

# Barts Health Integrated Performance Report

Feb-23

Performance for: **Dec-22**



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**Barts Health**  
NHS Trust

# Executive Summary



## Quality

- The format and presentation of the quality data has been reviewed and updated to reflect the evolving approach to reporting using Statistical Process Control (SPC) methodology and work is ongoing to embed this change across the full range of quality reporting.
- Focus remains on improving our serious incidents (SIs), complaints, and duty of candour responses to ensure that responses to patient concerns are both timely and of good quality
- Maternity teams continue on their improvement journeys covering key recommendations from the Ockenden and Care Quality Commission (CQC) reports. The Maternity Safety Support Programme has commenced, and the maternity improvement advisors are completing their initial diagnostics on the sites, and will feed back with individual site reports as well as a group overview.

## Operational Performance – *A summary performance analysis is provided on Slide 17 with detailed performance reports in this section.*

- *Planned Care:* This month there is relentless focus on the booking of next appointments for all long waiting patients and dates for patients to come in for surgery on the admitted patient pathway. There is Trust wide commitment to ensure we see more day case surgery patients and to increase the utilisation of all available theatre space. There is also work to improve data quality and the training and support in booking and scheduling.
- *Urgent & Emergency Care:* In emergency care, hospital teams have worked hard to prepare for several days of industrial action and to continue the plans to improve access using same day emergency care services and reducing the time to admit patients to a bed by improving processes that support discharge. Whilst this work involves community and care partners in the wider system it is also about ensuring patients who can go home do so earlier in the day.
- *Cancer:* Although November was a challenging month with a number of performance standards not achieved the backlog of patients over 62 days is now at 9.31% and North East London (NEL) has the lowest back log in London. This indicator along with the two week wait performance, the 62 days standard and the 28 day faster diagnosis standard are key metrics in evaluating cancer performance. There is a continued focus this month on the top 4 tumour groups, Colorectal, Urology, Gynaecology and head and neck to establish the best practice time pathways; for example a sub 3 day wait for MRI on the prostate cancer pathway which is now being rolled out monitored and evaluated at all three Urology sites.
- *Diagnostics:* Preparation is underway for a month of improvement work in March to improve access to diagnostics. This is part of the national programme to improve the DMO1 performance. This involves reviewing existing initiatives and improvement plans and introducing activities led locally supported by the Transformation and Improvement team. The majority of over 6 week waits across NEL are associated with MRI and Non Obstetric Ultrasound. This work feeds into The Royal London Hospital site and Imaging network governance arrangements.

## People

- The trust continues to see improvements across a range of key workforce metrics, and the focus remains on further developing these to support our aim of being an outstanding and inclusive place to work.
- Targeted work is being supported in areas where challenges remain.

## Finance

- The Trust has reported to NHS England a (£37.6m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£20.3m), allowance for potential Elective Recovery Fund (ERF) clawback (£14.5m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£2.8m).
- The Trust has agreed with NEL ICB that it will report a forecast outturn income and expenditure deficit of (£19m) for 2022/23 as part of an NEL system forecast deficit of (£35m) that has been agreed with NHS London. The proposed (£19m) deficit incorporates the ICB understanding that ERF funding will not now be clawed back from local systems in 2022/23 and includes additional funding of £3m to be provided by NEL ICB.
- It has also now been confirmed that by meeting the overall stretch for the ICB system agreed with NHS England of £35m deficit this will release £10.5m of additional funds. A proportion of this funding will be used to reduce the deficits at Barts and Barking, Havering & Redbridge University Hospitals Trust (BHRUT) on a pro rata basis, the exact amount of this additional funding to be allocated to Barts is to be confirmed.



**Barts Health**  
NHS Trust

# Quality Report



The format and presentation of the quality data has been reviewed and updated to reflect the evolving approach to reporting using Statistical Process Control (SPC) methodology.

The rationale for change supports:

- Organisational desire to increase use of SPC and trend analysis
- Understanding of our quality challenges and our responsiveness
- Alignment to the reporting methodology for Quality Improvement activity and programmes across the organisation
- Alignment of reporting methodology to BHRUT as we develop closer collaboration

Focus remains on both complaints and Duty of Candour.

Reporting suggests that there was a deterioration in overall performance related to responded to complaints in the agreed time post pandemic. We set ourselves a target of 80% and, whilst this standard is being met, further work is ongoing to improve performance.

Hospitals continue to actively ensure deadlines for responding to complaints are met and appropriate measures are put in place to support services and staff with completing adequate investigations which ensure full and good quality responses are provided in a timely manner.

Trust compliance with the Duty of Candour remains relatively static although below the Trust target of 100%.

Focus for improvement is on response times and the quality of Duty of Candour letters, with letters being checked by the governance teams before sending, and ensuring that details of support available is provided to those affected by significant harm events

## Maternity

The Maternity Safety Support Programme (MSSP) has commenced, and the maternity improvement advisors are completing their initial diagnostics on the sites, and will feed back with individual site reports as well as a group overview. Deep dives into the governance functions on each site are being prioritised, as well as support in providing structure to reporting from sites and group to Board to ensure business as usual assurance reports which cover Clinical Negligence Scheme for Trusts (CNST) requirements.

The Royal London continues with its improvement plan covering aspects of Ockenden and CQC recommendations. Support and review by the MSSP is underway. The updates from this plan have been presented to the NEL maternity Board. Key highlights include work on the triage area to separate staffing from the antenatal and labour ward area for greater accountability and clarity. Also work to ensure that the BSOTS system is being implemented. Staff training at the Barkantine centre is now compliant and IPC and risk assessment audits are progressing. SOP for storage of fetal remains has been developed.

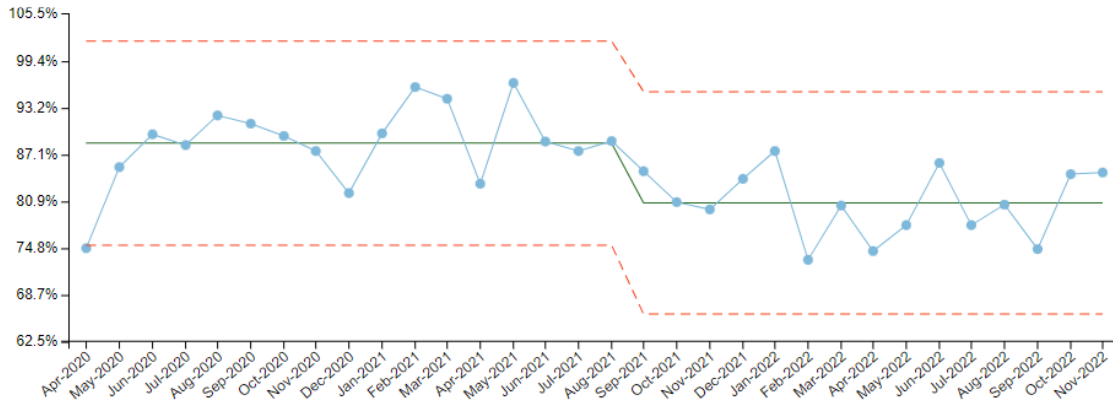
Newham continue to work through WelImprove projects on their triage, recognition of deterioration and culture. Their must do action from the CQC around Patient Group Directives (PGDs) has been completed at departmental level, with remaining actions sitting with Bart's health group for document management solutions. Pool evacuation training is now on the maternity education update, and Tenable audits are reported through to maternity and neonatal board for IPC actions and oversight.

Whipps Cross are focusing on their BSOTS implementation in February, and are awaiting national guidance on fetal growth surveillance to work cross site to update group guidelines. Workforce plans relating to staffing and supernumerary status of the coordinator is progressing, with fill rates improving. Mandatory training and appraisal compliance are all improving with consistency of reporting by the midwifery matrons into departmental meetings. Other should do actions relating to risk assessment, recognition of deteriorating patients and governance structures are progressing and will be supported by WelImprove and the MSSP work.

	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	●	○	○	Dec-22 (m)	<=0	41	51	379	1	15	16	19	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2022/23 Q2 (q)	SPC Breach	22.7	22.1	22.1	25.2	44.9	22.9	13.3	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Dec-22 (m)	>= 95%	89.7%	91.3%	90.2%	88.5%	93.7%	88.8%	93.0%	-	○
	C2	FFT Recommended % - A&E	●	○	○	Dec-22 (m)	>= 86%	61.4%	59.5%	60.5%	56.3%	69.9%	47.0%	-	-	○
	C3	FFT Recommended % - Maternity	●	○	○	Dec-22 (m)	>= 96%	94.9%	90.4%	92.6%	82.1%	100.0%	100.0%	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	○	Dec-22 (m)	>= 23%	28.4%	26.5%	28.5%	19.9%	38.4%	18.8%	33.7%	-	○
	C21	FFT Response Rate - A&E	●	○	○	Dec-22 (m)	>= 12%	7.7%	6.6%	8.6%	6.7%	8.7%	4.5%	-	-	○
	C22	FFT Response Rate - Maternity	●	○	○	Dec-22 (m)	>= 17.5%	11.9%	11.9%	15.0%	17.4%	4.9%	11.5%	-	-	○
	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	●	○	○	Dec-22 (m)	>= 85%	85.1%	82.4%	80.2%	76.1%	92.3%	68.8%	100.0%	-
R30		Duty of Candour	●	○	○	Nov-22 (m)	>= 100%	87.1%	82.9%	88.5%	71.4%	85.7%	90.0%	100.0%	-	●

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

Complaints Replied to in Agreed Time



**Indicator Background:**

In line with the Local Authority Social Services & National Health Service Complaints (England) Regulations 2009, Trust are required to:

1. Agree a management plan with complainants for addressing the issues raised in their formal complaint
2. Negotiate / agree a reasonable timescale, with complainants, for responding to all reportable complaints.
3. As part of maintaining high standards the Trust undertook to ensure that 80% and above of all reportable complaints are responded to within the negotiated timescale agreed with complainants, and a second and final timescale is re-negotiated. . In the event that there are delays with responding, complainants are contacted

**What is the Chart Telling us:**

The chart suggests that there was a deterioration in performance in September 2021 which has not recovered in subsequent months.

**Performance Overview**

The chart suggests that there was a deterioration post pandemic. We set ourselves a target of 80% and whilst this standard is met further work is ongoing to improve performance.

- Hospitals continue to actively ensure deadlines for responding to complaints are met and appropriate measures are put in place to support services and staff with completing adequate investigations which ensure full and good quality responses are provided in a timely manner. This has included:
- Negotiating reasonable timescales with complainants and notifying them much sooner if any delays are anticipated
- Training for staff in responding fully to complaints so there are no delays at the quality assurance stage of the process
- Using sitreps and a dedicated complaints dashboard to proactively monitor progress of individual complaints

Triangulation with patient experience is highlighting actionable insights to support improvement actions.

**Responsible Director Update**

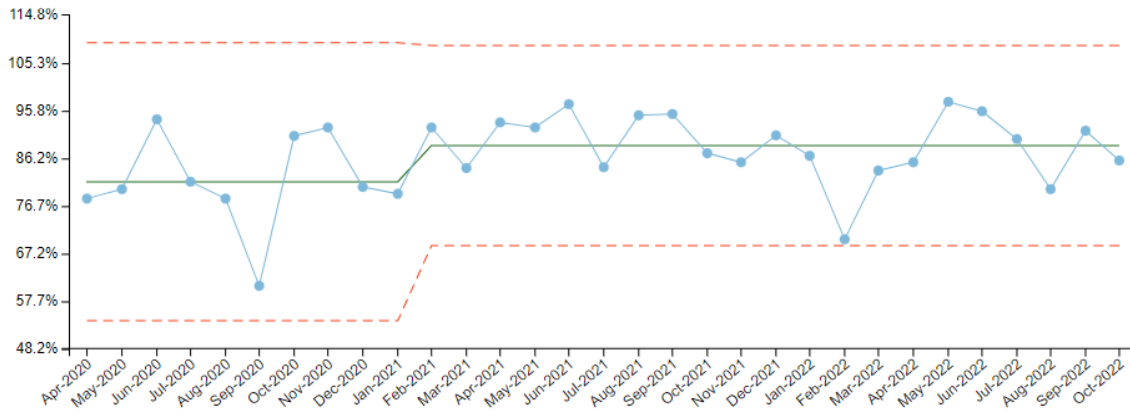
RLH and NUH continue to be challenged on reducing their backlog. Plans reviewed again at Deep Dives.

SBH have reviewed the quality of their process and made changes including a medical lead role for cancer to support improvement in the quality of the investigations and letters.

Through the Quality Deep Dive meetings, leadership teams have been asked to consider how they can use a Quality Improvement approach to identify areas for improvement.



Duty of Candour



Indicator Background:

The Duty of Candour requires all health and adult social care providers registered with the CQC to be open with patients/relevant persons when things go wrong. The Duty of Candour is a legal requirement to be honest, open and transparent with patients and carers when something goes wrong in their care. The CQC will be able to take enforcement action if it finds breaches with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20: Duty of candour. The Trust KPI for the verbal notification of the DoC is 100%

What is the Chart Telling us:

The Trust compliance with the Duty of Candour remain relatively static although below the Trust target of 100%.

Performance Overview

To improve performance the following actions are being undertaken:  
**WXH** - a review of all incidents that meet the Duty of Candour requirements is undertaken by the Clinical Governance leads and flagged to the relevant services. The Clinical Governance team continue to provide support to clinical teams with written Duty of Candour letters. The full Duty of Candour report is reviewed at weekly specialty Governance meetings across the Divisions, as well as the hospital site’s weekly SIRMAP meeting, where any outstanding actions are appropriately escalated.  
**NUH** - Intensive monitoring with weekly performance meetings to check on progress. Governance team drafting letters when these in danger of breaching deadline. Some issues remain regarding pressure ulcers that have the level of harm upgraded.  
**SBH** - the governance team closely monitor DoC performance and support the clinical teams to achieve compliance with all legal requirements; compliance is generally 100%.  
**RLH** - Medical Director and Head of Patient Safety reviews data on a weekly basis. There is an agreement to explore the delivery of site-based DoC training/guidance for staff in 2023

Responsible Director Update

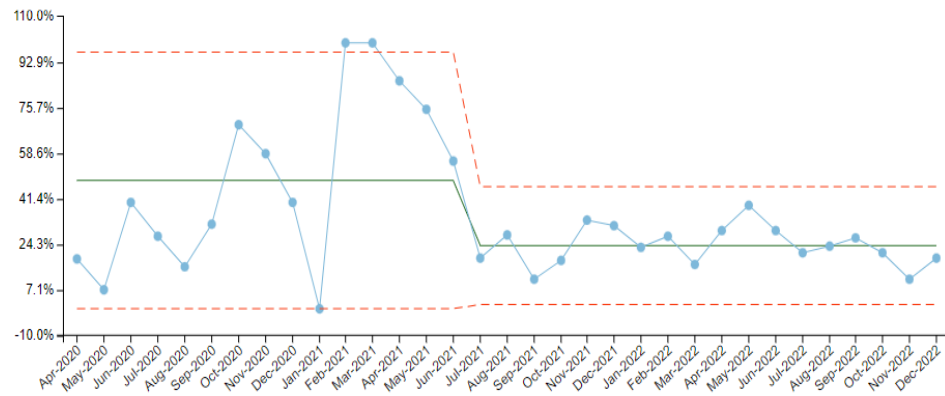
The processes in place allow early identification of possible breaches and intervene as required.  
  
 Focus for improvement is on the quality of letters, with letters being checked by the governance teams before sending and ensuring that details of support available is provided to those affected by significant harm events

	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	●	○	●	Dec-22 (m)	<=16	16.6	14.9	17.7	14.7	18.2	18.3	0.0	-	○
	S11	Clostridium difficile - Incidence	●	○	●	Dec-22 (m)	<=10	10	9	94	4	3	2	0	0	○
	S2	Assigned MRSA Bacteraemia Cases	●	○	○	Dec-22 (m)	<=0	2	4	18	2	2	0	0	0	○
	S77	MSSA Bacteraemias	○	○	○	Dec-22 (m)	SPC Breach	14	11	95	3	3	3	2	0	○
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Dec-22 (m)	<=20	36	24	240	7	8	5	4	0	●
Incidents	S3	Never Events	●	○	○	Dec-22 (m)	<=0	0	0	3	0	0	0	0	0	○
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	●	Dec-22 (m)	<=0.9%	1.5%	2.1%	1.7%	2.3%	1.7%	2.7%	2.0%	-	○
	S45	Falls Per 1,000 Bed Days	●	○	●	Dec-22 (m)	<= 4.8	3.5	4.8	3.7	5.4	3.4	4.6	5.7	-	○
	S25	Medication Errors - Percentage Causing Harm	●	○	○	Dec-22 (m)	<= 4%	4.5%	4.1%	3.4%	2.4%	0.0%	13.0%	7.3%	-	○
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	○	Dec-22 (m)	SPC Breach	52.6	54.6	53.6	45.7	61.4	62.7	56.2	-	○
	S53	Serious Incidents Closed in Time	●	○	○	Dec-22 (m)	>= 100%	11.1%	19.0%	24.2%	10.0%	40.0%	16.7%	-	-	●

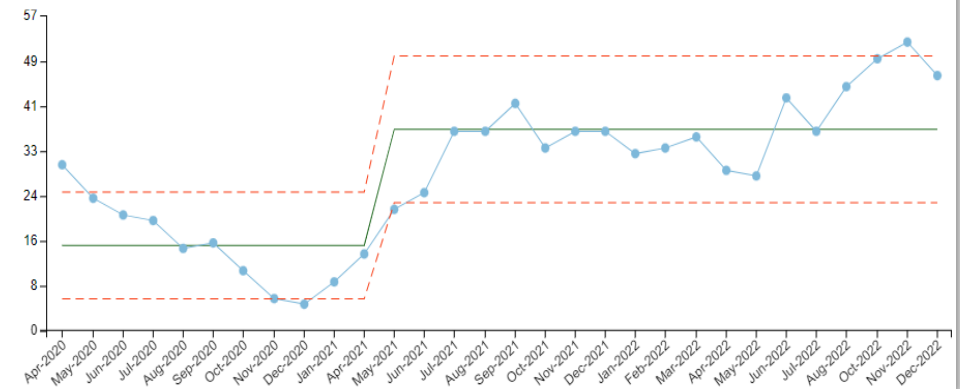
Serious Incidents Closed in Time: clock stops are still in place nationally and Barts Health continues to monitor the Serious Incident process according to internal targets – more details are on the “Changes to Report” page of this report.

	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	●			Dec-22 (m)	<=0.6	1.2	2.2	1.3	2.1	2.4	2.6	1.5	-	
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days		●		Dec-22 (m)	SPC Breach	0.2	0.1	0.2	0.1	0.1	0.2	0.0	-	
	S27	Patient Safety Alerts Overdue	●			Dec-22 (m)	<=0	0	0	0	-	-	-	-	-	

### Serious Incidents Closed in Time



### Serious Incidents Overdue



## Performance Overview

The Trust remains significantly challenged in relation to the on time closure of SI investigations. Rates for closing on time remains fairly consistent from about Aug-21 coinciding with the lifting of internal clock-stop in April 21.

There is an early indication of downward trend on time closure from Sep-22 and further deterioration in performance in closing SIs in time. The challenges for closing SIs in time are across the board.

Number of SIs overdue for completion remain relatively static from Jul-21. However, from Jun-22 to present there is a clear upward trajectory of investigations going overdue. Review of additional data demonstrates that there was a slight increase in number of SIs reported in Mar 22 – May 22 which would coincides with the number of overdue investigations going up from Jun-22 onwards. However, this is not considered as the only factor impacting the number of SI investigations going overdue and appears to be driven by delay in closure of existing investigations.

The majority of overdue SIs are attributed to the Royal London and Newham Hospital sites.

## Responsible Director Update

Performance related to overdue serious incident investigations is uneven across the Trust with RLH and NUH being particularly challenged.

Both sites have an improvement plan in place which is being monitored via established oversight and assurance mechanisms. The outcome of the actions plans will be attributed in the future data.

NUH is slightly behind schedule with the objective of zero overdue SIs by April 2023 but recovery is possible and the site is confident that it can be reached. RLH the improvement plan is largely on track.

	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	●	○	○	Dec-22 (m)	<= 0.51	0.37	1.03	0.71	0.77	1.65	0.48	1.17	-	○

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).

Category	Metric	RAG Rating			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Last Month's Site Position		
		Red	Amber	Green										Royal London	Whipps Cross	Newham
Method of Delivery	Percentage of spontaneous vaginal birth (including vaginal breech Birth)				54.9%	54.3%	56.7%	57.6%	51.9%	53.2%	55.2%	54.0%	50.5%	51.2%	52.4%	48.5%
	Percentage of Operative Vaginal Birth				10.3%	10.9%	9.7%	10.6%	11.6%	9.0%	11.6%	9.8%	10.2%	13.3%	8.0%	8.8%
	Total Percentage of Birth by Vaginal route				65.2%	65.3%	66.3%	68.2%	63.5%	62.1%	66.7%	63.8%	60.7%	64.5%	60.4%	57.3%
Critical Incidents	Percentage PPH ≥ 1500ml	>=4%	3.1% - 3.9%	<=3	4.3%	5.1%	4.7%	3.9%	3.1%	3.8%	3.5%	4.5%	5.5%	7.4%	4.2%	4.5%
	Percentage 3/4 degree tear	>=5%	4.1% - 4.9%	<=4%	1.2%	1.4%	0.8%	1.0%	1.6%	1.2%	1.6%	1.9%	1.4%	1.3%	2.4%	0.8%
	Maternal Deaths	>1		0	0	0	0	0	0	0	0	0	0	0	0	0
Neonatal Morbidity	Number of unexpected term admission to NNU				51	40	37	43	54	41	45	47	38	17	12	9
	Neonatal Deaths				4	2	0	2	2	2	4	0	2	1	0	1
	Neonatal Deaths per 1000 births	>1.75	1.73 - 1.75	<=1.72	3.37	1.62	0.00	1.68	1.67	1.78	3.15	0.00	1.84	2.54	0.00	2.47
	HIE				1	1	0	1	0	0	2	1	1	0	1	0
	Total Still birth per 1000 births (Ante-partum)				3.37	1.62	4.35	6.73	6.69	2.66	3.15	4.22	2.75	0.00	3.44	4.94
Workforce	1:1 care in established labour	<90%	90%-94.9%	>=95%	97.1%	98.5%	98.2%	97.6%	97.9%	97.7%	96.5%	97.7%	97.3%	95.9%	96.6%	99.1%

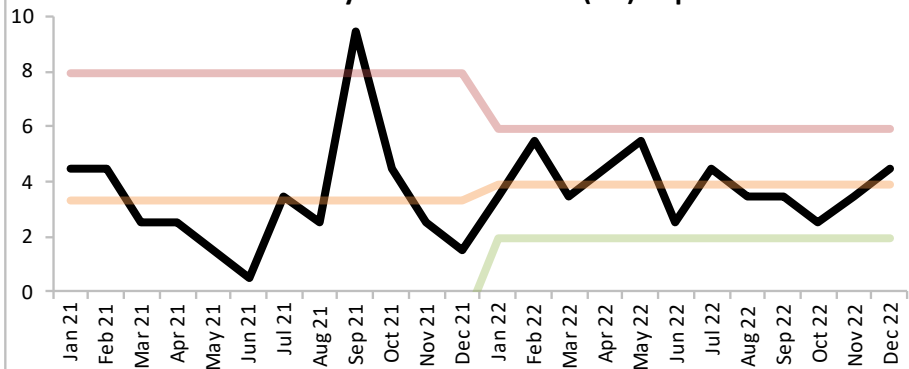
## Performance Overview

- The rates for caesarean section (CS) across Barts maternity are higher than we would normally see. The factors driving up individual rates are emergency CS at Newham and elective CS at Whipps Cross being higher than is normally seen. The key performance review factor in reviewing CS rates is to identify whether all those undertaken were appropriate, and then to look at any confounding or reversible factors which could influence the rates. Higher caesarean section rates can be driven by more women having induction of labour, women who are older, and women’s personalised care when they have a breech baby or have had a caesarean section before. Best practice in those cases is to ensure good antenatal care planning, with the offer of external version of babies who are breech, and birth planning for women with a previous CS. All sites have consultant midwives who work with obstetric teams to ensure that women can be offered birth reflections or birth options appointments to design plans of care which is most suitable for them. Whipps Cross are currently reviewing their increase in caesarean sections to understand any drivers, and be assured that women have access to the pathway of care which is right for them.
- There were two neonatal deaths in December, one for NUH and one for RLH. The case from RLH was a baby born at 28 weeks, that had initially been born at RLH, then transferred to NUH. The baby became unwell and transferred back to RLH. The care was graded at PMRT as having potential issues around following the feeding guideline – the baby died due to Necrotizing enterocolitis (NEC). The baby born at NUH died due to known abnormalities before birth which were not compatible with life.

## Responsible Director Update

- The standard for 1:1 care in labour as per CNST guidance is 100%. All sites have reviewed their figures, and have presented action plans to their maternity and neonatal boards. These plans are focused on recruitment and retention, and development of reviews of planned activity and improvement of flow and discharge processes from the postnatal ward.
- Quality Improvement (QI) work on postpartum haemorrhage work continues, with lessons learned being shared by the patient safety midwives across the sites.
- The stillbirths in month were 2 x at NUH and 1 x at WXH. All antenatally diagnosed. All cases have had an initial review and no case and service delivery problems were identified. All cases will have a PMRT review with external representation, and one case has been referred to HSIB as the baby was term and the woman experienced signs on labour when she presented for care.
- All term admissions are reviewed using the standardised national tool kit – ATAIN. Any lessons learned, or care issues identified will be managed through the Datix incident system.

Maternity Serious Incidents (SIs) Reported



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

Theme	Newham	Royal London	Whipps Cross	Barts Health
<b>Total Number of SIs</b>	<b>16</b>	<b>18</b>	<b>7</b>	<b>41</b>
Neonatal - Unanticipated admission to Neonatal unit	1	3	3	7
Intrapartum - Stillbirth	2	4	1	7
Antenatal - Antepartum Stillbirth	1	4	1	6
Neonatal - pH <7.1(arterial) at birth	2	1	2	5
Maternal admission to ITU	2	1	0	3

## Performance Overview

Serious incidents (SI) - Four serious incidents (SI) were reported to NHS England.

- RLH escalated 2 cases: needle stick injury to student midwife who then used the needle to inject a woman without supervision from a midwife. So far woman has tested Neg to BBV – St Midwife is HIV and Hep B positive. The 2nd case related to an antepartum stillbirth of a high risk pregnancy which the mother reported a delay in checking the baby's heart rate when they attended triage with reduced fetal movements.
- NUH site: the case is about a baby required admission to the NNU for intensive care after unexpected poor condition at birth. The incident review shows it was an induction of labour for maternal obstetric cholestasis. There was a delay in escalating a pathological CTG, fetal heart trace that could have prompted early intervention. The case did not meet HSIB investigation criteria because MRI was normal but trust will lead the investigation.
- WXH site reported a case where the baby required admission to the NNU for intensive care after unexpected poor condition at birth. The baby was preterm 36+4 weeks so the case does not meet the HSIB criteria for investigation. The trust will lead the investigation of the care because there were concerns related to a period of 20 mins where there was no fetal heart monitoring despite the trace being described as pathological.

Maternity SIs in Latest Month (Dec-22)

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

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

Action Type	Royal London	Whipps Cross	Newham	Barts Health
<b>Total Number of Actions</b>	<b>35</b>	<b>25</b>	<b>79</b>	<b>139</b>
Review / amend processes	6	6	18	30
Other action	1	4	20	25
No actions recorded	14	2	8	24
Education and training	7	3	13	23
Review or update guidelines / documentation	0	4	10	14

## Responsible Director Update

- Monthly meetings between DoM and HSIB lead to discuss ongoing case and any challenges in the processes on sites with referrals. Information requested on the numbers of cases rejected due to lack of consent by the parents and any delays with initial notification which may influence the parents decision for investigation.
- Maternity Safety Support programme will undertake a deep dive of governance processes on each site to understand any differences in process which might be influencing referral numbers or escalation of cases in a timely manner.
- Ongoing triangulation of learning themes into the Barts Welimprove safety programme to ensure that the QI programmes are meeting the needs of the service
- Learning from SIs also being used as part of simulation training across Barts Maternity



**Barts Health**  
NHS Trust

# Operational Performance Report





## **Summary Performance**

### **Elective Activity Recovery Trajectories**

- For December 2022 the trusts admitted (inpatient and day case) trajectory set a target of 102% of 2019/20 BAU against which the trust achieved 86% (-1,175 admissions). For outpatients (first and follow up) for the same month the trajectory set a target of 104% of BAU, against which the trust achieved 103% (-1,247 outpatient attendances). Under-delivery of the December activity plan was influenced by reduced working days resulting from the festive period and for admitted activity 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 month-end nationally submitted data the trust reported 12 pathways waiting 104+ weeks at the end of December 2022, a reduction of 6 pathways against the November position. This also represents a significant reduction of 220, or 95%, against the 232 reported in April 2022.
- Looking at London, of the 5 Trusts reporting 104+ week waits for November 2022 (the most recent national data), Barts Health had the greatest number, reporting 18. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ week pathways, this trust recorded eight 104+ week pathways, the other three trusts reported seven pathways between them.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last nine months with 1,309 pathways reported at the end of April 2022 reducing to 825 at the end of December 2022, a decrease of 484 (-37%), this does however represent an increase on November's position of 766 (+59) and is also greater than the reduction plan of 545 for December (+280).

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

- For December 2022 a performance of 74.1% was recorded, a reduction of 5.7% on November's 79.8%. This is the first month-on-month reduction in performance recorded since September 2022 and will reflect the impact of the festive period. However despite breaches of the 6-week standard increasing in December, the total volume of patients waiting, and the total patients waiting more than 13 weeks, fell against November as diagnostic services continue to work towards the national aim of at least 95% of patients waiting less than six weeks by March 2025.
- As in previous months, the greatest challenge has been in the imaging modalities, particularly MRI and non-obstetric ultrasound; imaging breaches accounted for 85% of all breaches in December 2022. Paediatric audiology accounts for 12% of all breaches.

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

- For November 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 55.6%, a slight improvement on October's 55.5%, with 126 pathways seen (the highest number of treatments recorded this year) and 56 breaches. While performance remains below the 85% national standard, 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.

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

- 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 December 2022 backlog reduction milestone is set at 356 against which the trust recorded 382, 26 greater than plan and a significant improvement on November's performance when 131 more long-waiters were recorded against plan.
- The Faster Diagnosis Standard (FDS) requires 75% of patients urgently referred by their GP to receive a diagnosis or have cancer ruled-out within 28 days. The standard applies to all patients who have been urgently referred for suspected cancer, have breast symptoms, or have been picked-up through cancer screening. For November 2022 the trust did not achieve the standard for All Urgently Referred patients (70.9%) but did achieve the standard for those referred from Screening (82.9%) and the Breast Symptoms element of the standard (99.7%), the trust did not therefore achieve compliance against the aggregate of all three elements of the standard (74.1%).

**A&E 4 Hour Performance**

- In December 2022, 45,647 attendances were recorded, 522 (1.2%) more than recorded in November. For December attendances in the London region increased by 9,578 (+2.6%) against November. For December a performance of 60.9% was recorded in relation to the 4-hour standard, a reduction of 2.5% against November's 63.4%. However to set this in context London acute trusts recorded a performance of 61.5% with the East of England recording 61.3% and the South East recording 63.2%. Nationally 4-hour performance reduced to 65.0% for December, the lowest level of performance recorded since the standard was introduced. Against this challenging context Barts Health recorded a 1.3% increase during December for patients with an A&E 12 journey time; from 7.2% in November to 8.5% in December, the national standard is set at no greater than 2%.

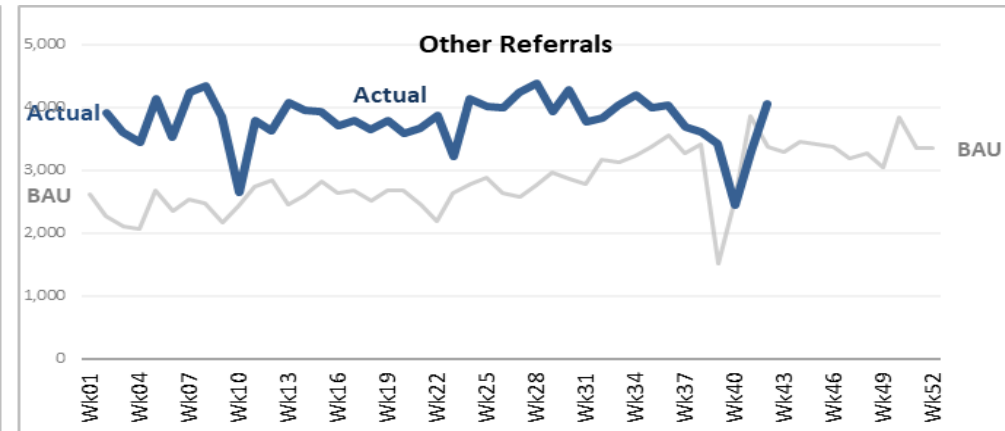
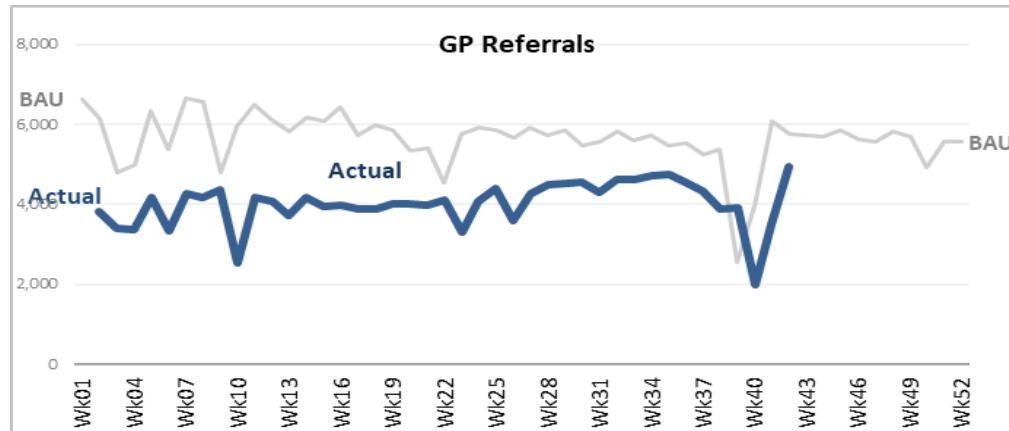
Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health	
A&E 4 Hours Waiting Time	●			Dec-22 (m)	>= 90%	63.5%	<b>60.9%</b>	<b>67.7%</b>	55.5%	69.9%	59.9%	-	-	60.9%	
A&E 12 Hours Journey Time	●			Dec-22 (m)	<= 2%	7.2%	<b>8.5%</b>	-	8.2%	10.6%	7.0%	-	-	8.5%	
Ambulance Handover - Over 60 mins				Dec-22 (m)	-	564	<b>695</b>	-	135	323	237	-	-	695	
Ambulance Handover - Over 30 mins				Dec-22 (m)	-	1,032	<b>1,044</b>	-	373	324	347	-	-	1,044	
Cancer 62 Days From Urgent GP Referral	●			Nov-22 (m)	>= 85%	55.5%	<b>55.6%</b>	<b>58.5%</b>	48.5%	60.0%	52.0%	58.0%	-	55.6%	
Cancer 31 Day Diagnosis to First Treatment	●			Nov-22 (m)	>= 96%	97.4%	<b>97.4%</b>	<b>96.6%</b>	94.6%	95.8%	100.0%	99.2%	-	97.4%	
Cancer 28 Day FDS Breast Symptomatic	●			Nov-22 (m)	>= 75%	99.3%	<b>99.7%</b>	<b>99.5%</b>	-	99.4%	100.0%	100.0%	-	99.7%	
Cancer 28 Day FDS Screening	●			Nov-22 (m)	>= 75%	75.0%	<b>82.9%</b>	<b>83.9%</b>	72.5%	71.4%	78.6%	100.0%	-	82.9%	
Diagnostic Waits Over 6 Weeks	●			Dec-22 (m)	>= 95%	79.8%	<b>74.1%</b>	<b>74.4%</b>	59.0%	95.1%	99.7%	71.1%	100.0%	74.1%	
78+ Week RTT Breaches	●			Dec-22 (m)	545	766	<b>825</b>		488	253	83	1	-	825	
104+ Week RTT Breaches	●			Dec-22 (m)	0	18	<b>12</b>		6	4	2	0	-	12	
Completeness of Ethnicity Recording				Dec-22 (m)		92.2%	<b>91.3%</b>	-	90.2%	90.1%	94.8%	92.0%	-	91.3%	

**Note to table:**

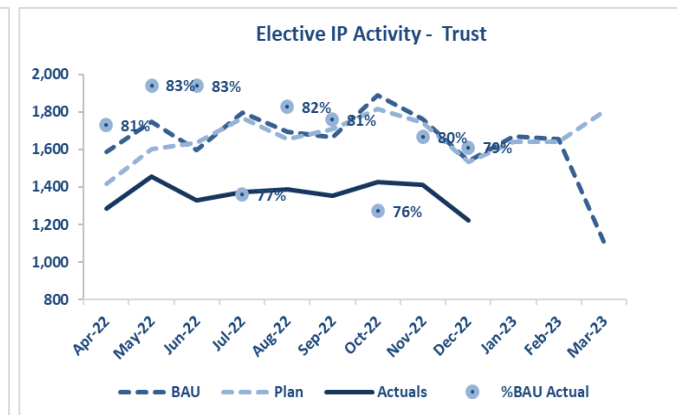
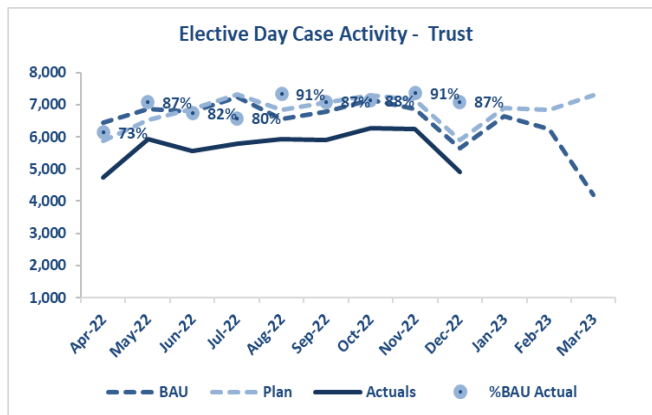
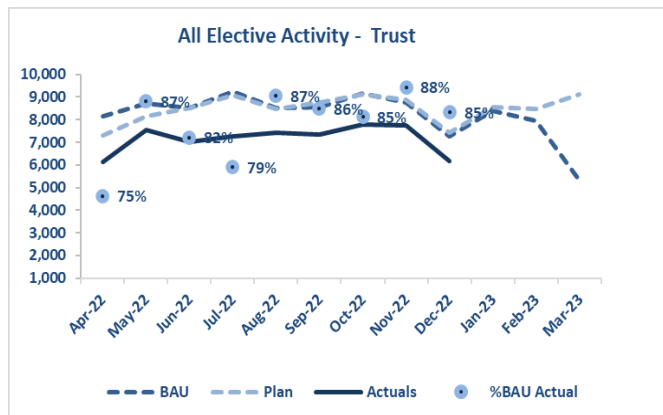
- The ambulance handover metrics are those reported for London Region and do not reflect a Barts Health validated position
- 78 and 104 RTT weeks wait is RAG rated against each wait bands recovery trajectory
- A 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year

## Referrals Activity

		Barts Health						Last Month's Site Position				
		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Royal London	Whipps Cross	Newham	St Bart's	Other
GP referral	Actuals	16,518	17,674	17,923	18,818	20,577	15,865	5,806	4,651	1,989	1,868	1,551
	BAU	27,947	23,544	24,318	26,257	23,714	20,498	8,045	7,013	3,071	2,295	74
Other	Actuals	16,120	16,420	17,503	17,564	17,466	15,071	7,073	5,164	1,295	1,537	2
	BAU	12,153	10,978	11,554	12,774	13,428	12,926	5,431	4,890	1,275	1,305	25



		Barts Health						Last Month's Site Position			
		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	9,076	8,481	8,763	9,109	8,885	<b>7,421</b>	3,542	1,736	1,073	1,003
	Actuals	7,277	7,426	7,360	7,776	7,749	<b>6,246</b>	3,279	1,335	708	887
	Mth variance plan	-1,796	-1,054	-1,402	-1,331	-1,133	<b>-1,173</b>	-263	-401	-365	-116
Elective Day Case Activity	Plan	7,307	6,828	7,056	7,295	7,140	<b>5,887</b>	2,887	1,397	941	595
	Actuals	5,778	5,942	5,909	6,267	6,240	<b>4,970</b>	2,711	1,096	607	548
	Mth variance plan	-1,529	-886	-1,147	-1,028	-900	<b>-917</b>	-176	-301	-334	-47
Elective IP Activity	Plan	1,769	1,653	1,707	1,814	1,745	<b>1,534</b>	655	339	132	408
	Actuals	1,375	1,390	1,353	1,426	1,410	<b>1,221</b>	550	239	101	331
	Mth variance plan	-394	-263	-354	-388	-335	<b>-313</b>	-105	-100	-31	-77
Independent Sector Elective Activity	Actuals	<b>124</b>	<b>94</b>	<b>98</b>	<b>83</b>	<b>99</b>	<b>55</b>	18	0	0	8



## Performance Overview

- For December 2022 the trusts admitted (Inpatient and Day Case) trajectory set a target of 102% of 2019/20 BAU against which the trust achieved 86% (-1,175 admissions).
- For Day Cases the trajectory set a target of 104% of BAU against which the trust achieved 88% (-917 Day Case admissions).
- For Inpatients the trajectory set a target of 100% of BAU against which the trust achieved 79% (-313 Inpatient admissions).
- During December 55 elective admissions were recorded in the Independent Sector against a BAU of 81, please note there can be lags in reporting Independent Sector activity.
- Historically the month of December is associated with low activity output due to the festive period, however monthly admitted activity remains at variance to trajectory and national activity levels and is being influenced by sustained emergency pressure, including reduced bed-flow.

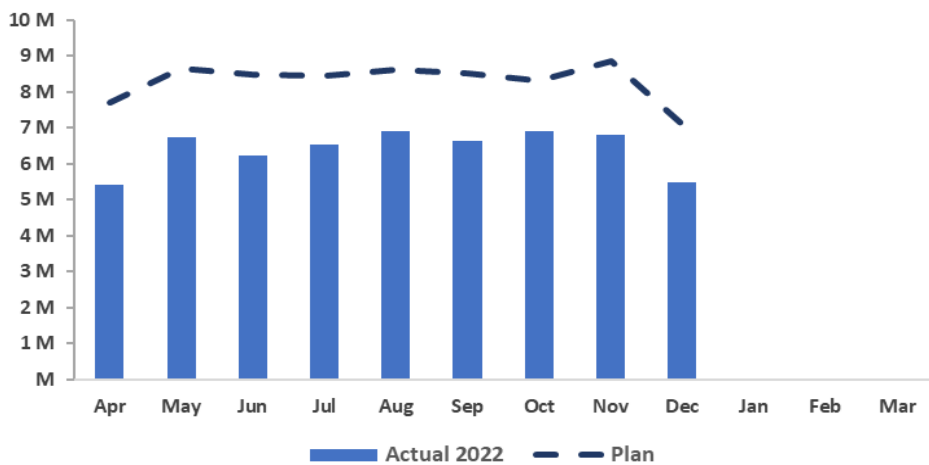
## Responsible Director Update

- 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. We are working with BIU in order to develop a mechanism to be able to track these actions against activity volumes
- Opportunities to support improvement in activity volumes have been identified through movement of appropriate work across the group and theatre productivity intervention

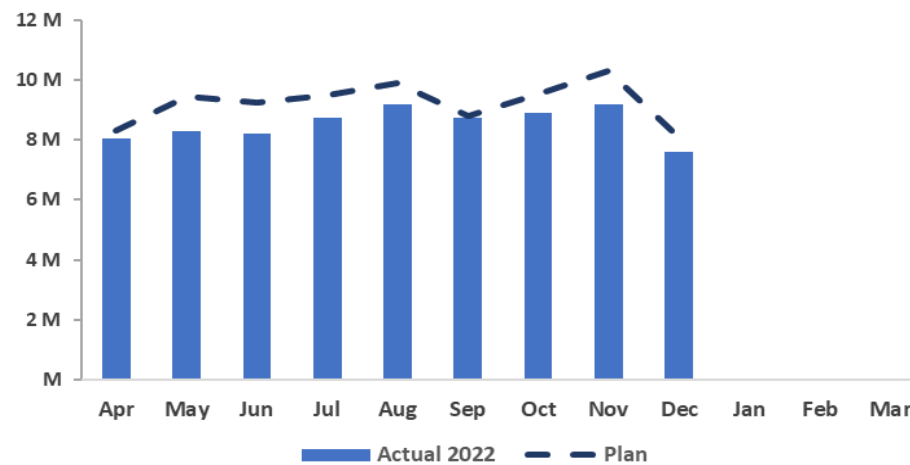
## Admitted Elective Activity

		Barts Health						December-2022 Site Position			
		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Royal London	Whipps Cross	Newham	St Bart's
Elective Day Case Activity	Plan	£8.45 M	£8.63 M	£8.53 M	£8.3 M	£8.85 M	£7.11 M	£3.83 M	£1.35 M	£1. M	£.93 M
	Actuals	£6.52 M	£6.92 M	£6.63 M	£6.9 M	£6.8 M	£5.49 M	£2.82 M	£1.02 M	£.58 M	£1.07 M
	Mth variance plan	£-1.93 M	£-1.71 M	£-1.9 M	£-1.4 M	£-2.05 M	£-1.62 M	£-1.01 M	£-.32 M	£-.42 M	£.14 M
Elective IP Activity	Plan	£9.49 M	£9.88 M	£8.78 M	£9.54 M	£10.32 M	£8.07 M	£2.47 M	£.92 M	£1.31 M	£3.37 M
	Actuals	£8.74 M	£9.18 M	£8.75 M	£8.91 M	£9.2 M	£7.61 M	£2.76 M	£.66 M	£1.07 M	£3.12 M
	Mth variance plan	£-.75 M	£-.7 M	£-.03 M	£-.63 M	£-1.12 M	£-.46 M	£.29 M	£-.26 M	£-.24 M	£-.25 M

Elective Day Case Activity



Elective IP Activity

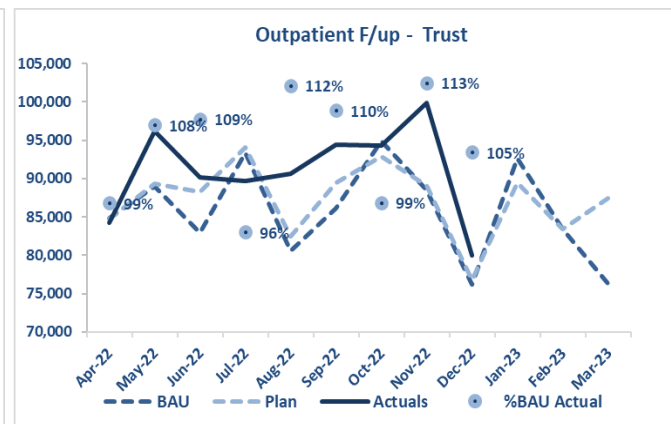
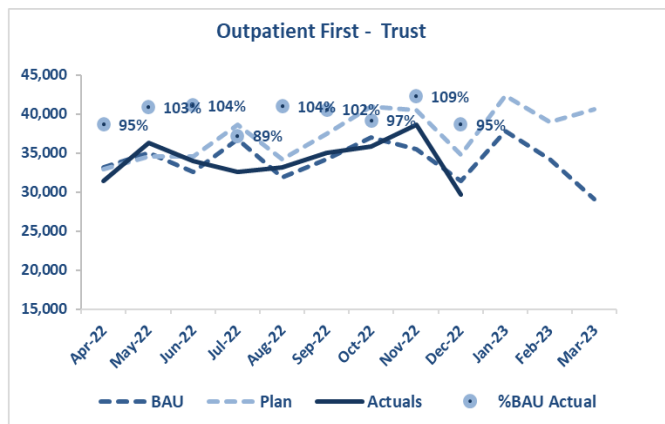
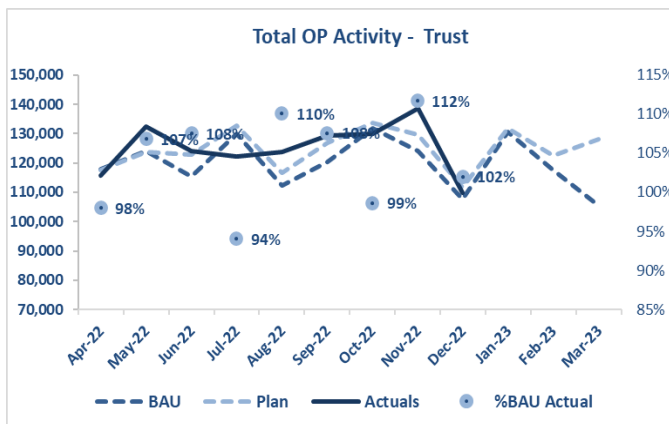


### Performance Overview

- For December 2022 the trust achieved 94.3% of the elective income target which is an improvement on November (89.1%) achievement, but still below the 104% elective recovery target.
- Day cases continued on trend in December with 77.2% of the income target achieved in month.
- Sites are continuing to work collaboratively with finance, contracting and business intelligence unit to improve our financial position and reducing the waiting list backlogs.

## Outpatient Activity

		Barts Health						Last Month's Site Position				
		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	132,675	116,575	126,880	133,767	129,528	<b>111,548</b>	47,570	27,349	16,162	20,467	-
	Actuals	122,397	123,858	129,444	130,070	138,591	<b>110,301</b>	45,623	24,895	18,709	21,050	24
	Mth variance plan	-10,278	7,283	2,564	-3,697	9,063	<b>-1,247</b>	-1,947	-2,454	2,547	583	
Outpatient First	Plan	38,640	34,153	37,411	40,910	40,430	<b>34,788</b>	14,536	10,976	4,471	4,805	-
	Actuals	32,618	33,156	34,998	35,787	38,634	<b>29,964</b>	11,513	9,326	4,750	4,375	-
	Mth variance plan	-6,022	-997	-2,413	-5,123	-1,796	<b>-4,824</b>	-3,023	-1,650	279	-430	
Outpatient F/up	Plan	94,035	82,422	89,469	92,857	89,098	<b>76,760</b>	33,034	16,373	11,691	15,662	-
	Actuals	89,779	90,702	94,446	94,283	99,957	<b>80,337</b>	34,110	15,569	13,959	16,675	24
	Mth variance plan	-4,256	8,280	4,977	1,426	10,859	<b>3,577</b>	1,076	-804	2,268	1,013	



### Performance Overview

- For outpatients (first and follow up) the trajectory was set at 104% of BAU, against which the trust achieved 103% (-1,247 outpatient attendances).
- For First attendances the trajectory set a target of 111% of BAU against which the trust achieved 95% (-4,824 attendances).
- For Follow-up attendances the trajectory set a target of 101% of BAU against which the trust achieved 105% (+3,577 attendances).

### Responsible Director Update

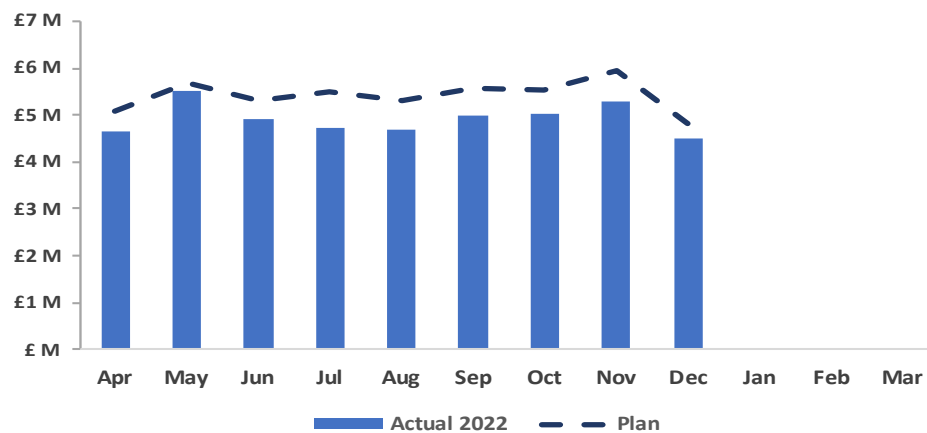
- A new governance structure for out-patients has been agreed via the Elective Recovery Board and the Group Executive Board.
- Outpatients has been included as part of the activity recovery work in order to understand what key actions are required at each site.
- One key opportunity is around reducing the Did Not Attend rate with various initiatives underway to address this e.g. improving text messaging, letters, and booking processes.



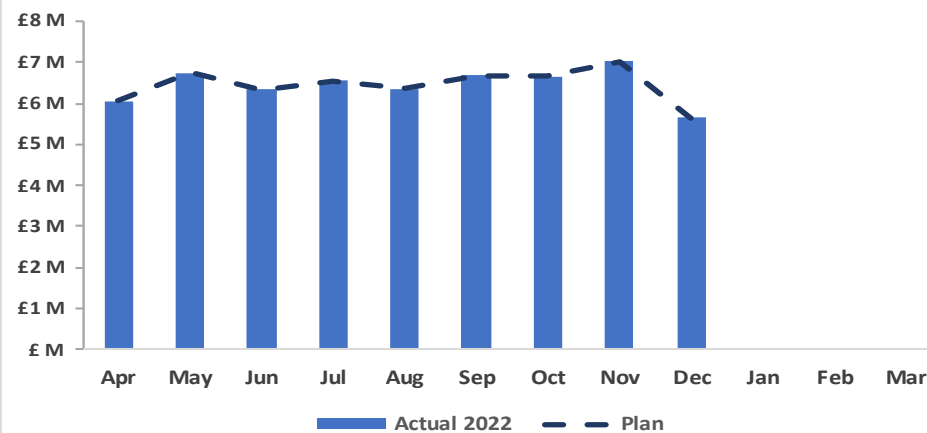
## Outpatient Activity

		Barts Health						December-2022 Site Position			
		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Royal London	Whipps Cross	Newham	St Bart's
Outpatient First	Plan	£5.5 M	£5.34 M	£5.58 M	£5.54 M	£5.95 M	£4.84 M	£1.78 M	£1.3 M	£.73 M	£1.03 M
	Actuals	£4.73 M	£4.7 M	£4.98 M	£5.04 M	£5.31 M	£4.51 M	£1.58 M	£1.29 M	£.62 M	£1.02 M
	Mth variance plan	£-.76 M	£-.63 M	£-.59 M	£-.5 M	£-.64 M	£-.33 M	£-.2 M	£-.01 M	£-.11 M	£-.01 M
Outpatient F/up	Plan	£6.54 M	£6.36 M	£6.68 M	£6.65 M	£7.02 M	£5.65 M	£2.44 M	£1.16 M	£.72 M	£1.32 M
	Actuals	£6.44 M	£6.67 M	£7.16 M	£7. M	£7.39 M	£5.64 M	£2.49 M	£1.15 M	£.64 M	£1.37 M
	Mth variance plan	£-.1 M	£.31 M	£.48 M	£.35 M	£.38 M	£-.01 M	£.05 M	£-.01 M	£-.09 M	£.04 M

**Outpatient First**



**Outpatient F/up**



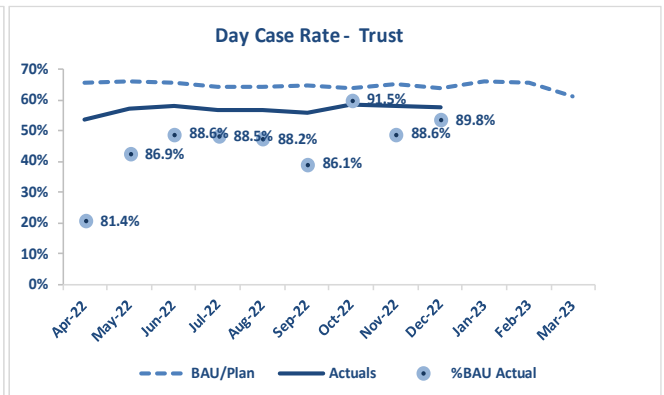
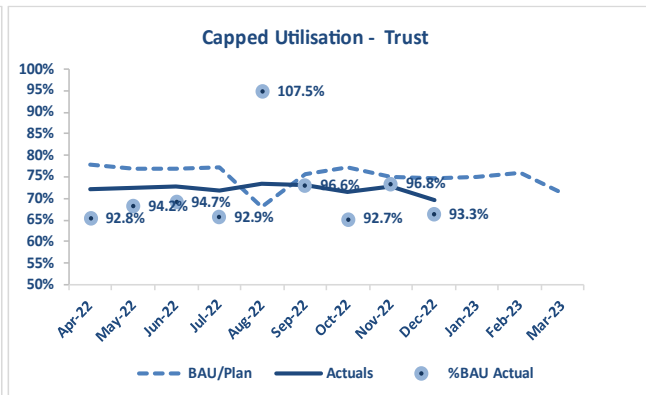
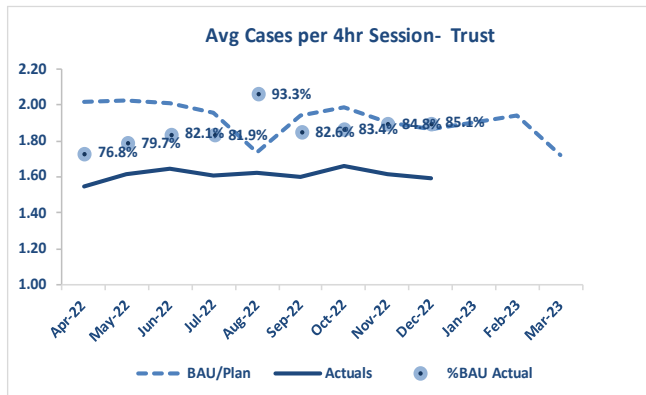
### Performance Overview

- For first attendances the trust achieved 93.2% of the income target in December 2022.
- Outpatient follows up attendances has maintained its performance in line with plan, 99.9% in December 2022.
- Sites are drawing up plans to reduce follow ups in line with the national target of 25% reduction of 2019/20 by March 2024.
- Sites are continuing to work collaboratively with finance, contracting and business intelligence unit to improve our financial position and reducing the waiting list backlogs.



## Efficiency Activity

		Barts Health						Last Month's Site Position			
		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.61	1.62	1.60	1.66	1.61	1.59	1.41	2.18	2.20	1.04
	BAU	1.96	1.74	1.94	1.99	1.90	1.87	1.81	2.59	2.10	1.02
	Mth variance plan	-0.35	-0.12	-0.34	-0.33	-0.29	-0.28	-0.40	-0.41	0.10	0.02
Capped Utilisation	Actuals	71.7%	73.3%	73.1%	71.6%	72.6%	69.7%	70.6%	63.0%	70.7%	76.1%
	BAU	77.2%	68.2%	75.7%	77.2%	75.0%	74.7%	75.7%	74.5%	70.5%	74.4%
	Mth variance plan	-5.4%	5.1%	-2.6%	-5.6%	-2.4%	-5.0%	-5.1%	-11.5%	0.2%	1.7%
Day Case Rate	Actuals	56.8%	56.7%	55.9%	58.3%	57.9%	57.5%	55.4%	68.7%	71.6%	19.2%
	BAU	64.2%	64.2%	64.9%	63.7%	65.3%	64.0%	63.6%	77.5%	68.9%	17.7%
	Mth variance plan	-7.4%	-7.6%	-9.0%	-5.4%	-7.4%	-6.5%	-8.2%	-8.8%	2.7%	1.5%



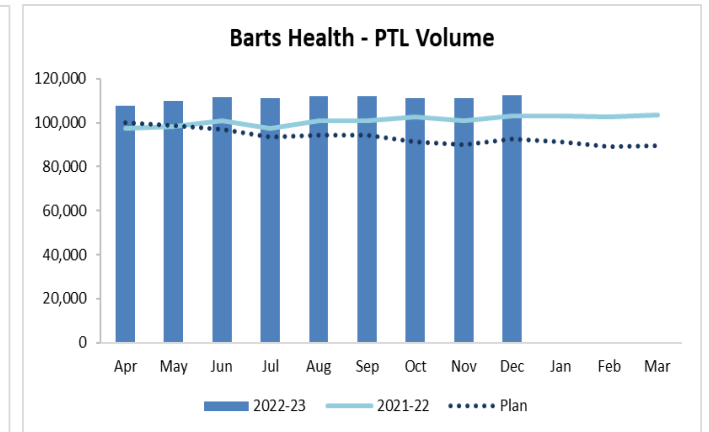
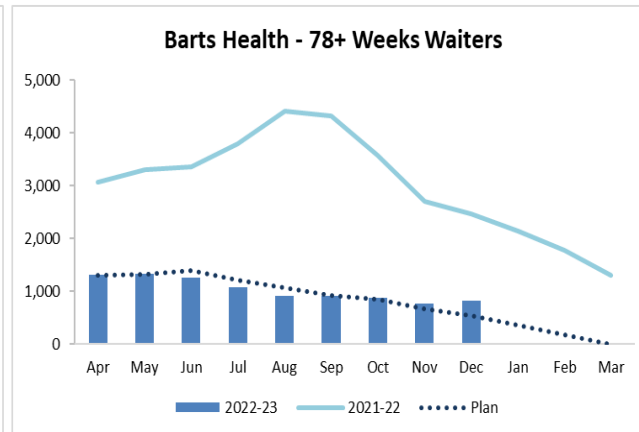
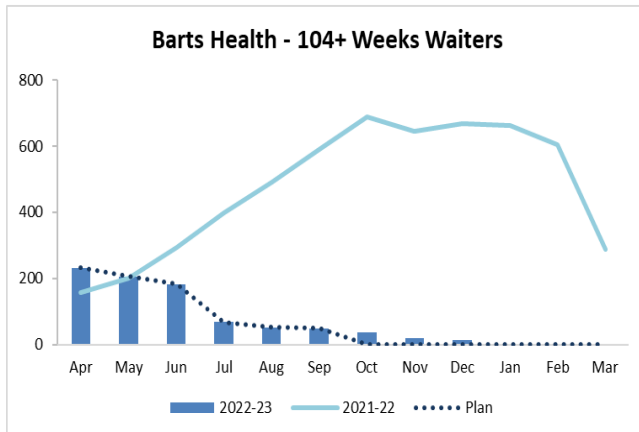
### Performance Overview

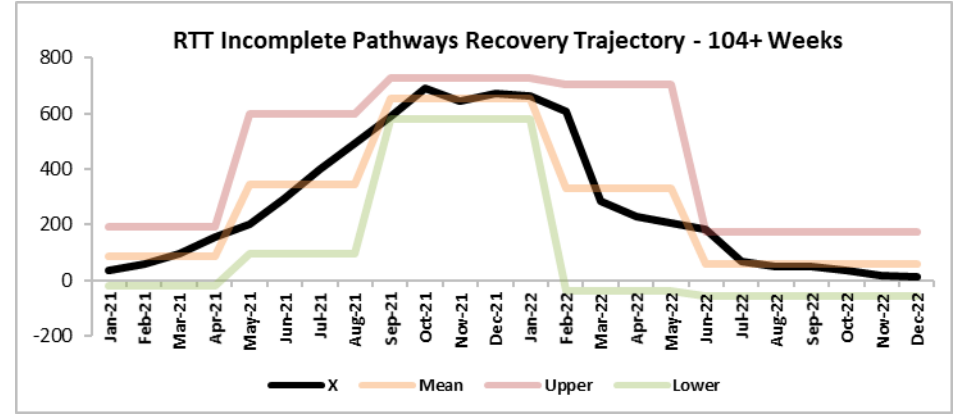
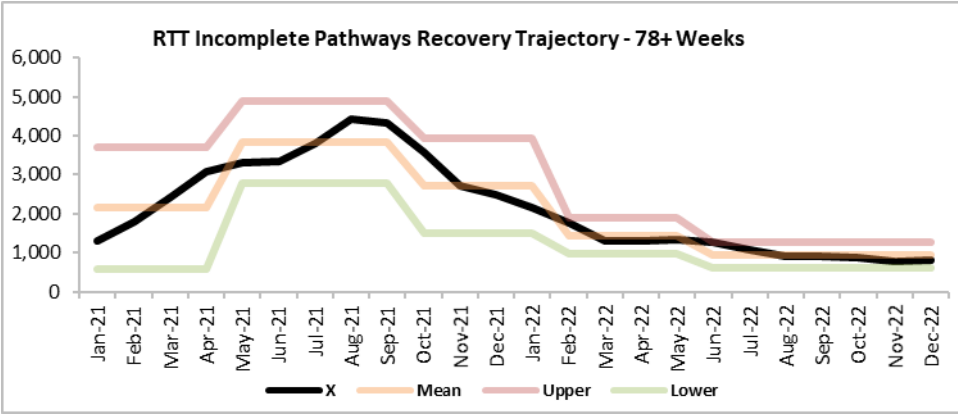
- Capped Theatre Utilisation is one of the key operating theatre efficiency metrics, helping to understand the effectiveness of the operation scheduling processes of the trust in comparison to other trusts. "Capped Utilisation" refers to the Touch Time being calculated on the total volume of time the 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 (15th January 2023) the trust recorded a Capped Utilisation rate of 80%.
- Against the London Region peer group of 25 trusts (including specialist trusts Moorfields) the Barts Health Capped Utilisation rate of 80% compares against a peer median rate of 76%. This places Barts Health in the fourth quartile of London performance.

### Responsible Director Update

- Hospital sites have developed theatre improvement programmes which are being supported by the Quality Improvement Team and is overseen via the Elective Recovery Board.
- There is a key focus on increasing number of cases per list, reducing cancellations and late starts in order to support improvement in utilisation and activity volumes.

Barts Health						Last Month's Site Position					
Setting			Sep-2022	Oct-2022	Nov-2022	Dec-2022	Royal London	Whipps Cross	Newham	St Bart's	Other
RTT Long-Waiter Clearance	104+ ww	Actuals (2022-23)	49	37	18	12	6	4	2	0	-
		Plan	0	0	0	0	0	0	0	0	-
		Mth variance plan	49	37	18	12	6	4	2	-	-
	78+ ww	Actuals (2022-23)	920	874	766	825	488	253	83	1	-
		Plan	926	849	671	545	352	152	41	0	-
		Mth variance plan	-6	25	95	280	136	101	42	1	-
RTT (PTL Volume)		Actuals (2022-23)	112,244	111,344	111,132	112,463	54,046	29,656	14,072	14,355	334
		Plan	94,364	91,242	90,109	92,555	46,829	20,613	10,334	14,779	-
		Mth variance plan	17,880	20,102	21,023	19,908	7,217	9,043	3,738	-424	334





78+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)	
Specialty Name	Actual
Trauma & Orthopaedics	145
Gynaecology	125
Colorectal Surgery	114
ENT	114
Urology	52
General Surgery	47
Oral Surgery	41
Vascular Surgery	33
Respiratory Medicine	31
Paediatric Dentistry	28

104+ Week Wait Breaches by Weeks Waited/Specialty (Highest 10 Specialties)	
Specialty Name	Actual
Trauma & Orthopaedics	4
Gynaecology	4
General Surgery	1
Plastic Surgery	1
Ophthalmology	1
Urology	1

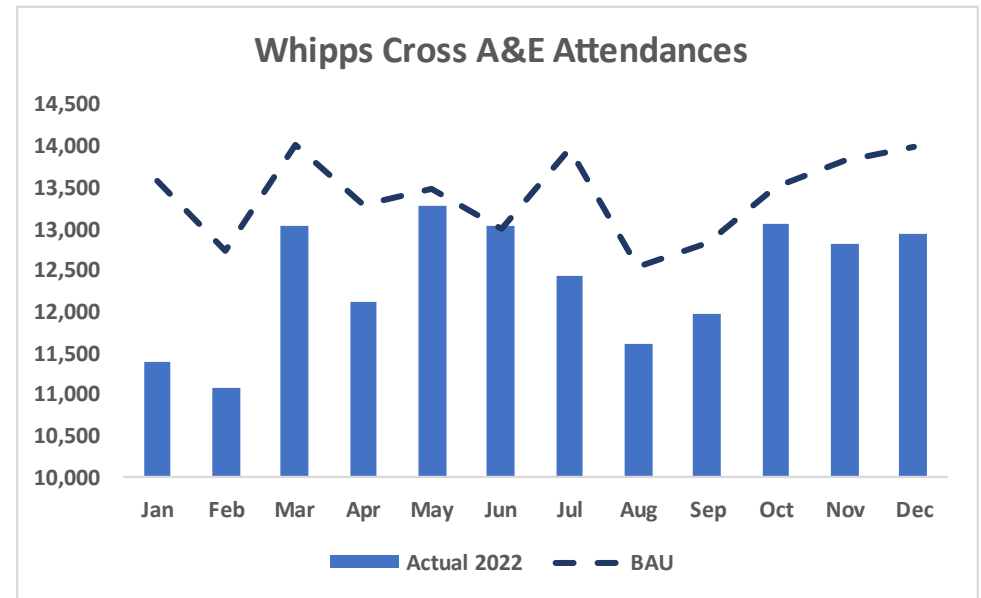
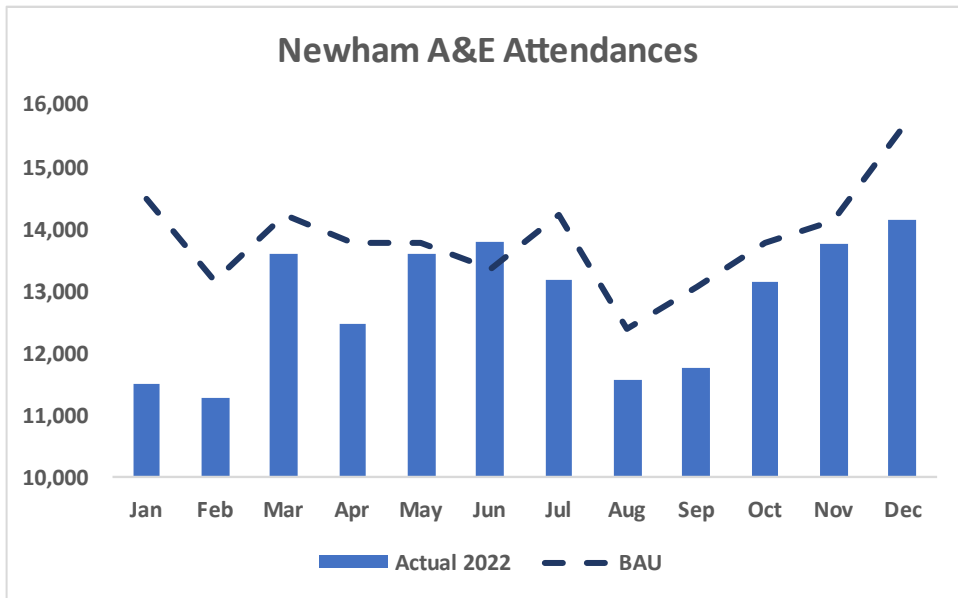
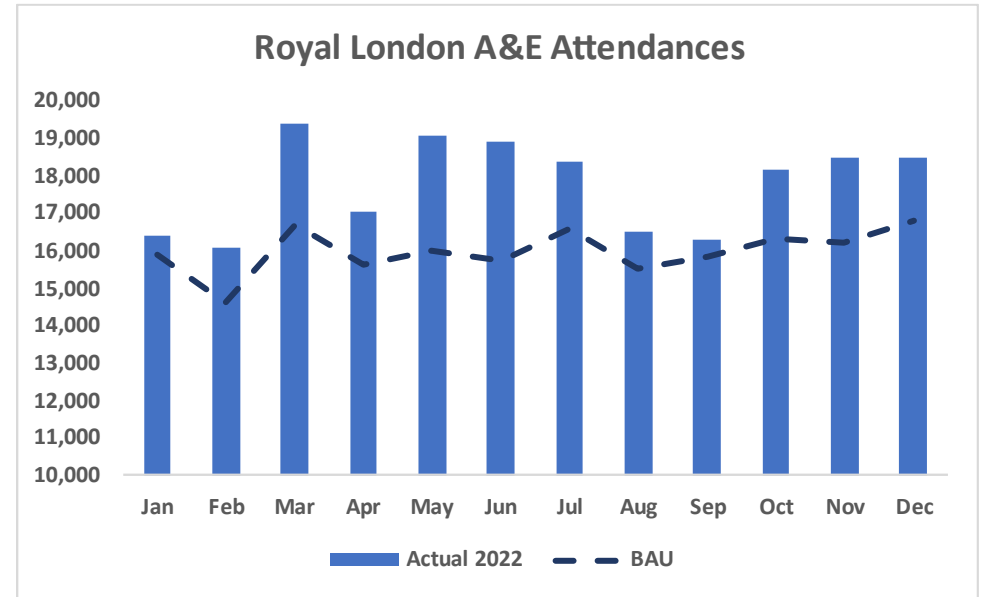
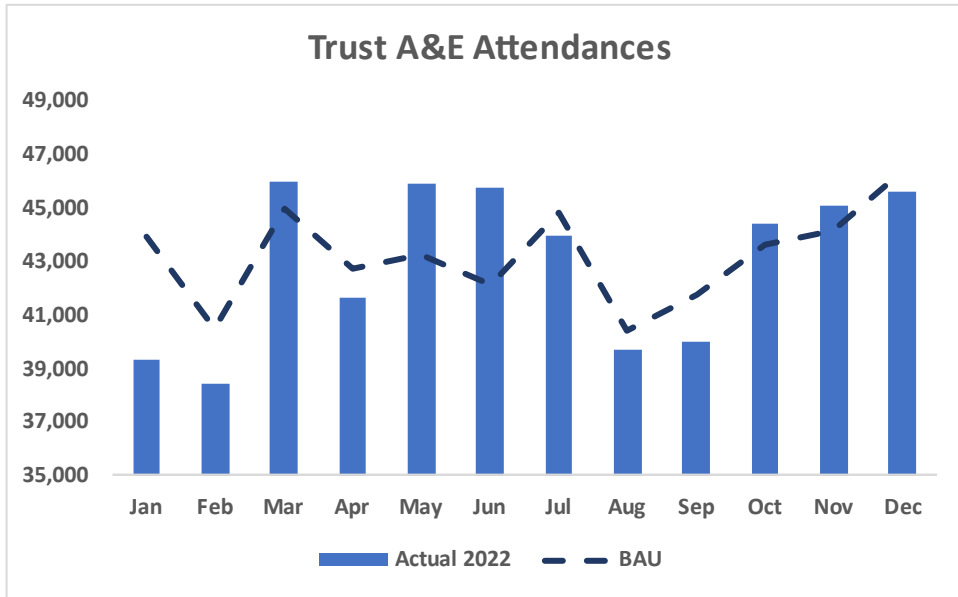
### Performance Overview

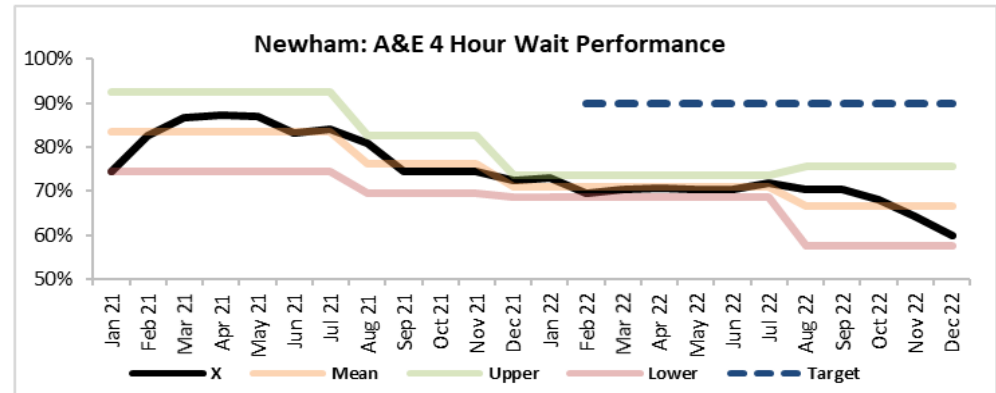
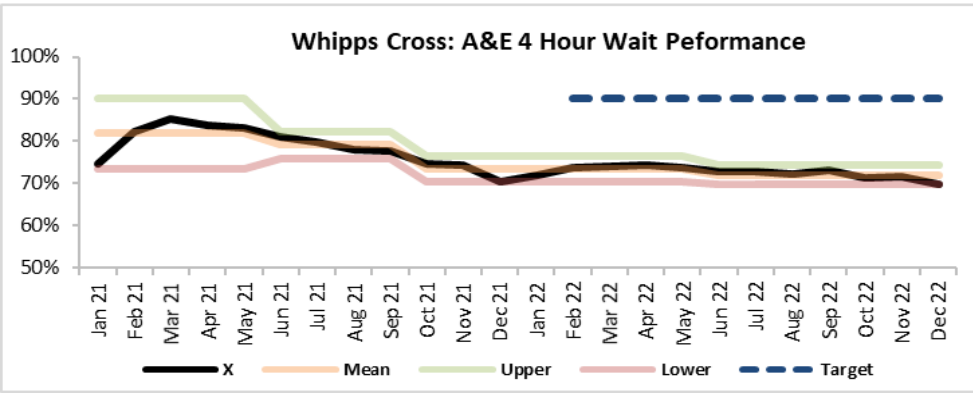
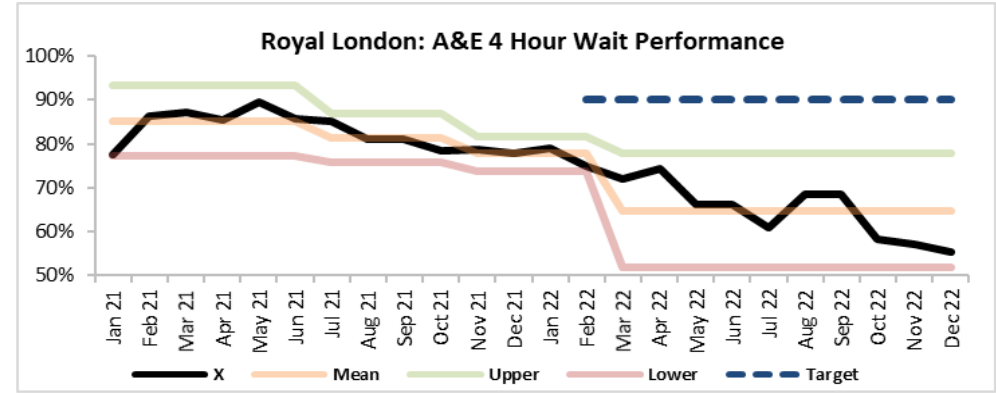
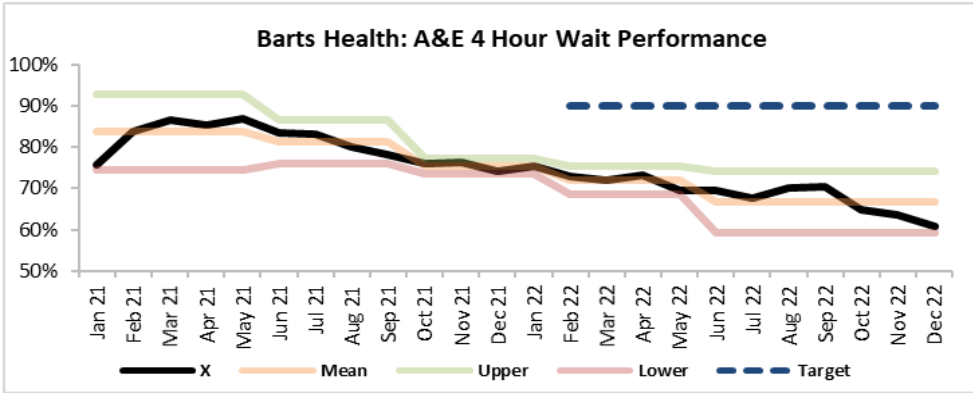
- In relation to the month-end nationally submitted data the trust reported 12 pathways waiting 104+ weeks at the end of December 2022, a reduction of 6 pathways against the November position. This also represents a significant reduction of 220, or 95%, against the 232 reported in April 2022.
- Looking at London, of the 5 Trusts reporting 104+ week waits for November 2022 (the most recent national data), Barts Health had the greatest number, reporting 18. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ week pathways, this trust recorded eight 104+ week pathways, the other three trusts reported seven pathways between them.
- In relation to 78+ week wait backlog volumes, these have also reduced over the course of the last nine months with 1,309 pathways reported at the end of April 2022 reducing to 825 at the end of December 2022, a decrease of 484 (-37%), this does however represent an increase on November's position of 766 (+59) and is also greater than the reduction plan of 545 for December (+280).

### Responsible Director Update

- The hospitals and central group operations continue to track all long waiting patients in order to expedite plans to conclude the treatment plan
- Tracking is in place for the 78ww March cohort by hospital and specialty. This is reviewed at weekly long waiters and Elective Recovery Board.
- The trust is aiming to ensure all non admitted patients are booked by 31.01.23 in line with the NHSE request and has detailed tracking and plans in place to achieve this
- The trust is working to ensure that admitted patients have a TCI date by the end of March 23. We are reviewing mitigating actions for high volume specialities such as T&O, Gynae, Colorectal and ENT. These mitigations include maximising use of group theatre capacity, use of mutual aid from other NEL providers and Independent sector capacity

## A&E Attendances against BAU





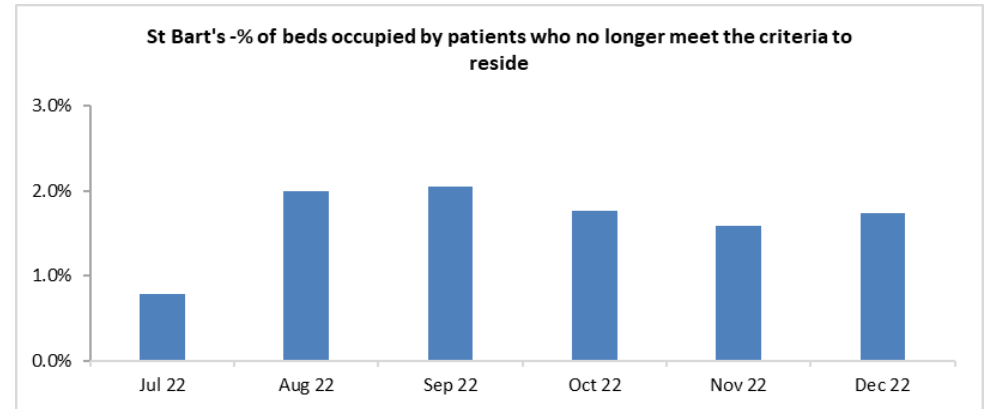
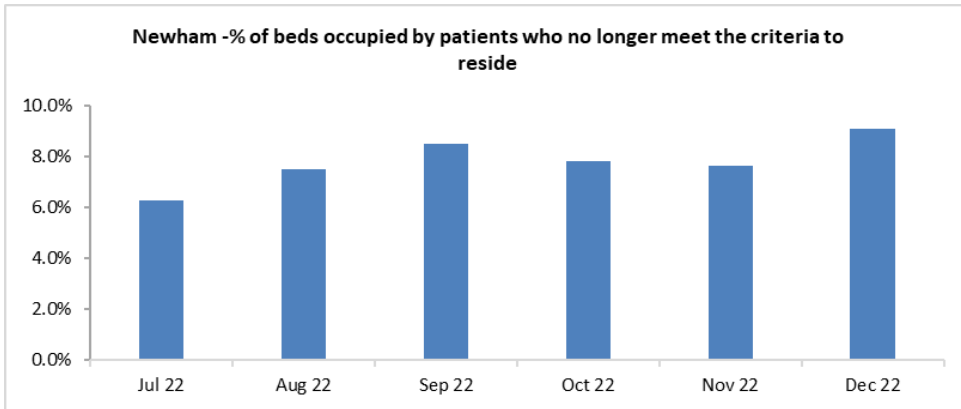
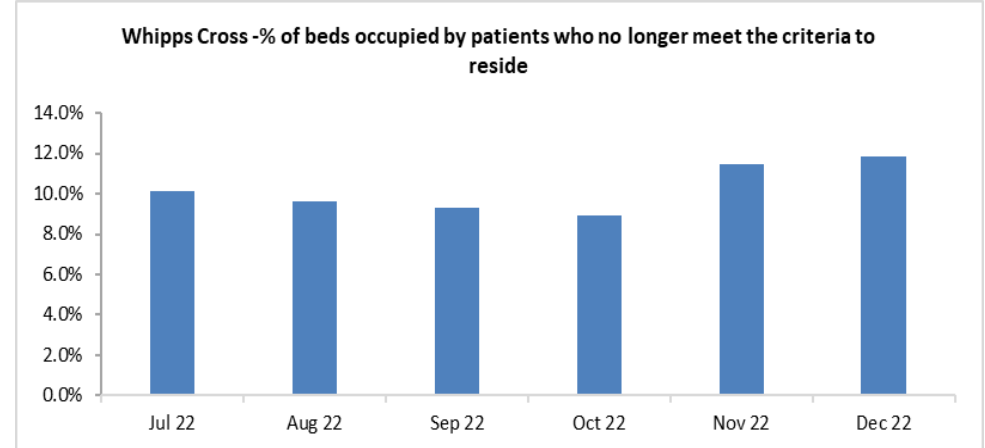
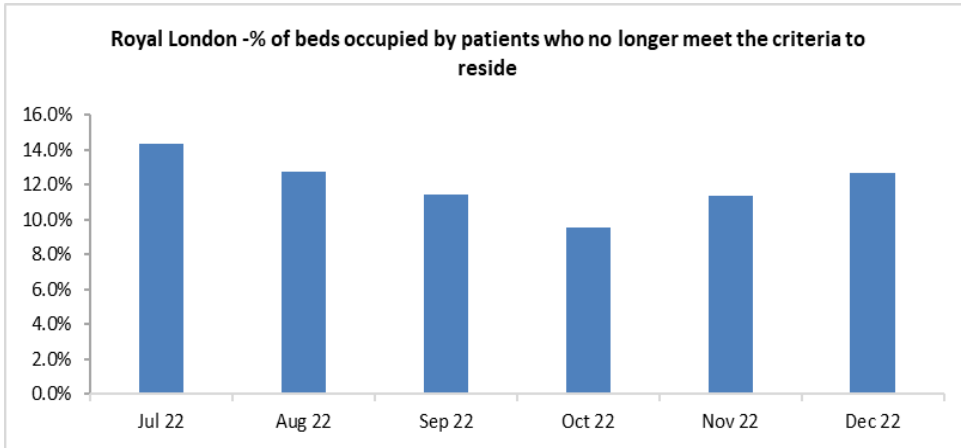
## Performance Overview

- In December 2022, 45,647 attendances were recorded, 522 (1.2%) more than recorded in November. For December attendances in the London region increased by 9,578 (2.6%) against November.
- For December 2022 a performance of 60.9% was recorded in relation to the 4-hour standard, a reduction of 2.5% against November's 63.4%. However to set this in context London acute trusts recorded a performance of 61.5% with the East of England recording 61.3% and the South East recording 63.2%. Nationally 4-hour performance reduced to 65.0% for December, the lowest level of performance recorded since the standard was introduced.
- Against this challenging context Barts Health recorded a 1.3% increase during December for patients with an A&E 12 journey time; from 7.2% in November to 8.5% in December, the national standard is set at no greater than 2%.

## Responsible Director Update

- The Trust has recently appointed an experienced Director of UEC
- Work is underway with each of the hospitals to develop local plans that will deliver the 23/24 operating standard of 76%
- Governance arrangements in relation to the weekly Urgent Care Board (Chaired by the Director of Group Operations) have been reset. This Group will offer assurance on UEC performance to GEB and FIP
- Transformation and improvement capacity and capability is being focused along with Group Operations against four key workstreams (Managing our Front Door, SDEC and Assessment along with Ward Process and Discharge)
- In the discharge space we will clearly distinguish between those discharges that are within the Hospital's gift to manage and those where we are seeking specific system and or locality support
- Each hospital plan will reflect local challenges for example UTC at RLH but will describe action and anticipated performance improvement under the four broad headings referenced above.
- This overall programme of work will be used to inform the deep dive session planned for FIP

## Percentage of beds occupied by patients who no longer meet the criteria to reside



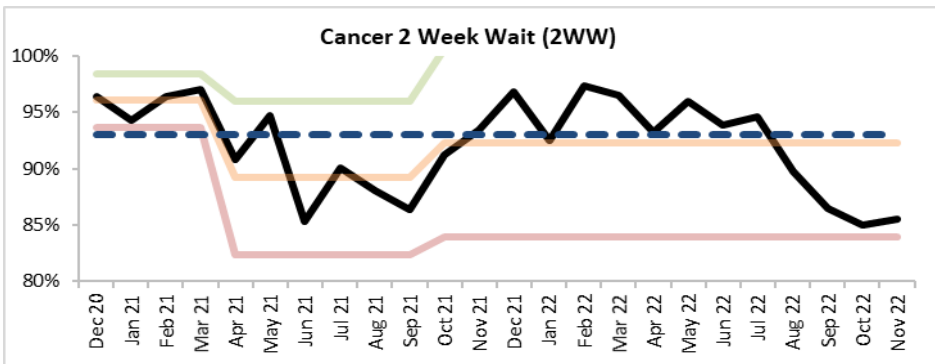
Note to Graphs: The data collection method changed from July 2022, making it impossible to meaningfully compare data prior to this point.

### Performance Overview

- No Criteria to Reside patient volumes have been variable across the hospital sites during the course of the last six months, with an increasing trend visible across all hospital sites for the most recent period. This is likely to be a consequence of reduced community capacity resulting from winter pressures. The hospitals continue to work internally and across systems to improve the discharge of these patients, and improve flow as part of their urgent and emergency care plans.

### Responsible Director Update

- The Group has appointed an Interim Director for Emergency Care Improvement who will be working closely with the sites to develop an overarching UEC plan in line with National Planning Guidance which will include work to increase the discharge opportunity within Barts Health.



Tumour Site	Seen	Breaches	Performance
<b>All Tumour Sites</b>	<b>3,468</b>	<b>501</b>	<b>85.6%</b>
Children's	11	6	45.5%
Skin	713	298	58.2%
Testicular	23	5	78.3%
Urological	401	82	79.6%
Head and Neck	350	36	89.7%
Upper Gastrointestinal	253	25	90.1%
Gynaecological	384	27	93.0%

Site	Seen	Breaches	Performance	Target
Royal London	984	144	85.4%	93.0%
Whipps Cross	1,671	341	79.6%	93.0%
Newham	559	5	99.1%	93.0%
St Bart's	254	11	95.7%	93.0%
<b>Barts Health</b>	<b>3,468</b>	<b>501</b>	<b>85.6%</b>	<b>93.0%</b>

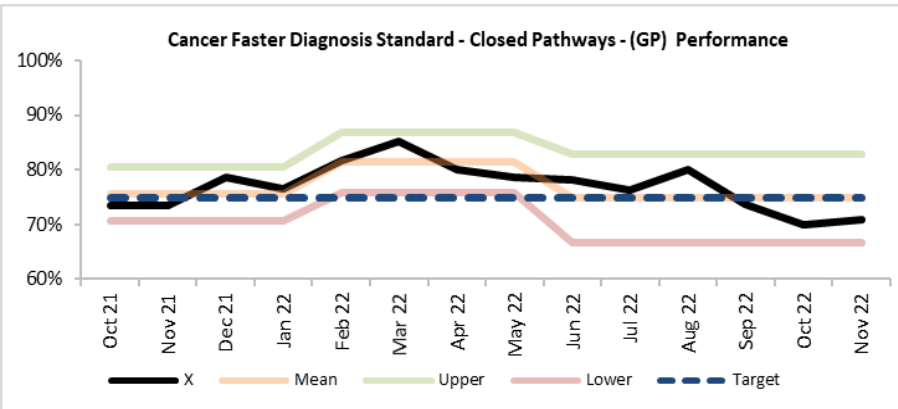
### Performance Overview

- Barts Health Group has been challenged with delivery of the 2WW standard since August 2022, due to an increase in demand and previous seasonal trends remained coming out of summer.

### Responsible Director Update

- The group was challenged in 2ww performance within RLH and WX sites, mainly due to increased demand, and some workforce challenges in Urology. The other tumour groups were down to patient choice to delay.
- Mitigation plans are in place. The Whipps Cross Hospital team piloted Tele Derm. for two months, which has been a success and plan is to roll this out after securing funding from the Cancer Alliance. RLH has completed audit of ENT referrals and plan to present to ICS and NHSE to use the ENT calculator, after it was used in the pandemic and was successful. Once signed off will be rolled out. Urology, we have sought mutual aid from BHRUT for additional 2ww slots, and are exploring bringing in a locum doctor, along with working to fill the junior workforce gap.
- Testicular data is being investigated as there is a data quality query



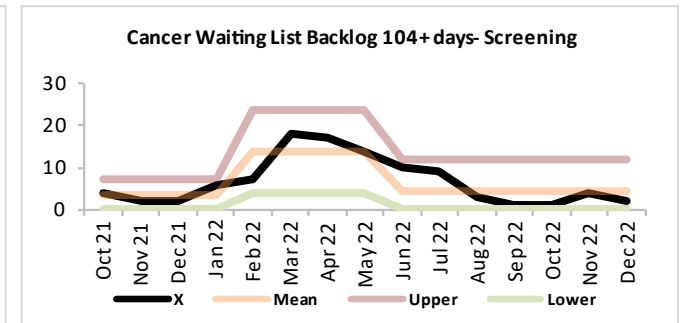
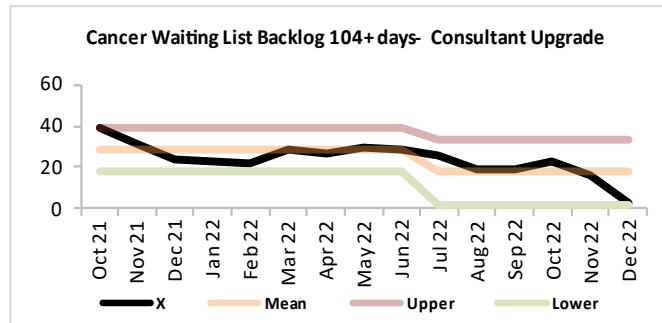
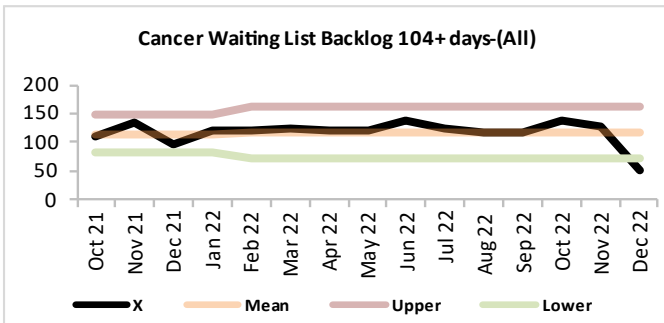
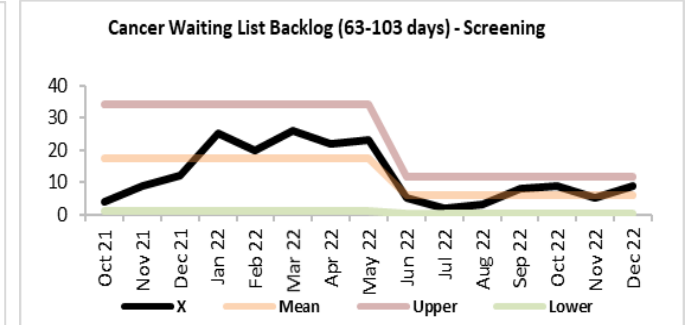
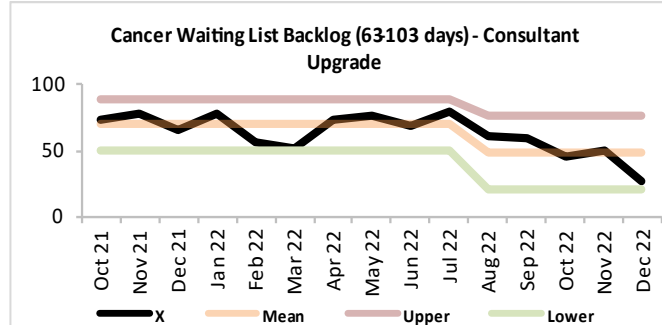
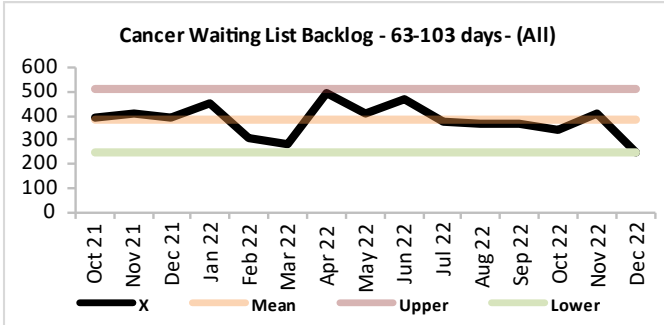


	Seen	Breaches	Performance	Target
<b>All Tumor Sites</b>	<b>3,043</b>	<b>885</b>	<b>70.9%</b>	<b>75.0%</b>
Breast	529	11	97.9%	75.0%
Gynaecological	302	107	64.6%	75.0%
Haematological	41	19	53.7%	75.0%
Head and Neck	318	88	72.3%	75.0%
Lower Gastrointestinal	526	245	53.4%	75.0%
Lung	38	9	76.3%	75.0%
Skin	698	132	81.1%	75.0%
Upper Gastrointestinal	247	91	63.2%	75.0%
Urological	310	175	43.5%	75.0%

Site	Seen	Breaches	Performance	Target
Newham	445	91	79.6%	75.0%
Royal London	890	245	72.5%	75.0%
St Bart's	226	25	88.9%	75.0%
Whipps Cross	1,482	524	64.6%	75.0%
<b>Barts Health</b>	<b>3,043</b>	<b>885</b>	<b>70.9%</b>	<b>75.0%</b>

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>Barts Health Group has had strong performance in FDS since the standard went live in October 2021.</li> <li>This has been challenged in October and November due to increased 2WW referrals and some operational pressures.</li> </ul>	<ul style="list-style-type: none"> <li>In November we did not achieve the aggregated performance, due to challenges in 2WW, mainly due to Urology and ENT within RLH and Skin within WX.</li> <li>The group were successful in securing funding for some dedicated FDS nurses which has helped key pathways, also with dedicated FDS trackers supporting the sites.</li> <li>The group is rolling out the best practice timed pathways for Prostate, Gynae, H&amp;N, Skin, OG and Lung.</li> <li>Risk within the standard is within diagnostic capacity and reporting.</li> </ul>





Cancer Waiting List Backlog - All - (Highest 10 Sites)		
Site	↓	Actual - Last Month
Colorectal		85
Gynaecology		82
Head and Neck		39
Skin		26
Breast		23
Lung		18
Upper GI		16
Haematology		7
Cancer of Unknown Primary		4

Cancer Waiting List Backlog - Consultant Upgrade - (Highest 10 Sites)		
Site	↓	Actual - Last Month
Lung		10
Gynaecology		8
Upper GI		5
Colorectal		4
Skin		1
Haematology		1
Head and Neck		1

Cancer Waiting List Backlog - Screening- (Highest 10 Sites)		
Site	↓	Actual - Last Month
Breast		10
Colorectal		1

## Performance Overview

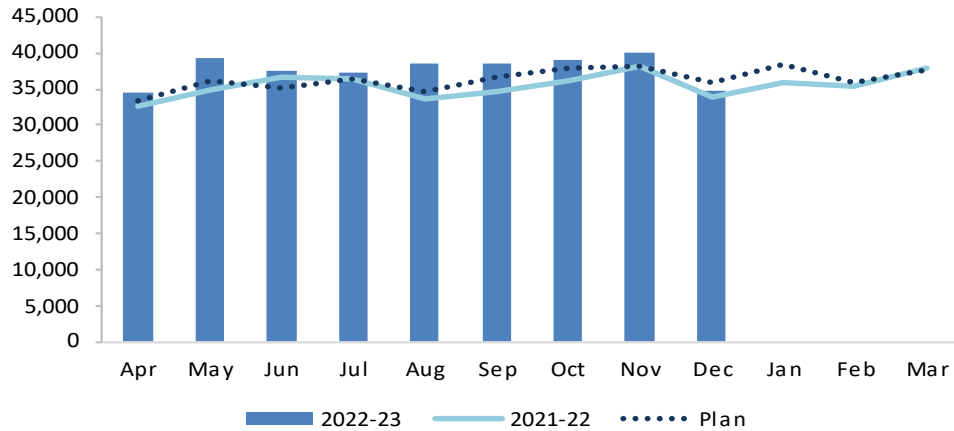
- The NHS has set improving Cancer treatment waiting times as one of its key priorities for this year. This includes the requirement to reduce the number of patients waiting more than 62-days from an urgent referral to treatment to pre-pandemic levels by March 2023. This requires the trust to reduce backlog to no greater than 197 patients by March 23. The December 2022 backlog reduction milestone is set at 356 against which the trust recorded 382, 26 greater than plan and a significant improvement on November's performance when 131 more long-waiters were recorded against plan.
- Of the 382 patients waiting longer than 63 days, 311 had waited between 63 – 103 days and 71 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.

## Responsible Director Update

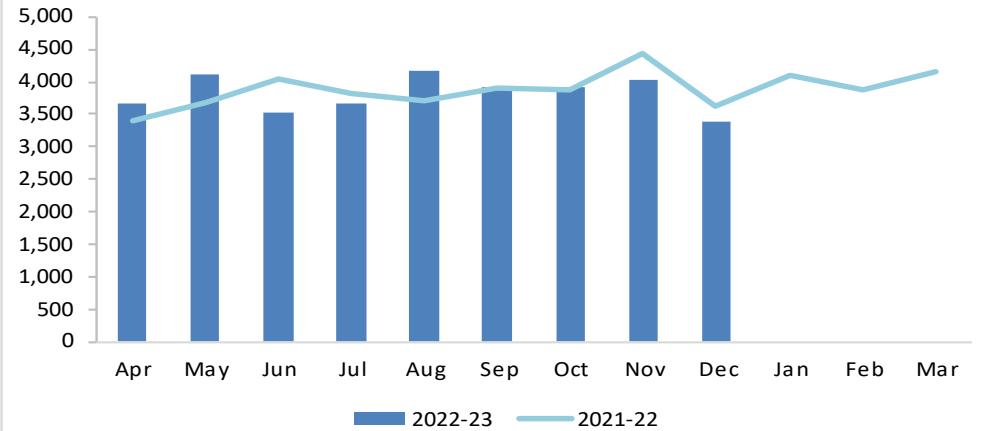
- The group continues to focus on backlog reduction, currently 9.31% and 64 in National league table (WE 22Jan23). The Hospitals are focused on treating patients by the end of March. There are deep dives into the top challenges areas to help progress patients pathways and unblock any delays.
- Current risks Imaging reporting and Histopathology turnaround times.

Barts Health					Last Month's Site Position				
Setting		Sep-2022	Oct-2022	Nov-2022	Dec-2022	Royal London	Whipps Cross	Newham	St Bart's
Diagnostics (All Modalities)	Actuals (2022-23)	38,418	38,449	39,138	34,776	10,863	9,061	7,660	7,192
	Plan	34,743	36,611	37,790	35,969	10,331	9,583	7,656	8,399
	Mth variance plan	3,675	1,838	1,348	-1,193	532	-522	4	-1,207
Diagnostics	Echocardiography	4,160	3,921	3,922	3,386	-	-	-	3,386
	Endoscopy	2,041	2,144	1,960	1,607	865	458	284	-
	Imaging	32,217	32,384	33,256	29,783	9,998	8,603	7,376	3,806

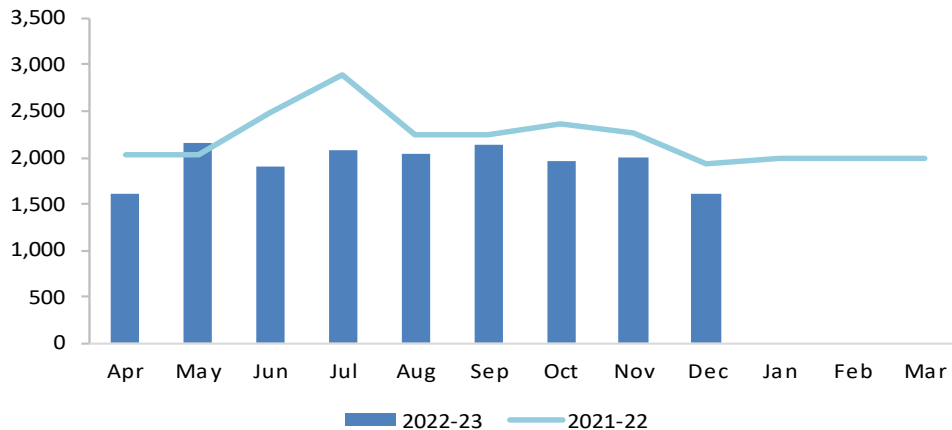
**Barts Health - Diagnostic Activity (All Modalities)**



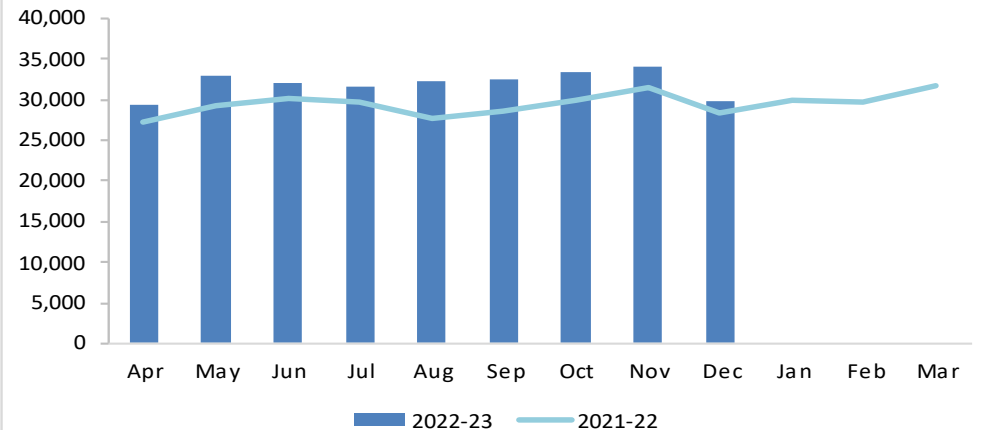
**Barts Health - Diagnostic Activity (Echocardiology)**

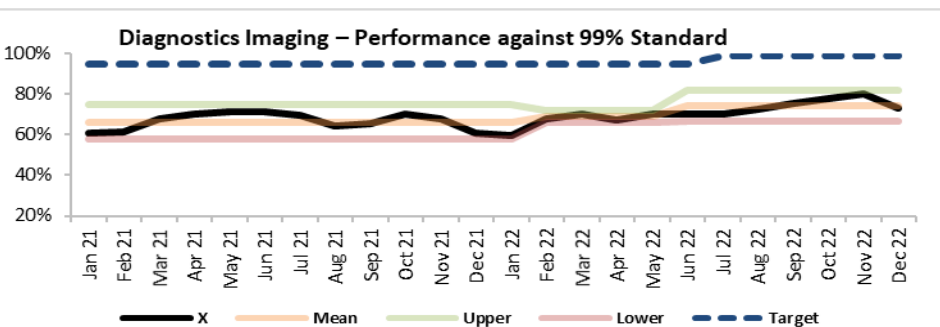
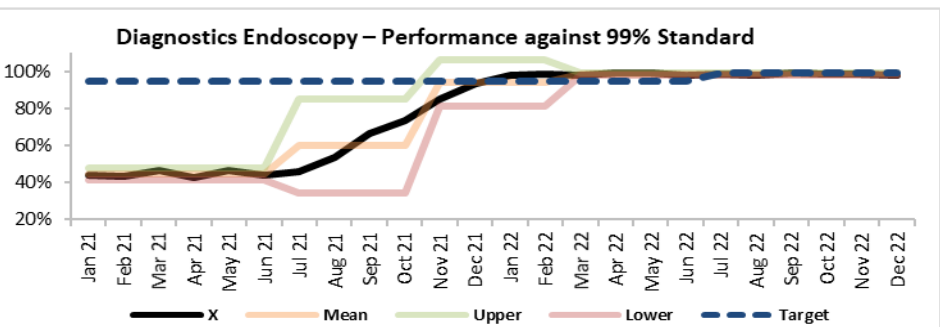
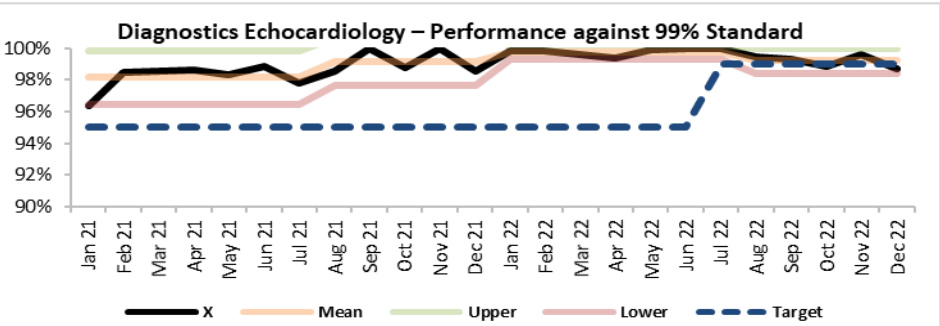
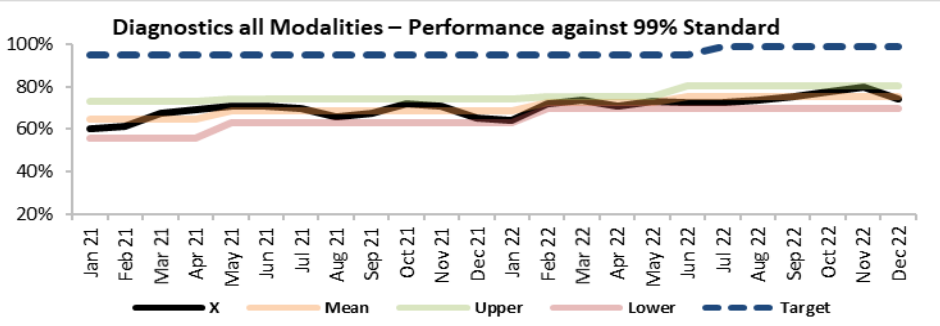


**Barts Health - Diagnostic Activity (Endoscopy)**



**Barts Health - Diagnostic Activity (Imaging)**

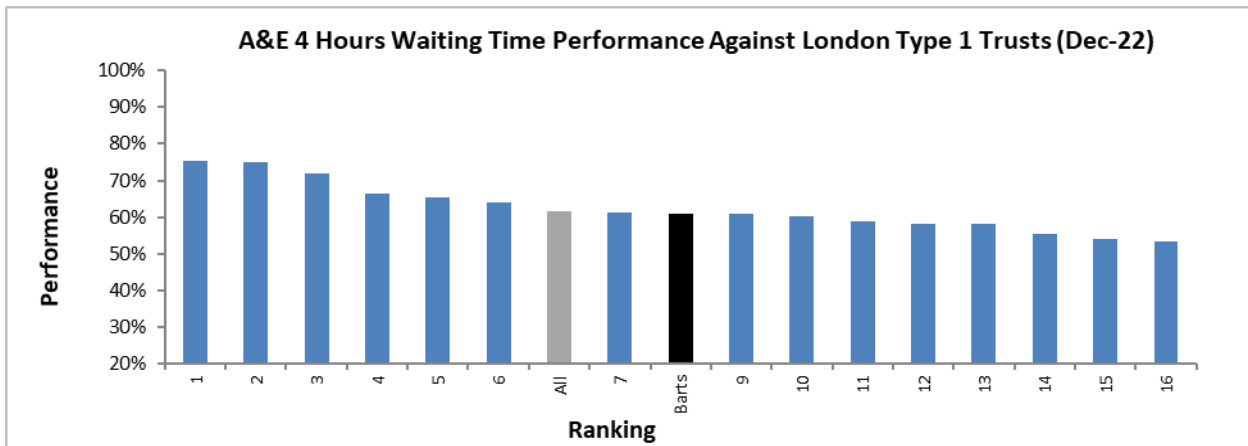




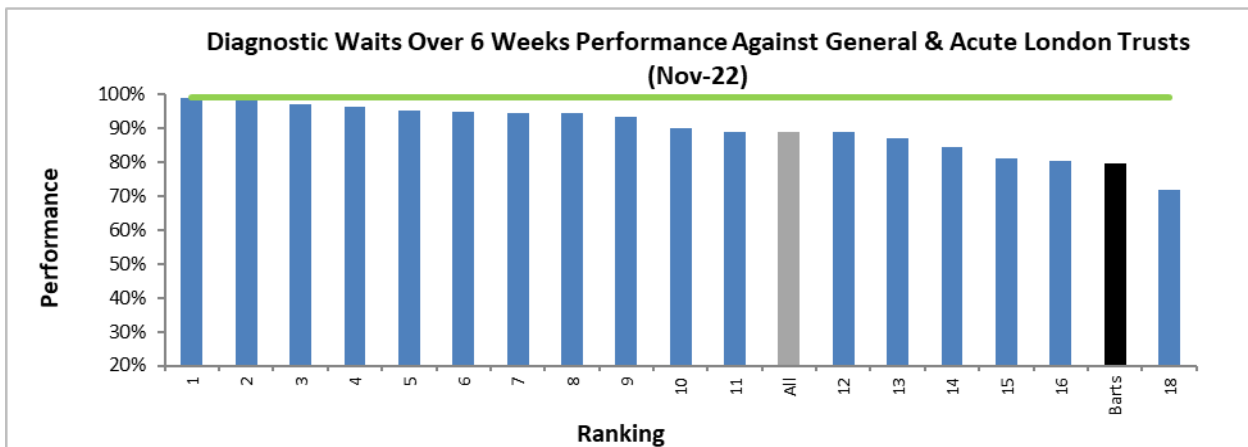
Test Name	Nov-22			Dec-22			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Urodynamics - pressures & flows	85	53	37.6%	87	64	26.4%	-11.2%
Audiology - Audiology Assessments	1,821	1,254	31.1%	1,575	1,083	31.2%	0.1%
Magnetic Resonance Imaging	8,022	3,004	62.6%	7,480	3,190	57.4%	-5.2%
Neurophysiology - peripheral neurophysiology	65	26	60.0%	57	18	68.4%	8.4%
Non-obstetric ultrasound	15,608	1,971	87.4%	14,943	3,112	79.2%	-8.2%
Computed Tomography	3,601	402	88.8%	3,440	701	79.6%	-9.2%
DEXA Scan	913	121	86.7%	852	168	80.3%	-6.5%
Cystoscopy	148	12	91.9%	176	26	85.2%	-6.7%
Respiratory physiology - sleep studies	58	2	96.6%	38	2	94.7%	-1.8%
Gastroscopy	681	15	97.8%	707	12	98.3%	0.5%
Cardiology - echocardiography	1,982	7	99.6%	1,776	23	98.7%	-0.9%
Flexi sigmoidoscopy	159	0	100.0%	210	1	99.5%	-0.5%
Colonoscopy	899	2	99.8%	1,083	3	99.7%	-0.1%
Cardiology - Electrophysiology	0	0	100.0%	0	0	100.0%	0.0%
Barium Enema	3	0	100.0%	0	0	100.0%	0.0%
<b>Grand Total</b>	<b>34,045</b>	<b>6,869</b>	<b>79.8%</b>	<b>32,424</b>	<b>8,403</b>	<b>74.1%</b>	<b>-5.7%</b>

**Commentary**

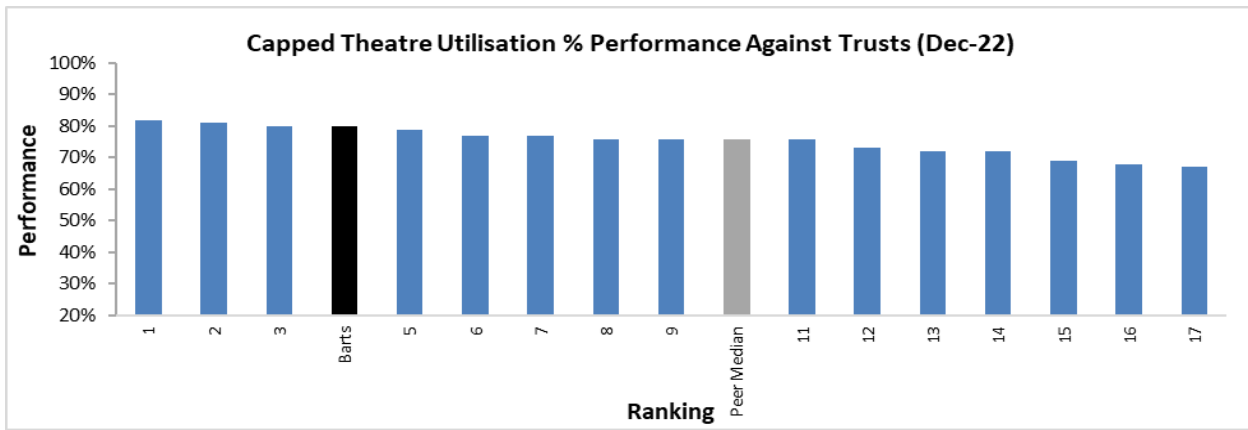
- For December 2022 a performance of 74.1% was recorded, a reduction of 5.7% on November’s 79.8%. However despite breaches of the 6-week standard increasing in December, the total volume of patients waiting, and the total patients waiting more than 13 weeks, fell against November as diagnostic services continue to work towards the national aim of at least 95% of patients waiting less than six weeks by March 2025.
- The greatest challenge is in MRI and non-obstetric ultrasound (NOUS). Imaging breaches accounted for 85% and paediatric audiology accounts for 12% of all breaches in December 2022.
- Initiatives to improve imaging services are overseen through the NEL Imaging Network, with collaborative work between hospitals in place to share capacity, transform service delivery and standardise practise, with an aim to reduce inequity of access to services.
- Work to develop a NEL diagnostics strategy and complete a triangulated operating plan for Imaging services across NEL will be completed by March 23. This include reference to locations of new services, with an aim to have more elective services outside of acute hospitals settings.
- Work to plan for the national “Diagnostics focus month” in March are in train, building on work supporting the long wait challenges faced by MRI and NOUS at St Barts and the Royal London



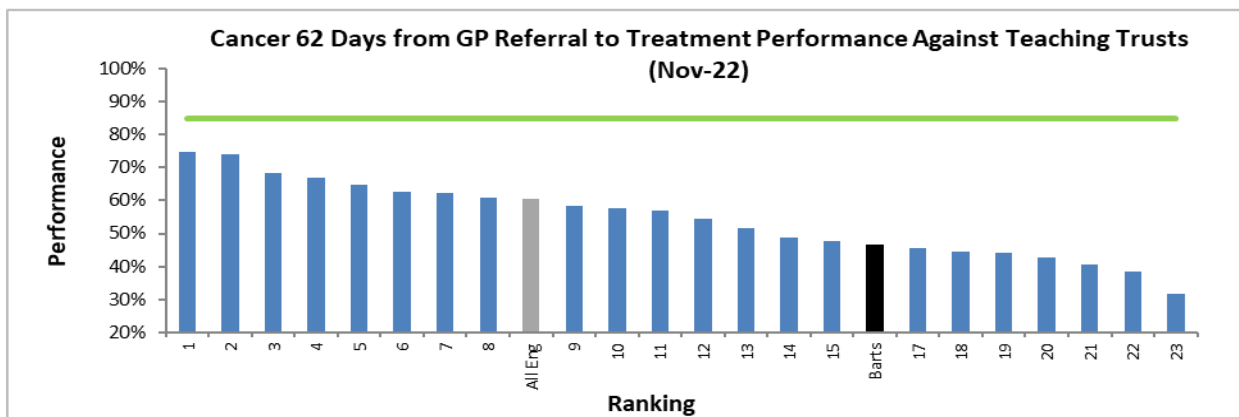
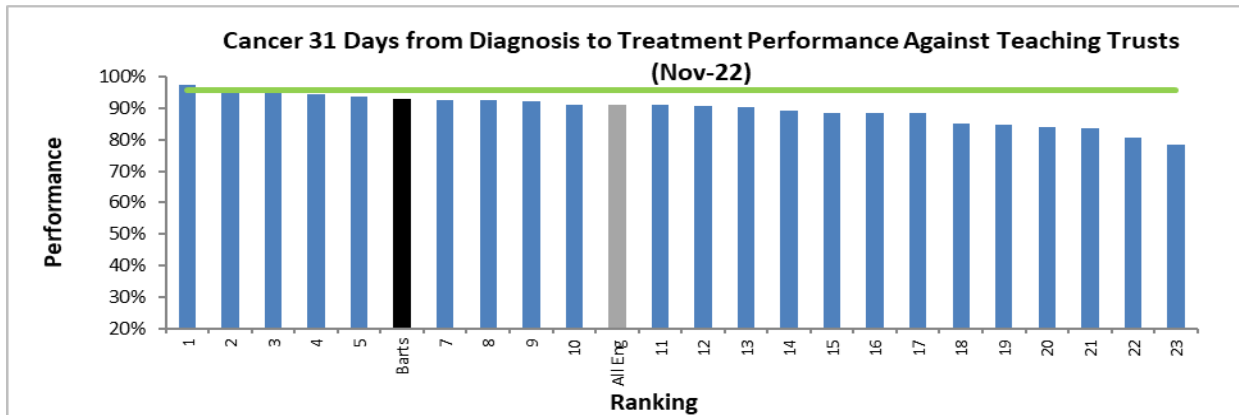
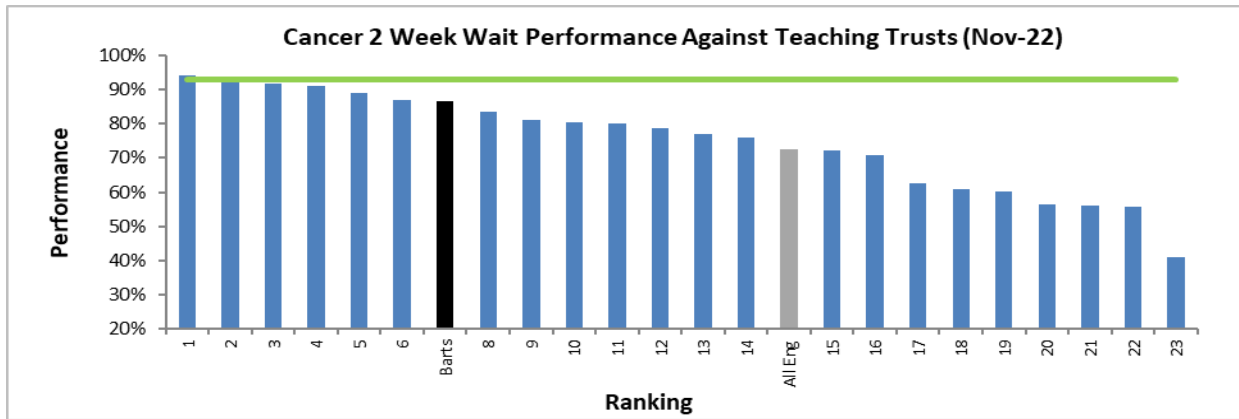
- For December 2022, Barts Health recorded the highest volume of A&E attendances of any trust in England. In terms of performance against the 4-hour standard, the Trust was ranked 8<sup>th</sup> out of 16 trusts reporting data in London and was the 3<sup>rd</sup> best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.



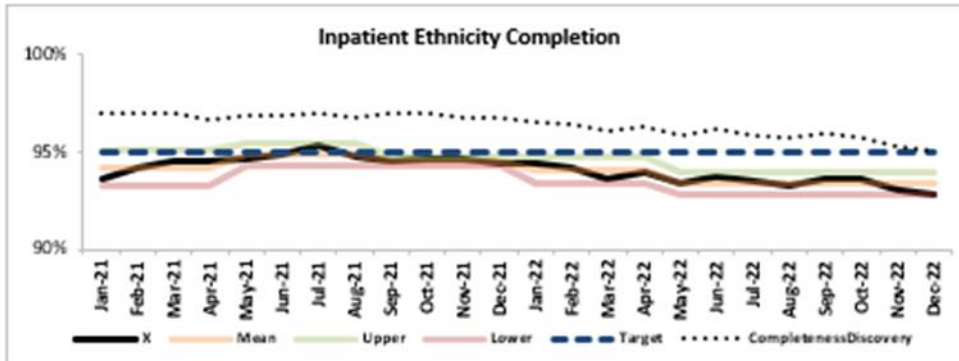
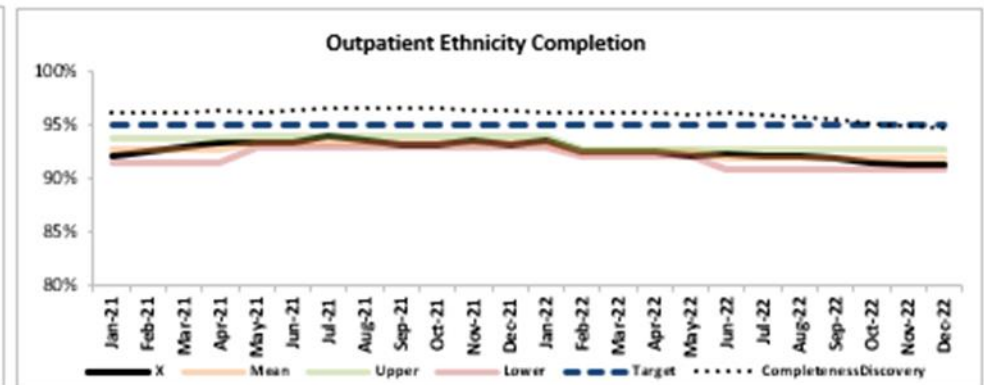
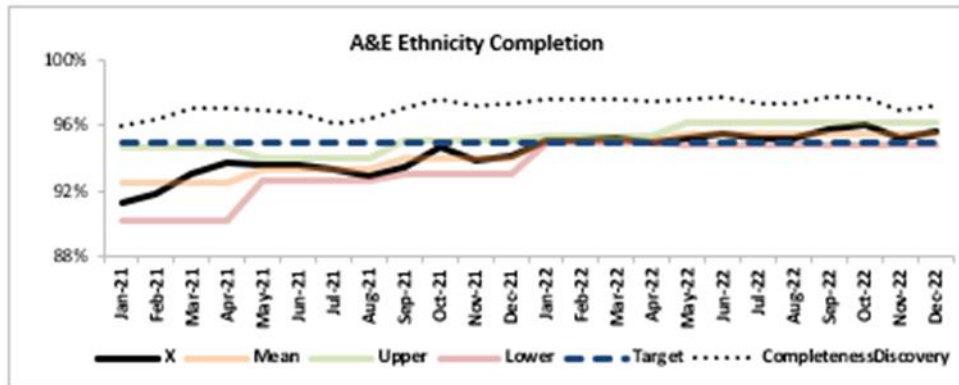
- Looking at the 18 London acute Trusts reporting data for November 2022 (the most recent national data), Barts Health had the largest waiting list and was the 17<sup>th</sup> worst performing in relation to compliance against the 6 week waiting time standard. Looking at the top 10 largest provider Trusts in England (by size of waiting list), Barts Health had the 3<sup>rd</sup> largest waiting list and was the best performing.



- According to the most recent Model Hospital data (15<sup>th</sup> January 2023) the trust recorded a Capped Utilisation rate of 80%, this places Barts Health in the fourth (highest) quartile of London performance. Against the London Region peer group of 18 acute trusts the Barts Health Capped Utilisation median rate of 73% compares against a peer median rate of 76%.
- Please note, the chart opposite only presents the individual performance for all the peers of Barts who have submitted data at the time of reporting.



- The trust did not achieve compliance against the 93% two-week wait target recording a performance of 85.6% for November 2022. As noted since September performance has been heavily influenced by the volume of breaches recorded at the Whipps Cross Hospital site in the Skin tumour pathway. In order to increase capacity and improve patient experience the clinical team started a tele-dermatology pilot during October. In relation to benchmarked performance Barts Health ranked 7<sup>th</sup> best performing against the 23 teaching trust peer group.
- The Trust achieved compliance in November 2022 against the 31 Day Diagnosis to Treatment standard, recording a performance of 97.4% against the 96% target. For November 2022, Barts Health was the 6<sup>th</sup> best performing of the 23 Teaching Trusts.
- For November 2022 in relation to 62 days from urgent GP referral, the Trust recorded a performance of 55.6%, a slight improvement on October's 55.5%, with 126 pathways seen (the highest number of treatments recorded this year) and 56 breaches. While performance remains below the 85% national standard, 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 November 2022 Barts Health was the 16<sup>th</sup> worst performing of 23 Teaching Trusts.



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

Site	A&E	Inpatient	Outpatient
Royal London	97.3%	90.6%	90.2%
Whipps Cross	93.8%	93.1%	90.1%
Newham	95.2%	95.5%	94.8%
St Bart's	-	95.7%	92.2%
Trust	95.6%	92.9%	91.3%

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

### Performance Overview

- Trust performance across all three activity areas remains above 90% from the previous reporting period. It is promising to see a marginal improvement in capture rates from the last reporting period for A&E, Inpatient and Outpatient departments by 0.6, 0.1 and 0.3 percentage points respectively. Additionally, there appears to be a slight decline over time since Dec/Jan2021 which is a concern.
- While no site achieved 95% ethnicity capture in all three areas, Newham has maintained a 95% capture rate in both A&E and Inpatients at 95.2% and 95.5% respectively, and just falling short of the 95% target in Outpatients at 94.9%.
- Whipps Cross Hospital has seen an increase in capture rates across all three areas with A&E, Inpatients and Outpatients increasing by 0.6, 0.4 and 0.4 percentage points, respectively.
- Royal London continues to achieve the highest capture rates in A&E at 97.3%. However, opportunities still exist to improve ethnicity capture for Inpatient and Outpatient departments.

### Responsible Director Update

- It is encouraging to see an increase across all areas Trust wide and an above 90% capture rate being maintained in individual areas. Across the Trust, Outpatients is still a concern as it fails to reach the target of 95%.
- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- Work is underway to include divisional level ethnicity capture reporting as part of standard divisional PR packs.





**Barts Health**  
NHS Trust

# People Report



**Substantive Staffing and Recruitment**

Substantive fill rate increased to 92.2% with an additional 34 WTE in post, 29 of the additional posts were international recruits at Whipps Cross Hospital. Unfortunately we have seen a small (12 WTE) reduction in registered nurses and midwives, however the registered nursing and midwifery fill rate has remained at 84.4%

Despite the impact of the Christmas period 1,212 WTE were advertised with 455 conditional offers made and 417 unconditional offers

For maternity services, working with our framework agencies we have been able to establish line of work to help address vacancies in team. Permanent recruitment is commissioned with both domestic and international campaigns delivering.

**Turnover**

There was a small reduction to 13.1% from 13.2%. Across the group we have seen St Barts improve from 13.9% to 13.7%, pathology partnership from 13.9% to 13.3% and Royal London from 14.4% to 14.3%, though we have seen marginal increases at Newham Hospital (10.9% from 10.8%) and Whipps Cross Hospital (12.1% to 12.2%).

We understand that the funding for the NHSE Exemplar programme has been extended and we are waiting for the details of the process to apply for a further year of funding for Barts Health so that we continue our focus on Retention with the People Promise Retention Manager in post and strong links to the national programme

**Temporary Staffing**

In line with seasonal expectations we saw a significant reduction in temporary staffing with a reduction of 396 Bank WTE and a reduction of 159 Agency WTE. This reflects the bank holidays and reduced elective activity over the festive period.

Agency spend YTD is £44m (in month £5m) whilst Bank spend is £99m YTD (and £9m in month). The 2023/24 national target for agency spend is 3.7% of paybill. This is likely to equate to around is £44.6m which would suggest we need to cut agency spend by 25% next year or roughly 200 WTE agency a month less as a group

Recent patient volume and staff absence pressures have resulted in an increase in late notice demand and therefore use of off-framework agencies has increased. However, this has not reached levels seen at the beginning of 2022/23 and once demand drops, we expect usage to reduce – this will be monitored via PRs.

**Appraisal**

We have seen an improvement in the proportion of recoded appraisals for both medical staff (76% to 83%) and non-medical staff (52% to 53%). For non medical appraisals an action plan has been developed including improving appraisal documentation in line with Moorhouse recommendations. Pilot groups at each hospital are being set up for feedback and to test the changes/discuss branding options.

**Sickness Absence**

We have seen a small reduction in the annualised rate from 5.19% to 5.17%. In month absence increased from 4.83% to 4.90%, however this is lower than at the same point last year leading to the overall reduction.



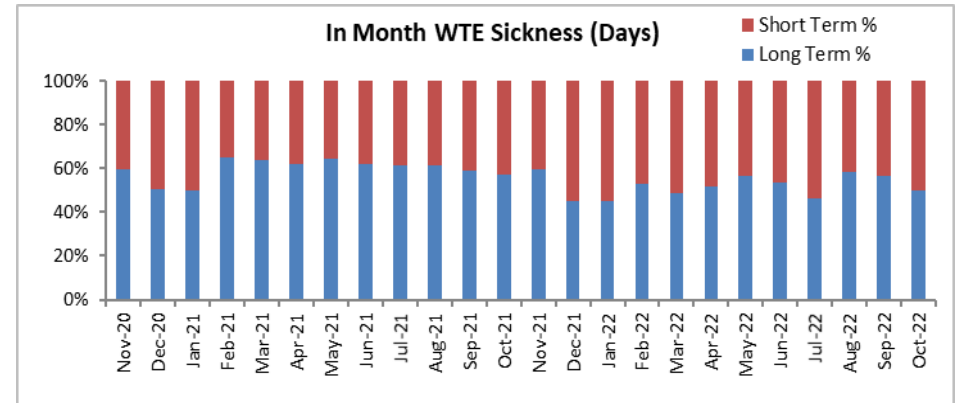
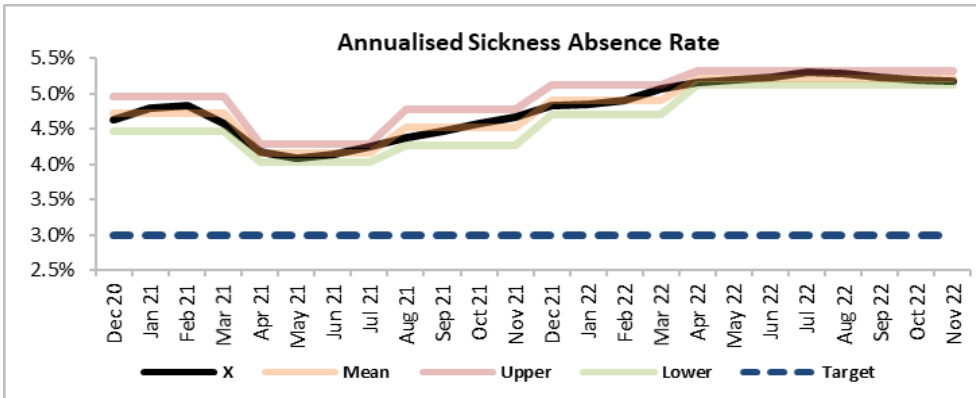
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
People	W19	Turnover Rate	●			Nov-22 (m)	<= 12.25%	13.45%	<b>13.22%</b>	<b>13.22%</b>	14.38%	12.06%	10.78%	13.90%	12.61%	●
	OH7	Proportion of Temporary Staff	●			Dec-22 (m)	<= 11.3%	14.4%	<b>12.0%</b>	<b>14.4%</b>	11.3%	17.3%	16.7%	9.3%	6.1%	●
	W20	Sickness Absence Rate	●			Nov-22 (m)	<= 3%	5.19%	<b>5.17%</b>	<b>5.17%</b>	5.29%	5.34%	5.70%	4.24%	5.30%	
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	<b>79.8%</b>	<b>78.3%</b>	84.8%	79.3%	75.4%	91.8%	73.1%	
	OH6	NHS Staff Survey	●			2020/21 (y)	>= 7	7.0	<b>6.9</b>	<b>6.9</b>	7.0	6.8	6.9	7.1	7.0	
Compliance	W50	Mandatory and Statutory Training - All	●			Dec-22 (m)	>= 85%	84.8%	<b>85.1%</b>	<b>84.5%</b>	84.1%	86.2%	84.2%	88.8%	82.7%	●
	W11	Mandatory and Statutory Training - National	●			Dec-22 (m)	>= 85%	83.8%	<b>84.1%</b>	<b>83.7%</b>	82.6%	85.6%	84.6%	87.7%	81.8%	
	W29	Appraisal Rate - Non-Medical Staff	●			Dec-22 (m)	>= 90%	52.4%	<b>52.9%</b>	<b>52.9%</b>	53.1%	54.8%	48.9%	56.7%	51.4%	
	W30	Appraisal Rate - Medical Staff	●			Dec-22 (m)	>= 95%	76.3%	<b>83.0%</b>	<b>83.0%</b>	81.6%	84.6%	85.8%	83.3%	71.4%	

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	Dec-22 (Site)			
		Target	Nov-22	Dec-22		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	<=100%	102.9%	103.1%	-	103.7%	105.6%	103.0%	100.6%
	Staff in Post - Actual	>=Plan	17,126	17,160		6,358	2,956	2,132	2,735
	Staff in Post - Plan	-	-	-	-	-	-	-	-
	Bank WTE - Actual	<=Plan	2,052	1,657		601	403	291	218
	Bank WTE - Plan	-	-	-	-	-	-	-	-
	Agency WTE - Actual	<=Plan	833	675		212	214	138	62
	Agency WTE - Plan	-	-	-	-	-	-	-	-
	Total Staffing - Actual	<=Plan	20,011	19,491		7,171	3,573	2,561	3,015
Total Staffing - Plan	-	-	-	-	-	-	-	-	
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	92.1%	92.2%	-	94.2%	88.6%	86.9%	92.6%
	Substantive Fill Rate - Plan	-	-	-	-	-	-	-	-
	Unconditional Offers - Actual	>=Plan	447	411	1,522	125	84	50	77
	Unconditional Offers - Plan	-	381	386	1,505	155	63	47	71
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	38.4%	45.9%	-	27.8%	62.1%	31.6%	78.6%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	18.8%	24.8%	-	30%	28%	23%	10%
	Additional Duty Hours (Nursing)	-	-	-	-	-	-	-	-
Diversity	% of BME Staff at Band 8a to VSM	-	37.0%	37.3%		34%	45%	54%	25%
Target for % Utilisation (Total Fill Rate)			95% to 100%		<95%	>100%			
Target for Staff in Post Actual Against Plan (% Variance)			>=0%		Between 0% and -5%	<=-5%			
Targets for Bank, Agency and Total Staffing Actual Against Plan (% Variance)			<=-5%		Between 0% and -5%	>=0%			
Target for Unconditional Offers Actual Against Plan (% Variance)			>=0%		Between 0% and -10%	<=-10%			
Target for Roster Compliance - % Approved on Time (>20 WTEs)			>=100%		Between 90% and 100%	<=90%			

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



Site	Staff Group	6 Months Ago			Nov-22			Variance
		Sick WTE Days	Available WTE Days	%	Sick WTE Days	Available WTE Days	%	
Royal London	All Staff Groups	119,290	2,247,209	5.31%	121,617	2,300,650	5.29%	-0.02%
Whipps Cross	All Staff Groups	56,468	1,030,245	5.48%	56,028	1,049,804	5.34%	-0.14%
Newham	All Staff Groups	43,058	755,812	5.70%	43,490	762,642	5.70%	0.01%
St Bart's	All Staff Groups	41,862	972,035	4.31%	41,968	989,123	4.24%	-0.06%
CSS	All Staff Groups	3,955	83,980	4.71%	3,877	82,481	4.70%	-0.01%
Other	All Staff Groups	49,211	944,663	5.21%	50,749	956,840	5.30%	0.09%

### Performance Overview

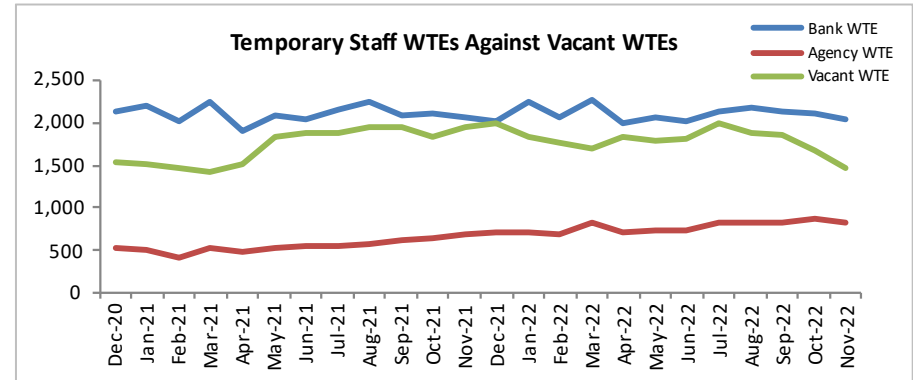
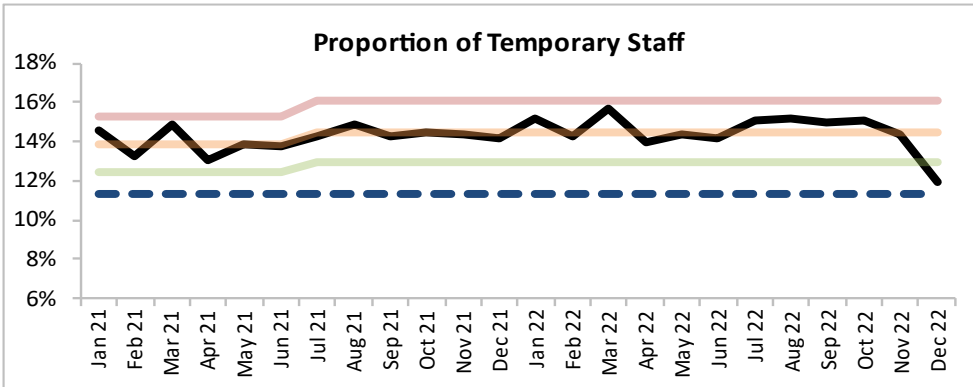
We have seen a small reduction in the annualised rate from 5.19% to 5.17%. In month absence increased from 4.83% to 4.90%, however this is lower than at the same point last year leading to the overall reduction.

We have seen reductions in annualised absence across most of the sites, however St Bartholomew's has not see any change and Newham has increased.

- Newham – From 5.65% to 5.70%
- ST Bartholomew's - remained 4.24%
- The Royal London reduced from 5.32% to 5.29%
- Whipps recued from 5.36% to %.34%
- Pathology Partnership reduced from 5.68% to 5.62%
- Group Support Services reduced from 5.76% to 5.69%

### Responsible Director Update

- Work continues within Occupational Health to focus on staff on long term sick, ensuring that the appropriate referrals have been made and where appropriate support put in place to facilitate a return to work.



Proportion of Temporary Staff by Site

Site	Staff Group	Average of Previous 6 Months			Dec-22			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	973	7,252	13.4%	813	7,171	11.3%	-2.1%
Whipps Cross	All Staff Groups	746	3,619	20.6%	617	3,573	17.3%	-3.3%
Newham	All Staff Groups	546	2,637	20.7%	429	2,561	16.7%	-4.0%
St Bart's	All Staff Groups	385	3,101	12.4%	280	3,015	9.3%	-3.1%
CSS	All Staff Groups	20	243	8.2%	13	233	5.5%	-2.7%
Other	All Staff Groups	237	2,847	8.3%	180	2,938	6.1%	-2.2%

### Performance Overview

In line with seasonal expectations we saw a significant reduction in temporary staffing with a reduction of 396 Bank WTE and a reduction of 159 Agency WTE. This reflects the bank holidays and reduced elective activity over the festive period.

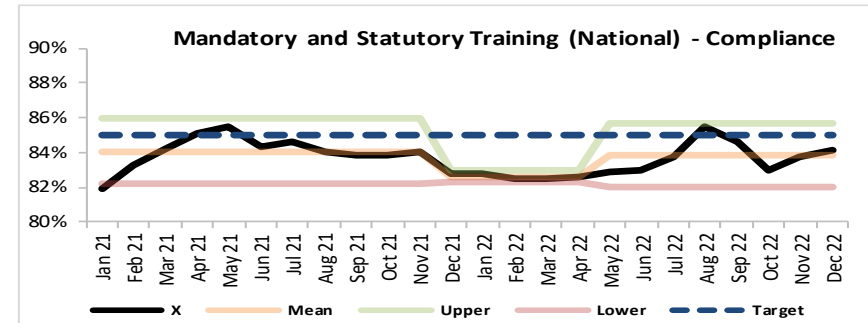
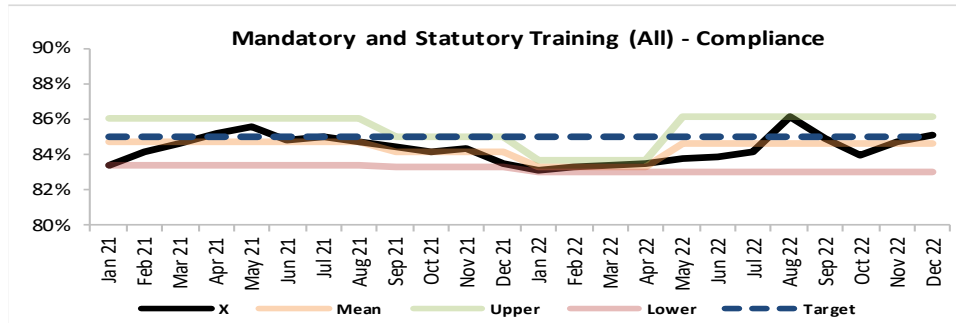
Agency spend YTD is £44m (in month £5m) whilst Bank spend is £99m YTD (and £9m in month). Across the sites agency spend YTD as a % of budget is as follows

- Newham – 9.18%
- St Bartholomew's – 3.48%
- The Royal London – 3.50%
- Whipps Cross – 8.26%
- Pathology Partnership – 2.48%
- Group Support Services – 3.20%

### Responsible Director Update

The 2023/24 national target for agency spend is 3.7% of paybill. This is likely to equate to around is £44.6m which would suggest we need to cut agency spend by 25% next year or roughly 200 WTE agency a month less as a group

Recent patient volume and staff absence pressures have resulted in an increase in late notice demand and therefore use of off-framework agencies has increased. However, this has not reached levels seen at the beginning of 2022/23 and once demand drops, we expect usage to reduce – this will be monitored via PRs.



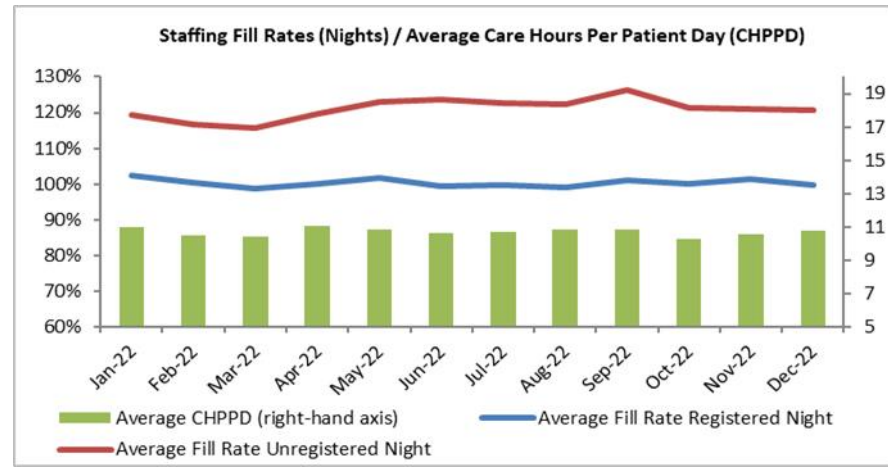
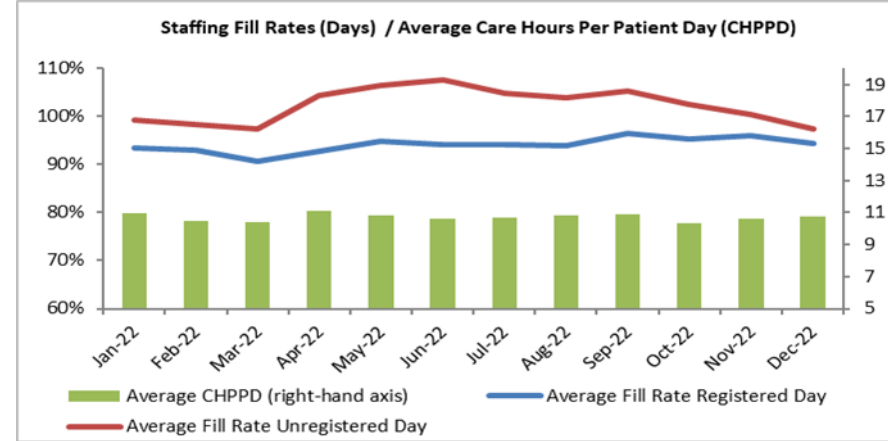
Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	Dec-22	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	79.7%	81.4%	3,376

Bottom 5 Departments: Total Number of Non-Compliant Employees			
Department	Previous 6 Months	Dec-22	
	Compliance	Compliance	Staff Non-Compliant
Safeguarding Children L2 (Barts Health)	77.7%	72.3%	3,651
Health, Safety, Incidents (Barts Health)	83.9%	84.1%	2,896
Resuscitation - Basic Life Support (Barts Health)	74.7%	78.5%	2,403
Infection Control (Clinical) (Barts Health)	79.8%	82.2%	2,078
Moving Handling - Clinical (Barts Health)	81.8%	83.5%	2,051

Non-mandatory competencies have been excluded from the above tables

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> <li>Trust wide compliance against the 11 Core Skills Training Framework subjects has decreased over the past month and currently stands at 85.36%. This is above the Trust target of 85%.</li> <li>Overall training compliance across all subjects is also increasing and now stands at 88.19% which is above the Trust target of 85%.</li> <li>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.</li> <li>Work is continuing with the Information Governance (IG) team on raising compliance with targeted emails being sent to staff from the IG team.</li> </ul>	<ul style="list-style-type: none"> <li>All staff receive monthly emails to alert them of non-compliance or subjects that are within 3 months of expiring.</li> <li>Statutory and mandatory training data is included in site PR packs with spotlights on specific issues.</li> <li>A root and branch review of Statutory, Mandatory and Essential training has commenced in the Trust and is being supported by a sub-committee established to support the work and make recommendations to the Education Committee which has oversight of this training within the organization. This internal assessment which will initially focus on the essential subjects listed on the Training Needs Analysis (TNA), is timely and will run in parallel to a national review lead by Skills for Health and HEE of the 11 Core Skills Training framework subjects the Trust has adopted as its statutory and mandatory training.</li> <li>Changes to the training needs analysis and staff profiles for Safeguarding has been paused whilst work is undertaken to ensure full alignment to the core skills training framework,</li> </ul>

- Overall average fill rates at organisational level were above target 90% in November, 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) increased slightly to 10.7 in December (10.6 in November). This metric is stable for the trust but remains above the last published London average (8.9; October 2022). It should be noted that the high number of specialist and critical care units within the Barts Health Group will result in high overall CHPPD.
- Underlying the aggregated averages, day-to-day staffing pressures were experienced across the sites. Electronic workforce efficiency tools and professional judgement were used to identify risk, which were mitigated through in-shift redeployments and senior/ non ward-based nursing staff undertaking clinical duties as required.
- There were a total 15 Red Flag staffing incidents reported: 2 in NUH and 13 in RLH. The majority of these were for maternity. This increase is a positive sign of improved reporting, with Birth rate plus being used to capture red flag.
- The main theme was inability to provide 1:1 care in established labour and not able to provide 100% co-ordinator supernumerary status. Staff were redeployed to close these gaps.
- Additional capacity remained open in response to winter pressures. These areas were staffed through deployment of substantive, supported by temporary staffing.
- Emergency department pressures reported, with a rising tide of nursing vacancies on two sites. Bespoke, focussed recruitment campaign in place. Director of Nursing-led taskforce developing strategic plan to strengthen ED nursing retention.
- SafeCare compliance overall continues in upward trajectory compared with 2021. Ward-based training programme continues, prioritising areas with lowest compliance levels Drive to increase use at Safety Huddles to enhance safety and productivity.
- The trust wide nursing and therapy establishment review under way, with ward-to-board triangulation of data and professional judgement.



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	94.4%	97.5%	99.9%	120.6%	10.7	15
Royal London	99.9%	95.3%	105.7%	130.0%	10.7	13
Whipps Cross	90.8%	105.6%	97.3%	119.4%	10.3	0
Newham	94.5%	92.3%	102.6%	113.7%	10.0	2
St Bart's	87.7%	91.1%	89.2%	108.5%	13.0	0



**Barts Health**  
NHS Trust

# Finance Report



- The Trust has reported to NHS England a (£37.6m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£20.3m), allowance for potential ERF clawback (£14.5m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£2.8m).
- Income is (£6.3m) adverse against the year to date plan. NHS Patient Treatment income is (£5.0m) 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 for the year to date (£14.5m) by the ICB 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 (£1.4m) adverse for the year to date, with the key shortfall being for reduced private patients income at St Bartholomews Hospital.
- Expenditure is (£31.2m) adverse against the year to date plan. Site and Services expenditure is (£57.5m) 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 £26.3m favourable which is due to the release of non-recurrent benefits, reserves, pathology partnership underspend and additional interest receivable income.
- Capital expenditure to date is £51.7m against a plan of £62.3m which results in an adverse variance of £10.7m for the exchequer funded schemes. The underspend is mainly due to timing, delays on delivery of schemes which were in the first part of the year. It is of note that those delayed schemes are expected to catch up expenditure by the end of the financial year and following a review of major schemes it is anticipated that additional costs above budget will be incurred for the NUH modular build (£3.2m). The delay in progressing the Kenworthy Road lease (£3.6m) is ongoing but it is expected this will be resolved in the current financial year.
- The Trust cash balances at £90.5m are higher than plan because of the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date, including lower capital spend.
- The Trust has agreed with NEL ICB that it will report a forecast outturn income and expenditure deficit of (£19m) for 2022/23 as part of an NEL system forecast deficit of (£35m) that has been agreed with NHS London. The proposed (£19m) deficit incorporates the ICB understanding that ERF funding will not now be clawed back from local systems in 2022/23 and includes additional funding of £3m to be provided by NEL ICB. A revised forecast is due to be formally submitted as part of Month 10 financial reporting under the NHS England protocol for changes to in-year revenue financial forecasts. It has also now been notified that by meeting the overall stretch for the ICB system agreed with NHS London of £35m deficit this will release £10.5m of additional funds to the system. A proportion of this funding will be used reduce the deficits at Barts and BHRUT on a pro rata basis, the exact amount of this additional funding to be allocated to Barts is not yet confirmed.



Metrics	Current Performance Year To Date £millions	Trend	Comments	
<b>NHS Financial Performance Surplus / (Deficit)</b>	Plan	0.0		<p>The Trust has reported to NHS England a (£37.6m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£20.3m), allowance for potential ERF clawback (£14.5m) by Integrated Care Boards (ICBs) and other budget overspends primarily relating to slippage on efficiency savings plans (£2.8m).</p>
	Actual	(37.6)		
	Variance	(37.6)		
<b>Total Income</b>	Plan	1,563.6		<p>Income is (£6.3m) adverse against the year to date plan. NHS Patient Treatment income is (£5.0m) 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 for the year to date (£14.5m) by the ICB has been assumed in the Trust's position reflecting elective underperformance against the 104% target for non-specialised activity for the year to date.</p> <p>Other income is (£1.4m) adverse for the year to date, with the key shortfall being for reduced private patients income at St.Bartholomews Hospital.</p>
	Actual	1,557.3		
	Variance	(6.3)		
<b>Total Expenditure</b>	Plan	(1,563.6)		<p>Expenditure is (£31.2m) adverse against the year to date plan. Site and Services expenditure is (£57.5m) 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 £24.8m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.</p>
	Actual	(1,594.9)		
	Variance	(31.2)		

Metrics	Current Performance Year To Date £millions	Trend	Comments																																							
Capital Expenditure	Plan 62.3	<table border="1"> <caption>CAPEX £m</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr><td>APR</td><td>1.8</td><td>8.8</td></tr> <tr><td>MAY</td><td>7.2</td><td>5.5</td></tr> <tr><td>JUN</td><td>3.8</td><td>7.0</td></tr> <tr><td>JUL</td><td>3.5</td><td>6.5</td></tr> <tr><td>AUG</td><td>5.5</td><td>8.8</td></tr> <tr><td>SEP</td><td>6.0</td><td>10.0</td></tr> <tr><td>OCT</td><td>7.8</td><td>6.0</td></tr> <tr><td>NOV</td><td>6.5</td><td>6.0</td></tr> <tr><td>DEC</td><td>10.0</td><td>3.5</td></tr> <tr><td>JAN</td><td></td><td>8.0</td></tr> <tr><td>FEB</td><td></td><td>6.0</td></tr> <tr><td>MAR</td><td></td><td>11.0</td></tr> </tbody> </table>	Month	Actual	Plan	APR	1.8	8.8	MAY	7.2	5.5	JUN	3.8	7.0	JUL	3.5	6.5	AUG	5.5	8.8	SEP	6.0	10.0	OCT	7.8	6.0	NOV	6.5	6.0	DEC	10.0	3.5	JAN		8.0	FEB		6.0	MAR		11.0	<p>Capital expenditure to date is £51.7m against a plan of £62.3m which results in an adverse variance of £10.7m for the exchequer funded schemes. The underspend is mainly due to timing, delays on delivery of schemes which were in the first part of the year. It is of note that those delayed schemes are expected to catch up expenditure by the end of the financial year and following a review of major schemes it is anticipated that additional costs above budget will be incurred for the NUH modular build (£3.2m). The delay in progressing the Kenworthy Road lease (£3.6m) is ongoing but it is expected this will be resolved in the current financial year.</p>
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Actual 51.7																																										
Variance (10.7)																																										
Cash	Plan 50.0	<table border="1"> <caption>Cash Balance £m</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr><td>APR</td><td>125.0</td><td>125.0</td></tr> <tr><td>MAY</td><td>145.0</td><td>145.0</td></tr> <tr><td>JUN</td><td>110.0</td><td>110.0</td></tr> <tr><td>JUL</td><td>145.0</td><td>105.0</td></tr> <tr><td>AUG</td><td>148.0</td><td>100.0</td></tr> <tr><td>SEP</td><td>115.0</td><td>90.0</td></tr> <tr><td>OCT</td><td>115.0</td><td>75.0</td></tr> <tr><td>NOV</td><td>135.0</td><td>75.0</td></tr> <tr><td>DEC</td><td>90.0</td><td>55.0</td></tr> <tr><td>JAN</td><td></td><td>55.0</td></tr> <tr><td>FEB</td><td></td><td>55.0</td></tr> <tr><td>MAR</td><td></td><td>60.0</td></tr> </tbody> </table>	Month	Actual	Plan	APR	125.0	125.0	MAY	145.0	145.0	JUN	110.0	110.0	JUL	145.0	105.0	AUG	148.0	100.0	SEP	115.0	90.0	OCT	115.0	75.0	NOV	135.0	75.0	DEC	90.0	55.0	JAN		55.0	FEB		55.0	MAR		60.0	<p>Cash balances at £90.5m are higher than plan because of the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date, including lower capital spend.</p>
	Month		Actual	Plan																																						
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Variance 40.5																																										

### Key Issues

The Trust has agreed with NEL ICB that it will report a forecast outturn income and expenditure deficit of (£19m) for 2022/23 as part of an NEL system forecast deficit of (£35m) that has been agreed with NHS London. The proposed (£19m) deficit incorporates the ICB understanding that ERF funding will not now be clawed back from local systems in 2022/23 and includes additional funding of £3m to be provided by NEL ICB. A revised forecast is due to be formally submitted as part of Month 10 financial reporting under the NHS England protocol for changes to in-year revenue financial forecasts. It has also now been notified that by meeting the overall stretch for the ICB system agreed with NHS London of £35m deficit this will release £10.5m of additional funds to the system. A proportion of this funding will be used reduce the deficits at Barts and BHRUT on a pro rata basis, the exact amount of this additional funding to be allocated to Barts is not yet confirmed.

### Key Risks & Opportunities

The key financial challenges for the Trust in achieving its £19m forecast outturn deficit for the financial year are:

- Managing additional costs resulting from increasing non-elective activity over the winter period including variations in the level of COVID and Flu prevalence.
- Managing any additional costs arising as a result of industrial action within the wider NHS.
- Delivering improvements in productivity and recurrent costs over the remainder of the year in order to minimise the recurrent exit run rate deficit carried into 2023/24.

21/22 YTD Prev Yr Actual	Emillions	In Month			Year to Date			Annual Plan
		Plan	Actual	Variance	Plan	Actual	Variance	
	<b>Income</b>							
136.5	NHS Patient Treatment Income	128.8	128.5	(0.2) ●	1,195.1	1,190.3	(4.7) ●	1,591.1
0.4	Other Patient Care Activity Income	0.6	0.2	(0.4) ●	5.1	2.3	(2.8) ●	6.8
11.1	Other Operating Income	9.9	10.5	0.6 ●	94.5	94.0	(0.5) ●	124.8
<b>148.0</b>	<b>Total Income</b>	<b>139.3</b>	<b>139.2</b>	<b>(0.0) ●</b>	<b>1,294.7</b>	<b>1,286.6</b>	<b>(8.1) ●</b>	<b>1,722.8</b>
	<b>Operating Expenditure</b>							
(97.0)	Pay	(93.1)	(97.1)	(4.0) ●	(839.7)	(862.9)	(23.2) ●	(1,119.6)
(17.1)	Drugs	(15.7)	(17.9)	(2.2) ●	(139.3)	(153.9)	(14.6) ●	(185.3)
(13.9)	Clinical Supplies	(13.7)	(13.4)	0.3 ●	(122.4)	(127.4)	(4.9) ●	(163.5)
(25.6)	Other Non Pay	(25.3)	(26.2)	(0.8) ●	(221.1)	(235.8)	(14.7) ●	(295.8)
<b>(153.7)</b>	<b>Total Operating Expenditure</b>	<b>(147.8)</b>	<b>(154.5)</b>	<b>(6.7) ●</b>	<b>(1,322.5)</b>	<b>(1,380.0)</b>	<b>(57.5) ●</b>	<b>(1,764.2)</b>
<b>(5.7)</b>	<b>Site &amp; Services Budgets Total</b>	<b>(8.5)</b>	<b>(15.3)</b>	<b>(6.8) ●</b>	<b>(27.9)</b>	<b>(93.4)</b>	<b>(65.6) ●</b>	<b>(41.4)</b>
-	Pathology Partnership (net)	(4.6)	(4.6)	(0.0) ●	(41.4)	(40.8)	0.6 ●	(55.1)
-	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0) ●	-	0.0	0.0 ●	-
-	Research & Development (net)	0.0	0.0	(0.0) ●	0.0	0.0	0.0 ●	0.0
(132.7)	Central NHS PT Income	12.8	14.1	1.3 ●	79.2	78.9	(0.2) ●	108.7
-	Central RTA & OSV Income (net)	0.6	0.8	0.2 ●	5.1	5.6	0.5 ●	6.8
-	Central Expenditure (net)	0.2	1.7	1.5 ●	1.9	15.5	13.7 ●	2.5
-	Reserves (net)	(0.2)	0.7	0.9 ●	(16.1)	(3.6)	12.5 ●	(20.2)
<b>(138.4)</b>	<b>EBITDA</b>	<b>0.3</b>	<b>(2.6)</b>	<b>(2.9) ●</b>	<b>0.8</b>	<b>(37.8)</b>	<b>(38.5) ●</b>	<b>1.3</b>
-	Depreciation and Amortisation (net)	(5.9)	(6.0)	(0.0) ●	(53.0)	(53.0)	0.0 ●	(70.9)
-	Interest	(6.0)	(5.7)	0.3 ●	(52.8)	(51.8)	1.0 ●	(70.2)
-	PDC Dividends	(0.9)	(0.9)	0.0 ●	(8.0)	(8.0)	0.0 ●	(10.7)
<b>(138.4)</b>	<b>Surplus/(Deficit) Before System Top-Up</b>	<b>(12.5)</b>	<b>(15.2)</b>	<b>(2.7) ●</b>	<b>(113.0)</b>	<b>(150.6)</b>	<b>(37.6) ●</b>	<b>(150.5)</b>
132.7	System Top-Up Income	12.5	12.5	- ●	113.0	113.0	- ●	150.5
<b>(5.7)</b>	<b>NHS Reporting Surplus/(Deficit)</b>	<b>0.0</b>	<b>(2.7)</b>	<b>(2.7) ●</b>	<b>0.0</b>	<b>(37.6)</b>	<b>(37.6) ●</b>	<b>-</b>
-	Profit On Fixed Asset Disposal		0.0			0.1		
-	Loss on return of COVID assets to DHSC		-			-		
-	Capital Donations I&E Impact		0.2			1.3		
-	Fixed Asset Impairments		-			-		
<b>(5.7)</b>	<b>Surplus/(Deficit)</b>		<b>(2.5)</b>			<b>(36.2)</b>		

21/22 YTD	Programme Area	In Month				Year to Date				Annual			
		Plan	Actual	Var	%	Plan	Actual	Var	%	Plan submitted NHSL June 22	Trust approved forecast programme	Var	%
8.1	Equipment (Medical and Other)	2.2	1.3	0.9	42 %	17.0	7.0	10.0	59 %	24.2	17.2	7.0	29 %
5.1	Informatics	0.7	0.5	0.2	27 %	6.3	2.4	3.9	62 %	8.4	7.4	1.0	12 %
22.0	Estates	0.6	1.8	(1.2)	(202)%	6.4	18.2	(11.9)	(187)%	9.1	34.1	(25.0)	(275)%
10.3	New Build and Site Vacations	(0.9)	5.5	(6.4)	741 %	16.5	11.4	5.2	31 %	26.8	27.8	(1.0)	(0.0)%
6.5	PFI Lifecycle Assets	0.9	0.9	(0.0)	(0)%	7.8	7.8	(0.0)	(0)%	10.4	10.4	(0.0)	(0)%
	New Build - Diagnostics	-	-	-	- %	-	-	-	- %	-	-	-	- %
	Finance Lease	-	-	-	- %	8.4	4.8	3.6	42 %	8.6	8.6	-	(0)%
<b>52.1</b>	<b>Total Exchequer programme</b>	<b>3.4</b>	<b>9.9</b>	<b>(6.5)</b>	<b>(190)%</b>	<b>62.3</b>	<b>51.7</b>	<b>10.7</b>	<b>17 %</b>	<b>87.4</b>	<b>105.5</b>	<b>(18.1)</b>	<b>(0.0)</b>
<b>52.1</b>	<b>Total Trust Funded Assets</b>	<b>3.4</b>	<b>9.9</b>	<b>(6.5)</b>	<b>(190)%</b>	<b>62.3</b>	<b>51.7</b>	<b>10.7</b>	<b>17 %</b>	<b>87.4</b>	<b>105.5</b>	<b>(18.1)</b>	<b>(21)%</b>
2.0	Donated	0.7	0.4	0.3	39 %	8.1	3.6	4.5	55 %	9.9	9.9	(0.0)	(0)%
<b>54.1</b>	<b>Total Capital Expenditure</b>	<b>4.1</b>	<b>10.3</b>	<b>(6.2)</b>	<b>(152)%</b>	<b>70.5</b>	<b>55.3</b>	<b>15.2</b>	<b>22 %</b>	<b>97.3</b>	<b>115.4</b>	<b>(18.1)</b>	<b>(19)%</b>

### Key Messages

The current funded exchequer capital plan is £87.4m (£94.6m,m8) which compares to the M9 forecast outturn plan of £105.5m (£112.8m, M8). If the M9 forecast outturn plan is delivered, there will be a overspend against CRL of £18.1m. There is currently no funding identified for to cover this amount.

#### Forecast Outturn:

A refreshed forecast will be presented to January ISC for consideration and review of potential mitigations. A review of the plan currently indicates commitment above identified funding which would result in the CRL allocation being exceeded without intervention being undertaken. NEL and the London region have been advised and are working with us to consider their ability to support the Trust with additional CRL cover. In addition to this, activities to reduce the size of the over commitment are being considered and include reviewing the impact of only progressing contractually committed programmes, externally funded schemes and schemes which represent a significant risk to the Trust. All other schemes have been paused, or slowed. These actions will push cost pressures into the new financial year and it is anticipated that the 2023/24 capital programme will only be able to support slippage schemes from 2022/23, contractual commitments and external or charitable funded activities. The Capital programme expenditure is being closely monitored over the final quarter of the year to ensure only essential schemes are progressed.

#### Capital Funding:

Exchequer capital funding has been reduced from £94.6m to £87.4m to reflect the revised profile of the WXH redevelopment and enabling works programmes which remain delayed pending NHP approvals - (£7.5m), a reduction in in-year TIF funding for the modular build in the line with the revised approved business case - (£3.5m) offset by new PDC allocations - £3.7m (£1.5m - targeted lung health check, £0.75m equipment for MEH CDC, £0.7m - We connect, £0.391m - Neonatal costs at RLH and £0.381 - electronic referral service).

#### Capital Expenditure:

Exchequer expenditure in M9 is £9.9m (M8,£6.4m) against the revised plan of £3.4m, although presenting as an overspend of £6.5m this actually reflects catching up on previously delayed expenditure.

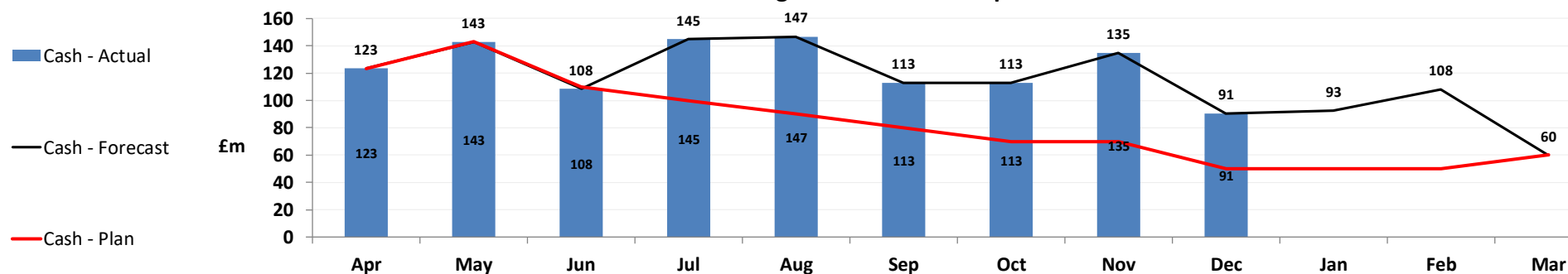
The cumulative expenditure at M9 is £51.7m (£41.7m, M8) against the funded plan of £62.3m, an adverse variance of £10.7m for the exchequer funded schemes. The underspend is mainly due to timing, delays on delivery of schemes which were in the first part of the year. It is of note that those delayed schemes are expected to catch up expenditure by the end of the financial year and following a review of major schemes it is anticipated that additional costs above budget will be incurred for the NUH modular build (£3.2m). The delay in progressing the Kenworthy Road lease (£3.6m) is ongoing but it is expected this will be resolved in the current financial year. There is also a £9.9m programme funded by charitable donations; expenditure to date against donated schemes is £3.6m with an adverse variance of £4.5m to plan. The outturn for the charitable funded schemes will be revised downwards in the M10 reforecast.

### Capital Funding

	Capital Plan	Secured	Not Secured	% Secured
Gross Depreciation	60.8	60.8	-	100 %
IFRS 16 depreciation	9.9	9.9	-	100 %
Repayment of PFI principal	(25.3)	(25.3)	-	100 %
Repayment of Loans / Other Finance Leases	(1.8)	(1.8)	-	100 %
Repayment Other Finance Leases (IFRS16)	(9.7)	(9.7)	-	100 %
<b>Net Depreciation</b>	<b>33.8</b>	<b>33.8</b>	<b>-</b>	<b>100 %</b>
CRL (not cash backed)	16.5		16.5	- %
IFRS16 CRL adjustment	8.58		8.6	- %
PDC: WXH Redevelopment core team	1.49	1.1	0.4	71 %
PDC- TIF NUH Modular Build BC932	11.42	11.4	-	100 %
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	-	100 %
PDC - NUH 2nd CT	1.2	1.2	-	100 %
PDC- MEH CDC	7.3	7.3	-	100 %
PDC - MRI Acceleration Upgrades	0.8	0.8	-	100 %
PDC -Targeted Lung Health check	1.5	1.5	-	100 %
PDC - Neonatal cot capacity RLH	0.4	0.4	-	100 %
PDC - We Connect	0.7	0.7	-	100 %
PDC - (e-RS) FHIR API Integration	0.4	0.4	(0.0)	100 %
<b>Planned Capital exc. Donated</b>	<b>87.4</b>	<b>61.8</b>	<b>25.5</b>	<b>71 %</b>
<b>*Total approved Exchequer funding</b>	<b>87.4</b>	<b>61.8</b>	<b>25.5</b>	<b>71 %</b>
Donated	9.9	3.6	6.3	37 %
<b>Planned Capital inc. Donated</b>	<b>97.3</b>	<b>65.5</b>	<b>31.8</b>	<b>67 %</b>
*Overcommitment (plan less forecast, Pre-IFRIC)	(18.1)			
Adjustment for IFRIC	(10.4)			
<b>Total overcommitment (per plan)</b>	<b>(28.5)</b>			

£millions	Actual									Forecast			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
<b>Opening cash at bank</b>	<b>86.7</b>	<b>123.4</b>	<b>143.0</b>	<b>108.4</b>	<b>144.8</b>	<b>146.8</b>	<b>113.0</b>	<b>112.9</b>	<b>134.7</b>	<b>90.5</b>	<b>92.6</b>	<b>108.0</b>	<b>86.7</b>
<b>Cash inflows</b>													
Healthcare contracts	161.5	156.5	150.9	159.3	160.5	173.1	161.9	154.4	154.5	150.1	150.0	155.7	1,888.4
Other income	23.5	37.0	16.5	40.5	25.7	13.4	41.0	42.7	17.7	29.5	22.1	33.8	343.4
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	12.7	17.1	29.8
<b>Total cash inflows</b>	<b>185.0</b>	<b>193.5</b>	<b>167.4</b>	<b>199.8</b>	<b>186.2</b>	<b>186.5</b>	<b>202.9</b>	<b>197.1</b>	<b>172.2</b>	<b>179.6</b>	<b>184.8</b>	<b>206.6</b>	<b>2,261.6</b>
<b>Cash outflows</b>													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(56.4)	(66.8)	(58.8)	(59.8)	(58.9)	(58.9)	(58.9)	(58.9)	(703.5)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(52.6)	(45.3)	(42.8)	(44.0)	(44.0)	(44.0)	(504.3)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(105.0)	(83.2)	(65.0)	(108.0)	(67.1)	(57.8)	(108.5)	(974.3)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(2.0)	(8.4)	(5.2)	(6.7)	(7.5)	(8.7)	(37.9)	(95.5)
Dividend and Interest payable	-	-	-	-	-	(5.4)	-	-	-	-	-	(5.3)	(10.7)
<b>Total cash outflows</b>	<b>(148.3)</b>	<b>(173.9)</b>	<b>(202.0)</b>	<b>(163.4)</b>	<b>(184.2)</b>	<b>(220.3)</b>	<b>(203.0)</b>	<b>(175.3)</b>	<b>(216.4)</b>	<b>(177.5)</b>	<b>(169.4)</b>	<b>(254.6)</b>	<b>(2,288.3)</b>
<b>Net cash inflows / (outflows)</b>	<b>36.7</b>	<b>19.6</b>	<b>(34.6)</b>	<b>36.4</b>	<b>2.0</b>	<b>(33.8)</b>	<b>(0.1)</b>	<b>21.8</b>	<b>(44.2)</b>	<b>2.1</b>	<b>15.4</b>	<b>(48.0)</b>	<b>(26.7)</b>
<b>Closing cash at bank - actual / forecast</b>	<b>123.4</b>	<b>143.0</b>	<b>108.4</b>	<b>144.8</b>	<b>146.8</b>	<b>113.0</b>	<b>112.9</b>	<b>134.7</b>	<b>90.5</b>	<b>92.6</b>	<b>108.0</b>	<b>60.0</b>	<b>60.0</b>
<b>Closing cash at bank - plan</b>	<b>123.4</b>	<b>143.0</b>	<b>110.0</b>	<b>100.0</b>	<b>90.0</b>	<b>80.0</b>	<b>70.0</b>	<b>70.0</b>	<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	<b>60.0</b>	<b>60.0</b>

Month End Closing Cash Balance Compared to Plan



**Key Messages**

Cash balances are higher than plan because of the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date, 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	
	<b>Non-current assets:</b>														
1,430.8	Property, plant and equipment	1,427.8	1,467.3	1,463.8	1,461.1	1,460.4	1,461.0	1,463.1	1,463.5	1,468.0	1,494.5	1,495.1	1,493.0	62.2	
0.2	Intangible assets	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.5	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	17.0	17.0	17.1	17.1	17.1	2.0	
<b>1,446.1</b>	<b>Total non-current assets</b>	<b>1,443.1</b>	<b>1,484.8</b>	<b>1,481.2</b>	<b>1,478.5</b>	<b>1,477.7</b>	<b>1,478.2</b>	<b>1,480.4</b>	<b>1,481.0</b>	<b>1,485.1</b>	<b>1,511.7</b>	<b>1,512.3</b>	<b>1,510.1</b>	<b>64.1</b>	
	<b>Current assets:</b>														
24.3	Inventories	26.2	25.7	25.7	25.9	26.3	27.1	26.7	27.2	28.2	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	52.8	112.4	83.0	74.4	119.6	(8.0)	
86.7	Cash and cash equivalents	123.4	143.0	108.4	144.8	146.8	113.0	112.9	134.7	90.5	92.6	108.0	60.0	(26.7)	
<b>238.6</b>	<b>Total current assets</b>	<b>248.8</b>	<b>243.1</b>	<b>245.5</b>	<b>256.9</b>	<b>236.7</b>	<b>233.2</b>	<b>216.7</b>	<b>214.7</b>	<b>231.1</b>	<b>199.6</b>	<b>206.4</b>	<b>203.6</b>	<b>(35.0)</b>	
<b>1,684.7</b>	<b>Total assets</b>	<b>1,691.9</b>	<b>1,727.9</b>	<b>1,726.7</b>	<b>1,735.4</b>	<b>1,714.4</b>	<b>1,711.4</b>	<b>1,697.1</b>	<b>1,695.7</b>	<b>1,716.2</b>	<b>1,711.3</b>	<b>1,718.7</b>	<b>1,713.7</b>	<b>29.1</b>	
	<b>Current liabilities</b>														
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(264.7)	(270.7)	(263.6)	(269.7)	(292.4)	(198.9)	(205.9)	(244.0)	(5.1)	
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(16.3)	(13.2)	(18.7)	(20.5)	(20.5)	(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)	(36.9)	(36.6)	(36.8)	(36.8)	(36.4)	(9.3)	
<b>(284.7)</b>	<b>Total current liabilities</b>	<b>(299.9)</b>	<b>(311.7)</b>	<b>(317.3)</b>	<b>(333.5)</b>	<b>(320.3)</b>	<b>(326.3)</b>	<b>(316.8)</b>	<b>(319.8)</b>	<b>(347.7)</b>	<b>(256.2)</b>	<b>(263.2)</b>	<b>(283.2)</b>	<b>1.5</b>	
<b>(46.1)</b>	<b>Net current (liabilities) / assets</b>	<b>(51.1)</b>	<b>(68.6)</b>	<b>(71.8)</b>	<b>(76.6)</b>	<b>(83.6)</b>	<b>(93.1)</b>	<b>(100.1)</b>	<b>(105.1)</b>	<b>(116.6)</b>	<b>(56.6)</b>	<b>(56.8)</b>	<b>(79.6)</b>	<b>(33.5)</b>	
<b>1,400.0</b>	<b>Total assets less current liabilities</b>	<b>1,392.0</b>	<b>1,416.2</b>	<b>1,409.4</b>	<b>1,401.9</b>	<b>1,394.1</b>	<b>1,385.1</b>	<b>1,380.3</b>	<b>1,375.9</b>	<b>1,368.5</b>	<b>1,455.1</b>	<b>1,455.5</b>	<b>1,430.5</b>	<b>30.6</b>	
	<b>Non-current liabilities</b>														
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)	(6.1)	(6.1)	(6.1)	(6.1)	(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)	(927.0)	(922.2)	(921.9)	(921.9)	(913.1)	4.5	
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0	
<b>(924.1)</b>	<b>Total non-current liabilities</b>	<b>(922.1)</b>	<b>(951.8)</b>	<b>(947.1)</b>	<b>(945.0)</b>	<b>(942.8)</b>	<b>(937.9)</b>	<b>(935.7)</b>	<b>(933.6)</b>	<b>(928.8)</b>	<b>(928.1)</b>	<b>(928.1)</b>	<b>(919.2)</b>	<b>4.8</b>	
<b>475.9</b>	<b>Total Assets Employed</b>	<b>469.9</b>	<b>464.4</b>	<b>462.3</b>	<b>456.9</b>	<b>451.3</b>	<b>447.2</b>	<b>444.6</b>	<b>442.3</b>	<b>439.7</b>	<b>527.0</b>	<b>527.4</b>	<b>511.3</b>	<b>35.4</b>	
	<b>Financed by:</b>														
	<b>Taxpayers' equity</b>														
1,048.3	Public dividend capital	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,093.1	1,093.1	1,076.8	28.5	
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(898.9)	(903.0)	(905.6)	(907.9)	(910.5)	(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	
<b>475.9</b>	<b>Total Taxpayers' Equity</b>	<b>469.9</b>	<b>464.4</b>	<b>462.3</b>	<b>456.9</b>	<b>451.3</b>	<b>447.2</b>	<b>444.6</b>	<b>442.3</b>	<b>439.7</b>	<b>527.0</b>	<b>527.4</b>	<b>511.3</b>	<b>35.4</b>	



**Barts Health**  
NHS Trust

# Glossary



- **Overall Report, changes since the December 22 edition:**
  - *The order of the Operational Performance pages have been amended to present five main storylines:*
    1. *Elective activity*
    2. *Referral to Treatment waiting times*
    3. *A&E volumes and waiting times*
    4. *Cancer waiting times*
    5. *Diagnostic waiting times*
  - *Due to currently low Covid community case rates and inpatient volumes, Covid reporting has been suspended. Should the situation change the Covid pages will be restored in future editions.*
  - *Admitted and Non Admitted income against plan is now included in the Elective Activity chapter of the report*
  - *The benchmarking section now includes a view of Barts Health capped theatre utilisation against the London Region peer group.*
- **Covid national reporting suspensions:**
  - *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"> <li>eliminating handover delays of over 60 minutes</li> <li>ensuring 95% of handovers take place within 30 minutes</li> <li>ensuring 65% of handovers take place within 15 minutes</li> </ul>
	Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of A&E, to enable emergency medicine specialists to focus on higher acuity need within the A&E	

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

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

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

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

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



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# Appendix





## How to Interpret the Scorecard

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

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

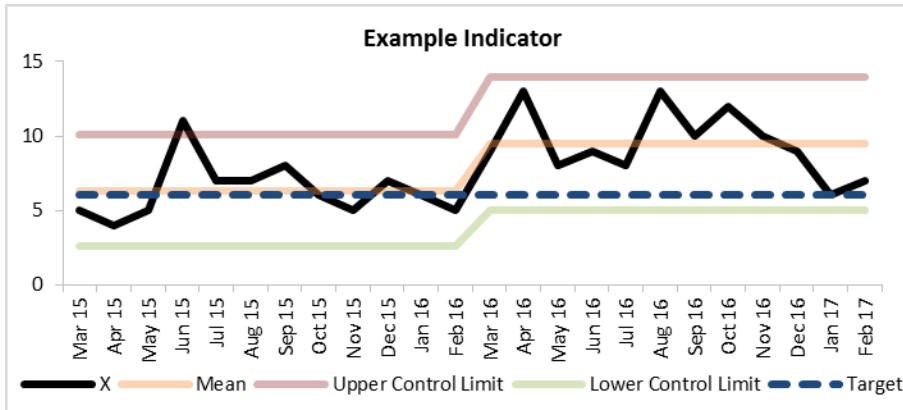
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

## How to Interpret an SPC Chart



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

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

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

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

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

## How Exceptions Are Identified For Inclusion

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

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



# Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Site for Reporting	Location Original	Staff Hours (Day Planned) - RN/RM	Staff Hours (Day Actual) - RN/RM	Staff Hours (Day Planned) - Care Staff	Staff Hours (Day Actual) - Care Staff	Staff Hours (Night Planned) - RN/RM	Staff Hours (Night Actual) - RN/RM	Staff Hours (Night Planned) - Care Staff	Staff Hours (Night Actual) - Care Staff	Average Fill Rate Registered Day	Average Fill Rate Unregistered Day	Average Fill Rate Registered Night	Average Fill Rate Unregistered Night	CHPPD - Patients at Midnight	CHPPD - RN/RM	CHPPD - Care Staff	CHPPD - Overall
Royal London	10E RLH	2,138.0	1,935.8	1,069.5	1,031.5	1,782.5	1,719.8	713.0	1,058.0	90.5%	96.4%	96.5%	148.4%	768	4.8	2.7	7.5
Royal London	10F RLH	1,115.5	1,466.5	744.0	696.0	1,023.0	1,403.0	682.0	722.5	131.5%	93.5%	137.1%	105.9%	481	6.0	2.9	8.9
Royal London	11C RLH	2,852.0	2,591.5	1,422.0	1,128.5	2,852.0	2,701.5	713.0	759.0	90.9%	79.4%	94.7%	106.5%	708	7.5	2.7	10.1
Royal London	11E & 11F AAU	3,565.0	3,822.0	1,812.5	1,756.0	3,565.0	3,966.0	1,426.0	1,897.5	107.2%	96.9%	111.2%	133.1%	1,483	5.3	2.5	7.7
Royal London	12C RLH	1,892.0	2,394.8	1,426.0	1,347.5	1,851.5	2,327.5	1,069.5	1,430.0	126.6%	94.5%	125.7%	133.7%	763	6.2	3.6	9.8
Royal London	12D RLH	1,418.0	2,380.5	713.0	1,080.5	1,426.0	2,521.5	356.5	1,196.0	167.9%	151.5%	176.8%	335.5%	502	9.8	4.5	14.3
Royal London	12E RLH	2,779.0	3,060.5	1,426.0	1,509.5	2,495.5	2,821.5	1,424.5	1,520.0	110.1%	105.9%	113.1%	106.7%	679	8.7	4.5	13.1
Royal London	12F RLH	2,034.0	2,428.5	1,782.5	1,857.8	1,782.5	2,370.0	1,782.5	1,955.0	119.4%	104.2%	133.0%	109.7%	736	6.5	5.2	11.7
Royal London	13C RLH	1,932.0	2,467.0	713.0	807.0	1,426.0	2,044.5	713.0	1,023.5	127.7%	113.2%	143.4%	143.5%	797	5.7	2.3	8.0
Royal London	13D RLH	1,782.5	2,617.0	713.0	690.0	1,426.0	2,381.5	713.0	690.0	146.8%	96.8%	167.0%	96.8%	673	7.4	2.1	9.5
Royal London	13E RLH	2,035.5	2,416.5	747.5	873.0	1,690.5	2,263.5	713.0	1,025.5	118.7%	116.8%	133.9%	143.8%	719	6.5	2.6	9.1
Royal London	13F RLH	1,782.5	2,311.5	966.0	1,023.5	1,771.0	2,288.5	713.0	1,127.0	129.7%	106.0%	129.2%	158.1%	621	7.4	3.5	10.9
Royal London	14E RLH	1,805.5	1,794.0	1,667.5	1,069.5	1,426.0	1,437.5	1,069.5	1,161.5	99.4%	64.1%	100.8%	108.6%	716	4.5	3.1	7.6
Royal London	14F RLH	1,878.5	1,633.0	1,472.0	1,161.5	1,437.5	1,531.5	1,127.0	1,288.0	86.9%	78.9%	106.5%	114.3%	724	4.4	3.4	7.8
Royal London	3D RLH	4,224.0	3,857.0	2,783.0	2,329.0	3,300.5	3,889.0	1,874.5	2,196.5	91.3%	83.7%	117.8%	117.2%	994	7.8	4.6	12.3
Royal London	3E RLH	2,136.0	2,357.5	713.0	1,237.0	1,771.0	2,231.0	678.5	1,207.5	110.4%	173.5%	126.0%	178.0%	733	6.3	3.3	9.6
Royal London	3F RLH	1,591.0	1,614.2	1,069.5	759.0	1,069.5	1,530.5	713.0	621.0	101.5%	71.0%	143.1%	87.1%	367	8.6	3.8	12.3
Royal London	4E RLH	14,867.5	14,661.8	713.0	1,248.0	15,306.5	14,954.0	368.0	1,173.0	98.6%	175.0%	97.7%	318.8%	1,233	24.0	2.0	26.0
Royal London	6C RLH	3,558.5	2,902.3	356.5	345.0	3,565.0	2,950.6	356.5	323.0	81.6%	96.8%	82.8%	90.6%	241	24.3	2.8	27.1
Royal London	6E & 6F RLH	5,301.0	4,728.1	1,428.0	972.0	5,347.5	4,768.3	1,069.5	956.5	89.2%	68.1%	89.2%	89.4%	905	10.5	2.1	12.6
Royal London	7C RLH	1,426.0	1,357.0	356.5	724.5	1,069.5	1,138.5	356.5	919.0	95.2%	203.2%	106.5%	257.8%	383	6.5	4.3	10.8
Royal London	7D RLH	1,771.0	1,731.5	878.0	797.5	1,437.5	1,727.0	711.8	932.3	97.8%	90.8%	120.1%	131.0%	446	7.8	3.9	11.6
Royal London	7E RLH	2,852.0	2,606.8	1,066.3	1,184.5	2,495.5	2,369.0	1,069.5	1,426.0	91.4%	111.1%	94.9%	133.3%	679	7.3	3.8	11.2
Royal London	7F RLH	1,426.0	1,199.0	609.5	564.3	1,069.5	997.5	552.0	793.5	84.1%	92.6%	93.3%	143.8%	339	6.5	4.0	10.5
Royal London	8C RLH	1,676.0	1,729.5	848.0	875.5	1,426.0	1,694.0	701.5	957.0	103.2%	103.2%	118.8%	136.4%	529	6.5	3.5	9.9
Royal London	8D RLH	8,190.0	6,630.7	1,283.8	471.5	7,843.0	6,487.5	552.0	368.0	81.0%	36.7%	82.7%	66.7%	933	14.1	0.9	15.0
Royal London	8F RLH	1,744.0	1,651.3	1,411.0	1,339.5	1,069.5	1,046.5	1,426.0	1,391.5	94.7%	94.9%	97.8%	97.6%	1,455	1.9	1.9	3.7
Royal London	9E HDU RLH	1,426.0	1,035.0	356.5	241.5	1,426.0	1,081.0	0.0	345.0	72.6%	67.7%	75.8%		347	6.1	1.7	7.8
Royal London	9E RLH	1,782.5	1,598.5	713.0	598.0	1,426.0	1,334.0	356.5	782.0	89.7%	83.9%	93.5%	219.4%	731	4.0	1.9	5.9
Royal London	9F RLH	1,782.5	1,682.5	713.0	749.0	1,426.0	1,403.0	713.0	886.0	94.4%	105.0%	98.4%	124.3%	725	4.3	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
Site for Reporting	Location Original	Staff Hours (Day Planned) - RN/RM	Staff Hours (Day Actual) - RN/RM	Staff Hours (Day Planned) - Care Staff	Staff Hours (Day Actual) - Care Staff	Staff Hours (Night Planned) - RN/RM	Staff Hours (Night Actual) - RN/RM	Staff Hours (Night Planned) - Care Staff	Staff Hours (Night Actual) - Care Staff	Average Fill Rate Registered Day	Average Fill Rate Unregistered Day	Average Fill Rate Registered Night	Average Fill Rate Unregistered Night	CHPPD - Patients at Midnight	CHPPD - RN/RM	CHPPD - Care Staff	CHPPD - Overall
Whipps Cross	AAU WXH	4,646.0	5,043.3	2,484.0	2,527.7	4,633.1	5,025.2	2,137.0	2,125.7	108.6%	101.8%	108.5%	99.5%	983	10.2	4.7	15.0
Whipps Cross	ACACIA	966.0	884.5	460.0	724.5	713.0	718.0	713.0	856.5	91.6%	157.5%	100.7%	120.1%	339	4.7	4.7	9.4
Whipps Cross	ACORN	3,868.5	2,316.3	366.5	877.3	2,852.0	2,176.9	356.5	494.5	59.9%	239.4%	76.3%	138.7%	636	7.1	2.2	9.2
Whipps Cross	B3 WARD WXH	1,318.5	1,389.0	1,063.5	1,257.6	1,069.5	1,069.5	713.0	1,104.0	105.3%	118.3%	100.0%	154.8%	512	4.8	4.6	9.4
Whipps Cross	BIRCH	1,063.5	1,252.0	1,069.5	1,105.0	1,069.5	1,083.0	713.0	1,023.5	117.7%	103.3%	101.3%	143.5%	510	4.6	4.2	8.8
Whipps Cross	BLACKTHORN	1,046.5	1,225.7	1,035.0	1,018.2	1,046.5	1,058.5	701.5	736.0	117.1%	98.4%	101.1%	104.9%	506	4.5	3.5	8.0
Whipps Cross	Bracken Ward WXH	1,317.0	1,400.0	1,123.5	1,085.5	1,069.5	1,104.0	713.0	772.5	106.3%	96.6%	103.2%	108.3%	489	5.1	3.8	8.9
Whipps Cross	CEDAR	1,422.0	1,148.5	1,426.0	1,812.7	1,069.5	977.5	1,069.5	1,471.5	80.8%	127.1%	91.4%	137.6%	507	4.2	6.5	10.7
Whipps Cross	CHESTNUT	966.0	908.5	356.5	839.5	713.0	1,012.0	356.5	931.5	94.0%	235.5%	141.9%	261.3%	361	5.3	4.9	10.2
Whipps Cross	CURIE	1,426.0	1,185.5	1,069.5	1,265.0	1,426.0	1,081.0	1,069.5	1,230.5	83.1%	118.3%	75.8%	115.1%	527	4.3	4.7	9.0
Whipps Cross	DELIVERY SUITE WXH	4,833.7	3,652.2	713.0	829.0	3,542.5	3,093.0	713.0	991.0	75.6%	116.3%	87.3%	139.0%	521	12.9	3.5	16.4
Whipps Cross	ELIZABETH	1,679.0	1,542.0	356.5	543.5	1,414.5	1,357.5	356.5	437.0	91.8%	152.5%	96.0%	122.6%	572	5.1	1.7	6.8
Whipps Cross	FARADAY	1,782.5	1,621.5	713.0	870.0	1,678.5	1,734.0	356.5	758.0	91.0%	122.0%	103.3%	212.6%	472	7.1	3.4	10.6
Whipps Cross	Frail Elderly WXH	765.5	704.8	345.0	631.0	713.0	702.5	356.5	494.0	92.1%	182.9%	98.5%	138.6%	290	4.9	3.9	8.7
Whipps Cross	ICU WXH	7,207.0	6,331.8	1,938.0	566.0	6,732.0	6,096.5	1,364.0	297.0	87.9%	29.2%	90.6%	21.8%	397	31.3	2.2	33.5
Whipps Cross	MARGARET	1,056.5	953.0	356.5	366.5	713.0	703.5	356.5	356.5	90.2%	102.8%	98.7%	100.0%	278	6.0	2.6	8.6
Whipps Cross	MIDWIFERY WXH	755.0	530.5	361.0	211.5	713.0	358.8	356.5	333.5	70.3%	58.6%	50.3%	93.5%	5	177.9	109.0	286.9
Whipps Cross	MULBERRY	2,215.0	1,873.4	1,386.0	750.0	1,414.5	1,326.0	828.0	954.5	84.6%	54.1%	93.7%	115.3%	808	4.0	2.1	6.1
Whipps Cross	NEONATAL WXH	2,317.0	2,105.3	1,145.5	601.3	2,116.0	2,081.5	690.0	357.0	90.9%	52.5%	98.4%	51.7%	351	11.9	2.7	14.7
Whipps Cross	NIGHTINGALE	1,782.5	1,426.0	356.5	424.8	1,679.0	1,401.2	356.5	515.0	80.0%	119.1%	83.5%	144.5%	372	7.6	2.5	10.1
Whipps Cross	PEACE	1,679.0	1,495.0	1,426.0	1,378.5	1,069.5	1,036.5	1,069.5	1,127.0	89.0%	96.7%	96.9%	105.4%	444	5.7	5.6	11.3
Whipps Cross	POPLAR	1,782.5	1,499.5	1,069.5	1,035.0	1,426.0	1,196.0	1,058.0	864.5	84.1%	96.8%	83.9%	81.7%	460	5.9	4.1	10.0
Whipps Cross	PRIMROSE	1,782.5	2,037.5	1,426.0	1,817.0	1,426.0	1,989.5	1,069.5	1,552.5	114.3%	127.4%	139.5%	145.2%	858	4.7	3.9	8.6
Whipps Cross	ROWAN	1,759.5	1,920.5	1,423.5	1,827.5	1,426.0	1,943.5	1,069.5	1,644.5	109.2%	128.4%	136.3%	153.8%	848	4.6	4.1	8.7
Whipps Cross	SAGE	1,679.0	1,470.8	1,426.0	1,770.0	1,426.0	1,302.0	1,069.5	1,483.5	87.6%	124.1%	91.3%	138.7%	799	3.5	4.1	7.5
Whipps Cross	SYCAMORE	1,322.5	1,579.8	1,311.0	1,640.8	1,069.5	1,372.3	1,069.5	1,448.5	119.5%	125.2%	128.3%	135.4%	821	3.6	3.8	7.4
Whipps Cross	SYRINGA	1,426.0	1,426.0	1,782.5	1,794.0	1,069.5	1,058.0	1,069.5	1,621.5	100.0%	100.6%	98.9%	151.6%	785	3.2	4.4	7.5

## Safe Staffing Fill Rates by Ward and Site

Feb-23

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
Site for Reporting	Location Original	Staff Hours (Day Planned) - RN/RM	Staff Hours (Day Actual) - RN/RM	Staff Hours (Day Planned) - Care Staff	Staff Hours (Day Actual) - Care Staff	Staff Hours (Night Planned) - RN/RM	Staff Hours (Night Actual) - RN/RM	Staff Hours (Night Planned) - Care Staff	Staff Hours (Night Actual) - Care Staff	Average Fill Rate Registered Day	Average Fill Rate Unregistered Day	Average Fill Rate Registered Night	Average Fill Rate Unregistered Night	CHPPD - Patients at Midnight	CHPPD - RN/RM	CHPPD - Care Staff	CHPPD - Overall
Newham	AAU NUH	4,351.0	4,570.5	2,495.5	2,196.5	3,921.5	4,427.5	2,495.5	2,668.0	105.0%	88.0%	112.9%	106.9%	1,487	6.1	3.3	9.3
Newham	BECKTON	1,423.5	1,620.8	1,046.5	736.0	1,427.0	1,793.0	1,069.5	1,196.0	113.9%	70.3%	125.6%	111.8%	565	6.0	3.4	9.5
Newham	Custom House NUH	1,422.5	1,245.0	1,069.5	1,288.0	1,069.5	1,072.0	1,403.0	1,552.5	87.5%	120.4%	100.2%	110.7%	606	3.8	4.7	8.5
Newham	DELIVERY SUITE NUH	5,371.5	4,514.9	713.0	655.5	4,669.0	4,021.9	713.0	701.5	84.1%	91.9%	86.1%	98.4%	694	12.3	2.0	14.3
Newham	EAST HAM	1,779.5	1,587.0	1,069.5	1,012.0	1,426.0	1,414.5	1,046.5	1,265.0	89.2%	94.6%	99.2%	120.9%	696	4.3	3.3	7.6
Newham	HEATHER	2,136.5	2,217.0	1,069.5	1,232.5	2,150.5	2,403.5	1,069.5	1,506.5	103.8%	115.2%	111.8%	140.9%	773	6.0	3.5	9.5
Newham	LARCH	3,200.0	2,575.0	2,058.5	1,897.5	2,185.0	2,042.3	1,782.5	1,765.0	80.5%	92.2%	93.5%	99.0%	1,724	2.7	2.1	4.8
Newham	Manor Park ITU NUH	3,538.0	3,497.5	713.0	598.0	3,563.5	3,622.5	713.0	632.5	98.9%	83.9%	101.7%	88.7%	319	22.3	3.9	26.2
Newham	MAPLE	1,069.5	862.5	701.5	540.5	1,069.5	862.5	713.0	632.5	80.6%	77.0%	80.6%	88.7%	178	9.7	6.6	16.3
Newham	NEONATAL NUH	3,139.5	2,484.5	609.5	356.5	3,013.0	2,441.0	437.0	278.0	79.1%	58.5%	81.0%	63.6%	408	12.1	1.6	13.6
Newham	NUH MIDWIFERY	1,141.0	899.0	356.5	308.0	1,069.5	848.0	356.5	345.0	78.8%	86.4%	79.3%	96.8%	67	26.1	9.7	35.8
Newham	RAINBOW	3,012.0	2,929.0	1,127.5	998.5	1,782.5	2,523.0	356.5	563.5	97.2%	88.6%	141.5%	158.1%	444	12.3	3.5	15.8
Newham	SILVERTOWN	1,782.5	2,080.5	1,058.0	1,219.0	1,782.5	2,047.0	1,069.5	1,644.5	116.7%	115.2%	114.8%	153.8%	758	5.4	3.8	9.2
Newham	STRATFORD	1,426.0	1,748.0	1,069.5	966.0	1,426.0	1,817.0	1,069.5	1,127.0	122.6%	90.3%	127.4%	105.4%	537	6.6	3.9	10.5
Newham	WEST HAM	1,214.0	1,204.5	1,058.0	966.0	1,069.5	1,104.0	333.5	747.5	99.2%	91.3%	103.2%	224.1%	574	4.0	3.0	7.0

# 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
Site for Reporting	Location Original	Staff Hours (Day Planned) - RN/RM	Staff Hours (Day Actual) - RN/RM	Staff Hours (Day Planned) - Care Staff	Staff Hours (Day Actual) - Care Staff	Staff Hours (Night Planned) - RN/RM	Staff Hours (Night Actual) - RN/RM	Staff Hours (Night Planned) - Care Staff	Staff Hours (Night Actual) - Care Staff	Average Fill Rate Registered Day	Average Fill Rate Unregistered Day	Average Fill Rate Registered Night	Average Fill Rate Unregistered Night	CHPPD - Patients at Midnight	CHPPD - RN/RM	CHPPD - Care Staff	CHPPD - Overall
St Bart's	1C	6,001.0	5,171.3	356.5	402.5	5,037.0	4,955.5	207.0	310.5	86.2%	112.9%	98.4%	150.0%	339	29.9	2.1	32.0
St Bart's	1D	3,184.0	2,411.5	345.0	414.0	2,852.0	2,173.5	356.5	345.0	75.7%	120.0%	76.2%	96.8%	325	14.1	2.3	16.4
St Bart's	1E	4,941.0	4,153.0	356.5	379.5	4,984.5	4,022.5	356.5	391.0	84.1%	106.5%	80.7%	109.7%	262	31.2	2.9	34.1
St Bart's	3ASBH	4,591.5	4,165.0	1,408.5	1,287.4	4,623.0	4,211.0	1,426.0	1,311.0	90.7%	91.4%	91.1%	91.9%	841	10.0	3.1	13.0
St Bart's	3D SBH	1,555.5	1,498.0	1,199.0	1,173.0	1,529.5	1,411.5	966.0	943.5	96.3%	97.8%	92.3%	97.7%	422	6.9	5.0	11.9
St Bart's	4ASBH	1,767.5	1,725.0	945.0	871.5	1,426.0	1,380.0	356.5	693.5	97.6%	92.2%	96.8%	194.5%	661	4.7	2.4	7.1
St Bart's	4BSBH	1,584.0	1,492.5	1,206.5	1,226.0	1,426.0	1,299.5	713.0	979.5	94.2%	101.6%	91.1%	137.4%	579	4.8	3.8	8.6
St Bart's	4CSBH	1,746.5	1,433.5	941.5	662.0	1,414.5	1,197.5	966.0	805.0	82.1%	70.3%	84.7%	83.3%	508	5.2	2.9	8.1
St Bart's	4D & 4ESBH	1,681.0	1,494.5	692.0	593.5	1,621.5	1,253.5	713.0	701.5	88.9%	85.8%	77.3%	98.4%	339	8.1	3.8	11.9
St Bart's	5ASBH	2,219.3	2,166.3	915.0	957.5	1,452.0	1,542.3	341.0	584.3	97.6%	104.6%	106.2%	171.3%	575	6.4	2.7	9.1
St Bart's	5BSBH	1,401.5	1,251.8	707.5	669.5	1,414.5	1,395.5	356.5	391.0	89.3%	94.6%	98.7%	109.7%	376	7.0	2.8	9.9
St Bart's	5CSBH	2,082.0	1,910.1	671.0	609.5	1,781.5	1,863.6	356.5	422.8	91.7%	90.8%	104.6%	118.6%	530	7.1	1.9	9.1
St Bart's	5DSBH	2,077.5	2,070.5	678.0	554.0	1,782.5	1,758.0	713.0	747.5	99.7%	81.7%	98.6%	104.8%	603	6.3	2.2	8.5
St Bart's	6ASBH	6,388.5	5,389.5	353.0	345.0	6,417.0	5,387.0	356.5	345.0	84.4%	97.7%	83.9%	96.8%	348	31.0	2.0	32.9
St Bart's	6DSBH	1,761.5	1,380.0	1,048.5	621.0	1,414.5	1,081.0	713.0	678.5	78.3%	59.2%	76.4%	95.2%	474	5.2	2.7	7.9