

Barts Health Integrated Performance Report

Apr-23

Performance for: **Feb-23**



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Barts Health
NHS Trust

Executive Summary



Quality

Complaints performance has shown an improvement following targeted improvement interventions, our focus will be on sustaining this. Pressure Ulcer rates continue to be a challenge and there is a targeted improvement plan in place. Although our rates of Escherichia coli (E. coli) Blood Stream infections have improved over the last 3 months we will not meet our 22/23 target. A focused Quality Improvement Plan has been developed by the Strategic Infection Control Group to improve this position.

Operational Performance – A summary performance analysis is provided on Slide 18 with detailed performance reports in this section.

The operational response and co-ordination of industrial action has been dominating the work of the operational leadership teams across the Group. The sequence of service interruptions have not been without impact on performance, predominantly in elective services. The government dispute with Junior Doctor colleagues was particularly impactful with 326 elective cases cancelled and 4,878 outpatients. Services also reduced booking into elective surgery lists and outpatient clinics. There is further planned action following the Easter BH and operational planning is underway to ensure services are safe and planned to minimise the impact on patients in both emergency and elective care.

- **Urgent & Emergency Care**

The Trust Unplanned Care Board is supporting the improvement plans to support the delivery of the 76% standard and reduced bed occupancy at 92%. The occupancy data for Barts Health, set against national definitions, currently includes some specialist and day surgery capacity and does not include those patients with a decision to admit waiting in A&E. Discussion with our system and regional partners to ensure we accurately reflect occupancy, whilst conforming to national reporting requirements, are on going. The practical response to improving patient access and experience in A&E is focussed on the pressure points across the emergency and inpatient pathway. Recent developments include, dedicated areas for the rapid assessment of ambulance arrivals, targeted ward rounds and reviews and at Whipps Cross changes to the physical lay out of the assessment and triage areas to reduce delay.

- **Elective Care**

The drive to reduce our very long waiting patients continue with further progress on those patients in the 78week cohort. These are now on track to reduce to less than 200 patients in April. A revised training approach has started this week and we hope to improve the skills and confidence in booking and scheduling over the next few weeks. In the medium-term preparation continues with the implementation of data cleansing software to support more effective booking and scheduling is being introduced in shadow form prior to a go live date. This software will align with the introduction of a new scheduling system for theatre which will greatly improve productivity and efficiency. The roll out will focus initially on key specialties, Trauma & Orthopaedics, General Surgery and Gynaecology. These new systems are planned to be in action between May and July this year.

- **Cancer & Diagnostics**

Endoscopy is performing well with improved utilisation at both Mile End Hospital and Royal London. The Whipps Cross pathway for the Early Diagnosis Centre is now established. There is confidence that Endoscopy will achieve 95% compliance as an end of March position. Once we deliver 95% of patients waiting no greater than 6-weeks, the focus will be on reducing waits for patients on the suspected cancer pathway to help improve the 28-day faster diagnosis standard (FDS). This will have a direct and positive impact with the aim to move the diagnostic milestone from the current 14 days to 7 days ultimately. Disappointingly there has been an increase in the cancer waiting times back log (over 62 days) and this will generate a specific set of actions to improve at pace this area of delivery.

Equity

This month, ethnicity capture improved slightly across all three areas. The review is a snapshot of data from 16th March. This month's snapshot of our waiting lists, at Trust level, showed no significant differences in the data for waits between ethnic groups, or between male and female patients. Neither was there a certain difference for patients with learning disabilities. At the Trust level, patients from the most deprived postcodes appear to wait slightly longer than those from the wealthiest postcodes. Site-level data showed slightly longer waits at Royal London for people from more deprived backgrounds and we will be looking into this in more detail.

People

We welcomed in 271 portering colleagues at the start of February (261 WTE), which contributed to an overall growth in staff in post of 325 WTE. Voluntary turnover has continued to reduce and is now at 12.4%. Agency spend Year to Date is at 5% of paybill (5.7% in month)

Finance

- The Trust has reported to NHS England a (£20.0m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£24.8m), less non-recurrent savings (£2.0m), less additional income for the year to date from NEL ICB for mental health enhanced care nursing costs (£2.8m).
- The Trust has agreed with NEL ICB to report a forecast outturn income and expenditure deficit of (£12.9m) for 2022/23, which incorporates: the (£27m) inflation funding shortfall identified at the plan re-submission stage; £3.0m additional income from NEL ICB for increased mental health enhanced care nursing costs; £5.0m additional non-recurrent savings and £6.2m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England.



Barts Health
NHS Trust

Quality Report



Complaints

It is positive to note that complaints response performance has continued to improve and we are now meeting our objective again.

FFT Response Rate

The Friends and Family (FFT) Recommend score is the combination of both the 'very good' and 'good' responses from the patients who complete the FFT. This score is available for all services who actively collect Friends and Family Insight across the Trust. NHS England have recently clarified that FFT scores will be presented simply as % positive (as opposed to the full formula we were previously using [% positive - % negative]). This simplified approach accounts for the rise in the recommend score between December 2022 and January 2023. This is being rolled out across all our FFT reporting for consistency. However, sustaining improvements in receiving patients feedback remains a challenge and continues to be focused on

Duty of Candour

The Trust compliance with the Duty of Candour remain relatively static although below the Trust target of 100%. An analysis of December data has been undertaken to determine if the impact of regrading incidents is a key driver in performance and impacts the ability to fulfil Duty of Candour. Conclusions were reached that no amendment is required to the data collection methodology to accommodate regraded incidents at the current time.

E.Coli Bacteraemia Bloodstream Infections

The data indicates a downward trend over the last 3 months despite breaching our objective for 2022/23. The downward trend noted across all sites with exception of St Bartholomew's Hospital. We have breached our objective this year and have a number of QI projects planned to support reductions going forward.

Pressure Ulcers

The data indicates an on-going increase in pressure ulcers reported at a Trust level. Analysis of the data indicates the exception is driven by an increase at Category 2 pressure ulcers at Whipps Cross and increase in Category 4 at Newham Hospitals. This is attributed to continued operational pressures that are impacting the length of stay in the Emergency Department and significant use of temporary workers due to increase in short term sickness that are not familiar with agreed processes and procedures. Robust education sessions in place across all hospital with a key focus on complex wounds, leg ulcers and staging of skin damage and focused training sessions in ED.

	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	●	○	○	Feb-23 (m)	<=0	43	36	458	1	15	18	2	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2022/23 Q3 (q)	SPC Breach	22.1	22.4	22.4	27.0	38.5	27.7	14.3	-	○
	C1	FFT Recommended % - Inpatients	●	○	○	Jan-23 (m)	>= 95%	91.3%	90.5%	90.2%	87.0%	93.4%	91.0%	89.6%	-	○
	C2	FFT Recommended % - A&E	●	○	○	Jan-23 (m)	>= 86%	59.5%	71.8%	61.6%	70.5%	76.5%	66.4%	-	-	○
	C3	FFT Recommended % - Maternity	●	○	○	Jan-23 (m)	>= 96%	90.4%	95.3%	93.0%	95.7%	95.8%	94.3%	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	○	Jan-23 (m)	>= 23%	26.5%	27.3%	28.4%	19.2%	43.4%	23.2%	28.5%	-	○
	C21	FFT Response Rate - A&E	●	○	○	Jan-23 (m)	>= 12%	6.6%	8.7%	8.6%	9.2%	10.7%	6.3%	-	-	○
	C22	FFT Response Rate - Maternity	●	○	○	Jan-23 (m)	>= 17.5%	11.9%	21.4%	15.6%	5.9%	45.3%	17.5%	-	-	○
	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	●	○	○	Feb-23 (m)	>= 80%	75.7%	80.6%	79.9%	80.8%	89.4%	60.0%	100.0%	-
R30		Duty of Candour	●	○	○	Jan-23 (m)	>= 100%	81.4%	83.9%	87.0%	90.9%	82.4%	81.8%	66.7%	-	●

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

FFT Recommended % - A&E



Indicator Background:

The Friends and Family (FFT) Recommend score is the combination of both the 'very good' and 'good' responses from the patients who complete the FFT. This score is available for all services who actively collect Friends and Family Insight across the Trust.

NHS England have recently clarified that FFT scores will be presented simply as % positive (as opposed to the full formula we were previously using [% positive - % negative]).

What is the Chart Telling us:

The simplified approach accounts for the rise in the recommend score between December 2022 and January 2023. This is being rolled out across all our FFT reporting for consistency.

Performance Overview

As part of an ongoing plan to improve the number of FFT responses from patients, their relatives and carers, self service FFT Kiosks have been sited in the 3 main A&E departments and work is continuing to get these up and running.

There are still significant challenges obtaining patient feedback in real time

Responsible Director Update

The FFT relies on patients, relatives and carers completing the questionnaire if received by SMS or using the online version available through the QR codes or on a paper versions of the questionnaire. Sustaining improvements in receiving patients feedback is a challenge. Therefore various options are being explored.

Waiting times, communication and environment are the biggest items of feedback shared by the users.

QI project due to commence in April 2023

Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison							Excep.
		Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health	
S10	Clostridium difficile - Infection Rate	●			Feb-23 (m)	<= 16	22.2	3.5	16.8	0.0	13.3	0.0	0.0	-	-	3.5	
S11	Clostridium difficile - Incidence	●			Feb-23 (m)	<= 9	14	2	110	0	2	0	0	-	0	2	
S2	Assigned MRSA Bacteraemia Cases	●			Feb-23 (m)	<= 0	1	0	19	0	0	0	0	-	0	0	
S77	MSSA Bacteraemias				Feb-23 (m)	SPC Breach	9	0	104	0	0	0	0	-	0	0	
S76	E.coli Bacteraemia Bloodstream Infections	●		●	Feb-23 (m)	<= 20	22	4	266	1	2	1	0	-	0	4	
S3	Never Events	●			Feb-23 (m)	<= 0	1	1	5	0	0	0	1	-	0	1	
S45	Falls Per 1,000 Bed Days	●			Feb-23 (m)	<= 4.8	4.6	3.9	3.8	4.2	3.7	3.8	3.1	-	-	3.9	
S25	Medication Errors - Percentage Causing Harm	●			Feb-23 (m)	<= 4%	5.1%	3.5%	3.6%	3.4%	3.9%	6.3%	2.6%	-	-	3.5%	
S57	Medication Errors - Potential SIs (Patient)				Feb-23 (m)	SPC Breach	4	0	36	0	0	0	0	-	0	0	
S49	Patient Safety Incidents Per 1,000 Bed Days				Feb-23 (m)	SPC Breach	54.0	55.9	53.8	45.5	68.3	59.2	59.4	-	-	55.9	
S53	Serious Incidents Closed in Time	●	●		Feb-23 (m)	>= 100%	20.0%	17.9%	23.1%	23.1%	28.6%	0.0%	-	-	-	17.9%	●

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	●	●	○	Feb-23 (m)	<=0.6	1.7	1.8	1.4	1.8	2.6	0.8	1.5	-	○
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	○	Feb-23 (m)	SPC Breach	0.2	0.2	0.2	0.2	0.2	0.1	0.2	-	○
	S27	Patient Safety Alerts Overdue	●	○	○	Feb-23 (m)	<=0	0	0	0	-	-	-	-	-	○

Indicator Background:

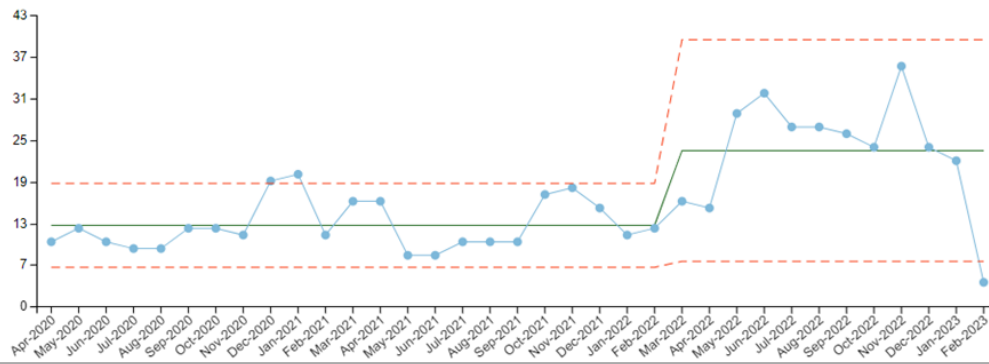
The national ambition to reduce by half the number of healthcare associated Gram negative bloodstream infections (GNBSIs) by 2024 remains in place

It is also relevant to note that E. coli remains the most frequent cause of bloodstream infection in the UK and we will continue with our work to identify the themes and trends to prevent avoidable infections and to improve our position nationally.

What is the Chart Telling us:

The data indicates a downward trend over the last 3 months despite breaching our objective for 2022/23. The downward trend noted across all sites with exception to St Bartholomew's Hospital.

E.coli Bacteraemia Bloodstream Infections



Performance Overview

The root cause for this organism is extremely hard to determine. However RCA investigations suggested the top 5 likely sources were urinary tract infection, Hepatobiliary procedure (ERCP or MRCP or similar) 28 days prior, Vascular device (PPM or ICD) or CVC inserted, removed, manipulated 28 days prior, urinary catheter. At St Bartholomew's Hospital the main cause was Anti-cancer chemotherapy in 28 days prior to specimen date. A deep dive into our hepatobiliary cases was undertaken. No clear evidence of concern with regards healthcare association was identified

Responsible Director Update

- We have breached our objective this year and have a number of QI projects planned to support reductions of GNBSI's. Each hospital has a plan to support reduction which will be monitored for effectiveness.

Indicator Background:

A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure Ulcers. Classification:

Category 1: Non-blanchable erythema of intact skin Category 1 pressure damage is reported

Category 2: Partial thickness skin loss or intact or burst blister

Category / Stage 3: Full thickness skin loss

Category / Stage 4: Full thickness tissue loss with exposed or palpable bone muscle and tendon

Unstageable: Full thickness tissue loss

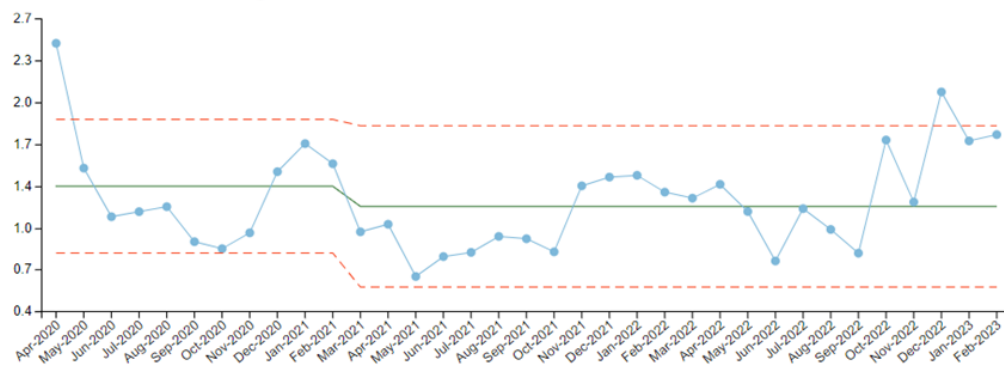
Deep tissue injury: Localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

Calculation of occupied 'bed days/rate per population', enables monitoring of improvement over time even if the number of patients increases or decreases per month. For Acute Trusts the incidence is expressed 'per 1000 bed days'

The impact on patients can be considerable, due to increased pain, length of hospital stay and decreased quality of life. However, it is acknowledged that a significant number of these are avoidable. Reduction of avoidable patient harm and associated cost related to pressure ulcers is positioned firmly with the NHS Patient Safety Strategy.

The National Institute for Health and Care Excellence (NICE) guidance, the Institute for Healthcare Improvement (IHI) guidance, and the Assessment of risk, Surface, Skin inspection, Keep your patients moving, Incontinence/moisture, Nutrition/hydration and Give information (aSSKINg) care model all outline how to prevent pressure ulcers.

Pressure Ulcers Per 1,000 Bed Days



What is the Chart Telling us:

The data indicates an on-going increase in pressure ulcers per 1000 bed days at a Trust level. Analysis of the data indicates the exception is driven by an increase at Category 2 pressure ulcers at Whipps Cross and increase in Category 4 at Newham Hospitals.

Performance Overview

- Robust education sessions in place across all hospitals with a key focus on complex wounds, leg ulcers and staging of skin damage
- Focus on emergency department staff training
- Learning together events with external partner
- NEL Wound Healing programme joint working schedule for QR1 2023/24
- Shared learning from deep dive Whipps Cross across services
- Refresh via Millennium on SKINN Bundle and Risk Assessment

Responsible Director Update

- Recent operational pressures and extended waits in ED have impacted on our performance. The initiatives described in the performance overview will support targeted improvement.

	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	●			Jan-23 (m)	<= 0.51	1.02	0.89	0.73	0.67	1.08	1.98	0.62	-	

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).

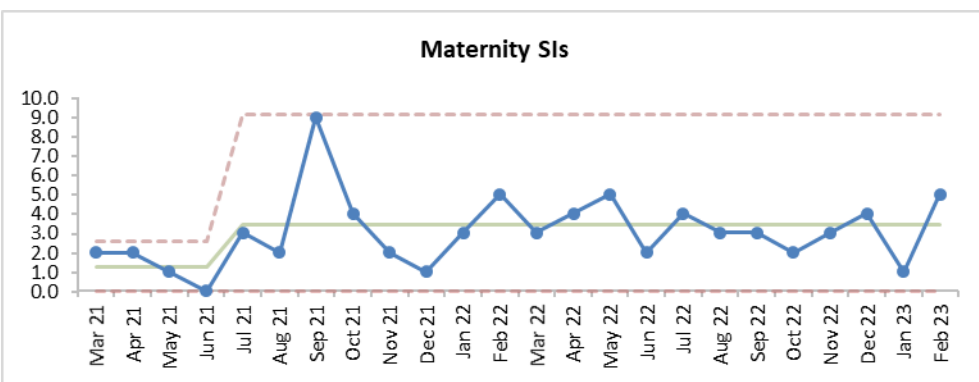
Category	Metric	RAG Rating															Last Month's Site Position		
		Red	Amber	Green	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Royal London	Whipps Cross	Newham	
Method of Delivery	Percentage of spontaneous vaginal birth (including vaginal breech Birth)				54.9%	54.4%	56.7%	57.6%	52.0%	53.2%	55.2%	54.0%	50.7%	53.4%	49.2%	49.0%	52.7%	47.1%	
	Percentage of Operative Vaginal Birth				10.4%	10.9%	9.6%	10.6%	11.7%	9.0%	11.7%	9.8%	10.2%	10.6%	11.7%	14.7%	11.5%	9.3%	
	Total Percentage of Birth by Vaginal route				65.4%	65.4%	66.3%	68.2%	63.7%	62.1%	66.9%	63.8%	60.9%	64.0%	60.9%	63.7%	64.2%	56.3%	
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%	4.1%	4.5%	5.7%	1.8%	5.4%	
	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%	1.9%	2.2%	3.4%	2.2%	1.2%	
	Maternal Deaths	>1		0	0	0	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	47	48	20	17	11	
	Neonatal Deaths				3	6	1	2	5	2	5	1	3	2	1	0	1	0	
	Neonatal Deaths per 1000 births	>1.75	1.73 - 1.75	<=1.72	2.53	4.85	0.87	1.68	4.18	1.78	3.94	0.84	2.75	1.75	0.95	0.00	3.56	0.00	
	HIE				1	1	0	1	0	0	2	1	1	2	2	0	0	2	
	Total Still birth per 1000 births (Ante-partum)				4.22	1.62	6.09	6.73	6.69	2.66	3.15	4.22	2.75	2.63	1.90	5.62	0.00	0.00	
Workforce	1:1 care in established labour	<90%	90%-94.9%	>=95%	97.1%	98.5%	98.1%	97.6%	98.0%	97.6%	96.5%	97.7%	97.5%	98.5%	98.6%	98.4%	97.5%	99.4%	

Performance Overview

- Ongoing QI work on Post Partum Haemorrhage (PPH), including risk assessment and early preventative intervention at Royal London, and lessons shared across Barts Health maternity sites. Increasing PPH rates link to rising rates of caesarean section and induction of labour as well as obesity, maternal age and pre-eclampsia. Understanding our trends is key in reducing PPH and the morbidity associated with this.
- Neonatal death rates are not corrected for our tertiary neonatal service at Royal London Hospital. Individual cases are reviewed using the PMRT as well as presented back to the LMNS as part of quality reviews. More work is needed to produce rolling rates over a 12 month period to better identify trends in cases. Rolling 12 month position will support better reporting as the red flag for one case would not on its own be cause for concern
- Stillbirth rates have come in line with national trends over the last 5 months. Continued work with the Saving Babies Lives Care bundle will be contributing to this.
- RAG ratings need to be reviewed across the KPIs to ensure visual queues are easy to understand

Responsible Director Update

- Work is ongoing to be able to express the data for perinatal outcomes in a 12 month rolling rate which would identify meaningful trends in perinatal mortality.
- Stillbirth rates across the sites have seen improvements over the last few months, and learning from incidents which has led to more robust screening and care planning for high risk women and improving compliance with the Saving Babies Lives Care Bundle will be contributing to this.



Maternity SIs in Latest Month (Feb-23)

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	1	0	4	5
Of Which HSIB (Healthcare Safety Investigation Branch) Investigations	1	0	2	3
% HSIB Investigations	100.0%	-	50.0%	60.0%

Maternity SIs in Last 12 Months to Feb-23 - Top by Theme

Theme	Royal London	Whipps Cross	Newham	Barts Health
Total Number of SIs	18	6	15	39
Neonatal - Unanticipated admission to Neonatal unit	3	4	1	8
Antenatal - Antepartum Stillbirth	5	1	1	7
Intrapartum - Stillbirth	4	0	1	5
Neonatal - pH <7.1(arterial) at birth	1	1	3	5
Intrapartum - Obstetric haemorrhage leading to hysterectomy	0	0	2	2
Antenatal - Care plan	0	0	2	2

Actions on Maternity SIs in Last 12 Months to Feb-23 - Top by Action Type

Action Type	Royal London	Whipps Cross	Newham	Barts Health
Total Number of Actions	28	22	90	140
Review / amend processes	1	2	31	34
No actions recorded	16	4	6	26
Review or update guidelines / documentation	2	1	16	19
Other action	1	4	12	17
Education and training	3	1	8	12

Performance Overview

- Concerns with Cardiotocography (CTG) Interpretation and action have been noted in the learning from cases at Newham. The maternity safety support programme will be supporting a deep dive into cases whilst we wait for Healthcare Safety Investigation Branch (HSIB) reports. There are a number of immediate actions which centre around staff updates and training, and adopting the RCOG approach to "Teach or Treat" when asked to review a CTG by the case midwife. This approach has been rolled out across Barts Health Maternity.
- Deep dives into governance processes at the sites is also underway as part of the maternity safety support programme, and will be included in the diagnostic reports. This will focus on process and workforce, as well as reporting and structures.

Responsible Director Update

- Thematic reviews from term admissions to the neonatal unit for all sites are focused on CTG interpretation. Concerns with delays in treatment are also noted from women. We are focusing on review of demand and capacity and a programme of work has been initiated across the Trust. Through the Acute Provider Collaborative we are working with other units in NEL to understand how the system can support better access for women.



Barts Health
NHS Trust

Operational Performance Report



Summary Performance

Urgent & Emergency Care

- In February 2023, 39,378 attendances were recorded, 442 (1.1%) less than recorded in January.
- For February 2023 a performance of 65.8% was recorded in relation to the 4-hour standard, a decrease of 4.3% against January's 70.2%. As a consequence of this worsening position the trust recorded an increase in the proportion of patients with an A&E 12-hour journey time from 5.9% in January to 6.7% in February, against a national standard of no greater than 2%.
- For February 2023, 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 8th out of 16 trusts reporting data in London and was the 2nd best performing out of the top 10 English trusts (ranked by volume of attendances) reporting data.
- The NHSE plan published in January sets out a clear framework through which improvement in the experiences that patients have of our UEC services should be delivered

Cancer

- In January 2023 a performance of 91.9% was recorded in relation to the 2 week wait standard of 93%, an improvement of 2.0% against December's 89.9%.
- Barts Health has had strong aggregated performance for the Faster Diagnosis Standard, requiring that at least 75% of patients should not wait more than 28 days from referral to finding out whether they have cancer or not, since the standard went live in October 2021 until September 2022; regularly achieving strong results nationally at the start of 2022. Performance against the standard has been challenged since October, in part due to the impact of service pressures associated with delivering the 2 week wait standard and a number of other operational pressures. For January 2022 the trust achieved the standard for Breast Symptomatic and Screening Service referrals but did not achieve the standard for All Referrals, this triggered non-compliance against the aggregate standard with a performance of 68.4%, a reduction of 4.7% against December's 73.1%.
- With continued focus from NHS England on 62 day backlog clearance as at 12 March 2023 North East London (NEL) had the second lowest backlog of the London Integrated Care Boards, with 515 patients waiting over 62 days, 6.5% of the total waiting list. As at the same date within NEL Barts Health had the largest backlog with 301 patients waiting over 62 days.

Diagnostics

- For February 2023 a performance of 79.7% was recorded, a significant improvement of 5.0% against January's 74.7%.
- The number of patients waiting increased in February, however breaches of the six-week standard reduced.
- The greatest challenge remains in MRI and non-obstetric ultrasound (NOUS). MRI breaches accounted for 33% and NOUS breaches 43% of all breaches in February. Paediatric audiology accounts for 16% of all breaches.

Elective Care

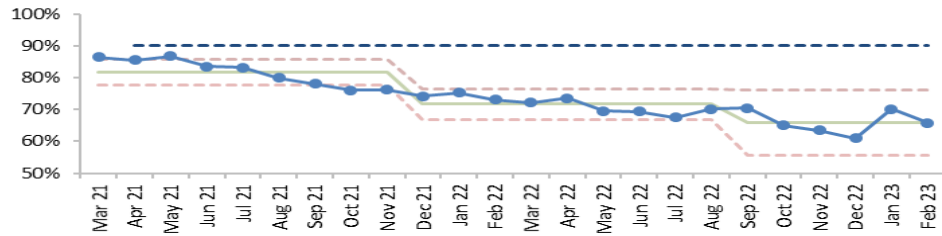
- For February 2023 the trusts admitted (inpatient and day case) trajectory set a target of 106% of 2019/20 BAU against which the trust achieved 94% (-977 admissions). For outpatients (first and follow up) for the same month the trajectory set a target of 104% of BAU, against which the trust achieved 104%. Under-delivery of the February admitted activity plan was influenced by sustained emergency pressures and reduced bed-flow, which continued across the summer months and into the autumn/winter.
- In relation to the RTT month-end nationally submitted data the trust reported 7 pathways waiting 104+ weeks at the end of February 2023, a decrease of 6 pathways against the January position. This represents a significant reduction of 225, or 97%, against the 232 reported in April 2022.
- Looking at London, of the six Trusts reporting 104+ week waits for January 2023 (the most recent national data), Barts Health had the greatest number, reporting 13. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ week pathways, one trust reported six, another trust reported two and three trusts reported one each.
- 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 523 at the end of February 2023, a decrease of 786 (-60%), this also represents a significant decrease on January's position of 728 (-205) however is greater than the reduction plan of 178 for February (+345).

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Feb-23 (m)	>= 90%	70.2%	65.8%	67.7%	61.9%	71.0%	66.3%	-	-	65.8%
A&E 12 Hours Journey Time	●			Feb-23 (m)	<= 2%	5.9%	6.7%	-	6.6%	7.9%	5.7%	-	-	6.7%
Ambulance Handover - Over 60 mins				Feb-23 (m)	-	528	486	-	84	185	217	-	-	486
Ambulance Handover - Over 30 mins				Feb-23 (m)	-	1,120	1,118	-	337	360	421	-	-	1,118
Cancer 62 Days From Urgent GP Referral	●			Jan-23 (m)	>= 85%	50.0%	56.3%	57.4%	45.5%	64.1%	61.5%	53.7%	-	56.3%
Cancer 31 Day Diagnosis to First Treatment	●			Jan-23 (m)	>= 96%	97.2%	94.2%	96.4%	91.5%	95.8%	100.0%	94.2%	-	94.2%
Cancer 28 Day FDS 2WW	●			Jan-23 (m)	>= 75%	70.9%	65.7%	74.3%	66.6%	61.3%	66.0%	86.2%	-	94.2%
Cancer 28 Day FDS Breast Symptomatic	●		●	Jan-23 (m)	>= 75%	94.9%	93.7%	98.5%	-	90.0%	96.6%	94.3%	-	94.9%
Cancer 28 Day FDS Screening	●			Jan-23 (m)	>= 75%	65.3%	81.8%	81.3%	58.3%	90.0%	100.0%	100.0%	-	81.8%
Diagnostic Waits Over 6 Weeks	●			Feb-23 (m)	>= 95%	74.7%	79.7%	74.9%	63.7%	99.6%	100.0%	78.0%	100.0%	79.7%
78+ Week RTT Breaches	●			Feb-23 (m)	178	728	523		316	132	75	0	-	523
104+ Week RTT Breaches	●			Feb-23 (m)	0	13	7		4	3	-	-	-	7
Completeness of Ethnicity Recording				Feb-23 (m)		92.6%	92.3%	-	89.4%	93.6%	94.4%	96.2%	-	92.3%

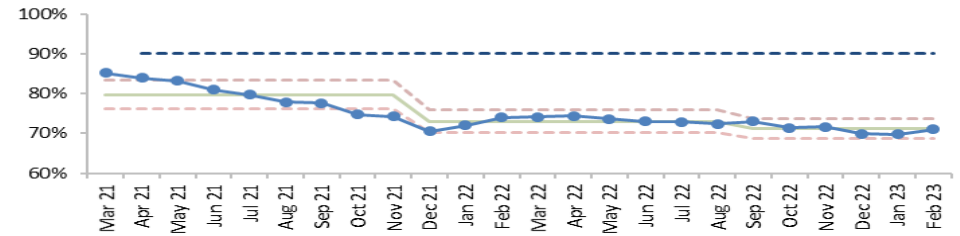
Note to table:

- 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

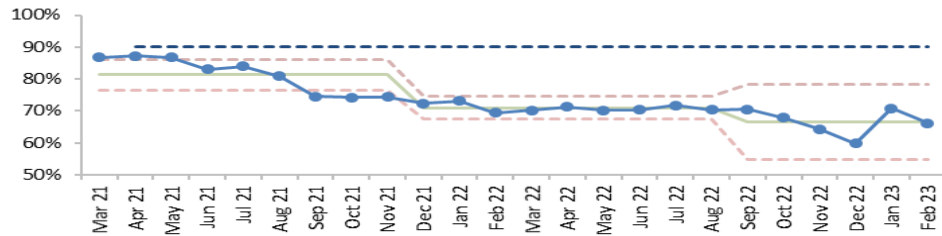
Barts Health: A&E 4 Hour Wait Performance



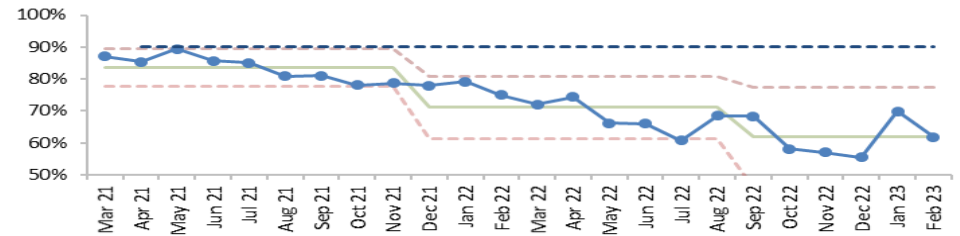
Whipps Cross: A&E 4 Hour Wait Performance



Newham: A&E 4 Hour Wait Performance



Royal London: A&E 4 Hour Wait Performance



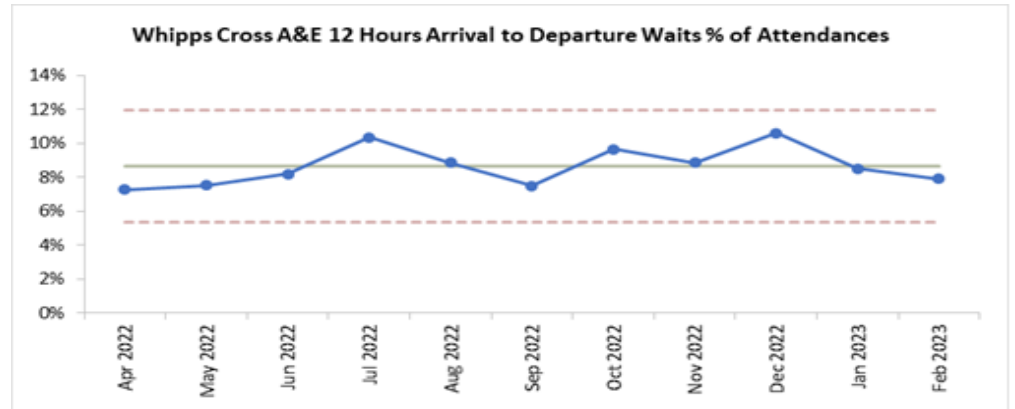
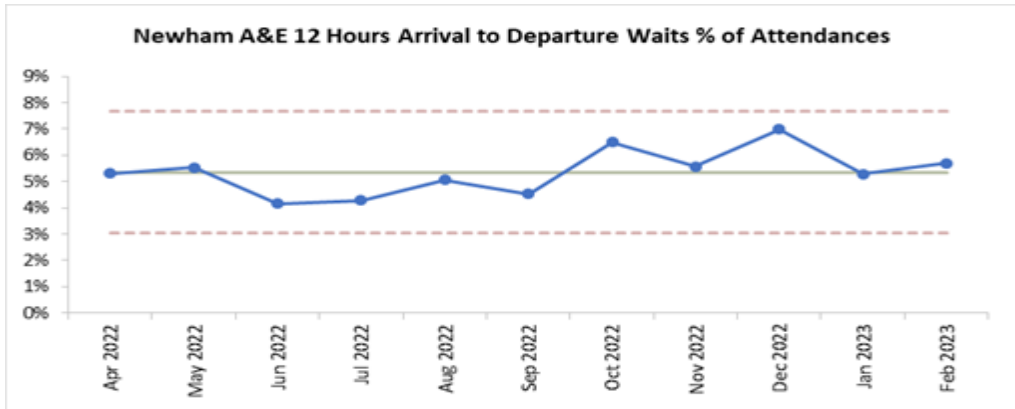
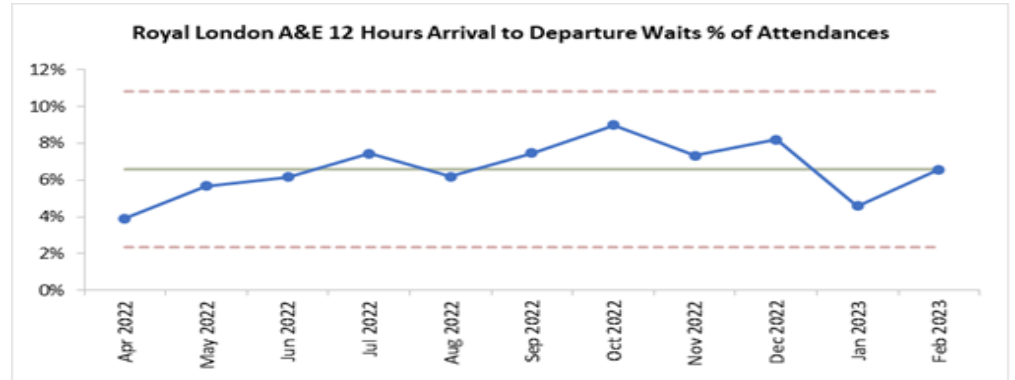
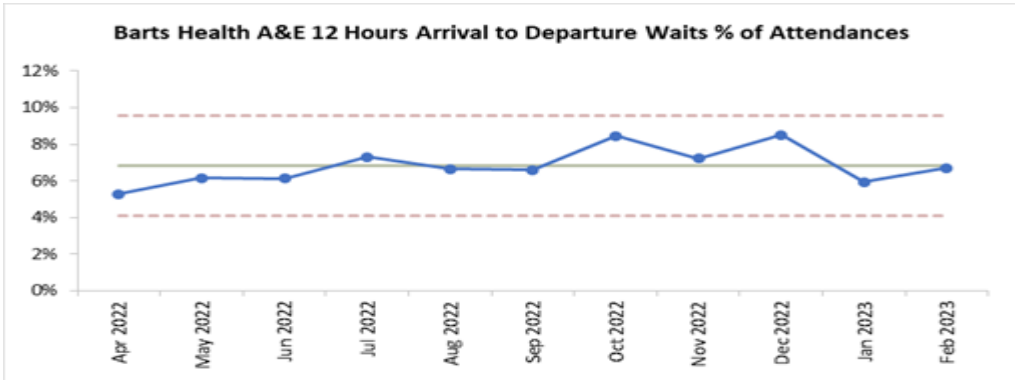
— Mean - - - UCL - - - LCL ● Metric - - - Target

Performance Overview

- In February 2023, 39,378 attendances were recorded, 442 (1.1%) less than recorded in January.
- For February 2023 a performance of 65.8% was recorded in relation to the 4-hour standard, a decrease of 4.3% against January's 70.2%.
- As a consequence of this worsening position the trust recorded an increase in the proportion of patients with an A&E 12-hour journey time from 5.9% in January to 6.7% in February, against a national standard of no greater than 2%.
- The NHSE plan published in January sets out a clear framework through which improvement in the experiences that patients have of our UEC services should be delivered

Responsible Director Update

- Hospital based plans continue to develop, aligned with the requirements of the NHSE delivery plan. First cut plans will be discussed at the Urgent Care Board on 28/3/23
- The plans will reflect local conditions and will be constructed in a way that considers the key priority improving patient experience, with a focus on;
 - Increasing capacity through increased investment in hospital beds and ambulance,
 - Increasing the size and flexibility of the workforce eg more clinicians available for 111 and urgent care call services,
 - improving discharge rates through strengthening discharge processes with partners supported by more investment in step up step down and social care along with expanding
 - better joining up health and care outside hospital eg increasing virtual ward coverage offers us the potential to avoid admissions and improve patient experience and outcomes.
- We planned carefully for the consequences of ongoing industrial action. No significant operational concerns were noted but we continue to evaluate the impact of the strike period including an analysis of clinical harm. It is also worth noting that the strike periods offered the potential for significant learning eg: workforce innovation, roles and decision making, non medical prescribers, which will be built upon in planning subsequent strikes.
- The next iteration of the plan will include a set of hospital specific trajectories against the new standards of 76% (4 hour waits) and 92% (Bed occupancy) underpinned by a set of operational actions e.g move to support SDEC at Whipps Cross, revised pull from ED Model at Royal London and criteria to reside at Newham.
- There is early evidence of the benefit of more senior escalation in the very long waits being experienced by our mental health patients but this is not yet consistent so we continue to escalate to system partners as a risk



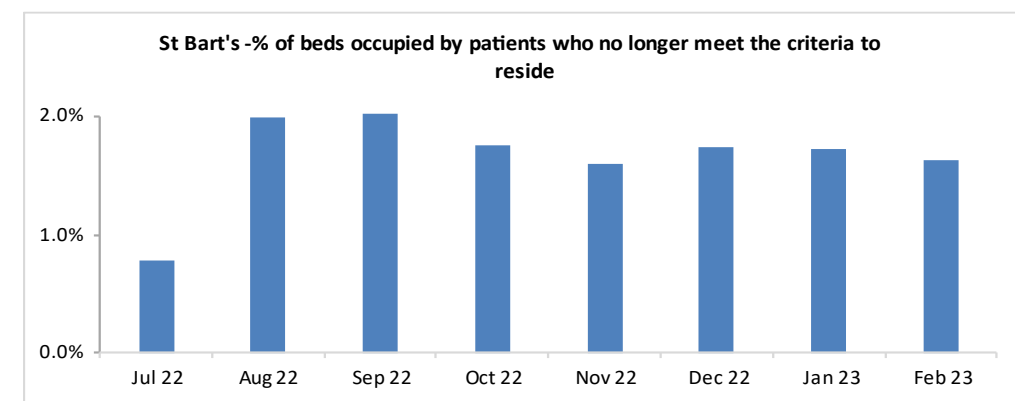
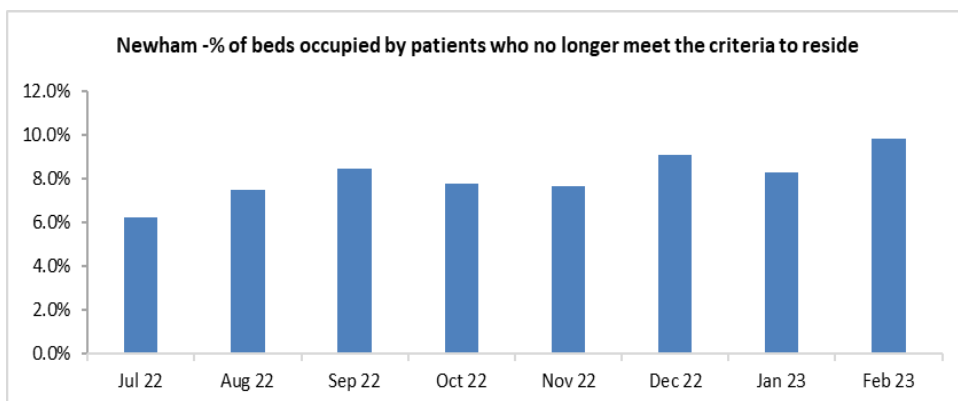
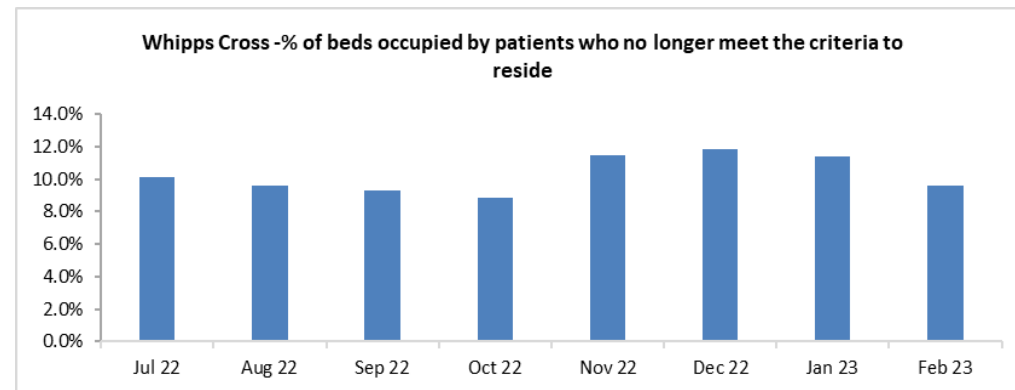
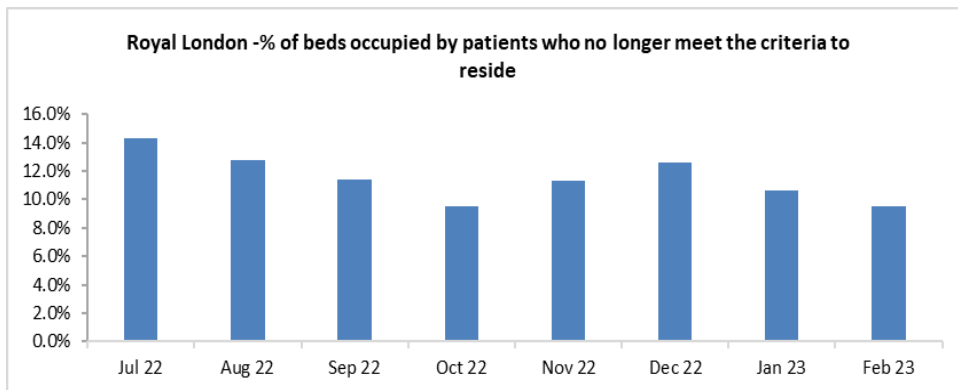
Performance Overview

- For February 2023 a performance of 65.8% was recorded in relation to the 4-hour standard, a decrease of 4.3% against January’s 70.2%. As a consequence of this worsening position the trust recorded an increase in the proportion of patients with an A&E 12-hour journey time from 5.9% in January to 6.7% in February, against a national standard of no greater than 2%.
- **Hospital site performance:**
- Whipps Cross – 7.9%
- Royal London – 6.6%
- Newham – 5.7%

Responsible Director Update

- The 12 hour journey for patients is a key delivery focus for the hospital unplanned care board, with a targeted 2% threshold. On the basis of patient outcomes and experience it is also part of the quality board metrics on the basis of safety and patient experience.
- Each hospital has developed an improvement plan and has signed off trajectories to deliver 76% 4 hour standard and 92% occupancy with the 12 hour LOS journey reduced by targeting these standards and improvement processes unpinned by actions of Managing the Front Door in ED, SDEC for ambulatory care pathway, ward processes and discharge.

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



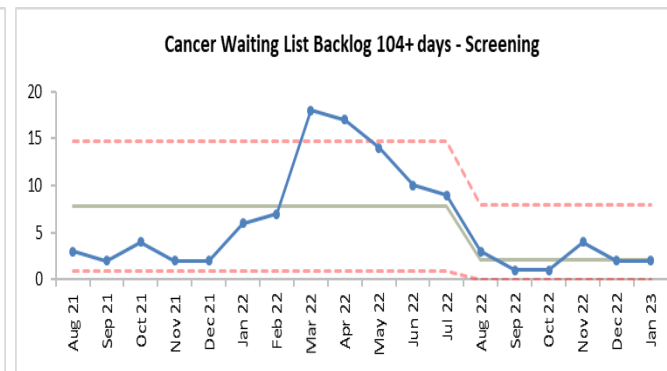
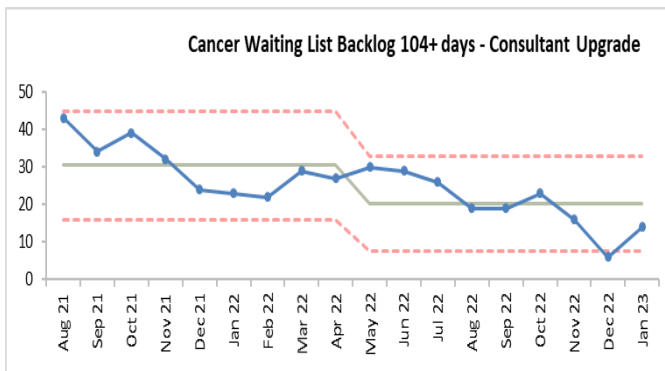
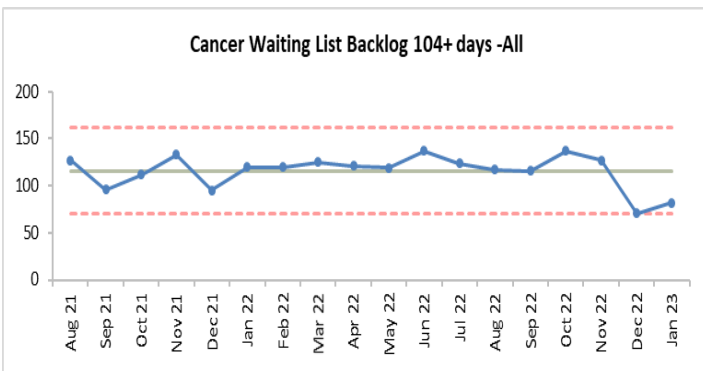
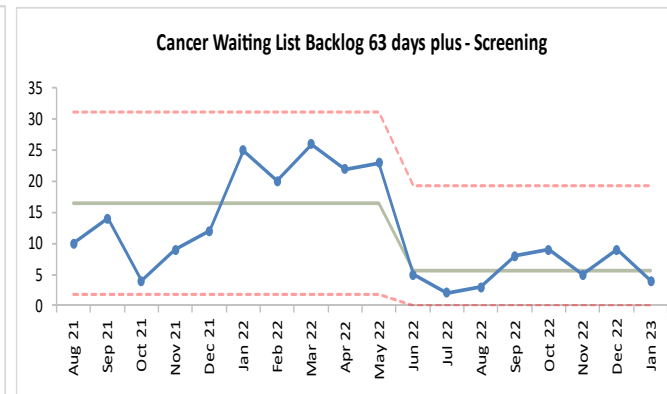
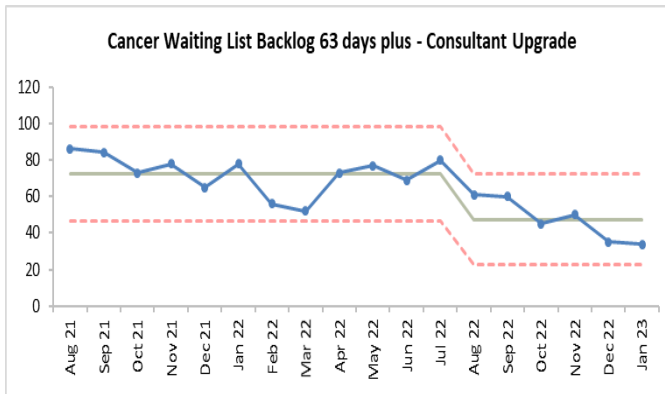
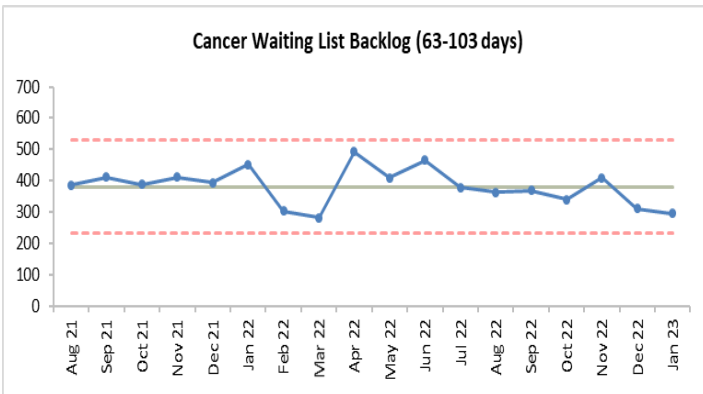
Note to Graphs: The data collection method changed from July 2022, making it impossible to meaningfully compare data prior to this point.

Performance Overview

- No Criteria to Reside patient volumes have remained relatively static across January and February with a slight improvement visible at St Bart's.
- In February 2023 8.3% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 625 patients (average across the month of 22 patients a day) and a total of 3,314 bed days.

Responsible Director Update

- Recent guidance from NHSE requires routine collection of the discharge ready date for all inpatients with a stay of 1 night or longer.
- The discharge ready date is effectively the start date of the final period that the patient no longer met the criteria to reside in a hospital bed for that episode of care.
- This step sharpens the focus on patients ready for care out with a hospital setting
- This change will underpin the work going on as part of the UEC recovery plan to focus on Pathway 0 and 1 patients who represent the cohort of patients with a non complex discharge pathway from an acute setting.



— Mean — UCL — LCL — Metric — Target

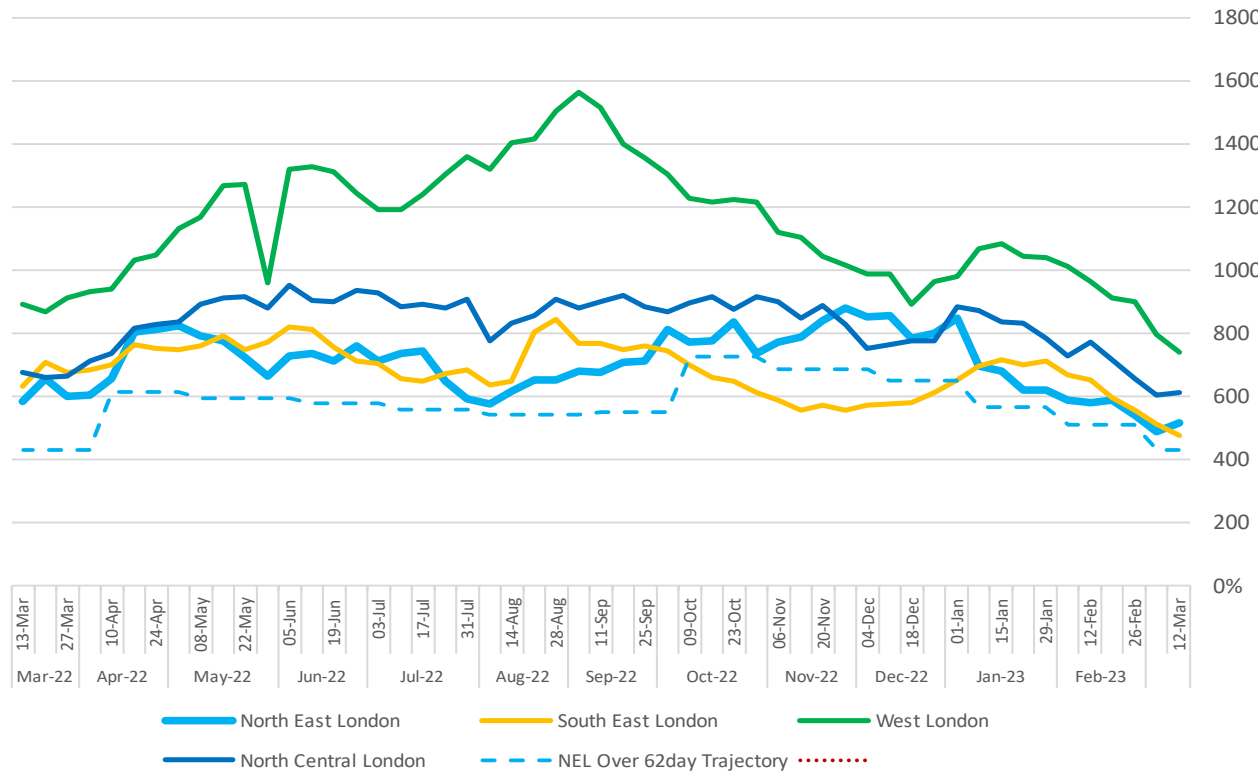
Performance Overview

- The NHS has set the reduction in the number of patients waiting more than 62-days from an urgent referral to treatment as this years priority. This requires the trust to reduce backlog to no greater than 197 patients, pre-pandemic levels, by March 23.
- The February 2023 backlog reduction milestone is set at 290 against which the trust recorded 383, 93 greater than plan and 5 more than January.
- Of the 383 patients waiting longer than 63 days, 312 had waited between 63 – 103 days and 71 greater than 104 days, this is a slight reduction of 11 against January. 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 backlog continues to be monitored daily within weekly PTL meetings, deep dives and meetings with MDT colleagues. These are monitored through hospital access meetings in which there is a focus on 104 and > 62 days and confirmed cancers, and update reports are provided to the Elective Care Board,
- There are plans to recruit an Urology NEL MDT Improvement lead to help with wider improvements, including standardising the urology MDT across the Trust and NEL.
- There are six best practice timed pathways identified by NHSE, which are being implemented to help improve the diagnostic stages within Prostate, Gynae, H&N, Skin, Lung and UGI, which will ensure patients get treated within the constitutional standard.
- A clinical harm review is carried out for any patient who breaches the 62-day pathway. Quarterly thematic analyses are undertaken, pulling together key themes, which are reported and reviewed with the clinical workforce, to ensure lessons are learned.

Size of suspected cancer PTL:
London Alliances- Over 62 days

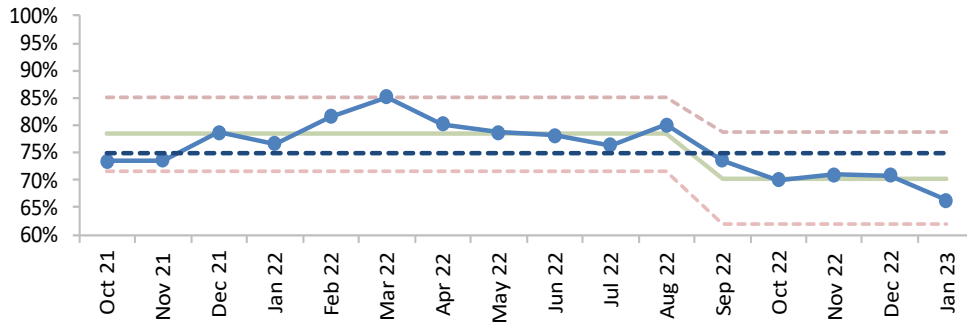


- As at 12 March 2023, North East London (NEL) had the second lowest backlog of the London Integrated Care Boards, with 515 patients waiting over 62 days, 6.5% of the total waiting list. As at the same date, within NEL, Barts Health had the largest backlog with 301 patients waiting over 62 days.
- Performance is monitored through weekly performance meetings through the Cancer Alliance.
- BH continues to work collaboratively with colleagues in NEL. There is a process underway of recruiting additional four Improvement Managers to support key pathways and help with ensuring patients are referred to BH < day 38 and unblocking any internal challenges.
- Barts Health sought support from colleagues across London to support the backlog in Urology. However, all Trusts are challenged in this area.
- The appointment of the Urology NEL MDT Improvement lead will help with wider improvements, as referenced on slide 24.

12-Mar	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	515	+28	6.5%	-87
North Central London	611	+9	7.0%	n/a
South East London	475	-35	6.1%	n/a
West London	738	-58	5.4%	n/a
England	18791	-679	7.6%	n/a

12-Mar	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	515	+28	6.5%	-87
Barking	193	+0	5.7%	4
Barts Health	301	+26	8.3%	-104
Homerton Univ	21	+2	2.3%	13
London	2339	-56	6.1%	n/a

Cancer Faster Diagnosis Closed Pathways (GP) Performance



Breakdown by Tumour Sites Failing 28 Day FDS 2 Week Wait Standard - Jan-23

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2,582	885	65.7%
Lower Gastrointestinal	477	302	36.7%
Urological	254	146	42.5%
Upper Gastrointestinal	232	124	46.6%
Testicular	16	8	50.0%
Haematological	25	10	60.0%
Gynaecological	273	99	63.7%
Other	6	2	66.7%
Head and Neck	275	91	66.9%

Cancer Faster Diagnosis Standard (FDS) Metrics

Metric	Dec-22			Jan-23			Variance
	Seen	Breaches	%	Seen	Breaches	%	
Cancer 28 Day FDS 2 Week Wait	2,526	736	70.9%	2,582	885	65.7%	-5.1%
Cancer 28 Day FDS Breast Symptomatic	272	14	94.9%	252	16	93.7%	-1.2%
Cancer 28 Day FDS Screening	49	17	65.3%	33	6	81.8%	16.5%

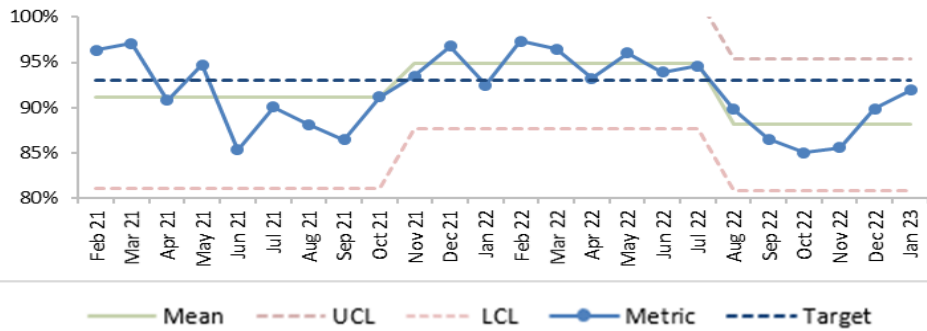
Performance Overview

- Barts Health has had strong aggregated performance for the Faster Diagnosis Standard, requiring that at least 75% of patients should not wait more than 28 days from referral to finding out whether they have cancer or not, since the standard went live in October 2021 until September 2022; regularly achieving strong results nationally at the start of 2022. Performance against the standard has been challenged since October, in part due to the impact of service pressures associated with delivering the 2 week wait standard and a number of other operational pressures. For January 2022 the trust achieved the standard for Breast Symptomatic and Screening Service referrals but did not achieve the standard for All Referrals, this triggered non-compliance against the aggregate standard with a performance of 68.4%, a reduction of 4.7% against December's 73.1%.

Responsible Director Update

- The FDS aggregated performance in February was compliant.
- ENT & Urology FDS plans were not fully delivered. However, the medical workforce issues are now resolved and this will address the ENT and urology backlog. The ENT nursing posts are being re-advertised and it is hoped posts will be appointed to in May 2023.
- There were protected MRI slots in February. However, early data suggested that not all slots were utilised. This is being reviewed to understand the reasons why and plans will be developed to ensure greater utilisation
- Recovery of 2ww standard is key to support patients, to enable patients to be informed by day 28 as to whether they have a diagnosis or not.
- Deep dives are planned within key specialities, to support increasing performance above 75% in line with trajectories set for 23/24.
- A number of patients have been cancelled due to Ramadan. All of these patients have been rescheduled after Eid.

Cancer 2 Week Wait (2WW)



Breakdown by Tumour Sites Failing Cancer 2WW Standard - Jan-23

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2,991	242	91.9%
Urological	333	72	78.4%
Other	7	1	85.7%
Breast	600	84	86.0%
Upper Gastrointestinal	221	21	90.5%
Lung	57	4	93.0%

Cancer 2WW Breakdown by Site - Jan-23

Site	Seen	Breaches	Performance	Target
Royal London	1,456	208	85.7%	93.0%
Whipps Cross	3,056	98	96.8%	93.0%
Newham	932	16	98.3%	93.0%
St Bart's	538	162	69.9%	93.0%
Barts Health	5,982	484	91.9%	93.0%

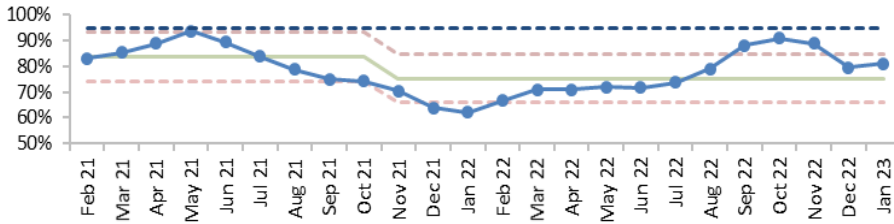
Performance Overview

- In January 2023 a performance of 91.9% was recorded in relation to the 2 week wait standard of 93%, an improvement of 2.0% against December's 89.9%.
- Of the trusts hospital sites two were compliant with the 93% national standard, Whipps Cross and Newham with two non-compliant, Royal London and St Bart's.

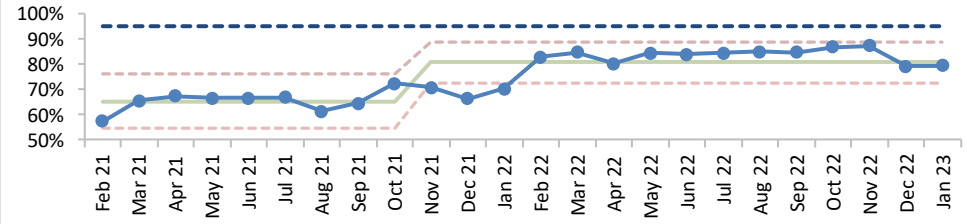
Responsible Director Update

- The Breast position had recovered in February 2023 but was impacted again by cancellations due to industrial action (IA) in March 2023.
- There were 78 cancellations in total, the majority of which were in breast patients, all of whom have since been re-booked. Improvement against trajectory would have continued, had the IA not taken place.
- There is a focus on mitigation plans to support recovery including the appointment of locum doctors. The locum doctors started in post in ENT at the beginning of March and are working on clear the 2ww backlog, with a focus on triaging patients onto an appropriate pathway. A Urology locum doctor will start end of March 23 with focus on 2ww backlog.
- The teams will be carrying out a clinical harm review on delayed patients, across all specialty areas.

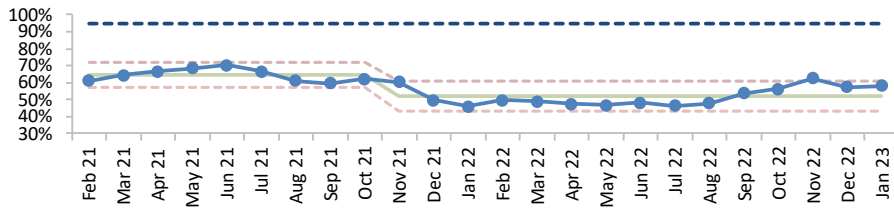
Diagnostics Imaging (CT) - Performance against 99% Standard



Diagnostics Imaging (NOUS) - Performance against 99% Standard



Diagnostics Imaging (MRI) - Performance against 99% Standard



DM01 Breakdown by Test

Test Name	Jan-23			Feb-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Barium Enema	2	0	100.0%	3	2	33.3%	-66.7%
Magnetic Resonance Imaging	7,142	2,983	58.2%	7,101	2,396	66.3%	8.0%
Non-obstetric ultrasound	16,381	3,353	79.5%	17,774	3,061	82.8%	3.2%
DEXA Scan	989	116	88.3%	974	94	90.3%	2.1%
Computed Tomography	3,586	679	81.1%	3,370	229	93.2%	12.1%
Grand Total	28,100	7,131	74.6%	29,222	5,782	80.2%	5.6%

NB: Modalities apart from Imaging are shown further on the slide that follow

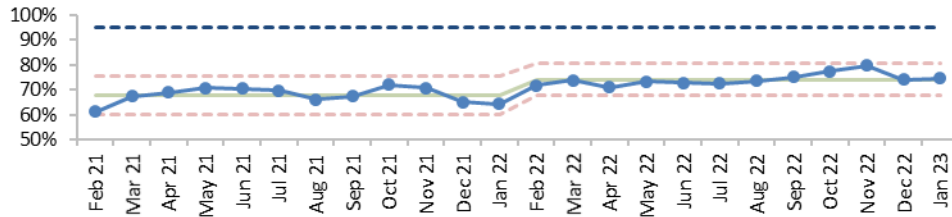
Performance Overview

- For February 23 a performance of 80.2% was recorded for Imaging modalities; an improvement of 5.6% on January's 74.6%. However, the total volume of patients waiting increased.
- No patients are waiting longer than 52 weeks and around 100 patients are waiting more than 26 weeks within Diagnostic Imaging. Activity is delivered above plan at 120% of 19/20.
- The greatest challenge is in MRI and non-obstetric ultrasound (NOUS). MRI breaches account for 33.3% and NOUS for 42.5% of all DM01 breaches in February 2023.
- CT performance is now nearly compliant (93.2%) with waits over 6 weeks mainly related to more complex cardiac pathways

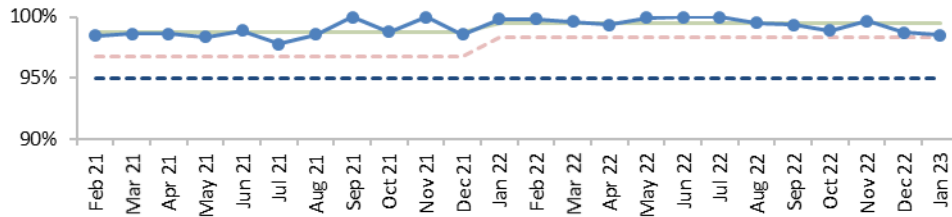
Responsible Director Update

- Diagnostic services continue to work towards the national aim of at least 95% of patients waiting less than six weeks by March 2025. Work on the national "Diagnostics focus period" is underway with performance improving at St Barts and the Royal London, whilst it is being maintained at Newham and Whipp's Cross.
- Work to develop a NEL diagnostics strategy and complete a triangulated operating plan for Imaging services across NEL are being finalised. This includes reference to locations of new services, with an aim to have more elective services outside of acute hospitals settings. 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.
- All capital funding for Imaging in 23/24 (£4.3m) has been prioritised by NHSE to support the funding of a second MRI scanner at Newham, pending agreement across Barts and NEL. Further work will be needed to work through the implications of revenue and capital constraints on the ability of services to maintain activity against demand.
- Services have been successful in winning a WelImprove award and IHI recognitions for work on patient communication through digital technology.
- HEE funded Imaging integrated planning is supporting the development of an Imaging workforce strategy and standardised processes and protocols.
- Work is ongoing to review all contracts with third party organisations that support the provision and reporting of diagnostic imaging.

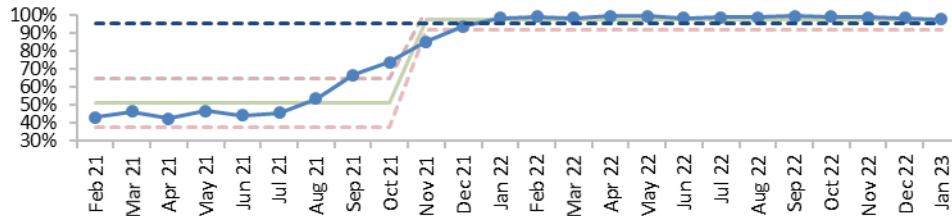
Diagnostics all Modalities – Performance against 99% Standard



Diagnostics Echocardiology – Performance against 99% Standard



Diagnostics Endoscopy – Performance against 99% Standard



DM01 Breakdown by Test

Test Name	Jan-23			Feb-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Urodynamics - pressures & flows	80	63	21.3%	76	64	15.8%	-5.5%
Audiology - Audiology Assessments	1,661	1,246	25.0%	1,786	1,145	35.9%	10.9%
Cystoscopy	166	25	84.9%	280	50	82.1%	-2.8%
Neurophysiology - peripheral neurophysiology	55	35	36.4%	55	8	85.5%	49.1%
Colonoscopy	922	14	98.5%	1,007	118	88.3%	-10.2%
Flexi sigmoidoscopy	186	2	98.9%	189	5	97.4%	-1.6%
Gastroscopy	756	13	98.3%	773	16	97.9%	-0.4%
Respiratory physiology - sleep studies	20	1	95.0%	113	1	99.1%	4.1%
Cardiology - echocardiography	1,847	27	98.5%	1,963	9	99.5%	1.0%
Cardiology - Electrophysiology	0	0	100.0%	0	0	100.0%	0.0%
Grand Total	5,693	1,426	75.0%	6,242	1,416	77.3%	2.4%

NB: Imaging Modalities are shown on the preceding slides

Performance Overview

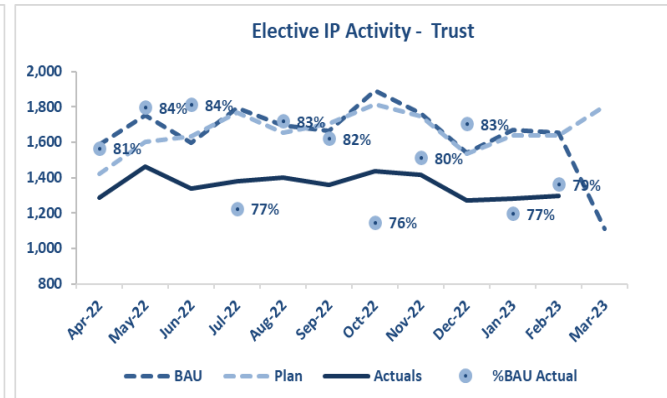
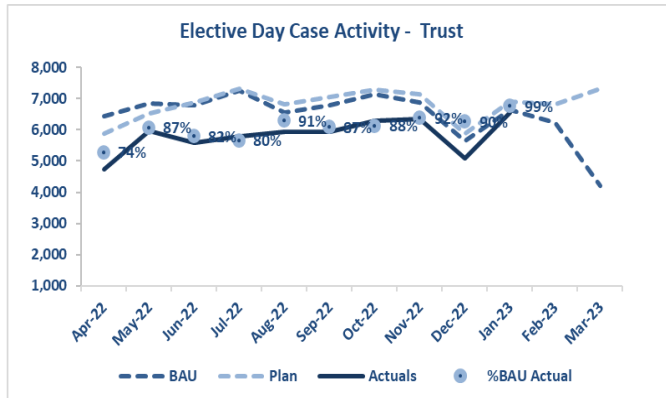
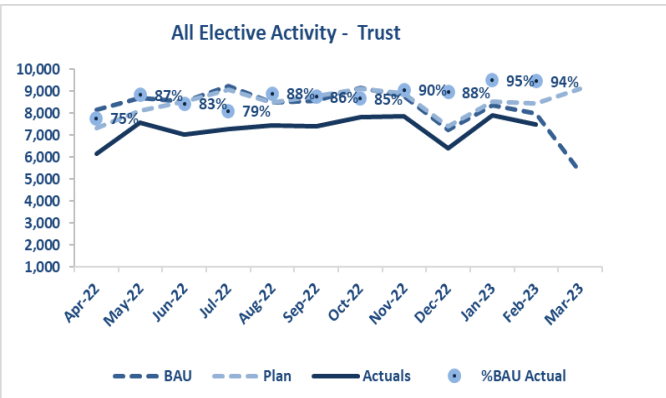
- For February 23 a performance of 77.3% was recorded for non-Imaging modalities, an improvement of 2.3% on January's 75.0%. However, the total volume of patients waiting increased. Diagnostic services continue to work towards the national aim of at least 95% of patients waiting less than six weeks by March 2025.
- The greatest challenge outside of Imaging modalities is paediatric audiology and accounts for 16% of all DM01 breaches in February 2023.

Responsible Director Update

- Work to develop a NEL diagnostics strategy across NEL are being finalised. This includes reference to locations of new services, with an aim to have more elective services outside of acute hospitals settings.
- Further work will be needed to work through the implications of revenue and capital constraints on the ability of services to maintain activity against demand.
- Endoscopy services are eligible for ERF funding and services are reviewing opportunities to continue to support collaborative capacity across London.
- Audiology services are reviewing data quality and recording with the BIU team.

Admitted Elective Activity

		Barts Health						Last Month's Site Position				
		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Royal London	Whipps Cross	Newham	St Bart's	Corperate
All Elective Activity	Plan	8,763	9,109	8,885	7,421	8,536	8,464	4,144	1,848	1,275	1,130	67
	Actuals	7,380	7,807	7,846	6,417	7,916	7,487	3,879	1,371	1,055	1,182	0
	Mth variance plan	-1,383	-1,302	-1,039	-1,004	-620	-977	-265	-477	-220	52	-67
Elective Day Case Activity	Plan	7,056	7,295	7,140	5,887	6,896	6,825	3,446	1,522	1,115	691	-
	Actuals	5,923	6,287	6,333	5,089	6,562	6,115	3,277	1,117	931	790	-
	Mth variance plan	-1,133	-1,008	-807	-798	-334	-710	-169	-405	-184	99	-
Elective IP Activity	Plan	1,707	1,814	1,745	1,534	1,640	1,639	698	356	160	439	-
	Actuals	1,358	1,437	1,414	1,269	1,280	1,299	583	254	124	338	-
	Mth variance plan	-349	-377	-331	-265	-360	-340	-115	-102	-36	-101	-
Independent Sector Elective Activity	Actuals	99	83	99	59	74	73	19	0	0	0	-



Performance Overview

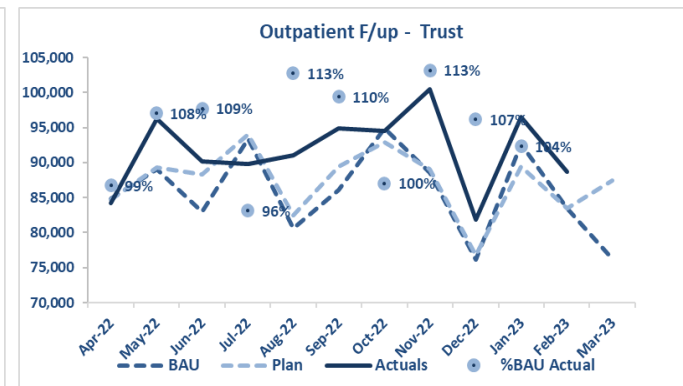
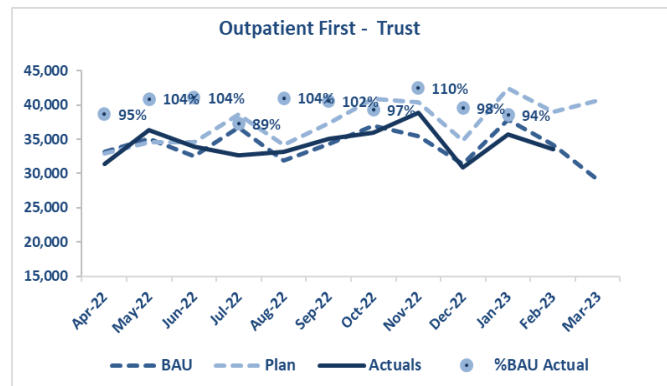
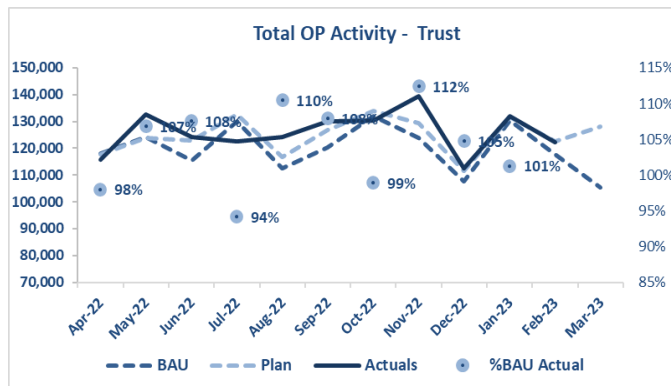
- For February 2023 the trusts admitted (Inpatient and Day Case) trajectory was set to a target of 8,464 cases. 7,487 cases were achieved, a shortfall of 977 cases (-11.5%).
- For Day Cases the trajectory set a target of 6,825 cases against which the trust achieved 6,115, a shortfall of 710 Day Cases (-10.4%).
- For Inpatients the trajectory set a target of 1,639 cases against which the trust achieved 1,299 cases, a shortfall of 340 Inpatient admissions (-20.7%).
- During February 73 elective admissions were recorded in the Independent Sector against a BAU of 69, please note there can be lags in reporting Independent Sector activity.
- Monthly admitted activity remains at variance to trajectory and national activity levels

Responsible Director Update

- Activity against plan is tracked through ERB and an exception template has been developed to overlay with BIU reporting to track mitigating actions where activity plan is underachieving
- There was an improvement in day case volumes during Jan 23 which was impacted in Feb by annual leave and in March by Industrial action
- Newham continue with the ASA 3 criteria in BHOC which has supported an increase in activity volumes
- During February 2023, Whipps Cross Ophthalmology was impacted by an equipment issue which has since resolved.
- Work has started to move elective activity from Royal London to Whipps Cross to support utilisation of theatre capacity. This has included moving some OMFS and Gynae and discussions continue to look at further opportunity
- Over the course of the week of Junior Doctors Industrial action, 326 elective cases were cancelled which is around 20% of weekly activity.

Outpatient Activity

		Barts Health						Last Month's Site Position				
		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	126,880	133,767	129,528	111,548	131,775	122,446	51,289	29,404	18,018	23,735	0
	Actuals	129,886	130,439	139,315	112,648	132,091	122,202	51,058	28,989	19,328	22,792	35
	Mth variance plan	3,006	-3,328	9,787	1,100	316	-244	-231	-415	1,310	-943	35
Outpatient First	Plan	37,411	40,910	40,430	34,788	42,371	39,022	16,539	11,660	5,369	5,454	0
	Actuals	35,030	35,974	38,897	30,830	35,644	33,564	13,019	10,692	4,667	5,186	0
	Mth variance plan	-2,381	-4,936	-1,533	-3,958	-6,727	-5,458	-3,520	-968	-702	-268	0
Outpatient F/up	Plan	89,469	92,857	89,098	76,760	89,404	83,424	34,750	17,744	12,649	18,281	0
	Actuals	94,856	94,465	100,418	81,818	96,447	88,638	38,039	18,297	14,661	17,606	35
	Mth variance plan	5,387	1,608	11,320	5,058	7,043	5,214	3,289	553	2,012	-675	35



Performance Overview

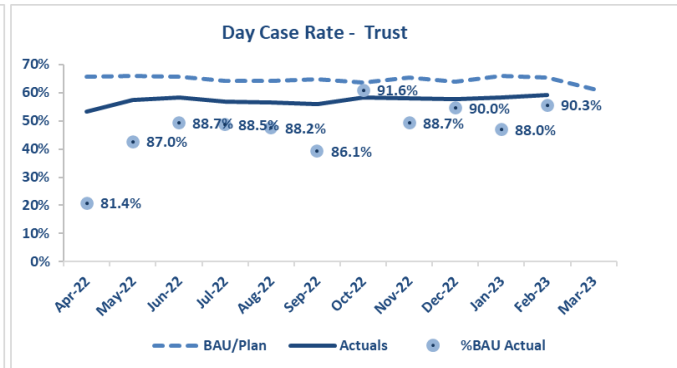
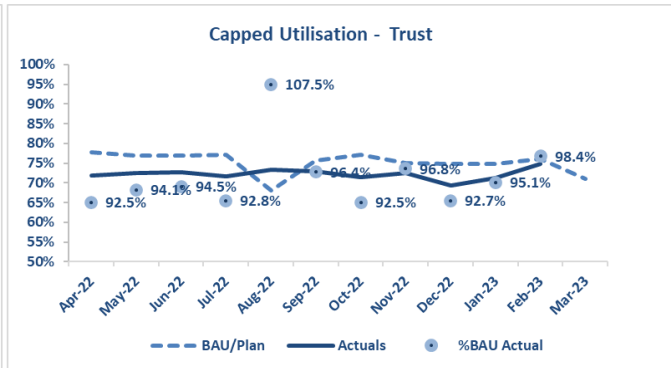
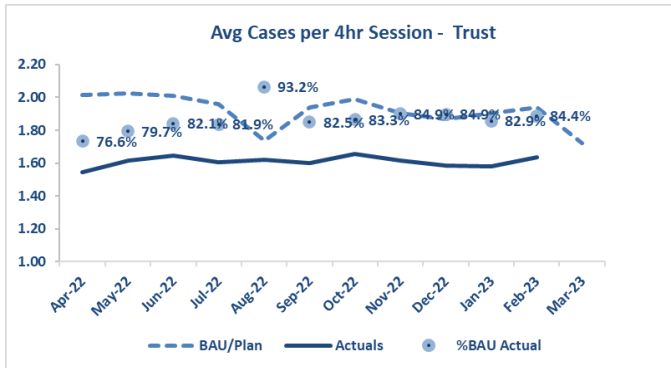
- For February 2023 the outpatient attendances (first and follow up) trajectory was set at 122,446, against which the trust achieved 122,202 a shortfall of 244 outpatient attendances (less than 1% variance).
- For First attendances the trajectory was set at 39,022 against which the trust achieved 33,564 a shortfall of 5,458 attendances (-13.9%).
- For Follow-up attendances the trajectory set was at 83,424 against which the trust achieved 88,638 an overperformance of 5,214 attendances (+6.3).

Responsible Director Update

- During the Junior Doctors Industrial Action, around 4900 out-patient appointments were cancelled. Each hospitals has tracked the individuals cancelled and continues to rebook appointments
- There is continued focus on reducing DNAs within outpatients work initiated in Feb 23 focused on 3 key specialities- T&O, Ophthalmology and Respiratory. Additional actions were undertaken to try and reduce DNAs e.g. extra text messaging , calls to patients. The initial results suggest an improvement is starting to be seen in T&O and Ophthalmology
- The outpatient clinical lead has been appointed and starts on 04.04.23. They will focus on supporting key priority areas as per 23/24 plan – Advice and Guidance Increasing Patient Initiated Follow-up and reducing new to follow-up ratio.
- Work has started to undertake assessment against GIRFT standards for high volume specialties
- Patient knows best is being rolled out with a plan to offer access to demographics and appointments by April 23.

Efficiency Activity

		Barts Health						Last Month's Site Position			
		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.60	1.66	1.62	1.59	1.58	1.64	1.52	2.11	2.14	0.96
	BAU	1.94	1.99	1.90	1.87	1.90	1.94	1.81	2.59	2.10	1.02
	Mth variance plan	-0.34	-0.33	-0.29	-0.28	-0.33	-0.30	-0.28	-0.48	0.04	-0.06
Capped Utilisation	Actuals	72.9%	71.4%	72.6%	69.3%	71.2%	74.8%	76.9%	68.0%	76.1%	76.7%
	BAU	75.7%	77.2%	75.0%	74.7%	74.9%	76.0%	75.7%	74.5%	70.5%	74.4%
	Mth variance plan	-2.7%	-5.8%	-2.4%	-5.4%	-3.7%	-1.2%	1.2%	-6.5%	5.6%	2.3%
Day Case Rate	Actuals	55.9%	58.4%	57.9%	57.6%	58.2%	59.2%	58.3%	67.0%	74.0%	15.8%
	BAU	64.9%	63.7%	65.3%	64.0%	66.1%	65.5%	63.6%	77.5%	68.9%	17.7%
	Mth variance plan	-9.0%	-5.3%	-7.4%	-6.4%	-7.9%	-6.3%	-5.2%	-10.5%	5.1%	-1.9%

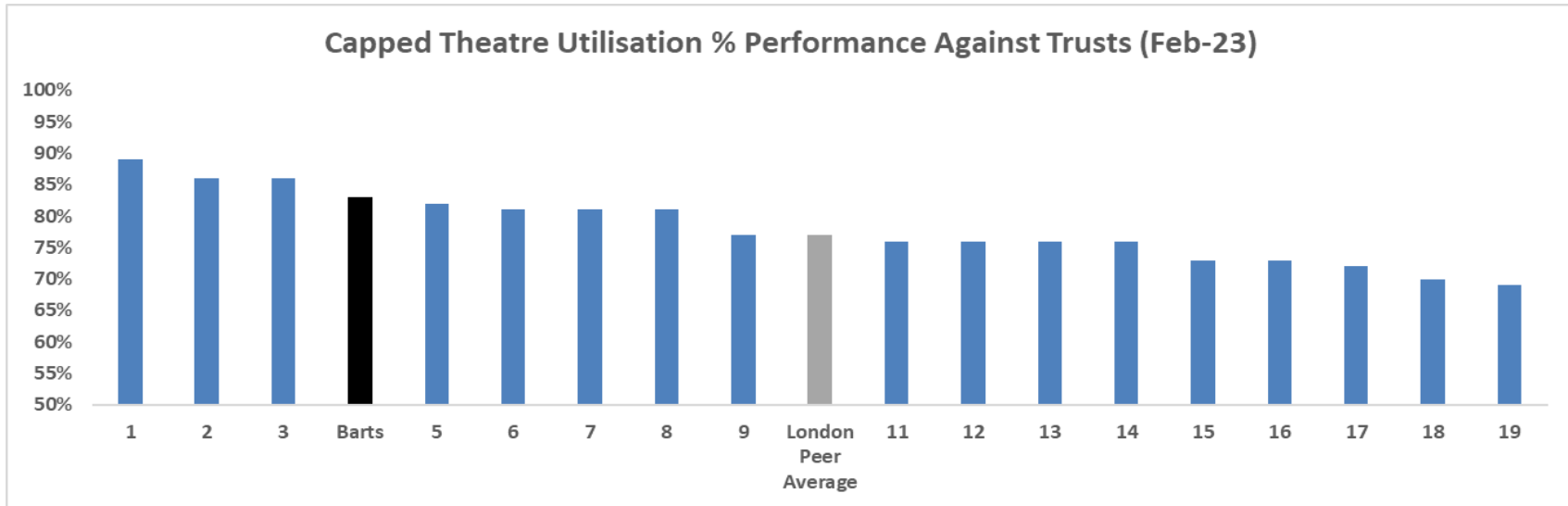


Performance Overview

- Set against internal trust data a capped utilisation rate of 74.8% was recorded during February 23 against a BAU of 76% (-1.2%).
- For the same month, 1.64 cases per list were achieved against a BAU of 1.94 (-0.30).
- For February a Daycase rate of 59.2% was recorded against a BAU of 65.5% (-6.3%).

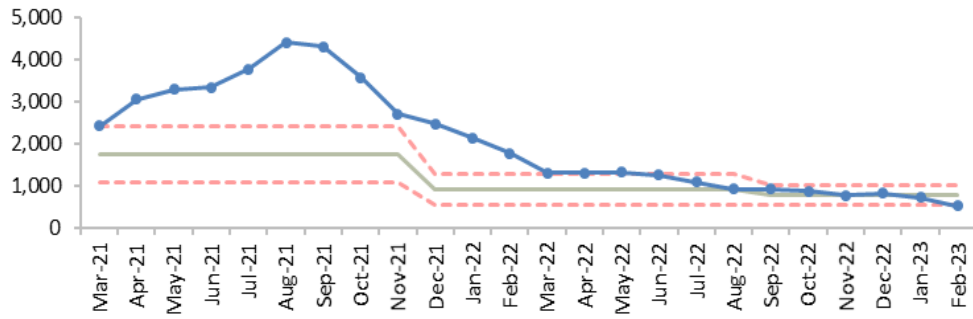
Responsible Director Update

- Hospitals continue to have local programmes of work which are focusing on Theatres productivity metrics – increasing cases per list, capped utilisation
- During the last month, Royal London achieved more than 60% of lists starting on time. The ambition was >60%. They have also focused on increasing case numbers per list and in Mar have been achieving around 1.6 with aim to get to 1.8 through theatres improvement work
- A Surgical Delivery Programme is being established and will meet w/c 27.03.23 to focus on how operating capacity is used effectively across the group to improve efficiency. Key focus will be on using all available theatre capacity

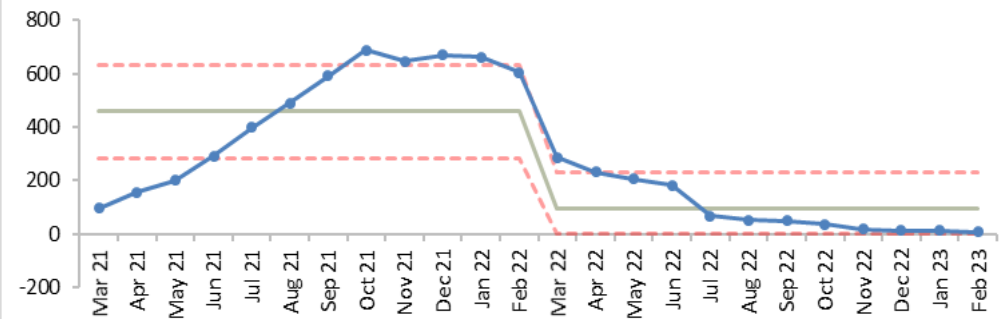


- According to Model Hospital data presented in the graph above, as of 26th February 23 the trust recorded a Capped Utilisation rate of 83%, placing Barts Health in the fourth (highest) quartile of London acute trust performance.
- For the same period the Barts Health median rate was 76% against the London acute trust peer group median rate of 77%.
- The discrepancy between Barts Health internal and Model Hospital data results from data-treatments applied by Model Hospital which the trust is not sighted on. A number of meetings have been held with the Model Hospital analytics team to reconcile these differences with improved alignment resulting, however further work is on-going.

RTT Incomplete Pathways Recovery Trajectory - 78+ Weeks



RTT Incomplete Pathways Recovery Trajectory - 104+ Weeks



Barts Health						Last Month's Site Position					
Setting		Nov-2022	Dec-2022	Jan-2023	Feb-2023	Royal London	Whipps Cross	Newham	St Bart's	Other	
RTT Long-Waiter Clearance	104+ ww	Actuals (2022-23)	18	12	13	7	4	3	0	0	0
		Plan	0	0	0	0	0	0	0	0	0
		Mth variance plan	18	12	13	7	4	3	0	-	0
	78+ ww	Actuals (2022-23)	766	825	728	523	316	132	75	0	75
		Plan	671	545	354	178	110	53	15	0	0
		Mth variance plan	95	280	374	345	206	79	60	0	75

Performance Overview

- In relation to the RTT month-end nationally submitted data the trust reported 7 pathways waiting 104+ weeks at the end of February 2023, a decrease of 6 pathways against the January position. This represents a significant reduction of 225, or 97%, against the 232 reported in April 2022.
- Looking at London, of the six Trusts reporting 104+ week waits for January 2023 (the most recent national data), Barts Health had the greatest number, reporting 13. However it is perhaps more telling to look at the London trust with the next highest volume of 104+ week pathways, one trust reported six, another trust reported two and three trusts reported one each.
- 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 523 at the end of February 2023, a decrease of 786 (-60%), this also represents a significant decrease on January's position of 728 (-205) however is greater than the reduction plan of 178 for February (+345).

Responsible Director Update

- Detailed tracking of all 104ww patients continues and there is continued reduction in the month end number. 1 x 104ww patient was cancelled as a result of the Industrial action in March. This patient has been rebooked into April
- Progress has been made in escalating treatment plans for patients who will be 78ww by the end of March 23 with a clear understanding of the next action required to complete the pathway of care
- Through additional funding support agreed with NHSL, the hospitals will look to mitigate the end of March position further. Additional actions include: validation and DQ training support, contacting patients to confirm appointment dates, additional clinics and theatres sessions
- 37 patients from the end of March 78ww risk cohort were cancelled due to industrial action. All have been rebooked with 8 rebooked beyond March 23. The clock stop rate for this cohort was reduced by approx. 68 during the week
- Patient choice guidance has been implemented for admitted and non admitted patients who decline 2 offers of an appointment/TCI within a reasonable time frame are classified as C1. Treatment dates are agreed with these individuals in order to complete their pathway
- An updated access policy has been circulated to key stakeholder for comment and aim is to sign this off in April 23
- There is continued validation of 52ww patient pathways every 12 weeks. There are currently 483/7952 pathways unvalidated (6%)
- Over the next month, there will be continued focus on detailed tracking of all 78ww risk patients



Barts Health
NHS Trust

Equity Report



Equity in our waiting lists**Analysis**

The Trust has reviewed its waiting lists to identify differences in wait times between groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, between those who have been identified with a learning disability and those who have not, and between groups of patients who live in wealthy postcodes as compared to those who live in deprived postcodes. We explored differences between ethnicities and between those who live in wealthy compared to poorer areas at Trust as well as hospital level. The review is a snapshot of data from 16th of March.

We also reviewed ethnicity capture across A&E, Inpatients and Outpatient activity types. This is a snapshot of data on 23rd February.

Findings

This month, ethnicity capture improved slightly across all three areas.

At Trust level, there are no significant differences in the data for waits between ethnic groups, or between male and female patients. At the Trust level, patients from the most deprived postcodes appear to wait slightly longer than those from the wealthiest postcodes. Site-level data showed slightly longer waits at Royal London for people from more deprived backgrounds.

In last month's snapshot, the data showed a small but certain longer wait for patients who had been identified as having a learning disability. This month, the difference is smaller and it is possible that the difference is due to chance. In the past, the difference in waiting time was partly due to the long waiting list at Royal London for Restorative Dentistry, as this speciality has a high proportion of patients with Learning Disabilities.

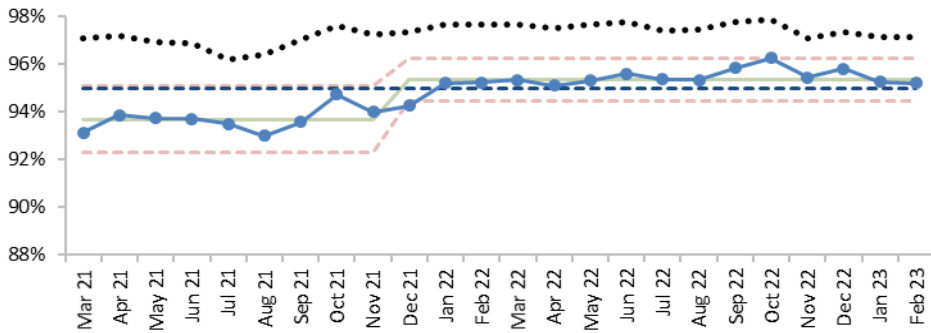
Next steps

We will be working with Royal London and selected specialties to understand better the difference in waiting times between patients living in wealthier postcodes and poorer postcodes to understand the reasons for this.

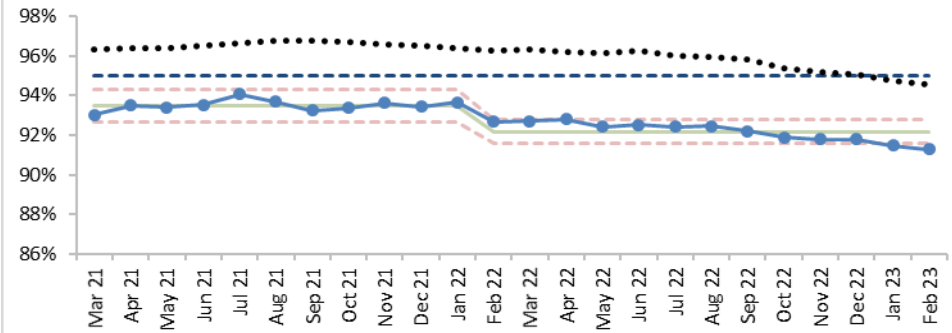
We are also working with our analytics team to improve these reports, including adding median wait times, and graphs which enable us to better view and interpret trends over time.

Ethnicity Recording by Activity Type

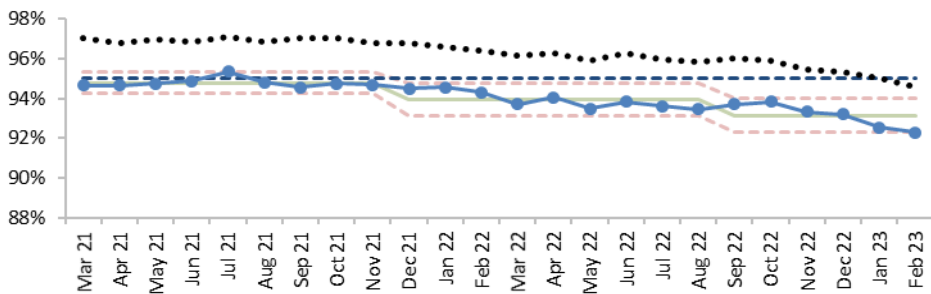
A&E Ethnicity Completion



Outpatient Ethnicity Completion



Inpatient Ethnicity Completion



Ethnicity Recording by Activity Type - % Completion - Feb-23

Site	A&E	Inpatient	Outpatient
Royal London	96.8%	89.4%	90.0%
Whipps Cross	93.4%	93.6%	91.0%
Newham	94.9%	94.4%	93.8%
St Bart's	-	96.2%	92.4%
Trust	95.2%	92.3%	91.3%

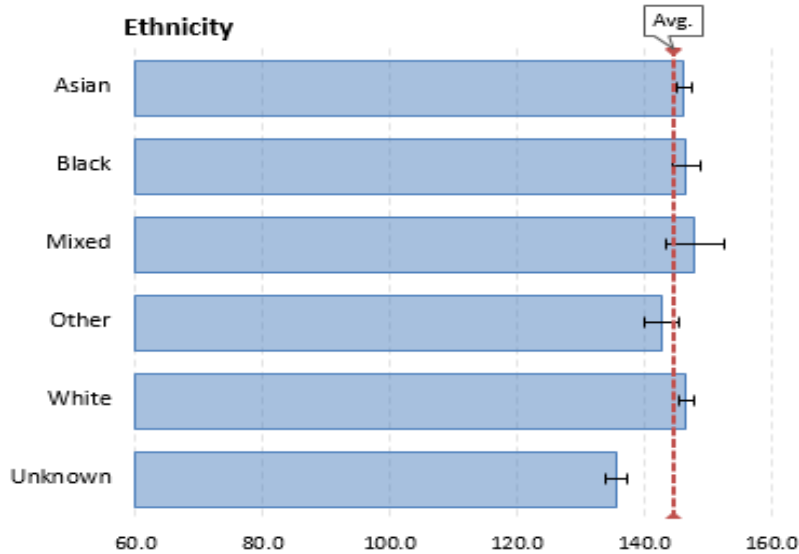
The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North 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%. There is a marginal increase in capture rates from the last reporting period for all activity types, A&E, Inpatient and Outpatient, by 0.2, 0.1 and 0.2 percentage points, respectively.
- Whipps Cross Hospital has seen a small increase in capture rates across inpatient and outpatient activity types at 1 and 1.1 percentage points respectively. There has been a slight decrease in the A&E activity type capture rate by 0.1 percentage points.
- Royal London continues to achieve the highest capture rates in A&E at 96.8%. However, opportunities still exist to improve ethnicity capture for Inpatient and Outpatient departments.
- Newham marginally misses the 95% capture rate target in A&E at 94.9% and there is decline in capture rates across Inpatients and Outpatients by 0.6 percentage points and 0.4 percentage points, respectively.

Responsible Director Update

- It is promising to see a marginal increase across all activity areas Trust wide with most areas maintaining an above 90% capture rate. Across the Trust, Outpatients and Inpatients activity still falls short of achieving the 95% target.
- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- Ethnicity capture reporting is now included as part of standard divisional performance review paperwork, and the slight decline in Newham's performance will be brought to the attention of Newham University Hospital Executives.



Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	4,984,879	34,081
Black	1,949,197	13,293
Mixed	394,873	2,668
Other	1,017,448	7,122
White	5,766,027	39,314
Unknown	2,673,961	19,707

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait	Lower	Upper
Asian	146.3	145.0	147.5
Black	146.6	144.6	148.7
Mixed	148.0	143.4	152.6
Other	142.9	140.1	145.6
White	146.7	145.4	147.9
Unknown	135.7	134.1	137.3
Grand Total	144.5		

Commentary

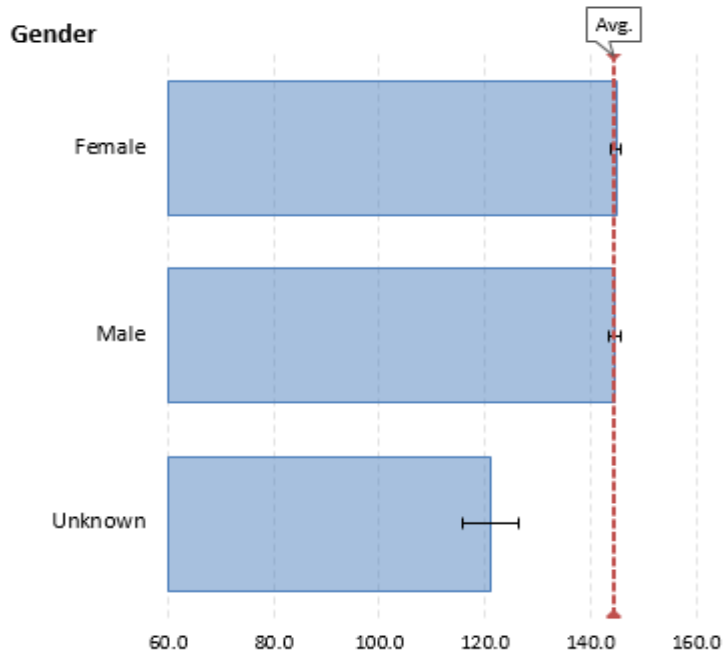
At Trust level, there is no practical difference in wait times between patients from known ethnic groups.

On average, the longest waiters appear to belong to the 'Mixed' ethnic category with an average of 148.0 days. This equates to 1.3 days difference, on average, between the longest and shortest waiters by known ethnicity. However, the numbers aren't big enough to infer for certain if this difference is due to chance.

We are currently looking to understand the difference in waiting times for the 'Unknown' ethnicity group which are significantly shorter than other groups.

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

Note: This is a snapshot of Data from 16th March



Commentary

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

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (144.9 days vs 144.6 days, respectively).

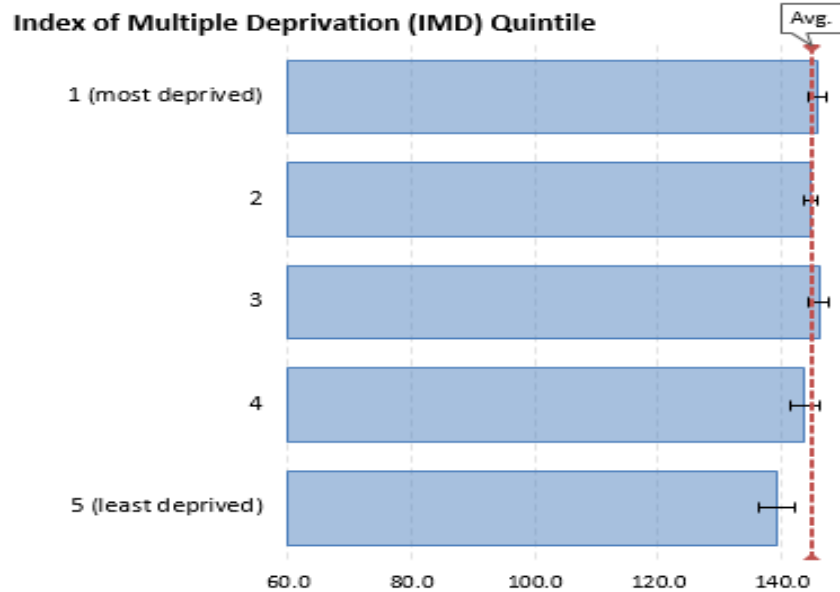
Additionally, although it's a very small proportion, we are investigating the data quality issues behind the "Unknown" group.

Note: This is a snapshot of Data from 16th March

Summary Data

Gender	Total Wait Time (Days)	# of Pathways	Pathways with no Week Wait details excluded
Female	9,334,609	64,436	
Male	7,286,732	50,387	
Unknown	165,044	1,362	

Gender	Average Wait	Lower	Upper
Female	144.9	143.9	145.8
Male	144.6	143.6	145.7
Unknown	121.2	115.8	126.6
Grand Total	144.5		



Commentary

In this month's snapshot, at Trust level, there appears to be a small difference in average wait time between patients living in the wealthiest and poorest areas of approximately 6.5 days.

The average Trust wait time by level of deprivation is 144.7 days. While there is a difference in average waiting times between patients living in the most deprived postcodes compared to those living in the least deprived postcodes, there does not appear to be a clear trend between deprivation and waiting times.

We will be investigating this further to understand and reasons and will be monitoring for trends. This is broadly consistent with last month's findings.

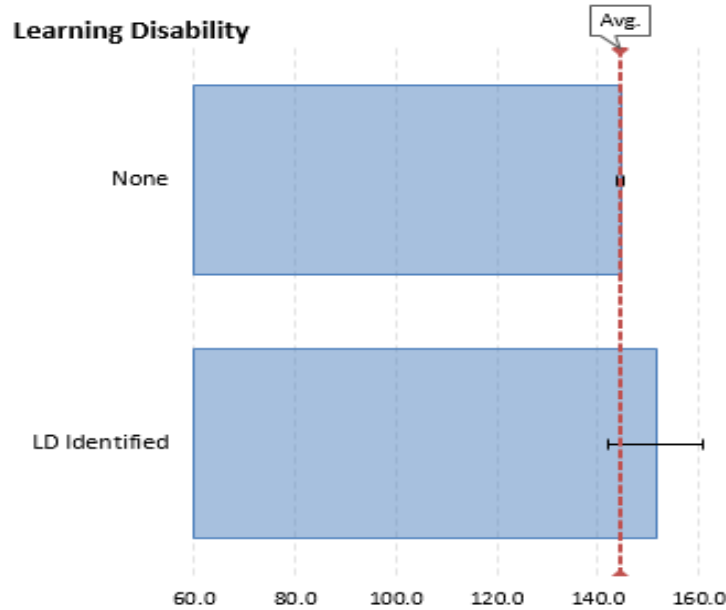
Note: This is a snapshot of Data from 16th March

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,001,570	27,453
2	7,637,059	52,839
3	2,773,998	19,003
4	1,384,067	9,631
5 (least deprived)	812,413	5,832

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper
1 (most deprived)	145.8	144.3	147.2
2	144.5	143.5	145.6
3	146.0	144.3	147.7
4	143.7	141.3	146.1
5 (least deprived)	139.3	136.3	142.3
Grand Total	144.7		



Commentary

This month, there is no certain difference in wait times between patients identified as having a learning disability and those who haven't.

Patients with Learning Disabilities, wait on average, approximately seven days longer. However, the numbers are not big enough to infer for certain if this is due to chance.

In the past, there was a disparity in waiting times for patients with learning disabilities. We found the disparity to be due to longer waits at Royal London, and in particular, Restorative Dentistry, which has a high proportion of patients in this cohort. Action taken over the last year significantly reduced the waiting times in Restorative Dentistry and, therefore, the overall waiting times for this cohort. We are working with our Analytics Team to add separate data on this speciality.

We are also working with our Analytics Team to include graphs to show trends over time.

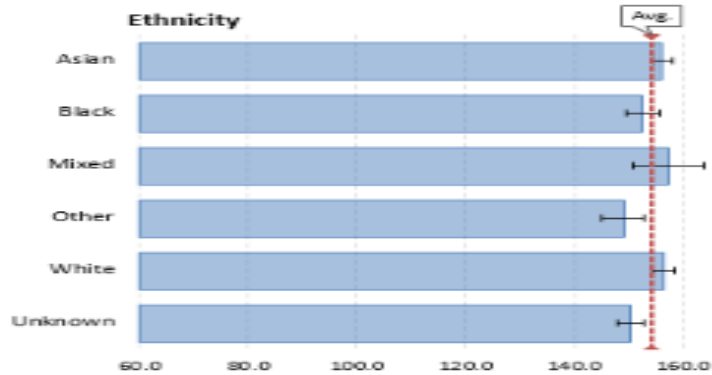
Note: This is a snapshot of Data from 16th March

Summary Data

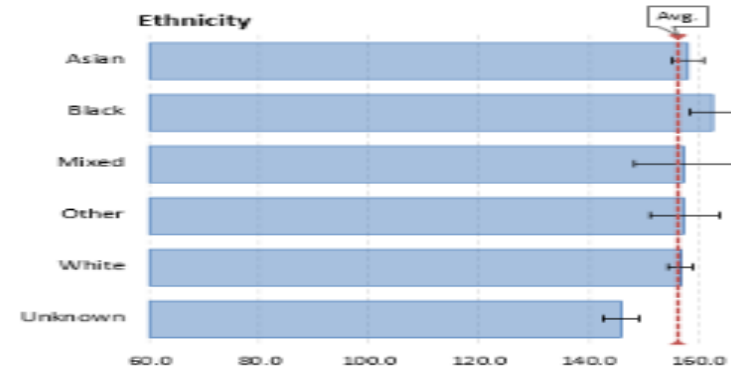
LD_Flag	Total Wait Time (Days)	# of Pathways	Pathways with no Week Wait details excluded
None	16,679,283	115,478	
LD Identified	107,102	707	

LD_Flag	Average Wait	Lower	Upper
None	144.4	143.7	145.1
LD Identified	151.5	142.1	160.9
Grand Total	144.5		

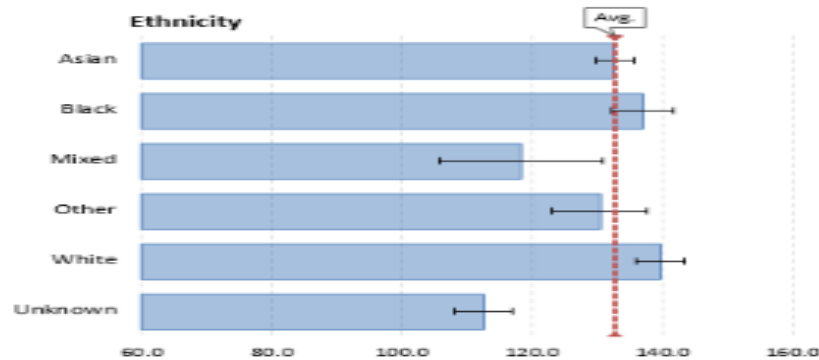
Royal London



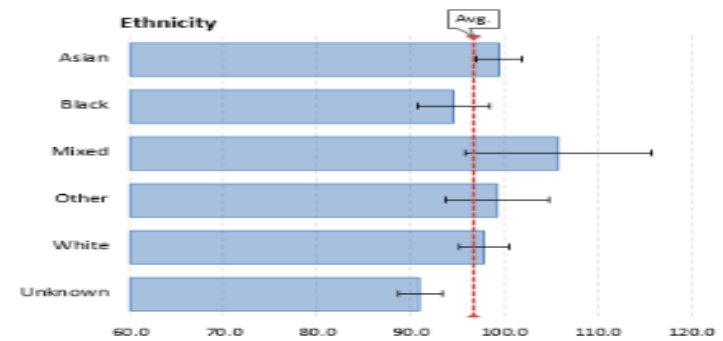
Whipps Cross



Newham



St Barts



Commentary

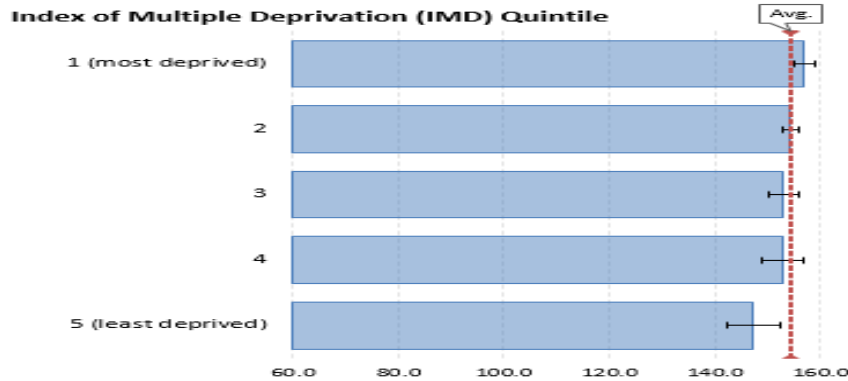
At Newham Hospital, patients who identify as belonging to the 'Mixed' ethnic group have shorter wait times compared with those who identify as 'White' or 'Black'.

This broadly reflects findings from the last reporting period. We will continue to monitor this for trends.

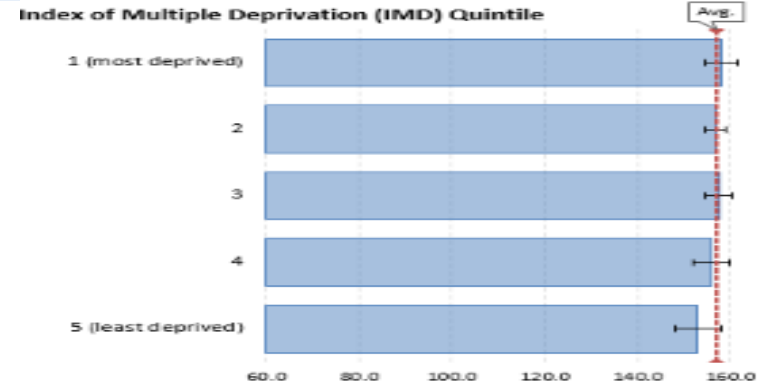
There are no other significant differences between ethnic groups at site level. The 'Unknown' patient cohort appear to have shorter wait times across sites. This is an ongoing trend. We are currently working with the BIU team to report median wait times and interquartile ranges given the skewed distribution of equity related data.

Note: This is a snapshot of Data from 16th March

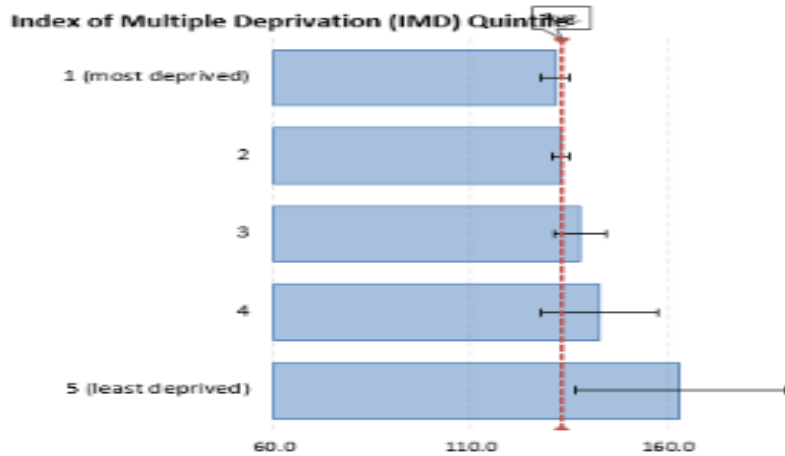
Royal London



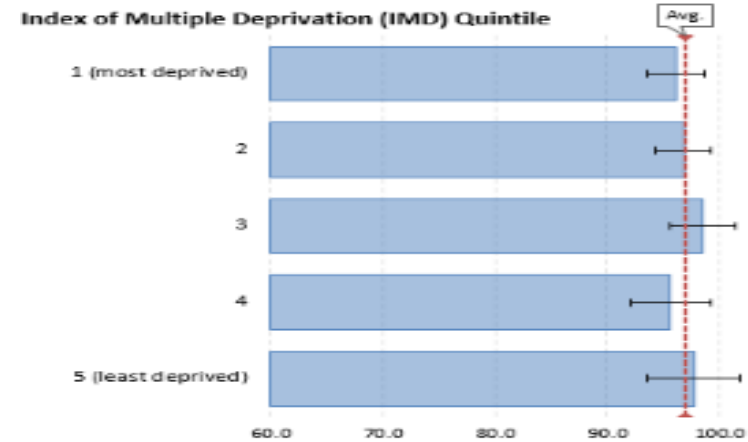
Whipps Cross



Newham



St Barts



Commentary

At Royal London Hospital, patients living in deprived areas wait on average, 9.6 days longer than those from the least deprived areas. This is an increase in the difference in waiting times observed last month by 2.6 days.

This relationship between deprivation and waiting times at Royal London could be due to a few specific specialities which treat a high proportion of patients from deprived postcodes from across North East London, but operate primarily out of Royal London. For example, Oral Surgery and Restorative Dentistry treat a significant proportion of patients who live in deprived postcodes. We will, however, be working closely with Royal London to understand this trend better.

Conversely, at Newham Hospital there is a notable difference in wait times by deprivation, where patients living in the least deprived areas are waiting longer than patients from the most deprived areas – a difference of 31.5 days. Will be investigating this in more detail but believe this could be because those from wealthier postcodes have sought help elsewhere. This finding was also noted in the December 2022 board report. Note: This is a snapshot of Data from 16th March



Barts Health
NHS Trust

People Report



Growing the Workforce – Recruitment, Temporary Staffing and Turnover

Substantive Staffing

- Our substantive staff in post grew by 325 WTE in month of which 261 WTE relate to the TUPE in of portering staff from SERCO. We are now reporting a 94.3% fill rate, however adjusted for the TUPE's that have taken place to date there is an underlying rate of 92%. Whipps Cross saw the most growth outside of the TUPE with an increase of 40 WTE

Turnover

- The annualised voluntary turnover rate reduced from 12.7% to 12.4% in month. Excluding the impact of the SERCO TUPE we have an underlying rate of 12.6%, significantly improved from the peak of 13.9% in July 2022.
- The People Promise Exemplar Programme has been extended for another year, enabling a continued focus on outstanding programme actions. As part of this Barts Health is taking part in a Flexible Working – Improvement of Rostering programme with five clinical areas receiving direct support from NHS England, part of which is looking at team based rostering.

Proportion of temporary staff

- The proportion of temporary staff used has improved from 15.0% to 14.4% although this is likely to reflect the shorter month. M12 is expected to report a worsened position due to it both being the end of the annual leave year and the impact of cover for the junior doctors strike
- YTD spend on agency is £56.3m – 5% of paybill (5.7% in month).

Roster Compliance

- We are seeing an improving picture with the proportion of rosters fully approved on time with 57% of nursing rosters approved 6 weeks in advance and St Bartholomew's achieving 100% compliance.
- Roster quality, which factors in the likes of absence, charge cover, skill mix and effective use of contracted hours, has remained low at 18.7% however there is renewed focus from the sites on improving the quality along with the timeliness. Roster quality is about the effective management of staff on the roster, low levels indicating that this could be better such as with better managed leave across the year, ensuring all shifts have a nurse in charge clearly identified out outset etc. This differs to the roster template which identifies which shifts are required when. If the template does not have enough shifts (for example if additional beds are opened on a short term basis) then additional ones can be created – but this should not affect roster quality beyond potentially increasing temporary demand.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health
People	W19	Turnover Rate	●			Feb-23 (m)	<= 12.25%	12.73%	12.37%	12.37%	13.29%	11.76%	10.47%	13.87%	17.47%	10.67%	12.37%
	OH7	Proportion of Temporary Staff	●			Feb-23 (m)	<= 11.3%	15.0%	14.4%	14.7%	13.5%	19.4%	22.1%	12.5%	8.2%	6.3%	14.4%
	W20	Sickness Absence Rate	●	●		Jan-23 (m)	<= 3%	5.07%	4.89%	4.89%	4.93%	5.03%	5.44%	4.04%	4.29%	5.09%	4.89%
	W1	Staff Overpayments (Late Leaver Notifications)	●			Oct-22 (m)	<= 0	8	11	84	8	0	0	3	0	0	11
Staff Feedback	C6	Staff FFT Percentage Recommended - Care				2019/20 Q4 (q)	>= 70%	77.2%	79.8%	78.3%	84.8%	79.3%	75.4%	91.8%	72.3%	73.1%	79.8%
	OH6	NHS Staff Survey	●			2021/22 (y)	>= 7	6.9	6.7	6.7	6.6	6.6	6.6	6.8	0.0	26.3	6.7
Compliance	W50	Mandatory and Statutory Training - All	●			Feb-23 (m)	>= 85%	86.6%	86.5%	85.0%	85.3%	87.2%	85.1%	90.0%	87.2%	85.8%	86.5%
	W11	Mandatory and Statutory Training - National	●			Feb-23 (m)	>= 85%	85.5%	85.3%	84.1%	83.6%	86.1%	84.9%	89.1%	85.0%	85.1%	85.3%
	W29	Appraisal Rate - Non-Medical Staff	●			Feb-23 (m)	>= 90%	54.1%	56.2%	56.2%	57.4%	52.8%	50.2%	56.0%	41.0%	63.0%	56.2%
	W30	Appraisal Rate - Medical Staff	●			Feb-23 (m)	>= 95%	87.3%	88.0%	88.0%	88.0%	88.6%	90.3%	87.1%	-	53.8%	88.0%

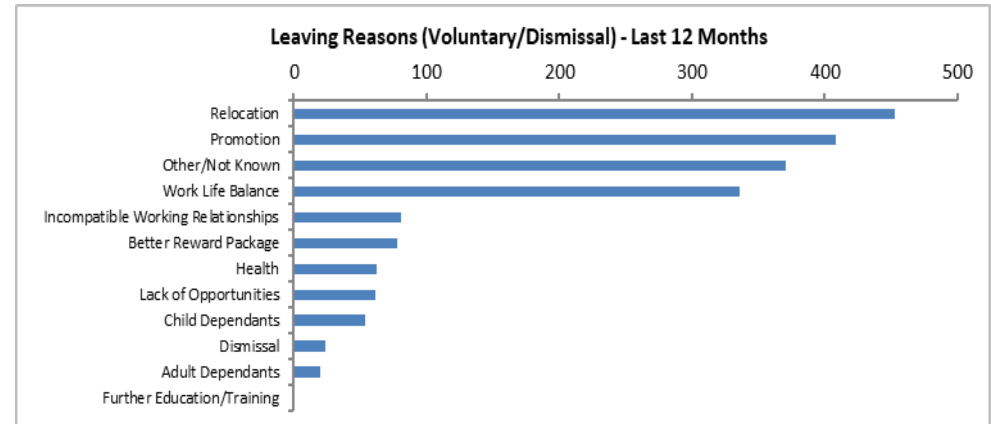
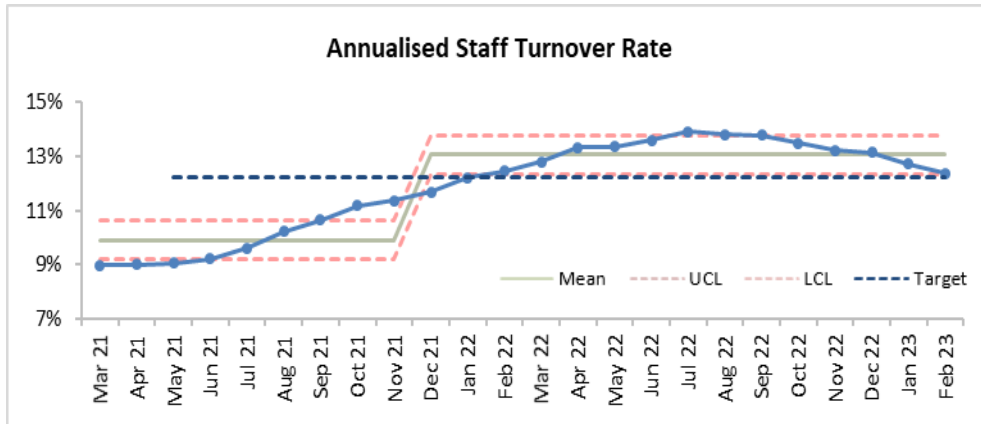
Staff Friends and Family Test (FFT): 2019/20 Q4 performance from the last national submission before the temporary suspension of national reporting is the latest included in the report

Barts Health

Group	Indicator	Targets	Performance		YTD	Feb-23 (Site)			
		Target	Jan-23	Feb-23		Royal London	Whipps Cross	Newham	St Bart's
Planned vs Actual WTE	Staff in Post - Actual	>=Plan	17,276	17,602		6,387	3,023	2,148	2,752
	Bank WTE - Actual	<=Plan	2,158	2,112		755	495	402	296
	Agency WTE - Actual	<=Plan	896	843		244	232	207	96
Recruitment Plans	Substantive Fill Rate - Actual	<=Plan	92.6%	94.3%	-	94.3%	90.3%	87.6%	92.8%
	Unconditional Offers - Actual	>=Plan	448	414	1,522	119	87	39	85
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	>=100%	41.7%	56.9%	-	40.0%	72.4%	57.9%	100.0%
	Nursing Roster Quality - % Blue or Cloudy Sky	-	18.8%	18.7%	-	18%	16%	27%	14%
Diversity	% of BME Staff at Band 8a to VSM	-	37.8%	37.9%		34%	47%	53%	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



Performance Overview

- Annualised staff turnover continues to reduce. The underlying turnover rate, excluding the impact of the TUPE of staff from SERCO is at 12.6%. Whilst as a group turnover has improved there is variation across the sites
 - St Bartholomew's has increased from 13.6% to 13.9%
 - Newham has stayed at 10.5%
 - The Royal London has improved from 13.7% to 13.3%
 - Whipps Cross has improved from 12.05% to 11.76%
 - Pathology Partnership has stayed at 11.6%

Responsible Director Update

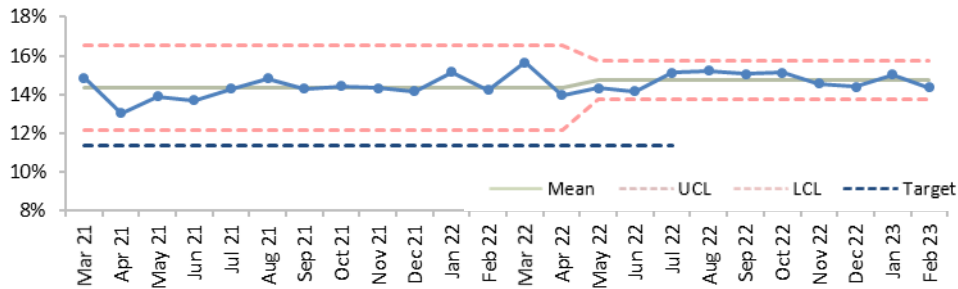
The People Promise Exemplar Programme has been extended for another year and will continue to focus on progressing outstanding programme actions and implementing interventions aligned with the People Promise to improve staff experience and to ensure staff turnover and fill rate of 95% is retained. Areas of focus for the next year include:

- Flexible working - to engage more colleagues, enable monitoring of flexible working requests and arrangements and promote the Barts Health brand as a flexible employer
- Focused retention support for Band 5 Occupational Therapist to address issues driving OTs to leave
- Reflect on learning and continue to socialise the programme on WeShare
- Incorporate feedback from the National Staff Survey and other listening tools into local data driven improvement plans aligned to WeBelong, WeLead, Health and Wellbeing strategies
- Share best practice and case studies to improve retention across the group
- Roll out induction programme for International Medical Graduates to increase belonging

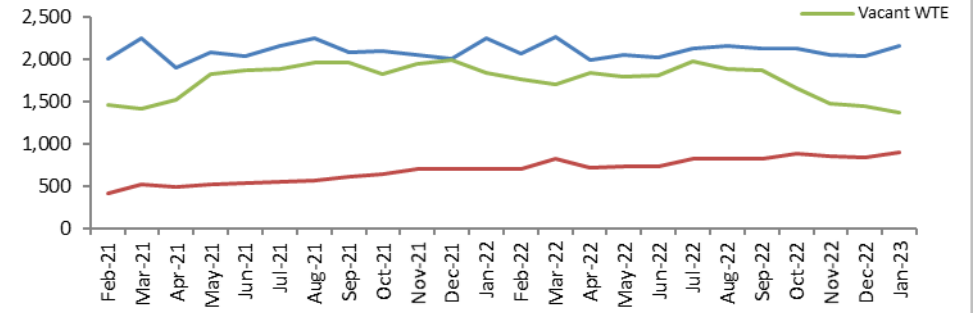
As part of the People Promise Exemplar Programme, Barts Health has been selected to take part in the Flexible Working - Improvement of Rostering Programme

Following a site visit with the Clinical Workforce Optimisation team, deep dives will be conducted to explore what is driving unusual figures for unavailabilities and net hours and action plans will be scoped out. 3 out of 5 clinical areas will engage with staff to explore the possibility of implementing team-based rostering.

Proportion of Temporary Staff



Temporary Staff WTEs Against Vacant WTEs



Proportion of Temporary Staff by Site

Site	Staff Group	Average of Previous 6 Months			Feb-23			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	1,006	7,324	13.7%	998	7,385	13.5%	-0.2%
Whipps Cross	All Staff Groups	762	3,666	20.8%	726	3,749	19.4%	-1.4%
Newham	All Staff Groups	557	2,662	20.9%	610	2,757	22.1%	1.2%
St Bart's	All Staff Groups	385	3,109	12.4%	392	3,144	12.5%	0.1%
CSS	All Staff Groups	20	240	8.2%	20	239	8.2%	0.0%
Other	All Staff Groups	243	2,906	8.4%	208	3,281	6.3%	-2.0%

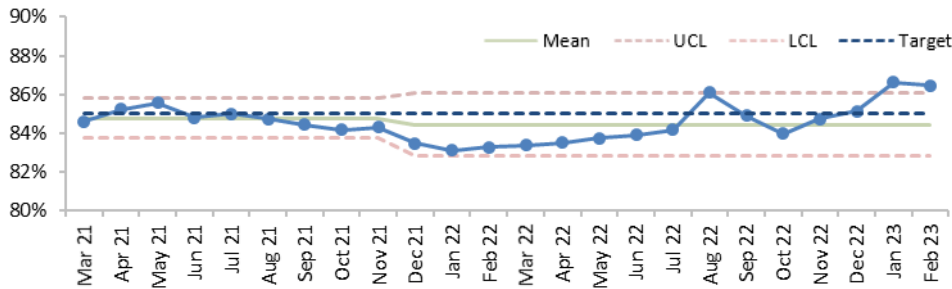
Performance Overview

- The proportion of temporary staff used has improved from 15.0% to 14.4% although this is likely to reflect the shorter month
- In month there was a reduction of 46 bank WTE and 53 agency WTE
- The reported position is expected to deteriorate for Month 12 due to a combination of March being the end of the annual leave year and also the impact of the Junior Doctors strike
- YTD spend on agency is £56.3m – 5% of paybill (5.7% in month)

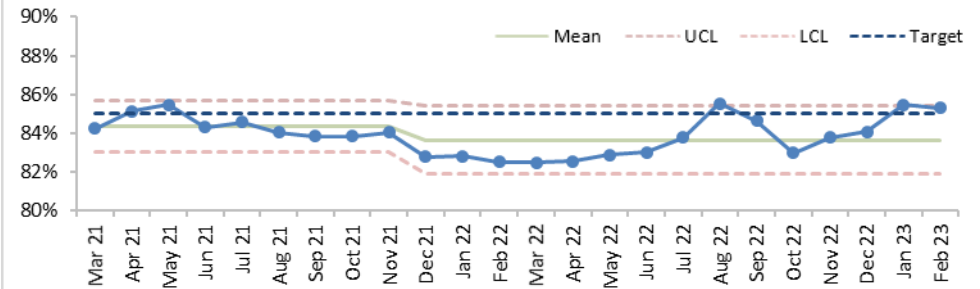
Responsible Director Update

- Improved controls around the use of off framework agency have been put in place and we expect to see a continued improvement
- Joint activity with BHRUT to increase bank only supply is under way, including a joint recruitment event focussed on ED nursing taking place in March

Mandatory and Statutory Training (All) - Compliance



Mandatory and Statutory Training (National) - Compliance



Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months	Feb-23	
	Compliance	Compliance	Staff Non-Compliant
Information Governance	80.9%	82.6%	6,267

Bottom 5 Departments: Total Number of Non-Compliant Employees

Department	Previous 6 Months	Feb-23	
	Compliance	Compliance	Staff Non-Compliant
Safeguarding Children L2 (Barts Health)	74.6%	74.7%	6,521
Resuscitation - Basic Life Support (Barts Health)	76.9%	79.5%	4,517
Infection Control (Clinical) (Barts Health)	81.3%	83.0%	3,901
Moving Handling - Clinical (Barts Health)	83.0%	84.3%	3,814
Safeguarding Children L3 (Barts Health)	52.2%	50.1%	3,553

Non-mandatory competencies have been excluded from the above tables

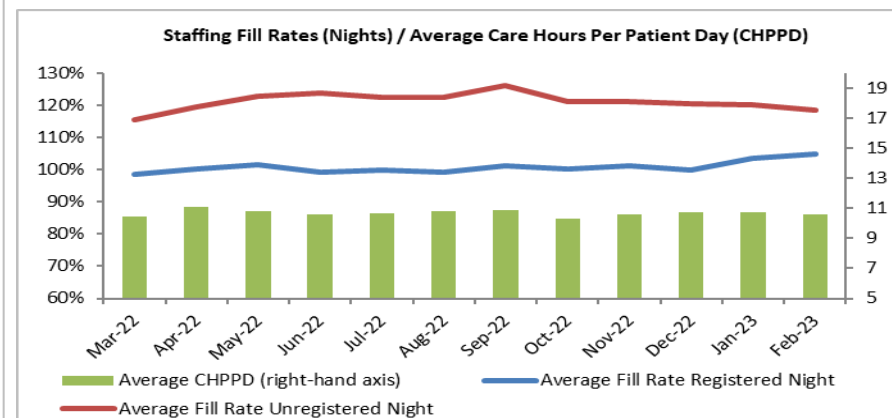
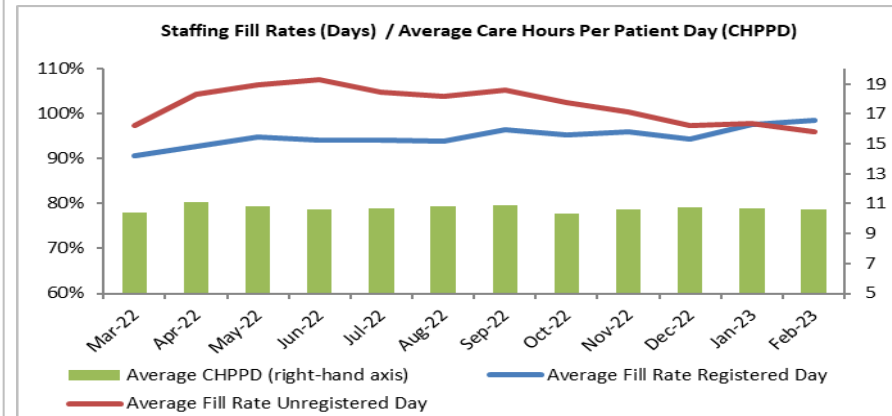
Performance Overview

- Trust wide compliance against the 11 Core Skills Training Framework subjects has slightly decreased over the past month and currently stands at 86.41%. This is above the Trust target of 85%.
- Overall training compliance across all subjects is also increasing and at 89.15% it is above the Trust target of 85%
- Departments listed in the bottom 5 have particularly volatile compliance rates due to the small number of staff in each department. This is a particular issue where one member of staff is non-compliant for a number of subjects at the same time.
- Work is continuing with the Information Governance (IG) team on raising compliance with targeted emails being sent to staff from the IG team.

Responsible Director Update

- All staff receive monthly emails to alert them of non-compliance or subjects that are due to expire within 3 months.
- Statutory and mandatory training data is included in site PR packs with spotlights on specific issues.
- A review of all subjects on the Barts Health Statutory, Mandatory and Essential skills Training Needs Analysis is underway, with work currently being undertaken to develop an objective matrix to provide a framework for decision making regarding the inclusion of subjects. The final draft version of this will be presented to the Education Committee in April 2023 for approval.
- A national review of the 11 subjects in the Skills for Health Core Skills Training Framework which the Trust has adopted as mandatory training is also currently being undertaken. As part of this Barts Health has secured representation at the Multi-disciplinary oversight group.
- Work is being undertaken to ensure that all subjects have a renewed elearning package which contains a bank of questions of which a random selection is chosen for each member of staff.

- Overall average fill rates at organisational level remained satisfactory, achieving 96% or above for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) on both day and night shifts.
- There was no significant change to overall average Care Hours Per Patient Day (CHPPD) at 10.6. Whilst this continues to be above published averages (London average 8.9; December 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.
- There were incidences of day-to-day staffing pressures at individual ward level across the sites. Contributory factors include sustained increased demand – where additional capacity was open, core staff were redeployed to lead shifts.
- Staff sickness levels remain impactful as does the vacancy position. As per the safer staffing policy, risks were reviewed and mitigated, with senior staff working clinically when required.
- There were a total 9 Red Flag staffing incidents reported in February, a significant reduction compared to the 21 reported in January. These were escalated to senior staff.
- Of the reported Red Flags, 2 were in Newham and 7 in Royal London. None was reported as causing harm, with staff redeployed from other areas or from non-frontline roles where possible, to mitigate risk.
- Additional capacity remained open in response to winter pressure or service redesign. These areas were staffed through deployment of substantive staff, supported by temporary staffing.
- The Director of Nursing-led emergency Department recruitment campaign continues to move forward with high quality bespoke media materials nearing completion.
- SafeCare compliance continued to improve, achieving 84.1% compliance for days (target 90%). Overall compliance has remained above the same point in time for the previous year since August 2022.
- Site-based training continues, with good attendance.
- The biannual acuity-dependency deep dive audit was completed in February. The results will inform establishment review and workforce planning in 2023/24.



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	98.5%	96.1%	104.9%	118.6%	10.6	9
Royal London	98.2%	88.3%	105.7%	121.4%	10.2	7
Whipps Cross	93.4%	108.2%	99.1%	119.5%	10.2	0
Newham	111.6%	94.2%	120.6%	114.6%	10.6	2
St Bart's	94.0%	91.2%	97.1%	114.9%	12.4	0



Barts Health
NHS Trust

Finance Report



- The Trust has reported to NHS England a (£20.0m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£24.8m), less non-recurrent savings (£2.0m), less additional income for the year to date from NEL ICB for mental health enhanced care nursing costs (£2.8m).
- Income is £16.7m favourable against the year to date plan. NHS Patient Treatment income is £16.2m favourable, which is due to over-performance on high cost drugs. There is no adjustment for clawback in relation to elective recovery under performance against the 104% target, the ICB have now confirmed that elective recovery funds will not be clawed back in 2022/23. Other income is £0.5m favourable for the year to date. Additional income relating to education & training and SLAs with other NHS organisations is offsetting the reduced private patients income at St.Bartholomews Hospital.
- Expenditure is (£36.7m) adverse against the year to date plan. Site and Services expenditure is (£71.6m) adverse due to the underachievement against the 3% recurrent efficiency savings target, 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 & critical care activity pressures, high staff sickness absence, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure and Reserves are £33.5m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.
- Capital expenditure to date is £72.7m against a plan of £76.5m which results in an adverse variance of £3.8m for the exchequer funded schemes. This illustrates the continued catch up of schemes which had an initial slow start. There is also a £5m programme funded by charitable donations; expenditure to date against donated schemes is £4.4m with an adverse variance of £0.6 to plan. Following the M10 reforecast the outturn for the charitable funded schemes was revised downwards by £2.4m. It will be reviewed again at the M11 reforecast to inform the final outturn position.
- The cash balance at £96.9m is £46.9m higher than plan. This is due to the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date including slippage in capital spend.
- The Trust has agreed with NEL ICB to report a forecast outturn income and expenditure deficit of (£12.9m) for 2022/23, which incorporates: the (£27m) inflation funding shortfall identified at the plan re-submission stage; £3.0m additional income from NEL ICB for increased mental health enhanced care nursing costs; £5.0m additional non-recurrent savings and £6.2m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England.

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan 0.0		The Trust has reported to NHS England a (£20.0m) adverse variance for the year to date due to the impact of unfunded hyper-inflation pressures (£24.8m), less non-recurrent savings (£2.0m), less additional income for the year to date from NEL ICB for mental health enhanced care nursing costs (£2.8m).
	Actual (20.0)		
Variance (20.0)			
Total Income	Plan 1,910.8		Income is £16.7m favourable against the year to date plan. NHS Patient Treatment income is £16.2m favourable, which is due to over-performance on high cost drugs. There is no adjustment for clawback in relation to elective recovery under performance against the 104% target, the ICB have now confirmed that elective recovery funds will not be clawed back in 2022/23.
	Actual 1,927.5		
Variance 16.7			Other income is £0.5m favourable for the year to date. Additional income relating to education & training and SLAs with other NHS organisations is offsetting the reduced private patients income at St.Bartholomews Hospital.
Total Expenditure	Plan (1,910.8)		Expenditure is (£36.7m) adverse against the year to date plan. Site and Services expenditure is (£71.6m) adverse due to the underachievement against the 3% recurrent efficiency savings target, 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 & critical care activity pressures, high staff sickness absence, use of off-framework agency staff and slippage against recurrent efficiency savings plans. Central expenditure and Reserves are £33.5m favourable which is due to the release of non-recurrent benefits and reserves, which is partly offsetting the adverse variances within the sites.
	Actual (1,947.5)		
Variance (36.7)			

Metrics	Current Performance		Trend	Comments
	Year To Date	£millions		
Capital Expenditure	Plan	76.5		<p>Capital expenditure to date is £72.7m against a plan of £76.5m which results in an adverse variance of £3.8m for the exchequer funded schemes. This illustrates the continued catch up of schemes which had an initial slow start.</p> <p>There is also a £5m programme funded by charitable donations; expenditure to date against donated schemes is £4.4m with an adverse variance of £0.6 to plan. Following the M10 reforecast the outturn for the charitable funded schemes was revised downwards by £2.4m. It will be reviewed again at the M11 reforecast to inform the final outturn position.</p>
	Actual	72.7		
	Variance	(3.8)		
Cash	Plan	50.0		<p>The cash balance at £96.9m is £46.9m higher than plan. This is due to the high closing cash balance of £86.7m in March 2022, and other movements in working capital since that date including slippage in capital spend.</p>
	Actual	96.9		
	Variance	46.9		

Key Issues

The Trust has agreed with NEL ICB to report a forecast outturn income and expenditure deficit of (£12.9m) for 2022/23, which incorporates:

- (£27m) inflation funding shortfall identified at the plan re-submission stage;
- £3.0m income from the NEL ICB for increased mental health enhanced care nursing costs;
- £5.0m additional non-recurrent savings.
- £6.2m additional income to Barts from a total additional £10.5m allocation to the NEL system from NHS England;

Key Risks & Opportunities

The key financial challenges for the Trust in achieving its (£12.9m) 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.

PY Actual	£millions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
136.5	Income	125.2	126.6	1.4 ●	1,456.5	1,452.7	(3.8) ●	1,593.6
0.4	NHS Patient Treatment Income	0.6	0.2	(0.4) ●	6.3	2.6	(3.7) ●	6.8
11.1	Other Patient Care Activity Income	10.1	11.6	1.6 ●	114.7	117.4	2.8 ●	124.8
148.0	Total Income	135.9	138.4	2.5 ●	1,577.4	1,572.8	(4.7) ●	1,725.2
(97.0)	Operating Expenditure	(94.3)	(102.0)	(7.7) ●	(1,027.8)	(1,064.6)	(36.8) ●	(1,121.3)
(17.1)	Pay	(14.5)	(17.3)	(2.8) ●	(169.6)	(188.6)	(19.0) ●	(185.3)
(13.9)	Drugs	(13.9)	(9.5)	4.4 ●	(151.5)	(149.9)	1.6 ●	(165.5)
(25.6)	Clinical Supplies	(24.4)	(25.8)	(1.4) ●	(271.1)	(288.4)	(17.3) ●	(296.1)
(153.7)	Total Operating Expenditure	(147.1)	(154.6)	(7.5) ●	(1,619.9)	(1,691.6)	(71.6) ●	(1,768.2)
(5.7)	Site & Services Budgets Total	(11.2)	(16.2)	(4.9) ●	(42.5)	(118.8)	(76.3) ●	(43.0)
-	Pathology Partnership (net)	(4.6)	(4.5)	0.1 ●	(50.5)	(49.8)	0.7 ●	(55.1)
-	Vaccination Programme & Nightingale (net)	-	0.0	0.0 ●	-	0.1	0.1 ●	-
-	Research & Development (net)	0.0	-	(0.0) ●	0.0	0.0	(0.0) ●	0.0
(159.5)	Central NHS PT Income	16.5	18.5	2.0 ●	101.3	121.3	20.0 ●	106.2
-	Central RTA & OSV Income (net)	0.6	0.5	(0.1) ●	6.2	6.6	0.4 ●	6.8
-	Central Expenditure (net)	0.2	2.1	1.8 ●	2.3	23.4	21.1 ●	2.5
-	Reserves (net)	(1.6)	(0.7)	1.0 ●	(16.0)	(3.6)	12.4 ●	(16.2)
(165.2)	EBITDA	(0.2)	(0.2)	(0.0) ●	0.9	(20.8)	(21.7) ●	1.2
-	Depreciation and Amortisation (net)	(6.0)	(6.0)	0.0 ●	(64.9)	(64.9)	0.0 ●	(70.9)
-	Interest	(5.4)	(5.1)	0.3 ●	(64.2)	(62.6)	1.6 ●	(70.2)
-	PDC Dividends	(0.9)	(0.9)	0.0 ●	(9.8)	(9.8)	0.0 ●	(10.7)
-	Profit On Fixed Asset Disposal	0.0	0.0	0.0 ●	0.1	0.2	0.1 ●	-
-	Loss on return of COVID assets to DHSC	-	-	- ●	-	-	- ●	-
(165.2)	Surplus/(Deficit) Before System Top-Up	(12.5)	(12.2)	0.3 ●	(138.0)	(158.0)	(20.0) ●	(150.6)
159.5	System Top-Up Income	12.5	12.5	- ●	138.0	138.0	- ●	150.5
(5.7)	NHS Reporting Surplus/(Deficit)	0.0	0.3	0.3 ●	-	(20.0)	(20.0) ●	(0.1)
-	Capital Donations I&E Impact		0.2			1.5		
-	Fixed Asset Impairments		-			-		
(5.7)	Surplus/(Deficit)		0.4			(18.5)		

21/22 YTD	Programme Area	In Month				Year to Date				Annual			
		Plan	Actual	Var	%	Plan	Actual	Var	%	Funded Balanced Plan Feb 2023	M10 Forecast Plan	Var	%
Prev Yr Actual	<i>Emillions</i>												
10.8	Equipment (Medical and Other)	0.5	1.9	(1.3)	(263)%	11.5	10.5	1.0	8 %	14.4	16.3	(2.0)	(14)%
6.0	Informatics	0.1	0.4	(0.3)	(399)%	4.4	3.5	0.9	20 %	8.6	8.5	0.1	2 %
27.7	Estates	1.6	3.4	(1.8)	(116)%	19.9	26.3	(6.4)	(32)%	22.7	32.4	(9.7)	(43)%
13.9	New Build and Site Vacations	3.0	5.7	(2.7)	(92)%	22.5	17.8	4.8	21 %	27.4	24.8	2.6	0.0
7.9	PFI Lifecycle Assets	0.8	0.8	0.0	5 %	9.5	9.5	0.0	0 %	10.4	10.4	-	- %
	New Build - Diagnostics	-	-	-	- %	-	-	-	- %	-	-	-	- %
	Finance Lease	-	0.6	(0.6)	- %	8.6	5.0	3.6	42 %	8.8	8.8	-	(0)%
66.3	Total Exchequer programme	6.0	12.9	(6.9)	(114)%	76.5	72.7	3.8	5 %	92.2	101.1	(8.9)	(0.0)
66.3	Total Trust Funded Assets	6.0	12.9	(6.9)	(114)%	76.5	72.7	3.8	5 % *	92.2	101.1	(8.9)	(10)%
2.7	Donated	(2.4)	0.4	(2.9)	118 %	5.0	4.4	0.6	12 %	5.0	5.0	-	- %
69.1	Total Capital Expenditure	3.6	13.3	(9.7)	(271)%	81.5	77.1	4.4	5 %	97.2	106.1	(8.9)	(9)%

Key Messages

The current funded exchequer capital plan is £92.2m (£90.3m, m10) which compares to the M10 forecast outturn plan of £101.1m (£100.7m, M10). If the M10 forecast outturn plan is delivered, there will be a overspend against CRL of £8.9m (£10.4m, M10). There is currently no funding identified to cover this amount.

Forecast outturn:

The forecast was refreshed at M10 following mitigation to reduce expenditure including delaying spend and pausing schemes which were not contractually committed, externally or charity funded or required in mitigation of a significant risk to the Trust. The outcome was to reduce the potential overspend to £8.9m. NEL and the London region have been advised of this issue and are working to support the Trust with additional CRL cover, total of which will not be confirmed until the end of the financial year. The Capital programme expenditure is being closely monitored over the final weeks of the year to ensure only essential or externally funded schemes are progressed.

Capital Funding:

Exchequer capital funding has been increased from £90.3m to £92.2m due to new PDC allocations - £1.9m (£1.1m - discharge lounges, £0.64m CDC equipment, £0.2m Cancer treatment equipment). All PDC was fully drawn with £31m received to date and £1.4m to follow on 20 March 2023.

Capital Expenditure:

Exchequer expenditure in M11 is £12.9m (M10, £8.2m) against the revised plan of £6m.

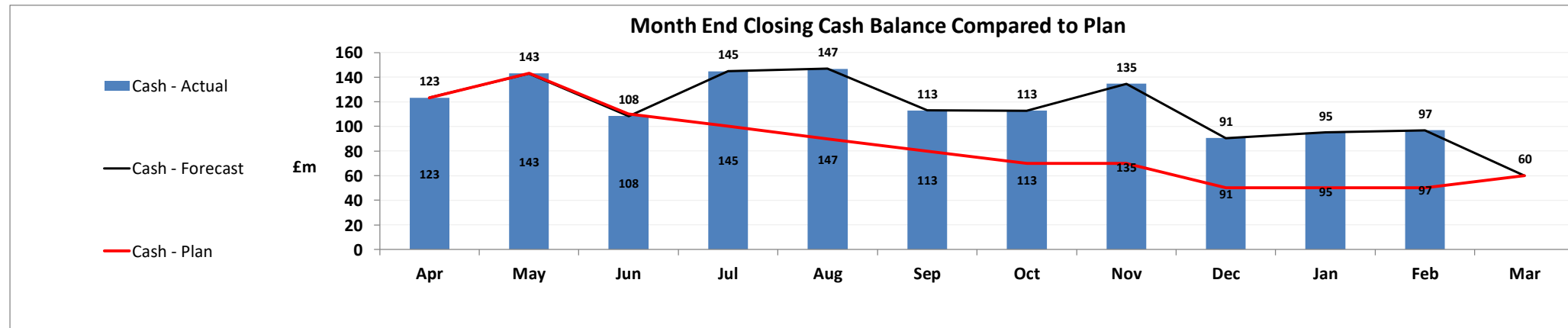
The cumulative expenditure at M11 is £72.7m (£59.8m, M10) against the funded plan of £76.5m, a variance of £3.8m for the exchequer funded schemes. This illustrates the continued catch up of schemes which had an initial slow start.

There is also a £5m programme funded by charitable donations; expenditure to date against donated schemes is £4.4m with an adverse variance of £0.6 to plan. Following the M10 reforecast the outturn for the charitable funded schemes was revised downwards by £2.4m. It will be reviewed again at the M11 reforecast to inform the final outturn position.

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 %
Net Depreciation	33.8	33.8	-	100 %
CRL (not cash backed)	16.5	-	16.5	- %
Add CRL - Neonatal cot capacity RLH (not cash bac	0.4	0.4	-	100 %
IFRS16 CRL adjustment	8.75	-	8.8	- %
PDC: WXH Redevelopment core programme 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	0.2	0.2	-	100 %
PDC - NUH 2nd CT	1.2	1.2	-	100 %
PDC- MEH CDC	8.0	8.0	-	100 %
PDC - MRI Acceleration Upgrades	0.8	0.8	-	100 %
PDC - Targeted Lung Health check	1.5	1.5	-	100 %
PDC - Front Line Digitalisation	2.4	2.4	-	100 %
PDC - Electronic Referral Service (e-RS) FHIR API Int	0.4	0.4	-	100 %
PDC - Imaging equipment	0.2	0.2	-	100 %
PDC - Digital Partnerships	0.1	0.1	-	100 %
PDC - LIMS	0.7	0.7	-	100 %
PDC - Discharge Lounge	1.1	1.1	-	100 %
PDC - Cancer Treatment	0.2	0.2	-	100 %
Planned Capital exc. Donated	92.2	66.5	25.7	72 %
*Total approved Exchequer funding ex donated	92.2	66.5	25.7	72 %
Donated	5.0	4.4	0.6	87 %
Planned Capital inc. Donated	97.2	70.9	26.3	73 %
*Overcommitment (plan less forecast, Pre-IFRIC)	(8.9)			
Adjustment for IFRIC	(10.4)			
Total overcommitment (per plan)	(19.3)			

£millions	Actual											Forecast	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	86.7	123.4	143.0	108.4	144.8	146.8	113.0	112.9	134.7	90.5	95.1	96.9	86.7
Cash inflows													
Healthcare contracts	161.5	156.5	150.9	159.3	160.5	173.1	161.9	154.4	154.5	151.8	162.1	155.7	1,902.2
Other income	23.5	37.0	16.5	40.5	25.7	13.4	41.0	42.7	17.7	27.8	27.1	33.8	346.7
Financing - Capital Loans / PDC	-	-	-	-	-	-	-	-	-	-	-	28.4	28.4
Total cash inflows	185.0	193.5	167.4	199.8	186.2	186.5	202.9	197.1	172.2	179.6	189.2	217.9	2,277.3
Cash outflows													
Salaries and wages	(55.7)	(54.8)	(57.0)	(58.6)	(56.4)	(66.8)	(58.8)	(59.8)	(58.9)	(61.5)	(61.6)	(61.5)	(711.4)
Tax, NI and pensions	(18.3)	(42.9)	(42.4)	(43.8)	(43.1)	(41.1)	(52.6)	(45.3)	(42.8)	(42.0)	(45.7)	(42.0)	(502.0)
Non pay expenditures	(67.4)	(73.0)	(100.8)	(57.1)	(81.4)	(105.0)	(83.2)	(65.0)	(108.0)	(66.9)	(69.3)	(107.3)	(984.4)
Capital expenditure	(6.9)	(3.2)	(1.8)	(3.9)	(3.3)	(2.0)	(8.4)	(5.2)	(6.7)	(4.6)	(10.8)	(38.7)	(95.5)
Dividend and Interest payable	-	-	-	-	-	(5.4)	-	-	-	-	-	(5.3)	(10.7)
Total cash outflows	(148.3)	(173.9)	(202.0)	(163.4)	(184.2)	(220.3)	(203.0)	(175.3)	(216.4)	(175.0)	(187.4)	(254.8)	(2,304.0)
Net cash inflows / (outflows)	36.7	19.6	(34.6)	36.4	2.0	(33.8)	(0.1)	21.8	(44.2)	4.6	1.8	(36.9)	(26.7)
Closing cash at bank - actual / forecast	123.4	143.0	108.4	144.8	146.8	113.0	112.9	134.7	90.5	95.1	96.9	60.0	60.0
Closing cash at bank - plan	123.4	143.0	110.0	100.0	90.0	80.0	70.0	70.0	50.0	50.0	50.0	60.0	60.0



Key Messages
Cash balances are higher than plan because of the high closing cash balance of £86.7m in March 2022, and other movements in working capital 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
	Non-current assets:													
1,430.8	Property, plant and equipment	1,427.8	1,467.3	1,463.8	1,461.1	1,460.4	1,461.0	1,463.1	1,463.5	1,468.0	1,470.3	1,477.3	1,497.3	66.5
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	16.9	16.9	17.1	2.0
1,446.1	Total non-current assets	1,443.1	1,484.8	1,481.2	1,478.5	1,477.7	1,478.2	1,480.4	1,481.0	1,485.1	1,487.3	1,494.3	1,514.4	68.4
	Current assets:													
24.3	Inventories	26.2	25.7	25.7	25.9	26.3	27.1	26.7	27.2	28.2	27.6	31.3	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	85.6	88.9	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	95.1	83.9	60.0	(26.7)
238.6	Total current assets	248.8	243.1	245.5	256.9	236.7	233.2	216.7	214.7	231.1	208.3	204.1	203.6	(35.0)
1,684.7	Total assets	1,691.9	1,727.9	1,726.7	1,735.4	1,714.4	1,711.4	1,697.1	1,695.7	1,716.2	1,695.6	1,698.4	1,718.0	33.4
	Current liabilities													
(238.9)	Trade and other payables	(254.1)	(256.2)	(261.7)	(277.9)	(264.7)	(270.7)	(263.6)	(269.7)	(292.4)	(257.1)	(263.9)	(244.1)	(5.2)
(18.7)	Provisions	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(18.7)	(16.3)	(13.2)	(18.7)	(18.7)	(16.8)	(2.8)	15.9
(27.1)	Liabilities arising from PFIs / Finance Leases	(27.1)	(36.8)	(36.9)	(36.9)	(36.9)	(36.9)	(36.9)	(36.9)	(36.6)	(36.5)	(36.7)	(36.4)	(9.3)
(284.7)	Total current liabilities	(299.9)	(311.7)	(317.3)	(333.5)	(320.3)	(326.3)	(316.8)	(319.8)	(347.7)	(312.3)	(317.4)	(283.3)	1.4
(46.1)	Net current (liabilities) / assets	(51.1)	(68.6)	(71.8)	(76.6)	(83.6)	(93.1)	(100.1)	(105.1)	(116.6)	(104.0)	(113.3)	(79.7)	(33.6)
1,400.0	Total assets less current liabilities	1,392.0	1,416.2	1,409.4	1,401.9	1,394.1	1,385.1	1,380.3	1,375.9	1,368.5	1,383.3	1,381.0	1,434.7	34.8
	Non-current liabilities													
(6.0)	Provisions	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)	(6.1)	(6.1)	(6.1)	(6.1)	(6.1)	(4.9)	(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)	(919.7)	(918.2)	(913.1)	4.5
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
(924.1)	Total non-current liabilities	(922.1)	(951.8)	(947.1)	(945.0)	(942.8)	(937.9)	(935.7)	(933.6)	(928.8)	(926.3)	(923.6)	(919.2)	4.8
475.9	Total Assets Employed	469.9	464.4	462.3	456.9	451.3	447.2	444.6	442.3	439.7	457.0	457.4	515.5	39.6
	Financed by:													
	Taxpayers' equity													
1,048.3	Public dividend capital	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,048.3	1,081.0	32.7
(874.3)	Retained earnings	(880.3)	(885.8)	(887.9)	(893.3)	(898.9)	(903.0)	(905.6)	(907.9)	(910.5)	(893.2)	(892.8)	(867.4)	6.9
301.9	Revaluation reserve	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	301.9	0.0
475.9	Total Taxpayers' Equity	469.9	464.4	462.3	456.9	451.3	447.2	444.6	442.3	439.7	457.0	457.4	515.5	39.6



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

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
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
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Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

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

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

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

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



Barts Health
NHS Trust

Appendix



How to Interpret the Scorecard

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

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

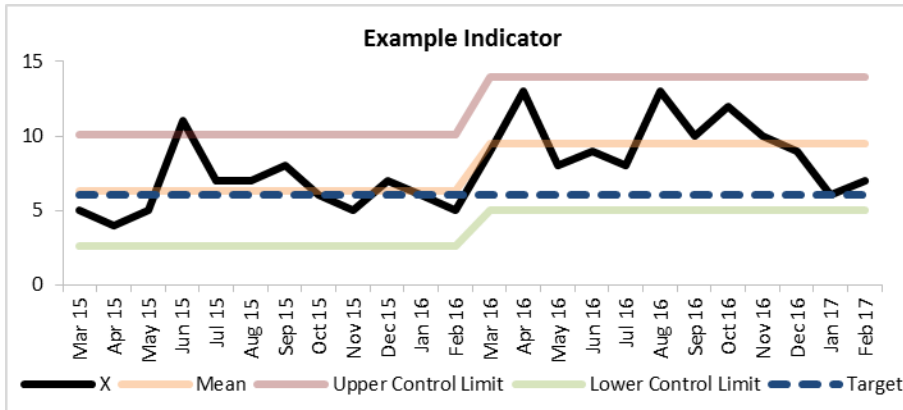
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



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

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

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

Rule 3: Any unusual pattern or trends within the control

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

How Exceptions Are Identified For Inclusion

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

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

Safe Staffing Fill Rates by Ward and Site

Apr-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
Royal London	10ERLH	1,932.0	1,886.0	966.0	977.0	1,598.5	1,784.5	644.0	1,368.5	97.6%	101.1%	111.6%	212.5%	748	4.9	3.1	8.0
Royal London	10FRLH	1,008.0	1,008.0	672.0	540.0	924.0	891.0	308.0	606.1	100.0%	80.4%	96.4%	196.8%	467	4.1	2.5	6.5
Royal London	11CRLH	2,576.0	2,555.5	1,288.0	1,081.0	2,576.0	2,645.0	644.0	715.0	99.2%	83.9%	102.7%	111.0%	656	7.9	2.7	10.7
Royal London	11E & 11F AAU	3,539.0	4,007.0	1,605.5	1,556.5	3,542.0	3,944.5	1,288.0	1,678.5	113.2%	96.9%	111.4%	130.3%	1,333	6.0	2.4	8.4
Royal London	12CRLH	1,695.0	1,902.2	1,288.0	1,243.0	1,656.0	2,081.0	966.0	1,166.0	112.2%	96.5%	125.7%	120.7%	732	5.4	3.3	8.7
Royal London	12DRLH	1,288.0	1,804.0	644.0	908.5	1,288.0	1,946.5	322.0	1,033.3	140.1%	141.1%	151.1%	320.9%	468	8.0	4.1	12.2
Royal London	12ERLH	2,514.0	2,792.0	1,288.0	1,364.0	2,254.5	2,602.0	1,288.0	1,462.0	111.1%	105.9%	115.4%	113.5%	650	8.3	4.3	12.6
Royal London	12FRLH	1,825.5	1,679.0	1,610.0	1,667.5	1,610.0	1,644.5	1,610.0	1,575.5	92.0%	103.6%	102.1%	97.9%	715	4.6	4.5	9.2
Royal London	13CRLH	1,745.0	2,149.5	644.0	540.5	1,288.0	1,851.5	644.0	621.0	123.2%	83.9%	143.8%	96.4%	706	5.7	1.6	7.3
Royal London	13DRLH	1,610.0	1,873.5	644.0	632.5	1,288.0	1,686.0	644.0	655.5	116.4%	98.2%	130.9%	101.8%	655	5.4	2.0	7.4
Royal London	13ERLH	1,909.0	2,434.7	644.0	621.0	1,529.5	2,190.0	644.0	737.5	127.5%	96.4%	143.2%	114.5%	687	6.7	2.0	8.7
Royal London	13FRLH	1,610.0	2,288.5	874.0	839.5	1,610.0	2,432.0	644.0	954.5	142.1%	96.1%	151.1%	148.2%	590	8.0	3.0	11.0
Royal London	14E & 14F RLH	4,060.0	2,912.5	3,323.5	2,369.0	3,335.0	2,564.5	2,480.5	2,553.0	71.7%	71.3%	76.9%	102.9%	1,405	3.9	3.5	7.4
Royal London	3DRLH	4,370.0	3,617.0	3,082.0	1,985.0	3,542.0	3,453.0	2,254.0	1,909.0	82.8%	64.4%	97.5%	84.7%	1,022	6.9	3.8	10.7
Royal London	3ERLH	1,932.0	2,093.0	644.0	776.5	1,610.0	1,888.0	644.0	954.5	108.3%	120.6%	117.3%	148.2%	720	5.5	2.4	7.9
Royal London	3FRLH	1,427.0	1,468.9	958.0	752.0	977.5	1,713.5	644.0	586.5	102.9%	78.5%	175.3%	91.1%	268	11.9	5.0	16.9
Royal London	4ERLH	12,933.5	13,550.8	828.0	1,042.0	13,098.5	13,369.8	690.0	1,046.5	104.8%	125.8%	102.1%	151.7%	1,190	22.6	1.8	24.4
Royal London	6CRLH	3,462.3	2,784.0	402.5	333.5	3,220.0	2,662.3	425.5	299.0	80.4%	82.9%	82.7%	70.3%	209	26.1	3.0	29.1
Royal London	6E & 6FRLH	5,371.5	4,262.0	1,288.0	857.5	4,830.0	4,369.8	966.0	782.0	79.3%	66.6%	90.5%	81.0%	760	11.4	2.2	13.5
Royal London	7CRLH	1,284.5	1,150.3	327.8	575.0	966.0	1,068.5	322.0	690.0	89.6%	175.4%	110.6%	214.3%	399	5.6	3.2	8.7
Royal London	7DRLH	1,618.3	1,656.0	794.0	658.2	1,276.5	1,712.5	644.0	782.0	102.3%	82.9%	134.2%	121.4%	414	8.1	3.5	11.6
Royal London	7ERLH	2,576.0	2,436.9	966.0	977.5	2,254.0	2,265.5	966.0	1,542.0	94.6%	101.2%	100.5%	159.6%	646	7.3	3.9	11.2
Royal London	7FRLH	1,288.0	1,123.5	552.0	607.0	966.0	1,058.0	506.0	782.0	87.2%	110.0%	109.5%	154.5%	342	6.4	4.1	10.4
Royal London	8CRLH	1,509.5	1,439.5	891.0	640.0	1,288.0	1,474.0	644.0	747.5	95.4%	71.8%	114.4%	116.1%	507	5.7	2.7	8.5
Royal London	8DRLH	7,384.3	6,123.5	1,150.0	440.5	7,072.5	6,118.0	506.0	345.0	82.9%	38.3%	86.5%	68.2%	979	12.5	0.8	13.3
Royal London	8FRLH	1,599.0	1,492.0	1,388.5	1,308.0	954.5	920.0	1,299.5	1,288.0	93.3%	94.2%	96.4%	99.1%	1,374	1.8	1.9	3.6
Royal London	9EHDU RLH	1,288.0	1,081.0	322.0	276.0	1,288.0	1,018.0	0.0	253.0	83.9%	85.7%	79.0%		307	6.8	1.7	8.6
Royal London	9ERLH	1,610.0	1,974.2	644.0	690.0	1,288.0	1,690.5	506.0	862.5	122.6%	107.1%	131.3%	170.5%	690	5.3	2.3	7.6
Royal London	9FRLH	1,610.0	1,588.0	644.0	564.5	1,288.0	1,369.0	632.5	877.0	98.6%	87.7%	106.3%	138.7%	660	4.5	2.2	6.7

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,186.0	4,508.3	2,265.5	2,553.0	4,186.0	4,652.8	1,932.0	2,194.9	107.7%	112.7%	111.2%	113.6%	1,078	8.5	4.4	12.9
Whipps Cross	ACACIA	874.0	854.0	414.0	704.8	644.0	640.7	644.0	945.0	97.7%	170.2%	99.5%	146.7%	311	4.8	5.3	10.1
Whipps Cross	ACORN	3,489.5	2,285.3	322.0	618.3	2,572.0	2,313.0	322.0	299.0	65.5%	192.0%	89.9%	92.9%	603	7.6	1.5	9.1
Whipps Cross	B3 WARD WXH	1,189.0	1,337.5	983.5	1,010.3	966.0	1,022.3	644.0	966.0	112.5%	102.7%	105.8%	150.0%	462	5.1	4.3	9.4
Whipps Cross	BIRCH	966.0	1,162.0	966.0	1,115.5	966.0	955.5	644.0	814.5	120.3%	115.5%	98.9%	126.5%	479	4.4	4.0	8.4
Whipps Cross	BLACKTHORN	966.0	1,276.5	966.0	954.5	966.0	1,085.0	644.0	771.5	132.1%	98.8%	112.3%	119.8%	454	5.2	3.8	9.0
Whipps Cross	Bracken Ward WXH	1,196.0	1,359.5	966.0	1,081.0	966.0	943.0	644.0	895.8	113.7%	111.9%	97.6%	139.1%	451	5.1	4.4	9.5
Whipps Cross	CEDAR	1,281.0	1,176.5	1,288.0	1,640.5	966.0	966.0	966.0	1,345.5	91.8%	127.4%	100.0%	139.3%	486	4.4	6.1	10.6
Whipps Cross	CHESTNUT	874.0	784.0	322.0	783.0	643.5	954.0	322.0	770.5	89.7%	243.2%	148.3%	239.3%	304	5.7	5.1	10.8
Whipps Cross	CONIFER	1,288.0	1,219.0	1,288.0	1,553.5	966.0	966.0	966.0	1,265.0	94.6%	120.6%	100.0%	131.0%	439	5.0	6.4	11.4
Whipps Cross	CURIE	1,288.0	1,159.5	966.0	1,092.5	1,288.0	1,035.0	966.0	1,127.0	90.0%	113.1%	80.4%	116.7%	476	4.6	4.7	9.3
Whipps Cross	DELIVERY SUITE WXH	4,431.9	3,861.9	644.0	839.5	3,544.8	3,349.3	644.0	908.5	87.1%	130.4%	94.5%	141.1%	452	16.0	3.9	19.8
Whipps Cross	ELIZABETH	1,518.0	1,487.0	322.0	449.5	1,288.0	1,289.0	322.0	311.5	98.0%	139.6%	100.1%	96.7%	492	5.6	1.5	7.2
Whipps Cross	FARADAY	1,610.0	1,506.5	644.0	734.0	1,518.0	1,577.0	322.0	459.0	93.6%	114.0%	103.9%	142.5%	430	7.2	2.8	9.9
Whipps Cross	Frail Elderly WXH	794.0	652.0	349.0	629.0	644.0	648.0	322.0	471.5	82.1%	180.2%	100.6%	146.4%	227	5.7	4.8	10.6
Whipps Cross	ICU WXH	6,288.0	4,907.1	1,758.0	828.0	5,698.0	4,674.3	1,232.0	264.0	78.0%	47.1%	82.0%	21.4%	262	36.6	4.2	40.7
Whipps Cross	MARGARET	1,011.0	1,001.0	322.0	481.5	644.0	646.0	322.0	564.5	99.0%	149.5%	100.3%	175.3%	257	6.4	4.1	10.5
Whipps Cross	MULBERRY	1,963.5	1,619.3	1,268.0	836.4	1,288.0	1,223.0	736.0	667.0	82.5%	66.0%	95.0%	90.6%	921	3.1	1.6	4.7
Whipps Cross	NEONATAL WXH	2,104.0	1,689.0	1,046.5	500.0	1,886.0	1,721.5	621.0	310.5	80.3%	47.8%	91.3%	50.0%	296	11.5	2.7	14.3
Whipps Cross	NIGHTINGALE	1,610.0	1,290.5	322.0	402.5	1,518.0	1,288.5	322.0	422.5	80.2%	125.0%	84.9%	131.2%	338	7.6	2.4	10.1
Whipps Cross	PEACE	1,518.0	1,472.0	1,288.0	1,252.3	966.0	966.0	966.0	1,010.5	97.0%	97.2%	100.0%	104.6%	430	5.7	5.3	10.9
Whipps Cross	POPLAR	1,631.0	1,580.5	972.5	1,046.5	1,278.3	1,153.8	966.0	819.5	96.9%	107.6%	90.3%	84.8%	406	6.7	4.6	11.3
Whipps Cross	PRIMROSE	1,610.0	1,902.0	1,288.0	1,471.0	1,288.0	1,644.5	954.5	1,344.3	118.1%	114.2%	127.7%	140.8%	731	4.9	3.9	8.7
Whipps Cross	ROWAN	1,609.0	1,621.5	1,276.5	1,529.5	1,288.0	1,566.5	954.5	1,345.0	100.8%	119.8%	121.6%	140.9%	731	4.4	3.9	8.3
Whipps Cross	SAGE	1,518.0	1,553.9	1,288.0	1,495.3	1,288.0	1,334.0	966.0	1,306.0	102.4%	116.1%	103.6%	135.2%	728	4.0	3.8	7.8
Whipps Cross	SYCAMORE	1,196.0	1,483.5	1,196.0	1,311.0	966.0	1,253.5	966.0	1,276.5	124.0%	109.6%	129.8%	132.1%	742	3.7	3.5	7.2
Whipps Cross	SYRINGA	1,288.0	1,288.0	1,610.0	1,587.0	966.0	966.0	966.0	1,357.0	100.0%	98.6%	100.0%	140.5%	705	3.2	4.2	7.4

Safe Staffing Fill Rates by Ward and Site

Apr-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
Newham	AAU NUH	3,922.0	4,595.0	2,250.5	1,937.0	3,542.0	4,265.5	2,254.0	2,553.0	117.2%	86.1%	120.4%	113.3%	1,347	6.6	3.3	9.9
Newham	BECKTON	1,288.0	1,781.0	966.0	540.5	1,288.0	1,826.5	966.0	977.5	138.3%	56.0%	141.8%	101.2%	553	6.5	2.7	9.3
Newham	Custom House NUH	1,288.0	1,405.0	966.0	1,115.5	966.0	1,115.5	1,253.5	1,460.5	109.1%	115.5%	115.5%	116.5%	557	4.5	4.6	9.1
Newham	DELIVERY SUITE NUH	4,661.6	4,271.3	644.0	609.5	4,255.0	4,048.3	644.0	621.0	91.6%	94.6%	95.1%	96.4%	620	13.4	2.0	15.4
Newham	EAST HAM	1,610.0	3,082.0	966.0	1,023.5	1,288.0	2,771.5	966.0	1,114.0	191.4%	106.0%	215.2%	115.3%	620	9.4	3.4	12.9
Newham	HEATHER	1,932.0	2,231.0	966.0	1,169.0	1,932.0	2,417.0	966.0	1,288.0	115.5%	121.0%	125.1%	133.3%	708	6.6	3.5	10.0
Newham	LARCH	2,967.0	2,440.9	1,945.5	1,611.5	1,955.0	1,892.0	1,621.5	1,587.0	82.3%	82.8%	96.8%	97.9%	1,584	2.7	2.0	4.8
Newham	Manor Park ITU NUH	3,190.0	3,915.0	644.0	747.5	3,229.5	4,093.5	644.0	713.0	122.7%	116.1%	126.8%	110.7%	340	23.6	4.3	27.9
Newham	MAPLE	954.5	943.0	644.0	632.5	966.0	943.0	644.0	634.5	98.8%	98.2%	97.6%	98.5%	251	7.5	5.0	12.6
Newham	NEONATAL NUH	2,944.0	2,472.3	724.5	529.0	2,863.5	2,541.5	575.0	391.0	84.0%	73.0%	88.8%	68.0%	508	9.9	1.8	11.7
Newham	NUH MIDWIFERY	1,016.5	965.0	310.5	250.3	958.5	907.5	322.0	322.0	94.9%	80.6%	94.7%	100.0%	118	15.9	4.9	20.7
Newham	PLASHET	1,438.0	1,872.8	966.0	1,029.0	1,288.0	1,782.0	966.0	1,161.5	130.2%	106.5%	138.4%	120.2%	675	5.4	3.2	8.7
Newham	RAINBOW	2,719.0	2,930.5	1,032.0	943.0	1,610.0	2,768.5	322.0	494.5	107.8%	91.4%	172.0%	153.6%	399	14.3	3.6	17.9
Newham	SILVERTOWN	1,610.0	2,261.5	954.5	908.5	1,610.0	2,150.5	966.0	1,488.0	140.5%	95.2%	133.6%	154.0%	666	6.6	3.6	10.2
Newham	STRATFORD	1,283.5	1,548.8	966.0	1,035.0	1,288.0	1,586.5	966.0	1,023.1	120.7%	107.1%	123.2%	105.9%	515	6.1	4.0	10.1
Newham	WEST HAM	1,046.5	1,089.8	874.0	828.0	943.0	1,046.5	414.0	770.5	104.1%	94.7%	111.0%	186.1%	517	4.1	3.1	7.2
St Bart's	1C	5,452.5	4,742.5	322.0	379.5	4,956.5	4,783.0	184.0	368.0	87.0%	117.9%	96.5%	200.0%	348	27.4	2.1	29.5
St Bart's	1D	2,894.5	2,455.0	318.5	379.5	2,564.5	2,185.0	322.0	322.0	84.8%	119.2%	85.2%	100.0%	315	14.7	2.2	17.0
St Bart's	1E	4,499.0	4,270.0	322.0	230.0	4,508.0	4,212.0	322.0	299.0	94.9%	71.4%	93.4%	92.9%	272	31.2	1.9	33.1
St Bart's	3A SBH	4,165.0	3,806.0	1,288.0	1,219.0	4,186.0	3,969.5	1,288.0	1,230.5	91.4%	94.6%	94.8%	95.5%	867	9.0	2.8	11.8
St Bart's	3D SBH	1,408.0	1,498.0	1,100.0	1,150.0	1,380.0	1,429.5	874.0	874.0	106.4%	104.5%	103.6%	100.0%	465	6.3	4.4	10.6
St Bart's	4A SBH	1,598.5	1,518.0	916.5	713.0	1,288.0	1,276.5	322.0	632.5	95.0%	77.8%	99.1%	196.4%	599	4.7	2.2	6.9
St Bart's	4B SBH	1,436.0	1,445.5	1,106.0	982.5	1,288.0	1,265.0	644.0	701.5	100.7%	88.8%	98.2%	108.9%	567	4.8	3.0	7.8
St Bart's	4C SBH	1,603.0	1,460.5	858.0	770.5	1,288.0	1,244.0	874.0	931.5	91.1%	89.8%	96.6%	106.6%	554	4.9	3.1	8.0
St Bart's	4D & 4E SBH	1,543.5	1,714.0	636.0	540.5	1,472.0	1,517.0	644.0	667.0	111.0%	85.0%	103.1%	103.6%	348	9.3	3.5	12.8
St Bart's	5A SBH	1,909.0	2,132.7	780.5	882.3	1,320.0	1,505.3	308.0	605.0	111.7%	113.0%	114.0%	196.4%	589	6.2	2.5	8.7
St Bart's	5B SBH	1,275.5	1,158.5	633.5	628.5	1,288.0	1,276.5	322.0	621.0	90.8%	99.2%	99.1%	192.9%	400	6.1	3.1	9.2
St Bart's	5C SBH	1,925.0	2,112.4	633.5	586.5	1,610.0	2,152.8	322.0	402.5	109.7%	92.6%	133.7%	125.0%	540	7.9	1.8	9.7
St Bart's	5D SBH	1,902.0	1,701.5	621.0	552.0	1,610.0	1,576.5	644.0	591.7	89.5%	88.9%	97.9%	91.9%	608	5.4	1.9	7.3
St Bart's	6A SBH	5,789.0	5,416.0	322.0	299.0	5,796.0	5,439.5	322.0	310.5	93.6%	92.9%	93.8%	96.4%	342	31.7	1.8	33.5
St Bart's	6D SBH	1,603.0	1,230.5	966.0	553.1	1,288.0	967.0	644.0	678.5	76.8%	57.3%	75.1%	105.4%	460	4.8	2.7	7.5