

Barts Health Integrated Performance Report

Oct-22

Performance for: **Aug-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 waiter 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"> eliminating handover delays of over 60 minutes ensuring 95% of handovers take place within 30 minutes ensuring 65% of handovers take place within 15 minutes
	Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of A&E, to enable emergency medicine specialists to focus on higher acuity need within the A&E	

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Barts Health
NHS Trust

Executive Summary



Covid-19 Monitoring and Recovery

Covid-19 Inpatient Activity Levels

- The fourth (Omicron) wave of the pandemic peaked on 12 January 2022 with 392 total inpatients of which 35 were in a critical care bed. Unlike the second wave impact, the fourth wave saw the majority of patients admitted to a general and acute bed with only a minority of patients admitted to critical care.
- On 23rd September 2022 there were 77 Covid-19 positive patients occupying a bed of which 1 was occupying a critical care bed, this equates to 20% of the fourth wave peak in terms of total bed occupancy and 3% for critical care occupancy. Covid bed occupancy has been reducing since the summer peak recorded on 20th July 2022, when 215 beds were occupied. 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 beginning to show subtle increases, as well as inpatient volumes and acuity.

Covid-19 Community Cases

- Comparing the week beginning 08/09/2022 to the week beginning 15/09/2022 shows the following movements in the case rate per 100,000 population:
 - For Newham, an increase from 20 to 27 (+34%)
 - For Hackney & City of London, a increase from 29 to 30 (+2%)
 - For Tower Hamlets, no change at 27 across the two weeks
 - Waltham Forest, a decrease from 30 to 25 (-18%)
- As a comparator the London case rate registered a slight increase from 33 to 34 (+3%), with the England case rate increasing from 43 to 52 (+20%).

Covid-19 Monitoring and Recovery

Elective Activity Recovery Trajectories

For August 2022 the trusts admitted (inpatient and day case) trajectory set a target of 100% of 2019/20 BAU against which the trust achieved 86% (-1,146 admissions). For outpatients (first and follow up) the trajectory was set at 104% of BAU for August 2022, against which the trust achieved 107% (+3,865 outpatient attendances). Under-delivery of the admitted plan was influenced by sustained emergency pressures, which continued across the summer months, and reduced bed-flow.

Quality & Performance

Responsive

A&E 4 Hour Performance

- In August 2022, 44,517 attendances were recorded, 577 greater than recorded in July 2022. For August 2022 a performance of 67.8% was recorded in relation to the 4-hour standard, against 67.6% in July 2022. During August 2022 performance continued to be influenced by the impact of bed pressures caused by combined emergency and elective flow.
- For August 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 10th worst performing out of 15 trusts reporting data in London and was the 2nd best performing out of the top 9 English trusts (ranked by volume of attendances) reporting data.

Referral to Treatment (RTT)

- In relation to the end-month nationally submitted data the trust reported 51 pathways waiting 104+ weeks at the end of August 22, a significant reduction of 236 or 82% against the 287 reported in March 22. The trust is liaising closely with the Integrated Care System and NHS London to agree a revised and deliverable position for the end of September 22 and a final clearance trajectory.
- Looking at London, of the 9 Trusts reporting 104+ week waits for July 22 (the most recent national data), Barts Health ranked 9th with 68 104+ pathways, equivalent to 0.06% of the waiting list, compared to a total London performance of 0.01%. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ pathways, this was the Royal Free London NHS Foundation Trust with 5 104+ pathways. Turning to the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 7th highest volume and 8th highest 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 0.06%. Looking at the national position, University of Leicester NHS Trust recorded the highest volume of 104+ pathways with 363 for July 2022.

Diagnostic 6 Week Wait Standard

- For August 2022 a performance of 75.6% was recorded, an improvement on July's 72.6%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 98% of all breaches in August 2022.
- Looking at the 16 London acute Trusts reporting data for July 2022 (the most recent national data), Barts Health was the 14th 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 3rd largest waiting list and was the best performing.

Cancer 62 Days from GP Referral and Faster Diagnosis Standard

- For July 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 54.0% with 113 pathways seen and 52 breaches, this is a reduction on June's performance of 61.8%. 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 July 2022 the trust was compliant against all three elements of the standard, achieving 78.8% 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.
- Planning for patient experience week in November is underway – the objective of that week is to raise profile of patient experience information and the role every member of staff plays in supporting patient experience improvements in their area and using the information we collect effectively.
- Complaints performance continues to fluctuate below our target and is impacted by performance at NUH in particular. NUH is focusing on training key staff to strengthen performance.

Safe

- Performance on closure of Serious Incidents remains challenged. RLH which has the most significant challenges have developed an in depth improvement plan to respond.

Finance

The Trust has reported to NHS England a (£24.8m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£11.2m), allowance for potential ERF clawback (£8.8m) by the Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£4.8m).

Income

Income is (£10.6m) adverse against the year to date plan. NHS Patient Treatment income is (£6.8m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance partially offset by high cost drugs over performance income. Allowance for clawback of 75% of ERF allocations YTD (£8.8m) 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 (£3.8m) adverse, with the key shortfalls being due to reduced private patients activity (£1.5m) and reduced COVID19 income for pathology reflecting reduced virus testing per the latest infection control guidance (£2.1m).

Expenditure

Expenditure is (£14.2m) adverse against the year to date plan. Site and Services expenditure is (£31.4m) adverse due to the underachievement against the 3% recurrent efficiency savings target, hyper-inflation pressures, high cost drugs costs and the purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first five months of 2022/23 are (£11.5m) higher than plan with the key drivers of the adverse variance being non-elective activity pressures, high staff sickness absence due to COVID, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure is £16.0m 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 at M5 is £21.5m against a plan of £40.6m which results in an adverse variance of £19.1m for the exchequer funded schemes. The main drivers are spend across schemes at Newham Hospital. It should be noted that the underspend has reduced the level of forecast over commitment for the year. There is also a level of underspend relating to the Whipps Cross Redevelopment programme (£2.3m) which continues to be reviewed.
- Cash balances are higher than plan because of the higher closing cash balance of £86.7m in March 2022, lower capital expenditure and other movements in working capital.

Key Challenges

The key 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,
- Delivery against the NHS England target to reduce agency staffing expenditure by at least 10% compared to 2021/22 outturn including eliminating the use of off-framework agency staff by December 2022.
- Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

Looking After the Trust's People

Annualised sickness absence rate

The Annualised sickness absence rate has continued to increase to 5.30% from 5.22%. Underlying annualised sick absence, excluding COVID, is currently stable at 4.30%

- In month sickness absence for Jul 2022 was at 5.60%, up from the 4.60% in June 2022 and higher than the same period in 2021 (4.6%). Underlying in month absence, excluding COVID, was at 4.20% up from 4.03% in June
- In month long term sickness, excluding COVID, is currently at 2.30%, notably down from the peak of 2.85% seen in Dec 2021 and a reflection of the work the Employee Wellbeing team is undertaking around long term absence.

Appraisal rates – recorded non-medical appraisals rate has increased to 54.9%, up from 51.1%. Medical appraisals have reduced further to 84% from 87%.

The Seasonal Flu and COVID Boost campaign formally launched on 19th September. Given the funeral of Queen Elizabeth the clinic plan had to be altered, reducing capacity within the opening week. Against an original target 965 doses of each vaccine in week one, we achieved 754 flu and 890 COVID booster.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing -

- Substantive staff in post has increased by 73 WTE with substantive fill rate increasing to 89.8%. This is primarily Medical (+41 WTE) and Additional Clinical Services (+29 WTE) the latter reflecting international nurse recruitment. The medical increase is a natural increase in Aug -2022, linked to the major rotations that take place and recovers the drop seen last month.
- The registered nursing and midwifery vacancy rate dropped from 82.9% to 82.2% due to a 38 WTE reduction in staff in post. The current recruitment pipeline (as at 26 Sept) has 320 WTE registered nurses at a conditional offer stage of which 302 are external candidates.
- With turnover maintained at the same level we would expect to see a net increase in registered nurses, as a result of international nurses achieving their OSCE and offers in the pipeline, we would expect growth of around 80 WTE over the next 4 months.

Recruitment – 516 unconditional offers were made by recruitment in August against a plan of 384, and 1348 WTE were advertised against 824 in plan. 493 conditional offers were sent out.

Turnover – annualised voluntary turnover has show a small reduction to 13.7% this month from 13.8%. It is too early to see if this is the start of a positive change at group level having seen rates consistently increase over the last 12+months

- Across the group we are seeing a variable picture with reductions at Newham (11.6% to 11.4%) and Whipps Cross Hospital (13.4% to 12.8%), a stable position at Royal London Hospital (14.7%) and increase at St Bartholomew's Hospital (14.1% to 14.5%).
- One area of particular focus remains critical care at Royal London where annualised registered nursing turnover remains high at 25.3% but improvements to retention have started to be seen reflected in the reduction from the 27.6% rate reported in May and if these continue we would expect turnover to reduce below the rate seen pre-pandemic (24.4% in December 2019). Some of the actions that have come from feedback from the staff include improvements in the rota's, enabling space for staff to debrief, increasing the visibility of the senior team and putting development opportunities in place.
- At St Bartholomew's Hospital retention is part of the staff experience plan currently being taken forward, however there is a particular focus on Cancer nursing where turnover is higher, with exit interviews taking place and the knowledge gathered from these will inform next steps

Proportion of temporary staff

- The Proportion of temporary staff has remained stable at 14.9% with no net change in the WTE used, although a small shift (19 WTE) from agency to bank has occurred. Temporary staffing spend as a % of the overall pay budget was 17.5% in month and is at 16.5% YTD.
- YTD agency spend is at £23.6m compared to £16.0m at the same point in FY21/22 - representing a 47% increase year on year. With trusts set a target of reducing agency spend by 10% compared to FY21/22, we would want to achieve a spend of £42.3m or less across the whole year.



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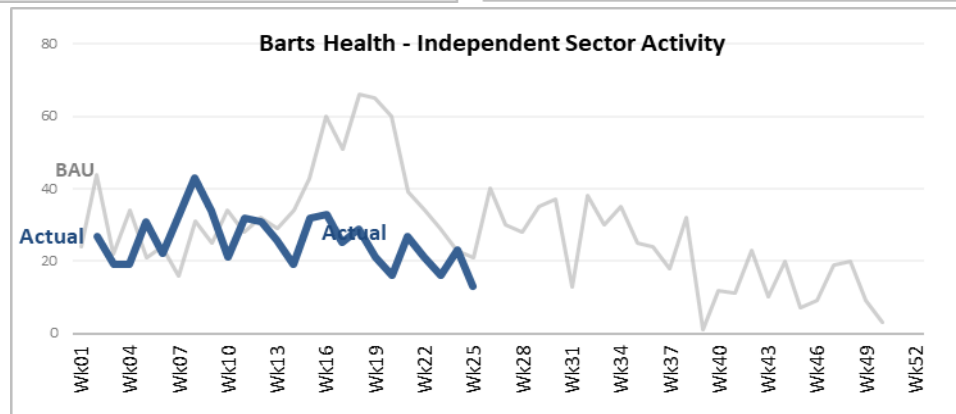
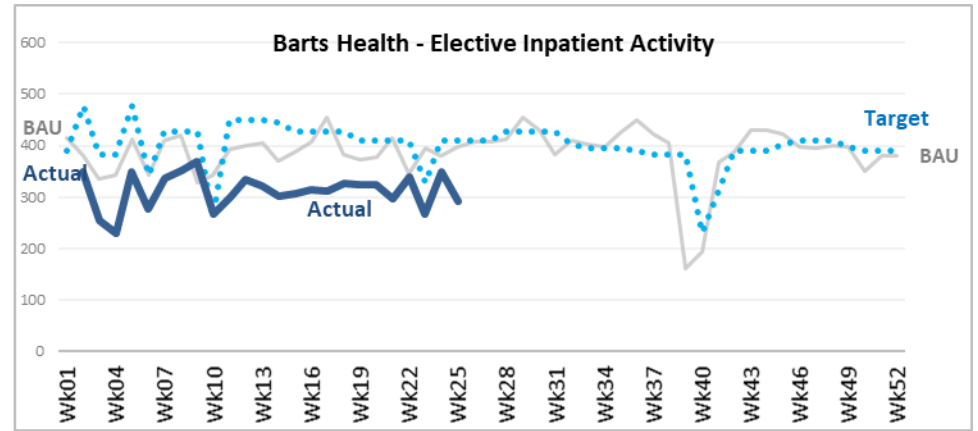
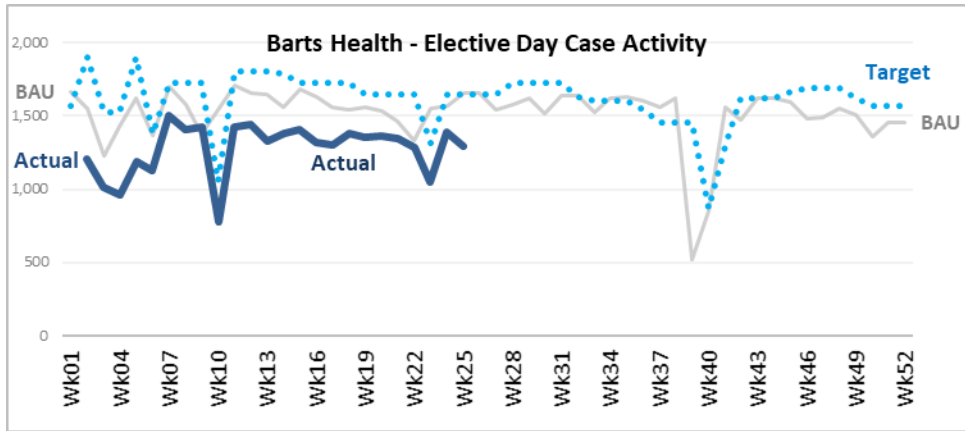
Covid-19 Monitoring and Recovery Report



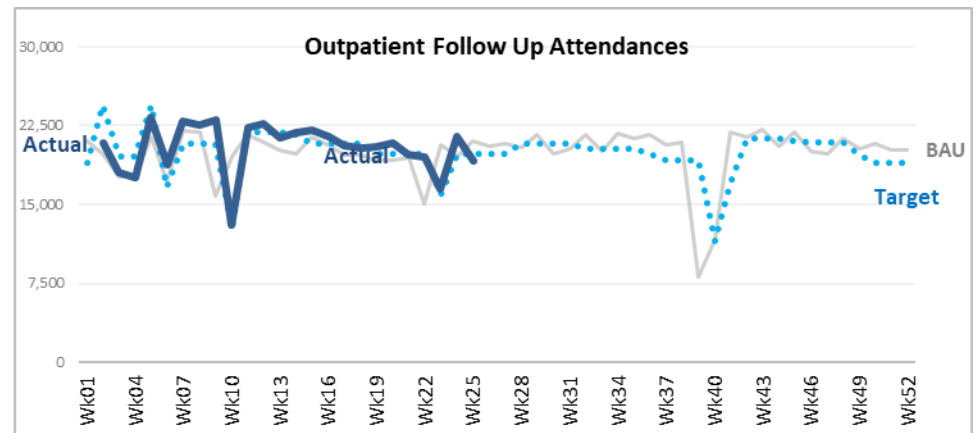
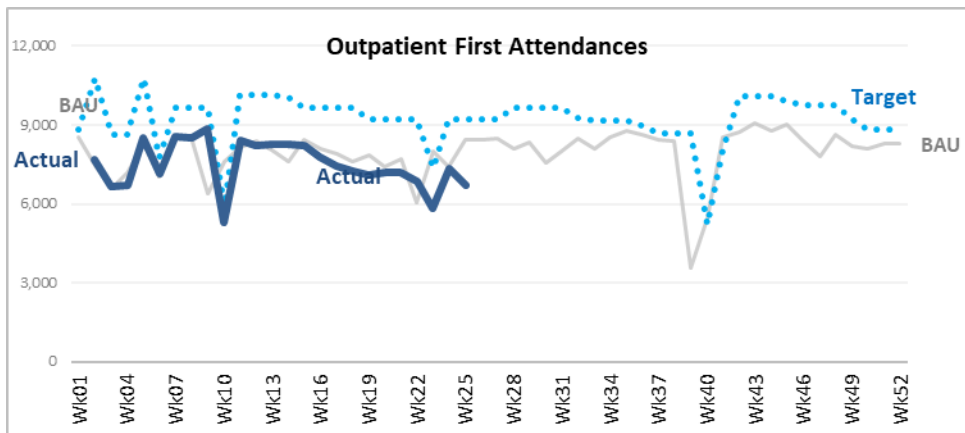
Percentage Change in New Lab-confirmed Covid-19 Cases Week-on-Week
Week Beginning 2022-09-15



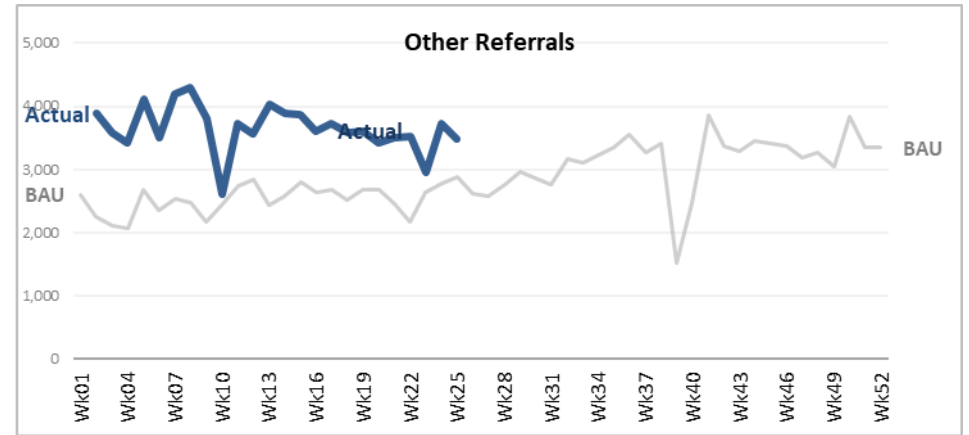
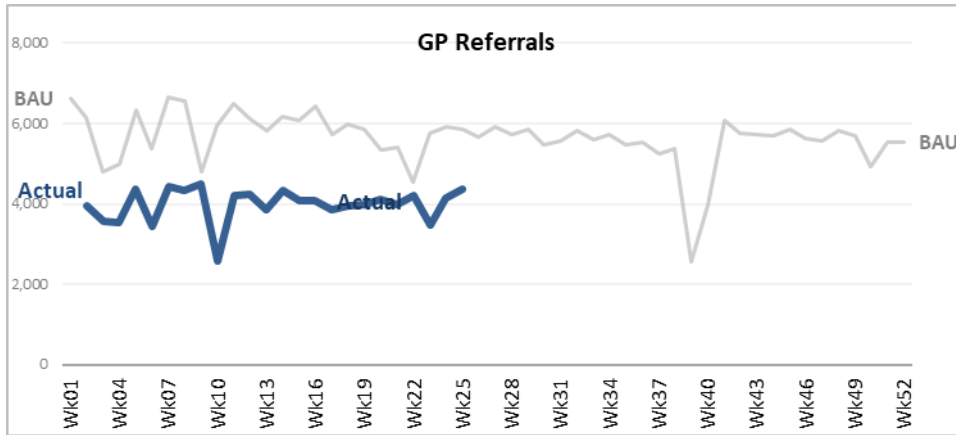
Elective Activity



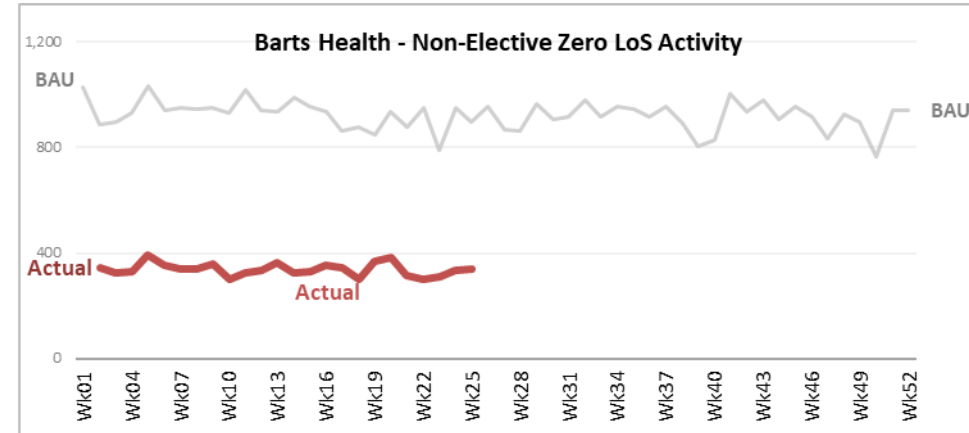
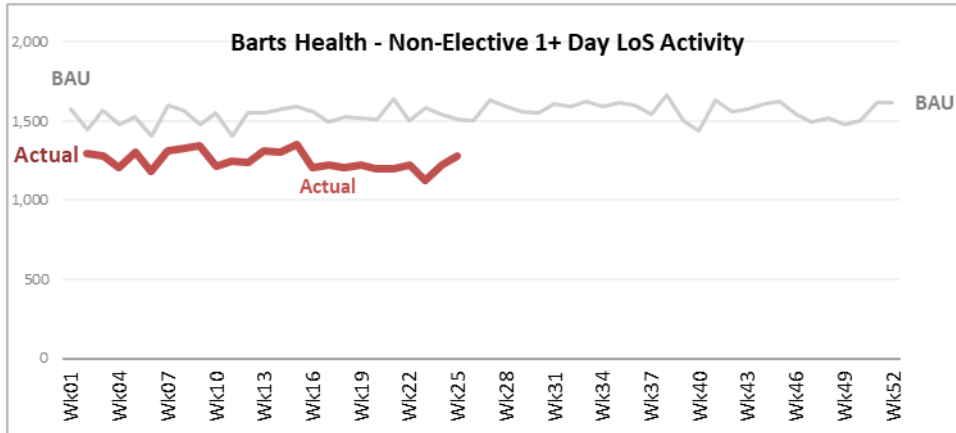
Outpatient Activity



Referrals Activity

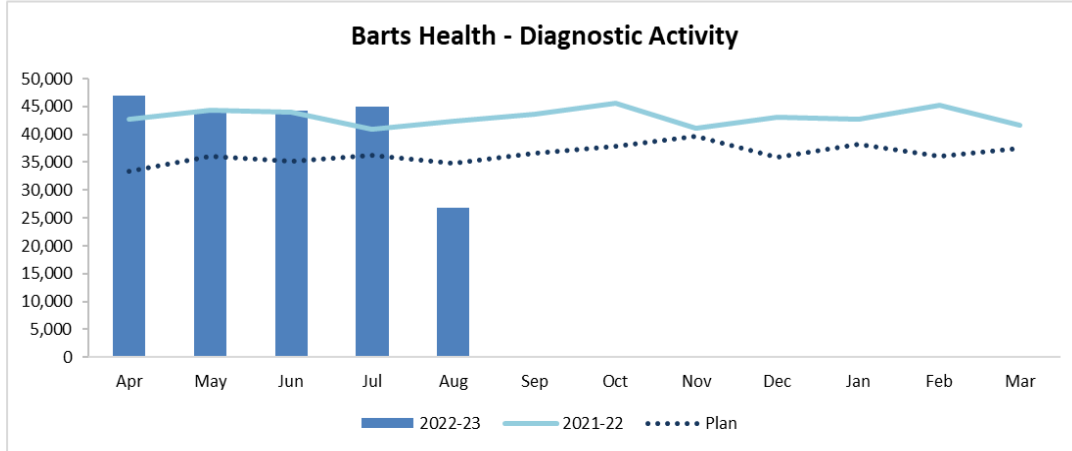
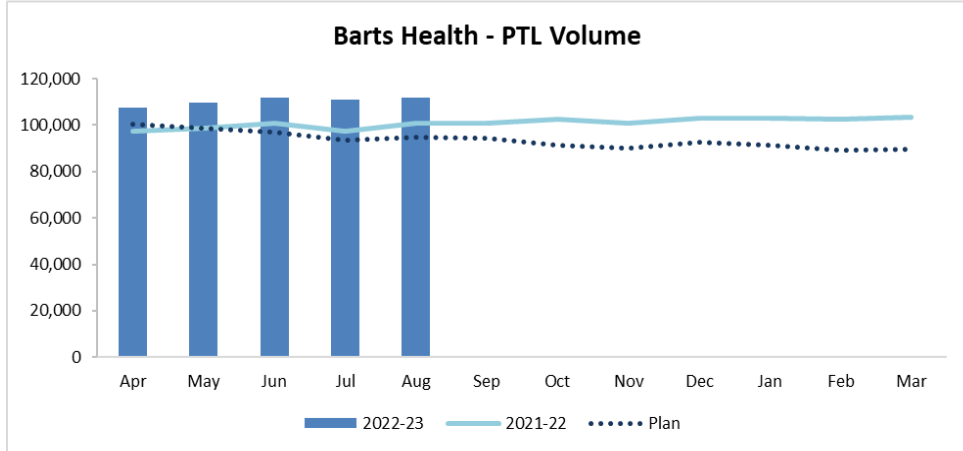
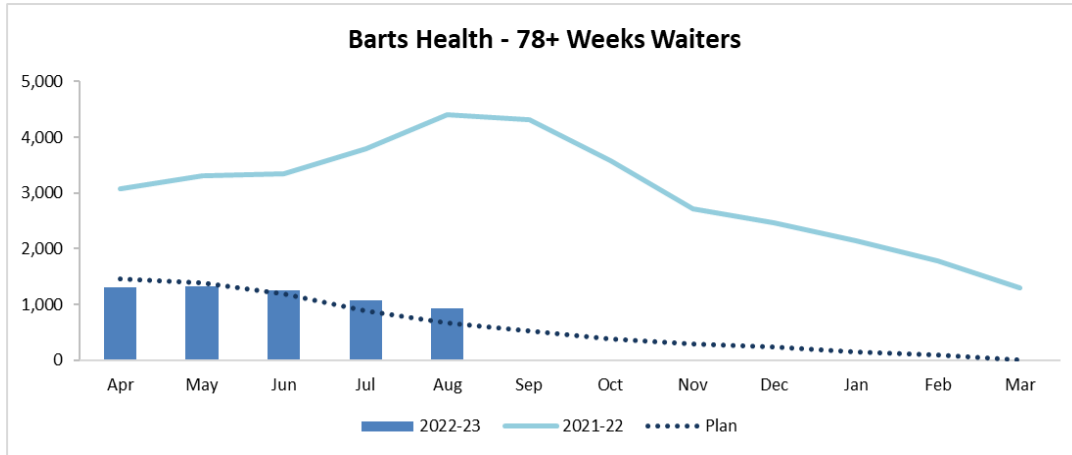
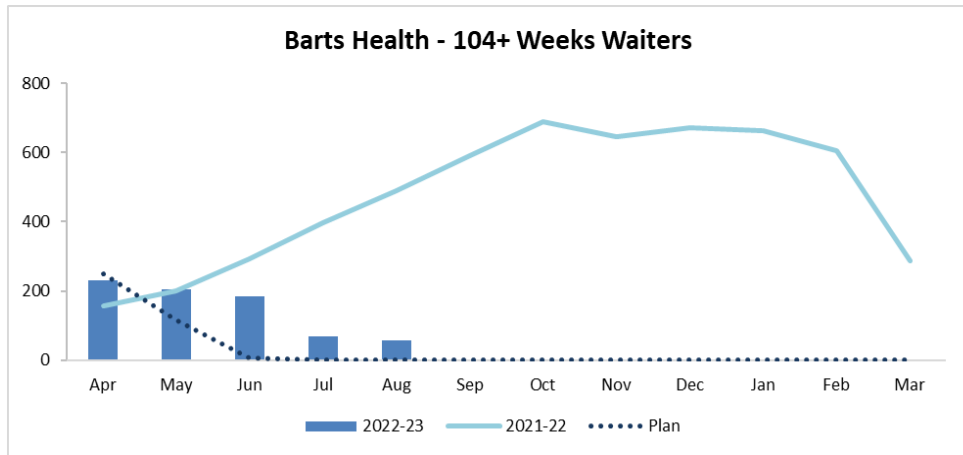


Non-Elective Activity



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

Barts Health						Last Month's Site Position				
Setting	Reporting Period	May-2022	Jun-2022	Jul-2022	Aug-2022	Royal London	Whipps Cross	Newham	St Bart's	Other
PTL Activity	78+ Weeks Waiters	1,330	1,261	1,083	921	619	240	56	6	0
	104+ Weeks Waiters	205	183	68	51	42	6	0	3	0
DM01	Diagnostic Activity	46,878	44,519	44,198	45,005	1,150	927	461	5,834	36,633
	Endosocopy	2,163	1,897	2,081	2,049	993	598	458	0	0
	Imaging	40,424	38,917	38,289	38,589	157	329	3	1,467	36,633
	Echocardiography	4,291	3,705	3,828	4,367	0	0	0	4,367	0
	<i>Equivalent Month Position Last Year</i>	42,749	44,356	44,013	40,872	1,867	873	465	5,622	35,186





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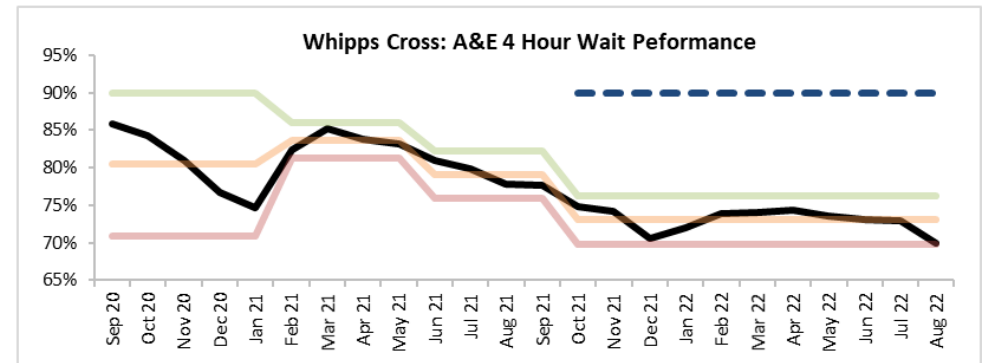
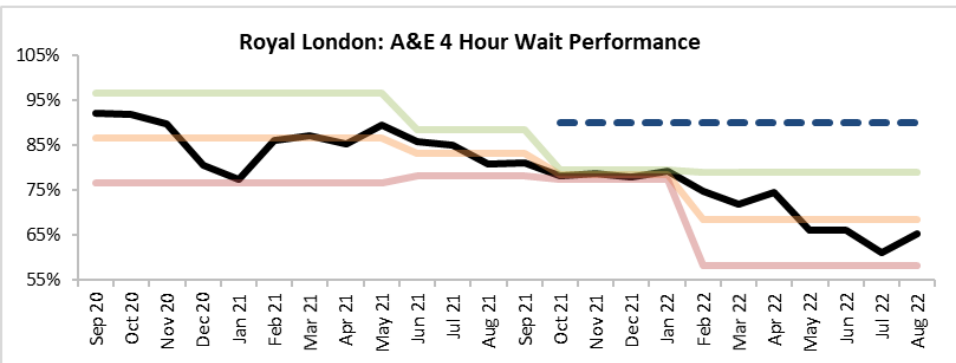
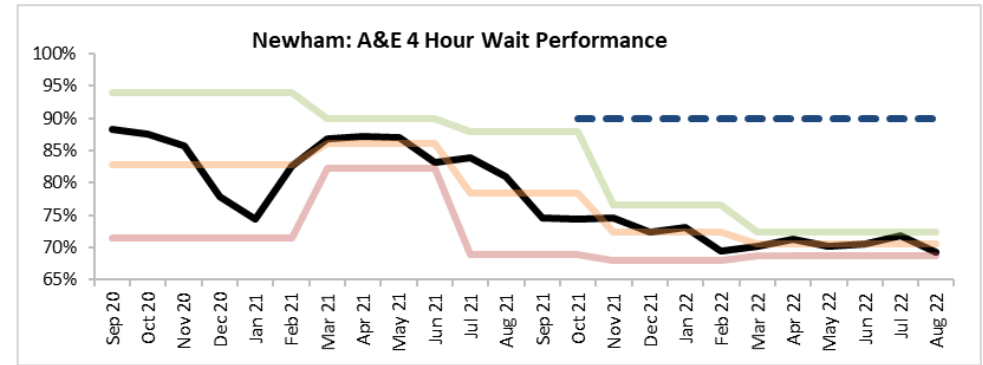
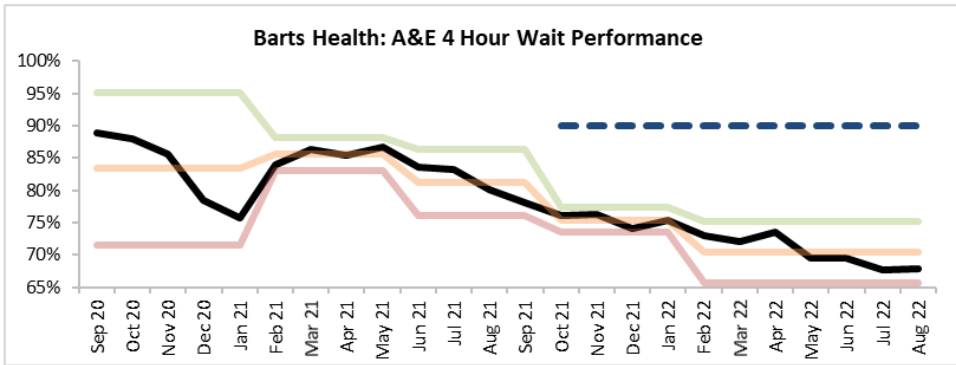
Quality & Performance Report



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	●			Aug-22 (m)	>= 90%	67.6%	67.8%	69.6%	65.5%	69.9%	69.2%	-	-	67.8%	●
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	●		●	Jul-22 (m)	>= 85%	61.8%	54.9%	61.9%	55.6%	61.0%	36.4%	56.3%	-	54.9%	●
Cancer 31 Day Diagnosis to First Treatment	●			Jul-22 (m)	>= 96%	96.9%	96.2%	97.1%	83.3%	95.2%	100.0%	100.0%	-	96.2%	
Cancer 28 Day FDS Breast Symptomatic				Jul-22 (m)	-	99.6%	99.7%	99.2%	-	99.1%	100.0%	100.0%	-	99.7%	
Cancer 28 Day FDS Screening				Jul-22 (m)	-	86.7%	83.3%	88.2%	80.0%	33.3%	94.1%	-	-	83.3%	
Diagnostic Waits Over 6 Weeks	●			Aug-22 (m)	>= 95%	72.6%	73.6%	72.6%	56.3%	88.7%	99.5%	78.7%	-	73.6%	●
78+ Week RTT Breaches				Aug-22 (m)	1192	1,083	921		619	240	56	6	-	921	
104+ Week RTT Breaches				Aug-22 (m)	12	68	51		42	6	0	3	-	51	
Completeness of Ethnicity Recording				Aug-22 (m)		95.7%	95.6%	-	94.6%	96.4%	98.2%	93.9%	-	95.6%	

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

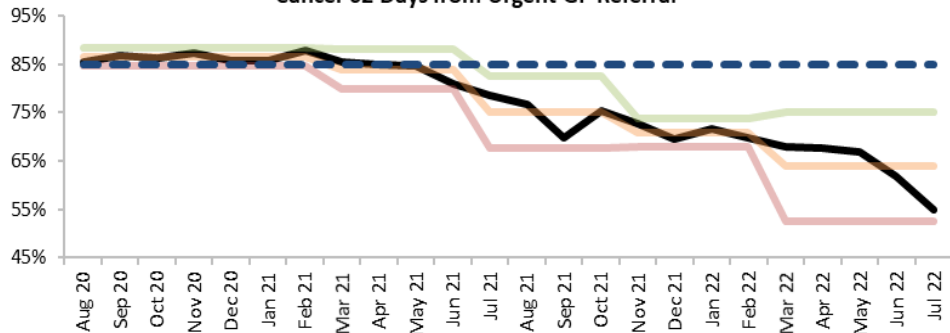
- In August 2022, 44,517 attendances were recorded, 577 greater than recorded in July 2022. For August 2022 a performance of 67.8% was recorded in relation to the 4-hour standard, against 67.6% in July 2022. During August 2022 performance continued to be influenced by the impact of bed pressures caused by combined emergency and elective flow.

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 is currently going through testing with staff training being undertaken at the same time. August 2022 data will be reviewed and tested for accuracy and completeness prior to publishing in this and other reports.
- 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. The 60 minute handover delay metric will be reported in future editions of this report once the quality and accuracy of the data is assured.

Cancer 62 Days From Urgent GP Referral & Faster Diagnosis Standard

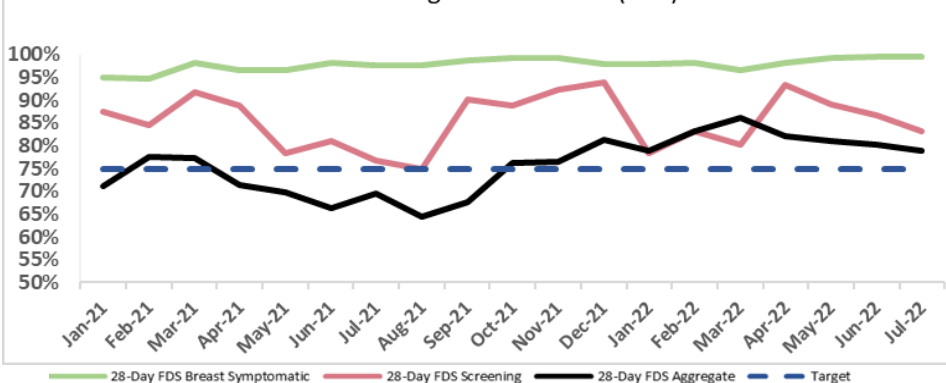
Cancer 62 Days from Urgent GP Referral



Breakdown by Tumour Sites Failing Standard - Jul-22

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	113	51	54.9%
Urological	21.5	20.5	4.7%
Other	3.5	2	42.9%
Gynaecological	10	5.5	45.0%
Lower Gastrointestinal	15	7	53.3%
Haematological	4.5	2	55.6%
Head and Neck	6.5	2.5	61.5%
Lung	5.5	2	63.6%
Breast	26	7.5	71.2%
Upper Gastrointestinal	6	1	83.3%

Cancer Faster Diagnosis Standard (FDS) Metrics

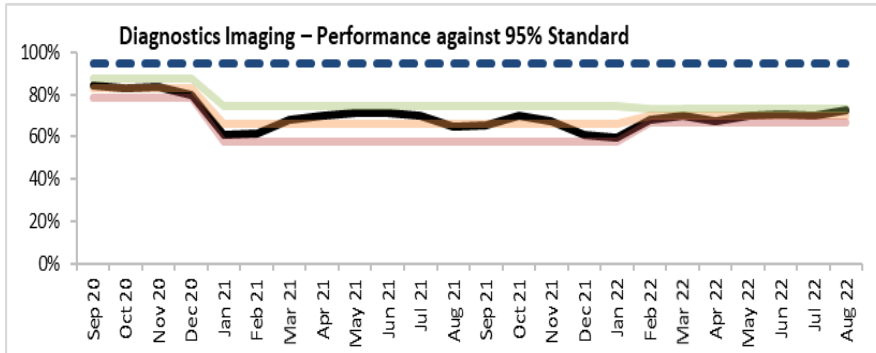
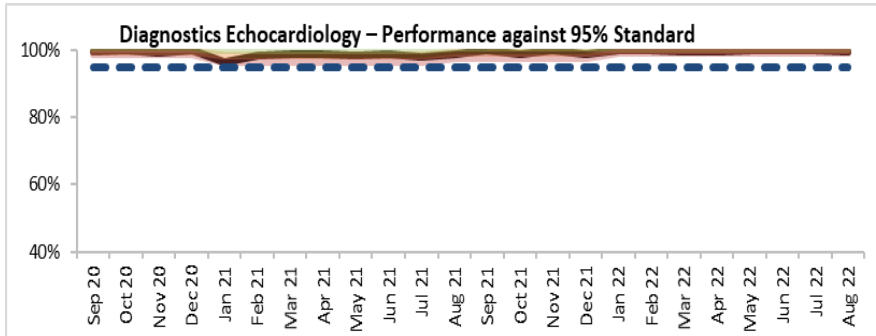
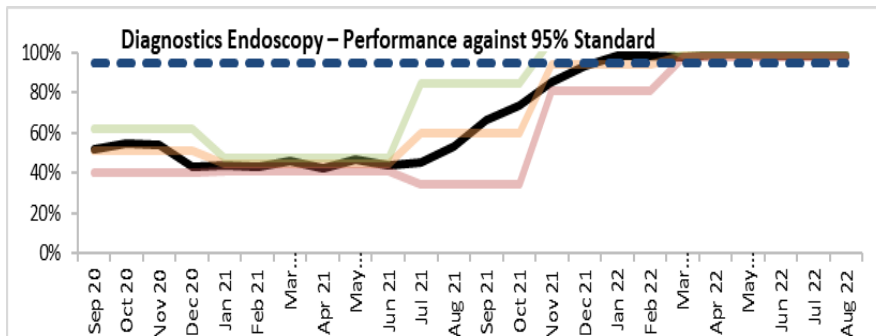
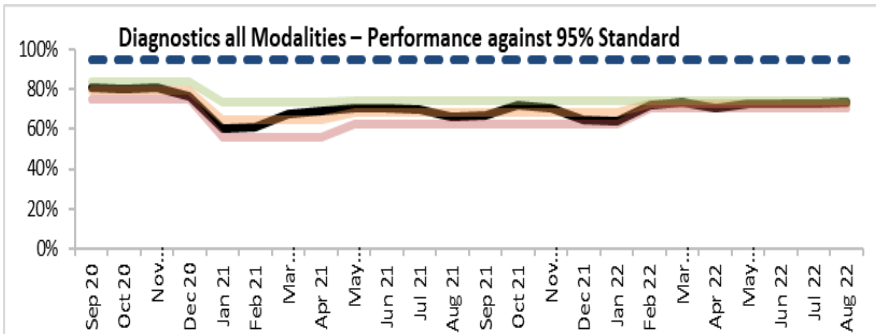


Breakdown by Internal/External Pathways - Jul-22

Internal / External	Start Site	End Site	Seen	Breaches	Performance
Internal	Royal London	Royal London	11	2	81.8%
		St Bart's	6	5	16.7%
	Whipps Cross	Royal London	3	1	66.7%
		Whipps Cross	25	7	72.0%
		St Bart's	16	7	56.3%
	Newham	Royal London	3	2	33.3%
		Whipps Cross	1	1	0.0%
		Newham	10	7	30.0%
		St Bart's	6	2	66.7%
	St Bart's	Newham	1	0	100.0%
St Bart's		11	3	72.7%	
St Bart's		1	0	100.0%	
Transfer In	Colchester	St Bart's	0.5	0	100.0%
		Homerton	1	0.5	50.0%
	King George	St Bart's	8	5	37.5%
		Royal London	1	0.5	50.0%
		Queen's	1	0.5	50.0%
Transfer Out	Southend	St Bart's	1	0.5	50.0%
		Royal London	0.5	0.5	0.0%
		Royal London	2	2	0.0%
	Whipps Cross	Royal Free	0.5	0.5	0.0%
		UCLH	3	3	0.0%
		UCLH	1	1	0.0%
Newham	UCLH	1	1	0.0%	
	St Bart's	North Middlesex	0.5	0	100.0%
Grand Total			113	51	54.9%

Commentary

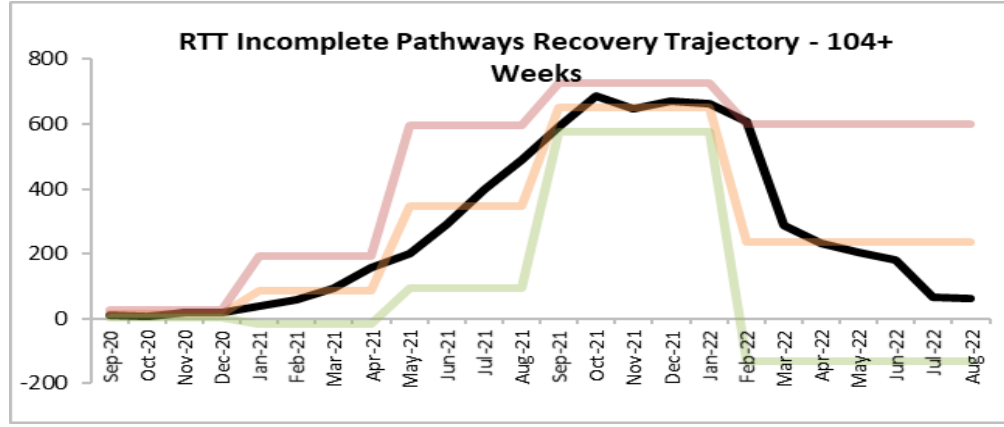
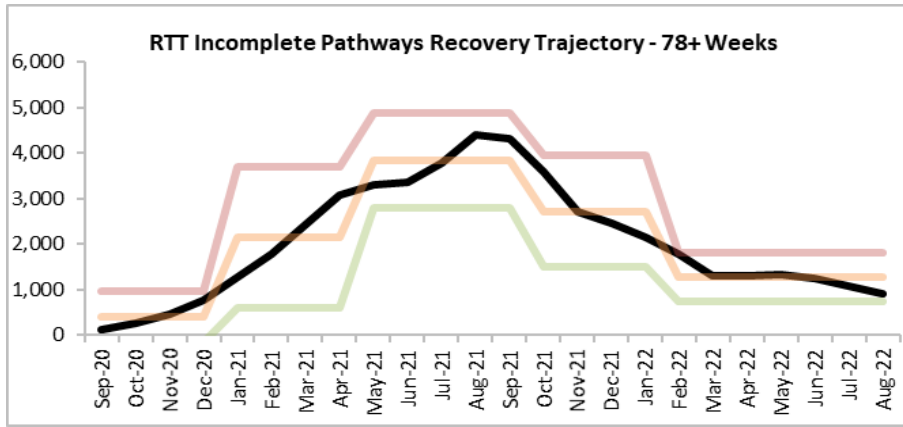
- For July 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 54.0% with 113 pathways seen and 52 breaches, this is a reduction on June's performance of 61.8%. The cancer leadership team is working to ensure that the number of patients waiting more than 62 days from 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 July 2022 the trust was compliant against all three elements of the standard, achieving 78.8% at aggregate level against the 75% standard.



Test Name	DM01 Breakdown by Test						Variance in Performance
	Jul-22			Aug-22			
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Barium Enema	2	2	0.0%	1	1	0.0%	0.0%
Audiology - Audiology Assessments	1,512	953	37.0%	1,603	1,205	24.8%	-12.1%
Neurophysiology - peripheral neurophysiology	121	99	18.2%	86	57	33.7%	15.5%
Urodynamics - pressures & flows	42	16	61.9%	43	25	41.9%	-20.0%
Magnetic Resonance Imaging	8,223	4,408	46.4%	7,769	4,065	47.7%	1.3%
DEXA Scan	1,194	478	60.0%	1,349	385	71.5%	11.5%
Computed Tomography	4,497	1,180	73.8%	3,628	757	79.1%	5.4%
Non-obstetric ultrasound	13,585	2,089	84.6%	13,873	2,084	85.0%	0.4%
Cystoscopy	134	19	85.8%	139	17	87.8%	1.9%
Colonoscopy	628	0	100.0%	618	5	99.2%	-0.8%
Gastroscopy	599	3	99.5%	599	3	99.5%	0.0%
Cardiology - echocardiography	3,034	0	100.0%	2,804	14	99.5%	-0.5%
Cardiology - Electrophysiology	1	0	100.0%	1	0	100.0%	0.0%
Respiratory physiology - sleep studies	54	1	98.1%	60	0	100.0%	1.9%
Flexi sigmoidoscopy	148	0	100.0%	121	0	100.0%	0.0%
Grand Total	33,774	9,248	72.6%	32,694	8,618	73.6%	1.0%

Commentary

- For August 2022 a performance of 73.6% was recorded, an improvement on July's 72.6%. As in previous months, the greatest challenge has been in the imaging modalities, particularly non-obstetric ultrasound and MRI; imaging breaches accounted for 98% of all breaches in August 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)

Specialty Name	Actual
Colorectal Surgery	180
ENT	146
Trauma & Orthopaedics	129
Gynaecology	89
Urology	68
Paediatric Dentistry	66
General Surgery	60
Oral Surgery	35
Paediatric Ear Nose And Throat	27
Neurosurgery	13

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

Specialty Name	Actual
ENT	17
Gynaecology	9
Colorectal Surgery	6
Urology	5
Trauma & Orthopaedics	4
Neurosurgery	3
Oral Surgery	2
Cardiothoracic Surgery	2
General Surgery	2
Pain Management	1

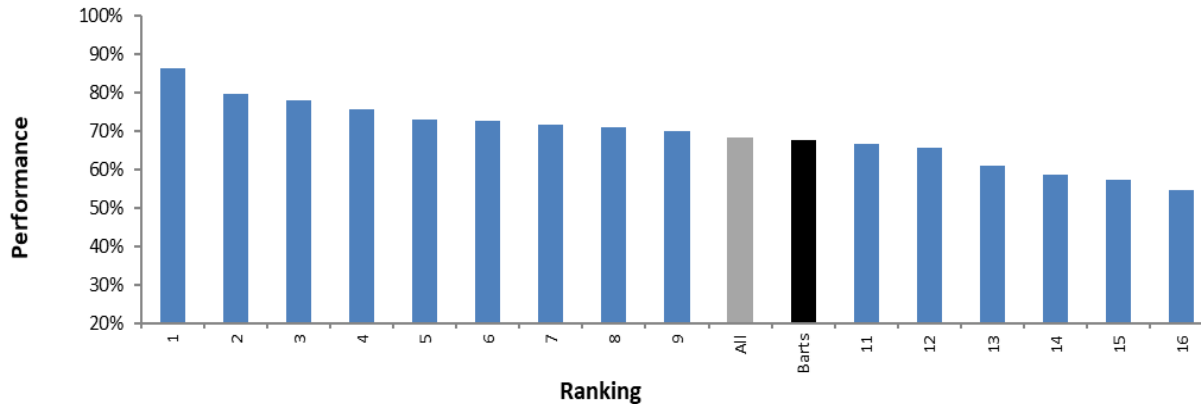
Performance Overview

- In relation to the end-month nationally submitted data the trust reported 51 pathways waiting 104+ weeks at the end of August 2022, a significant reduction (-181) on the 232 reported in April 2022. The trust is liaising closely with commissioners and NHS London to agree a revised and deliverable position for the end of September 2022 and a final clearance trajectory.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last five months with 1,309 pathways reported at the end of April 2022 reducing to 921 at the end of August 2022, a decrease of 388 (-30%), however this is under the reduction plan of 253 for August.

Responsible Director Update

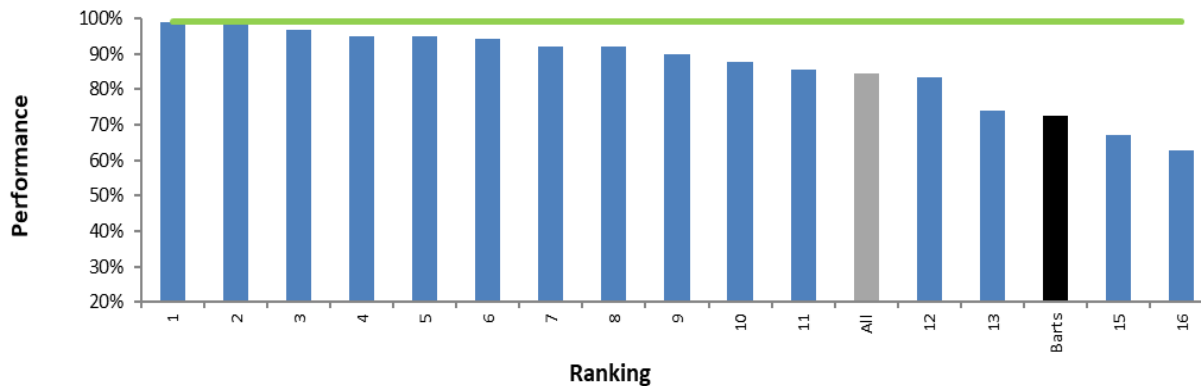
- The Programme Director for Elective Recovery works with the hospital site Directors of Operations through a series of weekly meetings to ensure that long waiter clearance trajectories are being delivered and that if a site or specialty is off plan to agree and implement corrective action.
- Detailed tracking of each patient who is a risk of being at 104+ weeks at the end of September 2022 is in place with continued support from other NEL providers on mutual aid where possible.

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



- For August 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 10th worst performing out of 15 trusts reporting data in London and was the 2nd best performing out of the top 9 English trusts (ranked by volume of attendances) reporting data.

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

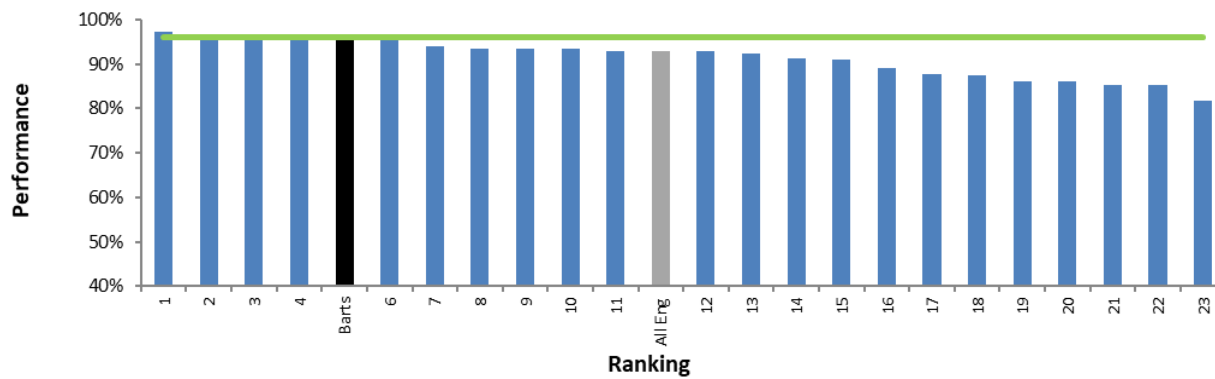


- Looking at the 16 London acute Trusts reporting data for July 2022 (the most recent national data), Barts Health was the 14th worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 3rd largest waiting list and was the best performing.

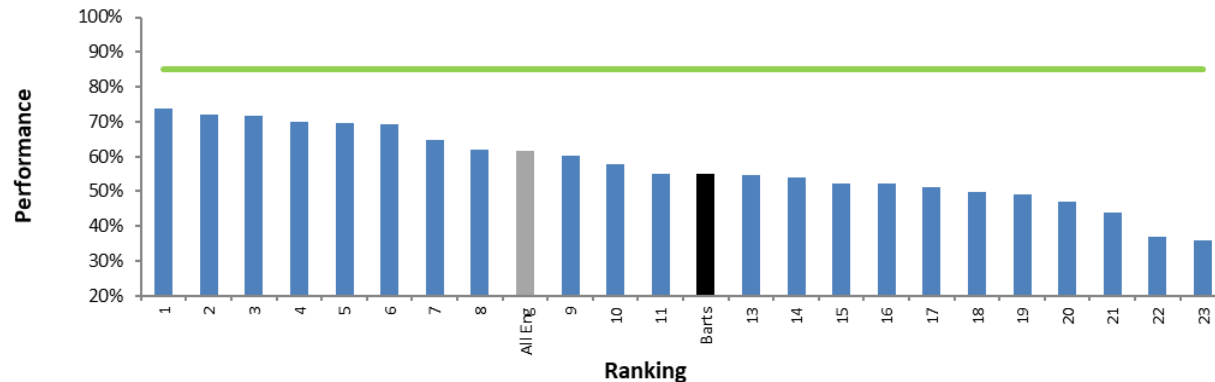
Cancer 2 Week Wait Performance Against Teaching Trusts (Jul-22)



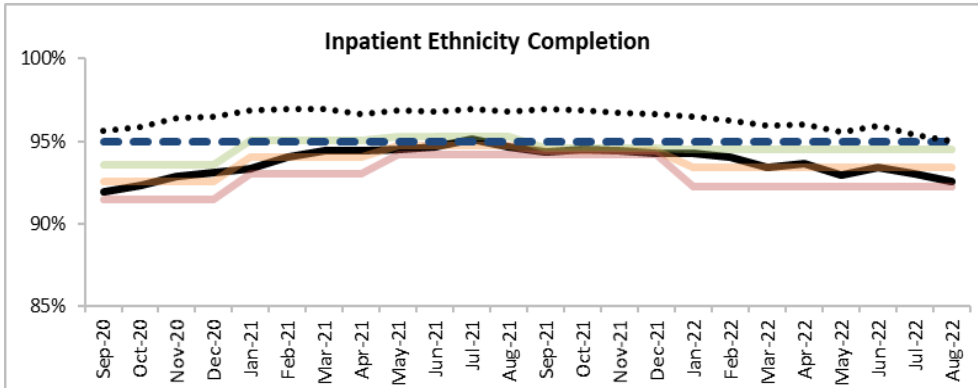
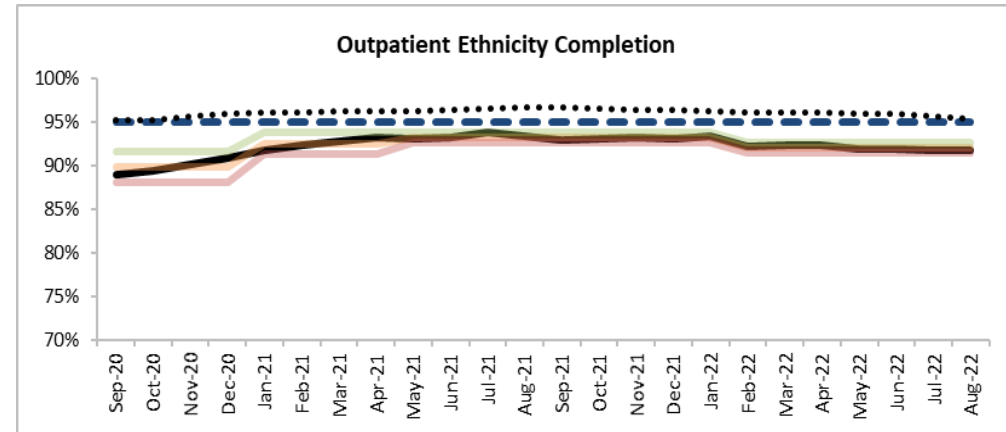
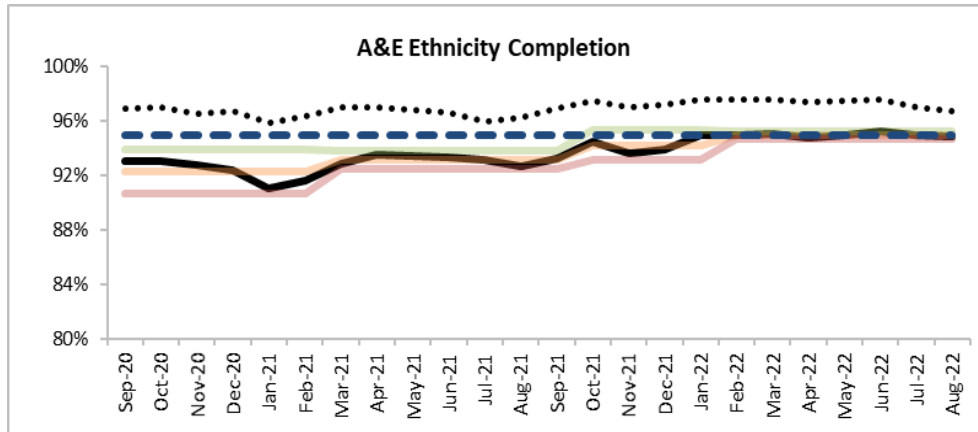
Cancer 31 Days from Diagnosis to Treatment Performance Against Teaching Trusts (Jul-22)



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



- The trust achieved compliance against the 93% two-week wait target recording a performance of 94.6% for July 2022. In relation to benchmarked performance Barts Health ranked second best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in July 2022 against the 31 Day Diagnosis to Treatment standard, recording a performance of 96.2% against the 96% target. For July 2022, Barts Health was the fifth best performing of the 23 Teaching Trusts.
- For July 2022, the Trust recorded a performance of 54.0% with 113 pathways seen and 52 breaches, this is a reduction on June's performance of 61.8% with Barts Health the twelfth worst 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 2023 in line with national requirements.



Site	A&E	Inpatient	Outpatient
Royal London	96.9%	89.8%	90.3%
Whipps Cross	93.1%	93.3%	90.8%
Newham	93.8%	95.1%	95.0%
St Bart's	-	95.7%	93.0%
Trust	94.9%	92.5%	91.7%

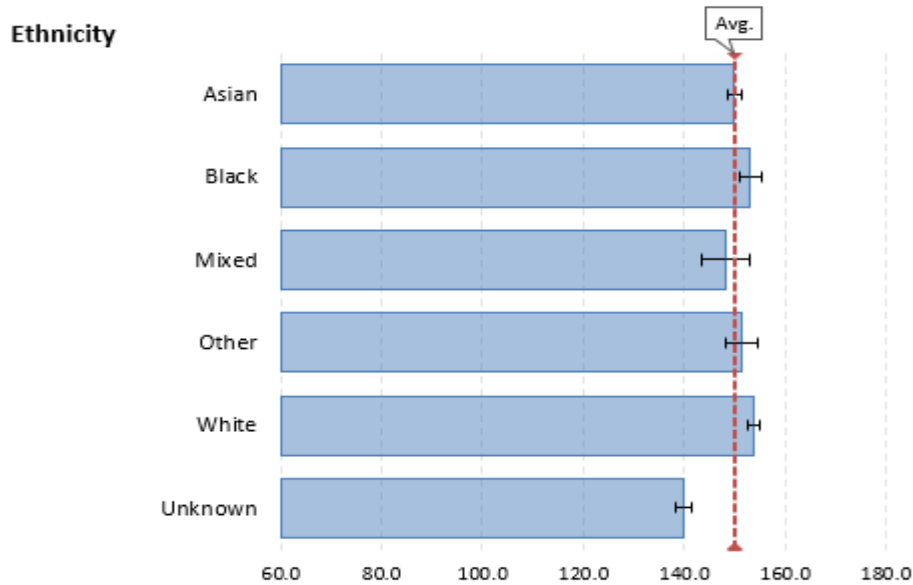
The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North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

Performance Overview

- Overall, Trust performance for August 2022 has changed little since the last reporting period, or the previous few months.
- Trust capture rates for Inpatients remains at 92.5%; however, of concern is the steady decline in performance since January 2022. A re-doubling of efforts is required to reach the 95% target rate.
- Encouragingly, Trust capture rates in A&E have reached 94.9%. This is due to a notable increase in performance at the Royal London to 96.9%. Capture rates at Royal London Hospital Inpatient and Outpatient departments continues to prove challenging.
- Newham Hospital continues to be the highest performing site with Inpatients and Outpatients achieving at least 95% capture. A&E has not reached target capture rates since May 2022 and currently sits at 93.8%, down 0.2 percentage points since last reporting period.

Responsible Director Update

- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- The Trust has included achieving 95% ethnicity capture across A&E, Inpatient and Outpatient services at all sites within its planning objectives for 2022/2023 and will keep a focus on this area.
- Work is underway to include divisional level ethnicity capture reporting as part of standard divisional PR packs.



Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	4,984,503	33,226
Black	1,995,590	13,027
Mixed	383,015	2,583
Other	1,004,421	6,634
White	5,887,847	38,282
Unknown	2,658,260	18,992

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	150.0	148.7	151.4
Black	153.2	151.0	155.4
Mixed	148.3	143.6	153.0
Other	151.4	148.3	154.5
White	153.8	152.5	155.1
Unknown	140.0	138.3	141.7
Grand Total	150.0		

Commentary

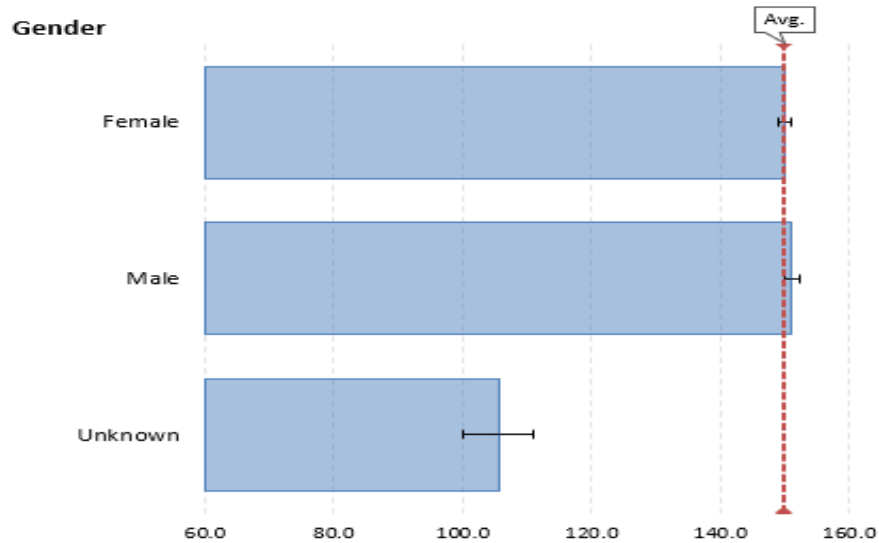
At Trust level, there is no practical difference in wait times between patients from different ethnic groups.

PTL data as of 21 August 2022 shows an average wait time of 150 days across all ethnic categories, up 2.8 days since the previous month.

On average, the longest waiters appear to belong to the 'Black' and 'White' ethnic groups (153.2 and 153.8 days respectively). However, as the 95% confidence intervals for all ethnic groups overlap, there is no statistically significant difference in wait times. This equates to a difference of only 5.5 days wait between the shortest and longest waiters by ethnicity. This reflects findings from the last reporting period; however, the increase in overall waiting times needs ongoing monitoring.

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 fourth 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.

The average wait time for all genders across the Trust is 150 days, up 2.8 days from the last reporting period.

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (151.2 days vs 149.9 days, respectively). The 95% confidence intervals overlap, and therefore, there is no statistically significant difference in wait times between male and female patients and equates to only 1.3 days difference. Additionally, although it's a very small proportion, we are investigating the data quality issues behind the "unknown" group.

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

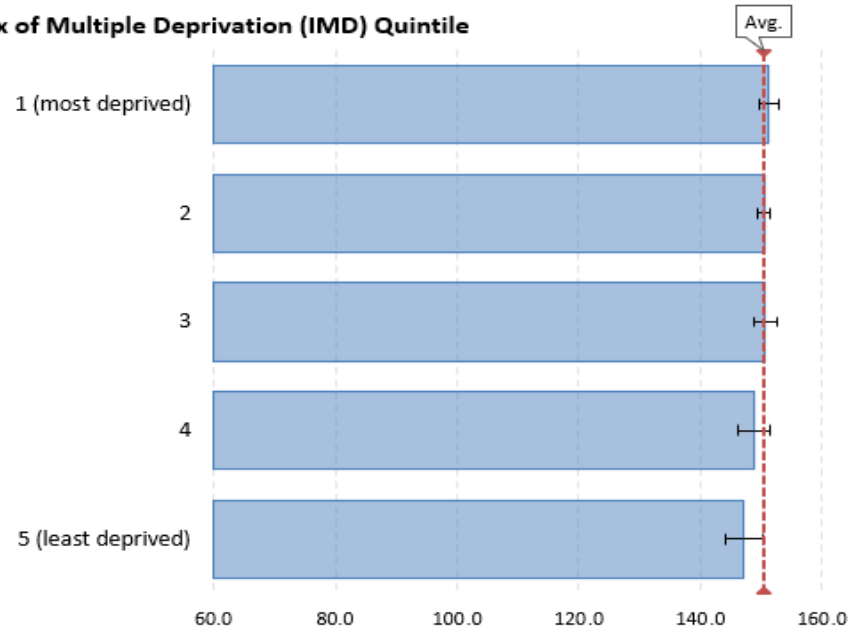
Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	9,295,511	61,997
Male	7,495,929	49,590
Unknown	122,196	1,157

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper
Female	149.9	149.0	150.9
Male	151.2	150.0	152.3
Unknown	105.6	100.1	111.2
Grand Total	150.0		

Index of Multiple Deprivation (IMD) Quintile



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 150.4 days across the Trust, up 2.4 days since last reporting period.

Patients living in IMD 5 quintile areas have the shortest wait times (147.2 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 equates to only 4.1 days difference between the longest waiters and shortest waiters by IMD quintile.

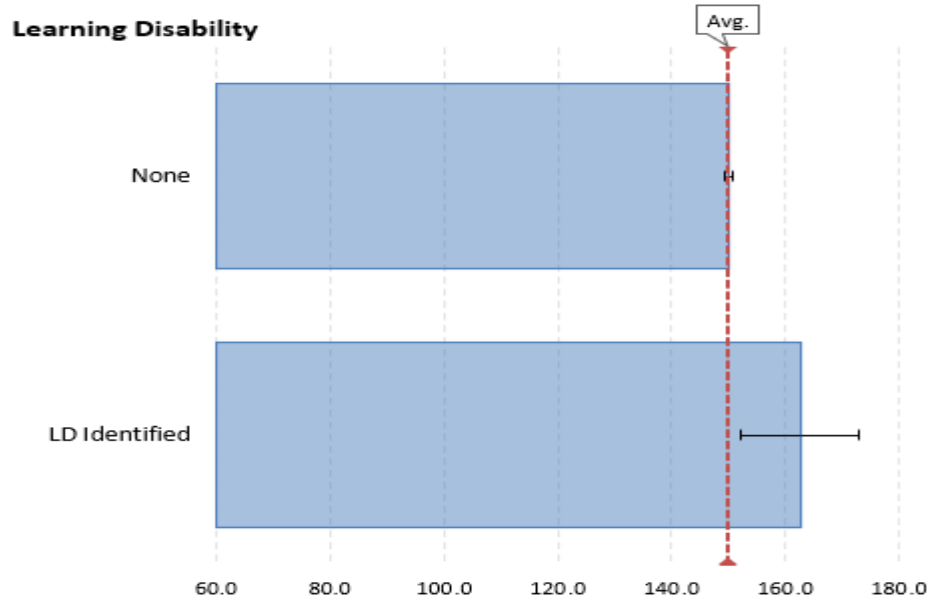
While this is only a slight difference, there is an increase in overall average wait times from the previous reporting period. This requires ongoing monitoring over time and work is currently underway to include this reporting to allow meaningful identification and interpretation of trends.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,128,385	27,288
2	7,760,813	51,565
3	2,727,282	18,096
4	1,367,591	9,186
5 (least deprived)	798,560	5,424

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	151.3	149.8	152.8
2	150.5	149.4	151.6
3	150.7	148.9	152.6
4	148.9	146.3	151.4
5 (least deprived)	147.2	144.0	150.4
Grand Total	150.4		



Commentary

At Trust level, on average, patients with learning disabilities are waiting longer than patients who have not been identified as having a learning disability. The difference in waiting times is slightly worse than last month and the difference of 12.8 days is now statistically significant.

Last year, data revealed that longer waits for surgery for patients with a learning disability could be attributed to one speciality, Restorative Dentistry. Action taken over the last year significantly reduced the waiting times in this speciality and, therefore, the overall waiting times for this cohort. That improvement has been sustained with the speciality. In this month's data, we have found that a few specialities have longer waits for patients with Learning Disabilities including Oral Surgery, General Surgery, Paediatric Dentistry and Urology.

We will be working with our clinical specialties to better understand what we can do to prioritise these patients and monitor trends.

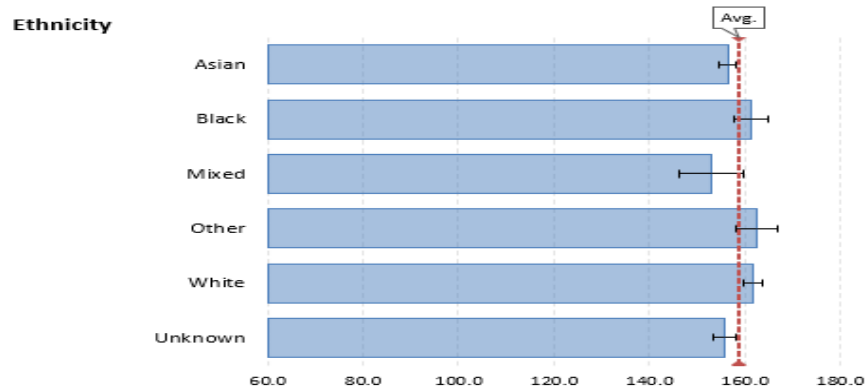
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	16,813,910	112,131
LD Identified	99,726	613

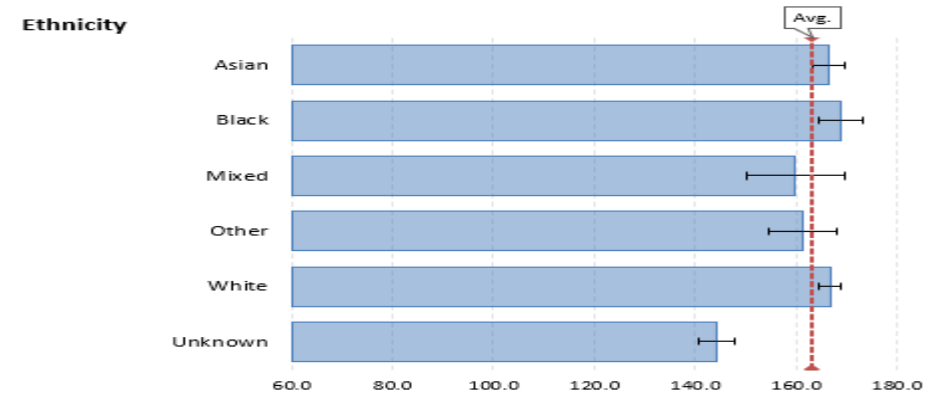
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper
None	149.9	149.2	150.7
LD Identified	162.7	152.2	173.1
Grand Total	150.0		

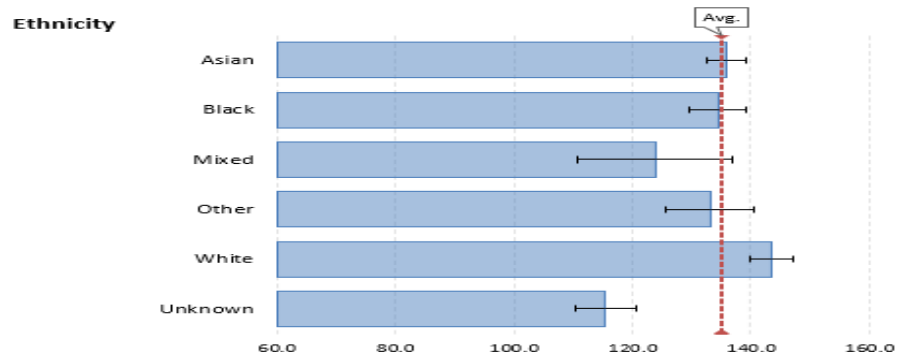
Royal London



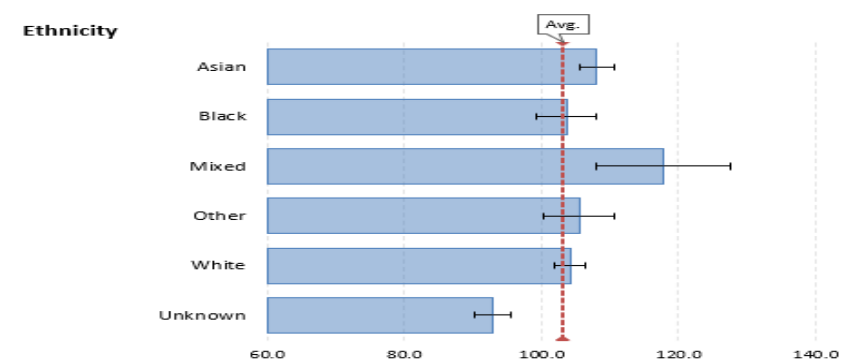
Whipps Cross



Newham



St Barts



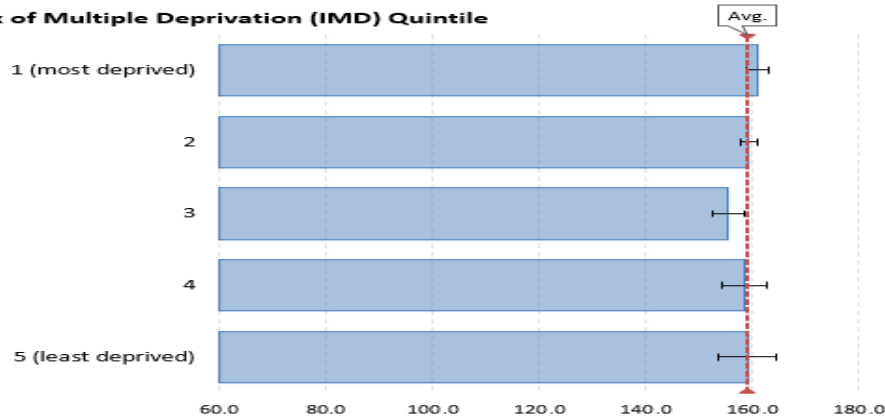
Commentary

Patients who identify as belonging to the 'Mixed' ethnic group appear to have shorter average wait times compared with other ethnic groups at Royal London, Whipps Cross and Newham Hospitals. Conversely, patients at St Barts who identify as 'Mixed' appear to wait longest.

There are no statistical or materially significant differences in waiting times between ethnic groups at any of the hospital sites. The population of 'Mixed' patients across the Trust make up only a small proportion (2.29%) of Trust patient pathways by ethnicity and therefore it can be expected that waiting times will vary from month to month. This month, Royal London, Whipps Cross and Newham Hospitals waits for patients of 'Mixed' ethnicity were shorter, and at St Barts 'Mixed' ethnicity patients waited longer. This broadly reflects findings from last month. We will continue to monitor for trends.

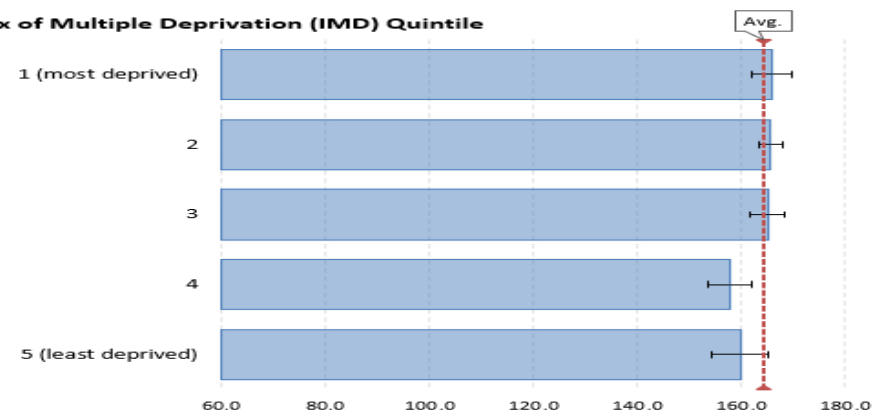
Royal London

Index of Multiple Deprivation (IMD) Quintile



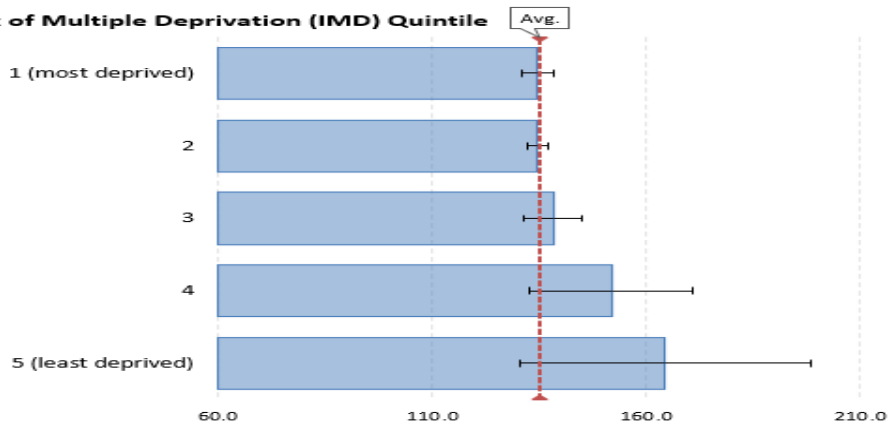
Whipps Cross

Index of Multiple Deprivation (IMD) Quintile



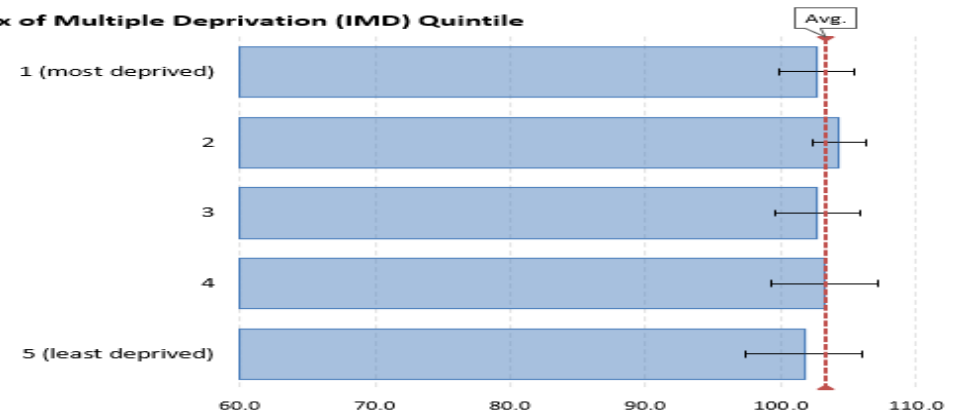
Newham

Index of Multiple Deprivation (IMD) Quintile



St Barts

Index of Multiple Deprivation (IMD) Quintile



Commentary

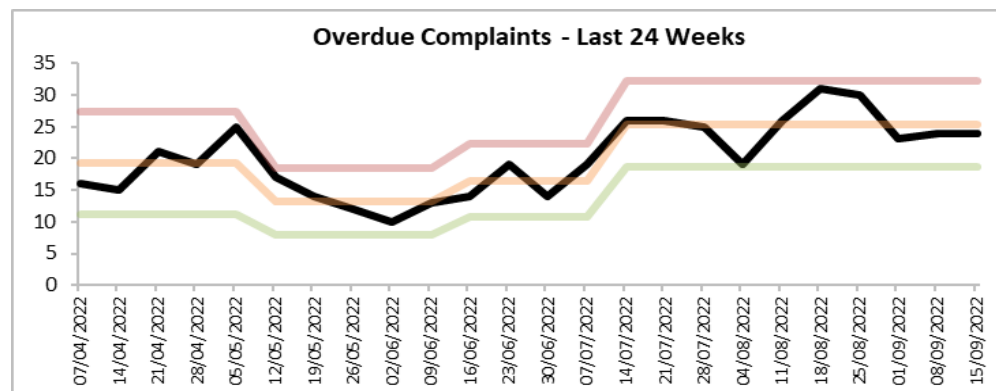
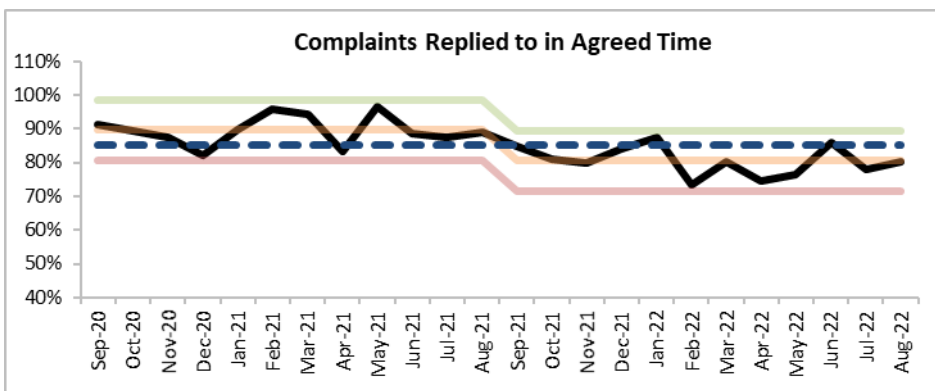
At Whipps Cross, in this snapshot of waiting times, there is a significant difference for waits between patients living in the most deprived areas (IMD quintile 1 and 2) and those living in some of the lesser deprived areas (IMD quintile 4). This equates to a slight difference of only 6.1 days between the longest wait and shortest wait time. This was not the case last month and while we will continue to monitor, we do not believe this is a trend.

There are no other statistically significant differences in wait times by level of deprivation for the other sites for this reporting period.

Last month, patients living in the least deprived areas (IMD quintile 5) appeared to wait significantly longer compared to patients in the most deprived areas (IMD quintile 1). This equated to a difference of 52.4 days. This disparity has now reduced to 29.8 days and is no longer considered statistically significant as the confidence intervals overlap. It is necessary that these data are monitored over time and work is currently underway to include this reporting to facilitate identification and interpretation of trends.

	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	●	○	○	Aug-22 (m)	<= 0	39	78	177	7	4	24	0	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2022/23 Q1 (q)	SPC Breach	23.7	22.7	22.7	31.0	36.3	28.9	7.8	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Jul-22 (m)	>= 95%	89.5%	89.8%	89.9%	88.2%	90.7%	81.5%	96.8%	-	○
	C2	FFT Recommended % - A&E	●	○	○	Jul-22 (m)	>= 86%	56.2%	57.7%	58.6%	54.7%	65.5%	50.1%	-	-	○
	C3	FFT Recommended % - Maternity	●	○	○	Jul-22 (m)	>= 96%	96.4%	90.7%	93.7%	100.0%	92.2%	86.8%	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	○	Jul-22 (m)	>= 23%	31.1%	29.1%	28.5%	26.6%	41.1%	14.5%	30.7%	-	○
	C21	FFT Response Rate - A&E	●	○	○	Jul-22 (m)	>= 12%	7.7%	7.8%	7.7%	7.9%	9.8%	5.8%	-	-	○
	C22	FFT Response Rate - Maternity	●	●	○	Jul-22 (m)	>= 17.5%	15.2%	11.1%	15.3%	0.2%	32.3%	8.3%	-	-	○
	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	●	○	○	Aug-22 (m)	>= 85%	77.8%	80.3%	79.0%	76.7%	94.3%	47.1%	100.0%	100.0%	●
	R30	Duty of Candour	●	●	○	Jul-22 (m)	>= 100%	95.6%	89.9%	91.9%	92.5%	100.0%	80.0%	66.7%	-	●

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



Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	325	48
Communication - verbal / written / electronic	112	17
Delays in care	109	21
Appointments / Clinics	72	17
Security and unacceptable behaviour	33	8

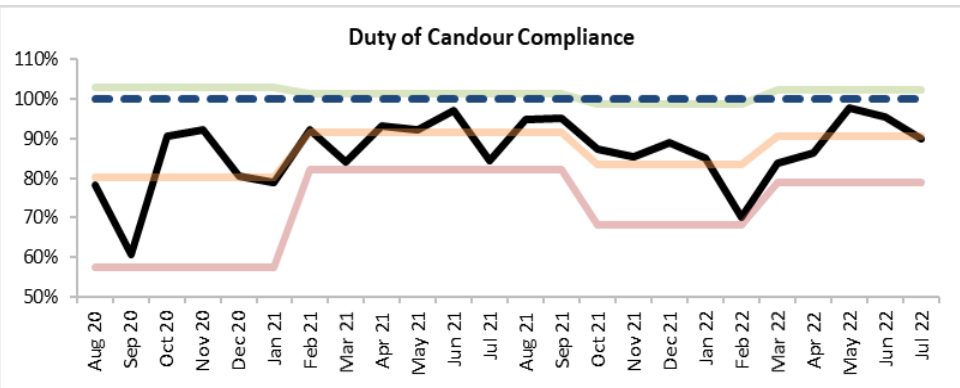
Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Diagnosis / Treatment	9	19	6	72
Delays in care	4	75	6	247
Environment	3	22	11	28
Security and unacceptable behaviour	3	15	11	23
Appointments / Clinics	2	21	16	26

Performance Overview

- In August 2022, 44,517 attendances were recorded, 577 greater than recorded in July 2022. For August 2022 a performance of 67.8% was recorded in relation to the 4-hour standard, against 67.6% in July 2022. During August 2022 performance continued to be influenced by the impact of bed pressures caused by combined emergency and elective flow.

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 is currently going through testing with staff training being undertaken at the same time. August 2022 data will be reviewed and tested for accuracy and completeness prior to publishing in this and other reports.
- 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. The 60 minute handover delay metric will be reported in future editions of this report once the quality and accuracy of the data is assured.



Site	No of Apologies	No of Incidents	Compliance
Trust	71	79	89.9%
Newham	8	10	80.0%
Royal London	49	53	92.5%
St Bart's	4	6	66.7%
Whipps Cross	10	10	100.0%

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	87.2%	99.6%	98.4%	96.8%	98.0%
This Period	89.9%	94.9%	97.5%	96.2%	96.2%

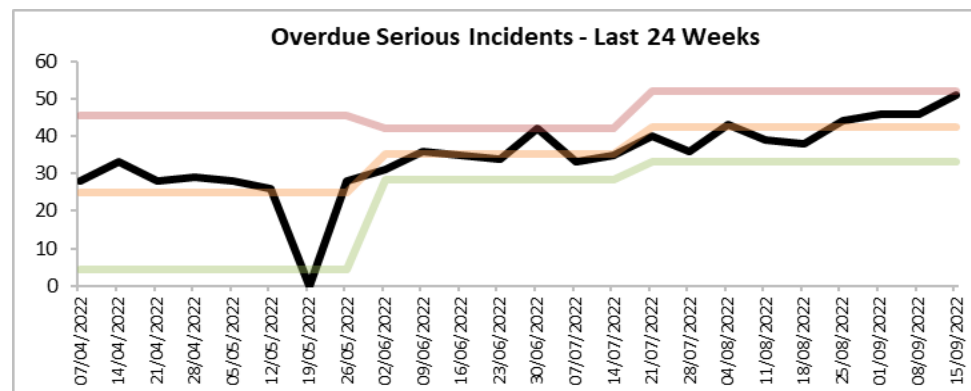
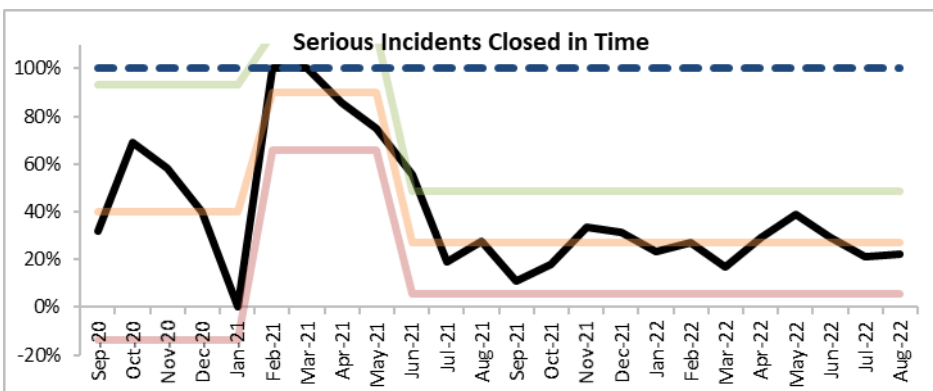
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Performance across the Group in July slightly declined to 89.9% from 95.6% reported in June 2022 Year to date performance in 2022/23 is 89.9%. Given that Duty of Candour is a legal duty the target is 100%. The performance quoted relates to the trust's internal target, rather than reflecting performance against the legal duty Just one hospital site managed to discharge the Duty in July 2022 for all qualifying cases. St Bartholomew's site only managed to achieve 66.7% compliance despite low number of incidents qualifying for the Duty of Candour. The Royal London site achieved 92.5% compliance in July 2022 and 49 incidents out of 53 had the full Duty of Candour obligations discharged. 	<ul style="list-style-type: none"> The CQC have issued updated guidance in relation to known risks and complications at the end of June 2022. Effectively there is no significant change to how the Trust was interpreting guidance since its came into force in November 2014. The Trust focus is to improve the quality of Duty of Candour letters and regular audits has commenced at site level to monitor this. The Duty of Candour patient information leaflet and policy have been revised and going through final approval process before publication. The Duty of Candour training pack for staff has been developed and will be available soon.

	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	●	●	○	Aug-22 (m)	<= 16	16.9	17.0	19.2	11.4	25.1	19.6	16.2	-	○
	S11	Clostridium difficile - Incidence	●	●	○	Aug-22 (m)	<= 8	10	10	56	3	4	2	1	0	○
	S2	Assigned MRSA Bacteraemia Cases	●	○	○	Aug-22 (m)	<= 0	0	0	2	0	0	0	0	0	○
	S77	MSSA Bacteraemias	○	○	○	Aug-22 (m)	SPC Breach	0	0	34	0	0	0	0	0	○
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Aug-22 (m)	<= 8	27	25	128	6	6	6	7	0	○
Incidents	S3	Never Events	●	○	○	Aug-22 (m)	<= 0	0	0	3	0	0	0	0	0	○
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	○	Aug-22 (m)	<= 0.9%	2.6%	2.4%	2.0%	1.9%	1.7%	4.4%	1.7%	-	●
	S45	Falls Per 1,000 Bed Days	●	○	○	Aug-22 (m)	<= 4.8	3.6	3.1	3.6	2.6	3.7	2.4	4.7	-	○
	S25	Medication Errors - Percentage Causing Harm	●	○	○	Aug-22 (m)	<= 4%	5.0%	4.0%	3.7%	3.5%	2.2%	7.0%	4.2%	-	○
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	○	Aug-22 (m)	SPC Breach	57.5	53.3	53.6	40.6	62.8	63.4	64.1	-	○
	S53	Serious Incidents Closed in Time	●	○	○	Aug-22 (m)	>= 100%	21.1%	22.2%	28.1%	12.5%	40.0%	20.0%	-	-	●

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison							Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●			Aug-22 (m)	<= 0.6	1.2	1.0	1.1	1.1	1.2	0.7	0.5	-	-	1.0	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Aug-22 (m)	SPC Breach	0.1	0.2	0.1	0.2	0.1	0.2	0.0	-	-	0.2	
	S27	Patient Safety Alerts Overdue	●			Aug-22 (m)	<= 0	1	1	1	-	-	-	-	-	-	-	
Assess & Prevent	S36	VTE Risk Assessment	●			Aug-22 (m)	>= 95%	95.5%	97.4%	-	99.1%	90.5%	93.8%	-	-	-	97.4%	
	S5	Dementia - Screening				Feb-20 (m)	>= 90%	95.0%	95.5%	95.0%	93.4%	97.5%	96.8%	83.7%	-	-	95.5%	
	S6	Dementia - Risk Assessment				Feb-20 (m)	>= 90%	100.0%	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%	-	-	57.1%	

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	31	6
Obstetrics	15	1
Treatment	13	1
Appointments and Clinics	7	1
Medication	5	1

Overdue Serious Incidents - Top 5 Categories as at 15/09/2022

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Obstetrics	13	35	6	81
Delays in Care	13	22	2	52
Treatment	9	42	2	89
Patient Falls	4	39	2	94
Safeguarding Children	2	23	21	25
Safeguarding Adults	2	47	23	71
Estates/Facilities	2	98	2	193

Performance Overview

- Trust performance closing serious incidents on time was 22.2% in August 2022. This is lower than reported earlier in the year.
- However, the performance still remains well below the target of 100%
- The year to date performance reported in August 2022 was 38.4%
- There is continue to be a significant increase in the number of overdue reports.
- The majority of overdue SIs are attributed to the Royal London and Newham Hospital sites.

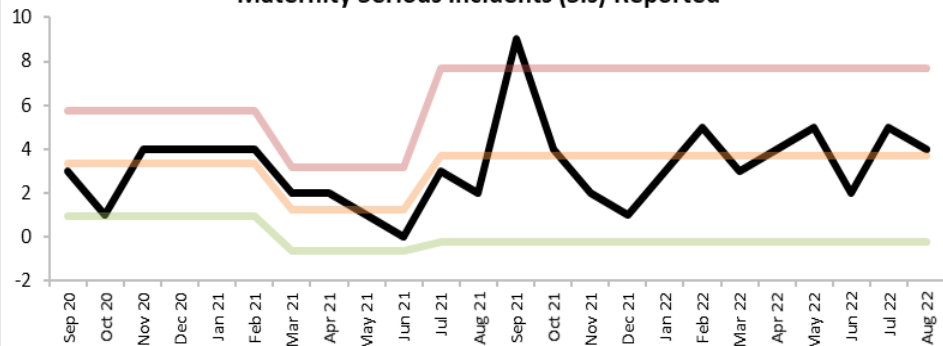
Responsible Director Update

- The clock-stop on current prescribed timeframe of 60 days for completion of a Serious Incident Investigation under the Serious Incident Framework was applied by commissioners in December 2020 and still remains in place.
- Focus is currently shifting from compliance with this metric to the implementation of the Patient Safety Incident Response Framework (PSIRF). The PSIRF provides for more flexible timeframes for PSIIs. Timeframes for individual PSIIs are to be agreed in consultation with the patient and/or family, although it is suggested that investigations should average three months and never exceed six months
- Some incidents will qualify for a Patient Safety Incident Investigation (PSII) but there are other alternative proportionate responses (e.g. case note review; time mapping; 'being open' conversations; after action review; audit; M&M reviews)

	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	●	○	○	Aug-22 (m)	<= 0.51	1.17	0.44	0.73	0.42	0.53	0.86	0.21	-	○

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 (Aug-22)

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

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

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	21	8	18	47
Antenatal - Antepartum Stillbirth	5	1	3	9
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	2	6
Intrapartum - Retained vaginal swab/tampon	2	1	1	4

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

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	47	25	56	128
No actions recorded	18	4	11	33
Education and training	13	4	11	28
Review / amend processes	5	3	12	20
Other action	0	0	11	11
Review or update guidelines / documentation	2	5	2	9

Progress Summary and themes from SIs

There were 4 Serious Incidents declared in August – one at NUH, one at WXH and 2 at RLH. Two related to babies being sent for cooling and two still births. Investigations underway. Issues associated with communication, recognising deterioration and practice outside guidelines have been identified in early review.

Noteworthy Improvements

- Newham Hospital continue to make big improvements on their open SI actions through their action review meetings.
- Patient safety day learning event held in September 2022

Risks & Issues

- Thematic analysis of SIs from sites identify risk assessments as an issue through antenatal and intrapartum care. Maternity safety improvement workstream added to start looking at possible QI projects to tackle this.
- Workforce remains a huge challenge across all 3 sites. This has not been cited as a contributing factor in any SIs or moderate harm incidents to date but will be kept under review. Daily huddles to review staffing and planned activity in place to mitigate and anticipate any risks or delays.

Next Steps

- Continue to develop ideas and outlets for shared learning across Barts maternity services, including Trust HSIB quarterly learning and review in September 2022.



Barts Health
NHS Trust

Finance Report



Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan 0.0	<p>NHS Financial Performance Surplus/(Deficit) £m</p>	<p>The Trust has reported to NHS England a (£24.8m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£11.2m), allowance for potential ERF clawback (£8.8m) by the Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£4.8m).</p>
	Actual (24.8)		
	Variance (24.8)		
Total Income	Plan 860.8	<p>Income £m</p>	<p>Income is (£10.6m) adverse against the year to date plan. NHS Patient Treatment income is (£6.8m) adverse, which is mainly due to Elective Recovery Fund (ERF) underperformance partially offset by high cost drugs over performance income. Allowance for clawback of 75% of ERF allocations YTD (£8.8m) 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 (£3.8m) adverse, with the key shortfalls being due to reduced private patients activity (£1.5m) and reduced COVID19 income for pathology reflecting reduced virus testing per the latest infection control guidance (£2.1m).</p>
	Actual 850.2		
	Variance (10.6)		
Total Expenditure	Plan (860.8)	<p>Expenditure £m</p>	<p>Expenditure is (£14.2m) adverse against the year to date plan. Site and Services expenditure is (£31.4m) adverse due to the underachievement against the 3% recurrent efficiency savings target, hyper-inflation pressures, high cost drugs costs and the purchase of independent sector activity to support elective recovery. Temporary staffing costs in the first five months of 2022/23 are (£11.5m) higher than plan with the key drivers of the adverse variance being non-elective activity pressures, high staff sickness absence due to COVID, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure is £16.0m 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 (875.0)		
	Variance (14.2)		

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 40.6	<p>CAPEX £m</p>	<p>The year to date capital expenditure at M5 is £21.5m against a plan of £40.6m which results in an adverse variance of £19.1m for the exchequer funded schemes. The main drivers are spend across schemes at Newham Hospital. It should be noted that the underspend has reduced the level of forecast over commitment for the year. There is also a level of underspend relating to the Whipps Cross Redevelopment programme (£2.3m) which continues to be reviewed.</p>
	Actual 21.5		
	Variance (19.1)		
Cash	Plan 90.0	<p>Cash Balance £m</p>	<p>Cash balances are higher than plan because of the higher closing cash balance of £86.7m in March 2022, lower capital expenditure and other movements in working capital.</p>
	Actual 146.8		
	Variance 56.8		

Key Issues

The Trust is reporting a year to date adverse variance of (£24.8m), 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

- The key financial challenges for the Trust in achieving its balanced plan for this financial year 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,
 - Delivery against the NHS England target to reduce agency expenditure reduction by at least 10% compared to 2021/22 outturn and eliminate the use of off-framework agency by December 2022.
 - Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

21/22 YTD	2022/23	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	
Prev Yr Actual	<i>Emillions</i>							
	Income							
615.7	NHS Patient Treatment Income	130.8	131.2	0.4 ●	645.9	641.1	(4.8) ●	1,553.4
1.2	Other Patient Care Activity Income	0.6	0.3	(0.3) ●	2.8	1.3	(1.5) ●	6.8
47.5	Other Operating Income	10.8	10.5	(0.4) ●	53.6	51.1	(2.5) ●	123.8
664.4	Total Income	142.2	142.0	(0.2) ●	702.4	693.6	(8.8) ●	1,684.0
	Operating Expenditure							
(429.5)	Pay	(89.7)	(92.6)	(3.0) ●	(448.0)	(460.6)	(12.6) ●	(1,072.1)
(76.1)	Drugs	(15.4)	(16.7)	(1.2) ●	(77.2)	(84.0)	(6.8) ●	(185.3)
(50.5)	Clinical Supplies	(13.1)	(14.2)	(1.0) ●	(66.8)	(68.2)	(1.4) ●	(159.1)
(126.9)	Other Non Pay	(24.4)	(27.1)	(2.7) ●	(121.7)	(132.2)	(10.5) ●	(292.9)
(683.1)	Total Operating Expenditure	(142.7)	(150.6)	(7.9) ●	(713.6)	(745.0)	(31.4) ●	(1,709.4)
(18.6)	Site & Services Budgets Total	(0.4)	(8.6)	(8.1) ●	(11.2)	(51.4)	(40.2) ●	(25.4)
(25.5)	Pathology Partnership (net)	(4.6)	(4.4)	0.1 ●	(22.8)	(22.1)	0.7 ●	(54.7)
(0.0)	Vaccination Programme & Nightingale (net)	-	0.3	0.3 ●	-	0.3	0.3 ●	-
0.0	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	- ●	0.0
42.3	Central NHS PT Income	8.3	7.2	(1.2) ●	50.1	48.2	(2.0) ●	117.4
2.5	Central RTA & OSV Income (net)	0.6	0.6	0.0 ●	2.8	3.1	0.3 ●	6.8
(5.0)	Central Expenditure (net)	0.2	1.7	1.4 ●	1.1	8.3	7.2 ●	2.8
(12.9)	Reserves (net)	(3.8)	(1.8)	2.0 ●	(18.9)	(10.1)	8.8 ●	(43.5)
(17.3)	EBITDA	0.3	(5.1)	(5.5) ●	1.2	(23.8)	(24.9) ●	3.4
(22.8)	Depreciation and Amortisation (net)	(5.9)	(5.9)	0.0 ●	(29.2)	(29.2)	0.0 ●	(70.9)
(27.0)	Interest	(5.9)	(5.9)	0.0 ●	(29.3)	(29.2)	0.1 ●	(70.2)
(5.6)	PDC Dividends	(0.9)	(0.9)	0.0 ●	(4.5)	(4.5)	0.0 ●	(10.7)
(72.7)	Surplus/(Deficit) Before System Top-Up	(12.4)	(17.8)	(5.4) ●	(61.8)	(86.6)	(24.8) ●	(148.4)
72.9	System Top-Up Income	12.4	12.4	- ●	61.8	61.8	- ●	148.4
0.3	NHS Reporting Surplus/(Deficit)	0.0	(5.4)	(5.4) ●	0.0	(24.8)	(24.8) ●	(0.0)
0.1	Profit On Fixed Asset Disposal		0.0			0.1		
-	Loss on return of COVID assets to DHSC		-			-		
(0.8)	Capital Donations I&E Impact		(0.2)			0.1		
-	Fixed Asset Impairments		-			-		
(0.4)	Surplus/(Deficit)		(5.6)			(24.7)		

21/22 YTD	Programme Area	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan submitted NHSL June 22	Trust approved forecast programme	Variance	%
Prev Yr Actual	<i>Emillions</i>												
3.0	Equipment (Medical and Other)	2.9	1.3	1.6	55 %	10.0	2.1	7.8	79 %	23.9	17.2	6.7	28 %
3.1	Informatics	1.3	0.4	0.9	70 %	3.7	0.8	2.9	78 %	6.9	5.5	1.4	21 %
9.0	Estates	1.6	2.4	(0.8)	(49)%	4.7	7.8	(3.1)	(66)%	8.8	42.4	(33.6)	(380)%
5.2	New Build and Site Vacations	3.5	0.4	3.1	88 %	13.1	1.6	11.5	88 %	33.3	28.8	4.5	0.0
3.6	PFI Lifecycle Assets	0.9	0.9	(0.0)	(0)%	4.3	4.3	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%
0.0	New Build - Diagnostics	-	-	-	- %	-	-	-	- %	6.6	6.6	(0.0)	(0)%
0.0	Finance Lease	-	-	-	- %	4.8	4.8	0.0	0 %	8.4	8.4	-	- %
23.9	Total Exchequer programme	10.2	5.4	4.8	47 %	40.6	21.5	19.1	47 %	98.4	119.3	(20.9)	(0.0)
23.9	Total Trust Funded Assets	10.2	5.4	4.8	47 %	40.6	21.5	19.1	47 %	98.4	119.3	(20.9)	(21)%
1.0	Donated	1.1	0.1	1.0	95 %	4.9	1.4	3.5	71 %	9.9	9.9	(0.0)	(0)%
24.9	Total Capital Expenditure	11.2	5.4	5.8	52 %	45.5	22.9	22.6	50 %	108.3	129.2	(20.9)	(19)%

Key Messages

The current approved exchequer forecast is £119.3m (£112.7m, M4) against the exchequer annual plan of £98.4m (£91.8m, M4), an increase of £6.6m from last month. The increase is due to PDC funding awarded for Mile End CDC. The current plan overcommitment is £20.9m (unchanged from last month) against the funded plan.

**The overcommitment of £20.9m 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.*

To date the Trust has secured total £8.9m of PDC funds and received an informal approval for two (NUH Mothballed Theatres-£5.2m and SBH ITU Expansion-£12.4m) of the three TIF schemes. In addition, charitable funds of £1.4m have also been secured.

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 M5 is £5.4m against the original phased plan of £10.2m, an adverse variance of £4.8m. 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.

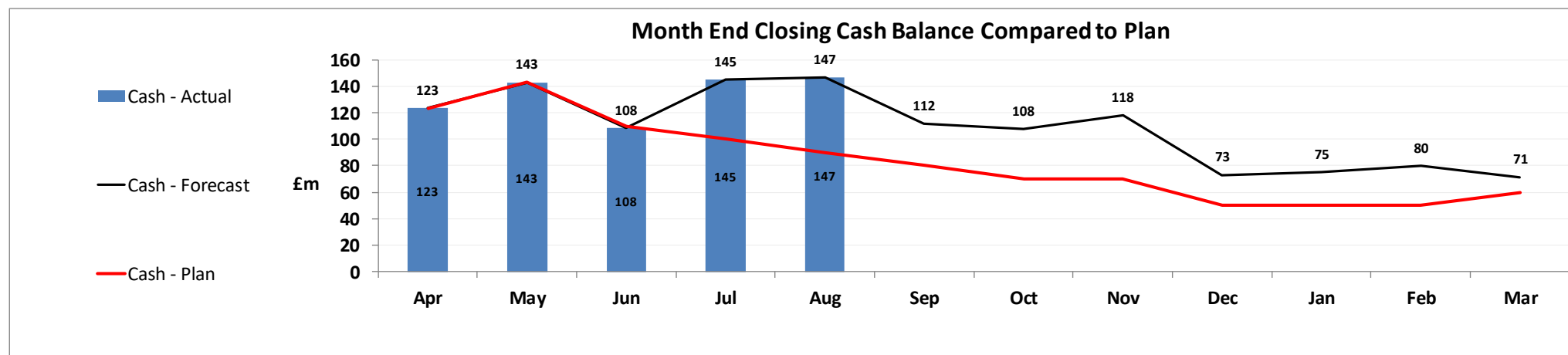
The year to date capital expenditure at M5 is £21.5m against a plan of £40.6m which results in an adverse variance of £19.1m for the exchequer funded schemes. The main drivers are spend across schemes at Newham Hospital. It should be noted that the underspend has reduced the level of forecast over commitment for the year. There is also a level underspend relating to Whipps Cross Redevelopment programme (£2.3m) which continues to be reviewed.

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. A reforecast exercise has been undertaken to update the initial phasing of the programme assumed at the beginning of the year. The results will be presented at the September ISC for consideration along with recommendations of reallocation of funds 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 £3.5m to plan. The drivers of the underspend are a combination of MEH- Renal Unit (£1.5m) due to delays in design layouts and commencement of the fit out and Other Charitable Projects (£1m) due to large VAT recovery against a prior year scheme (Helipad Expansion Works)

Capital Funding				
	Capital Plan	Secured/ Drawdown	Not Secured/ Drawdown	% Secured
Gross Depreciation	60.8	60.8	-	100 %
IFRS 16 deprecation	9.9	9.9	-	100 %
Repayment of PFI principal	(25.3)	(25.3)	-	100 %
Repayment of Loans / Other Finance Leases	(1.8)	(1.8)	-	100 %
Repayment Other Finance Leases (IFRS16)	(9.7)	(9.7)	-	100 %
Net Depreciation	33.8	33.8	-	100 %
CRL (not cash backed)	18.5	-	18.5	- %
EFA	-	-	-	- %
Additional CRL from London Region(not cash backed)	-	-	-	- %
IFRS16 CRL adjustment	8.41	-	8.4	- %
PDC: WXH Redevelopment core programme team	1.82	1.1	0.8	58 %
PDC: WXH Redevelopment NHP Development costs	1.16	-	1.2	- %
Specific PDC: WXH Enabling works	6.00	-	6.0	- %
PDC- TIF NUH Modular Build BC932	14.90	-	14.9	- %
PDC- Mothballed NUH Theatres	5.20	-	5.2	- %
PDC - ITU Expansion SBH	0.50	-	0.5	- %
PDC - Digital cyber	0.22	-	0.2	- %
PDC - NUH 2nd CT	1.2	1.2	-	100 %
PDC- MEH CDC	6.6	6.6	-	100 %
Planned Capital exc. Donated	98.4	42.7	55.7	43 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	98.4	42.7	55.7	43 %
Donated	9.9	1.4	8.5	14 %
Planned Capital inc. Donated	108.3	44.1	64.2	41 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(20.9)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(31.3)			

£millions	Actual					Forecast							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	86.7	123.4	143.0	108.4	144.8	146.8	112.0	107.9	118.2	73.2	75.2	79.9	86.7
Cash inflows													
Healthcare contracts	161.5	156.5	150.9	159.3	160.5	164.1	147.6	147.5	147.5	147.5	147.5	187.6	1,878.0
Other income	23.5	37.0	16.5	40.5	25.7	23.4	34.7	22.7	15.7	32.8	22.1	35.5	330.1
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	10.4	10.8	-	-	8.5	29.7
Total cash inflows	185.0	193.5	167.4	199.8	186.2	187.5	182.3	180.6	174.0	180.3	169.6	231.6	2,237.8
Cash outflows													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(56.4)	(65.6)	(55.6)	(55.6)	(58.2)	(55.6)	(55.6)	(57.1)	(685.8)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(49.7)	(44.0)	(44.0)	(44.0)	(44.0)	(45.8)	(503.1)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(103.8)	(71.9)	(64.3)	(106.8)	(71.2)	(56.6)	(98.9)	(953.2)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(6.5)	(9.2)	(6.4)	(10.0)	(7.5)	(8.7)	(33.1)	(100.5)
Dividend and Interest payable	-	-	-	-	-	(5.3)	-	-	-	-	-	(5.3)	(10.6)
Total cash outflows	(148.3)	(173.9)	(202.0)	(163.4)	(184.2)	(222.3)	(186.4)	(170.3)	(219.0)	(178.3)	(164.9)	(240.2)	(2,253.2)
Net cash inflows / (outflows)	36.7	19.6	(34.6)	36.4	2.0	(34.8)	(4.1)	10.3	(45.0)	2.0	4.7	(8.6)	(15.4)
Closing cash at bank - actual / forecast	123.4	143.0	108.4	144.8	146.8	112.0	107.9	118.2	73.2	75.2	79.9	71.3	71.3
Closing cash at bank - plan	123.4	143.0	110.0	100.0	90.0	80.0	70.0	70.0	50.0	50.0	50.0	60.0	60.0



Key Messages

Cash balances are higher than plan because of the high closing cash balance of £86.7m in March 2022 and other movements in working capital, including lower capital spend.

21/22		Actual					Forecast							21/22 v 22/23
31 Mar 2022	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,430.8	Property, plant and equipment	1,427.8	1,467.3	1,463.8	1,461.1	1,460.4	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	17.2	17.2	17.2	17.2	17.2	17.1	17.1	17.1	2.0
1,446.1	Total non-current assets	1,443.1	1,484.8	1,481.2	1,478.5	1,477.7	1,498.9	1,502.4	1,507.5	1,510.4	1,511.7	1,512.3	1,514.5	68.5
	Current assets:													
24.3	Inventories	26.2	25.7	25.7	25.9	26.3	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	63.6	74.8	72.3	83.2	88.1	83.0	74.4	108.2	(19.4)
86.7	Cash and cash equivalents	123.4	143.0	108.4	144.8	146.8	112.0	107.9	118.2	73.2	75.2	79.9	71.3	(15.4)
238.6	Total current assets	248.8	243.1	245.5	256.9	236.7	210.8	204.2	225.4	185.3	182.2	178.3	203.5	(35.1)
1,684.7	Total assets	1,691.9	1,727.9	1,726.7	1,735.4	1,714.4	1,709.7	1,706.6	1,732.9	1,695.7	1,693.9	1,690.6	1,718.0	33.4
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(264.7)	(200.5)	(224.6)	(250.2)	(190.6)	(199.2)	(195.5)	(206.0)	32.9
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(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)	(36.9)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.8)	(36.4)	(9.3)
(284.7)	Total current liabilities	(299.9)	(311.7)	(317.3)	(333.5)	(320.3)	(257.6)	(264.2)	(289.8)	(230.2)	(238.8)	(235.1)	(245.2)	39.5
(46.1)	Net current (liabilities) / assets	(51.1)	(68.6)	(71.8)	(76.6)	(83.6)	(46.8)	(60.0)	(64.4)	(44.9)	(56.6)	(56.8)	(41.7)	4.4
1,400.0	Total assets less current liabilities	1,392.0	1,416.2	1,409.4	1,401.9	1,394.1	1,452.1	1,442.4	1,443.1	1,465.5	1,455.1	1,455.5	1,472.8	72.9
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)	(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)	(936.3)	(931.1)	(931.1)	(931.1)	(921.9)	(921.9)	(921.9)	(913.1)	4.5
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
(924.1)	Total non-current liabilities	(922.1)	(951.8)	(947.1)	(945.0)	(942.8)	(937.3)	(937.3)	(937.3)	(928.1)	(928.1)	(928.1)	(919.2)	4.8
475.9	Total Assets Employed	469.9	464.4	462.3	456.9	451.3	514.8	505.1	505.8	537.4	527.0	527.4	553.6	77.7
	Financed by:													
	Taxpayers' equity													
1,048.3	Public dividend capital	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	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)	(898.9)	(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
475.9	Total Taxpayers' Equity	469.9	464.4	462.3	456.9	451.3	514.8	505.1	505.8	537.4	527.0	527.4	553.6	77.7



Barts Health
NHS Trust

People Report



Looking After the Trust's People

Annualised sickness absence rate

The Annualised sickness absence rate has continued to increase to 5.30% from 5.22%. Underlying annualised sick absence, excluding COVID, is currently stable at 4.30%

- In month sickness absence for Jul 2022 was at 5.60%, up from the 4.60% in June 2022 and higher than the same period in 2021 (4.6%). Underlying in month absence, excluding COVID, was at 4.20% up from 4.03% in June
- In month long term sickness, excluding COVID, is currently at 2.30%, notably down from the peak of 2.85% seen in Dec 2021 and a reflection of the work the Employee Wellbeing team is undertaking around long term absence.

Appraisal rates – recorded non-medical appraisals rate has increased to 54.9%, up from 51.1%. Medical appraisals have reduced further to 84% from 87%.

The Seasonal Flu and COVID Boost campaign formally launched on 19th September. Given the funeral of Queen Elizabeth the clinic plan had to be altered, reducing capacity within the opening week. Against an original target 965 doses of each vaccine in week one, we achieved 754 flu and 890 COVID booster.

Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing -

- Substantive staff in post has increased by 73 WTE with substantive fill rate increasing to 89.8%. This is primarily Medical (+41 WTE) and Additional Clinical Services (+29 WTE) the latter reflecting international nurse recruitment. The medical increase is a natural increase in Aug -2022, linked to the major rotations that take place and recovers the drop seen last month.
- The registered nursing and midwifery vacancy rate dropped from 82.9% to 82.2% due to a 38 WTE reduction in staff in post. The current recruitment pipeline (as at 26 Sept) has 320 WTE registered nurses at a conditional offer stage of which 302 are external candidates.
- With turnover maintained at the same level we would expect to see a net increase in registered nurses, as a result of international nurses achieving their OSCE and offers in the pipeline, we would expect growth of around 80 WTE over the next 4 months.

Recruitment – 516 unconditional offers were made by recruitment in August against a plan of 384, and 1348 WTE were advertised against 824 in plan. 493 conditional offers were sent out.

Turnover – annualised voluntary turnover has show a small reduction to 13.7% this month from 13.8%. It is too early to see if this is the start of a positive change at group level having seen rates consistently increase over the last 12+months

- Across the group we are seeing a variable picture with reductions at Newham (11.6% to 11.4%) and Whipps Cross Hospital (13.4% to 12.8%), a stable position at Royal London Hospital (14.7%) and increase at St Bartholomew's Hospital (14.1% to 14.5%).
- One area of particular focus remains critical care at Royal London where annualised registered nursing turnover remains high at 25.3% but improvements to retention have started to be seen reflected in the reduction from the 27.6% rate reported in May and if these continue we would expect turnover to reduce below the rate seen pre-pandemic (24.4% in December 2019). Some of the actions that have come from feedback from the staff include improvements in the rota's, enabling space for staff to debrief, increasing the visibility of the senior team and putting development opportunities in place.
- At St Bartholomew's Hospital retention is part of the staff experience plan currently being taken forward, however there is a particular focus on Cancer nursing where turnover is higher, with exit interviews taking place and the knowledge gathered from these will inform next steps

Proportion of temporary staff

- The Proportion of temporary staff has remained stable at 14.9% with no net change in the WTE used, although a small shift (19 WTE) from agency to bank has occurred. Temporary staffing spend as a % of the overall pay budget was 17.5% in month and is at 16.5% YTD.
- YTD agency spend is at £23.6m compared to £16.0m at the same point in FY21/22 - representing a 47% increase year on year. With trusts set a target of reducing agency spend by 10% compared to FY21/22, we would want to achieve a spend of £42.3m or less across the whole year.

Barts Health

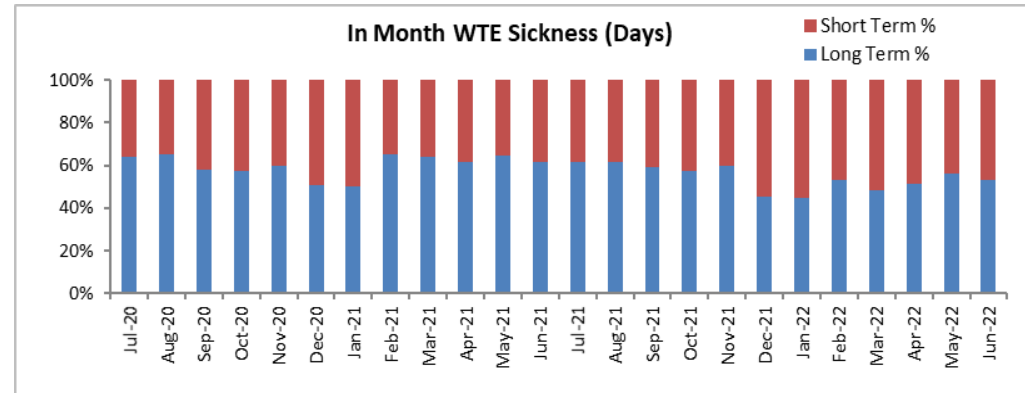
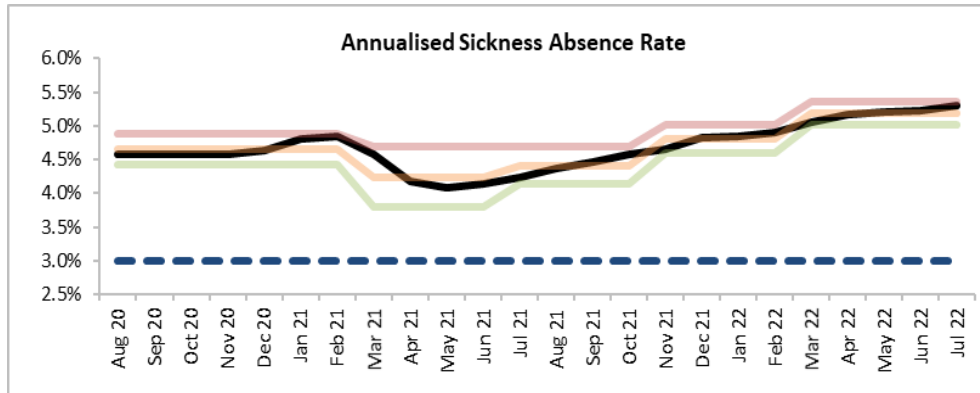
Group	Indicator	Targets	Performance		YTD	Aug-22 (Site)			
		Target	Jul-22	Aug-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	100.6%	100.8%	-	102.6%	102.7%	100.6%	101.9%
	Staff in Post - Actual	>=Plan	16,629	16,702		6,256	2,849	2,062	2,683
	Staff in Post - Plan	-	16,836	16,877	-	6,253	2,976	2,128	2,693
	Bank WTE - Actual	<=Plan	2,109	2,127		766	495	359	303
	Bank WTE - Plan	-	1,960	1,942	-	816	339	305	256
	Agency WTE - Actual	<=Plan	806	787		214	254	176	93
	Agency WTE - Plan	-	581	572	-	193	151	102	42
	Total Staffing - Actual	<=Plan	19,543	19,616	-	7,236	3,597	2,598	3,079
Total Staffing - Plan	-	19,377	19,391	-	7,262	3,466	2,535	2,991	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	89.4%	89.8%	-	93.4%	85.1%	84.7%	91.4%
	Substantive Fill Rate - Plan	-	91.3%	91.5%	-	92.4%	90.9%	89.6%	92.9%
	Unconditional Offers - Actual	>=Plan	404	516	1,522	238	55	44	84
	Unconditional Offers - Plan	-	383	382	1,505	155	61	45	71
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	47.6%	46.1%	-	27.8%	60.7%	55.0%	50.0%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	26.3%	21.8%	-	12%	28%	35%	14%
	Additional Duty Hours (Nursing)	-	89,236	84,715	-	30,182	27,933	16,004	10,428
Diversity	% of BME Staff at Band 8a to VSM	-	36.0%	36.2%		32%	43%	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	●			Aug-22 (m)	<= 12.25%	13.84%	13.73%	13.73%	14.68%	12.84%	11.45%	14.48%	17.71%	13.23%	13.73%	
	OH7	Proportion of Temporary Staff	●			Aug-22 (m)	<= 11.3%	14.9%	14.9%	14.5%	13.5%	20.8%	20.6%	12.9%	7.0%	8.3%	14.9%	
	W20	Sickness Absence Rate	●	●		Jul-22 (m)	<= 3%	5.23%	5.30%	5.30%	5.38%	5.53%	5.79%	4.42%	4.62%	5.42%	5.30%	●
	W1	Staff Overpayments (Late Leaver Notifications)	●		●	Jul-22 (m)	<= 0	7	37	57	16	4	5	6	1	5	37	
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	72.3%	73.1%	79.8%	
	OH6	NHS Staff Survey	●			2020/21 (y)	>= 7	7.0	6.9	6.9	7.0	6.8	6.9	7.1	6.7	7.0	6.9	
Compliance	W50	Mandatory and Statutory Training - All	●			Aug-22 (m)	>= 85%	84.2%	86.1%	84.3%	85.2%	88.8%	83.4%	88.7%	85.4%	84.2%	86.1%	
	W11	Mandatory and Statutory Training - National	●		●	Aug-22 (m)	>= 85%	83.8%	85.5%	83.5%	84.1%	88.4%	85.5%	87.3%	84.3%	83.7%	85.5%	
	W29	Appraisal Rate - Non-Medical Staff	●			Aug-22 (m)	>= 90%	51.1%	51.1%	51.1%	51.4%	50.2%	51.4%	55.5%	45.5%	48.0%	51.1%	●
	W30	Appraisal Rate - Medical Staff	●			Aug-22 (m)	>= 85%	84.1%	83.9%	83.9%	-	-	-	-	-	83.9%	83.9%	●

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



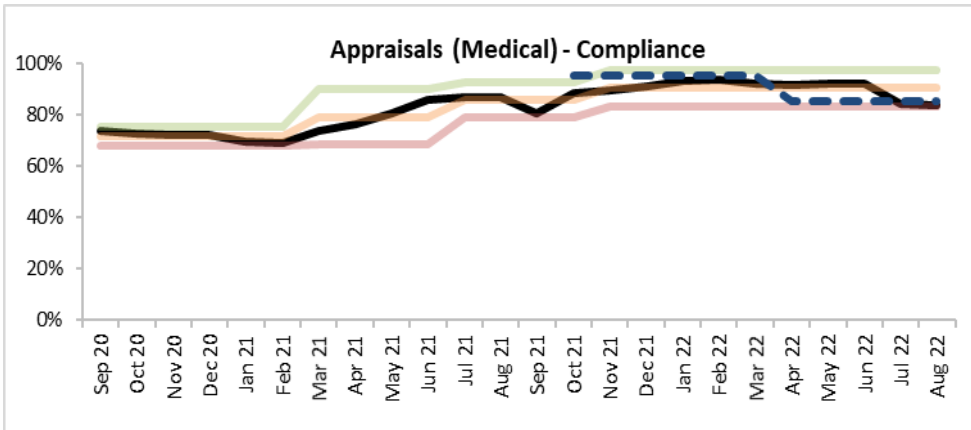
Site	Staff Group	6 Months Ago			Jul-22			Variance
		Sick WTE Days	Available WTE Days	%	Sick WTE Days	Available WTE Days	%	
Royal London	All Staff Groups	109,520	2,208,991	4.96%	121,714	2,264,033	5.38%	0.42%
Whipps Cross	All Staff Groups	52,987	1,016,321	5.21%	57,327	1,037,104	5.53%	0.31%
Newham	All Staff Groups	40,196	746,508	5.38%	43,590	753,312	5.79%	0.40%
St Bart's	All Staff Groups	38,633	954,566	4.05%	42,957	971,253	4.42%	0.38%
CSS	All Staff Groups	3,559	86,943	4.09%	3,843	83,203	4.62%	0.53%
Other	All Staff Groups	43,557	934,322	4.66%	52,073	961,495	5.42%	0.75%

Performance Overview

- Annualised sickness absence increased to 5.30% with in month absence for July at 5.4% compared to 4.6% in July 2022. This is the impact of COVID over the summer so we expect a stabilisation of the rate. Impact has been variable across the sites with increases most notable in GSS but also Royal London Hospital and St Barts Hospital
 - WXH 5.52% to 5.53%
 - NUH 5.71% to 5.79%
 - PP 5.82% to 5.88%
 - RLH 5.32% to 5.38%
 - GSS 5.60% to 5.77%
 - SBH 4.34% to 4.42%

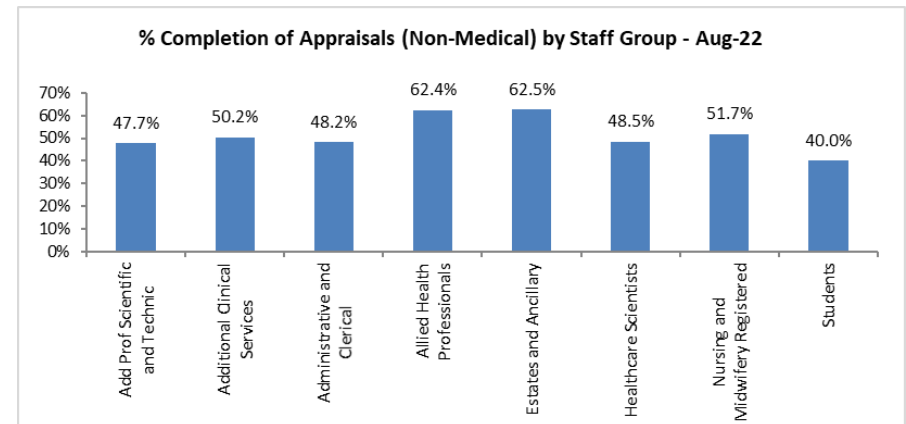
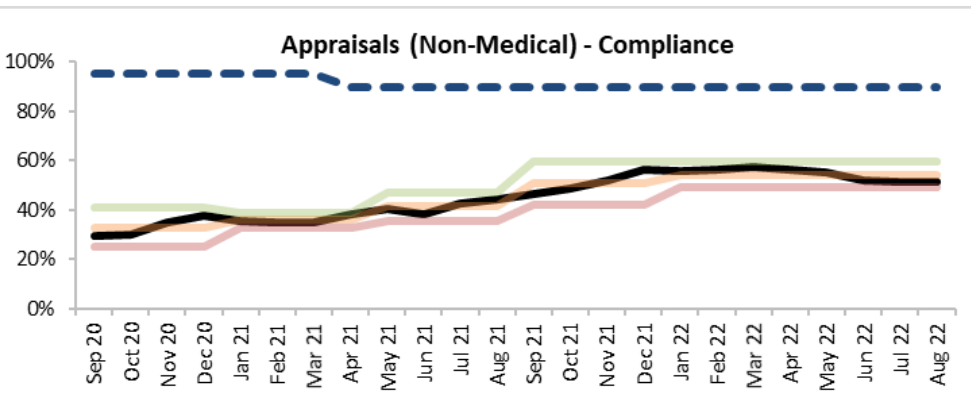
Responsible Director Update

- The annualised absence rate continues to be impact by COVID with an underlying annualised sick absence rate (excluding COVID) of 4.20%.
- The employee wellbeing service continues to work with sites, focussing on staff on long term sick and ensuring appropriate referrals are in place. This is reflected in the reductions we have seen in long term sick absence from a peak of 2.85% in December 2021 to the current 2.30%



Appraisals (Medical) - Compliance by Site

Site	Aug-22				Jul-22
	Compliant	Non-Compliant or Missed	Total	% Compliant	% Compliant
Newham	-	-	-	-	86.0%
Other	1,692	325	2,017	83.9%	100.0%
Royal London	-	-	-	-	81.6%
St Bart's	-	-	-	-	85.4%
Whipps Cross	-	-	-	-	87.6%
Grand Total	1,692	325	2,017	83.9%	84.1%



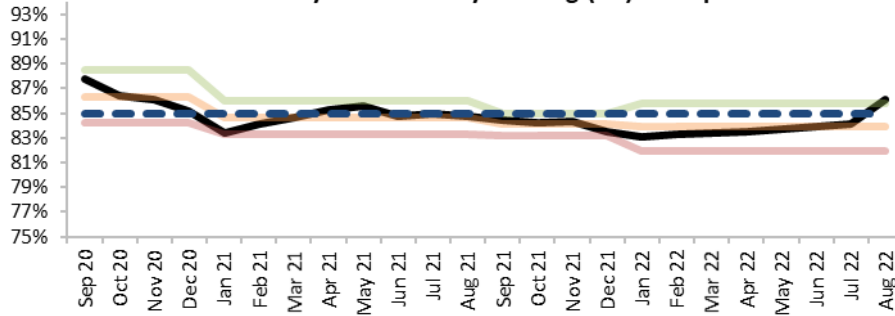
Performance Overview

- Recorded non-medical appraisal rates are at 54.9% up from 51.1%. Whilst we have seen improvement across the group Whipps Cross Hospital have notably moved from 50.2% to 60.5% which is a great effort
 - GSS from 54.7% to 58.45%
 - SBH from 55.5% to 56.9%
 - RLH from 51.4% to 53.7%
 - NUH from 51.4% to 54.1%
 - PP from 39.6% to 44.4%

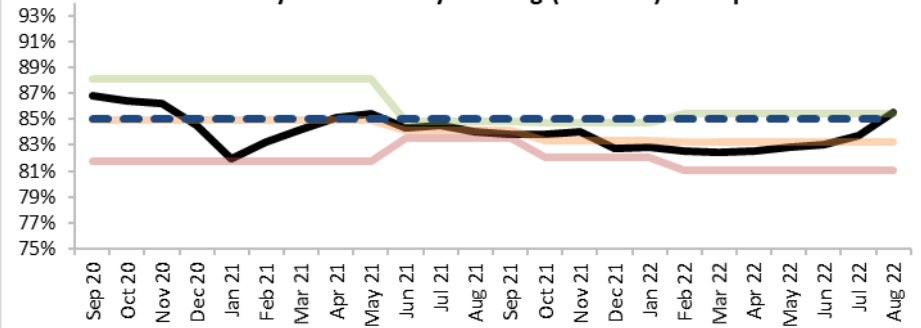
Responsible Director Update

- Sites have continued to focus on delivering and recording appraisals, demonstrated by the increases seen this month for non-medical staff
- We are currently half way through a review and re-imagining of our appraisal process, following which we will look to take forward key recommendations

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	Aug-22	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	47.6%	70.3%	91
ANA Medical Staff (Royal London)	80.1%	82.2%	49
Dental Management Team (Royal London)	41.6%	43.2%	46
Orthopaedic Medical Staff (Royal London)	61.3%	68.2%	43
AAU (Royal London)	84.9%	83.4%	41

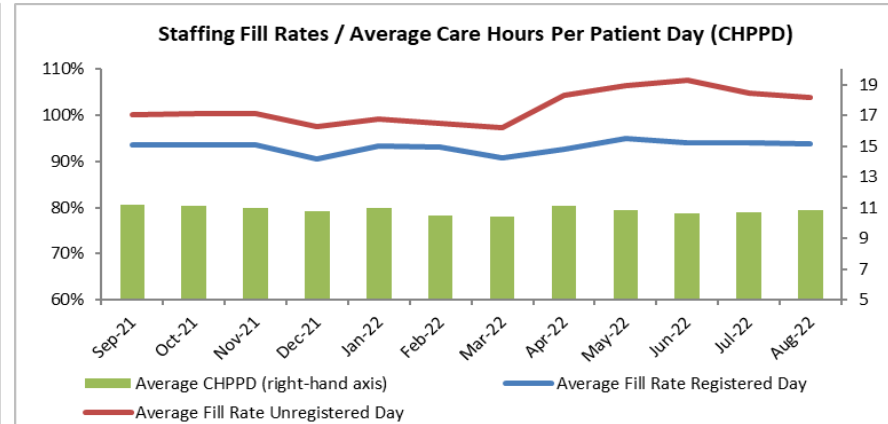
Performance Overview

- Trust-wide compliance against the 11 Core Skills Training Framework subjects has improved over the past month and currently stands at 85.60%. This is currently above the Trust target of 85% and compliance rates continue to rise. Overall training compliance across all subjects has also improved.
- Compliance rates across all subjects has shown an improvement over the past month with only two subjects below 80%, resuscitation and safeguarding children level3.
- The Pathology Partnership improvement has continued over the past month with overall compliance above the Trust average.
- Information Governance compliance rates have also continue to improve over the past month.

Responsible Director Update

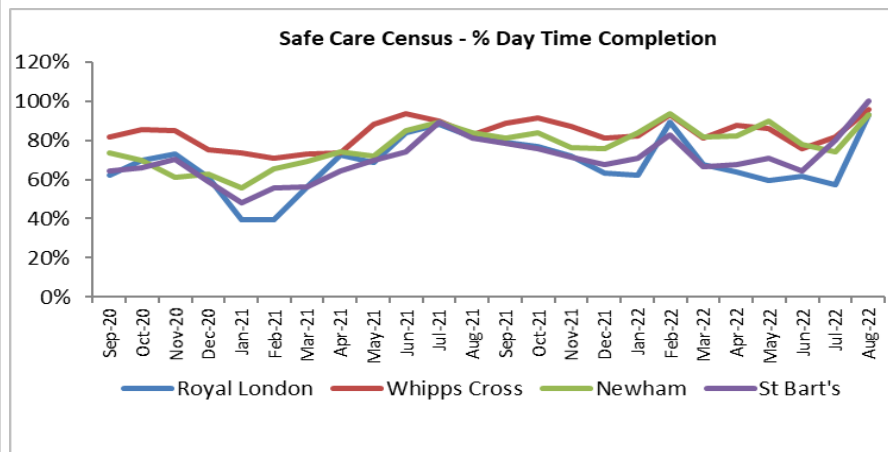
- A full review of the Trust training needs analysis(TNA) is to be undertaken by the new Statutory and Mandatory training lead. This is expected to take at least 9-12 months whilst materials are reviewed and updated.
- All staff receive a monthly email reminder to alert them to subjects where they are non-compliant or compliance runs out within three months. Site CEO's are given an compliance update at their monthly PR meeting.
- The Information Governance Team is still working on improving the Information Governance Training compliance by visiting underperforming departments and providing bespoke training. It is expected that this will have a significant impact on compliance over the next few months.
- Changes to IPC guidance on training venues now allow larger groups of staff to be trained at any one time. Given the back log of staff that need to be trained we expect a slower increase in compliance rates for class room based subjects such as Resuscitation.

- Average combined fill rates for August 2022 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) remained stable at 10.8, which is in line with the previous three months.
- Staffing gaps identified were mitigated by the redeployment of staff across units and by senior staff and Practice Development Nurses undertaking clinical duties to on critical days to maintain services and ensure patient safety.
- St Bart's average fill rates continue to be above 80% for RNs and HCAs, with staffing aligned to variable patient activity. Focussed recruitment for cancer services has taken place, with all vacant HCA posts recruited into/in pipeline.
- Whipps Cross experienced some difficulties with filling all temporary staffing requests; mitigation actions ensured patient safety was maintained.
- 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 including a daily cross-site huddle. Mitigating risks has meant that some areas have been closed, resulting in other areas having unusually high CHPPD. Where gaps persisted, a multidisciplinary approach was taken to evaluate patient need and appropriate prioritisation to ensure patient safety.
- The maternity recruitment strategy continues to be implemented, with 21 staff in the pipeline for Newham Hospital and the other units also progressing applications.
- A total of 12 Red flag incidents were reported across the Trust. Of these, 4 were for Newham Hospital, 2 for St Bart's Hospital, 4 Royal London Hospital and 2 Whipps Cross Hospital. The mitigation actions highlighted above prevented patients incurring harm.
- The SNCT acuity- dependency audit took place in August, which drove a significant increase in SafeCare census compliance. This improvement needs to be maintained as business as usual on a daily basis.



Staffing Figures by Site - Aug-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	93.9%	104.0%	99.1%	122.4%	10.8	12
Royal London	97.1%	101.2%	102.8%	129.6%	10.4	4
Whipps Cross	93.3%	113.8%	98.1%	127.1%	10.4	2
Newham	92.4%	98.9%	101.1%	105.3%	10.8	4
St Bart's	89.9%	94.1%	91.5%	118.4%	13.1	2





Barts Health
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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	



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Appendix



How to Interpret the Scorecard

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

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

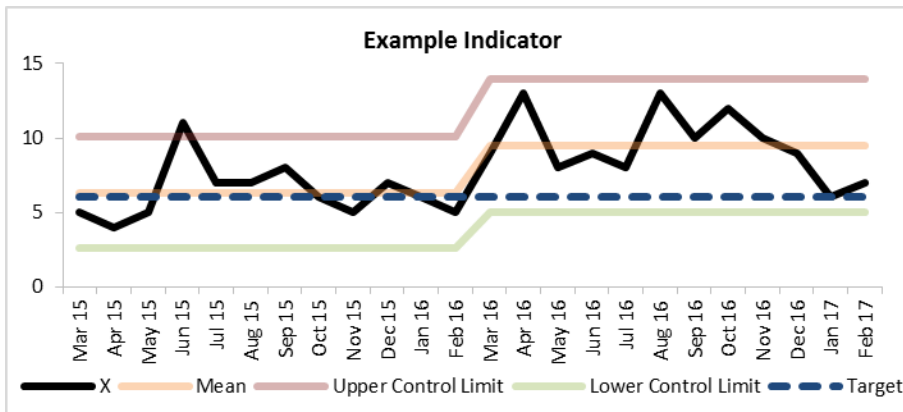
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



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

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

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

Rule 3: Any unusual pattern or trends within the control

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

How Exceptions Are Identified For Inclusion

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

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

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,133.0	2,015.8	1,071.0	1,221.5	1,759.5	1,818.5	701.5	1,311.0	94.5%	114.1%	103.4%	186.9%	701	5.5	3.6	9.1
Royal London	10F RLH	1,113.0	1,355.5	750.0	708.0	1,023.5	1,271.0	682.0	550.5	121.8%	94.4%	124.2%	80.7%	497	5.3	2.5	7.8
Royal London	11C RLH	2,841.0	2,525.5	1,420.0	1,403.0	2,852.0	2,795.0	711.0	759.0	88.9%	98.8%	98.0%	106.8%	728	7.3	3.0	10.3
Royal London	11E & 11F AAU	3,919.5	4,033.0	1,780.5	1,894.0	3,921.5	4,370.0	1,426.0	1,862.2	102.9%	106.4%	111.4%	130.6%	1,436	5.9	2.6	8.5
Royal London	12C RLH	1,883.0	1,987.8	1,419.0	1,448.5	1,828.5	2,023.6	1,069.5	1,265.5	105.6%	102.1%	110.7%	118.3%	812	4.9	3.3	8.3
Royal London	12D RLH	1,420.0	2,229.3	711.0	748.0	1,426.0	2,363.0	356.5	483.0	157.0%	105.2%	165.7%	135.5%	501	9.2	2.5	11.6
Royal London	12E RLH	2,794.5	2,734.0	1,426.0	1,445.5	2,495.5	2,517.8	1,426.0	1,588.5	97.8%	101.4%	100.9%	111.4%	724	7.3	4.2	11.4
Royal London	12F RLH	2,032.5	1,955.0	1,779.5	1,909.0	1,771.0	2,012.5	1,782.5	1,863.0	96.2%	107.3%	113.6%	104.5%	811	4.9	4.7	9.5
Royal London	13C RLH	1,935.0	2,739.0	709.0	1,026.5	1,426.0	2,610.5	713.0	1,368.5	141.6%	144.8%	183.1%	191.9%	792	6.8	3.0	9.8
Royal London	13D RLH	1,771.5	1,859.5	713.0	805.0	1,426.0	1,586.0	713.0	943.0	105.0%	112.9%	111.2%	132.3%	712	4.8	2.5	7.3
Royal London	13E RLH	2,047.0	2,161.5	721.5	724.5	1,679.0	1,955.0	713.0	966.0	105.6%	100.4%	116.4%	135.5%	739	5.6	2.3	7.9
Royal London	13F RLH	1,791.0	2,391.8	971.5	954.5	1,771.0	2,253.0	713.0	1,138.5	133.5%	98.3%	127.2%	159.7%	626	7.4	3.3	10.8
Royal London	14E RLH	1,688.5	1,725.0	1,104.0	1,207.5	1,426.0	1,506.5	1,069.5	1,357.0	102.2%	109.4%	105.6%	126.9%	767	4.2	3.3	7.6
Royal London	14F RLH	1,863.0	1,438.5	1,447.0	1,181.0	1,426.0	1,403.0	1,104.0	1,219.0	77.2%	81.6%	98.4%	110.4%	758	3.7	3.2	6.9
Royal London	3D RLH	3,195.5	3,085.5	2,038.0	1,862.0	3,208.5	3,500.0	1,782.5	2,127.5	96.6%	91.4%	109.1%	119.4%	1,108	5.9	3.6	9.5
Royal London	3E RLH	2,136.0	1,886.0	713.0	883.5	1,748.0	1,750.0	713.0	793.5	88.3%	123.9%	100.1%	111.3%	769	4.7	2.2	6.9
Royal London	3F RLH	1,587.0	1,414.5	1,058.0	975.0	1,069.5	1,468.5	713.0	690.0	89.1%	92.2%	137.3%	96.8%	282	10.2	5.9	16.1
Royal London	4E RLH	14,934.3	14,953.2	724.5	2,098.5	15,352.5	15,306.5	356.5	1,988.3	100.1%	289.6%	99.7%	557.7%	1,284	23.6	3.2	26.7
Royal London	6C RLH	3,566.5	2,756.2	356.5	299.0	3,565.0	2,641.3	356.5	299.0	77.3%	83.9%	74.1%	83.9%	183	29.5	3.3	32.8
Royal London	6E & 6F RLH	5,299.3	5,094.8	1,424.0	1,173.0	5,347.5	4,893.0	1,069.5	966.0	96.1%	82.4%	91.5%	90.3%	845	11.8	2.5	14.4
Royal London	7C RLH	1,426.0	1,373.2	375.0	444.0	1,069.5	1,129.2	356.5	540.5	96.3%	118.4%	105.6%	151.6%	355	7.0	2.8	9.8
Royal London	7D RLH	1,782.5	1,851.5	835.0	741.5	1,426.0	1,771.0	713.0	885.5	103.9%	88.8%	124.2%	124.2%	375	9.7	4.3	14.0
Royal London	7E RLH	2,847.0	2,472.5	1,061.5	918.6	2,495.5	2,233.3	1,069.5	1,124.8	86.8%	86.5%	89.5%	105.2%	602	7.8	3.4	11.2
Royal London	7F RLH	1,420.0	1,276.5	618.0	770.3	1,069.5	1,127.0	575.0	805.0	89.9%	124.6%	105.4%	140.0%	350	6.9	4.5	11.4
Royal London	8C RLH	1,665.3	1,709.5	697.0	734.5	1,414.5	1,596.0	713.0	935.5	102.7%	105.4%	112.8%	131.2%	568	5.8	2.9	8.8
Royal London	8D RLH	8,192.8	6,767.5	1,265.0	437.0	7,843.0	6,625.0	575.0	333.5	82.6%	34.5%	84.5%	58.0%	1,021	13.1	0.8	13.9
Royal London	8F RLH	1,492.0	1,320.5	1,782.5	1,368.5	1,069.5	943.0	1,207.5	1,299.5	88.5%	76.8%	88.2%	107.6%	1,366	1.7	2.0	3.6
Royal London	9E HDU RLH	1,423.0	1,029.0	337.0	166.0	1,414.5	1,075.5	0.0	310.5	72.3%	49.3%	76.0%		322	6.5	1.5	8.0
Royal London	9E RLH	1,779.5	1,679.0	710.0	793.5	1,426.0	1,414.5	356.5	931.5	94.4%	111.8%	99.2%	261.3%	733	4.2	2.4	6.6
Royal London	9F RLH	1,780.5	1,508.5	713.0	761.0	1,426.0	1,394.0	709.0	966.5	84.7%	106.7%	97.8%	136.3%	713	4.1	2.4	6.5

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,613.0	4,850.0	2,495.5	2,817.5	4,634.5	5,289.7	2,139.0	2,367.5	105.1%	112.9%	114.1%	110.7%	1,297	7.8	4.0	11.8
Whipps Cross	ACACIA	959.0	906.7	448.5	781.5	713.0	695.5	713.0	1,029.5	94.5%	174.2%	97.5%	144.4%	334	4.8	5.4	10.2
Whipps Cross	ACORN	3,726.0	2,548.8	359.0	645.0	2,726.5	2,419.9	356.5	310.5	68.4%	179.7%	88.8%	87.1%	563	8.8	1.7	10.5
Whipps Cross	B3 WARD WXH	1,334.0	1,345.5	1,071.0	1,192.0	1,069.5	1,074.0	724.5	977.5	100.9%	111.3%	100.4%	134.9%	470	5.1	4.6	9.8
Whipps Cross	BIRCH	1,069.5	1,320.5	1,069.5	1,429.0	1,069.5	1,069.5	713.0	1,046.5	123.5%	133.6%	100.0%	146.8%	493	4.8	5.0	9.9
Whipps Cross	BLACKTHORN	1,058.0	1,138.5	1,069.5	1,403.0	1,070.0	1,035.5	713.0	954.5	107.6%	131.2%	96.8%	133.9%	526	4.1	4.5	8.6
Whipps Cross	Bracken Ward WXH	1,333.5	1,311.0	1,147.5	1,216.5	1,069.5	1,106.5	713.0	874.0	98.3%	106.0%	103.5%	122.6%	495	4.9	4.2	9.1
Whipps Cross	CEDAR	1,679.0	2,622.3	1,423.5	3,513.8	1,414.5	2,257.0	1,069.5	2,817.5	156.2%	246.8%	159.6%	263.4%	999	4.9	6.3	11.2
Whipps Cross	CHESTNUT	977.5	839.5	356.5	920.0	713.0	1,069.5	356.5	805.0	85.9%	258.1%	150.0%	225.8%	274	7.0	6.3	13.3
Whipps Cross	CURIE	1,426.0	1,186.0	1,069.5	1,380.0	1,426.0	1,069.5	1,069.5	1,242.0	83.2%	129.0%	75.0%	116.1%	510	4.4	5.1	9.6
Whipps Cross	DELIVERY SUITE WXH	4,953.0	3,926.5	713.0	714.3	3,887.0	2,429.8	701.5	910.5	79.3%	100.2%	62.5%	129.8%	462	13.8	3.5	17.3
Whipps Cross	ELIZABETH	1,690.5	1,558.5	586.0	614.0	1,426.0	1,348.5	356.5	563.5	92.2%	104.8%	94.6%	158.1%	532	5.5	2.2	7.7
Whipps Cross	FARADAY	1,782.5	1,633.5	711.0	828.0	1,690.5	1,605.0	356.5	723.5	91.6%	116.5%	94.9%	202.9%	468	6.9	3.3	10.2
Whipps Cross	Fraill Elderly WXH	893.0	783.5	356.5	653.7	713.0	702.0	356.5	712.5	87.7%	183.4%	98.5%	199.9%	261	5.7	5.2	10.9
Whipps Cross	ICU WXH	6,288.0	5,361.5	1,860.0	492.0	5,566.0	4,898.5	1,364.0	385.0	85.3%	26.5%	88.0%	28.2%	261	39.3	3.4	42.7
Whipps Cross	MARGARET	1,069.5	1,014.0	356.5	685.5	713.0	736.0	345.0	736.0	94.8%	192.3%	103.2%	213.3%	272	6.4	5.2	11.7
Whipps Cross	MIDWIFERY WXH	770.5	612.5	358.0	231.0	704.0	437.3	356.5	300.0	79.5%	64.5%	62.1%	84.2%	18	58.3	29.5	87.8
Whipps Cross	MULBERRY	2,186.5	1,701.2	1,397.0	891.8	1,405.5	1,241.0	907.0	920.0	77.8%	63.8%	88.3%	101.4%	977	3.0	1.9	4.9
Whipps Cross	NEONATAL WXH	2,371.5	2,322.3	1,302.5	425.0	2,130.0	2,491.5	751.0	265.5	97.9%	32.6%	117.0%	35.4%	464	10.4	1.5	11.9
Whipps Cross	NIGHTINGALE	1,782.0	1,543.5	356.5	470.5	1,690.5	1,517.8	356.5	413.5	86.6%	132.0%	89.8%	116.0%	368	8.3	2.4	10.7
Whipps Cross	PEACE	1,690.5	1,547.5	1,426.0	1,391.5	1,069.5	1,095.5	1,069.5	1,140.0	91.5%	97.6%	102.4%	106.6%	485	5.4	5.2	10.7
Whipps Cross	POPLAR	1,690.5	1,437.5	1,058.0	989.0	1,426.0	1,012.0	1,069.5	771.5	85.0%	93.5%	71.0%	72.1%	440	5.6	4.0	9.6
Whipps Cross	PRIMROSE	1,767.5	1,942.5	1,452.5	1,534.5	1,426.0	1,713.5	1,058.0	1,449.0	109.9%	105.6%	120.2%	137.0%	743	4.9	4.0	8.9
Whipps Cross	ROWAN	1,771.0	1,825.0	1,421.5	1,680.6	1,426.0	1,607.5	1,069.5	1,745.4	103.0%	118.2%	112.7%	163.2%	671	5.1	5.1	10.2
Whipps Cross	SAGE	1,690.5	1,588.0	1,426.0	2,079.3	1,426.0	1,426.0	1,069.5	1,678.5	93.9%	145.8%	100.0%	156.9%	810	3.7	4.6	8.4
Whipps Cross	SYCAMORE	1,322.5	1,518.0	1,299.5	1,470.8	1,046.5	1,439.5	1,069.5	1,115.5	114.8%	113.2%	137.6%	104.3%	803	3.7	3.2	6.9
Whipps Cross	SYRINGA	1,426.0	1,357.0	1,782.5	1,851.5	1,069.5	1,069.5	1,069.5	1,575.5	95.2%	103.9%	100.0%	147.3%	781	3.1	4.4	7.5

Safe Staffing Fill Rates by Ward and 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
AAU NUH	4,358.5	4,336.5	2,495.5	2,489.0	3,921.5	4,206.5	2,494.0	2,748.0	99.5%	99.7%	107.3%	110.2%	1,428	6.0	3.7	9.6
Custom House NUH	1,426.0	1,951.0	1,069.5	1,174.0	1,069.5	1,655.0	1,426.0	1,632.0	136.8%	109.8%	154.7%	114.4%	581	6.2	4.8	11.0
DELIVERY SUITE NUH	5,546.5	4,284.3	713.8	690.8	4,991.0	3,972.0	713.0	713.0	77.2%	96.8%	79.6%	100.0%	608	13.6	2.3	15.9
EAST HAM	1,782.5	1,687.5	1,069.5	1,127.0	1,426.0	1,518.0	1,069.5	1,311.0	94.7%	105.4%	106.5%	122.6%	640	5.0	3.8	8.8
HEATHER	2,139.0	2,807.0	1,069.5	1,284.5	2,139.0	3,035.5	1,069.5	1,219.0	131.2%	120.1%	141.9%	114.0%	783	7.5	3.2	10.7
LARCH	3,208.5	2,435.0	2,042.0	1,900.5	2,120.5	1,851.9	1,782.5	1,750.0	75.9%	93.1%	87.3%	98.2%	1,500	2.9	2.4	5.3
Manor Park ITU NUH	3,565.0	3,245.0	713.0	621.0	3,565.0	3,312.0	713.0	486.5	91.0%	87.1%	92.9%	68.2%	286	22.9	3.9	26.8
MAPLE	1,334.0	1,157.5	690.0	678.5	1,012.0	897.0	690.0	585.5	86.8%	98.3%	88.6%	84.9%	143	14.4	8.8	23.2
NEONATAL NUH	3,082.0	2,551.5	575.0	393.0	2,944.0	2,314.5	471.5	402.5	82.8%	68.3%	78.6%	85.4%	440	11.1	1.8	12.9
NUH MIDWIFERY	1,117.5	800.5	356.5	322.0	1,035.0	901.0	356.5	345.0	71.6%	90.3%	87.1%	96.8%	91	18.7	7.3	26.0
RAINBOW	3,192.0	2,455.0	1,158.0	901.0	1,794.0	1,782.5	356.5	368.0	76.9%	77.8%	99.4%	103.2%	295	14.4	4.3	18.7
SILVERTOWN	1,771.0	1,966.5	1,069.5	1,205.0	1,702.0	1,932.0	1,069.5	1,368.5	111.0%	112.7%	113.5%	128.0%	735	5.3	3.5	8.8
STRATFORD	1,426.0	1,702.0	1,069.5	1,055.5	1,403.0	2,047.0	1,069.5	1,069.5	119.4%	98.7%	145.9%	100.0%	512	7.3	4.2	11.5
WEST HAM	1,437.5	1,309.3	1,069.5	1,152.0	1,069.5	1,107.5	713.0	736.0	91.1%	107.7%	103.6%	103.2%	582	4.2	3.2	7.4
1C	6,102.5	5,538.7	353.5	589.5	5,761.5	5,201.0	184.0	483.0	90.8%	166.8%	90.3%	262.5%	401	26.8	2.7	29.5
1D	3,202.5	2,758.5	356.5	402.5	2,852.0	2,495.5	356.5	402.5	86.1%	112.9%	87.5%	112.9%	371	14.2	2.2	16.3
1E	4,965.0	4,240.5	353.0	379.5	4,991.0	4,213.0	356.5	345.0	85.4%	107.5%	84.4%	96.8%	285	29.7	2.5	32.2
3A SBH	4,579.0	4,301.0	1,410.0	1,300.0	4,634.5	4,348.5	1,426.0	1,368.5	93.9%	92.2%	93.8%	96.0%	748	11.6	3.6	15.1
3D SBH	1,588.0	1,600.2	1,229.0	1,160.3	1,552.5	1,460.5	977.5	977.0	100.8%	94.4%	94.1%	99.9%	399	7.7	5.4	13.0
4A SBH	1,766.5	1,702.5	931.5	1,000.5	1,414.5	1,437.5	356.5	713.0	96.4%	107.4%	101.6%	200.0%	709	4.4	2.4	6.8
4B SBH	1,587.0	1,462.0	1,230.0	1,012.0	1,426.0	1,395.5	713.0	724.5	92.1%	82.3%	97.9%	101.6%	601	4.8	2.9	7.6
4C SBH	1,767.0	1,738.0	954.0	851.0	1,391.5	1,402.0	977.5	956.5	98.4%	89.2%	100.8%	97.9%	634	5.0	2.9	7.8
4D & 4E SBH	1,753.5	1,333.0	701.0	625.5	1,644.5	1,232.5	713.0	724.5	76.0%	89.2%	74.9%	101.6%	344	7.5	3.9	11.4
5A SBH	2,155.5	1,958.3	909.0	1,176.3	1,430.0	1,634.3	341.0	616.0	90.8%	129.4%	114.3%	180.6%	592	6.1	3.0	9.1
5B SBH	1,418.0	1,337.5	711.0	667.0	1,426.0	1,414.5	333.5	874.0	94.3%	93.8%	99.2%	262.1%	455	6.0	3.4	9.4
5C SBH	2,100.0	1,904.0	671.0	516.0	1,782.5	1,763.3	356.5	391.0	90.7%	76.9%	98.9%	109.7%	514	7.1	1.8	8.9
5D SBH	2,110.0	1,997.5	680.5	575.0	1,782.5	1,814.5	701.5	870.0	94.7%	84.5%	101.8%	124.0%	599	6.4	2.4	8.8
6A SBH	6,399.5	5,621.0	356.5	333.5	6,405.5	5,660.0	356.5	345.0	87.8%	93.5%	88.4%	96.8%	339	33.3	2.0	35.3
6D SBH	1,779.5	1,426.0	1,062.0	617.0	1,426.0	1,069.5	713.0	701.5	80.1%	58.1%	75.0%	98.4%	453	5.5	2.9	8.4