSOG) will support the implementation of the significant change in focus and process required for the successful implementation of PSIRF.
- The 60 working day deadline for completion of serious incidents remains suspended nationally and is not expected to be re-instated. The Trust themselves have chosen to retain the 60 working day target for the purposes of internal monitoring.

	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	●			Jul-22 (m)	<= 0.51	0.74	1.12	0.79	1.85	0.79	0.86	0.43	-	

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

Maternity Serious Incidents (SIs) Reported



Maternity SIs in Latest Month (Jul-22)

Theme	Royal London	Whipps Cross	Newham	Barts Health
<b>Total Number of SIs</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>5</b>
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	1	0	1	2
% HSIB Investigations	50.0%	0.0%	100.0%	40.0%

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

Theme	Royal London	Whipps Cross	Newham	Barts Health
<b>Total Number of SIs</b>	<b>19</b>	<b>8</b>	<b>18</b>	<b>45</b>
Antenatal - Antepartum Stillbirth	3	1	3	7
Neonatal - Unanticipated admission to Neonatal unit	5	2	0	7
Intrapartum - Stillbirth	4	1	2	7
Neonatal - pH <7.1(arterial) at birth	2	2	1	5
Intrapartum - Retained vaginal swab/tampon	2	1	1	4

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

Action Type	Royal London	Whipps Cross	Newham	Barts Health
<b>Total Number of Actions</b>	<b>45</b>	<b>29</b>	<b>82</b>	<b>156</b>
Education and training	13	4	17	34
Review / amend processes	5	5	21	31
No actions recorded	16	3	10	29
Other action	0	0	11	11
Sharing the learning	5	2	4	11

### Progress Summary

- Five serious incidents (SI) were reported to NHS England in July 2022. Three stillbirths were reported as serious incident in July 2022 across the Trust. The Trust recorded one case of a stillbirth at 38 weeks of a diabetic mother, a preterm 27 weeks gestation stillbirth complicated by maternal sepsis, one intrapartum stillbirth after a timely transfer and the other two unexpected term admissions from the midwife-led unit to the neonatal unit for therapeutic cooling. The Healthcare Safety Investigation Branch (HSIB) is investigating the last three SI.
- The one at Newham site was a stillbirth at 38 weeks of a diabetic mother. The Royal London Hospital (RLH) site reported two stillbirths cases, the first one related to a preterm 27 weeks gestation stillbirth complicated by maternal sepsis. The second an intrapartum stillbirth after a timely transfer from the Barkantine Birth centre. The Whipps Cross site reported the last two unexpected term admission from the midwife-led unit to the neonatal unit for therapeutic cooling. The Healthcare Safety Investigation Branch (HSIB) is investigating the last three SI.

### Noteworthy Improvements

- Sites are continuing momentum in timely creation and closing the actions from serious incidents investigations, most notably in the NUH site from 182 at the same period last year to 82 currently.

### Risks & Issues

- All the cases reported above have common themes - care planning and risk assessment that are currently held in a hybrid of digital and handheld recordkeeping across and within the three maternity sites. It is felt that the disparity in digital solution, affects the consistency in care planning or robust outcome measurement across the three maternity services.
- Staffing shortfall secondary to inability to fill bank or agency shifts continues to affect service provision by the maternity services. The Trust has successfully negotiated with NHS England for revised bank rates for the midwifery staff.

### Next Steps

- Maternity had an inspection by the CQC in August and are concurrently preparing for the NHS England's quality assurance visit for the screening pathways.



**Barts Health**  
NHS Trust

# Finance Report





## Finance

- The Trust is reporting a (£19.5m) adverse variance against its breakeven plan for the year to date. This is driven by the impact of unfunded hyper-inflation pressures (£9.0m), other budget overspends primarily relating to slippage on efficiency savings plans (£3.4m) and allowance for potential ERF clawback (£7.0m) by the Integrated Care Boards (ICBs).

### • Income

Income is (£8.9m) adverse against the year to date plan. NHS Patient Treatment income is (£6.0m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance. Allowance for clawback of 75% of ERF allocations (£7.0m) YTD by the 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 (£2.9m) adverse, which is mainly due to reduced private patients activity (£1.3m) and other sites and services income shortfalls (£2.1m), partly offset by an increase in RTA income (£0.6m).

### • Expenditure

Expenditure is (£10.6m) adverse against the year to date plan. Site and Services expenditure is (£23.5m) adverse, primarily due to the impact of unfunded hyper-inflation pressures, underachievement against the 3% recurrent efficiency savings target, and purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first four months of 2022/23 have reduced by c£1.9m per month on the Quarter 4 2021/22 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 and slippage against recurrent efficiency savings plans. Central expenditure is £12.9m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.

- The year to date capital expenditure is £16.2m against a plan of £31.7m, which gives a year to date underspend of £15.5m for exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined total £7.7m) due to contractor related delays and delay in PFI legal agreement respectively. The other significant underspends to note are; PFI RMES/MES Equipment replacement (c£1m) awaiting on variation responses, NUH 2nd CT (c£1.1m) due to unforeseen structural defects, WXH Redevelopment (£1.3m) and NUH Mothballed Theatres (£0.6m).

- Cash balances are £44.8m higher than plan, this is due to higher closing cash balance of £86.7m in March 2022 and other movements in working capital.

### • 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.

Metrics	Current Performance		Trend	Comments
	Year To Date	£millions		
<b>NHS Financial Performance Surplus / (Deficit)</b>	Plan	0.0		<p>The Trust is reporting a (£19.5m) adverse variance against its breakeven plan for the year to date. This is driven by the impact of unfunded hyper-inflation pressures (£9.0m), other budget overspends primarily relating to slippage on efficiency savings plans (£3.4m) and allowance for potential ERF clawback (£7.0m) by the Integrated Care Boards (ICBs).</p>
	Actual	(19.4)		
	Variance	(19.5)		
<b>Total Income</b>	Plan	688.3		<p>Income is (£8.9m) adverse against the year to date plan. NHS Patient Treatment income is (£6.0m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance. Allowance for clawback of 75% of ERF allocations YTD (£7.0m) by the 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 (£2.9m) adverse, which is mainly due to reduced private patients activity (£1.3m) and other sites and services income shortfalls (£2.1m), partly offset by an increase in RTA income (£0.6m).</p>
	Actual	679.4		
	Variance	(8.9)		
<b>Total Expenditure</b>	Plan	(688.2)		<p>Expenditure is (£10.6m) adverse against the year to date plan. Site and Services expenditure is (£23.5m) adverse, primarily due to the impact of unfunded hyper-inflation pressures, underachievement against the 3% recurrent efficiency savings target, and purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first four months of 2022/23 have reduced by c£1.9m per month on the Quarter 4 2021/22 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 and slippage against recurrent efficiency savings plans. Central expenditure is £12.9m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.</p>
	Actual	(698.8)		
	Variance	(10.6)		
<b>Underlying Deficit (Deficit Excluding System Top-Up Income)</b>	Plan	(49.4)		<p>The Trust is reporting a pre system top-up deficit of £68.9m, which is a (£19.5m) 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.</p>
	Actual	(68.9)		
	Variance	(19.5)		

Metrics	Current Performance Year To Date £millions	Trend	Comments																																							
Capital Expenditure	Plan 31.7	<table border="1"> <caption>CAPEX £m</caption> <thead> <tr> <th>Month</th> <th>Actual (£m)</th> <th>Plan (£m)</th> </tr> </thead> <tbody> <tr><td>APR</td><td>1.5</td><td>9.0</td></tr> <tr><td>MAY</td><td>7.0</td><td>6.0</td></tr> <tr><td>JUN</td><td>3.5</td><td>8.0</td></tr> <tr><td>JUL</td><td>3.5</td><td>9.0</td></tr> <tr><td>AUG</td><td></td><td>10.0</td></tr> <tr><td>SEP</td><td></td><td>11.5</td></tr> <tr><td>OCT</td><td></td><td>7.5</td></tr> <tr><td>NOV</td><td></td><td>7.5</td></tr> <tr><td>DEC</td><td></td><td>7.5</td></tr> <tr><td>JAN</td><td></td><td>6.0</td></tr> <tr><td>FEB</td><td></td><td>5.0</td></tr> <tr><td>MAR</td><td></td><td>5.5</td></tr> </tbody> </table>	Month	Actual (£m)	Plan (£m)	APR	1.5	9.0	MAY	7.0	6.0	JUN	3.5	8.0	JUL	3.5	9.0	AUG		10.0	SEP		11.5	OCT		7.5	NOV		7.5	DEC		7.5	JAN		6.0	FEB		5.0	MAR		5.5	<p>The year to date capital expenditure is £16.2m against a plan of £31.7m, which gives a year to date underspend of £15.5m for exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined total £7.7m) due to contractor related delays and delay in PFI legal agreement respectively. The other significant underspends to note are; PFI RMES/MES Equipment replacement (c£1m) awaiting on variation responses, NUH 2nd CT (c£1.1m) due to unforeseen structural defects, WXH Redevelopment (£1.3m) and NUH Mothballed Theatres (£0.6m). The year to date expenditure against the donated programme is £1.4m against a plan of £3.8m resulting in an underspend of £2.4m. The main driver of the underspend is the MEH-Renal Unit due to delays in commencement of the fit out.</p>
	Month		Actual (£m)	Plan (£m)																																						
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Cash	Plan 100.0	<table border="1"> <caption>Cash Balance £m</caption> <thead> <tr> <th>Month</th> <th>Actual (£m)</th> <th>Plan (£m)</th> </tr> </thead> <tbody> <tr><td>APR</td><td>125.0</td><td>125.0</td></tr> <tr><td>MAY</td><td>145.0</td><td>145.0</td></tr> <tr><td>JUN</td><td>110.0</td><td>110.0</td></tr> <tr><td>JUL</td><td>145.0</td><td>105.0</td></tr> <tr><td>AUG</td><td></td><td>85.0</td></tr> <tr><td>SEP</td><td></td><td>75.0</td></tr> <tr><td>OCT</td><td></td><td>70.0</td></tr> <tr><td>NOV</td><td></td><td>70.0</td></tr> <tr><td>DEC</td><td></td><td>50.0</td></tr> <tr><td>JAN</td><td></td><td>50.0</td></tr> <tr><td>FEB</td><td></td><td>50.0</td></tr> <tr><td>MAR</td><td></td><td>60.0</td></tr> </tbody> </table>	Month	Actual (£m)	Plan (£m)	APR	125.0	125.0	MAY	145.0	145.0	JUN	110.0	110.0	JUL	145.0	105.0	AUG		85.0	SEP		75.0	OCT		70.0	NOV		70.0	DEC		50.0	JAN		50.0	FEB		50.0	MAR		60.0	<p>Cash balances are £44.8m higher than plan, this is due to higher closing cash balance of £86.7m in March 2022 and other movements in working capital.</p>
	Month		Actual (£m)	Plan (£m)																																						
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Key Issues
The Trust is reporting a year to date adverse variance of (£19.5m), 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.
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"> <li>- 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,</li> <li>- Performance against the Elective Recovery 104% target and any associated funding clawback for underperformance by ICBs and NHSE,</li> <li>- Ensuring improvements in productivity in order to deliver the 3% efficiency savings target set within Sites and Services budgets,</li> <li>- Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.</li> </ul>

21/22 YTD		In Month			Year to Date			Annual
Prev Yr Actual	<i>Emillions</i>	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	<b>Income</b>							
496.8	NHS Patient Treatment Income	132.4	131.0	(1.4) ●	515.1	509.9	(5.2) ●	1,553.4
1.0	Other Patient Care Activity Income	0.6	0.3	(0.2) ●	2.3	1.0	(1.3) ●	6.8
37.8	Other Operating Income	11.3	10.1	(1.2) ●	42.8	40.7	(2.1) ●	123.8
<b>535.7</b>	<b>Total Income</b>	<b>144.3</b>	<b>141.4</b>	<b>(2.9) ●</b>	<b>560.2</b>	<b>551.6</b>	<b>(8.6) ●</b>	<b>1,684.0</b>
	<b>Operating Expenditure</b>							
(341.7)	Pay	(90.1)	(92.9)	(2.8) ●	(358.3)	(367.9)	(9.6) ●	(1,072.0)
(61.1)	Drugs	(15.4)	(15.5)	(0.1) ●	(61.7)	(67.4)	(5.6) ●	(185.3)
(40.8)	Clinical Supplies	(13.4)	(14.0)	(0.6) ●	(53.6)	(54.0)	(0.4) ●	(159.8)
(102.3)	Other Non Pay	(24.0)	(24.4)	(0.4) ●	(97.3)	(105.1)	(7.8) ●	(292.8)
<b>(545.9)</b>	<b>Total Operating Expenditure</b>	<b>(142.9)</b>	<b>(146.8)</b>	<b>(3.9) ●</b>	<b>(571.0)</b>	<b>(594.4)</b>	<b>(23.5) ●</b>	<b>(1,709.8)</b>
<b>(10.2)</b>	<b>Site &amp; Services Budgets Total</b>	<b>1.4</b>	<b>(5.4)</b>	<b>(6.8) ●</b>	<b>(10.8)</b>	<b>(42.9)</b>	<b>(32.0) ●</b>	<b>(25.8)</b>
(20.1)	Pathology Partnership (net)	(4.6)	(4.5)	0.1 ●	(18.2)	(17.7)	0.5 ●	(54.7)
(0.0)	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0) ●	-	(0.0)	(0.0) ●	-
0.0	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	0.0 ●	0.0
32.2	Central NHS PT Income	6.8	7.2	0.4 ●	41.8	41.0	(0.8) ●	117.4
2.1	Central RTA & OSV Income (net)	0.6	0.7	0.1 ●	2.3	2.5	0.3 ●	6.8
(3.9)	Central Expenditure (net)	0.2	(0.2)	(0.4) ●	0.9	6.7	5.8 ●	2.8
(14.1)	Reserves (net)	(4.1)	(2.5)	1.5 ●	(15.1)	(8.2)	6.8 ●	(43.1)
<b>(14.0)</b>	<b>EBITDA</b>	<b>0.4</b>	<b>(4.7)</b>	<b>(5.1) ●</b>	<b>0.9</b>	<b>(18.6)</b>	<b>(19.5) ●</b>	<b>3.4</b>
(18.1)	Depreciation and Amortisation (net)	(5.9)	(5.9)	0.0 ●	(23.4)	(23.4)	0.0 ●	(70.9)
(21.5)	Interest	(5.9)	(5.9)	0.0 ●	(23.4)	(23.3)	0.1 ●	(70.2)
(4.5)	PDC Dividends	(0.9)	(0.9)	0.0 ●	(3.6)	(3.6)	0.0 ●	(10.7)
<b>(58.1)</b>	<b>Surplus/(Deficit) Before System Top-Up</b>	<b>(12.3)</b>	<b>(17.4)</b>	<b>(5.1) ●</b>	<b>(49.4)</b>	<b>(68.9)</b>	<b>(19.5) ●</b>	<b>(148.4)</b>
58.3	System Top-Up Income	12.4	12.4	- ●	49.5	49.5	- ●	148.4
<b>0.3</b>	<b>NHS Reporting Surplus/(Deficit)</b>	<b>0.0</b>	<b>(5.0)</b>	<b>(5.1) ●</b>	<b>0.0</b>	<b>(19.4)</b>	<b>(19.5) ●</b>	<b>(0.0)</b>
0.1	<i>Profit On Fixed Asset Disposal</i>		0.0			0.1		
-	<i>Loss on return of COVID assets to DHSC</i>		-			-		
(0.6)	<i>Capital Donations I&amp;E Impact</i>		(0.3)			0.3		
-	<i>Fixed Asset Impairments</i>		-			-		
<b>(0.2)</b>	<b>Surplus/(Deficit)</b>		<b>(5.3)</b>			<b>(19.0)</b>		

21/22 YTD	Programme Area	In Month				Year to Date				Annual				
		Actual	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Forecast	Variance	%
	<i>£millions</i>													
0.9	Equipment (Medical and Other)	3.4	0.3	3.2	91 %	8.3	0.9	7.4	90 %	23.9	17.2	6.7	28 %	
2.8	Informatics	1.1	0.2	0.9	85 %	2.4	0.4	2.0	82 %	8.0	5.5	2.5	31 %	
3.3	Estates	0.5	1.4	(0.9)	(167)%	3.1	5.4	(2.3)	(75)%	7.9	42.4	(34.5)	(440)%	
2.6	New Build and Site Vacations	3.1	0.7	2.3	76 %	9.6	1.2	8.4	88 %	33.3	28.8	4.5	14 %	
2.9	PFI Lifecycle Assets	0.9	0.9	(0.0)	(0)%	3.5	3.5	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%	
-	Finance Lease	-	-	-	- %	4.8	4.8	0.0	0 %	8.4	8.4	-	- %	
<b>12.4</b>	<b>Total Trust Funded Assets</b>	<b>9.0</b>	<b>3.5</b>	<b>5.5</b>	<b>61 %</b>	<b>31.7</b>	<b>16.2</b>	<b>15.5</b>	<b>49 %</b>	<b>91.8</b>	<b>112.7</b>	<b>(20.8)</b>	<b>(23)%</b>	
1.4	Donated	1.1	0.0	1.1	99 %	3.8	1.4	2.4	64 %	9.9	9.9	(0.0)	(0)%	
<b>13.8</b>	<b>Total Capital Expenditure</b>	<b>10.1</b>	<b>3.5</b>	<b>6.6</b>	<b>66 %</b>	<b>35.5</b>	<b>17.5</b>	<b>18.0</b>	<b>51 %</b>	<b>101.8</b>	<b>122.6</b>	<b>(20.8)</b>	<b>(20)%</b>	

### Key Messages

The current approved exchequer forecast is £112.7m, unchanged from last month. The current exchequer annual plan is £91.8m, an increase on the previous month's plan of £90.6m. The increase is due to £1.2m of PDC funding awarded for a 2nd CT at Newham. The plan overcommitment is reduced to £20.8m (£22.1m in Month 3) against the funded plan as a consequence.

\*The overcommitment of £20.8m noted above does not include the £10.4m payment for IFRIC 12 (a payment relating to the PFI). A reconciliation of the overcommitment against the approved exchequer funding and total capital programme is provided at the bottom of the capital funding table on the right.

In addition to £1.2m PDC for the Newham 2nd CT, informal approval has been received for two of the three TIF schemes:

- NUH Mothballed Theatres, £5.2m; and
- SBH ITU expansion, £12.4m in total and £1m in 2022/23.

Negotiations are underway with NHS London to secure funding to support the over committed schemes and for the third TIF scheme - Newham Modular Build. The Trust will submit bids for any centrally released funding for items such as diagnostic equipment, elective recovery, and digital transformation as the opportunities arise.

Expenditure in Month 4 is £3.5m against the original phased plan of £9.0m, an adverse variance of £5.5m. The variance can be attributed to the slow start of the schemes and delays experienced in major schemes such as WXH Redevelopment, NUH 2nd CT, Mothballed Theatres and NUH Modular Build largely due to uncertainties around the funding. Project managers and budget holders are once again asked to begin spending their capital allocations as soon as possible.

The cumulative expenditure at Month 4 is £16.2m against a plan of £31.7m, which results in a year to date adverse variance of £15.5m for the exchequer funded schemes. The main drivers of this underspend are Newham Fire Programme and Newham Modular Build (combined total £7.7m) due to contractor related delays and delay in PFI legal agreement respectively. The other significant underspends to note are; PFI RMES/MES Equipment replacement (c£1m) awaiting on variation responses, NUH 2nd CT (c£1.1m) due to unforeseen structural defects, WXH Redevelopment (£1.3m) and NUH Mothballed Theatres (£0.6m).

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. An analysis of committed/ordered expenditure against the schemes approved in year is being undertaken and the results will be presented to ISC to aid decision making for funds to be reallocated where appropriate.

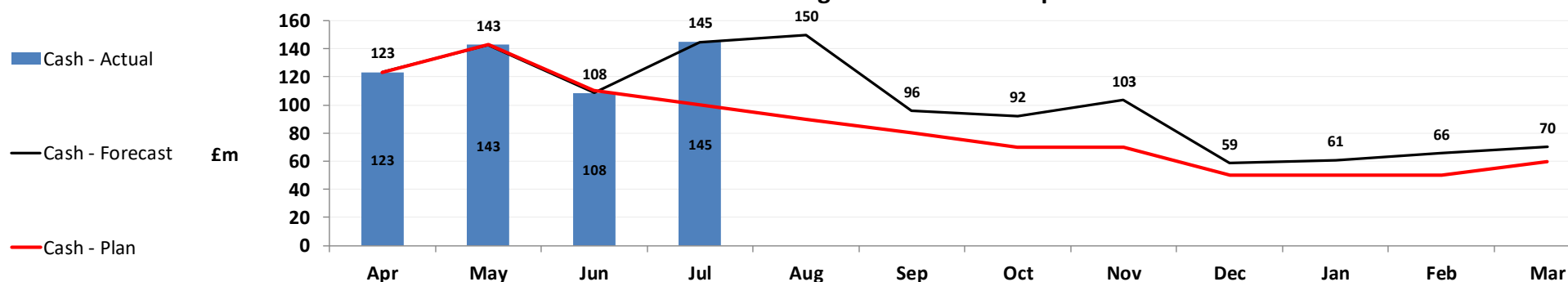
There is also a £9.9m programme funded by charitable donations and expenditure to date against donated schemes is £1.4m with an adverse variance of £2.4m to plan. The main driver of the underspend is the MEH-Renal Unit due to delays in commencement of the fit out.

### 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 %
<b>Net Depreciation</b>	<b>33.8</b>	<b>33.8</b>	<b>-</b>	<b>100 %</b>
CRL (not cash backed)	18.6	-	18.6	- %
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	- %
PDC: NUH 2nd CT	1.2	1.2	-	100 %
<b>Planned Capital exc. Donated</b>	<b>91.8</b>	<b>36.1</b>	<b>55.8</b>	<b>39 %</b>
Asset sales	-	-	-	- %
<b>Total Approved Exchequer Funding exc. Donated*</b>	<b>91.8</b>	<b>36.1</b>	<b>55.8</b>	<b>39 %</b>
Donated	9.9	1.4	8.6	14 %
<b>Planned Capital inc. Donated</b>	<b>101.8</b>	<b>37.4</b>	<b>64.3</b>	<b>37 %</b>
*Overcommitment (plan less forecast, Pre-IFRIC)	(20.8)			
Adjustment for IFRIC	(10.4)			
<b>Total overcommitment (per plan)</b>	<b>(31.2)</b>			

£millions	Actual				Forecast								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
<b>Opening cash at bank</b>	<b>86.7</b>	<b>123.4</b>	<b>143.0</b>	<b>108.4</b>	<b>144.8</b>	<b>149.9</b>	<b>95.7</b>	<b>92.1</b>	<b>103.4</b>	<b>58.6</b>	<b>60.7</b>	<b>65.6</b>	<b>86.7</b>
<b>Cash inflows</b>													
Healthcare contracts	161.5	156.5	150.9	159.3	159.1	159.0	147.6	147.5	147.5	147.5	147.5	192.8	1,876.7
Other income	23.5	37.0	16.5	40.5	30.7	15.9	34.8	22.8	15.8	32.8	22.2	37.5	330.0
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	10.4	10.8	-	-	8.5	29.7
<b>Total cash inflows</b>	<b>185.0</b>	<b>193.5</b>	<b>167.4</b>	<b>199.8</b>	<b>189.8</b>	<b>174.9</b>	<b>182.4</b>	<b>180.7</b>	<b>174.1</b>	<b>180.3</b>	<b>169.7</b>	<b>238.8</b>	<b>2,236.4</b>
<b>Cash outflows</b>													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(55.8)	(65.1)	(55.6)	(55.6)	(58.2)	(55.6)	(55.6)	(58.2)	(685.8)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(42.9)	(49.7)	(44.0)	(44.0)	(44.0)	(44.0)	(44.0)	(503.1)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(77.1)	(106.1)	(71.5)	(63.4)	(106.7)	(71.1)	(56.5)	(102.3)	(953.0)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(8.7)	(9.7)	(9.2)	(6.4)	(10.0)	(7.5)	(8.7)	(24.5)	(100.5)
Dividend and Interest payable	-	-	-	-	-	(5.3)	-	-	-	-	-	(5.3)	(10.6)
<b>Total cash outflows</b>	<b>(148.3)</b>	<b>(173.9)</b>	<b>(202.0)</b>	<b>(163.4)</b>	<b>(184.7)</b>	<b>(229.1)</b>	<b>(186.0)</b>	<b>(169.4)</b>	<b>(218.9)</b>	<b>(178.2)</b>	<b>(164.8)</b>	<b>(234.3)</b>	<b>(2,253.0)</b>
<b>Net cash inflows / (outflows)</b>	<b>36.7</b>	<b>19.6</b>	<b>(34.6)</b>	<b>36.4</b>	<b>5.1</b>	<b>(54.2)</b>	<b>(3.6)</b>	<b>11.3</b>	<b>(44.8)</b>	<b>2.1</b>	<b>4.9</b>	<b>4.5</b>	<b>(16.6)</b>
<b>Closing cash at bank - actual / forecast</b>	<b>123.4</b>	<b>143.0</b>	<b>108.4</b>	<b>144.8</b>	<b>149.9</b>	<b>95.7</b>	<b>92.1</b>	<b>103.4</b>	<b>58.6</b>	<b>60.7</b>	<b>65.6</b>	<b>70.1</b>	<b>70.1</b>
<b>Closing cash at bank - plan</b>	<b>123.4</b>	<b>143.0</b>	<b>110.0</b>	<b>100.0</b>	<b>90.0</b>	<b>80.0</b>	<b>70.0</b>	<b>70.0</b>	<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	<b>60.0</b>	<b>60.0</b>

Month End Closing Cash Balance Compared to Plan



**Key Messages**

Cash balances are £44.8m higher than plan, this is due to 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	
	<b>Non-current assets:</b>													
1,430.8	Property, plant and equipment	1,427.8	1,467.3	1,463.8	1,461.1	1,474.5	1,481.6	1,485.1	1,490.2	1,493.1	1,494.5	1,495.1	1,497.4	66.6
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	17.2	17.3	17.2	17.2	17.2	17.2	17.1	17.1	17.1	2.0
<b>1,446.1</b>	<b>Total non-current assets</b>	<b>1,443.1</b>	<b>1,484.8</b>	<b>1,481.2</b>	<b>1,478.5</b>	<b>1,491.9</b>	<b>1,498.9</b>	<b>1,502.4</b>	<b>1,507.5</b>	<b>1,510.4</b>	<b>1,511.7</b>	<b>1,512.3</b>	<b>1,514.5</b>	<b>68.5</b>
	<b>Current assets:</b>													
24.3	Inventories	26.2	25.7	25.7	25.9	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	86.2	78.7	91.1	72.3	98.0	88.1	83.0	74.4	109.4	(18.2)
86.7	Cash and cash equivalents	123.4	143.0	108.4	144.8	149.9	95.7	92.1	103.4	58.6	60.7	65.6	70.1	(16.6)
<b>238.6</b>	<b>Total current assets</b>	<b>248.8</b>	<b>243.1</b>	<b>245.5</b>	<b>256.9</b>	<b>252.6</b>	<b>210.8</b>	<b>188.4</b>	<b>225.4</b>	<b>170.7</b>	<b>167.7</b>	<b>164.0</b>	<b>203.5</b>	<b>(35.1)</b>
<b>1,684.7</b>	<b>Total assets</b>	<b>1,691.9</b>	<b>1,727.9</b>	<b>1,726.7</b>	<b>1,735.4</b>	<b>1,744.5</b>	<b>1,709.7</b>	<b>1,690.8</b>	<b>1,732.9</b>	<b>1,681.1</b>	<b>1,679.4</b>	<b>1,676.3</b>	<b>1,718.0</b>	<b>33.4</b>
	<b>Current liabilities</b>													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(254.6)	(200.5)	(208.8)	(250.2)	(176.0)	(184.7)	(181.2)	(206.0)	32.9
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(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)	(36.9)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.4)	(9.3)
<b>(284.7)</b>	<b>Total current liabilities</b>	<b>(299.9)</b>	<b>(311.7)</b>	<b>(317.3)</b>	<b>(333.5)</b>	<b>(311.7)</b>	<b>(257.6)</b>	<b>(248.4)</b>	<b>(289.8)</b>	<b>(215.6)</b>	<b>(224.3)</b>	<b>(220.8)</b>	<b>(245.2)</b>	<b>39.5</b>
<b>(46.1)</b>	<b>Net current (liabilities) / assets</b>	<b>(51.1)</b>	<b>(68.6)</b>	<b>(71.8)</b>	<b>(76.6)</b>	<b>(59.1)</b>	<b>(46.8)</b>	<b>(60.0)</b>	<b>(64.4)</b>	<b>(44.9)</b>	<b>(56.6)</b>	<b>(56.8)</b>	<b>(41.7)</b>	<b>4.4</b>
<b>1,400.0</b>	<b>Total assets less current liabilities</b>	<b>1,392.0</b>	<b>1,416.2</b>	<b>1,409.4</b>	<b>1,401.9</b>	<b>1,432.8</b>	<b>1,452.1</b>	<b>1,442.4</b>	<b>1,443.1</b>	<b>1,465.5</b>	<b>1,455.1</b>	<b>1,455.5</b>	<b>1,472.8</b>	<b>72.9</b>
	<b>Non-current liabilities</b>													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(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)	(938.5)	(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
<b>(924.1)</b>	<b>Total non-current liabilities</b>	<b>(922.1)</b>	<b>(951.8)</b>	<b>(947.1)</b>	<b>(945.0)</b>	<b>(946.5)</b>	<b>(937.3)</b>	<b>(937.3)</b>	<b>(937.3)</b>	<b>(928.1)</b>	<b>(928.1)</b>	<b>(928.1)</b>	<b>(919.2)</b>	<b>4.8</b>
<b>475.9</b>	<b>Total Assets Employed</b>	<b>469.9</b>	<b>464.4</b>	<b>462.3</b>	<b>456.9</b>	<b>486.3</b>	<b>514.8</b>	<b>505.1</b>	<b>505.8</b>	<b>537.4</b>	<b>527.0</b>	<b>527.4</b>	<b>553.6</b>	<b>77.7</b>
	<b>Financed by:</b>													
	<b>Taxpayers' equity</b>													
1,048.3	Public dividend capital	1,048.3	1,048.3	1,048.3	1,048.3	1,055.6	1,083.2	1,072.7	1,072.7	1,093.1	1,093.1	1,093.1	1,119.2	70.9
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(871.2)	(870.3)	(869.5)	(868.8)	(857.6)	(868.0)	(867.6)	(867.5)	6.8
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
<b>475.9</b>	<b>Total Taxpayers' Equity</b>	<b>469.9</b>	<b>464.4</b>	<b>462.3</b>	<b>456.9</b>	<b>486.3</b>	<b>514.8</b>	<b>505.1</b>	<b>505.8</b>	<b>537.4</b>	<b>527.0</b>	<b>527.4</b>	<b>553.6</b>	<b>77.7</b>



**Barts Health**  
NHS Trust

# People Report





### Looking After the Trust's People

- **Annualised sickness absence rate** has continued to increase to 5.22% (from 5.19%). Sick absence related to COVID has an annualised rate of 0.94%, which means that the annualised rate excluding covid is at 4.28%
- In month sick absence for Jun 2022 was at 4.60%, up from the 4.33% in May 2022 and higher than the same period in 2021 (4.22%).
- The increase in annualised absence is expected to continue once July is formally reported, with in month absence in July 2022 being significantly higher than July 2021 (5.4% against 4.6%). This is reflective of increase spike in COVID cases experienced through June and into July. Current indications are that cases in August are down compared to August 2022 in which case we may then see our absence rates reduce.
- The percentage of sick absence that is long term (28+ days) has reduced in the last 12 months from 2.9% to 2.4% The employee wellbeing service now undertaking it's second cycle of deep dives into staff who have hit long term sick triggers. This will be followed up by a report of the outcomes into the People Executive committee in September 2022.
- **Appraisal rates** – recorded non-medical appraisals rate has reduced to 51.1%, down from 52.1. Medical appraisals have reduced to 87% down from 92%.
- A new piece of work has been commissioned to review the current appraisal process and build on our shared strategy and ambition on appraisals to develop an innovative and engaging new appraisal approach, which will support us to increase completion rates. It will also look to equip individuals with the tools, techniques and behaviours to encourage individual ownership of careers, improving the positioning of appraisals within our wider WeBelong initiatives.

### Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Substantive Staffing** - The Trust's substantive staff fill rate reduced to 89.4% from 90.3%. This is driven by a small increase in budget of 67 WTE and a reduction of staff in post of 104 WTE. Key drivers of the reduction of staff in post include
  - A reduction in pharmacy related trainees – this is due to leavers at the end of their training programmes
  - An increase in admin staff retiring, with more in July-22 than we would normally see, including more than in December and March which are the normal peak months for retirement.
  - A reduction in medics due to doctors nearing the end of their fixed term contract and moving elsewhere (promotion, relocation). These gaps are expected to be resolved with the August rotation
- The registered nursing and midwifery vacancy rate dropped from 83.2% to 82.8% due to a small (17 WTE) reduction in staff in post and a 12 WTE increase in budget. In August we are anticipating over 40 new international nurse starters and a strong pipeline into September and October.
- **Recruitment** – 404 unconditional offers were made, up from 323 in Jun 2022 and reflective of the volume of overall work, including advertising, where 1,259 WTE worth of adverts were placed in the month. Demand on the recruitment team remains higher than expected with activity at 168% of the actual capacity of the team. This increase in activity has created a bulge in the recruitment pipeline as more candidates enter the clearance process, and we expect time to hire to increase as the team work through this and new colleagues are brought in to support. The pipeline (as at 8<sup>th</sup> August) stood at 781 in the non-medical staff groups, of which 382 are registered nurses and 89% are external. This bodes well for the future as clearances are completed and start dates agreed.

## Growing the Workforce – Recruitment, Temporary Staffing and Turnover

- **Turnover** – annualised voluntary turnover has increased to 13.8% this month from 13.5%. This continues the upward trend seen since early 2021. Year on year it has increased from 9.6% (Jul 21).
- Across the group we are seeing continued increases although the level of change varies, from a marginal +0.02% at St Barts to +0.36% in Group Support Services. There is also notable variation across staff groups and sites. Such as improved turnover rates for registered nursing at Whipps and St Bartholomews but increased rates at The Royal London and Newham
- Work is ongoing through the People Promise Exemplar Programme to improve the experience of colleagues working at Barts Health and improve retention. Progress on this so far includes
  - Clinical Psychology team providing both 1:1 and group support to teams
  - Focus on RLH Critical Care to support nursing staff to get the basics right for them such as fixing staff fridges
  - A pilot of the WeLead programme at Newham with trust roll-out to come, in the autumn
  - Developing the flexible and agile working offerings across the group
  - Implementation of the Scope for Growth model for career progression
- **Temporary staffing** – temporary staffing usage increased by 150 WTE compared to June, with an increase of 74 WTE agency and 76 WTE bank. The proportion of temporary staff as part of the workforce increased from 14.0% to 14.8% whilst spend on temporary staff as a proportion of pay budget increased from 15.8% to 16.8%. Agency spend accounted for 4.8% of spend against budget.
- In month spend on agency for Jul was £5.0 m for Agency and for bank was £11.5m. YTD these were £18.8m and £45.0m respectively

## Barts Health

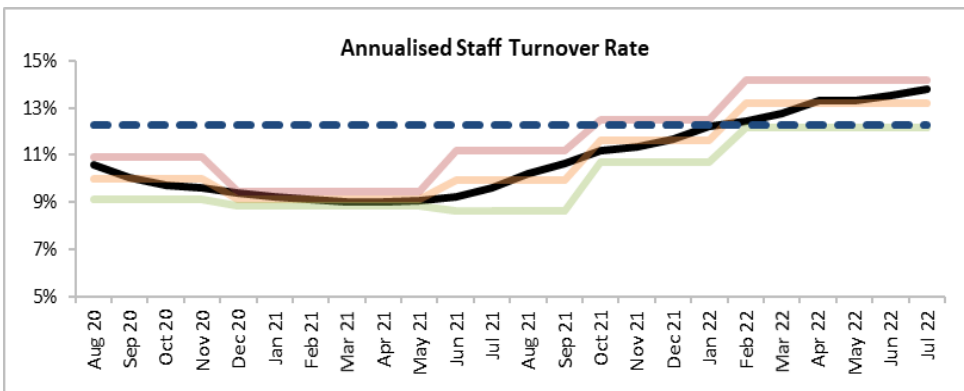
Group	Indicator	Targets	Performance		YTD	Jul-22 (Site)			
		Target	Jun-22	Jul-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	100.5%	100.7%	-	102.5%	103.1%	101.1%	100.6%
	Staff in Post - Actual	>=Plan	16,730	16,626		6,201	2,832	2,059	2,680
	Staff in Post - Plan	-	16,766	16,836	-	6,237	2,971	2,112	2,687
	Bank WTE - Actual	<=Plan	2,015	2,091		745	488	365	301
	Bank WTE - Plan	-	1,976	1,960	-	828	342	311	261
	Agency WTE - Actual	<=Plan	717	791		218	267	171	90
	Agency WTE - Plan	-	600	581	-	197	153	104	43
	Total Staffing - Actual	<=Plan	19,462	19,508		7,164	3,587	2,596	3,072
	Total Staffing - Plan	-	19,341	19,377	-	7,262	3,466	2,526	2,991
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	90.3%	89.4%	-	92.8%	84.4%	84.5%	91.5%
	Substantive Fill Rate - Plan	-	90.7%	91.3%	-	92.2%	90.7%	89.2%	92.7%
	Unconditional Offers - Actual	>=Plan	323	404	1,522	187	44	44	73
	Unconditional Offers - Plan	-	389	383	1,505	154	60	48	71
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	40.6%	47.6%	-	41.7%	46.4%	55.0%	52.6%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	14.2%	26.3%	-	33%	26%	27%	14%
	Additional Duty Hours (Nursing)	-	86,925	89,186	-	30,646	31,231	15,917	10,597
Diversity	% of BME Staff at Band 8a to VSM	-	36.1%	36.0%		31%	42%	55%	22%

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

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison							Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health	
People	W19	Turnover Rate	●			Jul-22 (m)	<= 12.25%	13.52%	<b>13.81%</b>	<b>13.81%</b>	14.80%	13.34%	11.43%	14.01%	17.85%	13.44%	13.81%	●
	OH7	Proportion of Temporary Staff	●			Jul-22 (m)	<= 11.3%	14.0%	<b>14.8%</b>	<b>14.3%</b>	13.4%	21.0%	20.7%	12.8%	6.6%	7.7%	14.8%	
	W20	Sickness Absence Rate	●			Jun-22 (m)	<= 3%	5.19%	<b>5.22%</b>	<b>5.22%</b>	5.30%	5.51%	5.73%	4.32%	4.53%	5.31%	5.22%	
	W1	Staff Overpayments (Late Leaver Notifications)	●			Jun-22 (m)	<= 0	5	<b>7</b>	<b>20</b>	0	1	3	1	0	2	7	
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	<b>79.8%</b>	<b>78.3%</b>	84.8%	79.3%	75.4%	91.8%	72.3%	73.1%	79.8%	
	OH6	NHS Staff Survey	●			2020/21 (y)	>= 7	7.0	<b>6.9</b>	<b>6.9</b>	7.0	6.8	6.9	7.1	6.7	7.0	6.9	
Compliance	W50	Mandatory and Statutory Training - All	●			Jul-22 (m)	>= 85%	83.9%	<b>84.2%</b>	<b>83.8%</b>	83.2%	86.6%	81.3%	87.0%	84.6%	83.1%	84.2%	●
	W11	Mandatory and Statutory Training - National	●			Jul-22 (m)	>= 85%	83.0%	<b>83.8%</b>	<b>83.1%</b>	82.1%	86.7%	83.7%	85.8%	82.3%	82.8%	83.8%	
	W29	Appraisal Rate - Non-Medical Staff	●			Jul-22 (m)	>= 90%	52.1%	<b>51.1%</b>	<b>51.1%</b>	51.4%	50.2%	51.4%	55.5%	45.5%	48.0%	51.1%	●
	W30	Appraisal Rate - Medical Staff	●		●	Jul-22 (m)	>= 85%	92.0%	<b>84.1%</b>	<b>84.1%</b>	81.6%	87.6%	86.0%	85.4%	-	100.0%	84.1%	●

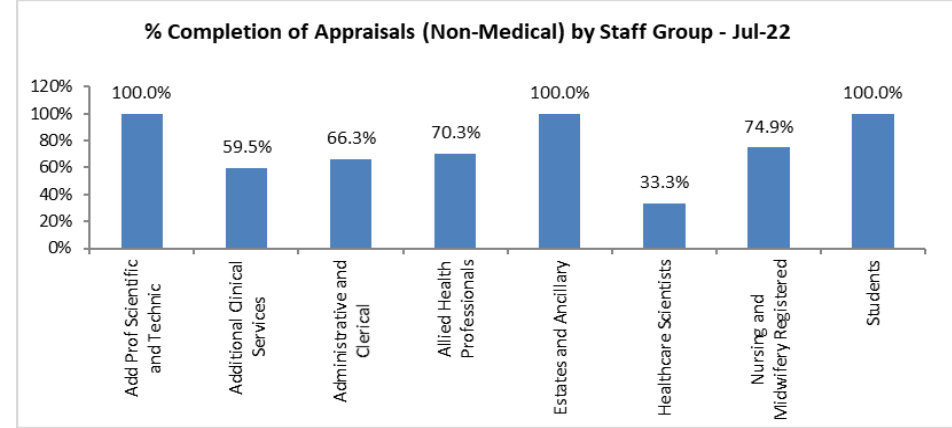
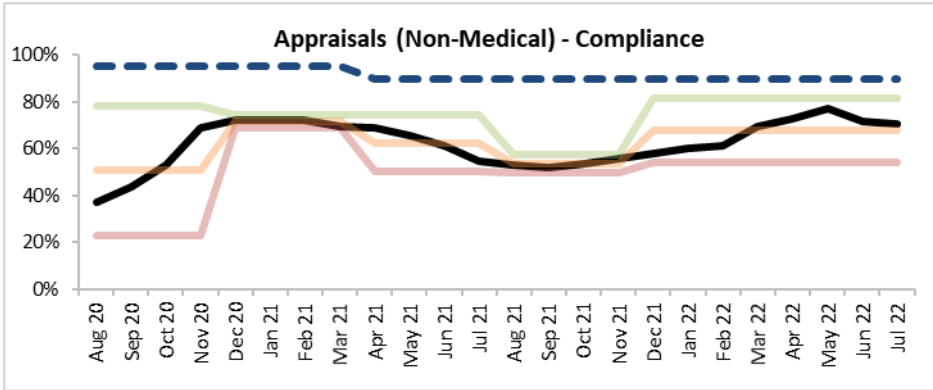
Staff Friends and Family Test (FFT): 2019/20 Q4 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report



**Annualised Staff Turnover - Highest by Site/Staff Group (by Staff Leaving in Latest Year)**

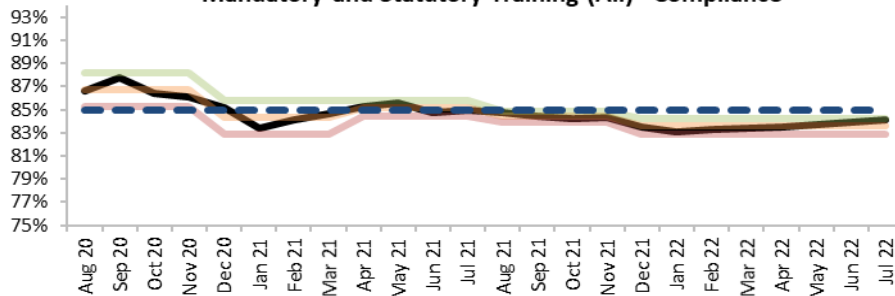
Site	Staff Group	6 Months Ago			Jul-22			Variance
		12-Month Leavers	Average Workforce	%	12-Month Leavers	Average Workforce	%	
Royal London	Nursing and Midwifery Registered	347	2,124	16.35%	385	2,145	17.94%	1.59%
Other	Administrative and Clerical	121	1,261	9.63%	158	1,287	12.26%	2.64%
St Bart's	Nursing and Midwifery Registered	141	902	15.66%	145	894	16.17%	0.51%
Whipps Cross	Nursing and Midwifery Registered	99	1,016	9.75%	123	1,020	12.03%	2.28%
Royal London	Additional Clinical Services	76	848	9.02%	112	888	12.61%	3.59%

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>Turnover rates have increased across the group from 13.5% to 13.8%.                             <ul style="list-style-type: none"> <li>St Bartholomew's is at 14.0% (negligible change from last month)</li> <li>Royal London is at 14.8% (up from 14.5%)</li> <li>Whipps is at 13.3% (up from 13.1%)</li> <li>Newham is at 11.4% (up from 11.2%)</li> <li>Pathology Partnership is at 16.2% (up from 14.7%)</li> <li>GSS is at 12.0% (up from 11.6%)</li> </ul> </li> <li>At group level we have seen turnover for registered nurses and midwives remain stable at 15.3% however there is variance across the group with Whipps improving from 12.5% to 12.0%, St Bartholomew's improving from 16.2% to 16.1%, Royal London going from 17.7% to 17.9% and Newham has gone from 11.6% to 12.0%</li> </ul>	<ul style="list-style-type: none"> <li>Work is ongoing through the People Promise Exemplar Programme to improve the experience of colleagues working at Barts Health and improve retention. Progress on this so far includes                             <ul style="list-style-type: none"> <li>Clinical Psychology team providing both 1:1 and group support to teams</li> <li>Focus on RLH Critical Care to support nursing staff to get the basics right for them such as fixing staff fridges</li> <li>A pilot of the WeLead programme at Newham with trust roll-out to come, in the autumn</li> <li>Developing the flexible and agile working offerings across the group</li> <li>Implementation of the Scope for Growth model for career progression</li> </ul> </li> </ul>

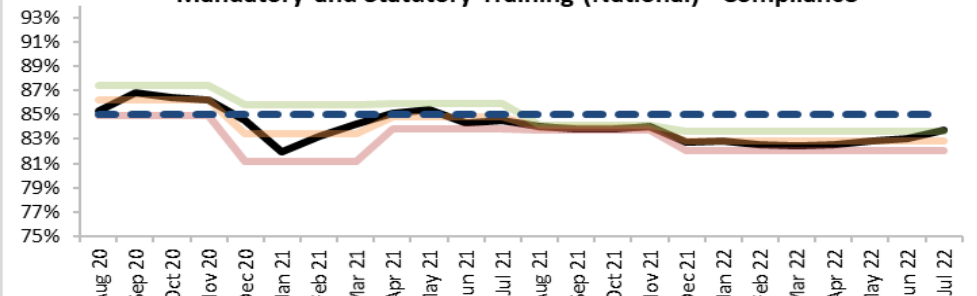


Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>At group level the recorded appraisal rate has dropped from 52.1% to 51.1%</li> <li>Pathology Partnership was the only area of growth in the last month from 34.4% to 39.6%. Other sites saw varying reductions as below                             <ul style="list-style-type: none"> <li>SBH from 59.6% to 55.5%</li> <li>Newham from 52.8% to 51.4%</li> <li>GSS from 55.4% to 54.7%</li> <li>Whipps from 50.8% to 50.2%</li> <li>Royal London from 51.5% to 51.4%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A new piece of work has been commissioned to review the current appraisal process and build on our shared strategy and ambition on appraisals to develop an innovative and engaging new appraisal approach, which will support us to increase completion rates. It will also look to equip individuals with the tools, techniques and behaviours to encourage individual ownership of careers, improving the positioning of appraisals within our wider WeBelong initiatives.</li> <li>The programme will start at the beginning of September and run for 6 weeks.</li> </ul>

Mandatory and Statutory Training (All) - Compliance



Mandatory and Statutory Training (National) - Compliance



Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Jul-22	
	Compliance	Compliance	Staff Non-Compliant
Dental Management Team	81.9%	84.8%	92
NGH Vaccination Management	84.1%	81.6%	48
A & E Helicopter Service	88.5%	69.3%	46
HUH Haematology	45.1%	44.2%	40
Staff Salaries Only (Pearse)	44.9%	45.2%	24

Non-mandatory competencies have been excluded from the above tables

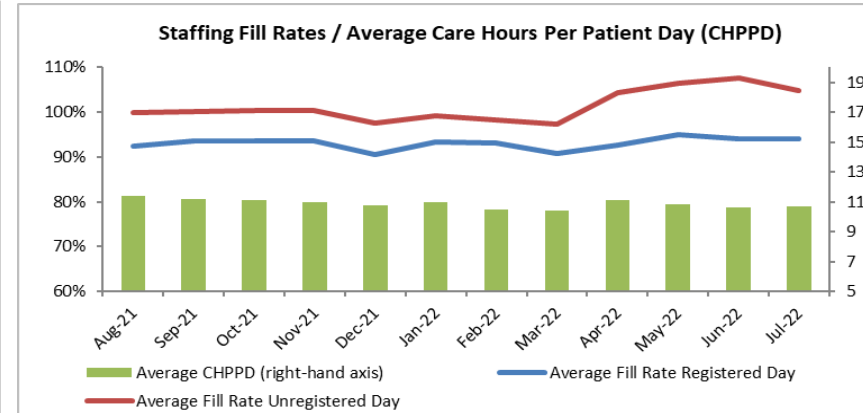
### Performance Overview

- Trust-wide compliance against the 11 Core Skills Training Framework subjects has improved over the past month and currently stands at 83.24%. This is currently below the Trust target of 85%. However, compliance rates now appear to be increasing. Overall training compliance across all subjects has also improved.
- Fire safety compliance rates have shown an increase over the past month and this trend is expected to continue as restrictions to training are revised.
- The Pathology Partnership improvement has continued over the past month with overall compliance reaching the current Trust average.
- Information Governance compliance rates have also continue to improve over the months.

### Responsible Director Update

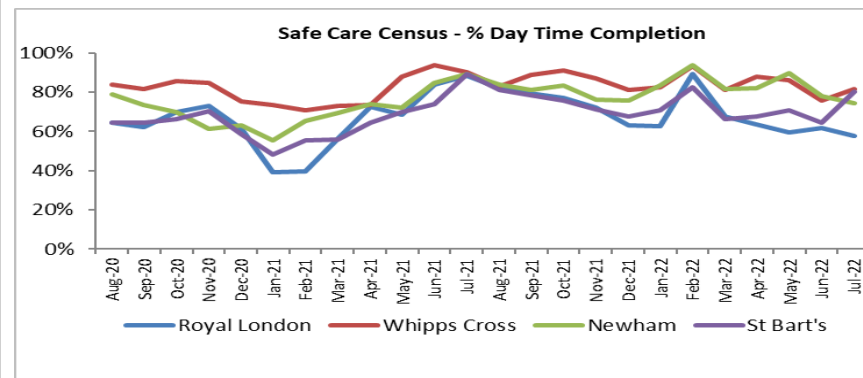
- A full review of the Trust training needs analysis(TNA) is to be undertaken by the new Statutory and Mandatory training lead. This is expected to take at least 9-12 months whilst materials are reviewed and updated.
- A Preventing Radicalisation session has been booked with an external consultant. This session will be classroom based and streamed live for staff to watch.
- The informatics board are clarifying the TNA for Cerner Millennium training to ensure it meets expectations
- Work is being undertaken with Bank Partners to review the current process and update materials where necessary.

- Average combined fill rates for July were above 90% for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) on both day and night shifts.
- Overall Care Hours Per Patient Day (CHPPD) did not change significantly. They were 10.7 for this month in comparison to 10.8 for the previous 2 months.
- All staffing gaps identified were mitigated by the redeployments of Senior staff, PDNs, Nurses in charge and ward managers who supported 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 average fill rates continue to be above 80% for RNs and HCAs. The staffing levels continue to be aligned with actual demand, with some beds being closed. The senior nursing team worked closely with critical care to maintain safe nurse patient ratios. The DoN/ADoN maintain oversight of staffing needs and ensure emergency capacity critical care capacity is available. Where required, staff were redeployed to meet patients' needs.
- Women's services remain under pressure due to vacancies, increased absence levels and high acuity levels. Staffing reviews were carried out at regular intervals throughout the day to ensure dynamic response. Mitigating risks has meant that some areas have been closed, resulting in other areas having unusually high CHPPD. Having closed some wards due to the afore mentioned reasons, nil adverse clinical events were reported in relation to staffing gaps.
- A total of 12 Red flag incidents were reported across the Trust. 8 red flags were raised for Newham whilst 4 were for Royal London. Staff were redeployed to support areas in need. Of all red flags reported, only 1 red flag from Newham Hospital was classified as low harm whilst the remaining 11 red flags resulting in no harm being caused to patients.
- We have ongoing multi-faceted recruitment campaigns to reduce vacancy rates across the Trust. Each hospital has a specific recruitment and retention programme in place with targeted campaigns, including attracting healthcare support workers who are new to care. The DoN-led critical care workstream to drive fast-paced recruitment and workforce transformation continues.
- The newly launched ED Safer Nursing Care Tool was used for the first time in August. The bi-annual inpatient Safer Nursing Care Tool deep dive audit is scheduled for August. Training was offered throughout July to assure accurate scoring of acuity and dependency of patients and for the ward teams to understand why and how the audited data impacts safety of patients and staff. It should result in increased compliance of Safe Care Live completion.
- Daily, Safe staffing continues to be monitored and addressed through hospital site based safety huddles. Use of the SCL Sunburst together with professional judgement by the senior nursing teams facilitates dynamic staff redeployment to maximise patient safety and effective use of resources.



**Staffing Figures by Site - Jul-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%	104.9%	99.7%	122.6%	10.7	12
Royal London	97.4%	100.9%	103.3%	126.7%	10.2	4
Whipps Cross	94.0%	118.2%	100.1%	132.9%	10.5	0
Newham	91.5%	98.6%	100.1%	105.9%	10.7	8
St Bart's	89.6%	91.5%	92.2%	113.2%	12.2	0







**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**  
NHS Trust

# Appendix



## How to Interpret the Scorecard

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

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

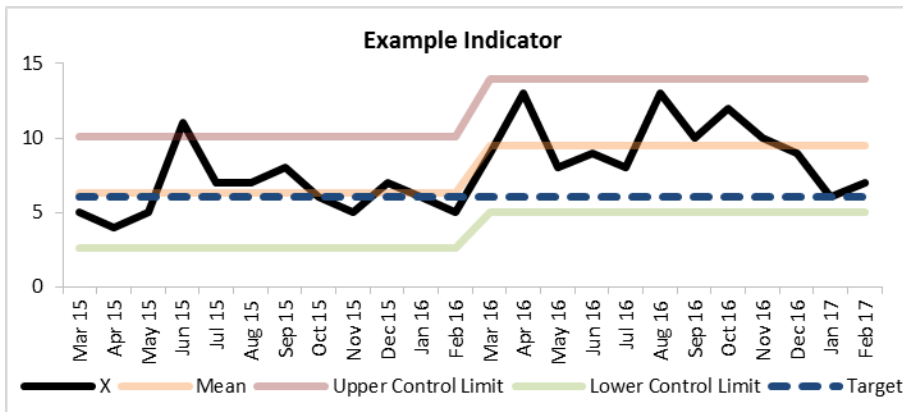
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

## How to Interpret an SPC Chart



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

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

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

**Rule 3:** Any unusual pattern or trends within the control

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

## How Exceptions Are Identified For Inclusion

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

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



# Safe Staffing Fill Rates by Ward and Site

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

# Safe Staffing Fill Rates by Ward and Site

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

## Safe Staffing Fill Rates by Ward and Site

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