

Barts Health Integrated Performance Report

Dec-22

Performance for: **Oct-22**



• Overall Report:

- *The chapter order of the report has been changed, placing the Quality chapter ahead of the Operational Performance chapter*
- *Due to currently low Covid community case rates and inpatient volumes, Covid reporting has been reduced. Should the situation change the Covid pages will be restored in future editions.*
- *The Operational Performance pages relating to Activity have been updated to more clearly present Activity against Plan and any variance.*
- *The Operational Performance chapter now includes a new page presenting Theatre Efficiency as a key enabler of Activity recovery.*
- *For Cancer performance there is now a greater emphasis on 63+ day backlog clearance against plan in recognition of NHS Cancer treatment priorities.*

- *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



Group Overview

Summary Performance

Quality

The Trust saw an improvement in the overall complaints response performance in October to 84.2% compared with the previous 3 months when performance dipped below our internal target of 80%. Duty of Candour performance across the Group also saw improvement to 86.5% in September in comparison to 81.5% reported in August 2022.

Maternity CQC inspection reports are now published: Whipps Cross maintained an overall Good rating, with the safety domain at Requires Improvement (RI). Barking Birth centre and Royal London have been rated as Requires Improvement (RI), and the Barkantine Birth Centre rated as Inadequate. Work is underway at each site to identify improvements and actions to improve the standards.

Operational Performance

The Trust continues to manage challenges in the delivery and recovery of operational performance targets which are being closely monitored via the Elective Recovery Board and UEC Board. October performance reflects these challenges whilst evidencing improvements in a number of key metrics:

- *Planned Care*: The October activity position saw an increase of 3% from 7,352 cases to 7,622 cases. This remains at variance to trajectory and national activity expectations and efficiency workstreams are in place supported by trust Improvement teams in support of maximising utilisation of resources.
- *Planned Care*: The long waiter position has improved with 104 weeks reducing from 49 patients to 37, and 78 weeks from 920 to 874 across the last two months. Close monitoring of these patient cohorts continues in support of achieving deadlines in December 2022 and March 2023 respectively.
- *UEC*: The Trust continued to manage high levels of attendances in our A&E departments in month with subsequent impact to performance in our 4 hour target. Across the trust we recorded 44,197 attendances in October, an increase of 11% from September attendance volumes, with 4 hour performance of 64.6%.
- *Cancer*: The Trust continues on the cancer recovery trajectory, with a small improvement of 0.5% to 52.7 % on the 62 day standard. Challenges remain in 2ww, screening and 62 day performance..
- *Diagnostics*: October performance of 77.4% was recorded, an improvement of 2.1% to September as it continues to work towards delivery of the 6 week target by March 2025. The greatest challenge remains in the Imaging modalities.

People

Through October 2022 the Trust has been promoting activities supporting our staff in receiving flu and covid vaccinations and has seen improvements across a number of key workforce metrics:

- Fill rate has improved by 1% to 91% with an additional 149wte in post
- Turnover reduced from 13.7 to 13.4% and is the third consecutive month of improvement
- Sickness absence continues to see improvements from 5.28% last reporting period to 5.22%

Finance

- The Trust has reported to NHS England a (£32.7m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£15.8m), allowance for potential ERF clawback (£12.5m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£4.4m).



Barts Health
NHS Trust

Quality Report



Caring

- There was an improvement in the overall complaints response performance in October to 84.2% compared with the previous 3 months when performance dipped below our internal target of 80%. Improvement work continues to sustain this position. The number of overdue complaints peaked in early November but this position has returned to more usual levels.
- Duty of Candour performance across the Group in September improved to 86.5% in comparison to 81.5% reported in August 2022. Year to date performance in 2022/23 is 89.2%. Audits of Duty of Candour letters have been completed at each hospital with improvements in quality noted and on going improvements agreed at the safety committee.

Safe and Effective

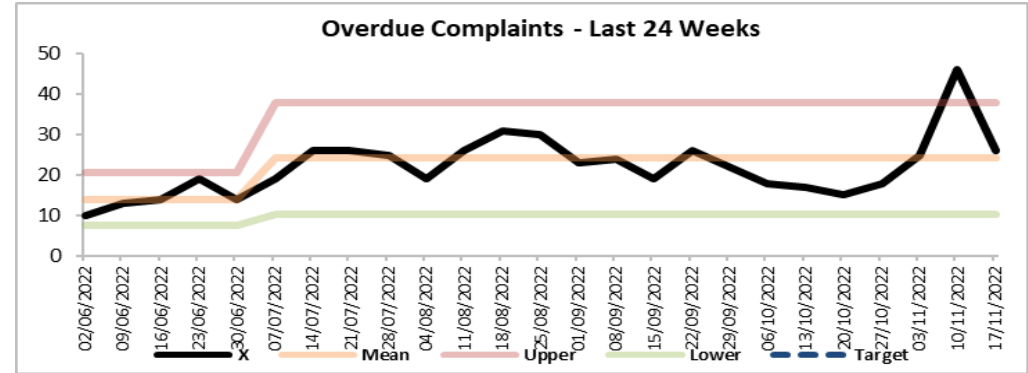
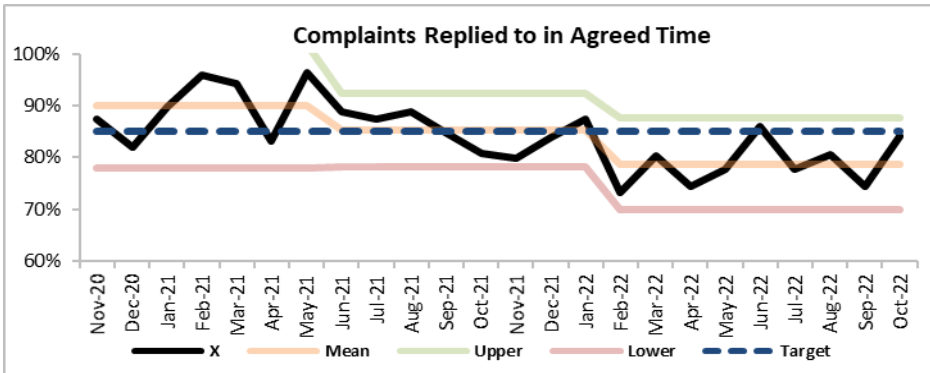
- Performance in closing Serious Incidents (SIs) continues to be challenged. The majority of overdue SIs continue to be attributed to the Royal London and Newham Hospital sites. Both of these hospitals have a detailed plan to improve this position significantly by early in the new year. These plans are being monitored through the division, hospital and Trust Performance Review process.

Maternity

- Maternity CQC inspection reports are now published: Whipps Cross maintained an overall Good rating, with the safety domain at Requires Improvement (RI). Barking Birth centre and Royal London have been rated as Requires Improvement (RI), and the Barkantine Birth Centre rated as Inadequate.
- Risks raised by the CQC relate to workforce resilience, training compliance, and compliance with growth assessment protocol (GAP) standards. Work is underway at each site to identify improvements and actions to improve the standards.
- The Barkantine Birthing centre remains closed to births but has opened for antenatal and postnatal clinics. The Unit will not open to births until staffing levels across the service support its reopening.
- The Trust also hosted the Screening Quality Assurance Service (SQAS) in November and is awaiting their report. Immediate actions from the SQAS team have been acted upon and reported back to SQAS.

	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	●			Oct-22 (m)	<= 0	47	63	287	1	18	25	19	-	
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2022/23 Q2 (q)	SPC Breach	22.6	22.2	22.2	25.2	45.4	23.0	13.2	-	
	C1	FFT Recommended % - Inpatients	●			Sep-22 (m)	>= 95%	90.3%	90.8%	90.2%	87.6%	93.4%	85.4%	94.8%	-	
	C2	FFT Recommended % - A&E	●			Sep-22 (m)	>= 86%	63.6%	64.2%	60.7%	64.5%	68.5%	57.7%	-	-	
	C3	FFT Recommended % - Maternity	●			Sep-22 (m)	>= 96%	92.6%	92.1%	93.2%	87.1%	94.9%	81.8%	-	-	
	C20	FFT Response Rate - Inpatients	●	●		Sep-22 (m)	>= 23%	29.8%	30.0%	29.0%	23.8%	44.3%	18.4%	34.4%	-	
	C21	FFT Response Rate - A&E	●		●	Sep-22 (m)	>= 12%	11.2%	11.4%	8.8%	12.3%	12.4%	9.2%	-	-	
	C22	FFT Response Rate - Maternity	●			Sep-22 (m)	>= 17.5%	18.7%	16.8%	16.1%	7.8%	44.2%	5.2%	-	-	
	OH4	CQC Inpatient Survey				2021/22 (y)	-	85.0%	0.0%	0.0%	79.0%	76.0%	68.0%	93.0%	-	
Service User Support	R78	Complaints Replied to in Agreed Time	●			Oct-22 (m)	>= 85%	74.5%	84.2%	79.1%	74.4%	100.0%	63.6%	92.3%	-	●
	R30	Duty of Candour	●			Sep-22 (m)	>= 100%	80.0%	86.5%	89.2%	69.2%	100.0%	83.3%	100.0%	-	●

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



Subject	Replied in Previous 6 Months	Replied This Period
Diagnosis / Treatment	316	42
Communication - verbal / written / electronic	125	12
Delays in care	123	16
Appointments / Clinics	80	8
Security and unacceptable behaviour	25	2

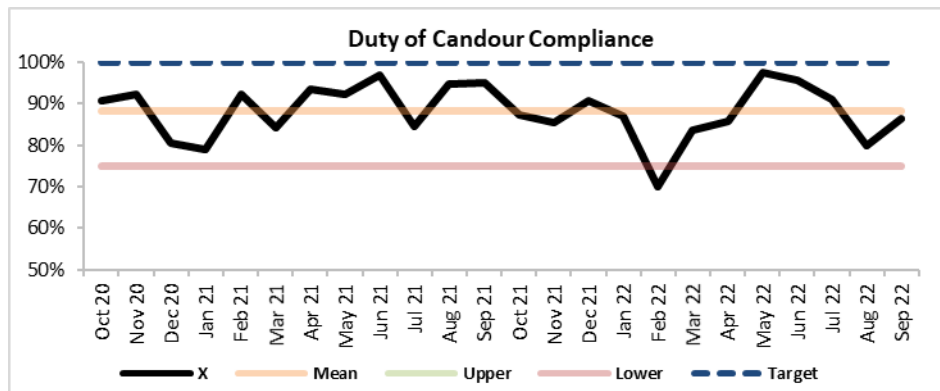
Subject	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Diagnosis / Treatment	16	18	2	117
Delays in care	5	82	11	292
Environment	2	4	4	4
Communication - verbal / written / electronic	2	9	4	13
Maternity (New)	1	2	2	2

Performance Overview

- There was an improvement in the overall response performance in October compared with the previous 3 months when performance dipped below our internal target of 80%
- It is noted that the number of overdue complaints peaked in early November and is starting to reduce again with targeted activity.
- The top 5 themes during this reporting period remain unchanged compared to the previous period and reflect the current challenges within the NHS, specifically diagnosis and treatment concerns such as discharge delays and delays in care.
- Triangulation of feedback received across PALS and patient feedback, as well as joint working between complaints and the hospital patient experience leads is currently underway. This will ensure that patient experience activities taking place across hospitals in response to the themes identified in complaints are brought together and reported appropriately to provide the organisation with the right level of assurance.

Responsible Director Update

- The Central team collaborated on a complaints management improvement plan for 2022-24 with the Royal London Hospital with a focus on early resolution which is proven to reduce the number of concerns escalating to complaints.
- The complaints standards pilot ended in October and the Trust had the final “pilot end review” meeting in November.
- The positive contributions made by the Trust to the pilot were acknowledged by the Ombudsman and we await the pilot report from the Ombudsman.
- This will be followed by the launch of the complaints standards framework early next year



Site	No of Apologies	No of Incidents	Compliance
Trust	32	37	86.5%
Newham	5	6	83.3%
Royal London	9	13	69.2%
St Bart's	4	4	100.0%
Whipps Cross	14	14	100.0%

Period	Apology Offered Within 2 Weeks	Patient Notification & Apology Offered	Written Notification	Support Offered	Further Enquiries Advised
Previous 6 Months	88.7%	100.0%	99.3%	98.9%	98.9%
This Period	86.5%	94.6%	91.9%	89.2%	91.9%

Performance Overview

- Performance across the Group in September improved to 86.5% in comparison to 81.5% reported in August 2022. Year to date performance in 2022/23 is 89.2%.
- Whipps Cross and St Barts sites managed to discharge the duty on time in September 2022 for all qualifying cases and achieved 100% compliance. Whilst Royal London performance has dropped to 69.2% in comparison to 76.9% reported in Aug-22 and Newham achieved 83.3% compliance.
- There is ongoing focus on compliance with the statutory requirements of the Duty of Candour standard which is currently monitored via the Trust Safety Committee.

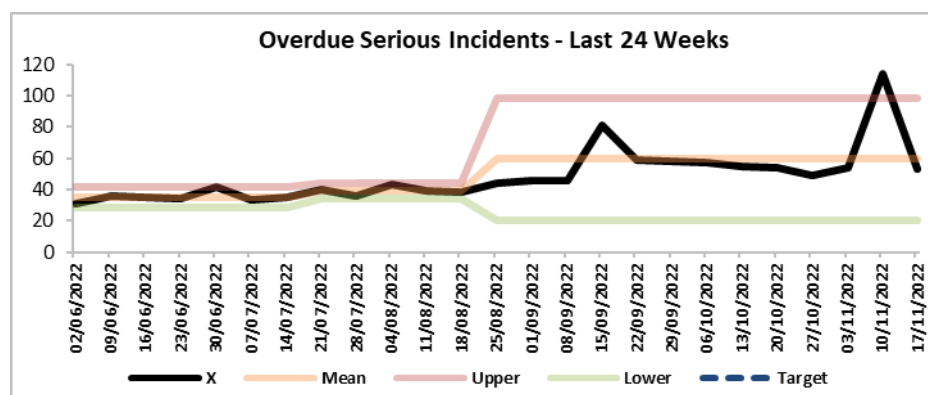
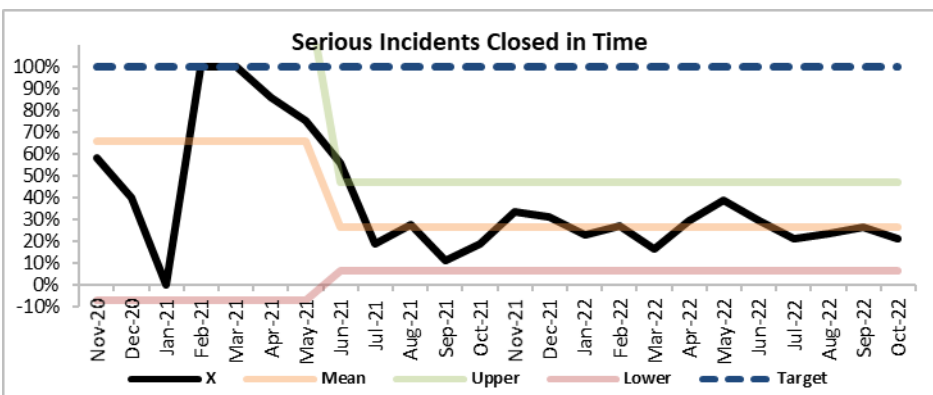
Responsible Director Update

- As part of the ongoing work to improve our performance with the Duty of Candour (DoC) standard the Hospital sites have completed the first audit of the DoC letters for the period April 2022–October 2022. The report was presented to the Trust Safety Committee on the 29 November highlighting some good practice and improvements made.
- However, further improvement is required to improve the quality of DoC letters, in particular, to raising an awareness amongst staff that the DoC leaflet is now available and should be included with the letters.
- The DoC training pack for staff has now been launched and over 3000 staff have completed the training so far.

	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	●			Oct-22 (m)	<= 16	12.1	6.4	15.6	10.6	5.9	0.0	0.0	-	
	S11	Clostridium difficile - Incidence	●			Oct-22 (m)	<= 9	7	4	64	3	1	0	0	0	
	S2	Assigned MRSA Bacteraemia Cases	●			Oct-22 (m)	<= 0	1	1	12	1	0	0	0	0	
	S77	MSSA Bacteraemias				Oct-22 (m)	SPC Breach	9	4	60	2	1	0	1	0	
	S76	E.coli Bacteraemia Bloodstream Infections	●			Oct-22 (m)	<= 20	26	6	162	2	2	1	1	0	
Incidents	S3	Never Events	●			Oct-22 (m)	<= 0	0	0	3	0	0	0	0	0	
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	●		Oct-22 (m)	<= 0.9%	1.6%	2.4%	1.8%	2.7%	2.6%	1.6%	2.3%	-	
	S45	Falls Per 1,000 Bed Days	●			Oct-22 (m)	<= 4.8	3.9	3.6	3.6	3.8	3.4	3.0	4.1	-	
	S25	Medication Errors - Percentage Causing Harm	●			Oct-22 (m)	<= 4%	2.4%	2.0%	3.3%	2.1%	0.0%	5.6%	0.0%	-	
	S49	Patient Safety Incidents Per 1,000 Bed Days				Oct-22 (m)	SPC Breach	52.4	56.3	53.6	49.0	61.2	59.9	68.2	-	
	S53	Serious Incidents Closed in Time	●			Oct-22 (m)	>= 100%	26.7%	21.1%	27.0%	0.0%	50.0%	12.5%	-	-	●

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●			Oct-22 (m)	<=0.6	0.8	1.8	1.2	2.2	1.8	1.1	1.4	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Oct-22 (m)	SPC Breach	0.2	0.2	0.2	0.2	0.1	0.1	0.0	-	
	S27	Patient Safety Alerts Overdue	●			Oct-22 (m)	<=0	0	0	0	-	-	-	-	-	



Serious Incidents Closed - Top 5 Categories in Previous 6 Months

Category	Closed in Previous 6 Months	Closed This Period
Delays in Care	36	6
Treatment	15	1
Obstetrics	15	6
Appointments and Clinics	7	0
Infection Control	4	0
Pressure Ulcers	4	0
Patient Falls	4	3
Medication	4	0

Overdue Serious Incidents - Top 5 Categories as at 17/11/2022

Incident Category	Number Overdue	Working Days Overdue		
		Average	Minimum	Maximum
Delays in Care	18	35	2	68
Obstetrics	10	56	11	126
Treatment	9	50	8	92
Pressure Ulcers	4	34	11	47
Medication	3	16	9	26

Performance Overview

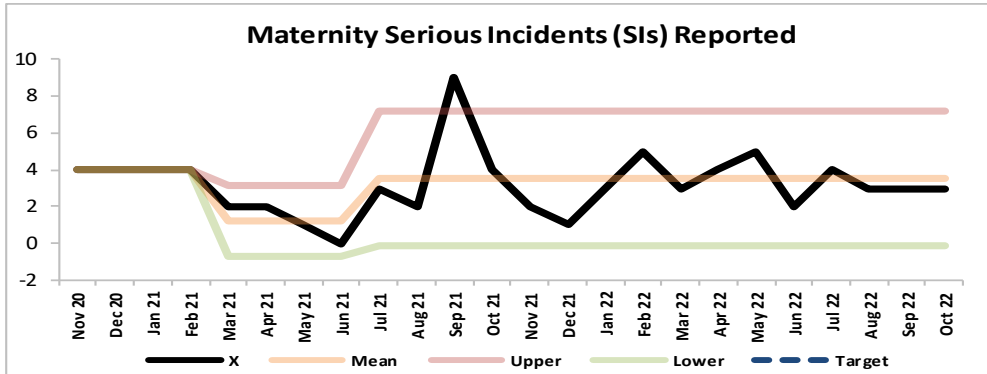
- There has been a further deterioration to performance in closing serious incidents (SIs) on time in this reporting period. Overall trust performance was 21% in October 2022 (Royal London – 0%, Whipps Cross – 50%, Newham – 12.5%, St Barts – no incident submitted). This has gone down in comparison to the last few months. The year to date performance reported in October 2022 was 27%.
- There continues to be a significant increase in the number of overdue investigations by the Trust's internal standard, notwithstanding the National clock-stop. The majority of overdue SIs continue to be attributed to the Royal London and Newham Hospital sites.
- Royal London and Newham hospital sites are working with the central Patient Safety Team to look at the alternative options of investigating and closing overdue and open investigations in preparation to transiting to Patient Safety Incident Response Framework (PSIRF).

Responsible Director Update

- The central patient safety team are offering targeted support to RLH to address the overdue SIs
- Patient Safety Incident Response Framework Implementation Group has been established with an inaugural meeting held on the 10th of November. Work is underway with support from the Integrated Care Board (ICB) to explore an alternative approach to managing the current SIs.

	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	●			Sep-22 (m)	<= 100	91	93	93	97	90	93	87	-	
	E25	Number of Avoidable Deaths				2020/21 Q2 (q)	-	7	4	11	-	-	-	-	-	
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●			Oct-22 (m)	<= 0.51	0.88	0.55	0.72	0.42	1.02	0.40	0.43	-	

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



Maternity SIs in Latest Month (Oct-22)

Theme	Newham	Royal London	Whipps Cross	Barts Health
Total Number of SIs	1	0	2	3
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	0	0	1	1
% HSIB Investigations	0.0%	-	50.0%	33.3%

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

Theme	Newham	Royal London	Whipps Cross	Barts Health
Total Number of SIs	15	16	7	38
Intrapartum - Stillbirth	2	4	1	7
Antenatal - Antepartum Stillbirth	1	4	1	6
Neonatal - Unanticipated admission to Neonatal unit	0	3	3	6
Neonatal - pH <7.1(arterial) at birth	1	1	2	4
Maternal admission to ITU	2	1	0	3

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

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	56	100	272	428
Review / amend processes	8	24	72	104
Other action	0	16	60	76
Education and training	4	12	44	60
No actions recorded	28	8	16	52
Review or update guidelines / documentation	0	16	36	52

Progress Summary

- The Trust reported 3 Serious Incidents (SIs) in this reporting period. One related to a postnatally unwell women readmitted due to a complication. The others related to need for a baby being admitted to a neonatal unit for therapeutic cooling. One other is being de-escalated as no care or service delivery issues were identified.

Noteworthy Improvements

- Maternity services has refreshed its quality improvement programme after a short hiatus because of the pandemic related staffing issues. The following safety workstreams are in place– deteriorating patients, improvement in patients' journey in antenatal care and for the labour ward, the improvement in local safety standards for invasive procedures (LoCSSIPs)

Risks & Issues

- Maternity CQC inspection reports are now published: Whipps Cross maintained an overall Good rating, with the safety domain at Requires Improvement (RI). Barking Birth centre and Royal London have been rated as Requires Improvement (RI), and the Barkantine Birth Centre rated as Inadequate. Risks raised by the CQC relate to workforce resilience, training compliance, and compliance with growth assessment protocol (GAP) standards. Work is underway at each site to identify improvements and actions to improve the standards. The Trust also hosted the Screening Quality Assurance Service (SQAS) in November and is awaiting their report.

Next Steps

- Immediate actions from the SQAS team have been acted upon and reported back to SQAS.



Barts Health
NHS Trust

Operational Performance Report



Covid Update

- 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 21 November 2022 there were 79 Covid-19 positive patients occupying a bed of which 4 were occupying a critical care bed, this equates to 20% of the fourth wave peak in terms of total bed occupancy and 11% for critical care occupancy. Covid bed occupancy has been reducing since the summer peak recorded on 20th July 2022, when 215 beds were occupied and is currently holding steady with an average of 76 beds occupied across the last seven days. It is 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, inpatient volumes and acuity.

Summary Performance

Elective Activity Recovery Trajectories

- For week ending 13 November 2022 the trusts admitted (inpatient and day case) trajectory set a target of 102% of 2019/20 BAU against which the trust achieved 85% (-333 admissions). For outpatients (first and follow up) for the same week the trajectory was set at 105% of BAU, against which the trust achieved 100% (-1,179 outpatient attendances). Under-delivery of the admitted plan was influenced by sustained emergency pressures and reduced bed-flow, which continued across the summer months and into the autumn/winter.

Referral to Treatment (RTT)

- In relation to the end-month nationally submitted data the trust reported 37 pathways waiting 104+ weeks at the end of October 2022, a reduction of twelve pathways against the September position. However this represents a significant reduction of 195 or 84% against the 232 reported in April 2022.
- Looking at London, of the 9 Trusts reporting 104+ week waits for September 2022 (the most recent national data), Barts Health had the greatest number of 104+ pathways, reporting 49. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ pathways, this trust recorded four 104+ week pathways, the other 7 trusts reported 8 pathways between them.

Diagnostic 6 Week Wait Standard

- For October 2022 a performance of 77.4% was recorded, an improvement of 2.1% on September's 75.3%. As in previous months, the greatest challenge has been in the imaging modalities, particularly MRI and non-obstetric ultrasound; imaging breaches accounted for 82% of all breaches in October 2022.

Cancer 62 Days from GP Referral, backlog reduction progress and Faster Diagnosis Standard

- For September 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 46.5%, a significant reduction on August's 61.8% (-15.3%) with 115 pathways seen and 61.5 breaches. Reduced performance results from the trusts backlog clearance plan; 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, this requires longer waiting patients to be treated.
- The NHS has set improving Cancer treatment waiting times as one of its key priorities for this year. This includes the requirement to reduce the number of patients waiting more than 62-days from an urgent referral to treatment to pre-pandemic levels by March 2023. This requires the trust to reduce backlog to no greater than 197 patients by March 23. The October 2022 backlog reduction milestone is set at 432 against which the trust recorded 478, 46 greater than target.
- 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 September 2022 the trust did not achieve the standard for All Urgently Referred patients (73.6%) and those referred from Screening (73.5%), however the trust did achieve compliance against the Breast Symptoms element of the standard (100%) and all three elements of the standard in aggregate (76.0%).

A&E 4 Hour Performance

- In October 2022, 44,197 attendances were recorded, 4,331 more than September's 39,866, an increase of 11%. For October 2022 a performance of 64.6% was recorded in relation to the 4-hour standard, this is the lowest performance ever recorded by the trust. However to set this in context London recorded a performance of 67.4% with the East of England recording 65.0%. For October attendances in London increased by 39,552 against September, an increase of 11%. It seems highly likely that performance at Barts Health and across London was influenced by the impact of increasing winter pressures.

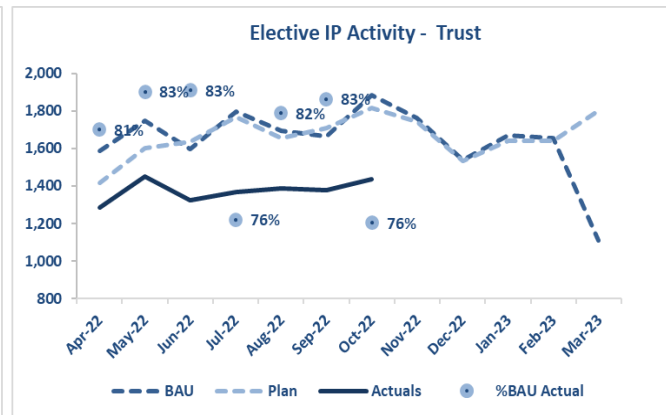
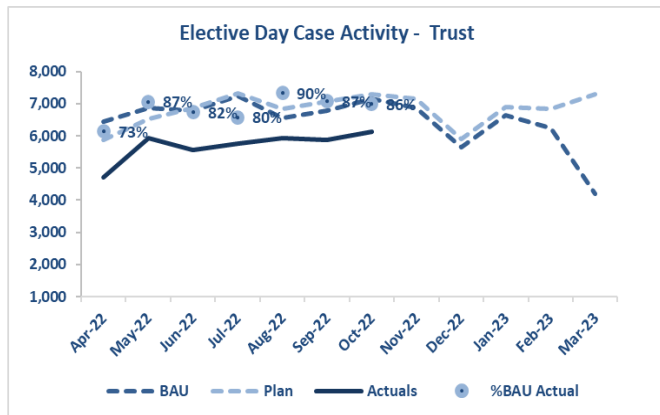
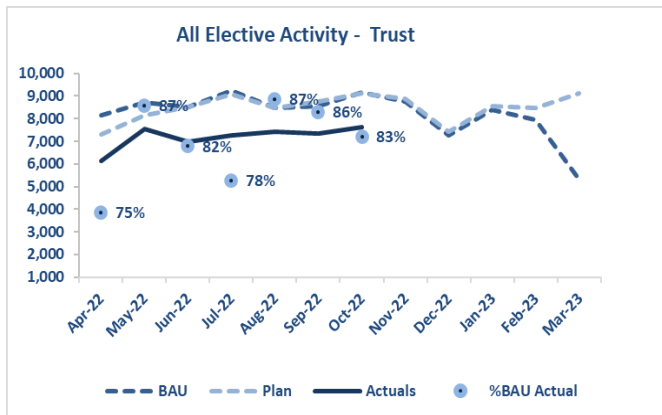
Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Oct-22 (m)	>=90%	70.9%	66.5%	69.7%	68.4%	73.1%	70.5%	-	-	66.5%
A&E 12 Hours Journey Time	●			Oct-22 (m)	<=2%	6.6%	8.2%	-	9.0%	9.6%	5.7%	-	-	8.2%
Ambulance Handover - Over 60 mins		●	●	-	-	-	-	-	-	-	-	-	-	-
Ambulance Handover - Within 15 mins		●	●	-	-	-	-	-	-	-	-	-	-	-
Ambulance Handover - Within 30 mins		●	●	-	-	-	-	-	-	-	-	-	-	-
Cancer 62 Days From Urgent GP Referral	●			Sep-22 (m)	>=85%	52.2%	52.7%	45.5%	32.7%	55.6%	23.8%	52.7%	-	52.7%
Cancer 31 Day Diagnosis to First Treatment	●			Sep-22 (m)	>=96%	96.2%	93.2%	100.0%	85.9%	89.6%	100.0%	99.0%	-	93.2%
Cancer 28 Day FDS Breast Symptomatic	●			Sep-22 (m)	>=75%	99.7%	100.0%	99.1%	-	97.0%	97.5%	99.1%	-	100.0%
Cancer 28 Day FDS Screening	●			Sep-22 (m)	>=75%	82.0%	73.5%	89.3%	57.1%	76.5%	71.4%	100.0%	-	73.5%
Diagnostic Waits Over 6 Weeks	●			Oct-22 (m)	>=95%	75.3%	77.4%	73.6%	61.6%	93.8%	100.0%	78.0%	100.0%	77.4%
78+ Week RTT Breaches	●			Oct-22 (m)	849	920	874		540	264	63	3	4	874
104+ Week RTT Breaches	●			Oct-22 (m)	0	49	37		28	9	0	0	-	37
Completeness of Ethnicity Recording				Oct-22 (m)		92.7%	92.6%	-	91.9%	91.5%	95.3%	93.0%	-	92.6%

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
- 78 and 104 RTT weeks wait is RAG rated against each wait bands recovery trajectory
- A 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year

Admitted Elective Activity

		Barts Health						Last Month's Site Position			
		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,130	8,515	9,076	8,481	8,763	9,109	4,528	1,940	1,340	1,235
	Actuals	7,532	6,996	7,259	7,408	7,352	7,622	3,686	1,603	1,120	1,213
	<i>Mth variance plan</i>	-598	-1,519	-1,817	-1,073	-1,411	-1,487	-842	-337	-220	-22
Elective Day Case Activity	Plan	6,529	6,880	7,307	6,828	7,056	7,295	3,724	1,566	1,179	760
	Actuals	5,935	5,554	5,767	5,928	5,878	6,115	2,994	1,372	967	782
	<i>Mth variance plan</i>	-594	-1,326	-1,540	-900	-1,178	-1,180	-730	-194	-212	22
Elective IP Activity	Plan	1,601	1,635	1,769	1,653	1,707	1,814	804	374	161	475
	Actuals	1,453	1,326	1,368	1,386	1,376	1,434	654	231	153	396
	<i>Mth variance plan</i>	-148	-309	-401	-267	-331	-380	-150	-143	-8	-79
Independent Sector Elective Activity	Actuals	144	116	124	94	98	73	38	0	0	35

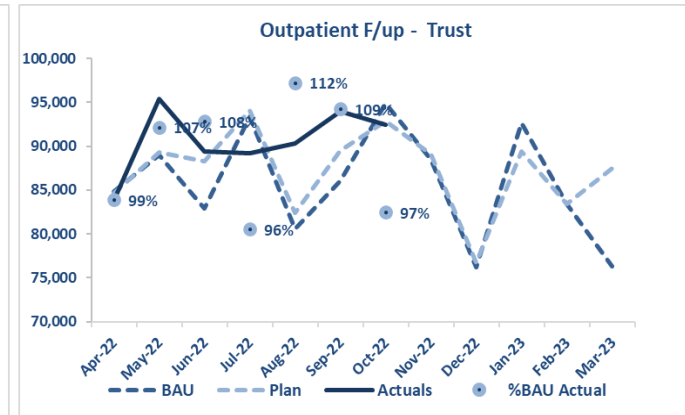
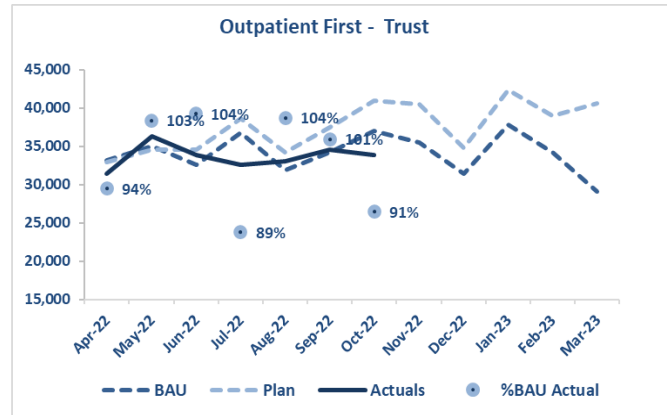
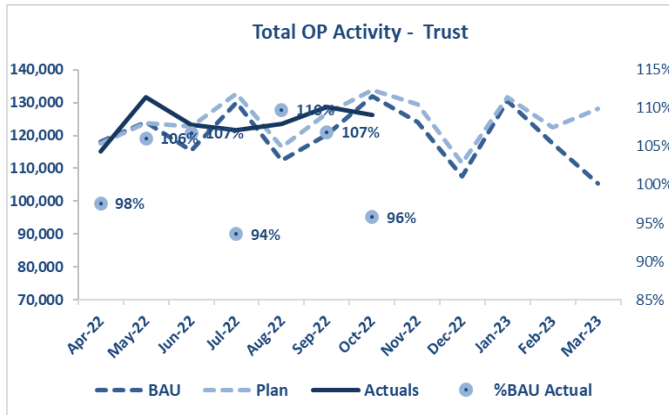


Commentary

- For October 2022 the trusts admitted (Inpatient and Day Case) trajectory set a target of 99% of 2019/20 BAU against which the trust achieved 83% (-1,487 admissions).
- For Day Cases the trajectory set a target of 102% of BAU against which the trust achieved 86% (-1,180 Day Case admissions).
- For Inpatients the trajectory set a target of 96% of BAU against which the trust achieved 76% (-380 Inpatient admissions).
- Under-delivery of the admitted plan was influenced by sustained emergency pressures and reduced bed-flow, which continued across the summer months and into the autumn/winter, the month of October saw an 11% increase in A&E Attendances.
- Through the Elective Recovery Board discussions are underway with hospital sites about actions being taken to recover activity volumes with a quantification of the impact. Opportunities have been identified through movement of appropriate work across the group and theatre productivity intervention.

Outpatient Activity

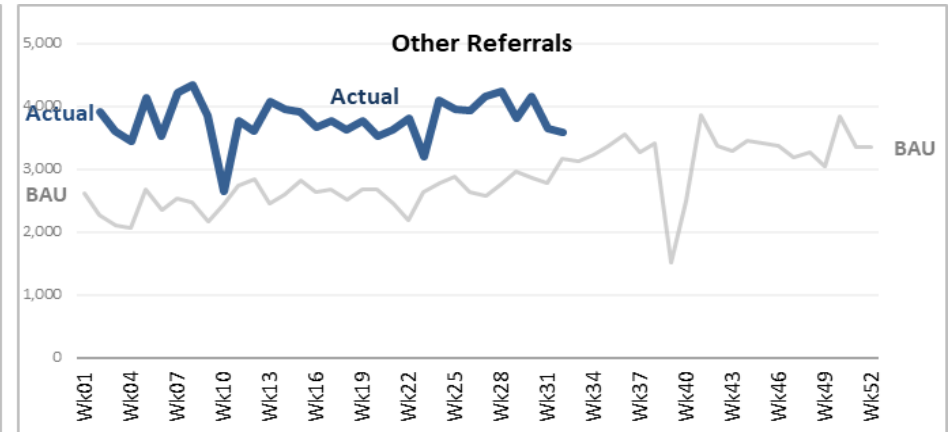
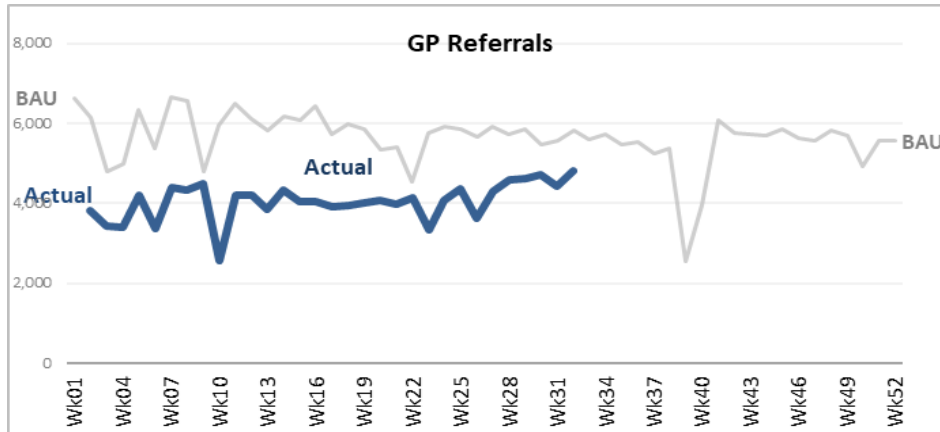
		Barts Health						Last Month's Site Position				
		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	123,891	122,785	132,675	116,575	126,880	133,767	57,823	33,572	20,383	21,989	-
	Actuals	131,601	123,273	121,730	123,451	128,585	126,255	52,602	29,894	20,000	23,728	31
	Mth variance plan	7,710	488	-10,945	6,876	1,705	-7,512	-5,221	-3,678	-383	1,739	
Outpatient First	Plan	34,548	34,514	38,640	34,153	37,411	40,910	17,492	12,865	5,760	4,793	-
	Actuals	36,244	33,880	32,576	33,082	34,571	33,827	13,155	11,159	4,327	5,186	-
	Mth variance plan	1,696	-634	-6,064	-1,071	-2,840	-7,083	-4,337	-1,706	-1,433	393	
Outpatient F/up	Plan	89,343	88,271	94,035	82,422	89,469	92,857	40,331	20,707	14,623	17,196	-
	Actuals	95,357	89,393	89,154	90,369	94,014	92,428	39,447	18,735	15,673	18,542	31
	Mth variance plan	6,014	1,122	-4,881	7,947	4,545	-429	-884	-1,972	1,050	1,346	



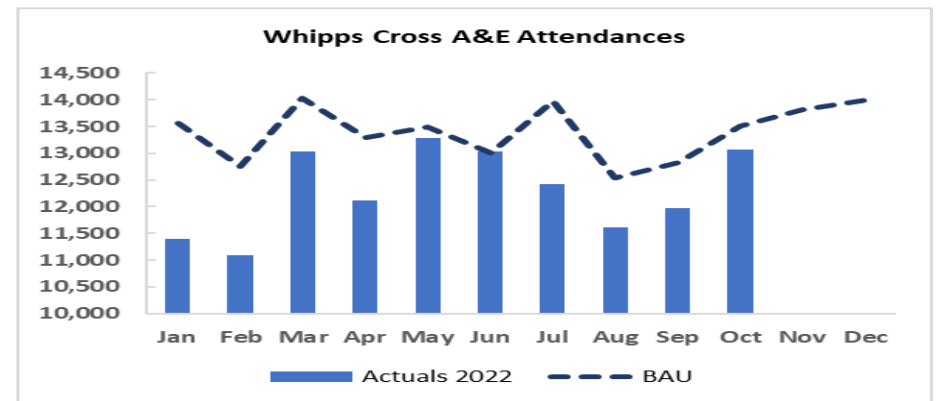
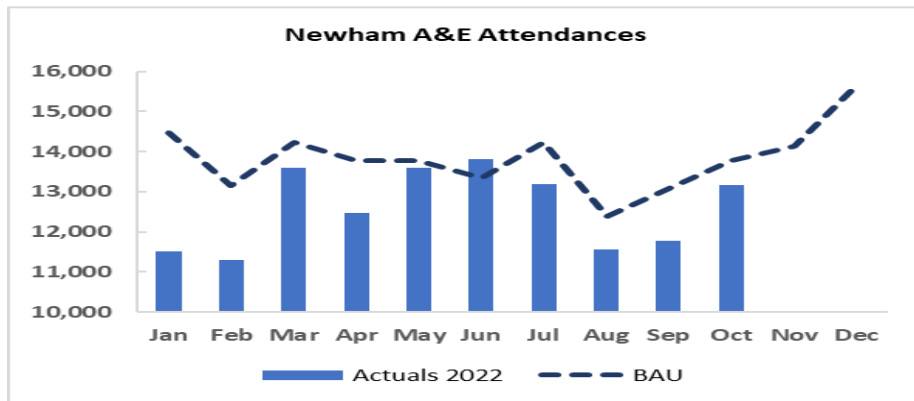
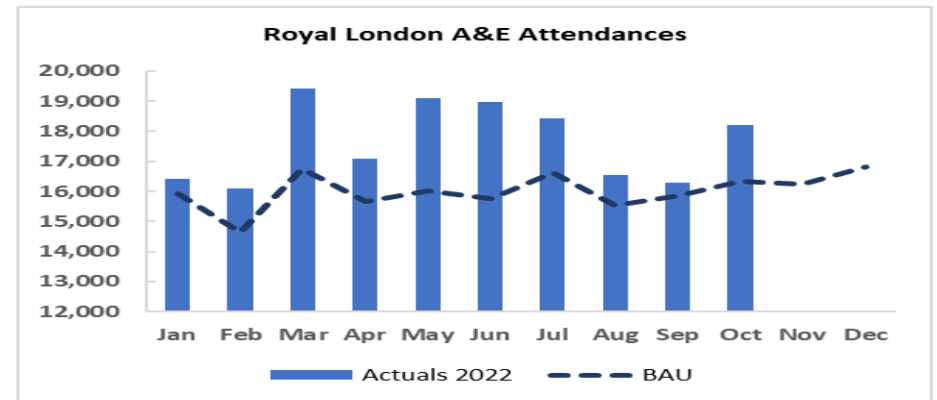
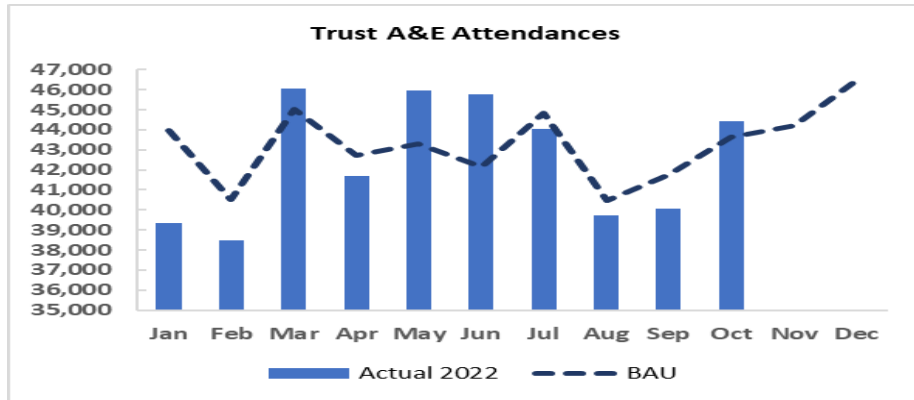
Commentary

- For outpatients (first and follow up) the trajectory was set at 101% of BAU, against which the trust achieved 96% (-7,512 outpatient attendances).
- For First attendances the trajectory set a target of 111% of BAU against which the trust achieved 91% (-7,083 attendances).
- For Follow-up attendances the trajectory set a target of 98% of BAU against which the trust achieved 97% (-429 attendances).
- A new governance structure for out-patients has been agreed via the Elective Recovery Board and the Group Executive Board.
- Outpatients has been included as part of the activity recovery work in order to understand what key actions are required at each site. One of the opportunities is around reducing the Did Not Attend rate with various initiatives underway to address this e.g. improving text messaging, letters, and booking processes.

Referrals Activity

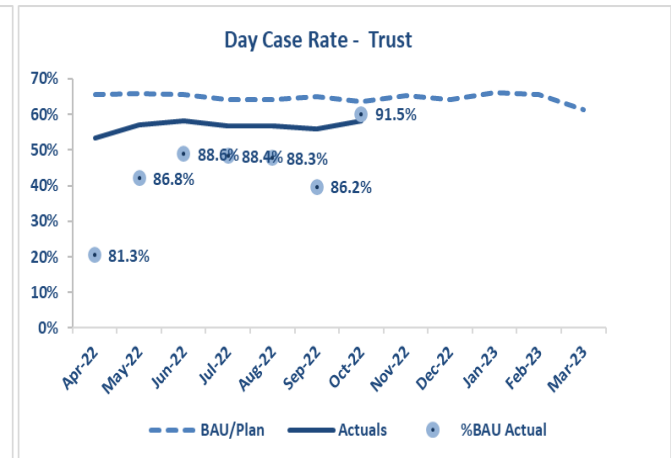
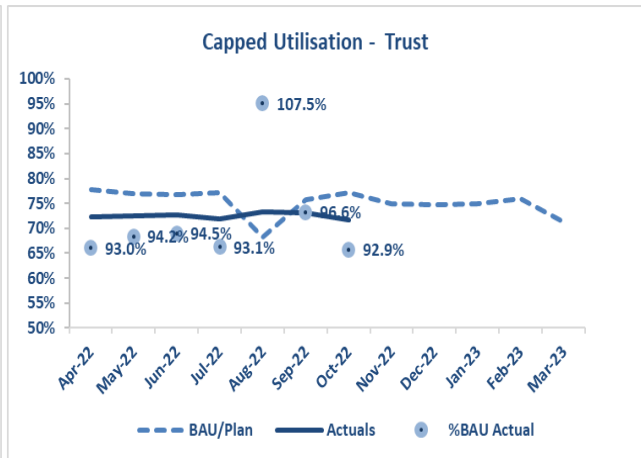
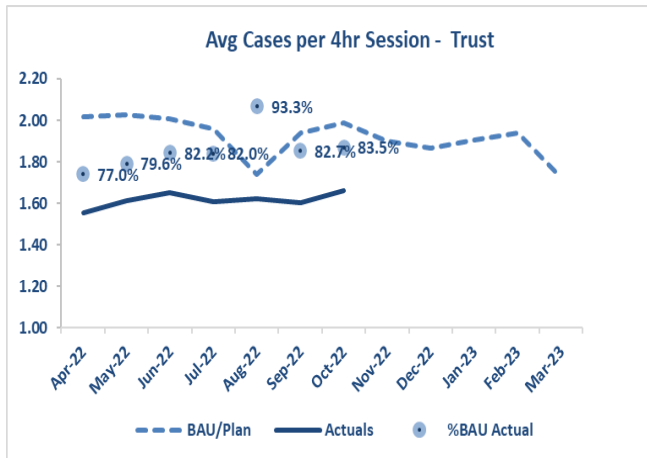


A&E Attendances against BAU



Efficiency Activity

		Barts Health						Last Month's Site Position			
		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.61	1.65	1.61	1.62	1.60	1.66	1.51	2.31	2.20	0.94
	BAU	2.03	2.01	1.96	1.74	1.94	1.99	1.96	2.70	2.10	1.09
	Mth variance plan	-0.41	-0.36	-0.35	-0.12	-0.34	-0.33	-0.45	-0.39	0.09	-0.15
Capped Utilisation	Actuals	72.5%	72.6%	71.9%	73.3%	73.1%	71.7%	73.4%	65.3%	78.2%	70.9%
	BAU	77.0%	76.8%	77.2%	68.2%	75.7%	77.2%	76.4%	76.7%	73.8%	82.3%
	Mth variance plan	-4.4%	-4.2%	-5.3%	5.1%	-2.5%	-5.5%	-3.1%	-11.4%	4.4%	-11.3%
Day Case Rate	Actuals	57.2%	58.2%	56.8%	56.7%	56.0%	58.3%	56.0%	69.3%	73.6%	11.8%
	BAU	65.9%	65.7%	64.2%	64.2%	64.9%	63.7%	64.8%	76.5%	64.5%	16.3%
	Mth variance plan	-8.7%	-7.5%	-7.4%	-7.5%	-9.0%	-5.4%	-8.8%	-7.2%	9.1%	-4.5%



Commentary

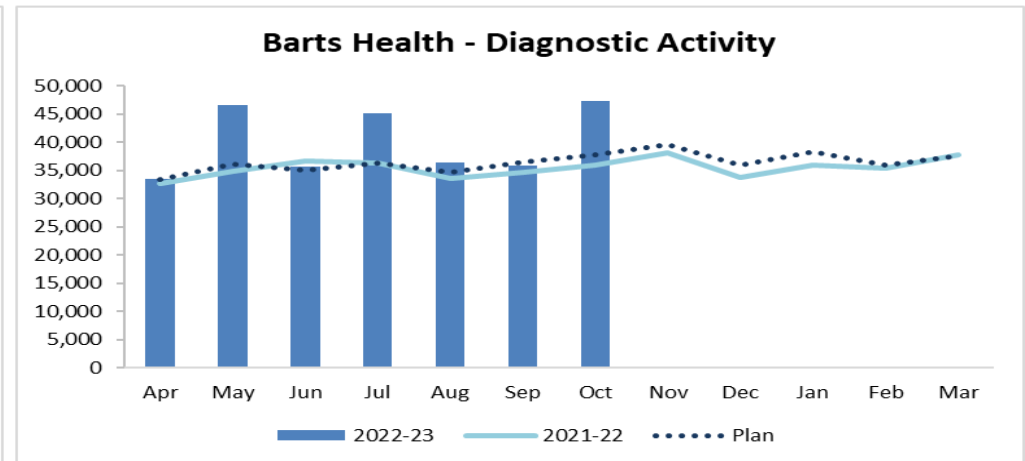
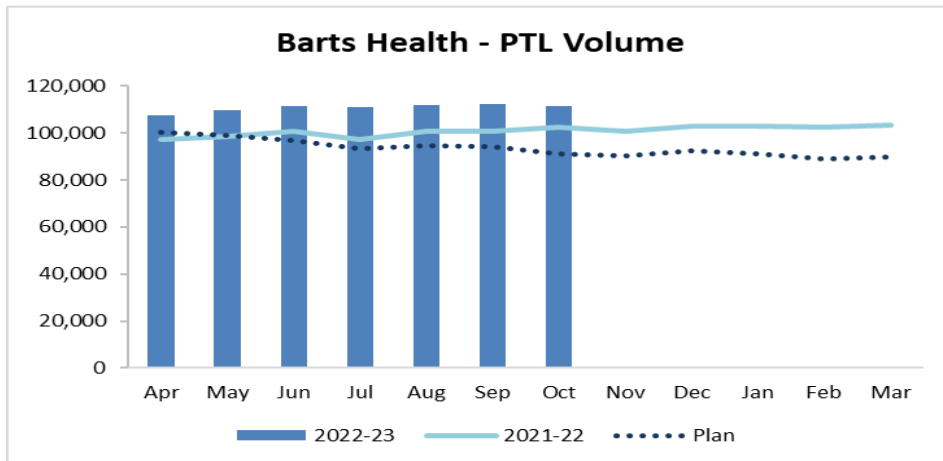
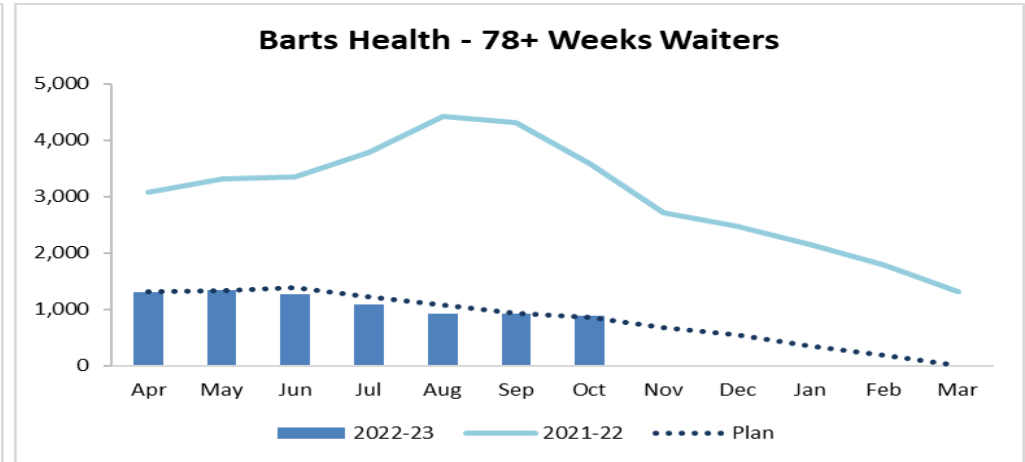
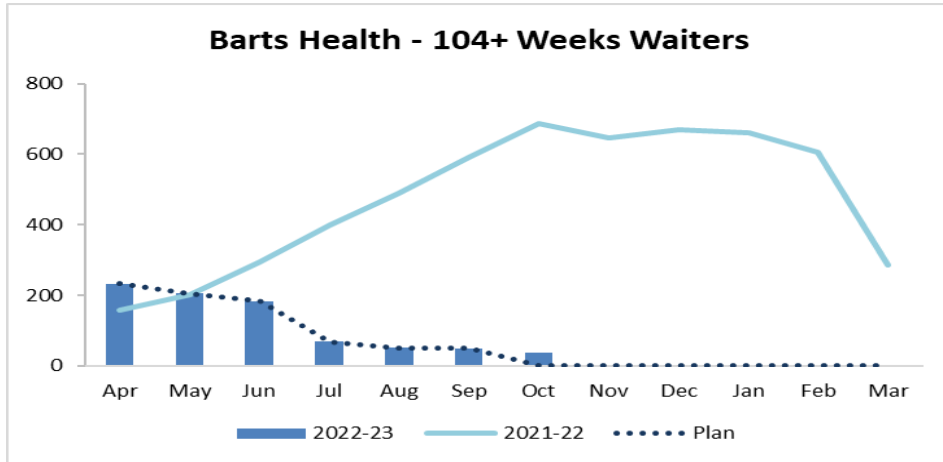
Capped Theatre Utilisation is one of the key operating theatre efficiency metrics, helping to understand the effectiveness of the operation scheduling processes of the trust in comparison to other trusts. "Capped Utilisation" refers to the Touch Time being calculated on the total volume of time the surgical team were operating, within the planned session time only. This means any Touch Time occurring within an unplanned session extension (after the planned session end time) is excluded from the calculation.

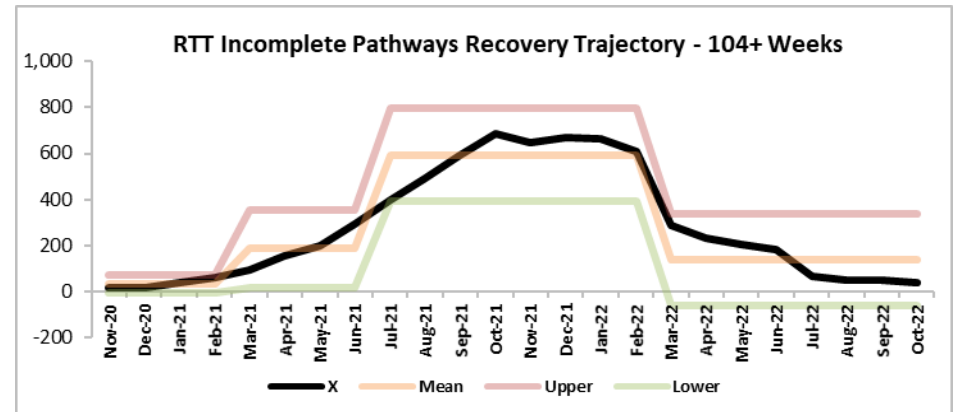
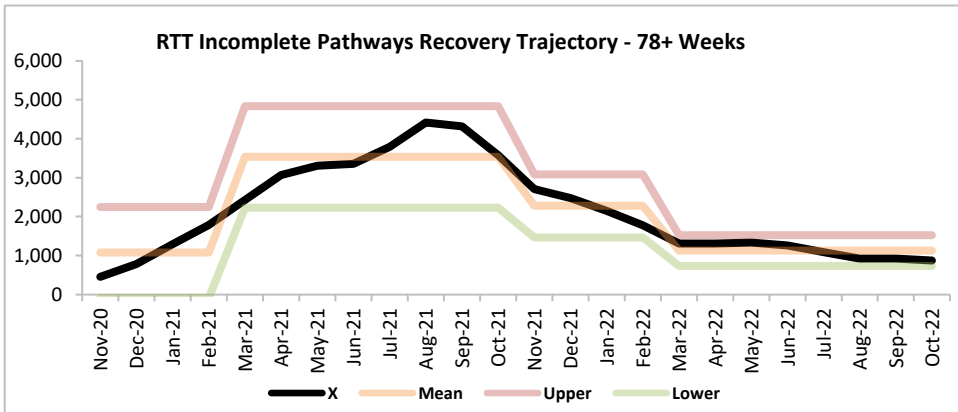
According to most recent Model Hospital data (23 October 2022) the trust recorded a Capped Utilisation rate of 80%, slightly higher than for the month as a whole reported above. The peer group of 31 trusts with a similar clinical output to Barts Health recorded a peer median rate of 75% and a national (all trusts) median of 73%. This places Barts Health in the highest quartile of national performance.

Hospital sites have developed theatre improvement programmes. There is a key focus on cases per list, reducing cancellations and late starts in order to support improvement in activity volumes.

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

Barts Health							Last Month's Site Position			
Setting			Jul-2022	Aug-2022	Sep-2022	Oct-2022	Royal London	Whipps Cross	Newham	St Bart's
RTT Long-Waiter Clearance	104+ ww	Actuals (2022-23)	68	51	49	37	28	9	0	0
		Plan	68	51	49	0	0	0	0	0
		Mth variance plan	0	0	0	37	28	9	0	0
	78+ ww	Actuals (2022-23)	1,083	921	920	874	540	264	63	3
		Plan	1,211	1,068	926	849	523	255	69	2
		Mth variance plan	-128	-147	-6	25	17	9	-6	1
RTT (PTL Volume)		Actuals (2022-23)	110,971	111,941	112,244	111,344	53,854	29,434	13,704	14,055
		Plan	93,545	94,575	94,364	91,242	46,209	20,115	10,089	14,829
		Mth variance plan	17,426	17,366	17,880	20,102	7,645	9,319	3,615	-774
Diagnostics (All Modalities)		Actuals (2022-23)	45,204	36,514	35,968	47,303	15,842	13,741	9,880	7,840
		Plan	36,323	34,743	36,611	37,790	11,530	9,242	7,866	9,152
		Mth variance plan	8,881	1,771	-643	9,513	4,312	4,499	2,014	-1,312





78+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)	
Specialty Name	Actual
Colorectal Surgery	149
Trauma & Orthopaedics	143
ENT	123
Gynaecology	92
General Surgery	61
Urology	60
Paediatric Dentistry	40
Oral Surgery	38
Respiratory Medicine	32
Vascular Surgery	28

104+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)	
Specialty Name	Actual
Colorectal Surgery	10
Trauma & Orthopaedics	7
ENT	6
Gynaecology	6
General Surgery	2
Urology	1
Trauma & Orthopaedics - Lower Limb	1
Oral Surgery	1
Vascular Surgery	1
Neurosurgery	1

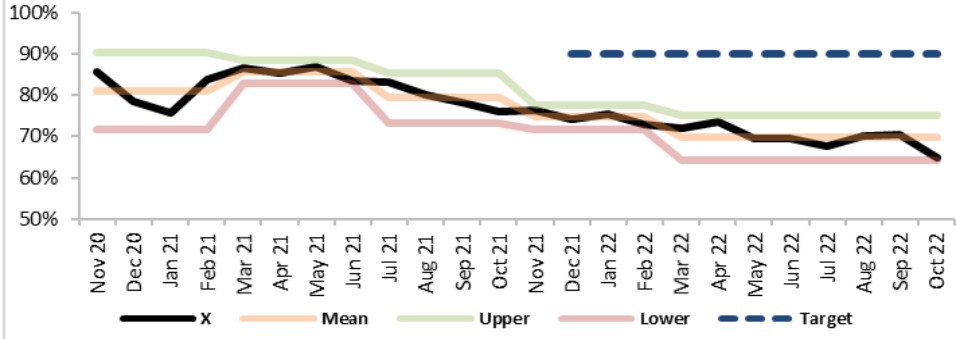
Performance Overview

- In relation to the end-month nationally submitted data the trust reported 37 pathways waiting 104+ weeks at the end of October 2022, a reduction of twelve pathways against the September position. However this represents a significant reduction of 195 or 84% against the 232 reported in April 2022.
- Looking at London, of the 9 Trusts reporting 104+ week waits for September 2022 (the most recent national data), Barts Health had the greatest number of 104+ pathways, reporting 49. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ pathways, this trust recorded four 104+ week pathways, the other 7 trusts reported 8 pathways between them.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last seven months with 1,309 pathways reported at the end of April 2022 reducing to 874 at the end of October 2022, a decrease of 435 (-33%), this is however greater than the reduction plan of 849 for October (+25).

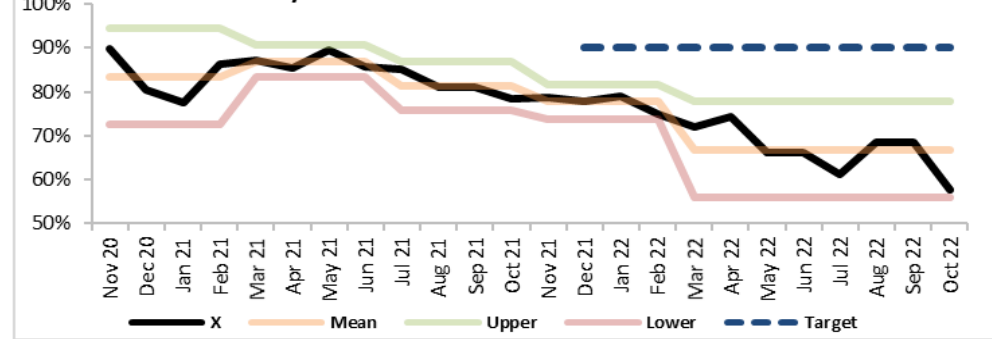
Responsible Director Update

- 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 October 2022 is in place with continued support from other NEL providers on mutual aid where possible. A similar approach is now being applied to 78+ week pathways with a requirement to clear the backlog by March 2023.

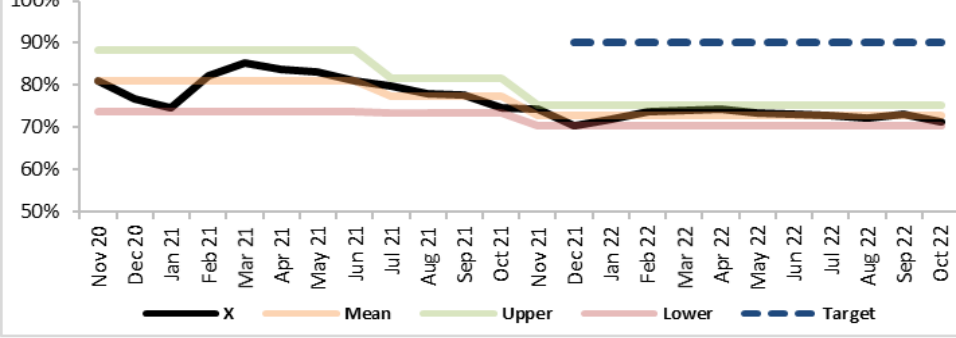
Barts Health: A&E 4 Hour Wait Performance



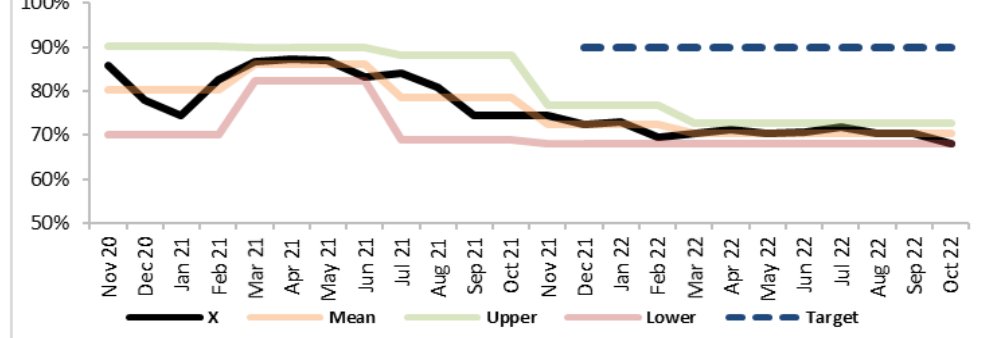
Royal London: A&E 4 Hour Wait Performance



Whipps Cross: A&E 4 Hour Wait Performance



Newham: A&E 4 Hour Wait Performance

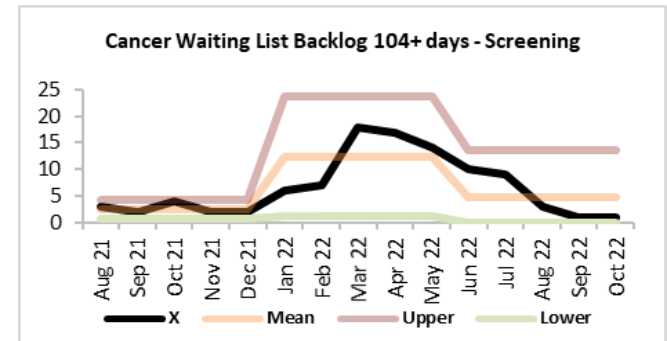
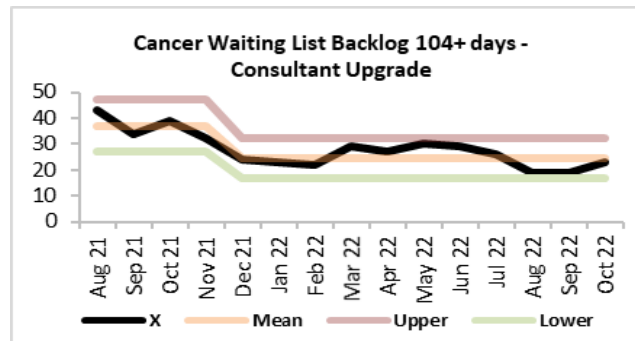
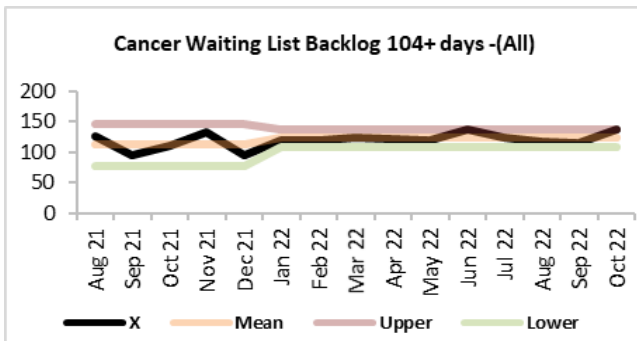
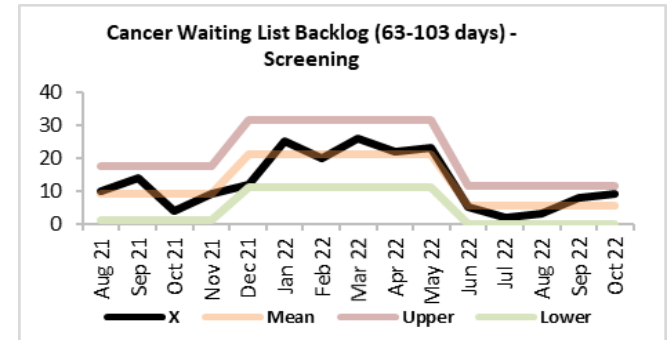
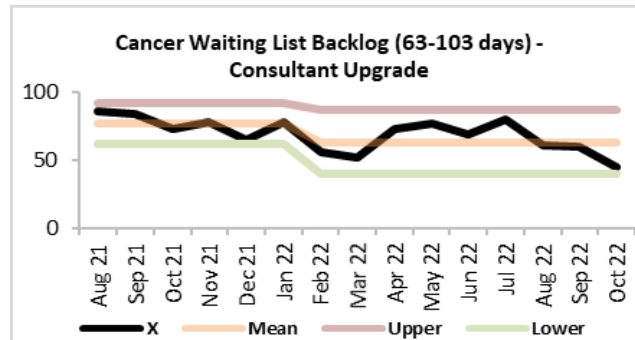
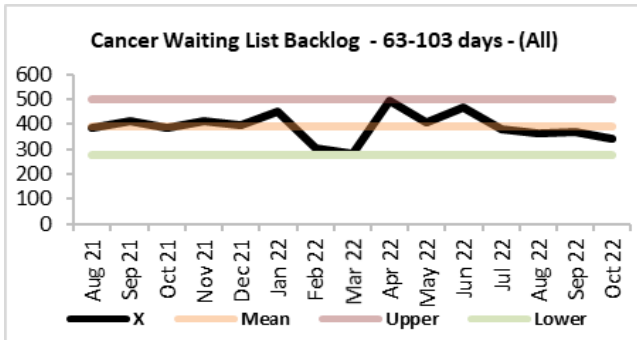


Performance Overview

- In October 2022, 44,197 attendances were recorded, 4,331 more than September’s 39,866, an increase of 11%. For October 2022 a performance of 64.6% was recorded in relation to the 4-hour standard, this is the lowest performance ever recorded by the trust.
- However to set this in context London recorded a performance of 67.4% with the East of England recording 65.0%. For October 2022, attendances in London increased by 39,552 against September 2022, an increase of 11%. It seems highly likely that performance at Barts Health and across London was influenced by the impact of increasing winter pressures.

Responsible Director Update

- The trust is working with its A&E provider sites to better articulate the impact of emergency pressures on the bed base and operationalise interventions designed to improve flow, including reducing foot-fall in A&E through REACH and working with system partners to improve discharge processes for those patients who no longer need to be in hospital.



Cancer Waiting List Backlog - All - (Highest 10 Sites)	
Site	Actual - Last Month
Urology	111
Colorectal	97
Gynaecology	93
Skin	46
Upper GI	43
Head and Neck	34
Breast	25
Lung	16
Haematology	6
Cancer of Unknown Primary	3

Cancer Waiting List Backlog - Consultant Upgrade - (Highest 10 Sites)	
Site	Actual - Last Month
Urology	20
Gynaecology	10
Upper GI	9
Lung	9
Colorectal	8
Skin	4
Other	3
Head and Neck	3
Haematology	1
Breast	1

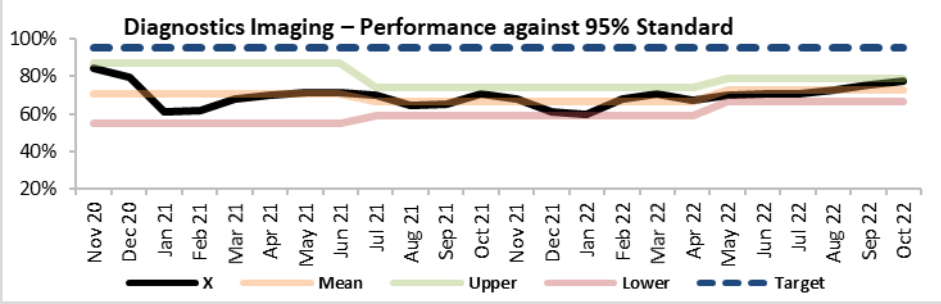
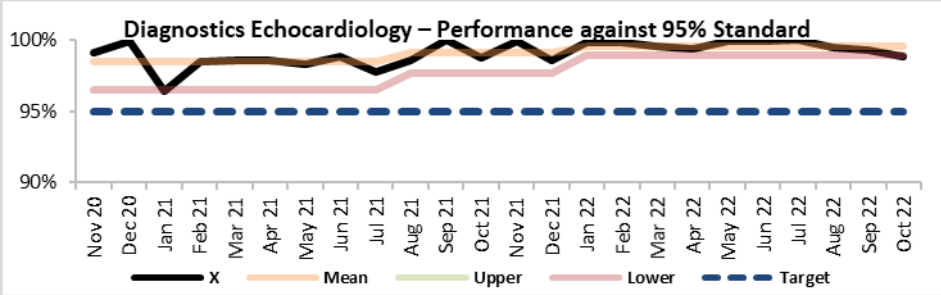
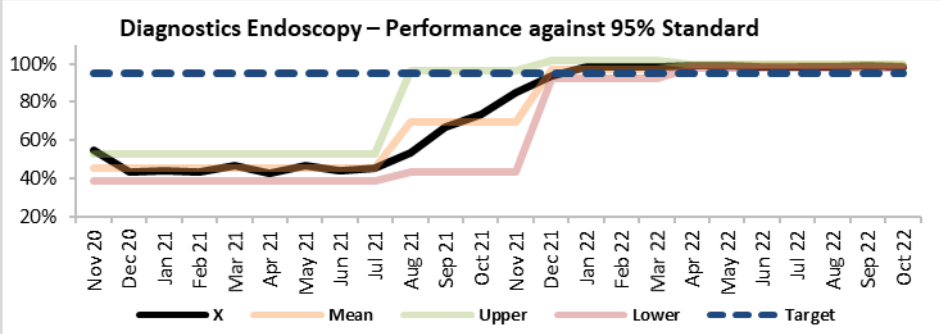
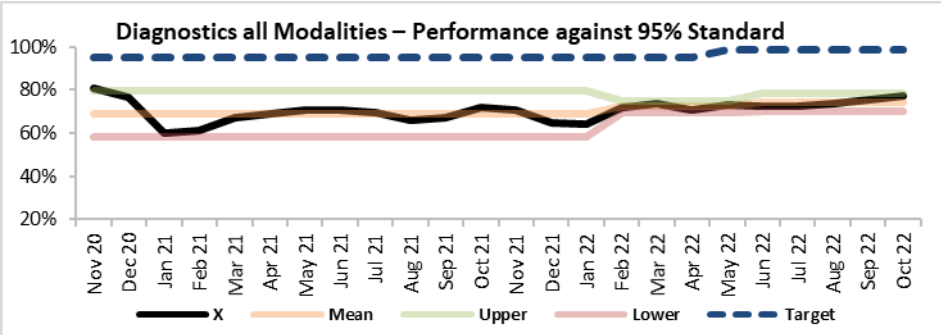
Cancer Waiting List Backlog - Screening- (Highest 10 Sites)	
Site	Actual - Last Month
Breast	4
Gynaecology	4
Colorectal	2

Commentary

The NHS has set improving Cancer treatment waiting times as one of its key priorities for this year. This includes the requirement to reduce the number of patients waiting more than 62-days from an urgent referral to treatment to pre-pandemic levels by March 2023. This requires the trust to reduce backlog to no greater than 197 patients by March 2023. The October 2022 backlog reduction milestone is set at 432 against which the trust recorded 478, 46 greater than target.

Of the 478 patients waiting longer than 63 days, 341 had waited between 63 – 103 days and 137 greater than 104 days. The charts and tables above present the number of patients waiting by those two wait bands by All referrals, Consultant Upgrade and Screening service referrals.

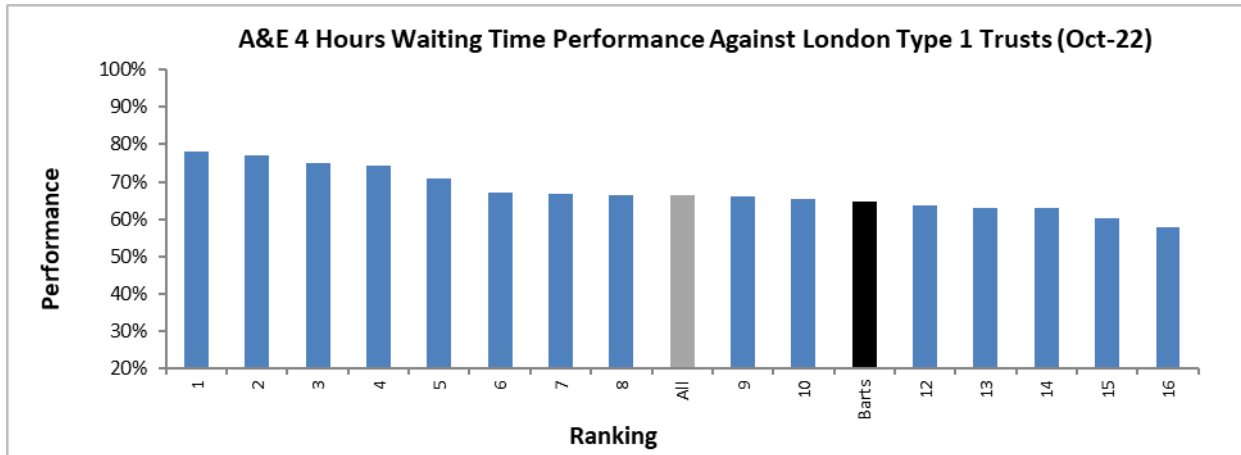
The cancer management team are working with each of the trusts hospital sites to agree and support backlog reduction plans across all tumour sites, particularly for the longest waiting patients.



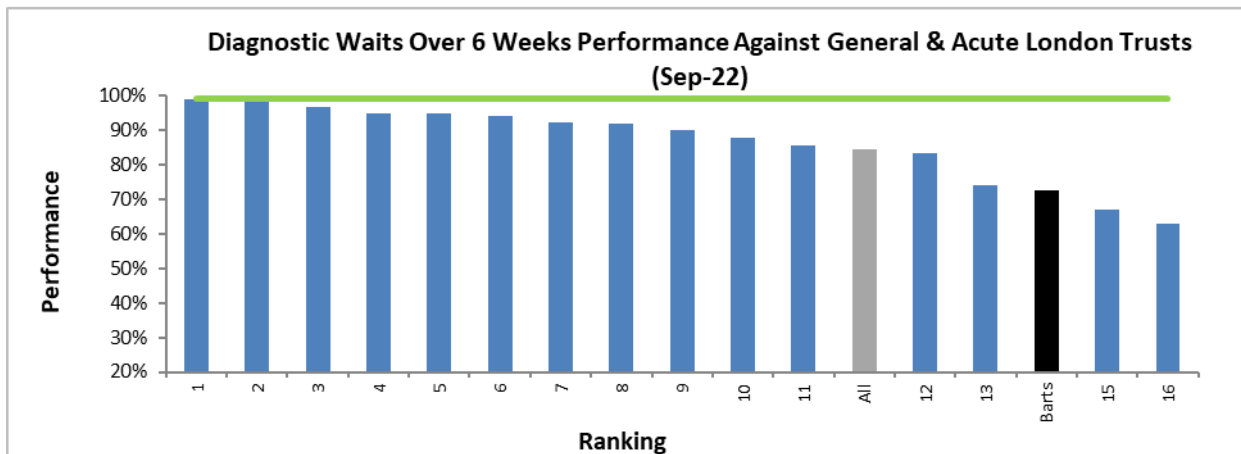
Test Name	Sep-22			Oct-22			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Audiology - Audiology Assessments	1,753	1,204	31.3%	1,772	1,210	31.7%	0.4%
Urodynamics - pressures & flows	63	43	31.7%	66	45	31.8%	0.1%
Magnetic Resonance Imaging	8,320	3,861	53.6%	7,917	3,472	56.1%	2.6%
Neurophysiology - peripheral neurophysiology	82	44	46.3%	72	28	61.1%	14.8%
DEXA Scan	1,506	383	74.6%	1,047	351	66.5%	-8.1%
Non-obstetric ultrasound	14,976	2,275	84.8%	14,780	1,930	86.9%	2.1%
Computed Tomography	3,522	413	88.3%	3,362	306	90.9%	2.6%
Cystoscopy	147	8	94.6%	132	4	97.0%	2.4%
Respiratory physiology - sleep studies	48	0	100.0%	34	1	97.1%	-2.9%
Gastroscopy	499	2	99.6%	698	17	97.6%	-2.0%
Cardiology - echocardiography	1,676	11	99.3%	1,887	21	98.9%	-0.5%
Colonoscopy	614	0	100.0%	722	1	99.9%	-0.1%
Flexi sigmoidoscopy	115	0	100.0%	126	0	100.0%	0.0%
Barium Enema	0	0	100.0%	1	0	100.0%	0.0%
Cardiology - Electrophysiology	0	0	100.0%	1	0	100.0%	0.0%
Grand Total	33,321	8,244	75.3%	32,617	7,386	77.4%	2.1%

Commentary

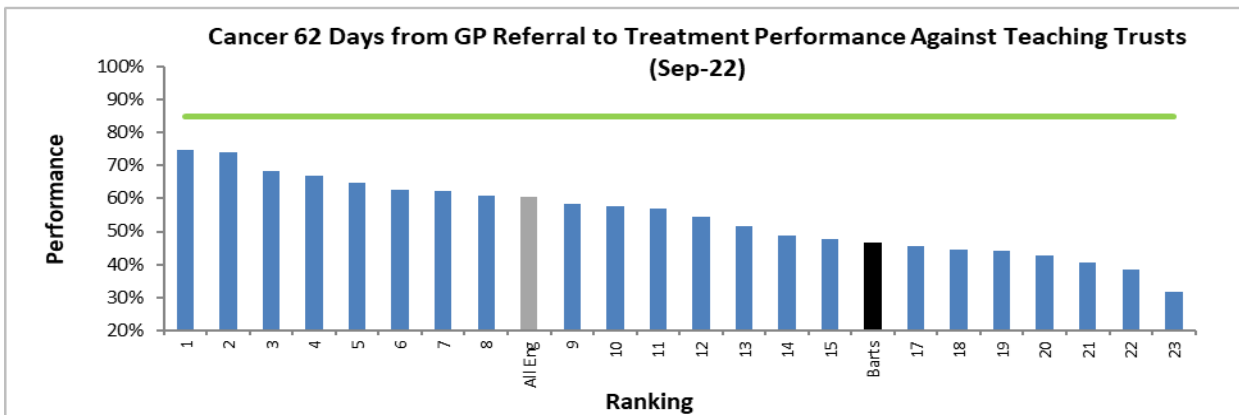
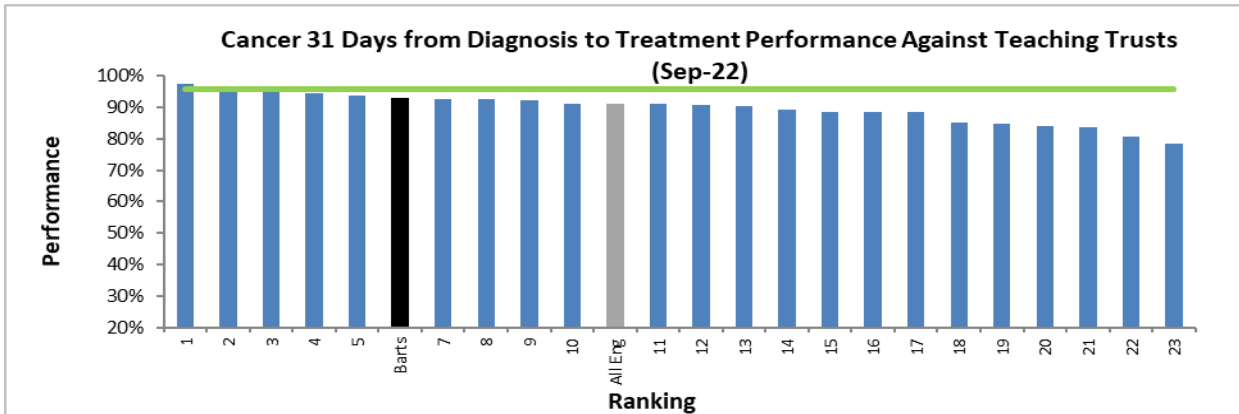
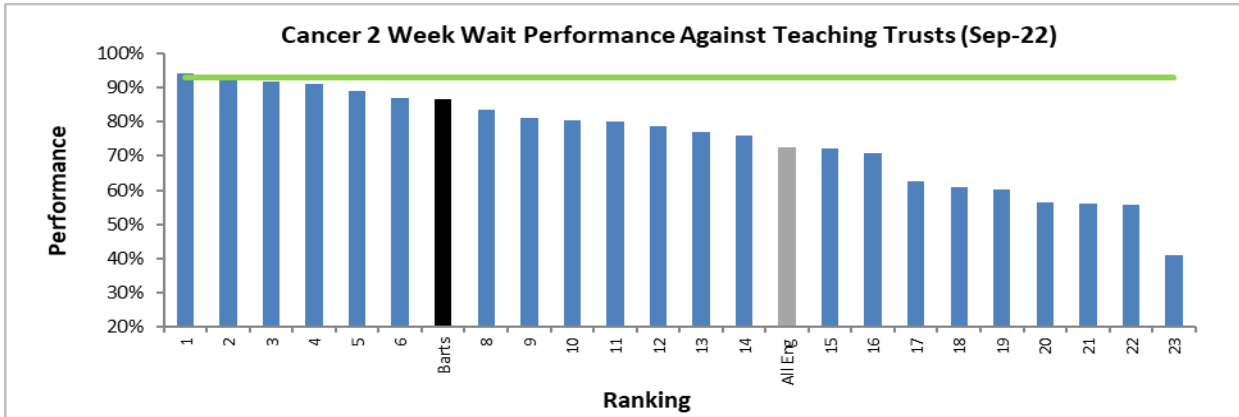
- For October 2022 a performance of 77.4% was recorded, an improvement of 2.1% on September's 75.3%. As in previous months, the greatest challenge has been in the imaging modalities, particularly MRI and non-obstetric ultrasound; imaging breaches accounted for 82% of all breaches in October 2022.
- For 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.



- For October 2022, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4-hour standard, the Trust was ranked 11th out of 16 trusts reporting data in London and was the 4th best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.



- Looking at the 17 London acute Trusts reporting data for September 2022 (the most recent national data), Barts Health was the 15th worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 5th largest waiting list and was the best performing.



- The trust did not achieve compliance against the 93% two-week wait target recording a performance of 86.5% for September 2022. Performance was heavily influenced by the volume of breaches recorded at the Whipps Cross site in the Skin tumour pathway. In order to increase capacity and improve patient experience the clinical team have started a tele-dermatology pilot during October. In relation to benchmarked performance Barts Health ranked 7th best performing against the 23 teaching trust peer group.
- The Trust did not achieve compliance in September 2022 against the 31 Day Diagnosis to Treatment standard, recording a performance of 88.9% against the 96% target. For September 2022, Barts Health was the 6th best performing of the 23 Teaching Trusts.
- For September 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 46.5%, a significant reduction on August's 61.8% (-15.3%) with 115 pathways seen and 61.5 breaches. Reduced performance results from the trusts backlog clearance plan; 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, this requires longer waiting patients to be treated. For September Barts Health was the 16th worst performing of 23 Teaching Trusts.



Barts Health
NHS Trust

Equity Report



Equity in our waiting lists**Analysis**

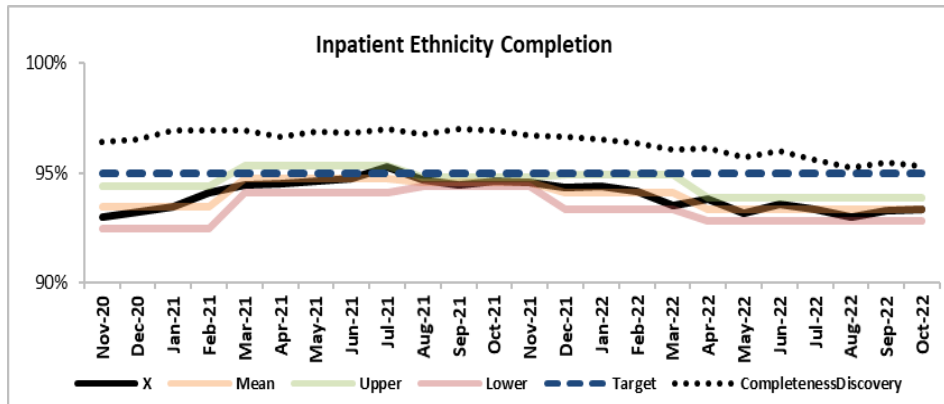
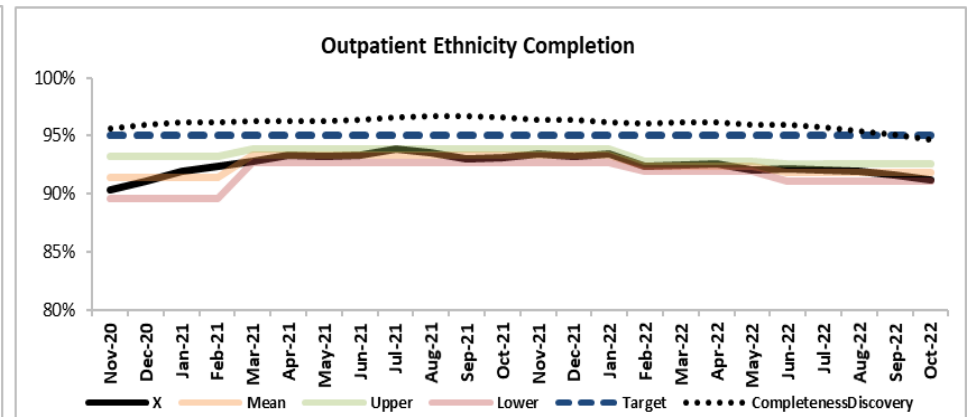
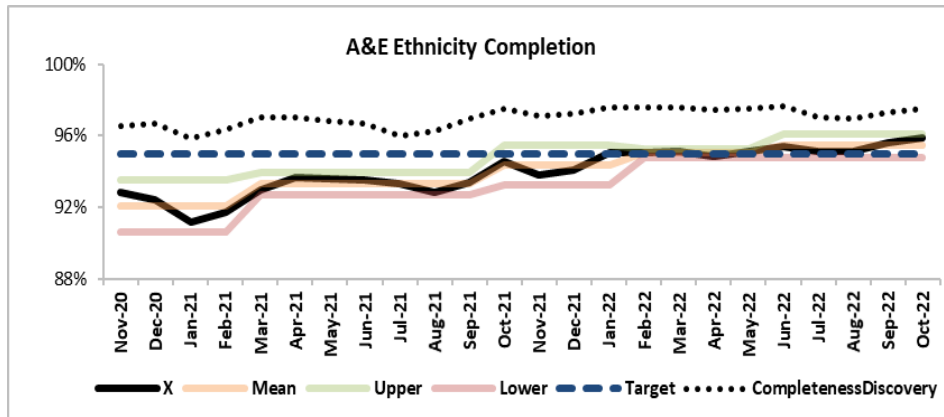
- The Trust has reviewed its waiting lists to identify differences in wait times between groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, between those who have been identified with a learning disability and those who have not, and between groups of patients who live in wealthy postcodes as compared to those who live in deprived postcodes. We explored differences between ethnicities and between those who live in wealthy compared to poorer areas at Trust as well as hospital level. The review is a snapshot of data from 23 November 2022.

Findings

- At -Trust level, there are no significant differences in the data for waits between ethnic groups, or between male and female patients.
- This months data shows that there is a small but significant difference between waits for patients from poorer postcodes and those who live in wealthier areas, with people living in poorer post codes waiting slightly longer. Site-level data showed slightly longer waits at Royal London and Whipps Cross for people from more deprived backgrounds.
- A positive finding this month is that the waits for patients who have been identified as having a learning disability are not longer than for patients who have not been identified as having a learning disability. Our data also shows that patients with a learning disability are less likely to wait over 52 weeks compared with patients considered not to have a learning disability. The Trust has been working to prioritise this group, and this month data has shown that a larger percentage are prioritised for surgery than in previous months.

Next steps

- We will be working with site teams and selected specialities to better understand the difference in waiting times between patients living in wealthier postcodes and poorer postcodes to understand the reasons for this.
- Work is also underway to include reporting over time to allow meaningful identification and interpretation of trends.



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

Site	A&E	Inpatient	Outpatient
Royal London	97.5%	90.9%	90.1%
Whipps Cross	94.4%	93.8%	89.8%
Newham	95.3%	95.7%	95.2%
St Bart's	-	96.3%	92.3%
Trust	95.9%	93.3%	91.2%

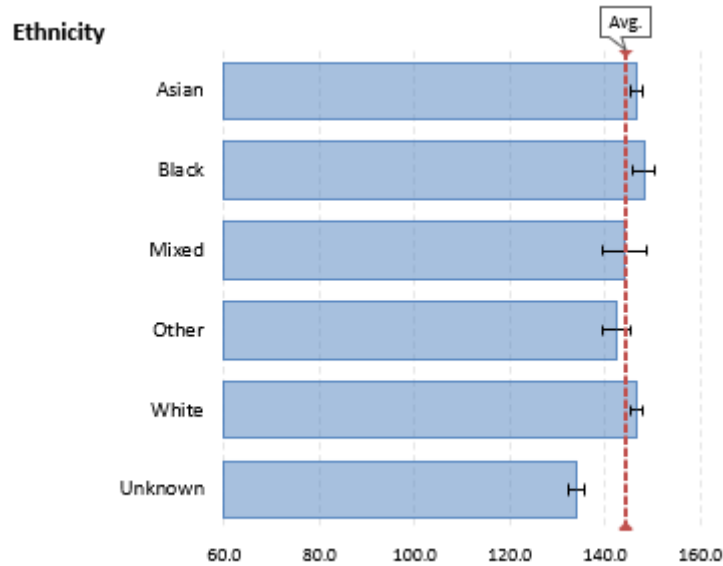
The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North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

Performance Overview

- Overall, Trust performance for October 2022 has seen marginal improvements in capture rates for A&E and Inpatient departments (0.4 and 0.3 percentage points respectively). The downward trend in capture rates for Outpatients, since January 2022, continues with a fall of 0.3 percentage points since last reporting period.
- Newham continues to be the best performing site achieving 95% capture in all three areas.
- Whipps Cross Hospital has seen the largest increase in capture rates with both A&E and Inpatients increasing by 1.4 and 0.6 percentage points from last reporting period. However, Outpatients has dropped by 0.5 percentage points to below 90%.
- Royal London continues to achieve the highest capture rates in A&E at 97.5%. Opportunities still exist to improve ethnicity capture for Inpatient and Outpatient departments, performance for both remains stable at 90.9% and 90.1% respectively.

Responsible Director Update

- It is encouraging to see 95% capture being achieved in individual areas. However, across the Trust, Outpatients is still a concern.
- 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	4,810,508	32,802
Black	1,906,989	12,869
Mixed	372,253	2,585
Other	965,443	6,781
White	5,581,525	38,096
Unknown	2,529,835	18,865

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	146.7	145.3	148.0
Black	148.2	146.0	150.4
Mixed	144.0	139.4	148.6
Other	142.4	139.4	145.4
White	146.5	145.2	147.8
Unknown	134.1	132.4	135.8
Grand Total	144.3		

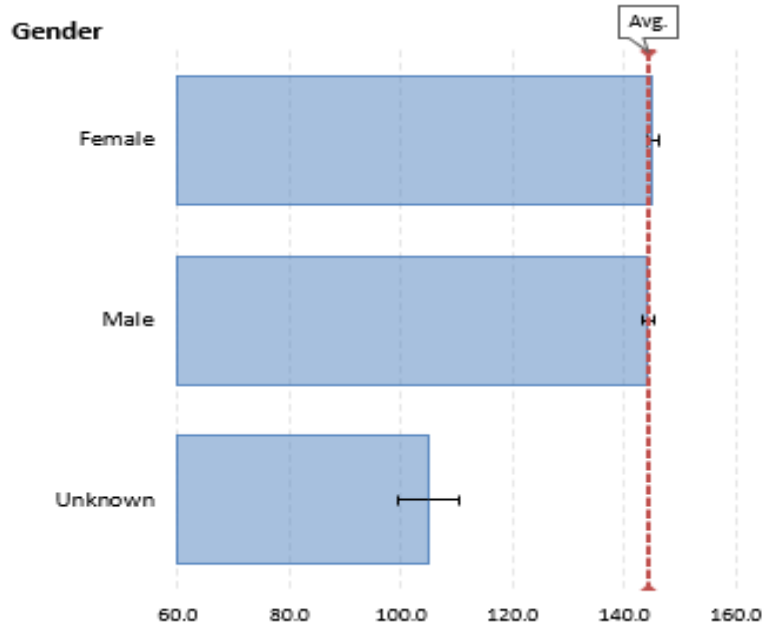
Commentary

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

On average, the longest waiters appear to belong to the 'Black' ethnic category at 148.2 days. This equates to a difference of 5.8 days between the longest and shortest waiters by known ethnicity.

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

Work is also underway to include reporting over time to allow meaningful identification and interpretation of trends.



Commentary

At Trust level, there is no significant difference in wait times between male and female patients.

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (144.3 days vs 145.1 days, respectively).

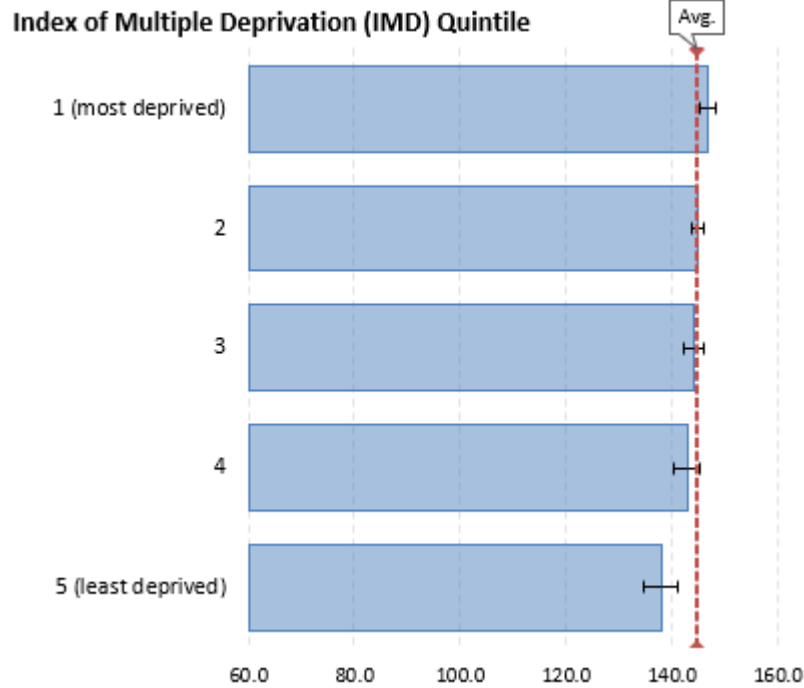
Additionally, although it's a very small proportion, we are investigating the data quality issues behind the "Unknown" group.

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	Pathways with no Week Wait details excluded
Female	8,961,309	61,755	
Male	7,084,813	49,096	
Unknown	120,431	1,147	

Gender	Average Wait	Lower	Upper
Female	145.1	144.1	146.1
Male	144.3	143.2	145.4
Unknown	105.0	99.7	110.3
Grand Total	144.3		



Commentary

In this month's snapshot, at Trust level, there appears to be a small but significant difference in wait time between patients living in the wealthiest and poorest areas of 8.8 days.

Average Trust wait times by level of deprivation is 144.7 days. While this is down 3.5 days from last month, the difference in wait times between patients living in the most deprived and least deprived areas has increased by 4 days. We will be investigating this further to understand why this is, and if it is a trend.

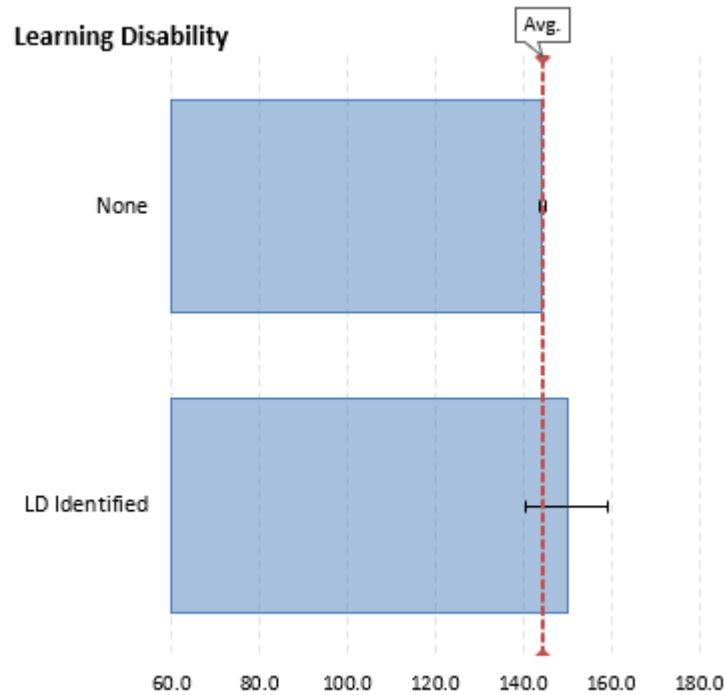
Work is currently underway to include reporting over time to allow meaningful identification and interpretation of trends.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	3,956,093	26,970
2	7,396,511	51,023
3	2,608,941	18,105
4	1,322,792	9,265
5 (least deprived)	754,177	5,470

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	146.7	145.2	148.2
2	145.0	143.9	146.0
3	144.1	142.3	145.9
4	142.8	140.3	145.3
5 (least deprived)	137.9	134.8	141.0
Grand Total	144.7		



Commentary

At Trust level, there is no longer a significant difference in wait times between patients who have been identified as having a learning disability and those who haven't.

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.

There has also been a significant improvement in the prioritisation of patients with learning disabilities for surgery, meaning they wait less time after a procedure is booked. Patients with learning disabilities are also slightly less likely to wait over 52 weeks than patients who haven't been identified as having a learning disability.

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

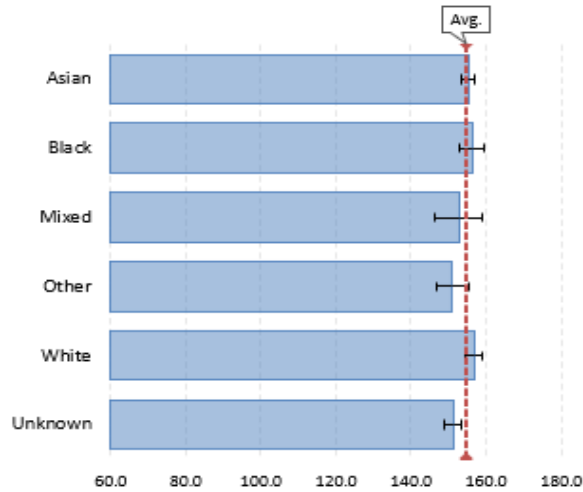
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	16,065,012	111,321
LD Identified	101,541	677

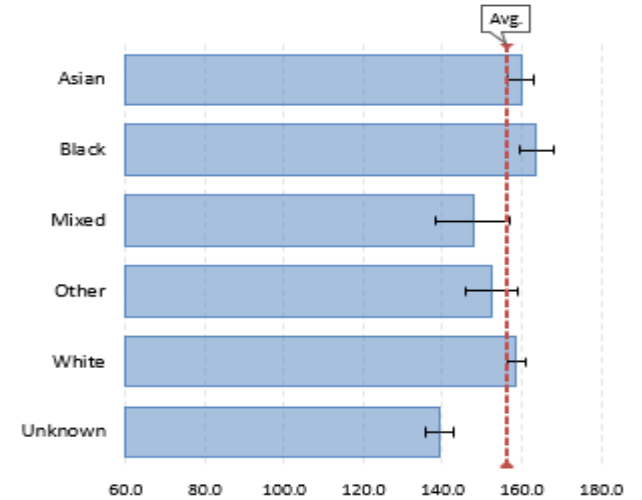
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper
None	144.3	143.6	145.0
LD Identified	150.0	140.5	159.5
Grand Total	144.3		

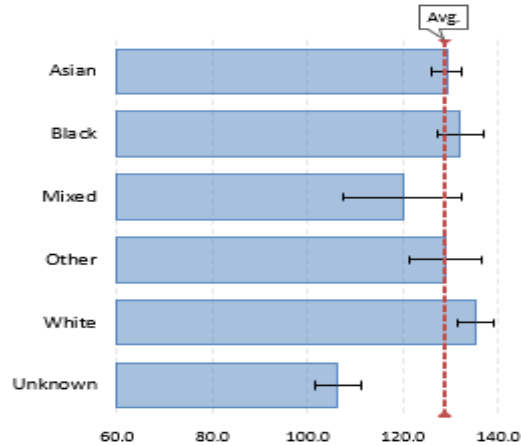
Royal London



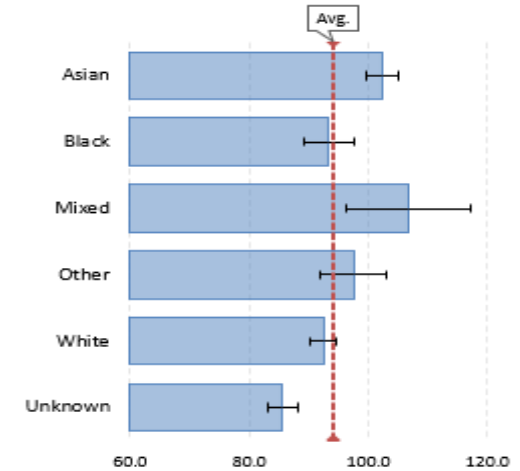
Whipps Cross



Newham



St Barts



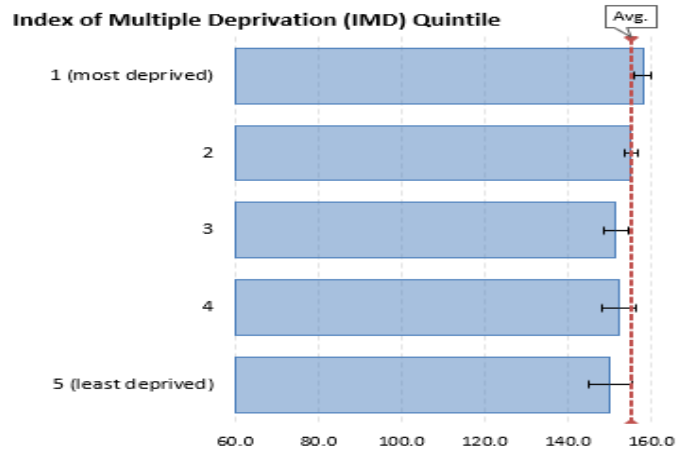
Commentary

At site level, differences in wait times by ethnicity are not significant.

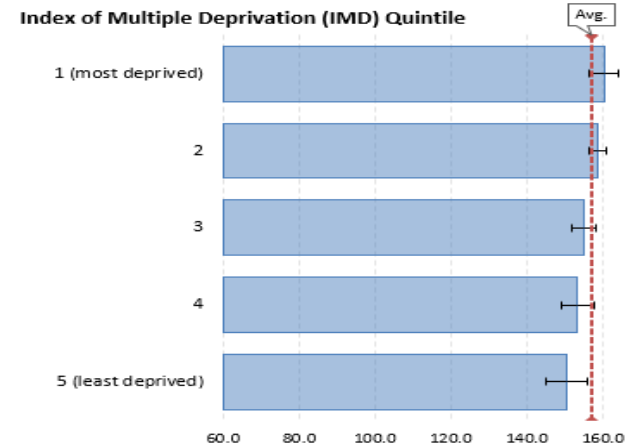
Patients for whom ethnicity is 'unknown' appear to have shorter average wait times compared with other ethnic groups at Whipps Cross, Newham and St. Bartholomew's Hospitals.

The population of 'Mixed' patients across the Trust make up only a small proportion (2.3%) of Trust patient pathways by ethnicity and therefore it can be expected that waiting times will vary from month to month. This month, at Whipps Cross and Newham University Hospitals waits for patients of 'Mixed' ethnicity were shorter compared to most other ethnic groups, and at St Bartholomew's 'Mixed' ethnicity patients waited longer than other known ethnic groups. This broadly reflects findings from last month. We will continue to monitor for trends.

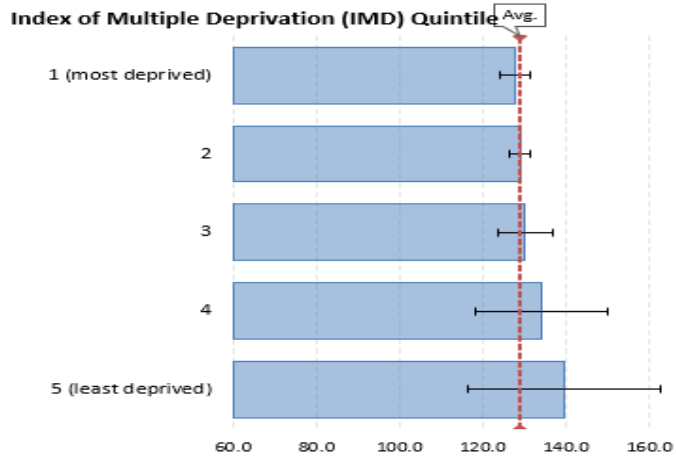
Royal London



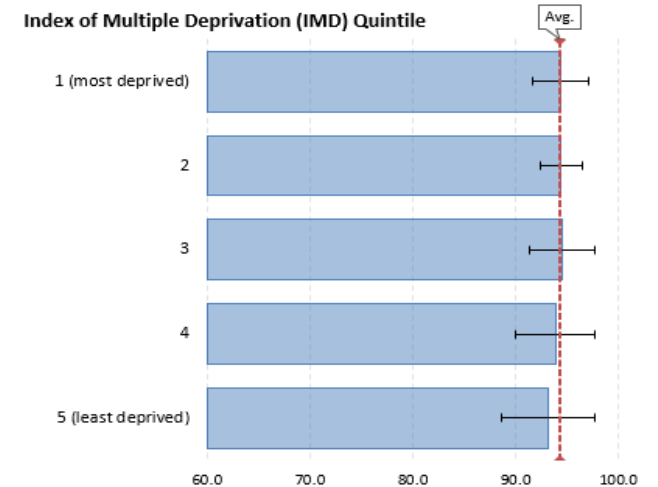
Whipps Cross



Newham



St Barts



Commentary

At site level, there are no certain differences in wait times between patients living in the most deprived postcodes and those living in the least deprived postcodes.

At the time of this snapshot on 23rd November 2022, however, the data shows a very slight trend between deprivation and longer waiting times at Royal London and Whipps Cross. This could be due to chance, as the numbers aren't big enough to be able to infer for certain. This finding is not consistent with last month's report. At Newham Hospital, average waits are longer for those who live in wealthier postcodes. We will be monitoring for trends to identify any differences between groups.



Barts Health
NHS Trust

People Report



Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing has increased by 149 WTE in the last month with the substantive fill rate increasing to 91.0%. This growth included 28 WTE medics, 56 WTE registered nurses and midwives and 20 WTE allied health professionals.

Substantive fill rates for registered nursing and midwifery have increased to 83.6% from 82.4% with growth at Royal London (from 85.4% to 86.9%), St Bartholomew's (80.8% to 81.9%), Newham (78.8% to 80.6%) and Whipps Cross (79.4% to 80.6%). Band 5 nurses and band 6 midwives are the main challenge across all relevant sites.

Whilst substantive fill for medical staff across the group is generally strong, there are challenges in emergency care at Newham and Whipps as well as across surgical specialties at Newham

Recruitment activity in this reporting period: advertised 1,105 WTE, 449 conditional offers made and 470 unconditional offers of which 300 were to external candidates with the pipeline continuing to be strong. 42 nurses joined from overseas in October with another 45 anticipated in December and 44 in February.

Turnover – annualised voluntary turnover has reduced to 13.4% this month from 13.7% and is the third consecutive month of reduction. This is a reflection of both a small reduction in annual voluntary leavers since July (when turnover peaked) and an increase in the average staff in post.

The turnover reductions have been seen across the sites with St Bartholomew's, The Royal London, Whipps and Newham all seeing a 0.3 percentage point reduction.

Whilst we have seen improvements in registered nursing turnover, it remains particularly high for band 5s at St Bartholomew's (24%) and The Royal London (22%)

Proportion of temporary staff - the proportion has reduced from 14.8% to 14.7%, with a small reduction of 5 WTE used, with bank usage reducing by 34 WTE and agency increasing by 29 WTE. Temporary staffing spend as a % of the overall pay budget was 15.3% in month and is at 16.3% YTD. Temp spend reduced from £18.2m to £15.5m in month

YTD agency spend is at £33.6m. 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. This would require spend to reduce from the £5.4m in October to £1.7m for each of the remaining months of the year. The current forecast for year end is £56m agency spend

Looking After the Trust's People

The **annualised sickness absence rate** has decreased further from 5.28% to 5.22%. The underlying rate excluding COVID sick absence was 4.24%.

In month sickness absence for September 2022 was at 4.29%, the second consecutive month of decrease, and lower than the same period in 2021 (4.94%). Excluding COVID sick absence the rate was 4.02%.

Appraisal rates – recorded non-medical appraisals dropped from 54.0% to 53.1%. Medical appraisals have reduced from 83% to 77%. More detail is covered in the exception pages.

2022 NHS Staff Survey – as at the 28th November a response rate of 34.1% was reported. The survey is now closed with official publication of results due in Spring 2023

Staff Flu & Covid Vaccinations

As at 28th November over 4,800 colleagues had been recorded as receiving their annual flu vaccination accounting for 21.9% of staff. 21% of colleagues had received their COVID booster.

We will be joining colleagues from other NHS trusts in early December to see what can be learnt from trusts with higher levels of vaccination and applied here at Barts Health

New Ways of Working

Roster compliance – we have seen an improvement in the percentage of rosters fully approved 6 weeks in advance, going from 30.1% to 50.5%

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
People	W19	Turnover Rate	●			Oct-22 (m)	<= 12.25%	13.75%	13.45%	13.45%	14.61%	12.14%	11.22%	13.85%	12.98%	
	OH7	Proportion of Temporary Staff	●			Oct-22 (m)	<= 11.3%	14.8%	14.7%	14.6%	13.4%	20.6%	21.0%	12.2%	7.4%	
	W20	Sickness Absence Rate	●			Sep-22 (m)	<= 3%	5.28%	5.22%	5.22%	5.36%	5.39%	5.62%	4.31%	5.39%	●
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	73.1%	
	OH6	NHS Staff Survey	●			2020/21 (y)	>= 7	7.0	6.9	6.9	7.0	6.8	6.9	7.1	7.0	
Compliance	W50	Mandatory and Statutory Training - All	●			Oct-22 (m)	>= 85%	84.9%	84.0%	84.3%	83.0%	85.7%	81.3%	86.9%	83.3%	●
	W11	Mandatory and Statutory Training - National	●	●		Oct-22 (m)	>= 85%	84.6%	83.0%	83.6%	81.3%	84.9%	82.7%	85.8%	82.5%	
	W29	Appraisal Rate - Non-Medical Staff	●			Oct-22 (m)	>= 90%	54.0%	53.1%	53.1%	50.4%	59.7%	49.2%	58.3%	52.3%	●
	W30	Appraisal Rate - Medical Staff	●		●	Oct-22 (m)	>= 95%	82.7%	77.0%	77.0%	75.6%	79.4%	81.9%	75.5%	50.0%	●

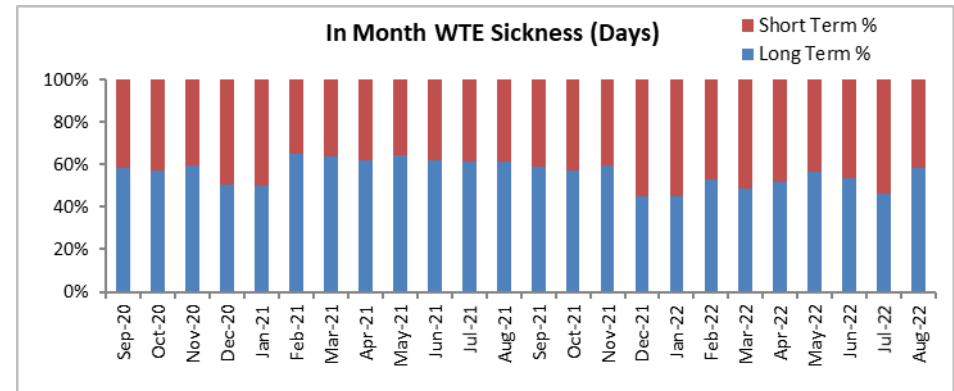
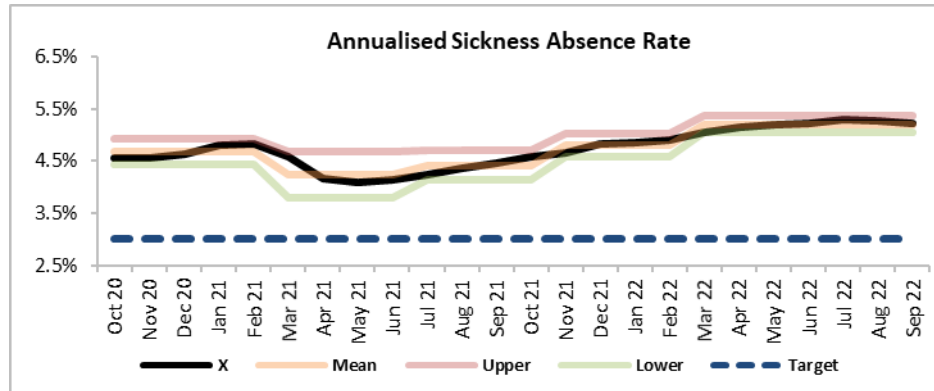
Staff Friends and Family Test (FFT): 2019/20 Q4 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report

Barts Health

Group	Indicator	Targets	Performance		YTD	Oct-22 (Site)			
		Target	Sep-22	Oct-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	100.7%	101.8%	-	103.9%	103.9%	103.3%	102.6%
	Staff in Post - Actual	>=Plan	16,748	16,897		6,320	2,913	2,125	2,732
	Staff in Post - Plan	-	16,965	17,009	-	6,285	3,007	2,176	2,713
	Bank WTE - Actual	<=Plan	2,117	2,083		745	483	378	289
	Bank WTE - Plan	-	1,914	1,857	-	754	322	287	239
	Agency WTE - Actual	<=Plan	795	825		232	270	188	93
	Agency WTE - Plan	-	547	530	-	178	137	92	39
	Total Staffing - Actual	<=Plan	19,660	19,804		7,297	3,666	2,691	3,113
Total Staffing - Plan	-	19,427	19,396	-	7,217	3,466	2,556	2,991	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	90.0%	91.0%	-	94.1%	87.2%	86.9%	92.4%
	Substantive Fill Rate - Plan	-	91.9%	92.1%	-	92.6%	91.8%	91.5%	93.6%
	Unconditional Offers - Actual	>=Plan	540	470	1,522	205	71	50	76
	Unconditional Offers - Plan	-	381	384	1,505	155	61	47	71
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	30.1%	54.5%	-	40.5%	67.9%	60.0%	57.1%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	22.6%	27.8%	-	23%	28%	42%	19%
	Additional Duty Hours (Nursing)	-	94,610	97,659	-	37,075	25,758	21,569	12,001
Diversity	% of BME Staff at Band 8a to VSM	-	36.1%	36.3%		32%	43%	54%	24%

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



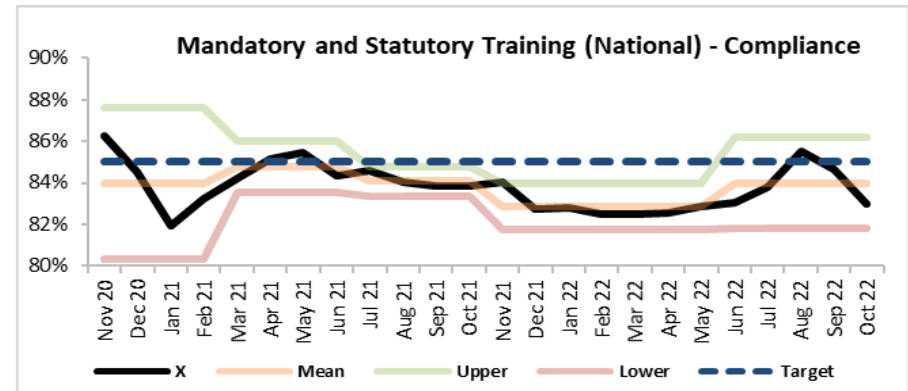
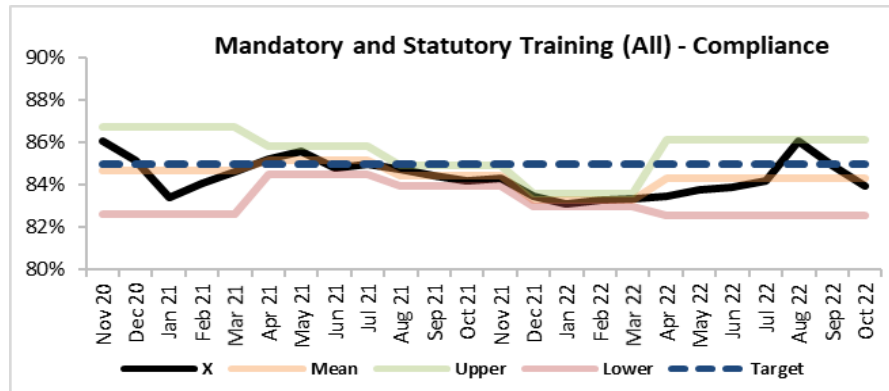
Site	Staff Group	6 Months Ago			Sep-22			Variance
		Sick WTE Days	Available WTE Days	%	Sick WTE Days	Available WTE Days	%	
Royal London	All Staff Groups	115,003	2,227,336	5.16%	122,337	2,283,994	5.36%	0.19%
Whipps Cross	All Staff Groups	54,982	1,023,009	5.37%	56,234	1,043,258	5.39%	0.02%
Newham	All Staff Groups	41,864	754,364	5.55%	42,782	761,153	5.62%	0.07%
St Bart's	All Staff Groups	41,077	965,838	4.25%	42,414	984,549	4.31%	0.05%
CSS	All Staff Groups	3,769	85,263	4.42%	3,775	82,635	4.57%	0.15%
Other	All Staff Groups	46,574	937,882	4.97%	51,187	949,056	5.39%	0.43%

Performance Overview

- Annualised sickness absence has reduced for the second month to 5.22%, after peaking at 5.30% in July (a reflection in part of the prevalence of COVID in that month). The underlying rate excluding COVID is at 4.24%
- In month absence for September is at 4.29% compared to 4.94% in September 2021.
- Across the sites the in month rates are:
 - Newham 5.02% (up from 4.59%)
 - St Bartholomew's 3.23% (down from 3.56%)
 - Whipps 4.41% (from 4.89%)
 - Royal London 4.41% (from 4.76%)
 - Pathology Partnership 4.39% (from 5.11%)
 - Group Support Services 4.94% (from 5.32%)

Responsible Director Update

- Work continues across the sites to support wellbeing initiatives and encourage uptake of both Flu and COVID vaccinations.



Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	Oct-22	
	Compliance	Compliance	Staff Non-Compliant
Safeguarding Children L2	83.0%	69.5%	3,840
Information Governance	77.8%	80.1%	3,449
Health, Safety, Incidents	83.8%	83.4%	2,875
Equality & Diversity	86.1%	84.6%	2,672
Resuscitation - Basic Life Support	71.7%	77.2%	2,428

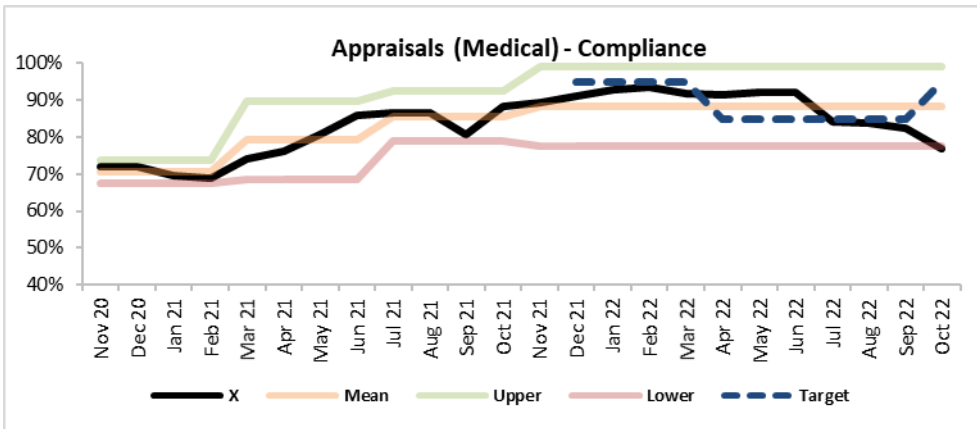
Bottom 5 Departments: Total Number of Non-Compliant Employees			
Department	Previous 6 Months	Oct-22	
	Compliance	Compliance	Staff Non-Compliant
Restorative Dentistry (Royal London)	51.3%	50.0%	95
ANA Medical Staff (Royal London)	80.3%	69.7%	73
A & E Medical Staff WC (Royal London)	79.9%	72.7%	49
Pharmacy Management (CSS)	82.8%	81.7%	47
A & E Nursing WC (Royal London)	81.2%	77.8%	45

Performance Overview

- Trust wide compliance against the 11 Core Skills Training Framework subjects has declined over the past month and currently stands at 84.17%. This is currently below the Trust target of 85%.
- Overall training compliance across all subjects has also declined. This is due to the impact of new subjects being added that were not previously reported. This is in line with the Statutory, Mandatory and Essential training policy which states that additions to the Training Needs Analysis are reported after 12 months in order for staff to be given time to achieve compliance.
- Departments listed in the bottom 5 have particularly volatile compliance rates due to the number of staff in each department. This is a particular issue where one member of staff is non compliant for a number of subjects at the same time.
- Work is continuing with the Information Governance (IG) team on raising compliance with targeted emails being sent to staff from the IG team.

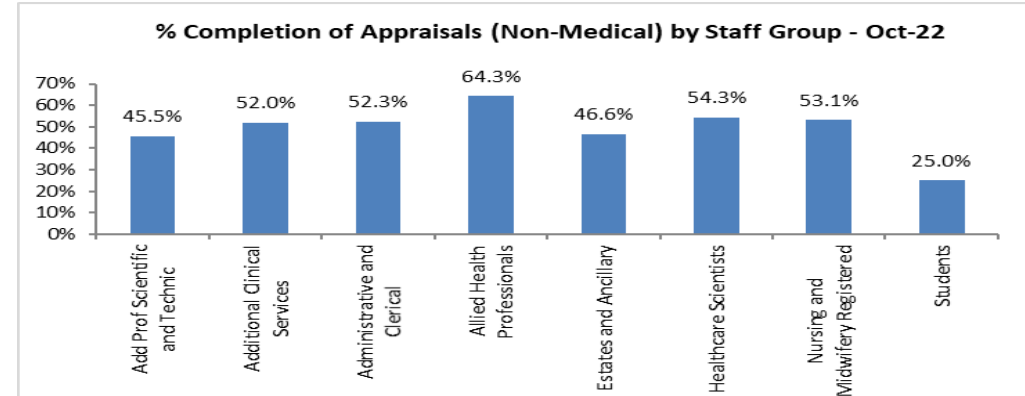
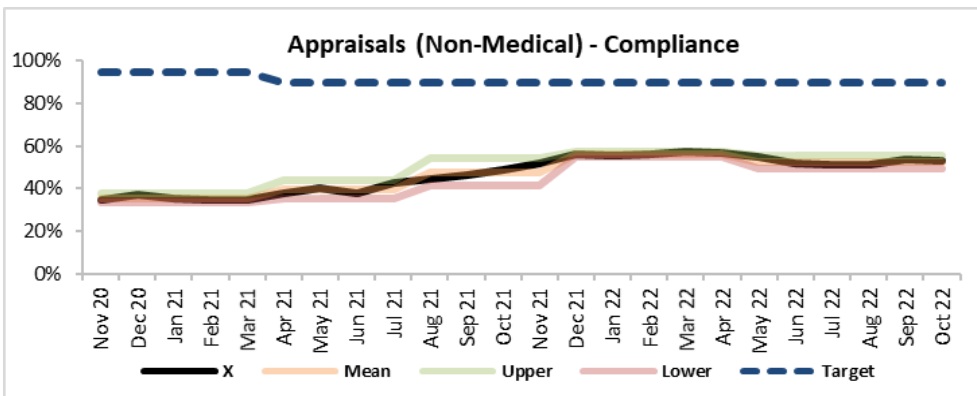
Responsible Director Update

- All staff receive monthly emails to alert them of non-compliance or subjects that are within 3 months of expiring.
- Statutory and mandatory training data is included in site PR packs with spotlights on specific issues.
- Work is continuing with the Safeguarding team on analysing the new training needs analysis and ensuring it has been correctly applied in accordance with the intercollegiate document. The Safeguarding team are also in the process of developing an action plan to address compliance as a result of the impact of TNA changes.
- Work is continuing with the Millennium training team to identify areas where the new training needs analysis has been incorrectly applied and make amendments as quickly as possible.
- A new Duty of Candour package has been created and was released on the 12th October 22. During October 732 staff started the package with 644 passing the assessment.



*Non-compliant appraisals include those which were missed due to Covid-19 (so non-compliant or missed)

Site	Oct-22			Sep-22	
	Compliant	Non-Compliant or Missed	Total	% Compliant	% Compliant
Newham	221	50	271	81.5%	83.9%
Other	3	4	7	42.9%	15.0%
Royal London	715	240	955	74.9%	81.5%
St Bart's	275	89	364	75.5%	84.4%
Whipps Cross	304	77	381	79.8%	84.9%
Grand Total	1,518	460	1,978	76.7%	82.3%



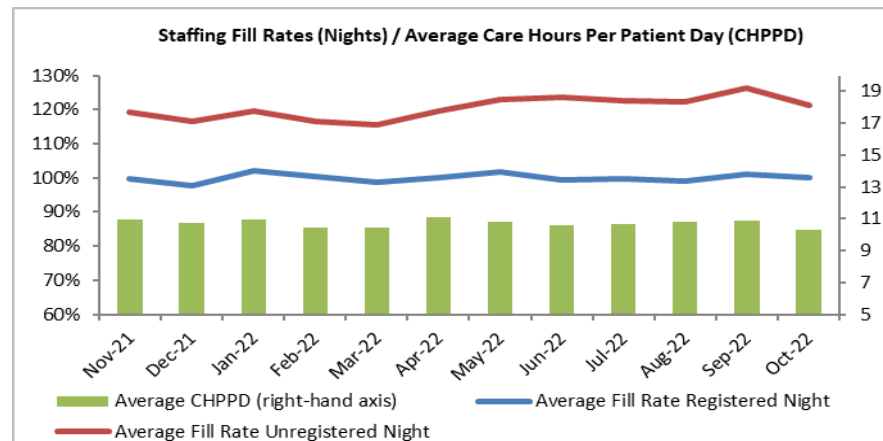
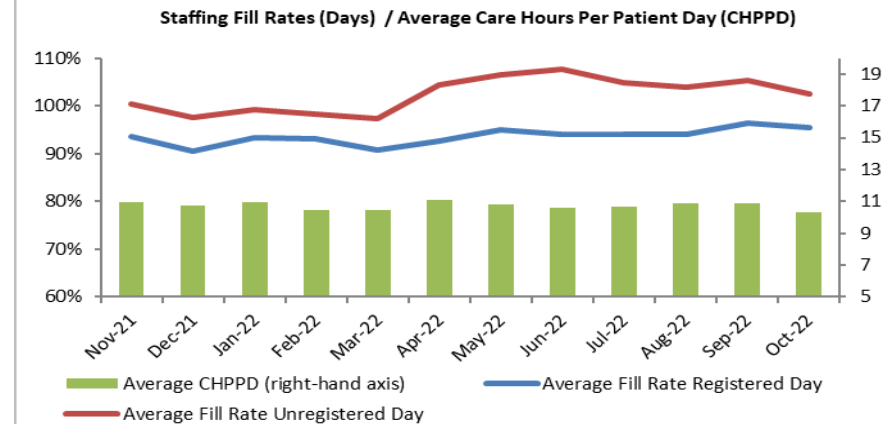
Performance Overview

- Medical appraisal rates have dropped from their peak of 92% in June to 77%
- Non-medical appraisal rates continue to fluctuate around the 55% mark as a group. At a site level rates vary with Whipps Cross Hospital leading the way.
 - Pathology Partnership – 43.7%
 - Newham Hospital – 49.2%
 - Royal London Hospital – 50.4%
 - St Bartholomew's Hospital – 58.3%
 - Whipps Cross Hospital – 59.7%
 - Group Support Services – 58.4%

Responsible Director Update

- For medical appraisals there is a slight decrease this month as we prepare for an audit in 2023 of the appraisal process which was last audited in 2015 with a change in RO for Barts Health and a deeper level of scrutiny around quality of appraisal as we return to business as usual following the pandemic
- For non-medical appraisals Moorhouse have completed their work to re-imagine our approach to appraisal with the final report reflecting current academic thinking, examples of new approaches being taken by private sector organisations as well as other NHS employers and the views of over 70 of our colleagues. The findings look to the culture that we set and priority that we give to appraisal and then the mechanics of how we might develop our appraisal system. We are reviewing the report and will be developing an action plan as a result.

- Overall average fill rates at organisational level remained above for 95% for October, for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) on both day and night shifts.
- Overall average Care Hours Per Patient Day (CHPPD) reduced negligibly to 10.3 in October (10.9 in September). This continues above the last published London average (9.0; August 2022), reflective of the high number of specialist and critical care units within the organisation.
- Staffing huddles held at each site daily/twice daily, where identified staffing gaps mitigated by the redeployment of staff across units and by senior staff and Practice Development Nurses undertaking clinical duties as required.
- Pressure continue across the maternity units. Embedded proactive management processes (flexing capacity, moving staff to match demand, RNS deployed where clinically appropriate) remain in place. When required, specialist staff work clinical shifts.
- High vacancy factor in paediatric units. Cross. Recruitment ongoing. Additional workload absorbed by wider team and use of temporary staffing. Situation will improve as new recruits come into post.
- Sites report ongoing demand for enhanced care shifts, including in children's services. Review processes have been strengthened to ensure appropriate prioritisation of resources and Enhanced Care Policy being updated.
- Challenges with overall winter pressures now featuring, resulting in Matrons supporting clinically within the ward areas
- A total of 14 Red flag incidents were reported across the Trust, an increase of 4 compared to September. Again these were all reported by Newham (4) and Royal London (10). They were responded to in real time and actions put in place to prevent harm.
- Work continues to ensure suboptimal staffing incidents which meet the Red Flag criteria are categorised accordingly.



Site	Staffing Figures by Site - Oct-22				Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Average Fill Rate (Day)		Average Fill Rate (Night)			
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	95.3%	102.4%	100.1%	121.2%	10.3	14
Royal London	98.8%	100.6%	104.7%	129.4%	10.0	10
Whipps Cross	92.6%	107.7%	98.4%	120.4%	10.0	0
Newham	95.8%	101.5%	99.9%	113.6%	10.1	4
St Bart's	91.6%	95.1%	93.3%	112.7%	12.2	0



Barts Health
NHS Trust

Finance Report



Finance

The Trust has reported to NHS England a (£32.7m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£15.8m), allowance for potential ERF clawback (£12.5m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£4.4m).

Income

- Income is (£12.0m) adverse against the year to date plan. NHS Patient Treatment income is (£8.4m) adverse, which is due to Elective Recovery Fund (ERF) under-performance partially offset by an over-performance on high cost drugs. Allowance for clawback of 75% of ERF allocations YTD (£12.5m) by the ICBs has been assumed in the Trust's position reflecting elective underperformance against the 104% target for non-specialised activity for the year to date. Other income is (£3.6m) adverse, with the key shortfalls being due to reduced private patients activity (£2.4m) and reduced COVID19 income for pathology reflecting reduced virus testing per the latest infection control guidance (£2.5m).

Expenditure

- Expenditure is (£20.7m) adverse against the year to date plan. Site and Services expenditure is (£40.3m) 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 to date remain higher than plan with the key drivers of the adverse variance being non-elective activity pressures, high staff sickness absence, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure is £18.3m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.
- Capital expenditure to date is £35.4m against a plan of £56.6m which results in an adverse variance of £21.2m for the exchequer funded schemes. The significant underspend to date helps manage the level of overcommitment since the start of the year. The variance can be attributed to factors including the slow start of schemes such as Newham 2nd CT (£1.9m), delays experienced in major schemes such as Whipps Cross Redevelopment (£3.8m) due to uncertainties around national funding, contractor related delays Newham Fire Programme (£2.5m) and delay with the PFI legal agreement on the Newham Modular Build (£7.8m). There is also a £9.9m programme funded by charitable donations; expenditure to date against donated schemes is £2.6m with an adverse variance of £4m to plan. The main driver of the underspend is for Mile End Hospital Renal Unit (£1.5m) due to delays in design layouts and commencement of the fit out.
- Cash balance is £112.9m which is 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.
- Managing additional costs resulting from increasing non-elective activity including the impact of variations in the level of COVID demand.

Metrics	Current Performance Year To Date £millions	Trend	Comments																																													
NHS Financial Performance Surplus / (Deficit)	<table border="1"> <tr><td>Plan</td><td>0.0</td></tr> <tr><td>Actual</td><td>(32.7)</td></tr> <tr><td>Variance</td><td>(32.7)</td></tr> </table>	Plan	0.0	Actual	(32.7)	Variance	(32.7)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <table border="1"> <caption>Actual vs Plan Data (Estimated)</caption> <thead> <tr><th>Month</th><th>Actual (£m)</th><th>Plan (£m)</th></tr> </thead> <tbody> <tr><td>APR</td><td>-6.0</td><td>-4.0</td></tr> <tr><td>MAY</td><td>-5.0</td><td>-4.0</td></tr> <tr><td>JUN</td><td>-2.0</td><td>8.0</td></tr> <tr><td>JUL</td><td>-4.0</td><td>0.0</td></tr> <tr><td>AUG</td><td>-5.0</td><td>0.0</td></tr> <tr><td>SEP</td><td>-5.0</td><td>0.0</td></tr> <tr><td>OCT</td><td>-3.0</td><td>0.0</td></tr> <tr><td>NOV</td><td>-</td><td>0.0</td></tr> <tr><td>DEC</td><td>-</td><td>0.0</td></tr> <tr><td>JAN</td><td>-</td><td>0.0</td></tr> <tr><td>FEB</td><td>-</td><td>0.0</td></tr> <tr><td>MAR</td><td>-</td><td>0.0</td></tr> </tbody> </table>	Month	Actual (£m)	Plan (£m)	APR	-6.0	-4.0	MAY	-5.0	-4.0	JUN	-2.0	8.0	JUL	-4.0	0.0	AUG	-5.0	0.0	SEP	-5.0	0.0	OCT	-3.0	0.0	NOV	-	0.0	DEC	-	0.0	JAN	-	0.0	FEB	-	0.0	MAR	-	0.0	<p>The Trust has reported to NHS England a (£32.7m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£15.8m), allowance for potential ERF clawback (£12.5m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£4.4m).</p>
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Total Income	<table border="1"> <tr><td>Plan</td><td>1,216.3</td></tr> <tr><td>Actual</td><td>1,204.3</td></tr> <tr><td>Variance</td><td>(12.0)</td></tr> </table>	Plan	1,216.3	Actual	1,204.3	Variance	(12.0)	<p>Income £m</p> <table border="1"> <caption>Actual vs Plan Data (Estimated)</caption> <thead> <tr><th>Month</th><th>Actual (£m)</th><th>Plan (£m)</th></tr> </thead> <tbody> <tr><td>APR</td><td>170.0</td><td>170.0</td></tr> <tr><td>MAY</td><td>170.0</td><td>172.0</td></tr> <tr><td>JUN</td><td>168.0</td><td>174.0</td></tr> <tr><td>JUL</td><td>170.0</td><td>172.0</td></tr> <tr><td>AUG</td><td>170.0</td><td>172.0</td></tr> <tr><td>SEP</td><td>185.0</td><td>185.0</td></tr> <tr><td>OCT</td><td>172.0</td><td>174.0</td></tr> <tr><td>NOV</td><td>-</td><td>174.0</td></tr> <tr><td>DEC</td><td>-</td><td>174.0</td></tr> <tr><td>JAN</td><td>-</td><td>174.0</td></tr> <tr><td>FEB</td><td>-</td><td>174.0</td></tr> <tr><td>MAR</td><td>-</td><td>174.0</td></tr> </tbody> </table>	Month	Actual (£m)	Plan (£m)	APR	170.0	170.0	MAY	170.0	172.0	JUN	168.0	174.0	JUL	170.0	172.0	AUG	170.0	172.0	SEP	185.0	185.0	OCT	172.0	174.0	NOV	-	174.0	DEC	-	174.0	JAN	-	174.0	FEB	-	174.0	MAR	-	174.0	<p>Income is (£12.0m) adverse against the year to date plan. NHS Patient Treatment income is (£8.4m) adverse, which is due to Elective Recovery Fund (ERF) under-performance partially offset by an over-performance on high cost drugs. Allowance for clawback of 75% of ERF allocations YTD (£12.5m) by the ICBs has been assumed in the Trust's position reflecting elective underperformance against the 104% target for non-specialised activity for the year to date. Other income is (£3.6m) adverse, with the key shortfalls being due to reduced private patients activity (£2.4m) and reduced COVID19 income for pathology reflecting reduced virus testing per the latest infection control guidance (£2.5m).</p>
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Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 56.6	<p>CAPEX £m</p>	<p>Capital expenditure to date is £35.4m against a plan of £56.6m which results in an adverse variance of £21.2m for the exchequer funded schemes. The significant underspend to date helps manage the level of overcommitment since the start of the year. The variance can be attributed to factors including the slow start of schemes such as NUH 2nd CT (£1.9m), delays experienced in major schemes such as WXH Redevelopment (£3.8m) due to uncertainties around national funding, contractor related delays Newham Fire Programme (£2.5m) and delay with the PFI legal agreement on the Newham Modular Build (£7.8m). There is also a £9.9m programme funded by charitable donations; expenditure to date against donated schemes is £2.6m with an adverse variance of £4m to plan. The main driver of the underspend is for Mile End Hospital Renal Unit (£1.5m) due to delays in design layouts and commencement of the fit out.</p>
	Actual 35.4		
	Variance (21.2)		
Cash	Plan 70.0	<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 112.9		
	Variance 42.9		

Key Issues

The Trust is reporting a year to date adverse variance of (£32.7m), 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 Prev Yr Actual	£millions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
869.0	Income	138.0	136.3	(1.6) ●	924.3	920.2	(4.1) ●	1,585.2
1.6	NHS Patient Treatment Income	0.6	0.2	(0.4) ●	4.0	1.7	(2.3) ●	6.8
67.5	Other Patient Care Activity Income	9.6	11.2	1.5 ●	74.0	72.4	(1.6) ●	123.3
67.5	Other Operating Income							
938.1	Total Income	148.2	147.7	(0.5) ●	1,002.2	994.2	(8.0) ●	1,715.4
	Operating Expenditure							
(615.5)	Pay	(94.1)	(97.2)	(3.1) ●	(652.9)	(668.2)	(15.3) ●	(1,122.5)
(72.0)	Drugs	(15.7)	(16.1)	(0.3) ●	(108.2)	(119.0)	(10.8) ●	(185.3)
(67.8)	Clinical Supplies	(13.6)	(13.1)	0.5 ●	(95.2)	(96.8)	(1.6) ●	(163.3)
48.2	Other Non Pay	(24.7)	(24.3)	0.4 ●	(170.4)	(183.1)	(12.7) ●	(294.2)
(707.1)	Total Operating Expenditure	(148.1)	(150.6)	(2.5) ●	(1,026.8)	(1,067.1)	(40.3) ●	(1,765.3)
231.0	Site & Services Budgets Total	0.0	(2.9)	(3.0) ●	(24.5)	(72.8)	(48.3) ●	(50.0)
0.0	Pathology Partnership (net)	(4.8)	(5.3)	(0.5) ●	(32.1)	(31.5)	0.6 ●	(55.0)
-	Vaccination Programme & Nightingale (net)	-	0.0	0.0 ●	-	0.0	0.0 ●	-
64.0	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	(0.0) ●	0.0
(1.1)	Central NHS PT Income	4.0	2.9	(1.0) ●	65.5	61.2	(4.2) ●	115.7
-	Central RTA & OSV Income (net)	0.6	0.8	0.2 ●	4.0	4.4	0.5 ●	6.8
-	Central Expenditure (net)	0.2	1.8	1.6 ●	1.5	9.6	8.1 ●	2.5
-	Reserves (net)	0.2	(0.4)	(0.6) ●	(13.9)	(3.7)	10.2 ●	(19.1)
293.8	EBITDA	0.2	(3.0)	(3.2) ●	0.4	(32.8)	(33.1) ●	1.0
(70.0)	Depreciation and Amortisation (net)	(5.9)	(5.9)	0.0 ●	(41.1)	(41.1)	0.0 ●	(70.9)
(7.8)	Interest	(6.0)	(5.8)	0.2 ●	(41.0)	(40.6)	0.4 ●	(70.2)
(77.8)	PDC Dividends	(0.9)	(0.9)	0.0 ●	(6.2)	(6.2)	0.0 ●	(10.7)
138.3	Surplus/(Deficit) Before System Top-Up	(12.6)	(15.6)	(3.0) ●	(88.0)	(120.6)	(32.7) ●	(150.8)
101.5	System Top-Up Income	12.6	12.6	- ●	88.0	88.0	- ●	150.8
239.9	NHS Reporting Surplus/(Deficit)	0.0	(3.0)	(3.0) ●	-	(32.7)	(32.7) ●	(0.0)
-	Profit On Fixed Asset Disposal		0.0			0.1		
(0.9)	Loss on return of COVID assets to DHSC		-			-		
-	Capital Donations I&E Impact		0.4			1.2		
-	Fixed Asset Impairments		-			-		
238.9	Surplus/(Deficit)		(2.6)			(31.4)		

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	%
6.6	Equipment (Medical and Other)	1.7	2.7	(1.1)	(66)%	13.6	4.9	8.7	64 %	23.8	17.8	6.0	25 %
3.7	Informatics	0.4	0.0	0.4	94 %	4.5	1.2	3.3	73 %	6.4	5.5	1.0	15 %
16.1	Estates	0.8	2.9	(2.1)	(282)%	5.7	13.7	(8.0)	(139)%	8.5	36.8	(28.3)	(334)%
8.0	New Build and Site Vacations	2.9	1.2	1.7	57 %	18.0	4.7	13.3	74 %	30.4	27.2	3.2	0.0
5.1	PFI Lifecycle Assets	0.9	0.9	(0.0)	(0)%	6.1	6.1	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%
	New Build - Diagnostics	0.2	-	0.2	100 %	0.4	-	0.4	100 %	6.6	6.6	(0.0)	(0)%
	Finance Lease	-	-	-	- %	8.4	4.8	3.6	42 %	8.6	8.6	-	(0)%
39.5	Total Exchequer programme	6.8	7.8	(1.0)	(14)%	56.6	35.4	21.2	37 %	94.6	112.8	(18.2)	(0.0)
-													
39.5	Total Trust Funded Assets	6.8	7.8	(1.0)	(14)%	56.6	35.4	21.2	37 %	94.6	112.8	(18.2)	(19)%
1.3	Donated	0.9	0.6	0.3	35 %	6.6	2.6	4.0	60 %	9.9	9.9	(0.0)	(0)%
40.8	Total Capital Expenditure	7.7	8.3	(0.6)	(8)%	63.2	38.0	25.2	40 %	104.6	122.7	(18.2)	(17)%

Key Messages

The current exchequer capital plan is £94.6m (£96.6, m6), reduced following guidance from the ICB that the overcommitment of funding allowed when the allocations were issued in March 2022 should be removed as it cannot be delivered. The current forecast outturn exchequer programme is £112.8m (£117.5m, M6) a reduction of £4.7m following ISC approval of the September reforecast and agreement to offset the funds handed back against the overcommitment. The current plan overcommitment is £18.2m (£20.9m, M6).

Capital Funding:

To date the Trust has secured total £12.7m of PDC funds for 2022/23 (unchanged from last month) including funding TIF bids NUH Mothballed Theatres - £5.2m; £2m in FY22 and SBH ITU Expansion - £12.4m; £1.04m in FY22). Discussions continue with NHS London to secure funding to support the over committed schemes and for the third TIF scheme - Newham Modular Build which was not initially approved. The Trust is also submitting bids for centrally released funding for items such as diagnostic equipment, elective recovery, cancer improvement, and digital transformation as the opportunities arise. Total Charitable funds of £2.6m have been secured.

Capital Expenditure:

Expenditure in M7 is £7.8m against the revised plan of £6.8m, an overspend of £1.0m. The cumulative expenditure at M7 is £35.4m (£27.6m, M6) against a plan of £56.6m, an adverse variance of £21.2m for the exchequer funded schemes. The significant underspend to date helps manage the level of overcommitment since the start of the year. The variance can be attributed to factors including the slow start of schemes such as NUH 2nd CT (£1.9m), delays experienced in major schemes such as WXH Redevelopment (£3.8m) due to uncertainties around national funding, contractor related delays Newham Fire Programme (£2.5m) and delay with the PFI legal agreement on the Newham Modular Build (£7.8m). A refreshed forecast will be presented to November ISC for consideration; it will need to be carefully managed to avoid commitments into the new financial year.

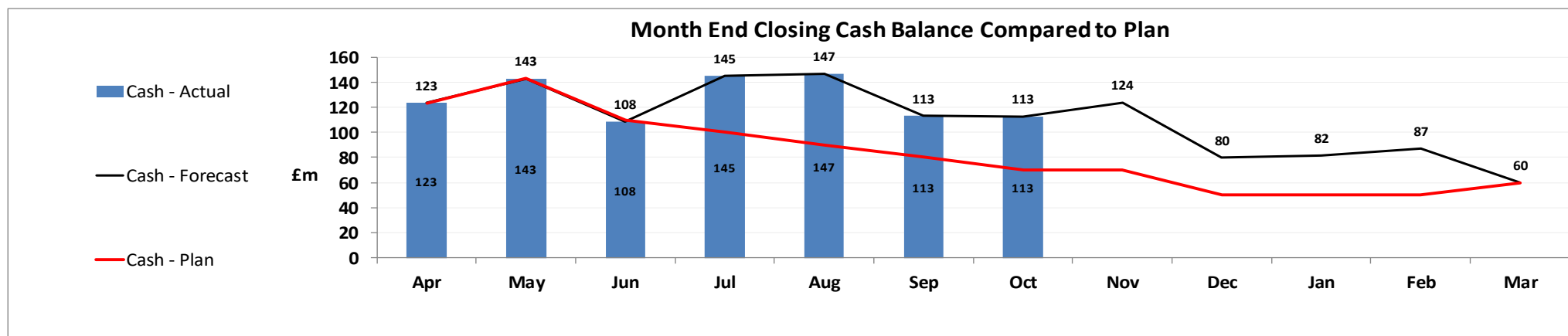
Donated Programme

There is also a £9.9m programme funded by charitable donations; expenditure to date against donated schemes is £2.6m with an adverse variance of £4m to plan. The main driver of the underspend is for Mile End Hospital Renal Unit (£1.5m) due to delays in design layouts and commencement of the fit out.

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)	16.5		16.5	- %
IFRS16 CRL adjustment	8.58		8.6	- %
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	2.00	2.0	-	100 %
PDC - ITU Expansion SBH	1.04	1.0	-	100 %
PDC - Digital cyber	0.22		0.2	- %
PDC - NUH 2nd CT	1.2	1.2	-	100 %
PDC- MEH CDC	6.6	6.6	-	100 %
PDC - MRI Acceleration Upgrades	0.8	0.8	-	100 %
Planned Capital exc. Donated	94.6	46.5	48.2	49 %
*Total approved Exchequer funding ex donated	94.6	46.5	48.2	49 %
Donated	9.9	2.6	7.3	27 %
Planned Capital inc. Donated	104.6	49.1	55.4	47 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(18.2)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(28.5)			

£millions	Actual							Forecast					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	86.7	123.4	143.0	108.4	144.8	146.8	113.0	112.9	124.0	79.8	81.8	87.3	86.7
Cash inflows													
Healthcare contracts	161.5	156.5	150.9	159.3	160.5	173.1	161.9	151.2	151.2	151.2	151.2	173.3	1,901.8
Other income	23.5	37.0	16.5	40.5	25.7	13.4	41.0	22.7	16.5	26.7	22.1	36.2	321.8
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	186.5	202.9	184.3	178.5	177.9	173.3	218.0	2,253.3
Cash outflows													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(56.4)	(66.8)	(58.8)	(57.3)	(60.3)	(57.3)	(57.3)	(60.4)	(700.7)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(52.6)	(44.0)	(44.0)	(44.0)	(44.0)	(44.0)	(504.2)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(105.0)	(83.2)	(65.5)	(108.4)	(67.1)	(57.8)	(97.7)	(964.4)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(2.0)	(8.4)	(6.4)	(10.0)	(7.5)	(8.7)	(37.9)	(100.0)
Dividend and Interest payable	-	-	-	-	-	(5.4)	-	-	-	-	-	(5.3)	(10.7)
Total cash outflows	(148.3)	(173.9)	(202.0)	(163.4)	(184.2)	(220.3)	(203.0)	(173.2)	(222.7)	(175.9)	(167.8)	(245.3)	(2,280.0)
Net cash inflows / (outflows)	36.7	19.6	(34.6)	36.4	2.0	(33.8)	(0.1)	11.1	(44.2)	2.0	5.5	(27.3)	(26.7)
Closing cash at bank - actual / forecast	123.4	143.0	108.4	144.8	146.8	113.0	112.9	124.0	79.8	81.8	87.3	60.0	60.0
Closing cash at bank - plan	123.4	143.0	110.0	100.0	90.0	80.0	70.0	70.0	50.0	50.0	50.0	60.0	60.0



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					
31 Mar 2022	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	21/22 v 22/23
	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	1,461.0	1,463.1	1,490.2	1,493.1	1,494.5	1,495.1	1,502.3	71.5
0.2	Intangible assets	0.2	0.2	0.2	0.2	0.1	0.1	0.2	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	17.1	17.1	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	1,478.2	1,480.4	1,507.5	1,510.4	1,511.7	1,512.3	1,519.4	73.4
	Current assets:													
24.3	Inventories	26.2	25.7	25.7	25.9	26.3	27.1	26.7	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	93.1	77.1	57.5	88.1	83.0	74.4	119.5	(8.1)
86.7	Cash and cash equivalents	123.4	143.0	108.4	144.8	146.8	113.0	112.9	124.0	79.8	81.8	87.3	60.0	(26.7)
238.6	Total current assets	248.8	243.1	245.5	256.9	236.7	233.2	216.7	205.5	191.9	188.8	185.7	203.5	(35.1)
1,684.7	Total assets	1,691.9	1,727.9	1,726.7	1,735.4	1,714.4	1,711.4	1,697.1	1,713.0	1,702.3	1,700.5	1,698.0	1,722.9	38.3
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(264.7)	(270.7)	(263.6)	(230.3)	(197.2)	(205.8)	(202.9)	(246.0)	(7.1)
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(16.3)	(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)	(36.9)	(36.9)	(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)	(326.3)	(316.8)	(269.9)	(236.8)	(245.4)	(242.5)	(285.2)	(0.5)
(46.1)	Net current (liabilities) / assets	(51.1)	(68.6)	(71.8)	(76.6)	(83.6)	(93.1)	(100.1)	(64.4)	(44.9)	(56.6)	(56.8)	(81.7)	(35.6)
1,400.0	Total assets less current liabilities	1,392.0	1,416.2	1,409.4	1,401.9	1,394.1	1,385.1	1,380.3	1,443.1	1,465.5	1,455.1	1,455.5	1,437.7	37.8
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)	(6.1)	(6.1)	(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)	(931.3)	(929.1)	(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)	(937.9)	(935.7)	(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	447.2	444.6	505.8	537.4	527.0	527.4	518.5	42.6
	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	1,048.3	1,048.3	1,072.7	1,093.1	1,093.1	1,093.1	1,084.0	35.7
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(898.9)	(903.0)	(905.6)	(868.8)	(857.6)	(868.0)	(867.6)	(867.4)	6.9
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	447.2	444.6	505.8	537.4	527.0	527.4	518.5	42.6



Barts Health
NHS Trust

Glossary



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

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

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

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

Sub-Section	Metric	Description	Notes
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	Contracted substantive WTE (plus Bank and Agency, less maternity leave) as a % of total budgeted WTE	The target is <= 100% but the figure is also of concern if it falls too far below 100% so an amber rating is applied if the figure is <95%
Planned vs Actual WTE	Staff in Post - Actual	Substantive staff in post - actual	
Planned vs Actual WTE	Staff in Post - Plan	Substantive staff in post - plan	
Planned vs Actual WTE	Bank WTE - Actual	Bank Whole Time Equivalentents (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalentents (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalentents (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalentents (WTE) - plan	
Planned vs Actual WTE	Total Staffing - Actual	Substantive staff in post plus bank WTE plus agency WTE (actual)	
Planned vs Actual WTE	Total Staffing - Plan	Substantive staff in post plus bank WTE plus agency WTE (plan)	
Recruitment Plans	Substantive Fill Rate - Actual	Percentage of substantive staff in post against the substantive and locum establishment - actual	
Recruitment Plans	Substantive Fill Rate - Plan	Percentage of substantive staff in post against the substantive and locum establishment - plan	
Recruitment Plans	Unconditional Offers - Actual	Offers achieved	
Recruitment Plans	Unconditional Offers - Plan	Offers planned	
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	Percentage of rosters fully approved between 42 and 70 days in advance of the roster starting, for units with 20 WTE or more	Based on the week in which the roster was due to be approved
Rosters	Nursing Roster Quality - % Blue or Cloudy Sky	Percentage of rosters with good data quality based on 6 domains such as budget, safety, annual leave, etc. "Blue Sky" and "Cloudy Sky" rosters meet 5 or 4 of the domains respectively	Based on the week in which the roster was due to be approved
Rosters	Additional Duty Hours (Nursing)	Total nursing additional duty hours	No target can be set due to the nature of this metric
Diversity	% of BME Staff at Band 8a to VSM	Percentage of whole time equivalent staff from band 8a to very senior managers (VSM) who are black and minority ethnic	



Barts Health
NHS Trust

Appendix



How to Interpret the Scorecard

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

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

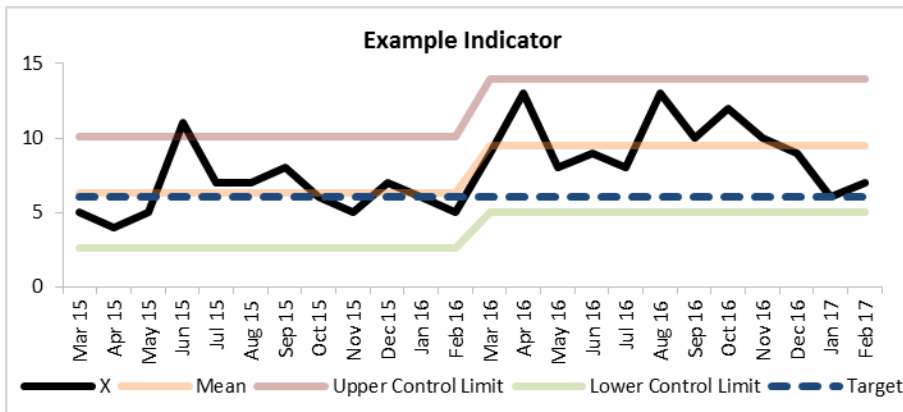
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



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

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

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

Rule 3: Any unusual pattern or trends within the control

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

How Exceptions Are Identified For Inclusion

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

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

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,058.5	2,457.3	1,063.5	1,058.0	1,782.5	2,320.3	713.0	1,110.0	119.4%	99.5%	130.2%	155.7%	807	5.9	2.7	8.6
Royal London	10FRLH	1,107.5	1,392.0	744.0	755.0	1,023.0	1,397.5	682.0	561.0	125.7%	101.5%	136.6%	82.3%	504	5.5	2.6	8.1
Royal London	11CRLH	2,849.0	2,564.5	1,426.0	1,173.0	2,863.5	2,691.0	713.0	874.0	90.0%	82.3%	94.0%	122.6%	756	7.0	2.7	9.7
Royal London	11E & 11F AAU	3,908.0	4,030.5	1,779.5	1,790.0	3,921.5	4,313.5	1,449.0	1,633.0	103.1%	100.6%	110.0%	112.7%	1,492	5.6	2.3	7.9
Royal London	12CRLH	1,867.5	2,223.3	1,426.0	1,461.0	1,817.0	2,340.4	1,069.5	1,242.5	119.1%	102.5%	128.8%	116.2%	823	5.5	3.3	8.8
Royal London	12DRLH	1,426.0	2,306.0	709.0	961.0	1,426.0	2,472.9	356.5	862.5	161.7%	135.5%	173.4%	241.9%	506	9.4	3.6	13.0
Royal London	12ERLH	2,767.0	2,959.5	1,426.0	1,489.0	2,495.5	2,736.3	1,426.0	1,506.5	107.0%	104.4%	109.6%	105.6%	734	7.8	4.1	11.8
Royal London	12FRLH	2,004.5	1,959.0	1,776.5	1,959.0	1,782.5	2,093.0	1,782.5	1,886.0	97.7%	110.3%	117.4%	105.8%	835	4.9	4.6	9.5
Royal London	13CRLH	1,913.5	2,353.5	713.0	772.0	1,426.0	2,097.5	713.0	908.5	123.0%	108.3%	147.1%	127.4%	772	5.8	2.2	7.9
Royal London	13DRLH	1,776.5	1,825.0	713.0	724.5	1,426.0	1,495.0	713.0	724.5	102.7%	101.6%	104.8%	101.6%	721	4.6	2.0	6.6
Royal London	13ERLH	2,047.0	2,206.4	724.5	908.5	1,679.0	1,983.7	713.0	993.5	107.8%	125.4%	118.1%	139.3%	736	5.7	2.6	8.3
Royal London	13FRLH	1,789.5	2,110.5	954.5	920.0	1,782.5	2,150.5	713.0	977.5	117.9%	96.4%	120.6%	137.1%	676	6.3	2.8	9.1
Royal London	14ERLH	1,666.5	1,529.5	1,069.5	1,184.5	1,460.5	1,508.5	1,069.5	1,219.0	91.8%	110.8%	103.3%	114.0%	783	3.9	3.1	6.9
Royal London	14FRLH	1,843.5	1,477.5	1,426.0	1,242.0	1,460.5	1,368.5	1,092.5	1,230.5	80.1%	87.1%	93.7%	112.6%	785	3.6	3.1	6.8
Royal London	3DRLH	4,093.5	4,199.5	2,655.5	2,283.0	3,208.5	4,085.5	1,782.5	2,221.5	102.6%	86.0%	127.3%	124.6%	1,226	6.8	3.7	10.4
Royal London	3ERLH	2,130.0	2,150.5	710.0	1,060.5	1,782.5	2,151.5	713.0	1,472.0	101.0%	149.4%	120.7%	206.5%	803	5.4	3.2	8.5
Royal London	3FRLH	1,580.5	1,585.5	1,066.5	943.0	1,069.5	1,537.0	713.0	678.5	100.3%	88.4%	143.7%	95.2%	461	6.8	3.5	10.3
Royal London	4ERLH	14,945.0	14,909.0	736.0	1,465.5	15,306.5	14,982.8	333.5	1,275.5	99.8%	199.1%	97.9%	382.5%	1,276	23.4	2.1	25.6
Royal London	6CRLH	3,557.8	2,854.0	356.5	230.0	3,565.0	3,022.5	356.5	287.0	80.2%	64.5%	84.8%	80.5%	230	25.6	2.2	27.8
Royal London	6E & 6FRLH	5,366.0	5,260.0	1,422.0	1,195.3	5,347.5	4,907.5	1,069.5	852.0	98.0%	84.1%	91.8%	79.7%	1,011	10.1	2.0	12.1
Royal London	7CRLH	1,422.5	1,230.5	356.5	632.5	1,069.5	1,081.0	356.5	713.0	86.5%	177.4%	101.1%	200.0%	413	5.6	3.3	8.9
Royal London	7DRLH	1,764.8	1,549.3	855.0	751.3	1,426.0	1,484.5	713.0	860.6	87.8%	87.9%	104.1%	120.7%	455	6.7	3.5	10.2
Royal London	7ERLH	2,848.0	2,483.3	1,069.5	962.3	2,472.5	2,264.5	1,069.5	1,092.5	87.2%	90.0%	91.6%	102.2%	602	7.9	3.4	11.3
Royal London	7FRLH	1,411.0	1,207.5	590.0	757.0	1,069.5	1,058.0	552.0	954.5	85.6%	128.3%	98.9%	172.9%	348	6.5	4.9	11.4
Royal London	8CRLH	1,657.0	1,853.3	695.5	810.0	1,366.5	1,822.0	713.0	1,047.0	111.8%	116.5%	133.3%	146.8%	557	6.6	3.3	9.9
Royal London	8DRLH	8,220.3	6,905.0	1,276.5	648.3	7,843.5	6,554.7	552.0	529.0	84.0%	50.8%	83.6%	95.8%	1,044	12.9	1.1	14.0
Royal London	8FRLH	1,479.5	1,507.5	1,790.0	1,345.5	1,069.5	1,023.5	1,092.5	1,311.0	101.9%	75.2%	95.7%	120.0%	1,616	1.6	1.6	3.2
Royal London	9EHDURLH	1,426.0	1,058.0	356.5	322.0	1,414.5	1,115.5	0.0	310.0	74.2%	90.3%	78.9%		351	6.2	1.8	8.0
Royal London	9ERLH	1,782.5	1,725.0	709.0	966.0	1,426.0	1,392.5	356.5	1,207.5	96.8%	136.2%	97.7%	338.7%	766	4.1	2.8	6.9
Royal London	9FRLH	1,778.0	1,617.8	713.0	743.0	1,426.0	1,380.5	713.0	885.5	91.0%	104.2%	96.8%	124.2%	711	4.2	2.3	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	4,623.0	4,913.8	2,494.5	2,676.3	4,632.5	4,959.2	2,139.0	2,393.0	106.3%	107.3%	107.1%	111.9%	1,258	7.8	4.0	11.9
Whipps Cross	ACACIA	954.5	897.5	471.5	727.8	713.0	730.5	713.0	960.0	94.0%	154.3%	102.5%	134.6%	337	4.8	5.0	9.8
Whipps Cross	ACORN	3,838.5	2,620.8	356.5	761.5	2,784.0	2,468.8	356.5	471.5	68.3%	213.6%	88.7%	132.3%	670	7.6	1.8	9.4
Whipps Cross	B3 WARD WXH	1,302.2	1,262.7	1,069.5	1,322.0	1,069.5	1,092.5	712.0	1,103.0	97.0%	123.6%	102.2%	154.9%	501	4.7	4.8	9.5
Whipps Cross	BIRCH	1,069.5	1,219.0	1,069.5	1,230.5	1,058.0	1,062.0	713.0	908.5	114.0%	115.1%	100.4%	127.4%	501	4.6	4.3	8.8
Whipps Cross	BLACKTHORN	1,081.0	1,265.0	1,053.5	1,322.5	1,069.5	1,023.5	713.0	1,092.5	117.0%	125.5%	95.7%	153.2%	500	4.6	4.8	9.4
Whipps Cross	Bracken Ward WXH	1,307.5	1,300.0	1,097.9	1,252.3	1,069.5	1,069.5	713.0	1,000.5	99.4%	114.1%	100.0%	140.3%	482	4.9	4.7	9.6
Whipps Cross	CEDAR	1,426.0	1,334.0	1,426.0	1,791.5	1,069.5	1,035.0	1,069.5	1,321.5	93.5%	125.6%	96.8%	123.6%	546	4.3	5.7	10.0
Whipps Cross	CHESTNUT	935.5	952.0	356.5	759.0	690.0	1,000.5	356.5	736.0	101.8%	212.9%	145.0%	206.5%	360	5.4	4.2	9.6
Whipps Cross	CONIFER	1,424.5	1,347.0	1,426.0	1,735.3	1,069.5	1,071.5	1,069.5	1,472.0	94.6%	121.7%	100.2%	137.6%	508	4.8	6.3	11.1
Whipps Cross	CURIE	1,426.0	1,162.5	1,052.0	1,215.5	1,426.0	1,081.0	1,068.5	1,114.5	81.5%	115.5%	75.8%	104.3%	544	4.1	4.3	8.4
Whipps Cross	DELIVERY SUITE WXH	4,986.8	3,971.1	713.0	796.5	3,682.0	2,765.1	713.0	1,025.5	79.6%	111.7%	75.1%	143.8%	669	10.1	2.7	12.8
Whipps Cross	ELIZABETH	1,662.5	1,611.0	356.5	460.5	1,426.0	1,430.0	356.5	402.5	96.9%	129.2%	100.3%	112.9%	539	5.6	1.6	7.2
Whipps Cross	FARADAY	1,782.5	1,644.5	713.0	839.3	1,656.0	1,703.0	356.5	596.5	92.3%	117.7%	102.8%	167.3%	214	15.6	6.7	22.4
Whipps Cross	Frail Elderly WXH	870.5	812.8	356.5	589.0	713.0	712.3	356.5	596.5	93.4%	165.2%	99.9%	167.3%	289	5.3	4.1	9.4
Whipps Cross	ICU WXH	6,984.0	6,050.6	1,885.5	538.5	6,402.0	5,669.0	1,364.0	363.0	86.6%	28.6%	88.6%	26.6%	358	32.7	2.5	35.3
Whipps Cross	MARGARET	1,060.5	986.9	356.5	391.0	713.0	691.1	356.5	414.0	93.1%	109.7%	96.9%	116.1%	279	6.0	2.9	8.9
Whipps Cross	MIDWIFERY WXH	755.0	548.8	348.4	211.5	713.3	509.8	356.5	311.5	72.7%	60.7%	71.5%	87.4%	13	81.4	40.2	121.7
Whipps Cross	MULBERRY	2,153.5	1,395.3	1,420.8	721.9	1,437.5	1,208.0	828.0	977.5	64.8%	50.8%	84.0%	118.1%	1,131	2.3	1.5	3.8
Whipps Cross	NEONATAL WXH	2,388.0	2,470.0	1,125.0	592.9	2,140.0	2,453.0	764.5	288.0	103.4%	52.7%	114.6%	37.7%	524	9.4	1.7	11.1
Whipps Cross	NIGHTINGALE	1,782.5	1,437.5	356.5	437.0	1,667.5	1,368.5	356.5	391.0	80.6%	122.6%	82.1%	109.7%	375	7.5	2.2	9.7
Whipps Cross	PEACE	1,667.5	1,695.5	1,426.0	1,734.3	1,069.5	1,427.0	1,069.5	1,450.0	101.7%	121.6%	133.4%	135.6%	471	6.6	6.8	13.4
Whipps Cross	POPLAR	1,690.5	1,481.0	1,069.5	1,028.0	1,414.5	1,115.5	1,069.5	908.5	87.6%	96.1%	78.9%	84.9%	433	6.0	4.5	10.5
Whipps Cross	PRIMROSE	1,782.5	2,219.5	1,425.0	1,736.5	1,437.5	2,093.0	1,069.5	1,541.0	124.5%	121.9%	145.6%	144.1%	840	5.1	3.9	9.0
Whipps Cross	ROWAN	1,782.5	1,858.5	1,424.0	1,758.3	1,426.0	1,681.5	1,069.5	1,598.5	104.3%	123.5%	117.9%	149.5%	875	4.0	3.8	7.9
Whipps Cross	SAGE	1,667.0	1,582.5	1,426.0	1,765.0	1,426.0	1,415.5	1,069.5	1,506.5	94.9%	123.8%	99.3%	140.9%	808	3.7	4.0	7.8
Whipps Cross	SYCAMORE	1,280.5	1,683.0	1,308.0	1,389.0	1,058.0	1,492.5	1,046.5	1,196.0	131.4%	106.2%	141.1%	114.3%	812	3.9	3.2	7.1
Whipps Cross	SYRINGA	1,426.0	1,311.0	1,782.5	1,839.5	1,069.5	1,058.5	1,069.5	1,426.0	91.9%	103.2%	99.0%	133.3%	774	3.1	4.2	7.3

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	AAU NUH	4,280.0	4,817.5	2,494.5	2,116.0	3,921.5	4,515.5	2,495.5	2,334.5	112.6%	84.8%	115.1%	93.5%	1,509	6.2	2.9	9.1
Newham	Custom House NUH	1,426.0	1,647.5	1,069.5	1,299.5	1,069.5	1,299.5	1,426.0	1,805.1	115.5%	121.5%	121.5%	126.6%	590	5.0	5.3	10.3
Newham	DELIVERY SUITE NUH	5,507.3	4,604.1	713.0	621.0	4,735.0	3,812.3	713.0	701.5	83.6%	87.1%	80.5%	98.4%	711	11.8	1.9	13.7
Newham	EAST HAM	1,778.5	1,672.5	1,069.5	1,092.5	1,426.0	1,414.5	1,069.5	1,173.0	94.0%	102.2%	99.2%	109.7%	705	4.4	3.2	7.6
Newham	HEATHER	2,139.0	2,116.0	1,069.5	1,306.5	2,139.0	2,139.0	1,069.5	1,483.5	98.9%	122.2%	100.0%	138.7%	790	5.4	3.5	8.9
Newham	LARCH	3,298.1	2,446.9	2,056.0	1,894.0	2,139.0	1,829.5	1,782.5	1,736.5	74.2%	92.1%	85.5%	97.4%	1,612	2.7	2.3	4.9
Newham	Manor Park ITU NUH	3,543.0	3,378.0	713.0	611.5	3,565.0	3,530.5	713.0	529.0	95.3%	85.8%	99.0%	74.2%	298	23.2	3.8	27.0
Newham	MAPLE	1,288.0	1,197.5	713.0	667.0	1,069.5	1,046.5	713.0	707.5	93.0%	93.5%	97.8%	99.2%	240	9.4	5.7	15.1
Newham	NEONATAL NUH	3,380.5	2,795.0	667.0	448.5	3,473.0	2,923.0	575.0	230.0	82.7%	67.2%	84.2%	40.0%	603	9.5	1.1	10.6
Newham	NUH MIDWIFERY	1,139.5	973.9	356.5	319.5	1,069.5	642.8	356.5	358.5	85.5%	89.6%	60.1%	100.6%	100	16.2	6.8	22.9
Newham	RAINBOW	3,130.5	2,799.5	1,116.0	1,115.5	1,782.5	2,315.5	356.5	770.5	89.4%	100.0%	129.9%	216.1%	411	12.4	4.6	17.0
Newham	SILVERTOWN	1,767.5	1,863.0	1,069.5	1,564.0	1,746.5	1,725.0	1,035.0	1,771.0	105.4%	146.2%	98.8%	171.1%	719	5.0	4.6	9.6
Newham	STRATFORD	1,426.0	2,058.5	1,069.5	1,069.5	1,426.0	2,085.5	1,067.5	1,150.0	144.4%	100.0%	146.2%	107.7%	567	7.3	3.9	11.2
Newham	WEST HAM	1,272.5	1,512.0	1,058.0	1,334.0	1,023.5	1,265.0	356.5	839.5	118.8%	126.1%	123.6%	235.5%	634	4.4	3.4	7.8
St Bart's	1C	5,867.5	5,175.5	356.5	425.5	5,175.0	4,801.0	184.0	402.5	88.2%	119.4%	92.8%	218.8%	355	28.1	2.3	30.4
St Bart's	1D	3,203.0	2,763.5	342.0	333.5	2,852.0	2,426.5	356.5	345.0	86.3%	97.5%	85.1%	96.8%	362	14.3	1.9	16.2
St Bart's	1E	4,958.0	4,199.0	356.5	369.7	4,991.0	4,235.0	356.5	345.0	84.7%	103.7%	84.9%	96.8%	266	31.7	2.7	34.4
St Bart's	3A SBH	4,580.0	4,186.0	1,418.0	1,310.5	4,634.5	4,288.5	1,426.0	1,345.5	91.4%	92.4%	92.5%	94.4%	919	9.2	2.9	12.1
St Bart's	3D SBH	1,535.0	1,667.5	1,182.0	1,219.0	1,495.0	1,553.0	954.5	1,068.0	108.6%	103.1%	103.9%	111.9%	512	6.3	4.5	10.8
St Bart's	4A SBH	1,751.0	1,697.0	963.0	1,066.0	1,426.0	1,393.5	356.5	713.0	96.9%	110.7%	97.7%	200.0%	665	4.6	2.7	7.3
St Bart's	4B SBH	1,577.5	1,543.5	1,217.0	1,153.5	1,426.0	1,449.0	713.0	828.0	97.8%	94.8%	101.6%	116.1%	609	4.9	3.3	8.2
St Bart's	4C SBH	1,767.5	2,036.0	936.5	828.0	1,426.0	1,617.0	943.0	920.0	115.2%	88.4%	113.4%	97.6%	663	5.5	2.6	8.1
St Bart's	4D & 4E SBH	1,684.5	1,457.5	697.0	770.5	1,621.5	1,552.5	713.0	713.0	86.5%	110.5%	95.7%	100.0%	397	7.6	3.7	11.3
St Bart's	5A SBH	2,267.0	2,183.5	863.3	888.3	1,441.0	1,486.0	341.0	605.0	96.3%	102.9%	103.1%	177.4%	650	5.6	2.3	7.9
St Bart's	5B SBH	1,403.5	1,355.0	707.5	678.5	1,426.0	1,403.0	356.5	482.6	96.5%	95.9%	98.4%	135.4%	447	6.2	2.6	8.8
St Bart's	5C SBH	2,104.0	1,851.0	702.5	710.5	1,771.0	1,717.2	356.5	402.5	88.0%	101.1%	97.0%	112.9%	598	6.0	1.9	7.8
St Bart's	5D SBH	2,104.5	1,950.0	687.5	586.5	1,782.5	1,650.5	713.0	763.3	92.7%	85.3%	92.6%	107.0%	666	5.4	2.0	7.4
St Bart's	6A SBH	6,391.5	5,809.3	347.5	356.5	6,405.5	6,005.0	356.5	317.5	90.9%	102.6%	93.7%	89.1%	362	32.6	1.9	34.5
St Bart's	6D SBH	1,765.5	1,483.5	1,032.0	529.5	1,426.0	1,104.0	713.0	713.0	84.0%	51.3%	77.4%	100.0%	479	5.4	2.6	8.0